This document shows the changes that were made to the SSDI manual and the Grade manual for the SEER*RSA version 2.0 release on (Date TBD).

- **Table 1: New SSDIs, Version 2.0**
- **Table 2: Changes to the general instructions, Version 2.0**
- **Table 3: Changes to current SSDIs, Version 2.0**
- **Table 4: Changes to Grade Manual, Version 2.0**

Table 1: New SSDIs, Version 2.0		
Data Item # and Description	**Schema(s)**	**Comments**
3855: HER2 Overall Summary	Esophagus, Esophagus Squamous, Stomach	Currently defined for Breast. Now collected for Esophagus and Stomach Schemas Applicable for cases diagnosed 2021+ only See SSDI manual for coding instructions and code definitions
3863: Ki-67	NET Ampulla of Vater, NET Appendix, NET Colon and Rectum, NET Duodenum, NET Jejunum and Ileum, NET Pancreas, NET Stomach	Currently defined for Breast. Now collected for NET Schemas Applicable for cases diagnosed 2021+ only See SSDI manual for coding instructions and code definitions
3927: Schema Discriminator 2- Soft Tissue Sarcomas (C473, C475, C493-C495)	Soft Tissue Abdomen and Thoracic, Soft Tissue Trunk and Extremities, Soft Tissue Other	Required for cases diagnosed 2018+. Existing cases diagnosed 2018-2020 will be set to 8 (Not collected). Cases diagnosed 2018-2020 abstracted after the software update may also use 8. See SSDI manual for coding instructions and code definitions
3938: ALK Rearrangement	Lung	Applicable for cases diagnosed 2021+ only See SSDI manual for coding instructions and code definitions

Table 1: New SSDIs, Version 2.0		
Data Item # and Description	**Schema(s)**	**Comments**
3939: EGFR Mutational Analysis	Lung	Applicable for cases diagnosed 2021+ only See SSDI manual for coding instructions and code definitions
3940: BRAF Mutational Analysis	Colon and Rectum	Applicable for cases diagnosed 2021+ only See SSDI manual for coding instructions and code definitions
3941: NRAS Mutational Analysis	Colon and Rectum	Applicable for cases diagnosed 2021+ only See SSDI manual for coding instructions and code definitions
3942: CA 19-9 PreTx Lab Value	Pancreas	Applicable for cases diagnosed 2021+ only See SSDI manual for coding instructions and code definitions

Table 2: Changes to SSDI Manual (General Instructions), Version 2.0			
Manual Section	**Page**	**Original Text**	**Updated Text**
Timing for Recording Laboratory Tests	16	***Timing for Recording Laboratory Tests.*** Unless instructions for a specific laboratory test state otherwise, record only tests results obtained • before any cancer-directed treatment is given (neoadjuvant therapy or surgical), AND • no earlier than approximately three months before diagnosis AND • if multiple lab tests are available, record the highest value	***Timing for Recording Laboratory Tests.*** All lab values must be done no earlier than approximately three months before diagnosis AND Unless instructions for a specific laboratory test state otherwise, record only tests results obtained • before any cancer-directed treatment is given (neoadjuvant therapy or surgical), AND • if multiple lab tests are available, record the highest value
Consult Reports	17		***New Section*** If a report is sent out for consult and the results are different than the original report, record the results from the consult *Example 1:* Patient had biopsy done at a facility with a Gleason Score of 4+4=8. Slides were sent out for consult and their review showed Gleason Score 4+3=7. • Record the Gleason score of 4+3=7 based on the consult. *Example 2*: Original pathology report states ER and PR positive. Slides were sent out for consult and their review showed ER and PR negative. • Record ER and PR as negative

Table 2: Changes to SSDI Manual (General Instructions), Version 2.0			
Manual Section	**Page**	**Original Text**	**Updated Text**
			Example 3: Breast pathology report states Grade 3, ER 95% strong on outside pathology. Patient presents at facility for treatment and the slides from the outside facility are reviewed, with the results of Grade 2, ER 80% intermediate. • Record Grade 2 and ER 80% intermediate

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
00060-00150: Head and Neck Cancer	3831: Extranodal Extension Head and Neck Clinical-**Coding guidelines (SSDI manual only)**		Code 4 when there are positive nodes clinically, ENE is identified, but not known how identified
00060-00150: Head and Neck Cancer	3831: Extranodal Extension Head and Neck Clinical		New code 4 Regional lymph nodes involved, ENE present/identified, unknown how identified
00060-00150: Head and Neck Cancer	3831: Extranodal Extension Head and Neck Clinical	**Note 4:** Code 0 when lymph nodes are determined to be positive and physical examination does not indicate any signs of extranodal extension	**Note 4:** Code 0 when lymph nodes are determined to be **clinically positive** and physical examination does not indicate any signs of extranodal extension
00060-00150: Head and Neck Cancer	3831: Extranodal Extension Head and Neck Clinical	**Note 6:** Code 9 when physical exam is not available AND at least one of the following	**Note 6:** Code 7 when • Lymph nodes are determined to be **clinically negative** • Behavior /2 (in situ) **Note 7:** Code 9 when physical exam is not available AND at least one of the following
00060-00150: Head and Neck Cancer	3832: Extranodal Extension Head and Neck Pathological	**Note 2:** Code the status of ENE assessed on histopathological examination of surgically resected involved regional lymph node(s). Do not code ENE from a lymph node biopsy (FNA, core, incisional, excisional, sentinel). Do not code ENE for any distant lymph nodes.	**Note 2:** Code the status of ENE assessed on histopathological examination of **surgically resected** involved regional lymph node(s). Do not code ENE from a lymph node biopsy (FNA, core, incisional, excisional, sentinel). Do not code ENE for any distant lymph nodes. • If codes 0.0-9.9, X.1-X.7 are used, this indicates that the lymph nodes were surgically resected and Scope of

