

Boot Camp 2022 In-Session Quizzes

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

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Quiz 1 - Text

1. The purpose of text is:
 - a. Provide an extensive narrative that includes all details of the patient's cancer experience.
 - b. Document changes in the facility's ownership
 - c. Validate codes used by abstractor
 - d. Remind abstractors to read manuals carefully

2. Text is an important tool to validate:
 - a. Date of birth
 - b. Race
 - c. Social Security Number
 - d. Laterality
 - e. Race and Laterality

3. Coded data fields guarantee information is accurate and complete.
True
False

4. History and Physical exam text should include.
 - a. All patient surgeries
 - b. Patient employment status
 - c. Presenting symptoms
 - d. Vaccination status

5. When multiple procedures occur on same date, record:
 - a. Date for each procedure
 - b. Do not record the date, only the procedures
 - c. Procedure location only
 - d. Single date and all procedures done on the date

6. The Remarks text field is used to document comments from patient and physicians.
True
False

7. "Other" Treatment is:
 - a. Therapy provided at other facilities
 - b. Any type of cancer-directed treatment that does not "fit" into other modality definitions
 - c. Is not required to be collected
 - d. Treatment given by allied health professionals

8. The Operative Findings Text Fields documents
 - a. The surgeon's observations during the procedure
 - b. Surgery Dates
 - c. Step-by-step procedures performed
 - d. Endoscopic findings

9. Tumor Markers are used to:
- a. Screen for or detect malignancies
 - b. Monitor response to treatment
 - c. Identify relapse
 - d. All of the above

Quiz 2 - Case Finding & Sequence

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.

- | | | | |
|----|-----|----|--|
| a. | Yes | No | Serous Cystadenoma with borderline malignancy of the ovary |
| b. | Yes | No | Polycythemia, NOS |
| c. | Yes | No | Carcinoma in situ of the cervix with micro invasion |
| d. | Yes | No | MRI of the brain: Lesion in the occipital lobe of the brain. |
| e. | Yes | No | MRI of the brain: A small pituitary tumor |
| f. | Yes | No | Cytology from a paracentesis: probable malignant ascites. |
| g. | Yes | No | Suspicious breast mass, suspicious for malignancy |
| h. | Yes | No | Potentially malignant lung mass |

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

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

1. Which one of the following best describes the sequence number?
 - a. The order in which a primary tumor was accessioned into the facility's database
 - b. The order in which a primary tumor is discovered in relation to the total number of reportable tumors the patient has been diagnosed with
 - c. The number of malignant tumors over the lifetime of the patient
 - d. The total number of tumors reportable to the CoC

2. 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.
 - a. Carcinoma in situ of the cervix ___ __
 - b. Lung ___ __
 - c. Benign brain tumor ___ __

3. 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.
 - a. Meningioma ___ __
 - b. Lung ___ __
 - c. Neurofibroma ___ __

4. The resource that defines all diagnoses and types of cases that should be included and excluded from the registry database is called the:
 - a. Suspense system
 - b. Reportable list
 - c. Class of case
 - d. Abstract

5. Casefinding is the systematic method of identifying what?
 - a. The number of cases seen by the hospital each year
 - b. All eligible cases that are to be included in the cancer registry database
 - c. All cases that were diagnosed in the pathology department
 - d. The number of patients that are treated in the hospital
 - e. The number of admissions as identified on the HIM disease indices

6. Which of the following statements INCORRECTLY describes a case eligibility rule?
- Juvenile astrocytoma should be recorded in the registry database with a behavior code of /3
 - Malignant primary skin cancers (primary site code of C44. _) with a histology code in the range of 8000-8110 are not required to be reported by the CoC as of 1/1/2003
 - Carcinoma in situ of the cervix (CIS) is not required by the CoC
 - All tumors with a behavior code of /0 or /1 are reportable if diagnosed after 1/1/2004
7. Which of the following cases are reportable to the CoC?
- Melanoma (8720/3) of the skin of the arm (C44.6)
 - Squamous cell carcinoma (8070/3) of the anus (C21.0)
 - Subependyoma (9383/1) of the frontal lobe (C71.1)
 - Carcinoid (8420/3) of the appendix (C18.1)
 - All of the above
8. Which of the following is an analytic case?
- The patient is diagnosed at your facility and sent elsewhere for treatment
 - The patient receives treatment at your facility for a recurrence. There is no information on first course of treatment available.
 - The diagnosis is established by death certificate only
 - Your facility manages or treats a recurrence or progression of disease after the reference date
 - Cancer is diagnosed at autopsy. Prior to autopsy there was no suspicion or diagnosis of cancer.
9. Which of the following is a non-analytic case?
- The patient is diagnosed at the facility and it is unknown whether or not treatment was recommended or administered.
 - The patient is diagnosed at the facility and is referred elsewhere for treatment.
 - The patient was diagnosed and treated for a malignancy elsewhere, and presents to your facility for treatment for recurrence or progression of disease.
 - The patient is diagnosed elsewhere, and all or part of the first course of treatment is performed at the facility.

