How Is Ovarian Cancer Staged?

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Stages of Ovarian Cancer and What Each Means for You

If you've recently been diagnosed with ovarian cancer, your cancer was probably "staged" by your oncologist.

The staging indicates if and where your ovarian cancer has spread and gives an indicator of the prognosis of the cancer. Although it may seem impersonal, it is a useful tool for the physicians treating you.

According to the American Joint Committee on Cancer (AJCC), cancer staging is not only important because it describes the amount of cancer in the body and the location, but also the severity of the cancer – "based on the magnitude of the original (primary) tumor as well as on the extent cancer has spread in the body."

Having this information allows oncologists to tailor a treatment plan that is specific to the individual patient, and develop a prognosis.

Staging is also useful because it offers information. This information is helpful to any physician who understands the staging system and allows them to "effectively communicate about a patient's cancer and collaborate on the best courses of treatment."

How Ovarian Cancer Is Staged

While your cancer may have been diagnosed in a variety of ways, staging the cancer typically is done during surgery by taking tissue samples from different areas and assessing for cancer cells — the presence of cancer cells indicate that the cancer has spread.

Not only is staging important because it indicates if and where the cancer has spread, but it also gives your oncologist a clue as to how to best treat your cancer.

It is important to note that the stage of your cancer does not change; the stage will always be the stage at diagnosis, even if the cancer metastasizes to different areas or if it recurs after remission.

The Various Types of Staging

The AJCC notes that there are four different types of staging; the first type is used at initial diagnosis of ovarian cancer:

1. **Clinical staging:** determines the how much cancer there is based on biopsies of the area, physical examination, and any other diagnostic tests that may have been performed.
2. **Pathologic staging:** this staging is combined with the results of clinical staging. Pathologic staging can only be determined if the individual has had the tumor removed or surgery to explore the extent of their tumor.

3. **Post-therapy** or **post-neoadjuvant therapy staging:** this determines the extent of cancer that remains after the patient is treated with a systemic treatment (such as chemotherapy) and/or radiation.
4. **Restaging:** is used when cancer returns after treatment.

FIGO System

Although there are different methods of staging ovarian cancer, the most common is the FIGO system**.** The FIGO system assigns letters to the stage based on the findings of the biopsies obtained during surgery.

The extent of the tumor uses the letter T. The absence or presence of metastasis uses the letter M. The presence of cancer in nearby lymph nodes uses the letter N. This information is compiled and used to determine the final stage.

Stage I

The cancer has not spread outside of the ovaries and/or fallopian tubes. The following are further used to describe this stage of ovarian cancer:

Stage IA (T1a, N0, M0): cancer is in one ovary or fallopian tube.

Stage IB (T1b, N0, M0): cancer is in both ovaries or fallopian tubes but not on the outer surfaces.

Stage IC (T1C, N0, M0): the cancer is in both ovaries or fallopian tubes. In addition:

- IC1: the capsule surrounding the tumor broke, allowing the possibility of cancer cells to leak into the abdomen and pelvis.
- IC2: cancer is on the outer surface of the ovaries or fallopian tubes.
- IC3: cancer cells are in the fluid of the abdomen.

The survival rate for stage I cancers is promising:

- I: 90 percent
- IA: 94 percent
- IB: 92 percent
- IC: 85 percent

Stage II

The cancer has spread to other organs, but the spread is limited to the pelvis. This may include the bladder, the colon, and the rectum. Lymph nodes or distant sites are not involved.

Stage IIA (T2a, N0, M0): cancer has spread into the uterus

Stage IIB (T2b, N0, M0): cancer has spread to other pelvic organs, such as the rectum.

Survival rates for this stage are:

- II: 70 percent
- IIA: 78 percent
- IIB: 73 percent

Next page: A continued look at the stages of ovarian cancer, symptoms of ovarian cancer, and more.

Stages of Ovarian Cancer – Stage III and Stage IV

Stage III

The cancer may have spread to nearby organs in the pelvic region and nearby lymph nodes.

Stage IIIA (T3a2, N0 or N1, M0): cancer is not visible in the abdomen during surgery, but is visible on a slide under a microscope.

Stage IIIB (T3b, N0 or N1, M0): cancer has spread to the abdomen and is visible to the surgeon. The lesions are 2cm or less when in the abdomen.

