




2




Q&A

Please submit all questions concerning the webinar content through the Q&A panel.

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.

The slide contains a small number "2" in the top left corner and the NAACCR logo in the top right corner. The main content is centered and includes three paragraphs of text. A large, light blue circle is positioned behind the text. The slide is decorated with a footer of colorful geometric shapes similar to the header.

3

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Fabulous Prizes



4

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Guest Presenter

Bobbi Matt, BS, RHIT, CTR,

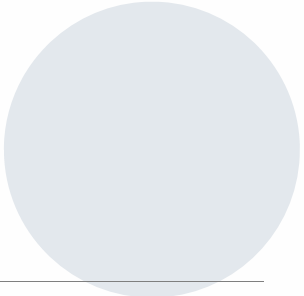

- Editing and Quality Control
- State Health Registry of Iowa



5

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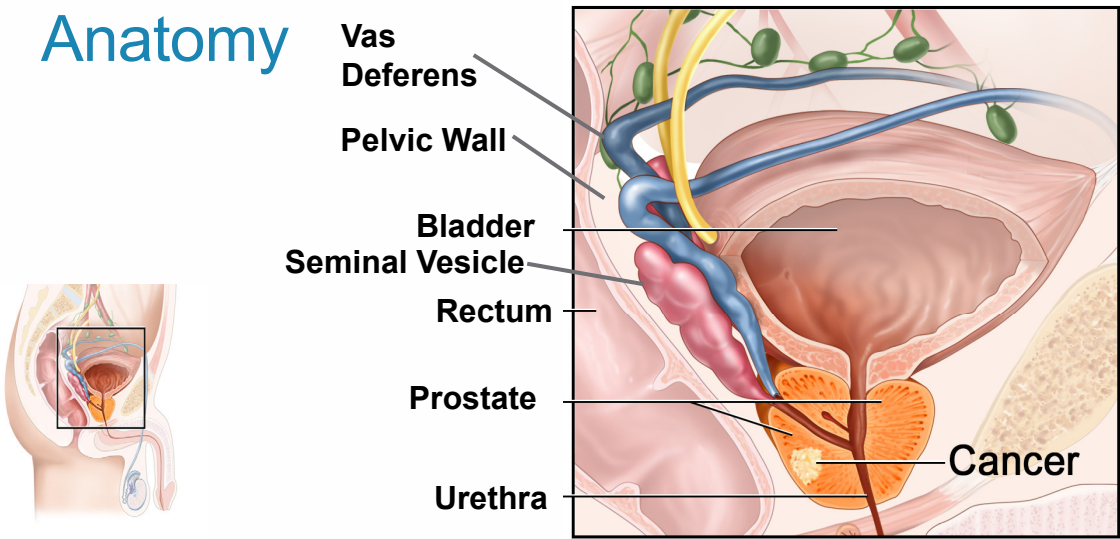
Overview

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Anatomy



Vas Deferens

Pelvic Wall

Bladder

Seminal Vesicle


Rectum

Prostate

Urethra

Cancer

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Anatomy

Stage IVB Prostate Cancer

Prostate cancer spreads to other parts of the body:

Metastatic cancer
Cancer cells in lymph system
Cancer cells in the blood
Primary cancer

Distant lymph nodes

Prostate
Bone

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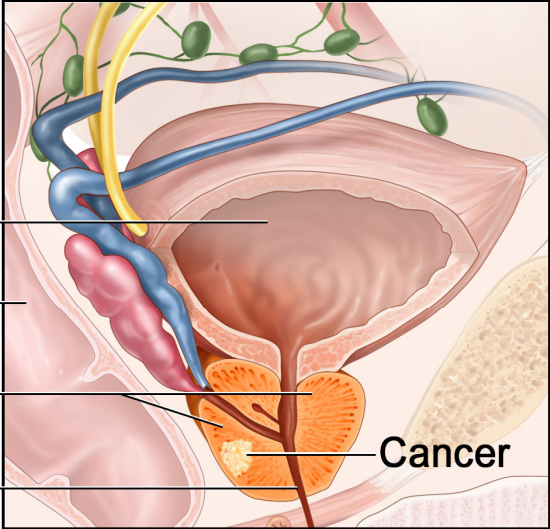
Diagnosis/Work-up

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Initial Diagnosis

- PSA
- DRE
- Core Biopsy



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Prostate Cancer Work-Up

Prostatic specific antigen (PSA) screening

- Not diagnostic without other work-up

Free PSA

- The ratio of how much PSA circulates free compared to the total PSA level
- Do not code free PSA


PSA Velocity (PSA-V)

- Rate of rise in the PSA level

PSA Doubling Time (PSA-DT)

PSA Density

- PSA level / volume of the prostate



10

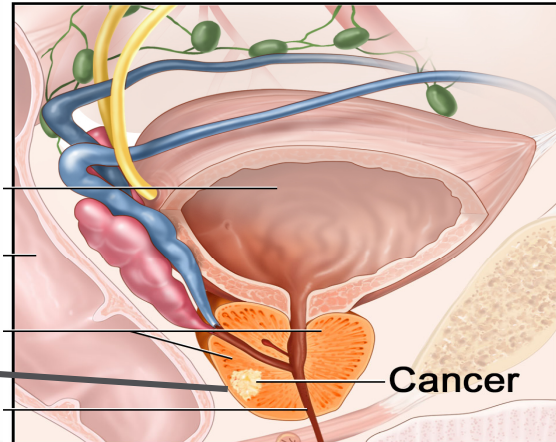
11



Prostate Cancer Work-Up

History and physical examination

- Digital rectal exam (DRE)
- Most prostate cancers occur in the peripheral zone
- Whether or not a tumor is large enough to be palpable is an important clinical indicator



Is there enough cancer in the prostate that the physician can feel it during a DRE?

