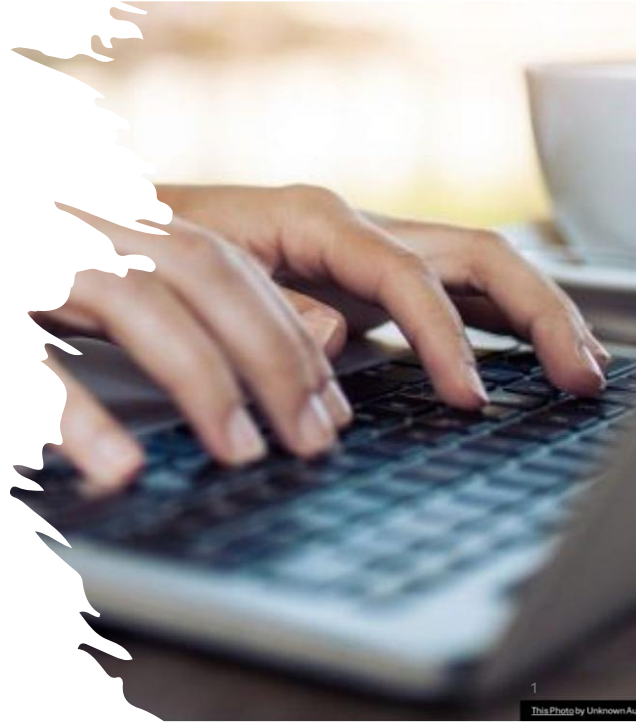


Prostate Abstracting 101 2025 Training Treatment

Presented by Melissa Riddle, ODS-C
ICR Video Training Series
April 2026



1

NCCN Risk Groups

Very Low-Risk

- cT1c; Grade group 1; PSA: <10
- Additional criteria: <3 biopsy cores positive, ≤50% cancer in each core

Low-Risk

- cT1 or cT2a; Grade group 1; PSA: <10

Intermediate-Risk

- Favorable: cT2b, Grade group 2, or PSA 10-20
- Unfavorable: cT2c or Grade group 3 with PSA 10-20

High-Risk

- cT3a or higher, Grade group 4 or higher, or PSA >20

Very High-Risk

- Presence of multiple high-risk features:
 - cT3b or higher, Grade group 5, or PSA significantly elevated

2

2

Prostate Treatment

Very low-risk and Low-risk groups	Favorable intermediate-risk group	Unfavorable intermediate-risk group	High-risk or Very high-risk groups	Stage 4A	Stage 4B
<ul style="list-style-type: none"> • Active surveillance • Radiation or Surgery • Cryotherapy 	<ul style="list-style-type: none"> • Same as low-risk group • If surgery performed, then adjuvant RT and/or HRT 	<ul style="list-style-type: none"> • Surgery with/without adjuvant HRT and/or RT • EBRT + HRT • EBRT + Brachytherapy 	<ul style="list-style-type: none"> • EBRT with/without brachytherapy + HRT • Surgery w/ LND <ul style="list-style-type: none"> • Adjuvant therapy with RT and/or HRT 	<ul style="list-style-type: none"> • EBRT + HRT • Hormone ablation • Surgery w/ LND (those who will benefit) 	<ul style="list-style-type: none"> • HRT with/without chemo • EBRT + HRT • Clinical trial • Observation alone

3

3

Active Surveillance

- NCCN advises this as an option in younger males with slow-growing disease and likely to live more than 10 years
 - Observation is recommended if expected to live less than 10 years
- **Date Therapy Initiated**
 - Date decision was made for active surveillance
 - Even if patient later changes their mind and opts for treatment
 - Later treatment is considered subsequent
- **Treatment Status: 2**
 - When documentation states patient is being monitored using active surveillance/watchful waiting/deferred therapy

4

4

Prostate Surgery Codes

- **SEER Appendix C: Prostate**

- Surgery Codes

<https://seer.cancer.gov/manuals/2025/appendixc.html>

Prostate

[Solid Tumor Rules: Other Sites](#) (PDF, 7.9 MB) - For cases diagnosed 1/1/2023+

➔ **Surgery Codes**

- [Prostate - \(C619\)](#) (PDF, 168 KB)

Site-Specific Codes for Neoadjuvant Therapy Treatment Effect

- [Prostate](#) (PDF, 204 KB)
- [Thymus, Heart and Mediastinum, Retroperitoneum, Soft Tissue Abdomen and Thoracic, Soft Tissue Head and Neck, Soft Tissue Other, Soft Tissue Trunk and Extremities, GIST](#) (PDF, 203 KB) - Use these codes for sarcomas of the Prostate

EOD Schemas

- [Prostate](#)

