

Quiz 1-Reportability

Assume year of diagnosis is 2024 unless stated otherwise.

If participating in the live session, do not use your manual.

1. Which of the following statements describe cases reportable to the CoC according to STORE? Select all that apply.
 - a. Lobular Carcinoma In Situ
 - b. Juvenile Pilocytic Astrocytoma with a behavior code of /1 diagnosed in 2023
 - c. GIST, NOS tumor diagnosed in 2021
 - d. Carcinoid tumor of the appendix

2. According to the COC, which of the following are examples of non-reportable histologies? Select all that apply.
 - a. Intraductal Papillary Mucinous Neoplasm (IPMN) low grade
 - b. Tectal plate lipoma
 - c. PanIN III
 - d. Squamous cell carcinoma of the canthus
 - e. Mature teratoma of the testes diagnosed before puberty

3. Which of the following statements are true of reportable by agreement cases? Select all that apply.
 - a. Hospital registries may be requested to submit cases to their central registry that are not required by the COC from accredited facilities
 - b. Requests for reportable by agreement cases may come from the state cancer registry or from the cancer committee
 - c. The requestor determines the extent of information to be abstracted on reportable by agreement cases
 - d. Reportable by agreement cases are always entered using analytic classes of case

4. A patient is found to have gastrointestinal stromal tumor (GIST) in their stomach. Pathology confirms the tumor is benign. Further work-up did not show metastasis.
 - a. Reportable
 - b. Not reportable
 - c. Depends

5. A patient is found to have a GIST in their stomach. Pathology confirms the diagnosis of gastrointestinal tumor. Further work-up did not show metastasis.
 - a. Reportable
 - b. Not reportable
 - c. Depends

2024 NAACCR Boot Camp Part 1 Quizzes

6. A patient is diagnosed with a lobular neoplasia grade III occurring in her right breast. The physician refers to this as lobular carcinoma in situ.
 - a. Reportable
 - b. Not reportable
 - c. Depends

7. A patient has a biopsy of a small lesion in his pancreas. Pathology shows pancreatic intraepithelial neoplasia grade 2.
 - a. Reportable
 - b. Not reportable
 - c. Depends

8. A urine cytology showed malignant cells. Patient refused further work-up.
 - a. Reportable
 - b. Not reportable
 - c. Depends

9. A patient is diagnosed with an adenoma in their adrenal gland
 - a. Reportable
 - b. Not reportable
 - c. Depends

10. A patient is diagnosed with an adenoma in their pituitary gland.
 - a. Reportable
 - b. Not reportable
 - c. Depends

11. A breast cancer patient had her surgery and radiation treatment completed at Facility A on 1/7/2023. She started on Letrozole at Facility A on 1/12/23. She transfers her treatment Facility B on 2/21/2024 and continues her Letrozole at Facility B. Is this case reportable to facility B?
 - a. Reportable
 - b. Not reportable
 - c. Depends

12. A patient has a CT of the liver that shows a mass that is assigned a LI-RADS score of 4-Probable hepatocellular carcinoma. A subsequent biopsy of the liver indicated the tumor was benign.
 - a. Reportable
 - b. Not reportable
 - c. Depends

Quiz 2-Class of Case

Answer these questions as if you are a registrar at a CoC facility.

We are not asking participants to use the manual for this quiz.

1. A patient had a colonoscopy and with biopsy at your facility. The biopsy was positive for adenocarcinoma. The patient was referred to a different facility for surgery, but it is unknown if any further treatment was done.
 - 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 an office of a physician with admitting privileges AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS
 - c. 14 Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
 - d. 22 Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

2. A breast cancer patient had her surgery and Radiation treatment completed at Facility A on 1/7/2023. She started Letrozole at Facility A on 1/12/23. She transfers her treatment to Facility B on 2/21/2024 and continues her Letrozole as prescribed by the physician at Facility A.

What is the class of case for Facility B?

