

COLLECTING CANCER DATA: PROSTATE

2017-2018 NAACCR WEBINAR SERIES

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.

Fabulous Prizes



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AGENDA

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

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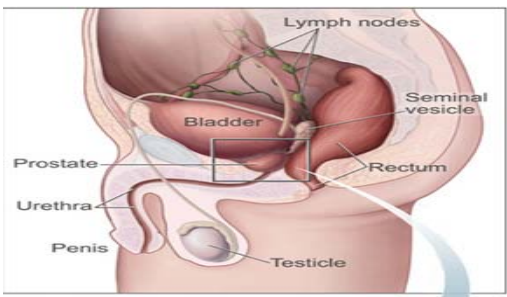
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ANATOMY

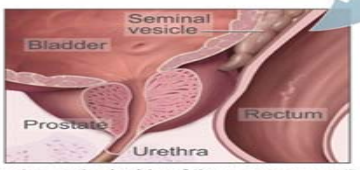
PROSTATE



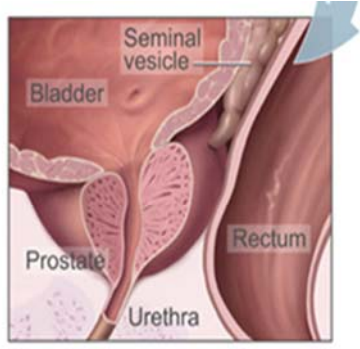
ANATOMY



This shows the prostate and nearby organs.



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



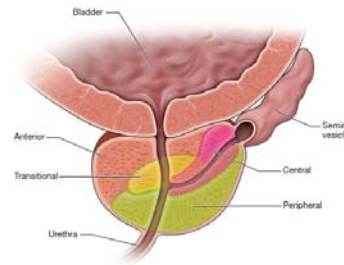
This shows the inside of the prostate, urethra, rectum, and bladder.

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

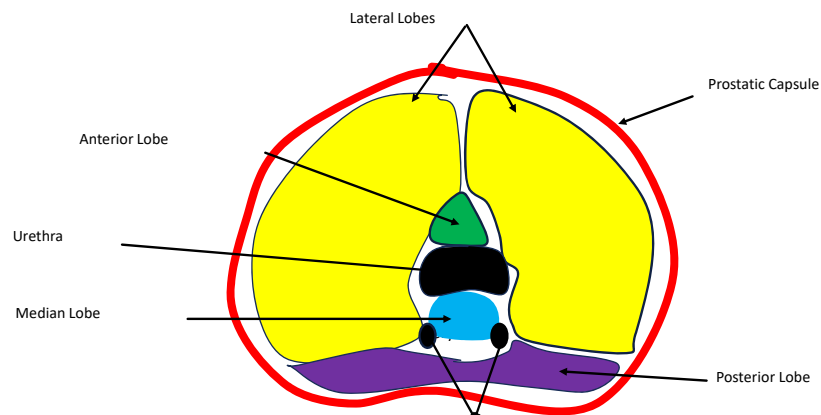
- Peripheral Zone
 - Surrounds the distal urethra
 - 80-85% of prostate cancers
- Central Zone
 - Surrounds ejaculatory ducts
 - Most of the prostate
 - 5-10% of prostate cancers
- Transitional Zone
 - Surrounds proximal urethra
 - Grows throughout life
- Anterior Zone
 - BPH
 - 10-15% of prostate cancers
- Composed of muscle and fibrous tissue



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LOBES OF THE PROSTATE

Image Source: SEER Training Modules ⁸

LOBES AND ZONES OF PROSTATE

Lobes of Prostate	Zones of Prostate
Anterior Lobe	Part of the transitional zone
Posterior	Peripheral zone
Right and Left Lateral Lobes	Spans all zones
Median lobe	Part of Central Zone

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REGIONAL LYMPH NODES

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

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METASTATIC SITES

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



Duke University Medical Center. "Where prostate cancer spreads in the body affects survival time." ScienceDaily. ScienceDaily, 7 March 2016. <www.sciencedaily.com/releases/2016/03/160307184040.htm>

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2018 TEASERS

MULTIPLE PRIMARY AND HISTOLOGY RULES AND GRADE

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CHANGES TO HISTOLOGIES IN PROSTATE

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

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GRADE

- Instructions for Coding Grade for 2014+
 - <https://seer.cancer.gov>
- 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

Gleason Score	Grade Code
2	1
3	1
4	1
5	1
6	1
7	2
8	3
9	3
10	3

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

Data Item	Value
Grade	3

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2018 Teaser 😊

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

Code	Description
1	Grade Group 1: Gleason score less than or equal to 6
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 🚫 2
- Pathology from prostatectomy
 - Gleason pattern/score 4+4=8
 - Gleason Grade Group 🚫 4

Data Item	Value
Clin Grade	2
Path Grade	4
Post Therapy Grade	blank

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QUESTIONS?

