

Quiz 1

1. A patient was diagnosed with a squamous cell carcinoma arising on the left lateral portion of the tongue. The topography code for this primary would be:
 - a. C02.0 Dorsal surface of tongue, nos
 - b. C02.3 Anterior 2/3 of tongue, nos
 - c. C02.8 Overlapping lesion of tongue
 - d. C02.9 Tongue, nos
2. A patient has a lesion excised from his lip. The pathology report shows basal cell carcinoma. Should this case be accessioned?
 - a. Yes. Malignancies of the lip are required to be accessioned by all standard setters.
 - b. Yes. We can't tell if this is a malignancy of the skin of the lip or of the vermilion of the lip. When in doubt accession.
 - c. No. Only SEER registries collect these cases.
 - d. No. Basal cell carcinomas do not occur in the vermilion of the lip. Basal cell carcinomas of the skin of the lip are not required by any of the standard setters.
3. Lymph node metastasis in lip and oral cavity primaries tends to occur in a predictable and sequential manner. A primary occurring in the lip would probably metastasize to the regional lymph nodes in what order:
 - a. Buccinator lymph nodes, level 1, level 2
 - b. Level 1, level 2, level 3
 - c. Level 1, buccinators, level 3
 - d. Level 3, level 4, level 5
4. A tumor occurring in the maxillary alveolar ridge mucosa would be arising in:
 - a. The upper gum
 - b. The tip of the tongue
 - c. Floor of the mouth
 - d. The upper interior cheek
5. Buccinator lymph nodes can be found:
 - a. Just below the chin
 - b. On the side of the neck
 - c. In the cheek area
 - d. Just below the clavicle

Quiz 2

Scenario

5/1/10 MRI: Broad based floor of the mouth lesion measured 1.5 cm and involved the mandibular alveolus. No invasion of the mandible or tongue. 9 mm spherical lymph node located over the left submandibular triangle is highly suspicious for metastatic disease.

5/8/10 Biopsy of anterior midline floor of mouth lesion: infiltrating squamous cell carcinoma, grade 2.

Due to the patient's medical condition, surgery was not recommended. Definitive radiation therapy is planned.

1. What is the code for CS Extension?
 - a. 300: Localized, NOS
 - b. 400: Tumor crosses midline
 - c. 405: Stated as T1 with no other information
 - d. 500: Gingiva (alveolar ridge), lower

2. What is the code for CS Lymph Nodes?
 - a. 000: None
 - b. 100: Single positive submandibular node (level IB)
 - c. 300: Regional lymph nodes as listed in code 100, not stated if single or multiple
 - d. 999: Unknown; regional nodes cannot be assessed

3. What is the code for CS SSF1, size of lymph nodes?
 - a. 000: No involved regional nodes
 - b. 009: 9 mm
 - c. 991: Described as less than 1 cm
 - d. 999: Unknown if regional nodes involved

4. What is the code for CS SSF3, levels I-III lymph nodes for head and neck?
 - a. 000: No lymph node involvement in levels I, II, or III
 - b. 100: Level I lymph nodes involved
 - c. 010: Level II lymph nodes involved
 - d. 001: Level III lymph nodes involved

5. What is the code for CS SSF7, upper and lower cervical node levels?
 - a. 000: No lymph nodes involved
 - b. 010: Upper level lymph nodes involved
 - c. 020: Lower level lymph nodes involved
 - d. 999: Unknown if regional lymph nodes involved