

**DATA STANDARDS AND QUALITY CONTROL
MEMORANDUM
DSQC #2002-03**

CATEGORY: GUIDELINES
SUBJECT: SEER PROSTATE GUIDELINES
EFFECTIVE: CASES DIAGNOSED ON OR AFTER 1/1/2001

The attached SEER Prostate Guidelines are effective with cases diagnosed 1/1/01 and forward. Upon review of these guidelines, the CCR feels there are no major changes to the manner in which we have been coding extension for prostate cases. However, the CCR asks that you review all prostate cases diagnosed 1/1/01 forward for consistency in following these guidelines.

- Note on Page 4 - with SEER's permission, a CCR note has been added to clarify when to use PSA coding guidelines.
- Regarding date of diagnosis, please follow the rules in Volume I, III.3.3 (pg 63-64).
- Regarding Example 4 on page 2, April Fritz provides this clarification,

“For Example 4 on page 2, the pathologic code should be 20. We recognize that the first sentence under the PATHOLOGIC EOD section could be phrased more clearly (and it will be in the next iteration). The intent of the statement is to allow histologic information from clinical staging (i.e. needle biopsy or TURP tissue) to supplement information from the prostatectomy. The statement is a variation of Note 3, page 138 of the SEER EOD manual, 3rd edition. The guidelines are intended to supplement the notes in the EOD book, not contradict them.”

As a reminder, clinical information that is disproven by the pathology of the prostatectomy specimen should NOT be used. April adds,

“In Example 3, the clinically identified hard nodule turned out to be an adenoma in the right apex. The remainder of the prostatectomy specimen reported only tumor involving the left lobe and was silent on anything else in the prostate, including the left apex. Had there been a bilateral positive biopsy of the apex or a needle biopsy of the left apex, we agree that the appropriate code should be 34. But without it, the best pathologic extension code to use is 20, involvement of one lobe.”