

## Staging classification for cancer of the ovary and the fallopian tube should include in situ carcinoma

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### Dear Editor,

We read with interest the almost identical articles on staging classification for ovarian and fallopian tube cancer that were published in several journals [1-8]. What is missing in the staging classification is the in situ carcinoma or Tis for ovary and fallopian tube.

Cancer staging is important and necessary for explaining epidemiologic changes, defining the disease at presentation, planning adequate treatment, and evaluating the overall impact of new therapies [2].

In situ carcinoma of the ovary is extremely rare [9]. In situ carcinoma of the fallopian tube on the other hand is not so rare as one would expect. In situ carcinoma of the fallopian tube is found in 3% to 12 % of the BrCa carriers who have a prophylactic removal of the tubes [10, 11]. It is hypothesized that the fallopian tube is the origin of ovarian cancer. Clinical studies are ongoing to test this idea. An in situ carcinoma does not metastasize, but it can give implant lesions in the abdomen or lead to involvement of the ascites or peritoneal washings.

Due to the raised awareness and improved imaging, more and more in situ cancers of the fallopian tube will be detected. Ovarian cancer and tubal cancer prevention strategy are mainly based on surgery. It is therefore important to stage these in situ carcinomas correctly in order to understand each other and to allow treatment comparison.

There are four possible staging classification for Tis: (1) Tis without implants or involvement of the ascites and peritoneal washings; (2) Tis with implants but without or involvement of the ascites and peritoneal washings; (3) Tis with implants and involvement of the ascites and peritoneal washings; (4) Tis without implants but with involvement of the ascites and peritoneal washings. Furthermore all women with an ovarian, fallopian tube or peritoneum cancer should have a genetic testing for BrCa mutation. This should also be recorded in the staging classification.

In the era of personalized cancer medicine, accurate staging is essential, as it assigns patients to a specific group with specific treatments possibilities, and consequently improved

survival. Only if you look for things you will find them, and you can improve them.

### References

- [1] Prat J., FIGO Committee on Gynecologic Oncology: "Staging classification for cancer of the ovary, fallopian tube, and peritoneum". *Int. J. Gynaecol. Obstet.*, 2014, 124, 1.
- [2] Mutch DG, Prat J. 2014 FIGO staging for ovarian, fallopian tube and peritoneal cancer. *Gynecol. Oncol.*, 2014, 133, 401.
- [3] Prat J., FIGO Committee on Gynecologic Oncology: "FIGO's staging classification for cancer of the ovary, fallopian tube, and peritoneum: abridged republication". *J. Gynecol. Oncol.*, 2015, 26, 87.
- [4] Prat J., FIGO Committee on Gynecologic Oncology: "Abridged republication of FIGO's staging classification for cancer of the ovary, fallopian tube, and peritoneum". *Eur. J. Obstet. Gynecol. Reprod. Biol.*, 2015, 188, 133.
- [5] Prat J., FIGO Committee on Gynecologic Oncology: "Abridged republication of FIGO's staging classification for cancer of the ovary, fallopian tube, and peritoneum". *Eur. J. Gynaecol. Oncol.*, 2015, 36, 367.
- [6] Prat J., FIGO Committee on Gynecologic Oncology: "Staging Classification for Cancer of the Ovary, Fallopian Tube, and Peritoneum: Abridged Republication of Guidelines From the International Federation of Gynecology and Obstetrics (FIGO)". *Obstet. Gynecol.*, 2015, 126, 171.
- [7] Prat J., FIGO Committee on Gynecologic Oncology: "Abridged republication of FIGO's staging classification for cancer of the ovary, fallopian tube, and peritoneum". *Cancer*, 2015, 121, 3452.
- [8] Prat J.: "Ovarian, fallopian tube and peritoneal cancer staging: Rationale and explanation of new FIGO staging 2013". *Best. Pract. Res. Clin. Obstet. Gynaecol.*, 2015, 29, 858.
- [9] Inoue K., Tsubamoto H., Hao H., Tamura K., Hashimoto-Tamaoki T.: "Ovarian carcinoma in situ of presumable fallopian tube origin in a patient with Lynch syndrome: a case report". *Gynecol. Oncol. Case Rep.*, 2013, 5, 61.
- [10] Leeper K., Garcia R., Swisher E., Goff B., Greer B., Paley P.: "Pathologic findings in prophylactic oophorectomy specimens in high-risk women". *Gynecol. Oncol.*, 2002, 87, 52.
- [11] Callahan M.J., Crum C.P., Medeiros F., Kindelberger D.W., Elvin J.A., Garber J.E., et al.: "Primary fallopian tube malignancies in BRCA-positive women undergoing surgery for ovarian cancer risk reduction". *J. Clin. Oncol.*, 2007, 25, 3985.

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