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Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
			Regional Lymph Node Surgery [NAACCR Data Item: 1292] must be 3-7
00060, 00140: Cervical Lymph Nodes and Unknown Primary, Melanoma Head and Neck	3877: Lymph Nodes Head and Neck Levels IV-V	**Note 3**: Code the presence or absence of lymph node involvement for Levels IV-V For more information on Levels IV-V lymph nodes, see AJCC 8th edition, Chapter 5: *Staging Head and Neck Cancers*, Table 5.1 **Note 4:** Pathological information takes priority over clinical.	**Note 3**: Code the presence or absence of lymph node involvement for Levels IV-V For more information on Levels IV-V lymph nodes, see AJCC 8th edition, Chapter 5: *Staging Head and Neck Cancers*, Table 5.1 **Note 4:** If lymph nodes are described only as "supraclavicular," try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. • If the specific level cannot be determined, or is documented as supraclavicular with no further information, code them as Level V nodes **Note 5:** Pathological information takes priority over clinical.
00161, 00169 Esophagus	Schema Discriminator 1: EsophagusGEJunction/Stomach		**New note** **Note 2:** The CAP protocol uses "midpoint" instead of "epicenter."
00161: Esophagus (including GE	3829: Esophagus and EGJ Tumor Epicenter		New Note 6

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
junction) Squamous			Note 6: If primary site is C159 (Esophagus, NOS), code 9.

00200: Colon and Rectum	3823: Circumferential Resection Margin	**Note 2:** Tumor involvement of the circumferential resection margin or radial resection margin appears to be a strong prognostic factor for local or systemic recurrences and survival after surgery.
		
		Note 3: The CRM may be referred to as
		
		• Circumferential radial margin
		• Circumferential resection margin
		• Mesenteric (mesocolon) margin
		• Radial margin
		• Soft tissue margin
		
		Note 4: According to the AJCC 8th edition, "the CRM is the distance in millimeters between the deepest point of tumor invasion in the primary cancer and the margin of resection in the retroperitoneum or mesentery."
		
		Note 5: The CRM may be referred to as
		
		• Circumferential radial margin
		• Circumferential resection margin
		• Mesenteric (mesocolon) margin
			Note 2: According to the AJCC 8th edition, "the CRM is the distance in millimeters between the deepest point of tumor invasion in the primary cancer and the margin of resection in the retroperitoneum or mesentery."
			
			Note 3: The following guidelines were developed for the coding of surgery codes in relation to CRM. These guidelines were confirmed by the CAP Cancer Committee.
			
			• For Colon primaries, surgery of primary site must be coded as 30-80
			  ○ If surgery of primary site is 00-29, then CRM must be coded as XX.7
			• For Rectal primaries, surgery of primary site must be coded as 27, 30-80
			  ○ If surgery of primary site is 00-26 or 28, then CRM must be coded as XX.7
			
			Note 4: Tumor involvement of the circumferential resection margin or radial resection margin appears to be a strong prognostic factor for local or systemic recurrences and survival after surgery.

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		• Radial margin Soft tissue margin	**Note 5:** The CRM may be referred to as • Circumferential radial margin • Circumferential resection margin • Mesenteric (mesocolon) (mesorectal) margin • Radial margin • Soft tissue margin
00200: Colon and Rectum	3866: KRAS	**Note 2:** KRAS is a gene which belongs to a class of genes known as oncogenes. When mutated, oncogenes have the potential to cause normal cells to become cancerous. Studies suggest that KRAS gene mutations are often present in colorectal cancer. **Note 3:** KRAS analysis is commonly done for patients with metastatic disease.	**Note 3:** There are 4 KRAS codons that are commonly mutated in colorectal cancers. This SSDI does not record the actual mutation, but instead records the codon or codon group that contains the mutation. If a specific KRAS mutation is reported, its codon may be identified from the following list of common KRAS mutations grouped by codon. Codon 12 • Gly12Asp (GGT>GAT) • Gly12Val (GGT>GTT) • Gly12Cys (GGT>TGT) • Gly12Ser (GGT>AGT) • Gly12Ala (GGT>GCT) • Gly12 Arg (GGT>CGT) • Codon 12 mutation, not otherwise specified Codon 13

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
			• Gly13Asp (GGC>GAC) • Gly13Arg (GGC>CGC) • Gly13Cys (GGC>TGC) • Gly13Ala (GGC>GCC) • Gly13Val (GGC>GTC) • Codon 13 mutation, not otherwise specified Codon 61 • Gln61Leu (CAA>CTA) • Gln61His (CAA>CAC) • Codon 61 mutation, not otherwise specified Codon 146 • Ala146Thr (G436A) (GCA>ACA) • Codon 146 mutation, not otherwise specified **Note 4:** KRAS analysis is commonly done for patients with metastatic disease.
00200: Colon and Rectum	3866: KRAS		**Note 8:** Code 9 when • Insufficient amount of tissue available to perform test • No microscopic confirmation of tumor • KRAS not ordered or not done, or unknown if ordered or done

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
00200: Colon and Rectum	3866: KRAS	Code 0: Normal (wild type) Negative for mutations	Code 0: Normal KRAS negative, KRAS wild type Negative for (somatic) mutations, no alterations, no (somatic) mutations identified, not present, not detected
00200: Colon and Rectum	3890: Microsatellite Instability (MSI)	Note 4 MMR deficient (pMMR or MMR-p) (code 2)	Note 4 MMR deficient (dMMR or MMR-D) (code 2)
00200: Colon and Rectum	3890: Microsatellite Instability (MSI)	Code 0 Microsatellite instability (MSI) stable; microsatellite stable (MSS); negative, NOS AND/OR Mismatch repair (MMR) intact, no loss of nuclear expression of MMR proteins	Code 0 Microsatellite instability (MSI) stable; microsatellite stable (MSS); negative, NOS AND/OR Mismatch repair (MMR) intact, no loss of nuclear expression of MMR proteins MMR proficient (pMMR or MMR-P)
00200: Colon and Rectum	3890: Microsatellite Instability (MSI)	Code 2 MSI unstable high (MSI-H) AND/OR MMR-D (loss of nuclear expression of one or more MMR proteins, MMR protein deficient)	Code 2 MSI unstable high (MSI-H) AND/OR MMR deficient (dMMR or MMR-D), loss of nuclear expression of one or more MMR proteins
00220, 00230: Liver, Bile Ducts Intrahepatic	3835: Fibrosis Score	Code 0: Ishak fibrosis score 0-4 No to moderate fibrosis METAVIR score F0-F3 Batt-Ludwig score 0-3	Code 0: Any of the following histologically confirmed No to moderate fibrosis Ishak fibrosis score 0-4

