## Quiz

1. 10/11/12 CT scan abdomen/pelvis: Metastatic liver disease with probable primary colon malignancy.

10/17/12 Colonoscopy with polypectomy: Adenocarcinoma of sigmoid colon measuring at least 6 mm in diameter arising within a tubulovillous adenoma with high grade dysplasia. Tumor invades submucosa and extends to cauterized margin.

10/29/12 Patient begins chemotherapy.

2/5/13 Sigmoid colectomy: 2 mm focus of well differentiated intramucosal adenocarcinoma.

What is the code for grade?

* 1. 1 Well differentiated
  2. 4 High grade
  3. **9 Unknown**

1. Final pathologic diagnosis: Well differentiated noninvasive adenocarcinoma in a sigmoid colon polyp. What is the code for grade?
2. **1 Well differentiated**
3. 9 Unknown
4. Final pathologic diagnosis: Moderately differentiated transitional call carcinoma of the bladder with a focus of poorly differentiated carcinoma. What is the code for grade?
   1. 2 Moderately differentiated
   2. **3 Poorly differentiated**
   3. 9 Unknown
5. Final pathologic diagnosis: Endometrial adenocarcinoma confined to the endometrium with a focus of well differentiated in situ adenocarcinoma. What is the code for grade?
   1. 1 Well differentiated
   2. **9 Unknown**
6. Total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO): 3 cm lesion of the endometrium, poorly differentiated papillary serous adenocarcinoma, invades inner half of the myometrium. What is the histology code?
   1. 8260/3 Papillary adenocarcinoma
   2. 8323/3 Mixed cell adenocarcinoma
   3. 8441/3 Serous adenocarcinoma
   4. **8460/3 Papillary serous adenocarcinoma**

Rationale: Other sites rule H11: Code the histology when only 1 histologic type is identified.

1. 12/4/12 Abdominal/pelvic CT scan: Sigmoid lesion, most likely malignant; pericolic lymphadenopathy; liver lesions, possibly metastastic.

12/11/12 Hemicolectomy, lymph node dissection, & wedge resection of liver: 4 cm sigmoid colon adenocarcinoma invaded pericolic fat; 2/20 pericolic nodes with metastasis; liver lesions benign.

What is the code for surgical procedure/other site?

* 1. 0 None
  2. 3 Non primary surgical procedure to distant lymph nodes
  3. **4 Non primary surgical procedure to other distant sites**
  4. 5 Combination of 3 and 4

1. Final pathologic diagnosis: 1.5 cm lesion of right thyroid lobe with follicular carcinoma and papillary microcarcinoma. What is the histology code?
   1. 8260/3 Papillary adenocarcinoma
   2. 8330/3 Follicular adenocarcinoma
   3. **8340/3 Papillary carcinoma, follicular variant**
   4. 8341/3 Papillary microcarcinoma

Rationale: H15: Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant.

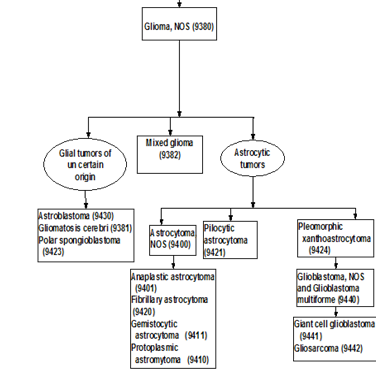
1. Biopsy proven squamous cell carcinoma of the oropharynx. CT scan of neck shows 3 cm oropharyngeal mass, 1.5 cm cervical lymph node, probably malignant, 7 cm submandibular nodal mass, probably malignant and probably made up of multiple nodes. What is the code for SSF1 (Size of Lymph Nodes)?
   1. 015
   2. 030
   3. **070**
   4. 999 Unknown
2. Patient had extensive urothelial bladder cancer 5 years ago and had radical cystectomy with Indiana pouch reconstruction. Indiana pouch was made from ascending colon. In January 2013 patient is diagnosed with adenocarcinoma of the Indiana pouch. What is the primary site?
   1. C18.2 Ascending colon
   2. C18.9 Colon NOS
   3. **C67.9 Bladder NOS**
   4. C80.9 Unknown primary site
3. 1/15/13 CT scan of chest: 3.5 cm soft tissue mass of chest wall

1/22/13 Resection of chest wall mass: Superficial invasive sarcoma, right chest wall.

