MPH Quiz

Case 1

Surgical Pathology from hysterectomy performed July 11, 2007

- Final Diagnosis:
  - Uterus, resection: Endometrioid adenocarcinoma, Grade 1 involving most of endometrium, myometrial invasion confined to inner 1/3 of myometrium (T1b). Tumor is 6cm in greatest dimension. How many primaries are present?

1. How many primaries are present based on this pathology report?

2. What rule is this based on?

3. What is the histology?

4. What rule did you use to get this histology?

Case 2

Procedure: Bilateral salpingo-oopherectomy

Final Diagnosis:

- Left ovary with endometriosis; benign left fallopian tube
- Right ovary showing well-differentiated (Grade I) endometrioid adenocarcinoma involving the ovarian surface (T1c)

Comment:

- The right ovary shows a well-differentiated (grade I) endometrioid adenocarcinoma. The tumor involves the surface of the ovary and also involves the ovarian parenchyma.
- This patient had a hysterectomy with endometrioid adenocarcinoma approximately ten weeks prior to this ovarian surgery; tumor showed extensive endometrial involvement but invasion was confined to the inner one-third of the myometrium. This suggests that the current ovarian tumor may be a separate primary

1. How many primaries are present based on this pathology report?

2. What rule is this based on?

3. What is the histology?

4. What rule did you use to get this histology?

Case 3

Surgical Pathology Report November 22, 2007

Final Diagnosis Diagnosis:

- Right salpingo-oophorectomy: Involvement by high-grade poorly differentiated carcinoma with mixed features of high-grade serous carcinoma and endometrioid carcinoma, right ovary and fallopian tube (8.5 x 5.5 x 5.0 cm mass).
- Left salpingo-oophorectomy: Involvement by high-grade carcinoma (8.0 x 7.0 x 4.0 cm) with mixed features of high-grade serous carcinoma and endometrioid carcinoma, left ovary and left fallopian tube.
- Peritoneum, pelvic peritoneal tumor, biopsies: Involvement by high-grade poorly differentiated carcinoma.
- Hysterectomy: Involvement by high-grade poorly differentiated carcinoma, uterine serosa and the outer portion of the myometrium. Angiolymphatic invasion is present. No histologic abnormality, cervix. Disordered proliferative endometrium, endometrium.
- Omentectomy: Extensive involvement by high-grade poorly differentiated carcinoma.

Comment:

- Sections of the right and left adnexal mass and sections of the omentum and multiple peritoneal biopsies show involvement by high-grade carcinoma with overlapping histologic features of poorly differentiated endometrioid adenocarcinoma and high-grade serous carcinoma. The tumor extensively involves the right and left ovaries and fallopian tubes, omentum and peritoneum. The tumor forms large tumor mass around the appendix and involves appendiceal serosa and muscularis propria of the appendix. The tumor involves the uterine serosa and the outer portion of the myometrium.

1. How many primaries are present based on this pathology report?

2. What rule is this based on?

3. What is the histology?

4. What rule did you use to get this histology?

Case 4
Surgical Pathology Report October 31, 2007
Final Diagnosis Diagnosis:

- Uterus, resection: Endometrioid adenocarcinoma, with squamous differentiation involving most of endometrium, myometrial invasion confined to inner 1/3 of myometrium (T1b)

1. How many primaries are present based on this pathology report?
2. What rule is this based on?
3. What is the histology?
4. What rule did you use to get this histology?

Case 5
Surgical Pathology Report October 31, 2007
Final Diagnosis:

- Uterus resection: endometrial adenocarcinoma, high grade, with focal clear cell features. Tumor arose within endometrial polyp and showed invasion into the polyp without evidence of myometrial invasion.

1. How many primaries are present based on this pathology report?
2. What rule is this based on?
3. What is the histology?
4. What rule did you use to get this histology?

