



# EOD Primary Tumor

Prostate

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## EOD Primary Tumor

- Captures **clinical extent of disease ONLY** (includes simple prostatectomy)  
Guidelines for assigning clinical extension for AJCC and EOD are different:  
*AJCC requires a DRE to assign cT*  
*EOD PT can be assigned if there is no DRE information*
- **Radical prostatectomy and autopsy information are recorded in EOD Prostate Pathologic Extension**
- Imaging is **NOT** used to determine clinical extension  
If physician incorporates imaging findings into the cT information do **NOT** use this information

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Description	Notes	Code
Incidental histologic finding, <u>5% or less</u>	<b>Note 4:</b> <u>TURP only</u> during clinical workup and <u>no clinically apparent tumor</u> (DRE negative or unknown)	100
Incidental histologic finding, <u>more than 5%</u>		110
Incidental histologic finding, <u>no percentage involved</u> , or <u>number of foci known</u>		150
Tumor identified by <b>needle biopsy</b> ; due to elevated PSA	<b>Note 5:</b> Tumor is <u>clinically inapparent</u> (DRE negative); if DRE unknown see <i>Note 7</i>	120

## EOD Primary Tumor

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Description	Notes	Code
Involves <u>one-half of one side or less</u>	<b>Note 6:</b> <b>Clinically apparent tumors</b> (DRE positive); Clinician documents a “tumor”, “mass”, or “nodule” by physical exam; Do <b>NOT</b> infer inapparent or apparent tumor	200
<u>More than one-half of one side</u> – not both		210
<u>Both lobes/sides involved</u>		220
Confined to prostate, <u>unknown lobe involved</u>		250
Localized, NOS; Not known if clinically apparent or inapparent	<b>Note 7:</b> <b>DRE not documented or not performed</b> ; No clinical evidence of extraprostatic extension; “path only” cases	300

## EOD Primary Tumor

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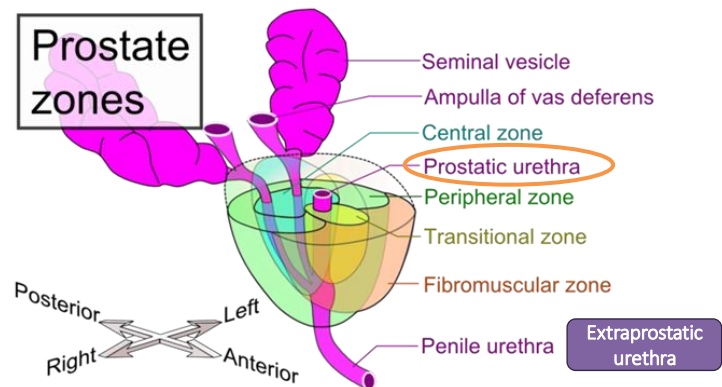
Description	Note	Code
Bladder neck (micro inv); Extension beyond prostate capsule; <b>NO involvement SV</b>	<p><b>Note 8:</b> Codes 350-700 positive extraprostatic extension determined by DRE, clinical exam, or needle core biopsy; don't use imaging (see Note 3)</p> <p><b>Note 10:</b> Prostatic urethra involvement doesn't alter EOD; Extraprostatic urethra involve is <b>code 600</b></p> <p><b>Note 11:</b> "Frozen Pelvis" is clinical term – tumor extends to pelvic sidewall(s), without more information <b>code 700</b></p>	350
Tumor invades seminal vesicle		400
Extraprostatic extension that is <b>FIXED</b> (without inv adj structures); Periprostatic extension or Extraprostatic extension NOS ( <u>unknown SV involved</u> ); Through capsule NOS		500
Bladder neck; Bladder; External sphincter; Extraprostatic urethra; Fixation NOS; Ureter(s)		600
Extension to or fix to pelvic wall or bone; "Frozen Pelvis"; Further contiguous extension: other organs; penis; sigmoid; soft tissue (not periprostatic)		700

## EOD Primary Tumor

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## Prostatic vs. Extraprostatic Urethra



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Description	Note	Code
No evidence of primary tumor	<b>Note 12:</b> Incidental finding of prostate cancer during prostatectomy for other reasons; prostate cancer not suspected <ul style="list-style-type: none"> <li>Cystoprostatectomy for bladder cancer and prostate cancer identified incidentally</li> <li>During autopsy and patient found to have prostate cancer (not suspected prior to death)</li> </ul>	<b>800</b>
Unknown; Extension not stated; Primary tumor can't be assessed; Not documented in medical record; DCO case	<b>Note 13:</b> No documentation regarding a prostate evaluation: PSA, physical exam, or physician's statement, prior to radical prostatectomy/autopsy Example: patient presents for prostatectomy for known prostate CA, no information on clinical exam	<b>999</b>

