UICC 8th Edition Errata – 25th of January 2022

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

L.25 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)

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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 extran- odal 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)

P24 L17 ...see page 23

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

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
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

Delete ipsilateral

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

Delete contralateral

The pT category corresponds to the clinical T category.

There is no T category

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
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

P44 L22 Surviv NOT surviving

P47 L23 insert below T0 Tis missing

Tis Carcinoma in situ

P 48 L 5

N-Regional lymph Nodes NX and N0 are missing

NX Regional lymph nodes cannot be assessed

N0 No regional lymph node metastasis

P53 L2 Separate stages groupings are recommended for papillary and follicular (differentiated), medullary, and anaplastic (undifferentiated) carcinomas. s missing

L24 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

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Stage IVC  Any T    Any N    M1

P54   L1 and L20  Prognostic Factors Grid

Uniformity

L20  replace cancer with carcinoma

Medullary Carcinoma instead of cancer

P59   L20  Delete second IVA
Stage IVA  T4a,T4b  Any N    M0
Stage IVA  Any T    N3    M0
Stage IVB  Any T    Any N    M1

L37   Stage IVB  AnyT    Any N    M1  
B missing from Stage IV last line

P 61  L21  Group IB  T1a  N0  M0  2↓  Delete comma
T1b  N0  M0  1,2, X  Add X

L30  Group IIIA  T1  N2  M0  Any
T2  N1  M0  Any

P65  L2  The pT and pN categories  T missing

Clinical Stage  Add Stage 0

P 66  L8  Stage 0  Tis  N0  M0

P 66  L1  Prognostic Factors Grid

Uniformity

L24  Reference

Gastric Cancer 2017; 20: 217-225  Reference update

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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...

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

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

N0  No regional lymph node metastases  NO 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

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

N1 1 to 3 regional lymph node(s)  Optional s missing

N2 4 or more regional lymph nodes  should be pleural

T1  Tumour invades lamina propria mucosa or submucosa and
1 cm or less in greatest dimension  
For consistency

T1  Tumour invades lamina propria mucosa or submucosa and
1 cm or less in greatest dimension  
For consistency

N1 2 cm in sizes  delete s

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

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

M1a  Hepatic metastasis only  delete (is)
M1b  Extrahepatic metastasis only  delete (is)
M1c  Hepatic and extrahepatic metastases

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

(ICD-0-3 C37.9) 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

(ICD-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
P125  L21  T2  than 4cm in greatest dimension – dimension missing

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

Stage IIIb  AnyT  N1 M0 Any G Any Grade  Stage IIIb

P127  L18/19

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

P130  L1  Prognostic Factors Grid

P132  L25  Groin-trochanter-guliteal sulcus

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

P137  L8  NX  Regional lymph nodes cannot be assessed

Should be inserted above N0

P139  L2  ICD-O-3 C44.1

L17  TX  Primary tumour cannot be assessed

L27  T3  Tumor > 20 mm in greatest dimension

but more than 30 mm

P141  L 6  Preauricular not Perauricular

P143  L28  pTis  Melanoma in situ (Clark level I)

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

P145 L20 *Note

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

L23/24 Stage IIIB pT0 N1b, N1c M0 p missing
Stage IIIC pT0 N2b, N2c, N3b, N3c M0

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

P155 L34 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

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 metastasis not metastases 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 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.

P 168  
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

P 173  
L29

Add C

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

P 175  
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

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Add fallopian tube

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)

L27
Delete IIC

Stage IIC T2c N0 M0 T2c doesn’t exist

New line and Tumour inserted

Tumour angiogenesis

Tumour markers

p53 expression

Underscore added

≥10⁵ 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
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:

Including verrucous carcinoma
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

L30

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

P193 L21 Gleason Sum Score

P198 L8 Stage IIIC Any pT/TX N3 M0 S0 C missing

P199 L25-30

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

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Stage IVA  
T4b  Any N  M0  

Correction

p208  L3,5 &6  add-3  

(\text{ICD-O-3}\text{ 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  

(\text{ICD-O-3}\text{ C69.3,4})

P220  L8  Tumour invades the eyelid

P224  6-8  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

\textit{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.

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Raised intraocular pressure with neovascularization ...

Spelling- Raised instead of raided

single l in totaling spelling
totalling

Metastasis to CNS parenchyma or cerebrospinal fluid

CSF should be spelled out

Higher UICC

T category Clarity

Periosteal involvement without bone involvement

Spelling: without instead of with out

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