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THE MACRE-MINDER

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2025 Coding Guidelines

GRADING SYSTEMS DIFFER FOR INVASIVE AND IN SITU BREAST TUMORS

I. Invasive tumors – pathologist assigns a Nottingham/Bloom Richardson Grade.

Add the scores of 3 morphological features (tubule formation, nuclear pleomorphism, and mitotic count) to yield a BR score.
BR score is assigned a grade of 1 – 3.

Example: Per Path report tubule formation = score 3, nuclear pleomorphism score = 2, and mitotic count score = 2.

Add each of the 3 scores to get the Bloom-Richardson (BR) score, 3 + 2 + 2 = BR score 7. BR score 7 = Nottingham/BR grade 2. Code grade to 2.

II. In Situ tumors – pathologist assigns a nuclear grade

Nuclear grade is based on one morphologic feature, nuclear pleomorphism. Pathologist assigns grade a value of 1 (low), 2 (intermediate), or 3 (high) for in situ only.

IMPORTANT: DO NOT code nuclear grade for in situ breast tumors to number codes 1-3.

DO code nuclear grade to letter codes L (low), M (intermediate), or H (high) for in situ only.

Example: In path report for DCIS:

Nuclear grade is 1. Code grade to L (low).
Nuclear grade is 2. Code grade to M (intermediate).
Nuclear grade is 3. Code grade to H (high).

References:

- **Grade Manual, Grade Coding Instructions and Tables, v3.2, Breast Grade 12, pp. 110-121**

TEXT TIPS

In your abstracts, please include:

- **Dates *together with* imaging, lab values (e.g., PSA*), diagnostic and surgical procedures, and treatments for all primaries. Because the central registry often receives several abstracts from different facilities for the same primary, dates are needed to consolidate a case accurately.**

***Important: Note the coding guideline for the timing interval between the PSA and Bx dates (SEER*RSA, Prostate, PSA Lab Value). Include *both dates* for the PSA and Bx *in text* to verify your SSDI PSA lab value code. Assigning prostate stage groups 1, 2A - 2C, and 3A requires a valid PSA lab value.**

Demographic Information

Gender: Please include pt's sex in text. For example, the name "Jean" may be either male (French version of John) or female. If pt's first name is "Jean" and you code the sex field to 1 (Male), it generates a software edit. If no pronouns are found throughout the abstract's text, the central registry doesn't know whether the patient is Male or Female. So, to clear the edit, we need text to verify your code.

Race: If race is unknown, code it to 99. If unknown *and* it is documented that the patient declined to provide race info, please include the reason race is unknown in text.

- **Prostate Cases**

DRE Status: Please include the DRE procedure's status in text—whether it was not done, unknown/not found in record, WNL, or abnormal with pertinent findings. The primary clinical tumor assessment of the prostate includes DRE information (AJCC, 8th ed., Prostate, Rules for Classification, Clinical Classification). DRE procedure status is required to assign the cT category. Without the DRE status *in text*, the central registry cannot confirm your assigned cT category.

- **Breast Cases**

ER and PR fields: Summary and Percent Positive

Please include BOTH ER and PR status and lab results in text.

ER and PR Summary fields capture hormone status - whether lab results were positive, negative, unknown, if the test was ordered but results are not found in the EMR, or if test not done.

ER and PR Percent Positive fields capture lab results (i.e., as specific percent, > or < percent, or range). Please include the *specific lab results* (e.g., ER 90%, >90%, or 90-100%), if available, in text to verify your corresponding Percent Positive codes.

References:

- **Site-Specific Data Items (SSDI) Manual, v3.2, Breast SEER*RSA website, EOD Data, v3.2, Breast, Grade (Clinical, Pathological, Post Therapy)**
- **SEER*RSA website, EOD Data, v3.2, Breast SSDIs**

2025 Coding Guidelines

- **Address at Diagnosis for Out-of-State Patients**

  If the registry software has the default state of "MA" in the Address at Diagnosis field and the patient is an OOS resident, then the abstractor must edit the state in that field.

- **Casefinding and Excel Sheets are due by October 15th. Thank you to all who have already completed and sent them to MACR.**

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