Lower GI 2023
Poll Questions

Answers and rationale are provided in the slides

Poll 1

- PE: 52 yo WHF here for evaluation of anal mass
- CT abd/pel: mass involving anorectal ring outside the anal canal and extending to anal verge; separate mass in mid rectum
- Colonoscopy: 2 masses, one in the anus and a separate mass in the mid rectum; remainder of colon normal
- Pathology: Anal mass bx: adenocarcinoma; Rectal mass bx: adenocarcinoma

How many primaries, and what primary site(s) is(are) assigned?

A. 1 – Rectum C209
B. 1 – Rectum/Anus/Anal Canal Overlapping Lesion C218
C. 2 – Rectum C209; Anus C211

Poll 2

- Colonoscopy #1: 2 lg polyps, one in the cecum and the other in the ascending colon; ascending colon polyp incompletely removed. Path revealed benign findings.
- Colonoscopy #2: Clotted blood in A-colon and cecum d/t previous polypectomy.
- Op note (Robot assisted laparoscopic hemicolectomy): 5cm mass at hepatic flexure which bled during previous polypectomy and was incompletely excised
- Pathology: Rt Ascending colon w/ 2.2 cm WD adenocarcinoma arising in a tubular adenoma; invades lamina propria (intramucosal carcinoma); proximal, distal, and circumferential margins uninvolved by invasive carcinoma; no LVI or PNI identified; no tumor deposits; 0+/12 LNs; pT1 pN0

What primary site is assigned?

A. Ascending colon C182
B. Hepatic flexure C183

Poll 3

- 56 yo WF presents for repeat Rt Hemicolectomy for newly dx'd colon CA; new tumor identified at anastomosis s/p partial Rt colectomy for adenocarcinoma
- Colonoscopy w/ ileocolic anastomosis mass bx: prior end to side ileocolonic anastomosis in ascending colon ulcerated
- Robotic Rt hemicolectomy: 6 cm of ileum along w/ anastomosis, hepatic flexure and Rt portion of transverse colon removed
- Pathology: 3.1 cm PD adenocarcinoma at ileocolonic anastomotic line; invades through muscularis propria into pericolonic soft tissues, margins neg, 2+/36 LNs

What primary site is assigned?

A. Cecum/Ileocecal C180

B. Transverse colon C184
C. Ascending colon/Rt colon C182

Poll 4

- 80 yo WM non-hisp CC acute lg bowel obstruction in distal sigmoid colon; no palpable LNs
- CT abd/pel: sigmoid colon w/ mural thickening and irregularity w/ surrounding omental/mesenteric nodules
- Sigmoidoscopy: Obstructive mass 14 cm from anal verge
- Rectal EUA: Rectum w/ no palpable mass; Lt colon dissection: infiltraton of mesocolon w/ mets, no liver mets, tumor palpable at rectosigmoid jxn w/ infiltration of lateral pelvic wall; Omental nodule excised
- Pathology: Omental nodule: metastatic MD involving fibroadipose tissue

What primary site is assigned?

A. Rectosigmoid junction C199
B. Colon, NOS C189
C. Rectum C209

Poll 5

- The original tumor in 2020 was adenocarcinoma NOS 8140, treated w/ hemicolectomy
- 35 months later, patient had recurrence at the anastomotic site; pathology dx was mucinous adenocarcinoma 8480; physician documents anastomotic recurrence

How many primaries?

A. 1
B. 2

Poll 6

- The original tumor was adenocarcinoma in a polyp (8210/3), s/p hemicolectomy in 2017.
- Anastomotic recurrence 23 months later was adenocarcinoma NOS (8140/3)

How many primaries?

A. 1
B. 2

Poll 7

- Final Diagnosis: Proximal *colon*, segmental resection: Invasive adenocarcinoma, poorly differentiated, with signet ring cell features.
- Synoptic Report A: *Colon* and Rectum - Resection Specimen Procedure: Right hemicolectomy,
    - Tumor Site: Right (ascending) *colon*,
    - Histologic Type: Signet-ring cell carcinoma
    - Histologic Grade: G3: Poorly differentiated

What is the histology?

A. Adenocarcinoma, NOS 8140
B. Signet ring cell adenocarcinoma 8490

Poll 8

- Appendectomy for appendicitis: path shows moderately differentiated adenocarcinoma

How are the grade fields coded?

A. Grade Clinical 2; Grade Pathological 2
B. Grade Clinical 2; Grade Pathological 9
C. Grade Clinical 9; Grade Pathological 2

Poll 9

- Colonoscopy w/ bx: path shows moderately differentiated adenocarcinoma; resection w/ no residual tumor identified

How are the grade fields coded?

A. Grade Clinical 2; Grade Pathological 2
B. Grade Clinical 2; Grade Pathological 9
C. Grade Clinical 9; Grade Pathological 2

Poll 10

- Colonoscopy w/ polypectomy: path shows moderately differentiated adenocarcinoma; resection w/ no residual tumor identified

How are the grade fields coded?

A. Grade Clinical 2; Grade Pathological 2
B. Grade Clinical 2; Grade Pathological 9
C. Grade Clinical 9; Grade Pathological 2

Poll 11

- Colonoscopy w/ polypectomy: path shows moderately differentiated adenocarcinoma; no further resection.

How are the grade fields coded?

A. Grade Clinical 2; Grade Pathological 2
B. Grade Clinical 2; Grade Pathological 9
C. Grade Clinical 9; Grade Pathological 2

Poll 12

- Excisional bx for definitive treatment of rectal tumor: Path is MD adenocarcinoma.

How are the grade fields coded?

