Kentucky Cancer Registry Spring Training 2017

What we will cover

- Coding instructions for grade
- Case examples addressing some areas of confusion for grade
- New grade data items coming in 2018
- ► TNM



Where to find Grade coding instructions?

Instructions for Coding Grade for 2014+

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)

Note: These instructions pertain to the data item Grade, Differentiation or Cell Indicator.

These are coding instructions for cases diagnosed 1/1/2014 and forward.

Hematopoietic and Lymphoid Neoplasms

Cell Indicator (Codes 5, 6, 7, 8, 9)

Cell Indicator (Codes 5, 6, 7, 8) describes the lineage or phenotype of the cell. Codes 5, 6, 7, and 8 are used only for hematopoietic and lymphoid neoplasms. Code 9 indicates cell type not determined, not stated, or not applicable.

Coding Grade for Hematopoietic and Lymphoid Neoplasms

- Determine the histology based on the current Hematopoietic and Lymphoid Neoplasm Manual [http://seer.cancer.gov/tools/heme/Hematopoietic Instructions and Rules/].
- Determine the Cell Indicator by applying the "Grade of Tumor Rules" within the current
 Hematopoietic and Lymphoid Neoplasm Manual
 [http://seer.cancer.gov/tools/heme/Hematopoietic Instructions and Rules/] to code the
 grade.

https://seer.cancer.gov/tools/ /grade/grade-2014-codinginstructions.pdf

Grade instructions 1-2

Read you instructions and keep them handy at all times.

- 1. Systemic treatment and radiation can alter a tumor's grade. Therefore, it is important to code grade based on information prior to neoadjuvant therapy even if grade is unknown.
- Code the grade from the primary tumor only. 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.
 - ▶ If primary site is unknown, code grade to 9.

3. Code the grade shown below (6th digit) for specific histologic terms that imply a grade.

Carcinoma, undifferentiated (8020/34)

Carcinoma, anaplastic (8021/34)

Follicular adenocarcinoma, well differentiated (8331/31)

Thymic carcinoma, well differentiated (8585/31)

Sertoli-Leydig cell tumor, poorly differentiated (8631/3<u>3)</u>

Sertoli-Leydig cell tumor, poorly differentiated with heterologous elements (8634/33)

Undifferentiated sarcoma (8805/34)

Liposarcoma, well differentiated (8851/31)

Seminoma, anaplastic (9062/34)

Malignant teratoma, undifferentiated (9082/34)

Malignant teratoma, intermediate type (9083/32)

Intraosseous osteosarcoma, well differentiated (9187/31)

Astrocytoma, anaplastic (9401/34)

Oligodendroglioma, anaplastic (9451/34)

Retinoblastoma, differentiated (9511/31)

Retinoblastoma, undifferentiated (9512/34)

Grade instruction 4a-4b

- 4a. Make sure to code the grade of the malignancy
 - **Do not** code dysplasia grade
 - Example high grade dysplasia (CIN III)
 - ► Code the grade for an in situ tumor if the grade is given
- 4b. If there are both in situ and invasive components, code only the grade for the invasive portion even if its grade is unknown.

- 5. If there is more than one grade, code the highest grade within the applicable system. Code the highest grade even if it is only a focus. Code grade in the following priority order using the first applicable system:
 - ► Special grade systems for the sites listed in Coding for Solid Tumors #6
 - ▶ Differentiation: use Coding for Solid Tumors #7: 2-, 3-, or 4- grade system
 - ▶ Nuclear grade: use Coding for Solid Tumors #7: 2-, 3-, or 4- grade system
 - ▶ If it isn't clear whether it is a differentiation or nuclear grade and a 2-, 3-, or 4- grade system was used, code the specific grade.
 - ► Terminology (use Coding for Solid Tumors #8)

- 6. Use the information from the special grade systems first. If no special grade can be coded, continue with Coding for Solid Tumors #7-9.
- ▶ Special grade systems for solid tumors

