


2018 New Grade Coding Rules “It’s a Good Thing!”

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Outline

- New Grade Data Items 2018+
- 2018 Grade Major Changes
- Grade Tables
- Coding Instructions
- 2018 Grade Manual
- Practice Quizzes
- Wrap Up

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Grade 2018 – Major Changes

- Previous single Grade/differentiation data item and coding instructions discontinued for cases diagnosed 2018+
 - *Retained for cases diagnosed prior to 1/1/2018*
- Former SSFs which collected chapter specific grades (e.g., Breast, Prostate, Soft Tissue, etc.) discontinued for 2018+
 - *Retained for cases 2004-2017*

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Grade 2018 – Major Changes

➤ Beginning with 2018+ cases

- Grade definitions have expanded
- Classification of grade now varies by tumor site and/or histology
- Grading systems for a cancer type may use a two, three, or four grade system
- No longer will all grades be converted to a four-grade system

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Grade 2018 – Major Changes

➤ 3 New Grade Data Items

– Grade Clinical

- *Collects grade during clinical time frame – usually from a biopsy or FNA*
- *Before any treatment such as surgical resection or neoadjuvant therapy, etc.*

– Grade Pathological

- *Collects grade from the primary tumor which has been resected (unless microscopic clinical grade is higher or surgical resection grade is unknown), and neoadjuvant therapy was NOT administered*

– Grade Post-therapy

- *Collects grade from a tumor resection AFTER completion of neoadjuvant therapy*

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Grade 2018 – Major Changes

Grade captured at different points of patient care

- Similar to AJCC TNM “time frames”
 - **Clinical Grade** from diagnostic workup *prior* to treatment
 - **Pathological Grade** from surgical resection specimen of primary tumor or organ; OR grade from clinical workup if higher than surgical resection grade, since all information from DX workup through surgical resection is used for Pathological Grade
 - **Post-therapy Grade** from surgical resection of primary tumor or organ *after* neoadjuvant therapy. Note; clinical grade would never be used for post-therapy grade
- If AJCC TNM stage is being assigned, the “surgical resection” must meet AJCC criteria for cancer site, for:
 - *Pathological Grade*
 - *Post-therapy Grade*

} **Whichever is applicable for case**

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Grade 2018 – Major Changes

- AJCC Chapter specific grading systems incorporated into 2018 Grade
- Site specific grades harmonized with CAP cancer protocol checklists
- Based on site and/or chapter, the generic cancer registry grade categories or another definition of grade may be used
- Historical grade definitions still apply when specific grading systems not applicable for site, or preferred grade not available

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Grade 2018 – Major Changes

➤ Tables for Grade Restructured

- Combination of numeric & alphabetic codes within the same table
- Codes 1-5 reserved for 8th edition site-specific grade definitions
- May include additional applicable CAP surgical checklist grade definitions
- May include generic (historical) grade definitions

Template for a Cancer-Specific Grade Table

Code	Grade Description
1	Site-specific grade system category
2	Site-specific grade system category
3	Site-specific grade system category
4	Site-specific grade system category
5	Site-specific grade system category
L	Low grade
H	High grade
M	Site-specific grade system category
S	Site-specific grade system category
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated and anaplastic
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed; Unknown
Blank	(Post-therapy only)

Grade Tables Overview

Grade Table - Ovary/Primary Peritoneal/Fallopian Tube

Grade Table in AJCC 8 th edition	
G	Grade Definition
GX	Grade cannot be assessed
GB	Borderline tumor
G1	Well differentiated
G2	Moderately differentiate
G3	Poorly differentiated or undifferentiated

2018 Grade Table	
Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated or undifferentiated
B	GB: Borderline Tumor
L	Low Grade
H	High Grade
9	Grade cannot be assessed (GX);Unknown

- Tables include recommended AJCC definitions combined with CAP and/or generic terms when needed
- Code 9 still used for unknown

- Grade based on histology
- Codes 1-3 priority if nuclear grade documented
- Code B avail If your Hosp or State collects borderline tumors
- Immature teratomas or serous carcinoma use codes L & H

Grade Table - Breast

Code	Grade Definition
1	G1: Low combined histologic grade (favorable), SBR score of 3-5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
3	G3: High combined histologic grade (unfavorable);SBR score of 8-9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (interMedidate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

Priority codes for invasive

Used when tumor is only in situ

Used when a more specific grade above was not determined and path report used *these terms* for grade

Generic Grade

Applies when:

- No applicable AJCC Chapter for Site (e.g. trachea), OR
- No recommended grading system for site (e.g. melanoma of skin)
- Historical generic grade categories will still apply and be used for all three grade fields
 - However, “codes” have changed →

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Generic Grade Table

- Generic Grade Table Example

2018 Code	Grade/Cell Type Description
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

Prior to 2018	Description
1	Well differentiated
2	Moderately differentiated
3	Poorly differentiated
4	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

