


**Collecting Cancer Data: Prostate**

NAACCR 2008-2009 Webinar Series  
June 11, 2009



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**Q&A**

Please submit all questions  
concerning webinar content through  
the Q&A panel



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**Overview**



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### Prostate Cancer

- Prostate cancer is most common non-skin cancer in men in the U.S. and Canada
- 2009 prostate cancer estimates
  - New cases
    - 192,280 in the U.S.
    - 25,500 in Canada
  - Deaths
    - 27,360 in the U.S.
    - 4,400 in Canada




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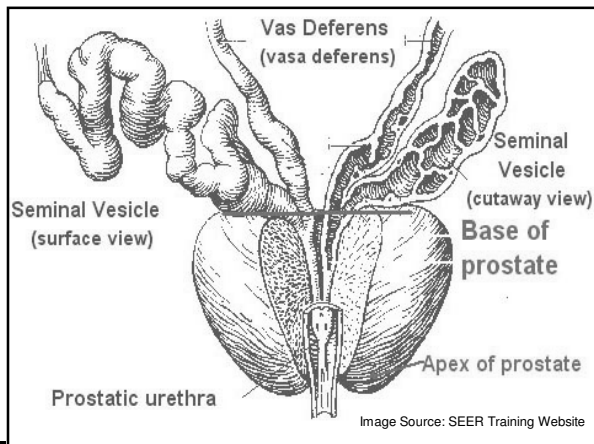
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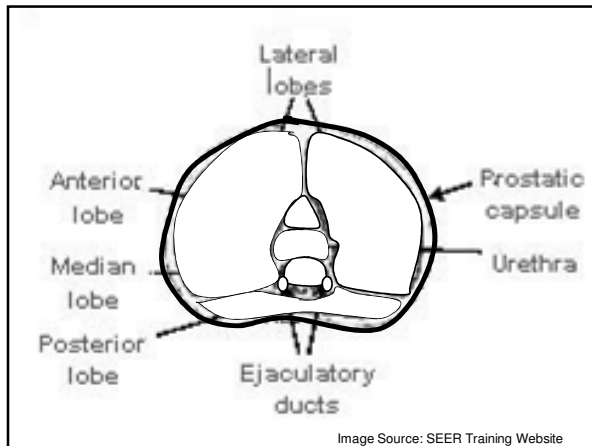
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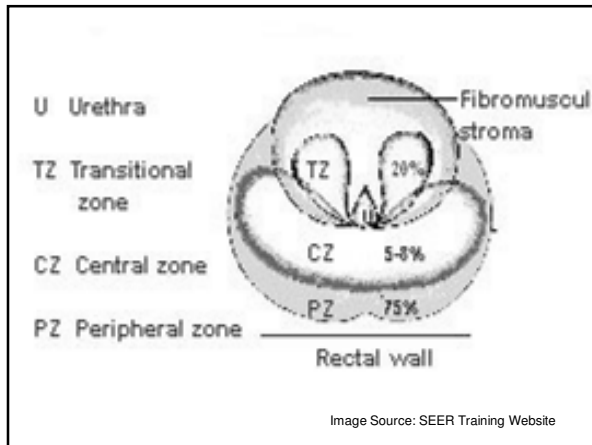
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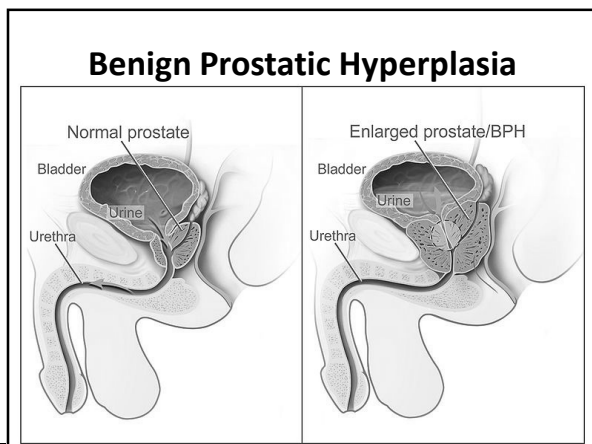
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### Histology

