

Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

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Starting with this release, the SSDI task force has included representation from the College of American Pathologists (CAP). CAP participation has allowed us to harmonize data elements between AJCC, NAACCR and the CAP Cancer Protocols (CCPs), and electronic Cancer Checklists (eCCs). Since the terminology on many pathology reports is guided by the latest CPPs and eCCs, the new CAP-consistent language in many of the SSDI value sets and notes will ease the burden of coding current pathology terminology into exact matches with NAACCR value sets. This is part of a broader effort to work towards improving interoperability between EHR data sets and NAACCR SSDIs.

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Grade Coding Instructions

For cases diagnosed 1/1/2018 and later

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Organization of the Grade Coding Instructions and Tables and suggestions for how to use them

The Grade Coding Instructions and Tables (Grade Manual) is the primary resource for documentation and coding instructions for Grade for cases diagnosed on or after January 1, 2018. Before using the Grade Manual as a coding reference, it is important to review the introductory materials and general instructions of the manual carefully. These reflect several important changes in the collection of Grade data items, including use of AJCC-recommended grade tables where applicable and the introduction of Clinical, Pathological and Post Therapy Grade data items.

In order to understand how the Grade Tables are organized in the Grade Manual, you must be familiar with the concept of Schema ID's which is described in the SSDI Manual. A particular Grade Table defines the set of applicable codes for a set of schemas and AJCC Chapters. For example, "Grade ID 01 – Clinical Grade Instructions" defines a single set of codes that apply to clinical grade for 23 Schemas/AJCC Chapters. Similar to the SSDI's, registry software will populate the grade field pick lists for each case with the appropriate grade codes based on the Schema ID, such that once the software is available, the registrar will not have to use the manual to determine which grade codes apply for a particular case.

For registrars who are coding 2018 diagnosed cases before software is available, the Grade Manual provides Grade Table Indexes to assist the registrar in identifying the correct code Tables. These indexes are located at the beginning of the Grade Manual, immediately after the Table of Contents. The first Index provides information sorted in Schema ID # order, which approximates the order of AJCC Chapters, and contains Schema number and name, AJCC Chapter number and name and the Summary Stage Chapter name along with a hyperlink to the appropriate Grade Table. A hyperlink is also provided to [return](#) to the Grade Table (Schema ID order) at the end of the coding instructions for each schema. A second index with similar information and functionality, sorted in alphabetical order by schema name, is also provided.

In addition to understanding the concept and structure of the Grade Tables, it is critically important to review all of the general information included in the Manual. Particular attention should be paid to understanding coding instructions for grade tables where both an AJCC-preferred grade system and the generic grade system are allowable codes, coding guidelines for Clinical, Pathological and Post Therapy grade data items and coding instructions for generic grade categories. Thorough understanding of this material will be necessary in order to code the new Grade Data Items accurately.

Grade Tables (in Schema ID order)

The table below lists the Schema ID/Schema Name Description (also the EOD schema name), AJCC 8th edition chapter and Summary Stage 2018 chapters with the specified grade table

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00060	Cervical Lymph Nodes and Unknown Primary Tumor of the Head and Neck	6	Cervical Lymph Nodes and Unknown Primary Tumors of Head and Neck	Cervical Lymph Nodes and Unknown Primary	Grade 98
00071	Lip	7	Oral Cavity	Lip	Grade 01
00072	Tongue Anterior	7	Oral Cavity	TongueAnterior	Grade 01
00073	Gum	7	Oral Cavity	Gum	Grade 01
00074	Floor of Mouth	7	Oral Cavity	FloorofMouth	Grade 01
00075	Palate Hard	7	Oral Cavity	PalateHard	Grade 01
00076	Buccal Mucosa	7	Oral Cavity	BuccalMucosa	Grade 01
00077	Mouth Other	7	Oral Cavity	MouthOther	Grade 01
00080	Major Salivary Glands	8	Major Salivary Glands	Major Salivary Glands	Grade 98
00090	Nasopharynx	9	Nasopharynx	Nasopharynx	Grade 98
00100	Oropharynx HPV-Mediated (p16+)	10	HPV-Mediated (p16+) Oropharyngeal Cancer	Oropharynx	Grade 98
00111	Oropharynx (p16-)	11	Oropharynx (p16-) and Hypopharynx	Oropharynx	Grade 02
00112	Hypopharynx	11	Oropharynx (p16-) and Hypopharynx	Hypopharynx	Grade 02
00118	Pharynx Other	N/A	N/A	Pharynx Other	Grade 99
00119	Middle Ear	N/A	N/A	Middle Ear	Grade 99
00121	Maxillary Sinus	12	Nasal Cavity and Paranasal Sinus	Nasal Cavity and Paranasal Sinuses	Grade 01
00122	Nasal Cavity and Ethmoid Sinus	12	Nasal Cavity and Paranasal Sinus	Nasal Cavity and Paranasal Sinuses	Grade 01
00128	Sinus Other	N/A	N/A	Sinus Other	Grade 99
00130	Larynx Other	13	Larynx	Larynx Other	Grade 01
00131	Larynx Supraglottic	13	Larynx	Larynx Supraglottic	Grade 01
00132	Larynx Glottic	13	Larynx	Larynx Glottic	Grade 01
00133	Larynx Subglottic	13	Larynx	Larynx Subglottic	Grade 01
00140	Melanoma Head and Neck	14	Mucosal Melanoma of the Head and Neck	Melanoma Head and Neck	Grade 98
00150	Cutaneous Carcinoma of Head and Neck	15	Cutaneous Carcinoma of the Head and Neck	Skin (except Eyelid)	Grade 02
00161	Esophagus (including GE junction) Squamous	16	Esophagus and Esophagogastric Junction	Esophagus (including GE junction)	Grade 03

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00169	Esophagus (including GE junction) (excluding Squamous)	16	Esophagus and Esophagogastric Junction	Esophagus (including GE junction)	Grade 03
00170	Stomach	17	Stomach	Stomach (including NET)	Grade 04
00180	Small Intestine	18	Small Intestine	Small Intestine (including NET)	Grade 02
00190	Appendix	19	Appendix-Carcinoma	Appendix (including NET)	Grade 05
00200	Colon and Rectum	20	Colon and Rectum	Colon and Rectum (including NET)	Grade 02
00210	Anus	21	Anus	Anus	Grade 06
00220	Liver	22	Liver	Liver	Grade 02
00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Duct	Intrahepatic Bile Ducts	Grade 01
00241	Gallbladder	24	Gallbladder	Gallbladder	Grade 01
00242	Cystic Duct	24	Gallbladder	Extrahepatic Bile Ducts	Grade 01
00250	Bile Ducts Perihilar	25	Perihilar Bile Ducts	Extrahepatic Bile Ducts	Grade 01
00260	Bile Ducts Distal	26	Distal Bile Duct	Extrahepatic Bile Ducts	Grade 01
00270	Ampulla Vater	27	Ampulla of Vater	Ampulla Vater (including NET)	Grade 01
00278	Biliary Other	N/A	N/A	Biliary Other	Grade 99
00280	Pancreas	28	Exocrine Pancreas	Pancreas (including NET)	Grade 01
00288	Digestive Other	N/A	N/A	Digestive Other	Grade 99
00290	NET Stomach	29	Neuroendocrine Tumors of the Stomach	Stomach (including NET)	Grade 07
00301	NET Duodenum	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater	Small Intestine (including NET)	Grade 07
00302	NET Ampulla of Vater	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater	Ampulla Vater (including NET)	Grade 07
00310	NET Jejunum and Ileum	31	Neuroendocrine Tumors of the Jejunum and Ileum	Small Intestine (including NET)	Grade 07
00320	NET Appendix	32	Neuroendocrine Tumors of the Appendix	Appendix (including NET)	Grade 07
00330	NET Colon and Rectum	33	Neuroendocrine Tumors of the Colon and Rectum	Colon and Rectum (including NET)	Grade 07
00340	NET Pancreas	34	Neuroendocrine Tumors of the Pancreas	Pancreas (including NET)	Grade 07
00350	Thymus	35	Thymus	Thymus	Grade 98

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00358	Trachea	N/A	N/A	Trachea	Grade 99
00360	Lung	36	Lung	Lung	Grade 02
00370	Pleural Mesothelioma	37	Malignant Pleural Mesothelioma	Pleural Mesothelioma	Grade 02
00378	Respiratory Other	N/A	N/A	Respiratory Other	Grade 99
00381	Bone Appendicular Skeleton	38	Bone	Bone	Grade 08
00382	Bone Spine	38	Bone	Bone	Grade 08
00383	Bone Pelvis	38	Bone	Bone	Grade 08
00400	Soft Tissue Head and Neck	40	Soft tissue sarcoma of the Head and Neck	Soft Tissue	Grade 09
00410	Soft Tissue Trunk and Extremities	41	Soft tissue sarcoma of the Trunk and Extremities	Soft Tissue	Grade 10
00421	Soft Tissue Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	42	Soft tissue sarcoma of the Abdomen and Thoracic Visceral Organs	Soft Tissue	Grade 09
00422	Heart, Mediastinum and Pleura	42	Soft tissue sarcoma of the Abdomen and Thoracic Visceral Organs	Heart, Mediastinum, and Pleura	Grade 09
00430	GIST	43	Gastrointestinal Stromal Tumors	GIST	Grade 11
00440	Retroperitoneum	44	Soft tissue sarcoma of the Retroperitoneum	Retroperitoneum	Grade 10
00450	Soft Tissue Usual Histologies/Sites	45	Soft tissue sarcoma of Unusual Sites and Histologies	Soft Tissue	Grade 09
00458	Kaposi Sarcoma	45	Soft tissue sarcoma of Unusual Sites and Histologies	Kaposi Sarcoma	Grade 09
00460	Merkel Cell Skin	46	Merkel Cell Carcinoma	Merkel Cell Skin	Grade 98
00470	Melanoma Skin	47	Melanoma of the Skin	Melanoma Skin	Grade 98
00478	Skin Other	N/A	N/A	Skin (except Eyelid)	Grade 99
00480	Breast	48	Breast	Breast	Grade 12
00500	Vulva	50	Vulva	Vulva	Grade 01
00510	Vagina	51	Vagina	Vagina	Grade 01
00520	Cervix	52	Cervix Uteri	Cervix	Grade 01
00530	Corpus Carcinoma and Carcinosarcoma	53	Corpus Uteri-Carcinoma and Carcinosarcoma	Corpus Carcinoma and Carcinosarcoma	Grade 13
00541	Corpus Sarcoma	54	Corpus Uteri-Sarcoma	Corpus Sarcoma (including Adenosarcoma)	Grade 13
00542	Corpus Adenosarcoma	54	Corpus Uteri-Sarcoma	Corpus Sarcoma (including Adenosarcoma)	Grade 14