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12



Prostate Cancer Work-up

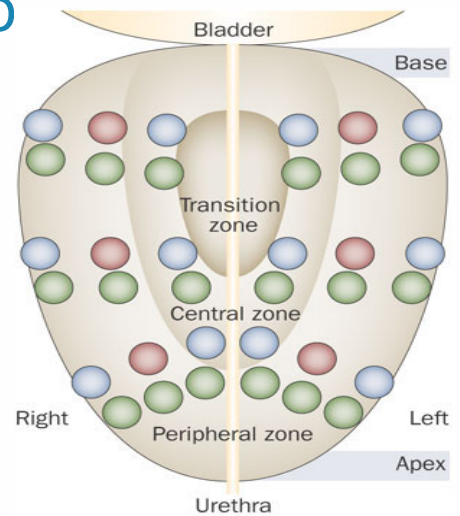
Endoscopy

- Cystoscopy, proctosigmoidoscopy, laparoscopy

Transrectal needle biopsy

Transperineal needle biopsy


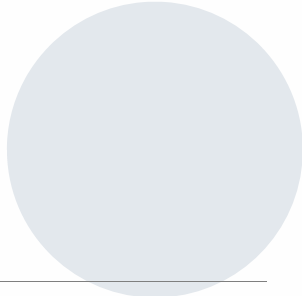
Transurethral core biopsy



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Treatment



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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



14



15

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Biochemical Recurrence after Radical Prostatectomy

PSA level fails to fall to undetectable levels after primary treatment (radical prostatectomy or radiation).

Undetectable PSA after primary treatment with subsequent detectable PSA level that increase on 2 or more labs



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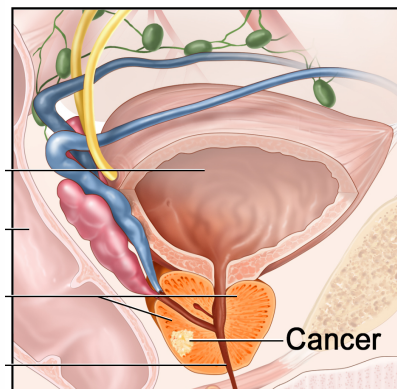
Treatment Categories

Localized

- Very Low Risk
- Low Risk
- Intermediate Risk
 - Good prognostics
 - Poor prognostics
- High Risk

Very High Risk (locally advanced)

Metastatic Disease



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16

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 3-6 months
- DRE as often as every 6-12 months
- Repeat biopsies every 6-18 months

17

18

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?

19

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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.

<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>



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RX Summ-Treatment Status

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

20

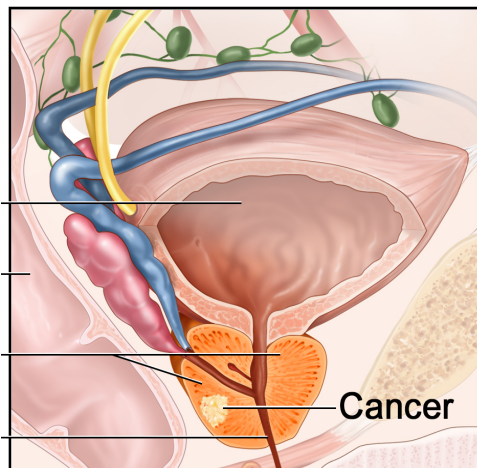
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Surgery

TURP

- 20 Local tumor excision, NOS
- 21 Transurethral resection (TURP), NOS, with specimen sent to pathology
- 22 TURP—cancer is incidental finding during surgery for benign disease
- 23 TURP—patient has suspected/known cancer



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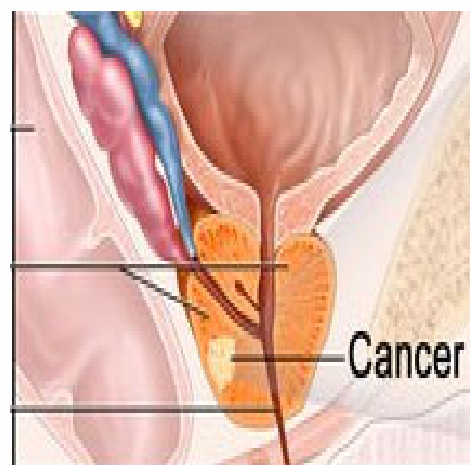
Surgery

Radical Prostatectomy

- 50 Radical prostatectomy, NOS; total prostatectomy, NOS
 - Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck.

