



Collecting Cancer Data: Prostate



2015-2016 NAACCR Webinar Series

June 2, 2016

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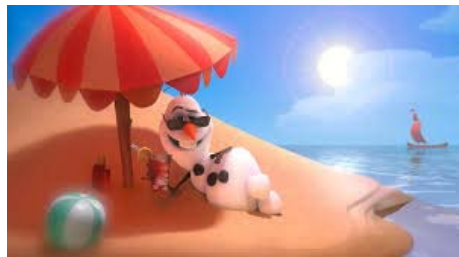
Q&A

- 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.

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●●●● Fabulous Prizes

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●●●● Agenda

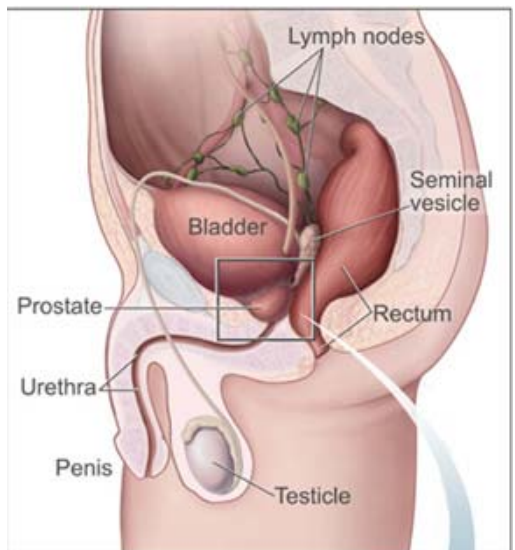
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- Anatomy
- Multiple Primary and Histology Rules
- Epi Moment
- Staging
- Treatment

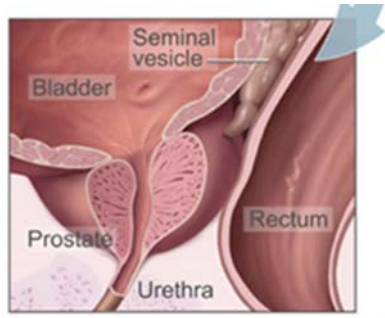
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Anatomy



This shows the prostate and nearby organs.



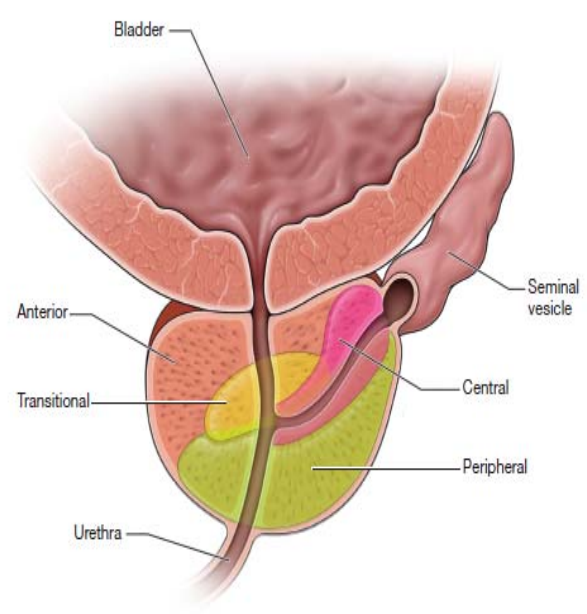
This shows the inside of the prostate, urethra, rectum, and bladder.

By Created by US government agency National Cancer Institute - <http://www.cancer.gov/cancertopics/wyntk/prostate/allpages#ab3d4f20-6ab9-4428-9717-067035d2e691>, Public Domain, <https://commons.wikimedia.org/w/index.php?curid=837427>



Zones of the Prostate

- Peripheral Zone
 - Surrounds the distal urethra
 - 70-80% of prostate cancers
- Central Zone
 - Surrounds ejaculatory ducts
 - 2.5% of prostate cancers
- Transition Zone
 - Surrounds proximal urethra
 - Grows throughout life
 - BPH
 - 10-20% of prostate cancers
- Anterior Zone



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Lobes of the Prostate

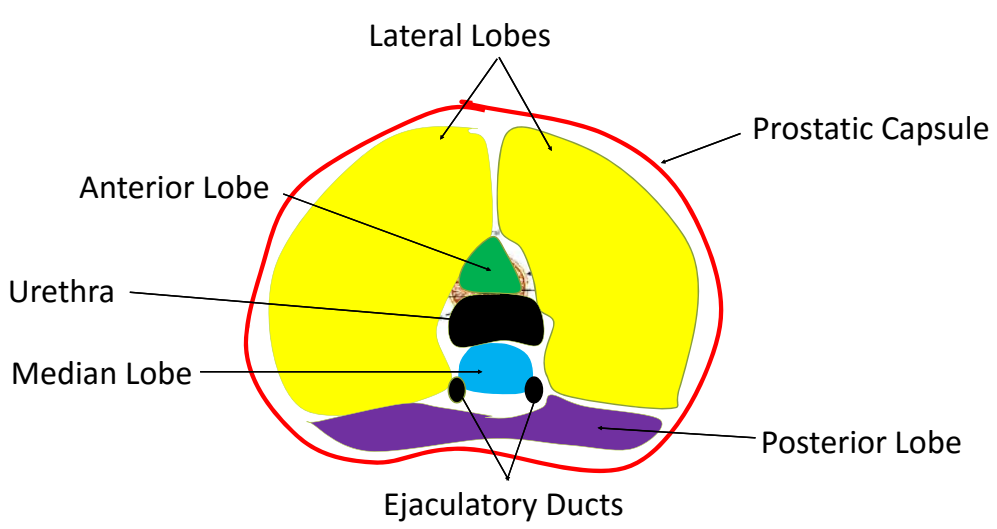


Image Source: SEER Training Modules

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●●●● Lobes and Zones



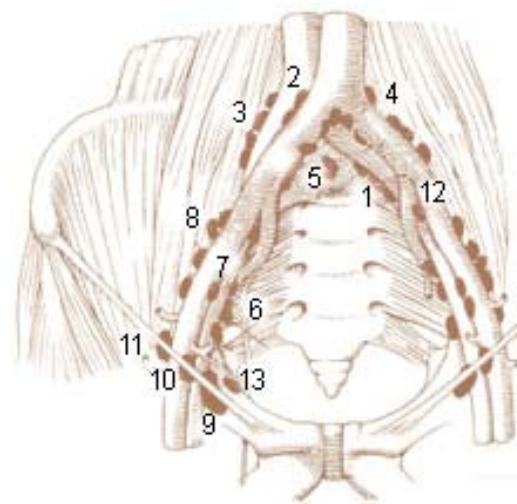
Lobes	Zones
Anterior	Part of transitional zone
Posterior	Peripheral zone
Lateral	Spans all zones
Median	Part of central zone

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●●●● Regional Lymph Nodes



- Pelvic, NOS
- Hypogastric
- Obturator
- Iliac
 - Internal
 - External
- Sacral
 - Lateral
 - Presacral
 - Promontory (Gerota's)

