

National Disease Registration Service (NDRS)

Key Performance Indicators:
Gynaecology Staging 101
v2 December 2025

Welcome to this NDRS training module, which has been designed as a quick guide to Gynaecology Staging

Gynaecology Staging 101: What is Stage?

- What is stage?

Stage is an assessment of how far a tumour has spread. A gynaecology patient would be staged at the point where all available staging investigations have been completed at the point of diagnosis

Stage is simply a way to quantify the spread of a cancer. It's assessed by the clinical team using evidence available at that point. While Stage may be assessed for clinical purposes at many points in the pathway ... for instance, after a neo-adjuvant treatment ... for the purposes of COSD we collect the stage at the point of diagnosis.

Gynaecology Staging 101: What is Stage?

- What is stage?

Stage is an assessment of how far a tumour has spread. A gynaecology patient would be staged at the point where all available staging investigations have been completed at the point of diagnosis

- The Principles of using a staging system

Enables the practice of classifying cancer cases into groups according to their anatomical extent at the point of diagnosis and is extremely important as it;

- Helps the clinician in the planning of the treatment
- Gives an indication of the prognosis for survival for primary tumours
- Assist in the evaluation of the results of the treatment and outcome analysis
- To support cancer-controlled activities
- Helps with the development and implementation of clinical guidelines

Knowing the stage allows the clinicians to plan the treatment and may give an indication of survival. It's also useful in the development of clinical guidelines.

Gynaecology Staging 101: FIGO Staging

- The FIGO Staging System

This is specific to Gynaecological cancers. Only one FIGO stage is recorded but this may be updated as further information becomes available. FIGO staging parameters vary depending on the exact cancer type but broadly speaking can be summarised as:

FIGO STAGE	DESCRIPTION
I	Localised / largely localised cancer
II	Invasion to specified adjacent structures
III	Invasion to specified regional structures / lymph nodes
IV	Tumour invades other specified regional structures / distant metastases

FIGO staging is specific to Gynae cancers. Only one FIGO stage is recorded per pathway based on the information available at the time. While the criteria for FIGO stage varies by type of disease, broadly speaking it can be categorised as: localised, starting to invade nearby structures, wider invasion and finally, specified regional or metastatic spread.

Gynaecology Staging 101: FIGO Staging

- The FIGO Staging System

This is specific to Gynaecological cancers. Only one FIGO stage is recorded but this may be updated as further information becomes available. FIGO staging parameters vary depending on the exact cancer type but broadly speaking can be summarised as:

FIGO STAGE	DESCRIPTION
I	Localised / largely localised cancer
II	Invasion to specified adjacent structures
III	Invasion to specified regional structures / lymph nodes
IV	Tumour invades other specified regional structures / distant metastases

- The FIGO Staging System – by ICD10 code

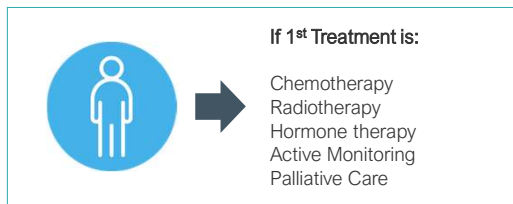
Multiple suffix codes may be required depending on the disease.

Disease-specific FIGO staging guidance can be downloaded for clinical use from:

<https://digital.nhs.uk/ndrs/data/cancer-data-training-materials/staging-sheets>

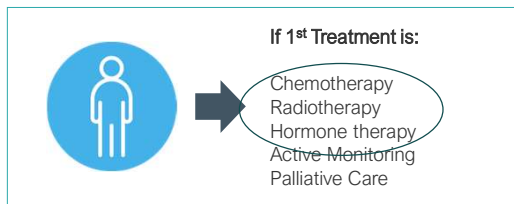
Individual staging data sheets are available by ICD10 code. These can be downloaded for clinical use from the NDRS website.

Gynaecology Staging 101: When do we *collect* the FIGO stage?



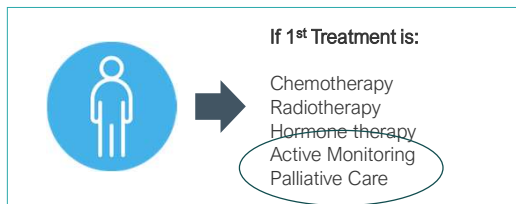
So, at what point in the pathway should the FIGO stage be recorded? That depends on the first treatment.

Gynaecology Staging 101: When do we *collect* the FIGO stage?



