

## Quiz 1: Terminology and Anatomy

1. Identify which prefix/suffix corresponds with the following definition

Leuko	_____	A: Forming or producing
Cyte	_____	B: New
Heme	_____	C: Cell
Oma	_____	D: White
Genic	_____	E: Tumor
Lysis	_____	F: Growth
Neo	_____	G: Blood
Plasm	_____	H: Destruction, break down

2. Match the word with the best definition

Dermatitis	_____	A: Death or decay of cells or tissues
Necrosis	_____	B: Destruction of liver cells
Ascites	_____	C: Enlargement of the liver
Hepatosplenomegaly	_____	D: Paleness or absence of skin coloration
Hepatomegaly	_____	E: Accumulation of serous fluid in the abdomen
Pallor	_____	F: Inflammation of the skin
Cachexia	_____	G: General physical wasting and malnutrition

3. Match the word with the best definition

Anterior	_____	A: Toward the middle
Distal	_____	B: To the side. Away from the middle
Caudal	_____	C: Before or to the front
Lateral	_____	D: Above
Supra	_____	E: Away from the beginning of the structure
Medial	_____	F: Within the body cavity
Visceral	_____	G: Under, below, towards the feet

Circle Yes if the situation is reportable and No if the situation is not reportable according to FORDS.  
