

Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

Published August 2021

Version 2.1

Editors: Jennifer Ruhl, MSHCA, RHIT, CCS, CTR, NCI SEER
Jim Hofferkamp, CTR, NAACCR
Elizabeth Ward, PhD, Consultant to NAACCR

Suggested Citation: Ruhl J, Ward E, Hofferkamp J, et al. (August 2021). Grade Manual. NAACCR, Springfield, IL 62704-4194

Funding for this project was made possible in part by a contract with Federal funds from the National Cancer Institute, National Institutes of Health and Department of Health & Human Services under Contract number HHSN261201400004I / HHSN26100002. Additionally, funding for this project was made possible in part by a cooperative agreement with Federal funds from the Centers for Disease Control and Prevention Cooperative Agreement number 5NU58DP004917. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the NCI and CDC. The NAACCR Board of Directors adopted these standards in February 2018.

NAACCR gratefully acknowledges the dedicated work of the 2020-2021 NAACCR *Site-Specific Data Item (SSDI)* Work Group.

- Jennifer Ruhl, MSHCA, RHIT, CCS, CTR (NCI SEER) (Chair)
- Elizabeth Ward, PhD, Consultant to NAACCR (co-chair)
- Melissa Alvarado (NPCR)
- Mary Brant, BS, CTR (California Cancer Registry)
- Heather Donohue, CTR (Registry Partners)
- Sheila Fukumura, CTR (Manitoba Cancer Registry)
- Daisy Gray (Kentucky Cancer Registry)
- Donna Gress, RHIT, CTR (AJCC)
- Donna M. Hansen, CTR (California Cancer Registry)
- Jim Hofferkamp, CTR (NAACCR)
- Mei-Chin Hsieh, PhD (Louisiana Cancer Registry)
- Annette Hurlbut, RHIT, CTR (Elekta)
- Suzanne Kessler, MSM, RHIT, CTR (American College of Surgeons)
- Anorela Moci (American College of Surgeons)
- Richard Moldwin, M.D., Ph.D (College of American Pathologists)
- Serban Negoita, MD, DrPH, CPH, CTR (NCI SEER)
- Lisa Pareti, BS, RHIT, CTR (Louisiana Cancer Registry)
- Loria Pollack, MD, MPH (Centers for Disease Control and Prevention)
- Nicola Schussler, BS (IMS)
- Aleisha Williams, MBA, CTR (AJCC)

Special Acknowledgements

Carolyn Callaghan, CTR and Tiffany Janes, CTR from the *SEER*Educate* program for their continued contribution to the SSDI Work Group.

The AJCC Expert Panels for their continued critical support in clarifying concepts from the *AJCC Cancer Staging Manual, Eighth Edition* and *AJCC Cancer Staging System Version 9*.

The College of American Pathologists (CAP) for their continued support with a CAP representative on the SSDI Work Group and the recent participation by the CAP Cancer Committee to deal with specific issues. CAP participation allows us to harmonize data elements between AJCC, NAACCR and the CAP Cancer Protocols (CCPs), and electronic Cancer Checklists (eCCs). Since the terminology on many pathology reports is guided by the latest CPPs and eCCs, the new CAP-consistent language in many of the SSDI value sets and notes will ease the burden of coding current pathology terminology into exact matches with NAACCR value sets. This is part of a broader effort to work towards improving interoperability between EHR data sets and NAACCR SSDIs.

The following individuals contributed to the document support and web development.

