## **Quiz 1**

1. Patients that have HPV linked oral cancer tend to be:
	1. Young
	2. Less likely to be smokers
	3. Not heavy drinkers
	4. All the above

Rationale: HPV linked oral cancer tend to be seen in younger and less likely to be smokers and drinkers

1. The retromolar gingiva or retromolar trigone is found where?
	1. Beside the molars
	2. Behind the molars

Rationale: the gingiva found behind the molars, covering retromolar pad

* 1. Beneath the molars
	2. In front of the molars
1. Which portion of the tongue has the dorsal and ventral surfaces?
	1. Tip
	2. Base
	3. Body

Rationale: the body of the tongue contains the dorsal and ventral surfaces

1. The lymph nodes that are located between the hyoid and cricoid cartilage are:
	1. Level I
	2. Level II
	3. Level III

Rationale: level 3 LN are located between hyoid and cricoid cartilage

* 1. Level IV
1. Which primary site in the oral cavity is more likely to have lymph node metastasis?
	1. Anterior Tongue

Rationale: 50-60% of anterior tongue primaries present with LN mets

* 1. Hard Palate
	2. Lower Lip
	3. Alveolar Ridge
1. If there is discrepant information on where the primary tumor is originating and there is no resection of the primary tumor. Only a biopsy has been performed. Which document should you use to determine the primary site?
	1. Endoscopy
	2. Tumor Board

Rationale: From MPH manual – use the site as determined by the tumor board

* 1. Biopsy site
	2. Diagnosing physician statement
1. Patient with an overlapping lesion of tongue and floor of mouth. Initial biopsy of floor of mouth reveals microinvasive squamous cell cancer. Definitive resection reveals in situ squamous cell cancer. Pathology report states unifocal tumor, involving the tongue and floor of mouth. What is the primary site?
	1. C06.8 (overlapping other and unspecified parts of mouth)

Rationale: SINQ 20130182 – “book-leaf” lesion which is one that overlaps the floor of mouth and underside of tongue.

* 1. C14.8 (overlapping lip, oral cavity, and pharynx)
	2. C04.8 (overlapping floor of mouth)
	3. C04.9 (floor of mouth)
1. A patient was diagnosed with a right mandibular gingiva (C03.1) in 2007 and underwent resection. Has had no evidence of disease until May 2016 when patient developed an invasive squamous cell carcinoma of the left buccal mucosa (C06.0). How many primaries are there?
	1. Two, M9 (more than 5yr apart)
	2. One, M12 (no other criteria apply)
	3. One, M2 (single tumor)
	4. Two, M7 (different topography)

Rationale: First rule fits – M7 – topography codes different at third character

1. The most common histology seen in oral cavity cancers is:
	1. Adenosquamous
	2. Squamous cell carcinoma

Rationale: About 85% of all oral cavity cancers are squamous cell carcinomas, the most common

* 1. Mucosal melanoma
	2. Basal cell carcinoma
1. Patient has a hard palate ulceration that has been present for many months and no response to antibiotics. An FNA of the ulceration revealed squamous cell carcinoma. A further complete resection of the hard palate lesion revealed a squamous cell carcinoma with features of keratinizing squamous cell. What is the correct histology?
	1. 8070/3 (SCC – H3, one type)
	2. 8071/3 (SCC, keratinizing – H3, one type)
	3. 8071/3 (SCC, keratinizing – H5, more specific)

Rationale: NOS and more specific on Chart 1 code most specific

* 1. 8070/3 (SCC, - H9, one type)

## **Quiz 2**

**History and Physical**

March 2, 2016

The patient is a 75-year-old Caucasian male who was referred after his primary dentist noticed a lesion on the left lateral portion of the anterior tongue and a second lesion on the anterior floor of the mouth. On clinical examination, there was an area of granular papillary mass on the anterior aspect of the floor of the mouth. Further inspection revealed a 2x1cm raised white patch on the left lateral aspect of the tongue. Both lesions were biopsied. The tongue lesion was positive for squamous cell carcinoma. The lesion on the floor of the mouth was positive for severe dysplasia.

CT scans were performed to evaluate any further involvement. All scans were negative.

The patient was informed about the biopsy reports and was informed that the definitive treatment for this condition would be a local excision of the tumor.

**Operative Report**

April 5, 2016

**Preoperative Diagnosis:**

1. Left lateral tongue lesion

2. Floor of mouth lesion

**Procedure:**

The patient was brought into the operating room and sedated without complications. The left lateral tongue lesion was 2 x 1 cm in diameter. The floor of mouth lesion appeared to be approximately 1 x 0.5 cm in length. Both tumors were excised and frozen section margins were negative.

**Surgical Pathology Report**

April 5, 2016

**Final Diagnosis:**

A. Tongue left lateral: Invasive moderately differentiated keratinizing squamous cell carcinoma. The tumor measured 1.9 x 1.1 x .4 cm with invasion into but not through the submucosa. Margins were negative.

B. Floor of mouth: Severe dysplasia/squamous cell carcinoma in situ. Tumor measured .73 x .4 x .2 cm’s in maximum dimension. Margins were negative.

**Primary 1 Primary 2 (leave blank if one primary)**

|  |  |  |  |
| --- | --- | --- | --- |
| Data Item | Value | Data Item | Value |
| Clinical T | cT1 | **Clinical T** |  |
| Clinical N | cN0 | **Clinical N** |  |
| Clinical M | cM0 | **Clinical M** |  |
| Clinical Stage  | 1 | **Clinical Stage**  | 99 |
| Pathologic T | pT1 | **Pathologic T** | pTis |
| Pathologic N | pNX | **Pathologic N** | cN0 |
| Pathologic M | cM0 | **Pathologic M** | cM0 |
| Stage Group | 99 | **Stage Group** | 0 |
| Summary Stage | 1-Localized | **Summary Stage** | 0-In situ |

## **Quiz 3**

1. According to NCCN guidelines a T3 lip squamous cell carcinoma would typically receive the following treatment:
	1. Surgical excision only
	2. External Beam Radiation only
	3. Excision of primary +/- Lymph node dissection
	4. None of the above
2. If you have a patient with a clinically diagnosed squamous cell carcinoma, 5.3cm, floor of mouth without involved lymph nodes then according to NCCN guidelines the patient should receive:
	1. Surgical excision of primary tumor only
	2. Excision of primary tumor with neck dissection
	3. Begin a clinical trial
	4. External beam radiation to primary site only
3. A patient with an alveolar ridge adenosquamous carcinoma, 2.3cm. 10/8/2016 CT Neck revealed enlarged jugulodigastric lymph nodes bilaterally, largest is located in left level 2B (2.3cm) and right level 4 all are consistent with metastatic disease. Patient decides to undergo radiation treatment, completed on 1/5/17 IMRT, 6V photons total 70Gy in 35 fractions to the alveolar ridge and lymph nodes. What is the regional modality and dose?
	1. 24 (6-10mv photons), 07000cGy
	2. 24 (6-10mv photons), 00700cGy
	3. 31 (IMRT), 00070cGy
	4. 31 (IMRT), 07000cGy
4. A patient with a 1.3cm verrucous carcinoma of the dorsal side of the anterior tongue and has undergone a partial glossectomy on 3/4/16. What is the primary site surgery?
	1. 27 – excisional biopsy
	2. 40 – radical excision of tumor, NOS
	3. 30 – Wide excision, NOS
	4. 41 – radical excision of tumor ONLY
5. A radical neck dissection is recommended by NCCN for:
	1. N1 disease
	2. N2 disease
	3. N0 disease
	4. N3 disease