UICC 8th Edition Errata – 31st of January 2024

PREFACE

Current:
P XII Para 4
A TNM homepage with Frequently Asked Questions (FAQs) and a form for submitting questions or comments on the TNM can be found at: http://www.uicc.org.

Suggestion:
A TNM homepage with Frequently Asked Questions (FAQs) and a form for submitting questions or comments on the TNM can be found at: http://www.uicc.org. Readers are also encourage to go to http://www.uicc.org for updates and errata

pXVII Line 14 Breast E. Van Eycken (not Eckyen) Correction

P3 L9 facilitates not facilitating

P4 L10 ...pretreatment clinical classification designated...

   delete close bracket}

P8 L11 in a lymph node are classified as N1a (clinically occult) or N2a

P18 L2 C02-06 not C02-006 correction

L16 Oral Cavity (C02.0-C02.3, C02.9, C03-C06)* Correction and note added below

L23 (C03.14 replace with (C03.1) correction

L25 5. Tongue
   (i) Dorsal surface and lateral borders anterior to vallate papillae (anterior two-thirds) (C02.0 1)
   (ii) Inferior (ventral) surface (C02.2)

6. Floor of mouth (C04)
Note
*Lingual Tonsil CO2.4 is classified in the oropharynx

P19  L8  T2  Tumour 2 cm or less in greatest dimension and more than 5 mm depth of invasion or tumour more than 2 cm but not more than 4 cm in greatest dimension and depth of invasion no more than 10 mm

Correction

L 12  T3  Tumour more than 2 cm but not more than 4 cm in greatest dimension and depth of invasion more than 10 mm or tumour more than 4 cm in greatest dimension and not more than 10 mm depth of invasion

L16  T4a (lip and oral cavity) Tumour more than 4 cm in greatest dimension and more than 10 mm depth of invasion or (Lip)- Tumour invades through cortical bone, inferior alveolar nerve, floor of mouth, or skin (of the chin or the nose) (Oral Cavity) -Tumour invades through the cortical bone of the mandible or maxilla or involves the maxillary sinus, or invades the skin of the face

T4b (lip and oral cavity) Tumour invades masticator space, pterygoid plates, or skull base, or encases internal carotid artery

Correction and clarity

P20  L 1  extra-nodal not extranodal hyphen wrong place

Pages 20, p27, p34, p38, p41, and p49  Missing or less

pN2a Metastasis in a single ipsilateral lymph node, 3cm or less in greatest dimension with extranodal extension or more than 3 cm but not more than 6 cm in greatest dimension without extranodal extension or less missing

P 22  L1  Number “9” should be added

Pharynx

(ICD-O-3 C01, C02.4, C05.1-2, C09, C10.0, 2-3, 9, C11-13)
Oropharynx (ICD-0-3 C01, C02.4, C05.1-2, C09.0-1, 9, C10.0, 10.9, 2-3)

1. Anterior wall (glosso-epiglottic area)
   (i) Base of tongue (posterior to the vallate papillae or posterior third) (C01)
   (ii) Vallecula (C10.0)
   (iii) Lingual Tonsil (C02.4)

...see page 23

Change oesophagus to oesophageal mucosa

T3 Tumour more than 4 cm in greatest dimension, or with fixation of hemilarynx or extension to oesophageal mucosa

Change for clarity

skull base; cervical vertebra missing comma

Bilateral metastases in cervical lymph nodes not lymph node(s)

Stage III T4 Any N M0 Add N

Stage I T1, T2 N0, N1 M0 Add N

Stage II T1, T2 N2 M0 T3, T4 N0, N1 M0 Add T4

Delete second IVA

T4a palatoglossus spelling- one word
N-Regional lymph Nodes  

NX  Regional lymph nodes cannot be assessed
N0  No regional lymph node metastasis

Delete (e.g. anatomical station)

N-Regional lymph Nodes  

NX  Regional lymph nodes cannot be assessed
N0  No regional lymph node metastasis

N1  Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension without extranodal extension
N2  Metastasis as described below:
N2a  Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension without extranodal extension

N2c  Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension

Delete ipsilateral
Delete contralateral

The pT category corresponds to the clinical T category.

