

FAABY08 DIAGNOSTIC REPORT

**FLORIDA UROLOGY PARTNERS LAB
5913 WEBB ROAD**

TAMPA, FL 33615

Accession No. PA1203925	Chart No. WATG00002	Sex M	D.O.B. 05/16/1966 55 Yrs	Page 1 of 5
Patient Name WATTS, GORDON				Collected 07/27/21
Requesting Physician AFRIDA, SALIM K, MD				Received 07/31/21
Referring Physician BURNS-THIGPEN, ROBIN				Reported 08/03/21

Clinical Data

PATHOLOGY CONSULTATION

■ SPECIMEN 10: Prostate CNB, Left Lateral Apex

DIAGNOSIS:

PROSTATIC ADENOCARCINOMA. GLEASON'S SCORE 7 (GRADES 3 + 4) NOTED IN 1 OUT OF 1 SUBMITTED PROSTATE CORE SEGMENTS. APPROXIMATELY 20% OF SUBMITTED TISSUE INVOLVED... GLEASON GRADE 4 COMPRISES 10% OF THE TUMOR. SEE COMMENT.

Comments:

Negative staining with both high molecular weight cytokeratin and p63 in suspicious glands favors the diagnosis of adenocarcinoma of the prostate. In addition, the diagnosis of prostatic adenocarcinoma is supported by the positive staining for racemase (P404S), which is preferentially expressed in prostate cancer. All controls show appropriate immunoreactivity.

■ SPECIMEN 5: Prostate CNB, Left Mid

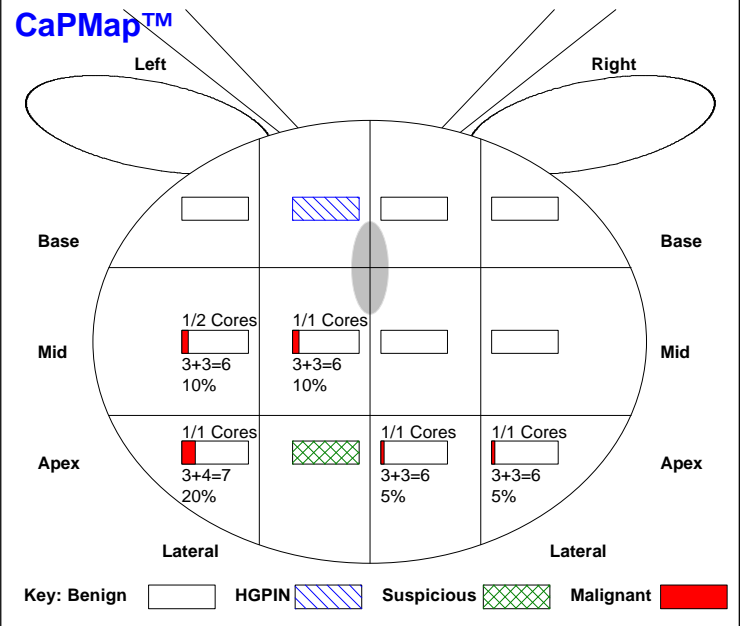
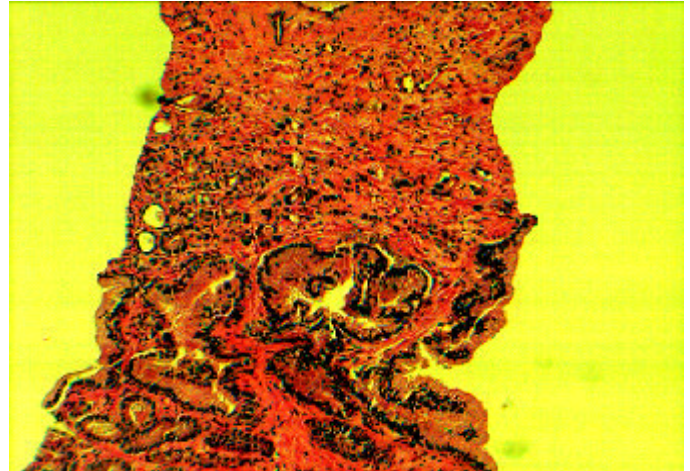
DIAGNOSIS:

PROSTATIC ADENOCARCINOMA. GLEASON'S SCORE 6 (GRADES 3 + 3) NOTED IN 1 OUT OF 1 SUBMITTED PROSTATE CORE SEGMENTS. APPROXIMATELY 10% OF SUBMITTED TISSUE INVOLVED... SEE COMMENT.