Collaborative Stage Quiz
Cervix

Case 1

A patient had D & C performed due to abnormal vaginal bleeding. Pathology came back as FIGO stage 0 squamous carcinoma. Cone biopsy of cervix showed no residual tumor. Abdominal CT scan showed no lymphadenopathy. All other systems were normal**.**

- CS Tumor size __ __ __
- CS Extension __ __
- CS TS/Ext Eval __
- CS Lymph node __ __
- CS Reg LN Eval __
- Reg Nodes Pos __ __
- Reg Nodes Exm __ __
- CS Mets at Dx __ __
- CS Mets Eval __
- CS SSF1 – SSF6 __ __ __

Case 2

Pathology from a TAHBSO revealed 2 lesions. The first was a 3 cm leiomyosarcoma of the myometrium. The second was a 1 cm squamous cell carcinoma of cervix invading isthmus. Chest x-ray done prior to surgery was normal. Complete the CS Staging for the cervical primary.

- CS Tumor size __ __ __
- CS Extension __ __
- CS TS/Ext Eval __
- CS Lymph node __ __
- CS Reg LN Eval __
- Reg Nodes Pos __ __
- Reg Nodes Exm __ __
- CS Mets at Dx __ __
- CS Mets Eval __
- CS SSF1 – SSF6 __ __ __

Case 3

Incisional biopsy of cervix; squamous cell carcinoma. Scope shows a cervical lesion that extends into the vulva. No lymphadenopathy present. Cytology of malignant ascitic fluid; squamous cell carcinoma.

- CS Tumor size __ __ __
- CS Extension __ __
- CS TS/Ext Eval __
- CS Lymph node __ __
- CS Reg LN Eval __
- Reg Nodes Pos __ __
- Reg Nodes Exm __ __
- CS Mets at Dx __ __
- CS Mets Eval __
- CS SSF1 – SSF6 __ __ __

Case 4

A post-menopausal patient presents with vaginal bleeding. An abdominal ultrasound is performed and she is found to have a 6 cm mass in uterine body. A uterine biopsy shows a leiomyosarcoma. TAH & BSO is performed and the pathology revealed a leiomyosarcoma involving 2/3's of the myometrium**.**

- CS Tumor size __ __ __
- CS Extension __ __
- CS TS/Ext Eval __
- CS Lymph node __ __
- CS Reg LN Eval __
- Reg Nodes Pos __ __
- Reg Nodes Exm __ __
- CS Mets at Dx __ __
- CS Mets Eval __
- CS SSF1 – SSF6 __ __ __

Case 5

A patient presents with abdominal pain and distention as well as vaginal spotting. A uterine body biopsy was performed and the patient was found to have adenocarcinoma. A pelvic ultrasound showed a frozen pelvis, but no lymphadenopathy. Chest x-ray was positive for a mild pleural effusion of the left lung.

- CS Tumor size __ __ __
- CS Extension __ __
- CS TS/Ext Eval __
- CS Lymph node __ __
- CS Reg LN Eval __
- Reg Nodes Pos __ __
- Reg Nodes Exm __ __
- CS Mets at Dx __ __
- CS Mets Eval __
- CS SSF1 – SSF6 __ __ __

Case 6

A patient was admitted for TAH &BSO for uterine prolapse. No vaginal bleeding. Pathology showed an incidental finding of adenocarcinoma confined to the columnar epithelium of the endometrium. No further abnormalities identified.

- CS Tumor size __ __ __
- CS Extension __ __
- CS TS/Ext Eval __
- CS Lymph node __ __
- CS Reg LN Eval __
- Reg Nodes Pos __ __
- Reg Nodes Exm __ __
- CS Mets at Dx __ __
- CS Mets Eval __
- CS SSF1 – SSF6 __ __ __

Case 7
A patient presents with an enlarged right ovary identified by her primary care physician. An ultrasound is performed and a mass is confirmed. A laparotomy with random biopsies and a right salpingo oopherectomy is performed. Per physicians comments lab tests including a CA-125 were performed, but results are not documented in chart.