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EPI MOMENT



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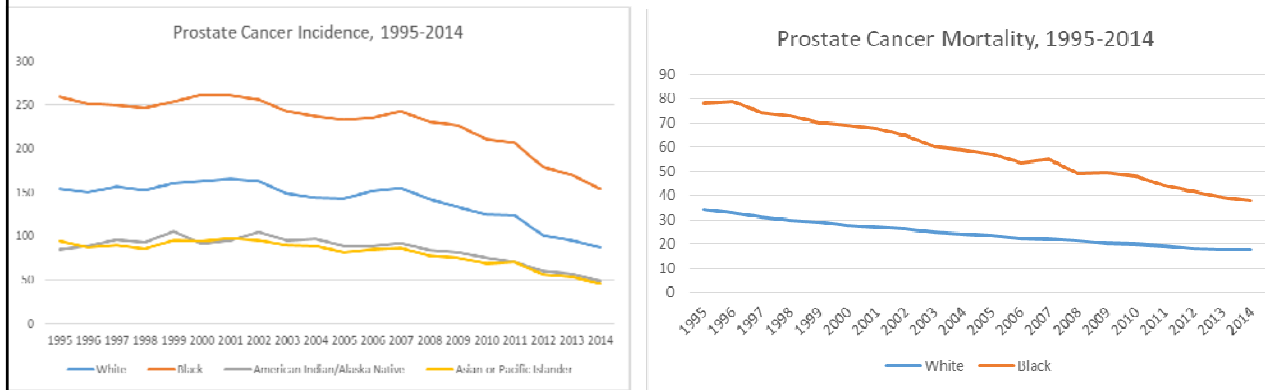


“official” theme song *Superman*
<https://www.youtube.com/watch?v=c8AF6gx8CY0>

COLLECTING CANCER DATA: PROSTATE

EPI MOMENT: RECINDA SHERMAN, OCT 5TH, 2017

BURDEN OF PROSTATE CANCER



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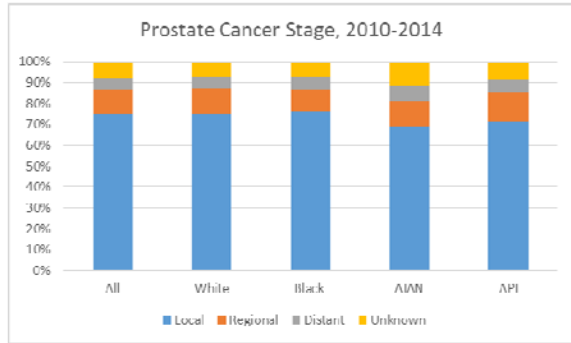
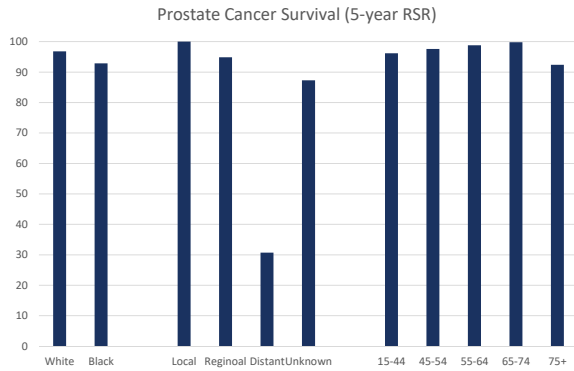
ETIOLOGY OF PROSTATE CANCER

- 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”

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PROSTATE CANCER PROGNOSIS



PROSTATE CANCER SCREENING

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Prostate Cancer: Screening

Release Date: May 2012

! This topic is in the process of being updated. Please go to the Update in Progress section to see the latest documents available.

