

# Boot Camp 2025

## Quiz 1: Terminology/Anatomy

1. Write the standard abbreviation or symbol as documented in NAACCR Recommended Abbreviations for Abstractors

|                               |                            |
|-------------------------------|----------------------------|
| a. Alcohol                    | <u>ETOH</u>                |
| b. Well Differentiated        | <u>WELL DIFF or W/Diff</u> |
| c. Hispanic Female            | <u>HF</u>                  |
| d. Consistent With            | <u>C/W</u>                 |
| e. Date of Birth              | <u>DOB</u>                 |
| f. Right Upper Outer Quadrant | <u>RUOQ</u>                |
| g. No evidence of Disease     | <u>NED</u>                 |
| h. Positive                   | <u>+ or POS</u>            |

2. Match the prefix/suffix with the best definition

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

3. Match the standard abbreviation with the definition

|         |          |                                |
|---------|----------|--------------------------------|
| @       | <u>F</u> | A: Squamous Cell Carcinoma     |
| SLNBX   | <u>D</u> | B: Differentiated/differential |
| SQCC    | <u>A</u> | C: Hormone Replacement Therapy |
| DCIS    | <u>H</u> | D: Sentinel Lymph Node Biopsy  |
| DIFF    | <u>B</u> | E: Postoperative(-ly)          |
| HRT     | <u>C</u> | F: At                          |
| POST    | <u>G</u> | G: Posterior                   |
| POST OP | <u>E</u> | H: Ductal Carcinoma In Situ    |

4. Match the organ with the regional lymph nodes.

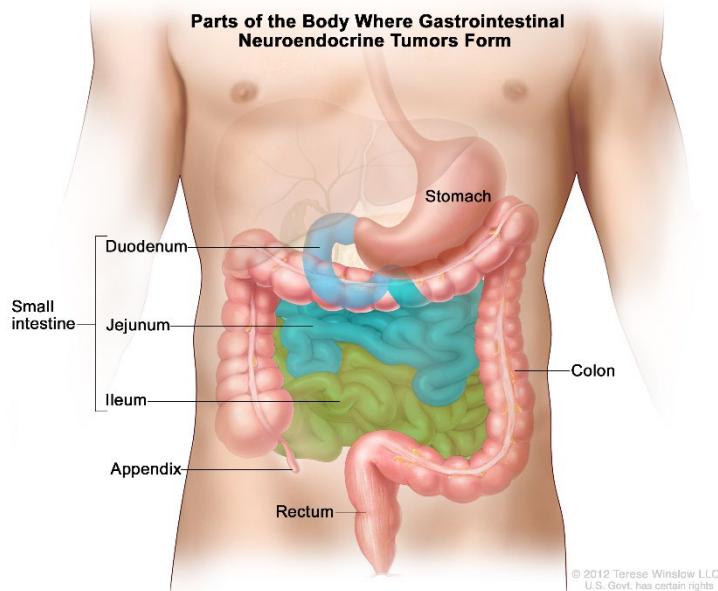
|         |          |                    |
|---------|----------|--------------------|
| Lung    | <u>E</u> | A: Hepatic         |
| Breast  | <u>C</u> | B: Retroperitoneal |
| Larynx  | <u>D</u> | C: Intramammary    |
| Ovary   | <u>F</u> | D: Cervical        |
| Stomach | <u>G</u> | E: Hilar           |
| Liver   | <u>A</u> | F: Pelvic          |
| Kidney  | <u>B</u> | G: Pyloric         |

5. Match the organ with the surgical procedure

|         |          |                                |
|---------|----------|--------------------------------|
| Tongue  | <u>C</u> | A: Anterior temporal lobectomy |
| Breast  | <u>E</u> | B: Gastrectomy                 |
| Lung    | <u>F</u> | C: Glossectomy                 |
| Stomach | <u>B</u> | D: Cystectomy                  |
| Uterus  | <u>G</u> | E: Lumpectomy                  |
| Bladder | <u>D</u> | F: Pneumonectomy               |
| Brain   | <u>A</u> | G: Hysterectomy                |

6. Write the Parts of the Body where Gastrointestinal Tumors Form next to the letter:

- A. Colon
- B. Stomach
- C. Ileum
- D. Jejunum
- E. Appendix
- F. Duodenum
- G. Small Intestine
- H. Rectum



