Boot Camp 2014 Quiz

Quiz 1-Terminology and Anatomy

1. Match the suffix with the best definition
   -centesis  A: surgical incision
   -ectomy  B: surgically creating a hole
   -ostomy  C: crushing or breaking up
   -plasty  D: surgical puncture
   -clasia  E: fusion of two parts into one, stabilization
   -desis  F: surgical removal or resection
   -otomy  G: to fix or secure
   -pexy  H: to modify or reshape

2. Identify which prefix/suffix corresponds with the following definition
   A- (an before a vowel)  A: Both
   Dys- B: Beyond, in excess
   Ultra C: Without, lack of
   Ambi- D: Bad, Difficult, Disordered
   Sym- E: Around
   Trans- F: Half
   Circum- G: Together, With
   Hemi- H: Across

3. Match the word with the best definition
   Anemia  A: Difficulty swallowing
   Polyuria  B: Restriction in blood supply to tissues,
   hepaticomegaly  C: The collapse or closure of the lung
   Cyanosis  D: Excessive amount of urine
   Ischemia  E: Shortness of breath
   Dysphagia  F: "Without blood" - Low Red Blood Count
   Atelectasis  G: Larger-than-normal liver
   Dyspnea  H: Blueness due to cold or not enough oxygen in blood

4. Match the word with the definition
   Hyperthermic  A: Under the skin
   Epidural  B: Below the tongue
   Sublingual  C: An enlarged spleen
   Intravascular  D: An increase in normal body temperature
   Extracapsular  E: A space within a blood vessel
   Splenomegaly  F: An area outside of a capsule
   Hypodermic  G: Medication administered above the dura mater
   Transurethral  H: Through the urethra
5. Match the organ with the surgical procedure

Tongue ______ A: Anterior temporal lobectomy
Eye ______ B: Gastrectomy
Lung ______ C: Glossectomy
Stomach ______ D: Cystectomy
Gallbladder ______ E: Corneal Transplant
Bladder ______ F: Pneumonectomy
Brain ______ G: Cholecystectomy

6. Write the standard abbreviation or symbol as documented in NAACCR Standards Volume II next to each term.
   a. Alcohol
   b. At
   c. Black Female
   d. Consistent With
   e. Date of Birth
   f. Left Upper Outer Quadrant
   g. No significant findings
   h. Positive


7. Match the organ with the regional lymph nodes.

   Lung ______ A: Hepatic
   Breast ______ B: Retroperitoneal
   Larynx ______ C: Intramammary
   Ovary ______ D: Cervical
   Stomach ______ E: Hilar
   Liver ______ F: Pelvic
   Kidney ______ G: Pyloric

8. A paracentesis is done to...
   a. Remove fluid from the abdomen
   b. Evaluate lymph nodes for malignancy
   c. To help control the side effects of chemotherapy
   d. To amplify the effectiveness of radiation

9. A malignant pleural effusion is most likely related to
   a. A CNS primary
   b. A prostate primary
   c. A breast primary
   d. A lung primary
10. Write the section of colon next to the corresponding arrow.

<table>
<thead>
<tr>
<th>Transverse Colon</th>
<th>Splenic Flexure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectum</td>
<td>Appendix</td>
</tr>
<tr>
<td>Hepatic Flexure</td>
<td>Ascending Colon</td>
</tr>
<tr>
<td>Cecum</td>
<td>Rectosigmoid junction</td>
</tr>
<tr>
<td>Descending colon</td>
<td></td>
</tr>
</tbody>
</table>

*training.seer.cancer.org*
11. Draw a line from the lymph node name to corresponding location on the illustration.

12. Which of the following correctly describes the layers of the colon wall?
   a. Lumen, Mucosa, Submucosa, Muscularis propria, Subserosa, Serosa
   b. Lumen, Mucosa, Submucosa, Muscularis propria, Serosa, Subserosa
   c. Serosa, Mucosa, Submucosa, Muscularis propria, Subserosa, Lumen
   d. Lumen, Serosa, Subserosa, Muscularis propria, Submucosa, Mucosa
   e. None of the above

13. Which of the following is the point at which the trachea divides into the right and left mainstem bronchus?
   a. Lingula
   b. Hilum
   c. Carina
   d. Mediastinum

