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 oligodendrogial 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:
  - Glionmatosis 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)