

Boot Camp 2021 Quizzes

Quiz 1

Indicate whether the following diagnoses would be reportable, based on the terms provided:

	Yes	No
a) Tumor in RUL, very likely malignant	___	<u>X</u>
b) Nodule in L lobe of prostate suspicious for malignancy	<u>X</u>	___
c) IVP reveals potentially malignant nodule on R kidney	___	<u>X</u>
d) Urine cytology consistent with urothelial cell carcinoma	___	<u>X</u>
e) Suspicious neoplasm in R occipital lobe	<u>X</u>	___
f) 2cm Hypoechoic irreg. mass L breast @ 10:00 worrisome for ca.	___	<u>X</u>
g) Peripheral blood: findings are consistent with B Lymphoblastic lymphoma	<u>X</u>	___
h) Multiple Lesions across back, chest, arms, face and legs most likely Kaposi sarcoma	<u>X</u>	___

Quiz 2

Match the situation to the correct Class of Case from the choices below (Use each value once):

- a) Patient diagnosed with breast cancer at local clinic and travels to reporting facility for surgery.
- b) Patient dies in ED at reporting facility. Subsequent autopsy reveals previously undiagnosed pancreatic cancer.
- c) Diagnostic radiology at reporting facility identifies tumor in posterior fossa. Patient undergoes craniotomy at another facility for removal of hemangioblastoma.
- d) Diagnosed with cancer via a biopsy at the reporting facility, the patient does not return for further workup and/or treatment. No other information available.
- e) Person in town on business is admitted for an unrelated issue and receives one of their chemotherapy treatments while an inpatient.
- f) Patient has suspicious polyp removed during colonoscopy which is positive for in situ adenocarcinoma.
- g) Following a diagnosis of pancreatic cancer at their local hospital, patient has a Whipple procedure at reporting facility. Returns home for adjuvant chemotherapy.
- h) Patient with history of LUL lobectomy presents two years later with recurrent Large cell neuroendocrine carcinoma.

00 C

10 D

14 F

20 A

21 G

31 E

32 H

38 B

Quiz 3

Choose the correct Sequence Number for each scenario:

1. MRI shows R cerebral meningioma. Past medical history includes a diagnosis of prostate cancer two years ago and squamous cell carcinoma of the L eyelid approximately five years ago. The correct sequencing for the meningioma would be:
 - a. 00
 - b. 02
 - c. 60**
 - d. n/a

2. A patient is diagnosed with adenocarcinoma of the prostate in 2018. In 2020 the patient is diagnosed with a pituitary adenoma. The sequence number for the prostate primary would now be:
 - a. 00**
 - b. 01
 - c. 02
 - d. 61

3. Patient with a history of lung cancer is diagnosed with a suspicious lesion in the R frontal lobe of the brain. Sequence number for the brain lesion would be:
 - a. 02
 - b. 60
 - c. 62
 - d. n/a**

4. Patient diagnosed with DCIS in the RT breast on 6/19/2020. On 10/11/2020 patient is diagnosed with infiltrating duct carcinoma in the same breast. Sequence number for the second lesion is:
 - a. 00
 - b. 01
 - c. 02**
 - d. 03

5. Patient with history of adenocarcinoma of the prostate and basal cell carcinoma of the right temple is diagnosed with melanoma left forearm. Sequence number for current diagnosis is:
 - a. 01
 - b. 02**
 - c. 03
 - d. 60

6. Patient with a history of cervical intraepithelial neoplasia grade III is diagnosed with LCIS. The correct sequence number is:
- a. **00**
 - b. 01
 - c. 02
 - d. n/a
7. History of large cell carcinoma of LUL of lung and meningioma RT frontal region, diagnosed 11/3/2020 with meningioma LT cerebral meninges. Sequence of current tumor is:
- a. 03
 - b. **60**
 - c. 61
 - d. 62
8. Patient with history of pituitary adenoma undergoes MRI which shows a 1.8cm mass in the RT Basal Ganglia. The correct sequence number for the pituitary adenoma is:
- a. 00
 - b. 01
 - c. **60**
 - d. 61

Quiz 4

Indicate whether the items listed below are considered Patient Identification:

