Q&A

• Please submit all questions concerning webinar content through the Q&A panel.

• Reminder:

• If you have participants watching this webinar at your site, please collect their names and emails.

• We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.
AGENDA

- Anatomy
- Multiple Primary and Histology Rules
- Epi Moment
- Staging
- Treatment
ANATOMY

Prostate

ZONES OF THE PROSTATE

- **Peripheral Zone**
  - Surrounds the distal urethra
  - 80-85% of prostate cancers
- **Central Zone**
  - Surrounds ejaculatory ducts
  - Most of the prostate
  - 5-10% of prostate cancers
- **Transitional Zone**
  - Surrounds proximal urethra
  - Grows throughout life

- **BPH**
  - 10-15% of prostate cancers
- **Anterior Zone**
  - Composed of muscle and fibrous tissue

LOBES OF THE PROSTATE

Image Source: SEER Training Modules
LOBES AND ZONES OF PROSTATE

<table>
<thead>
<tr>
<th>Lobes of Prostate</th>
<th>Zones of Prostate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior Lobe</td>
<td>Part of the transitional zone</td>
</tr>
<tr>
<td>Posterior</td>
<td>Peripheral zone</td>
</tr>
<tr>
<td>Right and Left Lateral Lobes</td>
<td>Spans all zones</td>
</tr>
<tr>
<td>Median lobe</td>
<td>Part of Central Zone</td>
</tr>
</tbody>
</table>

REGIONAL LYMPH NODES

- Pelvic, NOS
- Hypogastric
- Obturator
- Iliac (internal, external or NOS)
- Sacral (lateral, presacral, promontory gerota’s, or NOS)
METASTATIC SITES

- Distant Lymph Nodes
  - Aortic (paraortic lumbar)
  - Common iliac
  - Inguinal, deep
  - Superficial inguinal (femoral)
  - Supraclavicular
  - Cervical
  - Scalene
  - Retroperitoneal

- Bone
- Lung
- Liver
- Brain


2018 TEASERS
MULTIPLE PRIMARY AND HISTOLOGY RULES AND GRADE
CHANGES TO HISTOLOGIES IN PROSTATE

- Acinar Adenocarcinoma, sarcomatoid
  - New term
  - Histology code 8572

GRADE

- Instructions for Coding Grade for 2014+
- Use the highest Gleason score from the biopsy/TURP or prostatectomy/autopsy.
- Use a known value over an unknown value.
- Exclude results from tests performed after neoadjuvant therapy began

<table>
<thead>
<tr>
<th>Gleason Score</th>
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<tr>
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<td>9</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>3</td>
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</table>
POP QUIZ 1

- Pathology from needle core biopsies of the prostate
  - Gleason pattern/score 3+4=7
- Pathology from prostatectomy
  - Gleason pattern/score 4+4=8

<table>
<thead>
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<th>Value</th>
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<tbody>
<tr>
<td>Grade</td>
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</tbody>
</table>

GRADE CLINICAL
GRADE PATHOLOGICAL
GRADE POST-NEOADJUVANT

- For cases diagnosed 2018+
- Two data items
  - Grade Clinical is pre-treatment
  - Grade Pathological is grade from the resected specimen (pT) or clinical grade. Whichever is higher.
  - Grade Post-neoadjuvant is grade post treatment
- Linked to site/histology
- Codes 1-5 take precedence over A-D

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Grade Group 1: Gleason score less than or equal to 6</td>
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</tbody>
</table>
| 2    | Grade Group 2: Gleason score 7
  |          | Gleason pattern 3+4 |
| 3    | Grade Group 3: Gleason score 7
  |          | Gleason pattern 4+3 |
| 4    | Grade Group 4: Gleason score 8 |
| 5    | Grade Group 5: Gleason score 9 or 10 |
| A    | Well differentiated |
| B    | Moderately differentiated |
| C    | Poorly differentiated |
| D    | Undifferentiated, anaplastic |
| E    | Stated as “Gleason score 7” with no patterns documented or
  | Any Gleason patterns combination equal to 7 not specified in 2 or 3 |
| 9    | Grade cannot be assessed; Unknown
  | Not applicable |
POP QUIZ 2

A patient had biopsies of the prostate followed by a prostatectomy. Below are the path reports.

