

Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

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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 Grade Clinical, Grade Pathological, and Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) data items.

- Grade Post Therapy Clin (yc) was added in 2021, and Grade Post Therapy Grade was changed to Grade Post Therapy Path (yp)

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 Grade Clinical, Grade Pathological, Grade Post Therapy Clin (yc) and Grade Post Therapy Path (yp) 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), the current AJCC Cancer Staging System 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	Tongue Anterior	Grade 01
00073	Gum	7	Oral Cavity	Gum	Grade 01
00074	Floor of Mouth	7	Oral Cavity	Floor of Mouth	Grade 01
00075	Palate Hard	7	Oral Cavity	Palate Hard	Grade 01
00076	Buccal Mucosa	7	Oral Cavity	Buccal Mucosa	Grade 01
00077	Mouth Other	7	Oral Cavity	Mouth Other	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 [8 th : 2018-2020]	52	Cervix Uteri	Cervix	Grade 01
09520	Cervix [9 th : 2021+]	NA	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

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

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
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
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 (Adult and Pediatric chapters)	Lymphoma	Grade 88
00795	Lymphoma-CLL/SLL	79, 80	Hodgkin and Non-Hodgkin Lymphoma (Adult and Pediatric chapters)	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), the current AJCC Cancer Staging System 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 [8 th : 2018-2020]	52	Cervix Uteri	Cervix	Grade 01
09520	Cervix [9 th : 2021+]	NA	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

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00541	Corpus Sarcoma	54	Corpus Uteri-Sarcoma	Corpus Sarcoma (including Adenosarcoma)	Grade 13
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

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
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
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

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00301	NET Duodenum	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater	Small Intestine (including NET)	Grade 07
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

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
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
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 current *AJCC Cancer Staging System*

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 (Grade Clinical, Grade Pathological, Grade Post Therapy Clin (yc), Grade Post Therapy Path (yp), 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. In 2021, Grade Post Therapy was changed to Grade Post Therapy Path (yp) and Grade Post Therapy Clin (yc) was added. The revised grade codes are based on the recommended grading systems specified in the relevant chapters of the current AJCC Cancer Staging System 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 current AJCC Cancer Staging System.

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 four 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. Although many AJCC chapters continue to use the traditional grade terms, codes A-E are not available for all cancers and 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 clin and path grades must be blank.

General Grade Coding Instructions for Solid Tumors

Listed below are general guidelines for coding all four 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 clinical (yc) when grade is available after neoadjuvant therapy and prior to surgical resection and grade post therapy pathological (yp) cases when grade is available from post neoadjuvant surgery.
5. If a case is sent out for consult and the grade results are different than the original case, record the results from the consult
 - a. *Example 1:* Patient had biopsy done at a facility which showed a moderately differentiated tumor. Slides were sent out for consult and their review showed a well differentiated tumor.
 - i. Record the well differentiated grade based on the consult

General Instructions for the Time Frames for Grade

The four 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 Post Therapy Clin (yc)

This data item was introduced for cases diagnosed 1/1/2021. For cases diagnosed 2018-2020, this field can be left blank.

For the Grade Post Therapy Clin (yc) data item, record the grade of a solid primary tumor that has been microscopically sampled following neoadjuvant therapy or primary systemic/radiation therapy. If AJCC staging is being assigned, the tumor must have met the neoadjuvant therapy or primary systemic/radiation therapy requirements in the AJCC manual or according to national treatment guidelines.

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 Path (yp)

For the Grade Post Therapy Path (yp) data item, record the grade of a solid primary tumor that has been resected following neoadjuvant therapy. If AJCC post therapy path 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 may include the grade from the post-therapy clinical workup (yc), as all information from the completion of neoadjuvant therapy (post-therapy clinical (yc)) through the surgical resection is used for post-therapy grade (yp).

Grade obtained prior to neoadjuvant therapy (clinical grade obtained during the initial workup) cannot be used after the initiation of neoadjuvant therapy and thus cannot be used to record Grade Post-therapy Path (yp)

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, Grade Post Therapy Clin (yc) (implemented in 2021) and Grade Post Therapy Path (yp), replaces all previous grade related data items, including NAACCR Data Item Grade (#440) and Collaborative Stage Site Specific Factors SSF's (2004-2017) 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 may 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade

Note 4: Code 9 (unknown) 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 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).

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

Grade Post Therapy Clinical (yc)

Item Length: 1

NAACCR Item #: 1068

Description

This data item, implemented in 2021, records the grade of a solid primary tumor that has been microscopically sampled following neoadjuvant therapy or primary systemic/radiation therapy. If AJCC staging is being assigned, the tumor must have met the neoadjuvant therapy or primary systemic/radiation therapy requirements in the AJCC manual or according to national treatment guidelines.

Record the highest grade documented from the microscopically sampled specimen of the primary site following neoadjuvant therapy or primary systemic/radiation therapy.

