# Prostate Case Scenario 1

**H&P**

5/12/16: A 57-year-old Hispanic male presents with frequency of micturition, urinary urgency, and hesitancy associated with a weak stream. Over the past several weeks, he has reported a few episodes of hematuria and incontinence and low-grade, constant back pain and bouts of constipation. A DRE revealed enlarged prostate gland with several palpable nodules in the left and right lobes. Patient’s past medical history was unremarkable.

**Labs:**

5/16/16:

* PSA: 95 ng/mL (range: 0.0–4.0 ng/mL)
* Hemoglobin: 15 g/dL (range: 13.2–17.1 g/dL)
* Hematocrit: 43% (range: 38.5–50%)
* White blood cell: 7,500/mm3, normal differential
* Platelets: 250,000/mm3
* Blood urea nitrogen: 15 mg/dL (normal range: 7–30 mg/dL)
* Creatinine level: 1.0 mg/dL (range: 0.5–1.4 mg/dL)
* Alkaline phosphatase: within normal range
* Liver function: within normal range

**Procedures:**

5/18/16 TRUS Biopsy of prostate

**Surgical Pathology Report:**

5/18/16 Prostate biopsy:

A) PROSTATE GLAND, RIGHT, "EIGHT CORES," BIOPSY:

* Prostatic adenocarcinoma, Gleason score 4 + 4 = 8, involving three of multiple core fragments and approximately 5% of the examined tissue
* Perineural invasion identified

B) PROSTATE GLAND, LEFT, "SEVEN CORES," BIOPSY:

* Prostatic adenocarcinoma, Gleason score 4 + 5 = 9, involving six of multiple core fragments and approximately 10 -15% of the examined tissue
* Perineural invasion identified

SPECIMEN TYPE:

A: RT 8 CORES

B: LT 7 CORES

**IMAGING:**

5/20/16 MRI of the spine: Revealed metastatic infiltration of entire T10 vertebral body marrow space. No evidence of cord compression; signal activity in proximity to the corresponding nerve root. Radionuclide scintigraphy demonstrated several areas along the spine suggestive of metastatic bone disease, consistent with findings from MRI studies.

5/21/16 CT Abdomen/Pelvis: No evidence of nodal or visceral metastasis. Prostate was enlarged and irregular with extensive deformity of the bladder neck.

5/21/16: Ultrasound: revealed tumor had extended bilaterally through the prostatic capsule

5/22/16 Radionuclide bone scan: Revealed metastatic bone disease secondary to prostatic adenocarcinoma. Osseous sites of increased uptake can be identified in the spine (T1 to T12) and rib.

**Diagnosis:**

Based upon prostate biopsy evaluation and ultrasound images, radionuclide scintigraphy, and MRI studies, a diagnosis was made of advanced prostatic adenocarcinoma with metastases to the bone.

**Treatment:**

Patient was treated with external beam radiation, and a 3-month treatment with abarelix. Patient experienced a significant improvement of his urological symptoms. A total of 40 treatments over an 8-week period consisted of 3-dimensional conformal radiation therapy, which delivered a total 6570 Gy dose of radiation to the prostate. To further improve the management of bone metastasis, the patient was initiated on bisphosphonate treatments with intravenous infusions of zoledronic acid.

**Follow up:**

11/29/16: PSA level < 0.1 ng/mL. Long-term gonadal suppression with abarelix was planned and the patient was continued with serial physical exams, routine blood evaluations, including serum PSA determinations at regular intervals (every 2 to 3 months), and radiological assessments every 6 to 12 months or as clinically indicated.

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| --- | --- |
| * **What is the primary site?**
* **What is the histology?**
 | * **What is the grade/differentiation?**
 |
| **Stage/ Prognostic Factors** |
| Summary Stage |  | Tumor Size Summary |  |
| TNM Clin T |  | TNM Path T |  |
| TNM Clin N |  | TNM Path N |  |
| TNM Clin M |  | TNM Path M |  |
| TNM Clin Stage |  | TNM Path Stage |  |
| TNM Clin Descriptor |  | TNM Path Descriptor |  |
| TNM Clin Staged By |  | TNM Path Staged By |  |
| CS SSF 1 |  |  |  |
| CS SSF 2 |  | Regional Nodes Positive |  |
| CS SSF 3 |  | Regional Nodes Examined |  |
| CS SSF 7 |  | Mets at Dx - Bone |  |
| CS SSF 8 |  | Mets at Dx - Brain |  |
| CS SSF 9 |  | Mets at Dx - Liver |  |
| CS SSF 10 |  | Mets at Dx - Lung |  |
| CS SSF 11 |  | Mets at Dx - Other |  |
| CS SSF 12 |  | Mets at Dx – Distant LN |  |
| CS SSF 13 |  |  |  |
| **Treatment** |
| Diagnostic Staging Procedure |  |  |  |
| **Surgery Codes** |  | **Radiation Codes** |  |
| Surgical Procedure of Primary Site |  | Radiation Treatment Volume |  |
| Scope of Regional Lymph Node Surgery |  | Regional Treatment Modality |  |
| Surgical Procedure/ Other Site |  | Regional Dose |  |
| **Systemic Therapy Codes** |  | Boost Treatment Modality |  |
| Chemotherapy |  | Boost Dose |  |
| Hormone Therapy |  | Number of Treatments to Volume |  |
| Immunotherapy |  | Reason No Radiation |  |
| Hematologic Transplant/Endocrine Procedure |  | Radiation/Surgery Sequence |  |
| Systemic/Surgery Sequence |  |  |  |

