

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*

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 <i>Correction</i>
	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 <i>Correction and clarity</i>
P20	L 1	extra- nodal not extran- odal <i>hyphen wrong place</i>

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)

C02.4 & 9 missing

L14 **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) Vallecule (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	<i>NX and N0 are missing</i>
		NX	Regional lymph nodes cannot be assessed
		N0	No regional lymph node metastasis
P 35	L14/15	Delete	(e.g. anatomical station)
P 37	L24	N-Regional lymph Nodes	<i>NX and N0 are missing</i>
		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
			<i>Delete ipsilateral</i>
	L22	N2c	Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension, without extranodal extension
			<i>Delete contralateral</i>
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
			<i>Delete ipsilateral</i>
	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)*

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

		Stage IVC	Any T	Any N	M1			
P54	L1 and L20	Prognostic Factors Grid					<i>Uniformity</i>	
	L20	replace cancer with carcinoma Medullary Carcinoma					<i>instead of cancer</i>	
P59	L20	<i>Delete second IVA</i>						
		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		<i>B missing from Stage IV last line</i>	
P 61	L21	Group IB	T1a	N0	M0	2,	<i>Delete comma</i>	
			T1b	N0	M0	1,2, X	<i>Add X</i>	
	L30	Group IIIA	T1	N2	M0	Any		
			T2	N1	M0	Any		
			T3	N0	M0	Any	<i>Delete</i>	
P65	L2	The pT and pN categories					<i>T missing</i>	
	L8	Clinical Stage					<i>Add Stage 0</i>	
		Stage 0	Tis	N0	M0			
P 66	P66	L1	Prognostic Factors Grid					<i>Uniformity</i>
	L24	Reference						
		Gastric Cancer 2017; 20: 217-225					<i>Reference update</i>	

P68	L5 + 6	There should be a bar at the left-hand-side of T3		
P72	L24	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
P77	L7	the anal margin (ICD-O-3 C44.5) are...		add -3
P80	L30/31	T4 Tumor(s) involving a major branch of the portal or hepatic vein or with direct invasion....		add or
P82	L 28	Manganese superoxide dismutase.		NOT magnesium
P84	after L15	add above stage I		
		Stage 0 Tis N0 M0		Stage 0 missing
P85	L1	(ICD-O-3 C23.9 and C24.0)		.9 missing
P89	L26	below NX add		
		N0 No regional lymph node metastases		N0 missing
P90	L20	Prognostic Factors Grid		Uniformity
P91	L2	ICD-O-3 C24.1		add -3
P 91	L 28	T3 Tumour invades pancreas or peripancreatic tissue		or peripancreatic tissue missing
P92	L6/7	N1 Metastasis in 1 to 3 regional lymph nodes		revision in
		N2 Metastasis in 4 or more regional lymph nodes		numbers

P92	L26	Stage IIIB Stage IIIB	Any T T4	N2 Any N	M0 M0	Delete second Stage IIIB	
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 plural	
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 P99	
	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....	<i>or visceral deleted only deleted</i>
P115	L2	(ICD-0-3 C37.9)	<i>Add brackets</i>
P116	L2	Thymus Tumours	<i>Lower case for consistency</i>
P119	L18	The staging grading of bone and soft tissue tumours ...	<i>Correction</i>
P121	L26	T3b ...to pelvic segments -	<i>should be pleural</i>
P122	L21	Stage IVB Any T N1 Any M Any G Stage IVB Any T Any N0 M1b Any G	<i>Stage IVB not needed. Any N correct not N0</i>
P 124	L1	(ICD-O-3 C38.1, 2, 3, C47-49)	<i>3 should be add</i>
L21		Sarcoma arising from the dura mater and brain. hollow viscera, or parenchymatous organs (with the exception of breast sarcomas).	<i>hollow... deleted as now in separate chapters</i>
L23		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	<i>Note added</i>

