

## Lymph node status (Core)

In the revised 2014 International Federation of Gynaecology and Obstetrics (FIGO) Staging System, metastases involving retroperitoneal lymph nodes, in the absence of peritoneal spread above the pelvic brim or distant metastases, represent Stage IIIA1 disease.<sup>1</sup> This stage is further subdivided into Stages IIIA1(i) and IIIA1(ii) for nodal metastases  $\leq 10$  millimetres (mm) and  $>10$  mm, respectively. Formerly, regional node metastases were a criterion for Stage IIIC disease and this amendment is based upon evidence that patients with only nodal metastases (in the absence of peritoneal disease) have a relatively favourable outcome - although it should be noted that the data are based mainly on cases of high grade serous carcinomas.<sup>2,3</sup> Positive extra-abdominal lymph nodes including inguinal metastases represent Stage IVB disease.

International Federation of Gynaecology and Obstetrics (FIGO) specifically restricts the definition of Stage IIIA1 disease to retroperitoneal lymph nodes (pelvic and para-aortic) but does not indicate how tumour spread to intraperitoneal nodes (such as those in the mesentery or omentum) should be interpreted, although it would be very unusual to have isolated nodal metastases at these sites.<sup>1</sup> According to FIGO (personal communication), this should be regarded as intra-abdominal disease, i.e., Stage IIIC.<sup>4,5</sup> At present there are also limited data to justify the subdivision of Stage IIIA1 according to the size of the nodal metastases.<sup>1</sup> It is also not clear how the extent of nodal involvement ( $\leq 10$  mm or  $>10$  mm) should be measured if the diagnosis is based only upon cytological sampling. According to FIGO (personal communication), this should be regarded as Stage IIIA(i) disease.

Data on lymph node involvement in borderline ovarian tumours is largely restricted to tumours of serous subtype where approximately 25% of fully staged cases will show positive nodes.<sup>6,7</sup> While this finding does not appear to influence overall survival, cases with nodular epithelial tumour aggregates  $>1$  mm in extent may show decreased disease-free survival.<sup>8</sup> Rarely, low grade serous carcinoma appears to develop within the lymph nodes of patients with ovarian serous borderline tumours.<sup>9</sup>

According to TNM8,<sup>10</sup> nodal involvement should be recorded as the presence of isolated tumour cells ( $<0.2$  mm), micrometastases (0.2-2 mm) or macrometastases ( $>2$  mm).

## References

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