

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 ($\leq 2\text{mm}$) and multifocal/extensive ($> 2\text{mm}$).

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.