

Te mārama ki ngā wāhanga me
ngā whakatauranga

Understanding staging and grading

A guide for bowel cancer patients and their whānau.



At a glance...

- Staging relates to the amount of cancer in a patient's body.
- Grading indicates how abnormal the cancer cells are.
- The combination of stage and grade information determines the best treatment plan.

“Bowel cancer is a journey. It's not about having just one treatment: there are a lot of steps that can contribute to better quality of life and an extension of life.”

DR DRAGAN DAMIANOVICH,
BOWEL CANCER SPECIALIST

Staging and the TNM system

A common tool specialists use to describe the stage of bowel cancer is the TNM system:

- **Tumour** – information relating to the original (primary) tumour.
- **Nodes** – whether the cancer has spread to the nearby lymph nodes.
- **Metastasis** – refers to whether the cancer has spread from the primary tumour to other parts of the body.

Numbers are often used after the letters to indicate the size or spread of the cancer. For example: the higher the T number (T1 to T4), the larger the tumour and/or the more it has grown into nearby tissues. The higher the N number, the greater the cancer spread to nearby lymph nodes. M0 means no cancer has spread, and M1 means that the cancer has spread to other organs or tissues.

Stage grouping

Once the values for T, N, and M have been determined, they are combined to assign an overall stage. There are five stages: stage 0 and stages I to IV (1 to 4).

- **Stage 0** is 'carcinoma in situ'. This means abnormal cells have been found, and these could develop into cancer and spread.
- **Stage I** indicates the cancer is small and has not spread anywhere else.
- **Stage II** indicates the cancer has grown but has not spread.
- **Stage III** indicates the cancer is larger and may have spread to surrounding tissues and/or lymph nodes.
- **Stage IV** this means the cancer has spread from where it started to at least one other organ in the body. This is also known as 'secondary' or 'metastatic' cancer.

Note: Stages II to IV may also be divided into A, B and C depending on the size and spread of the cancer.

The stage of a cancer is determined at diagnosis and does not change over time, even if the cancer shrinks, grows, spreads or recurs. Therefore, the cancer is still referred to by the stage it was given when it was first diagnosed, although information about the current extent of the cancer is added.



NEED SUPPORT?

Contact our bowel cancer support nurse:
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Phone: 0800 BCNZ NURSE (226 968)

Join our private Facebook group:
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Understanding Grading

For most cancers, the grade measures how abnormal the cancer cells look under the microscope (also called differentiation). Grade can be important because cancers with more abnormal-looking cells tend to grow and spread faster. There are five grades starting with GX (where the tumour grade cannot be identified) through G1 to G4 (the highest grade).

In low-grade cancers, the cancer cells look a lot like cells from normal tissue - these cancers tend to grow slowly. In high-grade cancers, the cancer cells often tend to grow quickly and have a worse outlook, so they may need different treatments than low-grade cancers. Even when the grade doesn't affect a cancer's stage, it may still affect the outlook.



Questions & notes



Want to know more?

You can find more detailed information on our website: bowelcancernz.org.nz
> About bowel cancer > Treatment options
> Staging and grading



Helpful tip

If you feel confused when your doctor uses unfamiliar medical terms, you're not alone. If you don't understand, please ask more questions.



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