



Prostate Abstracting 101 2025 Training Grade and SSDI

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ICR Video Training Series
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Version Selection: 3.2 ▾

Data Last Updated: June 9, 2025

Grade Manual v3.2

RESOURCES

Version 3.2 (For use with cases diagnosed 2018 forward after registry software conversion to the NAACCR Data Standards and Data Dictionary, Version 25)

- » [SSDI Manual](#)
- » [SSDI Manual Appendix A](#)
- » [SSDI Manual Appendix B](#)
- » [SSDI Manual Appendix C](#)
- » [Grade Manual](#)
- » [Change Log](#)

• Grade Manual:

https://www.naacr.org/wp-content/uploads/2024/10/Grade-Coding-Instructions-and-Tables-v3.2_printed.pdf?v=1763070945

• Grade Table 17

- Grade Clinical
- Grade Pathological
- Grade Post-Therapy Clin
- Grade Post-Therapy Path

Prostate – Grade Table 17

Grade Clinical

- Can **NOT** be blank
- Assign the highest grade during the clinical time frame
 - TURP/Simple prostatectomy is clinical grade

Grade Pathologic

- Can **NOT** be blank
- Assign the highest grade during the pathologic time frame
 - Radical prostatectomy is used for Grade Pathologic

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Grade Pathologic

- Use the clinical grade when:
 - **Exception:** If clinical grade uses preferred grading (codes 1-5) and pathologic grade uses generic grade (codes A-D), then do NOT use grade clinical as grade pathologic
 - **Behavior**
 - Clinical and pathologic behavior is the **SAME** and grade clinical is higher
 - Clinical behavior is invasive and pathologic is in situ
 - **Surgical Resection**
 - Resection of primary tumor and there is no grade documented **OR** there is no residual disease
 - **No Surgical Resection**
 - No resection of primary tumor **BUT** positive microscopic confirmation of distant mets during the clinical time frame

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Prostate – Grade Table 17

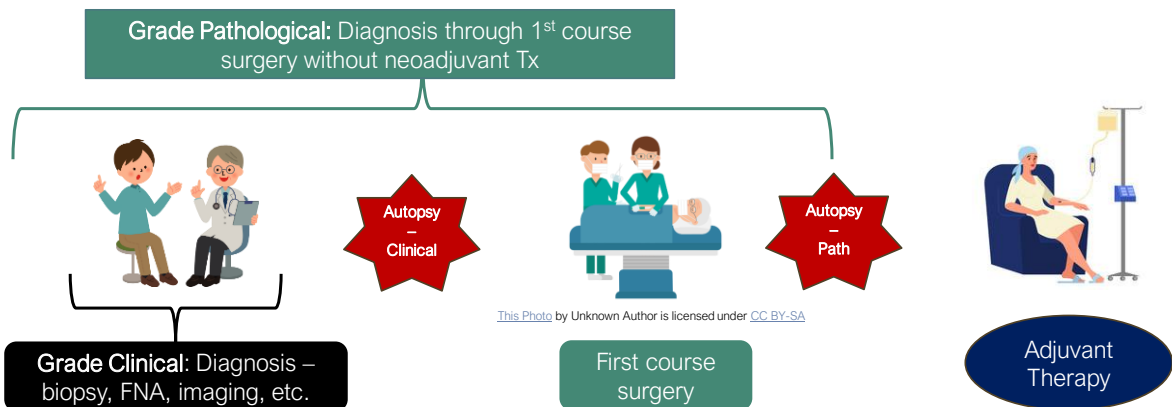
• Grade Post-Therapy Clinical (yc)

- Leave blank when
 - No neoadjuvant therapy administered
 - No microscopic exam following neoadjuvant therapy
- Assign highest grade during the post-therapy clinical time frame
- Code 9
 - Grade not documented on microscopic exam following neoadjuvant therapy
 - No residual cancer on microscopic exam following neoadjuvant therapy
 - Grade checked “not applicable” on CAP

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Clinical & Path Grade Coding Timeframe



