



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

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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.
- 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.***
 - ***If the margins of the cone biopsy are positive for invasive cancer, the patient is assigned to Stage IB1.***
 - ***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.***

It has been agreed to implement the 2018 FIGO staging system in the UK from 1 January, 2020. For consistency of data collection by Screening Programmes and Cancer registration, the BAGP recommends recording both the 2009 and 2018 FIGO stages within reports in the meantime, although it is important that data returns (COSD, invasive cervical cancer audit, etc) continue to use 2009 FIGO stage until notified otherwise. Clinical management decisions will currently be based on FIGO 2009 stage until new guidelines are established.



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 $<$5mm</i>	-Lateral extent of the carcinoma is no longer considered in distinguishing between FIGO Stage IA and IB carcinomas - If margins of loop are involved patient is allocated to Stage IB1.
IA1: Measured stromal invasion $<$ 3 mm in depth and extension \leq 7 mm	IA1: Measured stromal invasion $<$ 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 \geq 3 mm and $<$ 5 mm 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 \geq 5 mm (greater than Stage IA), lesion limited to the cervix uteri</i>	-See above -LVSI must be commented upon, although does not affect FIGO stage.
IB1: Clinically visible lesion \leq 4.0cm in greatest dimension	IB1: Invasive carcinoma \geq 5 mm depth of stromal invasion, and $<$ 2 cm in greatest dimension	-New stage category
	IB2: Invasive carcinoma \geq 2 cm and $<$ 4 cm in greatest dimension	-New stage category
IB2: Invasive carcinoma $>$ 4 cm in greatest dimension	IB3: Invasive carcinoma \geq 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 involvement</i>	- No major change
IIA1: Clinically visible lesion \leq 4 cm in greatest dimension	IIA1: Invasive carcinoma $<$ 4cm in greatest dimension	
IIA2: Clinically visible lesion $>$ 4 cm in greatest dimension	IIA2: Invasive carcinoma \geq 4 cm in greatest dimension	
<i>IIB: With obvious parametrial invasion</i>	<i>IIB: With parametrial involvement but not up to the pelvic wall</i>	-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
<i>IIIA: Tumour involves lower third of the vagina, with no extension to the pelvic wall</i>	<i>IIIA: Carcinoma involves the lower third of the vagina with no extension to the pelvic wall</i>	-No change
<i>IIIB: Extension to the pelvic wall and/or hydronephrosis or non-functioning kidney</i>	<i>IIIB: Extension to the pelvic wall and and/or causes hydronephrosis or non-functioning kidney</i>	-No change
	<i>IIIC: Involvement of pelvic and/or para-aortic lymph nodes, irrespective of tumour size and extent (with r and p notations)*</i>	-New stage category
	IIC1: Pelvic lymph node metastasis only	
	IIC2: Para-aortic lymph node metastasis	

*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 IIC1r, and if confirmed by pathology, it would be IIC1p.

The type of imaging modality or pathology technique should always be documented.



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 pelvic 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.