Post-Test: Eval Codes Explanations and Examples

1.	A surgical report from a mastectomy specimen results in the assignment of a T3a. An MRI of the chest reveals a T4a. Which CS Tumor Size/Ext Eval code would be assigned? No neoadjuvant treatment was given.			
	a.	0		
	b.	1		
	c.	3		
	d.	9		
2.	T2N0M Lymph	ultation report is received in the cancer registry which states that the patient has a 10 lesion of the hard palate. Stated as codes are used for T, N and M in CS Extension, CS Nodes and CS Mets at Dx. There is no indication how this information was obtained. Eval codes would be used for all three Eval fields?		
	a.	0		
	b.	1		
	C.	3		
	d.	9		
3.	Patient presents with a lump in the right breast. On physical exam, axillary lymph nodes are noted to be enlarged. A sentinel lymph node biopsy is done, which comes back positive for ductal adenocarcinoma. How would the Lymph node Eval code be assigned?			
	a.	0		
	b.	1		
	c.	3		
	d.	9		

	b.	CS Tumor Size/Ext Eval=8, CS Lymph Nodes Eval=8, CS Mets Eval=0
	c.	CS Tumor Size/Ext Eval=2, CS Lymph Nodes Eval=2, CS Mets Eval=2
	d.	CS Tumor Size/Ext Eval=8, CS Lymph Nodes Eval=8, CS Mets Eval=8
5.		t diagnosed by biopsy with Bladder cancer. A TURB is performed for treatment. Which CS Size/Ext Eval code is used?
	a.	0
	b.	1
	c.	3
	d.	9
6. Patient presents with dysphasia. A CT scan is done, revealing a 2 cm mass in the mid with no other indication of extension. An endoscopy procedure is performed. Finding squamous cell carcinoma of the mid esophagus. Which CS Tumor Size/Ext Eval code assigned?		
	a.	0
	b.	1
	c.	3
	d.	9
7.	A patient was diagnosed via a biopsy and imaging studies with a clinical T3N1M0 lesion of the rectum. Neoadjuvant therapy was given. After completion of neoadjuvant therapy, an APR of performed, which revealed invasion of the serosa (T4a) with 3 positive perirectal lymph node and 2 positive paracolic lymph nodes (N2). How would you assign the Eval fields?	
	a.	CS Tumor Size/Ext Eval=5, CS Lymph nodes Eval=5, CS Mets Eval=0
	b.	CS Tumor Size/Ext Eval=6, CS Lymph Nodes Eval=6, CS Mets Eval=0
	c.	CS Tumor Size/Ext Eval=6, CS Lymph Nodes Eval=5, CS Mets Eval=0
	d.	CS Tumor Size/Ext Eval=6, CS Lymph Nodes Eval=5, CS Mets Eval=9

4. Patient noted to have large lesion in right neck. An FNA is done and patient is diagnosed with squamous cell carcinoma of the larynx. Before completion of the workup, patient dies. An autopsy is performed which shows a T3N2M1 lesion of the larynx. Which Eval codes are used?

a. CS Tumor Size/Ext Eval=2, CS Lymph Nodes Eval=2, CS Mets Eval=0

8.	Patient presents with a history of a cough for 3 weeks. Chest CT is performed which shows a 3 cm lesion in the right lung. CT scan also shows questionable adenopathy in the supraclavicular lymph nodes. A biopsy is done on an enlarged supraclavicular lymph node and is positive for adenocarcinoma. Which lymph node Eval code is used?
	a. 0
	b. 1
	c. 3
	d. 9
9.	Eighty four year old male with known heart disease and diabetes presents for needle core biopsy of prostate due to PSA of 84. Needle core biopsy shows Adenocarcinoma of the prostate. Physical exam reveals a smooth prostate with no evidence of nodules. Rest of physical exam WNL. Bone scan shows no evidence of bone Mets. Due to patient's other co morbidities, no treatment is done. Eight weeks later patient dies due to complications of the heart disease. On autopsy, the prostate cancer is noted to involve both lobes with no evidence of lymph node involvement or metastatic disease. Which CS Tumor Size/Ext Eval code would be used?
	a. 0
	b. 1
	c. 2
	d. 8
10	. Patient noted on routine chest x-ray to have a suspicious lesion in the right lung. A CT scan shows a 3 cm lesion in the right lung. A bronchoscopy is performed, which reveals adenocarcinoma with invasion into the parietal pleura. Prior to treatment, a PET scan is also ordered which shows several small satellite nodules in the adjacent lobe. How is CS Tumor Size/Ext Eval coded?
	a. 0
	b. 1
	c. 3
	d. 9