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# Quiz 1 Terminology

1. Match the word with the best definition

|  |  |  |
| --- | --- | --- |
| Anemia |  | A: Difficulty swallowing |
| Polyuria |  | B: Restriction in blood supply to tissues, |
| hepatomegaly |  | C: The collapse or closure of the lung  |
| Cyanosis |  | D: Excessive amount of urine |
| Ischemia |  | E: Shortness of breath |
| Dysphagia |  | F: "Without blood" - Low Red Blood Count |
| Atelectasis |  | G: Larger-than-normal liver |
| Dyspnea |  | H: Blueness due to cold or not enough oxygen in blood |

1. Match the word with the definition

|  |  |  |
| --- | --- | --- |
| Hyperthermic |  | A: Under the skin |
| Epidural |  | B: Below the tongue |
| Sublingual |  | C: An enlarged spleen |
| Intravascular |  | D: An increase in normal body temperature |
| Extracapsular |  | E: A space within a blood vessel |
| Splenomegaly |  | F: An area outside of a capsule |
| Hypodermic |  | G: Medication administered above the dura mater |
| Transurethral |  | H: Through the urethra |

1. Match the organ with the surgical procedure

|  |  |  |
| --- | --- | --- |
| Tongue |  | A: Anterior temporal lobectomy |
| Eye |  | B: Gastrectomy |
| Lung |  | C: Glossectomy |
| Stomach |  | D: Cystectomy |
| Gallbladder |  | E: Corneal Transplant |
| Bladder |  | F: Pneumonectomy |
| Brain |  | G: Cholecystectomy |
|  |  |  |

1. Write the standard abbreviation or symbol as documented in NAACCR Standards Volume II next to each term.
	1. Alcohol
	2. At
	3. Black Female
	4. Consistent With
	5. Date of Birth
	6. Left Upper Outer Quadrant
	7. No significant findings
	8. Positive

<http://www.naaccr.org/Applications/ContentReader/Default.aspx?c=17>

1. Match the organ with the regional lymph nodes.

|  |  |  |
| --- | --- | --- |
| Lung |  | A: Hepatic  |
| Breast |  | B: Retroperitoneal |
| Larynx |  | C: Intramammary |
| Ovary |  | D: Cervical |
| Stomach |  | E: Hilar |
| Liver |  | F: Pelvic |
| Kidney |  | G: Pyloric |

1. A paracentesis is done to…
	1. Remove fluid from the abdomen
	2. Evaluate lymph nodes for malignancy
	3. To help control the side effects of chemotherapy
	4. To amplify the effectiveness of radiation
2. A malignant pleural effusion is most likely related to
	1. A CNS primary
	2. A prostate primary
	3. A breast primary
	4. A lung primary

 

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Submandibular  | Mid Jugular  | Preauricular  | Supraclavicular |  |

1. Draw a line from the lymph node name to corresponding location on the illustration.
2. Which of the following correctly describes the layers of the colon wall in order from the inner most to outer most?
	1. Lumen, Mucosa, Submucosa, Muscularis propria, Subserosa, Serosa
	2. Lumen, Mucosa, Submucosa, Muscularis propria, Serosa, Subserosa
	3. Serosa, Mucosa, Submucosa, Muscularis propria, Subserosa, Lumen
	4. None of the above
3. Which of the following is the point at which the trachea divides into the right and left mainstem bronchus?
4. Lingula
5. Hilum
6. Carina
7. Mediastinum
8. The supraglottis is within the:
9. Esophagus
10. Larynx
11. Pharynx
12. Stomach
13. What carries oxygenated blood from the lungs to the heart?
14. Capillaries
15. Lymphatic vessels
16. Pulmonary arteries
17. Pulmonary veins
18. The parietal peritoneum:
19. Covers portions of the lung
20. Lines the abdominal and pelvic walls
21. Covers all of the abdominal organs
22. Connects the colon to the abdominal wall
23. The site of origin of a leiomyosarcoma is most likely the:
24. Cervix
25. Endometrium
26. Myometrium
27. Ovary
28. Pericolic lymph nodes are regional nodes for:
29. Cecum
30. Pancreas
31. Rectum
32. Stomach

