

## Quiz 1

1. A patient had a paracentesis performed at your facility. The final diagnosis on the cytology report was worrisome for malignant ascites. The patient does not return to your facility and you have no additional information concerning this patient. Does the diagnosis on the cytology report indicate a diagnosis of a reportable malignancy?
  - a. Yes
  - b. No
2. A CT of the chest shows a mass in the left lung suspicious for malignancy, possibly small cell carcinoma. If no further information is available on this patient, the histology would be coded as...
  - a. Malignancy, nos (8000/3)
  - b. Small cell carcinoma (8041/3)
  - c. Bronchiolar carcinoma (8250/3)
  - d. The case is not reportable so I would not have to code the histology.
3. A primary renal cell carcinoma is encasing the renal vein. When coding CS Extension we would consider ...
  - a. The renal cell carcinoma is involving the renal vein.
  - b. The renal cell carcinoma is not involving the renal vein.
  - c. Renal vein involvement cannot be assessed. Code as unknown
  - d. None of the above.
4. Describe the difference between the parenchyma of the liver and the serosa of the liver.

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5. Most ovarian primary histologies can be put into one of three categories. Which of the following is NOT one of the categories?
  - a. Sex Cord Stromal Tumors
  - b. Germ Cell Tumors
  - c. Epithelial Tumors
  - d. Papillary Tumors

## Quiz 2

**Debulking operative report:** Large ovarian tumor mass encasing the rectosigmoid, uterus, tubes and ovaries. Peritoneal carcinomatosis studding the bowel and the spleen. The diaphragm is studded with tumors greater than 2 cm in size. After the debulking procedure no residual tumor was seen in the abdomen; residual tumor was identified in the diaphragm.

**Resection pathology:** Serous adenocarcinoma of ovaries completely replacing bilateral ovaries and fallopian tubes, encasing the uterine fundus with invasion of the serosa and outer myometrium and attached to the colon with transmural invasion and erosion through the mucosa into the bowel lumen. Rectosigmoid is directly involved by serous adenocarcinoma with transmural invasion and lymphatic invasion. The margins of the colon are negative; 7/7 retroperitoneal nodes positive metastatic adenocarcinoma. Uterine fundus is directly involved by serous adenocarcinoma with outer myometrial and lymphatic invasion. Segment of ileum, appendix and spleen has intramural invasion of serous adenocarcinoma. There is metastatic carcinoma of the diaphragm, and 1/1 positive right common iliac node. 500 ml of ascitic fluid did not contain any malignancy.

1. What is the code for CS Extension?
  - a. Code 520: Extension to or implants on (but no malignant cells in ascites or peritoneal washings): Adnexa, contralateral; fallopian tube(s), contralateral; uterus
  - b. Code 610: Extension to or implants on other pelvic structures (but no malignant cells in ascites or peritoneal washings): Broad ligament(s), contralateral; mesovarium, contralateral; bladder, bladder serosa; cul de sac; parametrium; rectosigmoid; rectum; sigmoid colon; sigmoid mesentery; ureter (pelvic portion)
  - c. Code 720: Peritoneal implants beyond pelvis, greater than 2 cm in diameter
  - d. Code 730: Tumor involves one or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis, NOS
  
2. What is the code for CS Lymph Nodes?
  - a. Code 000: No regional lymph node involvement
  - b. Code 100: Regional lymph node(s): Iliac, NOS: common, external, internal (hypogastric), NOS: obturator; pelvic, NOS
  - c. Code 200: Regional lymph node(s): Aortic: lateral (lumbar), para-aortic, periaortic; retroperitoneal, NOS
  - d. Code 500: Regional lymph nodes, NOS

3. What is the code for SSF3 (Residual Tumor Status and Size after Primary Cytoreduction Surgery)?
  - a. Code 000: No gross residual tumor nodules
  - b. Code 030: Residual tumor nodule(s) greater than 1 cm AND neoadjuvant chemotherapy not given or unknown if given
  - c. Code 990: Macroscopic residual tumor, size not stated AND neoadjuvant chemotherapy not given or unknown if given
  - d. Code 992: Procedure described as optimal debulking and size of residual tumor nodule(s) not given AND neoadjuvant chemotherapy not given or unknown if given
  
4. What is the code for SSF4 (Tumor Location after Primary Cytoreduction (Debulking) Surgery)?
  - a. Code 030: Residual tumor in fallopian tube(s) and/or uterus plus ovary(ies) AND neoadjuvant chemotherapy not given or unknown if given
  - b. Code 050: Residual tumor in pelvis: Pelvic peritoneum AND neoadjuvant chemotherapy not given or unknown if given
  - c. Code 060: Residual tumor in pelvis plus any structures in lower codes AND neoadjuvant chemotherapy not given or unknown if given
  - d. Code 170: Residual tumor in diaphragm and/or stomach AND neoadjuvant chemotherapy not given or unknown if given
  
5. What is the code for SSF5 (Malignant Ascites)?
  - a. Code 500
  - b. Code 991: Ascites present, determined to be non-malignant
  - c. Code 998: Ascites not assessed
  - d. Code 999: Unknown

### Quiz 3

1. A paracentesis is done to...
  - a. Remove fluid from the abdomen
  - b. Evaluate lymph nodes for malignancy
  - c. To help control the side effects of chemotherapy
  - d. To amplify the effectiveness of radiation
  
2. A unilateral salpingo-oophorectomy with hysterectomy and pelvic lymph node removal would involve the removal of what organs?  

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3. Define "optimal debulking".  

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4. A patient with stage IIIa ovarian cancer would likely have which of the following treatment modalities (circle all that apply).
  - a. Surgery
  - b. Chemotherapy
  - c. Radiation
  - d. Biologic Response Modifier
  
5. Intraperitoneal chemotherapy would indicate...
  - a. Chemotherapy was given prior to surgery only.
  - b. Chemotherapy was injected directly into the peritoneum
  - c. Chemotherapy drugs are directed into the blood stream, but target only malignancies within the peritoneum
  - d. Chemotherapy was given during a laparotomy