

2018 ICD-O-3 UPDATES AND GRADE CODING MANUAL PART II

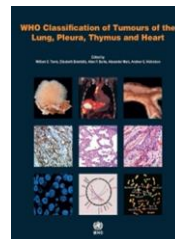
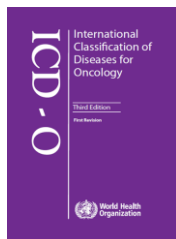


FCDS Annual Educational Conference

Tampa, Florida

July 19, 2018

Steven Peace, CTR



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CDC & Florida DOH Attribution



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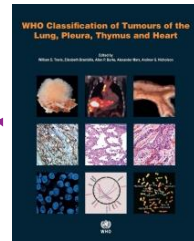
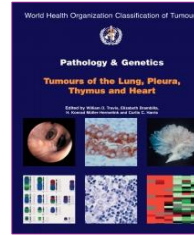


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Outline

- Introduction
- ICD-O-3 Manual (2000) & Errata
- WHO Pathology and Genetics, 3rd edition – 10 volume series
- WHO Classification of Neoplasms, 4th edition – 10 Volume Series
- ICD-O-3 Updates (2011) and (2018)
- 2018 Cancer Site Specific Histology Codes
- ICD-O-3 Histology Code Master List
- Caution Using Vendor Selection
- When to Expect ICD-O-5
- Questions



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Introduction

- Why start with the WHO Classification of Tumors Series?

WHO Classification of Tumours

- The objective of the WHO Classification of Tumors (WHO Blue Books) is to provide a uniform nomenclature of human cancers that is accepted and used worldwide.
- A standardized classification is necessary for pathologists, clinical oncologists, and cancer registries.
- It forms a basis for collecting histologically and genetically stratified, population-based incidence rates and is a prerequisite for comparing cancer therapy trials conducted in different centers and countries.

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Introduction

- WHO "Blue Books" Series – 1st edition (1967-1981)
- ICD-O (1976)
- WHO "Blue Books" Series – 2nd edition (1982-2002)
 - 25 volumes published over 20 year period
- ICD-O-2 (1990)
 - REAL Classification for Lymphoma
 - FAB Classification for Leukemia
- WHO "Blue Books" Series – 3rd edition (2000-2005)
 - 10 volumes published over 5 year period
- ICD-O-3 (2000)
 - WHO Classification for Lymphoma & Leukemia
- ~~ICD-O-4 (never published)~~
- WHO "Blue Books" Series – 4th edition (2006-2017)
 - 10 volumes published over 10 year period
- ICD-O-5 (2019)

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History of ICD-O-3 & the WHO Classification of Neoplasms, 3rd ed.

- ICD-O-3 was published during the same time WHO was producing the 3rd edition series of the WHO Classification of Tumors
- Many of the 3rd edition series were published after ICD-O-3 was printed in 2000
 - Pathology and Genetics of Tumors of Hematopoietic and Lymphoid Tissues (2001)
 - Pathology and Genetics of Tumors of Soft Tissue and Bone (2002)
 - Pathology and Genetics of Tumors of the Breast and Female Genital Organs (2003)
 - Pathology and Genetics of Tumors of the Urinary System and Male Genital Organs (2004)
 - Pathology and Genetics of Tumors of Endocrine Organs (2004)
 - Pathology and Genetics of Tumors of the Lung, Pleura, Thymus and Heart (2004)
 - Pathology and Genetics of Skin Tumors (2005)
 - Pathology and Genetics of head and Neck Tumors (2005)
- Since ICD-O-3 was published the 4th edition has also been completed (next slide)
- WHO published a new ICD-O-3.1 manual and online help in 2011
- WHO plans to publish a new ICD-O-3.2 in 2018 or 2019
- Updates will continue for WHO Classification of Tumors, 5th edition
- Will there be an ICD-O-4 – NO
- Will there be an ICD-O-5 – Planned for WHO Classification Series, 5th edition

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History of ICD-O-3 & the WHO Classification of Neoplasms, 4th ed.

- ICD-O-3 Manual (2000)
 - Errata (2001)
 - Errata (2003)
- ICD-O-3 Updates – 2010
 - WHO Classification of Tumors of the Central Nervous System (2007)
 - WHO Classification of Tumors of Hematopoietic and Lymphoid Tissue (2008)
 - WHO Classification of Tumors of the Digestive System (2010)
- ICD-O-3 Updates – 2018
 - WHO Classification of Tumors of the Breast (2012)
 - WHO Classification of Tumors of the Female Reproductive Organs (2013)
 - WHO Classification of Tumors of Soft Tissue and Bone (2013)
 - WHO Classification of Tumors of the Lung, Pleura, Thymus, and Heart (2015)
 - WHO Classification of Tumors of the Urinary System and Male Genital Organs (2016)
 - WHO Classifications of Tumors of the Head and Neck (2017)
 - WHO Classifications of Tumors of Endocrine Organs (2017)
- ICD-O-3 Revisions to 4th Edition
 - WHO Classifications of Tumors of the Central Nervous System, Revised 4th Ed (2016)
 - WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues, Revised 4th Ed (2017)

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ICD-O-3 Updates - 2011

Updates to the International Classification of Diseases for Oncology, third edition (ICD-O-3)
 This document provides a listing of all official additions, changes, and revisions to the International Classification of Diseases for Oncology, third edition (ICD-O-3) as at Sep 01 2011 and has been approved by the IARC/WHO Committee for ICD-O-3. Any comments should be sent to ICDO3@iarc.fr, or at whoic@who.int. The changes become valid from 1 January 2012.

In 2010, the WHO/IARC ICD-O Update Committee was established. Modifications to the classification are recommended to the committee by the international boards that review the WHO Classification of Tumors Blue Book series.

Relevant changes in other language versions of ICD-O and in related tools will also have to be made and disseminated by the appropriate authority.

(Note: Every effort has been made in the following pages to reproduce the updates to the ICD-O in an understandable format. Page references have not been used in all instances since these do not apply to electronic and other language versions of the Classification.)

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Status	ICD-O-3	Term	Indent 1	Comment
	80770	Squamous intraepithelial neoplasia, low grade		
New synonym	80770	Squamous intraepithelial neoplasia, grade I		
New synonym	80770	Squamous intraepithelial neoplasia, grade II		
New related term	80770	Anal intraepithelial neoplasia, low grade (C21.1)		
New related term	80770	Cervical intraepithelial neoplasia, low grade (C53.)		
New related term	80770	Esophageal squamous intraepithelial neoplasia (dysplasia), low grade (C15.)		
New preferred term	80772	Squamous intraepithelial neoplasia, high grade		
Move former preferred term to synonym	80772	Squamous intraepithelial neoplasia, grade III		Unbold and indent former preferred term
New related term	80772	Esophageal squamous intraepithelial neoplasia (dysplasia), high grade (C15.)		
New code and term	81480	Glandular intraepithelial neoplasia, low grade		
New synonym	81480	Glandular intraepithelial neoplasia, grade I		
New synonym	81480	Glandular intraepithelial neoplasia, grade II		
New related term	81480	Biliary intraepithelial neoplasia, low grade		

2011 Updates to ICD-O-3
 International Agency for Research on Cancer (IARC)

01 September 2011
 1 of 12


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ICD-O-3 Updates - 2011

Hematopoietic and Lymphoid Neoplasm Coding Manual

Effective with Cases Diagnosed 1/1/2010 and Forward

Published May 2018




Editors:

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 Lois Dickie, CTR, NCI SEER
 Serban Negoita, MD, PhD, CTR, NCI SEER

Suggested citation: Rehl J, Adamo M, Dickie L., Negoita, S. (March 2018). Hematopoietic and Lymphoid Neoplasm Coding Manual. National Cancer Institute, Bethesda, MD, 2018.

