Corrigenda

WHO Classification of Tumours, 5th edition: Breast Tumours

July 2024 (after 3rd print run)

Updated corrigenda for this volume can be found at https://publications.iarc.who.int/Book-And-Report-Series/Who-Iarc-Classification-Of-Tumours/Breast-Tumours-2019.

Summary of corrections:

WHO classification tables (p. 10, 164, 188, 232, 250)

The following footnote has been added below the WHO classification (ICD-O coding) tables:

Subtype labels are indented.

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Lobular carcinoma in situ (p. 73)

The text has been corrected as shown.

Original text	Corrected text
Staging According to the eighth editions of the Union for International Cancer Control (UICC) TNM classification {229} and the American Joint Committee on Cancer (AJCC) cancer staging manual {61}, LCIS is no longer staged as Tis. Pleomorphic LCIS is not included in the pTis classification.	**Staging** The eighth edition of the Union for International Cancer Control (UICC) TNM classification {229} recommends that LCIS be staged as pTis. However, the eighth edition of the American Joint Committee on Cancer (AJCC) cancer staging manual {61} considers LCIS to be a benign disease and therefore does not include it in staging.
References cited above: **61.** Amin MB, Edge S, Greene F, et al., editors. AJCC cancer staging manual. 8th ed. New York (NY): Springer; 2017. **229.** Brierley JD, Gospodarowicz MK, Wittekind C, editors. TNM classification of malignant tumours. 8th ed. Oxford (UK): Wiley Blackwell; 2017.	

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Invasive breast carcinoma: General overview (p. 92)

The word “internal” has been corrected to “international”.

Original text	Corrected text
Histopathology ***Stromal response patterns and tumour microenvironment*** … For quantifying TILs, it is recommended to follow the internal consensus scoring recommendations…	**Histopathology** ***Stromal response patterns and tumour microenvironment*** … For quantifying TILs, it is recommended to follow the international consensus scoring recommendations…

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Invasive breast carcinoma of no special type (p. 104)

A comma has been deleted to correct the meaning of the text, as shown.

Original text	Corrected text
Histopathology ***Special morphological patterns*** Oncocytic, lipid-rich, glycogen-rich, clear cell, and sebaceous carcinomas are rare tumours…	**Histopathology** ***Special morphological patterns*** Oncocytic, lipid-rich, glycogen-rich clear cell, and sebaceous carcinomas are rare tumours…

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Invasive lobular carcinoma (p. 117)

The term “subtype” has been corrected to “pattern” as shown.

Original text	Corrected text
Histopathology … Although the literature suggests … ER was found to be expressed in the classic form and in subtypes, with the rate of positivity being highest (100%) in the alveolar subtype…	**Histopathology** … Although the literature suggests … ER was found to be expressed in the classic form and in patterns, with the rate of positivity being highest (100%) in the alveolar pattern…

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Invasive lobular carcinoma (p. 117–8)

The term “subtype” has been corrected to “pattern” as shown.

Original text	Corrected text
Prognosis and prediction Despite the favourable prognostic features … When the histological subtypes of ILC were analysed separately… … After neoadjuvant chemotherapy … However, this relative resistance to cytotoxic therapy may be more related to the molecular characteristics (and especially the lower proliferation) of ILC rather than the histological subtype per se…	**Prognosis and prediction** Despite the favourable prognostic features … When the histological patterns of ILC were analysed separately… … After neoadjuvant chemotherapy … However, this relative resistance to cytotoxic therapy may be more related to the molecular characteristics (and especially the lower proliferation) of ILC rather than the histological pattern per se…

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Invasive micropapillary carcinoma (p. 129)

The legend of Fig. 2.131C (Fig. #2496 online) has been amended as shown.

Original text	Corrected text
Fig. 2.131 Invasive micropapillary carcinoma. … **C** An example showing a moderate to intense but incomplete (U-shaped or basolateral) HER2 staining pattern (score: 2+). *ERBB2* (*HER2*) FISH showed *ERBB2* gene amplification (*ERBB2*/CEP17 ratio: 2.5).	**Fig. 2.131** Invasive micropapillary carcinoma. … **C** An example showing a moderate to intense but incomplete (U-shaped or basolateral) HER2 staining pattern (score: 2+). *ERBB2* (*HER2*) FISH showed *ERBB2* gene amplification (*ERBB2*/CEP17 ratio: 2.5; mean number of *ERBB2* signals/cell: > 6.0).

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Adenoid cystic carcinoma (p. 145)

The word “local” has been corrected to “regional” as shown..

Original text	Corrected text
Prognosis and prediction … **Classic AdCC:** Despite the triple-negative phenotype, the classic subtype usually shows favourable behaviour. Local and distant metastases are rare…	**Prognosis and prediction** … **Classic AdCC:** Despite the triple-negative phenotype, the classic subtype usually shows favourable behaviour. Regional and distant metastases are rare…

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Phyllodes tumour (p. 174)

The high-power field area has been corrected from 0.5 mm^2 to 0.2 mm^2 in two places, and the field diameter has been added.

