



Cancer Care Ontario

# Data Dictionary

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## Gastrointestinal Endoscopy Data Submission Portal

June 2018  
Version 5.2



## Notice

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## Summary of Changes

| Version     | Revision Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date      |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Version 5.2 | <ul style="list-style-type: none"><li>• Primary Colonoscopy Indication (data element 7): Updated to reference the actual data collection start date of February 1, 2019</li><li>• Prior Inadequate/Incomplete Colonoscopy (data element 30): Updated to reference the actual data collection start date of February 1, 2019</li><li>• Prior Colonoscopy: Poor Prep (data element 31): Updated to reference the actual data collection start date of February 1, 2019</li><li>• Prior Colonoscopy: Failed Cecal Intubation (data element 32): n Updated to reference the actual data collection start date of February 1, 2019</li><li>• Prior Colonoscopy: Failure to Clear All Polyps or Incomplete Polypectomy (data element 33): Updated to reference the actual data collection start date of February 1, 2019</li><li>• Updated the data collection start date definition throughout the document to indicate only collection (and not reporting) of colonoscopy data is required as of the data collection start date of February 1, 2019</li></ul> | June 2018 |

## 1. Overview

### Purpose

This document describes the data elements to be included in submissions to the Gastrointestinal (GI) endoscopy data submission portal (DSP).

### Audience

This document is intended for hospital staff who are responsible for implementing technical and process changes to support data collection and submission to the GI endoscopy DSP.

## 2. Data Attributes

### Data Attribute Descriptions

The table below provides a description of the data attributes (columns) that are included in the data dictionary (see [section 3](#) in this document)

| Column                          | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Data Element No.                | Identification number of the data element assigned for reference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Data Element Name               | The name of the data element                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Submission File Header Row Name | The name of the corresponding field as it will appear in the header row of the submission file                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Definition                      | Description of the data element                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Type (Length)                   | Description of the type of data element and the maximum number of characters that can make up the data element.<br>Data element types: <ul style="list-style-type: none"><li>• Alphabetic: combination of letters a - z</li><li>• Numeric: combination of digits 0 - 9</li><li>• Alphanumeric: combination of letters a – z and digits 0 - 9</li><li>• Character: combination of letters a – z, digits 0 – 9, and symbols that appear on the keyboard (e.g., period, hyphen, apostrophe)</li><li>• Date: combination of year, month, day</li></ul> |
| Completion Requirement          | Indicates if the field is Mandatory, Conditional, or Optional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Format/Valid Values             | The layout of the data element (if applicable) and the list of acceptable values for the specific data element                                                                                                                                                                                                                                                                                                                                                                                                                                     |

### 3. Data Dictionary

#### Data Elements

The table below outlines the data elements to be included in the GI endoscopy DSP submission file. Refer to the GI Endoscopy DSP Decision Tree for additional guidance on collecting date of receipt of referral (data element 3) and indications (data elements 7 – 11).

| Data Element No. | Data Element Name  | Submission File Header Row Name | Definition                                                                                                                                                                                                                                   | Type (Length)     | Completion Requirement | Format/Valid Values                                                                                                                                                                                             |
|------------------|--------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                | Chart Number       | Patient Chart Number            | The patient identifier code that is unique within the healthcare facility.                                                                                                                                                                   | Alphanumeric (10) | Optional               | <ul style="list-style-type: none"><li>Combination of letters and numbers up to 10 characters; or</li><li>Blank if not submitting</li></ul>                                                                      |
| 2                | Health Card Number | Health Card Number              | <p>Ontario patient's most recent health insurance number.</p> <p>Hospitals may submit a zero (0) for out-of-province patients and patients who are covered by OHIP but whose health number is not available at the time of registration.</p> | Numeric (10)      | Mandatory              | <ul style="list-style-type: none"><li>Valid 10-digit Ontario health card number; or</li><li>0 for out-of-province patients and patients whose health number is not available at time of registration.</li></ul> |

