



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

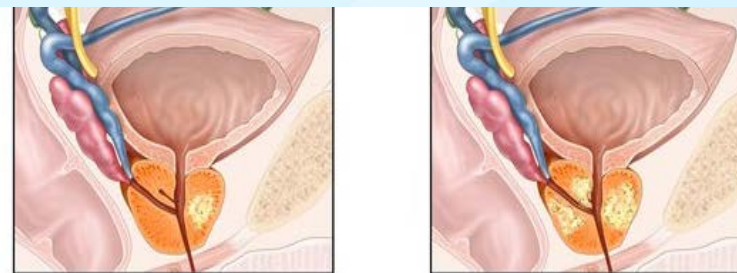
- ❑ Primary Tumor was documented in pathology report as having only an “in-situ behavior” but there is an additional statement confirming malignancy has spread and is present in regional node(s) or in a distant site.....
- ❑ Should the above occur, the in-situ stage is not valid and the stage must be 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

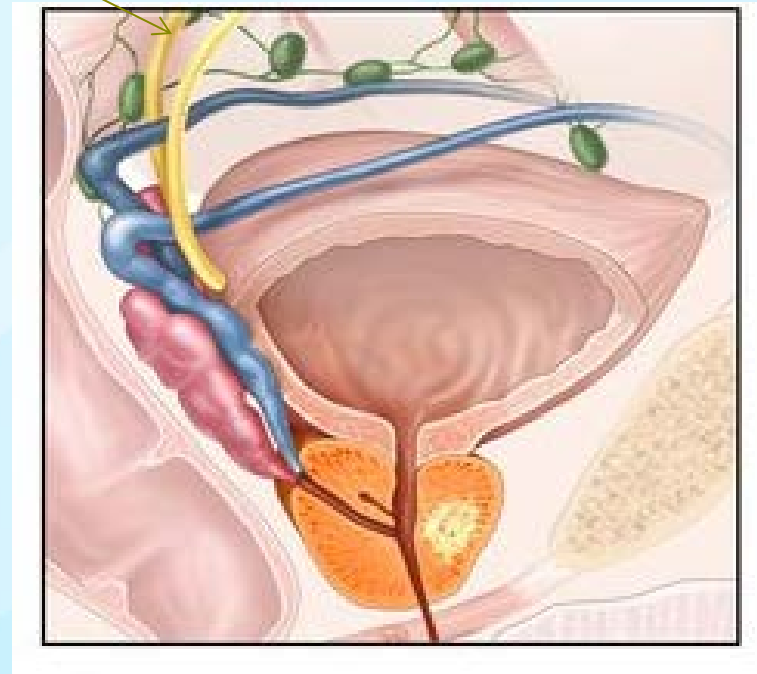
❑ Pelvic

❑ Periprostatic

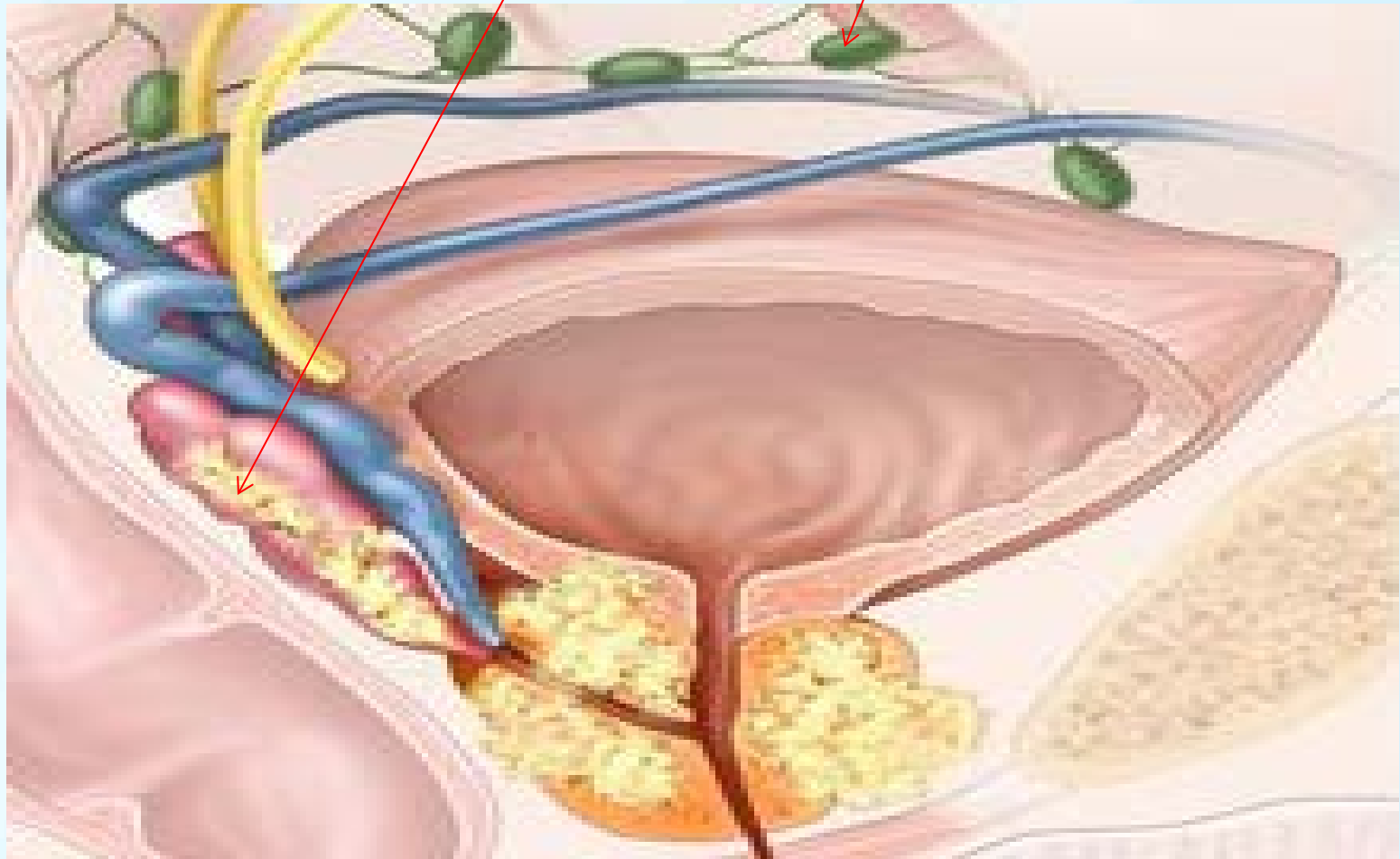
❑ Sacral

- Lateral (laterosacral)
- Middle (promontorial; Gerota's Node)
- Presacral