Comments:

Negative staining with both high molecular weight cytokeratin and p63 in suspicious glands favors the diagnosis of adenocarcinoma of the prostate. In addition, the diagnosis of prostatic adenocarcinoma is supported by the positive staining for racemase (P404S), which is preferentially expressed in prostate cancer. All controls show appropriate immunoreactivity.

PHOTOMICROGRAPH



Other

Transition Zone

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Department of Uropathology

Connecticut Lic. #: CL-0356

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DIAGNOSTIC REPORT

Accession No. PA1203925	Chart No. WATGOR0002	Sex M	D.O.B. 05/16/1966 55 Yrs	Page 2 of 5
Patient Name WATTS, GORDON				Collected 07/27/21
Requesting Physician AFRIDA, SALIM K, MD				Received 07/31/21
Referring Physician BURNS-THIGPEN, ROBIN				Reported 08/03/21

PATHOLOGY CONSULTATION (Continued)

■ SPECIMEN 11: Prostate CNB, Left Lateral Mid

DIAGNOSIS:

PROSTATIC ADENOCARCINOMA. GLEASON'S SCORE 6 (GRADES 3 + 3) NOTED IN 1 OUT OF 2 SUBMITTED PROSTATE CORE SEGMENTS. APPROXIMATELY 10% OF SUBMITTED TISSUE INVOLVED...

■ SPECIMEN 1: Prostate CNB, Right Apex

DIAGNOSIS:

PROSTATIC ADENOCARCINOMA. GLEASON'S SCORE 6 (GRADES 3 + 3) NOTED IN 1 OUT OF 1 SUBMITTED PROSTATE CORE SEGMENTS. APPROXIMATELY 5% OF SUBMITTED TISSUE INVOLVED... SEE COMMENT.

Comments:

Negative staining with both high molecular weight cytokeratin and p63 in suspicious glands favors the diagnosis of adenocarcinoma of the prostate. In addition, the diagnosis of prostatic adenocarcinoma is supported by the positive staining for racemase (P404S), which is preferentially expressed in prostate cancer. All controls show appropriate immunoreactivity.

■ SPECIMEN 7: Prostate CNB, Right Lateral Apex

DIAGNOSIS:

PROSTATIC ADENOCARCINOMA. GLEASON'S SCORE 6 (GRADES 3 + 3) NOTED IN 1 OUT OF 1 SUBMITTED PROSTATE CORE SEGMENTS. APPROXIMATELY 5% OF SUBMITTED TISSUE INVOLVED... SEE COMMENT.

Comments:

Negative staining with both high molecular weight cytokeratin and p63 in suspicious glands favors the diagnosis of adenocarcinoma of the prostate. In addition, the diagnosis of prostatic adenocarcinoma is supported by the positive staining for racemase (P404S), which is preferentially expressed in prostate cancer. All controls show appropriate immunoreactivity.

■ SPECIMEN 4: Prostate CNB, Left Apex

DIAGNOSIS:

SMALL FOCUS OF ATYPICAL GLANDS, SUSPICIOUS FOR LOW GRADE ADENOCARCINOMA. SEE COMMENT.

Comments:

Although these findings are atypical and suspicious for adenocarcinoma, there is insufficient cytologic and/or architectural atypia to establish a definitive diagnosis.

■ SPECIMEN 6: Prostate CNB, Left Base

DIAGNOSIS:

PROSTATIC INTRAEPITHELIAL NEOPLASIA (PIN), HIGH GRADE.