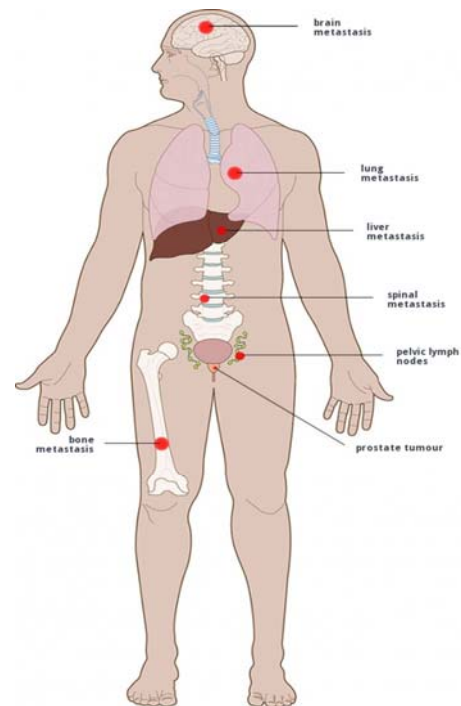


<http://training.seer.cancer.gov/lymphoma/anatomy/chains/pariental-pelvis.html>

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●●●● Distant Metastasis

- Bone
- Distant Lymph Nodes
 - Aortic (para-aortic lumbar)
 - Common Iliac
 - Deep Inguinal
 - Superficial Inguinal (femoral)
 - Supraclavicular
 - Cervical
 - Scalene
 - Retroperitoneal, NOS
- Liver
- Lung



●●●● Multiple Primary and Histology Rules

Other Sites Rules



●●●● Terms and Definitions

- Equivalent Terms
 - Acinar adenocarcinoma, adenocarcinoma
 - Acinar refers to the fact that the adenocarcinoma originates in the prostatic acini.
 - 95% of all prostate cancers are (acinar) adenocarcinoma.

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●●●● Other Sites Multiple Primary & Histology Rules

- Rule M3
 - Adenocarcinoma of the prostate is always a single primary
 - One per patient per lifetime
- Rule H10 and H20
 - Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma

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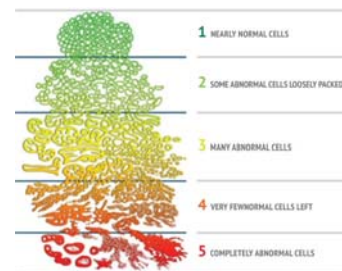
Grade/Differentiation



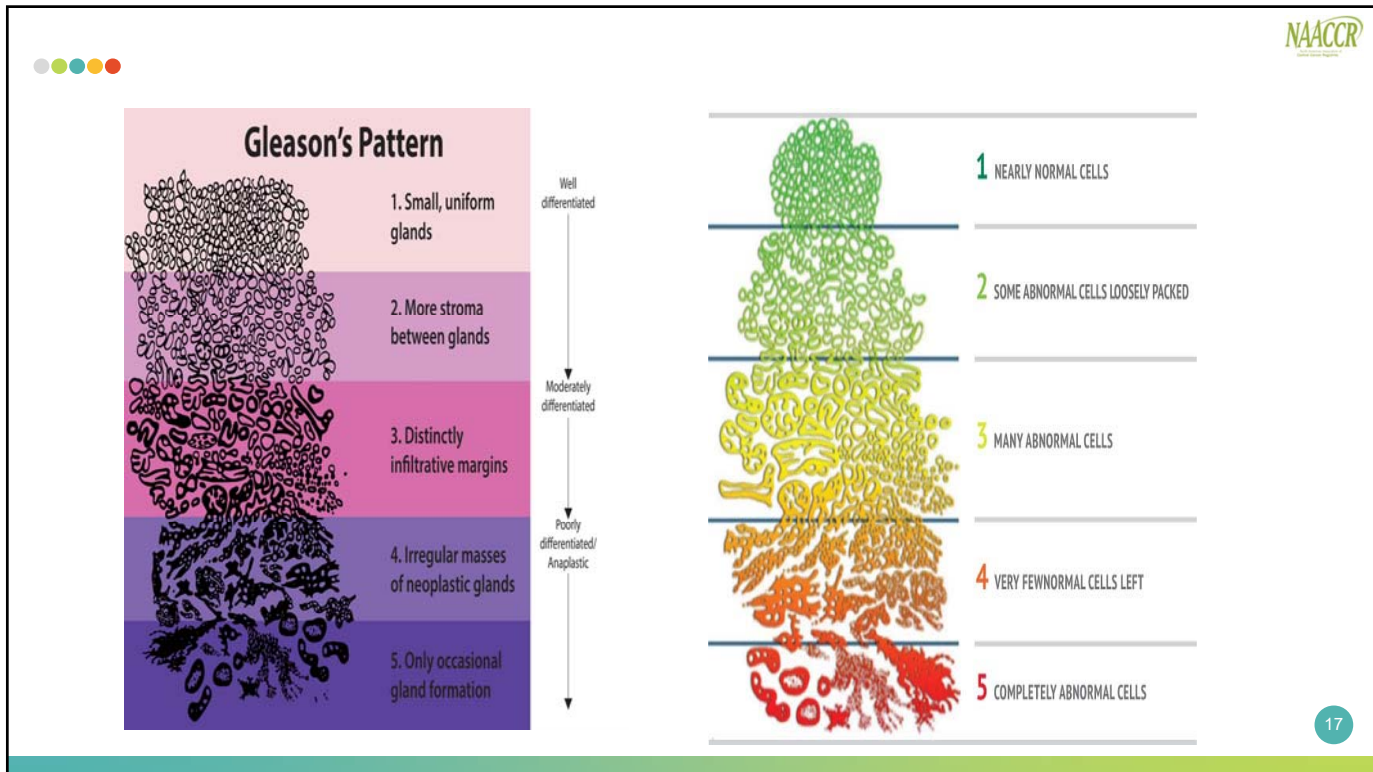
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●●●●● Coding Grade for Prostate

- Gleason's Grading System
 - There are 5 patterns described by Gleason's
 - Sum of Primary and Secondary patterns = Score
 - A tertiary pattern may also be defined



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Grade 2014 Coding Instructions

- 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.
- Use table to determine grade



●●●● Coding Grade for Prostate

Gleason score	Description					
	CS Code	Grade Code	AJCC 7th	SEER 2003-2013	AJCC 6th	SEER prior 2003
2	002	1	G1	G1	G1	G1
3	003	1	G1	G1	G1	G1
4	004	1	G1	G1	G1	G1
5	005	1	G1	G2	G2	G2
6	006	1	G1	G2	G2	G2
7	007	2	G2	G3	G3	G2
8	008	3	G3	G3	G3	G3
9	009	3	G3	G3	G3	G3
10	010	3	G3	G3	G3	G3



Questions?





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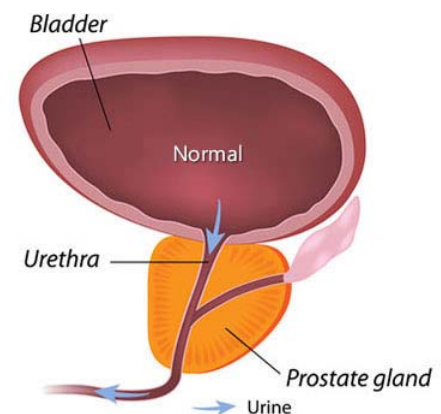
And now a brief pause for... An Epi Moment

(insert "Take it Like A Man" here...Michelle Wright version)

Epidemiology of Prostate Cancer

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- Incidence
 - #1 among men US & Canada
 - 2013: 102.3 per 100,000 men
 - 26%
 - All major race/ethnic groups
 - Highest among blacks (167.6)
 - 2nd for Korean, 3rd for Vietnamese
 - More common in developed world
 - #2 worldwide
 - 15%
- Mortality
 - #2 US & Canada & #5 worldwide
 - 2013: 19.2 per 100,000 men
 - Highest among blacks (39.1)

