

Quiz 1 Terminology

1. Match the prefix with the best definition

| | | |
|-------|----------|-------------------------------|
| Anti | <u>D</u> | A. Cheek |
| Lyso | <u>H</u> | B. Fat |
| Necro | <u>E</u> | C. Joint |
| Hemat | <u>G</u> | D. Against |
| Lipo | <u>B</u> | E. Death |
| Athr | <u>C</u> | F. Gland |
| Aden | <u>F</u> | G. Blood |
| Bucco | <u>A</u> | H. Breaking down; Destruction |

2. Match the prefix with the best definition

| | | |
|----------|----------|-------------------|
| Meta | <u>E</u> | A: Outside |
| Circum | <u>H</u> | B: Hardness |
| Exo | <u>A</u> | C: Middle |
| Cycl | <u>G</u> | D: Above |
| Sclera/o | <u>B</u> | E: Beyond; Change |
| Meso | <u>C</u> | F: Behind; After |
| Supra | <u>D</u> | G: Circle: Cycle |
| Post | <u>F</u> | H: Around |

3. Match the organ with the procedure

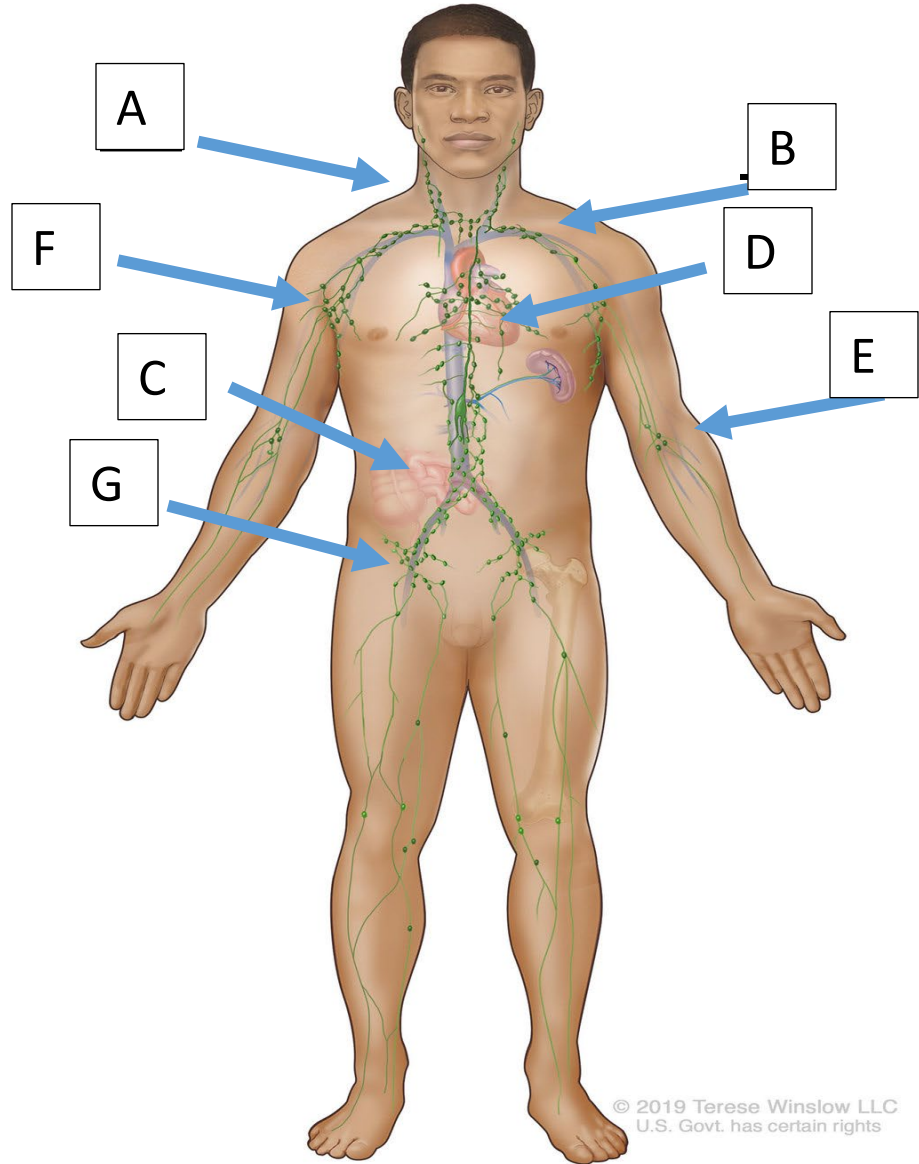
| | | |
|-------------|----------|--------------------|
| Breast | <u>C</u> | A: Cholecystectomy |
| Colon | <u>G</u> | B: Gastrectomy |
| Lung | <u>F</u> | C: Mastectomy |
| Stomach | <u>B</u> | D: Glossectomy |
| Tongue | <u>D</u> | E: Oophorectomy |
| Gallbladder | <u>A</u> | F: VAT |
| Ovary | <u>E</u> | G: Ileostomy |

