

A guide to Prostate Cancer (Radical Prostatectomy) Histopathology Reporting



Includes the  International Collaboration on Cancer reporting dataset denoted by *

Pre-analytical details		Microscopic findings (cont.)	
S1.02	Clinical information provided on request form (complete as narrative or use the structured format below)	Text	
CLINICAL INFORMATION			
	*Previous history of prostate cancer (<i>including the Gleason grade and score of previous specimens if known</i>)	Text	
	*Previous biopsy (<i>specify date and where performed</i>)	Text	
	*Previous therapy	Text	
	*Other	Text	
	*Pre-biopsy serum PSA	___ ng/mL	
	New primary lesion or recurrence (if previous focal therapy)	New primary Recurr.-regional Recurr.-distant	
	If recurrence, describe	Text	
S1.03	Pathology accession number	Text	
S1.04	Principal clinician	Text	
G1.01	Comments	Text	
Macroscopic findings			
S2.01	Specimen labelled as	Text	
S2.02	*Specimen weight (ie Prostate without seminal vesicles)	___ g	
G2.01	*Specimen dimensions (prostate)	_X_X_mm	
S2.03	*Seminal vesicles (<i>present = partially or completely resected</i>)	Absent Present	
G2.02	Maximum dimension of seminal vesicle	___ mm AND Right/Left	
S2.04	*Lymph nodes (<i>present = partially or completely resected</i>)	Absent Present	
	If present consider recording G2.03		
G2.03	*Laterality	Left Right Bilateral Other	
S2.05	*Block identification key	Text	
G2.04	Additional macroscopic comments	Text	
Microscopic findings			
S3.01	*Histological tumour type	See p3	
G3.01	Percentage of each morphological type	___ %	
G3.02	TUMOUR LOCATION		
	Largest nodule located by quadrant		R. anterior R. posterior L. anterior L. posterior
	Largest nodule located by plane		Apex Mid Base of prostate
	Other nodules >10mm in diameter		None identified Present
	If present, record all Locations by quadrant		R. anterior R. posterior L. anterior L. posterior
	Locations by plane		Apex Mid Base of prostate
G3.03	*Intraglandular extent		Tumour identified No tumour ident.
	If identified, specify the value and units used.		___ AND %/mm/mL(cc) or Other units
G3.04	Maximum size of dominant nodule		___ mm
S3.02	* HISTOLOGICAL GRADE (see p3)		
	*GLEASON SCORE (<i>if indeterminate specify reason</i>)		Indeterminate OR complete the following:
	*Primary pattern/grade		___ (1-5)
	*Secondary pattern/grade		___ (1-5)
	Tertiary pattern/grade (<i>Only record for tertiary pattern 5</i>)		Present Not identified
	If present, record methodology used to determine tertiary grade		Text
	*G score reported by		See p3
	*ISUP GRADE (GRADE GROUP)		See p3
	*ISUP grade reported by		See p3
G3.05	*Percentage Gleason pattern 4/5 (applicable for Gleason scores ≥7)		___% OR Not identified
	*G. score 4/5 reported by		See p3

Microscopic findings (cont.)			Microscopic findings (cont.)		
S3.03	*EXTRAPROSTATIC EXTENSION	Not identified Present Indeterminate	S3.10	*Lymphovascular invasion	Not identified Present Indeterminate
	If present, record S3.04 and consider recording G3.06		G3.14	Additional microscopic comment	Text
S3.04	*Extent of EPE	Focal Established/Non-focal	Synthesis and overview		
G3.06	*Location(s) of EPE	Text	S5.01	*PATHOLOGICAL STAGING (AJCC 8th EDITION)	See p3
S3.05	*MARGIN STATUS	Not involved Involved Indeterminate	S5.02	Year and edition of staging system	Text
	If involved record the S3.06 location(s) of positive margin(s) & optionally G3.07-9		G5.01	Diagnostic summary	Text
S3.06	*Location(s) of positive margin(s)	Text		Include:	
G3.07	*Extent of margin positivity (If >1 positive margin, extent should reflect cumulative length)	<3 mm linear extent ≥3 mm linear extent		a. specimen type	
G3.08	*Gleason pattern of tumour present at positive margin (If >1 pattern at margin select highest)	Gleason pattern 3 Gleason pattern 4/5		b. tumour type	
G3.09	*Type of margin positivity	Extraprostatic (EPE) AND/OR Intraprostatic (capsular incision)		c. Gleason score and/or ISUP grade	
S3.07	*SEMINAL VESICLE INVASION	Not applicable* Not involved Involved		d. tumour stage	
	If involved, consider recording G3.10 <i>(*Refers to rare cases where seminal vesicles are not included in specimen)</i>		S5.03	Overarching comment	Text
G3.10	Site of SVI	Left side Right side Both sides	G5.02	Edition/version number of the RCPA protocol on which the report is based	Text
S3.08	*Urinary bladder neck invasion (*Refers to cases where bladder neck is not included in specimen)	Not applicable* Not involved Involved			
G3.11	*Intraductal carcinoma of prostate	Not identified Present			
S3.09	*LYMPH NODE STATUS				
	*Number of lymph nodes examined	—			
	*Number of involved lymph nodes	—			
	If >0 consider recording G3.12-13				
G3.12	*Laterality	Left Right Bilateral Other			
G3.13	*Maximum dimension of largest deposit	—mm			

