


Seventh Edition Staging 2017
Prostate

Donna M. Gress, RHIT, CTR



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National Center for Chronic Disease Prevention and Health Promotion
National Program of Cancer Registries

Overview

- Provide key information for prostate on
 - Common staging issues and questions
 - Exceptions and cautions for T, N, M
 - Diagnostic procedures vs. treatment
 - Treatment satisfying stage classification criteria
 - Blank vs. X




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Learning Objectives

- Analyze common staging issues and questions
- Determine exceptions and cautions for T, N, M
- Distinguish diagnostic procedures vs. treatment
- Identify treatment satisfying stage classification criteria
- Recognize difference between blank vs. X

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Prostate Staging



Clinical T Category


- Physical exam and DRE
 - Gold standard for assigning T category
 - **Required** for assigning T category
 - Determine whether tumor inapparent or apparent
 - Apparent tumor
 - Involvement of prostate lobes
 - Extension beyond prostate
- DRE
 - Determines location for biopsy
 - Multiple biopsies for inapparent or some apparent tumors
 - May be targeted to areas of extension beyond prostate
 - Used for staging as prognosis based on **palpable** tumors
 - No list of words that mean palpable
 - Determine by description, physician notes
 - Small inapparent tumors found on biopsy do not affect prognosis

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Clinical T Category


- Biopsy reports **not** used to assign cT
 - Confirms presence of cancer
 - Does not determine T category
- Biopsies of extraprostatic tissue
 - Still need DRE information for staging
 - DRE performed on all patients
 - DRE for extracapsular extension
 - Seminal vesicles palpable if potentially involved
 - Insensitive for some extraprostatic extension
 - MR imaging may identify area to biopsy
 - Extraprostatic biopsies not random
 - Based on DRE, Gleason, imaging



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Clinical N and M Categories


- Imaging is not required to assign cN0 or cM0
- cN category
 - Based on physician judgment and nomograms
 - Identify possibility of cN1 then further study appropriate
- Clinical M category
 - Only physical exam required to assign cM0
 - If signs or symptoms then further study appropriate
 - Mets may be cM1 or pM1 with subcategories a, b, or c



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Pathologic T, N, and M Categories


- pT category
 - Must meet criteria of total or radical prostatectomy
 - All clinical findings + op findings + specimen path report
- pN category
 - Must have microscopic assessment of at least 1 node to assign
 - No node removed is pNX
- Pathologic M category
 - Only physical exam required to assign cM0
 - Imaging not required to assign cM0
 - If signs or symptoms then further study appropriate
 - Mets may be cM1 or pM1 with subcategories a, b, or c



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PSA


- PSA is prognostic factor category required for staging
 - Category just like T, N, and M
 - Important to document
- PSA must be measured pre-diagnosis
 - Means prior to digital rectal exam
 - Means prior to biopsy
 - Any manipulation of prostate may raise PSA levels
- If multiple PSA tests, use **last** pre-diagnosis test
- PSA not available
 - Common when incidental finding at time of surgery
 - May not be able to assign stage group with PSA X



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Gleason


- Gleason is prognostic factor category required for staging
 - Category just like T, N, and M
 - Important to document
- Gleason pattern and score assigned to each specimen
 - Inherent morphologic heterogeneity of prostate ca
 - This means normal to have different grades throughout tumor
 - Highest Gleason used for staging
- Clinical stage Gleason
 - Based on biopsy or TURP during that stage timeframe
- Pathologic stage Gleason
 - Based on bx, TURP, prostatectomy during that stage timeframe
 - Highest Gleason used for staging



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Criteria for Clinical Classification

- Patient undergoing diagnostic workup
 - Elevated PSA
 - DRE
 - Diagnostic biopsy
 - Identified on TURP due to urinary symptoms
 - Imaging in certain circumstances, see NCCN guidelines
- Incidental finding during prostatectomy
 - **No** clinical stage assigned
 - Never assign stage in retrospect, cannot go back in time




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Diagnostic vs. Treatment

- Diagnostic procedures
 - Biopsies
 - TURP
- Surgical treatment of primary site
 - Total prostatectomy
 - Radical prostatectomy
 - If nodal dissection not done, still considered treatment


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Treatment Satisfying Stage Classification

- Pathologic staging
 - Total/radical prostatectomy satisfies criteria
 - Nodal dissection not required to qualify for staging
 - Rarely biopsy of highest T and N used to qualify
 - Must have both categories biopsied
 - **Not** assigned based on just highest T category
- Postneoadjuvant therapy staging **NOT** appropriate
 - **No** neoadjuvant therapy outside of clinical trials
 - Neoadjuvant ADT short term (4-6 months) treatment
 - Neoadjuvant ADT long term (2-3 years) treatment
 - Lupron shot prior to surgery **not** neoadjuvant treatment for staging
 - Rule for staging, not for registry treatment fields


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Blank vs. X

- Tell patient's story through staging
- Clinical staging – story of pt's diagnosis and workup
 - cTX = physician did not examine patient, no DRE
 - cT blank = registrar had no access to information
 - cT blank = no workup for pt, incidental finding at surgical treatment
- Pathologic staging – pt's story through surgical treatment
 - pTX = someone lost specimen between OR and path dept
 - pT blank = pt didn't have surgical treatment
 - pT blank = registrar had no access to information

