Summary of the changes in the 2016 WHO CNS tumours classification

- Diffuse gliomas, separated from the common group of glial tumours, as diffuse astrocytic and oligodendroglial tumours
    - Restructured with incorporation of genetically defined entities

- Medulloblastomas are restructured with incorporation of genetically defined entities

- Other embryonal tumors are also restructured, with incorporation of genetically defined entities

- The term “primitive neuroectodermal tumor” is removed

- Ependymoma - genetically defined variant of RELA fusion positive incorporated.

- Newly recognized entities, variants and patterns added:
    - IDH-wildtype and IDH-mutant glioblastoma (entities)
    - Diffuse midline glioma, H3 K27M–mutant (entity)
    - Embryonal tumour with multilayered rosettes, C19MC-altered (entity)
    - Ependymoma, RELA fusion–positive (entity)
    - Diffuse leptomeningeal glioneuronal tumor (entity)
    - Anaplastic PXA (entity)
    - Epithelioid glioblastoma (variant)
    - Glioblastoma with primitive neuronal component (pattern)
    - Multinodular and vacuolated pattern of ganglion cell tumor (pattern)

- Entities, variants and terms deleted:
    - Gliomatosis cerebri
    - Protoplasmic and fibrillary astrocytoma variants
    - Cellular ependymoma variant
    - “Primitive neuroectodermal tumour” terminology

- Addition of brain invasion as a criterion for the diagnosis of atypical meningioma

- Restructuring of solitary fibrous tumor and hemangiopericytoma (SFT/HPC) as one entity with grades from I to III

- Addition of hybrid nerve sheath tumors and separation of melanotic schwannoma from other schwannomas

- Expansion of entities included in hematopoietic/lymphoid tumors of the CNS (lymphomas and histiocytic tumors)

Louis DN, et al. The 2016 World Health Organization Classification of Tumors of the Central Nervous System: a summary. *Acta Neuropathol*, 2016;6: 803-820