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
			METAVIR score F0-F3 Batt-Ludwig score 0-3
00220, 00230: Liver, Bile Ducts Intrahepatic	3835: Fibrosis Score	Code 1: Ishak fibrosis score 5-6 Advanced/severe fibrosis METAVIR score F4 Batt-Ludwig score 4 Developing cirrhosis Incomplete cirrhosis Transition to cirrhosis Cirrhosis, probable or definite Cirrhosis, NOS	Code 1: Any of the following histologically confirmed Advanced/severe fibrosis Developing cirrhosis Incomplete cirrhosis Transition to cirrhosis Cirrhosis, probable or definite Cirrhosis, NOS Ishak fibrosis score 5-6 METAVIR score F4 Batt-Ludwig score 4
00230: Bile Ducts Intrahepatic	3935: Tumor Growth Pattern	Code 9: Not documented in medical record Pathology report does not mention tumor growth pattern Cannot be determined by the pathologist Tumor growth pattern not assessed or unknown if assessed	Code 9: Not documented in medical record Radiology and/or pathology report does not mention tumor growth pattern Cannot be determined by the pathologist Tumor growth pattern not assessed or unknown if assessed
00360: Lung	3937: Visceral and Parietal Pleural Invasion	**Note 1:** Physician statement of Visceral and Parietal Pleural Invasion can be used to code this data item when no other information is available.	***Note for change log only: PL1 and PL2 are no longer relevant, so notes pertaining to the assignment of these codes have been removed.***

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		Note 2: *Chapter 36: Lung* of the AJCC Staging Manual 8th edition includes a standardized and precise definition of pleural/elastic layer invasion (PL). There are four categories: PL0 - Tumor that is surrounded by lung parenchyma or invades superficially into the pleural connective tissue beneath the elastic layer but falls short of completely traversing the elastic layer of the pleura PL1 - Tumor that extends through the elastic layer PL2 - Tumor that extends to the surface of the visceral pleura PL3 - Tumor that extends to the parietal pleura or chest wall Categories PL1 and PL2 are considered pleural invasion for staging and are classified as at least a T2. PL3 is classified as at least a T3. PL0 is not considered pleural invasion for TNM staging, and the T category is assigned based on other criteria. Other criteria can also raise the T category for PL1-3 tumors.	**Note 1:** Physician statement of Visceral and Parietal Pleural Invasion can be used to code this data item when no other information is available. **Note 2:** Code 0 for in situ (behavior/2) tumors. **Note 3:** A surgical resection must be done to determine if the visceral pleural is involved. **Note 4:** Do not use imaging findings to code this data item **Note 5:** Code 9 when • A FNA only is performed. A FNA is not adequate to assess pleural layer invasion • Surgical resection of the primary site is performed and there is no mention of visceral and/or parietal pleural invasion

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		When pathologists have difficulty assessing the relationship of the tumor to the elastic layer on routine hematoxylin and eosin (H and E) stains, they may perform a special elastic stain to make the determination. **Note 3:** An FNA is not a histologic specimen and is not adequate to assess pleural layer invasion. If only an FNA is available, code 9. **Note 4:** Code 9 if there is microscopic confirmation and there is no mention of visceral pleural invasion.	
00360: Lung	3937: Visceral and Parietal Pleural Invasion		***The following information is in the SSDI manual only*** • Changed for SSDI (effective v2.0): *Per recent updates, categories PL1 and PL2 are no longer relevant. The SSDI, which had code 1 (for PL1) and 2 (for PL2) has now been changed to reflect this change in how this data item is recorded. Code 3, which was for PL3, has now been changed to code 5. All data collected under the SSDI (cases diagnosed 2018 forward) have been converted to the new codes (CS data will not be changed)* ○ ***Code 1 cases:*** *Now code 4* ○ ***Code 2 cases:*** *Now code 4* ○ ***Code 3 cases:*** *Now code 5*

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
00360: Lung	3937: Visceral and Parietal Pleural Invasion		Codes 1, 2 and 3 deleted Code 4: Invasion of visceral pleura present, NOS; Stated as PL1 or PL2 Code 5: Tumor invades into or through the parietal pleura OR chest wall; Stated as PL3 No changes to codes 0, 6, 8 ,9
00460, 00570: Merkel Cell Skin, Penis	3830: Extranodal Extension Clinical (non-Head and Neck)- **Coding guidelines (SSDI manual only)**		Code 4 when there are positive nodes clinically, ENE is identified, but not known how identified
00460, 00570: Merkel Cell Skin, Penis	3830: Extranodal Extension Clinical (non-Head and Neck)		**Note 5:** Code 7 when • Lymph nodes are determined to be **clinically negative** • Behavior /2 (in situ)
00460, 00570: Merkel Cell Skin, Penis	3830: Extranodal Extension Clinical (non-Head and Neck)	Code 1 Regional lymph node(s) involved, ENE present/identified during diagnostic workup, based on physical exam and/or WITHOUT imaging	Code 1 Regional lymph node(s) involved, ENE present/identified during diagnostic workup, based on physical exam WITH or WITHOUT imaging
00460, 00570: Merkel Cell Skin, Penis	3830: Extranodal Extension Clinical (non-Head and Neck)		New code 4 Regional lymph nodes involved, ENE present/identified, unknown how identified

