

Prostate biopsy results: PIN and ASAP



In this fact sheet:

- What is the prostate?
- What is PIN?
- What is ASAP?
- Am I more likely to get prostate cancer?
- What are the symptoms?
- How are PIN and ASAP found?
- How common are PIN and ASAP?
- Will I need treatment?
- Where can I get support?
- Questions to ask your doctor or nurse
- More information
- About us

This fact sheet is for men who've been diagnosed with high grade prostate intraepithelial neoplasia (PIN) or atypical small acinar proliferation (ASAP) after having a prostate biopsy. Your partner, family or friends might also find it helpful.

We explain what ASAP and high grade PIN are and how they might be monitored. We don't look at what's called low grade PIN because there's no evidence that this can cause problems in a man's lifetime.

If you've been diagnosed with PIN, it's probably high grade PIN. But check with your doctor if you're not sure. When we say PIN in this fact sheet, we mean high grade PIN.

Each hospital will do things slightly differently. Use this fact sheet as a general guide and ask your doctor or nurse for more information. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383, or chat to them online.

Symbols

These symbols appear in this fact sheet to guide you to more information:



Speak to our Specialist Nurses



Read our publications

What is the prostate?

Only men have a prostate. It's usually the size and shape of a walnut. It sits underneath the bladder and surrounds the urethra, which is the tube men urinate (pee) and ejaculate through (see image on page 2).

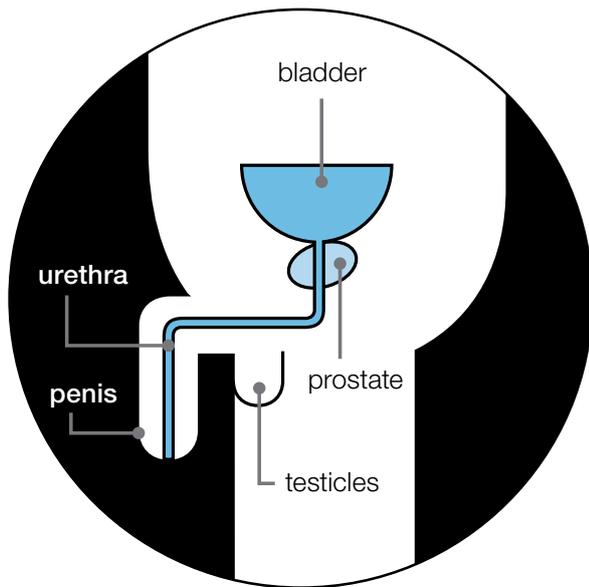
The prostate is a gland. Its main job is to help make semen – the fluid that carries sperm.

What can go wrong with the prostate?

The most common prostate problems are:

- an enlarged prostate – this is the most common prostate problem
- prostatitis – inflammation or infection in the prostate
- prostate cancer.





Find out more in our booklet, **Know your prostate: A guide to common prostate problems.**

There can also be changes to the cells in the prostate that don't cause any symptoms or problems on their own. **PIN** and **ASAP** are both examples of this.

What is PIN?

PIN is not prostate cancer.

PIN stands for prostatic intraepithelial neoplasia. It's the name for certain kinds of changes to cells in the prostate. The cells may grow in a different way to normal prostate cells. These changes can only be seen under a microscope.

We don't know what causes PIN, but we do know that the chance of finding it increases as you get older.

Although PIN is not prostate cancer, many men with prostate cancer do have some PIN as well. Not all men with PIN get prostate cancer.

What is ASAP?

ASAP stands for atypical small acinar proliferation. It means there are changes to the cells in your prostate that might be cancer, but it's not clear what they are or if they are cancerous.

ASAP can be a group of cells that could be cancer cells but that are still too small to see clearly under the microscope. This means they can't be diagnosed as cancer cells. Or ASAP might be other unusual cell changes that won't become cancer. Because it's uncertain, you will need to have more tests if you have ASAP (see page 3).

It's possible to have both ASAP and PIN in your prostate.

Am I more likely to get prostate cancer?

You may be more likely to develop prostate cancer if you have PIN or ASAP. Three in ten men with a lot of PIN will be diagnosed with prostate cancer after a second biopsy. Four in ten men who have ASAP will be diagnosed with prostate cancer after a second biopsy.

If you've been diagnosed with PIN or ASAP and are worried about prostate cancer, speak to your doctor or nurse.



