

## Quiz 1

1. Which portion of the cervix is exposed to the vagina?
  - a. Ectocervix
  - b. Endocervix
  - c. Endometrium
  - d. Myometrium
2. Metaplasia indicates
  - a. New cell growth
  - b. Rapid cell growth
  - c. Abnormal cell growth
  - d. Replacement of one differentiated cell type with another differentiated cell type
3. A malignancy arising in the columnar epithelium is likely to be...
  - a. Adenocarcinoma
  - b. Squamous cell carcinoma
  - c. Sarcoma
  - d. Melanoma
4. A malignancy arising in the myometrium is likely to be...
  - a. Adenocarcinoma
  - b. Squamous cell carcinoma
  - c. Leiomyosarcoma
  - d. Undifferentiated carcinoma
5. Cervical ectropion indicates...
  - a. High grade dysplasia
  - b. Columnar epithelium protruding into the vagina
  - c. HPV infection
  - d. CIN III
6. Indicate which statement is false.
  - a. Most cervical cancers are caused by HPV
  - b. All strains of HPV are risk factors for cervical cancer
  - c. PAP tests look for changes in cervical cell caused by HPV infection
  - d. Although there is no cure for HPV, vaccines are available
7. The most common histology for endometrial primaries is...
  - a. Endometrioid adenocarcinoma
  - b. Papillary serous carcinoma
  - c. Clear cell carcinoma
  - d. Mucinous carcinoma

## Quiz 2

1. TAHBSO path: Squamous cell carcinoma of the cervix; 2.5 mm stromal invasion and 6.5 mm horizontal spread. FIGO stage IA. What is the code for CS Extension?
  - a. 000: In situ
  - b. 110: Minimal microscopic stromal invasion < or = to 3 mm in depth and < or = to 7 mm in horizontal spread
  - c. 140: FIGO IA
  - d. 999: Unknown

Patient is stage IV cervical cancer. Patient had PET scan with no mention of positive lymph nodes.

2. What is the code for SSF2 (Pelvic Nodal Status)?
  - a. 000: Negative for pelvic lymph nodes
  - b. 999: Unknown
3. What is the code for SSF3 (Assessment Method of Pelvic Nodal Status)?
  - a. 010: Clinical assessment
  - b. 020: Radiography, imaging
  - c. 998: Lymph nodes not assessed
  - d. 999: Unknown
4. Dilation and curettage (D&C) path: Endometrioid carcinoma of endometrial and endocervical curettings. Total abdominal hysterectomy bilateral salpingo-oophorectomy (TAHBSO) path: Endometrioid carcinoma of myometrium. What is the code for CS Extension?
  - a. 140: Invasion of myometrium, NOS
  - b. 143: Endocervical glandular involvement WITH tumor invading myometrium NOS
  - c. Localized NOS
  - d. 999: Unknown

TAHBO path: Endometrial adenocarcinoma with carcinomatosis of the adnexa and parametrium. Chest x-ray: No consolidation or nodules in lungs.

5. What is the code for CS Extension?
  - a. 550: Extension or metastasis to: adnexa: fallopian tube(s); ovary(ies)
  - b. 635: Extension or metastasis to: Ligaments: broad, round; parametrium NOS; visceral peritoneum of pelvic organs excluding serosa of corpus
  - c. 665: FIGO stage IIIB
  - d. 999: Unknown

6. What is the code for CS Mets at DX?
  - a. 00: No distant metastasis
  - b. 40: Distant metastases except distant lymph node (excluding metastasis to vagina, pelvic, serosa, or adnexa); carcinomatosis
  - c. 60: Distant metastasis NOS
  - d. 999: Unknown
  
7. TAHBSO path: Adenocarcinoma of the endometrium with extension to cervical stroma. Pelvis washing smears are indeterminate but the pelvic washing cell block was negative for malignancy. What is the code for SSF2 (Peritoneal Cytology)?
  - a. 000: Negative
  - b. 010: Positive, malignant cells positive
  - c. 020: Test done, results suspicious or undetermined if negative or positive
  - d. 999: Unknown
  
8. Final pathologic diagnosis: Endometrioid carcinoma of the endometrium, FIGO grade 1 of 3, FIGO stage II. What is the code for SSF7 (Percentage of Non-Endometrioid Cell Type in Mixed Histology)?
  - a. 001: 5% or less of non-squamous or non-morular solid growth pattern (Grade 1)
  - b. 002: 6% to 50% of non-squamous or non-morular solid growth pattern (Grade 2)
  - c. 003: More than 50% of non-squamous or non-morular solid growth pattern (Grade 3)
  - d. 999: Unknown
  
9. Patient is FIGO stage IV adenosarcoma of corpus uteri with carcinomatosis to the lungs. What is the code for CS Mets at DX?
  - a. 00: No distant metastasis
  - b. 40: Carcinomatosis
  - c. 55: FIGO stage IVB
  - d. 70: FIGO stage IV
  
10. Final diagnosis: Leiomyosarcoma of the endometrium, FIGO stage IV. What is the code for CS Extension?
  - a. 140: Invasion of myometrium
  - b. 720: FIGO stage IVA
  - c. 730: FIGO stage IV (NOS)
  - d. 999: Unknown

## Quiz 3

1. A fractional dilation and curettage (D&C) would be coded as...
  - a. Diagnostic staging procedure
  - b. Surgery of the Primary Site
  - c. Surgery of Other Regional/Distant Sites
  - d. None of the above
2. Brachytherapy is a standard first course treatment for cervical cancer.
  - a. True
  - b. False
3. Platinum based chemotherapy such as Cisplatin is often given at the same time as radiation therapy for primaries of the cervix.
  - a. True
  - b. False
4. Hormone therapy is a standard treatment given to patients with endometrial primaries regardless of the histology or stage.
  - a. True
  - b. False
5. A patient that receives a total abdominal hysterectomy with bilateral salpingo oophorectomy probably had which organs/tissues removed?
  - a. Corpus Uteri and Cervix Uteri
  - b. Both ovaries
  - c. A pelvic and para aortic lymph node dissection
  - d. Peritoneal lavage
  - e. All of the above