- Pathology from needle core biopsies of the prostate
  - Gleason pattern/score 3+4=7
  - Gleason Grade Group 42
- Pathology from prostatectomy
  - Gleason pattern/score 4+4=8
  - Gleason Grade Group 4

<table>
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<td>Post Therapy Grade</td>
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QUESTIONS?
EPI MOMENT

“official” theme song Superman
https://www.youtube.com/watch?v=c8AF6px8CY0

COLLECTING CANCER DATA: PROSTATE

EPI MOMENT: RECINDA SHERMAN, OCT 5TH, 2017
ETIOLOGY OF PROSTATE CANCER

- Inheritable gene mutations (BRCA1 & BRCA2)
- Age (65+), race/ethnicity, geography
- Life style factors – diet unclear
- High testosterone levels (TRT--stimulates growth of prostate)
- Environmental
  - Fire fighting chemicals, Agent Orange (possible)
- Unclear relationship
  - STI, diet, inflammation, vasectomy
- Unlikely causal
  - Obesity, smoking
- Possibly protective
  - “clear the pipes”
PROSTATE CANCER PROGNOSIS

Prostate Cancer Survival (5-year RSR)

Prostate Cancer Stage, 2010-2014

PROSTATE CANCER SCREENING

Prostate Cancer: Screening
Release Date: May 2012

Recommendation Summary

Population  Recommendation  Grade
Men  The U.S. Preventive Services Task Force (USPSTF) recommends against routine screening with prostate-specific antigen (PSA) based on the evidence available.

Supporting Documents

- Final Evidence Review: Screening for Prostate Cancer
- Evidence Summary: PSA Screening (PDF version)
- Evidence Summary: Fecal Occult Blood Testing (PDF version)

Clinical Summary

- Clinical summary of the evidence documents that substantiate the primary care recommendations for use in primary care settings.
- This summary is intended for use by primary care clinicians.

Related Information for Consumers

- Screening for Prostate Cancer: Consumer Guide
- Prostate Cancer: How Can the USPSTF Help? (PDF version)
- Prostate Cancer Screening Statistics (PDF version)
- USPSTF Recommendations from the Community Preventive Services Task Force on Preventing Cancer Screening
- Talking With Your Patients About Screening for Prostate Cancer: 2012
- Cancer Control PLANET

Related Information for Health Professionals

- Evidence Summary: PSA Screening (PDF version)
- Evidence Summary: Fecal Occult Blood Testing (PDF version)
- Final Evidence Review: Screening for Prostate Cancer
- Clinical Summary: Prostate Cancer: How Can the USPSTF Help? (PDF version)
Prostate 10/5/2017

Draft Recommendations

Men ages 55–69

The decision about whether to be screened for prostate cancer should be an individual one. The U.S.P.S.T.F. recommends that clinicians inform men ages 55 to 69 years about the potential benefits and harms of prostate-specific antigen (PSA)-based screening for prostate cancer. Screening offers a small potential benefit of reducing the chance of dying of prostate cancer. However, many men will experience potential harms of screening, including false-positive results that require additional workup, overdiagnosis and overtreatment, and treatment complications such as incontinence and impotence. The U.S.P.S.T.F. recommends individualized decisionmaking about screening for prostate cancer after discussion with a clinician, so that each man has an opportunity to understand the potential benefits and harms of screening and to incorporate his values and preferences into his decision.

C Recommendation

Men age 70 and older

The U.S.P.S.T.F. recommends against PSA-based screening for prostate cancer in men age 70 years and older.

D Recommendation

PSA SCREENING & PROSTATE INCIDENCE

U.S. Prostate Cancer Incidence

Surveillance, Epidemiology, and End Results (SEER) Program and the National Center for Health Statistics

Incidence per 100,000 Men

African Americans
Whites
Hispanics
Asians/Pacific Islanders
American Indians/Alaskan Natives