4. Match the term with the definition

| | | |
|-------------|----------|---|
| Abscess | <u>D</u> | A: Surgical removal of the spleen |
| Neoplasm | <u>G</u> | B: Visual Examination of the colon |
| Atypia | <u>E</u> | C: Sac-like pocket of tissue, usually filled with fluid or air |
| Cyst | <u>C</u> | D: Fluid-filled pocket that forms in tissue, usually due to infection |
| Colonoscopy | <u>B</u> | E: Non-invasive tumors where cells look abnormal |
| Splenectomy | <u>A</u> | F: The science of the causes and effects of disease |
| Pathology | <u>F</u> | G: New growth |

- A: Cervical
- B: Infraclavicular
- C: Mesenteric
- D: Mediastinal
- E: Epitrochlear
- F: Axillary
- G: Inguinofemoral

Lymphatic System



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

6. Malignant ascites is most likely related to
 - a. A CNS primary
 - b. A prostate primary
 - c. A breast primary
 - d. **An ovarian primary**

7. Lymph nodes are not made of the following:
 - a. T cells
 - b. B cells
 - c. **Red blood cells**
 - d. White blood cells

8. What lymph nodes are found in the groin?
 - a. Cervical
 - b. Mediastinal
 - c. **Inguinal**
 - d. Axillary

9. The Cardia is within the:
 - a. Esophagus
 - b. Larynx
 - c. Pharynx
 - d. **Stomach**

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

11. The peritoneum is the serous membrane forming the lining of the thoracic cavity.
 - a. True
 - b. **False**

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12. The site of origin of an osteosarcoma is most likely the:

- a. Cervix
- b. Endometrium
- c. **Bone**
- d. Ovary

13. Cervical lymph nodes are NOT distant nodes for:

- a. **Lung**
- b. Pancreas
- c. Rectum
- d. Stomach

Quiz 2-Hematopoietic and Lymphoid Neoplasms

Participants will need to use the Hematopoietic and Lymphoid Neoplasm Database and Manual to answer questions 5-9. Participants are not asked to use their manual for questions 1-4 or 10.

1. Match the term with the appropriate definition:

| Term | Definition |
|-------------|---|
| Erythrocyte | D A. Platelet |
| Leukocyte | C B. The watery component of blood |
| Thrombocyte | A C. White blood cell |
| Plasma | B D. Red blood cell |

2. Match the Myelodysplastic Syndrome (MDS) to the appropriate definition:

| Term | Answer | Definition |
|---|------------|---|
| Myelodysplastic syndrome with single lineage dysplasia | C _____ | A. This type of MDS is uncommon. The findings in the blood and bone marrow don't fit any other type of MDS |
| Myelodysplastic syndrome with multilineage dysplasia | F _____ | B. This subtype involves a low number of one or more blood cell types. A characteristic feature is that existing red blood cells in the bone marrow contain rings of excess iron. |
| Myelodysplastic syndrome with ring sideroblasts | B _____ | C. One blood cell type — white blood cells, red blood cells or platelets — is low in number and appears abnormal under the microscope. |
| Myelodysplastic syndrome with isolated del(5q) chromosome abnormality | E _____ | D. In this subtype, any of the three types of blood cells — red blood cells, white blood cells or platelets — might be low and appear abnormal under a microscope. Very immature blood cells (blasts) are found in the blood and bone marrow. |

