Radical Prostatectomy Cancer Template

Procedure: Radical prostatectomy
Cystoprostatectomy
Other: ____

Histologic Type: Acinar adenocarcinoma
Ductal adenocarcinoma
Mixed acinar and ductal adenocarcinoma
Other: ____

Histologic Grade (Gleason score)*: __ + __ = __

Higher Tertiary Gleason Pattern*: 5 N/A

*If 3 patterns are present, use the most predominant pattern and the worst of the remaining 2 when they are present in roughly equal amounts. If worst pattern is very focal, mention it as a tertiary pattern and note the % of worst pattern in comment.

***For Gleason 7 prostate cancers, mention the % of pattern 4 in index nodule in comment.

Grade Group (see Note below): 1 2 3 4 5

Tumor Size (maximum dimension of largest tumor nodule): __ cm

Multifocal: No Yes

Intraductal Carcinoma (IDC-P): No Yes

Peripheral Zone Tumor:
- Right mid/base: No Yes
- Right apex: No Yes
- Left mid/base: No Yes
- Left apex: No Yes
- Transitional zone tumor: No Yes
- Anterior dominant tumor**: No Yes

**Tumors are considered anterior dominant when at least >60% of the index nodule/nodule with the greatest dimension is located anteriorly (unilateral or bilateral); this will not include small multifocal tumor foci or cases in which tumor nodule situated in the anterior and posterior regions are near equal; the criteria for defining definition of anterior vs posterior tumors includes using a horizontal line drawn at the midpoint of the prostatic urethra.

Extraprostatic Tumor Extension/Status of Extraprostatic Tissue:
- Right posterolateral: No Focal Established
- Left posterolateral: No Focal Established
- Right anterolateral: No Focal Established
- Left anterolateral: No Focal Established

Definition: focal = only a few neoplastic glands (<5) just outside prostate; extensive/established = nonfocal disease outside prostate ( >5 glands, more than two sections, deep into extra-prostatic tissue beyond prostate contour)

Margin Status:
- Right posterolateral: Negative Positive (focal, extensive, linear extent in ___ mm)
- Left posterolateral: Negative Positive (focal, extensive, linear extent in ___ mm)
- Anterior: Negative Positive (focal, extensive, linear extent in ___ mm)
- Distal urethral margin: Negative Positive (focal, extensive, linear extent in ___ mm)
Left anterior: linear extent in ___ mm
Left posterior: linear extent in ___ mm
Right anterior: linear extent in ___ mm
Right posterior: linear extent in ___ mm

Proximal urethral margin: Negative  Positive (focal, extensive)
Left anterior: linear extent in ___ mm
Left posterior: linear extent in ___ mm
Right anterior: linear extent in ___ mm
Right posterior: linear extent in ___ mm

For positive margin, indicate measurement in linear mm; focal positive (≤2mm) and multifocal/extensive (>2mm).

Prostate Surface at Positive Margin: Extraprostatic tissue present Capsule only N/A
Seminal Vesicle Involvement by Tumor: None Right Left Both
Lymphovascular Invasion: No Yes
Right pelvic lymph node(s) (fraction positive): __ / __
Left pelvic lymph node(s) (fraction positive): __ / __
Periprostatic/anterior lymph node(s) (fraction positive): __ / __
Staging: pT—N---

Staging Criteria (Not to be included in template- information is provided)

Extent of Primary Tumor: Organ-confined and unilateral (pT2a)
Organ-confined and bilateral (pT2b)
Tumor at surgical margin (pT2b+)
Extraprostatic extension and/or microscopic invasion of bladder neck (pT3a)***
Seminal vesicle invasion (pT3b)
Invasive of rectum, bladder (extensive bladder neck invasion), levator muscles and/or pelvic wall (pT4)

***For focal/microscopic disease at bladder neck margin, report as positive bladder neck margin but without its affecting patient stage (i.e., not pT4 stage disease). For extensive disease/detrusor muscle invasion/well defined bladder tissue by surgeon, report as positive bladder neck margin with pT4 stage

Lymph Node Status: Not assessed
No positive regional nodes (pN0)
Metastasis in regional lymph node(s) (pN1)

Note: A contemporary prostate cancer grading system that utilizes Grade Groups 1-5 has been endorsed by the International Society of Urologic Pathology (ISUP) and World Health Organization (WHO); see Epstein JI et al. Am J Surg Pathol. 2015. (PMID: 26492179) and Epstein JI. Pathol Int. 2015 (PMID: 26439773) for details.