- a. 11 Initial diagnosis in an office of a physician with admitting privileges AND part of first course treatment was done at the reporting facility
- b. 21 Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
- c. 30 Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup
- d. 32 Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)

2024 NAACCR Boot Camp Part 1 Quizzes

3. Facility A:

2/10/23 Patient had a shave biopsy at an outside facility due to nonhealing lesion on his nose. Pathology reads melanoma in situ with positive margin.

Facility B:

3/9/23 Patient presented at your facility for wide excision to ensure clear margins. Path returned with no residual tumor. No further treatment.

What is the Class of Case for Facility B?

- a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
- b. 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
- c. 21 Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
- d. 22 Initial diagnoses elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

4. Facility A:

A patient was diagnosed with prostate cancer on 3/2/23. His urologist recommended active surveillance. The patient's PSA and DRE remained stable until 1/4/24 when the PSA returned significantly elevated. Due to the elevation in the PSA and patient anxiety a prostatectomy was recommended.

Facility B:

Robotic Assisted Prostatectomy

What is Class of Case for facility B?

- a. 14 Initial diagnosis at reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
- b. 21 Initial diagnosis elsewhere AND part of first course treatment or a decision not to treat was done at the reporting facility
- c. 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)
- d. 32 Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)

2024 NAACCR Boot Camp Part 1 Quizzes

5. A patient has a mammogram on 10/4/23 that shows a BI-RADS 4 lesion in her left breast. An ultrasound guided core biopsy showed lobular neoplasia grade III occurring in her left breast. The physician refers to this as lobular carcinoma in situ.
- 10/28/23 The patient had a lumpectomy of the left breast. Pathology showed lobular neoplasia grade II, but no residual LCIS. The patient did not have any additional treatment.
- 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - 21-initial diagnosis elsewhere and part of first course treatment was done at the reporting facility
 - 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)
 - 34 Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis AND part or all of first course treatment by reporting facility
6. A patient is seen at an outpatient surgery center (not affiliated with your facility) on 2/4/2024 for a biopsy of a left base of tongue lesion. The specimen was sent to your pathology department for review. The pathology report showed the specimen was positive for invasive, poorly differentiated squamous cell carcinoma, basaloid type, nonkeratinizing. No HPV histogenesis. The patient returns to your facility on 2/17/2024 for an excisional biopsy that confirms the diagnosis. The class of case is...
- 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - 21-initial diagnosis elsewhere and part of first course treatment was done at the reporting facility
 - 22-initial diagnosis elsewhere and all of first course treatment was done at the reporting facility
 - 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)
 - 43 Pathology or other lab specimens only

2024 NAACCR Boot Camp Part 1 Quizzes

7. A patient presents at your facility for workup of a skin lesion on 9/20/2023. The shave biopsy is consistent with atypical melanocytic proliferation, and the patient does not return for further evaluation in your dermatology department. On 1/10/2024, the patient is seen in your emergency department for confusion and altered mental status. The patient passes away, and the autopsy reveals several lesions in the frontal lobe, consistent with metastatic melanoma. What is the appropriate class of case?
- 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - 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)
 - 38 Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death
 - 43 Pathology or other lab specimens only
8. A patient presents to his local hospital for evaluation for shortness of breath and general weakness. The emergency room performs a history and physical, which reveals a prior history of meningioma, completely resected in 2019. The patient has been followed with serial imaging since 2020 by the patient's outside neurologist with no known recurrences. A chest x-ray is performed, positive for pneumonia. The patient is prescribed antibiotics and discharged. If this case were reportable by your central registry or facility, what class of case would be assigned?
- 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - 21-initial diagnosis elsewhere and part of first course treatment was done at the reporting facility
 - 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)
 - 33 Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active)

Quiz 3-Ambiguous Terminology/Date of Diagnosis.

We are not asking participants to use their manual.

“Consistent” and “consistent with” are considered reportable ambiguous terms. “Encased” is listed as a Not Involved term in the Summary Stage Manual list of ambiguous terms.

