AJCC 8TH EDITION
SITE SPECIFIC TEXT RECOMMENDATIONS

Maryland Top Five: Lung, Breast, Colorectal, Prostate & Uterine

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Objectives

- Explore AJCC 8th edition updates that influence registry data collection of Maryland’s top five cancer sites
- Define AJCC proposed registry data collection items
- Review common site-specific NAACCR abbreviations
- Examine best practices for site-specific diagnosis & staging text fields
- Highlight specific recommended text elements based on AJCC 8th edition staging
Maryland’s Top Five

1. **Lung**: (C34.0 – C34.9) = Chapter 36

2. **Breast**: (C50.0 – C50.9) = Chapter 48

3. **Colorectal**: (C18.0; C18.2 – C20.9) = Chapter 20

4. **Prostate**: (C61.9) = Chapter 58

5. **Uterine**: (C54.0 – C55.9) = Chapter 53 & Chapter 54
Colorectal: 8th Edition Updates

- Appendix carcinomas not included
- Well & Mod Diff NET not included
- Introduction of M1c category & IVC stage group to define peritoneal metastasis
- New factors recommended for clinical care include:
  - Lymphatic & vessel invasion
  - Microsatellite instability (MSI)
  - KRAS, NRAS & BRAF mutations
- Primary site resection & microscopic LN eval required for pathological staging classification

Colorectal: Data Collection Items

- Tumor deposits
- Pre-treatment CEA level
- Tumor regression score
- Circumferential resection margin
- LVI
- PNI
- MSI
- KRAS & NRAS mutations
- BRAF mutation

### Colorectal: NAACCR Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-COLON</td>
<td>Ascending colon</td>
<td>D-Colon</td>
<td>Descending Colon</td>
</tr>
<tr>
<td>ACBE</td>
<td>Air contrast barium enema</td>
<td>GI</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>AP</td>
<td>Abdominal perineal</td>
<td>IBD</td>
<td>Inflammatory bowel disease</td>
</tr>
<tr>
<td>BA</td>
<td>Barium</td>
<td>PROCTO</td>
<td>Proctoscopy</td>
</tr>
<tr>
<td>BE</td>
<td>Barium enema</td>
<td>SB</td>
<td>Small bowel</td>
</tr>
<tr>
<td>BM</td>
<td>Bowel movement</td>
<td>SIG COLON</td>
<td>Sigmoid colon</td>
</tr>
<tr>
<td>CUC</td>
<td>Chronic ulcerative colitis</td>
<td>TRANS-COLON</td>
<td>Transverse colon</td>
</tr>
<tr>
<td>CEA</td>
<td>Carcinoembryonic antigen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Colorectal: Physical Exam

- Describe what brought about dx. Was it a screening or SX? Only document SX that relate to the cancer.
  - *Change in bowel habits, ABD distention, unexplained anemia*

- Notate PT HX that might influence DX or TX.
  - *H/O HGD in a polyp, known ESRD poor TX candidate*

- Document any PE abnormalities
  - *palpable LAD, HSM, ascites or masses, DRE for rectal primaries*

- Document the final treatment plan

- 8th edition specific
  - *Document if patient is known to have MSI or a gene mutation prior to diagnosis*

Colorectal: X-rays & Scans

- C/A/P CT w/ IV & oral contrast
- MRI may be done if contrast cannot be given
- PET usually only if CT is equivocal or PT sensitive to CT contrast

- 8th edition specifics to document from Imaging reports
  - Tumor extension into bowel layer
  - Mention of extra colonic disease or adherent bowel
  - Location, size, and number of abnormal/enlarged LN
  - Specific distant metastatic sites involved
  - Peritoneal studding or carcinomatosis

Colorectal: Scopes

- Colonoscopies
- EUS

- 8\textsuperscript{th} edition specifics to document from endoscopic reports
  - \textit{Tumor location w/specific measurements}
  - \textit{Characteristics of tumor \& regional structures}
  - \textit{Extension into bowel layer or other structures}
  - \textit{Location, size, \& number of abnormal/enlarged LN}
  - \textit{EUS assigned TNM categories}

Colorectal: OP

- Colorectal biopsy
- FNA/BX of regional or distant sites
- Intraoperative findings during planned resection

8th edition specifics to document from operative reports

- Gross description of tumor
  - Perforation, visceral peritoneum inv, adherence to adj structures
- Macroscopic lymph node involvement
- Gross description of regional structures
  - Tumor deposits, liver &/or peritoneal involvement
- Gross residual disease & location
- Reason surgery was aborted