7. 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
8. A malignant pleural effusion is most likely related to
- a. A CNS primary
  - b. A prostate primary
  - c. A breast primary
  - d. **A lung primary**
9. 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
10. The supraglottis is within the:
- a. Esophagus
  - b. **Larynx**
  - c. Pharynx
  - d. Stomach
11. What carries oxygenated blood from the lungs to the heart?
- a. Capillaries
  - b. Lymphatic vessels
  - c. Pulmonary arteries
  - d. **Pulmonary veins**
12. 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

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

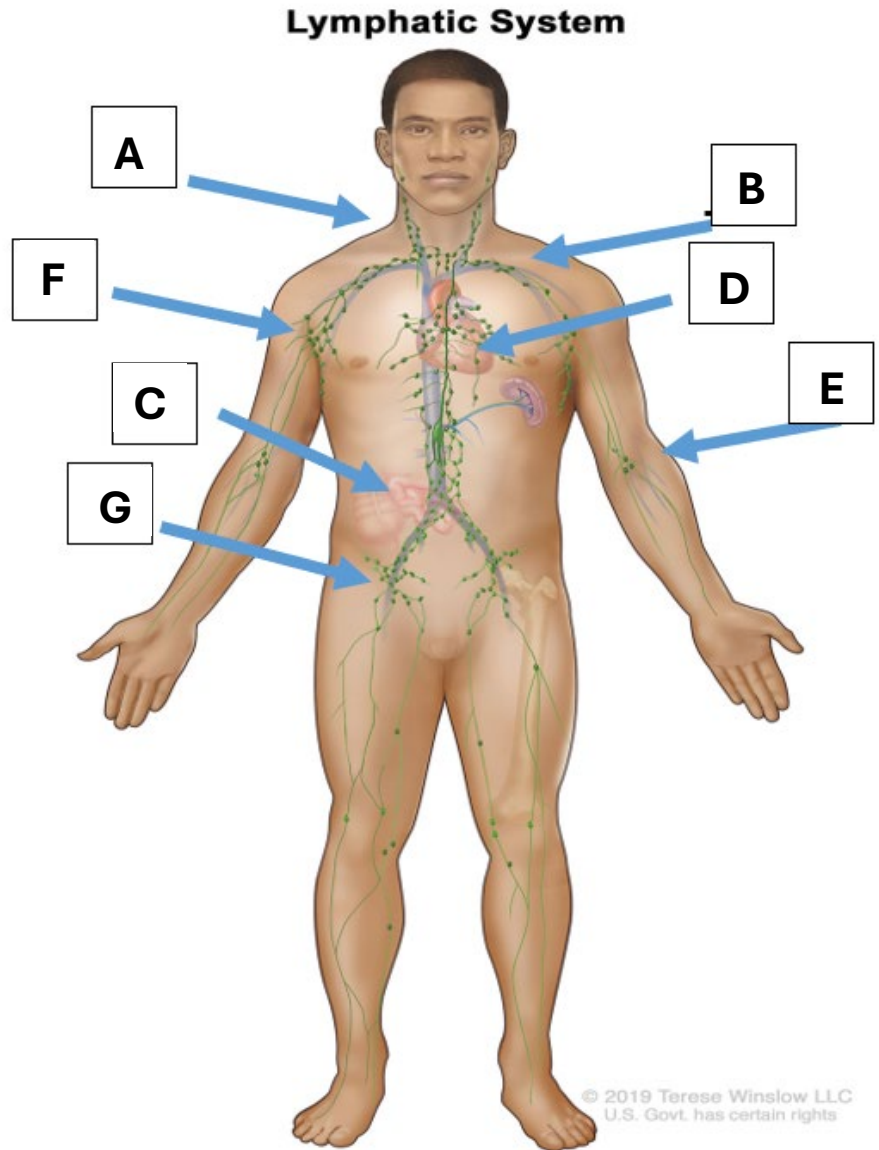
- a. Cervix
- b. Endometrium
- c. Myometrium**
- d. Ovary

14. Subcarinal lymph nodes are regional nodes for:

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

15. Match the lymph node region with the area in the illustration

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



## Quiz 2: Manuals/ Resources

1. 2/12/2024- A patient is found to have a tumor located on his right vocal cord (C32.0). The tumor is biopsied (squamous cell carcinoma) and removed. A year later the patient returns with a new tumor on his left false vocal cord (C32.1). This is biopsied and found to be squamous cell carcinoma. How many primaries does this patient have?