- Acinar adenocarcinoma of the prostate
  - Makes up 95% of all prostate cancers
  - Refers to the fact that the adenocarcinoma originates in the prostatic acini
  - Is not a specific histologic type
  - Is assigned ICD-O-3 histology code 8140



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### Coding Prostate Cancer Grade

- Histologic grade, differentiation, codes
  - 1 = well differentiated
  - 2 = moderately differentiated
  - 3 = poorly differentiated
  - 4 = undifferentiated



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### Coding Prostate Cancer Grade

- Code grade in priority order
  1. Gleason's score
  2. Terminology
  3. Histologic grade
  4. Nuclear grade



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### Coding Prostate Cancer Grade

Code	Gleason's Score	Terminology	Histologic Grade
1	2, 3, 4	Well differentiated	I
2	5, 6	Moderately differentiated	II
3	7, 8, 9, 10	Poorly differentiated	III




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### Coding Grade for Prostate

- Gleason's grading system
  - Is based on 5 histologic components (patterns)
  - Calculates a score by summing the primary and secondary patterns
  - May refer to the 3<sup>rd</sup> most common pattern as a tertiary grade




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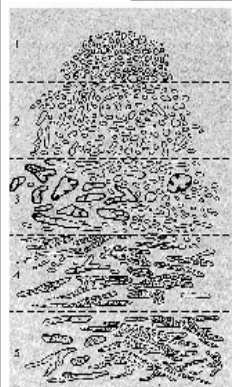
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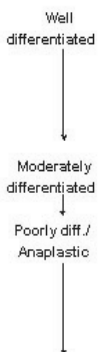
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### Gleason's Pattern



1. Small, uniform glands
2. More stroma between glands
3. Distinctly infiltrative margins
4. Irregular masses of neoplastic glands
5. Only occasional gland formation




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**Coding Issues**




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**Prostate Cancer Work-Up**

- Prostatic specific antigen (PSA) screening
  - Not diagnostic without other work-up
  - Free PSA
    - The ratio of how much PSA circulates free compared to the total PSA level
    - Do not code free PSA
  - PSA Velocity
    - Rate of rise in the PSA level




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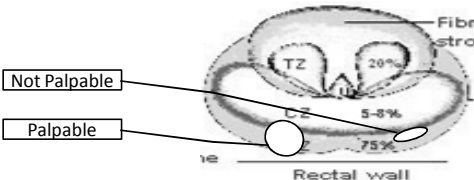
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**Prostate Cancer Work-Up**

- History and physical examination
  - Digital rectal exam (DRE)
    - 75% of prostate cancers occur in the peripheral zone
    - Whether or not a tumor is large enough to be palpable is an important clinical indicator




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### Prostate Cancer Work-up

- Imaging studies
  - Transrectal ultrasound (TRUS)
  - CT scans
    - Abdomen/pelvis
    - Bone
    - Liver/spleen
    - Brain
  - Chest x-ray



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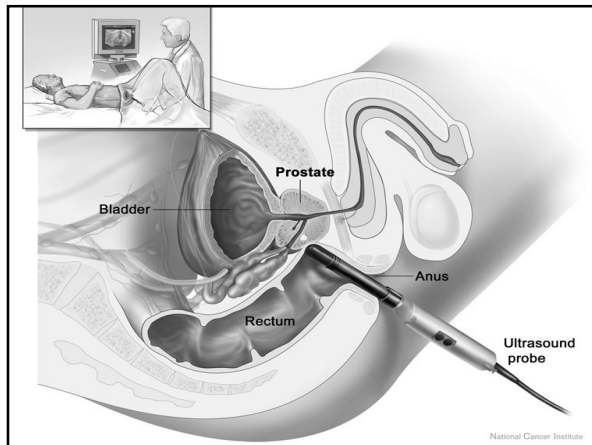
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### Prostate Cancer Work-up

- Endoscopy
  - Cystoscopy, proctosigmoidoscopy, laparoscopy
- Transrectal needle biopsy
- Transperineal needle biopsy
- Sextant biopsy