Pelvic lymph node dissection

- Limited
- Extended



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Androgen Deprivation Therapy (ADT)

Bilateral orchiectomy

Luteinizing hormone-releasing hormone (LHRH) *agonist*

- Chemical castration-they lower androgen levels as well as a orchiectomy.
- LHRH *antagonist* work in a similar manner, but do not cause the initial testosterone flare.

Anti-androgens bind to the androgen receptor in order to stop androgens from working.

- When combined with LHRH or Orchiectomy they are called a combined androgen blockade (CAB)

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ADT

May be administered as a primary systemic treatment in patients with advanced disease.

Has been shown to decrease the time to biochemical recurrence when given in combination with radiation in localized or locally advanced disease.

Has not been shown to benefit as a neoadjuvant treatment for men who have been treated with radical prostatectomy.

25

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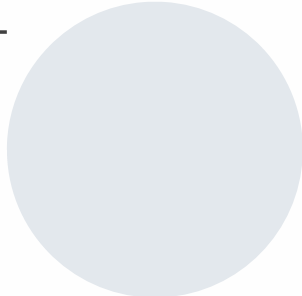
Radiation

External Beam Radiation Therapy (EBRT)

- Photon or Proton
- Highly conformal techniques should be used
 - IMRT
 - SBRT
 - SABR

Brachytherapy


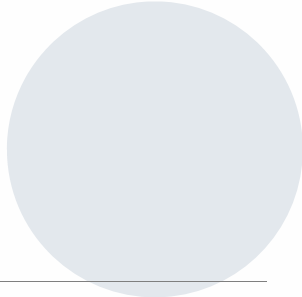
Combined EBRT and Brachytherapy



26

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Questions?




27

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Grade

[HTTPS://SEER.CANCER.GOV/TOOLS/STAGING/](https://seer.cancer.gov/tools/staging/)
[HTTPS://APPS.NAACCR.ORG/SSDI/LIST/](https://apps.naacr.org/ssdi/list/)



28


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Grade

- 3 separate fields
 - Clinical
 - Pathological
 - Post Therapy

Required for assigning a stage group

Prostate uses Table 17



29

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Gleason System for Grading Prostate Cancer

Patterns based on 5 component system

Primary pattern

- Predominant

Secondary pattern

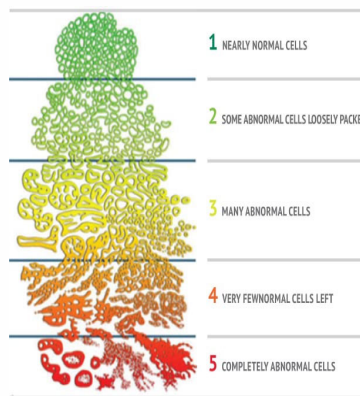
- Second most predominant

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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Grade – General Instructions

Code the grade from the primary tumor only

- Exception: if primary tumor extends contiguously to adjacent site and primary site not available, code grade from contiguous site (Rare)

If more than 1 grade available

- Priority goes to recommended AJCC Grade listed
- If none – record the highest grade

In situ tumors – Do not code grade for dysplasia

In situ/invasive combination – Code invasive only (even it is unknown)

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Grade – Time Frames

Grade Clinical - Record grade **prior to** any treatment

- Treatment may include: Surgical resection, systemic therapy, radiation or neoadjuvant therapy
- TURP and Biopsies are considered Clinical

Grade Pathological – Record grade from surgically resected **AND** no neoadjuvant therapy was administered

Grade Post Therapy – Record grade that has been resected **following** neoadjuvant therapy

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Prostate – Gleason Groups

Group 1 = Gleason score ≤ 6

Group 2 = Gleason **score 7 -> pattern 3+4**

Group 3 = Gleason **score 7 -> pattern 4+3**

Group 4 = Gleason score 8

Group 5 = Gleason score 9 or 10

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Prostate – Grade Table 17

Code	Grade 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

- Codes 1-5 take priority over A-E
- Codes A-E treated as unknown grade for AJCC stage group

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Prostate Grade

TURP does not qualify for a surgical resection –
A prostatectomy must be done

- TURP = Clinical Grade

Assign the highest grade from primary tumor –
even if happens to be a clinical grade

- **BUT** – a resection **must** be done

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Pop Quiz 1

11-15-18: Prostate Bx:

- Left lobe prostate – Gleason grade 4+3=7
- Rt lobe – Negative.

1-22-19 Robotic Radical Prostatectomy w/ BPNL removed:

- Acinar AdenoCA
- Gleason 3+3=6
- No extraprostatic extension, negative nodes

Grade	Value
Grade Clinical	
Grade Pathological	

36

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Pop Quiz 2

7-30-18: Patient presents with urine retention. Here for TURP.

7-30-18: TURP Pathology

- Histologic Type: Adenocarcinoma
- Histologic Grade: 3+5=8 (Grade group 4)
- 25% of sample involved


Grade	Value
Grade Clinical	
Grade Pathological	

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EOD & Summary Stage 2018

[HTTPS://SEER.CANCER.GOV/TOOLS/STAGING/](https://seer.cancer.gov/tools/staging/)



38

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EOD Primary Tumor - Prostate

Recoding the clinical assessment of tumor

- Primarily from the DRE only

Don't use biopsy results **UNLESS** they prove extraprostatic extension

Don't use imaging **UNLESS** physician clearly incorporates findings into evaluation



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EOD Primary Tumor – Prostate cont.

