

## 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 6<sup>th</sup> Digit Code:

**Gleason Conversion Table**

Gleason’s Score	Gleason’s Pattern	Histologic Grade	Terminology	ICD-0-3 Morphology 6 <sup>th</sup> 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**

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 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 Site-Specific Factor 3.

**Note 2:**

A. A clinically inapparent tumor is one that is neither palpable nor reliably visible by imaging. A clinically apparent tumor/nodule/mass is palpable or visible by imaging.

Do not infer inapparent or apparent tumor based on the registrar's interpretation of other 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 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. Use codes 100-140 when a TURP is done, not for a biopsy only. Do not use code 150 when a TURP is done. 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 150.

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. Biopsy information is coded in 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 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 310, 330 and 340 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 410 to 700 are used for extension beyond the prostate. Biopsy of extraprostatic tissue coded in the range 410-700 can be used if it proves extension.

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

**Note 4:** "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 5:** 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 6:** This schema includes evaluation of other pathologic tissue such as a biopsy of the rectum.

**Note 7:** For the extension fields for this site, 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, CS Tumor Size/Ext 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 shown in the special calculation extra tables. 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.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ: noninvasive; intraepithelial	TX	TX	IS	IS
100	Incidental histologic finding on TURP, number of foci or percent involved tissue not specified (clinically inapparent) Stated as cT1 [NOS] with no other information on clinical extension Stage A, NOS (see also Note 2B)	T1NOS	T1NOS	L	L
130	Incidental histologic finding on TURP in 5% or less of tissue resected (clinically inapparent) Stated as cT1a with no other information on clinical extension	T1a	T1a	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
130 cont'd	(see also Note 2B)	T1a	T1a	L	L
140	Incidental histologic finding on TURP more than 5% of tissue resected (clinically inapparent) Stated as cT1b with no other information on clinical extension (see also Note 2B)	T1b	T1b	L	L
150	Tumor identified by needle biopsy (clinically inapparent) Example - for elevated PSA Stated as cT1c with no other information on clinical extension (see also Note 2B)	T1c	T1c	L	L
200	Involvement in one lobe/side, NOS (clinically apparent on physical exam or imaging, DO NOT use information from biopsy; see also Note 2C)	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; see also Note 2C) 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; see also Note 2C)	T2b	T2b	L	L

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
220 cont'd	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; see also Note 2C) 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] without subcategory a, b, or c and no other information on clinical extension Stage B, NOS	T2NOS	T2NOS	L	L
300	Localized, NOS Confined to prostate, NOS Intracapsular involvement only Not stated if Stage A or B, T1 or T2, clinically apparent or inapparent	T2NOS	T2NOS	L	L
310	OBSOLETE DATA REVIEWED AND CHANGED V0102 Into prostatic apex/arising in prostatic apex, NOS (See Note 2E and Site-Specific Factor 4)	ERROR	ERROR	ERROR	ERROR
330	OBSOLETE DATA REVIEWED AND CHANGED V0102 Arising in prostatic apex (See Note 2E and Site-Specific Factor 4)	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
340	OBSOLETE DATA REVIEWED AND CHANGED V0102 Extending into prostatic apex (See Note 2E and Site-Specific Factor 4)	ERROR	ERROR	ERROR	ERROR
410	Extension to periprostatic tissue Extracapsular extension (beyond prostatic capsule), NOS Through capsule, NOS Stage C1, 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 Stage C2, NOS	T3b	T3b	RE	RE
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	T3NOS	T3NOS	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
490 cont'd	other information on extension Stage C, NOS	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
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 4)	T4	T4	D	D
700	Further contiguous extension including: Bone Other organs Penis Sigmoid colon Soft Tissue other than periprostatic Stage D2, NOS	T4	T4	D	D
750	Stated as T4 with no other information on extension	T4	T4	RE	RE
950	No evidence of primary tumor	T0	T0	U	U

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
999	Extension unknown 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

Code	Description	Staging Basis
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
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 the field Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; 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	N1	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	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
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed	NX	NX	U	U

