

Prostate STR & Grade

PRESENTED BY MELISSA RIDDLE, ODS-C
ICR VIDEO TRAINING SERIES | IOWA CANCER
REGISTRY

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Solid Tumor Rules (STR)

The **most recent STR** should be used *as soon as it is released*

- Each update contains start years for when **NEW** codes become valid and **NEW** instructions are active
- If no associated date or instruction, then it can be applied back to **2023 for Other Sites** (prostate)
- Other Sites for cases diagnosed 2007-2022 use MPH rules/instructions
- Current *STR manual* (2025) is consolidated
- Download is recommended:
https://seer.cancer.gov/tools/solidtumor/current/STM_Combined.pdf

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Solid Tumor Rules (STR)

Prostate C619

- *Other sites* of STR and MP/H
- When was your case diagnosed?
 - **2023+** Use current STR manual
 - https://seer.cancer.gov/tools/solidtumor/current/STM_Combined.pdf
 - **2007-2022** use MP/H rules
 - Where can I find the MP/H rules?
 - SEER website – Historical Staging and Coding
 - <https://seer.cancer.gov/tools/mphrules/download.html>

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ICD-O SITE CODE

- **C619** Prostate Gland – Other sites
Easy Enough!!!!!!
- **C680** Prostatic Urethra – Urinary sites
 - 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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Other Sites STR

Prostate Histologies – Table 3

- Common histology types for prostate
- Coding Notes:
 - **Ductal Adenocarcinoma**
 - Biopsy – “adenocarcinoma of prostate with ductal features” code **8140/3**
 - Radical prostatectomy - Ductal component MUST be <50% of tumor and percentage reported to code **8500/3**
 - **Intraductal carcinoma of prostate** 8500/2
 - Most often associated with invasive acinar adenocarcinoma or ductal carcinoma

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Other Sites STR

Prostate Table 3 cont.

- Mucinous adenocarcinoma
 - Excision specimens ONLY - mucinous adenocarcinoma component must comprise **>25% tumor** code **8480/3**
- Sarcomatoid carcinoma 8572/3
 - **Exceedingly rare**
 - Commonly occurs during the development of high-grade adenoca, espically after XRT
- Signet ring cell-like adenocarcinoma
 - Excision specimens ONLY – signet ring like cells must comprise **>25% tumor** code **8490/3**

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NOS/Specific	Synonym	Subtype/Variant
Acinar Adenocarcinoma 8140 <i>Note:</i> Ductal/intraductal adenoca 8500 is also a NOS with the following s/v: <ul style="list-style-type: none">• Cribriform adenoca 8201/3• Papillary adenoca 8260/3• Solid adenoca 8230/3	Acinar carcinoma Adenoca in situ 8140/2 Adenocarcinoma NOS 8140/3 Adenocarcinoma with ductal features 8140/3	Acinar adenoca, sarcomatoid variant 8572 Ductal/intraductal adenoca 8500 <ul style="list-style-type: none">• Cribriform 8201• Papillary 8260• Solid 8230 Mucinous (colloid) adenoca 8480 Signet ring-like cell adenoca 8490
Adenocarcinoma w/ neuroendocrine differentiation 8574/3 <i>Note 1:</i> histology is considered treatment-related neuroendocrine prostatic CA <i>Note 2:</i> Code 8574/3 ONLY when there is NO previous hx of prostate adenoca or hx of androgen-deprivation tx		

Prostate Table 3

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Multiple Primary Rules

OTHER SITES - PROSTATE

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Multiple Primary Rules

Unknown if Single or Multiple Tumors

- M1 – Single primary
 - Use this rule AFTER all information sources have been exhausted
 - Limited information cases

Single Tumor

- M2 – Single Primary
 - Single tumor is ALWAYS a single primary

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Multiple Primary Rules

Multiple Tumors

- **M3** – Acinar Adenocarcinoma (8140) of prostate is **ALWAYS** a **single primary**
 - 95% of prostate malignancies are the common (acinar) adenocarcinoma histology
 - Applies to multiple occurrences of acinar adenoca of prostate and/or subtype/variant (Table 3)
- **M4** – Small cell carcinoma of prostate more than 1 year following a diagnosis of acinar adenocarcinoma (include s/v) is **multiple primaries**
 - Small cell carcinoma of prostate is rare

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Prostate Case Example

Path Report 1/14/2024 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.