Quiz 3 - Class of Case

1. 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...
 - a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - b. 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
 - c. 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
 - d. 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)

2. 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.
 - a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - b. 14 Initial diagnosis at reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
 - c. 21 Initial diagnosis elsewhere AND part of first course treatment or a decision not to treat was done at the reporting facility
 - d. 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 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 ...
 - a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - b. 11- Initial diagnosis in staff physician's office AND part of first course treatment was done at the reporting facility
 - c. 12- Initial diagnosis in staff physician's office AND all of first course treatment was done at the reporting facility
 - d. 21- 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 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?
 - a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - b. 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
 - c. 14 Initial diagnosis at reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
 - d. 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)

5. Class of case 00 includes which of the following scenarios?
 - a. Diagnosed at the reporting facility and treatment given in the staff physician's office
 - b. Diagnosed in a staff physician's office and treated in the same staff physician's office
 - c. Diagnosed at the reporting facility and treated in a non-staff physician's office
 - d. Diagnosed at the reporting facility. Patient never returned. It is unknown if the patient received treatment
 - e. All of the above
 - f. A and C only
 - g. A, B and C only

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 ___

10 ___

14 ___

20 ___

21 ___

31 ___

32 ___

38 ___

Quiz 4 – Terminology

1. Match the prefix/suffix with the best definition

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

2. 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

3. 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

4. Write the standard abbreviation or symbol as documented in NAACCR Standards Volume II next to each term.

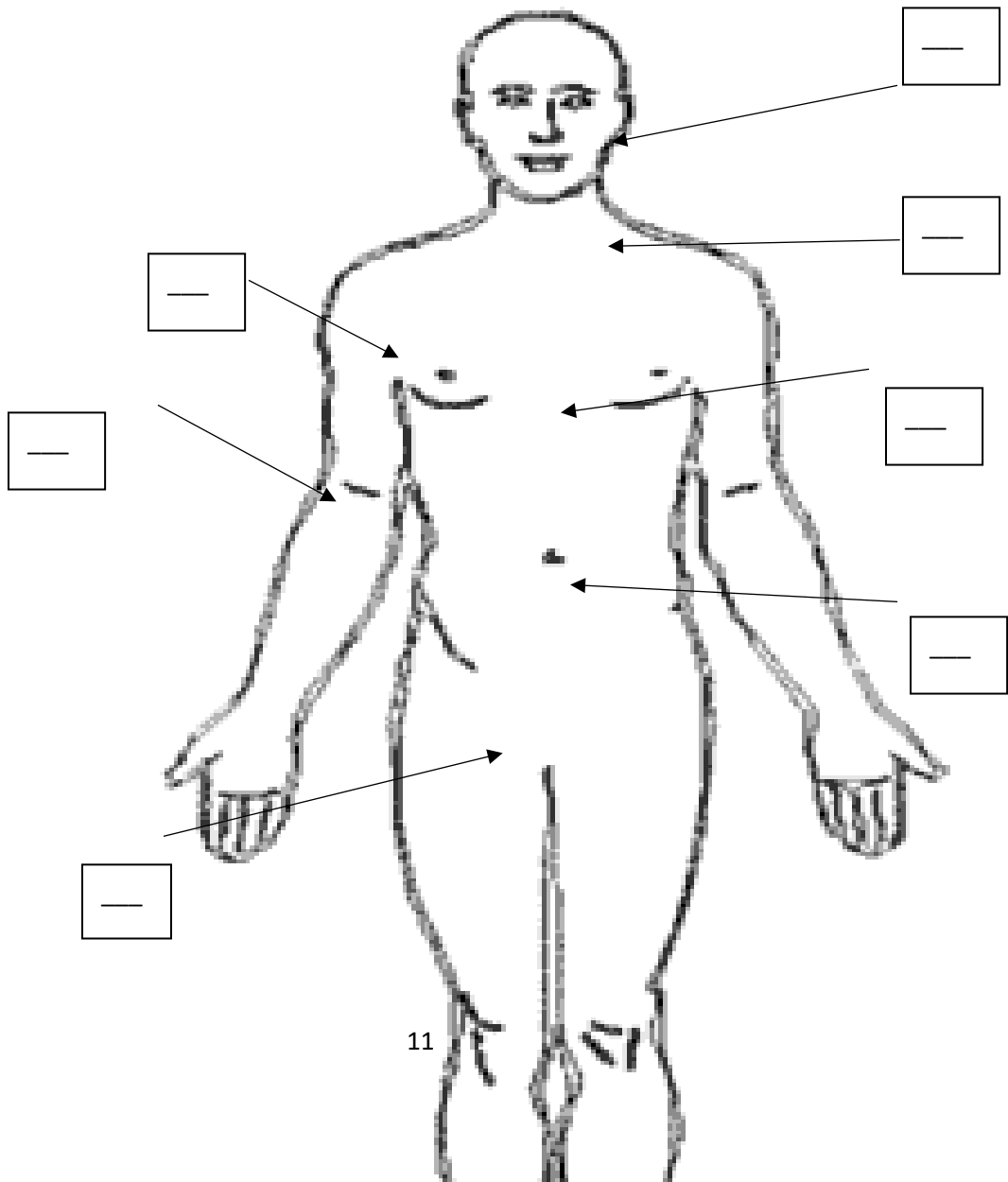
- a. Alcohol
- b. At
- c. Black Female
- d. Consistent With
- e. Date of Birth
- f. Left Upper Outer Quadrant
- g. No significant findings
- h. Positive

