

Prostate Abstracting 101 2025 Training STR and EOD

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ICR Video Training Series
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Solid Tumor Rules

2026 Update (view [Revision History](#))

Reporting Guidelines

- Casefinding Lists
- SEER Coding and Staging Manual +
- Hematopoietic Project +
- ICD-O-3 Coding Materials
- Solid Tumor Rules -
- 2026 Update Revisions
- Revision Archive
- Histology Coding Clarifications

↓

Download the Solid Tumor Rules 2026 Update (PDF, 8.7 MB) (December 12, 2025)

Purpose of Solid Tumor Rules

The purpose of the Solid Tumor Rules is to determine the number of primaries to abstract and the histology to code. **The most recent Solid Tumor Rules update should be used as soon as it is released** and can be applied to 2018+ cases (see General Instructions for start years for each Site-group). If a specific code or instruction has an effective year later than 2018, it will be noted in the text.

2026 Solid Tumor Rules Release Announcement

The Solid Tumor Rules have been updated for 2026. In addition to the standard annual updates, the Solid Tumor Manual underwent a substantial reformatting to improve clarity and usability.

- Solid Tumor Rules are used as soon as they are released
- Download the STR manual
- 2026 STR: <https://seer.cancer.gov/tools/solidtumor/>

Solid Tumor Rules 2026

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Solid Tumor Rules (STR)

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- Site Group: Other Sites
 - Site Histology Specific Table
 - **Prostate – Table 3**
 - Coding Notes for acinar adenocarcinoma S/V
 - **Ductal Adenocarcinoma (8500)**
 - A radical prostatectomy must be performed, and the ductal component must comprise >50% of the tumor
 - Prostate biopsy with adenocarcinoma w/ ductal features, code 8140
 - **Mucinous Adenocarcinoma (8480)**
 - Mucinous component must comprise >25% of tumor on excision specimens
 - **Sarcomatoid Carcinoma (8572)**
 - Exceedingly rare and most common after high-grade adenocarcinoma especially after radiation
 - **Signet Ring Cell-like Adenocarcinoma (8490)**
 - Signet ring like cells must comprise >25% of tumor on excision specimens

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Table 3: Prostate Histologies

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Table 3: Prostate Histologies

Specific or NOS Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Adenocarcinoma with neuroendocrine differentiation 8574 (/3) ²	
Adenosquamous carcinoma 8560 <ul style="list-style-type: none"> • Prostatic carcinoma with adenosquamous differentiation 	
Basal cell adenocarcinoma 8147 <ul style="list-style-type: none"> • Adenoid cystic basal cell carcinoma • Adenoid cystic carcinoma • Adenoid cystic carcinoma (solid pattern) • Basal cell carcinoma of prostate 	
Mixed acinar-ductal adenocarcinoma 8552 ³	
Mixed neuroendocrine–non-neuroendocrine neoplasm 8154 (/3)	
Neuroendocrine carcinoma 8246 (/3)	Combined small cell neuroendocrine carcinoma 8045 (/3) Large cell neuroendocrine carcinoma 8013 (/3) <ul style="list-style-type: none"> • Combined large cell neuroendocrine carcinoma Small cell neuroendocrine carcinoma 8041 (/3) ⁴
Neuroendocrine tumor 8240 (/3) <ul style="list-style-type: none"> • Neuroendocrine tumor, grade 1 	Neuroendocrine tumor, grade 2 8249 (/3)

² Code 8574/3 only when there is no history of previous prostate adenocarcinoma treated with androgen deprivation therapy and/or radiation therapy.

³ Assign code 8552 when the ductal component is not stated or is less than 50% of the tumor.

⁴ 50% of SmCC of prostate cases present as a de novo malignancy. SmCC of the prostate often occurs following androgen deprivation treatment for acinar adenocarcinoma

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MP Rules

- **Unknown if Single or Multiple Tumors**
 - **M1** – Single Primary
- **Single Tumor**
 - **M2** – Single Primary
- **Multiple Tumors (M3-M9 apply to specific sites/histologies)**
 - **M3** – Single Primary
 - Acinar adenocarcinoma of prostate is always single
 - **M4** – Multiple Primaries
 - Small cell carcinoma of prostate more than 1 year after diagnosis of acinar adenocarcinoma and/or S/V

