[redacted]

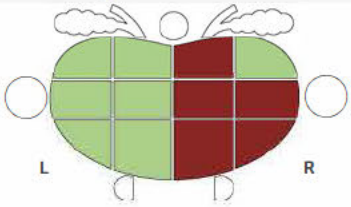
[redacted]

| Result Summary | Cores Involved | Gleason Group | Perineural Invasion (PNI) | Extraprostatic Extension (EPE) |
|---|---|---|---|---|
| **Malignant** | 5 (out of 12) cores | Group III (4+3=7) | None | None |

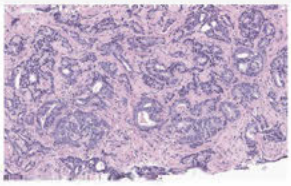
**Critical Comment**

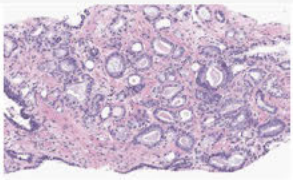
Focal cribiforming glands (worrisome for more aggressive disease behavior) is noted

**Prostate Diagram**




**Photomicrographs**





| | | Site | Microscopic Diagnosis | Gleason | % Pattern 4 | % Involv (len) | Per Core (mm) Capsule → Deep | Max Dim | Gross Length |
|---|---|---|---|---|---|---|---|---|---|
| LEFT BXBOARD | A | Left lateral base | BENIGN PROSTATIC TISSUE | | | | | | 13.9 |
| | B | Left base | BENIGN PROSTATIC TISSUE | | | | | | 21.6 |
| | C | Left lateral mid | BENIGN PROSTATIC TISSUE | | | | | | 15.7 |
| | D | Left mid | BENIGN PROSTATIC TISSUE | | | | | | 18.6 |
| | E | Left lateral apex | BENIGN PROSTATIC TISSUE | | | | | | 15.2 |
| | F | Left apex | BENIGN PROSTATIC TISSUE | | | | | | 12.7 |
| RIGHT BXBOARD | G | Right base | ADENOCARCINOMA | 4+3=7 | 85% | 3% | | 0.4 | 17.4 |
| | H | Right lateral base | BENIGN PROSTATIC TISSUE | | | | | | 18.9 |
| | **I** | **Right mid** | **ADENOCARCINOMA** | **4+3=7** | **50%** | **35%** | | **6.1** | **19.8** |
| | J | Right lateral mid | ADENOCARCINOMA | 4+3=7 | 55% | 30% | | 4.6 | 17.2 |
| | K | Right apex | ADENOCARCINOMA | 3+4=7 | 15% | 50% | | 7 | 15 |
| | L | Right lateral apex | ADENOCARCINOMA | 4+3=7 | 80% | 10% | | 1.3 | 10.3 |

[redacted]

**Ordering ICD-10 Codes** **Final ICD-10 Codes** **CPT Codes**

[redacted]

