

## Patient Identification Quiz

1. A patient presents to your facility for the first time on 1/1/2009. At that time he has a history of lymphoma (9590/3), melanoma (8720/3) and meningioma (9530/0). These three primaries were all diagnosed and treated at another hospital. The patient is diagnosed and treated for a primary adenocarcinoma (8140/3) of the prostate at your facility. What sequence number should be assigned to the prostate primary?
  - a. 00
  - b. 03
  - c. 04
  - d. 60
  
2. You have been asked by your cancer committee to begin collecting Prostatic Intraepithelial Neoplasia III (PIN III) cases (8148/2). These cases are not required by your state registry or by the NCDB. The first PIN III patient you abstract has a history of lung cancer. What sequence number should be assigned to the PIN III?
  - a. 01
  - b. 02
  - c. 60
  - d. 61
  
3. In 2008 you completed an abstract for a patient with colon cancer that had metastasized to the lung. The case is complete and has been submitted to the state cancer registry. You recently discovered that what was originally thought to be metastasis was a lung primary. What should you do?
  - a. Abstract the lung primary with sequence 02.
  - b. Change the sequence for the colon primary from 00 to 01.
  - c. Update the text in the colon primary.
  - d. Submit a change form to the central registry reflecting the new sequencing.
  - e. All of the above.



## Cancer Identification Quiz

***For questions 1-6 assign a class or case or NA for not applicable. Class of case codes are provided on the following page.***

1. A patient was diagnosed at another facility with breast cancer. She came to your facility for a wire localization which was done in the radiology department. She then went to a free standing surgical center (not owned by the reporting facility) for a lumpectomy.

Class of Case \_\_\_\_

2. A breast cancer patient was diagnosed elsewhere and came to your facility for a sentinel lymph node dissection. No malignancy was identified in the lymph nodes. No further work-up or treatment was done at the reporting facility.

Class of Case \_\_\_\_

3. A breast cancer patient was diagnosed elsewhere and presents to your facility for a consult. Radiation, chemotherapy and hormone treatment are recommended. The patient refused all treatment.

Class of Case \_\_\_\_

4. During an organ harvest being performed at your facility a patient was found to have a primary lung cancer. Cancer was not suspected prior to the patient expiring.

Class of Case \_\_\_\_

5. A lung cancer patient was diagnosed at another facility and presents to your facility for a staging work-up. The patient then went on to get chemotherapy at a staff physician's office.

Class of Case \_\_\_\_

6. A lung cancer patient was diagnosed at another facility. At that facility a biopsy was done of the primary tumor that confirmed malignancy. A CT was done that showed a lesion on the chest wall that was suspicious for metastasis. The patient presented to your facility for a biopsy of the lesion. The biopsy was performed and confirmed metastasis from the lung primary. The patient then went to one of your staff physician offices for treatment.

Class of Case \_\_\_\_

- Class 0 Diagnosed at facility and first course of treatment elsewhere
- Class 1 Diagnosed at facility and all or part of first course of treatment performed at reporting facility
- Class 2 Diagnoses elsewhere and all or part of first course of treatment at reporting facility
- Class 3 Diagnosed and all of first course of treatment performed elsewhere
- Class 4 Diagnosed and/or first course of treatment before reference date
- Class 5 Diagnosed at autopsy
- Class 6 Diagnosed and first course of treatment at staff physician's office
- Class 7 Pathology report only
- Class 8 Death certificate only
- Class 9 Unknown
- NA Not Applicable-Case is not reportable

7. A patient with pneumonia is referred to your radiology department for a chest CT on 1/1/2009. The CT shows a suspicious lesion in the upper lobe of the left lung. The patient is admitted on 1/15/2009 due to the pneumonia. On 1/17/09 (during the same stay) a bronchoscopy is performed and the lesion in the left upper lobe was biopsied. Pathology confirmed malignancy.

- a. What is the Date of First Contact?
- b. What is the Date of Diagnosis?

8. A pathology report showed endometrioid adenocarcinoma of the endometrium grade 2/3. What code should be used for Grade?

- a. 1
- b. 2
- c. 3
- d. 4

9. A colonoscopy with biopsy was performed and the pathology returned as high grade adenocarcinoma grade 2/2. What code should be used for Grade?

- a. 1
- b. 2
- c. 3
- d. 4

10. A prostate biopsy returned as adenocarcinoma Gleason's 4+3=7. What code should be used for Grade?

- a. 1
- b. 2
- c. 3
- d. 4

## Stage and Treatment Quiz

1. Classify the following procedures as either Dx (diagnostic/staging) or Tx (surgical treatment)
  - a. Colonoscopy with biopsy of a large ulcerated mass. \_\_\_\_\_
  - b. Colonoscopy with polypectomy. \_\_\_\_\_
  - c. Excisional biopsy of a 4cm breast mass. \_\_\_\_\_
  - d. Core needle biopsy of a 4cm breast mass. \_\_\_\_\_
  - e. Patient with widespread lymphadenopathy has an excisional biopsy of single inguinal lymph. Pathology is positive for lymphoma. \_\_\_\_\_
  
2. Select the locations where AJCC physician clinical staging may be documented (circle all that apply).
  - a. Nurses Notes
  - b. Pre-surgical physical exam
  - c. Treatment plan
  - d. In clinical or consultation notes
  - e. Laboratory results
  - f. Hospital medical record
  - g. Physician office records
  - h. Deficiency notifications
  
3. A patient with prostate cancer was given the options of either a radical prostatectomy or radioactive seed implants. The patient chose to have radioactive seed implants. What is Reason No Surgery?
  - a. 0 Surgery of the primary site was performed.
  - b. 1 Surgery of the primary site was not performed because it was not part of the planned first course treatment.
  - c. 7 Surgery of the primary site was not performed; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian.
  - d. 9 It is unknown whether surgery of the primary site was recommended or performed. Diagnosed at autopsy or death certificate only.
  
4. During a radical nephrectomy for kidney cancer a patient had a bradycardiac episode. The procedure cancelled before the kidney was removed. It was later decided that the patient would not have the procedure due to poor performance status. What is Reason for no surgery?
  - a. 0 Surgery of the primary site was performed.
  - b. 1 Surgery of the primary site was not performed because it was not part of the planned first course treatment.
  - c. 2 Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.)
  - d. 9 It is unknown whether surgery of the primary site was recommended or performed. Diagnosed at autopsy or death certificate only.

5. A patient is seen at your facility on 2/3/09 for chest x-ray and CT of the chest and abdomen. Results indicate extensive carcinomatosis due to ovarian primary. Surgeon performs paracentesis for comfort measure only. The paracentesis should be coded as:
- a. Surgery of Primary Site
  - b. Palliative Treatment
  - c. Surgery of Other Regional Distant Sites
  - d. Other Treatment