

Prostate**C61.9****C61.9 Prostate gland**

Note 1: Transitional cell (urothelial) carcinoma of the prostatic urethra is to be coded to primary site C68.0, Urethra, and assigned Collaborative Stage codes according to the urethra schema.

Note 2: The 7th Edition AJCC stage group is derived not only from the T, N, and M categories but also from Site-Specific Factor 1 (PSA Lab Value) and Site-Specific Factor 8 or 10 (Gleason's Score). The specific Gleason's Score used is dependent upon the values of CS Extension - Clinical Extension, Site-Specific Factor 3 (CS Extension - Pathologic Extension) and CS Tumor Size/Ext Eval as shown in the Special Calculation Table for TNM 7 Invasive/Unknown Pathologic Extension Eval and Special Calculation Table for TNM 7 Non-Invasive Pathologic Extension.

Prostate**CS Tumor Size**

See Standard Table

Prostate**CS Extension - Clinical Extension**

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

Note 2: AJCC considers "in situ carcinoma of prostate gland" an impossible diagnosis. Any case so coded will be mapped to TX for AJCC stage and in situ Summary Stage.

Note 3: Clinically apparent and inapparent tumor:

A. A clinically inapparent tumor is one that is neither palpable nor reliably visible by imaging. A clinically apparent tumor is palpable or visible by imaging. If a clinician documents a "tumor", "mass", or "nodule", this can be inferred as apparent. Do not infer inapparent or apparent tumor based on the registrar's interpretation of other terms in the digital rectal examination (DRE) or imaging reports. A physician assignment of cT1 or cT2 is also a clear statement of inapparent or apparent respectively. Code to 300 (which maps to T2 NOS) in the absence of a clear physician's statement of inapparent or apparent.

B. Codes 100 to 150 are used only for clinically inapparent tumor not palpable or visible by imaging, and/or incidentally found microscopic carcinoma (latent, occult) in one or both lobes. Within this range, give priority to codes 130-150 over code 100. Do not use codes 100-140 for needle core biopsy. Use code 150 when tumor is found in one lobe, both lobes, or in prostatic apex by needle biopsy but is not palpable or visible by imaging.

C. Codes 200 to 240 are used only for clinically/radiographically apparent tumor/nodule/mass which is palpable or visible by imaging. To decide among codes 200-240, use only physical exam or imaging information, and not biopsy information. Prostate biopsy information is coded in CS Site-Specific Factor 14. Codes 210 and 220 have precedence over code 200. Code 200 has precedence over code 240. Use code 240 if the physician assigns cT2 without a subcategory of a, b, or c.

D. Code 300 is used for localized cancer when it is unknown if the tumor is clinically or radiographically apparent. An example would be a diagnosis made prior to admission for a prostatectomy with no details provided on the initial clinical findings.

E. Codes 410 to 700 are used for extension beyond the prostate. Information from biopsy of extraprostatic tissue is coded in CS Extension - Clinical Extension.

Note 4: Involvement of the prostatic urethra does not alter the extension code.

Note 5: "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 a description of frozen pelvis to code 600.