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ICD-O-3 Updates - 2011



NATIONAL CANCER INSTITUTE
 Surveillance, Epidemiology, and End Results Program

Search SEER

Home Cancer Statistics SEER Data & Software Registrars News About

Home > Registrars > Reporting Guidelines > Hematopoietic Project

Hematopoietic and Lymphoid Neoplasm Database

Search Database ICD-O-3 Code Lists Downloads

Show Multiple Primaries Calculator +

bcr-abl Search

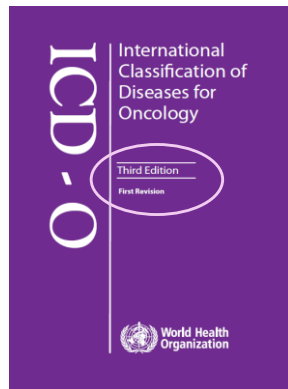
Show Alternate Names

16 neoplasms match Show 25 Entries.

▲ Relevance	ICD-O-3 Morphology	Name
---	9875/3	Chronic myeloid leukemia, BCR-ABL1 positive
---	9812/3	B-lymphoblastic leukemia/lymphoma with t(9;22)(q34.1;q11.2); BCR-ABL1
---	9806/3	Mixed-phenotype acute leukemia with t(9;22)(q34.1;q11.2); BCR-ABL1
---	9863/3	Chronic myeloid leukemia, NOS
---	9876/3	Atypical chronic myeloid leukemia, BCR-ABL1 negative
---	9964/3	Chronic eosinophilic leukemia, NOS

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ICD-O-3 Updates - 2018



WHO Classification of Tumors New or Revised Since 2010
Digestive System (2010)
Breast (2012)
Soft Tissue and Bone (2013)
Female Reproductive Organs (2014)
Lung, Pleura, Thymus & Heart (2015)
Urinary System & Male Genital (2016)
Central Nervous System (2016 revision)
Hematopoietic & Lymphoid (2016 revision)
Head & Neck (2017)

<http://codes.iarc.fr/usingicdo.php>

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ICD-O-3 Updates - 2018

- New Site-Associated Codes – Many Specific Only to One Site
- 37 New ICD-O-3 Codes with New ICD-O-3 Terminology
- 19 New ICD-O-3 Terminology with New Behavior Code
- 1 New ICD-O-3 Term with New Behavior Code
- 114 New Preferred Term / Alternate Terms
- Previously non-reportable GI terms now Reportable
- Thymoma – no longer must state “malignant”



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ICD-O-3 Updates - 2018

Guidelines for ICD-O-3 Update Implementation NAACCR, Inc.

North American Association of Central Registries, Inc.

GUIDELINES FOR ICD-O-3 HISTOLOGY CODE AND BEHAVIOR UPDATE IMPLEMENTATION Effective January 1, 2018

Prepared by:
NAACCR ICD-O-3 Update Implementation Work Group

2018 ICD-O-3 Update to be used jointly with ICD-O-3, Hematopoietic and Lymphoid Neoplasm Database, and Solid Tumor Rules (M7/M)

December 1, 2017

Summary of changes covered in the 2018 ICD-O-3 Update:

The 2018 ICD-O-3 Update Guidelines includes comprehensive tables listing all changes to ICD-O-3 effective for cases diagnosed 1/1/2018 forward. The guidelines also provide background on the project and issues encountered during review of the WHO Classifications of Tumors. Issues not covered in the 2018 update include reportability of GIST and histology codes with terms that include the words "high grade neoplasia" or "high grade dysplasia" or "severe dysplasia" in digestive system sites.

On an international level, the need was recognized in 2010 for updating the morphology section to accurately code contemporary diagnoses described in the terms of the fourth editions of the World Health Organization's Classifications of Hematopoietic and Lymphoid Neoplasms, Tumors of the Central Nervous System, and Tumors of the Digestive System. In September 2011, the International Agency for Research on Cancer (IARC) and the World Health Organization (WHO) released the document *Updates to the International Classification of Diseases for Oncology, third edition (ICD-O-3)*.

Important information for lung cases: Per WHO 4th Ed Tumors of Lung: In 2011, a new IASLC/ATS/ERS classification of lung adenocarcinoma proposed significant changes to the 2004 WHO classification for resected tumors, including discontinuing the terms bronchioloalveolar carcinoma (BAC).

Beginning with cases diagnosed 1/1/2018 forward, bronchioloalveolar carcinoma (BAC) is no longer the preferred term.

Currently in ICD-O-3, when a topography (C code) is listed in parentheses next to the morphology term, it indicates morphology is most common to that site. It may occur in other sites as well. Many of the new codes, terms, and behaviors listed in this update are site-specific and do not apply to all sites. Applicable C codes will be noted next to the term in **bold font**. These site- and histology-specific combinations will not be added to the "impossible combination" edit. However, if a site other than the one listed with the morphology code is assigned, the result will be an edit requiring review. This is Interfield Edit 25.

ICD-O-3 Updates - 2018

<https://seer.cancer.gov/icd-o-3/>

Reporting Guidelines

- Casefinding Lists
- SEER Coding Manual
- Hematopoietic Project
- ICD-O-3 Coding Materials
- Solid Tumor Manual
- Historical Staging and Coding Manuals
- Grade Coding Instructions 2014

ICD-O-3 Guidelines

The revised 2018 Guidelines for ICD-O-3 Histology Code and Behavior Update for cases diagnosed 1/1/2018 forward are now available on the NAACCR website. The update includes links to tables listing new codes and other changes and is available in two formats: PDF and Excel. [View available on the 2018 ICD-O-3 Update Guidelines and 2018/2018 Errata/Change document.](#)

The NAACCR ICD-O-3 Implementation Work Group highly recommends all users use the guidelines which contain important coding information related to the 2018 update.

ICD-O-3 SEER Site/Histology Validation List

This site/type list is provided in both PDF and Excel formats:

- ICD-O-3 SEER Site/Histology Validation List (03/26/2018): PDF (PDF, 658 KB) or Excel (XLS, 1.3 MB)
- Errata for 03/26/2018 List (PDF, 11 KB)
- Errata for 01/17/2018 List (PDF, 11 KB)

Note: The Site/Histology List is not intended to be used for case finding or to determine reportability.