S3.01 Histological tumour type

Select all that apply:

- Adenocarcinoma (Acinar)
- Other (*specify*)

S3.02 HISTOLOGICAL GRADE

Gleason score/ISUP grade reported by

- Largest tumour nodule present
- Highest score tumour (if it is smaller than the largest)
- Composite (global) score

Gleason score 4/5 reported by

- Largest tumour nodule present
- Highest score tumour (if it is smaller than the largest)
- Carcinoma as a whole

ISUP grade/grade group

- ISUP Grade (Grade Group) 1 (Gleason score ≤6)
- ISUP Grade (Grade Group) 2 (Gleason score 3+4=7)
- ISUP Grade (Grade Group) 3 (Gleason score 4+3=7)
- ISUP Grade (Grade Group) 4 (Gleason score 8)
- ISUP Grade (Group Group) 5 (Gleason score 9-10)
- Indeterminate (specify reason)

ISUP grading system, radical prostatectomy

ISUP grade (Grade group)	Gleason score	Definition
Grade 1	2-6	Only individual discrete well-formed glands
Grade 2	3+4=7	Predominantly well-formed glands with lesser component (*) of poorly-formed/fused/cribriform glands
Grade 3	4+3=7	Predominantly poorly-formed/fused/cribriform glands with lesser component (***) of well-formed glands
Grade 4	4+4=8	Only poorly-formed/fused/cribriform glands
	3+5=8	Predominantly well-formed glands and lesser component (*) lacking glands
	5+3=8	Predominantly lacking glands and lesser component (***) of well-formed glands
Grade 5	9-10	Lack gland formation (or with necrosis) with or without poorly formed/fused/cribriform glands

* A high-grade pattern is included in the grade only if it is at least 5%. If less than 5%, it should be mentioned separately in the report.

** The low-grade pattern is included in the grade only if it is at least 5%.

Gleason scoring of unusual patterns

Pattern	Morphology	Comment
Vacuoles	Cytoplasmic change seen in all grades	Grade as if vacuoles were absent, on the underlying architecture
Mucin extravasation		Grade based on glandular architecture
Mucinous fibroplasia	Collagenous micronodules	Grade based on glandular architecture
Glomeruloid structures		Grade as 4
Foamy gland change		Grade based on glandular architecture
Small cell neuroendocrine		Do not assign a grade

S5.01 PATHOLOGICAL STAGING (AJCC 8TH EDITION)^{##}

m - multiple primary tumours

r - recurrent

y - post neoadjuvant therapy

Primary tumour (pT)

TX Primary tumour cannot be assessed

T0 No evidence of primary tumour

T2 Organ confined

T3 Extraprostatic extension

T3a Extracapsular extension (unilateral or bilateral) or microscopic invasion of bladder neck

T3b Tumour invades seminal vesicle(s)

T4 Tumour is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, levator muscles, and/or pelvic wall

Regional lymph nodes (pN)

NX Regional lymph nodes were not assessed

N0 No regional lymph nodes

N1 Metastases in regional lymph node(s)

Distant metastasis (pM)*

Not applicable

M1 Distant metastasis

M1a Non-regional lymph node(s)

M1b Bone(s)

M1c Other site(s) with or without bone disease

* Note: When more than 1 site of metastasis is present, the most advanced category is used. pM1c is the most advanced category.

^{##} Used with the permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original source for this material is the AJCC Cancer Staging Manual, Seventh Edition (2010) published by Springer Science and Business Media LLC, www.springerlink.com.