



# Prostate MPH Rules

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SHRI VIDEO TRAINING SERIES | IOWA CANCER  
REGISTRY

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## MPH Rules Other Sites- Terms & Definitions

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For cases diagnosed 1/1/2007 to 12/31/2022

Use these rules for cases with primary prostate cancer

- Equivalent Term
  - Acinar adenocarcinoma, adenocarcinoma (For prostate primaries only)

**Headers for:**

- **Unknown if single or multiple**
- **Single Tumor**
  - **Rule M2: A single tumor is always a single primary**
- **Multiple Tumors**

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## Other Sites – Prostate

Acinar adenoca of prostate coded to 8140/3 only

### Searching Prostate in the MPH:

#### Rule M3

- Adenocarcinoma of prostate is always a single primary
- Note 1: Report only one **adenocarcinoma** of prostate per pt lifetime
- Note 2: 95% of prostate malignancies are common (acinar) adenoca histology (8140).
- Note 3: If pt has previous acinar adenoca of prostate in database and is dx with adenoca later it is a single primary.

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## Other Sites–Prostate

### Header: Single Tumor: Invasive Only

#### Rule H10

- Code 8140 (adenoca nos) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.

### Header: Multiple Tumors abstracted as Single Primary

#### Rule H20

- Code 8140 (adenocarcinoma, NOS) for prostate primaries when dx is acinar (adeno)carcinoma.

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M17 Histology  
codes differ at 2nd  
digit

## Prostate multiple primary?

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Path Report 1/14/2022 C. Prostate, prostatectomy:

Prostatic **adenocarcinoma (8140/3)**, Gleason score 4+3=7 (grade group 2), with tertiary pattern 5.

Tumor involves both lobes with focal extraprostatic extension.

All surgical margins free of tumor. Perineural invasion identified.

Lymphovascular invasion identified.

Separate incidental **well-differentiated neuroendocrine tumor (carcinoid tumor) (8240/3)**, 0.1 cm in greatest dimension confined to the prostate (chromogranin, synaptophysin, PSA, PSAP and CK7 positive) with no mitoses identified.

Seminal vesicles free of tumor.

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## Prostate Histology

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## MORPHOLOGY CODES

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- ❖ Adenocarcinoma (8140/3)
  - ❖ 95% of all prostate cancers
  
- ❖ Rare histologies (The rest of 5%)
  - ❖ Acinar adenocarcinoma, sarcomatoid 8572/3
  - ❖ Transitional cell carcinoma (8120/3)
  - ❖ Small cell carcinoma (8041/3)
  - ❖ Squamous cell carcinoma (8070/3)

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## ICD-O SITE CODE

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- ❖ **C619** Prostate Gland

Easy Enough!!!!!!!

- ❖ **C680** Prostatic Urethra

- ❖ Rarely, you may get a Transitional Cell CA arising in the prostate. This most likely arises from the prostatic urethra within the prostate (C680)

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## Prostate Grade

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## Grade Clinical

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Note 1: CANNOT BE BLANK

Note 2: Assign highest grade from primary tumor assessed clinical time frame

Note 4: Grade Codes 1-5 take priority over A-E

Note 6: For prostate, **TURP** qualifies for clinical grade only

- Simple prostatectomy ONLY qualifies for clinical grade
- Code 9
  - Grade from pri site not documented
  - Clinical workup not done (i.e. incidental finding during surgery for another condition)
  - Grade checked not applicable on CAP and no other info

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## Grade Table

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

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## Grade Pathologic

Note 1: PATH GRADE CANNOT BE BLANK

Note 3: Assign highest grade from primary tumor.

**Note 6: TURP** (or simple prostatectomy) does not qualify for surgical resection. Must be radical prostatectomy.

Note 7: Use grade from clinical workup of primary tumor based on:

- Behavior and Surgical Resection

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## Grade Pathologic

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**Note 7:** Use the grade from the **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- > **Behavior**
  - > Tumor behavior for the clinical and the pathological diagnoses are the same AND the clinical grade is the highest grade
  - > Tumor behavior for clinical diagnosis is invasive, and the tumor behavior for the pathological diagnosis is in situ
- > **Surgical Resection**
  - > Surgical resection is done of the primary tumor and there is no grade documented from the surgical resection
  - > Surgical resection is done of the primary tumor and there is no residual cancer
- > **No surgical resection**
  - > Surgical resection of the primary tumor has not been done, but there is positive microscopic confirmation of distant metastases during the clinical time frame

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## Grade Post Therapy Clin (yc)

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**Note 1:** Leave Grade Post Therapy Clin (yc) blank when:

**No neoadjuvant therapy**

**Clinical or path case only**

**Neoadjuvant therapy completed, no microscopic exam done prior to surgery/resection**

**Only 1 grade available and cannot be determined if clin, path, post therapy clin or path**

**Note 5:** TURP (or simple prostatectomy) quality for a clinical grade only

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## Grade Post Therapy Path (yp)

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Note 1: Leave post-therapy grade blank when:

- No neoadjuvant therapy
- Clinical or path case only
- Only one grade available and cannot determine if clinical, path or post therapy

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## Forum Question on Grade

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<https://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/124735-small-cell-carcinoma-grade>

Question: Small cell carcinoma to the prostate with no grade stated on TRUSBX. Can I code grade to D (undifferentiated, anaplastic), or defer to 9 because small cell does not receive Gleason Score?

Answer: Applies to all sites. For Prostate, the grade would be 5.

10/27/2022

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## SEER\*Educate

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### Training | Coding CEs

- Dx 2021-2023 EOD & SS, Grade, SSDI
- Prostate 1-10

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# Questions

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