

**OCISS Non-Hospital Prostate Web Plus Abstracting Guide**  
**General Rules/Tips for Entering Cases in Web Plus**

- 1) Website for Web Plus: <https://odhgateway.odh.ohio.gov/webplus/logon.asp>. You may want to bookmark or add to favorites.
- 2) Please log in ONLY under your assigned user ID. Contact OCISS if you forget your user ID or password. If you have new staff who will be entering cases, please contact OCISS so we can set them up with a Web Plus account. DO NOT SHARE user IDs or passwords.
- 3) Most (95%) prostate cancers are acinar/adenocarcinoma (histology 8140). These are required to be reported **only once**, even if there are multiple positive biopsies. If there is a diagnosis with a different cell type (for example, small cell / neuroendocrine carcinoma (histology 8041), that needs to be reported. If you have questions, please contact OCISS.
- 4) Before starting a new abstract, check to see if your facility has already reported the case. In Web Plus, you can look up the patient by name or SSN under “**Find/Open Abstract**”. If you have questions on whether something is a new cancer, please contact OCISS.
- 5) If your facility is involved in the treatment of the patient’s cancer, please wait to report until you have the treatment information.
- 6) **Save** and save often when abstracting in Web Plus! Note that every time you **Save**, you will be taken to the top of the abstracting screen. You will need to scroll down to where you last entered data.
- 7) Once you **Save**, you will see EDIT errors on the right-hand side of the abstract. Do not worry about the EDIT errors UNTIL you have **completed** the abstract. Most, if not all, of the errors will automatically resolve as you complete the abstract.
- 8) Do not use the **Comments** button on the upper right-hand side, it is not functioning and may kick you out of Web Plus.
- 9) Please contact OCISS if you run into any issues with Web Plus or have questions when abstracting a case.
- 10) A more detailed Web Plus manual is available on the OCISS website at:  
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/ociss-web-plus-manual-for-physician-reportingedit>

## ABSTRACTING TIPS

### PATIENT INFORMATION

Last Name	<input type="text"/>	
First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
Suffix	<input type="text"/>	
Maiden Name	<input type="text"/>	

← middle initial if you have it, no periods

← suffix such as JR, III, etc.

### GENERAL

Social Security Number	<input type="text"/>	
Medical Record Number	<input type="text"/>	
Primary Payer	<input type="text"/>	
Date of Birth	<input type="text"/>	
Birth Date Flag	<input type="text"/>	
Place of Birth - Country	USA	
Place of Birth - State	OH	
Sex	<input type="text"/>	
Marital Status	<input type="text"/>	
Vital Status	1	

← if you only have the last 4 digits, enter it with FIVE leading 1's (e.g. 111112345). If SSN is unknown, enter nine 9's (999999999).

← use the for options, there are several "NOS" (not otherwise specified) choices

← all dates are in YYYYMMDD format

← date & date flags come in pairs, flag is blank when you have a date

← place of birth is defaulted, you can leave as is

use the for options

### DEMOGRAPHICS

Address	<input type="text"/>	
Address Supplemental	<input type="text"/>	
City	<input type="text"/>	
State	OH	
Zip Code	<input type="text"/>	
County		
Race 1	<input type="text"/>	
Hispanic Ethnicity	<input type="text"/>	

← this is the address of the **patient's** place of residence at the time when patient was diagnosed with this cancer

*Please put apt/unit/suite info in the "Supplemental" line*

← use to look up county code

use the for options

ENVIRONMENT	
OH Tobacco History	<input type="text"/>
Usual Occupation	<input type="text"/>
Usual Industry	<input type="text"/>

← use the ▼ for options

} complete if you have the info, ok to leave blank

DIAGNOSTIC INFORMATION	
Date of Diagnosis	<input type="text"/>
Diagnosis Date Flag	<input type="text"/>
Age at Diagnosis (click calculator)	<input type="text"/>
Primary Site Code	<input type="text"/>
Laterality	<input type="text"/>
Primary Site and Laterality Text	<input type="text"/>
Histology Code	<input type="text"/>
Histology Text	<input type="text"/>
Behavior Code	<input type="text"/>
Grade	<input type="text"/>
Pathology Text	<input type="text"/>

← date of diagnosis is REQUIRED; if you do not have a complete date, enter a partial date (e.g. 201705 for May 2017)

← click calculator icon

← C619 for prostate

← 0 for laterality because prostate is not a paired site

← for primary site text, enter **"PROSTATE"**

← most common histology is (acinar) adenocarcinoma (8140), about 95% of all prostate cancers. Use 🔍 to look up others.

