

## Should We Abstain from Gleason Score 2-4 in the Diagnosis of Prostate Cancer?

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The prevailing study analyzed the lack of prognostic knowledge regarding the abandonment of Gleason score (GS) 2-4 by the International Society of Urological Pathology (ISUP-2005).

Within a ten-year period ahead of the modification of GS, 856 patients (mean age 64.2 years) underwent radical prostatectomy (RP). The grade of agreement between GS in biopsy and definitive histology was calculated by Kappa statistics ( $k$ ). Grades are in accordance with the level to which the epithelium assumes an ordinary glandular structure. A grade of 1 indicates a near-normal pattern, and grade 5 indicates the absence of any glandular pattern (less malignant to more malignant). This scheme of grading histological features greatly depends on the skill and experience of the pathologist and is subject to a few degree of character variation. Univariable and multivariable outcomes of different preoperatively available parameters on disease-free survival (DFS) were assessed. The mean follow-up period was 39 months.

Concordance amongst GS in biopsy versus RP samples was 58% ( $k$ -value 0.354) and was improved by an increased collection of biopsy cores. Undergrading in biopsy was present in 38% and never significantly enhanced by a longer time-period between biopsy and RP (threshold 90d). PSA level, clinical tumour stage, fraction of sure cores (dichotomized at 34%), cases of RP per year and establishment (dichotomized at 75), and GS alone influenced DFS. An upgrading to  $GS \geq 7$  was found in only 5.7% of patients presenting with GS 2-4 within the biopsy. Free from ultimate histology, patients with GS 2-4 had a significantly better prognosis in comparison to patients with a higher GS.

The present analyze shows an independent prognostic result of GS in biopsy samples categorized in response to the previous classification. The removal of GS 2-4 by the ISUP 2005 ends up in a substantial deficit of pretherapeutic prognostic facts and thus need being questioned particularly with reference to the increasing demand for active surveillance regimens. Men with PSA levels less than 10 ng/mL and low- or moderate-grade histology (Gleason score  $<7$ ) with no findings or minimal findings on actual examination would possibly proceed to surgery or brachytherapy without further research. Men with PSA levels more than 10 ng/mL, high-grade histology (Gleason score  $\geq 7$ ), or physical findings that suggest stage T3 disease should possibly undergo a staging CT scanning and bone scan. The CT scanning can be used to evaluate extension into the bladder and lymph nodes to support stage the patient's cancer or to consider lymph node sampling prior to treatment.