5. 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 |

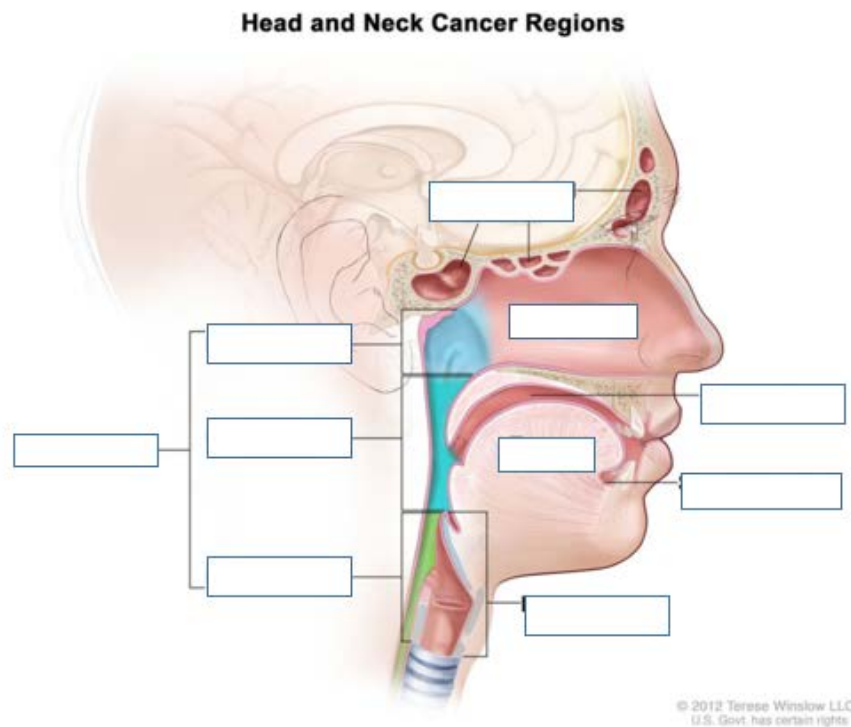
6. Match the lymph node region with the correct letter

- A: Axillary
- B: Infraclavicular
- C: Inferior mesenteric
- D: Sub carinal
- E: Epitrochlear
- F: Pre-Auricular
- G: Iliac



7. Match the Head & Neck Regions with the correct letter:

- a. Nasal cavity
- b. Larynx
- c. Oral cavity
- d. Paranasal sinuses
- e. Oropharynx
- f. Nasopharynx
- g. Salivary glands
- h. Tongue
- i. Hypopharynx
- j. Pharynx



8. A paracentesis is done to...
 - a. Remove fluid from the abdomen
 - b. Evaluate lymph nodes for malignancy
 - c. To help control the side effects of chemotherapy
 - d. To amplify the effectiveness of radiation

9. A malignant pleural effusion is most likely related to
 - a. A CNS primary
 - b. A prostate primary
 - c. A breast primary
 - d. A lung primar