Incidence
Mortality

**RECENT TRENDS, 2011-2015**

<table>
<thead>
<tr>
<th>Site</th>
<th>Current Trend</th>
<th>5 Year AAPC</th>
<th>Delay-Adjusted Incidence Rates</th>
<th>Cases per 100,000</th>
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</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>-7.6%</td>
<td>(-10.5 - -4.7)</td>
<td>118.2</td>
<td></td>
</tr>
<tr>
<td>Lung and bronchus</td>
<td>-2.4%</td>
<td>(-2.8 - -2.0)</td>
<td>73.2</td>
<td></td>
</tr>
<tr>
<td>Colon and rectum</td>
<td>-1.9%</td>
<td>(-3.2 - -0.6)</td>
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<tr>
<td>Urinary bladder</td>
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<td>(-1.0 - -0.7)</td>
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<td>Non-Hodgkin lymphoma</td>
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<td>Kidney and renal pelvis</td>
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<td>(-1.5 - -0.8)</td>
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<td>(1.1 - 2.1)</td>
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<tr>
<td>Oral cavity and pharynx</td>
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<td>(1.0 - 1.6)</td>
<td>17.7</td>
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<tr>
<td>Pancreas</td>
<td>+1.5%</td>
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<td>(2.0 - 3.6)</td>
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<td>Stomach</td>
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<tr>
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<td>Thyroid</td>
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<td>(1.3 - 3.5)</td>
<td>7.3</td>
<td></td>
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<tr>
<td>Larynx</td>
<td>-2.3%</td>
<td>(1.4 - -1.1)</td>
<td>6.1</td>
<td></td>
</tr>
</tbody>
</table>

* AAPC is statistically significantly different from zero (two-sided P < .05).

**Mortality Declines 4%**

**QUIZ 1**
SUMMARY STAGE 2000
SUMMARY STAGE 2018

1-LOCALIZED

- Confined to the prostate
- Invasion into, but not through prostatic capsule

Source: National Cancer Institute (NCI)
Creator: NIH Medical Arts
2-REGIONAL BY DIRECT EXTENSION ONLY

- Direct extension beyond the prostate
  - Extracapsular extension
  - Bladder
  - Seminal vesicle(s)
  - Skeletal muscle, NOS
  - Ureter(s)
- Direct extension to bone is 7-distant mets

3 REGIONAL TO LYMPH NODES

- Iliac, NOS
  - External
  - Internal (hypogastric)
  - Obturator
- Pelvic, NOS
- Periprostatic
- Sacral, NOS:
  - Lateral (laterosacral)
  - Middle (promontorial)
  - Presacral
- Regional lymph node(s), NOS

By Created by US government agency National Cancer Institute - http://www.cancer.gov/cancertopics/wyntk/prostate/allpages#ab3d

7-DISTANT SITE(S)/LYMPH NODE(S) INVOLVED

- Distant Lymph Nodes
- Direct extension or fixation to:
  - Pelvic wall or pelvic bone
  - Penis
  - Sigmoid colon
  - Other direct extension
- Discontinuous metastasis

AJCC STAGING

7TH EDITION WITH AN 8TH EDITION TEASER
### ERRATA 8TH EDITION

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
<th>Before Correction</th>
<th>After Correction</th>
</tr>
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<tbody>
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<td>AJCC Prognostic Stage Groups</td>
<td>724</td>
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<tr>
<td>Definition of Histologic Grade Group</td>
<td>724</td>
<td>Grade Group 4, Gleason Score 8, Gleason Pattern 4+4</td>
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<tr>
<td>AJCC Prognostic Stage Groups</td>
<td>724</td>
<td>cT1a-c, cT2a N0 M0 PSA≥ 10 &lt; 20 G1 IIA</td>
<td>cT1a-c, cT2a, pT2 N0 M0 PSA≥ 10 &lt; 20 G1 IIA</td>
</tr>
</tbody>
</table>

https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx#Clarification

### CLINICAL STAGE RULES FOR CLASSIFICATION

- Digital Rectal Exam (DRE)
- Transrectal Ultrasound
- MRI
- CT scans
  - Abdomen/pelvis
  - Bone
  - Liver/spleen
  - Brain
CLINICALLY INAPPEARANT TUMOR

- Incidental finding during TURP
  - What percentage of the TURP tissue is prostate cancer?
    - More or less than 5%?

CLINICALLY INAPPARENT TUMOR

- Cancer is suspected
- Tumor is not large enough to be palpable on DRE or visible on TRUS.
CLINICALLY APPARENT TUMOR

- Tumor is large enough to be felt on DRE or seen on TRUS
  - Can the tumor be felt in more than one lobe?
  - If just one lobe, is it taking up more than half the lobe?