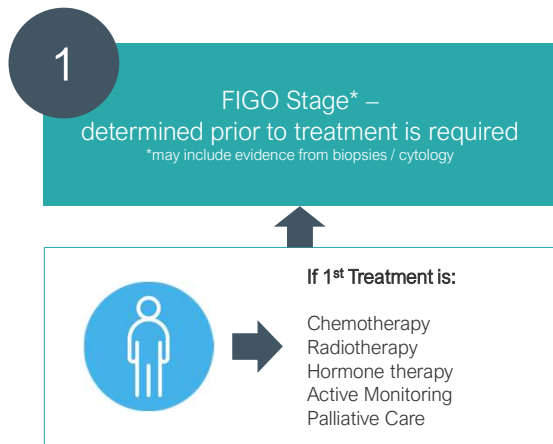
The aim of treatment such as chemotherapy, radiotherapy or hormones is usually to control or reduce the size of the tumour, so the tumour might stay the same or it might shrink.

Gynaecology Staging 101: When do we *collect* the FIGO stage?



However, if the patient's first treatment is either monitoring or palliative care, the tumour might stay the same or it might grow larger....

Gynaecology Staging 101: When do we *collect* the FIGO stage?



... and because for COSD we are always looking for stage at the point of diagnosis ... where a patient has a treatment like this that may affect the size of the tumour but won't necessarily remove it, we would want the stage to be collected prior to treatment. At this point in the pathway, the FIGO stage may include information from solid tumour biopsies or from cytology, depending on the disease.

Gynaecology Staging 101: When do we *collect* the FIGO stage?

1

FIGO Stage* –
determined prior to treatment is required
*may include evidence from biopsies / cytology



If 1st Treatment is:

Chemotherapy
Radiotherapy
Hormone therapy
Active Monitoring
Palliative Care

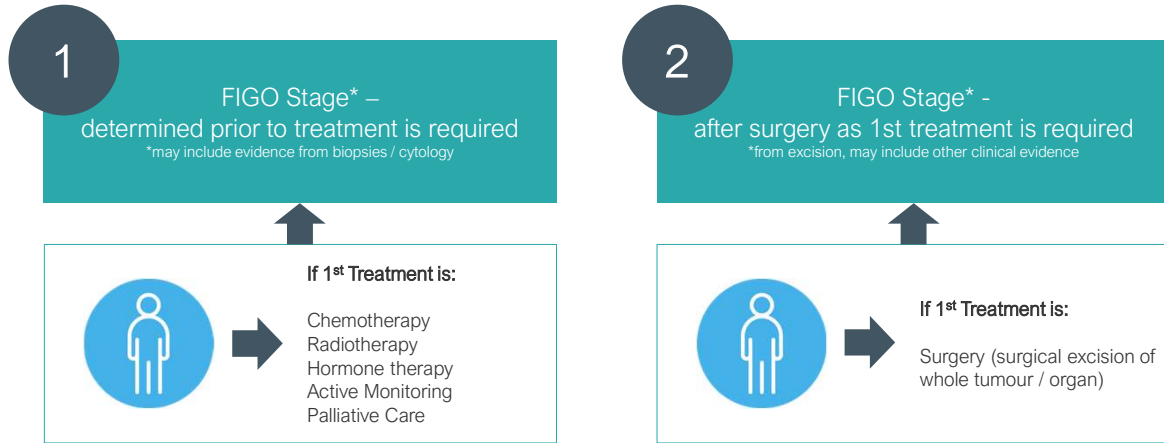


If 1st Treatment is:

Surgery (surgical excision of
whole tumour / organ)

But what if the patient goes straight to surgery without any prior treatment? The surgical excision of the tumour – while it treats the patient - doesn't actually do anything to the tumour itself other than remove it. Once removed, it will be passed to a pathologist who will examine the tumour under a microscope. ...

Gynaecology Staging 101: When do we *collect* the FIGO stage?



... and these are the circumstances under which the FIGO stage can be updated to also take into consideration the pathological assessment of the excised tumour.

Gynaecology Staging 101: When do we *collect* the FIGO stage?

1 FIGO Stage* –
determined prior to treatment is required
*may include evidence from biopsies / cytology




2 FIGO Stage* -
after surgery as 1st treatment is required
*from excision, may include other clinical evidence



If surgery occurs in the pathway as a subsequent treatment, please do **not** update the FIGO.

