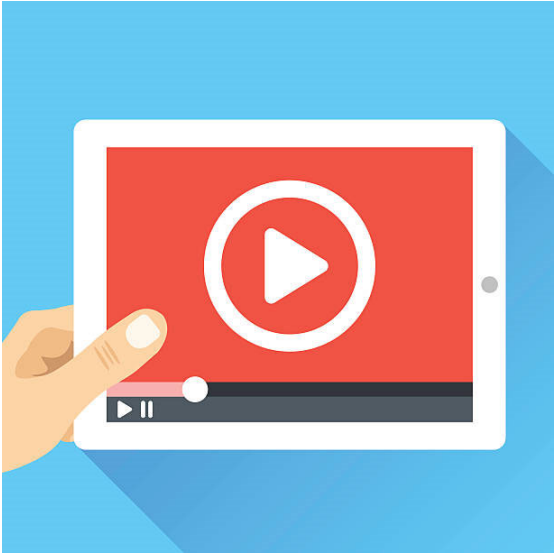


Prostate EOD SSDI

Presented by Lori Somers, RN
SHRI Video Training Series |
Iowa Cancer Registry
Recorded 3/2023



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Extent Of Disease

Prostate C619 only

EOD Data v2.1 NAACCR 2022
SEER*RSA

[EOD Home](#) > [Schema List](#) > [Prostate](#)

Prostate

Primary Site	Histology
C619	8000-8700, 8720-8790

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EOD Pri Tumor

Note 1: EOD-Tumor and Prostate Pathological Extension must be BOTH coded, whether or not prostatectomy was performed.

- Info from prostatectomy and autopsy is excluded from this field and coded only in prostate pathological extension field.

Note 2: Code this data item based on findings from DRE, needle core biopsy, TRUS, TURP and/or simple prostatectomy.

Note 3: Code 100 or 110 with a TURP only.

Note 4: Clinically inapparent and apparent tumor. When clinical apparency cannot be determined, code 300.

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Note 4 continued:

▪ **Clinically inapparent tumors** are not palpable. Physician documentation of a DRE that does not mention a palpable "tumor", "mass", or "nodule" can be **inferred as inapparent**. This would include findings limited to benign prostate enlargement/hypertrophy.

▪ **Clinically apparent tumors** are palpable.

- If a clinician documents a "tumor", "mass", or "nodule" by physical examination, **infer as apparent**. "Tumor", "mass", or "nodule" on imaging can only be used by the registrar if the managing clinician/urologist uses it.
- Imaging is not used to determine the clinical extension. If a physician incorporates imaging findings into their evaluation (including the clinical T category), **do not use** this information
- **Do not infer inapparent or apparent tumor based on the registrar's interpretation of other terms in the DRE or imaging reports.**
- Code 300 for localized cancer when it is unknown if the tumor is clinically apparent. This would include cases with elevated PSA and positive needle core biopsy but no documentation regarding tumor apparency (inapparent versus apparent).

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EOD Pri Tumor

Note 5: This field is based on the DRE whether or not the tumor is clinically apparent or inapparent. **Do not use biopsy results** to code this field UNLESS they prove extraprostatic extension.

Note 6: No info from DRE, or terms not used in Note 3, but physician assigns clinical EOD, registrar can use that. Example: DRE prostate is "firm". MD stages as cT2a. Use stage since physician documented it. TEXT who staged.

Note 7: Involvement of prostatic urethra does not alter EOD code

Note 8: Frozen pelvis, NOS code 700


Note 9: Incidental finding of prostate cancer found on prostatectomy (other reasons, code 800

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EOD Tumor

EOD Codes 100-150
Clinically inapparent
Not palpable
Incidental finding



Code	Description
000	In situ; noninvasive; intraepithelial
100	Incidental histologic finding (i.e. TURP) in 5% or less of resected tissue "clinically inapparent"
110	Incidental histologic finding (i.e. TURP) in more than 5% of resected tissue "clinically inapparent"
120	Tumor identified by needle biopsy (clinically inapparent/not palpable); i.e. for elevated PSA.
150	Incidental histological finding (i.e. TURP), number of foci or % involved not specified. "clinically inapparent/not palpable"