Note 6: The mapping values for TNM, SS77, and SS2000 and the associated c, p, yp, or a indicator (staging basis) are assigned based on the values in CS Extension - Clinical Extension, CS Tumor Size/Ext Eval, and CS Site-Specific Factor 3 - Pathologic Extension. The calculation depends on whether clinical information or pathologic 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 clinical extension is either as extensive or more extensive than pathologic extension. The CS algorithm implements this logic as shown in the special calculation extra tables. Some combinations of codes may be errors. The CS algorithm will derive stage values if possible; a separate edit program may be required to identify errors for correction.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--|-----------|-----------|----------|------------|
| 000 | In situ, intraepithelial, noninvasive | TX | TX | IS | IS |
| 100 | Incidental histologic finding (for example, on TURP), number of foci or percent of involved tissue not specified (clinically inapparent) (See Note 3B) Stated as cT1 [NOS] with no other information on clinical extension | T1NOS | T1NOS | L | L |
| 130 | Incidental histologic finding (for example, on TURP) in 5 percent or less of tissue resected (clinically inapparent) (See Note 3B) Stated as cT1a with no other information on clinical extension | T1a | T1a | L | L |
| 140 | Incidental histologic finding (for example, on TURP) in more than 5 percent of tissue resected (clinically inapparent) (See Note 3B) Stated as cT1b with no other information on clinical extension | T1b | T1b | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 150 | Tumor identified by needle biopsy (clinically inapparent) Example - for elevated PSA (See Note 3B); Stated as cT1c with no other information on clinical extension | T1c | T1c | L | L |
| 200 | Involvement in one lobe/side, NOS (Clinically apparent on physical exam or imaging, do NOT use information from biopsy to determine extent of involvement) (See Note 3C) | T2NOS | T2NOS | L | L |
| 210 | Involves one half of one lobe/side or less (Clinically apparent on physical exam or imaging, do NOT use information from biopsy to determine extent of involvement) (See Note 3C) Stated as cT2a with no other information on clinical extension | T2a | T2a | L | L |
| 220 | Involves more than one half of one lobe/side, but not both lobes/sides (Clinically apparent on physical exam or imaging, do NOT use information from biopsy to determine extent of involvement) (See Note 3C) Stated as cT2b with no other information on clinical extension | T2b | T2b | L | L |
| 230 | Involves both lobes/sides (Clinically apparent on physical exam or imaging, do NOT use information from biopsy to determine extent of involvement) (See Note 3C) Stated as cT2c with no other information on clinical extension | T2c | T2c | L | L |
| 240 | Clinically apparent tumor confined to prostate, NOS Stated as cT2 [NOS] with no other information on clinical extension | T2NOS | T2NOS | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--|-----------|-----------|----------|------------|
| 300 | Localized, NOS Confined to prostate, NOS Intracapsular involvement only Not stated if T1 or T2, clinically apparent or inapparent | T2NOS | T2NOS | L | L |
| 310 | OBSELETE DATA REVIEWED AND CHANGED V0102 Into prostatic apex/arising in prostatic apex, NOS (See Site-Specific Factor 4) | ERROR | ERROR | ERROR | ERROR |
| 330 | OBSELETE DATA REVIEWED AND CHANGED V0102 Arising in prostatic apex (See Site-Specific Factor 4) | ERROR | ERROR | ERROR | ERROR |
| 340 | OBSELETE DATA REVIEWED AND CHANGED V0102 Extending into prostatic apex (See Site-Specific Factor 4) | ERROR | ERROR | ERROR | ERROR |
| 410 | Extension to periprostatic tissue Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS | T3NOS | T3NOS | RE | RE |
| 420 | Unilateral extracapsular extension | T3a | T3a | RE | RE |
| 430 | Bilateral extracapsular extension | T3a | T3a | RE | RE |
| 440 | Microscopic bladder neck involvement | T3a | T4 | RE | RE |
| 445 | Stated as T3a with no other information on extension | T3a | T3a | RE | RE |
| 450 | Extension to seminal vesicle(s) Stated as T3b with no other information on extension | T3b | T3b | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 470 | 450 + 440 Extension to seminal vesicle(s) plus microscopic bladder neck involvement | T3b | T4 | RE | RE |
| 490 | Periprostatic extension, NOS (Unknown if seminal vesicle(s) involved) Stated as T3 [NOS] with no other information on extension | T3NOS | T3NOS | RE | RE |
| 500 | Extension to or fixation to adjacent structures other than seminal vesicles: Bladder neck, except microscopic bladder neck involvement (see code 440) Bladder, NOS Fixation, NOS Rectovesical (Denonvillier's) fascia Rectum; external sphincter | T4 | T4 | RE | RE |
| 510 | Extraprostatic urethra (membranous urethra) | T4 | T4 | RE | RE |
| 520 | Levator muscles Skeletal muscle, NOS Ureter(s) | T4 | T4 | D | RE |
| 600 | Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS (see Note 5) | T4 | T4 | D | D |
| 700 | Further contiguous extension including: Bone Other organs Penis Sigmoid colon Soft tissue other than periprostatic | T4 | T4 | D | D |
| 750 | Stated as T4 with no other information | T4 | T4 | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|---|-----------|-----------|----------|------------|
| 750 cont'd | on extension | T4 | T4 | RE | RE |
| 950 | No evidence of primary tumor | T0 | T0 | U | U |
| 999 | Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record | TX | TX | U | U |