Assume all cases diagnosed in 2015.

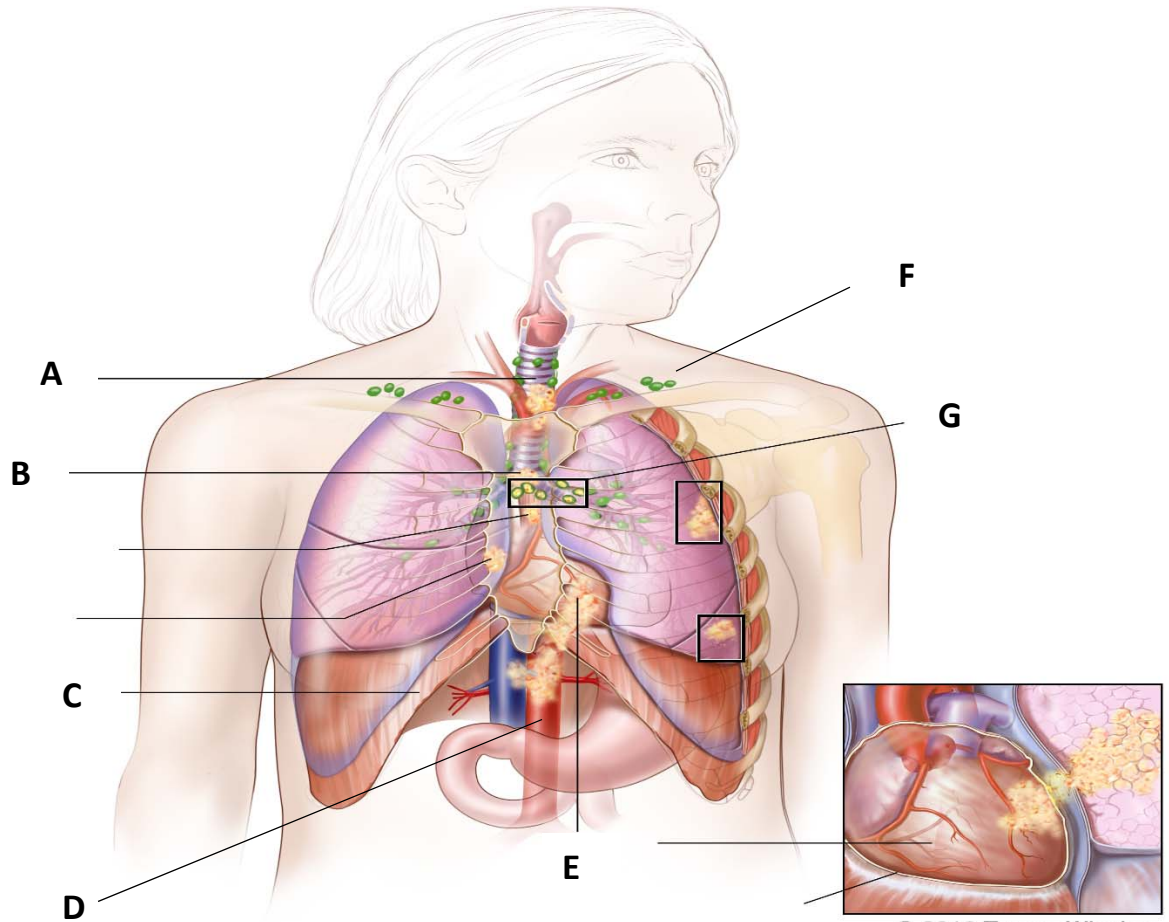
- |     |     |    |   |
|-----|-----|----|---|
| 4.  | Yes | No | Basal cell carcinoma originating on the left upper lip                  |
| 5.  | Yes | No | Prostatic Intraepithelial Neoplasia (PIN III)                           |
| 6.  | Yes | No | Serous Cystadenoma with borderline malignancy of the ovary              |
| 7.  | Yes | No | Myelodysplastic Syndrome  |
| 8.  | Yes | No | Carcinoma in situ of the cervix with micro invasion                     |
| 9.  | Yes | No | MRI of the brain: Lesion in the occipital lobe of the brain.            |
| 10. | Yes | No | MRI of the brain: A small pituitary tumor                               |
| 11. | Yes | No | Pathology report of a liver tumor: most likely metastatic colon cancer. |
| 12. | Yes | No | Cytology from a paracentesis: probable malignant ascites.               |
| 13. | Yes | No | Carcinoid tumor of the appendix   |
| 14. | Yes | No | Suspicious breast mass, suspicious for malignancy                       |
| 15. | Yes | No | Potentially malignant lung mass   |

