Boot Camp

Quiz 1

1. Which of the following primary sites/histologies diagnosed in the year 2012 is reportable to all standard setters?
    a. Squamous cell carcinoma originating in the skin of the left auricular region.
    b. Carcinoma in-situ of the cervix
    c. Juvenile astrocytoma of the left temporal lobe
    d. Schwannoma of the left arm
2. Which of the following cases are reportable to all of the standard setters?
    a. MRI of the brain: Lesion in the right parietal lobe of the brain.
    b. CT of the chest: Cannot rule out a primary lung malignancy.
    c. Pathology report of a liver tumor: most likely metastatic colon cancer.
    d. Cytology from a thoracentesis: Suspicious for squamous cell carcinoma.
3. Benign brain tumors diagnosed after which date are reportable to all standard setters?
    a. January 1, 1995
    b. January 1, 2001
    c. January 1, 2004
    d. June 30, 2008

4. Identify which prefix/suffix corresponds with the following definition

Leuko	_____	A: Forming or producing
Cyte	_____	B: New
Heme	_____	C: Cell
Oma	_____	D: White
Genic	_____	E: Tumor
Lysis	_____	F: Growth
Neo	_____	G: Blood
Plasm	_____	H: Destruction, break down

5. Match the word with the best definition

Rhabdomyoma	_____	A: A tumor arising from fibrous tissue
Leiomyoma	_____	B: A tumor arising from nerve cells or nerve tissue
Hyperplasia	_____	C: Cancer arising from glandular tissue
Fibrosarcoma	_____	D: smooth muscle tumor
Adenocarcinoma	_____	E: excessive growth
Chondrosarcoma	_____	F: striated muscle tumor
Myoma	_____	G: A tumor arising from muscle tissue
Neuroma	_____	H: Cancer arising from cartilage

6. Match the word with the best definition

Dysphagia	_____	A: Difficulty breathing
Hematuria	_____	B: Itching
Dyspnea	_____	C: Sudden loss of strength as in fainting
Melena	_____	D: Difficulty swallowing
Pruritis	_____	E: Passage of black bloody stool
Syncope	_____	F: Discharge of blood in the urine
Nocturia	_____	G: Spitting up or coughing up blood
Hemoptysis	_____	H: Excessive urination at night

7. Match the word with the best definition

Anterior	_____	A:Toward the middle
Distal	_____	B: To the side. Away from the middle
Caudal	_____	C: Before or to the front
Lateral	_____	D: Above
Supra	_____	E: Away from the beginning of the structure
Medial	_____	F: Within the body cavity
Visceral	_____	G: Under, below, towards the feet

8. Match the word with the best definition

Dermatitis	_____	A:Death or decay of cells or tissues
Necrosis	_____	B:Destruction of liver cells
Ascites	_____	C:Enlargement of the liver
Hepatolysis	_____	D:Paleness or absence of skin coloration
Hepatomegaly	_____	E:Accumulation of serous fluid in the abdomen
Pallor	_____	F: Inflammation of the skin
Cachexia	_____	G:General physical wasting and malnutrition

9. Write the standard abbreviation as documented in NAACCR Standards Volume II next to each term.
    a. Black Female
    b. Consistent with
    c. Extension
    d. History
    e. Follow-up
10. A renal hilar lymph node is regional for which site?
    a. Lung
    b. Breast
    c. Kidney
    d. Colon

Quiz 2

1. A patient that had been diagnosed and treated at your facility three years ago with breast cancer (sequence 00) now presents with a new diagnosis of lung cancer and meningioma. Assuming the patient has no additional reportable malignancies assign a sequence to each primary.
    a. Breast __ __
    b. Lung __ __
    c. Meningioma __ __
2. In the patient's medical record it was noted that patient's mother was Japanese and patient's father was Caucasian. What would we assign to the following race codes?
    a. Race 1 __ __
    b. Race 2 __ __
3. A 79 year old Brazilian male is diagnosed and treated for cancer at your facility. You would code Hispanic origin as…
    a. 0 Non-Spanish; non-Hispanic
    b. 4 South or Central America (except Brazil)
    c. 5 Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
    d. 9 Unknown
4. A patient is diagnosed with lung cancer at your facility. The patient does not return for staging work-up or treatment consultation. You do not know if the patient went elsewhere for additional work-up or treatment. The class of case would be...
    a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
    b. 10 Initial diagnosis at the reporting facility or in a staff physician's office AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS
    c. 12 Initial diagnosis in staff physician's office AND all first course treatment or a decision not to treat was done at the reporting facility
    d. 30 Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)
5. A patient was diagnosed in physician's office by a physician with staff privileges at your facility. The patient received radiation at another facility and then underwent surgical resection at your facility. Class of case is…
    a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
    b. 11- Initial diagnosis in staff physician's office AND part of first course treatment was done at the reporting facility
    c. 21- Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

