STAGING SYSTEMS

Staging is important to help determine the plan of treatment. It is about trying to establish how involved the cancer is within the prostate, and assess its progression, outside the confines of the prostate.

The TNM System (the current system)

The system that is mostly used now is the TNM system. This is an international classification used for almost every cancer. The \underline{T} refers to the tumour, the \underline{N} to the node or lymph gland status, and \underline{M} for metastasis, which refers to the spread of cancer:

T1 is when the tumour is small and **cannot be felt** with a finger examination (rectal examination or ultrasound). It is found either during a TURP (prostate re-bore surgery) or biopsy:

- T1a feels normal but less than 5% of cancer found in the tissue removed during a TURP.
- T1b feels normal but more than 5% of cancer found in the tissue removed during a TURP.
- T1c feels normal but found on biopsy because of a raised PSA.

T2 is when the tumour can be **felt** but is **confined** within the prostate:

- T2a feels abnormal on *one half* of one side of the prostate.
- T2b feels abnormal on *more than half* of the one side of the prostate.
- T2c feels abnormal on *both sides* of the prostate.

T3 is when the tumour extends beyond the prostate capsule and/or is spreading into the adjacent structures called **seminal vesicles**:

- T3a feels like it extends beyond one or both sides of the prostate.
- T3b feels like it extends into the seminal vesicles (secretory organs next to the prostate).

T4 is when it is spreading beyond the seminal vesicles and into adjacent organs like the bladder, rectum or pelvis.

N1 is when the tumour is found in lymph nodes nearby and **N0** is where no nodes are involved.

M1 is when there is presence of metastatic disease and M0 is where there is no detectable spread.