Historically
codes were
1-4

- Codes 1, 2, 3, 4 now reserved for the preferred AJCC grade
 - Code 9 retained for Unknown definitions
- A, B, C & D now used for standard historical grade
 - In all grade tables where applicable

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Generic Grade

Example:

- These Sites still use the generic historical definitions
- There is no AJCC preferred or recommended Grade for these sites

- Cervical Lymph Nodes and Unknown Primary
- Major Salivary Glands
- Nasopharynx
- Oropharynx HPV-Mediated (p16+)
- Mucosal Melanoma of Head & Neck
- Thymus
- Merkel Cell Carcinoma
- Melanoma of Skin
- Placenta
- Testis
- Melanoma Conjunctiva
- Thyroid
- Thyroid-Medullary
- NET Adrenal Gland

Code	Grade Description
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

Quick Quiz 1 - Breast

➤ Path Report: Bx L-breast, PD infiltrating Duct Ca, unable to classify further

Code	Grade Definition (Grade Table 12)
1	G1: Low combined histologic grade (favorable), SBR score of 3-5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
3	G3: High combined histologic grade (unfavorable);SBR score of 8-9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (interMedidate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

Codes 1-3
Priority
(AJCC Grades)
If documented

If the documented grade is not from the recommended AJCC grade system, record the highest [specified/documentd] grade

What is the Clinical Grade?

C

2018 Grade Table

Individual Grade Tables include:

- Schema ID & Name
- AJCC ID & Chapter Name
- Coding Notes
- Codes/Descriptions

Grade ID 19-Post-Therapy Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00610	Kidney Renal Pelvis	61.1	Renal Pelvis and Ureter: Urothelial Carcinomas
		61.2	Renal Pelvis and Ureter: Squamous Cell Carcinoma and Adenocarcinoma
00620	Bladder	62.1	Urinary Bladder: Urothelial Carcinomas
		62.2	Urinary Bladder: Squamous Cell Carcinoma and Adenocarcinoma
00631	Urethra	63.1	Urothelial Male Penile Urethra and Female Urethra
		63.2	Squamous Male Penile Urethra and Female Urethra
00633	Urethra-Prostatic	63.3	Prostatic Urethra: Urothelial Carcinomas
		63.4	Prostatic Urethra: Squamous Cell Carcinoma and Adenocarcinoma

Note 1: Leave post-therapy grade blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- There is only one grade available and it cannot be determined if it is clinical, pathological or post-therapy

Note 2: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: G3 includes undifferentiated and anaplastic.

Note 4: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
L	LG: Low-grade
H	HG: High-grade
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

G1-G3 used for Squamous Cell or Adenocarcinoma

L & H used for Urothelial Carcinomas

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Grade Tables

- 29 Grade Tables
- ~118 primary site and/or histology combinations incorporated
 - 14 Grade tables represent a single site
 - 15 Grade tables incorporate multiple primary sites
 - Tables include appropriate grading system for site(s)
 - AJCC recommended
 - Generic
 - Other
 - Or Combinations of

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Grade Tables

How do you chose the correct grade table?

- Registrar Codes:

- Primary site
- Histology/behavior
- Schema discriminator (if needed)

Schema ID is Derived

- **Software selects applicable grade table for coding!**

- Grade table notes will be included as well



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Coding Instructions

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Grade – General Coding Instructions

What's the Same?	What's Different?
<ul style="list-style-type: none"> ➤ Basic core coding concepts unchanged: <ul style="list-style-type: none"> • Code grade from the primary tumor- not metastatic site • If more than one grade available from same time period code the higher • If grade given for an in situ tumor, code it • Do NOT code grade for dysplasia or high grade dysplasia • If both in situ and invasive components, code grade of invasive component 	<ul style="list-style-type: none"> ➤ 2018 Grade items apply only when DX Date 2018+ <ul style="list-style-type: none"> • Priority goes to the recommended AJCC grade listed in the applicable AJCC chapter • If none of the specified grades documented are from the recommended AJCC grade system, record the highest [documented] grade • If there is no recommended AJCC grade [for that site], code the highest [documented] grade • Grade for hematopoietic and lymphoid neoplasms NO LONGER COLLECTED for DX Date 2018+ *

** See complete coding instructions in the 2018 Grade manual*

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Grade Clinical

CLINICAL GRADE Coding Guidelines

Note 1: Clinical grade is recorded for cases where a histological (microscopic) exam is done and tissue is available and grade is recorded. This includes FNA, biopsy, needle core biopsy, etc.

Note 2: **Clinical grade must not be blank.**

Note 3: Assign the highest grade from the primary tumor assessed during the clinical time frame.

Note 4: **Code 9 (unknown) when**

- Grade is not documented
- Clinical staging is not applicable (for example, cancer is an incidental finding during surgery for another condition)
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available
- If there is only one grade available and it cannot be determined if it is clinical or pathological, assign it as a clinical grade and code unknown (9) for pathological grade, and blank for post-therapy grade.

