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FIGO COMMITTEE ON GYNECOLOGIC ONCOLOGY

FIGO staging for uterine sarcomas

Uterine sarcomas (leiomyosarcomas, endometrial stromal sarcomas, adenosarcomas, and carcinosarcomas) are a heterogeneous group of malignancies from both a pathologic and clinical perspective. To date they have been staged according to the 1988 International Federation of Gynecology and Obstetrics (FIGO) criteria for carcinoma of the corpus uteri. Because of their relative rarity, little effort has been dedicated to providing an *ad hoc* classification and independent staging of these malignancies.

The FIGO Committee on Gynecologic Oncology recognized that the old classification was no longer sufficient because more information on uterine sarcomas had become available and these malignancies justified independent staging.

The process of producing a new staging for uterine sarcomas began more than 2 years ago when the FIGO Committee asked the International Society of Gynecologic Pathologists (ISGyP) to draft an *ad hoc* staging for these rare tumors. The President of ISGyP, Professor Jaime Prat, coordinated a task force made up of members of the Society. Detailed discussions led to the first ISGyP draft. That document was circulated and discussed among the members of the FIGO Committee on Gynecologic Oncology.

The Chairman of the FIGO Committee, Professor Sergio Pecorelli, advocated that other international scientific societies and agencies specializing in research and treatment of female malignancies should be invited to collaborate. The International Gynecologic Cancer Society (IGCS), the Gynecologic Cancer Intergroup (GCIg), the American Society of Gynecologic Oncologists (SGO), and the American Joint Commission on Cancer (AJCC), together with ISGyP, formed the Enlarged Committee (see List of Members).

The Enlarged Committee met for the first time in Tampa, Florida, USA, at the beginning of March 2008. The draft staging put forward by ISGyP was amended following extensive discussion among the attendees. In the following months, the members of the Enlarged Committee circulated further comments and amended the staging until unanimous agreement on a final document was reached.

This consensus document was presented at the TNM UICC (International Union Against Cancer) Core Group meeting in Geneva at the beginning of May 2008, where it was approved by both the UICC and AJCC with only minor changes. In early September 2008, the new staging for uterine sarcomas was submitted to the members of the FIGO Executive Board, who officially approved it.

Three new classifications have been developed and approved: (1) staging for leiomyosarcomas; (2) staging for endometrial stromal sarcomas (ESS) and adenosarcomas; and (3) staging for carcinosarcomas (formerly malignant mixed mullerian tumours, MMMT).

The first two stagings are brand new, while carcinosarcomas will be staged according to the new classification of endometrial carcinoma.

The FIGO Committee on Gynecologic Oncology is proud of the outcome of this collaboration among the international scientific community. The Committee wishes to thank all those who contributed to the discussions and development process. These new classifications

will serve as a springboard for future discussion and improvements, while recognizing that staging must be flexible and adaptable to reflect significant changes and scientific breakthroughs.

Staging for uterine sarcomas (leiomyosarcomas, endometrial stromal sarcomas, adenosarcomas, and carcinosarcomas)

(1) Leiomyosarcomas	
Stage	Definition
I	Tumor limited to uterus
IA	<5 cm
IB	>5 cm
II	Tumor extends to the pelvis
IIA	Adnexal involvement
IIIB	Tumor extends to extrauterine pelvic tissue
III	Tumor invades abdominal tissues (not just protruding into the abdomen).
IIIA	One site
IIIB	> one site
IIIC	Metastasis to pelvic and/or para-aortic lymph nodes
IV	Tumor invades bladder and/or rectum
IVA	Tumor invades bladder and/or rectum
IVB	Distant metastasis
(2) Endometrial stromal sarcomas (ESS) and adenosarcomas*	
Stage	Definition
I	Tumor limited to uterus
IA	Tumor limited to endometrium/endocervix with no myometrial invasion
IB	Less than or equal to half myometrial invasion
IC	More than half myometrial invasion
II	Tumor extends to the pelvis
IIA	Adnexal involvement
IIIB	Tumor extends to extrauterine pelvic tissue
III	Tumor invades abdominal tissues (not just protruding into the abdomen).
IIIA	One site
IIIB	> one site
IIIC	Metastasis to pelvic and/or para-aortic lymph nodes
IV	Tumor invades bladder and/or rectum
IVA	Tumor invades bladder and/or rectum
IVB	Distant metastasis
(3) Carcinosarcomas	
Carcinosarcomas should be staged as carcinomas of the endometrium.	
*Note: Simultaneous tumors of the uterine corpus and ovary/pelvis in association with ovarian/pelvic endometriosis should be classified as independent primary tumors.	

List of members

The Enlarged Committee is composed of the following members:

FIGO Committee on Gynecologic Oncology:

Sergio Pecorelli, Italy, Chairperson; Lynette Denny, South Africa, Co-Chairperson; Hextan Ngan, China, Past Chairperson; Neville Hacker, Australia, member; Adriana Bermudez, Argentina, member; David Mutch, USA, member.

Scott McMeekin, USA, American Joint Commission on Cancer (AJCC);

Edgar Petru, Austria, Gynecologic Cancer Intergroup (GCIg);

Jaime Prat, Spain, International Society of Gynecological Pathologists (ISGyP);

Adriana Bermudez, Argentina, International Gynecologic Cancer Society (IGCS);

David Mutch, USA, Society of Gynecologic Oncologists (SGO).