← this is the *histology* information from final diagnosis of path report, such as "acinar adenocarcinoma, Gleason Score 4+4=8" (noting the **highest** Gleason score helps confirm the grade)

← behavior is "3" (invasive); **DO NOT report prostatic intraepithelial neoplasia (PIN)**

↖ see Grade section of **Quick Reference**

← summary / synoptic / final from path report(s).

Example pathology text: "9/25/16 TRUS bx: Prostatic adenoca, GS 3+3=6 & GS 3+4=7, 4/14 cores involved from lt apex & rt lat lobes." (common abbreviations: bx = biopsy, GS = Gleason Score, lt = left, etc.)

Diagnostic Confirmation  ?

← most commonly 1 - “positive histology” when cancer diagnosed / confirmed with a tissue specimen, it does not have to be prostate. For example, patient may be diagnosed from lymph node for prostate cancer metastasis.

Date of First Contact for this Diagnosis  ?

← date your facility first encountered the patient for THIS cancer

Sequence Number  ?

← you can leave this defaulted “00”

Class of Case  ?

← see Class of Case section of **Quick Reference**

DIAGNOSTIC PROCEDURES	
Diagnostic Procedure Code	<input type="text"/> ?
Date of Diagnostic Procedure	<input type="text"/> ?
Date of Diagnostic Procedure Flag	<input type="text"/> ?
Physical Exam	<input type="text"/> ?

← “02” biopsy of primary site, use “01” if diagnosis was from a metastatic site

← date of diagnostic procedure (i.e. biopsy)

← leave flag field blank when you have date

← for physical exam (PE) text, put the **pre-op diagnosis here**. Note if Prostate-Specific Antigen (PSA) is elevated and the results of the digital rectal exam (DRE).

Example PE text #1: 65 yo WM w/ elevated PSA. DRE negative.

Example PE text #2: 70 yo AA male w/ elevated PSA and nodule in right lobe per DRE. No palpable lymph nodes.

X-rays/Scans

?

← X-ray / scans info

Example X-ray/Scans text: 9/15/16 CT Chest/Abd/Pelvis: no lymphadenopathy noted and no evidence of metastatic disease.

Endoscopic Exam

?

← leave endoscopic exam text field blank (usually not done for prostate cancer)

Laboratory Tests

?

← enter highest **pre-biopsy** PSA info in laboratory tests text box.

Example lab tests text: 9/10/16 PSA 8.5 ng/ml

TREATMENT INFO-1ST COURSE OF THERAPY	
Treatment Status	<input type="text"/> ▼ ?
Date of First Course of Treatment	<input type="text"/> ?
Date of First Course of Treatment Flag	<input type="text"/> ▼ ?
Date of Surgery	<input type="text"/> ?
Surgery Date Flag	<input type="text"/> ▼ ?
Date of Most Definitive Surgery	<input type="text"/> ?
Most Definitive Date of Surgery Flag	<input type="text"/> ▼ ?
Surgery Code	<input type="text"/> ?
Surgery Text	<input type="text"/> ?
Surgical Margins	<input type="text" value="9"/> ▼ ?
Scope of Regional Lymph Node Surgery	<input type="text"/> ▼ ?
Regional Nodes Positive	<input type="text"/> ?
Regional Nodes Examined	<input type="text"/> ?
Other Non-Primary Site Surgery	<input type="text"/> ▼ ?
Reason No Surgery	<input type="text"/> ▼ ?

← most common for localized prostate cancer are **1** (treatment given) & **2** (active surveillance / watchful waiting)

← if active surveillance/watchful waiting was the 1<sup>st</sup> course of treatment, put the date that decision was made

← date of surgical procedure that is reported

← select the appropriate flag option if surgery not done as 1<sup>st</sup> course

← date of most *extensive* 1<sup>st</sup> course surgery of **the prostate** (may be same as surgery date if just 1 surgery was done)

← select the appropriate flag option if surgery not done as 1<sup>st</sup> course

← see Surgery Codes section of **Quick Reference**

← record name of surgical procedure and date. Example surg texts:  
10/15/16 TURP; 11/26/16 radical prostatectomy w/ LN dissection.

