Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

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Editors: Jennifer Ruhl, MSHCA, RHIT, CCS, ODS-C, NCI SEER
Jim Hofferkamp, ODS-C, NAACCR

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- Jennifer Ruhl, MSHCA, RHIT, CCS, ODS-C (NCI SEER) (Co-chair)
- Donna M. Hansen, ODS-C (California Cancer Registry) (Co-chair)
- Aleisha Williams, MBA, ODS-C (AJCC)
- Cheryl Radin-Norman, LPN, RHIT, ODS-C (NPCR)
- Cindy Traylor-Richards, ODS-C (CoC)
- Claudia Byrd RN, ODS-C (CoC)
- Delores Akin, ODS-C (CoC)
- Donna Gress, RHIT, ODS-C (AJCC)
- Heather Donahue, ODS-C (Registry Partners)
- Donna Gress, RHIT, ODS-C (AJCC)
- Janine Smith, BS, ODS-C (California Cancer Registry)
- Jim Hofferkamp, ODS-C (NAACCR)
- Mary Brant, BS, ODS-C (California Cancer Registry)
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The following individuals contributed to the document support and web development.

- Suzanne Adams, BS, ODS-C (IMS)
- Daniel Oluwadare, 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)

This manual is effective for all cases diagnosed 1/1/2018 and after.

- Once a new version is released, that version can be used for all cases diagnosed 2018+.
- Schemas and Grade continue to be introduced based on the rolling updates of AJCC Version 9. These will be clearly marked and will be restricted to the years they are applicable for.

Send questions, suggestions and corrections to:

Forums - CAnswer Forum: **Choose Site Specific Data Items/Grade**

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

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 and the appropriate Grade table in Schema ID order.

Schema ID#/Description	Years Applicable	Grade Table
00060: Cervical Lymph Nodes and Unknown Primary	2018+	Grade 98
00071: Lip	2018+	Grade 01
00072: Tongue Anterior	2018+	Grade 01
00073: Gum	2018+	Grade 01
00074: Floor of Mouth	2018+	Grade 01
00075: Palate Hard	2018+	Grade 01
00076: Buccal Mucosa	2018+	Grade 01
00077: Mouth Other	2018+	Grade 01
00080: Major Salivary Glands	2018-2025	Grade 98
09080: Major Salivary Glands	2026+	Grade 28
00090: Nasopharynx	2018-2024	Grade 98
09090: Nasopharynx	2025+	Grade 98
00100: Oropharynx HPV-Associated	2018-2025	Grade 98
09100: Oropharynx HPV-Associated	2026+	Grade 98
00111: Oropharynx HPV-Independent	2018+	Grade 02
00112: Hypopharynx	2018+	Grade 02
00118: Pharynx Other	2018+	Grade 99
00119: Middle Ear	2018+	Grade 99
00121: Maxillary Sinus	2018+	Grade 01
00122: Nasal Cavity and Ethmoid Sinus	2018+	Grade 01
00128: Sinus Other	2018+	Grade 99
00130: Larynx Other	2018+	Grade 01
00131: Larynx Supraglottic	2018+	Grade 01
00132: Larynx Glottic	2018+	Grade 01
00133: Larynx Subglottic	2018+	Grade 01
00140: Melanoma Head and Neck	2018+	Grade 98
00150: Cutaneous Carcinoma of the Head and Neck	2018+	Grade 02
00161: Esophagus (including GE junction (Squamous)	2018+	Grade 03
00169: Esophagus (including GE junction) (excluding Squamous)	2018+	Grade 03
00170: Stomach	2018+	Grade 04
00180: Small Intestine	2018+	Grade 02
00190: Appendix	2018-2022	Grade 05
09190: Appendix	2023+	Grade 05
00200: Colon and Rectum	2018+	Grade 02
00210: Anus	2018-2022	Grade 06
09210: Anus	2023+	Grade 06

Schema ID#/Description	Years Applicable	Grade Table
00220: Liver	2018+	Grade 02
00230: Bile Ducts Intrahepatic	2018+	Grade 01
00241: Gallbladder	2018+	Grade 01
00242: Cystic Duct	2018+	Grade 01
00250: Bile Ducts Perihilar	2018+	Grade 01
00260: Bile Duct Distal	2018+	Grade 01
00270: Ampulla of Vater	2018+	Grade 01
00278: Biliary Other	2018+	Grade 99
00280: Pancreas	2018+	Grade 01
00288: Digestive Other	2018+	Grade 99
00290: NET Stomach	2018-2023	Grade 07
09290: NET Stomach	2024+	Grade 07
00301: NET Duodenum	2018+	Grade 07
09301: NET Duodenum	2018-2023	Grade 07
00302: NET Ampulla of Vater	2018+	Grade 07
09302: NET Ampulla of Vater	2018-2023	Grade 07
00310: NET Jejunum and Ileum	2018+	Grade 07
09310: NET Jejunum and Ileum	2018-2023	Grade 07
00320: NET Appendix	2018+	Grade 07
09320: NET Appendix	2018-2023	Grade 07
00330: NET Colon and Rectum	2018+	Grade 07
09330: NET Colon and Rectum	2018-2023	Grade 07
00340: NET Pancreas	2018+	Grade 07
09340: NET Pancreas	2018-2023	Grade 07
00350: Thymus	2018-2024	Grade 98
09350: Thymus	2025+	Grade 98
00358: Trachea	2018+	Grade 99
00360: Lung	2018-2024	Grade 02
09360: Lung	2025+	Grade 02
00370: Pleural Mesothelioma	2018-2024	Grade 02
09370: Pleural Mesothelioma	2025+	Grade 27
00378: Respiratory Other	2018+	Grade 99
00381: Bone Appendicular Skeleton	2018+	Grade 08
00382: Bone Spine	2018+	Grade 08
00383: Bone Pelvis	2018+	Grade 08
00400: Soft Tissue Head & Neck	2018+	Grade 09
00410: Soft Tissue Trunk and Extremities	2018+	Grade 10
00421: Soft Tissue Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	2018+	Grade 09
00422: Heart, Mediastinum, Pleura	2018+	Grade 09
00430: GIST	2018+	Grade 11
00440: Retroperitoneum	2018+	Grade 10
00450: Soft Tissue Rare	2018+	Grade 09

Schema ID#/Description	Years Applicable	Grade Table
00458: Kaposi Sarcoma	2018+	Grade 09
00459: Soft Tissue Other	2018+	Grade 09
00460: Merkel Cell Skin	2018+	Grade 98
00470: Melanoma Skin	2018+	Grade 98
00478: Skin Other	2018+	Grade 99
00480: Breast	2018+	Grade 12
00500: Vulva	2018-2023	Grade 01
09500: Vulva	2024+	Grade 01
00510: Vagina	2018+	Grade 01
00520: Cervix	2018-2020	Grade 01
09520: Cervix	2021+	Grade 01
00528: Cervix Sarcoma	2021+	Grade 13
00530: Corpus Carcinoma and Carcinosarcoma	2018+	Grade 13
00541: Corpus Sarcoma	2018+	Grade 13
00542: Corpus Adenosarcoma	2018+	Grade 14
00551: Ovary	2018+	Grade 15
00552: Primary Peritoneal Carcinoma	2018+	Grade 15
00553: Fallopian Tube	2018+	Grade 15
00558: Adnexa Uterine Other	2018+	Grade 99
00559: Genital Female Other	2018+	Grade 99
00560: Placenta	2018+	Grade 98
00570: Penis	2018+	Grade 16
00580: Prostate	2018+	Grade 17
00590: Testis	2018+	Grade 98
00598: Genital Male Other	2018+	Grade 99
00600: Kidney-Parenchyma	2018+	Grade 18
00610: Kidney Renal Pelvis	2018+	Grade 19
00620: Bladder	2018+	Grade 19
00631: Urethra	2018+	Grade 19
00633: Urethra-Prostatic	2018+	Grade 19
00638: Urinary Other	2018+	Grade 99
00640: Skin Eyelid	2018+	Grade 02
00650: Conjunctiva	2018+	Grade 02
00660: Melanoma Conjunctiva	2018+	Grade 98
00671: Melanoma Iris	2018+	Grade 20
00672: Melanoma Choroid and Ciliary Body	2018+	Grade 20
00680: Retinoblastoma	2018+	Grade 21
00690: Lacrimal Gland	2018+	Grade 22
00698: Lacrimal Sac	2018+	Grade 99
00700: Orbital Sarcoma	2018+	Grade 09
00710: Lymphoma Ocular Adnexa	2018+	Grade 23

Schema ID#/Description	Years Applicable	Grade Table
00718: Eye Other	2018+	Grade 99
00721: Brain	2018-2022	Grade 24.1 (2018-2022)
09721: Brain	2023+	Grade 24.2 (2023+)
00722: CNS Other	2018-2022	Grade 24.1 (2018-2022)
09722: CNS Other	2023+	Grade 24.2 (2023+)
00723: Intracranial Other	2018-2022	Grade 24.1 (2018-2022)
09723: Intracranial Other	2023+	Grade 24.2 (2023+)
09724: Medulloblastoma	2023+	Grade 24.2 (2023+)
00730: Thyroid	2018+	Grade 98
00740: Thyroid-Medullary	2018+	Grade 98
00750: Parathyroid	2018+	Grade 25
00760: Adrenal Gland	2018+	Grade 26
00770: NET Adrenal Gland	2018+	Grade 98
00778: Endocrine Other	2018+	Grade 99
00790: Lymphoma (excluding CLL/SLL)	2018+	Grade 88
00795: Lymphoma (CLL/SLL)	2018+	Grade 88
00811: Mycosis Fungoides	2018+	Grade 88
00812: Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)	2018+	Grade 88
00821: Plasma Cell Myeloma	2018+	Grade 88
00822: Plasma Cell Disorders	2018+	Grade 88
00830: HemeRetic	2018+	Grade 88
99999: Ill-Defined Other	2018+	Grade 99

Grade Tables (in Alphabetical order of Schema ID name)

The table below lists the Schema ID/Schema Name and the appropriate Grade table in alphabetical order.