16. Match the organ with the regional lymph nodes.

- |             |       |                    |
|-------------|-------|--------------------|
| Lung        | _____ | A: Paratracheal    |
| Kidney      | _____ | B: Para aortic     |
| Colon       | _____ | C: Retroperitoneal |
| Cervix      | _____ | D: Paracolic       |
| Nasopharynx | _____ | E: Subcarinal      |
| Esophagus   | _____ | F: Pelvic          |
| Testis      | _____ | G: Cervical        |

17. Match the letter with anatomical description that best matches.

- Heart \_\_\_\_\_
- Diaphragm \_\_\_\_\_
- Abdominal Aorta \_\_\_\_\_
- Cervical Lymph Nodes \_\_\_\_\_
- Mediastinal Lymph Nodes \_\_\_\_\_
- Trachea \_\_\_\_\_
- Carina \_\_\_\_\_

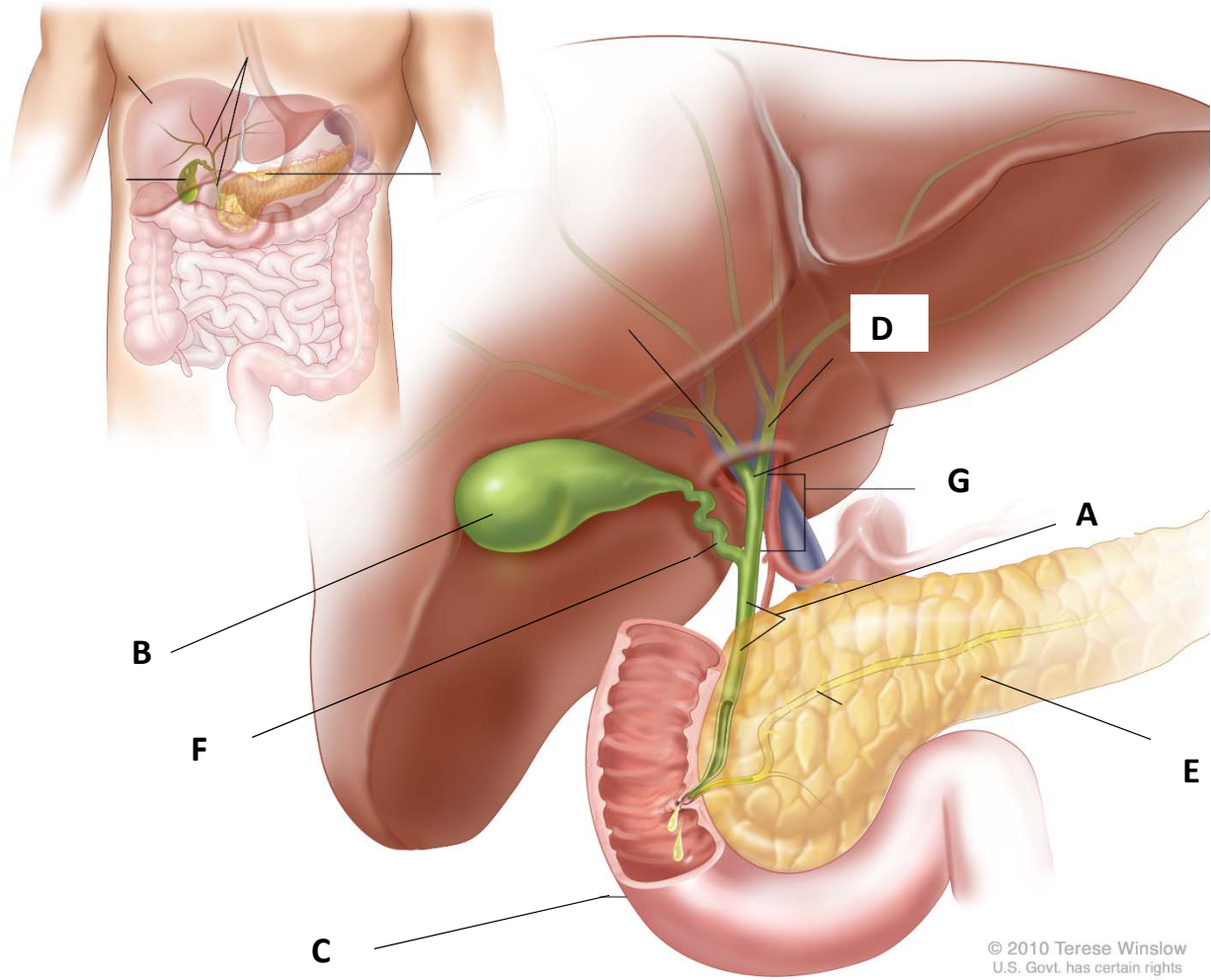


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18. Draw a circle where you would most likely find a pancoast tumor of the right lung.

19. Match the letter with anatomical description that best matches.

- Cystic duct \_\_\_\_\_
- Intrahepatic bile duct \_\_\_\_\_
- Gallbladder \_\_\_\_\_
- Perihilar Bile Duct \_\_\_\_\_
- Distal Bile Duct \_\_\_\_\_
- Duodenum \_\_\_\_\_
- Pancreas \_\_\_\_\_



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20. Draw a circle where you would most likely find a Klatskin tumor

