

OROPHARYNGEAL CANCER

Includes invasive cancer only. Does not include carcinoma in situ or metastatic cancer.

Background

This case definition was developed by the Armed Forces Health Surveillance Division (AFHSD) for the purpose of descriptive epidemiological reports on invasive cancers among active duty Service members.¹ The case definition uses the “standard” AFHSD oncology case definition.

Clinical Description

Oropharyngeal cancer is the most common type of throat cancer in the United States. The diagnosis refers to cancer that develops in the middle part of the pharynx which extends vertically from the soft palate to the superior aspect of the hyoid bone. The region includes the base of tongue, the tonsils, the soft palate, and the posterior and lateral pharyngeal walls.^{2,3} A majority (>90%) of oropharyngeal cancers are squamous cell carcinomas, typically categorized as human papilloma virus (HPV)-associated cancer or non-HPV-associated cancer, mainly due to tobacco smoking and alcohol use. Sixty to seventy percent of oropharyngeal cancers are caused by HPV and 90% of HPV-positive cancers are caused by HPV 16.⁴ Common symptoms include persistent sore throat, difficulty swallowing, neck mass and ear pain. The primary diagnostic tools include direct laryngoscopy with biopsies of suspicious areas and imaging exams. A detailed staging algorithm for oropharyngeal cancer incorporates the cancer’s HPV status. Treatment may include surgical resection, chemotherapy and radiation. The overall five-year survival rate is approximately 60% depending on the etiology.⁵

Case Definition and Incidence Rules (January 2026 - present)

For surveillance purposes, a case of oropharyngeal cancer is defined as:

- *One hospitalization* with a case defining diagnosis of oropharyngeal cancer (see ICD9 and ICD10 code lists below) in the *first* diagnostic position; or
- *One hospitalization with a procedure code* indicating radiotherapy, chemotherapy, or immunotherapy treatment (see ICD9 and ICD10 code lists below) in the *first* diagnostic position; AND a case defining diagnosis of oropharyngeal cancer (see ICD9 and ICD10 code lists below) in the *second* diagnostic position; or
- *Three or more outpatient medical encounters*, occurring within a 90-day period, with a case defining diagnosis of oropharyngeal cancer (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position.

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¹ Armed Forces Health Surveillance Center. Incident diagnoses of cancers and cancer-related deaths, active component, U.S. Armed Forces, 2005-2014. *MSMR* 2016; 23(7): 23-31.

² Jamal Z, Anjum F. Oropharyngeal Squamous Cell Carcinoma. [Updated 2023 Apr 27]. In StatPearls. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK563268>. Accessed April 2026.

³ Damgacioglu, Haluk, et al. "Oropharyngeal cancer incidence and mortality trends in all 50 states in the US, 2001-2017." *JAMA Otolaryngology-Head & Neck Surgery* 148.2 (2022): 155-165. <https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2787301>. Accessed April 2026.

⁴ HPV and Oropharyngeal Cancer. Centers for Disease Control and Prevention. Sept. 17, 2024. <https://www.cdc.gov/cancer/hpv/oropharyngeal-cancer.html>. Accessed April 2026.

⁵ MD Anderson Cancer Center. Oropharyngeal cancer. <https://www.mdanderson.org/cancer-types/throat-cancer/oropharyngeal-cancer.html>. Accessed April 2026.



Case Definition and Incidence Rules *(continued)*

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first hospitalization or outpatient medical encounter that includes a case defining diagnosis of oropharyngeal cancer.
- An individual is considered an incident case *once per lifetime*.

