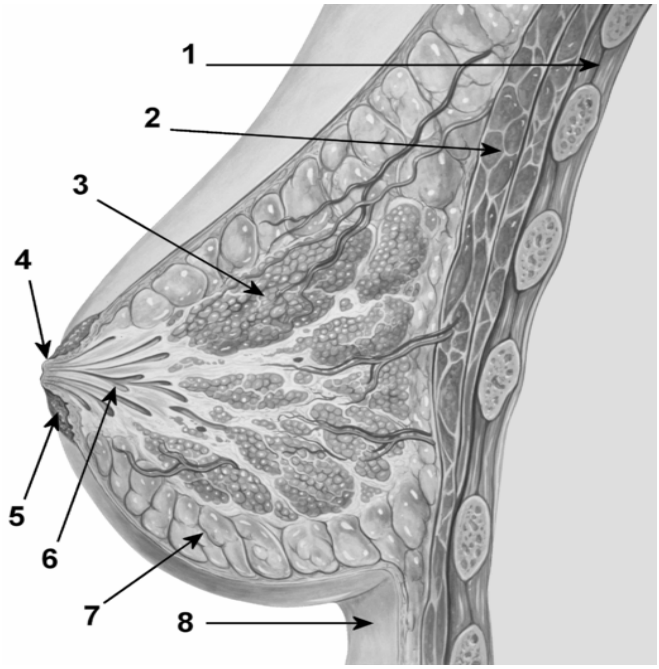
Quiz 1



Original author: Patrick J. Lynch. Reworked by Morgoth666 to add numbered legend arrows.

Indicate the anatomic location the arrow is pointing to:

1.
2.
3.
4.
5.
6.
7.

1. According to the American Cancer Society: Facts and Figures what were the 3 most commonly occurring cancer sites among US women in 2008?
    a. Breast
    b. Lung
    c. Colorectal
2. A Bloom Richardson Score of 6 would be given a grade code of:
    a. 1
    b. 2
    c. 3
    d. 4
3. An overexpression of HER 2 might indicate:
    a. Slow growing tumor
    b. Fast growing tumor
    c. Poor response chemotherapy
    d. A&C

Assign an ICD-O-3 topography code to the following questions

4. Left breast 2:30

5. Right breast inferior lateral quadrant

6. A patient is found to have a large 4cm ductal carcinoma with dermal invasion in the upper outer

Use your 2007 MP/H Manual to answer the following questions

7. Lobular carcinoma with focal ductal features

8. Widespread ductal carcinoma in situ with apocrine features and a foci of invasive ductal carcinoma

9. Micropapillary carcinoma with components of mixed ductal and lobular carcinoma

10. A patient is diagnosed in January 2005 with invasive lobular carcinoma. This is treated and she is disease free until January of 2008 when she is diagnosed with a ductal carcinoma in the same breast.
    a. Is the 2008 ductal carcinoma a second primary?

    b. If yes, then what histology should be assigned to the second primary?

Quiz 2: Collaborative Staging (CS) V01.04.00 Quiz

1. Patient was diagnosed elsewhere with ductal breast carcinoma and received neoadjuvant chemotherapy. After chemotherapy patient had lumpectomy at your facility. The path reported documented no residual tumor. What is the code for CS Tumor Size?
    a. 000
    b. 990
    c. 996
    d. 999
2. What is the code for CS Extension in the question #1 scenario?
    a. 00
    b. 10
    c. 95
    d. 99
3. What is the code for CS TS/Ext-Eval in the question #1 scenario?
    a. 3
    b. 5
    c. 6
    d. 9
4. Biopsy documented in situ ductal carcinoma. Lumpectomy path report documented no gross tumor but multiple microscopic foci of intraductal carcinoma, largest foci 1 mm in size. What is the code for CS Tumor Size?
    a. 000
    b. 001
    c. 990
    d. 999
5. Patient has peau d' orange involving the entire right breast, which the physician diagnosed as inflammatory carcinoma. Core biopsy documented infiltrating ductal carcinoma. What is the code for CS Extension?
    a. 51
    b. 52
    c. 71
    d. 73