	Yes	No
a. Race	<u>X</u>	___
b. Date of Diagnosis	___	<u>X</u>
c. Age at Diagnosis	<u>X</u>	___
d. Birthplace (State/Country)	<u>X</u>	___
e. Vital Status	___	<u>X</u>
f. Date of Last Contact	___	<u>X</u>
g. Class of Case	___	<u>X</u>
h. Sex	<u>X</u>	___

Quiz 5

1. Patient is diagnosed at your facility. The face sheet shows the patient gave the address for the hotel across the street from the facility. Physician's notes state the patient is a foreign national from England, who indicates they were visiting with relatives in a small town about an hour away before becoming ill and coming to be seen at the facility. The address for the patient's relative is provided. What address would you enter?
 - a. Relative's Address
 - b. Hotel Address
 - c. Facility Address
 - d. Unknown**
2. A 63 y/o patient originally from Portugal is diagnosed with lung ca. The correct code for Spanish origin would be:
 - a. 0: Non-Spanish; non-Hispanic**
 - b. 5: Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
 - c. 6: Spanish, NOS; Hispanic, NOS; Latino, NOS (There is evidence other than surname or maiden name that the person is Hispanic, but he/she cannot be assigned to any category of 1–5)
 - d. 9: Unknown

3. Pt. seen by staff physician for abdominal pain. Physical exam reveals abdominal tenderness and a positive guaiac. Colonoscopy ordered for evaluation of possible malignancy. A suspicious polyp is snared. Final diagnosis reads: Adenomatous polyp, likely adenocarcinoma. The class of case should be:
 - a. 10
 - b. 12
 - c. 20
 - d. None of the above**

4. Which of the following diagnoses is not reportable?
 - a. Polycythemia Vera
 - b. Carcinoma In Situ of the Cervix**
 - c. Gastro-intestinal Stromal Tumor
 - d. Benign Neoplasm, Right Frontal Lobe

5. Which of the following is not considered a source for routine case ascertainment?
 - a. Pathology reports
 - b. Radiation therapy log
 - c. Disease indices
 - d. History and physical**

6. A benign neoplasm occurring in which of the following sites would not be reportable?
 - a. Optic nerve
 - b. Cranial nerve
 - c. Spinal nerve**
 - d. Acoustic nerve

7. Which of the following diagnoses is reportable?
 - a. Suspicious Lesion, Right Cerebral Meninges
 - b. Squamous Cell Carcinoma of the Cervix**
 - c. Basal Cell Carcinoma of the Rt Ear
 - d. Cervical Intraepithelial Neoplasia, Grade III

8. Peri-ependymoma Germinal Matrix of Undifferentiated Neuro Epithelial Cells in a 21 week stillborn. Is this case reportable?
 - a. Yes
 - b. No**

Quiz 6

1. Op note 2/13/2021: 68 y/o male presents today for Thoracoscopic wedge resection of the RML after a CXR two weeks ago demonstrated a suspicious mass measuring approx. 2.5 cm in RML. This was followed the next day by a thoracentesis which was positive for malignant cells. Pathology 2/14/2021: Invasive moderately differentiated metastatic adenocarcinoma. The correct Date of Diagnosis is:
 - a. 2021/01/31
 - b. 2021/02/01
 - c. 2021/02/_ _
 - d. **2021/_ _/_ _**
2. 04/14/2020: 70 y/o admitted with congestive heart failure. 04/15/2020: Chest CT reveals mass in the right lung, likely malignant. 04/16/2020: RUL partial lobectomy. 04/17/2020: final pathologic diagnosis: RUL non-small cell carcinoma, confined to the lung. The Date of Diagnosis is:
 - a. 2020/04/14
 - b. 2020/04/15
 - c. **2020/04/16**
 - d. 2020/04/17
3. A patient presents to your facility on August 12, 2020 with a diagnosis of recurrent urothelial carcinoma, originally diagnosed in the spring of 2019. The Date of Diagnosis should be recorded as:
 - a. 2020/08/12
 - b. **2019/04/_ _**
 - c. 2019/_ _/_ _
 - d. 2019/04/15
4. Pt. undergoing routine pre-op testing on 3/25/2020 for laminectomy at XYZ hosp. has a CXR which reveals a mass in RML, Dx: Possible carcinoma. Bronchoscopy 3/27/2020, Dx: adenocarcinoma, most likely metastatic disease from a colon primary diagnosed 4/18/2019 at ABC hosp. Date of First Contact for XYZ Hosp is:
 - a. 2019/04/18
 - b. 2020/03/25
 - c. **2020/03/27**
 - d. 2020/_ _/_ _

