

SEER Site-Specific Coding Guidelines

PROSTATE

C61.9

Equivalent or Equal Terms

- Acinar adenocarcinoma, adenocarcinoma (For prostate primaries only)
- Adenocarcinoma, glandular carcinoma

Histology

About 95% of all prostate cancers are acinar adenocarcinoma. The term acinar refers to the fact that the adenocarcinoma originates in the prostatic acini. Acinar adenocarcinoma is not a specific histologic type when referring to the prostate; therefore, code to adenocarcinoma (8140).

Priority Rules for Grading Prostate Cancer

Code the tumor grade using the following priority order.

1. Gleason's grade (Use the table to convert Gleason's grade information into the appropriate code)
2. Terminology
Differentiation (well differentiated, moderately differentiated, etc)
3. Histologic grade
Grade I, grade II, grade III, grade IV
4. Nuclear grade only

Gleason's Pattern

Prostate cancers are commonly graded using Gleason's score or pattern. Gleason's grading is based on a 5-component system, meaning it is based on 5 histologic patterns. The pathologist will evaluate the primary (majority) and secondary patterns for the tumor. The pattern is written as a range, with the majority pattern appearing first and the secondary pattern as the last number

Example: A Gleason pattern of 2 + 4 means that the primary pattern is 2 and the secondary pattern is 4.

Gleason's Score

The patterns are added together to create a score.

Example: If the pattern is 2 + 4, the pattern score is 6 (the sum of 2 and 4).

- a. If the pathology report contains only **one number**, and that number is **less than or equal to 5**, it is a pattern.
- b. If the pathology report contains only **one number**, and that number is **greater than 5**, it is a

score.

- c. If the pathology report specifies a specific **number out of a total of 10**, the first number given is the score.

Example: The pathology report says “Gleason’s 3/10”. The Gleason’s score would be 3.

- d. If there are **two numbers other than 10**, assume they refer to two patterns. The first number is the primary pattern and the second is the secondary pattern.

Example: If the pathology report says “Gleason’s 3 + 5,” the Gleason’s score would be 8, the sum of 3 and 5.

Use the following table to convert Gleason’s pattern or score into ICD-0-3 Morphology 6th Digit Code:

Gleason Conversion Table

| Gleason’s Score | Gleason’s Pattern | Histologic Grade | Terminology | <u>ICD-0-3 Morphology 6th Digit Code</u> |
|------------------------|--------------------------|-------------------------|---------------------------|--|
| 2, 3, 4 | 1, 2 | I | Well differentiated | 1 |
| 5, 6 | 3 | II | Moderately differentiated | 2 |
| 7, 8, 9, 10 | 4, 5 | III | Poorly differentiated | 3 |

Note: Code 7 was moved from moderately differentiated to poorly differentiated with cases diagnosed on or after 01/01/2003.

Collaborative Staging Codes**Prostate****C61.9**

C61.9 Prostate gland

Note: Transitional cell carcinoma of the prostatic urethra is to be coded to primary site C68.0, Urethra, and assigned Collaborative Stage codes according to the urethra scheme.

Prostate**CS Tumor Size**

SEE STANDARD TABLE

Prostate**CS Extension-Clinical Extension (Revised: 09/25/2007)**

Note 1: This field and Site-Specific Factor 3, CS Extension - Pathologic Extension, must both be coded, whether or not a prostatectomy was performed. Information from prostatectomy is **EXCLUDED** from this field and coded only in Site-Specific Factor 3, including cases diagnosed at autopsy.

Note 2:

A. A clinically inapparent tumor is one that is neither palpable nor reliably visible by imaging. An apparent tumor is palpable or visible by imaging. Do not infer inapparent or apparent tumor based on the registrar's interpretation of terms in the DRE or imaging reports. A physician assignment of cT1 or cT2 is a clear statement of inapparent or apparent respectively. Code to 30 (which maps to T2 NOS) in the absence of a clear physician's statement of inapparent or apparent.

