Corrigenda

WHO Classification of Tumours, 5th edition: Female Genital Tumours

July 2024 (after 3rd print run)

Updated corrigenda for this volume can be found at https://publications.iarc.who.int/Book-And-Report-Series/Who-Classification-Of-Tumours/Female-Genital-Tumours-2020.

Summary of corrections:

Table of contents (p. ix)

The hierarchy of some of the Chapter 8 (*Tumours of the uterine cervix*) section titles has been corrected as shown, so that *Other epithelial tumours* is no longer subordinate to *Glandular tumours and precursors*.

Original text	Corrected text
8 Tumours of the uterine cervix 335 … Glandular tumours and precursors … Other epithelial tumours Carcinosarcoma 382 Adenosquamous and mucoepidermoid carcinomas 383 Adenoid basal carcinoma 384 Carcinoma, unclassifiable 386 Mixed epithelial and mesenchymal tumours	**8 Tumours of the uterine cervix 335** … Glandular tumours and precursors … Other epithelial tumours Carcinosarcoma 382 Adenosquamous and mucoepidermoid carcinomas 383 Adenoid basal carcinoma 384 Carcinoma, unclassifiable 386 Mixed epithelial and mesenchymal tumours

Updated online: October 2020
Updated in print: Yes (in 2nd print run), November 2020

WHO classification tables (p. 1–14)

The following footnote has been added below each WHO classification (ICD-O coding) table:

Subtype labels are indented.

Updated online: October 2020
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WHO classification of tumours of the ovary: ICD-O coding (p. 1)

The wording of the ICD-O label for the subtype of 8044/3: small cell carcinoma, hypercalcaemic type, has been corrected as shown.

Original text	Corrected text
Miscellaneous tumours	**Miscellaneous tumours**
…	…
8044/3 Small cell carcinoma, hypercalcaemic type Small cell carcinoma, large cell variant	8044/3 Small cell carcinoma, hypercalcaemic type Small cell carcinoma, large cell subtype
8960/3 Wilms tumour	8960/3 Wilms tumour

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WHO classification of tumours of the uterine corpus: ICD-O coding (p. 6)

The wording of the label for ICD-O code 8144/3 has been corrected as shown.

Original text	Corrected text
Endometrial epithelial tumours and precursors	**Endometrial epithelial tumours and precursors**
…	…
8144/3 Mucinous carcinoma, intestinal type	8144/3 Mucinous carcinoma, gastric (gastrointestinal)–type
9111/3* Mesonephric-like adenocarcinoma	9111/3* Mesonephric-like adenocarcinoma
8980/3 Carcinosarcoma NOS	8980/3 Carcinosarcoma NOS

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WHO classification of tumours of the uterine cervix: ICD-O coding (p. 8)

The heading *Other epithelial tumours* has been added as shown.

Original text	Corrected text
Glandular tumours and precursors	**Glandular tumours and precursors**
…	…
8380/3 Endometrioid adenocarcinoma NOS	8380/3 Endometrioid adenocarcinoma NOS
8980/3 Carcinosarcoma NOS	
8560/3 Adenosquamous carcinoma	**Other epithelial tumours**
8430/3 Mucoepidermoid carcinoma	8980/3 Carcinosarcoma NOS
8098/3 Adenoid basal carcinoma	8560/3 Adenosquamous carcinoma
8020/3 Carcinoma, undifferentiated, NOS	8430/3 Mucoepidermoid carcinoma
	8098/3 Adenoid basal carcinoma
	8020/3 Carcinoma, undifferentiated, NOS

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Updated in print: Yes (in 2nd print run), November 2020

TNM staging of tumours of the cervix uteri (p. 23–4)

2nd print run

In the 2nd print run (November 2020), the footnote text was modified to clarify that the FIGO staging information presented on these two pages was from the 2009 FIGO publication.