10. Which of the following correctly describes the layers of the colon wall in order from the inner most to outer most?
 - a. Lumen, Mucosa, Submucosa, Muscularis propria, Subserosa, Serosa
 - b. Lumen, Mucosa, Submucosa, Muscularis propria, Serosa, Subserosa
 - c. Serosa, Mucosa, Submucosa, Muscularis propria, Subserosa, Lumen
 - d. None of the above

11. Which of the following is the point at which the trachea divides into the right and left mainstem bronchus?
 - a. Lingula
 - b. Hilum
 - c. Carina
 - d. Mediastinum

12. The supraglottis is within the:
 - a. Esophagus
 - b. Larynx
 - c. Pharynx
 - d. Stomach

13. What carries oxygenated blood from the lungs to the heart?
 - a. Capillaries
 - b. Lymphatic vessels
 - c. Pulmonary arteries
 - d. Pulmonary veins

14. The parietal peritoneum:

- a. Covers portions of the lung
- b. Lines the abdominal and pelvic walls
- c. Covers all of the abdominal organs
- d. Connects the colon to the abdominal wall

15. The site of origin of a leiomyosarcoma is most likely the:

- a. Cervix
- b. Endometrium
- c. Myometrium
- d. Ovary

16. Pericolic lymph nodes are regional nodes for:

- a. Cecum
- b. Pancreas
- c. Rectum
- d. Stomach

Quiz 5 – Breast Site-Specific Date Items

1. Site-specific Data Items replaced:
 - a. AJCC Staging
 - b. Tumor Markers
 - c. Collaborative Stage v2
 - d. NCDB

2. When estrogen receptor is positive on an in situ component and ER is negative on all tested invasive components code ER as:
 - a. Positive
 - b. Negative
 - c. Equivocal

3. When insitu and invasive components are present and ER is done on the insitu components only, code;
 - a. Negative
 - b. Positive
 - c. Test ordered, results not in chart
 - d. Unknown

4. The registrar should not calculate the Allred score when the ER and PR proportion score and intensity are available.
 - a. True
 - b. False

5. The Allred score is based on the percentage of cells that stain positive by IHC for HER2 and the intensity of that staining.
True
False

6. The simplest test used to identify the HER2 protein is:
 - a. Ki-67
 - b. IHC
 - c. CEA
 - d. ERBB2

7. When there is a single tumor with multiple resections and different HER2 IHC results:
 - a. Code highest (positive versus negative)
 - b. Code lowest (negative versus positive)
 - c. Code equivocal
 - d. Code unknown

8. Ki-67 is a tumor marker that determines:
 - a. The rate the tumor is multiplying
 - b. Hormone level in blood
 - c. Response to neoadjuvant treatment
 - d. Protein expressed by gene (ERBB)

Quiz 6 - Wrap Up

1. 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?

- a. 2/15/18
 - b. 2/21/18
 - c. 99/99/99
 - d. None of the above
2. 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.

What is the Date of Diagnosis?

- a. 1/15/18
 - b. 1/17/18
 - c. 1/19/18
 - d. None of the above
3. What is the Date of First Contact?
 - a. 1/15/18
 - b. 1/17/18
 - c. 1/19/18
 - d. None of the above
 4. What is the laterality?
 - a. 0 Organ is not a paired site.
 - b. 3 Only one side involved, right or left origin not specified.
 - c. 5 Paired site: midline tumor
 - d. 9 Paired site, but no information concerning laterality
 5. A patient is diagnosed with a ductal carcinoma of the breast located at the midline of the right breast. Laterality would be...
 - a. 1 Origin of primary is right
 - b. 3 Only one side involved, right or left origin not specified
 - c. 5 Paired site: midline tumor
 - d. 9 Paired site, but no information concerning laterality

6. A patient is diagnosed with leukemia based on a bone marrow biopsy. No further tests are done. Diagnostic confirmation would be...
 - a. 1 Positive histology
 - b. 2 Positive cytology
 - c. 5 Positive laboratory test or marker study
 - d. None of the above

7. 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 Pennsylvania for the rest of the year. You are able to track down her Pennsylvania address. What address would you enter for the address at diagnosis?
 - a. The Pennsylvania address
 - b. The Florida address
 - c. The Florida address, but include the Pennsylvania information in the text
 - d. Unknown address

8. You are a registrar in Oklahoma. 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?
 - a. The Illinois address
 - b. The address of the federal prison
 - c. The address of the hospital
 - d. Unknown address

9. A patient's street address is PO Box 125, 415 W Blackbird Rd, Lancaster, PA. What should be in the data item Patient Address (Number and Street) at Diagnosis?
 - a. PO Box 125
 - b. 415 W Blackbird Rd
 - c. PO BOX 125 415 W Blackbird Rd
 - d. Unknown address