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00551	Ovary	55	Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma	Ovary and Primary Peritoneal Carcinoma	Grade 15
00552	Primary Peritoneal Carcinoma	55	Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma	Ovary and Primary Peritoneal Carcinoma	Grade 15
00553	Fallopian Tube	55	Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma	Fallopian Tube	Grade 15
00558	Adnexa Uterine Other	N/A	N/A	Adnexa Uterine Other	Grade 99
00559	Genital Female Other	N/A	N/A	Genital Female Other	Grade 99
00560	Placenta	56	Gestational Trophoblastic Neoplasms	Placenta	Grade 98
00570	Penis	57	Penis	Penis	Grade 16
00580	Prostate	58	Prostate	Prostate	Grade 17
00590	Testis	59	Testis	Testis	Grade 98
00598	Genital Male Other	N/A	N/A	Genital Male Other	Grade 99
00600	Kidney Parenchyma	60	Kidney	Kidney Parenchyma	Grade 18
00610	Kidney Renal Pelvis	61	Renal Pelvis and Ureter	Kidney Renal Pelvis	Grade 19
00620	Bladder	62	Urinary Bladder	Bladder	Grade 19
00631	Urethra	63	Urethra	Urethra (including prostatic)	Grade 19
00633	Urethra-Prostatic	63	Urethra	Urethra (including prostatic)	Grade 19
00638	Urinary Other	N/A	N/A	Urinary Other	Grade 99
00640	Skin Eyelid	64	Eyelid Carcinoma	Skin Eyelid	Grade 02
00650	Conjunctiva	65	Conjunctival Carcinoma	Conjunctiva	Grade 02
00660	Melanoma Conjunctiva	66	Conjunctival Melanoma	Melanoma Conjunctiva	Grade 98
00671	Melanoma Iris	67	Uveal Melanoma	Melanoma Uvea	Grade 20
00672	Melanoma Choroid and Ciliary Body	67	Uveal Melanoma	Melanoma Uvea	Grade 20
00680	Retinoblastoma	68	Retinoblastoma	Retinoblastoma	Grade 21
00690	Lacrimal Gland	69	Lacrimal Gland Carcinoma	Lacrimal Gland/Sac	Grade 22
00698	Lacrimal Sac	N/A	N/A	Lacrimal Gland/Sac	Grade 99
00700	Orbital Sarcoma	70	Orbital sarcoma	Orbit	Grade 09
00710	Lymphoma Ocular Adnexa	71	Ocular Adnexal Lymphoma	Lymphoma Ocular Adnexa	Grade 23
00718	Eye Other	N/A	N/A	Eye Other	Grade 99
00721	Brain	72	Brain and Spinal Cord	Brain	Grade 24
00722	CNS Other	72	Brain and Spinal Cord	CNS Other	Grade 24
00723	Intracranial Gland	72	Brain and Spinal Cord	Intracranial Gland	Grade 24

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00730	Thyroid	73	Thyroid-Differentiated and Anaplastic Carcinoma	Thyroid (including Medullary)	Grade 98
00740	Thyroid Medullary	74	Thyroid-Medullary	Thyroid (including Medullary)	Grade 98
00750	Parathyroid	75	Parathyroid	Parathyroid	Grade 25
00760	Adrenal Gland	76	Adrenal Cortical Carcinoma	Adrenal Gland (including NET)	Grade 26
00770	NET Adrenal Gland	77	Adrenal-Neuroendocrine Tumors	Adrenal Gland (including NET)	Grade 98
00778	Endocrine Other	N/A	N/A	Endocrine Other	Grade 99
00790	Lymphoma	79, 80	Hodgkin and Non-Hodgkin Lymphoma (<i>Adult and Pediatric chapters</i>)	Lymphoma	Grade 88
00795	Lymphoma-CLL/SLL	79, 80	Hodgkin and Non-Hodgkin Lymphoma (<i>Adult and Pediatric chapters</i>)	Lymphoma	Grade 88
00811	Mycosis Fungoides and Sézary Syndrome	81	Primary Cutaneous Lymphomas	Mycosis Fungoides	Grade 88
00812	Primary Cutaneous Lymphomas: Non-MF/SS	81	Primary Cutaneous Lymphomas	Primary Cutaneous Lymphomas: Non-MF/SS	Grade 88
00821	Plasma Cell Myeloma	82	Plasma Cell Myeloma and Plasma Cell Disorders	Myeloma Plasma Cell Disorder	Grade 88
00822	Plasma Cell Disorders	82	Plasma Cell Myeloma and Plasma Cell Disorders	Myeloma Plasma Cell Disorder	Grade 88
00830	HemeRetic	83	Leukemia	HemeRetic	Grade 88
99999	Ill-Defined Other	N/A	N/A	Ill-Defined Other	Grade 99

Grade Tables (in Alphabetical order of Schema ID name)

The table below lists the Schema ID/Schema Name Description (also the EOD schema name), AJCC 8th edition chapter and Summary Stage 2018 chapters with the specified grade table

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00558	Adnexa Uterine Other	N/A	N/A	Adnexa Uterine Other	Grade 99
00760	Adrenal Gland	76	Adrenal Cortical Carcinoma	Adrenal Gland (including NET)	Grade 26
00270	Ampulla Vater	27	Ampulla of Vater	Ampulla Vater (including NET)	Grade 01
00210	Anus	21	Anus	Anus	Grade 06
00190	Appendix	19	Appendix-Carcinoma	Appendix (including NET)	Grade 05
00260	Bile Ducts Distal	26	Distal Bile Duct	Extrahepatic Bile Ducts	Grade 01
00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Duct	Intrahepatic Bile Ducts	Grade 01
00250	Bile Ducts Perihilar	25	Perihilar Bile Ducts	Extrahepatic Bile Ducts	Grade 01
00278	Biliary Other	N/A	N/A	Biliary Other	Grade 99
00620	Bladder	62	Urinary Bladder	Bladder	Grade 19
00381	Bone Appendicular Skeleton	38	Bone	Bone	Grade 08
00383	Bone Pelvis	38	Bone	Bone	Grade 08
00382	Bone Spine	38	Bone	Bone	Grade 08
00721	Brain	72	Brain and Spinal Cord	Brain	Grade 24
00480	Breast	48	Breast	Breast	Grade 12
00076	Buccal Mucosa	7	Oral Cavity	Buccal Mucosa	Grade 01
00060	Cervical Lymph Nodes and Unknown Primary Tumor of the Head and Neck	6	Cervical Lymph Nodes and Unknown Primary Tumors of Head and Neck	Cervical Lymph Nodes and Unknown Primary	Grade 98
00520	Cervix	52	Cervix Uteri	Cervix	Grade 01
00722	CNS Other	72	Brain and Spinal Cord	CNS Other	Grade 24
00200	Colon and Rectum	20	Colon and Rectum	Colon and Rectum (including NET)	Grade 02
00650	Conjunctiva	65	Conjunctival Carcinoma	Conjunctiva	Grade 02
00542	Corpus Adenosarcoma	54	Corpus Uteri-Sarcoma	Corpus Sarcoma (including Adenosarcoma)	Grade 14
00530	Corpus Carcinoma and Carcinosarcoma	53	Corpus Uteri-Carcinoma and Carcinosarcoma	Corpus Carcinoma and Carcinosarcoma	Grade 13
00541	Corpus Sarcoma	54	Corpus Uteri-Sarcoma	Corpus Sarcoma (including Adenosarcoma)	Grade 13

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00150	Cutaneous Carcinoma of Head and Neck	15	Cutaneous Carcinoma of the Head and Neck	Skin (except Eyelid)	Grade 02
00242	Cystic Duct	24	Gallbladder	Extrahepatic Bile Ducts	Grade 01
00288	Digestive Other	N/A	N/A	Digestive Other	Grade 99
00778	Endocrine Other	N/A	N/A	Endocrine Other	Grade 99
00169	Esophagus (including GE junction) (excluding Squamous)	16	Esophagus and Esophagogastric Junction	Esophagus (including GE junction)	Grade 03
00161	Esophagus (including GE junction) Squamous	16	Esophagus and Esophagogastric Junction	Esophagus (including GE junction)	Grade 03
00718	Eye Other	N/A	N/A	Eye Other	Grade 99
00553	Fallopian Tube	55	Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma	Fallopian Tube	Grade 15
00074	Floor of Mouth	7	Oral Cavity	Floor of Mouth	Grade 01
00241	Gallbladder	24	Gallbladder	Gallbladder	Grade 01
00559	Genital Female Other	N/A	N/A	Genital Female Other	Grade 99
00598	Genital Male Other	N/A	N/A	Genital Male Other	Grade 99
00430	GIST	43	Gastrointestinal Stromal Tumors	GIST	Grade 11
00073	Gum	7	Oral Cavity	Gum	Grade 01
00422	Heart, Mediastinum and Pleura	42	Soft tissue sarcoma of the Abdomen and Thoracic Visceral Organs	Heart, Mediastinum, and Pleura	Grade 09
00830	HemeRetic	83	Leukemia	HemeRetic	Grade 88
00112	Hypopharynx	11	Oropharynx (p16-) and Hypopharynx	Hypopharynx	Grade 02
99999	Ill-Defined Other	N/A	N/A	Ill-Defined Other	Grade 99
00723	Intracranial Gland	72	Brain and Spinal Cord	Intracranial Gland	Grade 24
00458	Kaposi Sarcoma	45	Soft tissue sarcoma of Unusual Sites and Histologies	Kaposi Sarcoma	Grade 09
00600	Kidney Parenchyma	60	Kidney	Kidney Parenchyma	Grade 18
00610	Kidney Renal Pelvis	61	Renal Pelvis and Ureter	Kidney Renal Pelvis	Grade 19
00690	Lacrimal Gland	69	Lacrimal Gland Carcinoma	Lacrimal Gland/Sac	Grade 22
00698	Lacrimal Sac	N/A	N/A	Lacrimal Gland/Sac	Grade 99
00132	Larynx Glottic	13	Larynx	Larynx Glottic	Grade 01
00130	Larynx Other	13	Larynx	Larynx Other	Grade 01
00133	Larynx Subglottic	13	Larynx	Larynx Subglottic	Grade 01
00131	Larynx Supraglottic	13	Larynx	Larynx Supraglottic	Grade 01
00071	Lip	7	Oral Cavity	Lip	Grade 01

