

PROSTATE SSDI: Number Cores POSITIVE and Number Cores EXAMINED

As in the past, biopsy “FRAGMENTS,” “PIECES” OR “CHIPS,” etc. **may NOT be used** to code these fields.

Number Cores Positive

Information from the **Summary Report OR final diagnosis** [as taken from the “FIRST” prostate core biopsy diagnostic of cancer (see Note 2)] is primarily used to code this data item as long as ALL positive findings are clearly documented as “cores.” **Positive fragments or pieces cannot be used, even if the pathologist adds them together.**

However, according to Note 1, **in the absence of such documentation a physician’s statement** regarding the number of positive cores found may be used to code this data item.

Should a combination of positive cores AND positive fragments/pieces be documented OR you know there were positive cores but the total number of positive **cores** are not specifically documented anywhere (path report OR physician statement), code **X6** (see Note 2).

According to Jennifer Ruhl (co-chair of NAACCR SSDI work group), **code X9 should rarely be used.** It would be used when there is no information about the cores. For example, all you have is prostatectomy information with no information on the biopsy, code X9 would be most appropriate here.

Number Cores Examined

Information from the **Summary Report OR gross section** of the pathology report may be used to code these data items when the gross section provides the actual number of cores and not pieces, chips, fragments, etc. (see Note 3).

However, according to Note 1, **in the absence of such documentation a physician’s statement** (including information from the operative report) regarding the number of cores examined may be used to code this data item.

Should a combination of examined cores AND fragments/pieces be documented OR the total number of examined **cores** are not specifically documented anywhere (path report OR physician statement), code **X6** (see Note 2).

According to Jennifer Ruhl, **code X9 should rarely be used.** It would be used when there is no information about the cores. For example, all you have is prostatectomy information with no information on the biopsy, code X9 would be most appropriate here.

EXAMPLE 1:

GROSS DESCRIPTION:

The number of cores examined are clearly documented in the gross section of the pathology report. Total cores documented as 12. (For example, 7. Received in buffered formalin are **two tan core** biopsies, 0.2 to 1.0 x 0.1 cm. Entirely submitted in a single cassette for microscopic examination.)

FINAL DIAGNOSIS:

7. PROSTATIC ADENOCARCINOMA, GLEASON'S GRADE 3+3 = 6, INVOLVING **ONE OF TWO BIOPSY FRAGMENTS**, LESS THAN 0.1 CM OF TOTAL LINEAR CARCINOMA, LESS THAN 5% OF BIOPSY TISSUE

Number Cores Positive=**X6** (due to "one of two biopsy fragments")

Number Cores Examined=**12** (record total number of cores documented in gross description as long as fragments are not mentioned)

EXAMPLE 2:

Final Diagnosis:

1. Prostate, left apical transitional zone, needle core biopsy:
 - Prostatic adenocarcinoma, Gleason score 3+4=7/10, (Grade group 2), present on 2 out of 3 tissue cores, accounting for approximately 60% of total volume of biopsy tissue.
 - Gleason score 4 pattern accounts for approximately 30% of the tumor.
 - Perineural invasion is seen.
2. Prostate, left apical transitional zone, needle core biopsy:
 - Prostatic adenocarcinoma, Gleason score 4+3=7/10, (Grade group 3), present on 2 out of 2 tissue cores, accounting for approximately 50% of total volume of biopsy tissue.
 - Gleason score 4 pattern accounts for approximately 60% of the tumor.
3. Prostate, right base, needle core biopsy:- Benign prostatic tissue.
4. Prostate, right mid, needle core biopsy:- Benign prostatic tissue.
5. Prostate, right apex, needle core biopsy:- Benign prostatic tissue.
6. Prostate, left base, needle core biopsy:- Benign prostatic tissue.
7. Prostate, left mid, needle core biopsy:- Benign prostatic tissue.
8. Prostate, left apex, needle core biopsy:- Benign prostatic tissue.

Gross Description:

1. Labeled les 1, left apical transitional zone. Received in formalin are approximately 3 tan needle core biopsy fragments up to 1.6 cm, inked green, all in one.
2. Labeled les 1, left apical transitional zone. Received in formalin are approximately 2 tan needle core biopsy fragments up to 1.6 cm, inked green, all in one.
3. Labeled RT base. Received in formalin are approximately 1 tan needle core biopsy fragments up to 1.4 cm, inked green, all in one.
4. Labeled RT mid. Received in formalin are approximately 1 tan needle core biopsy fragments up to 1.3 cm, inked green, all in one.
5. Labeled RT apex. Received in formalin are approximately 1 tan needle core biopsy fragments up to 1.5 cm, inked green, all in one.
6. Labeled LT base. Received in formalin are approximately 1 tan needle core biopsy fragments up to 1.6 cm, inked green, all in one.
7. Labeled LT mid. Received in formalin are approximately 1 tan needle core biopsy fragments up to 1.7 cm, inked green, all in one.
8. Labeled LT apex. Received in formalin are approximately 1 tan needle core biopsy fragments up to 1.7 cm, inked green, all in one.

