

Quiz 1-Multiple Primary Rules

Scenario 1

A patient presents with a tumor in the left lower lobe and another in the left upper lobe. A wedge biopsy of each tumor was performed.

Pathology-Final Diagnosis

- Left lower lobe wedge biopsy
 - Well differentiated acinar adenocarcinoma non-mucinous with focal bronchiolo-alveolar features.
 - Left upper lobe wedge biopsy
 - Well differentiated adenocarcinoma mucinous type with focal bronchiolo-alveolar features.
1. Assign a histology code to each tumor. Please explain your reasoning for the code you chose in the space below.

 2. How many primaries are present in Scenario 1? Please explain how you determined this using the 2007 MP/H rules.

 3. What histology would be assigned to this/these primary(ies). Please explain how you determined the histology using the 2007 MP/H Rules.

Scenario 2

A patient presents with malignant appearing tumor in the left upper lobe and another in the right lower lobe. A wedge resection of each tumor was performed.

Pathology-Final Diagnosis

- Left upper lobe wedge resection
 - Non-small cell carcinoma of the lung with squamous and bronchiolo-alveolar differentiation
- Right lower lobe wedge resection
 - Mixed small cell and squamous cell carcinoma.

4. Assign a histology code to each tumor. Please explain your reasoning for the code you chose in the space below.

5. How many primaries are present in Scenario 1? Please explain how you determined this using the 2007 MP/H rules.

6. What histology would be assigned to this/these primary(ies). Please explain how you determined the histology using the 2007 MP/H Rules.

Quiz 2: Collaborative Stage Data Collection System (CSv2)

SCENARIO 1

2/3/2010 Right upper lobectomy and ipsilateral pulmonary node dissection

Gross: Pleura puckered over a palpable, firm mass in the medial portion of the lobe. A 4 cm tumor extended to the pleural surface. A total of 7 lymph nodes were identified.

Microscopic: Squamous cell carcinoma extends into but not through the elastic layer of the pleura. One interlobar node showed metastatic carcinoma. Three hilar lymph nodes also contained malignant tumor.

Final Diagnosis: Squamous cell carcinoma in right upper lobe of lung.

1. What is the code for CS Extension?
 - a. 410
 - b. 420
 - c. 430
 - d. 450

2. What is the code for CS Lymph Nodes?
 - a. 100
 - b. 500
 - c. 600
 - d. 800

3. What is the code for SSF2?
 - a. 000
 - b. 010
 - c. 020
 - d. 040

SCENARIO 2

5/25/2010 CT Scan of Chest

Clinical History: Adenocarcinoma diagnosed by sputum cytology recently. An abnormal chest x-ray shows right middle lobe infiltrate and atelectasis. Right sided supraclavicular adenopathy noted on physical exam.

Findings: There is an enlarged lymph node (3 x 4 cm) seen in the right supraclavicular region. There is an enlarged right paratracheal lymph node which measures 3 x 2 cm. A right subcarinal lymph node is enlarged also. It measures 6 x 2 cm. Multiple pulmonary nodules are seen along the posterior border of the visceral as well as parietal pleura.

Impression:

1. Greater than twenty pulmonary nodules demonstrated on the right side to include pulmonary nodules within the parietal as well as various visceral pleura with adjacent consolidation most likely representing pulmonary neoplasm.
2. Extensive mediastinal adenopathy as described above
3. No lesion seen within the left lung at this time
4. Supraclavicular adenopathy

4. What is the code for CS Extension?

- a. 100
- b. 400
- c. 550
- d. 760

5. What is the code for CS Lymph Nodes?

- a. 000
- b. 200
- c. 500
- d. 600

6. What is the code for CS Mets at DX?

- a. 00
- b. 24
- c. 30
- d. 33

7. What is the code for CS SSF1?

- a. 010
- b. 020
- c. 030
- d. 040

SCENARIO 3

3/10/2010 Consultation

History: Patient is a 64 year old gentleman who presents with two months of increasing cough, dyspnea, and most recently weight loss. A chest x-ray showed the possibility of pneumonia and he was treated with antibiotics. Follow up CT was done showing partial left lung atelectasis, left pleural effusion, left pulmonary nodules, and mediastinal adenopathy. The patient has subsequently been admitted and undergone a bronchoscopy. (On listening to the pathology report, this was noted to be adenocarcinoma; final report not available to date). Patient has been followed with serial chest x-rays and CT scans with no recurrence reported to date.

Assessment and Treatment Plan: This appears to be lung cancer, malignant pleural effusion, partial left lung atelectasis with endobronchial lesions in the upper and lower lobes and mediastinal adenopathy. I explained to the patient that this was not surgically resectable, and that treatment options would include systemic chemotherapy or oral Tarceva or local radiotherapy. He asked how long he had; I gave him average survival of perhaps a year. We also discussed experimental options and a second opinion. The patient needs to think about what he wants to do. I tentatively plan to see him back next Wednesday, provided he is discharged over the weekend, to discuss further.

8. What is the code for CS Extension?
 - a. 100
 - b. 400
 - c. 550
 - d. 720

9. What is the code for CS Mets at DX?
 - a. 00
 - b. 15
 - c. 18
 - d. 35

10. What is the code for CS SSF1?
 - a. 010
 - b. 020
 - c. 030
 - d. 040