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**

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Page 61  

**Oesophagus**

**Adenocarcinoma**  
Pathological Prognostic Group

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Page 66  

**Stomach**

**Reference**

Gastric Cancer 2016, in press

**Clarification**

Gastric Cancer 2017; 20: 217-225
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

\[
\begin{align*}
\text{pTX} & \quad \text{Primary tumour cannot be assessed}\,* \\
\text{pT0} & \quad \text{No evidence of primary tumour} \\
\text{pTis} & \quad \text{Melanoma in situ (Clark level I) (atypical melanocytic hyperplasia, severe melanocytic dysplasia, not an invasive malignant lesion)}
\end{align*}
\]

**Note:** *pTX includes shave biopsies and regressed melanomas.*

**Clarification**

\[
\begin{align*}
\text{pTX} & \quad \text{Primary tumour cannot be assessed}\,* \\
\text{pT0} & \quad \text{No evidence of primary tumour or regressed melanomas} \\
\text{pTis} & \quad \text{Melanoma in situ (Clark level I)}
\end{align*}
\]

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

Current

\[
\begin{align*}
\text{pT1} & \quad \text{Tumour 1 mm or less in thickness} \\
\text{pT1a} & \quad \text{0.8mm or less in thickness without ulceration} \\
\text{pT1b} & \quad \text{0.8mm or less in thickness with ulceration or more than 0.8mm but no more than 1mm in thickness, with or without ulceration}
\end{align*}
\]

**Correct**

\[
\begin{align*}
\text{pT1} & \quad \text{Tumour 1 mm or less in thickness}
\end{align*}
\]
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 III**B  pT0  N1b, N1c  M0
**Stage III**C  pT0  N2b, N2c, N3b, N3c  M0

**Page 149**  Merkel Cell Carcinoma of the skin

Current

**Pathological Stage**

**Stage III**B  Any T  N1b, N2, N3  M0

Correct

**Pathological Stage**

**Stage III**B  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’

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 paraotic 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 III C1  T1, T2, T3  N1  M0
Stage III C2  T1, T2, T3  N2  M0

Correct

Stage III C  T1, T2, T3  N1, N2  M0
Stage III C1  T1, T2, T3  N1  M0
Stage III C2  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 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

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Page 186 GTT

Current:

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

Clarification

Pretreatment $<10^3$ $10^3– < 10^4$ $10^4– < 10^5$ $\geq10^5$ serum hCG(IU/ml)

Page 188 Penis

Current

**T — Primary Tumour**

Tis Carcinoma in situ
Ta Noninvasive verrucous carcinoma

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:**

Verrucous 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 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: 
\(^1\)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\(^2\)
T3a Extracapsular extension (unilateral or bilateral) including microscopic bladder neck involvement

Clarification

T3  Tumour extends through the prostatic capsule\(^2\)
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

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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