Number Cores Positive=**04** (clearly documented as cores in the final diagnosis)

Number Cores Examined=**X6** (this is because "fragments" are used AND it is not known how many cores were actually examined by the pathologist)

EXAMPLE 3:

Physician states he used a needle biopsy gun to obtain 12 prostate cores, 6 from each side.

Final Diagnosis

1. Left Base: Benign prostate tissue.
2. Left Mid: Benign prostate tissue.
3. Left Apex: Benign prostate tissue.
4. Right Base: Adenocarcinoma; Gleason Score 9(5+4); Tumor measures 0.4mm in length; 10% of core involved by tumor; 2 of 7 cores involved; Perineural invasion not identified.
5. Right Mid: Adenocarcinoma; Gleason Score 9(5+4); Tumor measures 0.3mm in length; 10% of core involved by tumor; 2 of 4 cores involved; Perineural invasion not identified.
6. Right Apex: Benign prostate tissue.

Gross Description

1. Left Base Formalin 3 cores; 1.1, 0.9, 0.5mm
Left Mid Formalin 6 cores; 1.4, 1.0, 0.5, 0.5, 0.8mm (NOTE: states 6, but only 5 core sizes listed. So go with the 5)
3. Left Apex Formalin 3 cores; 1.6, 1.0, 0.5mm
4. Right Base Formalin 5 cores; 1.1, 1.0, 0.7, 0.7, 0.5mm
5. Right Mid Formalin 4 cores; 1.1, 1.0, 0.6, 0.3mm
6. Right Apex Formalin 4 cores; 1.5, 0.5, 0.3, 0.3mm

Number Cores Positive=**04** (clearly documented as cores in the final diagnosis)

Number Cores Examined=**24** (this is because #2 Lt Mid in gross description states 6 cores but only documents five core sizes, so count as 5 cores per Jennifer Ruhl)

EXAMPLE 3:

OP REPORT: **12 cores** taken from lateral and sextant positions.

PATH FINAL DX:

- A: Prostate, LLB - Prostate tissue with glandular hyperplasia and fibrosis.
- B: Prostate, LLM - Prostate ACA Gleason score 7 (3+4) involving 50% of the total core.**
- C: Prostate, LLA - ACA Gleason score 7 (3+4) involving 50% of the total core.**
- D: Prostate, LB - Prostate tissue with glandular hyperplasia and fibrosis.
- E: Prostate, LM - Hyperplasia, fibrosis, focal area w/ atypical small acinar proliferation.
- F: Prostate, LA - ACA Gleason score 7 (3+3) involving 30% of the total core.**
- G: Prostate, RB - Prostate tissue with glandular hyperplasia, fibrosis; high-grade PIN (PIN III).
- H: Prostate, RM - ACA Gleason score 6 (3+3) involving about 5% of the total core.**
- I: Prostate, RA - ACA Gleason score 7 (3+4) involving 50% of the total core.**
- J: Prostate, RLB - Prostate tissue with glandular hyperplasia and fibrosis.
- K: Prostate, RLM - ACA Gleason score 6 (3+3) involving 3% of the total core.**
- L: Prostate, RLA - ACA Gleason score 6 (3+3) involving 20% of the total core.**

GROSS DESCRIPTION:

The specimen received in 12 containers in formalin and is inked black.

- A. The first container "left lateral base" and consists of **ONE** gray-tan tissue core.
- B. The second container "left lateral mid" and consists of **ONE** gray-tan tissue core.
- C. The third container "left lateral apex" and consists of **ONE** gray-tan tissue core.
- D. The fourth container "left base" and consists of **ONE** piece of gray-tan tissue core.
- E. The fifth container "left mid" and consists of **TWO** gray-tan tissue cores.
- F. The sixth container "left apex" and consists of **ONE** gray-tan tissue core.
- G. The seventh container "right base" and consists of **ONE** gray-tan tissue core.
- H. The eighth container "right mid" and consists of **ONE** gray-tan tissue core.
- I. The ninth container "right apex" and consists of **ONE** gray-tan tissue core.
- J. The tenth container "right lateral base" and consists of **TWO** gray-tan tissue cores.
- K. The eleventh container "right lateral mid" and consists of **ONE** gray-tan tissue core.
- L. The twelfth container "right lateral apex" and consists of **TWO** gray-tan tissue cores.

Number Cores Positive=**07** (clearly documented as cores in the final diagnosis)

Number Cores Examined=**15** (number of cores examined are clearly documented in the "gross description" of the pathology report)

Keep in mind that the gross description of the path report yields the most accurate count for the total number of core examined (provided they are not documented as fragments) over what is documented in the operative report—number of cores removed.

Upon review by the pathologist, additional (or less) cores may be found over what was documented on the operative report as being removed. In this example, the operative report states 12 cores were taken; however, the pathologist examined 15 cores—finding 2 additional cores.

This is the rationale why the physician statement is to be taken only when no additional documentation is available.

Reference: <http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/83279-ssdi-prostate-number-of-cores-positive-examined/page2>