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| | | |
|---|------------|---|
| Myelodysplastic syndrome with excess blasts | D _____ | E. People with this subtype have low numbers of red blood cells, and the cells have a specific mutation in their DNA. |
| Myelodysplastic syndrome, unclassifiable | A _____ | F. In this subtype, two or three blood cell types are abnormal. |

3. Myelofibrosis is a type of :
- Myelodysplastic syndrome (MDS)
 - White blood cell cancer
 - Myeloproliferative neoplasm (MPN)**
 - Plasma cell cancer
 - Lymph node cancer
4. Which of the following statements are true about coding hematopoietic histologies? Select all that apply:
- Use provider documentation to code histology when a definitive diagnostic method is not available.**
 - If there is one histology described by ambiguous terms, the registrar should consult the notes in the HP database.**
 - Definitive diagnostic method is unique to each HP/Lymphoid histology. There is no hierarchical order.**
 - If there are multiple histologies described by ambiguous terminology, the registrar should code the NOS histology according to the HP database.**
 - Definitive diagnostic methods for coding hematopoietic histologies include cytology, clinical findings, immunophenotyping, CAP protocols, pathology report addenda, and genetic testing.**
5. A biopsy of an axillary lymph node is positive for lymphoplasmacytic lymphoma (9671/3). A bone marrow biopsy 13 days later is positive for diffuse large B-cell lymphoma (9680/3). How many primaries does the patient have and which rule applies?
- Single primary per M2
 - Single primary per M4
 - Two primaries per M10
 - Two primaries per M11**
 - Two primaries per M13

*This question involves transformation. Under DLBCL (9680/3), Lymphoplasmacytic lymphoma (9672/3) is listed as "Transformations From". Thus, 9672/3 would be the **chronic** form of the disease and 9680/3 would be the **acute** form.*

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6. An FNA of a cervical lymph node is positive for lymphocyte-rich classic Hodgkin lymphoma (9651/3). Prepared slides also show evidence of mature T-cell lymphoma (9702/3). How many primaries does the patient have and what rule applies?
- a. Single primary per M2
 - b. Single primary per M5**
 - c. Single primary per M7
 - d. Two primaries per M10
 - e. Two primaries per M15

Hodgkin and NHL are present in the same anatomic location simultaneously. This is one primary.

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7. On 10/27/2023, a patient has a CT of the abdomen and pelvis which reads, "Nodular surface contour of the hepatic parenchyma suggestive of underlying cirrhosis. No splenomegaly. No mention of adenopathy". A CT of the chest done on the same day states, "Upper abdominal CT demonstrates nodular liver with borderline splenomegaly and mild ascites. No adenopathy documented". A bone marrow biopsy performed on 10/30/2023 shows "a low-grade B-cell lymphoproliferative neoplasm. No increased blasts identified". The patient is seen by a hematologist on 11/5/2023. The hematologist interprets the test and adds a note which reads, "Patient had a biopsy last week indicating focal involvement by a low-grade B-cell neoplasm (5-10%). Findings are consistent with abnormal lymphocyte aggregates. Will observe patient closely for his B-cell lymphoma. Since he is asymptomatic, there is no indication to begin treatment yet." How should the histology be coded?
- Diffuse large B-cell lymphoma, NOS (9680/3)
 - Malignant lymphoma, non-Hodgkin, NOS (9591/3)**
 - B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classic Hodgkin lymphoma (9596/3)
 - Histiocyte-rich large B-cell lymphoma (9688/3)
 - ALK positive large B-cell lymphoma (9737/3)

B-cell lymphoma is the only definitive diagnostic term used to describe the histology. Per the HP database, "B-cell lymphoma, NOS" is listed as an alternate name for Malignant lymphoma, non-Hodgkin, NOS".