14. The supraglottis is within the:
   a. Esophagus
   b. Larynx
   c. Pharynx
   d. Stomach
15. What carries oxygenated blood from the lungs to the heart?
   a. Capillaries
   b. Lymphatic vessels
   c. Pulmonary arteries
   d. Pulmonary veins

16. The parietal peritoneum:
   a. Covers portions of the lung
   b. Lines the abdominal and pelvic walls
   c. Covers all of the abdominal organs
   d. Connects the colon to the abdominal wall

17. Gleason score for a patient with prostate cancer aids the physician with predicting:
   a. Follow-up
   b. Metastasis
   c. Prognosis
   d. Tertiary grade

18. The site of origin of a leiomyosarcoma is most likely the:
   a. Cervix
   b. Endometrium
   c. Myometrium
   d. Ovary

19. Involvement of which layer of the colorectal wall describes the most extensive disease?
   a. Mucosa
   b. Muscularis propria
   c. Submucosa
   d. Subserosa

20. Pericolic lymph nodes are regional nodes for:
   a. Cecum
   b. Pancreas
   c. Rectum
   d. Stomach
Quiz 2 - Data Items

1. A patient was diagnosed and treated at your facility three years ago with a meningioma over the left temporal lobe. The patient now presents with a new diagnosis of adenocarcinoma of the lung (8140/3) and a neurofibroma (9540/0) in the central nervous system. Assuming the patient has no additional reportable malignancies assign a sequence (sequence hospital) to each primary as it would look today.
   a. Meningioma ___ ___
   b. Lung ___ ___
   c. Neurofibroma ___ ___

2. A patient was diagnosed at your facility and then referred to a non-staff medical oncologist. The Medical Oncologist did not recommend treatment due to co-morbid disease. The patient did not seek any additional consults and did not get any treatment. The patient was eventually admitted to a hospice facility. What is the Class of Case for this patient?
   a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
   b. 11 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. 14 Initial diagnosis at reporting facility 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)

3. A patient has a biopsy performed in an outside physician office (not a staff physician) and the specimen is sent to your hospital’s Pathology department and proven positive. The patient has no further diagnostic procedures or treatment conducted at your facility. What is the Class of Case for this patient?
   a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
   b. 21 Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility
   c. 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)
   d. 43 Pathology or other lab specimen only
4. A patient went into at an imaging center not affiliated with your facility for a screening mammogram and is found to have cancer. The radiologist making the diagnosis is on staff at your facility. The patient then came to your facility for all of her treatment. What is the class of case?
   a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
   b. 11 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 done at the reporting facility, NOS
   c. 12 Initial diagnosis at the reporting facility or in a staff physician’s office AND all first course treatment or a decision not to treat was done at the reporting facility
   d. 21 Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

5. A patient was diagnosed with cancer in a physician’s office by a physician with staff privileges at Hospital A and Hospital B. The patient underwent surgical resection at Hospital A and chemotherapy at Hospital B. Class of case for Hospital B 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. 13-Initial diagnosis at the reporting facility AND all part of first course treatment or a decision not to treat was done elsewhere
   d. 21- Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

A patient is admitted as an inpatient to your facility on January 15, 2014 with pneumonia. On 1/17/14 (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 1/19/14 the patient has the tumor excised and pathology confirms malignant melanoma.

6. What is the Date of Diagnosis?
   a. 1/15/14
   b. 1/17/14
   c. 1/19/14
   d. None of the above

7. What is the Date of First Contact?
   a. 1/15/14
   b. 1/17/14
   c. 1/19/14
   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. Grade measures resemblance of the tumor cells to the normal cells of the organ of origin. Which grade indicates the cells most closely resemble the organ of origin?
   a. 1 Well differentiated
   b. 2 Moderately differentiated
   c. 3 Poorly differentiated
   d. 4 Undifferentiated/anaplastic

10. A patient had a biopsy of the rectum that came back as adenocarcinoma, nos. The patient then had chemotherapy followed by a low anterior resection. The pathology from the LAR showed moderately to poorly differentiated adenocarcinoma. How do we code Grade/Differentiation for this case?
    a. 2 Moderately differentiated
    b. 3 Poorly differentiated
    c. 9 Unknown
    d. Blank

11. A patient had a colonoscopy with biopsy that showed high grade adenocarcinoma. How do we code Grade/Differentiation?
    a. 1 Well differentiated
    b. 2 Moderately differentiated
    c. 3 Poorly differentiated
    d. 4 Undifferentiated/anaplastic
    e. 9 Unknown