Prostate

CS Tumor Size/Ext Eval

Note 1: THE CODES FOR THIS ITEM FOR PROSTATE DIFFER FROM THE CODES USED FOR MOST OTHER SITES.

Note 2: For this site, use this item to evaluate the coding of tumor size and extension as coded in both CS Extension - Clinical Extension AND Site-Specific Factor 3, Pathologic Extension. If prostatectomy was performed and the information is useful for staging assign CS Tumor Size/Ext Eval code 4. If autopsy is performed and the information is useful for staging assign CS Tumor Size/Ext Eval code 3 or 8. If prostatectomy or autopsy was performed but the information is not useful for staging, CS Tumor Size/Ext Eval should be assigned based on the information coded in CS Extension - Clinical Extension.

Note 3: AJCC allows pathologic staging to be assigned on the basis of some biopsies without resection. According to the AJCC manual, "In general, total prostatoseminal-vesiculectomy, including regional node specimen, and histologic confirmation are required for pathologic T classification". Simple prostatectomy is acceptable for pathologic T classification when disease is confined to the prostate and margins are negative. 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 prostatoseminal-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."

Note 4: For this site, the T category and its associated c, p, yp, or a indicator are assigned based on the values in CS Extension, CS Tumor Size/Ext Eval, and Site-Specific Factor 3. For details, see CS Extension - Clinical Extension Note 7 and the special calculation extra tables.

Note 5: According to AJCC, staging basis for transurethral resection of prostate (TURP) is clinical and is recorded as CS Tumor Size/Ext Eval "1" (c).

Note 6: For CS Extension - Clinical Extension codes 100 -150 without prostatectomy assign CS Tumor Size/Ext Eval code 1 as these extension codes are only proven by TURP or needle core biopsy.

Note 7: For CS Extension - Clinical Extension codes 200 - 240 without prostatectomy assign CS Tumor Size/Ext Eval code 0 as these extension codes are based on physical examination and/or imaging only and NOT biopsy.

Note 8: If the extension (CS Extension - Clinical Extension) prior to neoadjuvant therapy is as

extensive or more extensive than the extension at prostatectomy (Site-Specific Factor 3 - Pathologic Extension), assign CS Tumor Size/Ext Eval code 5.

Note 9: If the extension (CS Extension - Clinical Extension) prior to neoadjuvant therapy is less extensive than the extension at prostatectomy (Site-Specific Factor 3 - Pathologic Extension), assign CS Tumor Size/Ext Eval code 6.

| Code | Description | Staging Basis |
|------|--|---------------|
| 0 | Does not meet criteria for AJCC pathologic staging: No prostatectomy done. Evaluation based on physical examination including digital rectal examination (DRE), imaging examination, or other non-invasive clinical evidence. No autopsy evidence used. | c |
| 1 | Does not meet criteria for AJCC pathologic staging: No prostatectomy done. Evaluation based on endoscopic examination, diagnostic biopsy, including needle core biopsy or fine needle aspiration biopsy, transurethral resection (TURP) or other invasive techniques including surgical observation without biopsy. No autopsy evidence used. | c |
| 2 | Meets criteria for AJCC pathologic staging: No prostatectomy done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes 410-700 (see Note 3). Not to be used with CS Extension codes 000-300. | p |
| 3 | Meets criteria for AJCC pathologic staging: No prostatectomy done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy). | p |
| 4 | Meets criteria for AJCC pathologic staging: Prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation OR Prostatectomy performed, unknown if pre-surgical systemic treatment or radiation performed AND evaluation based on evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. | p |
| 5 | Does not meet criteria for AJCC y-pathologic (yp) staging: Prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence (CS Extension - Clinical Extension), unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6). | c c |

| Code | Description | Staging Basis |
|------|---|---------------|
| 6 | Meets criteria for AJCC y-pathologic (yp) staging: Prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on pathologic evidence (Site-Specific Factor 3 - Pathologic Extension) because pathologic evidence at surgery is more extensive than clinical evidence before treatment. | yp |
| 8 | Meets criteria for autopsy (a) staging: Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy). | a |
| 9 | Unknown if prostatectomy done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record | c |