## Quiz 2: Data Item Quiz

1. A patient was diagnosed with lung cancer at your facility on 1/5/15. At that time the patient did not have insurance. The patient came back two months later for adjuvant treatment. At that time he was insured through Medicaid. What Primary Payer code would be used?
  - a. 01 Not insured
  - b. 10 Insurance, NOS
  - c. 31 Medicaid
  - d. 99 Insurance Status Unknown
2. A patient was diagnosed with prostate cancer at your facility. At that time he was insured through Blue Cross Blue Shield with an 80/20 plan. What Primary Payer code would be used?
  - a. 01 Not insured
  - b. 10 Insurance, NOS
  - c. 20 Private Insurance: Managed care, HMO, or PPO
  - d. 21 Private Insurance: Fee-for-service
3. A patient presents to your clinic on 01/16/15 with cough and cold symptoms. He refuses chest x-ray offered due to having no insurance. He returns on 01/21/15 with progressive symptoms and with balance problems. He agrees to a chest x-ray which is diagnostic for lung cancer. On 02/05/15 he contacts the local Veterans Affairs (VA) hospital and they accept him, with VA coverage retroactive to 1/15/15. What is *Primary Payer at Diagnosis*?
  - a. 01 Not Insured or 02 Not insured, self-pay
  - b. 20 Private Insurance NOS
  - c. 31 Medicaid
  - d. 67 Veterans Affairs
4. You are a registrar at a hospital in Florida. You are abstracting a case for a patient that was diagnosed at your facility. The face sheet shows a Florida residence. However, in the chart you find a statement from the patient where she says she is a "snowbird". She said she lives in Florida in the winter and in Illinois for the rest of the year. You are able to track down her Illinois address. What address would you enter for the address at diagnosis?
  - a. The Illinois address
  - b. The Florida address
  - c. The Florida address, but include the Illinois information in the text
  - d. Unknown address

5. You are a registrar in Florida. You are abstracting a case for a patient that was diagnosed at your facility. The patient is incarcerated at a nearby federal prison. Prior to incarceration the patient was a resident of Illinois. What address would you enter for the address at diagnosis?
  - a. The Illinois address
  - b. The address of the federal prison
  - c. The address of the hospital
  - d. Unknown address
  
6. A patient's street address is PO Box 116, 409 W Jones St, Williamsville, NY. What should be in the data item Patient Address (Number and Street) at Diagnosis?
  - a. PO Box 116 would be in
  - b. 409 W Jones St
  - c. PO BOX 116 409 W Jones St
  - d. Unknown address
  
7. A patient was diagnosed and treated at your facility three years ago with a carcinoma in situ of the cervix. Your facility collects carcinoma in situ of the cervix as a reportable by agreement case. The patient now presents with a new diagnosis of lung cancer and a benign brain tumor. Assuming the patient has no additional reportable malignancies assign a sequence to each primary.
  - a. Carcinoma in situ of the cervix   \_\_ \_\_
  - b. Lung                                       \_\_ \_\_
  - c. Benign brain tumor                   \_\_ \_\_
  
8. A 79 year old Brazilian male is diagnosed and treated for cancer at your facility. You would code Hispanic origin as...
  - a. 0 Non-Spanish; non-Hispanic
  - b. 4 South or Central America (except Brazil)
  - c. 5 Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
  - d. 9 Unknown
  
9. A patient is diagnosed with lung cancer at your facility. The patient does not return for staging work-up or treatment consultation. You do not know if the patient went elsewhere for additional work-up or treatment. The class of case would be...
  - a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
  - b. 10 Initial diagnosis at the reporting facility or in a staff physician's office AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS
  - c. 12 Initial diagnosis in staff physician's office AND all first course treatment or a decision not to treat was done at the reporting facility
  - d. 30 Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)

10. A patient was diagnosed with breast cancer at another facility. She then came to your facility for an FNA of an enlarged lymph node. The FNA was positive for metastatic breast cancer. The patient went elsewhere for surgery and adjuvant treatment.
- 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
  - 14 Initial diagnosis at reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
  - 21 Initial diagnosis elsewhere AND part of first course treatment or a decision not to treat was done at the reporting facility
  - 30 Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)
11. A patient was diagnosed with rectal cancer at another facility on 5/12/14. The patient came to your facility for an endoscopic ultrasound and imaging for staging purposes on 5/15/14. The patient went to another facility for neoadjuvant chemotherapy starting on 6/1/14. The patient then came to your facility for surgery on 1/12/15. The class of case is...
- 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
  - 11 Initial diagnosis at the reporting facility or in a staff physician's office AND part of first course treatment or a decision not to treat was at the reporting facility.
  - 12 Initial diagnosis in staff physician's office AND all first course treatment or a decision not to treat was done at the reporting facility
  - 30 Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)
12. In the scenario above what was the Date of First Contact?
- 5/12/14
  - 5/15/14
  - 6/1/14
  - 1/12/15
13. Biopsy is done in left upper lobe of lung - adenocarcinoma. On imaging, there are multiple lung nodules LUL 2.1cm, RML 2.0cm, RML+RUL less than 4 mm, LLL less than 4mm, bone mets, bilateral mediastinal lymphadenopathy. What is laterality?
- 0 Organ is not a paired site
  - 2 Origin of primary is left
  - 4 Bilateral involvement at time of diagnosis
  - 9 Paired site, but no information concerning laterality

