

Prostate Gland

Protocol applies to invasive carcinomas of the prostate gland.

Protocol web posting date: July 2006
Protocol effective date: April 2007
Based on AJCC/UICC TNM, 6th edition

Procedures

- Needle Biopsy
- Transurethral Prostatic Resection
- Suprapubic or Retropubic Enucleation (Subtotal Prostatectomy)
- Radical Prostatectomy

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The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the "Surgical Pathology Cancer Case Summary (Checklist)" portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.

Summary of Changes

Protocol web posting date: July 2006

Protocol effective date: April 2007

This is a significant update to the prostate protocol.

The checklist for biopsy specimens is separated from the checklist for transurethral prostatic resection (TUR) and enucleation specimens.

Extensive changes have been made in the section "Background Documentation."

Surgical Pathology Cancer Case Summary (Checklist)

Protocol web posting date: July 2006

Protocol effective date: April 2007

Applies to invasive carcinomas only

Based on AJCC/UICC TNM, 6th edition

PROSTATE GLAND: Needle Biopsy

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC (rarely applicable; see "Microscopic")

The Gleason scores (grades) and tumor extent measures should be documented for each positive specimen (container). In cases with multiple positive biopsies, there is no need to complete multiple copies of entire checklist. The essential information in each specimen could be conveyed with a simple diagnostic line such as, "Invasive adenocarcinoma; Gleason score 7(3,4); 1/2 cores positive; 20% tissue involvement; periprostatic fat invasion present." A global (composite) Gleason score integrating all involved sites and an overall tumor extent measure reflecting all examined tissue may also be given but are considered optional.

MICROSCOPIC

Histologic Type

___ Cannot be determined

___ Adenocarcinoma (conventional, not otherwise specified)

___ Other (specify): _____

Histologic Grade (see Explanatory Note B)Gleason Pattern

(if 3 patterns present, use most predominant pattern and worst pattern of remaining 2)

- Not applicable
 Cannot be determined

Primary (Predominant) Pattern

- Grade 1
 Grade 2
 Grade 3
 Grade 4
 Grade 5

Secondary (Worst Remaining) Pattern

- Grade 1
 Grade 2
 Grade 3
 Grade 4
 Grade 5

Total Gleason Score: _____

Tumor Quantitation

Proportion (percent) of prostatic tissue involved by tumor: _____%

and/or

Total linear millimeters of carcinoma/length of core(s): ____/____ mm

and/or

Other quantitation (specify): _____

Number cores positive/total number cores: ____/____

Periprostatic Fat Invasion (document if identified)

- * Not identified
 Present

Seminal Vesicle Invasion (document if identified)

- * Not identified
 Present

***Perineural Invasion**

- * Not identified
 Present

***Lymphatic (Small Vessel) Invasion (L)**

- * Absent
 Present
 Indeterminate

* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

***Additional Pathologic Findings (check all that apply)**

- * None identified
- * High-grade prostatic intraepithelial neoplasia (PIN)
- * Atypical adenomatous hyperplasia (adenosis)
- * Inflammation (specify type): _____
- * Other (specify): _____

***Comment(s)**

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Surgical Pathology Cancer Case Summary (Checklist)*Protocol web posting date: July 2006**Protocol effective date: April 2007**Applies to invasive carcinomas only**Based on AJCC/UICC TNM, 6th edition***PROSTATE GLAND: Transurethral Prostatic Resection (TUR),
Enucleation Specimen**

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.**MACROSCOPIC****Specimen Type** Transurethral prostatic resection

Weight: ___ g

 Enucleation

Weight: ___ g

 Other (specify): _____ Not specified**MICROSCOPIC****Histologic Type** Cannot be determined Adenocarcinoma (conventional, not otherwise specified) Other (specify): _____

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Histologic GradeGleason Pattern

(if 3 patterns present, use most predominant pattern and worst pattern of remaining 2)

- Not applicable
 Cannot be determined

Primary (Predominant) Pattern

- Grade 1
 Grade 2
 Grade 3
 Grade 4
 Grade 5

Secondary (Worst Remaining) Pattern

- Grade 1
 Grade 2
 Grade 3
 Grade 4
 Grade 5

Total Gleason Score: _____

Tumor Quantitation: TUR Specimens

Proportion (percent) of prostatic tissue involved by tumor: _____%

- Tumor incidental histologic finding in no more than 5% of tissue resected (cT1a)
 Tumor incidental histologic finding in more than 5% of tissue resected (cT1b)

*Number of positive chips/total chips: ____/____

Tumor Quantitation: Enucleation Specimens

Proportion (percent) of prostatic tissue involved by tumor: _____%

*Tumor size (dominant nodule, if present):