Multiple Resources to Code Histology

- Please USE ALL RESOURCES to Code the Histology
- Please USE ALL RESOURCES to Code the Behavior
- Please USE NEW RESOURCES to Code the Grade
 - ICD-O-3 Manual & Errata
 - There will not be a new ICD-O-3 Manual Printed
 - Be Careful Using the ICD-O-3.1 online version
 - 2011 ICD-O-3 Updates – Digestive System, CNS, Heme
 - 2018 ICD-O-3 Updates – new Histology/Behavior Codes
 - 2018 Solid Tumor MP/H Rules – How to Use Histo Codes
 - Hematopoietic Database On Line
 - Used to Code Any Histology 9590 – 9992
 - You MUST use the online version
 - Desktop Version is no longer supported & is out-of-date
 - 2018 Site-Specific Grade Coding Instructions



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PLEASE - DO NOT RELY ON MENU

- DO Not Rely on Software Pull-Down Menu Selection
- Basic Word Match May Not Result in Correct Code
- Rules and Instructions are NOT in the Pull-Down
 - You will make histology coding errors.
 - You will make behavior coding errors.
 - You will make grade coding errors.
 - You will not be able to stage cases in some instances.
- You MUST be more careful with FORCES (site/type)
- You will get cases returned to you for correction and resubmission for histology, behavior, grade, staging, and SSFs or SSDIs depending on date of dx.



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ICD-O-3 Coding Resources

- ICD-O-3 Manual – use your current manual
- ICD-O-3 Errata & 2011 Updates
 - <http://www.who.int/classifications/icd/updates/icdo3updates/en/>
- ICD-O-3 Updates for 2018
 - <https://seer.cancer.gov/icd-o-3/>
- 2018 Solid Tumor MP/H Rules
 - <https://seer.cancer.gov/tools/solidtumor>
- Hematopoietic Database On Line
 - <https://seer.cancer.gov/seertools/hemelymph/>
- 2018 Site-Specific Grade Instructions
 - <https://www.naaccr.org/SSDI/Grade-Manual.pdf>
- 2018 SEER Site/Type Validation List
 - <https://seer.cancer.gov/icd-o-3/>



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ICD-O-3.2

- ICD-O-3.2 will be released by IARC the end of 2018
- Led by the WHO Classification of Tumours Group
- WHO Classification of Tumors 4th edition series is complete
- ALL 4th edition WHO “Blue Books” to be incorporated into 3.2
- No word yet on what format ICD-O-3.2 will be available
- A few known errors will be corrected
- GI Dysplasia still being discussed for United States
- WHO Classification of Tumors 5th edition series has begun and new “Blue Books” will be introduced starting in 2020
- IARC, WHO, IACR, NAACCR, Canadians working with WHO to address incorporating new classification series into ICD-O-5
- Future - harmonize 5th ed. series with U.S. MP/H Rules, AJCC Cancer Staging, UICC Cancer Staging, and other staging systems

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ICD-O-3 Updates - 2018

New Site-Associated Codes – Many Specific Only to One Site

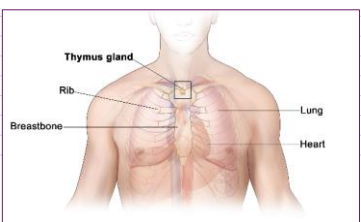
Status	ICD-O-3 Morphology Code	Term	Reportable Y/N	Comments
New Term	8720/3	Meningeal melanoma (C70. , C71.)	Y	
New Term	8575/3	Metaplastic carcinoma of no special type (C50.)	Y	
New Term	8571/3	Metaplastic carcinoma with chondroid differentiation (C50.)	Y	
New Term	8571/3	Metaplastic carcinoma with osseous differentiation (C50.)	Y	
New Term	8575/3	Metaplastic carcinoma with other types mesenchymal differentiation (C50.)	Y	
New Term	8126/3	Microcystic urothelial carcinoma (C65.9, C66.9, C67. , C68.)	Y	
New code/term	8265/3	Micropapillary adenocarcinoma (C34.)	Y	Cases diagnosed prior to 1/1/2018 use code 8507/3. Code 8265 is not valid for C50. . Use 8507 for micropapillary adenocarcinoma in breast primaries
New code/term	8265/3	Micropapillary carcinoma, NOS (C18. , C19.9, C20.9, C34.)	Y	Cases diagnosed prior to 1/1/2018 use code 8507/3. Code 8265 is not valid for C50. . Use 8507 for micropapillary adenocarcinoma in breast primaries
New code/term	8023/3	Midline carcinoma of children and young adults with NUT rearrangement (C30.0, C31.9, C34.)	Y	
New code/term	8257/3	Minimally invasive adenocarcinoma, mucinous (C34.)	Y	
New code/term	8256/3	Minimally invasive adenocarcinoma, non-mucinous (C34.)	Y	

ICD-O-3 Updates - Lung

2018 ICD-O-3 New Codes, Behaviors, and Terms-Updated 4/20/18		
Histology	Behavior	Label
8013	3	Combined large cell neuroendocrine carcinoma (C34. , C37.9)
8023	3	NUT carcinoma (C30.0, C31.9, C34.)
8140	3	Minimally invasive adenocarcinoma, NOS (C34.)
8250	2	Adenocarcinoma in situ, non-mucinous (C34.)
8250	3	Lepidic adenocarcinoma (C34.)
8250	3	Lepidic predominant adenocarcinoma (C34.)
8253	2	Adenocarcinoma in situ, mucinous (C34.)
8253	3	Invasive mucinous adenocarcinoma (C34.)
8254	3	Mixed invasive mucinous and non-mucinous adenocarcinoma (C34.)
8256	3	Minimally invasive adenocarcinoma, non-mucinous (C34.)
8257	3	Minimally invasive adenocarcinoma, mucinous (C34.)
8265	3	Micropapillary carcinoma, NOS (C18. , C19.9, C20.9, C34.)
8265	3	Micropapillary adenocarcinoma (C34.)
8551	3	Acinar adenocarcinoma (C34.)
8580	3	Metaplastic thymoma
8581	3	Type A thymoma
8582	3	Type AB thymoma
8583	3	Type B1 thymoma
8584	3	Type B2 thymoma
8585	3	Type B3 thymoma
8580	3	Sclerosing thymoma

Lung

Thymus



ICD-O-3 Updates - Lung

Rule H3 Code the **subtype/variant** when there is a **NOS** and a subtype/variant of that NOS such as the following:

- Adenocarcinoma NOS 8140 and a subtype/variant of adenocarcinoma OR
- Large cell carcinoma 8012 and a subtype or variant of large cell carcinoma NOS OR
- Mucinous carcinoma and subtypes/variants of mucinous carcinoma OR
- Non-mucinous carcinoma and subtypes/variants of non-mucinous carcinoma OR
- Non-small cell carcinoma 8046 and a subtype/variant of non-small cell carcinoma OR
- Pleomorphic carcinoma 8022 and a subtype/variant of pleomorphic carcinoma OR
- Sarcomatoid carcinoma 8013 and a more subtype/variant of sarcomatoid carcinoma OR
- Small cell neuroendocrine tumors 8041 and a subtype/variant of small cell neuroendocrine tumor OR
- Squamous cell carcinoma NOS 8070 and a subtype/variant of squamous cell carcinoma OR
- Synovial sarcoma 9040 and a subtype/variant of synovial sarcoma

Note: See Table 3 in the Equivalent Terms and Definitions to find NOS and subtypes/variants.