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00220	Liver	22	Liver	Liver	Grade 02
00360	Lung	36	Lung	Lung	Grade 02
00790	Lymphoma	79, 80	Hodgkin and Non-Hodgkin Lymphoma (Adult and Pediatric chapters)	Lymphoma	Grade 88
00710	Lymphoma Ocular Adnexa	71	Ocular Adnexal Lymphoma	Lymphoma Ocular Adnexa	Grade 23
00795	Lymphoma-CLL/SLL	79, 80	Hodgkin and Non-Hodgkin Lymphoma (Adult and Pediatric chapters)	Lymphoma	Grade 88
00080	Major Salivary Glands	8	Major Salivary Glands	Major Salivary Glands	Grade 98
00121	Maxillary Sinus	12	Nasal Cavity and Paranasal Sinus	Nasal Cavity and Paranasal Sinuses	Grade 01
00672	Melanoma Choroid and Ciliary Body	67	Uveal Melanoma	Melanoma Uvea	Grade 20
00660	Melanoma Conjunctiva	66	Conjunctival Melanoma	Melanoma Conjunctiva	Grade 98
00140	Melanoma Head and Neck	14	Mucosal Melanoma of the Head and Neck	Melanoma Head and Neck	Grade 98
00671	Melanoma Iris	67	Uveal Melanoma	Melanoma Uvea	Grade 20
00470	Melanoma Skin	47	Melanoma of the Skin	Melanoma Skin	Grade 98
00460	Merkel Cell Skin	46	Merkel Cell Carcinoma	Merkel Cell Skin	Grade 98
00119	Middle Ear	N/A	N/A	Middle Ear	Grade 99
00077	Mouth Other	7	Oral Cavity	Mouth Other	Grade 01
00811	Mycosis Fungoides and Sézary Syndrome	81	Primary Cutaneous Lymphomas	Mycosis Fungoides	Grade 88
00122	Nasal Cavity and Ethmoid Sinus	12	Nasal Cavity and Paranasal Sinus	Nasal Cavity and Paranasal Sinuses	Grade 01
00090	Nasopharynx	9	Nasopharynx	Nasopharynx	Grade 98
00770	NET Adrenal Gland	77	Adrenal-Neuroendocrine Tumors	Adrenal Gland (including NET)	Grade 98
00302	NET Ampulla of Vater	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater	Ampulla Vater (including NET)	Grade 07
00320	NET Appendix	32	Neuroendocrine Tumors of the Appendix	Appendix (including NET)	Grade 07
00330	NET Colon and Rectum	33	Neuroendocrine Tumors of the Colon and Rectum	Colon and Rectum (including NET)	Grade 07
00301	NET Duodenum	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater	Small Intestine (including NET)	Grade 07

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00310	NET Jejunum and Ileum	31	Neuroendocrine Tumors of the Jejunum and Ileum	Small Intestine (including NET)	Grade 07
00340	NET Pancreas	34	Neuroendocrine Tumors of the Pancreas	Pancreas (including NET)	Grade 07
00290	NET Stomach	29	Neuroendocrine Tumors of the Stomach	Stomach (including NET)	Grade 07
00700	Orbital Sarcoma	70	Orbital sarcoma	Orbit	Grade 09
00111	Oropharynx (p16-)	11	Oropharynx (p16-) and Hypopharynx	Oropharynx	Grade 02
00100	Oropharynx HPV-Mediated (p16+)	10	HPV-Mediated (p16+) Oropharyngeal Cancer	Oropharynx	Grade 98
00551	Ovary	55	Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma	Ovary and Primary Peritoneal Carcinoma	Grade 15
00075	Palate Hard	7	Oral Cavity	Palate Hard	Grade 01
00280	Pancreas	28	Exocrine Pancreas	Pancreas (including NET)	Grade 01
00750	Parathyroid	75	Parathyroid	Parathyroid	Grade 25
00570	Penis	57	Penis	Penis	Grade 16
00118	Pharynx Other	N/A	N/A	Pharynx Other	Grade 99
00560	Placenta	56	Gestational Trophoblastic Neoplasms	Placenta	Grade 98
00822	Plasma Cell Disorders	82	Plasma Cell Myeloma and Plasma Cell Disorders	Myeloma Plasma Cell Disorder	Grade 88
00821	Plasma Cell Myeloma	82	Plasma Cell Myeloma and Plasma Cell Disorders	Myeloma Plasma Cell Disorder	Grade 88
00370	Pleural Mesothelioma	37	Malignant Pleural Mesothelioma	Pleural Mesothelioma	Grade 02
00812	Primary Cutaneous Lymphomas: Non-MF/SS	81	Primary Cutaneous Lymphomas	Primary Cutaneous Lymphomas: Non-MF/SS	Grade 88
00552	Primary Peritoneal Carcinoma	55	Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma	Ovary and Primary Peritoneal Carcinoma	Grade 15
00580	Prostate	58	Prostate	Prostate	Grade 17
00378	Respiratory Other	N/A	N/A	Respiratory Other	Grade 99
00680	Retinoblastoma	68	Retinoblastoma	Retinoblastoma	Grade 21
00440	Retroperitoneum	44	Soft tissue sarcoma of the Retroperitoneum	Retroperitoneum	Grade 10
00128	Sinus Other	N/A	N/A	Sinus Other	Grade 99
00640	Skin Eyelid	64	Eyelid Carcinoma	Skin Eyelid	Grade 02
00478	Skin Other	N/A	N/A	Skin (except Eyelid)	Grade 99

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00180	Small Intestine	18	Small Intestine	Small Intestine (including NET)	Grade 02
00421	Soft Tissue Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	42	Soft tissue sarcoma of the Abdomen and Thoracic Visceral Organs	Soft Tissue	Grade 09
00400	Soft Tissue Head and Neck	40	Soft tissue sarcoma of the Head and Neck	Soft Tissue	Grade 09
00410	Soft Tissue Trunk and Extremities	41	Soft tissue sarcoma of the Trunk and Extremities	Soft Tissue	Grade 10
00450	Soft Tissue Usual Histologies/Sites	45	Soft tissue sarcoma of Unusual Sites and Histologies	Soft Tissue	Grade 09
00170	Stomach	17	Stomach	Stomach (including NET)	Grade 04
00590	Testis	59	Testis	Testis	Grade 98
00350	Thymus	35	Thymus	Thymus	Grade 98
00730	Thyroid	73	Thyroid-Differentiated and Anaplastic Carcinoma	Thyroid (including Medullary)	Grade 98
00740	Thyroid Medullary	74	Thyroid-Medullary	Thyroid (including Medullary)	Grade 98
00072	Tongue Anterior	7	Oral Cavity	Tongue Anterior	Grade 01
00358	Trachea	N/A	N/A	Trachea	Grade 99
00631	Urethra	63	Urethra	Urethra (including prostatic)	Grade 19
00633	Urethra-Prostatic	63	Urethra	Urethra (including prostatic)	Grade 19
00638	Urinary Other	N/A	N/A	Urinary Other	Grade 99
00510	Vagina	51	Vagina	Vagina	Grade 01
00500	Vulva	50	Vulva	Vulva	Grade 01

Introduction to 2018 Changes in Grade Coding

Grade is a measure of the aggressiveness of the tumor and an important prognostic indicator for many tumors. Historically, grade in cancer registries has been collected based on a generic 4-grade classification with the following categories.

GRADE, DIFFERENTIATION OR CELL INDICATOR

Item Length: 1

NAACCR Item #: 440

NAACCR Name: Grade

Grade, Differentiation for solid tumors (Codes 1, 2, 3, 4, 9) and Cell Indicator for Lymphoid Neoplasms (Codes 5, 6, 7, 8, 9)

Code	Grade Description
1	Well differentiated
2	Moderately differentiated
3	Poorly differentiated
4	Undifferentiated or anaplastic
5	T-cell; T-precursor cell
6	B-cell; B-precursor cell
7	Null cell; Non-T-non-B
8	NK cell (natural killer cell)
9	Grade unknown, not stated, or not applicable

The same categories were collected for all reportable primary tumors, and categories from systems using two or three grades were converted to the four-grade values.

Beginning with cases diagnosed in 2018, the definition of grade has been expanded, and classification of grade now varies by tumor site and/or histology. The grading system for a cancer type may have two, three, or four grades. No longer will all grades be converted to a four-grade system.

Solid Tumor Grade, Background Information

Microscopic examination of tumor tissue determines the grade of the tumor. Grade can be defined in a number of ways. The most common way to define grade is an assessment of how closely the tumor cells resemble the normal cells of the parent tissue (organ of origin), often referred to as “differentiation.”

Well-differentiated tumor cells closely resemble the normal cells. Poorly differentiated and undifferentiated tumor cells are disorganized and abnormal looking; they bear little (poorly differentiated) or no (undifferentiated) resemblance to the normal cells from which they originated.

These similarities/differences may be based on pattern (architecture), cytology, nuclear (or nucleolar) features, or a combination of these elements, depending upon the grading system that is used. Some grading systems use only pattern, for example Gleason grading in prostate. Others use only a nuclear grade (usually size, amount of chromatin, degree of irregularity, and mitotic activity).

Most systems use a combination of pattern and cytologic and nuclear features; for example, Nottingham’s for breast is based on characteristics of pattern, nuclear size and shape, and mitotic activity.

Pathologists generally describe differentiation using three systems or formats

1. Two levels of differentiation; also called a two-grade system
 - a. Low grade
 - b. High grade
2. Three levels of differentiation; also called a three-grade system
 - a. Grade I, well differentiated
 - b. Grade II, moderately differentiated
 - c. Grade III, poorly differentiated OR poorly differentiated and undifferentiated
3. Four levels of differentiation; also called a four-grade system. The four-grade system describes the tumor as
 - a. Grade I; also called well-differentiated
 - b. Grade II; also called moderately differentiated
 - c. Grade III; also called poorly differentiated
 - d. Grade IV; also called undifferentiated or anaplastic

Site-Specific Grade as Required and Recommended in the *AJCC Cancer Staging Manual*, 8th ed.

Grade is defined in many chapters of the AJCC manual. Grade is also described in Chapter 1 Principles of Cancer Staging. Based on the chapter, the grade system to be used is specified. When no grade system is recommended the generic cancer registry grade categories may be used. Registry software can display the appropriate grade table based on what the registrar enters for primary site, histology and, where applicable, a schema discriminator.

The recommended AJCC grade is required to assign stage group (clinical, pathological and post therapy) for certain tumors. If the recommended AJCC grade is not documented/available, use the generic cancer registry grade categories or another definition of grade if they are listed in the site grade table. When the recommended AJCC grade is not available, it may not be possible to determine the AJCC stage group.

The following AJCC chapters require grade, using the grade table indicated in the parentheses, to assign stage group.

- Chapter 16: Esophagus and Esophagogastric Junction ([Grade 03](#))
- Chapter 19: Appendix ([Grade 05](#))
- Chapter 38: Bone ([Grade 08](#))
- Chapter 41: Soft Tissue Sarcoma of the Trunk and Extremities ([Grade 10](#))
- Chapter 43: Gastrointestinal Stromal Tumor ([Grade 11](#))
- Chapter 44: Soft Tissue Sarcoma of the Retroperitoneum ([Grade 10](#))
- Chapter 48: Breast ([Grade 12](#))
- Chapter 58: Prostate ([Grade 17](#))

Cancer Registry Coding of the Recommended Grades for Solid Tumors

For solid tumors diagnosed 2018 and forward, grade will be collected in three different data items, Grade Clinical, Grade Pathological, and Grade Post Therapy, and the codes and coding instructions will depend on the type of cancer. The revised grade codes are based on the recommended grading systems specified in the relevant chapters of the AJCC 8th edition staging manual and/or the CAP cancer protocols (when applicable). For each AJCC chapter that has a recommended grading system, the categories and definitions can be found in the chapter's grade section. The recommended AJCC grading system for a particular chapter are also used for histologic types of tumors occurring in the relevant organs but not eligible for staging in AJCC 8th edition.