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Prostate – Grade Table 17

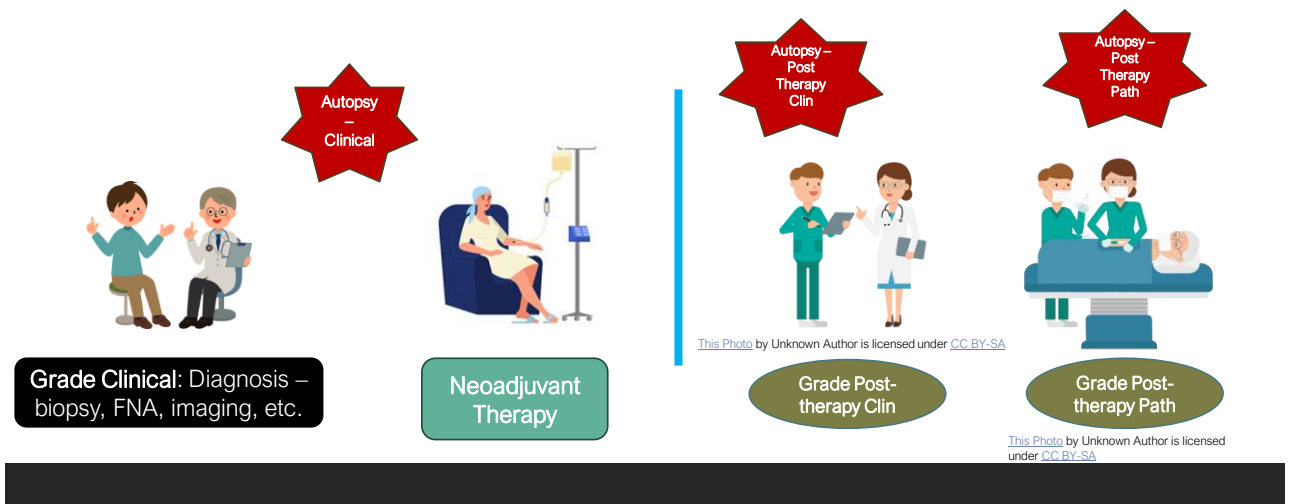
• Grade Post-Therapy Path (yp)

- Leave blank when
 - No neoadjuvant therapy administered
 - Surgical resection not performed following neoadjuvant therapy
- Assign highest grade during the post-therapy pathologic time frame
- Use grade from grade post-therapy clinical workup in grade post-therapy path field when:
 - **Exception:** Grade post-therapy clin uses preferred grading and grade post-therapy path uses generic system
 - **Behavior**
 - Post-therapy clinical and post-therapy path have **SAME** behavior, and highest grade is grade post-therapy clin
 - Post-therapy clinical is invasive and post-therapy path is in situ
 - **Surgical Resection**
 - Primary site resection following neoadjuvant therapy and no grade documented **OR** no residual cancer

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Post-Therapy Grade Coding Timeframe



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Prostate – Grade Table 17

Description	Code
Grade group 1: Gleason score less than or equal to 6	1
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
Moderately differentiated	B
Poorly differentiated	C
Undifferentiated; Anaplastic	D
Gleason score 7 – no patterns documented; combination not included in codes 2 or 3	E
Unknown; Not assessed; Not specified	9

Gleason 7 is divided by pattern

Preferred grade coding; Use over A-E

Generic Grade coding

Use when pattern unknown

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Forum Question



Question:

Small cell carcinoma found in prostate with no grade stated on TRUS biopsy.

Can I code grade to D (undifferentiated/anaplastic) or defer to 9 (unknown) because small cell doesn't receive a Gleason's score?

Answer:

Small cell carcinoma is coded to the highest grade (all sites), **code 5**

<https://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/124735-small-cell-carcinoma-grade>

SSDI v3.2

Version Selection **3.2**
Data Last Updated: June 17, 2025

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Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons [CAnswer Forum](#).

• SSDI Manual v3.2

https://apps.naacccr.org/ssdi/list/?_gl=1*1bmrfty*_ga*NDk5ODY0NzI3LjE3MzE5NDIwMTA.*_ga_V7J8GWYK5P*cze3NjM0OTk3MjUkbzI0OCRnMCR0MTc2MzQ5OTcyNSRqNjAkBDaKaDA



Prostate SSDIs



PSA Lab Value

- **Prostatic Specific Antigen (PSA)**
 - Protein produced by cells of the prostate
 - Blood test – Serum PSA
 - Don't record free PSA or precursor PSA
 - Source documents: clinical lab report, history, clinician note, path report
 - Physician statement can be used when there is no other information
 - When there is a discrepancy between reports:
 - If there is an adjusted PSA value documented by the physician record the adjusted value
 - Registrar doesn't adjust the PSA based on BPH medication
 - **Include adjusted PSA in Lab Text Fields**
 - If no adjusted PSA by physician, record the lab value PSA

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PSA Coding Guidelines

Record to the nearest tenth of nanograms/milliliter (ng/ml)

