



Quality Control Unit Data Memorandum Alert - Registrar 2023-01

Subject: Breast Grade Values; Non-invasive vs Invasive - Coding Clarification

During the course of an audit on Breast Grade conducted by the Surveillance Epidemiology, and End Results Program (SEER), multiple questions regarding the priority order of codes and what could be used with in situ cancers (/2) versus invasive (/3) arose. Based on feedback, and additional questions and answers, **Breast Grade Note 4** has been expanded; Please Note the rules have not changed, instead the update provides an expanded clarification on using the different grade values for in situ vs invasive breast cancers.

At the time the update was finalized it was too late to include it in the 2024 Grade Manual (it will be in the 2025 Grade Manual).

These clarifications are being communicated because they can and should be used now, even though formal update to the Grade Manual won't be able to be completed until 2025

Registrars can review the clarification below, however, we also recommend you view the Question/Discussion on the CAnswer Forum site between Jim Hofferkamp and Jennifer Ruhl - a link has been provided below.

CAnswer Forum : [Breast Grade Values-Non-invasive vs invasive – CAnswer Forum \(facs.org\)](#)

Breast Grade

Note 4: There are two major grading systems used for Breast and they are based on the behavior of the primary tumor (in situ or invasive).

Invasive tumors:

- The preferred grading system for Invasive tumors is the Nottingham grade/Nottingham Score, also known as the Scarff-Bloom-Richardson or Bloom Richardson.
- The Nottingham score is a combined histologic grade in which three components are evaluated to determine the overall grade: tubule formation, nuclear pleomorphism and mitotic count. Each of these components is assigned

a value from 1 (favorable) to 3 (unfavorable) for each feature and then totaling the scores for all three categories.

- A combined score of 3-5 points is designated as grade 1; a combined score for 6-7 points is grade 2; a combined score of 8-9 points is grade 3.
- If a pathology report for an invasive cancer states, “Grade 1 (or 2, 3)” and there is no further information, assume this is the Nottingham grade and assign the appropriate code.
- If a pathology report for an invasive cancer states, “well differentiated, moderately differentiated, poorly differentiated, low, medium, high,” use grades A-D as appropriate.
 - *Example:* Pathology report states invasive ductal carcinoma, well differentiated. Code grade A.
- **Do not use grades L, M, H for invasive tumors**
 - *Exception:* Biopsy diagnosis is DCIS; Lumpectomy is invasive ductal carcinoma. The Clinical Grade would be L, M, H or 9 based on the DCIS; the Pathological Grade would be 1, 2, 3, or 9 based on the invasive ductal carcinoma. Behavior would be /3.

In situ tumors:

- The preferred grading system for in situ tumors is based on a 3 grade Nuclear system, and is defined as Low (L) (Nuclear Grade 1), Intermediate (M) (Nuclear Grade 2), or High (H) (Nuclear Grade 3), or the nuclear component of the Nottingham grade
- Documentation for these grades may be 1/3, 2/3, 3/3. This notation is documenting the nuclear component of the Nottingham grade, not the Nottingham grade (1, 2, 3)
- If a pathologist uses a Nottingham grade (i.e., G2) for an in situ cancer, they are documenting the nuclear component of the Nottingham score. You would still assign L, M, or H as appropriate for the in situ tumor
- **Do not use grades 1, 2, 3 for in situ tumors**

October 4, 2023