12. A patient had a liver biopsy that showed well to moderately differentiated adenocarcinoma most likely of ovarian origin. The Grade/Differentiation would be coded to...
    a. 1 Well differentiated
    b. 2 Moderately differentiated
    c. 3 Poorly differentiated
    d. 9 Unknown

13. A well differentiated B-Cell lymphoma would be assigned a Grade/Differentiation code of...
    a. 1 Well differentiated
    b. 2 Moderately differentiated
    c. 6 B-cell
    d. 9 Grade unknown
14. 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

15. 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 - Text**

7/5/13 History

A 51 year old white female presents with a sore area on the floor of her mouth. She claims the area has been sore for several months. She is a current smoker and user of alcohol.

7/12/13 CT Sinus, facial, nasal region

Lytic lesion within the left mandibular ramus measuring 8 mm by 5 mm and may have slightly increased in size since prior exam 6/10/13. There is another 5 mm lytic lesion within the symphysial region of the mandible which is new. There is soft tissue air seen in the left sublingual region.

7/13/13 Direct laryngoscopy:

Massive (beyond 6 cm) anterior floor of mouth tumor, eroded, involving the ventral tongue as well as most likely the cortex of the mandible.

7/13/13 Anterior floor of mouth biopsy:

Infiltrating squamous cell carcinoma, not completely excised.

7/26/13 PET/CT

Large hypermetabolic mass at the floor of mouth in the left sublingual region associated with some air in the vicinity. This mass is most likely malignant. No adenopathy. No evidence of metastatic disease.

8/23/13 Operative Report

1. WIDE LOCAL EXCISION OF FLOOR OF MOUTH TUMOR, INCLUDING SEGMENTAL ANTERIOR MANDIBULECTOMY WITH PARTIAL GLOSSECTOMY.
2. BILATERAL SELECTIVE NECK DISSECTIONS LEVELS 1-3.
3. TRACHEOSTOMY.

8/23/13 Pathology Report

Final Diagnosis:

A) RIGHT NECK LEVEL IB DISSECTION:

- NO EVIDENCE OF METASTATIC DISEASE IN 3 LYMPH NODES.
- SUBMANDIBULAR GLAND WITH MILD CHRONIC SIALADENITIS.

B) LEFT NECK LEVEL III DISSECTION:

- NO EVIDENCE OF METASTATIC DISEASE IN 5 LYMPH NODES.
C) LEFT NECK LEVEL IIA DISSECTION:
   - NO EVIDENCE OF METASTATIC DISEASE IN 3 LYMPH NODES.

D) LEFT NECK LEVEL IB DISSECTION:
   - NO EVIDENCE OF METASTATIC DISEASE IN 3 LYMPH NODES.
   - SUBMANDIBULAR GLAND WITH MILD CHRONIC FIBROSING SIALADENITIS.

E) LEVEL IA DISSECTION:
   - NO EVIDENCE OF METASTATIC DISEASE IN 5 LYMPH NODES.

F) RIGHT NECK LEVEL IIA DISSECTION:
   - NO EVIDENCE OF METASTATIC DISEASE IN 7 LYMPH NODES.

G) RIGHT NECK LEVEL III DISSECTION:
   - NO EVIDENCE OF METASTATIC DISEASE IN 3 LYMPH NODES.

H) RESECTION OF FLOOR OF MOUTH, TONGUE AND ANTERIOR MANDIBLE:
   - INVASIVE, MODERATELY TO POORLY DIFFERENTIATED SQUAMOUS CELL
     CARCINOMA INVOLVING THE FLOOR OF MOUTH AND VENTRAL TONGUE.
     - THE TUMOR MEASURES 6 X 4.5 X 3.5 CM.
     - TUMOR INVADES INTO SKELETAL MUSCLE OF THE TONGUE.
     - TUMOR IS PRESENT AT THE INITIAL LATERAL (GINGIVAL) MUCOSAL MARGIN
       AND DEEP MARGIN OF THE MAIN RESECTION SPECIMEN.
     - THE REMAINING SAMPLED MARGINS AND RE-EXCISED MARGINS (SEE
       BELOW) ARE FREE OF INVOLVEMENT BY TUMOR.
     - EXTENSIVE PERINEURAL INVASION BY TUMOR IS PRESENT.
     - TUMOR INVADES INTO THE MANDIBULAR BONE.

