

# Should A **Second Opinion** Be Obtained When A Prostate Biopsy Is **Positive**?



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Since 1993, most institutions conduct an independent review of biopsy samples when patients are referred for therapy. Jonathan Epstein and his colleague at Johns Hopkins Hospital recently reviewed their data for the past 10 years in 855 men who were referred for surgery(1). The diagnosis was confirmed in 98.8% but there was a major discrepancy in Gleason score in 14.7%. In those with a discrepancy, the pathology was upgraded in 46% and downgraded in 54%.

Of those with a Gleason score of 6 reported by Epstein et al, 7.8% were originally diagnosed with a Gleason score of 7, whereas 21% of those with a final score of 7 originally were reported to have a score of 6 and 34% of those with a final score of 8-10 had an original score of 7. The highest inter-institutional agreement occurred in those with Gleason score 6 cancers (93%) while 65% of the disagreement involved Gleason 6 and 7 cancers.

Cancer quantification is important in predicting outcome from surgery or radiation and also for selecting candidates for active surveillance. The number of positive cores and the per cent of cancer in each core are used for this quantification. Discrepancies in the number of positive cores were found in 9.1% in which there was a difference of one core in 75%. In this particular group, higher positive cores were found in 63.4% and a lower number of positive cores were found in 36.6%. Epstein et al found that 7% of biopsies sent for review lacked this basic information which they provided in their final report.

The second parameter for quantification is the per cent of cancer in each core. This information was lacking in 7.6%. In all cases with a significant inter-institutional difference in the reporting of the maximum per cent of the cores involved with cancer, it was underestimated in the original report. One reason for this is that there may be an area of cancer separated by normal tissue from another area with cancer. This is

known as core discontinuity and there is disagreement amongst pathologist regarding quantifying cancer in such situations. Epstein et al consider discontinuous areas of cancer in a single core as one and not multiple cancers and they measure the entire length of the cancer including the intervening segment of normal tissue.

These authors recommend a second pathology review of prostate needle biopsies before embarking upon definitive therapy. What these authors do not address is role of a secondary review in those patients with a negative biopsy

but have either a palpable nodule, a rapidly rising PSA or a positive PCA-3 test. Brimo F, Schultz L, Epstein J

## Resources

1. Brimo F, Schultz L, Epstein JI. The value of mandatory second opinion pathology review of prostate needle biopsy interpretation before radical prostatectomy. J Urol. 2010 Jul;184(1):126-30. Epub 2010 May 15.

