

Ovarian cancer Essential TNM

Key points for ovarian cancer staging

1. The classification applies to malignant ovarian neoplasms of both epithelial and stromal origin, including those of borderline malignancy or of low malignant potential. It is also to be used for carcinomas of the fallopian tubes.
2. Metastases in the abdomen must involve the parenchyma (internal part) of organs (especially the liver) and not just the outer capsule. Spread to extra-abdominal organs and lymph nodes outside the abdominal cavity (including inguinal lymph nodes) is distant metastasis. Spread of the tumour to the peritoneum is local spread.
3. Regional lymph nodes are the paracervical, parametrial, hypogastric (internal iliac, obturator), common iliac, external iliac, presacral, lateral sacral, and para-aortic nodes.
4. Look for tumour extension beyond the pelvis (including to the peritoneum) or to the retroperitoneal lymph nodes; the tumour is advanced. If it is still **within** the pelvis, even with spread to the bowel and/or peritoneum, the tumour is localized.
5. Most ovarian cancers are staged using the FIGO system, which does not consider regional lymph node involvement but for which the codes for stage (I–IV) are otherwise identical to those of the TNM system.

Fig. 6. Ovarian cancer Essential TNM flow chart. A, advanced extension; L, localized extension; M, distant metastasis; R, regional lymph nodes; TNM, Tumour, Node, Metastasis. *Includes malignant cells in ascites or peritoneal washings.