I) NEW LEFT LATERAL MARGIN, RE-EXCISION:
   - NO EVIDENCE OF TUMOR.

J) RE-EXCISION OF DEEP MARGIN:
   - NO EVIDENCE OF TUMOR.

K) CIRCUMVALLATE PAPILLA, BIOPSY:
   - NO EVIDENCE OF TUMOR.

Pathologic Stage: T4aN0M0
**Adjuvant Treatment:**
Chemotherapy: Recommended, but not given due to non-healing leg wound.

Radiation: The patient received external beam radiation therapy at this facility using IMRT technique and 9 fields of 6 MV photon beams. Targets of the treatment included the postoperative bed with a generous margin as well as lymph node groups IA, IB bilaterally and II through the upper IV bilaterally. High risk areas for recurrence received 60 Gy (2 Gy daily fractions for 30 fractions). The plan was differentially dosed to deliver 54 Gy to the low risk nodal areas in the upper cervical chain. She started treatment on 10/5/2013 and finished treatment on 11/28/13 for 44 elapsed days of treatment.

**Follow-Up:**
2/27/14 PET/CT: Patient with a history of head and neck cancer. PET CT fusion imaging demonstrates surgical removal of the previously reported hypermetabolic mass at the floor of mouth. Bilateral metastatic lung nodules and left hilar metastatic nodes are present. These are new findings. Hypermetabolic activity within the true vocal cord on the left is identified. Direct visualization suggested.
<table>
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<th><strong>Text Case Scenario 1</strong></th>
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<tr>
<td><strong>Primary Site:</strong></td>
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<td><strong>Histology:</strong></td>
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<td><strong>Physical Exam:</strong></td>
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<td><strong>Place of Diagnosis:</strong></td>
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<td><strong>Lab Tests:</strong></td>
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<td><strong>Xrays/Scans:</strong></td>
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<td><strong>Pathology:</strong></td>
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<td><strong>Scopes:</strong></td>
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<td><strong>Surgery:</strong></td>
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<td><strong>OP/Surgical Procedures:</strong></td>
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<td><strong>Remarks:</strong></td>
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<td><strong>Radiation:</strong></td>
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<td><strong>Chemotherapy:</strong></td>
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<td><strong>Hormone:</strong></td>
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<tr>
<td><strong>Biological Response Modifier:</strong></td>
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</table>
Case Scenario 2

History and Physical
A 59 year old white female recently presented to my office 1/3/14 with lower abdominal pain intermittently over the last 6 weeks and claims that she has lost weight without trying. Her mother and her maternal aunt both had ovarian cancer. She has had two children, both of whom were bottle-fed. A pelvic exam revealed an easily palpable mass. On 1/7/14 an ultrasound was performed and a 7cm mass was identified on the right ovary. The mass appeared to be cystic in nature. Her CA-125 returned as normal (19 U/ml). She was referred to a surgeon and was scheduled for an exploratory laparotomy and total abdominal hysterectomy with bilateral salpingo-oophorectomy.

Operative findings
1/14/14-Total Abdominal Hysterectomy with Bilateral Salpingo Oophorectomy:
   The right ovarian cyst is identified and measures approximately 7cm. The left ovary was normal in appearance. The uterus was normal. Both tubes were normal. Along the right pelvic sidewall was an enlarged node, approximately, 2 x 1 cm, that was soft. There was also a lymph node, approximately, 8 x 8 mm at the area of the left uterine artery medial to the ureter. This would be in the parametrium. The additional exploration of the upper abdomen revealed both lobes of the liver to be normal. The stomach, pancreas, and spleen are normal to palpation. Both kidneys were normal to palpation.

Pathology
Specimen
   - Uterus and cervix, with bilateral tubes and ovaries
   - Right pelvic and obturator lymph nodes
   - Left pelvic and obturator lymph nodes
   - Additional right obturator lymph node

Gross Description: Specimen labeled "right ovarian cyst" is received fresh for frozen section. It consists of a smooth-walled, clear fluid filled cyst measuring 7 x 6 x 5.4 cm and weighing 1351 grams with fluid. Both surfaces of the wall are pink-tan, smooth and grossly unremarkable.

