

# Grade Post Therapy Clin (yc) (Intracranial Gland)

Organization	Field Name	ID	Required
KCR	Grade Post Therapy Clin (yc)	30141	yes
SEER	Grade Post Therapy Clin (yc)	1068	yes

**Note 1** Leave Grade Post Therapy Clin (yc) blank when

- No neoadjuvant therapy
- Clinical or pathological case only
- Neoadjuvant therapy completed, no microscopic exam is done prior to surgery/resection of primary tumor
- There is only one grade available and it cannot be determined if it is clinical, pathological, post therapy clinical or post therapy pathological

**Note 2** Assign the highest grade from the microscopically sampled specimen of the primary site following neoadjuvant therapy or primary systemic /radiation therapy.

**Note 3** If there are multiple tumors with different grades abstracted as one primary, code the highest grade.

**Note 4** Codes 1-4 take priority over A-D, L and H.

**Note 5** 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**
- For **benign tumors ONLY (behavior 0)**, code 1 can be automatically assigned for all histologies
  - + This was confirmed by the CAP Cancer Committee

**Note 6** Code 9 (unknown) when

- Microscopic exam is done after neoadjuvant therapy and grade from the primary site is not documented
- Microscopic exam is done after neoadjuvant therapy and there is no residual cancer
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Code	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 recurrence
3	WHO Grade III: Tumors with histologic evidence of malignancy, including nuclear atypia and mitotic activity, associated with an aggressive clinical course
4	WHO Grade IV: Tumors that are cytologically malignant, mitotically active, and associated with rapid clinical progression and potential for dissemination
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
<BLANK>	See Note 1