Schema ID#/Description	Years Applicable	Grade Table
00558: Adnexa Uterine Other	2018+	Grade 99
00760: Adrenal Gland	2018+	Grade 26
00270: Ampulla of Vater	2018+	Grade 01
00210: Anus	2018-2022	Grade 06
09210: Anus	2023+	Grade 06
00190: Appendix	2018-2022	Grade 05
09190: Appendix	2023+	Grade 05
00260: Bile Duct Distal	2018+	Grade 01
00230: Bile Ducts Intrahepatic	2018+	Grade 01
00250: Bile Ducts Perihilar	2018+	Grade 01
00278: Biliary Other	2018+	Grade 99
00620: Bladder	2018+	Grade 19
00381: Bone Appendicular Skeleton	2018+	Grade 08
00383: Bone Pelvis	2018+	Grade 08
00382: Bone Spine	2018+	Grade 08
00721: Brain	2018-2022	Grade 24.1 (2018-2022)
09721: Brain	2023+	Grade 24.2 (2023+)
00480: Breast	2018+	Grade 12
00076: Buccal Mucosa	2018+	Grade 01
00060: Cervical Lymph Nodes and Unknown Primary	2018+	Grade 98
00520: Cervix	2018-2020	Grade 01
09520: Cervix	2021+	Grade 01
00528: Cervix Sarcoma	2021+	Grade 13
00722: CNS Other	2018-2022	Grade 24.1 (2018-2022)
09722: CNS Other	2023+	Grade 24.2 (2023+)
00200: Colon and Rectum	2018+	Grade 02
00650: Conjunctiva	2018+	Grade 02
00542: Corpus Adenosarcoma	2018+	Grade 14
00530: Corpus Carcinoma and Carcinosarcoma	2018+	Grade 13
00541: Corpus Sarcoma	2018+	Grade 13
00150: Cutaneous Carcinoma of the Head and Neck	2018+	Grade 02
00242: Cystic Duct	2018+	Grade 01
00288: Digestive Other	2018+	Grade 99
00778: Endocrine Other	2018+	Grade 99

Schema ID#/Description	Years Applicable	Grade Table
00161: Esophagus (including GE junction (Squamous)	2018+	Grade 03
00169: Esophagus (including GE junction) (excluding Squamous)	2018+	Grade 03
00718: Eye Other	2018+	Grade 99
00553: Fallopian Tube	2018+	Grade 15
00074: Floor of Mouth	2018+	Grade 01
00241: Gallbladder	2018+	Grade 01
00559: Genital Female Other	2018+	Grade 99
00598: Genital Male Other	2018+	Grade 99
00430: GIST	2018+	Grade 11
00073: Gum	2018+	Grade 01
00422: Heart, Mediastinum, Pleura	2018+	Grade 09
00830: HemeRetic	2018+	Grade 88
00112: Hypopharynx	2018+	Grade 02
99999: Ill-Defined Other	2018+	Grade 99
00723: Intracranial Other	2018-2022	Grade 24.1 (2018-2022)
09723: Intracranial Other	2023+	Grade 24.2 (2023+)
00458: Kaposi Sarcoma	2018+	Grade 09
00600: Kidney-Parenchyma	2018+	Grade 18
00610: Kidney Renal Pelvis	2018+	Grade 19
00690: Lacrimal Gland	2018+	Grade 22
00698: Lacrimal Sac	2018+	Grade 99
00132: Larynx Glottic	2018+	Grade 01
00130: Larynx Other	2018+	Grade 01
00133: Larynx Subglottic	2018+	Grade 01
00131: Larynx Supraglottic	2018+	Grade 01
00071: Lip	2018+	Grade 01
00220: Liver	2018+	Grade 02
00360: Lung	2018-2024	Grade 02
09360: Lung	2025+	Grade 02
00790: Lymphoma (excluding CLL/SLL)	2018+	Grade 88
00795: Lymphoma (CLL/SLL)	2018+	Grade 88
00710: Lymphoma Ocular Adnexa	2018+	Grade 23
00080: Major Salivary Glands	2018-2025	Grade 98
09080: Major Salivary Glands	2026+	Grade 28
00121: Maxillary Sinus	2018+	Grade 01
09724: Medulloblastoma	2023+	Grade 24.2 (2023+)
00672: Melanoma Choroid and Ciliary Body	2018+	Grade 20
00660: Melanoma Conjunctiva	2018+	Grade 98
00140: Melanoma Head and Neck	2018+	Grade 98
00671: Melanoma Iris	2018+	Grade 20
00470: Melanoma Skin	2018+	Grade 98

Schema ID#/Description	Years Applicable	Grade Table
00460: Merkel Cell Skin	2018+	Grade 98
00119: Middle Ear	2018+	Grade 99
00077: Mouth Other	2018+	Grade 01
00811: Mycosis Fungoides	2018+	Grade 88
00122: Nasal Cavity and Ethmoid Sinus	2018+	Grade 01
00090: Nasopharynx	2018-2024	Grade 98
09090: Nasopharynx	2025+	Grade 98
00770: NET Adrenal Gland	2018+	Grade 98
00302: NET Ampulla of Vater	2018-2023	Grade 07
09302: NET Ampulla of Vater	2024+	Grade 07
00320: NET Appendix	2018-2023	Grade 07
09320: NET Appendix	2024+	Grade 07
00330: NET Colon and Rectum	2018-2023	Grade 07
09330: NET Colon and Rectum	2024+	Grade 07
00301: NET Duodenum	2018-2023	Grade 07
09301: NET Duodenum	2024+	Grade 07
00310: NET Jejunum and Ileum	2018-2023	Grade 07
09310: NET Jejunum and Ileum	2024+	Grade 07
00290: NET Stomach	2018-2023	Grade 07
09290: NET Stomach	2024+	Grade 07
00340: NET Pancreas	2018-2023	Grade 07
09340: NET Pancreas	2024+	Grade 07
00700: Orbital Sarcoma	2018+	Grade 09
00100: Oropharynx HPV-Associated	2018-2025	Grade 98
00900: Oropharynx HPV-Associated	2026+	Grade 98
00111: Oropharynx HPV-Independent	2018+	Grade 02
00551: Ovary	2018+	Grade 15
00075: Palate Hard	2018+	Grade 01
00280: Pancreas	2018+	Grade 01
00750: Parathyroid	2018+	Grade 25
00570: Penis	2018+	Grade 16
00118: Pharynx Other	2018+	Grade 99
00560: Placenta	2018+	Grade 98
00821: Plasma Cell Myeloma	2018+	Grade 88
00822: Plasma Cell Disorders	2018+	Grade 88
00370: Pleural Mesothelioma	2018-2024	Grade 02
09370: Pleural Mesothelioma	2025+	Grade 27
00812: Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)	2018+	Grade 88
00552: Primary Peritoneal Carcinoma	2018+	Grade 15
00580: Prostate	2018+	Grade 17
00378: Respiratory Other	2018+	Grade 99
00680: Retinoblastoma	2018+	Grade 21
00440: Retroperitoneum	2018+	Grade 10

Schema ID#/Description	Years Applicable	Grade Table
00128: Sinus Other	2018+	Grade 99
00640: Skin Eyelid	2018+	Grade 02
00478: Skin Other	2018+	Grade 99
00180: Small Intestine	2018+	Grade 02
00421: Soft Tissue Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	2018+	Grade 09
00400: Soft Tissue Head & Neck	2018+	Grade 09
00459: Soft Tissue Other	2018+	Grade 09
00410: Soft Tissue Trunk and Extremities	2018+	Grade 10
00450: Soft Tissue Rare	2018+	Grade 09
00170: Stomach	2018+	Grade 04
00590: Testis	2018+	Grade 98
00350: Thymus	2018-2024	Grade 98
09350: Thymus	2025+	Grade 98
00730: Thyroid	2018+	Grade 98
00740: Thyroid-Medullary	2018+	Grade 98
00358: Trachea	2018+	Grade 99
00072: Tongue Anterior	2018+	Grade 01
00631: Urethra	2018+	Grade 19
00633: Urethra-Prostatic	2018+	Grade 19
00638: Urinary Other	2018+	Grade 99
00510: Vagina	2018+	Grade 01
00500: Vulva	2018-2023	Grade 01
09500: Vulva	2024+	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 AJCC Staging Systems. Grade is also described in AJCC Principles of Cancer Staging. Based on the Staging System, 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 Staging Systems require grade, using the grade table indicated in the parentheses, to assign stage group.

