Quiz 1-Larynx (two pages)

1. Which portion of the epiglottis is not coded to C32.1?
   a. Suprahyoid epiglottis
   b. Infrahyoid epiglottis
   c. Anterior surface of the epiglottis
   d. Posterior surface of the epiglottis

2. The most common site for a laryngeal malignancy to occur is...
   a. Epiglottis
   b. Supraglottis
   c. Glottis
   d. Subglottis

3. The most common histology for a laryngeal malignancy is...
   a. Mucosal melanoma
   b. Squamous cell carcinoma
   c. Adenocarcinoma
   d. Lymphoma

Single primary tumor overlapping supraglottis and glottis with 60% of tumor in the supraglottis.

4. For AJCC T category, use:
   a. Supraglottis
   b. Glottis
   c. Subglottis
   d. Overlapping lesion

5. For Summary Stage 2000 use:
   a. Larynx: Glottis
   b. Larynx: Supraglottis
   c. Larynx: Subglottis
   d. Larynx: Overlapping lesion or NOS
Laryngoscopy with biopsy: Left true vocal cord lesion involves anterior commissure and left ventricular band. Right vocal cord tumor free. Final pathologic diagnosis: Moderately differentiated squamous cell carcinoma.

CT head, neck, and chest: Thickening in glottis consistent with known squamous cell carcinoma of left true vocal cord. Left side lymph nodes, two deep cervical and two paralaryngeal, enlarged and suspicious for metastasis. Largest involved node is 3 cm. Lungs are normal. Patient treated with concurrent chemoradiation.

6. What is the clinical AJCC stage?
   T2 N2b M0 Stage IVA

7. What is the pathologic AJCC stage?
   T blank N blank M blank Stage blank

8. What is the Summary Stage 2000?
   a. 0 In situ
   b. 1 Localized only
   c. 2 Regional by direct extension only
   d. 3 Regional lymph node(s) involved only
   e. 4 Regional by BOTH direct extension AND regional lymph node(s) involved
   f. 5 Regional NOS
   g. 7 Distant site(s)/lymph node(s) involved
   h. 9 Unknown

9. A patient with primary of the supraglottis will most likely have lymph node metastasis occur first in the:
   a. Level I lymph nodes
   b. Level II lymph nodes
   c. Level IV lymph nodes
   d. Parotid lymph nodes

10. Which of the following treatments are rarely if ever used for primaries of the larynx?
    a. Radiation
    b. Surgery
    c. Chemotherapy
    d. Hormone
Quiz 2-Thyroid (two pages)

1. If a patient is found to have a cold nodule on imaging 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

2. The most common histologic type of thyroid malignancy is...
   a. Papillary
   b. Follicular
   c. Medullary
   d. Anaplastic

3. Which of the following histologies is grouped in the “differentiated’ treatment category?
   a. Medullary carcinoma
   b. Anaplastic carcinoma
   c. Papillary carcinoma
   d. Undifferentiated

Physical exam: 40 year old female with palpable right thyroid; no palpable lymph nodes. Thyroid gland biopsy: Papillary carcinoma, well differentiated. CT scan neck and chest: Enlarged right thyroid; left thyroid normal. No lymphadenopathy. Lungs normal. Thyroidectomy and excision of thyroglossal duct cyst: 0.7 cm papillary carcinoma, right thyroid, extends to thyroid capsule but not through. Thyroglossal duct cyst contains papillary carcinoma, 0.5 cm. What is the AJCC clinical stage?

4. What is the AJCC clinical stage?
   TX N0 M0 Stage I

5. What is the AJCC pathologic stage?
   T1a (m) N blank M blank Stage I

6. What is the Summary Stage 2000?
   a. 0 In situ
   b. 1 Localized only
   c. 2 Regional by direct extension only
   d. 3 Regional lymph node(s) involved only
   e. 4 Regional by BOTH direct extension AND regional lymph node(s) involved
   f. 5 Regional NOS
   g. 7 Distant site(s)/lymph node(s) involved
   h. 9 Unknown
Thyroidectomy: 1 cm thyroid mass, anaplastic carcinoma, confined to thyroid.

7. What is pT?
   a. T1
   b. T1a
   c. T4a
   d. T4b

8. What is the Summary Stage 2000?
   a. 0 In situ
   b. 1 Localized only
   c. 2 Regional by direct extension only
   d. 3 Regional lymph node(s) involved only
   e. 4 Regional by BOTH direct extension AND regional lymph node(s) involved
   f. 5 Regional NOS
   g. 7 Distant site(s)/lymph node(s) involved
   h. 9 Unknown

9. A patient was recently diagnosed with thyroid cancer. He had a long history of thyroid related issues and had been treated with synthyroid. The thyroid cancer was treated with a total thyroidectomy. Following the thyroidectomy the patient continued to be treated with synthyroid. The synthyroid would be coded as...
   a. Chemotherapy and the start date would be prior to the date of diagnosis.
   b. Chemotherapy and the start date would be the date of diagnosis
   c. Hormone therapy and the start date would be prior to the date of diagnosis
   d. Hormone therapy and the start date would be the date of diagnosis

10. A patient with a papillary thyroid carcinoma had a total thyroidectomy followed by treatment with radioactive iodine (I-131). The radiation treatment volume would be coded to...
    a. 05 Head and neck
    b. 33 Whole body
    c. 50 Thyroid
    d. 98 Other