➤ See individual site-specific Grade tables for additional notes

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Grade Pathological

PATHOLOGICAL Coding Guidelines

Note 1: Pathological grade is recorded for cases where a surgical resection has been done.

Note 2: Pathological grade must not be blank.

Note 3: Assign the highest grade from the primary tumor. **If the clinical grade is the highest grade identified, use the grade that was identified during the clinical time frame for both the clinical grade and pathological grade.**

Note 4: Code 9 (unknown) when

- Grade not documented
- No resection of the primary site
- Neoadjuvant therapy followed by a resection (see post-therapy grade)
- Clinical case only (see clinical grade)
- There is only one grade available and it cannot be determined if it is clinical or pathological
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available

➤ See individual site-specific Grade tables for additional notes

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Grade Post-therapy

POST-THERAPY Coding Guidelines

Note 1: Leave post-therapy grade blank when:

- No neoadjuvant therapy
- Clinical or pathological case only
- There is only one grade available and it cannot be determined if it is clinical, pathological or post-therapy

Note 2: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available

➤ See individual site-specific Grade tables for additional notes

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Coding Instructions

Example Grade ID 01 (3 grade system)

- 23 sites use these grade tables
- See actual grade table for *complete list* of coding instructions

Clinical		Pathological		Post-therapy	
Code	Grade Description	Code	Grade Description	Code	Grade Description
1	G1: Well differentiated	1	G1: Well differentiated	1	G1: Well differentiated
2	G2: Moderately differentiated	2	G2: Moderately differentiated	2	G2: Moderately differentiated
3	G3: Poorly differentiated	3	G3: Poorly differentiated	3	G3: Poorly differentiated
9	Grade cannot be assessed (GX); Unknown	9	Grade cannot be assessed (GX); Unknown	9	Grade cannot be assessed (GX); Unknown
<ul style="list-style-type: none"> • Clinical grade cannot be blank • Code 9 when: <ul style="list-style-type: none"> • No grade documented • Cancer incidental finding during surgery 		<ul style="list-style-type: none"> • Pathological grade cannot be blank • Code 9 when: <ul style="list-style-type: none"> • No resection of primary tumor • Neoadjuvant therapy given prior to surgical resection (see post-therapy grade) 		Blank	See Note 1
<p>Note 1: Leave post-therapy grade blank when:</p> <ul style="list-style-type: none"> • No neoadjuvant therapy • Clinical or Pathological case only 					

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Coding Instructions

3 Grade Data Items

- TWO (2) GRADES usually defined per case, sometimes 1, never 3
 - Clinical Grade (most of the time - unless no Dx until surgery)
 - Pathological Grade
 - Post-therapy Grade

or

- If Pathological grade recorded, Post-therapy grade will always be BLANK
- If Post-therapy grade is recorded, Pathological grade will always be code 9

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Quick Quiz 2 - Colon

- Colonoscopy revealed a right colon lesion. Biopsy taken. Final DX: Moderately differentiated adenocarcinoma. Patient underwent hemicolectomy: Final pathologic diagnosis: PD adenocarcinoma with invasion through serosa. Pt is a candidate for adjuvant chemotherapy
- Code the 3 grade data items:

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX);Unknown
Blank	No neoadjuvant therapy Clinical or Pathological case only

Grade Clinical

2

Grade Pathological

3

Grade Post-therapy

blank

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Coding Instructions - Grade Required for TNM stage

- **Some AJCC Chapters require Grade to assign TNM Stage Group**
 - Chapter 16: Esophagus and Esophagogastric Junction
 - Chapter 19: Appendix
 - Chapter 38: Bone
 - Chapter 41: Soft Tissue Sarcoma of the Trunk and Extremities
 - Chapter 44: Soft Tissue Sarcoma of the Retroperitoneum
 - Chapter 43: Gastrointestinal Stromal Tumor
 - Chapter 48: Breast
 - Chapter 58: Prostate
- If AJCC priority grade not stated, code applicable generic grade or other grade indicated
- If AJCC grade not available, it may not be possible to assign TNM stage group

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Coding Instructions

Grade required for TNM

- Notes Include:
 - General notes
 - Directions if specific term used
 - Directions if grade required for stage
- 3 Grade System
 - Plus additional grade definition

Grade ID 08-Pathological Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00381	Bone Appendicular	38.1	Bone: Appendicular Skeleton, Trunk, Skull and Facial Bones
00382	Bone Spine	38.2	Bone: Spine
00383	Bone Pelvis	38.3	Bone: Pelvis

Note 1: Pathological grade must not be blank.

Note 2: Assign the highest grade from the primary tumor. If the clinical grade is higher than the grade determined during the pathological time frame, use the grade that was identified during the clinical time frame for both the clinical grade and the pathological grade.

