# Boot Camp 2020 In-Session Quizzes

Time will be allotted to complete these quizzes during the live session.

# Quiz 1

1. Match the prefix/suffix with the best definition

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| Peri | D | A: excessive, above normal |
| Para | E | B: pain |
| Oma | C | C:tumor |
| Sub | H | D: around or about |
| Hyper | A | E: alongside of, near |
| Dys | G | F: of or pertaining to the wrist |
| Dynia | B | G: abnormal |
| Carp(o) | F | H: under, below |

1. Match the prefix/suffix with the best definition

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| Centesis | G | A: blood vessel |
| Extra | D | B: Of or pertaining to the back |
| Fibr(o) | F | C: within |
| Angi (o) | A | D: outside |
| Dors(o) | B | E: Of or pertaining to the liver |
| Hepatic | E | F: fiber |
| Intra | C | G: surgical puncture for aspiration |

1. Match the word with the best definition

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| Angina | C | A: Difficulty in swallowing |
| Fatigue | E | B: a general feeling of discomfort, or illness |
| Bradycardia | F | C: severe pain in the chest |
| Malaise | B | D: anorexia, loss of weight, asthenia  |
| Necrosis | G | E: extreme tiredness |
| Dsyphagia | A | F: Abnormally slow heart rate |
| Cachexia | D | G: death of cells in a organ or tissue due to disease |

1. Match the surgical prefix/suffix with the best definition

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| -ectomy | C | A: Related to the bladder |
| -oscopy | E | B: Related to the uterus |
| -ostomy | F | C: Surgical removal/resection |
| Hyster- | B | D: Related to the fallopian tubes  |
| Oophor- | G | E: viewing of, normally with a scope |
| Cysto- | A | F: Surgically creating a hole |
| Sapingol- | D | G: Related to the ovary |

1. Match the lymph node region with the correct letter

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| A: Axillary |
| B: Infraclavicular |
| C: Inferior mesenteric  |
| D: Sub carinal |
| E: Epitrochlear |
| F: Pre-Auricular |
| G: Iliac\_F\_\_\_B\_\_\_A\_\_\_D\_\_E\_\_\_C\_\_\_G\_\_ |

