

Quiz 1

1. Malignant melanoma of right upper back diagnosed by punch biopsy. Right supraclavicular node was swollen. Fine needle aspiration was performed and showed no involvement of the node. Wide excision of right upper back lesion showed 1 cm residual melanoma with clear margins. What is the code for CS Lymph nodes Eval?
 - a. 0 – clinical only
 - b. 1 – invasive techniques that do not meet pathologic criteria
 - c. 3 - pathologic
 - d. 9 - unknown
2. Final diagnosis: duct carcinoma in situ of upper outer quadrant of right breast; Bloom Richardson (BR) score 3, low grade. BR score/grade is reportable to your standard setter and cancer committee. What is the code for CS SSF7: Nottingham or BR Score/Grade?
 - a. 030 – score of 3
 - b. 110 – low grade
 - c. 988 – not applicable
 - d. 999 – unknown
3. Final diagnosis is adenocarcinoma of the cecum. Patient treated with hemicolectomy. Pre-operative CEA level documented on lab report as 2.0 ng/ml (normal < 2.5 ng/ml). What is the code for CS SSF1: CEA Interpretation?
 - a. 010 – positive/elevated
 - b. 020 – negative/normal
 - c. 030 – borderline
 - d. 997 – test ordered, results not in chart
4. Digital rectal exam (DRE) documented palpable nodules in left and right lobes of prostate. Results of core biopsies of left and right lobes documented adenocarcinoma in 3 cores on the left side. What is the code for CS Extension – Clinical Extension?
 - a. 200 – involvement in 1 lobe/side
 - b. 210 – involves ½ of 1 lobe/side or less
 - c. 220 – involves more than ½ of 1 lobe/side, but not both lobes/sides
 - d. 230 – involves both side/lobes
 - e. 240 – clinically apparent tumor confined to prostate
5. Needle core biopsy of right breast positive for ductal carcinoma; HER2 IHC is 1+. Modified radical mastectomy positive for ductal carcinoma; HER2 IHC is 0. What is the code for CS SSF8: HER2 IHC Lab Value?
 - a. 000 – score 0
 - b. 010 – score of 1+
 - c. 988 – not applicable
 - d. 999 – unknown

Quiz 2

A patient presents to your facility for a bronchoscopy and bronchial washing on 5/2/2011. The cytology from the bronchial washing returned as suspicious for adenocarcinoma. The patient then went to a different facility on 5/10/11 for a mediastinoscopy and excisional biopsy of a mediastinal lymph node. This came back positive for adenocarcinoma. The patient returned to your facility for radiation therapy. He had a simulation done on 5/20/11 and radiation started on 5/22/11. The patient also started chemotherapy at a staff physician's office on 5/22/11.

1. What is the Date of Diagnosis?
 - a. 5/2/2011
 - b. 5/10/2011
 - c. 5/20/2011
 - d. 5/22/2011
2. What is the Date of First Contact for you facility?
 - a. 5/2/2011
 - b. 5/10/2011
 - c. 5/20/2011
 - d. 5/22/2011
3. What is the Class of Case for your facility?
 - a. 13-Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
 - b. 21-Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
 - c. 22-Initial diagnosis elsewhere 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)
4. What is the Class of case for the other facility?
 - a. 00-Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - b. 13-Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
 - c. 21-Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
 - 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)

Final Pathology Report-Prostate Biopsy

Date of procedure 3/17/11 (*diagnosis date*)

5 of 12 cores positive for adenocarcinoma

Gross and microscopic diagnosis:

Prostate needle biopsies of the left middle (5%), left base (50%), right apex (60%), and right middle (60%), and right base (10%) positive for infiltrating prostatic adenocarcinoma, Gleason's score 3+3=6. A single core biopsy from the left middle lobe revealed a Gleason's 3+4=7 adenocarcinoma.

Final Pathology Diagnosis - Prostatectomy

Date of procedure 3/21/11

1. Lymph Node – no tumor seen.
2. Lymph Node – no tumor seen.
3. Prostate and seminal vesicles (Radical Prostatectomy) – moderately differentiated adenocarcinoma, Gleason 6 (3+3) involving right anterior, apex, lateral lobes, left lateral, and left middle lobe no evidence of perineural or lymphovascular invasion, resection margins free of tumor. Focal extracapsular extension. Seminal vesicles – no tumor seen.

Comment: Approximately 3% of the specimen displayed a Gleason tertiary grade 5 pattern.

4. What is Multiplicity Counter?
 - a. 01-One tumor present
 - b. 02-Two tumors present
 - c. 88-Not applicable for this site
 - d. 99-Unknown if multiple tumors present
5. What is Date Multiple tumors?
 - a. 3/17/11
 - b. 3/21/11
 - c. Blank
 - d. Unknown
6. What would we assign to the data item Grade?
 - a. 1-Well differentiated
 - b. 2-Moderately differentiated
 - c. 3-Poorly differentiated
 - d. 9 unknown

Code	Gleason's Score (sum of primary and secondary patterns)	Terminology
1	2, 3, 4	Well differentiated
2	5, 6	Moderately differentiated
3	7, 8, 9, 10	Poorly differentiated

A patient was diagnosed on 6/1/2007 with non-invasive transitional cell carcinomas of the bladder which were removed via TURB. On 6/15/2008 the patient was found to have a non-invasive papillary transitional cell carcinoma. This was removed via TURB and BCG was instilled into the bladder. The patient was then disease free until 6/22/2011 at which time he was found to have another non-invasive papillary transitional cell carcinoma of the bladder.

7. How many primaries does this patient have (see relevant MP/H rules below)?
 - a. One primary
 - b. Two primaries
 - c. Three primaries
 - d. Unknown
8. Which MP/H rule was used to determine the number of primaries present?
 - a. Rule M5
 - b. Rule M6
 - c. Rule M7
 - d. Rule M8
9. What would be recorded in Multiplicity counter?
 - a. 01
 - b. 02
 - c. 03
 - d. 99
10. What would be recorded in Date of Multiple Tumors
 - a. 6/1/2007
 - b. 6/15/2008
 - c. 6/22/2011
 - d. Blank

Bladder MPH Rules

- Rule M5- An invasive tumor following a non-invasive or in situ tumor more than 60 days after diagnosis is a multiple primary.
- Rule M6-Bladder tumors with any combination of the following histologies: papillary carcinoma (8050), transitional cell carcinoma (8120-8124), or papillary transitional cell carcinoma (8130-8131), are a single primary.
- Rule M7-Tumors diagnosed more than three (3) years apart are multiple primaries.
- Rule M8-Urothelial tumors in two or more of the following sites are a single primary:
 - Renal pelvis (C659) Ureter(C669) Bladder (C670-C679) Urethra /prostatic urethra (C680)