Directly Coded Summary Stage

Prostate Cancer

Directly Coded Summary Staging

- Summary Staging (known also as SEER Staging) bases staging of solid tumors solely on whether or not the disease has spread.
- Registrars need to be knowledgeable of the definitions of each stage to assign it correctly.
- Summary Staging is an efficient tool to categorize if and/or how far the cancer has spread from the original site.

Determining how the Prostate Tumor should be Staged requires the Registrar to:

- Read the physical exam and work up documents.
- Read operative and pathology reports.
- Review imaging reports for documentation of any spread.
- Become familiar with the anatomy of the prostate and the regional and distant lymph node chains with the prostate.
- Refer to the online manuals regularly and periodically check the site for updates and/or changes.

Assigning the Correct Summary Stage Code

Nine possible codes for Summary Stage

- 0 = In-Situ
- 1 = Local
- 2 = Regional disease by direct extension only
- 3 = Regional disease with only regional lymph nodes involved
- 4 = Regional disease by both direct extension and regional lymph node(s)
- 5 = Regional disease that is not otherwise specified
- 7 = Distant sites or distant lymph node involvement
- 8 = benign and borderline CNS tumors
- 9 = Unknown if there is extension or metastatic disease (unstaged, death certificate only cases)

What does In-Situ Mean?

- **In-Situ is defined as malignancy without invasion.**
  - Only occurs with epithelial or mucosal tissue
  - **Must be microscopically diagnosed** to visualize the basement membrane.

- **In-Situ of the prostate may also be referred to as non-invasive, pre-invasive, or intraepithelial.**

- **If pathology states tumor is in-situ with microinvasion it is no longer staged as in-situ but is considered to be at least a localized disease.**

In-Situ Equivalent Terms

Behavior Code of 2

Non-infiltrating

Noninvasive

Pre-invasive

Stage 0

Intraepithelial

Staging In-Situ Prostate Cancers Requires Knowledge of a Specific Exception

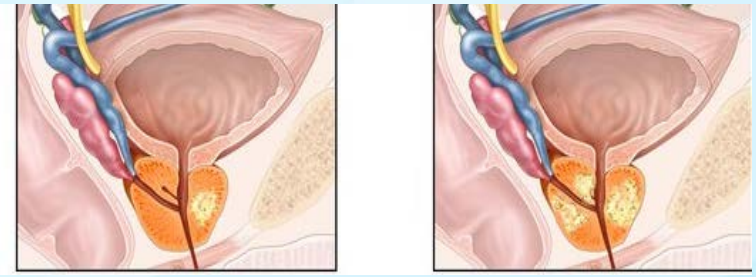
In-Situ is a non-invasive malignancy and is coded as 0, UNLESS

- **Primary Tumor was documented in pathology report as having only an "in-situ behavior" but there is an additional statement confirming malignancy has spread and is present in regional node(s) or in a distant site……**

- **Should the above occur, the in-situ stage is not valid and the stage must be documented to reflect the regional or distant disease.**

What Does Localized Mean?

May be referred to as:



- Clinically inapparent tumor
  - Stage A in the Whitmore-Jewett system
  - T1a, T1b,T1c
- Confined to the prostate
  - Involves one lobe
  - T2a (from AJCC 5th Edition)
  - More than one lobe
  - T2b (from AJCC 5th Edition)
  - Confined to the prostate
  - T2, NOS (T2 from AJCC 5th Edition, NOS is not an AJCC term)
- Arising in prostatic apex
- Extension to prostatic apex *
- Invasion into but not beyond prostatic capsule*
- Intracapsular involvement only
- Stage B in the Whitmore-Jewett system
- Localized, NOS

* Considered regional in historic stage

Important: TNM codes Out of Date

- The TNM codes in Summary Stage 2000 Manual are out of date!
  - TNM Codes are from AJCC 5th Edition
  - AJCC 7th Edition is the current edition
  - Any MD statements regarding TNM for diagnosis date 2010 forward would be based on the 7th Edition criteria.
- As a general rule-Do not use the TNM codes in Summary Stage 2000

What Does Regional Disease Mean?

- **Regional Disease indicates that the tumor has gone beyond the organ of origin but is not considered distant.**
  - **Regional by direct extension**

    Tumor has invaded surrounding organ(s) or adjacent tissues. May also be referred to as direct extension or contiguous spread.
  - **Regional to lymph nodes**

    Tumor cells may have traveled through the lymphatic system to regional lymph nodes where they remain and begin to "grow".
  - **Regional by direct extension and lymph nodes**

    Extension into adjacent structures or organs and lymph node involvement are both present.
  - **Regional (as stated by the physician but the site[s] of regional spread is/are not clearly documented)**

How is Regional Disease Coded?