There is no T category
pN2c Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension

Delete contralateral

P 42 L20 pN2 Metastasis in 5 or more lymph node(s) - not node(s)

P 43 L19 pN0 Histological examination of a ..... Delete pN0

L23 insert below M0

M1 Distant metastases M1 Missing

P 44 L22 Survin NOT surviving

P 47 L23 insert below T0 Tis missing

Tis Carcinoma in situ

P 48 L 5

N-Regional lymph Nodes NX and NO are missing

NX Regional lymph nodes cannot be assessed

N0 No regional lymph node metastasis

P 53 L2 Separate stage groupings are recommended for papillary and follicular (differentiated), medullary, and anaplastic (undifferentiated) carcinomas. Tis missing

L 24 Delete second stage IVB

Stage IVA T1,T2,T3a N0 M0
Stage IVB T1,T2,T3a N1 M0
Stage IVB T3b,T4a,T4b N0,N1 M0
<table>
<thead>
<tr>
<th>Stage</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVC</td>
<td>Any</td>
<td>Any</td>
<td>M1</td>
</tr>
<tr>
<td>P54</td>
<td>L1 and L20</td>
<td>Prognostic Factors Grid</td>
<td></td>
</tr>
</tbody>
</table>

**Uniformity**

L20 replace cancer with carcinoma

Medullary Carcinoma instead of cancer

**Delete second IVA**

<table>
<thead>
<tr>
<th>Stage</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVA</td>
<td>T4a, T4b</td>
<td>Any</td>
<td>M0</td>
</tr>
<tr>
<td>IVA</td>
<td>Any</td>
<td>T</td>
<td>N3</td>
</tr>
<tr>
<td>IVB</td>
<td>Any</td>
<td>T</td>
<td>Any</td>
</tr>
</tbody>
</table>

L37 Stage IVB

| Any | T | Any | N | M1 |

B missing from Stage IV last line

**Delete comma**

<table>
<thead>
<tr>
<th>T1a</th>
<th>N0</th>
<th>M0</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1b</td>
<td>N0</td>
<td>M0</td>
<td>1, 2, X</td>
</tr>
</tbody>
</table>

Add X

**Delete**

<table>
<thead>
<tr>
<th>T2</th>
<th>N1</th>
<th>M0</th>
<th>Any</th>
</tr>
</thead>
<tbody>
<tr>
<td>T3</td>
<td>N0</td>
<td>M0</td>
<td>Any</td>
</tr>
</tbody>
</table>

**The pT and pN categories**

<table>
<thead>
<tr>
<th>T</th>
<th>Missing</th>
</tr>
</thead>
</table>

**Clinical Stage**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Tis</th>
<th>N0</th>
<th>M0</th>
</tr>
</thead>
</table>

**Add Stage 0**

**Reference**

Gastric Cancer 2017; 20: 217-225

Reference update
There should be a bar at the left-hand-side of T3.

Stage IVA  Any T  Any N  M1a  Any G  Change N0 to any N
Add Any G

Any T  Any N  M1b  G1  Change N0 to any N

the anal margin (ICD-O-3 C44.5) are...  add -3

T4  Tumor(s) involving a major branch of the portal or hepatic vein or with direct invasion....  add or

Manganese superoxide dismutase.  NOT magnesium

add above stage I

Stage 0  Tis  N0  M0  Stage 0 missing

(ICD-O-3 C23.9 and C24.0)  .9 missing

below NX add

No regional lymph node metastases  N0 missing

Prognostic Factors Grid

Uniformity

ICD-O-3 C24.1  add -3

T3  Tumour invades pancreas or peripancreatic tissue or peripancreatic tissue missing

