

Quiz 1

1. Which of the following are risk factors for esophagus cancer.
 - a. Obesity
 - b. Gastroesophageal reflux
 - c. Smoking and Alcohol
 - d. All of the above
2. Adenocarcinoma of the distal stomach has been increasing in the last 20 years.
 - a. True
 - b. False
3. A squamous cell carcinoma is mostly going to be found in the:
 - a. Proximal esophagus
 - b. Distal esophagus
 - c. Fundus of the stomach
 - d. Pyloric antrum of the stomach
4. The cardia is:
 - a. The most distal portion of the stomach
 - b. The most proximal portion of the stomach
 - c. Orthogonal to the mid thoracic esophagus
 - d. Proximal to the distal portion of the lower esophagus
5. The AJCC TNM manual 7th edition states that high grade dysplasia should be staged as Tis. Therefore, these cases should be abstracted and submitted to the NCDB and state cancer registries.
 - a. True
 - b. False
6. A tumor extends from the fundus of the stomach to the proximal edge of the thoracic esophagus. The epicenter of the tumor is located in the fundus 4cm's from the EGJ. Indicate the primary site and CS schema for this tumor.
 - a. C15.5 Distal esophagus-Esophagus schema
 - b. C16.0 Cardia-Stomach schema
 - c. C16.1 Fundus of stomach-EsophagusGEJunction schema
 - d. C16.1 Fundus of the stomach-Stomach schema

7. Indicate which statement is incorrect.
- The mucosal layer of the esophagus consists of the epithelium, lamina propria, and muscularis mucosa.
 - The esophagus is covered by a layer of serosa.
 - The stomach has a layer of oblique muscle not present in other sites of the GI tract.
 - The adventitia of the stomach consists of a layer of connective tissue that merges with connective tissue of surrounding tissues.
8. Esophageal lymphatic drainage is intramural. This means:
- There is lymphatic drainage within the wall of the esophagus
 - The lymphatic drainage creates a picture like presence on the lumen of the esophagus
 - The lymphatic drainage is confined to each sub-section of the esophagus
 - None of the above
9. Which of the following lymph nodes would be considered distant for a primary in the body of the stomach?
- Greater omental
 - Pyloric
 - Cervical
 - Celiac
10. In order to derive an AJCC stage, grade is required for which of the following?
- Esophagus T3 N0 M0
 - Stomach T2 N1 M0
 - Esophagus T1a N0 M0
 - Stomach T4 N0 M1

Quiz 2

Esophagogastroduodenoscopy (EGD) with biopsy: Tumor extends from 23 to 25 cm, and a 2nd tumor extends from 28 to 32 cm both in the middle third of the esophagus. Biopsies of both tumors diagnosed squamous cell carcinoma.

Endoscopic ultrasound (EUS): 2 tumors in middle thoracic esophagus; smaller tumor extends through the wall into the diaphragm while the larger tumor is confined to the esophagus. Multiple primary rules applied, and this is a single primary.

1. What is the code for CS Tumor Size?
 - a. 020
 - b. 040
 - c. 060
 - d. 999: Unknown

2. What is the code for CS Extension?
 - a. 200: Muscularis propria invaded
 - b. 300: Localized NOS
 - c. 615: For intrathoracic esophagus, upper or middle portion – diaphragm
 - d. 999: Unknown

3. What is the code for CS Tumor Size/Ext Eval?
 - a. 0: Clinical evidence
 - b. 1: Endoscopy or biopsy
 - c. 3: Surgical resection of primary tumor
 - d. 9: Unknown

4. What is the code for SSF2 (Specific Location of Tumor)?
 - a. 020: Stated as upper thoracic esophagus
 - b. 030: Stated as middle thoracic esophagus
 - c. 080: Stated as middle third
 - d. 999: Unknown

5. What is the code for SSF4 (Distance to Proximal Edge of Tumor from Incisors)?
 - a. 023
 - b. 025
 - c. 028
 - d. 032

6. What is the code for SSF5 (Distance to Distal Edge of Tumor from Incisors)?
- a. 023
 - b. 025
 - c. 028
 - d. 032

EGD with biopsy: 2 cm lesion at 20 cm; moderately differentiated squamous cell carcinoma invading submucosa. EUS: Upper thoracic lesion, 2 cm; adenopathy of cervical node region. FNA biopsy of right cervical node: Squamous cell carcinoma.

7. What is the code for CS Lymph Nodes?
- a. 000: No regional lymph node involvement
 - b. 100: Cervical esophagus only: Cervical NOS
 - c. 250: Upper thoracic esophagus only: Cervical lymph nodes
 - d. 999: Unknown
8. What is the code for CS Mets at DX?
- a. 00: No distant metastasis
 - b. 10: Distant lymph nodes NOS
 - c. 60: Distant metastasis NOS
 - d. 99: Unknown
9. What is the code for SSF1 (Clinical Assessment of Regional Lymph Nodes)?
- a. 000: Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned
 - b. 100: Metastasis in 1-2 regional nodes determined clinically
 - c. 400: Clinically positive regional nodes NOS
 - d. 999: Regional lymph nodes involved pathologically, clinical assessment not stated; unknown if regional lymph nodes clinically evident
10. What is the code for SSF3 (Number of Regional Lymph Nodes with Extracapsular Tumor)?
- a. 000: All nodes examined negative for cancer involvement; all nodes examined negative for extracapsular tumor
 - b. 001
 - c. 990: Positive nodes, not stated if extracapsular tumor present
 - d. 999: Unknown if regional lymph nodes involved pathologically

Partial Gastrectomy: 5.1 cm moderately differentiated adenocarcinoma originating in the gastric fundus involves the EGJ with tumor midpoint 2 cm from the EGJ; tumor invades the muscularis propria.

11. What is the code for SSF25 (Schema Discriminator)?

- a. 000: No involvement of GE junction
- b. 020: Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5 cm or less
- c. 030: Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm
- d. 982: Primary site coded to C16.0

12. What is the code for CS Extension?

- a. 200: Invades into but not through muscularis propria
- b. 400: Invasion through muscularis propria or muscularis NOS
- c. 800: Further contiguous extension
- d. 999: Unknown

Quiz 3

1. An endoscopic ultrasound can be used to:
 - a. Determine the depth of the primary tumor
 - b. Biopsy perigastric lymph nodes
 - c. Identify signs of distant metastasis
 - d. All of the above

2. Endoscopic Mucosal Resection (EMR) is not a standard treatment for:
 - a. High grade dysplasia
 - b. Barrett's esophagus
 - c. Tumors confined to the lamina propria
 - d. Tumors confined to the muscularis propria

3. An Ivor-Lewis esophagogastrectomy would include:
 - a. Removal of the entire stomach and esophagus
 - b. Removal of part of the stomach and part of the esophagus
 - c. Removal of the cervical esophagus only
 - d. Removal of the EGJ only

4. A patient with bulky lymphadenopathy would most likely be considered:
 - a. A candidate for surgery
 - b. Not a candidate for surgery

5. A patient that receives a partial esophagectomy will likely:
 - a. Have a permanent feeding tube inserted
 - b. Reconstruct the esophagus using another organ such as the stomach or large intestine
 - c. Have no additional treatment
 - d. None of the above