- Regional disease by direct extension only is coded as 2.
- Regional disease with only regional lymph nodes involved is coded as 3.
- Regional disease with direct extension and regional lymph node involvement is coded as 4.
- Regional disease that is not otherwise specified is coded as 5.

Staging of Regional Disease

- Review records to confirm that tumor is more than localized.
- Review all pertinent reports looking for specific regional disease references and exclusions of distant spread.
- Terms to watch for are seeding, implants and nodules – scrutinize diagnostic reports for regional disease spreading references to eliminate that spread is not distant.

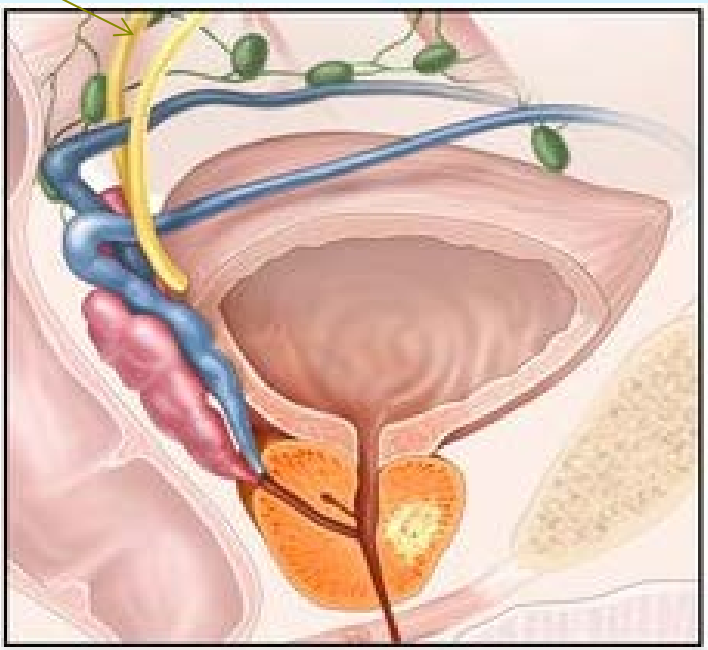
Caution: Prostate cancer with lymph node metastases means some nodes have involvement by tumor – always confirm that the lymph nodes are regional.

