



**Beth Israel Deaconess
Medical Center**

Beth Israel Deaconess Medical Center
Department of Pathology
330 Brookline Avenue
Boston, Massachusetts 02215
Main: (617) 667-4344
Facsimile: (617) 667-7120

SU17-7611

Patient: BLACKMER, HUGH

BIDMC MRN: 2920263

Birth Date: 09/16/1943 Age: 73 Y Sex:M

Date of Procedure: 02/16/2017
Date Specimen(s) Received: 02/16/2017
Date Reported: 02/22/2017
:

Billing #: 03416382

Patient Location: Discharged1288

Ordering Provider: PETER CHANG, MD

Responsible Provider: PETER CHANG, MD

SURGICAL PATHOLOGY REPORT - Final

PATHOLOGIC DIAGNOSIS:

1. Fat, anterior prostate, resection:

- Unremarkable adipose tissue, no malignancy identified.

2. Bladder neck, posterior, resection:

- Benign bladder neck tissue.

3. Lymph node, right pelvic, resection:

- Three lymph nodes, no malignancy identified (0/3).

4. Lymph node, left pelvic, resection:

- One lymph node, no malignancy identified (0/1).

5. Prostate and seminal vesicles, radical prostatectomy:

- Prostatic adenocarcinoma, Gleason score 7 (3 + 4), organ-confined, margins are negative; see synoptic report.

Prostate Gland: Radical Prostatectomy Synopsis

Staging according to American Joint Committee on Cancer Staging Manual -- 7th Edition, 2009 and College of American

Procedure: **Radical prostatectomy**

Prostate Size: **Weight: 91 g, Size: 6.0 x 5.5 x 9.0 cm**

Microscopic

Histologic Type: **Adenocarcinoma (acinar, not otherwise specified)**
Acinar adenocarcinoma with ductal differentiation (mixed acinar and ductal patterns)

Histologic Grade:

Primary Pattern: Grade 3

Secondary Pattern: Grade 4

Total Gleason Score: **7**

There is a dominant nodule at left mid, of Gleason score 7 (4 + 3) with predominantly ductal differentiation (slide 5Z)

Intraductal Component: **Not identified**

Tumor Quantitation:

Proportion of prostate tissue submitted that is involved by tumor: 5%

Tumor Size (dominant nodule) Greatest dimension: 10 mm.

Extent of Invasion

TNM Descriptors: **m**

Primary Tumor (pT): **pT2c**

Regional Lymph Nodes (pN): **pN0**

Lymph Nodes:

Number evaluated: 4

Number involved: 0

Distant Metastasis (pM): **Not applicable**

Margins:

Margins negative for invasive carcinoma

Extraprostatic Extension: **Not identified**

Seminal Vesicle Invasion (invasion of
muscular wall required): **Not identified**

Treatment Effect on Carcinoma: **Not identified**

Lymphovascular Invasion: **Not identified**

Additional Pathologic Findings: **High-grade prostatic intraepithelial neoplasia (PIN)**
Inflammation, type: acute and chronic inflammation
Nodular prostatic hyperplasia

Ancillary Studies: **Not performed**

Representative tumor block(s)
for molecular/special studies: **5Z**

Cellularity in most tumor rich area: **high (>50% tumor cells)**

CLINICAL HISTORY:

Prostate cancer.

Specimen submitted: Anterior prostate fat, posterior bladder neck, right pelvic lymph node, left pelvic lymph node, prostate and seminal vesicle.

GROSS DESCRIPTION:

The specimen is received fresh labeled with the patient's name "Blackmer, Hugh" and the patient's medical record number.

Part 1 is additionally labeled "anterior prostate fat." It consists of multiple fragments of fibroadipose tissue that measures 5.0 x 3.0 x 1.7 cm in aggregate. This is entirely submitted in cassettes 1A-1E.

Part 2 is additionally labeled "posterior bladder neck margin." It consists of a piece of fibrous tissue that measures 0.9 x 0.5 x 0.4 cm. This is entirely submitted in cassette 2A.

Part 3 is additionally labeled "right pelvic lymph nodes." It consists of a piece of fibroadipose tissue that measures 6.0 x 2.5 x 1.5 cm. The specimen is submitted as follows:

3A-3B = 1 lymph node bisected,

3C-3E = remainder of fibroadipose tissue.

Part 4 is additionally labeled "left pelvic lymph nodes." It consists of a piece of fibroadipose tissue that measures 4.0 x 2.5 x 2.0 cm. The specimen is submitted as follows:

4A-4C = 1 lymph node quadrisectioned

4D-4E = remainder of fibrofatty tissue.

Part 5 is additionally labeled "prostate and seminal vesicles." It consists of a prostate gland with attached seminal vesicles and portions of vas deferens that weighs 91 grams overall. The prostate gland measures 6.0 from medial to lateral, 5.5 from superior to inferior, and 5.0 from anterior to posterior. The right seminal vesicle measures 2.0 x 1.5 x 1.0 cm. The right vas deferens measures 5.0 x 0.6 cm in diameter. The left seminal vesicle measures 3.0 x 2.0 x 0.7 cm and the left vas deferens measures 3.5 x 0.6 cm in diameter. The left side of the specimen is inked blue, the right side has been black. The specimen is serially sectioned from apex to base, perpendicular to posterior surface into 7 slices. Slice #4 has potentially cancerous tissue harvested for research following the PASS study protocol (left posterior = potential tumor; right posterior = potential benign). Otherwise, the cut surfaces reveal BPH nodules. The prostate is entirely submitted as follows:

5A = right apical margin,

5B = left apical margin,

5C-5D = anterior bladder neck margin en face,

5E-5F = posterior bladder neck margin en face,

5G = right side slice 1,

5H = left side slice 1,

5I = slice 2 right anterior,

5J = slice 2 right posterior,

5K = slice 2 left anterior,

5L = slice 2 left posterior,

5M = slice 3 right anterior,

5N = slice 3 right middle,

5O = slice 3 right posterior,

5P = slice 3 left anterior,

5Q = slice 3 left posterior,

5R = slice 4 right anterior,

5S = slice 4 right posterior,

5T = slice 4 left anterior,

5U = slice 4 left posterior,

5V = slice 5 right anterior,

5W = slice 5 right middle,

5X = slice 5 right posterior,

5Y = slice 5 left anterior,

5Z = slice 5 left middle,

5AA = slice 5 left posterior,

5AB = slice 6 right anterior,

5AC = slice 6 right middle,

5AD = slice 6 right posterior,

5AE = slice 6 left anterior,

5AF = slice 6 left middle,

5AG = slice 6 left posterior,
5AH = slice 7 right anterior,
5AI = slice 7 right middle,
5AG = slice 7 right posterior,
5AK = slice 7 left anterior,
5AL = slice 7 left posterior,
5AM = right seminal vesicle and vas deferens,
5AN = left seminal vesicle and vas deferens.

Residents: ALEXANDER PYDEN, MD

By his/her signature, the senior physician certifies that he/she personally conducted a gross and/or microscopic examination of the described specimen(s) and rendered or confirmed the diagnosis(es) related thereto.

Immunohistochemistry test(s), if applicable, were developed and their performance characteristics were determined by the Department of Pathology at Beth Israel Deaconess Medical Center, Boston, MA. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. They should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing. Unless otherwise specified, all histochemical and immunohistochemical controls are adequate.

***** **Electronically Signed Out** *****

Diagnosed by: HUIHUI YE, MD

Signed Out: 02/22/2017 14:43

CLIA # 22D0002138