



GRADE 2018

Beginning with cases diagnosed in 2018

Grade Tables

How do you choose 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

Grade – General Coding Instructions

What's the Same?	What's Different?
<p>Basic core coding concepts unchanged:</p> <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 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 diagnosis date is 2018+ • 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

See complete coding instructions in the 2018 Grade manual

Clinical Grade - Coding Guidelines – See individual site-specific Grade tables for additional notes

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)
- Grade checked "not applicable" on CAP Protocol
- If there is only one grade available and it cannot be determined if it is clinical or pathological, assign it as clinical grade and code unknown (9) for pathological grade, and blank for post-therapy grade



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Pathological Grade - Coding Guidelines – See individual site-specific Grade tables for additional notes

- 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, use the grade that was identified during the clinical time frame for both.**
- Note 4:** Code 9 (unknown) when
 - Grade is 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 available

Post-Therapy Grade – Coding Guidelines – See site-specific Grade tables for additional notes

- 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 (unknown) 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.

Grade Table – Breast

Code	Grade Definition	
1	G1: Low combined histologic grade (favorable), SBR score of 3-5 points	Priority Codes for invasive
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score 6-7 points	
3	G3: High combined histologic grade (unfavorable); SBR score of 8-9 points	
L	Nuclear Grade I (Low) (in situ only)	Used when tumor is only in situ
M	Nuclear Grade II (Intermediate) (in situ only)	
H	Nuclear Grade III (High) (in situ only)	
A	Well differentiated	Used when a more specific grade was not determined and path report used these terms for grade
B	Moderately differentiated	
C	Poorly differentiated	
D	Undifferentiated, anaplastic	
9	Grade cannot be assessed (GX); Unknown	



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Template Used to Create Grade Tables

Code	Grade Description	
1	Site-Specific grade system category	Recommended AJCC Grade
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	Urothelial histologies
H	High Grade	
M	Site-Specific grade system category	
S	Site-Specific grade system category	
A	Well differentiated	Generic terms for Grade
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)	

Source: May 1st & 2nd 2018 Webinar-New Grade Coding Rules. It's a Good Thing! Presented by Donna M. Hansen, CTR and Grade Manual <https://www.naaccr.org/SSDI/Grade-Manual.pdf?v=1525810461>