

## Quiz 1: Medical Terminology and General Anatomy

1. Identify which prefix/suffix corresponds with the following definition

Hyper	_____	A: Restriction
Hypo	_____	B: Irregularly slow
Brady	_____	C: Short
Algia	_____	D: Beyond normal
Brachy	_____	E: Pain
Isch	_____	F: Inflammation
Tachy	_____	G: Below normal
Itis	_____	H: Irregularly fast

2. Match the prefix/suffix with the best definition

Myel (o)	_____	A: Fat or fatty tissue
Mast (o)	_____	B: Glandular
Adeno	_____	C: Gall bladder
Adipo	_____	D: Tongue
Bucco	_____	E: Bone marrow or spinal cord
Cholecyst (o)	_____	F: Cheek
Gloss (o)	_____	G: Breast

3. Match the prefix/suffix with the best definition

Inter	_____	A: Two
Endo	_____	B: Twisted
Peri	_____	C: In, within
Bi	_____	D: Between
Ipsi	_____	E: Above
Supra	_____	F: Around
Tort (i)	_____	G: Same, same side

4. Match the word with the best definition

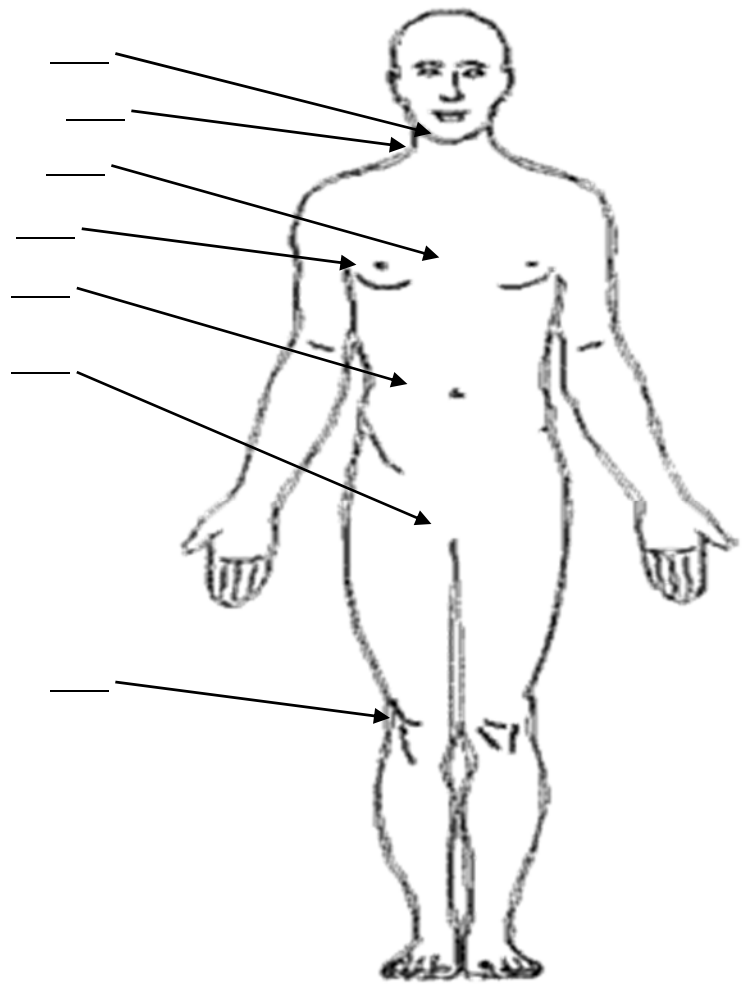
Adenopathy	_____	A: Difficulty breathing
Edema	_____	B: Itching
Dyspnea	_____	C: Sudden loss of strength as in fainting
Melena	_____	D: Swelling or enlargement of glandular tissues (i.e. lymph nodes)
Pruritis	_____	E: Passage of black bloody stool
Syncope	_____	F: Abnormal accumulation of serous fluid in connective tissue
Nocturia	_____	G: Spitting up or coughing up blood
Hemoptysis	_____	H: Excessive urination at night

5. Match the organ with the regional lymph nodes.

- |         |       |                        |
|---------|-------|------------------------|
| Lung    | _____ | A: Gastric             |
| Breast  | _____ | B: None/Not applicable |
| Colon   | _____ | C: Internal mammary    |
| Bladder | _____ | D: Paracolic           |
| Tongue  | _____ | E: Sub carinal         |
| Stomach | _____ | F: Iliac               |
| Brain   | _____ | G: Cervical            |