For cases diagnosed January 1, 2021, and later, this data item, along with Grade Clinical, Grade Pathological, and Grade Post Therapy Path (yp), replaces all previous grade related data items, including NAACCR Data Item Grade [440] and Collaborative Stage Site-Specific Factors (SSF's) (2004-2017) 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 grade post therapy clin (yc) 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) take priority over the generic grade definitions (codes A-E, L, H, 9). For those cases that are not eligible for AJCC staging, if the recommended grading system is not documented, the generic grade definitions may 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 microscopically sampled following neoadjuvant therapy or primary systemic/radiation therapy.

- If AJCC staging is being assigned, the tumor must meet the neoadjuvant therapy or primary systemic/radiation therapy requirements in the AJCC manual or according to national treatment guidelines

Coding Guidelines

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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 (unknown) 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

See the individual site-specific Grade Post Therapy Clin (yc) 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, Grade Post Therapy Clin (yc) (implemented in 2021) and Grade Post Therapy Path (yp), replaces all previous grade related data items, including NAACCR Data Item Grade (#440) and Collaborative Stage Site-Specific Factors (SSF's) (2004-2017) 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 may 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: Grade Pathological must not be blank.

Note 2: There is a preferred grading system for this schema. If the Grade Clinical given uses the preferred grading system and the Grade Pathological does not use the preferred grading system, do not record the Grade Clinical in the Grade Path field.

- *Example:* Biopsy of primary site shows a moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma
 - Grade Clinical would be coded as G2 (code 2) since Moderately differentiated (G2) is the preferred grading system
 - Grade Pathological would be coded as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade

Note 5: 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

Note 6: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 5, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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

Grade Post Therapy Path (yp)

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, Grade Pathological, and Grade Post Therapy Clin (yc), replaces all previous grade related data items, including NAACCR Data Item Grade (#440) and Collaborative Stage Site-Specific Factors (SSF's) (2004-2017) 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 may 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- **Neoadjuvant therapy completed; surgical resection not done**
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field.

- *Example:* Neoadjuvant therapy completed. Biopsy of primary site shows a moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma
 - Grade Clinical Post Therapy (yc) would be coded as G2 (code 2) since Moderately Differentiated is the preferred grading system
 - Grade Path Post Therapy (yp) would be coded as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade

Note 5: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 6: Code 9 (unknown) 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 Grade Post Therapy Path (yp) 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	Assigned Grade Code
Differentiated, NOS	A
Well differentiated	A
Only stated as 'Grade I'	A
Fairly well differentiated	B
Intermediate differentiation	B
Low grade	B
Mid differentiated	B
Moderately differentiated	B
Moderately well differentiated	B
Partially differentiated	B
Partially well differentiated	B
Relatively or generally well differentiated	B
Only stated as 'Grade II'	B

Description	Assigned Grade Code
Medium grade, intermediate grade	C
Moderately poorly differentiated	C
Moderately undifferentiated	C
Poorly differentiated	C
Relatively poorly differentiated	C
Relatively undifferentiated	C
Slightly differentiated	C
Dedifferentiated	C
Only stated as 'Grade III'	C
High grade	D
Undifferentiated, anaplastic, not differentiated	D
Only stated as 'Grade IV'	D
Non-high grade	9

Grade 01**Grade ID 01-Grade Clinical 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 [8 th :2018-2020]	52	Cervix Uteri
09520	Cervix [9 th : 2021+]	52	Cervix Uteri

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: G3 includes undifferentiated and anaplastic.

Note 5: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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

Grade 01

Grade ID 01-Grade Post Therapy Clin (yc) 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 [8 th :2018-2020]	52	Cervix Uteri
09520	Cervix [9 th : 2021+]	52	Cervix Uteri

Note 1: Leave grade post therapy clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: G3 includes undifferentiated and anaplastic.

Note 5: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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

Grade ID 01-Grade Pathological 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 [8 th :2018-2020]	52	Cervix Uteri
09520	Cervix [9 th : 2021+]	52	Cervix Uteri

Note 1: Grade Pathological must not be blank.

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 9.

- *Example:* Biopsy of primary site shows a moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma.
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes undifferentiated and anaplastic.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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

Grade ID 01-Grade Post Therapy Path (yp) 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 [8 th :2018-2020]	52	Cervix Uteri
09520	Cervix [9 th : 2021+]	52	Cervix Uteri

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- **Neoadjuvant therapy completed; surgical resection not done**
- 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: There is a preferred grading system for this schema. If the clinical post therapy grade given uses the preferred grading system and the pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy (yp) 9.

- *Example:* Neoadjuvant therapy completed. Biopsy of primary site shows a moderately differentiated adenocarcinoma. The post therapy surgical resection states a high grade adenocarcinoma.
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes undifferentiated and anaplastic.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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
Blank	See Note 1

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

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

Grade 02

Grade ID 02-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: G4 includes anaplastic.

Note 5: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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

Grade ID 02-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: G4 includes anaplastic.

Note 5: Code 9 (unknown) 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

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

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

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

Grade ID 02-Grade Pathological 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: Grade Pathological must not be blank.

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 9.

- *Example:* Biopsy of colon shows a moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma.
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G4 includes anaplastic.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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

Grade ID 02-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) 9.