Population	Recommendation	Grade (What's This?)
Men	The U.S. Preventive Services Task Force (USPSTF) recommends against prostate-specific antigen (PSA)-based screening for prostate cancer.	D

Read Full Recommendation Statement
PDF Version (PDF Help)

Related Information for Consumers

- Screening for Prostate Cancer: Consumer Guide

Related Information for Health Professionals

- Prostate Cancer - How Did the USPSTF Arrive at This Recommendation? (2012)
- Prostate Cancer Screening Statistics at a Glance, 2012
- Recommendations from The Community Preventive Services Task Force on Promoting Cancer Screening
- Talking With Your Patients About Screening for Prostate Cancer, 2012
- Cancer Control P.L.A.N.E.T.

Read the Full Recommendation Statement

Supporting Documents

- Final Evidence Review: Screening for Prostate Cancer
- Final Evidence Review: Treatments for Localized Prostate Cancer
- Evidence Summary
- How Did the USPSTF Arrive at This Recommendation?

Clinical Summary


Clinical summaries are one-page documents that provide guidance to primary care clinicians for using recommendations in practice.

This summary is intended for use by primary care clinicians.

[View Clinical Summary PDF Version \(PDF Help\)](#)

Draft Recommendations


[Read the Draft Statement](#)



Men ages 55–69

The decision about whether to be screened for prostate cancer should be an individual one. The USPSTF 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 USPSTF 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

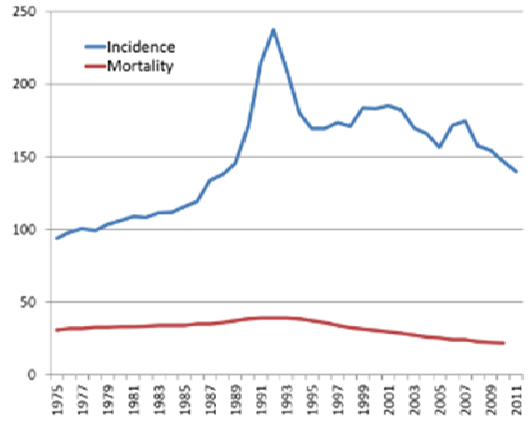
The USPSTF recommends against PSA-based screening for prostate cancer in men age 70 years and older.

D Recommendation

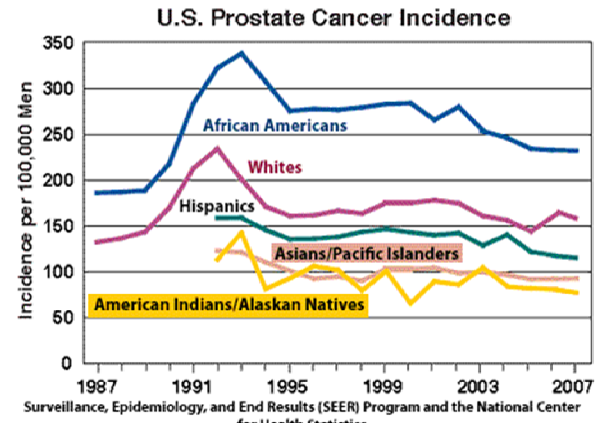


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PSA SCREENING & PROSTATE INCIDENCE




U.S. Prostate Cancer Incidence



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

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RECENT TRENDS, 2011-2015

Male		
Site	Current Trend 5 Year AAPC	Delay-Adjusted Incidence Rates Cases per 100,000
Prostate	-7.6* (-10.5 - -4.7)	118.2
Lung and bronchus	-2.4* (-2.8 - -2.0)	73.2
Colon and rectum	-1.9* (-3.2 - -0.6)	46.5
Urinary bladder	-0.8* (-1.0 - -0.7)	36.8
Melanoma of the skin	+2.3* (2.0 - 2.6)	27.4
Non-Hodgkin lymphoma	-0.2 (-0.5 - 0.1)	23.7
Kidney and renal pelvis	+1.1* (0.5 - 1.8)	22.3
Leukemia	+1.6* (1.1 - 2.1)	19.0
Oral cavity and pharynx	+1.3* (1.0 - 1.6)	17.7
Pancreas	+1.0* (1.0 - 1.1)	14.5
Liver and intrahepatic bile duct	+2.8* (2.0 - 3.6)	12.5
Stomach	-0.3 (-0.7 - 0.1)	9.4
Myeloma	+2.5* (2.0 - 3.0)	8.7
Esophagus	-1.6* (-2.3 - -1.0)	8.1
Brain and other nervous system	-0.2* (-0.3 - -0.1)	7.9
Thyroid	+2.4* (1.3 - 3.5)	7.3
Larynx	-2.3* (-2.4 - -2.1)	6.1