14. A patient was found to have a rectal tumor on 2/13/15. A biopsy was done that confirmed adenocarcinoma. Patient then had neoadjuvant chemotherapy followed by a low anterior resection. The pathology showed moderately differentiated adenocarcinoma. How would you code Grade?
- 1 Well differentiated
  - 2 Moderately differentiated
  - 3 Poorly differentiated
  - 4 Undifferentiated
  - 9 unknown-no grade prior to neoadjuvant tx
15. A patient had core biopsies of his prostate on 1/1/15 that came back as 4+3 Gleason score of 7. The patient went on to have a prostatectomy that showed adenocarcinoma 3+2 Gleason score of 5. Histologic grade would be coded as...
- 1 Well differentiated
  - 2 Moderately differentiated
  - 3 Poorly differentiated
  - 4 Undifferentiated
  - 9 unknown

<b>Gleason Score</b>	<b>Grade Code</b>
2	1. Well Differentiated
3	1. Well Differentiated
4	1. Well Differentiated
5	1. Well Differentiated
6	1. Well Differentiated
7	2. Moderately Differentiated
8	3. Poorly Differentiated
9	3. Poorly Differentiated
10	3. Poorly differentiated



## Quiz 3: ICD O 3

Use the ICD-O-3 Manual to answer these questions.

Elderly patient transferred to hospital from nursing home with myriad of chronic health problems. Chest x-ray shows suspicious lung mass. No further work-up done because of co-morbid conditions. One of discharge diagnoses is probably lung cancer.

1. What is the primary site code?
  - a. C34.9
  - b. C76.1
  - c. C80.9
  - d. Not a reportable case
2. What is the morphology code?
  - a. 8000/1
  - b. 8000/3
  - c. 8010/3
  - d. Not a reportable case

Wide excision of lesion, right arm: Precancerous melanosis with malignant melanoma.

3. What is the primary site code?
  - a. C44.6
  - b. C44.9
  - c. C76.4
  - d. C80.9
4. What is the morphology code?
  - a. 8721/2
  - b. 8720/3
  - c. 8741/2
  - d. 8741/3

Patient diagnosed with 3 tumors of the right breast simultaneously determined to be a single primary; 1 in the lower outer quadrant, 2 cm, and 2 in the upper outer quadrant, 1 cm and 1.5 cm.

5. What is the primary site code?
  - a. C50.4
  - b. C50.5
  - c. C50.8
  - d. C50.9

Final pathologic diagnosis: Fascial fibrosarcoma of left thigh

6. Primary site code is:
- a. C40.2
  - b. C49.2
  - c. C76.5
  - d. C80.9
7. Morphology code is:
- a. 8800/3
  - b. 8810/3
  - c. 8812/3
  - d. 8813/3

Final pathologic diagnosis: Cerebral meningeal sarcomatosis

8. What is the primary site code?
- a. C70.0
  - b. C70.9
  - c. C71.0
  - d. C71.6
9. What is the morphology code?
- a. 8800/9
  - b. 9442/3
  - c. 9530/3
  - d. 9539/3

Final pathologic diagnosis: Minor salivary gland mixed tumor, malignant

10. What is the primary site code?
- a. C06.9
  - b. C08.9
  - c. C14.8
  - d. C80.9
11. What is the morphology code?
- a. 8000/3
  - b. 8010/3
  - c. 8940/0
  - d. 8940/3