- *Example:* Neoadjuvant therapy completed. Biopsy of colon shows a moderately differentiated adenocarcinoma. The post therapy surgical resection states a high grade adenocarcinoma.
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G4 includes anaplastic.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**

- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

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

Grade 03

Grade ID 03-Grade Clinical 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)	16.2, 16.3	Esophagus and Esophagogastric Junction: Adenocarcinoma

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: G3 includes anaplastic.

Note 5: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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

Grade ID 03-Grade Post Therapy Clin (yc) 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)	16.2, 16.3	Esophagus and Esophagogastric Junction: Adenocarcinoma

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: G3 includes anaplastic.

Note 5: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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

Grade ID 03- Grade Pathological 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)	16.2, 16.3	Esophagus and Esophagogastric Junction: Adenocarcinoma

Note 1: Grade Pathological must not be blank.

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 9.

- *Example:* Biopsy of esophageal tumor shows a moderately adenocarcinoma. The surgical resection states a high grade adenocarcinoma.
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes anaplastic.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

Note 8: 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 \(in Schema ID order\)](#)

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

Grade ID 03-Grade Post Therapy Path (yp) 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)	16.2, 16.3	Esophagus and Esophagogastric Junction: Adenocarcinoma

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) 9.

- *Example:* Neoadjuvant therapy completed. Biopsy of esophageal tumor shows a moderately adenocarcinoma. The surgical resection states a high grade adenocarcinoma.
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes anaplastic.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

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

Grade 04

Grade ID 04- Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: G3 includes anaplastic.

Note 5: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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

Grade ID 04- Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: G3 includes anaplastic.

Note 5: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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

Grade ID 04-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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 9.

- *Example:* Biopsy of stomach tumor shows a moderately adenocarcinoma. The surgical resection states a high grade adenocarcinoma.
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes anaplastic.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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

Grade ID 04- Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) 9.

- *Example:* Neoadjuvant therapy completed. Biopsy of stomach tumor shows a moderately adenocarcinoma. The surgical resection states a high grade adenocarcinoma.
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes anaplastic.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

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

Grade 05

Grade ID 05-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: G3 includes undifferentiated and anaplastic.

Note 5: Code 9 (unknown) 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 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).

Note 7: 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 \(in Schema ID order\)](#)

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

Grade ID 05-Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: G3 includes undifferentiated and anaplastic.

Note 5: Code 9 (unknown) 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

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
Blank	See Note 1

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

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

Grade ID 05-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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 9.

- *Example:* Biopsy of appendiceal tumor shows a moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma.
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes undifferentiated and anaplastic.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

Note 8: 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 \(in Schema ID order\)](#)

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

Grade ID 05-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Pathological (yp) 9.

- *Example:* Neoadjuvant therapy completed. Biopsy of appendiceal tumor shows a moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma.
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes undifferentiated and anaplastic.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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 8: 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 \(in Schema ID order\)](#)

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

Grade 06

Grade ID 06-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: G4 includes anaplastic.

Note 6: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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

Grade ID 06-Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes 1-4 take priority over L and H.

Note 5: G4 includes anaplastic.

Note 6: Code 9 (unknown) 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

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
Blank	See Note 1

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

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

Grade ID 06-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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.

- *Example:* Anal biopsy reports states moderately differentiated squamous cell carcinoma. The surgical resection states a low grade squamous cell carcinoma. Assign Grade Pathological using the L code
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as L since the preferred grading system was not used and there is a code available for “low grade” only

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes 1-4 take priority over L and H.

Note 6: G4 includes anaplastic.

Note 7: 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

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 7, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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

Grade ID 06-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field.

- *Example:* Neoadjuvant therapy completed. Anal biopsy reports states moderately differentiated squamous cell carcinoma. The surgical resection states a low grade squamous cell carcinoma. Assign Grade Post Therapy Path (yc) using the L code
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as L since the preferred grading system was not used and there is a code available for “low grade” only

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes 1-4 take priority over L and H.

Note 6: G4 includes anaplastic.

Note 7: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 8: Code 9 (unknown) 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 (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;
Blank	See Note 1

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

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

Grade 07**Grade ID 07-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: Code 9 (unknown) 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 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).

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

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

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

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

Grade ID 07-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes 1-3 take priority over codes A-D.

Note 5: Code 9 (unknown) 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

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

Code	Grade Description
Blank	See Note 1

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

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Grade ID 07-Grade Pathological 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: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Neuroendocrine tumor, biopsy reports a clinical grade of G1 based on a mitotic count less than 2 and Ki-67 as 1.4%. The surgical resection states a well differentiated neuroendocrine tumor without further documentation regarding the mitotic count and Ki-67. Assign Grade Pathological using the applicable generic grade codes (A-D).
 - Grade Clinical would be coded as 1 (G1) since the preferred grading system is based on the mitotic count and Ki-67
 - Grade Pathological would be coded as A for well differentiated, per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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Grade ID 07-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- **Neoadjuvant therapy completed; surgical resection not done**
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Neuroendocrine tumor, biopsy reports a clinical grade of G1 based on a mitotic count less than 2 and Ki-67 as 1.4%. The surgical resection states a well differentiated neuroendocrine tumor without further documentation regarding the mitotic count and Ki-67. Assign Grade Pathological using the applicable generic grade codes (A-D).
 - Grade Post Therapy Clin (yc) would be coded as 1 (G1) since the preferred grading system is based on the mitotic count and Ki-67
 - Grade Post Therapy Path (yp) would be coded as A for well differentiated, per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade

- Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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 \(in Schema ID order\)](#)

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Grade 08

Grade ID 08-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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.

