

TNM Classification of Malignant Tumours 9th ed.

Errata August 21, 2026.

This section provides an overview of corrections added in each errata release.

New in this version:

- Update Salivary Gland page 50, line 23
- Update Thyroid Gland page 53, line 27

New in July 2026 version:

- Neuroendocrine Tumours (Colon and Rectum)
- Neuroendocrine Tumours (Pancreas)

New in January 2026 version:

- Oral Cavity
- Oesophagus
- Prostate

Initial release – October 2025:

- General corrections to clinical staging prefixes (cT, cN and cM)
- Introduction
- Head and Neck Tumours
- Thoracic Tumours
- Bone and Soft Tissue Tumours
- Skin Tumours
- Breast
- Gynaecological Tumours
- Endocrine Tumours
- Retinoblastoma
- Non-Hodgkin Lymphomas

Throughout:

The prefix c is missing partially or entirely on: pages 27, 30, 36, 43, 45, 51, 61, 80, 126, 128, 130, 139, 142, 145, 150, 176, 188, 191, 195, 197, 199, 202, 233, 234, 243.

For clinical categories, cT, cN and cM is correct

Introduction

p 7 line 14 & 15

Currently

(p)N0(sn) No sentinel lymph node metastasis

(p)N1(sn) Sentinel lymph node metastasis

Correction

c/p N0(sn) No sentinel lymph node metastasis

c/p N1(sn) Sentinel lymph node metastasis

Oral Cavity

p 19 line 20

Currently

Tumour invades through the cortical bone (with involvement of spongiosa/spongy bone) of the mandible or maxilla or involves the maxillary sinus, or invades the skin of the face ²

Correction

Tumour invades through the cortical bone of the mandible or maxilla or involves the maxillary sinus, or invades the skin of the face ²

p 19 line 32

2nd line of legend to figure

Currently

Red solid arrow: DOI (“Depth of invastion”)

Correction

Red solid arrow: DOI (“Depth of invasion”)

Oropharynx -HPV Associated

p 27 line 29

Currently

Clinical

Stage I T0,T1,T2	N0,N1	M0
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Correction

Stage I T0	N1	M0
T1,T2	N0,N1	M0

p 28 line 30

Currently

Pathological

Stage I	T0,T1,T2	N0,N1	M0
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Correction

Stage I	T0	N1	M0
	T1,T2	N0,N1a,N1b	M0

Unknown Primary

p 46 line 19

Currently

Stage I	T0	N1	M0.
Stage II	T0	N2	M0
Stage III	T0	N3	M0
Stage IV	T0	N1,N2,N3	M1

Correction

Stage IB	T0	N1	M0
Stage II	T0	N2	M0
Stage III	T0	N3	M0
Stage IV a	T0	N1,N2,N3	M1a
Stage IV b	T0	N1,N2,N3	M1b

Malignant Melanoma of the Upper Aerodigestive Tract

p 48 line 2

Currently

ICD-O-4 C00-06, C09-C14, C30-C32

Correction

ICD-O-4 C00.3-C00.5, C01-C06, C09-C14, C30-C32

Salivary Gland

p 50 line 2

Currently

ICD-O-4 C00-C14, C15.0, C30-C33, C41.1

Correction

ICD-O-4 C00.3-C00.5, C01-C14, C15.0, C15.3, C30-C33, C41.1

p 51 line 5

Currently

cN1 Metastasis in 1–3 ipsilateral lymph node(s) without unequivocal imaging- detected or clinical extranodal extension

Correction

cN1 Metastasis in 1–3 lymph node(s) without unequivocal imaging- detected or clinical extranodal extension

page 50, line 23

Currently

cT3 Tumour more than 4 cm, or gross extraparenchymal extension in major salivary glands ¹, or adjacent soft tissue extension beyond the site without structural involvement.

Notes:

¹Extraparenchymal extension is clinical or macroscopic evidence of invasion of soft tissues or nerve, except those listed under T4a and T4b. Microscopic evidence alone does not constitute extraparenchymal extension for classification purposes.

Clarification

cT3 Tumour more than 4 cm, or gross extraparenchymal extension in major salivary glands ¹.

