UICC 8th Edition Errata – 25th of May 2018

Corrections are in *italics*

Head and Neck Tumours

Page 19  Oral Cavity

Current

T2  Tumour 2 cm or less in greatest dimension and more than 5 mm but no more than 10 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
T3  Tumour more than 4 cm in greatest dimension or more than 10 mm depth of invasion
T4a  *(oral cavity)* Tumour invades through the cortical bone of the mandible or maxilla or maxillary sinus, or invades the skin of the face.

Correct

T1  Tumour 2 cm or less in greatest dimension and 5 mm or less depth of invasion*
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
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
T4a  *(oral cavity)* Tumour more than 4 cm in greatest dimension and more than 10 mm depth of invasion
or tumour invades through the cortical bone of the mandible or maxilla or involves the maxillary sinus, or invades the skin of the face.

Pages 20, p27, p34, p38, p41, and p49

Currently

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

Correct

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
Page 24  Hypopharynx

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

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

Page 28  Oropharynx – p16 positive

Clinical
Current Stage III  T4  Any  M0
Correct Stage III  T4  AnyN  M0

Pathological
Current Stage II  T1, T2  N2  M0
T3  N0, N1  M0
Correct Stage II  T1, T2  N2  M0
T3, T4  N0, N1  M0

Page 40 and 41  Unknown primary

Current

N – Regional Lymph Nodes
N2c  Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension

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

pN – Regional Lymph Nodes
pN2c  Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension

Clarification
Delete contralateral
pN2c  Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension
### Oesophagus

**Squamous cell**

#### Pathological Stage

**Current**

<table>
<thead>
<tr>
<th>Stage IVA</th>
<th>T4a</th>
<th>N2</th>
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<tbody>
<tr>
<td></td>
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<td>M0</td>
</tr>
<tr>
<td></td>
<td>Any T</td>
<td>N3</td>
<td>M0</td>
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| Stage IV  | AnyT | AnyN | M1 |

**Correct**

<table>
<thead>
<tr>
<th>Stage IVA</th>
<th>T4a</th>
<th>N2</th>
<th>M0</th>
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<td>M0</td>
</tr>
<tr>
<td></td>
<td>Any T</td>
<td>N3</td>
<td>M0</td>
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| Stage IVB | AnyT | AnyN | M1 |

### Oesophagus

**Adenocarcinoma**

#### Pathological Prognostic Group

**Current**

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<tr>
<th>Group IB</th>
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<th>N0</th>
<th>M0</th>
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<tbody>
<tr>
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<td>T1b</td>
<td>N0</td>
<td>M0</td>
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| Group IIIA | T1 | N2 | M0 | Any |
|            | T2 | N1 | M0 | Any |
|            | T3 | N0 | M0 | Any |

**Correct**

<table>
<thead>
<tr>
<th>Group IB</th>
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<td>T1b</td>
<td>N0</td>
<td>M0</td>
<td>1, 2, X</td>
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</table>

| Group IIIA | T1 | N2 | M0 | Any |
|            | T2 | N1 | M0 | Any |
|            | T3 | N0 | M0 | Any | **Delete** |

### Stomach

**Reference**

Gastric Cancer 2016, in press

**Clarification**

Gastric Cancer 2017; 20: 217-225
Appendix

Current

Stage IVA  Any T  Any N0  M1a

Correct

Stage IVA  Any T  Any N  M1a

Any T  Any N  M1b  G1

Liver

Current

T4  Tumor(s) involving a major branch of the portal or hepatic vein with direct invasion of adjacent organs (including the diaphragm), other than the gallbladder or with perforation of visceral peritoneal.

Clarification

T4  Tumor(s) involving a major branch of the portal or hepatic vein or with direct invasion of adjacent organs (including the diaphragm), other than the gallbladder or with perforation of visceral peritoneal.