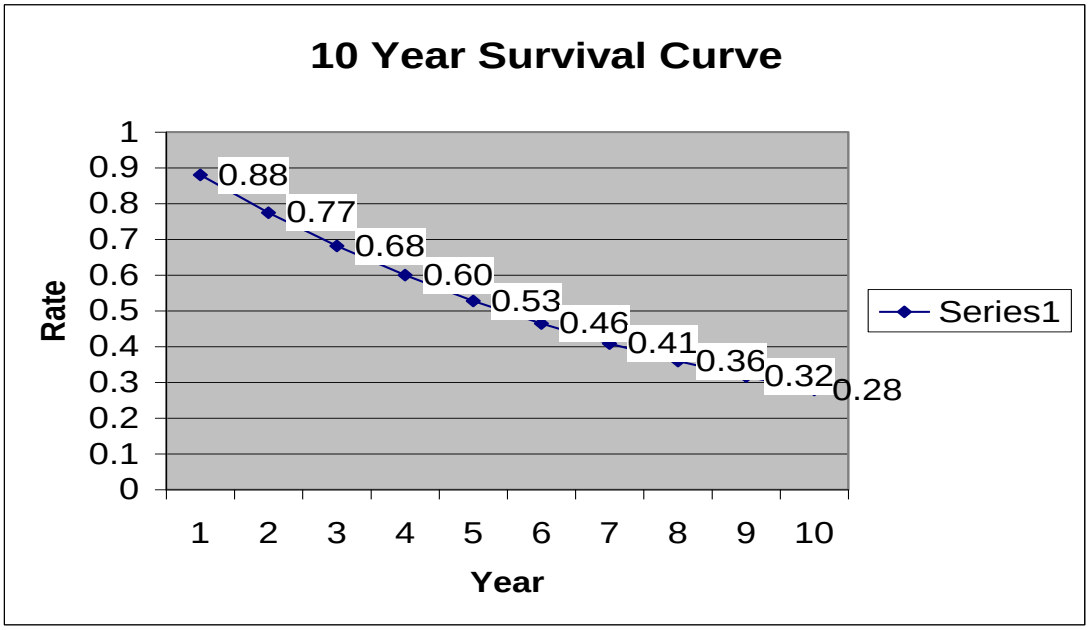
d. 99 Unknown

A patient is admitted as an inpatient to your facility on January 15, 2012 with pneumonia. On January 17th (during the same stay) the patient was found to have what the physician referred to as "most likely a malignant melanoma in the center of his back. On January 19th the patient has the tumor excised and pathology confirms malignant melanoma.

6. What is the Date of Diagnosis?
    a. 1/15/12
    b. 1/17/12
    c. 1/19/12
    d. None of the above
7. What is the Date of First Contact?
    a. 1/15/12
    b. 1/17/12
    c. 1/19/12
    d. None of the above
8. What is the laterality?
    a. 0 Organ is not a paired site.
    b. 3 Only one side involved, right or left origin not specified.
    c. 5 Paired site: midline tumor
    d. 9 Paired site, but no information concerning laterality
9. A patient is diagnosed with a ductal carcinoma of the breast located at the midline of the right breast. Laterality would be…
    a. 1 Origin of primary is right
    b. 3 Only one side involved, right or left origin not specified
    c. 5 Paired site: midline tumor
    d. 9 Paired site, but no information concerning laterality
10. A patient is diagnosed with leukemia based on a bone marrow biopsy. No further tests are done. Diagnostic confirmation would be…
    a. 1 Positive histology
    b. 2 Positive cytology
    c. 5 Positive laboratory test or marker study
    d. None of the above

Quiz 3

1. Which type of chart is most effective for showing trends over time?
    a. Bar chart
    b. Line chart
    c. Pie chart
    d. Histograms and frequency polygon



2. In the chart above, the X axis shows…
    a. Rate
    b. Year
    c. Legend
    d. Title
3. The cumulative 10 year survival rate is…
    a. .88
    b. .53
    c. .41
    d. .28
4. Cancer registry data can be used by
    a. Physicians to compare cancer outcomes and survival rates against state, regional, and national data to evaluate treatment regimens and patters of care.
    b. Hospital administrators to justify or modify allocation of resources.
    c. Researchers and medical professionals to evaluate efficacy of treatment modalities.
    d. All of the above