Final Diagnosis
   - Right Ovary: Cystic tumor with branching papillary fronds, glandular complexity, nuclear atypia and stratification, frequent mitoses, and stromal invasion diagnostic of a low grade serous cystadenocarcinoma. The tumor is limited to the ovary and the capsule was intact.
   - Uterus, cervix, bilateral tubes, left ovary-no malignancy identified
   - Right and left pelvic and obturator lymph nodes-negative for malignancy
   - Ascitic fluid negative for malignancy
Due to the early stage of her disease, the patient will not receive chemotherapy. She will be followed carefully for the next five years.

<table>
<thead>
<tr>
<th>Text Case Scenario 2</th>
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<tbody>
<tr>
<td><strong>Primary Site Title:</strong> R</td>
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<tr>
<td><strong>Histology Title:</strong></td>
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<tr>
<td><strong>Physical Exam:</strong></td>
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<tr>
<td><strong>Place of Diagnosis:</strong></td>
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<td><strong>Lab Tests:</strong></td>
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<td><strong>Xrays/Scans:</strong></td>
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<td><strong>Pathology</strong></td>
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<td><strong>Scopes</strong></td>
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<td><strong>Surgery</strong></td>
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<td><strong>OP/Surgical Procedures</strong></td>
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<td><strong>Remarks</strong></td>
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<td><strong>Radiation</strong></td>
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<td><strong>Chemotherapy:</strong></td>
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<tr>
<td><strong>Hormone-</strong></td>
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<tr>
<td><strong>Biological Response Modifier</strong></td>
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<td><strong>Other Treatment</strong></td>
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<tr>
<td><strong>Staging Decisions:</strong></td>
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</tbody>
</table>
Quiz 4

1. Cancer Incidence rates
   a. The number of new cases of cancer within a population during a specified time period divided by the number of people at risk in that population
   b. The number of deaths due to cancer within a population during a specified time period divided by the number of people at risk in that population
   c. The total number of people with cancer within a population during a specific time period
   d. None of the above

2. A cohort study would involve...
   a. A group of people who share a common characteristic or experience within a defined period
   b. A group of people involved with horticulture
   c. An ecologic study
   d. A genetic study

3. Indicate all of the organizations involved in developing clinical practice guidelines (circle all that apply).
   a. National Comprehensive Cancer Network (NCCN)
   b. American Society of Clinical Oncology (ASCO)
   c. Oncology Nursing Society (ONS)
   d. College of American Pathologist (CAP)

4. Match the description on the right to the organization on the left.
   A: An organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries
   B: A program of the ACoS, is a consortium of professional organizations dedicated to reducing the morbidity and mortality of cancer through education, standard-setting, and the monitoring of quality care.
   C: A non-profit, professional organization whose mission is to serve as the premier education credentialing and advocacy resource to cancer data professionals.
   D: supports registries in 45 states, the District of Columbia, and three territories, representing 96% of the US population.
   E: An international organization dedicated to improving cancer incidence and survival information
   F: source of information on cancer incidence and survival data from population-based cancer registries covering approximately 26% of the US population.
5. In the chart above, the Y axis shows...
   a. Year
   b. Survival Rate
   c. Title
   d. Legend

6. The five year survival rate is .53. This means
   a. Of the group that started the study .53 have expired within the previous 5 years
   b. Of the group that started the study .53 have survived the first 5 years
   c. Of the group that started the study .53 have been censored
   d. None of the above

7. 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 patterns 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
8. List the top 3 cancer incidence sites for men and women in 2013 (as estimated by the American Cancer Society).

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
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<tr>
<td>2.</td>
<td>2.</td>
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<tr>
<td>3.</td>
<td>3.</td>
</tr>
</tbody>
</table>

9. Who approves any clinical trial using human subjects in the healthcare setting?
   a. Institutional Review Board
   b. Medical review board
   c. Medical staff
   d. Patient’s personal physician

10. Match the edit type with the edit definition

<table>
<thead>
<tr>
<th>Single Field Edits</th>
<th>A: Applies constraints to coded values in one record put on coded values for the same person for another primary cancer. For example, if the patient’s sex is coded as female in one record, the same patient’s sex must also be coded as female in a second record for another cancer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-field edits</td>
<td>B: Focus on expected types of cancer treatment based on site and stage of disease at diagnosis. For example, if a patient is diagnosed with early stage breast cancer and is treated with lumpectomy and axillary dissection, clinical treatment guidelines indicate that the patient should be offered radiation therapy within a certain time period after date of diagnosis. The edit would check for diagnosis date and stage, and treatment codes and dates.</td>
</tr>
<tr>
<td>Inter-record edits:</td>
<td>C: Applies constraints on allowable values in one field put on allowable values in another field. For example, if primary site is prostate, C619, sex must not be coded as female, 2.</td>
</tr>
<tr>
<td>clinical data check</td>
<td>D: Looks for allowable values for a data item. For example, codes for sex include 1-male, 2-female, 3-transsexual, 4-hermaphrodite, 9-unknown.</td>
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</tbody>
</table>
Quiz 5-Topography & MP/H