A. Grade Clinical 2; Grade Pathological 2
B. Grade Clinical 2; Grade Pathological 9
C. Grade Clinical 9; Grade Pathological 2

Poll 13

- Excisional bx for Tx of rectal tumor: Path is MD adenocarcinoma; margins are positive; resection shows no residual tumor

How are the grade fields coded?

A. Grade Clinical 2; Grade Pathological 2
B. Grade Clinical 2; Grade Pathological 9
C. Grade Clinical 9; Grade Pathological 2

Poll 14

- 2023 Abdominal paracentesis (for jelly belly): Final dx: High grade pseudomyxoma peritonei most likely related to appendiceal primary

How is the SSDI for Histologic Subtype coded?

A. 0 – Histology not 8480
B. 1– LAMN
C. 2 – HAMN
D. 3 – Mucinous/colloid adenocarcinoma
E. 4 – Other terminology coded to 8480

Poll 15

- CEA lab value = 8.3 (Report states reference values have not been established for patients who are greater than 69 years of age)

How would the SSDI for CEA Interpretation be coded?

A. 0 Negative, WNL
B. 1 Positive/elevated
C. 2 Borderline
D. 3 CEA documented, unknown if + or -
E. 9 CEA not assessed or unknown if assessed

Poll 16

- Endoscopic mucosal resection: adenoca, G1, invades lamina propria and muscularis mucosa; mucosal margin cannot be assessed (piecemeal resection); no LNs submitted or found; tumor deposits not identified

How would the SSDI for Tumor Deposits be coded?

A. 00 No TD identified
B. X9 Cannot be determined

Poll 17

- Endoscopic mucosal resection: adenoca, G1, invades lamina propria and muscularis mucosa; mucosal margin cannot be assessed (piecemeal resection); no LNs submitted or found

How would the SSDI for Perineural Invasion be coded?

A. 0 No perineural invasion identified
B. 9 Not documented, unknown

Poll 18

- Margin Status: all margins clear
  Distance for Radial Margin: 2 - 3mm

How is the SSDI for CRM coded?

A. 2.5 – 2 to 3 mm
B. 3.0 – 3 mm
C. 2.1 – one above the lower end of the range
D. XX.4 – Described as “at least" 2 mm
E. XX.5 – Described as “at least” 3 mm

Poll 19

- MARGINS
  - Margin Status for Invasive Carcinoma: All margins negative for invasive carcinoma
  - Closest Margin(s) to Invasive Carcinoma: Proximal Radial (circumferential) or mesenteric
  - Distance from Invasive Carcinoma to Closest Margin: Greater than 1 cm
  - Distance from Invasive Carcinoma to Distal Margin: Not applicable

How is the SSDI for CRM coded?

A. XX.0 – ≥ 100 mm
B. 10.1 – greater than 1 cm
C. XX.6 – greater than 3 mm

Poll 20

- Rt colectomy: Tumor present at visceral peritoneum; all other margins uninvolved by invasive carcinoma

How is the SSDI for CRM coded?

A. margin involved
B. XX.1 – margins clear; distance not stated

C. XX.9 – unknown

Poll 21

- Resection s/p neoadjuvant therapy: No residual invasive/malignant tumor identified; complete response; 0+/15 LNs; margins negative; distance to radial margin 2.4 cm; ypT0ypN0

How is the SSDI for CRM coded?

A. XX.1 – no residual tumor in specimen
B. 2.4 – measurement from path report
C. 24.0 – measurement from path report
D. XX.9 – unknown

Poll 22

- CRM at least 2 cm

How is the SSDI for CRM coded?

A. XX.0 – ≥ 100 mm
B. 2.1 – at ;east 2 cm
C. 20.1 – at least 2 cm
D. XX.6 – greater than 3 mm

Poll 23

- DETECTED: KRAS (Tier 1) KRAS, G12D, Exon 2, p.Gly12Asp, c.35G>A, NM_033360.2, (Frequency 24.9%)

How is the SSDI for KRAS coded?

A. 1 Abnormal (mutated) codons 12, 13, and/or 61
B. 4 Abnormal (mutated), NOS, codon(s) not specified

Poll 24

- Colon: KRAS c.35g>A.p. Gly12Asp. Type: missense VAF 14.1 CN: N/A

How is the SSDI for KRAS coded?

A. 1 Abnormal (mutated) codons 12, 13, and/or 61
B. 4 Abnormal (mutated), NOS, codon(s) not specified

Poll 25

- Immunostains for mismatch repair protein (MMR) are performed, and the results are as follows:
  - MLH1 (M1): Negative
  - PMS2 (A16-4): Negative
  - MSH2 (G219-1129): Positive, intact nuclear staining
  - MSH6 (SP93): Positive, intact nuclear staining
  - Interpretation: Loss of nuclear expression of MLH1 and PMS2

How is the SSDI for MSI coded?

A. 0 No loss of nuclear expression; mismatch repair intact
B. 2 MMR abnormal

Poll 26

- 2022 Colonoscopy with hot snare polypectomy: MLH1 & PMS2 Loss of Nuclear Expression, MSH2 & MSH6 Intact Nuclear Expression; 2022 resection: No loss of nuclear expression of MMR proteins: No evidence of deficient mismatch repair (low probability of MSI-H)

How is the SSDI for MSI coded?

A. 0 No loss of nuclear expression; mismatch repair intact
B. 2 MMR abnormal (loss of nuclear expression in 1 or more MMR proteins)

Poll 27

- POSITIVE (Intact):MSH2 and MSH6
- NEGATIVE (Absent): MLH1 and PMS2

How is the SSDI for MSI coded?

A. 0 No loss of nuclear expression; mismatch repair intact
B. 2 MMR abnormal