|   |                             |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |           |                                                                                                                                                                                                                                     |
|---|-----------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | Date of Receipt of Referral | Referral Date | <p>The date that the referral for colonoscopy was received by the hospital/endoscopist.</p> <ol style="list-style-type: none"> <li>1. For outpatients, this is the date the referral was received by the hospital/endoscopist.</li> <li>2. For inpatients, this is the date of admission into hospital.</li> </ol> <p>Note: the date the hospital/endoscopist received the referral may differ from when the referral was read/processed; please use the date the referral was received, not the date it was processed.</p> <p>For procedures that are part of an ongoing cycle of screening or surveillance, provide the referral date if available, or, submit a zero (0) if the referral date is not available. Examples of procedures that may not have a referral date include:</p> <ul style="list-style-type: none"> <li>• Existing patients who need colonoscopy (e.g., patient with long-standing ulcerative colitis having surveillance)</li> <li>• Patients with an adenoma detected at previous procedure returning for subsequent surveillance colonoscopy</li> </ul> <p>If a referral was provided, do not submit zero (0).</p> <p>For colonoscopies that did not take place when originally booked and were subsequently rescheduled by the facility, the original referral date should be used. If the colonoscopy was rescheduled by the patient after the initial booking referral, submit Yes (Y) in the Patient Self Delay data element.</p> | Date (8) or Numeric (1) | Mandatory | <ul style="list-style-type: none"> <li>• YYYYMMDD for colonoscopies with referrals. Date must be equal to or earlier than Colonoscopy Procedure Date (data element 5); or</li> <li>• 0 for procedures without a referral</li> </ul> |
|---|-----------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Data Element No. | Data Element Name             | Submission File Header Row Name | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                | Type (Length)  | Completion Requirement | Format/Valid Values                                                                                                                    |
|------------------|-------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 4                | Patient Self Delay            | Patient Self Delay              | <p>Indication of whether the appointment was deferred by the patient after the initial booking/referral. Reflects patient-related reasons that led to a delay in performing the colonoscopy. These reasons include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Patient chose to defer</li> <li>• Patient travelling</li> <li>• Inability to contact patient</li> <li>• Patient medical status changed</li> </ul> | Alphabetic (1) | Mandatory              | <ul style="list-style-type: none"> <li>• Y for Yes; or</li> <li>• N for No</li> </ul>                                                  |
| 5                | Date of Colonoscopy Procedure | Colonoscopy Procedure Date      | The date that the colonoscopy was performed.                                                                                                                                                                                                                                                                                                                                                                                              | Date (8)       | Mandatory              | <ul style="list-style-type: none"> <li>• YYYYMMDD</li> <li>• Must be equal to, or later than Referral Date (data element 3)</li> </ul> |
| 6                | In/Out Patient Flag           | In/Out Patient Flag             | Indication of whether the patient was an inpatient (patient that was admitted to the facility) or outpatient (patient that was not admitted to the facility) at the time of procedure.                                                                                                                                                                                                                                                    | Alphabetic (1) | Mandatory              | <ul style="list-style-type: none"> <li>• I for Inpatient; or</li> <li>• O for Outpatient</li> </ul>                                    |

|   |                    |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---|--------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | Primary Indication | Primary Colonoscopy Indication | <p>The reason most responsible for the procedure (only the main indication).<br/>Possible Primary Indication options:</p> <ul style="list-style-type: none"> <li>• Symptomatic (SA) – A patient with symptoms including changes in bowel habits, bleeding or discomfort or a patient with an abnormal test (other than FOBT or FIT) including flexible sigmoidoscopy, barium enemas, CT scans, iron-deficiency anemia, or other diagnostic imaging.</li> <li>• Abnormal FIT (FT) – A patient with an abnormal FIT result</li> <li>• Abnormal FOBT (PF) – A patient with an abnormal FOBT test.</li> <li>• First Degree Relative (FD) – A patient with a first degree relative with colorectal cancer. First degree relatives include biological mother, biological father, biological sister, biological brother, biological daughter or biological son, but does not include extended family members such as: aunt, uncle, grandparents, in-laws etc.</li> <li>• Surveillance (CN) – A patient who has had a prior colonoscopy in which an adenomatous polyp, sessile serrated polyp, or colorectal cancer was found, or a patient who is undergoing surveillance for long-standing IBD.</li> <li>• Other Screening (OS) – A patient who has no other indication for the colonoscopy. For example: a patient having a colonoscopy for average-risk primary screening or because of a family history of colorectal cancer other than first degree.</li> </ul> | Alphabetic (2) | Mandatory | <ul style="list-style-type: none"> <li>• SA for Symptomatic; or</li> <li>• FT for Abnormal FIT (can only be submitted when Colonoscopy Procedure Date (data element 5) is on or after the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019); or</li> <li>• PF for Abnormal FOBT; or</li> <li>• FD for First Degree Relative; or</li> <li>• CN for Surveillance; or</li> <li>• OS for Other Screening;</li> </ul> |
|---|--------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\* The first day of the month that sites will collect colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.

