LETTERS TO THE EDITOR

In Reply

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In Reply

This letter by Delahunt et al is a rehash of a prior letter that was written to the American Journal of Surgical Pathology (AJSP). We refer the readership to our response in AJSP, rather than repeat our thorough rebuttal.1 However, there are a few new issues that we would like to address.

Delahunt et al continue to refer to the new grading system as the International Society of Urological Pathology (ISUP) grading system, despite the fact that the new system was published in 2013 by work at Johns Hopkins Hospital before the 2014 ISUP conference.2 Similarly, the results of the multi-institutional validation study of more than 20,000 patients were presented at the 2014 ISUP grading conference and were the driving factor for acceptance to the new grading system both for ISUP and other subsequent organizations, such as the World Health Organization and the College of American Pathologists. Delahunt et al falsely claim, “An early decision of the group was that the grading classification would be known as ISUP grading.” Several of the organizers may have assumed this to be true, but as a cochair of the organizing committee and lead author on the publication resulting from the conference, one of the current authors assures readers that no such decision or agreement on nomenclature was reached before the 2014 consensus conference.

As to the subsequent ISUP Council vote on the nomenclature of the new grade groups, it is merely the opinion of a few individuals who have no mandate to dictate policy for all issues relating to urologic pathology. They have no right to usurp the name of the new grading system, in which the original concept and research, nomenclature, and subsequent critical validation study were done by others.

…% 9 + 3 = 8 correctly convincingly show that it belongs to a different grade group, then modifications can be made in the new system to reflect new knowledge generated on cases pathologically graded according to contemporary standards.

Finally, there is the following issue that Delahunt et al bring up, “In effect 2014 ISUP grading cannot be applied to radical prostatectomy specimens as there is no provision for the accommodation of tertiary scores.” There was discussion at the 2014 consensus conference and were the driving factor for acceptance to the new grading system both for ISUP and other subsequent organizations, such as the World Health Organization and the College of American Pathologists. Delahunt et al falsely claim, “An early decision of the group was that the grading classification would be known as ISUP grading.” Several of the organizers may have assumed this to be true, but as a cochair of the organizing committee and lead author on the publication resulting from the conference, one of the current authors assures readers that no such decision or agreement on nomenclature was reached before the 2014 consensus conference.
with 98% pattern 3 and 2% pattern 4 would be graded as "3 + 4 = 7 with less than 5% pattern 4," as opposed to "3 + 3 = 6 with tertiary pattern 4." It is ironic that Delahunt et al. criticize the consensus conference for not dealing with tertiary patterns in radical prostatectomy specimens, yet the 3 members of the 2014 consensus conference who argued for splitting off this topic are authors on the accompanying letter from Delahunt et al.


2 Pierorazio PM, Walsh PC, Partin AW, Epstein JI. Prognostic Gleason grade grouping: data based on the modified Gleason scoring system. BJU Int. 2013;111(5):753–760. [CrossRef][Medline]


10 Kryvenko ON, Epstein JI. Re: Clinical significance of prospectively assigned Gleason tertiary pattern 4 in contemporary Gleason score 3 + 3 = 6 prostate cancer. Prostate. 2016;76(12):1130–1131. [CrossRef][Medline]