

SEER Inquiry System - Report

Produced: 03/28/2024 2:42 PM

Question 20020051

References:

CS Manual, Part II, 517-524. Vers. 1.1, Aug. 12, 2004

Question:

CS Extension (Clinical)/SSF 3 (Pathologic Extension)--Prostate: Upon prostatectomy, the case was determined to be localized. There is no clinical assessment of the tumor prior to prostatectomy. Should clinical extension be coded to 99 [Unknown]? Please see discussion below. See discussion.

Discussion:

We have a prostate case that is clinically inapparent. There is no staging info at all, no biopsy done. Then the patient has a prostatectomy with a single 0.4cm focus of Adenoca gr 3+3.

Answer:

This answer was provided in the context of CSv1 coding guidelines. The response may not be used after your registry database has been converted to CSv2. Yes, code CS Extension (clinical) as 99 [unknown]. The extension based on the prostatectomy is coded in Site Specific Factor 3 - Pathologic Extension.

History:

EOD-Clinical Extension/EOD-Pathologic Extension--Prostate: Code the EOD-Clinical Extension field to 90 [unknown if extension or metastasis]. Code the EOD-Pathologic Extension field to 20 [involvement of one lobe, NOS].

In this case, pt had a neg exam and no mention of an elevated PSA. According to the prostate EOD coding guidelines, code 90 for: Incidental finding on prostatectomy or autopsy. Code 90 would be used even if there were a prostate exam, because prior to an incidental finding the physician has no suspicion that there is a malignancy (there has been no needle biopsy or TURP).

Another example for EOD-Clinical Extension code 90 is: Patient has suprapubic prostatectomy for urinary retention and BPH. Prostate ca is not suspected.

Cancer Site Category:

Prostate

Data Item Category:

N/A

Other Category:

N/A

Year:

2002