# Quiz 2

1. You are a registrar at a hospital in Florida. You are abstracting a case for a patient that was diagnosed at your facility. The face sheet shows a Florida residence. However, in the chart you find a statement from the patient where she says she is a “snowbird”. She said she lives in Florida a few months every year and in Illinois for the rest of the year. You are able to track down her Illinois address. What address would you enter for the address at diagnosis?
	1. **The Illinois address**
	2. The Florida address
	3. The Florida address, but include the Illinois information in the text
	4. Unknown address
2. You are a registrar in Florida. You are abstracting a case for a patient that was diagnosed at your facility. The patient is incarcerated at a nearby federal prison. Prior to incarceration the patient was a resident of Illinois. What address would you enter for the address at diagnosis?
	1. The Illinois address
	2. **The address of the federal prison**
	3. The address of the hospital
	4. Unknown address
3. A patient’s street address is PO Box 116, 409 W Jones St, Williamsville, NY. What should be in the data item Patient Address (Number and Street) at Diagnosis?
	1. PO Box 116 would be in
	2. **409 W Jones St**
	3. PO BOX 116 409 W Jones St
	4. Unknown address
4. A patient was diagnosed and treated at your facility three years ago with a carcinoma in situ of the cervix. Your facility collects carcinoma in situ of the cervix as a reportable by agreement case. The patient now presents with a new diagnosis of lung cancer and a benign brain tumor. Assuming the patient has no additional reportable malignancies assign a sequence to each primary.
	1. Carcinoma in situ of the cervix \_\_ \_\_ 01
	2. Lung \_\_ \_\_ 02
	3. Benign brain tumor \_\_ \_\_ 60
5. A 79-year-old Brazilian male is diagnosed and treated for cancer at your facility. You would code Hispanic origin as…
	1. **0 Non-Spanish; non-Hispanic**
	2. 4 South or Central America (except Brazil)
	3. 5 Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
	4. 9 Unknown
6. Circle Yes if the situation is reportable and No if the situation is not reportable according to STORE. Assume all cases diagnosed in 2018 or later.
	1. Yes No Serous Cystadenoma with borderline malignancy of the ovary
	2. Yes **No** Polycythemia, NOS
	3. **Yes** No Carcinoma in situ of the cervix with micro invasion
	4. Yes No MRI of the brain: Lesion in the occipital lobe of the brain.
	5. Yes No MRI of the brain: A small pituitary tumor
	6. Yes No Cytology from a paracentesis: probable malignant ascites.
	7. Yes No Suspicious breast mass, suspicious for malignancy
	8. Yes No Potentially malignant lung mass
7. A patient is diagnosed with lung cancer at your facility. The patient does not return for staging work-up or treatment consultation. You do not know if the patient went elsewhere for additional work-up or treatment. The class of case would be...
	1. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
	2. **10 Initial diagnosis at the reporting facility or in a staff physician’s office AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS**
	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. 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)
8. A patient was diagnosed with breast cancer at another facility. She then came to your facility for an FNA of an enlarged lymph node. The FNA was positive for metastatic breast cancer. The patient went elsewhere for surgery and adjuvant treatment.
	1. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
	2. 14 Initial diagnosis at reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
	3. 21 Initial diagnosis elsewhere AND part of 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)**
9. A patient was diagnosed with rectal cancer at another facility on 5/12/19. The patient came to your facility for an endoscopic ultrasound and imaging for staging purposes on 5/15/19. The patient went to another facility for neoadjuvant chemotherapy starting on 6/1/19. The patient then came to your facility for rectal surgery on 1/12/20. The class of case 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 at the reporting facility or in a staff physician’s office AND part of first course treatment or a decision not to treat was 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. **21-initial diagnosis elsewhere and part of first course treatment was done at the reporting facility**
	5. 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)
10. In the scenario above what was the Date of First Contact?
	1. 5/12/19
	2. 5/15/19
	3. 6/1/19
	4. **1/12/20**

# Quiz 3

1. A patient had a core biopsy of the prostate and was found to have prostate cancer. The patient also had a biopsy of a bone lesion that was found to be positive for metastasis from the prostate primary. If you can only code one Surgical Diagnostic Staging Procedure, what code would you use?
	1. 00-None
	2. 01-Biopsy to a site other than primary site
	3. 02-A biopsy of the primary site
	4. 09-Unknown
2. A patient was found to have a very small tumor in her breast on mammogram. A core needle biopsy was done and showed malignancy. Margins were not evaluated. The patient returned for a lumpectomy, but no residual tumor was found. The core needle biopsy would be coded as:
	1. 02 Diagnostic Staging Procedure
	2. 22 Excisional biopsy (Surgical Procedure of Primary Site)
	3. 23- Wide Excision
3. A patient with suspected lung cancer had a mediastinoscopy. Two paratracheal lymph nodes were excised and found to be positive for carcinoma. The patient did not have any additional treatment. How do we code the removal of these two lymph nodes?
	1. 01-Biopsy to site other than primary (Surgical Diagnostic Staging Procedure)
	2. 02-Biopsy to the primary site (Surgical Diagnostic Staging Procedure)
	3. 4-1 to 3 regional lymph nodes removed (Scope of Regional Lymph Nodes)
	4. None of the above
4. A patient presented with bilateral breast cancers (2 primaries). A bilateral modified radical mastectomy was performed. The surgical procedure of primary site code is…
	1. 50 (Mastectomy NOS) for each primary.
	2. 51 (Mastectomy without removal of contralateral uninvolved breast) for each primary.
	3. 52 (Mastectomy with removal of contralateral uninvolved breast) for each primary.
	4. 52 (Mastectomy with removal of contralateral uninvolved breast) only for the breast with the larger tumor.
5. Patient present with a history of DCIS in her left breast diagnosed 20 years ago and was treated with a lumpectomy only. The patient returns in 2020 and is found to have a new DCIS in her right breast. The patient opts for a bilateral simple mastectomy (no reconstruction). The surgical procedure of primary site is code is…
	1. 40 Total (simple) mastectomy
	2. 41 Total (simple ) mastectomy WITHOUT removal of uninvolved contralateral breast
	3. 42 Total (simple) mastectomy WITH removal of uninvolved contralateral breast
	4. 76-Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.