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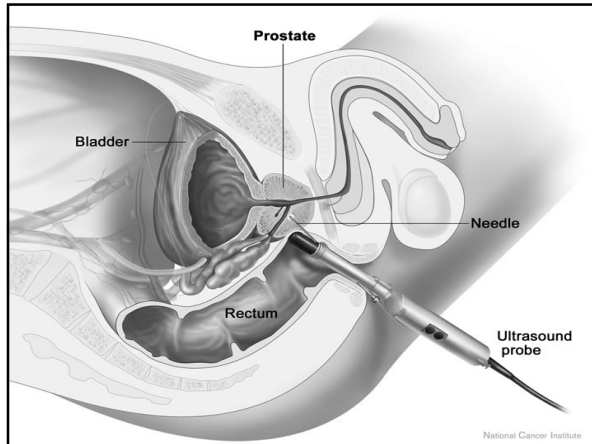
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**Multiple Primary and Histology Coding Rules**

- Use "Other Sites" rules for prostate cases

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**Multiple Primary and Histology Coding Rules**

- Rule M3: Adenocarcinoma of the prostate is always a single primary.
  - Note 1: Report only one adenocarcinoma of the prostate per patient per lifetime.
  - Note 2: 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140).
  - Note 3: If patient has a previous acinar adenocarcinoma of the prostate in the database and is diagnosed with adenocarcinoma in 2007 it is a single primary.

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### Multiple Primary and Histology Coding Rules

- Rule M17: Tumors with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries.



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### Multiple Primary and Histology Coding Rules

- Rule H10 (single tumor) H20 (multiple tumors)
  - Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.



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### I&R and SINQ Questions



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**Question**

- A needle biopsy of the prostate showed adenocarcinoma, GG 4+3 on the right, left and transitional zone. How many tumors for the Multiplicity Counter?

I&R Question 28833




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**Answer**

- In the prostate, the tumor may be disseminated throughout the prostate and needle biopsies will find positive tissues in multiple sites. Without clinical documentation of individual nodules, do not assume that biopsies are showing separate lesions. Code Type of Multiple Tumors as 99 (unk if multiple tumors) and Multiplicity Counter as 99...Curator




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**Question**

- A patient had a prostatectomy and the path said adenocarcinoma, bilateral, largest focus 1 cm. What is coded in Multiplicity Counter?

I&R Question 28988




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### Answer

- It should be 99 for multiplicity counter. By stating "largest focus is x," the pathologist is noting there are multiple foci but not giving an exact count of the number of foci. However, they are trying to alert the treating physician to the level of involvement within the organ by showing the largest size of a focus. Curator



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### Question

- Path for prostatectomy said, "Adenocarcinoma with focal mucinous features." Is the histology code (8140/3) or (8255/3)?

I&R Question 29206



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### Answer

- Per the Definitions in the General Instructions, focal means limited to one specific area, so we do not include that information in choosing our histology code. Code 8140/3. Curator



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**Questions?**



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**Quiz**



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**Collaborative Staging: Prostate**

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### CS Tumor Size

Code	Description
000	No mass found
001-988	Exact size in millimeters (mm)
989	989 mm or larger
990	Microscopic focus or foci only; no size of focus given
991	Less than 1 cm
992	Less than 2 cm OR greater than 1 cm OR between 1 cm and 2 cm
993	Less than 3 cm OR greater than 2 cm OR between 2 cm and 3 cm
994	Less than 4 cm OR greater than 3 cm OR between 3 cm and 4 cm
995	Less than 5 cm OR greater than 4 cm OR between 4 cm and 5 cm
<b>SITE-SPECIFIC CODES WHERE NEEDED</b>	
999	Unknown




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### CS Extension – Clinical Extension

- Note 1
  - Code both CS Extension – Clinical Extension and CS SSF3 CS Extension - Pathologic Extension whether or not a prostatectomy was performed
  - Exclude information from prostatectomy from this field




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### CS Extension – Clinical Extension

- Note 2
  - A. Clinically apparent vs. clinically inapparent
    - Do not infer clinically apparent or inapparent tumor based on registrar’s interpretation of DRE or imaging reports
      - Do not use guidelines from SEER Extent of Disease 1998-2003 to determine apparent or inapparent tumor
    - Code clinically apparent or inapparent based on physician’s statements in record
      - Physician assignment of cT1 or cT2