# Prostate Case Scenario 2

A 67 year old white male presents with and elevated PSA. A digital rectal exam revealed small benign prostate without nodules.

1/4/16 PSA: 5.497 ng/ml (range 0-4.900)

**Pathology Reports:**

3/21/16 Prostate biopsy:

1. Prostate, right, needle biopsy:
	* Focal high-grade prostatic intraepithelial neoplasia
	* No invasive carcinoma is identified in 6 core biopsies
2. Prostate, left, needle biopsy:
	* Adenocarcinoma, Gleason grades 3+4=score of 7
	* Carcinoma is present in four of six core biopsy fragments
	* Carcinoma involves approximately 25% of specimen

4/4/16 Robotic prostatectomy, bilateral pelvic lymph node resection, robotic laparoscopic assist.

1. Lymph nodes, right pelvic, dissection:
	* Four lymph nodes identified, all negative for metastatic carcinoma (0/4)
2. Lymph nodes, left pelvic, dissection:
	* Five lymph nodes identified, all negative for metastatic carcinoma (0/5)
3. Prostate, radical prostatectomy:
	* Adenocarcinoma of the prostate, Gleason score 3+4=7, approximately 7% of the gland, involving the right and left lobes. Approximately 3% of the specimen displayed a Gleason tertiary grade 5 pattern.

From synoptic report:

* Tertiary Pattern: Gleason 5
* Extraprostatic extension: not identified
* Seminal vesicle invasion: not identified

**Medical Oncologist:**

Patient will be monitored for signs of recurrence. No further treatment is recommended at this time.

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| --- | --- |
| * **What is the primary site?**
* **What is the histology?**
 | * **What is the grade/differentiation?**
 |
| **Stage/ Prognostic Factors** |
| Summary Stage |  | Tumor Size Summary |  |
| TNM Clin T |  | TNM Path T |  |
| TNM Clin N |  | TNM Path N |  |
| TNM Clin M |  | TNM Path M |  |
| TNM Clin Stage |  | TNM Path Stage |  |
| TNM Clin Descriptor |  | TNM Path Descriptor |  |
| TNM Clin Staged By |  | TNM Path Staged By |  |
| CS SSF 1 |  |  |  |
| CS SSF 2 |  | Regional Nodes Positive |  |
| CS SSF 3 |  | Regional Nodes Examined |  |
| CS SSF 7 |  | Mets at Dx - Bone |  |
| CS SSF 8 |  | Mets at Dx - Brain |  |
| CS SSF 9 |  | Mets at Dx - Liver |  |
| CS SSF 10 |  | Mets at Dx - Lung |  |
| CS SSF 11 |  | Mets at Dx - Other |  |
| CS SSF 12 |  | Mets at Dx – Distant LN |  |
| CS SSF 13 |  |  |  |
| **Treatment** |
| Diagnostic Staging Procedure |  |  |  |
| **Surgery Codes** |  | **Radiation Codes** |  |
| Surgical Procedure of Primary Site |  | Radiation Treatment Volume |  |
| Scope of Regional Lymph Node Surgery |  | Regional Treatment Modality |  |
| Surgical Procedure/ Other Site |  | Regional Dose |  |
| **Systemic Therapy Codes** |  | Boost Treatment Modality |  |
| Chemotherapy |  | Boost Dose |  |
| Hormone Therapy |  | Number of Treatments to Volume |  |
| Immunotherapy |  | Reason No Radiation |  |
| Hematologic Transplant/Endocrine Procedure |  | Radiation/Surgery Sequence |  |
| Systemic/Surgery Sequence |  |  |  |