CLINICAL Extent of disease before any treatment		STAGE CATEGORY DEFINITIONS		PATHOLOGIC  Extent of disease through completion of definitive surgery	
☐ y clinical – staging completed after neoadjuvant therapy but before subsequent surgery		Tumor Size:	LATERALITY: ☐ left ☐ right ☐ bilateral		staging completed     want therapy AND     surgery
TNM CATEGORY	FIGO STAGE	PRIMARY TUMOR (T)		TNM CATEGORY	FIGO STAGE
□ TX □ T0 □ Tis □ T1	*	Primary tumor cannot be assessed No evidence of primary tumor Carcinoma in situ (preinvasive carcinoma) Cervical carcinoma confined to uterus (egarded)		□ TX □ T0 □ Tis □ T1	* I
☐ T1a**	IA	Invasive carcinoma diagnosed only by r maximum depth of 5.0 mm measured fi horizontal spread of 7.0 mm or less. Va lymphatic, does not affect classification	rom the base of the epithelium and a	☐ T1a**	IA
☐ T1a1	IA1	Measured stromal invasion 3.0 mm or le	ess in depth and 7.0 mm or less in	☐ T1a1	IA1
☐ T1a2	IA2	Measured stromal invasion more than 3.0 horizontal spread 7.0 mm or less	mm and not more than 5.0 mm with a	☐ T1a2	IA2
☐ T1b	IB	Clinically visible lesion confined to the cerv T1a/IA2	vix or microscopic lesion greater than	☐ T1b	IB
☐ T1b1 ☐ T1b2 ☐ T2	IB1 IB2 II	Clinically visible lesion 4.0 cm or less in gr Clinically visible lesion more than 4.0 cm in Cervical carcinoma invades beyond uterus of vagina	n greatest dimension	☐ T1b1 ☐ T1b2 ☐ T2	IB1 IB2 II
☐ T2a ☐ T2a1 ☐ T2a2 ☐ T2b ☐ T3 ☐ T3a ☐ T3b	IIA IIA1 IIA2 IIB III	Tumor without parametrial invasion Clinically visible lesion 4.0 cm or less in gr Clinically visible lesion more than 4.0 cm in Tumor with parametrial invasion Tumor extends to pelvic wall and/or invasion causes hydronephrosis or non-functionic Tumor involves lower third of vagina, no ex Tumor extends to pelvic wall and/or caus kidney	n greatest dimension  volves lower third of vagina, and/or ng kidney  xtension to pelvic wall	☐ T2a☐ T2a1☐ T2a2☐ T2b☐ T3☐ T3a☐ T3b☐ T3b☐ T3b☐ T3b☐ T3b☐ T3b☐ T2a☐ T3b☐ T2a☐ T2a☐ T3b☐ T2a☐ T2a☐ T3b☐ T2a☐ T2a☐ T3b☐ T2a☐ T2a☐ T2a☐ T2a☐ T2a☐ T2a☐ T2a☐ T2a	IIA IIA1 IIA2 IIB III
□ T4	IVA	Tumor invades mucosa of bladder or rectu (bullous edema is not sufficient to classi * FIGO staging no longer includes Stage 0	fy a tumor as T4)	□ T4	IVA
		** All macroscopically visible lesions—ev T1b/IB.			
TNM CATEGORY	FIGO STAGE	REGIONAL LYMP	H NODES (N)	TNM CATEGORY	FIGO STAGE
□ NX □ N0 □ N1	IIIB	Regional lymph nodes cannot be assessed No regional lymph node metastasis Reginal lymph node metastasis	d	□ NX □ N0 □ N1	IIIB

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TNM FIGO CATEGORY STAGE	DISTANT METASTASIS (M)		TNM FIGO CATEGORY STAGE					
□ M0 □ M1 IVB	No distant metastasis (no pathologic M0; use cl Distant metastasis (including peritoneal sprea or mediastinal lymph nodes, lung, liver, or l	☐ M1 IVB						
ANATOMIC STAGE • PROGNOSTIC GROUPS (FIGO 2008)								
REQUIRED FOR STAGING CLINICALLY SIGNIFICAN FIGO Stage:	CLINICAL         M           NO         MO           Any N         MO           Any N         M1           Stage 0 (Tis)    ROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)  The stage of the stage	GROUP T N  Stage 0* Tis NO  Stage I T1 NO  Stage IA T1a NO  Stage IA T1a1 NO  Stage IA2 T1a2 NO  Stage IB1 T1b NO  Stage IB2 T1b2 NO  Stage IB2 T1b2 NO  Stage IB2 T1b2 NO  Stage IIA T2a NO  Stage IIA T2a NO  Stage IIA T2a1 NO  Stage IIA1 T2a1 NO  Stage IIA1 T2a1 NO  Stage IIA1 T2a2 NO  Stage IIA1 T2a2 NO  Stage IIIA T3a NO  Stage IIIB T3b Any N  T1-3 N1  Stage IVA T4 Any N  *FIGO no longer includes Stage O  Stage unknown	M M0					
Paraaortic nodal status Distant (mediastinal, sc		meeding separate analysis.  m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses:						
Histologic Grade (G) (also Grading system  □ 2 grade system □ 3 grade system □ 4 grade system □ No 2, 3, or 4 grade s	Grade ☐ Grade I or 1 ☐ Grade II or 2 ☐ Grade III or 3		pr(m)NM.  y prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.					
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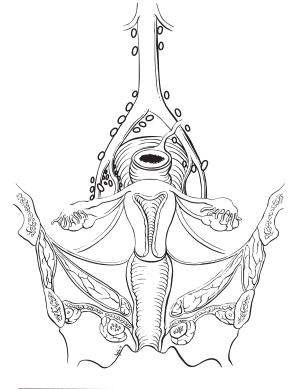
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ADDITIONAL DESCRIPTORS  Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been co Invasion (LVI) for collection by cancer registrars. The College of American should be used as the primary source. Other sources may be used in the is given to positive results.  Lymph-Vascular Invasion Not Present (absent)/Not Identified Lymph-Vascular Invasion Present/Identified Not Applicable Unknown/Indeterminate  Residual Tumor (R) The absence or presence of residual tumor after treatment. In some case with neoadjuvant therapy there will be residual tumor at the primary site at	a Pathologists' (CAP) Checklist absence of a Checklist. Priority	r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.  a prefix designates the stage determined at autopsy: aTNM.  surgical margins is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.  neoadjuvant treatment is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.	
incomplete resection or local and regional disease that extends beyond th  RX Presence of residual tumor cannot be assessed  R0 No residual tumor  R1 Microscopic residual tumor  R2 Macroscopic residual tumor	e limit of ability of resection.		
☐ Clinical stage was used in treatment planning (describe):			
☐ National guidelines were used in treatment planning ☐ NCCN	☐ Other (describe):		
Physician signature Date/Time		Time	
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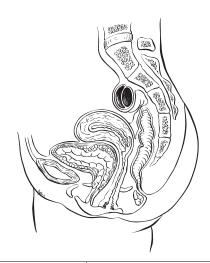
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### Illustration

Indicate on diagram primary tumor and regional nodes involved.







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