# Patient Focused Page

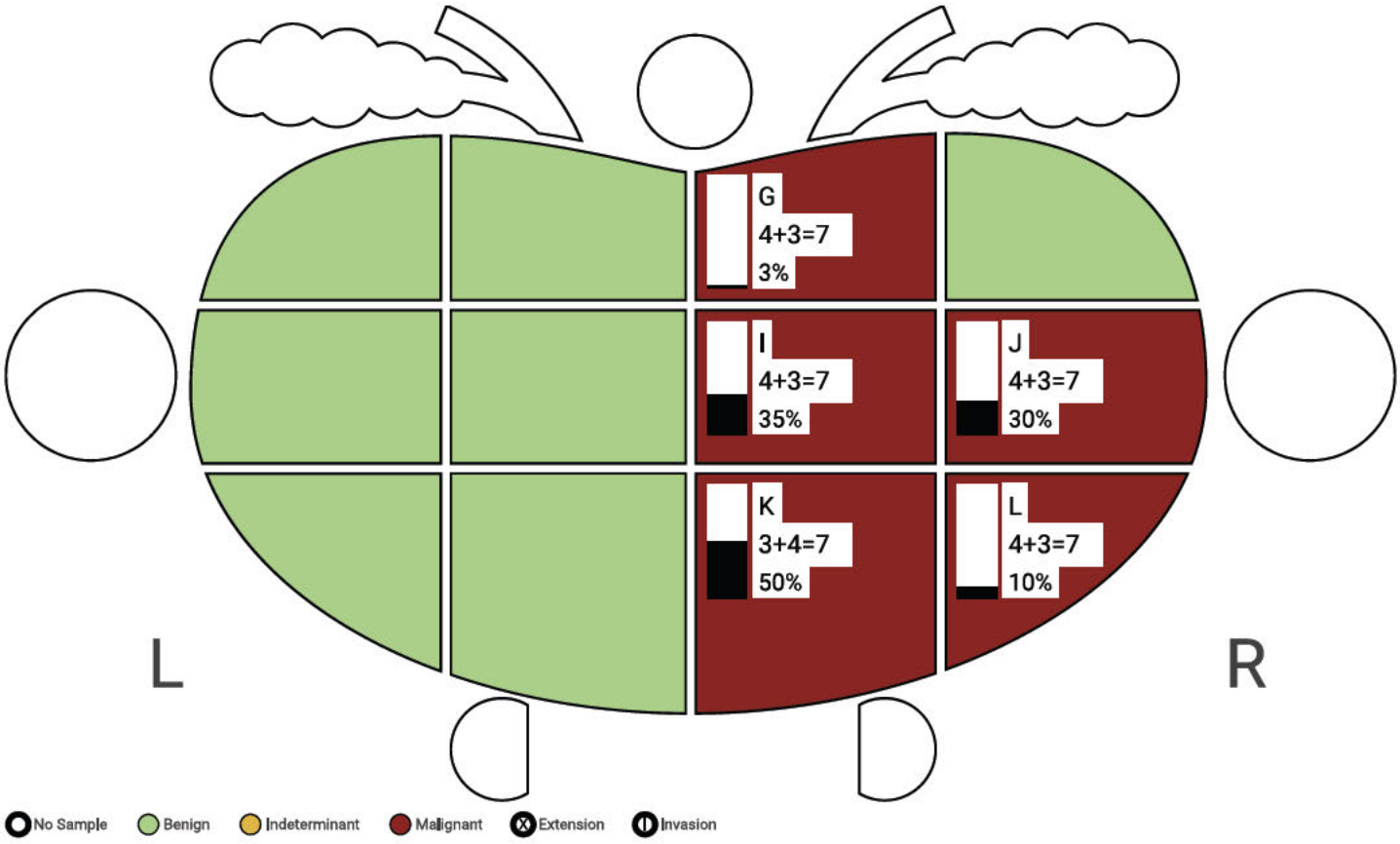


[redacted]

| Result Summary | Cores Involved | Gleason Group | Perineural Invasion (PNI) | Extraprostatic Extension (EPE) |
|---|---|---|---|---|
| **Malignant** | 5 (out of 12) cores | Group III (4+3=7) | None | None |

| Critical Comment |
|---|
| Focal cribiforming glands (worrisome for more aggressive disease behavior) is noted |

## Prostate Diagram:




| | Site | Microscopic Diagnosis | Gleason | % Pattern 4 | % Involv (len) | Per Core (mm) Capsule → Deep | Max Dim | Gross Length |
|---|---|---|---|---|---|---|---|---|
| | **Per Sample** | | | | | | | |
| RIGHT BXBOARD | G Right base | ADENOCARCINOMA | 4+3=7 | 85% | 3% | | 0.4 | 17.4 |
| | I Right mid | ADENOCARCINOMA | 4+3=7 | 50% | 35% | | 6.1 | 19.8 |
| | J Right lateral mid | ADENOCARCINOMA | 4+3=7 | 55% | 30% | | 4.6 | 17.2 |
| | K Right apex | ADENOCARCINOMA | 3+4=7 | 15% | 50% | | 7 | 15 |
| | L Right lateral apex | ADENOCARCINOMA | 4+3=7 | 80% | 10% | | 1.3 | 10.3 |

[redacted]

AlpinePath
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# AlpinePath Clinical Summary

Scan or click to interact

## Diagnosis

Prostate adenocarcinoma (clinical stage not reported)

## Pathology Details

- Prostate core biopsy: 5 out of 12 cores positive for adenocarcinoma
- Highest Gleason score: 4+3=7 (Grade Group 3, unfavorable intermediate risk)
- Distribution of positive cores: all malignant cores on right side (base, mid, lateral mid, apex, lateral apex)
- Percent involvement by core: ranges from 3% to 50%
- Highest percent pattern 4: up to 85% in one core
- Focal cribriforming glands present (associated with more aggressive disease behavior)
- No perineural invasion (PNI) or extraprostatic extension (EPE) reported
- PSA: 5.92 ng/mL

## Risk Category

**Unfavorable Intermediate**

This is based on Grade Group 3 (Gleason 4+3=7) and 5/12 (41.7%) cores positive, with cribriform pattern noted.

The risk category and recommendations may change depending on the clinical stage and PSA value.