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EOD Tumor

Codes 200-250
Clinically apparent
Palpable
From DRE only

Code	Description
200	Involves one-half of one side or less "clinically apparent/palpable"
210	More than one-half of one side but not both sides "clinically apparent/palpable"
220	Involves both lobes/sides "clinically apparent/palpable"
250	Confined to prostate, unknown lobe involvement "clinically apparent/palpable"
300	Localized NOS; not known if clinically apparent or apparent
SS18	Codes 000-300 all localized

Code 300
Unknown if
clinically
apparent or
inapparent

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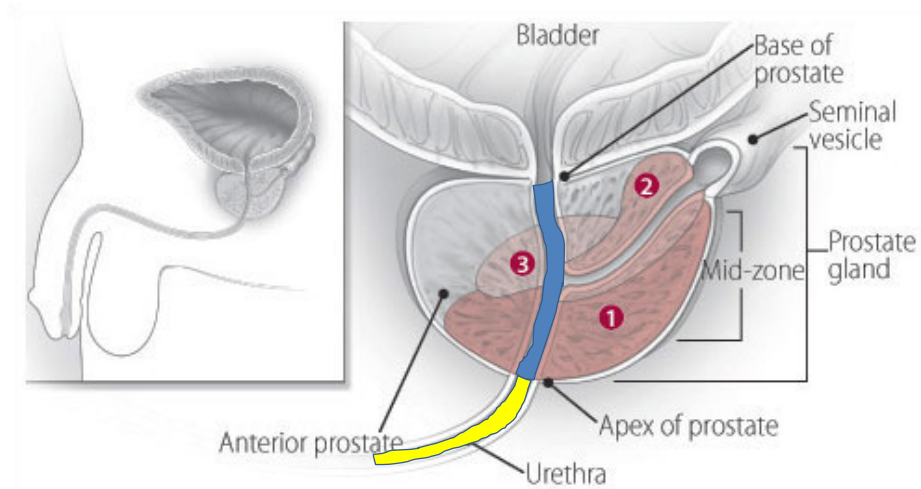
7

EOD Tumor

Code	Description
350	Bladder neck, microscopic invasion Extraprostatic extension (beyond prostatic capsule), uni, bilat, or NOS >without invasion of sem ves Extension to periprostatic tissue WITHOUT invas of sem ves
400	Tumor invades seminal vesicle(s)
500	Extraprostatic tumor that is not fixed >without invasion of adjacent structures Periprostatic extension, NOS (unkn if sem ves involved) Extraprostatic extension, NOS (unkn if sem ves involved) Through capsule, NOS
600	Bladder neck, Bladder NOS, External sphincter, Extraprostatic urethra (membranous urethra), Fixation, NOS, Levator muscles, Rectovesical fascia, rectum, skeletal muscle, ureter(s).
SS18	Codes 350-600 Regional

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Prostatic vs extraprostatic urethra



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EOD Tumor

Code	Description
700	Extension to or fixation to pelvic wall or pelvic bone "frozen pelvis" NOS Further contiguous extension including: other organs, penis, sigmoid colon, soft tissue other than periprostatic SS18 Distant
800	No evid primary tumor SS18 Unknown
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in record Death cert only SS18 Unknown

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EOD Prostate Path Extension

Note 1: Only use histologic information from radical prostatectomy and/or autopsy in this field.

➤ **Code results from TURP or simple prostatectomy in EOD Pri Tumor**

Note 2: Code 900 if there is no prostatectomy performed within the first course of treatment.

Note 3: First course of treatment in the absence of disease progression.

Note 4: When prostate cancer is an incidental finding during a prostatectomy for other reasons (for example, a cystoprostatectomy for bladder cancer), use the appropriate code for the extent of disease found.

Note 5: Involvement of the prostatic urethra does not alter the extension code.

Note 6: "Frozen pelvis" NOS code 700.

