

GRADE/DIFFERENTIATION

Item Length: 1
NAACCR Item #440
Source of Standard: SEER/COC
Rev (01/04, 09/08, 01/10, 01/11,
01/12)
Dx Yr Req by MCR: All

Description: Describes the tumor's resemblance to normal tissue. Well differentiated (Grade 1) is the most like normal tissue, and undifferentiated (Grade 4) is the least like normal tissue. Grades 5–8 define particular cell lines for lymphomas and leukemias.

Instructions for Coding (See FORDS Revised for 2012, p. 99-100):

- See “Morphology: Grade” in the “Cancer Identification” of *Section I* for determining whether a particular grade is coded as *Grade/Differentiation* NAACCR Item #440), *Grade Path System* (NAACCR Item #449) and *Grade Path Value* (NAACCR Item #441), or as a site-specific special grade in the **Collaborative Stage Data Collection System**.
- Code grade according to ICD-O-3 (pp. 30–31 and 67).
- Code the grade or differentiation as stated in the **final** pathologic diagnosis. If grade is not stated in the final pathologic diagnosis, use the information from the microscopic description or comments.
- When the pathology report(s) lists more than one grade of tumor, code to the highest grade, even if the highest grade is only a focus (ICD-O-3 Rule G, ICD-O-3, p. 21).
- Code the grade or differentiation from the pathologic examination of the primary tumor, not from metastatic sites.
- Code the grade or differentiation from the pathology report prior to any neoadjuvant treatment. If there is no pathology report prior to neoadjuvant treatment, assign code 9.
- When there is no tissue diagnosis, it may be possible to establish grade through magnetic resonance imaging (MRI) or positron emission tomography (PET). When available, code grade based on the recorded findings from these imaging reports.
- If the primary site is unknown, code *Grade/Differentiation* as 9 (Unknown).
- Code the grade for in situ lesions if the information is available. If the lesion is both invasive and in situ, code only the invasive portion. If the invasive component grade is unknown, then code 9.
- **Do not** use “high grade,” “low grade,” or “intermediate grade” descriptions for lymphomas as a basis for differentiation. These terms are categories in the Working Formulation of Lymphoma Diagnoses and do not relate to *Grade/Differentiation*.
- Codes 5–8 define T-cell or B-cell origin for leukemias and lymphomas. Do not use codes 1-4 for these cases.

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- Do not use the WHO grade to code this data item.
- If no grade is specified for astrocytomas, code 9 (Unknown).
- If no grade is specified for glioblastoma multiforme, code 9 (Unknown).
- Do not code “high grade dysplasia” as *Grade/Differentiation*; the term “grade” has a different meaning in that context.

Code	Grade	Label
1	Grade I,1,i	Well differentiated; differentiated, NOS
2	Grade II,2,ii	Moderately differentiated; moderately well differentiated; intermediate differentiation
3	Grade III,3,iii	Poorly differentiated; dedifferentiated
4	Grade IV,4,iv	Undifferentiated; anaplastic

For Lymphomas and Leukemias:

Code	Grade	Label
5		T cell; T-precursor
6		B cell; pre-B; B-precursor
7		Null cell; non T-non B
8		NK (natural killer) cell (effective with diagnosis 1/1/95 and after)

For Use in All Histologies:

Code	Grade	Label
9		Cell type not determined, not stated or not applicable; unknown primary; high grade dysplasia (adenocarcinoma in situ)