

Collecting Cancer Data: Uterus

Quiz 1

1. A patient is admitted an inpatient on 2/12/11 with pneumonia. During her stay it was noted the patient was experiencing post-menopausal bleeding. On 2/15/11 a cervical biopsy was performed and the pathology showed invasive poorly differentiated adenocarcinoma. The patient was discharged 2/16/11. What is Date of First Contact?
 - a. 2/12/11
 - b. 2/14/11
 - c. 2/15/11
 - d. 2/ /11
2. On 3/12/11 a patient was diagnosed with endometrial carcinoma at another facility. The patient came to your facility on 3/15/11 for a PET scan to assist with staging of the disease. The patient went back to the original facility for surgery, chemotherapy and radiation. You abstracted this as a non-analytic case with a Date of First Contact of 3/15/11 and Class of case 30. After you entered the case into your database, the patient then decided to have radiation at your facility rather than the other facility (still part of planned first course treatment). The patient was seen at your facility for a radiation consult on 4/14/11. The first radiation treatment began on 4/16/11. You should:
 - a. You never change Date of First Contac or Class of Case once they have been entered into your database.
 - b. Keep Date of First Contact as 3/15/11 and change Class of Case to 11.
 - c. Change Date of First Contact to 4/14/11 and Change Class of Case to 11.
 - d. Change Date of First Contact to 4/16/11 and change Class of Case to 11.
3. Which of the following sites are NOT considered part of the “adnexa”?
 - a. Ovary
 - b. Fallopian tubes
 - c. Uterus
 - d. Broad ligaments
4. Which of the following sites acts as the serosa of the uterus?
 - a. Endometrium
 - b. Myometrium
 - c. Perimetrium
 - d. Cervix
5. Which lymph nodes are NOT considered regional for the cervix?
 - a. Internal iliac
 - b. Obturator
 - c. Para-aortic
 - d. Para-metrial

6. Which is the most common histology for endometrial primaries?
 - a. Endometrioid adenocarcinoma
 - b. Clear cell carcinoma
 - c. Squamous cell carcinoma
 - d. Leiomyosarcomas

7. Intra-abdominal metastasis from endometrium primaries tends to occur more often with:
 - a. Serous and clear cell adenocarcinomas.
 - b. Endometrioid adenocarcinoma.
 - c. Sarcomas
 - d. Rarely occur in endometrium primaries.

8. Squamous cell carcinomas of the cervix tend to arise in the:
 - a. Lower third of the cervix near the vagina.
 - b. In the upper third of the cervix near the endometrium.
 - c. Frequently occur in any part of the cervix.
 - d. Rarely occur in the cervix.

9. A total abdominal hysterectomy with unilateral salpingo-oophorectomy would indicate that the following were removed:
 - a. Uterus, both fallopian tubes, and both ovaries.
 - b. Uterus, one fallopian tube, and one ovary.
 - c. Uterus, both fallopian tubes, both ovaries and surrounding tissue.
 - d. Uterus and one fallopian tube.

10. Pelvic exenteration is:
 - a. The same as a hysterectomy but also removes the bladder.
 - b. Includes removal of the urinary bladder, urethra, rectum, anus, vagina, cervix, uterus, fallopian tubes and ovaries.
 - c. Is a type of radiation.
 - d. Can only be done on women.

Quiz 2

1. Patient had exploratory laparotomy, total abdominal hysterectomy, bilateral salpingo-oophorectomy, and bilateral pelvic lymphadenectomy. Final pathologic diagnosis is high grade leiomyosarcoma of the myometrium extending into cervix uteri. Which CSv2 schema is used to code the CS data items?
 - a. Cervix
 - b. CorpusAdenosarcoma
 - c. CorpusCarcinoma
 - d. CorpusSarcoma
2. Final pathologic diagnosis from robotic-assisted radical hysterectomy: Squamous cell carcinoma of the cervix, 6 mm horizontal spread and 5 mm depth of invasion. What is the code for CS Tumor Size?
 - a. 000 (no mass or tumor found)
 - b. 005
 - c. 006
 - d. 999 (unknown)
3. Final pathologic diagnosis: Mixed mesodermal tumor, 4 cm, of the corpus uteri invades more than half of the myometrium; grade 3. What is the code for CS SSF7?
 - a. 003 (recorded as grade 3; more than 50% of non-squamous or non-morular solid growth pattern)
 - b. 988 (not applicable)
 - c. 999 (unknown)
4. Final pathologic diagnosis: Adenocarcinoma of corpus uteri directly extending into the rectum with bullous edema; Figo Stage IIIB. What is the code for CS Extension?
 - a. 660 (extension or metastasis to bladder wall, bladder NOS excluding mucosa, rectal wall, rectum NOS excluding mucosa)
 - b. 665 (FIGO Stage IIIB)
 - c. 710 (extension to bowel mucosa or bladder mucosa (excluding bullous edema))
 - d. 999 (unknown)

Patient had biopsy proven squamous cell carcinoma. A CT scan of the abdomen showed extension of the cervical tumor into the parametrium; no lymphadenopathy. A CT scan of chest showed apparently malignant mediastinal lymph nodes.

5. What is the code for CS Lymph Nodes?
 - a. 000 (no regional lymph node involvement)
 - b. 100 (regional nodes NOS)
 - c. 800 (lymph nodes NOS)
 - d. 999 (unknown)

6. What is the code for CS SSF6 (mediastinal node status)?
 - a. 000 (negative nodes)
 - b. 010 (positive nodes)
 - c. 998 (lymph nodes not examined)
 - d. 999 (unknown)

7. What is the code for CS SSF7 (assessment method of mediastinal node status)
 - a. 000 (lymph nodes were not assessed)
 - b. 010 (clinical assessment)
 - c. 020 (imaging)
 - d. 040 (lymphadenectomy; excisional biopsy)

Patient with biopsy proven endometrial carcinoma has hysterectomy. Final diagnosis: endometrioid carcinoma of corpus uteri that involves more than half of the myometrium; 3 of 5 pelvic nodes positive for carcinoma; 2 of 4 para-aortic nodes positive for carcinoma; FIGO Stage IIIC2

8. What is the code for CS Lymph Nodes?
 - a. 100 (regional nodes: iliac, paracervical, parametrial, sacral)
 - b. 200 (regional nodes: aortic including lateral, para-aortic, periaortic)
 - c. 250 (FIGO Stage IIIC2)
 - d. 800 (lymph nodes NOS)

9. What is the code for CS SSF3 (number of positive pelvic nodes)?
 - a. 002
 - b. 003
 - c. 005
 - d. 009

10. What is the code for CS SSF4 (number of examined pelvic nodes)?
 - a. 002
 - b. 003
 - c. 005
 - d. 009