What is the code for CS TS/Ext Eval?

* 1. 0 Non-invasive clinical evidence
  2. **3 Surgical resection**

1. Which of the following is not a reportable case if they are a primary of the brain?
   1. Hemangioma, nos (9120/0)
   2. Cavernous hemangioma (9121/0)
   3. **Venous hemangioma (9122/0)**
   4. None of the histologies above are reportable for primaries of the brain
2. Based on the chart below indicate all of the histology combinations that are on the same branch.
   1. Astroblastoma (9430) and Astrocytoma (9400)
   2. **Astrocytoma, NOS (9400) and Gemistocytic Astrocytoma (9411)**
   3. **Glioma, NOS (9380) and Mixed Glioma (9382)**
   4. Astrocytoma, NOS (9400) and Glioblastoma, NOS (9440)



1. *Histologic grade* can be coded for which of the following site/histology combinations based on rules documented in the AJCC Manual?
   1. Small cell carcinoma of any site
   2. Large cell carcinoma of the lung
   3. Specific histologies for CNS listed in table 56.3 of the AJCC 7th Ed.
   4. **None of the above (table 56.3 can only be used to code WHO grade for CS SSF 1)**
2. A tumor located at the 3:30 position of the right breast would be coded to…
   1. Upper inner quadrant (C50.2)
   2. **Lower inner quadrant (C50.3)**
   3. Overlapping lesion of the breast (C50.8)
   4. Breast, NOS (C50.9)
3. Genomic testing like that done for the Oncotype DX can be used to predict…(Circle all that apply.)
   1. If genes have mutated
   2. **How likely (or unlikely) the breast cancer will recur**
   3. **How likely the chemotherapy will be of benefit**
   4. **How likely radiation therapy will be of benefit**
4. A breast cancer patient had lumpectomy and axillary node dissection on 1/14/13. She returned on 1/21/13 for a simple mastectomy. No further surgical procedures were done. The surgery code for the 1/21/13 procedure would be…
   1. 22-Lumpectomy
   2. 41-Simple mastectomy without removal of contralateral breast
   3. **51- Modified Radical Mastectomy without removal of uninvolved contralateral breast**
   4. 80-Mastectomy, NOS
5. A breast cancer patient has opted to have breast conserving surgery (i.e. lumpectomy) as the only surgical treatment. We would expect the patient to go on and have ….
   1. Tamoxifen
   2. Herceptin
   3. Adriamycin
   4. **Radiation**
6. For a patient under the age of 70 with AJCC Stage II infiltrating ductal carcinoma that is ER, PR, and HER2/neu negative, we would normally expect to see which type(s) of adjuvant therapy? (Circle all that apply.)
   1. Tamoxifen and/or an aromatase inhibitor
   2. Trastuzumab (Herceptin)
   3. **Chemotherapy**
   4. Active surveillance
7. For the purpose of applying the MP/H rules, the term "synchronous" means…
   1. Two or more tumors diagnosed during the same procedure
   2. Two or more tumors diagnosed on the same day
   3. **Two or more tumors diagnosed at the same time or less than or equal to 60 days apart**
   4. Two or more tumors diagnosed more than 60 days apart
8. A patient is diagnosed with a papillary urothelial carcinoma of the bladder on 1/6/09. On 6/13/10 he is found to have a papillary urothelial carcinoma of the right renal pelvis. On 1/14/13 he is found to have an urothelial carcinoma of the ureter. On 7/14/13 he is found to have urothelial carcinoma of the right renal pelvis.

According to rule M7 this patient has two primaries (Rule M7-Tumors diagnosed more than three (3) years apart are multiple primaries). What is the data of diagnosis for the second primary?

* 1. 6/13/10
  2. **1/14/13**
  3. 7/14/13
  4. None of the above