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DIAGNOSTIC REPORT

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Patient Name WATTS, GORDON				***** Collected 07/27/21
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PATHOLOGY CONSULTATION (Continued)

SPECIMEN 2: Prostate CNB, Right Mid

DIAGNOSIS:

BENIGN PROSTATE TISSUE. NO EVIDENCE OF MALIGNANCY.

SPECIMEN 3: Prostate CNB, Right Base

DIAGNOSIS:

BENIGN PROSTATE TISSUE. NO EVIDENCE OF MALIGNANCY.

SPECIMEN 8: Prostate CNB, Right Lateral Mid

DIAGNOSIS:

BENIGN PROSTATE TISSUE. NO EVIDENCE OF MALIGNANCY.

SPECIMEN 9: Prostate CNB, Right Lateral Base

DIAGNOSIS:

BENIGN PROSTATE TISSUE. NO EVIDENCE OF MALIGNANCY.

SPECIMEN 12: Prostate CNB, Left Lateral Base

DIAGNOSIS:

BENIGN PROSTATE TISSUE. SEE COMMENT.

Comments:

Although a focus of glands in this specimen exhibited some features warranting further investigation, positive staining with both high molecular weight cytokeratin and p63 is evidence that the glands are benign. In addition, negative staining with racemase (p504s) further supports the benign nature of the glands in question. This case has been reviewed at the daily intradepartmental conference. All controls show appropriate immunoreactivity.

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PATHOLOGY CONSULTATION (Continued)

GROSS DESCRIPTION

Container/Location	Received	Pieces	Measurement	Description	Ink	Submitted
(10)Left Lateral Apex	in prostate fixative		16 mm	pale tissue	Not inked	in 1 cassette
(5)Left Mid	in prostate fixative		21 mm	pale tissue	Not inked	in 1 cassette
(11)Left Lateral Mid	in prostate fixative		17 to 18 mm	pale tissue	Not inked	in 1 cassette
(1)Right Apex	in prostate fixative		17 mm	pale tissue	Not inked	in 1 cassette
(7)Right Lateral Apex	in prostate fixative		9 mm	pale tissue	Not inked	in 1 cassette
(4)Left Apex	in prostate fixative		17 mm	pale tissue	Not inked	in 1 cassette
(6)Left Base	in prostate fixative		15 mm	pale tissue	Not inked	in 1 cassette
(2)Right Mid	in prostate fixative		17 mm	pale tissue	Not inked	in 1 cassette
(3)Right Base	in prostate fixative		15 mm	pale tissue	Not inked	in 1 cassette
(8)Right Lateral Mid	in prostate fixative		18 mm	pale tissue	Not inked	in 1 cassette
(9)Right Lateral Base	in prostate fixative		12 mm	pale tissue	Not inked	in 1 cassette
(12)Left Lateral Base	in prostate fixative		11 mm	pale tissue	Not inked	in 1 cassette

Totally Submitted

COMMENTS

This case was reviewed at the daily intradepartmental conference.

The length and number of cores reported may differ from that noted during the procedure or on receipt by the laboratory due to tissue shrinkage and/or fragmentation during processing.



Savvas E. Mendrinis, M.D.

PERFORMING LABS

Performed by DIANON Systems, 1 Forest Parkway, Shelton CT 06484, Jonathan L. Klein, M.D., Medical Director, 1-800-328-2666