... but if surgery occurs as a subsequent treatment, please do **NOT** update the FIGO stage because the tumour size may have changed since the point of diagnosis. So if, for instance, a patient receives hormone treatment and then goes on to have surgery, we would want the FIGO stage to be collected prior to the hormone treatment and it should **NOT** be updated after a subsequent surgery

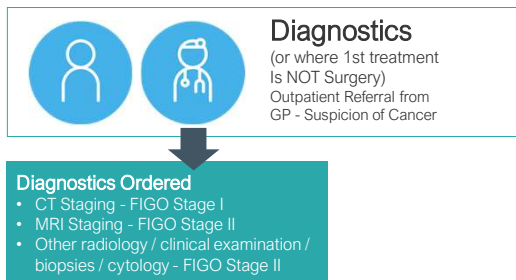
Gynaecology Staging 101: A Sample Pathway



Diagnostics
(or where 1st treatment
Is NOT Surgery)
Outpatient Referral from
GP - Suspicion of Cancer

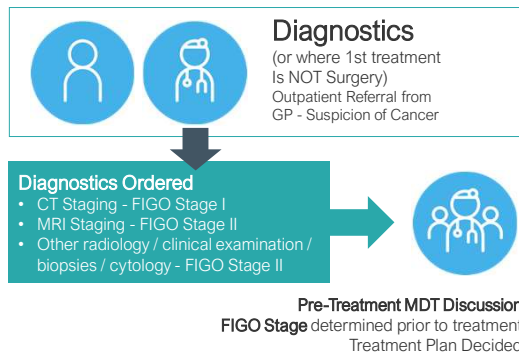
Now we're going to look at a sample pathway. In this example, a Gynae patient is referred from the GP with a suspicion of cancer...

Gynaecology Staging 101: A Sample Pathway



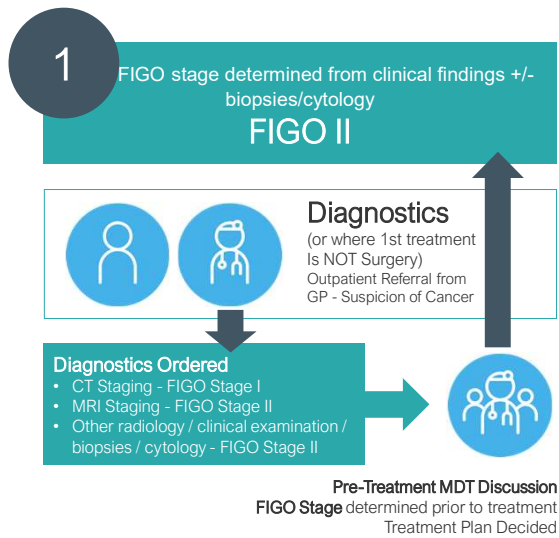
... the patient undergoes a number of investigations which can contribute to the staging information. With these various contributory assessments of stage...

Gynaecology Staging 101: A Sample Pathway



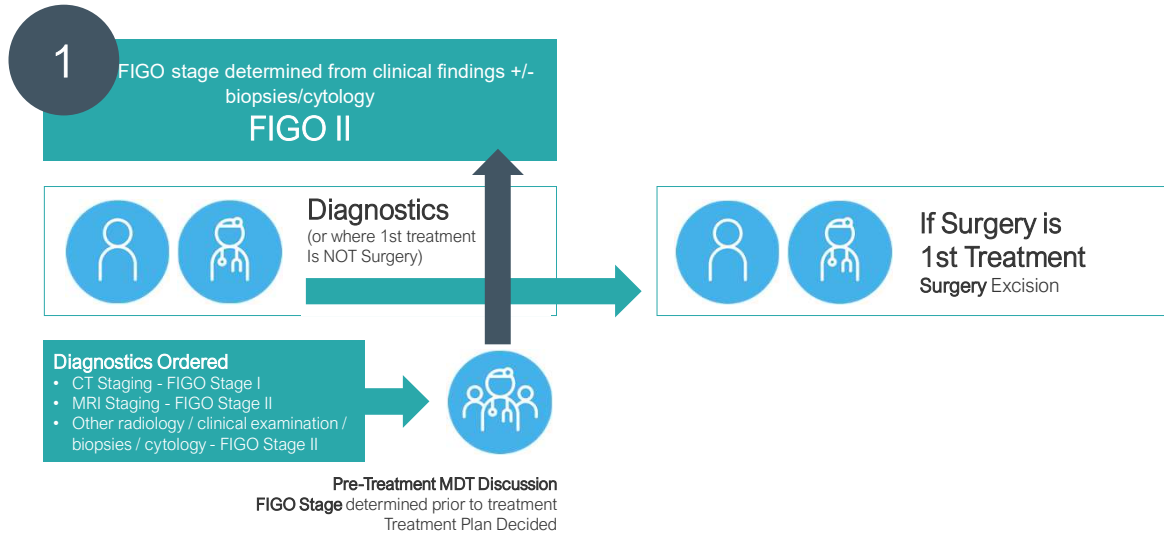
... the patient can be discussed at a pre-treatment MDT where the clinical team will review their case

