**Histology Coding**

1. Biopsy of a right thyroid nodule reveals papillary carcinoma. What is the ICD-O-3 code?
	1. 8050/3 - Papillary carcinoma
	2. 8260/3 - Papillary adenocarcinoma
2. Ductal or Ductular are synonyms for ductal carcinoma, frequently found in the breast.
	1. True
	2. False
3. What is the histology code for micropapillary carcinoma of the Thyroid?
	1. 8341/3 papillary microcarcinoma
	2. 8260/3 papillary adenocarcinoma
4. Which of the following is an alternate name for diffuse large B-cell lymphoma (DLBCL). Circle any that apply
	1. Splenic EBV-associated B-cell lymphoproliferative disorder
	2. B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma
	3. Double hit lymphoma
	4. b & c
	5. All of the above
5. What is the correct histology code for Follicular lymphoma grade 1-2?
	1. 9690/3 Follicular Lymphoma NOS
	2. 9695/3 Follicular Lymphoma grade 1
	3. 9691/3 Follicular lymphoma grade 2
6. Patient diagnosed with high grade endometrioid adenocarcinoma with squamous differentiation. What is the correct histology code?
	1. 8560/3-Adenosquamous carcinoma
	2. 8380/3- Endometrioid Adenocarcinoma
	3. 8570/3-Adenocarcinoma with squamous metaplasia
7. Site Corpus Uteri. Histology is papillary serous adenocarcinoma. What is the correct histology code?
	1. 8323/3
	2. 8260/3
	3. 8460/3
8. Site Corpus Uteri: Histology is Endometrioid and clear cell carcinoma.
	1. 8323/3
	2. 8380/3
	3. 8310/3

**Multiple Primary Rules**

1. **Lung**

Left upper lung lobectomy reveals two tumor: #1) 1.2cm Adenocarcinoma, poorly differentiated (Grade 3), confined to lung. #2) 0.9cm Adenocarcinoma, well-differentiated (grade 1), confined to lung. Pathology Comment: The two tumors, although both adenocarcinoma, show markedly different histologies and are considered synchronous primaries. Multiple synchronous primaries are staged separately according to the 7th edition AJCC.

How many primaries should be reported?

Which MPH rule is used?

1. **Bladder**1/5/15 Bladder base tumor identified on cystoscopy; biopsied. Pathology reveals urothelial carcinoma in situ. PE: Abdomen no palpable masses. H&P otherwise WNL. Treatment plan is TURBT on 1/23/15. Progress Note: Patient canceled scheduled surgery due to her mother’s death. She will be out of state handling the estate and will reschedule upon her return. 3/1/2016 CT Ab/pelvis: Bladder size normal, no evidence of bladder wall thickening or suspicious LAD. 3/8/15 TURBT: All visible tumor removed with biopsy of M.P. Pathology: High grade urothelial carcinoma with fragments of fibrovascular tissue and smooth muscle with chronic inflammation and fibrosis at the deep margin. MD TNM Clinical stage is cT2 cN0 cM0 Stage II.

How many primaries should be reported.

Which MP/H rule is used?

1. **Thyroid**
* 1/5/10 Left thyroid lobectomy for follicular carcinoma
* 4/10/10 Right thyroid lobectomy, papillary carcinoma, follicular variant.

How many primaries should be reported?

Which MP/H rule is used?

1. **Breast**

Right breast lumpectomy. Pathology: Multifocal breast cancer demonstrating one 0.8 cm infiltrating ductal carcinoma in the right UOQ, moderately differentiated, with a second 0.5 cm infiltrating ductal ca, moderately differentiated, as well as a 1.9 cm area of intraductal carcinoma. Lumpectomy margins including deep margins are clear.

How many primaries should be reported?

Which MP/H rule is used?

1. **Colon**

Sigmoidcolectomy reveals a large colon polyp and 2cm adjacent but separate from the polyp is a 1.8 cm sessile friable tumor. Pathology reveals focal invasive adenocarcinoma in a tubulovillous adenoma, as well as a 2.2cm moderately differentiated adenocarcinoma extending into the musuclaris propria. 0/22 lymph nodes are positive. No perineural invasion. CRM negative by 4cm.

How many primaries should be reported?

Which MP/H rule is used?

**Site Specific Factors**

**LUNG**

Patient has 1.2cm RUL Adenocarcinoma, and a 2.2cm RML squamous cell carcinoma of the lung.