6. Lumpectomy path report documented 1 cm intraductal carcinoma confined to the breast. Sentinel axillary lymph node biopsy is positive for metastasis, 2.3 mm in size. Chest x-ray before procedures was normal. What is the code for CS Extension?
    a. 00
    b. 10
    c. 95
    d. 99
7. What is the code for CS Lymph Nodes in question #6 scenario?
    a. 00
    b. 25
    c. 60
    d. 99
8. What is the code for CS Mets at DX
    a. 00
    b. 10
    c. 40
    d. 99
9. Patient with ductal carcinoma of right breast has sentinel node biopsy of 3 axillary nodes, 1/3 positive for metastatic carcinoma, largest metastasis greater than 2 mm. Patient then has neoadjuvant chemotherapy. This is followed by lymph node dissection which documented 0/5 axillary nodes positive and 1/1 supraclavicular nodes positive. What is the code for CS Lymph Nodes?
    a. 00
    b. 25
    c. 60
    d. 80
10. What is the code for CS Reg Nodes Eval in question #9 scenario?
    a. 3
    b. 5
    c. 6
    d. 9
11. What is the code for Reg LN Pos in question #9 scenario?
    a. 00
    b. 01
    c. 02
    d. 08
12. What is the code for Reg LN Exam in question #9 scenario?
    a. 03
    b. 05
    c. 08
    d. 09

13. What is the code for CS SSF3 in question #9 scenario?
    a. 000
    b. 001
    c. 002
    d. 098
14. Patient had a modified radical mastectomy, and path documented ductal carcinoma originating in a lesion in the axillary tail of the breast with extension into an axillary lymph node (more than micrometastasis), fat, and lymphatics. Three other lymph nodes were identified and all were negative. What is the code for CS Extension?
    a. 10
    b. 20
    c. 40
    d. 99
15. What is the code for CS Lymph Nodes in question #14 scenario?
    a. 00
    b. 25
    c. 60
    d. 99
16. What is the code for CS SSF3 in question #14 scenario?
    a. 000
    b. 001
    c. 003
    d. 004
17. Patient with left breast primary had a fine needle aspiration of an axillary node that was positive for metastasis. Patient has neoadjuvant chemotherapy followed by left modified radical mastectomy. Path showed 0/16 nodes positive. What is the code for Reg LN Pos?
    a. 00
    b. 01
    c. 95
    d. 97
18. What is the code for Reg LN Exam in question #17 scenario?
    a. 16
    b. 17
    c. 95
    d. 98

19. Patient with lobular carcinoma of the right breast was treated with right partial mastectomy and right sentinel lymph node biopsy followed by bilateral simple mastectomies with left sentinel lymph node biopsy. Both lymph node biopsies were negative for metastasis. What is the code for Reg LN Pos?
    a. 00
    b. 01
    c. 02
    d. 98
20. What is the code for Reg LN Exam in question #19 scenario?
    a. 00
    b. 01
    c. 02
    d. 98
21. Patient had 2 lesions of the right breast, ductal carcinoma, determined to be a single primary. Lesion A was ER & PR positive; lesion B was ER & PR negative. What are the codes for CS SSF1 and CS SSF2?

    a. CS SSF1 = 010; CS SSF2 = 010
    b. CS SSF1 = 020; CS SSF2 = 020
    c. CS SSF1 = 010; CS SSF2 = 020
    d. CS SSF1 = 020; CS SSF2 = 010
22. Patient with breast cancer was treated with lumpectomy and node dissection. Path report documents 2 cm infiltrating ductal carcinoma of upper outer quadrant and 3/7 intramammary nodes positive for metastasis, largest metastasis 3 mm. What is the code for CS Lymph Nodes?
    a. 00
    b. 25
    c. 60
    d. 99
23. What is the code for CS SSF3 in the question #22 scenario?
    a. 000
    b. 003
    c. 007
    d. 098

24. Mammogram documented 4 cm probably malignant mass in the right breast with axillary adenopathy, probably malignant. Core biopsy documented infiltrating ductal carcinoma. Patient was treated with neoadjuvant chemotherapy followed by modified radical mastectomy. Path from mastectomy documented 1 cm ductal carcinoma with DCIS present, right breast, with 0/7 nodes positive. What is the code for CS Tumor Size?
    a. 010
    b. 030
    c. 040
    d. 999
25. What is the code for CS SSF6 in the question #24 scenario?
    a. 000
    b. 020
    c. 050
    d. 888