

Quiz 1

1. Pancreatic cancer is:
 - a. The most common malignant tumor of the gastrointestinal tract
 - b. The fourth leading cause of cancer deaths in adults in the US.
 - c. Estimated to have 101,125 incidences in the US in 2011
 - d. Has had a dramatic decrease in incidence rates over the last 50 years.
2. The uncinete process of the pancreas
 - a. Is located between the tail and the body of the pancreas.
 - b. Is where the common bile duct and the pancreatic duct join.
 - c. Is the part of the pancreas that "hooks" around the mesenteric vessels.
 - d. Is where the splenic artery joins the neck of the pancreas.
3. Indicate which statement is not correct.
 - a. Acinar cells secrete digestive enzymes.
 - b. Acinar cells are part of the exocrine function of the pancreas.
 - c. Digestive enzymes are carried through a network of ducts into the duodenum.
 - d. Digestive enzymes secreted directly into the blood stream and assist with digestion in the large intestine.
4. Indicate which statement is not correct.
 - a. The islets of Langerhans secrete are composed of Alpha and Beta Cells.
 - b. Insulin and glucagon are produced in the pancreas and help regulate glucose levels.
 - c. Insulin and glucagon are released into the blood stream via the mesenteric veins.
 - d. The islets of Langerhans are part of the exocrine function of the pancreas.
5. A ductal cell carcinoma located in the uncinete process of the pancreas should be coded to:
 - a. The head of the pancreas (25.0)
 - b. The pancreatic duct (C25.3)
 - c. Islets of Langerhans (C25.4)
 - d. Breast NOS (C50.9)
6. Carcinoid is a
 - a. More specific term than neuroendocrine
 - b. Less specific term than neuroendocrine
 - c. Is not a type of neuroendocrine tumor
 - d. None of the above
7. Serum Chromogranin A (CgA)
 - a. Is useful for helping to identify malignancies of the endocrine portion of the pancreas.
 - b. Is useful for helping to identify malignancies of the exocrine portion of the pancreas.
 - c. Is a marker specific to the pancreas.
 - d. Can be used to definitively diagnosis primaries of the pancreas.
8. Primary tumors located in the head of the pancreas
 - a. Are more likely to become symptomatic at an earlier stage than a tumor in the tail of the pancreas.
 - b. Tend to invade directly into the spleen than tumors located in the tail of the pancreas.

- c. Have a much better prognosis than those located in the tail of the pancreas.
 - d. Are easier to treat with radiation than tumors located in the tail of the pancreas.
9. Which of the following are not criteria for surgical resection?
- a. No hepatic metastatic.
 - b. No venous involvement.
 - c. Must have a clear fat plane around the celiac axis, hepatic artery, and superior mesenteric vein.
 - d. Must have a normal CgA level.
10. A Whipple procedure will likely include removal of:
- a. Distal half of the stomach, gall bladder and its cystic duct, common bile duct, head of the pancreas, duodenum, proximal jejunum, and regional lymph nodes.
 - b. Duodenum, entire pancreas, proximal jejunum and regional lymph nodes.
 - c. Distal half of the stomach, gall bladder and its cystic duct, common bile duct, tail of the pancreas, duodenum, proximal jejunum, and regional lymph nodes.
 - d. Removal of the body and tail of the pancreas and the spleen.

Quiz 2

1. Patient with complaint of severe abdominal discomfort reported to physician's office with obvious jaundice. CA 19-9 was less than 37 U/ml. Abdominal CT scan documented large mass of head of pancreas, most likely malignant, abutting the common bile duct. Endoscopic retrograde cholangiopancreatography (ERCP) brushings of common bile duct yielded cytology positive for adenocarcinoma. What is the code for CS Extension?
 - a. 100: Confined to pancreas
 - b. 400: Extension to peripancreatic tissue, NOS; fixation to adjacent structures, NOS
 - c. 440: Ampulla of Vater; duodenum; extrahepatic bile ducts
 - d. 999: Unknown
2. What is the code for SSF1, CA 19-9 lab value?
 - a. 037
 - b. 370
 - c. 997: Test ordered, results not in chart
 - d. 999: Unknown
3. Exploratory laparotomy: Large malignant appearing tumor of the body of pancreas encases the superior mesenteric artery. Tumor cannot be separated from the artery. Biopsy of pancreatic tumor: ductal carcinoma. What is the code for CS Extension?
 - a. 100: Confined to pancreas
 - b. 600: Tumor inseparable from celiac axis or superior mesenteric artery
 - c. 800: Further contiguous extension
 - d. 999: Unknown
4. CT scan shows very large malignant appearing head of pancreas mass, inoperable. Celiac axis and splenic nodes are enlarged and malignant appearing; no other lymphadenopathy or organomegaly. Patient will receive chemotherapy. What is the code for CS Lymph Nodes?
 - a. 000: No regional node involvement
 - b. 110: Regional lymph nodes
 - c. 800: Lymph nodes NOS
 - d. 999: Unknown
5. In the above scenario, what is the code for CS Mets at DX?
 - a. 00: No distant metastasis
 - b. 05: Distant lymph nodes - celiac axis
 - c. 07: Distant lymph nodes – splenic NOS
 - d. 45: Distant metastasis + distant lymph nodes (05, 07)

