



Lesson 21

Module III Quiz





Questions



Question 1



- 1. What is considered neoadjuvant therapy?
 - a. Surgical resection followed by a more extensive surgical resection
 - b. Radiation therapy followed by surgery
 - c. Surgery followed by chemotherapy
 - d. Surgery followed by chemotherapy and radiation therapy



Question 2



- 2. What information is included in pathological staging?
 - a. Pathology report and operative report
 - b. Pathology report
 - c. Physical exam, imaging, and diagnostic workup
 - d. All of the above



Question 3



- 3. A breast patient had a core needle biopsy of the breast with ductal carcinoma and a sentinel node biopsy with 4 nodes negative. A month later the patient had a simple mastectomy. How would you assign the cN and the pN?
 - a. cN0(sn) and pN0(sn)
 - b. cN0(sn) and pN blank
 - c. cN blank and pN0(sn)
 - d. cN0(sn) and pN0



Question 4a



- 4. a. Colon case scenario. H&P: guaiac positive stool. Colonoscopy: obstructing lesion at 22cm. Colon bx showed ca in sigmoid colon. Assign clinical stage.
 - a. cT1 cN0 cM0
 - b. cT1 cNX cM0
 - c. cTX cNX cM0
 - d. cTX cN0 cM0



Question 4b



- 4. b. Colon case scenario. Sigmoid colon resection: 3cm Ca through muscularis propria into subserosal fat. Circumferential margin 3mm from ca. Fourteen nodes negative for ca. Assign pathological stage.
 - a. pT2 pN0 cM0
 - b. pT3 pN0 pM0
 - c. pT3 pN0 cM0
 - d. pT4a pN0 pM0



Question 5a



- 5. a. Lung case scenario. CT chest-2cm tumor LUL lung lobar bronchus, large It mediastinal mass. Thoracotomy/bx: unresectable mass palpated beneath aortic arch. Met ca 1 para-aortic and 1 subaortic node. Assign clinical stage.
 - a. cT1a pN2 cM0
 - b. cT1b cN2 cM0
 - c. cT1b pN2 cM0
 - d. cT1c cN2 cM0



Question 5b



- 5. b. Lung case scenario. Thoracotomy/bx: unresectable mass palpated beneath aortic arch. Met ca 1 para-aortic and 1 subaortic node. Assign pathological stage.
 - a. pT blank pN2 cM0
 - b. pT blank pN blank cM blank
 - c. pT blank pN2 cM blank
 - d. pT blank pN blank cM0







Answers



Answer and Rationale #1



b. Radiation therapy followed by surgery

- Neoadjuvant therapy is only
 - Systemic and/or radiation therapy followed by surgery
 - Systemic and/or radiation must be INITIAL or FIRST treatment
 - Systemic therapy may be
 - Chemotherapy
 - Hormone therapy
 - Immunotherapy
- Adjuvant therapy
 - Surgery followed by systemic and/or radiation therapy
- No special designation for two surgeries
 - Surgery followed by more extensive surgery



Answer and Rationale #2



d. All of the above

- Pathological staging is made up of 3 equal parts
 - Clinical stage which is the diagnostic workup
 - Surgeon's operative findings
 - Pathology report of resected specimen
- Pathological staging is a point in time of the patient's care
 - From diagnosis including all diagnostic workup (clinical stage)
 - Through surgical resection (operative report)
 - Including pathology review of resected specimen (pathology report)
- Pathological staging does NOT mean
 - Pathologist's staging
 - Pathology report or tissue staging



Answer and Rationale #3



a. cN0(sn) and pN0(sn)

- cN0(sn)
 - Sentinel node biopsy was part of diagnostic workup
 - Therefore it is cN
 - cN0 because all nodes were negative
 - (sn) because a sentinel node procedure was performed
- pN0(sn)
 - Patient did not have nodal dissection with surgery
 - Info from clinical staging used for pathological staging, therefore
 - Sentinel node info can be used for pN
 - pN0 because all the sentinel nodes were negative
 - (sn) because a sentinel node procedure was performed



Answer and Rationale #4a



c. cTX cNX cM0

- Clinical stage is assigned as
 - Patient had diagnostic workup for colon ca
 - Not adequate information to assign cT
 - Need tissue layer information
 - cTX
 - Not adequate information to assign cN
 - No assessment of nodes
 - cNX
 - No signs/symptoms of mets on the H&P for cM0
 - cM0



Answer and Rational #4b



• c. pT3 pN0 cM0

- Pathological stage is assigned as
 - Tumor
 - Through muscular layer of bowel wall (muscularis propria) and
 - Into subserosal fat
 - pT3
 - Lymph nodes
 - 14 nodes negative
 - pN0
 - Metastasis
 - Liver function tests are abnormal
 - No abnormality in liver noted on exploration during surgery
 - No signs/symptoms of other distant mets
 - cM0



Answer and Rationale #5a



- b. cT1b cN2 cM0
- Clinical stage is assigned as
 - Tumor
 - 2cm mass in LUL lung
 - Lobar bronchus
 - cT1b
 - Nodes
 - Ipsilateral mediastinal nodes evident on imaging
 - Diagnostic biopsy performed, Level 5 & 6 on lymph node map
 - cN2
 - Metastasis
 - No signs/symptoms of distant mets
 - cM0



Answer and Rational #5b



- b. pT blank pN blank cM blank
- Pathological stage is assigned as
 - No surgical resection of primary
 - Does not meet criteria to assign pathological stage
 - Should all be blank to indicate patient does not meet criteria
 - Cannot use X as that indicates
 - Patient meets pathological staging criteria
 - Information is unknown