Prostate**CS Lymph Nodes**

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

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 000 | No regional lymph node involvement | N0 | N0 | NONE | NONE |
| 100 | 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 Stated as N1 with no other information on regional lymph nodes | N1 | N1 | RN | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 800 | Lymph nodes, NOS | N1 | N1 | RN | RN |
| 999 | Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record | NX | NX | U | U |

Prostate
CS Lymph Nodes Eval
See Standard Table

Prostate
Regional Nodes Positive
See Standard Table

Note: Record this field even if there has been preoperative treatment.

Prostate
Regional Nodes Examined
See Standard Table

Prostate
CS Mets at DX

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 00 | No distant metastasis | M0 | M0 | NONE | NONE |
| 11 | Distant lymph node(s): Common iliac | M1a | M1a | RN | D |
| 12 | Distant lymph node(s): Aortic, NOS: Lateral (lumbar) Para-aortic Periaortic Cervical Inguinal, NOS: Deep, NOS: Node of Cloquet or | M1a | M1a | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|--------------|---|-----------|-----------|----------|------------|
| 12 cont'd | Rosenmuller (highest deep inguinal) Superficial (femoral) Retroperitoneal, NOS Scalene (inferior deep cervical) Supraclavicular (transverse cervical) Distant lymph node(s), NOS | M1a | M1a | D | D |
| 20 | Stated as M1a with no other information on distant metastasis | M1a | M1a | D | D |
| 30 | Metastasis in bone(s) | M1b | M1b | D | D |
| 35 | 30 + (11 or 12) Metastasis in bone(s) plus distant lymph node(s) | M1b | M1b | D | D |
| 38 | Stated as M1b with no other information on distant metastasis | M1b | M1b | D | D |
| 40 | Distant metastasis, other than distant lymph nodes or bone(s) Carcinomatosis | M1c | M1c | D | D |
| 45 | OBSOLETE DATA CONVERTED V0200 ; See code 60 Distant metastasis, NOS Stage D2, NOS | ERROR | ERROR | ERROR | ERROR |
| 50 | 40 + (11 or 12) Distant metastasis other than bone(s) plus distant lymph node(s) | M1c | M1c | D | D |
| 55 | 40 + (30 or 35) Distant metastasis other than distant lymph node(s) plus bone(s) OR Distant metastasis plus distant lymph nodes and bone(s) | M1c | M1c | D | D |
| 58 | Stated as M1c with no other | M1c | M1c | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|--------------|--|-----------|-----------|----------|------------|
| 58 cont'd | information on distant metastasis | M1c | M1c | D | D |
| 60 | Distant metastasis, NOS Stated as M1 [NOS] with no other information on distant metastasis | M1NOS | M1NOS | D | D |
| 99 | Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record | M0 | MX | U | U |

Prostate**CS Mets Eval****See Standard Table**

Note 1: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Note 2: If a specific subcategory of M1 will be derived from CS Mets at DX, then determine if there was any pathological evidence for the highest subcategory. If so, select an Eval code that will derive a "p" staging basis. If there was only clinical evidence of the highest subcategory, select an Eval code that will derive a "c" staging basis. See also CS Mets Eval in Part 1.

Prostate**CS Site-Specific Factor 1****Prostatic Specific Antigen (PSA) Lab Value****Note: See page A-137**

Note 1: PSA is used in conjunction with anatomic extent of disease and Gleason score to distinguish among stage I, stage IIA, and stage IIB for AJCC 7 staging.