1. CT shows a suspicious tumor in the left lung.
 - a. Reportable
 - b. Not reportable

2. 1/12/23 A CT showed a bile duct dilation consistent with cholangiocarcinoma. On 2/4/23 biopsy showed ductal adenocarcinoma of the head of the pancreas. What is the date of diagnosis?
 - a. 1/12/23
 - b. 2/4/23
 - c. The case is not reportable.

3. 4/12/23 A CT of the chest showed a mediastinal mass consistent with lymphoma with a differential diagnosis of metastatic lung cancer or sarcoidosis. A biopsy on 4/25/23 confirmed diffuse large b-cell lymphoma. What is the date of diagnosis?
 - a. 4/12/23
 - b. 4/25/23
 - c. The case is not reportable.

9/12/23 A CT showed tumor in the head of the pancreas encasing the superior mesenteric artery.

4. Would “encasing the superior mesenteric artery” be used to assign Summary Stage?
 - a. Yes
 - b. No
5. Would “encasing the superior mesenteric artery” be used to assign an AJCC cT value?
 - a. Yes
 - b. No
 - c. Maybe

10/12/23 A CT showed a tumor in the apex of the left lung encasing the superior vena cava.

6. Would “encasing the superior vena cava” be used to assign Summary Stage
 - a. Yes
 - b. No
7. Would encasing the superior vena cava be used to assign the AJCC cT value?
 - a. Yes
 - b. No
 - c. Maybe

Quiz 4-First Course of Treatment

Please use SEER Rx to answer question related to systemic treatment.

<https://seer.cancer.gov/seertools/seerrx/>

1. Which statement(s) are true about First Course of Treatment (Select all that Apply)?
 - a. First Course of Treatment is any treatment included in the initial treatment plan, regardless of timing.
 - b. First Course of Treatment is always administered within 1 year of diagnosis.
 - c. First Course of Treatment is treatment administered prior to disease progression.
 - d. Registrars can use the NCCN guidelines to help determine what First Course of Treatment would be standard of care in the absence of a treatment plan.
 - e. Incorrectly determining First Course of Treatment can impact coding Class of Case.
 - f. The cancer registry definition of First Course of Treatment has not significantly changed since the earliest (DAM) manual.

2. After an ascending colon primary is abstracted, the registrar finds out that the patient has first course of treatment Gemcitabine and Cisplatin. Besides updating Chemotherapy (#1300), what are some of the other fields that the registrar should consider updating as well?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

2024 NAACCR Boot Camp Part 1 Quizzes

3. A 35-year-old male presents with abnormal cervical lymph nodes. Bilateral lobes of the thyroid are severely enlarged. The patient was having a slowly increasing upper airway obstruction. Over the last 4 days he was unable to work or sleep. On physical exam, the left thyroid gland is very large going from the angle of the mandible to the base of the neck. The right thyroid gland is mildly enlarged. CT of the neck shows an enlarged thyroid with non-enlarged cervical lymph nodes. A thyroidectomy is performed, revealing a 1.8 cm unifocal follicular carcinoma (encapsulated angioinvasive) of the left lobe. Extrathyroidal extension was not present. Margins were uninvolved. No lymph nodes were submitted.

10/29/2023: Total thyroidectomy with bilateral modified neck dissection.

Findings: Massive thyroid enlargement with upper airway obstruction and tracheal compression

11/3/2023: I-131, 171 millicuries

2/21/2024: Thyrogen injection

Which treatment modalities should be coded as part of the patient's First Course of Treatment (Select all that Apply)?

- Surgery
 - Radiation
 - Chemotherapy
 - Immunotherapy
 - Hormone Therapy
 - Endocrine/Transplant
 - Other Therapy
4. A 64-year-old male presents with a positive Cologuard test and a history of colon polyps. PET-CT showed an 8 cm malignant lesion in the caudal portion of the ascending colon and a 5.2 cm metastatic lesion in the anterior aspect of the right hepatic dome, along with an indeterminate lymph node in the portacaval region. The lesion was biopsied on 9/20/2023 and the pathology report demonstrated invasive, moderately differentiated adenocarcinoma. The patient will receive neoadjuvant therapy followed by right hemicolectomy.

