

## **482** THE DIAGNOSIS OF "SUSPICIOUS" FOR ADENOCARCINOMA IN PROSTATE BIOPSIES: EVALUATION OF FOLLOW-UP BIOPSIES.

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**Background:** Some prostate biopsies (bx's) contain small atypical acinar lesions that possess a few of the features of adenocarcinoma but that cannot be unequivocally diagnosed as such. Different designations are used to imply that these lesions are "suspicious" for adenocarcinoma. These designations are a source of confusion for clinicians and patients because the data available on follow-up bx's in these patients is limited.

**Design:** Between 1992 and 1995, 414 patients with an initial prostate bx diagnosed as "suspicious" and having at least one follow-up bx were identified at UroCor. After microscopic review of the initial suspicious bx by the authors, 381 were included in the study and retrospectively analyzed.

**Results:** Patients ranged in age from 40 to 89 years (mean = 68.3). The follow-up bx's contained adenocarcinoma in 41% of the cases. Serum prostatic specific antigen (PSA) and digital rectal examination (DRE) results did not significantly influence the positive rate of the follow-up bx's. The positive rate for bx's taken < 3 months was 34.8%, between 3 and 6 months was 34.9%, and > 6 months after the suspicious bx was 41.2%. In 69.3% of the cases, the tumor on the follow-up bx was from a different sextant location than the initial suspicious lesion. In 23.2% of the cases the tumor was identified only on the opposite side of the suspicious lesion.

**Conclusion:** Follow-up bx's of prostates containing small atypical acinar lesions frequently show cancer. The adenocarcinoma detected usually involves locations other than the one containing the initial suspicious lesion. Once the diagnosis of "suspicious" is rendered, a follow-up bx should be taken within the next few months regardless of PSA and DRE results.