- Suzanne Adams, BS, CTR (IMS)
- Kaushik Bhadani, Sr. Programmer, AJCC
- Kathy Conklin, MSCS, Manager of IT, AJCC
- Dustin Dennison, M.MIS (Information Technology Administrator, NAACCR)
- Chuck May, BS (IMS)
- Nicola Schussler, BS (IMS)

Grade Coding Instructions

For cases diagnosed 1/1/2018 and later

Table of Contents

| | |
|--|----|
| Organization of the Grade Coding Instructions and Tables and Suggestions for How to Use Them | 6 |
| Grade Tables (in Schema ID order) | 7 |
| Grade Tables (in Alphabetical order of Schema ID name)..... | 12 |
| Introduction to 2018 Changes in Grade Coding..... | 17 |
| Solid Tumor Grade, Background Information..... | 18 |
| Site-Specific Grade as Required and Recommended in the current <i>AJCC Cancer Staging System</i> | 19 |
| Cancer Registry Coding of the Recommended Grades for Solid Tumors | 20 |
| Cancer Registry Coding of the Cell Indicator or Grade for Hematopoietic and Lymphoid Neoplasms (9590-9992)..... | 22 |
| General Grade Coding Instructions for Solid Tumors | 23 |
| General Instructions for the Time Frames for Grade..... | 24 |
| Grade Clinical | 24 |
| Grade Post Therapy Clin (yc)..... | 24 |
| Grade Pathological..... | 24 |
| Grade Post Therapy Path (yp) | 24 |
| Item-Specific Data Dictionary and Coding Guidelines | 25 |
| Grade Clinical | 25 |
| Grade Post Therapy Clinical (yc) | 27 |
| Grade Pathological..... | 29 |
| Grade Post Therapy Path (yp) | 31 |
| Coding Guidelines for Generic Grade Categories | 33 |
| Grade 01..... | 35 |
| Grade 02..... | 43 |
| Grade 03..... | 49 |
| Grade 04..... | 55 |
| Grade 05..... | 61 |
| Grade 06..... | 67 |
| Grade 07..... | 73 |
| Grade 08..... | 81 |
| Grade 09..... | 87 |
| Grade 10..... | 95 |

| | |
|---------------|-----|
| Grade 11..... | 103 |
| Grade 12..... | 111 |
| Grade 13..... | 120 |
| Grade 14..... | 127 |
| Grade 15..... | 133 |
| Grade 16..... | 139 |
| Grade 17..... | 145 |
| Grade 18..... | 153 |
| Grade 19..... | 161 |
| Grade 20..... | 169 |
| Grade 21..... | 175 |
| Grade 22..... | 181 |
| Grade 23..... | 187 |
| Grade 24..... | 193 |
| Grade 25..... | 201 |
| Grade 26..... | 207 |
| Grade 98..... | 213 |
| Grade 99..... | 219 |
| Grade 88..... | 225 |

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 Rare | 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 |
| 00459 | Soft Tissue Other | N/A | N/A | Soft Tissue | 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+] | 52 | Cervix Uteri | Cervix | Grade 01 |
| 00528 | Cervix Sarcoma [2021+] | 54 | Corpus Uteri-Sarcoma | Cervix | Grade 13 |
| 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 |
| 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 |