How many primaries?

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Prostate Case Example

M3	• Acinar Adenoca 8140	Single
M4	• Small cell ca more than 1yr after adenoca prostate	Multiple
M5	• Retinoblastoma	Single
M6	• Kaposi Sarcoma	Single

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Prostate Case Example

M7	• Thyroid – Follicular/Papillary	Single
M8	• Thyroid – anaplastic CA and other histologies	Multiple
M9	• Ovary - Bilateral	Single
M10	• Bilateral of paired site Table 1	Multiple
M11	• Adenomatous polyposis coli in multiple polyps	Single

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Prostate Case Example

M12	• Clinically NED for more than 1 year	Multiple
M13	• Different primary site codes	Multiple
M14	• Specific sites differ at 4 th character of primary site	Multiple
M15	• Frank adenoca and adenoca in polyp	Single

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Prostate Case Example

M16	<ul style="list-style-type: none"> Multiple in situ and/or malig polyps 	Single
M17	<ul style="list-style-type: none"> Separate/non-contiguous tumor 2+ different s/v Table 3 	Multiple
M18	<ul style="list-style-type: none"> Synchronous, separate/non-contiguous tumors on same row Table 3 	Single
M19	<ul style="list-style-type: none"> Separate/non-contiguous tumors on multiple rows Table 3 – Multiple primaries Adenocarcinoma and NET on multiple separate rows 	



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Histology Rules

OTHER SITES - PROSTATE

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Histology Rules Headers

Single Tumor: In-Situ Only (all behaviors are in situ)

- H1-H7

Single Tumor: Invasive and In Situ Components

- H8

Single Tumor: Invasive Only

- H9-H21

Multiple Tumors Abstracted as a Single Primary

- H22-H35

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Prostate Histology – Table 3

Description	Code/Histology	Single Tumor: Invasive	Mult Abstract Single
When diagnosis is: <ul style="list-style-type: none"> • Acinar adenocarcinoma OR • Adenocarcinoma OR • Adenocarcinoma w/ ductal features OR • Atrophic adenocarcinoma OR • Foamy gland adenocarcinoma OR • Microcystic adenocarcinoma OR • Pseudohyperplastic adenocarcinoma OR • Prostatic intraepithelial-like CA 	8140	H11	H24
NOS histology and <u>SINGLE</u> s/v of that NOS Table 3	Code subtype/variant	H15	H34
Combination of invasive and in situ	Code invasive histology		H32

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Prostate Case Example

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- Seminal vesicles free of tumor.

What are the appropriate histologies?

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Single Tumor: Invasive Only

H9 – Path/Cytology not available

H10 – No path/cyto from primary site

H11 – Code 8140 for prostate primaries when diagnosis is:

- Acinar Adenocarcinoma OR
- Adenocarcinoma



H12 – Code histology when there is only one type



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Prostate Case Example

MP Rule	Primary Site	Histology Rule	Histology
M19	C619	H11	8140 (adenocarcinoma)
M19	C619	H12	8240 (well diff NET)

Specific or NOS Terms and Code	Synonym	Subtypes/Variants
Acinar adenocarcinoma 8140 <i>Note:</i> Ductal/intraductal adenocarcinoma 8500 is also a NOS with the following subtypes/variants: Cribriform adenocarcinoma 8201/3 Papillary adenocarcinoma 8260/3 Solid adenocarcinoma 8230/3	Acinar carcinoma Adenocarcinoma in situ 8140/2 Adenocarcinoma NOS 8140/3 Adenocarcinoma with ductal features 8140/3 Atrophic adenocarcinoma 8140/3 Foamy gland adenocarcinoma 8140/3 Microcystic adenocarcinoma 8140/3 Pseudohyperplastic adenocarcinoma 8140/3 Prostatic intraepithelial-like carcinoma 8140/3	Acinar adenocarcinoma, sarcomatoid variant 8572 Ductal/intraductal adenocarcinoma 8500 Cribriform adenocarcinoma 8201 Papillary adenocarcinoma 8260 Solid adenocarcinoma 8230 Mucinous (colloid) adenocarcinoma 8480 Signet ring-like cell adenocarcinoma 8490
Neuroendocrine tumor 8240/3 <i>Note 1:</i> 50% of SmCC of prostate cases present as a de novo malignancy <i>Note 2:</i> SmCC of the prostate often occurs following androgen deprivation treatment for acinar adenocarcinoma	Well differentiated neuroendocrine tumor WD neuroendocrine tumor	Large cell neuroendocrine carcinoma 8013/3 Small cell neuroendocrine carcinoma 8041/3