B. Codes 10-15: CODES 10 to 15 are used only for clinically inapparent tumor not palpable or visible by imaging and incidentally found microscopic carcinoma (latent, occult) in one or both lobes. Within this range, give priority to codes 13-15 over code 10. When tumor is found in one lobe, both lobes or in prostatic apex by needle biopsy but is not palpable or visible by imaging, use code 15.

C. CODES 20 to 24 are used only for clinically/radiographically apparent tumor, i.e., that which is palpable or visible by imaging. To decide among codes 20-24, use only physical exam or imaging information, and not biopsy information. Codes 21 and 22 have precedence over code 20. Code 20 has precedence over code 24. Use code 24 if the physician assigns cT2 without a subcategory of a, b, or c.

D. CODE 30 is used for localized cancer when it is unknown if clinically or radiographically apparent. An example would be when a diagnosis is made prior to admission for a prostatectomy with no details provided on clinical findings prior to admission.

E. CODES 31, 33 and 34 have been made OBSOLETE, CODES NO LONGER USED. Information about prostate apex involvement has been moved to Site-Specific Factor 4, Prostate Apex Involvement. AJCC does not use prostate apex involvement in the "T" classification.

F. CODES 41 to 49 are used for extension beyond the prostate.

Note 3: Prostate Apex Involvement: This field and Site-Specific Factor 4, Prostate Apex Involvement, are both coded whether or not a prostatectomy was performed.

Note 4: Use codes 13-14 when a TURP is done, not for a biopsy only. Do not use code 15 when a TURP is done.

Note 5: Involvement of the prostatic urethra does not alter the extension code.

Note 6: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of amore detailed statement of involvement, assign this to code 60.

Note 7: AUA stage. Some of the American Urological Association (AUA) stages A-D are provided as guidelines for coding in the absence of more specific information in the medical record. If physician-assigned AUA stage D1-D2 is based on involvement of lymph nodes only, code under CS Lymph Nodes or CS Mets at DX, not CS Extension.

Note 8: This schema includes evaluation of other pathologic tissue such as a biopsy of the rectum.

Note 9: For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator (staging basis) are assigned based on the values in CS Extension, CS TS/Eval, and Site-Specific Factor 3. The calculation is performed differently depending on whether clinical information or pathological information takes precedence in a specific case. Note that for prostate, AJCC pathologic staging usually requires a prostatectomy. Pathologic staging information from a prostatectomy takes precedence EXCEPT when neoadjuvant treatment has been given and the clinical staging information is either AS extensive or MORE extensive than the pathologic information. The Collaborative Staging algorithm implements this logic as described below. Some combinations of codes may be errors. The CS algorithm will still calculate stage outputs if possible, and another edit program will need to identify the errors for correction.

FOR CALCULATION OF DERIVED AJCC T FOR INVASIVE CANCERS

(If the value of Site-Specific Factor 3 (Pathologic Extension) is 000 (in situ cancer on a prostatectomy specimen), see the In Situ logic below.) If the value of Site-Specific Factor 3 is greater than 000 (invasive cancer on prostatectomy, or prostatectomy not done or unknown), AND if the TS/Ext-Eval code is 0, 1, 2, 3, 5, 8, or 9, then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is taken from the TS/Ext Eval mapping. If the value of Site-Specific Factor 3 is greater than 000 and less than 095 (invasive cancer on prostatectomy), AND if the TS/Ext-Eval code is 4 or 6, then the mapping value for Derived AJCC T is taken from SSF3 mapping, and the staging basis indicator is taken from the TS/Ext Eval mapping. If the value of Site-Specific Factor 3 is greater than 000 and less than 095 (invasive cancer on prostatectomy), AND if the TS/Ext-Eval code is blank or not collected, then the mapping value for Derived AJCC T is taken from the SSF3 mapping, and the staging basis indicator is not derived. If the value of Site-Specific Factor 3 is 095 or greater (prostatectomy not done or unknown), AND if the TS/Ext-Eval code is 4 or 6, then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is taken from the TS/Ext Eval mapping. (This combination of codes is probably in error.) If the value of Site-Specific Factor 3 is 095 or greater (prostatectomy not done or unknown), AND if the TS/Ext-Eval code is blank or not collected, then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is not derived.