Note 7: Code 950 first course is active surveillance, but prostatectomy done at later date due to disease progression or pt changed mind

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EOD Prostate Path Extension

Code	Description
000	In situ, noninvasive, intraepithelial
300	Invasion into (but not beyond) prostatic capsule Intracapsular involvement only
SS18 - Localized	No extracapsular extension Confined to prostate, NOS Localized, NOS
350	Bladder neck, microscopic invasion Extraprostatic extension (beyond prostatic capsule), unilat, bilat, or NOS WITHOUT invasion of sem ves Extension to periprostatic tissue WITHOUT invasion of the sem ves
400	Tumor invades sem ves(s)

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EOD Prostate Path Extension

Code	Description
500	Extraprostatic tumor that is not fixed WITHOUT invasion of adjacent structures Periprostatic extension, NOS (unkn if sem ves(s) involved) Extraprostatic extension, NOS (unkn if sem ves(s) involved) Through capsule, NOS
600	Bladder neck, except microscopic bladder neck involvement Bladder NOS External sphincter, Extraprostatic urethra, fixation NOS, Levator muscles, Rectovesical fascia, rectum, skeletal muscle, ureter(s)
700	Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS
SS18 Distant	Further contiguous extension including: Other organs, penis, sig colon, soft tissue other than periprostatic

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EOD Prostate Path Extension

Code	Description
800	No evidence of primary tumor
900	No prostatectomy or autopsy performed
950	Prostatectomy performed, but not first course treatment, i.e. performed after disease progression
999	Unknown, extension not stated Unknown if prostatectomy done Primary tumor cannot be assessed Not documented in pt record

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EOD REG LN

Code	Description
000	None, no reg LN involvement
300	Specific named LNs
800	Regional LNs NOS, LNs NOS
999	Unknown; Reg LNs not stated, cannot be assessed, not documented in pt record, DCO

Includes:
 Regional
 Nodes
 Nodes NOS
 Contralateral
 &
 Bilateral
 nodes

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EOD METS

Code	Description
00	No distant mets UNKNOWN if distant mets
10	Distant Lymph Node(s) *see list
30	Bone WITH or WITHOUT distant lymph nodes(s)
50	Other metastatic site(s) WITH or WITHOUT bone and/or distant nodes, carcinomatosis
70	Distant mets NOS
99	Death Certificate only

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Prostate SSDI Fields (8)

[PSA Lab Value](#) [NAACCR Data Item #3920]

[Number of Cores Positive](#) [NAACCR Data Item #3898]

[Number of Cores Examined](#) [NAACCR Data Item #3897]

[Gleason Patterns Clinical](#) [NAACCR Data Item #3838]

[Gleason Score Clinical](#) [NAACCR Data Item #3840]

[Gleason Patterns Pathological](#) [NAACCR Data Item #3839]

[Gleason Score Pathological](#) [NAACCR Data Item #3841]

[Gleason Tertiary Pattern](#) [NAACCR Data Item #3842]

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3920 PSA LAB VALUE PROSTATE

Note 1: Physician statement of PSA can be used if no other info

Note 2: PSA is prognostic factor

Note 3: Record last pre-diagnosis PSA prior to bx and treatment. Examples.

[General Rule states PSA still has to be within 3 months of diagnosis]

Note 4: Known value takes priority over XXX.2 and XXX.3

Note 5: Discrepancy between lab PSA and doctor PSA guidelines

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3920 PSA LAB VALUE PROSTATE

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.2	Lab value not available, physician states PSA is negative/normal
XXX.3	Lab value not available, physician states PSA is positive/elevated/high
XXX.7	Test ordered, results not in chart
XXX.9	Not documented in medical record PSA lab value not assessed or unknown if assessed

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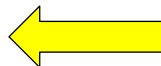
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Question:

2 PSA available in record:

11/14/2021 PSA 7.1

12/14/2021 PSA 6.8



1/9/2022 Biopsy of prostate

Which PSA do you take?

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3898/3897 # of CORES POS/EXAM

Note 1: Physician statement can be used to code when no other info

Note 2: Record number of pos/examined core biopsies from the first prostate core biopsy dx of cancer. If pos/examined cores and number not specified, code X6.

Note 3: If path report provides summary of pos/exam use summary. If no summary, and multiple cores obtained on same day, add number of cores.

