The Criterion
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Audit Corner

Prostate Audit Results

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The Data Standards and Quality Control (DSQC) Unit of the California Cancer Registry (CCR) conducted a recoding audit of prostate cases diagnosed in 2011. The cases were recoded using CS version 02.03. There were a total of 180 cases audited. There were 29 data items audited in each case with a total of 5220 data items reviewed. There were 186 discrepancies identified. The major discrepancies discovered on the audit will be highlighted in this article.

One hundred twenty nine (69.4%) of the discrepancies identified on this audit were the result of not following the coding directions which are clearly stated in the CS Manual. Instructions such as rounding up to the nearest tenth in nanograms/milliliter for the PSA value in Site Specific Factor #1, using code 998 when no prostatectomy was performed in Site Specific Factor #11, coding adenocarcinoma (8140) when the pathology report states acinar carcinoma per the Multiple Primary and Histology rules (H10), and not following the "inaccessible lymph node" rule in the CS Staging Manual, Part 1, when coding the data item CS Lymph Nodes. All of the 129 discrepancies could have been eliminated if the instructions in the CS Manual had been followed.

Eighteen (56.3%) of the discrepancies in the **CS Extension – Clinical Extension** were recoded ***from*** either code 200, 210, 220 or 230. All of these codes have a specific instruction listed in the definition of the code and in the data item specific notes, listed at the top of the page of the CS Stage Manual for this data item. Note 3c for this data item states "Codes 200 to 240 are used only for clinically/radiographically apparent tumor/nodule/mass which is palpable or visible by imaging. To decide among codes 200-240, use only physical exam or imaging information, and **not** biopsy information." In each of the 18 discrepancies, the abstractor used information from the biopsy to code this field.

The data item **CS Site Specific Factor #3 (CS Extension – Pathologic Extension)** had 12 discrepancies noted. In four of these cases, the abstractor coded the surgery fields to 00 (No surgery) and in three of the cases there was supporting documentation that there was no surgery performed. Coded 960 (Unknown if prostatectomy done) and recoded to 970 (No prostatectomy done within first course of treatment).

Two primary issues were demonstrated in these cases. Involvement of bilateral lobes of the prostate was one issue, while extracapsular extension and specific margins involved which are documented in Note 6 in the instructions for coding this data item, was the other.

In five of the cases, it was documented that both lobes were involved with negative prostatic capsule and margins. However, the original codes used in these cases are codes that indicate specific margins were involved. In two cases, the original code indicated bilateral lobe involvement; however, the pathology text clearly stated that both lobes were not involved. In the remaining case, the original code indicated there was microscopic bladder neck involvement (code 490) however; the text clearly stated the seminal vesicle was involved (code 485) and not the bladder neck.

There were a total of 20 (10.8%) discrepancies identified in the field **CS Mets at DX – Metastatic Sites Fields.** There are four independent fields in this group of data items and are directly related to the field CS Mets at Diagnosis. The four CS Mets at Dx – Metastatic Sites Fields are Bone, Breast, Liver, and Lung. These discrepancies are demonstrated in **Graph 1**.

The instruction in the CS Manual for each of these data items state "If CS Mets at Dx is coded to 00 (No metastatic disease), this field **must** be coded to 0 (No metastatic disease).

In all 20 discrepancies, the scenarios were identical. In each case, the CS Mets at DX was coded to 00 (no metastasis) and each of the CS Mets at Dx – Metastatic Site Fields were coded according to whether or not there was a specific procedure performed to evaluate that site.

As an example, if a patient had a bone scan and a CT of the chest and abdomen, the abstractor would code the fields:

- CS Mets at Dx – Bone 0
- CS Mets at Dx – Brain 9
- CS Mets at Dx – Liver 0
- CS Mets at Dx – Lung 0

The fields CS Mets at Dx Bone, CS Mets at Dx Lung, and CS Mets at Dx Liver were coded based on clinical exams performed. The field CS Mets at Dx – brain was coded to 9 (Unknown if involved) because there was no CT or MRI scan of the head. While this

may be logical to the abstractor, instruction for coding this data item is not being followed.

There were six (3.2%) discrepancies identified in **Histology**. Five of the six recodes were the result of the abstractor using the histology code 8550 for acinar carcinoma. The Multiple Primaries and Histology rules that abstractors use to code histology addresses the issue identified on this audit. Rule **H10** for Other Sites Histology Coding Rules found in the Multiple Primary and Histology rules state "Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno) carcinoma." As a result, abstractors ***should not*** be coding this scenario to acinar carcinoma (8550) and should be coding these cases to adenocarcinoma (8140).