# Quiz 1

1. The layers of the skin are as follows (from top to bottom).
	1. Dermis, subcutaneous, epidermis
	2. Subcutaneous, dermis, epidermis
	3. Epidermis, subcutaneous, dermis
	4. Epidermis, Dermis, Subcutaneous
2. Melanocytes do all of the following except:
	1. Replace squamous cells that shed
	2. Produce melanin
	3. Protects deeper layers of the skin
	4. Give the skin its color
3. Which type of melanoma is diagnosed in younger people?
	1. Superficial Spreading Melanoma
	2. Nodular Melanoma
	3. Lentigo Maligna Melanoma
	4. Acral Lentiginous Melanoma

A patient with a previous history of invasive nodular melanoma of the left leg in 2015 visits their dermatologist in 2016 where they biopsy a mole on the right upper arm. Pathology report comes back as invasive melanoma, superficial spreading type.

1. How many primaries does the patient have?
	1. 1
	2. 2
2. Which rule did you use?
	1. M3 Topography codes different at second (C**x**x.x), third (Cx**x**.x) or Fourth character (Cxx.**x**) are multiple primaries
	2. M4 Different laterality are multiple primaries
	3. M5 Histologies that differ at the first (**X**XXX), second (X**X**XX) or Third (XX**X**X) number are multiple primaries
	4. M7 Melanomas diagnosed more than 60 days apart or multiple primaries
3. What is the histology of the 2016 tumor?
	1. 8744/3 Acral Lentiginous Melanoma
	2. 8743/3 Superficial spreading melanoma
	3. 8721/3 Nodular melanoma
	4. 8742/3 Lentigo maligna melanoma

Upon a visit to his dermatologist, a patient was found to have a large tumor on his mid chest that is 2 cm x 1 cm. A biopsy was performed on 6/22/2016. The pathology report showed invasive superficial spreading melanoma. Margins were microscopically positive. Patient returns for wide excision on 7/3/2016. The pathology showed residual superficial spreading melanoma, in situ. The closest margin was 3 mm and was negative for disease.

1. What is the diagnostic staging procedure
	1. 00 No surgical diagnostic or staging procedure was performed
	2. 01 Surgical Diagnostic Staging Procedure of site other than primary site
	3. 02 Surgical Diagnostic Staging Procedure of primary site
	4. 09 No information of whether a diagnostic or staging procedure was performed
2. What is the surgery code if you can only record one surgery code?
	1. 27 Excisional biopsy
	2. 30 Biopsy of primary tumor followed by a gross excision of lesion. Does not have to be done under the same anesthesia.
	3. 31 Shave biopsy followed by gross excision of the lesion
	4. 45 Wide excision or reexcision of lesion

# Quiz 2

**Case 1**

2/1/16

A patient presented to his primary care physician with an irregular shaped mole. The patient stated the mole has doubled in size over the last year. The physician did a thorough physical exam and did not find any further suspicious moles or palpable masses. The physician excised the mass and referred the patient to a dermatologist for a wide excision.

* Pathology Melanoma skin specimen #1= Invasive Malignant melanoma with positive microsatellitosis- Clark level 3- Breslow thickness 2.65
	+ Ulceration-Not present
	+ Perineural invasion-present

2/12/16

The patient presented for sentinel lymph node biopsy and wide excisions. Two lymph nodes were removed during sentinel node biopsy and initial evaluation did not reveal malignancy. A wide excision was performed with all margins in excess of 2cm’s.

* Pathology-Melanoma skin specimen #2 (Wide Local Excision with Sentinel Lymph Node Dissection)
	+ Wide Excision specimen: Residual melanoma (single focus), negative margins
	+ 2 negative lymph nodes.

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| --- | --- |
| Data Item | Value |
| Clinical T |  |
| Clinical N |  |
| Clinical M |  |
| Clinical Stage  |  |
| Pathologic T |  |
| Pathologic N |  |
| Pathologic M |  |
| Stage Group |  |

**Case 2**

On 9/22/16 a patient presented to her dermatologist for a semiannual screening. She was found to have a suspicious mole on her right shoulder and another on her left thigh. Both were removed via shave biopsy.

The mole from the right shoulder returned as atypical melanocytic hyperplasia (melanoma in situ) arising within a severely dysplastic nevus.

The patient returned on 10/4/16 for a wide excision. The wide excision showed was negative for melanocytic hyperplasia.

|  |  |
| --- | --- |
| Data Item | Value |
| Clinical T |  |
| Clinical N |  |
| Clinical M |  |
| Clinical Stage  |  |
| Pathologic T |  |
| Pathologic N |  |
| Pathologic M |  |
| Stage Group |  |