



TNM classification of gynaecological malignant tumours, eighth edition: changes between the seventh and eighth editions

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Table .	ta Trivi categoris of valvar cancer
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Tis	Carcinoma in situ (preinvasive carcinoma), intraepithelial neoplasia grade III (VIN III)
T1	Tumour confined to vulva or vulva and perineum
T1a	Tumour 2 cm or less in greatest dimension and with stromal invasion no greater than 1.0 mm ^a
T1b	Tumour greater than 2 cm and or with stromal invasion greater than 1 mm ^a
T2	Tumour invades any of the following structures: lower third urethra, lower third vagina, anus
T3 ^b	Tumour invades any of the following perineal structures: upper 2/3 urethra, upper 2/3 vagina, bladder mucosa, rectal
	mucosa; or fixed to pelvic bone
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Regional lymph node metastasis with the following features:
N1a	One or two lymph node metastasis each less than 5 mm
N1b	One lymph node metastases 5 mm or greater
N2	Regional lymph node metastasis with the following features:
N2a	Three or more lymph node metastases each less than 5 mm
N2b	Two or more lymph node metastases 5 mm or greater
N2c	Lymph node metastasis with extracapsular spread
N3	Fixed or ulcerated regional lymph node metastasis
	M-Distant Metastasis
M0	No distant metastasis
M1	Distant metastasis (including pelvic lymph node metastasis)
Notes	a The depth of invasion is defined as the measurement of the tumour from the epithelial-

Notes a The depth of invasion is defined as the measurement of the tumour from the epithelialstromal junction of the adjacent most superficial dermal papilla to the deepest point of invasion.

b T3 is not used by FIGO

Table 1b Stages of vulvar cancer

Anatomic Stage/TNM Categores			FIGO Stages	Т	Ν	M	
0	Tis	N0	M0				
1	T1	N0	M0	I	T1	N0	M0
IA	T1a	N0	M0	IA	T1a	N0	M0
IB	T1b	N0	M0	IB	T1b	N0	M0
П	T2	N0	M0	П	T2	N0	M0
IIIA	T1, T2	N1a, N1b	M0	IIIA(i)	T1, T2	N1a	M0
				IIIA(ii)	T1, T2	N1b	M0
IIIB	T1, T2	N2a, N2b	M0	IIIB(i)	T1, T2	N2a	M0
				IIIB(ii)	T1, T2	N2b	M0
IIIC	T1, T2	N2c	M0	IIIC	T1, T2	N2c	M0
IVA	T1, T2	N3	M0	IVA	T1, T2	N3	M0
	Т3	Any N	M0		Т3	Any N	M0
IVB	Any T	Any N	M1	IVB	Any T	Any N	M1

FIGO no longer includes Stage 0 (Tis)

Table 1c Prognostic risk factors for vulvar cancer

Prognostic	Tumour related	Host related	Environment related
factors			
Essential	Lymph node		Experience of treating
	metastases:		centre/concentration of care for
	·Number		vulvar cancer patients in tertiary
	·Size		referral centres
	· Extracapsular tumour		
	growth		
Additional	FIGO stage	Age	Surgical margins
	Depth of invasion	Smoking	
	Diameter of primary	Adjacent dermatosis (LS,	
	tumour Histological	VIN) Immune Status	
	type		
New and	EGFR status	HPV status	
promising	p53 over expression	Pretreatment	
	P16INK4a level	haemoglobin	
	Microvessel density	level	

Table 2a TNM categoris of vaginal cancer

TV	Drimowy tumour connet he coocced
TX	Primary tumour cannot be assessed
Т0	No evidence of primary tumour
Tis	Carcinoma in situ (preinvasive carcinoma)
T1	Tumour confined to vagina
T2	Tumour invades paravaginal tissues (paracolpium)
Т3	Tumour extends to pelvic wall
Т4	Tumour invades mucosa of bladder or rectum, or extends
	beyond the true pelvis*
	N-Regional Lymph Nodes
	Regional Lymph Nodes
	Upper two thirds of vagina: the pelvic nodes including obturator, internal iliac
	(hypogastric), external iliac, and pelvic nodes, NOS.
	Lower third of vagina: the inguinal and femoral nodes.
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Regional lymph node metastasis
M0	No distant metastasis
M1	Distant metastasis (including pelvic lymph node metastasis)
Note	* The presence of bullous oedema is not sufficient evidence to classify a tumour as T4.