Note 7: Code 9 (unknown) 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 8: 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).

Note 9: 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 \(in Schema ID order\)](#) Return to [Grade Tables \(in Alphabetical order\)](#)

Grade ID 08-Grade Post Therapy Clin (yc) 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: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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 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.

Note 7: Code 9 (unknown) 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

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

Grade ID 08-Grade Pathological 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: Grade Pathological must not be blank.

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.

- *Example:* Bone biopsy reports states moderately differentiated sarcoma. The surgical resection states a high grade sarcoma. Assign Grade Pathological using the H code
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as H since the preferred grading system was not used and there is a code available for “high grade” only

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: 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 7: G3 includes undifferentiated and anaplastic.

Note 8: 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

Note 9: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 8, Surgical resection, last bullet)

- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

Note 10: 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 \(in Schema ID order\)](#)

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Grade ID 08-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- **Neoadjuvant therapy completed; surgical resection not done**
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field.

- **Example:** Neoadjuvant therapy completed. Bone biopsy reports states moderately differentiated sarcoma. The surgical resection states a high grade sarcoma. Assign Grade Post Therapy Path (yp) using the H code
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as H since the preferred grading system was not used and there is a code available for “high grade” only

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Code the appropriate grade from a resection done after neoadjuvant therapy.

Note 6: 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 7: Code 1 for stated as “low grade” only.

Note 8: G3 includes undifferentiated and anaplastic.

Note 9: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ

- **Surgical Resection**

- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 10: Code 9 (unknown) 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 11: 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 \(in Schema ID order\)](#)

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Grade 09

Grade ID 09-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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

Grade ID 09-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes 1-3 take priority over A-D.

Note 5: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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Grade ID 09-Grade Pathological 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: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Biopsy shows a myxofibrosarcoma, FNCLCC grade score 2. The surgical resection states a high grade myxofibrosarcoma
 - Code Grade Clinical as 2 (G2) since FNCLCC is the preferred grading system
 - Code Grade Pathological as D for high grade, per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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Grade ID 09-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Biopsy shows a myxofibrosarcoma, FNCLCC grade score 2. The surgical resection states a high grade myxofibrosarcoma
 - Code Grade Post Therapy Clin (yc) as 2 (G2) since FNCLCC is the preferred grading system
 - Code Grade Post Therapy Path (yp) as D for high grade, per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ

- **Surgical Resection**

- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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

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Grade 10

Grade ID 10-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: Code 9 (unknown) 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 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).

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: 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 \(in Schema ID order\)](#)

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

Grade ID 10-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes 1-3 take priority over A-D.

Note 5: Code 9 (unknown) 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

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
Blank	See Note 1

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

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

Grade ID 10-Grade Pathological 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: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Biopsy shows a myxofibrosarcoma, FNCLCC grade score 2. The surgical resection states a high grade myxofibrosarcoma
 - Code Grade Clinical as 2 (G2) since FNCLCC is the preferred grading system
 - Code Grade Pathological as D for high grade, per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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: 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 \(in Schema ID order\)](#)

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

Grade ID 10-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Biopsy shows a myxofibrosarcoma, FNCLCC grade score 2. The surgical resection states a high grade myxofibrosarcoma
 - Code Grade Post Therapy Clin (yc) as 2 (G2) since FNCLCC is the preferred grading system
 - Code Grade Post Therapy Path (yp) as D for high grade, per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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
- 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 \(in Schema ID order\)](#)

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

Grade 11

Grade ID 11-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: 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 6: Code 9 (unknown) 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 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).

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
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

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

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

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

Grade ID 11-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes L and H take priority over A-D.

Note 5: 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 6: Code 9 (unknown) 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

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

Code	Grade Description
Blank	See Note 1

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

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

Grade ID 11-Grade Pathological 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: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Biopsy shows a GIST tumor. Grade stated as Low based on less than 5 mitoses per 5 square mm. The surgical resection states a moderately differentiated GIST tumor
 - Code Grade Clinical as L since grade is based on the mitotic rate, which is the preferred grading system
 - Code Grade Pathological as B for moderately differentiated, per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes L and H take priority over A-D.

Note 6: 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 7: 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

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 7, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available

Note 9: 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 \(in Schema ID order\)](#)

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

Grade ID 11-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Biopsy shows a GIST tumor. Grade stated as Low based on less than 5 mitoses per 5 square mm. The surgical resection states a moderately differentiated GIST tumor
 - Code Grade Post Therapy Clin (yc) as L since grade is based on the mitotic rate, which is the preferred grading system
 - Code Grade Post Therapy Path (yp) as B for moderately differentiated, per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes L and H take priority over A-D.