# Quiz 2 Basics

1. A patient was diagnosed and treated at your facility three years ago with a meningioma (9530/0) over the left temporal lobe. The patient now presents with a new diagnosis of adenocarcinoma of the lung (8140/3) and a neurofibroma (9540/0) in the central nervous system. Assuming the patient has no additional reportable malignancies assign a sequence (sequence hospital) to each primary as it would look today.
	1. Meningioma \_\_ \_\_
	2. Lung \_\_ \_\_
	3. Neurofibroma \_\_ \_\_
2. A patient was diagnosed at your facility and then referred to a non-staff medical oncologist. The Medical Oncologist did not recommend treatment due to co-morbid disease. The patient did not seek any additional consults and did not get any treatment. The patient was eventually admitted to a hospice facility. What is the Class of Case for this patient?
	1. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
	2. 11 Initial in a staff physician’s office AND part of first course treatment or a decision not to treat was at the reporting facility, NOS
	3. 14 Initial diagnosis at reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
	4. 30 Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere)
3. A patient went into an independent imaging center (not affiliated with your facility or any other facility) for a screening mammogram and is found to have cancer. The radiologist making the diagnosis is on staff at your facility. The patient then came to your facility for all of her treatment. What is the class of case?
	1. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
	2. 11 Initial diagnosis in a staff physician’s office AND part of first course treatment was done at the reporting facility
	3. 12 Initial diagnosis in staff physician’s office AND all first course treatment or a decision not to treat was done at the reporting facility
	4. 22 Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility
4. A patient was diagnosed with cancer in a physician’s office by a physician with staff privileges at Hospital A and Hospital B. The patient underwent surgical resection at Hospital A and chemotherapy at Hospital B. Class of case for Hospital B is …
	1. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
	2. 11- Initial diagnosis in staff physician’s office AND part of first course treatment was done at the reporting facility
	3. 12- Initial diagnosis in staff physician’s office AND all of first course treatment was done at the reporting facility
	4. 21- Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility
5. A patient had a mammogram on 2/15/18. The mammogram showed a suspicious right breast mass at 10:00, 5 cm from the nipple. Ultrasound-guided biopsy is recommended. On 2/21/18 an ultrasound guided core needle biopsy was performed and the pathology showed mammary carcinoma.

What is the Date of Diagnosis?

* 1. 2/15/18
	2. 2/21/18
	3. 99/99/99
	4. None of the above

A patient was admitted as an inpatient to your facility on 1/15/18 with pneumonia. On 1/17/18 (during the same stay) the patient was found to have what the physician referred to as “most likely a malignant melanoma in the center of his back”. On 1/19/18 the patient had the tumor excised and pathology confirmed malignant melanoma.

1. What is the Date of Diagnosis?
2. 1/15/18
3. 1/17/18
4. 1/19/18
5. None of the above
6. What is the Date of First Contact?
7. 1/15/18
8. 1/17/18
9. 1/19/18
10. None of the above
11. What is the laterality?
12. 0 Organ is not a paired site.
13. 3 Only one side involved, right or left origin not specified.
14. 5 Paired site: midline tumor
15. 9 Paired site, but no information concerning laterality
16. A patient is diagnosed with a ductal carcinoma of the breast located at the midline of the right breast. Laterality would be…
17. 1 Origin of primary is right
18. 3 Only one side involved, right or left origin not specified
19. 5 Paired site: midline tumor
20. 9 Paired site, but no information concerning laterality
21. A patient is diagnosed with leukemia based on a bone marrow biopsy. No further tests are done. Diagnostic confirmation would be…
22. 1 Positive histology
23. 2 Positive cytology
24. 5 Positive laboratory test or marker study
25. None of the above

# Quiz 3-Treatment

A patient was admitted to your facility on 2/15/18 and was diagnosed with stage 4 pancreatic cancer. On 2/18/18 the managing physician (staff physician) recommends palliative care only. The patient and the patient’s family agree that she will only be given pain medications to keep her comfortable. She is started on pain medications on 2/19/18.