Colorectal: Path

- Cytologic & pathologic BX diagnosis
- Colorectal resection pathologic diagnosis

- 8th edition specifics to document from pathology reports
  - Tumor size, histology, grade & primary location
  - Most extensive bowel layer &/or adjacent structure involved
  - # LN examined, # LN involved & size of largest LN tumor deposit
  - Tumor deposits in subserosa, mesentery or pericolorectal tissues
  - Distance of tumor from circumferential resection margin
  - Tumor regression score if neoadjuvant TXT received
  - Lymphatic, vessel, & perineural invasion status
  - CAP assigned pTNM categories

Colorectal: Labs

- Tumor markers
- Molecular & genomic testing

8th edition specifics to document from lab/cytology/path reports
- CEA level prior to treatment
- Microsatellite Instability (MSI) status
- KRAS & NRAS mutation status
- BRAF mutation status

Colorectal: Staging

- Complete clinical stage
- Complete pathologic stage
- Summary Stage

8th edition specifics to document from medical record

- No prognostic factors required to stage colorectal primaries
- Record both clinical & pathologic stage(s) assigned by managing physician(s) exactly as documented in medical record
- Registrar assigns complete clinical & pathologic stages if managing physicians have not
  - Classification, category, subcategory, modifier and stage group REQUIRED
- Registrar assigns Summary Stage based on diagnostic & staging info

LUNG

AJCC 8th edition Chapter 36
Lung: 8th Edition Updates

- Microscopic confirmation is required for TNM staging
  - Minimal positive sputum cytology needed to stage
- Histology specific in situ T descriptors for SCCA & Adeno
  - Tis(SCIS) & Tis(AIS)
- New tumor size criteria & T category definitions
- New M subcategories & stage groups to distinguish between intrathoracic, single extrathoracic, & multiple extrathoracic mets
- Defined clinical & pathological criteria to classify multiple lung nodules into 4 specific groups
  - Second primary tumors
  - Intrapulmonary mets
  - Multifocal adeno w/GG or lepidic features
  - Diffuse pneumonic-type adeno
- Primary site resection & microscopic LN eval required for pathological staging classification

Lung: Data Collection Items

**NSCLC**
- Symptoms
- Weight loss
- Performance status
- Resection margins
- Adequacy of mediastinal dissection
- EGFR mutation
- ALK gene rearrange

**Small Cell**
- Performance status
- Prophylactic cranial RT

*Items already collected as part of regular abstract not included*
# Lung: NAACCR Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>ARDS</td>
<td>Acute respiratory distress syndrome</td>
<td>MSB</td>
<td>Main stem bronchus</td>
</tr>
<tr>
<td>ASP</td>
<td>Aspiration</td>
<td>NSCCA</td>
<td>Non small cell carcinoma</td>
</tr>
<tr>
<td>CIG</td>
<td>Cigarettes</td>
<td>PPD</td>
<td>Packs per day</td>
</tr>
<tr>
<td>COLD</td>
<td>Chronic obstructive lung disease</td>
<td>PULM</td>
<td>Pulmonary</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic obstructive pulmonary disease</td>
<td>RCM</td>
<td>Right costal margin</td>
</tr>
<tr>
<td>DOE</td>
<td>Dyspnea on exertion</td>
<td>RLL</td>
<td>Right lower lobe</td>
</tr>
<tr>
<td>ICM</td>
<td>Intercostal margin</td>
<td>RML</td>
<td>Right middle lobe</td>
</tr>
<tr>
<td>ICS</td>
<td>Intercostal space</td>
<td>RUL</td>
<td>Right upper lobe</td>
</tr>
<tr>
<td>ILD</td>
<td>Interstitial lung disease</td>
<td>SOB</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>LCM</td>
<td>Left costal margin</td>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>LLL</td>
<td>Left lower lobe</td>
<td>URI</td>
<td>Upper respiratory infection</td>
</tr>
<tr>
<td>LUL</td>
<td>Left upper lobe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lung: Physical Exam

- Describe what brought about dx. Was it a screening or SX? Only document SX that relate to the cancer.
  - SOB, DOE, hemoptysis, voice changes

- Notate PT HX that might influence DX or TX.
  - COPD, asbestos exposure, O2 dependent

- Document any PE abnormalities
  - palpable LAD, HSM, SVCS

- Document the final treatment plan

- 8th edition specific
  - Document if patient is known to have EGFR or ALK abnormalities

