

## Quiz 1

1. Indicate if questions on the following topics should go to Ask a SEER Registrar or to the CAnswer Forum.
  - a. Collaborative Stage (Ask a SEER Registrar/ CAnswer Forum)
  - b. Multiple Primary and Histology Rules (Ask a SEER Registrar/ CAnswer Forum)
  - c. Hematopoietic rules (Ask a SEER Registrar/ CAnswer Forum)
  - d. AJCC TNM staging (Ask a SEER Registrar/ CAnswer Forum)
  - e. How ICD 10 changes will effect coding the data item "Comorbidities and Complications"? (Ask a SEER Registrar/ CAnswer Forum)
  - f. Changes to ICD O 3 (Ask a SEER Registrar/ CAnswer Forum)
  - g. New 2012 Cancer Program Standards (Ask a SEER Registrar/ CAnswer Forum)
  - h. CP3R Breast (Ask a SEER Registrar/ CAnswer Forum)
  
2. If a tumor arises on the isthmus of the thyroid gland, laterality should be coded to?
  - a. 0-Not a paired organ
  - b. 1-Right lobe
  - c. 2-Left lobe
  - d. 5-Paired site: midline tumor
  - e. 9-Paired site, but no information concerning laterality
  
3. If a patient is found to have a cold nodule on imagine that means:
  - a. The nodule is probably malignant
  - b. The nodule is not absorbing iodine and therefore not producing hormones
  - c. The nodule is absorbing iodine and therefore is producing hormones
  - d. The nodule is cool to the touch
  
4. Lymph node metastasis from a thyroid primary is most likely to occur first in which lymph nodes?
  - a. Level IIA
  - b. Level III
  - c. Level V
  - d. Level VI
  - e. Level VII
  
5. Which of the following histologies is considered differentiated?
  - a. Medullary carcinoma
  - b. Anaplastic carcinoma
  - c. Papillary carcinoma
  - d. Undifferentiated

6. How many primaries should be coded in a patient with a 4/5/11 left thyroid lobectomy diagnosis of follicular carcinoma followed by a 7/25/11 right thyroid lobectomy diagnosis of papillary carcinoma, follicular variant?
- a. 1 primary per rule M6
  - b. 2 primaries per rule M7
  - c. 2 primaries per rule M8
  - d. 2 primaries per rule M17

A patient was found to have a single tumor in the left lobe of the thyroid consisting of papillary carcinoma, follicular variant and second tumor in the right lobe of the thyroid consisting of follicular carcinoma.

7. How many primaries are present?
- a. 1 per rule M6
  - b. 2 per rule M7
  - c. 2 per rule M8
  - d. 2 per rule M17
8. Assign a histology code for each primary and explain which histology rule used to determine the histology code.

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Thyroidectomy: Localized multifocal papillary follicular carcinoma of right thyroid extending into tumor capsule; largest tumor foci is 1.2 cm; pT1b.

9. What is the code for CS Tumor Size?
- a. 012: 12 mm
  - b. 990: Microscopic focus or foci only and no size of focus given
  - c. 992: Stated as T1b or T1 with no other information on extension
  - d. 999: Unknown
10. What is the code for CS Extension?
- a. 200: Multiple foci confined to thyroid
  - b. 300: Localized, NOS
  - c. 400: Into thyroid capsule, but not beyond
  - d. 410: Stated as T1b with no other information on extension

Final diagnosis: Anaplastic carcinoma in situ of right thyroid; pT4a.

11. What is the code for CS Extension?
  - a. 000: In situ, intraepithelial, non-invasive
  - b. 300: Localized, NOS
  - c. 560: Stated as T4a with no other information on extension
  - d. 999: Unknown

Total thyroidectomy and bilateral modified neck dissection: Medullary carcinoma in right thyroid lobe, 1.3 cm; 2/5 right level IIA nodes positive for metastasis; 3/10 right and left retropharyngeal nodes positive for metastasis. Chest x-ray: Normal with no nodules in either lung.

12. What is the code for CS Metastasis at DX?
  - a. 00: No distant metastasis
  - b. 12: Distant lymph nodes
  - c. 40: Distant metastasis except distant lymph nodes
  - d. 99: Unknown

Final diagnosis: Medullary carcinoma of right thyroid; T1b (s).

13. What is the code for SSF1 (Solitary vs. Multifocal Tumor)?
  - a. 000: No evidence of primary tumor
  - b. 010: Solitary tumor
  - c. 020: Multifocal tumor
  - d. 999: Unknown

## Quiz 2

1. A malignant tumor in the adrenal gland is most likely
  - a. Metastasis from another site
  - b. Malignant pheochromocytoma
  - c. Arising from the medulla of the adrenal gland
  - d. Causing urinary obstruction
  
2. A “functioning” adrenal cortical carcinoma indicates the tumor is:
  - a. Excreting steroid hormones
  - b. Growing rapidly
  - c. Probably metastasis
  - d. Was an incidental finding
  
3. Which of the following are regional lymph nodes for the adrenal gland?
  - a. Mediastinal
  - b. Iliac
  - c. Para aortic
  - d. Mesenteric

CT scan of pelvis: 2 cm tumor of left adrenal gland, probably malignant. Left adrenalectomy:  
Adenocarcinoma of the adrenal cortex confined to gland.

4. What is the code for CS Tumor Size?
  - a. 000: No mass/tumor found
  - b. 020
  - c. 992: Described as ‘less than 2 cm’ or ‘greater than 1 cm’ or ‘between 1 cm and 2 cm’
  - d. 999: Unknown

Final diagnosis: Adrenal cortical carcinoma, right adrenal gland, involving fibrous tissue surrounding the gland.

5. What is the code for CS Extension?
  - a. 100: Invasive carcinoma confined to adrenal gland
  - b. 400: Adjacent connective tissue
  - c. 605: Adjacent organs/structures
  - d. 800: Further contiguous extension

Right adrenalectomy and pericaval node dissection: Adenocarcinoma of adrenal cortex extends into inferior vena cava; 2/6 nodes positive for metastasis.

6. What is the code for CS Lymph Nodes?
  - a. 105: Regional nodes NOS
  - b. 110 Pericaval, NOS
  - c. 800: Lymph nodes, NOS
  - d. 999: Unknown

Right adrenalectomy: Right adrenal gland weighs 150 g; tumor is 2 cm in greatest dimension. Adrenal cortical carcinoma extending through Gerota's fascia approaching the inferior vena cava; lymph vascular invasion is present.

7. What is the code for SSF2 (Tumor Weight)?
  - a. 020
  - b. 150
  - c. 998: No surgical resection of primary site
  - d. 999: Unknown
  
8. What is the code for SSF3 (Vascular Invasion)?
  - a. 000: Vascular invasion not present/not identified
  - b. 030: Invasion of inferior vena cava only
  - c. 991: Large vessel invasion, vein not specified
  - d. 999: Unknown