# **Solid Tumor Quiz**

**Use Solid Tumor Coding Manual, 2018 ICD-O updates, and ICD-O-3 Manual**

# **Breast**

## Case 1

A patient presented with a suspicious mass in her left breast. A core biopsy was positive for DCIS. She went on to have a sentinel node biopsy and partial mastectomy.

A.  SENTINEL LYMPH NODE #1, LEFT AXILLA; BIOPSY (88305 T-C4000 P-1141):

          -- One lymph node, negative for metastatic tumor (0/1)

                   (T-08000 M-00100 M-09450 785.6)

          -- See comment

B.  SENTINEL LYMPH NODE #2, LEFT AXILLA; BIOPSY:  (88305 T-C4000 P-1141):

          -- One lymph node, negative for metastatic tumor (0/1)

                   (T-08000 M-00100 M-09450 785.6)

          -- See comment

C.  LEFT BREAST, CENTRAL; PARTIAL MASTECTOMY (T-04000 P-1100 88307):

-- Micro invasive mucinous ductal carcinoma, with papillary and micro papillary features, Nottingham grade 1/3 measuring 1.2 cm in greatest dimension and < 0.1 cm from closest inferior margin (C9)

          -- Non-neoplastic mammary tissue shows atypical ductal hyperplasia,

                   Ductal hyperplasia of usual type, columnar alterations, fibrocystic change

                   With apocrine metaplasia and dense nodular stromal fibrosis

          -- See cancer staging summary

D.  LEFT BREAST, LATERAL; PARTIAL MASTECTOMY (T-04000 P-1100 88307):

          -- Ductal carcinoma in-situ, Van Nuys grade 2 of 3, papillary, micro papillary

                   and cribriform subtypes with micro calcification and focal necrosis, measuring

                   2.4 cm in greatest dimension in association with a sclerosing papilloma

                   and present < 0.1 cm from both medial and lateral margins (D9, D13)

            -- Non-neoplastic mammary tissue shows with atypical ductal hyperplasia,

                   usual duct hyperplasia, fibrocystic changes with apocrine metaplasia

                   and duct ectasia

          -- One benign intramammary lymph node, negative for metastatic tumor (0/1)

          -- See cancer staging summary

1. How many Primaries are present and what rule did you use to determine this?
2. Assign a topography and histology code for each primary.

## Case 2

2/1/18 A patient presents with a biopsy confirmed carcinoma in the upper outer quadrant of her left breast. She presents today for a sentinel node procedure and lumpectomy. Pathology is below.

Final Diagnosis:

Left axillary sentinel lymph node #1, excision:

* Metastatic, well differentiated carcinoma (+1/1).
* Left axillary sentinel lymph node #2, excision: No neoplasm identified (0/1).

Left breast, excisional biopsy:

* Well differentiated invasive ductal carcinoma and, (Nottingham grade 1) adjacent to a previous breast biopsy site with contained suture material.
* Separate, approximately 0.4 cm tubulolobular carcinoma (Nottingham grade 1) near deep margin at medial edge of biopsy specimen, with extension of carcinoma to within less than 1 mm of the inked deep (posterior) specimen margin.

1. How many Primaries are present and what rule did you use to determine this?
2. Assign a topography and histology code for each primary.

# **Lung**

A patient was found to have a tumor in the upper lobe of his right lung and another tumor in the lower lobe of his right lung. A biopsy of the right upper lobe tumor confirmed adenocarcinoma. The patient had a wedge resection of the right lower lobe and resection of the right upper lobe. Pathology from the surgical procedure is below.

**Pathology**

1. LUNG, RIGHT LOWER LOBE, WEDGE RESECTION:
   * Invasive mucinous adenocarcinoma
   * Tumor size:  1.0 cm
   * Carcinoma approximates the parenchymal margin, see part 7 for final margin status
2. LYMPH NODE, LEVEL 7, EXCISION:
   * One lymph node negative for carcinoma (0/1)
3. LYMPH NODE, LEVEL 11, EXCISION:
   * One lymph node negative for carcinoma (0/1)
4. LYMPH NODE, LEVEL 12, EXCISION:
   * One lymph node negative for carcinoma (0/1)
5. LUNG, RIGHT UPPER LOBE, LOBAR RESECTION:
   * Invasive acinar adenocarcinoma
   * Tumor size:  1.8 cm
   * Margins negative for carcinoma
6. LUNG, ADDITIONAL RIGHT UPPER LOBE, WEDGE RESECTION:
   * Negative for carcinoma
7. LUNG, ADDITIONAL RIGHT LOWER LOBE, WEDGE RESECTION:
   * Negative for carcinoma
8. How many Primaries are present and what rule did you use to determine this?
9. Assign a topography and histology code for each primary.