FOR CALCULATION OF DERIVED AJCC T FOR IN SITU CANCERS

If the value of Site-Specific Factor 3 (Pathologic Extension) is 000 (in situ), and if the value of CS Extension (Clinical Extension) is greater than 00 and less than 95 (not in situ), then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is taken from the CS TS/Ext Eval mapping (but if the Eval field is blank, no staging basis will be derived). If the value of Site-Specific Factor 3 is 000 (in situ) and the value of CS Extension code is 00 (in situ) or 95 or greater, the mapping value is taken from the Site-Specific Factor 3 mapping, and the T category is identified as a pT (but if the Eval field is blank, no staging basis will be derived).

FOR CALCULATION OF SS77 AND SS2000

If the value of Site-Specific Factor 3 (Pathologic Extension) is greater than 000 and less than 095 (i.e., prostatectomy was done, extension information is available for staging, and invasive tumor was

present in the prostatectomy specimen), then the mapping values for SS77 and 2000 are taken from the Site-Specific Factor 3 mapping. If the value of Site-Specific Factor 3 (Pathologic Extension) is 095 or greater (meaning that prostatectomy was not performed, or it was performed but the information is not usable for staging), then the mapping values for SS77 and SS2000 are taken from the CS Extension (Clinical Extension) mapping. If the value of Site-Specific Factor 3 (Pathologic Extension) is 000 (in situ), and if the value of CS Extension (Clinical Extension) is greater than 00 and less than 95 (not in situ), then the SS77 and SS2000 mapping values are taken from the CS Extension (Clinical Extension) mapping. If both Site-Specific Factor 3 and CS Extension indicate in situ (codes 000 and 00 respectively), then the mapping values are taken from the Site-Specific Factor 3.

| Code | Description | TNM | SS77 | SS2000 |
|------|---|-------|------|--------|
| 00 | In situ: noninvasive; intraepithelial | Tis | IS | IS |
| 10 | Clinically inapparent tumor, number of foci or percent involved tissue not specified Stage A, NOS | T1NOS | L | L |
| 13 | Incidental histologic finding in 5% or less of tissue resected (clinically inapparent) Stated as cT1a | T1a | L | L |
| 14 | Incidental histologic finding more than 5% of tissue resected (clinically inapparent) Stated as cT1b | T1b | L | L |
| 15 | Tumor identified by needle biopsy, e.g., for elevated PSA (clinically inapparent) Stated as cT1c | T1c | L | L |
| 20 | Involvement in one lobe, NOS (clinically apparent only) | T2NOS | L | L |
| 21 | Involves one half of one lobe or less (clinically apparent only) Stated as cT2a | T2a | L | L |
| 22 | Involves more than one half of one lobe, but not both lobes (clinically apparent only) Stated as cT2b | T2b | L | L |
| 23 | Involves both lobes (clinically apparent only) Stated as cT2c | T2c | L | L |
| 24 | Clinically apparent tumor confined to prostate, NOS Stated as cT2 without subcategory a, b, or c Stage B, NOS | T2NOS | L | L |
| 30 | Localized, NOS Confined to prostate, NOS Intracapsular involvement only | T2NOS | L | L |