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Prostate Grade

TABLE 17

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Grade Table 17

Description	Code	
Grade group 1: Gleason score less than or equal to 6	1	Preferred grade coding; Use over A-E
Grade group 2: Gleason 7 (3+4)	2	
Grade group 3: Gleason 7 (4+3)	3	
Grade group 4: Gleason 8	4	
Grade group 5: Gleason 9 or 10	5	
Well Differentiated	A	Generic Grade coding
Moderately differentiated	B	
Poorly differentiated	C	
Undifferentiated; Anaplastic	D	
Gleason score 7 – no patterns documented; combination not included in codes 2 or 3	E	Use when pattern unknown
Unknown; Not assessed; Not specified	9	

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Grade Clinical

- Can **NOT** be blank
- Assign the highest grade during the clinical timeframe
- TURP or Simple Prostatectomy = clinical grade **ONLY**
- Code 9 when:
 - Grade from primary site unknown
 - Clinical workup is not done
 - “Not applicable” checked on CAP protocol and no other grade information is available

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Grade Pathological

- Can **NOT** be blank
- If clinical grade uses preferred grading (1-5) and pathologic grade uses generic grading (A-D), then **DO NOT** use grade clinical as grade pathological
- Assign highest grade from pathological timeframe
- Radical prostatectomy = Grade Pathological

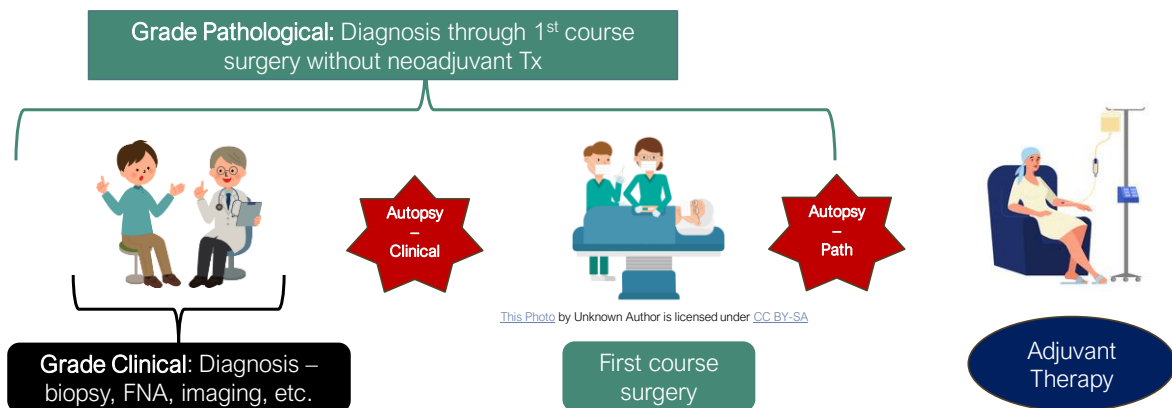
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Grade Pathological

- Use grade from clinical work up based on:
 - **Behavior**
 - Tumor behavior for clinical and pathological diagnoses are the same **AND** clinical grade is highest
 - Clinical behavior is invasive and pathologic is in situ
 - **Surgical Resection**
 - Resection of primary tumor and there is no grade documented from surgery
 - Resection of primary and there is **NO** residual disease
 - **No Surgical Resection**
 - No resection of primary tumor, but positive microscopic confirmation of distant metastasis during clinical timeframe

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Clinical & Path Grade Coding Timeframe



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Grade Post-Therapy Clinical (yc)

- Leave blank when:
 - No neoadjuvant therapy
 - Clinical or pathological case only
 - Neoadjuvant therapy completed
 - NO microscopic exam done prior to surgery/resection primary tumor
 - Only one grade available – can't be determined which timeframe
- Assign highest grade during post-therapy clinical timeframe
- Code 9 when:
 - Micro exam done of primary after neoadj therapy and grade not documented
 - Micro exam done after neoadj therapy and no residual cancer
 - Grade checked "not applicable" on CAP

