

Step 2 – Newly Diagnosed (Highlight Key Information)



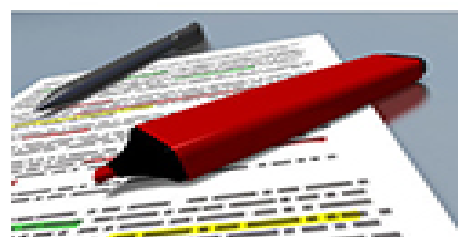
Overwhelmed?

Take a break. Start researching again later. Remember that most prostate cancers are slow growing enough that you can take the time you really need to research for yourself. The research is a process, and your brain often needs a break. Put it down, and pick it up again later.



Every Prostate Cancer is DIFFERENT.
What's Yours?

On Pathology report from biopsy, Highlight or Circle the following info:







- Gleason Score(s)?
- How many biopsy cores/samples were taken?
- How many cores/samples were cancerous?
- What was the largest core % involvement?
- What are the location(s) of the cancerous core(s)?
(such as RLB, RLA, LLB, LLM, etc)

Common Misinformation – Gleason Score

The Gleason Score for prostate biopsy tissue really ranges from 6-10 (not 2-10).

So **Gleason 6 is the lowest, and the best Gleason Score you can have.** [Read more here.](#)

From DRE findings – What is your “Clinical Stage” ?

Prostate Cancer Staging	
	T1c <ul style="list-style-type: none"> • non-palpable lesion • cancer on needle biopsy
	T2a <ul style="list-style-type: none"> • palpable lesion • less than one half of one lobe involved
	T2b <ul style="list-style-type: none"> • palpable lesion • more than one half of one lobe involved
	T2c <ul style="list-style-type: none"> • palpable lesion • both lobes involved

- You are looking for a T1c, T2a, T2b, etc. (This may be in the doctor’s notes from your office visit, or in small print on the pathology report. Did the urologist ever use these words in talking about your DRE? – ‘nodule’, ‘hardness’, or ‘induration’? If not, you are probably a T1c. Ask if you’re not sure.)

Common Misunderstanding – Clinical Stage

Staging in Newly Diagnosed prostate cancer comes from the digital rectal exam (DRE) – that's all. It does not involve the pathology report, ultrasound report, CT, or bone scan. Since there are different methods of staging cancer, this is often confusing for prostate cancer patients.

This image (above right), courtesy of evirchow.com illustrates the different DRE clinical stages for Newly Diagnosed.

PSA just before biopsy

- This is your most important PSA result when you are newly diagnosed with prostate cancer. It is often called your Baseline PSA.

Also – On Ultrasound Report from biopsy (sometimes called sonogram, or echogram)

- You are looking for your prostate size or volume, which should be reported in “cc”, or grams, or “ml”.

MRI report (if used), correlating with biopsy

- Look for your PI-RAD score(s) for suspicious area(s).

You may also have a prostate size on your MRI, which is probably different than ultrasound. But – Most physicians use ultrasound report for prostate size.

- PSA history

Your PSA before biopsy (baseline PSA) is your most important one, and you should already have that. But sometimes it can help you understand your PSA better if you can see the rate of rise while you were screening for prostate cancer.

[Previous](#)

[Next](#)