1. A patient is found to have two tumors in the upper outer quadrant of the same breast. According to the MP/H rules this is a single primary. What topography code would you assign for this case?
   C__ __.__

2. A patient with colon cancer is found to have a tumor arising in the transverse colon and spreading into the hepatic flexure. The majority of the tumor was in the transverse colon. What topography code would you assign for this case?
   C__ __.__

3. A patient was found to have a transitional cell carcinoma on the floor of the bladder. What topography code would you assign this case?
   a. C__ __.__

4. Patient presents at your facility for treatment of Kaposi sarcoma, site unspecified. What primary site is assigned when completing a cancer abstract for the patient?
   a. C__ __.__

5. Final pathologic diagnosis: Sarcoma of the leg. What is the topography code?
   C__ __.__

6. Final pathologic diagnosis: Cholangiocarcinoma of the bile duct. What is the topography code?
   C__ __.__

7. A patient was diagnosed with 3 tumors of the right breast. These are a single primary per the MP/H rules. 1 is located in the lower outer quadrant and 2 in the upper outer quadrant. What is the topography code?
   C__ __.__

8. A patient had a biopsy of a liver tumor. The pathology came back adenocarcinoma most likely ovarian in origin. What is the topography code?
   C__ __.__

9. A patient was diagnosed with a cranial nerve sheath meningioma. What is the topography code?
   C__ __.__
10. A patient was diagnosed and treated at your facility in 1992 with breast cancer. She returns in 2013 and her physician states she has recurrent breast cancer. As a registrar you would...
   a. Treat this as a reappearance of the original disease and simply update your abstract from 2013.
   b. Treat this as a new occurrence (second primary) and create a second abstract for this patient.
   c. Disregard the term recurrent and follow the 2007 Multiple Primary and Histology Rules to determine if this is a subsequent primary.
   d. Disregard the term recurrent and follow the SEER Multiple Primary Rules that were in effect for cases diagnosed in 1992.

11. A patient with a history of meningioma in the area of the right frontal lobe diagnosed in 2010 now presents with CT scan that shows a new lesion in the area of the occipital lobe. This would be...
   a. Not a new primary. Lesion is not a reportable term.
   b. A second primary based rule 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)
   c. A second primary based on rule M5 (Tumors on both sides (left and right) of a paired site (Table 1) are multiple primaries)
   d. Not a new primary based on rule M8 (Tumors with two or more histologic types on the same branch in Chart 1 are a single primary)

12. A patient was found to have a 3cm mass in her right breast. A core biopsy was done that was positive for malignancy. She then had a lumpectomy with microscopically positive margins. Following the lumpectomy she had a mastectomy. The rules for coding histology tell us to use the pathology report from the most representative specimen. In the case above the most representative specimen would come from...
   a. The pathology report from the core biopsy
   b. The pathology report from the lumpectomy
   c. The pathology report from the mastectomy
   d. None of the above

13. A patient with a history of meningioma in the area of the right frontal lobe diagnosed in 2010 now presents with CT scan that shows a new mass in the area of the occipital lobe. This would be...
   a. Not a new primary. Mass is not a reportable term.
   b. A second primary based rule 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)
   c. A second primary based on rule M5 (Tumors on both sides (left and right) of a paired site (Table 1) are multiple primaries)
   d. Not a new primary based on rule M8 (Tumors with two or more histologic types on the same branch in Chart 1 are a single primary)
Use the MP/H rules on the following page to complete the next two questions.

