National Cancer Registrars Association

INFORMATIONAL ABSTRACT

A Guide to Determining What Text to Include

PROSTATE

The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient's disease from diagnosis to treatment.

To assist registrars in preparing abstracts, NCRA's Education Committee has created a series of informational abstracts. These site-specific abstracts provide an outline to follow when determining what text to include. The outline has a specific sequence designed to maximize efficiency and includes eight sections: Physical Exam/History; X-Rays/Scopes/Scans; Labs; Diagnostic Procedures; Pathology; Primary Site; Histology; and Treatment. A list of relevant resources is located at the end of each informational abstract. The sources of information noted in the various sections below are not all inclusive, but they are the most common. You may need to do additional research to complete the abstract.

When using the informational abstract, follow the outline and strive to complete all the sections. Be concise by using phrases, not sentences. Make sure to use text relevant to the disease process and the specific cancer site and to use NAACCR Standard Abbreviations. When the abstract is completed, review thoroughly to ensure accuracy.

PHYSICAL EXAM/HISTORY

Include:

- **Demographics:** Age, sex, race, ethnicity of the patient.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care. [There are no early warning signs of prostate cancer. A patient may have had a routine Digital Rectal Exam (DRE) where the prostate is abnormal, prompting further evaluation. It is rare for a patient under 40 years to have prostate cancer.]
- **Physical Examination (PE):** Date of the exam and documentation of information pertinent to the prostate cancer.
- **History:**
  - Personal history of any cancer
  - Family history of prostate or any other cancer
  - Tobacco: type, frequency, amount
  - Alcohol: frequency, amount
  - List significant, relevant co-morbidities, particularly those that impact treatment decisions.
- **Genetics:** List appropriate conditions as found in the patient's record or other information. If not applicable, state that.
- **Past Treatment:** If applicable, include previous chemotherapy or radiation therapy.
- **Other:** Note if tumor is clinically apparent or not apparent from clinician's exam. DRE findings that warrant clinically apparent findings include: nodule, diffuse nodularity, tumor or mass. Record a clinician's statement of CT2 (tumor confined within the prostate). Note if cancer is beyond the prostate. More than T2: extracapsular or periprostatic extension, firmness of seminal vesicles, metastatic disease, palpation of distant lymph nodes.

Where to Find the Information: H&P, consultations, ER physician notes, nursing notes, physician progress notes, discharge summary, admission notes.

Note on Negative Findings: Include any **relevant** negative findings, such as negative DRE.

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PHYSICAL EXAM/HISTORY *(continued)*

Example: 65-year-old African-American male w/elevated PSA. Diffuse nodularity in left lobe of prostate. No palp LN's. Family hx of prostate ca in father at age 62. No hx of smoking or ETOH (alcohol). Remainder of PE neg.

X-RAYS/SCOPES/SCANS

Include:

Date of each imaging study performed, including those performed outside of your facility and/or prior to admission. Include pertinent findings from the studies, such as extent of disease and/or metastasis. Record negative findings from pertinent studies as well.

- **Chest X-Ray (CXR):** Determines lung metastasis.
- **Bone Scan:** Determines bone metastasis.
- **CT Chest/Abd/Pelvis:** Detects extent of disease as well as determines if metastasis has occurred.
- **MRI Prostate**
- **Transrectal Ultrasound (TRUS):** Allows for accuracy in performing prostate biopsy.

Example: 10/15/14 CT Chest/Abd/Pelvis: No lymphadenopathy (LAD) in chest, abd, or pelvis. No other findings of metastatic disease (mets dz) noted.

LABS

Include:

- **Prostatic Specific Antigen (PSA):** Record PSA levels, whether abnormal or not. Note: PSA testing is routinely done on older men and becomes a concern if the level is elevated beyond normal.

Example: PSA: 2.5 ng/ml (NL).

DIAGNOSTIC PROCEDURES

Include:

- **Endoscopy:** If applicable, an endoscopy is used to evaluate the bladder and urethra for involvement/extension of prostate cancer; however, it is rarely done.