- Last pre-diagnosis PSA
 - Prior to diagnostic biopsy and treatment
 - All lab values must be done **within 3 months before diagnosis**

Lab value may be recorded in lab report, H&P, or clinician statement

- Record 0.1 when lab value results are stated as less than 0.1ng/ml

Known lab value takes priority over XXX.2 and XXX.3

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PSA Lab Value

Description	Code
0.1ng/ml or less; code exact value to nearest tenth ng/ml	0.1
0.2-999.9ng/ml – code exact value to nearest tenth ng/ml	0.2-999.9
1,000ng/ml or greater	XXX.1
Lab value not available – physician states PSA negative/normal	XXX.2
Lab value not available – physician states PSA elevated/high	XXX.3
Test ordered, not in EMR	XXX.7
Unknown; Not documented; Not assessed/Unknown if assessed	XXX.9

Only use when you don't know the actual lab value

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Number of Cores Positive/Examined

- **2 SSDIs**

- Number of Cores Positive
- Number of Cores Examined
 - Both are related data items and should be coded from the **SAME** test
 - Number of Cores Positive must **ALWAYS** be less than or equal to Number of Cores Examined
- **Don't make assumptions** about the number of cores positive/examined based on areas biopsied – several cores may be taken from each area
- **Source Document:** Core needle biopsy pathology report
 - Physician statement can be used if there is no other information available

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Priority Order

Final Diagnosis

- If core biopsy path report contains a summary of the number of cores positive/examined – use the summary
- Do **NOT** include biopsy of other sites such as seminal vesicle

Gross Description

- When the final diagnosis is not available, and gross findings provide the actual number of cores
- Don't include pieces, chips, fragments, etc.

Physician Statement

- When there is no other information available

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Coding Guidelines

- Record the number of positive/examined cores from the **FIRST** prostate core biopsy
 - Preferred since it usually examines the entire prostate
- Exact number of cores positive/examined preferred
- If cores are identified but stated to be pieces, chips, or fragments **code X6**

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Number of Cores Positive

Description	Code
All cores examined are negative	00
1-99 cores positive (code exact number)	01-99
100+ cores positive	X1
Biopsy cores positive, unknown number (includes stated to be pieces, chips, and/or fragments)	X6
No needle core biopsy	X7
Unknown; Not documented in EMR; Not assessed/Unknown if assessed	X9

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Number of Cores Examined

Description	Code
1-99 cores examined (code exact number examined)	01-99
100+ cores examined	X1
Biopsy cores examined, number unknown (includes description such as pieces, chips, or fragments)	X6
No needle core biopsy	X7
Not documented in EMR; Unknown if assessed/Not assessed	X9

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Counting Cores by Type of Biopsy

Not in the
manual; J Ruht
has instructed to
follow these
guidelines

- **Systematic** (Random Biopsies) (Standard core biopsies)
 - 12-18 cores systematically taken throughout prostate
 - Usually US-guided (TRUS)
 - Most likely performed for inapparent prostate cases
 - **Each core counted individually**
- **Targeted** (Regions of Interest; ROI)(Targeted lesion)
 - 1-6 cores taken from a targeted area/lesion
 - Biopsy of a suspicious area
 - Usually MRI-guided
 - **Count as 1 core** (don't count individually) regardless of the number of cores taken
- **MRI-US Fusion** (Systematic + Targeted biopsy)
 - **Count each systematic core individually**
 - **Count each targeted/ROI as 1 core**

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Case Scenario 1

Prostate Fusion biopsy procedure:

4 biopsies of ROI 1 taken with UroNav machine
Additional total of 12 systematic cores taken

Fusion Pathology Report:

Prostate, R Apex, Biopsy: benign (6 cores)
Prostate, R Base, Biopsy: benign (4 cores)
Prostate, R Ant/Lat, Biopsy: benign (4 cores)
Prostate, L Apex, Biopsy: benign (4 cores)
Prostate, L Base, Biopsy: benign (3 cores)
Prostate, L Ant/Lat, Biopsy: benign (2 cores)
Prostate, ROI #1, Biopsy: Adenocarcinoma, Gleason 6 (3+3) (5 cores, all involved)

What is the number of cores positive? Cores examined?

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Case Scenario 2

Prostate, biopsy, Final diagnosis:

- A. Left mid – neg
- B. Left apex – adenocarcinoma, Gleason 6, 2/2 cores
- C. Left base – neg
- D. Right apex – neg
- E. Right mid – benign
- F. Right base – adenocarcinoma, Gleason 7, 3/3 cores

Gross description:

- 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

What is the number of cores positive? Cores examined?

