

Lower GI 2023 Part 2 Poll Questions

Answers and rationale are provided in the slides

1. Poll 1 – Surgical Diagnostic & Staging Procedure

Scenario:

- 2022 Screening colonoscopy is + for adenocarcinoma in sigmoid colon

Question: How would you code the Surgical Diagnostic and Staging Procedure?

- A. **02** A biopsy (incisional, needle, or aspiration) was done to the primary site; or biopsy or removal of a lymph node to diagnose or stage lymphoma
- B. **05** An exploratory procedure was performed, and a biopsy of either the primary site or another site was done

2. Poll 2 -Surgical Diagnostic & Staging Procedure

Scenario:

- 2023 Screening colonoscopy w/ bx of ascending colon polyp; path is + for a tubular adenoma; Laparoscopic Right Colectomy + moderately differentiated adenocarcinoma invades submucosa 18 nodes (-) pT1 pN0

Question: How would you code the Surgical Diagnostic and Staging Procedure?

- A. **00** No surgical diagnostic or staging procedure
- B. **02** A biopsy (incisional, needle, or aspiration) was done to the primary site; or biopsy or removal of a lymph node to diagnose or stage lymphoma
- C. **05** An exploratory procedure was performed, and a biopsy of either the primary site or another site was done

3. Poll 3-Surgery LAR

Scenario: 2023 rectal primary

- Laparoscopic low anterior resection: large polyp mass found in the rectum - resected from low rectum to lower sigmoid colon with anastomosis and creation of protective loop colostomy
- Snip from PATH report: Macroscopic Evaluation of Mesorectum : Complete

Question: How would you code the Cancer Directed Surgery?

- A. A300 Segmental resection; partial proctectomy, NOS
- B. A500 Total proctectomy

4. Poll 4- Surgery AP Resection

Scenario: 2023 low rectal primary within 3cm of anal verge

- Presents with a cT3 cN2b cM0 Stage 3C low rectal primary treated with neoadjuvant chemo/radiation
- AP Resection – removal of rectum, rectosigmoid and anus - creation of Colostomy, 14/17 nodes+
- Snip from PATH report: Macroscopic Evaluation of Mesorectum: Near complete

Question: How would you code the Cancer Directed Surgery?

- A. A300 Segmental resection; partial proctectomy, NOS
- B. A400 Pull through WITH sphincter preservation (coloanal anastomosis)
- C. A500 Total proctectomy

5. Poll 5- Pericolonic/Pericorectal tissue invaded Reg or Local

Scenario:

- pT3 pN0 cM0 Stage IIA Transverse Colon adenocarcinoma with extension through the wall into pericolonic tissue, 16 nodes (-), no mets on CT.

Question: How would you code Summary Stage 2018?

- A. 1 Localized only (localized, NOS)
- B. 2 Regional by direct extension only

6. Poll 6 Pericolonic/Pericorectal tissue Invaded-Reg or Local

Scenario:

- pT3 pN0 cM0 Stage IIA Ascending Colon with Extension through the wall into pericolonic tissue, 16 nodes (-), no mets on CT.

Question: How would you code Summary Stage 2018?

- A. 1 Localized only (localized, NOS)
- B. 2 Regional by direct extension only

7. Poll 7 EOD Regional Nodes

Scenario:

- CT scan of Abdomen and Pelvis: 1.2cm transverse colon that extends into surrounding pericolonic tissues. There is also right lung metastasis and liver metastasis seen on CT. Patient has liver biopsy performed on 04-19-2021 which shows adenocarcinoma consistent with metastasis from colon primary. No further resection done.)

Question: How would you assign EOD Regional Nodes?

- A. 000 No RLN mets
- B. 300 Regional lymph nodes involved
- C. 999 Unknown if RLNs involved

8. Poll 8 AJCC X vs BLANK

Scenario:

- Rectal cancer 5.0cm from the anal verge on imaging; the cancer is stated T3/4 - with possible involvement of prostate and clinically positive mesorectal lymph nodes.
- Patient was presented to Tumor Board; managing physician, medical oncologist, and radiation oncologist state: T3/4 N1 stage IIIB.

Question: How would you assign AJCC cT category?

- A. cT3
- B. cT4
- C. cTX
- D. cT BLANK

9. Poll 9 cN Unknown #of Nodes +

Scenario:

- CT scan of Abdomen and Pelvis: 1.2cm transverse colon that extends into surrounding pericolic tissues. There are **enlarged pericolic lymph nodes consistent with involvement**. There is also right lung metastasis and liver metastasis seen on CT. Patient has liver biopsy performed on 04-19-2021 which shows adenocarcinoma consistent with metastasis from colon primary. No further resection done.)

Question: How would you assign AJCC cN category? [**enlarged pericolic lymph nodes consistent with involvement.**]

- A. cN1 One to three regional lymph nodes are positive (tumor in lymph nodes measuring ≥ 0.2 mm), or any number of tumor deposits are present and all identifiable lymph nodes are negative
- B. cN2 Four or more regional nodes are positive
- C. cNX
- D. cN BLANK

10. Poll 10- cT after Colonoscopy

Scenario:

- Patient presents to facility for colonoscopy which shows a mass in the cecum, biopsy is positive for invasive adenocarcinoma. No further workup is done prior to taking the patient to definitive surgery

Question: How would you assign cT?

- A. cTX
- B. BLANK

11. Poll 11-cT after Colonoscopy & Scans

Scenario:

- Patient undergoes colonoscopy with biopsy from the sigmoid colon (tumor extent not documented in endoscopy report); staging CT follows which visualizes the sigmoid colon tumor, but the extent of invasion is not documented on the scan; physician did not assign cTNM prior to resection.

Question: How would you assign cT?

- A. cTX
- B. BLANK

12. Poll 12- AJCC T Category Polypectomy-Part of dx workup

Scenario:

- Colonoscopy: screening colonoscopy found 25mm polyp removed by piecemeal mucosal resection using snare.
- Pathology: Poorly diff Adenocarcinoma arising in a serrated polyp invading the submucosa. There is no mention of margins on the path report.
- Scans: No evidence of adenopathy/mets and no mention of colon mass
- 03-15-2020 Hemicolectomy

Question: How is the cT category assigned?

- A. cT1
- B. cTX
- C. BLANK

13. Poll 13 AJCC T Polypectomy done as Treatment

Scenario:

- Colonoscopy: screening colonoscopy found pedunculated polyp removed with snare polypectomy.
- Pathology: Invasive Poorly diff Adenocarcinoma arising in a pedunculated polyp. There is no mention of margins on the path report.
- Scans: No evidence of adenopathy/mets and no mention of colon mass
- No further treatment recommended.

Question: How is the cT category assigned?

- A. cT1
- B. cTX
- C. BLANK

14. Poll 14- Bizarre Polypectomy Behavior

Scenario:

- Sigmoid Colon Polypectomy: invasive adenocarcinoma limited to the lamina propria, margins clear
- Physician stated no further treatment needed
- Physician assigned pTis cN0 cM0 Stage 0

Question: How will you assign behavior code?

- A. /3
- B. /2

15. Poll 15 AJCC Incidental Finding

Scenario:

- 2023: Patient presents with severe RLQ abdominal pain; CT was compatible with acute uncomplicated appendicitis; laparoscopic appendectomy performed; op note states inflammatory changes w/ significantly distended appendix.
- Pathology: Appendix+ G2 Adenocarcinoma invading the muscularis propria

Question: How is the cT category assigned?

- A. cT2
- B. cT BLANK