- CS Tumor size __ __ __
- CS Extension __ __
- CS TS/Ext Eval __
- CS Lymph node __ __
- CS Reg LN Eval __
- Reg Nodes Pos __ __
- Reg Nodes Exm __ __
- CS Mets at Dx __ __
- CS Mets Eval __
- CS SSF1 __ __ __
- CS SSF 2-6 __ __ __

Case 8
A patient presents with vague abdominal symptoms. A pelvic exam was performed and showed a right ovarian mass. An oophorectomy was performed and the surgeon noted implants on the right fallopian tube. These were biopsied. Pathology showed adenocarcinoma confined to the right ovary. Biopsy specimens and peritoneal washings were also positive for adenocarcinoma.

- CS Tumor size __ __ __
- CS Extension __ __
- CS TS/Ext Eval __
- CS Lymph node __ __
- CS Reg LN Eval __
- Reg Nodes Pos __ __
- Reg Nodes Exm __ __
- CS Mets at Dx __ __
- CS Mets Eval __
- CS SSF1 __ __ __
- CS SSF 2-6 __ __ __

Case 9

A patient presents with a large pelvic mass identified during physical exam. Her CA-125 was highly positive. An exploratory laparotomy and TAH-BSO with random biopsies was performed. The pathology report showed cystadenocarcinoma in both ovaries and tumor nodules (> 2 cm) on cervix, pelvic sidewall, small intestine, and surface of liver. 0/8 LN positive. No evidence of further metastasis was identified during staging work-up.

- CS Tumor size __ __ __
- CS Extension __ __
- CS TS/Ext Eval __
- CS Lymph node __ __
- CS Reg LN Eval __
- Reg Nodes Pos __ __
- Reg Nodes Exm __ __
- CS Mets at Dx __ __
- CS Mets Eval __
- CS SSF1 __ __ __
- CS SSF 2-6 __ __ __

Treatment Quiz

1. A patient with abnormal cervical cells extending deep into the cervical canal presents for a cone biopsy. This is performed using a cold knife. Once the tissue was removed the area was fulgurated. The pathology from the specimen showed squamous cell carcinoma in situ with microinvasion. Margins were negative. The procedure described above would be coded as:
    a. 02 Diagnostic and Staging procedure
    b. 27 Cone biopsy
    c. 24 Cone biopsy with gross excision
    d. 21 Electrocautery

2. A patient with stage IIB cervical cancer presents to your facility for treatment. The patient concurrently receives Cisplatin and interstitial HDR brachytherapy. This is followed by IMRT to the pelvis. The code for Regional Rx Modality is:
    a. 20 External Beam NOS
    b. 31 IMRT
    c. 50 Brachytherapy NOS
    d. 54 Brachytherapy, Interstitial, High Dose Rate

3. A patient with FIGO stage II endometrial cancer present for a TAH BSO. This procedure is coded as:
    a. Surgery code 21- Electrocautery
    b. Surgery code 40-Total Hysterectomy without removal of tubes and ovaries
    c. Surgery code 50-Total hysterectomy with removal of tubes and ovaries
    d. Chemo code 03-Multi agent chemotherapy

4. A patient present to your facility with stage III ovarian cancer. A TAH BSO was performed. This was followed by intraperitoneal systemic therapy of Cisplatin and Taxal. The systemic therapy should be coded as (circle all that apply)
    a. 02 Single agent chemotherapy
    b. 03 multiagent chemotherapy
    c. 01 Hormone Therapy
    d. 01 Immunotherapy

5. A patient with stage III ovarian cancer presents for a debulking procedure. During this procedure a hysterectomy with bilateral oophorectomy, omentectomy, a partial colectomy and a partial cystectomy were performed. Which code would be used for Surgery of Primary Site?
    a. 52 Bilateral salpingo oophorectomy with hysterectomy
    b. 60 Debulking NOS
    c. 61 Debulking with partial removal of colon
    d. 62 Debulking with partial removal of urinary system
    e. 63 Debulking combination of 61 & 62