Final pathologic diagnosis: Cholangiocarcinoma of the bile duct

12. What is the primary site code?
- a. C22.1
  - b. C24.0
  - c. C24.9
  - d. C80.9

## Quiz 4 – Staging

### Melanoma

Patient had palpable right axillary node but no breast or skin lesions present. Fine needle aspiration of axillary lymph node diagnosed malignant melanoma. Thorough skin examination was done, but no skin lesion was identified. All imaging was normal. Patient had axillary lymph node dissection with 2 of 12 lymph nodes positive for metastatic malignant melanoma.

1. What is the AJCC clinical stage?
2. What is the AJCC pathologic stage?
3. What is the code for Summary Stage 2000?
  - a. 0 In situ
  - b. 1 Localized only
  - c. 2 Regional by direct extension only
  - d. 3 Regional lymph node(s) involved only
  - e. 4 Regional by BOTH direct extension and regional lymph node(s) involved
  - f. 5 Regional NOS
  - g. 7 Distant site(s)/lymph node(s) involved

### Colon/rectum

Fifty-year-old male reports for screening colonoscopy. All systems normal; no symptoms of colorectal cancer.

Colonoscopy with polypectomy: 1 polyp identified and excised; no other abnormalities.

Final diagnosis: Adenocarcinoma in tubular adenoma invades the submucosa of polyp stalk; margins clear.

No other treatment needed.

4. What is the AJCC clinical stage?
5. What is the AJCC pathologic stage?
6. What is the code for Summary Stage 2000?
  - a. 0 In situ
  - b. 1 Localized only
  - c. 2 Regional by direct extension only
  - d. 3 Regional lymph node(s) involved only
  - e. 4 Regional by BOTH direct extension and regional lymph node(s) involved
  - f. 5 Regional NOS
  - g. 7 Distant site(s)/lymph node(s) involved

## Liver

MRI: Multiple liver tumors, largest is 4 cm, in both liver lobes; vascular invasion is present. No lymphadenopathy. Abnormalities noted in pelvic bone.

Core biopsy of largest liver tumor: Hepatoma, poorly differentiated.

Chest x-ray: Normal.

Bone scan: Metastatic disease in pelvic bone.

Liver is cirrhotic. Child Pugh class is C; MELD score is 39.

7. What is the AJCC clinical stage?
8. What is the AJCC pathologic stage?
9. What is the code for Summary Stage 2000?
  - a. 0 In situ
  - b. 1 Localized only
  - c. 2 Regional by direct extension only
  - d. 3 Regional lymph node(s) involved only
  - e. 4 Regional by BOTH direct extension and regional lymph node(s) involved
  - f. 5 Regional NOS
  - g. 7 Distant site(s)/lymph node(s) involved

## Lung

CT scan: 4 cm tumor, right upper lobe of lung; right mediastinal lymphadenopathy; no pleural effusion

Bronchoscopy with right upper lung lobe biopsy: Poorly differentiated adenocarcinoma.

Mediastinoscopy with right mediastinal lymph node sampling: 3 of 4 ipsilateral mediastinal lymph nodes positive for metastasis.

No surgical resection.

10. What is the AJCC clinical stage?
11. What is the AJCC pathologic stage?
12. What is the code for Summary Stage 2000?
  - a. 0 In situ
  - b. 1 Localized only
  - c. 2 Regional by direct extension only
  - d. 3 Regional lymph node(s) involved only
  - e. 4 Regional by BOTH direct extension and regional lymph node(s) involved
  - f. 5 Regional NOS
  - g. 7 Distant site(s)/lymph node(s) involved

## Testis

10/1/14 Physical exam: 2 month history of right testicular mass. Mass palpated on exam. Most likely testicular cancer.