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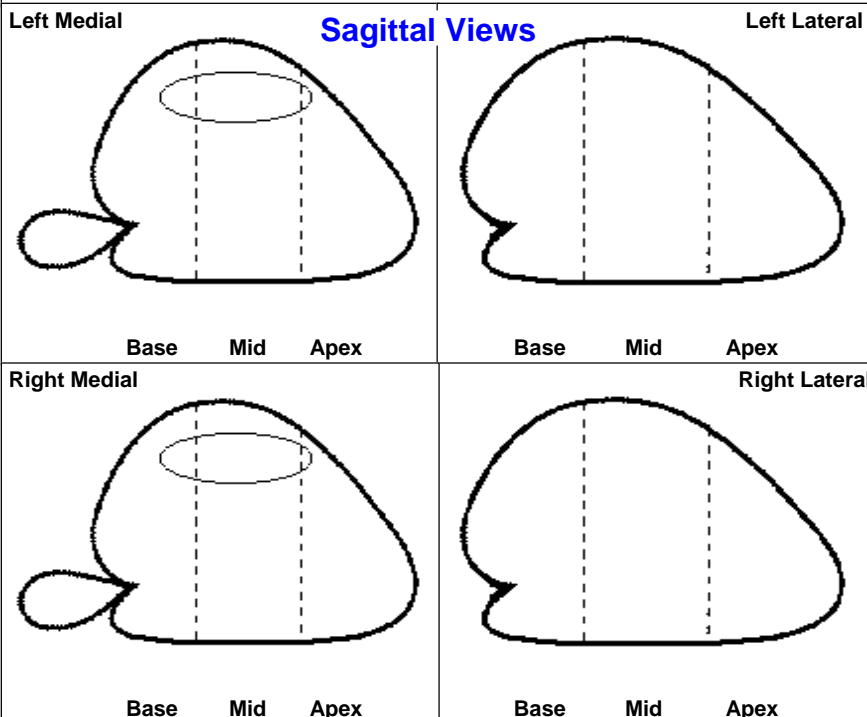
FAABY08

DIAGNOSTIC REPORT

Accession No. PA1203925	Chart No. WATG000002	Sex M	D.O.B. 05/16/1966 55 Yrs	Page 5 of 5
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BIOPSY SUMMARY

Location	Diagnosis	Core Length(mm)	Tumor Length(mm)	% Tumor	Tumor Position From Inked Margin
Left Lateral Apex (Core 1/1)	3+4=7	10	2.0	20%	Not Inked
Left Mid (Core 1/1)	3+3=6	10	1.0	10%	Not Inked
Left Lateral Mid (Core 1/2)	3+3=6	10	2.0	20%	Not Inked
Right Apex (Core 1/1)	3+3=6	10	0.5	5%	Not Inked
Right Lateral Apex (Core 1/1)	3+3=6	10	0.5	5%	Not Inked



DNA Histogram

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SALIM K AFRIDA, MD
5913 WEBB ROAD
TAMPA, FL 33615

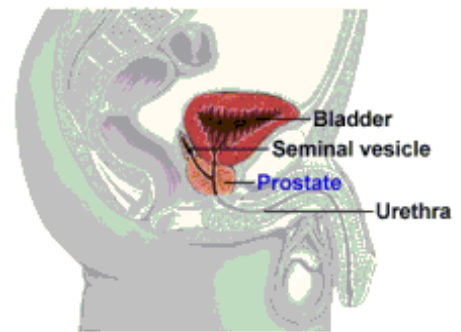
Prepared For: GORDON WATTS
Date of Birth: 05/16/66
Diagnosis: Prostate Cancer (Prostatic Adenocarcinoma)

Report Date: 08/03/21

Your Diagnosis

Recently, your doctor removed samples of tissue from your prostate during a biopsy procedure. The tissue samples were sent to DIANON Systems, where specially trained doctors called pathologists examined them under a microscope. The pathologists have reported to your doctor that **there is cancer in your prostate.**

At DIANON Systems, a team of pathologists meets daily to review all cancer diagnoses, as well as diagnoses that suggest a high risk for cancer and a select number of noncancerous (benign) cases for reference purposes. This built-in review means the pathology report that DIANON sends to your physician is based on the combined expertise of the DIANON team.



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Once cancer cells were identified in your prostate tissue, the pathologists determined the cancer's **grade** or **Gleason score**. This information can be used to determine how aggressively the disease is likely to grow and spread.