← "9" if you do not know surgical margins, if you do know, select choice from drop-down

← use the drop-down menu, 0 if no LN were removed

← use the ; if no LN removed, **98 = no nodes examined**

← use the ; if no LN removed, **00 = no nodes examined**

← an example of a non-primary site surgery would be surgery of metastatic site

← use drop down menu, if surgery is done, reason is "0"

Radiation Start Date	<input type="text"/>	
Radiation/Surgery Sequence	<input type="text"/>	
Regional Radiation Type	<input type="text"/>	
Radiation Text	<input type="text"/>	
Reason No Radiation	<input type="text"/>	
Chemotherapy Start Date	<input type="text"/>	
Systemic/Surgery Sequence	<input type="text"/>	
Chemotherapy Code	<input type="text"/>	
Chemotherapy Text	<input type="text"/>	
Hormone Therapy Start Date	<input type="text"/>	
Hormone Therapy Code	<input type="text"/>	
Hormonal Therapy Text	<input type="text"/>	
BRM Therapy Start Date	<input type="text"/>	
BRM Therapy Code	<input type="text"/>	
BRM Therapy Text	<input type="text"/>	

**FOR THIS SECTION OF THE FORM:** USE THE “TAB” KEY ON YOUR KEYBOARD TO NAVIGATE QUICKLY AMONG THE DIFFERENT TREATMENT FIELDS

← date that radiation treatment STARTED, if applicable

← sequence is “0” if either surgery or radiation was not given or if it is unknown what treatment was given

← common radiation for prostate cancer include: **20** (external beam, NOS), **30** (IMRT – intensity modulated radiation therapy) and **53** (low-dose brachytherapy such as I-125 seed implants)

← record type of radiation treatment, dosage (cGy), targeted site (example: pelvis), number of fractions

← if radiation was done, reason is “0”, otherwise select reason

← sequence is “0” if either surgery or systemic treatment was NOT given or if unknown what treatment was given (systemic treatment = chemo, hormone, BRM)

← leave chemotherapy text blank if not applicable

← if patient got Lupron and other hormone injections, date here, code hormone therapy and document text.

#### >> GENERAL NOTES ON TREATMENT <<

**IF NONE OF THESE TREATMENTS WERE GIVEN** (FOR EXAMPLE, PATIENT WENT ON ACTIVE SURVEILLANCE), RADIATION TYPE, CHEMO CODE, HORMONE CODE, BRM CODE WILL ALL BE “00” (2 DIGITS), AND OTHER TREATMENT CODE WOULD BE “0” (1 DIGIT). THE CORRESPONDING DATE FIELDS WILL ALL BE BLANK.

**IF STATUS OF THESE TREATMENTS ARE ALL UNKNOWN**, CODES WOULD BE ‘99’ (2 DIGIT) FOR CHEMO/HORMONE/BRM AND ‘9’ (1 DIGIT) FOR OTHER TREATMENT. DATE FIELDS WOULD REMAIN BLANK.

Other Treatment Start Date



← leave date blank if not done or unknown

Other Treatment Code



← code "0" if not done, "9" if unknown

Other Treatment Text



← leave other treatment text blank if not applicable

Transplant/Endocrine Treatment Code



← for prostate cancer, orchiectomy is considered endocrine therapy (NOT surgery), and coded here in the "transplant/endocrine treatment code" field as "30 - endocrine surgery and/or endocrine radiation therapy."

#### STAGING INFORMATION ALL DIAGNOSIS YEARS

SEER Summary Stage 2000



Summary Stage for Prostate, see **Appendices A and B** for full details: (Appx A for diagnosis years 2001-2017. Appx B for 2018 and later.)

**1** – localized prostate cancer that does NOT extend beyond prostatic capsule

**2** – extension beyond prostate (i.e. bladder neck, seminal vesicles, levator muscles, etc.)

**3** – no extension beyond prostate but there is positive regional lymph nodes

**4** – use when both codes "2" & "3" apply

**7** – distant disease (distant lymph node, fixation to pelvic bone), metastatic disease

Staging Text





























← staging text, information on extent of disease and any AJCC TNM staging information you may have

Tumor Size Summary





← size of the largest dimension of tumor in millimeters, 999 if unknown. If you are using the physician form, "999" is defaulted.



