



Working regionally to improve cancer services

# Scottish Gynaecology Managed Clinical Networks

## Ovarian Cancer Staging Guideline

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## 1. FIGO 2018 Staging in Scotland

The consensus of the NCA, SCAN and WOSCAN Gynaecology Managed Clinical Networks (MCNs) is to use the FIGO 2018 staging system published by the International Federation for Gynaecology and Obstetrics.

FIGO 2018 should be recorded for every Ovarian Cancer patient upon discussion at the relevant regional Ovarian Cancer MDT and recorded for audit purposes. According to the cancer Quality Performance Indicators, this discussion should take place before definitive treatment.

Reference: "Staging for OVFTP malignancies" (International Federation for Gynaecology and Obstetrics; 10 November 2018: Accessed 16/05/22) <https://www.igo.org/news/staging-ovftp-malignancies>

Table of the FIGO 2018 Staging System			
<b>1A</b>	Tumour limited to 1 ovary, capsule intact, no tumour on surface, negative washings.		
<b>1B</b>	Tumour involves both ovaries otherwise like IA.		
<b>1C</b>	<i>[Tumour limited to 1 or both ovaries]</i>		
	<b>1Ci</b>	Surgical spill	
	<b>1Cii</b>	Capsule rupture before surgery or tumour on ovarian surface	
	<b>1Ciii</b>	Malignant cells in the ascites or peritoneal washings	
<b>2A</b>	Extension and/or implant on uterus and/or Fallopian tubes		
<b>2B</b>	Extension to other pelvic intraperitoneal tissues		
<b>3A</b>	[ Positive retroperitoneal lymph nodes and /or microscopic metastasis beyond the pelvis]		
	<b>3A1</b>	Positive retroperitoneal lymph nodes only	
		<b>3A1(i)</b>	Metastasis ≤ 10 mm
		<b>3A1(ii)</b>	Metastasis > 10 mm
<b>3A2</b>	Microscopic, extrapelvic (above the brim) peritoneal involvement ± positive retroperitoneal lymph nodes		
<b>3B</b>	Macroscopic, extrapelvic, peritoneal metastasis ≤ 2 cm ± positive retroperitoneal lymph nodes. Includes extension to capsule of liver/spleen		
<b>3C</b>	Macroscopic, extrapelvic, peritoneal metastasis > 2 cm ± positive retroperitoneal lymph nodes. Includes extension to capsule of liver/spleen.		
<b>4A</b>	Pleural effusion with positive cytology		
<b>4B</b>	Hepatic and/or splenic parenchymal metastasis, metastasis to extra-abdominal organs (including inguinal lymph nodes and lymph nodes outside of the abdominal cavity)		

## 2. Notes for use of FIGO 2018 in Scotland

### Radiological Staging

Radiological staging and the assignment of a FIGO stage of disease as part of regional Ovarian Cancer MDT discussion does not contraindicate surgical options for every patient. Suitability for upfront or interval delayed surgery for ovarian cancer is to be made on assessment of all evidence including abdominal resectability and patient fitness.

Patients must be managed according to regional clinical management guidelines agreed through the regional cancer networks (NCA, SCAN and WOSCAN), with a regional Ovarian Cancer MDT advising on patient management according to all available evidence and individual patient factors.

### Pleural Effusion

Where the presence or absence of pleural effusion is noted as part of radiological assessment of imaging as part of MDT discussion of patients, this should not be used to decide FIGO stage of disease unless cytological has been proven through a pleural tap investigation.

Positive cytology is required to confirm presence of suspected pleural effusion and, where positive, assignment of FIGO IVA disease or higher is agreed.

Where there is no proven cytology of pleural effusion, it is agreed this cancer can not be staged as FIGO IVA.

### Cardiophrenic Nodes

Where cardiophrenic lymph nodes are seen on imaging to measure greater than 5mm in short axis diameter or are proven to be positive by histopathology, FIGO staging should be recorded as FIGO IVB.

Where cardiophrenic lymph nodes are seen on imaging to measure 5mm or less, their presence should not influence FIGO staging unless subsequently proven positive by histopathology. FIGO staging should be based on the findings at other sites.

This is based on the European Society of Urogenital Radiology (ESUR) guidelines (<https://pubmed.ncbi.nlm.nih.gov/20839002/>) and references noted on page 4.

### Timelines

For both pleural effusion and cardiophrenic nodes, there is no requirement to chase cytological confirmation of these if this will extend timelines for treatment. All Ovarian Cancer patients are subject to the Scottish Government's 31-day cancer waiting times standard from date of diagnosis to date of first treatment.

Furthermore, surgical management remains a consideration for all Ovarian Cancer patients as part of MDT discussion.

### Non-Standard Imaging

The use of computerised tomography (CT) and Ultrasound imaging for diagnosis of ovarian cancer is standard as included in regional clinical management guidelines from NCA, SCAN and WOSCAN. The use of PET-CT and MRI is non-standard but may be required on an individual patient basis.

### 3. References

- “Staging for OVFTP malignancies” (International Federation for Gynaecology and Obstetrics; 10 November 2018; Accessed 16/05/22) [www.figo.org/news/staging-ovftp-malignancies](http://www.figo.org/news/staging-ovftp-malignancies)
- “ESUR guidelines: ovarian cancer staging and follow-up” (European Society of Urogenital Radiology; 14 September 2014; Accessed 02/08/22) <https://pubmed.ncbi.nlm.nih.gov/20839002/>
- “What are the implications of radiologically abnormal cardiophrenic lymph nodes in advanced ovarian cancer? An analysis of tumour burden, surgical complexity, same-site recurrence and overall survival” (Addley et al; European Journal of Surgical Oncology; Accessed 12/09/22) <https://pubmed.ncbi.nlm.nih.gov/35718677/>
- “Survival in Advanced-Stage Epithelial Ovarian Cancer Patients with Cardiophrenic Lymphadenopathy Who Underwent Cytoreductive Surgery: A Systematic Review and Meta-Analysis” (Kengsakul et al; Cancers 2021; Accessed 12/09/22) <https://www.mdpi.com/2072-6694/13/19/5017>
- “The Significance of Paracardiac Lymph Node Enlargement in Ovarian Cancer” (Holloway et al; Gynaecology Oncology 2015; Accessed 12/09/22) [https://www.gynecologiconcology-online.net/article/S0090-8258\(15\)00912-9/fulltext](https://www.gynecologiconcology-online.net/article/S0090-8258(15)00912-9/fulltext)
- “Feasibility, Safety and Clinical Outcomes of Cardiophrenic Lymph Node Resection in Advanced Ovarian Cancer” (Cowan et al; Gynaecology Oncology 2017; Accessed 12/09/22) [https://www.gynecologiconcology-online.net/article/S0090-8258\(17\)31270-2/fulltext](https://www.gynecologiconcology-online.net/article/S0090-8258(17)31270-2/fulltext)

### 4. Links

- North Cancer Alliance (NCA) [www.nhsscotlandnorth.co.uk/nca](http://www.nhsscotlandnorth.co.uk/nca)
- South-East of Scotland Cancer Network (SCAN) [www.scan.scot.nhs.uk](http://www.scan.scot.nhs.uk)
- West of Scotland Cancer Network (WoSCAN) [www.woscan.scot.nhs.uk](http://www.woscan.scot.nhs.uk)