Prostate cancer cells are graded according to their pattern of “differentiation.” Differentiation refers to how much cancer cells look and act like the normal cells in the organ or tissue where they are growing. Cancer cells that are well differentiated have distinct borders and clear centers and their function is nearly normal. They form tumors that usually grow slowly. Poorly differentiated cancer cells have little resemblance to healthy cells. They have indistinct borders (so the cells all seem to run together), distorted centers, and other signs of cellular breakdown. Their life cycle and function are very different than that of normal cells. Poorly differentiated cells form aggressive tumors that grow rapidly, invade nearby tissues, and spread to other organs and tissues.

The most widely accepted method of grading prostate cancer is called the **Gleason system**. It works like this: A pathologist uses a microscope to examine a man's prostate biopsy specimens. When cancer is found in a specimen, the pathologist studies the patterns formed by the various clumps of cancer cells. Then the pathologist assigns a grade to each pattern using the numbers 1 through 5. The numbers represent how well differentiated the cells that form each pattern are. The number 1 is assigned when most of the cancer cells that form a pattern are well differentiated. The number 5 is given to patterns that contain mostly poorly differentiated cells.

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Finally, the pathologist adds the grade of the most prominent pattern in the specimen to the grade of the second most prominent pattern in the specimen to calculate the Gleason score.

The lowest possible Gleason score is 2 (1 + 1). This score is obtained when most of the cancer in a specimen consists of well-differentiated cells, so the grade 1 is both the first and second most common.

The highest possible Gleason score is 10 (5 + 5). This score is obtained when most of the cancer in a specimen is made of poorly differentiated cells, so the grade 5 is both the first and second most common.

The Gleason score of your cancer is 7. Cancer with a Gleason score of 7 is considered **intermediate risk**. If the Gleason score of 7 is calculated by adding 3 + 4 (meaning the pattern seen most often in the cancer cells was a 3, and the second most common pattern was a 4), then the cancer is likely to be less aggressive than if the score comes from adding 4 + 3. In terms of predicting the behavior of prostate cancer, a Gleason score of 7 represents a turning point. The presence of grade 4 cancer (or higher) indicated that the cancer is likely to grow and spread. When grade 3 is the prominent pattern in the cancer (in other words, when the Gleason score of 7 is calculated by adding 3 + 4), the outlook is better than when the predominant pattern in the specimen is grade 4 (as in 4 + 3).

Your doctor will consider other important factors in addition to your Gleason score when he or she tells you how aggressive your cancer is likely to be. These factors include:

- How many biopsy specimens contained cancer. This will give an indication of the percentage of cancer present relative to the overall size (volume) of your prostate.
- The percentage of each biopsy sample that contained cancerous cells.
- Your prostate-specific antigen (PSA) level. Well-differentiated cancer cells make PSA. This explains why prostate cancer causes elevated PSA levels during its early stages. As a tumor grows, its composition changes so that most of the cells inside it are poorly differentiated. Poorly differentiated cells don't make much PSA, so a man who has high-grade cancer may have a normal or near-normal PSA level.

Determining Whether Prostate Cancer Has Spread

Every cancer is unique, each person is different, and there are a lot of different ways that cancer can be managed. To help determine the best treatment for each patient, cancer specialists rely on **staging**—a system that categorizes a cancer into one of several groups.

The digital rectal exam, PSA test, and prostate biopsy can help determine the **clinical stage** of your disease. However, unless you have surgery to remove your prostate, seminal vesicles, and nearby lymph nodes so they can be examined to determine how much (if any) cancer they contain, the extent of your cancer can only be estimated based on the information your doctor and pathologist have been able to gather.

If the grade and clinical stage of your cancer indicate that it may have spread beyond your prostate, your doctor might recommend that you have additional procedures to help determine where the cancer may be growing. These procedures may include chest x-rays, blood tests, an ultrasound exam, and CT or MRI scans. Your doctor will recommend the appropriate staging exams based on your particular situation.

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Cancer that is confined (or localized) to the prostate has the best chance for cure. If the cancer has extended beyond the prostate to the seminal vesicles or pelvic lymph nodes, it will be much more difficult to treat. A cure may not be possible for cancer that has spread to distant organs. Many treatments are available, however, to help men with incurable prostate cancer live with minimal pain and disability.

