

## FACT SHEET 2

### ● The Staging of Ovarian Cancer

#### What are the stages of ovarian cancer?

This fact sheet explains the different stages of ovarian cancer and the reasons for this classification. Included are some comments about the treatment for each stage.

The stage of ovarian cancer defines where the disease is at the time of initial diagnosis. In ovarian cancer this is broken down into four stages, the most widespread cancer being associated with stage 4 disease. Whilst your gynaecologist may be able to indicate after surgery what disease stage you have, it is necessary to wait for all microscopic reports to return to confirm exactly what stage disease is present and what type of ovarian cancer you have.

There are four stages of ovarian cancer:

#### Stage 1

Stage 1 is the earliest stage and indicates that the cancer affects only one or both of the ovaries.

At this stage the cancer causes few symptoms and most women are not aware that anything is wrong. Sometimes stage I cancers do cause symptoms such as discomfort, passing urine more frequently or constipation. These symptoms are usually due to the tumour pressing on the bladder or bowel.

Because stage 1 ovarian cancer has so few symptoms only a small number of women have cancer detected at this early stage (approximately 15%).

In order to be certain that a cancer is stage 1, careful exploration and sampling of the common sites of spread is important. Even if a cancer appears at surgery to affect only the ovary it is possible that spread has occurred.

This sort of spread may only be seen under the microscope and therefore samples are taken for closer examination.

If cancer is confirmed as stage 1 the outlook is good. This is particularly the case if the cancer is confined to the inside of one ovary (stage 1a) or both ovaries (stage 1b), in which case surgery alone may be sufficient treatment. If the cancer involves the surface of the ovary or ovaries or there are cancer cells in the body fluid around the ovaries (stage 1c) further treatment with chemotherapy may be considered.

#### Stage 2

In stage 2 ovarian cancer, the cancer has spread outside the ovary into the pelvis or has implanted into the uterus.

Stage 2 is fairly uncommon (approximately 10% of women with ovarian cancer). This is because the lining of the pelvis and abdomen are not separated and consequently the cancer usually spreads to the abdomen at the same time as the pelvis.

Stage 2 is further classified as stage 2a, where the tumour has extended or implanted into the uterus or fallopian tube but there are no cancer cells in the body fluid (peritoneal fluid) around the ovaries; stage 2b, where the tumour has extended or implanted into other pelvic tissues but there are no cancer cells in the bloody fluid around the ovaries; and stage 2c, where the tumour has extended or implanted into other pelvic tissues and there are cancer cells in the body fluid around the ovaries.

Most women with cancer diagnosed at stage 2 will be advised to have treatment with chemotherapy as well as surgery.

#### Stage 3

This is the most common stage and is found in

approximately 65% of women with ovarian cancer.

At this stage the cancer may have spread to involve the lining of the abdomen, the bowel surface, the omentum and the lymph nodes in the pelvis or around the aorta. The tumour on the lining of the abdomen releases fluid, which collects inside the abdomen and this is called ascites. The symptoms of ovarian cancer at this stage can be indigestion, constipation, poor appetite, distention of the abdomen and discomfort. These symptoms are usually due to the pressure of the fluid or tumour on the organs in the abdomen. These sorts of symptoms are, of course, extremely common in women who have nothing at all wrong with them. In fact the vast majority of women with these sorts of symptoms do not have cancer of the ovary and this can make it very difficult to diagnose the condition.

Stage 3 is further classified as stage 3a, where cancer cells are identified microscopically outside the pelvis or on the abdominal peritoneal surfaces; Stage 3b, where tumour implants on abdominal surfaces measure 2 cm or less in size; or stage 3c, where tumour implants on the abdominal peritoneal surfaces measure 2 cm in size and involves lymph nodes in the abdominal areas.

When stage 3 cancer is discovered the aim of the initial surgery is to remove as much of the tumour as possible. Further treatment usually involves chemotherapy. If the removal of a tumour at initial surgery was incomplete, a second operation during chemotherapy may also be suggested.

## Stage 4

Approximately 10% of women with ovarian cancer will be found to have stage IV disease.

Stage 4 involves spread beyond the abdomen and can involve the liver and lungs.

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## Six key questions to ask:

### Will I have?

- 1 The opportunity of a prompt referral to a consultant-led team specialising in the diagnosis and treatment of gynaecological cancer?
- 2 A full discussion about options such as surgery and chemotherapy before treatment starts?
- 3 Surgery performed by a gynaecologist trained in managing gynaecological cancers?
- 4 Chemotherapy undertaken by staff with a special interest in gynaecological cancer?
- 5 Access to a specialist nurse or counsellor and a symptom control (palliative care) team?
- 6 Information on support services for myself and family?
- 7 Information on any ongoing clinical trials?

Women with stage 4 cancer may experience the same symptoms as women with stage 3 cancer and have the lung spread detected by an X-ray. Sometimes the lung spread may be the first symptom of the cancer if it causes shortness of breath or a cough.

Stage 4 is further classified into stage 4a, where the cancer has spread to the lungs or stage 4b, where the cancer has spread to the liver.

Stage 4 ovarian cancer may be treated by surgery followed by chemotherapy or by chemotherapy alone.

Revised by Professor Sean Kehoe, Professor of Gynaecological Cancer at the John Radcliffe Hospital in Oxford. He has been involved in gynaecological cancer for many years and has a specific interest in ovarian cancer. He has been involved in developing clinical trials and surgery for ovarian cancer along with investigating gene therapy and indeed the symptoms of ovarian cancer. He is on local and national boards, which relate to service development and research into gynaecological cancers. December 2007