



[Make an Appointment](#)

[Back](#)

[Prostate Cancer Nomograms](#)

[Radical Prostatectomy & Treatment](#)

[Refer a Patient](#)

ABOUT US

[Our mission, vision & core values](#)

[Leadership](#)

[History](#)

[Equality, diversity & inclusion](#)

[Annual report](#)

[Give to MSK](#)

To gather the information required to use this nomogram, use our [worksheet](#).

Enter Your Information

General Information

Important: If your PSA level never decreased to an undetectable level following radical prostatectomy, the results of this nomogram will not apply to you.

What was your PSA value from the laboratory report before the radical prostatectomy was performed?

ng/mL (0.1 to 100)

► [What is PSA?](#)

PSA (prostate-specific antigen) is a protein made by the prostate gland and found in the blood. PSA blood levels may be higher than normal in men who have prostate cancer, benign prostatic hyperplasia (BPH), or infection or inflammation of the prostate gland.

What was your PSA value from the most recent laboratory report, or the value immediately before starting salvage radiation therapy?

ng/mL (0.1 to 100)

What was the PSA doubling time?

[PSA doubling time](#) should be calculated from all PSA values obtained over the last 12 months, or all values following radical prostatectomy, beginning at the point at which PSA had reached its lowest level.

months (0.01 to 120)

How many months passed after the radical prostatectomy before the PSA level was elevated to 0.2 ng/mL or higher?

months (0 to 72)

What is your Gleason score?

► [How are Gleason patterns/scores determined?](#)

Physicians characterize the aggressiveness of prostate cancer using the Gleason scoring system, which provides an estimate of the cancer's potential to grow and spread to other parts of the body. The pathologist determines the Gleason pattern based on how closely the cells of the gland resemble those of a normal prostate. Once the prostate is removed during surgery, a pathologist examines the prostate and assigns a pattern to the most common tumor, known as the primary Gleason pattern, and a second pattern to the next most common tumor, known as the secondary Gleason pattern. The two patterns are added together to get a Gleason score.

What was the primary Gleason pattern number on the radical prostatectomy pathology report?

What was the secondary Gleason pattern number on the radical prostatectomy pathology report?

What was the pathologic Gleason score?

The score will be automatically calculated from the sum of the primary and secondary Gleason pattern numbers or can be entered here as a single number if the primary and secondary Gleason pattern numbers are unknown.

► [If you enter this score manually](#)

If you don't know your primary and secondary Gleason grade, but only the total score, you can enter it directly yourself. The result will be slightly less accurate but still close to the true value.

Prostatectomy Pathology Report Details

Were your surgical margins positive?

☐ Yes ☐ No

► [What are positive surgical margins?](#)

Surgical margins are positive if cancer cells are present at the edges of the removed prostate.

Was there extracapsular extension?

☐ Yes ☐ No

► [What is extracapsular extension?](#)

Extracapsular extension is cancer that extends into or outside the prostate "capsule" or organ, indicated on the post-radical prostatectomy pathology report.

Was cancer present in the seminal vesicles?

☐ Yes ☐ No

► [What are seminal vesicles?](#)

Seminal vesicles are glands that help to produce semen. They are a frequent site of prostate cancer and are typically removed during a radical prostatectomy.

Was cancer present in the pelvic lymph nodes?

☐ Yes ☐ No

► [What are pelvic lymph nodes?](#)

Lymph nodes are small glands that filter fluid made in the prostate; they can be an early site of prostate cancer spread.

Additional Treatment Information

Did your PSA value obtained after radical prostatectomy remain elevated?

(In other words, did the PSA value never decrease to an undetectable level?)

☐ Yes ☐ No

What is the planned radiation dose?

Gy (10 to 100)

Enter a radiation dose value between 10 and 100 Gy. If you are not sure, leave as 65 Gy.

Does your radiation oncologist plan to give you hormone therapy before or along with salvage radiation therapy?

☐ Yes ☐ No

[Clear](#)

Supporting Publications

— Progression-free probability after salvage radiation therapy

Probability that a patient's prostate cancer will not progress at six years after salvage radiation therapy for PSA-defined recurrence.

[Stephenson AJ, Scardino PT, Kattan MW, Pisansky TM, Slawin KM, Klein EA, Anscher MS, Michalski JM, Sandler HM, Lin DW, Forman JD, Zelefsky MJ, Kestin LL, Roehrborn CG, Catton CN, DeWeese TL, Liauw SL, Valicenti RK, Kuban DA, Pollack A. Predicting the outcome of salvage radiation therapy for recurrent prostate cancer after radical prostatectomy. J Clin Oncol. 2007 May 20;25\(15\):2035-41. doi: 10.1200/JCO.2006.08.9607. Erratum in: J Clin Oncol. 2007 Sep 10;25\(26\):4153. PMID: 17513807; PMCID: PMC2670394.](#)

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