Quiz 3 (2019-20) Answers

1-3. Radiation related changes in prostate cancer and benign prostate

4-5. Spermatocytic tumor

- 1. (4)
- 2. (3)
- 3. (1)
- 4. (2)
- 5. (2)
- 6. (B)
- 7. (C)
- 8. (D)
- 9. (A)

PROSTATE CANCER WITH RADIATION RELATED CHANGES

	BENIGN	CANCER
Architecture	Lobulated architecture maintained	Atrophic changes
	Individual glands with marked	Cancer glands disintegrating into single
	distortion of glandular contours	or small clusters of cells
	Glands lined by multilayered cells	
	Basal and squamous metaplasia	
	common	
Cytological	Atrophic cytoplasm	Abundant vacuolated, clear or foamy
and nuclear		cytoplasm
features		
	Scattered markedly atypical nuclei	Small pyknotic nuclei
	with degenerative changes	
Stroma	Fibrosis	
	Vascular changes (intimal	
	thickening and medial fibrosis)	
	uncommon	

The distinction between irradiated non-neoplastic prostate glands and carcinoma is best made on the low magnification architectural patterns of the glands. On higher magnification, whereas glands of PCa are lined by single cell layer, there is piling up of the nuclei within irradiated normal prostate as well as an occasional recognizable basal cell layer.

Carcinomas with radiation effects should not be assigned a Gleason grade, however it can be assigned for cancers without significant radiation effects

SIGNIFICANCE OF PASTRADIATION PROSTATE BIOPSY

Indications:

- PSA rise post-treatment
- Timing: 24-30 months after treatment (when PSA level reach nadir and are stable in a successfully treated patient)

Diagnostic verbiage

- Negative for carcinoma
- Residual carcinoma with radiation effects: Gleason grade not assigned
- Carcinoma with no treatment effects: Gleason grade assigned

Impact of post-radiation biopsy on clinical significance

• Two-year post-radiation biopsy results strongly predictive of 5-year disease free survival

SPERMACYTIC TUMOR

- Rare (<1%)
- Bilaterality more common (>9%)
- No ovarian or extragonadal counterpart
- No association with cryptorchidism or race predilection
- No serum markers elevation
- Age: 25 to 87 years

Prognosis:

Excellent prognosis with rare malignant behavior *Microscopic features:*

Diffuse sheet like pattern

- Polymorphous cell population with 3 distinct cell types
 - $\circ~$ Small lymphocyte like cells, 6 to 8 $\mu,$ scant cytoplasm and densely hyperchromatic nucleus
 - $\circ~$ Intermediate cells, 15 to 20 $\mu,$ most common cell type, moderate amount of cytoplasm, round nucleus with finely granular cytoplasm
 - \circ Giant cell, 50 to 100 μ , distinctive filamentous or spireme type chromatin

Intratubular spermatocytic seminoma may be seen

No association with Germ Cell Neoplasia In-situ (GCNIS)

Ancillary studies

Positive for SALL4, CD117, MAGE-A4, Oct2, SSX, SAGE1