

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.

FABULOUS PRIZES



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GUEST PRESENTER

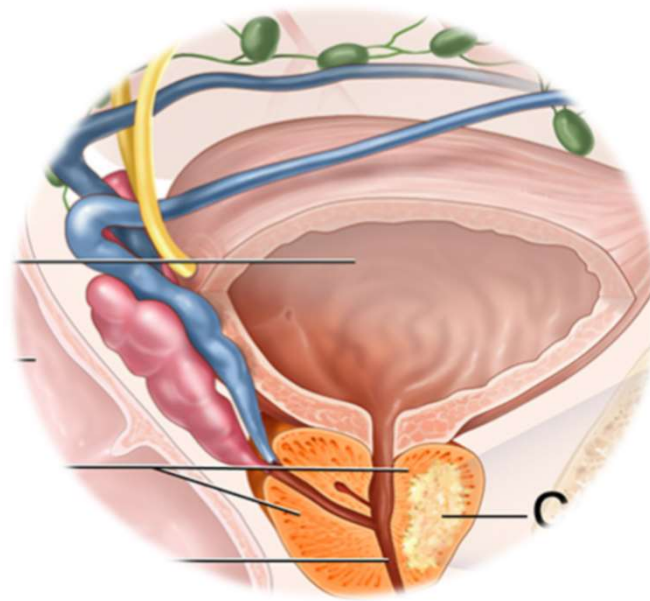
- Wilson Apollo, CTR



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AGENDA

- Overview
 - Jim Hofferkamp
- Guidelines for Coding RT Treatments for Prostate Cancer
 - Wilson Apollo
- Staging and SSDI's
 - Jim Hofferkamp

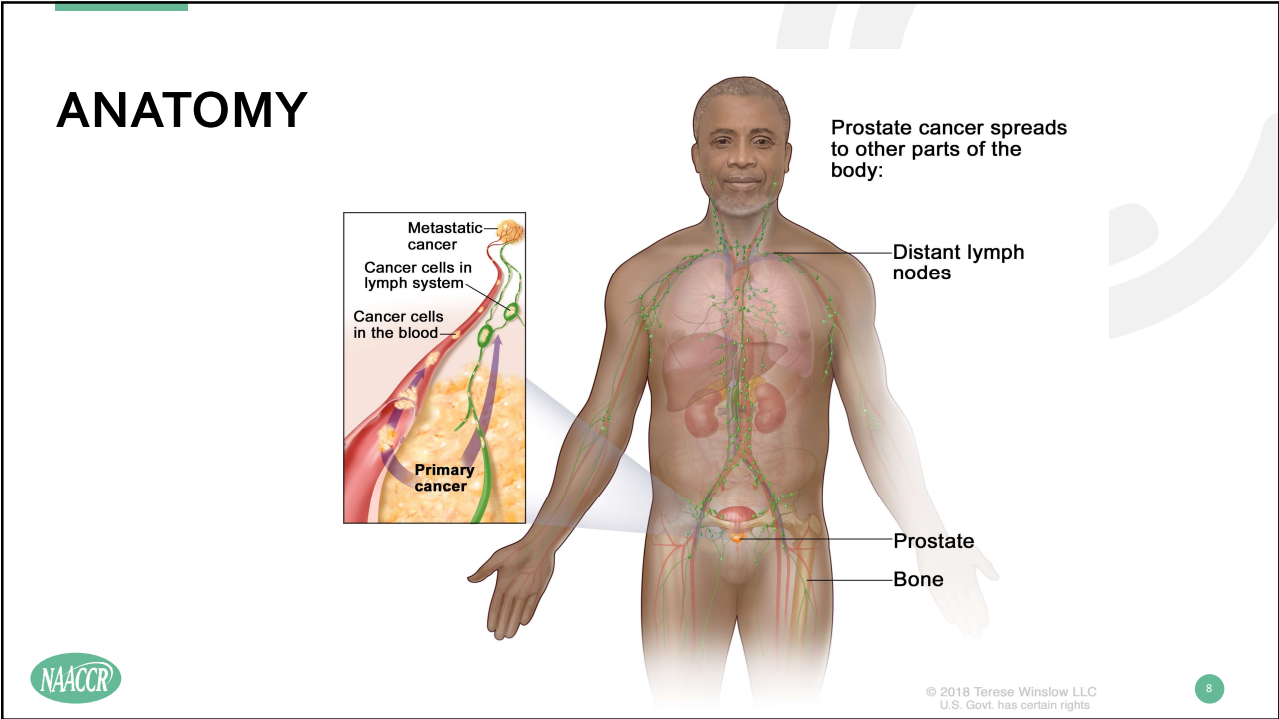
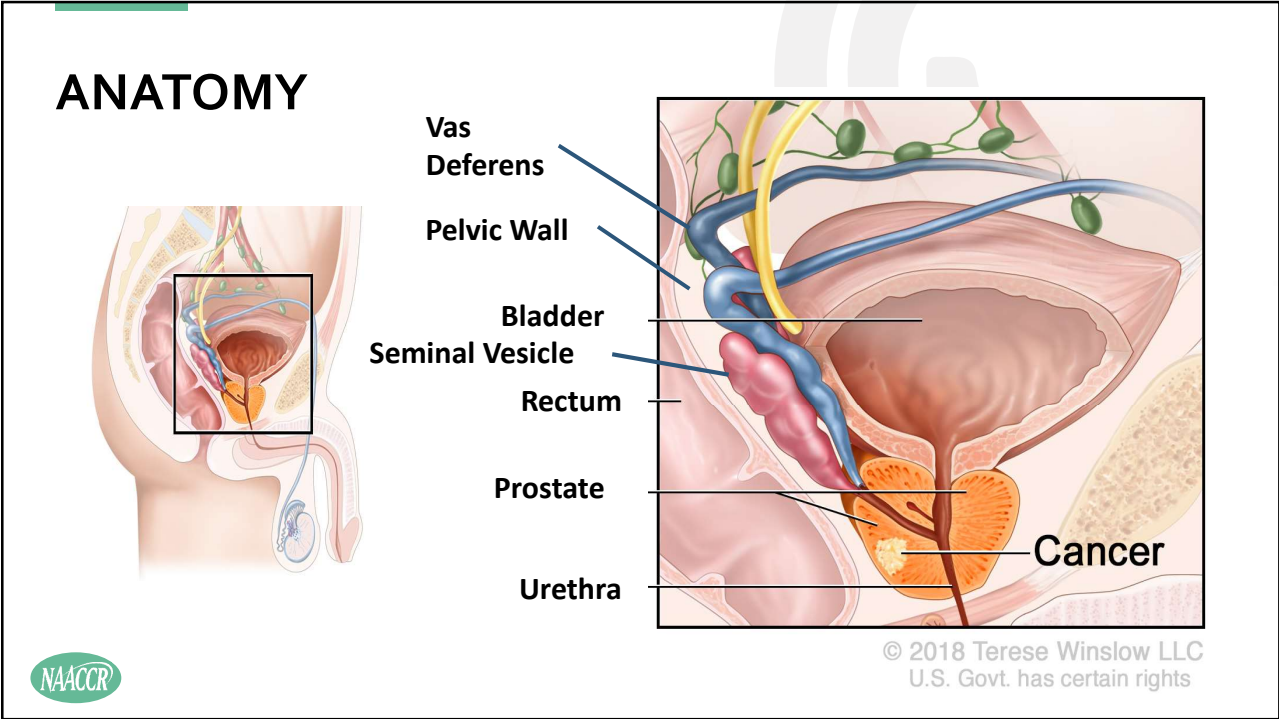


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OVERVIEW



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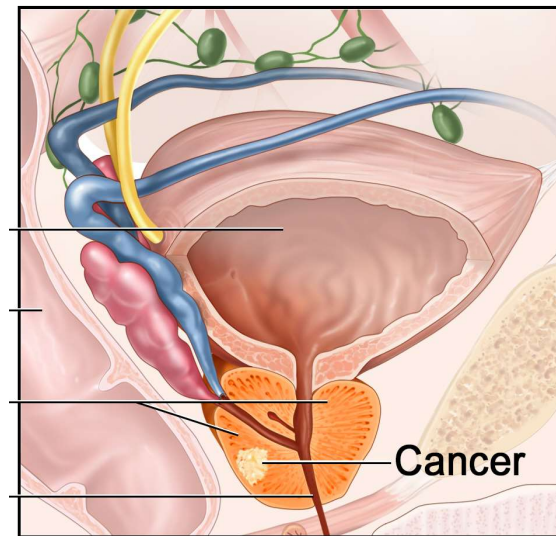


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Diagnosis/Work-up

INITIAL DIAGNOSIS

- Digital Rectal Exam
- PSA
 - PSA Level
 - PSA Density
 - PSA Doubling time
- Core Biopsy
- Estimate life expectancy
- When applicable (advanced disease)
 - High risk germline mutations
 - Family history



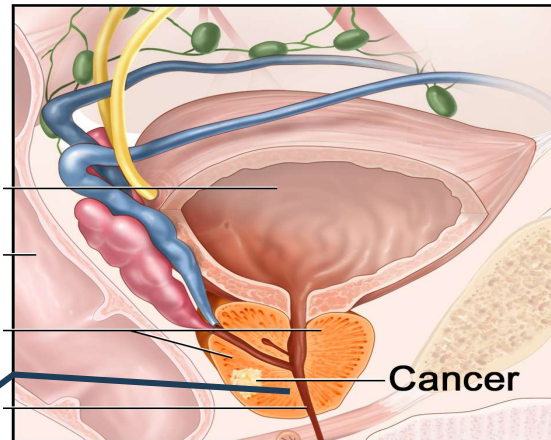
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PROSTATE CANCER WORK-UP

- 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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PROSTATE CANCER WORK-UP

- Prostatic specific antigen (PSA) screening
 - Not diagnostic without other work-up
- PSA Doubling Time (PSA-DT)
- PSA Density
 - PSA level / volume of the prostate



NCCN-INITIAL RISK STRATIFICATION AND STAGING WORKUP FOR CLINICALLY LOCALIZED DISEASE

- 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



MISCELLANEOUS

- PCA3 Test
 - The Prostate CAncer gene 3 (PCA3) assay looks for the PCA3 gene in a man's urine
https://www.cancer.net/sites/cancer.net/files/asco_answers_guide_prostate.pdf
- Liquid Biopsy
 - Measure the amount of tumor DNA in the blood
 - Research is being done to determine if liquid biopsies can be used to predict response to treatment.
<https://www.pcf.org/news/asco-2020-blood-test-predicts-response-to-prostate-cancer-treatment/>
- Information from the PCA3 test and liquid biopsies are not currently collected in standard data items.



GENETIC AND MOLECULAR BIOMARKER ANALYSIS-ADVANCED PROSTATE CANCER

HRRm

- BRCA1
- BRCA2
- ATM
- PALB2
- CHEK2
- MLH1
- MSH2
- MSH6
- PMS2

MSI/dMMR

- MSI-microsatellite instability
- dMMR-mismatch repair deficiency




https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf

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QUESTION?