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

Mortality Declines 4%



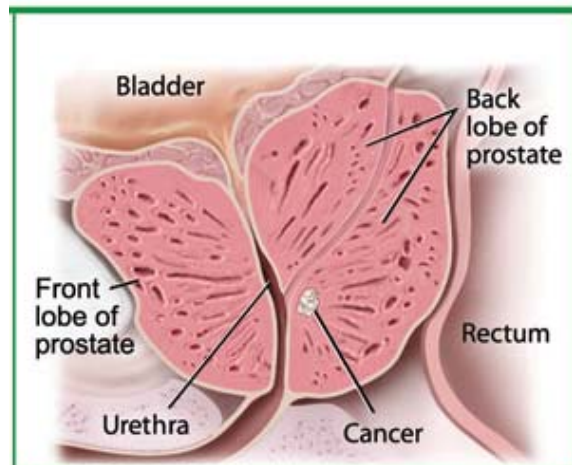
QUIZ 1

SUMMARY STAGE 2000

SUMMARY STAGE 2018

1-LOCALIZED

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



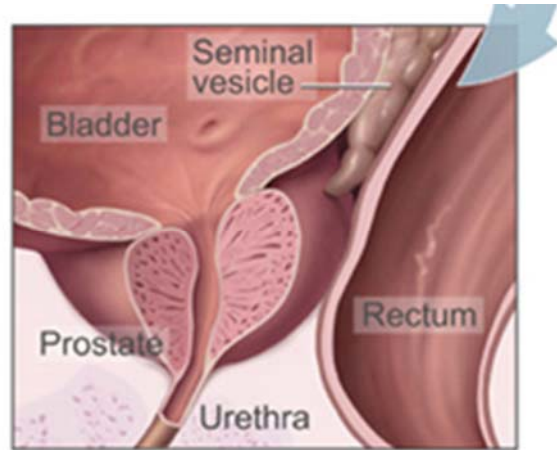
Source:
Creator:

National Cancer Institute (NCI)
NIH Medical Arts

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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*



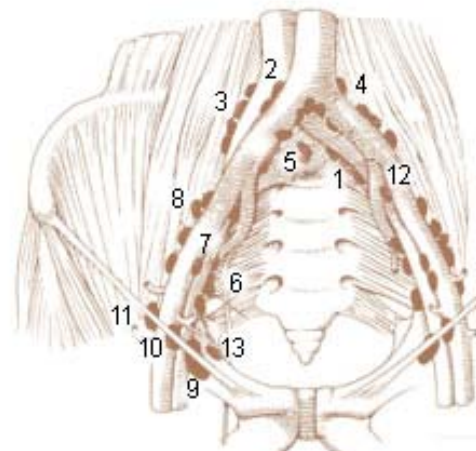
By Created by US government agency National Cancer Institute - <http://www.cancer.gov/cancertopics/wyntk/prostate/allpages#ab3d4f20-6ab9-4428-9717-067035d2e691>, Public Domain, <https://commons.wikimedia.org/w/index.php?curid=837427>

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3 REGIONAL TO LYMPH NODES

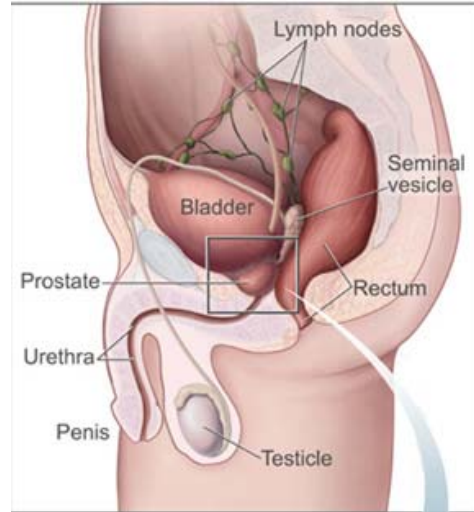
- Iliac, NOS
 - External
 - Internal (hypogastric)
 - Obturator
- Pelvic, NOS
- Periprostatic
- Sacral, NOS:
 - Lateral (laterosacral)
 - Middle (promontorial)
 - Presacral
- Regional lymph node(s), NOS