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
00460, 00570: Merkel Cell Skin, Penis	3833: Extranodal Extension Pathological (non-Head and Neck)	**Note 4:** Code the status of extranodal extension assessed on the surgical resection specimen for the most involved regional lymph node(s). Do not code ENE for any distant nodes.	**Note 4:** Code the status of extranodal extension assessed on the **surgical resection** specimen for the most involved regional lymph node(s). Do not code ENE for any distant nodes. • If codes 0, 1, or 7 are used, this indicates that the lymph nodes were surgically resected and Scope of Regional Lymph Node Surgery [NAACCR Data Item: 1292] must be 3-7
00470: Melanoma Skin	3932: LDH (Lactate Dehydrogenase) Pretreatment Lab Value		Name Change 3932: LDH Lab Value
00470: Melanoma Skin	3932: LDH (Lactate Dehydrogenase) Pretreatment Lab Value	**Note 1:** Physician statement of LDH (Lactate Dehydrogenase) Pretreatment Lab Value can be used to code this data item when no other information is available.	**Note 1:** Physician statement of LDH Lab Value can be used to code this data item when no other information is available.
00470: Melanoma Skin	3932: LDH (Lactate Dehydrogenase) Pretreatment Lab Value	**Note 4:** The same laboratory test should be used to record information in LDH Pretreatment Level [NAACCR Data Item #3869] and LDH Upper Limits of Normal [NAACCR Data Item #3870]	**Note 4:** The same laboratory test should be used to record information in LDH Level [NAACCR Data Item #3869] and LDH Upper Limits of Normal [NAACCR Data Item #3870]
00470: Melanoma Skin	3869: LDH (Lactate Dehydrogenase) Pretreatment Level		Name Change 3869: LDH Level
00470: Melanoma Skin	3869: LDH (Lactate Dehydrogenase) Pretreatment Level	**Note 4:** The same laboratory test should be used to record information in LDH Upper Limits of Normal [NAACCR	**Note 4:** The same laboratory test should be used to record information in LDH Upper

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		Data Item #3870] and LDH Lab Value [NAACCR Data Item #3932]	Limits of Normal [NAACCR Data Item #3870] and LDH Lab Value [NAACCR Data Item #3932]
00470: Melanoma Skin	3870: LDH Upper Limits of Normal	**Note 3:** The same laboratory test should be used to record information in LDH Pretreatment Lab Value [NAACCR Data Item #3932] and LDH Pretreatment Level [NAACCR Data Item #3869].	**Note 3:** The same laboratory test should be used to record information in LDH Lab Value [NAACCR Data Item #3932] and LDH Level [NAACCR Data Item #3869].
00480: Breast	3827: ER Summary	Code 0 ER negative	Code 0 ER negative (0.0% or less than 1%)
00480: Breast	3826: ER Percent Positive	Note 5: If ER is positive but percentage is unknown, code XX9	Note 5: If ER is positive but percentage is unknown, code XX7
00480: Breast	3826: ER Percent Positive		New code XX7 Test done, results not in chart
00480: Breast	3850: HER2 IHC Summary 3854: HER2 ISH Summary		**New Note 10** **Note 10:** HER2 is not routinely done on pure in situ tumors (behavior /2); however, if you have an in situ tumor and there are HER2 results, go ahead and record it. Otherwise code 9.
00480: Breast	3850: HER IHC Summary	Code 2 Equivocal (Score 2+) Stated as equivocal	Code 2 Equivocal (Score 2+) Stated as equivocal Borderline
00480: Breast	3854: HER ISH Summary	Code 9	Code 9

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		Not documented in medical record Results cannot be determined (indeterminate) HER2 ISH Summary not assessed or unknown if assessed	Not documented in medical record Results cannot be determined (indeterminate) Borderline HER2 ISH Summary not assessed or unknown if assessed
00480: Breast	3855: HER2 Overall Summary		**New Note 9** **Note 9:** HER2 is not routinely done on pure in situ tumors (behavior /2); however, if you have an in situ tumor and there are HER2 results, go ahead and record it. Otherwise code 9.
00480: Breast	3855: HER2 Overall Summary	Code 9 Not documented in medical record Cannot be determined (indeterminate) HER2 Overall Summary status not assessed or unknown if assessed	Code 9 Not documented in medical record Cannot be determined (indeterminate) Borderline HER2 Overall Summary status not assessed or unknown if assessed
00480: Breast	3915: PR Summary	Code 0 PR negative	Code 0 PR negative (0.0% or less than 1%)
00480: Breast	3914: PR Percent Positive	Note 5: If PR is positive but percentage is unknown, code XX9	Note 5: If PR is positive but percentage is unknown, code XX7
00480: Breast	3914: PR Percent Positive		New code XX7 Test done, results not in chart
00480: Breast	3852: HER2 ISH Dual Probe Ratio	Code XX.9 Not documented in medical record	Code XX.9 Not documented in medical record

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		Cannot be determined (indeterminate) HER2 ISH Dual Probe Ratio not assessed or unknown if assessed	Cannot be determined (indeterminate) Dual probe test not done; only single probe test performed HER2 ISH Dual Probe Ratio not assessed or unknown if assessed
00480: Breast	3851: HER2 ISH Dual Probe Copy Number	Code XX.9 Not documented in medical record Cannot be determined (indeterminate) HER2 ISH Dual Probe Copy Number not assessed or unknown if assessed	Code XX.9 Not documented in medical record Cannot be determined (indeterminate) Dual probe test not done; only single probe test performed HER2 ISH Dual Probe Copy Number not assessed or unknown if assessed
00480: Breast	3853: HER2 ISH Single Probe Copy Number	Code XX.9 Not documented in medical record Cannot be determined (indeterminate) HER2 ISH Single Probe Copy Number not assessed or unknown if assessed	Code XX.9 Not documented in medical record Cannot be determined (indeterminate) Single probe test not done; only dual probe test performed HER2 ISH Single Probe Copy Number not assessed or unknown if assessed
00480: Breast	3904: Oncotype Dx Recurrence Score-Invasive	**Note 4:** In cases where Oncotype DX is reported on more than one breast tumor specimen, record the highest value. **Note 5:** Staging for Breast cancer now depends on the Oncotype-Dx-Invasive recurrence score. Score of less than 11	**Note 4:** Predicted Oncotype Dx Recurrence Score based on linear regression models and Magee equations should not be reported in this field. • If the only information you have on Oncotype Dx is based on a linear regression model and Magee score, code unknown