8. How should the registrar code the primary site for the above case?
- C77.8
 - C77.9
 - C42.1**
 - C80.9

*Imaging studies were done which ruled out lymphadenopathy. The only **known** site of involvement here is bone marrow per the bone marrow biopsy.*

9. Which rule from Module 7 applies to coding the primary site for the above case?
- PH18
 - PH19
 - PH21
 - PH22
 - PH24
 - PH26**
 - PH27

See the above answer.

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10. What is the Summary Stage for the above case?

- a. 1/Localized
- b. 2/Regional
- c. **7/Distant**
- d. 8/Not Applicable

Bone marrow involvement for lymphoma is considered systemic (distant) for the purposes of Summary Stage and is often seen in later stage disease.

Quiz 3-Primary Site

Assume cases diagnosed 2024 unless stated otherwise

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

1. A urine cytology shows malignant cells. Patient refused any further work-up.
 - a. C67.8 Overlapping lesion of the bladder
 - b. C67.9 Bladder NOS
 - c. **C68.9 Urinary system NOS**
 - d. C80.9 Unknown Primary

Per SEER Sinq <https://seer.cancer.gov/seer-inquiry/inquiry-detail/20120079/>

2. A patient is found to have two tumors in the upper outer quadrant of the same breast.
 - a. C50.1 Central portion of breast
 - b. **C50.4 Upper outer quadrant of breast**
 - c. C50.8 Overlapping lesion of breast
 - d. C50.9 Breast NOS

Multiple tumors in the same subsite are coded to that subsite

3. A patient with colon cancer is found to have a tumor arising in the transverse colon and spreading into the hepatic flexure. The majority of the tumor was in the transverse colon. What topography code would you assign for this case?
 - a. C18.3 Hepatic Flexure
 - b. **C18.4 Transverse Colon**
 - c. C18.8 Overlapping lesion of the colon
 - d. C18.9 Colon, NOS

When a tumor is described as arising in one subsite and extending to another, code to the subsite from which the tumor arose.

4. A patient was found to have a urothelial cell carcinoma on the floor of the bladder. What topography code would you assign this case?
 - a. **C67.0 Trigone of Bladder**
 - b. C67.1 Bladder Dome
 - c. C67.5 Bladder Neck
 - d. C67.8 Overlapping lesion of the bladder

See table 1 in Solid Tumor Rules

5. Final pathologic diagnosis: Sarcoma of the leg. What is the topography code?
 - a. C44.7 Skin of lower limb and hip
 - b. **C49.2 Connective, subcutaneous and other soft tissue of the lower limb and hip**
 - c. C76.5 Ill defined site, lower limb
 - d. C80.9 Unknown primary

Sarcoma, nos would be assigned C49

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6. Final pathologic diagnosis from liver biopsy: Cholangiocarcinoma. What is the topography code?
- a. C22.0 Liver
 - b. C22.1 Intrahepatic bile duct**
 - c. C24.0 perihilar bile duct
 - d. C80.9 Unknown primary
- See table 9a. If histology from a biopsy of the liver is cholangiocarcinoma, the primary site is C22.1 (not C22.0)*
7. A patient was diagnosed with 3 tumors of the right breast. These are a single primary per the MP/H rules. One tumor is located in the lower outer quadrant and two tumors are located in the upper outer quadrant. What is the topography code?
- a. C50.1 Central portion of breast
 - b. C50.4 Upper outer quadrant of breast
 - c. C50.8 Overlapping lesion of breast
 - d. C50.9 Breast NOS**
- Multiple tumors in the different subsites are coded to breast, nos*
8. A patient was diagnosed with a Pancoast tumor. What is the topography code?
- a. C34.0 Mainstem bronchus
 - b. C34.1 Upper lobe of the lung**
 - c. C34.2 Middle lobe of the lung
 - d. C34.9 Lung NOS
- A Pancoast tumor arises in the upper lobe (apex) of the lung.*

