# Case Scenario 1

3/8/13 H&P 68 YR W/M presents w/elevated PSA. Patient is a non-smoker, current alcohol use.

Physical Exam: On digital rectal exam the sphincter tone is normal and there is a 1 cm nodule on involving most of the left lateral lobe of the prostate gland, and the prostate is otherwise smooth and firm.

 1/13/13 PSA: 3.99 ng/mL

3/8/13 TRUS Biopsy of prostate:

Prostate, left, needle biopsy:

 - Adenocarcinoma, Gleason score 3+4=7, involving 5 of 5 cores and 90% of specimen

 - Perineural invasion is present

 - No lymphovascular invasion identified

 - No extraprostatic extension identified

 - No seminal vesicle tissue present for evaluation

Prostate, right, needle biopsy:

 - Adenocarcinoma, Gleason score 3+4=7, involving 4 of 5 cores and 30% of specimen

 - No perineural or lymphovascular invasion identified

 - No extraprostatic extension identified

 - No seminal vesicle tissue present for evaluation

4/19/13 Bone Scan: No scintigraphic findings to suggest skeletal metastases.

4/20/13 CT Abdomen/Pelvis:

Impression: There are multiple cystic like lesions within the liver with one indeterminate lesion in the inferior aspect of the left lobe of the liver. If there is a high clinical suspicion for metastatic disease, recommend further evaluation with MRI of the abdomen.

5/27/13 OPERATION

ROBOTIC ASSISTED LAPAROSCOPIC PROSTATECTOMY.BILATERAL PELVIC LYMPHADENECTOMY.

Path: Final Diagnosis

1. PROSTATE GLAND, ROBOTIC-ASSISTED LAPAROSCOPIC PROSTATECTOMY AND BILATERAL PELVIC LYMPHADENECTOMY:
	1. HISTOLOGIC TUMOR TYPE: ADENOCARCINOMA.
	2. HISTOLOGIC TUMOR GRADE: GLEASON SCORE 3+4=7.
	3. TUMOR QUANTITATION: TUMOR INVOLVES RIGHT AND LEFT LOBES WITH PREDOMINANT INVOLVEMENT OF THE LEFT LOBE. TUMOR INVOLVES APPROXIMATELY 60% OF THE LEFT LOBE AND APPROXIMATELY 30% OF THE RIGHT LOBE.
	4. EXTRAPROSTATIC TUMOR EXTENSION: NOT IDENTIFIED.
	5. PERINEURAL INVASION: EXTENSIVE PERINEURAL INVASION IS PRESENT.
	6. LYMPH-VASCULAR INVASION: NOT IDENTIFIED.
	7. MARGINS: APICAL, BLADDER NECK AND PERIPHERAL SOFT TISSUE INKED MARGINS ARE FREE OF TUMOR.
	8. SEMINAL VESICLE MUSCLE WALL INVASION: NO EVIDENCE OF MALIGNANCY, RIGHT AND LEFT SEMINAL VESICLES.
	9. RIGHT PELVIC LYMPH NODES (PART "C"): NO EVIDENCE OF MALIGNANCY, 6 LYMPH NODES.
	10. LEFT PELVIC LYMPH NODES (PART "D"): NO EVIDENCE OF MALIGNANCY, 10 LYMPH NODES
	11. PATHOLOGIC TNM STAGE: pT2c, N0
2. LEFT POSTERIOR LATERAL MARGIN: NO EVIDENCE OF MALIGNANCY.
3. LYMPH NODES, RIGHT PELVIC LYMPH NODE DISSECTION: NO EVIDENCE OF MALIGNANCY, 6 LYMPH NODES.
4. LYMPH NODES, LEFT PELVIC LYMPH NODE DISSECTION: NO EVIDENCE OF MALIGNANCY, 10 LYMPH NODES.

