

Cervical Cancer: The Different Stages

Treating cervical cancer is possible especially when it is detected at a very early stage. For the Gynecologist or Oncologist to be able to recommend the most appropriate treatment for her patients, it is best to do staging and grading of cervical cancer.

The stage of the cervical cancer is somewhat like creating a picture that describes the extent of the cancer and to where it has already spread during the time it was first diagnosed. Staging is one of the crucial aspects that healthcare personnel look into to be able to determine the treatment options most suitable for the patient. Some of the vital information necessary to categorize the stage is the approximated size of the tumor and what adjacent organs have been affected by the growing mass, or if cervical cancer has metastasized to other distant organs; these can effectively be pinpointed through different tests and diagnostic examinations.

1. The **International Federation of Gynecology and Obstetrics (FIGO) Staging System** has been developed by gynecology experts to be able to efficiently classify and stage cancers of the female reproductive organ especially cervical cancer. Stages are based primarily on the doctor's initial physical examination, test results and other required tests like proctoscopy and cystoscopy. We have to note that initial staging is not based on the size of the tumor after surgery has been done. However, when the doctors have found that the tumors have extensively spread to other organs, the plan of treatment will then be modified.
2. The **American Joint Committee on Cancer (AJCC) TNM Staging System** uses 3 factors to classify and categorize the stage of the cervical cancer.
 - a. **T** – The extent of the primary **tumor**.
 - i. **Tis**. Cancer is concentrated on the surface of the cervix
 - ii. **T1**. Cancers cells are found in the cervix and deeper tissues and the body of the uterus, but not necessarily spread to the outside part of the uterus
 - iii. **T2**. In this cervical cancer stage, the cancer cells are already on the cervix and the uterus. However, there aren't any cancer cells found in the vagina and the pelvic walls, but may already be present on the upper part of the vagina.
 - iv. **T3**. In this stage, the patient may already be experiencing difficulty in urination because there is already blockage of the ureters as the cancer has spread to the vaginal and the pelvic walls.
 - v. **T4**. Cervical cancer in this stage can already cause pain during defecation and micturition because it has already affected the rectum and the bladder.
 - b. **N** – Cancer has already involved the **lymph nodes**
 - i. **NX**. The adjacent lymph nodes could not be assessed
 - ii. **N0**. The lymph nodes are not affected
 - iii. **N1**. There is already involvement of the lymph nodes
 - c. **M** – There is already metastasis to other organs
 - i. **M0**. There is no clear evidence that the cervical cancer has spread to other distant organs, tissues and lymph nodes.

To the best of my Knowledge and research.
Please do not trust , best to consult with your doctor

- ii. **M1.** There is evident metastasis or spread to other distant organs like the lungs or the liver, to the lymph nodes of the neck or chest and the peritoneum or the sheath that covers the internal organs inside the abdomen.