## EOD Primary Tumor

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## EOD Prostate Pathologic Extension

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# EOD Prostate Path Extension

- **ONLY** use histologic information from **radical prostatectomy** (Surgery codes A500-A700) **and/or autopsy**
  - TURP or simple prostatectomy is coded in EOD Primary Tumor
  - Limit information to 1<sup>st</sup> course treatment in absence of disease progression
- **NO radical prostatectomy or autopsy** within 1<sup>st</sup> course treatment – **code 900**
- Incidental finding of prostate cancer during prostatectomy for other reasons – code appropriately based on extent of disease found

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# EOD Prostate Path Exten

Description	Note	Code
Noninvasive; in situ; intraepithelial	Rare	000
Invasion into but not beyond capsule; Confined to prostate NOS; Localized NOS		300
Bladder neck (micro inv); Extraprostatic extension <b>WITHOUT</b> SV involved; Extension to periprostatic tissue ( <b>NO</b> SV involved)		350
Tumor invades SV		400
Extraprostatic tumor, not fixed, <b>WITHOUT</b> invasion SV; Periprostatic or Extraprostatic extension, <b>UNKNOWN</b> SV involve; Through capsule NOS		500
Bladder neck; Bladder; Fixation NOS; Rectum; Ureter(s)		600

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# EOD Prostate Path Exten

Description	Note	Code
Extension to or fixation to pelvic wall or bone; "Frozen pelvis"; Further contiguous extension includes other organs; penis; sigmoid; soft tissue other than periprostatic	<b>Note 6:</b> "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s); in absence of more detailed information on involvement assign this code	700
No evidence of primary		800
No radical prostatectomy or autopsy performed	<b>Note 2:</b> No radical prostatectomy or autopsy within 1 <sup>st</sup> course treatment (also see Note 7)	900
Radical prostatectomy performed, but <b>NOT</b> 1 <sup>st</sup> course treatment	<b>Note 7:</b> 1 <sup>st</sup> course treatment is active surveillance, but radical prostatectomy done later due to progression of disease or patient changes their mind	950

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## EOD Regional LN

Prostate

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## EOD Regional LN

- Code only regional lymph nodes (Distant nodes – EOD Mets)
- Regional includes contralateral or bilateral nodes
- If regional nodes are involved but no indication which ones **Code 800**
- “Path Only” cases\* – **Code 000**  
\*This instruction is ONLY for prostate cases

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Code	Description
000	None, no reg LN involvement; “Path Only”
300	Specific named LNs [see manual for full list]: <ul style="list-style-type: none"> <li>• Hypogastric; Iliac NOS; Pelvic NOS; Periprostatic; Sacral NOS</li> </ul>
800	Regional LNs NOS; LNs NOS; Unnamed regional LN
999	Unknown; Reg LNs not stated, cannot be assessed, not documented in pt record, DCO

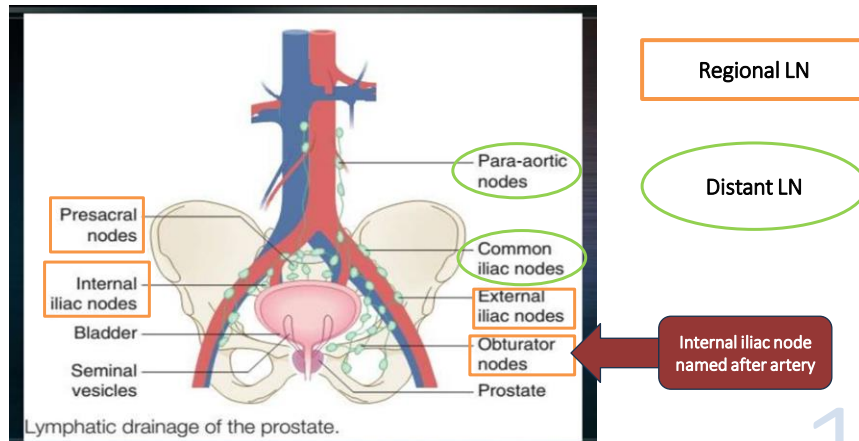
## EOD REG LN

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# Prostate Lymph Nodes



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## EOD Mets

Prostate

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Code	Description
00	No distant mets <b>UNKNOWN</b> if distant mets
10	Distant Lymph Node(s) [see full list in RSA] Aortic; Cervical; Common Iliac; Retroperitoneal; Inguinal
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 – no documentation of specific distant site/mets
99	Death Certificate only

# EOD METS

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# Prostate SSDI

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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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### PSA Lab Value

- Prostatic Specific Antigen – protein produced by cells of the prostate gland and is elevated in patients with prostate cancer