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### CS Extension – Clinical Extension

- Note 2
  - B. Codes 10 – 15 are used for clinically inapparent tumor
  - C. Codes 20 – 24 are used for clinically apparent tumor
  - D. Code 30 is used for localized cancer when it is unknown if tumor is clinically inapparent or apparent
  - E. Codes 31, 33, and 34 are obsolete
  - F. Codes 41 – 49 are used for extension beyond the prostate




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### CS Extension – Clinical Extension

- Note 3
  - CS Extension – Clinical Extension and CS SSF4 Prostate Apex Involvement are both coded whether or not a prostatectomy was performed
- Note 4
  - Codes 13-14 are used when a TURP is done
  - Code 15 is not used when a TURP is done




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### CS Extension – Clinical Extension

- Note 5
  - Involvement of the prostatic urethra does not alter the extension code
- Note 6
  - Code 60 is used when clinically there is “frozen pelvis”




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### CS Extension – Clinical Extension

- Note 7
  - AUA stage may provide a guideline for coding in the absence of more specific information in the medical record
- Note 8
  - Code evaluation of other pathologic tissue, such as a biopsy of the rectum, in CS Extension – Clinical Extension




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### CS Extension – Clinical Extension

- Note 9
  - For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Eval, and CS Site-Specific Factor 3




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### CS Extension – Clinical Extension

Code	Description	TNM
00	In situ; noninvasive; intraepithelial	Tis
	CLINICALLY INAPPARENT TUMOR	
10	Clinically inapparent tumor, NOS; Stage A, NOS	T1NOS
13	Incidental finding in 5% or less; Stated cT1a	T1a
14	Incidental finding in more than 5%; Stated cT1b	T1b
15	Identified by needle biopsy for elevated PSA; cT1c	T1c




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### ASCO Illustration

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### CS Extension – Clinical Extension

Code	Description	TNM
	CLINICALLY APPARENT TUMOR	
20	1 lobe, NOS	T2NOS
21	Half of 1 lobe or less; stated cT2a	T2a
22	More than half of one lobe, but not both lobes; stated cT2b	T2b
23	Both lobes; stated cT2c	T2c
24	Clinically apparent tumor confined to prostate, NOS; stated cT2 without subcategory; Stage B, NOS	T2NOS
30	NOT STATED CLINICALLY APPARENT OR INAPPARENT; Localized, NOS	T2NOS




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### CS Extension – Clinical Extension

Code	Description	TNM
	EXTENSION BEYOND THE PROSTATE	
41	Extension to periprostatic tissue (Stage C1)	T3NOS
42	Unilateral extracapsular extension	T3a
43	Bilateral extracapsular extension	T3a
45	Extension to seminal vesicles (Stage C2)	T3b
49	Periprostatic extension, NOS; Stage C, NOS	T3NOS




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### CS Extension – Clinical Extension

Code	Description	TNM
50	Extension or fixation to adjacent structures other than seminal vesicles	T4
52	Levator muscles; skeletal muscles; ureter(s)	T4
60	Extension to or fixation to pelvic wall or pelvic bone; frozen pelvis, NOS	T4
70	Further contiguous extension (Stage D2)	T4
95	No evidence of primary tumor	T0
99	Unknown	TX




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### Pop Quiz

- Patient had elevated PSA with normal DRE documented by the physician. Needle biopsy of the left lobe of prostate showed adenocarcinoma.
  - What is the code for CS Extension?
    - 15




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### CS TS/Ext Eval

- Note 1
  - For prostate, this data item evaluates coding of tumor size and extension as coded in both CS Extension –Clinical Extension and CS SSF3 CS Extension - Pathologic Extension
- Note 2
  - For prostate, code use for this item differs from other sites because AJCC allows pathologic staging to be assigned on the basis of some biopsies without resection




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### CS TS/Ext Eval-Notes

- Note 3
  - For prostate, the T category and associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Ext Eval, and CS Site-Specific Factor 3.
- Note 4
  - According to AJCC, staging basis for transurethral resection of prostate (TURP) is clinical and is assigned code 1 in CS TS/Ext Eval