You can also read more about your risk of getting prostate cancer in our booklet, **Know your prostate: A guide to common prostate problems** or speak to our Specialist Nurses.



We don't know how to prevent prostate cancer, but a healthy diet and lifestyle may be important.



Read more in our leaflet, **Diet, activity and your risk of prostate cancer.**

Researchers are looking at whether certain diets or medicines can help to prevent prostate cancer in men with PIN. But we need more studies to show if anything works. Remember, many men with PIN will not get prostate cancer.

What are the symptoms?

PIN and ASAP don't cause any symptoms on their own. But they're usually diagnosed when a man has tests or treatment for another prostate problem, which does have symptoms. For example, if you have an enlarged prostate as well as PIN, you might have urinary problems that are caused by the enlarged prostate, not the PIN.

If you do have symptoms such as difficulty urinating, speak to your doctor. They can do tests to find out what's causing them, and suggest treatments that may help. Read more about prostate problems and symptoms to look



out for in our booklet, **Know your prostate: A guide to common prostate problems.**

How are PIN and ASAP found?

PIN and ASAP can only be found by looking at prostate tissue under a microscope. This might happen in the following situations.

- **If you have a biopsy to check for prostate cancer.** If your doctor thinks you might have prostate cancer, they may suggest a test called a prostate biopsy. This involves using thin needles to take small samples of prostate tissue to be looked at under a microscope to check for cancer, PIN and ASAP. Read more in our fact sheet, **How prostate cancer is diagnosed.**
- **If you have surgery to treat an enlarged prostate.** Some men with an enlarged prostate have an operation to remove some of the prostate tissue, called a transurethral resection of the prostate (TURP). The pieces of prostate that are removed are looked at under a microscope to check for cancer, PIN and ASAP. Read more in our fact sheet, **Surgery for an enlarged prostate.**



A doctor who specialises in checking cells under a microscope (a pathologist) will look at the samples. They will send your doctor a report, called a pathology report, with the results.

The results will show:

- whether they found any PIN, ASAP or cancer in your prostate
- how many samples were affected
- how much PIN, ASAP or cancer is present in each sample.



Ask your doctor or nurse to explain your test results, or you can speak to our Specialist Nurses.

How common are PIN and ASAP?

We don't know how many men in the UK have PIN or ASAP. But for men who have had their prostate tissue looked at under a microscope (after a biopsy, for example):

- up to one in 20 men (five per cent) have PIN, and
- around one in 50 men (two per cent) have ASAP.

Black men are more likely to get PIN than White men of the same age. Some research also suggests Black men may get a larger amount of PIN at an earlier age than White men. But the reasons for this are unclear. There hasn't been any research to look at how likely it is for Asian or Mixed-race men to get PIN or ASAP.

We do know that Black men are more likely to get prostate cancer than other men of the same age in the UK. In fact, one in four Black men will be diagnosed with prostate cancer. But we still don't know the reasons why. Read more in our leaflet, **What do you know about your prostate? Information for Black men.**



Will I need treatment?

You won't need any treatment for PIN or ASAP but you might need regular check-ups. This is to check for any changes that might suggest that cancer is growing.

Because of these regular check-ups, any prostate cancer that is found in the future is more likely to be at an early stage – so it can be carefully monitored or treated if necessary.

The tests you have will depend on your own situation. Each hospital has different guidelines on how often men with PIN or ASAP should have check-ups. Talk to your doctor or nurse if you have any questions about the tests you are having.



You can also speak to our Specialist Nurses.

If you go on to develop prostate cancer, you won't continue to have regular check-ups for PIN or ASAP.

Check-ups if you have PIN on its own

You may need regular PSA blood tests to monitor your PIN. The PSA test measures the amount of a protein called prostate specific antigen (PSA) in your blood. PSA is produced by the prostate. A raised PSA level may show that there's a problem with the prostate, but it doesn't necessarily mean you have prostate cancer.

You may also need regular digital rectal examinations (DREs) or biopsies to monitor your PIN. Ask your doctor to explain whether you will need another biopsy and when. This may depend on your PSA and DRE results as well as the amount of PIN that was found at your last biopsy.

If you have several biopsies that find a lot of PIN, or you have a high PSA, you might have another type of biopsy, called a template or saturation biopsy (see Repeat biopsy).

You might also have an MRI scan to check there's no cancer that has been missed by the biopsy needles. An MRI scan creates a detailed picture of your prostate and surrounding tissues.