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Case Scenario



Diagnostic Workup


- History/chief complaint
 - 77 year old male with urinary retention
 - Admitted for transurethral resection prostate (TURP)
- Physical exam
 - Rectal: BPH
- Procedure
 - TURP, cystolitholapaxy: 3-4 bladder stones all <1cm, friable urethra, especially distal to verumontanum with bleeding from scope trauma, concerning for malignancy
- Pathology report
 - Prostatic adenocarcinoma involving 5% of chips in transurethral resection prostate
 - Gleason score 4+3=7



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Clinical Staging Information

- Physical exam
 - BPH stated, infers negative exam
 - Exam is legal requirement before surgical procedure
- Procedure
 - Must understand terminology used in report
 - Verumontanum
 - Part of distal prostatic urethra
 - Single most important anatomic landmark in TURP
 - Without that knowledge, could interpret as urethral primary
 - No description to play a role in staging
- Pathology report
 - Gleason 7
 - Involving 5% of tissue




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Clinical Staging Answer & Rationale

- cT1a
 - Exam only found BPH, which means no apparent tumor
 - Incidental finding in 5% of TURP tissue
- cN0
 - No reason to suspect nodal involvement, NCCN guidelines
- cM0
 - No signs or symptoms of mets
- PSA X
 - Not performed, cancer not suspected, do NOT use lowest value
- Gleason 7
- Stage unknown
 - Gleason 7 would fit in stage IIA, but PSA is unknown
 - Gleason X and PSA X stage I is not accurate


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Treatment

- History & physical
 - 67 year old male with PSA of 9.62
 - DRE: 4x4cm prostate with induration in both lobes, cT2c
 - CT pelvis and bone scan negative
 - Biopsy: bilateral poorly differentiated prostatic ca
- Operative report
 - Radical prostatectomy with bilat pelvic lymphadenectomy: no gross mets in nodes, no gross extension outside prostate, palpable disease bilaterally at mid.
- Pathology report
 - Invasive poorly diff prostatic adenocarcinoma, Gleason 4+3=7. Multifocal and involves both lobes prostate, 2cm greatest dimension, 40% of tissue evaluated. Lt seminal vesicle involved. Extensive extracapsular extension. Margins neg. Multifocal and extensive perineural invasion. 0/12 positive lymph nodes.


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Pathologic Staging Information

- Surgery
 - Patient had surgical resection qualifying for pathologic staging
- Clinical staging information
 - cT2c PSA <20
- Operative report
 - Palpable bilateral disease
 - No gross nodes/extraprostatic involvement
- Pathology report
 - Gleason 7
 - Bilateral disease
 - Left seminal vesicle involved
 - Extracapsular extension
 - Margins negative & perineural invasion plays no role in staging
 - No pelvic nodes involved


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Pathologic Staging Answer & Rationale

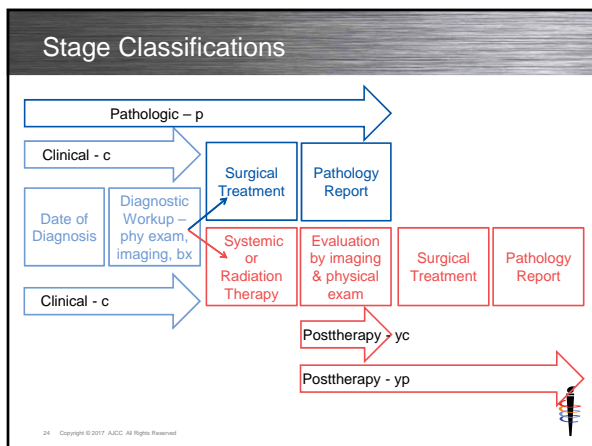
- pT3b
 - Bilateral lobes
 - Extraprostatic and seminal vesicle involvement
- pN0
 - Pelvic nodes negative
- cM0
 - No signs or symptoms of mets
- PSA <20
 - 9.6
- Gleason 7
- Stage III

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Information and Questions on AJCC Staging






AJCC Web site

- <https://cancerstaging.org>
- Cancer Staging Education **Registrar menu** includes
 - Timing is Everything – Stage Classifications
 - Critical Clarifications for Registrars
 - Disease Site Webinars
 - 5 sites: melanoma, lung, breast, prostate, colorectum
 - AJCC Curriculum for Registrars
 - 4 free self-study modules of increasing difficulty on staging rules
 - Each module consists of 7 lessons, including recorded webinar with quizzes
 - Presentations
 - Self-study or group lecture materials, including blank vs. X


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AJCC Web site

- <https://cancerstaging.org>
- Cancer Staging Education **Physician menu** includes
 - Articles
 - 18 articles on AJCC 7th edition staging in various medical journals
 - Webinars
 - 14 free webinars on 7th edition staging rules and some disease sites
- Cancer Staging Education **General menu** includes
 - Staging Moments
 - 15 case-based presentations in cancer conference format to promote accurate staging with answers and rationales

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AJCC Cancer Staging Manual and Atlas




Order at <http://cancerstaging.net>

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CAnswer Forum

- Submit questions to AJCC Forum
 - Located within CAnswer Forum
 - Provides information for all
 - Allows tracking for educational purposes
- <http://cancerbulletin.facs.org/forums/>




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Summary



Summary

- Employ critical thinking to understand disease site
 - Analyze common staging issues affecting stage assignment
 - Determine exceptions and cautions for T, N, M
 - Utilize guidelines available to registrars
- Tell patient's story through accurate staging
 - Utilize correct stage classifications
 - Distinguish diagnostic procedures vs. treatment
 - Identify treatment satisfying stage classification criteria
 - Recognize difference in story between blank vs. X
- Identify resources for AJCC staging



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Thank you

Donna M. Gress, RHIT, CTR
AJCC Technical Specialist



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