Ampulla of Vater

Current

T3  Tumor invades pancreas

Clarification

T3  Tumour invades pancreas or peripancreatic tissue

Regional Lymph Nodes

NX  Regional lymph nodes cannot be assessed
N0  No regional lymph node metastasis
N1  Metastasis in 1 or 2 regional lymph nodes
N2  Metastasis in 3 or more regional lymph nodes

Correct

N — Regional Lymph Nodes

NX  Regional lymph nodes cannot be assessed
N0  No regional lymph node metastasis
N1  Metastasis in 1 to 3 regional lymph nodes
N2  Metastasis in 4 or more regional lymph nodes
Pancreas

Current

T1  Tumour 2 cm or less in greatest dimension
T1a Tumour 0.5 cm or less in greatest dimension
T1b Tumour greater than 0.5 cm and less than 1 cm in greatest dimension
T1c Tumor greater than 1 cm but no more than 2 cm in greatest dimension

Correct

T1  Tumour 2 cm or less in greatest dimension
T1a Tumour 0.5 cm or less in greatest dimension
T1b Tumour greater than 0.5 cm and no more than 1 cm in greatest dimension
T1c Tumor greater than 1 cm but no more than 2 cm in greatest dimension

Pancreas

Current

T4  Tumour perforates visceral peritoneum (serosa) or invades other organs or adjacent structures

Correct

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

Pleural Mesothelioma

Current

T1  Tumour involves ipsilateral parietal or visceral pleura only, with or without involvement of visceral, mediastinal or diaphragmatic pleura.

Correct

T1  Tumour involves ipsilateral parietal or visceral pleura only, with or without involvement of visceral, mediastinal or diaphragmatic pleura.

Soft Tissue Sarcoma

Current

Histological Types of Tumour

The following histological types are not included:
Kaposi sarcoma
Dermatofibrosarcoma (protuberans)
Fibromatosis (desmoid tumour)
Sarcoma arising from the dura mater, brain, hollow viscera, or parenchymatous organs (with the exception of breast sarcomas).
Angiosarcoma, an aggressive sarcoma, is excluded because its natural history is not consistent with the classification.
Clarification

Histological Types of Tumour

The following histological types are not included:
- Kaposi sarcoma
- Dermatofibrosarcoma (protuberans)
- Fibromatosis (desmoid tumour)
- Sarcoma arising from the dura mater or brain.
- Angiosarcoma, an aggressive sarcoma, is excluded because its natural history is not consistent with the classification.

Note
Cystosarcoma phylloides is staged as a soft tissue sarcoma of the superficial trunk.

Page 140 Carcinoma of the skin of the eyelid

Current
- **T3**: Tumor > 20 mm, but more than 30 mm in greatest dimension

Clarification
- **T3**: Tumor > 20 mm in greatest dimension **but more than 30 mm**

Page 143 Melanoma

Current
- **pTX**: Primary tumour cannot be assessed*
- **pT0**: No evidence of primary tumour
- **pTis**: Melanoma in situ (Clark level I) (atypical melanocytic hyperplasia, severe melanocytic dysplasia, not an invasive malignant lesion)

Note: *pTX includes shave biopsies and regressed melanomas.

Clarification
- **pTX**: Primary tumour cannot be assessed*
- **pT0**: No evidence of primary tumour or regressed melanomas
- **pTis**: Melanoma in situ (Clark level I)

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

Current
- **pT1**: Tumour 1 mm or less in thickness
  - **pT1a**: 0.8mm or less in thickness without ulceration
  - **pT1b**: 0.8mm or less in thickness with ulceration or more than 0.8mm but no more than 1mm in thickness, with or without ulceration

Correct
- **pT1**: Tumour 1 mm or less in thickness
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

And

<table>
<thead>
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<th>Stage</th>
<th>pT</th>
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<td>N1b</td>
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<tr>
<td>IIIC</td>
<td>T0</td>
<td>N2b</td>
<td>M0</td>
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</tbody>
</table>

Page 149  Merkel Cell Carcinoma of the skin

Current  

Pathological Stage  

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Correct  

Pathological Stage  

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</table>

Page 156  Breast

Current

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

Clarification:  
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’.

Page 166  Cervix Uteri

Current  

Regional Lymph Nodes  
The regional lymph nodes are the paracervical, parametrial, hypogastric (internal iliac, obturator), common and external iliac, presacral, and lateral sacral nodes. Para-aortic nodes are not regional.

Correct  

Regional Lymph Nodes  
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 paraortic nodes were considered to be metastatic but to be consistent with advice from FIGO the paraortic nodes are now classified as regional*
**Page 173/4**  Uterus Endometrium

Current

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**Correct**

<table>
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<td>T1, T2, T3</td>
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<td>M0</td>
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</table>

**Page 175**

Current Uterine Sarcomas

(leiomyosarcoma, endometrial stromal sarcoma, adenosarcoma)

(ICD-O-3 53, 54)

**Clarification**

(leiomyosarcoma, endometrial stromal sarcoma, adenosarcoma)

(ICD-O-3 53, 54, 54.1, 54.2)

**P 179**  Ovary

Current

Regional Lymph Nodes

The regional lymph nodes are the hypogastric (obturator), common iliac, external iliac, lateral sacral, para-aortic, retroperitoneal, and inguinal nodes.

