

# Prostate Treatment

PRESENTED BY MELISSA RIDDLE, ODS-C ICR VIDEO TRAINING SERIES | IOWA CANCER REGISTRY MARCH 2025

### **Active Surveillance**

Small tumors ~ slow growth

Found on PSA screening

Incidental finding in BPH treatment

NCCN advises in younger male with slow-growing disease and likely to live more than 10 years.

Noteworthy: Observation is recommended if expected to live less than 10 years.

### **Active Surveillance**

#### **Date Therapy Initiated**

- Date decision was made for active surveillance
- Even if patient later changes their mind an opts for treatment
- Treatment determined later is subsequent

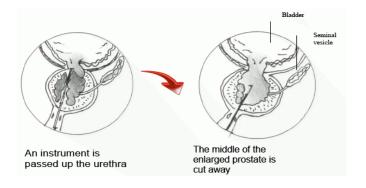
#### Treatment Status = 2

 When documentation states patient is being monitored using active surveillance/watchful waiting/deferred therapy or other options

#### Prostate Surgery Codes - TURP

Procedure	Notes	Code
Transurethral resection (TURP) NOS	Unknown if specimen was sent to pathology	A190
TURP NOS	Specimen sent to pathology; Path report	A210
TURP – Cancer incidental finding	TURP for benign disease; Aqua ablation water jet, described on pathology as a TURP and adenoca was incidental	A220
TURP – Cancer is suspected or known		A230

# Transurethral Resection (TURP)



https://qprostate.com.au/wp-content/uploads/2016/06/turp-diagramresized-513x300.gif

### **Prostate Surgery Codes**

Procedures	Notes	Code
Local tumor excision NOS <ul> <li>With Cryosurgery</li> <li>With Laser</li> <li>With Hyperthermia</li> </ul>	Specimen sent to pathology Holmium laser enucleation of prostate (with path specimen) code A250	A200 • A240 • A250 • A260
Subtotal, Segmental, or Simple prostatectomy (not included in path staging)	Part or all of prostate capsule intact; May include suprapubic prostatectomy	A300
Radical prostatectomy; Total prostatectomy	Excision of prostate, capsule, ejaculatory ducts, seminal vesicle, and may incl bladder neck	A500
Prostatectomy WITH resection with other organs; Pelvic exenteration	ANY type of prostatectomy with resection "en bloc" "in continuity with" other organs; Cystoprostatectomy	A700

### **Surgical Treatment**

#### Radical prostatectomy

- Open
- Radical retropubic
- Radical perineal
- Laparoscopic radical
- Robotic-assisted

Pelvic lymph node dissection (PLND)

Great video on Robot Rad Prostatectomy: https://www.youtube.com/watch?v=HK-bW-I0EIU

#### Cryosurgery

Option if radiation therapy fails

Freezes prostate tumors

Outpatient

- Tiny needles inserted into prostate through perineum
- Argon gas flows through needles and freezes prostate, killing cancer cells

#### Surgery Codes:

- A140 Cryoprostatectomy (no pathologic specimen)
- A240 Cryosurgery with local tumor excision or TURP (path specimen)

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# **Radiation Therapy**

EBRT most often

• ADT (androgen deprivation therapy) given with EBRT

**3D-CRT** (three-dimensional conformal radiation therapy)

• IMRT precise type of 3D-CRT

#### Brachytherapy

- LDR Brachytherapy seeds
- HDR Brachytherapy tubes into prostate gland and high dose delivered through needles into prostate

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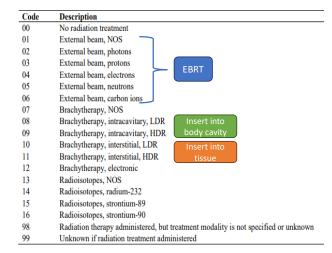
# LDR Brachytherapy



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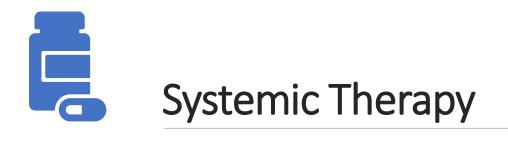
#### Radiation Treatment Modality Phase I, II, III