Table 2b Stages of vaginal cancer

Anato	mic Stage/T	NM Cate	egores	FIGO Sta	nges T N	I M	
0	Tis	N0	M0				
1	T1	N0	M0	I	T1		Tumour confined to vagina
П	T2	N0	M0	П	T2		Tumour invades paravaginal tissues (paracolpium)
Ш	Т3	N0	M0	Ш	Т3		Tumour extends to pelvic wall
	T1, T2, T3	N1	M0				
IVA	T4	Any N	M0	IVA	Т4	M0	Tumour invades mucosa of bladder or rectum, or extends
							beyond the true pelvis*
IVB	Any T	Any N	M1	IVB		M1	Distant metastasis

FIGO no longer includes Stage 0 (Tis)

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Table Ka	1 1/11//1	categoris	\cap t	cervical	cancer
I abic ba	1 1 4 1 7 1	Catogons	O I	CCIVICUI	Carroci

Notes	a Extension to corpus uteri should be disregarded. b The depth of invasion should be taken from the base of the epithelium, either surface or
N	excludes metastasis to vagina, pelvic serosa, and adnexa
M1	Distant metastasis (includes inguinal lymph nodes and intraperitoneal disease). It
M0	No distant metastasis
	* No FIGO equivalent.
	nodes are not regional.
	obturator), common and external iliac, presacral, and lateral sacral nodes. Para aortic
	The regional lymph nodes are the paracervical, parametrial, hypogastric (internal iliac,
	Regional Lymph Nodes
N1	Regional lymph node metastasis with the following features:
N0	No regional lymph node metastasis
NX	Regional lymph nodes cannot be assessed
T4	Tumour invades mucosa of the bladder or rectum, or extends beyond true pelvis ^e
T3b	Tumour extends to pelvic wall, or causes hydronephrosis or non functioning kidney
ТЗа	Tumour involves lower third of vagina
	causes hydronephrosis or non functioning kidney
Т3	Tumour, involves lower third of vagina, or extends to pelvic wall, or
T2b	Tumour with parametrial invasion
T2a2	Clinically visible lesion more than 4.0 cm in greatest dimension
T2a1	Clinically visible lesion 4.0 cm or less in greatest dimension
T2a	Tumour without parametrial invasion
T2	Tumour invades beyond uterus but not to pelvic wall or to lower third of vagina
T1b2	Clinically visible lesion more than 4.0 cm in greatest dimension
T1b1	Clinically visible lesion 4.0 cm or less in greatest dimension
T1b	Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a/IA2
	spread of 7.0 mm or less
T1a2	Measured stromal invasion more than 3.0 mm and not more than 5.0 mm with a horizontal
T1a1	Measured stromal invasion 3.0 mm or less in depth and 7.0 mm or less in horizontal spread
	lessd
	5.0 mm measured from the base of the epithelium and a horizontal spread of 7.0 mm or
T1a ^{bc}	Invasive carcinoma diagnosed only by microscopy. Stromal invasio with a maximal depth of
T1	Tumour confined to the cervix ^a
Tis	Carcinoma in situ (preinvasive carcinoma), intraepithelial neoplasia grade III (VIN III)
Т0	No evidence of primary tumour

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 measurement of the tumour from the epithelial–stromal junction of the adjacent most superficial papillae to the deepest point of invasion.

Vascular space involvement, venous or lymphatic, does not affect classification.

- c All macroscopically visible lesions even with superficial invasion are T1b/IB.
- d Vascular space involvement, venous or lymphatic, does not affect classification.
- e Bullous oedema is not sufficient to classify a tumour as T4.