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### CS Tumor Size/Ext Eval

Code	Description	Staging Basis
0	Clinical only	c
1	Invasive techniques	c
2	Positive biopsy of extraprostatic tissues	p
3	Autopsy (known or suspected diagnosis)	p
4	Pathology	p
5	Pre-operative treatment; clinical evidence	c
6	Pre-operative treatment; pathological evidence	y
8	Autopsy (tumor unsuspected)	a
9	Unknown	c




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### Pop Quiz

- Patient with elevated PSA and normal DRE documented by physician had needle biopsy of prostate that identified adenocarcinoma. This was followed by retropubic prostatectomy that showed adenocarcinoma in 1 lobe.
  - What is the code for CS Extension – Clinical Extension?
    - 15
  - What is the code for CS TS/Ext-Eval?
    - 4




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### CS Lymph Nodes

Code	Description	TNM
00	No regional lymph node involvement	N0
10	Regional nodes, including contralateral or bilateral lymph nodes	N1
80	Lymph nodes, NOS	N1
99	Unknown	NX




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### CS Reg Nodes Eval

Code	Description	Staging Basis
0	Clinical only	c
1	Invasive techniques	c
2	Autopsy (known or suspected diagnosis)	p
3	Pathology	p
5	Pre-operative treatment; clinical evidence	c
6	Pre-operative treatment; pathological evidence	y
8	Autopsy (tumor unsuspected)	a
9	Unknown	c




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### Regional Nodes Positive

Code	Description
00	All nodes examined are negative
01-89	1-89 nodes are positive; code exact number of nodes positive
90	90 or more nodes are positive
95	Positive aspiration or core biopsy of lymph node(s) was performed
97	Positive nodes are documented, but the number is unspecified
98	No nodes were examined
99	Unknown




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### Regional Nodes Examined

Code	Description
00	No nodes were examined
01-89	1-89 nodes were examined; code number of regional nodes examined
90	90 or more nodes were examined
95	No regional nodes removed; aspiration or core biopsy of regional nodes performed
96	Regional lymph node removal documented as a sampling; the number of nodes is unknown
97	Regional node removal was documented as dissection; the number of nodes is unknown
98	Regional lymph nodes were surgically removed; number of lymph nodes is unknown & not documented as sampling or dissection; nodes were examined but the number is unknown
99	Unknown




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### CS Mets at Dx

Code	Description	TNM
00	None	M0
11	Distant lymph nodes: common iliac	M1a
12	Distant lymph nodes	M1a
30	Metastasis in bone(s)	M1b
35	(30) + [(11) or (12)]	M1b
40	Distant metastasis other than distant nodes or bone(s); carcinomatosis	M1c




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### CS Mets at Dx

Code	Description	TNM
45	Distant metastasis, NOS; Stage D2, NOS	M1NOS
50	(40) + any of [(11) or (12)]	M1c
55	(40) + any of [(30) or (35)]	M1c
99	Unknown	MX




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### CS Mets Eval

Code	Description	Staging Basis
0	Clinical only	c
1	Invasive techniques	c
2	Autopsy (known or suspected diagnosis)	p
3	Pathology	p
5	Pre-operative treatment; clinical evidence	c
6	Pre-operative treatment; pathological evidence	y
8	Autopsy (tumor unsuspected)	a
9	Unknown	c




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### Pop Quiz

- Patient with biopsy proven prostatic adenocarcinoma had cystoprostatectomy with resection of regional and distant lymph nodes that showed no involvement of lymph nodes. Clinical work-up showed no distant metastasis.
  - What is the code for CS Mets at DX?
    - 00
  - What is the code for CS Mets Eval?
    - 1




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### CS Site-Specific Factor (SSF)1 and 2 Prostatic Specific Antigen (PSA)

- Note 1: Record the highest PSA lab value recorded in the medical record *prior* to diagnostic biopsy or treatment
- Note 2: Lab values for CS SSF 1 and 2 should be from the same laboratory test




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### CS SSF1 PSA Lab Value

Code	Description
000	Test not done
001	0.1 or less ng/ml
002-989	0.2 – 98.9 ng/ml
990	99.0 or greater ng/ml
999	Unknown




