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Prostate

(Sarcomas and transitional cell carcinomas are not included)

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At-A-Glance

SUMMARY OF CHANGES

- Extraprostatic invasion with microscopic bladder neck invasion (T4) is included with T3a
- Gleason Score now recognized as the preferred grading system
- Prognostic factors have been incorporated in the Anatomic Stage/Prognostic Groups
  - Gleason Score
  - Preoperative prostate-specific antigen (PSA)

ANATOMIC STAGE/PROGNOSTIC GROUPS*

Group	T	N	M	PSA	Gleason
I	T1a – c	N0	M0	PSA < 10	Gleason ≤ 6
	T2a	N0	M0	PSA < 10	Gleason ≤ 6
	T1 – 2a	N0	M0	PSA X	Gleason X
IIA	T1a – c	N0	M0	PSA < 20	Gleason 7
	T1a – c	N0	M0	PSA ≥ 10 < 20	Gleason ≤ 6
	T2a	N0	M0	PSA ≥ 10 < 20	Gleason ≤ 6
	T2a	N0	M0	PSA < 20	Gleason 7
	T2b	N0	M0	PSA < 20	Gleason ≤ 7
	T2b	N0	M0	PSA X	Gleason X
IIB	T2c	N0	M0	Any PSA	Any Gleason
	T1 – 2	N0	M0	PSA ≥20	Any Gleason
	T1 – 2	N0	M0	Any PSA	Gleason ≥ 8
III	T3a – b	N0	M0	Any PSA	Any Gleason
IV	T4	N0	M0	Any PSA	Any Gleason
	Any T	N1	M0	Any PSA	Any Gleason
	Any T	Any N	M1	Any PSA	Any Gleason

* When either PSA or Gleason is not available, grouping should be determined by T stage and/or either PSA or Gleason as available.

ICD-O-3 TOPOGRAPHY CODES

C61.9 Prostate gland

ICD-O-3 HISTOLOGY CODE RANGES

8000–8110, 8140–8576, 8940–8950, 8980–8981

INTRODUCTION

Prostate cancer is the most common noncutaneous cancer in men, with increasing incidence in older age groups. Prostate cancer has a tendency to metastasize to bone. Earlier detection is possible with a blood test, prostate-specific antigen (PSA), and the diagnosis is generally made using transrectal ultrasound (TRUS) guided biopsy.

The incidence of both clinical and latent carcinoma increases with age. However, this cancer is rarely diagnosed clinically in men under 40 years of age. There are substantial limitations in the ability of both digital rectal examination (DRE) and TRUS to precisely define the size or local extent of disease; DRE is currently the most common modality used to define the local stage. Heterogeneity within the T1c category resulting from inherent limitations of either DRE or imaging to quantify the cancer may be balanced by the inclusion of other prognostic factors, such as histologic grade, PSA level, and possibly extent of cancer on needle biopsies that contain cancer. Diagnosis of clinically suspicious areas of the prostate can be confirmed histologically by needle biopsy. Less commonly, prostate cancer may be diagnosed by inspection of the

DEFINITIONS OF TNM

Primary Tumor (T)

Clinical

TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Clinically inapparent tumor neither palpable nor visible by imaging
T1a	Tumor incidental histologic finding in 5% or less of tissue resected
T1b	Tumor incidental histologic finding in more than 5% of tissue resected
T1c	Tumor identified by needle biopsy (e.g., because of elevated PSA)
T2	Tumor confined within prostate*
T2a	Tumor involves one-half of one lobe or less
T2b	Tumor involves more than one-half of one lobe but not both lobes
T2c	Tumor involves both lobes
T3	Tumor extends through the prostate capsule**
T3a	Extracapsular extension (unilateral or bilateral)
T3b	Tumor invades seminal vesicle(s)
T4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall (Figure 41.1)

