Data Elements for SCT[[1]](#footnote-1)

**Note: Some hospitals may submit both transplant and photophoresis records for the same patient in the same file. These will be 2 separate records in the file and considered independent.**

| **#** | **Entity** | **Data Element** | **COLUMN\_NAME** | **Definition (Description)** | **Format** | **Valid values(Notes)** | **Applies to** | **Purpose and Use** | **Mandatory** | **Business key (Uniqueness)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | SCT | Health Card Number | Health\_Card\_Number | Patient’s Ontario Health Card Number. | CHAR(10) | Valid values: valid HCN  Not valid: 0-unknown, 1-out of country (OOC), or number less than 10 digits | All | To link data with other CCO data holding areas. | Yes | Yes |
| 2 | SCT | Patient chart Number | Patient\_Chart\_Number | Facilities internal unique patient identifier. | CHAR (12) | Must be alpha-numeric (i.e. no punctuation, must have numbers and characters). | All | For reimbursement: to uniquely identify transplant procedure for a patient;  For investigations: patient chart number will be provided in log file for the records with errors. This will allow facilities to link data in log file with their data sets. | Yes | Yes |
| 3 | SCT | Date of Birth | Date\_Of\_Birth | Patient birth date | CHAR (8) YYYYMMDD | 1. Patient birth date is a valid date.  2. Patient birth date is between Jan 01 1900 and Date of Receipt of Referral. | All | To link data with other CCO data holding areas. | Yes |  |
| 4 | SCT | Postal Code | Postal\_Code | Patient’s residential postal code. | CHAR(10) | 1. Must match any of these format masks: ANANAN, NNNNN, NNNNN-NNNN, AA  2. If matches mask ANANAN, then can’t begin with D,F,I,O,Q,U, or W  3. If matches mask of AA, then should match any entity  Valid values listed in [**Appendix-3**](#_Appendix-11:_Valid_2-digits) | All | For geographical distribution reporting. | Yes |  |
| 5 | SCT | Facility Number | facility\_number | Submitting facility number | CHAR(3) | Valid Ontario facility number as per MOHLTC classification | All | For funding and program planning. | Yes | Yes |
| 6 | SCT | Date Receipt Referral | Date\_Receipt\_Referral | Date the patient referral or request for consult was received by the transplant service. | CHAR(8) YYYYMMDD | Valid date. Date of Receipt of Referral should be between Jan 01 1900 and the Date of Patient’s First Consult. | All | For wait time reporting. | Yes  Transplant Only  Optional if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |  |
| 7 | SCT | Date Patient First Consult | Date\_Patient\_First\_Consult | Date of the patient’s first consult for the transplant service. | CHAR(8) YYYYMMDD | Valid date. Date must not be later than date of transplant | All | For wait time reporting. | Yes  Transplant Only  Optional if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |  |
| 8 | SCT | Canceled flag | Canceled\_Flag | Identifies patient as no longer a candidate for transplant. | CHAR(3) | Valid values: Yes/No | All | For funding reports. | Yes  Transplant Only |  |
| 9 | SCT | Date of Transplant | Date\_Transplant | Date the transplant procedure (infusion of cells) was performed or cancelled | CHAR(8) YYYYMMDD | Valid date.  If a transplant record (i.e. not photopheresis) must be within submitting quarter  Patient must not have been previously reported as cancelled. | All | For reimbursement: to uniquely identify transplant procedure for a patient.  For wait time reporting. | Yes | Yes |
| 10 | SCT | Second Transplant Same Disease | Second\_Transplant\_Same\_Disease | Identifies whether the transplant being submitted is a second or subsequent transplant for the same disease | CHAR(3) | Valid values: Yes/No | All  (Except Receiving Centres) | To identify for exemption from wait times reporting. For funding and planning. | Yes  Optional if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |  |