Exclusions:

- None

Codes

The following ICD9 and ICD10 codes are included in the case definition:

**See Code Set Determination and Rationale below.*

Condition	ICD-10-CM Codes	ICD-9-CM Codes
Base of tongue	C01 (malignant neoplasm of base of tongue)	141.0 (malignant neoplasm of base of tongue)
Other and unspecified parts of tongue	C02.[4,8,9] (malignant neoplasm of other and unspecified parts of tongue)	141.[5,6,8,9] (malignant neoplasm of tongue)
	- C02.4 (lingual tonsil)	- 141.6 (lingual tonsil)
	- C02.8 (overlapping sites of tongue)	- 141.8 (overlapping sites of tongue)
	- C02.9 (tongue, unspecified)	- 141.5 (junctional zone of tongue)
Soft palate	C05.[1,2,8,9] (malignant neoplasm of palate...)	145.[3,4,5] (malignant neoplasm of other and unspecified parts of mouth...)
	- C05.1 (<i>soft</i> palate)	- 145.3 (soft palate)
	- C05.2 (uvula)	- 145.4 (uvula)
	- C05.8 (overlapping sites of palate)	- 145.5 (palate, unspecified)
	- C05.9 (palate, unspecified)	
Tonsil	C09.[0,1,8,9] (malignant neoplasm of tonsil...)	146.[0,1,2] (malignant neoplasm of oropharynx...)
	- C09.0 (tonsillar fossa)	- 146.1 (tonsillar fossa)

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	- C09.1 (tonsillar pillar (anterior) (posterior))	- 146.2 (tonsillar pillar (anterior) (posterior))
	- C09.8 (overlapping sites of tonsil)	- 146.0 (tonsil)
	- C09.9 (tonsil, unspecified)	
Oropharynx	C10.[0-4,8,9] (malignant neoplasm of oropharynx...)	146.[3-9] (malignant neoplasm of oropharynx...)
	- C10.0 (vallecula)	- 146.3 (vallecula epiglottica)
	- C10.1 (anterior surface of epiglottis)	- 146.4 (anterior aspect of epiglottis)
	- C10.2 (lateral wall of oropharynx)	- 146.6 (lateral wall of oropharynx)
	- C10.3 (posterior wall of oropharynx)	- 146.7 (posterior wall of oropharynx)
	- C10.4 (branchial cleft)	- 146.5 (junctional region of oropharynx)
	- C10.8 (overlapping sites of oropharynx)	- 146.8 (other specified sites of oropharynx)
	- C10.9 (oropharynx, unspecified)	- 146.9 (oropharynx, unspecified site)
Ill-defined sites of lip, oral cavity and pharynx	C14.[0,2,8] (malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx)	149.[0,1,8] (malignant neoplasm of other and ill-defined sites within the lip, oral cavity and pharynx)
	- C14.0 (pharynx, unspecified)	- 149.0 (malignant neoplasm of pharynx, unspecified)
	- C14.2 (Waldeyer's ring)	- 149.1 (malignant neoplasm of Waldeyer's ring)
	- C14.8 (overlapping sites of lip, oral cavity and pharynx)	<i>Translated codes not included: refer to oral cavity only. See Comments.</i>

Procedures	ICD-10-CM Codes	ICD-9-CM Codes
Related treatment procedures	Z51.0 (encounter for antineoplastic radiation therapy)	V58.0 (radiotherapy)
<i>(Radiotherapy, chemotherapy, immunotherapy)</i>	Z51.1 (encounter for antineoplastic chemotherapy and immunotherapy)	V58.1 (encounter for chemotherapy and immunotherapy for neoplastic conditions)
	- Z51.11 (encounter for antineoplastic chemotherapy)	- V58.11 (encounter for antineoplastic chemotherapy)
	- Z51.12 (encounter for antineoplastic immunotherapy)	- V58.12 (encounter for antineoplastic immunotherapy)

Development and Revisions

- This case definition was developed in September 2025 by the Defense Health Agency (DHA) Health Surveillance & Epidemiology (HSE) cancer surveillance Sub Working Group (SubWG).



The case definition was developed based on reviews of the ICD10 codes, the scientific literature and previous AFHSD analyses.

