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Coding Grade for Selected Sites for Cases Diagnosed 2014-2017

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Coding Grade can be difficult for certain sites or in certain situations. It is important to not only follow the Grade Coding Instructions from the SEER Manual, but to also utilize the SINQ for confusing sites, new or evolving grade terminology, or difficult situations. During our review of submitted abstracts from registrars and the CSS staff, we observed several situations when Grade is frequently coded incorrectly.

First, how do we code the WHO/ISUP (or WHO grade or ISUP grade) for renal cell carcinomas? A clarification was published in SINQ 20160062 indicating the WHO/ISUP grade is not to be coded in the Grade/Differentiation field. Many pathologists have begun using the WHO/ISUP grade rather than the Fuhrman grade, which was more commonly used in the past. However, the WHO/ISUP grading system is not comparable to the Fuhrman grade and should not be used to code grade. When the pathologist provides only the WHO/ISUP grade on a pathology report, code 9 (grade unknown) for grade. If the pathologist provides both the WHO/ISUP grade and the Fuhrman grade, code the Fuhrman grade.

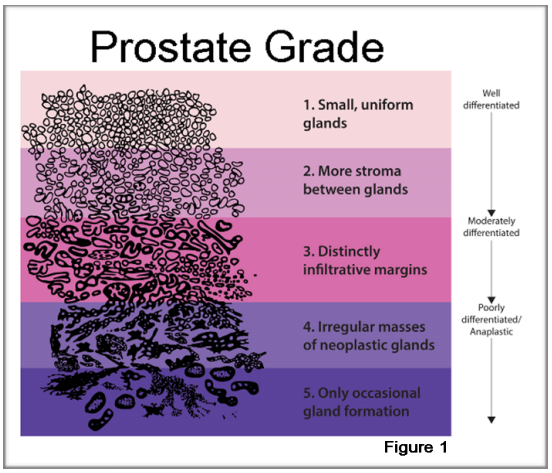

Figure 1

Prostate: To Grade or Not to Grade . . . That is the Question

Tiffany Janes, CTR

I'm sure many of you have already seen the new Grade Groups being assigned on pathology reports for Prostate cases. These Grade Groups were introduced in the Prostate chapter of the AJCC Cancer Staging Manual, 8th Edition published in 2017. One result in publishing the manual early is that many pathologists have already adopted the changes and are applying them to 2017 pathology reports! As we all know, the 8th Edition is applicable for cases diagnosed 2018 and later. The new Prostate Grade Groups translate as in figure 2.

Prostate Grade Groups

Grade Group	Gleason Score	Gleason Pattern
1	<=6	<=3+3
2	7	3+4
3	7	4+3
4	8	4+4, 3+5, 5+3
5	9 or 10	4+5, 5+4, 5+5

Figure 2

In general, the pathology report will include BOTH the Grade Group and the Gleason Primary and Secondary Pattern values. However, if the pathologist only states the Grade Group, use the

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Second, how should grade be coded for neuroendocrine tumors (NETs)? Coding grade for NETs is different than coding grade for other tumors. Clarifications were published in SINQ 20160023 and 20170033 confirming grade for NETs may be coded differently than other solid tumors because the type of NET may also imply a grade. SINQ 20160023 indicates NET G1 (histology 8240/3) has an implied grade of 1, while NET G2 (histology 8249/3) has an implied grade of 2. This SINQ also clarifies that low grade and well differentiated NETs will be coded as grade 1, while a moderately differentiated NET will be coded as grade 2.

What about those diagnoses that indicate both a specific type of NET plus a grade? SINQ 20170033 provides the following clarification: When the diagnosis states there is a well differentiated neuroendocrine tumor; intermediate grade (Grade 2 NET), code the grade as grade 2 (the higher grade). SEER's pathologist consultant confirms that "intermediate" fits best with Grade 2 tumors.

Finally, how are we supposed to code grade when the biopsy grade is higher than the resection grade? following table (figure 3) to convert the Prostate Grade Groups to the appropriate Grade and SSF (SSF7, SSF8 and/or SSF9, SSF10) value.

Translate Prostate Grade Groups to Grade SSF7 – SSF10

Grade Group	Grade	Gleason Primary and Secondary Pattern (SSF7 or SSF9)	Gleason Score (SSF8 or SSF10)
1	1	99	999
2	2	34	007
3	2	43	007
4	3	99	008
5	3	99	999

Figure 3

Will there be changes for Diagnosis Year 2018?

Yes, the Grade field [NAACCR Item #440] will become obsolete. It will be replaced with the following 3 new Grade data items:

- Grade Clinical [Item # 1286]
- Grade Pathological [Item # 1287]
- Grade Post Therapy [Item # 1288]

It appears there is a lot of interest clinically and epidemiologically in the additional detail these new fields will be able to provide. The instructions for coding these data items have not yet been released, but you can to look forward to coding them in the near future!

Coding Grade for Selected Sites con't

Code the highest grade within the applicable system, even if there is only a focus of the disease present in the specimen. SINQ 20170057 confirms this instruction. The SINQ response states the highest grade should be coded, even if it is only from the biopsy, and we should ignore the grade in the resection (or most representative tumor specimen). For example, if a breast core biopsy showed Nottingham grade 3 (Score 8 of 9) ductal carcinoma, but the resection showed Nottingham grade 2 (Score 6 of 9) ductal carcinoma, the grade from the breast core biopsy is coded per the Grade Coding Instructions and clarification found in SINQ 20170057. The correct grade code is 3. The highest grade is coded because both the core biopsy and resection provided the grade from the coding system that applies to breast cases (Nottingham grade).

When we are stuck on how to interpret the grade mentioned on the pathology report or torn between two grade codes, we need to remember SINQ might help us. With approximately 80 current and historic questions about grade coding, chances are you will find the answer you need in SINQ. Bookmark the SINQ website so you have it readily available. Check it out the next time you need help!

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