

Aarau, 2017-04-10

Dear colleagues,

we are pleased to invite you to our next meeting of the **Swiss Uropathology group** which will be held on **Thursday May 18<sup>th</sup> 2017** at the Institut für Pathologie, Kantonsspital Aarau (location plan see below).

Program:

10:00 h

Welcome (Grobholz/Pusztaszeri)

10:05 – 10:40 h

**The Paris System to Report Urine Cytopathology**

Marc Pusztaszeri

10:40 – 11:30 h

**Prostate Pathology – challenging and rare cases. What is your diagnosis?  
(Grobholz)**

For case preview by virtual microscopy please go to:

[http://iap-vm.habanero.mdc-customers.net/index.php?series\\_id=282](http://iap-vm.habanero.mdc-customers.net/index.php?series_id=282)

Cases No. 6, 10, 16, 17, 18, 20, 23, 43, 44. Clinical histories are attached to this invitation.

11:30 – 12:00 h

**MRI-Ultrasound fusion prostate biopsies: Chances and challenges**

Dr. Maciej Kwiatkowski, Dept. of Urology, Kantonsspital Aarau

12:20 h Varia – interesting cases brought by participants.

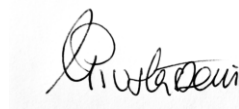
13:00 h End of meeting

We are looking forward to meeting you in Aarau !

With kind regards



Rainer Grobholz



Marc Pusztaszeri

**How to reach us:**

By car:

A1 from Zürich: exit Aarau Ost, direction "Aarau", follow signs "Kantonsspital"

A1 from Bern: exit Aarau West, direction "Aarau", follow signs "Kantonsspital"

Parking spots are available either in the parking deck or the hospital area (parking tax).

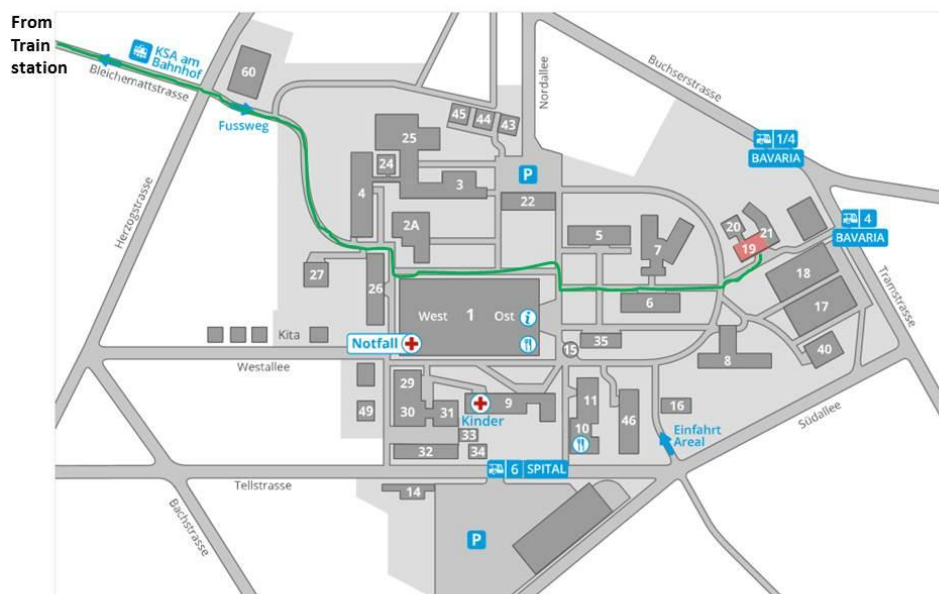
By train:

The Kantonsspital is in 10-15 minutes by foot (take train station exit "Hintere Bahnhofstrasse" and follow the signs "Kantonsspital").

By bus:

Take main exit of the train station, bus lines 1 (stop Gais), line 4 (stop Bavaria) or line 6 (stop Hospital)

The Institute of Pathology is in "Haus 19"



Meeting 05/18/2017

## Prostate Pathology – challenging and rare cases

### What is your diagnosis?

Please visit the website: [http://iap-vm.habanero.mdc-customers.net/index.php?series\\_id=282](http://iap-vm.habanero.mdc-customers.net/index.php?series_id=282) to access the cases.

**Case 6:** 54-year old male, PSA total: 7,6 ug/l DRE: unremarkable. Core needle biopsies.

**Case 10:** 83-year old male with hypertensive and coronary heart disease. Adherent thrombosis in the right atrium. Residual old and acute pulmonary embolism, pulmonary infarcts in both lungs. Cor pulmonale. Severe bronchopneumonia with Aspergillus. Prostate presenting with 5 mm yellow focus. Autopsy case.

**Case 16:** 85-year old male, 4 years earlier in a TUR-P diagnosed prostatic adenocarcinoma Gleason score 3+3 (in 30% of the resected material). PSA 4 years ago: 37 ng/ml, current PSA: 51,5 ng/ml. Up to date no hormonal therapy, re-TUR.

**Case 17:** 87-year old male, prostatic adenocarcinoma Gleason score 4+3 in a TUR-P (2% of the resected material) 8 months earlier. Now re-TUR und Orchiectomy. Initial PSA: 97 ug/l, recent PSA: 634 ug/l.

**Case 18:** 67-year old male, PSA total: 4,5 ug/l DRE: unremarkable. Core needle biopsies.

**Case 20:** 70-year old male, previously diagnosed prostatic adenocarcinoma, Gleason-Score 6, 4/6 locations right and left positive. PSA total: 6,02 ug/l. Radical prostatectomy.

**Case 23:** 57-year old male, tumor arising from the prostate. DD seminal vesicle carcinoma. PSA 0.8 ng/ml. Core needle biopsy.