| Data Element No. | Data Element Name                    | Submission File Header Row Name  | Definition                                                                                                                                                                                                                                                                                                                    | Type (Length)  | Completion Requirement | Format/Valid Values                                                                                                 |
|------------------|--------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|---------------------------------------------------------------------------------------------------------------------|
| 8                | Secondary Indication for Colonoscopy | Secondary: Symptomatic           | A patient with symptoms including changes in bowel habits, bleeding or discomfort or a patient with an abnormal test (other than FOBT or FIT) including flexible sigmoidoscopy, barium enemas, CT scans, or other diagnostic imaging.                                                                                         | Alphabetic (1) | Optional               | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>Blank if not submitting</li> </ul>                    |
| 9                | Secondary Indication for Colonoscopy | Secondary: First Degree Relative | <p>A patient with a first degree relative with colorectal cancer.</p> <p>First degree relatives include biological mother, biological father, biological sister, biological brother, biological daughter or biological son, but does not include extended family members such as: aunt, uncle, grandparents, in-laws etc.</p> | Alphabetic (1) | Optional               | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>Blank if not submitting</li> </ul>                    |
| 10               | Secondary Indication for Colonoscopy | Secondary: Surveillance          | A patient who has had a prior colonoscopy in which an adenomatous polyp or colorectal cancer was found, or a patient who is undergoing surveillance for long-standing IBD.                                                                                                                                                    | Alphabetic (1) | Optional               | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>Blank if not submitting</li> </ul>                    |
| 11               | Secondary Indication for Colonoscopy | Secondary: Other Screening       | A patient who has no other indication for the colonoscopy. For example: a patient having a colonoscopy for average-risk primary screening or because of a family history of colorectal cancer other than first degree.                                                                                                        | Alphabetic (1) | Optional               | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>Blank if not submitting</li> </ul>                    |
| 12               | Cecal Intubation                     | Cecal Intubation                 | <p>Complete insertion of the colonoscope (defined as touching tip of scope to cecal pole or to ileocolonic anastomosis).</p> <p>Submit Not Applicable (X) if the intent of the procedure was not to perform a complete colonoscopy (e.g., tattooing of a known lesion or to resect a previously viewed polyp).</p>            | Alphabetic (1) | Mandatory              | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>N for No; or</li> <li>X for Not Applicable</li> </ul> |

