

## Extent of invasion (Core)

The involvement of any extracervical structures by invasive tumour should be documented. Documentation of the involvement of various extracervical tissues is prognostically significant and is important for tumour staging. Involvement of the pelvic side-wall, vagina, parametria, rectum and bladder upstage the tumour. Involvement of the uterine body, whilst not formally part of International Federation of Gynaecology and Obstetrics (FIGO) or 8<sup>th</sup> edition TNM Staging,<sup>1-4</sup> has also been shown to be of prognostic significance.<sup>5</sup> Adnexal involvement also does not upstage cervical cancer though the presence of tubo-ovarian tumour generally results in some form of adjuvant therapy. Documentation of the extent of invasion is also important for correlation with clinical and radiological findings.

The **parametria** are composed of fibrous tissue, which surrounds the supravaginal part of the cervix and separates this part of the cervix anteriorly from the bladder and posteriorly from the rectum. The fibrous parametrial tissue extends onto the sides of the supravaginal cervix and between the layers of the broad ligaments. The fibrous connective tissue around the isthmus at the cervix/lower uterine segment junction should be regarded as part of the parametria and included in the sampling of parametrial tissue. Lymph nodes and the uterine blood vessels and lymphatics that supply and drain the cervix are contained within the fibrous parametrial tissue.

The **uterine body** includes both endometrial (glandular/stromal) and myometrial structures.

If the **bladder or rectum** is involved, the pathologist should state which compartments are infiltrated; in particular, if the bladder or rectal mucosa is involved, this implies that the tumour is Stage IVA at least.

Lymphovascular invasion (LVI) should be documented wherever it is identified, but anatomical structures where there is *only* LVI and no direct stromal infiltration, should not be recorded as being involved by tumour and the presence of LVI should not alter the FIGO stage.

## References

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- 5 Narayan K, Fisher R and Bernshaw D (2006). Significance of tumor volume and corpus uteri invasion in cervical cancer patients treated by radiotherapy. *Int J Gynecol Cancer* 16:623-630.