

Department of Oral and Maxillofacial Surgery

Frequently asked questions about staging for oral cancer

This leaflet has been written to help your understanding of staging for oral cancer and answers many commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask any member of the Head and Neck team. This leaflet has been adapted from work of the British Association of Oral and Maxillofacial Surgeons.

What is the problem?

You have recently been diagnosed as suffering from **oral cancer**. When deciding which treatment is best for you, your doctors will “**stage**” your cancer. This leaflet tells you what is involved in that staging process and why it is important for your care.

What is staging?

Staging is the way your disease is measured. Three aspects are important:

- The size of the cancer inside your mouth (T stage). This is often referred to as “the primary”.
- Whether there has been any spread of the cancer to the lymph glands in your neck (N stage). These are often referred to as “secondaries”.
- Whether there has been any spread of the cancer to other parts of your body (M stage). This form of spread is unusual in oral cancer.

This forms the basis of a classification known as a ‘TNM’ staging.

Why have staging?

Your treatment depends on the stage of your disease. Studies have shown that the more accurate your staging, the better we can tailor your care and so give you the most suitable treatment. Staging also forms a common language between health care professionals looking after you.

How is staging done?

There are two main ways in which your cancer is staged.

Clinical examination – we can tell quite a lot about your cancer simply by looking at it and feeling it. Sometimes this can be done whilst you are awake, but sometimes it may be necessary for you to have a short general anaesthetic (this is where you are put to sleep completely) to allow a further assessment. If you are put to sleep, we will also take a good look at the other areas of your head and neck to make sure that there are no other problems.

Radiological - some sort of scan is usually carried out (for example CT or MRI scan). These specialised scans look at your head, neck and other parts of your body in detail, and provide important extra information.

Other X-rays (for example chest, jawbone) may be arranged depending on the site of your oral cancer.

What will happen after staging?

Your staging represents a detailed description of your cancer. It helps us to decide the most appropriate type of treatment for you.

Once your staging investigations have taken place you will be reviewed by the Head and Neck team. The results of the investigation will be discussed with you and a decision will be made on which treatment is best.

Asking questions

At all times, everybody in the team will do all they can to answer your questions as clearly and accurately as possible. It may be a frightening time for you. Please bring relatives and friends to clinic appointments with you, perhaps writing down questions to ask. If you are not sure that you have understood the answer to any question, please ask again.

For more information:

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For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk



Document history

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