Metastasis in 1 to 3 regional lymph nodes  revision in numbers

Metastasis in 4 or more regional lymph nodes
P92  L26  Stage IIIb  Any T  N2  M0  Delete second Stage IIIb
Stage IIIb  T4  Any N  M0

P94  L8  T1b  Tumour greater than 0.5 cm  add and no more than
and no more than 1 cm in greatest dimension
L13  T3 Tumour and more than 4cm.  Delete and
L21  N1 .... 1 to 3 regional lymph node(s)  Optional s missing
L22  N2 .... 4 or more regional lymph nodes  should be pleural

P96  Clarification/Correction
Neuroendocrine carcinomas are excluded and should be classified according to criteria for classifying carcinomas at the respective site.

Histopathological Grading
The following grading scheme has been proposed for all gastrointestinal neuroendocrine tumours:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Mitotic count (per $2\text{mm}^2$)</th>
<th>Ki-67 index (%)$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>&lt;2</td>
<td>&lt;3</td>
</tr>
<tr>
<td>G2</td>
<td>2–20</td>
<td>3–20</td>
</tr>
<tr>
<td>G3</td>
<td>&gt;20</td>
<td>&gt;20</td>
</tr>
</tbody>
</table>

Notes
The final grade is the higher of the grades as determined by the mitotic count or the Ki-67 index

$^a$ MIB1 antibody; % of 500–2000 tumour cells in areas of highest nuclear labelling.

Grade 3 neuroendocrine tumours are classified according to the schema for G1 and G2 neuroendocrine tumours.

Well-Differentiated Neuroendocrine Tumours (G1, G2 and G3) – Gastric, Jejunum/Ileum, Appendix, Colonic, and Rectal
Tumour invades lamina propria mucosa or submucosa and 1 cm or less in greatest dimension

For consistency

Tumour invades lamina propria mucosa or submucosa and 1 cm or less in greatest dimension

For consistency

However, if no tumour is present in the adhesion, microscopically, the tumour should be classified as pT1-3 as appropriate.

For clarity

Tumour invades adjacent organs (stomach, spleen, colon, adrenal gland) or the wall of large vessels (coeliac axis or the superior mesenteric artery)

rewritten

Hepatic metastasis only
Extrahepatic metastasis only
Hepatic and extrahepatic metastases

Well-Differentiated Neuroendocrine Tumours - Pancreas (G1, G2 and G3)

(ICD-O-3 C38.4)
Tumour involves ipsilateral parietal or visceral pleura only, with or... or visceral deleted only deleted

Add brackets

Thymus Tumours

Lower case for consistency

The staging grading of bone and soft tissue tumours ...

Correction

T3b ...to pelvic segments - should be pleural

Stage IVB Any T N1 Any M Any G

Stage IVB Any T Any N0 M1b Any G

Stage IVB not needed. Any N correct not N0

3 should be add

Sarcoma arising from the dura mater and brain, hollow viscera, or parenchymatous organs (with the exception of breast sarcomas), hollow... deleted as now in separate chapters

Angiosarcoma, an aggressive sarcoma, is excluded because its natural history is not consistent with the classification.

Note

Cystosarcoma phyllodes is staged as a soft tissue sarcoma of the superficial trunk Note added
P125  L21  T2  ... than 4 cm in greatest dimension –  dimension missing

P126  L21  Stage IIIb  T3, T4  N0 M0 G2, G3 High Grade  Delete second

P127  L18/19

- Colon (C18)  rectosigmoid missing
- Rectosigmoid junction (19)
- Rectum (20)

P130  L1  Prognostic Factors Grid

P132  L25  Groin-trochanter-gulteal sulcus  sulcus  lower case

P136  L13  The following sites are identified by ICD-O-3 -3 missing

P137  L8  NX  Regional lymph nodes cannot be assessed.
Should be inserted above N0  NX missing

P139  L2  ICD-O-3 C44.1 -3 missing
L17  TX  Primary tumour cannot be assessed  TX missing
L27  T3  Tumor > 20 mm in greatest dimension

