

Pre-webinar Worksheet

Please complete questions 1-5 and the case scenario prior to the webinar. You will need to use the Hematopoietic Database/ Manual <http://seer.cancer.gov/seertools/hemelymph/> for questions 1-5. We will review and work through the cases together during the webinar.

1. A patient is diagnosed with a diffuse large B-cell lymphoma originating in the stomach in 2004 at another facility. The patient had a recurrence in the inguinal lymph nodes in 2012.
 - a. How many primaries does this patient have?
 - b. What is the histology for the hematopoietic disease(s)?
 - c. What is the primary site for the hematopoietic disease (s)?
 - d. What is the Grade for each histology?

2. 1/15/12 TAH/BSO final pathologic diagnosis: 2 cm adenocarcinoma of the endometrium confined to endometrium; diffuse large B-cell lymphoma in three parametrial lymph nodes and focal involvement by follicular lymphoma in a fourth lymph node. Further diagnostic work-up did not reveal any additional disease.
 - a. How many primaries does this patient have?
 - b. What is the histology for each primary?
 - c. What is the primary site for each primary
 - d. What is the Grade for each primary?

3. 1/1/12 patient has a peripheral blood smear that is positive for chronic myelomonocytic leukemia. 1/20/12 a bone marrow biopsy was done that showed acute myeloid leukemia. 1/23/12. A sample was sent for cytochemical testing. This test indicated acute promyelocytic leukemia (AML with t(15;17)(q22;q12)) PML/RARA.
 - a. How many primaries does this patient have?
 - b. What is the histology for each primary?
 - c. What is the primary site for each primary
 - d. What is the Grade for each primary?

4. 1/1/12-Patient presents with right cervical adenopathy. A biopsy of a cervical node indicates small lymphocytic leukemia. A bone marrow biopsy was diagnostic of chronic lymphocytic leukemia/small lymphocytic lymphoma.

- a. How many primaries does this patient have?
- b. What is the histology for each primary?
- c. What is the primary site for each primary
- d. What is the Grade for each primary?

5. 1/1/12-Patient had a biopsy of a cervical lymph node. The pathology report indicates Hodgkin lymphoma, nodular sclerosis, grade 2 and large B-cell lymphoma, diffuse.

- a. How many primaries does this patient have?
- b. What is the histology for each primary?
- c. What is the primary site for each primary
- d. What is the Grade for each primary?

Case Scenario

HISTORY

9/10/12 HISTORY: Patient is a pleasant mildly obese 52-year-old female seen because of mediastinal density. Patient complained of shortness of breath. Over the last six months the patient has lost 10 pounds, had a low-grade fever, and experienced some night sweats.

FAMILY HISTORY: Aunt had some kind of cancer of the lymph glands. Details are not available.

SOCIAL HISTORY: Patient denies any personal history of smoking or alcohol use.

PHYSICAL EXAMINATION: Physical exam is unremarkable except for significantly enlarged palpable tender left cervical lymph nodes measuring more than 2.5 cm. Heart and lungs and abdomen are unremarkable. No edema of the legs. All other systems were normal.

IMAGING

9/1 Chest x-ray: Mediastinal densities.

9/10/12 CT scan of chest/neck: Soft tissue densities in the paraaortic, subcarinal, and bilateral supraclavicular areas. Suspect lymphoma.

9/10/12 CT abdomen/pelvis: Unremarkable.

9/11 Echocardiogram: Normal function and ejection fraction.

PROCEDURES

9/12/12 Excisional biopsy of left cervical node

PATHOLOGY

9/12 There is some increased collagen tissue depicting modular structure in the lymph nodes. Serum protein electrophoresis showed decreased albumin with increased alpha-1, alpha-2, and gamma regions are association with a chronic inflammatory response. Genetic testing indicated Reed-Sternberg cells with clonal Ig gene rearrangements.

Final pathologic diagnosis: classical Hodgkin lymphoma, nodular sclerosing type.

Oncology Summary

The patients was treated with a combined modality of 36 GY in 25 fractions using IMRT to the supraclavicular and mediastinal lymph nodes (mini mantle) and a full regimen of ABVD.

Abstract			
Primary			
Primary Site		Grade	
Histology		Diagnostic Confirmation	
Stage/ Prognostic Factors			
CS Tumor Size		CS SSF 9	
CS Extension		CS SSF 10	
CS Tumor Size/Ext Eval		CS SSF 11	
CS Lymph Nodes		CS SSF 12	
CS Lymph Nodes Eval		CS SSF 13	
Regional Nodes Positive		CS SSF 14	
Regional Nodes Examined		CS SSF 15	
CS Mets at Dx		CS SSF 16	
CS Mets Eval		CS SSF 17	
CS SSF 1		CS SSF 18	
CS SSF 2		CS SSF 19	
CS SSF 3		CS SSF 20	
CS SSF 4		CS SSF 21	
CS SSF 5		CS SSF 22	
CS SSF 6		CS SSF 23	
CS SSF 7		CS SSF 24	
CS SSF 8		CS SSF 25	
Treatment			
Diagnostic Staging Procedure			
Surgery Codes		Radiation Codes	
Surgical Procedure of Primary Site		Radiation Treatment Volume	
Scope of Regional Lymph Node Surgery		Regional Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose	
		Boost Treatment Modality	
Systemic Therapy Codes		Boost Dose	
Chemotherapy		Number of Treatments to Volume	
Hormone Therapy		Reason No Radiation	
Immunotherapy			
Hematologic Transplant/Endocrine Procedure			