| | | | | |
|--------------|--|-------|----|----|
| 30 cont'd | Not stated if Stage A or B, T1 or T2, clinically apparent or inapparent | T2NOS | L | L |
| 31 | OBSOLETE - Into prostatic apex/arising in prostatic apex, NOS (See Notes 2,3 and Site-Specific Factor 4) | T2NOS | L | L |
| 33 | OBSOLETE – Arising in prostatic apex (See Notes 2,3 and Site-Specific Factor 4) | T2NOS | L | L |
| 34 | OBSOLETE – Extending into prostatic apex (See Notes 2,3 and Site-Specific Factor 4) | T2NOS | L | L |
| 41 | Extension to periprostatic tissue (Stage C1) Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS | T3NOS | RE | RE |
| 42 | Unilateral extracapsular extension | T3a | RE | RE |
| 43 | Bilateral extracapsular extension | T3a | RE | RE |
| 45 | Extension to seminal vesicle(s) (Stage C2) | T3b | RE | RE |
| 49 | Periprostatic extension, NOS (Unknown if seminal vesicle(s) involved) Stage C, NOS | T3NOS | RE | RE |
| 50 | Extension to or fixation to adjacent structures other than seminal vesicles: Bladder neck Bladder, NOS Fixation, NOS Rectovesical (Denonvillier's) fascia Rectum; external sphincter | T4 | RE | RE |
| 52 | Levator muscles Skeletal muscle, NOS Ureter(s) | T4 | D | RE |
| 60 | Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS (See Note 6) | T4 | D | D |
| 70 | Further contiguous extension (Stage D2) including to: Bone Other organs Penis Sigmoid colon Soft tissue other than periprostatic | T4 | D | D |
| 95 | No evidence of primary tumor | T0 | U | U |

| | | | | |
|----|---|----|---|---|
| 99 | Extension unknown Primary tumor cannot be assessed Not documented in patient record | TX | U | U |
|----|---|----|---|---|

Prostate**CS TS/Ext-Eval (Revised: 09/18/2007)**

Note 1: For this site, use this item to evaluate the coding of tumor size and extension as coded in both CS Extension (clinical for prostate) and Site-Specific Factor 3, Pathologic Extension if prostatectomy was performed.

Note 2: The codes for this item for prostate differ from the codes used for most other sites. AJCC allows pathologic staging to be assigned on the basis of some biopsies without resection. According to the AJCC manual, "In general, total prostatectomy-vesiculectomy, including regional node specimen and histologic confirmation are required for pathologic T classification. However, under certain circumstances, pathologic T classification can be determined with other means. For example, (1) positive biopsy of the rectum permits a pT4 classification without prostatectomy-vesiculectomy, and (2) a biopsy revealing carcinoma in extraprostatic soft tissue permits a pT3 classification, as does a biopsy revealing adenocarcinoma infiltrating the seminal vesicles." (P. 310 *CS Manual*)

Note 3: For this site, the T category and its associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and Site-Specific Factor 3. For details, see Note 9 under CS Extension.

Note 4: According to AJCC, staging basis for transurethral resection of prostate (TURP) is clinical and is recorded as CS TS/Ext-Eval "1" (c).

| Code | Description | Staging Basis |
|------|--|---------------|
| 0 | No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used | c |
| 1 | No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. Does not meet criteria for AJCC pathological T staging | c |
| 2 | No surgical resection done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes 41-70 (see Note 2). | p |
| 3 | No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy) | p |
| 4 | Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. Meets | p |

| | | |
|-------------|--|---|
| 4 cont'd | criteria for AJCC pathologic T staging | p |
| 5 | Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on clinical evidence. | c |
| 6 | Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on pathologic evidence. | y |
| 8 | Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy). | a |
| 9 | Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record | c |

Prostate**CS Lymph Nodes (Revised: 08/15/2006)**

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

| Code | Description | TNM | SS77 | SS2000 |
|------|--|-----|------|--------|
| 00 | None; no regional lymph node involvement | N0 | NONE | NONE |
| 10 | Regional nodes, including contralateral or bilateral lymph nodes: Iliac, NOS External Internal (hypogastric), NOS: Obturator Pelvic, NOS Periprostatic Sacral, NOS Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Regional lymph node(s), NOS | N1 | RN | RN |
| 80 | Lymph nodes, NOS | N1 | RN | RN |
| 99 | Unknown; not stated Regional lymph node(s) cannot be assessed | NX | U | U |