5

5

Prostate Surgery Codes – No Path Report

Description	Notes	Code
Local Tumor Destruction, NOS		A100
Cryoprostectomy	Freezes prostate tissue	A140
Laser Ablation	Niagara laser photovaporization	A150
Hyperthermia	Transurethral Microwave Thermotherapy (TUMT)	A160
Other method of local tumor destruction	Irreversible electroporation ablation prostate	A170

6

6

Prostate Surgery Codes

Description	Notes	Code
Transurethral resection (TURP)	No or unknown if specimen sent to pathology	A190
	Specimen sent to pathology – Unknown if cancer incidental finding or known prior to TURP	A210
	Specimen sent to pathology – Cancer incidental finding ; Aqua ablation water jet described on pathology as TURP and cancer incidental finding	A220
	Specimen sent to pathology – Known or suspected cancer	A230
Local Tumor Excision, NOS		A200
	Cryosurgery WITH any codes A200, A210, A220, A230	A240
	Laser WITH any codes A200, A210, A220, A230; Holmium laser enucleation (with specimen)	A250
	Hyperthermia WITH any codes A200, A210, A220, A230	A260

7

7

Prostate Surgery Codes

Description	Notes	Code
Simple prostatectomy (clinical)	Subtotal or Segmental; Capsule left intact (partial or whole); Suprapubic prostatectomy	A300
Radical prostatectomy	Excision of prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s); may include narrow cuff of bladder neck	A500
Prostatectomy WITH resection continuity other organs	Pelvic exenteration; Other organs may be partially or totally removed; Cystoprostatectomy	A700
Prostatectomy, NOS	Prostatectomy but unknown type – not codes A300-A700	A800

8

8

Surgical Treatment

- Radical Prostatectomy
 - Open approach
 - Radical retropubic
 - Radical perineal
 - Laproscopic radical
 - Robotic-assisted

Great video on Robot Rad Prostatectomy:

<https://www.youtube.com/watch?v=HK-bW-10E1U>

9

9

Radiation Therapy

EBRT

Brachytherapy

10

10



- **EBRT** – most often administered
 - 3D-CRT (three-dimensional conformal radiation therapy)
 - IMRT (intensity-modulated radiation therapy)
 - VMAT (volumetric modulated arc therapy)
- **Brachytherapy**
 - LDR – seeds placed
 - HDR – tubes into prostate gland and high dose delivered through needles into prostate

Radiation Treatment Modality Phase I, II, III

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

Code	Description
00	No radiation treatment
01	External beam, NOS
02	External beam, photons
03	External beam, protons
04	External beam, electrons
05	External beam, neutrons
06	External beam, carbon ions
07	Brachytherapy, NOS
08	Brachytherapy, intracavitary, LDR
09	Brachytherapy, intracavitary, HDR
10	Brachytherapy, interstitial, LDR
11	Brachytherapy, interstitial, HDR
12	Brachytherapy, electronic
13	Radioisotopes, NOS
14	Radioisotopes, radium-223
15	Radioisotopes, strontium-89
16	Radioisotopes, strontium-90
98	Radiation therapy administered, but treatment modality is not specified or unknown
99	Unknown if radiation treatment administered

EBRT (blue box) points to rows 01-06.

Body cavity (orange arrow) points to rows 08-09.

Tissue (purple arrow) points to rows 10-11.



Interstitial LDR Brachytherapy



13

13

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/>

14

14

Systemic Therapy

Chemotherapy
Hormone Therapy
Immunotherapy

15

15

SEER*Rx

- Be sure to look up drugs in SEER*Rx for accurate coding
 - Hormone
 - Chemo
 - Immunotherapy

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



16

16

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

17

17

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

18

18

Chemotherapy

- Not usually administered unless patient has advanced disease
 - Typically for Stage 4B patients
- Chemotherapy + Hormone Therapy is typical
 - 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

If prednisone/dexamethasone administered with chemo code these as HRT

19

19

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)

20

20

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
 - Code as chemotherapy
 - Olaparib (Lynparza) – with steroid drug
 - Metastatic, hormone resistant prostate cancer
 - Code as chemotherapy
 - Talazoparib (Talzenna)
 - Code as chemotherapy
 - Niraparib + abiraterone (Akeega)
 - Code as chemotherapy

21

21

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**
 - May be given prior to surgery as a bridge
 - May occur in clinical trials with no expectation to shrink disease
- Hormones: Lupron before surgery
- Radiation therapy with Hormone before surgery
- NADT (Neoadjuvant androgen deprivation therapy)
- FORUM POST re Bridge Therapy:
 - <https://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/116187-covid-and-bridge-response#post116199>

22

22



Questions? Contact me.

Melissa Riddle, ODS-C

Education & Training

Iowa Cancer Registry

melissa-riddle@uiowa.edu