1. What is Date First Course of Treatment
	1. 2/15/18
	2. 2/18/18
	3. 2/19/18
	4. Blank
2. What is Rx Summ – Treatment Status?
	1. 0-No treatment given
	2. 1-Treatment given
	3. 2-Active Surveillance
	4. 9-Unknown if treatment given
3. What is coded in Other Treatment?
	1. 0- None. All cancer treatment was coded in other treatment fields (surgery, radiation, systemic therapy). Patient received no cancer treatment. Diagnosed at autopsy.
	2. 1-Other. Cancer treatment that cannot be appropriately assigned to specified treatment data items (surgery, radiation, systemic therapy).
	3. 7-Refusal. Other treatment was not administered. It was recommended by the patient’s physician, but this treatment (which would have been coded 1, 2, or 3) was refused by the patient, a patient's family member, or the patient’s guardian. The refusal was noted in the patient record.
	4. 9-Unknown
4. What is coded in Palliative treatment?
	1. 0- No palliative care provided.
	2. 4- Patient received or was referred for pain management therapy with no other palliative care.
	3. 7- Palliative care was performed or referred, but no information on the type of procedure is available in the patient record. Palliative care was provided that does not fit the descriptions for codes 1–6.
	4. 9-Unknown
5. If a patient is receiving a chemotherapy regimen and one of the drugs is changed, but belongs to the same group as the original drug is this still considered first course treatment?
	1. No, any change in the treatment plan would be considered subsequent treatment.
	2. No, the new drug must come from a different drug group than the drug that is being changed to be considered first course treatment.
	3. Yes, as long as the change is within the first four months of diagnosis it is first course treatment regardless of what drug group of the new drug.
	4. Yes, as long as the new drug is in the same family as the drug that is being dropped.
6. A patient with breast cancer had a consult with a radiation oncologist who recommended she have a breast sparing mastectomy followed by radiation, and chemotherapy. The patient went to a medical oncologist who offered an alternate course of treatment which included modified radical mastectomy followed by chemotherapy. The patient opted not to have radiation. Instead she chose to have a modified radical mastectomy followed by chemotherapy. What would be coded in Reason no Radiation?
	1. 1 Radiation therapy was not administered because it was not part of the planned first course of treatment
	2. 2 Radiation therapy was not recommended/administered because it was contraindicated due to other patient risk factors
	3. 7 Radiation was not administered; it was recommended by the patient’s physician, but his treatment was refused by the patient, the patient’s family, or the patient’s guardian.
	4. 9 It is unknown if the radiation therapy was recommended or administered.
7. Which of the following procedures would be coded as a diagnostic/staging procedure? Circle all that apply.
	1. Colonoscopy with polypectomy. Pathology indicated the malignancy was confined to the head of the polyp and that margins were negative.
	2. A patient had an exploratory laparotomy and was found to have extensive metastatic cancer. The surgeon chose to end the procedure. No tissue was removed.
	3. A patient with extensive lymphadenopathy has a single lymph node removed. This is positive for lymphoma.
	4. A patient with colon cancer had a colostomy, but no further surgery.
8. A physician recommends that a patient with stage 3 breast cancer receive chemotherapy. The patient did not return to your facility and you do not know if she received chemotherapy. Chemotherapy would be coded as…
	1. 00 None, chemotherapy was not part of the planned first course of therapy
	2. 86 Chemotherapy was not administered. It was recommended by the patient’s physician, but was not administered as part of the first course of therapy. No reason was stated in patient record
	3. 88 Chemotherapy was recommended, but it is unknown if it was administered.
	4. 99 It is unknown whether a chemotherapeutic agent(s) was recommended or administered because it is not stated in patient record.
9. A patient had a mediastinoscopy performed at your facility for a lung primary. A single mediastinal lymph node was removed and was positive for adenocarcinoma. This would be coded as:
	1. Diagnostic Staging Procedure
	2. Surgery to the Primary Site
	3. Scope of Regional Lymph Node Surgery
	4. Surgery to Regional/Distant Sites
10. Intraperitoneal chemotherapy would indicate…
	1. Chemotherapy was given prior to surgery only.
	2. Chemotherapy was injected directly into the peritoneum
	3. Chemotherapy drugs are directed into the blood stream, but target only malignancies within the peritoneum
	4. Chemotherapy was given during a laparotomy

# Quiz 4-Solid Tumor Rules

**Please refer to Table 1 from the Colon chapter of the Solid tumor manual for the following quiz questions. See page 13.**

1. Which of the following histologies are a subtype of Neuroendocrine tumor Grade 1 (G1) 8240? Choose all that apply.
	1. Carcinoid NOS
	2. Well differentiated neuroendocrine tumor
	3. NET Grade 1
	4. NET Grade 2
2. Three of the histologies below share the same histologic code. Which histology has a different histologic code?
	1. Mixed adenoneuroendocrine carcinoma
	2. Adenocarcinoma mixed with high-grade large cell neuroendocrine carcinoma
	3. Goblet cell carcinoid
	4. MANEC

Use the rules below (M5, M6, or M11) to determine if the patient has a single or multiple primaries.

**Rule M5**-Abstract multiple primaries when separate/non-contiguous tumors are two or more different subtypes/variants in Column 3, Table 1 in the Equivalent Terms and Definitions. Timing is irrelevant.