Prostate
Reg LN Pos
SEE STANDARD TABLE

Prostate
Reg LN Exam
SEE STANDARD TABLE

Prostate
CS Mets at DX (Revised: 07/26/2007)

| Code | Description | TNM | SS77 | SS2000 |
|------|--|-------|------|--------|
| 00 | No; none | M0 | NONE | NONE |
| 11 | Distant lymph node(s), NOS Common iliac | M1a | RN | D |
| 12 | Distant lymph node(s): Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Cervical Inguinal, NOS Deep, NOS Node of Cloquet or Rosenmuller (highest deep inguinal) Superficial (femoral) Retroperitoneal, NOS Scalene (inferior deep cervical) Supraclavicular (transverse cervical) Distant lymph node(s), NOS | M1a | D | D |
| 30 | Metastasis in bone(s) | M1b | D | D |
| 35 | (30) + [(11) or (12)] | M1b | D | D |
| 40 | Distant metastasis, other than distant lymph nodes (codes 11 or 12) or bone(s) Carcinomatosis | M1c | D | D |
| 45 | Distant metastasis, NOS Stage D2, NOS | M1NOS | D | D |
| 50 | (40) + any of [(11) or (12)] | M1c | D | D |
| 55 | (40) + any of [(30) or (35)] | M1c | D | D |
| 99 | Unknown if distant metastasis | MX | U | U |

| | | | | |
|--------------|---|----|---|---|
| 99 cont'd | Distant metastasis cannot be assessed Not documented in patient record | MX | U | U |
|--------------|---|----|---|---|

Prostate

CS Site-Specific Factor 3 CS Extension - Pathologic Extension (Revised: 09/17/2007)

Note 1: Include information from prostatectomy in this field and not in CS Extension - Clinical Extension. Use all histologic information including the prostatectomy if it was done within the first course of treatment. Code 097 if there was no prostatectomy performed within the first course of treatment.

Note 2: Limit information in this field to first course of treatment in the absence of disease progression.

Note 3: Involvement of the prostatic urethra does not alter the extension code.

Note 4: When the apical margin, distal urethral margin, bladder base margin, or bladder neck margin is involved and there is no extracapsular extension, use code 040.

Note 5: CODES 031, 033 and 034 have been made OBSOLETE, CODES NO LONGER USED.

Information about prostate apex involvement has been moved to Site-Specific Factor 4, Prostate Apex Involvement. AJCC does not use prostate apex involvement in the "T" classification.

Note 6: When prostate cancer is an incidental finding during a prostatectomy for other reasons (for example, a cystoprostatectomy for bladder cancer), use the appropriate code for the extent of disease found (for example, one lobe, or both lobes, or more).

Note 7: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a more detailed statement of involvement, assign this to code 060.

Note 8: AUA stage. Some of the American Urological Association (AUA) stages A-D are provided as guidelines for coding in the absence of more specific information in the medical record. If physician-assigned AUA stage D1- D2 is based on involvement of lymph nodes only, code under CS Lymph Nodes or CS Mets at DX, not CS Extension - Pathologic Extension.

Note 9: For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator (staging basis) are assigned based on the values in CS Extension, CS TS/Eval, and Site-Specific Factor 3. The calculation is performed differently depending on whether clinical information or pathological information takes precedence in a specific case. Note that for prostate; AJCC pathologic staging usually requires a prostatectomy. Pathologic staging information from a prostatectomy takes precedence EXCEPT when neoadjuvant treatment has been given and the clinical staging information is either AS extensive or MORE extensive than the pathologic information. The Collaborative Staging algorithm implements this logic as described below. Some combinations of codes may be errors. The CS algorithm will still calculate stage outputs if possible, and another edit program will need to identify the errors for correction.

