

PRECISE DIAGNOSTICS LAB
294 New Dorp Ln
Staten Island, NY 10306

P12-00015

PATIENT NAME

Collected Date: 26 Jan 2012

Received Date: 27 Jan 2012

Report Date: 30 Jan 2012

PATIENT INFORMATION

PHYSICIAN INFORMATION

PROSTATE MALIGNANT

Five of twelve biopsies are positive for adenocarcinoma.
 PSA 24

DIAGNOSIS:

(A) Left Lateral Base: Moderately to poorly differentiated adenocarcinoma Gleason Score 3+4=7, measuring 1 cm (90% of tissue)

Anti-cytokeratin (CK903) and anti-p63 do not reveal the presence of basal cells. Anti-racemase (P504S) is positive within suspect epithelial cells as well as adjacent benign glands. These data support the above diagnosis.

(B) Left Lateral Mid: Moderately to poorly differentiated adenocarcinoma Gleason Score 4+3=7, measuring 1 cm (90% of tissue)

Anti-cytokeratin (CK903) and anti-p63 do not reveal the presence of basal cells. Anti-racemase (P504S) is positive within suspect epithelial cells as well as adjacent benign glands. These data support the above diagnosis.

(C) Left Lateral Apex: Moderately to poorly differentiated adenocarcinoma Gleason Score 4+3=7, measuring 1 cm (90% of tissue)

(D) Left Medial Base: Moderately to poorly differentiated adenocarcinoma Gleason Score 4+3=7, measuring 1 cm (95% of tissue)

(F) Left Medial Apex: Moderately to poorly differentiated adenocarcinoma Gleason Score 3+4=7, measuring 4 mm (25% of tissue)

(L) Right Lateral Apex: A small focus of atypical glands

Comment: This test was developed and their performance characteristics determined by Precise Diagnostics Laboratory. They may not be 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 has been approved by CLIA 88, designated as a high-complexity laboratory and is qualified to perform these tests.

(E) Left Medial Mid: Benign prostatic glands and stroma

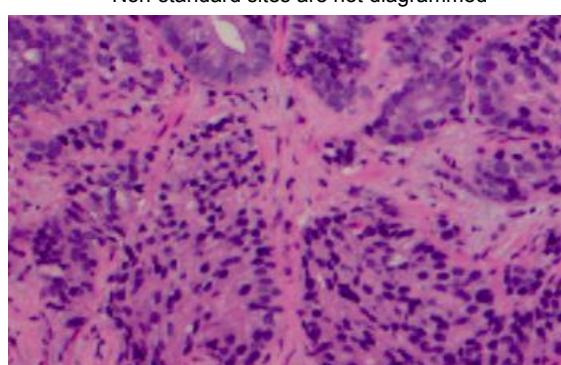
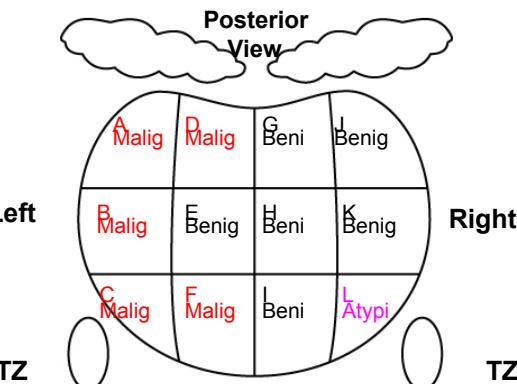
(G) Right Medial Base: Benign prostatic glands and stroma

(H) Right Medial Mid: Benign prostatic glands and stroma

(I) Right Medial Apex: Benign prostatic glands and stroma

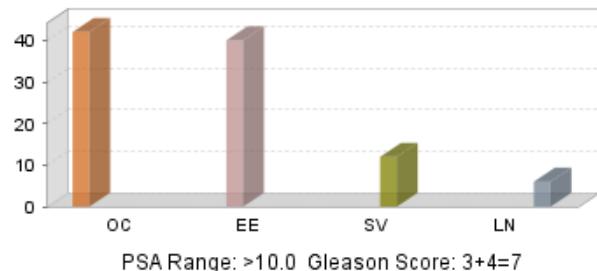
(J) Right Lateral Base: Benign prostatic glands and stroma

(K) Right Lateral Mid: Benign prostatic glands and stroma



G 3+4=7

Partin Probability Chart



■ Organ confined(42%) ■ Extraprostatic extension(40%)
 ■ Seminal Vesicle(12%) ■ Lymph Node(6%)

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GROSS DESCRIPTION:

All tissue received in formalin and consists of tan cylinders 0.1 cm in diameter. Each specimen is placed in one cassette.