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		indicates a pertinent cut off value for staging purposes.	• Code the results of a Magee score in the Multigene Data Items: Multigene Signature Method [NAACCR Data Item #3894] and Multigene Signature Results [NAACCR Data Item #3895] **Note 5:** In cases where Oncotype DX is reported on more than one breast tumor specimen, record the highest value. **Note 6:** Results from nodal or metastatic tissue may be used, ONLY when there is no evidence of primary tumor. **Note 7:** Staging for Breast cancer now depends on the Oncotype-Dx-Invasive recurrence score. Score of less than 11 indicates a pertinent cut off value for staging purposes. **Note 8:** If the only information available is the Oncotype Dx-Invasive Risk Level, assign XX7. **Note 9:** Code this data item using the same report used to record Oncotype Dx Risk-Level Invasive [NAACCR Data Item #3906]
00480: Breast	3906: Oncotype Dx Risk Level-Invasive		**Note 4:** Code this data item using the same report used to record Oncotype Dx Recurrence-Score Invasive [NAACCR Data Item #3904]

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
00480: Breast	3903: Oncotype Dx Recurrence Score-DCIS		**Note 7:** Code this data item using the same report used to record Oncotype Dx Risk Level-DCIS [NAACCR Data item #3905]
00480: Breast	3905: Oncotype Dx Risk Level-DCIS		**Note 5:** Code this data item using the same report used to record Oncotype Dx Recurrence Score-DCIS [NAACCR Data Item #3903]
00480: Breast	3922: Response to Neoadjuvant Therapy	**Note 1:** Clinician statement of Response to Neoadjuvant Therapy ("treatment effect") must be used to code this data item. **Note 2:** Review the medical record for a specific statement by a clinician about the response to neoadjuvant therapy. Response is based on pathology report, imaging and clinical findings.	**Note 1:** Clinician statement of Response to Neoadjuvant Therapy ("treatment effect") must be used to code this data item. **Note 2:** For in situ tumors (behavior /2), code 0. **Note 3:** Review the medical record for a specific statement by a clinician about the response to neoadjuvant therapy. Response is based on pathology report, imaging and clinical findings.
00500, 00510, 00520, 00530, 00541, 00542, 00551, 00552, 00553, 00560 GYN Schemas	3836: FIGO Stage	Note: The numbering structure for FIGO has changed. This change will be automatically done, no registrar input needed.	New Structure (left justified field) FIGO Stage I: 01, changed to 1 FIGO Stage IA: 02, changed to 1A FIGO Stage IAI: 03, changed to 1A1 FIGO Stage IA2: 04, changed to 1A2 FIGO Stage IB: 05, changed to 1B FIGO Stage IB1: 06, changed to 1B1 FIGO Stage IB2: 07, changed to 1B2 FIGO Stage IB3 (new, 2021): 1B3 FIGO Stage IC: 08, changed to 1C FIGO Stage IC1: 09: changed to 1C1 FIGO Stage IC2: 10, changed to 1C2 FIGO Stage IC3: 11, changed to 1C3

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
			FIGO Stage II: 20, changed to 2 FIGO Stage IIA: 21, change to 2A FIGO Stage IIA1: 22, change to 2A1 FIGO Stage IIA2: 23, change to 2A2 FIGO Stage IIB: 24, change to 2B FIGO Stage III: 30, change to 3 FIGO Stage IIA: 31, change to 3A FIGO Stage IIIA1: 32, change to 3A1 FIGO Stage IIIA1i: 33, change to 3A11 FIGO Stage IIIA1ii: 34, change to 3A12 FIGO Stage IIIA2: 35, change to 3A2 FIGO Stage IIIB: 36, change to 3B FIGO Stage IIIC: 37, change to 3C FIGO Stage IIIC1: 38, change to 3C1 FIGO Stage IIIC2: 39, change to 3C2 FIGO Stage IV: 40, change to 4 FIGO Stage IVA: 41, change to 4A FIGO Stage IVB: 42, change to 4B
00530, 00541, 00542: Corpus Schemas	3902: Number of Positive Pelvic Nodes 3900: Number of Examined Pelvic Nodes	**Note 4:** Micrometastasis and macrometastasis may be listed separately on the pathology report. Add these two together to get the total number of positive nodes.	**Note 4:** Micrometastasis and macrometastasis may be listed separately on the pathology report. Add these two together to get the total number of positive nodes. **Note 5:** Code X9 if no lymph node dissection is performed.
00530, 00541, 00542: Corpus Schemas	3902: Number of Positive Pelvic Nodes 3900: Number of Examined Pelvic Nodes	Code X9 Not documented in patient record Cannot be determined, indeterminate if positive pelvic nodes present	Code X9 Not documented in patient record Cannot be determined, indeterminate if positive para-aortic nodes present No lymph node dissection performed