- In 2024, the DHA HSE cancer surveillance SubWG evaluated and expanded the list of cancers in the AFHSD cancer report to include breast (female), bladder, brain and CNS, cervical, colorectal, kidney (renal), leukemia, liver (hepatic), lung/bronchial, non-Hodgkin lymphoma, ovarian, pancreatic, prostate, stomach (gastric) and testicular cancer.
- In a 2019 *Monthly Surveillance Medical Report (MSMR)* article, analysis of the AFHSD standard oncology case definition revealed the definition had a high positive predictive value (PPV) for capturing cases of common cancers, (e.g., breast, prostate, testicular), and a low-to-moderate PPV for rarer cancers, (e.g., gallbladder, intestinal, laryngeal). Analyses also revealed the case definition was less sensitive for identifying cancers of the brain and nervous system, lung and bronchus, bones and joints, and liver ($PPV \leq 50$ percent); these cases often represent metastases rather than true incident cases. While the broad application of a single case definition may affect the sensitivity and specificity in varying ways for the individual cancers, the PPV for all the cancers included in the report are >70 percent, and most have a $PPV \geq 90$ percent.⁶
- The standard AFHSD oncology case definition was originally developed in 2011 by the Armed Forces Health Surveillance Center (AFHSC) in collaboration with a working group of subject matter experts from the Office of the Assistant Secretary of Defense for Health Affairs (ASDHA), the United States Army Public Health Command (USAPHC) and the United States Military Cancer Institute for a report on 10 different *invasive* cancers. The case definition was developed based on reviews of the ICD9 codes, the scientific literature and previous AFHSC analyses.

Case Definition and Incidence Rule Rationale

- This case definition seeks to identify cases of oropharyngeal cancer based on the anatomical structures of the throat commonly associated with a diagnosis of this type of cancer. The region includes the base of tongue, the tonsils, the soft palate, and the posterior and lateral pharyngeal walls.
- This case definition does not seek to identify exposures (i.e., cases associated with HPV infection, tobacco use or smoking). Clinically, HPV status is an important factor in the staging and management of oropharyngeal cancer: HPV-positive tumors are more sensitive to radiation and chemotherapy; therefore, they have a better prognosis and reduced mortality.⁷ For surveillance purposes, there is no specific ICD10 code for HPV-associated oropharyngeal cancer. Analyses by AFHSD suggest that only a small percentage of oropharyngeal cancer cases (6%) had a prior HPV infection diagnosis and the median number of years prior to diagnosis was 9.9 years. Because oropharyngeal cancer can develop 10 to 30 years after HPV infection, it is not surprising that only 6% of active component cases had documented prior HPV infections. Only the relatively small number of senior service members who have served for many years would have documentation of an HPV infection along with an oropharyngeal cancer diagnosis, as health records prior to military service were unavailable for this analysis.⁸
- The 2019 *MSMR* article does not attempt to identify cases of “oropharyngeal” cancer. The article reports on cancer of the “oropharynx” using ICD10 codes C10.x / ICD9 146.[3-9] *only* (see *Comments* below). Using the standard AFHSD oncology case definition, cases of cancer of the

⁶ Webber, B, Rogers, A, Pathak, S, Robbins, A. Positive Predictive Value of an Algorithm Used for Cancer Surveillance in the U.S. Armed Forces. *MSMR*. 2019; 26(12): 18-23.

⁷ Pytynia KB, Dahlstrom KR, Sturgis EM. Epidemiology of HPV-associated oropharyngeal cancer. *Oral Oncol*. 2014; 50(5): 380-386.

