

Family/Last name

Date of birth

DD – MM – YYYY


Given name(s)

Patient identifiers

Date of request

DD – MM – YYYY

Accession/Laboratory number

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE. 
 indicates multi-select values     indicates single select values
SCOPE OF THIS DATASET 

## CLINICAL INFORMATION

 Information not provided

 Information provided (select all that apply)

 Previous history of prostate cancer (including the Gleason score or WHO/ISUP Grade/Grade Group of previous specimens if known), *specify*
  

 Previous biopsy, *specify date and where performed*
  

 Previous therapy, *specify*
  

 Other clinical information, *specify*
  


## PRE-BIOPSY SERUM PSA

 ng/mL

## SPECIMEN WEIGHT

*(Weight of the prostate gland without the seminal vesicles)*
 g

## SPECIMEN DIMENSIONS

*(Of the prostate gland)*
 length mm x  width mm x  depth mm

## SEMINAL VESICLES

 Absent

 Present (partially or completely resected)

## LYMPH NODE DISSECTION SPECIMEN(S)

 Not submitted

 Present (partially or completely resected)

*Site(s), specify*


### Laterality

 Left

 Right

 Bilateral

 Other

## BLOCK IDENTIFICATION KEY

*(List overleaf or separately with an indication of the nature and origin of all tissue blocks)*

## HISTOLOGICAL TUMOUR TYPE (select all that apply)

 Adenocarcinoma (Acinar, usual type)

 Other, *specify*
  


## HISTOLOGICAL TUMOUR GRADE

### Gleason score

Indicate how Gleason score is being reported

 Largest tumour nodule

 Highest score tumour nodule

 Highest pT category tumour nodule

 Global score (summation of Gleason patterns in all nodules)

Primary pattern

 ≤3     4     5

Secondary pattern

 ≤3     4     5

 Indeterminate, *specify reason*
  


Minor tertiary pattern (if present and higher than primary and secondary grade)

 4     5     Not applicable

**HISTOLOGICAL TUMOUR GRADE** continued **WHO/ISUP Grade (Grade Group)**

- WHO/ISUP Grade (Grade Group) 1 (Gleason score  $\leq 6$ )
- WHO/ISUP Grade (Grade Group) 2 (Gleason score 3+4=7)
- WHO/ISUP Grade (Grade Group) 3 (Gleason score 4+3=7)
- WHO/ISUP Grade (Grade Group) 4 (Gleason score 8)
- WHO/ISUP Grade (Grade Group) 5 (Gleason score 9-10)
- Indeterminate, specify reason


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**TUMOUR GROWTH PATTERNS** **Intraductal carcinoma of the prostate (IDC-P) AND/OR Invasive cribriform carcinoma (ICC)**

- Indeterminate
- Not identified
- Present

If present, specify the tumour growth pattern (if apparent on H&E staining<sup>a</sup>)

**IDC-P**

- Not identified
- Present
- IDC-P incorporated into Gleason score
- IDC-P not incorporated into Gleason score

**Invasive cribriform carcinoma**

- Not identified
- Present

<sup>a</sup> Use of immunohistochemistry is optional.

**TUMOUR QUANTIFICATION** 

(Amount of tumour identified)

Percentage of prostate involved by tumour

- $\leq 5\%$
- 6-10%
- 11-20%
- 21-50%
- 51-80%
- $\geq 80\%$

OR

Diameter of largest nodule

 mm
**EXTRAPROSTATIC EXTENSION** 

- Indeterminate
- Not identified
- Present

Specify location(s)


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**Extent**

- Focal
- Non-focal (established)

**MICROSCOPIC URINARY BLADDER NECK INVASION** 

- Not applicable<sup>b</sup>
- Not identified
- Present

<sup>b</sup> Refers to cases where bladder neck is not included in the specimen.

**MARGIN STATUS** 

- Cannot be assessed
- Not involved
- Involved, specify margin(s) and their location, if possible


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**Type of margin positivity** (select all that apply)

- Indeterminate
- Extraprostatic (EPE)
- Intraprostatic (capsular incision)

**Length of margin involved by carcinoma<sup>c</sup>**

 mm

**Gleason pattern of tumour present at positive margin<sup>d</sup>**

- Gleason pattern 3
- Gleason pattern 4 or/and 5

<sup>c</sup> If more than 1 positive margin the extent should reflect the cumulative length.

<sup>d</sup> If more than 1 pattern at margin select the highest.

**SEMINAL VESICLE INVASION** 

- Not applicable<sup>e</sup>
- Not identified
- Present

<sup>e</sup> Refers to rare cases where seminal vesicles are not included in the specimen.

**LYMPHOVASCULAR INVASION** 

- Indeterminate
- Not identified
- Present

**LYMPH NODE STATUS** 

- No nodes submitted or found

Number of lymph nodes examined

- Not involved

- Involved

Number of involved lymph nodes

- Number cannot be determined

Maximum dimension of largest deposit

 mm

**PATHOLOGICAL STAGING (UICC TNM 8<sup>th</sup> edition)<sup>f</sup>** **TNM Descriptors** (only if applicable) (select all that apply)

- m - multiple primary tumours  
 r - recurrent  
 y - post neoadjuvant therapy

**Primary tumour (pT)**

- TX<sup>g</sup> Primary tumour cannot be assessed  
 T0 No evidence of primary tumour  
 T2 Tumour confined within prostate  
 T3 Tumour extends through the prostatic capsule<sup>h,i</sup>  
 T3a Extracapsular extension<sup>h</sup> (unilateral or bilateral) including microscopic bladder neck involvement  
 T3b Tumour invades seminal vesicle(s)  
 T4 Tumour is fixed or invades adjacent structures other than seminal vesicles: external sphincter, rectum, levator muscles and/or pelvic wall

**Regional lymph nodes (pN)**

- NX<sup>g</sup> Regional nodes cannot be assessed  
 N0 No regional lymph node metastasis  
 N1 Regional lymph node metastasis

**Distant metastasis (pM)<sup>j</sup>**

- Not applicable<sup>k</sup>  
 M1 Distant metastasis  
 M1a Non-regional lymph node(s)  
 M1b Bone(s)  
 M1c Other site(s)

<sup>f</sup> Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8<sup>th</sup> Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley. (incorporating any errata published up until 12<sup>th</sup> July 2024).

<sup>g</sup> TX and NX should be used only if absolutely necessary.

<sup>h</sup> The consensus of the dataset authors is that the term extraprostatic extension is preferred.

<sup>i</sup> Invasion into the prostatic apex or into (but not beyond) the prostatic capsule is not classified as T3, but as T2.

<sup>j</sup> Note: When more than 1 site of metastasis is present, the most advanced category is used. pM1c is the most advanced category.

<sup>k</sup> No clinical and radiological correlation available.