# Lower GI 2023 Part 2Poll Questions

Answers and rationale are provided in the slides

1. **Poll 1 – Surgical Diagnostic & Staging Procedure**

**Scenario**: ​

* + 2022 Screening colonoscopy is + for adenocarcinoma in sigmoid colon ​

**Question**: How would you code the Surgical Diagnostic and Staging Procedure?​

1. **02** A biopsy (incisional, needle, or aspiration) was done to the primary site; or biopsy or removal of a lymph node to diagnose or stage lymphoma​
2. **05** An exploratory procedure was performed, and a biopsy of either the primary site or another site was done​
3. **Poll 2 -Surgical Diagnostic & Staging Procedure**

**Scenario**: ​​

* 2023 Screening colonoscopy  w/ bx of ascending colon polyp; path is + for a tubular adenoma;  Laparoscopic Right Colectomy +  moderately differentiatedadenocarcinoma invades submucosa 18 nodes (-) pT1 pN0​​

**Question**: How would you code the Surgical Diagnostic and Staging Procedure?​​

1. **00**No surgical diagnostic or staging procedure​​
2. **02** A biopsy (incisional, needle, or aspiration) was done to the primary site; or biopsy or removal of a lymph node to diagnose or stage lymphoma​​
3. **05** An exploratory procedure was performed, and a biopsy of either the primary site or another site was done​​
4. **Poll 3-Surgery LAR**

**Scenario:** 2023 rectal primary​

* Laparoscopic low anterior resection: large polyp mass found in the rectum - resected from low rectum to lower sigmoid colon with anastomosis and creation of protective loop colostomy​
* Snip from PATH report: Macroscopic Evaluation of Mesorectum : Complete ​

**Question**:  How would you code the Cancer Directed Surgery?​

1. A300 Segmental resection; partial proctectomy, NOS​

    B. A500 Total proctectomy

1. **Poll 4- Surgery AP Rection**

**Scenario:**2023 low rectal primary within 3cm of anal verge​

* Presents with a cT3 cN2b cM0 Stage 3C low rectal primary treated with neoadjuvant chemo/radiation​
* AP Resection – removal of rectum, rectosigmoid and anus - creation of Colostomy, 14/17 nodes+​
* Snip from PATH report: Macroscopic Evaluation of Mesorectum: Near complete ​

**Question:**  How would you code the Cancer Directed Surgery?​

1. A300 Segmental resection; partial proctectomy, NOS​
2. A400 Pull through WITH sphincter preservation (coloanal anastomosis)​
3. A500 Total proctectomy​
4. **Poll 5- Pericolonic/Pericolorectal tissue invaded Reg or Local**

**Scenario:**​

* pT3 pN0 cM0 Stage IIA Transverse Colon adenocarcinoma with extension through the wall into pericolic tissue, 16 nodes (-), no mets on CT.​

**Question:**How would you code Summary Stage 2018?​

1. 1 Localized only (localized, NOS)​
2. 2 Regional by direct extension only
3. **Poll 6 Pericolonic/Pericolorectal tissue Invaded-Reg or Local**

**Scenario:**​

* pT3 pN0 cM0 Stage IIA Ascending Colon with Extension through the wall into pericolic tissue, 16 nodes (-), no mets on CT.​

**Question**:  How would you code Summary Stage 2018?​

1. 1 Localized only (localized, NOS)​
2. 2 Regional by direct extension only​
3. **Poll 7 EOD Regional Nodes**

**Scenario:**​

* CT scan of Abdomen and Pelvis: 1.2cm transverse colon that extends into surrounding pericolonic tissues. There is also right lung metastasis and liver metastasis seen on CT. Patient has liver biopsy performed on 04-19-2021 which shows adenocarcinoma consistent with metastasis from colon primary. No further resection done.)​

**Question:**How would you assign EOD Regional Nodes?  ​

1. 000 No RLN mets​
2. 300 Regional lymph nodes involved​
3. 999 Unknown if RLNs involved
4. **Poll 8 AJCC X vs BLANK**

