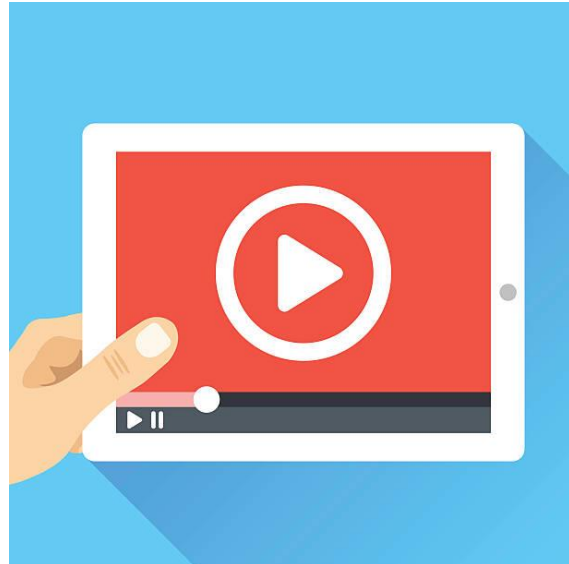


## PROSTATE ANATOMY

Presented by Melissa Riddle, ODS-C  
ICR Video Training Series | Iowa  
Cancer Registry  
March 2025



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## PROSTATE GLAND

Gland of the male reproductive system & is located in front of rectum just below bladder

Main purpose to produce fluid for semen

About size of chestnut, somewhat conical in shape

Consists of base, apex, anterior, posterior & lateral surfaces

The prostate & its plexus is surrounded by the prostatic fascia.

Denovilliers fascia – Posterior portion of the fascia which forms barrier between prostate & rectum.

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## TERMS

### Base of prostate

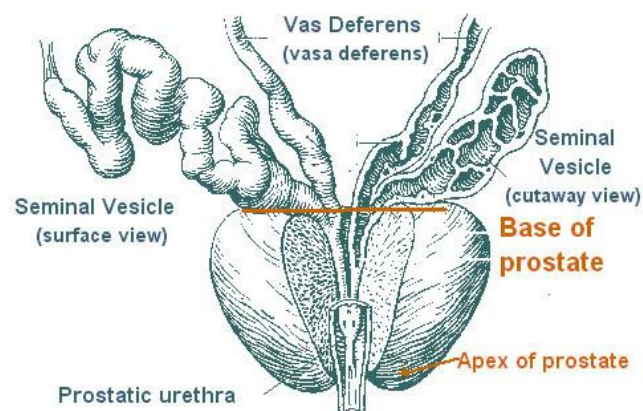
- Directed upward near inferior surface of bladder.
- Greater part of this surface is directly continuous with bladder wall

### Apex of prostate

- Apex is directed downward
- In contact with superior fascia of urogenital diaphragm

3

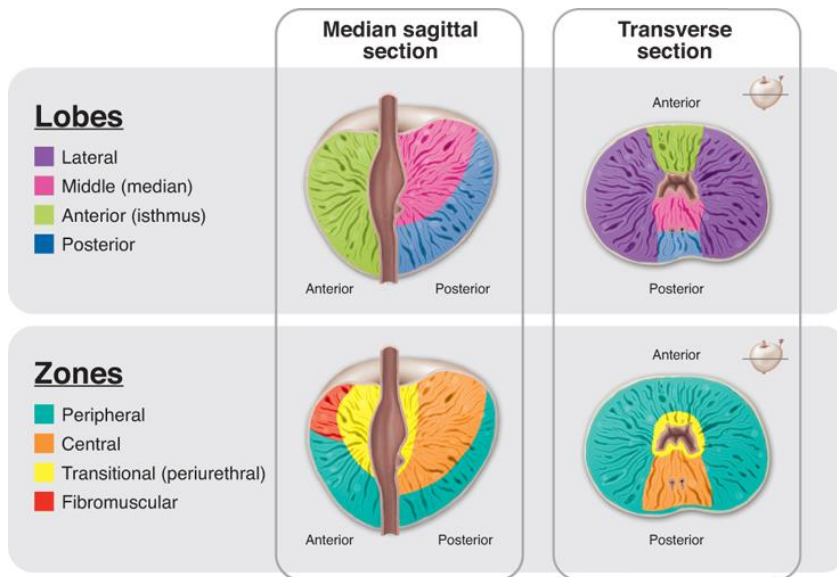
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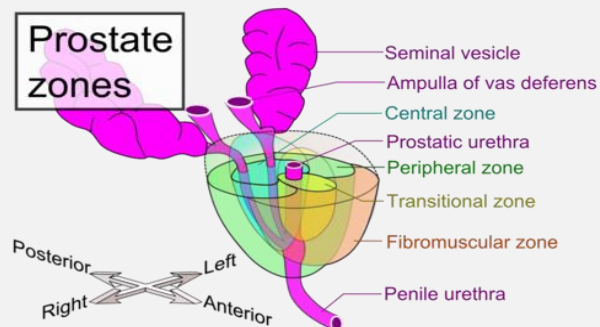