Note 3: Code 1 for stated as "low grade" only.

Note 4: Codes 1-3 take priority over H.

Note 5: G3 includes undifferentiated and anaplastic.

Note 6: Code 9 when

- Grade from primary site is not documented
- No resection of the primary site
- Neo-adjuvant therapy is followed by a resection (see post-therapy grade)
- Clinical case only (see clinical grade)
- There is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 7: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- Code H is treated as a G3 when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
1	G1: Well differentiated, low grade
2	G2: Moderately differentiated, high grade
3	G3: Poorly differentiated, high grade
H	Stated as "high grade" only
9	Grade cannot be assessed (GX); Unknown

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Coding instructions Hematopoietic & Lymphoid Neoplasms

- Cell lineage indicator/grade for hematopoietic and lymphoid neoplasms **NO LONGER COLLECTED for DX Date 2018+**
 - Histology range 9590-9992
 - Historically cell lineage indicator (B-cell, T-cell, Null cell, NK-cell collected)
- **Exception:** Ocular Adnexa Lymphoma AJCC 8th Ed Chapter 71
 - AJCC has a defined grading system for the follicular histologies
 - Applicable primary sites: C441, C690, C695, C696
 - Applicable histologies 9690/3, 9691/3, 9698/3
 - Grade for all other histologies collected in AJCC Chapter 71 coded as 9

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Coding Instructions

Example:

- Hematopoietic & Lymphoid Neoplasms
- Clinical Grade 8
- Pathological Grade 8
- Post-therapy Grade (blank)

Grade ID 88-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00790	Lymphoma	79.0-79.4, 79.6	Hodgkin and Non-Hodgkin Lymphoma
00795	Lymphoma-CLL/SLL	79.5	Hodgkin and Non-Hodgkin Lymphoma
00811	Mycosis Fungoides	81.1	Primary Cutaneous Lymphoma: Mycosis Fungoides and Sezary Syndrome
00812	Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)	81.2	Primary Cutaneous Lymphoma: B-Cell/T-cell Lymphoma (non-MF/SS) Lymphoma
00821	Plasma Cell Myeloma	82	Plasma Cell Myeloma and Plasma Cell Disorders
00822	Plasma Cell Disorders	82	Plasma Cell Myeloma and Plasma Cell Disorders
00830	HemeRetic	83.0-83.4	Leukemia

Hematopoietic and Lymphoid Neoplasms: No grade fields included in the following schemas since grade is no longer applicable:

Note: Grade (cell indicator) is no longer applicable for this hematopoietic neoplasm.

Code	Grade Description
8	Not applicable

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Coding Instructions

Example:

- No AJCC Chapter
- No preferred grade
- **Grade is still coded**
 - Generic Grade used
 - Code for each grade data item

Grade ID 99-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00118	Pharynx Other	XX	No AJCC Chapter
00119	Middle Ear	XX	No AJCC Chapter
00128	Sinus Other	XX	No AJCC Chapter
00278	Biliary Other	XX	No AJCC Chapter
00288	Digestive Other	XX	No AJCC Chapter
00358	Trachea	XX	No AJCC Chapter
00378	Respiratory Other	XX	No AJCC Chapter
00478	Skin Other	XX	No AJCC Chapter
00558	Adnexa Uterine Other	XX	No AJCC Chapter
00559	Genital Female Other	XX	No AJCC Chapter
00598	Genital Male Other	XX	No AJCC Chapter
00638	Urinary Other	XX	No AJCC Chapter
00698	Lacrimal Sac	XX	No AJCC Chapter
00718	Eye Other	XX	No AJCC Chapter
00778	Endocrine Other	XX	No AJCC Chapter
99999	Ill-defined Other	XX	No AJCC Chapter

Note 1: Clinical grade must not be blank.

Note 2: Assign the highest grade from the primary tumor assessed during the clinical time frame.

Note 3: Code 9 when

- Grade from primary site is not documented
- Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition)

Note 4: If there is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy, assign as a clinical grade and code unknown (9) for pathological grade, and blank for post-therapy grade.

Code	Grade Description
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

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Coding instructions

- If documented grade terminology does not fit grade table definitions, or grade is unknown
 - Assign code 9

- *Exception:*
 - If site uses a 4-grade system *with* generic grade codes A-D included in table
 - ***An applicable Mapping Term for grade may apply***



Mapping/Crosswalk terms for generic grade in a 4-grade system

- Terms which can be “mapped” to describe one of the generic grade categories for 2018

- **Applies ONLY to cancers using 4-grade system**

- **Only use** when code table includes generic categories with alphabetic codes **A-D**

- **Do not use** for 4-grade generic table where code options are designated **1-4**
 - Never use to code terms for 2 or 3 grade system