- a. **Multiple primaries per rule M3**
- b. Multiple primaries per rule M4
- c. Multiple primaries per rule M5
- d. Single primary per rule M12

[https://seer.cancer.gov/tools/solidtumor/current/STM\\_Combined.pdf](https://seer.cancer.gov/tools/solidtumor/current/STM_Combined.pdf)

2. What change was made to the data item Rx Summ—Surg 2023 (item #1291) in the STORE 2025 manual?

- a. The item was removed from the STORE manual
- b. This field should be used for all cases regardless of dx year
- c. **Codes A000 or B000 should be assigned to patients diagnosed at autopsy**
- d. Site specific codes were moved to appendix S

<https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-data-submission/>

*See Changes section*

3. Which of the following terms can be used to describe a circumferential resection margin?

- a. Mesenteric excision plane
- b. Pericolonic resection margin
- c. Circumferential radial margin
- d. **All of the above**

[https://staging.seer.cancer.gov/eod\\_public/input/3.2/colon\\_rectum/crm/?breadcrumbs=\(~schema\\_list~\),\(~view\\_schema~,~colon\\_rectum~\)](https://staging.seer.cancer.gov/eod_public/input/3.2/colon_rectum/crm/?breadcrumbs=(~schema_list~),(~view_schema~,~colon_rectum~))

*See Additional information. Notice the new format of the RSA page.*

4. A patient has a CT and is found to have a large mediastinal mass. A biopsy confirms Hodgkin lymphoma. No additional masses or lymphadenopathy were identified during further work-up. What primary site code do we assign?
- a. C38.3 Mediastinum, NOS
  - b. C77.1 Mediastinal lymph nodes**
  - c. C77.8 Lymph nodes of multiple Regions
  - d. C77.9 Lymph nodes, NOS
- [https://seer.cancer.gov/tools/heme/Hematopoietic\\_Instructions\\_and\\_Rules.pdf](https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf)
5. A patient presents with a squamous cell carcinoma of the thymus. What Part of the AJCC manual would include the protocol for the thymus?
- a. Part II Head and Neck
  - b. Part V Hepatobiliary
  - c. Part VII Thorax**
  - d. Part XVII Endocrine System

<https://ajccstaging.org/en>

## Quiz 3: Reportability

Please indicate whether the following site/histology combinations and/or scenarios are reportable or not reportable. Assume diagnosis year 2024, diagnosis at CoC accredited reporting facility unless stated otherwise.

*An answer of “Maybe” indicates the site/histology is reportable by one standard setter, but not by another.*

| Site/Histology  | Reportable  |   |       |
|---|---|---|-------|
|   | YES   | NO  | MAYBE |
| Carcinoma in situ of cervix w/focal invasion          | YES<br>While CIS is not reportable, focal invasion makes this a behavior /3 |   |       |
| Squamous cell carcinoma of skin of scrotum            | YES<br>Skin of scrotum = C63.2 (not a skin site)                            |   |       |
| Squamous cell carcinoma, skin of left forearm         |   | NO  |       |
| Lung: neuroendocrine tumor, grade 2                   | YES   |   |       |
| LAMN (low grade appendiceal mucinous neoplasm)        | YES 2022+   |   |       |
| Ascending colon biopsy: high grade dysplasia          |   | NO<br>Although listed with a behavior code of /2 in ICD-O-3.2, high grade dysplasia of colon sites not reportable |       |
| Stomach, high grade dysplasia in an adenomatous polyp | YES<br>Reportable 2022+ in stomach and small intestine only                 |   |       |
| Left lung, thoracentesis:                             |   | NO  |       |