Original text (1st print run)	Corrected text (2nd print run)
The information presented here has been excerpted from the 2017 TNM classification of malignant tumours, eighth edition {295,2790}. © 2017 UICC. A help desk for specific questions about the TNM classification is available at https://www.uicc.org/tnm-help-desk.	The information presented here has been excerpted from the 2017 TNM classification of malignant tumours, eighth edition {295,2790} (FIGO 2009). © 2017 UICC. A help desk for specific questions about the TNM classification is available at https://www.uicc.org/tnm-help-desk.

References cited above:

295. Brierley JD, Gospodarowicz MK, Wittekind C, editors. TNM classification of malignant tumours. 8th ed. Oxford, UK: Wiley-Blackwell; 2017.

2790. UICC [Internet]. Geneva (Switzerland): Union for International Cancer Control; 2019. TNM Publications and Resources; updated 2019 Feb 4. Available from: https://www.uicc.org/resources/tnm/publications-resources.

Updated online: n/a – At the time of the 2nd print run, the TNM tables were not included in the WHO Classification of Tumours Online

Updated in print: Yes (in 2nd print run), November 2020; superseded in 3rd print run, June 2021 (see below)

3rd print run

In the 3rd print run (June 2021), the entire TNM staging of tumours of the cervix uteri table was replaced with the revised Cervix Uteri TNM 2021 – published online by the Union for International Cancer Control (UICC) at https://www.uicc.org/resources/tnm/publications-resources. The title of the table was also updated (to *TNM staging of gynaecological tumours: Tumours of the cervix uteri: 2021 revision*) in the table of contents (on p. vii in the print volume).

A printable version of the revised p. 23–4 is included at the end of this corrigenda document.

Updated online: Yes

Updated in print: Yes (in 3rd print run), June 2021

High-grade serous carcinoma of the ovary (p. 46)

Under the heading *Macroscopic appearance*, two sentences have been deleted as shown.

Because this deletion resulted in the reflow of two lines from p. 47 forward to p. 46, the subject index entry for "p16" (on p. 629 in the print volume) has also been updated accordingly: the listed page range "46–47" has been changed to just "46".

Original text	Corrected text
Macroscopic appearance These tumours are usually bilateral, large, and exophytic, and they demonstrate a solid and papillary growth and fluid-filled cysts. The solid areas are tan to white and frequently display extensive necrosis. The fallopian tube is commonly embedded within the ovarian tumour and cannot be identified grossly. A small tumour nodule is sometimes found in the tubal fimbria. There is commonly…	**Macroscopic appearance** These tumours are usually bilateral, large, and exophytic, and they demonstrate a solid and papillary growth and fluid-filled cysts. The solid areas are tan to white and frequently display extensive necrosis. There is commonly…

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Updated in print: Yes (in 3rd print run), June 2021

High-grade serous carcinoma of the ovary (p. 47)

Under the heading *Essential and desirable diagnostic criteria*, an additional essential criterion has been added as shown.

Original text	Corrected text
Essential and desirable diagnostic criteria *Essential:* serous tumour with solid (with slit-like spaces), papillary, glandular, or cribriform architecture; large, markedly atypical nuclei (nuclear size variability of > 3-fold); high mitotic activity. *Desirable (in selected cases):* WT1 immunoreactivity; mutation-type p53 expression.	**Essential and desirable diagnostic criteria** *Essential:* serous tumour with solid (with slit-like spaces), papillary, glandular, or cribriform architecture; large, markedly atypical nuclei (nuclear size variability of > 3-fold); high mitotic activity; both fallopian tubes should be grossly visible in their entirety and contain no serous tubal intraepithelial carcinoma or mucosal HGSC after being examined in total using a SEE-FIM (sectioning and extensively examining the fimbriated end) protocol. *Desirable (in selected cases):* WT1 immunoreactivity; mutation-type p53 expression.

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Small cell carcinoma of the ovary, hypercalcaemic type (p. 149)

Under the headings *Subtype(s)* and *Histopathology* (in the first paragraph), the name of the subtype of small cell carcinoma, hypercalcaemic type, has been corrected as shown. The name of this subtype has also been corrected within the subject index (on p. 630 in the print volume).