Note 6: 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 7: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**

- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 8: Code 9 (unknown) 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 9: 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 \(in Schema ID order\)](#)

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

Grade 12

Grade ID 12-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: 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 5: 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 6: 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 7: 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

Note 8: Code 9 (unknown) 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 9: 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).

Note 10: 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 \(in Schema ID order\)](#)

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

Grade ID 12-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: 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 5: 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 6: 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 7: Code 9 (unknown) 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

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)
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
Blank	See Note 1

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

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Grade ID 12-Grade Pathological 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: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Breast biopsy, invasive ductal carcinoma, Nottingham grade 2. Lumpectomy, invasive ductal carcinoma, nuclear grade 3
 - Code Grade Clinical 2 (G2) since Nottingham is the preferred grading system
 - Code Grade Pathological as C (Nuclear Grade 3), per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: 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 6: 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 7: 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 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

Note 9: 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

Note 10: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 9, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

Note 11: 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 \(in Schema ID order\)](#)

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Grade ID 12-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Breast biopsy, invasive ductal carcinoma, Nottingham grade 2. Lumpectomy, invasive ductal carcinoma, nuclear grade 3
 - Code Grade Post Therapy Clin (yc) 2 (G2) since Nottingham is the preferred grading system
 - Code Grade Post Therapy Path (yp) as C (nuclear Grade 3), per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: 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 6: 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 7: 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 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

Note 9: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 10: Code 9 (unknown) 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 11: 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
Blank	See Note 1

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Grade 13

Grade ID 13-Grade Clinical 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: Grade Clinical must not be blank.

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/differentiated carcinomas, carcinosarcomas, and mixed mesodermal tumors (Mullerian/MMMT) are *high risk (high grade)*

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade

Note 4: G3 includes anaplastic.

Note 5: Code 9 (unknown) 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 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).

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

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Grade ID 13-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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.

- 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)*

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: G3 includes anaplastic.

Note 5: Code 9 (unknown) 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

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
Blank	See Note 1

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Grade ID 13-Grade Pathological 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: Grade Pathological must not be blank.

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 9.

- *Example:* Biopsy of corpus shows a well differentiated endometrioid carcinoma, FIGO Grade 1. The surgical resection states a high grade endometrioid carcinoma
 - Code Grade Clinical as 1 since FIGO and well differentiated is the preferred grading system
 - Code Grade Pathological as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 3: Assign the highest grade from the primary tumor.

- 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)*

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes anaplastic.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))

- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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

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Grade ID 13-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) 9.

- *Example:* Neoadjuvant therapy completed. Biopsy of corpus shows a well differentiated endometrioid carcinoma, FIGO Grade 1. The surgical resection states a high grade endometrioid carcinoma
 - Code Grade Post Therapy Clin (yc) as 1 since FIGO and well differentiated is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

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

- 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)*

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes anaplastic.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection

- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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
Blank	See Note 1

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Grade 14

Grade ID 14-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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 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 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).

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

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Grade ID 14-Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: 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

- 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

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

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Grade ID 14-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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.

- *Example:* Corpus biopsy reports states moderately differentiated adenosarcoma. The surgical resection states a high grade adenosarcoma. Assign Grade Pathological using the H code
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as H since the preferred grading system was not used and there is a code available for “high grade” only

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes anaplastic.

Note 6: 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 7: 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

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 7, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)

- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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

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Grade ID 14-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field.

- *Example:* Neoadjuvant therapy completed. Corpus biopsy reports states moderately differentiated adenosarcoma. The surgical resection states a high grade adenosarcoma. Assign Grade Post Therapy Path (yp) using the H code
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as H since the preferred grading system was not used and there is a code available for “high grade” only

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes anaplastic.

Note 6: 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 7: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer

- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 8: Code 9 (unknown) 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

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Grade 15

Grade ID 15-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: The grading system for this chapter is based on histology

- 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, 9080/3
- 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 5: G3 includes anaplastic.

Note 6: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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Grade ID 15-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: The grading system for this chapter is based on histology

- 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, 9080/3
- 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 5: G3 includes anaplastic.

Note 6: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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Grade ID 15-Grade Pathological 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: Grade Pathological must not be blank.

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.

- *Example:* Ovarian biopsy reports states moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma. Assign Grade Pathological using the H code
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as H since the preferred grading system was not used and there is a code available for “high grade” only

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: The grading system for this chapter is based on histology

- 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, 9080/3
- 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 6: G3 includes anaplastic.

Note 7: 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

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 7, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))

- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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Grade ID 15-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field.

- *Example:* Neoadjuvant therapy completed. Ovarian biopsy reports states moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma. Assign Grade Post Therapy Path (yp) using the H code
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as H since the preferred grading system was not used and there is a code available for “high grade” only

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: The grading system for this chapter is based on histology

- 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, 9080/3
- 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 6: G3 includes anaplastic.

Note 7: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection

- Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 8: Code 9 (unknown) 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 \(in Schema ID order\)](#)

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Grade 16

Grade ID 16-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: G3 includes undifferentiated and anaplastic.

Note 5: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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Grade ID 16-Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: G3 includes undifferentiated and anaplastic.

Note 5: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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

Grade ID 16-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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 9.