⁸ Stahlman SL, Dreyer, E. Incidence of oropharyngeal cancer among U.S. active component service members, 2005-2024. *MSMR*. 2026; 33(4): 15-17.



oropharynx had a total PPV of 91.0 percent [CI 81.5-96.6]: female 83.3 percent [CI 35.9-99.6], male 91.8 percent [CI 81.9-97.3], among a subset of active component and retired officers.⁵

- The case finding criteria of *three or more outpatient medical encounters, within a 90-day period*, is used to identify cases that do not meet the other criteria in the definition. Exploratory analysis of Defense Medical Surveillance System (DMSS) data revealed this criterion yielded optimal specificity.⁹
 - A period of 90 days allows for the likelihood that “true” cases of oropharyngeal cancer will have second and third encounters within that timeframe. The timeframe is based on the following standards of care: (1) following a biopsy of a clinically suspicious lesion, the average time to obtain a pathology report and definitive diagnosis is 1-3 weeks; (2) individuals whose biopsy results are positive for oropharyngeal cancer are likely to have a follow-up visit for treatment within 4 weeks of a definitive diagnosis; and (3) individuals are likely to have follow-up visits to monitor clinical indicators of disease within the 90-day timeframe.¹⁰
 - For outpatient encounters, the incident date is considered the first of the three encounters occurring within the 90-day period, (e.g., if an individual has four oropharyngeal cancer codes on 1-Jan-12, 1-Dec-15, 8-Dec-15, and 15-Dec-15, the incident date would be 1-Dec-15; 1-Jan-12 would be considered a screening encounter and dropped).
- To maintain consistency with the standard AFHSD methodology for surveillance of invasive cancers, AFHSD uses a *once per lifetime* incidence rule. The workgroup recognizes individuals, may be considered disease free after treatment or after an extended period of time, (e.g., 5 years), with no clinical evidence of disease. Individuals who develop a second primary tumor after being disease free could, theoretically, be counted as a new incident case. However, for surveillance of cancer using administrative, (i.e., billing), data, it is difficult to identify individuals who are disease free after treatment.

Code Set Determination and Rationale

- *Tongue*: The code set does not include ICD10 C02.[0,1,2,3] / ICD9 141.[1,2,3,4]. These codes refer to malignant neoplasms of the “oral tongue,” meaning the portion of the tongue located in the oral cavity. The oral tongue includes the dorsal surface of the tongue, the tongue borders, the ventral surface of the tongue and the anterior two-thirds of the tongue; all are not included in a diagnosis of oropharyngeal cancer.

To be inclusive, the code set does include ICD10 C02.9 / ICD9 141.9 (tongue, unspecified). While the code lacks specificity, the anatomical region “tongue” includes both the oral tongue and the base of the tongue. Clinically, “most head and neck oncologists would not use the term ‘unspecified’ when talking about neoplasms of the tongue because management of neoplasms at the base of tongue, which is the oropharynx, is very different from management of the oral tongue, which is the oral cavity.”¹¹

Note: the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI) combines the codes for oral tongue and base of tongue into a single “Tongue”

⁹ Detailed information on these analyses is available through AFHSD; reference DMSS Requests #R230308, #R230378 and #R240009.

¹⁰ Oropharyngeal cancer. National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2023. <https://www.nccn.org/guidelines/recently-published-guidelines>. Accessed April 2026.

¹¹ Defense Health Agency (DHA) Ear, Nose Throat (ENT) consultants, August 2025.



category. The intent of the AFHSD case definition is to capture cases of oropharyngeal cancer only; therefore, this code set differs from that used by SEER.¹²

- *Palate*: The code set does not include ICD10 C05.0 / ICD9 145.3 (malignant neoplasm of hard palate) because the hard palate is not considered part of the oropharynx; it is considered part of the oral cavity.

To be inclusive, the code set does include ICD10 codes C05.8 / ICD9 145.5 (overlapping sites of palate) and C05.9 / ICD9 145.5 (palate, unspecified). While the codes lack specificity, the anatomical site “palate” includes both the hard and soft palate.

Note: the SEER program of the NCI combines the codes related to neoplasms of the oral cavity and the oropharynx. For example: C05 (malignant neoplasm of the hard palate) is included under “Gum and Other Mouth;” C03 (malignant neoplasm gums) and C06 (malignant neoplasm of cheek mucosa) are included under “Oral Cavity.”

