

# 台灣癌症登記中心通知

**急件**

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主題： 新版追蹤申報系統上線注意事項，與更新2018年FIGO期別及AJCC Cervix Uteri version 9子宮頸癌TNM，請貴院依說明段辦理

急件       請檢閱       請加註       請回覆       請回收

一、 本案係依衛生福利部國民健康署委託「台灣癌症登記工作計畫」辦理。

二、 110 年 2 月 1 日起，新版追蹤申報系統已上線。

(1) 109 年度需完成 5 年追蹤之個案為：104 診斷年(含)之前個案。

此些個案應申報至批次「114\_五年追蹤\_2021 年核銷」或「115\_五年追蹤\_2021 年核銷」中，請各醫院於 **110 年 2 月底前** 完成申報，以免影響 110 年之經費核銷。

(2) 110 年度需完成 5 年追蹤之個案為：105 診斷年(含)之前個案。

此些個案可申報至目前批次或於 **110 年 3 月 2 日起** 開放之「114\_五年追蹤\_2022 年核銷」或「115\_五年追蹤\_2022 年核銷」中，請各醫院於 111 年 2 月底前完成申報。

(3) 請注意：110 年度應進行 5 年追蹤之 105 診斷年個案，自 110 年 3

月起申報追蹤相關欄位，應採用「107 年第三版台灣癌症登記摘錄手冊」內新增修之編碼定義。而 104(含)年以前診斷之個案，可自行選擇使用舊版或新版編碼定義申報。

(4) 本次新版五年追蹤清單已表格化，並提供更多的申報與追蹤訊息，包括如：自 2007 年起之申報數、不需追蹤筆數、需追蹤筆數、完成追蹤筆數、追蹤率、已核銷筆數...等。

因追蹤率未來將納入診療品質認證之癌症登記申報完整性評估指標，故若過去有尚未完成追蹤申報之筆數，請醫院盡量完成補申報作業。

(5) 若個案符合追蹤條件，例如：個案分類 1 或 2 且長表格式申報、非首次申報已死亡或復發、非子宮頸 CIN3 或大腸 HGD 者，當尚未滿五年追蹤卻已死亡之個案；請於異動「生存狀態」欄位時，一併確認個案死亡前**是否癌症有復發**。

三、有關 2018 FIGO staging 修訂內容，請參考下頁表格。

(1) 修正 2018 FIGO Stage I 與 Stage II 等號(=)切點共 12 個。

(2) 修正 2018 FIGO Stage III 包含 micrometastases。

四、依據 2020 年底出版之 AJCC Cervix Uteri version 9，修訂子宮頸癌 TNM 與對應 2018 FIGO 期別內容，適用於 **110 年起**新診斷個案，詳見附件。

(1) 修正子宮頸癌 TNM 定義，增加 T1b3、N1mi、N1a、N2、N2mi、N2a 編碼。

## Corrigendum : FIGO staging of carcinoma of the cervix uteri (2018)

The authors regret to note a number of errors in Box 1. The '=' in measurement cut-offs was erroneously placed in 12 instances in Stages I and II. The corrected version of Box 1 is given below; corrected notations of measurement are shown in bold type. Micrometastases have been included in Stage IIIC.

### Box 1

#### Stage I:

The carcinoma is strictly confined to the cervix (extension to the corpus should be disregarded).

- **IA** Invasive carcinoma that can be diagnosed only by microscopy with maximum depth of invasion  $\leq 5$  mm<sup>a</sup>
  - **IA1** Measured stromal invasion  $\leq 3$  mm in depth
  - **IA2** Measured stromal invasion  $>3$  mm and  $\leq 5$  mm in depth
- **IB** Invasive carcinoma with measured deepest invasion  $>5$  mm (greater than stage IA); lesion limited to the cervix uteri with size measured by maximum tumor diameter<sup>b</sup>
  - **IB1** Invasive carcinoma  $>5$  mm depth of stromal invasion and  $\leq 2$  cm in greatest dimension
  - **IB2** Invasive carcinoma  $>2$  cm and  $\leq 4$  cm in greatest dimension
  - **IB3** Invasive carcinoma  $>4$  cm in greatest dimension

#### Stage II:

The cervical 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 invasion
  - **IIA1** Invasive carcinoma  $\leq 4$  cm in greatest dimension
  - **IIA2** Invasive carcinoma  $>4$  cm in greatest dimension
- **IIB** With parametrial invasion but not up to the pelvic wall

#### Stage III:

The carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or non-functioning kidney and/or involves pelvic and/or paraaortic lymph nodes