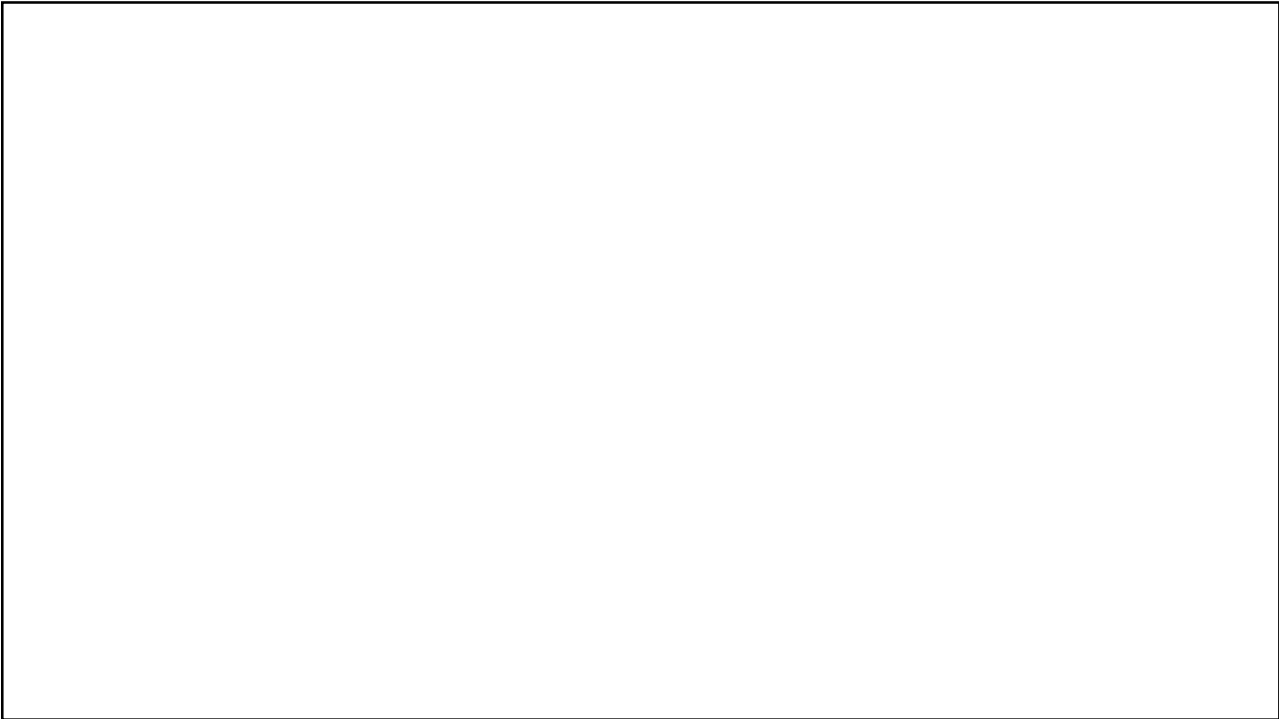




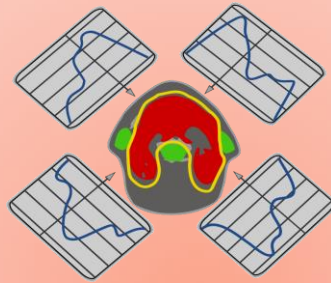
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GUIDELINES FOR CODING RT TREATMENTS FOR PROSTATE CANCER

Wilson Apollo





Guidelines for Coding RT Treatments for Prostate Cancer-An overview

Wilson Apollo, MS, CTR

WHA Consulting

NAACCR Webinar

October 01, 2020

WHA Consulting

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POTENTIAL RT TREATMENT SCENARIOS FOR PROSTATE CANCER



Conventional EBRT/IMRT, 2-3 phases

- a. Phase 1: Prostate/SV/LNs, 6X, 10X or 15X/IMRT (VMAT?), 1.8 Gy x 25 fx= 45 Gy,
- b. Phase 2: Prostate CD (Cone-down/boost, no pelvic LNs included), 6X,10X or 15X/IMRT (or VMAT), 1.8 Gy x 20 fx= 36 Gy.
- c. Total dose= 81 Gy or higher (Curative range).
- d. Treatment Modality= 02, External beam, photons,
- e. Planning Technique= 05, IMRT

Note: VMAT refers to rotational photon therapy. For coding purposes, equate with IMRT.

If Tomotherapy is used at your facility for treating prostate cancer, also equate with IMRT.



EBRT (IMRT) + LDR Brachytherapy

- a. Phase 1: Prostate/SV/LNs, 6X, 10X or 15X/IMRT (VMAT), 1.8 Gy x 25 fx= 45 Gy,
- b. Phase 2: Partial prostate, interstitial LDR, I-125 (half-life=59.4) seed implants (can also use Cesium-131[half-life= 9.7 days], Palladium-103[half-life= 17 days]).
- c. Phase 1 Txt Modality= 02, photons. Planning Technique= 05, IMRT.
- d. Phase 2 Txt Modality= 10, Brachytherapy, interstitial (permanent implants), LDR. Planning Technique= 88
- e. Total dose= 999998



Prostate SBRT only

Single phase only (LNs not irradiated). May look like the following:

- Prostate, 10X or 15X, 8.5 Gy x 5 fx= 42.5 Gy, or
- Prostate, 10X or 15X, 7.5 Gy x 5 fx= 37.5 Gy.

Note: If treatment summary refers to IMRT, VMAT, SBRT, code to SBRT (06, Stereotactic radiotherapy or radiosurgery, NOS).



What does SBRT have to do with two quarters???





HDR brachytherapy only

First started in Japan in 1995.

- a. Single HDR (Ir-192 seeds) fraction/session, 19-20 Gy, or
- b. Multiple HDR (Ir-192 seeds) fractions/sessions,
- c. Treatment modality= 11, Brachytherapy, interstitial, HDR.

Note: Seeds are temporarily inserted into the prostate.
LNs not targeted.



HDR brachytherapy + IMRT

- a. Single HDR (Ir-192 seeds) fraction/session, 15 Gy, and 10X or 15X/IMRT, 2 Gy x 23 fx= 46 Gy, or
- b. Single HDR (Ir-192 seeds) fraction/session, 15 Gy, and 10X or 15X/IMRT, 2.5 Gy x 15 fx= 37.5 Gy.
- c. Total dose= 999998

Note: Seeds are temporarily inserted into the prostate.
LNs not targeted.



Prostate RT-related terminology

- a. Space OAR Hydrogel?
 - Soft gel material consisting of 90% water and polyethylene glycol that is surgically injected between the prostate and the rectum to increase space between them to reduce RT exposure to rectum(OAR).
- b. Gold fiducials? Gold seeds inserted into prostate for localization.
- c. Calypso beacon? FDA approved since 2006. 3 tiny transponders inserted into the prostate emitting radiofrequency waves to the Calypso system, providing real-time location of prostate during treatment.

CLINICAL SCENARIOS

Clinical Scenario 1-Prostate RT

No prostatectomy



- 69 y/o male presented w/ rising PSA, 8.78 ng/mL. DRE abnormal w/ induration on LT lobe. SV not palpable.
- 12 Core bx:
 - LT Lat: prostatic adenocarcinoma, GS: 3+3=6,
 - LT Apex: prostatic adenocarcinoma, GS: 3+4= 7
 - LT mid: prostatic adenocarcinoma, GS: 3+3= 6
 - RT mid: prostatic adenocarcinoma, GS: 4+3= 7
 - RT apex: prostatic adenocarcinoma, GS: 3+4= 7
 - Seven cores negative for malignancy.
- 12/9/20: CT AP: mild thickening along LT peripheral zone. No abdominopelvic lymphadenopathy.

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Clinical Scenario 1-Prostate RT

No prostatectomy



- Patient dx'd w/ clinical stage IIC: T2, N0, M0
- Region treated: Pelvis, prostate, prostate & seminal vesicles. Technique: RArc

Txt Site	Total Dose	Modality	Dose/fx	Fx	Start	End
Pelvis	4500 cGy	6X	180	25	12/26/18	2/27/19
Prostate CD1	2160 cGy	6X	180	12		
Prostate CD2	1260 cGy	6X	180	7		

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If the RT treatment summary refers to beam energies, such as:

- 6X or 6MV,
- 10X or 10MV,
- 12X or 12MV,
- 15X or 15MV,

Then the treatment modality will always be 02, external beam, photons (a Linac was used to deliver the EBRT treatment).

Clinical Scenario 1-Prostate RT

No prostatectomy



LN's included

- Patient dx'd w/ clinical stage IIC: T2, N0, M0
- Region treated: Pelvis, prostate, prostate & seminal vesicles. Technique: RArc

Rapid Arc/IMRT.
Planning Technique 05

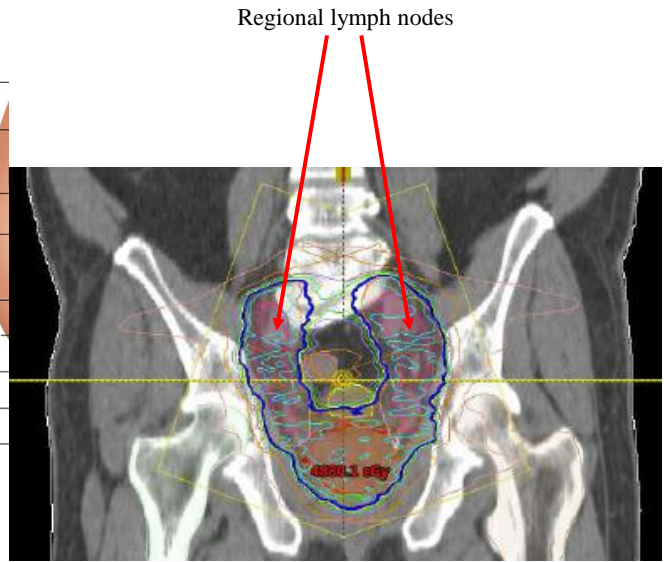
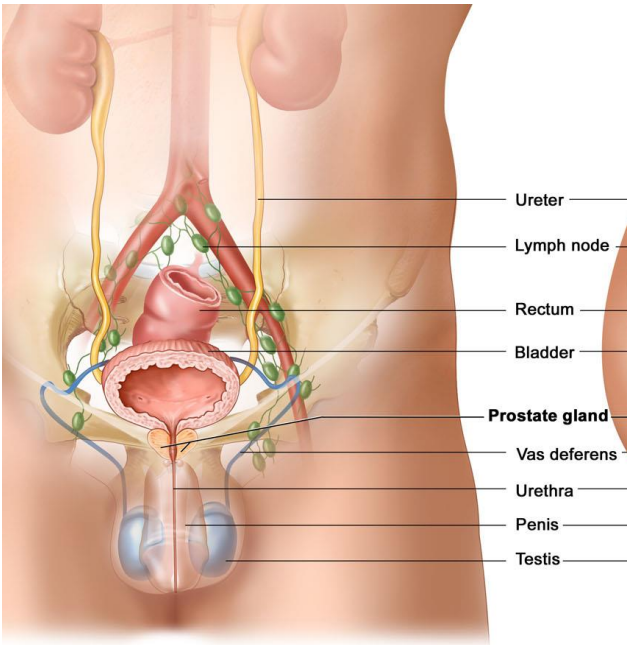
Txt Site	Total Dose	Modality	Dose/fx	Fx	Start	End
Pelvis	4500 cGy	6X	180	25	12/26/18	2/27/19
Prostate CD1	2160 cGy	6X	180	12		
Prostate CD2	1260 cGy	6X	180	7		

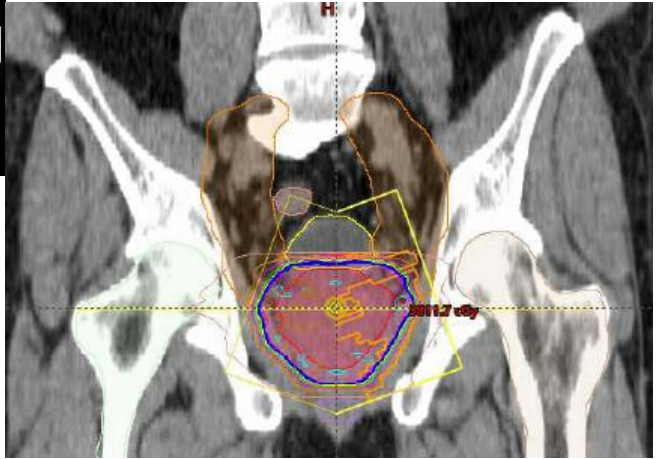
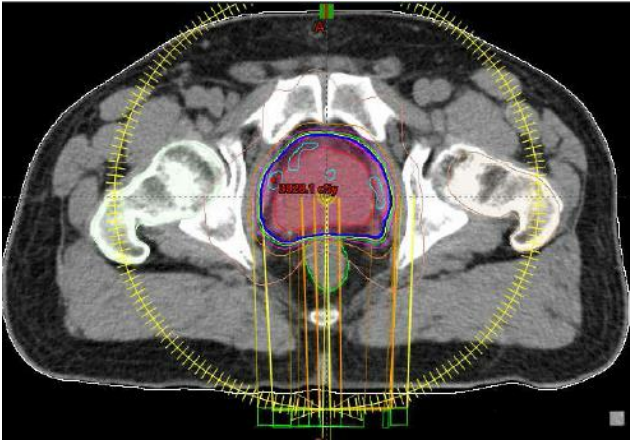
CD: cone down/boost