| Data Element No. | Data Element Name                      | Submission File Header Row Name        | Definition                                                                                                                                                                                                                                                                                                                                                                                   | Type (Length)     | Completion Requirement                                                                                                                     | Format/Valid Values                                                                                                                                                                                                                   |
|------------------|----------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13               | Cecal Intubation Not Applicable Reason | Cecal Intubation Not Applicable reason | The reason cecal intubation was not applicable (i.e., why the procedure was not intended to be complete).                                                                                                                                                                                                                                                                                    | Character (1-250) | Conditional: Mandatory if Cecal Intubation (data element 12) is not applicable (i.e., X is submitted in the Cecal Intubation data element) | Text up to 250 characters containing: <ul style="list-style-type: none"> <li>• upper and lower case letters (a – z),</li> <li>• numbers (0 – 9)</li> <li>• symbols (all symbols except for the comma)</li> </ul>                      |
| 14               | Bowel Preparation                      | Bowel Preparation                      | <p>Adequacy of bowel preparation.</p> <p>Possible options for Bowel Preparation:</p> <ul style="list-style-type: none"> <li>• Very good (V) – very good to excellent preparation (adequate)</li> <li>• Fair (F) – adequate preparation with colonic irrigation (adequate with cleaning)</li> <li>• Poor (P) – inadequate preparation (inadequate, a repeat procedure is required)</li> </ul> | Alphabetic (1)    | Mandatory                                                                                                                                  | <ul style="list-style-type: none"> <li>• V for Very good (adequate); or</li> <li>• F for Fair (adequate with cleaning); or</li> <li>• P for Poor (inadequate; a repeat procedure is required)</li> </ul>                              |
| 15               | Patient First Name                     | Patient First Name                     | Patient’s first name from the hospital chart or health information system.                                                                                                                                                                                                                                                                                                                   | Character (1-50)  | Mandatory                                                                                                                                  | Text up to 50 characters containing: <ul style="list-style-type: none"> <li>• upper and lower case letters (a – z)</li> <li>• symbols (space, period, hyphen, apostrophe only)</li> </ul> <p>Note: numbers (0 – 9) are not valid.</p> |

| Data Element No. | Data Element Name        | Submission File Header Row Name | Definition                                                                                                                                                                                                           | Type (Length)    | Completion Requirement | Format/Valid Values                                                                                                                                                                                                            |
|------------------|--------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16               | Patient Last Name        | Patient Last Name               | Patient's last name from the hospital chart or health information system.                                                                                                                                            | Character (1-50) | Mandatory              | Text up to 50 characters containing: <ul style="list-style-type: none"> <li>• upper and lower case letters (a – z)</li> <li>• symbols (space, period, hyphen, apostrophe only)</li> </ul> Note: numbers (0 – 9) are not valid. |
| 17               | Patient Date of Birth    | Patient Date of Birth           | Patient's date of birth from the hospital chart or health information system.                                                                                                                                        | Date (8)         | Mandatory              | YYYYMMDD                                                                                                                                                                                                                       |
| 18               | Patient Sex              | Patient Sex                     | Patient's sex from the hospital chart or health information system.<br><br>Possible options for Patient Sex: <ul style="list-style-type: none"> <li>• Male (M)</li> <li>• Female (F)</li> <li>• Other (O)</li> </ul> | Alphabetic (1)   | Mandatory              | <ul style="list-style-type: none"> <li>• M for Male; or</li> <li>• F for Female; or</li> <li>• O for Other</li> </ul>                                                                                                          |
| 19               | CPSO Registration Number | CPSO Registration Number        | The College of Physician and Surgeons of Ontario (CPSO) registration number of the endoscopist conducting the procedure.                                                                                             | Numeric (6)      | Mandatory              | <ul style="list-style-type: none"> <li>• 6-digit CPSO registration numbers; or</li> <li>• 5-digit CPSO registration numbers with one leading zero (i.e., 012345).</li> </ul> Must be between 10000 and 999999.                 |

| Data Element No. | Data Element Name | Submission File Header Row Name | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Type (Length) | Completion Requirement | Format/Valid Values                                                                                                                                                                                                                                    |
|------------------|-------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20               | ASA Grade         | ASA Grade                       | <p>Indicates the general physical status of the patient prior to receiving the colonoscopy.</p> <p>Possible options for ASA Grade:</p> <ul style="list-style-type: none"> <li>• Healthy (1) – A normal healthy patient.</li> <li>• Mild Systemic Disease (2) – A patient with mild systemic disease.</li> <li>• Severe Systemic Disease (3) – A patient with severe systemic disease.</li> <li>• Severe Systemic Disease, Life Threatening (4) – A patient with severe systemic disease that is a constant threat to life.</li> <li>• Moribund (5) – A moribund patient who is not expected to survive without the procedure.</li> </ul> <p>ASA Grade can be measured by any provider and does not require an anesthesiologist consultation or involvement. The endoscopist, or her/his delegate, can assess ASA Grade.</p> | Numeric (1)   | Mandatory              | <ul style="list-style-type: none"> <li>• 1 for Healthy; or</li> <li>• 2 for Mild Systemic Disease; or</li> <li>• 3 for Severe Systemic Disease; or</li> <li>• 4 for Severe Systemic Disease, Life Threatening; or</li> <li>• 5 for Moribund</li> </ul> |