Clinically Inapparent

- Not palpable
- DRE does not mention a palpable “tumor”, “mass”, or “nodule” – can infer as inapparent
- Benign prostate enlargement/hypertrophy

Clinically apparent

- Are palpable
- Clinician documents a “tumor”, “mass”, “nodule”

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EOD Primary Tumor – Prostate cont.

Unknown if tumor is apparent or inapparent –

Code 300

- Elevated PSA and positive core biopsy
 - Excludes those doctor staged T1c
- Dx made prior to admission for a prostatectomy – no details on clinical findings

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EOD Primary Tumor – Prostate cont.

Involvement of the prostatic urethra does not alter the EOD code

“Frozen pelvis” is a clinical term indicating tumor extends to pelvic sidewall(s) – in absence of more detailed statement – **Code 700**

Incidental finding of prostate cancer – **Code 800**

- Cystoprostatectomy for bladder cancer



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EOD Primary Tumor - Codes

Codes	Description
000	In situ: noninvasive, intraepithelial
100	Incidental histologic finding in ≤ 5% of tissue resected
110	Incidental histologic finding in > 5% of tissue resected
120	Tumor ID by needle biopsy – Example: Elevated PSA
150	Incidental finding, unknown % involved
200	Involves ½ of one side or less
210	More than ½ of one side, but not both sides
220	Involves both lobes/sides
250	Confined to prostate, unknown lobe involvement
300	Localized, NOS (Unknown if clinically apparent or inapparent)

Clinically Inapparent
(Not palpable)

Clinically Apparent
(Palpable)



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EOD Primary Tumor – Codes cont.

Codes	Description
350	Bladder neck, microscopic invasion Extraprostatic extension, unilateral, bilateral, or NOS - WITHOUT invasion of seminal vesicles Extension to periprostatic tissue WITHOUT invasion of seminal vesicles
400	Tumor invades seminal vesicle(s)
500	Extraprostatic tumor that is not fixed - WITHOUT invasion of adjacent structures Periprostatic extension, NOS (unknown if seminal vesicles involved) Extraprostatic extension, NOS (unknown if seminal vesicles involved) Through capsule, NOS

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EOD Primary Tumor – Codes cont.

Codes	Description
600	Extension to: Bladder neck, Bladder, NOS, External sphincter, Extraprostatic urethra (membranous urethra), Fixation, NOS, Levator muscles, Rectovesical (Denovillier's) fascia, Rectum, Skeletal Muscle, Ureter(s)
700	Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS Further contiguous extension: Other organs, Penis, Sigmoid colon, Soft tissue other than periprostatic
800	No evidence of primary tumor
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record Death Certificate Only

45



Pop Quiz 3

8-21-18: 85 year old male with acute urine retention and PSA elevated.

- PE: prostate firm, hard.
- Abd = no mass.
- Heart = wnl, Lungs clear.

8-21-18: Pathology Cysto/TURP:

- Prostate adenocarcinoma
- Gleason 5+4=9
- Occupies < 5%
- No LVI

Data Item	Value
Grade Clinical	
Grade Pathological	
EOD Primary Tumor	

46



Pop Quiz 4

8-21-18: 85 year old male with acute urine retention and PSA elevated.

- PE: prostate firm, hard
- Abd = no mass
- Heart = wnl, Lungs clear
- 8-21-18: Cysto, TURP: prostate adenoca
Gleason 5+4=9, occupies < 5%, no LVI.
- *Oncologist staged cT2a*

Field	Value
Grade Clinical	
Grade Path	
EOD Primary Tumor	

47

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Prostate Path Extension

Record findings from prostatectomy/autopsy

Codes same as EOD Primary Tumor codes with a few exceptions

- Codes 100-150 are not valid for Prostate Path Extension – No pT1 category

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Prostate Path Extension – Codes

Codes	Description
900	No prostatectomy or autopsy performed
950	Prostatectomy performed, but not 1 st course of therapy Example: Done for disease progression
999	Unknown; extension not stated Unknown if prostatectomy done Primary tumor cannot be assessed Not documented in patient record

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Pop Quiz 5

8-23-18: 66 year old with asymmetrical prostate, subtle nodule on right.

9-13-18 CT Abd/pelv:

- Mild prostatomegaly, no mets. Bone scan: Negative.

8-23-18: Prostate bx:

- Adenoca, Gleason score 7 (3+4) involving right and left.

11-2-18 Lap robotic assisted radical retropubic prostatectomy w/ Bil pelv LN dissection:

- 2 Lt pelv and 6 rt pelv LN Negative.
- Acinar adenoca, Gleason 7 (4+3) Gr Group 3
- Prostate involvement
 - 35%, extraprostatic extension present rt poster,
 - No urinary bladder neck, seminal vesicles invasion
 - No LVI
 - Marg neg.