Source: Mark. H. Hankin, Dennis.E. Morse, Carol. A. Bennett-Clarke: Clinical Anatomy: A Case Study Approach  
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## LOBES & ZONES OF PROSTATE

5

## PROSTATE ZONES

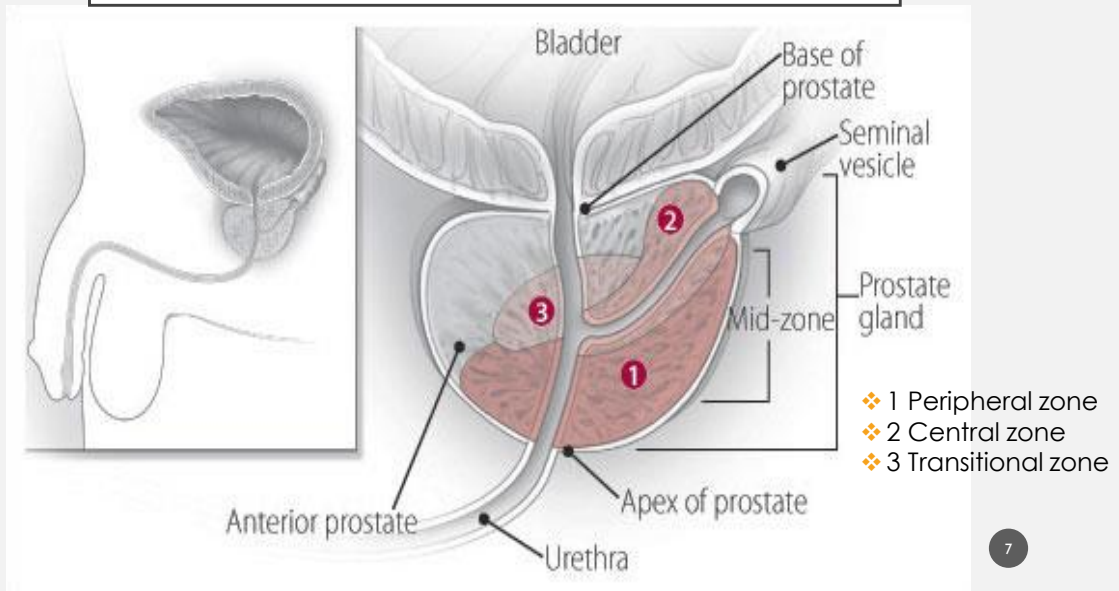


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6



## ZONES OF PROSTATE



7

## BENIGN PROSTATIC HYPERTROPHY (BPH)

- ❖ Benign condition which an overgrowth of prostate tissue pushes against urethra causing obstruction of urine flow
- ❖ May cause frequent urination, difficulty to start or complete obstruction in severe cases.
- ❖ A gradual enlargement of prostate & occurs in more than half of men over 45
- ❖ While BPH is not a malignant condition, prostate CA is present in about 38% of men who undergo surgery to relieve symptoms