- (A) Left Lateral Base: 1.2
- (B) Left Lateral Mid: 0.6, 0.4
- (C) Left Lateral Apex: 1.1
- (D) Left Medial Base: 1.0
- (E) Left Medial Mid: 0.6
- (F) Left Medial Apex: 1.4
- (G) Right Medial Base: 0.5
- (H) Right Medial Mid: 1.1
- (I) Right Medial Apex: 0.9
- (J) Right Lateral Base: 0.8, 0.4
- (K) Right Lateral Mid: 0.4, 0.3
- (L) Right Lateral Apex: 1.1

PATIENT COUNSELING REPORT

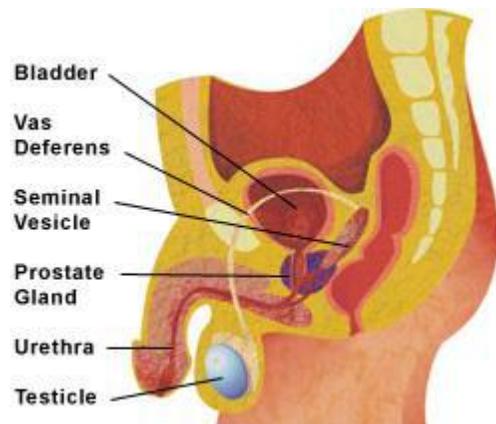
PATIENT NAME: Patient Name

REPORT DATE: 1/29/2012

Diagnosis: Adenocarcinoma (Prostate Cancer)

Recently you visited our office to have a few tests performed. A biopsy was done by the physician to remove samples of tissue from your prostate. The tissue samples the physician removed were sent to OUR Lab, a specialty laboratory specializing in urologic pathology. A Pathologist (trained medical doctor) examined the tissue samples and has determined that you have Prostate Cancer. Although this is not the news you were waiting for, please realize that most men who get this diagnosis die with the disease and not from the disease.

The pathologist has made a determination on the Grade of the cancer in your prostate. The Grade determines the degree of differentiation (the comparison of cancer cell appearance with that of normal cells) and may give an indication of how the cells will behave in the future. Your Grade is $4+5=9$.



The biopsy done on your prostate has been reviewed and a Gleason Score of $4+4=8$ has been assigned. Your doctor will interpret the significance of this. Much depends upon your age and your present health.

Anatomy of the Prostate:

The Prostate is a small gland about the size and shape of a walnut and is located in front of the rectum and below the bladder. A primary function of the prostate is the production of prostatic fluid, which forms part of the semen. The prostate wraps around the urethra tube, which carries urine from the bladder through the tip of the penis. The prostate also acts as a valve that allows sperm and urine to flow in the right direction (out of the body through the urethra) and, acts as a pump to force semen into the urethra during an orgasm.

Formation of Tumors:

Prostate cancer is a malignant tumor that often begins in the outer, back part of the prostate. As the tumor grows, it may spread to the inner part of the prostate, obstructing urine flow and can spread to other parts of the body as well. There are four different levels of which the prostate cancer can proceed, these levels are:

- **Organ Confined Disease** - the cancer tissue is located only in the prostate gland.
- **Capsular Penetration** - the cancer has penetrated the outer covering or capsule of the prostate gland.
- **Seminal Vesicle Involvement** - the cancer has metastasized into the seminal vesicle.
- **Lymph Node Involvement** - the cancer has metastasized into the lymph tissue.

While the cancer is confined in the prostate gland (organ confined disease), the chance for a cure is optimal. Once the cancer has spread beyond the capsule the chance for a cure decreases. Many treatment options are available that assist the patient in living an extended life with minimal pain or discomfort.

What are the types of treatment for Prostate Cancer?

