

Quizzes for 2018 Grade & Coding Resources
 NAACCR Webinar
 May 2018

Use attached Grade tables to code each grade data item below

Alternatively, you can view the Grade data item tables and notes online within the Cancer Schema list on the NAACCR website at: <https://apps.naacccr.org/ssdi/list/>. Example: Click on a schema (e.g.,Bladder) and open each grade category (clinical/pathological/post-therapy) to assign the grade.

Grade ID 02 – Colon & Lung.....pages 3-5

Grade ID 12 – Breast.....pages 6-9

Grade ID 15 – Ovary.....pages 10-12

Grade ID 17 – Prostate.....pages 13-15

Grade ID 19 – Bladder.....pages 16-18

➤ **Quizzes 1 - 3 will be completed during the presentation**

4.) LUNG - Use Grade table set 02 to code each grade data item.

CT Chest: 4cm mass right upper lobe of the lung with extensive hilar & mediastinal LAD. Lung mass Bx confirms anaplastic small cell carcinoma. Patient is not a surgical candidate. RX plan Chemo/Radiation.

Grade Clinical	
Grade Pathological	
Grade Post-therapy	

5.) PROSTATE – Use grade table set 17 to code each grade data item.

Patient with history of elevated PSA presents for a biopsy of the prostate. Final pathologic diagnosis: Prostatic Adenocarcinoma, Gleason Score 3+3=6. Treatment was discussed and patient elects active surveillance.

Grade Clinical	
Grade Pathological	
Grade Post-therapy	

6.) BLADDER – Use grade table set 19 to code each grade data item

Hx hematuria. Cystoscopy revealed tumor in bladder trigone. Bx confirms high grade papillary urothelial carcinoma with focus of muscle invasion. Pt received neoadjuvant chemo followed by radical cystectomy. Final path diagnosis: High grade papillary urothelial ca.

Grade Clinical	
Grade Pathological	
Grade Post-therapy	

- 7.) PROSTATE – Use Grade table set 17 to code each grade data item:
 Patient with biopsy proven prostatic adenocarcinoma Gleason score 7 (3+4) presented for a robotic assisted prostatectomy. Final Dx from prostatectomy: Moderately differentiated adenocarcinoma, Gleason 6 (3+3).

Grade Clinical	
Grade Pathological	
Grade Post-therapy	

- 8.) OVARY – Use Grade table set 15 to code each grade data item
 Patient with abdominal distension and pain. CT reveals liver mass with abdominal and pelvic ascites. Liver biopsy positive for high grade serous carcinoma c/w ovarian origin.

Grade Clinical	
Grade Pathological	
Grade Post-therapy	

- 9.) COLON – Use Grade table set 02 to code each grade data item:
 Colonoscopy revealed a mass in the ascending colon. Bx positive for Mod-diff adenocarcinoma. Subsequent hemicolectomy final pathologic diagnosis: High grade adenocarcinoma.

Grade Clinical	
Grade Pathological	
Grade Post-therapy	

10. A) BREAST- Use Grade table set 12 to code each grade data item:
 Patient with left UOQ breast mass 1.0cm; Breast bx positive for invasive Ductal Ca. Nottingham Grade 1; 3-5 points (tubule formation 2, nuclear pleomorphism 2, mitotic activity 1). Patient underwent lumpectomy. Final Pathology: Residual DCIS 0.3cm, intermediate grade. No remaining invasive tumor. 0/1 sentinel LNs pos(+). Margins Clear

Grade Clinical	
Grade Pathological	
Grade Post-therapy	

10. B) BREAST- Use Grade table set 12 to code each grade data item:
 Mammogram: UOQ breast mass 1.3 cm. Breast bx: DCIS, high grade. Patient underwent definitive lumpectomy. Final Pathology: Invasive ductal carcinoma 0.8cm, Nottingham Grade 1:3-5 points; residual DCIS 0.2cm high grade. 0/1 sentinel LNs pos(+). Margins clear.

Grade Clinical	
Grade Pathological	
Grade Post-therapy	

Grade 02

Grade ID 02-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC	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
00360	Lung	36	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 ID 02-Pathological Grade Instructions			
Schema	Schema ID Name	AJCC	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
00360	Lung	36	Lung
00370	Pleura	37	Malignant Pleural Mesothelioma
00640	Skin of Eyelid	64	Eyelid Carcinoma
00650	Conjunctiva	65	Conjunctival Carcinoma

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: G4 includes 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
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

Grade ID 02-Post-Therapy Grade Instructions			
Schema	Schema ID Name	AJCC	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
00360	Lung	36	Lung
00370	Pleura	37	Malignant Pleural Mesothelioma
00640	Skin of Eyelid	64	Eyelid Carcinoma
00650	Conjunctiva	65	Conjunctival Carcinoma

Note 1: Leave post-therapy grade blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- There is only one grade available and it cannot be determined if it is clinical, pathological or Post-Therapy

Note 2: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: G4 includes anaplastic.

Note 4: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from primary site is not documented
- 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; Not applicable (per CAP protocol)
Blank	See Note 1

Grade 12

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

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: 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 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-Tenovus 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 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3.

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

Note 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 blank for post-therapy 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	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
9	Grade cannot be assessed (GX); Unknown

Grade 12

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

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: 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 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- Tenovus 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 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3.

