

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.

References: CAnswer Forum--<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/90127-physician-difficulty-with-dre>;
<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/89527-clinical-t-when-there-is-no-rectal-access>;
<http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging/genitourinary-sites-chapters-40-47/78248-prostate-clinical-staging>; <http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-8th-edition/male-genital-organs-chapters-57-59/prostate-chapter-58/91221-dre-bx-differ>

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 apparency (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.