

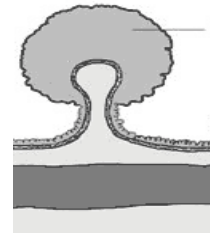
Quiz 1 Overview

1. Beginning with the cecum, which is the correct sequence of colon subsites?
 - a. Cecum, ascending, splenic flexure, transverse, hepatic flexure, descending, sigmoid.
 - b. Cecum, ascending, hepatic flexure, transverse, splenic flexure, descending, sigmoid.
 - c. Cecum, descending, splenic flexure, transverse, hepatic flexure, ascending, sigmoid.
 - d. Cecum, descending, splenic flexure, transverse, hepatic flexure, sigmoid, ascending.
2. Select the incorrect statement.
 - a. The transverse mesocolon attaches the transverse colon to the abdominal wall
 - b. The transverse mesocolon has an inner layer of blood vessels, lymphatics, and fatty tissues.
 - c. The transverse mesocolon is also known as the lesser omentum.
 - d. All of the statements above are true.
3. An adenocarcinoma originating in the colon is most likely to arise in which layer of the colon?
 - a. Mucosal layer
 - b. Submucosa
 - c. Muscularis
 - d. Serosa
4. The anal verge is the area within the anus that (circle all of the correct responses).
 - a. Is where the anal skin and anal canal converge
 - b. Is made up of glandular tissue
 - c. Is squamous epithelium devoid of hair and sweat glands
 - d. Crosses the dentate line
5. Lymph vascular invasion (circle the correct response)
 - a. Is equivalent to angiolymphatic invasion
 - b. Is equivalent to perineural invasion
 - c. Should be coded as lymph node metastasis
 - d. Should be coded as distant metastasis
6. A patient had a colonoscopy with a polypectomy and the final diagnosis on the pathology report indicates adenocarcinoma. Without any further information available, the histology should be coded as...
 - a. Adenocarcinoma, NOS (8140/3)
 - b. Adenocarcinoma in situ in a polyp, nos (8210/2)
 - c. Adenocarcinoma in a polyp, nos (8210/3)
 - d. Adenocarcinoma in a villous adenoma (8261/3)

7. A patient had a colonoscopy and was found to have a large fungating mass and a pedunculated polyp in the descending colon. The mass was biopsied and the polyp was excised. The pathology report indicated the biopsy of the mass was positive for adenocarcinoma and the polyp was a tubular adenoma with a focus of adenocarcinoma confined to mucosal layer. How many primaries does this patient have? Why?
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8. The polyp in the illustration can be described as...(circle all that apply)

- a. Exophytic
- b. Pedunculated
- c. Sessile
- d. Frank



9. The branches of the superior mesenteric artery supply blood to which sections of the colon? (Circle all that apply)

- a. Cecum
- b. Descending colon
- c. Rectum
- d. Sigmoid colon

10. Which of the following lymph nodes are considered distant for a primary of the sigmoid colon?

- a. Common Iliac
- b. Sigmoid mesenteric
- c. Inferior mesenteric
- d. Mesentary, nos

Quiz 2 Collaborative Stage Data Collection System

1. Hemicolectomy path findings: Adenocarcinoma of sigmoid extending into pericolonic fat; 0/13 nodes positive; IHC of nodes shows isolated tumor cells in 1 node. What is the code for CS Lymph Nodes?
 - a. 000 – No regional lymph node involvement and no tumor deposits
 - b. 050 – Tumor deposits in pericolonic tissues
 - c. 300 – Regional nodes NOS
 - d. 999 – Unknown
2. CT scan abdomen: Descending colon mass, most likely malignancy; no lymphadenopathy or organomegaly. Hemicolectomy: 3 cm descending colon adenocarcinoma extending through wall; 1/14 metastatic pericolonic nodes. What is the code for SSF2 (Clinical Assessment of Regional Lymph Nodes)?
 - a. 000 – Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned
 - b. 010 – Metastases in 1 regional node, determined clinically; Stated as clinical N1a
 - c. 400 – Clinically positive regional node(s) NOS
 - d. 999 – Regional nodes involved pathologically, clinical assessment not stated
3. Final diagnosis: Rectal adenocarcinoma invades muscularis propria; proximal, distal and radial margins negative. Gross description: 1 cm rectal tumor; proximal margin negative by 4cm, distal margin negative by 5 cm and radial margin negative by 7cm. What is the code for SSF6 (CRM)?
 - a. 991 – Margins clear, distance from tumor not stated; CRM negative NOS
 - b. 070
 - c. 700
 - d. 999 – Unknown
4. 7/8/11 Rectal biopsy: Infiltrating adenocarcinoma. 7/22/11 – 9/23/11 Neoadjuvant chemotherapy. 12/1/11 Low anterior resection: Infiltrating adenocarcinoma of the rectum with perineural invasion; 0/12 nodes with metastasis. 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
5. Digital rectal exam: 2 cm anal mass. Pelvic CT scan: 2 cm mass confined to anal canal; most likely malignant. Lymphadenopathy to right perirectal and right inguinal nodes, most likely malignant. Anoscopy with aspiration biopsy of anal canal mass and inguinal lymph node: anal mass positive

for squamous cell carcinoma; right superficial inguinal lymph node positive for metastasis. What is the code for CS Lymph Nodes?

- a. 110 - For anal canal: Unilateral or bilateral perirectal nodes
- b. 300 - For anal canal: Unilateral superficial inguinal nodes
- c. 415 - For anal canal: 300 + 110
- d. 515 - For anal canal: Bilateral superficial inguinal nodes

Quiz 3-Treatment

1. A colonoscopy with a polypectomy ... (circle all of the correct statements)
 - a. Should be coded as a Diagnostic Staging Procedure code if the margins are negative.
 - b. May be curative for pedunculated polyps confined to the mucosa of submucosal with favorable histologic features.
 - c. May be curative for frank tumors with favorable histologic features.
 - d. All of the above.

2. Which of the following are poor prognostic features for stage II colon cancers? (circle all that apply)
 - a. Histologic grade 3 or 4
 - b. Lymph vascular invasion
 - c. Positive surgical margins
 - d. 36 negative lymph nodes

3. Which of the following statements concerning neoadjuvant treatment of the rectum are not true?
 - a. A full course of chemo and radiation may take 5 ½ weeks.
 - b. Surgery commonly is scheduled for 5-10 weeks after the completion of neoadjuvant chemotherapy/RT.
 - c. If the patient completes neoadjuvant chemotherapy/RT, it is highly unlikely they will have adjuvant chemotherapy following surgery.

4. Which of following procedures requires a permanent colostomy?
 - a. Low Anterior Resection (LAR)
 - b. Transanal Endoscopic Microsurgery (TEM)
 - c. Total Mesorectal Excision (TME)
 - d. Abdominoperitoneal Resection (APR)

5. Although some squamous cell carcinomas of the anus measuring 2cm or less are treated with local excision, tumors measuring more than 2cm's generally are treated with...
 - a. Abdominoperitoneal Resection
 - b. Chemotherapy alone
 - c. Concurrent chemotherapy and radiation
 - d. Radiation alone