Photon therapy.
Modality Code 02

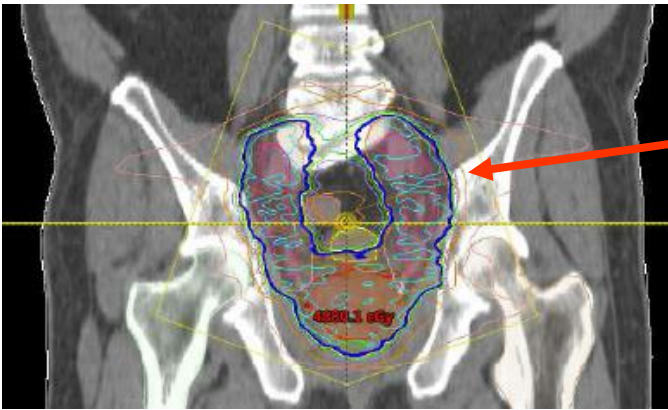


Pelvis RT to include regional lymph nodes



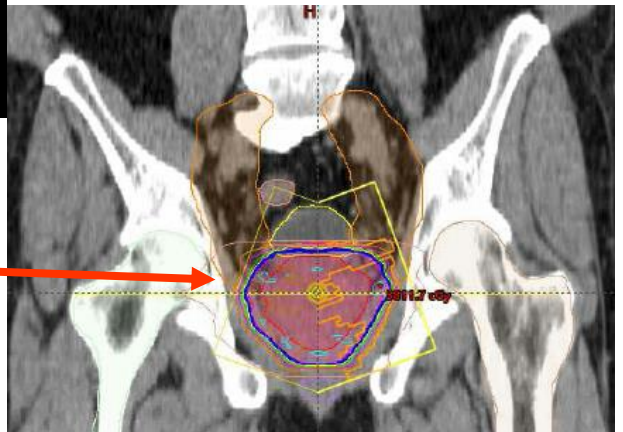


EBRT Prostate Boost



Pelvis (prostate + LNs)

Boost



Case 1- Prostate

Seg	#	Field	Code/Definition
Summary	1	Rad/Surg Sequence	0 No RT and/or surgical procedures
	2	Reason No Rad	0 Radiation was admin..
	3	Location of Rad	1 All RT at this facility
	4	Date Started/Flag	12/26/18
	5	Date Finished/Flag	2/27/19
	6	Number of Phases	03
	7	Discontinued Early	01 Radiation completed
	8	Total Dose	007920
Phase 1	9	Volume	64 Prostate
	10	Rad to Nodes	06 Pelvic lymph nodes
	11	Modality	02 External beam, photons
	12	Planning Technique	05 IMRT
	13	Number of Fractions	025
	14	Dose per Fraction	00180
	15	Total Phase 1 Dose	004500
Phase 2	16	Volume (CD/ boost)	64 Prostate
	17	Rad to Nodes	00 No RT to draining LNs
	18	Modality	02 External beam, photons
	19	Planning Technique	05 IMRT
	20	Number of Fractions	012
	21	Dose per Fraction	000180
	22	Total Phase 2 Dose	002160
Phase 3	23	Volume (CD/boost)	64 Prostate
	24	Rad to Nodes	00 No RT to draining LNs
	25	Modality	02 External beam, photons
	26	Planning Technique	05 IMRT
	27	Number of Fractions	007
	28	Dose per Fraction	001800
	29	Total Phase 3 Dose	001260

**Case 1 Rationale:**

#8: Sum of all phases.

#9: Assuming no prostatectomy.

#10: Treatment summary states that the pelvis was irradiated. This includes regional lymph nodes.

#12: RArc denotes IMRT planning technique

#17, 24: smaller CD boost volume targeted does not include lymph nodes.

Note: When EBRT is the only 1st course treatment for prostate cancer, expect total dose to **exceed 7700 cGy** (curative).

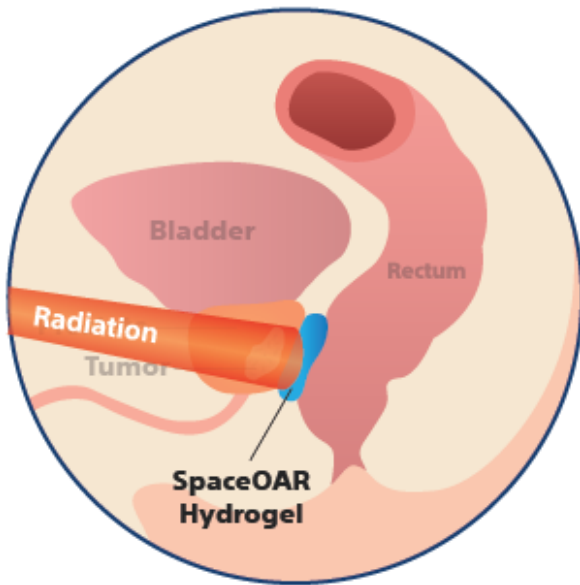
Clinical Scenario 2



- 75 y/o male who presented w/ rising PSA (10.6 ng/mL). DRE normal. Pt denies any urinary symptoms. No flank pain. No hematuria.
- Pt opted for RT vs surgery. Tomotherapy w/ SpaceOAR gel + seed implants.
- RT treatment summary:

Treatment Site	Energy	Dose/fx (cGy)	# of fx	Total Dose	Start date	End Date
Prostate/SV/Nodes	6X/Tomo	180	25/25	4,500	5/1/18	6/5/18
Prostate	I-125 seeds	10,999	1	10,999	6/11/18	6/11/18

- Prostate seed implants, 55 I-125 LDR seeds.



Increases space between prostate and rectum to reduce RT dose to the rectum.
No bearing on RT coding.

Tomotherapy



- Beam generated by **6 MV linac** mounted on a slip ring gantry.
- Ring gantry continuously rotates while pt is moved through the rotating beam plan. Dose is delivered in helical fashion.



Case 2- Prostate

Seg	#	Field	Code/Definition
Summary	1	Rad/Surg Sequence	0 No RT and/or surgical procedures
	2	Reason No Rad	0 Radiation was admin..
	3	Location of Rad	1 All RT at this facility
	4	Date Started/Flag	05/01/18
	5	Date Finished/Flag	06/11/18
	6	Number of Phases	2
	7	Discontinued Early	01 Radiation completed
	8	Total Dose	999998
Phase 1	9	Volume	64 Prostate
	10	Rad to Nodes	06 Pelvic lymph nodes
	11	Modality	02 External beam, photons
	12	Planning Technique	05 IMRT
	13	Number of Fractions	025
	14	Dose per Fraction	00180
	15	Total Phase 1 Dose	04500
Phase 2	16	Volume (CD/ boost)	64 Prostate
	17	Rad to Nodes	00 No RT to draining LNs
	18	Modality	10 Brachytherapy, interstitial, LDR
	19	Planning Technique	88 NA
	20	Number of Fractions	001
	21	Dose per Fraction	10999
	22	Total Phase 2 Dose	10999
Phase 3	23	Volume (CD/boost)	00
	24	Rad to Nodes	
	25	Modality	
	26	Planning Technique	
	27	Number of Fractions	
	28	Dose per Fraction	
	29	Total Phase 3 Dose	

**Case 2 Rationale:**

#8: Sum of all phases.

#9: You cannot add dose from EBRT and brachytherapy.

#10: Treatment summary states that the pelvic nodes were irradiated.

#12: Tomo refers to Tomotherapy, a form of rotational therapy = IMRT

#17: Brachytherapy boost targets a small volume, excluding lymph nodes.

Note: When EBRT total dose = 45 Gy, expect seed implants. Remember 45 Gy alone is not a curative range.

Clinical Scenario 3



- EBRT in 3 phases
- RT treatment summary:

Treatment Site	Energy, Technique	Dose/fx (cGy)	# of fx	Total Dose (cGy)	Start date	End Date
Prostate/SV/Nodes	6X/VMAT	180	25	4,500	8;/16/18	9/25/18
Prostate/partial SV	6X/VMAT	180	5	900	9/26/18	10/2/18
Prostate	6X/VMAT	180	14	2,520	10/3/18	10/22/18

Case 3- Prostate

Seg	#	Field	Code/Definition
Summary	1	Rad/Surg Sequence	0 No RT and/or surgical procedures
	2	Reason No Rad	0 Radiation was admin..
	3	Location of Rad	1 All RT at this facility
	4	Date Started/Flag	08/16/18
	5	Date Finished/Flag	10/22/18
	6	Number of Phases	03
	7	Discontinued Early	01 Radiation completed
	8	Total Dose	007920
Phase 1	9	Volume	64 Prostate
	10	Rad to Nodes	06 Pelvic lymph nodes
	11	Modality	02 External beam, photons
	12	Planning Technique	05 IMRT
	13	Number of Fractions	025
	14	Dose per Fraction	00180
	15	Total Phase 1 Dose	004500
Phase 2	16	Volume (CD/ boost)	64 Prostate
	17	Rad to Nodes	00 No RT to draining LNs
	18	Modality	02 External beam, photons
	19	Planning Technique	05 IMRT
	20	Number of Fractions	005
	21	Dose per Fraction	000180
	22	Total Phase 2 Dose	00900
Phase 3	23	Volume (CD/boost)	64 Prostate
	24	Rad to Nodes	00 No RT to draining LNs
	25	Modality	02 External beam, photons
	26	Planning Technique	05 IMRT
	27	Number of Fractions	014
	28	Dose per Fraction	00180
	29	Total Phase 3 Dose	2520

Case 3 Rationale:

#8: Sum of all 3 phases.

#9: Assuming no prostatectomy.

#10: Treatment summary states that the pelvic nodes were irradiated.

#12: VMAT is rotational therapy = IMRT

#17, 24: smaller CD boost volume targeted does not include lymph nodes.

Clinical Scenario 4 -Prostate SBRT

No prostatectomy



- 65 y/o male presented w/ rising PSA, 6.74 ng/mL. DRE normal. SV not palpable.
- 7/15/19, TRUS bx:
 - LT apex lat: prostatic adenocarcinoma, GS: 4+4=8
 - LT mid lat: prostatic adenocarcinoma, GS: 4+5=9
 - LT base: prostatic adenocarcinoma, GS: 4+3= 7
 - RT mid: prostatic adenocarcinoma, GS: 4+3= 7
 - RT apex lat: prostatic adenocarcinoma, GS: 3+4= 7
 - Seven cores negative for malignancy.
- 8/9/19: CT AP: Enlarged prostate. No abdominopelvic lymphadenopathy. No CT evidence of metastatic dz.

Clinical Scenario 4 -Prostate SBRT

No prostatectomy



- Patient not interested in surgery and opted for SBRT.
- RT treatment summary:

Treatment Site	Energy	Dose/fx (cGy)	# of fx	Total Dose	Start date	End Date
Prostate	10X	850	5/5	4,250	11/26/19	12/13/19

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Clinical Scenario 4 - SBRT



- SBRT treats very small volumes, typically limited to ~ 5 cm,
- Given its limitations, it cannot target the primary volume and regional lymph nodes within the same irradiated volume.
- When SBRT used, code “Radiation to Draining Lymph Nodes to 00, No RT to draining lymph nodes.

