# Prostate Case Scenario 1

5/05/17: A 59 year-old white male presented with dysuria and other symptoms that were attributed to a urinary tract infection and an elevated PSA. A digital rectal exam revealed nodules in the left and right prostatic lobes.

4/03/17: (PSA) level 21.23 ng/ml.

5/08/17: Transrectal biopsy: confirmed a diagnosis of clinically localized prostate cancer Gleason score 7 (4+3), 12/12 cores affected and 100% of specimen)

5/10/17 Bone Scan: No indication of bony metastasis

5/10/17 CT Abdomen/Pelvis: negative for metastasis.

5/16/17: Surgery- Retropubic Radical Prostatectomy (RRP)

Pathology Report: Final Diagnosis

Diagnosis: Prostatic Adenocarcinoma  
PSA: >0.5 ng/ml

Gleason Grade: 4+4=8   
Extraprostatic Extension: Negative  
Lymph Nodes: 2 pelvic lymph nodes negative for metastasis  
Seminal Vesicles: Negative  
Margins: Negative  
Tumor Quantitation: 75% of prostate  
Tumor size: 1.1cm.  
High-Grade PIN  
Perineural Invasion: Present

06/18/17: Postoperative PSA: >0.5 ng/ml

**Follow-up:**

Long-term gonadal suppression with abarelix was planned and the patient was continued with serial physical exams, routine blood evaluations, including serum PSA determinations at regular intervals (every 2 to 3 months), and radiological assessments every 6 to 12 months or as clinically indicated.

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| * **What is the primary site?** * **What is the histology?** | | | | * **What is the grade/differentiation?** | | |
| **Stage/ Prognostic Factors** | | | | | | |
| Summary Stage |  | | Tumor Size Summary | |  | |
| TNM Clin T |  | | TNM Path T | |  | |
| TNM Clin N |  | | TNM Path N | |  | |
| TNM Clin M |  | | TNM Path M | |  | |
| TNM Clin Stage |  | | TNM Path Stage | |  | |
| TNM Clin Descriptor |  | | TNM Path Descriptor | |  | |
| TNM Clin Staged By |  | | TNM Path Staged By | |  | |
| CS SSF 1 |  | |  | |  | |
| CS SSF 2 |  | | Regional Nodes Positive | |  | |
| CS SSF 3 |  | | Regional Nodes Examined | |  | |
| CS SSF 7 |  | | Mets at Dx - Bone | |  | |
| CS SSF 8 |  | | Mets at Dx - Brain | |  | |
| CS SSF 9 |  | | Mets at Dx - Liver | |  | |
| CS SSF 10 |  | | Mets at Dx - Lung | |  | |
| CS SSF 11 |  | | Mets at Dx - Other | |  | |
| CS SSF 12 |  | | Mets at Dx – Distant LN | |  | |
| CS SSF 13 |  | |  | |  | |
| **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 | |  |  | | |  |

# Prostate Case Scenario 2

4/4/17 An 89 year old white male presents with left hydronephrosis. Patient smokes cigars, no alcohol use. Prostate nodule felt in the left lobe.

4/3/17 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.

4/3/17 PSA: 47.31 ng/mL (normal range 0-4.0ng/mL)

4/4/17 TRUS Biopsy of prostate:

Final Diagnosis:

1. PROSTATE, LEFT LOBE, NEEDLE BIOPSY: ADENOCARCINOMA, GLEASON SCORE 4 + 5 = 9, INVOLVING 5 OF 6 CORES, 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 4 OF 6 CORES, APPROXIMATELY 50% OF PROSTATIC TISSUE. PERINEURAL INVASION BY ADENOCARCINOMA IS IDENTIFIED.

4/8/17: Ultrasound: revealed tumor had extended through the prostatic capsule into the bladder neck.

4/8/17 CT Abdomen/Pelvis: No evidence of nodal or visceral metastasis. Prostate was enlarged and irregular with extensive deformity of the bladder neck.

4/8/17 Radionuclide bone scan: Negative for metastasis

Radiation Oncology:

Patient completed concurrent histerelin plus flutamide and radiation therapy. The patient received a total of 40 fractions over an 8-week period. Treatment consisted of IMRT radiation therapy, which delivered a total 8Gy to the prostate.

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