## Recommendations based on the NCCN guidelines

- Discuss management options for unfavorable intermediate-risk prostate cancer, including:
  - Radiation therapy plus short-term androgen deprivation therapy (ADT)
  - Radical prostatectomy with appropriate staging and possible pelvic lymph node assessment
  - Consider active surveillance only in highly selected cases
- Consider soft tissue or bone scan (consider PSMA scan) for staging
- Multidisciplinary evaluation is recommended
- Follow-up per NCCN guidelines for unfavorable intermediate-risk prostate cancer

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## Conclusion

This case demonstrates prostate adenocarcinoma with unfavorable intermediate-risk features, including Grade Group 3 (Gleason 4+3=7), cribriform morphology, and 5 of 12 cores positive. Management should be tailored to the patient's overall health, preferences, and further staging results, with both radiation plus ADT and radical prostatectomy as primary options. Additional imaging is recommended to complete staging.

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## Legend

- ADT: Androgen deprivation therapy
- EPE: Extraprostatic extension
- FIR: Favorable intermediate-risk
- NCCN: National Comprehensive Cancer Network
- PNI: Perineural invasion
- PSA: Prostate-specific antigen
- PSMA: Prostate-specific membrane antigen

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## References


- NCCN Guidelines Version 5.2026 — Prostate Cancer: PROS-2 (Initial Risk Stratification and Staging Workup), PROS-5 (Unfavorable Intermediate-Risk Group), PROS-J (Principles of Radiation Therapy), PROS-K (Principles of Surgery)

# Patient Friendly Report

## *Diagnosis*

Your prostate biopsy has found prostate cancer. The cancer was detected after your doctor ordered a biopsy because of your PSA level and/or other findings.

## *What the Biopsy Showed*

- Out of 12 biopsy samples, 5 showed cancer.
- The cancer is mostly on the right side of the prostate.
- The highest grade found is Gleason score 4+3=7 (Grade Group 3), which means the cancer has more aggressive features.
- One sample showed a slightly lower grade (Gleason 3+4=7).
- The percentage of each sample involved with cancer ranged from 3% to 50%.
- Your PSA at the time of biopsy was 5.92.
- There is a mention of "focal cribriforming glands," which can be associated with a more aggressive type of prostate cancer.
- There is no evidence in the biopsy of cancer extending outside the prostate or into nerves.

## *Understanding Your Risk Category*

Based on your biopsy results, you fall into the "unfavorable intermediate risk" category for prostate cancer. This means your cancer is more likely to grow or spread than low-risk types, but it is still potentially curable. Many men with this risk level do very well with treatment.

## *Why It Is Not Low Risk*

- The cancer was found in 5 out of 12 biopsy samples.
- The highest Gleason score is 4+3=7, which is more aggressive than low-risk cancers.
- There is a presence of cribriform (more aggressive) growth patterns.
- Some samples have a high percentage of cancer involvement.

## *Recommended Next Steps*

### *1. Imaging for Staging*

Your doctor may recommend imaging tests, such as an MRI or a bone scan, to check if the cancer has spread outside the prostate. This helps guide the best treatment plan.

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### *2. Treatment Options*

Radiation Therapy + Hormone Therapy (ADT) - Radiation can target and kill prostate cancer cells. - Hormone therapy (also called androgen deprivation therapy or ADT) is often combined with radiation for this risk group to improve outcomes.

Radical Prostatectomy (Surgery) - Surgical removal of the prostate is another option. - Lymph nodes may also be checked during surgery to see if the cancer has spread.

Other Considerations - In some cases, clinical trials may be available that offer access to new treatments.

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### *3. Active Surveillance*

Because your cancer has features that make it more likely to grow or spread, simply monitoring it without treatment (active surveillance) is generally not recommended. Treatment is usually advised for your risk category.

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## *Shared Decision-Making*

Choosing the right treatment is a personal decision and should be made together with your healthcare team. Your doctor will discuss the benefits and possible side effects of each option, and together you can decide what feels right for you and your life.

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## *Helpful Terms*

- PSA (Prostate-Specific Antigen): A blood test used to help detect prostate cancer.
- Gleason Score/Grade Group: A system for grading prostate cancer cells. Higher numbers mean more aggressive cancer.

- Cribriform Pattern: A growth pattern in prostate cancer that can be more aggressive.
- ADT (Androgen Deprivation Therapy): Hormone therapy that lowers testosterone to slow cancer growth.
- Radical Prostatectomy: Surgery to remove the prostate gland.
- Radiation Therapy: Treatment that uses high-energy rays to kill cancer cells.
- Active Surveillance: Monitoring cancer closely with regular tests instead of immediate treatment.

If you have questions or concerns, please bring them up with your doctor—they are here to support you every step of the way.

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