**Q&A Session for Prostate 2020**

January 9, 2020

|  |  |  |
| --- | --- | --- |
| # | Question | Answer |
|  | Is the clinical T blalnk or X if no DRE mentioned in the chart? If a patient has elevated PSA but no DRE mentioned I know it cannot be clinically staged but wanted to double check if it was blank or XJanet Vogel just told me it was a cTX if you know DRE was not done. If it was not mentioned if DRE was done or not it would be cT blank. . | Janet’s answer is consistent with what I’ve found on the Canswer forum. If for some reason a DRE is not done and you know it was not done, it is appropriate to code a cTX. Examples might be if the patient refused or if the patient had some kind of surgery that did not allow a DRE to be done.If you don’t know if a DRE was done or if you know a DRE was done but you don’t have the results, then it is appropriate to leave the cT field blank. |
|  | If doctor states Biochemical Recurrence and treats patient with salvage" RT. Do we code the recurrence? Code 13? | Biochemical recurrence indicates a rise in PSA after treatment. The recurrence could be anywhere. The Type of First recurrence would be coded based on where the recurrence was found. For prostate recurrence to be coded to Code 13, it must be local (identified in tumor bed), regional to LN, or identified in a distant site. While if you had prostate recurrence in the bone, Code 55 would be used.  |
|  | If patient gets hormonal therapy 3 months before treatment do we code that hormonal therapy? | Assuming that ‘before treatment’ means surgery. Yes. Use the date the patient first received hormone therapy as the start date. |
|  | Caution with brachytherapy radioactive seeds vs treatment planning nonradioactive seeds. Make sure the treatment/radiation fields only reflect the radioactive seeds for treatment. Radiation therapist explained this to me and I didn't know there was a difference. | Thanks for the tip! |
|  | When a DRE only mentions firm, hard, indurated, etc. Should we be coding 120 due to the lack of mention of a nodule or tumor mass or 300 unknown? | If a DRE is done and the description fails to describe anything that may be a tumor, code 120 would be appropriate. We can assume the physician would have described a tumor if they felt a tumor. |
|  | TURP with incidental finding of prostate cancer must also have DRE to assign clinical T, correct? | That is correct. Codes cT1a and cT1b are used to indicate a clinically inapparent tumor identified during a TURP. Without a DRE, we don’t know if the tumor is apparent or inapparent. |
|  | When would we use a Clinical T3 or T4 if we can't use imaging, can you use a T3/T4 for a DRE? | The physician needs to state on their DRE if they felt extension that qualified as a cT3/cT4 AJCC has been consistent in stating that imaging should not be used to assign the cT values.  |
|  | If patient comes in for bx with no mention of DRE prior to bx do we considered the T value to still be unknown/blank or can we stage it with higher T value from that bx results? | The cT value should be coded based on the DRE. If you don’t have results of the DRE, leave the field blank. |
|  | When would you stage using TX? | For clinical stage, I would imagine the most common instances where cTX would be used are when a patient refuses a DRE or a DRE cannot be performed. |
|  | Is there a timing rule from the time of the DRE to Biopsy for AJCC Clinical Staging? | I believe the standard rules would apply. |
|  | Pop Quiz 8 should be stage I since its a cT2 cN0 cM0 PSA 9.3 Grade group 1 and stage I. | The slide was correct. A cT2a would have given the patient a stage 1A. cT2b or cT2c would give the patient a stage 2A. Since the stage could be different based on the stage group and we don’t have the subgroup, the stage has to be coded 99. If we were coding a pT2 with the rest the same, that would have been Stage 1.  |
|  | For Pop Quiz 9 there is not cT2 option for IIA its pT2 | You are correct that there is not a cT2 option that fits our scenario. However, because the PSA was over 10 and less than 20, it didn’t matter what T2 subgroup our case was – they all fall into Stage group 2A.  |
|  | I think Pop Quiz 9 should be stage 99 | Stage 2a is correct – see previous question 12. |
|  | Patient had an abnormal DRE, NOS and MRI showed abnormal Seminal Vessicles. Bx performed on SV and proved to be positive for adenoca. Can the biopsy be used in clinical staging? | cT should only be assigned based on the DRE as imaging is unreliable and not consistent. See the Canswer forum post (copy and paste the entire URL)<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/89697-dre-neg-but-seminal-vesical-positive-on-bx>  |
|  | PSA documented as 8.5 ng/mL x 2 (on Proscar) equals 17. Haven't seen this before. How should PSA be coded for this scenario? | This is a question that should go to the SSDI Canswer forum!<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018>  |
|  | What is an example of code X8 not applicable for Gleason pattern? Number of cores examined? | If you are not required to report Gleason pattern but your software still requires you to enter something in the field, you could use code X8. Chances are that your software will not show the field if the data item is not required.  |
|  | If all you have is a Grade Group 3, why can't you use 43 for the Clinical Gleason pattern in pop quiz 14? | Note 7 in the current SSDI manual under Gleason primary/secondary pattern states to code X9 for those only given a Grade Group.<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/99665-gleason-grade-group-2-and-3>.  |