Field	Value
EOD Primary Tumor	
Prostate Path	

50

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EOD Regional Nodes - Prostate

Follow the general guidelines

- <https://seer.cancer.gov/tools/staging/2018-EOD-General-Instructions.pdf>

Prostate is considered an **inaccessible** site for regional lymph nodes:

- Assume negative when workup done with no mention of LN's, low/localized stage AND standard therapy done

Regional nodes include contralateral or bilateral nodes

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EOD Regional Nodes - Codes

Codes	Description
000	No regional lymph node involvement
300	Hypogastric Iliac, NOS (External, Internal (hypogastric) (obturator), NOS) Pelvic, NOS Periprostatic Sacral, NOS (Lateral (laterosacral), Middle (promontory) (Gerota's node), Presacral)
800	Regional Lymph Node(s), NOS Lymph node(s), NOS
999	Unknown; regional LN not stated Regional LN cannot be assessed Not documented in record Death Certificate Only

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EOD Mets vs Mets at Dx Fields

Unless proven evidence of mets -> EOD Mets = Code 00

- In line with AJCC, where there is no MX
- **Exception: DCO = Code 99**

EOD Mets and Mets at Dx should match

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EOD Mets – Prostate codes

Codes	Description
00	No distant metastasis: Unknown if distant metastasis
10	Distant LN's: Aortic, para-aortic, peri-aortic, NOS, Cervical, Common iliac, Inguinal, Retroperitoneal, NOS, Scalene, Supraclavicular Distant LN's, NOS
30	Bone WITH/WITHOUT distant lymph node(s)
50	Other metastatic site(s) WITH/WITHOUT bone and/or distant LN
70	Distant metastasis, NOS
99	Death Certificate Only

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Summary Stage 2018 - Prostate

Is a combination of the most precise clinical and pathological documentation of the extent of disease

1-Digit field

Involvement of prostatic urethra does not alter the Summary Stage code

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Summary Stage 2018 - Codes

SS 2018 Codes	Description
0	In situ, intraepithelial, noninvasive No local, regional, LN's or Mets involved
1	Localized Confined to prostate, NOS Intracapsular involvement Invasion into (but not beyond) prostatic capsule No extracapsular extension
2	Regional, direct extension only Outside of capsule No LN's (regional or distant) or Mets involved

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Summary Stage 2018 – Codes cont.

SS 2018 Codes	Description
3	Regional lymph node(s) involved only Localized primary tumor extension (no Mets)
4	Regional, BOTH direct extension AND regional LN's involved Meets the criteria for Code 2 AND Meets the criteria for Code 3 No Mets involved
7	Distant site(s) / LN's involved Direct extension further than regional OR Distant LN's involved Carcinomatosis

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Pop Quiz 6

6-22-18 (PTA):

- DRE: palpable tumor in both lobes
- MRI Spine: mult spine & Pelvic bone lesions c/w mets, extensive retroperitoneal and Bil iliac chain LAD c/w mets.


7-2-18 CT Abd/Pel:

- Enlarged prostate w/ enhancement at base involving sem vesicles susp for cancer.

7-12-18 retroperitoneum bx:

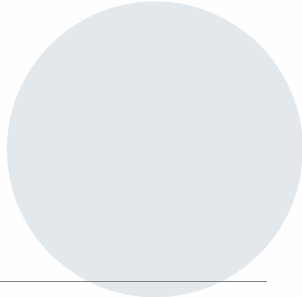
- adenocarcinoma c/w prostate origin.


Field	Value
EOD Primary Tumor	
Prostate Path	
EOD Regional LN's	
EOD Mets	
Summary Stage 2018	



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Questions?




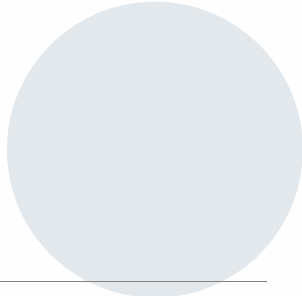


59

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AJCC Staging

8TH EDITION
CHAPTER 58-PROSTATE
PAGE 723



60

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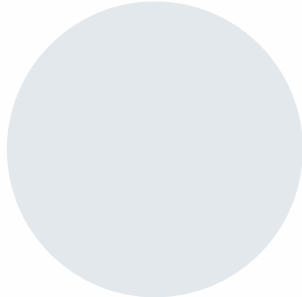
Rules for Classification

Clinical Stage

- Diagnosis and staging work-up
- T value is based on DRE

Pathological Stage

- Total prostatectomy or
- pathologic confirmation extension to the rectum, extraprostatic tissue, or extension to the seminal vesicle **AND** pathologic confirmation of a positive lymph node (highest N)



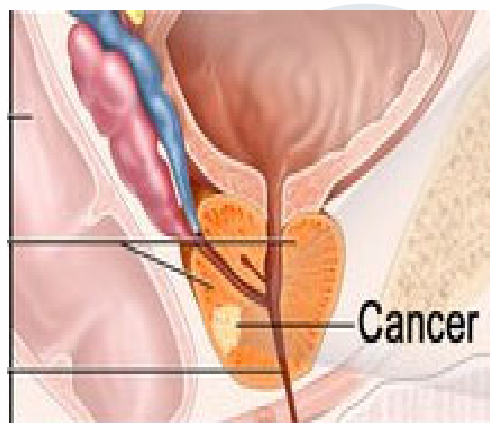
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Primary Tumor-Clinical

T value is based on results of DRE

- Imaging should not be used
- If information on results of DRE are not available or if it is unknown if DRE was performed, leave T value blank
- cT1a and cT1b are clinically inapparent tumors.
- cT2-cT4 tumors are clinically apparent tumor and are coded based on results of DRE