# Quiz 4

*For the purposes of this quiz, date 00/00/0000 is equivalent to blank and Flag of 11.*

1. Patient presented with a suspicious mole on his left arm. A surgical excision was performed on 7/14/19. Final diagnosis was superficial spreading melanoma. A PET/CT scan was done on 7/28/19 which showed enlarged left epitrochlear lymph nodes suspicious for metastasis. On 8/4/19 a wide re‐excision and sentinel node biopsy followed by lymph node dissection was performed. The final diagnosis showed residual melanoma at surgical margins. No residual melanoma was identified. 2 of 6 sentinel nodes were positive for metastasis. 12 lymph node from the dissection were negative for metastatic melanoma.

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| Date of Sentinel Lymph Node Biopsy  | 8/4/2019 |
| Sentinel Lymph Nodes Positive | 02 |
| Sentinel Lymph Nodes Examined | 06 |
| Date Regional Lymph Node Dissection | 8/4/2019 |
| Regional Lymph Nodes Positive | 02 |
| Regional Lymph Nodes Examined | 18 |
| Scope of Regional Lymph Node Surgery | 6 |

1. Patient presented with a suspicious lump in her left breast. A core biopsy on 3/12/19 was positive for carcinoma. On 03/21/2019 a lumpectomy and sentinel lymph node procedure was performed. No sentinel lymph nodes were identified (failed to map). The surgeon then proceeded with an axillary lymph node dissection. A total of 15 lymph nodes were removed and all were negative for metastasis.

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| --- | --- |
| Date of Sentinel Lymph Node Biopsy | 00/00/000 |
| Sentinel Lymph Nodes Positive | 98 |
| Sentinel Lymph Nodes Examined | 00 |
| Date Regional Lymph Node Dissection | 3/21/19 |
| Regional Lymph Nodes Positive | 00 |
| Regional Lymph Nodes Examined | 15 |
| Scope of Regional Lymph Node Surgery | 6 |

1. Patient with recently diagnosed breast cancer presented on 1/14/20 for a lumpectomy and sentinel LN biopsy. Three sentinel nodes were removed. One was positive for isolated tumor cells. The others were negative for malignancy. An axillary node dissection was not performed.

|  |  |
| --- | --- |
| Date of Sentinel Lymph Node Biopsy | 01/14/2020 |
| Sentinel Lymph Nodes Positive | 00 |
| Sentinel Lymph Nodes Examined | 03 |
| Date Regional Lymph Node Dissection | 00/00/0000 |
| Regional Lymph Nodes Positive | 00 |
| Regional Lymph Nodes Examined | 03 |
| Scope of Regional Lymph Node Surgery | 2 |

1. Patient was diagnosed with left breast primary on 6/24/19. An FNA of a suspicious axillary lymph node was done on 7/12/19 and was positive for metastases from the breast. The patient received a full course of neoadjuvant chemotherapy.

On 11/15/19 the patient had a mastectomy with sentinel node biopsy. No residual malignancy was found in the mastectomy specimen. Two sentinel lymph nodes were negative for mets (0/2).

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| Date of Sentinel Lymph Node Biopsy | 11/15/2019 |
| Sentinel Lymph Nodes Positive | 00 |
| Sentinel Lymph Nodes Examined | 02 |
| Date Regional Lymph Node Dissection | 00/00/0000 |
| Regional Lymph Nodes Positive | 95 |
| Regional Lymph Nodes Examined | 02 |
| Scope of Regional Lymph Node Surgery | 2 |