Original text	Corrected text
Histopathology … In benign phyllodes tumours … The spindle cell stromal nuclei are monomorphic and mitoses are rare, usually < 2.5 mitoses/mm^2 {2038} (corresponding to < 5 mitoses per 10 high-power fields of 0.5 mm^2). … Malignant phyllodes tumours … increased mitoses (≥ 5 mitoses/mm^2; ≥ 10 mitoses per 10 high-power fields of 0.5 mm^2)…	**Histopathology** … In benign phyllodes tumours … The spindle cell stromal nuclei are monomorphic and mitoses are rare, usually < 2.5 mitoses/mm^2 {2038} (corresponding to < 5 mitoses per 10 high-power fields of 0.5 mm in diameter and 0.2 mm^2 in area). … Malignant phyllodes tumours … increased mitoses (≥ 5 mitoses/mm^2; ≥ 10 mitoses per 10 high-power fields of 0.5 mm in diameter and 0.2 mm^2 in area)…

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Tumours of the nipple: Introduction (p. 179)

In the second paragraph of the introduction, the unit “cm” has been corrected to “mm” as shown.

Original text	Corrected text
Tumours of the nipple: Introduction … The skin lining of the nipple rests on a thin layer … The squamous epithelium of the nipple lining extends into the major ducts for 1–2 cm before being abruptly replaced by the luminal/myoepithelial cell lining of the ducts. …	**Tumours of the nipple: Introduction** … The skin lining of the nipple rests on a thin layer … The squamous epithelium of the nipple lining extends into the major ducts for 1–2 mm before being abruptly replaced by the luminal/myoepithelial cell lining of the ducts. …

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Updated in print: No (pending next print run)

Nodular fasciitis (p. 202)

The text has been amended as shown, in order to clarify the precise meaning.

Original text	Corrected text
Histopathology Nodular fasciitis … Extravasated red blood cells and lymphocytes are commonly seen…	**Histopathology** Nodular fasciitis … Lymphocytes and extravasated red blood cells are commonly seen…

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WHO classification of tumours of the male breast (p. 250)

The ICD-O code for Paget disease of the nipple has been added.

Original text	Corrected text
Epithelial tumours Gynaecomastia Florid gynaecomastia Fibrous gynaecomastia 8500/2 Intraductal carcinoma, non-infiltrating, NOS Ductal carcinoma in situ Lobular carcinoma in situ Paget disease of the nipple 8500/3 Infiltrating duct carcinoma NOS	**Epithelial tumours** Gynaecomastia Florid gynaecomastia Fibrous gynaecomastia 8500/2 Intraductal carcinoma, non-infiltrating, NOS Ductal carcinoma in situ Lobular carcinoma in situ 8540/3 Paget disease of the nipple 8500/3 Infiltrating duct carcinoma NOS

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Gynaecomastia (p. 252)

In Table 7.01 (Table #5225 online), in the row for **Spinobulbar muscular atrophy**, under the **Mechanism of production of gynaecomastia** column heading, the nucleic acid sequence "GAG" has been corrected to "CAG" as shown.

Original text	Corrected text
Mechanism of production of gynaecomastia Similar to in Klinefelter syndrome – an increased number of GAG repeats in the AR gene…	**Mechanism of production of gynaecomastia** Similar to in Klinefelter syndrome – an increased number of CAG repeats in the AR gene…

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BRCA1/2-associated hereditary breast and ovarian cancer syndrome (p. 272)

A typo in the text has been corrected as shown.

Original text	Corrected text
Histopathology Tumours arising in *BRCA1* and *BRCA2* mutation carries are more likely than sporadic breast cancers to have certain histological and molecular characteristics…	**Histopathology** Tumours arising in *BRCA1* and *BRCA2* mutation carriers are more likely than sporadic breast cancers to have certain histological and molecular characteristics…

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BRCA1/2-associated hereditary breast and ovarian cancer syndrome (p. 273)

In Table 9.03 (Table #2466 online), under the **Typical findings in mutation carriers: *BRCA2*** column heading, in the row for **Histological types**, the term "ductal" has been corrected to "IBC-NST", and "NST" has been added to the abbreviations footnote, as shown.

Original text	Corrected text
Histological types Ductal, tubular, cribriform, mucinous, classic/pleomorphic lobular	**Histological types** IBC-NST, tubular, cribriform, mucinous, classic/pleomorphic lobular
DCIS, ductal carcinoma in situ; IBC, invasive breast carcinoma; LCIS, lobular carcinoma in situ.	DCIS, ductal carcinoma in situ; IBC, invasive breast carcinoma; LCIS, lobular carcinoma in situ; NST, of no special type.

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Li–Fraumeni syndrome, *CHEK2*-associated (p. 282)

Please note the following:

Recent studies have demonstrated that *CHEK2* mutation does not in fact predispose individuals to Li–Fraumeni syndrome, as mentioned in the *Genetic tumour syndromes* volume of this series, in the section titled "*CHEK2*-related hereditary (breast) cancer predisposition syndrome (*CHEK2*)" [[WHO Classification of Tumours Editorial Board. Genetic tumour syndromes [Internet; beta version ahead of print]. Lyon (France): International Agency for Research on Cancer; 2023. (WHO classification of tumours series, 5th ed.; vol. 14). https://tumourclassification.iarc.who.int/chapters/67.]].

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