WHO Classification of Tumours, 5th edition: Breast Tumours Corrections made in second print run

Summary of corrections:

Chapter 3: Fibroepithelial tumours and hamartomas of the breast Phyllodes tumour > Histopathology p. 174

The high-power field area has been corrected from 0.5 mm² to 0.2 mm² in two places, and the field diameter has been added.

Original text	Corrected text
In benign phyllodes tumours The spindle cell stromal nuclei are monomorphic and mitoses are rare, usually < 2.5 mitoses/mm² {2038} (corresponding to < 5 mitoses per 10 high-power fields of 0.5 mm²).	In benign phyllodes tumours The spindle cell stromal nuclei are monomorphic and mitoses are rare, usually < 2.5 mitoses/mm² {2038} (corresponding to < 5 mitoses per 10 high-power fields of 0.5 mm in diameter and 0.2 mm² in area).
Malignant phyllodes tumours increased mitoses (≥ 5 mitoses/ mm²; ≥ 10 mitoses per 10 high-power fields of 0.5 mm²)	Malignant phyllodes tumours increased mitoses (≥ 5 mitoses/ mm²; ≥ 10 mitoses per 10 high-power fields of 0.5 mm in diameter and 0.2 mm² in area)

WHO Classification of Tumours, 5th edition: Breast Tumours Corrections made in third print run

Summary of corrections:

WHO classification tables

p. 10, 164, 188, 232, 250

Footnotes

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

Subtype labels are indented.

Chapter 2: Epithelial tumours of the breast Lobular carcinoma in situ > Staging

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.

Chapter 2: Epithelial tumours of the breast

p. 92

Invasive breast carcinoma: General overview > Histopathology > Stromal response patterns and tumour microenvironment

The word "internal" has been corrected to "international".

Original text	Corrected text
For quantifying TILs, it is recommended to follow the internal consensus scoring recommendations	For quantifying TILs, it is recommended to follow the international consensus scoring recommendations

Chapter 2: Epithelial tumours of the breast

p. 104

Invasive breast carcinoma of no special type > Histopathology > Special morphological patterns

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

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

Chapter 2: Epithelial tumours of the breast Invasive lobular carcinoma > Histopathology

p. 117

The term "subtype" has been corrected to "pattern" as shown.

Original text	Corrected text
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	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

Chapter 2: Epithelial tumours of the breast

p. 117-8

Invasive lobular carcinoma > Prognosis and prediction

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

Chapter 2: Epithelial tumours of the breast Invasive micropapillary carcinoma > Fig. 2.131C

p. 129

The figure legend 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+). <i>ERBB2</i> (<i>HER2</i>) FISH showed <i>ERBB2</i> gene amplification (<i>ERBB2</i> /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+). <i>ERBB2</i> (<i>HER2</i>) FISH showed <i>ERBB2</i> gene amplification (<i>ERBB2</i> /CEP17 ratio: 2.5; mean number of <i>ERBB2</i> signals/cell: > 6.0).

Chapter 2: Epithelial tumours of the breast Adenoid cystic carcinoma > Prognosis and prediction

p. 145

The word "local" has been corrected to "regional" as shown.

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

Chapter 5: Mesenchymal tumours of the breast

Nodular fasciitis > Histopathology

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

Chapter 7: 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	Epithelial tumours
Gynaecomastia	Gynaecomastia
Florid gynaecomastia	Florid gynaecomastia
Fibrous gynaecomastia	Fibrous gynaecomastia
8500/2 Intraductal carcinoma, non-infiltrating, NOS	8500/2 Intraductal carcinoma, non-infiltrating, NOS
Ductal carcinoma in situ	Ductal carcinoma in situ
Lobular carcinoma in situ	Lobular carcinoma in situ
Paget disease of the nipple	8540/3 Paget disease of the nipple
8500/3 Infiltrating duct carcinoma NOS	8500/3 Infiltrating duct carcinoma NOS

Chapter 7: Tumours of the male breast

p. 252

Gynaecomastia > Table 7.01 > Column: Mechanism of production of gynaecomastia

The nucleic acid sequence "GAG" has been corrected to "CAG" as shown.

Original text	Corrected text
Table 7.01 Summary of causes and mechanisms of production of gynaecomastia	Table 7.01 Summary of causes and mechanisms of production of gynaecomastia
 Mechanism of production of gynaecomastia	 Mechanism of production of gynaecomastia
Similar to in Klinefelter syndrome – an increased number of GAG repeats in the AR gene	Similar to in Klinefelter syndrome – an increased number of CAG repeats in the AR gene

Chapter 9: Genetic tumour syndromes of the breast

p. 273

BRCA1/2-associated hereditary breast and ovarian cancer syndrome > Table 9.03 > Column: BRCA2 & footnotes

The term "ductal" has been corrected to "IBC-NST", and "NST" has been added to the abbreviations footnote, as shown.

Original text	Corrected text
Table 9.03 Histological characteristics and molecular phenotype of breast cancer in <i>BRCA1</i> and <i>BRCA2</i> mutation carriers compared with sporadic breast cancer	Table 9.03 Histological characteristics and molecular phenotype of breast cancer in <i>BRCA1</i> and <i>BRCA2</i> mutation carriers compared with sporadic breast cancer
BRCA2	BRCA2
Ductal, tubular, cribriform, mucinous, classic/pleomorphic lobular	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.