Quiz 4-Unknown Primary

1. A patient had a biopsy of an abdominal mass. Pathology returned adenocarcinoma, nos. The immune-profile is most consistent with adenocarcinoma arising from stomach, duodenum, or colon. The primary site is:
 - a. C16.9 Stomach
 - b. C26.9 Gastrointestinal tract, NOS**
 - c. C17 Duodenum
 - d. C80.9 Unknown Primary

The instructions for coding primary site are found in the "Topography" section of the ICD-O-3 "Coding Guidelines for Topography and Morphology" (ICD-O-3 pp. 23–26).

2. Pathology from a TAHBSO shows a complex adnexal mass. Specimen/procedure: Uterus, ovaries, fallopian tubes, peritoneal washings.
 - o Right ovary and fallopian tube: ovarian tumor (19cm) with hemorrhagic infarction, consistent with torsion.
 - o Left ovary and fallopian tube: Benign atrophic pattern.
 - o Endometrium: Adenomyosis
 - o Cervix: Slight chronic cystic cervicitis
 - o Peritoneal washings: poorly differentiated adenocarcinoma

The primary site is:

- a. C48.2 Peritoneum (female only)
- b. 56.9 Ovary
- c. C57.0 Fallopian Tube
- d. C80.9 Unknown Primary**

Although peritoneal washings contain cancer cells, the pathologist does not specify source of cancer.

3. Patient with history of malignant melanoma. Lesion frontal lobe brain biopsy: Poorly differentiated malignant melanoma. The primary site is:
 - a. C44.9 Skin, NOS**
 - b. C71.1 Frontal Lobe Brain
 - c. C80.9 Unknown Primary
 - d. C76.9 Other Ill-defined site
4. For unknown primary site, code the most accurate measurement of the tumor from the surgical resection specimen for tumor size summary,
 - a. True
 - b. False**

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5. For unknown primary site, code the following for discontinuous or distant metastasis to bone identified at time of diagnosis.
 - a. 0 No bone metastasis
 - b. 1 Yes, bone metastasis**
 - c. 8 Not applicable
 - d. 9 Unknown whether bone is an involved metastatic site

Use code 1 when the medical record indicates the patient is diagnosed with an unknown primary (C80.9) and bone is mentioned as a distant metastatic site. STORE page 169

6. Patient diagnosed with unknown primary underwent surgical removal of liver lesion. The surgical procedure/other site should be coded:
 - a. 0 None
 - b. 1 Non-primary surgical procedure performed**
 - c. 2 Non-primary surgical procedure to other regional site
 - d. 9 Unknown if surgery

Code 1 for any case coded to primary site C80.9. STORE page 246

7. When coding surgical margins for unknown primary cases, code:
 - a. 2 Residual tumor, NOS
 - b. 3 Margins not evaluable
 - c. 8 No Primary Site Surgery
 - d. 9 Unknown/Not Applicable**

Code 9 for any cases coded to primary site C80.9. STORE Manual page 232.

8. When case is unknown primary site, code reason for no surgery of the primary site to:
 - a. 0 Cancer Directed surgery performed.
 - b. 1 Cancer directed surgery not performed, not planned part of treatment.**
 - c. 2 Cancer directed surgery not recommended, contraindicated due to other condition.
 - d. 9 Unknown

STORE Manual page 253.

Quiz 5 Case Finding & Sequence

1. Circle Yes if the situation is reportable and No if the situation is not reportable according to STORE.

All cases diagnosed in 2023.