| Data Element No. | Data Element Name           | Submission File Header Row Name | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Type (Length)  | Completion Requirement                                         | Format/Valid Values                                                                                  |
|------------------|-----------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 21               | Abnormal Findings Present   | Gross Findings                  | <p>Indication of whether there was an abnormal finding.</p> <p>Possible Gross Findings options:</p> <ul style="list-style-type: none"> <li>• Yes – Something was found; choose all that apply from One Or More Polyps, Mass Or Suspected Cancer, and Other Abnormal Findings</li> <li>• No – Normal colonoscopy findings (i.e., negative colonoscopy) or unable to determine whether findings were normal or abnormal (e.g., because of incomplete procedure, inadequate bowel prep, etc.)</li> </ul> <p>Note: If Gross Findings is Yes, then at least one of the following data elements must also be Yes:</p> <ul style="list-style-type: none"> <li>• One Or More Polyps (data element 22)</li> <li>• Mass Or Suspected Cancer (data element 23)</li> <li>• Other Abnormal Findings (data element 24)</li> </ul> <p>If applicable, more than one of the above data elements may be Yes. If Gross Findings is No, then all of the above data elements must be blank.</p> | Alphabetic (1) | Mandatory                                                      | <ul style="list-style-type: none"> <li>• Y for Yes; or</li> <li>• N for No</li> </ul>                |
| 22               | One or More Polyps Found    | One Or More Polyps              | One or more polyps were found.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Alphabetic (1) | Conditional (see Gross Findings (data element 21) description) | <ul style="list-style-type: none"> <li>• Y for Yes; or</li> <li>• Blank if not applicable</li> </ul> |
| 23               | Mass/Suspected Cancer Found | Mass Or Suspected Cancer        | A mass or suspected cancer was found.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Alphabetic (1) | Conditional (see Gross Findings (data element 21) description) | <ul style="list-style-type: none"> <li>• Y for Yes; or</li> <li>• Blank if not applicable</li> </ul> |

| Data Element No. | Data Element Name                                 | Submission File Header Row Name  | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Type (Length)  | Completion Requirement                                                           | Format/Valid Values                                                                              |
|------------------|---------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 24               | Other Abnormal Findings                           | Other Abnormal Findings          | Something other than a polyp, mass, or suspected cancer was found, including gross appearance/features consistent with colitis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Alphabetic (1) | Conditional (see Gross Findings (data element 21) description)                   | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>Blank if not applicable</li> </ul> |
| 25               | Any Diagnostic/Therapeutic Procedure(s) Performed | Diagnostic Therapeutic Procedure | <p>Indicates whether any diagnostic or therapeutic procedures were performed during the colonoscopy.</p> <p>Note: If Diagnostic Therapeutic Procedure is Yes, then at least one of the following data elements must also be Yes:</p> <ul style="list-style-type: none"> <li>Biopsy non-polypoid tissue (data element 26)</li> <li>Biopsy polypoid tissue (data element 27)</li> <li>Snare Polypectomy (data element 28)</li> <li>Other Procedure (data element 29)</li> </ul> <p>If applicable, more than one of the above data elements may be Yes. If Diagnostic Therapeutic Procedure is No, then all of the above data elements must be blank.</p> | Alphabetic (1) | Mandatory                                                                        | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>N for No</li> </ul>                |
| 26               | Biopsy Performed, Non-Polypoid Tissue             | Biopsy non-polypoid tissue       | Removal of non-polypoid colorectal tissue using hot/cold biopsy forceps.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Alphabetic (1) | Conditional (see Diagnostic Therapeutic Procedure (data element 25) description) | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>Blank if not applicable</li> </ul> |
| 27               | Biopsy Performed, Polypoid Tissue                 | Biopsy polypoid tissue           | Removal of polypoid colorectal polyp (e.g., suspected adenoma) using hot/cold biopsy forceps. Submit Yes for all biopsies of suspected cancer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Alphabetic (1) | Conditional (see Diagnostic Therapeutic Procedure (data element 25) description) | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>Blank if not applicable</li> </ul> |