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| Case Scenario Worksheet |
| **Primary Site \_\_ \_\_.\_\_** | **Morphology \_\_ \_\_ \_\_ \_\_ .\_\_ \_\_** |
| **Stage/ Prognostic Factors** |
| CS Tumor Size |  | CS SSF 9 |  |
| CS Extension |  | CS SSF 10 |  |
| CS Tumor Size/Ext Eval |  | CS SSF 11 |  |
| CS Lymph Nodes  |  | CS SSF 12 |  |
| CS Lymph Nodes Eval |  | CS SSF 13 |  |
| Regional Nodes Positive |  | CS SSF 14 | 988 |
| Regional Nodes Examined |  | CS SSF 15 | 988 |
| CS Mets at Dx |  | CS SSF 16 | 988 |
| CS Mets Eval |  | CS SSF 17 | 988 |
| CS SSF 1 |  | CS SSF 18 | 988 |
| CS SSF 2 |  | CS SSF 19 | 988 |
| CS SSF 3 |  | CS SSF 20 | 988 |
| CS SSF 4 | 988 | CS SSF 21 | 988 |
| CS SSF 5 | 988 | CS SSF 22 | 988 |
| CS SSF 6 | 988 | CS SSF 23 | 988 |
| CS SSF 7 |  | CS SSF 24 | 988 |
| CS SSF 8 |  | CS SSF 25 | 988 |
| Summary Stage |  | Derived AJCC TNM Stage (indicate c or p in the space before the T, N, or M) | \_T\_\_ \_N\_\_ \_M\_\_Stage\_\_ |
| Clinical AJCC TNM Stage | T\_\_ N\_\_ M\_\_ Stage\_\_ | Pathologic AJCC TNM Stage | T\_\_N\_\_M\_\_Stage\_\_ |
| **Treatment** |
| Diagnostic Staging Procedure |  |  |  |
| **Surgery Codes** |  | **Radiation Codes** |  |
| Surgical Procedure of Primary Site |  | Radiation Treatment Volume |  |
| Scope of Regional Lymph Node Surgery |  | Regional Treatment Modality |  |
| Surgical Procedure/ Other Site |  | Regional Dose |  |
| **Systemic Therapy Codes** |  | Boost Treatment Modality |  |
| Chemotherapy |  | Boost Dose |  |
| Hormone Therapy |  | Number of Treatments to Volume |  |
| Immunotherapy |  | Reason No Radiation |  |
| Hematologic Transplant/Endocrine Procedure |  | Radiation/Surgery Sequence |  |
| Systemic/Surgery Sequence |  |  |  |

# Case Scenario 2

4/4/13 79 YR W/M presents w/left hydronephrosis. Patient smokes cigars, no alcohol use. Prostate nodule felt on DRE. PSA elevated.

4/3/13 CT Abdomen/Pelvis:

1. Right pleural fluid collection.
2. Mild to moderate left hydronephrosis and hydroureter.
3. Marked enlargement of the prostate. Underlying mass or even base of the bladder mass cannot be excluded. This may be occluding the UVJ on the left. A definite stone is not seen in the left renal collecting system or ureter.

4/3/13 PSA: 47.31 ng/mL

4/4/13 TRUS Biopsy of prostate:

Final Diagnosis:

1. PROSTATE, LEFT LOBE, NEEDLE BIOPSY: ADENOCARCINOMA, GLEASON SCORE 4 + 5 = 9, INVOLVING 4 OF 7 CORES/CORE FRAGMENTS, APPROXIMATELY 30% OF PROSTATIC TISSUE. PERINEURAL INVASION BY ADENOCARCINOMA IS NOT IDENTIFIED.
2. PROSTATE, RIGHT LOBE, NEEDLE BIOPSY: ADENOCARCINOMA, GLEASON SCORE 4 + 5 = 9, INVOLVING 7 OF 8 CORES/CORE FRAGMENTS, APPROXIMATELY 50% OF PROSTATIC TISSUE. PERINEURAL INVASION BY ADENOCARCINOMA IS IDENTIFIED.

4/7/13 BILATERAL SCROTAL SIMPLE ORCHIECTOMY. TESTICLE, BILATERAL ORCHIECTOMY (CLINICAL HISTORY OF PROSTATE CANCER): TESTICULAR AND EPIDIDYMAL TISSUE WITH FOCAL TESTICULAR ATROPHY AND ACTIVE SPERMATOGENESIS. NO EVIDENCE OF MALIGNANCY.

4/8/13 Bone Scan: IMPRESSION:

1. Findings most consistent with skeletal metastatic disease involving the posterior left 7th, and possibly 6th and 5th ribs as well.
2. Findings highly suspicious for metastatic disease in the bodies of T10, T11, L2, and L3.
3. Uptake in a pattern consistent with degenerative and/or arthritic change in a distribution described in the body of the report.

No further treatment recommended until/unless progression.

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| **Stage/ Prognostic Factors** |
| CS Tumor Size |  | CS SSF 9 |  |
| CS Extension |  | CS SSF 10 |  |
| CS Tumor Size/Ext Eval |  | CS SSF 11 |  |
| CS Lymph Nodes  |  | CS SSF 12 |  |
| CS Lymph Nodes Eval |  | CS SSF 13 |  |
| Regional Nodes Positive |  | CS SSF 14 | 988 |
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| Clinical AJCC TNM Stage | T\_\_ N\_\_ M\_\_ Stage\_\_ | Pathologic AJCC TNM Stage | T\_\_N\_\_M\_\_Stage\_\_ |
| **Treatment** |
| Diagnostic Staging Procedure |  |  |  |
| **Surgery Codes** |  | **Radiation Codes** |  |
| Surgical Procedure of Primary Site |  | Radiation Treatment Volume |  |
| Scope of Regional Lymph Node Surgery |  | Regional Treatment Modality |  |
| Surgical Procedure/ Other Site |  | Regional Dose |  |
| **Systemic Therapy Codes** |  | Boost Treatment Modality |  |
| Chemotherapy |  | Boost Dose |  |
| Hormone Therapy |  | Number of Treatments to Volume |  |
| Immunotherapy |  | Reason No Radiation |  |
| Hematologic Transplant/Endocrine Procedure |  | Radiation/Surgery Sequence |  |
| Systemic/Surgery Sequence |  |  |  |

# Case Scenario 3

A 61 year old white male presented to my office with a history of BPH, elevated PSA. His initial PSA taken 3 weeks ago was 23.66. The patient is a non-smoker and does not use alcohol. On digital rectal exam the prostate was enlarged, but otherwise it was smooth and firm. The patient presents today for a TRUS guided biopsy of the prostate.