| 11 | SCT | Type of Transplant | Type\_Transplant | The type of transplant. | CHAR(10) | Valid values:  Auto, Allo-R, Allo-U, Haplo | All | For trending reporting by type of transplant.  For funding and planning. | Yes  Transplant Only |  |
| 12 | SCT | Cell Source | Cell\_Source | The cell source of the transplant. | CHAR(10) | Must be one of the following values:  BM-bone marrow  PBSC-peripheral blood stem cell  UCB-umbilical cord blood  Other  (not case-sensitive) | All | For trending reporting by type of cell source.  For planning. | Yes  Transplant Only |  |
| 13 | SCT | Disease Indication Classification | Disease\_Indication\_Classification | The primary disease that is being treated. | CHAR(50) | Valid values listed in the **SCT Disease Classification Table** (**Appendix-4**). | All | For wait time and trending reporting by Disease Indication Classification. | Yes  Transplant Only |  |
| 14 | SCT | Disease Indication Classification (Other) | Disease\_Indication\_Classification\_Other | Other primary disease that disease being treated Classification is set to Other. | CHAR(50) | Free text. Only allowable characters are letters, apostrophe, (hyphen), period. Any other characters are invalid.  Only if Disease\_Indication\_Classification = 'OTHER' | All | For trending reporting by Disease Indication Classification. | Yes  Transplant Only |  |
| 15 | SCT | Post-Transplant Transfer Facility | Post\_Transplant\_Transfer | The Facility that the patient was transferred to after the transplant. | CHAR(3) | Valid Ontario facility number as per MOHLTC classification. Refer to ([**Appendix-5**)](#_Appendix-13:_MOHLTC_Master). | All | For geographical distribution reporting. | No |  |
| 16 | SCT | Post Transplant Receiving Centre Submission | Post\_Transplant\_Receiving\_Centre\_Submission | The patient was received by the reporting facility after the transplant. | CHAR(3) | Valid values: Yes/No/Null | Receiving Centres only | To identify the data as a patient from the receiving site.  If ‘Yes’ the following fields will be mandatory.   * Health\_Card\_Number * Patient\_Chart\_Number * Date\_Of\_Birth * Postal\_Code * Facility\_number * Date\_Transplant * Type\_Transplant * Cell\_Source * Disease\_Indication\_Classification * Disease\_Indication\_Classification\_Other * Date\_of\_transfer | No |  |
| 17 | SCT | Re\_Referring Facility | Re\_Referring\_Facility | The transplant centre (facility) that re-referred the patient. | CHAR(3) | Must be one of the valid facility numbers as per **Appendix-2** | All | For geographical distribution reporting. | No |  |
| 18 | SCT | Non-myeloablative transplant flag | Non\_Myeloablative\_Transplant\_Flag | Identifies patients receiving transplant using non-myeloablative approach. | CHAR(3) | “Yes” or “No” | All | For program planning and wait time reporting. | No |  |
| 19 | SCT | Date of Initial Diagnosis | Date\_Initial\_Diagnosis | Date of Initial Diagnosis by a physician for the disease indicating Stem Cell Transplant.  Can be clinical or pathological. | CHAR(8)  YYYYMMDD | Must not be later than date of match found. | All | For wait time reporting. | No |  |
| 20 | SCT | Date of HLA Typing Request | Date\_HLA\_Typing\_Request | Date when the HLA typing request was submitted to the lab by the transplant centre. If unavailable the most recent HLA typing date from another centre. | CHAR(8)  YYYYMMDD | Valid date Must be on or after date of initial diagnosis and before date match found. And transplant type must be Allo-U. | Only to Allo-U transplants | For wait time reporting. | No |  |
| 21 | SCT | Date match found | Date\_Match\_Found | Date confirmatory typing received | CHAR(8)  YYYYMMDD | Date of match found must be after the date of diagnosis and before the date of transplant. And is between Jan 01 1900 and Date of Transplant. | All | For wait time reporting. | No |  |