10/1/14 CT scan chest and abdomen/pelvis: No abnormalities of lung or mediastinum. 2 cm para-aortic lymph node mass, malignant. No other abnormalities of abdomen/pelvis. Pre-operative LDH, hCG, and AFP within normal limits.

10/15/14 Right orchiectomy: 3 cm seminoma invades tunica albuginea.

11/19/14 Begins adjuvant chemotherapy.

1/28/15 Retroperitoneal lymph node dissection: 2/30 lymph nodes positive for metastasis.

13. What is the AJCC clinical stage?

14. What is the AJCC pathologic stage?

15. What is the code for Summary Stage 2000?

- a. 0 In situ
- b. 1 Localized only
- c. 2 Regional by direct extension only
- d. 3 Regional lymph node(s) involved only
- e. 4 Regional by BOTH direct extension and regional lymph node(s) involved
- f. 5 Regional NOS
- g. 7 Distant site(s)/lymph node(s) involved

## Uterus

Clinical exam & colposcopy: 1 cm visible cervical lesion; no lymphadenopathy

Chest x-ray: Normal

Curettage & cervical biopsy: Squamous cell carcinoma, primarily in situ, with a small component of tumor with 1 mm stromal invasion.

Trachelectomy: Residual squamous cell carcinoma in situ; margins clear.

16. What is the AJCC clinical stage?

17. What is the AJCC pathologic stage?

18. What is the Summary Stage 2000?

- a. 0 In situ
- b. 1 Localized only
- c. 2 Regional by direct extension only
- d. 3 Regional lymph node(s) involved only
- e. 4 Regional by BOTH direct extension and regional lymph node(s) involved
- f. 5 Regional NOS
- g. 7 Distant site(s)/lymph node(s) involved

## Quiz 5: Treatment

1. A patient with a breast primary has a fine needle aspiration (FNA) of an axillary lymph node. The FNA would be coded as:
  - a. Diagnostic Staging Procedure
  - b. Surgical Procedure of Primary Site
  - c. Scope of Regional Lymph Node Surgery
  - d. Surgical Procedure/ Other Site
  
2. A patient with a breast primary has an excisional biopsy of an axillary lymph node. The excisional biopsy of the lymph node would be coded as:
  - a. Diagnostic Staging Procedure
  - b. Surgical Procedure of Primary Site
  - c. Scope of Regional Lymph Node Surgery
  - d. Surgical Procedure/ Other Site
  
3. A patient with a breast primary has an excisional biopsy of a cervical lymph node (distant lymph node). The excisional biopsy of the lymph node would be coded as:
  - a. Diagnostic Staging Procedure
  - b. Surgical Procedure of Primary Site
  - c. Scope of Regional Lymph Node Surgery
  - d. Surgical Procedure/ Other Site
  
4. A patient with stage II lymphoma in the mediastinum and axillary lymph nodes. A single axillary lymph node was removed. The excisional biopsy of the single lymph node would be coded as:
  - a. Diagnostic Staging Procedure
  - b. Surgical Procedure of Primary Site
  - c. Scope of Regional Lymph Node Surgery
  - d. Surgical Procedure/ Other Site
  
5. A patient was found to have a single enlarged lymph node. The lymph node was excised and lymphoma was identified. Additional work-up did not reveal any additional disease. The excision of this single lymph node would be coded as:
  - a. Diagnostic Staging Procedure
  - b. Surgical Procedure of Primary Site
  - c. Scope of Regional Lymph Node Surgery
  - d. Surgical Procedure/ Other Site

6. On 2/1/15 a patient had a bronchoscopy and biopsy of a suspected lung malignancy. The biopsy came back negative. A second bronchoscopy and biopsy was done on 3/1/15 and came back as positive for lung cancer. What is the date that should be entered for Data of Diagnostic/Staging Procedure?
  - a. 2/1/15
  - b. 3/1/15
  - c. Both should be entered
  - d. Neither should be entered
  