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

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

7TH EDITION WITH AN 8TH EDITION TEASER

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ERRATA 8TH EDITION

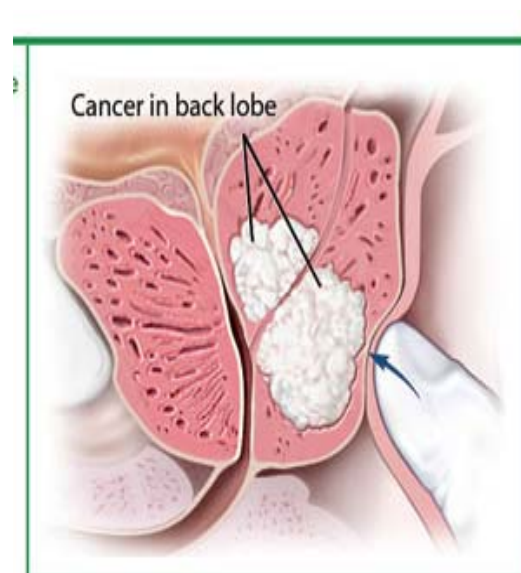
Section	Colu		Before Correction	After Correction
	Page	mn		
AJCC Prognostic Stage Groups	724	2	Any T, N0, M1, Any PSA, Any G, IVB	Any T, Any N , M1, Any PSA, Any G, IVB
Definition of Histologic Grade Group	724	1	Grade Group 4, Gleason Score 8, Gleason Pattern 4+4	Grade Group 4, Gleason Score 8, Gleason Pattern 4+4, 3+5, 5+3
AJCC Prognostic Stage Groups	724	2	cT1a-c, cT2a N0 M0 PSA ≥ 10 < 20 G1 IIA	cT1a-c, cT2a, pT2 N0 M0 PSA ≥ 10 < 20 G1 IIA

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

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CLINICAL STAGE RULES FOR CLASSIFICATION

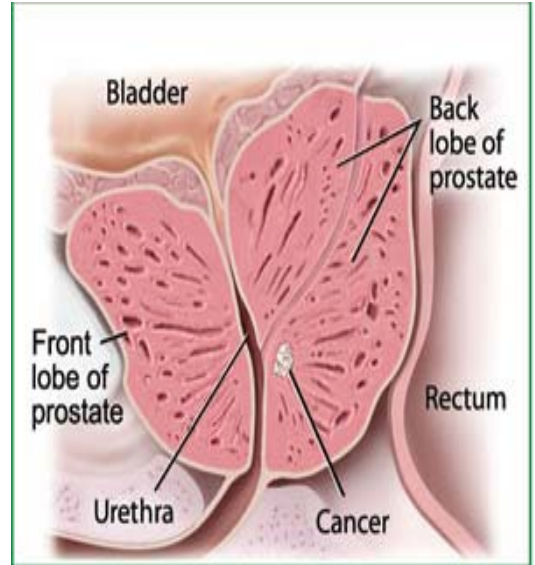
- Digital Rectal Exam (DRE)
- Transrectal Ultrasound
- MRI
- CT scans
 - Abdomen/pelvis
 - Bone
 - Liver/spleen
 - Brain



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CLINICALLY INAPPARANT TUMOR

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



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CLINICALLY INAPPARENT TUMOR

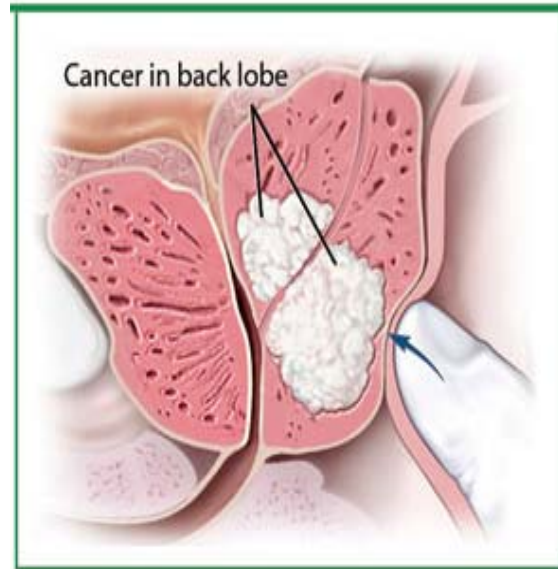
- Cancer is suspected
- Tumor is not large enough to be palpable on DRE or visible on TRUS.