Note 2: The same laboratory test should be used to record information in CS Site-Specific Factors 1 and 2.

Note 3: Record to the nearest tenth in nanograms/milliliter (ng/ml) the highest PSA lab value documented in the medical record prior to diagnostic biopsy of prostate and treatment. The lab value may be recorded in the lab report, history and physical or clinical statement in the pathology report, etc. For example, code a pretreatment PSA of 20.0 ng/ml as 200. A lab value expressed in micrograms per liter (ug/L) is equivalent to the same value expressed in nanograms per milliliter (ng/ml).

| Code | Description |
|------|--|
| 000 | OBSOLETE DATA CONVERTED V0200; See code 998 Test not done (test was not ordered and was not performed) |

| Code | Description |
|---------|---|
| 001 | 0.1 or less nanograms/milliliter (ng/ml) (Exact value to nearest tenth of ng/ml) |
| 002-979 | 0.2 - 97.9 ng/ml (Exact value to nearest tenth of ng/ml) |
| 980 | 98.0 ng/ml or greater |
| 981-987 | OBSOLETE DATA CONVERTED V0200; See code 980 98.1 - 98.7 ng/ml |
| 988 | Not applicable: Information not collected for this case (If this item is required by your standard setter, use of code 988 will result in an edit error.) (Cases with code 988 in CSv1 converted to code 980) |
| 989 | OBSOLETE DATA CONVERTED V0200; See code 980 98.9 ng/ml |
| 990 | OBSOLETE DATA CONVERTED V0200; Data converted to code 980 99.0 or greater ng/ml |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered and not performed) |
| 999 | Unknown or no information Not documented in patient record |

Prostate**CS Site-Specific Factor 3****CS Extension - Pathologic Extension****Note: See page A-138**

Note 1: Include information from prostatectomy and autopsy in this field and not in CS Extension - Clinical Extension. Only use histologic information from prostatectomy, including simple prostatectomy with negative margins, and autopsy in this field. Information from biopsy of extraprostatic sites is coded in CS Extension - Clinical Extension; information from needle core biopsy of prostate is coded in CS Site-Specific Factor 14.

Note 2: Code 970 if there is no prostatectomy performed within the first course of treatment.

Note 3: Limit information in this field to first course of treatment in the absence of disease progression.

Note 4: AJCC considers "in situ carcinoma of prostate gland" an impossible diagnosis. Any case so coded is mapped to TX for AJCC stage and in situ Summary Stage.

Note 5: 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, involvement in one lobe, both lobes, or more).

Note 6: When the apical margin, distal urethral margin, bladder base margin, or bladder neck margin is involved and there is no extracapsular extension, use code 400.

Note 7: Involvement of the prostatic urethra does not alter the extension code.

Note 8: "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 600.

