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

To the 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 doesn't 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 the improved imaging more and more *in situ* cancers of the fallopian tube will be detected. Ovarian cancer and tubal cancer prevention strategy is 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 comparing.

There are 4 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 it and you can improve it.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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