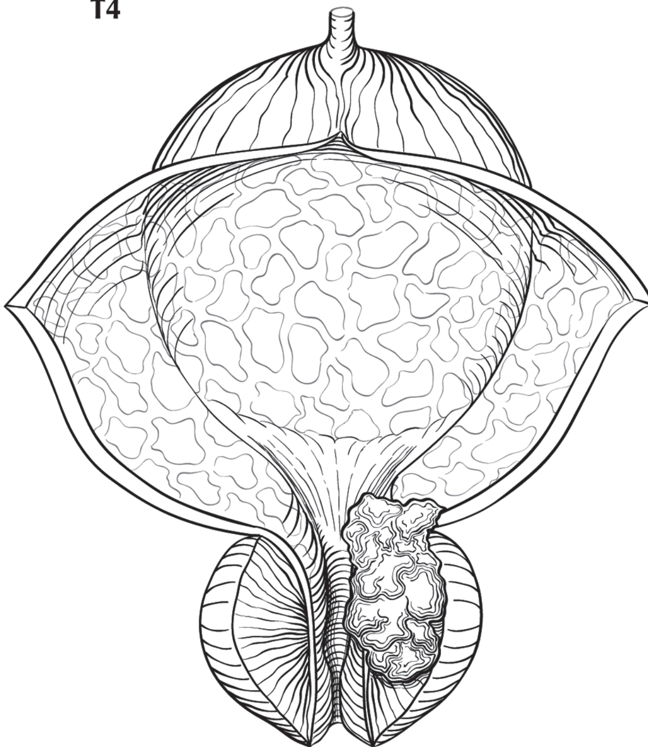

FIGURE 41.1. T4 tumor invading adjacent structures other than seminal vesicles, such as bladder, rectum, levator muscles, and/or pelvic wall.

**Note*: Tumor found in one or both lobes by needle biopsy, but not palpable or reliably visible by imaging, is classified as T1c.

***Note*: Invasion into the prostatic apex or into (but not beyond) the prostatic capsule is classified not as T3 but as T2.

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Pathologic (pT)*

pT2	Organ confined
pT2a	Unilateral, one-half of one side or less
pT2b	Unilateral, involving more than one-half of side but not both sides
pT2c	Bilateral disease
pT3	Extraprostatic extension
pT3a	Extraprostatic extension or microscopic invasion of bladder neck**
pT3b	Seminal vesicle invasion
pT4	Invasion of rectum, levator muscles, and /or pelvic wall

**Note*: There is no pathologic T1 classification.

***Note*: Positive surgical margin should be indicated by an R1 descriptor (residual microscopic disease).

Regional Lymph Nodes (N)

Clinical

NX	Regional lymph nodes were not assessed
N0	No regional lymph node metastasis
N1	Metastasis in regional lymph node(s)

Pathologic

pNX	Regional nodes not sampled
pN0	No positive regional nodes
pN1	Metastases in regional node(s)

Distant Metastasis (M)*

M0	No distant metastasis
M1	Distant metastasis
M1a	Nonregional lymph node(s)
M1b	Bone(s)
M1c	Other site(s) with or without bone disease

* *Note*: When more than one site of metastasis is present, the most advanced category is used. pM1c is most advanced.

ANATOMIC STAGE/PROGNOSTIC GROUPS*

Group	T	N	M	PSA	Gleason
I	T1a – c	N0	M0	PSA < 10	Gleason ≤ 6
	T2a	N0	M0	PSA < 10	Gleason ≤ 6
	T1 – 2a	N0	M0	PSA X	Gleason X
IIA	T1a – c	N0	M0	PSA < 20	Gleason 7
	T1a – c	N0	M0	PSA ≥ 10 < 20	Gleason ≤ 6
	T2a	N0	M0	PSA ≥ 10 < 20	Gleason ≤ 6
	T2a	N0	M0	PSA < 20	Gleason 7
	T2b	N0	M0	PSA < 20	Gleason ≤ 7
	T2b	N0	M0	PSA X	Gleason X