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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?



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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

Data Item	7 th ed	8 th ed
Clinical T	cT1c	cT1c
Clinical N	cN0	cN0
Clinical M	cM0	cM0
Stage	1	1

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

Data Item	7 th ed	8 th ed
Clinical T	cT2b	cT2b
Clinical N	cN0	cN0
Clinical M	cM0	cM0
Stage	2A	2B

Pg.. 143-155



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.

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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

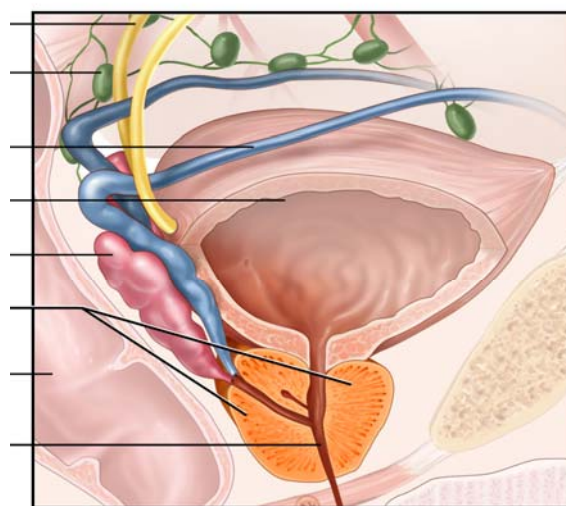
Data Item	7 th ed	8 th ed
Clinical T	cT2	cT2
Clinical N	cN0	cN0
Clinical M	cM0	cM0
Stage	99	2B

Pg.. 143-155



EXTENSION BEYOND THE PROSTATE-CLINICALLY

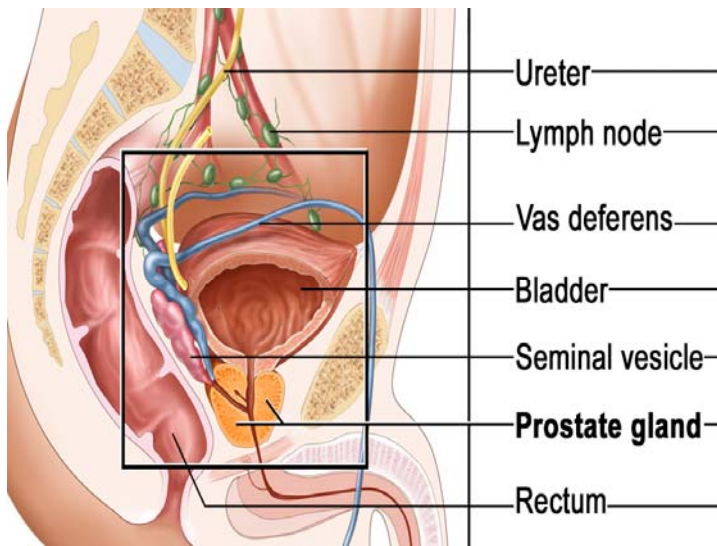
- Is extension through the prostatic capsule, but not into adjacent structures?
- Is extension into seminal vesicles?

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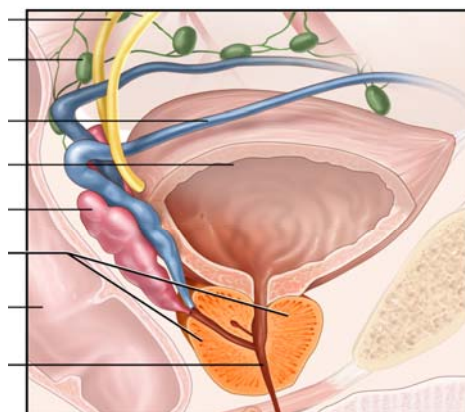
EXTENSION INTO ADJACENT ORGANS OR STRUCTURES- CLINICALLY

