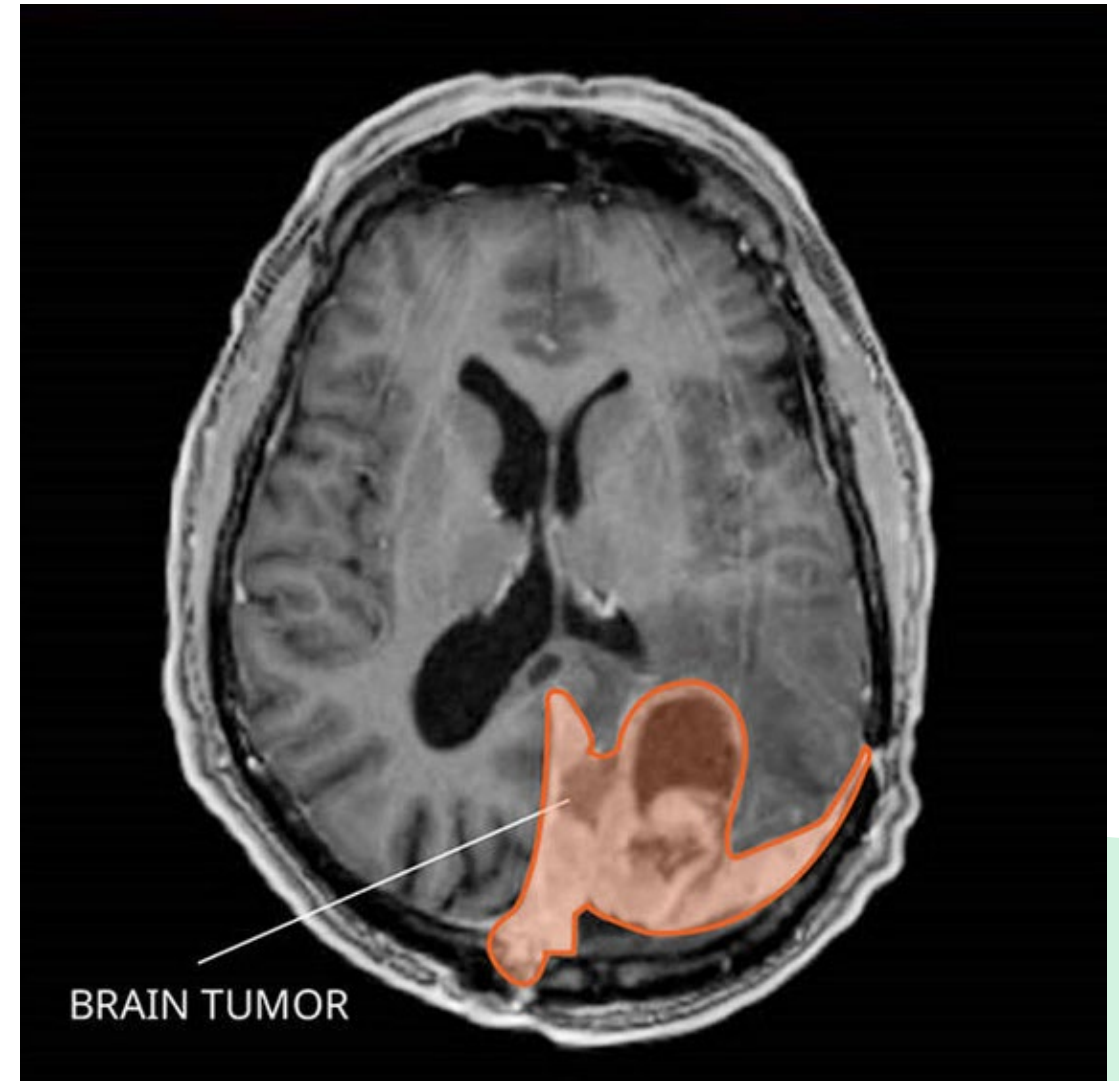
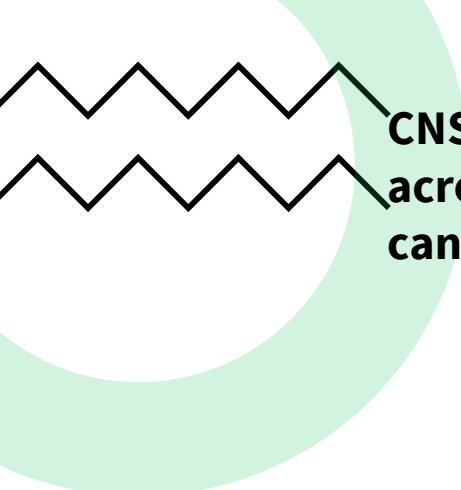


