

Quiz

Sarcoma (all cases diagnosed in 2010)

1. Which of the following histologies would indicate a sarcoma originating in the smooth muscle?
 - a. Fibrosarcoma
 - b. Chondrosarcoma
 - c. Leiomyosarcoma
 - d. Rhabdomyosarcoma
2. The final diagnosis on a pathology report showed a single tumor consisting of high grade sarcoma with features of myxoid liposarcoma and round cell liposarcoma. What histology would be assigned? Explain your reasoning.
3. A sarcoma of the arm with less than 2mm invasion into the muscular fascia would be considered a superficial tumor.
 - a. True
 - b. False.
4. The final diagnosis on a pathology report shows a high grade fibrosarcoma. FNCLCC grade 2 of 3. SSF 1 Grade for Sarcomas would be coded as:
 - a. 010 Specified as Grade 1 [of 3]
 - b. 020 Specified as Grade 2 [of 3]
 - c. 030 Specified as Grade 3 [of 3]
 - d. 100 Grade stated as "low grade" [NOS]
 - e. 200 Grade stated as "high grade" [NOS]
 - f. 998 No histologic examination of primary site
5. Bone involvement identified from pathology report should be coded in both SSF 3 *Bone invasion* and SSF 4 *Pathologic M1: Source of pathologic metastatic specimen*.
 - a. True
 - b. False

Quiz

GIST (all cases diagnosed in 2010)

1. A patient presented to your facility for a gastrectomy. Review of the medical record shows a pathology report with the final diagnosis showing stating low grade gastrointestinal stromal tumor arising in peritoneum. The managing physician has indicated that based on pathology findings the patient has an AJCC T1 N0 M0 Low mitotic rate stage 1a GIST. Should this case be accessioned? Why or why not?
2. In general, the most important factor for determining stage of a GIST of the stomach is:
 - a. Tumor Size
 - b. Superficial vs Deep invasion
 - c. Mitotic count
 - d. A & C
 - e. All of the above
3. Due to the relative rarity of lymph node metastasis in GIST a thorough work-up is not required in order to assign a CS Lymph Nodes.
 - a. True
 - b. False
4. A pathology report indicated that a GIST of the stomach had a mitotic rate of 7 mitosis/ 50 hpf. This would be coded in SSF 6 as:
 - a. 009
 - b. 070
 - c. 700
 - d. 110
5. KIT is a gene that regulates cell growth and differentiation and is found in nearly all GIST cases.
 - a. True
 - b. False

Quiz

NETS (all cases diagnosed in 2010)

Case Scenario

2/15/2010

A patient presented with a recent diagnosis of biopsy proven well differentiated neuroendocrine carcinoma found during a screening colonoscopy. The patient had a CT done here which showed a mass in the in ascending colon with 5-7 malignant appearing pericolic lymph nodes.

2/20/2010

Lab results showed the patient had a 5-HIAA level of 36 mg/24 hours, but the CEA was only 3.2 ng/ml.

2/21/2010

A hemicolectomy was performed and the final pathology report showed the patient to have a 4cm carcinoid tumor originating in the ascending colon and invading into the pericolic fat. 3 of 18 ileocolic lymph nodes were positive for malignancy. Immunohistochemistry showed the patient had a CgA level of 52 ng/ml.

1. What histology would we assign to this case? _____/____
2. What code would we use for CS LN's ? _____
3. What code would we use for CS RN Pos and RN Ex _____/_____
4. What code would we use for SSF 2 Clinical Assessment of Regional Nodes _____
5. What would we use for SSF 16 Serum Chromogranin A (CgA) Lab Value _____
6. What would we use for SSF 17 Urinary 5-HIAA Lab Value Level _____