# Quiz 1

1. 1/15/15 Laryngoscopy with biopsy: Left true vocal cord lesion involving the anterior commissure and left false vocal cord. Right vocal cord tumor free.

* Final pathologic diagnosis: Moderately differentiated squamous cell carcinoma.

1/20/15 CT head, neck, and chest: Thickening in glottis consistent with known squamous cell carcinoma of left true vocal cord. Left side lymph nodes, two deep cervical and two paralaryngeal, enlarged and suspicious for metastasis. Largest involved node is 3 cm. Lungs are normal.

Patient treated with concurrent chemo radiation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Data Items as Coded in Current NAACCR Layout | | | | |
|  | **T** | **N** | **M** | **Stage** |
| **Clinical** |  |  |  |  |
| **Pathologic** |  |  |  |  |
| **SS2000** | |  | | |

1. A patient presents to his physician complaining of blood in the stool for the last month. On 7/3/15 a colonoscopy was done and a mass and several polyps were seen at 61cm. The mass was biopsied and the polyps were removed. On 7/21/15 a segmental resection was performed.

Pathology:

7/3/15-Biopsy of the mass was consistent with adenocarcinoma. Polyps were negative for malignancy.

7/21/15- Segmental resection:

* Tumor Site: Descending Colon
* Largest tumor dimension: 1.5cm
* Histology Type: Adenocarcinoma
* Tumor Extension: Tumor invades into, but not through the lamina propria
* Circumferential Margin: Negative
* Lymph-vascular invasion: Not identified
* Perineural invasion-Not present
* Number of lymph nodes involved-00
* Number of lymph nodes examined-21

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Data Items as Coded in Current NAACCR Layout | | | | |
|  | **T** | **N** | **M** | **Stage** |
| **Clinical** |  |  |  |  |
| **Pathologic** |  |  |  |  |
| **SS2000** | |  | | |

# Quiz 2

1. A patient presents complaining of a cough and chest pain present for 6 months and resent onset of hemoptysis. On 3/10/15 the patient had a CT of the chest/abdomen/pelvis that showed a 2.2cm nodule in the right lower lobe of the lung and a lesion on the left adrenal gland that is suspicious for metastasis. A CT guided biopsy of the adrenal gland was positive for metastatic small cell carcinoma most likely from a lung primary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **T** | **N** | **M** | **Stage Group** |
| **Clinical** |  |  |  |  |
| **Pathologic** |  |  |  |  |
| **SS2000** |  | | | |

1. A patient presents to her physician with a suspicious lesion on her left calf. No lymphadenopathy was identified. The physician excised the lesion and pathology showed lentigo maligna melanoma. This was followed by a sentinel lymph node biopsy and wide excision.

Pathology:

Excisional biopsy:

* Lentigo maligna melanoma
* Breslow depth 1.5mm
* Clark level II
* No perineural invasion
* Margins negative

Sentinel lymph node biopsy:

* No metastasis identified in 3 lymph nodes

Wide Excision

* No residual melanoma identified

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **T** | **N** | **M** | **Stage Group** |
| **Clinical** |  |  |  |  |
| **Pathologic** |  |  |  |  |
| **SS2000** |  | | | |