## Quiz 1

1. Beginning with the cecum, which is the correct sequence of colon subsites?
	1. Cecum, ascending splenic flexure, transverse, hepatic flexure, descending, sigmoid
	2. Cecum, hepatic flexure, transverse, ascending, splenic flexure, sigmoid descending
	3. Cecum, ascending, hepatic flexure, transverse, splenic flexure, descending, sigmoid
	4. Cecum, ascending, transverse, hepatic flexure, splenic flexure, descending, sigmoid
2. Which tumor is the most invasive?
	1. Tumor in sigmoid colon that invades the submucosa
	2. Tumor in sigmoid colon that invades the muscularis mucosae
	3. Tumor in sigmoid colon that invades the muscularis propria
	4. Tumor in sigmoid colon that invades the serosa
3. The layer of the colon that includes the fat and flesh between the muscularis and the serosa is the:
	1. Mucosa
	2. Submucosa
	3. Lamina propria
	4. Subserosa
4. The mesentery is a single layer of visceral peritoneum that attaches to the GI Tract.
	1. True
	2. False
5. The transverse colon is supplied by blood from the
	1. Superior mesenteric artery
	2. Inferior mesenteric artery
	3. Both A and B
	4. None of the above

A patient has 3.5 cm tumor in descending colon. Biopsy was done and pathology came back stating adenocarcinoma, nos. The patient decided to have surgery on 12/30/16. Pathology from surgery came back as carcinoid tumor. We received clarification from SEER. These are the correct answers.

1. What is the histology?
	1. Carcinoid tumor, NOS (8240/3)
	2. Composite Carcinoid (8244/3)
	3. Adenocarcinoid (8245/3)
	4. Adenocarcinoma, NOS (8140/3)
2. Which rule did you use?
3. H8: Code 8240 when the diagnosis is neuroendocrine carcinoma and carcinoid tumor
4. H9: Code 8244 when the diagnosis is adenocarcinoma and carcinoid tumor
5. H10: Code 8245 when the diagnosis is exactly adenocarcinoid.
6. H11: Code the histology when only one histologic type is identified

# Quiz 2

**Scenario 1**

1/6/16 Colonoscopy with biopsy: Adenocarcinoma of the ascending colon

1/15/16 MRI with contrast: Ascending colon tumor adherent to visceral peritoneum; no lymphadenopathy; no organomegaly or liver lesions.

1/30/16 Path Report

Procedure: Hemicolectomy

* Tumor Site: ascending colon
	+ Tumor Size: 2 cm X 1.5 cm X 2.5 cm
	+ Histologic Type: Adenocarcinoma
	+ Histologic Grade: Intermediate grade
	+ Microscopic Tumor Extension: Tumor involves pericolic fat but does not penetrate the serosa
	+ Proximal and Distal Margins: Uninvolved by invasive carcinoma
	+ Circumferential Margin: Uninvolved by invasive carcinoma.
* Number of Lymph Nodes Involved: 0
* Number of Lymph Nodes Examined: 17
* Lymph-Vascular Invasion: Not present
* Perineural invasion: Not present
* Tumor Deposits: 12 satellite nodules in the pericolic fat adjacent to the primary tumor.

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| Data Item | Value |
| Clinical T | cT4a |
| Clinical N | cN0 |
| Clinical M | cM0 |
| Clinical Stage  | 2B |
| Pathologic T | pT3 |
| Pathologic N | pN1c |
| Pathologic M | cM0 |
| Stage Group | 3B |

**Scenario 2**

A patient presented for a screening colonoscopy and was found to have a pedunculated polyp in the descending colon. The polyp was excised.

The pathology report showed the polyp was a tubular adenoma with a focus of adenocarcinoma confined to mucosal layer. Margins were negative. No further treatment was done.

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| Data Item | Value |
| Clinical T |  |
| Clinical N |  |
| Clinical M |  |
| Clinical Stage  | 99 |
| Pathologic T | pTis |
| Pathologic N | cN0 |
| Pathologic M | cM0 |
| Stage Group | 0 |