POP QUIZ 3

- A patient with a PSA of 8 had a DRE that showed a firm, enlarged, but benign prostate.
  - A needle biopsy was performed showed
    - Left lobe-Gleason 3+2 adenocarcinoma in 3 of 6 cores
    - Right lobe-Gleason 3+3 in 1 of 6 cores
    - Grade Group 1
  - No indication of any additional metastasis

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<tr>
<td>Stage</td>
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<td>1</td>
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</table>

Pg. 143-155
POP QUIZ 4

- A presented patient with a PSA of 14 and a DRE positive for a nodule involving the majority of the left lobe.
- A needle biopsy of the prostate showed
  - Left lobe-Gleason 3+4 adenocarcinoma in 5 of 6 cores
  - Right lobe- Gleason 3+3 adenocarcinoma in 2 of 6 cores
  - Grade Group 2
- No additional metastasis identified

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<tr>
<td>Clinical M</td>
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<td>cM0</td>
</tr>
<tr>
<td>Stage</td>
<td>2A</td>
<td>2B</td>
</tr>
</tbody>
</table>

SUBCATEGORIES

- If there is no description that would guide selection of the subcategory it would be correctly assigned cT2.
- If the subcategory changes the stage group and the subcategory is unknown, then the stage group must be 99.
**POP QUIZ 5**

- A patient was found to have a nodule in the prostate on DRE, but the physician did not indicate if it was one lobe or two or how much of the lobe was involved. A PSA was taken and needle biopsies performed.
  - PSA 9.3
  - Left lobe-Gleason 3+4 adenocarcinoma in 5 of 6 cores
  - Right lobe- Gleason 3+3 adenocarcinoma in 2 of 6 cores
  - Grade Group 2
  - No additional metastasis identified

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<tbody>
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**EXTENSION BEYOND THE PROSTATE—CLINICALLY**

- Is extension through the prostatic capsule, but not into adjacent structures?
- Is extension into seminal vesicles?
EXTENSION INTO ADJACENT ORGANS OR STRUCTURES—CLINICALLY

- Extension to the:
  - Rectum
  - Bladder
  - Levator muscles
  - Pelvic wall
  - Other structures or organs

PATHOLOGIC STAGE—RULES FOR CLASSIFICATION

- The following meet the rules for classification for pathologic T
  - Total prostatectomy
    - Biopsy confirming extension into the rectum
    - Biopsy confirming extension into extraprostatic tissue
    - Biopsy confirming extension into the seminal vesicles
  - Removal of at least one regional lymph node is required to meet the rules for classification for a pathologic N
CONFINED TO THE PROSTATE

- p1a, p1b, and p1c are not valid values (will cause an edit)
- P2-Confined to the prostate
  - P2a, p2b, p2c are valid for 7th edition
  - Not valid for 8th edition

POP QUIZ 6

- A patient presents to your facility for a prostatectomy. He was recently diagnosed with adenocarcinoma of the prostate, Gleason Score 6. His PSA was 12.
- Pathology report from the prostatectomy:
  - Gleason 3+4 adenocarcinoma involving the majority of 1 lobe.
  - No extension beyond the prostate.
  - Two pelvic lymph nodes were removed and found to be negative.

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<tr>
<td>Stage</td>
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<td>2B</td>
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</table>
**EXTRAPROSTATIC EXTENSION-P3**

- Extracapsular invasion p3A
  - May be unilateral or bilateral
  - Includes bladder neck invasion
  - Does not invade into any structures or organs
- Invasion of the seminal vesicles p3B

**EXTRAPROSTATIC EXTENSION-P4**

- Direct invasion into surrounding structures
  - Rectum
  - Bladder
  - Muscles
  - Pelvic wall
  - Etc.
REGIONAL LYMPH NODES N1

- Iliac, NOS
  - External
  - Internal (hypogastric)
  - Obturator
- Pelvic, NOS
- Periprostatic
- Sacral, NOS:
  - Lateral (laterosacral)
  - Middle (promontorial)
  - Presacral
- Regional lymph node(s), NOS


DISTANT METASTASIS

- Bone
- Distant Lymph Nodes
  - Aortic
  - Common Iliac
  - Ingual
  - Supraclavicular
  - Cervical
  - Scalene
  - Retroperitoneal
- Lung
- Liver
7TH EDITION STAGE GROUPING

• Stages 1 and 2 indicate disease is confined to the prostate
  • Stage PSA and Gleason score impact stage grouping
• Stage 3 indicates direct extension prostate (T3)
• Stage 4 indicates:
  • T4 or
  • Regional node metastasis or
  • Distant metastasis