Regional by Direct Extension

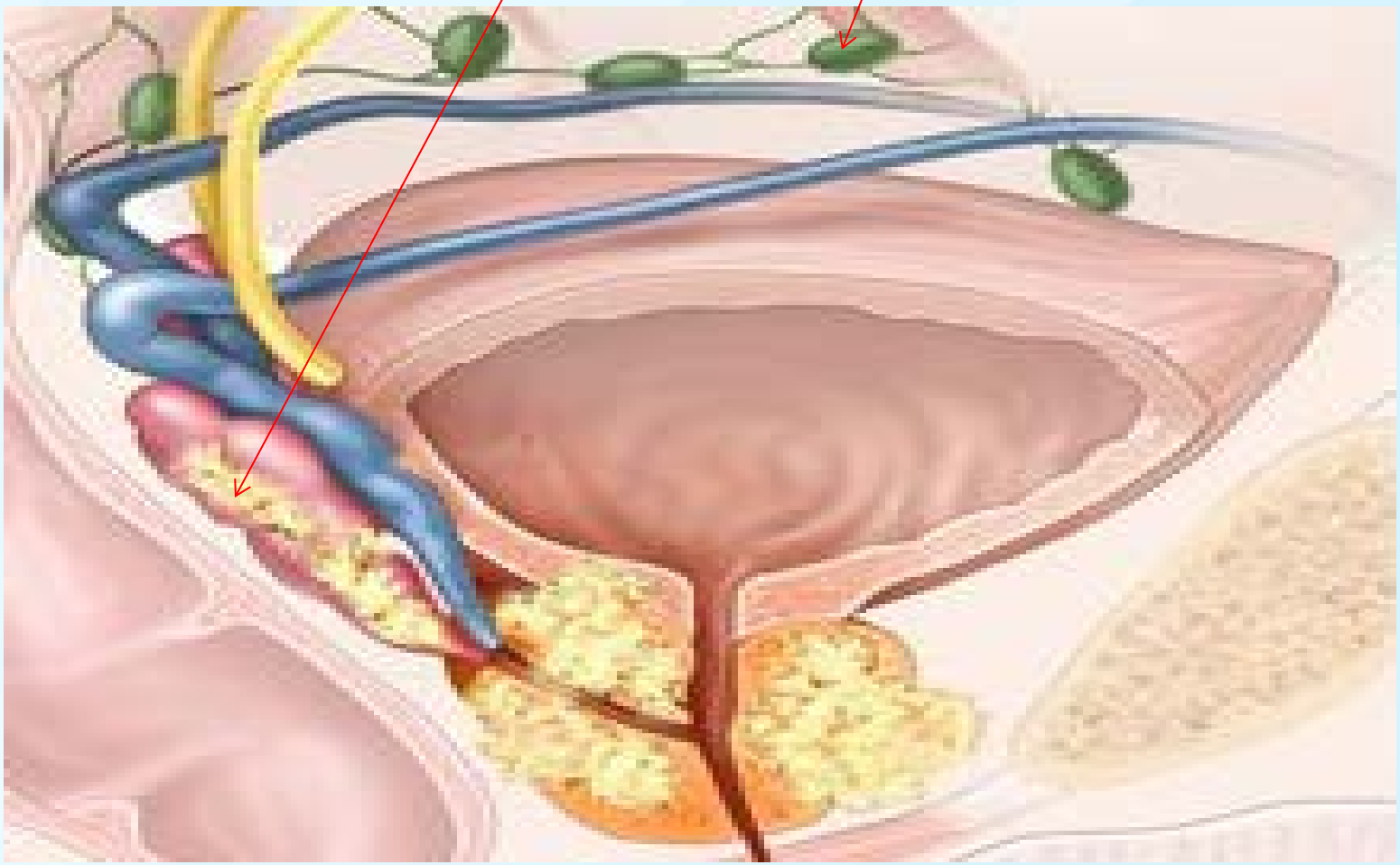
- Bilateral extracapsular extension
- Bladder Neck
- Bladder NOS
- Extracapsular extension beyond prostatic capsule
- Fixation
- Levator Muscles
- Periprostatic extension
- Periprostatic Tissue
- Rectovesical or Denonvilliers fascia
- Rectum: external sphincter
- Seminal Vesicle(s)
- Skeletal Muscle
- Through capsule
- Unilateral extracapsular extension
- Ureter
- Stage C in the Whitmore-Jewett system
- T3 (from AJCC 5th Edition)
- T4 (from AJCC 5th Edition)

Regional With Lymph Node Involvement

- **Iliac**
  - External
  - Internal (hypogastric), NOS
    - Obturator
- **Pelvic**
- **Periprostatic**
- **Sacral**
  - Lateral (laterosacral)
  - Middle (promontorial; Gerota's Node)
  - Presacral
- **Regional, NOS**



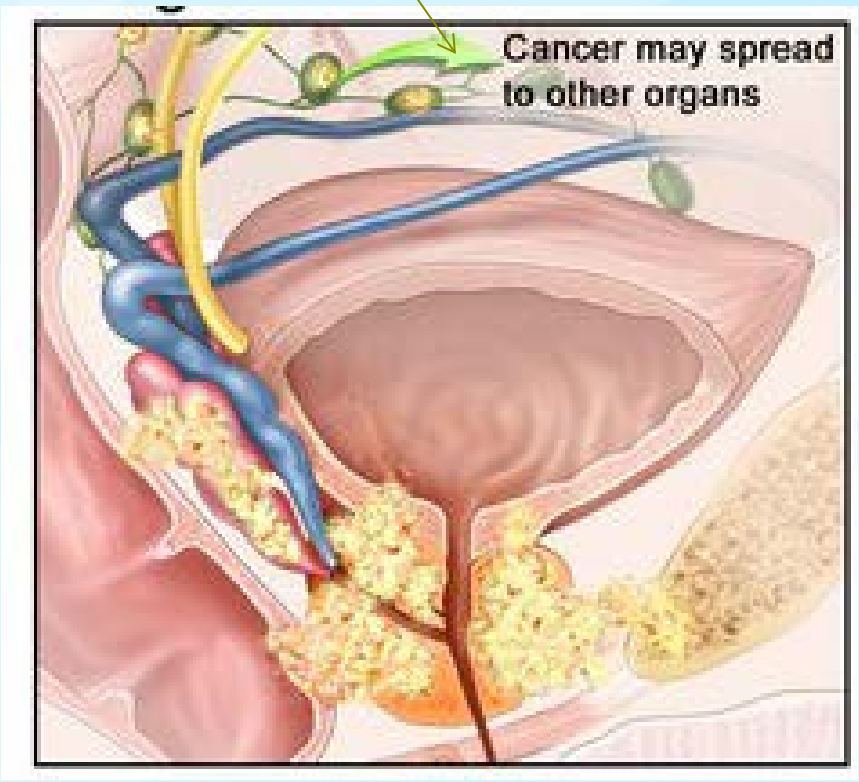
Regional Direct and Regional Nodes



What Does Distant Stage Mean?

