A Guide to Your Pathology Report

To help you understand how to find information on your Pathology Report page, below are descriptions and corresponding annotations of the different sections that may appear.

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Prostate Pathology Report

Patient: **Date of Birth:**

Provider: **Received:**

FINAL DIAGNOSIS:

A: Prostate, right base, core biopsy ×2:
Adenocarcinoma, Gleason's score 3 + 4 = 7.
Quantity: Carcinoma involves 2 of 2 cores with length of involvement measuring 24 mm, representing 89% of the tissue.
Perineural invasion: Not identified.
Additional findings: High-grade prostatic intraepithelial neoplasia.

B: Prostate, right mid, core biopsy ×2:
Adenocarcinoma, Gleason's score 3 + 4 = 7.
Quantity: Carcinoma involves 2 of 2 cores with length of involvement measuring 10 mm, representing 37% of the tissue.
Perineural invasion: Identified.
Additional findings: High-grade prostatic intraepithelial neoplasia.

C: Prostate, right apex, core biopsy ×2:
Benign prostate tissue.

D: Prostate, left base, core biopsy ×2:
Adenocarcinoma, Gleason's score 3 + 3 = 6.
Quantity: Carcinoma involves 1 of 2 cores with length of involvement measuring 1 mm, representing 4% of the tissue.
Perineural invasion: Not identified.

E: Prostate, left mid, core biopsy ×2:
Benign prostate tissue.

F: Prostate, left apex, core biopsy ×2:
Adenocarcinoma, Gleason's score 3 + 3 = 6.
Quantity: Carcinoma involves 1 of 2 cores with length of involvement measuring 2 mm, representing 6% of the tissue.
Perineural invasion: Not identified.

CLINICAL INFORMATION:
Increased PSA. ICD10 Code(s): R97.2.

GROSS DESCRIPTION:
A. Received in formalin, labeled "XX", "right base", are two 0.1 cm diameter elongated portions of tissue, 1.3 cm and 1.4 cm long, entirely submitted in A1.
B. Received in formalin, labeled "XX", "right mid", are two 0.1 cm diameter elongated portions of tissue, 1.2 cm and 1.5 cm long, entirely submitted in B1.
C. Received in formalin, labeled "XX", "right apex", are two 0.1 cm diameter elongated portions of tissue, 1.4 cm and 1.4 cm long, entirely submitted in C1.
D. Received in formalin, labeled "XX", "left base", are two 0.1 cm diameter elongated portions of tissue, 1.4 cm and 1.4 cm long, entirely submitted in D1.
E. Received in formalin, labeled "XX", "left mid", are two 0.1 cm diameter elongated portions of tissue, 1.8 cm and 1.8 cm long, entirely submitted in E1.
F. Received in formalin, labeled "XX", "left apex", are two 0.1 cm diameter elongated portions of tissue, 1.6 cm and 1.7 cm long, entirely submitted in F1.

INTRADEPARTMENTAL CONSULTATION:
Rajen Goyal, M. D. (parts A, B, D and F)

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1. Find patient and provider information here, as well as the date we received the specimen for testing.

2. In the Final Diagnosis section you will find the Pathologist's conclusions based on their interpretation of the specimens or slides.

   Prostate biopsies are divided up into different sections which correspond to different locations in the prostate gland as designated by the Urologist. Here labeled as A through F.

   Prostate cancer is assigned a grade using the Gleason Grading System which is based on tumor histologic pattern from 3 to 5. The primary grade is assigned to the predominant pattern present. The secondary grade is assigned to the next most significant pattern which can either be the next most common pattern present or the worst pattern present (even it is quantitatively less than the next most common pattern).

   The grades are summed to give the total score, e.g. 3 + 4 = 7. The higher the Gleason score the higher the grade and worse overall prognosis.

3. Clinical Information that is provided by the treating physician, most often it is related to reason for biopsy.

4. The Gross Description describes the specimen, what and how and it was received.

5. As part of our internal CellNetix Quality Assurance policy all new cancer diagnoses are confirmed by a second pathologist.

6. We always include the pathologist's elctronic signature with time and date stamp.