8TH EDITION STAGE GROUPING

• Stages 1 and 2 indicate disease is confined to the prostate and PSA is < 20
• Stage 3
  • Indicates direct extension beyond the prostate (T3 or T4) or
  • Tumor confined to prostate (T1 or T2) and PSA ≥ 20 or
  • Grade group 5
• Stage 4 indicates discontinuous metastasis
  • Regional node metastasis
  • Distant metastasis
POP QUIZ 7

- Prostate case summary
  - PSA: 37
  - Core biopsy: Gleason 4+3
  - Grade Group 3
  - DRE: Nodule involving both lobes
  - Staging work-up: No indication of metastasis or extension beyond the prostate

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POP QUIZ 8

- Prostate case summary
  - PSA: 19
  - Core biopsy:
  - Gleason 9 (4+5)
  - Grade Group 5
  - DRE: Nodule involving both lobes
  - Staging work-up: No indication of metastasis or extension beyond the prostate

<table>
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</tbody>
</table>
QUESTIONS?

CS SITE SPECIFIC FACTORS (SSF) VS SITE SPECIFIC DATA ITEMS (SSDI)
PROSTATIC SPECIFIC ANTIGEN (PSA)

- **SSF1**: PSA Lab Value
  - **SSDI**: PSA (Prostatic Specific Antigen) Lab Value
- **SSF2**: PSA Interpretation
  - Record the clinician’s interpretation of highest PSA lab value prior to diagnostic prostate biopsy and treatment

### PSA

#### SSF 1

<table>
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<th>Code</th>
<th>Description</th>
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</thead>
</table>
| 000  | OBSOLETE DATA CONVERTED V0200  
See code 998  
Test not done (test was not ordered and was not performed) |
| 001  | 0.1 or less nanograms/milliliter (ng/ml)  
(Exact value to nearest tenth of ng/ml) |
| 002-979 | 0.2 - 97.9 ng/ml  
(Exact value to nearest tenth of ng/ml) |
| 980  | 98.0 ng/ml or greater |

#### SSDI

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 0.1  | 0.1 or less nanograms/milliliter (ng/ml)  
(Exact value to nearest tenth of ng/ml) |
| 0.2-999.9 | 0.2 – 999.9 ng/ml  
(Exact value to nearest tenth of ng/ml) |
| XXX.1 | 10,000 ng/ml or greater |
| XXX.8 | Test ordered, results not in chart |
| XXX.9 | Not documented in patient record  
PSA lab value not assessed or unknown if assessed |
### PSA

<table>
<thead>
<tr>
<th>Value</th>
<th>SSF 1</th>
<th>SSDI</th>
</tr>
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<tbody>
<tr>
<td>3.2 ng/ml</td>
<td>032</td>
<td>3.2</td>
</tr>
<tr>
<td>12 ng/ml</td>
<td>120</td>
<td>12.0</td>
</tr>
<tr>
<td>72.5 ng/ml</td>
<td>725</td>
<td>72.5</td>
</tr>
<tr>
<td>1027 ng/ml</td>
<td>980</td>
<td>XXX.1</td>
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<tr>
<td>Unknown</td>
<td>999</td>
<td>XXX.9</td>
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</tbody>
</table>

### SSF3: CS EXTENSION – PATHOLOGIC EXTENSION

**SSD1: PATHOLOGIC EXTENSION**

- Record information from prostatectomy and autopsy
  - Includes simple prostatectomy with negative margins
  - Code info from biopsy of extraprostatic sites in CS Extension – Clinical Extension
  - Include extension information from prostatectomy for another reason (i.e., cystoprostatectomy for bladder cancer) when prostate cancer is incidentally identified
  - AJCC considers in situ carcinoma of prostate impossible and 00 maps to TX
**SSF3: CS EXTENSION – PATHOLOGIC EXTENSION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Location</th>
<th>L</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>Involves one lobe/side, NOS</td>
<td>L</td>
<td>L</td>
<td></td>
</tr>
<tr>
<td>210</td>
<td>Involves one half of one lobe/side or less</td>
<td>L</td>
<td>L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stated as pT2a with no other information on pathologic extension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>220</td>
<td>Involves more than one half of one lobe/side, but not both lobes/sides</td>
<td>L</td>
<td>L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stated as pT2b with no other information on pathologic extension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>230</td>
<td>Involves both lobes/sides</td>
<td>L</td>
<td>L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stated as pT2c with no other information on pathologic extension</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>300</td>
<td>Localized, NOS</td>
<td>L</td>
<td>L</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confined to prostate, NOS Intracapsular involvement only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stated as pT2 [NOS] with no other information on pathologic extension</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GLEASON SYSTEM FOR GRADING PROSTATE CANCER**