Original text	Corrected text
Subtype(s) Small cell carcinoma, large cell variant … **Histopathology** Tumour cells typically grow in sheets, nests, cords, and trabeculae… Large cells are present (in varying numbers) in half of these tumours, which are designated "small cell carcinoma, large cell variant" if the large cells are predominant (which is rare). …	**Subtype(s)** Small cell carcinoma, large cell subtype … **Histopathology** Tumour cells typically grow in sheets, nests, cords, and trabeculae… Large cells are present (in varying numbers) in half of these tumours, which are designated "small cell carcinoma, large cell subtype" if the large cells are predominant (which is rare). …

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High-grade serous carcinoma of the fallopian tube (p. 219)

Under the heading *Macroscopic appearance*, a sentence has been added as shown.

Original text	Corrected text
Macroscopic appearance There is hydrosalpinx with papillary or solid intraluminal growth and fusion of the fimbrial end. Detection of small STICs or carcinomas is maximized using the SEE-FIM (sectioning and extensively examining the fimbriated end) protocol {1753}.	**Macroscopic appearance** There is hydrosalpinx with papillary or solid intraluminal growth and fusion of the fimbrial end. Detection of small STICs or carcinomas is maximized using the SEE-FIM (sectioning and extensively examining the fimbriated end) protocol {1753}. Sometimes these tumours are microscopic and not visible grossly.
Reference cited above: **1753.** Medeiros F, Muto MG, Lee Y, et al. The tubal fimbria is a preferred site for early adenocarcinoma in women with familial ovarian cancer syndrome. Am J Surg Pathol. 2006 Feb;30(2):230–6. PMID:16434898	

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High-grade serous carcinoma of the fallopian tube (p. 229)

Under the heading *Essential and desirable diagnostic criteria*, the wording has been corrected as shown.

Original text	Corrected text
Essential and desirable diagnostic criteria *Essential:* a dominant tubal mass with minimal ovarian or peritoneal disease and concurrent STIC; …	**Essential and desirable diagnostic criteria** *Essential:* the presence of STIC or any mucosal HGSC or obliteration of part or all of a tube by the tumour mass signifies a primary tubal lesion (see Table 1.01, p. 34 [Table #10931 online]); …

Updated online: June 2021
Updated in print: Yes (in 3rd print run), June 2021

Tumours of the uterine corpus: Introduction (p. 246)

At the end of the first paragraph, a sentence has been added as shown.

Original text	Corrected text
Endometrial carcinoma is currently diagnosed on the basis of morphology. … The new WHO classification includes novel tumour types, such as mesonephric-like adenocarcinoma and gastric-type mucinous carcinoma.	Endometrial carcinoma is currently diagnosed on the basis of morphology. … The new WHO classification includes novel tumour types, such as mesonephric-like adenocarcinoma and gastric-type mucinous carcinoma. Endometrial mucinous carcinoma is now regarded as a pattern of endometrioid carcinoma, and not a distinct tumour type.

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Other endometrial carcinomas (p. 264)

Under the heading *ICD-O coding*, the wording of the label for ICD-O code 8144/3 has been corrected as shown.

Original text	Corrected text
ICD-O coding 9110/3 Mesonephric adenocarcinoma 8070/3 Squamous cell carcinoma NOS 8144/3 Mucinous carcinoma, intestinal type 9111/3 Mesonephric-like adenocarcinoma	**ICD-O coding** 9110/3 Mesonephric adenocarcinoma 8070/3 Squamous cell carcinoma NOS 8144/3 Mucinous carcinoma, gastric (gastrointestinal)–type 9111/3 Mesonephric-like adenocarcinoma

Updated online: June 2021
Updated in print: Yes (in 3rd print run), June 2021

Uterine leiomyoma (p. 272)

In Table 6.02 (Table #10817 online), in the second row under the *Target(s)* column heading, the chromosomal locus of the gene HMGA1 has been corrected as shown.

