Appendix A TNM and FIGO pathological staging of cervical carcinoma[1]

FIGO cervical cancer staging (2018)

Stage I The carcinoma is strictly confined to the cervix (extension to the corpus would be disregarded)

Stage IA Invasive carcinoma that can be diagnosed only by microscopy with measured deepest invasion < 5 mm

stage IA1: measured stromal invasion ≤3.0 mm

stage IA2: measured stromal invasion >3.0 mm and <5.0 mm

Stage IB Invasive carcinoma with measured deepest invasion >5 mm, limited to the cervix with size measured by maximum tumour diameter*

stage IB1: invasive carcinoma >5.0 mm depth of invasion and <2 cm in greatest dimension

stage IB2: invasive carcinoma >2 cm and <4 cm in greatest dimension

stage IB3: invasive carcinoma >4 cm in greatest dimension

Stage II Cervical carcinoma invades beyond the uterus, but not to the pelvic sidewall or to the lower third of the vagina

Stage IIA Without parametrial invasion

stage IIA1: invasive carcinoma <4 cm in greatest dimension

stage IIA2: invasive carcinoma >4 cm in greatest dimension

Stage IIB With parametrial invasion

Stage III The tumour extends to the pelvic wall and/or involves lower third of vagina and/or causes hydronephrosis or non-functioning kidney and/or involves pelvic and/or paraaortic nodes

Stage IIIA Tumour involves lower third of the vagina, with no extension to the pelvic wall

Stage IIIB Extension to the pelvic wall and/or hydronephrosis or non-functioning kidney

Stage IIIC Involves pelvic and/or para-aortic lymph nodes, irrespective of tumour size and extent (adding notation of r [imaging] and p [pathology] to indicate the findings that are used to allocate to stage IIIC)**

stage IIIC1: pelvic lymph node metastasis only

stage IIIC2: para-aortic lymph node metastasis

Stage IV The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum

Stage IVA Spread of the growth to adjacent organs

Stage IVB Spread to distant organs

Notes:

*The involvement of vascular/lymphatic spaces should not change the staging.

**Example: Notation of r = imaging and p = pathology, e.g. imaging indicating pelvic lymph node metastasis would be stage IIIC1r and by pathological findings would be stage IIIC1p.

When in doubt, the lower staging should be assigned.

Presence of ITCs and micrometastases do not move a case to stage III.

Omental metastases and inguinal lymph nodes indicate distant spread and would be staged as stage IVB.

UICC TNM9 Cervical cancer staging (with FIGO 2018).

TNM category*	FIGO stage (2018)**	Definition
T1	I	Cervical carcinoma confined to the uterus (extension to the corpus should be disregarded)
T1a	IA	Invasive carcinoma, diagnosed only by microscopy, with deepest invasion ≤5.0 mm
T1a1	IA1	Measured stromal invasion < 3.0 mm
T1a2	IA2	Measured stromal invasion of ≥ 3.0 mm and <5.0 mm
T1b	IB	Invasive carcinoma with measured stromal invasion ≥ 5 mm (greater than stage IA) limited to the cervix uteri
T1b1	IB1	Invasive carcinoma with measured stromal invasion ≥ 5 mm and greatest dimension <2 cm
T1b2	IB2	Invasive carcinoma with greatest dimension ≥ 2 cm and <4 cm

T1b3	IB3	Invasive carcinoma with greatest dimension >4 cm
T2	II	Cervical carcinoma invades beyond the uterus but not to the pelvic wall or to lower third of the vagina
T2a	IIA	Involvement limited to upper two-thirds of vagina without parametrial invasion
T2a1	IIA1	Invasive carcinoma <4 cm in greatest dimension
T2a2	IIA2	Invasive carcinoma ≥4 cm in greatest dimension
T2b	IIB	With obvious parametrial invasion not extending to pelvic brim
T3	III	The tumour extends to the pelvic wall and/or involves lower third of the vagina, and/or causes hydronephrosis or non-functioning kidney and/or involves pelvic and/or para-aortic nodes***
T3a	IIIA	Tumour involves lower third of vagina, with no extension to the pelvic wall
T3b	IIIB	Extension to the pelvic wall and/or hydronephrosis or non-functioning kidney
T4	IV	The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. Bullous oedema, as such, does not permit a case to be allocated to stage IV
T4a	IVA	Spread of growth to adjacent organs
N	IIIC	Involvement of pelvic and/or para-aortic lymph nodes, irrespective of tumour size and extent
N1	IIIC1	Pelvic lymph node metastasis only
N2	IIIC2	Para-aortic lymph node metastasis
M1	IVB	Spread to distant organs

Notes:

*TNM defines N0 (i+) indicating isolated tumour cells in regional lymph node(s) no greater than 0.2 mm.

**When in doubt, lower staging should be assigned. Involvement of vascular/lymphatic spaces does not change staging.

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

References

1. Brierley JD, Giuliani M, O'Sullivan B, Rous B, Van Eycken L (eds.). *TNM Classification of Malignant Tumours* (9th edition). Oxford, UK: Wiley-Blackwell; 2025.