For AJCC chapters for which there is no recommended grading system (for example, chapter 47, Melanoma of the Skin) or for sites for which there is no applicable AJCC chapter (for example, Trachea), the generic cancer registry grade categories used historically will still apply and will be used for all three grade fields.

For cases not eligible for AJCC staging within a specific chapter (for example, a colon case with a specific histology not applicable for staging in chapter 20, Colon and Rectum), grade is still assigned. If the recommended grading system is documented, the registrar is to use that. If a recommended grading system is not documented, the generic cancer registry grade categories apply if they are included in the grade table for that site.

Additionally, if a case/site is eligible for TNM staging, grade is still assigned using the recommended AJCC grade, if documented, even if grade is not necessary to determine the TNM stage group. If the recommended grading system is not documented, then the generic cancer registry grade categories apply if they are included in the grade table for site.

The tables for grade have been re-structured for 2018. There may be a combination of numeric and alphabetic codes within the same table, according to this template.

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
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed; Unknown
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated and anaplastic
E	Site-specific grade system category

Code	Grade Description
H	High grade
L	Low grade
M	Site-specific grade system category
S	Site-specific grade system category
Blank	(Post therapy only)

Codes 1-5, H, L, M, S, and 9 all represent AJCC recommended grading systems.

Categories L and H are applicable for the AJCC recommended grading systems of “low grade” and “high grade” for those cancers for which these are used (e.g. urinary cancers with urothelial histologies). It also includes M for intermediate grade to be used with L and H for breast in situ cancers. S is utilized for sarcomatous overgrowth in corpus uteri adenosarcoma, an AJCC registry data collection variable.

Codes A-E are the generic grade categories (definitions) that have been used by the cancer surveillance community for many years. Codes A-E are not available for all cancers since although many AJCC chapters continue to use the traditional grade terms, many of the chapters now use a three-grade system, instead of the four-grade system.

Cancer Registry Coding of the Cell Indicator or Grade for Hematopoietic and Lymphoid Neoplasms (9590-9992)

Historically the cell lineage indicator (B-cell, T-cell, Null cell, NK-cell) was collected in the Grade data item. Cell lineage indicator/grade for hematopoietic and lymphoid neoplasms will no longer be collected for cases diagnosed 1/1/2018 and forward.

Note: *The Lymphoma Ocular Adnexa chapter in the AJCC manual has a defined grading system for the follicular histologies. Grade is to be assigned to these according to the Lymphoma Ocular Adnexa chapter, chapter 71. The primary sites and follicular histologies included in chapter 71 are as follows.*

- *Applicable primary sites: C441, C690, C695, C696*
- *Applicable histologies: 9690/3, 9691/3, 9695/3, 9698/3*
- *Grade for all other histologies collected in the Lymphoma Ocular Adnexa chapter will be coded to 9*

For cases with histologies 9590/3-9992/3, the clinical and pathological must be coded to '8' and post therapy grade must be blank.

General Grade Coding Instructions for Solid Tumors

Listed below are general guidelines for coding all three new grade data items.

1. Code the grade from the primary tumor only
 - a. Do NOT code grade based on metastatic tumor or recurrence. In the rare instance that tumor tissue extends contiguously to an adjacent site and tissue from the primary site is not available, code grade from the contiguous site
 - b. If primary site is unknown, code grade to 9.
2. If there is more than one grade available for an individual grade data item (i.e. within the same time frame)
 - a. Priority goes to the recommended AJCC grade listed in the applicable AJCC chapter
 - i. If none of the specified grades are from the recommended AJCC grade system, record the highest grade per applicable alternate grade categories for that site.
 - b. If there is no recommended AJCC grade for a particular site, code the highest grade per the applicable grade categories for that site.
3. In situ and/or combined in situ/invasive components:
 - a. If a grade is given for an in situ tumor, code it. Do NOT code grade for dysplasia such as high-grade dysplasia.
 - b. If there are both in situ and invasive components, code only the grade for the invasive portion even if its grade is unknown.
4. Systemic treatment and radiation can alter a tumor's grade. Therefore, it is important to code clinical grade based on information prior to neoadjuvant therapy even if grade is unknown during the clinical timeframe. Grade can now be collected in grade post therapy cases when grade is available from post neoadjuvant surgery

General Instructions for the Time Frames for Grade

The three new grade data items reflect the points in time in the patient's care when grade may be assessed. These are similar to the time frames used for assigning AJCC TNM staging.

Grade Clinical

For the Grade Clinical data item, record the grade of a solid primary tumor before any treatment. Treatment may include surgical resection, systemic therapy, radiation therapy, or neoadjuvant therapy. All surgical procedures are not treatment, e.g. TURB and endoscopic biopsies.

Grade Pathological

For the Grade Pathological data item, record the grade of a solid primary tumor that has been surgically resected and for which no neoadjuvant therapy was administered. If AJCC pathological staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual. This may include the grade from the clinical workup, as all information from diagnosis (clinical staging) through the surgical resection is used for pathological staging.

Grade Post Therapy

For the Grade Post Therapy data item, record the grade of a solid primary tumor that has been resected following neoadjuvant therapy. If AJCC post therapy staging is being assigned, the tumor must have met the surgical resection requirements for yp in the AJCC manual. Neoadjuvant therapy must meet guidelines or standards, and not have been given for variable or unconventional reasons as noted in the AJCC manual.

This data item corresponds to the yp staging period only.

Item-Specific Data Dictionary and Coding Guidelines

Grade Clinical

Item Length: 1

NAACCR Item #: 3843

Description

This data item records the grade of a solid primary tumor before any treatment (surgical resection or initiation of any treatment including neoadjuvant).

For cases diagnosed January 1, 2018 and later, this data item, along with Grade Pathological and Grade Post Neoadjuvant, replaces NAACCR Data Item Grade (#440) as well as SSF's for cancer sites with alternative grading systems (e.g., breast [Bloom-Richardson], prostate [Gleason]).

Rationale

Grade is a measure of the aggressiveness of the tumor. Grade and cell type are important prognostic indicators for many cancers. For some sites, grade is required to assign the clinical stage group.

For those cases that are eligible for AJCC staging, the recommended grading system is specified in the AJCC Chapter. The AJCC Chapter-specific grading systems (codes 1-5, H, L, M, S and 9) take priority over the generic grade definitions (codes A-E). For those cases that are not eligible for AJCC staging, if the recommended grading system is not documented, the generic grade definitions would apply.

Allowable values and format

1-5, 8, 9, A-E, L, H, M, S

Definition

This data item records the grade of a solid primary tumor before any treatment (surgical resection or initiation of any treatment, including neoadjuvant).

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, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

See the individual site-specific Grade Clinical tables for additional notes ([Grade Tables](#))

Grade Pathological

Item Length: 1

NAACCR Item #: 3844

Description

This data item records the grade of a solid primary tumor that has been resected and for which no neoadjuvant therapy was administered. If AJCC staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual. This may include the grade from the clinical workup.

Record the highest grade documented from any microscopic specimen of the primary site whether from the clinical workup or the surgical resection.

For cases diagnosed January 1, 2018 and later, this data item, along with Grade Clinical and Grade Post Neoadjuvant, replaces NAACCR Data Item Grade (#440) as well as SSF's for cancer sites with alternative grading systems (e.g., breast [Bloom-Richardson], prostate [Gleason]).

Rationale

Grade is a measure of the aggressiveness of the tumor. Grade and cell type are important prognostic indicators for many cancers. For some sites, grade is required to assign the pathological stage group.

For those cases that are eligible for AJCC staging, the recommended grading system is specified in the AJCC Chapter. The AJCC Chapter-specific grading systems (codes 1-5, H, L, M, S and 9) take priority over the generic grade definitions (codes A-E). For those cases that are not eligible for AJCC staging, if the recommended grading system is not documented, the generic grade definitions would apply.

Allowable values and format

1-5, 8, 9, A-E, L, H, M, S

Definition

This data item records the grade of a solid primary tumor that has been resected and for which no neoadjuvant therapy was administered.

- If AJCC staging is being assigned, the tumor must meet the surgical resection requirements in the AJCC manual. This may include the grade from the clinical workup.

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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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 the individual site-specific Pathological Grade tables for additional notes ([Grade Tables](#))

Grade Post Therapy

Item Length: 1

NAACCR Item #: 3845

Description

This data item records the grade of a solid primary tumor that has been resected following neoadjuvant therapy. If AJCC staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual.

Record the highest grade documented from the surgical treatment resection specimen of the primary site following neoadjuvant therapy.

For cases diagnosed January 1, 2018 and later, this data item, along with Grade Clinical and Grade Pathological, replaces NAACCR Data Item Grade (#440) as well as SSF's for cancer sites with alternative grading systems (e.g., breast [Bloom-Richardson], prostate [Gleason]).

Rationale

Grade is a measure of the aggressiveness of the tumor. Grade and cell type are important prognostic indicators for many cancers. For some sites, grade is required to assign the post neoadjuvant stage group.

For those cases that are eligible for AJCC staging, the recommended grading system is specified in the AJCC Chapter. The AJCC Chapter-specific grading systems (codes 1-5, H, L, M, S and 9) take priority over the generic grade definitions (codes A-E). For those cases that are not eligible for AJCC staging, if the recommended grading system is not documented, the generic grade definitions would apply.

Allowable values and format

1-5, 8, 9, A-E, L, H, M, S, blank

Definition

This data item records the grade of a solid primary tumor that has been resected following neoadjuvant therapy.

If AJCC staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual.

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
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available

See the individual site-specific Post therapy Grade tables for additional notes ([Grade Tables](#))

Coding Guidelines for Generic Grade Categories

Generic grade categories, which refer to the grade definitions that have been used by the cancer registry field for many years, are used for:

- AJCC chapters where the preferred grading system is not available and the generic grade categories are available
 - e.g., Breast, Prostate, Soft tissue
- AJCC chapters that do not have a recommended grade table
 - e.g., Nasopharynx, Merkel Cell, Melanoma, Thyroid
- Primary sites that do not have an AJCC chapter
 - e.g., Digestive other, Middle ear, Trachea

In years past, these categories were assigned code numbers 1-4. Beginning with cases diagnosed in 2018, registrars will use codes A-D. Numeric codes are being reserved to record grades recommended by AJCC. However, code 9 will continue to be used for unknown for all cases.

Prior to 2018	Description	2018 and forward
1	Well differentiated	A
2	Moderately differentiated	B
3	Poorly differentiated	C
4	Undifferentiated, anaplastic	D
9	Unknown	9

The following table provides mapping from terms that may be used to describe one of the generic 4-grade system A-D categories to an appropriate code for 2018 and later cases.