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Case 4- Prostate

Seg	#	Field	Code/Definition
Summary	1	Rad/Surg Sequence	0 No RT and/or surgical procedures
	2	Reason No Rad	0 Radiation was admin..
	3	Location of Rad	1 All RT at this facility
	4	Date Started/Flag	11/26/19
	5	Date Finished/Flag	12/13/19
	6	Number of Phases	01
	7	Discontinued Early	01 Radiation completed
	8	Total Dose	0042500
Phase 1	9	Volume	64 Prostate
	10	Rad to Nodes	00 No RT to regional lymph nodes
	11	Modality	02 External beam, photons
	12	Planning Technique	06: Stereotactic radiosurgery
	13	Number of Fractions	005
	14	Dose per Fraction	00850
	15	Total Phase 1 Dose	004250
Phase 2	16	Volume	00
	17	Rad to Nodes	
	18	Modality	
	19	Planning Technique	
	20	Number of Fractions	
	21	Dose per Fraction	
	22	Total Phase 2 Dose	
Phase 3	23	Volume	
	24	Rad to Nodes	
	25	Modality	
	26	Planning Technique	
	27	Number of Fractions	
	28	Dose per Fraction	
	29	Total Phase 3 Dose	

Case 4 Rationale:

#8: Sum of all 3 phases.

#9: Assuming no prostatectomy.

#10: Treatment summary states that the pelvic nodes were irradiated.

#12: VMAT is rotational therapy = IMRT

#17, 24: smaller CD boost volume targeted does not include lymph nodes.

Clinical Scenario 5 -Prostate SIB

No prostatectomy



- 69 y/o male presented w/ rising PSA, 9.3 ng/mL. DRE normal. SV not palpable. Positive prostatic bx (7+/12 cores, highest GS: 3+3=6, opted for EBRT with SIB/VMAT approach as detailed below:

Txt Site	Energy	Dose/fx (cGy)	Fx	Total dose (cGy)	Start date	End date
PTV75/prostate/pelvis	10X	250	30	7500	2/14/18	3/1/18
PTV 57.6/proximal SV	10X	192	30	5760	2/14/18	3/1/18
PTV48/distal SV	10X	160	30	4800	2/14/18	3/1/18

Case 4- Prostate

Seg	#	Field	Code/Definition
Summary	1	Rad/Surg Sequence	0 No RT and/or surgical procedures
	2	Reason No Rad	0 Radiation was admin..
	3	Location of Rad	1 All RT at this facility
	4	Date Started/Flag	02/14/18
	5	Date Finished/Flag	03/01/18
	6	Number of Phases	01
	7	Discontinued Early	01 Radiation completed
	8	Total Dose	007500
Phase 1	9	Volume	64 Prostate
	10	Rad to Nodes	06 RT to pelvic lymph nodes
	11	Modality	02 External beam, photons
	12	Planning Technique	05 IMRT
	13	Number of Fractions	030
	14	Dose per Fraction	00250
	15	Total Phase 1 Dose	007500
Phase 2	16	Volume	64 Prostate
	17	Rad to Nodes	00 No RT to draining lymph nodes
	18	Modality	02 External beam, photons
	19	Planning Technique	05 IMRT
	20	Number of Fractions	030
	21	Dose per Fraction	00192
	22	Total Phase 2 Dose	005760
Phase 3	23	Volume	64 Prostate
	24	Rad to Nodes	00 No RT to draining lymph nodes
	25	Modality	02 External beam, photons
	26	Planning Technique	05 IMRT
	27	Number of Fractions	030
	28	Dose per Fraction	00160
	29	Total Phase 3 Dose	004800

Case 4 Rationale:

#8: When SIB used, select the highest delivered dose.

#9: Assuming no prostatectomy.

#10: Treatment summary states that the pelvic nodes were irradiated.

#12: VMAT is rotational therapy = IMRT

#13, 20, 27: When SIB used, the number of fractions for all phases is the same.

Note: When SIB is used, do not add the total dose for each phase to get the total dose summary.

Clinical Scenario 6-Prostate VMAT & SBRT



- 67 y.o. male with high risk prostatic adenocarcinoma (cT3a by MRI (suspicious for EPE), Gleason 4+3=7, 14/17 total cores, PSA 14.5). He has been referred for radiation therapy. How would you code the VMAT (05) & SBRT/SRS (06)?

Dose Site Summary							
Site	Start Tx	Last Tx	ED	Frac	Dose	FxDose	Technique
> Rx:pelvis + prostate	5/14/2019	6/18/2019	35	25/25	4,500/4,500cGy	180cGy	4. VMAT
Rx:prostate CD	6/19/2019	6/25/2019	6	3/3	1,950/1,950cGy	650cGy	4. VMAT SBRT/SRS

Clinical Scenario 6-Prostate VMAT & SBRT



- 67 y.o. male with high risk prostatic adenocarcinoma (cT3a by MRI (suspicious for EPE), Gleason 4+3=7, 14/17 total cores, PSA 14.5). He has been referred for radiation therapy. How would you code the VMAT (05) & SBRT/SRS (06)?

LN's included

Arc/IMRT

Site	Start Tx	Last Tx	ED	Frac	Dose	FxDose	Technique
Rx:pelvis + prostate	5/14/2019	6/18/2019	35	25/25	4,500/4,500cGy	180cGy	4. VMAT
Rx:prostate CD	6/19/2019	6/25/2019	6	3/3	1,950/1,950cGy	650cGy	4. VMAT SBRT/SRS

CD: cone down/boost

Hypofractionated, short course

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Case 6- Prostate

Seg	#	Field	Code/Definition
Summary	1	Rad/Surg Sequence	0 No RT and/or surgical procedures
	2	Reason No Rad	0 Radiation was admin..
	3	Location of Rad	1 All RT at this facility
	4	Date Started/Flag	05/14/19
	5	Date Finished/Flag	06/25/19
	6	Number of Phases	02
	7	Discontinued Early	01 Radiation completed
	8	Total Dose	006450
Phase 1	9	Volume	64 Prostate
	10	Rad to Nodes	06 Pelvic lymph nodes
	11	Modality	02 External beam, photons
	12	Planning Technique	05 IMRT
	13	Number of Fractions	025
	14	Dose per Fraction	00180
	15	Total Phase 1 Dose	004500
Phase 2	16	Volume (CD/ boost)	64 Prostate
	17	Rad to Nodes	00 No RT to draining LN's
	18	Modality	02 External beam, photons
	19	Planning Technique	06 Stereotactic RT or SRS, NOS
	20	Number of Fractions	003
	21	Dose per Fraction	00650
	22	Total Phase 2 Dose	001950
Phase 3	23	Volume	00
	24	Rad to Nodes	
	25	Modality	
	26	Planning Technique	
	27	Number of Fractions	
	28	Dose per Fraction	
	29	Total Phase 3 Dose	



Case 6 Rationale:

- #8: Sum of all phases.
- #9: Assuming no prostatectomy.
- #10: Treatment summary states that the pelvis was irradiated. This includes regional lymph nodes.
- #12: VMAT denotes IMRT planning technique, with standard fractionation
- #17: smaller CD boost volume targeted does not include lymph nodes.
- #19: SBRT/SRS specifically stated and supported by hypofractionation.
- Note: Both phases delivered via EBRT, photons (same modality). This fact allows us to add the total dose for each phase, despite the use of different fractionation (180 cGy vs 650 cGy).

Clinical Scenario 7-Prostate/LNs/SV???



- 71 y.o. male with prostatic adenocarcinoma, He has been referred for radiation therapy. What is the order of phases???
- A total dose of 7920 cGy was delivered in 44 fx of 1.8 Gy to the prostate. The seminal vesicles received a total dose of 54 Gy. Pelvic LNs received a total dose of 45 Gy. Pt was treated using a sequential & VMAT approach.

Dose Site Summary							
Site	Start Tx	Last Tx	ED	Frac	Dose	FxDose	
Rx:PROSTATE ph1	4/11/2019	5/16/2019	35	25/25	4,500/4,500cGy	180cGy	
Rx:Prostate Ph3	5/24/2019	6/13/2019	20	14/14	2,520/2,520cGy	180cGy	
Rx:Prostate/SV Ph2	5/17/2019	5/23/2019	6	5/5	900/900cGy	180cGy	
Sec:total pelvis	4/11/2019	6/13/2019	63		7,920cGy		

Case 7 - Prostate

Seg	#	Field	Code/Definition
Summary	1	Rad/Surg Sequence	0 No RT and/or surgical procedures
	2	Reason No Rad	0 Radiation was admin..
	3	Location of Rad	1 All RT at this facility
	4	Date Started/Flag	05/14/19
	5	Date Finished/Flag	06/25/19
	6	Number of Phases	02
	7	Discontinued Early	01 Radiation completed
	8	Total Dose	007920
Phase 1	9	Volume	64 Prostate
	10	Rad to Nodes	06 Pelvic lymph nodes
	11	Modality	02 External beam, photons
	12	Planning Technique	05 IMRT
	13	Number of Fractions	025
	14	Dose per Fraction	00180
	15	Total Phase 1 Dose	004500
Phase 2	16	Volume (CD/ boost1)	64 Prostate
	17	Rad to Nodes	00 No RT to draining lymph nodes
	18	Modality	02 External beam, photons
	19	Planning Technique	05 IMRT
	20	Number of Fractions	005
	21	Dose per Fraction	00180
	22	Total Phase 2 Dose	000900
Phase 3	23	Volume (CD/boost2)	64 Prostate
	24	Rad to Nodes	00 No RT to draining lymph nodes
	25	Modality	02 External beam, photons
	26	Planning Technique	05 IMRT
	27	Number of Fractions	014
	28	Dose per Fraction	00180
	29	Total Phase 3 Dose	002520

Case 7 Rationale:

#8: Sum of all phases.

#9: Assuming no prostatectomy.

#10: Treatment summary states that the pelvic LNs were irradiated.

#12: VMAT denotes IMRT planning technique, with standard fractionation

#17/23: smaller CD boost volume targeted does not include lymph nodes.

Note: Sequential simply means that each fraction was delivered chronologically, different from SIB.