*Greatest dimension: ____ cm

*Additional dimensions: ____ x ____ cm

Periprostatic Fat Invasion (document if identified)

- * Not identified
 Present

Seminal Vesicle Invasion (document if identified)

- * Not identified
 Present

***Perineural Invasion**

- * Not identified
 Present

***Lymphatic (Small Vessel) Invasion (L)**

- * Absent
- * Present
- * Indeterminate

***Additional Pathologic Findings (check all that apply)**

- * None identified
- * High-grade prostatic intraepithelial neoplasia (PIN)
- * Atypical adenomatous hyperplasia (adenosis)
- * Nodular prostatic hyperplasia
- * Inflammation (specify type): _____
- * Other (specify): _____

***Comment(s)**

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Surgical Pathology Cancer Case Summary (Checklist)

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PROSTATE GLAND: Radical Prostatectomy

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC (rarely applicable; see “Background Documentation”)

MICROSCOPIC

Histologic Type

- Cannot be determined
- Adenocarcinoma (conventional, not otherwise specified)
- Prostatic duct adenocarcinoma
- Mucinous (colloid) adenocarcinoma
- Signet-ring cell carcinoma
- Adenosquamous carcinoma
- Small cell carcinoma
- Sarcomatoid carcinoma
- Other (specify): _____
- Undifferentiated carcinoma, not otherwise specified

Histologic GradeGleason Pattern

(if 3 patterns are present, record the most predominant and second most common patterns; the tertiary pattern should be recorded if higher than primary and secondary patterns but does not get incorporated into the Gleason score)

- Not applicable
 Cannot be determined

Primary Pattern

- Grade 1
 Grade 2
 Grade 3
 Grade 4
 Grade 5

Secondary Pattern

- Grade 1
 Grade 2
 Grade 3
 Grade 4
 Grade 5

*Tertiary Pattern

- * Grade 3
 * Grade 4
 * Grade 5

Total Gleason Score: _____

***Tumor Quantitation**

*Proportion (percent) of prostate involved by tumor: _____%

*Tumor size (dominant nodule, if present):

*Greatest dimension: _____ cm

*Additional dimensions: _____ x _____ cm

Extraprostatic Extension (check all that apply)

- Absent
 Present
 * Focal
 *Specify site(s): _____
 * Nonfocal (established, extensive)
 *Specify site(s): _____
 Indeterminate

Seminal Vesicle Invasion (invasion of muscular wall required)

- Absent
 Present
 No seminal vesicle present

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Pathologic Staging (pTNM)Primary Tumor (pT) Not identified pT2: Organ confined* pT2a: Unilateral, involving one-half of 1 side ("lobe") or less* pT2b: Unilateral, involving more than one-half of 1 side ("lobe") but not both sides ("lobes")* pT2c: Bilateral disease

pT3: Extraprostatic extension

 pT3a: Extraprostatic extension pT3b: Seminal vesicle invasion pT4: Invasion of bladder and/or rectum (see Explanatory Note J)*Note: Subdivision of pT2 disease is problematic and has not been proven to be of importance; hence, the subcategories pT2a,b,c are considered optional.*Regional Lymph Nodes (pN) pNX: Cannot be assessed pN0: No regional lymph node metastasis pN1: Metastasis in regional lymph node or nodesSpecify: Number examined: Number involved: Distant Metastasis (pM) pMX: Distant metastasis cannot be assessed

pM1: Distant metastasis

 pM1a: Distant metastasis, non-regional lymph node(s) pM1b: Distant metastasis, bone(s) pM1c: Distant metastasis, other site(s)*Note: When more than 1 site of metastasis is present, the most advanced category (pM1c) is used.***Margins (check all that apply)** Cannot be assessed* Benign glands at surgical margin Margins uninvolved by invasive carcinoma Margin(s) involved by invasive carcinoma* Unifocal* Multifocal Apical Bladder neck Anterior Lateral Postero-lateral (neurovascular bundle) Posterior Other(s) (specify): _____***Perineural Invasion*** Absent* Present

***Venous (Large Vessel) Invasion (V)**

- * Absent
- * Present
- * Indeterminate

***Lymphatic (Small Vessel) Invasion (L)**

- * Absent
- * Present
- * Indeterminate

***Additional Pathologic Findings (check all that apply)**

- * None identified
- * High-grade prostatic intraepithelial neoplasia (PIN)
- * Inflammation (specify type): _____
- * Atypical adenomatous hyperplasia (adenosis)
- * Nodular prostatic hyperplasia
- * Other (specify): _____

***Comment(s)**

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