



# FIGO 2008

# Carcinoma of the cervix uteri

- **Stage I The carcinoma is strictly confined to the cervix (extension to the corpus would be disregarded)**
  - **IA** Invasive carcinoma which can be diagnosed only by microscopy, with deepest invasion  $\leq 5$  mm and largest extension  $\geq 7$  mm
    - IA1 Measured stromal invasion of  $\leq 3.0$  mm in depth and extension of  $\leq 7.0$  mm
    - IA2 Measured stromal invasion of  $\geq 3.0$  mm and not  $\geq 5.0$  mm with an extension of not  $\geq 7.0$  mm
  - **IB** Clinically visible lesions limited to the cervix uteri or pre-clinical cancers greater than stage IA \*
    - IB1 Clinically visible lesion  $\leq 4.0$  cm in greatest dimension
    - IB2 Clinically visible lesion  $\geq 4.0$  cm in greatest dimension
- **Stage II Cervical carcinoma invades beyond the uterus, but not to the pelvic wall or to the lower third of the vagina**
  - **IIA** Without parametrial invasion
    - IIA1 Clinically visible lesion  $\leq 4.0$  cm in greatest dimension
    - IIA2 Clinically visible lesion  $\geq 4$  cm in greatest dimension
  - **IIB** With obvious parametrial invasion
- **Stage III The tumor extends to the pelvic wall and/or involves lower third of the vagina and/or causes hydronephrosis or non-functioning kidney \*\***
  - **IIIA** Tumor involves lower third of the vagina, with no extension to the pelvic wall
  - **IIIB** Extension to the pelvic wall and/or hydronephrosis or non-functioning kidney
- **Stage IV The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. A bullous edema, as such, does not permit a case to be allotted to Stage IV**
  - **IVA** Spread of the growth to adjacent organs
  - **IVB** Spread to distant organs

\*All macroscopically visible lesions—even with superficial invasion—are allotted to stage IB carcinomas. Invasion is limited to a measured stromal invasion with a maximal depth of 5.00 mm and a horizontal extension of not  $\geq 7.00$  mm. Depth of invasion should not be  $\geq 5.00$  mm taken from the base of the epithelium of the original tissue—superficial or glandular. The depth of invasion should always be reported in mm, even in those cases with “early (minimal) stromal invasion” ( $\sim 1$  mm). The involvement of vascular/lymphatic spaces should not change the stage allotment

\*\*On rectal examination, there is no cancer-free space between the tumor and the pelvic wall. All cases with hydronephrosis or non-functioning kidney are included, unless they are known to be due to another cause.

# CERVIX



- **Supresión del ESTADIO 0**
- **ESTADIO IIA:**
  - Estadio IIA1: tamaño del tumor inferior o igual a 4 cm. con participación de menos de los dos tercios superiores de la vagina.
  - Estadio IIA2: tamaño del tumor de más de 4 cm, con la participación de la menos de los dos tercios superiores de la vagina.
- **Efectivo a partir de enero de 2009**



# **CERVIX. Consideraciones de estadificación**

- El cáncer cervical sigue siendo una enfermedad estadificada clínicamente; sin embargo, la investigación en el campo de la estadificación quirúrgica cada vez es más importante.
- Cuando estén disponibles, todos los hallazgos patológicos quirúrgicos (tales como afectación vasculo linfática) se debería informar a la FIGO Annual Report Editorial Office o en otras publicaciones científicas, aunque no están incluidos en el sistema de clasificación.



# CERVIX. Consideraciones de estadificación

- El uso de técnicas de diagnóstico por imágenes para evaluar el tamaño de la tumor primario es recomendable, pero no es obligatorio.
  - Para aquellas instituciones con acceso a la RM / TC, el volumen tumoral y la invasión parametrial radiológicas deben ser registrados y enviado a la FIGO Annual Report Editorial Office de entrada de datos y la la inclusión en el Anual Report.
  - Otras investigaciones (es decir, la exploración bajo anestesia, cistoscopia, sigmoidoscopia, urografía intravenosa) son opcionales y ya no es obligatorio.
- El carcinoma vaginal que aparezca 5 años después del tratamiento, y de respuesta completa sostenida en el carcinoma de cuello uterino se considera como cáncer vaginal primario.

# Carcinoma of the vulva.



- **Stage I Tumor confined to the vulva**
  - **IA** Lesions  $\leq 2$  cm in size, confined to the vulva or perineum and with stromal invasion  $\leq 1.0$  mm\*, no nodal metastasis
  - **IB** Lesions  $> 2$  cm in size or with stromal invasion  $> 1.0$  mm\*, confined to the vulva or perineum, with negative nodes
- **Stage II Tumor of any size with extension to adjacent perineal structures (1/3 lower urethra, 1/3 lower vagina, anus) with negative nodes**
- **Stage III Tumor of any size with or without extension to adjacent perineal structures (1/3 lower urethra, 1/3 lower vagina, anus) with positive inguino-femoral lymph nodes**
  - **IIIA**
    - (i) With 1 lymph node metastasis ( $\geq 5$  mm), or
    - (ii) 1–2 lymph node metastasis(es) ( $\geq 5$  mm)
  - **IIIB**
    - (i) With 2 or more lymph node metastases ( $\geq 5$  mm), or
    - (ii) 3 or more lymph node metastases ( $\geq 5$  mm)
  - **IIIC** With positive nodes with extracapsular spread
- **Stage IV Tumor invades other regional (2/3 upper urethra, 2/3 upper 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 inguino-femoral lymph nodes
  - **IVB** Any distant metastasis including pelvic lymph nodes
- ***\*The depth of invasion is defined as the measurement of the tumor from the epithelialstromal junction of the adjacent most superficial dermal papilla to the deepest point of invasion.***

# Carcinoma of the endometrium.

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

\* Either G1, G2, or G3.

\*\* Endocervical glandular involvement only should be considered as Stage I and no longer as Stage II

# Positive cytology has to be reported separately without changing the stage