- AJCC Staging System: Esophagus and Esophagogastric Junction (Grade 03)
- AJCC Staging System: Appendix (Grade 05)
- AJCC Staging System: Bone (Grade 08)
- AJCC Staging System: Soft Tissue Sarcoma of the Trunk and Extremities (Grade 10)
- AJCC Staging System: Gastrointestinal Stromal Tumor (Grade 11)
- AJCC Staging System: Soft Tissue Sarcoma of the Retroperitoneum (Grade 10)
- AJCC Staging System: Breast (Grade 12)
- AJCC Staging System: 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 current AJCC Cancer Staging System and/or the CAP cancer protocols (when applicable). For each AJCC system that has a recommended grading system, the categories and definitions can be found in the system's grade section. The recommended AJCC grading system for a particular system 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 systems for which there is no recommended grading system (for example, , Melanoma of the Skin) or for sites for which there is no applicable AJCC system (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 system (for example, a colon case with a specific histology not applicable for staging in 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 AJCC TNM staging, grade is still assigned using the recommended AJCC grade, if documented, even if grade is not necessary to determine the AJCC 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 clinical (yc) and Post therapy pathological (yp) 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 systems continue to use the traditional grade terms, codes A-E are not available for all cancers and many of the systems 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 (9590-9993)

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 system 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* system*. The primary sites and follicular histologies included 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 system will be coded to 9*

For cases with histologies 9590/3-9993/3, 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
    c. If a range is given for a grade (e.g., 1-2 or 2-3), code the higher grade

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 system
        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. Priority for grade
    a. Synoptic report (including CAP protocol)
    b. Pathology report: final diagnosis
    c. Physician statement

5. 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.

6. 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

Note: *Recent discussions with the SSDI WG and the standards setters confirm that if a facility re-reads the slides, and provides an updated report, that this also qualifies as a 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.

3838: 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.

1068: 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

3844: 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.

3845: 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.

Autopsy Grading

If a patient dies and has an autopsy within the **initial work up and treatment of their cancer, minus any signs of progression,** the grade from the autopsy can be used. The findings from the autopsy would be included in the appropriate timeframe (clinical, pathological, post therapy clin, post therapy path) based on the initial work up and treatment of the patient's cancer.

- Note: Do **not** automatically assign pathological grade based on the autopsy. Use the examples below to determine if the autopsy grade can be coded for the case at hand.

Example 1: Patient diagnosed at Autopsy. Any grade information stated on the autopsy report cannot be coded.

Example 2: Patient meets clinical timeframe requirements (diagnosed prior to death/autopsy). Patient dies without any treatment and autopsy performed. Any grade information from the autopsy would be included in Clinical Grade only.

- If no surgery of the primary site is performed prior to death, the patient has not met pathological timeframe requirements. Autopsy findings are not equivalent to a primary site surgery and are not included in the Pathological Grade.

Example 3: Patient diagnosed prior to death/autopsy. Patient has surgical resection and dies soon afterwards. Autopsy is performed. Pathological grade can come from the surgical resection or the autopsy (whichever one is higher).

- The patient has met the pathological staging timeframe by virtue of primary site surgery shortly before death. The autopsy findings are included as part of the pathological staging timeframe when primary site surgery precedes death.

Example 4: Patient diagnosed, underwent a surgical resection of the primary site, and subsequently completed all first course treatment prior to death/autopsy. Patient dies, has an autopsy. Information about Grade from the autopsy cannot be used since the autopsy was not done during the initial workup or through the first course of treatment.

Item-Specific Data Dictionary and Coding Guidelines

3838: 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 Staging System. The AJCC Staging System-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

1068: 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 Staging System. The AJCC Staging System-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

3844: 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 Staging System. The AJCC Staging System-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 microscopic confirmation of distant metastases during the clinical time frame

Note 6: Code 9 (unknown) when

- Grade from primary site is not documented
- Surgical resection is done and grade from the primary site is not documented and there is no clinical grade
- Surgical resection is done and there is no residual cancer and there is no clinical grade 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**

3845: 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 Staging System. The AJCC Staging System-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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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

Derived Summary Grade 2018

Item Length: 1
NAACCR Item #: 1975
NAACCR Name: Derived Summary Grade 2018

New Data Item for Diagnosis Year 2018 and forward. Derived in Central registry only.

Description

Grade is a measure of the aggressiveness of the tumor. Grade and cell type are important prognostic indicators for many cancers. Due to changes in 2018, it is difficult to compare grade information from previous years. By developing a Derived Summary Grade data item, comparison of Grade over time (prior to 2018 compared to 2018+) will be much easier.

This data item will be derived from the following existing fields:

- 3843: Grade Clinical
- 3844: Grade Pathological
- *Note: Prior to 2018, grade was collected prior to neoadjuvant therapy, which is why Grade Post-therapy Clin (yc), and Grade Post-Therapy (yp) are not part of the calculation*

This new data item will be applied to cases for 2018+ (would not be applicable for cases diagnosed prior to 2018). This would not be a conversion but deriving a new data item based on information already in the cancer registry systems. Once new cases are entered, then the Derived Summary Grade will be derived.

Rationale

The algorithm for Derived Summary Grade is already used by the SEER program for schemas that need grade for EOD Stage group; however, that information is currently not stored anywhere. SEER will use the same algorithm to calculate the Derived Summary Grade and this data item will store that information. This algorithm will also make it possible for researchers to analyze grade over time more easily.

Grade Codes

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

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

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 Staging Systems where the preferred grading system is not available and the generic grade categories are available
    - e.g., Breast, Prostate, Soft tissue
- AJCC Staging Systems that do not have a recommended grade table
    - e.g., Nasopharynx, Merkel Cell, Melanoma, Thyroid
- Primary sites that do not have an AJCC Staging System
    - 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	Active years
00071	Lip	2018+
00072	Tongue Anterior	2018+
00073	Gum	2018+
00074	Floor of Mouth	2018+
00075	Palate Hard	2018+
00076	Buccal Mucosa	2018+
00077	Mouth Other	2018+
00121	Maxillary Sinus	2018+
00122	Nasal Cavity and Ethmoid Sinus	2018+
00130	Larynx Other	2018+
00131	Larynx SupraGlottic	2018+
00132	Larynx Glottic	2018+
00133	Larynx SubGlottic	2018+
00230	Bile Ducts Intrahepatic	2018+
00241	Gallbladder	2018+
00242	Cystic Duct	2018+
00250	Bile Ducts Perihilar	2018+
00260	Bile Ducts Distal	2018+
00270	Ampulla of Vater	2018+
00280	Pancreas	2018+
00500	Vulva	2018-2023
09500	Vulva	2024+
00510	Vagina	2018+
00520	Cervix	2018-2020
09520	Cervix	2021+

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	Active years
00071	Lip	2018+
00072	Tongue Anterior	2018+
00073	Gum	2018+
00074	Floor of Mouth	2018+
00075	Palate Hard	2018+
00076	Buccal Mucosa	2018+
00077	Mouth Other	2018+
00121	Maxillary Sinus	2018+
00122	Nasal Cavity and Ethmoid Sinus	2018+
00130	Larynx Other	2018+
00131	Larynx SupraGlottic	2018+
00132	Larynx Glottic	2018+
00133	Larynx SubGlottic	2018+
00230	Bile Ducts Intrahepatic	2018+
00241	Gallbladder	2018+
00242	Cystic Duct	2018+
00250	Bile Ducts Perihilar	2018+
00260	Bile Ducts Distal	2018+
00270	Ampulla of Vater	2018+
00280	Pancreas	2018+
00500	Vulva	2018+
09500	Vulva	2024+
00510	Vagina	2018+
00520	Cervix	2018-2020
09520	Cervix	2021+

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	Active years
00071	Lip	2018+
00072	Tongue Anterior	2018+
00073	Gum	2018+
00074	Floor of Mouth	2018+
00075	Palate Hard	2018+
00076	Buccal Mucosa	2018+
00077	Mouth Other	2018+
00121	Maxillary Sinus	2018+
00122	Nasal Cavity and Ethmoid Sinus	2018+
00130	Larynx Other	2018+
00131	Larynx SupraGlottic	2018+
00132	Larynx Glottic	2018+
00133	Larynx SubGlottic	2018+
00230	Bile Ducts Intrahepatic	2018+
00241	Gallbladder	2018+
00242	Cystic Duct	2018+
00250	Bile Ducts Perihilar	2018+
00260	Bile Ducts Distal	2018+
00270	Ampulla of Vater	2018+
00280	Pancreas	2018+
00500	Vulva	2018+
09500	Vulva	2024+
00510	Vagina	2018+
00520	Cervix	2018-2020
09520	Cervix	2021+

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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00071	Lip	2018+
00072	Tongue Anterior	2018+
00073	Gum	2018+
00074	Floor of Mouth	2018+
00075	Palate Hard	2018+
00076	Buccal Mucosa	2018+
00077	Mouth Other	2018+
00121	Maxillary Sinus	2018+
00122	Nasal Cavity and Ethmoid Sinus	2018+
00130	Larynx Other	2018+
00131	Larynx SupraGlottic	2018+
00132	Larynx Glottic	2018+
00133	Larynx SubGlottic	2018+
00230	Bile Ducts Intrahepatic	2018+
00241	Gallbladder	2018+
00242	Cystic Duct	2018+
00250	Bile Ducts Perihilar	2018+
00260	Bile Ducts Distal	2018+
00270	Ampulla of Vater	2018+
00280	Pancreas	2018+
00500	Vulva	2018+
09500	Vulva	2024+
00510	Vagina	2018+
00520	Cervix	2018-2020
09520	Cervix	2021+

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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00111	Oropharynx HPV-Independent	2018+
00112	Hypopharynx	2018+
00150	Cutaneous Carcinoma of Head and Neck	2018+
00180	Small Intestine	2018+
00200	Colon and Rectum	2018+
00220	Liver	2018+
00360	Lung	2018-2024
09360	Lung	2025
00370	Pleural Mesothelioma	2018-2024 (see Grade 27 for 2025+)
00640	Skin Eyelid	2018+
00650	Conjunctiva	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.