Note 9: For information regarding stage calculations, refer to CS Extension - Clinical Extension Note 6 and the special calculation extra tables.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 | SS2000 |
|------|---|-----------|-----------|-------|--------|
| 000 | In situ, intraepithelial, noninvasive | TX | TX | IS | IS |
| 020 | OBSOLETE DATA CONVERTED V0200; See code 200 Involvement in one lobe, NOS | ERROR | ERROR | ERROR | ERROR |
| 021 | OBSOLETE DATA CONVERTED V0200; See code 210 Involves one half of one lobe or less | ERROR | ERROR | ERROR | ERROR |
| 022 | OBSOLETE DATA CONVERTED V0200; See code 220 Involves more than one half of one lobe, but not both lobes | ERROR | ERROR | ERROR | ERROR |
| 023 | OBSOLETE DATA CONVERTED V0200; See code 230 Involves both lobes | ERROR | ERROR | ERROR | ERROR |
| 030 | OBSOLETE DATA CONVERTED V0200; See code 300 Localized, NOS Confined to prostate, NOS Intracapsular involvement only Stage B, NOS | ERROR | ERROR | ERROR | ERROR |
| 031 | OBSOLETE DATA REVIEWED | ERROR | ERROR | ERROR | ERROR |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 | SS2000 |
|---------------|---|-----------|-----------|-------|--------|
| 031 cont'd | AND CHANGED V0102 Into prostatic apex/arising in prostatic apex, NOS (See Site-Specific Factor 4) | ERROR | ERROR | ERROR | ERROR |
| 032 | OBSOLETE DATA CONVERTED V0200 ; See code 320 Invasion into (but not beyond) prostatic capsule | ERROR | ERROR | ERROR | ERROR |
| 033 | OBSOLETE DATA REVIEWED AND CHANGED V0102 Arising in prostatic apex (See Site-Specific Factor 4) | ERROR | ERROR | ERROR | ERROR |
| 034 | OBSOLETE DATA REVIEWED AND CHANGED V0102 Extending into prostatic apex (See Site-Specific Factor 4) | ERROR | ERROR | ERROR | ERROR |
| 040 | OBSOLETE DATA CONVERTED V0200 ; See code 400 No extracapsular extension but margins involved (See Note 5) | ERROR | ERROR | ERROR | ERROR |
| 041 | OBSOLETE DATA CONVERTED V0200 ; See code 410 Extension to periprostatic tissue (Stage C1): Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS | ERROR | ERROR | ERROR | ERROR |
| 042 | OBSOLETE DATA CONVERTED V0200 ; See code 420 Unilateral extracapsular extension | ERROR | ERROR | ERROR | ERROR |
| 043 | OBSOLETE DATA CONVERTED V0200 ; See code 430 Bilateral extracapsular extension | ERROR | ERROR | ERROR | ERROR |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 | SS2000 |
|------|---|-----------|-----------|-------|--------|
| 045 | OBSOLETE DATA CONVERTED V0200; See code 485 Extension to seminal vesicle(s) (Stage C2) | ERROR | ERROR | ERROR | ERROR |
| 048 | OBSOLETE DATA CONVERTED V0200; See code 480 Extracapsular extension and margins involved (Excluding seminal vesicle margins, see code 045) | ERROR | ERROR | ERROR | ERROR |
| 050 | OBSOLETE DATA CONVERTED V0200; See code 500 Extension to or fixation to adjacent structures other than seminal vesicles: Bladder neck Bladder, NOS Fixation, NOS Rectovesical (Denonvillier's) fascia Rectum; external sphincter | ERROR | ERROR | ERROR | ERROR |
| 052 | OBSOLETE DATA CONVERTED V0200; See code 520 Levator muscle Skeletal muscle, NOS Ureter | ERROR | ERROR | ERROR | ERROR |
| 060 | OBSOLETE DATA CONVERTED V0200; See code 600 Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS (See Note 8) | ERROR | ERROR | ERROR | ERROR |
| 070 | OBSOLETE DATA CONVERTED V0200; See code 700 Further contiguous extension (Stage D2) including to: Bone Penis | ERROR | ERROR | ERROR | ERROR |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 | SS2000 |
|------|--|-----------|-----------|-------|--------|
| 070 | Sigmoid colon Soft tissue other than periprostatic tissue Other organs | ERROR | ERROR | ERROR | ERROR |
| 095 | OBSOLETE DATA CONVERTED V0200 ; See code 950 No evidence of primary tumor | ERROR | ERROR | ERROR | ERROR |
| 096 | OBSOLETE DATA CONVERTED V0200 ; See code 960 Unknown if prostatectomy done | ERROR | ERROR | ERROR | ERROR |
| 097 | OBSOLETE DATA CONVERTED V0200 ; See code 970 No prostatectomy done within first course of treatment | ERROR | ERROR | ERROR | ERROR |
| 098 | OBSOLETE DATA CONVERTED V0200 ; See code 980 Prostatectomy performed, but not considered first course of treatment because of, for example; disease progression. | ERROR | ERROR | ERROR | ERROR |
| 099 | OBSOLETE DATA CONVERTED V0200 ; See code 990 Prostatectomy done: Extension unknown Not documented in patient record Primary tumor cannot be assessed | ERROR | ERROR | ERROR | ERROR |
| 200 | Involves one lobe/side, NOS | T2NOS | T2NOS | L | L |
