

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo



FIGO GUIDELINES

FIGO staging for carcinoma of the vulva, cervix, and corpus uteri



FIGO Committee on Gynecologic Oncology ¹

Table 1Cancer of the vulva.

FIGO Stage	Description		
I	Tumor confined to the vulva		
IA	Lesions ≤ 2 cm in size, confined to the vulva or perineum and with stromal invasion ≤ 1.0 mm ^a , no nodal metastasis		
IB	Lesions > 2 cm in size or with stromal invasion > 1.0 mm ^a , confined to the vulva or perineum, with negative nodes		
II	Tumor of any size with extension to adjacent perineal structures (lower third of urethra, lower third of vagina, anus) with negative nodes		
III	Tumor of any size with or without extension to adjacent perineal structures (lower third of urethra, lower third of vagina, anus) with positive inguinofemoral nodes		
IIIA	(i) With 1 lymph node metastasis (≥5 mm), or		
	(ii) With 1–2 lymph node metastasis(es) (<5 mm)		
IIIB	(i) With 2 or more lymph node metastases (≥5 m), or		
	(ii) With 3 or more lymph node metastases (<5 mm)		
IIIC	With positive nodes with extracapsular spread.		
IV	Tumor invades other regional (upper 2/3 urethra, upper 2/3 vagina), or distant structures		
IVA	Tumor invades any of the following:		
	(i) upper urethral and/or vaginal mucosa, bladder mucosa, rectal mucosa, or fixed to pelvic bone, or		
	(ii) fixed or ulcerated inguinofemoral lymph nodes		
IVB	Any distant metastasis including pelvic lymph nodes		

^a The depth of invasion is defined as the measurement of the tumor from the epithelial–stromal junction of the adjacent most superficial dermal papilla to the deepest point of invasion.

Table 2Cancer of the cervix uteri.

Stage			Description		
I			The carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded).		
]	ΙA		Invasive cancer identified only microscopically. (All gross lesions even with superficial invasion are Stage IB cancers.) Invasion is limited to measured stromal invasion with a maximum depth of 5 mm ^a and no wider than 7 mm.		
		IA1	Measured invasion of stroma ≤ 3 mm in depth and ≤ 7 mm width.		
		IA2	Measured invasion of stroma > 3 mm and < 5 mm in depth and ≤ 7 mm width.		
]	IB		Clinical lesions confined to the cervix, or preclinical lesions greater than stage IA.		
		IB1	Clinical lesions no greater than 4 cm in size.		
		IB2	Clinical lesions > 4 cm in size.		
II			The carcinoma extends beyond the uterus, but has not extended onto the pelvic wall or to the lower third of vagina.		
]	IΑ		Involvement of up to the upper 2/3 of the vagina. No obvious parametrial involvement.		
		IIA1	Clinically visible lesion ≤ 4 cm		
		IIA2	Clinically visible lesion > 4 cm		
]	IB		Obvious parametrial involvement but not onto the pelvic sidewall.		
III			The carcinoma has extended onto the pelvic sidewall. On rectal examination, there is no cancer free space between the tumor and pelvic sidewall. The tumor involves the lower third of the vagina. All cases of hydronephrosis or non-functioning kidney should be included unless they are known to be due to other causes.		
]	IIIA		Involvement of the lower vagina but no extension onto pelvic sidewall.		
]	IIIB		Extension onto the pelvic sidewall, or hydronephrosis/non-functioning kidney.		
IV			The carcinoma has extended beyond the true pelvis or has clinically involved the mucosa of the bladder and/or rectum.		
]	VΑ		Spread to adjacent pelvic organs.		
]	VB		Spread to distant organs.		

^a The depth of invasion should not be more than 5 mm taken from the base of the epithelium, either surface of glandular, from which it originates. Vascular space invasion should not alter the staging.

¹ Committee members: H. Belhadj (Switzerland), J. Berek (USA), A. Bermudez (Argentina), N. Bhatla (India), J. Cain (USA), L. Denny (Chair; South Africa), K. Fujiwara (Japan), N. Hacker (Australia), E. Åvall-Lundqvist (Sweden), D. Mutch (USA), F. Odicino (Italy), S. Pecorelli (Italy), J. Prat (Spain), M. Quinn (Co-chair; Australia), M.A-F. Seoud (Lebanon), S.K. Shrivastava (India)

Table 3 Cancer of the corpus uteri.

FIGO Stage	
Ia	Tumor confined to the corpus uteri
IA ^a	No or less than half myometrial invasion
IB ^a	Invasion equal to or more than half of the myometrium
II ^a	Tumor invades cervical stroma, but does not extend beyond the uterus ^b
III ^a	Local and/or regional spread of the tumor
IIIA ^a	Tumor invades the serosa of the corpus uteri and/or adnexae ^c
IIIB ^a	Vaginal involvement and/or parametrial involvement ^c
IIICa	Metastases to pelvic and/or para-aortic lymph nodes ^c
IIIC1 ^a	Positive pelvic nodes
IIIC2 ^a	Positive para-aortic nodes with or without positive pelvic lymph nodes
IV ^a	Tumor invades bladder and/or bowel mucosa, and/or distant metastases
IVA ^a	Tumor invasion of bladder and/or bowel mucosa
IVB ^a	Distant metastasis, including intra-abdominal metastases and/or inguinal nodes)

a Either G1, G2, or G3.
b Endocervical glandular involvement only should be considered as Stage I and no longer as Stage II.
c Positive cytology has to be reported separately without changing the stage.