- Patterns based on 5 component system
- Primary pattern
  - Predominant
- Secondary pattern
  - Second most predominant
- Gleason’s score
  - Sum of primary and secondary patterns
- Tertiary pattern
  - Small component of 3rd more aggressive pattern associated
**GLEASON**

<table>
<thead>
<tr>
<th>SSF</th>
<th>SSDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSF 7: Gleason Primary Pattern and Secondary Pattern Values on Needle Core Biopsy/Transurethral Resection of Prostate (TURP)</td>
<td>Gleason Patterns Clinical</td>
</tr>
<tr>
<td>SSF 8: Gleason Score on Needle Core Biopsy/Transurethral Resection of Prostate (TURP)</td>
<td>Gleason Score Clinical</td>
</tr>
<tr>
<td>SSF 9: Gleason Primary Pattern and Secondary Pattern Values on Prostatectomy/Autopsy</td>
<td>Gleason Patterns Pathological</td>
</tr>
<tr>
<td>SSF 10: Gleason Score on Prostatectomy/Autopsy</td>
<td>Gleason Score Pathological</td>
</tr>
<tr>
<td>SSF 11: Gleason Tertiary Pattern Value on Prostatectomy/Autopsy</td>
<td>Gleason Tertiary Pattern</td>
</tr>
<tr>
<td></td>
<td>Grade Clinical and Grade Pathologic will record Grade Group</td>
</tr>
</tbody>
</table>

**SSF7: GLEASON PRIMARY PATTERN & SECONDARY PATTERN VALUES ON NEEDLE CORE BIOPSY/TURP**

- Record primary and secondary patterns from needle core biopsy or TURP
- Record patterns that reflect highest score if different patterns are documented on multiple biopsies
- Record patterns that reflect highest score if both biopsy and TURP performed
- Do not mix patterns from multiple specimens
- Use code 998 if biopsy/TURP not performed

Example:
- Gleason 7 (3+4)
- 3 is primary pattern and 4 is secondary pattern
SSF8: GLEASON SCORE ON NEEDLE CORE BIOPSY/TURP

- Record Gleason’s score based on primary & secondary patterns recorded in SSF7
- Use code 998 if biopsy/TURP not performed
- Used for clinical stage grouping in AJCC Cancer Stage for prostate

Example:
- Gleason 7 (3+4)
- 7 is Gleason score

SSF9: GLEASON PRIMARY PATTERN & SECONDARY PATTERN VALUES ON PROSTATECTOMY/AUTOPSY

- Record primary and secondary patterns from prostatectomy or autopsy
- Use code 998 if prostatectomy or autopsy not performed
- Do NOT code tertiary pattern in this SSF
SSF10: GLEASON SCORE ON PROSTATECTOMY/AUTOPSY

- Record Gleason score based on primary & secondary patterns recorded in SSF9
- Use code 998 if prostatectomy or autopsy not performed
- Used for pathologic stage grouping in AJCC Cancer Stage for prostate
- Do NOT code tertiary pattern in this SSF

SSF11: GLEASON TERTIARY PATTERN VALUE ON PROSTATECTOMY/AUTOPSY

- Record tertiary pattern documented on prostatectomy or autopsy
- Disregard tertiary pattern from prostate biopsy or TURP
- Use code 998 if prostatectomy or autopsy not performed
SSF12: NUMBER OF CORES POSITIVE

- Record the number of prostate core biopsies positive for cancer
- If multiple core biopsy procedures are performed, record the number of cores positive for cancer from procedure with highest number of cores positive
- Use code 991 if core biopsies positive but number unknown
- Use code 998 if needle core biopsy was not performed

SSF13: NUMBER OF CORES EXAMINED

- Record number of prostate core biopsies examined
- If multiple core biopsy procedures are performed, record the number of cores examined from procedure with highest number of cores positive (same procedure as used to record SSF12)
- Use code 991 if core biopsies examined but number unknown
- Use code 998 if needle core biopsy was not performed
QUESTIONS?