| Data Element No. | Data Element Name           | Submission File Header Row Name | Definition                                          | Type (Length)  | Completion Requirement                                                           | Format/Valid Values                                                                              |
|------------------|-----------------------------|---------------------------------|-----------------------------------------------------|----------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 28               | Snare Polypectomy Performed | Snare Polypectomy               | Removal of colorectal polyp using a hot/cold snare. | Alphabetic (1) | Conditional (see Diagnostic Therapeutic Procedure (data element 25) description) | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>Blank if not applicable</li> </ul> |
| 29               | Other Procedure Performed   | Other Procedure                 | E.g., clipping, injection, stent placement.         | Alphabetic (1) | Conditional (see Diagnostic Therapeutic Procedure (data element 25) description) | <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>Blank if not applicable</li> </ul> |

| Data Element No. | Data Element Name                       | Submission File Header Row Name         | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Type (Length)  | Completion Requirement                                                                                                                                                                                                                                                                                                                                                                                                          | Format/Valid Values                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 30               | Prior Inadequate/Incomplete Colonoscopy | Prior Inadequate/Incomplete Colonoscopy | <p>Current procedure is the continuation or completion of a prior episode of colonoscopy care, whether provided by the same or different facility/provider.</p> <p>Note: If Prior Inadequate/Incomplete Colonoscopy is Yes, then at least one of the following data elements must also be Yes (select all options that apply):</p> <ul style="list-style-type: none"> <li>Prior Colonoscopy: Poor Prep (data element 31)</li> <li>Prior Colonoscopy: Failed Cecal Intubation (data element 32)</li> <li>Prior Colonoscopy: Failure to Clear All Polyps or Incomplete Polypectomy (data element 33)</li> </ul> <p>If Prior Inadequate/Incomplete Colonoscopy is No, then all of the above data elements must be left blank.</p> | Alphabetic (1) | <p>Conditional:</p> <ul style="list-style-type: none"> <li>Mandatory if Colonoscopy Procedure Date (data element 5) is on or after the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019)</li> <li>Cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019)</li> </ul> | <p>If Colonoscopy Procedure Date (data element 5) is on or after the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019):</p> <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>N for No</li> </ul> <p>If Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019):</p> <ul style="list-style-type: none"> <li>Blank</li> </ul> |

\* The first day of the month that sites will collect colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.

| Data Element No. | Data Element Name            | Submission File Header Row Name | Definition                                   | Type (Length)  | Completion Requirement                                                                                                                                                                                                                                                                                                       | Format/Valid Values                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------|------------------------------|---------------------------------|----------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31               | Prior Colonoscopy: Poor Prep | Prior Colonoscopy: Poor Prep    | Poor bowel preparation at prior colonoscopy. | Alphabetic (1) | Conditional: <ul style="list-style-type: none"> <li>See Prior Inadequate/Incomplete Colonoscopy (data element 30) description</li> <li>Cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019)</li> </ul> | If Prior Inadequate/Incomplete Colonoscopy (data element 30) is Yes: <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>N for No</li> </ul> If Prior Inadequate/Incomplete Colonoscopy (data element 30) is No: <ul style="list-style-type: none"> <li>Blank</li> </ul> If Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019): <ul style="list-style-type: none"> <li>Blank</li> </ul> |

\* The first day of the month that sites will collect colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.

