# Quiz 1

1. The vast majority of prostate cancers arise in which lobe of the prostate?
   1. **Posterior lobe**
   2. Anterior lobe
   3. Lateral lobe
   4. Middle lobe
2. The histologic grade would be based on which pathology specimen.
   1. Core biopsy of the left lobe-Gleason’s score of 2+3=5
   2. **Core biopsy of the right lobe-Gleason’s score of 4+3=7**
   3. Prostatectomy-Gleason’s score of 3+3=6
   4. None of the above
3. The Partin Nomogram is based on all of the following factors except…
   1. Clinical Stage
   2. Biopsy Gleason Grade
   3. **Behavior**
   4. Pre-operative PSA
4. Which of the following is **not** a regional lymph node for prostate?
   1. **Aortic**
   2. Internal Iliac
   3. Hypogastric
   4. Sacral
5. Which of the following PSA tests measures the rate of rise in the PSA level?
   1. Free PSA
   2. **PSA Velocity**
   3. PSA Doubling Time
   4. None of the above

# Quiz 2

Patient had elevated PSA. DRE of prostate was negative for nodules. Transrectal ultrasound (TRUS) biopsy documented hypoechoic lesion by TRUS and adenocarcinoma of right prostate apex.

1. What is the code for CS Extension – Clinical Extension?
   1. 100: Incidental histologic finding, number of foci or percent involved tissue not specified (clinically inapparent)
   2. **150: Tumor identified by needle biopsy (clinically inapparent)**
   3. 200: Involvement in 1 lobe/side NOS (clinically apparent)
   4. 210: Involves ½ of 1 lobe/side or less (clinically apparent)
2. What is the code for CS TS/Ext Eval?
   1. 0: Evaluation based on physical examination including DRE, imaging examination, or other non-invasive clinical evidence
   2. **1: Evaluation based on endoscopy, diagnostic biopsy (needle core biopsy or fine needle aspiration biopsy), TURP or other invasive techniques**

Patient had elevated PSA, and DRE was benign. Prostatic biopsy revealed adenocarcinoma of right and left lobes. MRI report states cT2c prostate cancer.

1. What is the code for CS Extension – Clinical Extension?
   1. **150: Tumor identified by needle biopsy (clinically inapparent)**
   2. 230: Involves both lobes/sides (clinically apparent); Stated as cT2c with no other info on clinical extension
   3. 240: Clinically apparent tumor confined to prostate NOS: Stated as cT2 NOS with no other info on clinical extension
   4. 300: Localized NOS
2. What is the code for CS TS/Ext Eval?
   1. 0: Evaluation based on physical examination including DRE, imaging examination, or other non-invasive clinical evidence
   2. **1: Evaluation based on endoscopy, diagnostic biopsy (needle core biopsy or fine needle aspiration biopsy), TURP or other invasive techniques**

Patient noted to have an abnormal DRE. Physician states cT1c prostate adenocarcinoma and is treating patient as T1c.

1. What is the code for CS Extension – Clinical Extension?
   1. **150: Tumor identified by needle biopsy (clinically inapparent); Stated as cT1c with no other info on clinical extension**
   2. 240: Clinically apparent tumor confined to prostate, NOS
   3. 300: Localized NOS; Not stated if T1 or T2, clinically apparent or inapparent
   4. 999: Unknown

Patient noted to have an abnormal DRE and elevated PSA. Biopsy reveals adenocarcinoma of the prostate.

1. What is the code for CS Extension – Clinical Extension?
   1. 150: Tumor identified by needle biopsy (clinically inapparent); Stated as cT1c with no other info on clinical extension
   2. 240: Clinically apparent tumor confined to prostate, NOS
   3. **300: Localized NOS; Not stated if T1 or T2, clinically apparent or inapparent**
   4. 999: Unknown

Palpable abnormal prostate contains bilateral palpable nodules. Ultrasound identified hypoechoic lesions in bilateral apexes. Prostate sonogram results were abnormal. Prostate biopsy revealed adenocarcinoma in 12 of 12 cores. Radical prostatectomy operative report documents extraprostatic extension with tumor extending to and invading the levator ani muscle on the right side. Levator muscle was not biopsied. Path report from prostatectomy documents invasion of bilateral seminal vesicles, extraprostatic extension noted.