5. 6/15/2020 diagnosis from imaging: Suspicious for malignancy. 6/17/2020 breast biopsy: Benign fibroepithelial neoplasm. 7/14/2020 diagnosis from resection: Malignant phyllodes tumor. The Date of Diagnosis is:
- a. **2020/06/15**
 - b. 2020/06/17
 - c. 2020/07/14
 - d. 2020/_ _ /_ _
6. A patient with a severe gunshot wound to the chest is brought to your facility on 11/2/2020. Patient expires on 11/3/2020. Autopsy on 11/4/2020 identifies cause of death as GSW, but also identifies previously undiagnosed hepatocellular carcinoma. The Date of Diagnosis is:
- a. 2020/11/02
 - b. **2020/11/03**
 - c. 2020/11/04
 - d. 2020/11/_ _
7. Patient seen by urologist 11/08/2020 for needle biopsy following DRE, during routine physical exam with the patient's primary care physician last month, which was suspicious for carcinoma. Pathology 11/9/2020; positive for adenocarcinoma, Gleason 3+4. The Date of Diagnosis is:
- a. **2020/10/_ _**
 - b. 2020/11/08
 - c. 2020/11/09
 - d. 2020/_ _ /_ _
8. Biopsy specimen obtained 1/18/2021 during colonoscopy at independent endoscopy center is received in reporting facility's pathology lab 1/19/2021 for pathologic diagnosis. Specimen read on 1/20/2021 with diagnosis of mucinous adenocarcinoma. Patient presents to reporting facility 2/3/2021 for partial colectomy. Date of First Contact is:
- a. 2021/01/18
 - b. 2021/01/19
 - c. 2021/01/20
 - d. **2021/02/03**

Quiz 7

1. A patient had a colonoscopy with a biopsy of a lesion in the transverse colon that was positive for adenocarcinoma. The patient also had a biopsy of a liver lesion that was found to be positive for metastasis from the colon primary. If you can only code one Surgical Diagnostic Staging Procedure, what code would you use?
 - a. 00 None
 - b. 01 Biopsy to a site other than primary site
 - c. 02 A biopsy of the primary site (dx staging procedure)**
 - d. 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 lumpectomy would be coded as:
 - a. 02 Diagnostic Staging Procedure
 - b. 20 Partial Mastectomy, NOS; less than total mastectomy, NOS
 - c. 22 Lumpectomy or Excisional biopsy (Surgery)**
 - d. 23 Re-excision of the biopsy site for gross or microscopic disease (Surgery)
3. Patient with multiple comorbid conditions presented with an enlarged cervical and axillary lymph node. An FNA of the cervical and axillary lymph nodes was performed. Cytology from the fine needle aspirations were positive for squamous cell carcinoma. Additional work-up revealed a lesion in the nasopharynx that was felt to be the primary tumor. The patient was referred to hospice. How do we code the FNA of the cervical lymph node? Cervical nodes are regional for nasopharynx.
 - a. 01 Biopsy to site other than primary (Surgical Diagnostic Staging Procedure)
 - b. 02 Biopsy to the primary site (Surgical Diagnostic Staging Procedure)
 - c. 1 Biopsy or aspiration of regional Nodes (Scope of Regional Lymph Nodes)**
 - d. The procedure would not be coded
4. In the scenario above, how would the FNA of the axillary lymph node be coded? Axillary nodes are distant for nasopharynx.
 - a. 01 Biopsy to site other than primary (Surgical Diagnostic Staging Procedure)
 - b. 02 Biopsy to the primary site (Surgical Diagnostic Staging Procedure)
 - c. 1 Biopsy or aspiration of regional Nodes (Scope of Regional Lymph Nodes)
 - d. The procedure would not be coded**

5. 1/12/21 Patient presents with axillary lymphadenopathy. An excisional biopsy of an axillary lymph node was positive for diffuse large b-cell lymphoma. Imaging showed lymphadenopathy of the axillary, mediastinal, and mesenteric lymph nodes. A bone marrow biopsy was positive for lymphoma.