Rule H6 Code mucinous adenocarcinoma as follows (for lung only):

- Mucinous adenocarcinoma (not specified as invasive, minimally invasive, or pre-invasive) **8253/3**
- Mucinous adenocarcinoma in situ **8253/2**
- Mucinous adenocarcinoma invasive **8253/3**
- Mucinous adenocarcinoma minimally invasive **8257/3**
- Mucinous adenocarcinoma pre-invasive **8253/2**

Note 1: Mucinous in situ/pre-invasive, mucinous carcinoma minimally invasive, and invasive mucinous adenocarcinoma are **new codes and terms**. The new codes will allow mucinous adenocarcinoma/carcinoma to be analyzed separately from colloid carcinoma.

Note 2: **Pathologists may not use terms "minimally invasive" and "pre-invasive" immediately. Code the pathology diagnosis.**

Rule H7 Code non-mucinous adenocarcinoma as follows:

- Non-mucinous adenocarcinoma minimally invasive, or pre-invasive **8250/2**
- Non-mucinous adenocarcinoma in situ **8140/2**
- Non-mucinous adenocarcinoma invasive **8140/3**

Note 1: The term "**non-mucinous**" is used when an adenocarcinoma/carcinoma does **not** have enough **mucin** to be classified as mucinous or when there is **no mucin** present. It is a **synonym** for adenocarcinoma/carcinoma.

Note 2: There are new codes and terms for **minimally invasive** and **pre-invasive** non-mucinous adenocarcinoma/carcinoma.

Note 3: **Pathologists may not use the terms "minimally invasive" and "pre-invasive" immediately. Code the tissue diagnosis.**

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ICD-O-3 Updates - Breast

2018 ICD-O-3 New Codes, Behaviors, and Terms-Updated 4/20/18		
Histology	Behavior	label
8041	3	Neuroendocrine carcinoma, poorly differentiated (C50_)
8246	3	Neuroendocrine tumor, well differentiated (C50_)
8500	2	Mammary carcinoma, in situ (C50_)
8500	2	Non-invasive mammary carcinoma (C50_)
8500	3	Invasive carcinoma of no special type (C50_)
8500	3	Invasive carcinoma, NST (C50_)
8500	3	Invasive mammary carcinoma (C50_)
8503	2	Intraductal papilloma with ductal carcinoma in situ (C50_)
8504	2	Encapsulated papillary carcinoma (C50_)
8504	3	Encapsulated papillary carcinoma with invasion (C50_)
8507	3	Invasive micropapillary carcinoma (C50_)
8509	2	Solid papillary carcinoma in situ (C50_)
8509	3	Solid papillary carcinoma with invasion (C50_)
8519	2	Pleomorphic lobular carcinoma in situ (C50_)
8520	2	Intraductal papilloma with lobular carcinoma in situ (C50_)
8520	3	Invasive lobular carcinoma, alveolar type (C50_)
8520	3	Invasive lobular carcinoma, solid type (C50_)
8520	3	Invasive lobular carcinoma, tubulolobular variant (C50_)
8520	3	Pleomorphic lobular carcinoma (C50_)
8520	3	Invasive lobular carcinoma (C50_)
8520	3	Tubulolobular carcinoma (C50_)

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ICD-O-3 Updates - Breast

Required Histology Terms	Histology Combination Term and Code
DCIS/duct carcinoma/carcinoma NST 8500 AND Lobular carcinoma 8520 <i>Note 1:</i> Both histologies, duct and lobular must have the same behavior code. <i>Note 2:</i> 8522 is used when: <ul style="list-style-type: none"> Both DCIS/duct carcinoma/carcinoma NST AND lobular carcinoma are present in a single tumor OR DCIS/duct carcinoma/carcinoma NST is present in at least one tumor and lobular is present in at least one tumor in the same breast <i>Example:</i> One tumor with invasive duct CA in LOQ RT breast; second tumor with invasive lobular in UOQ RT breast <i>Note 3:</i> Do not use 8522 when the diagnosis is carcinoma NST/duct carcinoma with lobular differentiation. The diagnosis MUST be invasive carcinoma NST/duct and invasive lobular carcinoma. See Histology Rules for instructions on coding differentiation.	Invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma 8522/3 <i>Note 1:</i> CAP uses the term Invasive carcinoma with ductal and lobular features ("mixed type carcinoma") <i>Note 2:</i> Carcinoma NST includes carcinoma with osteoclastic-like stromal giant cells 8035/3. DCIS and in situ lobular carcinoma 8522/2 <i>Note:</i> The lobular carcinoma includes pleomorphic lobular carcinoma in situ 8519/2 .
DCIS/duct carcinoma/carcinoma NST OR carcinoma NST/duct carcinoma subtypes/variants AND Any histology in Table 3 with exception of <ul style="list-style-type: none"> Lobular carcinoma (and subtypes/variants) 8520 Paget disease 8540/3 <i>Note 1:</i> See Table 3 for carcinoma NST/duct carcinoma subtypes/variants. <i>Note 2:</i> Do not use combination code for duct with lobular differentiation. <i>Note 3:</i> Lobular subtypes/variants are excluded because they have the same code as lobular 8520 .	Carcinoma NST/duct mixed with other types of carcinoma 8523

ICD-O-3 Updates - Breast

Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
Apocrine carcinoma 9401 Note: This is a diagnosis that is EXACTLY apocrine carcinoma not a carcinoma NST with apocrine features, differentiation, or type. Carcinoma NST 8500	Carcinoma of no special type (duct) NST Carcinoma/carcinoma NST with photokeratinous features Carcinoma/carcinoma NST with cribriform features Carcinoma/carcinoma NST with mucinous features Carcinoma/carcinoma NST with signet ring differentiation DCIS 8500/2 Duct (ductal) carcinoma Duct (ductal) carcinoma in situ 8500/2 Duct (ductal) carcinoma NOS Duct (ductal) carcinoma NST (no special type) Duct (ductal) carcinoma with apocrine features Duct (ductal) carcinoma with apocrine metaplasia Duct (ductal) carcinoma with lobular features Duct (ductal) carcinoma with squamous metaplasia Infiltrating ductal carcinoma 8500/3 Invasive carcinoma with micropapillary features Invasive mammary carcinoma associated with encysted papillary carcinoma Invasive carcinoma not otherwise specified (ductal) NOS 8500/3 Invasive carcinoma NST with metaplastic features 8500 Invasive carcinoma NST/duct with medullary features 8500/3 Invasive carcinoma, with signet-ring cell features Invasive carcinoma of no special type (NST) 8500/3 Invasive carcinoma with cleaved cell (glycogen rich) features 8500 Invasive carcinoma, NST 8500/3	Carcinoma with osteoclastic-like stromal giant cells 8035

