Quiz 1

A patient with a history of diffuse large b cell lymphoma diagnosed in 2001 had a biopsy in his physician's office on 12/15/2011 that is positive for follicular lymphoma. The patient comes to your facility for radiation beginning on 1/5/2012.

1. Which manual will you use to determine if the follicular lymphoma is a new primary?
   a. ICD 0 3 Manual
   b. Hematopoietic Table
   c. 2010 Hematopoietic and Lymphoid Database and Coding Manual
   d. 2012 Hematopoietic and Lymphoid Database and Coding Manual

2/15/12 Path: Excision of lesion right upper arm with right axillary node dissection; Clark level III malignant melanoma skin of arm; 1 of 5 lymph nodes positive for metastasis.

2/15/12 Op report: Excisional biopsy of 1 cm right forearm lesion with sentinel node biopsy (1 node) followed by axillary node dissection (4 nodes).

2. What is the code for Scope of Regional Lymph Node Surgery?
   a. 2 – Sentinel lymph node biopsy
   b. 5 – 4 or more regional lymph nodes removed
   c. 6 – Sentinel node biopsy & code 3, 4, or 5 at same time
   d. 7 – Sentinel node biopsy & code 3, 4, or 5 at different times

3. What is the code for Surgical Diagnostic and Staging Procedure?
   a. 00 – None
   b. 01 – Biopsy (incisional, needle, or aspiration)to site other than primary site
   c. 02 – Biopsy (incisional, needle, or aspiration)to primary site
   d. 03 – Surgical exploration only; no biopsy or treatment

3/1/12 Op report: Shave biopsy of left upper thigh lesion with sentinel node biopsy of superficial inguinal node (1). Path report: Malignant melanoma, left thigh, Clark level II; 1/1 node positive for metastasis

3/15/12 Op report: Wide re-excision of left upper thigh lesion with superficial inguinal node dissection. Path report: Residual melanoma with margins clear at 2 cm; 1/5 metastatic node.

4. What is the code for Scope of Regional Lymph Node Surgery for the second procedure?
   a. 2 – Sentinel lymph node biopsy
   b. 5 – 4 or more regional lymph nodes removed
   c. 6 – Sentinel node biopsy & code 3, 4, or 5 at same time
   d. 7 – Sentinel node biopsy & code 3, 4, or 5 at different times

5. A patient was diagnosed at another facility with esophageal cancer. She comes to your facility for a staging work-up and an FNA of an enlarged cervical lymph node. She then returns to the diagnosing facility for treatment. The class of case for you facility would be…
   a. Class of Case 00-Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
   b. Class of Case 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. Class of Case 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. Class of case 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)

6. If there is a conflict between the instructions for collecting and converting special grade code information between your state registry and FORDS, you should…
   a. Defer to the FORDS instructions
   b. Defer to your state registries instructions
   c. Submit the grade information how your state requests it to your state registry and then change the grade information to comply with the FORDS instructions for your NCDB submission.
   d. Set your own standards for collecting grade information

Using the rules for coding grade information described in FORDS 2012 assign codes to the following grade related data items. Use the grade tables provided. Assume information is based on pathologic information

7. Poorly differentiated ductal carcinoma of the breast Bloom-Richardson Score of 9
   a. Grade/Differentiation   __
   b. Grade Path Value   __
   c. Grade Path System   __
   d. SSF 7   ____

8. Ductal carcinoma of the breast Bloom Richardson Score of 9
   a. Grade/Differentiation   __
   b. Grade Path Value   __
   c. Grade Path System   __
   d. SSF 7   ____

9. High grade adenocarcinoma of the colon
    a. Grade/Differentiation   __
    b. Grade Path Value   __
    c. Grade Path System   __

10. Adenocarcinoma of the colon grade 1 of 2
    a. Grade/Differentiation   __
    b. Grade Path Value   __
    c. Grade Path System   __