7. A patient with breast cancer status post lumpectomy is given a choice of radiation therapy or modified radical mastectomy. The patient opts for the modified radical mastectomy. What is Reason No Radiation?
  - a. 1-not recommended
  - b. 2-recommended, but contraindicated due to other medical condition
  - c. 3-recommended, but patient refused
  - d. 9-unknown
  
8. A patient had a core biopsy of a small tumor in her breast. The pathology came back showing infiltrating ductal carcinoma. No information on margins. She then came back and had a lumpectomy. No residual tumor was found in the lumpectomy specimen. The core biopsy would be coded under:
  - a. 02-Diagnostic Staging Procedures
  - b. 22-Lumpectomy
  - c. 23-Re-excision of the biopsy site
  - d. 24-Segmental mastectomy
  
9. In the example above, the lumpectomy would be coded as:
  - a. 02-Diagnostic Staging Procedures
  - b. 22-Lumpectomy
  - c. 23-Re-excision of the biopsy site
  - d. 24-Segmental mastectomy
  
10. A patient has a punch biopsy of a skin lesion that is found to be melanoma. The patient then had a wide excision with a 1cm margin. How would we code the wide excision?
  - a. 27 Excisional biopsy
  - b. 30 Biopsy of primary tumor followed by a gross excision of the lesion
  - c. 32 punch biopsy followed by a gross excision of the lesion
  - d. 45 Wide excision or reexcision of lesion or minor (local) amputation with margins more than 1 cm, NOS.

## Quiz 6: Standard Setters

1. The organization that formulates and publishes systems to classify cancer to be used for selecting effective treatment, determining prognosis, and evaluating cancer control measures is the
  - a. American Joint Committee on Cancer (AJCC)
  - b. Commission on Cancer (CoC)
  - c. North American Association of Central Cancer Registries (NAACCR)
  - d. Surveillance, Epidemiology, and End Results (SEER) Program
2. All of the state cancer registries in the United States are required to submit their data to:
  - a. The CDC National Program of Cancer Registries (NPCR)
  - b. The NCI SEER Program
  - c. Either CDC/NPCR or NCI/SEER
  - d. None of the above
3. What is a source of cancer incidence and survival data from population-based cancer registries covering approximately 28% of U.S. population?
  - a. ACoS CoC
  - b. CDC NPCR
  - c. NAACCR
  - d. NCI SEER Program
4. What is the nationwide oncology outcomes database for accredited cancer programs in the United States?
  - a. GLOBOCAN
  - b. National Cancer Data Base (NCDB)
  - c. National Program of Cancer Registries
  - d. SEER Program
5. Which registry organization has expertise in coordinating research across countries?
  - a. European Network of Cancer Registries (ENCR)
  - b. International Agency for Research on Cancer (IARC)
  - c. NCI SEER Program
  - d. World Health Organization (WHO)
6. What organization produces comprehensive cancer site-specific treatment guidelines?
  - a. American Joint Committee on Cancer (AJCC)
  - b. College of American Pathologists (CAP)
  - c. Commission on Cancer (CoC)
  - d. National Comprehensive Cancer Network (NCCN)



7. Supports registries in 45 states, the District of Columbia, and three territories, representing 96% of the US population.
  - a. National Cancer Data Base (NCDB)
  - b. National Program of Cancer Registries
  - c. NAACCR
  - d. NCI SEER Program
  
8. A program of the American College of Surgeons, is a consortium of professional organizations dedicated to reducing the morbidity and mortality of cancer through education, standard-setting, and the monitoring of quality care.
  - a. Commission on Cancer
  - b. American Joint Commission on Cancer
  - c. National Cancer Data Base (NCDB)
  - d. National Program of Cancer Registries
  
9. An organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries.
  - a. National Cancer Data Base (NCDB)
  - b. National Program of Cancer Registries
  - c. North American Association of Central Cancer Registries
  - d. NCI SEER Program
  
10. A not-for-profit association of cancer registry professionals.
  - a. Commission on Cancer
  - b. American Joint Commission on Cancer
  - c. National Cancer Data Base (NCDB)
  - d. National Cancer Registrars Association