ICD-O-3 Updates – Soft Tissue Sarcoma

Change	Cod	Description
New behavior code	8825/3	Low-grade myofibroblastic sarcoma
New code	9542/3	Epithelioid malignant peripheral nerve sheath tumor
New behavior code	8842/3	Ossifying fibromyxoid tumor, malignant
New code	8714/3	PEComa, NOS, malignant
New code	9137/3	Intimal sarcoma
New behavior code	8811/1	Myxoinflammatory fibroblastic sarcoma
New related term	8823/3	Fibrosarcomatous dermatofibrosarcoma protuberans
New related term	8840/3	Low-grade fibromyxoid sarcoma
New related term	8840/3	Sclerosing epithelioid fibrosarcoma
New related term	8802/3	Undifferentiated high-grade pleomorphic sarcoma

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ICD-O-3 Updates – Kidney & Urinary

Change	Cod	Description
New behavior code	8311/3	Hereditary leiomyomatosis & RCC-associated RCC
See comment	8311/3	MtT Family ranslocation renal cell carcinoma
See comment	8144/3	Enteric adenocarcinoma, adenocarcinoma intestinal type
New code	8643/1	Intratubular large cell hyalinizing sertoli cell neoplasm
New code	8054/3	Warty carcinoma
New behavior code	8071/2	Differentiated penile intraepithelial neoplasia
New related term	9364/3	Ewing sarcoma
New related term	9364/3	Peripheral neuroectodermal tumor
New related term	9364/3	Primitive neuroectodermal tumor (PNET)
New related term	8510/3	Renal medullary carcinoma
New related term	8480/3	Mucinous tubular and spindle cell carcinoma
New related term	8316/3	Tubulocystic renal cell carcinoma
New related term	8312/3	Unclassified renal cell carcinoma
New related term	8010/3	Urachal carcinoma
New related term	8572/3	Acinary (adenocarcinoma) sarcomatoid variant
New related term	9064/2	Non-invasive germ cell neoplasm
New related term	9064/2	Germ cell neoplasia in situ
New related term	9064/2	Carcinoma in situ of the testis
New related term	9064/2	Intratubular germ cell neoplasia, unclassified
New related term	9064/2	Testicular intraepithelial neoplasia
New behavior code	8316/1	Multilocular cystic renal cell neoplasm of low malignant potential
New behavior code	8860/1	Epithelioid angiomyolipoma
New behavior code	8860/1	Perivascular epithelioid cell (PEC) tumor of the kidney
New behavior code	8860/1	PEComa of the kidney
New related term	9080/3	Malignant teratoma in adults

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ICD-O-3 Updates – Brain/CNS

Change	Code	Description
New code	9396/3	Ependymoma, RELA fusion-positive
New code	9477/3	Medulloblastoma, non-WNT/non-SHH
New related term	9477/3	Medulloblastoma, group 3
New related term	9477/3	Medulloblastoma, group 4
New code	9478/3	Embryonal tumor with multilayered rosettes C19MC-altered
New code	9478/3	Embryonal tumor with multilayered rosettes, NOA
New related term	9400/3	Diffuse astrocytoma, IDH-wildtype
New related term	9401/3	Anaplastic astrocytoma, IDH-wildtype
New related term	9440/3	Epithelioid glioblastoma
New related term	9451/3	Anaplastic oligodendroglioma, NOS
New related term	9382/3	Oligoastrocytoma, NOS
New related term	9382/3	Anaplastic oligoastrocytoma
New related term	9509/1	Diffuse leptomeningeal glioneuronal tumor
New related term	9508/3	Embryonal tumor with rhabdoid feaures
New related term	8815/0	Solitary fibrous tumor/hemangiopericytoma Grade 1
New behavior code	8815/1	Solitary fibrous tumor/hemangiopericytoma Grade 2
New related term	8815/3	Solitary fibrous tumor/hemangiopericytoma Grade 3

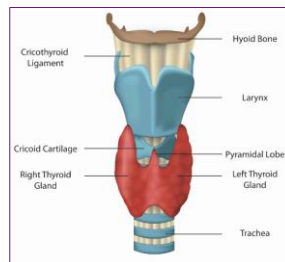
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ICD-O-3 Updates - Thyroid

2018 ICD-O-3 New Codes, Behaviors, and Terms-Updated 4/20/18		
Histology	Beh	Label
8339	3	Follicular thyroid carcinoma (FTC), encapsulated angoinvasive (C73.9)
8343	2	Non-invasive EFVPTC (C73.9)
8343	2	Non-invasive encapsulated follicular variant of papillary thyroid carcinoma (non-invasive EFVPTC)
8343	2	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) (C73.9)
8343	2	Non-invasive FTP (C73.9)
8343	3	Encapsulated follicular variant of papillary thyroid carcinoma, NOS (EFVPTC, NOS) (C73.9)
8343	3	Invasive encapsulated follicular variant of papillary thyroid carcinoma (invasive EFVPTC) (C73.9)

Beh = 2

Code Histology = 8345/3 for Thyroid Medullary Carcinoma, NOS
DO NOT USE CODE 8510/3 FOR THYROID 2018 – This Histology Code is Used for BREAST



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Updates to Reportable Cancers

Status	Histology	Be	label	Reportabl
Behavior code/term	8213	3	Serrated adenocarcinoma (C18.0, C18.2, C18.9, C19.9, C20.9)	Y
Behavior code/term	8250	2	Adenocarcinoma in situ, non-mucinous (C34.0)	Y
Behavior code/term	8253	2	Adenocarcinoma in situ, mucinous (C34.0)	Y
Behavior code/term	8311	3	Hereditary leiomyomatosis & RCC-associated renal cell carcinoma (C64.9)	Y
Behavior code/term	8311	3	MIT family translocation renal cell carcinoma (C64.9)	Y
Behavior code/term	8441	2	Serous endometrial intraepithelial carcinoma (C54.0, C55.9)	Y
Behavior code/term	8441	2	Serous tubal intraepithelial carcinoma (C57.0)	Y
Behavior code/term	8460	2	Non-invasive low grade serous carcinoma (C56.9)	Y
Behavior code/term	8507	3	Invasive micropapillary carcinoma (C50.0)	Y
Behavior code/term	8825	3	Low-grade myofibroblastic sarcoma (C01.9, C02.0, C06.9, C49.0)	Y
Behavior code/term	8825	3	Myofibroblastic sarcoma	Y
Behavior code/term	8842	3	Ossifying fibromyxoid tumor, malignant (C49.0)	Y
Behavior code/term	8842	3	Pulmonary myxoid sarcoma with EWSR1-CREB1 translocation (C34.0)	Y
Behavior code/term	8983	3	Adenomyoepithelioma with carcinoma (C50.0)	Y
Behavior code/term	9302	3	Ghost cell odontogenic carcinoma (C41.0, C41.1)	Y
Behavior code/term	9341	3	Clear cell odontogenic carcinoma (C41.0, C41.1)	Y