Note 1: Only use the table below when the appropriate grade table for a cancer uses the generic categories with alphabetic codes A-D, OR for a cancer site which includes codes A-D for when the priority grade system was not used/documented. In addition, do not use the table below for a cancer that uses the generic categories but assigns numeric codes. The latter condition means that the site uses nuclear grading for which the alphabetic codes are not appropriate.

Note 2: Do not use this table to code any priority AJCC recommended grade system terms.

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

Description	Grade	Assigned Grade Code
Medium grade, intermediate grade	II-III	C
Moderately poorly differentiated	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

Grade 01**Grade ID 01-Clinical Grade Instructions**

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00071	Lip	7	Oral Cavity
00072	Tongue Anterior	7	Oral Cavity
00073	Gum	7	Oral Cavity
00074	Floor of Mouth	7	Oral Cavity
00075	Palate Hard	7	Oral Cavity
00076	Buccal Mucosa	7	Oral Cavity
00077	Mouth Other	7	Oral Cavity
00121	Maxillary Sinus	12.1	Maxillary Sinus
00122	Nasal Cavity and Ethmoid Sinus	12.2	Nasal Cavity and Ethmoid Sinus
00130	Larynx Other	13.0	Larynx: Other
00131	Larynx SupraGlottic	13.1	Larynx: Supraglottic
00132	Larynx Glottic	13.2	Larynx: Glottic
00133	Larynx SubGlottic	13.3	Larynx: SubGlottic
00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Ducts
00241	Gallbladder	24	Gallbladder
00242	Cystic Duct	24	Gallbladder
00250	Bile Ducts Perihilar	25	Perihilar Bile Ducts
00260	Bile Ducts Distal	26	Distal Bile Ducts
00270	Ampulla of Vater	27	Ampulla of Vater
00280	Pancreas	28	Exocrine Pancreas
00500	Vulva	50	Vulva
00510	Vagina	51	Vagina
00520	Cervix	52	Cervix Uteri

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: G3 includes undifferentiated and 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated

Code	Grade Description
3	G3: Poorly differentiated
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 01-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00071	Lip	7	Oral Cavity
00072	Tongue Anterior	7	Oral Cavity
00073	Gum	7	Oral Cavity
00074	Floor of Mouth	7	Oral Cavity
00075	Palate Hard	7	Oral Cavity
00076	Buccal Mucosa	7	Oral Cavity
00077	Mouth Other	7	Oral Cavity
00121	Maxillary Sinus	12.1	Maxillary Sinus
00122	Nasal Cavity and Ethmoid Sinus	12.2	Nasal Cavity and Ethmoid Sinus
00130	Larynx Other	13.0	Larynx: Other
00131	Larynx SupraGlottic	13.1	Larynx: Supraglottic
00132	Larynx Glottic	13.2	Larynx: Glottic
00133	Larynx SubGlottic	13.3	Larynx: SubGlottic
00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Ducts
00241	Gallbladder	24	Gallbladder
00242	Cystic Duct	24	Gallbladder
00250	Bile Ducts Perihilar	25	Perihilar Bile Ducts
00260	Bile Ducts Distal	26	Distal Bile Ducts
00270	Ampulla of Vater	27	Ampulla of Vater
00280	Pancreas	28	Exocrine Pancreas
00500	Vulva	50	Vulva
00510	Vagina	51	Vagina
00520	Cervix	52	Cervix Uteri

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: G3 includes undifferentiated and anaplastic.

Note 4: 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

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

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

Grade ID 01-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00071	Lip	7	Oral Cavity
00072	Tongue Anterior	7	Oral Cavity
00073	Gum	7	Oral Cavity
00074	Floor of Mouth	7	Oral Cavity
00075	Palate Hard	7	Oral Cavity
00076	Buccal Mucosa	7	Oral Cavity
00077	Mouth Other	7	Oral Cavity
00121	Maxillary Sinus	12.1	Maxillary Sinus
00122	Nasal Cavity and Ethmoid Sinus	12.2	Nasal Cavity and Ethmoid Sinus
00130	Larynx Other	13.0	Larynx: Other
00131	Larynx SupraGlottic	13.1	Larynx: Supraglottic
00132	Larynx Glottic	13.2	Larynx: Glottic
00133	Larynx SubGlottic	13.3	Larynx: SubGlottic
00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Ducts
00241	Gallbladder	24	Gallbladder
00242	Cystic Duct	24	Gallbladder
00250	Bile Ducts Perihilar	25	Perihilar Bile Ducts
00260	Bile Ducts Distal	26	Distal Bile Ducts
00270	Ampulla of Vater	27	Ampulla of Vater
00280	Pancreas	28	Exocrine Pancreas
00500	Vulva	50	Vulva
00510	Vagina	51	Vagina
00520	Cervix	52	Cervix Uteri

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
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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
9	Grade cannot be assessed (GX); Unknown

Code	Grade Description
Blank	See Note 1

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

Grade 02

Grade ID 02-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00111	Oropharynx (p16-)	11.1	Oropharynx (p16-)
00112	Hypopharynx	11.2	Hypopharynx
00150	Cutaneous Carcinoma of Head and Neck	15	Cutaneous 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then 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

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

Grade ID 02-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00111	Oropharynx (p16-)	11.1	Oropharynx (p16-)
00112	Hypopharynx	11.2	Hypopharynx
00150	Cutaneous Carcinoma of Head and Neck	15	Cutaneous 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: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: G4 includes anaplastic.

Note 4: 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

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

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

Grade ID 02-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00111	Oropharynx (p16-)	11.1	Oropharynx (p16-)
00112	Hypopharynx	11.2	Hypopharynx
00150	Cutaneous Carcinoma of Head and Neck	15	Cutaneous 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: 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: G4 includes anaplastic.

Note 4: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from primary site is not documented
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown; Not applicable (per CAP protocol)
Blank	See Note 1

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

Grade 03

Grade ID 03-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00161	Esophagus (including GE junction) Squamous	16.1	Esophagus and Esophagogastric Junction: Squamous Cell Carcinoma
00169	Esophagus (including GE junction) (excluding Squamous)	16.9	Esophagus and Esophagogastric Junction: Adenocarcinoma

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: G3 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then 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, undifferentiated
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 03-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00161	Esophagus (including GE junction) Squamous	16.1	Esophagus and Esophagogastric Junction: Squamous Cell Carcinoma
00169	Esophagus (including GE junction) (excluding Squamous)	16.9	Esophagus and Esophagogastric Junction: Adenocarcinoma

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: G3 includes anaplastic.

Note 4: 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 5: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- An unknown grade may result in an unknown stage group

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

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

Grade ID 03-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00161	Esophagus (including GE junction) Squamous	16.1	Esophagus and Esophagogastric Junction: Squamous Cell Carcinoma
00169	Esophagus (including GE junction) (excluding Squamous)	16.9	Esophagus and Esophagogastric Junction: 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 anaplastic.

Note 4: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from primary site is not documented
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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, undifferentiated
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 04

Grade ID 04-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00170	Stomach	17	Stomach

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: G3 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then 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, undifferentiated
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 04-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00170	Stomach	17	Stomach

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: G3 includes anaplastic.

Note 4: 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

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

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

Grade ID 04-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00170	Stomach	17	Stomach

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 anaplastic.

Note 4: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from primary site is not documented
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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, undifferentiated
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 05

Grade ID 05-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00190	Appendix	19	Appendix

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: G3 includes undifferentiated and 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Note 6: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- An unknown grade may result in an unknown stage group

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

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

Grade ID 05-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00190	Appendix	19	Appendix

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: G3 includes undifferentiated and anaplastic.

Note 4: 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 5: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- An unknown grade may result in an unknown stage group

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

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

Grade ID 05-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00190	Appendix	19	Appendix

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

Note 5: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 06

Grade ID 06-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00210	Anus	21	Anus

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 L and H.

Note 4: G4 includes anaplastic.

Note 5: 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 6: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
1	G1: Well differentiated (low grade)
2	G2: Moderately differentiated (low grade)
3	G3: Poorly differentiated (high grade)
4	G4: Undifferentiated (high grade)
L	Stated as “low grade” NOS
H	Stated as “high grade” NOS
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 06-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00210	Anus	21	Anus

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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

Note 4: G4 includes anaplastic.

Note 5: 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

Code	Grade Description
1	G1: Well differentiated (low grade)
2	G2: Moderately differentiated (low grade)
3	G3: Poorly differentiated (high grade)
4	G4: Undifferentiated (high grade)
L	Stated as “low grade” NOS
H	Stated as “high grade” NOS
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 06-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00210	Anus	21	Anus

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: Codes 1-4 take priority over L and H.

Note 4: G4 includes anaplastic.

Note 5: Code 9 when

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

Code	Grade Description
1	G1: Well differentiated (low grade)
2	G2: Moderately differentiated (low grade)
3	G3: Poorly differentiated (high grade)
4	G4: Undifferentiated (high grade)
L	Stated as “low grade” NOS
H	Stated as “high grade” NOS
9	Grade cannot be assessed (GX); Unknown; Not applicable (per CAP protocol)
Blank	See Note 1

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

Grade 07

Grade ID 07-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00290	NET Stomach	29	Neuroendocrine Tumors of the Stomach
00301	NET Duodenum	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater
00302	NET Ampulla of Vater	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater
00310	NET Jejunum and Ileum	31	Neuroendocrine Tumors of the Jejunum and Ileum
00320	NET Appendix	32	Neuroendocrine Tumors of the Appendix
00330	NET Colon and Rectum	33	Neuroendocrine Tumors of the Colon and Rectum
00340	NET Pancreas	34	Neuroendocrine Tumors of the Pancreas

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 1-3 take priority over codes 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
1	G1: Mitotic count (per 10 HPF) less than 2 AND Ki-67 index (%) less than 3
2	G2: Mitotic count (per 10 HPF) equal 2-20 OR Ki-67 index (%) equal 3-20
3	G3: Mitotic count (per 10 HPF) greater than 20 OR Ki-67 index (%) greater than 20
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 07-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00290	NET Stomach	29	Neuroendocrine Tumors of the Stomach
00301	NET Duodenum	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater
00302	NET Ampulla of Vater	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater
00310	NET Jejunum and Ileum	31	Neuroendocrine Tumors of the Jejunum and Ileum
00320	NET Appendix	32	Neuroendocrine Tumors of the Appendix
00330	NET Colon and Rectum	33	Neuroendocrine Tumors of the Colon and Rectum
00340	NET Pancreas	34	Neuroendocrine Tumors of the Pancreas

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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

Note 4: 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

Code	Grade Description
1	G1: Mitotic count (per 10 HPF) less than 2 AND Ki-67 index (%) less than 3
2	G2: Mitotic count (per 10 HPF) equal 2-20 OR Ki-67 index (%) equal 3-20
3	G3: Mitotic count (per 10 HPF) greater than 20 OR Ki-67 index (%) greater than 20
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated

Code	Grade Description
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 07-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00290	NET Stomach	29	Neuroendocrine Tumors of the Stomach
00301	NET Duodenum	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater
00302	NET Ampulla of Vater	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater
00310	NET Jejunum and Ileum	31	Neuroendocrine Tumors of the Jejunum and Ileum
00320	NET Appendix	32	Neuroendocrine Tumors of the Appendix
00330	NET Colon and Rectum	33	Neuroendocrine Tumors of the Colon and Rectum
00340	NET Pancreas	34	Neuroendocrine Tumors of the Pancreas

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: Codes 1-3 take priority over codes A-D.

