1. Collaborative stage data items are collected for cases:
   a. Only if they are microscopically confirmed
   b. Only if tumor resection was performed
   c. Regardless of whether or not the case is microscopically confirmed

2. When coding collaborative stage data items, which coding guidelines and instructions take precedence?
   a. CSv2 site and histology specific guidelines
   b. CSv2 general guidelines
   c. AJCC guidelines

3. When the tumor size is not available from an operative or pathology report, record the:
   a. Largest documented size regardless of imaging technique
   b. Size from CT scan
   c. Size from physical exam

4. If the clinician statement of a T, N, or M category and the documentation in the medical record do not agree:
   a. Assign a ‘stated as’ code based on the clinician statement
   b. Assign the code based on the documentation in the medical record
   c. Leave the collaborative stage data items blank

5. If the behavior of the primary tumor is documented on the pathology report as in situ, but regional nodes and/or a distant site are involved by tumor, assign the CS Extension code for
   a. In situ
   b. Localized NOS
   c. Unknown

6. If there is a discrepancy between the clinical and pathologic documentation about the same lymph nodes and the patient did not receive pre-operative treatment, which information is used to code CS Lymph Nodes?
   a. Clinical
   b. Pathologic
   c. None of the above

7. When lymph nodes are involved but it cannot be determined if the involved nodes are regional or distant, what code is assigned for CS Lymph Nodes?
   a. 000 – None
   b. 800- Lymph Nodes NOS
   c. 999 - Unknown
8. If the primary tumor being examined is in pieces and chips, when determining the code for CS Tumor Size:
   a. Add the pieces or chips together
   b. Do not add the pieces or chips together
   c. Leave CS Tumor Size blank

9. If there is no clinical or pathologic evidence of distant metastasis and the patient received the usual first course treatment, CS Mets at DX is assigned code:
   a. 00 – None
   b. 60 – Distant metastasis NOS
   c. 99 - Unknown

10. If the patient had both lymph node sampling and lymph node dissection as part of first course treatment and the number of nodes removed is not known, what code is assigned for Regional Nodes Examined?
    a. 96 – Regional node sampling, number of nodes unknown
    b. 97 – Regional node dissection, number of nodes unknown
    c. 98 – Regional nodes surgically removed but unknown if sampling or dissection, number of nodes unknown