8

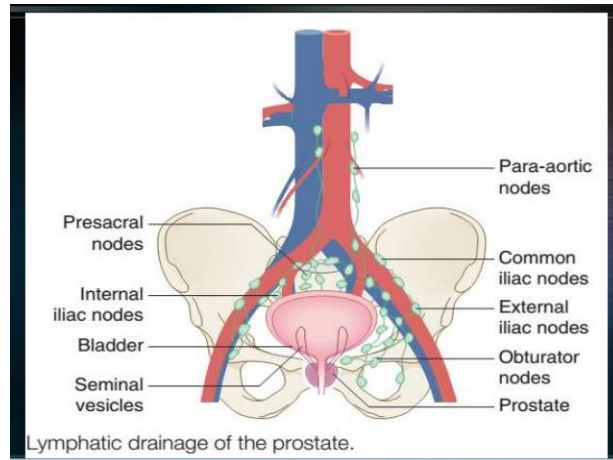
8



## REGIONAL LYMPH NODES

Groups:

- Pelvic, NOS
- Hypogastric
- Obturator
- Iliac
- Sacral



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## DIAGNOSING PROSTATE CANCER

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## PROSTATE CA

- ❖ Prostate CA usually arises near surface of gland, & may be felt by physician during digital rectal exam (DRE)
- ❖ As tumor grows, prostate expands around the urethra & may cause urinary symptoms similar to BPH. By the time tumor large enough to cause symptoms, has often spread beyond its capsule.
- ❖ May invade surrounding fat & tissue, seminal vesicles &/or neck of bladder.
- ❖ May involve LN's in pelvic region. Later can spread to bones, primarily in spine, hip, pelvis & chest.

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## PHYSICAL EXAM

### ❖ Key information to document:

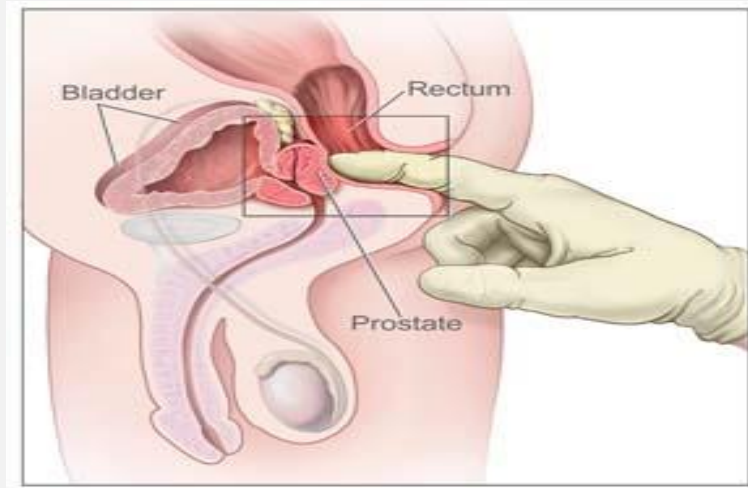
- ❖ palpable mass, tumor, nodule on DRE
- ❖ enlargement of prostate (Many times numbered 1+, 2+, and so forth)
- ❖ size of nodule
- ❖ nodularity in prostate or pelvis
- ❖ palpable lymph nodes, palpable nodes
- ❖ evidence of "frozen" pelvis
- ❖ organomegaly (hepatosplenomegaly)

12

12



## DIGITAL RECTAL EXAM (DRE)



13

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## PSA ~ BLOOD

- ❖ Tumor marker assay of blood serum for antigen released from cells in prostate tissue.
  - ❖ Value may be elevated in benign prostatic hypertrophy.
  - ❖ After radical prostatectomy or radiation therapy, rising levels of PSA indicate residual disease or recurrence
- ❖ Normal range: 0 - 4.0 ng/ml.
  - ❖ Normal range also varies depending on the patient's age.
- ❖ SSDI – Lab value
  - ❖ Code prior to biopsy/treatment and within 3mo of diagnosis

14

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## IMAGING

- ❖ **Prostatic Ultrasound** – Many times called Transrectal U/S (TRUS). Document “increased areas of attenuation”, mention of “hypoechoic area or nodule”.
- ❖ **CT Abd/Pelvis** – Done to assess primary tumor extension, regional LN mets & distant mets.
- ❖ **Bone Scan** – common site of distant mets in prostate CA. Document mention of “lytic”, “osteolytic” or “blastic” lesions. Exception: Use of these terms in conjunction with a (suspected) Dx of arthritis, previous fracture or osteomyelitis.

