Quiz 1

Questions 1-4 Circle all that apply

1. For cancer cases diagnosed 1/1/2015 and after, directly coded AJCC TNM stage is required for submission from CoC providers by:
   a. Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR)
   b. Commission on Cancer (CoC)
   c. National Cancer Institute (NCI) Surveillance Epidemiology and End Results (SEER) Program
   d. None of the above

2. For cancer cases diagnosed 1/1/2015 and after, directly coded Summary Stage 2000 is required for submission by:
   a. CDC NPCR
   b. CoC
   c. NCI SEER
   d. None of the above

3. The most recently revised Hematopoietic and Lymphoid Neoplasm Database and Coding Manual are effective for cases diagnosed:
   a. 1/1/2010 and forward
   b. 1/1/2012 and forward
   c. 1/1/2014 and forward
   d. 1/1/2015 and forward

4. In the United States, when coding histology for cases diagnosed 1/1/2014 and forward, use:
   a. ICD-O-3 (2000)
   b. ICD-O-3.1 (2011)
   c. NAACCR Guidelines for ICD-O-3 Update Implementation
   d. None of the above

5. A patient presented for a core biopsy of a large tumor in her left breast on 2/13/14. Pathology confirmed infiltrating ductal carcinoma. She then has neoadjuvant chemotherapy followed by a lumpectomy. The lumpectomy showed infiltrating ductal carcinoma with a Bloom-Richardson score of 7. How would you code Grade?
   a. 1 Well differentiated
   b. 2 Moderately differentiated
   c. 3 Poorly differentiated
   d. 4 Undifferentiated
   e. 9 unknown
6. A patient with an elevated PSA presented for core biopsies of his prostate on 3/1/14 and was found to have a single core from the left lobe with adenocarcinoma Gleason 3+3 and a single core from the right lobe with Gleason 3+4. All remaining cores were negative for malignancy. The patient then had a prostatectomy that showed adenocarcinoma in the left and right lobes Gleason 3+3. How would you code Grade?
   a. 1 Well differentiated
   b. 2 Moderately differentiated
   c. 3 Poorly differentiated
   d. 4 Undifferentiated
   e. 9 unknown

7. A biopsy of a brain tumor revealed anaplastic astrocytoma WHO grade III. How would you code Grade?
   a. 1 Well differentiated
   b. 2 Moderately differentiated
   c. 3 Poorly differentiated
   d. 4 Undifferentiated
   e. 9 unknown

8. A patient had a core biopsy of a breast lesion that came back as Bloom Richardson Score 6 well differentiated ductal carcinoma. A lumpectomy returned with high grade ductal carcinoma. How would you code Grade?
   a. 1 Well differentiated
   b. 2 Moderately differentiated
   c. 3 Poorly differentiated
   d. 4 Undifferentiated
   e. 9 unknown

9. A patient had a biopsy of a large mediastinal mass. The pathology showed grade IV small cell carcinoma. Imaging revealed widespread mets. No further work-up or treatment was done. The patient was referred to hospice care. How would you code Grade?
   a. 1 Well differentiated
   b. 2 Moderately differentiated
   c. 3 Poorly differentiated
   d. 4 Undifferentiated
   e. 9 unknown

10. A Fuhrman grade would be assigned to a primary of which site?
    a. Kidney
    b. Bladder
    c. Breast
    d. Prostate
Quiz 2

Excision of lesion of vermilion border, left upper lip: Squamous cell carcinoma into submucosa.
Excision of left cervical lymph node: Metastatic squamous cell carcinoma.

1. What is the code for SSF3 (Levels I-III Lymph Nodes)?
   a. 000: No involvement in Levels I, II, or III lymph nodes
   b. 100: Level I lymph node(s) involved
   c. 111: Levels I, II & III lymph nodes involved
   d. 999: Unknown

2. What is the code for SSF4 (Levels IV-V & Retropharyngeal Lymph Nodes)?
   a. 000: No involvement in Levels IV or V or retropharyngeal lymph nodes
   b. 100: Level IV lymph node(s) involved
   c. 111: Levels IV and V and retropharyngeal lymph nodes involved
   d. 999: Unknown

3. What is the code for SSF5 (Levels VI-VII and Facial Lymph Nodes)?
   a. 000: No involvement in Levels VI or VII or facial lymph nodes
   b. 100: Level VI lymph node(s) involved
   c. 111: Levels VI and VII and facial lymph nodes involved
   d. 999: Unknown