Gynaecology Staging 101: A Sample Pathway



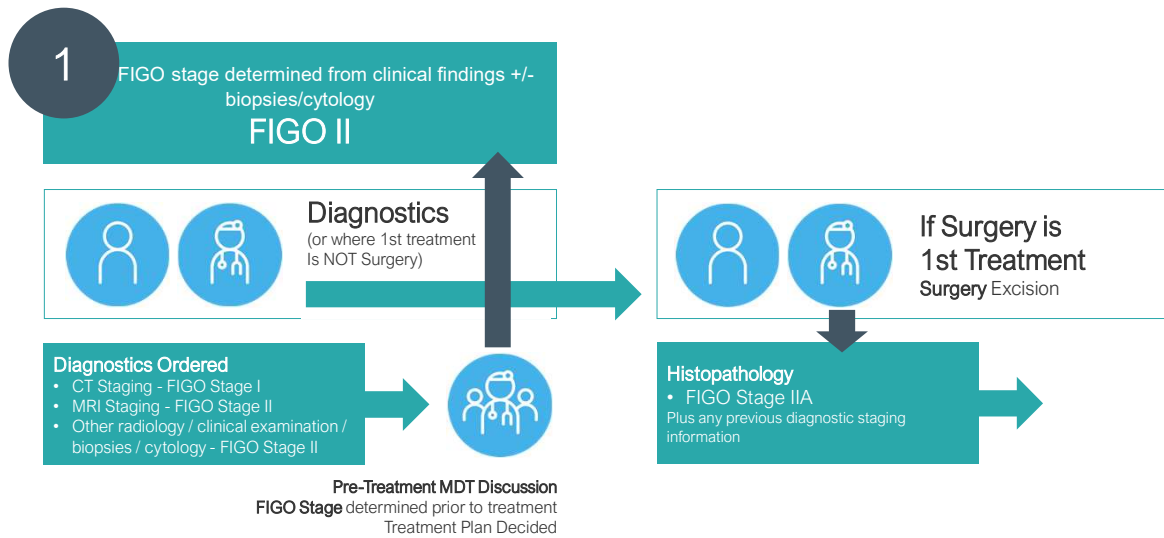
...and can then reach a consensus on the FIGO Stage as determined from available evidence which should be recorded in your cancer data management system. If the patient goes on to have a Non-surgical first treatment, there should be no update to this FIGO stage.

Gynaecology Staging 101: A Sample Pathway



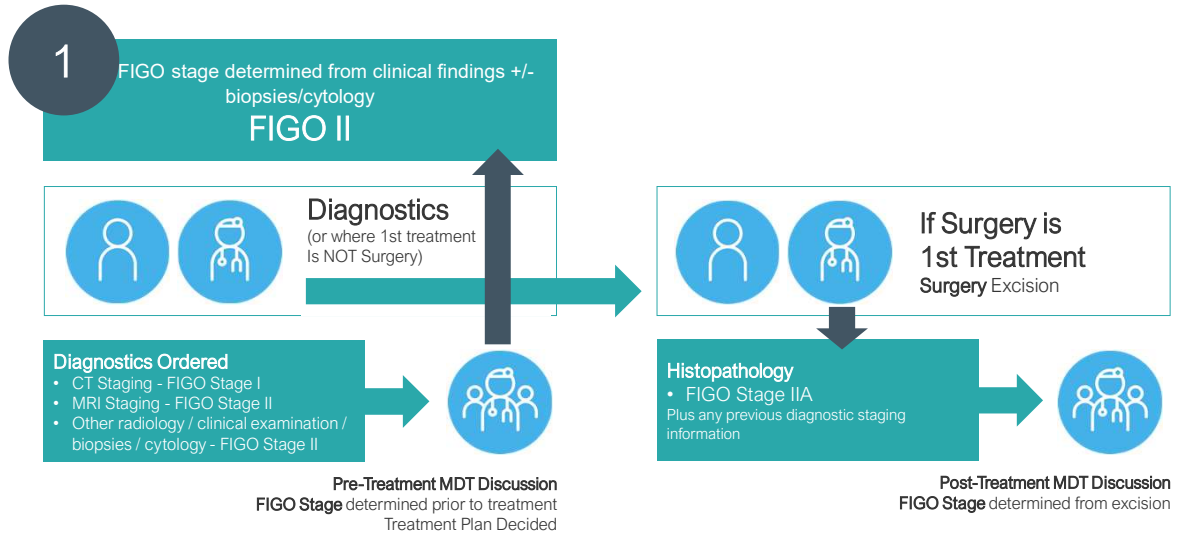
However, in this example, the patient has gone straight to surgery...