Notes:

¹Extraparenchymal extension is clinical or macroscopic evidence of invasion of soft tissues or nerve, except those listed under T4a and T4b. Microscopic evidence alone does not constitute extraparenchymal extension for classification purposes. Extraparenchymal extension only applies to major salivary glands, as minor salivary glands do not arise in parenchymous organs or organs with parenchymous tissue.

Thyroid Gland

page 53, line 27

Currently

cT4a Tumour extends beyond the thyroid capsule and invades any of the following:
subcutaneous soft tissues, larynx, trachea, oesophagus, recurrent laryngeal
nerve or the sternocleidomastoid muscle.

Correction

cT4a Tumour extends beyond the thyroid capsule and invades any of the following:
subcutaneous soft tissues, larynx, trachea, oesophagus, recurrent laryngeal
nerve or the sternocleidomastoid muscle.

Oesophagus

p 64, line 9

Currently

Stage III a	pT1	pN2	cM0
	pT2p	pN1	cM0

Correction

Stage III a	pT1	pN2	cM0
	pT2	pN1	cM0

Neuroendocrine - Colon and Rectum

P 103 line 13

Currently

cT1 Tumour invades lamina propria or submucosa or is no greater than 2cm in size

cT1a Tumour less than 1 cm in size

cT1b Tumour 1 or 2 cm in size

cT2 Tumour invades muscularis propria or is greater than 2 cm in size

Correction

cT1 Tumour invades lamina propria or submucosa or is less than or equal to 2cm in greatest dimension

cT1a Tumour less than or equal to 1 cm in greatest dimension

cT1b Tumour more than 1 cm but less than or equal to 2 cm in greatest dimension

cT2 Tumour invades muscularis propria or is greater than 2 cm in greatest dimension

Neuroendocrine -Pancreas

p 104 line 25

Currently

cT2 Tumour limited to pancreas more than 2 cm but less than 4cm in greatest dimension

cT3 Tumour limited to pancreas more than 4 cm in greatest dimension or tumour invading duodenum or bile duct.

Correction

cT2 Tumour limited to pancreas more than 2 cm but less than or equal to 4 cm in greatest dimension

cT3 Tumour limited to pancreas more than 4 cm in greatest dimension or invading duodenum, ampulla of Vater or bile duct

Lung

p 111 line 13

Currently

Notes

a Tis includes adenocarcinoma in situ – Tis(AIS) – and squamous carcinoma in situ – Tis (SCIS).

b The uncommon superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified as T1a.

c Solitary adenocarcinoma (not more than 3 cm in greatest dimension), with a predominantly lepidic pattern and not more than 5 mm invasion in greatest dimension in any one focus. Invasive mucinous adenocarcinomas should be staged as other invasive adenocarcinomas, i.e., only the invasive size being used as the T descriptor (regardless of the extent of the lepidic component).

d Although these structures lie within the mediastinum invasion of these structure is not considered sufficient mediastinal penetration to be classified as a T4 category.

e Most pleural (pericardial) effusions with lung cancer are due to the tumour. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumour, and the fluid is non-bloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumour, the effusion should be excluded as a staging descriptor.

f This includes the involvement of a single non-regional node.

Correction

Notes

General

For non-mucinous lung adenocarcinomas, tumour size for the clinical T category is based on the size of the solid component seen on CT at lung windows (continuous thin section thickness, ≤ 1.5 mm) for part-solid nodules. At pathological assessment, if a nonmucinous adenocarcinoma has both lepidic and invasive components, the size of the invasive part is used for determining the pathological T category. For other tumour types, including invasive mucinous adenocarcinomas, the total tumour size is used both radiologically and pathologically in determination of the size descriptor of the T category.

Specific

a Tis includes adenocarcinoma in situ – Tis(AIS) – and squamous carcinoma in situ – Tis (SCIS). Adenocarcinoma in situ by CT imaging should show a pure ground glass nodule ≤ 3.0 cm for cTis (AIS). For pTis (AIS), the tumor should be of pure lepidic growth without any invasion with a total size ≤ 3.0 cm, thus having an invasive size of 0 cm.

b The uncommon superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified as T1a.

c Solitary adenocarcinoma (not more than 3 cm in greatest dimension), with a predominantly lepidic pattern and not more than 0.5 cm invasion in greatest dimension.

d Although these structures lie within the mediastinum invasion of these structure is not considered sufficient mediastinal penetration to be classified as a T4 category.

e Most pleural (pericardial) effusions with lung cancer are due to the tumour. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumour, and the fluid is non-bloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumour, the effusion should be excluded as a staging descriptor.

f This includes the involvement of a single non-regional node.