See clinical **case #6** in the CTR Guide for example of SV boost

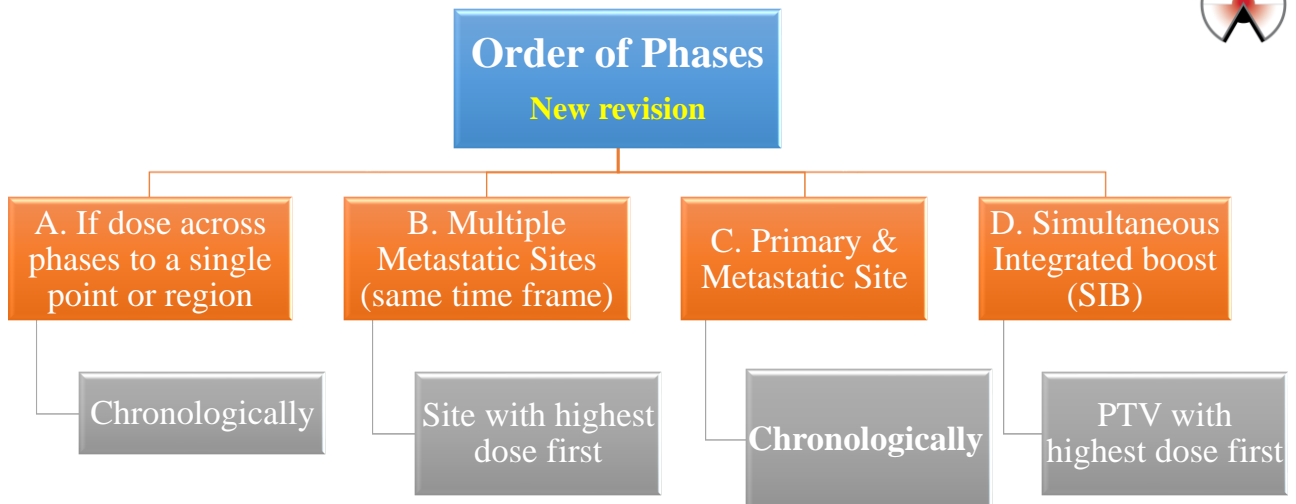


“The Brief” Update

September 12, 2019

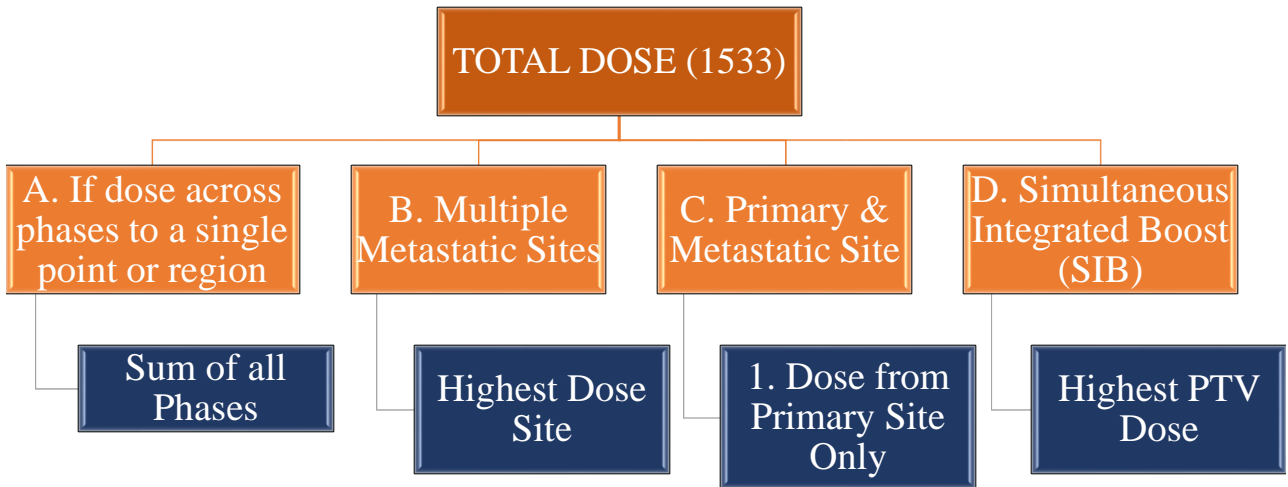
Instructions for coding multiple phases for radiation treatment

- When a radiation treatment summary has multiple PHASES (aka delivered prescriptions):
 - A. Code the phases from the earliest to latest start date.
 - B. If there are multiple phases with the same start date, code the phases from highest to lowest total dose.
 - C. If there are multiple phases with the same start date and same total dose, then any order is acceptable.



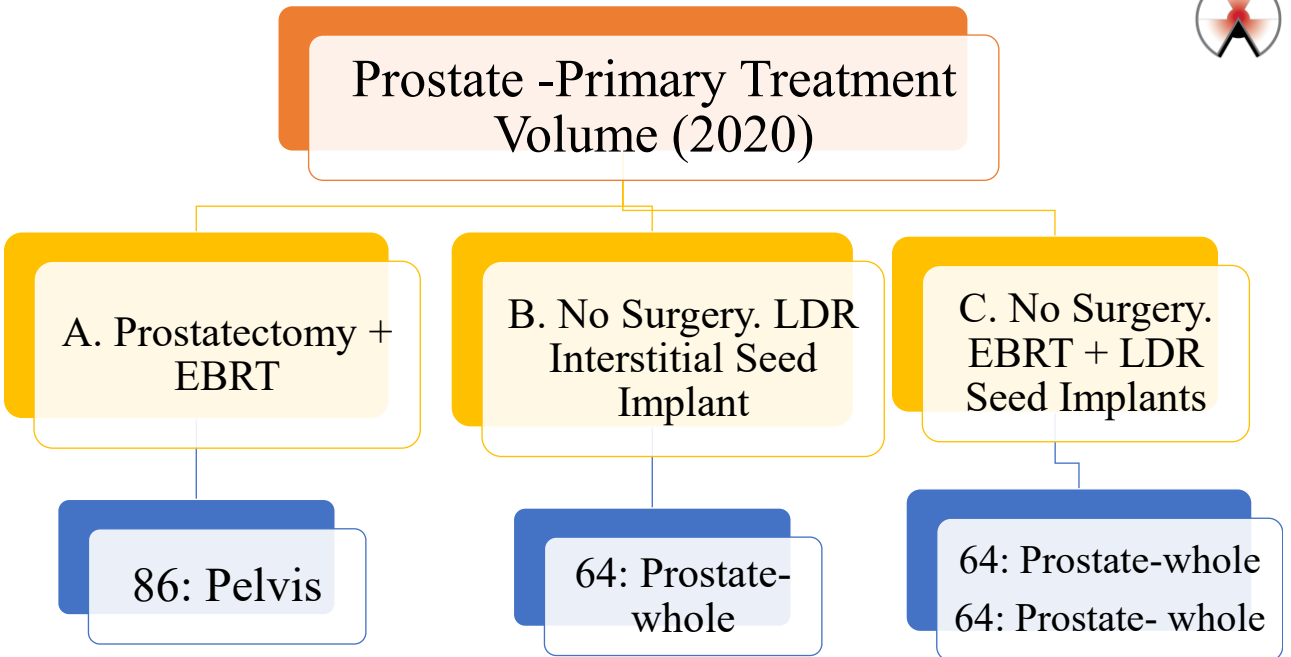
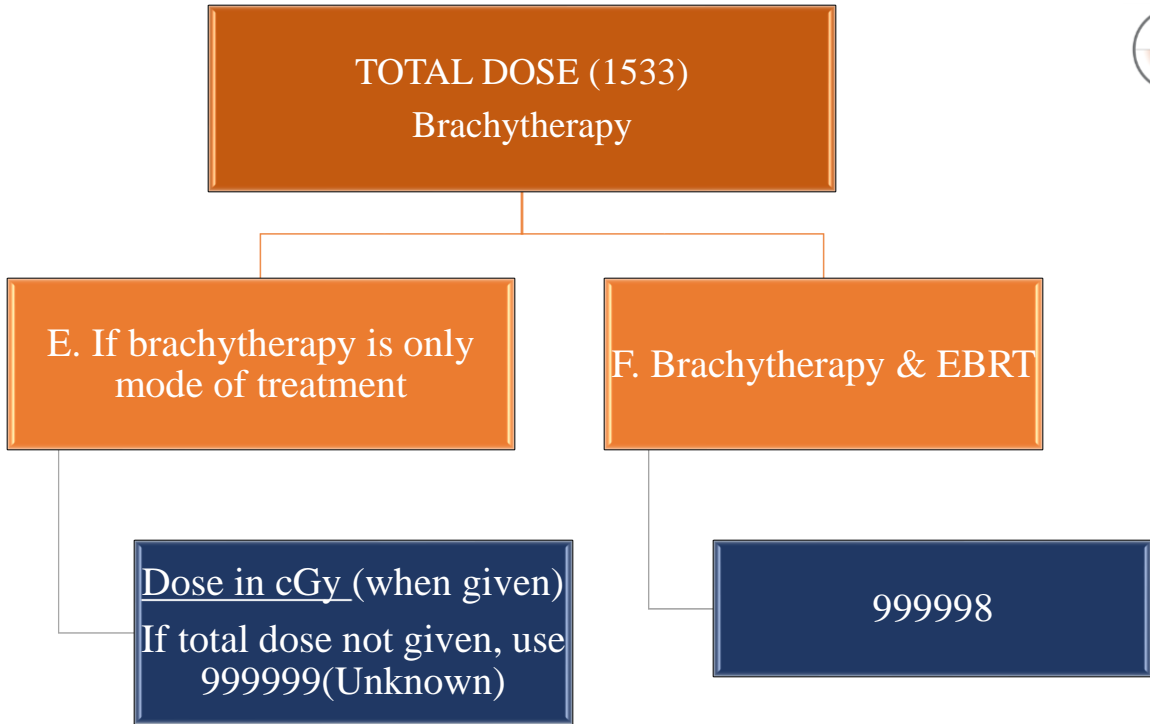
B. If multiple metastatic sites are treated at different time frames (1st course treatment), capture phases chronologically.

C. For sake of simplicity, it was determined that it is best to capture phases in chronological order, even if primary site is omitted due to the 3-phase limit (which is expected to be a rare occurrence).



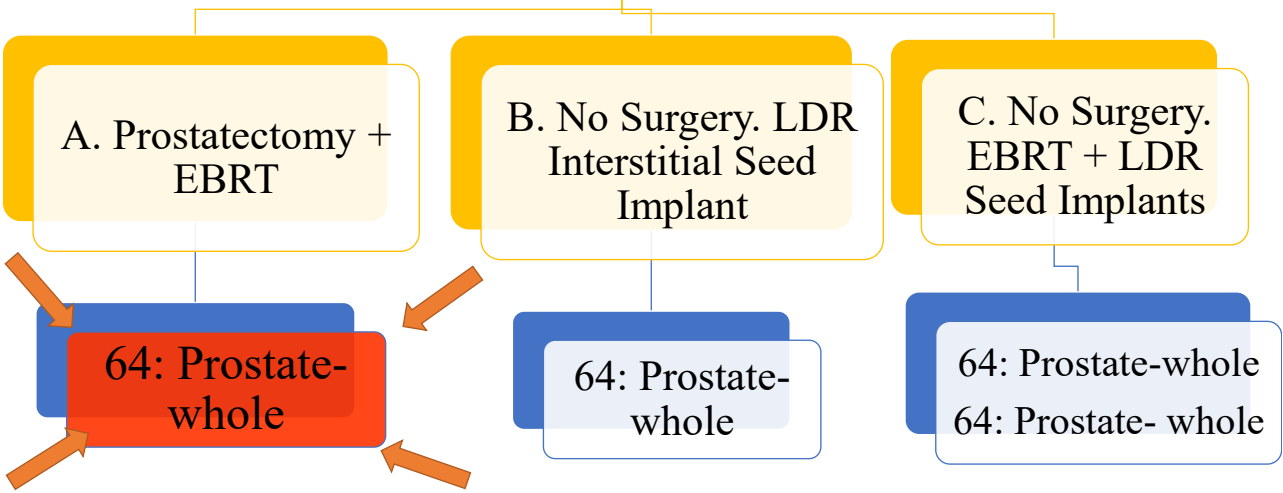
“The Brief” 2019 update

- If dose/fraction and total dose is provided in Gy or cGy units for any brachytherapy procedure, capture this information in your abstract. **Do not** use codes 99998 or 999998 if this information is found in treatment summary!
- If brachytherapy is only mode of treatment and dose is not provided in cGy, code to 999999 for total dose.
- You **cannot**, however, add dose from EBRT phase to that of brachytherapy phase to get total dose!

