**International Federation of Gynecology and Obstetrics (FIGO) staging of cancer of the cervix uteri (2018)**

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| **Stage** | **Description** |
| I | The carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded) |
| IA | Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion <5 mm\* |
| IA1 | Measured stromal invasion <3 mm in depth |
| IA2 | Measured stromal invasion ≥3 mm and <5 mm in depth |
| IB | Invasive carcinoma with measured deepest invasion ≥5 mm (greater than Stage IA), lesion limited to the cervix uteri¶ |
| IB1 | Invasive carcinoma ≥5 mm depth of stromal invasion, and <2 cm in greatest dimension |
| IB2 | Invasive carcinoma ≥2 cm and <4 cm in greatest dimension |
| IB3 | Invasive carcinoma ≥4 cm in greatest dimension |
| II | The carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall |
| IIA | Involvement limited to the upper two-thirds of the vagina without parametrial involvement |
| IIA1 | Invasive carcinoma <4 cm in greatest dimension |
| IIA2 | Invasive carcinoma ≥4 cm in greatest dimension |
| IIB | With parametrial involvement but not up to the pelvic wall |
| III | The carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or nonfunctioning kidney and/or involves pelvic and/or para-aortic lymph nodesΔ |
| IIIA | The carcinoma involves the lower third of the vagina, with no extension to the pelvic wall |
| IIIB | Extension to the pelvic wall and/or hydronephrosis or nonfunctioning kidney (unless known to be due to another cause) |
| IIIC | Involvement of pelvic and/or para-aortic lymph nodes, irrespective of tumor size and extent (with r and p notations)Δ |
| IIIC1 | Pelvic lymph node metastasis only |
| IIIC2 | Para-aortic lymph node metastasis |
| 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 to adjacent pelvic organs |
| IVB | Spread to distant organs |

When in doubt, the lower staging should be assigned.

\* Imaging and pathology can be used, where available, to supplement clinical findings with respect to tumor size and extent, in all stages.  
¶ The involvement of vascular/lymphatic spaces does not change the staging. The lateral extent of the lesion is no longer considered.  
Δ 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 Stage IIIC1r, and if confirmed by pathologic findings, it would be Stage IIIC1p. The type of imaging modality or pathology technique used should always be documented.