



Erratum: Polish diagnostic and therapeutic recommendations for adrenocortical carcinoma

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The Tables 6 and 7 on page 348 were incomplete and contained mistakes.

[BEFORE]

Table 6. Systems for assessing pathological parameters of adrenocortical tumours (ACC)

Weiss system parameters	Scoring	Modified Weiss system parameters	Scoring	The reticulin algorithm parameters	Helsinki system parameters	Scoring
Nuclear grade (grade III or IV according to Fuhrman)	1	Mitoses > 5/50 HPF	2	Reticulin fibers interrupted	> 5 mitoses/50 HPF	3
Mitoses > 5 mitoses/50 HPF	1	Atypical mitoses	1	> 5 mitoses/50 HPF	Necrosis	5
Atypical mitoses	1	Clear cells ≤ 25%	2	Necrosis	Ki-67 proliferation index	Numerical value
Clear cells < 25%		Collapsed necrosis	1	Vascular invasion		
Diffuse architecture (> 33% of the area)	1	Invasion of the handbag	1			
Confluent necrosis	1					

HPF — high-power fields



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[AFTER]

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Clear cells < 25%	1	Confluent necrosis	1	Vascular invasion		
Diffuse architecture (> 33% of the area)	1		1			
Confluent necrosis	1					
Venous invasion	1					
Sinusoid invasion	1					
Capsular invasion	1					
Cancer diagnosis	≥ 3	Cancer diagnosis	≥ 3	Cancer diagnosis: reticulin fibers interrupted + one other parameter	Cancer diagnosis	> 8,5 > 17 cancer of unfavourable prognosis

HPF — high-power fields

[BEFORE]

Table 7. Criteria according to Lin-Weiss-Bisceglia for oxyphilic tumours of the adrenal cortex [41]

Main criteria	Additional
> 5 mitoses/50 HPF	Size: >10 cm and or > 200 g
Atypical mitoses	Necrosis
Vascular invasion (with muscular wall)	Invasion of the handbag
	Sinusoidal invasion

Malignant lesion — presence of 1 major criterion; borderline (of uncertain malignant potential) — presence of 1–4 additional criteria; mild — absence of both main and additional criteria; HPF — high-power field

[AFTER]

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