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	Active years
00111	Oropharynx HPV-Independent	2018+
00112	Hypopharynx	2018+
00150	Cutaneous Carcinoma of Head and Neck	2018+
00180	Small Intestine	2018+
00200	Colon and Rectum	2018+
00220	Liver	2018+
00360	Lung	2018-2024
09360	Lung	2025+
00370	Pleural Mesothelioma	2018-2024 (see Grade 27 for 2025+)
00640	Skin Eyelid	2018+
00650	Conjunctiva	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.

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	Active years
00111	Oropharynx HPV-Independent	2018+
00112	Hypopharynx	2018+
00150	Cutaneous Carcinoma of Head and Neck	2018+
00180	Small Intestine	2018+
00200	Colon and Rectum	2018+
00220	Liver	2018+
00360	Lung	2018-2024
09360	Lung	2025+
00370	Pleural Mesothelioma	2018-2024 (see Grade 27 for 2025+)
00640	Skin Eyelid	2018+
00650	Conjunctiva	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00111	Oropharynx HPV-Independent	2018+
00112	Hypopharynx	2018+
00150	Cutaneous Carcinoma of Head and Neck	2018+
00180	Small Intestine	2018+
00200	Colon and Rectum	2018+
00220	Liver	2018+
00360	Lung	2018-2024
09360	Lung	2025+
00370	Pleural Mesothelioma	2018-2024 (see Grade 27 for 2025+)
00640	Skin Eyelid	2018+
00650	Conjunctiva	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 (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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00161	Esophagus (including GE junction) Squamous	2018+
00169	Esophagus (including GE junction) (excluding Squamous)	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.

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	Active years
00161	Esophagus (including GE junction) Squamous	2018+
00169	Esophagus (including GE junction) (excluding Squamous)	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.

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	Active years
00161	Esophagus (including GE junction) Squamous	2018+
00169	Esophagus (including GE junction) (excluding Squamous)	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

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

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

Note 8: If you are assigning an AJCC Staging System 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	Active years
00161	Esophagus (including GE junction) Squamous	2018+
00169	Esophagus (including GE junction) (excluding Squamous)	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 (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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00170	Stomach	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.

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	Active years
00170	Stomach	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.

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	Active years
00170	Stomach	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

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

- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00170	Stomach	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 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up

- 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	Active years
00190	Appendix	2018-2022
09190	Appendix	2023+

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: Assign Grade 1 for LAMN tumors, and Grade 2 for HAMN tumors.

Note 5: G3 includes undifferentiated and 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).

Note 8: If you are assigning an AJCC Staging System 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	Active years
00190	Appendix	2018-2022
09190	Appendix	2023+

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: Assign Grade 1 for LAMN tumors, and Grade 2 for HAMN tumors.

Note 5: G3 includes undifferentiated and 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

Note 7: If you are assigning an AJCC Staging System 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	Active years
00190	Appendix	2018-2022
09190	Appendix	2023+

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: Assign Grade 1 for LAMN tumors, and Grade 2 for HAMN tumors.

Note 6: G3 includes undifferentiated and 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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 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 9: If you are assigning an AJCC Staging System 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	Active years
00190	Appendix	2018-2022
09190	Appendix	2023+

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: Assign Grade 1 for LAMN tumors, and Grade 2 for HAMN tumors.

Note 6: G3 includes undifferentiated and 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 9: If you are assigning an AJCC Staging System 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	Active years
00210	Anus	2018-2022
09210	Anus	2023+

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	Active years
00210	Anus	2018-2022
09210	Anus	2023+

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	Active years
00210	Anus	2018-2022
09210	Anus	2023+

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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

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

- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00210	Anus	2018-2022
09210	Anus	2023+

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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00290	NET Stomach	2018-2023
09290	NET Stomach	2024+
00301	NET Duodenum	2018-2023
09301	NET Duodenum	2024+
00302	NET Ampulla of Vater	2018-2023
09302	NET Ampulla of Vater	2024+
00310	NET Jejunum and Ileum	2018-2023
09310	NET Jejunum and Ileum	2024+
00320	NET Appendix	2018-2023
09320	NET Appendix	2024+
00330	NET Colon and Rectum	2018-2023
09330	NET Colon and Rectum	2024+
00340	NET Pancreas	2018-2023
09340	NET Pancreas	2024+

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.

- Grades A-D should only be used in the absence of a physician's statement of grade (G1, G2, G3) or no results for Ki-67 or Mitotic Count (See also Note 6)

Note 5: Do not code grade based on the following terminology:

- Neuroendocrine carcinoma, low grade (8240/3)
- Neuroendocrine carcinoma, well differentiated (8240/3)
- Neuroendocrine carcinoma, moderately differentiated (8249/3)
- Poorly differentiated neuroendocrine carcinoma (8246/3)

Note 6: Code grade based on the physician's documentation (G1, G2, G3) OR in the absence of a physician's statement, code grade based on the Ki-67 and Mitotic Count.

- If a Ki-67 is documented as less than 3, many times the mitotic count is not done. In this situation, the Ki-67 alone is enough to code the grade (G1).
- Grades 2 and 3, are either/or for Ki-67 and Mitotic Count. You do not need both the Ki-67 and mitotic Count to assign grade 2 or 3.

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: Mitotic count (per 2mm2) less than 2 AND Ki-67 index (%) less than 3 Stated as WHO Grade 1
2	G2: Mitotic count (per 2mm2) equal 2-20 OR Ki-67 index (%) equal 3-20 Stated as WHO Grade 2
3	G3: Mitotic count (per 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	Active years
00290	NET Stomach	2018-2023
09290	NET Stomach	2024+
00301	NET Duodenum	2018-2023
09301	NET Duodenum	2024+
00302	NET Ampulla of Vater	2018-2023
09302	NET Ampulla of Vater	2024+
00310	NET Jejunum and Ileum	2018-2023
09310	NET Jejunum and Ileum	2024+
00320	NET Appendix	2018-2023
09320	NET Appendix	2024+
00330	NET Colon and Rectum	2018-2023
09330	NET Colon and Rectum	2024+
00340	NET Pancreas	2018-2023
09340	NET Pancreas	2024+

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.

- Grades A-D should only be used in the absence of a physician's statement of grade (G1, G2, G3) or no results for Ki-67 or Mitotic Count (See also Note 6)

Note 5: Do not code grade based on the following terminology:

- Neuroendocrine carcinoma, low grade (8240/3)
- Neuroendocrine carcinoma, well differentiated (8240/3)
- Neuroendocrine carcinoma, moderately differentiated (8249/3)
- Poorly differentiated neuroendocrine carcinoma (8246/3)

Note 6: Code grade based on the physician's documentation (G1, G2, G3) OR **in the absence of a physician's statement**, code grade based on the Ki-67 and Mitotic Count.

- If a Ki-67 is documented as less than 3, many times the mitotic count is not done. In this situation, the Ki-67 alone is enough to code the grade (G1).
- Grades 2 and 3, are either/or for Ki-67 and Mitotic Count. You do not need both the Ki-67 and mitotic Count to assign grade 2 or 3.

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: Mitotic count (per 2mm2) less than 2 AND Ki-67 index (%) less than 3 Stated as WHO Grade 1
2	G2: Mitotic count (per 2mm2) equal 2-20 OR Ki-67 index (%) equal 3-20 Stated as WHO Grade 2
3	G3: Mitotic count (per 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 ID 07-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
00290	NET Stomach	2018-2023
09290	NET Stomach	2024+
00301	NET Duodenum	2018-2023
09301	NET Duodenum	2024+
00302	NET Ampulla of Vater	2018-2023
09302	NET Ampulla of Vater	2024+
00310	NET Jejunum and Ileum	2018-2023
09310	NET Jejunum and Ileum	2024+
00320	NET Appendix	2018-2023
09320	NET Appendix	2024+
00330	NET Colon and Rectum	2018-2023
09330	NET Colon and Rectum	2024+
00340	NET Pancreas	2018-2023
09340	NET Pancreas	2024+

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.

- Grades A-D should only be used in the absence of a physician's statement of grade (G1, G2, G3) or no results for Ki-67 or Mitotic Count (See also Note 7)

Note 6: Do not code grade based on the following terminology:

- Neuroendocrine carcinoma, low grade (8240/3)
- Neuroendocrine carcinoma, well differentiated (8240/3)
- Neuroendocrine carcinoma, moderately differentiated (8249/3)
- Poorly differentiated neuroendocrine carcinoma (8246/3)

Note 7: Code grade based on the physician's documentation (G1, G2, G3) OR **in the absence of a physician's statemen**t, code grade based on the Ki-67 and Mitotic Count.

- If a Ki-67 is documented as less than 3, many times the mitotic count is not done. In this situation, the Ki-67 alone is enough to code the grade (G1).
- Grades 2 and 3, are either/or for Ki-67 and Mitotic Count. You do not need both the Ki-67 and mitotic Count to assign grade 2 or 3.