STAGING FOR CASES DIAGNOSED 2015 & LATER		
Site-Spec Factor 1		
Site-Spec Factor 2		
Site-Spec Factor 5		
Site-Spec Factor 6		
Site-Spec Factor 8		
Site-Spec Factor 9		
Site-Spec Factor 10		
Site-Spec Factor 11		
Site-Spec Factor 13		
Site-Spec Factor 14		
Site-Spec Factor 15		
Site-Spec Factor 16		
Site-Spec Factor 25		

*For diagnosis year 2018 and later:*

This section for site-specific factors will be blank. Pre-diagnosis PSA lab value will be collected in its own data field to the nearest 10<sup>th</sup> ng/ml or ug/L.

These fields will already be populated with a default value if you clicked on the  for the “Regional Nodes Positive” and “Regional Nodes Examined” fields in the “Treatment Info – 1<sup>st</sup> Course of Therapy” section. If not, click on the  to select values.

For prostate cancer, there are 3 of these fields that you need to update for *cases diagnosed in 2016 and 2017*:

- Site-Spec Factor 1** – put the ***highest pre-DRE / biopsy*** PSA value here (to the nearest 10th digit)  
 Examples: 5.6 ng/ml = 056  
               15.7 ng/ml = 157  
               98.0 ng/ml or higher = 980  
               997 = test ordered, results not in chart  
               998 = test not done  
               999 = no information in patient record
- Site-Spec Factor 8** – highest Gleason Score from needle core biopsy OR TURP  
 Example: Gleason 7 = 007. Code to **998** if needle core biopsy/TURP was not performed.
- Site-Spec Factor 10** – highest Gleason Score from ***prostatectomy***  
 Code to **998** if prostatectomy was not performed



AJCC T Clinical			
AJCC N Clinical			
AJCC M Clinical			
AJCC Clinical Stage Group		99	
TNM Clinical Descriptor			
TNM Clinical Staged By		00	
AJCC T Path			
AJCC N Path			
AJCC M Path			
AJCC Path Stage Group		99	
TNM Path Stage Descriptor			
TNM Path Staged By		00	
TNMEdition		07	

#### STAGING FOR CASES DIAGNOSED 2004-2015

CS Tumor Size			
CS Extension			
Over-ride CS 20		1	
CS Version Input Current		020550	
CS Version Input Original		020550	

#### REPORTING SOURCE INFORMATION

Managing Physician			
NPI Physician Managing			
Date of Last Contact			

If the **managing physician** noted AJCC staging information such as “cT1c, cN0, cM0, stage group 2A” in the patient’s charts, enter it in this section. The magnifying glass will provide the correct format.

If you are unsure what to enter, or if you only have staging from the path report, enter the details in the **Staging Text box** shown on page 7 of this guide and leave these fields blank with the default 99 and 00 values as shown.

If no staging was done or if it was incomplete, also leave blank with the default 99 and 00 values as shown.

**For diagnosis year 2018 and later, this section on AJCC staging will be blank.**

← only complete CS Tumor Size and CS Extension for cases diagnosed *before* 2016 (if you see them on the reporting form)

← **IMPORTANT:** blank out the Over-ride CS 20 for cases diagnosed in 2016 and later, leave it as “1” for cases diagnosed before 2016

← use the to find the Ohio license number of the managing physician. If the physician is not listed, please contact OCISS. Use the physician not listed code “00000000” in the interim.

← this is latest date there was contact with the patient. This date should be the *same or later* than the *latest* date entered in the rest of the abstract. Otherwise you will get an error.

Reporting Source Type *	<input type="text"/>	▼	?
Reporting Facility	0000000604	▼	?
Casefinding Source	<input type="text"/>	▼	?
Abstracted By	rli		?
<b>EDIT OVER-RIDE FLAGS</b>			
Site/Type	<input type="text"/>	▼	?
Over-ride	<input type="text"/>	▼	?
Age/Site/Morphology			
NAACCRRRecVer	160	▼	?

← “2” for radiation treatment center; “4” for physician’s office; “8” for surgery center  
← this is defaulted with your facility’s OCISS ID number upon login  
← “23” for radiation therapy center; “30” for physician case;  
← your initials will be defaulted when you login

← In general, leave these over-ride fields blank, you should not need to use them for most cases. One exception would be if you have a man younger than 40 years old with prostate cancer, in which case you may need to set the age/site/morphology over-ride.

- END OF FORM -


## QUICK REFERENCE: Grade, Class of Case, Surgery Codes

### GRADE

Grade for prostate cancer is converted from the Gleason score, using the **highest** Gleason score from the biopsy and surgery/prostatectomy, if done as first course of treatment. It is also dependent on diagnosis year. See table below.