5. Which of the following is an example of a population based registry
    a. State central cancer registry
    b. Community Hospital Cancer Program
    c. NCI-Designated Comprehensive Cancer Program
    d. Network Cancer Program
6. CoC certified hospital based cancer registries are required to follow reporting requirements from…
    a. Their central cancer registry
    b. The CoC
    c. Their cancer committee
    d. All of the above
7. NAACCR data items have all been approved by the NAACCR Uniform Standards Committee (UDS). This committee includes members from which of the following organizations.
    a. The National Program for Cancer Registries (NPCR)
    b. The National Cancer Registrars Association (NCRA)
    c. The Commission on Cancer (CoC)
    d. Surveillance Epidemiology and End Results (SEER)
    e. Canadian Cancer Registries (CCR)
    f. State central cancer registries
    g. All of the above
8. Which of the following organizations does not collect cancer data?
    a. The National Program for Cancer Registries (NPCR)
    b. The National Cancer Registrars Association (NCRA)
    c. The Commission on Cancer (CoC)
    d. The North American Association of Central Cancer Registries (NAACCR)
9. The American Cancer Society estimates that in 2012 the top three sites for new cancer cases among *men* will be (this is the same as the ACS 2011 estimates and the same for Canadian Cancer Society 2011 estimates):
    a.
    b.
    c.
10. The American Cancer Society estimates that in 2012 the top three sites for new cancer cases among *women* will be (this is the same as the ACS 2011 estimates and the same for Canadian Cancer Society 2011 estimates):
    a.
    b.
    c.

Quiz 4-Topography & Histology Coding

Final pathologic diagnosis: Poorly differentiated infiltrating ductal carcinoma originating in the uncinate process of the pancreas extending into the duodenum.

1. What is the ICD-O-3 topography code?
    a. C25.0: Head of pancreas
    b. C25.9: Pancreas NOS
    c. C50.9: Breast NOS
    d. C80.9: Unknown primary
2. What is the ICD-O-3 histology code?
    a. 8000/3: Malignant neoplasm
    b. 8010/3: Carcinoma NOS
    c. 8140/3: Adenocarcinoma NOS
    d. 8500/3: Infiltrating ductal carcinoma NOS (C50._)

Final diagnosis: 3 cm tumor of left lung upper lobe, squamous carcinoma and large cell undifferentiated neuroendocrine carcinoma.

3. What is the ICD-O-3 histology code?
    a. 8013/3: Large cell neuroendocrine carcinoma
    b. 8070/3: Squamous cell carcinoma NOS
    c. 8255/3: Adenocarcinoma with mixed subtypes
    d. 8560/3: Adenosquamous carcinoma

Final diagnosis: 1.5 cm lesion or right arm; malignant melanoma, regressing, consistent with superficial spreading melanoma.

4. What is the ICD-O-3 histology code?
    a. 8000/3: Neoplasm, malignant
    b. 8720/3: Malignant melanoma NOS
    c. 8723/3: Malignant melanoma, regressing
    d. 8743/3: Superficial spreading melanoma

Final diagnosis: 2 cm tumor upper outer quadrant right breast, infiltrating ductal carcinoma mucinous type and infiltrating ductal carcinoma with features of tubular carcinoma.

5. What is the ICD-O-3 histology code?
    a. 8211/3: Tubular adenocarcinoma
    b. 8480/3: Mucinous adenocarcinoma
    c. 8500/3: Infiltrating ductal carcinoma
    d. 8523/3: Infiltrating duct carcinoma mixed with other types of carcinoma

Right nipple biopsy: Paget disease. Right mastectomy: Infiltrating ductal carcinoma left breast lower inner quadrant.

6. What is the ICD-O-3 histology code?
    a. 8500/3: Infiltrating duct carcinoma
    b. 8540/3: Paget disease, mammary
    c. 8541/3: Paget disease and infiltrating duct carcinoma
    d. 8540/3 and 8500/3 – 2 primaries

Right breast lumpectomy, upper outer quadrant:

- MICROSCOPIC: 1 cm right breast tumor with ductal carcinoma in situ and lobular carcinoma in situ. Focally present between ducts involved with ductal carcinoma in situ are minute tubular structures associated with stromal fibrosis and chronic inflammation. These foci are suspicious for micro-invasive carcinoma.
- Final pathologic diagnosis – Ductal carcinoma in situ and lobular carcinoma in situ.