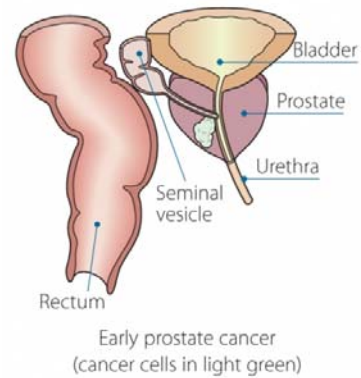


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Epidemiology of Prostate Cancer

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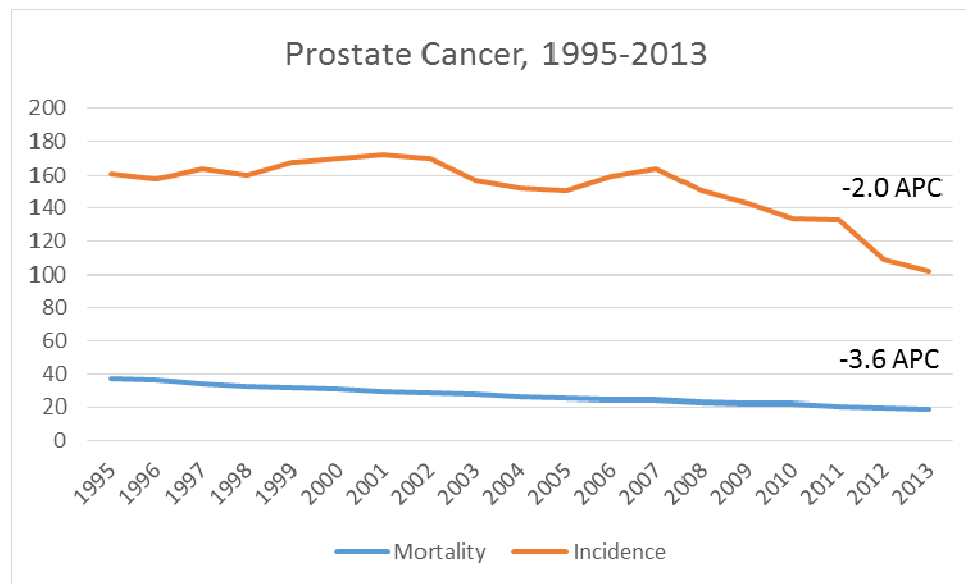
- Prostate gland
 - Part of reproductive organ
 - Secrete prostate fluid, component of semen
- Predominately adenocarcinomas
 - Sarcomas, transitional & small cell carcinoma
- Average age at dx: 66
- No population based screening
 - USPSTF
 - 2012 D grade for PSA
 - If DRE = Abnormal texture, size, or shape
 - PSA above 4 (although some recommend lower) then biopsy
 - PSA also part of staging (Gleason)
 - Imaging to look for cancer spread
 - Transrectal ultrasound also used for diagnosis alone and to help guide needles during biopsy



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Prostate Cancer Trends, 1995-2013

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●●●● Symptoms of Prostate Cancer

- Early stage asymptomatic
- Urinary symptoms
 - Burning or pain during urination
 - Difficulty urinating, or trouble starting and stopping while urinating
 - More frequent urges to urinate at night
 - Loss of bladder control
 - Decreased flow or velocity of urine stream
 - Blood in urine (hematuria)
- Other symptoms
 - Blood in semen
 - Erectile dysfunction and painful ejaculation
 - Swelling in legs or pelvic area
 - Numbness & bone pain

Table 1. Symptoms Assessed by International Prostate Symptoms Score (IPSS)^a

- Sensation of not emptying bladder
- Frequency of urination
- Interruption of urine stream
- Difficulty postponing urination
- Weakness of urine stream
- Need to strain to begin urination
- Frequency of urination overnight (nocturia)

^a Symptoms are assessed by the patient from a range of not at all (0 points) to almost always (5 points). Nocturia is measured as a frequency of 0-5 or more times and receives a corresponding point value (maximum of 5). Total score: 0-7 points = mild symptoms; 8-19 points = moderate symptoms; 20-35 points = severe symptoms. Source: Reference 7.

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●●●● Risk Factors for Prostate Cancer

- Developed countries
 - Screening & lifestyle differences
 - Immigrants have increased risk than home countries
- Blacks
 - High testosterone level (therapy)
 - Testosterone stimulates growth of prostate
 - Genetic Factors and conditions
 - Father or brother 2x the risk
 - Risk increases with # of family members
 - Prostatic intraepithelial neoplasia (PIN)
 - BCRA1 & 2
- Risks under investigation
 - Diet (High fat)
 - Obesity
 - STDs
 - Vasectomy
 - Chemical Exposures
 - Agent Orange
- Unlikely risks
 - Smoking



Normal Prostate

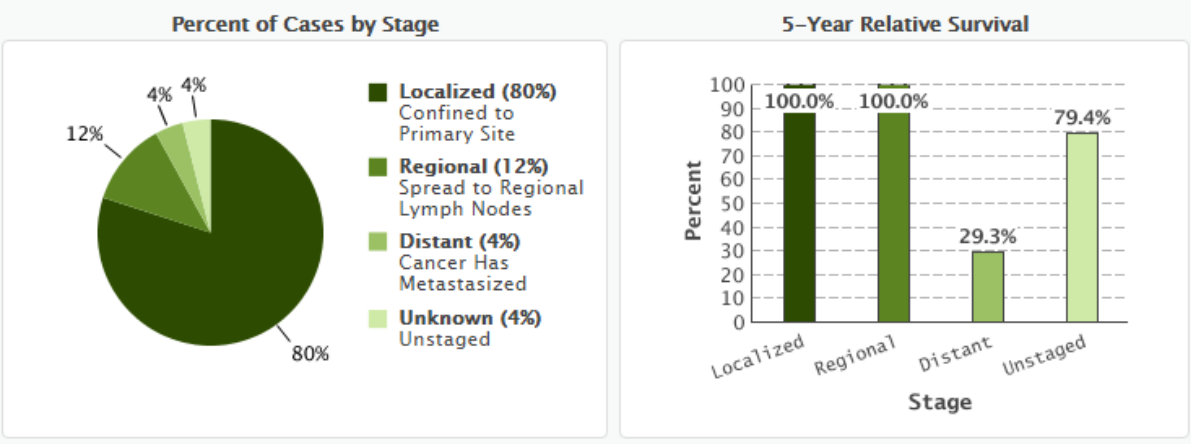
Enlarged Prostate

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Prostate Cancer Prognosis

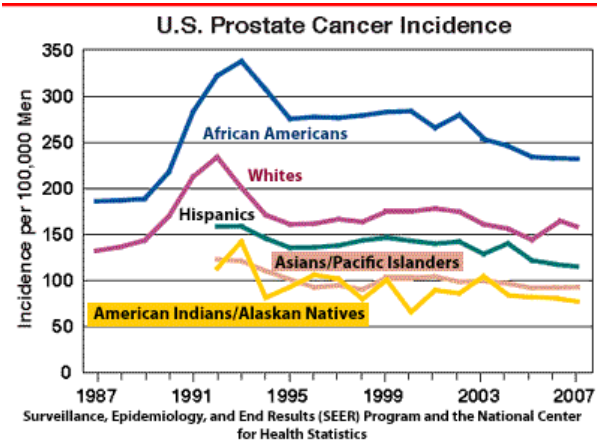
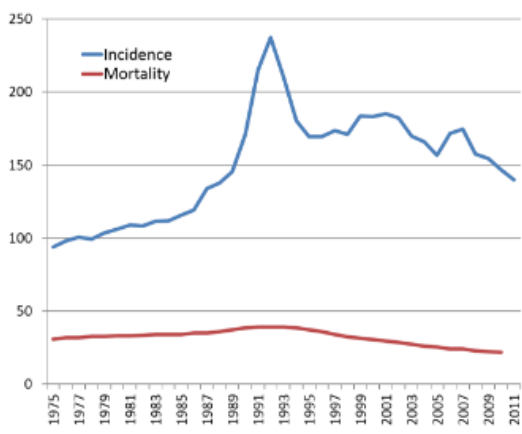
Percent of Cases & 5-Year Relative Survival by Stage at Diagnosis: Prostate Cancer