Note: The tumors may be subtypes/variants of the same or different NOS histologies.

**Rule M6**-Abstract multiple primaries when separate/non-contiguous tumors are on different rows in Table 1 in the Equivalent Terms and Definitions. Timing is irrelevant.

Note: Each row in the table is a distinctly different histology.

**Rule M11-**Abstract a single primary when synchronous, separate/non-contiguous tumors are on the same row in Table 1 in the Equivalent Terms and Definitions.

1. A patient was diagnosed with two tumors in the descending colon. One tumor was goblet cell carcinoid and the other tumor was large cell neuroendocrine carcinoma (*tip: NEC is an acronym for neuroendocrine carcinoma*).
	1. Two primaries per rule M5
	2. Two primaries per rule M6
	3. One primary per rule M11
2. A patient was diagnosed with two tumors in the descending colon. One tumor was goblet cell carcinoid and the other tumor was MANEC.
	1. Two primaries per rule M5
	2. Two primaries per rule M6
	3. One primary per rule M11
3. A patient was diagnosed with two tumors in the descending colon. One tumor was goblet cell carcinoid and the other tumor was neuroendocrine carcinoma.
	1. Two primaries per rule M5
	2. Two primaries per rule M6
	3. One primary per rule M11
4. A patient was diagnosed with two tumors in the descending colon. One tumor was large cell NEC and the other tumor was small cell NEC.
	1. Two primaries per rule M5
	2. Two primaries per rule M6
	3. One primary per rule M11
5. A patient was diagnosed with two tumors in the descending colon. One tumor was carcinoid and the well differentiated neuroendocrine tumor.
	1. Two primaries per rule M5
	2. Two primaries per rule M6
	3. One primary per rule M11

Use the rules below (H7, H13 and H14) to determine what histology should be assigned to each primary.

**Rule H7** Code the histology when only one histology is present (H7 is in single tumor module)

**Rule H13** Code the histology when only **one** histology is present in **all** tumors. (H13 is in multiple tumor module)

**Rule H14** Code the **subtype/variant** when the diagnosis is a **NOS** and a **single subtype/variant** of that NOS (H14 is in multiple tumor module)

1. A patient was diagnosed with two tumors in the descending colon. One tumor was goblet cell carcinoid and the other tumor was MANEC.
	1. Single primary. Assign histology code 8244 per rule H14
	2. Single primary. Assign histology code 8243 per rule H14
	3. Two primaries. Assign histology code 8244 to one primary and 8243 to the other primary. Use rule H7 for both.
2. A patient was diagnosed with two tumors in the descending colon. One tumor was (NET) Grade 2 and the other tumor was Somatostatin-producing NET.
	1. Single primary. Assign histology code 8249 per rule H14
	2. Single primary. Assign histology code 8156 per rule H14
	3. Two primaries. Assign histology code 8249 to one primary and 8156 to the other primary. Use rule H7 for both.
3. A patient was diagnosed with two tumors in the descending colon. One tumor was neuroendocrine tumor grade 1 and the other tumor low grade neuroendocrine tumor.
	1. Single primary. Assign histology code 8240 per rule H13
	2. Single primary. Assign histology code 8240 per rule H14
	3. Two primaries. Assign histology code 8244 to one primary and 8243 to the other primary. Use rule H7 for both.