11. Intermediate grade diffuse B-cell lymphoma
    a. Grade/Differentiation   __
    b. Grade Path Value   __
    c. Grade Path System   __

Grade Tables

Grade/Differentiation

Code	Grade	Label
1	Grade I,1,i	Well differentiated; differentiated, NOS
2	Grade II,2,ii	Moderately differentiated; moderately well differentiated; intermediate differentiation
3	Grade III,3,iii	Poorly differentiated; dedifferentiated
4	Grade IV,4,iv	Undifferentiated; anaplastic
For Lymphomas and Leukemias		
5		T cell; T-precursor
6		B cell; pre-B; B-precursor
7		Null cell; non T-non B
8		NK (natural killer) cell (effective with diagnosis 1/1/95 and after)
For Use in All Histologies		
9		Cell type not determined, not stated or not applicable; unknown primary; high grade dysplasia (adenocarcinoma in situ)

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Breast CS SSF 7

Code	Description
030	Score of 3
040	Score of 4
050	Score of 5
060	Score of 6
070	Score of 7
080	Score of 8
090	Score of 9
110	Low Grade, Bloom-Richardson (BR) grade 1, score not given
120	Medium (Intermediate) Grade, BR grade 2, score not given
130	High Grade, BR grade 3, score not given
988	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.)
998	No histologic examination of primary site

Special Grades Coded in the *Collaborative Stage Data Collection System*

Schema Name	Collaborative Stage Item
Adenosarcoma of the Corpus Uteri; Uterus, NOS	SSF7: Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors
Bladder	SSF1: WHO/ISUP Grade
Brain and Cerebral Meninges	SSF1: WHO Grade Classification
Breast	SSF7: Nottingham or Bloom-Richardson Score/Grade
Carcinoma and Carcinosarcoma of Corpus Uteri; Uterus, NOS	SSF7: Percentage of Non-Endometrioid Cell Type in Mixed Histology Tumors
Carcinomas of the Appendix	SSF11: Histopathologic Grading
Colon	SSF5: Tumor Regression Grade
Gastrointestinal Stromal Tumor of Appendix	SSF11: Mitotic Count
Gastrointestinal Stromal Tumor of Colon	SSF11: Mitotic Count
Gastrointestinal Stromal Tumor of Esophagus	SSF6: Mitotic Count
Gastrointestinal Stromal Tumor of Rectum and Rectosigmoid Junction	SSF11: Mitotic Count
Gastrointestinal Stromal Tumor of Small Intestine	SSF6: Mitotic Count
Gastrointestinal Stromal Tumor of Stomach	SSF6: Mitotic Count
Heart, Mediastinum	SSF1: Grade for Sarcomas
Kidney	SSF6: Fuhrman Nuclear Grade
Lacrimal Gland	SSF7: Mucoepidermoid Carcinoma – Grade (applies only to M-8430/3)
Malignant Melanoma of Conjunctiva	SSF3: Grade – Melanoma Origin
Malignant Melanoma of Choroid	SSF8: Gene Expression Profile
Malignant Melanoma of Ciliary Body	SSF8: Gene Expression Profile
Malignant Melanoma of Iris	SSF8: Gene Expression Profile
Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum	CS Lymph Nodes (incorporates Dutch grade system and National Cancer Institute – Lymph Nodes grade system)
Other Parts of Central Nervous System	SSF1: WHO Grade Classification
Peripheral Nerves and Anatomic Nervous System	SSF1: Grade for Sarcomas
Peritoneum	SSF1: Grade for Sarcomas
Pituitary Gland, Craniopharyngeal Duct, and Pineal Gland	SSF1: WHO Grade Classification
Prostate	SSF7-SSF11: Gleason Grade components (score, pattern)
Rectosigmoid, Rectum	SSF5: Tumor Regression Grade
Renal Pelvis and Ureter	SSF1: WHO/ISUP Grade
Retroperitoneum	SSF1: Grade for Sarcomas
Urethra	SSF1: WHO/ISUP Grade

Quiz 2

A patient presented on 1/1/12 for an excisional biopsy of an enlarged cervical lymph node. Pathology indicated metastatic squamous cell carcinoma from an unknown primary. Patient refused any further work-up or tx at that time. The case was abstracted as an unknown primary. The patient returned one year later and at that time the physician the patient had a lung primary originally diagnosed by the 1/1/12 biopsy of the cervical lymph node.