Table 3b Stages of cervical cancer

Anatomic S	Stage/TNM Ca	itegores		FIGO Stage	es T	M
0	Tis	N0	M0			
1	T1	N0	M0	I	T1	M0
IA	T1a	N0	M0	IA	T1a	M0
IA1	T1a1	N0	M0	IA1	T1a1	M0
IA2	T1a2	N0	M0	IA2	T1a2	M0
IB	T1b	N0	M0	IB	T1b	MO
IB1	T1b1	N0	M0	IB1	T1b1	M0
IB2	T1b2	N0	M0	IB2	T1b2	M0
П	T2	N0	M0	П	T2	M0
IIA	T2a	N0	M0	IIA	T2a	M0
IIA1	T2a1	N0	M0	IIA1	T2a1	M0
IIA2	T2a2	N0	M0	IIA2	T2a2	M0
IIB	T2b	N0	M0	IIB	T2b	M0
Ш	Т3	N0	M0	III	Т3	M0
IIIA	ТЗа	N0	M0	IIIA	ТЗа	M0
IIIB	T3b	Any N	M0	IIIB	T3b	M0
	T1, T2, T3	N1	M0			
IVA	T4	Any N	M0	IVA	T4	MO
IVB	Any T	Any N	M1	IVB		M1
				-		

Table 3c Prognostic risk factors for cervical cancer

Prognostic factors	Tumour related	Host related	Environment related
Essential	Unilateral vs bilateral disease Parametrial invasion Invasion to side wall Size of tumour Lymph node invasion Positive surgical margins	Immunosuppression (i.e. HIV infection) Performance status Morbid obesity	Quality of and availability of anticancer therapies Expertise of healthcare personnel Multidisciplinary teams
Additional	Lymphovascular space invasion Histological type	Anaemia during treatment	Ability to manage co morbid conditions
New and promising	Tumour hypoxia VEGF, mEGFR, HIF 1 α, COX 2 PAI 1 expression SCC Ag and hsCRP for early detection of recurrence	Serum MyoDI hypermethylation Persistence of HPV infection following treatment	Adequate laboratory facilities to measure tumour markers

Table 4a TNM categoris of endometrial cancer

TNM cate	gories	FIGO Stage
TX	Primary tumour cannot be assessed	
ТО	No evidence of primary tumour	
T1	Tumour confined to the corpus uteri ^a	l ^a
T1a	Tumour limited to endometrium or invading less than half of myometrium	IA ^a
T1b	Tumour invades one half or more of myometrium	IB
T2	Tumour invades cervical stroma, but does not extend beyond the uterus	II
Т3	Local and/or regional spread as specified here:	Ш
ТЗа	Tumour invades the serosa of the corpus uteri or adnexae (direct extension or metastasis)	IIIA
T3b	Vaginal or parametrial involvement (direct extension or metastasis)	IIIB
N1, N2	Metastasis to pelvic or para aortic lymph nodes ^b	IIIC
N1	Metastasis to pelvic lymph nodes	IIIC1
N2	Metastastis to para aortic lymph nodes with or without	IIIC2
	metastasis to pelvic lymph nodes	
T4 ^c	Tumour invades bladder/bowel mucosa	IV
NX	Regional lymph nodes cannot be assessed	
N0	No regional lymph node metastasis	
N1	Regional lymph node metastasis to pelvic lymph nodes	
N2	Regional lymph node metastasis to para aortic lymph nodes with or without	
	metastasis to pelvic lymph nodes	
M0	No distant metastasis	
M1	Distant metastasis (excluding metastasis to vagina, pelvic serosa, or adnexa,	
	including metastasis to inguinal lymph nodes, intra abdominal lymph	
	nodes other	
	than para aortic or pelvic nodes)	
Notes	a Endocervical glandular involvement only should be considered as stage I.	

stage I.

b TPositive cytology has to be reported separately without changing the stage.

c The presence of bullous oedema is not sufficient evidence to classify as T4.

Table 4b Stages of endometrial cancer

Anatomic Stage/TNM Categores			FIGO Stage	s T		М	
0	Tis	N0	M0				
1	T1	N0	M0	la	T1	N0	M0
IA	T1a	N0	M0	IAa	T1a	N0	M0
IB	T1b	N0	M0	IB	T1b	N0	M0
II	T2	N0	M0	II	T2	N0	M0
IIIA	ТЗа	N0	M0	IIIA	ТЗа	N0	M0
IIIB	T3b	Any N	M0	IIIB	T3b	N0	M0
Ш	T1, T2, T3	N1, N2	M0	IIIC		N1, N2	
IIIC1	T1, T2, T3	N1	M0	IIIC1		N1	
IIIC2	T1, T2, T3	N2	M0	IIIC2		N2	
IVA	Т4	Any N	M0	IVA	T4		M0
IVB	Any T	Any N	M1	IVB			M1

