

Quiz 1

1. Benign tumors of which of the following sites are *NOT* reportable?
 - a. Meninges (C70.)
 - b. Cranial nerves (C72.)
 - c. Peripheral nerves (C72.)
 - d. Pituitary gland (C75.1)
2. A patient was diagnosed at your facility with an intradural Schwannoma earlier this month. Is this case reportable?
 - a. Yes
 - b. No
3. A patient was diagnosed at your facility with a juvenile astrocytoma. The ICD O 3 manual lists the histology/behavior as 9421/1. When you abstract the case the histology cod you use will be...
 - a. 9421/3
 - b. 9421/2
 - c. 9421/1
 - d. 9421/0
4. Which of the following sites are supratentorial (circle all that apply)
 - a. Parietal lobe of the brain
 - b. Occipital lobe
 - c. Cerebellum
 - d. Thalamus
5. A patient was diagnosed with a meningioma (9530/0) in 2005 and with prostate cancer (8140/3) in 2007. These cases were accessioned and are in your registry database. The patient was diagnosed 4 months ago with a medulloblastoma (9470/3) at your facility. You will need to...
 - a. Change the sequence number for the meningioma from 60 to 61. Abstract the medulloblastoma as sequence 02.
 - b. Do not change the sequence for the meningioma or the prostate. Sequence the medulloblastoma as 00.
 - c. Do not change the sequence for the meningioma. Change the prostate sequence from 00 to 01 and sequence the medulloblastoma as 02.
 - d. Do not change the sequence for the meningioma or the prostate. Sequence the medulloblastoma as 02.

6. A WHO grade IV astrocytoma may also be referred to as...
 - a. Diffuse astrocytoma
 - b. Anaplastic astrocytoma
 - c. Glioblastoma
 - d. None of the above
7. A patient with a low grade oligodendroglioma presented to your facility for surgery. During the surgery the physician removed the entire visible tumor. This would be coded as...
 - a. 20- Local excision of tumor, lesion or mass; excisional biopsy
 - b. 21- Subtotal resection of tumor, lesion or mass in brain
 - c. 30- Radical, total, gross resection of tumor, lesion or mass in brain
 - d. 55- Gross total resection of lobe of brain (lobectomy)
8. A patient presents to you for Cyberknife radiation therapy. This would be coded as...
 - a. 32- 3D conformal therapy
 - b. 40- Particle or proton beam therapy
 - c. 42-Linac radiosurgery
 - d. 43-Gamma knife
9. A patient was diagnosed with a small meningioma at the midline of the left and right parietal lobe in 2006. No treatment was done for this tumor. In 2013 the patient was found to have a second meningioma in the left parietal lobe in 2012. Would the 2012 meningioma be considered a second primary?
 - a. It would be a second primary based on 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.*
 - b. It would be a second primary based on rule M5 *Tumors on both sides (left and right) of a paired site (Table 1) are multiple primaries.*
 - c. It would be a single primary based on rule 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. It would be a single primary based on rule M12 *Tumors that do not meet any of the above criteria are a single primary*
10. A patient was diagnosed in 2009 with a diffuse astrocytoma (9400/3) in the left temporal lobe (C71.2). She was treated and was disease free until just recently when she was diagnosed with a glioblastoma multiforme (9440/3) in the right parietal lobe (C71.3). How many primaries does this patient have?
 - a. One primary per rule M5-Tumors in sites with ICD-O-3 topography codes with different second (Cxxx) and/or third characters (Cxxx) are multiple primaries
 - b. One primary per rule M6-A glioblastoma or glioblastoma multiforme (9440) following a glial tumor is a single primary* (See Chart 1)
 - c. Two primaries per rule M8-Tumors with ICD-O-3 histology codes on different branches in Chart 1 or Chart 2 are multiple primaries
 - d. Two primaries per 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.

Quiz 2

Imaging report documents tumor of parietal lobe with effacement of lateral ventricles. No other brain abnormalities noted. Total resection of parietal lobe lesion: Diffuse astrocytoma confined to parietal lobe.