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## PI-RADS

SEER 2024 Appendix E1:

[https://seer.cancer.gov/manuals/2024/SPCSM\\_2024\\_Appendix\\_E.pdf](https://seer.cancer.gov/manuals/2024/SPCSM_2024_Appendix_E.pdf)

**PI-RADS 4 or 5  
REPORTABLE**

19	Prostate cancer cases with an PI-RADS category 4 or 5	Report based on the American College of Radiology Prostate Imaging Reporting and Data System (PI-RADS) <a href="#">definitions</a> . PI-RADS categories 4 (high-clinically significant cancer is likely to be present) and 5 (very high-clinically significant cancer is highly likely to be present) are reportable, unless there is other information to the contrary.
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Appendix E1: Reportable Examples

E.1.2

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# ENDOSCOPIES

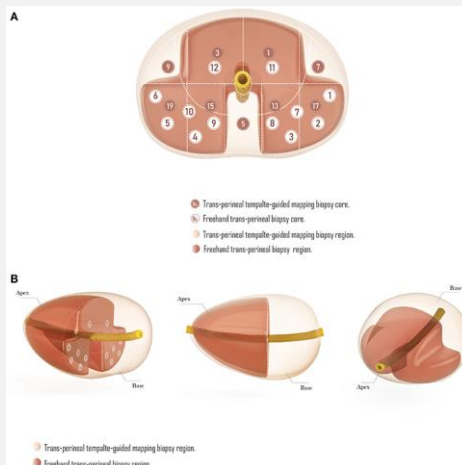
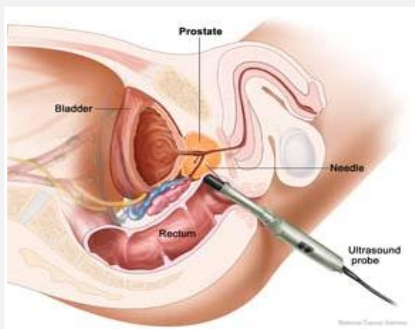
## ❖ Cystoscopy

- ❖ Examination of the bladder using a fiberoptic instrument.
- ❖ Used to also evaluate the prostatic urethra & any stricture potentially caused by an enlarged prostate.
- ❖ Used to access PROSTATE when performing a TURP.

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# PROSTATE BIOPSY



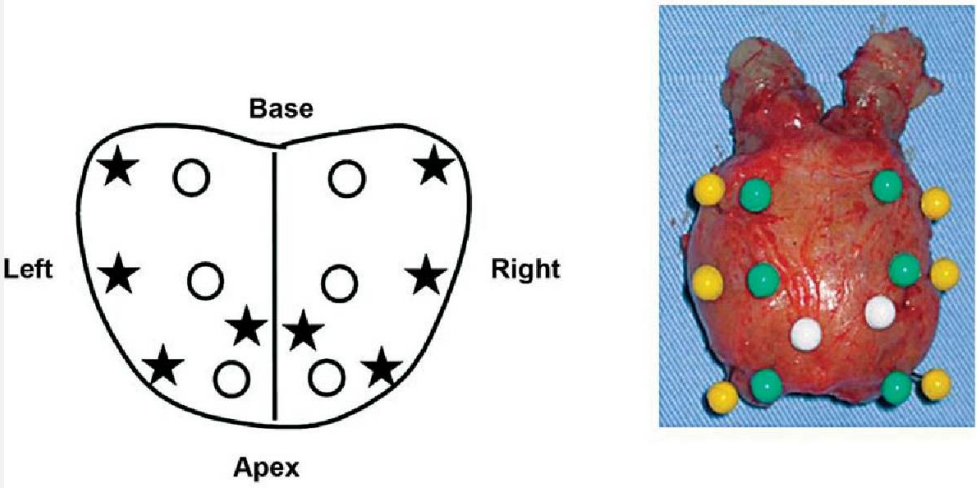
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# SEXTANT BIOPSY



19

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# PRIMARY SITE

Prostate	
Primary Site	Histology
C619	8000-8700, 8720-8790
<div>Notes</div> <div>8000-8700, 8720-8790</div> <div>C619 Prostate gland</div>	

20

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## QUESTIONS

### Contact Info

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