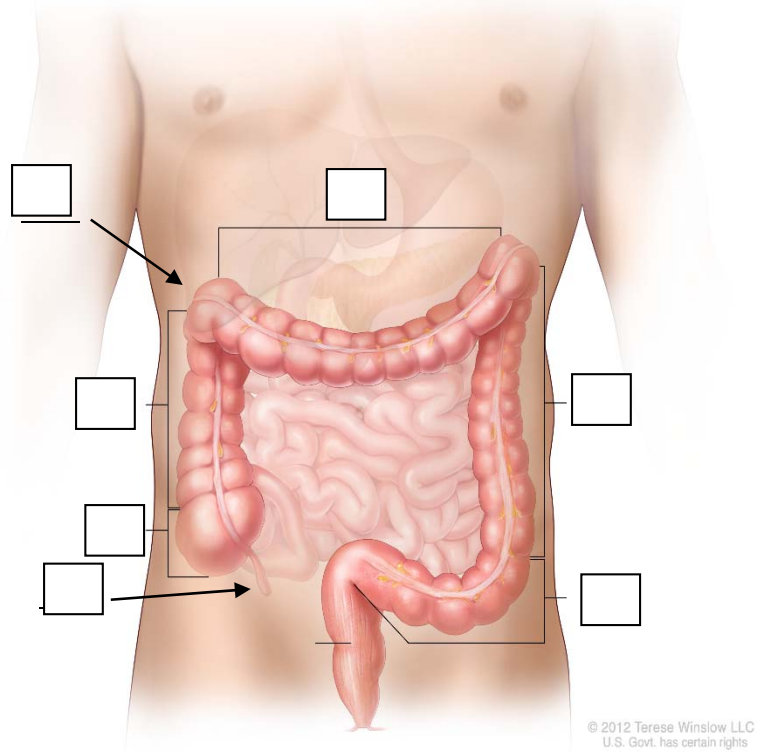
6. Write the letter of the lymph node region next to the line pointing to the lymph node region on the image.

- A: Axillary
- B: Mediastinal
- C: Paracolic
- D: Inguinal
- E: Popliteal
- F: Submental
- G: Cervical



7. Write the letter of the colon subsite next to the corresponding site on the image below. For

- A: Transverse colon
- B: Hepatic flexure
- C: Ascending colon
- D: Descending colon
- E: Cecum
- F: Appendix
- G: Sigmoid Colon



## Quiz 2: Staging Summary Stage, AJCC

### Scenario 1

A patient was recently diagnosed with bladder cancer. A TURB showed a papillary transitional cell carcinoma invading into the deep muscularis propria. Imaging did not show any additional metastasis. The patient now is admitted for a cystoprostatectomy.

- Cystoprostatectomy pathology report:
  - Papillary transitional cell carcinoma of the bladder trigone with deep invasion through the muscularis propria and gross invasion into the prostate.
  - Adenocarcinoma identified involving less than half of the left lobe.
  - 4 internal iliac lymph nodes negative for metastasis
  - 3 perivesical lymph nodes negative for metastasis

1. What is the Summary Stage for the bladder primary?
  - a. 1 Localized
  - b. 2 Regional by direct extension
  - c. 5 Regional by direct extension and to lymph nodes
  - d. 7 Distant metastasis
2. What is the clinical T for the bladder primary?
  - a. c2
  - b. c2a
  - c. c2b
  - d. c3
3. What is the pathologic T for the bladder primary?
  - a. p2a
  - b. p2b
  - c. c4a
  - d. c4b
4. What is the Summary Stage for the prostate primary?
  - a. 1 Localized
  - b. 2 Regional by direct extension
  - c. 5 Regional by direct extension and to lymph nodes
  - d. 7 Distant metastasis
5. What is our clinical T for the prostate primary?
  - a. Blank
  - b. X
  - c. 1c
  - d. 2a
6. What is our clinical N for the prostate primary?
  - a. Blank
  - b. X
  - c. 0
  - d. 1
7. What is our pathologic T for the prostate primary?
  - a. Blank
  - b. X
  - c. 1c
  - d. 2a

## Scenario 2

A patient presents for a routine mammogram and is found to have a 6 cm abnormal mass in the right breast. Additional workup showed the mass extending into the pectoral muscle. Physical exam revealed a 2cm palpable fixed level I axillary lymph node no skin abnormalities or additional palpable masses. A core biopsy of the breast mass confirmed infiltrating duct carcinoma. An FNA of the axillary mass confirmed lymph node metastasis. The patient was treated with neoadjuvant chemotherapy.