14. Circle each scenario that would be considered a single primary based on the information provided (sequence would be 00). Unless stated otherwise all tumors originated in the bladder and are based on pathology. If time allows write the multiple primary rule used to get your answer.
   a. Two tumors removed during a TURB. The first is a non-invasive papillary urothelial carcinoma. The second is an urothelial carcinoma with invasion into the lamina propria.
   b. Patient has a history of an invasive papillary transitional cell carcinoma in the bladder diagnosed. 1/2/11. On 2/4/14 he is found to have a non-invasive papillary urothelial cell carcinoma.
   c. Patient has a history of an invasive papillary transitional cell carcinoma of the bladder diagnosed. 2/2/13. On 5/1/13 he is found to have a new invasive papillary urothelial cell carcinoma.
   d. Patient has a history of papillary transitional cell carcinoma of the left ureter diagnosed 3/23/11. She presents on 5/4/13 for TURB and has tumor removed from the bladder wall. Pathology indicated urothelial carcinoma with sarcomatoid features.
   e. Patient has a history of squamous cell carcinoma in situ of the bladder diagnosed 5/7/10. On 8/5/13 she had a TURB and pathology showed squamous cell carcinoma in situ of the bladder.
   f. Patient has a history of transitional cell carcinoma with squamous differentiation of the bladder diagnosed 4/6/13. On 8/12/13 he had a TURB and pathology showed squamous cell carcinoma of the bladder invading the lamina propria.

15. Assign a histology code to each of the following.
   a. Urothelial cell carcinoma with squamous differentiation
   b. Urothelial cell carcinoma with trophoblastic differentiation
   c. Microcystic transitional cell carcinoma
   d. Urothelial carcinoma, NOS

Multiple Primary Rules-Urinary

Multiple Tumors:

- Rule M3: When no other urinary sites are involved, tumor(s) in the right renal pelvis AND tumor(s) in the left renal pelvis are multiple primaries.
- Rule M4: When no other urinary sites are involved, tumor(s) in both the right ureter AND tumor(s) in the left ureter are multiple primaries.
- Rule M5: An invasive tumor following a non-invasive or in situ tumor more than 60 days after diagnosis is a multiple primary.
- Rule 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.
- Rule M7: Tumors diagnosed more than three (3) years apart are multiple primaries.
- Rule M8 Urothelial tumors in two or more of the following sites are a single primary
  - Renal pelvis (C659)
  - Ureter (C669)
  - Bladder (C670-C679)
  - Urethra /prostatic urethra (C680)
- Rule M9 Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries.
- Rule M10 Tumors in sites with ICD-O-3 topography codes with different second (Cxxx) and/or third characters (Cxxx) are multiple primaries.
- Rule M11 Tumors that do not meet any of the above criteria are a single primary

Histology Rules:

- Rule H1: Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.
- Rule H2: Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site.
- Rule H3 Code 8120 (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:
  - Pure transitional cell carcinoma or
  - Flat (non-papillary) transitional cell carcinoma or
  - Transitional cell carcinoma with squamous differentiation or
  - Transitional cell carcinoma with glandular differentiation or
  - Transitional cell carcinoma with trophoblastic differentiation or
  - Nested transitional cell carcinoma or
  - Microcystic transitional cell carcinoma
- Rule H4 Code 8130 (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:
  - Papillary carcinoma or
  - Papillary transitional cell carcinoma or
- Papillary carcinoma and transitional cell carcinoma

- Rule H5 Code the histology when only one histologic type is identified
  - Note: Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).

- Rule H6 Code the invasive histologic type when a single tumor has invasive and in situ components.

- Rule H7 Code the most specific histologic term:
  - Examples
    - Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
    - Carcinoma, NOS (8010) and a more specific carcinoma or
    - Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)
      - Note 1: The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation
      - Note 2: The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

- Rule H8 Code the histology with the numerically higher ICD-O-3 code.

- Rule H9 Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.

- Rule H10 Code the histology from the metastatic site when there is no pathology/cytology specimen from the primary site.

- Rule H11 Code 8120 (transitional cell/urothelial carcinoma) (Table 1 – Code 8120) when there is:
  - Pure transitional cell carcinoma or
  - Flat (non-papillary) transitional cell carcinoma or
  - Transitional cell carcinoma with squamous differentiation or
  - Transitional cell carcinoma with glandular differentiation or
  - Transitional cell carcinoma with trophoblastic differentiation or
  - Nested transitional cell carcinoma or
  - Microcystic transitional cell carcinoma

- Rule H12 Code 8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130) when there is:
  - Papillary carcinoma or
  - Papillary transitional cell carcinoma or
  - Papillary carcinoma and transitional cell carcinoma

- Rule H13 Code the histology when only one histologic type is identified

- Rule H14 Code the histology of the most invasive tumor.

