UICC 8th Edition Errata – 23rd of July 2020

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 Eyck (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)
*Lingual Tonsil CO2.4 is classified in the oropharynx

P19 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 extran- odal

hyphen wrong place

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

pN2a Metastasis in a single ipsilateral lymph node, 3 cm 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, CO2.4, C05.1-2, C09, C10.0, 2-3, 9, C11-13)

CO2.4 & 9 missing

L14 Oropharynx (ICD-0-3 C01, CO2.4, 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)

P24 L17 ...see page 23 Bracket missing

L23 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

P25 L1 skull base, cervical vertebra missing comma

P26 L12 Bilateral metastases in cervical lymph nodes not lymph node(s)

P28 L8 Stage III T4 Any N M0 Add N
L11 Stage I T1, T2 N0, N1 M0 Add N
L14 Stage II T1, T2 N2 M0 T3, T4 N0, N1 M0 Add T4

L24/25 Delete second IVA

Stage IVA T4 N0, N1, N2 M0  
Stage IVA Any T N3 M0

P33 L1 T4a palatoglossus spelling - one word

P 33 L 5  
N-Regional lymph Nodes NX and NO are missing

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

**P35**  L14/15  Delete *(e.g. anatomical station)*

**P 37**  L24  **N-Regional lymph Nodes**  *NX and N0 are missing*

**NX**  Regional lymph nodes cannot be assessed

**N0**  No regional lymph node metastasis

**P 40**  L14  **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

*Delete ipsilateral*

**L22**  **N2c**  Metastasis in bilateral *or contralateral* lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension

*Delete contralateral*

**P 41**  L5  **The pT category corresponds to the clinical T category.**

There is no T category

**L14**  **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

*Delete ipsilateral*

**L22**  **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 nodes

*not node(s)*
Histological examination of a ..... Delete pN0

M1 Distant metastases M1 Missing

Survin NOT surviving

Tis Carcinoma in situ Tis missing

N-Regional lymph Nodes NX and N0 are missing

NX Regional lymph nodes cannot be assessed

N0 No regional lymph node metastasis

Separate stage groupings are recommended for papillary and follicular (differentiated), medullary, and anaplastic (undifferentiated) carcinomas. s missing

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
Stage IVC Any T Any N M1

Prognostic Factors Grid Uniformity

replace cancer with carcinoma

Medullary Carcinoma instead of cancer
<table>
<thead>
<tr>
<th>Page</th>
<th>Line</th>
<th>Text</th>
</tr>
</thead>
</table>
| 59   | 20   | **Delete second IVA**
|      |      | Stage IVA: T4a, T4b, Any N, M0
|      |      | **Stage IVA** Any T, N3, M0
|      |      | Stage IVB: Any T, Any N, M1
| 37   |      | L37 Stage IVB: Any T, Any N, M1
|      |      | *B missing from Stage IV last line*
| 61   | 21   | P61 Group IB: T1a, N0, M0, 2
|      |      | T1b, N0, M0, 1, 2, X Add X
|      |      | L30 Group IIIA: T1, N2, M0, Any
|      |      | T2, N1, M0, Any
|      |      | **T3** N0, M0, Any Delete
| 65   | 2   | P65 The pT and pN categories: T missing
|      | 8    | L8 Clinical Stage: Add Stage 0
|      |      | Stage 0: Tis, N0, M0
| 66   | 1    | P66 L1 Prognostic Factors Grid: Uniformity
| 68   | 5 + 6 | P68 There should be a bar at the left-hand-side of T3
| 72   | 24   | P72 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

July 23, 2020
the anal margin (ICD-O-3 C44.5) are...  

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

Manganese superoxide dismutase.  NOT magnesium

after L15 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

N0  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
Metastasis in 4 or more regional lymph nodes numbers

Stage IIIB  Any T  N2  M0  Delete second Stage IIIB
Stage IIIB  T4  Any N  M0

T1b Tumour greater than 0.5 cm  add and no more than
and no more than 1 cm in greatest dimension

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
P97  L6  T1  Tumour invades lamina propria mucosa or submucosa and 1 cm or less in greatest dimension

For consistency

P99  L6  T1  Tumour invades lamina propria mucosa or submucosa and 1 cm or less in greatest dimension

For consistency

L20  N1...2 cm in sizes delete s

P100  L18-19  However, if no tumour is present in the adhesion, microscopically, the tumour should be classified as pT1-3 as appropriate.