- *Example:* Biopsy of penis shows a moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes undifferentiated and anaplastic.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 5, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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Grade ID 16-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) 9.

- *Example:* Neoadjuvant therapy completed. Biopsy of penis shows a moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G3 includes undifferentiated and anaplastic.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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 \(in Schema ID order\)](#)

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Grade 17

Grade ID 17-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: Codes 1-5 take priority over A-E.

Note 5: For prostate, a TURP qualifies for a clinical grade only.

Note 6: Code 9 (unknown) 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 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).

Note 8: 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 \(in Schema ID order\)](#)

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

Grade ID 17-Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes 1-5 take priority over A-E.

Note 5: For prostate, a TURP qualifies for a clinical grade only.

Note 6: Code 9 (unknown) 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

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

Code	Grade Description
9	Grade cannot be assessed; Unknown
Blank	See Note 1

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

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

Grade ID 17-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Biopsy of prostate, adenocarcinoma, Gleason Patterns 2+3, Score=5. The surgical resection states a moderately differentiated adenocarcinoma
 - Code Grade Clinical as 1 since score is less than 6 and this is the preferred grading system
 - Code Grade Pathological as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: For prostate, a TURP does not qualify for surgical resection. A prostatectomy must be performed.

Note 7: 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

Note 8: The Grade Pathological may differ from Gleason Patterns Pathological [NAACCR #3839] and Gleason Score Pathological [NAACCR #3841] if the Grade Clinical, based on Gleason Patterns Clinical [NAACCR #3838] and Gleason Score Clinical [NAACCR #3840], is higher.

- *Example:* Prostate biopsy, Gleason Pattern 4+4 and Gleason Score 8. Prostatectomy, Gleason Pattern 3+ 3 and Gleason Score 6.
 - Both Grade Clinical and Grade Pathological would be coded 4 based on the Gleason Score Clinical of 8

- Gleason Patterns Pathological would be coded 33 and Gleason Score Pathological would be coded 06

Note 9: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 8, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

Note 10: 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 \(in Schema ID order\)](#)

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Grade ID 17-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Biopsy of prostate, adenocarcinoma, Gleason Patterns 2+3, Score=5. The surgical resection states a moderately differentiated adenocarcinoma
 - Code Grade Post Therapy Clin (yc) as 1 since score is less than 6 and this is the preferred grading system
 - Code Grade Post Therapy Path (yp) as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: For prostate, a TURP does not qualify for surgical resection. A prostatectomy must be performed.

Note 7: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer

- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 8: Code 9 (unknown) 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 9: 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 \(in Schema ID order\)](#)

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Grade 18

Grade ID 18-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: 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 6: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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Grade ID 18-Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes 1-4 take priority over codes A-D.

Note 5: 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 6: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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Grade ID 18-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Biopsy of kidney shows a renal cell carcinoma, G2. The surgical resection states a moderately differentiated renal cell carcinoma
 - Code Grade Clinical as 2 since G2 is documented and this is the preferred grading system
 - Code Grade Pathological as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes 1-4 take priority over codes A-D.

Note 6: 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 7: 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

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 7, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)

- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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Grade ID 18-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Biopsy of kidney shows a renal cell carcinoma, G2. The surgical resection states a moderately differentiated renal cell carcinoma
 - Code Grade Post Therapy Clin (yc) as 2 since G2 is documented and this is the preferred grading system
 - Code Grade Post Therapy Path (yp) as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes 1-4 take priority over codes A-D.

Note 6: 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 7: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 8: Code 9 (unknown) 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 \(in Schema ID order\)](#)

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Grade 19

Grade ID 19-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: 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 5: G3 includes undifferentiated and anaplastic.

Note 6: For bladder, a TURB qualifies for a clinical grade only.

Note 7: Code 9 (unknown) 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 8: 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).

Code	Grade Description
1	G1: Well differentiated

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

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Grade ID 19-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: 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 5: G3 includes undifferentiated and anaplastic.

Note 6: For bladder, a TURB qualifies for a clinical grade only.

Note 7: Code 9 (unknown) 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

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated

Code	Grade Description
L	LG: Low-grade
H	HG: High-grade
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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

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Grade ID 19-Grade Pathological 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: Grade Pathological must not be blank.

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.

- *Example:* Biopsy reports states moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma. Assign Grade Pathological 9
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as 9 (unknown) per Note 5. Code H would not be used since the histology was not an urothelial histology

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: 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 6: G3 includes undifferentiated and anaplastic.

Note 7: For bladder, a TURB does not qualify for surgical resection. A cystectomy, or partial cystectomy, must be performed

Note 8: 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

Note 9: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 8, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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

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Grade ID 19-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field.

- *Example:* Neoadjuvant therapy completed. Biopsy reports states moderately differentiated adenocarcinoma. The surgical resection states a high grade adenocarcinoma. Assign Grade Post Therapy Path (yp) 9
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 (unknown) per Note 5. Code H would not be used since the histology was not an urothelial histology

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: 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 6: G3 includes undifferentiated and anaplastic.