4. What is the code for SSF6 (Parapharyngeal, Parotid, and Suboccipital/Retro auricular Lymph Nodes)?
   a. 000: No involvement of any group (listed above)
   b. 100: Parapharyngeal lymph node(s) involved
   c. 111: Involvement of 3 groups (listed above)
   d. 999: Unknown

5. A patient presented for a core biopsy of a small tumor in her left breast on 2/13/14. Pathology confirmed infiltrating ductal carcinoma, margins not documented. On 2/19/14 the patient returned for a lumpectomy. The pathology from the lumpectomy did not show any residual tumor. How do we code these two procedures?
   a. Code the core biopsy in Surgical Diagnostic and Staging Procedures and code the lumpectomy in Surgical Procedures of Primary Site as “22 Lumpectomy or excisional biopsy”.
   b. Code the core biopsy in Surgical Procedures of Primary Site “22 Lumpectomy or excisional biopsy” and code the lumpectomy as second procedure in Surgical Procedures of Primary Site using the same surgery code “22 Lumpectomy or excisional biopsy”.
   c. Code the core biopsy in Surgical Procedures of Primary Site “22 Lumpectomy or excisional biopsy” and code the lumpectomy as second procedure in Surgical Procedures
of Primary Site using the code “23 Reexcision of the biopsy site for gross or microscopic residual disease”.

d. Code the core biopsy in Surgical Diagnostic and Staging Procedures. Do not code the lumpectomy since the results were negative.

6. On 3/3/14 a patient was found to have a suspicious mass in her left breast during a routine mammogram. She had a core biopsy that came back negative for malignancy. She then had a repeat biopsy on 3/5/14 that was positive for carcinoma. How do we code these two procedures?
   a. Code each procedure as a Surgical Diagnostic and Staging Procedure.
   b. Code the date of the first procedure and code the results of the second procedure.
   c. Do not code the first procedure. Code the second procedure as a Surgical Diagnostic Staging Procedure.
   d. Do not code either procedure.

7. Code the best answer for the following statement “a re-excision for a breast primary is...”
   b. Is usually only done if the patient has positive margins following a lumpectomy.
   c. Is coded as a diagnostic staging procedure.
   d. All of the above.

A patient presents with an elevated PSA. Per urologist note, DRE results were tumor of right prostate lobe with involvement of more than half of right lobe. Physician documented as cT2b. Needle biopsy of prostate: Adenocarcinoma right lobe. MRI report states the result as cT2c prostate carcinoma.

8. What is the code for CS Extension-Clinical Extension?
   a. 150: Tumor identified by needle biopsy (clinically inapparent); Stated as cT1c with no other information on clinical extension
   b. 220: Involves more than one half of one lobe/side, but not both lobes/sides (Clinically apparent: do NOT use information from biopsy to determine extent of involvement); Stated as cT2b with no other information on clinical extension
   c. 230: Involves both lobes/sides (Clinically apparent: do NOT use information from biopsy to determine extent of involvement); Stated as cT2c with no other information on clinical extension
   d. 300: Localized NOS

9. What is the code for CS Tumor Size/Ext Eval?
   a. 0: Evaluation based on physical examination including DRE, imaging examination, or other non-invasive clinical evidence
   b. 1: Evaluation based on endoscopy, diagnostic biopsy (needle core biopsy or fine needle aspiration biopsy), TURP or other invasive techniques
Debulking for biopsy proven ovarian carcinoma: Endometrioid carcinoma of bilateral ovaries, bilateral adnexa, bilateral broad ligaments, bladder, sigmoid colon, and liver parenchyma; 3 of 6 pelvic nodes and 1 of 2 mesenteric nodes positive for metastasis.

10. What is the code for CS Mets at DX?
   a. 00: No distant metastasis
   b. 10: Distant lymph nodes NOS
   c. 40: Distant metastasis (except distant lymph nodes and involvement of other organs by peritoneal seeding or implants) including: liver parenchyma metastasis; pleural effusion with positive cytology
   d. 50: 40 + 10

11. Which of the following are reportable (assuming you do not have special instructions from your pathologist or cancer committee). Circle all that apply.
   a. Gastrointestinal Stromal Tumor (GIST), NOS
   b. High risk GIST
   c. AJCC Stage I GIST
   d. Malignant GIST

TURBT: 1.5 cm bladder tumor, flat urothelial carcinoma, invades submucosa of bladder.
Partial cystectomy: No residual malignancy.