| Schema ID | Schema ID Name (EOD Schema Name) | AJCC Chap. | AJCC Chapter Name | SS Chapter | Grade Table |
|-----------|--|------------|--|--|--------------------------|
| 00710 | Lymphoma Ocular Adnexa | 71 | Ocular Adnexal Lymphoma | Lymphoma Ocular Adnexa | Grade 23 |
| 00718 | Eye Other | N/A | N/A | Eye Other | Grade 99 |
| 00721 | Brain | 72 | Brain and Spinal Cord | Brain | Grade 24 |
| 00722 | CNS Other | 72 | Brain and Spinal Cord | CNS Other | Grade 24 |
| 00723 | Intracranial Gland | 72 | Brain and Spinal Cord | Intracranial Gland | Grade 24 |
| 00730 | Thyroid | 73 | Thyroid-Differentiated and Anaplastic Carcinoma | Thyroid (including Medullary) | Grade 98 |
| 00740 | Thyroid Medullary | 74 | Thyroid-Medullary | Thyroid (including Medullary) | Grade 98 |
| 00750 | Parathyroid | 75 | Parathyroid | Parathyroid | Grade 25 |
| 00760 | Adrenal Gland | 76 | Adrenal Cortical Carcinoma | Adrenal Gland (including NET) | Grade 26 |
| 00770 | NET Adrenal Gland | 77 | Adrenal-Neuroendocrine Tumors | Adrenal Gland (including NET) | Grade 98 |
| 00778 | Endocrine Other | N/A | N/A | Endocrine Other | Grade 99 |
| 00790 | Lymphoma | 79, 80 | Hodgkin and Non-Hodgkin Lymphoma (<i>Adult and Pediatric chapters</i>) | Lymphoma | Grade 88 |
| 00795 | Lymphoma-CLL/SLL | 79, 80 | Hodgkin and Non-Hodgkin Lymphoma (<i>Adult and Pediatric chapters</i>) | Lymphoma | Grade 88 |
| 00811 | Mycosis Fungoides and Sézary Syndrome | 81 | Primary Cutaneous Lymphomas | Mycosis Fungoides | Grade 88 |
| 00812 | Primary Cutaneous Lymphomas: Non-MF/SS | 81 | Primary Cutaneous Lymphomas | Primary Cutaneous Lymphomas: Non-MF/SS | Grade 88 |
| 00821 | Plasma Cell Myeloma | 82 | Plasma Cell Myeloma and Plasma Cell Disorders | Myeloma Plasma Cell Disorder | Grade 88 |
| 00822 | Plasma Cell Disorders | 82 | Plasma Cell Myeloma and Plasma Cell Disorders | Myeloma Plasma Cell Disorder | Grade 88 |
| 00830 | HemeRetic | 83 | Leukemia | HemeRetic | Grade 88 |
| 99999 | Ill-Defined Other | N/A | N/A | Ill-Defined Other | Grade 99 |

Grade Tables (in Alphabetical order of Schema ID name)

The table below lists the Schema ID/Schema Name Description (also the EOD schema name), 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+] | 52 | Cervix Uteri | Cervix | Grade 01 |
| 00528 | Cervix Sarcoma | 54 | Corpus Uteri-Sarcoma | Cervix | Grade 13 |
| 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 Rare | 45 | Soft tissue sarcoma of Unusual Sites and Histologies | Soft Tissue | Grade 09 |
| 00459 | Soft Tissue Other | N/A | N/A | 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.

This data item corresponds to the yc staging period only

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 – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 post neoadjuvant 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) 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 clinical or post therapy pathological

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 – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

See the individual site-specific Grade Pathological tables for additional notes.

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 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, 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 clinical or post therapy pathological

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

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 – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |
| Nuclear Grade 1 | 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 |

| Description | Assigned Grade Code |
|--|---------------------|
| Only stated as 'Grade II' | B |
| Nuclear Grade 2 | B |
| 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 |
| Nuclear Grade 3 | C |
| High grade | D |
| Undifferentiated, anaplastic, not differentiated | D |
| Only stated as 'Grade IV' | D |
| Non-high grade | 9 |
| Nuclear Grade 4 | D |

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 (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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 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: 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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 (yp) in the Grade Post Therapy Path (yp) field. Assign Grade Post Therapy Path (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: 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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 (yp) 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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 or 2mm2) less than 2 AND Ki-67 index (%) less than 3 Stated as WHO Grade 1 |
| 2 | G2: Mitotic count (per 10 HPF or 2mm2) equal 2-20 OR Ki-67 index (%) equal 3-20 Stated as WHO Grade 2 |

| Code | Grade Description |
|-------------|---|
| 3 | G3: Mitotic count (per 10 HPF or 2mm2) greater than 20 OR Ki-67 index (%) greater than 20 Stated as WHO Grade 3 |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |
| 9 | Grade cannot be assessed (GX); Unknown |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 or 2mm ²) less than 2 AND Ki-67 index (%) less than 3 Stated as WHO Grade 1 |
| 2 | G2: Mitotic count (per 10 HPF or 2mm ²) equal 2-20 OR Ki-67 index (%) equal 3-20 Stated as WHO Grade 2 |
| 3 | G3: Mitotic count (per 10 HPF or 2mm ²) greater than 20 OR Ki-67 index (%) greater than 20 |

| Code | Grade Description |
|-------------|--|
| | Stated as WHO Grade 3 |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |
| 9 | Grade cannot be assessed (GX); Unknown |
| Blank | See Note 1 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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

- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 or 2mm2) less than 2 AND Ki-67 index (%) less than 3 Stated as WHO Grade 1 |
| 2 | G2: Mitotic count (per 10 HPF or 2mm2) equal 2-20 OR Ki-67 index (%) equal 3-20 Stated as WHO Grade 2 |
| 3 | G3: Mitotic count (per 10 HPF or 2mm2) greater than 20 OR Ki-67 index (%) greater than 20 Stated as WHO Grade 3 |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |
| 9 | Grade cannot be assessed (GX); Unknown |
| Blank | See Note 1 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 Rare | 45 | Soft Tissue Sarcoma-Unusual Histologies and Sites |
| 00458 | Kaposi Sarcoma | 45 | Soft Tissue Sarcoma-Unusual Histologies and Sites |
| 00459 | Soft Tissue Other | N/A | N/A |
| 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 Stated as FNCLCC Grade 1 |
| 2 | G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5 Stated as FNCLCC Grade 2 |
| 3 | G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8 Stated as FNCLCC Grade 3 |

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 Rare | 45 | Soft Tissue Sarcoma-Unusual Histologies and Sites |
| 00458 | Kaposi Sarcoma | 45 | Soft Tissue Sarcoma-Unusual Histologies and Sites |
| 00459 | Soft Tissue Other | N/A | N/A |
| 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 clinical or post therapy pathological

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 Stated as FNCLCC Grade 1 |
| 2 | G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5 Stated as FNCLCC Grade 2 |
| 3 | G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8 Stated as FNCLCC Grade 3 |
| A | Well differentiated |

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 Rare | 45 | Soft Tissue Sarcoma-Unusual Histologies and Sites |
| 00458 | Kaposi Sarcoma | 45 | Soft Tissue Sarcoma-Unusual Histologies and Sites |
| 00459 | Soft Tissue Other | N/A | N/A |
| 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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 Rare | 45 | Soft Tissue Sarcoma-Unusual Histologies and Sites |
| 00458 | Kaposi Sarcoma | 45 | Soft Tissue Sarcoma-Unusual Histologies and Sites |
| 00459 | Soft Tissue Other | N/A | N/A |
| 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 clinical or post therapy pathological

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 (yc) 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

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 Stated as FNCLCC Grade 1 |
| 2 | G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5 Stated as FNCLCC Grade 2 |
| 3 | G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8 Stated as FNCLCC Grade 3 |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 Stated as FNCLCC Grade 1 |
| 2 | G2: Sum of differentiation score, mitotic count score and necrosis score of 4 or 5 Stated as FNCLCC Grade 2 |
| 3 | G3: Sum of differentiation score, mitotic count score and necrosis score of 6, 7, or 8 Stated as FNCLCC Grade 3 |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |

| Code | Grade Description |
|-------------|--|
| 9 | Grade cannot be assessed (GX); Unknown |
| Blank | See Note 1 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
 -
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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)
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 Stated as Nottingham/Scarff Bloom-Richardson Grade 1 |
| 2 | G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6–7 points Stated as Nottingham/Scarff Bloom-Richardson Grade 2 |
| 3 | G3: High combined histologic grade (unfavorable); SBR score of 8–9 points Stated as Nottingham/Scarff Bloom-Richardson Grade 3 |
| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 Stated as Nottingham/Scarff Bloom-Richardson Grade 1 |
| 2 | G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6–7 points Stated as Nottingham/Scarff Bloom-Richardson Grade 2 |
| 3 | G3: High combined histologic grade (unfavorable); SBR score of 8–9 points Stated as Nottingham/Scarff Bloom-Richardson Grade 3 |
| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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 Stated as Nottingham/Scarff Bloom-Richardson Grade 1 |
| 2 | G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6–7 points Stated as Nottingham/Scarff Bloom-Richardson Grade 2 |
| 3 | G3: High combined histologic grade (unfavorable); SBR score of 8–9 points Stated as Nottingham/Scarff Bloom-Richardson Grade 3 |
| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

Grade 13

Grade ID 13-Grade Clinical Instructions

| Schema ID# | Schema ID Name | AJCC ID | AJCC Chapter | Years of Diagnosis |
|------------|-------------------------------------|---------|--|--------------------|
| 00528 | Cervix Sarcoma | 54.1 | Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma | 2021+ |
| 00530 | Corpus Carcinoma and Carcinosarcoma | 53 | Corpus Uteri-Carcinoma and Carcinosarcoma | 2018+ |
| 00541 | Corpus Sarcoma | 54.1 | Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma | 2018+ |

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/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

- 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

Grade ID 13-Grade Post Therapy Clin (yc) Instructions

| Schema ID# | Schema ID Name | AJCC ID | AJCC Chapter | Years of Diagnosis |
|------------|-------------------------------------|---------|--|--------------------|
| 00528 | Cervix Sarcoma | 54.1 | Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma | 2021+ |
| 00530 | Corpus Carcinoma and Carcinosarcoma | 53 | Corpus Uteri-Carcinoma and Carcinosarcoma | 2018+ |
| 00541 | Corpus Sarcoma | 54.1 | Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma | 2018+ |

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 clinical or post therapy pathological

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 |

| Code | Grade Description |
|-------------|--|
| 9 | Grade cannot be assessed (GX); Unknown |
| Blank | See Note 1 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

Grade ID 13-Grade Pathological Instructions

| Schema ID# | Schema ID Name | AJCC ID | AJCC Chapter | Years of Diagnosis |
|------------|-------------------------------------|---------|--|--------------------|
| 00528 | Cervix Sarcoma | 54.1 | Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma | 2021+ |
| 00530 | Corpus Carcinoma and Carcinosarcoma | 53 | Corpus Uteri-Carcinoma and Carcinosarcoma | 2018+ |
| 00541 | Corpus Sarcoma | 54.1 | Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma | 2018+ |

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/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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

Grade ID 13-Grade Post Therapy Path (yp) Instructions

| Schema ID# | Schema ID Name | AJCC ID | AJCC Chapter | Years of Diagnosis |
|------------|-------------------------------------|---------|--|--------------------|
| 00528 | Cervix Sarcoma | 54.1 | Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma | 2021+ |
| 00530 | Corpus Carcinoma and Carcinosarcoma | 53 | Corpus Uteri-Carcinoma and Carcinosarcoma | 2018+ |
| 00541 | Corpus Sarcoma | 54.1 | Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma | 2018+ |

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 or simple prostatectomy 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 or simple prostatectomy 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 or simple prostatectomy does not qualify for surgical resection. A radical 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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 or simple prostatectomy does not qualify for surgical resection. A radical 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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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: 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: Nucleoli absent or inconspicuous and basophilic at 400x magnification Stated as WHO/ISUP Grade 1 |
| 2 | G2: Nucleoli conspicuous and eosinophilic at 400x magnification, visible but not prominent at 100x magnification Stated as WHO/ISUP Grade 2 |
| 3 | G3: Nucleoli conspicuous and eosinophilic at 100x magnification Stated as WHO/ISUP Grade 3 |
| 4 | G4: Marked nuclear pleomorphism and/or multinucleate giant cells and/or rhabdoid and/or sarcomatoid differentiation Stated as WHO/ISUP Grade 4 |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |

| Code | Grade Description |
|------|---|
| 9 | Grade cannot be assessed (GX); Unknown Only Fuhrman grade documented |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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: 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 Stated as WHO/ISUP Grade 1 |
| 2 | G2: Nucleoli conspicuous and eosinophilic at 400x magnification, visible but not prominent at 100x magnification Stated as WHO/ISUP Grade 2 |
| 3 | G3: Nucleoli conspicuous and eosinophilic at 100x magnification Stated as WHO/ISUP Grade 3 |
| 4 | G4: Marked nuclear pleomorphism and/or multinucleate giant cells and/or rhabdoid and/or sarcomatoid differentiation Stated as WHO/ISUP Grade 4 |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |
| 9 | Grade cannot be assessed (GX); Unknown |

| Code | Grade Description |
|-------------|-------------------------------|
| | Only Fuhrman grade documented |
| Blank | See Note 1 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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: 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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 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 clinical or post therapy pathological

| Code | Grade Description |
|-------------|---|
| 1 | G1: Nucleoli absent or inconspicuous and basophilic at 400x magnification Stated as WHO/ISUP Grade 1 |
| 2 | G2: Nucleoli conspicuous and eosinophilic at 400x magnification, visible but not prominent at 100x magnification Stated as WHO/ISUP Grade 2 |
| 3 | G3: Nucleoli conspicuous and eosinophilic at 100x magnification Stated as WHO/ISUP Grade 3 |
| 4 | G4: Marked nuclear pleomorphism and/or multinucleate giant cells and/or rhabdoid and/or sarcomatoid differentiation Stated as WHO/ISUP Grade 4 |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |
| 9 | Grade cannot be assessed (GX); Unknown Only Fuhrman grade documented |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 (yc) 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: 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

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: Nucleoli absent or inconspicuous and basophilic at 400x magnification Stated as WHO/ISUP Grade 1 |
| 2 | G2: Nucleoli conspicuous and eosinophilic at 400x magnification, visible but not prominent at 100x magnification Stated as WHO/ISUP Grade 2 |
| 3 | G3: Nucleoli conspicuous and eosinophilic at 100x magnification Stated as WHO/ISUP Grade 3 |
| 4 | G4: Marked nuclear pleomorphism and/or multinucleate giant cells and/or rhabdoid and/or sarcomatoid differentiation Stated as WHO/ISUP Grade 4 |
| A | Well differentiated |
| B | Moderately differentiated |
| C | Poorly differentiated |
| D | Undifferentiated, anaplastic |
| 9 | Grade cannot be assessed (GX); Unknown Only Fuhrman grade documented |
| Blank | See Note 1 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 10 HPF |
| 2 | G2: 6-15 centroblasts per 10 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) |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 10 HPF |
| 2 | G2: 6-15 centroblasts per 10 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| Code | Grade Description |
|-------------|---|
| 1 | G1: 0–5 centroblasts per 10 HPF |
| 2 | G2: 6-15 centroblasts per 10 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) |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 10 HPF |
| 2 | G2: 6-15 centroblasts per 10HPF |
| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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: For the Brain, CNS Other and Intracranial Schemas **ONLY**, Grade Clinical may be assigned without histologic confirmation if the histology is documented based on imaging.

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

Note 6: 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 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 | 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

| 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 (yc) field. Assign Grade Post Therapy Path (yc) 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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 | Melanoma 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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 | Melanoma 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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 | Melanoma 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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 | Melanoma 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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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
- **No Surgical Resection**
 - Surgical resection of the primary tumor has not been done, but there is positive 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 clinical or post therapy pathological

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

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 clinical or post therapy pathological

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

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)

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 |

[Grade Tables – in Schema ID order](#)

[Grade Tables – Alphabetical](#)