7. What is the ICD-O-3 histology code?
    a. 8500/2: Intraductal carcinoma
    b. 8522/2: Intraductal carcinoma and lobular carcinoma in situ
    c. 8522/3: Infiltrating duct and lobular carcinoma
    d. 8523/3: Infiltrating duct mixed with other types of carcinoma

Patient diagnosed in March of 2011 with three non-invasive papillary urothelial carcinomas of the bladder. Treatment was cystonephroureterectomy in April 2011. Path resection showed a single non-invasive papillary urothelial carcinoma of the renal pelvis.

8. What is the ICD-O-3 topography code?
    a. C65.9: Renal pelvis
    b. C67.9: Bladder NOS
    c. C68.9: Urinary system NOS
    d. C67.9 and C65.9 – 2 primaries

Left upper lobe wedge resection: Non-small cell carcinoma of the lung with squamous and bronchiolo-alveolar differentiation.

9. What is the ICD-O-3 histology code?
    a. 8046/3: Non-small cell carcinoma
    b. 8070/3: Squamous cell carcinoma
    c. 8250/3: Bronchiolo-alveolar adenocarcinoma
    d. 8560/3: Adenosquamous carcinoma

Esophagogastroduodenoscopy with esophageal biopsy: Adenocarcinoma, intestinal type, in thoracic esophageal lesion. No evidence of gastric tumor.

10. What is the ICD-O-3 histology code?
    a. 8000/3: Malignant neoplasm
    b. 8010/3: Carcinoma
    c. 8140/3: Adenocarcinoma
    d. 8144/3: Adenocarcinoma, intestinal type

Quiz 5 -Multiple Primaries

Right breast modified radical mastectomy: 2 cm right upper outer quadrant tumor, invasive mucinous carcinoma; 1 cm right lower outer quadrant tumor, in situ ductal carcinoma, solid and cribriform types.

1. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 2; M7 - Tumors on both sides (right and left breast) are multiple primaries.
    b. 1; M11 - Multiple intraductal and/or duct carcinomas are a single primary.
    c. 2; M12 - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
    d. 1; M13 - Tumors that do not meet any of the above criteria are abstracted as a single primary.

Patient diagnosed in March of 2011 with three non-invasive papillary urothelial carcinomas of the bladder. Treatment was nephroureterectomy in April 2011. Path resection showed a single non-invasive urothelial carcinoma of the renal pelvis.

2. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 1; M6 - Bladder tumors with any combination of the following histologies: papillary carcinoma (8050), transitional cell carcinoma (8120-8124), or papillary transitional cell carcinoma (8130-8131), are a single primary.
    b. 1; M8 - Urothelial tumors in two or more of the following sites are a single primary(See Table 1): Renal pelvis (C659); Ureter(C669); Bladder (C670-C679); Urethra /prostatic urethra (C680)
    c. 2; M9 - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
    d. 2; M10 - Tumors in sites with ICD-O-3 topography codes with different second (Cxxx) and/or third characters (Cxxx) are multiple primaries

Right nipple biopsy: Paget disease. Right mastectomy: Infiltrating ductal carcinoma right breast lower inner quadrant.

3. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 2; M7 - Tumors on both sides (right and left breast) are multiple primaries.
    b. 1; M9 – Tumors that are intraductal or duct and Paget Disease are a single primary.
    c. 2; M12 - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
    d. 1; M13 - Tumors that do not meet any of the above criteria are abstracted as a single primary.

Final pathologic diagnosis:

- Left upper lobe wedge resection: Non-small cell carcinoma of the lung with squamous and bronchiolo-alveolar differentiation
- Left lower lobe wedge resection: Mixed small cell and squamous cell carcinoma.

4. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 2; M6 - A single tumor in each lung is multiple primaries.
    b. 1; M10 - Tumors with non-small cell carcinoma, NOS (8046) and a more specific non-small cell carcinoma type (Chart 1) are a single primary.
    c. 2; M11 - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
    d. 1; M12 - Tumors that do not meet any of the above criteria are a single primary

Colectomy final pathologic diagnosis: 8 cm splenic flexure tumor - mucinous carcinoma arising in a tubulovillous adenoma. Tumor extends through full thickness of muscularis propria into subserosal soft tissue. 3 cm sigmoid polyp - adenocarcinoma, moderately differentiated. Tumor also extends through full thickness of muscularis propria into subserosal soft tissue. Background of adenomatous polyposis (innumerable adenomas) throughout entire resection specimen with some of the representative larger adenomas sampled containing areas of high grade dysplasia.

5. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 1; M3 - Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more malignant polyps is a single primary.
    b. 2; M4 - Tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx), third, (Cxxx) or fourth (C18x) character are multiple primaries.
    c. 1; M9 - Multiple in situ and/or malignant polyps are a single primary
    d. 2; M10 - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.

Final pathologic diagnosis:

- Skin of abdomen (midline) wide resection: Melanoma in situ, lentigo maligna type, confined to epidermis (Clark's level I).
- Skin of left chest wall wide resection: Melanoma in situ in a congenital melanocytic nevus confined to epidermis (Clark's level I).

6. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 2; M3 - Melanomas in sites with ICD-O-3 topography codes that are different at the second (Cxxx), third (Cxxx) or fourth (C44x) character are multiple primaries.
    b. 2; M4 - Melanomas with different laterality are multiple primaries.
    c. 2; M5 - Melanomas with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third number (xxxx) are multiple primaries.
    d. 1; M8 - Melanomas that do not meet any of the above criteria are abstracted as a single primary.

Patient had squamous cell carcinoma of vermilion of lip excised 7 years ago and has been disease free. Patient has had hoarseness on and off for the past year. Now has adenopathy of the neck. CT scan showed lesion of true vocal cord and epiglottis and probable malignant adenopathy of paralaryngeal nodes. Patient had laryngoscopy with biopsy of both lesions. Final pathologic diagnosis: squamous cell carcinoma of true vocal cord lesion and of epiglottis.

7. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 1; M1 - When it is not possible to determine if there is a single tumor or multiple tumors, opt for a single tumor and abstract as a single primary.
    b. 2; M7 - Tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third (Cxxx) character are multiple primaries.
    c. 3; M7 - Tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third (Cxxx) character are multiple primaries.
    d. 2; M9 - Tumors diagnosed more than five (5) years apart are multiple primaries.

CT scan of chest: Right upper lobe lung mass, 3 X 4 cm, most likely malignant. Consolidation in upper lobe of left lung; wavering between 2nd primary lung cancer and metastatic disease. Biopsy of right lung mass: adenocarcinoma.

8. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 1; M2 - A single tumor is always a single primary
    b. 2; M6 - A single tumor in each lung is multiple primaries.
    c. 2; M11 - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
    d. 1; M12 - Tumors that do not meet any of the above criteria are a single primary.

Patient diagnosed with meningioma of right cerebral meninges, meningioma of left cerebral meninges, and meningioma of spinal meninges.

9. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 2; M4 - Tumors with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third characters (Cxxx), or fourth (Cxxx) are multiple primaries.
    b. 2; M5 - Tumors on both sides (left and right) of a paired site (Table 1) are multiple primaries.
    c. 3; M4 - Tumors with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third characters (Cxxx), or fourth (Cxxx) are multiple primaries. M5 - Tumors on both sides (left and right) of a paired site (Table 1) are multiple primaries.
    d. 1; M12 - Tumors that do not meet any of the above criteria are a single primary.

Patient had transurethral resection of bladder neck for a papillary urothelial cell carcinoma in March 2007. Patient has transurethral resection of bladder wall tumors in April 2011 and pathology showed transitional cell carcinoma.

10. How many primary tumors does this patient have and what M rule was used to determine that?
    a. 1; M6 - Bladder tumors with any combination of the following histologies: papillary carcinoma (8050), transitional cell carcinoma (8120-8124), or papillary transitional cell carcinoma (8130-8131), are a single primary.
    b. 2; M7 - Tumors diagnosed more than three (3) years apart are multiple primaries.
    c. 2; M9 - Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
    d. 1; M11 - Tumors that do not meet any of the above criteria are a single primary.

Quiz 6 – CSv2 Data Items

Debulking pathology report

- GROSS: Tumor involves both ovaries and fallopian tubes with seeding of peritoneum, none of which are greater than 2 cm in size.
- MICROSCOPIC: Cystadenocarcinoma of left and right ovaries and fallopian tubes with peritoneal carcinomatosis. There is no metastasis outside of the peritoneum.

