**General Summary Stage ANSWERS w/Rationale**

1. What is the Summary Stage code for a tumor which originates in the Renal pelvis and directly extends into the bladder?
	1. 2
	2. 3
	3. 4
	4. **7**
2. What is the Summary Stage code for a tumor which arises in the Ureter and directly extends into the bladder?
	1. **2**
	2. 3
	3. 4
	4. 7

*Rationale/Comment for #1 & #2: Tumors of the Renal Pelvis and Ureter are staged using the same Summary Stage Schema. Make sure you are reviewing the list of tissues or organs involved under the correct organ site within the schema. Tissues, structures, lymph nodes and Distant sites may differ between renal pelvis and ureter even though the same SS2000 schema is used.*

1. Patient found to have a 9.2 cm renal cell carcinoma arising in the left kidney cortex extending into the medulla, with further extension into the left ureter and **descending** colon. 6 lymph nodes were negative for renal cell ca. What is the Summary Stage code?
	1. 1
	2. **2**
	3. 4
	4. 7
2. If the above tumor originated in the right kidney which section of the colon in the summary stage manual is listed which equals a Summary Stage code of 2?
	1. Sigmoid
	2. Transverse
	3. **Ascending colon**

*Rationale/Comment for #3 and #4: The laterality of a paired organ will affect the location, structures and specific tissues involved when assigning stage- note the laterality notations in the schema to select to correct code.*

1. Which Summary Stage Schema and site code would you use for a cancer of the GE junction NOS?
	1. Esophagus C15.2 Abdominal Esophagus
	2. Esophagus C15.5 Lower third of esophagus
	3. **Stomach C16.0 Cardia, NOS**
	4. Stomach, NOS C16.9

*Comment: There isn’t an Esophagus/GE junction combo schema in Summary Stage like there is in TNM (Chapter 10). Without further info on tumor location, the default site code for a GE junction NOS tumor in Summary Stage would be Stomach Cardia C16.0 which is included in the SS2000 Stomach schema, not the esophagus*

1. Invasion into which of the following bladder layers would *not* equal code 0? Circle those which apply.
	1. **Subserosa**
	2. **Stroma**
	3. **Lamina propria**
	4. Intraepithelial

 Rationale/Comment:Only an intraepithelial tumor would be coded to 0 Insitu/non invasive. The
 other terms would equal code 1-localized.

1. If lymph nodes are resected along with the primary site, but the lymph nodes are not “named” or identified whether regional or distant, you are to consider such LNs as *Regional* for Summary Staging.
	1. **True**
	2. False

Rationale: See page 7, #5 in SS2000- Regional Node Involvement “Any unidentified nodes included with the resected primary specimen are to be considered as Regional LNs Nos”.

1. Which of the following are **Extra-nodal** sites for lymphomas? Circle all that apply.
	1. **Spleen d. Tonsils g. Peyer’s patch**
	2. **Thymus** e. Bone h. Small intestine
	3. Brain **f. Waldeyer’s ring i. lymphoid nodules in appendix**

Rationale/comment: Extra-nodal sites for lymphoma are tissues/structure/organs which are *still part of the lymphatic system, but not necessarily lymph nodes.*

9. ) The term **Extralymphatic** in lymphoma refers to organs/tissues **excluding** lymph nodes or other
 lymphatic structures, e.g. small intestine or brain.

  **a. True**
 b. False

 Rationale/Comment: See Notes Hodgkins Lymphoma and NHL schema.

10.) In a breast cancer, invasion of the skin can be focal or diffuse. Whether the invasion is local or full
 thickness and diffuse will change the Summary Stage code.

a. True
**b. False**

Rationale/Comment: Actually this statement is true for TNM, not Summary Stage. All skin invasion in SS2000 is regional (code 2) from focal to inflammatory.

However, in TNM for breast, “skin invasion” is defined as **full thickness involvement including the epidermis** in order to qualify for T4 assignment. If there was only “focal” dermal invasion, the T category assignment would be T1-3 per tumor size