11/17/12

Prostate, right, needle biopsy:

* Adenocarcinoma, Gleason score 4+3=7, involving 3 of 4 cores from the right mid involving 20% of specimen. Majority was Gleason 4, comprising 90% at this location.
* Adenocarcinoma, Gleason score 3+3 in 1 of 1 core in the right apex.
* No extraprostatic extension identified
* No seminal vesicle tissue present for evaluation
* A total of 4 of 9 positive cores

Prostate, right, needle biopsy:

* Adenocarcinoma, Gleason score 3+4=7, involving 4 of 5 cores from the left lateral base involving 30% of specimen
* No perineural or lymphovascular invasion identified
* No extraprostatic extension identified
* No seminal vesicle tissue present for evaluation
* A total of 4 of 9 positive cores

12/9/12 Bone scan: Uptake involving the region of the left femoral head questioning whether this is attributed to osteoarthritis. The patient also had a CT of the abdomen and pelvis, which went down to the level of the hip and a CT revealed coronary artery calcifications, benign cysts in the right kidney, arthritic changes of the spine and the hips, and no evidence of metastatic lymphadenopathy in the abdomen or pelvis.

12/20/12 MRI Hip:

1. Degenerative osteophyte formation involving both hips with broadening of the femoral neck, possible impingement.
2. Asymmetric enhancement of the left seminal vesicle.

1/13/13 PROCEDURE PERFORMED

1. ROBOTIC-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY.
2. ROBOTIC-ASSISTED LAPAROSCOPIC BILATERAL PELVIC LYMPHADENECTOMY.

**Path: Final Diagnosis:**

1. LYMPH NODES, RIGHT PELVIC, DISSECTION: MULTIPLE (FOUR) LYMPH NODES ARE NEGATIVE FOR CARCINOMA.
2. LYMPH NODES, ANTERIOR BLADDER NECK, DISSECTION: FIBROVASCULAR TISSUE, NEGATIVE FOR MALIGNANCY. NO LYMPH NODES IDENTIFIED
3. LYMPH NODES, LEFT PELVIC, DISSECTION: MULTIPLE (FOUR) LYMPH NODES ARE NEGATIVE FOR CARCINOMA.
4. BLADDER NECK MARGIN, BIOPSY: FIBROMUSCULAR TISSUE WITH NO EVIDENCE OF CARCINOMA.
5. PROSTATE, PROSTATECTOMY:
	1. HISTOLOGIC TUMOR TYPE: PROSTATIC ADENOCARCINOMA.
	2. HISTOLOGIC TUMOR GRADE: GLEASON SCORE 4 + 5 WITH TERTIARY 3.
	3. TUMOR QUANTITATION: TUMOR IS BILATERAL FORMING MASS MEASURING APPROXIMATELY 4 CM.IN GREATEST EXTENT.
	4. EXTRAPROSTATIC EXTENSION: FOCAL EXTRAPROSTATIC EXTENSION IS PRESENT.
	5. PERINEURAL INVASION: PRESENT.
	6. LYMPHVASCULAR INVASION: FOCAL AREA HIGHLY SUSPICIOUS FOR LYMPHVASCULAR INVASION IS IDENTIFIED.
	7. MARGINS: MARGINS IN THE APEXES ARE POSITIVE BILATERALLY OVER A DISTANCE OF APPROXIMATELY 2 CM.
	8. SEMINAL VESICLE MUSCLE WALL INVASION: NOT IDENTIFIED.
	9. PELVIC LYMPH NODES: MULTIPLE PELVIC LYMPH NODES ARE NEGATIVE (8).
	10. PATHOLOGIC STAGE: pT3a N0

2/25/13 PSA: 0.48

2/29/13 Lupron

**Radiation Summary**

7/26/13 The patient returns today for follow-up after receiving IMRT to his prostate bed and pelvic lymph nodes with 4 field technique (AP, PA, left lateral and right lateral with 18x) and initially received total tumor dose of 4500 cGy in 25 treatments given between 3/28/13 to 6/23/13. After that, he received boost of IMRT to the tumor bed which includes GTV plus 1 cm margin with 6 ports (RPO, right lateral, RAO, LAO, left lateral and LPO all with 18x) and received additional 2520 cGy in 14 treatments making total tumor dose to the prostate bed 7020 cGy in 39 treatments given between 3/28/13 to 6/23/13.

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