Case Scenario 1

Oncology Consult:

Patient is a 51-year-old male with history of T4N3 squamous cell carcinoma of tonsil status post concurrent chemoradiation finished in October two years ago. He was hospitalized recently for pneumonia, and a chest x-ray showed a mass in the right lower lobe. He reports shortness of breath for years, although it is somewhat worse through his tracheostomy. He denies orthopnea, paroxysmal nocturnal dyspnea, and he has no chest pain. He smoked two packs a day for approximately 30 years and quit at the time of his head and neck cancer diagnosis. All other systems are negative.

CT scan of the chest showed a 3 × 2.4 cm tumor in the middle mediastinum near the bronchial carina and separate mediastinal adenopathy at levels 2, 4, and 7. No other tumors were detected in the chest or abdomen including the lungs. An MRI of the brain showed a single metastatic lesion in the right occipital lobe of the brain. The patient was admitted for a mediastinoscopy and a core biopsy was taken from the large mediastinal mass. Pathology confirmed bronchogenic small cell carcinoma.

The patient received 6 cycles of cisplatin and etoposide . The patient also received 25 Gy of prophylactic whole brain irradiation in 10 fractions using IMRT.

Pathology report

Specimen from mediastinoscopy

- Final Diagnosis : Metastatic small cell carcinoma with residual lymphatic tissue

- **How many primaries are present in this case scenario?**
- **How would we code the histology of the primary you are currently abstracting?**

Stage/ Prognostic Factors

CS Tumor Size		CS SSF 9	988
CS Extension		CS SSF 10	988
CS Tumor Size/Ext Eval		CS SSF 11	988
CS Lymph Nodes		CS SSF 12	988
CS Lymph Nodes Eval		CS SSF 13	988
Regional Nodes Positive		CS SSF 14	988
Regional Nodes Examined		CS SSF 15	988
CS Mets at Dx		CS SSF 16	988
CS Mets Eval		CS SSF 17	988
CS SSF 1		CS SSF 18	988
CS SSF 2		CS SSF 19	988
CS SSF 3	988	CS SSF 20	988
CS SSF 4	988	CS SSF 21	988
CS SSF 5	988	CS SSF 22	988
CS SSF 6	988	CS SSF 23	988
CS SSF 7	988	CS SSF 24	988
CS SSF 8	988	CS SSF 25	988

Treatment

Diagnostic Staging Procedure			
Surgery Codes		**Radiation Codes**	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Regional Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose	
		Boost Treatment Modality	
Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	
Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			

Case Scenario 2

The patient is a 60-year-old female, gravida 0, para 0, who presented to me with left lower quadrant pain. She had an ultrasound of the abdomen and pelvis which showed a large right adnexal mass with cystic and solid components measuring 12 cm and a smaller 3.5 cm left adnexal mass. The uterus contained fibroids.

A CT scan of the pelvis showed the uterus partially displaced by bilateral large cystic and solid masses. The right mass is 11 cm, and the left mass is 3 cm. There are no ascites or implants in the pelvis. There is no evidence of retroperitoneal adenopathy.

The patient had an elevated CA-125 and no evidence of adenopathy, ascites or omental cake. She is admitted now for exploratory surgery and removal secondary to continued discomfort

Operative Report

Total abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, bilateral pelvic and periaortic lymph node sampling. There is no gross ascites. There is a small amount of fluid in the pelvis. The upper abdomen is negative for metastatic disease. The uterus is small and normal. Multiple biopsies were taken along with the surgical resection. There was no visible malignancy in the omentum or bilateral pelvic gutters.

Pathology Report

- Cervix, endometrium, and myometrium- all within normal limits.
- Bilateral fallopian tubes-negative.
- Right Ovary
    - Tumor Size-10.5cm
    - Tumor Weight-493 grams
    - Histologic Type-Papillary serous cystadenocarcinoma
    - Histologic Grade-Moderately differentiated
    - Extent of invasion-Tumor confined to the ovary. Capsule intact. No surface tumor growth.
- Left Ovary
    - Tumor size 3cm
    - Tumor weight 122 grams
    - Histologic Type-Serous cystadenocarcinoma
    - Extent of invasion-Tumor confined to the ovary. Capsule intact. No surface tumor growth.
- Regional Lymph Nodes
    - 8 left pelvic lymph nodes-Negative for malignancy
    - 7 right pelvic lymph nodes-Negative for malignancy
    - 3 periaortic lymph nodes-Negative for malignancy

- Cytologic findings:

- Peritoneal washings-Clusters of epithelial cells negative for malignancy
- Fine needle aspiration of the diaphragm- Negative for malignancy

Oncology Consult

The patient has recently completed her 6th cycle of IP paclitaxel and cisplatin. No additional treatment recommended at this time.

- **How many primaries are present in this case scenario?**
- **How would we code the histology of the primary you are currently abstracting?**

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Treatment

Diagnostic Staging Procedure			
Surgery Codes		**Radiation Codes**	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Regional Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose cGy	
		Boost Treatment Modality	
Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	
Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			

Case Scenario 3

The 73 year old female patient presented with complaints of persistent hoarseness. She has a history of stage 2 ductal carcinoma of her left breast diagnosed 5 years ago. At that time she had a modified radical mastectomy and chemotherapy.

Her physical exam was normal other than three hard movable level 3 lymph nodes on her right. An exam of the oral cavity did not reveal any abnormalities. The patient was referred for a microsuspension direct laryngoscopy.

Operative Report- Microsuspension Direct Laryngoscopy

A fungating lesion originating on the superior surface of the right true vocal cord was seen growing onto the anterior commissure and the laryngeal surface of the right ventricular band. The tumor crossed the midline and encroached upon the left ventricular band. The tumor extended superiorly to the aryepiglottic fold. The mass was biopsied and the scope removed.

Pathology Report

Specimen type: Incisional biopsy of the glottis
Histology: Moderately differentiated squamous cell carcinoma

Imaging

A CT of the head and neck and of the chest showed thickening in the glottis region consistent with the known squamous cell carcinoma of the right true vocal cord. Also noted are multiple enlarged mid jugular lymph nodes suspicious for metastasis. The remainder of the exam was negative.

Operative Report-Total Laryngectomy

A 73 year old female with biopsy proven squamous cell carcinoma of the right true vocal cord and level III lymph node metastasis presents for a total laryngectomy and bilateral lymph node dissection.

Pathology Report-Total laryngectomy and bilateral lymph node dissection

- Final Summary:
  - Histology: Squamous carcinoma
  - Histologic Grade: Poorly differentiated
  - Tumor Size: 1.7 x 1.2 x 1.1 cm
  - Extension: Tumor originates in the right glottis crosses the midline and involves the left posterior and anterior commissures. Tumor extends to the inferior portion of the aryepiglottic fold.
  - Regional Lymph Nodes bilateral levels I-IV:
    - 29 lymph nodes are identified all of which are negative for metastasis.
    - 4 lymph nodes identified as level III are positive for metastatic squamous cell carcinoma
      - The largest lymph node measures 2.1cm and has microscopic extracapsular extension. Capsule of the remaining three is intact.

Oncologic Consult

The patient recently completed her final course of cisplatin. No additional treatment is warranted at this time.

- **How many primaries are present in this case scenario?**

- **How would we code the histology of the primary you are currently abstracting? 8070/3 squamous cell carcinoma per rule H3**

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