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### CS SSF2 PSA

Code	Description
000	Test not done
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	Ordered, but results not in chart
999	Unknown




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### Pop Quiz

- In June patient had elevated PSA of 75.73 followed by prostate biopsy showing adenocarcinoma. Patient received 3 weeks of Cipro for prostatitis. PSA in November was 2.55. Brachytherapy started in December.
  - What is the code for CS SSF1?
    - 757
  - What is the code for CS SSF2?
    - 010




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### CS SSF3 CS Extension – Pathologic Extension

- Note 1
  - Include information from prostatectomy in this field
- Note 2
  - Limit information to first course treatment
- Note 3
  - Do not use involvement of prostatic urethra to alter extension code




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**CS SSF3 CS Extension – Pathologic Extension**

- Note 4
  - Use code 040 when apical, distal urethral, bladder base, or bladder neck margins are involved and there is no extracapsular extension
- Note 5
  - Consider codes 031, 033, and 034 obsolete and do not use




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**CS SSF3 CS Extension – Pathologic Extension**

- Note 6
  - Use appropriate code for extent of disease when prostate cancer is an incidental finding during a prostatectomy for another reason
- Note 7
  - Assign code 060 to “frozen pelvis”




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**CS SSF3 CS Extension – Pathologic Extension**

- Note 8
  - AUA stage may provide a guideline for coding in the absence of more specific information in the medical record
- Note 9
  - For the extension fields for this site, the mapping values for TNM, SS77, and SS2000 and the associated c, p, y, or a indicator are assigned based on the values in CS Extension, CS TS/Eval, and Site-Specific Factor 3




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### CS SSF3 CS Extension – Pathologic Extension

- Note 10
  - Extension to seminal vesicles (045) takes priority over extracapsular extension and margins involved (048) if both are present




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### CS SSF3 CS Extension – Pathologic Extension

Code	Description	TNM
000	In situ; non-invasive; intraepithelial	Tis
020	1 lobe, NOS	T2NOS
021	Half of 1 lobe or less	T2a
022	More than half of one lobe, but not both lobes	T2b
023	Both lobes	T2c
030	Localized, NOS; Stage B, NOS	T2NOS
032	Invasion into (but not beyond) prostatic capsule	T2NOS




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### CS SSF3 CS Extension – Pathologic Extension

Code	Description	TNM
040	No extracapsular extension but margins involved	T2NOS
041	Extension to periprostatic tissue (Stage C1)	T3a
042	Unilateral extracapsular extension	T3a
043	Bilateral extracapsular extension	T3a
045	Extension to seminal vesicles (Stage C2)	T3b
048	Extracapsular extension & margins involved	T3a




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**CS SSF3 CS Extension – Pathologic Extension**

Code	Description	TNM
050	Extension or fixation to adjacent structures other than seminal vesicles	T4
052	Levator muscles; skeletal muscles; ureter(s)	T4
060	Extension to or fixation to pelvic wall or pelvic bone; frozen pelvis, NOS	T4
070	Further contiguous extension (Stage D2)	T4
095	No evidence of primary tumor	T0



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**CS SSF3 CS Extension – Pathologic Extension**

Code	Description	TNM
096	Unknown if prostatectomy done	TX
097	No prostatectomy done within 1 <sup>st</sup> course treatment	TX
098	Prostatectomy performed but not 1 <sup>st</sup> course treatment	TX
099	Prostatectomy done: extension unknown; not documented in patient record; primary tumor cannot be assessed	TX



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**Pop Quiz**

- Prostatectomy shows adenocarcinoma of 1 lobe with involvement of right posterior margin; no extracapsular extension.
  - What is the code for CS SSF3 CS Extension – Pathologic Extension?
    - 020



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**CS SSF4 Prostate Apex Involvement**

- 1 – No involvement of prostatic apex
- 2 – Into prostatic apex/arising in prostatic apex, NOS
- 3 – Arising in prostatic apex
- 4 – Extension into prostatic apex
- 5 – Apex extension unknown




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**CS SSF4 Prostate Apex Involvement**