- 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

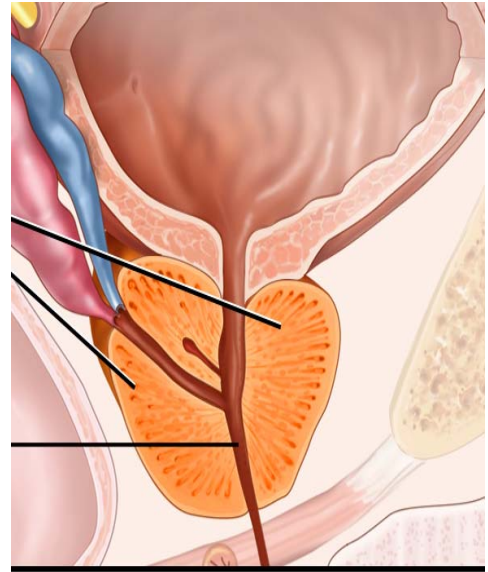


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CONFINED TO THE PROSTATE

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



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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.

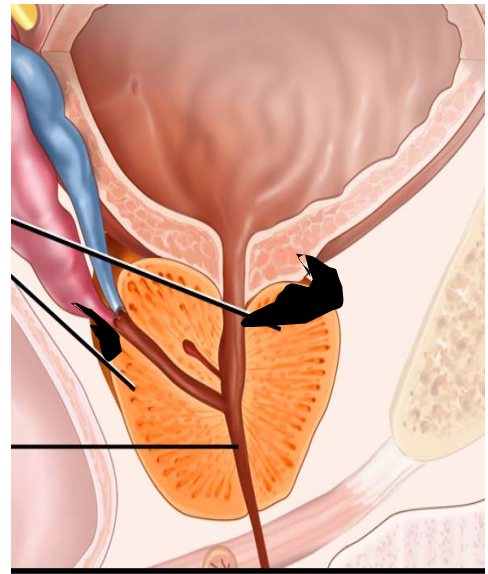
Data Item	7 th ed	8 th ed
Path T	pT2b	pT2
Path N	pN0	pN0
Path M	cM0	cM0
Stage	2A	2B

Pg.. 143-155

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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

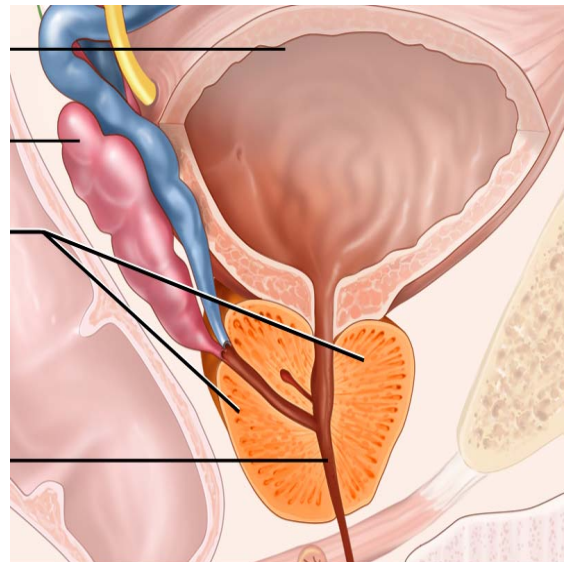


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EXTRAPROSTATIC EXTENSION-P4

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

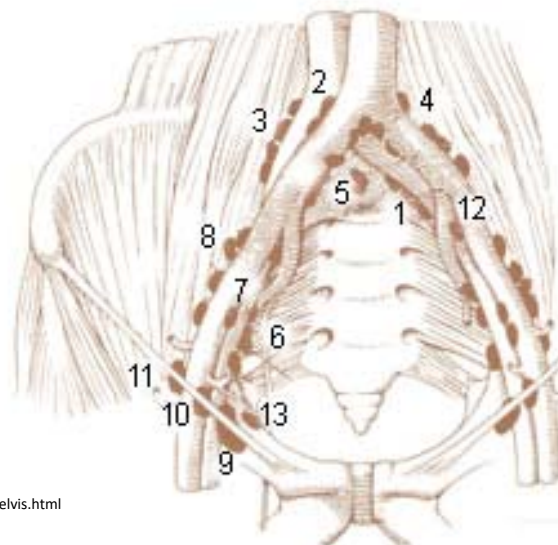


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REGIONAL LYMPH NODES N1

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



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

DISTANT METASTASIS

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



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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

See page 461

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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

See page 724

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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

Data Item	7 th ed	8 th ed
Clinical T	cT2c	cT2c
Clinical N	cN0	cN0
Clinical M	cM0	cM0
Stage	2B	3A

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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

Data Item	7 th ed	8 th ed
Clinical T	cT2c	cT2c
Clinical N	cN0	cN0
Clinical M	cM0	cM0
Stage	2B	3C

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QUESTIONS?