The best treatment program for you will be decided by you and your physician and depends on many factors; such as the stage of your cancer, the size of the prostate gland, the age and health of the patient, and the patients feelings about the side effects of the possible treatment. Treatments include:



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Radical Prostatectomy - Radical Prostatectomy is a procedure that involves the full removal of the prostate gland and nearby structures. Through this procedure the physician tries to remove all of the cancer while it is still located in the prostate gland.

Brachytherapy - A form of internal radiation therapy in which radioactive seeds or pellets, which emit radiation, are implanted in order to kill surrounding prostate tissue including the cancer tissue. Some patients may go through external beam radiation therapy, as well as, brachytherapy at the same time.

Cryosurgery - A super-cooled gas is used to freeze and destroy cancer cells. This is an effective treatment for some men with prostate cancer as determined by your urologist. The prostate remains in the patient, similar to radiation therapy and brachytherapy.

External Beam Radiation Therapy - A procedure where radiation therapy is given by aiming a machine that produces high-energy x-rays at your pelvis region, focusing directly on the prostate gland.

Hormone Therapy - A form of therapy that reduces the amount of a specific hormone, androgen, in the body. The main male androgen is called testosterone. Testosterone assists in the growth of prostate cancer cells. By reducing the amount of testosterone in the patients body the cancer growth slows and can even stop. Reducing the amount of testosterone can be achieved by taking medications that keep the testicles and other glands from producing testosterone. Another form of hormone therapy is the surgical removal of the testicle.

Chemotherapy - Chemotherapy is a drug therapy that is mainly used once the cancer has spread beyond the prostate. Chemotherapy can either kill cancer cells or disrupt their ability to multiply.

Watchful Waiting - Depending on your particular case, treatment may not be necessary in the beginning. If the patient makes the decision not to go through treatment for prostate cancer the physician will follow the patients condition closely. Prostate Specific Antigen (PSA) tests and a digital rectal exam may be required by your physician at certain time intervals (i.e. every 6 months, etc.) to determine how much the cancer is growing. The patient can always begin active treatment if symptoms become worse or if your tests show that cancer is growing faster than expected.

Adenocarcinoma is a cancer arising from glandular cells and is the most common type of prostatic cancer representing over 99% of all prostate cancers. Approximately 16% of American men are diagnosed with prostate cancer, 8% of these will develop significant symptoms and 3% will die of the disease. Especially among those whose disease is confined to the prostate gland, many patients will die of other illnesses or old age without having suffered significant disability from the cancer.

What do you do now that you have been diagnosed?

Typically a slow growing cancer, prostate cancer takes two to four years to double in size. Thus prostate cancer is not considered a serious threat to men who are diagnosed in the later stages of their life. Often the cancer is not treated in older men unless symptoms begin to cause problems.

- Maximize your general health and nutrition. Good Nutrition is crucial to individuals diagnosed with cancer.
- Continue to be or become active in your life. Consult with your physician in regards to exercise.
- Become conscious of your body. You need to communicate any changes, feelings, concerns or questions to your physician and his/her team of healthcare professionals. Do not hesitate to talk with your physician. Report any symptoms or changes that may occur to your doctor, especially any new pain or problems in urinating.
- Utilize family and friends as a support system to help with decision making, planning or listening to your concerns.

Over the coming months your physician and team of health care professionals will be setting appointments to determine your progress. Additional tests may be performed to determine your best treatment options. Understanding that in most cases, prostate cancer grows very slowly and there is no reason to rush into any decision. Learn, listen to other's opinions, and eventually you will arrive at the proper decision for you. Your progress will depend on the frequency of these visits.

Other Helpful Resources

- **American Cancer Society** Phone: 1-800-227-2345 Internet: www.cancer.org
- **American Foundation for Urologic Disease** Internet: www.afud.org
- **American Institute for Cancer Research** Phone: 1-800-843-8114 Internet: www.aicr.org
- **National Cancer Institute** Internet: www.cancer.gov

This report is for informational purposes, only to help you better understand your diagnosis and the possible treatments for that diagnosis. You should consult your physician if you have any questions. Only you and your physician can determine the best option for treatment, based on your individual case and medical condition.