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# Your Prostate Pathology Report: Benign Conditions

Biopsy samples collected from your prostate are studied by a doctor with special training, called a **pathologist**. After testing the samples, the pathologist creates a report on what was found. Your doctor can use this report to help manage your care.

- [What is a 'core' on a prostate biopsy pathology report?](#)
- [Benign prostate tissue, benign prostate glands, or benign prostatic hyperplasia](#)
- [Acute inflammation \(acute prostatitis\) or chronic inflammation \(chronic prostatitis\)](#)
- [Atrophy, adenosis, or atypical adenomatous hyperplasia](#)
- [If the biopsy report mentions a seminal vesicle...](#)
- [Lab tests that might be done on prostate biopsy samples](#)

The information here is meant to help you understand some of the medical terms you might see in your pathology report after your prostate is biopsied.

## What is a 'core' on a prostate biopsy pathology report?

The most common type of prostate biopsy is a [core needle biopsy](#)<sup>1</sup>. For this procedure, the doctor puts a thin, hollow needle into the prostate gland. When the needle is pulled out it removes a small cylinder of prostate tissue, which is called a **core**. The doctor will typically remove cores from several different areas of the or this ptl

## Benign prostate tissue, benign prostate glands, or benign prostatic hyperplasia

**Benign** means ‘not cancer’, so these diagnoses mean that no cancer was seen in this biopsy sample.

**Benign prostatic hyperplasia (BPH)** is a common non-cancerous condition in which there is an increase in the number of normal prostate cells. BPH is more common as men get older. It can lead to an increase in a man’s prostate-specific antigen (PSA) blood level, but it is not linked to prostate cancer.

BPH can lead to an enlarged prostate, but when this term is used in a biopsy report, it doesn’t mean anything about the size of the prostate (because the pathologist can’t measure this). It just means that no cancer was found.

### Does a biopsy always detect prostate cancer if it is there?

Each biopsy sample only removes a small core of prostate tissue, so it’s possible it could miss cancer if it’s in another part of the prostate. This is one of the reasons that doctors typically remove several cores from different parts of the prostate when they do a biopsy. But even when several cores are removed, it’s still possible that prostate cancer could be missed.

If a biopsy does not show cancer, but your doctor still suspects that you have [prostate cancer](#)<sup>2</sup> (because your [prostate-specific antigen \[PSA\] blood test](#)<sup>3</sup> result is high, for example), they might recommend further testing. This might include getting other types of [lab tests](#)<sup>4</sup> to learn more about your situation, or getting a repeat prostate biopsy at some time in the future. Your doctor is the best person to discuss this with you.

## Acute inflammation (acute prostatitis) or chronic inflammation (chronic prostatitis)

Inflammation of the prostate is called

## Atrophy, adenosis, or atypical adenomatous hyperplasia

All of these are benign (not cancer) conditions the pathologist might see under the microscope, but that can sometimes look like cancer.

**Atrophy** is a term used to describe a shrinkage of prostate tissue.

- **Diffuse atrophy** affects the entire prostate gland. This is most often caused by hormone treatment or radiation therapy to the prostate.

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All of these tests can be used to help diagnose prostate cancer. But not everyone needs them, so if your report doesn't mention these tests, it has no effect on the accuracy of your diagnosis.

## Hyperlinks

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