- Example 1: Prostate biopsy is positive for adenocarcinoma arising in the apex. Prostatectomy was not performed.  
– CS SSF 4 = 350
- Example 2: TURP shows adenocarcinoma in 1 lobe. Prostatectomy documents tumor extension into the prostatic apex.  
– CS SSF4 = 540




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**CS SSF5 Gleason's Primary Pattern and Secondary Pattern Value**

- Note 1
  - Assume 2 numbers refer to primary and secondary pattern
  - Code as primary pattern when only 1 number is given and it is less than or equal to 5; code secondary pattern as 9
  - Code as score (CS SSF6) when only 1 number is given and it is greater than 5
  - Code number on path report as score (CS SSF6) when it is documented as that number out of 10




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### CS SSF5 Gleason's Primary Pattern and Secondary Pattern Value

- Note 2
  - Code values for primary and secondary patterns from larger tumor specimen if there is more than 1 primary and secondary pattern value
    - This is not the same rule as used for coding grade




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### CS SSF6 Gleason's Score

- Note 1
  - Code the score to 999 if only one number is given and it is less than or equal to 5
  - Code the number as the score if only 1 number is given and it is greater than 5
  - Code the sum of the numbers as the score when there are 2 numbers
  - Code the 1<sup>st</sup> number as the score when the pathology report specifies a specific number out of 10




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### CS SSF6 Gleason's Score

- Note 2
  - Record the Gleason's score based on the addition of the primary and secondary patterns
- Note 3
  - Code the score using the values for primary and secondary patterns from larger tumor specimen if there is more than 1 primary and secondary pattern value
    - This is not the same rule as used for coding grade




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### CS SSF6 Gleason's Score

Code	Description
000	Test was not done
002-010	Gleason's score
999	Unknown




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### Pop Quiz

- Gleason from prostate needle biopsy is recorded as 3 + 4 = 7; Gleason from prostatectomy is recorded as 3 + 3 = 6.
  - What is the code for CS SSF5?
    - 033
  - What is the code for CS SSF6?
    - 006




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### Questions?




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**Quiz**



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**Treatment of Prostate Cancer**



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**Treatment**

- Active surveillance
- Surgery
- Radiation therapy
- Hormone therapy



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### Active Surveillance

- Active surveillance
  - Also referred to as watchful waiting, deferred treatment, expectant management or observation
  - Active monitoring
  - Expectation of intervention if the disease progresses




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### Watchful Waiting

- When "Active Surveillance" is the first course of therapy for prostate cancer, code the case as follows:
 

Surgery of Primary Site:	00
Scope of Regional Lymph Node Surgery:	0
Surgical Procedure of Other Site:	0
Reason for No Cancer-Directed Surgery:	1
Radiation (modality and boost):	00
Reason for No Radiation:	1
Chemotherapy:	00
Hormone Therapy:	00
Immunotherapy:	00
Hematologic Transplant/Endocrine Procedures:	00
Other Cancer Directed Therapy:	0




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### Surgery

- Transurethral resection of the prostate (TURP)
- Pelvic lymphadenectomy
- Radical prostatectomy
- Cryosurgery




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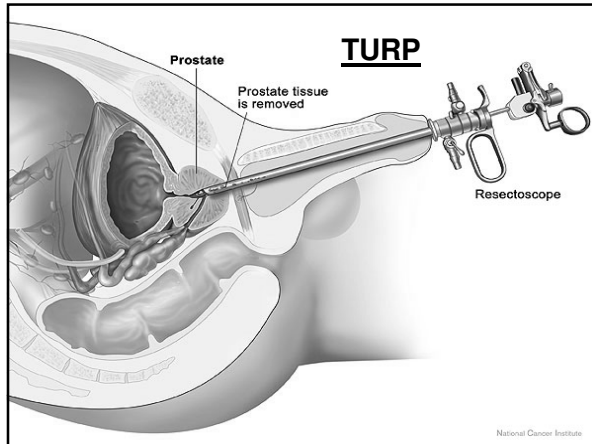
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**Pelvic Lymphadenectomy**