ICD-O-3 Site/Histology Validation

<https://seer.cancer.gov/icd-o-3/>

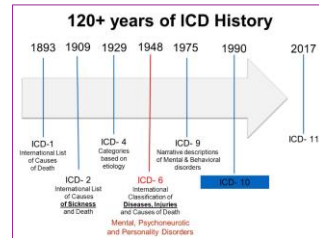
Site recode	Site Description	Histolo	Histology Description	Histology/Behavio	Histology/Behavior Description
C379	THYMUS	824	CARCINOID TUMOR, MALIGNANT	8246/3	Neuroendocrine carcinoma
C379	THYMUS	824	CARCINOID TUMOR, MALIGNANT	8249/3	Atypical carcinoid tumor
C379	THYMUS	858	THYMOMA, MALIGNANT	8580/3	Thymoma, malignant, NOS
C379	THYMUS	858	THYMOMA, MALIGNANT	8581/3	Thymoma, type A, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8582/3	Thymoma, type AB, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8583/3	Thymoma, type B1, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8584/3	Thymoma, type B2, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8585/3	Thymoma, type B3, malignant
C379	THYMUS	858	THYMOMA, MALIGNANT	8586/3	Thymic carcinoma, NOS
C379	THYMUS	858	THYMOMA, MALIGNANT	8588/3	Spindle epithelial tumor with thymus-like element
C379	THYMUS	858	THYMOMA, MALIGNANT	8589/3	Carcinoma showing thymus-like element
C379	THYMUS	908	TERATOMA	9086/3	Germ cell tumors with associated hematological malignancy

Site recode	Site Description	Histolo	Histology Description	Histology/Behavio	Histology/Behavior Description
C500-C506, C508-C509	BREAST	850	DUCT CARCINOMA	8503/2	Noninfiltrating intraductal papillary adenocarcinoma
C500-C506, C508-C509	BREAST	850	DUCT CARCINOMA	8503/3	Intraductal papillary adenocarcinoma with invasion
C500-C506, C508-C509	BREAST	850	DUCT CARCINOMA	8504/2	Noninfiltrating intracyclic carcinoma
C500-C506, C508-C509	BREAST	850	DUCT CARCINOMA	8504/3	Intracyclic carcinoma, NOS
C500-C506, C508-C509	BREAST	850	DUCT CARCINOMA	8507/2	Intraductal micropapillary carcinoma
C500-C506, C508-C509	BREAST	850	DUCT CARCINOMA	8507/3	Invasive micropapillary carcinoma
C500-C506, C508-C509	BREAST	850	DUCT CARCINOMA	8508/3	Cystic hypersecretory carcinoma
C500-C506, C508-C509	BREAST	850	DUCT CARCINOMA	8509/2	Solid papillary carcinoma in situ
C500-C506, C508-C509	BREAST	850	DUCT CARCINOMA	8509/3	Solid papillary carcinoma with invasion
C500-C506, C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8510/3	Medullary carcinoma, NOS
C500-C506, C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8512/3	Medullary carcinoma with lymphoid stroma
C500-C506, C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8513/3	Atypical medullary carcinoma
C500-C506, C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8514/3	Duct carcinoma, desmoplastic type
C500-C506, C508-C509	BREAST	851	MEDULLARY CARCINOMA, NOS	8519/2	Pleomorphic lobular carcinoma in situ
C500-C506, C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8520/2	Lobular carcinoma in situ
C500-C506, C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8520/3	Lobular carcinoma, NOS
C500-C506, C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8521/3	Infiltrating ductular carcinoma
C500-C506, C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8522/2	Intraductal and lobular in situ carcinoma
C500-C506, C508-C509	BREAST	852	LOBULAR AND OTHER DUCTAL CA.	8522/3	Infiltrating duct and lobular carcinoma

ICD-11 and ICD-O-5

- ICD-10 is nearly 30 years old (1989 release)
- ICD-11 early release in 2017 (beta version)
- ICD-11 used for Death Certificates in 2018 (NCHS)
- ICD-11 uses ICD-10 as foundation + more detail
- 100% electronic will replace paper version

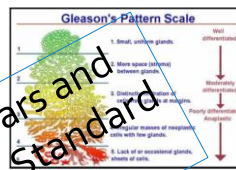
- ICD-O-5 in review starting in 2019
- ICD-O-5 will be compatible with ICD-11
 - Topography
 - Morphology
 - Laterality
 - Grade
 - Stage
 - Genetic Profile
 - More



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Grade Coding Manual

WHO Grading of Papillary Urothelial Malignancies			
Features	PUNLMP	Low-grade UC	High-grade UC
Polarity	Normal	Minimal loss	Disordered
Superficial cells	Usually present	May be present	Absent
Papillary architecture	Delicate	Fused/Delicate	Fixed
Nuclear size	Increased	Increased	Greatly increased
Plasmorphism	Slight	Moderate	Marked
Nuclear polarization	Slight abnormal	Abnormal	Absent
Hyperchromasia	Slight	Moderate	Marked
Mitoses	None or Rare	Present	Present
Nuclear grooves	Present	Present	Absent
Chromatin	Fine, uniform	Coarse	Marked variation



Grading Breast Carcinoma

Nottingham Grading System (Europe) vs. Elston-Richardson Grading System (US)

- Variables
 - Nuclear pleomorphism
 - Mitotic Count / mm²
 - Tubule formation percentage
- Each variable score 1-3
- Grades - combined scores
 - Low grade 3-5
 - Intermediate grade 6-7
 - High 8-9 grade

Tumor differentiation

Score 1 - Tumor that closely resemble normal adult mesenchymal Sarcomas for which histologic typing is certain

Score 3 - Embryonal and undifferentiated sarcomas, synovial sarcoma, and sarcomas of uncertain differentiation

Mitotic count

Score 1 0-9 mitoses/10 hpf
Score 2 10-19 mitoses/10 hpf
Score 3 ≥20 mitoses/10 hpf

Tumor necrosis

Score 0 No necrosis
Score 1 ~50% tumor necrosis
Score 2 ≥50% tumor necrosis

Histologic grade (tumor differentiation + mitotic count + tumor necrosis)

Grade 1 (low grade) Total score: 2 or 3
Grade 2 (intermediate grade) Total score: 4 or 5
Grade 3 (high grade) Total score: 6, 7, or 8

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Grade Coding Manual – Schema ID

Grade Coding Instructions and Tables
Effective with Cases Diagnosed 1/1/2018 and Forward
Published April 2018

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Jan Hoffkamps, CTR, NAACCR
Elizabeth Ward, PhD, Consultant to NAACCR

Suggested Citation: Ruhl J, Ward E, Hoffkamps J, et al. (March 2018). Grade Manual. NAACCR, Springfield, IL. 62764-4234.

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Grade 12

Schema ID		AJCC Chapter	
Schema ID Name	Schema ID Name	AJCC 8 th Edition	AJCC Chapter
00480	Breast	48.1	Breast, OCS and Pages
		48.2	Breast, Invasive Breast Cancers

Note 1: Clinical grade must use table.

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

Note 3: Priority order for codes

- Invasive cancers: codes 1-3 take priority over A-D.
- In situ cancers: codes 1-3 take priority over A-D.

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

Note 5: All invasive breast carcinomas should be assigned a histologic grade. The Nottingham combined histologic grade (Nottingham modification of the SBR grading system) is recommended. The grade for a tumor is determined by assessing morphologic features (tubule formation, nuclear pleomorphism, and mitotic count), assigning a value from 1 (favorable) to 3 (unfavorable) for each feature, and totaling the scores for all three categories. A combined score of 3-6 points is designated as grade 1, a combined score of 4-7 points is grade 2, a combined score of 8-9 points is grade 3.