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Grade Post-Therapy Path (yp)

- Leave blank when:
 - No neoadjuvant therapy
 - Clinical or pathologic case only
 - Neoadjuvant therapy completed – Surgical resection **NOT** done
 - Only one grade available and unknown which timeframe
- If post-therapy clinical grade uses preferred system and post-therapy path grade does not use preferred grade, then do NOT record post-therapy clinical in post-therapy path grade data item
- Assign highest grade during post-therapy path timeframe

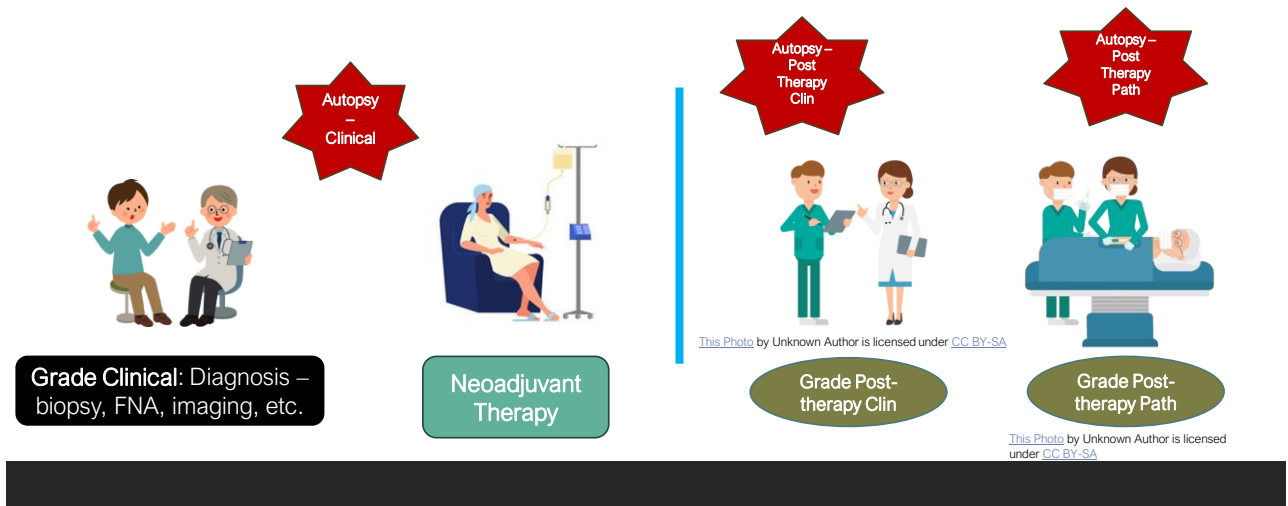
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Grade Post-Therapy Path (yp)

- Use grade from post-therapy clinical work up from primary tumor in post-therapy path data item when:
 - Behavior:
 - Post-therapy clinical and post-therapy path have the **SAME** behavior, and highest grade is post-therapy clinical
 - Post-therapy clinical behavior is invasive and post-therapy path is in-situ
 - Surgical Resection:
 - Resection done of primary after neoadjuvant therapy complete and no grade documented on resection path
 - Resection done of primary after neoadjuvant therapy complete and no residual cancer

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Post-Therapy Grade Coding Timeframe



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Forum Question on Grade

<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.

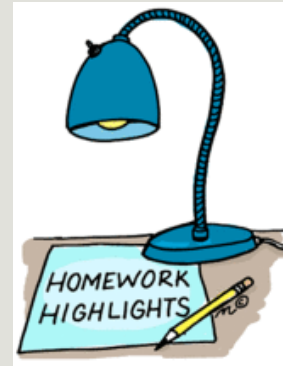
3/24/2023

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SEER*Educate

Training | Coding CEs

- Dx 2021-2024 EOD & SS, Grade, SSDI Mashup
 - Prostate cases 1-10



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Questions

Contact Info

Melissa Riddle, ODS-C
Training & Education
Iowa Cancer Registry
melissa-riddle@uiowa.edu

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