

## Prostatic Intraepithelial Neoplasia (PIN) and Atypia

Prostatic Intraepithelial Neoplasia (PIN), which is dysplasia of the epithelium lining of the prostate glands, is now recognized as the most likely precursor of invasive prostate cancer. The appearance of PIN may precede carcinoma by as much as 10 or more years. PIN has also been known by the following terms:

- ▶ Dysplasia
- ▶ Intraductal dysplasia
- ▶ Large acinar atypical hyperplasia
- ▶ Hyperplasia with malignant change
- ▶ Marked atypia
- ▶ Duct-acinar dysplasia

While PIN is diagnosed only by biopsy, it can be associated with a high PSA level. Its severity is given in grades: low grade (grade 1) and high grade (grades 2 and 3). Because of its high predictive value for adenocarcinoma, men with PIN of all grades should be followed closely, and those with high grade PIN will likely need repeated biopsies. There is no treatment for PIN beyond close observation.

If your client has PIN, please answer the following:

**1. Please list date when first diagnosed** \_\_\_\_\_

**2. If any of the following have been done, please give details and result(s):**

Prostate biopsy \_\_\_\_\_

Prostate ultrasound \_\_\_\_\_

TURP (transurethral prostatectomy) \_\_\_\_\_

**3. What is the grade of the PIN?**

low grade (grade 1) \_\_\_\_\_

high grade (grades 2 or 3) \_\_\_\_\_

**4. Please describe frequency of attacks:**

\_\_\_\_\_  
\_\_\_\_\_

5. Please give result and date of most recent PSA Test: \_\_\_\_\_

6. Is your client currently on any medications?

Yes (Please give details) \_\_\_\_\_

7. Has your client smoked cigarettes or any other tobacco products in the last 5 years?

Yes (Please give details) \_\_\_\_\_

8. Does your client have any other major health problems (ex: heart disease, etc.)?

Yes (Please give details) \_\_\_\_\_