FIGO GUIDELINES

Staging classi cation for cancer of the ovary, fallopian tube, and peritoneum

Jaime Prat ; for the FIGO Committee on Gynecologic Oncology [1]

a r t i c l e i n f o

Keywords:
Fallopian tube cancer
Ovarian cancer
Peritoneal cancer
Staging

Introduction

Ovarian cancer is the seventh most common cancer diagnosis among women worldwide, and the fth most common cancer diagnosis among women in higher-resource regions [1]. The world rate is estimated to be 6.3 per 100 000 women, and is highest in high-resource countries (9.3 per 100 000 women) [1]. Primary peritoneal cancer and primary fallopian tube cancer are rare malignancies but share many similarities with ovarian cancer. Clinically, these 3 cancers are managed in a similar manner [2].

The main purpose of staging systems is 2-fold: to provide standard terminology that allows comparison of patients between centers; and to assign patients and their tumors to prognostic groups requiring

Does rupture during surgery worsen prognosis in the absence of excrescences, ascites, or positive washings?

This is controversial. Whereas some studies found that intraoperative capsule rupture portends a higher risk of disease recurrence [19,20], others did not [14,15,18,21,22]. In a multivariable analysis, capsule rupture and positive cytologic washings remained independent predictors of worse disease-free survival [20]. Rupture should be avoided during primary surgery of malignant ovarian tumors con ned to the ovaries. Data from several studies suggest that stage I CCC is more frequently stage IC compared with other cell types [17], possibly because of an increased risk of rupture [23].

Are positive washings worse than/the same as capsule rupture?

In multivariable analysis, capsule rupture and positive cytologic washings remained independent predictors of worse disease-free survival [20].

Recommendations

€ Histologic type, which in most cases includes grade, should be recorded.
€ All individual subsets of stage IC disease should be recorded.
€ Dense adhesions with histologically proven tumor cells justify upgrading to stage II.
€ If rupture is noted, peritoneal washing and cytology study are indicated.

Stage II: Tumor involves 1 or both ovaries or fallopian tubes with pelvic extension (below pelvic brim) or primary peritoneal cancer

T2-N0-M0

IIA: Extension and/or implants on uterus and/or fallopian tubes and/or ovaries

T2a-N0-M0

IIB: Extension to other pelvic intraperitoneal tissues

T2b-N0-M0

Comment

Stage II ovarian cancer is still dif cult to de ne. It comprises a small and heterogeneous group making up less than 10% of ovarian cancers. It is de ned as extension or metastasis to extraovarian/extratubal pelvic organs and may include curable tumors that have directly extended to adjacent organs but have not yet metastasized, as well as tumors that have seeded the pelvic peritoneum by metastasis and, therefore, have a poor prognosis. Of note, the sigmoid colon is within the pelvis, and therefore sigmoid involvement only is considered stage II. The Committee felt that subdividing this small category further into IIB1 and IIB2 (i.e. microscopic and macros copic pelvic peritoneal metastases) was not based on evidence/biology. All stage II disease is treat [(was)-860(to)-mh55(-231(m)3to)uva2(adjm)-chemo8(m)-2 curnoteint121(priubclashe)dif

into IIIA1(i) (metastasis ≤10 mm in greatest dimension) and IIIA1(ii) (metastasis N10 mm in greatest dimension), even if there are no

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