**Prostate****Reg LN Pos**

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

**See Standard Table**

**Prostate****Reg LN Exam****Prostate****CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	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	M1a	M1a	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
12 cont'd	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	M1a	D	D
20	Stated as M1a with no other information on distant metastases	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) listed in code 11 or 12	M1b	M1b	D	D
38	Stated as M1b with no other information on distant metastases	M1b	M1b	D	D
40	Distant metastasis, other than distant lymph nodes (codes 11 or 12) or bone(s) Carcinomatosis  Stated as M1c with no other information on distant metastases	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)	M1c	M1c	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
50 cont'd	Distant metastasis other than bone(s) plus distant lymph node(s) listed in code 11 or 12	M1c	M1c	D	D
55	40 + (30 or 35) Distant metastasis other than distant lymph node(s) plus bone(s) OR distant metastasis plus bone(s) and distant lymph node(s)	M1c	M1c	D	D
60	Distant metastasis, NOS Stage D2, NOS Stated as M1 [NOS] with no other information on distant metastases	M1NOS	M1NOS	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

## Prostate

### CS Site-Specific Factor 3

#### CS Extension - Pathologic Extension

**Note 1:** Include information from prostatectomy and autopsy in this field and not in CS Extension - Clinical Extension. ONLY use histologic information from prostatectomy and autopsy in this field. Information from needle core biopsy is coded in Site-Specific Factor 14.

**Note 2:** Code 970 if there was 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:** Involvement of the prostatic urethra does not alter the extension code.

**Note 5:** 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 6:** CODES 020 - 099 have been made OBSOLETE, CODES NO LONGER USED. Codes 020-030, 032 and 040-099 have been converted to codes 200-999 in CS Version 2. Codes 031, 033 and 034 in this range have been made obsolete in CS Version 1 as 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 7:** 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 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:** 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 10:** For information regarding stage calculations, refer to CS Extension - Clinical Extension Note 7 and the special calculation extra tables.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ; non-invasive; intraepithelial	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 AND CHANGED V0102 Into prostatic apex/arising in prostatic apex, NOS (See Note 6 and	ERROR	ERROR	ERROR	ERROR

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
031 cont'd	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 Note 6 and Site-Specific Factor 4)	ERROR	ERROR	ERROR	ERROR
034	OBSOLETE DATA REVIEWED AND CHANGED V0102 Extending into prostatic apex (See Note 6 and 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	ERROR	ERROR	ERROR	ERROR

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
043 cont'd	V0200 See code 430 Bilateral extracapsular extension	ERROR	ERROR	ERROR	ERROR
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	ERROR	ERROR	ERROR	ERROR

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
060 cont'd	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 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	ERROR	ERROR	ERROR	ERROR

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
099 cont'd	See code 990 Prostatectomy done: Extension unknown Not documented in patient record Primary tumor cannot be assessed	ERROR	ERROR	ERROR	ERROR
200	Involvement in 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	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 Stage B, NOS	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	T2b	T2b	L	L

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
340 cont'd	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 5 for specific margins)	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 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	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
420	Unilateral extracapsular extension	T3a	T3a	RE	RE
430	Bilateral extracapsular extension	T3a	T3a	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
480	Extracapsular extension and specific margins involved (see Note 5 for specific margins)	T3a	T3a	RE	RE
482	Microscopic bladder neck involvement	T3a	T4	RE	RE
485	Extension to seminal vesicle(s) Stated as pT3b with no other information on pathologic extension Stage C2, NOS	T3b	T3b	RE	RE
490	485 + 482 Extension to seminal vesicle(s) plus microscopic bladder neck involvement	T3b	T4	RE	RE
495	Stated as T3 [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
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	T4	T4	RE	RE

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
700 cont'd	Penis Sigmoid colon Soft tissue other than periprostatic tissue Other organs Stage D2, NOS	T4	T4	RE	RE
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 because of for example; disease progression	TX	TX	U	U
985	Autopsy performed but extension unknown	TX	TX	U	U
990	Prostatectomy done: Extension unknown Not documented in patient record Primary tumor cannot be assessed	TX	TX	U	U