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

Note 6: 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

Note 7: If you are assigning an AJCC 8th edition stage group

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

See pathological code table next page

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
9	Grade cannot be assessed (GX); Unknown

Grade ID 12-Post-Therapy Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00480	Breast	48.1	Breast: DCIS and Paget
		48.2	Breast: Invasive Breast Cancers

Note 1: Leave post-therapy grade blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- There is only one grade available and it cannot be determined if it is clinical, pathological or post-therapy

Note 2: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: 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 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-Tenovus 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 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3.

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

Note 6: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available

Note 7: If you are assigning an AJCC 8th edition stage group

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

Code	Grade Description
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
9	Grade cannot be assessed (GX); Unknown

Grade 15

Grade ID 15-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC	AJCC Chapter
00551	Ovary	55	Ovary, Fallopian Tube, and Primary Peritoneal
00552	Primary Peritoneal Carcinoma	55	Ovary, Fallopian Tube, and Primary Peritoneal
00553	Fallopian Tube	55	Ovary, Fallopian Tube, and Primary Peritoneal

Note 1: Clinical grade must not be blank.

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

Note 3: The grading system for this chapter is based on histology

- Immature teratomas and serous carcinomas, codes L and H
- 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 4: G3 includes anaplastic.

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: 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 ID 15-Pathological Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00551	Ovary	55	Ovary, Fallopian Tube, and Primary Peritoneal
00552	Primary Peritoneal Carcinoma	55	Ovary, Fallopian Tube, and Primary Peritoneal
00553	Fallopian Tube	55	Ovary, Fallopian Tube, and Primary Peritoneal

Note 1: 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: The grading system for this chapter is based on histology

- Immature teratomas and serous carcinomas, codes L and H
- 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 4: G3 includes anaplastic.

Note 5: 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, undifferentiated
B	GB: Borderline Tumor
L	Low grade
H	High grade
9	Grade cannot be assessed (GX); Unknown

Grade ID 15-Post-Therapy Grade Instructions			
Schema ID#	Schema ID Name	AJCC	AJCC Chapter
00551	Ovary	55	Ovary, Fallopian Tube, and Primary Peritoneal
00552	Primary Peritoneal Carcinoma	55	Ovary, Fallopian Tube, and Primary Peritoneal
00553	Fallopian Tube	55	Ovary, Fallopian Tube, and Primary Peritoneal

Note 1: Leave post-therapy grade blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- There is only one grade available and it cannot be determined if it is clinical, pathological or post-therapy

Note 2: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: The grading system for this chapter is based on histology

- Immature teratomas and serous carcinomas, codes L and H
- 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 4: G3 includes anaplastic.

Note 5: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- 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 17

Grade ID 17-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00580	Prostate	58	Prostate

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 1-5 take priority over A-E.

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.

Note 6: If you are assigning an AJCC 8th edition stage group

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

Code	Grade Description
1	Grade Group 1: Gleason score less than or equal to 6
2	Grade Group 2: Gleason score 7 Gleason pattern 3+4
3	Grade Group 3: Gleason score 7 Gleason pattern 4+3
4	Grade Group 4: Gleason score 8
5	Grade Group 5: Gleason score 9 or 10
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
E	Stated as “Gleason score 7” with no patterns documented or Any Gleason patterns combination equal to 7 not specified in 2 or 3
9	Grade cannot be assessed; Unknown

Grade ID 17-Pathological Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00580	Prostate	58	Prostate

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 1-5 take priority over A-E.

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

Note 5: If you are assigning an AJCC 8th edition stage group

- Grade is required to assign stage group
- Codes A-E are treated as an unknown grade when assigning AJCC stage group
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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 ID 17-Post-Therapy Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00580	Prostate	58	Prostate

Note 1: Leave post-therapy grade blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- There is only one grade available and it cannot be determined if it is clinical, pathological or post-therapy

Note 2: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: Codes 1-5 take priority over A-E.

Note 4: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- Grade checked “not applicable” on CAP Protocol (if available) and no other grade information is available

Note 5: If you are assigning an AJCC 8th edition stage group

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

Code	Grade Description
1	Grade Group 1: Gleason score less than or equal to 6
2	Grade Group 2: Gleason score 7 Gleason pattern 3+4
3	Grade Group 3: Gleason score 7 Gleason pattern 4+3
4	Grade Group 4: Gleason score 8
5	Grade Group 5: Gleason score 9 or 10
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
E	Stated as “Gleason score 7” with no patterns documented or Any Gleason patterns combination equal to 7 not specified in 2 or 3
9	Grade cannot be assessed; Unknown
Blank	See Note 1

Grade 19

Grade ID 19-Clinical Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00610	Kidney Renal Pelvis	61.1	Renal Pelvis and Ureter: Urothelial Carcinomas
		61.2	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: Clinical grade must not be blank.

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

Note 3: G3 includes undifferentiated and 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
L	LG: Low-grade
H	HG: High-grade
9	Grade cannot be assessed (GX); Unknown

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
		61.2	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

Grade ID 19-Post-Therapy Grade Instructions			
Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00610	Kidney Renal Pelvis	61.1	Renal Pelvis and Ureter: Urothelial Carcinomas
		61.2	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: Leave post-therapy grade blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- There is only one grade available and it cannot be determined if it is clinical, pathological or post-therapy

Note 2: Assign the highest grade from the resected primary tumor assessed after the completion of neoadjuvant therapy.

Note 3: G3 includes undifferentiated and anaplastic.

Note 4: Code 9 when

- Surgical resection is done after neoadjuvant therapy and grade from the primary site is not documented
- 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