

Case Scenario 1

An 89 year old male patient presented with a progressive cough for approximately six weeks for which he received approximately three rounds of antibiotic therapy without response. A chest x-ray showed a left upper lobe consolidation measuring 3cm x 2.2cm. The patient was sent for a CT scan of the chest which showed a peripheral left upper lobe spiculated mass measuring approximately 2.9 cm x 2.6 cm. The mass was highly suggestive of bronchogenic carcinoma. Additionally, there was a spiculated nodule in the right lower lobe of the lung measuring 2.1 cm x .8 cm most likely representing a metastatic lesion or a second synchronous primary bronchogenic carcinoma. No clinically apparent lymph nodes or metastasis.

The patient agreed to a CT guided biopsy of the left upper lobe mass. This was performed and confirmed non-small cell carcinoma.

The patient indicated that at his age he was not willing to undergo surgical resection, but would consent to radiation therapy. The patient completed a full course of stereotactic ablative radiosurgery (SABR) to both tumors. The patient received 45 Gy to each tumor in 3 fractions.

Pathology

Specimen Type: CT Guided needle biopsy of the left upper lobe lung

Microscopic Description:

Sections show a nonsmall cell carcinoma. The needle biopsy contains nests of malignant epithelial cells infiltrating through a desmoplastic stroma.

Final Diagnosis

Lung, left upper lobe, CT guided needle biopsy: Nonsmall cell carcinoma, immunostains pending.

Addendum:

Immunostain results are as follows. The tumor cells are TTF-1positive. CK 7 positive and CK20 negative. The results indicate adenocarcinoma of a bronchogenic origin.

- How many primaries are present in case scenario 1?
- How would we code the histology of the primary you are currently abstracting?

Stage/ Prognostic Factors

CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
CS Tumor Size/Ext Eval		CS SSF 11	
CS Lymph Nodes		CS SSF 12	
CS Lymph Nodes Eval		CS SSF 13	
Regional Nodes Positive		CS SSF 14	
Regional Nodes Examined		CS SSF 15	
CS Mets at Dx		CS SSF 16	
CS Mets Eval		CS SSF 17	
CS SSF 1		CS SSF 18	
CS SSF 2		CS SSF 19	
CS SSF 3		CS SSF 20	
CS SSF 4		CS SSF 21	
CS SSF 5		CS SSF 22	
CS SSF 6		CS SSF 23	
CS SSF 7		CS SSF 24	
CS SSF 8		CS SSF 25	

Treatment

Diagnostic Staging Procedure			
Surgery Codes		Radiation Codes	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Regional Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose	
		Boost Treatment Modality	
Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	
Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			

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Treatment

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Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	
Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			

Case Scenario 2

A 52 year-old male with a 20-pack-year smoking history presented with shortness of breath. He also stated that he has about a 6 month history of persistent hoarseness, and an approximately 15 pound unintended weight loss. He claims that lately he has difficulty swallowing food and has had persistent pain in his right lateral ribs. The patient was scheduled for a CT and was found to have a 4.2 x 5cm cavitary mass in the right peripheral lower lobe of his lung. The tumor appeared to invade into the overlying ribs (T5) as well as large pleural effusion along the right upper lobe. A 6cm mediastinal mass appears to be compressing the esophagus. The mass probably involves the vagus nerve creating vocal cord paralysis and the patient's hoarseness. Right sided hilar adenopathy is also noted along with bilateral adrenal metastasis.

A thoracentesis was done and cytology returned as negative for malignant cells. The patient had a CT guided biopsy of the right lower lobe tumor and it was found to be malignant.

The patient went on to have palliative chemotherapy consisting of Cisplatin and etoposide.

Pathology report

Specimen type: Biopsy

Final Diagnosis: Well-differentiated adenocarcinoma with bronchioloalveolar and acinar features

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Stage/ Prognostic Factors

CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
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Treatment

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Surgery Codes		Radiation Codes	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Regional Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose	
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Case Scenario 3

Oncology Consult:

A 53 year old patient with a history of tobacco abuse, which he has recently discontinued, presented complaining of a persistent nonproductive cough. CT scans of the chest showed a 1.9 x 2.3 cm left upper lobe lesion suspicious for cancer and mildly enlarged mediastinal lymph nodes. A bronchoscopy with biopsy followed by a mediastinoscopy was performed. Pathology revealed 2 lymph nodes negative for malignancy from the mediastinoscopy. Cytologic and pathologic findings from the bronchoscopy were positive for poorly differentiated squamous cell carcinoma. An MRI of the brain was negative for intracranial metastasis.

Based on this clinical work-up the patient was scheduled for a video-assisted thoracoscopic segmental resection and lymph node dissection. The procedure was successfully performed and the pathology confirmed stage 1B disease. Following surgery the patient received adjuvant chemotherapy consisting of cisplatin and vinorelbine.

Pathology report 1

Specimen from mediastinoscopy:

Two fragments of tan-brown soft tissue labeled left paratracheal lymph nodes

Final Diagnosis:

Two paratracheal lymph nodes negative for malignancy

Pathology report 2

Specimen from VATS segmental resection and lymph node dissection.

- 2 left hilar lymph nodes-station 10, 1 left interlobar lymph node- station 11, 1 left lobar-station 12 lymph node, 3 left tracheobronchial lymph nodes- station 4, 2 left paratracheal lymph nodes, station 2
- Lung, left upper lobe, segmentectomy- 5.3 x 4.2 x 4.1 specimen with a 2.2 x 1.2 x 1.5cm ill-defined mass. Nearest margin is 2cm from the stapled margin.

- 2 left hilar lymph nodes, station 10-**Negative for malignancy**
- 1 left interlobar lymph node, station 11- **Negative for malignancy**
- 1 left lobar, station 12 lymph node-**Negative for malignancy**
- 3 left tracheobronchial lymph nodes, station 4-**Negative for malignancy**
- 2 left paratracheal lymph nodes, station 2-**Negative for malignancy**
- Lung, left upper lobe, Segmentectomy
 - Tumor size- 2.2cm in largest dimension
 - Tumor Focality -Unifocal
 - Histologic Type-Squamous cell carcinoma, with papillary and clear cell features
 - Histologic grade-G3 Poorly Differentiated
 - Margins- Tumor is surrounded by healthy parenchyma. Nearest surgical margins 2cm.

- How many primaries are present in case scenario 3?
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