Coding Grade for Brain Tumors

Tracy Sumler BA, ODS-
Certified

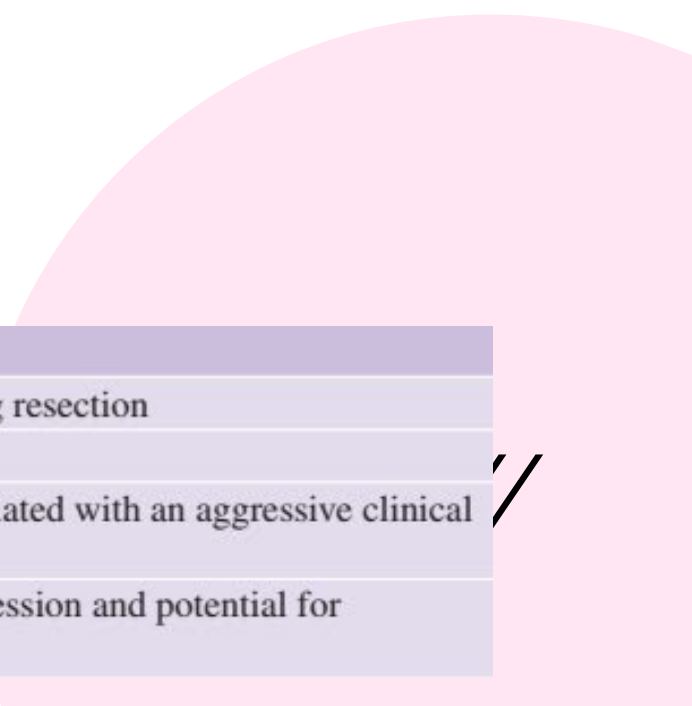




CNS WHO classifications use a grading scheme that is a “malignancy scale” ranging across a wide variety of neoplasms rather than a strict histologic grade system that can be applied equally to all tumor types.

- Grade I lesions are generally circumscribed with low proliferative potential and possibility of cure after surgical resection.
- Grade II tumors are infiltrative in nature and have a relatively high likelihood of recurrence with some grade II lesions also having a propensity for malignant progression.
- Grade III tumors demonstrate histologic evidence of malignancy and often follow a malignant course.
- Grade IV tumors follow an aggressive clinical course, including a propensity to spread within the brain and craniospinal spaces in some instances.

G	G Definition
I	Circumscribed tumors of low proliferative potential associated with the possibility of cure following resection
II	Infiltrative tumors with low proliferative potential with increased risk of recurrence
III	Tumors with histologic evidence of malignancy, including nuclear atypia and mitotic activity, associated with an aggressive clinical course
IV	Tumors that are cytologically malignant, mitotically active, and associated with rapid clinical progression and potential for dissemination





Grade Coding Instructions (page 196 – 197)

Note 1: Clinical Grade must NOT be blank. (CPDMS will not allow 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 6: 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.

➤ For benign tumors only (behavior 0), 1(WHO Grade I) can be automatically assigned / coded for all histologies.



Grade ID 24-Grade Clinical Instructions

Schema ID#	Schema ID Name	Active years
09721	Brain	2023+
09722	CNS Other	2023+
09723	Intracranial Gland	2023+
09724	Medulloblastoma	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

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).

Grade Coding Instructions (page 196 – 197)

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

Example 1



62-year-old married, white, non-Hispanic, male presents to ER c/o AMS where a mass was noted on imaging. After review of imaging and NCCN guidelines, the neurologist and patient opted for watchful waiting with yearly Brain MRIs.