# Quiz 5 Colon SSDI

1. A patient had a routine colonoscopy and biopsy that showed MD adenocarcinoma in the transverse colon. The patient had a hemicolectomy with a final path of PD adenocarcinoma. The mesenteric margin was 2.67 mm.
	1. CRM 2.6
	2. CRM 2.7
	3. CRM XX.9
	4. None of the above
2. A patient came to your hospital for a right hemicolectomy for a WD adenocarcinoma of the cecum. The path report stated the radial margin was negative.
	1. CRM XX.0
	2. CRM XX.1
	3. CRM XX.7
	4. CRM XX.9
3. A patient with rectal bleeding presented for a colonoscopy. The biopsy was positive for a rectal primary tumor, adenocarcinoma. The patient was not a surgical candidate.
	1. CRM 0.0
	2. CRM XX.2
	3. CRM XX.7
	4. CRM XX.9
4. A circumferential resection margin is more likely to be given for a primary of ...
	1. Cecum
	2. Transverse colon
	3. Sigmoid colon
	4. Rectum
5. Which of the following is *NOT* true for patients that have colon tumors that are MSI high-unstable or MMR protein deficient
	1. They may have Lynch syndrome
	2. They may not respond as well to 5-fu chemotherapy as patients with MSI stable or MSI low tumors.
	3. They respond better to 5-fu chemotherapy than patients with MSI stable or MSI low tumors.
	4. About 15% of colorectal cancer patients will be MSI high-unstable.
6. A patient had a right hemicolectomy on 6/9/2018. Testing on the tumor identified intact mismatch repair proteins: MLH-1 strong nuclear positivity representing intact mismatch repair proteins. BRAF is neg.
	1. 0) MSI stable; neg, NOS; MMR intact, no loss of nuclear expression.
	2. 1) MSI unstable low (MSI-L),
	3. 2) MSI unstable high (MSI-H) and/or MMR-D (loss of expression, deficient)
	4. 9) MSI-indeterminate, not documented in medical record.
7. Test result from on 7/18/18
	* MSI/MMR IHC Profile.
		+ Results: MSI-H; loss of MLH1/PMS2.
		+ Interpretation: Loss of nl protein expression & high levels of microsatellite instability (MSI-H).
	1. 0) MSI stable; neg, NOS; MMR intact, no loss of nuclear expression.
	2. 1) MSI unstable low (MSI-L)
	3. 2) MSI unstable high (MSI-H) and/or MMR-D (loss of expression, deficient)
	4. 9) MSI-indeterminate, not documented in medical record.
8. On 7/21/18 a patient presented for colonoscopy and was found to have a pedunculated polyp in the descending colon. A snare cautery polypectomy was performed, but the tumor wasn’t completely removed. Blood work done on 7/24/18 showed a CEA of 7.5. a resection was done on 8/1/18. What is assigned for CEA (Carcinoembryonic Antigen) Pretreatment Lab Value?
	1. 7.5
	2. 7.50
	3. XXXX.7 Test ordered, results not in chart
	4. XXXX.9 Not documented in medical record. CEA (Carcinoembryonic Antigen) Pretreatment Lab Value not assessed or unknown if assessed

# Quiz 6 Breast SSDI

1. A 2/11/2018 lumpectomy with SLN biopsy followed by axillary dissection. A total of 3/15 nodes were pos for ductal carcinoma

|  |  |  |
| --- | --- | --- |
| 2/11/18 Lab values* ERA: Positive 100%
* PRA: Positive 100%
* Her-2/Neu: Negative 1+
* Ki67: 30%
* Oncotype DX Breast Cancer Assay. Breast cancer recurrence score: 17
 | ER Summary |  |
| ER % Pos |  |
| ER Allred Score |  |
| PR Summary |  |
| PR % Pos |  |
| PR Allred Score |  |
| HER2 Overall Summary |  |
| HER2 IHC Summary |  |
| HER2 ISH DP Ratio |  |
| HER2 ISH DP Copy No |  |
| HER2 ISH SP Copy No |  |

1. On 12-1-18:  R breast, mastectomy:  Invasive ductal CA, gr 3. R Axillary lymphadenectomy: 5 benign LNs.

|  |  |  |
| --- | --- | --- |
| 12/1/18 Synoptic report* Tumor site: Central
* Nottingham Score 8.
* LVI neg. 12-1-18:
* ER, pos, 100% nuclear staining, strong average intensity.
* PR, pos, 10% nuclear staining, moderate average intensity.
* IHC/HER2, 1+ neg.
	+ No other HER2 tests ordered
 | ER Summary |  |
| ER % Pos |  |
| ER Allred Score |  |
| PR Summary |  |
| PR % Pos |  |
| PR Allred Score |  |
| HER2 Overall Summary |  |
| HER2 IHC Summary |  |
| HER2 ISH DP Ratio |  |
| HER2 ISH DP Copy No |  |
| HER2 ISH SP Copy No |  |

1. On 2/28/18 LEFT BREAST BX: invasive ductal carcinoma, grade 1, with associated DCIS.

|  |  |  |
| --- | --- | --- |
| 2/28/18 Lab report* ER was 8/8
* PR was 6/8
* HER2 was 2+

*(Initial test was 1+. Re-staining was done that showed 2+)** Average HER2/Average centromere 17 cell ratio of 2.1.
* HER2/neu amplified.
 | ER Summary |  |
| ER % Pos |  |
| ER Allred Score |  |
| PR Summary |  |
| PR % Pos |  |
| PR Allred Score |  |
| HER2 Overall Summary |  |
| HER2 IHC Summary |  |
| HER2 ISH DP Ratio |  |
| HER2 ISH DP Copy No |  |
| HER2 ISH SP Copy No |  |