| 22 | SCT | Ready to Transplant Date | Ready\_to\_Transplant\_Date | Most recent date a patient was identified as clinically ready as determined by the transplant team, with the donor identified and secured. | CHAR(8)  YYYYMMDD | Valid dates only.  Must be a valid date before Transplant Date*.* | Only for Allo transplant that are not canceled. | For wait time reporting. | Yes  Optional if auto; if Post Transplant Receiving Centre Submission is Yes; if cancelled flag is yes. |  |
| 23 | SCT | Date of first systemic treatment | Date\_First\_Systemic\_Treatment | Date of first systemic treatment | CHAR(8)  YYYYMMDD | Valid dates only. | All | For wait time reporting. | No |  |
| 24 | SCT | Date of First Salvage Chemo | Date\_First\_Salvage\_Chemo | Date of first salvage chemotherapy | CHAR(8)  YYYYMMDD | Valid dates only. | All | For wait time reporting. | No |  |
| 25 | SCT | Date of First Stem Cell Collection/Apheresis | Date\_First\_Stem\_Cell\_Collection\_Apheresis | Date the first stem cell collection or Apheresis | CHAR(8)  YYYYMMDD | Valid date and type of transplant Auto only. | Only for Auto transplants | For wait time reporting. | No |  |
| 26 | SCT | Date of Last Stem Cell Collection/Apheresis | Date\_Last\_Stem\_Cell\_Collection\_Apheresis | Date of last stem cell collection or Apheresis | CHAR(8)  YYYYMMDD | Valid dates only.  Not applicable if only a single Apheresis was done | Only for multiple apheresis | For wait time reporting. | No |  |
| 27 | SCT | Date of First Induction | Date\_First\_Induction | Date of first induction | CHAR(8)  YYYYMMDD | Valid date. It should be assigned for only Allo patients. | Only for Allo transplants | For wait time reporting. | No |  |
| 28 | SCT | Date of First Re-induction | Date\_First\_Re\_Induction | Date of first re-induction | CHAR(8)  YYYYMMDD | Valid date. It should be assigned for only Allo patients | Only for Allo transplants | For wait time reporting. | No |  |
| 29 | SCT | High Cost Drug Name | High\_Cost\_Drug\_Name | Name of drug used. | CHAR(50) | Valid values:  Thiotepa,  Carmustine | All  (Except Receiving Centres or photopherisis submissions) | For reimbursement. | No.  Mandatory if High\_Cost\_Drug\_Total\_Dose\_Administered  has a value |  |
| 30 | SCT | High Cost Drug Total Dose Administered | High\_Cost\_Drug\_Total\_Dose\_Administered | Total amount in milligrams of High Cost Drug administered to the patient. | NUM(4) | Valid values:  Carmustine: <= 700.  Thiotepa: <= 2000. | All  (Except Receiving Centres or photopherisis submissions) | For reimbursement. | No.  Mandatory if High\_Cost\_Drug\_Name  has a value |  |
| 31 | SCT | Photopheresis Treatments | Photopheresis\_Treatments | Photopheresis Treatments | NUM(2) | Number of photopheresis treatments that the patient has received within the submission quarter | Only if photopheresis treatment | For specialized photopheresis reporting | Yes  For photopheresis records only |  |
| 32 | SCT | Reason patient did not proceed to transplant | Reason\_Not\_Proceed\_To\_Transplant | Reason patient did not proceed to transplant | CHAR(50) | Valid Values listed in [**Appendix-6**](#_Appendix-26:__Reason) | All | For reporting by reason patient did not proceed to transplant. | Yes  Mandatory if Canceled\_Flag field is 'Yes' |  |
| 33 | SCT | Reason patient did not proceed –Other | Reason\_Not\_Proceed\_To\_Transplant\_Other | Free form text when reason patients did not proceed to transplant is other | CHAR(50) | Free text. Only allowable characters are letters, apostrophe, (hyphen), period. Any other characters are invalid | All | For reporting by reason patient did not proceed to transplant. | Yes  Mandatory if *Reason\_Not\_Proceed\_To\_Transplant = Other* |  |
| 34 | SCT | System Related Reason patient did not proceed to transplant | System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant | System related reason patient did not proceed to transplant | CHAR(50) | Valid values:  Yes, No, Possibly | All | For reporting on reason patient did not proceed to transplant | Yes  For Canceled\_Flag field is 'Yes' |  |
