Provisional pathological staging (Core)

Tumour stage is amongst the strongest prognostic factors in tubo-ovarian carcinoma.[1] Patients with localised, regional and distant disease have been shown to have 5 year relative survival rates of 92%, 72% and 27%, based on United States figures from 2014.[2] Therefore pathological staging must be provided on the pathology report and is 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.[3-6]

All ovarian carcinomas and borderline tumours, as well as carcinomas of the fallopian tube and peritoneum should be staged.[5,6] The latest version of either International Federation of Gynaecology and Obstetrics (FIGO)[5,6] *or* TNM staging,[3,4] *or* both, can be used depending on local preferences. 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) 8th edition TNM Staging Systems 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 FIGO staging but no coordination of timing of revisions; generally, what happens is that following the introduction of a new FIGO Staging System, this is 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.[3,4]

For reasons of comparability, FIGO continue to classify umbilical metastases as Stage IVB (personal communication).[5,6] It is recommended that these cases are reported separately to keep track of and obtain further insight into the prognostic value of umbilical involvement in tubo-ovarian cancer and whether this may be best regarded as Stage III.

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.

The reference document TNM Supplement: A commentary on uniform use, 5th edition (C Wittekind et al. editors) may be of assistance when staging.[7]

References

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