1. What is the code for CS Extension?
 - a. 100: Supratentorial tumor confined to: Cerebral hemisphere (cerebrum) or meninges of cerebral hemisphere (one side): Frontal lobe, occipital lobe, parietal lobe, temporal lobe
 - b. 150: Confined to brain NOS
 - c. 300: Tumor invades or encroaches upon ventricular system
 - d. 999: Unknown

2. What is the code for SSF1 (WHO Grade Classification)?
 - a. 020: Grade II
 - b. 040: Grade IV
 - c. 998: No histologic exam of primary site
 - d. 999: Unknown

Imaging: Tumor mass centered in the corpus callosum, most likely representing a high-grade glioma with abnormal T2 hyperintensity in the dorsal midbrain, cerebral peduncles, bilateral posterior occipital lobe, medial and anterior temporal lobe consistent with tumor involvement. Leptomeningeal drop metastasis is present.

3. What is the code for CS Extension?
 - a. 100: Supratentorial tumor confined to: Cerebral hemisphere (cerebrum) or meninges of cerebral hemisphere (one side): Frontal lobe, occipital lobe, parietal lobe, temporal lobe
 - b. 500: Supratentorial tumor extends infratentorially to involve: Cerebellum, brain stem, hypothalamus, pallium, posterior cranial fossa, thalamus
 - c. 600: Tumor invades: Bone (skull), major blood vessels, meninges, nerves NOS, cranial nerves, spinal cord/canal
 - d. 710: Circulating cells in cerebral spinal fluid

4. What is the code for CS Mets at DX?
 - a. 00: None
 - b. 20: Metastasis within CNS and CSF pathways; Drop metastasis
 - c. 30: Metastasis outside the CNS; Extra-neural metastasis
 - d. 50: Metastasis within and outside CNS

Ki-67 test performed on brain tissue. Path report documents: Ki67 labels rare tumor cells and few of the vascular endothelial cells.

5. What is the code for SSF2 [Ki-67/MIB-1 Labeling Index (LI)]?
 - a. 200: LI stated as normal and no percentage provided
 - b. 300: LI stated as slightly elevated and no percentage provided
 - c. 400: LI stated as elevated and no percentage provided
 - d. 997: Test ordered, results not in chart; Test performed, interpretation not recorded

Biopsy proven cerebral oligodendrioglioma. MGMT test documented that MGMT promoter methylation was not identified.

6. What is the code for SSF4 [Methylation of O6-Methylguanine-Methyltransferase (MGMT)]?
 - a. 010: Gene status methylated; Hypermethylated; High levels of methylation
 - b. 020: Gene status unmethylated; Low levels of methylation
 - c. 998: No histologic examination of primary site; Test not done
 - d. 999: Unknown

Patient is a 19 month old male with Neurofibromatosis 1 with newly diagnosed optic glioma by imaging only. MRI Brain: Enlargement and increased prominence of the bilateral optic nerve, chiasm and optic tracts, which demonstrate abnormal enhancement extending into the bilateral internal capsules and basal ganglia likely secondary to bilateral optic nerve gliomas spreading through the optic pathways. Optic nerves near the optic nerve heads are spared, but demonstrate dural ectasia. Surrounding high T2/FLAIR in the bilateral temporal lobes and thalami, right greater than left, are suggestive of edema. There is slight possible cortical thickening in the right frontal lobe along the inferior falx.

7. What is the code for CS Extension?
 - a. 100: Tumor confined to organ of origin
 - b. 600: Brain for cranial nerve tumors
 - c. 700: Eye
 - d. 999: Unknown

CT scan of head: Cerebral meningioma encroaching upon skull. Gross tumor excision path: cerebral meningioma.

8. What is the code for CS Extension?
 - a. 050: Benign or borderline
 - b. 100: Cerebral tumor confined to cerebral hemisphere or meninges of cerebral hemisphere
 - c. 600: Tumor invades bone (skull)
 - d. 999: Unknown