10/2/2023: Pembrolizumab x 4 cycles

11/30/2023: MRI Ascending Colon:

- Probable extramural soft tissue haziness along medial aspect of known colonic adenocarcinoma concerning for extramural extension with thickening of the adjacent right anterior fascia.
- Segment 4B hepatic metastasis again present, slightly enlarged from last imaging studies, along with new metastases in segment 6 and segment 8

12/3/2023: Medical oncologist subsequent visit.

- Progression of disease on recent MRI

2024 NAACCR Boot Camp Part 1 Quizzes

1/5/2024: Chemotherapy with Fluorouracil, Leucovorin, Oxaliplatin, and Irinotecan (FOLFOXIRI) plus Bevacizumab; poor tolerability

2/1/2024: Right hemicolectomy

Which treatment modalities should be coded as part of the patient's First Course of Treatment (Select all that Apply)?

- a. Surgery
 - b. Radiation
 - c. Chemotherapy
 - d. Immunotherapy
 - e. Hormone Therapy
 - f. Transplant/Endocrine
 - g. Other Therapy
5. An 87-year-old female presents with petechiae and shortness of breath, and weakness. Her CBC is abnormal, and a bone marrow aspiration and biopsy was performed on 2/16/2023. The pathology is consistent with IPSS-R Very-High Risk Myelodysplastic syndrome with ring sideroblasts and single lineage dysplasia (9982/3). Further genetic testing is being done to determine if mutant IDH1 mutation is present. If present, the patient will begin Ivosidenib.
- 2/22/2023: Begin Azacitidine, plan for 6 cycles in preparation for stem cell infusion.
- 3/20/2023: Patient tests Covid positive on PCR after cycle 5 of Azacitidine, cycle 6 put on hold.
- 4/8/2023: Hematology follow-up visit and repeat CBC.
- Genetic testing shows mIDH1 mutation is present.
 - Will start patient on single agent Ivosidenib for further cytoreduction.
 - If treatment is successful, will proceed to allogeneic hematopoietic stem cell transplant.
- 5/1/2023: Patient has achieved <5% blasts with cytoreduction. Stem cell infusion was completed.
- 5/30/2023: Hematology subsequent visit. Good response 3 weeks post-transplant. Will continue to monitor.
- Which treatment modalities should be coded as part of the patient's First Course of Treatment (Select all that Apply)?
- a. Surgery
 - b. Radiation
 - c. Chemotherapy
 - d. Immunotherapy
 - e. Hormone Therapy
 - f. Endocrine/Transplant
 - g. Other Therapy

2024 NAACCR Boot Camp Part 1 Quizzes

6. A 69 year old patient with consistently elevated PSA over the past year (up from 5 ng/mL to 12 ng/mL, reference range 0-4.0 ng/mL), is referred to Facility A Urology department for management on 3/23/2023. The urologist performs a DRE, which is negative, and recommends a prostate MRI. The prostate MRI is completed on 3/30/2023. It demonstrates an “area of interest” in the left apex, and the patient has a prostate biopsy on 4/5/2023, which is positive for a Gleason 6 prostate cancer.

The patient returns to Facility A Urology on 4/10/2023 for treatment discussion. After a conversation between the patient and the urologist, the decision is mutually made to place the patient on active surveillance, with follow-up at 6-month intervals. The patient returns to Facility A Urology on 10/12/2023, and his PSA is essentially unchanged (12.3 ng/mL).

He is next seen on 12/11/2023 at Facility B, where he has transferred services. His urologist there agrees with the plan for Active Surveillance and schedules the patient to follow-up with him in 3 months.

Which facility(ies) participated in First Course of Treatment for this patient?

