

Provisional pathological staging (Core)

The pathological staging must be provided on the pathology report and is therefore a core element. The term 'provisional pathological staging' is used in this dataset to indicate that the stage that is provided may not represent the final tumour stage which should be determined at the multidisciplinary tumour board meeting where all the pathological, clinical and radiological features are available.¹⁻⁴

The latest version of either International Federation of Gynaecology and Obstetrics (FIGO) or TNM staging, or both, can be used depending on local preferences.¹⁻⁴ The FIGO system is in widespread use internationally and is the system used in most clinical trials and research studies. However, Union for International Cancer Control (UICC) or American Joint Committee on Cancer (AJCC) versions of TNM are used or mandated in many parts of the world.^{3,4} With regards to updating of staging systems, there is collaboration between FIGO and those agencies responsible for TNM with an agreement to adopt changes to FIGO staging. Following the introduction of a new FIGO Staging System, this is usually incorporated into TNM (both UICC and AJCC versions) at a later date. Apart from minor discrepancies in terminology, the UICC and AJCC 8th edition systems are broadly concurrent.

A tumour should be staged following diagnosis using various appropriate modalities (clinical, radiological, pathological). While the original tumour stage should not be altered following treatment, TNM systems allow staging to be performed on a resection specimen following non-surgical treatment (for example chemotherapy, radiotherapy); in such cases, if a stage is being provided on the pathology report (this is optional), it should be prefixed by 'y' to indicate that this is a post-therapy stage.

McCluggage (2018) suggests "there are several scenarios where tumour involves sites which are not specifically mentioned in the FIGO (or TNM) Staging Systems and it is useful for the pathologist to know the correct staging in these scenarios. Involvement of pelvic serosal structures (cul-de-sac, bladder, sigmoid serosa) are all Stage IIIA, whereas involvement of the omentum and the abdominal peritoneum is Stage IVB."⁵

The reference document TNM Supplement: A commentary on uniform use, 5th edition (C Wittekind et al. editors) may be of assistance when staging.⁶

References

- 1 FIGO Committee on Gynecological Cancer (2009). Revised FIGO staging for carcinoma of the vulva, cervix and endometrium. *Int. J. Gynecol. Obstet.* 105:103-104.
- 2 Amant F, Mirza MR, Koskas M and Creutzberg CL (2018). Cancer of the corpus uteri. *Int J Gynaecol Obstet* 143 Suppl 2:37-50.
- 3 Amin MB, Edge SB, Greene FL, Byrd DR, Brookland RK, Washington MK, Gershenwald JE, Compton CC, Hess KR, Sullivan DC, Jessup JM, Brierley JD, Gaspar LE, Schilsky RL, Balch CM, Winchester DP, Asare EA, Madera M, Gress DM and Meyer LR (eds) (2017). *AJCC Cancer Staging Manual. 8th Edition*, Springer, New York.
- 4 Brierley JD, Gospodarowicz MK and Wittekind C (eds) (2016). *UICC TNM Classification of Malignant Tumours, 8th Edition*, Wiley, USA.
- 5 McCluggage WG (2018). Pathologic staging of endometrial carcinomas: selected areas of difficulty. *Adv Anat Pathol* 25(2):71-84.
- 6 Wittekind C, Brierley JD, Lee A and van Eycken E (eds) (2019). *TNM Supplement: A Commentary on Uniform Use, 5th Edition*, Wiley, USA.