

## CERVIX UTERI DATA SHEET (ICD10 C53) FIGO 2018 STAGING SUMMARY

FIGO Stage	Description
<b>I</b>	The carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded).
<b>IA</b>	Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion <5 mm <sup>a</sup> .
<b>IA1</b>	Measured stromal invasion ≤3 mm in depth.
<b>IA2</b>	Measured stromal invasion >3 mm and ≤5 mm in depth.
<b>IB</b>	Invasive carcinoma with measured deepest invasion >5 mm (greater than stage IA); lesion limited to the cervix uteri with size measured by maximum tumour diameter <sup>b</sup> .
<b>IB1</b>	Invasive carcinoma >5 mm depth of stromal invasion and ≤2 cm in greatest dimension.
<b>IB2</b>	Invasive carcinoma >2 cm and ≤4 cm in greatest dimension.
<b>IB3</b>	Invasive carcinoma >4 cm in greatest dimension.
<b>II</b>	The carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall.
<b>IIA</b>	Involvement limited to the upper two-thirds of the vagina without parametrial involvement.
<b>IIA1</b>	Invasive carcinoma ≤4 cm in greatest dimension.
<b>IIA2</b>	Invasive carcinoma >4 cm in greatest dimension.
<b>IIB</b>	With parametrial involvement but not up to the pelvic wall.
<b>III</b>	The carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or non-functioning kidney and/or involves pelvic and/or paraaortic lymph nodes.
<b>IIIA</b>	Carcinoma involves the lower third of the vagina, with no extension to the pelvic wall.
<b>IIIB</b>	Extension to the pelvic wall and/or hydronephrosis or non-functioning kidney (unless known to be due to another cause).
<b>IIIC</b>	Involvement of pelvic and/or paraaortic lymph nodes ( <b>including micrometastases</b> ) <sup>c</sup> , irrespective of tumour size and extent (with r and p notations) <sup>d</sup> .
<b>IIIC1</b>	Pelvic lymph node metastasis only.
<b>IIIC2</b>	Paraaortic lymph node metastasis.
<b>IV</b>	The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. A bullous oedema, as such, does not permit a case to be allotted to stage IV.
<b>IVA</b>	Spread of the growth to adjacent organs.
<b>IVB</b>	Spread to distant organs.

- <sup>a</sup> Imaging and pathology can be used, when available, to supplement clinical findings with respect to tumour size and extent, in all stages. **Pathological findings supersede imaging and clinical findings.**
- <sup>b</sup> The involvement of vascular/lymphatic spaces should not change the staging. The lateral extent of the lesion is no longer considered.
- <sup>c</sup> Isolated tumour cells do not change the stage but their presence should be recorded.
- <sup>d</sup> Adding notation of r (imaging) and p (pathology), to indicate the findings that are used to allocate the case to stage IIIC. For example, if imaging indicates pelvic lymph node metastasis, the stage allocation would be Stage IIIC1r; if confirmed by pathological findings, it would be Stage IIIC1p. The type of imaging modality or pathology technique used should always be documented. When in doubt, the lower staging should be assigned.