

Multiple Primary and Histology Quiz

1. According to Chart 1 on page 35 of your MP/H manual which of the following histologies are a more specific type of adenocarcinoma (8140). Circle all that apply.
 - a. **Acinar cell carcinoma (8660)**
 - b. **Bronchiolo-alveolar carcinoma (8250)**
 - c. Adenosquamous carcinoma (8560)
 - d. Neuroendocrine carcinoma (8246)
2. A patient with a history of invasive papillary transitional cell carcinoma of the bladder originally diagnosed in 1999 presents for a TURB of a recurrent bladder tumor. List three urothelial histologies that would be considered the same primary and one histology that would be considered a subsequent primary.
 - a. Same primary: **Papillary transitional cell carcinoma (8130)**
 - b. Same primary: **Transitional cell carcinoma, nos (8120)**
 - c. Same primary: **Urothelial carcinoma with squamous differentiation (8120)**
 - d. Subsequent primary: **Squamous cell carcinoma (8070)**
3. A tumor is described as ductal carcinoma in situ, cribriform and focal micropapillary type. What histology would we assign to this tumor?
 - a. Ductal carcinoma in situ (8500/2)
 - b. **Cribriform carcinoma (8201/2) (ignore focal)**
 - c. Micropapillary carcinoma (8507/2)
 - d. Intraductal mixed with other types of carcinoma (8523/2)
4. A patient with a history of pilocytic astrocytoma (9421) in the left frontal lobe diagnosed in 1997 now present on 2/15/08 with a new tumor in the parietal lobe. Biopsy confirms this glioblastoma multiforme. Is this a new primary (see chart 1 on page 72)? Explain.

Rule M6 tells us that glioblastoma or glioblastoma multiforme (9440) following a glial tumor is the same primary. Pilocytic astrocytoma is a glial tumor
5. A patient presented for imaging of the brain. MRI revealed a large well marginated extra axial space occupying lesion in right frontoparietal area abutting on the dura. The radiologist felt this was most likely a meningioma. What primary site would we assign to this case?
 - a. Frontal lobe (C71.1)
 - b. Parietal lobe (C71.3)
 - c. Overlapping lesion of the brain (C71.8)
 - d. Dura (C70.9)
 - e. **Cerebral meninges (C70.0)**

Collaborative Staging Quiz

DRE was normal. TURP identified focal adenocarcinoma in the left lobe of the prostate. Patient was treated with cryoprostatectomy, which had no pathologic specimen.

1. What is the code for CS Tumor Size?
 - a. 000 – no tumor found
 - b. 990 - focus or foci only
 - c. 991 – described as less than 1 cm
 - d. 999 – unknown**
2. What is the code for CS Extension – Clinical Extension?
 - a. 00 – in situ
 - b. 10 – clinically inapparent tumor, number of foci or percent involved not specified**
 - c. 13 – incidental histologic finding in 5% or less of resected tissue (clinically inapparent)
 - d. 30 – localized, NOS
3. What is the code for SSF3 CS Extension – Pathologic Extension?
 - a. 000 – in situ
 - b. 021 – involves one half of one lobe or less
 - c. 095 – no evidence of primary tumor
 - d. 097 – no prostatectomy done within 1st course treatment**
4. What is the code for CS TS/Ext Eval?
 - a. 0 – clinical
 - b. 1 – invasive techniques**
 - c. 2 – no surgical resection but positive biopsy of extraprostatic tissue
 - d. 4 – pathology

Patient diagnosed with bladder cancer. Ct of chest showed pleural effusion, bone metastasis, and malignant pulmonary nodules. Thoracentesis of pleural effusion was negative.

5. What is the code for CS Mets Eval?
 - a. 0 – clinical**
 - b. 1 – invasive techniques
 - c. 3 – pathologic
 - d. 9 – unknown

Squamous cell carcinoma of tonsillar pillar invades into soft palate; 1/3 cervical lymph nodes positive for squamous cell carcinoma.

6. What is the code for CS SSF1?
 - a. 000
 - b. 990
 - c. 991
 - d. 999**
7. What is the code for CS SSF2?
 - a. 000
 - b. 005
 - c. 888
 - d. 999**
8. What are the codes for CS SSF3-6?
 - a. 000 for all**
 - b. SSF3 = 001 SSF4 = 000 SSF5 = 000 SSF6 = 000
 - c. SSF3 = 000 SSF4 = 100 SSF5 = 999 SSF6 = 999
 - d. 999 for all

A core biopsy of the upper outer quadrant of the left breast revealed ductal carcinoma in situ, comedo type, with foci of microinvasion. Lumpectomy of the upper outer quadrant of the left breast revealed residual ductal carcinoma in situ; margins clear.

9. What is the code for CS Extension?
 - a. 00 - in situ
 - b. 10 – confined to breast tissue**
 - c. 95 – no evidence of primary tumor
 - d. 99 – unknown
10. What is the morphology code?
 - a. 8500/2 – intraductal carcinoma
 - b. 8500/3 – infiltrating ductal carcinoma
 - c. 8501/2 – comedocarcinoma, noninfiltrating
 - d. 8501/3 – comedocarcinoma**

Treatment Quiz

1. 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. D&C was positive for a focus of invasive carcinoma. A subsequent hysterectomy did not reveal any residual carcinoma.
 - c. **A patient with extensive lymphadenopathy has a single lymph node removed. This is positive for lymphoma.**
 - d. **A patient with a 3 cm mass in the left breast has a needle core biopsy positive for ductal carcinoma.**
2. A patient with a brain tumor in his left ventricle underwent a gross total resection of the tumor at your facility. How would you code this surgical procedure?
 - a. 10 Tumor destruction, NOS
 - b. **20 Local excision (biopsy) of lesion or mass**
 - c. 40 Partial resection
 - d. 55 Gross total resection
3. A patient only received one course of chemotherapy before refusing any further treatment. Do I code the chemotherapy that was given?
 - a. **Yes**
 - b. No
4. A 57 year old male patient was diagnosed with a malignant brain tumor at your facility. The patient's oncologist discussed his treatment options which included surgery, radiation, chemotherapy or hospice. The patient opted for hospice. How would we code reason for no surgery?
 - a. 1 Surgery of the primary site was not performed because it was not part of the planned first course treatment.
 - b. 2 Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (co morbid conditions, advanced age, etc.)
 - c. **7 Surgery of the primary site was not performed; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in patient record.**
 - d. 9 It is unknown whether surgery of the primary site was recommended or performed. Diagnosed at autopsy or death certificate only.
5. 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.**