CS Schema	Special Grade System		
Breast	Nottingham or Bloom-Richardson (BR) Score/Grade (SSF7)		
Prostate	Gleason's Score on Needle Core Biopsy/Transurethral Resection of Prostate (TURP) (SSF 8)		
Prostate	Gleason's Score on Prostatectomy/Autopsy (SSF 10)		
Heart, Mediastinum	Grade for Sarcomas (SSF 1)		
Peritoneum	Grade for Sarcomas (SSF 1)		
Retroperitoneum	Grade for Sarcomas (SSF 1)		
Soft Tissue	Grade for Sarcomas (SSF 1)		
Kidney Parenchyma	Fuhrman Nuclear Grade (SSF 6)		

7. Use the Two-, Three- or Four-grade system information

If you have any confusion on what grading system is being used you should refer to the pathologist directly or cancer committee or cancer conferences to ask the pathologist to confirm/verify.

► Two-grade system

Term	Description		Exception for Breast and Prostate Grade Code
1/2, I/II	Low grade	2	1
2/2, /	High grade	4	3

▶ In transitional cell carcinoma for bladder, the terminology high grade TCC and low grade TCC are coded in the two-grade system.

Grade instruction 7 continued

- 7. Use the Two-, Three- or Four-grade system information
 - ► Three-grade system

Term	Description	Grade Code	Exception for Breast and Prostate Grade Code
1/3	Low grade	2	1
127.3	Intermediate grade	3	2
3/3	High grade	4	3

Grade instruction 7 continued

7. Use the Two-, Three- or Four-grade system information

► Four-grade system

Term	Description	Grade Code
1/4	Grade I; Well differentiated	1
2/4	Grade II; Moderately differentiated	2
3/4	Grade III; Poorly differentiated	3
4/4	Grade IV; Undifferentiated	4

8. Terminology: use the 'Description' column or the 'Grade' column to code grade. Breast & Prostate use the same grade code with a few noted exceptions.

Description	Grade	Assigned Grade Code	Exception for Breast and Prostate Grade Code
Differentiated, NOS	I	1	
Well differentiated	I	1	
Only stated as 'Grade I'	I	1	
Fairly well differentiated	II	2	
Intermediate differentiation	II	2	
Low grade	I-II	2	1
Mid differentiated	II	2	
Moderately differentiated	П	2	
Moderately well differentiated	II	2	
Partially differentiated	II	2	
Partially well differentiated	1-11	2	1
Relatively or generally well differentiated	II	2	
Only stated as 'Grade II'	II	2	

Grade instruction 8 continued

Description	Grade	Assigned Grade Code	Exception for Breast and Prostate Grade Code
Medium grade, intermediate grade	11-111	3	2
Moderately poorly differentiated	III	3	
Moderately undifferentiated	III	3	
Poorly differentiated	III	3	
Relatively poorly differentiated	III	3	
Relatively undifferentiated	III	3	
Slightly differentiated	III	3	
Dedifferentiated	III	3	
Only stated as 'Grade III'	III	3	
High grade	III-IV	4	3
Undifferentiated, anaplastic, not differentiated	IV	4	
Only stated as 'Grade IV'	IV	4	
Non-high grade		9	

9. If no description fits or grade is unknown prior to neoadjuvant therapy, code as a 9 (unknown).



Grade Examples

- ► Example 1
- ► Example 2
- ► Example 3
- ► Example 4
- ► Example 5
- ► Example 6

New Grade Data Items in 2018

- ► AJCC Grade Clinical
 - ► To be used when assigning AJCC clinical stage
- ► AJCC Grade Pathologic
 - ► To be used when assigning AJCC Pathologic stage

TNM Staging

- The most important thing to remember is to open your manuals for each case
 - Is the histology included in the chapter?
 - ► Are the criteria for staging being met?
 - Clinical staging requires that the cancer was known or suspected
 - ▶ Pathologic must meet the resection criteria

Questions?