



**BOSTWICK  
LABORATORIES**

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**SPECIMEN INFORMATION**

**AMENDMENT REPORT**

Lab Number



Date Collected:  
Date Received:  
Date Reported:  
Date Amended:

**PATIENT INFORMATION**

Name: Patient Name  
NINO: Sex: Male  
Date of Birth: DD/MM/YYYY Age:  
Requisition #: 01234567 Chart #:

**PHYSICIAN INFORMATION**

Clinician Name  
Practice Address  
Postcode  
Tel:  
Fax:



**CLINICAL HISTORY**

Raised PSA. Abnormal MRI zones 3, 11, 18, 17 & 1.

**GROSS DESCRIPTION**

**PROSTATE, NEEDLE BIOPSIES:**

The specimen was received in 20 vials containing pink-tan 1 mm diameter prostate biopsies in formalin; submitted in toto.

	Site	Length
(A)	1. L. Para Ant Apex	6, 6 mm - Green
(B)	2. L. Para Ant Base	9, 5, 4 mm - Orange
(C)	3. R. Para Ant Apex	15, 15 mm - Green
(D)	4. R. Para Ant Base	11 mm - Orange
(E)	5. Midline Apex	7 mm - Green
(F)	6. Midline Base	8, 6, 3 mm - Orange
(G)	7. L. Med Ant Apex	10, 10 + fragment mm - Green
(H)	8. L. Med Ant Base	10 mm - Orange
(I)	9. R. Med Ant Apex	12, 8 mm - Green
(J)	10. R. Med Ant Base	10 mm - Orange
(K)	11. L. Lateral	13, 10, 7, 6, 5 mm - Green
(L)	12. R. Lateral	12, 8, 6 mm - Green
(M)	13. L. Para Post Apex	Fragments only mm - Green
(N)	14. L. Para Post Base	12, 12 mm - Orange

(O)	15. R. Para Post Apex	12 mm cm (Green)	(P)	16. R. Para Post Base	6 + fragments mm cm (Orange)
(Q)	17. L. Med Post Apex	13 mm cm (Green)	(R)	18. L. Med Post Base	14, 13, 7, 6 mm cm (Orange)
(S)	19. R. Med Post Apex	10 mm cm (Green)	(T)	20. R. Med Post Base	12, 8, 5 mm cm (Orange)

**DIAGNOSIS**

**PROSTATE, NEEDLE BIOPSIES:**

- (A) 1. L. Para Ant Apex: Benign fibromuscular stroma.
- (B) 2. L. Para Ant Base: Benign prostatic tissue. Mild atrophy. Mild acute inflammation. Mild chronic inflammation.
- (C) 3. R. Para Ant Apex: Benign prostatic tissue. Mild atrophy.
- (D) 4. R. Para Ant Base: Benign prostatic tissue. Mild chronic inflammation.
- (E) 5. Midline Apex: Benign prostatic tissue.
- (F) 6. Midline Base: Benign prostatic tissue. Mild acute inflammation.
- (G) 7. L. Med Ant Apex: Benign prostatic tissue. Mild atrophy.
- (H) 8. L. Med Ant Base: Benign prostatic tissue.
- (I) 9. R. Med Ant Apex: Benign prostatic tissue. Mild atrophy. Mild chronic inflammation.
- (J) 10. R. Med Ant Base: Benign prostatic tissue. Mild atrophy. Mild chronic inflammation.
- (K) 11. L. Lateral: Benign prostatic tissue. Mild atrophy. Mild chronic inflammation.
- (L) 12. R. Lateral: Benign prostatic tissue. Mild atrophy. Mild acute inflammation. Mild chronic inflammation.

- (M) 13. L. Para Post Apex: Benign prostatic tissue. Mild atrophy. Calcification.
- (N) 14. L. Para Post Base: Benign prostatic tissue. Mild atrophy. Mild chronic inflammation. Tryvision stainings awaited and a supplementary report will follow.
- (O) 15. R. Para Post Apex: Benign prostatic tissue. Mild atrophy. Mild acute inflammation. Mild chronic inflammation.
- (P) 16. R. Para Post Base: Benign prostatic tissue. Mild atrophy. Mild acute inflammation. Mild chronic inflammation.
- (Q) 17. L. Med Post Apex: Benign prostatic tissue. Mild atrophy. Mild chronic inflammation. Calcification.
- (R) 18. L. Med Post Base: Benign prostatic tissue. Mild atrophy. Mild acute inflammation. Mild chronic inflammation.
- (S) 19. R. Med Post Apex: Benign prostatic tissue. Mild atrophy. Mild chronic inflammation.
- (T) 20. R. Med Post Base: Benign prostatic tissue. Mild atrophy. Mild chronic inflammation.

FINAL DIAGNOSIS:

38 cores of prostate from 20 sites:

Benign prostatic tissue. Mild atrophy. Mild acute inflammation. Mild chronic inflammation.


Tryvision stainings awaited and a supplementary report will follow on specimen N (14--Left Parasagittal Posterior Base).

AMENDMENT

Tryvision stainings performed on specimen N (14-Left Parasagittal Posterior Base) support the diagnosis of ATYPICAL SMALL ACINAR PROLIFERATION SUSPICIOUS FOR BUT NOT DIAGNOSTIC OF MALIGNANCY.

The focus of concern consists of about one dozen small to intermediate size acini with architectural distortion, raising the concern for malignancy. However, there is only mild to moderate cytologic atypia, such as prominently enlarged nuclei and nucleoli. An unequivocal diagnosis cannot be rendered due to the small size of this focus and absence of the full complement of architectural and cytologic abnormalities.

