

Case Scenario 1

History and Physical

Patient presents to her primary care physician complaining of severe abdominal pain and bloating. Pelvic and abdominal exams are performed and she is found to have tenderness on the right side of her abdomen. No adnexal masses are noted. A CT scan of the pelvis/abdomen and a CA-125 is recommended.

Imaging

CT abdomen: 7 cm mass noted on the right ovary.

Laboratory

CA-125

276 units per milliliter (U/ml)

Normal reference range < 35 units per milliliter (U/ml)

Operative Report

Operation: Exploratory laparotomy with debulking, total abdominal hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic lymphadenectomy.

Operative Findings: Both tubes and ovaries are identified. The left ovary appears small and normal without any evidence malignancy. On the posterior left broad ligament, there is a malignant appearing implant that is removed and is sent as a separate specimen. A large tumor was identified on the surface of the right ovary. The ovarian capsule appears to have ruptured and the tumor extends onto the fallopian tube. Exploration of the upper abdomen reveals both lobes of the liver are normal. Gallbladder was normal without palpable stones. Two metastatic implants were identified in the greater omentum. The larger of the two appeared to about 3 cm the other about 2 cm. Both were removed and sent as separate specimens. No additional implants were identified. The aorta and vena cava are identified and there are no enlarged palpable lymph nodes or visible adenopathy in this area. There is no enlarged retroperitoneal adenopathy. The uterus, both fallopian tubes, and both ovaries were removed. An aortic/pelvic lymph node dissection was performed. Optimal debulking was achieved no gross residual tumor.

Pathology-Final Report

1. Specimen marked implant from left broad ligament-Metastatic serous carcinoma
2. Specimen from greater omentum-Two tumors consisting of metastatic serous carcinoma. The first specimen measures 3.2x2.1cm the second measures 2.1x2.1 x.7.
3. Bilateral salpingo-oophorectomy: Right ovary; adenocarcinoma, serous type, moderately differentiated. The ovarian capsule is ruptured. Invasion onto the fallopian is noted. Left ovary and tube are negative for malignancy.
4. Pelvic lymph nodes: Twelve lymph nodes negative for malignancy
5. Aortic lymph nodes: Eight lymph nodes negative for malignancy
6. Ascitic fluid with adenocarcinoma
7. FIGO Stage IIIc

See oncology notes on page 2

Oncology Notes: Patient with a history of Stage IIIc serous carcinoma of the ovary presents present for a follow-up visit. She has recently completed the eighth and final course of a Cisplatin/paclitaxel. A recent CA-125 was within normal limits and she is currently asymptomatic.

- **How many primaries are present in case scenario 1?**
- **How would we code the histology of the primary you are currently abstracting?**

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		Radiation 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			

Case Scenario 2

History and Physical

A 59 year old white female recently presented to my office with lower abdominal pain intermittently over the last 6 weeks and claims that she has lost weight without trying. Her mother and her maternal aunt both had ovarian cancer. She has had two children, both of whom were bottle-fed. A pelvic exam revealed an easily palpable mass. An ultrasound was performed and a 7cm mass was identified on the right ovary. The mass appeared to be cystic in nature. Her CA-125 returned as normal (19 U/ml). She was referred to a surgeon and was scheduled for an exploratory laparotomy and total abdominal hysterectomy with bilateral salpingo-oophorectomy.

Operative findings

The right ovarian cyst is identified and measures approximately 7cm. The left ovary was normal in appearance. The uterus was normal. Both tubes were normal. Along the right pelvic sidewall was an enlarged node, approximately, 2 x 1 cm, that was soft. There was also a lymph node, approximately, 8 x 8 mm at the area of the left uterine artery medial to the ureter. This would be in the parametrium. The additional exploration of the upper abdomen revealed both lobes of the liver to be normal. The stomach, pancreas, and spleen are normal to palpation. Both kidneys were normal to palpation.

Pathology

Specimen

- Uterus and cervix, with bilateral tubes and ovaries
- Right pelvic and obturator lymph nodes
- Left pelvic and obturator lymph nodes
- Additional right obturator lymph node

Gross Description: Specimen labeled "right ovarian cyst" is received fresh for frozen section. It consists of a smooth-walled, clear fluid filled cyst measuring 7 x 6 x 5.4 cm and weighing 1351 grams with fluid. Both surfaces of the wall are pink-tan, smooth and grossly unremarkable.

Final Diagnosis

- Right Ovary: Cystic tumor with branching papillary fronds, glandular complexity, nuclear atypia and stratification, frequent mitoses, and stromal invasion diagnostic of a low grade serous cystadenocarcinoma. The tumor is limited to the ovary and the capsule was intact.
- Uterus, cervix, bilateral tubes, left ovary-no malignancy identified
- Right and left pelvic and obturator lymph nodes-negative for malignancy
- Ascitic fluid negative for malignancy

Oncology Consult

Due to the early stage of her disease, the patient will not receive chemotherapy. She will be followed carefully for the next five years.

- How many primaries are present in case scenario 1?
- How would we code the histology of the primary you are currently abstracting?

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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		Radiation Treatment Modality	
Surgical Procedure/ Other Site		Regional Dose	
		Boost Treatment Modality	
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Immunotherapy			
Hematologic Transplant/Endocrine Procedure			