1. 12-22-18 Core bx left breast - invasive mammary carcinoma (ductal), 0.2cm, Nottingham grade 1.

|  |  |  |
| --- | --- | --- |
| 12/22/18 Lab report* ER POS, 95-100%, 3+/strong intensity, Allred score 8.
* PR POS, <50%, 1-2+/intermediate intensity, Allred score 6.
* HER2 IHC 0/neg.
 | ER Summary |  |
| ER % Pos |  |
| ER Allred Score |  |
| PR Summary |  |
| PR % Pos |  |
| PR Allred Score |  |
| HER2 Overall Summary |  |
| HER2 IHC Summary |  |
| HER2 ISH DP Ratio |  |
| HER2 ISH DP Copy No |  |
| HER2 ISH SP Copy No |  |

|  |  |  |
| --- | --- | --- |
| 1/3/18 Lab Report* ER pos, 98%, 3+/strong intensity.
* PR pos, 95%, 2+/moderate intensity.
* HER2 IHC 2+/equivocal.
* FISH:
	+ Avg HER2 signals/nucleus 2.5.
	+ Avg CEN17 signals/nucleus 2.0.
* HER2/CEN17 signal ratio 1.3.
* Number of observers 1.
* *Results show no evidence of HER2 amplification and a HER2/CEN17 ratio of <2.0 /w an avg HER2 copy number of <4.0 signals per cell.*

*This is a neg result.* | ER Summary |  |
| ER % Pos |  |
| ER Allred Score |  |
| PR Summary |  |
| PR % Pos |  |
| PR Allred Score |  |
| HER2 Overall Summary |  |
| HER2 IHC Summary |  |
| HER2 ISH DP Ratio |  |
| HER2 ISH DP Copy No |  |
| HER2 ISH SP Copy No | XX.9 |

# Quiz 7-Sentinel & Regional Lymph Node Data Items

1. A patient presented for their yearly physical. Upon examination, a suspicious looking mole on the patient’s left shoulder was identified. A surgical excision was performed on 2/14/18. Final diagnosis was superficial spreading melanoma. A PET/CT scan was done on 2/23/18 which showed enlarged right axillary lymph nodes suspicious for metastasis. On 2/24/18 a wide re‐excision and sentinel node biopsy followed by an axillary lymphadenectomy. The final diagnosis showed residual melanoma at surgical margins. 3 of 4 sentinel nodes were positive for metastasis. 9 of 27 axillary nodes were positive for metastatic for melanoma.

|  |  |
| --- | --- |
| Date of Sentinel Lymph Node Biopsy  |  |
| Sentinel Lymph Nodes Positive |  |
| Sentinel Lymph Nodes Examined |  |
| Date Regional Lymph Node Dissection |  |
| Regional Lymph Nodes Positive |  |
| Regional Lymph Nodes Examined |  |

1. A patient presents for mammography which revealed a 2 cm mass in the right breast. A core biopsy on 6/12/18 revealed MD invasive ductal carcinoma. On 06/14/2018 a lumpectomy with sentinel lymph node biopsy was done. No sentinel lymph nodes were identified. The surgeon then proceeded with an axillary lymph node dissection. A total of 1/15 lymph nodes were positive for metastasis.

|  |  |
| --- | --- |
| Date of Sentinel Lymph Node Biopsy |  |
| Sentinel Lymph Nodes Positive |  |
| Sentinel Lymph Nodes Examined |  |
| Date Regional Lymph Node Dissection |  |
| Regional Lymph Nodes Positive |  |
| Regional Lymph Nodes Examined |  |

1. On 1/24/18 Lumpectomy, and sentinel LN biopsy.
	* Specimen includes: 0/3 sentinel LNs positive
	* 0/2 non-sentinel  LNs positive.

Breast CAP - 0.6cm invasive carcinoma of ductal (NST)carcinoma, Nottingham score 3/gr1. No DCIS. No LVI. DX infil mammary carcinoma NST (ductal).

|  |  |
| --- | --- |
| Date of Sentinel Lymph Node Biopsy |  |
| Sentinel Lymph Nodes Positive |  |
| Sentinel Lymph Nodes Examined |  |
| Date Regional Lymph Node Dissection |  |
| Regional Lymph Nodes Positive |  |
| Regional Lymph Nodes Examined |  |