Cancer staging

Cancer staging

It is not su ffi cient simply to know what and where a cancer is; its extent must also be known. If it is localised, then locoregional treatments such as surgery and radiation therapy may be curative. If the disease is widespread then, although such local interventions may contribute to cure, they will be insu ffi cient and systemic treatment, for example with drugs or hormones, will also be required. - Staging is the process whereby the extent of disease is mapped out. Staging used to be a fairly crude process based on clinical examination, chest x-ray and occasionally ultrasound; it is now a sophisticated process, reliant on advanced imaging techniques such as CT , magnetic resonance imaging (MRI) and positron emission tomography (PET) scans. These techno - logical advances bring with them the implication that patients staged as having localised disease today are not comparable to patients described in 1985 as having localised disease. Many of these latter patients would, had they been imaged using the technology of today , have had occult metastatic disease detected. The Union for International Cancer Control (UICC) is - responsible for the TNM (tumour, nodes, metastases) staging system for cancer. This system is compatible with, and relates to, the American Joint Committee on Cancer (AJCC) system

a, The tumour has grown into the surface of the visceral peritoneum b, The tumour has grown into or has attached to other organs or structures

pathological staging system for colorectal cancer is shown in Table 12.3 . The purpose of staging is twofold: to estimate prognosis and to help select appropriate treatment options. Anatomi cal staging provides important information as to the surgical resectability of disease and the risk of its recurrence. Howev the risk assessment for most cancers is suboptimal and pro vides a wide confidence interval. Better staging techniques are entering care, such as the determination of circulating tumour DNA (ctDNA) in the blood of postoperativ e patients. Patients who demonstrate ctDNA postoperatively have a substantially higher risk of relapse than patients who do not. This informa tion may be useful in the future to select patients who should be o ff ered further treatment to eliminate residual tumour cells and, of equal importance, to identify patients with a low chance of relapse who can avoid further treatment. Cancer staging

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