62

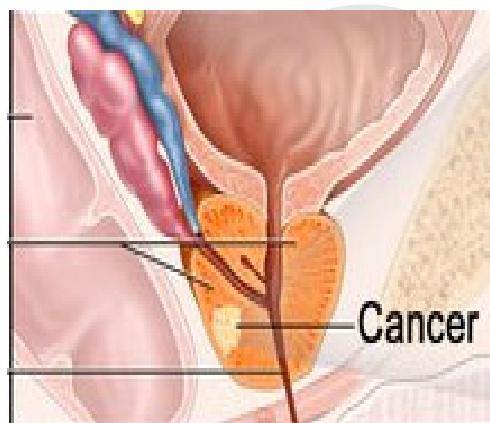
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Clinically Inapparent Tumor

Was the diagnosis based on an incidental finding during TURP?

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

Was a biopsy done due to an elevated PSA?



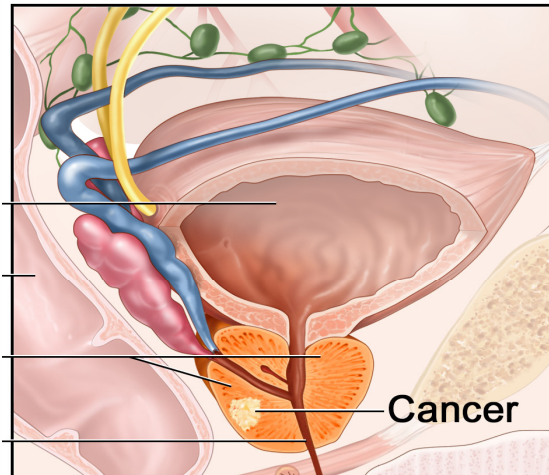
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Clinically Apparent Tumor

Tumor is large enough to be felt on DRE

- Can the tumor be felt in more than one lobe?
- If just one lobe, is it taking up more than half the lobe?
- Can extension beyond the prostate be felt?
- Can extension to the seminal vesicles be felt?
- Is the tumor fixed?



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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.



Pop Quiz 7

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

Data Item	Value
Clinical T	
Clinical N	
Clinical M	
PSA	
Grade Group	
Stage	

No additional metastasis identified

Pg. 143-155



Pop Quiz 8

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+3 adenocarcinoma in 5 of 6 cores
- Right lobe- Gleason 3+3 adenocarcinoma in 2 of 6 cores
- Grade Group 1

Data Item	Value
Clinical T	
Clinical N	
Clinical M	
PSA	
Grade Group	
Stage	

Could be either stage 1 or 2a based on T2 subcategory

No additional metastasis identified

Pg. 143-155

Pop Quiz 9

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 **10.3**
- Left lobe- Gleason 3+3 adenocarcinoma in 5 of 6 cores
- Right lobe- Gleason 3+3 adenocarcinoma in 2 of 6 cores
- Grade Group 1

No additional metastasis identified

Data Item	Value
Clinical T	
Clinical N	
Clinical M	
PSA	
Grade Group	
Stage	

Since PSA is > 10 and <20, this is a stage 2A.

Pg. 143-155

68

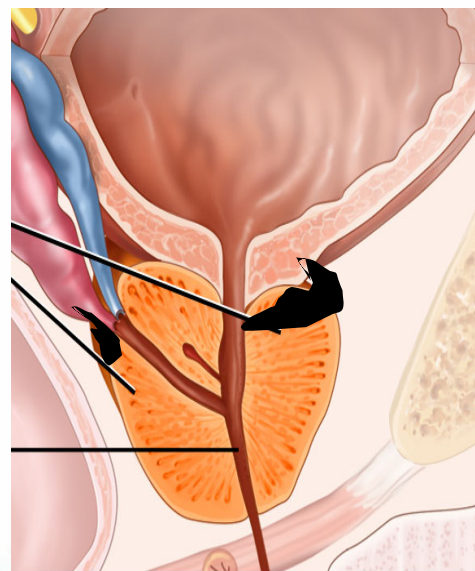
Extraprostatic Extension

Is there extracapsular extension?

- Is there bladder neck invasion?

Is there invasion into the extracapsular seminal vesicles?

Is there invasion to surrounding organs?



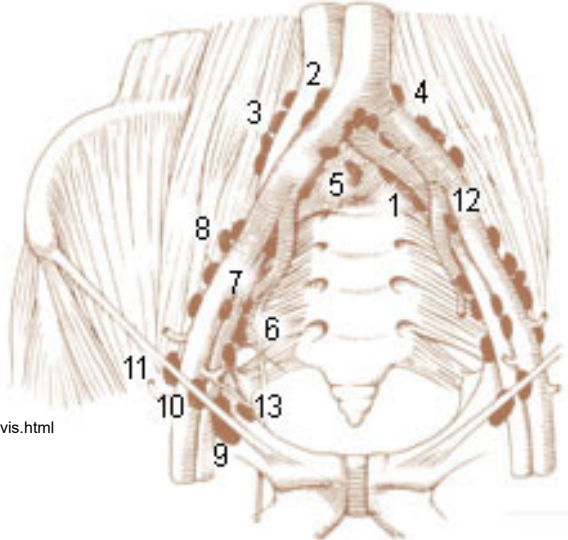
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Regional lymph nodes N1

