

Coding Guidelines
BRAIN [AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM]
MENINGES C700-C709, BRAIN C710–C719,
SPINAL CORD, CRANIAL NERVES AND
OTHER PARTS OF CENTRAL NERVOUS SYSTEM C720–C729
 (Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9992)

Reportability

Juvenile astrocytoma, listed as 9421/1 in ICD-O-3, is reportable. Record as 9421/3 in the registry.

Grade

Note: These guidelines pertain to the data item Grade. Refer to the [Collaborative Stage Data Collection Manual](#) for instructions on coding site-specific factors.

Astrocytoma

Grade astrocytomas (M-9383, 9400, 9401, 9410-9412, 9420, 9421) according to ICD-O-3 rules.

Term	Grade	SEER Code
Well differentiated	Grade I	1
Intermediate differentiation	Grade II	2
Poorly differentiated	Grade III	3
Anaplastic	Grade IV	4

Use the Three-Grade conversion table in the Grade, Differentiation, or Cell Indicator section (page 81) of the [General Instructions](#) to code low grade, intermediate grade, and high grade.

Do **not** record the WHO Grade, Anne/Mayo, or Kemohan grades in the grade field

- Record the WHO grade in the appropriate CS data item
- The use of World Health Organization coding of aggressiveness is reserved for assignment of grade for staging.

Do **not** automatically code glioblastoma multiforme as grade IV

- If no grade is given, code 9 (Cell type not determined, not stated or not applicable)

Always code the Grade, Differentiation field 4 (Grade IV) for anaplastic tumors

- Anaplastic is synonymous with undifferentiated

Code the grade as documented.

Code the Grade, Differentiation field to 9 (Cell type not determined, not stated or not applicable) in the absence of a stated grade on the pathology report.

Laterality*Meningioma*

Assign code 4 (Bilateral involvement, lateral origin unknown; stated to be single primary) when

- **one** meningioma extends to both right and left sides
- and**
- it is **not** possible to determine whether the meningioma originated on the left or the right