- Pelvic lymphadenectomy: A surgical procedure to remove the lymph nodes in the pelvis
  - If the lymph nodes contain cancer, the doctor will not remove the prostate and may recommend other treatment
  - If prostatectomy is not performed, code Surgical Procedure of Primary Site as "00" and code lymph node information in Scope of Regional Lymph Node Surgery

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**Surgical Procedure of Primary Site**

- 10 Local tumor destruction, [or excision] NOS
- 14 Cryoprostatectomy
- 15 Laser ablation
- 16 Hyperthermia
- 17 Other method of local tumor destruction

*No specimen sent to pathology from surgical events 10–17*

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### Surgical Procedure of Primary Site

- 20 Local tumor excision, NOS
- 21 Transurethral resection (TURP), NOS
- 22 TURP—cancer is incidental finding during surgery for benign disease
- 23 TURP—patient has suspected/known cancer
- Any combination of 20–23 WITH
  - 24 Cryosurgery
  - 25 Laser
  - 26 Hyperthermia

*Specimen sent to pathology from surgical events 20–26*




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### 50 Radical Prostatectomy

- Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck
- NAACCR has permission to include ASCO illustrations in webinars but not to distribute the illustrations
- To view ASCO illustrations go to:
  - <http://www.cancer.net/patient/Library/Medical+Illustrations+Gallery?&cancerTypeID=35>

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### 70 Prostatectomy WITH resection in continuity with other organs

- The other organs may be partially or totally removed
- Procedures may include, but are not limited to cystoprostatectomy or radical cystectomy
- NAACCR has permission to include ASCO illustrations in webinars but not to distribute the illustrations
- To view ASCO illustrations go to:
  - <http://www.cancer.net/patient/Library/Medical+Illustrations+Gallery?&cancerTypeID=35>

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### Radiation Therapy



- External Beam Radiation
  - Three-dimensional conformal radiation therapy (3D CRT)
  - Intensity Modulated Radiation Therapy (IMRT)
  - Image-Guided Radiation Therapy (IGRT)

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### Radiation Therapy

- Brachytherapy
  - Permanent Low Dose Radiation Implants (LDR) Seed Implants (iodine-125 or palladium-103)
  - Temporary High Dose Radiation (HDR) Brachytherapy (iridium-192 or cesium-137)




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### Coding Radiation Therapy

- If IMRT or 3D CRT are administered code Regional Treatment Modality to 31 or 32
  - 18mv delivered in 25 sessions using 3D CRT
    - Code to 32 (3D CRT) even though a specific energy was given
- If external beam radiation to the pelvis and brachytherapy are performed, code beam radiation as Regional Treatment Modality and brachytherapy as Boost Treatment Modality
  - 4500 cGy delivered to the pelvis followed brachytherapy
    - Code beam radiation as Regional Treatment Modality and seed implants as Boost




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### Chemotherapy

- May be used for advanced stage or metastatic disease
- May also be used for disease that no longer responds to androgen deprivation therapy
- Docetaxel (taxotere)



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### Hormone Therapy

- Hormone therapy removes hormones or blocks their action and stops cancer cells from growing
  - Luteinizing hormone-releasing hormone
  - Antiandrogens
- Code orchiectomy as *Hematologic Transplant and Endocrine Procedure* not as *Hormone Therapy*



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### Questions?



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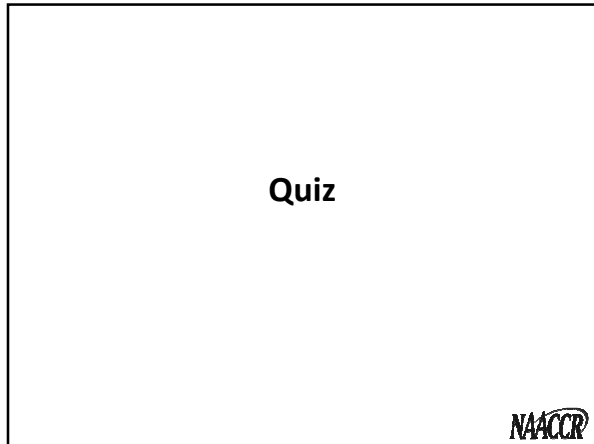
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