- ~Pages 32-33 in Grade Manual

Description	Grade	Assigned Grade Code
Differentiated,NOS	I	A
Well differentiated	I	A
Only stated as 'Grade I'	I	A
Fairly well differentiated	II	B
Intermediate differentiation	II	B
Low grade	I-II	B
Mid differentiated	II	B
Moderately differentiated	II	B
Moderately well differentiated	II	B
Partially differentiated	II	B
Partially well differentiated	I-II	B
Relatively or generally well differentiated	II	B
Only stated as 'Grade II'	II	B
Medium grade, intermediate grade	II-III	C
Moderately poorly undifferentiated	III	C
Moderately undifferentiated	III	C
Poorly differentiated	III	C
Relatively poorly differentiated	III	C
Relatively undifferentiated	III	C
Slightly differentiated	III	C
Dedifferentiated	III	C
Only stated as 'Grade III'	III	C
High grade	III-IV	D
Undifferentiated, anaplastic, not differentiated	IV	D
Only stated as 'Grade IV'	IV	D
Non-high grade		9

Example

When mapping terms CAN be crosswalked to generic 4-grade system

Grade ID 21-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00680	Retinoblastoma	68	Retinoblastoma

Note 1: Clinical grade must not be blank.

Note 2: Assign the highest grade from the primary tumor assessed during the clinical time frame.

Note 3: Codes 1-4 take priority over A-D.

Note 4: Code 9 when

- Grade from primary site is not documented
- Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition)
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 5: If there is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy, assign as a clinical grade and code unknown (9) for pathological grade, and blank for post-therapy grade.

Code	Grade Description
1	G1: tumor with areas of retinoma (retinocytoma) (fleurettes or neuronal differentiation)
2	G2: tumor with many rosettes (Flexner-Wintersteiner or Homer Wright)
3	G3: tumor with occasional rosettes (Flexner-Wintersteiner or Homer Wright)
4	G4: tumor with poorly differentiated cells without rosettes and/or with extensive areas (more than half of tumor) of anaplasia
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

Table uses 4- grade system

Includes AJCC grade G1-G4 & generic A-D

If G1-G4 (codes 1-4) not stated...

These terms can be used to code A-D

Description	Grade	Assigned Grade Code
Differentiated,NOS	I	A
Well differentiated	I	A
Only stated as 'Grade I'	I	A
Fairly well differentiated	II	B
Intermediate differentiation	II	B
Low grade	I-II	B
Mid differentiated	II	B
Moderately differentiated	II	B
Moderately well differentiated	II	B
Partially differentiated	II	B
Partially well differentiated	I-II	B
Relatively or generally well differentiated	II	B
Only stated as 'Grade II'	II	B
Medium grade, intermediate grade	II-III	C
Moderately poorly undifferentiated	III	C
Moderately undifferentiated	III	C
Poorly differentiated	III	C
Relatively poorly differentiated	III	C
Relatively undifferentiated	III	C
Slightly differentiated	III	C
Dedifferentiated	III	C
Only stated as 'Grade III'	III	C
High grade	III-IV	D
Undifferentiated, anaplastic, not differentiated	IV	D
Only stated as 'Grade IV'	IV	D
Non-high grade		9

Example

When mapping terms CAN be crosswalked to generic 4-grade system

Grade ID 98-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00060	Cervical Lymph Nodes and Unknown Primary	6	Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck
00080	Major Salivary Glands	8	Major Salivary Glands
00090	Nasopharynx	9	Nasopharynx
00100	Oropharynx HPV-Mediated (p16+)	10	Oropharynx HPV-Mediated (p16+)
00140	Mucosal Melanoma of the Head and Neck	14	Mucosal Melanoma of the Head and Neck
00350	Thymus	35	Thymus
00460	Merkel Cell Carcinoma	46	Merkel Cell Carcinoma
00470	Melanoma of the Skin	47	Melanoma of the Skin
00560	Placenta	56	Gestational Trophoblastic Neoplasms
00590	Testis	59	Testis
00660	Melanoma Conjunctiva	66	Chapter 66: Conjunctival Melanoma
00730	Thyroid	73	Thyroid: Differentiated and Anaplastic
00740	Thyroid-Medullary	74	Thyroid: Medullary
00770	NET Adrenal Gland	77	Adrenal Neuroendocrine Tumors

Note 1: Clinical grade must not be blank.

Note 2: Assign the highest grade from the primary tumor assessed during the clinical time frame.

Note 3: Code 9 when

- Grade from primary site is not documented
- Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition)

Note 4: If there is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy, assign as a clinical grade and code unknown (9) for pathological grade, and blank for post-therapy grade.