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**CS SITE SPECIFIC FACTORS (SSF)
VS SITE SPECIFIC DATA ITEMS (SSDI)** *2018 Teaser* 😊



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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

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PSA

SSF 1

Code	Description
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

Code	Description
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

Value	SSF 1	SSDI
3.2 ng/ml	032	3.2
12 ng/ml	120	12.0
72.5 ng/ml	725	72.5
1027 ng/ml	980	XXX.1
Unknown	999	XXX.9

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SSF3: CS EXTENSION – PATHOLOGIC EXTENSION

SSDI: 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

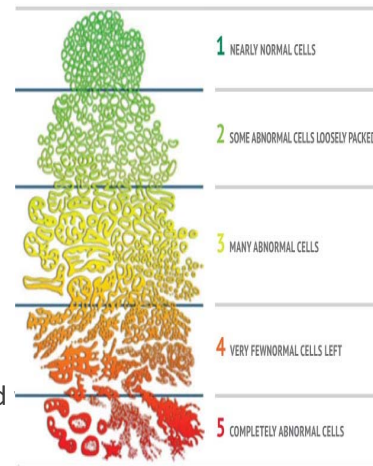
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SSF3: CS EXTENSION – PATHOLOGIC EXTENSION

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

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

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

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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

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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

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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

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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

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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

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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



CLINICAL ASSESSMENT AND CANCER DIAGNOSIS

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

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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

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RISK GROUPS

- Very Low
- Low
- Intermediate
- High
- Very High
- Metastatic

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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

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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

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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

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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

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THERAPY FOR METASTATIC RISK GROUP

- External Beam Radiation Therapy with Androgen Deprivation Therapy
- Androgen Deprivation Therapy Only

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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

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BIOCHEMICAL RECURRENCE AFTER RADICAL PROSTATECTOMY

- Studies done looking for metastases
 - PSADT
 - Chest x-ray
 - Bone scan
 - CT or MRI or TRUS
 - Prostate Bed biopsy

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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

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2018 TEASERS

RADIATION DATA ITEMS

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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

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RADIATION PRIMARY TREATMENT VOLUME

Current FORDS Codes

Code	Label
35	Prostate and Pelvis
41	Prostate

NEW STORE Codes

Code	Label
64	Prostate - whole
65	Prostate -Partial

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RADIATION TO DRAINING LYMPH NODES

NEW STORE Codes

This a very new data item

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

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RADIATION TREATMENT MODALITY

Current FORDS CODES

Code	Label
20	External Beam, NOS
31	IMRT
50	Brachytherapy, NOS
51	Brachytherapy Intracavitary, LDR
52	Brachytherapy Intracavitary, HDR
53	Brachytherapy, Interstitial, LDR
54	Brachytherapy, Interstitial, HRR

New STORE CODES

Code	Label
01	External Beam, NOS
02	External Beam, photons
03	External beam, protons
04	External beam, electrons
05	External beam, neutrons
06	External beam, carbon ions
07	Brachytherapy, NOS
08	Brachytherapy, intracavitary, LDR
09	Brachytherapy, intracavitary, HDR
10	Brachytherapy, Interstitial, LDR
11	Brachytherapy, Interstitial, HDR
12	Brachytherapy, electronic

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EXTERNAL BEAM RADIATION PLANNING TECHNIQUE

Current FORDS CODES

Code	Label
20	External Beam, NOS
31	IMRT
50	Brachytherapy, NOS
51	Brachytherapy Intracavitary, LDR
52	Brachytherapy Intracavitary, HDR
53	Brachytherapy, Interstitial, LDR
54	Brachytherapy, Interstitial, HRR

New STORE CODES

Code	Label
00	No radiation treatment
01	External Beam, NOS
02	Low Energy x-ray/photon therapy
05	Intensity modulated therapy

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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?

Data Item	2017	2018
Radiation Treatment Modality	31	02
External Beam Radiation Planning Technique	blank	05

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QUESTIONS?

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QUIZ 2
CASE SCENARIOS

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COMING UP....

- Collecting Cancer Data: Larynx
 - 11/2/2017
- Collecting Cancer Data: Uterus
 - 12/07/2017

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Fabulous Prizes Winners



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