P125	L21	T2 ... than 4cm in greatest dimension –	<i>dimension missing</i>
P126	L21	Stage IIIB T3, T4 N0 M0 G2, G3 High Grade	<i>Delete second</i>
		Stage IIIB AnyT N1 M0 Any G Any Grade	<i>Stage IIIB</i>
P127	L18/19		
		<ul style="list-style-type: none"> • Colon (C18) <i>rectosigmoid missing</i> • Rectosigmoid junction (19) • Rectum (20) 	
P130	L1	Prognostic Factors Grid	<i>Uniformity</i>
P132	L25	Groin-trochanter-gulteal Sulcus sulcus	<i>lower case</i>
P136	L13	The following sites are identified by ICD-O- 3	<i>-3 missing</i>
P137	L8	NX Regional lymph nodes cannot be assessed.	
		Should be inserted above N0	<i>NX missing</i>
P139	L2	ICD-O-3 C44.1	<i>-3 missing</i>
	L17	TX Primary tumour cannot be assessed	<i>TX missing</i>
	L27	T3 Tumor > 20 mm in greatest dimension	
		but more than 30 mm	<i>but more than 30 mm deleted</i>
P141	L 6	Preauricular not Perauricular	<i>spelling correction</i>
P143	L28	pTis <i>Melanoma in situ (Clark level I)</i>	<i>Tis definition revised</i>
		Note: *pTX includes shave biopsies and curettage that do not fully assess the thickness of the primary..	<i>Note revised</i>

L31	pT1	Tumour 1 mm or less in thickness	<i>size revised</i>
	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	*Note	
		If lymph nodes are identified with no apparent primary, the stage is as below:	
L23/24	Stage IIIB	pT0 N1b, N1c	M0 <i>p missing</i>
	Stage IIIC	pT0 N2b, N2c, N3b, N3c	M0
P149	L15	Stage IIIB T1, T2, T3, T4 N1b, N2, N3	M0 <i>T defined instead of any T</i>
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	
		<i>"not clinically detected" added for clarity</i>	
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'.	<i>/level III lymph nodes' added</i>
P162	L14	N1b metastasis not metastases	<i>should be singular</i>
P166	L2	add-3	<i>-3 missing</i>
		(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

P168	Notes	<p>^a Extension to corpus uteri should be disregarded.</p> <p>^b The depth of invasion should be taken from the base of the epithelium, either surface or glandular ..</p> <p>Vascular space involvement, venous or lymphatic, does not affect classification.</p> <p>^c All macroscopically visible lesions even with superficial invasion are T1b/IB.</p> <p>^d Vascular space involvement, venous or lymphatic, does not affect classification.</p> <p>^e Bullous edema is not sufficient to classify a tumour as T4.</p>
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Deleted due to repetition

P 171	L1	<p>Uterus – Endometrium</p> <p>Add .0, 1, 3, 8, 9,</p> <p>(ICD-O-3 C54.0, 1, 3, 8, 9, C55) .0, 3, 8, 9, missing</p>
P173	L29	<p>Add C</p> <p>Stage III C T1, T2, T3 N1, N2 M0 C missing</p>
P175	L3	<p>add 54.1, 54.2</p> <p>(ICD-O-3 C53, 54, 55) 55 missing</p>
P 179	L27	<p>sacral, para-aortic, and retroperitoneal nodes*.</p> <p>and inguinal nodes.</p> <p><i>Nodes revised inguinal nodes deleted</i></p>

***Note**

Including intra-abdominal nodes such as greater omental nodes

P180	L10	Add fallopian tube	<i>Fallopian tube missing</i>
		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	<i>M1a and M1b missing</i>
		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 — NO — M0 <i>T2c doesn't exist</i>	
P183	L17/18	New line and Tumour inserted	<i>Helps clarity</i>
		Tumour angiogenesis	
		Tumour markers	
		p53 expression	
P186	L10	Underscore added	
		≥10⁵ 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 ¹	
		T1 Tumour invades subepithelial connective tissue ²	
		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:¹Including 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

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 *Correction*

P198 L8 Stage **II C** 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

Stage IVA

T4b Any N M0

Correction

p208 L3,5 &6 add-3 -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 -3 missing
(ICD-O-3 C69.3,4)

P220 L8 Tumour invades the eyelid uniformity

P224 6-8 M1a Largest metastasis 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

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 ... <i>Spelling- Raised instead of raided</i>
P227	L32	single I in totaling totaling	<i>spelling</i>
P228	L18	pM1b Metastasis to CNS parenchyma or cerebrospinal fluid <i>CSF should be spelled out</i>	
P229	L13-1	Higher UCC T category	<i>Clarity</i>
P232	L20	T1b Periosteal involvement without bone involvement <i>Spelling: without instead of with out</i>	
P232	L23	delete limited to lacrimal gland T2 Tumour more than 2 cm but not more than 4 cm in greatest dimension, limited to the lacrimal gland	<i>change for clarity</i>