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Coding Histology

- Code the most specific histology
 - Use this section **ONLY** for 1+ histologies in a **SINGLE** tumor
 - This section doesn't replace the histology rules
1. Code the most specific histology or S/V regardless of whether it is described as:
 - a) Majority or predominant
 - b) Minority of tumor
 - c) A component
 2. Code the histology described as differentiation or features/features of **ONLY** when there is a specific ICD-O code
 - *Example:* Prostatic carcinoma with adenosquamous differentiation (**8560**)
 - Don't code differentiation or features when there is no specific ICD-O code

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Coding Histology

Ambiguous Terms		
Appears	Cannot rule out	Likely
Favor(s)	Presumed	Suspicious (for)
Suggestive of		

3. Code the specific histology described by ambiguous terms **ONLY** when A or B is true:
- The only diagnosis is one histology described by an ambiguous term
 - There is a NOS histology and a more specific (S/V) described by ambiguous term
 - Specific histology clinically confirmed by a physician **OR**
 - Patient is receiving treatment based on the specific histology described by ambiguous term

Definitive Terms		
Comparable with	Compatible with	Consistent with
Most likely	Probable	Typical (of)

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Coding Histology

4. Do **NOT** code histology described as:
- Architecture
 - Foci; Focus; Focal
 - Pattern

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Histology Rules

- **Single Tumor: In Situ Only**

- **H2** – One histologic type
 - *Note 3:* For prostate cases, code DCIS (8500/2) when that is the **ONLY** histology noted
 - PIN3 – High grade prostate intraepithelial neoplasia is **NOT** reportable

- **Single Tumor: Invasive and In Situ Components**

- **H8** – Code the invasive histology
 - You may have to go through the histology rules again to code the appropriate invasive component

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Histology Rules

- **Single Tumor: Invasive Only**

- **H11** – **Code 8140** for prostate primaries when the diagnosis is:
 - Acinar adenocarcinoma **OR**
 - Adenocarcinoma **OR**
 - Adenocarcinoma w/ ductal features **OR**
 - Atrophic adenocarcinoma **OR**
 - Ductal adenocarcinoma when percentage of duct not stated or less than 50%
 - List continues....see rule
 - *Note:* Ductal adenocarcinoma can't be coded from a TURP
- **H12** – **Code the histology** when only one histologic type is identified
- **H15** – **Code the S/V** when there is a NOS and a single S/V
 - See *Table 3*

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Histology Rules

- **Multiple Tumors Abstracted as a Single Primary**

- **H24 – Code 8140** for prostate primaries when the diagnosis is:
 - Acinar adenocarcinoma **OR**
 - Adenocarcinoma **OR**
 - Adenocarcinoma w/ ductal features **OR**
 - Atrophic adenocarcinoma **OR**
 - Ductal adenocarcinoma when percentage of duct not stated or less than 50%
 - List continues....see rule
- **H27 – Code the histology** when only one histology type is identified
- **H32 – Code the single invasive histology** for combinations of invasive and in situ

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Extent of Disease (EOD)

- **EOD v3.2**

- General Instructions:
 - <https://seer.cancer.gov/tools/staging/eod/>
- Site Specific – SEER*RSA
 - https://staging.seer.cancer.gov/eod_public/home/3.2/

The screenshot shows the National Cancer Institute (NIH) SEER Registrar Staging Assistant interface. At the top right, there is a 'Database Version' dropdown menu set to 'EOD_PUBLIC v3.2 [NAACCR 2025]' with a 'Go' button. Below this is a navigation bar with links for 'SCHEMA LIST', 'MANUALS', 'STAGING CALCULATOR', 'SOFTWARE', and 'CONTACT'. The main content area is titled 'EOD Data v3.2 NAACCR 2025' and includes a sub-header 'Extent of Disease 2018'. The text explains that EOD 2018 is effective for cases diagnosed in 2018 and later. It lists the following items provided in each EOD schema: EOD Primary Tumor, EOD Lymph Nodes, EOD Mets, Summary Stage 2018, and Site-Specific Data Items (SSDI) including grade pertinent to the schema. A button labeled 'EOD Schema List' is visible, along with a note to see below for more information about schemas.

