# Quiz 1

1. The Trigone of the bladder is also called the
   1. Dome of the bladder
   2. Vertex of the bladder
   3. Fundus of the bladder
   4. Floor of the bladder
2. The perivesical fat surrounds the outside of the bladder in areas where there is no serosa.
   1. True
   2. False
3. 90% of all bladder cancers are \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
   1. Adenocarcinoma
   2. Undifferentiated Carcinoma
   3. Squamous Cell Carcinoma
   4. Urothelial Carcinoma
4. These are considered regional lymph nodes for bladder. Circle all that apply.
   1. Obturator
   2. Sacral
   3. External Iliac
   4. Retroperitoneal
5. A standard invasive cancer rate includes in situ cases
   1. True
   2. False
6. Early bladder cancer is asymptomatic
   1. True
   2. False
7. What is primarily driving the global geographic patterns of bladder cancer?
   1. Geographic-based risk factors
   2. Differences in screening among countries
   3. Differences in population distribution among countries
   4. All the above

A patient presents with a history of transitional cell carcinoma of the bladder diagnosed in 2012. The patient comes in complaining of hematuria and pain on urination. A cystoscopy with biopsy shows a new tumor in the bladder. The final diagnosis showed papillary urothelial cell carcinoma of the bladder.

1. How many primaries are there?
   1. 1
   2. 2
2. Which rule did you use to determine the number of primaries
   1. M5
   2. M6
   3. M7
   4. M8
3. What is the histology?
   1. Papillary urothelial cell carcinoma
   2. Transitional Cell Carcinoma
   3. Microcystic transitional cell carcinoma
   4. Papillary carcinoma

# Quiz 2

**Scenario 1**

A patient presents to his primary care physician with a complaint of painless hematuria. A cystoscopy is done in his physician’s office and he is found to have a large tumor on the left lateral wall of the bladder. The patient was referred to a urologist who performed a TURB and biopsies of the entire bladder. The pathology came back as invasive high grade papillary urothelial cell carcinoma confined to the lamina propria. Muscularis was not present in the pathologic specimen. The physician performed a repeat TURB that that included removal of muscle tissue. This was negative for residual tumor. The patient was placed on a BCG protocol and had an excellent response. No further treatment.

1. What is the cT?
   1. pTA
   2. pTIS
   3. cT1
   4. cT2
2. Could we apply the “inaccessible site rule” to assign the cN data item?
   1. No. The inaccessible site rule only applies to CS
   2. No. The rule does not apply to bladder
   3. Yes. The in accessible site rule applies in this situation
   4. None of the above
3. This patient had a re-excision of the primary tumor site. Does this patient meet the rules for classification for pT?
   1. Yes
   2. No
4. What value would we enter in the pT data item?
   1. Blank
   2. pX
   3. p1
   4. p2A
5. What surgery code would be assigned to the second TURB?
   1. 27 Excisional biopsy
   2. 22 Electrocautery
   3. 30 Partial cystectomy
   4. 50 Simple cystectomy

**Scenario 2**

A patient presents to his primary care physician with a complaint of pain while urinating and hematuria. A cystoscopy is done in his physician’s office and he is found to have a large tumor on the bladder wall. The patient was referred to a urologist who performed a TURB and bimanual examination. The tumor was resected to the muscularis. The urologist was able to palpate a tumor on the bladder wall during the bimanual examination. The pathology from the TURB showed invasive high grade urothelial carcinoma with involving the deep muscularis.

A CT of the chest, abdomen, and the pelvis were negative for metastasis.

The patient was referred to a medical oncologist who administered a cisplatin based chemotherapy regimen. Following completion of chemotherapy the patient had a radical cystectomy with orthotopic bladder reconstruction and lymph node dissection. The cystectomy showed a .5cm tumor with minimal invasion into the lamina propria. No further treatment was given. 12 pelvic lymph nodes were negative for metastasis.

1. What would be entered into the cT data item?
   1. cT1
   2. cT2
   3. cT2b
   4. cT3
2. If imaging had not been done, would the inaccessible site rule apply to this case?
   1. No. Does not apply to AJCC
   2. No. The disease is too advanced.
   3. Yes.
   4. None of the above.
3. What would be entered into the pT data item?
   1. pT1
   2. pT2
   3. pT2a
   4. pT3
4. What would be entered into the pathologic stage?
   1. I
   2. II
   3. III
   4. IV
5. What surgery code would be used for the cystectomy?
   1. 27 Excisional biopsy
   2. 60 Radical cystectomy, NOS
   3. 64 radical cystectomy plus in situ pouch (orthotopic)
   4. 71 Radical cystectomy including anterior exenteration