



Arizona Cancer Registry (ACR)
Data Quality • Coding • Abstracting • Standards
Memorandum #2011-02
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Category:

Clarification and correction

Subject:

Grade – Non-invasive Bladder Primaries

Effective Date:

Cases Diagnosed On or After January 1, 2010

Description:

This clarification/correction is related to the coding of grade for non-invasive bladder primaries only. The ACR followed up with SEER due to the following inquiry and what is documented in the SEER manual.

SEER Inquiry #20091067

Question: Grade –Bladder: Are the terms low grade, high grade, Grade II, Grade III, etc. used to code Grade for papillary urothelial cancers of the bladder?

Discussion: The reference Anderson's Pathology indicates that these terms (low grade, high grade, Grade II, Grade III, etc) describe WHO levels of hyperplasia. For example, "Noninvasive papillary transitional cell carcinoma, Grade II. SEER states that we not use the WHO Grade to code the sixth digit for ICD-O-3 coding. The term "WHO Grade" is generally not stated as such in the record.

Answer: For non-invasive bladder tumors, assign code 9 [unknown] to the Grade field. WHO grades are applied to urothelial tumors ranging from dysplasia to non-invasive urothelial carcinoma. For invasive urothelial carcinoma, if terms such as low grade, high grade, Grade II, Grade III are used, assign the appropriate code in the grade field. See the 2007 SEER Manual instructions on page C-844 for converting a three-grade value to a SEER grade code.

SEER Manual states the following:

Non-invasive Urothelial (Transitional) Tumors

Code grade 9 (unknown) for non-invasive urothelial (transitional) tumors.

The grading of urothelial (transitional) tumors is based on the WHO Classification, which is a three grade system. The 3 grade levels describe levels of neoplasia rather than differentiation, although the terms grade is used for both. WHO Grade III or WHO High Grade is equivalent to non-invasive carcinoma or carcinoma in situ (for flat lesions).

Path reports often omit the words "WHO Grade," shortening the descriptor to just plain

“grade.” When you see the words “Grade III” or “high grade,” do not code in the grade field.

ACR Questions to SEER: Because of the SEER Inquiry and the SEER manual the ACR wanted to clarify what should be coded to a grade 9 for non-invasive bladder cancers, so the ACR asked the following to SEER:

Does the coding of grade 9 for non-invasive urothelial tumors also apply to papillary transitional non-invasive? Non-invasive carcinoma? Carcinoma in situ – only for flat lesions?

So if any of the following terms are used it should be coded to 9? Any term or just the following: low grade, high grade, Grade II, Grade III?

SEER Answer: Assign 9 is the Grade/Differentiation field for all in situ bladder primaries. We will add this instruction to the upcoming revised version of the SEER manual.

ACR Follow-up Question to SEER: Is this effective with 2010 cases?

SEER Answer: Yes. This instruction could be applied to earlier cases, but reviewing or recoding cases is not recommended.

ACR Directive:

Assign grade 9 (unknown) for all non-invasive bladder primaries. Effective for cases diagnosed 2010 and later. The ACR is requiring all facilities recode any 2010 cases already abstracted.