Lung: X-rays & Scans

- CXR
- Chest & upper abd CT w/contrast
- PET

8th edition specifics to document from Imaging reports
- Greatest tumor size & furthest primary tumor extension
- Lobar & segmental location(s) of tumor(s)
- Presence of atelectasis/endobronchial lesions
- Presence of separate solid/part-solid lung lesions
- Evidence of lymphangitic carcinomatosis
- Specific nodal stations w/LAD
- Presence of intrathoracic or extrathoracic mets

Lung: Scopes

- Bronchoscopy/EBUS*
- Thoracoscopy*
- Mediastinoscopy *

- 8th edition specifics to document from endoscopic reports
  - Visualized endobronchial lesions & location
  - MSB/carinal involvement
  - Visualized LAD & location(s)
  - Pleural cavity, lung surface &/or mediastinal involvement
  - Biopsies & tumor destruction performed during scope(s)

*Only include in scope text when not performed as part of planned primary resection*

Lung: OP

- Lung FNA & core BX
- FNA/core BX of LN’s/distant sites
- Intraoperative findings during planned resection

8th edition specifics to document from operative reports

- **Gross description of tumor**
  - Pleural, mediastinal or adj structural invasion
- **Macroscopic lymph node involvement**
- **Gross description of regional structures**
  - Additional nodules, intrapulm mets, intrathoracic mets, pericardial effusion
- **Gross residual disease & location**
- **Reason surgery was aborted**

Lung: Path

- Cytologic & pathological BX DX(s)
- Lung resection pathological DX

- 8th edition specifics to document from pathology reports
  - Primary tumor size, extension, histology, grade & location
  - Pleural layer of invasion
  - Path defined category for additional identified tumor nodules
  - # LN examined, # LN pos, & specific LN stations involved
  - Resection margin(s) status
  - Lymphatic, vascular, & perineural invasion status
  - Microscopic DX of metastatic sites examined
  - CAP assigned pTNM categories

Lung: Labs

- Molecular & genomic testing

- 8th edition specifics to document from lab/cytology/path reports
  - EGFR mutation
  - ALK gene rearrangement

Lung: Staging

- Complete clinical stage
- Complete pathologic stage
- Summary Stage

8th edition specifics to document from medical record

- No prognostic factors required to stage lung primaries
- Notate if malignancy not microscopically confirmed
- Record both clinical & pathological stage(s) assigned by managing physician(s) exactly as documented in medical record
- Registrar assigns complete clinical/pathological stage(s) if managing physician(s) have not
  - Classification, category, subcategory, modifier and stage group REQUIRED
- Registrar assigns Summary Stage based on diagnostic & staging info

Breast: 8th Edition Updates

- Separate anatomic & prognostic stage group tables
- LCIS is no longer reportable & considered benign
- Newly defined T1 subcategory size criteria
- All tumors >1mm & <2mm are rounded to 2mm
- Newly defined criteria to assign post therapy stage ypTNM
- Tumor grade, HER-2, ER, & PR status are **REQUIRED** to assign clinical/pathological prognostic stage group
- Oncotype DX score **may** be used to categorize prognostic stage group for certain low stage tumors
- Registrars may only assign prognostic stage group in abstract
- Primary site resection & microscopic LN eval required for pathological staging classification

Breast: Data Collection Items

- ER status
  - % pos & Allred score
- PR status
  - % pos & Allred score
- HER-2 status
  - IHC, FISH & overall
- Nottingham grade
- Ki-67 % pos
- Oncotype Dx score

- Other multigene signature scores
  - Mammaprint
  - PAM50 (Prosigna)
  - Breast Cancer Index
  - EndoPredict
  - IHC4

- Biomarkers
  - Urokinase plasminogen activator (uPA)
  - Plasminogen activator inhibitor type 1 (PAI-1)