- *Nasopharynx, hypopharynx, pyriform sinus, larynx*: The code set does not include: ICD10 C11.x / ICD9 147.x (malignant neoplasm of nasopharynx); the top section of the pharynx located behind the nasal cavity; ICD10 C13.x / ICD9 148.x (malignant neoplasm of the hypopharynx); the lower section of the pharynx located next to the larynx; ICD10 C12 / ICD9 149.1 (malignant neoplasm of pyriform sinus); part of hypopharynx; and ICD10 C32.x / ICD9 161.x (malignant neoplasm of larynx); the section below the pharynx and above the trachea. While cancers in these regions are often considered under the general term “throat cancer,” they are not part of the anatomical structures included in a diagnosis of oropharyngeal cancer. The clinical management of cancer of the various regions varies widely and is specific to each region.
- *Ill-defined sites of lip, oral cavity, pharynx*: The set does include ICD10 C14.[0,2,9] / ICD9 149.[0,1] (malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx). While the codes lack specificity, they include the pharynx which is considered in a diagnosis of oropharyngeal cancer. Translated ICD9 codes 149.8 (malignant neoplasm of other sites within the lip and oral cavity) and 149.9 (malignant neoplasm of ill-defined sites within the lip and oral cavity) are *not* included in the code set because they refer to the lip and oral cavity only.

Note: In SEER, the associated codes are malignant neoplasm of: C140 (pharynx, NOS), C142 (Waldeyer’s ring), C148 (overlapping sites of the lip, oral cavity, and pharynx).

- This code set differs slightly from code sets used by Damgacioglu, *et al.* (2022) and Kreimer, *et al.* (2020) for articles on oropharyngeal cancer.^{3,13} In general, nonspecific codes were excluded. Damgacioglu *et al.* did not include C02.9 (tongue, unspecified), C05.8 (overlapping sites of palate) and C05.9 (palate unspecified). Kreimer, *et al.* did not include C02.8 (overlapping sites of tongue), C02.9 (tongue, unspecified), C05.8 (overlapping sites of palate) and C05.9 (palate unspecified), C10.1 (anterior surface of the epiglottis) and C14.8 (overlapping sites of lip, oral cavity and pharynx). They did include C11.1 (malignant neoplasm of posterior wall of nasopharynx).
- Procedure codes (ICD10 and CPT) indicating surgical treatment of individual cancers such as hysterectomy, mastectomy, prostatectomy, and other procedures unique to certain types of cancers are not included in the code set. While procedure codes may increase the specificity of case finding

¹² Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute. See <http://seer.cancer.gov/>. Accessed April 2026.

¹³ Kreimer, A. R., Chaturvedi, A. K., Alemany, L., Anantharaman, D., Bray, F., Carrington, M., ... & Brennan, P. (2020). Summary from an international cancer seminar focused on human papillomavirus (HPV)-positive oropharynx cancer, convened by scientists at IARC and NCI. *Oral oncology*, 108, 104736 <https://www.sciencedirect.com/science/article/pii/S136883752030172X>. Accessed April 2026.



criteria in select circumstances, analyses can be labor intensive and the effort does not necessarily guarantee a better case definition, (i.e., the definition may still identify false positive cases).

- *Screening for disease codes:* ICD10 Z12.xx / ICD9 V76.xx (encounter for screening for malignant neoplasms) are not included in the code set. Screening codes are used for “testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease, (e.g., screening mammogram).”¹⁴ They would not be used for follow-up medical encounters of a specific disease.
- *Personal history of malignant neoplasms:* (ICD10 Z85.xx) codes are not included in the code set. While these codes may be beneficial for identifying individuals with a history of cancer, analysis of administrative data reveal these codes lack the specificity to count incident cancer cases and are inconsistently used by providers.¹⁵ Given these findings, the AFHSD does not use personal history codes to exclude prevalent cases, (i.e., individuals with a history of cancer), nor to identify individuals who are disease free after treatment.

