Arizona Cancer Registry (ACR)

Data Quality • Coding • Abstracting • Standards

Memorandum #2011-03

Distribution Date: December 1, 2011

Category:

Correction

Subject:

Grade - Breast Primaries (C50.0-C50.9)
Grade - Kidney Primaries (C64.9)
Grade - Renal pelvis (C659)
Grade - Ureter (C669)

Effective Date:

Cases Diagnosed On or After January 1, 2011

Description:

The ACR follows SEER as the standard setter related to the coding of grade. A discrepancy between the FORDS 2011 manual and the SEER manual has been identified that affects how to code grade for breast, kidney, renal pelvis, and ureter cancers.

In the FORDS, Revised 2010, Section One, page 12, there was a table specific to coding grade for breast primaries and following that a priority description for coding kidney cancers.

These two sections are still pertinent and required to be followed for 2011 cases.

Breast (C50. 0-C50.9)

For breast cancers, code the tumor grade using the following priority order: (1) Bloom-Richardson (Nottingham) Scores, (2) Bloom-Richardson Grade, (3) Nuclear Grade (4) Terminology, and (5) Histologic Grade as shown in the table below.

Code	Bloom-Richardson (Nottingham Scores)	Bloom-Richardson Grade	Nuclear Grade	Terminology	Histologic Grade
1	3-5 points	Low grade	1/3, 1/2	Well differentiated	I/III or 1/3
2	6, 7 points	Intermediate grade	2/3	Moderately differentiated	II/III or 2/3
3	8, 9 points	High grade	2/2, 3/3	Poorly differentiated	III/III or 3/3

Kidney (C64.9)

For kidney cancers, code the tumor grade using the following priority rules: (1) Fuhrman Grade, (2) Nuclear Grade, (3) Terminology (well differentiated, moderately differentiated), (4) Histologic Grade. These prioritization rules do not apply to Wilms tumor (M-8960).

Also per SEER, these rules also apply to renal pelvis (C659) and ureter (C669).

ACR Directive:

In order to be consistent with the standard setter for coding grade, the ACR will continue to follow the above coding guidelines for breast, kidney, renal pelvis, and ureter. The ACR was following these guidelines prior to 2011 and directs all reporters to continue coding as such. The ACR is requiring all facilities review 2011 cases already abstracted for breast, kidney, renal pelvis, and ureter cases and correct the grade if necessary. If changes are made on cases already submitted to the ACR please submit the change to the ACR. Submit the change on a Critical Data Change Form, attention Brenda Smith.

Consider adding a note as a reminder in your ACR Coding Handbook for 2011 or inserting this memorandum.