TREATMENT
CLINICAL ASSESSMENT AND CANCER DIAGNOSIS

• DRE
• PSA
• Gleason score
• Family History
• Life Expectancy
• Symptomatic/Asymptomatic

GLEASON GRADE GROUP DEFINITIONS - NCCN

• Gleason grade group 1: Gleason score ≤6
• Gleason grade group 2: Gleason score 3+4=7
• Gleason grade group 3: Gleason score 4+3=7
• Gleason grade group 4: Gleason score 4+4=8, 3+5=8, 5+3=8.
• Gleason grade group 5: Gleason score 9-10
RISK GROUPS

• Very Low
• Low
• Intermediate
• High
• Very High
• Metastatic

THERAPY FOR VERY LOW OR LOW RISK GROUP

• Active Surveillance/Observation
• External Beam Radiation or Brachytherapy
• Radical Prostatectomy with or without pelvic lymph node dissection
THERAPY FOR INTERMEDIATE RISK GROUP

- Radical Prostatectomy with or without pelvic lymph node dissection
- External Beam Radiation with or without Androgen Deprivation Therapy with or without brachytherapy
- Brachytherapy alone
- Observation

THERAPY FOR HIGH RISK GROUP

- External Beam Radiation with Androgen Deprivation Therapy
- External Beam Radiation with Brachytherapy with or without Androgen Deprivation Therapy
- Radical Prostatectomy with Pelvic Lymph Node Dissection
**THERAPY FOR VERY HIGH RISK GROUP**

- External Beam Radiation with Androgen Deprivation Therapy
- External Beam Radiation with Brachytherapy with or without Androgen Deprivation Therapy
- Radical Prostatectomy with Pelvic Lymph Node Dissection
- Androgen Deprivation Therapy or Observation

**THERAPY FOR METASTATIC RISK GROUP**

- External Beam Radiation Therapy with Androgen Deprivation Therapy
- Androgen Deprivation Therapy Only
BIOCHEMICAL RECURRENCE AFTER RADICAL PROSTATECTOMY

• PSA level fails to fall to undetectable levels after radical prostatectomy
• Undetectable PSA after radical prostatectomy with subsequent detectable PSA level that increase on 2 or more labs

BIOCHEMICAL RECURRENCE AFTER RADICAL PROSTATECTOMY

• Studies done looking for metastases
  • PSADT
  • Chest x-ray
  • Bone scan
  • CT or MRI or TRUS
  • Prostate Bed biopsy
BIOCHEMICAL RECURRENCE AFTER RADICAL PROSTATECTOMY

- Negative metastases
  - External Beam radiation with or without Androgen Deprivation therapy OR Observation
- Positive Metastases
  - Androgen Deprivation with or without External Beam Radiation to site of metastases OR Observation

2018 TEASERS

RADIATION DATA ITEMS
RADIATION DATA ITEMS FOR 2018

- Phase I Radiation Primary Treatment Volume*
- Phase I Radiation to Draining Lymph Nodes*
- Phase I Radiation Treatment Modality*
- Phase I External Beam Radiation Planning Technique*
- Phase I Dose per Fraction
- Phase I Number of Fractions
- Phase I Total Dose

---

RADIATION PRIMARY TREATMENT VOLUME

<table>
<thead>
<tr>
<th>Current FORDS Codes</th>
<th>NEW STORE Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code</strong></td>
<td><strong>Label</strong></td>
</tr>
<tr>
<td>35</td>
<td>Prostate and Pelvis</td>
</tr>
<tr>
<td>41</td>
<td>Prostate</td>
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</table>
RADIATION TO DRAINING LYMPH NODES

This a very new data item

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
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</thead>
<tbody>
<tr>
<td>00</td>
<td>No Radiation Treatment</td>
</tr>
<tr>
<td>01</td>
<td>Neck Lymph Node Regions</td>
</tr>
<tr>
<td>02</td>
<td>Thoracic Lymph Node Regions</td>
</tr>
<tr>
<td>03</td>
<td>Neck and Thoracic Lymph Node Regions</td>
</tr>
<tr>
<td>04</td>
<td>Breast/Chest wall Lymph Node Regions</td>
</tr>
<tr>
<td>05</td>
<td>Abdominal Lymph Nodes</td>
</tr>
<tr>
<td>06</td>
<td>Pelvic Lymph Nodes</td>
</tr>
<tr>
<td>07</td>
<td>Abdominal and Pelvic Lymph Nodes</td>
</tr>
<tr>
<td>08</td>
<td>Lymph Node Region, NOS</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable, No Radiation Treatment to Draining Lymph Nodes</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if any Radiation Treatment to Draining Lymph Nodes</td>
</tr>
</tbody>
</table>