Personal history codes are intended to be used by providers for individuals who have a history of cancer *and* documented evidence in the medical record that the malignancy has been “excised or eradicated and all treatment is complete.” They are not used for a “self-reported” history of malignancy, and they should be used in conjunction with ICD10 codes for follow-up visits (Z08- encounter for follow-up examination after completed treatment for a malignant neoplasm), aftercare visits (Z51.0 - encounter for antineoplastic radiation therapy; Z51.1- encounter for antineoplastic chemotherapy and immunotherapy), and screening visits (Z12 - encounter for screening for malignant neoplasms).¹⁶

Reports

The AFHSD reports on oropharyngeal cancer in the following reports:

- Periodic *MSMR* articles.

Review

Jan 2026	Case definition reviewed and adopted by the AFHSD Surveillance Methods and Standards (SMS) working group.
Sep 2025	Case definition developed by the DHA HSE cancer surveillance SubWG.

¹⁴ ICD-10-CM Official Guidelines for Coding and Reporting. FY 2024–Updated October 1, 2023. (October 1, 2023- September 30, 2024). <https://stacks.cdc.gov/view/cdc/133289>. Accessed April 2026.

¹⁵ Analysis performed by the Defense Centers of Public Health–Dayton. Encounters with at least one Z85.x code in any diagnostic position (dx1- dx20) were pulled from Comprehensive Ambulatory Professional Encounter Records (CAPER) and Standard Inpatient Data Records (SIDR) for all Tri-Service beneficiaries between October 2016 and March 2024. A total of 546,962 encounters were identified. Of these, 68,395 (13%) had at least one neoplasm diagnosis (ICD10 C00-D49). With administrative data, there is no way to determine if the neoplasm codes refer to a resolved malignancy or a new cancer diagnosis. Records with conjunction codes for follow-up (Z08), aftercare (Z51.[0.1] and screening (Z12) were queried: 420,236 (77%) had no conjunction codes in any diagnostic position suggesting providers use personal history codes independent of the purpose of the visit and potentially inconsistently.

¹⁶ Bredehoeft, Emily. Clear Up Confusion as to When Cancer Becomes “History Of.” American Academy of Professional Coders (AAPC). Accessed April 2026.



Comments

- *Invasive cancer*: The complete ICD10 code set for “malignant neoplasms of lip, oral cavity and pharynx ” includes the following codes (C00-C14).¹⁷ The AFHSD has developed case definitions for oropharyngeal cancer only; see codes included in the case definition.*

C00 Malignant neoplasm of lip

C01 Malignant neoplasm of base of tongue*

C02 Malignant neoplasm of other and unspecified parts of tongue

- C02.0 Malignant neoplasm of dorsal surface of tongue
- C02.1 Malignant neoplasm of border of tongue
- C02.2 Malignant neoplasm of ventral surface of tongue
- C02.3 Malignant neoplasm of anterior two-thirds of tongue, part unspecified
- C02.4 Malignant neoplasm of lingual tonsil*
- C02.8 Malignant neoplasm of overlapping sites of tongue*
- C02.9 Malignant neoplasm of tongue, unspecified*

C03 Malignant neoplasm of gum

C04 Malignant neoplasm of floor of mouth

C05 Malignant neoplasm of palate

- C05.0 Malignant neoplasm of hard palate
- C05.1 Malignant neoplasm of soft palate*
- C05.2 Malignant neoplasm of uvula*
- C05.8 Malignant neoplasm of overlapping sites of palate*
- C05.9 Malignant neoplasm of palate, unspecified*