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 microscopic confirmation of distant metastases during the clinical time frame

Note 9: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 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 2mm2) less than 2 AND Ki-67 index (%) less than 3 Stated as WHO Grade 1
2	G2: Mitotic count (per 2mm2) equal 2-20 OR Ki-67 index (%) equal 3-20 Stated as WHO Grade 2
3	G3: Mitotic count (per 2mm2) greater than 20 OR Ki-67 index (%) greater than 20 Stated as WHO Grade 3
A	Well differentiated
B	Moderately differentiated

Code	Grade Description
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	Active years
00290	NET Stomach	2018-2023
09290	NET Stomach	2024+
00301	NET Duodenum	2018-2023
09301	NET Duodenum	2024+
00302	NET Ampulla of Vater	2018-2023
09302	NET Ampulla of Vater	2024+
00310	NET Jejunum and Ileum	2018-2023
09310	NET Jejunum and Ileum	2024+
00320	NET Appendix	2018-2023
09320	NET Appendix	2024+
00330	NET Colon and Rectum	2018-2023
09330	NET Colon and Rectum	2024+
00340	NET Pancreas	2018-2023
09340	NET Pancreas	2024+

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.

- Grades A-D should only be used in the absence of a physician's statement of grade (G1, G2, G3) or no results for Ki-67 or Mitotic Count (See also Note 7)

Note 6: Do not code grade based on the following terminology:

- Neuroendocrine carcinoma, low grade (8240/3)
- Neuroendocrine carcinoma, well differentiated (8240/3)
- Neuroendocrine carcinoma, moderately differentiated (8249/3)
- Poorly differentiated neuroendocrine carcinoma (8246/3)

Note 7: Code grade based on the physician's documentation (G1, G2, G3) OR in the **absence of a physician's statement,** code grade based on the Ki-67 and Mitotic Count.

- If a Ki-67 is documented as less than 3, many times the mitotic count is not done. In this situation, the Ki-67 alone is enough to code the grade (G1).
- Grades 2 and 3, are either/or for Ki-67 and Mitotic Count. You do not need both the Ki-67 and mitotic Count to assign grade 2 or 3.

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

Code	Grade Description
1	G1: Mitotic count (per 2mm2) less than 2 AND Ki-67 index (%) less than 3 Stated as WHO Grade 1
2	G2: Mitotic count (per 2mm2) equal 2-20 OR Ki-67 index (%) equal 3-20 Stated as WHO Grade 2
3	G3: Mitotic count (per 2mm2) greater than 20 OR Ki-67 index (%) greater than 20 Stated as WHO 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 08

Grade ID 08-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
00381	Bone Appendicular Skeleton	2018+
00382	Bone Spine	2018+
00383	Bone Pelvis	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.

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 Staging System 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	Active years
00381	Bone Appendicular Skeleton	2018+
00382	Bone Spine	2018+
00383	Bone Pelvis	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.

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 Staging System 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	Active years
00381	Bone Appendicular Skeleton	2018+
00382	Bone Spine	2018+
00383	Bone Pelvis	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.

- *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 microscopic confirmation of distant metastases during the clinical time frame

Note 9: Code 9 (unknown) when

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

Note 10: If you are assigning an AJCC Staging System 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	Active years
00381	Bone Appendicular Skeleton	2018+
00382	Bone Spine	2018+
00383	Bone Pelvis	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.

- *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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 11: If you are assigning an AJCC Staging System 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	Active Years
00400	Soft Tissues Head and Neck	2018+
00421	Soft Tissues Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	2018+
00422	Heart, Mediastinum and Pleura	2018+
00450	Soft Tissue Rare	2018+
00458	Kaposi Sarcoma	2018+
00459	Soft Tissue Other	2018+
00700	Orbital 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.

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 A-D, 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).

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
H	Stated as “high grade” only
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	Active Years
00400	Soft Tissues Head and Neck	2018+
00421	Soft Tissues Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	2018+
00422	Heart, Mediastinum and Pleura	2018+
00450	Soft Tissue Rare	2018+
00458	Kaposi Sarcoma	2018+
00459	Soft Tissue Other	2018+
00700	Orbital 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.

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 A-D, 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

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
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 09-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active Years
00400	Soft Tissues Head and Neck	2018+
00421	Soft Tissues Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	2018+
00422	Heart, Mediastinum and Pleura	2018+
00450	Soft Tissue Rare	2018+
00458	Kaposi Sarcoma	2018+
00459	Soft Tissue Other	2018+
00700	Orbital 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 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: Code 1 for stated as “low grade” only.

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

Note 6: Codes 1-3 take priority over A-D, 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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 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
H	Stated as "high grade" only
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	Active Years
00400	Soft Tissues Head and Neck	2018+
00421	Soft Tissues Abdomen and Thoracic (excluding Heart, Mediastinum, Pleura)	2018+
00422	Heart, Mediastinum and Pleura	2018+
00450	Soft Tissue Rare	2018+
00458	Kaposi Sarcoma	2018+
00459	Soft Tissue Other	2018+
00700	Orbital 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 (yc) field. Assign Grade Post Therapy Path (yc) 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: Code 1 for stated as “low grade” only.

Note 6: Codes 1-3 take priority over A-D, 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 7: Code 9 (unknown) when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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
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 10

Grade ID 10-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
00410	Soft Tissues Trunk and Extremities	2018+
00440	Retroperitoneum	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.

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 A-D, 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 Staging System 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

Code	Grade Description
C	Poorly differentiated
D	Undifferentiated, anaplastic
H	Stated as “high” grade only
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	Active years
00410	Soft Tissues Trunk and Extremities	2018+
00440	Retroperitoneum	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.

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 A-D, 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 6: If you are assigning an AJCC Staging System 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
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 10-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
00410	Soft Tissues Trunk and Extremities	2018+
00440	Retroperitoneum	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 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: Code 1 for stated as "low grade" only.

Note 6: Codes 1-3 take priority over A-D, 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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 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 9: If you are assigning an AJCC Staging System 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
H	Stated as “high grade” only
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	Active years
00410	Soft Tissues Trunk and Extremities	2018+
00440	Retroperitoneum	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) 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: Code 1 for stated as “low grade” only.

Note 6: Codes 1-3 take priority over A-D, 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 9: If you are assigning an AJCC Staging System 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
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 11

Grade ID 11-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
00430	GIST	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.

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 Staging System 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 Clin (yc) Instructions

Schema ID#	Schema ID Name	Active years
00430	GIST	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.

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 Staging System 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 ID 11-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
00430	GIST	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 7, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- 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 Staging System 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	Active years
00430	GIST	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) 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 9: If you are assigning an AJCC Staging System 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	Active years
00480	Breast	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.

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

Note 4: There are two major grading systems used for Breast and they are based on the behavior of the primary tumor (in situ or invasive)

Invasive tumors

- The preferred grading system for Invasive tumors is the **Nottingham grade/Nottingham Score**, also known as the Scarff-Bloom-Richardson or Bloom Richardson

- The **Nottingham score** is a combined histologic grade in which three components are evaluated to determine the overall grade: **tubule formation, nuclear pleomorphism and mitotic count.** Each of these components is assigned a value from 1 (favorable) to 3 (unfavorable) for each feature and then totaling the scores for all three categories. A combined score of 3-5 points is designated as grade 1; a combined score for 6-7 points is grade 2; a combined score of 8-9 points is grade 3

Note 5: If a pathology report for an invasive cancer states, "Grade 1 (or 2, 3)" and there is no further information, assume this is the Nottingham grade and assign the appropriate code.

- If a pathology report for an invasive cancer states, "well differentiated, moderately differentiated, poorly differentiated, low, medium, high," use grades A-D as appropriate
    - ***Example:*** Pathology report states invasive ductal carcinoma, well differentiated. Code grade A.
- **Do not use grades L, M, H for invasive tumors**
    - *Exception:* Biopsy diagnosis is DCIS; Lumpectomy is invasive ductal carcinoma. The Clinical Grade would be L, M, H or 9 based on the DCIS; the Pathological Grade would be 1, 2, 3, or 9 based on the invasive ductal carcinoma. Behavior would be /3

Note 6: In situ tumors

- The preferred grading system for in situ tumors is based on a 3 grade Nuclear system, and is defined as Low (L) (Nuclear Grade 1), Intermediate (M) (Nuclear Grade 2), or High (H) (Nuclear Grade 3)
- Documentation for these grades may be 1/3, 2/3, 3/3. This notation is documenting the nuclear grade, not the Nottingham grade

- If a pathologist uses a Nottingham grade (i.e., G2) for an in-situ cancer, they are documenting the nuclear component of the Nottingham score. You would still assign L, M, or H as appropriate for the in-situ tumor
- **Do not use grades 1, 2, 3 for in situ tumors**

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 Staging System 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

Code	Grade Description
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	Active years
00480	Breast	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.

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

Note 4: There are two major grading systems used for Breast and they are based on the behavior of the primary tumor (in situ or invasive)
Invasive tumors

- The preferred grading system for Invasive tumors is the **Nottingham grade/Nottingham Score**, also known as the Scarff-Bloom-Richardson or Bloom Richardson

- The **Nottingham score** is a combined histologic grade in which three components are evaluated to determine the overall grade: **tubule formation, nuclear pleomorphism and mitotic count.** Each of these components is assigned a value from 1 (favorable) to 3 (unfavorable) for each feature and then totaling the scores for all three categories. A combined score of 3-5 points is designated as grade 1; a combined score for 6-7 points is grade 2; a combined score of 8-9 points is grade 3

Note 5: If a pathology report for an invasive cancer states, "Grade 1 (or 2, 3)" and there is no further information, assume this is the Nottingham grade and assign the appropriate code.