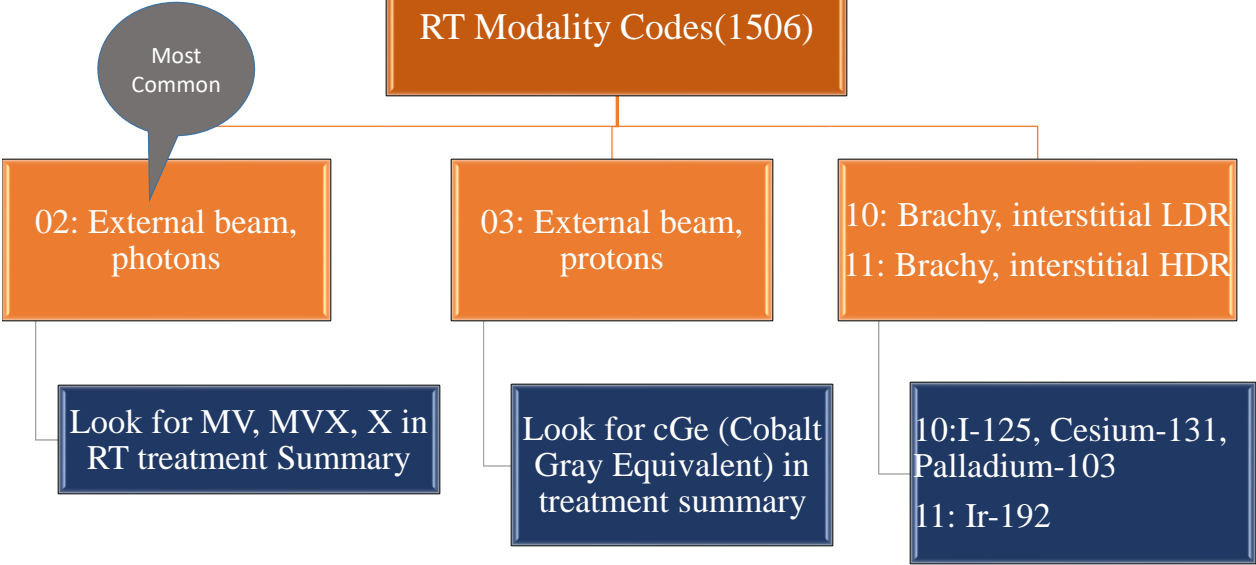




Prostate -Primary Treatment Volume (2021 forward)



RT Modality Codes(1506)



STORE & CTR Guide Updates



- Revised STORE manual to be released on November 1, 2020,
- Revised CTR Guide to be released 1st quarter of 2021

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Revised CTR Guide Highlights



- More clinical cases,
- Change to treatment volume following surgical resection of primary site: Treatment volume to be coded the same when anatomic structure is targeted or when the resected anatomic structure (tumor bed) is targeted.

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Revised CTR Guide Highlights...

- Clarification on coding **electronic brachytherapy**:
 - Modality code: 02, External beam, photons,
 - Planning technique: 02, low energy x-ray/photon therapy.

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Resources



- “Handbook of Evidence-Based Radiation Oncology”, 3rd ed. 2018 Edition
- **“Principles and Practice of Radiation Therapy” 4th edition**
Excellent textbook.
Hard copy: \$191
Kindle edition: \$147
Consider a used copy



Resources

- <https://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards/Practice-Parameters-by-Subspecialty>
- There are a couple of links you will find tremendously useful:
 - Radiation Oncology: General
 - Radiation Oncology: Radiation Therapy
 - NCCN Guidelines-provides therapeutic dose range for most sites.
 - “Understanding Radiation Therapy: A primer for tumor registrars”. *Journal of Registry Management 2019, Vol46, number 3*

[Five-Year Outcomes of a Single-Institution Prospective Trial of 19-Gy Single-Fraction High-Dose-Rate Brachytherapy for Low- and Intermediate-Risk Prostate Cancer](#)

- Research article

International Journal of Radiation Oncology*Biophysics, Volume 104, Issue 5, February 2019, Pages 1038-1044

Zaid A. Siddiqui, Gary S. Gustafson, Hong Ye, Alvaro A. Martinez, Beth Mitchell, Evelyn Sebastian, Amy Limbacher, Daniel J. Krauss

[Comparison of three moderate fractionated schedules employed in high-dose-rate brachytherapy monotherapy for clinically localized prostate cancer](#)

Research article

Radiotherapy and Oncology, Volume 129, Issue 2, September 2018, Pages 370-376

Hideya Yamazaki, Koji Masui, Gen Suzuki, Satoaki Nakamura, Ken Yoshida, Tadayuki Kotsuma, Eiichi Tanaka, Keisuke Otani, Yasuo Yoshioka, Kazuhiko Ogawa

[High-dose-rate interstitial brachytherapy as monotherapy in one fraction of 20.5 Gy for the treatment of localized prostate cancer: Toxicity and 6-year biochemical results](#)

- Research article

Brachytherapy, Volume 17, Issue 6, July 2018, Pages 845-851

Pedro J. Prada, María Ferri, Juan Cardenal, Ana García Blanco, Javier Anchuelo, Iván Díaz de Cerio, Andrés Vázquez, Maite Pacheco, Ignacio Raba, Samuel Ruiz

[Proton therapy- the modality of choice for future radiation therapy management of Prostate Cancer?](#)

Open Access - Review Article

Technical Innovations & Patient Support in Radiation Oncology, Volume 11, October 2019, Pages 1-13

Sophie Mangan, Michelle Leech

[Single dose high-dose rate \(HDR\) brachytherapy \(BT\) as monotherapy for localised prostate cancer: Early results of a UK national cohort study](#)

- Research article

Radiotherapy and Oncology, Volume 143, February 2020, Pages 95-100

Hannah Tharmalingam, Yatman Tsang, Peter Ostler, James Wylie, Amit Bahl, Anna Lydon, Imtiaz Ahmed, Christine Elwell, Ashok R. Nikapota, Peter J. Hoskin

HDR Prostate Brachytherapy

- Review Article

Seminars in Radiation Oncology, Volume 30, Issue 1, November 2019, Pages 49-60

Juanita Crook, Marina Marbán, Deidre Batchelar

Acute patient-reported bowel quality of life and rectal bleeding with the combination of prostate external beam radiation, low-dose-rate brachytherapy boost, and SpaceOAR

- Research article

Brachytherapy, Volume 19, Issue 4, April 2020, Pages 477-483

Ankur K. Patel, Christopher Houser, Ronald Benoit, Ryan P. Smith, Sushil Beriwal

A comparison of outcomes for patients with intermediate and high risk prostate cancer treated with low dose rate and high dose rate brachytherapy in combination with external beam radiotherapy

Open Access - Original Research Article

Clinical and Translational Radiation Oncology, Volume 20, October 2019, Pages 1-8

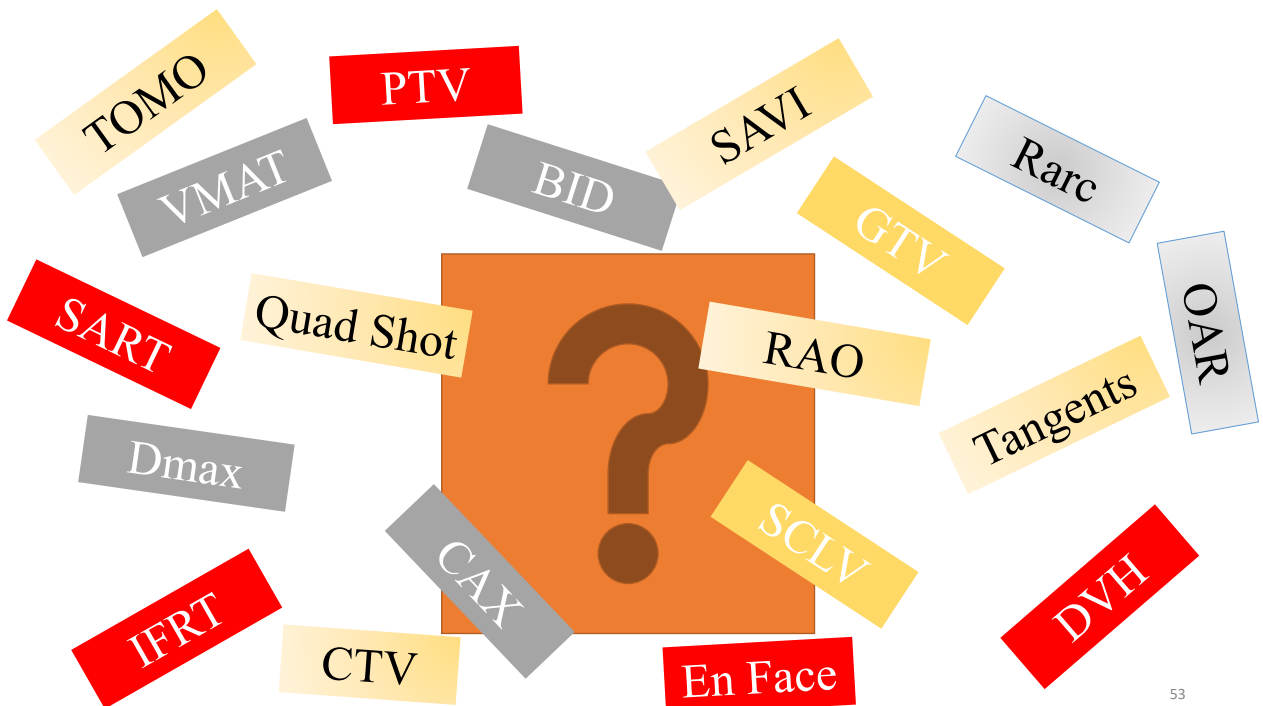
Finbar Slevin, Sree Lakshmi Rodda, Peter Bownes, Louise Murray, David Bottomley, Clare Wilkinson, Ese Adiotomre, Bashar Al-Qaisieh, Emma Dugdale, Oliver Hulson, Joshua Mason, Jonathan Smith, Ann M Henry

Brachytherapy for prostate cancer: Present and future

- Mini review

Cancer/Radiothérapie, Volume 21, Issues 6–7, August 2017, Pages 469-472

J.-M. Hannoun-Lévi



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AP/PA?

- Regarding Planning Technique code when stated as AP/PA?
 - – “Normally, in this day in age, that would be 3D. If you have a really old-fashioned approach it could be 2D. But as long as the patient underwent a CT Simulation AP/PA is still considered a 3D technique.” Dr. Brabham, NCRA 2020 Conference
- **Clarification:**
- What is the correct External Beam Radiation Planning Technique code, when planning technique stated as “AP/PA” on the treatment plan?
-
- **Code 01**-External beam, NOS or **Code 04**-Conformal or 3-D conformal therapy?

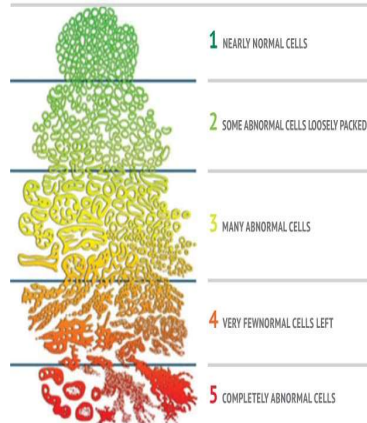
GRADE, STAGING, AND SSDI'S

Jim Hofferkamp



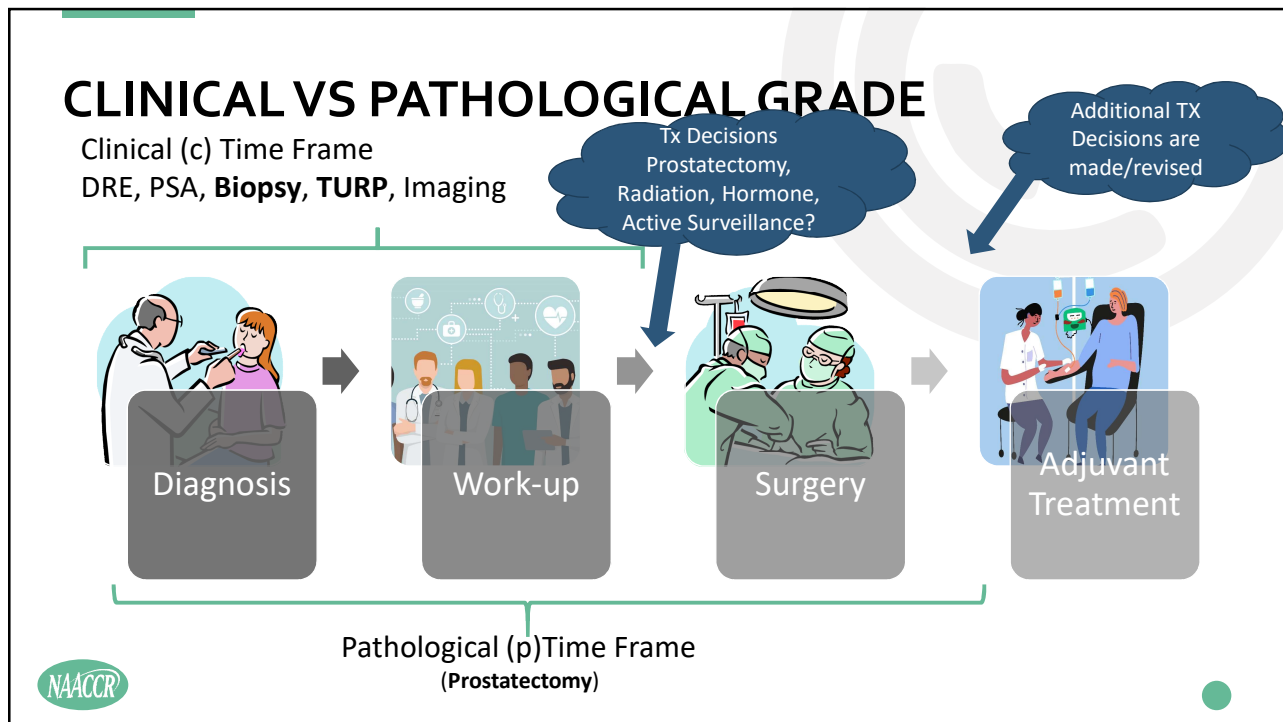
19

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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PROSTATE – GLEASON GROUPS

