

QA Matters: p16 Reporting for Anus, Cervix, and Vulva Cases

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The National Program of Cancer Registries (NPCR) recently identified concerns regarding the completeness of p16 reporting and requested follow-up with reporting facilities.

Review of Vermont data also identified an opportunity for improvement. Of the 29 anal cancer cases diagnosed in 2023 and reported from Vermont facilities, **66% (19 cases) were coded as 'Not tested for p16; Unknown' (code 9).**

Because p16 testing is widely available, this pattern may indicate opportunities to improve completeness when information is available.

This QA Matters brief provides an overview of p16, reporting requirements, coding reminders, and findings from VCR's review of p16 reporting.

Key Points

- **p16 is a Site-Specific Data Item (SSDI) collected for selected schemas.**
- **p16 is a surrogate marker for HPV-related disease.**
- **p16 testing is not the same as HPV testing.**
- **Complete and accurate p16 reporting supports staging, prognosis, research, and analysis.**
- **Vermont identified opportunities to improve completeness and coding accuracy for p16 reporting.**

If you need help accessing or understanding this information, contact Linda.Bloschies@vermont.gov.

Why This Matters

- SSDIs were introduced in 2018 to collect clinically relevant site-specific information.
- Complete and accurate SSDI reporting contributes to a more complete abstract and supports meaningful research and analysis.
- Patients with HPV-associated disease may have different outcomes and prognosis.
- Researchers frequently use p16 data to study HPV-associated cancers and outcomes.
- Recent review findings from both NPCR and VCR indicate opportunities to improve completeness and coding accuracy for this data item.



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Vermont Review and Findings

As part of follow-up activities related to NPCR's request, VCR reviewed p16 reporting for anus, cervix, and vulva cases to evaluate completeness and coding accuracy.

Results are summarized in Table 1.

Table 1. Vermont Review Findings: p16 Completeness and Coding Accuracy by Schema

Schema	Total Cases	Unknown (Code 9)	Unknown Rate	Coding Errors	Error Rate
Anus	113	62	55%	5	4%
Cervix	152	65	43%	28	18%
Vulva	58	18	31%	17	29%

Source: Vermont Cancer Registry

While some unknown values may be appropriate when testing was not performed or results were unavailable, the review identified opportunities to improve both completeness and coding accuracy through more complete capture of available p16 results and supporting documentation.

Understanding p16

The SSDI p16 is a tumor suppressor protein, also known as cyclin-dependent kinase inhibitor 2A. The p16 biomarker is overexpressed in response to HPV infection and is therefore used as a surrogate marker for HPV-related disease.

Testing for p16 is commonly performed using immunohistochemistry (IHC), which is generally widely available and standardized.

It is important to understand that p16 testing differs from HPV testing itself. A positive or negative HPV result alone is not sufficient to determine a p16 value.

When Is p16 Reportable?

p16 did not become reportable for all three schemas at the same time. [Reporting requirements are as follows:](#)

- **Cervix (09520):** Reportable beginning in 2021
- **Anus (09210):** Reportable beginning in 2023
- **Vulva (09500):** Reportable beginning in 2024

Cases diagnosed prior to the reportable year for a schema must be left blank. If p16 information is available for diagnoses prior to the reportable year, document the information in text only and do not assign a coded value.

Coding Reminders

- This data item must be based on testing results for p16 overexpression.
- Testing for HPV by DNA, mRNA, antibody, or other methods should not be coded in this data item.
- Do not confuse p16 with HPV. A positive or negative HPV result alone is not enough to determine a p16 value.
- Code 0 for p16 expression of weak intensity or limited distribution.

Recommendations for Registrars

- Submit complete p16 information whenever available for anus, cervix, and vulva cases.
- Document supporting p16 information in Lab Text whenever available.
- Review pathology and laboratory reports carefully to identify documented p16 results.

Vermont Follow-up Activities

The Vermont Cancer Registry will continue to review p16 cases for applicable sites and diagnosis years, including supporting Lab Text documentation. VCR may contact reporting facilities directly when questions arise regarding coding, documentation, or uncoded cases.

References

[NAACCR Data Dictionary: p16 \(Item #3956\)](#)
[SSDI Manual: Coding Instructions](#)
[CDC: Cancers Linked with HPV Each Year](#)
[CDC USCS Data Visualizations – HPV-Related Cancers](#)

Questions?

If you have questions regarding this topic, need assistance interpreting coding guidance, or have other cancer registry-related questions, please contact the Vermont Cancer Registry at AHS.VDHHSICancerRegistry@vermont.gov.