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

Note 6: Code 9 when:

- Grade from primary site is not documented.
- Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition).
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available.

Note 7: If there is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy, assign as a clinical grade and code unknown (9) for pathological grade, and leave for pathological grade.

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

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

Code	Grade Description
1	ISL (low combined histologic grade (Nottingham), SBR score of 3-6 points)
2	ISL (intermediate combined histologic grade (Nottingham), SBR score of 4-7 points)
3	ISL (high combined histologic grade (Nottingham), SBR score of 8-9 points)
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (Moderate) (in situ only)
H	Nuclear Grade III (High) (in situ only)

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What's a Schema ID ???

Schema ID (EOD Schema Name)	AJCC Chapt.	AJCC Chapter Name	SS Chapter	Grade Table
00258 Adnexa Uterine Other	N/A	N/A	Adnexa Uterine Other	Grade 99
00760 Adrenal Gland	76	Adrenal Cortical Carcinoma	Adrenal Gland (including NET)	Grade 28
00270 Ampulla Vater	27	Ampulla of Vater	Ampulla Vater (including NET)	Grade 01
00210 Anus	21	Anus	Anus	Grade 06
00190 Appendix	19	Appendix-Carcinoma	Appendix (including NET)	Grade 05
00260 Bile Ducts Distal	26	Distal Bile Duct	Extrahepatic Bile Ducts	Grade 01
00230 Bile Ducts Intrahepatic	23	Intrahepatic Bile Duct	Intrahepatic bile Ducts	Grade 01
00250 Bile Ducts Perihilar	25	Perihilar Bile Ducts	Extrahepatic Bile Ducts	Grade 01
00278 Biliary Other	N/A	N/A	Biliary Other	Grade 99
00620 Bladder	62	Urinary Bladder	Bladder	Grade 13
00381 Bone Appendicular Skeleton	38	Bone	Bone	Grade 08
00383 Bone Pelvis	38	Bone	Bone	Grade 08
00382 Bone Spine	38	Bone	Bone	Grade 08
00721 Brain	72	Brain and Spinal Cord	Brain	Grade 24
00480 Breast	48	Breast	Breast	Grade 12
00071 Buccal Mucosa	7	Lip and Oral Cavity	Buccal Mucosa	Grade 01
00060 Cervical Lymph Nodes and Unknown Primary Tumor of the Head and Neck	6	Cervical Lymph Nodes and Unknown Primary	Cervical Lymph Nodes and Unknown Primary	Grade 38
00230 Cervix	52	Cervix Uteri	Cervix	Grade 01
00722 CNS Other	72	Brain and Spinal Cord	CNS Other	Grade 24
00200 Colon and Rectum	20	Colon and Rectum	Colon and Rectum (including NET)	Grade 02
00650 Conjunctiva	65	Conjunctival Carcinoma	Conjunctiva	Grade 02
00542 Corpus Adenosarcoma	54	Corpus Uteri-Sarcoma	Corpus Sarcoma (including Adenosarcoma)	Grade 14
00530 Corpus Carcinoma and Carcinosarcoma	53	Corpus Uteri-Carcinoma and Carcinosarcoma	Corpus Carcinoma and Carcinosarcoma	Grade 13
00541 Corpus Sarcoma	54	Corpus Uteri-Sarcoma	Corpus Sarcoma (including Adenosarcoma)	Grade 13

AJCC/Schema ID is a Pointer
Includes ALL Site Chapters and Sub-Chapters of AJCC 8th edition **PLUS** – Any Non-TNM-able Site/Histology Not in AJCC 8th ed.

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chapt.	AJCC Chapter Name	SS Chapter	Grade Table
00750	Parathyroid	75	Parathyroid	Parathyroid	Grade 23
00760	Adrenal Gland	76	Adrenal Cortical Carcinoma	Adrenal Gland (including NET)	Grade 28
00770	NET Adrenal Gland	77	Adrenal-Neuroendocrine Tumors	Adrenal Gland (including NET)	Grade 58
00778	Endocrine Other	N/A	N/A	Endocrine Other	Grade 58
00790	Lymphoma	79, 80	Hodgkin and Non-Hodgkin Lymphoma (Adult and Pediatric chapters)	Lymphoma	Grade 88
00795	Lymphoma-CLL/SLL	79, 80	Hodgkin and Non-Hodgkin Lymphoma (Adult and Pediatric chapters)	Lymphoma	Grade 88
00811	Mycosis Fungoides and Sézary Syndrome	81	Primary Cutaneous Lymphomas	Mycosis Fungoides	Grade 88
00812	Primary Cutaneous Lymphomas: Non-MF/SS	81	Primary Cutaneous Lymphomas: Non-MF/SS	Primary Cutaneous Lymphomas: Non-MF/SS	Grade 88
00821	Plasma Cell Myeloma	82	Plasma Cell Myeloma and Plasma Cell Disorders	Myeloma Plasma Cell Disorder	Grade 88
00822	Plasma Cell Disorders	82	Plasma Cell Myeloma and Plasma Cell Disorders	Myeloma Plasma Cell Disorder	Grade 88
00830	Hematelite	83	Leukemia	Hematelite	Grade 88
99999	Ill-Defined Other	N/A	N/A	Ill-Defined Other	Grade 99

Back to Coding Grade

NAACCR North American Association of Central Cancer Registries

Home

SITE SPECIFIC DATA ITEMS (SSDI)/ GRADE

Home / Schema List

Data Last Updated: May 9, 2018 (Version 1.2)

CANCER SCHEMA LIST

Displaying 118 Schemas

Standard Search
 Site/Hit Search

Search Term(s)

RESOURCES

- SSDI Manual
- SSDI Manual Appendix A
- SSDI Manual Appendix B
- [Coding Manual](#)

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons [CAnswer Forum](#).

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Back to Coding Grade

- **Clinical Grade** - the grade of a solid primary tumor before any treatment. Treatment may include surgical resection, systemic therapy, radiation therapy, or neoadjuvant therapy. NOTE: All surgical procedures are not treatment, e.g. TURB and endoscopic biopsies.
- **Pathological Grade** - 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.
- **Post-Therapy Grade** - the grade of a solid primary tumor that has been resected following neoadjuvant therapy. If AJCC post-therapy staging is being assigned, the tumor must have met the surgical resection requirements for yp in the AJCC manual. Neoadjuvant therapy must meet guidelines or standards, and not be that given for variable or unconventional reasons as noted in the AJCC manual.

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Back to Coding Grade

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
L	Low grade
H	High grade
M	Site-specific grade system category
S	Site-specific grade system category
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated and anaplastic
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed; Unknown
Blank	(Post-therapy only)

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

Codes 1-5 are applicable for the AJCC-recommended grading systems. Not all grade tables will have five codes; most will have three or four. GX is coded to 9.

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Back to Coding Grade

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

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

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

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

For all other cases with histologies 9590/3-9992/3, the three grade fields should be coded '8' for not applicable.

