Corrigenda

WHO Classification of Tumours, 5th edition: Central Nervous System 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-Classification-Of-Tumours/Central-Nervous-System-Tumours-2021.

Summary of corrections:

ICD-O coding of central nervous system tumours (p. 3)

Under the headings "Embryonal tumours" > "Medulloblastomas, histologically defined", an additional subtype entry has been added as shown.

Original text	Corrected text
Embryonal tumours … *Medulloblastomas, histologically defined* 9470/3 Medulloblastoma, histologically defined 9471/3 Desmoplastic nodular medulloblastoma 9471/3 Medulloblastoma with extensive nodularity 9474/3 Large cell medulloblastoma 9474/3 Anaplastic medulloblastoma	**Embryonal tumours** … *Medulloblastomas, histologically defined* 9470/3 Medulloblastoma, histologically defined 9470/3 Classic medulloblastoma 9471/3 Desmoplastic nodular medulloblastoma 9471/3 Medulloblastoma with extensive nodularity 9474/3 Large cell medulloblastoma 9474/3 Anaplastic medulloblastoma

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Astrocytoma, IDH-mutant (p. 19)

In the print version, a reference citation has been added at the end of the *Localization* subsection as shown. In the online version, an incorrect PMID had previously been cited here and has now been corrected as shown.

Original text (print)	Corrected text (print)
Localization … A genetically distinct form of IDH-mutant astrocytoma has recently been described in the infratentorial compartment.	**Localization** … A genetically distinct form of IDH-mutant astrocytoma has recently been described in the infratentorial compartment {187}.
Original text (online)	**Corrected text (online)**
Localization … A genetically distinct form of IDH-mutant astrocytoma has recently been described in the infratentorial compartment {1897}.	**Localization** … A genetically distinct form of IDH-mutant astrocytoma has recently been described in the infratentorial compartment {187}.

References cited above: **187.** Banan R, Stichel D, Bleck A, et al. Infratentorial IDH-mutant astrocytoma is a distinct subtype. Acta Neuropathol. 2020 Oct;140(4):569–81. PMID:32776277 **1897.** Lin KM, Lin SJ, Lin JH, et al. Dysregulation of dual-specificity phosphatases by Epstein-Barr virus LMP1 and its impact on lymphoblastoid cell line survival. J Virol. 2020 Jan 31;94(4):e01837-19. PMID:31776277

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Astrocytoma, IDH-mutant (p. 26)

The "greater than" symbol has been corrected to a "greater than or equal to" symbol as shown.

Original text	Corrected text
Diagnostic molecular pathology … Immunohistochemical staining for […] *[top of p. 26:]* helps to distinguish true neoplasia from […]. Given the low frequency of *IDH1* and *IDH2* mutations in CNS WHO grade 4 gliomas arising in patients aged > 55 years, sequencing analysis need not follow a negative IDH1 p.R132H immunostain in this patient population.	**Diagnostic molecular pathology** … Immunohistochemical staining for […] *[top of p. 26:]* helps to distinguish true neoplasia from […]. Given the low frequency of *IDH1* and *IDH2* mutations in CNS WHO grade 4 gliomas arising in patients aged ≥ 55 years, sequencing analysis need not follow a negative IDH1 p.R132H immunostain in this patient population.

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Posterior fossa group A (PFA) ependymoma (p. 174)

The final sentence of the *Prognosis and prediction* subsection has been corrected as shown.

Original text	Corrected text
Prognosis and prediction … The prognostic significance of an H3 p.K28me3 (K27me3) mutation in a small proportion of PFA ependymomas is unknown.	**Prognosis and prediction** … The prognostic significance of an H3 p.K28 (K27) mutation in a small proportion of PFA ependymomas is unknown {1065,2765}.
References added above: **1065.** Gessi M, Capper D, Sahm F, et al. Evidence of H3 K27M mutations in posterior fossa ependymomas. Acta Neuropathol. 2016 Oct;132(4):635–7. PMID:27539613 **2765.** Ryall S, Guzman M, Elbabaa SK, et al. H3 K27M mutations are extremely rare in posterior fossa group A ependymoma. Childs Nerv Syst. 2017 Jul;33(7):1047–51. PMID:28623522	

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Myxopapillary ependymoma (p. 184)

"≥ 2 mitoses/mm^2" has been corrected to "≥ 5 mitoses/mm^2" as shown.