- If a pathology report for an invasive cancer states, "well differentiated, moderately differentiated, poorly differentiated, low, medium, high," use grades A-D as appropriate
    - ***Example:*** Pathology report states invasive ductal carcinoma, well differentiated. Code grade A.
- **Do not use grades L, M, H for invasive tumors**
    - *Exception:* Biopsy diagnosis is DCIS; Lumpectomy is invasive ductal carcinoma. The Clinical Grade would be L, M, H or 9 based on the DCIS; the Pathological Grade would be 1, 2, 3, or 9 based on the invasive ductal carcinoma. Behavior would be /3

Note 6: In situ tumors

- The preferred grading system for in situ tumors is based on a 3 grade Nuclear system, and is defined as Low (L) (Nuclear Grade 1), Intermediate (M) (Nuclear Grade 2), or High (H) (Nuclear Grade 3)
- Documentation for these grades may be 1/3, 2/3, 3/3. This notation is documenting the nuclear grade, not the Nottingham grade
- If a pathologist uses a Nottingham grade (i.e., G2) for an in-situ cancer, they are documenting the nuclear component of the Nottingham score. You would still assign L, M, or H as appropriate for the in-situ tumor
- **Do not use grades 1, 2, 3 for in situ tumors**

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

- 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 9: If you are assigning an AJCC Staging System 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

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 12-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
00480	Breast	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 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: There are two major grading systems used for Breast and they are based on the behavior of the primary tumor (in situ or invasive)

Invasive tumors

- The preferred grading system for Invasive tumors is the **Nottingham grade/Nottingham Score**, also known as the Scarff-Bloom-Richardson or Bloom Richardson

- The **Nottingham score** is a combined histologic grade in which three components are evaluated to determine the overall grade: **tubule formation, nuclear pleomorphism and mitotic count.** Each of these components is assigned a value from 1 (favorable) to 3 (unfavorable) for each feature and then totaling the scores for all three categories. A combined score of 3-5 points is designated as grade 1; a combined score for 6-7 points is grade 2; a combined score of 8-9 points is grade 3

Note 6: If a pathology report for an invasive cancer states, "Grade 1 (or 2, 3)" and there is no further information, assume this is the Nottingham grade and assign the appropriate code.

- If a pathology report for an invasive cancer states, "well differentiated, moderately differentiated, poorly differentiated, low, medium, high," use grades A-D as appropriate
    - ***Example:*** Pathology report states invasive ductal carcinoma, well differentiated. Code grade A.
- **Do not use grades L, M, H for invasive tumors**
    - *Exception:* Biopsy diagnosis is DCIS; Lumpectomy is invasive ductal carcinoma. The Clinical Grade would be L, M, H or 9 based on the DCIS; the Pathological Grade would be 1, 2, 3, or 9 based on the invasive ductal carcinoma. Behavior would be /3

Note 7: In situ tumors

- The preferred grading system for in situ tumors is based on a 3 grade Nuclear system, and is defined as Low (L) (Nuclear Grade 1), Intermediate (M) (Nuclear Grade 2), or High (H) (Nuclear Grade 3)
- Documentation for these grades may be 1/3, 2/3, 3/3. This notation is documenting the nuclear grade, not the Nottingham grade
- If a pathologist uses a Nottingham grade (i.e., G2) for an in-situ cancer, they are documenting the nuclear component of the Nottingham score. You would still assign L, M, or H as appropriate for the in-situ tumor
- **Do not use grades 1, 2, 3 for in situ tumors**

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 microscopic confirmation of distant metastases during the clinical time frame

Note 10: Code 9 (unknown) when

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

Note 11: If you are assigning an AJCC Staging System 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	Active years
00480	Breast	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) 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: There are two major grading systems used for Breast and they are based on the behavior of the primary tumor (in situ or invasive)

Invasive tumors

- The preferred grading system for Invasive tumors is the **Nottingham grade/Nottingham Score**, also known as the Scarff-Bloom-Richardson or Bloom Richardson

- The **Nottingham score** is a combined histologic grade in which three components are evaluated to determine the overall grade: **tubule formation, nuclear pleomorphism and mitotic count.** Each of these components is assigned a value from 1 (favorable) to 3 (unfavorable) for each feature and then totaling the scores for all three categories. A combined score of 3-5 points is designated as grade 1; a combined score for 6-7 points is grade 2; a combined score of 8-9 points is grade 3

Note 7: If a pathology report for an invasive cancer states, “Grade 1 (or 2, 3)” and there is no further information, assume this is the Nottingham grade and assign the appropriate code.

- If a pathology report for an invasive cancer states, “well differentiated, moderately differentiated, poorly differentiated, low, medium, high,” use grades A-D as appropriate
    - ***Example:*** Pathology report states invasive ductal carcinoma, well differentiated. Code grade A.
- **Do not use grades L, M, H for invasive tumors**
    - *Exception:* Biopsy diagnosis is DCIS; Lumpectomy is invasive ductal carcinoma. The Clinical Grade would be L, M, H or 9 based on the DCIS; the Pathological Grade would be 1, 2, 3, or 9 based on the invasive ductal carcinoma. Behavior would be /3

Note 8: In situ tumors

- The preferred grading system for in situ tumors is based on a 3 grade Nuclear system, and is defined as Low (L) (Nuclear Grade 1), Intermediate (M) (Nuclear Grade 2), or High (H) (Nuclear Grade 3)
- Documentation for these grades may be 1/3, 2/3, 3/3. This notation is documenting the nuclear grade, not the Nottingham grade
- If a pathologist uses a Nottingham grade (i.e., G2) for an in-situ cancer, they are documenting the nuclear component of the Nottingham score. You would still assign L, M, or H as appropriate for the in-situ tumor
- **Do not use grades 1, 2, 3 for in situ tumors**

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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 11: If you are assigning an AJCC Staging System 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	Active years
00528	Cervix Sarcoma	2021+
00530	Corpus Carcinoma and Carcinosarcoma	2018+
00541	Corpus 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: For endometrioid carcinomas only

- If "low grade" is documented, code 2 (FIGO Grade 2)
- If "high grade" is documented, code 3 (FIGO Grade 3)

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: 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 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	Active years
00528	Cervix Sarcoma	2021+
00530	Corpus Carcinoma and Carcinosarcoma	2018+
00541	Corpus 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: For endometrioid carcinomas only

- If "low grade" is documented, code 2 (FIGO Grade 2)
- If "high grade" is documented, code 3 (FIGO Grade 3)

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: Code 9 (unknown) when

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

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

Grade Tables – in Schema ID order

Grade Tables – Alphabetical

Grade ID 13-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
00528	Cervix Sarcoma	2021+
00530	Corpus Carcinoma and Carcinosarcoma	2018+
00541	Corpus 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/de-differentiated carcinomas, carcinosarcomas, and mixed mesodermal tumors (Mullerian/MMMT) are *high risk (high grade)*

Note 4: For endometrioid carcinomas only

- If "low grade" is documented, code 2 (FIGO Grade 2)
- If "high grade" is documented, code 3 (FIGO Grade 3)

Note 5: If there are multiple tumors with different grades abstracted as one primary, code the highest 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
- S**urgical 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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 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	Active years
00528	Cervix Sarcoma	2021+
00530	Corpus Carcinoma and Carcinosarcoma	2018+
00541	Corpus 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: For endometrioid carcinomas only

- If "low grade" is documented, code 2 (FIGO Grade 2)
- If "high grade" is documented, code 3 (FIGO Grade 3)

Note 5: If there are multiple tumors with different grades abstracted as one primary, code the highest 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00542	Corpus Adenosarcoma	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.

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	Active years
00542	Corpus Adenosarcoma	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.

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	Active years
00542	Corpus Adenosarcoma	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.

- *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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

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

- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00542	Corpus Adenosarcoma	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.

- *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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00551	Ovary	2018+
00552	Primary Peritoneal Carcinoma	2018+
00553	Fallopian Tube	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.

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 Staging System 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	Active years
00551	Ovary	2018+
00552	Primary Peritoneal Carcinoma	2018+
00553	Fallopian Tube	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.

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 Staging System 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	Active years
00551	Ovary	2018+
00552	Primary Peritoneal Carcinoma	2018+
00553	Fallopian Tube	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.

- *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 Staging System 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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

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

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Grade ID 15-Grade Post Therapy Path (yp) Instructions

Schema ID#	Schema ID Name	Active years
00551	Ovary	2018+
00552	Primary Peritoneal Carcinoma	2018+
00553	Fallopian Tube	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)l 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 Staging System 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00570	Penis	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.

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	Active years
00570	Penis	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.

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	Active years
00570	Penis	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 5, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00570	Penis	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 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up

- 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	Active years
00580	Prostate	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.

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 Staging System 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	Active years
00580	Prostate	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.

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 Staging System 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	Active years
00580	Prostate	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 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 microscopic confirmation of distant metastases during the clinical time frame

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

- *Example:* Prostate biopsy, Gleason Pattern 4+4, and Gleason Score 8. Prostatectomy, Gleason Pattern 3+ 3 and Gleason Score 6.

- Both Grade Clinical and Grade Pathological would be coded 4 based on the Gleason Score Clinical of 8
- Gleason Patterns Pathological would be coded 33 and Gleason Score Pathological would be coded 06

Note 9: Code 9 (unknown) when

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

Note 10: If you are assigning an AJCC Staging System 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	Active years
00580	Prostate	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) 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 9: If you are assigning an AJCC Staging System 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	Active years
00600	Kidney Parenchyma	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.

