

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 3cm 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, *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

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

Page 59

Oesophagus

Squamous cell
Pathological Stage

Current

Stage IVA	T4a	N2	M0
	T4b	AnyN	M0
	Any T	N3	M0

Stage IV	AnyT	AnyN	M1
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Correct

Stage IVA	T4a	N2	M0
	T4b	AnyN	M0
	Any T	N3	M0

Stage IVB	AnyT	AnyN	M1
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Page 61

Oesophagus

Adenocarcinoma
Pathological Prognostic Group

Current

Group IB	T1a	N0	M0	2,
	T1b	N0	M0	1, 2

Group IIIA	T1	N2	M0	Any
	T2	N1	M0	Any
	T3,	N0	M0	Any

Correct

Group IB	T1a	N0	M0	2
	T1b	N0	M0	1, 2, X

Group IIIA	T1	N2	M0	Any
	T2	N1	M0	Any
	T3	N0	M0	Any <i>Delete</i>

Page 66 Stomach**Reference**

Gastric Cancer 2016, in press

Clarification

Gastric Cancer 2017; 20: 217-225

Page 72 Appendix

Current

Stage IVA Any T Any N0 M1a

Correct

Stage IVA Any T *Any N* M1a

Any T Any N M1b G1

Page 80 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.

Page 91/92 Ampulla of Vater

Current

T3 Tumor invades pancreas

Clarification

T3 Tumour invades pancreas or peripancreatic tissue

Current

N — 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

Page 94 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

Page 102 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)

Page 113 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.

Page 124 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

Stage IIIB pT0 N1b, N1c M0

Stage IIIC pT0 N2b, N2c, N3b, N3c M0

Page 149 Merkel Cell Carcinoma of the skin

Current

Pathological Stage

Stage IIIB Any T N1b, N2, N3 M0

Correct

Pathological Stage

Stage IIIB T1, T2, T3, T4 N1b, N2, N3 M0

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'

Clarrification:

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

Stage III	T1, T2, T3	N1, N2	M0
Stage IIIC1	T1, T2, T3	N1	M0
Stage IIIC2	T1, T2, T3	N2	M0

Correct

Stage IIIC	T1, T2, T3	N1, N2	M0
Stage IIIC1	T1, T2, T3	N1	M0
Stage IIIC2	T1, T2, T3	N2	M0

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

Current		Stage	
Stage I	T1	N0	M0
Stage IA	T1a	N0	M0
Stage IB	T1b	N0	M0
Stage IC	T1c	N0	M0
Stage II	T2	N0	M0
Stage IIA	T2a	N0	M0
Stage IIB	T2b	N0	M0
Stage IIC	T2c	N0	M0

Correct		Stage	
Stage I	T1	N0	M0
Stage IA	T1a	N0	M0
Stage IB	T1b	N0	M0
Stage IC	T1c	N0	M0
Stage II	T2	N0	M0
Stage IIA	T2a	N0	M0
Stage IIB	T2b	N0	M0
Stage IIC	T2c	N0	M0

Page 186 GTT
Current:

Pretreatment <10³ 10³– < 10⁴ 10⁴– < 10⁵ >10⁵ serum hCG (IU/ml)

Clarification

Pretreatment <10³ 10³– < 10⁴ 10⁴– < 10⁵ ≥10⁵ serum hCG(IU/ml)

Page 188 Penis

Current

T — Primary Tumour

Tis Carcinoma in situ

Ta Noninvasive verrucous carcinoma¹

T1 Tumour invades subepithelial connective tissue

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:

¹Verrucous carcinoma not associated with destructive invasion.

Correct

- Tis Carcinoma in situ (*Penile intraepithelial neoplasia – PeIN*)
Ta *Noninvasive localized squamous cell carcinoma*¹
- T1 Tumour invades subepithelial connective tissue²
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

Page 191, 193 Prostate

Current

- T3 Tumour extends through the prostatic capsule²
T3a Extracapsular extension (unilateral or bilateral) including microscopic bladder neck involvement

Clarification

- T3 Tumour extends through the prostatic capsule²
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

Gleason Sum Score

Page 195 Testes

Current

Stage IIA	Any pT/TX	N1	M0	S0
	Any pT/TX	N1	M0	S1
Stage IIB	Any pT/TX	N2	M0	S0
	Any pT/TX	N2	M0	S1
Stage II	Any pT/TX	N3	M0	S0
	Any pT/TX	N3	M0	S1

Correct

Stage IIA	Any pT/TX	N1	M0	S0
	Any pT/TX	N1	M0	S1
Stage IIB	Any pT/TX	N2	M0	S0
	Any pT/TX	N2	M0	S1
Stage IIC	Any pT/TX	N3	M0	S0
	Any pT/TX	N3	M0	S1

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