Original text	Corrected text
HMGA2 (12q15) and *HMGA1* (6q21)	*HMGA2* (12q15) and *HMGA1* (6p21.31)

Updated online: June 2021
Updated in print: No (pending next print run)

Smooth muscle tumour of uncertain malignant potential of the uterine corpus (p. 280)

Under the heading *Histopathology* (in the third and fifth paragraphs), the equivalent mitotic counts per 10 high-power fields (HPF) have been corrected as shown.

Original text	Corrected text
Histopathology … This is a challenging diagnostic area, and the following are general guidelines for spindled cell smooth muscle tumours to be placed in this group, but these should not be taken as strict diagnostic criteria: (1) Tumours with focal/multifocal or diffuse nuclear atypia, with 2–4 mitoses/mm^2 (equating to 6–9 mitoses/10 HPF of 0.55 mm in diameter and 0.24 mm^2 in area), … … (3) Tumours lacking cytological atypia and tumour cell necrosis, but with > 6 mitoses/mm^2 (equating to > 15 mitoses/10 HPF of 0.55 mm in diameter and 0.24 mm^2 in area). …	**Histopathology** … This is a challenging diagnostic area, and the following are general guidelines for spindled cell smooth muscle tumours to be placed in this group, but these should not be taken as strict diagnostic criteria: (1) Tumours with focal/multifocal or diffuse nuclear atypia, with 2–4 mitoses/mm^2 (equating to 5–9 mitoses/10 HPF of 0.55 mm in diameter and 0.24 mm^2 in area), … … (3) Tumours lacking cytological atypia and tumour cell necrosis, but with > 6 mitoses/mm^2 (equating to ≥ 15 mitoses/10 HPF of 0.55 mm in diameter and 0.24 mm^2 in area). …

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Uterine leiomyosarcoma (p. 284)

Under the heading *Histopathology* (in the third paragraph), the wording has been corrected as shown.

Original text	Corrected text
Histopathology … Myxoid tumours are often paucicellular… The presence of any degree of cytological atypia, tumour cell necrosis, or > 0.4 mitoses/mm^2 (equating to > 1 mitosis/10 HPF of 0.55 mm in diameter and 0.24 mm^2 in area) should prompt a diagnosis of myxoid leiomyosarcoma…	**Histopathology** … Myxoid tumours are often paucicellular… The presence of any significant (2+/3+) cytological atypia, tumour cell necrosis, or > 0.4 mitoses/mm^2 (equating to > 1 mitosis/10 HPF of 0.55 mm in diameter and 0.24 mm^2 in area) should prompt a diagnosis of myxoid leiomyosarcoma…

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Low-grade endometrial stromal sarcoma (p. 288)

Under the heading *Histopathology* (in the second paragraph), an additional reference has been added as shown. This reference has also been added to the reference list (on p. 610 in the print volume).

Original text	Corrected text
Histopathology … Tumours usually show diffuse strong expression of… Tumours may be positive for wide-spectrum keratins {759}…	**Histopathology** … Tumours usually show diffuse strong expression of… Tumours may be positive for wide-spectrum keratins {759,2216A}…
References cited above: **759.** Farhood AI, Abrams J. Immunohistochemistry of endometrial stromal sarcoma. Hum Pathol. 1991 Mar;22(3): 224–30. PMID:1706303 **2216A.** Rahimi S, Akaev I, Marani C, et al. Immunohistochemical expression of different subtypes of cytokeratins by endometrial stromal sarcoma. Appl Immunohistochem Mol Morphol. 2019 Jul;27(6):466–70. PMID:29406332	

Updated online: June 2021
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Perivascular epithelioid cell tumour (PEComa) (p. 297)

In Table 6.05 (Table #7588 online), the denominator of the mitotic count threshold has been corrected in the three places it appears, and the title of the table has been updated to provide additional information, as shown.

