UICC 8th Edition Errata – 12th of July 2024

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 encouraged 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

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 extranodal  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, C02.4, C05.1-2, C09, C10.0, 2-3, 9, C11-13*)

C02.4 & 9 missing
**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)

---

...see page 23] 

Bracket missing

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

skull base, cervical vertebra missing comma

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

Stage III T4 Any N M0 Add N

Stage I T1, T2 N0, N1 M0 Add N

Stage II T1,T2 N2 M0
   T3,T4 N0,N1 M0 Add T4

Delete second IVA

Stage IVA T4 N0, N1, N2 M0

Stage IVA Any T N3 M0

T4a palatoglossus spelling- one word
**N-Regional lymph Nodes**  
**NX and N0 are missing**

NX  Regional lymph nodes cannot be assessed

N0  No regional lymph node metastasis

Delete (e.g. anatomical station)

**N-Regional lymph Nodes**  
**NX and N0 are missing**

NX  Regional lymph nodes cannot be assessed

N0  No regional lymph node metastasis

Delete ipsilateral

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

pN1  Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension without extranodal extension

pN2  Metastasis as described below:

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

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 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  Survivin  NOT surviving

P47  L23  insert below T0  Tis missing

Tis  Carcinoma in situ

P 48  L 5

**N-Regional lymph Nodes**  NX and NO are missing

NX  Regional lymph nodes cannot be assessed

N0  No regional lymph node metastasis

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

L24  Delete second stage IVB

<table>
<thead>
<tr>
<th>Stage</th>
<th>T, N, M</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVA</td>
<td>T1, T2, T3a, N0, M0</td>
</tr>
<tr>
<td>IVB</td>
<td>T1, T2, T3a, N1, M0</td>
</tr>
<tr>
<td><strong>IVB</strong></td>
<td>T3b, T4a, T4b, N0, N1, M0</td>
</tr>
<tr>
<td>IVC</td>
<td>Any T, Any N, M1</td>
</tr>
</tbody>
</table>
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  Any T  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

T3  N0  M0  Any  Delete

P65  L2  The pT and pN categories  T missing

L8  Clinical Stage  Add Stage 0

Stage 0  Tis  N0  M0

P 66  L1  Prognostic Factors Grid

Uniformity

L24  Reference

Gastric Cancer 2017; 20: 217-225  Reference update
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 numbers
N2 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 and no more than 1 cm in greatest dimension

T3 Tumour and more than 4 cm.

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

N2 …. 4 or more regional lymph nodes should be pleural

G1 <2 <3 Change <2 to <3

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 size 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
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
P119 L18 The staging-grading of bone and soft tissue tumours ...
Correction
P121 L26 T3b ...to pelvic segments - should be pleural
P122 L21 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
P 124 L1 (ICD-O-3 C38.1, 2, 3, C47-49) 3 should be add
L21 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
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 Note added
T2 ... than 4cm in greatest dimension – dimension missing

Stage III B T3, T4 N0 M0 G2, G3 High Grade Delete second Stage III B

Stage III B AnyT N1 M0 Any G Any Grade Stage III B

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

Prognostic Factors Grid

Groin-trochanter-gulteal Sulcus sulcus lower case Uniformity

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

NX Regional lymph nodes cannot be assessed.

Should be inserted above N0 NX missing

ICD-O-3 C44.1 -3 missing

TX Primary tumour cannot be assessed TX missing

T3 Tumour > 20 mm in greatest dimension

but more than 30 mm but more than 30 mm deleted

Preauricular not Perauricular spelling correction

pTis Melanoma in situ (Clark level I) Tis definition revised

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 0.8mm 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

**Note**

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

<table>
<thead>
<tr>
<th>Stage</th>
<th>pT</th>
<th>N1b, N1c</th>
<th>M0</th>
<th>p missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIIB</td>
<td>pT0</td>
<td>N1b, N1c</td>
<td>M0</td>
<td></td>
</tr>
<tr>
<td>IIIC</td>
<td>pT0</td>
<td>N2b, N2c, N3b, N3c</td>
<td>M0</td>
<td></td>
</tr>
<tr>
<td>IIIB</td>
<td>T1, T2, T3, T4</td>
<td>N1b, N2, N3</td>
<td>M0</td>
<td>T defined instead of any T</td>
</tr>
</tbody>
</table>

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’, /level III lymph nodes’ added

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.*
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.

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 oedema 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 nodes*, and inguinal nodes. Nodes revised inguinal nodes deleted

*Note

Including intra-abdominal nodes such as greater omental nodes
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

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)

Delete IIC

Stage IIIC T2c N0 M0 T2c doesn’t exist

New line and Tumour inserted

Helps clarity

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^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

Notes:

^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

P196 L27-31

pT1 Tumour limited to testis [including rete testis] and epididymis without vascular/lymphatic invasion and without invasion of the epididymis.

Correction

pT2 Tumour limited to testis with vascular/lymphatic invasion, or invading hilar soft tissue or the epididymis or tumour extending through tunica albuginea with involvement of visceral tunica vaginalis.

Correction

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
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**

Replace N0 with Any N

Stage IVA  T4b  Any N  M0  **Correction**

P205  L28

**Clarification**

**p208  L3,5 &6 add-3**

**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**

**Correction**

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

**P220  L8**

Tumour invades the eyelid  uniformity

**P224  4-7**

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**
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 ...

Spelling- Raised instead of raided

P227 L32 single l in totaling spelling totalling

P228 L18 pM1b Metastasis to CNS parenchyma or cerebrospinal fluid CSF should be spelled out

P229 L13-1 Higher UICC Clarity

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