



**Indiana
Department
of
Health**

Educational Coordinator

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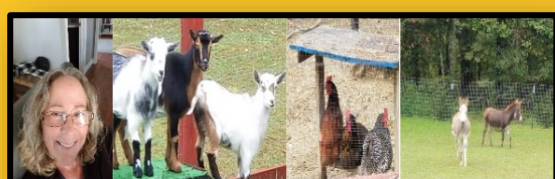
Monthly E-Newsletter

March 2022

A Focus On: Prostate

Registry Updates!

- The Indiana Cancer State Registry (ISCR) is currently working on Edit Metafile v22 and hope to release metafile and upgrade together very soon. Until then, we are not accepting 2022 cases until V22 upgrade. We will keep everyone posted.
- We are also working on Death Clearance Follow Back and will share the respective schedule with all before the end of March 2022.
- INFORMATION ONLY: The Indiana Cancer Registrars Association (ICRA) is currently holding its annual Membership Drive. Information regarding our association and benefits of being a member may be found [here](#).
- 48th Annual Educational Conference for National Cancer Registrars Association (NCRA) will be held from April 6-9, 2022, in National Harbor, MD in the DC Metropolitan Area. For more information, visit <https://www.ncra-usa.org/Conference/2022-NCRA-Annual-Conference>
- Kindly join with us to welcome Angela Taylor as our new member of the Indiana State Cancer Registry (ISCR) family. She is kind to share a little bit about herself below. Her first day will be March 14, 2022 and we are looking forward to working with her.



I'm a mother of two and grandmother to four beautiful granddaughters. I live on a small hobby farm in TN with my husband and multiple fur babies. We moved from WA state a couple years ago and although it seems a world away, we are embracing all the beauty you have here on the east side. I started working for cancer registry in 2010 and received my CTR in 2014. Most of my history has been in hospital registries with the last few years as a remote contractor. I'm looking forward to working alongside all of you at the Indiana State Registry.

Article of Interest

"New therapy for Aggressive Prostate Cancer Improves Survival!"
Published by New York Times, Written by Roni Caryn Rabin

Summarization of Article:

A trial for experimental treatment for men with metastatic prostate cancer and have had disease progression was conducted in 2021. This drug relies on radioactive molecules which seek out tumor cells. This is a review of the study and its findings:

- New drug is a radioactive molecule to target a protein found on the surface of prostate cancer cells.
 - Targets both primary cancer and metastatic cancer cells.
 - Investigational treatment, lutetium-177-PSMA-617 recognizes and targets prostate-specific membrane antigen (PSMA) with a radioactive particle that attacks the cells. It is precision radiotherapy. This protein can be detected by imaging scans. Almost exclusively effects prostate cancer cells so the treatment causes less damage to surrounding tissues. PSMA is not ubiquitous in prostate tumors, but is found in more than 80% of prostate cancer cases of the patients in the study, 87% were PSMA positive when screened.
- The randomized trail study: PMSA positive men with a form of metastatic prostate cancer called "castration resistant" were included in the study. All patients had a disease that progressed despite chemo and hormonal therapy. Participants in the study were randomly assigned this experimental treatment. After median follow up period of 20.9 months the patients who took the experimental treatment survived a median of 15.3 months compared to 11.3 months (standard care). Their tumors were more likely to shrink and their PSA levels more likely to fall. Risk of their cancer progressing was reduced by 60%.
 - This was a randomized double blind trial, both patients and the physicians did not know whether or not they were getting the treatment. This causes some problems with patients not knowingly receiving the experimental treatment and withdrawing from the trial.
 - An application to the FDA is in the works for approval of this new treatment.
- Men who received the new therapy saw a near 40% reductions in deaths over the course of the clinical trial-compared with men only receiving standard treatment.

Educational Coordinator Comment: In viewing the SEER RX website an "Anti-PMSA Antibody" Biologic Therapy is a Phase 1 Monoclonal Antibody and is reportable for the treatment of prostate cancer. There is also a "Recombinant Soluble PSMA Vaccine" that is reportable as a immunotherapy. Both are Phase 1. There is a Phase 2 called ATG J591RC. This article was written in 6/2021 so be sure to check back for updates to the database in the coming year. Keep an eye out for these treatments and be sure to record in the immunotherapy. Lutrin or Lutetium Lu77 is already listed in the "radiation" category on the Seer Rx site as a radioisotope. It was approved back in 2/2018 for Breast, Prostate and GI tumors. "Lutetium-177-PSMA-617" may be added to the database in the radiation category as well if FDA approved.

Inspirational Quote

"Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning." -- *Albert Einstein*

Free Training Resources!

SEER*Educate:

Prostate: 10 case scenarios with Dx year 2021:

[Review EOD, Summary Stage, Grade, and SSDI assignment!](#)

- Each test is worth 1 CE (Category A) with each passing (70%) score and is FREE for those who are registered with the website!