**Scenario:**​

* Rectal cancer 5.0cm from the anal verge on imaging; the cancer is stated T3/4 - with possible involvement of prostate and clinically positive mesorectal lymph nodes.​
* Patient was presented to Tumor Board; managing physician, medical oncologist, and radiation oncologist state: T3/4 N1 stage IIIB.​

**Question:**How would you assign AJCC cT category?  ​

1. cT3​
2. cT4​
3. cTX​
4. cT BLANK
5. **Poll 9 cN Unknown #of Nodes +**

**Scenario:**​

* CT scan of Abdomen and Pelvis: 1.2cm transverse colon that extends into surrounding pericolonic tissues. There are **enlarged pericolic lymph nodes consistent with involvement**. There is also right lung metastasis and liver metastasis seen on CT. Patient has liver biopsy performed on 04-19-2021 which shows adenocarcinoma consistent with metastasis from colon primary. No further resection done.)​

**Question:**How would you assign AJCC cN category?  [**enlarged pericolic lymph nodes consistent with involvement.]**​

1. cN1 One to three regional lymph nodes are positive (tumor in lymph nodes measuring ≥0.2mm), or any number of tumor deposits are present and all identifiable lymph nodes are negative ​
2. cN2 Four or more regional nodes are positive  ​
3. cNX​
4. cN BLANK
5. **Poll 10- cT after Colonoscopy**

**Scenario:**​

* Patient presents to facility for colonoscopy which shows a mass in the cecum, biopsy is positive for invasive adenocarcinoma​. No further workup is done prior to taking the patient to definitive surgery

**Question:**How would you assign cT?​

1. cTX​
2. BLANK
3. **Poll 11-cT after Colonoscopy & Scans**

**Scenario:**​

* Patient undergoes colonoscopy with biopsy from the sigmoid colon (tumor extent not documented in endoscopy report); staging CT follows which visualizes the sigmoid colon tumor, but the extent of invasion is not documented on the scan; physician did not assign cTNM prior to resection.​

**Question:**How would you assign cT?​

1. cTX​
2. BLANK
3. **Poll 12- AJCC T Category Polypectomy-Part of dx workup**

**Scenario:**​

* Colonoscopy: screening colonoscopy found 25mm polyp removed by piecemeal mucosal resection using snare.  ​
* Pathology: Poorly diff Adenocarcinoma arising in a serrated polyp invading the submucosa. There is no mention of margins on the path report. ​
* Scans: No evidence of adenopathy/mets and no mention of colon mass ​
* 03-15-2020 Hemicolectomy ​

**Question:**How is the cT category assigned? ​

1. cT1 ​
2. cTX ​
3. BLANK
4. **Poll 13 AJCC T Polypectomy done as Treatment**

**Scenario:**​

* Colonoscopy: screening colonoscopy found pedunculated polyp removed with snare polypectomy. ​
* Pathology: Invasive Poorly diff Adenocarcinoma arising in a pedunculated polyp. There is no mention of margins on the path report.​
* Scans: No evidence of adenopathy/mets and no mention of colon mass​
* No further treatment recommended.​

**Question:**How is the cT category assigned?​

1. cT1​
2. cTX​
3. BLANK
4. **Poll 14- Bizarre Polypectomy Behavior**

**Scenario:**​

* Sigmoid Colon Polypectomy: invasive adenocarcinoma limited to the lamina propria, margins clear ​
* Physician stated no further treatment needed​
* Physician assigned pTis cN0 cM0 Stage 0​

**Question:**How will you assign behavior code?​

1. /3​
2. /2
3. **Poll 15 AJCC Incidental Finding**

**Scenario:**​

* 2023: Patient presents with severe RLQ abdominal pain; CT was compatible with acute uncomplicated appendicitis; laparoscopic appendectomy performed; op note states inflammatory changes w/ significantly distended appendix. ​
* Pathology: Appendix+ G2 Adenocarcinoma invading the muscularis propria​

**Question:**How is the cT category assigned?​

1. cT2​
2. cT BLANK​