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

POP QUIZ 1

- 11-15-18: Prostate Bx:
 - Left lobe prostate – Gleason grade 4+3=7 **Gleason Grade Group 3**
 - Rt lobe – Negative.
- 1-22-19 Robotic Radical Prostatectomy w/ BPNL removed:
 - Acinar AdenoCA
 - Gleason 3+4=7 **Gleason Grade Group 2**
 - No extraprostatic extension, negative nodes

Grade	Value
Grade Clinical	3
Grade Pathological	3



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POP QUIZ 2

- 8-21-19: 85 year old male with acute urine retention, BPH, and PSA elevated.
 - PE: prostate firm, hard.
 - Abd = no mass.
 - Heart = wnl, Lungs clear.
- 8-21-19: Pathology: Simple Prostatectomy
 - Prostate adenocarcinoma
 - Gleason 5+4=9
 - Occupies < 5%
 - No LVI

Data Item	Value
Grade Clinical	5
Grade Pathological	9

Simple prostatectomy does not meet criteria for pathological grade.



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SITE-SPECIFIC DATA ITEMS (SSDI)

<https://apps.naaccr.org/ssdi/list/>

<https://seer.cancer.gov/tools/staging/>



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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)



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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
- **PSA Lab value = XXX.9**

PSA Lab value = 9.5



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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 must **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



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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



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POP QUIZ

- 11-15-19: 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
Grade Clinical	3
Grade Pathological	3 ←
Gleason Pattern Clinical	43
Gleason Score Clinical	07
Gleason Pattern Pathological	33
Gleason Score Pathological	06 ←
Gleason Tertiary Pattern	X9

Don't match ←



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POP QUIZ

Prostate core bx

- 1-Gleason 4+4=8
- 3-Gleason 4+3=7
- 4-Gleason 3+7=7
- 1 too small too grade
- 5 cores negative for malignancy
- Slides were reviewed elsewhere where he ultimately had RALP (Gleason grade 3+4=7) and their review of the biopsy slides showed:
 - 2-Gleason 4+3=7
 - 7-Gleason 3+4=7
 - 5- negative for malignancy

- <http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/102656-consult-slides-show-lower-grade>



Take the results from the consult.

Field	Value
Grade Clinical	3
Grade Pathological	3
Number of Cores Pos	09
Number of Cores Ex	14
Gleason Pattern Clinical	43
Gleason Score Clinical	07
Gleason Pattern Pathological	34
Gleason Score Pathological	07
Gleason Tertiary Pattern	X9

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CASE SCENARIO 1

12/2/18: prostate core bx (12 cores)

- LT Lat: prostatic adenocarcinoma, GS: 3+3=6
- LT Apex: prostatic adenocarcinoma, GS: 3+4= 7
- LT mid: prostatic adenocarcinoma, GS: 3+3= 6
- RT mid: prostatic adenocarcinoma, GS: 4+3= 7
- RT apex: prostatic adenocarcinoma, GS: 3+4= 7
- Seven cores negative for malignancy.
- *12 cores total*

Patient declined surgery and opted for EBRT.



Field	Value
Grade Clinical	3
Grade Pathological	9
Number of Cores Pos	05
Number of Cores Ex	12
Gleason Pattern Clinical	43
Gleason Score Clinical	07
Gleason Pattern Pathological	X7
Gleason Score Pathological	X7
Gleason Tertiary Pattern	X7

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CASE SCENARIO 2

Prostate Core Biopsy

- LT apex lat: benign prostate tissue
 - LT mid lat: benign prostate tissue
 - LT base lat: benign prostate tissue
 - LT apex: benign prostate tissue
 - LT mid: benign prostate tissue
 - LT base: prostatic adenocarcinoma, GS: 3+3=6, one out of two cores involved
 - RT apex: benign prostate tissue
 - RT mid: prostatic adenocarcinoma, GS: 4+3= 7, one out of two cores involved
 - RT base: prostatic adenocarcinoma, GS: 3+3= 7, 80% of tissue
 - RT apex lat: benign prostate tissue
 - RT mid lat: benign prostate tissue
 - RT base lat: prostatic adenocarcinoma, GS= 3 + 4= 7, 70% of tissue
 - 14 cores total
- Patient declined surgery and opted for EBRT.

Field	Value
Grade Clinical	3
Grade Pathological	9
Number of Cores Pos	04
Number of Cores Ex	14
Gleason Pattern Clinical	43
Gleason Score Clinical	07
Gleason Pattern Pathological	X7
Gleason Score Pathological	X7
Gleason Tertiary Pattern	X7



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CASE SCENARIO 3

Prostate core bx

- Prostate, LT base: prostatic tissue with focal high grade prostatic intraepithelial neoplasia (HGPIN),
 - Prostate, LT mid: adenocarcinoma of prostate. GS= 7(4+3), involving 60% of tissue, 1 out of 2 cores involved by tumor,
 - Prostate, LT apex: adenocarcinoma of prostate. GS= 7(4+3), involving 90% of tissue, 2 out of 2 cores involved by tumor,
 - Prostate, RT base: benign prostatic tissue,
 - Prostate, RT mid: benign prostatic tissue,
 - *Prostate RT apex: small fragment suspicious for prostatic adenocarcinoma.*
 - 8 cores total
- Radical prostatectomy
 - **Grade Group and Gleason Score:** Grade group 3 (Gleason score 4 + 3)

Field	Value
Grade Clinical	3
Grade Pathological	3
Number of Cores Pos	03
Number of Cores Ex	08
Gleason Pattern Clinical	43
Gleason Score Clinical	07
Gleason Pattern Pathological	43
Gleason Score Pathological	07
Gleason Tertiary Pattern	X7



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STAGING

AJCC, EOD, Summary Stage



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RULES FOR CLASSIFICATION

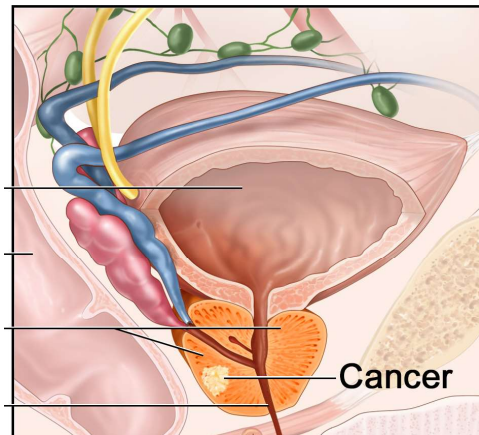
- Clinical Stage
 - Diagnosis and staging work-up
 - T value is based on DRE  See page 726 second paragraph under rules for classification
- Pathological Stage
 - Total prostatectomy or
 - Pathologic confirmation extension to the rectum, extraprostatic tissue, or extension to the seminal vesicle **AND** pathologic confirmation of a positive lymph node (highest N)
 - Pathologic confirmation of distant mets



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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

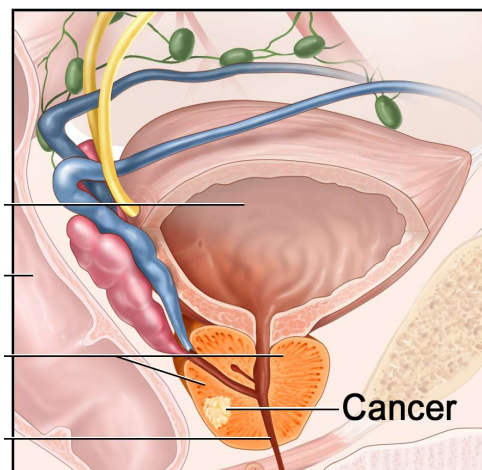


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CLINICALLY INAPPARENT TUMOR

- 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?



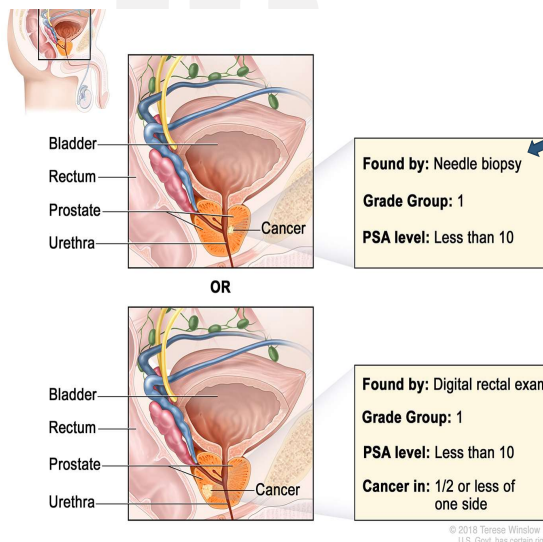
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STAGING

- “Found by: Needle Biopsy” means not identified by DRE
- If no information on DRE, cT value must be **blank**.

Data Item	Value
EOD Primary Tumor	120 200
EOD Prostate Path	300 900 950 999
EOD Mets	00
Summary Stage	1-Localized



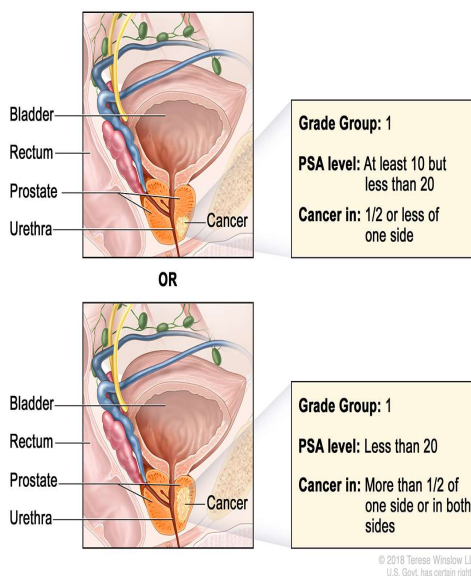
AJCC Manual 8th edition page 732

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STAGING

- “Cancer in: ½ or...” means it is palpable in ½ or ...

Data Item	Value
EOD Primary Tumor	200 210 220
EOD Prostate Path	300 900 950 999
EOD Mets	00
Summary Stage	1-Localized



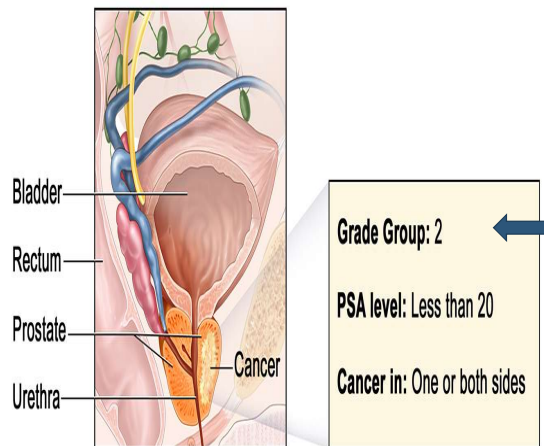
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STAGING

- “Cancer in: One or both sides” means it is palpable in one or both sides.

