

# Cervix Uteri TNM 2021

## Cervix Uteri (ICD-O C53)

The definitions of the T, N and M categories correspond to the Fédération Internationale de Gynécologie et d'Obstétrique (FIGO) stages. The FIGO classification has been revised (Bhatla et al. 2019). Both this and the AJCC V9 correspond to the 2018 FIGO Classification. FIGO system is included for comparison.

### Rules for Classification

The classification applies only to carcinomas. There should be histological confirmation of the disease.

The following are the procedures for assessing T, N, and M categories:

*T categories* Clinical examination and imaging\*

*N categories* Clinical examination and imaging

*M categories* Clinical examination and imaging

#### Note:

Imaging and pathology can be used, when available, to supplement clinical findings with respect to tumor size and extent, in all stages.

### Anatomical Subsites

1. Endocervix (C53.0)
2. Exocervix (C53.1)

### Regional Lymph Nodes

The regional lymph nodes are the paracervical, parametrial, hypogastric (internal iliac, obturator), common and external iliac, presacral, lateral sacral nodes and para-aortic nodes.

## TNM Clinical Classification

### T — Primary Tumour

TNM Categories	FIGO Stages	
TX		Primary tumour cannot be assessed
T0		No evidence of primary tumour
Tis	*	Carcinoma in situ (preinvasive carcinoma)
T1	I	Tumour confined to the cervix (extension to corpus should be disregarded) <sup>1</sup>
T1a <sup>2</sup>	IA	Invasive carcinoma diagnosed only by microscopy. Stromal invasion with a maximal depth of 5.0 mm <sup>2</sup>
T1a1	IA1	Measured depth of stromal invasion 3.0 mm or less in depth
T1a2	IA2	Measured depth of stromal invasion more than 3.0 mm and not more than 5.0 mm
		<b>Note:</b> The depth of invasion should be taken from the base of the epithelium, either surface or glandular, from which it originates. The depth of invasion is defined as the measurement of the tumour from the epithelial-stromal junction of the adjacent most superficial papillae to the deepest point of invasion.
T1b	IB	Lesion confined to the cervix with depth of invasion greater than 5mm
T1b1	IB1	Lesion 2.0 cm or less in greatest dimension
T1b2	IB2	Lesion more than 2.0 cm in greatest dimension but no more than 4cm in greatest dimension.
T1b3	IB3	Lesion more than 4cm in greatest diameter
T2	II	Tumour invades beyond uterus but not to the pelvic wall or to the lower third of vagina
T2a	IIA	Tumour without parametrial invasion
T2a1	IIA1	Lesion 4.0 cm or less in greatest dimension
T2a2	IIA2	Lesion more than 4.0 cm in greatest dimension
T2b	IIB	Tumour with parametrial invasion
T3	III	Tumour, involves lower third of vagina, or extends to pelvic wall, or causes hydronephrosis or non-functioning kidney
T3a	IIIA	Tumour involves lower third of vagina
T3b	IIIB	Tumour extends to pelvic wall, or causes hydronephrosis or nonfunctioning kidney
T4	IVA	Tumour invades mucosa of the bladder or rectum, or extends beyond true pelvis <sup>3</sup>

**Notes:**

\* No FIGO equivalent, FIGO does not includes Stage 0 (Tis).

<sup>1</sup>Extension to corpus uteri should be disregarded.

<sup>2</sup>Vascular space involvement, venous or lymphatic, does not affect classification.

<sup>3</sup>Bullous oedema is not sufficient to classify a tumour as T4.

## N – Regional lymph nodes

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1 <sup>1,2</sup>	Regional lymph node metastasis to pelvic lymph nodes only
N2 <sup>1,2</sup>	Regional lymph node metastasis to paraaortic lymph nodes, with or without positive pelvic lymph nodes

### Notes:

<sup>1</sup>The suffix mi is added if the lymph node metastases is > 0.2mm but ≤ 2mm

<sup>2</sup>The suffix (sn) is added if the metastases is identified by sentinel node biopsy  
(see page 7 TNM Classification of Malignant Tumours, 8<sup>th</sup> Edition)

FIGO and AJCC add the suffix a if the node metastases >2mm in size.

## M – Distant Metastasis

M0	No distant metastasis
M1	Distant metastasis (includes inguinal lymph nodes and intraperitoneal disease). It excludes metastasis to vagina and pelvic side wall, but does include uterine serosa, and adnexa <sup>1</sup>

### Notes:

<sup>1</sup>FIGO excludes uterine serosa and adnexal involvement from M1. UICC aligns with AJCC which also includes uterine serosa and adnexal involvement in M1.  
(Updated July 2022).

## pTNM Pathological Classification

The pT and pN categories correspond to the T and N categories. For pM see page 8 TNM Classification of Malignant Tumours, 8<sup>th</sup> Edition.

**pN0** Histological examination of a pelvic lymphadenectomy specimen will ordinarily include 10 or more lymph nodes. If the lymph nodes are negative, but the number ordinarily examined is not met, classify as pN0.

		Stage	
Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage IA	T1a	N0	M0
Stage IA1	T1a1	N0	M0
Stage IA2	T1a2	N0	M0
Stage IB	T1b	N0	M0
Stage IB1	T1b1	N0	M0
Stage IB2	T1b2	N0	M0
Stage IB3	T1b3	N0	M0
Stage II	T2	N0	M0

Stage IIA	T2a	N0	M0
Stage IIA1	T2a1	N0	M0
Stage IIA2	T2a2	N0	M0
Stage IIB	T2b	N0	M0
Stage III	T3	N0	M0
Stage IIIA	T3a	N0	M0
Stage IIIB	T3b	N0	M0
Stage IIIC1	TX, T0, Tis, T1, T2, T3	N1	M0
Stage IIIC2	TX, T0, Tis, T1, T2, T3	N2	M0
Stage IVA	T4	Any N	M0
Stage IVB	Any T	Any N	M1

#### References

Bhatla, N., Berek, J.S., Cuello Fredes, M., Denny, L.A., Grenman, S., Karunaratne, K., Kehoe, S.T., Konishi, I., Olawaiye, A.B., Prat, J. and Sankaranarayanan, R. (2019), Revised FIGO staging for carcinoma of the cervix uteri. *Int J Gynecol Obstet*, 145: 129-135. doi:[10.1002/ijgo.12749](https://doi.org/10.1002/ijgo.12749). Also the [corrigendum](https://doi.org/10.1002/ijgo.12969). *Int J Gynecol Obstet*, 147: 279-280 [doi.org/10.1002/ijgo.12969](https://doi.org/10.1002/ijgo.12969)