Do not include cores of other areas like sem ves

Note 4: TTSB (transperineal template-guided saturation biopsy) is a stereotactic prostate biopsy that produces 30-80 cores! Alternate biopsy technique used for high-risk pts including men with persistently elev PSA.

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3898 Number CORES POS

Code	Description
00	All examined cores negative
01-99	1 - 99 cores positive (Exact number of cores positive)
X1	100 or more cores positive
X6	Biopsy cores positive, number unknown
X7	No needle core biopsy performed
X8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code X8 may result in an edit error.)
X9	Not documented in medical record Number of cores positive not assessed or unknown if assessed

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3897 Number CORES EXAM

Code	Description
01-99	1 - 99 cores examined (Exact number of cores examined)
X1	100 or more cores examined
X6	Biopsy cores examined, number unknown
X7	No needle core biopsy performed
X8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code X8 may result in an edit error.)
X9	Not documented in medical record Number of cores examined not assessed or unknown if assessed

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Forum Says:

- Consult report vs path report # of cores ex/pos
<https://cancerbulletin.facs.org/forums/node/134413>

Q: Sometimes a prostate biopsy specimen is sent to a facility's pathology department for consultation and the number of cores examined and positive is less than the original biopsy. Do we use the original biopsy pathology report or the consultation pathology report to code the number of cores examined and number of cores positive?

A: Per the general instructions in the SSDI manual, the consultation takes priority.

- Suspicious cores
<https://cancerbulletin.facs.org/forums/node/133714>

Q/A: Code suspicious cores as positive.

- Priority order for counting cores
<https://cancerbulletin.facs.org/forums/node/132306>

Path Gross; Path final summary; Op report; Physician Statement

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GLEASONS

[Gleason Patterns Clinical](#) [NAACCR Data Item #3838]

[Gleason Score Clinical](#) [NAACCR Data Item #3840]

[Gleason Patterns Pathological](#) [NAACCR Data Item #3839]

[Gleason Score Pathological](#) [NAACCR Data Item #3841]

[Gleason Tertiary Pattern](#) [NAACCR Data Item #3842]

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Forum Says:

■ Gleason's from LN bx
<https://cancerbulletin.facs.org/forums/node/133236>

Q: Can we code a **Gleason Pattern Pathological** from a pelvic lymph node biopsy or does this only come from resected prostate tissue? Patient had no prostate biopsy, TURP or prostatectomy.

A: **Per Note 2:** Code the Gleason primary and secondary patterns from a radical prostatectomy or autopsy only in this field. Unlike Grade Group Pathological, do not include patterns from tissues taken prior to prostatectomy.

You cannot code results from a lymph node biopsy in this field, nor in the Gleason Pattern Pathological. It must come from the primary site.

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#3838 Gleason Patterns Clinical

Code	Description
11	Primary pattern 1, secondary pattern 1
12	Primary pattern 1, secondary pattern 2
13	Primary pattern 1, secondary pattern 3
14	Primary pattern 1, secondary pattern 4
15	Primary pattern 1, secondary pattern 5
19	Primary pattern 1, secondary pattern unknown
21	Primary pattern 2, secondary pattern 1
22	Primary pattern 2, secondary pattern 2
23	Primary pattern 2, secondary pattern 3
24	Primary pattern 2, secondary pattern 4
25	Primary pattern 2, secondary pattern 5
29	Primary pattern 2, secondary pattern unknown
31	Primary pattern 3, secondary pattern 1
32	Primary pattern 3, secondary pattern 2
33	Primary pattern 3, secondary pattern 3

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#3840 Gleason Pattern/Score Clinical

Note 1: Physician statement can be used if no other info

Note 2: Code pattern/score from needle core bx, TRUS, TURP, or simple prostatectomy

Note 3: Code score **prior to neoadjuvant treatment**.

Note 4: Long explanation of what pattern/score are...

