# Quiz 1

1. A patient presents for a routine colonoscopy and is found to have a large mass in his ascending colon. A biopsy of the mass confirms adenocarcinoma. The patient returns for a segmental resection of the ascending colon. Pathology showed a 4cm tumor that invaded into, but not through the muscularis propria. No lymph nodes were identified.

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| Clinical T |  |
| Clinical N |  |
| Clinical M |  |
| Clinical Stage |  |
| Pathologic T |  |
| Pathologic N |  |
| Pathologic M |  |
| Pathologic Stage |  |

1. For which of the following scenarios would the pT and pN be left blank? (circle all that apply)
   1. An excisional biopsy of a breast tumor. Pathology shows ductal carcinoma in situ.
   2. A bronchoscopy and biopsy of a lung tumor is positive for small cell lung cancer. The patient is treated with chemotherapy and radiation only.
   3. A patient presents for a colonoscopy and is found to have a polyp. A polypectomy is performed and the pathology shows invasive adenocarcinoma confined to the submucosa.
   4. A patient with a suspected bladder tumor presents for a transurethral resections of the bladder (TURB). Results are positive for urothelial cell carcinoma. The patient returns for a second TURB of the same site. No additional tumor was identified.
2. An elderly patient with multiple comorbid conditions presented for an abdominal CT and was found to have a large tumor in the liver. The liver was biopsied. The pathology report indicated the tumor was “adenocarcinoma, most likely from a lung primary. No further workup or treatment was performed. The patient was referred to hospice care.

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| Clinical T |  |
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| Clinical Stage |  |
| Pathologic T |  |
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| Pathologic M |  |
| Pathologic Stage |  |

1. A colonoscopy with biopsy showed a large obstructing tumor in the transverse colon. A biopsy confirms adenocarcinoma. A CT of the abdomen and pelvis show the tumor extends through the colon into the surrounding tissue. A single lesion is identified in the liver. Imaging states the tumor is highly suspicious for metastasis. The patient returns for a hemicolectomy and excision of the liver lesion. Pathology showed adenocarcinoma extending through the serosa into surrounding tissue. 5 lymph nodes were positive for malignancy and the liver lesion was confirmed to be metastatic adenocarcinoma.

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| Clinical T |  |
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| Clinical Stage |  |
| Pathologic T |  |
| Pathologic N |  |
| Pathologic M |  |
| Pathologic Stage |  |

1. A patient presents on 2/1/16 with a 1cm movable right axillary mass. No additional masses in the axillary region or in the breast were palpable. An excisional biopsy of the axillary mass was done and the pathology report showed a level 1 axillary lymph node positive for ductal carcinoma. On 2/10/16 the patient had an ultrasound showing a 7 mm mass in the right breast. A biopsy of the mass confirmed ductal carcinoma. The patient returned on 2/21/16 for a modified radical mastectomy and axillary node dissection. Pathology revealed a 7mm infiltrating ductal carcinoma confined to the right breast. 24 lymph nodes were negative for metastasis.

What stage would be assigned?

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| Clinical T |  |
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| Clinical M |  |
| Clinical Stage |  |
| Pathologic T |  |
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| Pathologic M |  |
| Pathologic Stage |  |

# Quiz 2

1. Colonoscopy: a single lesion seen at the sigmoid colon which measured less than 2 cm. Lesion was biopsied. Pathology report showed adenocarcinoma. What is Tumor Size Summary?
   1. 020
   2. 991
   3. 999
   4. 019
2. Patient diagnosed with right lung cancer. CT of the chest show metastatic disease in contralateral lung and distant lymph nodes. What is Mets at Diagnosis – Lung?
   1. 0-None; no lung metastasis
   2. 1-Yes; distant lung metastasis
   3. 8-Not applicable
   4. 9-Unknown
3. A patient with non-Hodgkin lymphoma (9591/3 C77.9) is found to have metastasis to the brain. What is Mets at Diagnosis-Brain?
   1. 0-None; no brain metastasis
   2. 1-Yes; distant brain metastasis
   3. 8-Not applicable
   4. 9-Unknown
4. A patient with bladder cancer was treated with TURB and mitomycin only. The urologist stage the case as cT1 cN0 cM0 Stage I. The registrar entered this information in the clinical stage data items. She left the pathologic TNM stage items blank and entered 99 for the stage group since the case did not meet the rules for classification for pathologic stage. The correct code for Staged By (*pathologic stage*) would be?
   1. 00-Not Staged
   2. 10-Physician NOS
   3. 20-Cancer Registrar
   4. 88-Case is not eligible for staging
   5. 99-Staged but unknown who assigned stage
5. At Hospital A the cancer registry and physician work together to assign the pathological stage. What is the Staged by Pathologic field coded?
   1. 14-Pathologist
   2. 15-Multiple physicians; tumor board; etc.
   3. 20-Cancer Registrar
   4. 30-Cancer Registrar and physician
6. A patient was diagnosed with stage IA non-Hodgkin lymphoma of the palatine tonsil. The correct code for TNM Stage Descriptor Clinical would be?
   1. 0-None
   2. 1-Extranodal
   3. 2- Spleen
   4. 9-Unknown, not stated in patient record
7. Pathology from a modified radical mastectomy showed a 3cm infiltrating ductal carcinoma confined to the right breast. Also noted were two separate foci of ductal carcinoma in situ. The largest of which measured .3cm. The correct code for TNM Stage Descriptor Pathologic would be?
   1. 0-None
   2. 1-Extranodal
   3. 3-Multiple primary tumors in a single site
   4. 9-Unknown, not stated in patient record
8. An 89 year old patient was found to have newly diagnosed prostate cancer with bone metastasis. He was offered palliative radiation, but refused. What code would we assign for reason no radiation?
   1. 1-Radiation therapy was not administered because it was not part of planned first course treatment
   2. 2-Radiation therapy was not recommended because it was contraindicated due to other patient risk factors
   3. 7-Radiation therapy was not administered; it was recommended by the patient’s physician, but was not administered as first course treatment.
   4. 9- It is unknown if radiation therapy was recommended or administered
9. A patient was diagnosed at facility A with lung cancer. The patient was seen at your facility for a PET scan used to stage the disease. The patient returned to facility A for treatment. What is the class of case for your facility?
   1. 00-initial diagnosis and treatment elsewhere
   2. 11-initial diagnosis in an office of a physician with admitting privileges and part of first course treatment at reporting facility.
   3. 21-initial diagnosis elsewhere and part of first course treatment was done at the reporting facility
   4. 30-initial diagnosis and all first course treatment elsewhere and reporting facility participated in diagnostic work-up. This case is not reportable to NCDB.
10. A 76 year old patient was diagnosed at facility A with pancreatic cancer. He was admitted to facility B for additional workup and oncologic consult. The patient and the facility B medical oncologist decided that due to stage of disease and patient’s comorbid the patient would be referred to hospice for comfort measures. What is the class of case for facility B?
    1. 00-initial diagnosis and treatment elsewhere
    2. 11-initial diagnosis in an office of a physician with admitting privileges and part of first course treatment at reporting facility.
    3. 22-initial diagnosis elsewhere and all first course treatment or decision not to treat was done at the reporting facility
    4. 30-initial diagnosis and all first course treatment elsewhere and reporting facility participated in diagnostic work-up. This case is not reportable to NCDB.