	Grade for diagnosis years:			
Gleason Score	2018 and later	2014-2017	2003-2013	Before 2003
2, 3, 4	Grade Group 1	1	1	1
5, 6	Grade Group 1	1	2	2
7	Pattern 3+4 = Grade Group 2 Pattern 4+3 = Grade Group 3	2	3	2
8, 9, 10	Gleason 8 = Grade Group 4 Gleason 9/10 = Grade Group 5	3	3	3

References: <https://seer.cancer.gov/tools/grade/>; <https://apps.naaccr.org/ssdi/list/>

**CLASS OF CASE** (most common only, use  to look up others)

*Describes your facility's relationship with the diagnosis and treatment of this specific cancer*

- 00** your facility initially diagnosed the cancer, patient referred outside of your facility/group for ALL treatment
- 10** your facility/group diagnosed the cancer & provided *all* OR *part* of the first course of treatment (*note*: active surveillance is considered treatment)
- 20** pt diagnosed somewhere else before coming to your facility and *all* OR *part* of the first course of treatment was done at your facility
- 43** your facility is a pathology laboratory (patient never shows up physically at your facility)

**SURGERY CODES** (only most common listed, use  hourglass to look up others)

*DO NOT code orchiectomy under surgery.* For prostate cancers, orchiectomies are considered endocrine therapy, and coded in the "transplant/endocrine treatment code" field.

- 00** None; no surgery of primary site
- 21** Transurethral resection (TURP), NOS with specimen sent to pathology
- 22** TURP – cancer is incidental finding during surgery for benign disease
- 23** TURP – patient has suspected/known cancer
  - 24** Local tumor excision or TURP WITH Cryosurgery
  - 25** Local tumor excision or TURP WITH Laser ablation
  - 26** Local tumor excision or TURP WITH Hyperthermia

**NOTE:** Transurethral **biopsy** is a diagnostic procedure, not a surgical **treatment**

**50** Radical prostatectomy, NOS; total prostatectomy, NOS (includes removal of prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) & possibly narrow cuff of bladder neck).

**70** Prostatectomy WITH resection in continuity with other organs. Include, but are not limited to, cystoprostatectomy and radical cystectomy.

## **Appendix A: SEER Summary Stage 2000 for Prostate (use for diagnosis years 2001-2017)**

### **PROSTATE GLAND**

C61.9

C61.9 Prostate gland

**Note:** Transitional cell carcinoma of the prostatic urethra is to be coded to C68.0 (Urethra) and assigned Summary Stage codes using that scheme.

### **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial

#### **1 Localized only**

Clinically inapparent tumor:

Stage A

T1a, T1b, T1c

Confined to the prostate:

Involvement of one lobe, NOS

T2a

More than one lobe involved

T2b

Confined to the prostate, NOS

T2, NOS

Arising in prostatic apex

Extension to prostatic apex<sup>##</sup>

Invasion into (but not beyond) prostatic capsule<sup>##</sup>

Intracapsular involvement only

Stage B

Localized, NOS

## 2 Regional by direct extension only

Extension beyond prostate:

- Bilateral extracapsular extension (T3a)
- Bladder neck (T4)
- Bladder, NOS (T4)
- Extracapsular extension (beyond prostatic capsule), NOS
- Fixation, NOS (T4)
- Levator muscles (T4)####
- Periprostic extension, NOS (Stage C, NOS)
- Periprostic tissue (Stage C1)
- Rectovesical (Denonvillier's) fascia (T4)
- Rectum; external sphincter (T4)
- Seminal vesicle(s) (Stage C2) (T3b)
- Skeletal muscle, NOS (T4)\*\*\*
- Through capsule, NOS
- Unilateral extracapsular extension (T3a) #
- Ureter(s) (T4)####
- Stage C, NOS
- T3, NOS
- T4, NOS

No extracapsular extension, but margins involved #\*

## 3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Iliac, NOS:

External

Internal (hypogastric), NOS:

Obturator

Pelvic, NOS

Periprostic

Sacral, NOS:

Lateral (laterosacral)

Middle (promontorial) (Gerota's node)

Presacral

Regional lymph node(s), NOS

## 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes (2) + (3)

## 5 Regional, NOS

## 7 Distant site(s)/lymph node(s) involved

Distant lymph node(s):

Aortic, NOS:###

Lateral (lumbar)

Para-aortic

Periaortic

Cervical

Common iliac\*\*

Inguinal, NOS:

Deep, NOS:

Node of Cloquet or Rosenmuller (highest deep inguinal)

Superficial (femoral)

Retroperitoneal, NOS

Scalene (inferior deep cervical)

Supraclavicular (transverse cervical)

Other distant lymph node(s)

Extension to or fixation to:

Pelvic wall or pelvic bone

Further extension to bone, soft tissue or other organs (Stage D2):

Penis

Sigmoid colon

Other direct extension

Metastasis (Stage D2)

Stage D, not further specified

## 9 Unknown if extension or metastasis

**Note 1:** Involvement of prostatic urethra does not alter the Summary Stage code.

**Note 2:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s).

**Note 3:** Some of the AUA stages and AJCC fifth edition T categories are provided as guidelines in coding this field in the absence of more specific information in the medical record.

**Note 4:** Do not code using T category if metastases are present (code to distant, "7").

References:

The American Urological Association (AUA) Staging System (A-D)

*AJCC Cancer Staging Manual, Fifth Edition*, American Joint Committee on Cancer

# Considered localized in Historic Stage ##

Considered regional in Historic Stage ###

Considered distant in Historic Stage

\* Considered localized in 1977 Summary Staging Guide

\*\* Considered regional in 1977 Summary Staging Guide

\*\*\* Considered distant in 1977 Summary Staging Guide

**Appendix B: Summary Stage 2018 for Prostate (use for diagnosis years 2018 and later)****PROSTATE**

8000-8700, 8720-8790, 9700-9701

C619

C619 Prostate gland

**Note 1:** The following sources were used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 58 *Prostate*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

**Note 2:** See the following chapters for the listed histologies

- 8710-8714, 8800-8934, 8940-9137, 9141-9582: *Soft Tissue*
- 8935-8936: *GIST*
- 9140: *Kaposi Sarcoma*

**Note 3:** See the *Urethra* chapter for transitional cell (urothelial) carcinoma of the prostatic urethra (C680).**Note 4:** Assign code 1 when there is only a TURP.**Note 5:** Imaging is not used to determine the clinical extension unless the physician clearly incorporates imaging findings into their evaluation.**Note 6:** If there is no information from the DRE, but the physician assigns a clinical extent of disease, the registrar can use that.

- *Example:* DRE reveals prostate is “firm.” Physician stages the patient as a cT2a. The T2a (localized) can be used since the physician has documented this.

**Note 7:** Involvement of prostatic urethra does not alter the Summary Stage code.**Note 8:** “Frozen pelvis” is a clinical term which means tumor extends to pelvic sidewall(s) (code 7).**Note 9:** 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.



## **SUMMARY STAGE**

### **0 In situ, intraepithelial, noninvasive**

#### **1 Localized only (localized, NOS)**

- Clinically apparent or inapparent tumor
- Confined to prostate, NOS
- Intracapsular involvement only
- Invasion into (but not beyond) prostatic capsule
- No extracapsular extension
- One or more lobes involved

#### **2 Regional by direct extension only**

- Bladder neck
- Bladder, NOS
- External sphincter
- Extraprostatic/extracapsular extension (beyond prostate capsule), unilateral, bilateral, NOS
- Extraprostatic urethra (membranous urethra)
- Fixation, NOS
- Levator muscles
- Periprostatic tissue
- Rectovesical (Denonvillier's) fascia
- Rectum
- Seminal vesicles
- Skeletal muscle
- Through capsule, NOS
- Ureter(s)

#### **3 Regional lymph node(s) involved only**

- Hypogastric
- Iliac, NOS
  - External
  - Internal (hypogastric) (obturator), NOS
- Pelvic, NOS
- Periprostatic
- Sacral, NOS
  - Lateral (laterosacral)
  - Middle (promontory) (Gerota's node)
  - Presacral
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

#### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

## **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Bone
  - Extension to or fixation to pelvic wall or pelvic bone
  - "Frozen pelvis", NOS
  - Other organs
  - Penis
  - Sigmoid colon
  - Soft tissue other than periprostatic
- Distant lymph node(s), NOS
  - Aortic (lateral [lumbar], para-aortic, periaortic, NOS)
  - Cervical
  - Common iliac
  - Inguinal (deep, NOS)
    - Node of Cloquet or Rosenmuller (highest deep inguinal)
    - Superficial (femoral)
  - Retroperitoneal, NOS
  - Scalene (inferior deep cervical)
  - Supraclavicular (transverse cervical)
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

## **9 Unknown if extension or metastasis**