Code	Grade Description
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

Site uses generic 4 grade system only - with codes A-D

Terms can be used to assign codes A-D

Description	Grade	Assigned Grade Code
Differentiated,NOS	I	A
Well differentiated	I	A
Only stated as 'Grade I'	I	A
Fairly well differentiated	II	B
Intermediate differentiation	II	B
Low grade	I-II	B
Mid differentiated	II	B
Moderately differentiated	II	B
Moderately well differentiated	II	B
Partially differentiated	II	B
Partially well differentiated	I-II	B
Relatively or generally well differentiated	II	B
Only stated as 'Grade II'	II	B
Medium grade, intermediate grade	II-III	C
Moderately poorly undifferentiated	III	C
Moderately undifferentiated	III	C
Poorly differentiated	III	C
Relatively poorly differentiated	III	C
Relatively undifferentiated	III	C
Slightly differentiated	III	C
Dedifferentiated	III	C
Only stated as 'Grade III'	III	C
High grade	III-IV	D
Undifferentiated, anaplastic, not differentiated	IV	D
Only stated as 'Grade IV'	IV	D
Non-high grade		9

Example

When mapping terms **CANNOT** be crosswalked to generic 4-grade system

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00111	Oropharynx (p16-)	11.1	Oropharynx (p16-)
00112	Hypopharynx	11.2	Hypopharynx
00150	Cutaneous Squamous Cell Carcinoma of Head and Neck	15	Cutaneous Squamous Cell Carcinoma of the Head and Neck
00180	Small Intestine	18	Small Intestine
00200	Colon and Rectum	20	Colon and Rectum
00220	Liver	22	Liver
00360	Lung	36	Lung
00370	Pleura	37	Malignant Pleural Mesothelioma
00640	Skin of Eyelid	64	Eyelid Carcinoma
00650	Conjunctiva	65	Conjunctival Carcinoma

- Note 1:** Clinical grade must not be blank.
- Note 2:** Assign the highest grade from the primary tumor assessed during the clinical time frame.
- Note 3:** G4 includes anaplastic.
- Note 4:** Code 9 when
- Grade from primary site is not documented
 - Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition)
 - Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available
- Note 5:** If there is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy, assign as a clinical grade and code unknown (9) for pathological grade, and blank for post-therapy grade.

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

Site uses 4-grade generic categories

However, codes are Numeric

And table does not include generic codes A-D

Description	Grade	Assigned Grade Code
Differentiated, NOS	I	A
Well differentiated	I	A
Only stated as 'Grade I'	I	A
Fairly well differentiated	II	B
Intermediate differentiation	II	B
Low grade	I-II	B
Mid differentiated	II	B
Moderately differentiated	II	B
Moderately well differentiated	II	B
Partially differentiated	II	B
Partially well differentiated	I-II	B
Relatively or generally well differentiated	II	B
Only stated as 'Grade II'	II	B
Medium grade, intermediate grade	II-III	C
Moderately poorly undifferentiated	III	C
Moderately undifferentiated	III	C
Poorly differentiated	III	C
Relatively poorly differentiated	III	C
Relatively undifferentiated	III	C
Slightly differentiated	III	C
Dedifferentiated	III	C
Only stated as 'Grade III'	III	C
High grade	III-IV	D
Undifferentiated, anaplastic, not differentiated	IV	D
Only stated as 'Grade IV'	IV	D
Non-high grade		9

Quick Quiz 3 - Kidney


➤ **Path Report: Right kidney nephrectomy; renal parenchyma tumor c/w low grade renal cell carcinoma, papillary type**

Code	Grade Description (Grade table 18)
1	G1: Nucleoli absent or inconspicuous and basophilic at 400x magnification
2	G2: Nucleoli conspicuous and eosinophilic at 400x magnification, visible but not prominent at 100x magnification
3	G3: Nucleoli conspicuous and eosinophilic at 100x magnification
4	G4: Marked nuclear pleomorphism and/or multinucleate giant cells and/or rhabdoid and/or sarcomatoid differentiation
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

• What is the Pathological Grade?

B


• "low grade" coded to B in generic A-D options per mapping terms list



2018 Grade Manual

Organization
Demo

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2018 Grade Manual

- Primary resource for documentation and coding instructions
- Important to review introductory information:
 - Organization & Suggestions on how to use
 - General Instructions
 - General Rules
 - Background and additional information
- Grade Tables
 - Each Grade table set includes a clinical, pathological and post-therapy table along with their respective coding “notes”
 - Coding “notes” will differ for each grade data item

- Carefully review pages ~18-34
- Reflects info NOT in software notes

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2018 Grade Manual

- Grade Schema ID [Master] Table includes:

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00542	Corpus Adenosarcoma	54	Corpus Uteri-Sarcoma	Corpus Sarcoma (including Adenosarcoma)	Grade 14
00551	Ovary	55	Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma	Ovary and Primary Peritoneal Carcinoma	Grade 15

- Grade tables available in both:
 - Schema ID Order (pgs. 8-12)
 - Alphabetical Order (pgs. 13-17)
- Navigation hyperlinks

[Grade 02](#)



Return to [Grade Tables \(in Schema ID order\)](#)

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2018 Grade Manual

DEMO

Navigation of 2018 Grade Manual

– <https://www.naaccr.org/SSDI/Grade-Manual.pdf>

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Let's Practice Coding Grade

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Quick Quiz 4 – Lung

Use Grade table set **02** to code each data item:

- CT Chest 4cm mass right upper lobe of the lung with extensive hilar & mediastinal LAD. Lung mass Bx confirms anaplastic small cell carcinoma. Patient not a surgical candidate. RX plan Chemo/Radiation.