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Gleason Patterns/Scores

Clinical (biopsy/TURP/simple prostatectomy)

- Gleason patterns clinical
- Gleason score clinical

Pathological (radical prostatectomy/autopsy)

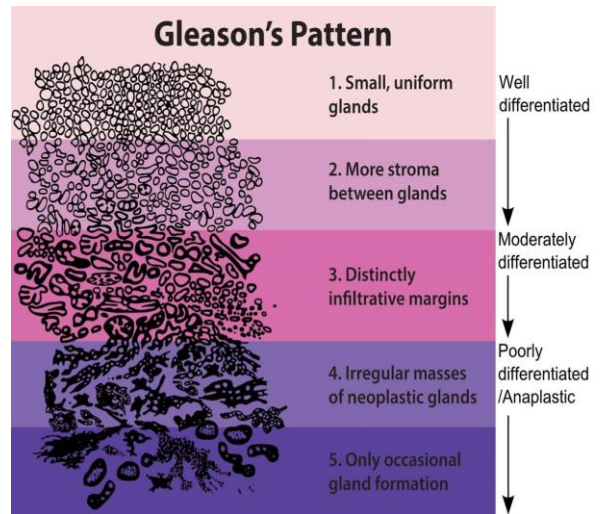
- Gleason patterns pathological
- Gleason score pathological
- Gleason tertiary pattern

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Gleason Grading

- Prostate cancers are graded using Gleason score or pattern
 - Based on a 5-component system
 - There are usually two main histologic patterns
 - Primary and Secondary
 - These two added together gives the score



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Gleason Pattern/Scores

- Gleason pattern determined by pathologist
 - Assigns a grade to the most predominant pattern
 - More than 50% of the tissue
 - Assigns a grade for the second most predominant pattern
 - Secondary pattern
- Gleason score is determined by the pattern
 - Adding the primary and secondary patterns
- *Example:* Gleason's score 7 (4+3)



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Gleason Patterns

- **Source document:** pathology report
 - **Clinical:** TURP, biopsy, simple prostatectomy
 - If prostate tissue is identified from TURB, use that information here
 - **Pathological:** Radical prostatectomy, autopsy
 - Physician statement can be used if there is no other information
- **Neoadjuvant Therapy**
 - Gleason Pattern Clinical – code prior to neoadjuvant therapy
 - Gleason Pattern Path – code X9
- If only one number is provided and it is ≤ 5 , **assume it is pattern**
 - Code the number as the primary pattern, and unknown secondary
 - *Example:* Gleason 3; Code Pattern: 39
- If only one number is provided and it is > 5 , **assume it is a score**
 - *Example:* Gleason 7; Code Pattern: X6 and Score: 07
- If there is a specific number out of 10, **assume first number is score**
 - *Example:* Gleason is 6/10; Code Pattern: X6 and Score 06

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Gleason Patterns

- **Different patterns**
 - If multiple biopsies have different patterns, code the one that reflects the highest score
 - If different patterns equal the same high score, give priority to the highest primary pattern and then highest secondary pattern
 - *Example:* Prostate, R apex: Gleason 7 (4+3) and Prostate, R mid: Gleason 7 (3+4); code pattern: 43

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Gleason Pattern 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
34	Primary pattern 3, secondary pattern 4

Code	Description
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
49	Primary pattern 4, secondary pattern unknown
51	Primary pattern 5, secondary pattern 1
52	Primary pattern 5, secondary pattern 2
53	Primary pattern 5, secondary pattern 3
54	Primary pattern 5, secondary pattern 4
55	Primary pattern 5, secondary pattern 5
59	Primary pattern 5, secondary pattern unknown
X6	TURP and/or Biopsy done, primary pattern unknown, secondary pattern unknown
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 Patterns Clinical not assessed or unknown if assessed Unknown whether TURP and/or Biopsy done



Gleason Pattern Pathological

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

Code	Description
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
49	Primary pattern 4, secondary pattern unknown
51	Primary pattern 5, secondary pattern 1
52	Primary pattern 5, secondary pattern 2
53	Primary pattern 5, secondary pattern 3
54	Primary pattern 5, secondary pattern 4
55	Primary pattern 5, secondary pattern 5
59	Primary pattern 5, secondary pattern unknown
X6	Prostatectomy done, primary pattern unknown, secondary pattern unknown
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 Patterns Pathological not assessed or unknown if assessed Unknown if radical prostatectomy done