|  |   |   |   |
|--|---|---|---|
| suspicious for malignancy  |   | Ambiguous cytology is not reportable on its own. Check for confirmation of malignancy (physician statement, pathology). |   |
| Body of stomach, GANT  | YES<br>GANT is synonym for GIST – all GISTS are reportable 2021+ unless stated to be benign |   |   |
| Breast, right, 2 o'clock: lobular carcinoma in situ                                      |   |   | MAYBE<br>Not reportable to CoC, but reportable to NPCR and SEER registries– check central registry reporting requirements |
| Endometrial atypical hyperplasia   |   |   | MAYBE<br>Synonym for EIN (8380/2), which is reportable to SEER; check central registry reporting requirements             |
| Bladder: papillary urothelial neoplasm of low malignant potential                        |   | NO  |   |
| Prostate TURP: focus of adenocarcinoma, Gleason 2+3                                      | YES   |   |   |
| Melanoma skin of right arm, diagnosed elsewhere with wide excision at reporting facility | YES<br>Wide excision is considered treatment  |   |   |

|  |  |    |  |
|--|--|----|--|
| Right kidney:<br>oncocytoma  |  | NO |  |
| IDC right breast,<br>diagnosed and<br>treated elsewhere in<br>2018 now found to<br>have metastatic<br>disease to left femur<br>at reporting facility |  |    | MAYBE<br>Check standard<br>setter guidelines |
| CT scan: 3 cm<br>lesion consistent<br>with meningioma  | YES  |    |  |
| Right lung,<br>thoracentesis:<br>positive for<br>malignant cells,<br>consistent with<br>adenocarcinoma   | YES<br>Cytology is positive<br>for malignant cells |    |  |

## Quiz 4: Casefinding

1. Casefinding sources are:
  - a. The same for all facilities
  - b. Vary depending on the services provided at a facility
  - c. Should be customized based on standard setter requirements
  - d. **B and C**
2. Which of the following documents may be used for casefinding? Select all that apply.
  - a. **Pathology report**
  - b. **CT scan report**
  - c. **Admission history and physical report**
  - d. **Pain Clinic Logs**
3. Which of the following documents may be used for casefinding? Select all that apply.
  - a. **Emergency Room report**
  - b. **Clinic log/appointment book**
  - c. **Discharge Summary report**
  - d. **Medical Record Disease Index**
4. A list of ICD-10 codes which may be utilized for a disease index report may be found:
  - a. On the CAnswer forum
  - b. **On the [SEER web site](#)**
  - c. On the NAACCR web site
  - d. In the STORE Manual
5. The ICD-10 casefinding list codes utilized in a disease index report should be updated how often?
  - a. Every five years
  - b. Every three years
  - c. Whenever there is an ICD-O-3 update
  - d. **Yearly**
6. When reviewing pathology reports for casefinding screening
  - a. Only pathology reports marked as malignant in my facility's EMR by the pathology department should be screened.
  - b. **When possible, all pathology reports should be screened by a trained cancer registry professional**
  - c. Only those coded to a potentially reportable ICD-10 code

7. When performing casefinding, the following statement is true:
  - a. Only the patient identifiers should be cross-referenced to the existing registry database
  - b. Both the patient and tumor identifiers should be cross referenced to the existing registry database and multiple primary rules should be utilized to determine single vs multiple primaries**
  - c. Neither
8. If a case appears on the disease index/ICD-10/CM report, what documents should be reviewed in the medical record?
  - a. History and Physical
  - b. Consultation Reports
  - c. Radiology Reports
  - d. All above and more**

## Quiz 5: Class of Case

1. A patient was diagnosed with lobular carcinoma in situ at your facility. The tumor was excised at your facility. No further 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. **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**
2. A patient was diagnosed at your facility and then referred to a non-staff medical oncologist. The Medical Oncologist recommended no-treatment due to co-morbid disease. The patient did not seek any additional consultations 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)
3. A patient had a colonoscopy 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
- 4. A patient has a head CT showing a 1.2cm tumor in the frontal lobe of the brain followed by a stereotactic needle biopsy that confirmed glioblastoma multiforme. The patient was referred to a different facility for additional work-up and treatment. Per patient's chart, he was treated with radiation.
  - 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. 14 Initial diagnosis at reporting facility AND all first course treatment or a decision not to treat 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
- 5. Facility A: A patient was diagnosed with prostate cancer on 2/19/24. His urologist recommended active surveillance. The patient's PSA and DRE remained stable until 3/4/25 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)**