NCRA Informational Abstract, Prostate:

To assist registrars in preparing abstracts, NCRA's Education Committee has created a series of informational abstracts. These site-specific abstracts provide an outline to follow when determining what text to include.

The outline has a specific sequence designed to maximize efficiency and includes eight sections: Physical Exam/History; X-Rays/Scopes/Scans; Labs; Diagnostic Procedures; Pathology; Primary Site; Histology; and Treatment. A list of relevant resources is located at the end of each informational abstract.

IDOH Webinar, Free Through FLCCSC (Must Register)

Topic: Abstracting Prostate Cases

Date/Time: 3/29/2022 @ 12pm est.

Objectives: Upon completion of this course, the attendee will be able to put into action all the elements involved with abstracting prostate cases. The attendee will also be able to understand the etiology of prostate cancer and will be able to identify key characteristics and risk factors. The attendee will leave with a better understanding of prostate cancer and how to utilize all resources available for abstracting these types of cases.



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Q&A Corner

Question: Summary Stage 2018/Extension--Prostate: Can imaging be used to code SEER Summary Stage 2018? MRI shows tumor involved the seminal vesicles and the patient did not have surgery. AJCC does not use imaging to clinically TNM stage a prostate case.

Answer: Per Note 5 of the 2018 SEER Summary Stage Prostate chapter: Imaging is not used to determine the clinical extension unless the physician clearly incorporates imaging findings into their evaluation. This note was added to be in line with how AJCC stages; therefore, AJCC and Summary Stage agree. Do not use the MRI findings when that is all you have and the physician does not document agreement with the MRI. (20190030). SEER*RSA: EOD v2.0, Note 3 and EOD v2.1 Note 4 state the same: Imaging is not used to determine clinical extension.

Question: Elevated PSA, DRE: Prostate Enlarged, induration on left side. No nodule or masses. Biopsy pos for Gleason 3+3=6 Adenoca. Does "induration"="nodule" & does this indicate a T2 disease or T1c?

Answer: Induration means "fullness". Do not interpret as having palpable "nodules". This would be most appropriate as T1c (negative DRE) unless a physician states they felt tumor nodules. SEER*RSA EOD Primary Tumor provides notes on how to interpret a DRE. Note 4 provides "clinically apparent" or "clinically inapparent" as a description of "tumor", "mass", or "nodule".

Test Your Knowledge

Test your knowledge. Answer each multiple choice question. Answers

1. What kind of tree nut is typically compared to a "normal" prostate?
 - A. Brazil Nut
 - B. Walnut
 - C. Peanut
 - D. Hazelnut
2. Netflix has raised awareness for Prostate cancer. Which two Netflix Originals have addressed characters with Prostate Cancer?
 - A. The Umbrella Academy, The Crown
 - B. Bridgerton, Black Mirror
 - C. Grace & Frankie, The Kominsky Method
 - D. Ratched, Ozark
3. There are usually no symptoms during early stages of prostate cancer. Most patients learn they have cancer through which popular test?
 - A. CBC
 - B. PSA
 - C. Urine Test
 - D. Bone Marrow Biopsy
4. Which gene has been known to put men at higher risk for prostate cancer if positive?
 - A. BRCA
 - B. JAK2+
 - C. MGMT
 - D. MSI

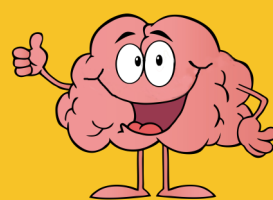
ANSWERS: 1. B, 2. C, 3. B, 4. A

Know You Didn't!

How much do you know about the prostate "Gleason Score"?

The Gleason Grading System:

- First developed in 1966 to help doctors and patients understand if prostate cancer is low-risk, intermediate risk or high risk. A score is assigned as:
 - Score of <6, grows slowly, looks close to normal cells, (grade group 1)
 - Score of 7 Intermediate risk for aggressive cancer (3+4), (grade group 2)
 - Score of 7 with a pattern 4+3, cancer is more likely to spread, (grade group 3)
 - Score of 8- Likely to spread rapidly, PD or HG, (grade group 4)
 - Score of 9-10-worse prognosis (grade group 5)
- Because prostate biopsies are tissue samples from different areas of the prostate, the Gleason score on biopsy usually reflects the true grade. In some cases the biopsy grade is lower than the true grade because the biopsy misses a higher grade (more aggressive) area of the cancer. It can work the other way, too, with the true grade of the tumor being lower than what is seen on the biopsy.
- SSDI's provide the much needed differentiation between the clinical (biopsy grade) and the pathologic (resection) grade.
- We now (2018+ dx year) record both the clinical and pathologic scores and patterns as individual entries.
- The overall clinical and pathologic grade is the highest gleason pattern, before neoadjuvant treatment and/or at the time of resection (depending on the case).
- AJCC 8th Edition Staging incorporates PSA level and grade group (Gleason Scoring) into clinical staging. The higher the gleason score the higher the stage group!



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