Staging and prognosis of pleural mesothelioma

Contents

- Tests used in the staging process
- Staging
- Prognosis
- Information reviewed by

After pleural mesothelioma has been diagnosed further tests are done to find out if the disease has spread to other parts of the body. This process is called staging.

Knowing the stage of the cancer helps doctors plan the best treatment for you.

Tests used in the staging process

The following tests are commonly used in the staging process.

CT scan

This is the main test used to stage pleural mesothelioma. You may have had a CT scan earlier when mesothelioma was suspected or during a CT-guided core biopsy. If this CT scan showed advanced disease a further CT scan may not be necessary.

Spiral CT scan

This scan takes detailed pictures of the organs, chest lymph nodes and other locations where mesothelioma may be present.

FDG-positron emission tomography (FDG-PET)

This involves the injection of a specially modified sugar molecule (fluorodeoxyglucose or FDG) that is taken up by cells and helps distinguish between benign and malignant tumours. FDG-PET can find disease in lymph nodes and at other sites that may not have been seen on a CT scan.

Mediastinoscopy

This procedure is used to examine and sample the lymph nodes at the centre of the chest. A small cut is made in the lower neck and an instrument is inserted through the opening and passed down into the chest. The surgeon will remove some tissue from the area between the lungs (mediastinum).

Endobronchial ultrasound (EBUS)

This relatively new procedure may be used along with - or instead of - mediastinoscopy. A tube, called a bronchoscope, with a small ultrasound probe on the end will be put down your throat into your trachea. This allows the respiratory physician to target lymph nodes for biopsy.

Surgical staging
Surgical staging is the most accurate way of staging cancer but it is suitable for only a small number of people. It involves taking a biopsy of lymph nodes and other areas of the body that may be affected by mesothelioma. The aim is to find previously unknown disease and help doctors decide if radical surgery is a suitable treatment option.

**Staging**

Various systems have been used for staging pleural mesothelioma but the one now recommended is the international tumour-node-metastasis or TNM staging system.

T (tumour) shows how far pleural mesothelioma has grown in and beyond the pleural cavity:

- T1 – limited to the pleura on one side of the chest
- T2 – grown into the lung and/or the diaphragm
- T3 – invaded the inner layer of the chest wall and/or the pericardium
- T4 – invaded nearby structures

N (node) shows if pleural mesothelioma has spread to the lymph nodes:

- N0 – no spread to lymph nodes
- N1 – spread to lymph nodes where the airways enter the lung
- N2 and N3 – spread to other lymph nodes in the chest

M (metastasis) shows if pleural mesothelioma has spread to other parts of the body:

- M0 – no spread to distant organs
- M1 – has spread to distant organs, such as the bones or other organs

**Prognosis**

Prognosis means the expected outcome of a disease. You may wish to discuss your prognosis with your doctor but it is not possible for any doctor to predict the exact course of the illness.

In general the earlier cancer is diagnosed the better. However pleural mesothelioma is usually not found until it is advanced as symptoms are often vague or go unnoticed. When cancer has advanced it is more difficult to treat successfully, but relieving symptoms can keep the disease under control for months or years and improve your quality of life.

Information last reviewed June 2015 by: Theodora Ahilas, Principal, Maurice Blackburn Lawyers, NSW; Shirley Bare, Support Group Facilitator, Asbestoswise, VIC; Geoffrey Dickin, Consumer; Victoria Keena, Executive Officer, Asbestos Diseases Research Institute, NSW; Angela Kytataridis, Social Worker, Concord Repatriation General Hospital, NSW; Jocelyn McLean, Mesothelioma Support Coordinator, Asbestos Diseases Research Institute, NSW; Kirsten Mooney, Thoracic Cancer Nurse Coordinator, WA Cancer and Palliative Care Network, Department of Health, WA; Clin/Prof AW Musk AM, Schools of Population Health and Medicine, University of Western Australia, and Physician, Sir Charles Gairdner Hospital, Nedlands, WA; Dr Andrew Penman AM, Consultant, Asbestos Diseases Research Institute, NSW; Tanya Segelov, Partner, Turner Freeman Lawyers, NSW; Roswitha Stegmann, 13 11 20 Consultant, Cancer Council Western Australia, WA; Dr Mo Mo Tin, Staff Specialist Radiation Oncology, Chris O'Brien Lifehouse, NSW; and Prof Nico van Zandwijk, Director of the Asbestos Diseases Research Institute and Professor of Medicine, University of Sydney, NSW.

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