Following chemotherapy a staging workup was done that showed the breast tumor now measured 1.3 cm and the axillary mass was no longer present. The patient went on to have a wedge resection of right upper outer breast quadrant and lymph node dissection. Path report documented 1.3 cm duct carcinoma and no metastasis in 15 axillary nodes.

1. What is the Summary Stage?
  - a. Localized
  - b. Regional by direct extension
  - c. Regional to ipsilateral regional lymph nodes
  - d. Regional by both direct extension and ipsilateral regional lymph nodes
2. What is the clinical T?
  - a. c1b
  - b. c2
  - c. c3
  - d. c4a
3. What is the clinical N?
  - a. c0
  - b. c2
  - c. c2a
  - d. c2b
4. What is TNM Path Descriptor?
  - a. 0 None
  - b. 1 E (Extranodal, lymphomas only)
  - c. 3 M (Multiple primary tumors in a single site)
  - d. 4 Y (Classification during or after initial multimodality therapy)
5. What is the pT?
  - a. X
  - b. p1
  - c. p1c
  - d. p3
6. What is the pN?
  - a. X
  - b. cN0
  - c. pN0
  - d. pN1a

### Scenario 3

A 13 year old presents with symptoms of appendicitis. A WBC was high and a CT of the abdomen showed a fluid filled appendix consistent with appendicitis. No indication of any additional abnormalities. An appendectomy was done and a .5cm focus of well differentiated adenocarcinoma was found in the appendix. The tumor invaded into, but not through the lamina propria. No additional treatment was performed.

7. What is the Summary Stage?
  - a. 0 In situ
  - b. 1 Localized
  - c. 2 Regional by direct extension
  - d. 5 Regional by direct extension and to lymph nodes
8. What is the clinical T?
  - a. Blank
  - b. X
  - c. p1s
  - d. c1
9. What is the pathologic T?
  - a. Blank
  - b. X
  - c. p1s
  - d. p1
10. What is the pathologic N?
  - a. Blank
  - b. X
  - c. c0
  - d. p1
11. What is the pathologic M?
  - a. Blank
  - b. X
  - c. c0
  - d. p0

## Quiz 3: Treatment

1. A patient had a core biopsy of the prostate and was found to have prostate cancer. The patient also had a biopsy of a bone lesion that was found to be positive for metastasis from the prostate primary. If you can only code one Surgical Diagnostic Staging Procedure, what code would you use?
  - a. 00-None
  - b. 01-Biopsy to a site other than primary site
  - c. 02-A biopsy of the primary site
  - d. 09-Unknown
2. A patient had a peripheral blood smear that was diagnostic of chronic lymphocytic leukemia (CLL). According to the Hematopoietic Lymphoid Neoplasm Manual a peripheral blood smear is considered pathologic confirmation for (CLL). How would you code Surgical Diagnostic and Staging Procedure?
  - a. 00-None
  - b. 01-Biopsy to a site other than primary site
  - c. 02-A biopsy of the primary site
  - d. 09-Unknown
3. A patient received 45 Gy of intensity modulated radiation therapy utilizing 18 MV in 25 sessions to the tumor bed in the upper abdomen utilizing parallel opposed RAO/LPO oblique fields. Regional Treatment Modality would be coded as...
  - a. 25 – Photons (11-19 MV)
  - b. 28 - Electrons
  - c. 31 - IMRT
  - d. 20 – External Beam, NOS
4. The patient above received an additional 5.4 Gy in 3 treatments as a boost to the tumor bed, utilizing 18 MV photons in opposing RAO/LPO oblique fields to the tumor bed. Boost treatment modality would be coded as....
  - a. 25 – Photons (11-19 MV)
  - b. 28 - Electrons
  - c. 31 - IMRT
  - d. 20 – External Beam, NOS

5. A patient was found to have a very small tumor in her breast on mammogram. A core needle biopsy was done and showed malignancy. Margins were not evaluated. The patient returned for a lumpectomy, but no residual tumor was found. The core needle biopsy would be coded as:
  - a. 02 Diagnostic Staging Procedure
  - b. 22 Excisional biopsy (Surgical Procedure of Primary Site)
  - c. 23- Wide Excision
  - d. None of the above
  