Note 4: Code 9 when

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

Code	Grade Description
1	G1: Mitotic count (per 10 HPF) less than 2 AND Ki-67 index (%) less than 3
2	G2: Mitotic count (per 10 HPF) equal 2-20 OR Ki-67 index (%) equal 3-20
3	G3: Mitotic count (per 10 HPF) greater than 20 OR Ki-67 index (%) greater than 20
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 08

Grade ID 08-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00381	Bone Appendicular Skeleton	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: 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 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
- 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 7: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Note 8: 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

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

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 the highest grade identified, use the grade that was identified during the clinical time frame for both the clinical grade and the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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

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

Grade ID 08-Post Therapy 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: 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 the appropriate grade from a resection done after neoadjuvant therapy.

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

Note 5: Code 1 for stated as “low grade” only.

Note 6: G3 includes undifferentiated and anaplastic.

Note 7: Code 9 when

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

Note 8: 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
Blank	See Note 1

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

Grade 09

Grade ID 09-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00400	Soft Tissues Head and Neck	40	Soft Tissue Sarcoma of the Head and Neck
00421	Soft Tissues Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	42	Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
00422	Heart, Mediastinum and Pleura	42	Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
00450	Soft Tissue Other	45	Soft Tissue Sarcoma-Unusual Histologies and Sites
00458	Kaposi Sarcoma	45	Soft Tissue Sarcoma-Unusual Histologies and Sites
00700	Orbital Sarcoma	70	Orbital Sarcoma

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 1-3 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
1	G1: Sum of differentiation score, mitotic count score and necrosis score equals 2 or 3
2	G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5
3	G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 09-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00400	Soft Tissues Head and Neck	40	Soft Tissue Sarcoma of the Head and Neck
00421	Soft Tissues Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	42	Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
00422	Heart, Mediastinum and Pleura	42	Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
00450	Soft Tissue Other	45	Soft Tissue Sarcoma-Unusual Histologies and Sites
00458	Kaposi Sarcoma	45	Soft Tissue Sarcoma-Unusual Histologies and Sites
00700	Orbital Sarcoma	70	Orbital Sarcoma

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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

Note 4: 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

Code	Grade Description
1	G1: Sum of differentiation score, mitotic count score and necrosis score equals 2 or 3
2	G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5
3	G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 09-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00400	Soft Tissues Head and Neck	40	Soft Tissue Sarcoma of the Head and Neck
00421	Soft Tissues Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	42	Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
00422	Heart, Mediastinum and Pleura	42	Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs
00450	Soft Tissue Other	45	Soft Tissue Sarcoma-Unusual Histologies and Sites
00458	Kaposi Sarcoma	45	Soft Tissue Sarcoma-Unusual Histologies and Sites
00700	Orbital Sarcoma	70	Orbital Sarcoma

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

Note 4: Code 9 when

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

Code	Grade Description
1	G1: Sum of differentiation score, mitotic count score and necrosis score equals 2 or 3
2	G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5
3	G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 10

Grade ID 10-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00410	Soft Tissues Trunk and Extremities	41	Soft Tissue Sarcoma of the Trunk and Extremities
00440	Retroperitoneum	44	Soft Tissue Sarcoma of the Retroperitoneum

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 1-3 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Note 6: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
1	G1: Sum of differentiation score, mitotic count score and necrosis score equals 2 or 3
2	G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5
3	G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 10-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00410	Soft Tissues Trunk and Extremities	41	Soft Tissue Sarcoma of the Trunk and Extremities
00440	Retroperitoneum	44	Soft Tissue Sarcoma of the Retroperitoneum

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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

Note 4: 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 5: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
1	G1: Sum of differentiation score, mitotic count score and necrosis score equals 2 or 3
2	G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5
3	G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 10-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00410	Soft Tissues Trunk and Extremities	41	Soft Tissue Sarcoma of the Trunk and Extremities
00440	Retroperitoneum	44	Soft Tissue Sarcoma of the Retroperitoneum

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

Note 4: Code 9 when

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

Note 5: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
1	G1: Sum of differentiation score, mitotic count score and necrosis score equals 2 or 3
2	G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5
3	G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 11

Grade ID 11-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00430	GIST	43.1	Gastrointestinal Stromal Tumor: Gastric and Omental
00430	GIST	43.2	Gastrointestinal Stromal Tumor: Small Intestinal, Esophageal, Colorectal, Mesenteric, and Peritoneal GIST

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 L and H take priority over A-D.

Note 4: Record the mitotic rate as Low or High as indicated on the pathology report or CAP protocol. Assume the denominator is 5 square mm if not specified.

- Low: 5 or fewer mitoses per 5 square mm (L)
- High: Over 5 mitoses per 5 square mm (H)

Note 5: 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 6: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

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

- Grade is required to assign stage group
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
L	Low: 5 or fewer mitoses per 5 square mm
H	High: Over 5 mitoses per 5 square mm
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

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

Grade ID 11-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00430	GIST	43.1	Gastrointestinal Stromal Tumor: Gastric and Omental
00430	GIST	43.2	Gastrointestinal Stromal Tumor: Small Intestinal, Esophageal, Colorectal, Mesenteric, and Peritoneal GIST

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: Codes L and H take priority over A-D.

Note 4: Record the mitotic rate as Low or High as indicated on the pathology report or CAP protocol. Assume the denominator is 5 square mm if not specified.

- Low: 5 or fewer mitoses per 5 square mm (L)
- High: Over 5 mitoses per 5 square mm (H)

Note 5: 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 (mitotic rate) 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 6: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
L	Low: 5 or fewer mitoses per 5 square mm
H	High: Over 5 mitoses per 5 square mm
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

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

Grade ID 11-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00430	GIST	43.1	Gastrointestinal Stromal Tumor: Gastric and Omental
00430	GIST	43.2	Gastrointestinal Stromal Tumor: Small Intestinal, Esophageal, Colorectal, Mesenteric, and Peritoneal GIST

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: Codes L and H take priority over A-D.

Note 4: Record the mitotic rate as Low or High as indicated on the pathology report or CAP protocol. Assume the denominator is 5 square mm if not specified.

- Low: 5 or fewer mitoses per 5 square mm (L)
- High: Over 5 mitoses per 5 square mm (H)

Note 5: Code 9 when

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

Note 6: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
L	Low: 5 or fewer mitoses per 5 square mm
H	High: Over 5 mitoses per 5 square mm
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown
Blank	See Note 1

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

Grade 12

Grade ID 12-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00480	Breast	48.1	Breast: DCIS and Paget
00480	Breast	48.2	Breast: Invasive Breast Cancers

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: Priority order for codes

- Invasive cancers: codes 1-3 take priority over A-D.
- In situ cancers: codes L, M, H take priority over A-D

Note 4: Scarff-Bloom-Richardson (SBR) score is used for grade. SBR is also referred to as: Bloom-Richardson, Nottingham, Nottingham modification of Bloom-Richardson score, Nottingham modification, Nottingham-Tenovus grade, or Nottingham score.

Note 5: All invasive breast carcinomas should be assigned a histologic grade. The Nottingham combined histologic grade (Nottingham modification of the SBR grading system) is recommended. The grade for a tumor is determined by assessing morphologic features (tubule formation, nuclear pleomorphism, and mitotic count), assigning a value from 1 (favorable) to 3 (unfavorable) for each feature, and totaling the scores for all three categories. A combined score of 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3.

- Do not calculate the score unless all three components are available

Note 6: 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 7: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

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

- Grade is required to assign stage group
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
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 (interMediate) (in situ only)

Code	Grade Description
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

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

Grade ID 12-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00480	Breast	48.1	Breast: DCIS and Paget
00480	Breast	48.2	Breast: Invasive Breast Cancers

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: Priority order for codes

- Invasive cancers: codes 1-3 take priority over A-D.
- In situ cancers: codes L, M, H take priority over A-D

Note 4: Scarff-Bloom-Richardson (SBR) score is used for grade. SBR is also referred to as: Bloom-Richardson, Nottingham, Nottingham modification of Bloom-Richardson score, Nottingham modification, Nottingham-Tenovus grade, or Nottingham score.

Note 5: All invasive breast carcinomas should be assigned a histologic grade. The Nottingham combined histologic grade (Nottingham modification of the SBR grading system) is recommended. The grade for a tumor is determined by assessing morphologic features (tubule formation, nuclear pleomorphism, and mitotic count), assigning a value from 1 (favorable) to 3 (unfavorable) for each feature, and totaling the scores for all three categories. A combined score of 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3.

- Do not calculate the score unless all three components are available

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
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
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 (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 (GX); Unknown

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

Grade ID 12-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00480	Breast	48.1	Breast: DCIS and Paget
00480	Breast	48.2	Breast: Invasive Breast Cancers

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: Priority order for codes

- Invasive cancers: codes 1-3 take priority over A-D.
- In situ cancers: codes L, M, H take priority over A-D

Note 4: Scarff-Bloom-Richardson (SBR) score is used for grade. SBR is also referred to as: Bloom-Richardson, Nottingham, Nottingham modification of Bloom-Richardson score, Nottingham modification, Nottingham-Tenovus grade, or Nottingham score.

Note 5: All invasive breast carcinomas should be assigned a histologic grade. The Nottingham combined histologic grade (Nottingham modification of the SBR grading system) is recommended. The grade for a tumor is determined by assessing morphologic features (tubule formation, nuclear pleomorphism, and mitotic count), assigning a value from 1 (favorable) to 3 (unfavorable) for each feature, and totaling the scores for all three categories. A combined score of 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3.

- Do not calculate the score unless all three components are available

Note 6: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

Code	Grade Description
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 (interMediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)

Code	Grade Description
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 13

Grade ID 13-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00530	Corpus Carcinoma and Carcinosarcoma	53	Corpus Uteri-Carcinoma and Carcinosarcoma
00541	Corpus Sarcoma	54.1	Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

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: G3 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
1	G1 FIGO Grade 1 G1: Well differentiated
2	G2 FIGO Grade 2 G2: Moderately differentiated
3	G3 FIGO Grade 3 G3: Poorly differentiated or undifferentiated
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 13-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00530	Corpus Carcinoma and Carcinosarcoma	53	Corpus Uteri-Carcinoma and Carcinosarcoma
00541	Corpus Sarcoma	54.1	Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: G3 includes anaplastic.

Note 4: 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

Code	Grade Description
1	G1 FIGO Grade 1 G1: Well differentiated
2	G2 FIGO Grade 2 G2: Moderately differentiated
3	G3 FIGO Grade 3 G3: Poorly differentiated or undifferentiated
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 13-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00530	Corpus Carcinoma and Carcinosarcoma	53	Corpus Uteri-Carcinoma and Carcinosarcoma
00541	Corpus Sarcoma	54.1	Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

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 anaplastic.

