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Understanding Your Pathology Report: Benign Prostate Disease

When your prostate was biopsied, the samples taken were studied under the microscope by a specialized doctor with many years of training called a *pathologist*. The pathologist sends your doctor a report that gives a diagnosis for each sample taken. Information in this report will be used to help manage your care. The questions and answers that follow are meant to help you understand medical language you might find in the pathology report from your prostate biopsy.

What does it mean if my biopsy report mentions the word *core*?

The most common type of prostate biopsy is a [core needle biopsy](#)¹. For this procedure, the doctor puts a thin, hollow needle into the prostate gland. When the needle is pulled out it removes a small cylinder of prostate tissue called a *core*. This is often repeated several times to sample different areas of the prostate.

Your pathology report will list each core separately by a number (or letter) assigned to it by the pathologist, with each core (biopsy sample) having its own diagnosis. If cancer or some other problem is found, it is often not in every core, so you need to look at the diagnoses for all of the cores to know what's going on with you.

What does it mean if under the word *diagnosis*, my biopsy report says *benign prostate tissue*, *benign prostate glands*, or *benign prostatic hyperplasia*?

These are terms that mean there is no cancer present. Benign prostatic hyperplasia (BPH) is also a term used to describe a common, benign type of prostate enlargement caused by an increase number of normal prostate cells. This condition is more common as men get older and is not linked to cancer. When this term is used in a biopsy report, though, it doesn't mean anything about the size of the prostate. It just means that no

cancer was found.

If my biopsy report does not say that prostate cancer was found, can I be sure that I don't have prostate cancer?

A biopsy only removes a small amount of the prostate tissue, so it is possible for a biopsy to miss a cancer. This is one of the reasons that doctors typically remove several cores from different parts of the prostate when they do a biopsy. But even when removing several cores, it is still possible for prostate cancer to be missed.

If a biopsy does not find cancer but your doctor still thinks that [prostate cancer](#)² is likely (based on the findings of a [rectal exam or prostate-specific antigen \[PSA\] blood test](#)³), he or she may recommend that your prostate be biopsied again at some time in the future. Your doctor is the best person to discuss this with you.

What does it mean if my biopsy report says there is acute inflammation (acute prostatitis) or chronic inflammation (chronic prostatitis)?

Inflammation of the prostate is called *prostatitis*. Most cases of prostatitis reported on biopsy are not caused by infection and do not need to be treated. In some cases, inflammation may increase your prostate-specific antigen (PSA) level, but it is not linked to prostate cancer.

What does it mean if my biopsy report mentions atrophy, adenosis, or atypical adenomatous hyperplasia?

All of these are terms for things the pathologist might see under the microscope that are benign (not cancer), but sometimes can look like cancer under the microscope.

Atrophy is a term used to describe a shrinkage of prostate tissue (when it is seen under the microscope). When it affects the entire prostate gland it is called *diffuse atrophy*. This is most often caused by hormones or radiation therapy to the prostate. When atrophy only affects certain areas of the prostate, it is called *focal atrophy*. Focal atrophy can sometimes look like prostate cancer under the microscope.

Atypical adenomatous hyperplasia (which is sometimes called **adenosis**) is another benign condition that can sometimes be seen on a prostate biopsy.

What if my biopsy report mentions a seminal vesicle?

The seminal vesicles are glands that lie just behind the prostate. Sometimes part of a

seminal vesicle is sampled during a biopsy. This is not a cause for concern.

What does it mean if my biopsy report mentions special tests such as high molecular weight cytokeratin (HMWCK), ck903, ck5/6, p63, p40, AMACR (racemase), 34BE12, PIN4 cocktail, or ERG?

These are special tests that the pathologist sometimes uses to diagnose prostate cancer. Not all patients need these tests, so whether or not your report mentions these tests has no effect on the accuracy of your diagnosis.

Hyperlinks

1. www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/how-diagnosed.html
2. www.cancer.org/cancer/prostate-cancer.html
3. www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/how-diagnosed.html
4. www.cancer.org/treatment/understanding-your-diagnosis/tests/understanding-your-pathology-report/faq-initiative-understanding-your-pathology-report.html

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Written by

This series of Frequently Asked Questions (FAQs) was developed by the Association of Directors of Anatomic and Surgical Pathology to help patients and their families better understand what their pathology report means. These FAQs have been endorsed by the College of American Pathologists (CAP) and reviewed by the American Cancer Society.

Learn more about the FAQ Initiative (www.cancer.org/treatment/understanding-your-diagnosis/tests/understanding-your-pathology-report/faq-initiative-understanding-your-pathology-report.html)⁴

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