



## Nomenclature Quiz: Cancer by Laura King, MA, ELS

**Directions:** Edit the following sentences based on your understanding of [section 15.2](#) and [chapter 11](#) of the *AMA Manual of Style*.

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1. A patient with long-standing gastroesophageal reflux disease and Barrett metaplasia had a synchronous T1, N0, M0 adenocarcinoma of the distal esophagus.
2. In patients undergoing concurrent chemoradiotherapy, improved swallowing function is associated with advanced T stage.
3. Thirty-six percent of patients with stage III disease and 11% of those with stage IV disease showed moderate to severe impairment on their Swallowing Performance Status Scale score, whereas 64% of stage III and 89% of stage IV patients showed no or mild impairment ( $P = .03$ ).
4. Most N1 patients had tumors that were stage III (14.3%) or stage IV (85.7%) and had undergone postoperative radiotherapy.

## LEARNING RESOURCES

**5.** A total of 151 women surgically treated for early-stage breast cancer (TNM stages 0-2) were assessed at least 1 year after their axillary lymph node dissection.

**6.** One hundred fifty-nine deaths occurred in patients with multiple endocrine neoplasia (MEN), 46 in individuals in whom MEN-1 was “highly probable.”

**7.** The study examined 76 patients (median age, 66.5 years) with colorectal cancer (Dukes stage 1, n=9; Dukes 2, n=30; Dukes 3, n=25; and Dukes 4, n=12) whose diagnosis was made between 1988 and 1991.

**8.** From March 1977 through February 1979, only patients with a highly differentiated tumor (TNM grade I) were included in the untreated group, whereas from March 1979 through the end of the recruitment period, patients younger than 75 years at diagnosis and with moderately or poorly differentiated tumors (TNM grades II-III) were randomly allocated to receive local radiation (10 patients) or no treatment.

**9.** Cyclin D1 is a key regulatory protein of the cell cycle, promoting the transition through the restriction point in the G1 phase beyond which the cell is committed to divide.

**10.** The study outcomes included colposcopy referrals, CIN types (eg, CIN1 and CIN2 or CIN3), lifetime cancer risk, and quality-adjusted life expectancy.



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## LEARNING RESOURCES

**11.** In the patients who did not undergo transplantation, pathologic TNM staging at primary resection was identified as an independent prognostic factor affecting overall survival.

**12.** The study revealed that the most common underlying malignancies were non-Hodgkin lymphoma and chronic lymphocytic leukemia.

**13.** The investigators retrospectively investigated the effect of the hemoglobin level before chemoradiotherapy on T4 and/or M1 (lymph node) squamous cell carcinoma of the esophagus.

**14.** Despite 15 of 36 clinically cured patients (42%) being classified as having FIGO (International Federation of Gynecology and Obstetrics) stage IV cancer (13 patients with stage IVa cancer and 2 patients with stage IVb cancer), the observed overall survival of the clinically cured group at 5, 10, and 15 years was 100%, 100%, and 79%, respectively.

**15.** Micrometastases greater than 0.2 mm, with no focus greater than 2.0 mm, were classified as pN1<sup>mi</sup>; however, when no metastatic cluster measured greater than 0.2 mm, the micrometastases were classified as pN0<sup>(i+)</sup>.



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