Take Home Quiz 1

**Please complete the quiz below prior to the session. Use the Multiple Primary and Histology Rules**

Case 1

Patient discovers a mass in their left breast. Biopsy done showed invasive ductal carcinoma. Two months later patient has a lesion on right breast. Biopsy done showed lobular carcinoma.

1. How many primaries are present in case 1?
   1. One
   2. Two
   3. Three
   4. Four
2. What is the histology code?
   1. 8500/3
   2. 8140/3
   3. 8520/3
   4. Primary 1 8500/3; primary 2 8520/3

Case 2

01/15/16 CT chest showed 3.0 cm malignant appearing mass in right lower lung. Another 5 cm mass in right upper lobe. 01/30/16 Needle biopsy of 5 cm mass showed non-small cell adenocarcinoma.

1. How many primaries were present in case 2?
   1. One
   2. Two
   3. Three
   4. Four
2. Which rule did you use to determine the number of primaries?
   1. M1
   2. M7
   3. M10
   4. M12
3. What is the histology code?
   1. 8046/3
   2. 8140/3
   3. 8012/3
   4. Primary 1 8140/3; primary 2 8000/3

Case 3

Colonoscopy: polyps seen in sigmoid colon and lesion seen from 60-67 cm. Polypectomy is done and biopsy of lesion taken

Final Diagnosis: polypectomy: adenocarcinoma arising in adenomatous polyp. Biopsy: adenocarcinoma.

Left hemicolectomy

Gross description: mid transverse colon to rectosigmoid removed.

Final Diagnosis: Tumor size 6.2 cm, adenocarcinoma that penetrates through the muscularis propria and into perirectal fat. No lymph nodes identified.

1. How many primaries were present in case 3?
   1. One
   2. Two
   3. Three
   4. Four
2. What is the histology code?
   1. 8140/3
   2. 8210/3
   3. 8480/3
   4. Primary 1 8210/3; Primary 2 8140/3

Case 4

12/15/15 A patient was seen in a doctor’s office for a lesion on the right arm. A shave biopsy was done. Pathology report states melanoma in situ. 02/21/16 The patient returned to their doctor’s office for another lesion on right hand. A shave biopsy was done and the pathology report states invasive melanoma.

1. How many primaries were present in case 4?
   1. One
   2. Two
   3. Three
   4. Four
2. Which rule did you use to determine the number of primaries?
   1. M3
   2. M6
   3. M7
   4. M8
3. What is the histology code?
   1. 8720/2
   2. 8720/3
   3. Primary 1 8720/3; primary 2 8720/2
   4. Primary 1 8720/2; primary 2 8720/3

# Take-Home Staging Case Scenarios

*Complete the abstracts below. If you determine this case has two primaries, abstract the case with the highest numeric histology only. You will need to use the Hematopoietic and Lymphoid Neoplasm Database to complete*

## **Case Scenario 1**

In 2016 a patient presents with a 3cm movable axillary mass. A core biopsy of the mass reveals malignancy. Imaging showed multiple bilateral enlarged axillary lymph. No additional abnormalities were identified. A bone marrow biopsy was normal.

An excisional biopsy of an enlarged axillary mass was done. The pathology report shows the tumor consists of 80% diffuse large B-cell lymphoma (DLBCL) and 20% follicular lymphoma.