Original text	Corrected text
Table 6.05 Proposed algorithms for stratifying the behaviour of uterine perivascular epithelioid cell tumours (PEComas); a proposal based on synthesis of information from the three sources cited below	**Table 6.05** Proposed algorithms for stratifying the behaviour of uterine perivascular epithelioid cell tumours (PEComas); a proposal based on synthesis of information from the three sources cited below; the mitotic count threshold equates to 1 mitosis in 50 high-power fields (HPF) of diameter 0.55 mm, area 0.24 mm^2
General criteria > Benign < 5 cm, non-infiltrative, non-high nuclear grade, mitotic count of ≤ 1 mitosis/50 mm^2, no necrosis, no vascular invasion	**General criteria > Benign** < 5 cm, non-infiltrative, non-high nuclear grade, mitotic count of ≤ 1 mitosis/12 mm^2, no necrosis, no vascular invasion
Modified gynaecology-specific criteria > Uncertain malignant potential < 3 of the following features: ≥ 5 cm, high nuclear grade, mitotic count of > 1 mitosis/50 mm^2, necrosis, vascular invasion	**Modified gynaecology-specific criteria > Uncertain malignant potential** < 3 of the following features: ≥ 5 cm, high nuclear grade, mitotic count of > 1 mitosis/12 mm^2, necrosis, vascular invasion
General criteria > Malignant ≥ 2 of the following features: > 5 cm, infiltrative, high nuclear grade, mitotic count of > 1 mitosis/50 mm^2, necrosis, vascular invasion	**General criteria > Malignant** ≥ 2 of the following features: > 5 cm, infiltrative, high nuclear grade, mitotic count of > 1 mitosis/12 mm^2, necrosis, vascular invasion

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Chapter 8: Tumours of the uterine cervix (p. 335)

On the chapter title page, the hierarchy of the section titles has been corrected as shown, so that *Other epithelial tumours* is no longer subordinate to *Glandular tumours and precursors*.

Original text	Corrected text
Squamous epithelial tumours Mimics of squamous precursor lesions Squamous cell tumours and precursors Glandular tumours and precursors Benign glandular lesions Adenocarcinomas Other epithelial tumours Mixed epithelial and mesenchymal tumours Germ cell tumours	Squamous epithelial tumours Mimics of squamous precursor lesions Squamous cell tumours and precursors Glandular tumours and precursors Benign glandular lesions Adenocarcinomas Other epithelial tumours Mixed epithelial and mesenchymal tumours Germ cell tumours

Updated online: October 2020
Updated in print: Yes (in 2nd print run), November 2020

Tumours of the uterine cervix: Introduction (p. 337)

At the end of the sixth paragraph of the introduction, an additional sentence has been added as shown.

Original text	Corrected text
… Serous carcinoma of the cervix … Adenocarcinoma NOS has also been removed, because pathologists are encouraged to assign all cervical adenocarcinomas to either the HPV-associated or one of the HPV-independent categories.	… Serous carcinoma of the cervix … Adenocarcinoma NOS has also been removed, because pathologists are encouraged to assign all cervical adenocarcinomas to either the HPV-associated or one of the HPV-independent categories. Adenoid cystic carcinoma (ACC) has also been removed, because cases diagnosed as such are felt not to represent true ACCs akin to those occurring in the salivary gland and other organs, but rather squamous cell carcinomas or (less commonly) HPV-associated adenocarcinomas with an ACC-like morphology.

Updated online: Update pending
Updated in print: No (pending next print run)

Squamous intraepithelial lesions of the uterine cervix (p. 342)

Under the heading *Etiology* (in the second paragraph), the text has been corrected as shown.

Original text	Corrected text
Etiology … LR-HPV types can cause both exophytic LSILs, known as condylomata acuminata (genital warts), and flat LSILs; however, the majority (80–90%) of flat LSILs are attributable to HR-HPV types. All HR-HPV–associated and rare LR-HPV–associated LSILs bear a risk of progression to HSIL and malignancy {952}; this risk is greater for HPV16/18-positive lesions {2323}. In contrast, HSIL arises exclusively in the context of HR-HPV infection. …	**Etiology** … LR-HPV types can cause both exophytic LSILs, known as condylomata acuminata (genital warts), and flat LSILs; however, the majority (80–90%) of flat LSILs are attributable to HR-HPV types. All HR-HPV–associated LSILs bear a risk of progression to HSIL and malignancy. While LR-HPV has rarely been associated with carcinoma {952}, in contrast, HSIL arises almost exclusively in the context of HR-HPV infection. …