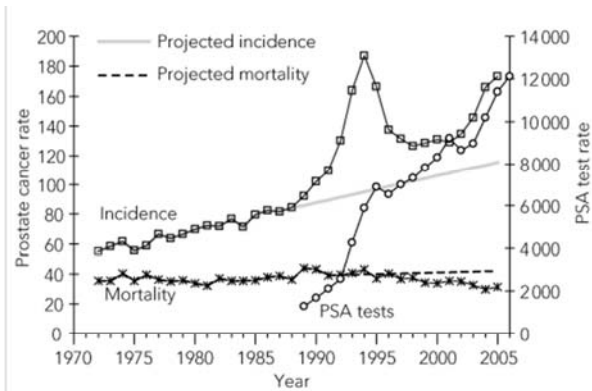
SEER 18 2006-2012, All Races, Males by SEER Summary Stage 2000



PSA Cancer Screening and Incidence



PSA Screening and Overdiagnosis



PSA = prostate-specific antigen. * Rates for prostate cancer incidence and mortality and PSA testing are age-standardised to the Australian 2001 population and expressed per 100 000 men.

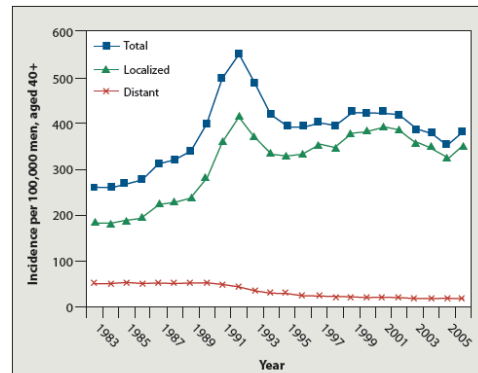


Figure: Ecologic Evidence of Overdiagnosis in Prostate Cancer—The graph depicts total, localized, and distant cancer incidence rates for prostate cancer per 100,000 men aged 40 and older in the United States. "Localized" and "distant" are defined as in Surveillance, Epidemiology, and End Results (SEER) historic stage A: "localized" is an invasive cancer confined to the organ of origin; "distant" is an extension of metastasis to organs not adjacent to the organ of origin or to distal lymph nodes. From: SEER*Stat Database: Incidence - SEER 9 Regs Limited-Use, Nov 2008 Sub (1973-2006) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2006 Counties; National Cancer Institute, Division of Cancer Control and Population Sciences, Surveillance Research Program, Cancer Statistics Branch; released April 2009, based on the November 2008 submission. Available at www.seer.cancer.gov.

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Research Directions



- Annual Report to the Nation
- DX
 - Overdiagnosis
 - Biomarkers
- TX
 - Active surveillance versus immediate treatment
 - Early-stage, low grade
 - Molecularly targeted agents and vaccines



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Questions?



Quiz 1



Summary Stage

●●●● 1-Localized

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

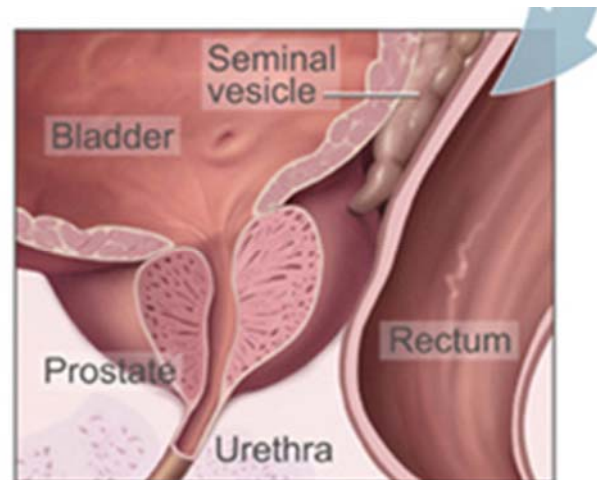


Source: National Cancer Institute (NCI)

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*



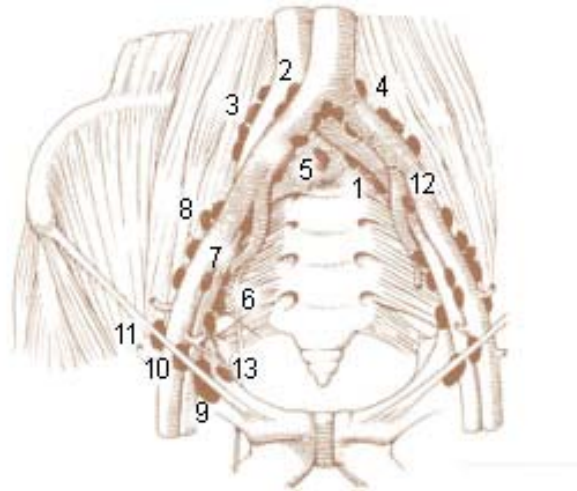
By Created by US government agency National Cancer Institute -
<http://www.cancer.gov/cancertopics/wyntk/prostate/allpages#ab3d4f20-6ab9-4428-9717-067035d2e691>, Public Domain,
<https://commons.wikimedia.org/w/index.php?curid=837427>

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3-Regional lymph node(s) involved only



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



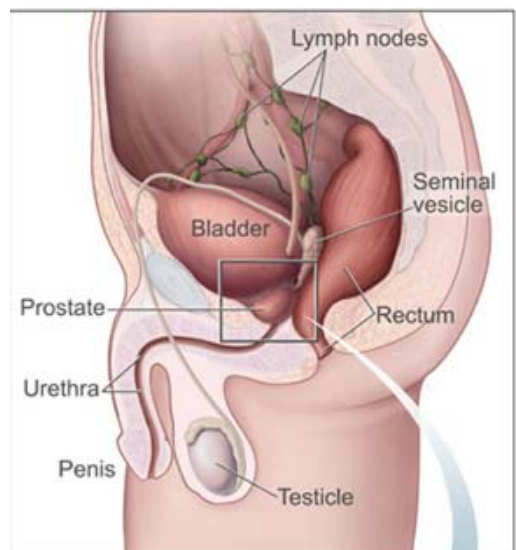
<http://training.seer.cancer.gov/lymphoma/anatomy/chains/pariental-pelvis.html>

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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



This shows the prostate and nearby organs.