Distant stage is assigned when spread is found in remote areas of the body.

It can be a direct growth going beyond the regional organs but most distant metastases have no direct pathway from the primary site.



Distant Stage

- Distant lymph nodes are those that are not included in the drainage area of the primary tumor.
- Hematogenous metastases develop from tumor cells carried by the bloodstream and begin to grow beyond the local or regional areas.

Tips for the abstractor

- If review of the patient's records documents distant metastases, the registrar can avoid reviewing records to identify local or regional disease.
- Documentation that contains a statement of invasion, nodal involvement or metastatic spread cannot be staged as in-situ even if the pathology of the primary tumor states it is so.
- If there are nodes involved, the stage must be at least regional.
- If there are nodes involved but the chain is not named in the pathology report, assume the nodes are regional.
- If the record does not contain enough information to assign a stage, it must be recorded as unstageable.

Remember to Read Carefully

Example: Prostate adenocarcinoma with periprostatic lymph node **metastases**.

Don't be misled by the term metastases – It doesn't always mean distant disease. Periprostatic lymph nodes in this example are regional to the prostate.

Exercise 1 – How would you stage this case?

- Patient was found to have a elevated PSA level of 18 - well above normal.
- He underwent prostate biopsies bilaterally which identified moderately differentiated adenocarcinoma in both lobes.
- He subsequently was admitted for bilateral pelvic lymph node dissection and prostatectomy with the findings of seminal vesicle invasion.
- 14 lymph nodes were negative for metastases.

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- 14 lymph nodes were negative for metastases.

Summary Stage 2 based on direct extension to seminal vesicle.

Exercise 2 – How would you stage this case?

- 68 year old male admitted through the ER with a pathologic fracture of his right hip.
- Bone scan was ordered and revealed bone mets in the pelvis and femurs.
- PSA was elevated to over 600.
- Prostate biopsies were done with the findings of poorly differentiated adenocarcinoma.

Exercise 2 – How would you stage this case?

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- Bone scan was ordered and revealed bone mets in the pelvis and femurs.
- PSA was elevated to over 600.
- Prostate biopsies were done with the findings of poorly differentiated adenocarcinoma.

Summary Stage 7 with distant bone metastases.

Exercise 3 – How would you stage this case?

- 60 year old male was found on routine physical exam to have an enlarged prostate. Exam did not reveal nodularity – prostate was symmetrical and smooth on rectal exam.
- PSA was slightly elevated. Cystoscope was essentially normal.
- Patient underwent needle biopsy confirming adenocarcinoma.
- Patient opted for prostatectomy and node dissection. Left base involved with no further sign of disease. Nodes were negative for metastases.

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Summary Stage 1 – Local disease

Exercise 4 – How would you stage this case?

- 70 year old male presented with complaints of difficulty in urinating and increasing nocturia. PSA was slightly elevated. Rectal exam noted prostate to be enlarged.
- There was a small nodule identified in the left lobe of the prostate.
- Biopsy found well differentiated adenocarcinoma in the left lobe.
- Prostatectomy and bilateral lymph node dissection found the left lobe with adenocarcinoma present in the greatest proportion of the lobe. There was extension into the periprostatic fat. There were 2 positive nodes in the obturator lymph nodes.
- Bone scan was negative for disease.

Exercise 4 – How would you stage this case?

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- Bone scan was negative for disease.

Summary Stage 4 –Regional extension to the periprostatic fat and regional nodes involved.

Excellent Resources for Summary Staging

- http://seer.cancer.gov/manuals/2013/SPCSM_2013_maindoc.pdf
- SEER Summary Stage 2000, SEER Training modules: http://training.seer.cancer.gov
- SEER Coding Manuals – Historic – 1977.
- http://training.seer.cancer.gov/modules_site_spec.html
- http://training.seer.cancer.gov/prostate/

Presentation created by CDC
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