COMMENT: Atypical small acinar proliferation of the prostate has a high predictive value for cancer, with subsequent biopsies revealing adenocarcinoma in between 40% and 70% of cases. The risk is greatly increased if the patient has a high serum PSA concentration or other risk factors for adenocarcinoma. Accordingly, repeat biopsy may be of value, but this decision is best left to the clinician and the patient (Iczkowski KA, MacLennan GT, Bostwick DG. Am J Surg Pathol 21(12): 1489-95, 1997).



Isabelle Meiers, M.D.



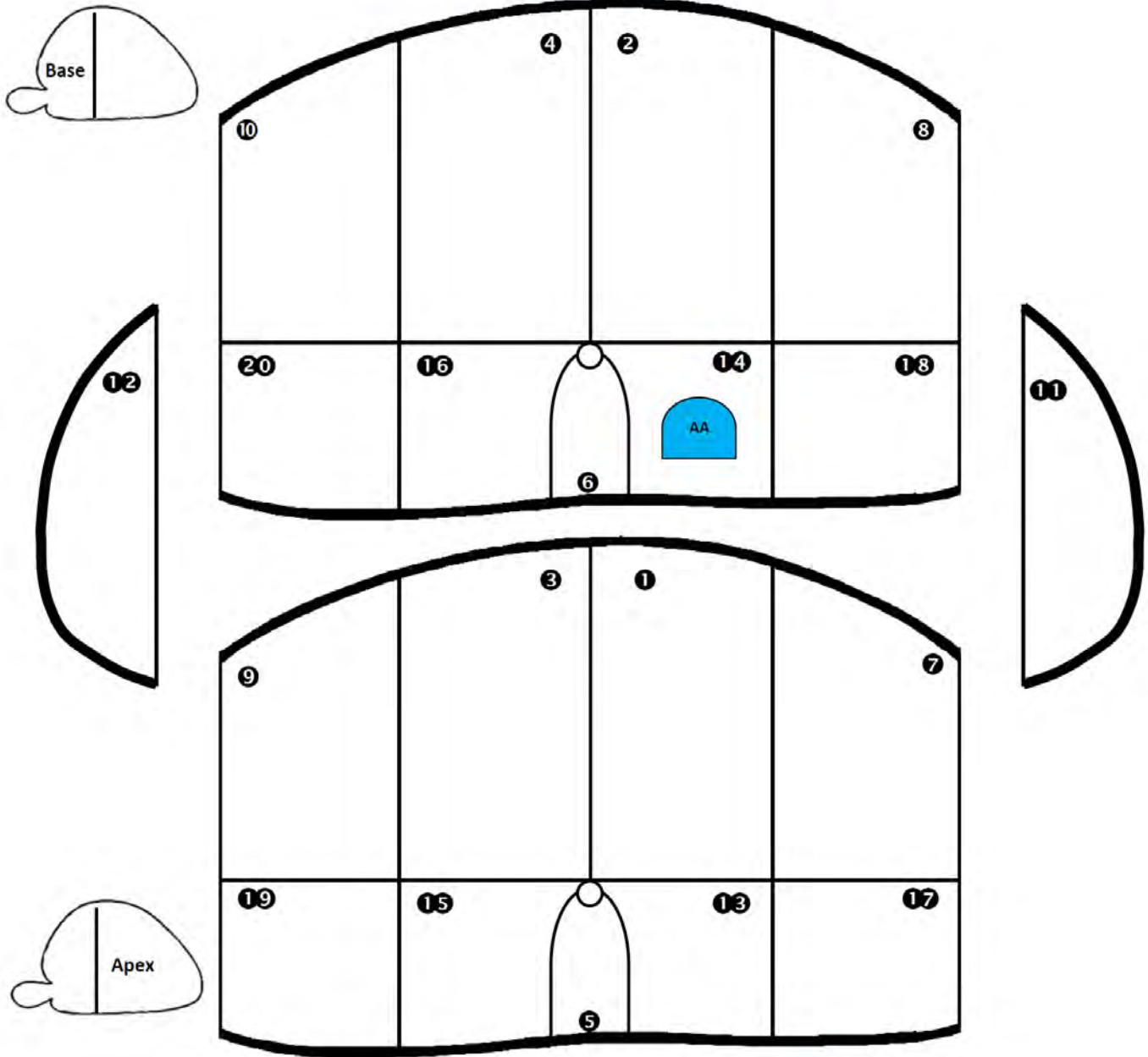


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Name: Patient Name  
 Lab Number: BLXX-0103-1234567  
 Date of Birth: DD/MM/YYYY  
 Date: DD/MM/YYYY



**Twenty Sector Biopsy**



Modified Barzell Zones

- 1 - Left Parasagittal Anterior Apex
- 2 - Left Parasagittal Anterior Base
- 3 - Right Parasagittal Anterior Apex
- 4 - Right Parasagittal Anterior Base
- 5 - Midline Apex
- 6 - Midline Base
- 7 - Left Medial Anterior Apex
- 8 - Left Medial Anterior Base
- 9 - Right Medial Anterior Apex
- 10 - Right Medial Anterior Base

- 11 - Left Lateral
- 12 - Right Lateral
- 13 - Left Parasagittal Posterior Apex
- 14 - Left Parasagittal Posterior Base
- 15 - Right Parasagittal Posterior Apex
- 16 - Right Parasagittal Posterior Base
- 17 - Left Medial Posterior Apex
- 18 - Left Medial Posterior Base
- 19 - Right Medial Posterior Apex
- 20 - Right Medial Posterior Base



HGPIN / atypical acini



Gleason = 3+3 up to 3mm



Gleason = 3+4 AND/OR  
Max Cancer length 4-5mm



Gleason  $\geq$  4+3 AND/OR  
Max cancer length  $\geq$  6mm