RADIATION TREATMENT MODALITY

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>External Beam, NOS</td>
</tr>
<tr>
<td>02</td>
<td>External Beam, photons</td>
</tr>
<tr>
<td>03</td>
<td>External beam, protons</td>
</tr>
<tr>
<td>04</td>
<td>External beam, electrons</td>
</tr>
<tr>
<td>05</td>
<td>External beam, neutrons</td>
</tr>
<tr>
<td>06</td>
<td>External beam, carbon ions</td>
</tr>
<tr>
<td>07</td>
<td>Brachytherapy, NOS</td>
</tr>
<tr>
<td>08</td>
<td>Brachytherapy, intracavitary, LDR</td>
</tr>
<tr>
<td>09</td>
<td>Brachytherapy, intracavitary, HDR</td>
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<tr>
<td>10</td>
<td>Brachytherapy, Interstitial, LDR</td>
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<td>11</td>
<td>Brachytherapy, Interstitial, HRR</td>
</tr>
<tr>
<td>12</td>
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<tr>
<td>20</td>
<td>External Beam, NOS</td>
</tr>
<tr>
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<td>IMRT</td>
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<td>50</td>
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<td>Brachytherapy Intracavitary, LDR</td>
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<td>52</td>
<td>Brachytherapy Intracavitary, HDR</td>
</tr>
<tr>
<td>53</td>
<td>Brachytherapy, Interstitial, LDR</td>
</tr>
<tr>
<td>54</td>
<td>Brachytherapy, Interstitial, HRR</td>
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</table>
EXTERNAL BEAM RADIATION PLANNING TECHNIQUE

Current FORDS CODES

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<tr>
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<th>Label</th>
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</thead>
<tbody>
<tr>
<td>20</td>
<td>External Beam, NOS</td>
</tr>
<tr>
<td>31</td>
<td>IMRT</td>
</tr>
<tr>
<td>50</td>
<td>Brachytherapy, NOS</td>
</tr>
<tr>
<td>51</td>
<td>Brachytherapy Intracavitary, LDR</td>
</tr>
<tr>
<td>52</td>
<td>Brachytherapy Intracavitary, HDR</td>
</tr>
<tr>
<td>53</td>
<td>Brachytherapy, Interstitial, LDR</td>
</tr>
<tr>
<td>54</td>
<td>Brachytherapy, Interstitial, HRR</td>
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</tbody>
</table>

New STORE CODES

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<tr>
<th>Code</th>
<th>Label</th>
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<tbody>
<tr>
<td>20</td>
<td>External Beam, NOS</td>
</tr>
<tr>
<td>31</td>
<td>IMRT</td>
</tr>
<tr>
<td>50</td>
<td>Brachytherapy, NOS</td>
</tr>
<tr>
<td>51</td>
<td>Brachytherapy Intracavitary, LDR</td>
</tr>
<tr>
<td>52</td>
<td>Brachytherapy Intracavitary, HDR</td>
</tr>
<tr>
<td>53</td>
<td>Brachytherapy, Interstitial, LDR</td>
</tr>
<tr>
<td>54</td>
<td>Brachytherapy, Interstitial, HRR</td>
</tr>
<tr>
<td>00</td>
<td>No radiation treatment</td>
</tr>
<tr>
<td>01</td>
<td>External Beam, NOS</td>
</tr>
<tr>
<td>02</td>
<td>Low Energy x-ray/photon therapy</td>
</tr>
<tr>
<td>05</td>
<td>Intensity modulated therapy</td>
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</tbody>
</table>

POP QUIZ 9

• Patient diagnosed with prostate cancer has prostatectomy followed by IMRT to the prostate bed and regional lymph nodes. How would you code the Radiation Treatment Modality and the External Beam Radiation Planning Technique?

<table>
<thead>
<tr>
<th>Data Item</th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>Radiation Treatment Modality</td>
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<td>02</td>
</tr>
<tr>
<td>External Beam Radiation Planning Technique</td>
<td>blank</td>
<td>05</td>
</tr>
</tbody>
</table>
QUESTIONS?

QUIZ 2
CASE SCENARIOS
COMING UP....

- Collecting Cancer Data: Larynx
  - 11/2/2017

- Collecting Cancer Data: Uterus
  - 12/07/2017

Fabulous Prizes Winners
CE CERTIFICATE QUIZ/SURVEY

• Phrase

• Link

http://www.surveygizmo.com/s3/3880396/Prostate-2017

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