6. A patient was diagnosed with adenocarcinoma of the rectum at a different facility. The patient had neoadjuvant chemotherapy at that facility. The tumor did not respond well to the chemotherapy, so the neoadjuvant treatment was stopped prior to completion. The patient is referred to your facility where a low anterior resection is performed.
- 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)
7. A patient has suspicious polyp removed during colonoscopy (at your facility) which is positive for in situ adenocarcinoma. No further treatment.
- 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. **14 Initial diagnosis at reporting facility AND all first course treatment or a decision not to treat 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
8. A patient dies in the emergency department of your reporting facility. Subsequent autopsy reveals previously undiagnosed pancreatic cancer.
- 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. **38 Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death**

## Quiz 6: Miscellaneous

1. CT shows a tumor in the left occipital lobe.

- a. **Reportable**

- b. Not reportable

*“Tumor” is reportable when occurring in the brain*

2. 1/22/25 A CT showed suspicious tumor in the left lung. On 2/4/25 a biopsy confirmed small cell carcinoma. What is the date of diagnosis?

- a. 1/22/25

- b. **2/4/25**

- c. The case is not reportable.

*A reportable ambiguous term must be used to describe a reportable disease.*

*“Tumor” has a histology code 8000/1. It is not a reportable disease unless it occurs in the CNS.*

3. 9/12/24 A CT was ordered by an oncologist for a patient recently diagnosed with prostate cancer. The CT showed a spot on his left femur suspicious for metastasis. The patient’s oncologist assigned a clinical stage of cT2b cN0 cM0 Stage 2A. The patient was treated with a prostatectomy followed by hormone treatment. Pathologic stage was pT2c pN0 cN0 Stage 2B. There is no further mention of bone metastasis.

- a. Would “spot on his left femur suspicious for metastasis” be used to assign Summary Stage in this scenario?

- b. Yes

- c. **No**

*Even though “suspicious for metastasis” is phrase diagnostic of mets per the Summary Stage General Rules on the use of ambiguous terminology, it is clear the oncologist saw the CT and did not agree. The AJCC stage and the treatment did not indicate the patient had bone mets. The CT would not be used to assign Summary Stage.*



4. A patient is diagnosed with breast cancer on 2/5/25. The demographic information in the chart shows an Arizona residence. However, in the History and Physical it states she lives in Arizona January through March and lives in Massachusetts the rest of the year. You are able to track down her Massachusetts address.

What address would you enter for the address at diagnosis?

- a. **The Massachusetts address**
  - b. The Arizona address
  - c. The Arizona address, but include the Massachusetts information in the text
  - d. Unknown address
5. An inmate from a local prison is diagnosed and treated for colon cancer at your facility. The record indicates the patient was recently incarcerated and prior to incarceration was a resident of a different state. What address would you enter for the address at diagnosis?
- a. The address of the inmate's residence prior to incarceration. address
  - b. **The address of the federal prison**
  - c. The address of the hospital
  - d. Unknown address
6. A newly diagnosed breast cancer patient has a *fine needle aspiration (FNA)* of an axillary lymph node. The FNA would be coded as:
- a. Diagnostic Staging Procedure
  - b. Surgical Procedure of Primary Site
  - c. **Scope of Regional Lymph Node Surgery**
  - d. Surgical Procedure/ Other Site
7. A newly diagnosed breast cancer patient has an excisional biopsy of an axillary lymph node. The excisional biopsy of the lymph node would be coded as:
- a. Diagnostic Staging Procedure
  - b. Surgical Procedure of Primary Site
  - c. **Scope of Regional Lymph Node Surgery**
  - d. Surgical Procedure/ Other Site

