



# STAGING

## CANCER IS STAGED IN 2 WAYS:

### Clinical Stage

- Based on tests done before surgery

### Pathological Stage

- Based on the results of surgery and/or biopsies or tests of tissue samples
- Used to plan treatment

## STAGING HELPS A PHYSICIAN UNDERSTAND HOW FAR CANCER HAS SPREAD. IT DETERMINES:

- The extent of the primary (first) tumor
- The spread of cancer to nearby lymph nodes
- The spread of cancer to distant sites

## STAGING IS OFTEN DETERMINED BASED ON BIOPSIES. COMMON BIOPSY SITES INCLUDE:

- Nearby lymph nodes
- Omentum
- Pelvis
- Peritoneum
- Abdomen
- Ascites, if present
- Diaphragm
- Pleural Fluid

## THERE ARE TWO STAGING “SYSTEMS” FOR OVARIAN CANCER:

### AJCC – American Joint Committee on Cancer which maintains the TNM staging system

- T = Tumor
- N = Node
- M = Metastasis

### FIGO – International Federation of Gynecology and Obstetrics

## STAGE IS DIFFERENT FROM GRADE.

STAGE IS “WHERE IT IS”  
AND GRADE IS  
“WHAT IT LOOKS LIKE  
UNDER A MICROSCOPE.”

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## WEBSITE FOR AJCC STAGING:

[www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging/staging.html](http://www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging/staging.html)

## WEBSITE FOR FIGO OVARIAN CANCER STAGING:

[www.sgo.org/wp-content/uploads/2012/09/FIGO-Ovarian-Cancer-Staging\\_1.10.14.pdf](http://www.sgo.org/wp-content/uploads/2012/09/FIGO-Ovarian-Cancer-Staging_1.10.14.pdf)