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		Pelvic lymph nodes not assessed or unknown if assessed	Para-aortic lymph nodes not assessed or unknown if assessed
00530, 00541, 00542: Corpus Schemas	3901: Number of Positive Para-aortic Nodes 3899: Number of Examined Para-aortic Nodes	**Note 4:** Micrometastasis and macrometastasis may be listed separately on the pathology report. Add these two together to get the total number of positive nodes.	**Note 4:** Micrometastasis and macrometastasis may be listed separately on the pathology report. Add these two together to get the total number of positive nodes. **Note 5:** Code X9 if no lymph node dissection is performed.
00530, 00541, 00542: Corpus Schemas	3901: Number of Positive Para-aortic Nodes 3899: Number of Examined Para-aortic Nodes	Code X9 Not documented in patient record Cannot be determined, indeterminate if positive pelvic nodes present Pelvic lymph nodes not assessed or unknown if assessed	Code X9 Not documented in patient record Cannot be determined, indeterminate if positive para-aortic nodes present No lymph node dissection performed Para-aortic lymph nodes not assessed or unknown if assessed
00541, 00542, Corpus Sarcoma, Corpus Adenosarcoma	3836: FIGO Stage	Corpus Adenosarcoma and Corpus Sarcoma • 97: Carcinoma in situ (intraepithelial, noninvasive, preinvasive)	Code 97 Removed for these two schemas • In situ not allowed in these two schemas
Ovary (00551), Primary Peritoneal Carcinoma (00552), Fallopian Tube (00553)	3921: Residual Tumor Volume Post Cytoreduction	**Note 4:** Gross residual tumor after primary cytoreductive surgery is a prognostic factor that has been demonstrated in large studies. Whether patients undergo neoadjuvant chemotherapy or primary cytoreduction, the best prognostic category after surgery includes those	**Note 4**: Gross residual tumor after primary cytoreductive surgery is a prognostic factor that has been demonstrated in large studies. The best prognostic category after surgery includes those who are left with no gross residual tumor.

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		who are left with no gross residual tumor.	
Ovary (00551), Primary Peritoneal Carcinoma (00552), Fallopian Tube (00553)	3921: Residual Tumor Volume Post Cytoreduction		Codes 10-40, 90-93 deleted. New codes added, which only collect information about the presence of residual tumor nodules (neoadjuvant therapy no longer criteria) 50: Residual tumor nodule(s) 1 centimeter (cm or less 60: Residual tumor nodule(s) greater than 1 cm 70: Macroscopic residual tumor nodule(s), size noted stated 80: Procedure described as optimal debulking and size of residual tumor nodule(s) not given Conversion will automatically be done when software is updated for cases diagnosed 2018+ (no registrar input needed) Code 50: Codes 10 and 50 Code 60: Codes 30 and 40 Code 70: Codes 90 and 91 Code 80: 92 and 93

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
00580: Prostate	3838: Gleason Patterns Clinical	X6: Primary pattern unknown, secondary pattern unknown X9: Not documented in medical record Gleason Patterns Clinical not assessed or unknown if assessed	X6: TURP and/or Biopsy done, primary pattern unknown, secondary pattern unknown X9: Not documented in medical record Gleason Patterns Clinical not assessed or unknown if assessed Unknown whether TURP and/or Biopsy done
00580: Prostate	3839: Gleason Patterns Pathological	X6: Primary pattern unknown, secondary pattern unknown X9: Not documented in medical record Gleason Patterns Pathological not assessed or unknown if assessed	X6: Prostatectomy done, primary pattern unknown, secondary pattern unknown X9: Not documented in medical record Gleason Patterns Pathological not assessed or unknown if assessed Unknown if prostatectomy done
00590: Testis	3806: AFP Post-Orchiectomy Range	**Note 6:** If the pre-orchiectomy AFP was normal, a post-orchiectomy AFP may not be performed. In this case, code 9 should be recorded.	**Note 6:** If the pre-orchiectomy AFP was normal, a post-orchiectomy AFP may not be performed. In this case, code 5 should be recorded.
00590: Testis	3806: AFP Post-Orchiectomy Range		New code 5 Post-Orchiectomy alpha fetoprotein (AFP) unknown or not done but pre-orchiectomy AFP was normal
00590: Testis	3847: hCG Post-Orchiectomy Range	**Note 5:** If the pre-orchiectomy hCG was normal, a post-orchiectomy hCG may not be performed. In this case, code 9 should be recorded.	**Note 5:** If the pre-orchiectomy hCG was normal, a post-orchiectomy hCG may not be performed. In this case, code 5 should be recorded.
00590: Testis	3847: hCG Post-Orchiectomy Range		New code 5

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
			Post-Orchiectomy human chorionic gonadotropin (hCG) unknown or not done but pre-orchiectomy hCG was normal
00590: Testis	3867: LDH Post-Orchiectomy Range	**Note 5:** If the pre-orchiectomy LDH was normal, a post-orchiectomy hCG may not be performed. In this case, code 9 should be recorded.	**Note 5**: If the pre-orchiectomy LDH was normal, a post-orchiectomy LDH may not be performed. In this case, code 5 should be recorded.
00590: Testis	3867: LDH Post-Orchiectomy Range		New code 5 Post-Orchiectomy lactate dehydrogenase (LDH) unknown or not done but pre-orchiectomy LDH was normal
00590: Testis	3924: S Category Pathological		**Note 6:** When all the serum tumor markers are normal pre-orchiectomy and they are not repeated post-orchiectomy, code 5.
00590: Testis	3924: S Category Pathological		New Code 5 Post orchiectomy serum tumor markers unknown or not done but pre orchiectomy serum tumor markers were normal
00600: Kidney	3864: Invasion Beyond Capsule	**Note 2:** Bullet • If tumor is “confined to kidney” and staging is based on size, then there has been no invasion through the capsule (no invasion into perinephric fat)	**Note 2:** Bullet • If surgical resection is done and the tumor is “confined to kidney” and staging is based on size, then there has been no invasion through the capsule (no invasion into perinephric fat)
00600: Kidney	3886: Major Vein Involvement	**Note 2:** Bullet: • If tumor is “confined to kidney” and staging is based on size,	**Note 2:** Bullet: • If surgical resection is done and the tumor is “confined to kidney” and