Note 4: Code 9 when

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

• Code	Grade Description
1	G1 FIGO Grade 1 G1: Well differentiated
2	G2 FIGO Grade 2 G2: Moderately differentiated
3	G3 FIGO Grade 3 G3: Poorly differentiated or undifferentiated
9	Grade cannot be assessed (GX); Unknown

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

Grade 14

Grade ID 14-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00542	Corpus Adenosarcoma	54.2	Corpus Uteri: Adenosarcoma

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: G3 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then 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 or undifferentiated
L	Low grade
H	High grade
S	Sarcomatous overgrowth
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 14-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00542	Corpus Adenosarcoma	54.2	Corpus Uteri: Adenosarcoma

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: G3 includes anaplastic.

Note 4: 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

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated or undifferentiated
L	Low grade
H	High grade
S	Sarcomatous overgrowth
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 14-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00542	Corpus Adenosarcoma	54.2	Corpus Uteri: Adenosarcoma

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 anaplastic.

Note 4: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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 or undifferentiated
L	Low grade
H	High grade
S	Sarcomatous overgrowth
9	Grade cannot be assessed (GX); Unknown;
Blank	See Note 1

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

Grade 15

Grade ID 15-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00551	Ovary	55	Ovary, Fallopian Tube, and Primary Peritoneal
00552	Primary Peritoneal Carcinoma	55	Ovary, Fallopian Tube, and Primary Peritoneal
00553	Fallopian Tube	55	Ovary, Fallopian Tube, and Primary Peritoneal

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: The grading system for this chapter is based on histology

- Immature teratomas and serous carcinomas, codes L and H, otherwise code 9
- All other histologies: Code 1-3 if a nuclear grade is documented, otherwise code 9
- If your registry collects ovarian borderline tumors (/1), code “B” for grade

Note 4: G3 includes anaplastic.

Note 5: 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 6: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then 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, undifferentiated
B	GB: Borderline Tumor
L	Low grade
H	High grade
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 15-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00551	Ovary	55	Ovary, Fallopian Tube, and Primary Peritoneal
00552	Primary Peritoneal Carcinoma	55	Ovary, Fallopian Tube, and Primary Peritoneal
00553	Fallopian Tube	55	Ovary, Fallopian Tube, and Primary Peritoneal

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: The grading system for this chapter is based on histology

- Immature teratomas and serous carcinomas, codes L and H, otherwise code 9
- All other histologies: Code 1-3 if a nuclear grade is documented, otherwise code 9
- If your registry collects ovarian borderline tumors (/1), code “B” for grade

Note 4: G3 includes anaplastic.

Note 5: 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

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

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

Grade ID 15-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00551	Ovary	55	Ovary, Fallopian Tube, and Primary Peritoneal
00552	Primary Peritoneal Carcinoma	55	Ovary, Fallopian Tube, and Primary Peritoneal
00553	Fallopian Tube	55	Ovary, Fallopian Tube, and Primary Peritoneal

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: The grading system for this chapter is based on histology

- Immature teratomas and serous carcinomas, codes L and H, otherwise code 9
- All other histologies: Code 1-3 if a nuclear grade is documented, otherwise code 9
- If your registry collects ovarian borderline tumors (/1), code “B” for grade

Note 4: G3 includes anaplastic.

Note 5: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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, undifferentiated
B	GB: Borderline Tumor
L	Low grade
H	High grade
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 16

Grade ID 16-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00570	Penis	57	Penis

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: G3 includes undifferentiated and 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then 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/high grade
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 16-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00570	Penis	57	Penis

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: G3 includes undifferentiated and anaplastic.

Note 4: 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

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated/high grade
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 16-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00570	Penis	57	Penis

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
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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/high grade
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 17

Grade ID 17-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00580	Prostate	58	Prostate

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 1-5 take priority over A-E.

Note 4: For prostate, a TURP qualifies for a clinical grade only.

Note 5: 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 6: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

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

- Grade is required to assign stage group
- Codes A-E are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

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

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

Grade ID 17-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00580	Prostate	58	Prostate

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: Codes 1-5 take priority over A-E.

Note 4: For prostate, a TURP does not qualify for surgical resection. A prostatectomy must be performed.

Note 5: 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 6: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- Codes A-E are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

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

Code	Grade Description
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

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

Grade ID 17-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00580	Prostate	58	Prostate

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: Codes 1-5 take priority over A-E.

Note 4: Code 9 when

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

Note 5: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- Codes A-E are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

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
Blank	See Note 1

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

Grade 18

Grade ID 18-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00600	Kidney	60	Kidney

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 codes A-D.

Note 4: The Fuhrman grade is no longer used for coding grade for Kidney cancers. The WHO/ISUP grade is now used. If the Fuhrman grade is documented, code 9.

Note 5: 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 6: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
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

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

Grade ID 18-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00600	Kidney	60	Kidney

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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

Note 4: The Fuhrman grade is no longer used for coding grade for Kidney cancers. The WHO/ISUP grade is now used. If the Fuhrman grade is documented, code 9.

Note 5: 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

Code	Grade Description
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

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

Grade ID 18-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00600	Kidney	60	Kidney

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: Codes 1-4 take priority over codes A-D.

Note 4: The Fuhrman grade is no longer used for coding grade for Kidney cancers. The WHO/ISUP grade is now used. If the Fuhrman grade is documented, code 9.

Note 5: Code 9 when

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

Code	Grade Description
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
Blank	See Note 1

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

Grade 19

Grade ID 19-Clinical Grade Instructions

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

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: Priority order for codes

- Urothelial cancers: use codes L, H and 9
 - If only G1-G3 are documented, code 9
- Adenocarcinomas and Squamous Cell Carcinomas: use codes 1-3, 9
 - If only L or H are documented, code 9

Note 4: G3 includes undifferentiated and anaplastic.

Note 5: For bladder, a TURB qualifies for a clinical grade only.

Note 6: 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 7: 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
L	LG: Low-grade
H	HG: High-grade
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 19-Pathological Grade Instructions

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

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: Priority order for codes

- Urothelial cancers: use codes L, H and 9
 - If only G1-G3 are documented, code 9
- Adenocarcinomas and Squamous Cell Carcinomas: use codes 1-3, 9
 - If only L or H are documented, code 9

Note 4: G3 includes undifferentiated and anaplastic.

Note 5: For bladder, a TURB does not qualify for surgical resection. A cystectomy, or partial cystectomy, must be performed

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

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

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

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
00610	Kidney Renal Pelvis	61.2	Renal Pelvis and Ureter: Squamous Cell Carcinoma and Adenocarcinoma
00620	Bladder	62.1	Urinary Bladder: Urothelial Carcinomas
00620	Bladder	62.2	Urinary Bladder: Squamous Cell Carcinoma and Adenocarcinoma
00631	Urethra	63.1	Urothelial Male Penile Urethra and Female Urethra
00631	Urethra	63.2	Squamous Male Penile Urethra and Female Urethra
00633	Urethra-Prostatic	63.3	Prostatic Urethra: Urothelial Carcinomas
00633	Urethra-Prostatic	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: Priority order for codes

- Urothelial cancers: use codes L, H and 9
 - If only G1-G3 are documented, code 9
- Adenocarcinomas and Squamous Cell Carcinomas: use codes 1-3, 9
 - If only L or H are documented, code 9

Note 4: G3 includes undifferentiated and anaplastic.

Note 5: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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

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

Grade 20

Grade ID 20-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00671	Melanoma Iris	67.1	Uvea: Iris Melanomas
00672	Melanoma Choroid and Ciliary Body	67.2	Uvea: Choroid and Ciliary Body Melanomas

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 1-3 take priority over A-D.

Note 4: For this grading system, the CAP Checklist refers to this as “histologic type,” instead of grade.

Note 5: 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 6: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
1	G1: Spindle cell melanoma (>90% spindle cells)
2	G2: Mixed cell melanoma (>10% epithelioid cells and <90% spindle cells)
3	G3: Epithelioid cell melanoma (>90% epithelioid cells)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 20-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00671	Melanoma Iris	67.1	Uvea: Iris Melanomas
00672	Melanoma Choroid and Ciliary Body	67.2	Uvea: Choroid and Ciliary Body Melanomas

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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

Note 4: For this grading system, the CAP Checklist refers to this as “histologic type,” instead of grade.

Note 5: 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

Code	Grade Description
1	G1: Spindle cell melanoma (>90% spindle cells)
2	G2: Mixed cell melanoma (>10% epithelioid cells and <90% spindle cells)
3	G3: Epithelioid cell melanoma (>90% epithelioid cells)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 20-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00671	Melanoma Iris	67.1	Uvea: Iris Melanomas
00672	Melanoma Choroid and Ciliary Body	67.2	Uvea: Choroid and Ciliary Body Melanomas

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

Note 4: For this grading system, the CAP Checklist refers to this as “histologic type,” instead of grade.

Note 5: Code 9 when

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

Code	Grade Description
1	G1: Spindle cell melanoma (>90% spindle cells)
2	G2: Mixed cell melanoma (>10% epithelioid cells and <90% spindle cells)
3	G3: Epithelioid cell melanoma (>90% epithelioid cells)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 21

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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then 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

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

Grade ID 21-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00680	Retinoblastoma	68	Retinoblastoma

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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

Note 4: 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

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

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

Grade ID 21-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00680	Retinoblastoma	68	Retinoblastoma

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

Note 4: Code 9 when

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

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
Blank	See Note 1

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

Grade 22

Grade ID 22-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00690	Lacrimal Gland	69	Lacrimal Gland 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: Codes 1-3 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated: includes adenoid cystic carcinoma without basaloid (solid) pattern
3	G3: Poorly differentiated: includes adenoid cystic carcinoma with basaloid (solid) pattern
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 22-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00690	Lacrimal Gland	69	Lacrimal Gland Carcinoma

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

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

Note 4: 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

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated: includes adenoid cystic carcinoma without basaloid (solid) pattern
3	G3: Poorly differentiated: includes adenoid cystic carcinoma with basaloid (solid) pattern
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

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

Grade ID 22-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00690	Lacrimal Gland	69	Lacrimal Gland Carcinoma

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

Note 4: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- 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: includes adenoid cystic carcinoma without basaloid (solid) pattern
3	G3: Poorly differentiated: includes adenoid cystic carcinoma with basaloid (solid) pattern
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

Grade 23

Grade ID 23-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00710	Lymphoma Ocular Adnexa	71	Ocular Adnexal Lymphoma

Note 1: Grade is applicable for the follicular lymphomas only (9690/3, 9691/3, 9695/3, 9698/3). For all other lymphoma histologies, code 9.

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: Follicular lymphoma grade is based on the absolute number of centroblasts per high-power (40 x objective, 0.159 square mm) microscopic field (HPF).

Note 5: Codes 1-5 take priority over L.