1. Indicate all of the items that would need to be updated with this revised diagnosis.
    a. Primary Site
    b. Class of Case
    c. Accession number
    d. Surgical Procedure Other (change surgical procedure other from 1 to 3)

2. Circle all of the reportable cases
    a. Mass in the left temporal lobe of the brain
    b. Tumor in the left temporal lobe of the brain
    c. Cytology report: most likely malignancy
    d. Cytology report: carcinoma, most likely squamous cell carcinoma
    e. FNA-Pathology report-most likely malignancy

3. Digital rectal exam identified large rectal tumor. Rectal biopsy diagnosed moderately differentiated adenocarcinoma. Neoadjuvant chemotherapy recommended to be followed by resection. Patient opted to have treatment closer to home. What is the code for SSF8 (Perineural Invasion)?
    a. 000 – None
    b. 010 – Perineural invasion present
    c. 998 – No histologic examination of primary site
    d. 999 – Unknown

4. 3/19/12 chest x-ray identified 2.5 cm mass of right upper lobe. CT scan showed 2.3 cm right upper lobe mass invading adjacent rib and right hilar adenopathy. Aspiration biopsy of the right upper lobe mass diagnosed squamous cell carcinoma. What is the code for CS Tumor Size?
    a. 023
    b. 025
    c. 993 – Described as between 2 and 3 cm
    d. 999 – Unknown

CT scan shows 4m right lung lesion invading into the pleura, non-resectable. Biopsy of lung proved small cell carcinoma. Patient referred to radiation oncologist.

5. What is the code for CS Extension?
    a. 410 - Extension to but not into pleura, including invasion of elastic layer BUT not through the elastic layer
    b. 420 - Invasion of pleura, including invasion through the elastic layer
    c. 430 - Invasion of pleura, NOS
    d. 999 – Unknown

6. What is the code for SSF2 (Pleural/Elastic Layer Invasion (PL) by H and E or Elastic Stain)?
    a. 000 - PL 0; no evidence of visceral pleural invasion (PL); tumor does not completely traverse the elastic layer
    b. 010 - PL 1; invasion beyond the visceral elastic pleura, but limited to the pulmonary pleura; tumor extends through the elastic layer
    c. 040 - Invasion of pleura, NOS
    d. 998 - No histologic examination of pleura to assess pleural layer invasion

Path report: Right and left ovaries with invasive papillary serous cystadenocarcinoma, FIGO grade IV, capsules ruptured; invasive implants to colon, appendix and omentum, none larger than 2 cm.

7. What is the code for CS Extension?
    a. 350 - Tumor limited to ovaries, capsules ruptured
    b. 450 – FIGO Stage IC
    c. 710 - Macroscopic peritoneal implants beyond pelvis, less than or equal to 2 cm in diameter
    d. 999 – Unknown

8. What is the code for SSF2 (FIGO Stage)?
    a. 130 - FIGO Stage IC
    b. 320 – FIGO Stage IIIB
    c. 400 – FIGO Stage IV
    d. 999 – FIGO Stage unknown

9. Right cervical lymph node is excised and pathologic diagnosis is metastatic malignant melanoma. Chest x-ray shows nodules throughout left lung consistent with metastasis. Aspiration biopsy from lung shows metastatic malignant melanoma. Work-up does not identify primary site of melanoma. What is the code for CS Mets at DX?
    a. 00 – No distant metastasis
    b. 10 – Distant lymph node
    c. 43 – Lung
    d. 53 - Metastasis to lung plus distant nodes