How Is Prostate Cancer Treated?

The approach to treating prostate cancer depends on many factors, including:

- The cancer's stage.
- The cancer's grade (Gleason score).
- Your prostate-specific antigen (PSA) level.
- Your age and general health (whether you have health problems in addition to prostate cancer that are a serious threat to your health and longevity or that may make certain prostate cancer treatments more risky for you).
- Your feelings about the treatments available to you and the possible short- and long-term side effects of those treatments.

All these factors are important in determining which treatments are right for you and what you can expect from them. Other factors you will need to consider include the availability of treatment facilities in or near your community and the expertise of your health care team.

Some of the treatments you and your doctor may discuss include the following:

- **Watchful waiting.** This approach involves not treating the cancer at all but monitoring it closely to see if it grows or spreads.
- **Radical prostatectomy.** This is the surgical removal of the prostate gland and the seminal vesicles (glands on either side of the prostate that produce semen). In most cases, pelvic lymph nodes are removed as well.
- **Radiation therapy.** High-energy x-rays and radioactive materials (in the form of pellets or "seeds" that are implanted in the prostate) can be used to kill prostate cancer cells.
- **Hormone therapy.** This treatment approach decreases the level of male hormones—particularly testosterone—in your body. This is done to slow cancer growth, reduce the size of tumors, and relieve symptoms. Your testosterone level can be reduced surgically, by removing the testicles (the glands where testosterone is made), or with drugs that either block the action of male hormones or stop them from being produced.

Many men who have prostate cancer participate in **clinical trials**, research studies designed to help doctors find better ways to manage diseases. There are clinical trials suitable for men with all stages of prostate cancer; they offer participants the chance to receive promising new treatments long before they are widely available. Treatments currently being studied for their safety and effectiveness in treating prostate cancer include **chemotherapy** (anticancer drug therapy) and **cryosurgery** (destroying cancer cells by freezing them).

Your Job

People who take an active role in maintaining their health gain a better sense of control over chronic diseases like cancer. Here are some tips:

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- Do whatever is necessary to maximize your overall health, such as exercising regularly, eating a nutritious diet, and getting plenty of sleep.
- Let your health care team know if you have questions or concerns about your treatment or if you are not following your treatment plan. Report any new symptoms to your doctor.
- Educate yourself. This is one of the most important steps you can take. Knowing the facts will give you a sense of comfort and control and enable you to make informed decisions about your medical care. A lot of valuable information can be found on the Internet, in books and videos, and from national organizations. Some of those resources are listed below. Your main source of information will be the health professionals who are caring for you. Make lists of topics you want to discuss with them, and don't hesitate to ask any question, no matter how simple it may seem.
- Don't isolate yourself. A diagnosis of cancer can be hard to deal with, even when the chance for a cure is good. Having a positive outlook is very important in helping you maintain your health. Don't hesitate to talk to your health care team about your feelings. You may also wish to seek help from a counselor, social worker, or clergy person. Your family and friends can be of great help in supporting your decisions, listening to your concerns, and helping you plan for the future. Support groups that meet on-line or in person are also available; they give you the opportunity to meet other people who are dealing with cancer. The organizations listed below can refer you to counselors and support groups.

Other Resources

American Cancer Society

Telephone: (800) ACS-2345 (800-227-2345)

Home page: www.cancer.org

American Foundation for Urologic Disease

Telephone: (800) 242-2383

Home page: www.afud.org

National Cancer Institute

Telephone: (800) 4-CANCER (800-422-6237)

Home page: www.cancer.gov

American Cancer Society

Telephone: (800) ACS-2345 (800-227-2345)

Home page: www.cancer.org

American Foundation for Urologic Disease

Telephone: (800) 242-2383

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This report is provided to help you better understand your pathology result. It is intended only for information purposes and does not include all of the available knowledge about your diagnosis. Nor is it meant to advise you on health care decisions or as a substitute for professional care. Remember that only you and your physician can determine your best care plan based on your medical history and clinical circumstances.