**Take Home Quiz 1**

**Please complete the quiz below prior to the session. Use the Multiple Primary and Histology Rules**

**Case 1**

72 year old white female presents with a nodular thyroid. This was biopsied in her primary care physician’s office and found to be malignant. She is here for a complete thyroidectomy.

Final pathology from total thyroidectomy performed on 7/15/14: Right lobe single papillary thyroid carcinoma, 1.8 cm. Left lobe is positive for multifocal follicular carcinoma. The largest foci measures 0.8 cm. Two lymph nodes submitted are negative for malignancy.

1. How many primaries are present in case 1?
   1. **One**
   2. Two
   3. Three
   4. Four

Rationale: M6 Other Sites

1. What is the histology code?
   1. 8260/3
   2. 8330/3
   3. **8340/3**
   4. Primary 1 8260/3; primary 2 8330/3

Rationale: H27 Other Sites

**Case 2**

10/4/14 Surgical Pathology Report

Final Diagnosis: Lung, right upper lobectomy – two tumor nodules of carcinoma consistent with pulmonary primary identified. One nodule is most likely clear cell carcinoma while the other nodule is consistent with squamous cell carcinoma.

1. How many primaries were present in case 2?
   1. One
   2. **Two**
   3. Three
   4. Four

Rationale: M11

1. What is the histology code?
   1. 8010/3
   2. 8070/3
   3. 8310/3
   4. **Primary 1 8310/3; primary 2 8070/3**

Rationale: Primary 1 H3; primary 2 H3

**Case 3**

2/27/11 Pathology Report

Gross description: The specimen is labeled “bladder tumors” and consists of multiple tan-brown shaggy fragments of tissue aggregating to 7.6 x 5.5 x 1.2 cm. The specimen is entirely submitted in ten cassettes.

Final Diagnosis: Invasive papillary transitional cell carcinoma of bladder.

4/19/14 Pathology Report

Gross description: The specimen is labeled “bladder tumors” and consists of multiple fragments of tissue.

Final Diagnosis: Non-invasive urothelial carcinoma of bladder.

1. How many primaries were present in case 3?
   1. **One**
   2. Two
   3. Three
   4. Four

Rationale: M6

1. What is the histology code?
   1. 8120/2
   2. 8120/3
   3. **8130/3**
   4. Primary 1 8130/3; Primary 2 8120/2

Rationale: H4

**Case 4**

9/3/14 Pathology Report

Final diagnosis right breast excisional biopsy: Ductal carcinoma in situ (DCIS), comedo-carcinoma type. DCIS directly involves one margin and is very close to but clear of several other margins.

9/17/14 Pathology Report

Final Diagnosis right breast simple mastectomy, lumpectomy: Extensive residual intraductal carcinoma, mainly in the lateral half of the lumpectomy specimen. Right axillary sentinel lymph nodes: Two lymph nodes with reactive lymphoid hyperplasia and sinus histiocytosis, with no granuloma and no metastatic tumor.

1. How many primaries were present in case 4?
   1. **One**
   2. Two
   3. Three
   4. Four

Rationale: M3

1. What is the histology code?
   1. 8500/2
   2. 8500/3
   3. **8501/2**
   4. Primary 1 8501/2; primary 2 8500/2

Rationale: H3

**Case 5**

A patient has a long history of urinary tract malignancies. How many primaries does this patient have?

* 6/29/06 – non-invasive papillary urothelial carcinoma - bladder trigone.
* 1/17/07 - non-invasive papillary urothelial carcinoma - left ureteral orifice (ureter inspected & no tumor in the ureter).
* 4/13/09 - non-invasive papillary urothelial carcinoma - left ureteral orifice (no tumor in ureter).
* 3/1/12 - non-invasive papillary urothelial carcinoma 8130/2 - multiple tumors in the bladder; tumor around & within left ureteral orifice; tumor in lower third of ureter up to pelvic brim (tumor in ureter not biopsied)
* 2/25/13 - non-invasive papillary urothelial carcinoma - multiple bladder lesions; distal ureter lesion (path report calls specimens urinary bladder mucosa biopsy & urinary bladder mucosa, bladder neck biopsy; the op report does not specifically say that the ureter lesion was biopsied).
* 5/30/14 - non-invasive papillary urothelial carcinoma - multiple bladder lesions.
* 12/15/14 non-invasive papillary urothelial carcinoma - multiple bladder lesions; a separate tumor is identified in the distal ureter, but not biopsied.
* 1/20/15 - non-invasive papillary urothelial carcinoma - left ureterectomy.

