

Quiz 1

1. During casefinding you review a pathology report showing a mature teratoma in a 72 year old male. There is no mention of malignancy on the path report. You look this histology up in your ICD O 3 manual and see it has a behavior of /0. Is this a reportable case?
 - a. Yes. A mature teratoma in anyone over the age of 18 should be considered malignant.
 - b. Yes. A mature teratoma should always be considered malignant. The behavior code in the ICD O 3 manual should be corrected.
 - c. No. A mature teratoma should never be considered malignant.
 - d. No. Unless the path report indicates the tumor is malignant, we should accept that the behavior is /0.
2. A patient with a small tumor arising in which of the following sites is *least* likely to present with lymph node metastasis?
 - a. Infrahyoid epiglottis
 - b. False vocal cord
 - c. True vocal cord
 - d. Subglottis
3. A patient with primary of the supraglottis will most likely have lymph node metastasis occur first in the:
 - a. Level I lymph nodes
 - b. Level II lymph nodes
 - c. Level IV lymph nodes
 - d. Parotid lymph nodes
4. Which of the following treatments are rarely if ever used for primaries of the larynx?
 - a. Radiation
 - b. Surgery
 - c. Chemotherapy
 - d. Hormone
5. Which of the following is *not* a trait of mucosal melanomas of the head and neck?
 - a. Primarily occur in the nasal cavity and paranasal sinuses
 - b. Are highly aggressive
 - c. Have a high cure rate when they are diagnosed at AJCC stage I or II
 - d. Rarely occur as in situ

Quiz 2

1. Which of the following lymph node regions would be considered distant metastasis for larynx primary?
 - a. Submental
 - b. Paratracheal
 - c. Level VII
 - d. Mediastinal
2. If a pathology report shows that a patient is positive for HPV type 6 only, we would code SSF10 HPV status for laryngeal primary as:
 - a. 000-Human papilloma virus (HPV) negative for high-risk and low-risk types
 - b. 010-HPV positive for low-risk types only
 - c. 020-HPV positive for specified high risk type(s) other than types 16 or 18
 - d. 999-unknown

A patient presents with a bulky right laryngeal lesion arising in the right laryngeal ventricle extending into the right false vocal cord. The vocal cord appears fixed and immobile. The lesion were biopsied, and the final pathologic diagnosis of combined squamous cell carcinoma. A CT was done and showed matted level IIA lymph nodes and bilateral mediastinal lymphadenopathy highly suspicious for malignancy. Also noted were bilateral lung nodules also suspicious for metastasis.

3. CS Extension is:
 - a. 100: Invasive tumor confined to single site of the supraglottis
 - b. 230: Tumor involves mucosa of glottis WITHOUT impaired vocal cord mobility
 - c. 240: Tumor involved adjacent subsites in supraglottis or glottis, NOS, mucosal involvement not specified, WITHOUT impaired vocal cord mobility or fixation of larynx or NOS
 - d. 250: involvement of any structures in supraglottic larynx and/or glottis WITH impaired vocal cord mobility
4. CS Lymph Nodes is:
 - a. 100: Single positive ipsilateral level II regional node
 - b. 200: Multiple positive ipsilateral nodes listed in code 100
 - c. 300: Positive ipsilateral node(s) listed in code 100, not stated if single or multiple
 - d. 999: Unknown
5. CS Mets at DX is:
 - a. 00-No distant metastasis
 - b. 10-Distant lymph nodes
 - c. 40-Distant metastasis except distant lymph nodes
 - d. 50-Distant metastasis plus distant lymph nodes