Gynaecology Staging 101: A Sample Pathway



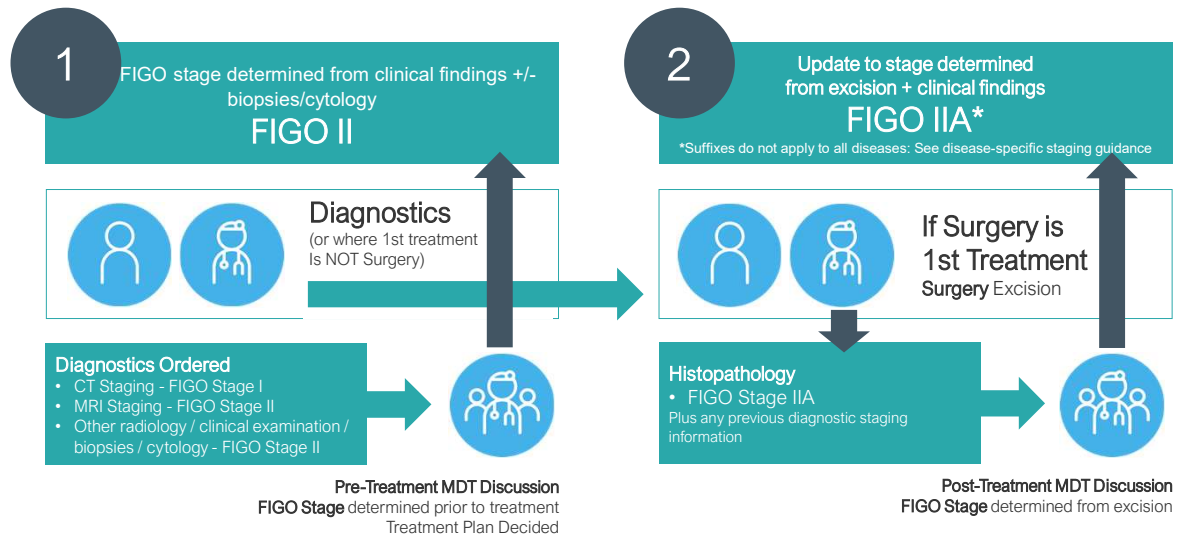
... during which the primary tumour has been excised along with other tissues. The pathologist is able to make an assessment of the tumour invasion and this information...

Gynaecology Staging 101: A Sample Pathway



... is taken to the post-treatment MDT, where the clinical team meet again to discuss the patient's pathway, including stage.

Gynaecology Staging 101: A Sample Pathway



By combining the pathological FIGO stage with any other relevant staging data, the FIGO stage can be re-assessed and updated on your system.

Gynaecology Staging 101: Stage Completeness

A stageable gynaecological cancer is considered staged when the site-specific stage has been included in the COSD submission

All stage **MUST** have the following data items completed for the stage to be included in the COSD submission extract:

- Reported Date
- Reporting Organisation

Also, please remember to include both the reporting date and the Reporting organisation. Without these data items, the FIGO stage will not be included in the COSD submission.

The Data Liaison Team

East Midlands: **Simon Cairnes** – simon.cairnes@nhs.net

Eastern: **Marianne Mollett** – marianne.mollett@nhs.net

London & South-East: **Katrina Sung** – katrina.sung@nhs.net

London & South-East: **Karen Graham** – karen.graham36@nhs.net

North-West: **Paul Stacey** – p.stacey@nhs.net

Northern & Yorkshire: **Rachael Mann** – rachaelmann@nhs.net

Oxford: **Gemma Feeney** – gemma.feeney@nhs.net

South-West: **James Withers** – james.withers@nhs.net

West Midlands: **Gemma Feeney** – gemma.feeney@nhs.net

And of course, we're here to support you. If you have any questions about FIGO staging or any other aspect of COSD data, do please get in touch with your regional data liaison manager