What is the Clinical Grade?

- 1/7/2024 MRI Brain: Dural based contrast enhancing mass right frontal convexity is extra-axial and measures 2.0 x 1.1 cm and consistent with meningioma. There is mild adjacent edema. There is no midline shift or hydrocephalus. No additional area of abnormal contrast enhancement is seen.

Grade/SSDI--Schema Brain [V9: 2023+] (09721)

Grade Clinical Not recorded This is a required field

Not recorded

1 WHO Grade I: Circumscribed tumors of low proliferative potential associated with the poss...

2 WHO Grade II: Infiltrative tumors with low proliferative potential with increased risk of...

3 WHO Grade III: Tumors with histologic and/or molecular genetic evidence of malignancy tha...

4 WHO Grade IV: Tumors with histologic and/or molecular genetic evidence of malignancy that...

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 (GX); Unknown




ANSWER – WHO Grade I



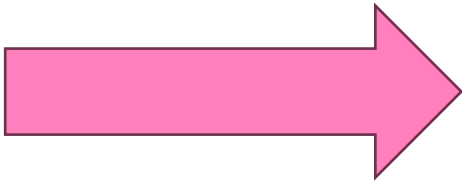
Grade Coding Instructions (page 196 – 197)

Note 1: Clinical Grade must NOT be blank. (CPDMS will not allow blank)



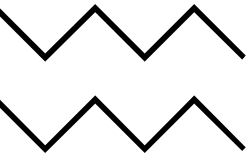
Note 2: For the Brain, CNS other and Intracranial schemas only, Grade Clinical may be assigned without histologic confirmation if the histology is documented based on imaging.

Note 6: 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.



➤ For benign tumors only (behavior /0), clinical grade 1 (WHO Grade I) can be automatically assigned for all histologies.





Remember Table 72.2!

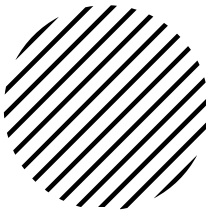
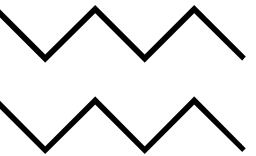


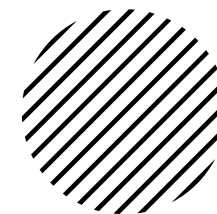
Table 72.2 (continued)

Tumor Group	Tumor Type	Grade I	Grade II	Grade III	Grade IV
Cranial and peripheral nerve tumors	Schwannoma	X			
	Neurofibroma	X			
	Perineurioma	X	X	X	
	Malignant peripheral nerve sheath tumor (MPNST)		X	X	X
Meningeal tumors	Meningioma	X			
	Atypical meningioma		X		
	Clear cell meningioma		X		
	Chordoid meningioma		X		
	Anaplastic meningioma			X	
	Papillary meningioma			X	
	Rhabdoid meningioma			X	





In Conclusion



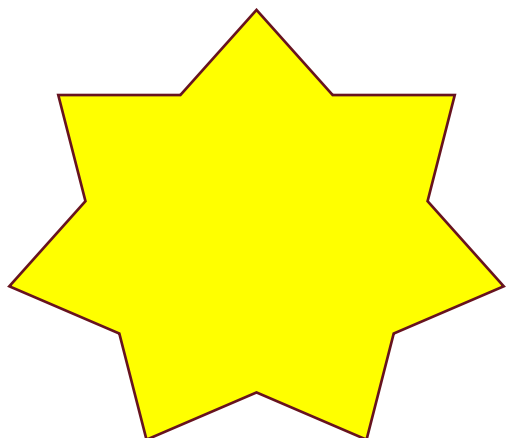
- If tumor is a /0 (benign), code clinical grade to 1 (WHO Grade 1).

Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

Published October 2023

Version 3.1

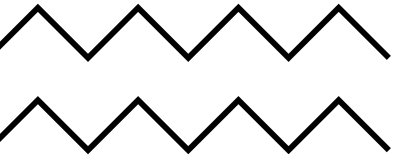


Brain and Spinal Cord

72

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THANK YOU

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