|  | In pop quiz 14: on the prostate biopsy it is stated as grade group 3. Since our grade codes state this is 4+3=7 can we infer gleason patter and score clinical as 43/07 respectively? | See previous question. This needs to be sent in for SSDI’s workgroup to decide as they have addressed this in Note 7 in the manual to code X9. <http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/99665-gleason-grade-group-2-and-3> |
|  | The AJCC manual states imaging ALONE cannot replace the DRE, can the physician use imaging such as MRI in conjunction with DRE results? ie, he feels a nodule on DRE & MR shows seminal vesicle involvement, if MD states cT3b per MRI would I use that or only use the DRE results as a cT2 in registry database? | Based on what I have seen on the Canswer forum and have read in the manual, you would not use the MRI to assign your clinical T. See Canswer: <http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/99497-dre-w-mri-clinical-stg> |
|  | For pop quiz 14, gleason patttern clinical. if known is grade group 3, why cant you use 43, when only 4+3 is the only pattern that is grade group 3? | See previous question and answer above.<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/99665-gleason-grade-group-2-and-3>  |
|  | Case scenario 1-shouldn't clinical stage group be 99 since there was no PSA indicated in the case? | That is correct. |
|  | Can you explain note on page 732 under the stage group table as it pertains to case 1? | From what I understand that note is meant for physician use only. |
|  | Why 05 for the EB plan technique, I did not see IMRT? | You are correct. Since IMRT was not done, we should code 01-external beam radiation NOS. |
|  | For Case Scenario #2, External beam planning technique, it is marked 05, but it does not state that it was IMRT. Therefore, shouldn't it be 01-External Beam, NOS? | Yes. |
|  | On case #3 the clinical grade is higher than the path, so you use the clinical grade for path grade (Vicki Hawhee). | You are correct. |
|  | Case Scenario 3- aren't you supposed to use the highest grade whether clinical or pathological so the path grade would stay a 3? Also the summary stage should be 4. | Yes. |
|  | Case #3 - PSA should be xxx.7 for elevated | Correct, answer adjusted |
|  | Does a biochemical recurrence occur mainly due to margin status being positive after prostatectomy? | Biochemical recurrence is when the PSA raises after treatment. I would imagine recurrence at the surgical margins is a common cause of biochemical recurrence. Although mets is another possibility.  |
|  | In regards to radiation treatment: When prostate is being irradiated in one phase and in the second phase both pelvis and bladder are treated, to what code do we defer to (bladder vs pelvis) when coding the second phase? | If the entire pelvis (including the bladder) is being radiated in one field, then I would code to pelvis. If the “pelvis” is being radiated in one field and the bladder in the other, I would code them as different phases. |
|  | Do the terms watchful waiting and active surveillance mean the same thing or are they different? | From what I have read active surveillance is a more aggressive system of monitoring the cancer, where bx’s and labs are more frequent. Some might consider them the same. In regards to coding Treatment Status field, either would be coded to Code 2 if done.  |
|  | Does a robotic-assisted laprascopic prostatectomy qualify for pathological TNM staging? | Yes. |
|  | If a patient refuses or defers a DRE is the cT blank? | I believe a refusal qualifies as a cTX.  |
|  | Can cM be blank when there is evidence of the malignancy in the clinical timeframe? Leaving blank implies the cancer was found incidentally. | I believe cT(blank) cN0 cM0 Stage 99 is how case 1 should have been coded. |
|  | On pg 40 Pop quiz 12, should number of cores negative be negative cores examined? And will we get an updated version of these slides? we noticed just a few changes on your slides compared to what we were sent? | Good catch! We will send out updated slides when we post the Q&A. |

# Helpful Canswer forum posts

*Copy and paste links into browser.*

Treatment

* Active Surveillance

<http://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/fords/first-course-of-treatment/surgery/5832-1st-course-tx-vs-subsequent-prostate-ca-watchful-waiting-followed-by-surgery-or-xrt>

AJCC Staging

* DRE

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/82825-clinical-staging-incidental-findings-and-no-dre>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/88326-clinical-t-prostate-overall-firm>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/85679-psa-and-biopsy-but-no-dre-info>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/93447-dre-deferred-vs-unknown>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/94206-dre-unable-to-be-performed>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/91221-dre-bx-differ>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/89697-dre-neg-but-seminal-vesical-positive-on-bx>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/89252-clinical-t-staging-for-prostate>

* General

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/98087-clinical-stage-assignment-w-no-or-unk-psa-and-gleason-grade-group-5>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/96248-prostate-pn0-vs-pnx>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/86022-clinical-staging-with-pm1>

* Neoadjuvant

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/88043-y-stage-after-hormones>

<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/84885-hormones-prior-to-complete-clinical-staging>