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

   Answer: Since the clinical information (from the MRI) results in a higher T category, clinical code 0 would be used for the imaging.

2. A consultation report is received in the cancer registry which states that the patient has a T2N0M0 lesion of the hard palate. Stated as codes are used for T, N and M in CS Extension, CS Lymph Nodes and CS Mets at Dx. There is no indication how this information was obtained. Which Eval codes would be used for all three Eval fields?

   a. 0
   b. 1
   c. 3
   d. 9

   Answer: With this limited information, there is no way to tell how T, N and M were determined. Assign Eval code 9 for all the Eval fields.

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

   Answer: The sentinel lymph node biopsy was done as part of the clinical workup. Assign Eval code of 1.
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
   
   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

   Answer: c. Patient was diagnosed prior to autopsy. Clinical workup was not completed prior to death so autopsy information can be used. Autopsy confirmed a T3 lesion, N2 involvement and M1 involvement. Eval code 2 can be used for all 3 Eval codes.

5. Patient diagnosed by biopsy with Bladder cancer. A TURB is performed for treatment. Which CS Tumor Size/Ext Eval code is used?
   
   a. 0
   
   b. 1
   
   c. 3
   
   d. 9

   Answer: b. For Bladder cancers, a TURB is assigned a code 1. TURB’s do not quality for pathologic classification.

6. Patient presents with dysphasia. A CT scan is done, revealing a 2 cm mass in the mid esophagus with no other indication of extension. An endoscopy procedure is performed. Findings show a squamous cell carcinoma of the mid esophagus. Which CS Tumor Size/Ext Eval code would be assigned?
   
   a. 0
   
   b. 1
   
   c. 3
   
   d. 9

   Answer: b. Although scopes qualify for an Eval code of 1, the scope performed in this situation only confirmed the diagnosis of squamous cell carcinoma. It gave no information on the extent of the tumor, whereas the imaging studies provided the information for extension.
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 was performed, which revealed invasion of the serosa (T4a) with 3 positive perirectal lymph nodes 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

Answer: b. Extension after neoadjuvant therapy is greater (CS Tumor Size/Ext Eval code 6), Lymph node involvement is greater (CS Lymph Nodes Eval code 6) and CS Mets at Dx is negative for both and based on imaging only (Eval code 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

Answer: c. Supraclavicular lymph nodes are a N3, which is the highest N category in the lung schema. Since the highest lymph node category is involved, code 3 is used.

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
Answer: b. Treatment decision was made after initial diagnosis of prostate cancer. At this time all staging information is finalized. This case would not quality for autopsy staging (code 2). The physical exam (DRE) was negative. The needle core biopsy was done due to the elevated PSA.

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

Answer: a. For lung, T is based on three factors: size, extension and separate tumor nodules (SSF1). Size indicates a T1b lesion; the bronchoscopy confirms malignancy and a T3 lesion (extension into the parietal pleura.) the PET scan shows several small satellite lesions in an adjacent lobe of the right lung (T4); therefore, the final T category is based on imaging, which is 0.