PATHOLOGY

Include:

- **Biopsy Findings:** Most common is a Transurethral Resection Prostate (TRUS).
- **Histology Type:** Gleason grade, (i.e.: 3+3=6), perineural invasion, how many positive cores? Bilateral involvement or not.
- **Surgery Pathology:** Most common are radical prostatectomy and transurethral resection of prostate (TURP). Include date, pathology number, tumor size (if given), Gleason grade, presence or absence of Lymphvascular Invasion (LVI), and whether there was bilateral or unilateral involvement. If there was any perineural or seminal vesicle invasion, include margin status. If there was residual cancer remaining on specimen, record as negative or positive. If lymph nodes were removed, record the status, even if negative, i.e.: 1/1 periprostatic LN positive. Record pathologists staging. Record if tissue from metastatic site was examined and whether it was negative or positive.

Example: 9/25/14 SG-14-8320 TRUS bx: Prostatic adenoca, Gleason gr 3+3=6, MD (moderately differentiated), 4/14 cores involved from lt apex & rt lat lobes. 10/3/14 SG-14-8462 Rad Prostatectomy: Prostatic adenoca, Gleason gr 3+4=7, PD (poorly differentiated), bil (bilateral) involvement, no LVI, no periprostatic ext (extension), no PNI (perineural inv), no SV (seminal vesicle) invl (involvement). Surg margins neg. 0+/8 regional LN's. PT2CN0.

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PRIMARY SITE

Include:

- The prostate only has one site for coding (C61.9).

Example: Prostate, NOS (C61.9.).

HISTOLOGY

Include:

Histologic Type of Tumor: Most common is adenocarcinoma. If final diagnosis from pathology report is Acinar adenocarcinoma, code as Adenocarcinoma, NOS.

Example: Adenocarcinoma, NOS Gr 3 (8140/33).

TREATMENT

Include:

- **Active Surveillance:** If a tumor is small and slow-growing and/or indolent, active surveillance is a valid treatment option. Patient may be followed by PSA test, DREs, or repeat biopsies at regular intervals to assess for disease progression.
- **Surgery:** Name of procedure as recorded in the operative report, prostatectomy, or variation. Examples: radical retropubic, radical suprapubic, laparoscopic radical prostatectomy, TURP, simple prostatectomy or other surgery type as recorded in operative report. Another type of surgery is called cryotherapy, also referred to as cryoablation (used for small localized tumors). Record LN biopsy/dissection if performed, and record results.
- **Radiation Therapy:** Radiation may be given if the tumor is low grade and primarily confined to the prostate. Record treatment modality of radiation therapy and boost, if radiation is given. Also record location (facility where radiation given), dosage given (record in cGy), targeted site, and number of fx (fraction).
- **Systemic Treatment:** Record treatment start date and end date, if known; location where administered; and name of agent(s) given. The most common type of systemic therapy is hormone therapy. Other therapies may include chemotherapy or immunotherapy.
- **Clinical Trials:** Is the patient enrolled in any clinical trials? If so, include the name, trial numbers, and any other available details, including the date of enrollment.

Example: 10/6/14 Robotic-assisted lap rad prostatectomy, pelvic lymph node biopsy. Radiation: 11/15/14 to 12/22/14: 6200 cGy to prostatic fossa w/6 & 15 MV photons. 28 fx/37 days. Chemotherapy: none. Hormone: none.

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RESOURCES

Abbreviations – Use NAACCR Standard Abbreviations
http://naaccr.org/Applications/ContentReader/?c=17

Evidence-Based Treatment by Stage Guidelines
http://www.nccn.org/professionals/physician_gls/f_guidelines.asp.
The NCCN Guidelines are most frequently used for treatment and for information on diagnostic workup.

Labs/Tests
NCI: Understanding Lab Tests/Test Values http://www.cancer.gov/cancertopics/factsheet/detection/laboratory-tests

Multiple Primary & Histology Coding Rules
http://seer.cancer.gov/tools/mphrules/

NCI Physician's Data Query (PDQ)
http://www.cancer.gov/cancertopics/pdq

SEER Appendix C
http://seer.cancer.gov/archive/manuals/2010/appendixc.html

SEER RX Antineoplastic Drugs Database
http://seer.cancer.gov/tools/seerrx/

Site-Specific Surgery Codes: FORDS Appendix B
https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals/fordsmanual

Treatment for Prostate
www.cancer.gov/cancertopics/pdq/treatment/prostate/HealthProfessional/

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