C06 Malignant neoplasm of other and unspecified parts of mouth

C07 Malignant neoplasm of parotid gland

C08 Malignant neoplasm of other and unspecified major salivary glands

C09 Malignant neoplasm of tonsil

- C09.0 Malignant neoplasm of tonsillar fossa*
- C09.1 Malignant neoplasm of tonsillar pillar (anterior) (posterior)*
- C09.8 Malignant neoplasm of overlapping sites of tonsil*
- C09.9 Malignant neoplasm of tonsil, unspecified*

C10 Malignant neoplasm of oropharynx

- C10.0 Malignant neoplasm of vallecula*
- C10.1 Malignant neoplasm of anterior surface of epiglottis*
- C10.2 Malignant neoplasm of lateral wall of oropharynx*
- C10.3 Malignant neoplasm of posterior wall of oropharynx*

¹⁷ ICD-10-CM. The International Classification of Disease, Tenth Revision, Clinical Modification.
<https://icd10cmtool.cdc.gov/?fy=FY2025>. Accessed April 2026.



- C10.4 Malignant neoplasm of branchial cleft*
 - C10.8 Malignant neoplasm of overlapping sites of oropharynx*
 - C10.9 Malignant neoplasm of oropharynx, unspecified*
 - C11 Malignant neoplasm of nasopharynx
 - C12 Malignant neoplasm of pyriform sinus
 - C13 Malignant neoplasm of hypopharynx
 - C13.0 Malignant neoplasm of postcricoid region
 - C13.1 Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
 - C13.2 Malignant neoplasm of posterior wall of hypopharynx
 - C13.8 Malignant neoplasm of overlapping sites of hypopharynx
 - C13.9 Malignant neoplasm of hypopharynx, unspecified
 - C14 Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx
 - C14.0 Malignant neoplasm of pharynx, unspecified*
 - C14.2 Malignant neoplasm of Waldeyer's ring*
 - C14.8 Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx*
- *In situ cancer*: The complete code set for “carcinoma in situ of oral cavity, esophagus and stomach” includes the following codes (D00.x).¹⁷ The AFHSD uses the standard oncology case definition for surveillance of in situ cancers and is in the process of developing case definitions for select in situ cancers.
 - D00 Carcinoma in situ of oral cavity, esophagus and stomach
 - D00.0 Carcinoma in situ of lip, oral cavity and pharynx
 - D00.00 Carcinoma in situ of oral cavity, unspecified site
 - D00.01 Carcinoma in situ of labial mucosa and vermilion border
 - D00.02 Carcinoma in situ of buccal mucosa
 - D00.03 Carcinoma in situ of gingiva and edentulous alveolar ridge
 - D00.04 Carcinoma in situ of soft palate
 - D00.05 Carcinoma in situ of hard palate
 - D00.06 Carcinoma in situ of floor of mouth
 - D00.07 Carcinoma in situ of tongue
 - D00.08 Carcinoma in situ of pharynx
 - D00.1 Carcinoma in situ of esophagus
 - D00.2 Carcinoma in situ of stomach
 - *Surveillance of “Cancers of the Oral Cavity and Pharynx*: To provide a broad overview of cancers of the oral cavity and pharynx, two *MSMR* articles (Goodwin, 2022; Weber, 2019) used the following code set. Cancer of any site anatomically located in the entire oral cavity and pharynx were included in the code set.^{6,18}

¹⁸ Goodwin, Christa E. Oral Cavity and Pharynx Cancers, U.S. Armed Forces, 2007-2019. *MSMR*. 2021; 28(7): 11-14.



	ICD10 Codes	ICD9 Codes
Lip	C00	140
Tongue	C01, C02	141
Salivary gland	C07, C08	142
Floor of mouth	C04	144
Gum and other mouth	C03, C05, C06	143, 145
Nasopharynx	C11	147
Tonsil	C09	146.0-146.2
Oropharynx	C10	146.3-146.9
Hypopharynx	C12, C13	148
Other Oral Cavity and Pharynx	C14	149

