



2018 FIGO Staging System for Cervical cancer Summary and comparison with 2009 FIGO Staging System

Authors: Naveena Singh¹, Brian Rous², Raji Ganesan³

¹Barts Health NHS Trust, ²Cambridge University Hospitals NHS Trust, ³Birmingham Women's Hospital, UK

Updated by: Raji Ganesan³, Glenn McCluggage⁴

⁴Belfast Health and Social Care Trust, Belfast, UK

Background:

- Until now FIGO staging for cervical cancer has been based mainly on clinical examination.
- In 2018, this approach has been revised to allow imaging (r) and pathology (p) findings, where available, to assign stage. 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.
- The revised staging is summarised below together with a comparison with the 2009 FIGO staging system and comments indicating areas of change.
- Salient changes:
 - ***The horizontal dimension is no longer considered in defining the upper boundary of a Stage IA carcinoma.***
 - ***The diagnosis of Stage IA1 and IA2 carcinomas is made on microscopic examination of a surgical specimen, which includes the entire lesion. The margins of an excision specimen should be reported to be negative for disease.***
 - ***Although it is stated in the FIGO document that if the margins of the cone biopsy are positive for invasive cancer with a tumour with dimensions of a IA carcinoma, the patient is assigned to IB1, in practice in the event that the margins of a cone/ loop biopsy are positive for disease, a repeat cone/ loop biopsy is required to stage the patient.***
 - ***Stage IB has been sub-divided into IB1, IB2 and IB3 based on maximum tumour size.***
 - ***The revised 2018 system includes nodal status; the presence of nodal involvement in a tumour of any size upstages the case to Stage IIIC, with IIIC1 indicating pelvic and IIIC2 indicating para-aortic nodal involvement. The revised FIGO classification is thereby now more closely aligned with the structure of the TNM classification.***



Stage I (2018): Carcinoma strictly confined to the cervix (extension to the uterine corpus should be disregarded)

2009 FIGO stage: Description	2018 FIGO stage: Description	Comment
<i>IA: Invasive carcinoma diagnosed only by microscopy, with maximum depth of invasion $\leq$ 5mm and largest extension $\leq$ 7 mm</i>	<i>IA: Invasive carcinoma diagnosed only by microscopy, with maximum depth of invasion $\leq$ 5 mm*</i>	-Lateral extent of the carcinoma is no longer considered in distinguishing between FIGO Stage IA and IB carcinomas
IA1: Measured stromal invasion <3 mm in depth and extension $\leq$ 7 mm	IA1: Measured stromal invasion $\leq$ 3 mm in depth	
IA2: Measured stromal invasion $\geq$ 3 mm and <5 mm in depth and extension $\leq$ 7 mm	IA2: Measured stromal invasion >3 mm and $\leq$ 5mm in depth	
<i>IB: Clinically visible lesions limited to the cervix or pre-clinical cancers greater than stage IA</i>	<i>IB: 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</i>	-See above
IB1: Clinically visible lesion $\leq$ 4.0cm in greatest dimension	IB1: Invasive carcinoma >5 mm depth of stromal invasion, and $\leq$ 2 cm in greatest dimension	-New stage category
	IB2: Invasive carcinoma > 2 cm and $\leq$ 4 cm in greatest dimension	-New stage category
IB2: Invasive carcinoma > 4 cm in greatest dimension	IB3: Invasive carcinoma >4 cm in greatest dimension	-New stage category

Stage II (2018): Carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall

2009 FIGO stage: Description	2018 FIGO stage: Description	Comment
<i>IIA: Without parametrial invasion</i>	<i>IIA: Involvement limited to the upper two-thirds of the vagina without parametrial invasion</i>	- No major change



The British Association of Gynaecological Pathologists

IIA1: Clinically visible lesion $\leq$ 4 cm in greatest dimension	IIA1: Invasive carcinoma $\leq$ 4cm in greatest dimension	
IIA2: Clinically visible lesion > 4 cm in greatest dimension	IIA2: Invasive carcinoma > 4 cm in greatest dimension	
IIB: With obvious parametrial invasion	IIB: With parametrial involvement but not up to the pelvic wall	-No change

Stage III (2018): 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 para-aortic lymph nodes		
2009 FIGO stage: Description	2018 FIGO stage: Description	Comment
IIIA: Tumour involves lower third of the vagina, with no extension to the pelvic wall	IIIA: Carcinoma involves the lower third of the vagina with no extension to the pelvic wall	-No change
IIIB: Extension to the pelvic wall and/or hydronephrosis or non-functioning kidney	IIIB: Extension to the pelvic wall and and/or hydronephrosis or non-functioning kidney (unless known to be another cause)	-No change
	IIIC: Involvement of pelvic and/or para-aortic lymph nodes (including micrometastases**), irrespective of tumour size and extent (with r and p notations) ***	-New stage category Note presence of micrometastasis is Stage IIIC
	IIIC1: Pelvic lymph node metastasis (including micrometastasis)	
	IIIC2: Para-aortic lymph node metastasis (including micrometastasis)	

* The term microinvasive carcinoma is not recommended since this has different definitions in different jurisdictions.

** Isolated tumour cells do not change the stage but their presence should be recorded.

*** Adding notation of r (imaging) and p (pathology) to indicate the findings that are used to allocate the case to Stage IIIC.

Example: If imaging indicates pelvic lymph node metastasis, the stage allocation would be IIIC1r, and if confirmed by pathology, it would be IIIC1p. The type of imaging modality or pathology technique should always be documented. Pathologic staging supercedes clinical or imaging staging.

LVSI must be commented upon, although it does not affect the FIGO staging.



Stage IV (2018): 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.)

2009 FIGO stage: Description	2018 FIGO stage: Description	Comment
<i>IVA: Spread of the growth to adjacent organs</i>	<i>IVA: Spread to adjacent organs</i>	-No change
<i>IVB: Spread to distant organs</i>	<i>IVB: Spread to distant organs</i>	

References:

Bhatla N, Aoki D, Sharma DN, Sankaranarayanan R. Cancer of the cervix uteri. Int J Gynaecol Obstet. 2018 Oct;143 Suppl 2:22-36.

Pecorelli, S, Zigliani L, Odicino F. Revised FIGO staging for carcinoma of the vulva, cervix, and endometrium. Int J Gynaecol Obstet. 2010 Feb;108(2):176.

Bhatla N, Berek JS, Cuellar-Fredes M, Denny LA, Grenman S, Karunaratne K, Kehoe ST, Konishi I, Olawaiye AB, Prat J, Sankaranarayanan R, Brierley J, Mutch D, Querleu D, Cibula D, Quinn M, Botha H, Sigurd L, Rice L, Ryu HS, Ngan H, Mäenpää J, Andrijono A, Purwoto G, Maheshwari A, Bafna UD, Plante M, Natarajan J. Revised FIGO staging for carcinoma of the cervix uteri. Int J Gynaecol Obstet. 2019 Apr;145(1):129-135. doi: 10.1002/ijgo.12749. Epub 2019 Jan 17. Erratum in: Int J Gynaecol Obstet. 2019 Nov;147(2):279-280