- 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/parietal-pelvis.html>



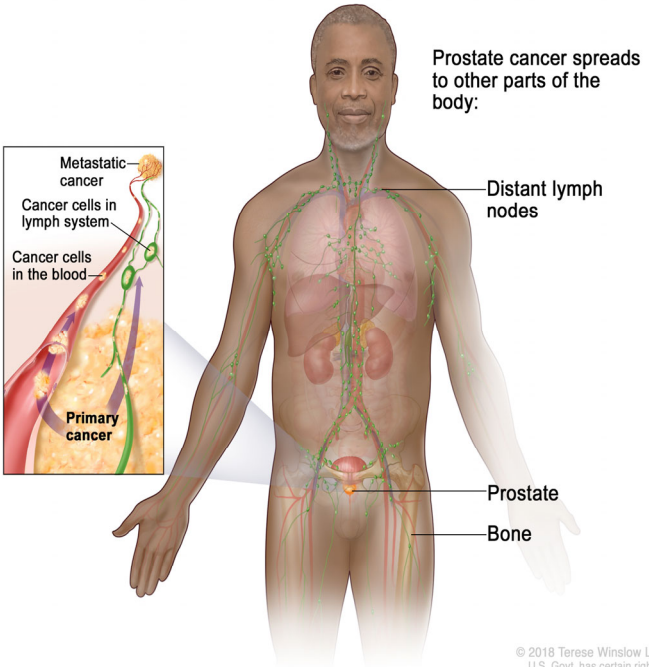
The diagram shows a posterior view of the male pelvis with 13 lymph nodes numbered 1 through 13. Node 1 is the periprostatic node. Nodes 2-4 are the external, internal, and obturator iliac nodes. Nodes 5-7 are the middle, lateral, and presacral sacral nodes. Nodes 8-13 represent various pelvic lymph nodes.

70

Distant Metastasis

Prostate cancer spreads to other parts of the body:

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




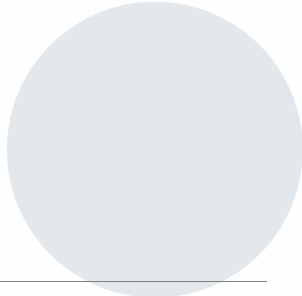
The diagram shows a human figure with the lymphatic system highlighted in green. Labels point to 'Distant lymph nodes' in the upper body, 'Prostate' in the pelvic region, and 'Bone' in the lower body. An inset diagram shows 'Primary cancer' in the prostate, with 'Cancer cells in the lymph system' and 'Cancer cells in the blood' leading to 'Metastatic cancer' in other parts of the body.

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71

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Questions?





72

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Site-Specific Data Items (SSDI)

[HTTPS://APPS.NAACCR.ORG/SSDI/LIST/](https://apps.naaccr.org/ssdi/list/)
[HTTPS://SEER.CANCER.GOV/TOOLS/STAGING/](https://seer.cancer.gov/tools/staging/)



73

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PSA Lab Value cont.

Record the **last pre-diagnosis PSA value prior** to biopsy and/or initiation of treatment **and** no earlier than ~ 3 months before dx

- Change from CSv2 – coding the highest value within 3 months

Record to the nearest tenth in nanograms/milliliter

- Micrograms per liter (ug/L) = nanograms per milliliter (ng/ml)

74

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PSA Lab Value cont.

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	1,000 ng/ml or greater
XXX.7	Test ordered, results not in chart
XXX.9	Not documented in medical record PSA lab value not assessed or unknown if assessed

Examples

PSA of 8.56 -> Code 8.6

PSA of 6 -> 6.0

PSA of 3200 -> XXX.1

PSA elevated -> XXX.7

No PSA in chart ->
XXX.9

75

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Pop Quiz 11

6-21-18 PSA 11.4 (0-4)

7-24-18 PSA 9.46 (0-4)

7-27-18 Prostate bx:

- Adenocarcinoma
- Gleason 3 +3
- gr group 1

2-21-18 PSA 6.65 (0-3.5)

8-15-18 Prostate bx:

- AdenoCa, Gleason score 7

76

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Number of Cores Positive/Examined

Records the number of positive/examined cores that are microscopically confirmed from the **first** core biopsy diagnostic for cancer

Number of cores positive **ALWAYS BE \leq** Number of cores examined

Do not assume about the number of cores positive/examined based on number of areas biopsied within the prostate

77

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Number of Cores Positive - Codes

Code	Description
00	All examined cores negative
01-99	Exact number of cores positive
X1	100 or more cores positive
X6	Cores positive, number unknown
X7	No biopsy performed
X9	Unknown, not assessed, not in record

78

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Number of Cores Examined - Codes

Code	Description
01-99	Exact number of cores examined
X1	100 or more cores examined
X6	Biopsy done, number unknown
X7	No core biopsy performed
X8	Not applicable
X9	Unknown, not assessed, not in record

79

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Pop Quiz 12

5-22-18: Prostate Bx

- Lt apex = Adenoca
- Gleason gr 3+3
- Lt apex: Adenoca involving 1 of 2 cores w/ 20% involvement.
- Rt apex, rt and lt mid, rt and lt base – benign

Field	Value
Number of Cores Positive	
Number of Cores Negative	

80

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Gleason Patterns and Scores

Site specific grading system used for prostate cancer

5 separate SSDI's

- Gleason Patterns Clinical
- Gleason Score Clinical
- Gleason Patterns Pathological
- Gleason Score Pathological
- Gleason Tertiary Pattern

← Biopsy or TURP only

← Prostatectomy or Autopsy

81

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Gleason Patterns and Scores cont.

