## Quiz 1

1. The five year relative survival for patients with oral cavity and pharyngeal primaries is 57 for patients that present with regional disease. “Regional” indicates…
   1. The tumor has extended beyond the limits of the organ of origin directly into surrounding organs or tissues.
   2. The disease has metastasized to regional lymph nodes via the lymphatic system.
   3. Both regional extension and regional lymph node metastasis have occurred.
   4. **All of the above.**
2. The most significant risk factor for developing squamous cell carcinoma of the lip and oral cavity is…
   1. Smoking
   2. Heavy drinking
   3. **Combination of smoking and heavy drinking**
   4. HPV
3. The most common histology for primary cancers of the lip and oral cavity is…
   1. Basal cell carcinoma
   2. **Squamous cell carcinoma**
   3. Mucosal melanoma
   4. Adenocarcinoma
4. Submental lymph nodes are located at which lymph node level?
   1. **I**
   2. II
   3. III
   4. IV
5. Match the anatomical landmark with the arrow on the right.
   1. Jugular Notch \_\_\_ D

A

* 1. Cricoid Cartilage \_\_\_ C
  2. Hyoid Bone \_\_\_ B

B

* 1. Mandible \_\_\_ A

C

D

1. Which of the following statements is not correct?
   1. Level II lymph nodes are located along the jugular vein between the base of the skull and the hyoid bone
   2. Level II lymph nodes can be subdivided into IIA and IIB based on which side of the spinal accessory nerve they are located
   3. **Level III lymph nodes are located along the jugular vein between the jugular notch and the hyoid bone**
   4. Buccinator lymph nodes are located opposite the angle of the mouth
2. Which of the following statements is not correct?
   1. The risk of distant metastasis is more dependent on the N category than the T category
   2. The level of involved lymph nodes is prognostically significant (i.e. metastasis to a level III lymph node has a worse prognosis than metastasis to a level I lymph node).
   3. **All sites in the oral cavity have the same risk of developing lymph node metastasis**
   4. Extracapsular extension in a metastatic lymph node is a negative prognostic indicator
3. Which of the following sites has the lowest risk of lymph node metastasis?
   1. Upper lip
   2. Commissure of the lip
   3. **Lower lip**
   4. None of the above
4. Which of the following statements concerning lymph node metastasis of the oral cavity is not correct?
   1. Metastasis tends to spread in a predictable orderly progression
   2. Anterior tongue primaries may spread directly to the lower cervical lymph nodes (skipping level I & II lymph nodes)
   3. The closer the primary is to the midline, the more likely lymph node metastasis will be bilateral
   4. **The oral cavity has very little lymphatic drainage**
5. The most common site for distant metastasis is…
   1. **Lung**
   2. Bone
   3. Liver
   4. Mediastinal lymph nodes

## Quiz 2

1/11/13 CT Scan of Maxillofacial Region: Upper alveolar ridge soft tissue density measured 2 x 2 cm correlating with patient’s history of squamous cell carcinoma. This mass invades the right maxillary sinus and causes associated mucoperiosteal thickening of the right maxillary sinus. There is bony destruction of the right maxillary sinus, 1.2 cm. size bone defect. The soft tissue mass spares the pterygoid and palatine fossa.

1/11/13 Chest X-ray: No abnormalities identified.

1/22/13 Operation

Preoperative Diagnosis: Right upper alveolar ridge squamous cell carcinoma.

1. Right subtotal partial inferior maxillectomy with dermal skin graft reconstruction.
2. Right selective neck dissection.

Pathology Report

1. Right maxillectomy specimen with 1 x 1 x 0.7 cm tumor of upper alveolar ridge, poorly differentiated squamous cell carcinoma, which infiltrates bone and mucoperiosteum of maxillary sinus. Lymphovascular space invasion is identified. All margins of resection are negative for tumor, the closest being the posterior margin at 8 mm.
2. Metastatic squamous cell carcinoma in 2 of 3 lymph nodes, largest metastasis less than 2 cm. There is extracapsular extension in one of the two metastatic nodes.
3. What is the code for CS Tumor Size?
   1. **010**
   2. 012
   3. 020
   4. 999: Unknown
4. What is the code for CS Extension?
   1. 300: Localized NOS
   2. 535: Cortical bone of maxilla; maxilla NOS; cortical bone NOS; bone NOS
   3. 725: Trabecular bone of maxilla or palatine bone
   4. **740: Maxillary (sinus) antrum; nasal cavity**

1. What is the code for CS Lymph Nodes?
   1. 100: Single positive ipsilateral regional Node: Level I, II, III, or IV; retropharyngeal, cervical NOS; deep cervical NOS; internal jugular NOS; regional lymph node NOS
   2. **200: Multiple positive ipsilateral nodes listed in code 100**
   3. 500: Positive nodes listed in code 110, not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple
   4. 800: Lymph nodes NOS
2. What is the code for CS Mets at DX?
   1. **00: No distant metastasis**
   2. 10: Distant lymph nodes
   3. 40: Distant metastases except distant lymph nodes; carcinomatosis
   4. 99: Unknown
3. What is the code for SSF1 (Size of Lymph Nodes?
   1. 010
   2. 020
   3. **992: Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"**
   4. 999: Unknown
4. What is the code for SSF3 (Levels I-III Lymph Nodes)?
   1. **000: No involvement in Levels I, II, or III lymph nodes**
   2. 100: Level I lymph node(s) involved
   3. 111: Levels I, II & III lymph nodes involved
   4. 999: Unknown
5. What is the code for SSF4 (Levels IV-V & Retropharyngeal Lymph Nodes)?
   1. **000: No involvement in Levels IV or IV or retropharyngeal lymph nodes**
   2. 100: Level IV lymph node(s) involved
   3. 111: Levels IV & V &retropharyngeal lymph nodes involved
   4. 999: Unknown
6. What is the code for SSF5 (Levels VI-VII & Facial Lymph Nodes)?
   1. **000: No involvement in Levels VI or VII or facial lymph nodes**
   2. 100: Level VI lymph node(s) involved
   3. 111: Levels VI & VII & facial lymph nodes involved
   4. 999: Unknown
7. What is the code for SSF6 (Parapharyngeal, Parotid, & Suboccipital Lymph Nodes)?
   1. **000: No involvement of any group**
   2. 100: Parapharyngeal lymph node(s) involved
   3. 111: Involvement of 3 groups
   4. 999: Unknown
8. What is the code for SSF9 (Extracapsular Extension Pathologically)?
   1. 020: Regional lymph node(s) involved pathologically MICROSCOPIC extracapsular extension pathologically
   2. 030: Regional lymph node(s) involved pathologically MACROSCOPIC extracapsular extension pathologically
   3. **040: Regional lymph node(s) involved pathologically, extracapsular extension pathologically, unknown if microscopic or macroscopic**
   4. 050: Regional lymph node(s) involved pathologically, unknown if extracapsular extension
9. What is the code for SSF11 [Measured Thickness (Depth)]?
   1. 007
   2. 010
   3. **070**
   4. 999: Unknown