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
		then there is no involvement of major veins	staging is based on size, then there is no involvement of major veins
00600: Kidney	3861: Ipsilateral Adrenal Gland Involvement	**Note 2:** Bullet • If tumor is "confined to kidney" and staging is based on size, then there is no involvement of the adrenal gland	**Note 2:** Bullet • If surgical resection is done and the tumor is "confined to kidney" and staging is based on size, then there is no involvement of the adrenal gland
00795: Lymphoma-CLL/SLL	3804: Adenopathy	**Note 2:** Physician statement of presence or absence of adenopathy should be used to code this data item.	**Note 2:** Physician statement of presence or absence of adenopathy should be used to code this data item. • Physician's statement regarding the presence of adenopathy (present or absent) takes priority. If a physician's statement and imaging are both available and in disagreement, go with the physician's statement • A statement of RAI Stage 1 or 2 means that adenopathy is present • If a physician's statement is not available, use the definition of adenopathy in Note 3 to determine if adenopathy is present or not
00795: Lymphoma-CLL/SLL	3907: Organomegaly	**Note 5:** If there is no mention of organomegaly (present or absent), code 9	**Note 5:** If there is no mention of the presence or absence of organomegaly (hepatomegaly and splenomegaly), code 9 • Both the liver and spleen must be evaluated and determined to be normal to code 0. If only one is evaluated and determined to be normal, code 9.

Table 3: Changes to current SSDIs, Version 2.0			
Schema ID Name	**Data Item # and Description**	**Original Text**	**Updated Text**
00795: Lymphoma-CLL/SLL	3907: Organomegaly	**Code 0:** Organomegaly of liver and/or spleen not present	**Code 0:** Neither hepatomegaly (liver) nor splenomegaly (spleen) present
00795: Lymphoma-CLL/SLL	3907: Organomegaly	**Code 1:** Organomegaly of liver and/or spleen present	**Code 1:** Hepatomegaly (liver) and/or splenomegaly (spleen) present
00795: Lymphoma-CLL/SLL	3907: Organomegaly	**Code 9:** Not documented in medical record Organomegaly not assessed or unknown if assessed	**Code 9:** Not documented in medical record Organomegaly (hepatomegaly and/or splenomegaly) not assessed or unknown if assessed

Grade Changes

For the 2021 updates, there have been many notes added to all the Grade tables. These notes were added in response to questions from registrars.

In addition, 'yc' (Post Therapy Clin (yc)) has been added to the Grade Manual. AJCC will provide education and training on when 'yc' data items are used.

- With the addition of 'yc,' the data item name: *Grade Post Ther*apy has been changed to *Grade Post Therapy Path (yp)*

Due to the addition of new notes, many of the note numbers have changed, which have not been recorded in this document.

Registrars are not required to go back and update previous grade information collected based on the new notes. These updates can be applied to cases diagnosed 2018+.

Table 4: Changes to Grade Manual, Version 2.0			
Grade Table #	**Sites Included**	**Original Text**	**Updated Text**
Grade Tables 1-25, 98, 99	New 'yc' grade tables		Basic notes for yc. Additional notes are included as applicable in specific Grade Tables **Note 1:** Leave grade post therapy clin (yc) 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, post therapy clin or post therapy path **Note 2:** Assign the highest grade from the microscopically sampled specimen of the primary site following neoadjuvant therapy or primary systemic/radiation therapy. **Note 3:** If there are multiple tumors with different grades abstracted as one primary, code the highest grade. **Note 4:** Code 9 when • Microscopic exam is done after neoadjuvant therapy and grade from the primary site is not documented • Microscopic exam 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

Table 4: Changes to Grade Manual, Version 2.0			
Grade Table #	**Sites Included**	**Original Text**	**Updated Text**
Grade Tables 1-25, 98, 99	All Grade Tables • Grade Clinical • Grade Post Therapy Clin (yc) • Grade Pathological • Grade Post Therapy Path (yp)		New note (number varies) If there are multiple tumors with different grades abstracted as one primary, code the highest grade. Note (for change log only) • This instruction has been confirmed with the CAP Cancer Committee
Grade Tables 1-25, 98, 99	Grade Clinical	**Note:** 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 appropriate per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade	**Note :** If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a Grade Clinical and code appropriately per Grade Clinical categories for that site, and then code unknown (9) for Grade Pathological, and blank for Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp).
Grade Tables 1-25	Grade Pathological		**Note 2:** There is a preferred grading system for this schema. If the clinical grade given uses the preferred grading system and the pathological grade does not use the preferred grading system, do not record the Grade Clinical in the Grade Pathological field. Assign Grade Pathological (*note: the instructions following this is grade table specific).* • *Grade table specific example and coding instructions*

Table 4: Changes to Grade Manual, Version 2.0			
Grade Table #	**Sites Included**	**Original Text**	**Updated Text**
Grade Tables 1-25, 98, 99	Grade Pathological		New note (number varies) Use the grade from the **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection • **Behavior** ○ Tumor behavior for the clinical and the pathological diagnoses are the same AND the clinical grade is the highest grade ○ Tumor behavior for clinical diagnosis is invasive, and the tumor behavior for the pathological diagnosis is in situ • **Surgical Resection** ○ Surgical resection is done of the primary tumor and there is no grade documented from the surgical resection ○ Surgical resection is done of the primary tumor and there is no residual cancer ○ Surgical resection of the primary tumor has not been done, but there is positive microscopic confirmation of distant metastases during the clinical time frame
Grade Tables 1-25, 98, 99	Grade Post Therapy Path (yp)	**Note 1:** Leave post therapy grade blank when • No neoadjuvant therapy	**Note 1:** Leave Grade Post Therapy Path (yp) blank when • No neoadjuvant therapy • Clinical or pathological case only

