# Quiz 1

1. What are the histologic subtypes of mesothelioma?
 a. Epithelioid
 b. Biphasic-sometimes called “mixed”
 c. Sarcomatoid /Desmoplastic
 d. All of the above
2. Which subtype of mesothelioma has the best response rates to chemotherapy?
 a. Desmoplastic
 b. Mesothelioma NOS
 c. Epithelioid
 d. Biphasic
3. Which is the only primary site where mesothelioma occurs that has a formal TNM Staging Schema?
 a. Testis
 b. Peritoneum
 c. Pericardium
 d. Pleura
4. Which primary sites where mesothelioma occurs can you stage using Summary Stage? Circle any that apply.
 a. Pleura
 b. Pericardium
 c. Peritoneum
 d. Testis
5. What percentage of mesothelioma cases can be attributed to asbestos exposure?
 a. 50%
 b. 80%
 c. 25%
 d. 75%
6. Which of the following is not a sinus in the skull?
	1. Maxillary
	2. Frontal
	3. Sphenoid
	4. Pyriform
7. Moderately advanced localized disease in a patient with squamous cell carcinoma of the ethmoid sinus would indicate which of the following?
	1. A large tumor confined to the ethmoid sinus
	2. The grade is moderately differentiated
	3. The patient could potentially have resectable disease
	4. The patient does not have a resectable tumor
8. Which of the following are valid clinical stages for a mucosal melanoma of the maxillary sinus
	1. T1 N0 M0 Stage I
	2. T3 N1 M0 Stage IV
	3. T3 N1 M0 Stage IVA
	4. T4 N1 M0 Stage IVB
9. If a patient has a mucosal melanoma of the ethmoid sinus we use the Rules for Classification from which AJCC Staging Manual chapter?
	1. Chapter 6 Nasal Cavity and Paranasal Sinuses
	2. Chapter 9 Mucosal Melanoma of the Head and Neck
	3. Chapter 31 Melanoma of the Skin
	4. Chapter 50 Malignant Melanoma of the Uvea
10. The primary treatment for mucosal melanomas is…
	1. Surgery
	2. Radiation
	3. Hormone treatment
	4. Chemotherapy

# Quiz 2

1. Merkel cell carcinoma has three subtypes; intermediate, small cell and trabecular. What ICD-0-3 code would be used for merkel cell carcinoma, trabecular type?
 a. 8190
 b. 8247
 c. 8041
 d. 8044
2. Merkel cell carcinomas are very slow growing and surveillance of lesions is not uncommon.
 a. True
 b. False
3. A patient presents with an enlarged cervical lymph node. The lymph node is removed and pathology comes back as merkel cell carcinoma. The patient is examined thoroughly, but no primary lesion is identified. We would code this to…
	1. Skin (C44.9)
	2. Cervical lymph nodes (C77.0)
	3. Lymph nodes NOS (C77.9)
	4. Unknown primary (80.9)
4. All of the following sites are considered part of the uvea except…
	1. Iris
	2. Ciliary body
	3. Choroid
	4. Conjuctiva
5. The most common site for melanoma to occur within the eye is the…
	1. Retina
	2. Choroid
	3. Lets
	4. Cornea
6. If a melanoma of the iris is described as involving less than one quadrant, then that would indicate…
	1. Not more than 3 clock hours are involved
	2. More than 3 clock hours are involved
	3. Extraocular invasion is present
	4. None of the above
7. A patient with a T1 tumor of the conjunctiva would have a tumor located…
	1. Bulbar conjunctiva (part covering the eyeball)
	2. Palpebral conjunctiva (part on the posterior surface of the eyelid)
	3. Inferior fornix (where the bulbar and palpebral conjunctiva meet)
	4. Caruncular conjunctiva (Inside corner)
8. Which of the following statements is *incorrect* concerning patients presenting with bilateral retinoblastoma?
	1. Bilateral retinoblastoma is one primary.
	2. Bilateral retinoblastoma should be staged as a single disease process.
	3. Each eye should be staged separately. The most invasive should be included in the abstract.
	4. Bilateral retinoblastoma should only be assigned a summary stage, not an AJCC stage.

1. Gestational trophoblastic tumors produce large amounts of this tumor marker.
 a.CA-125
 b.CA 15-3
 c. B-hCG
 d. SMRP

1. A patient presents with choriocarcinoma of the placenta. The patient is found to have a single positive parametrial lymph node. Which TNM category would we use to capture this malignant lymph node?
	1. T
	2. N
	3. M
	4. None of the above