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

Grade Clinical	4
Grade Pathological	9
Grade Post-Therapy	blank

- Per Clinical Grade Note 3: G4 includes Anaplastic
- Pathological Grade: No surgical resection
- Post-Therapy Grade: No Neoadjuvant Tx – Clinical case only

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Quick Quiz 5 – Prostate

Use Grade table set **17** to code each data item:

- Patient with history of elevated PSA presents for a biopsy of the prostate. Final pathologic diagnosis: Prostatic Adenocarcinoma, Gleason Score 3+3=6. Treatment was discussed and patient elects active surveillance

Code	Grade Description
1	Grade Group 1: Gleason score less than or equal to 6
2	Grade Group 2: Gleason score 7 Gleason pattern 3+4
3	Grade Group 3: Gleason score 7 Gleason pattern 4+3
4	Grade Group 4: Gleason score 8
5	Grade Group 5: Gleason score 9 or 10
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
E	Stated as "Gleason score 7" with no patterns documented or Any Gleason patterns combination equal to 7 not specified in 2 or 3
9	Grade cannot be assessed; Unknown

Grade Clinical	1
Grade Pathological	9
Grade Post-Therapy	blank

- Clinical Grade: Gleason Score of 6 = Grade Group 1, Grade code 1

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Quick Quiz 6 – Bladder

Use Grade table set **19** to code each data item:

- Hx hematuria. Cystoscopy revealed tumor in bladder trigone. Bx confirms high grade papillary urothelial ca with focus of muscle invasion. Pt received neoadjuvant chemo followed by radical cystectomy. Final pathological dx: High grade papillary urothelial ca.

Code	Grade Description	Grade Clinical	Grade Pathological	Grade Post-Therapy
1	G1: Well differentiated	H	9	H
2	G2: Moderately differentiated			
3	G3: Poorly differentiated			
L	LG: Low-grade			
H	HG: High-grade			
9	Grade cannot be assessed (GX); Unknown			

- Clinical grade is "high grade"; Code H; (HG: High-grade)
- Pathological grade is 9; criteria not met- see post-therapy grade
- Post-therapy grade = "high grade" per surgical resection following Neoadjuvant Tx

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Quick Quiz 7 – Prostate

Use Grade table set **17** to code each data item:

- Patient with biopsy proven prostatic adenocarcinoma Gleason score 7 (3+4) presented for a robotic assisted prostatectomy. Final Dx from prostatectomy: Moderately differentiated adenocarcinoma, Gleason 6 (3+3)

Code	Grade Description
1	Grade Group 1: Gleason score less than or equal to 6
2	Grade Group 2: Gleason score 7 Gleason pattern 3+4
3	Grade Group 3: Gleason score 7 Gleason pattern 4+3
4	Grade Group 4: Gleason score 8
5	Grade Group 5: Gleason score 9 or 10
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
E	Stated as "Gleason score 7" with no patterns documented or Any Gleason patterns combination equal to 7 not specified in 2 or 3
9	Grade cannot be assessed; Unknown

Grade Clinical	2
Grade Pathological	2
Grade Post-Therapy	blank

- Pathological Grade Note 2: If clinical grade higher than path grade, use clinical grade for both

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Quick Quiz 8 – Ovary

Use Grade table set **15** table to code each data item:

- Patient with abdominal distension and pain. CT reveals liver mass with abdominal and pelvic ascites. Liver biopsy positive for high grade serous carcinoma c/w ovarian origin.

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated, undifferentiated
B	GB: Borderline Tumor
L	Low grade
H	High grade
9	Grade cannot be assessed (GX); Unknown

Grade Clinical	9
Grade Pathological	9
Grade Post-Therapy	blank

- 1st basic coding rule- Code grade from the primary site, not a metastatic site

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Quick Quiz 9 – Colon

Use Grade table set **02** to code each data item:

- Patient had routine colonoscopy revealing a mass in ascending colon. Bx positive for invasive Mod-diff Adenocarcinoma. Subsequent hemicolectomy final pathologic diagnosis: High grade adenocarcinoma.

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

Grade Clinical	2
Grade Pathological	9
Grade Post-Therapy	blank

- Pathological Grade: High grade not a code option & coding notes provide no special direction in this case; Code grade as 9
- Can't use mapping terms – Generic categories designated with numeric 1-4 codes & no A-D code options

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Quick Quiz 10A – Breast

Use Grade table set **12** to code each data item:

- Patient with left UOQ breast mass 1.0cm; Breast bx positive for invasive Ductal ca Nottingham Grade 1:3-5 points (Tubule formation 2, Nuclear pleomorphism 2, mitotic activity 1). Patient underwent lumpectomy. Final Pathology: Residual DCIS 0.3 cm, intermediate grade. No remaining invasive tumor. 0/1 sentinel LN pos(+). Margins clear.

