

According to the UICC TNM8 book, for most of the sites, the exclusion criteria are not detailed, but the details of the classification are explained. However, for the following sites, exclusion criteria do apply:

1. Bladder
2. Carcinoma of Skin
3. Liver
4. Lung

The information provided as “Rules for Classification” are as follows:

Site	Applicability of the Classification	Excluded
Bladder	<ul style="list-style-type: none"> • Classification applies to carcinomas • There should be histological or cytological confirmation of the disease 	Papilloma
Breast	<ul style="list-style-type: none"> • Classification only applies to carcinomas and concerns the Male and Female breast • There should be histological confirmation of the disease • Anatomical subsite of origin should be recorded but is not considered for classification • Simultaneous bilateral breast cancers should be classified independently to permit division of cases by histological type 	
Carcinoma of Skin	<ul style="list-style-type: none"> • Classification only applies to carcinomas • There should be histological confirmation of the disease and division of cases by histological type 	Merkel cell carcinoma
Cervix	<ul style="list-style-type: none"> • Classification applies only to carcinomas • There should be histological confirmation of the disease 	
Cervix (FIGO 2018)		
Colorectal	<ul style="list-style-type: none"> • Classification applies only to carcinomas • There should be histological confirmation of the disease 	
Endometrium	<ul style="list-style-type: none"> • Classification applies to endometrial carcinomas and carcinosarcomas (malignant mixed mesodermal tumours) • There should be histological verification with subdivision by histological type and grading of the carcinomas • Diagnosis should be based on examination of specimens taken by endometrial biopsy • TNM stages are based on clinical and/or pathological classification 	
Hypopharynx	<ul style="list-style-type: none"> • Classification applies only to carcinomas • There should be histological confirmation of the disease 	

Kidney	<ul style="list-style-type: none"> • Classification applies only to renal cell carcinomas • There should be histological confirmation of the disease 	
Larynx	<ul style="list-style-type: none"> • Classification applies only to carcinomas • There should be histological confirmation of the disease 	
Lip & Oral Cavity	<ul style="list-style-type: none"> • Classification applies only to carcinomas of the vermilion surfaces of the lips and of the oral cavity including those of minor salivary glands • There should be histological confirmation of the disease 	
Liver	<ul style="list-style-type: none"> • Classification applies to hepatocellular carcinoma • There should be histological confirmation of the disease 	Cholangio-(intrahepatic bile duct) carcinoma of the liver has a separate classification
Lung	<ul style="list-style-type: none"> • Classification applies to carcinomas of the lung including non-small cell carcinomas, small cell carcinomas, and bronchopulmonary carcinoid tumours • There should be histological confirmation of the disease 	Does not apply to sarcomas and other rare tumours
Melanoma	<ul style="list-style-type: none"> • There should be histological confirmation of the disease 	
Nasopharynx	<ul style="list-style-type: none"> • Classification applies only to carcinomas • There should be histological confirmation of the disease 	
Oesophagus	<ul style="list-style-type: none"> • Classification applies only to carcinomas and includes adenocarcinomas of the oesophagogastric/gastroesophageal junction • There should be histological confirmation of the disease and division of cases by topographic localization and histological type • A tumour the epicentre of which is within 3cm of the oesophagogastric junction and also extends into the oesophagus is classified and staged using the oesophageal scheme. • Cancers involving the oesophagogastric junction (OGJ) whose epicentre is within the proximal 2cm of the cardia (Siewart types I/II) are to be staged as oesophageal cancers. 	
Oropharynx	<ul style="list-style-type: none"> • Classification applies only to carcinomas • There should be histological confirmation of the disease 	
Ovary	<ul style="list-style-type: none"> • Classification applies to malignant ovarian neoplasms of both epithelial and stromal origin including those of borderline malignancy or of low malignant potential corresponding to 'common epithelial tumours' of the earlier terminology. 	

	<ul style="list-style-type: none"> • The classification also applies to carcinoma of the fallopian tubes and to carcinomas of the peritoneum (Mullerian origin) • There should be histological confirmation of the disease and division of cases by histological type 	
Pancreas	<ul style="list-style-type: none"> • Classification applies to carcinomas of the exocrine pancreas and/or high-grade neuroendocrine carcinomas. • There should be histological or cytological confirmation of the disease 	
Prostate	<ul style="list-style-type: none"> • Classification applies only to adenocarcinomas • Transitional cell carcinoma of the prostate is classified as a urethral tumour • There should be histological confirmation of the disease 	
Stomach	<ul style="list-style-type: none"> • Classification applies only to carcinomas • There should be histological confirmation of the disease • Cancers involving the oesophagogastric junction (OGJ) whose epicentre is within the proximal 2cm of the cardia (Siewart types I/II) are to be staged as oesophageal cancers. Cancers whose epicentre is more than 2cm distal from the OGJ will be staged using the Stomach Cancer TNM and Stage even if the OGJ is involved 	
Testis	<ul style="list-style-type: none"> • Classification applies only to germ cell tumours of the testis • There should be histological confirmation of the disease and division of cases by histological type • Histopathological grading is not applicable • The presence of elevated serum tumour markers, including alpha-fetoprotein (AFP), human chorionic gonadotropin (hCG), and lactate dehydrogenase (LDH), is frequent in this disease. • Staging is based on the determination of the anatomic extent of disease and assessment of serum tumour markers 	
Thyroid	<ul style="list-style-type: none"> • Classification applies only to carcinomas • There should be microscopic confirmation of the disease and division of cases by histological type 	
Cancer of Unknown Primary – Cervical Nodes	<ul style="list-style-type: none"> • There should be histological confirmation of squamous cell carcinoma with lymph node metastases but without an identified primary carcinoma • Histological methods should be used to identify EBV and HPV/p16-related tumours • If there is evidence of EBV, the nasopharyngeal classification is applied. 	

	<ul style="list-style-type: none">• If there is evidence of HPV and positive immunohistochemistry p16 overexpression, the p16-positive oropharyngeal classification is applied	
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