Note 7: For bladder, a TURB does not qualify for surgical resection. A cystectomy, or partial cystectomy, must be performed

Note 8: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 9: Code 9 (unknown) 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

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Grade 20

Grade ID 20-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: For this grading system, the CAP Checklist refers to this as “histologic type,” instead of grade.

Note 6: Code 9 (unknown) 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 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).

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

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Grade ID 20-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes 1-3 take priority over A-D.

Note 5: For this grading system, the CAP Checklist refers to this as “histologic type,” instead of grade.

Note 6: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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Grade ID 20-Grade Pathological 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: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Biopsy of iris shows a mixed cell melanoma, G2. The surgical resection states a moderately differentiated melanoma
 - Code Grade Clinical as 2 since G2 is documented and this is the preferred grading system
 - Code Grade Pathological as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: For this grading system, the CAP Checklist refers to this as “histologic type,” instead of grade.

Note 7: 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

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 7, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)

- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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

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Grade ID 20-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Biopsy of iris shows a mixed cell melanoma, G2. The surgical resection states a moderately differentiated melanoma
 - Code Grade Post Therapy Clin (yc) as 2 since G2 is documented and this is the preferred grading system
 - Code Grade Post Therapy Path (yp) as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 6: For this grading system, the CAP Checklist refers to this as “histologic type,” instead of grade.

Note 7: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 8: Code 9 (unknown) 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 \(in Schema ID order\)](#)

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Grade 21

Grade ID 21-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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Grade ID 21- Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes 1-4 take priority over A-D.

Note 5: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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Grade ID 21-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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 the Grade Pathological using the applicable generic grade codes (A-D).

- *Example:* Biopsy of eye shows a retinoblastoma, G2. The surgical resection states a moderately differentiated retinoblastoma.
 - Code Grade Clinical as 2 since G2 is documented and this is the preferred grading system
 - Code Grade Pathological as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes 1-4 take priority over A-D.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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

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Grade ID 21-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign the Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Biopsy of eye shows a retinoblastoma, G2. The surgical resection states a moderately differentiated retinoblastoma.
 - Code Grade Post Therapy Clin (yc) as 2 since G2 is documented and this is the preferred grading system
 - Code Grade Post Therapy Path (yp) as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes 1-4 take priority over A-D.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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

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Grade 22

Grade ID 22-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: G4 includes anaplastic.

Note 5: Code 9 (unknown) 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 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).

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
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

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Grade ID 22- Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: G4 includes anaplastic.

Note 5: Code 9 (unknown) 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

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
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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Grade ID 22-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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 9.

- *Example:* Biopsy of eye shows a moderately differentiated adenoid cystic carcinoma. The surgical resection states a high grade adenoid cystic carcinoma.
 - Code Grade Clinical as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Pathological as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G4 includes anaplastic.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

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Grade ID 22-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) 9.

- *Example:* Neoadjuvant therapy completed. Biopsy of eye shows a moderately differentiated adenoid cystic carcinoma. The surgical resection states a high grade adenoid cystic carcinoma.
 - Code Grade Post Therapy Clin (yc) as 2 since Moderately differentiated (G2) is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: G4 includes anaplastic.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown
Blank	See Note 1

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Grade 23

Grade ID 23-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: 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 6: Code 9 (unknown) 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 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).

Code	Grade Description
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)

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Grade ID 23- Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: 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 microscopically sampled specimen of the primary site following neoadjuvant therapy or primary systemic/radiation therapy.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: 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 6: Code 9 (unknown) 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

Code	Grade Description
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)
Blank	See Note 1

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Grade ID 23-Grade Pathological 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: Grade Pathological must not be blank.

Note 3: 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 9.

- *Example:* Biopsy of eye shows a follicular lymphoma, G3. The surgical resection states a low grade follicular lymphoma
 - Code Grade Clinical as 3 since G3 is the preferred grading system
 - Code Grade Pathological as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 4: Assign the highest grade from the primary tumor.

Note 5: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 6: 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 7: 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

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 7, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

Code	Grade Description
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)

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Grade ID 23-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) 9.

- *Example:* Neoadjuvant therapy completed. Biopsy of eye shows a follicular lymphoma, G3. The surgical resection states a low grade follicular lymphoma
 - Code Grade Post Therapy Clin (yc) as 3 since G3 is the preferred grading system
 - Code Grade Post Therapy Path (yp) as 9 since the preferred grading system was not used and the Generic Grade Categories do not apply to this grade table

Note 4: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 5: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 6: 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 7: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer

- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 8: Code 9 (unknown) 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: 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)
Blank	See Note 1

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Grade 24

Grade ID 24-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade

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

Note 5: 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 when 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 for all histologies. This was confirmed by the CAP Cancer Committee

Note 6: Code 9 (unknown) 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 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).

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

Code	Grade Description
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

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Grade ID 24-Grade Post Therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes 1-4 take priority over A-D, L and H.

Note 5: 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 when 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 for all histologies
 - This was confirmed by the CAP Cancer Committee

Note 6: Code 9 (unknown) 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

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

Code	Grade Description
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

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Grade ID 24-Grade Pathological 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: Grade Pathological must not be blank.

Note 2: Assign the highest grade from the primary tumor.