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Back to Coding Grade

Schema ID points to the Site-Specific Grade Coding Table for Clinical, Pathological and Post-Tx Grade

Grade 01

Grade ID 01-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AICC ID	AICC Chapter
00071	Lip	7	Lip and Oral Cavity
00072	Tongue Anterior	7	Lip and Oral Cavity
00073	Gum	7	Lip and Oral Cavity
00074	Floor of Mouth	7	Lip and Oral Cavity
00075	Palate Hard	7	Lip and Oral Cavity
00076	Buccal Mucosa	7	Lip and Oral Cavity
00077	Mouth Other	7	Lip and Oral Cavity
00121	Maxillary Sinus	12.1	Maxillary Sinus
00122	Nasal Cavity and Ethmoid Sinus	12.2	Nasal Cavity and Ethmoid Sinus
00130	Larynx Other	13.0	Larynx: Other
00131	Larynx Supraglottic	13.1	Larynx: Supraglottic
00132	Larynx Glottic	13.2	Larynx: Glottic
00133	Larynx SubGlottic	13.3	Larynx: SubGlottic
00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Ducts
00241	Gallbladder	24	Gallbladder
00242	Cystic Duct	24	Gallbladder
00250	Bile Ducts Perihilar	25	Perihilar Bile Ducts
00260	Bile Ducts Distal	26	Distal Bile Ducts
00270	Ampulla of Vater	27	Ampulla of Vater
00280	Pancreas	28	Exocrine Pancreas
00500	Vulva	50	Vulva
00510	Vagina	51	Vagina
00520	Cervix	52	Cervix Uteri

Grade 13

Grade ID 13-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AICC ID	AICC Chapter
00530	Corpus Carcinoma and Carcinosarcoma	53	Corpus Uteri-Carcinoma and Carcinosarcoma
00541	Corpus Sarcoma	54.1	Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

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 14

Grade ID 14-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AICC ID	AICC Chapter
00542	Corpus Adenosarcoma	54.2	Corpus Uteri: Adenosarcoma

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 12

Grade ID 12-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AICC ID	AICC Chapter
00480	Breast	48.1	Breast: DCIS and Paget
		48.2	Breast: Invasive Breast Cancers

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Grade - Example



Grade 18

Grade ID 18-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AICC ID	AICC Chapter
00600	Kidney	60	Kidney

Note 1: Clinical grade must not be blank.

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

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

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

Note 5: Code 9 when

- Grade from primary site is not documented
- Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition)
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 6: If there is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy, assign as a clinical grade and code unknown (9) for pathological grade, and blank for post-therapy grade.

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

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Grade - Example

Grade 02

Grade ID 02-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00111	Oropharynx (p16-)	11.1	Oropharynx (p16-)
00112	Hypopharynx	11.2	Hypopharynx
00150	Cutaneous Squamous Cell Carcinoma of Head and Neck	15	Cutaneous Squamous Cell Carcinoma of the Head and Neck
00180	Small Intestine	18	Small Intestine
00200	Colon and Rectum	20	Colon and Rectum
00220	Liver	22	Liver
00350	Lung	35	Lung
00370	Pleura	37	Malignant Pleural Mesothelioma
00640	Skin of Eyelid	64	Eyelid Carcinoma
00650	Conjunctiva	65	Conjunctival Carcinoma

Note 1: Clinical grade must not be blank.

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

Note 3: G4 includes anaplastic.

Note 4: Code 9 when

- Grade from primary site is not documented
- Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition)
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 5: If there is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy, assign as a clinical grade and code unknown (9) for pathological grade, and blank for post-therapy grade.

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

Grade - Example



Grade ID 07-Pathological Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00290	NET Stomach	29	Neuroendocrine Tumors of the Stomach
00301	NET Duodenum	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater
00302	NET Ampulla of Vater	30	Neuroendocrine Tumors of the Duodenum and Ampulla of Vater
00310	NET Jejunum and Ileum	31	Neuroendocrine Tumors of the Jejunum and Ileum
00320	NET Appendix	32	Neuroendocrine Tumors of the Appendix
00330	NET Colon and Rectum	33	Neuroendocrine Tumors of the Colon and Rectum
00340	NET Pancreas	34	Neuroendocrine Tumors of the Pancreas

Note 1: Pathological grade must not be blank.

Note 2: Assign the highest grade from the primary tumor. If the clinical grade is higher than the grade determined during the pathological time frame, use the grade that was identified during the clinical time frame for both the clinical grade and the pathological grade.

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

Note 4: Code 9 when

- Grade from primary site is not documented
- No resection of the primary site
- Neo-adjuvant therapy is followed by a resection (see post-therapy grade)
- Clinical case only (see clinical grade)
- There is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

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

Grade - Example

Grade ID 19-Pathological Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00610	Kidney Renal Pelvis	61.1	Renal Pelvis and Ureter: Urothelial Carcinomas
		62.2	Renal Pelvis and Ureter: Squamous Cell Carcinoma and Adenocarcinoma
00620	Bladder	62.1	Urinary Bladder: Urothelial Carcinomas
		62.2	Urinary Bladder: Squamous Cell Carcinoma and Adenocarcinoma
00631	Urethra	63.1	Urothelial Male Penile Urethra and Female Urethra
		63.2	Squamous Male Penile Urethra and Female Urethra
00633	Urethra-Prostatic	63.3	Prostatic Urethra: Urothelial Carcinomas
		63.4	Prostatic Urethra: Squamous Cell Carcinoma and Adenocarcinoma

Note 1: Pathological grade must not be blank.

Note 2: Assign the highest grade from the primary tumor. If the clinical grade is higher than the grade determined during the pathological time frame, use the grade that was identified during the clinical time frame for both the clinical grade and the pathological grade.

Note 3: G3 includes undifferentiated and anaplastic.

Note 4: Code 9 when

- Grade from primary site is not documented
- No resection of the primary site
- Neo-adjuvant therapy is followed by a resection (see post-therapy grade)
- Clinical case only (see clinical grade)
- There is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
L	LG: Low-grade
H	HG: High-grade
9	Grade cannot be assessed (GX): Unknown

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Grade - Example

Grade ID 21-Pathological Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00680	Retinoblastoma	68	Retinoblastoma

Note 1: Pathological grade must not be blank.

Note 2: Assign the highest grade from the primary tumor. If the clinical grade is higher than the grade determined during the pathological time frame, use the grade that was identified during the clinical time frame for both the clinical grade and the pathological grade.

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

Note 4: Code 9 when

- Grade from primary site is not documented
- No resection of the primary site
- Neo-adjuvant therapy is followed by a resection (see post-therapy grade)
- Clinical case only (see clinical grade)
- There is only one grade available and it cannot be determined if it is clinical, pathological, or after neo-adjuvant therapy
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Code	Grade Description
1	G1: Tumor with areas of retinoma [retinocytoma] (fleurettes or neuronal differentiation)
2	G2: Tumor with many rosettes (Flexner-Wintersteiner or Homer Wright)
3	G3: Tumor with occasional rosettes (Flexner-Wintersteiner or Homer Wright)
4	G4: Tumor with poorly differentiated cells without rosettes and/or with extensive areas (more than half of tumor) of anaplasia
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX): Unknown

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Questions

