

FAQS: ATYPICAL PROSTATE (INCLUDE PINATYP AND ATYPICAL AND PIN)

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 does it mean when my report says the findings are “atypical”, “atypical small acinar proliferation (ASAP)”, or “suspicious for cancer” or “glandular atypia” or “atypical glandular proliferation”?

All these terms mean the same thing, where the pathologist sees something under the microscope that is worrisome for cancer yet the pathologist is not 100% sure that cancer is present.

2. Why can't the pathologist be sure if cancer is present on my biopsy sample?

There are a lot of things under the microscope that are not cancer yet can look like cancer so that a pathologist has to be very cautious when diagnosing prostate cancer, especially on a small biopsy sample.

3. What does my report mean in terms of my chance of having prostate cancer on a repeat prostate biopsy?

Overall, if 100 men with a diagnosis of “atypical” or “suspicious for cancer” on their original biopsies had a second biopsy, about 40 of them would have cancer diagnosed on the second biopsy.

4. Is the chance of my having prostate cancer on repeat biopsy affected by my PSA blood test?

Your PSA blood test level does not affect your risk of cancer on repeat biopsy.

5. Do I need a repeat biopsy?

Most men with a biopsy report showing findings that are “atypical” or “suspicious for cancer” will have a repeat biopsy. However, there may be situations where a repeat biopsy is not recommended. If and when you have a repeat biopsy should be discussed with your treating doctor.

6. What does it mean if in addition my biopsy report also says “high grade prostatic intraepithelial neoplasia”?

“High grade prostatic intraepithelial neoplasia” also referred to as “high grade PIN” has no importance for someone who already has a biopsy that is “atypical” or “suspicious for cancer”. Although high grade PIN is sometimes a precursor to prostate cancer, the atypical findings found in your sample are more worrisome for the risk of cancer on rebiopsy than the finding of high grade PIN.

7. 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.

8. What does it mean if in addition my biopsy report also says “atrophy” or “seminal vesicles” or “adenosis” or “atypical adenomatous hyperplasia”?

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.

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

These are special tests that the pathologist uses to help decide if your biopsy has prostate cancer. If mentioned in your case, even with these tests, the biopsy results are not clear that either cancer is present or absent leading to an atypical diagnosis. 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.



10. What does it mean if my biopsy report mentions the word “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.