- Response to neoadj TX

## Breast: NAACCR Abbreviations

<table>
<thead>
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<tr>
<td>AX</td>
<td>Axilla(ry)</td>
<td>MRM</td>
<td>Modified radical mastectomy</td>
</tr>
<tr>
<td>DCIS</td>
<td>Ductal carcinoma in situ</td>
<td>PALP</td>
<td>Palpate/Palpable</td>
</tr>
<tr>
<td>ER, ERA</td>
<td>Estrogen receptor (assay)</td>
<td>PR, PRA</td>
<td>Progesterone receptor (assay)</td>
</tr>
<tr>
<td>FNAB</td>
<td>Fine needle aspiration biopsy</td>
<td>RLIQ</td>
<td>Right lower inner quadrant</td>
</tr>
<tr>
<td>LLIQ</td>
<td>Left lower inner quadrant</td>
<td>RLOQ</td>
<td>Right lower outer quadrant</td>
</tr>
<tr>
<td>LLOQ</td>
<td>Left lower outer quadrant</td>
<td>RUIQ</td>
<td>Right upper inner quadrant</td>
</tr>
<tr>
<td>LUOQ</td>
<td><em>Left upper outer quadrant</em></td>
<td>RUOQ</td>
<td>Right upper outer quadrant</td>
</tr>
<tr>
<td>LIQ</td>
<td>Lower inner quadrant</td>
<td>UIQ</td>
<td>Upper inner quadrant</td>
</tr>
<tr>
<td>LOQ</td>
<td>Lower outer quadrant</td>
<td>UOQ</td>
<td>Upper outer quadrant</td>
</tr>
</tbody>
</table>

Breast: Physical Exam

- Describe what brought about dx. Was it a screening or SX? Only document SX that relate to the cancer.
  - *Palp mass, skin changes, nipple discharge, breast pain/itching*

- Notate PT HX that might influence DX or TX.
  - *Long term hormonal use; BRCA pos; H/O stroke or DVT*

- Document any PE abnormalities
  - *Palp breast mass, palp LN, skin changes*

- Document the final treatment plan

- 8th edition specific
  - *Document size of mass on clinical breast exam & if LNs are mobile or fixed*

Breast: X-rays & Scans

- Mammogram/breast US
- MRI for dense breasts & eval of chest wall involvement
- C/A/P CT, PET &/or bone scan for regional &/or distant dz eval

- 8th edition specifics to document from Imaging reports
  - Largest tumor size from each imaging modality
  - Notation of skin thickening, edema, satellite nodules or chest wall involvement
  - Specific location(s) of clinically suspected LN’s involved
  - Presence of mets & location

Breast: OP

- Breast FNA & core BX
- FNA/core BX of LN’s/distant sites
- Intraoperative findings during planned resection

- 8th edition specifics to document from operative reports
  - Gross description of tumor extension
    - Chest wall invasion
  - Macroscopic lymph node involvement
  - Gross residual disease & location
  - Reason surgery was aborted

Breast: Path

- Cytologic & pathological BX DX(s)
- Breast resection pathological DX

8th edition specifics to document from pathology reports
- Primary tumor size, histology, grade & location
- Involvement of skin or chest wall
- # LN examined, # LN pos, size of largest LN deposit & method of eval
- Resection margin(s) status
- Microscopic DX of metastatic sites examined
- CAP assigned pTNM categories

Breast: Labs

- ER/PR/HER-2
- CTC’s or DTC’s
- Ki-67
- Multigene Signature Assay scores
- Molecular & genomic testing

8th edition specifics to document from lab/cytology/path reports
- ER/PR/HER-2 test modality (IHC/FISH) & results
- Circulating or disseminated tumor cells in blood or BM
- % of Ki-67 positivity
- Name of specific gene assay & defined recurrence score
- uPA & PAI-1 status

Breast: Staging

- Complete clinical prognostic stage
- Complete pathologic prognostic stage
- Summary Stage

- 8th edition specifics to document from medical record
  - Grade, ER, PR & HER-2 status must be defined to assign prognostic stage groups IA-IIIIC; if any unknown, stage group is unknown
  - Record both clinical & pathological stage(s) assigned by managing physician(s) exactly as documented in medical record
  - Registrar assigns complete clinical/pathological prognostic stage(s) if managing physician(s) have not
    - Classification, category, subcategory, modifier, prognostic factors & stage group REQUIRED
  - Registrar assigns Summary Stage based on diagnostic & staging info

UTERINE

AJCC 8th edition Chapters 53 & 54
Uterine: 8th Edition Updates

- Divided into two separate uterine chapters
  - Chapter 53: Corpus Uteri – Carcinoma & Carcinosarcoma
  - Chapter 54: Corpus Uteri – Sarcomas
- Stage 0 & Tis designation have been removed
- Endometrial intraepithelial carcinoma (EIC) is designated T1
- Now three tier grading system for uterine carcinomas
- New N micrometasis subcategories for uterine carcinomas
- Grade for leiomyosarcomas not collected; all are considered high-grade tumors