Note 5: If only have score, code patterns X6 (unknown)

Note 6: Multiple biopsies and results: **code the highest score**

Note 7: Multiple procedures performed, code pattern that reflects highest score

Note 8: Do not infer Primary/secondary pattern from Grade Group (code x9)

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#3840 Gleason Score Clinical

Code	Description
02	Gleason score 2
03	Gleason score 3
04	Gleason score 4
05	Gleason score 5
06	Gleason score 6
07	Gleason score 7
08	Gleason score 8
09	Gleason score 9
10	Gleason score 10
X7	No needle core biopsy/TURP performed
X8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code X8 may result in an edit error.)
X9	Not documented in medical record Gleason Score Clinical not assessed or unknown if assessed

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#3839 Gleason Patterns Pathological

Info from prostatectomy or autopsy only

Code	Description
11	Primary pattern 1, secondary pattern 1
12	Primary pattern 1, secondary pattern 2
13	Primary pattern 1, secondary pattern 3
14	Primary pattern 1, secondary pattern 4
15	Primary pattern 1, secondary pattern 5
19	Primary pattern 1, secondary pattern unknown
21	Primary pattern 2, secondary pattern 1
22	Primary pattern 2, secondary pattern 2
23	Primary pattern 2, secondary pattern 3
24	Primary pattern 2, secondary pattern 4
25	Primary pattern 2, secondary pattern 5
29	Primary pattern 2, secondary pattern unknown
31	Primary pattern 3, secondary pattern 1

Example: Gleason pattern from prostatectomy states 3+1 = 4. Code 31 for the pattern.



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#3841 Gleason Score Pathological

Note 1: Physician statement of pathologic score may be used when no other info.

Note 2: Code Gleason Score Pathological from the radical prostatectomy or autopsy only. Do not include patterns/score taken from tissue prior to radical prostatectomy.

Note 3: Lengthy notes explaining pattern/score...read

Note 4: If neoadjuvant therapy was given, code Gleason score path to X9

Note 5: Do not infer Gleason Score from Grade group (code X9)

Note 6: Record Gleason score based on addition of pri and sec patterns coded in #3839.

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#3841 Gleason Score Pathological

Info from radical
prostatectomy
or autopsy only

Code	Description
02	Gleason score 2
03	Gleason score 3
04	Gleason score 4
05	Gleason score 5
06	Gleason score 6
07	Gleason score 7
08	Gleason score 8
09	Gleason score 9
10	Gleason score 10
X7	No radical prostatectomy/autopsy performed
X8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code X8 may result in an edit error.)
X9	Not documented in medical record Gleason Score Pathological not assessed or unknown if assessed Unknown if radical prostatectomy done

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#3842 Gleason Tertiary Pattern

Note 1: Physician statement of tertiary pattern may be used if no other info.

Note 2: If present, a high Gleason Tertiary Pattern appears to be an indication for a worse outcome.

Note 3: Record the tertiary pattern documented on radical prostatectomy or autopsy only. Record tertiary pattern **prior to neoadjuvant therapy**.

Note 4: The CAP Protocol does NOT include patterns 1 and 2 for Tertiary Pattern.

Note 5: If neoadjuvant therapy was given, code to X9.

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#3842 Gleason Tertiary Pattern

Info from radical prostatectomy or autopsy only

Code	Description
10	Tertiary pattern 1
20	Tertiary pattern 2
30	Tertiary pattern 3
40	Tertiary pattern 4
50	Tertiary pattern 5
X7	No radical prostatectomy/autopsy performed
X8	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code X8 may result in an edit error.)
X9	Not documented in medical record Gleason Tertiary Pattern not assessed or unknown if assessed

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Exercise #1

2/24/2022 Pathology: Prostate and seminal vesicles, radical prostatectomy:

Adenocarcinoma, Gleason score 3 + 4 = 7 (Grade Group 2) with tertiary pattern 5 (approximately 25%).

Tumor present in both lobes and apex. Focal high grade prostatic intraepithelial neoplasia. Perineural invasion identified. Lymphovascular space invasion identified. No extraprostatic extension identified. Seminal vesicles free of tumor. Left apex margin involved by tumor (length of 2 mm, pattern 3). All other surgical margins free of tumor.