- Be sure to **READ** and **FOLLOW** the notes

**Note 1:** Physician statement can be used when no other information is available

**Note 2:** PSA is required for AJCC staging

**Note 3:** Record the nearest 10<sup>th</sup> in ng/ml last pre-diagnosis PSA prior to biopsy and treatment.

*General Rules instruct that it must be within 3mo of diagnosis*

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

**Note 5:** Discrepancy between PSA on lab report and that documented by physician:

*If clinician documents an adjusted PSA value – record the adjusted value*

*Registrar doesn't adjust PSA value based on BPH medication*

*If there is no documentation of an adjusted PSA value, record the PSA value provided*

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# PSA LAB VALUE PROSTATE

Description	Code
0.1 or less ng/ml; Exact value to nearest 10 <sup>th</sup> ng/ml	0.1
0.2 – 9999.9 ng/ml; Exact value to nearest 10 <sup>th</sup> ng/ml	0.2-999.9
1,000 ng/ml or greater	XXX.1
Lab value <b>NOT</b> available – Physician states negative/normal	XXX.2
Lab value <b>NOT</b> available – Physician states positive/elevated/high	XXX.3
Test ordered – no results in chart	XXX.7
Not documented in medical record; PSA lab value not assessed or unknown if assessed	XXX.9

Code actual value with decimal point

Use these when you have **NO** lab value information

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## Case Scenario



2 PSA available in record:  
11/14/2024 PSA 7.1  
12/14/2024 PSA 6.8  
1/9/2025 Biopsy of prostate

Which PSA Lab Value do you code?

Code 6.8

Per Note 3 – record the last pre-diagnosis PSA lab value

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## Number of Cores Pos/Exam

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- These two data items record the number of positive and examined cores that are microscopically confirmed
  - A diagnostic procedure, like needle biopsy, can take as many as 20+ core biopsies
  - Number of Cores Positive must be less than or equal to Number of Cores Examined
- **Source:** pathology reports from needle biopsies or TURP
- Physician statement can be used when there is no other information

## Number of Cores Pos/Exam

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- **Note 2:** Record the number of positive prostate core biopsies
  - If the number of positive cores are NOT specifically documented, **code X6**
    - Information from first core biopsy is preferred since the physician is usually examining the entire prostate
    - If a second core biopsy is done it is usually only on a specific area and more cores are likely to be positive
- **Note 3:** Use summary information if available
  - If there is no summary and multiple cores take the same day the **number of cores examined** should be added
    - Don't include biopsy from other areas like seminal vesicles
    - Don't count pieces/chips, only core biopsies
- **Note 4:** TTSB is a stereotactic biopsy usually produces 30-80 core biopsies
  - Alternative biopsy technique for some high-risk patients

Description	Code
All examined cores negative	00
1-99 cores positive; <b>Code exact number of positive cores</b>	01-99
100 or more cores positive	X1
Biopsy cores positive – <b>exact number unknown</b>	X6
<b>No needle core biopsy performed</b>	X7
Not documented in medical record; Number of cores positive not assessed or unknown	X9

## Number of Cores Positive

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Description	Code
1-99 cores examined; <b>Code exact number of cores examined</b>	01-99
100+ cores examined	X1
Biopsy cores examined; <b>Exact number unknown</b>	X6
<b>No needle core biopsy performed</b>	X7
Not documented in medical record; Number of cores examined not assessed or unknown if assessed	X9

## Number of Cores Examined

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## Number of Cores Pos/Exam

On the TURP/Biopsy pathologic specimen the counts could be in either the final diagnosis and/or gross description

### *Example:*

Final diagnosis: A. left mid – neg; B. left apex – adenocarcinoma, Gleason 6 (3+3) in 2/2 cores; C. left base – neg; D. right apex – neg; E. right mid – benign; F. right base – adenocarcinoma, Gleason 7 (3+4), 3/3 cores

Gross: A. left mid – two 0.2cm core biopsies; B. left apex – two 0.1cm core biopsies; C. left base – two 0.1cm core biopsies; D. right apex – two 0.1cm core biopsies; E. right mid – two 0.1cm core biopsies; F. right base – three 0.1cm core biopsies

Data Item	Code
Number of Cores Positive	05
Number of Cores Examined	13

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## Forum Q&A

- 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**.

