Case Scenario 1

Discharge Summary

A 69-year-old woman was on vacation and noted that she was becoming jaundiced. Two months prior to leaving on that trip, she had had a workup that included an abdominal ultrasound which had shown only gallstones and a chemistry panel which showed only a very slightly elevated GGT at 61 U/L.

She was hospitalized, and an abdominal CT scan revealed a tumor mass involving the head of the pancreas. Sphincterotomy with bile duct drainage by placement of two stents was performed by endoscopic retrograde pancreatography (ERCP) because of high grade stenosis of the distal common bile duct. An exploratory laparotomy was performed and an inoperable mass was found in the head of the pancreas along with extensive metastasis in the abdomen.

The patient was referred to an oncologist and received one cycle of 1500 mg Gemcitabine. Two months later an ERCP was performed with placement of two stents. Despite placement of stents, the patient's bilirubin remained elevated and follow-up examination showed that the intrahepatic biliary ducts remained dilated. Abdominal CT two months later showed growth in the pancreatic mass. She arranged to have hospice care. Over the next several weeks she developed intermittent nausea and vomiting, which was not associated with eating. She noted increasing jaundice. Weight loss of 5 kg in four weeks was noted. Emesis at that time was heme positive. She experienced several episodes of dyspnea and chest pain. She continued to deteriorate and died at home six months following the appearance of her initial symptoms.

Exploratory Laparotomy

Operative Findings:

The outer wall of the stomach was involved with firm white metastatic tumor nodules. The pylorus was patent but the duodenum was partially obstructed by extrinsic metastatic nodules. The remaining small intestine was normal. The transverse colon showed numerous hard, serosal nodules, and it was adherent to the abdominal wall anteriorly. It was constricted but not obstructed. The remaining large intestine was normal. The majority of the pancreas was involved with firm tan-white tumor. The tumor mass measured 8 cm in maximal dimension and invaded adjacent tissues. The tumor appeared to arise from the

head and extend to the body, but not the uncinate process. The tail was atrophic. Malignant appearing lymph nodes were noted inferior to the head and body of the pancreas and along the celiac axis. The liver capsule showed scattered metastatic tumor nodules. Tumor nodules ranging in size from 1 to 1.5cm's could be palpated in the hepatic parenchyma. The gallbladder was absent. The extrahepatic ducts were obstructed by metastatic tumor extending to the hilum of the liver.

Laboratory Findings

Analyte	Value	Reference Range	Units
Sodium	137	136-144	mmol/L
Chloride	100	101-111	mmol/L
Potassium	4.1	3.7-5.2	mmol/L
Bicarbonate	29	20-29	mmol/L
Creatinine	0.6	0.7-1.1	mg/dL
Total Protein	7.2	6.3-7.9	g/dL
Calcium	8.5	8.5-10.3	mg/dL
Bilirubin, total	10.5	0.2-1.3	mg/dL
AST	62	10-34	U/L
ALT	44	5-59	U/L
LDH	219	105-205	U/L
Alkaline Phosphatase	391	45-150	U/L
Gamma-GT	51	0-33	U/L
Amylase	48	23-85	U/L
Lipase	48	30-190	U/L
CEA	170	0-3	ng/mL
CA 19-9	16011	0-37	U/mL

Pathology report

Specimen

Biopsy: Head of the pancreas

Final Report:

Moderately differentiated ductal pancreatic adenocarcinoma

- **How many primaries are present in case scenario 1?**

- **How would we code the histology of the primary you are currently abstracting? 8500/3 per rule M11**

Stage/ Prognostic Factors

(Print two copies of this page if patient has multiple primaries)

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			

Case Scenario 2

History and Physical

A 59 year old female presented to the emergency room with abdominal pain, nausea, and vomiting. A CT scan showed a 5cm mass in the head of the pancreas that abutted the adjacent duodenum. An endoscopic ultrasound and biopsy was performed. Pathology confirmed pancreatic neuroendocrine carcinoma. A surgical consult was given and the patient was scheduled for a Whipple procedure. Her blood Serum chromogranin A level was elevated at 95 ng/mL.

Pathology Report 1

Specimen type: Fine needle aspiration head of the pancreas

Final diagnosis: Pancreatic neuroendocrine carcinoma

Pathology Report 2

Whipple procedure specimen:

A segment of duodenum, 25 cm in length, and a portion of pancreas, 8 x 7.5 x 4.5 cm. There was a large mass, 5.0 x 4.5 x 3.0 cm, that occupied the head of pancreas, which otherwise was tan-pink, rubbery with no apparent necrosis on the cut surface. The tumor extended into the adjacent duodenum, but did not directly invade the mucosal surface grossly. The common bile duct was grossly probe-patent and of normal caliber. Seven peripancreatic lymph nodes were identified and were negative for malignancy. All surgical margins appeared to be free of tumor.

Final Diagnosis:

Insulin producing neuroendocrine carcinoma (malignant insulinoma)

Oncology Note:

At this time the patient does not require adjuvant chemotherapy.

- **How many primaries are present in case scenario 2?**
- **How would we code the histology of the primary you are currently abstracting?**

Stage/ Prognostic Factors

(Print two copies of this page if patient has multiple primaries)

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			

Case Scenario 3

History and Physical

A 49 year old woman presents with a history of acute recurrent pancreatitis. A CT and MRI were performed and showed a possible tumor in the body of the pancreas that was suspicious for early stage carcinoma of the pancreas. An endoscopic ultrasound guided fine needle aspiration showed acinar cells of the pancreas, but was negative for malignancy. Due to the possibility of pancreatic carcinoma, she underwent a distal pancreatectomy and splenectomy with lymph node dissection.

Pathology Report 1

Specimen: FNA of the pancreas

Final Diagnosis:

Acinar cells. Negative for malignancy.

Pathology Report 2

Specimen: Distal pancreas, spleen, peripancreatic lymph nodes

Microscopic Description:

The tumor of the pancreatic body showed secondary changes with focal fibrosis from the localized pancreatitis. PanIN III was uncinate process in the pancreatic duct within the tumor. There were no cancerous findings in the spleen or in the 13 dissected lymph nodes.

Final Diagnosis:

PanIN III confined to the pancreatic duct

Oncology Note:

At this time the patient does not require adjuvant treatment.

- **How many primaries are present in case scenario 3?**
- **How would we code the histology of the primary you are currently abstracting?**

Stage/ Prognostic Factors

(Print two copies of this page if patient has multiple primaries)

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			