The patient was treated with 6 cycles of R-CHOP.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Site** C77.3 | **Morphology** 9680/3 Diffuse Large B-Cell Lymphoma | | | | | **Grade** 6 | | |
| **Stage** | | | | | | | | |
| Summary Stage | | 5-Regional NOS | | | Tumor Size Summary | | 988 or 999 | |
| Clinical AJCC TNM Stage | | T88 N88 M88 Stage IIA | | | Regional Nodes Positive | | 99 | |
| Clin Stage Descriptor | | 0 | | | Regional Nodes Examined | | 99 | |
| Pathologic AJCC TNM Stage | | T88 N88 M88 Stage 99 | | |  | |  | |
| Path Stage Descriptor | | 0 | | |  | |  | |
|  | |  | | |  | |  | |
| **Site Specific Factors** | | | | | | | | |
| CS SSF 1 | | 999 | | |  | |  | |
| CS SSF 2 | | 000 | | |  | |  | |
| **Treatment** | | | | | | | | |
| Diagnostic Staging Procedure | | | 02 |  | | | |  |
| **Surgery Codes** | | |  | **Radiation Codes** | | | |  |
| Surgical Procedure of Primary Site | | | 00 | Radiation Treatment Volume | | | | 00 |
| Scope of Regional Lymph Node Surgery | | | 9 | Regional Treatment Modality | | | | 00 |
| Surgical Procedure/ Other Site | | | 0 | Regional Dose | | | | 00000 |
| **Systemic Therapy Codes** | | |  | Boost Treatment Modality | | | | 00 |
| Chemotherapy | | | 03 | Boost Dose | | | | 00000 |
| Hormone Therapy | | | 01 | Number of Treatments to Volume | | | | 000 |
| Immunotherapy | | | 01 | Reason No Radiation | | | | 1 |
| Hematologic Transplant/Endocrine Procedure | | | 00 | Radiation/Surgery Sequence | | | | 0 |
| Systemic/Surgery Sequence | | | 0 |  | | | |  |

## **Case Scenario 2**

A 52 year-old male with a 20-pack-year smoking history presented with shortness of breath. He also stated that he has about a 6 month history of persistent hoarseness, and an approximately 15 pound unintended weight loss. He claims that lately he has difficulty swallowing food and has had persistent pain in his right lateral ribs. The patient was scheduled for a CT and was found to have a 4.2 x 5cm cavitary mass in the right upper lobe of his lung. The tumor appeared to invade into the overlying chest wall. A large pleural effusion is located along the right upper lobe.

Right sided hilar and mediastinal adenopathy is noted. A 3.5cm mediastinal mass appears to be compressing the esophagus. The mass probably involves the vagus nerve creating vocal cord paralysis and the patient’s hoarseness. No additional metastasis is seen.

The patient had a CT guided biopsy of the right upper lobe tumor and it was found to be malignant. The patient went on to have palliative chemotherapy consisting of cisplatin and etoposide.

Final Diagnosis: Small cell carcinoma, poorly differentiated

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Site:** C34.1 | **Morphology:** Small Cell Carcinoma 8041/3 | | | | | **Grade:** 3 | | |
| **Stage** | | | | | | | | |
| Summary Stage | | 7 Distant | | | Tumor Size | | 050 | |
| Clinical AJCC TNM Stage | | cT3 cN2 cM1a Stage IV | | | Regional Nodes Positive | | 98 | |
| Clin Stage Descriptor | | 0 | | | Regional Nodes Examined | | 00 | |
| Pathologic AJCC TNM Stage | | T N M Stage 99 | | |  | |  | |
| Path Stage Descriptor | | 0 | | |  | |  | |
|  | |  | | |  | |  | |
| **Site Specific Factors** | | | | | | | | |
| CS SSF 1 | | 000 | | |  | |  | |
| CS SSF 2 | | 998 | | |  | |  | |
| **Treatment** | | | | | | | | |
| Diagnostic Staging Procedure | | | 02 |  | | | |  |
| **Surgery Codes** | | |  | **Radiation Codes** | | | |  |
| Surgical Procedure of Primary Site | | | 00 | Radiation Treatment Volume | | | | 00 |
| Scope of Regional Lymph Node Surgery | | | 0 | Regional Treatment Modality | | | | 00 |
| Surgical Procedure/ Other Site | | | 0 | Regional Dose | | | | 00000 |
| **Systemic Therapy Codes** | | |  | Boost Treatment Modality | | | | 00 |
| Chemotherapy | | | 03 | Boost Dose | | | | 00000 |
| Hormone Therapy | | | 00 | Number of Treatments to Volume | | | | 000 |
| Immunotherapy | | | 00 | Reason No Radiation | | | | 1 |
| Hematologic Transplant/Endocrine Procedure | | | 00 | Radiation/Surgery Sequence | | | | 0 |
| Systemic/Surgery Sequence | | | 0 |  | | | |  |