

IMPACT OF PATHOLOGY REVIEW FOR DECISION THERAPY IN A MULTI-DISCIPLINARY CLINIC OF LOCALIZED PROSTATE CANCER

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BACKGROUND: The Gleason score is still an essential tool for the decision of initial treatment of localized prostate cancer. However, experienced pathologists can classify Gleason differently from general pathologists, and this may impact on treatment decision. **OBJECTIVE:** This paper seeks to assess the impact of pathology (AP) review of external biopsies of 23 men with a recent diagnosis of localized prostate cancer. These patients have passed at the Prostate Cancer Multidisciplinary Prostate Cancer Clinic at Albert Einstein Israeli Hospital for a second opinion, during the period of January 2012 to December 2014. **METHODS:** All external biopsies were reviewed at our pathology department. Retrospective data collection was conducted from scanned charts. **RESULTS:** The median age is 63 years (range 46-74). All patients with KPS 90 -100%. The median PSA is 23.6 ng / dl (range 1.04-13.6). Among the 23 AP reviews, there was a change in Gleason score in 8 (35%) patients, 7 upgraded and 1 downgraded. The new Gleason score affected treatment decision in 5 of 8 cases (62.5 %). Figures and tables will be presented. **DISCUSSION:** This study demonstrates the need for pathology review in patients with localized prostate cancer before initial treatment, since Gleason score can change in more than a 1/3 of patients and can affect treatment decision in almost 2/3 of these re-categorized patients.