- a. Yes No Serous Cystadenoma of the ovary, malignancy cannot be ruled out
- b. Yes No Verrucous papilloma, NOS
- c. Yes No Polycythemia vera
- d. Yes No CT Chest: Lesion in left lower lobe of lung
- e. Yes No MRI of the brain: A small pituitary tumor
- f. Yes No Cytology from thoracentesis: probable malignant pleural effusion.
- g. Yes No Multifocal breast masses, suspicious for malignancy
- h. Yes No Potentially malignant transverse colon mass

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

- a) Spinal Meningioma Yes
- b) Myelodysplastic syndrome Yes
- c) Follicular Adenoma No
- d) Clear cell cystic tumor of borderline malignancy No
- e) Suspicious neoplasm in R occipital lobe brain Yes
- f) Hypoechoic irregular mass L breast, suspicious for cancer Yes
- g) Peripheral blood consistent with B Lymphoblastic lymphoma Yes
- h) Multiple lesions back, chest, arms, most likely Kaposi sarcoma Yes

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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.

| | |
|--------------|----------|
| Meningioma | __ __ 61 |
| Lung | __ __ 00 |
| Neurofibroma | __ __ 62 |

4. 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.
5. 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.
6. 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**
7. Which one of the following best describes the sequence number?
- The order in which a primary tumor was accessioned into the facility's database
 - The order in which a primary tumor is discovered in relation to the total number of reportable tumors the patient has been diagnosed with**
 - The number of malignant tumors over the lifetime of the patient

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- d. The total number of tumors reportable to the CoC
8. 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
9. 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 __ __ **01**
 - b. Lung __ __ **02**
 - c. Benign brain tumor __ __ **60**
10. 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
11. Which of the following statements INCORRECTLY describes a case eligibility rule?
- a. Juvenile astrocytoma should be recorded in the registry database with a behavior code of /3
 - b. 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
 - c. Carcinoma in situ of the cervix (CIS) is not required by the CoC
 - d. All tumors with a behavior code of /0 or /1 are reportable if diagnosed after 1/1/2004**

Quiz 6 Class of Case

1. 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

STORE Manual page 121.

2. 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)

Class 00 is used because you know first course of treatment was given elsewhere.

3. 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**

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- 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)**

- 4. 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 part of first course treatment or a decision not to treat was done at the reporting facility

- 5. 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)

- 6. A patient had a shave biopsy at Facility A. The patient came to your facility (Facility B) for a wide excision. The class of case for Facility B would be...
 - a. 00 Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
 - b. 13 Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere
 - c. 21 Initial diagnosis elsewhere AND part of 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

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Bonus question...what is the class of case for facility A? 13

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

- A. Patient diagnosed with colon cancer in another state and travels to reporting facility for surgery.
- B. Diagnostic radiology at reporting facility identifies tumor in posterior fossa. Patient undergoes craniotomy at another facility for removal of hemangioblastoma.
- C. Patient dies in ED at reporting facility. Subsequent autopsy reveals previously undiagnosed pancreatic cancer.
- D. Patient has suspicious polyp removed during colonoscopy which is positive for in situ adenocarcinoma.
- E. 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.
- F. Person in town on business is admitted for an unrelated issue and receives one of their chemotherapy treatments while an inpatient.
- G. Patient with history of LUL lobectomy presents two years later with recurrent Large cell neuroendocrine carcinoma.
- H. Following a diagnosis of pancreatic cancer at their local hospital, patient has a Whipple procedure at reporting facility. Returns home for adjuvant chemotherapy.

00: B 10: E 14: D 20: A

21: H 31: F 32: G 38: C

Quiz 7: Text

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

2. Text is an important tool to:
 - a. Resolve edits
 - b. Identify transposed numbers
 - c. Assist clinical researcher understand codes
 - d. All of the above**

3. Coded data fields do not guarantee information is accurate and complete.
 - a. True**
 - b. False

4. The following History and Physical exam text should **not** include.
 - a. Primary site
 - b. Tumor location
 - c. Presenting symptoms
 - d. Non-cancer related medical conditions**

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

6. "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. Therapy provided by physicians other than surgeon
 - d. Treatment given by allied health professionals

7. 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

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8. Systemic Treatment text includes information about
 - a. Staging procedures
 - b. Hormone therapy
 - c. Chemotherapy
 - d. Bone Marrow Transplant
 - e. **B & C**