# Quiz 1

1. The Chest wall does not include
	1. Intercostal muscles
	2. Serratus anterior muscle
	3. Pectoral muscle
	4. Ribs
2. Medical Record states patient has inferior medial right breast tumor. The primary site code is
	1. C50.0 Nipple Breast
	2. C50.2 UIQ Breast
	3. C50.3 LIQ Breast
	4. C50.5 LOQ Breast
3. Axillary lymph nodes include
	1. Infraclavicular nodes
	2. Internal Mammary nodes
	3. Cervical nodes
	4. Supraclavicular nodes
4. A patient had an excisional biopsy of a breast mass in her right breast. Pathology showed ductal carcinoma in situ. Margins were negative and no invasive component was identified. No further surgical treatment was done. The patient was referred to an oncologist.

How would the staging information be entered into your software ***prior*** to the v16 conversion?

|  |
| --- |
| Stage |
|  | **T** | **N** | **M** | **Stage** |
| **Clinical**  |  |  |  |  |
| **Pathologic** |  |  |  |  |

How would the staging information be entered into your software ***after*** the v16 conversion?

|  |
| --- |
| Stage |
|  | **T** | **N** | **M** | **Stage** |
| **Clinical**  |  |  |  |  |
| **Pathologic** |  |  |  |  |

1. A patient was found to have a 3cm mass in her left breast. Imaging and physical exam did not show any additional metastasis. A core biopsy of the tumor showed ductal carcinoma. The patient returned for an excisional biopsy and sentinel lymph node biopsy. Pathology showed a 3.1cm ductal carcinoma. The sentinel lymph node was negative on H&E. IHC showed isolated tumor cells. The patient went on to have a radiation, chemotherapy, and hormone treatment.

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| --- |
| Stage |
|  | **T** | **N** | **M** | **Stage** |
| **Clinical**  |  |  |  |  |
| **Pathologic** |  |  |  |  |
| **SS2000** |  |

*Cases abstracted prior to conversion to v16 would not have c or p added to value and pM data item would be blank with an inferred cM0. Cases abstracted post v16 conversion would have the c and p added to the values and the pM data item would be coded with cM0. For this question you may enter codes either way.*

# Quiz 2

1. Which statement is true?
	1. Mammography has clear benefits for all women.
	2. Variation in breast cancer rates by geography and poverty is most likely due to differences in insurance coverage.
	3. The disparity in survival between white and black women is likely driven by the distribution of breast cancer subtype by race.
	4. Triple negative breast cancer is the most common breast cancer subtype.
2. A patient has a core biopsy of a breast tumor and 2% of the tumor was found to be positive for estrogen receptors and progesterone receptors. The pathologist refers to these results as weakly positive. The physician chooses not to treat the patient with hormone therapy. How would you code SSF 1 Estrogen Receptor (ER) Assay?
	1. 010 Positive
	2. 020 Negative
	3. 030 Borderline
	4. 999 Unknown
3. Genomic testing like that done for the Oncotype DX, Mammaprint, or Mammostrat can be used to predict one or more of the following(circle all that apply)
	1. If genes have mutated
	2. How likely (or unlikely) the breast cancer will recur
	3. How likely the chemotherapy will be of benefit
	4. How likely radiation therapy will be of benefit
4. Operative report states that patient had all breast tissue and the nipple areola complex removed. No sentinel lymph nodes or axillary dissection done. What would the surgery code be?
	1. 21 – partial mastectomy with nipple resection
	2. 30 – subcutaneous mastectomy
	3. 40 – total mastectomy
	4. 50 – modified radical mastectomy
5. Patient has lumpectomy with sentinel lymph node biopsy. A month later they had an axillary lymph node dissection. What is the Scope of Regional Lymph node Surgery code?
	1. 2 – sentinel lymph node biopsy
	2. 3 – regional lymph nodes removed, NOS
	3. 6 – sentinel node biopsy and code 3,4, or 5 at same time or time not stated
	4. 7 – sentinel node biopsy and code 3, 4, or 5 at different times