12. What is the code for CS Extension?
   a. 100: Confined to mucosa NOS
   b. 155: Subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma) of bladder only
   c. 300: Localized NOS
   d. 999: Unknown

13. What is the code for CS Tumor Size/Ext Eval?
   a. 0: Evaluation based on clinical evidence
   b. 1: No surgical resection done; evaluation based on other invasive techniques
   c. 3: Surgical resection
   d. 9: Unknown

14. What is the directly coded AJCC clinical T category?
   a. TX: Primary tumor cannot be assessed
   b. T0: No evidence of primary tumor
   c. T1: Tumor invades subepithelial connective tissue
   d. T2: Tumor invades muscularis propria

15. What is the directly coded AJCC pathologic T category?
   a. TX: Primary tumor cannot be assessed
   b. T0: No evidence of primary tumor
   c. T1: Tumor invades subepithelial connective tissue
   d. T2: Tumor invades muscularis propria
Quiz 3

1. A patient presented to his physician with a large lesion on the sole of his foot. The physician took a punch biopsy of the lesion. The pathology showed melanoma with positive margins. How would we code this?
   a. Surgical Diagnostic Staging Procedure (02)
   b. Excisional Biopsy (27)
   c. Punch biopsy followed by a gross excision (32)
   d. Wide Excision (45)

On 6/1/14 a patient had a shave biopsy to remove a mole done in his physician’s office. The pathology report indicated melanoma. Margins were negative. The patient came to your facility for a wide excision on 6/15/14. The procedure was completed and the pathology showed no residual melanoma.

2. The code for diagnostic staging procedure would be...
   a. 00 not done
   b. 01 Incisional biopsy of other than the primary site
   c. 02 incisional biopsy of the primary site
   d. 07 procedure was done, but the type of procedure is unknown

3. The surgery code used for the wide excision would be...
   a. 27 Excisional biopsy
   b. 30 Biopsy of primary tumor followed by a gross excision of the lesion
   c. 31 Shave biopsy followed by a gross excision of the lesion
   d. 45 Wide excision or reexcision of lesion or minor (local) amputation with margins more than 1 cm, NOS.

   Excision of 1 right axillary lymph node: Positive for metastatic malignant melanoma.
   Chest x-ray: Lung clear; no evidence of lesions, pleural effusion, or disease.
   Dermatologist note: Thorough work-up for primary melanoma. No skin lesion identified. All other systems normal.

4. What is the code for CS Lymph Nodes?
   a. 000: No regional lymph node involvement
   b. 100: Regional lymph node(s) NOS
   c. 800: Lymph nodes NOS
   d. 999: Unknown

5. What is the code for Regional Nodes Positive?
   a. 00: All nodes examined negative
   b. 01: 1 node positive
   c. 98: No nodes examined
   d. 99: Unknown if nodes are positive
6. What is the code for Regional Nodes Examined?
   a. 00: No nodes examined
   b. 01: 1 node examined
   c. 98: Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
   d. 99: Unknown if nodes were examined

7. What is the code for CS Mets at DX?
   a. 00: No distant metastasis
   b. 10: Distant lymph nodes
   c. 60: Distant metastasis NOS
   d. 99: Unknown

Colonoscopy with polypectomy: Single exophytic sigmoid polyp with carcinoma in situ in head of polyp. CTs of abdomen, pelvis, and chest: No lymphadenopathy present. No metastatic disease.

8. What is the pathologic stage?
   a. pTis pNX cM0 p Stage Group 99
   b. pTis cN0 cM0 p Stage Group 0
   c. pTis pN0 cM0 p Stage Group 0
   d. pTX pNX cM0 p Stage Group 99

Abdominal CT scan: Multiple liver tumors in right lobe; largest tumor size 3 cm. No lymphadenopathy present. No evidence of cirrhosis. No abnormalities outside of liver. Biopsy of 3 cm liver tumor: Hepatocellular carcinoma, grade 2. (T2 = Solitary tumor with vascular invasion or multiple tumors none more than 5 cm)

9. What is the pathologic stage?
   a. pT2 cN0 cM0 p Stage Group I
   b. pT2 pN0 cM0 p Stage Group I
   c. pTX pNX cM0 p Stage Group 99
   d. pT2 pNX cM0 p Stage Group 99

CT scan of chest: 3.5 cm pleural based mass, upper lobe right lung, suspicious for malignancy, confined to lung. No adenopathy present. No lesions in other lobes or other lung. Right upper lung lobe biopsy: Adenocarcinoma.

10. What is the code for CS Extension?
    a. 100: Confined to 1 lung
    b. 300: Localized NOS
    c. 410: Extension to but not into pleura, including invasion of elastic layer BUT not through the elastic layer
    d. 430: Invasion of pleura NOS