1. What is the code for CS Extension?
    a. 200: Tumor limited to both ovaries, capsule(s) intact, no tumor on ovarian surface, no malignant cells in ascites or peritoneal washings
    b. 650: Tumor involves one or both ovaries with pelvic extension, NOS
    c. 710: Macroscopic peritoneal implants beyond pelvis, less than or equal to 2 cm in diameter, including peritoneal surface of liver; FIGO Stage IIIB
    d. 730: Tumor involves one or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis, NOS
2. What is the code for CS Mets at DX?
    a. 00: No distant metastasis
    b. 40: Distant metastasis(except distant lymph node(s) and involvement of other organs by peritoneal seeding or implants (See Note 1) including: liver parenchymal metastasis, pleural effusion WITH positive cytology; Carcinomatosis
    c. 65: Distant metastasis, NOS; Stated as M1 with no other information on distant metastasis
    d. 99: Unknown

A CT scan of chest: 3 cm right upper lobe of lung, mass invades visceral pleura; 1 cm right lower lung lobe mass. Multifocal metastatic nodules scattered throughout the left lung. Bilateral pleural effusion present. Biopsy of right upper lung lobe mass: poorly differentiated adenosquamous carcinoma.

3. What is the code for CS Extension?
    a. 100: Tumor confined to one lung WITHOUT extension or conditions described in codes 200-800 EXCLUDING primary in main stem bronchus EXCLUDING superficial tumor as described in code 110
    b. 410: Extension to but not into pleura, including invasion of elastic layer BUT not through the elastic layer.
    c. 420: Invasion of pleura, including invasion through the elastic layer
    d. 430: Invasion of pleura, NOS

4. What is the code for CS Mets at DX?
    a. 17: Malignant pleural effusion, ipsilateral and contralateral lungs (Bilateral pleural effusion)
    b. 23: Extension to: Contralateral lung, contralateral main stem bronchus; Separate tumor nodule(s) in contralateral lung; Pleural tumor foci or nodules on contralateral lung
    c. 25: 23 + any of (15, 16, 17, 18, 20, 21, 24)
    d. 42: Distant metastasis plus pleural or pericardial effusion

Final diagnosis from bilateral salpingo-oophorectomy: Right ovary, 4 cm tumor confined to ovary, serous cystadenocarcinoma, Silverberg grade 1/3.

CT scan of neck and chest: Large tumor of true vocal cords with extension into the ventricular bands; malignant adenopathy in level II nodes with matting to soft tissue. Laryngoscopy with biopsy of true vocal cord: squamous cell carcinoma. Patient to receive concurrent radiation and chemotherapy.

5. What is the code for Grade Path Value?
    a. 1: Recorded as Grade I or 1
    b. Blank: No 2, 3, or 4 grade system available; Unknown
6. What is the code for Grade Path System?
    a. 3: Recorded as Grade III or 3
    b. Blank: No 2, 3, or 4 grade system available; Unknown

Lumpectomy final pathologic diagnosis: 2 cm right breast upper outer quadrant tumor, in situ ductal carcinoma.

7. What is the code for lymph-vascular invasion?
    a. 0: Lymph-vascular invasion not present (absent)/Not identified
    b. 1: Lymph-vascular invasion present/Identified
    c. 8: Not applicable
    d. 9: Unknown if lymph-vascular invasion present; Indeterminate

Core biopsy of right breast, upper out quadrant: In situ ductal carcinoma with micro-invasion. Right upper outer quadrantectomy: 1 cm right breast tumor, in situ ductal carcinoma; margins clear.

8. What is the code for CS Tumor Size/ Ext Eval?
    a. 0: Non-invasive clinical evidence
    b. 1: Other invasive techniques
    c. 3: Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation
    d. 9: Unknown

Patient presented with an enlarged cervical lymph node. The entire lymph node was excised and the patient was found to have squamous cell carcinoma from a laryngeal primary. The patient was treated with radiation only.

9. What is the code for CS Lymph Nodes?
    a. 000: No regional lymph node involvement
    b. 100: Single positive ipsilateral regional node: Level II - Upper jugular: Jugulodigastric (subdigastric), Upper deep cervical, Level IIA – Anterior, Level IIB – Posterior; Level VI - Anterior compartment group: Laterotracheal, Paralaryngeal, Paratracheal - above suprasternal notch, Perithyroidal, Precricoid (Delphian), Pretracheal - above suprasternal notch; Cervical, NOS; Deep cervical, NOS; Internal jugular NOS; Regional lymph node, NOS
    c. 200: Multiple positive ipsilateral nodes listed in code 100
    d. 800: Lymph nodes NOS
10. What is the code for CS Lymph Nodes Eval?
    a. 0: Non-invasive clinical evidence
    b. 1: Other invasive techniques
    c. 3: Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation
    d. 9: Unknown

Quiz 7 – CSv2 Site-Specific Factors (SSF)

CT scan of chest: 3 cm right upper lobe of lung, mass invades visceral pleura; 1 cm right lower lung lobe mass. Multifocal metastatic nodules scattered throughout the left lung. Biopsy of right upper lung lobe mass: poorly differentiated adenosquamous carcinoma.