| Data Element No. | Data Element Name                          | Submission File Header Row Name            | Definition                                          | Type (Length)  | Completion Requirement                                                                                                                                                                                                                                                                                                       | Format/Valid Values                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------|--------------------------------------------|--------------------------------------------|-----------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32               | Prior Colonoscopy: Failed Cecal Intubation | Prior Colonoscopy: Failed Cecal Intubation | Failure to intubate cecum during prior colonoscopy. | Alphabetic (1) | Conditional: <ul style="list-style-type: none"> <li>See Prior Inadequate/Incomplete Colonoscopy (data element 30) description</li> <li>Cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019)</li> </ul> | If Prior Inadequate/Incomplete Colonoscopy (data element 30) is Yes: <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>N for No</li> </ul> If Prior Inadequate/Incomplete Colonoscopy (data element 30) is No: <ul style="list-style-type: none"> <li>Blank</li> </ul> If Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019): <ul style="list-style-type: none"> <li>Blank</li> </ul> |

\* The first day of the month that sites will collect colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.

| Data Element No. | Data Element Name                                                        | Submission File Header Row Name                                          | Definition                                                                                        | Type (Length)  | Completion Requirement                                                                                                                                                                                                                                                                                                       | Format/Valid Values                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 33               | Prior Colonoscopy: Failure to Clear All Polyps Or Incomplete Polypectomy | Prior Colonoscopy: Failure to Clear All Polyps Or Incomplete Polypectomy | Failure to clear colon of all detected polyps or incomplete polypectomy during prior colonoscopy. | Alphabetic (1) | Conditional: <ul style="list-style-type: none"> <li>See Prior Inadequate/Incomplete Colonoscopy (data element 30) description</li> <li>Cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019)</li> </ul> | If Prior Inadequate/Incomplete Colonoscopy (data element 30) is Yes: <ul style="list-style-type: none"> <li>Y for Yes; or</li> <li>N for No</li> </ul> If Prior Inadequate/Incomplete Colonoscopy (data element 30) is No: <ul style="list-style-type: none"> <li>Blank</li> </ul> If Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019) <ul style="list-style-type: none"> <li>Blank</li> </ul> |

\* The first day of the month that sites will collect colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.

## Appendix A: Version History

| Version     | Revision Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date       |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Version 5.1 | <ul style="list-style-type: none"> <li>Primary Colonoscopy Indication (data element 7):               <ul style="list-style-type: none"> <li>Positive FIT renamed to Abnormal FIT (note that the valid values have not changed)</li> <li>Positive FOBT renamed to Abnormal FOBT (note that the valid values have not changed)</li> </ul> </li> <li>Prior Inadequate/Incomplete Colonoscopy (data element 30): Updated to indicate that this data element cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (date to be confirmed)</li> </ul> <p>* The first day of the month that sites will collect and report colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | May 2018   |
| Version 5.0 | <ul style="list-style-type: none"> <li>Data Dictionary: added reference to GI Endoscopy DSP Decision Tree</li> <li>Date of Receipt of Referral (data element 3): updated definition to clarify that 0 should not be submitted for colonoscopies with a referral</li> <li>Primary Colonoscopy Indication (data element 7): added option for Positive FIT</li> <li>Secondary: Positive FOBT (previously data element 7b): deleted</li> <li>Prior Inadequate/Incomplete Colonoscopy (data element 30): newly added*</li> <li>Biopsy polypoid tissue (data element 27): updated definition to clarify that Yes should be submitted for all biopsies of suspected cancer.</li> <li>Prior Colonoscopy: Poor Prep (data element 31): newly added*</li> <li>Prior Colonoscopy: Failed Cecal Intubation (data element 32): newly added*</li> <li>Prior Colonoscopy: Failure to Clear All Polyps or Incomplete Polypectomy (data element 33): newly added*</li> <li>Included references to data element numbers in the Description column, the Completion Requirement column, and the Format/Valid Values column</li> <li>Data Dictionary: ID No. column renamed to Data Element No.</li> <li>Data Dictionary: Data Element No. column updated to reflect changes above.</li> <li>* All newly added data elements are included at the end of the Data Elements table to indicate that they will be submitted in order after the existing data elements. They are included at the end to minimize the impact on data collection and submission processes.</li> </ul> | March 2018 |