

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	ICD-0-3 Morphology 6 th Digit Code
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.

Prostate C61.9**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).

Note 4: A discrepancy between the PSA documented in the lab report and the PSA documented by the clinician may arise due to the clinician adjusting the PSA value. Certain medications for benign prostatic hypertrophy (BPH) decrease the PSA. Therefore, ONLY if there is documentation by a clinician within the medical record of an adjusted PSA value, record the adjusted value. The registrar does not adjust the PSA value based on BPH medication use. If there is no documentation by a clinician within the medical record of an adjusted PSA value, record the PSA value provided. The fact that an adjusted PSA value is being recorded should be documented in a text field.

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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
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)
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 C61.9**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.

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Code	Description	TNM 7 Map	TNM 6 Map	SS77	SS2000
000	In situ, intraepithelial, noninvasive	TX	TX	IS	IS
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 Stated as pT2b with no other information on pathologic extension	T2b T2b	T2b T2b	L L	L L
230	Involves both lobes/sides Stated as pT2c with no other	T2c	T2c	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77	SS2000
	information on pathologic extension				
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
404	400 + 220 No extracapsular extension but specific margins involved plus involves more than one half of one	T2b	T2b	L	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77	SS2000
	lobe/side, but not both lobes/sides				
406	400 + 230; No extracapsular extension but specific margins involved plus involves both lobes/sides	T2c	T2c	L	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 information on pathologic extension	T3b T3b	T3b T3b	RE RE	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

Code	Description	TNM 7 Map	TNM 6 Map	SS77	SS2000
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
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	TX	TX	U	U

Code	Description	TNM 7 Map	TNM 6 Map	SS77	SS2000
	Primary tumor cannot be assessed Not documented in patient record				

Prostate C61.9**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.

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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 C61.9**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.**See page A-45**

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

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