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EOD Primary Tumor

• 13 Site Specific Notes

- Clinical Extension Only
- Information from radical prostatectomy and autopsy
- Do not use imaging
- TURP only
- Clinically inapparent
- Clinically apparent
- Localized cancer
- Extraprostatic extension
- No DRE information
- Involvement prostatic urethra
- Frozen pelvis
- Incidental finding
- Unknown clinical extension

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EOD Primary Tumor

- For prostate, this data item **ONLY** collects the clinical extent of disease (*Note 1*)
 - For EOD, a code can be assigned if there is no DRE information (*Note 7*)
 - Radical prostatectomy and autopsy is recorded in EOD Prostate Pathologic Extension (*Note 2*)
 - Do **NOT** include findings from radical prostatectomy or autopsy in this data item
 - Do **NOT** use imaging to determine clinical extension (*Note 3*)
 - If a physician uses imaging findings into their evaluation (cT) do **NOT** use this information
 - If it is undetermined, assume that they are not and use information to code this data item

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EOD Primary Tumor – Inapparent/Unknown

Description	Notes	EOD PT	SS18
Incidental finding (TURP) <5% tissue	Note 4: Use only when TURP is done during clinical workup and DRE neg/unknown	100	1
Incidental finding (TURP) >5% tissue		110	1
Incidental finding (TURP) unknown %		150	1
Clinically inapparent – biopsy positive	Note 5: Tumor is clinically inapparent (DRE neg); no palpable tumor; DRE unknown see code 300	120	1
Localized, NOS – unknown if clinically apparent or inapparent	Note 7: DRE not documented or not done; localized tumor; physician uses imaging in cT evaluation	300	1

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EOD Primary Tumor - Apparent

Description	Notes	EOD PT	SS18
Clinically apparent – 1 half or less lobe	Note 6: DRE positive tumors; “tumor”, “mass”, or “nodule” by physical exam can be inferred as apparent	200	1
Clinically apparent – 1 half or more lobe, but not both lobes/sides		210	1
Clinically apparent – both lobes/sides		220	1
Confined to prostate – unknown lobe involvement	Note 9: No DRE information, physician assigns cT use that to code EOD PT, exception : if they use imaging to assign cT, don’t use	250	1

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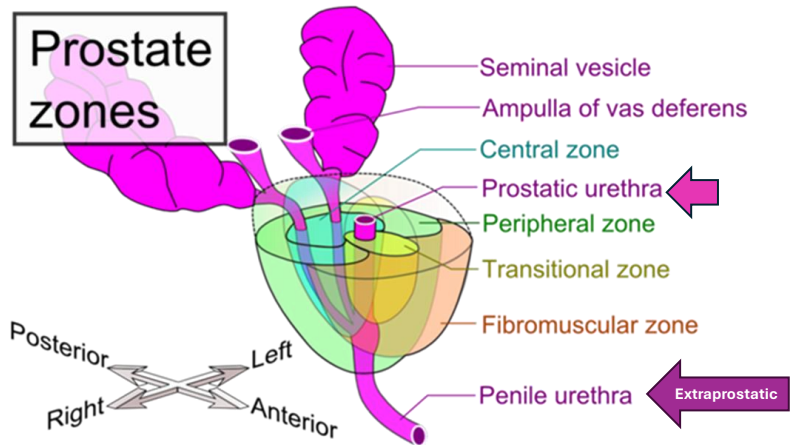
EOD Primary Tumor

Description	Notes	EOD PT	SS18
Microscopic Bladder neck; Extraprostatic extension WITHOUT seminal vesicle involve		350	2
Tumor invades seminal vesicle	<i>Note 8:</i> positive extraprostatic extension determined by DRE, clinical exam, or needle core biopsy	400	2
Extraprostatic extension NOT fixed, no invasion adj structures; Through capsule, NOS	<i>Note 10:</i> involvement of prostatic urethra does NOT alter EOD code; Extraprostatic urethra involved code 600	500	2
Bladder/Bladder neck; Fixation, NOS; Rectum; Ureter(s)		600	2

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Note 10 – Prostatic Urethra



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EOD Primary Tumor

Description	Notes	EOD PT	SS18
Extension or fixation to pelvic wall/bone; Further contiguous extension	<i>Note 11:</i> "Frozen pelvis" clinical term which means tumor extends to pelvic sidewall(s)	700	7
No evidence of primary tumor	<i>Note 12:</i> Incidental finding of prostate cancer during prostatectomy performed for other reasons (example: cystoprostatectomy done for bladder cancer, incidental finding prostate cancer)	800	9
Unknown; Not documented	<i>Note 13:</i> No documentation regarding prostate evaluation (PSA, physical exam, or physician statement) prior to prostatectomy or autopsy	999	9

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EOD Prostatic Pathologic Extension

• 10 Site Specific Notes:

- Radical prostatectomy or autopsy results only
- No radical prostatectomy or autopsy
- Criteria for data item
- Incidental finding
- Radical prostatectomy, no residual disease
- Prostatic urethra
- Frozen pelvis
- No evidence of primary tumor
- Active surveillance, then radical prostatectomy
- Coding unknown

