

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 tests or treatment for a prostate problem. Your partner, family or friends might also find it helpful.

We explain what ASAP and high-grade PIN are, their link to prostate cancer and how they might be monitored. We don't describe another type of PIN, called low-grade PIN, because there's no evidence that it increases the risk of prostate cancer.

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?

The prostate is a gland. It is usually the size and shape of a walnut and grows bigger as you get older. It sits underneath the bladder and surrounds the urethra, which is the tube that carries urine (wee) out of the body. The prostate's main job is to help make semen – the fluid that carries sperm.

What can go wrong?

The most common prostate problems are:

- an enlarged prostate
- prostatitis
- prostate cancer.

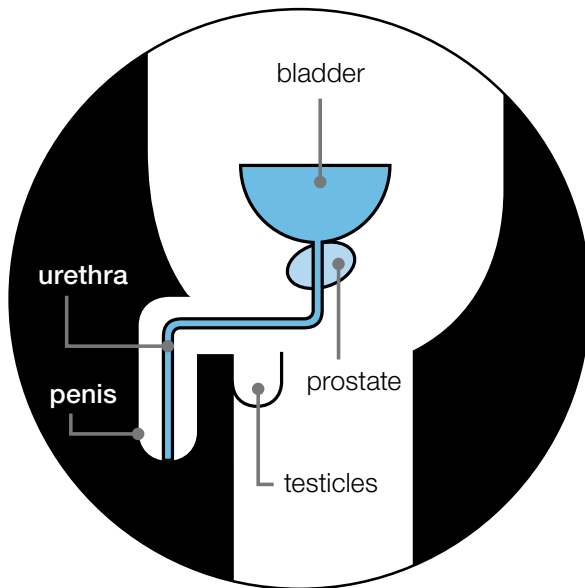


Find out more in our booklet, **Know your prostate: A guide to common prostate problems.**

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.



Where is the prostate?



Who has a prostate?

The following people have a prostate:

- men
- trans women*
- non-binary people who were assigned male at birth**
- some intersex people.***

Trans, non-binary or intersex?

The information in this fact sheet has been developed based on guidance and evidence in men. If you are trans, non-binary or intersex, some of this information is still relevant to you – but your experience may be slightly different. For more information visit prostatecanceruk.org/trans-women

What is PIN?

PIN is not prostate cancer.

PIN stands for prostate intraepithelial neoplasia. It involves changes to the 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. But most men with PIN don't have prostate cancer and won't go on to develop prostate cancer that needs treating.

What is ASAP?

ASAP stands for atypical small acinar proliferation. ASAP isn't a medical condition but is a term used to describe changes to prostate cells seen under the microscope, when it isn't clear whether the cells are cancer. For example, there may not be enough changed cells for the doctor to say whether they are cancer. If you have ASAP your doctor may recommend more tests so that any further cell changes are found early (see page 4). It's possible to have both ASAP and PIN in your prostate.

Am I more likely to get prostate cancer?


If you have PIN or ASAP, you are more likely to have prostate cancer that wasn't picked up on your first biopsy than a man with no PIN or ASAP. Three in ten men with a lot of PIN will be diagnosed with prostate cancer after a second biopsy. Around eight in a hundred men who have ASAP will be diagnosed with prostate cancer after a second biopsy.


* A trans woman is someone who was assigned male at birth but identifies as a woman. Trans women can develop prostate problems, even if they have taken hormones. The prostate is not removed during genital reconstructive surgery.

** A non-binary person may not identify as a man or a woman.

*** An intersex person may have both male and female sexual characteristics and so might have a prostate.

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, physical 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 evidence for these. Remember, many men with PIN will not get prostate cancer.

What are the symptoms?


PIN doesn't cause any symptoms. But it's usually diagnosed when a man has tests or treatment for another prostate problem that 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 are diagnosed with ASAP, the changed cells may or may not be cancer. If they are cancer, they may cause symptoms, such as urinary problems.

 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 a thin needle to take small samples of tissue from the prostate. The tissue is then 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) or holmium laser enucleation of the prostate (HoLEP). The small pieces of prostate that are removed are looked at under a microscope to check for cancer, PIN and ASAP.

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 was 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
- 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 we don't fully understand the reasons for this. We do know that black men are more likely to get prostate cancer than other men. In fact, one in four black men in the UK will be diagnosed with prostate cancer. But we still don't know the reasons why. Read more in our leaflet,



Prostate cancer and other prostate problems: Information for black men.

We don't know very much about the risk of PIN or ASAP if you're Asian or have mixed ethnicity.

Will I need treatment?

You won't need any treatment for PIN or ASAP but you might need regular check-ups every few months. This is to check for any cancer cells that may have been missed by the first biopsy.

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

You will probably have had an MRI (magnetic resonance imaging) scan before a biopsy to look for any abnormal cells. If not, you may have an MRI scan after the biopsy. An MRI scan creates a detailed picture of your prostate and surrounding tissues.

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

You may also need regular digital rectal examinations (DREs) and another biopsy to monitor your PIN or ASAP.

Ask your doctor 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 only have one or two areas of PIN, you may not need a repeat biopsy.

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



Biopsy

You may have a trans-rectal ultrasound (TRUS) guided biopsy or a transperineal biopsy.

In a TRUS-guided biopsy, the needle goes through the wall of the back passage. The doctor or nurse will usually take 10 to 12 small pieces of tissue from different areas of the prostate. However, if you've already had an MRI scan, they may take fewer samples.

In a transperineal biopsy, the needle goes through the skin between the testicles and the back passage. If you have a transperineal biopsy, the doctor may take up to 25 samples from different areas of the prostate. You may hear this called a template biopsy, as they place a grid (template) over the skin to help guide the biopsy needles. This type of biopsy is normally done under a local or 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. Most prostate cancer grows slowly or doesn't grow at all. It may never cause any problems or shorten a man's life. It may not need to be treated, and can sometimes be monitored with regular check-ups instead. But some prostate cancer does grow quickly and is more likely to cause problems. This 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 may be useful to speak to your nurse, doctor or GP. They can explain your diagnosis, listen to your concerns, and put you in touch with other people who can help.

Our Specialist Nurses

Our Specialist Nurses can help with any questions and explain your diagnosis. They have time to listen, in confidence, to any concerns you or those close to you may have about PIN, ASAP or prostate cancer.

Our online community

Our free 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.

Trained counsellors

Counsellors are trained to listen and can help you find your own ways to deal with things. You can get free counselling on the NHS without a referral from your GP, or you could see a private counsellor. To find out more, visit www.nhs.uk/counselling or contact the British Association for Counselling & Psychotherapy.



To find out more about any of the above, visit prostatecanceruk.org/get-support or call our Specialist Nurses on 0800 074 8383.

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?

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.bacp.co.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.

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 reviewed for accuracy and updated by:

- Our Specialist Nurses
- Our Health Information team.

Tell us what you think

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

yourfeedback@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, over 47,000 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.

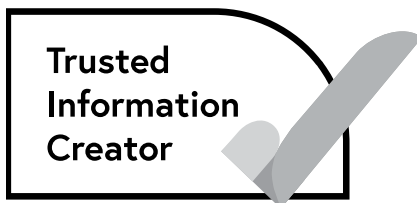
To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donate** or text **PROSTATE** to **70004**[†].

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



Registered with
**FUNDRAISING
REGULATOR**



Patient Information Forum

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

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

© Prostate Cancer UK August 2022
To be reviewed November 2023

Call our Specialist Nurses from Monday to Friday 9am - 5pm, Wednesday 10am - 5pm

* 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.