Uterine: Data Collection Items

**Carcinomas**
- FIGO stage
- Depth of myometrial inv
- LVI
- Peritoneal cytology
- ER/PR
- Tumor molecular profiling
- #pelvic LN pos/examined
- #para-aortic LN pos/examined
- % non-endometrioid cell type
- Omentectomy performed
- Morcellation

**Sarcomas**
- LVI
- #pelvic LN pos/examined
- #para-aortic LN pos/examined
- Omentectomy performed
- Morcellation
- Cytogenetic analysis
  - *Endometrial stromal sarcomas only*
- Presence of sarcomatous growth
  - *Adenosarcomas only*
- Peritoneal cytology

## Uterine: NAACCR Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
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</thead>
<tbody>
<tr>
<td>BSO</td>
<td>Bilateral salpingo-oophorectomy</td>
<td>RSO</td>
<td>Right salpingo-oophorectomy</td>
</tr>
<tr>
<td>BUS</td>
<td>Bartholin's, Urethral &amp; Skene's</td>
<td>SO</td>
<td>Salpingo-oophorectomy</td>
</tr>
<tr>
<td>D&amp;C</td>
<td>Dilatation and curettage</td>
<td>TAH</td>
<td>Total abdominal hysterectomy</td>
</tr>
<tr>
<td>GYN</td>
<td>Gynecology</td>
<td>TAH-BSO</td>
<td>Total abdominal hysterectomy-bilateral salpingo-oophorectomy</td>
</tr>
<tr>
<td>HYST</td>
<td>Hysterectomy</td>
<td>TVH</td>
<td>Total vaginal hysterectomy</td>
</tr>
<tr>
<td>LSO</td>
<td>Left salpingo-oophorectomy</td>
<td>VAG</td>
<td>Vagina(l)</td>
</tr>
<tr>
<td>OB</td>
<td>Obstetrics</td>
<td>VAG HYST</td>
<td>Vaginal hysterectomy</td>
</tr>
<tr>
<td>PID</td>
<td>Pelvic inflammatory disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Uterine: Physical Exam

- Describe what brought about dx. Was it a screening or SX? Only document SX that relate to the cancer.
  - PMB, irregular menses, pelvic pain, post-coital bleeding

- Notate PT HX that might influence DX or TX.
  - Morbid obesity, H/O tamoxifen use

- Document any PE abnormalities
  - Detailed pelvic exam & palp LN

- Document the final treatment plan

- 8th edition specific
  - Nothing specific for physical exam text
Uterine: X-rays & Scans

- Pelvic US
- MRI best imaging modality for locoregional uterine staging
- PET is best for extrapelvic disease & bone mets

- 8th edition specifics to document from Imaging reports
  - Greatest primary tumor size & extension to adj structures
  - Suspected involved LN location(s) & size
  - Presence of mets & location

Uterine: Scopes

- Hysteroscopy

- 8th edition specifics to document from endoscopic reports
  - *Tumor size, specific uterine location & characteristics*
  - *Biopsies & tumor destruction performed during scope(s)*

Uterine: OP

- EMB
- FNA/core BX of LN’s/distant sites
- Intraoperative findings during planned resection

- 8th edition specifics to document from operative reports
  - Gross description of tumor
    - Extension to serosa, adnexa, vagina, parametrium, bladder or bowel
  - Macroscopic lymph node involvement
  - Gross description of regional structures
    - Intraperitoneal or liver mets
  - Morcellation of specimen
  - Gross residual disease & location
  - Reason surgery was aborted

Uterine: Path

- Cytologic & pathological BX DX(s)
- Uterine resection pathological DX

- 8th edition specifics to document from pathology reports
  - Primary tumor size, extension, histology, grade & location
  - % non-endometrioid cell type in mixed-histology tumors
  - Presence of sarcomatous overgrowth in adenosarcomas
  - # LN examined, # LN pos, LN tumor size & LN stations involved
  - LVI status
  - Peritoneal cytology status
  - Microscopic DX of metastatic sites examined
  - CAP assigned pTNM categories

Uterine: Labs

- ER/PR
- Cytogenetic Analysis
- Molecular & genomic testing

- 8th edition specifics to document from lab/cytology/path reports
  - ER/PR status
  - Cytogenic testing for endometrial stromal sarcomas
  - Any molecular or genetic testing used to determine disease prognosis