References cited above:

952. Guimerà N, Lloveras B, Lindeman J, et al. The occasional role of low-risk human papillomaviruses 6, 11, 42, 44, and 70 in anogenital carcinoma defined by laser capture microdissection/PCR methodology: results from a global study. Am J Surg Pathol. 2013 Sep;37(9):1299–310. PMID:24076770

2323. Rodríguez-Trujillo A, Martí C, Angeles MA, et al. Value of HPV 16/18 genotyping and p16/Ki-67 dual staining to predict progression to HSIL/CIN2+ in negative cytologies from a colposcopy referral population. Am J Clin Pathol. 2018 Oct 1;150(5):432–40. PMID:30052715

Updated online: June 2021
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DICER1 syndrome (p. 557)

Under the heading *Related terminology*, the wording has been corrected as shown.

Original text	Corrected text
Related terminology *Acceptable:* Dicer	**Related terminology** *Acceptable: DICER1*-related tumour predisposition syndrome

Updated online: Update pending
Updated in print: No (pending next print run)

TNM staging of tumours of the cervix uteri: 2021 revision

Cervix Uteri

(ICD-O-3 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).[1] Both this and the AJCC v9 correspond to the 2018 FIGO Classification. The 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 tumour 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	Definition
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)[a]
T1a[b]	IA	Invasive carcinoma diagnosed only by microscopy. Stromal invasion with a maximal depth of 5.0 mm[b]
T1a1	IA1	Measured depth of stromal invasion 3.0 mm or less
T1a2	IA2	Measured depth of stromal invasion more than 3.0 mm and not more than 5.0 mm
		Note: 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 5.0 mm
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 4.0 cm in greatest dimension
T1b3	IB3	Lesion more than 4.0 cm in greatest dimension
T2	II	Tumour invades beyond uterus but not to pelvic wall or to 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 non-functioning kidney
T4	IVA	Tumour invades mucosa of the bladder or rectum, or extends beyond true pelvis[c]

Notes
* No FIGO equivalent; FIGO does not include Stage 0 (Tis).
[a] Extension to corpus uteri should be disregarded.
[b] Vascular space involvement, venous or lymphatic, does not affect classification.
[c] 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* Regional lymph node metastasis to pelvic lymph nodes only
N2* Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes

Note
* The suffix 'mi' is added if the lymph node metastasis is > 0.2 mm but ≤ 2.0 mm. The suffix '(sn)' is added if the metastasis is identified by sentinel node biopsy (see page 7 TNM Classification of Malignant Tumours, 8th Edition[2]). FIGO and AJCC add the suffix 'a' if the node metastasis is > 2.0 mm in size.

M – Distant Metastasis

M0 No distant metastasis
M1 Distant metastasis (includes inguinal lymph nodes and intraperitoneal disease). It excludes metastasis to vagina, pelvic serosa, and adnexa

pTNM Pathological Classification

The pT and pN categories correspond to the T and N categories.

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.

pM – Distant Metastasis*

pM1 Distant metastasis microscopically confirmed

Note
* pM0 and pMX are not valid categories.

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

1 Bhatla N, Berek JS, Cuello Fredes M, Denny LA, Grenman S, Karunaratne K, Kehoe ST, Konishi I, Olawaiye AB, Prat J, Sankaranarayanan R, et al. Revised FIGO staging for carcinoma of the cervix uteri. *Int J Gynecol Obstet* 2019; 145: 129–135. doi:10.1002/ijgo.12749. Also the corrigendum. *Int J Gynecol Obstet* 2019; 147: 279–280. doi.org/10.1002/ijgo.12969
2 Brierley JD, Gospodarowicz MK, Wittekind C, editors. TNM classification of malignant tumours. 8th ed. Oxford, UK: Wiley-Blackwell; 2017.