QUIZ 1
FOR 2010 UPDATES: STANDARDS VOLUME II, VERSION 12

Mark the following statements as True or False.

1. The expansion of codes for the data item, class of case, allows for tracking of facility use by cancer patients.
2. Existing class of case codes cannot be converted to 2010 class of case codes.
3. Code 5 can only be assigned to the laterality data item to describe midline tumors of paired organs diagnosed January 1, 2010 and after.
4. Code 5 is assigned to the data item, laterality, if stated that the patient had a melanoma of the skin in the middle of the back.
5. At a minimum, all central registry race variables assigned code 09 (Asian Indian, Pakistani) will be recoded to 15 (Asian Indian or Pakistani, NOS).
6. The expansion of text fields for primary site and histology to 100 characters addresses the concern of information being cut off during data transmission.
7. Retired data items have been deleted from the Standards Volume II Version 12 data transmission layout.
8. The new data item, RX Hosp--Surg App 2010, can be derived from data collected from the old field, RX Summ--Surgical Approach.
9. The new data item, RX Summ--Treatment Status, provides a place for the registrar to collect active surveillance (watchful waiting).
11. The AJCC Cancer Staging Manual 7th Edition chapter on colon is used to assign the T, N, M, and stage group classifications for primary gastrointestinal tumor (GIST) of the colon.
12. Substantive changes have been made to the Multiple Primary and Histology (MP/H) Coding Rules.
13. Some hematopoietic diseases assigned behavior code /1 in ICD-O-3 will be assigned behavior code /3 and will be reportable for cases diagnosed January 1, 2010 and after.
14. A reportable myeloproliferative disease that transforms to leukemia January 1, 2010 or after is a new primary.
15. The date flag data items allow for interoperability of date data items.
Quiz 2
QUIZ FOR “WHAT’S NEW IN VERSION 2” PRESENTATION

Mark the following statements as True or False.

_____ 1. CSv2 has added 19 more site-specific factors for a total of 25, but not all of them are used.

_____ 2. All of the changes and updates in CSv2 are based on the 7th Edition of the AJCC Cancer Staging Manual.

_____ 3. There will be separate coding schemas for mucosal melanomas of head and neck sites.

_____ 4. Registrars will be able to code the presence or absence of specific types of distant metastases, such as mets to bone, brain, liver and lung.

_____ 5. Data fields to code extent of disease both pre- and post-neoadjuvant therapy will be added in 2010.

_____ 6. CSv2 includes schemas for sites that may not be reportable to population-based registries.

_____ 7. Among the new site-specific factors, some are collected for special interest or future research.

_____ 8. If information regarding a site-specific factor is not in the pathology report or medical record, the Registrar is not required to go looking for it.

_____ 9. Late cases (diagnosed prior to 2010) will continue to be coded in CS Version 1.


_____ 11. The presence of human papillomavirus (HPV) is a known risk factor for cancers of mucosal surfaces like cervix, anus, and oral cavity.

_____ 12. Each standards setter will publish a list of the data fields it requires to be collected and submitted.

_____ 13. CSv2 is designed to improve the clinical relevance of the cancer registry to physicians.

_____ 14. HER-2 information will be one of the site-specific factors for breast.

_____ 15. CSv2 must be used for cases diagnosed January 1, 2010 and after.