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AJCC Staging

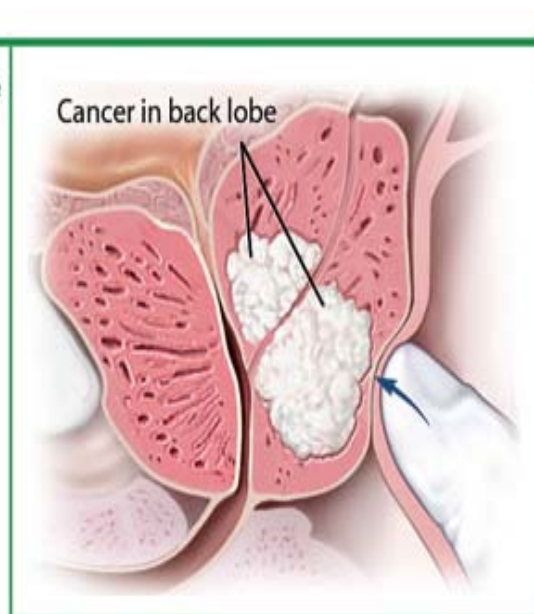


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●●●● Clinical Stage Rules for Classification

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

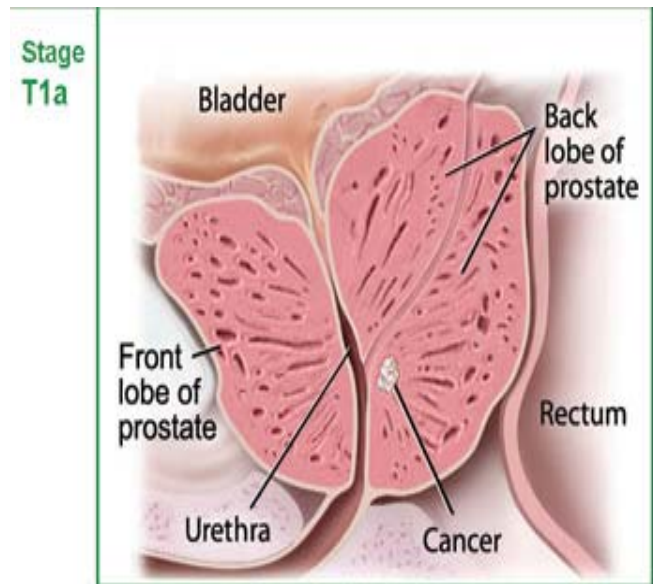
Stage
T2



●●●● Clinically Inapparent Tumor

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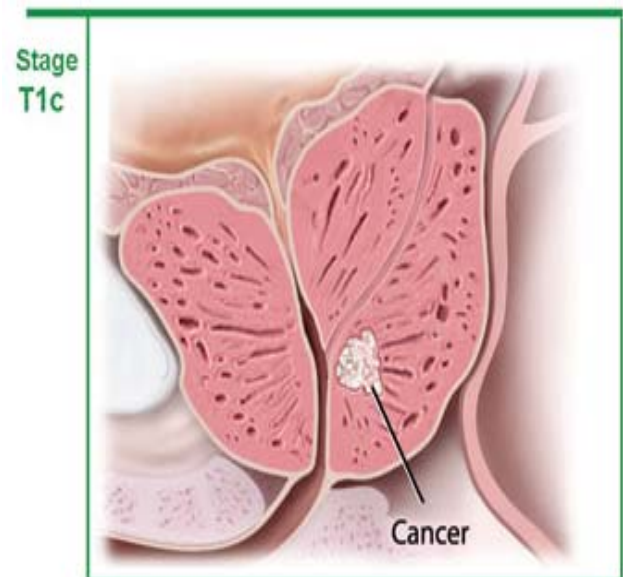
- Incidental finding
 - In less than 5% of tissue is c1A
 - In more than 5% of tissue is c1B



●●●● Clinically Inapparent Tumor

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- Cancer is suspected, but not enough tumor is in the prostate to make it palpable on DRE or visible on TRUS.
- A biopsy confirms cancer is present c1C

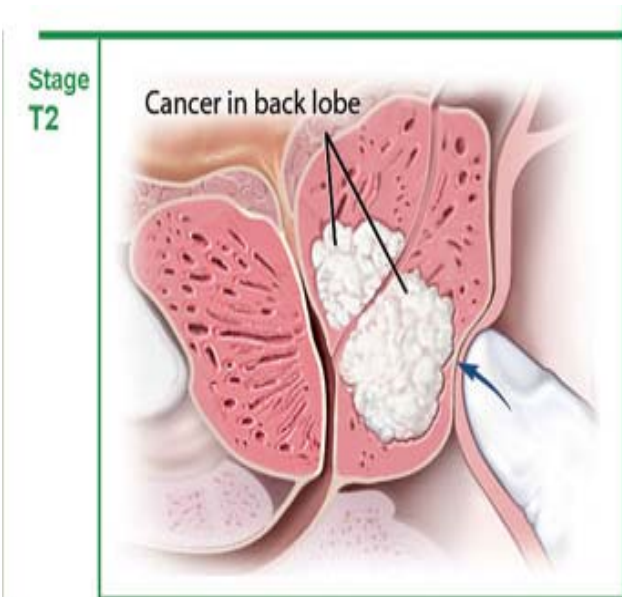


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●●●● Clinically Apparent Tumor

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- Tumor is large enough to be felt on DRE or seen on TRUS
 - Less than half of one lobe is c2A
 - More than half of one lobe is c2B
 - Both lobes is c2C



●●●● Staging Case 1

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- A patient with a PSA of 7 had a DRE that showed a firm and enlarged prostate. A needle biopsy of the showed Gleason 3+2 adenocarcinoma in 3 of 6 cores from the left lobe and Gleason 3+3 in 1 of 6 cores from the right lobe.

	Data Items as Coded in Current NAACCR Layout					
	T	N	M	PSA	Gleason Score	Stage Group
Clin	c1c	c0	c0	070	006	I
Path						99
Summary Stage	Localized					

Pg 467

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●●●● Staging Case 2

- A patient with a PSA of 27 had a DRE that revealed a large nodule involving both lobes of the prostate. A needle biopsy of the prostate showed Gleason 3+2 adenocarcinoma in 5 of 6 cores from the left lobe and Gleason 4+3 in 4 of 6 cores from the right lobe.

	Data Items as Coded in Current NAACCR Layout					
	T	N	M	PSA	Gleason Score	Stage Group
Clin	c2c	c0	c0	270	007	I
Path						99
Summary Stage				Localized		

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●●●● Nomograms and Predictive Models

- Assessment of risk
 - How likely is a cancer to be confined to the prostate?
 - How likely is the cancer to progress after treatment?
- Predictions based on:
 - Clinical stage
 - Biopsy Gleason grade
 - Preoperative PSA

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●●●● Partin Tables



- PSA: 2.6-4.0
- Gleason Score: 3+4
- Clinical 2B/2C

OC: organ confined (27)	EPE: extraprostatic extension (30)	SV+: seminal vesicle involvement (3)	LN+: lymph node involvement (2)
44(37-51)	46(39-53)	6(3-10)	4(2-8)

Numbers represent percentage of patients with the specified PSA, clinical stage, and biopsy Gleason score who would have organ-confined disease (OC), extra-prostatic extension (EPE), cancer invading into the seminal vesicles (SV+), or cancer invading regional lymph nodes (LN+). Numbers in parentheses represent 95% confidence intervals.