Table 4c Prognostic risk factors for endometrial cancer

Prognostic	Tumour related	Host related	Environment
factors			related
Essential	Depth of myometrial		Postsurgical
	invasion		treatment
	Grade of differentiation		
	Tumour cell		
	type Lymphovascular		
	space invasion		
Additional	Metastasis to lymph	Age	Extent of resection
	nodes	Performance	Postsurgical
	Site of distant metastasis	status	treatment
		Race	
		Comorbidities	
New and	Molecular profile		
promising			

Table 4d TNM categories of leiomyosarcoma and endometral stromal sarcoma

	•	
TNM Categories	FIGO Stages	Difinition
T1	1	Tumour limited to the uterus
T1a	IA	Tumour 5 cm or less in greatest dimension
T1b	IB	Tumour more than 5 cm
T2	II	Tumour extends beyond the uterus, within the pelvis
T2a	IIA	Tumour involves adnexa
T2b	IIB	Tumour involves other pelvic tissues
Т3	III	Tumour infiltrates abdominal tissues
ТЗа	IIIA	One site
T3b	IIIB	More than one site
N1	IIIC	Metastasis to regional lymph nodes
T4	IVA	Tumour invades bladder or rectum
M1	IVB	Distant metastasis
Note		Simultaneous tumours of the uterine corpus and ovary/pelvis in
		association with
		ovarian/pelvic endometriosis should be classified as independent
		primary tumours.

Table 4e TNM categories of adenosarcoma

TNM Categories	FIGO Stages	Difinition
T1		Tumour limited to the uterus
T1a	IA	Tumour limited to the
		endometrium/endocervix
T1b	IB	Tumour invades to less than half of the
		myometrium
T1c	IC	Tumour invades more than half of the
		myometrium
T2	II	Tumour extends beyond the uterus,
		within the pelvis
T2a	IIA	Tumour involves adnexa
T2b	IIB	Tumour involves other pelvic tissues
Т3	Ш	Tumour infiltrates abdominal tissues
ТЗа	IIIA	One site
T3b	IIIB	More than one site
N1	IIIC	Metastasis to regional lymph nodes
Т4	IVA	Tumour invades bladder or rectum
M1	IVB	Distant metastasis

Table 4f Stages of Uterine Sarcomas

1	T1	N0	M0
IA	T1a	N0	M0
IB	T1b	N0	M0
IC*	T1c	N0	M0
II	T2	N0	M0
IIA	T2a	N0	M0
IIB	T2b	N0	M0
IIIA	T3a	N0	M0
IIIB	T3b	N0	M0
IIIC	T1, T2, T3	N1	M0
IVA	T4	Any N	M0
IVB	Any T	Any N	M1

Note *Stage IC does not apply for

leiomyosarcoma and endometrial stromal sarcoma.

Table 5a The FIGO stages are based on surgical staging. (TNM stages are based on clinical and/or