If two numbers: Assume refer to 1st and 2nd pattern

- If one number and ≤ 5 : Assume it's the primary pattern
 - Example: Gleason 3 = Gleason Pattern: 39, Score: X9
- If one number and > 5 : Assume a score
 - Example: Gleason 8 = Gleason Patterns: X6, Score: 07
- If specifies a specific number out of 10: Assume a score

82

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Clinical Gleason Pattern

Coding structure: 2 characters

- Numeric Codes
 - 1st number: Primary pattern
 - 2nd number: Secondary pattern
- Generic Codes
 - X6 = Unknown primary and secondary patterns
 - X7 = No biopsy/TURP performed
 - X8 = Not applicable
 - X9 = Not documented, Not assessed, Unknown if assessed

83

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Clinical Gleason Score

Code Gleason score based on adding the values for primary and secondary patterns collected in Clinical Gleason Pattern

Numeric Codes

- Actual score with a preceding 0 for scores 1-9

Generic Codes

- X7 = No biopsy/TURP performed
- X8 = Not applicable
- X9 = Not documented, Not assessed, or Unknown if assessed

84

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Pathological Gleason Patterns

Numeric Codes

- 1st number: Primary pattern
- 2nd number: Secondary pattern

Generic Codes

- X6: Primary/Secondary unknown
- **X7: No prostatectomy/autopsy performed**
- X8: Not applicable
- X9: Not documented, Not assessed, Unknown if assessed

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Pathological Gleason Score

Numeric Codes

- Actual score with a preceding 0 for scores 2-9

Generic Codes

- **X7 = No prostatectomy/autopsy performed**
- X8 = Not applicable
- X9 = Not documented, Not assessed, or Unknown if assessed

86

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Gleason Tertiary Pattern

Represents the tertiary pattern from prostatectomy or autopsy

Numeric Codes

- 1st number = Pattern number
- 2nd number = Zero

Generic Codes – same as Gleason Score

87

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Pop Quiz 13

11-15-18: Prostate Bx:

- Left lobe prostate Gleason grade 4+3=7
- Right lobe – Negative.

1-22-19 Robotic Radical Prostatectomy w/ BPNL removed:

- Acinar AdenoCA
- Gleason 3+3=6

Field	Value
Gleason Pattern Clinical	
Gleason Score Clinical	
Gleason Pattern Pathological	
Gleason Score Pathological	
Gleason Tertiary Pattern	

88

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Pop Quiz 14

6-18-19: Prostate Bx:

- Adenocarcinoma, Gr group 3.

7-27-18 Radical robotic prostatectomy/LN excision

- Adenocarcinoma 4+3 =7
- Bilateral margins, seminal vesicles, bladder/rectum neg.
- LVI neg, no extraprostatic extension.
- 0/1 pelvic LN.

Field	Value
Gleason Pattern Clinical	
Gleason Score Clinical	
Gleason Pattern Pathological	
Gleason Score Pathological	
Gleason Tertiary Pattern	

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Pop Quiz 15


1-23-18: Core Biopsy

- Lt: Adenoca, Gleason 4,
- Rt: Neg.

4-12-18: RP with LN's

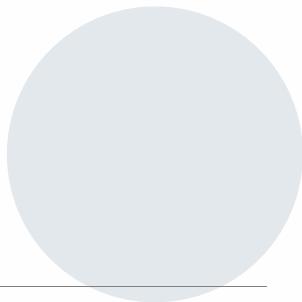

- Adenocarcinoma, Gleason 9
- Confined to prostate lt lobe only.
- Margins neg
- LVI/PNI neg,
- Seminal vesicles and bladder neg
- no extraprostatic extension.
- 0/2 LN.

Field	Value
Gleason Pattern Clinical	
Gleason Score Clinical	
Gleason Pattern Pathological	
Gleason Score Pathological	
Gleason Tertiary Pattern	



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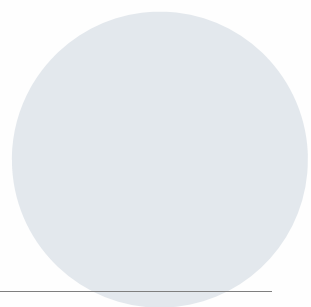
Questions?

91



Case scenarios



92



Fabulous Prize Winners



93

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Coming UP...

SSDI's an In-Depth Look

- Guest Presenter: Jennifer Ruhl
- 2/06/2020

Abstracting and Coding Boot Camp: Cancer Case Scenarios

- 3/05/2020



94

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CE Certificate Quiz/Survey

Phrase

Link

- <https://www.surveygizmo.com/s3/5311335/Prostate-2019>



95

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Thank You!!!

