Corrigenda

WHO Classification of Tumours, 5th edition: Urinary and Male Genital Tumours

July 2024 (after 2nd print run)

Updated corrigenda for this volume can be found at https://publications.iarc.who.int/Book-And-Report-Series/Who-Classification-Of-Tumours/Urinary-And-Male-Genital-Tumours-2022.

Summary of corrections:

Collecting duct carcinoma (p. 60)

The text has been clarified as shown.

Original text	Corrected text
Histopathology	Histopathology
Immunohistochemistry	Immunohistochemistry
The diagnosis of CDC requires careful exclusion of	The diagnosis of CDC requires careful exclusion of
urothelial carcinoma and metastasis, particularly	urothelial carcinoma and metastasis, particularly
when limited tissue is available. CDCs are typically	when limited tissue is available. CDCs are typically
positive for high-molecular-weight cytokeratins	positive for high-molecular-weight cytokeratins
(34βE12), CK19, CK7, and PAX8	(34βE12), low-molecular-weight cytokeratins (e.g.
	CK19, CK7), and PAX8

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Collecting duct carcinoma (p. 60)

A reference has been replaced as shown.

Original text	Corrected text
Prognosis and prediction CDCs are highly aggressive tumours, and the majority are associated with a poor outcome. Approximately two thirds of patients die within 2 years of diagnosis {3489}	Prognosis and prediction CDCs are highly aggressive tumours, and the majority are associated with a poor outcome. Approximately two thirds of patients die within 2 years of diagnosis {3053}

References cited above:

3053. Sui W, Matulay JT, Robins DJ, et al. Collecting duct carcinoma of the kidney: disease characteristics and treatment outcomes from the National Cancer Database. Urol Oncol. 2017 Sep;35(9):540.e13–8. PMID:28495554 **3489.** Wright JL, Risk MC, Hotaling J, et al. Effect of collecting duct histology on renal cell cancer outcome. J Urol. 2009 Dec;182(6):2595–9. PMID:19836761

Updated online: Update pending

Updated in print: No (pending next print run)

Fumarate hydratase-deficient renal cell carcinoma (p. 78)

The legend of Fig. 2.52C (Fig. #20531 online) has been corrected as shown.

Original text	Corrected text
Fig. 2.52C (Fig. #20531 online)	Fig. 2.52C (Fig. #20531 online)
The cells show at least focal eosinophilic	The cells show at least focal eosinophilic
macronucleoli, often with perinuclear haloes.	macronucleoli, often with perinucleolar haloes.

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Clear cell adenocarcinoma of the urinary tract (p. 188)

The term "clear cell adenocarcinoma" has been removed from the list of related terminology because it is the name of the entity.

Original text	Corrected text
Related terminology Acceptable: Müllerian-type tumour, clear cell type; clear cell adenocarcinoma.	Related terminology Acceptable: Müllerian-type tumour, clear cell type.

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Endometrioid carcinoma of the urinary tract (p. 191)

The text has been corrected as shown.

Original text	Corrected text
Staging The eighth-edition TNM staging system of the American Joint Committee on Cancer (AJCC) has been created for bladder urothelial carcinoma and is also used for other epithelial tumours of the bladder	Staging The eighth-edition TNM staging system of the American Joint Committee on Cancer (AJCC) / Union for International Cancer Control (UICC) has been created for bladder urothelial carcinoma and is also used for other epithelial tumours of the bladder

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Extramammary Paget disease (p. 381)

The text has been corrected as shown.

Original text	Corrected text
Related terminology Acceptable: Paget's disease; extramammary Paget disease; extramammary Paget's disease.	Related terminology Acceptable: Paget disease.

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Mixed epithelial and stromal tumour of the seminal vesicle (p. 241)

An erroneous reference citation has been removed as shown.

Original text	Corrected text
Clinical features Patients often present with obstructive lower urinary tract symptoms, haematospermia, fever, or abdominal pain {284}	Clinical features Patients often present with obstructive lower urinary tract symptoms, haematospermia, fever, or abdominal pain
Epidemiology Twelve cases of MESTs of the seminal vesicle have been reported with sufficient histopathological description {284,7,971,1397,1639,1810,2054,2075, 2205,2636,2994,3158}	Epidemiology About a dozen cases of MESTs of the seminal vesicle have been reported with sufficient histopathological description {7,971,1397,1639, 1810,2054,2075,2205,2636,2994,3158}

References cited above:

7. Abe H, Nishimura T, Miura T, et al. Cystosarcoma phyllodes of the seminal vesicle. Int J Urol. 2002 Oct;9(10):599–601. PMID:12445241

284. Barrett J, Birrer MJ, Kato GJ, et al. Activation domains of L-Myc and c-Myc determine their transforming potencies in rat embryo cells. Mol Cell Biol. 1992 Jul;12(7):3130–7. PMID:1620120

971. Fain JS, Cosnow I, King BF, et al. Cystosarcoma phyllodes of the seminal vesicle. Cancer. 1993 Mar 15;71(6):2055–61. PMID:8382998

1397. Hoshi A, Nakamura E, Higashi S, et al. Epithelial stromal tumor of the seminal vesicle. Int J Urol. 2006 May;13(5):640–2. PMID:16771745

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2636. Reikie BA, Yilmaz A, Medlicott S, et al. Mixed epithelial-stromal tumor (MEST) of seminal vesicle: a proposal for unified nomenclature. Adv Anat Pathol. 2015 Mar;22(2):113–20. PMID:25664946

2994. Son HJ, Jeong YJ, Kim JH, et al. Phyllodes tumor of the seminal vesicle: case report and literature review. Pathol Int. 2004 Dec;54(12):924–9. PMID:15598315

3158. Thway K, Freeman A, Woodhouse CR, et al. Epithelial-stromal tumor of seminal vesicle in a patient with chromophobe renal cell carcinoma and small lymphocytic lymphoma. Ann Diagn Pathol. 2008 Dec;12(6):433–9. PMID:18995209

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