Grade Clinical	1
Grade Pathological	1
Grade Post-Therapy	blank

- Clinical: Invasive Ductal ca, Grade 1
- General rules direct to code grade from invasive component of tumor
- Pathological Note 2: If clinical grade higher, code clinical Grade for both clinical & path⁵⁰

Quick Quiz 10B – Breast

Use Grade table set **12** to code each data item:

- Mammogram: UOQ breast mass 1.3cm. Breast bx: DCIS, high grade. Patient underwent definitive lumpectomy. Final Pathology: Invasive ductal carcinoma 0.8cm, Nottingham Grade 1:3-5 points; residual DCIS 0.2cm high grade. 0/1 sentinel LN pos(+). Margins clear.

Grade Clinical	H
Grade Pathological	1
Grade Post-Therapy	blank

- Clinical: Only DCIS high grade noted on diagnostic workup & microscopic exam
- Pathological: **Invasive** Ductal Ca identified on surgical specimen, Grade 1;
Per *General Rules*: Code grade for invasive component when both in situ/invasive

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Wrap Up

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Grade 2018

- Grade assigned for every reportable case
 - Even if grade is unknown
- Registrar codes recommended AJCC Grade if used, even when case not eligible for TNM Staging
- If recommended grading system not used, generic grade categories may apply
- If Primary site is unknown, code grade to 9

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Grade 2018

- Grade codes and/or coding instructions vary for each grade data item:
 - Clinical
 - Pathological
 - Post-therapy

} **Based on type of cancer**
- Always read the grade table “notes”
 - Included in software
- **Also read background and additional instructions in Grade manual**
 - *These will not be in your software notes*

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Grade 2018 = Harmonization

Breast Grade Table- AJCC 8th edition

G	G Definition
GX	Grade cannot be assessed
G1	Low combined histologic grade (favorable), SBR score of 3-5 points
G2	Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
G3	High combined histologic grade (unfavorable); BSR score of 8-9 points

Breast Grade- CAP Protocol Checklist

Overall Grade	
<input type="checkbox"/>	Grade 1 (scores of 3, 4, or 5)
<input type="checkbox"/>	Grade 2 (scores of 6 or 7)
<input type="checkbox"/>	Grade 3 (scores of 8 or 9)
<input type="checkbox"/>	Only microinvasion present (not graded)
<input type="checkbox"/>	No residual invasive carcinoma
<input type="checkbox"/>	Score cannot be determined

2018 Breast Grade Table- *excerpt of first 3 codes*

Code	Grade Definition
1	<u>G1</u> : Low combined histologic grade (favorable), SBR score of 3-5 points
2	<u>G2</u> : Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
3	<u>G3</u> : High combined histologic grade (unfavorable);SBR score of 8-9 points

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Grade 2018

- AJCC recommended Grade categories
 - CAP protocol checklist Grade categories
 - Generic Grade definition categories
 - 2018 Grade Coding Tables
- } Harmonized (whenever possible)
- Goals: Improve ease of collecting grade and coding accuracy overall

It's a Good Thing!



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Where can I ask Grade Questions?

- Post your questions to CANswer Forum
- Answers will be from subject matter experts

Home

FORUMS

Directory	Topics	Posts	Last Post
<p>Commission on Cancer Cancer Program Standards This forum is designed to allow constituents to post, view, and answer questions applicable to the CoC Eligibility Requirements and Standards.</p> <p>Sub-Forums:</p> <ul style="list-style-type: none"> Eligibility Requirements (199/438) Chapter 1 Program Management (1,126/2,821) Chapter 2 Clinical Services (126/340) Chapter 3 Continuum of Care Services (608/1,575) Chapter 4 Patient Outcomes (475/1,307) Chapter 5 Data Quality (447/1,214) Cancer Program Categories (6/11) Other (197/417) New Program - Initial CoC Accreditation (11/26) 	3,206	8,161	<p>QA Process Staging with the new Major changes fr... by saraleamorel 03-20-18, 02:41 PM</p>
<p>Site-Specific Data Items/Grade 2018 This is the forum for questions on the Site Specific Data Items and Grade 2018.</p>	20	42	<p>THANK YOU!!! by KayT 03-14-18, 01:23 PM</p>
<p>AJCC TNM Staging 8th Edition This forum provides guidance on AJCC TNM Staging 8th edition, including rules, rationale, and principles of the staging system.</p>	105	292	<p>AJCC webinar - Major Rule Changes by digress 03-20-18, 03:09 PM</p>



Questions?





Thank You

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