Stage IIIC (T3c, N0 or N1, M0): cancer has spread to the abdomen and is visible to the surgeon. The lesions are 2cm or larger.

Survival rates for this stage are:

- III: 39 percent
- IIIA: 59 percent
- IIIB: 52 percent
- IIIC: 39 percent

Stage IV

The cancer has spread to organs outside of the peritoneal cavity.

Stage IVA: cancer has spread to the fluid around the lungs, called a *malignant pleural effusion.* The cancer has otherwise not spread from the pelvis.

Stage IVB: cancer has spread to other areas of the body, such as the lungs, the brain, and the skin.

The survival rate for stage IV ovarian cancer, in general, is about 17 percent.

A Word About Survival Rates

For all types of ovarian cancer, the survival rate is 45 percent. However, if cancer is found before it has spread from the pelvic region, that rate increases dramatically, to 92 percent.

Unfortunately, ovarian cancer is rarely diagnosed at an early stage — only 15 percent of ovarian cancers are diagnosed early.

Survival rates are five-year survival rates. These rates are calculated based on patients who live at least five years past their diagnosis. The survival rate allows for the fact that after five years, often people will die from other causes.

It is worthwhile noting that many people who are not expected to live past five years often do. The survival rates are an estimate, but do not predict individual trajectories of disease.

Other factors come into play, such as health before diagnosis, the type of treatment for ovarian cancer and how well the cancer responds to treatment.

Symptoms of Ovarian Cancer

As previously mentioned, ovarian cancer, although very treatable if caught in its early stages, is rarely detected in its early stages. By the time it is generally diagnosed, it has typically spread beyond the ovaries and into other

areas, making it more difficult to treat.

The most common symptoms of ovarian cancer may include:

- Urinary urgency and frequency
- Bloating
- Abdominal pain coupled with pelvic pain
- Trouble eating or feeling full quickly

If these symptoms are experienced daily for two weeks, an immediate visit to your gynecologist is warranted.

The above symptoms can also be experienced in conjunction with these symptoms:

- Back pain
- Pain during sex
- Constipation
- Menstrual changes
- Unexplained bowel habits
- Unusual fatigue
- Weight gain or weight loss

Screening for Ovarian Cancer

Because ovarian cancer is so often detected in its later stages, researchers are searching for an early diagnostic tool that can detect ovarian cancer at an earlier stage. Several ways may prove reliable for women who are at increased risk:

- **Pelvic exam:** this tool is recommended for women for women ages 18 and up annually, and that women ages 35 and up have a rectovaginal exam annually. This exam may not detect ovarian cancer in its early stages, but it can prove helpful in establishing a baseline.
- **Transvaginal sonography:** an ultrasound that is useful in high-risk populations and women with abnormal pelvic exams, an ultrasound instrument is placed into the vagina. It is more accurate than other tools but has limited abilities at early detection.
- **CA-125 test:** this blood test measures levels of CA-125, a blood-borne protein that is produced by ovarian cancer cells. Some other non-cancerous conditions also produce it, so it can yield false positive results in detecting early ovarian cancer.

If your physician sees anything concerning during a pelvic exam or a transvaginal ultrasound, or you have a positive CA-125 blood test, he or she may order further diagnostic testing, such as an x-ray, a CT scan, or a biopsy to confirm the results.

Statistics

The American Cancer Society estimates that in the year 2017, 22,440 women will receive a new ovarian cancer diagnosis. 14,080 will die from ovarian cancer.

It is the fifth in cancer deaths among women and causes the most deaths than any cancer of the reproductive system.

A woman’s chance of developing ovarian cancer are 1 in 75, and her lifetime risk of dying from ovarian cancer is 1 in 100. Although those numbers are a bit shocking, the rate at which women are being diagnosed with ovarian cancer has been decreasing over the past 20 years.

The Bottom Line…

Early detection of ovarian cancer is important. It is often difficult to detect ovarian cancer in its early stages, which is why knowing the symptoms of ovarian cancer – and seeking treatment as soon as possible – is vital.

Cancer staging is a useful tool for treating your cancer – it gives your treatment team vital information, but it is worthwhile noting that you shouldn’t look too much into the staging. Every person is different, and your survival rate depends on many various factors.