FOR CALCULATION OF DERIVED AJCC T FOR INVASIVE CANCERS

(If the value of Site-Specific Factor 3 (Pathologic Extension) is 000 (in situ cancer on a prostatectomy specimen), see the In Situ logic below.) If the value of Site-Specific Factor 3 is greater than 000 (invasive cancer on prostatectomy, or prostatectomy not done or unknown), AND if the TS/Ext-Eval code is 0, 1, 2, 3, 5, 8, or 9, then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is taken from the TS/Ext Eval mapping. If the value of Site-Specific Factor 3 is greater than 000 and less than 095 (invasive cancer on prostatectomy), AND if the TS/Ext-Eval code is 4 or 6, then the mapping value for Derived AJCC T is taken from SSF3 mapping, and the staging basis indicator is taken from the TS/Ext Eval

mapping. If the value of Site-Specific Factor 3 is greater than 000 and less than 095 (invasive cancer on prostatectomy), AND if the TS/Ext-Eval code is blank or not collected, then the mapping value for Derived AJCC T is taken from the SSF3 mapping, and the staging basis indicator is not derived. If the value of Site-Specific Factor 3 is 095 or greater (prostatectomy not done or unknown), AND if the TS/Ext-Eval code is 4 or 6, then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is taken from the TS/Ext Eval mapping. (This combination of codes is probably in error.) If the value of Site-Specific Factor 3 is 095 or greater (prostatectomy not done or unknown), AND if the TS/Ext-Eval code is blank or not collected, then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is not derived.

FOR CALCULATION OF DERIVED AJCC T FOR IN SITU CANCERS

If the value of Site-Specific Factor 3 (Pathologic Extension) is 000 (in situ), and if the value of CS Extension (Clinical Extension) is greater than 00 and less than 95 (not in situ), then the mapping value for Derived AJCC T is taken from the CS Extension (Clinical Extension) mapping, and the staging basis indicator is taken from the CS TS/Ext Eval mapping (but if the Eval field is blank, no staging basis will be derived). If the value of Site-Specific Factor 3 is 000 (in situ) and the value of CS Extension code is 00 (in situ) or 95 or greater, the mapping value is taken from the Site-Specific Factor 3 mapping, and the T category is identified as a pT (but if the Eval field is blank, no staging basis will be derived).

FOR CALCULATION OF SS77 AND SS2000

If the value of Site-Specific Factor 3 (Pathologic Extension) is greater than 000 and less than 095 (i.e., prostatectomy was done, extension information is available for staging, and invasive tumor was present in the prostatectomy specimen), then the mapping values for SS77 and 2000 are taken from the Site-Specific Factor 3 mapping. If the value of Site-Specific Factor 3 (Pathologic Extension) is 095 or greater (meaning that prostatectomy was not performed, or it was performed but the information is not usable for staging), then the mapping values for SS77 and SS2000 are taken from the CS Extension (Clinical Extension) mapping. If the value of Site-Specific Factor 3 (Pathologic Extension) is 000 (in situ), and if the value of CS Extension (Clinical Extension) is greater than 00 and less than 95 (not in situ), then the SS77 and SS2000 mapping values are taken from the CS Extension (Clinical Extension) mapping. If both Site-Specific Factor 3 and CS Extension indicate in situ (codes 000 and 00 respectively) then the mapping values are taken from the Site-Specific Factor 3.

Note 10: Code 045, extension to seminal vesicle(s) (Stage C2), takes priority over Code 048, extracapsular extension and margins involved, if both are present.

| Code | Description | TNM | SS77 | SS2000 |
|------|---|-------|------|--------|
| 000 | In situ; non-invasive; intraepithelial | Tis | IS | IS |
| 020 | Involvement in one lobe, NOS | T2NOS | L | L |
| 021 | Involves one half of one lobe or less | T2a | L | L |
| 022 | Involves more than one half of one lobe, but not both lobes | T2b | L | L |
| 023 | Involves both lobes | T2c | L | L |
| 030 | Localized, NOS Confined to prostate, NOS | T2NOS | L | L |

