# Take Home Quiz (6)

Please complete the quiz below prior to the session

**Use CS v02.05 and the AJCC Cancer Staging Manual 7th Ed. to answer the quiz questions.**

Prostate

Patient was admitted for cystoprostatectomy for known bladder cancer. Discharge diagnosis: Papillary transitional cell carcinoma, bladder wall, invading muscle. Incidental finding of prostate adenocarcinoma.

Cystoprostatectomy path report: Papillary transitional cell carcinoma of lateral bladder wall with deep invasion of muscularis propria. Prostate adenocarcinoma identified incidentally involves less than 5% of the left lobe. Two pelvic nodes were dissected and were negative for metastasis.

1. What is the code for CS Extension - Clinical Extension?
	1. 130
	2. 240
	3. 300
	4. **999**
2. What is the code for CS SSF3 CS Extension – Pathologic Extension?
3. 200
4. **210**
5. 230
6. 300
7. What is the code for CS TS/Ext-Eval?
8. 1
9. 3
10. **4**
11. 9
12. What is the directly coded clinical T category?
	1. **X or blank**
	2. 0
	3. 1a
	4. 2a
13. What is the directly coded pathologic T category?
	1. 2
	2. **2a**
	3. 3
	4. 4

Patient had elevated PSA. Palpable nodule in right prostatic lobe identified by DRE. Sextant biopsies diagnosed adenocarcinoma in 20% of right lobe tissue. Patient treated with external beam radiation.

1. What is the code for CS Extension - Clinical Extension?
	1. 140
	2. 150
	3. **200**
	4. 300
2. What is the code for CS SSF3 CS Extension – Pathologic Extension?
	1. 210
	2. 300
	3. 950
	4. **970**
3. What is the code for CS TS/Ext-Eval?
	1. **0**
	2. 1
	3. 4
	4. 9
4. What is the directly coded clinical T category?
	1. X
	2. 1b
	3. **2**
	4. 3
5. What is the directly coded pathologic T category?
	1. **Blank**
	2. 1b
	3. 2a
	4. 3

Breast

Routine mammogram showed 6 cm abnormal mass of the right breast. Physical exam revealed no skin abnormalities of right breast. Core biopsy performed and diagnosed moderately differentiated infiltrating duct carcinoma. Sentinel biopsy removed three axillary nodes, and one was positive for duct carcinoma with metastasis greater than 2 mm. Patient was treated with neoadjuvant chemotherapy followed by wedge resection of right upper outer breast quadrant and lymph node dissection. Path report documented 1.3 cm duct carcinoma and no metastasis in 15 axillary nodes.

1. What is the code for CS Tumor Size?
	1. 002
	2. 013
	3. **060**
	4. 999
2. What is the code for CS Extension?
	1. **100**
	2. 170
	3. 190
	4. 999
3. What is the code for CS Tumor Size/Ext Eval?
	1. 1
	2. 3
	3. **5**
	4. 6
4. What is the code for CS Lymph Nodes?
	1. 000
	2. 250
	3. **255**
	4. 600
5. What is the code for CS Reg Nodes Eval?
	1. 3
	2. **5**
	3. 6
	4. 9
6. What is the code for Regional Nodes Positive?
	1. 00
	2. **01**
	3. 95
	4. 97
7. What is the code for Regional Nodes Examined?
	1. 03
	2. 15
	3. **18**
	4. 98
8. What is the directly coded AJCC stage?
	1. **Clinical T3 N1 M0 Stage Group IIIA**
	2. Y pathologic T1a N0 M blank Stage Group IA
	3. Pathologic T3 N1 M0 Stage Group IIIA
	4. Both a and b

Lung

CT scan of chest: Right lower lobe pleural based lung mass, 4.5cm; right hilar lymphadenopathy, most likely malignant. Metastatic nodules in left lung lower lobe. MRI and bone scan: Negative for metastasis. Aspiration biopsy of lung: squamous cell carcinoma, poorly differentiated.

1. What is the code for CS Extension?
	1. **100**
	2. 300
	3. 430
	4. 999
2. What is the code for CS Lymph Nodes?
	1. 000
	2. **100**
	3. 500
	4. 999
3. What is the code for CS Mets at DX?
	1. 00
	2. **23**
	3. 40
	4. 41
4. What is the directly coded AJCC clinical stage?
	1. T2a N1 M0 Stage Group IIA
	2. **T2a N1 M1a Stage Group IV**
	3. T2a NX M1a Stage Group IV
	4. T3 N1 M1a Stage Group IV

Colon

Colonoscopy with polypectomy: Adenocarcinoma arising in pedunculated villous adenoma of sigmoid; tumor invades into the submucosa within the stalk of the polyp. Base of the polyp stalk is identified and free of tumor.

Hemicolectomy and pericolic node dissection: No residual tumor; no metastasis in 6 nodes.

1. What is the code for CS Extension?
	1. 140
	2. 150
	3. **160**
	4. 950
2. What is the code for CS Tumor Size/Ext Eval?
	1. 0
	2. 1
	3. **3**
	4. 9
3. What is the directly coded AJCC pathologic T category?
	1. X
	2. 0
	3. **1**
	4. 2

Sigmoid resection and lymph node dissection path report: Adenocarcinoma, 3 cm, sigmoid colon, involves the wall. There was intraluminal extension to the descending colon. Pericolonic adipose tissues demonstrate metastatic replaced lymph nodes, discontinuous satellite nodular spread, and lymphovascular invasion. An absolute count of involved regional nodes cannot be determined, but more than six effaced nodular appearing lymph node areas are noted; pT3 pN2.

1. What is the code for CS Lymph Nodes?
	1. 050
	2. 110
	3. 300
	4. **480**
2. What is the code for Regional Nodes Positive?
	1. 06
	2. 07
	3. **97**
	4. 99
3. What is the code for Regional Nodes Examined?
	1. 06
	2. 07
	3. **97**
	4. 99
4. What is the code for SSF4?
	1. 000
	2. 006
	3. **990**
	4. 999

Bladder

TURB path: Papillary urothelial carcinoma of bladder with no invasion of bladder wall.

1. What is the code for CS Extension?
	1. 010
	2. **030**
	3. 060
	4. 240
2. What is the code for CS Tumor Size/Ext Eval?
	1. 0
	2. **1**
	3. 3
	4. 9
3. The directly coded AJCC cancer stage is pTa cN0 cM0 clinical and pathologic stage 0A
	1. **True**
	2. False

TURB pathology: Bladder cancer in lateral wall; 1 cm urothelial carcinoma that deeply invades the muscularis propria.

Cystectomy: In situ urothelial carcinoma of bladder.

1. What is the code for CS Extension?
	1. 060
	2. 210
	3. **220**
	4. 240
2. What is the code for CS Tumor Size/Ext Eval?
	1. 0
	2. 1
	3. **3**
	4. 9
3. What is the directly coded AJCC clinical T category?
	1. X
	2. Tis
	3. T2a
	4. **T2b**
4. What is the directly coded AJCC pathologic T category?
	1. X
	2. Tis
	3. T2a
	4. **T2b**