



Grade Clinical (c) Time Frame

The grade information we collect is an assessment of the **aggressiveness** of a tumor

GENERAL RULES

- Code grade from the primary tumor only
- Do NOT code grade based on metastatic tumor or recurrence

How do you code Grade if there is no resection of primary tumor?

Grade Clinical

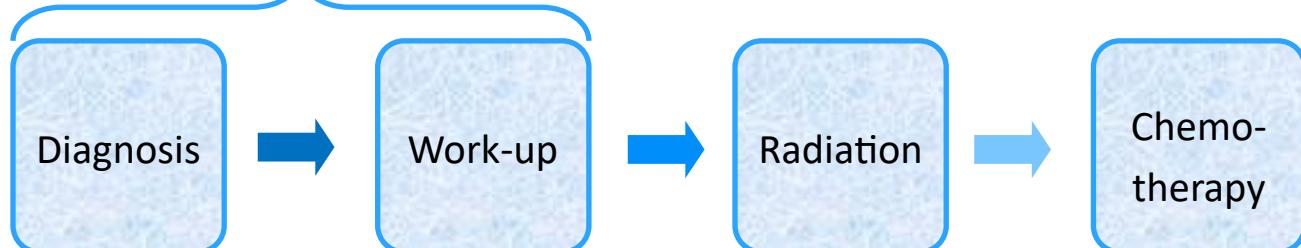
- Code the highest known grade during clinical time frame – usually from a biopsy or FNA.
- Grade Clinical may never be blank.
- Assign clinical grade based on histological information from the primary tumor collected before any treatment such as surgical resection or neoadjuvant therapy, etc.

Example: A patient presents with persistent cough. A CT/Chest showed a mass in the lower lobe right lung. A biopsy of the tumor in the right lung was positive for moderately differentiated adenocarcinoma. Patient was not a surgical candidate. The patient went on to have radiation and chemotherapy.

Grade Data Item	Grade Value
Grade Clinical	2
Grade Pathological	9
Grade Post Therapy Clinical (yc)	blank
Grade Post Therapy Pathological (yp)	blank

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

Clinical (c) Time Frame



Sources: Grade Manual, NAACCR Talks-Grade 8/26/20, NCRA Webinar on Coding Grade 9/22/20



Grade Pathological (p) Time Frame

Grade Pathological

- Code the grade of a solid primary tumor that has been surgically resected and no neoadjuvant therapy was administered during the pathological time frame.
- This may include the grade from the clinical work-up, as all information from diagnosis (clinical staging) through surgical resection is used for pathological staging.
- Grade Pathological may never be blank.

For bladder and prostate, a **TURB** or **TURP** do not qualify for surgical resection.

A cystectomy, (partial or total) or a prostatectomy, must be performed.

Clinical vs Pathological Grade

Sources: Grade Manual, NAACCR Talks-Grade 8/26/20, NCRA Webinar on Coding Grade 9/22/20

Example: Patient presents for colonoscopy and is found to have a mass in the cecum. Biopsy is positive for well differentiated adenocarcinoma. Segmental resection of the cecum is performed. Pathology shows poorly differentiated adenocarcinoma.

Grade Data Item	Grade Value
Grade Clinical	1
Grade Pathological	3
Grade Post Therapy Clinical (yc)	blank
Grade Post Therapy Pathological (yp)	blank

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

Clinical (c) Time Frame

Decision to recommend surgery

Decision to recommend chemotherapy

Diagnosis

Work-up

Surgery

Adjuvant Treatment

Pathological (p) Time Frame
(code the highest known grade during this time period)



Grade Post-Therapy Clinical (yc) Time Frame

Grade Post-Therapy Clinical (yc) New Data Item for cases diagnosed 01/01/2021 and forward

Highest known grade after neoadjuvant treatment, but before surgery of the primary tumor.

(must be microscopically sampled)

- For cases diagnosed 2018-2020, this data item can be left blank.
- Do **NOT** mix information obtained *prior* to neoadjuvant treatment with information obtained *after* neoadjuvant treatment!
- If AJCC staging is being assigned, the tumor must have met the neoadjuvant therapy or primary systemic and radiation therapy requirements in the AJCC manual or according to national treatment guidelines.
- If no neoadjuvant therapy done, then leave Grade Post-Therapy Clinical (yc) blank.
- Code 9 when
 - Microscopic exam is done after neoadjuvant therapy and grade from primary site is not documented.
 - Grade information is not documented.
 - There is no residual disease.