8. A newly diagnosed breast cancer patient has an excisional biopsy of a cervical lymph node (distant lymph node). The excisional biopsy of the lymph node would be coded as:
- a. Diagnostic Staging Procedure
  - b. Surgical Procedure of Primary Site
  - c. Scope of Regional Lymph Node Surgery
  - d. Surgical Procedure/ Other Site**
9. A patient presents with enlarged cervical and axillary lymph nodes. A single cervical lymph node was removed and was positive for diffuse large cell lymphoma. The excisional biopsy of the single lymph node would be coded as:
- a. Diagnostic Staging Procedure**
  - b. Surgical Procedure of Primary Site
  - c. Scope of Regional Lymph Node Surgery
  - d. Surgical Procedure/ Other Site
10. A patient presented with a single enlarged preauricular lymph node. The lymph node was excised and lymphoma was identified. Additional work-up did not reveal any additional disease. The excision of this single lymph node would be coded as:
- a. Diagnostic Staging Procedure
  - b. Surgical Procedure of Primary Site**
  - c. Scope of Regional Lymph Node Surgery
  - d. Surgical Procedure/ Other Site

## Quiz 7: 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.
  - a. True
  - b. 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 the patient and physicians.
  - a. True
  - b. 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**

# Case Scenario: Text

## History

71 year old white male with history of hypertension, HLD, GERD, CAD, who presented with intermittent mild cough, nonproductive. Patient also reports some weight loss. Patient has a history of prostate cancer diagnosed in 2020, treated with radiation. He was a former heavy smoker with a 25 pack year history, quit in 2018. Family history of father diagnosed w/ lung cancer in his early 60s (also a heavy smoker). Patient is married and works in manufacturing.

## Imaging Work-up:

11/2/22 @ ABC Hospital:

**CT chest:** Large 7.1 cm perihilar mass w/ associated abrupt cut-off of the LT mainstem bronchus. Prominent peribronchial thickening & consolidation of LLL. Evident mediastinal lymphadenopathy.

11/9/22 @ ABC Hospital:

**PET/CT:** Large FDG-avid centrally positioned LT lung & LT hilar mass consistent with neoplasm, likely bronchogenic carcinoma. SUV max 13. FDG-avid mediastinal lymphadenopathy consistent with metastatic disease, SUV max 11.

11/16/22 @ ABC Hospital:

**MRI Brain:** No evidence of metastatic disease.

## Pathology:

11/7/22 @ XXX Hospital: Endoscopic Bronchoscopy with Ultrasound

- a. Left mainstem bronchus biopsy: Carcinoma, consistent with squamous cell carcinoma, poorly differentiated with necrosis. Positive for p64. Negative for TTF-1.
- b. Station 7 LN, endoscopic US-guided FNA: Carcinoma, consistent with squamous cell carcinoma, poorly differentiated,
- c. Left mainstem bronchus mass brushings: positive for malignant cells, consistent with squamous cell carcinoma, poorly differentiated,
- d. Bronchial washings: positive for malignant cells, consistent with squamous cell carcinoma, poorly differentiated,
- e. Immunohistochemistry for part B-C positive for p40, focally positive for Napsin A. Negative for TTF1, cytokeratin 7.

## Treatment:

12/1/22 @ ABC Hospital: Medical Oncology Consult – Poorly differentiated squamous cell carcinoma of the left lung, clinical stage IIIB: T4, N2, M0. Treatment with concurrent chemoradiation recommended, then we will plan to follow with one year of Imfinzi.

12/5/22 @ ABC Hospital: Carboplatin + paclitaxel X 13 cycles, concurrent with radiation therapy.

12/6/22-1/16/23 @ XXX Hospital: Left lung, 6X/IMRT, 2 Gy x 30 fx= 60 Gy.

3/13/23 @ ABC Hospital: Imfinzi (Durvalumab), Q14 days. Days 1-28, x 13 cycles.

### SUMMARY OF RADIATION FIELDS

Course: C1 Lt Lung

| Site    | Ref. ID | Energy  | Dose/F<br>x (cGy) | #Fx        | Total Dose<br>(cGy) | Start Date | End Date  | Elapsed<br>Days |
|---------|---------|---------|-------------------|------------|---------------------|------------|-----------|-----------------|
| Lt Lung | Lt Lung | 6X/IMRT | 200               | 30 /<br>30 | 6,000               | 12/6/2022  | 1/16/2023 | 41              |

## Worksheet Instructions:

Type or copy and paste scenario text into the appropriate text boxes, below.