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	Active years
00600	Kidney Parenchyma	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.

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

Code	Grade Description
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 ID 18-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
00600	Kidney Parenchyma	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 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	Active years
00600	Kidney Parenchyma	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 (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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up

- 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	Active years
00610	Kidney Renal Pelvis	2018+
00620	Bladder	2018+
00631	Urethra	2018+
00633	Urethra-Prostatic	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.

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	Active years
00610	Kidney Renal Pelvis	2018+
00620	Bladder	2018+
00631	Urethra	2018+
00633	Urethra-Prostatic	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.

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
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	Active years
00610	Kidney Renal Pelvis	2018+
00620	Bladder	2018+
00631	Urethra	2018+
00633	Urethra-Prostatic	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.

- *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 a 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 microscopic confirmation of distant metastases during the clinical time frame

Note 9: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 8, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00610	Kidney Renal Pelvis	2018+
00620	Bladder	2018+
00631	Urethra	2018+
00633	Urethra-Prostatic	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.

- *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 a 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00671	Melanoma Iris	2018+
00672	Melanoma Choroid and Ciliary Body	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.

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	Active years
00671	Melanoma Iris	2018+
00672	Melanoma Choroid and Ciliary Body	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.

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	Active years
00671	Melanoma Iris	2018+
00672	Melanoma Choroid and Ciliary Body	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

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

- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00671	Melanoma Iris	2018+
00672	Melanoma Choroid and Ciliary Body	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) 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00680	Retinoblastoma	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.

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	Active years
00680	Retinoblastoma	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.

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	Active years
00680	Retinoblastoma	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00680	Retinoblastoma	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 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up

- 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	Active years
00690	Lacrimal Gland	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.

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	Active years
00690	Lacrimal Gland	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.

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	Active years
00690	Lacrimal Gland	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00690	Lacrimal Gland	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 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up

- 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	Active years
00710	Lymphoma Ocular Adnexa	2018+

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	Active years
00710	Lymphoma Ocular Adnexa	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: 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	Active years
00710	Lymphoma Ocular Adnexa	2018+

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 microscopic confirmation of distant metastases during the clinical time frame

Note 8: Code 9 (unknown) when

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

- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00710	Lymphoma Ocular Adnexa	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: 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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 24.1

Grade ID 24.1-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
00721	Brain	2018-2022 (See Grade 24.2 for 2023+)
00722	CNS Other	2018-2022 (See Grade 24.2 for 2023+)
00723	Intracranial Gland	2018-2022 (See Grade 24.2 for 2023+)

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.
        - 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 24.1-Grade Post Therapy Clin (yc) Instructions

Schema ID#	Schema ID Name	Active years
00721	Brain	2018-2022 (See Grade 24.2 for 2023+)
00722	CNS Other	2018-2022 (See Grade 24.2 for 2023+)
00723	Intracranial Gland	2018-2022 (See Grade 24.2 for 2023+)

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 24.1-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
00721	Brain	2018-2022 (See Grade 24.2 for 2023+)
00722	CNS Other	2018-2022 (See Grade 24.2 for 2023+)
00723	Intracranial Gland	2018-2022 (See Grade 24.2 for 2023+)

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 24.1-Grade Post Therapy Path (yp) Instructions

Schema ID#	Schema ID Name	Active years
00721	Brain	2018-2022 (See Grade 24.2 for 2023+)
00722	CNS Other	2018-2022 (See Grade 24.2 for 2023+)
00723	Intracranial Gland	2018-2022 (See Grade 24.2 for 2023+)

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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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 24.2

Grade ID 24.2-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
09721	Brain	2023+ (See Grade 24.1 for 2018-2022)
09722	CNS Other	2023+ (See Grade 24.1 for 2018-2022)
09723	Intracranial Gland	2023+ (See Grade 24.1 for 2018-2022)
09724	Medulloblastoma	2023+ (See Grade 24.1 for 2018-2022)

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.
        - 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 progression or recurrence
3	WHO Grade III: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with an aggressive clinical course
4	WHO Grade IV: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with the most aggressive clinical course and shorter overall survival
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 24.2-Grade Post Therapy Clin (yc) Instructions

Schema ID#	Schema ID Name	Active years
09721	Brain	2023+ (See Grade 24.1 for 2018-2022)
09722	CNS Other	2023+ (See Grade 24.1 for 2018-2022)
09723	Intracranial Gland	2023+ (See Grade 24.1 for 2018-2022)
09724	Medulloblastoma	2023+ (See Grade 24.1 for 2018-2022)

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 progression or recurrence

Code	Grade Description
3	WHO Grade III: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with an aggressive clinical course
4	WHO Grade IV: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with the most aggressive clinical course and shorter overall survival
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 24.2-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
09721	Brain	2023+ (See Grade 24.1 for 2018-2022)
09722	CNS Other	2023+ (See Grade 24.1 for 2018-2022)
09723	Intracranial Gland	2023+ (See Grade 24.1 for 2018-2022)
09724	Medulloblastoma	2023+ (See Grade 24.1 for 2018-2022)

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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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 progression or recurrence
3	WHO Grade III: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with an aggressive clinical course
4	WHO Grade IV: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with the most aggressive clinical course and shorter overall survival
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 24.2-Grade Post Therapy Path (yp) Instructions

Schema ID#	Schema ID Name	Active years
09721	Brain	2023+ (See Grade 24.1 for 2018-2022)
09722	CNS Other	2023+ (See Grade 24.1 for 2018-2022)
09723	Intracranial Gland	2023+ (See Grade 24.1 for 2018-2022)
09724	Medulloblastoma	2023+ (See Grade 24.1 for 2018-2022)

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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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 progression or recurrence
3	WHO Grade III: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with an aggressive clinical course
4	WHO Grade IV: Tumors with histologic and/or molecular genetic evidence of malignancy that are associated with the most aggressive clinical course and shorter overall survival
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 25

Grade ID 25-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
00750	Parathyroid	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.

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	Active years
00750	Parathyroid	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.

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	Active years
00750	Parathyroid	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00750	Parathyroid	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) 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up

- 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	Active years
00760	Adrenal Gland	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.

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	Active years
00760	Adrenal Gland	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.

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	Active years
00760	Adrenal Gland	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 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 microscopic confirmation of distant metastases during the clinical time frame

Note 7: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 6, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00760	Adrenal Gland	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 (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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up

- 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 27

Grade ID 27-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
09370	Pleural Mesothelioma	2025+ (see Grade 02 for 2018-2024)

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
L	Nuclear Grade I WITH or WITHOUT necrosis OR Nuclear Grade II WITHOUT necrosis
H	Nuclear Grade II WITH necrosis OR Nuclear Grade III WITH or WITHOUT necrosis
9	Grade cannot be assessed; Unknown

Grade Tables – in Schema ID order

Grade Tables – Alphabetical

Grade ID 27-Grade Post Therapy Clin (yc) Instructions

Schema ID#	Schema ID Name	Active years
09370	Pleural Mesothelioma	2025+ (see Grade 02 for 2018-2024)

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
L	Nuclear Grade I WITH or WITHOUT necrosis OR Nuclear Grade II WITHOUT necrosis
H	Nuclear Grade II WITH necrosis OR Nuclear Grade III WITH or WITHOUT necrosis
9	Grade cannot be assessed; Unknown

Grade Tables – in Schema ID order

Grade Tables – Alphabetical

Grade ID 27-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
09370	Pleural Mesothelioma	2025+ (see Grade 02 for 2018-2024)

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 pleura shows a Nuclear Grade 2 with necrosis mesothelioma. The surgical resection states a moderately differentiated mesothelioma.
    - Code Grade Clinical as H since "Nuclear Grade 2 with necrosis" is the preferred grading system
    - Code Grade Pathological as 9 (unknown)

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 microscopic confirmation of distant metastases during the clinical time frame

Note 6: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 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	Nuclear Grade I WITH or WITHOUT necrosis OR Nuclear Grade II WITHOUT necrosis
H	Nuclear Grade II WITH necrosis OR Nuclear Grade III WITH or WITHOUT necrosis
9	Grade cannot be assessed; Unknown

Grade Tables – in Schema ID order

Grade Tables – Alphabetical

Grade ID 27-Grade Post Therapy Path (yp) Instructions

Schema ID#	Schema ID Name	Active years
09370	Pleural Mesothelioma	2025+ (see Grade 02 for 2018-2024)

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 pleura shows a Nuclear Grade 2 with necrosis mesothelioma. The surgical resection states a moderately differentiated mesothelioma.
    - Code Grade Clinical as H since "Nuclear Grade 2 with necrosis" is the preferred grading system
    - Code Grade Pathological as 9 (unknown)
-

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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Code	Grade Description
L	Nuclear Grade I WITH or WITHOUT necrosis OR Nuclear Grade II WITHOUT necrosis
H	Nuclear Grade II WITH necrosis OR Nuclear Grade III WITH or WITHOUT necrosis
9	Grade cannot be assessed; Unknown

Grade Tables – in Schema ID order

Grade Tables – Alphabetical

Grade 28

Grade ID 28-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
09080	Major Salivary Glands	2026+ (see Grade 98 for 2018-2025)

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
L	Low grade
M	Intermediate grade
H	High grade/High grade transformation
9	Grade cannot be assessed; Unknown

