



Vulvar Cancer Stages

After a woman is diagnosed with vulvar cancer, doctors will try to figure out if it has spread, and if so, how far. This process is called **staging**. The stage of a cancer describes the amount of cancer in the body. It helps determine how serious the cancer is and how best to treat (</cancer/vulvar-cancer/treating.html>) it. Doctors also use a cancer's stage when talking about survival statistics.

Vulvar cancer stages range from stage I (1) through IV (4). As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means cancer has spread more. Although each person's cancer experience is unique, cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

How is the stage determined?

The 2 systems used for staging vulvar cancer, the **FIGO** (International Federation of Gynecology and Obstetrics) system and the **AJCC** (American Joint Committee on Cancer) **TNM** staging system are basically the same.

They both stage (classify) this cancer based on 3 pieces of information:

- The extent (size) of the **tumor (T)**: How large and deep has the cancer grown? Has the cancer reached nearby structures or organs like the bladder or rectum?
- The spread to nearby lymph **nodes (N)**: How many lymph nodes has the cancer spread to and has it grown outside of those lymph nodes?
- The spread (**metastasis**) to distant sites (**M**): Has the cancer spread to distant lymph nodes or distant organs?

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person's T, N, and M categories have been determined, this information is combined in a process called **stage grouping** to assign an overall stage.

The staging system in the table below uses the **pathologic stage** (also called the **surgical stage**). It is determined by examining tissue removed during an operation. . Sometimes, if surgery is not possible right away, the cancer will be given a clinical stage instead. This stage is based on the results of a physical exam, biopsy (</treatment/understanding-your-diagnosis/tests/testing-biopsy-and-cytology-specimens-for-cancer.html>), and imaging tests (</treatment/understanding-your-diagnosis/tests/imaging-radiology-tests-for-cancer.html>) done before surgery. For more information see Cancer Staging (</treatment/understanding-your-diagnosis/staging.html>).

The system described below is the most recent AJCC system, effective January 2018.

These systems are not used to stage vulvar melanoma, which is staged like melanoma of the skin. Information about melanoma staging can be found in Melanoma Skin Cancer (<https://www.cancer.org/cancer/melanoma-skin-cancer.html>).

Vulvar cancer staging can be complex, so ask your doctor to explain it to you in a way you understand.

AJCC stage	Stage grouping	FIGO stage	Stage description*
IA	T1a N0 M0	IA	<p>The cancer is in the vulva or the perineum (the space between the rectum and the vagina) or both and has grown no more than 1 mm into underlying tissue (stroma) and is 2 cm or smaller (about 0.8 inches) (T1a).</p> <p>It has not spread to nearby lymph nodes (N0) or to distant sites (M0).</p>
IB	T1b N0 M0	IB	<p>The cancer is in the vulva or the perineum or both and is either more than 2 cm (0.8 inches) or it has grown more than 1 mm (0.04 inches) into underlying tissue (stroma) (T1b).</p> <p>It has not spread to nearby lymph nodes (N0) or to distant sites (M0).</p>
II	T2 N0 M0	II	<p>The cancer can be any size and is growing into the anus or the lower third of the vagina or urethra (the tube that drains urine from the bladder) (T2).</p> <p>It has not spread to nearby lymph nodes (N0) or to distant sites (M0).</p>
IIIA	T1 or T2 N1 M0	IIIA	<p>Cancer is in the vulva or perineum or both (T1) and may be growing into the anus, lower vagina, or lower urethra (T2).</p> <p>It has either spread to a single nearby lymph node with the area of cancer spread 5 mm or more OR it has spread to 1 or 2 nearby lymph nodes with both areas of cancer spread less than 5 mm (N1).</p> <p>It has not spread to distant sites (M0).</p>

IIIB	T1 or T2 N2a or N2b M0	IIIB	<p>Cancer is in the vulva or perineum or both (T1) and may be growing into the anus, lower vagina, or lower urethra (T2).</p> <p>The cancer has spread either to 3 or more nearby lymph nodes, with all areas of cancer spread less than 5 mm (N2a); OR the cancer has spread to 2 or more lymph nodes with each area of spread 5 mm or greater (N2b).</p> <p>It has not spread to distant sites (M0).</p>
IIIC	T1 or T2 N2c M0	IIIC	<p>Cancer is in the vulva or perineum or both (T1) and may be growing into the anus, lower vagina, or lower urethra (T2).</p> <p>The cancer has spread to nearby lymph nodes and has started growing through the outer covering of at least one of the lymph nodes (called extracapsular spread; N2c).</p> <p>It has not spread to distant sites (M0).</p>
IVA	T1 or T2 N3 M0	IVA	<p>Cancer is in the vulva or perineum or both (T1) and may be growing into the anus, lower vagina, or lower urethra (T2).</p> <p>The cancer has spread to nearby lymph nodes and has become stuck (fixed) to the underlying tissue or has caused an ulcer(s) to form on the lymph node(s)(ulceration) (N3).</p> <p>It has not spread to distant sites (M0).</p>
	OR		
	T3 Any N M0	IVA	<p>The cancer has spread beyond nearby tissues to the bladder, rectum, pelvic bone, or upper part of the urethra or vagina (T3).</p> <p>It might or might not have spread to nearby lymph nodes (any N). It has not spread to distant sites (M0).</p>

IVB	Any T Any N M1	IVB	The cancer has spread to distant lymph nodes (pelvic) or organs such as lung or bone (M1). The cancer can be any size and might or might not have spread to nearby organs (Any T). It might or might not have spread to nearby lymph nodes (Any N).
-----	----------------------	-----	--

* The following additional categories are not listed on the table above:

- TX: Main tumor cannot be assessed due to lack of information.
- T0: No evidence of a primary tumor.
- NX: Regional lymph nodes cannot be assessed due to lack of information.

Written by References



The American Cancer Society medical and editorial content team (</cancer/acs-medical-content-and-news-staff.html>)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

Last Medical Review: December 20, 2017 | Last Revised: January 16, 2018

American Cancer Society medical information is copyrighted material. For reprint requests, please see our Content Usage Policy (</about-us/policies/content-usage.html>).

MORE IN VULVAR CANCER

About Vulvar Cancer

Causes, Risk Factors, and Prevention

Early Detection, Diagnosis, and Staging

Treatment

After Treatment
