

## Quiz 1

1. Indicate which statement is false based on 2012 U.S. projections by the American Cancer Society:
  - a. Lung cancer will have the highest mortality rate among men and women combined.
  - b. Prostate cancer will have a higher incidence rate than lung cancer among men than lung cancer.
  - c. Breast cancer will have a higher incidence rate than lung cancer among women than lung cancer.
  - d. Lung cancer will have the third highest incidence rate among men.
2. Circle each false statement
  - a. The right lung has 2 lobes and the left lobe has 3 lobes.
  - b. The left lobe include the cardiac notch.
  - c. The main stem bronchus, pulmonary veins, and the carina all enter the lungs through the hilum.
  - d. The trachea divides into the main bronchi, bronchi, bronchioles, and alveoli in that order.
3. Which of the following sites are coded C34.0?
  - a. Carina
  - b. Hilum
  - c. Main stem bronchus
  - d. Lingula
4. Which of the following statements concerning Pancoast tumors are false?
  - a. Pancoast tumors arise in the apex of the lung.
  - b. Pancoast tumors may cause pain in arm and hand if they involve the brachial nerve bundle.
  - c. Pancoast tumor, nos is not a reportable term. It must be preceded by a modifier such as "malignant" or "metastatic" Pancoast tumor".
  - d. Pancoast tumors tend to involve the chest wall structures rather than the underlying lung tissue.
5. Which blood vessel does not enter the lung via the hilum?
  - a. Pulmonary artery
  - b. Pulmonary vein
  - c. Superior vena cava
  - d. All of the above
6. Which of the following statements is false?
  - a. The visceral pleura covers the lung parenchyma.
  - b. The pleural cavity is located between the lungs and includes the heart and thymus.
  - c. The parietal pleura covers the chest wall.
  - d. The pleural cavity contains a thin layer of fluid that acts as a lubricant between the visceral and parietal pleura.

7. Which of the following is not a regional lymph node?
  - a. Sub carinal
  - b. Para tracheal
  - c. Superior mediastinal
  - d. Deep cervical
8. Which of the following statements is false?
  - a. Adenocarcinoma of the lung is usually TTF-1 positive
  - b. A patient with a single malignant tumor in each lung would have only one primary unless a pathologist indicates they are two primaries.
  - c. If a patient has a single malignant tumor in one lung and multiple malignant tumors in the other lung all diagnoses at the same time, it is a single primary.
  - d. If a patient has one tumor that is mucinous adenocarcinoma (8480/3) and another tumor that is mucin-producing adenocarcinoma (8481/3) diagnosed in the same lung at the same time, it is a single primary.
9. Which statement is incorrect?
  - a. A sleeve lobectomy removes a portion of the bronchus and then an anastomosis is created reattaching the two ends of the bronchus.
  - b. A segmental resection removes more tissue than a wedge resection.
  - c. A bilateral lobectomy removes both lungs and is rarely performed.
  - d. A surgeon usually requires at least 2cm's of healthy bronchi between the tumor and the carina in order to perform an upper lobectomy.
10. Which histology will have the best response to radiation treatment?
  - a. Adenocarcinoma
  - b. Small cell carcinoma
  - c. Squamous cell carcinoma
  - d. Clear cell adenocarcinoma

## Quiz 2

CT scan of chest: , patient has 2 large masses in the LUL; left lung apex mass is 8cm with erosion and invasion of the adjacent 2<sup>nd</sup> and 4<sup>th</sup> ribs; there is a 6 cm mass in the left lingula 6cm and non-contiguous involvement of the 8th & 9th ribs. Left and right hilar adenopathy is present. Aspiration biopsy of left lung apex mass diagnosed squamous cell carcinoma. Physician stated multiple tumors are a single primary; cT3N1M1. Lesions are inoperable.

1. What is the code for CS Tumor Size?
  - a. 060: 60 mm
  - b. 080: 80 mm
  - c. 140: 140 mm
  - d. 999: unknown
2. What is the code for CS Extension?
  - a. 570: Stated as T3 with no other information on extension
  - b. 730: Adjacent rib
  - c. 785: Adjacent rib + carina
  - d. 999: Unknown
3. What is the code for CS Lymph Nodes?
  - a. 000: No regional node involvement
  - b. 100: Ipsilateral hilar node involvement
  - c. 500: Regional node involvement NOS
  - d. 600: Contralateral/bilateral node involvement
4. What is the code for CS Mets at DX?
  - a. 00: No distant metastasis
  - b. 40: Distant metastasis NOS
  - c. 75: Stated as M1 with no other information on metastasis
  - d. 99: Unknown
5. What is the code for SSF1 (Separate Tumor Nodules - Ipsilateral Lung)?
  - a. 010: Separate tumor nodules in ipsilateral lung, same lobe
  - b. 020: Separate tumor nodules in ipsilateral lung, different lobe
  - c. 040: Separate tumor nodules in ipsilateral lung, unknown if same or different lobe
  - d. 999: Unknown
6. What is the code for SSF2 (Visceral Pleural Invasion/Elastic Layer)?
  - a. 000: No evidence of visceral pleural invasion
  - b. 040: Invasion of pleural NOS
  - c. 998: No histologic exam of pleura
  - d. 999: Unknown
7. What is the code for CS Mets at DX – Bone?
  - a. 0: None
  - b. 1: Yes
  - c. 9: Unknown whether bone is involved metastatic site

CT scan of chest and abdomen: Right lung upper lobe mass, less than 2 cm, highly suspicious for malignancy. There is massive right sided pleural effusion with atelectasis and collapse of the entire left lung due to pleural effusion. No lymphadenopathy or organomegaly.

8. What is the code for CS Tumor Size?
  - a. 020: 20 mm
  - b. 992: Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
  - c. 998: Diffuse (entire lung or NOS)
  - d. 999: Unknown
9. What is the code for CS Extension?
  - a. 100: Tumor confined to 1 lung
  - b. 400: Atelectasis/obstructive pneumonitis that extends to the hilar region but does not involve the entire lung; atelectasis/obstructive pneumonitis, NOS
  - c. 430: Invasion of pleura, NOS
  - d. 550: Atelectasis/obstructive pneumonitis involving entire lung
10. What is the code for CS Lymph Nodes?
  - a. 000: No regional lymph node involvement
  - b. 500: Regional lymph nodes NOS
  - c. 800: Lymph nodes NOS
  - d. 999: Unknown
11. What is the code for CS Mets at DX?
  - a. 00: No distant metastasis
  - b. 15: Malignant pleural effusion, ipsilateral or same lung
  - c. 18: Malignant pleural effusion, unknown if ipsilateral or contralateral lung
  - d. 24: Pleural tumor foci or nodules on the ipsilateral lung separate from direct invasion
12. What is the code for SSF1 (Separate Tumor Nodules - Ipsilateral Lung)?
  - a. 000: No separate tumor nodules
  - b. 010: Separate tumor nodules in ipsilateral lung, same lobe
  - c. 040: Separate tumor nodules in ipsilateral lung, unknown if same or different lobe
  - d. 999: Unknown
13. What is the code for SSF2 (Visceral Pleural Invasion/Elastic Layer)?
  - a. 000: No evidence of visceral pleural invasion
  - b. 040: Invasion of pleural NOS
  - c. 998: No histologic exam of pleura
  - d. 999: Unknown