Primary Site: C77.8

Histology: 9680/3

Mets at Dx Bone	0
Mets at Dx Brain	0
Mets at Dx Distant Lymph Nodes	8
Mets at Dx Liver	0
Mets at Dx Lung	0
Mets at Dx Other	1
Diagnostic Staging Procedure	02
Surgery of Primary Site	00
Scope of Regional Node Surgery	9

6. 2/15/21 Patient had a core biopsy of an enlarged left axillary lymph node done at your facility. Pathology confirmed metastatic ductal carcinoma most likely from a breast primary. A mammogram showed a mass in the breast highly suspicious for malignancy. The physician stated on 2/30/21 that the patient refused to have any further work-up or treatment for her breast cancer.

Date First Course Treatment/ Date Therapy Initiated	2/30/21
Treatment Status	0
Date First Surgical Procedure	(blank)
Surgery Primary Site	00
Scope of Regional Node Surgery	1

Quiz 8: COVID-19 Delays

Patient presents on 3/16/20 for a mammogram and is found to have a 5mm mass in her left breast. A core biopsy on 3/18/20 confirmed ductal carcinoma (ER/PR +, HER2 -, GR1). A staging workup showed cT1a, cN0, cM0, Stage 1A disease. She was scheduled to have a lumpectomy on 4/1/20. Due to the COVID pandemic, her surgery was postponed. She started on bridge therapy (hormone tx) on 4/10/20. She will continue her hormone treatment until the surgery can be rescheduled.

Her surgery was rescheduled for 8/12/20, but just prior to the surgery she contracted COVID 19 delaying the surgery. Surgery was rescheduled for 10/18/20.

COVID Tests:

- 8/9/20- Nucleic acid amplification test- SARS-CoV-2 virus detected
- 8/28/20- Nucleic acid amplification test- SARS-CoV-2 virus not detected
- 9/15/20- Nucleic acid amplification test- SARS-CoV-2 virus not detected
- 10/15/20- Nucleic acid amplification test- SARS-CoV-2 virus not detected

Pathology from the 10/18/20 lumpectomy and sentinel node biopsy showed a 7mm infiltrating ductal carcinoma. A sentinel lymph node biopsy showed 1 of 4 nodes positive. Imaging done after the lumpectomy was negative for metastasis.

Following the surgery, she went on to have radiation (IMRT) starting on 11/10/20.

Tumor Size Summary	007
Tumor Size Clinical	005
Tumor Size Pathological	007
Summary Stage	3-Regional to LN
Clinical AJCC Stage	cT1a cN0 cM0 Stage 1A
Pathological AJCC Stage	pT1b pN1c M0 Stage 1A
Date of Diagnosis	3/18/20
Date First Course Treatment	4/10/20
Date Surgical Procedure	10/18/20
Date Systemic Treatment	4/10/20
Date Radiation	11/10/20
NCDB SARSCovid2 Test	1
NCDB SARSCoV2 Pos	1
NCDB SARSCoV2 Pos Test	8/9/20
NCDB COVID19 Tx Impact	2
TEXT--DX PROC--LAB TESTS	COVID-19 viral POS 04/09/2020
TEXT--REMARKS	U07.1 08/09/2020
TEXT-Surgery	Z75.3 04/01/2020 SURG TX delayed D/T COVID-19
TEXT-Radiation	EBRT delayed D/T COVID-19
TEXT-Hormone	HORMONE CHG D/T COVID-19

Sample Covid Test Nucleic Acid

Not Detected

This nucleic acid amplification test was developed and its performance characteristics determined by LabCorp Laboratories. Nucleic acid amplification tests include RT-PCR and TMA. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b) (1), unless the authorization is terminated or revoked sooner.

When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. An individual without symptoms of COVID-19 and who is not shedding SARS-CoV-2 virus would expect to have a negative (not detected) result in this assay.