❑ Regional, NOS



Regional Direct and Regional Nodes

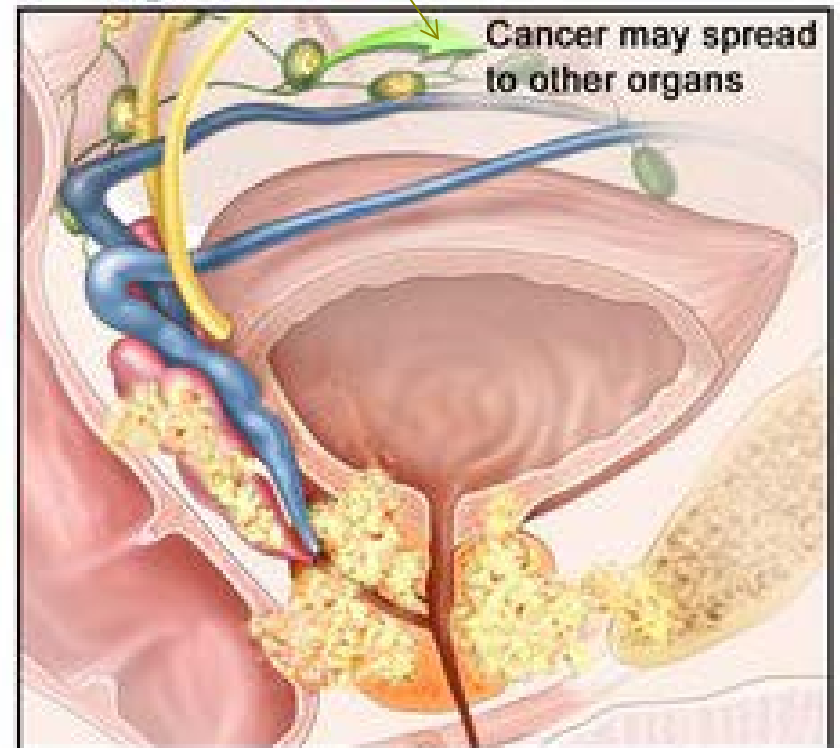


What Does Distant Stage Mean?

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 Disease



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 an 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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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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- ☐ PSA was elevated to over 600.
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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/>

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