- **IIIA** Carcinoma involves lower third of the vagina, with no extension to the pelvic wall
- **IIIB** Extension to the pelvic wall and/or hydronephrosis or non-functioning kidney (unless known to be due to another cause)
- **IIIC** Involvement of pelvic and/or paraaortic lymph nodes (**including micrometastases**)<sup>c</sup>, irrespective of tumor size and extent (with r and p notations).<sup>d</sup>
  - **IIIC1** Pelvic lymph node metastasis only
  - **IIIC2** Paraaortic lymph node metastasis

#### Stage 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 of the growth to adjacent organs
- **IVB** Spread to distant organs

- <sup>a</sup>Imaging and pathology can be used, when available, to supplement clinical findings with respect to tumor size and extent, in all stages. **Pathological findings supercede imaging and clinical findings.**
- <sup>b</sup>The involvement of vascular/lymphatic spaces should not change the staging. The lateral extent of the lesion is no longer considered.
- <sup>c</sup>Isolated tumor cells do not change the stage but their presence should be recorded
- <sup>d</sup>Adding notation of r (imaging) and p (pathology), to indicate the findings that are used to allocate the case to stage IIIC. For example, if imaging indicates pelvic lymph node metastasis, the stage allocation would be Stage IIIC1r; if confirmed by pathological findings, it would be Stage IIIC1p. The type of imaging modality or pathology technique used should always be documented. When in doubt, the lower staging should be assigned.

原 FIGO 2018 年版參考出處 (2019) Bhatla, N., Berek, J.S., Cuello Fredes, M., Denny, L.A., Grenman, S., Karunaratne, K., Kehoe, S.T., Konishi, I., Olawaiye, A.B., Prat, J. and Sankaranarayanan, R. Revised FIGO staging for carcinoma of the cervix uteri. *Int J Gynecol Obstet*, 145: 129-135. doi:10.1002/ijgo.12749.

本修訂表摘錄出處 (2019) Corrigendum to "Revised FIGO staging for carcinoma of the cervix uteri" [*Int J Gynecol Obstet* 145(2019) 129–135]. *Int J Gynecol Obstet*, 147: 279-280. <https://doi.org/10.1002/ijgo.12969>.

## Cervix Uteri

### Definition of primary Tumor (T)

T Category	FIGO Stage	T Criteria
<b>TX</b>		Primary tumor cannot be assessed
<b>T0</b>		No evidence of primary tumor
<b>T1</b>	<b>I</b>	Carcinoma is strictly confined to the cervix (extension to the corpus should be disregarded).
<b>T1a</b>	<b>IA</b>	Invasive carcinoma that can be diagnosed only by microscopy with maximum depth of invasion $\leq 5$ mm
<b>T1a1</b>	<b>IA1</b>	Measured stromal invasion $\leq 3$ mm in depth
<b>T1a2</b>	<b>IA2</b>	Measured stromal invasion $> 3$ mm and $\leq 5$ mm in depth
<b>T1b</b>	<b>IB</b>	Invasive carcinoma with measured deepest invasion $> 5$ mm (greater than stage IA); lesion limited to the cervix uteri with size measured by maximum tumor diameter Note: The involvement of vascular/lymphatic spaces should not change then staging. The lateral extent of the lesion is no longer considered.
<b>T1b1</b>	<b>IB1</b>	Invasive carcinoma $> 5$ mm depth of stromal invasion and $\leq 2$ cm in greatest dimension
<b>T1b2</b>	<b>IB2</b>	Invasive carcinoma $> 2$ cm and $\leq 4$ cm in greatest dimension
<b>T1b3</b>	<b>IB3</b>	Invasive carcinoma $> 4$ cm in greatest dimension
<b>T2</b>	<b>II</b>	Carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall
<b>T2a</b>	<b>IIA</b>	Involvement limited to the upper two-thirds of the vagina without parametrial invasion
<b>T2a1</b>	<b>IIA1</b>	Invasive carcinoma $\leq 4$ cm in greatest dimension
<b>T2a2</b>	<b>IIA2</b>	Invasive carcinoma $> 4$ cm in greatest dimension
<b>T2b</b>	<b>IIB</b>	With parametrial invasion but not up to the pelvic wall
<b>T3</b>	<b>III</b>	Carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or non-functioning Kidney Note: The pelvic wall is defined as the muscle, fascia, neurovascular structures, and skeletal portions of the bony pelvis. Cases with no cancer-free space between the tumor and pelvic wall by rectal examination are FIGO III.
<b>T3a</b>	<b>IIIA</b>	Carcinoma involves lower third of the vagina, with no extension to the pelvic wall
<b>T3b</b>	<b>IIIB</b>	Extension to the pelvic wall and/or hydronephrosis or nonfunctioning kidney (unless known to be due to another cause)
<b>T4</b>	<b>IVA</b>	Carcinoma has involved (biopsy-proven) the mucosa of the bladder or rectum, or has spread to adjacent organs. (Bullous edema, as such, does not permit a case to be assigned to stage IVA.)

