Coexistent pathology (Recommended)

Reason/Evidentiary Support

In some cases clinical management decisions may be aided by knowledge of coexisting pathology, such as high grade prostatic intraepithelial neoplasia (HGPIN), glandular atypia suspicious for malignancy (atypical small acinar proliferation), prostatic urethral lesions, granulomatous prostatitis etc.

If there is carcinoma present, the presence of HGPIN is generally not significant, except perhaps occasionally in the situation where the carcinoma is of very limited extent. Low grade PIN should not be reported.

Likewise, if there is carcinoma present in a specimen, the presence of glandular atypia suspicious for malignancy (atypical small acinar proliferation) is generally not significant, except perhaps occasionally in the situation where the carcinoma is of very limited extent. In transurethral resection of the prostate (TURP) specimens where there is no cancer identified but atypical small aciner proliferation (ASAP) is present, the risk of carcinoma being present in subsequent specimens is not known, but in core biopsies is approximately 50%.[1-4]

Lesions of the prostatic urethra, e.g. urothelial carcinoma in situ (CIS), urethral polyps, nephrogenic adenoma, villous adenoma etc, should also be recorded if present.

Active prostatitis and granulomatous prostatitis may cause a rise in serum prostate-specific antigen (PSA), although inflammatory lesions may coexist with carcinoma and it is important not to assume that their presence always accounts for an unexplained increase in a patient's PSA.

References

1 Iczkowski KA, MacLennan GT and Bostwick DG (1997). Atypical small acinar proliferation suspicious for malignancy in prostate needle biopsies: clinical significance in 33 cases. *Am J Surg Pathol* 21(12):1489-1495.

2 Iczkowski KA, Chen HM, Yang XJ and Beach RA (2002). Prostate cancer diagnosed after initial biopsy with atypical small acinar proliferation suspicious for malignancy is similar to cancer found on initial biopsy. *Urology* 60(5):851-854.

3 Mancuso PA, Chabert C, Chin P, Kovac P, Skyring T, Watt WH and Napaki S (2007). Prostate cancer detection in men with an initial diagnosis of atypical small acinar proliferation. *BJU Int* 99(1):49-52.

4 Cheville JC, Reznicek MJ and Bostwick DG (1997). The focus of "atypical glands, suspicious for malignancy" in prostatic needle biopsy specimens: incidence, histologic features, and clinical follow-up of cases diagnosed in a community practice. *Am J Clin Pathol* 108(6):633-640.