

FAQS: HIGH GRADE PROSTATIC INTRAEPITHELIAL NEOPLASIA

UNDERSTANDING YOUR PATHOLOGY REPORT: A FAQ SHEET

When your prostate was biopsied, the samples taken were studied under the microscope by a specialized doctor with many years of training called a pathologist. The pathology report tells your treating doctor the diagnosis in each of the samples to help manage your care. This FAQ sheet is designed to help you understand the medical language used in the pathology report.

1. What is a “core”?

The urologist samples the prostate by removing thin threads of tissue with a hollow needle, each one referred to as a “core”, from different areas of the prostate.

2. What is “high grade prostatic intraepithelial neoplasia” or “high grade PIN”?

“High grade prostatic intraepithelial neoplasia” also referred to as “high grade PIN” is a precursor to prostate cancer (i.e. a precancerous lesion).

3. If I have a “precancer” does that mean it will turn into prostate cancer?

In most cases high grade prostatic intraepithelial neoplasia will not turn into cancer over the next several years, although what happens over many years is not known.

4. What does it mean when the report says that my biopsy shows “high grade prostatic intraepithelial neoplasia” or “high grade PIN”?

There is no cancer in this biopsy sample and in most cases even a repeat biopsy will not show cancer.

5. Is there anything that makes it more likely that I have cancer?



If you have multiple cores with high grade prostatic intraepithelial neoplasia, there is a greater chance that cancer would be found on repeat biopsy.

6. Do I need a repeat biopsy over the next year or several years later to look for cancer?

In most cases a repeat biopsy done soon after the diagnosis of high grade prostatic intraepithelial neoplasia is not useful as the chance of finding cancer is low. However, if and when you have a repeat biopsy should be discussed with your treating doctor.

7. What does it mean if my biopsy report mentions special studies such as high molecular weight cytokeratin (HMWCK), ck903, ck5/6, p63, AMACR (racemase), 34BE12, or PIN4 cocktail?

These are special tests that the pathologist sometimes uses to help make the diagnosis of prostate cancer. Not all cases need these tests. Whether your report does or does not mention these tests has no bearing on the accuracy of your diagnosis.

8. What does it mean if in addition my biopsy report also says “acute inflammation” (acute prostatitis) or “chronic inflammation” (chronic prostatitis)?

In some cases inflammation may increase the PSA blood test level but in most cases it is of no importance and has nothing to do with prostate cancer.

9. What does it mean if my biopsy report also says “atrophy” or “adenosis” or “atypical adenomatous hyperplasia” or “seminal vesicle”?

All of these terms are things that the pathologist sees under the microscope that in some cases can look like cancer but are of no importance when seen on the biopsy and has nothing to do with cancer.