1. How many primaries were present in case 5?
   1. One
   2. **Two**
   3. Three
   4. Four

Rationale: M8

1. What is the histology code?
   1. 8120/2
   2. 8120/3
   3. Primary 1 8120/2; primary 2 8120/2
   4. **Primary 1 8130/2; primary 2 8130/2**

Rationale: H3

**Take Home Quiz 2**

**Please complete the quiz below prior to the session. Use CS v02.05.**

Melanoma

Patient had palpable right axillary node but no breast or skin lesions present. Fine needle aspiration of axillary lymph node diagnosed malignant melanoma. Thorough skin examination was done, but no skin lesion was identified. All imaging was normal. Patient had axillary lymph node dissection with 2 of 12 lymph nodes positive for metastatic malignant melanoma.

1. What is the CS Lymph Nodes code?

**100**

1. What is the CS Mets at DX code?

**00**

Colon/rectum

Fifty-year-old male reports for screening colonoscopy. All systems normal; no symptoms of colorectal cancer.

Colonoscopy with polypectomy: 1 polyp identified and excised; no other abnormalities.

Final diagnosis: Adenocarcinoma in tubular adenoma invades the submucosa of polyp stalk; margins clear.

No other treatment needed.

1. What is the code for CS Extension?

**160**

1. What is the code for CS Lymph Nodes?

**000**

Liver

MRI: Multiple liver tumors, largest is 4 cm, in both liver lobes; vascular invasion is present. No lymphadenopathy. Abnormalities noted in pelvic bone.

Core biopsy of largest liver tumor: Hepatoma, poorly differentiated.

Chest x-ray: Normal.

Bone scan: Metastatic disease in pelvic bone.

Liver is cirrhotic. Child Pugh class is C; MELD score is 39.

1. What is the CS Extension code?

**440**

1. What is the SSF2 (Fibrosis Score) code?

**001**

Lung

CT scan: 4 cm tumor, right upper lobe of lung; right mediastinal lymphadenopathy; no pleural effusion

Bronchoscopy with right upper lung lobe biopsy: Poorly differentiated adenocarcinoma.

Mediastinoscopy with right mediastinal lymph node sampling: 3 of 4 mediastinal lymph nodes positive for metastasis.

No surgical resection.

1. What is the code for CS Lymph Nodes?

**200**

1. What is the code for CS Lymph Nodes Eval?

**1**

Testis

10/1/14 Physical exam: 2 month history of right testicular mass. Mass palpated on exam. Most likely testicular cancer.

10/1/14 CT scan chest and abdomen/pelvis: No abnormalities of lung or mediastinum. 2 cm para-aortic lymph node mass, malignant. No other abnormalities of abdomen/pelvis.

Pre-operative LDH, hCG, and AFP within normal limits.

10/15/14 Right orchiectomy: 3 cm seminoma invades tunica albuginea.

11/19/14 Begins adjuvant chemotherapy.

1/28/15 Retroperitoneal lymph node dissection: 2/30 lymph nodes positive for metastasis.

1. What is the code for CS Lymph Nodes?

**100**

1. What is the code for CS Lymph Nodes Eval?

**0**

Uterus

Clinical exam & colposcopy: 1 cm visible cervical lesion; no lymphadenopathy

Chest x-ray: Normal

Curettage & cervical biopsy: Squamous cell carcinoma, primarily in situ, with a small component of tumor with 1 mm stromal invasion.

Trachelectomy: Residual squamous cell carcinoma in situ; margins clear.

1. What is the code for CS Extension?

**200**

1. What is the code for CS Tumor Size/Ext Eval?

**3**

Breast

12/1/14 Right breast core biopsy: Infiltrating ductal carcinoma.

12/1/14 HER2 IHC: 2+; borderline

HER2 FISH: Ratio 1.2; within normal limits

1. What is the code for SSF8?

**020**

1. What is the code for SSF9?

**030**

1. What is the code for SSF10?

**120**

1. What is the code for SSF11?

**020**

1. What is the code for SSF15?

**020**