|  |
|--|
| TEXT—DX PROC—PE<br>71 Y/O MWM W/HX OF HTN, HLD, GERD, CAD PRESENTED W/MILD INTERMITTENT MILD COUGH, NONPRODUCTIVE. REPORTS SOME WT LOSS. PT HAD W/U W/SCANS AND ENDOSCOPIC BRONCHOSCOPY, FOUND TO HAVE SCC. PT REFERRED TO MED ONC, WHO RECOMMENDED CONCURRENT CHEMORAD FOLLOWED BY IMMUNOTHERAPY. PT FOLLOWING W/MED ONC. PER MED ONC, DX SQUAMOUS CELL CARCINOMA.  |
| TEXT—DX PROC—X-RAY/SCAN<br>11/2/22 (ABC HOSP) CT CHEST 7.1 CM PERIHILAR MASS W/ASSOC ABRUPT CUTOFF OF LT MAINSTEM BRONCHUS. PROMINENT PERIBRONCHIAL THICKENING AND CONSOLIDATION LLL. EVIDENT MEDIASTINAL LAD. 11/9/22 (ABC HOSP) PET/CT: LRG FDG-AVID CENTRALLY POSITIONED LT LUNG AND LT HILAR MASS C/W NEOPLASM, LIKELY BRONCHOGENIC CA. SUV MAX 13. FDG AVID MEDIASTINAL LAD C/W METS DZ, SUV MAX 11. 11/16/22 (ABC HOSP) MRI BRAIN: NO EVID OF METS DZ. |
| TEXT—DX PROC—SCOPES<br>11/7/22 (HOSP XXX) ENDOSCOPIC BRONCHOSCOPY W/US PROCEDURE NOTE NOT AVAILABLE.   |
| TEXT—DX PROC—PATH<br>11/7/22 (XXX HOSP) ENDOSCOPIC BRONCHOSCOPY W/US: L MAINSTEM BRONCHUS BX-CARCINOMA, C/W SCC, PD W/NECROSIS. STATION 7 LN ENDOSCOPIC ULTRASOUND GUIDED FNA CARCINOMA, C/W SCC, PD. LT MAINSTEM BRONCHUS MASS BRUSHINGS: POS FOR MALIGNANT CELLS, C/W SCC, PD. BRONCHIAL WASHINGS: POS FOR MALIGNANT CELLS, C/W SCC, PD.   |
| TEXT—DX PROC—OP<br>NONE-NO SURG  |
| TEXT—DX PROC—LAB TESTS<br>L MAINSTEM BRONCHUS BX POS FOR P64, NEG FOR TTF-1. IHC FOR STATION 7 LN ULTRASOUND GUIDED FNA, LT MAINSTEM BRONCHUS MASS BRUSHINGS: POS FOR P40, FOCALLY POS FOR NAPSIN A, NEG FOR TTF1, CYTOKERATIN 7.  |
| TEXT—HISTOLOGY TITLE<br>SQUAMOUS CELL CA, PD   |
| TEXT—PRIMARY SITE TITLE<br>L MAINSTEM BRONCHUS   |
| TEXT—REMARKS<br>FORMER HEAVY SMOKER 25 PACK YEAR HX, QUIT 2018. FAMILY HX OF FATHER W/LUNG CA/ALSO HEAVY SMOKER. PAST HX OF PROSTATE CANCER; THIS IS SEQUENCE 02.  |
| TEXT--STAGING<br>CLINICAL STAGE IIIB – T4, N2, M0 PER HOSP ABC MED ONC 12/1/22.  |
| RX TEXT—SURGERY<br>NONE  |
| RX TEXT—RADIATION (BEAM)   |

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| 12/6/22-1/16/23 (HOSP XXX) L LUNG 6,000 CGY X 20 FX 6X IMRT TO LT LUNG.                                      |
| REXT TEXT—RADIATION OTHER<br>NONE  |
| RX TEXT—HORMONE<br>NONE  |
| RX TEXT—CHEMO<br>12/1/22 (ABC HOSP) CARBOPLATIN + PACLITAXEL X 13 CYCLES, CONCURRENT<br>W/RADIATION THERAPY. |
| RX TEXT—BRM<br>3/13/23 (HOSP ABC) DURVALUMAB X 13 CYCLES.  |
| RX TEXT--OTHER<br>NONE   |