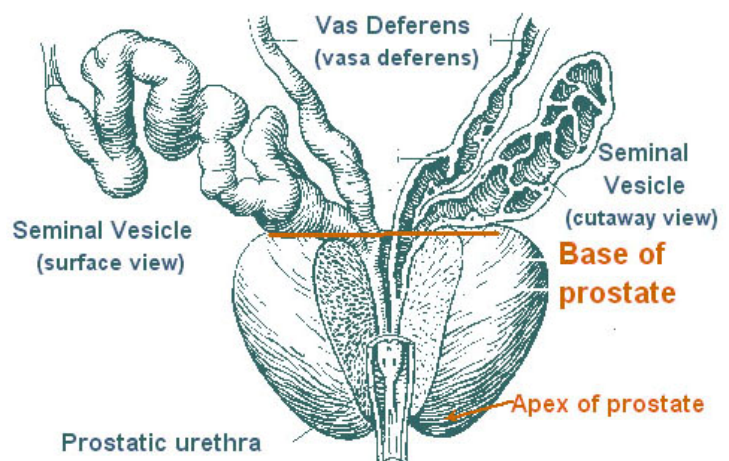
<http://urology.jhu.edu/prostate/partintables.php>

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●●●● Extension beyond the prostate-clinically



- Extension through the prostatic capsule, but not into adjacent structures c3A
- Extension into seminal vesicles is c3B



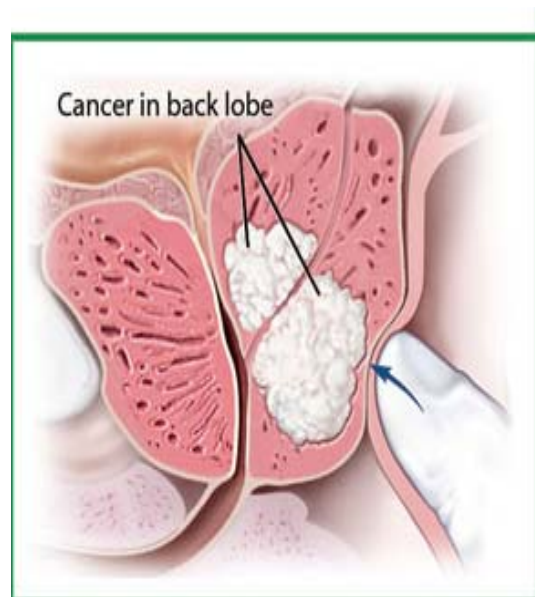
<http://training.seer.cancer.gov/prostate/anatomy/>

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Extension into Adjacent Organs or Structures-Clinically

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- c4 Extension to the:
 - Rectum
 - Bladder
 - Levator muscles
 - Pelvic wall
 - Other structures or organs

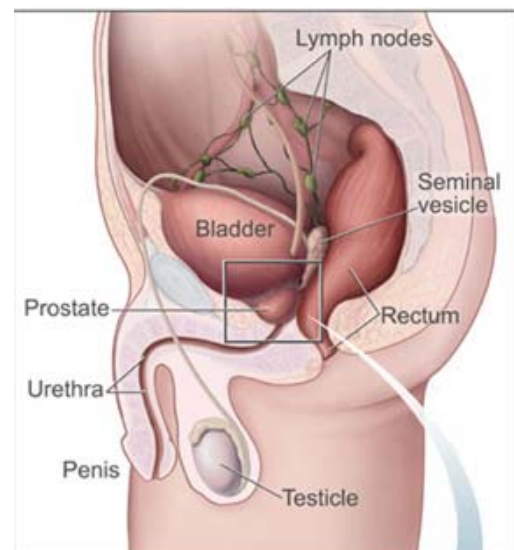


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Pathologic Stage-Rules for Classification

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- The following meet the rules for classification for pathologic T
 - Total prostatectomy
 - Biopsy confirming extension into the rectum (T4)
 - Biopsy confirming extension into extraprostatic soft tissue (T3A)
 - Biopsy confirming extension into the seminal vesicles (T3B)
- Removal of at least one regional lymph node is required to meet the rules for classification for a pathologic N



This shows the prostate and nearby organs.

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●●●● Staging Case 3

- A patient with an elevated PSA has a transrectal biopsy that confirms extension into the seminal vesicle. Additional imaging did not show any additional metastasis.

	Data Items as Coded in Current NAACCR Layout					
	T	N	M	PSA	Gleason Score	Stage Group
Clin	c3B	c0	c0	999	999	III
Path						99
Summary Stage	2-Regional by Direct Ext					

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●●●● Staging Case 4

- A patient with an elevated PSA has a transrectal biopsy that confirms extension into the seminal vesicle. An enlarged lymph node was also biopsied and found to be positive for malignancy. Additional imaging did not show metastasis.

	Data Items as Coded in Current NAACCR Layout					
	T	N	M	PSA	Gleason Score	Stage Group
Clin	c3B	c1	c0	999	999	IV
Path						99
Summary Stage	4-Regional by Direct Ext & Regional LN Involvement					

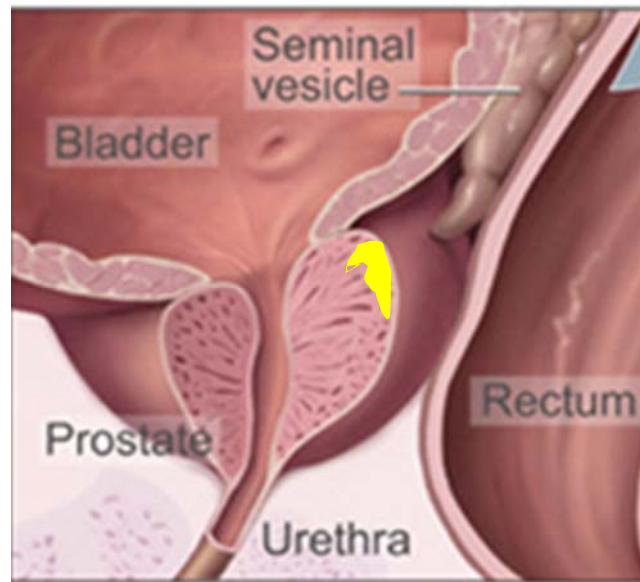
What if biopsy confirmed extension into the rectum (T4) and LN Mets (N1)?
We have met the criteria for pStage.

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●●●● Confined to the Prostate



- p1A, p1B, and p1C are not valid values (will cause an edit)
- P2-Confined to the prostate
 - Less than half of one lobe p2A
 - More than half of one lobe is p2B
 - Both lobes is p2C



●●●● Staging Case 5



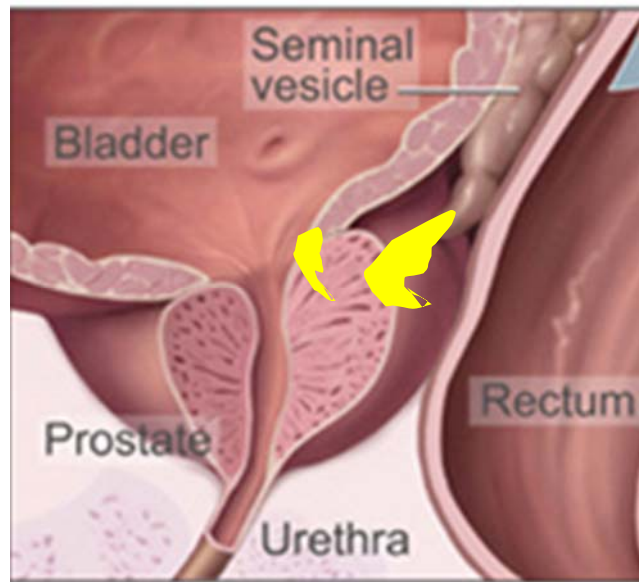
- Patient with a PSA of 7 and a normal DRE documented by physician had a needle biopsy of the prostate that identified Gleason 3+2 adenocarcinoma in 1 of 6 cores from the left lobe.
- This was followed by a retropubic prostatectomy that showed Gleason 3+2 adenocarcinoma involving the majority of 1 lobe. No extension beyond the prostate. Two pelvic lymph nodes were removed and found to be negative.