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EOD Prostatic Path Extension

- Only use histologic information from a radical prostatectomy and/or autopsy for this data item
 - TURP or simple prostatectomy information is coded in EOD Primary Tumor
 - This is limited to first course treatment
 - When prostate cancer is an incidental finding during a prostatectomy for other reasons or autopsy code that information in this field

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EOD Prostatic Path Extension

Description	Notes	EOD Path	SS18
Invasion into (<i>not through</i>) capsule; Localized, NOS	<i>Note 5:</i> Microscopic confirm clinical dx prostate cancer, radical prostatectomy shows no residual dz	300	1
Microscopic bladder neck; Extraprostatic extension WITHOUT seminal vesicle invasion		350	2
Seminal vesicle invasion		400	2
Extraprostatic extension, not fixed; Through capsule		500	2
Bladder/Bladder neck; Fixation, NOS; Extraprostatic urethra	<i>Note 6:</i> involvement prostatic urethra doesn't alter extension code	600	2

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EOD Prostatic Path Extension

Description	Notes	EOD Path	SS18
Extension or fixation to pelvic wall/bone; Further contiguous extension	<i>Note 7:</i> "Frozen pelvis" clinical term meaning tumor extends to pelvic sidewall(s)	700	7
No evidence of primary tumor	<i>Note 8:</i> When clinical diagnosis not confirmed microscopically and radical prostatectomy or autopsy with no evidence of primary tumor	800	9
No radical prostatectomy or autopsy	<i>Note 2:</i> No radical prostatectomy as first course treatment	900	9
Radical prostatectomy performed BUT not first course treatment	<i>Note 9:</i> Patient chose active surveillance and later a radical prostatectomy is performed	950	9
Unknown; Unknown if radical prostatectomy done	<i>Note 10:</i> Radical prostatectomy done but no information; Unknown if surgery done	999	9

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EOD Regional Nodes

• 3 Site Specific Notes:

- Regional nodes
- Lymph nodes, NOS
- Path only cases

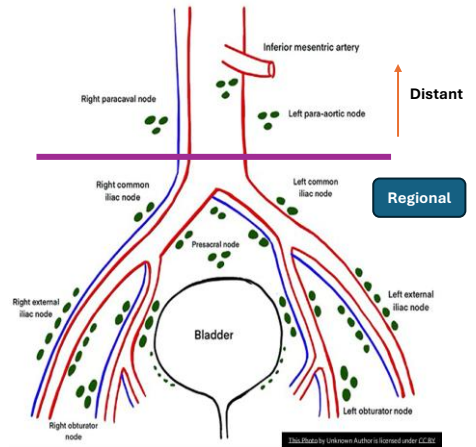
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EOD Regional Nodes

• **Regional LN for Prostate:**

- Hypogastric
- Iliac
 - External
 - Internal (obturator)
- Pelvic
- Periprostatic
- Sacral
 - Lateral
 - Middle (Gerota's node)
 - Presacral



EOD Regional Nodes

Description	Notes	EOD Nodes
No regional LN involved	<i>Note 3:</i> “Path only” cases are where the only information available is a path report, it is localized cancer, no information on LN, and no statement from a physician; This is a prostate only instruction	000
Regional LN involved	*See list*	300
Lymph node, NOS	<i>Note 2:</i> regional LN are involved, but no indication which nodes are involved	800
Unknown	Regional LN not stated; not assessed/can't be assessed; not documented in EMR	999

EOD Mets

• Site Specific Note:

- Use code 70 when the only information is “distant metastasis, NOS”
 - No documentation on specific distant metastatic sites
- Use codes 10, 30, or 50 for specific named metastatic sites
 - Assign code 50 for “other specified distant mets”

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EOD Mets

Description	Notes	EOD Mets
No distant mets	Unknown if distant mets	00
Distant LN	Only distant lymph nodes *See list*	10
Bone mets	WITH or WITHOUT distant LN	30
Other specified distant mets	WITH or WITHOUT distant LN; Distant site other than bone	50
Distant mets, NOS	No named distant metastatic site, only “distant metastasis, NOS”	70

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- **Coding – CEs**

- **Dx 2021-2025 EOD, Summary Stage, Grade, SSDI Mashup (CE Closes 12/31/26)**

- Prostate cases 1-10

SEER*Educate Cases

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Questions? Contact me.

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