| 210 | Involves one half of one lobe/side or less; Stated as pT2a with no other information on pathologic extension | T2a | T2a | L | L |
| 220 | Involves more than one half of one lobe/side, but not both lobes/sides | T2b | T2b | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 | SS2000 |
|---------------|--|-----------|-----------|------|--------|
| 220 cont'd | Stated as pT2b with no other information on pathologic extension | T2b | T2b | L | L |
| 230 | Involves both lobes/sides Stated as pT2c with no other information on pathologic extension | T2c | T2c | L | L |
| 300 | Localized, NOS Confined to prostate, NOS Intracapsular involvement only Stated as pT2 [NOS] with no other information on pathologic extension | T2NOS | T2NOS | L | L |
| 320 | Invasion into (but not beyond) prostatic capsule | T2NOS | T2NOS | L | L |
| 330 | 320 + 210 Invasion into (but not beyond) prostatic capsule plus involves one half of one lobe/side or less | T2a | T2a | L | L |
| 340 | 320 + 220 Invasion into (but not beyond) prostatic capsule plus involves more than one half of one lobe/side, but not both lobes/sides | T2b | T2b | L | L |
| 350 | 320 + 230 Invasion into (but not beyond) prostatic capsule plus involves both lobes/sides | T2c | T2c | L | L |
| 400 | No extracapsular extension but specific margins involved (see Note 6) | T2NOS | T2NOS | L | RE |
| 402 | 400 + 210 No extracapsular extension but specific margins involved plus involves one half of one lobe/side or less | T2a | T2a | L | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 | SS2000 |
|------|---|-----------|-----------|------|--------|
| 404 | 400 + 220 No extracapsular extension but specific margins involved plus involves more than one half of one lobe/side, but not both lobes/sides | T2b | T2b | L | RE |
| 406 | 400 + 230; No extracapsular extension but specific margins involved plus involves both lobes/sides | T2c | T2c | L | RE |
| 410 | OBSOLETE DATA REVIEWED V0203 ; See codes 415 and 483 Extension to periprostatic tissue: Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS Stated as pT3a with no other information on pathologic extension Stage C1, NOS | T3a | T3a | RE | RE |
| 415 | Extension to periprostatic tissue: Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS | T3a | T3a | RE | RE |
| 420 | Unilateral extracapsular extension | T3a | T3a | RE | RE |
| 430 | Bilateral extracapsular extension | T3a | T3a | RE | RE |
| 480 | Extracapsular extension and specific margins involved (see Note 6) | T3a | T3a | RE | RE |
| 482 | Microscopic bladder neck involvement | T3a | T4 | RE | RE |
| 483 | Stated as pT3a with no other information on pathologic extension | T3a | T3a | RE | RE |
| 485 | Extension to seminal vesicle(s) Stated as pT3b with no other | T3b | T3b | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 | SS2000 |
|---------------|--|-----------|-----------|------|--------|
| 485 cont'd | information on pathologic extension | T3b | T3b | RE | RE |
| 490 | 485 + 482 Extension to seminal vesicle(s) plus microscopic bladder neck involvement | T3b | T4 | RE | RE |
| 495 | Stated as pT3 [NOS] with no other information on pathologic extension | T3NOS | T3NOS | RE | RE |
| 500 | Extension to or fixation to adjacent structures other than seminal vesicles: Bladder, NOS Fixation, NOS Rectovesical (Denonvillier's) fascia Rectum; external sphincter | T4 | T4 | RE | RE |
| 510 | Extraprostatic urethra (membranous urethra) | T4 | T4 | RE | RE |
| 520 | Levator muscle Skeletal muscle, NOS Ureter | T4 | T4 | D | RE |
| 600 | Extension to or fixation to pelvic wall or pelvic bone "Frozen pelvis", NOS (see Note 8) | T4 | T4 | D | D |
| 700 | Further contiguous extension including: Bone Penis Sigmoid colon Soft tissue other than periprostatic tissue Other organs | T4 | T4 | D | D |
| 750 | Stated as pT4 with no other information on pathologic extension | T4 | T4 | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 | SS2000 |
|------|--|-----------|-----------|------|--------|
| 950 | No evidence of primary tumor | T0 | T0 | U | U |
| 960 | Unknown if prostatectomy done | TX | TX | U | U |
| 970 | No prostatectomy done within first course of treatment | TX | TX | U | U |
| 980 | Prostatectomy performed, but not considered first course of treatment, for example performed after disease progression | TX | TX | U | U |
| 985 | Autopsy performed but extension unknown | TX | TX | U | U |
| 990 | Prostatectomy done: Extension not stated Primary tumor cannot be assessed Not documented in patient record | TX | TX | U | U |

