Case #1:

Patient presented to ER with left sided hip pain and found to have abnormal imaging concerning for widespread metastatic disease. Underwent left total hip arthroplasty 8/30/22. Normal PSA. Never smoker.

8/30/22 CT CAP: multiple tiny lucent body lesions throughout the pelvis, proximal femur and possible L4 vertebral body.

8/30/22 labs:

Beta2 Microglobulin = 5.46 mg/L

Albumin 4.0 g/dL (normal)

LDH 929 (high)

8/30/22 Left femoral head and neck resection: Plasmacytoma. Definitive classification of patient's plasma cell neoplasm should be done in complete clinical context. FISH showing loss of T p53, gain of 1 q., gain of chromosomes 5, 6, 9, 11, 15 and 20 with deletion 13 q.

9/5/22 BM Bx: Plasma cell myeloma

9/18/22 MRI Brain: Base of skull mets w/involvement of pituitary fossa

DS stage III, IgG kappa MM per IBMT

9/19/22 Radiation for focal lesion in skull began.

30 Gy in 10 fractions to the base of skull, completed October 3, 2022, no further details available.

9/21/22 Started Dara-RVD

1/19/23 BM Bx: complete remission

4/4/23 Restaging PET = negative

4/5/23 Pre transplant melphalan

4/7/23 Stem cell (source: blood) transplant

Per IBMT, complete remission prior to stem cell transplant. Still CR as of 3/1/24.

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| --- | --- |
| Case 1 Answer Sheet | |
| Tumor Information | |
| Primary Site |  |
| Histology |  |
| Diagnostic Confirmation |  |
| Lymphovascular Invasion |  |
| Tumor Size Summary |  |
| RLN Examined |  |
| RLN Positive |  |
| Clinical Grade |  |
| Pathological Grade |  |
| AJCC Clinical Staging |  |
| AJCC Pathological Staging |  |
| Summary Stage 2018 |  |
| High Risk Cytogenetics |  |
| Serum Albumin Pretreatment Level |  |
| Serum Beta-2 Microglobulin Pretreatment Level |  |
| LDH Pretreatment Level |  |
| Mets at Dx – Bone |  |
| Mets at Dx – Brain |  |
| Mets at Dx – Liver |  |
| Mets at Dx – Lung |  |
| Mets at Dx – Distant Nodes |  |
| Mets at Dx - Other |  |

|  |  |
| --- | --- |
| Treatment | |
| Diagnostic/Staging Procedure |  |
| Surgery of Primary Site |  |
| Scope of RLN Surgery |  |
| Surgery Other Reg/Dis Sites |  |
| Surg Approach 2010 |  |
| Surgical Margins |  |
| Radiation |  |
| Chemotherapy |  |
| Immunotherapy |  |
| Hormone Therapy |  |
| Other Therapy |  |
| Hematologic Transplant and Endocrine Procedure |  |
| Systemic/Surgery Sequence |  |
| Radiation Surgery Sequence |  |
| Date of 1st Treatment |  |
| Date Systemic Therapy Started |  |

Case #2

77 yo white female with hx of follicular lymphoma, undergoing routine imaging. Former smoker. Patient denies fever, night sweats or weight loss. Physical exam showing no palpable adenopathy or organomegaly.

Prior history: Grade 1 Follicular Lymphoma, Stage IE, 2019

-Low grade FL of orbit and left Skull base, s/p resection and reconstruction followed by XRT to the orbit in 10/2011, total of 25.2 Gy

-Subsequently on Active Surveillance

12/9/2021 a PET/CT showed hypermetabolic mass in the right neck. Had a non-diagnostic biopsy.

3/11/22 CT Soft Tissue Neck:

1. The infiltrative mass in the right carotid space that encases the right internal/external carotid artery has decreased in size compared to July 6, 2020 study. Although it encases the right carotid arteries, these vessels do not appear substantially narrowed by the mass. The mass involves the right aspect of the retropharyngeal space, and extends to the level of the right masticator space. Airway narrowing as well as mass effect on adjacent structures has decreased from July 6, 2020.

2. There is focal nonopacification of the left subclavian artery from the arch with reconstitution at the level of the left vertebral artery. Subclavian steal syndrome is not excluded.