Pleural Mesothelioma

p 114 line 8

Currently

the International Association for the Study of Lung Cancer (IASLC) Staging Project (references).⁷⁻¹⁰

Correction

the International Association for the Study of Lung Cancer (IASLC) Staging Project.⁷⁻¹⁰

Bone and Soft Tissue

p 126 line 28

Currently

.....cases in which nodal status is not assessed either clinically or pathologically could be considered N0 instead of NX or pNX.

Correction

cases in which nodal status is not assessed either clinically or pathologically could be considered cN0 instead of NX or pNX.

p 130 line 7

Currently

NX: Regional lymph node involvement is rare for GISTs, so that cases in which the nodal status is not assessed clinically or pathologically could be considered N0 instead of NX or pNX.

Correction

NX: Regional lymph node involvement is rare for GISTs, so that cases in which the nodal status is not assessed clinically or pathologically could be considered cN0 instead of NX or pNX.

Skin Tumours

p 133 line 7 - missing the black line starting with

Lip including vermillion border....

p 135 line 29

Currently: caliber

Correction: calibre

p 138 - lines 11 and 12 missing the black line starting with

Lip including vermillion border....

p 140 - line 10 Add Note as below

Note

Pathological extranodal extension (pENE) should only be diagnosed when tumour that is present within the confines of a lymph node definitively transgresses through the entire thickness of the lymph node capsule into the surrounding connective tissue, with or without stromal reaction.

A soft tissue deposit should be considered as at least one lymph node with extranodal extension if it occurs at a site where a regional lymph node would be expected

*Reference.....

Carcinoma of Skin of the Eyelid

p 141 line 8

Currently

Melanoma of the eyelid is classified with melanoma of the skin, see page 144.

Correct

Melanoma of the eyelid is classified with melanoma of the skin, see page 144 and Merkel cell of the eyelid with Mekel cell of the skin, see page 149.

Breast

p 155 line 17

Currently

internal ipsilateral mammary lymph

Correction

ipsilateral internal mammary lymph

Vulva

p 161 line 14

Currently

cN1b IIB Tumour involvement (>5 mm) of regional lymph nodes N1c; tumour involvement of regional lymph nodes with extranodal extension (ENE)

Correction

cN1b IIB Tumour involvement (>5 mm) of regional lymph nodes

cN1c IIC Tumour involvement of regional lymph nodes with extranodal extension

p 162 Reference to be added

Olawaiye AB, Cotler J, Cuello MA, et al. [FIGO staging for carcinoma of the vulva: 2021 revision](#). Int J Gynaecol Obstet. 2021 Oct;155(1):43-47.

Cervix

p 167 line 15

Currently

Stage IIIB	T3b	Any N	M0
	T1, T2, T3	N1	M0

Correction

Stage IIIB	T3b	Any N	M0
	~~T1, T2, T3~~	~~N1~~	~~M0~~

In addition, the below need to be added

Stage IB3	T1b3	N0	M0
Stage IIIC1	T0, Tis, T1,T2,T3	N1	M0
Stage IIIC2	T0, Tis, T1,T2,T3	N2	M0

Prostate

p 189 line 3

Currently

Clinical Stage

Stage I	T1, cT2a	N0	cM0
Stage II	pT2	cN0	cM0
	cT2b, cT2c	N0	cM0
Stage III	T3, T4	N0	cM0
Stage IV	Any T	N1	cM0
	Any T	Any N	cM1

Pathological Stage^{1,2}

Stage II	pT2	pN0	cM0
Stage III	pT3, pT4	pN0	cM0

Stage IV	Any pT	pN1	cM0
	Any T	Any N	pM1

Notes

¹There is no pathological Stage 1.

²The AJCC also publish a prognostic group for prostate tumours.