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: 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 when 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 for all histologies
 - This was confirmed by the CAP Cancer Committee

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))

- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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

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Grade ID 24-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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 resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: 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 when 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 for all histologies
 - This was confirmed by the CAP Cancer Committee

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer

- Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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 \(in Schema ID order\)](#)

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Grade 25

Grade ID 25-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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

Grade ID 25- Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes L and H take priority over A-D.

Note 5: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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

Grade ID 25-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Biopsy of parathyroid shows a low grade adenocarcinoma. The surgical resection states a moderately differentiated adenocarcinoma
 - Code Grade Clinical as L since low grade is the preferred grading system
 - Code Grade Pathological as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes L and H take priority over A-D.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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Grade ID 25-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Biopsy of parathyroid shows a low grade adenocarcinoma. The surgical resection states a moderately differentiated adenocarcinoma
 - Code Grade Post Therapy Clin (yc) as L since low grade is the preferred grading system
 - Code Grade Post Therapy Path (yp) as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes L and H take priority over A-D.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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

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Grade 26

Grade ID 26-Grade Clinical Instructions

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

Note 1: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

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

Note 5: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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Grade ID 26-Grade Post Therapy Clin (yc) Instructions

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

Note 1: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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: Codes L, H and M take priority over A-D.

Note 5: Code 9 (unknown) 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

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 \(in Schema ID order\)](#)

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Grade ID 26-Grade Pathological Instructions

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

Note 1: Grade Pathological must not be blank.

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 using the applicable generic grade codes (A-D).

- *Example:* Biopsy of adrenal gland shows a low grade adrenal cortical adenocarcinoma. The surgical resection states a moderately differentiated adrenal cortical adenocarcinoma
 - Code Grade Clinical as L since low grade is the preferred grading system
 - Code Grade Pathological as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

Note 3: Assign the highest grade from the primary tumor.

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes L, H and M take priority over A-D.

Note 6: 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

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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Grade ID 26-Grade Post Therapy Path (yp) Instructions

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

Note 1: Leave Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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: There is a preferred grading system for this schema. If the post therapy clinical grade given uses the preferred grading system and the post therapy pathological grade does not use the preferred grading system, do not record the Grade Post Therapy Clin (yc) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (yp) using the applicable generic grade codes (A-D).

- *Example:* Neoadjuvant therapy completed. Biopsy of adrenal gland shows a low grade adrenal cortical adenocarcinoma. The surgical resection states a moderately differentiated adrenal cortical adenocarcinoma
 - Code Grade Post Therapy Clin (yc) as L since low grade is the preferred grading system
 - Code Grade Post Therapy Path (yp) as B (moderately differentiated), per the Coding Guidelines for Generic Grade Categories

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

Note 4: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 5: Codes L, H and M take priority over A-D.

Note 6: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 7: Code 9 (unknown) 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 \(in Schema ID order\)](#)

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Grade 98

Grade ID 98-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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Grade ID 98-Grade Post Therapy Clin (yc) 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: Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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 (unknown) 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

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 \(in Schema ID order\)](#)

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Grade ID 98-Grade Pathological 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: Grade Pathological must not be blank.

Note 2: Assign the highest grade from the primary tumor.

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: 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

Note 5: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 4, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)

- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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Grade ID 98-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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 resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 5: Code 9 (unknown) 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 \(in Schema ID order\)](#)

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

Grade 99

Grade ID 99-Grade Clinical 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: Grade Clinical must not be blank.

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

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: Code 9 (unknown) 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 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).

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 \(in Schema ID order\)](#)

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

Grade ID 99-Grade Post therapy Clin (yc) 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 Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- 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 (unknown) 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

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

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

Note 2: Assign the highest grade from the primary tumor.

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: 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

Note 5: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 4, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)

- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clin or post therapy path

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 \(in Schema ID order\)](#)

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Grade ID 99-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed; surgical resection not done
- 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 resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

Note 4: Use the grade from the post therapy **clinical work up** from the primary tumor in different scenarios based on behavior or surgical resection

- **Behavior**
 - Tumor behavior for the post therapy clinical and the post therapy pathological diagnoses are the same AND the post therapy clinical grade is the highest grade
 - Tumor behavior for post therapy clinical diagnosis is invasive, and the tumor behavior for the post therapy pathological diagnosis is in situ
- **Surgical Resection**
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no grade documented from the surgical resection
 - Surgical resection is done of the primary tumor after neoadjuvant therapy is completed and there is no residual cancer
 - Surgical resection of the primary tumor after neoadjuvant therapy is completed is not done, but there is positive microscopic confirmation of distant metastases during the post therapy clinical time frame

Note 5: Code 9 (unknown) 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 \(in Schema ID order\)](#)

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Grade 88**Grade ID 88-Grade Clinical 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 \(in Schema ID order\)](#)

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Grade ID 88-Grade Post Therapy Clin (yc) 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 1: Leave Grade Post Therapy Clin (yc) 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

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

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

Grade ID 88-Grade Pathological 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 \(in Schema ID order\)](#)

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Grade ID 88-Grade Post Therapy Path (yp) 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 Grade Post Therapy Path (yp) 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 \(in Schema ID order\)](#)

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