Note 6: 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 7: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
1	G1: 0–5 centroblasts per HPF
2	G2: 6-15 centroblasts per HPF
3	G3: > 15 centroblasts
4	G3A: >15 centroblasts per HPF and centrocytes present
5	G3B: > 15 centroblasts per HPF and solid sheets of centroblasts
L	Low grade: Grade 1-2
9	Grade cannot be assessed (GX); Unknown Not a follicular histology (9690/3, 9691/3, 9695/3, 9698/3)

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

Grade ID 23-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00710	Lymphoma Ocular Adnexa	71	Ocular Adnexal Lymphoma

Note 1: Grade is applicable for the follicular lymphomas only (9690/3, 9691/3, 9695/3, 9698/3). For all other lymphoma histologies, code 9.

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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 4: Follicular lymphoma grade is based on the absolute number of centroblasts per high-power (40 x objective, 0.159 square mm) microscopic field (HPF).

Note 5: Codes 1-5 take priority over L.

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

Code	Grade Description
1	G1: 0–5 centroblasts per HPF
2	G2: 6-15 centroblasts per HPF
3	G3: > 15 centroblasts
4	G3A: >15 centroblasts per HPF and centrocytes present
5	G3B: > 15 centroblasts per HPF and solid sheets of centroblasts
L	Low grade: Grade 1-2
9	Grade cannot be assessed (GX); Unknown Not a follicular histology (9690/3, 9691/3, 9695/3, 9698/3)

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

Grade ID 23-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00710	Lymphoma Ocular Adnexa	71	Ocular Adnexal Lymphoma

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: Grade is applicable for the follicular lymphomas only (9690/3, 9691/3, 9695/3, 9698/3). For all other lymphoma histologies, code 9.

Note 3: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 4: Follicular lymphoma grade is based on the absolute number of centroblasts per high-power (40 x objective, 0.159 square mm) microscopic field (HPF).

Note 5: Codes 1-5 take priority over L.

Note 6: Code 9 when

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

Code	Grade Description
1	G1: 0–5 centroblasts per HPF
2	G2: 6-15 centroblasts per HPF
3	G3: > 15 centroblasts
4	G3A: >15 centroblasts per HPF and centrocytes present
5	G3B: > 15 centroblasts per HPF and solid sheets of centroblasts
L	Low grade: Grade 1-2
9	Grade cannot be assessed (GX); Unknown Not a follicular histology (9690/3, 9691/3, 9695/3, 9698/3)
Blank	See Note 1

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

Grade 24

Grade ID 24-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00721	Brain	72	Brain and Spinal Cord
00722	CNS Other	72	Brain and Spinal Cord
00723	Intracranial Gland	72	Brain and Spinal Cord

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, L and H.

Note 4: CNS WHO classifications use a grading scheme that is a “malignancy scale” ranging across a wide variety of neoplasms rather than a strict histologic grading system that can be applied equally to all tumor types.

- Code the WHO grading system for selected tumors of the CNS as noted in the AJCC 8th edition Table 72.2 where WHO grade is not documented in the record

Note 5: 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 6: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
1	WHO Grade I: Circumscribed tumors of low proliferative potential associated with the possibility of cure following resection
2	WHO Grade II: Infiltrative tumors with low proliferative potential with increased risk of recurrence
3	WHO Grade III: Tumors with histologic evidence of malignancy, including nuclear atypia and mitotic activity, associated with an aggressive clinical course
4	WHO Grade IV: Tumors that are cytologically malignant, mitotically active, and associated with rapid clinical progression and potential for dissemination
L	Stated as “low grade” NOS
H	Stated as “high grade” NOS
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

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

Grade ID 24-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00721	Brain	72	Brain and Spinal Cord
00722	CNS Other	72	Brain and Spinal Cord
00723	Intracranial Gland	72	Brain and Spinal Cord

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: Codes 1-4 take priority over A-D, L and H.

Note 4: CNS WHO classifications use a grading scheme that is a “malignancy scale” ranging across a wide variety of neoplasms rather than a strict histologic grading system that can be applied equally to all tumor types.

- Code the WHO grading system for selected tumors of the CNS as noted in the AJCC 8th edition Table 72.2 where WHO grade is not documented in the record

Note 5: 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

Code	Grade Description
1	WHO Grade I: Circumscribed tumors of low proliferative potential associated with the possibility of cure following resection
2	WHO Grade II: Infiltrative tumors with low proliferative potential with increased risk of recurrence
3	WHO Grade III: Tumors with histologic evidence of malignancy, including nuclear atypia and mitotic activity, associated with an aggressive clinical course
4	WHO Grade IV: Tumors that are cytologically malignant, mitotically active, and associated with rapid clinical progression and potential for dissemination
L	Stated as “low grade” NOS
H	Stated as “high grade” NOS
A	Well differentiated

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

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

Grade ID 24-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00721	Brain	72	Brain and Spinal Cord
00722	CNS Other	72	Brain and Spinal Cord
00723	Intracranial Gland	72	Brain and Spinal Cord

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: Codes 1-4 take priority over A-D, L and H.

Note 4: CNS WHO classifications use a grading scheme that is a “malignancy scale” ranging across a wide variety of neoplasms rather than a strict histologic grading system that can be applied equally to all tumor types.

- Code the WHO grading system for selected tumors of the CNS as noted in the AJCC 8th edition Table 72.2 where WHO grade is not documented in the record

Note 5: Code 9 when

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

Code	Grade Description
1	WHO Grade I: Circumscribed tumors of low proliferative potential associated with the possibility of cure following resection
2	WHO Grade II: Infiltrative tumors with low proliferative potential with increased risk of recurrence
3	WHO Grade III: Tumors with histologic evidence of malignancy, including nuclear atypia and mitotic activity, associated with an aggressive clinical course
4	WHO Grade IV: Tumors that are cytologically malignant, mitotically active, and associated with rapid clinical progression and potential for dissemination
L	Stated as “low grade” NOS
H	Stated as “high grade” NOS
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown
Blank	See Note 1

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

Grade 25

Grade ID 25-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00750	Parathyroid	75	Parathyroid

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 L and H 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
L	LG: Low grade: round monomorphic nuclei with only mild to moderate nuclear size variation, indistinct nucleoli, and chromatin characteristics resembling those of normal parathyroid or of adenoma
H	HG: High grade: more pleomorphism, with a nuclear size variation greater than 4:1; prominent nuclear membrane irregularities; chromatin alterations, including hyperchromasia or margination of chromatin; and prominent nucleoli. High-grade tumors show several discrete confluent areas with nuclear changes.
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

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

Grade ID 25-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00750	Parathyroid	75	Parathyroid

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: Codes L and H take priority over A-D.

Note 4: 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

Code	Grade Description
L	LG: Low grade: round monomorphic nuclei with only mild to moderate nuclear size variation, indistinct nucleoli, and chromatin characteristics resembling those of normal parathyroid or of adenoma
H	HG: High grade: more pleomorphism, with a nuclear size variation greater than 4:1; prominent nuclear membrane irregularities; chromatin alterations, including hyperchromasia or margination of chromatin; and prominent nucleoli. High-grade tumors show several discrete confluent areas with nuclear changes.
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed

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

Grade ID 25-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00750	Parathyroid	75	Parathyroid

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: Codes L and H take priority over A-D.

Note 4: Code 9 when

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

Code	Grade Description
L	LG: Low grade: round monomorphic nuclei with only mild to moderate nuclear size variation, indistinct nucleoli, and chromatin characteristics resembling those of normal parathyroid or of adenoma
H	HG: High grade: more pleomorphism, with a nuclear size variation greater than 4:1; prominent nuclear membrane irregularities; chromatin alterations, including hyperchromasia or margination of chromatin; and prominent nucleoli. High-grade tumors show several discrete confluent areas with nuclear changes.
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown
Blank	See Note 1

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

Grade 26

Grade ID 26-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00760	Adrenal Gland	76	Adrenal Gland 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: Codes L, H and M 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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Code	Grade Description
L	LG: Low grade (≤ 20 mitoses per 50 HPF)
H	HG: High grade (> 20 mitosis per 50 HPF)
M	TP53 or CTNNB Mutation
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

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

Grade ID 26-Pathological Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00760	Adrenal Gland	76	Adrenal Gland Carcinoma

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: Codes L, H and M take priority over A-D.

Note 4: 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

Code	Grade Description
L	LG: Low grade (≤ 20 mitoses per 50 HPF)
H	HG: High grade (> 20 mitosis per 50 HPF)
M	TP53 or CTNNB Mutation
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown

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

Grade ID 26-Post Therapy Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00760	Adrenal Gland	76	Adrenal Gland Carcinoma

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: Codes L, H and M take priority over A-D.

Note 4: Code 9 when

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

Code	Grade Description
L	LG: Low grade (≤ 20 mitoses per 50 HPF)
H	HG: High grade (> 20 mitosis per 50 HPF)
M	TP53 or CTNNB Mutation
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown
Blank	See Note 1

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

Grade 98

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	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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then 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

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

Grade ID 98-Pathological 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	Conjunctival Melanoma
00730	Thyroid	73	Thyroid: Differentiated and Anaplastic
00740	Thyroid-Medullary	74	Thyroid: Medullary
00770	NET Adrenal	77	Adrenal Neuroendocrine Tumors

Note 1: Pathological grade must not be blank.

Note 2: 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 the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: 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

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

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

Grade ID 98-Post Therapy 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	Conjunctival Melanoma
00730	Thyroid	73	Thyroid: Differentiated and Anaplastic
00740	Thyroid-Medullary	74	Thyroid: Medullary
00770	NET Adrenal	77	Adrenal Neuroendocrine Tumors

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
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available

Code	Grade Description
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown
Blank	See Note 1

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

Grade 99

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 or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then 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

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

Grade ID 99-Pathological 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: Pathological grade must not be blank.

Note 2: 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 the pathological grade.

- If a resection is done of a primary tumor and there is no grade documented from the surgical resection, use the grade from the clinical workup
- If a resection is done of a primary tumor and there is no residual cancer, use the grade from the clinical workup

Note 3: 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

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

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

Grade ID 99-Post Therapy 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: 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
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer

Code	Grade Description
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed; Unknown
Blank	See Note 1

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

Grade 88**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	82.1	Plasma Cell Myeloma and Plasma Cell Disorders
00822	Plasma Cell Disorders	82.2	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

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

Grade ID 88-Pathological 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	82.1	Plasma Cell Myeloma and Plasma Cell Disorders
00822	Plasma Cell Disorders	82.2	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

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

Grade ID 88-Post Therapy 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	82.1	Plasma Cell Myeloma and Plasma Cell Disorders
00822	Plasma Cell Disorders	82.2	Plasma Cell Myeloma and Plasma Cell Disorders
00830	HemeRetic	83.0-83.4	Leukemia

Note 1: Leave post therapy grade blank when

- No neoadjuvant therapy
- Clinical or pathological case only

Note 2: Grade (cell indicator) is no longer applicable for this hematopoietic neoplasm.

Code	Grade Description
8	Not applicable
Blank	See Note 1

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