Prostate

CS Site-Specific Factor 8

Gleason's Score on Needle Core Biopsy/Transurethral Resection of Prostate (TURP)

Note: See page A-139

Note 1: Code the Gleason's score from needle core biopsy or TURP only in this field.

Note 2: Usually prostate cancers are graded using Gleason's score or pattern. Gleason's grading for prostate primaries is based on a 5-component system (5 histologic patterns). Prostatic cancer generally shows two main histologic patterns. The primary pattern, the pattern occupying greater than 50% of the cancer, is usually indicated by the first number of the Gleason's grade, and the secondary pattern is usually indicated by the second number. These two numbers are added together to create a pattern score, ranging from 2 to 10.

If there are two numbers, assume that they refer to two patterns (the first number being the primary pattern and the second number the secondary pattern), and sum them to obtain the score.

If only one number is given and it is less than or equal to 5, code the total score to 999, unknown or no information.

If only one number is given and it is greater than 5, assume that it is a score and code as stated.

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, and coded as 003.

Note 3: Record the Gleason's score based on the addition of the primary and secondary patterns coded in CS Site-Specific Factor 7.

Note 4: If needle core biopsy and TURP are not performed, assign code 998. If the Gleason's pattern and score are not documented on needle core biopsy or TURP, assign code 999.

| Code | Description |
|---------|---|
| 002-010 | Gleason's score |
| 988 | Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.) |
| 998 | No needle core biopsy/TURP performed |
| 999 | Unknown or no information; Not documented in patient record |

Prostate

CS Site-Specific Factor 10

Gleason's Score on Prostatectomy/Autopsy

Note: See page A-139

Note 1: Code the Gleason's score from prostatectomy or autopsy only in this field.

Note 2: Usually prostate cancers are graded using Gleason's score or pattern. Gleason's grading for prostate primaries is based on a 5-component system (5 histologic patterns). Prostatic cancer generally shows two main histologic patterns. The primary pattern, the pattern occupying greater than 50% of the cancer, is usually indicated by the first number of the Gleason's grade, and the secondary pattern is usually indicated by the second number. These two numbers are added together to create a pattern score, ranging from 2 to 10.

If there are two numbers, assume that they refer to two patterns (the first number being the primary pattern and the second number being the secondary pattern), and sum them to obtain the score.

If only one number is given and it is less than or equal to 5, code the total score to 999, unknown or no information.

If only one number is given and it is greater than 5, assume that it is a score and code as stated.

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, and coded as 003.

Note 3: Record the Gleason's score based on the addition of the primary and secondary patterns coded in CS Site-Specific Factor 9.

Note 4: If prostatectomy and autopsy are not performed, assign code 998. If the Gleason's pattern and score are not documented on prostatectomy or autopsy, assign code 999.

Note 5: If a tertiary pattern is documented on prostatectomy or autopsy, do not code in either CS Site-Specific Factor 9 or CS Site-Specific Factor 10. Record the tertiary pattern in CS Site-Specific Factor 11.

| Code | Description |
|---------|---------------------------------|
| 002-010 | Gleason's Score (See Notes 1-5) |

| | |
|-----|---|
| 988 | Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.) |
| 998 | No prostatectomy/autopsy performed |
| 999 | No Gleason's score documented on prostatectomy/autopsy Unknown or no information Not documented in patient record |