**Definition of Regional Lymph Node (N)**

<b>N Category</b>	<b>FIGO Stage</b>	<b>N Criteria</b>
<b>NX</b>		Regional lymph nodes cannot be assessed
<b>N0</b>		No regional lymph node metastasis
<b>N0(i+)</b>		Isolated tumor cells in regional lymph node(s) $\leq 0.2$ mm, or single cells or clusters of cells $\leq 200$ cells in a single lymph node cross section
<b>N1</b>	<b>IIIC1</b>	Regional lymph node metastasis to pelvic lymph nodes only
<b>N1mi</b>	<b>IIIC1</b>	Regional lymph node metastasis ( $>0.2$ mm but $\leq 2.0$ mm in diameter) to pelvic lymph nodes
<b>N1a</b>	<b>IIIC1</b>	Regional lymph node metastasis ( $>2.0$ mm in diameter) to pelvic lymph nodes
<b>N2</b>	<b>IIIC2</b>	Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes
<b>N2mi</b>	<b>IIIC2</b>	Regional lymph node metastasis ( $>0.2$ mm but $\leq 2.0$ mm in diameter) to para-aortic lymph nodes, with or without positive pelvic lymph nodes
<b>N2a</b>	<b>IIIC2</b>	Regional lymph node metastasis ( $>2.0$ mm in diameter) to para-aortic lymph nodes, with or without positive pelvic lymph nodes

**Notes:** Suffix (f) is added to the N category when metastasis is identified only by FNA or core biopsy. Suffix (sn) is added to the N category when metastasis is identified only by sentinel lymph node biopsy.

**Definition of Distant Metastasis (M)**

<b>M Category</b>	<b>FIGO Stage</b>	<b>M Criteria</b>
<b>M0</b>		No distant metastasis
<b>cM1</b>	<b>IVB</b>	Distant metastasis (includes metastasis to inguinal lymph nodes, intraperitoneal disease, lung, liver, or bone) (excludes metastasis to pelvic or para-aortic lymph nodes, or vagina)
<b>pM1</b>	<b>IVB</b>	Microscopic confirmation of distant metastasis (includes metastasis to inguinal lymph nodes, intraperitoneal disease, lung, liver, or bone) (excludes metastasis to pelvic or para-aortic lymph nodes, or vagina)

**AJCC PROGNOSTIC STAGE GROUPS**

When T is...	And N is...	And M is...	Then the stage group is...
T1	N0	M0	I
T1a	N0	M0	IA
T1a1	N0	M0	IA1
T1a2	N0	M0	IA2
T1b	N0	M0	IB
T1b1	N0	M0	IB1
T1b2	N0	M0	IB2
T1b3	N0	M0	IB3
T2	N0	M0	II
T2a	N0	M0	IIA
T2a1	N0	M0	IIA1
T2a2	N0	M0	IIA2
T2b	N0	M0	IIB
T3	N0	M0	III
T3a	N0	M0	IIIA
T3b	N0	M0	IIIB
TX, T0, T1-3	N1	M0	IIIC1
TX, T0, T1-3	N2	M0	IIIC2
T4	Any N	M0	IVA
Any T	Any N	M1	IVB

## References :

<https://www.facs.org/Quality-Programs/Cancer/news/ajcc-kindle-102920>

[https://www.amazon.com/AJCC-Cancer-Staging-System-Documentation-](https://www.amazon.com/AJCC-Cancer-Staging-System-Documentation-ebook/dp/B08LQZZMN8/ref=sr_1_2?dchild=1&keywords=AJCC+Cancer+staging+system&qid=1603724268)

[ebook/dp/B08LQZZMN8/ref=sr\\_1\\_2?dchild=1&keywords=AJCC+Cancer+staging+system&qid=1603724268](https://www.amazon.com/AJCC-Cancer-Staging-System-Documentation-ebook/dp/B08LQZZMN8/ref=sr_1_2?dchild=1&keywords=AJCC+Cancer+staging+system&qid=1603724268)  
[&s=books&sr=1-2&pldnSite=1](https://www.amazon.com/AJCC-Cancer-Staging-System-Documentation-ebook/dp/B08LQZZMN8/ref=sr_1_2?dchild=1&keywords=AJCC+Cancer+staging+system&qid=1603724268)