Data Item	Value
EOD Primary Tumor	200
	210
	220
EOD Prostate Path	300
	900
	950
	999
EOD Mets	00
Summary Stage	1-Localized



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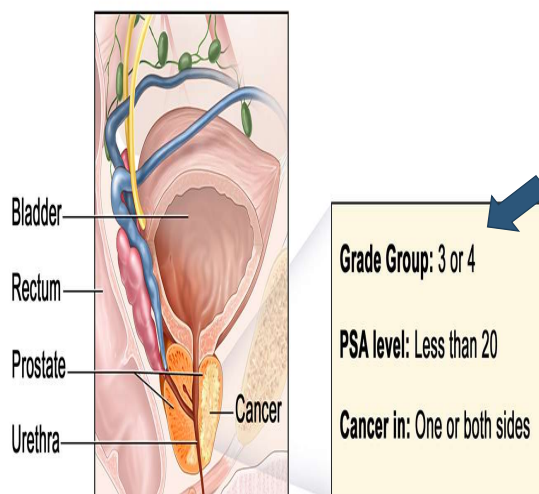
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STAGING

- “Cancer in: One or both sides” means it is palpable in on or both sides.

Data Item	Value
EOD Primary Tumor	200
	210
	220
EOD Prostate Path	300
	900
	950
	999
EOD Mets	00
Summary Stage	1-Localized



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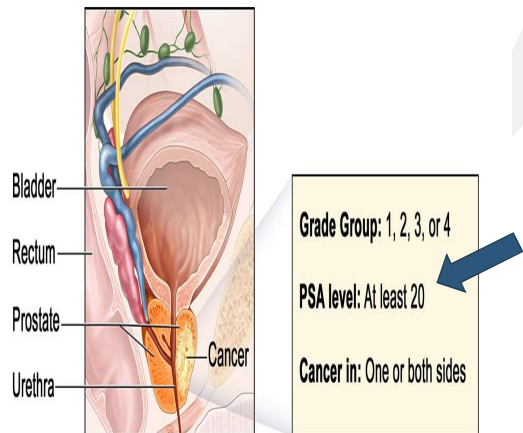
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STAGING

- “Cancer in: One or both sides” means it is palpable in on or both sides.

Data Item	Value
EOD Primary Tumor	200
	210
	220
EOD Prostate Path	300
	900
	950
	999
	EOD LN
EOD Mets	00
Summary Stage	1-Localized



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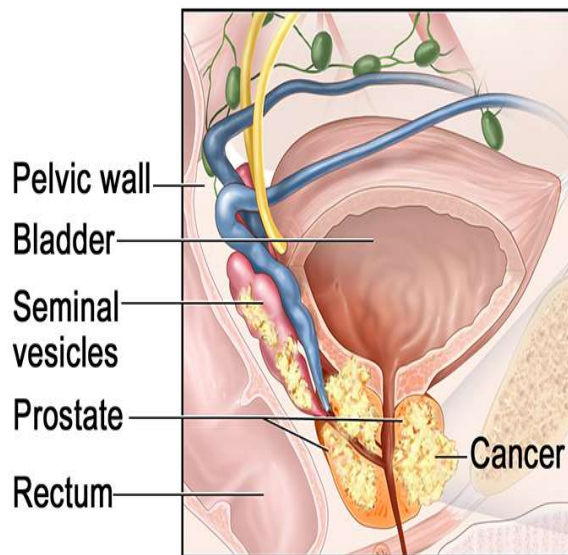


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STAGING

Data Item	Value
EOD Primary Tumor	350
	400
	500
	600
EOD Prostate Path	300
	900
	950
	999
	EOD LN
EOD Mets	00
Summary Stage	1-Localized

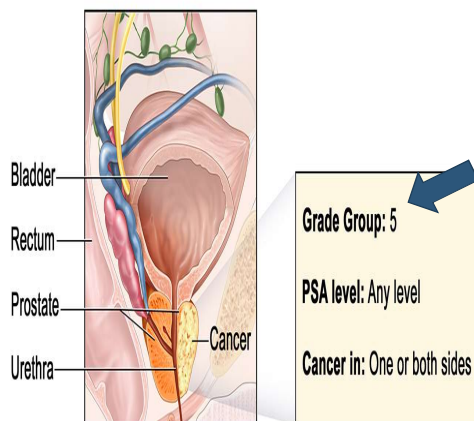


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STAGING

Data Item	Value
EOD Primary Tumor	100-999
EOD Prostate Path	300-999
EOD LN	00
EOD Mets	00
Summary Stage	1-Localized



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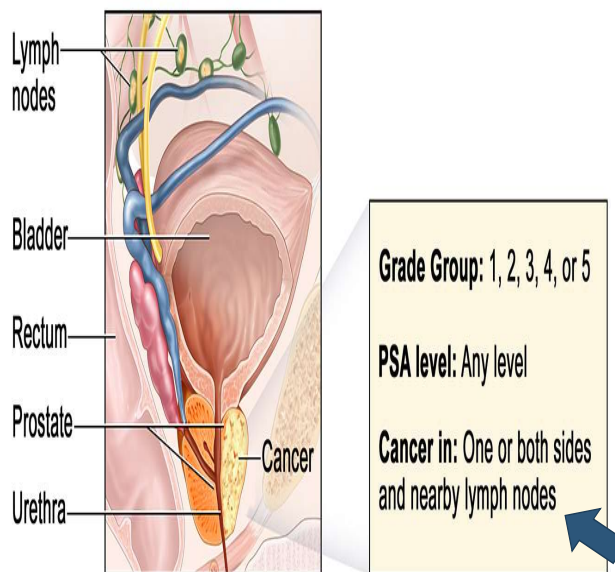


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STAGING

Data Item	Value
EOD Primary Tumor	100-700
EOD Prostate Path	300-999
EOD LN	300-800
EOD Mets	00
Summary Stage	3-Regional to LN



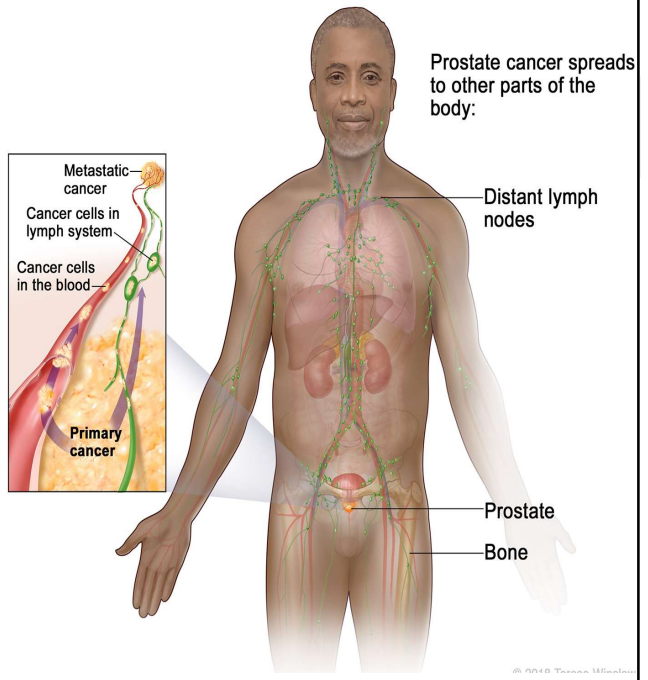
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STAGING

Data Item	Value
EOD Primary Tumor	Any
EOD Prostate Path	Any
EOD LN	Any
EOD Mets	10-70
Summary Stage	7-Distant



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CASE SCENARIO 1

- 69-year-old male presented with rising PSA, 8.78 ng/mL.
 - DRE abnormal, with nodule on LT lobe.
 - SV not palpable.
 - Pt denies hematuria or flank pain. Reports nocturia and weak stream.
 - Gleason Grade Group 3
- 12/9/20: CT AP: mild thickening along LT peripheral zone. No abdominopelvic lymphadenopathy.
- Patient declined surgery and opted for EBRT.

Data Item	Value
PSA	8.8
Gleason Grade Group	3
Clinical T	cT2
Clinical N	cN0
Clinical M	cM0
Clinical Stage	2C
EOD Primary Tumor	250
EOD Prostate Path	900
EOD LN	000
EOD Mets	00
Summary Stage	1-Local



CASE SCENARIO 2

- 75-year-old male presented with
 - Rising PSA, 10.6 ng/mL.
 - DRE normal, with no induration palpated.
 - SV not palpable.
 - Gleason grade group 3
- Patient declined surgery and opted for EBRT.



Data Item	Value
PSA	10.6
Gleason Grade Group	3
Clinical T	cT1c
Clinical N	cN0
Clinical M	cM0
Clinical Stage	2C
EOD Primary Tumor	150
EOD Prostate Path	900
EOD LN	000
EOD Mets	00
Summary Stage	1-Localized

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CASE SCENARIO 3

- 72-year-old male who presented with
 - Abnormal DRE, nodule on LT-hand side, normal seminal vesicle
 - Normal PSA at 1.6.
 - Gleason grade group 3
- MRI Pelvis
 - Lesion in LT mid-gland to apex peripheral zone and transitional zone with features consistent with prostate cancer.
 - No evidence of pelvic lymphadenopathy.



Data Item	Value
PSA	1.6
Gleason Grade Group	3
Clinical T	cT2
Clinical N	cN0
Clinical M	cM0
Clinical Stage	2C
EOD Primary Tumor	250
EOD Prostate Path	300
EOD LN	000
EOD Mets	00
Summary Stage	1-Localized

CASE SCENARIO 3

- **Procedure:** Radical Prostatectomy
 - **Histologic Type:** Adenocarcinoma, mixed acinar and ductal type
 - **Grade Group:** Grade group 3 (Gleason score 4 + 3)
 - **Tumor Quantitation:** Carcinoma present on 14 of 20 histologic sections; dominant tumor nodule measures 2.0 cm
 - **Extraprostatic Extension (EPE):** Not identified
 - **Urinary Bladder Neck Invasion:** Not identified
 - **Seminal Vesicle Invasion:** Not identified
 - **Margins:** Negative for carcinoma
- **Regional Lymph Nodes:** Uninvolved by tumor
 - **Number of Lymph Nodes Involved:** 0
 - **Number of Lymph Nodes Examined:** 2

Data Item	Value
PSA	1.6
Gleason Grade Group	3
Pathologic T	pT2
Pathologic N	pN0
Pathologic M	cM0
Pathologic Stage	2C



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FABULOUS PRIZES



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COMING UP!

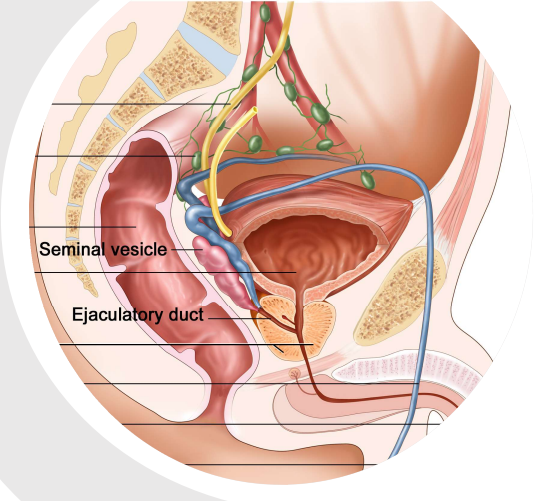
- 11/3/20 Lung 2020
 - Denise Harrison
 - Louanne Currence
- 12/3/20 Thyroid
 - Melissa Riddle
 - Jim Hofferkamp



CE'S

- Phrase
- Link
 - <https://www.surveygizmo.com/s3/5727380/Prostate-2020-20-21-series>





Seminal vesicle

Ejaculatory duct

THANK YOU!

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🌐 [HTTPS://WWW.NAACCR.ORG/](https://www.naaccr.org/)