	Data Items as Coded in Current NAACCR Layout					
	T	N	M	PSA	Gleason Score	Stage Group
Clin	c1c	c0	c0	070	005	I
Path	p2b	p0	c0	070	005	IIA
Summary Stage				Localized		

●●●● Extraprostatic Extension-p3

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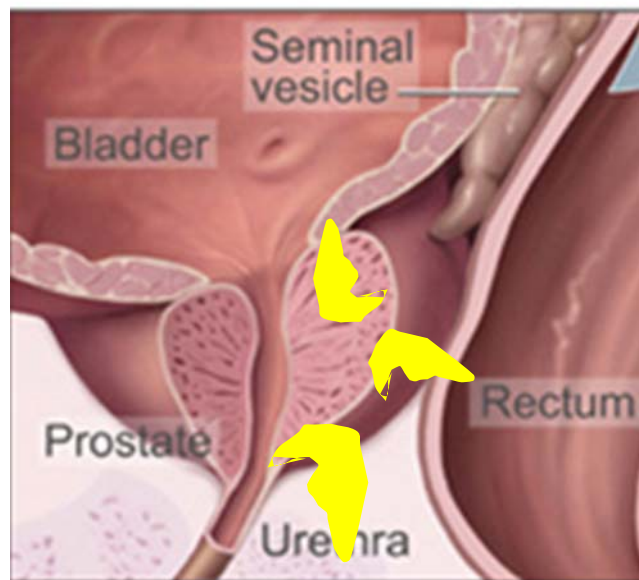
- Extracapsular invasion p3A
 - May be unilateral or bilateral
 - Includes bladder neck invasion
 - Does not invade into any structures or organs
- Invasion of the seminal vesicles p3B



●●●● Extraprostatic Extension-p4

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- Direct invasion into adjacent structures
 - Rectum
 - Bladder
 - Muscles
 - Pelvic wall
 - Etc.

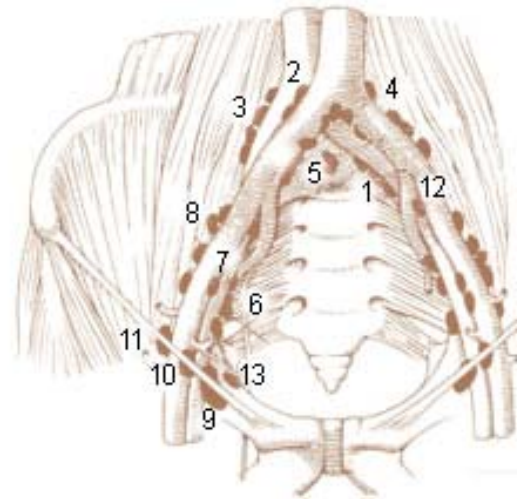


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Regional lymph node N1



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



<http://training.seer.cancer.gov/lymphoma/anatomy/chains/pariental-pelvis.html>

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Inaccessible Site Rule - Applies to AJCC Staging

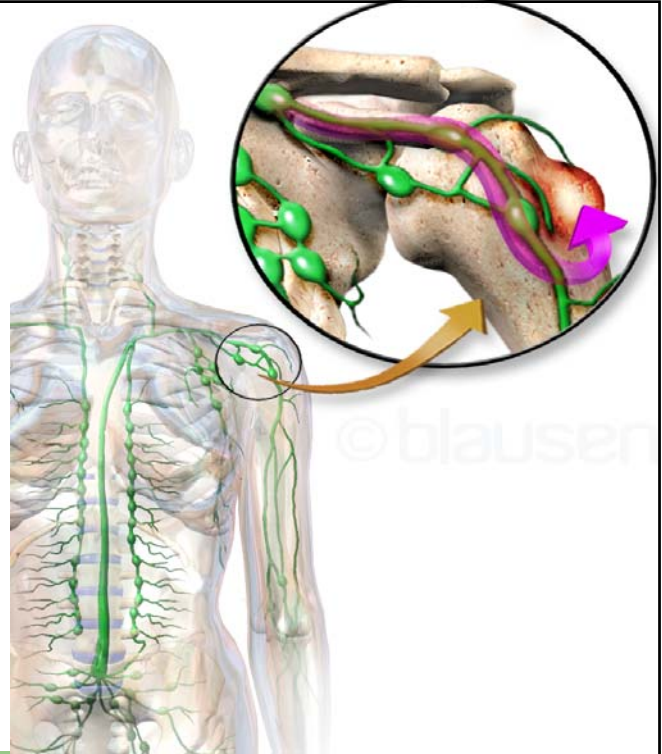


- **Inaccessible lymph nodes rule for regional lymph nodes.** For inaccessible lymph nodes, record CS Lymph Nodes as Code 000 (None) rather than Code 999 (Unknown) when the following three conditions are met:
 - There is no mention of regional lymph node involvement in the physical examination, pre-treatment diagnostic testing or surgical exploration.
 - The patient has clinically low stage (T1, T2, or localized) disease.
 - The patient receives what would be usual treatment to the primary site (treatment appropriate to the stage of disease as determined by the physician) or is offered usual treatment but refuses it, since this presumes that there are no involved regional lymph nodes that would otherwise alter the treatment approach.

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●●●● Distant Metastasis

- Bone
- Distant Lymph Nodes
 - Aortic
 - Common Iliac
 - Inguinal
 - Supraclavicular
 - Cervical
 - Scalene
 - Retroperitoneal
- Lung
- Liver



●●●● Stage Grouping - Stage I, IIA, and IIB



- Stage PSA and Gleason score impact stage grouping
- Subcategories may be required
 - If PSA is less than 20 or Gleason is less than 8, subcategories are required for stages I, IIA, and IIB

See page 461

●●●● Staging Case 6

- A patient had DRE due to an elevated PSA (5.4). The urologist felt a nodule in the left lobe. The urologist did not indicate if it was more or less than half a lobe. Biopsy confirmed adenocarcinoma Gleason 3+3. No indication of any additional disease

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●●●● Staging Case 6

- If there is no description that would guide selection of the subcategory it would be correctly assigned cT2.
- This would not allow a clinical stage group to be assigned.

	Staging Table					
	T	N	M	PSA	Gleason	Stage Group
Clin	c2	c0	c0	5.4	6	99
Path						99

See page 462 AJCC Manual

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●●●● Staging Case 7

- A patient had DRE due to an elevated PSA (15.4). The urologist felt a nodule in the left lobe. The urologist did not indicate if it was more or less than half a lobe. Bx confirmed adenocarcinoma Gleason 4+4. No indication of any additional disease

	Data Items as Coded in Current NAACCR Layout					
	T	N	M	PSA	Gleason	Stage Group
Clin	c2	c0	c0	154	008	IIB
Path						99

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●●●● Neoadjuvant Treatment

- Androgen Deprivation Therapy
 - If given prior to surgery, it may not be considered neoadjuvant therapy.
 - Only assign code 4 in the data item Path Stage Descriptor if you have confirmation that it is being given as neoadjuvant therapy.
 - Code date therapy started in system therapy even if it is not considered neoadjuvant therapy.
 - Is considered neoadjuvant therapy if given prior to radiation. However, this would not be coded in Path Stage Descriptor.

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Questions?