Check-ups if you have ASAP (with or without PIN)

If your biopsy shows you have ASAP, you may need regular PSA blood tests and DREs. You will usually also be offered another biopsy in the next three to six months.

Your doctor may suggest you have an MRI scan to check there's no cancer in parts of the prostate that weren't looked at in your biopsies.



Read more about these tests in our fact sheet, **How prostate cancer is diagnosed.**

Repeat biopsy

The first prostate biopsy you have usually involves taking around 10 to 12 samples of tissue from the prostate. This is called a trans-rectal ultrasound (TRUS) guided biopsy.

If you have another biopsy (a repeat biopsy), you may have another TRUS guided biopsy. Or you may be offered a template or saturation biopsy.

These other types of biopsy take about 30 to 50 samples of tissue so there's a greater chance of finding any cancer that might be there. They are normally done under a general anaesthetic.



Read more about having a biopsy in our fact sheet, **How prostate cancer is diagnosed.**

Where can I get support?

There's still a lot we don't know about PIN and ASAP. We know this can be frustrating and you might be anxious about getting prostate cancer. There is support and information available if you want it.

Sometimes when men are diagnosed with PIN or ASAP they find it helpful to find out more about prostate cancer. Prostate cancer often grows slowly and may never cause any problems in a man's lifetime.

It doesn't always need to be treated, but can sometimes be monitored with regular check-ups instead. But some men will have prostate cancer that grows more quickly. This is more likely to cause problems and needs treatment to stop it spreading outside the prostate. Read more about prostate cancer and the treatments available on our website at **prostatecanceruk.org**

Who can help?

Your medical team

It could be useful to speak to your nurse, doctor or GP. They can help you understand your diagnosis, listen to your concerns, and put you in touch with other people who can help.

Our Specialist Nurses

Our Specialist Nurses can answer your questions and help explain your diagnosis. They've got time to listen to any concerns you, or those close to you, may have about PIN, ASAP or prostate cancer. Everything is confidential.



To get in touch:

- call our Specialist Nurses on 0800 074 8383
- chat online or email from our website at **prostatecanceruk.org/get-support**
- text NURSE to 70004.

Our online community

Our online community is a place to talk about whatever's on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience.

Questions to ask your doctor or nurse



You may find it helpful to keep a note of any questions you have to take to your next appointment.

Have I got high grade PIN or ASAP?

How much high grade PIN or ASAP do I have?

Do I need further tests to find out more?

What is my risk of getting prostate cancer?

Can I do anything to reduce my risk of prostate cancer?

How often will I need to have check-ups?

What will my check-ups involve?

Will I need to have another biopsy?

Will I need any other tests?

More information

British Association for Counselling & Psychotherapy

www.itsgoodtotalk.org.uk

Telephone: 01455 883 300

Information about counselling and details of therapists in your area.

About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an  **A to Z of medical words**, which explains some of the words and phrases used in this fact sheet.

Download and order our fact sheets and booklets from our website at prostatecanceruk.org/publications or call us on **0800 074 8383**.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer, and other prostate problems. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at prostatecanceruk.org

This publication was written and edited by our Health Information team.

It was reviewed by:

- Pauline Bagnall, Prostate Cancer UK Clinical Nurse Specialist, Northumbria Healthcare NHS Foundation Trust, North Shields
- Christian Brown, Consultant Urologist, King's College and Guy's Hospitals NHS Foundation Trusts, London
- Jon Oxley, Consultant Histopathologist, Southmead Hospital, Bristol
- Karen Wilkinson, Urology Nurse Specialist, Barts Health NHS Trust, London
- Our Specialist Nurses
- Our Volunteers.

Tell us what you think

If you have any comments about our publications, you can email:

literature@prostatecanceruk.org



Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 40,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donate** or text **PROSTATE** to **70004**[†].

There are many other ways to support us. For more details please visit **prostatecanceruk.org/get-involved**

[†]You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms



f Like us on Facebook: **Prostate Cancer UK**

t Follow us on Twitter: **@ProstateUK**

© Prostate Cancer UK August 2017
To be reviewed August 2019

Call our Specialist Nurses from Monday to Friday 9am - 6pm, Wednesday 10am - 8pm

* Calls are recorded for training purposes only.
Confidentiality is maintained between callers and Prostate Cancer UK.

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.