- Identify radiation modality administered during first, second and third phase of radiation
- First course treatment only

# Radiopharmaceuticals

Drug	Notes	Treatment Modality Code
Radium-223 (Alpharadin)	Treats hormone resistant prostate cancer w/ bone mets causing symptoms	13
Lutetium-177 (Lutrin) (Lu177)	Attaches to prostate cells anywhere in body if cells have PSMA on cell surface	13
89Sr (Strontium) (Strontium-89)	Relieve pain caused by bone mets	15
153Sm (Samarium SM 153)	Relieve pain caused by bone mets	13

https://seer.cancer.gov/seertools/seerrx/



### Hormone Therapy

- Androgen Deprivation Therapy (ADT)
  - Reduce androgens in the body or stop prostate cancer cell growth
- Stop testicles from making androgens (medical castration):
  - LHRH (Lutenizing hormone-releasing hormone) agonists
    - Lupron, Eligard, Zoladex, Trelstar
  - LHRH antagonists Lower testosterone more quickly • Firmagon, Orgovyx
- Lower androgens from adrenal glands and/or prostate cancer:
   Zytiga, Nizoral
- Androgen Receptor Antagonists (Anti-androgens)
  - Attach to protein in prostate cancer cell to stop tumor growth
  - Eulexin, Casodex, Nilandron

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#### Hematologic Transplant/Endocrine Procedures

•Endocrine surgery and/or endocrine radiation therapy – Code 30

- Endocrine organs are testes and ovaries
- Endocrine surgery and/or radiation procedures **must be bilateral** or must remove remaining paired organ for hormonal effect
  - Bilateral orchiectomy (surgical castration)
    - Removal of testicles to stop prostate cancer from growing
  - Hormonal effect slowing/stopping testosterone

# Chemotherapy

#### •Usually for advanced stage group (Stage 4B)

- Along with hormone therapy
  - Docetaxel most often the first chemo drug administered
  - Typically combined with a steroid drug such as prednisone/dexamethasone
  - Cabazitaxel if docetaxel fails along with steroid
  - Mitoxantrone
  - Cisplatin
  - Carboplatin

prednisone/dexamethasone administered with chemo code these as HRT

#### Immunotherapy

#### Cancer Vaccine:

- Sipuleucel-T (Provenge)
  - WBC from patient are mixed with protein from prostate cancer cells (PAP)
  - Administered back to patient intravenous 3 doses
- Usually for cancer no longer responding to HRT
- Immune checkpoint inhibitors (PD-1 checkpoint)
  - Advanced prostate cancer
    - Pembrolizumab (Keytruda)
      - approved with certain DNA changes, i.e. MSI-H or MMR
    - Dostarlimab (Jemperli)

# Targeted Drug Therapy

#### •PARP inhibitors (abnormal DNA repair gene – BRCA1 or BRCA2)

- Rucaparib (Rubraca) used after tumor grows with taxane chemo
  - Metastatic, hormone resistant prostate cancer
- Olaparib (Lynparza) with steroid drug
  - Metastatic, hormone resistant prostate cancer
- Talazoparib (Talzenna)
- Niraparib + abiraterone (Akeega)

# Neoadjuvant Therapy

#### •What is the intent of the treatment?

- · Neoadjuvant therapy is systemic and/or radiation given prior to surgery to shrink the tumor or improve outcomes
  - Reduce disease burden that might allow surgical resection
  - Eradicate or control undiscovered mets and improve overall outcomes
  - Provide prognostic information based on response
- Limited systemic therapy is not neoadjuvant therapy (not a full course of treatment)
  - May be given prior to surgery as a <u>bridge</u>
  - May occur in clinical trials with <u>no expectation to shrink disease</u>

#### •Hormones: Lupron before surgery

#### Radiation therapy with Hormone before surgery

•NADT (Neoadjuvant androgen deprivation therapy)

Given prior to RP

FORUM POST re Bridge Therapy: <u>https://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/116187-covid-and-bridge-response#post116199</u>

# SEER\*Rx

•Be sure to look up drugs in SEER\*Rx for accurate coding

- Hormone
- Chemo
- Immunotherapy

https://seer.cancer.gov/seertools/seerrx/



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### **Questions?**

**Contact Info** 

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