P141  L6  Preauricular not Perauricular  spelling correction

P143  L28  pTis  Melanoma in situ (Clark level I)  Tis definition revised

Note:  *pTX includes shave biopsies and curettage that do not fully assess the thickness of the primary. Note revised
L31  pT1  Tumour 1 mm or less in thickness  \textit{size revised}
pT1a  less than 0.8mm in thickness without ulceration
pT1b  less than 0.8mm in thickness with ulceration or
      0.8mm or more but no more than 1mm in thickness,
      with or without ulceration

P145 L20  \textbf{*Note*}

If lymph nodes are identified with no apparent primary, the stage is as below:

<table>
<thead>
<tr>
<th>Stage</th>
<th>pT</th>
<th>N1b, N1c</th>
<th>N2b, N2c, N3b, N3c</th>
<th>M0</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIIB</td>
<td>pT0</td>
<td></td>
<td></td>
<td>p missing</td>
</tr>
<tr>
<td>IIIC</td>
<td>pT0</td>
<td>N2b, N2c, N3b, N3c</td>
<td>M0</td>
<td></td>
</tr>
</tbody>
</table>

P149 L15  Stage IIIB  T1,T2, T3, T4  N1b,N2,N3  M0  \textit{T defined instead of any T}

P155 L34  pN1b  Internal mammary lymph nodes \textit{not clinically detected}

pN1c  Metastasis in 1-3 axillary lymph nodes and internal mammary lymph nodes \textit{not clinically detected}

\textit{“not clinically detected” added for clarity}

P156 L9  pN3a ‘Metastasis in 10 or more ipsilateral axillary lymph nodes (at least one larger than 2 mm) or metastasis in infraclavicular lymph nodes’/level III lymph nodes’

P162 L14  N1b  \textit{metastasis} not metastases \textit{should be singular}

P166 L2  add-3  -3 missing

(ICD-O-3 C53)

L27  Definition of regional nodes changed

The regional lymph nodes are the paracervical, parametrial, hypogastric (internal iliac, obturator), common and external iliac, presacral, lateral sacral nodes \textit{and para-aortic nodes}.*
In the 7th edition the para-aortic nodes were considered to be distant metastatic but to be consistent with advice from FIGO the para-aortic nodes are now classified as regional. Correction and note added

**Note**

In the 7th edition the para-aortic nodes were considered to be distant metastatic but to be consistent with advice from FIGO the para-aortic nodes are now classified as regional.

P168 Notes

a. Extension to corpus uteri should be disregarded.
b. The depth of invasion should be taken from the base of the epithelium, either surface or glandular.

Vascular space involvement, venous or lymphatic, does not affect classification.
c. All macroscopically visible lesions even with superficial invasion are T1b/IB.
d. Vascular space involvement, venous or lymphatic, does not affect classification.
e. Bullous edema is not sufficient to classify a tumour as T4.

Deleted due to repetition

P 171 L1

Uterus – Endometrium

Add .0, 1, 3, 8, 9,

(ICD-O-3 C54.0, 1, 3, 8, 9, C55) .0, 3, 8, 9, missing

P173 L29

Add C

Stage III C T1, T2, T3 N1, N2 M0 C missing

P175 L3

add 54.1, 54.2

(ICD-O-3 C53, 54, 55) 55 missing

P 179 L27

sacral, para-aortic, and retroperitoneal nodes*. and inguinal nodes.

Nodes revised inguinal nodes deleted

*Note

Including intra-abdominal nodes such as greater omental nodes
Add fallopian tube

Fallopian tube missing

Tumour limited to one ovary (capsule intact) or fallopian tube; capsule intact, no tumour on ovarian surface or fallopian tube

Add M1a and M1b

M1a Pleural effusion with positive cytology
M1b Parenchymal metastasis and metastasis to extra-abdominal organs (including inguinal lymph nodes and lymph nodes outside the abdominal cavity)