TNM Categories	FIGO Stages	ed on surgical staging. (TNM stages are based on clinical and/or Difinition
TX	G	Primary tumour cannot be assessed
Т0		No evidence of primary tumour
T1	1	Tumour limited to the ovaries (one or both) or fallopian tube(s)
T1a	IA	Tumour limited to one ovary; capsule intact, no tumour on ovarian surface or fallopian tube surface; no malignant cells in ascites or peritoneal washings
T1b	IB	Tumour limited to both ovaries or fallopian tubes; capsule intact, no tumour on ovarian or fallopian tube surface; no malignant cells in ascites or peritoneal washings
T1c	IC	Tumour limited to one or both ovaries or fallopian tubes with any of the following:
T1c1		Surgical spill
T1c2		Capsule ruptured before surgery or tumour on ovarian or fallopian tube surface
T1c3		Malignant cells in ascites or peritoneal washings
Т2	II	Tumour involves one or both ovaries or fallopian tubes with pelvic extension (below the pelvic brim) or primary peritoneal cancer
T2a	IIA	Extension and/or implants on uterus and/or fallopian tube(s) and or ovary(ies)
T2b	IIB	Extension to other pelvic tissues, including bowel within the pelvis
T3 and/ or N1	^a	Tumour involves one or both ovaries or fallopian tubes or primary peritoneal carcinoma with cytologically or histologically confirmed spread to the peritoneum outside the pelvis and/or metastasis to the retroperitoneal lymph nodes
N1		Retroperitoneal lymph node metastasis only
N1a	IIIA1i	Lymph node metastasis not more than 10 mm in greatest dimension
N1b	IIIA1ii	Lymph node metastasis more than 10 mm in greatest dimension
T3a any N	IIIA2	Microscopic extrapelvic (above the pelvic brim) peritoneal involvement with or without retroperitoneal lymph node, including bowel involvement
T3b any N	IIIB	Macroscopic peritoneal metastasis beyond pelvic brim 2 cm, or less in greatest dimension, including bowel involvement outside the pelvis with or without retroperitoneal nodes
T3c any N	IIIC	Peritoneal metastasis beyond pelvic brim more than 2 cm in greatest dimension and/or retroperitoneal lymph node metastasis (includes extension of tumour to capsule of liver and spleen without parenchymal involvement of either organ)
M1	IV	Distant metastasis (excludes peritoneal metastasis)
M1a	IVA	Pleural effusion with positive cytology
M1b ^b	IVB	Parenchymal metastasis and metastasis to extra abdominal
		organs (including inguinal lymph nodes and lymph nodes
		outside the abdominal cavity)
Notes	a Liver capsul	e metastasis is T3/stage III.

a Liver capsule metastasis is T3/stage III.

b Liver parenchymal metastasis M1/stage IV.

Table 5b Prognostic risk factors for tumors of the Ovary, Fallopian Tube and Peritoneal Carcinoma

Prognostic	Tumour related	Host related	Environment related
factors			
Essential	Histological type	Age	Maximum diameter
	Grade	Comorbidities	of residual disease
	Surgical stage Residual disease	Performance	after optimal
		status	debulking
Additional	Nodal involvement Site of metastasis	BRCA1	Type of chemotherapy
	DNA ploidy	Genetic predisposition	CA125 fall
	CA125		Ultra radical surgery
New and	Molecular profile		Interval debulking surgery (IDS)
promising	Cellular proliferative activity		Neoadjuvant chemotherapy
	Tumour angiogenesis markers		
	p53 expression		
	Expression of human		
	kallikrein (<i>hK</i>) genes, particularly <i>hKs</i> 6-10-11		

Table 6a Stages of gestational trophoblastic tumors

			TNM Categories	FIGO Stages ^a	Difinition
			TX		Primary tumour cannot be assessed
Stage			T0		No evidence of primary tumour
1	T1	M0	T1	1	Tumour confined to uterus
					Tumour extends to other genital structures: vagina,
					ovary, broad
					ligament, fallopian tube by metastasis or direct
П	Т2	M0	T2 ^b	II	extension
Ш	Any T	M1a	M1a	III	Metastasis to lung(s)
IV	Any T	M1b	M1b ^c	IV	Other distant metastasis

Notes

- a Stages I to IV are subdivided into A and B according to the prognostic score.
- b Genital metastasis (vagina, ovary, broad ligament, fallopian tube) is classified T2.
- c Any involvement of non genital structures, whether by direct invasion or metastasis is described using the M classification.

Table 6b Prognostic Scoring Index for gestational trophoblastic tumors

Prognostic Factor	0	1	2	4
Age	<40	<u>></u> 40		
Antecedent	Hydatidifor	Abortion	Term	
pregnancy	m mole		pregnancy	
Months from	<4	4 to 6	7 to 12	>12
index pregancy				
(months)				
Pretreatment	<10 ³	10 ³ to 10 ⁴	10 ⁴ to 10 ⁵	>10 ⁵
serum hCG				
(IU/ml)				
Largest tumour	Lung	Spleen,	Gastrointest	Liver, brain
size including		kidney	inal tract	
uterus				
Sites of		1 to 4	5 to 8	>8
metastasis				
Previous failed			Single drug	Two or more
chemotherapy				drugs

Risk categories

Total prognostic score 6 or less = low risk

Total score 7 or more = high risk