Gleason Score

- **Source document:** pathology report
 - **Clinical:** biopsy, TURP, simple prostatectomy
 - **Pathological:** radical prostatectomy, autopsy
 - Physician statement can be used if there is no other information
- **Reminder...**
 - If only one number is provided >5, assume that is the score
 - If path report gives a specific number out of 10, assume the first number is the score
- **Neoadjuvant Therapy**
 - Gleason Score Clinical: code prior to neoadjuvant therapy
 - Gleason Score Pathological: code X9
- **Active Surveillance then Radical Prostatectomy**
 - Gleason Score Pathological: code X9

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Gleason Score

Description	Score Clin	Score Path
Gleason Score 2	02	02
Gleason Score 3	03	03
Gleason score 4	04	04
Gleason score 5	05	05
Gleason score 6	06	06
Gleason score 7	07	07
Gleason score 8	08	08
Gleason score 9	09	09
Gleason score 10	10	10
No biopsy/TURP	X7	-
No radical prostatectomy/autopsy	-	X7
Not documented; unknown; Active surveillance, then rad prostatectomy	X9	X9

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Gleason Tertiary Pattern

- **Source document:** pathology report from radical prostatectomy/autopsy
 - Physician statement may be used if there is no other information
 - If there is a tertiary pattern from clinical findings (biopsy, TURP, etc.), it should be disregarded (include in text only)
- Code prior to neoadjuvant therapy
- There is only one code for tertiary pattern
 - The third most common pattern from the radical prostatectomy/autopsy
- Active surveillance, then radical prostatectomy: **code X9**

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Gleason Tertiary Pattern

Description	Code
Tertiary pattern 1	10
Tertiary pattern 2	20
Tertiary pattern 3	30
Tertiary pattern 4	40
Tertiary pattern 5	50
No radical prostatectomy/autopsy	X7
Not documented; not assessed/unknown if assessed; active surveillance, then rad prostatectomy	X9

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Case Exercises

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Case 1

2/24/25 Radical prostatectomy

2/24/25 Prostate, radical prostatectomy:
adenocarcinoma, Gleason 7 (3+4), grade group 2, with
tertiary pattern 5 (approximately 25%)

Tumor is present in both lobes and apex, focal high-grade PIN

Perineural invasion present

Lymphovascular space invasion identified

No extraprostatic extension

Seminal vesicles free of tumor

Margins neg, closest left apex (2mm)

- **What is Gleason Score/Pattern Clinical?**
- **What is Gleason Score/Pattern Pathological? Tertiary Pattern?**
- **What is Grade Clinical? Grade Pathological?**

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Case 2

3/17/25 Prostate needle biopsy due to elevated PSA

3/17/25 Left Prostate, core biopsy: adenocarcinoma, Gleason 7 (3+4) involving 4/6 cores; R prostate, core biopsy: negative for carcinoma, 0/6 cores

4/20/25 Radical prostatectomy

4/20/25 Prostatectomy: adenocarcinoma, Gleason 7 (4+3), grade group 3; Tertiary pattern: 5; 3/7 pelvic nodes

Physician staging: cT1c

- **What is PSA Lab Value?**
- **What is Number of Cores Positive/Examined?**
- **What is Gleason Score/Pattern Clinical? Pathologic?**
- **What is Gleason Tertiary Pattern?**
- **What is Grade Clinical? Grade Pathologic?**

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Case 3

5/24/25 Prostate, biopsy:

- A. R apex: adenocarcinoma, Gleason 8 (4+4), 2/2 cores
- B. R base: benign, 0/2 cores
- C. R mid: benign, 0/2 cores
- D. L apex: benign, 0/2 cores
- E. L base: adenocarcinoma, Gleason 6 (3+3), 1/2 cores
- F. L mid: benign, 0/2 cores
- G. R prostate lesion: adenocarcinoma, Gleason 7 (4+3), 4/4 cores

6/3/25 Radical prostatectomy: adenocarcinoma, Gleason 7 (4+3)

- **What is PSA Lab Value?**
- **What is number of cores positive/examined?**
- **What is Gleason score/pattern clinical? Pathological?**
- **What is Gleason tertiary pattern?**
- **What is Grade Clinical? Grade Pathologic?**

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SEER*Educate Cases

- **Training – Coding CEs**
 - Dx 2021-2025 EOD, SS, Grade, SSDI Mashup (CE Closes 12/31/26)
 - **Prostate cases 1-10**



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Questions? Contact me.

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