

Quiz 1 -Overview

1. A shift in the incidence of esophageal cancer has occurred in recent decades. We are now seeing:
 - a. Increased incidence of squamous cell carcinoma in the distal esophagus and cardia
 - b. Increased incidence of adenocarcinoma in the distal esophagus and cardia
 - c. Increased incidence of adenocarcinoma in the cervical esophagus
 - d. All of the above
2. An endoscopy revealed a 3x3 cm elevated lesion 31-34 cm from the incisor teeth, at the left anterior wall of the middle esophagus. Specimens taken from the tumor show high grade dysplasia. Should this case be accessioned?
 - a. Yes. According to the AJCC high grade dysplasia is synonymous with in situ and, therefore, reportable.
 - b. Yes, but only for cases diagnosed January 1, 2010 and after.
 - c. Maybe. If the facility's cancer committee feels that high grade dysplasia should be collected as a reportable by agreement case, the case should be accessioned. Otherwise, this is not a reportable case.
 - d. No. High grade dysplasia does not have a behavior of /2 or /3.
3. Adenocarcinoma of the esophagus is more likely to occur in the:
 - a. Cervical esophagus
 - b. Upper thoracic esophagus
 - c. Mid esophagus
 - d. Lower thoracic esophagus
4. Which of the following terms are not synonymous?
 - a. Esophagogastric junction
 - b. Cardia
 - c. Gastroesophageal junction
 - d. Abdominal esophagus
5. Histologic grade is used to determine a patient's:
 - a. AJCC stage
 - b. Treatment
 - c. Prognosis
 - d. All of the above

6. The first division of the stomach is the:
 - a. Body
 - b. Cardia
 - c. Fundus
 - d. Pyloric antrum
7. The ridge of stomach muscle that contracts to churn food to enhance digestion is:
 - a. Ruga
 - b. Pylorus
 - c. Lesser curvature
 - d. Esophagogastric junction
8. The muscularis of the wall of the stomach is similar to other gastrointestinal sites in that it has three layers of smooth muscle.
 - a. True
 - b. False
9. The loose connective tissue called lamina propria is in which layer of the wall of the stomach?
 - a. Mucosa
 - b. Submucosa
 - c. Muscularis
 - d. Serosa
10. The location in the stomach of the primary tumor has an effect on prognosis.
 - a. True
 - b. False

Quiz 2-CSv2

An endoscopy of the esophagus revealed a malignant appearing tumor beginning at 39cm's and extending to 43cm's from the incisors. The tumor involves the distal esophagus and cardia. The tumor does not extend into the body of the stomach. An endoscopic ultrasound was performed and the tumor was found to invade into the muscularis. The physician described this as a T2 lesion.

1. What is SSF-25 Involvement of Cardia and Distance from Esophagogastric Junction (EGJ)
 - a. 010- Tumor located in Cardia or EGJ
 - b. 020-Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5cm or less
 - c. 040- Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown
 - d. 999- Involvement of esophagus not stated, unknown or no information, not documented in patient record
2. If no further information is available, tumor size should be coded as:
 - a. 000
 - b. 040
 - c. 400
 - d. 999
3. CS Tumor Size/Ext Eval should be coded as:
 - a. 0-No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence.
 - b. 1-No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used.
 - c. 3-Surgical resection performed
 - d. 9 -Unknown if surgical resection done

A patient with squamous cell carcinoma of the upper thoracic esophagus presents to your facility for a partial esophagectomy and lymph node dissection. The patient was diagnosed at another facility where a PET scan showed 3 malignant appearing regional lymph nodes. She had a core biopsy of one of these enlarged lymph nodes that revealed squamous cell carcinoma. No further information is available. Surgery was completed at your facility and the patient was found to have 3 of 15 positive lymph nodes.

4. What is Reg LN Pos/Reg LN Exam?
 - a. 95/95
 - b. 95/97
 - c. 03/15
 - d. 04/16
5. What is SSF 1-Clinical Assessment of Regional Lymph Nodes?
 - a. 000-Nodes not clinically evident
 - b. 200-Clinically N2
 - c. 400-Clinically positive regional nodes
 - d. 988-Not applicable

Patient's chief complaint was severe epigastric discomfort. Impression from abdominal PET-CT scan was malignant appearing mass in the lesser curvature of the pyloric antrum directly invading the aorta and at least 3 malignant lesser curvature lymph nodes and 1 malignant appearing para-aortic node. An endoscopic biopsy of the pyloric antrum mass showed adenocarcinoma. Patient was treated with cisplatin and 5-FU.

6. What is the code for CS Lymph Nodes?
 - a. 000
 - b. 100
 - c. 500
 - d. 650
7. What is the code for CS Mets at DX?
 - a. 00
 - b. 10
 - c. 40
 - d. 50
8. What is the code for CS SSF1?
 - a. 000
 - b. 100
 - c. 200
 - d. 400

Gastrectomy and Node Dissection Pathology:

Gross:

Stomach and perigastric fat that contains at least 20 lymph nodes.

Microscopic:

2 cm tumor of the fundus involving the serosa; multiple involved nodes.

Final diagnosis: adenocarcinoma of the stomach with 2 of 22 lymph nodes positive for malignancy.

9. What is the code for Reg LN Pos?
 - a. 00
 - b. 02
 - c. 22
 - d. 97
10. What is the code for Reg LN Exam?
 - a. 2
 - b. 20
 - c. 22
 - d. 97