

SEER Inquiry System - Report

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Question 20000533

References:

#1: SEER EOD-88,3rd Ed, 135,136

#2: Prostate EOD Coding Guidelines, 2. June 2001

Question:

EOD-Clinical Extension--Prostate: In the SEER EOD manual, there is a list of terms to distinguish apparent from inapparent tumor for prostate primaries. Are terms in the "maybe" category and are terms not on the list clinically inapparent or clinically apparent when there is no physician staging of the case? See discussion.

Discussion:

The rectal examination states that there is "asymmetrical enlargement of the prostate, firmness over the right lobe" and the physical exam impression is extensive carcinoma of right lobe. A needle biopsy of the right lobe was positive. "Enlarged" is on SEER's list of clinically inapparent terms; "asymmetrical" and "firm, NOS" are on the "maybe" list.

Answer:

For cases diagnosed 1998-2003:

On the basis of the physical exam impression, code the EOD-Clinical Extension field to 20 [involvement of one lobe, NOS] for this case. Although the medical record did not provide a physician's staging of the case as clinically apparent, the physician did suspect carcinoma prior to the biopsy.

If clarifying stage information is missing and the term is in the "maybe" category or the term is not on the list, then code extension as 30 [localized, NOS] for cases that appear localized.

Cancer Site Category:

Prostate

Data Item Category:

N/A

Other Category:

N/A

Year:

2000