| 35 | SCT | System Issue | System\_Issue | System issue reason | CHAR(50) | Valid values:  No system issue;  Transplant Intake;  Bed availability;  HLA typing;  Stem cell collection  If System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant is "No" then System Issue must be "No System Issue". | All | For reporting on reason patient did not proceed to transplant | Yes  For Canceled\_Flag field is 'Yes' |  |
| 36 | SCT | Date of Transfer | date\_of\_transfer | Date when patient transferred to the facility after transplant | CHAR(8)  YYYYMMDD | Valid date. Date of transfer must be on or after the date of transplant.  Must not be more than 5 days after date of transplant. | All | For understanding day 1 transfers. | No  Mandatory if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |  |
| 37 | SCT | ICU admit date (1) | ICU\_admission\_1\_admit\_date | Date patient was admitted to ICU | CHAR(8) YYYYMMDD | Valid date. | All | For case costing to uniquely identify length of stay for a patient. | No |  |
| 38 | SCT | ICU admit time (1) | ICU\_admission\_1\_admit\_time | Time patient was admitted to ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient, calculate length of ICU stay. | No |  |
| 39 | SCT | ICU discharge date (1) | ICU\_admission\_1\_discharge\_date | Date patient was discharged from ICU | CHAR(8) YYYYMMDD | Valid date should be the same or greater than ICU\_admission\_1\_admit\_date | All | For case costing: to uniquely identify length of stay for a patient. | No |  |
| 40 | SCT | ICU discharge time(1) | ICU\_admission\_1\_discharge\_time | Time patient discharged from ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient.to calculate length of ICU stay | No |  |
| 41 | SCT | ICU admit date (2) | ICU\_admission\_2\_admit\_date | Date patient was admitted to ICU | CHAR(8) YYYYMMDD | Valid date.  Admission set 2 admit date should be on or after admission set 1's discharge date (if provided). | All | For case costing to uniquely identify length of stay for a patient. | No |  |
| 42 | SCT | ICU admit time (2) | ICU\_admission\_2\_admit\_time | Time patient was admitted to ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient, calculate length of ICU stay. | No |  |
| 43 | SCT | ICU discharge date (2) | ICU\_admission\_2\_discharge\_date | Date patient was discharged from ICU | CHAR(8) YYYYMMDD | Valid date should be the same or greater than ICU\_admission\_2\_admit\_date | All | For case costing: to uniquely identify length of stay for a patient. | No |  |
| 44 | SCT | ICU discharge time (2) | ICU\_admission\_2\_discharge\_time | Time patient discharged from ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient.to calculate length of ICU stay | No |  |
| 45 | SCT | ICU admit date (3) | ICU\_admission\_3\_admit\_date | Date patient was admitted to ICU | CHAR(8) YYYYMMDD | Valid date.  Admission set 3 admit date should be on or after admission set 2's discharge date (if provided). | All | For case costing to uniquely identify length of stay for a patient. | No |  |
| 46 | SCT | ICU admit time (3) | ICU\_admission\_3\_admit\_time | Time patient was admitted to ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient, calculate length of ICU stay. | No |  |
| 47 | SCT | ICU discharge date (3) | ICU\_admission\_3\_discharge\_date | Date patient was discharged from ICU | CHAR(8) YYYYMMDD | Valid date should be the same or greater than icu\_admit\_date | All | For case costing: to uniquely identify length of stay for a patient. | No |  |
| 48 | SCT | ICU discharge time (3) | ICU\_admission\_3\_discharge\_time | Time patient discharged from ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient.to calculate length of ICU stay | No |  |

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1. Appendix 5 on databook [↑](#footnote-ref-1)