CS Site Specific Factors



CoC

1, 2, 3, 7, 8, 9, 10,11, 12, 13

●●●● Prostatic Specific Antigen (PSA)

- Monitors progression of disease & response to therapy in prostate cancer
- Screening test to detect early stage prostate cancer
- PSA Lab Value is used for stage grouping in AJCC Cancer Stage for prostate

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●●●● Prostatic Specific Antigen (PSA)

- SSF1: PSA Lab Value
 - Record highest PSA lab value prior to diagnostic prostate biopsy and treatment to nearest tenth in nanograms/milliliter (ng/ml)
 - Record test prior to diagnosis if there are tests prior to diagnosis and after diagnosis but before treatment
- SSF2: PSA Interpretation
 - Record the clinician's interpretation of highest PSA lab value prior to diagnostic prostate biopsy and treatment

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 Code the following PSA Values

- 3.2 ng/ml
032
- 7.5 ng/ml
075
- 12 ng/ml
120
- 72.5 ng/ml
725
- 1027 ng/ml
980

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 SSF3: CS Extension – 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

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SSF3: CS Extension – Pathologic Extension



- AJCC Cancer Stage
 - T2 NOS: Organ confined
 - SSF3 = 200, 300, 320, or 400
 - T2a: Involves $\frac{1}{2}$ of 1 lobe/side or less
 - SSF3 = 210, 330, or 402
 - T2b: Involves more than $\frac{1}{2}$ of 1 lobe/side but not both lobes/sides
 - SSF3 = 220, 340, or 404
 - T2c: Involves both lobes/sides
 - SSF3 = 230, 350, or 406



SSF3: CS Extension – Pathologic Extension



- AJCC Cancer Stage
 - T3 NOS: Extraprostatic extension
 - SSF3 = 495
 - T3a: Extracapsular extension; Microscopic invasion of bladder neck
 - SSF3 = 415-483
 - T3b: Seminal vesicle invasion
 - SSF3 = 485 or 490
 - T4: Invasion of rectum, levator muscles, and/or pelvic wall
 - SSF3 = 500-750



SSF3: CS Extension – Pathologic Extension



- Summary Stage 2000
 - Localized (L): Tumor confined to prostate
 - SSF3 = 200-350
 - Regional by direct extension (RE): Extension beyond prostate
 - SSF3 = 400-520
 - Distant extension (D): Extension or fixation to pelvic wall or bone; further extension to bone, soft tissue, or other organs
 - SSF3 = 600-700



SSF3: CS Extension – Pathologic Extension Special Codes



Code	Description	TNM 7	SS20000
960	Unknown if prostatectomy done	TX	U
970	No prostatectomy done within 1 st course treatment	TX	U
980	Prostatectomy done but not considered 1 st course treatment	TX	U
985	Autopsy performed but extension unknown	TX	U
990	Prostatectomy done: Extension not stated; Primary tumor cannot be accessed; Not documented in patient record	TX	U



●●●● Staging Case 8



- 9/6/15 patient with PSA of 4.4 has DRE and prostate needle biopsy: Adenocarcinoma right & left lobes; T1c. Patient opted for Active surveillance.
- 1/5/16 Patient had first follow-up visit with physician. DRE normal and PSA 4.3.
- 3/19/16 PSA rising. Prostate biopsy: Adenocarcinoma. Patient referred to the oncology department for a consultation for an intermediate risk prostate carcinoma.
- 6/17/16 Prostatectomy: Adenocarcinoma involving seminal vesicles (pT3b).

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●●●● Staging Case 8



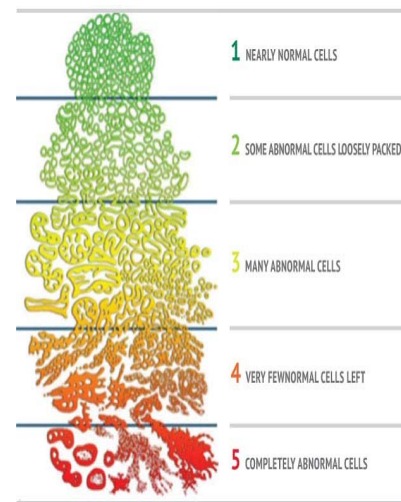
- What is the code for SSF3 (CS Extension – Pathologic Extension)?
 - 230: Involves both lobes; Stated as pT2c with no other info on pathologic extension
 - 300: Localized NOS
 - 485: Extension to seminal vesicles; Stated as pT3b with no other info on pathologic extension
 - 980: Prostatectomy performed but not considered 1st course treatment

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●●●● 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 with a worse outcome



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●●●● SSF7: Gleason's 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

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●●●● SSF8: Gleason's 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

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●●●● SSF9: Gleason's 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

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SSF10: Gleason's Score on Prostatectomy/Autopsy



- Record Gleason's 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

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SSF11: Gleason's 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

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●●●● 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

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●●●● 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

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Questions?



Treatment



Initial Diagnosis, Assessment, and Workup

- DRE
- PSA
- Gleason
- Life Expectancy
 - Less than or equal 5yrs and asymptomatic
 - No further workup or treatment until symptomatic
- Life Expectancy
 - Greater than 5yrs or symptomatic
 - Bone scan or Pelvic CT or MRI

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Risk Groups

- Clinically Localized
 - Very Low
 - Low
 - Intermediate
 - High
- Locally Advanced
 - Very High
 - Metastatic

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Treatment Based on Risk Group



- Very Low
 - Active Surveillance, EBRT or Brachytherapy, Radical Prostatectomy
 - Active Surveillance
 - Observation
- Low
 - Active Surveillance, EBRT or Brachytherapy, Radical Prostatectomy
 - Observation

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Treatment Based on Risk Group



- Intermediate
 - Radical Prostatectomy
 - Observation
 - EBRT, Androgen Deprivation Therapy, Brachytherapy or Brachytherapy alone

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●●●● Treatment Based on Risk Group



- High and Very High
 - EBRT, ADT, Brachytherapy, Docetaxel
 - Radical Prostatectomy
- Metastatic
 - Regional – EBRT, ADT
 - Distant - ADT

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●●●● Active Surveillance



- Active surveillance involves actively monitoring the course of disease with the expectation to intervene with curative intent if the disease progresses.
 - PSA testing every 6 months
 - DRE as often as every 12 months
 - Repeat biopsies every 6 months

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RX Summ-Treatment Status



Code	Definition
0	No treatment given
1	Treatment given
2	Active surveillance
9	Unknown

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Question



- Often with low risk prostate cancer, the patient is offered XRT, surgery, or active surveillance. I have several instances where the patient initially chose watchful waiting, and then, he changes his mind (still within the 1st year of diagnosis) and wants to proceed with XRT or surgery. There is no documentation to indicate there is disease progression.
 1. Should the surgery or XRT that follows a period of AS be considered First Course or Subsequent Treatment?
 2. How would I handle the same watchful waiting patient who is re-biopsied with no mention of progression and decides to proceed with XRT or surgery?
 3. How does watchful waiting patient w/no mention of progression differ from a patient who refuses and changes their mind within the first year? or does it?

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 Answer

- The rule of thumb, according to Dr. Winchester, is if the change was made before the patient's first follow-up doctor's visit after the decision to use active surveillance then it is a change in first course treatment. If it occurs after that visit, the switch to surgery is second course.
 - Kathleen Thoburn CoC
- <http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-database/fords/first-course-of-treatment/surgery/5832-1st-course-tx-vs-subsequent-prostate-ca-watchful-waiting-followed-by-surgery-or-xrt>

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Questions?



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Quiz 2



Case Scenarios



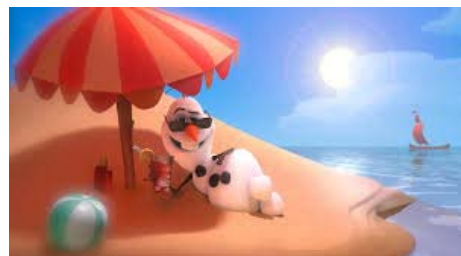
Coming Up...



- Patient Outcomes
 - 7/7/2016
- Collecting Cancer Data: Bladder
 - 8/4/2016

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And The Winners Are...



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CE Certificate Quiz/Survey



- Phrase
- Link
 - <http://www.surveygizmo.com/s3/2815811/Prostate-2016>

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Thank You!!!!



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