- a. Facility A Urology only
- b. Facility Urology only
- c. Neither Facility A or Facility B
- d. Both Facility A and Facility B
- e. The patient did not have any First Course of Treatment

Quiz 5-Neoadjuvant Treatment

We are not asking participants to use their manuals for this quiz

A patient is diagnosed with cT3 cN0 cM0 rectal carcinoma on 2/12/23. He received six cycles of chemotherapy followed by a low anterior resection. Pathology showed no residual tumor.

1. Neoadjuvant therapy
 - a. 0 No neoadjuvant therapy, no treatment before surgery, surgical resection not part of first course of treatment plan
 - b. 1 Neoadjuvant therapy completed according to treatment plan and guidelines
 - c. 2 Neoadjuvant therapy started, but not completed OR unknown if completed
 - d. 3 Limited systemic exposure when the intent was not neoadjuvant; treatment did not meet the definition of neoadjuvant therapy
 - e. 9 Unknown
2. Is this patient eligible for a yp Stage?
 - a. Yes
 - b. No

2024 NAACCR Boot Camp Part 1 Quizzes

A 64-year-old male presents with a positive Cologuard test and a history of colon polyps. PET-CT showed an 8 cm malignant lesion in the caudal portion of the ascending colon and a 5.2 cm metastatic lesion in the anterior aspect of the right hepatic dome, along with an indeterminate lymph node in the portacaval region. The lesion was biopsied on 9/20/2023 and the pathology report demonstrated invasive, moderately differentiated adenocarcinoma. The patient will receive neoadjuvant therapy followed by right hemicolectomy.

10/2/2023: Pembrolizumab x 4 cycles

11/30/2023: MRI Ascending Colon:

- Probable extramural soft tissue haziness along medial aspect of known colonic adenocarcinoma concerning for extramural extension with thickening of the adjacent right anterior fascia.
- Segment 4B hepatic metastasis again present, slightly enlarged from last imaging studies, along with new metastases in segment 6 and segment 8

12/3/2023: Medical oncologist subsequent visit.

- Progression of disease on recent MRI

1/5/2024: Chemotherapy with Fluorouracil, Leucovorin, Oxaliplatin, and Irinotecan (FOLFOXIRI) plus Bevacizumab; poor tolerability

2/1/2024: Right hemicolectomy

3. Neoadjuvant therapy
 - a. 0 No neoadjuvant therapy, no treatment before surgery, surgical resection not part of first course of treatment plan
 - b. 1 Neoadjuvant therapy completed according to treatment plan and guidelines
 - c. 2 Neoadjuvant therapy started, but not completed OR unknown if completed
 - d. 9 Unknown
4. Is this patient eligible for a yp Stage?
 - a. Yes
 - b. No

Quiz 6-Grade

We are not asking participants to use their manuals for this quiz

1. According to the general section of the Grade Manual, when can Grade Clinical be coded to unknown (9)?
 - a. There are multiple tumors with different grades abstracted as one primary
 - b. There is only one grade available, and it cannot be determined if it is clinical or pathological
 - c. There is no site-specific grade table
 - d. There is an incidental finding during surgery for another condition that removes the entire tumor.
 - e. There is a patient on active surveillance

2. Which of the following statements is true about Grade? Choose all that apply:
 - a. If there are both in situ and invasive components, code the grade for both the invasive and the in situ component of the tumor.
 - b. A registrar can code grade based on a metastatic deposit.
 - c. The Final Diagnosis in the pathology report takes priority for coding grade over the Synoptic Report.
 - d. Systemic treatment and radiation do not alter a tumor's grade.
 - e. If the primary site is unknown, code Grade Clinical and Grade Pathological to unknown (9).

3. 12/14/2023 FNA of Station 7, Station 4L, and hilar lymph nodes: 6 lymph nodes in station 4L positive for non-small cell lung cancer, poorly differentiated. 1/2/2024 Bone Marrow FNA: positive for poorly differentiated adenocarcinoma, suspect lung origin. 2/1/2024: Patient placed on dexamethasone and Keytruda for presumed lung cancer diagnosis. 2/15/2024 Lung, left lower lobe bronchoscopy and biopsy: adenocarcinoma, pulmonary type, undifferentiated.