SSDI Field	Code
Gleason Score Clinical	
Gleason Patterns Clinical	
Gleason Score Pathological	
Gleason Patterns Pathological	
Gleason Tertiary Pattern	

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Exercise #2

3/17/2022 Pathology: Prostate, radical prostatectomy:

Adenocarcinoma, Gleason score 4+3=7 (Grade Group 3) with tertiary pattern 5.

Tumor involves both prostate lobes, left and right apex and right base. Tumor invades left and right seminal vesicles. Perineural invasion identified. No lymphovascular invasion. Margins not involved, closest posterior left level 5 and right apex margins less than 0.1 cm.

AJCC 8th edition stage pT3b pN1.

SSDI Field	Code
Gleason Score Clinical	
Gleason Patterns Clinical	
Gleason Score Pathological	
Gleason Patterns Pathological	
Gleason Tertiary Pattern	

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Exercise #3

5/23/22 Pathology: Prostatectomy-Prostate, 50.76 grams, prostatectomy:

Adenocarcinoma, Gleason score 3+4 = 7 (Grade Group 2), with a tertiary pattern of 5, involving bilateral lobes, with focal extraprostatic extension (L10 and L16). Perineural invasion (extensive) identified. No lymphovascular invasion identified. Right seminal vesicle, positive for carcinoma. Left seminal vesicle, no tumor identified. All resection margins free of carcinoma.

SSDI Field	Code
Gleason Score Clinical	
Gleason Patterns Clinical	
Gleason Score Pathological	
Gleason Patterns Pathological	
Gleason Tertiary Pattern	
Gleason Pattern on CAP	
Primary Gleason Pattern	Pattern 3
Secondary Gleason Pattern	Pattern 4
Tertiary Gleason Pattern	Pattern 5
Total Gleason Score	7

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Grade Exercise #1

2/24/2022 Pathology: Prostate and seminal vesicles, radical prostatectomy:

Adenocarcinoma, Gleason score 3 + 4 = 7 (Grade Group 2) with tertiary pattern 5 (approximately 25%).

Tumor present in both lobes and apex. Focal high grade prostatic intraepithelial neoplasia. Perineural invasion identified. Lymphovascular space invasion identified. No extraprostatic extension identified. Seminal vesicles free of tumor. Left apex margin involved by tumor (length of 2 mm, pattern 3). All other surgical margins free of tumor.

SSDI Field	Code
Grade Clinical	
Grade Pathological	
Grade Post Therapy Clin (yc)	blank
Grade Post Therapy Path (yp)	blank

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Grade Exercise #2

2/17/2022 Prostate needle biopsy for elev PSA. pT1c Adenocarcinoma of prostate, Gleason 3+4=7.

3/17/2022 Prostate, radical prostatectomy: Adenocarcinoma, Gleason score 4+3=7 (Grade Group 3) with tertiary pattern 5.

Tumor involves both prostate lobes, left and right apex and right base.....Margins not involved, closest posterior left level 5 and right apex margins less than 0.1 cm.

AJCC 8th edition stage pT3b pN1.

SSDI Field	Code
Grade Clinical	
Grade Pathological	
Grade Post Therapy Clin (yc)	blank
Grade Post Therapy Path (yp)	blank

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Grade Exercise #3

4/23/21 Prostate needle biopsy: Gleason score 4+4=8.


5/23/21 Prostatectomy- Prostate, 50.76 grams, prostatectomy: Adenocarcinoma, Gleason score 4+3 = 7 (Grade Group 3), with a tertiary pattern of 5, involving.....All resection margins free of carcinoma.

SSDI Field	Code
Grade Clinical	
Grade Pathological	
Grade Post Therapy Clin (yc)	blank
Grade Post Therapy Path (yp)	blank

Gleason Pattern on CAP	
Primary Gleason Pattern	Pattern 4
Secondary Gleason Pattern	Pattern 3
Tertiary Gleason Pattern	Pattern 5
Total Gleason Score	7

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SEER*Educate

Training | Coding CEs

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

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Questions?

Contact Info
Lori Somers, RN
Training & Quality Improvement
State Health Registry of Iowa
lori-somers@uiowa.edu



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