Delete IIC

Stage IIC T2c N0 M0 T2c doesn’t exist

New line and Tumour inserted

Helps clarity

Tumour angiogenesis

Tumour markers

p53 expression

Underscore added

≥10^5 serum hCG(IU/ml) > required

Definition of Tis revised and Ta added and notes simplified and added to, or perineural invasion added to T1a and T1b

Tis Carcinoma in situ (Penile intraepithelial neoplasia – PeIN)

Ta Noninvasive localized squamous cell carcinoma

Tumour invades subepithelial connective tissue

T1a Tumour invades subepithelial connective tissue without lymphovascular invasion or perineural invasion and is not poorly differentiated

T1b Tumour invades subepithelial connective tissue with lymphovascular invasion or perineural invasion or is poorly differentiated

Note:

^Including verrucous carcinoma
Replace Extracapsular with Extraprostatic extension

T3a  **Extraprostatic** extension (unilateral or bilateral) including microscopic bladder neck involvement

*Change in terminology*

However, there is no pT1 category because there is insufficient tissue to assess the highest pT category. **There are no sub-categories of pT2**

*Change for clarity*

Gleason **Sum** Score

**Correction**

pT1  Tumour limited to testis [including rete testis] and epididymis without vascular/lymphatic invasion and without invasion of the epididymis.

*Correction*

pT2  Tumour limited to testis with vascular/lymphatic invasion, or invading hilar soft tissue or the epididymis or tumour extending through tunica albuginea with involvement of visceral tunica vaginalis.

*Correction*

Stage IIIC  Any pT/TX  N3  M0  S0  C missing

T3a  Tumour extends into the renal vein or its segmental (muscle containing) branches, or tumour invades the pelvicalyceal system or tumour invades perirenal and/or renal sinus fat (peripelvic) fat but not beyond Gerota fascia

T3b  Tumour grossly extends into vena cava below diaphragm

T3c  Tumour grossly extends into vena cava above the diaphragm or invades the wall of the vena cava
Corrections

P 204 L25-28 Muscularis propria to replace muscle

T2 Tumour invades muscularis propria
T2a Tumour invades superficial muscularis propria (inner half)
T2b Tumour invades deep muscularis propria (outer half)

Clarification

P 205 L28 Replace N0 with Any N

Stage IVA T4b Any N M0

Correction

p208 L3, 5 & 6 add -3 missing, Correction

(ICD-O-3 C53-C68.0, C61.9)

The classification applies to carcinomas of the urethra (ICD-O-3 C68.0) and transitional cell carcinomas of the prostate (ICD-O-3 C61.9) and prostatic urethra.

L 30/31 Clarification of Tis – Tis pu combined with Tis pd

Tis pu Carcinoma in situ, involving the prostatic urethra, periurethral or prostatic ducts without stromal invasion

Tis pd Carcinoma in situ, involvement of prostatic ducts

p221 L2 add -3 missing

(ICD-O-3 C69.3,4)

P220 L8 Tumour invades the eyelid uniformity

P224 6-8 M1a Largest metastases 3 cm or less in greatest dimension

M1b Largest metastases is larger than 3 cm in greatest dimension but not larger than 8 cm

M1c Largest metastases is larger than 8 cm in greatest Dimension
Spelling - Metastasis instead of metastases

P224  L11 and L23  add * and add note at end of table  * and note missing  
Stage*  

Note  
*The stage groups are for malignant melanoma of the choroid and ciliary body but not of the iris.  

P227  L3  T3c  Raised intraocular pressure with neovascularization ...  
Spelling - Raised instead of raided  

P227  L32  single l in totaling  spelling  totalling  

P228  L18  pM1b  Metastasis to CNS parenchyma or cerebrospinal fluid  
CSF should be spelled out  

P229  L13-1  Higher UICC  
T category  Clarity  

P232  L20  T1b  Periosteal involvement without bone involvement  
Spelling: without instead of with out  

P232  L23  delete limited to lacrimal gland  change for clarity  
T2  Tumour more than 2 cm but not more than 4 cm in greatest dimension, limited to the lacrimal gland