How should Grade Clinical be coded?

- a. G1: Well Differentiated
- b. G2: Moderately Differentiated
- c. G3: Poorly Differentiated
- d. G4: Undifferentiated
- e. GX: Unknown

2024 NAACCR Boot Camp Part 1 Quizzes

4. 11/11/2023 MRI Brain: Solitary intra-axial mass centered in the postcentral gyrus on the left. Differential diagnosis includes a primary brain tumor or a solitary metastasis.

Addendum: On further evaluation of the images, there is an expansile lesion within the sella without suprasellar extension.

- Measurements of the pituitary mass are 15 mm x 11 mm. This may represent a pituitary adenoma.
- 11/14/2023 MRI Brain: Left postcentral gyrus mass measuring approximately 3.0 x 2.8 x 2.4 cm. Mass is most consistent with a low-grade glial neoplasm, specifically astrocytoma or oligodendroglioma.
- Pituitary mass measuring approximately 1.5 x 1.0 x 1.0 cm is most compatible with pituitary macroadenoma without suprasellar or cavernous sinus extension.

How should Grade Clinical be coded for the suprasellar tumor?

- a. 1: WHO Grade I
 - b. 2: WHO Grade II
 - c. 3: WHO Grade III
 - d. 4: WHO Grade IV
 - e. L: Stated as "low grade" NOS
 - f. H: Stated as "high grade" NOS
 - g. A: Well differentiated
 - h. B: Moderately differentiated
 - i. C: Poorly differentiated
 - j. D: Undifferentiated, anaplastic
 - k. 9: Grade cannot be assessed; unknown
5. 1/29/2024 Lymph node biopsy, left axilla, needle core biopsy: Metastatic neuroendocrine tumor in fibrotic tissue. 2/6/2024: Pancreas, tail, fine-needle aspirate: well-differentiated neuroendocrine tumor in fibrous tissue. 2/12/2024: Distal pancreatectomy: G3 neuroendocrine tumor. KI-67 index 32.59%.

What is the correct Grade Clinical for this tumor?

- a. 1: G1
- b. 2: G2
- c. 3: G3
- d. A: Well differentiated
- e. B: Moderately differentiated
- f. C: Poorly differentiated
- g. D: Undifferentiated, anaplastic
- h. 9: Grade cannot be assessed (GX); Unknown

2024 NAACCR Boot Camp Part 1 Quizzes

6. What is the correct Grade Pathological for the above tumor?
 - a. 1: G1
 - b. 2: G2
 - c. 3: G3
 - d. A: Well differentiated
 - e. B: Moderately differentiated
 - f. C: Poorly differentiated
 - g. D: Undifferentiated, anaplastic
 - h. 9: Grade cannot be assessed (GX); Unknown

7. 5/6/2023 Endometrial curettage: Adenocarcinoma, conventional endometrial type, FIGO G2. 6/3/2023 TAH/BSO: Endometrioid adenocarcinoma, FIGO G1, 13 cm. 9% myometrial invasion. No LVI. 1/28 pelvic lymph nodes involved. What is the correct Grade Clinical for this tumor?
 - a. 1: G1; FIGO Grade 1; Well differentiated
 - b. 2: G2; FIGO Grade 2; Moderately differentiated
 - c. 3: G3; FIGO Grade 3; Poorly differentiated or undifferentiated
 - d. 9: GX; Grade cannot be assessed

8. What is the correct Grade Pathological for the above tumor?
 - a. 1: G1; FIGO Grade 1; Well differentiated
 - b. 2: G2; FIGO Grade 2; Moderately differentiated
 - c. 3: G3; FIGO Grade 3; Poorly differentiated or undifferentiated
 - d. 9: GX; Grade cannot be assessed