Grade Tables – in Schema ID order

Grade Tables – Alphabetical

Grade ID 28 -Grade Post Therapy Clin (yc) Instructions

Schema ID#	Schema ID Name	Active years
09080	Major Salivary Glands	2026+ (see Grade 98 for 2018-2025)

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
L	Low grade
M	Intermediate grade
H	High grade/High grade transformation
9	Grade cannot be assessed; Unknown

Grade Tables – in Schema ID order

Grade Tables – Alphabetical

Grade ID 28-Grade Pathological Instructions

Schema ID#	Schema ID Name	Active years
09080	Major Salivary Glands	2026+ (see Grade 98 for 2018-2025)

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 microscopic confirmation of distant metastases during the clinical time frame

Note 5: Code 9 (unknown) when

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

Code	Grade Description
L	Low grade
M	Intermediate grade
H	High grade/High grade transformation
9	Grade cannot be assessed; Unknown

Grade Tables – in Schema ID order

Grade Tables – Alphabetical

Grade ID 28-Grade Post Therapy Path (yp) Instructions

Schema ID#	Schema ID Name	Active years
09080	Major Salivary Glands	2026+ (see Grade 98 for 2018-2025)

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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Code	Grade Description
L	Low grade
M	Intermediate grade
H	High grade/High grade transformation
9	Grade cannot be assessed; Unknown

Grade Tables – in Schema ID order

Grade Tables – Alphabetical

Grade 98

Grade ID 98-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
00060	Cervical Lymph Nodes and Unknown Primary	2018+
00080	Major Salivary Glands	2018-2025 (see Grade 28 for 2026+)
00090	Nasopharynx	2018-2024
09090	Nasopharynx	2025+
00100	Oropharynx HPV-Associated	2018-2025
09100	Oropharynx HPV-Associated	2026+
00140	Melanoma Head and Neck	2018+
00350	Thymus	2018-2024
09350	Thymus	2025+
00460	Merkel Cell Carcinoma	2018+
00470	Melanoma of the Skin	2018+
00560	Placenta	2018+
00590	Testis	2018+
00660	Melanoma Conjunctiva	2018+
00730	Thyroid	2018+
00740	Thyroid-Medullary	2018+
00770	NET Adrenal Gland	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.

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	Active years
00060	Cervical Lymph Nodes and Unknown Primary	2018+
00080	Major Salivary Glands	2018-2025 (see Grade 28 for 2026+)
00090	Nasopharynx	2018-2024
09090	Nasopharynx	2025+
00100	Oropharynx HPV-Associated	2018-2025
09100	Oropharynx HPV-Associated	2026+
00140	Melanoma Head and Neck	2018+
00350	Thymus	2018-2024
09350	Thymus	2025+
00460	Merkel Cell Carcinoma	2018+
00470	Melanoma of the Skin	2018+
00560	Placenta	2018+
00590	Testis	2018+
00660	Melanoma Conjunctiva	2018+
00730	Thyroid	2018+
00740	Thyroid-Medullary	2018+
00770	NET Adrenal Gland	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.

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	Active years
00060	Cervical Lymph Nodes and Unknown Primary	2018+
00080	Major Salivary Glands	2018-2025 (see Grade 28 for 2026+)
00090	Nasopharynx	2018-2024
09090	Nasopharynx	2025+
00100	Oropharynx HPV-Associated	2018-2025
09100	Oropharynx HPV-Associated	2026+
00140	Melanoma Head and Neck	2018+
00350	Thymus	2018-2024
09350	Thymus	2025+
00460	Merkel Cell Carcinoma	2018+
00470	Melanoma of the Skin	2018+
00560	Placenta	2018+
00590	Testis	2018+
00660	Melanoma Conjunctiva	2018+
00730	Thyroid	2018+
00740	Thyroid-Medullary	2018+
00770	NET Adrenal Gland	2018+

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 microscopic confirmation of distant metastases during the clinical time frame

Note 5: Code 9 (unknown) when

- Grade from primary site is not documented
- No resection of the primary site (see exception in Note 4, Surgical resection, last bullet)
- Neo-adjuvant therapy is followed by a resection (see Grade Post Therapy Path (yp))

- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available
- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00060	Cervical Lymph Nodes and Unknown Primary	2018+
00080	Major Salivary Glands	2018-2025 (see Grade 28 for 2026+)
00090	Nasopharynx	2018-2024
09090	Nasopharynx	2025+
00100	Oropharynx HPV-Associated	2018-2025
09100	Oropharynx HPV-Associated	2026+
00140	Melanoma Head and Neck	2018+
00350	Thymus	2018-2024
09350	Thymus	2025+
00460	Merkel Cell Carcinoma	2018+
00470	Melanoma of the Skin	2018+
00560	Placenta	2018+
00590	Testis	2018+
00660	Melanoma Conjunctiva	2018+
00730	Thyroid	2018+
00740	Thyroid-Medullary	2018+
00770	NET Adrenal Gland	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: 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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	Active years
00118	Pharynx Other	2018+
00119	Middle Ear	2018+
00128	Sinus Other	2018+
00278	Biliary Other	2018+
00288	Digestive Other	2018+
00358	Trachea	2018+
00378	Respiratory Other	2018+
00478	Skin Other	2018+
00558	Adnexa Uterine Other	2018+
00559	Genital Female Other	2018+
00598	Genital Male Other	2018+
00638	Urinary Other	2018+
00698	Lacrimal Sac	2018+
00718	Eye Other	2018+
00778	Endocrine Other	2018+
99999	Ill-defined Other	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.

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	Active years
00118	Pharynx Other	2018+
00119	Middle Ear	2018+
00128	Sinus Other	2018+
00278	Biliary Other	2018+
00288	Digestive Other	2018+
00358	Trachea	2018+
00378	Respiratory Other	2018+
00478	Skin Other	2018+
00558	Adnexa Uterine Other	2018+
00559	Genital Female Other	2018+
00598	Genital Male Other	2018+
00638	Urinary Other	2018+
00698	Lacrimal Sac	2018+
00718	Eye Other	2018+
00778	Endocrine Other	2018+
99999	Ill-defined Other	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.

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	Active years
00118	Pharynx Other	2018+
00119	Middle Ear	2018+
00128	Sinus Other	2018+
00278	Biliary Other	2018+
00288	Digestive Other	2018+
00358	Trachea	2018+
00378	Respiratory Other	2018+
00478	Skin Other	2018+
00558	Adnexa Uterine Other	2018+
00559	Genital Female Other	2018+
00598	Genital Male Other	2018+
00638	Urinary Other	2018+
00698	Lacrimal Sac	2018+
00718	Eye Other	2018+
00778	Endocrine Other	2018+
99999	Ill-defined Other	2018+

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 microscopic confirmation of distant metastases during the clinical time frame

Note 5: Code 9 (unknown) when

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

- Clinical case only (see Grade Clinical)
- There is only one grade available, and it cannot be determined if it is clinical, pathological, post therapy 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	Active years
00118	Pharynx Other	2018+
00119	Middle Ear	2018+
00128	Sinus Other	2018+
00278	Biliary Other	2018+
00288	Digestive Other	2018+
00358	Trachea	2018+
00378	Respiratory Other	2018+
00478	Skin Other	2018+
00558	Adnexa Uterine Other	2018+
00559	Genital Female Other	2018+
00598	Genital Male Other	2018+
00638	Urinary Other	2018+
00698	Lacrimal Sac	2018+
00718	Eye Other	2018+
00778	Endocrine Other	2018+
99999	Ill-defined Other	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: 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 and there is no grade from the post therapy clinical work up
- Surgical resection is done after neoadjuvant therapy and there is no residual cancer and there is no grade from the post therapy clinical work up
- 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

Hematopoietic and Lymphoid Neoplasms: No grade fields included in the following schemas since grade is no longer applicable:

Schema ID#	Schema ID Name	Active years
00790	Lymphoma	2018+
00795	Lymphoma-CLL/SLL	2018+
00811	Mycosis Fungoides	2018+
00812	Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)	2018+
00821	Plasma Cell Myeloma	2018+
00822	Plasma Cell Disorders	2018+
00830	HemeRetic	2018+

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

Hematopoietic and Lymphoid Neoplasms: No grade fields included in the following schemas since grade is no longer applicable:

Schema ID#	Schema ID Name	Active years
00790	Lymphoma	2018+
00795	Lymphoma-CLL/SLL	2018+
00811	Mycosis Fungoides	2018+
00812	Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)	2018+
00821	Plasma Cell Myeloma	2018+
00822	Plasma Cell Disorders	2018+
00830	HemeRetic	2018+

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

Hematopoietic and Lymphoid Neoplasms: No grade fields included in the following schemas since grade is no longer applicable:

Schema ID#	Schema ID Name	Active years
00790	Lymphoma	2018+
00795	Lymphoma-CLL/SLL	2018+
00811	Mycosis Fungoides	2018+
00812	Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)	2018+
00821	Plasma Cell Myeloma	2018+
00822	Plasma Cell Disorders	2018+
00830	HemeRetic	2018+

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

Hematopoietic and Lymphoid Neoplasms: No grade fields included in the following schemas since grade is no longer applicable:

Schema ID#	Schema ID Name	Active years
00790	Lymphoma	2018+
00795	Lymphoma-CLL/SLL	2018+
00811	Mycosis Fungoides	2018+
00812	Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)	2018+
00821	Plasma Cell Myeloma	2018+
00822	Plasma Cell Disorders	2018+
00830	HemeRetic	2018+

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