**Correct**

Regional Lymph Nodes

The regional lymph nodes are the hypogastric (obturator), common iliac, external iliac, lateral sacral, para-aortic, and retroperitoneal nodes*

*Note
*Including intra-abdominal node such as greater omental nodes.

**Page 182**  Ovary

Current

M – Distant Metastasis

M0  No distant metastasis
M1  Distant metastasis

**Correct**

M – Distant Metastasis

M0  No distant metastasis
M1  Distant metastasis
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)
### Current Stage

<table>
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<td>M0</td>
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<td>M0</td>
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<td>M0</td>
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<td>M0</td>
</tr>
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<td>M0</td>
</tr>
<tr>
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<td>M0</td>
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### Correct Stage

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<th>M</th>
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<tr>
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</table>

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### GTT

**Current:**

- **Pretreatment**
  - $< 10^3$
  - $10^3 - < 10^4$
  - $10^4 - < 10^5$
  - $> 10^5$ serum hCG (IU/ml)

**Clarification**

- **Pretreatment**
  - $< 10^3$
  - $10^3 - < 10^4$
  - $10^4 - < 10^5$
  - $\geq 10^5$ serum hCG (IU/ml)

---

### Penis

**Current**

**T — Primary Tumour**

- **Tis** Carcinoma in situ
- **Ta** Noninvasive verrucous carcinoma

### T1

- **T1a** Tumour invades subepithelial connective tissue without lymphovascular invasion and is not poorly differentiated
- **T1b** Tumour invades subepithelial connective tissue with lymphovascular invasion or is poorly differentiated

**Note:**

1 Verrucous carcinoma not associated with destructive invasion.
**Correct**

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:  Tumor invades lamina propria

  Foreskin:  Tumor invades dermis, lamina propria or dartos fascia

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

**Page 191, 193  Prostate**

Current

T3  Tumour extends through the prostatic capsule

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

**Clarification**

T3  Tumour extends through the prostatic capsule

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

Current

**pTNM Pathological Classification**

The pT and pN categories correspond to the T and N categories. For pM see page 8

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

**Clarification**

**pTNM Pathological Classification**

The pT and pN categories correspond to the T and N categories. For pM see page 8

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

**Correct**

Prognostic Factor Grid
### Page 195  Testes

**Current**

<table>
<thead>
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<th>Stage</th>
<th>Any pT/TX</th>
<th>N1</th>
<th>M0</th>
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<td>M0</td>
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<td>S1</td>
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<td>M0</td>
<td>S1</td>
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**Correct**

<table>
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<th>M0</th>
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<td>M0</td>
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</table>

### Page 199  Kidney

**Current**

**T — Primary Tumour**

T3  Tumour extends into major veins or perinephric tissues but not into the ipsilateral adrenal gland and not beyond Gerota fascia  
T3a  Tumour extends into the renal vein or its segmental (muscle containing) branches, 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

**Clarification**

T3  Tumour extends into major veins or perinephric tissues but not into the ipsilateral adrenal gland and not beyond Gerota fascia  
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

### Page 204, 205  Urinary Bladder

**Current**

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

Stage IVA  T4b  N0  M0

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

Stage IVA  T4b  Any N  M0

Page 208  Urethra

Current

Urothelial (Transitional cell) carcinoma of the prostate

Tis pu  Carcinoma in situ, involvement of prostatic urethra
Tis pd  Carcinoma in situ, involvement of prostatic ducts

Correct

Urothelial (Transitional cell) carcinoma of the prostate

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

Page 224  Malignant Melanoma of the Uvea

Correct

Stage*

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

Page 232  Lacrimal Gland

Current

T2  Tumour more than 2 cm but not more than 4 cm in greatest dimension, limited to the lacrimal gland
T2a  No periosteal or bone involvement
T2b  Periosteal involvement without bone involvement
T2c  Bone involvement

Clarification

T2  Tumour more than 2 cm but not more than 4 cm in greatest dimension, limited to the lacrimal gland
T2a  No periosteal or bone involvement
T2b  Periosteal involvement without bone involvement
T2c  Bone involvement