Uterine: Staging

- Complete clinical stage
- Complete pathologic stage
- Summary Stage

8th edition specifics to document from medical record
- No prognostic factors required to stage uterine primaries
- Record both clinical & pathological stage(s) assigned by managing physician(s) exactly as documented in medical record
- Registrar assigns complete clinical/pathological stage(s) if managing physician(s) have not
  - Classification, category, subcategory, modifier and stage group REQUIRED
- Registrar assigns Summary Stage based on diagnostic & staging info

PROSTATE

AJCC 8th edition Chapters 58
Prostate: 8th Edition Updates

- Pathologic T2 subcategories removed
  - *All pathological organ confined disease considered T2*
  - *Clinical T2 subcategories still remain*
- Gleason score & grade group should **both** be recorded
- Adjusted stage group III classifications based on PSA & grade
- PSA & grade group are **REQUIRED** to assign clinical/pathological stage
- Primary site resection & microscopic LN eval required for pathological staging classification

Prostate: Data Collection Items

- Pre-treatment PSA
- Clinical grade group, Gleason pattern & Gleason score
- Pathological grade group, Gleason pattern & Gleason score
- Tertiary Gleason pattern on prostatectomy
- # cores examined/# cores positive
- Unilateral, bilateral, or extraprostatic involvement on biopsy
- Metastatic sites

# Prostate: NAACCR Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>BPH</td>
<td>Benign prostatic hyperplasia</td>
</tr>
<tr>
<td>CAP</td>
<td>Capsule</td>
</tr>
<tr>
<td>DRE</td>
<td>Digital rectal exam</td>
</tr>
<tr>
<td>GU</td>
<td>Genitourinary</td>
</tr>
<tr>
<td>PIN III</td>
<td>Prostatic intraepithelial neoplasia, grade III</td>
</tr>
<tr>
<td>PSA</td>
<td>Prostate specific antigen</td>
</tr>
<tr>
<td>TURP</td>
<td>Transurethral resection prostate</td>
</tr>
</tbody>
</table>

Prostate: Physical Exam

- Describe what brought about dx. Was it a screening or SX? Only document SX that relate to the cancer.
  - LUTS, hematuria, elevated PSA, bone pain
- Notate PT HX that might influence DX or TX.
  - Known gene mutation, poor performance status
- Document any PE abnormalities
  - DRE findings, palpable LAD
- Document the final treatment plan

- 8th edition specific
  - Document palpable nodules, % of involvement & if unilateral or bilateral

Prostate: X-rays & Scans

- No specific imaging technique recommended for prostate
- MRI maybe able to identify extraprostatic extension

8th edition specifics to document from Imaging reports
- Suspected extraprostatic extension
- Suspected involved LN’s & location(s)
- Presence of mets & location

Prostate: OP

- TRUS prostate biopsy & findings
- FNA/core BX of LN’s/distant sites
- Intraoperative findings during planned resection

8th edition specifics to document from operative reports
- TRUS DRE findings under anesthesia
- Gross description of tumor extension
  - Extraprostatic extension to SV or adj structures
- Macroscopic lymph node involvement
- Gross description of regional structures
  - Intraabdominal mets
- Gross residual disease & location
- Reason surgery was aborted

Prostate: Path

- Cytologic & pathological BX DX(s)
- Prostate resection pathological DX

- 8th edition specifics to document from pathology reports
  - Biopsy # cores examined/# cores positive
  - Biopsy Gleason pattern(s) & grade group(s)
  - Prostatectomy tumor size, extraprostatic extension, histology & grade(s)
    - Gleason score, grade group & tertiary Gleason pattern
  - # LN examined/# LN positive
  - Surgical margin status
  - Microscopic DX of metastatic sites examined
  - CAP assigned pTNM categories

Prostate: Labs

- PSA

- 8th edition specifics to document from lab/cytology/path reports
  - Pre-treatment PSA value & interpretation

Prostate: Staging

- Complete clinical prognostic stage
- Complete pathologic prognostic stage
- Summary Stage

8th edition specifics to document from medical record

- PSA & grade group must be defined to assign prognostic stage groups I-IIIC; if any unknown, stage group is unknown
- Record both clinical & pathological stage(s) assigned by managing physician(s) exactly as documented in medical record
- Registrar assigns complete clinical/pathological prognostic stage(s) if managing physician(s) have not
  - Classification, category, subcategory, modifier, prognostic factors & stage group REQUIRED
- Registrar assigns Summary Stage based on diagnostic & staging info

Happy Friday!
Everyone have a fun, safe weekend!