For clarity

P102  L28  T4  Tumour invades adjacent organs (stomach, spleen, colon, adrenal gland) or the wall of large vessels (coeliac axis or the superior mesenteric artery) rewritten

P103  L7-9  M1a  Hepatic metastasis only delete (is)

M1b  Extrahepatic metastasis only delete (is)

M1c  Hepatic and extrahepatic metastases

P113  L2  (ICD-O-3 C38.4) add -3

L21  T1  Tumour involves ipsilateral parietal or visceral pleura only, with or.... or visceral deleted only deleted

P115  L2  (ICD-O-3 C37.9) Add brackets

P116  L2  Thymus Tumours

Lower case for consistency

July 23, 2020
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

(1CD-O-3 C38.1, 2, 3, C47-49) 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**

T2 ... than 4cm in greatest dimension – dimension missing

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

Stage IIIb Any T N1 M0 Any G Any Grade **Stage IIIb**

- Colon (C18) rectosigmoid missing
- Rectosigmoid junction (19)
- Rectum (20)
The following sites are identified by ICD-O-3 missing

Regional lymph nodes cannot be assessed.

Should be inserted above N0 missing

ICD-O-3 C44.1 missing

Primary tumour cannot be assessed TX missing

Tumor > 20 mm in greatest dimension but more than 30 mm

Melanoma in situ (Clark level I) Tis definition revised

*pTX includes shave biopsies and curettage that do not fully assess the thickness of the primary.

Tumour 1 mm or less in thickness size revised

less than 0.8mm in thickness without ulceration

less than 0.8mm in thickness with ulceration or

0.8mm or more but no more than 1mm in thickness, with or without ulceration

If lymph nodes are identified with no apparent primary, the stage is as below:
Stage III B  
\[ pT0 \  N1b, N1c \  \ M0 \]

Stage III C  
\[ pT0 \  N2b, N2c, N3b, N3c \  \ M0 \]

Stage IIIB  
\[ T1, T2, T3, T4 \  N1b, N2, N3 \  \ M0 \]

T defined instead of any T

pN1b Internal mammary lymph nodes not clinically detected

pN1c Metastasis in 1-3 axillary lymph nodes and internal mammary lymph nodes not clinically detected

“not clinically detected” added for clarity

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’.

/level III lymph nodes’ added

N1b metastasis not metastases should be singular

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 and para-aortic nodes.*

*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. Correction and note added

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.
Vascular space involvement, venous or lymphatic, does not affect classification.

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,

and inguinal nodes.

*Nodes revised inguinal nodes deleted*

P180  L10
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

P182  L11
Add M1a and M1b M1a and M1b missing

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)
L27 Delete IIC

Stage IIC T2c N0 M0 T2c doesn’t exist

P183 L17/18 New line and Tumour inserted Helps clarity

Tumour angiogenesis

**Tumour markers**

p53 expression

P186 L10 Underscore added

≥ 10^5 serum hCG(IU/ml) > required

P188/189 L21/22 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

T1 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:**

1 Including verrucous carcinoma

2 Glans: Tumour invades lamina propria

Foreskin: Tumour invades dermis, lamina propria or dartos fascia

Shaft: Tumour invades connective tissue between epidermis and corpora and regardless of location

P192 L2 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**

**Stage IIC** 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

**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)

Correct for clarity

**Stage IVA** T4b Any N M0

Replace N0 with Any N

**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.**Clarification of Tis – Tis pu combined with Tis pd**
Carcinoma in situ, involving the prostatic urethra, periurethral or prostatic ducts without stromal invasion

Carcinoma in situ, involvement of prostatic ducts

(add -3) -3 missing

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

Tumour invades the eyelid

M1a Largest metastasis is 3 cm or less in greatest dimension

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

M1c Largest metastasis is larger than 8 cm in greatest dimension

Spelling - Metastasis instead of metastases

* and note missing

Stage*

Note

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

Raised intraocular pressure with neovascularization ...

Spelling - Raised instead of raided

spelling

totalling

pM1b Metastasis to CNS parenchyma or cerebrospinal fluid

CSF should be spelled out
Higher UICC T category

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