Original text	Corrected text
Histopathology … *[top of p. 184:]* by PAS and Alcian blue positivity […]. Exceptional examples termed "anaplastic myxopapillary ependymomas" manifest regional hypercellularity and reduced mucin in association with at least two of the following features: ≥ 2 mitoses/mm^2, Ki-67 labelling index ≥ 10%, microvascular proliferation, and spontaneous necrosis …	**Histopathology** … *[top of p. 184:]* by PAS and Alcian blue positivity […]. Exceptional examples termed "anaplastic myxopapillary ependymomas" manifest regional hypercellularity and reduced mucin in association with at least two of the following features: ≥ 5 mitoses/mm^2, Ki-67 labelling index ≥ 10%, microvascular proliferation, and spontaneous necrosis …

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Medulloblastoma, histologically defined (p. 213)

In the *ICD-O coding* subsection, an additional entry has been added as shown.

Original text	Corrected text
ICD-O coding 9470/3 Medulloblastoma, histologically defined 9471/3 Desmoplastic nodular medulloblastoma 9471/3 Medulloblastoma with extensive nodularity 9474/3 Large cell medulloblastoma 9474/3 Anaplastic medulloblastoma	**ICD-O coding** 9470/3 Medulloblastoma, histologically defined 9470/3 Classic medulloblastoma 9471/3 Desmoplastic nodular medulloblastoma 9471/3 Medulloblastoma with extensive nodularity 9474/3 Large cell medulloblastoma 9474/3 Anaplastic medulloblastoma

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Primary diffuse large B-cell lymphoma of the CNS (p. 351)

A minor typographical error has been corrected as shown.

Original text	Corrected text
Localization Primary CNS-DLBLCs are solitary brain lesions in 65% of cases …	**Localization** Primary CNS-DLBCLs are solitary brain lesions in 65% of cases …

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Germ cell tumours of the CNS (p. 384)

A reference citation has been corrected as shown.

Original text	Corrected text
Etiology Germline variants of the *JMJD1C* gene, which encodes a jumonji domain–containing histone demethylase, have been associated with a heightened risk of CNS germ cell tumours in Japanese people {1762}.	**Etiology** Germline variants of the *JMJD1C* gene, which encodes a jumonji domain–containing histone demethylase, have been associated with a heightened risk of CNS germ cell tumours in Japanese people {3374}.
References cited above: **1762.** Kuroki S, Akiyoshi M, Tokura M, et al. JMJD1C, a JmjC domain-containing protein, is required for long-term maintenance of male germ cells in mice. Biol Reprod. 2013 Oct 17;89(4):93. PMID:24006281 **3374.** Wang L, Yamaguchi S, Burstein MD, et al. Novel somatic and germline mutations in intracranial germ cell tumours. Nature. 2014 Jul 10;511(7508):241–5. PMID:24896186	

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Adamantinomatous craniopharyngioma (p. 394, 396)

"Xp28" has been corrected to "Xq28" as shown.

Original text	Corrected text
Pathogenesis … Adamantinomatous craniopharyngiomas are characterized by […]. Recurrent focal deletions of Xp28 have been described in a subset of samples from male patients, and other recurrent gains have also been described …	**Pathogenesis** … Adamantinomatous craniopharyngiomas are characterized by […]. Recurrent focal deletions of Xq28 have been described in a subset of samples from male patients, and other recurrent gains have also been described …
Prognosis and prediction … Overall survival rates […]. Although there are few studies of molecular features predictive of worse outcome, tumours with *CTNNB1* p .T41 mutations or focal deletions of Xp28 may be associated with a worse outcome …	**Prognosis and prediction** … Overall survival rates […]. Although there are few studies of molecular features predictive of worse outcome, tumours with *CTNNB1* p .T41 mutations or focal deletions of Xq28 may be associated with a worse outcome …

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Tuberous sclerosis (online version only)

The source information for Box #16788 was missing in the online version (it appears correctly in all print runs of the print version). The source should be listed as follows:

Adapted, with permission from Elsevier, from: Northrup H, Krueger DA; International Tuberous Sclerosis Complex Consensus Group. Tuberous sclerosis complex diagnostic criteria update: recommendations of the 2012 International Tuberous Sclerosis Complex Consensus Conference. Pediatr Neurol. 2013 Oct;49(4):243–54. PMID:24053982

Updated online: Update pending
Updated in print: n/a – This error was present in the online version only