PROSTATE: Assignment of Clinical T and EOD Primary Tumor without DRE Findings

Assignment of Clinical T

The clinical T category for prostate cases that present only with an elevated PSA + positive biopsy results and documentation that:

- **DRE could NOT be performed**—either patient refused DRE or DRE could not be performed due to patient’s body habitus (this would include patient’s with no rectum due to prior rectal cancer)
  - Should be assigned a clinical TX category according to Donna Gress of the AJCC.
  - Keep in mind that a clinical TX indicates that the physician was not able to document a clinical stage
  - Utilization of cTX in these situations, upon further analysis, will reveal how many patients did not actually have an adequate DRE to establish the T category—very valuable info for future staging rules.

- **Unknown if DRE was performed**
  - should be assigned as a clinical T BLANK according to Donna Gress of the AJCC
  - a clinical T BLANK indicates that the physician knew the T category, based on a DRE but failed to document it for registrars to find in the medical record—i.e. basically unknown to the registrar but known to the physician

Per Ms Gress, “the main criteria in a clinical T1c is that the tumor is NOT PALPABLE. Registrars cannot assign a clinical T1c with just a positive biopsy and no information about the DRE findings. Elevated PSA + positive biopsy is NOT a clinical T1c—it could be any T category.”

Thus, either these cases should be assigned as a **clinical TX OR T BLANK** based on whether the DRE could not be performed OR it is unknown if a DRE was performed, respectively.


Assignment of EOD Primary Tumor

According to **EOD Primary Tumor Note 3**, registrars are instructed to “**Code 300** for localized cancer when it is unknown if the tumor is clinically apparent. **This would include cases with elevated PSA and positive needle core biopsy but no documentation regarding tumor appearance (inapparent versus apparent)—i.e. NO DRE FINDINGS.** Another example would be a diagnosis made prior to admission for a prostatectomy with no details provided on the initial clinical findings.