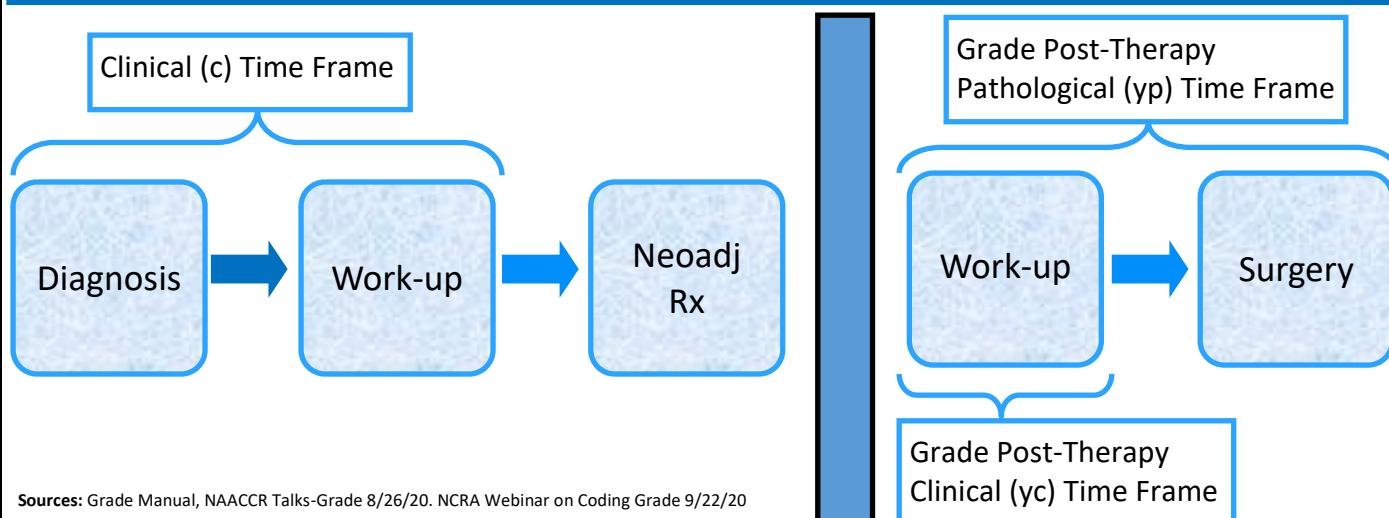
Example: Patient presents with a rectal tumor. A core biopsy shows undifferentiated adenocarcinoma.

Patient received neoadjuvant chemotherapy and radiation. Patient is found to have residual tumor that is biopsied. Pathology shows well differentiated adenocarcinoma. A low anterior resection is performed and the tumor is positive for poorly differentiated adenocarcinoma.

Code Grade Post-Therapy Clinical (yc) - 1

Code Grade Post-Therapy Clinical from the biopsy after neoadjuvant therapy but before the surgery of the primary tumor.

Grade Data Item	Grade Value
Grade Clinical	4
Grade Pathological	9
Grade Post Therapy Clinical (yc)	1
Grade Post Therapy Pathological (yp)	3



Sources: Grade Manual, NAACCR Talks-Grade 8/26/20. NCRA Webinar on Coding Grade 9/22/20



Grade Post-Therapy Pathological (yp) Time Frame

Grade Post-Therapy Pathological (yp) *New name. Previously Grade Post-Therapy*

- Highest known grade after neoadjuvant treatment and surgery to the primary tumor-usually resection or attempted resection of the primary tumor.
- This may include the grade from the clinical work-up, as all information from diagnosis (clinical staging) through surgical
- If no neoadjuvant therapy done, then leave Grade Post-Therapy Pathological (yp) blank.
- Code 9 when
 - Microscopic exam is done after neoadjuvant therapy and grade from primary site is not documented.
 - Grade information is not documented.
 - There is no residual disease.

Grade Post-Therapy Clinical (yc) vs Grade Post-Therapy Pathological (yp)

Example: Patient presents with a 3 cm lump in her right breast. A core needle biopsy is positive for lobular carcinoma Nottingham grade 3 (G3) SBR score 8. The patient received neoadjuvant chemotherapy. Patient returns for a mastectomy. Pathology shows a 1 cm lobular carcinoma Nottingham grade 1 (G1).

Grade Data Item	Grade Value
Grade Clinical	3
Grade Pathological	9
Grade Post Therapy Clin (yc)	blank
Grade Post Therapy Path (yp)	1

Code	Description
1	G1: Low combined histologic grade
2	G2: Intermediate combined histologic grade
3	G3: High combined histologic grade
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (Intermediate) (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

Leave Grade Post-Therapy Clinical (yc) blank.

Patient did receive neoadjuvant treatment but did not have biopsy and microscopic exam of the primary site before going on to have surgery.

Patient does not meet criteria for Grade Post-Therapy Clinical (yc).

Code Grade Post-Therapy Pathological (yp) - 1

Sources: Grade Manual, NAACCR Talks-Grade 8/26/20. NCRA Webinar on Coding Grade 9/22/20



Blank vs Unknown (9)

Grade Post-Therapy Clinical (yc) vs Grade Post-Therapy Pathological (yp)

No Neoadjuvant Therapy			
		Grade yc	Grade yp
No Neoadjuvant Therapy		Blank	Blank

Neoadjuvant Therapy			
		Grade yc	Grade yp
No biopsy of primary tumor	No resection of primary tumor	Blank	Blank
Biopsy of primary tumor, but no grade info	No resection of primary tumor	9	Blank
No biopsy of primary tumor	Resection of primary tumor, but no grade info	Blank	9
Biopsy of primary tumor, but no grade info	Resection of primary tumor, but no grade info	9	9

Example: Patient present for a TURB of a bladder tumor. Pathology shows high-grade papillary urothelial carcinoma with invasion of muscle. Patient has neoadjuvant chemotherapy. A biopsy of the bladder shows high-grade urothelial carcinoma. A radical cystectomy is performed and shows residual low-grade urothelial carcinoma.

Grade Data Item	Grade Value
Grade Clinical	H
Grade Pathological	9
Grade Post Therapy Clinical (yc)	H
Grade Post Therapy Pathological (yp)	H

Code Grade Post-Therapy Clinical (yp) - H

Code Grade Post-Therapy Pathological (yp) - H

Grade Post-Therapy Path (yp) may include the grade from the clinical workup after neoadjuvant therapy, through the surgical resection.

Code	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

Sources: Grade Manual, NAACCR Talks-Grade 8/26/20. NCRA Webinar on Coding Grade 9/22/20