1. How should you code SSF1- Separate tumor nodules-ipsilateral lung
2. 000 No separate tumor nodules
3. 010 Separate tumor nodules in ipsilateral lobe, same lung
4. 020 separate tumor nodules in ipsilateral lobe, different lobe
5. If you have a lung cancer with multiple pulmonary nodules in the right lung upper lobe, middle lobe and lower lobe, and biopsy of one of the pulmonary nodules in the Upper lobe is positive for carcinoma, would you consider all the described pulmonary nodules to be malignant when coding SSF 1?
	* 1. Yes
		2. No

**ENDOMETRIUM #1**

TAH/BSO: HG serous adenoca of endometrium, 12cm, tumor invading 99% of myometrium, +LVI. Lt fallopian tube involved by met serous adenoca on the surface. Cervix neg. 1/5 obturator LNs pos; 2/15 pelvic LNs positive; 0/1 common iliac LN pos. 1/5 para-aortic LNs positive

3. What is SSF 2 – Peritoneal Cytology
 a. 000
 b. 010
 c. 997
 d. 998
 e. 999

4. What is SSF 3- Number of Positive Pelvic LNs? \_\_\_\_\_

5. What is SSF 4 – Number of Examined Pelvic LNs?\_\_\_\_

6. What is SSF 5 – Number of Positive Para-Aortic LNs?\_\_\_\_\_

7. What is SSF 6 – Number of Examined Para-Aoritic LNs? \_\_\_\_\_

8. What is number of Regional LNs positive?\_\_\_\_\_

9. What is the number Regional LNs examined? \_\_\_\_\_

**ENDOMETRIUM #2**

TAH/BSO, tumor debulking, omentectomy and lymphadenectomy: 3cm mixed cell adenoca (mostly high-gr serous ca w/minor endometrioid adenoca) in endometrium, invades inner half/47% of myometrium 0.7cm deep; involving parametrium, fundus, body, low uterine segment, cervical stroma, peritoneum, omentum, ovaries, tubes. LVI neg. 2/32 LNs positive.

10. What is SSF 3- Number of positive pelvic LNs? \_\_\_\_\_

11. What is SSF 4- Number of examined pelvic LNs? \_\_\_\_\_

12. What is SSF 5- Number of positive Para-Aortic LNs? \_\_\_\_\_

13. What is SSF 6- Number of examined Para-aortic LNs? \_\_\_\_\_

14. What is the number of Regional LNs positive? \_\_\_\_\_

15. What is the number of Regional LNs examined? \_\_\_\_\_

**ENDOMETRIUM #3**

The lymph node documentation for a uterine cancer was documented in pathology as: 0/5 Rt pelvic LNs, 0/2 Rt common iliac and para-aortic LNs pos, 0/3 L pelvic LNs pos, and 0/4 L common and para-aortic LNs pos.

15.) What is SSF3- Number of positive pelvic LNs? \_\_\_\_\_

16.) What is SSF 4 – Number of examined pelvic LNs? \_\_\_\_\_

17.) What is SSF 5- Number of positive Para-aortic LNs? \_\_\_\_\_

18.) What is SSF 6- Number of examined Para-aortic LNs? \_\_\_\_\_\_

19.) What is the number of regional LNs positive? \_\_\_\_\_

20.) What is the number of regional LN examined? \_\_\_\_\_

**TESTIS**

Patient diagnosed with testicular cancer. Tumor markers at diagnosis were Alpha-fetoprotein: 2628 ng/ml (normal range 0-15 ng/ml), beta-hCG: 696 IU/ml (normal range 2-5 IU/ml), LDH: 936 U/L (normal range 300-600 U/L). Patient underwent orchiectomy. Three weeks post orchiectomy serum tests AFP and Beta-hCG dropped to within normal range, but the LDH continued to be elevated (920 IU/L norm 300-600). Patient began a chemotherapy regimen of BEP (Bleomycin, Etoposide, and Cisplatin) on 9/28/14. The LDH Serum markers normalized upon completion after the 1st round of chemotherapy noted on 11/2/14 with an LDH of 229 IU/L (norm 300-600).

 21.) What is the SSF 13 (Post-Orchiectomy Alpha Fetoprotein Range)? \_\_\_\_\_

 22.) What is SSF 15 (Post-Orchiectomy Human Gonadotrpin (hCG) Range)? \_\_\_\_\_

23.) What is SSF 16 (Post-Orchiectomy Lactate Dehydrogenase (LDH) Range)? \_\_\_\_\_

**THYROID**

55-year old female presents with left neck mass. Exam reveals a 3.0cm mass just lateral to the thyroid, most likely matted lymph nodes. Neck US: 4.4cm soft tissue mass, likely neoplastic; likely representing thyroid malignancy and LN conglomeration. Right thyroid lobe reveals two nodules, one 2.0cm and one 1.4cm. CXR/CT Chest: Negative. Patient undergoes total thyroidectomy with left neck dissection. Pathology reveals papillary carcinoma in the left lobe 2.3 cm with extrathyroidal extension. Right lobe negative; 7+/8 central compartment LNs pos; 1+/3 retropharyngeal LNs. 3+/6 perithyroidal LNs pos.

24.) What is SSF 1- Solitary vs Multifocal tumor? \_\_\_\_\_

25.) What is the number of Regional Nodes Positive? \_\_\_\_\_

26.) What is the number of Regional Nodes Examined? \_\_\_\_\_