CAP 38: Prostate Cancer Reporting Best Practices

1. **Is "prostatic intraepithelial neoplasia (PIN)" considered prostate cancer? Is Gleason scoring required for these cases?**

   According to the Cancer Protocol, "prostatic intraepithelial neoplasia" or "PIN" is not actually cancer. It is widely regarded as a cancer precursor, but it not cancer. Therefore, Gleason scoring is not necessary for these cases**.**

2. **Would we ever have a prostate biopsy with just "prostatic intraepithelial neoplasia (PIN)" documented? Would we need to do anything on the mapping side so we would not pick up these cases?**

   Assuming that PIN would not be coded as C61 because it is not truly prostate cancer so we wouldn't pick it up. However, if it were coded as such, then we would pick up the case accidentally. We have included "prostatic intraepithelial neoplasia (PIN)" as an Exception keyword (for LIS practices), so if path reports do contain this term, then it would be moved to the Exception bucket.

   For CSV and Webtool (manual data entry practices), pathology reports that contain "prostatic intraepithelial neoplasia (PIN)" specimen is considered a Denominator Exception and should be marked as such in the data entry tools.

3. **If there are multiple prostate specimens on a report and the Gleason pattern differs on each one, do we need to include the grade for each pattern?**

   According to the Cancer Protocol, Gleason grading (including score, patterns, and grade group) is recommended for all adenocarcinoma prostatic specimens unless there is documented treatment effect/status post neoadjuvant therapy.

   So, if there are multiple prostate specimens in one report, then each specimen must contain the Gleason patterns, Gleason score, and Gleason grade group (and percent of pattern 4 if the specimen(s) have a grade group of 2 or 3). If one is specimen in the report is missing any of the required data elements, then the whole report is considered "Not Met".

4. **Do you have a preferred form of documenting the data elements? Is this okay: *Adenocarcinoma, Gleason 4+3=7 (80% pattern 4) involving 1 core*?**

   The easiest way for us to find the information is if it follows the format shown in the Cancer Protocol. However, that is not necessary; we also look for the words "pattern", "Gleason score", and "grade group" as well as other formats. You may share your standard way of documenting if you like. As for that example, unfortunately it does not contain documentation of grade group so that would not be acceptable as written.