3/17/22 lymph node, right neck excisional bx: Path report: atypical lymphoid proliferation suspicious for large b cell lymphoma. Immunohistology report: positive for PAX5, CD30 (subset), CD79a, CD45, MUM1 (focal), BCL6, and negative for EBV/ISH, ALK1, CD21, BCL2, C-MYC, EMA, CD20, CD57, CD8, CD4, PD1, CD15, and CD2

4/19/2022 BM Bx: NED

4/21/22 PET/CT: Hypermetabolic Right submandibular nodal mass 2.9 x 1.9 cm, SUV of 11.2, previously 3.2cm x 1.9 cm with SUV of 12.6. No other hypermetabolic lesion is noted.

Per medical oncologist, patient with low volume right neck DLBCL.

5/17/22 Started Rituxan

6/29/22 PET CT: There is slight decreased size and uptake right neck lesion consistent with slight improvement of neoplasm.

8/17/22 Cytoxan and Fludarabine started

8/23/22 Autologous Car T cell infusion (Kymriah infusion)

11/21/22: Complete remission, no evidence of FDG avid metabolic lymphadenopathy.

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| --- | --- |
| Case 2 Answer Sheet | |
| Tumor Information | |
| Primary Site |  |
| Histology |  |
| Diagnostic Confirmation |  |
| Lymphovascular Invasion |  |
| Tumor Size Summary |  |
| RLN Examined |  |
| RLN Positive |  |
| Clinical Grade |  |
| Pathological Grade |  |
| AJCC Clinical Staging |  |
| AJCC Pathological Staging |  |
| Summary Stage 2018 |  |
| B-Symptoms |  |
| HIV Status |  |
| NCCN IPI |  |
| Mets at Dx – Bone |  |
| Mets at Dx – Brain |  |
| Mets at Dx – Liver |  |
| Mets at Dx – Lung |  |
| Mets at Dx – Distant Nodes |  |
| Mets at Dx - Other |  |

|  |  |
| --- | --- |
| Treatment | |
| Diagnostic/Staging Procedure |  |
| Surgery of Primary Site |  |
| Scope of RLN Surgery |  |
| Surgery Other Reg/Dis Sites |  |
| Surg Approach 2010 |  |
| Surgical Margins |  |
| Radiation |  |
| Chemotherapy |  |
| Immunotherapy |  |
| Hormone Therapy |  |
| Other Therapy |  |
| Hematologic Transplant and Endocrine Procedure |  |
| Systemic/Surgery Sequence |  |
| Radiation Surgery Sequence |  |
| Date of 1st Treatment |  |
| Date Systemic Therapy Started |  |

Miscellaneous Questions

1. Patient was diagnosed with AML with MDS related changes in 2021 and presents in 2023 with a new diagnosis of MDS with excess blasts (9983/3).
   1. How many primaries is this?
   2. What rule did you use to determine this?
2. 6/2023 CT Abd & Pelvis: Multiple hepatic masses, largest measuring 3.4 cm in the right hepatic lobe concerning for hepatic metastatic disease. Bulky gastrohepatic, porta hepatis, retroperitoneal and retrocrural adenopathy. 6/24/21 Liver bx: DLBCL.
   1. What is the primary site code?
   2. What rule did you use to determine this?
3. A patient the presented with a pericardial effusion that was proven to be DLBCL. Full workup revealed no other involvement.
   1. What is the primary site code?
4. Patient found to have several scalp lesion during her annual skin check exam on 12/22/2020. Shave biopsy from her left temple, medial parietal scalp, right temple X2: Positive for atypical lymphoid infiltrate, consistent with large B-cell lymphoma. Molecular studies negative for translocation BCL 6 and c-Myc, positive for BCL-2 rearrangement. Her pathology was sent for second opinion 1/18/2021 and results were consistent with large B-cell lymphoma involving the skin.

PET/CT 1/26/2021:

Widespread skeletal metastases.

Right external iliac chain and left inguinal lymph node metastases.

Deauville 4: Uptake slightly to moderately higher than liver.

PE: Skin: Several erythematous plaques in different areas in the scalp.

* 1. What is the primary site code?
  2. What rule did you use to determine this?
  3. What is the histology code?