## Quiz 1

1. Which of the following are regional lymph nodes for the breast (circle all that apply)
   1. Axillary
   2. Intramammary
   3. Internal mammary
   4. Rotter’s node
   5. Supraclavicular
   6. Cervical
2. The “chest wall” underlying the breast consists of which of the following (circle all that apply)
   1. Pectoral muscle
   2. Intercostal muscles
   3. Serratus anterior muscle
   4. Ribs
3. A Nottingham/Bloom Richardson Score of 6 would be given a grade code of:
   1. 1
   2. 2
   3. 3
   4. 4
4. An overexpression of HER 2 might indicate:
   1. Slow growing tumor
   2. Fast growing tumor
   3. Poor response chemotherapy
   4. A&C
5. A patient is found to have a ductal carcinoma in situ in the upper outer quadrant of the left breast and an infiltrating ductal carcinoma in the lower outer quadrant of the same breast. According the MP/H rules this is a single primary. What is the primary site code?
   1. C50.4 upper outer quadrant
   2. C50.5 lower outer quadrant
   3. C50.8 overlapping
   4. C50.9 Breast NOS
6. Genomic testing like that done for the Oncotype DX or Mammaprint can be used to predict(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
7. In the article Scope it Out: A Change in Sentinel Lymph Node Surgery Coding Practice, Jerri Linn Phillips, MA, CTR; Andrew Stewart, MA, a study by breast clinicians found which of the following (circle all that apply)?
   1. Registrars were coding Scope of Regional Lymph Node Surgery based on what they found in the pathology rather than what was documented on the operative report.
   2. Registrars were not distinguishing between axillary node dissections and sentinel lymph node biopsies
   3. Registrars were not using codes that reflected multiple procedures cumulatively
   4. Registrars were not coding CS Lymph Nodes correctly
8. Which of the following statements are true (circle all that apply)
   1. A sentinel lymph node biopsy refers to the removal of a single lymph node only
   2. A sentinel lymph node biopsy is usually only done on patients that have clinically positive lymph nodes
   3. If a sentinel lymph node is positive on routine pathologic testing (H&E staining), it will probably be sent for additional IHC testing to determine if isolated tumor cells are present.
   4. None of the above
9. If a patient is found to be triple negative and opts for breast conserving surgery, they will probably be treated with (circle all that apply)…
   1. Radiation
   2. Trastuzumab (Herceptin)
   3. Tamoxifen and/or an aromatase inhibitor
   4. Chemotherapy
10. If a patient under the age of 70 with ER/PR +, HER2/neu +, localized infiltrating ductal carcinoma had breast conserving surgery we would normally expect to see which types of adjuvant therapy (circle all that apply)?
    1. Tamoxifen and/or an aromatase inhibitor
    2. Trastuzumab (Herceptin)
    3. Radiation therapy
    4. Active surveillance

## Quiz 2

7/29/12: Clinical stage T2N0M0 stage group 2A.

8/9/12: Excisional biopsy and sentinel lymph node biopsy

* 3.4 cm and 2.4 cm infiltrating ductal carcinoma
* 4 of 4 sentinel lymph nodes positive for metastasis, 2 of the lymph nodes matted together by metastasis; largest lymph node metastasis 1.1 cm with extranodal extension
* Margins grossly negative, microscopically positive
* Pathologic stage after excisional biopsy T2N2a stage group 3A
* Bloom Richardson score 6 intermediate grade

8/23/12: Patient started on Arimidex. MD not concerned about interval to mastectomy, but started Arimidex to alleviate patient's fears.

9/20/12: Modified radical mastectomy

* 0.6 cm residual infiltrating ductal carcinoma
* 15/23 axillary LNs positive for metastasis
* Margins negative
* Pathologic stage after mastectomy pT2N3a stage group 3C
* Bloom Richardson score 6 grade 2

1. What is the code for CS Tumor Size?
   1. 006
   2. 024
   3. 034
   4. 995: Stated as T2 with no other info on size
2. What is the code for CS Extension?
   1. 000: In situ
   2. 100: Confined to breast tissue and fat including nipple and/or areola; localized NOS
   3. 180: Stated as T2 with no other information on extension or size
   4. 999: Unknown
3. What is the code for CS Tumor Size/ Ext Eval?
   1. 0: Non-invasive clinical evidence
   2. 1: Other invasive techniques; no surgical resection
   3. 3: Pathologic evidence from surgical resection
   4. 5: Surgical resection after neoadjuvant treatment & tumor size/extension based on clinical evidence
4. What is the code for CS Lymph Nodes?
   1. 000: No regional node involvement
   2. 250: Evaluated pathologically: Movable axillary lymph node(s), ipsilateral, positive with more than micrometastasis
   3. 520: Evaluated pathologically: Fixed/matted ipsilateral axillary nodes clinically with pathologic involvement of lymph nodes WITH at least one metastasis greater than 2 mm
   4. 600: Axillary/regional lymph node(s), NOS
5. What is the code for CS Lymph Nodes Eval?
   1. 1: No regional nodes removed, other invasive techniques OR Fine needle aspiration, incisional core needle biopsy, or excisional biopsy of regional lymph nodes or sentinel nodes as part of the diagnostic workup
   2. 3: Any microscopic assessment of regional nodes (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection), WITH removal of the primary site adequate for pathologic T classification (treatment)
   3. 5: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on clinical evidence
   4. 6: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on pathologic evidence, because the pathologic evidence at surgery is more extensive than clinical evidence before treatment
6. What is the code for Regional Nodes Positive?
   1. 00
   2. 04
   3. 15
   4. 19
7. What is the code for Regional Nodes Examined?
   1. 04
   2. 15
   3. 23
   4. 27
8. What is the code for SSF3 (Number of Positive Ipsilateral Level I-II Axillary Lymph Nodes)?
   1. 000: All ipsilateral axillary nodes examined negative
   2. 004
   3. 015
   4. 019
9. What is the code for SSF7 (Nottingham or Bloom-Richardson (BR) Score/Grade)?
   1. 060: Score of 6
   2. 120: Medium (Intermediate) Grade, BR grade 2, score not given
   3. 998: No histologic examination of primary site
   4. 999: Neither BR grade nor BR score given; Unknown or no information; Not documented in patient record
10. What is the code for SSF21 (Response to Neoadjuvant Therapy)?
    1. 010: Complete response
    2. 020: Partial response
    3. 030: No response
    4. 987: Not applicable: Neoadjuvant therapy not given