6. An operative report states that a lumpectomy with sentinel lymph node biopsy was done. Scope of Regional Lymph node surgery would be coded as...
  - a. 2 – Sentinel Lymph Node Biopsy
  - b. 3 – Number of regional lymph nodes removed unknown or not stated
  - c. 1 – Biopsy or aspiration of regional lymph nodes(s)
  - d. 4 – 1-3 regional lymph nodes removed
  
7. An operative report states that all breast tissue was removed as well the nipple areola complex and a sentinel lymph node biopsy was done. The Surgical Procedure of Primary Site would be coded to...
  - a. 51 – Modified radical mastectomy, single breast
  - b. 22 – Lumpectomy or excisional biopsy
  - c. 41 – Total (simple) mastectomy, single breast
  - d. 30 - Subcutaneous Mastectomy
  
8. A patient with suspected lung cancer had a mediastinoscopy. Two paratracheal lymph nodes were excised and found to be positive for carcinoma. The patient did not have any additional treatment. How do we code the removal of these two lymph nodes?
  - a. 01-Biopsy to site other than primary (Surgical Diagnostic Staging Procedure)
  - b. 02-Biopsy to the primary site (Surgical Diagnostic Staging Procedure)
  - c. 4-1 to 3 regional lymph nodes removed (Scope of Regional Lymph Nodes)
  - d. None of the above
  
9. On 1/21/15 a breast cancer patient presented for a sentinel lymph node biopsy. The operative report stated dye was injected and incision made, but no sentinel lymph nodes were identified. The physician proceeded with a simple mastectomy and axillary node dissection. 12 lymph nodes were removed. How do we code Scope of Regional Lymph Node Surgery?
  - a. 0-No regional lymph node surgery
  - b. 2-Sentinel lymph node biopsy
  - c. 5-4 or more regional nodes removed
  - d. 6-Sentinel lymph node biopsy and code 3, 4, or 5 at same time, or timing not stated



10. A patient had a colonoscopy which revealed a polyp in the ascending colon. A polypectomy was done and the pathology came back showing adenocarcinoma arising in a tubular adenoma, margins negative. The colonoscopy would be coded under:
- 02-Biopsy of the primary site (Diagnostic Staging Procedures)
  - 27-Excisional Biopsy
  - 28-Polypectomy-endoscopic
  - 29-Polypectomy-surgical excision
11. A patient was diagnosed with prostate cancer. After a consult with his physician concerning treatment options, the patient chose active surveillance. Two months later the patient changed his mind and decided to proceed with radiation. What is the RX-Summ – Treatment Status?
- 0-No treatment given
  - 1-Treatment given
  - 2-Active surveillance (watchful waiting)
  - 9-Unknown if treatment was given
12. A patient presented with bilateral breast cancers (2 primaries). A bilateral modified radical mastectomy was performed. The surgical procedure of primary site code is...
- 50 (Mastectomy NOS) for each primary.
  - 51 (Mastectomy without removal of contralateral uninvolved breast) for each primary.
  - 52 (Mastectomy with removal of contralateral uninvolved breast) for each primary.
  - 52 (Mastectomy with removal of contralateral uninvolved breast) only for the breast with the larger tumor.
13. A patient with lung cancer received beam radiation to the lung primary and to a large symptomatic metastatic brain tumor. Treatment is limited to the two tumors. The Radiation Treatment Volume would be coded as...
- 03 Brain (nos)
  - 04 Brain (limited)
  - 10 Chest/lung (nos)
  - 11 Lung limited (nos)
14. A physician recommends that a patient with stage 3 breast cancer receive chemotherapy. The patient did not return to your facility and you do not know if she received chemotherapy. Chemotherapy would be coded as...
- 00 None, chemotherapy was not part of the planned first course of therapy
  - 86 Chemotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record
  - 88 Chemotherapy was recommended, but it is unknown if it was administered.
  - 99 It is unknown whether a chemotherapeutic agent(s) was recommended or administered because it is not stated in patient record.

15. A patient was recently diagnosed with cancer. She is discussing her treatment options with her oncologist. The oncologist tells her that based on the type of cancer and her clinical stage she can have an excisional biopsy followed by chemotherapy or she can have a more extensive surgery and no chemotherapy. The patient chooses to have the more extensive surgery and no chemotherapy. Chemotherapy would be coded as...

- a. 00 None, chemotherapy was not part of the planned first course of therapy
- b. 86 Chemotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in patient record
- c. 88 Chemotherapy was recommended, but it is unknown if it was administered.
- d. 99 It is unknown whether a chemotherapeutic agent(s) was recommended or administered because it is not stated in patient record.