1. What is the code for CS Extension – Clinical Extension?
   1. 150: Tumor identified by needle biopsy (clinically inapparent); Stated as cT1c with no other info on clinical extension
   2. **230: Involves both lobes/sides (clinically apparent); Stated as cT2c with no other info on clinical extension**
   3. 240: Clinically apparent tumor confined to prostate NOS: Stated as cT2 NOS with no other info on clinical extension
   4. 300: Localized NOS
2. What is the code for CS TS/Ext Eval?
   1. 0: Evaluation based on physical examination including DRE, imaging examination, or other non-invasive clinical evidence
   2. 1: Evaluation based on endoscopy, diagnostic biopsy (needle core biopsy or fine needle aspiration biopsy), TURP or other invasive techniques
   3. **4: Prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation**
3. What is the code for SSF3: CS Extension – Pathologic Extension?
   1. 450: Extension to seminal vesicles
   2. 490: Periprostatic extension NOS
   3. **520: Extension to levator muscles**
   4. 999: Unknown

Final pathologic diagnosis:

1. Prostate gland right base core needle biopsy: Adenocarcinoma, Gleason’s score 3 + 4 = 7, with perineural invasion, occupying 100% of specimen and measuring 0.9 cm
2. Prostate gland right lateral mid core needle biopsy: Adenocarcinoma, Gleason’s score 3 + 4 = 7, with perineural invasion, occupying 95% of core and measuring approximately 1.4 cm
3. Prostate gland right mid core needle biopsy: Adenocarcinoma, Gleason’s score 3+ 3 = 6, occupying 100% of specimen and measuring 1.2 cm
4. Prostate gland right apex core needle biopsy: Adenocarcinoma, Gleason’s score 3 + 3 = 6, occupying 100% of core and measuring approximately 1.3 cm
5. Prostate gland left base core needle biopsy: Focal rare atypical glands, non-diagnostic
6. Prostate gland left lateral mid core needle biopsy: Benign prostate tissue
7. Prostate gland left mid core needle biopsy: Benign prostate tissue
8. Prostate gland left apex core needle biopsy: Focal rare atypical glands, non-diagnostic
9. What is the code for SSF12: Number of Cores Positive?
   1. **004**
   2. 008
   3. 991: Biopsy cores positive, number unknown
   4. 999: Unknown
10. What is the code for SSF13: Number of Cores Examined?
    1. 004
    2. **008**
    3. 991: Biopsy cores examined, number unknown
    4. 999: Unknown

Source: <http://cancerbulletin.facs.org/forums/showthread.php?6644-SSF-12-amp-13-Prostate>

# Quiz 3

1. Active Surveillance typically involves which of the following (circle all that apply)?
   1. **PSA testing every 3-6 months**
   2. **DRE as often as every 6-12 months**
   3. CT or MRI every 6-12 months
   4. **Repeat biopsies every 6-18 months**
2. Which of the following statements is false?
   1. **Stimulating androgen production will cause prostate cancer tumors to shrink.**
   2. Androgens are produces by the testes
   3. Androgens are produces in the adrenal glands
   4. Testosterone is a type of androgen
3. Frequent two and three dimensional imaging during a course of radiation is known as…
   1. IMRT
   2. **IGRT**
   3. 3D-CRT
   4. Proton Therapy
4. Patients with a clinical T1c, Gleason Score of less than 6, and a PSA less than 10ng/mL, fewer than 3 prostate biopsies, and a PSA density of <0.15 ng/mL/g would be considered to be at what risk level of recurrence?
   1. **Very low**
   2. Intermediate
   3. High
   4. Very high
5. A patient opting for a prostatectomy may not have a pelvic lymph node dissection based on what information?
   1. PSA over 10ng/mL
   2. TRUS
   3. **<2% predicted probability of nodal mets based on the Partin nomogram**
   4. DRE