1. What is the code for SSF1 (Separate Tumor Nodules - Ipsilateral Lung)?
    a. 000: No separate tumor nodules noted
    b. 010: Separate tumor nodules in ipsilateral lung, same lobe
    c. 020: Separate tumor nodules in ipsilateral lung, different lobe
    d. 030: Separate tumor nodules, ipsilateral lung, same and different lobe
2. What is the code for SSF2 [Visceral Pleural Invasion (PL)/Elastic Layer]?
    a. 020: PL 2; Invasion to the surface of the pulmonary pleura; Tumor extends to the surface of the visceral pleura
    b. 040: Invasion of pleura, NOS
    c. 998: No histologic examination of pleura
    d. 999: Unknown if PL present; PL/elastic layer cannot be assessed; Not documented in patient record

Left adrenalectomy: 3 cm tumor, adenocarcinoma, confined to the adrenal gland. Left adrenal 100 g.

3. What is the code for SSF2 (Tumor Weight)?
    a. 030
    b. 100
    c. 998: No surgical resection of primary site
    d. 999: Unknown

CT scan of neck and chest: Large tumor of true vocal cords with extension into the ventricular bands; malignant adenopathy in level II nodes with matting to soft tissue. Laryngoscopy with biopsy of true vocal cord: squamous cell carcinoma. Patient to receive concurrent radiation and chemotherapy.

4. What is the code for SSF8 (Extracapsular Extension Clinically, Lymph Nodes for Head and Neck)?
    a. 010: Regional lymph node(s) involved clinically, no extracapsular extension clinically
    b. 020: Regional lymph node(s) involved clinically, extracapsular extension clinically (nodes described as fixed or matted)
    c. 030: Regional lymph node(s) involved clinically, unknown if extracapsular extension
    d. 999: Unknown if regional lymph nodes involved clinically, not stated; Regional lymph nodes cannot be assessed ; Not documented in patient record

5. What is the code for SSF9 (Extracapsular Extension Pathologically, Lymph Nodes for Head and Neck)?
    a. 010: Regional lymph node(s) involved pathologically, no extracapsular extension pathologically
    b. 040: Regional lymph node(s) involved pathologically, extracapsular extension pathologically, unknown if microscopic or macroscopic
    c. 998: No histopathologic examination of regional lymph nodes
    d. 999: Unknown if regional lymph nodesinvolved pathologically, not stated; Regional lymph nodes cannot be assessed; Not documented in patient record

Lumpectomy final pathologic diagnosis: Ductal carcinoma in situ in right breast upper outer quadrant. HER2 score 0 on IHC within normal range.

6. What is the code for SSF8 (HER2: Immunohistochemistry (IHC) Lab Value)?
    a. 000: Score 0
    b. 988: Not applicable: Information not collected for this case
    c. 997: Test ordered, results not in chart
    d. 999: Unknown or no information; Not documented in patient record
7. What is the code for SSF9 (HER2: Immunohistochemistry (IHC) Test Interpretation)?
    a. 020 Negative/normal; within normal limits
    b. 988: Not applicable: Information not collected for this case
    c. 997: Test ordered, results not in chart
    d. 999: Unknown or no information; Not documented in patient record

10/15/11 CT scan of abdomen & pelvis: Large lesion, most likely malignant, in ascending colon. No lymphadenopathy; no abnormalities in liver. 10/22/11 Hemicolectomy & lymph node dissection: 4 cm ascending colon adenocarcinoma invades pericolic fat; 2/20 pericolic nodes with metastasis.

8. What is the code for SSF2 (Clinical Assessment of Regional Lymph Nodes)?
    a. 000: Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned
    b. 100: Metastasis in 1 regional node, determined clinically; Stated as clinical N1a
    c. 400: Clinically positive regional node(s), NOS
    d. 999: Regional lymph node(s) involved pathologically, clinical assessment not stated; Unknown if regional lymph nodes clinically evident; Not documented in patient record

Transrectal ultrasound (TRUS) with multiple prostate biopsies: Adenocarcinoma of right and left prostate lobes; 1/1 core positive from the right apex and 1/1 core positive from right lateral mid.