Table 4: Changes to Grade Manual, Version 2.0			
Grade Table #	**Sites Included**	**Original Text**	**Updated Text**
		• Clinical or pathological case only • There is only one grade available and it cannot be determined if it is clinical, pathological or post therapy	• There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path
08	Bone • Grade Clinical • Grade Post Therapy Clin (yc) • Grade Pathological • Grade Post Therapy Path (yp)	**Note 4:** Codes 1-3 take priority over H. **Note 5:** G3 includes undifferentiated and anaplastic.	**Note 4:** Code 1 for stated as "low grade" only. **Note 5:** Codes 1-3 take priority over H. If "high grade" is documented and G2 (Moderately differentiated, high grade) or G3 (Poorly differentiated, high grade) are not documented, code H (high grade, NOS) **Note 6**: G3 includes undifferentiated and anaplastic.
12	Breast • Grade Clinical • Grade Pathological		**Note 8:** Grade from nodal tissue may be used ONLY when there was never any evidence of primary tumor (T0). Grade would be coded using G1, G2, or G3, even if the grading is not strictly Nottingham, which is difficult to perform in nodal tissue. Some of the terminology may include differentiation terms without some of the morphologic features used in Nottingham (e.g., well differentiated (G1), moderately differentiated (G2), or poorly/undifferentiated (G3)). • *Example:* No breast tumor identified, but 2/3 axillary nodes were positive. Determined to be regional node metastasis from breast primary. Nodes were described as poorly differentiated with a high mitotic rate ○ Code G3 based on the poorly differentiated (which is a high grade) although the terminology used is for nuclear grading

Table 4: Changes to Grade Manual, Version 2.0			
Grade Table #	**Sites Included**	**Original Text**	**Updated Text**
13	Corpus Uteri and Carcinosarcoma • Grade Clinical • Grade Post Therapy Clin (yc) • Grade Pathological • Grade Post Therapy Path (yp)	**Note 2:** (all grade tables) Assign the highest grade from the primary tumor assessed during the clinical time frame.	**Note 2:** Assign the highest grade from the primary tumor assessed during the clinical time frame. • Per clarification from the CAP Cancer Committee based on the CAP Protocol, the following histologies must be assigned a G3 (code 3): Serous, clear cell, undifferentiated/de-differentiated carcinomas, carcinosarcomas, and mixed mesodermal tumors (Mullerian)/MMMT are *high risk (high grade)*
14	Corpus Adenosarcoma • Grade Clinical • Grade Post Therapy Clin (yc) • Grade Pathological • Grade Post Therapy Path (yp)	**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 4:** G3 includes anaplastic. **Note 5:** Sarcomatous overgrowth (S) takes priority over L and H • *Example*: Pathology report: Adenocarcinoma with sarcomatous overgrowth, high and low grade • Code Grade to S for the sarcomatous overgrowth **Note 6:** 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
15	Ovary, Primary Peritoneal Carcinoma, Fallopian Tube • Grade Clinical • Grade Post Therapy Clin (yc)	Note 3, first bullet: • Immature teratomas and serous carcinomas, codes L and H, otherwise code 9	Note 4, first bullet: • Immature teratomas and serous carcinomas: Use codes L, H, or 9. This include the following ICD-O-3 codes: 8441/2, 8441/3, 8460/3, 8461/3, 8474/3

Table 4: Changes to Grade Manual, Version 2.0			
Grade Table #	**Sites Included**	**Original Text**	**Updated Text**
	• Grade Pathological • Grade Post Therapy Path (yp)		
22	Lacrimal Gland • Grade Clinical • Grade Post Therapy Clin (yc) • Grade Pathological • Grade Post Therapy Path (yp)	**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 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: Codes 1-3 take priority over A-D.
22	Lacrimal Gland • Grade Clinical • Grade Post Therapy Clin (yc) • Grade Pathological • Grade Post Therapy Path (yp)	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	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 4: G4: Undifferentiated 9: Grade cannot be assessed (GX); Unknown **Note (for change log only)** Determined to have wrong codes for Lacrimal Gland. G4 missing and A-D codes not applicable for this schema. Cases from 2018+ forward will be automatically converted for the 2021 software update. No registrar input needed 1-no change

Table 4: Changes to Grade Manual, Version 2.0			
Grade Table #	**Sites Included**	**Original Text**	**Updated Text**
		9: Grade cannot be assessed (GX); Unknown	2-no change 3-no change 4-new code A-convert to 1 B-convert to 2 C-convert to 3 D-convert to 4 9-no change
23	Lymphoma Ocular Adnexa • Grade Clinical • Grade Post Therapy Clin (yc) • Grade Pathological • Grade Post Therapy Path (yp)	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)	1: G1: 0-5 centroblasts per HPF 2: G2: 6-15 centroblasts per HPF 3: G3: More than 15 centroblasts per 10 HPF but with admixed centrocytes 4: G4: More than 15 centroblasts per 10 HPF but without centrocytes 9: Grade cannot be assessed (GX); Unknown; Not a follicular histology (9690/3, 9691/3, 9695/3, 9698/3) **Note (for change log only)** Determined to have wrong codes for Lymphoma Ocular Adnexa. Cases from 2018+ forward will be automatically converted for the 2021 software update. No registrar input needed 1- no change 2- no change 3- no change 4- convert to 3

Table 4: Changes to Grade Manual, Version 2.0			
Grade Table #	**Sites Included**	**Original Text**	**Updated Text**
			5- convert to updated definition of 4 L- convert to 9 9- no change
24	Brain, CNS Other, Intracranial Gland • Grade Clinical • Grade Post Therapy Clin (yc) • Grade Pathological • Grade Post Therapy Path (yp)	**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 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 ○ A list of the histologies that have a default grade can also be found in the *Brain/Spinal Cord* CAP Protocol in Table 1: *WHO Grading System for Some of the More Common Tumors of the CNS*, Table 2: *WHO Grading System for Diffuse Infiltrating Astrocytomas and Table* 3: *WHO Grading Meningiomas* https://www.cap.org/protocols-and-guidelines/cancer-reporting-tools/cancer-protocol-templates • For **benign tumors ONLY (behavior 0),** code 1 can be automatically assigned ○ This was confirmed by the CAP Cancer Committee