- Rule H15 Code the histology with the numerically higher ICD-O-3 code.
Quiz 6 – Staging

Review of the take home staging quiz
Quiz 7-Treatment

1. A patient with gallbladder cancer had a treatment plan that included Gemzar and Cisplatin (both chemotherapy agents). On 1/14/2014 Gemzar was given, but the Cisplatin was held. On 1/21/2014 the patient did receive both Gemzar and Cisplatin. How is this coded?
   a. 1/14/2014 is the Date Chemotherapy Started and 01 (Chemotherapy administered type and number of agents not documented) should be coded for Chemotherapy.
   b. 1/14/2014 is the Date Chemotherapy Started and 02 (single agent) should be coded for Chemotherapy.
   c. 1/14/2014 is the Date Chemotherapy Started and 03 (multiagent chemotherapy) should be coded for Chemotherapy.
   d. 1/21/2014 is the Date Chemotherapy Started and 03 (multiagent chemotherapy) should be coded for Chemotherapy.

2. A patient with prostate cancer has an orchiectomy as treatment. The orchiectomy was done to reduce the level of testosterone, but due to involvement of the scrotum. Under what data item is this procedure coded?
   a. Surgical Procedure/Other Site
   b. Hormone Therapy
   c. Hematologic Transplant and Endocrine Surgery
   d. Other Treatment

3. A note in the Radiation Summary states “treatment was given on the Varian Trilogy using 6 MV photons, intensity modulated radiation therapy.” Regional Treatment Modality would be coded as...
   a. 20-External beam radiation, NOS
   b. 24-Photons (6-10 MV)
   c. 31-IMRT
   d. 85-Combination modality, NOS

4. If a patient is receiving a chemotherapy regimen and one of the drugs is changed, but belongs to the same group as the original drug is this still considered first course treatment?
   a. No, any change in the treatment plan would be considered subsequent treatment.
   b. No, the new drug must come from a different drug group than the drug that is being changed to be considered first course treatment.
   c. Yes, as long as the change is within the first four months of diagnosis it is first course treatment regardless of what drug group of the new drug.
   d. Yes, as long as the new drug is in the same family as the drug that is being dropped.

5. A patient with a lymphoma originating in the stomach presents for a total gastrectomy and lymph node dissection. 3 of 7 pyloric lymph nodes were positive for lymphoma. What is Scope of Regional Lymph Node Surgery? (see slides for codes)
   a. 0
   b. 3
   c. 4
   d. 5
6. A patient with breast cancer treatment had a consult with a radiation oncologist who recommended she have a breast sparing mastectomy followed by radiation, and chemotherapy. The patient opted not to have radiation. Instead she chose to have a modified radical mastectomy followed by chemotherapy. What would be coded in Reason no Radiation?
   a. 1 Radiation therapy was not administered because it was not part of the planned first course of treatment
   b. 2 Radiation therapy was not recommended/administered because it was contraindicated due to other patient risk factors
   c. 7 Radiation was not administered; it was recommended by the patient’s physician, but his treatment was refused by the patient, the patient’s family, or the patient’s guardian.
   d. 9 It is unknown if the radiation therapy was recommended or administered.

7. **Which of the following procedures would be coded as a diagnostic/staging procedure? Circle all that apply.**
   a. Colonoscopy with polypectomy. Pathology indicated the malignancy was confined to the head of the polyp and that margins were negative.
   b. A patient had an exploratory laparotomy and was found to have extensive metastatic cancer. The surgeon chose to end the procedure. No tissue was removed.
   c. A patient with extensive lymphadenopathy has a single lymph node removed. This is positive for lymphoma.
   d. A patient with colon cancer had a colostomy, but no further surgery.

8. 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. If you only code the radiation to one of the volumes being treated then 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)

9. 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.
10. A patient had a mediastinoscopy performed at your facility. A single mediastinal lymph node was removed and was positive for adenocarcinoma. 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

11. Which histology tends to have the best response to radiation treatment?
   a. Adenocarcinoma
   b. Small cell carcinoma
   c. Squamous cell carcinoma
   d. Clear cell adenocarcinoma

12. Intraperitoneal chemotherapy would indicate...
   a. Chemotherapy was given prior to surgery only.
   b. Chemotherapy was injected directly into the peritoneum
   c. Chemotherapy drugs are directed into the blood stream, but target only malignancies within the peritoneum
   d. Chemotherapy was given during a laparotomy