9. What is the code for SSF12 (Number of Cores Positive)?
    a. 000: All examined cores negative
    b. 002: 2 biopsy cores positive
    c. 991: Biopsy cores positive, number unknown

d. 999 U:nknown or no information; Not documented in patient record

10. What is the code for SSF13 (Number of Cores Examined)?
    a. 002: 2 biopsy cores examined
    b. 991: Biopsy cores examined, number unknown
    c. 998: No needle core biopsy performed
    d. 999: Unknown or no information; Not documented in patient record

Quiz 8

During a cystoscopy performed in the urologist's office, a patient was found to have a small papillary bladder tumor. The patient was then referred to your facility for a transurethral resection of the bladder tumor (TURB). The tumor was resected, the tumor bed was fulgurated and biopsies of the bladder were taken. The scope was removed and mitomycin-C was injected into the bladder. The pathology report indicated this was a non-invasive papillary urothelial carcinoma

1. What is the code for Surgical Procedure of Primary Site?
    a. 00
    b. 15
    c. 16
    d. 22
    e. 27
2. What is the code Chemotherapy?
    a. 00
    b. 01
    c. 02
    d. 03
    e. 82
3. A patient presented with bilateral breast cancers (2 primaries). A bilateral modified radical mastectomy was performed. The surgical procedure of primary site code is…
    a. 50 (Mastectomy NOS) for each primary.
    b. 51 (Mastectomy without removal of contralateral uninvolved breast) for each primary.
    c. 52 (Mastectomy with removal of contralateral uninvolved breast) for each primary.
    d. 52 (Mastectomy with removal of contralateral uninvolved breast) only for the breast with the larger tumor.
4. Patient with widespread abdominal and inguinal lymphadenopathy has two inguinal lymph nodes excised. They are found to be positive for lymphoma. How do we code the excision of these lymph nodes?
    a. 02 Diagnostic Staging Procedure
    b. 15 Surgery of Primary Site
    c. 25 Surgery of Primary Site
    d. 99 Surgery of Primary Site
5. Patient with BPH had normal DRE in February 2007. Transurethral resection of the prostate (TURP) was performed in February 2007 for BPH and identified a minute focus of adenocarcinoma. Patient and physician decided on watchful waiting. PSA in February 2009 was elevated. Needle biopsy identified a single focus of adenocarcinoma in the right prostate base. Patient received brachytherapy with low dose interstitial seed implants in March 2009. What is the code for Surgical Procedure of Primary Site?
    a. 00: None
    b. 21: TURP, NOS
    c. 22: TURP—cancer is incidental finding during surgery for benign disease

d. 23: TURP—patient has suspected/known cancer

6. A patient had a mediastinoscopy performed at your facility. A single mediastinal lymph node was removed. This would be coded as:
    a. Diagnostic Staging Procedure
    b. Surgery to the Primary Site
    c. Scope of Regional Lymph Node Surgery
    d. Surgery to Regional/Distant Sites
7. A breast cancer patient recently had a lumpectomy and now presents to your facility for radiation. She had whole breast radiation and radiation to the tumor bed. The radiation to the tumor bed would be coded as
    a. Regional treatment modality
    b. Boost treatment modality
    c. Location of radiation treatment
    d. Regional Dose
8. A patient with recently diagnosed lung cancer received radiation treatment at your facility. The patient completed a full course of Cyber knife® stereotactic ablative radiosurgery (SABR) to the primary tumor. The patient received 45 Gy to each tumor in 3 fractions. No additional radiation treatment was given. What is treatment modality?
    a. 20-External beam, NOS
    b. 41- Stereotactic radiosurgery, NOS
    c. 42- Linac radiosurgery
    d. 43- Gamma Knife
9. A patient with lung cancer received beam radiation to the lung primary and to a large symptomatic metastatic brain tumor. Treatment is limited to the tumors. The Radiation Treatment Volume would be coded as…
    a. 03 Brain (nos)
    b. 04 Brain (limited)
    c. 10 Chest/lung (nos)
    d. 11 Lung limited (nos)
10. A physician recommends that a patient with stage 3 breast cancer receive chemotherapy. The patient did not return to your facility and you do not know if she received chemotherapy. Chemotherapy would be coded as…
    a. 00 None, chemotherapy was not part of the planned first course of therapy
    b. 86 Chemotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record
    c. 88 Chemotherapy was recommended, but it is unknown if it was administered.
    d. 99 It is unknown whether a chemotherapeutic agent(s) was recommended or administered because it is not stated in patient record.