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## Forum Q&A

- 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>

1. Path Gross
2. Path final summary
3. Op report
4. Physician Statement

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## Gleasons Patterns/Score

- **Clinical** (biopsy/TURP/simple prostatectomy)
  - Gleason patterns clinical
  - Gleason score clinical
- **Pathological** (radical prostatectomy/autopsy)
  - Gleason patterns pathological
  - Gleason score pathological
  - Gleason tertiary pattern

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# Gleason Patterns/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:** Different patterns on multiple cores, code pattern to reflect **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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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
34	Primary pattern 3, secondary pattern 4
35	Primary pattern 3, secondary pattern 5
39	Primary pattern 3, secondary pattern unknown
41	Primary pattern 4, secondary pattern 1
42	Primary pattern 4, secondary pattern 2
43	Primary pattern 4, secondary pattern 3
44	Primary pattern 4, secondary pattern 4
45	Primary pattern 4, secondary pattern 5

## Gleason Patterns Clinical

- This applies to patterns from biopsy/TURP

Gleason's Score 7 (4+3)

### Patterns

1<sup>st</sup> number –  
Primary pattern  
2<sup>nd</sup> number –  
Secondary pattern

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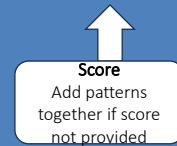
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Code	Description
02	Gleason score 2
03	Gleason score 3
04	Gleason score 4
05	Gleason score 5
06	Gleason score 6
07	Gleason score 7
08	Gleason score 8
09	Gleason score 9
10	Gleason score 10
X7	No needle core biopsy/TURP performed
X8	Not applicable: 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

## Gleason Score Clinical

- Based on pattern coded in Gleason Patterns Clinical

Gleason's Score 7 (4+3)



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## Gleason Patterns/Score Pathological

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

**Note 2:** Code *Gleason Patterns/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 only score provided, **code Patterns as X6**

**Notes 6 & 4:** If neoadjuvant therapy was given, code *Gleason patterns/score* path to X9

**Notes 7 & 5:** Do not infer *Gleason Patterns/Score* from Grade group (code X9)

**Note 6:** Record **Gleason Score** based on addition of pri and sec patterns

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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
34	Primary pattern 3, secondary pattern 4
35	Primary pattern 3, secondary pattern 5
39	Primary pattern 3, secondary pattern unknown
41	Primary pattern 4, secondary pattern 1
42	Primary pattern 4, secondary pattern 2
43	Primary pattern 4, secondary pattern 3
44	Primary pattern 4, secondary pattern 4
45	Primary pattern 4, secondary pattern 5

Radical  
Prostatectomy:  
adenocarcinoma  
Gleason's 3+3

## Gleason Patterns Pathological

Based on Radical  
Prostatectomy or Autopsy

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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 done/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

Radical  
Prostatectomy:  
adenocarcinoma  
Gleason's 3+3

## Gleason Score Pathological

Based on Radical  
Prostatectomy or Autopsy

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## Forum Q&A

■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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## 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**.

- If provided on needle biopsy or TURP – ignore
- Don't include in coding Gleason Patterns Path

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

**Note 5:** If neoadjuvant therapy was given, **code X9**

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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

# Gleason Tertiary Pattern

Based on Radical  
Prostatectomy or Autopsy

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# Case Exercises



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# Exercise #1

2/24/2024 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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# Grade Exercise #1

2/24/2024 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)	
Grade Post Therapy Path (yp)	

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# Exercise #2

2/17/2024 Prostate needle biopsy for elev PSA. pT1c Adenocarcinoma of prostate, Gleason 3+4=7.

3/17/2024 Pathology: Prostate, radical prostatectomy: Adenocarcinoma, Gleason score 4+3=7 (Grade Group 3) with tertiary pattern 5.

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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# Grade Exercise #2

2/17/2024 Prostate needle biopsy for elev PSA. pT1c Adenocarcinoma of prostate, Gleason 3+4=7.

3/17/2024 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)	
Grade Post Therapy Path (yp)	

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# Exercise #3

4/23/24 Prostate needle biopsy:  
Gleason score 4+4=8.

5/23/24 Radical 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.

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

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

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# Grade Exercise #3

4/23/24 Prostate needle biopsy:  
Gleason score 4+4=8.

5/23/24 Radical 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.

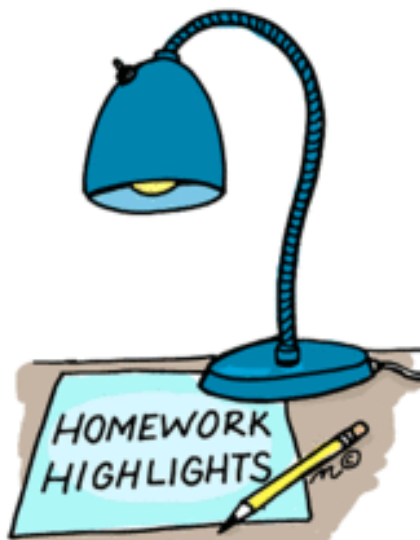
Gleason Pattern on CAP	
Primary Gleason Pattern	Pattern 4
Secondary Gleason Pattern	Pattern 3
Tertiary Gleason Pattern	Pattern 5
Total Gleason Score	7

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

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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

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Training & Education

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