Correction

Clinical Stage

Stage I	cT1, cT2a	cN0	cM0
Stage II	cT2 ¹ , pT2	cN0	cM0
	cT2b, cT2c	cN0	cM0
Stage III	cT3, cT4	cN0	cM0
Stage IV	Any cT	cN1	cM0
	Any cT	Any cN	cM1

Pathological Stage^{2,3}

Stage II	pT2	pN0	cM0
Stage III	pT3, pT4	pN0	cM0
Stage IV	Any pT	pN1	cM0

Notes

¹cT2 is only appropriate in a palpable tumour if the extent of lobular involvement is unknown

²There is no pathological Stage 1.

³The AJCC also publish a prognostic group for prostate tumours.

Adrenal Medulla

p 206 line 6&7

Currently

M – Distant Metastasis

cM0 No distance metastasis

cM1 Distance metastasis

Correction

M – Distant Metastasis

cM0 No distant metastasis

cM1 Distant metastasis

Retinoblastoma

p 217 line 18

Currently

Constitutional RB!

Correction

Constitutional RB1

Non-Hodgkin Lymphomas

p 232 line 15

Currently

International Society for Cutaneous Lymphoma (ICSL),

Correction

International Society for Cutaneous Lymphoma (ISCL),

p 234 line 16

Currently

N – Regional Lymph Nodes

NX Clinically abnormal peripheral lymph nodes, no histologic confirmation
N0 No clinically abnormal peripheral lymph nodes*, biopsy not required

N1 Clinically abnormal peripheral lymph nodes; histopathology Dutch grade 1 or National Cancer Institute (NCI) LN0- 2

pN1a Clone negative** or equivocal

pN1b Clone positive** and identical to skin

N2 Clinically abnormal peripheral lymph nodes; histopathology Dutch grade 2 or NCI LN3

pN2a Clone negative** or equivocal

pN2b Clone positive** and identical to skin

N3 Clinically abnormal peripheral lymph nodes; Histopathology Dutch grades 3– 4 or NCI LN4;

pN3a Clone negative** or equivocal

pN3b Clone positive** and identical to skin

Correction

N – Regional Lymph Nodes

NX Clinically abnormal peripheral lymph nodes, no histologic confirmation N0 No clinically abnormal peripheral lymph nodes*, biopsy not required

N1 Clinically abnormal peripheral lymph nodes; histopathology Dutch grade 1 or National Cancer Institute (NCI) LN0– 2

N1a Clone negative** or equivocal

N1b Clone positive** and identical to skin

N2 Clinically abnormal peripheral lymph nodes; histopathology Dutch grade 2 or NCI LN3

N2a Clone negative** or equivocal

N2b Clone positive** and identical to skin

N3 Clinically abnormal peripheral lymph nodes; Histopathology Dutch grades 3– 4 or NCI LN4;

N3a Clone negative** or equivocal

N3b Clone positive** and identical to skin

p 235 line 11

Currently

... may be diagnosed b imaging criteria

Correction

... may be diagnosed by imaging criteria

Currently

Prognostic Group – Mycosis Fungoides and Sézary Syndrome

IA	T1	N0	M0	B0, B1
IB	T2	N0	M0	B0, B1
IIA	T1, 2	N1- 2	M0	B0, B1
IIB	T3	N0- 2	M0	B0, B1
III	T4	N0- 2	M0	B0, B1
IIIa	T4	N0- 2	M0	B0
IIIb	T4	N0- 2	M0	B1
IVA1	Any T	N0- 2	M0	B2
IVA2	Any T	N3	M0	Any B
IVb	Any T	Any N	M1	Any B

Correction

Prognostic Group – Mycosis Fungoides and Sézary Syndrome

IA	T1	N0	M0	B0, B1
IB	T2	N0	M0	B0, B1
IIA	T1, 2	N1- 2	M0	B0, B1
IIB	T3	N0- 2	M0	B0, B1
III	T4	N0- 2	M0	B0, B1
IIIA	T4	N0- 2	M0	B0
IIIB	T4	N0- 2	M0	B1
IVA1	Any T	N0- 2	M0	B2
IVA2	Any T	N3	M0	Any B
IVB	Any T	Any N	M1	Any B