| | | | | |
|---------------|---|-------|----|----|
| 030 cont'd | Intracapsular involvement only Stage B, NOS | TNOS | L | L |
| 031 | OBSOLETE – Into prostatic apex/arising in prostatic apex, NOS (See Note 5 and Site-Specific Factor 4) | T2NOS | L | L |
| 032 | Invasion into (but not beyond) prostatic capsule | T2NOS | L | L |
| 033 | OBSOLETE – Arising in prostatic apex (See Note 5 and Site-Specific Factor 4) | T2NOS | L | L |
| 034 | OBSOLETE – Extending into prostatic apex (See Note 5 and Site-Specific Factor 4) | T2NOS | L | L |
| 040 | No extracapsular extension but margins involved (See Note 4) | T2NOS | L | RE |
| 041 | Extension to periprostatic tissue (Stage C1): Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS | T3a | RE | RE |
| 042 | Unilateral extracapsular extension | T3a | RE | RE |
| 043 | Bilateral extracapsular extension | T3a | RE | RE |
| 045 | Extension to seminal vesicle(s) (Stage C2) | T3b | RE | RE |
| 048 | Extracapsular extension and margins involved (Excluding seminal vesicle margins—See Code 045) | T3a | RE | RE |
| 050 | Extension to or fixation to adjacent structures other than seminal vesicles: Bladder neck Bladder, NOS Fixation, NOS Rectovesical (Denonvillier's) fascia Rectum; external sphincter | T4 | RE | RE |
| 052 | Levator muscle Skeletal muscle, NOS Ureter | T4 | D | RE |
| 060 | Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS (See Note 7) | T4 | D | D |

| | | | | |
|-----|--|----|---|---|
| 070 | Further contiguous extension (Stage D2) including to: Bone Penis Sigmoid colon Soft tissue other than periprostatic tissue Other organs | T4 | D | D |
| 095 | No evidence of primary tumor | T0 | U | U |
| 096 | Unknown if prostatectomy done | TX | U | U |
| 097 | No prostatectomy done within first course of treatment | TX | U | U |
| 098 | Prostatectomy performed, but not considered first course of treatment because of, for example, disease progression. | TX | U | U |
| 099 | Prostatectomy done: Extension unknown Primary tumor cannot be assessed Not documented in patient record | TX | U | U |

Site Specific Surgery Codes**Prostate****C619**

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item "Hematologic Transplant and Endocrine Procedures" (NAACCR Item # 3250).

Codes

00 None; no surgery of primary site; autopsy ONLY

18 Local tumor destruction or excision, NOS

19 Transurethral resection (TURP), NOS

Unknown whether a specimen was sent to pathology for surgical events coded 18 or 19
(principally for cases diagnosed prior to January 1, 2003)

10 Local tumor destruction, [or excision] NOS

14 Cryoprostatectomy

15 Laser ablation

16 Hyperthermia

17 Other method of local tumor destruction

No specimen sent to pathology from surgical events 10–17

[SEER Notes: Code Transurethral Microwave Thermotherapy (TUMT) as 16. Code High Intensity Focused Ultrasonography (HIFU) as 17. Code Transurethral Needle Ablation (TUNA) as 17]

20 Local tumor excision, NOS

21 Transurethral resection (TURP), NOS

22 TURP—cancer is incidental finding during surgery for benign disease

23 TURP—patient has suspected/known cancer

Any combination of 20–23 WITH

24 Cryosurgery

25 Laser

26 Hyperthermia

[SEER Note: Codes 24 to 26 above combine 20 Local tumor excision, NOS, 21 TURP, NOS, 22 TURP incidental or 23 TURP suspected/known cancer with 24 Cryosurgery, 25 Laser or 26 Hyperthermia]

Specimen sent to pathology from surgical events 20–26

30 Subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact

50 Radical prostatectomy, NOS; total prostatectomy, NOS

Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck

70 Prostatectomy WITH resection in continuity with other organs; pelvic exenteration
Surgeries coded 70 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy.

[SEER Note: In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

80 Prostatectomy, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY