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| Ontario Health (Cancer Care Ontario) |
| Specialized Services Oversight (SSO) Data Dictionary |
| Manual Data Collection - Acute Leukemia 2020/21 |
| **7/6/2020** |

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# Background:

In 2020/21, the Acute Leukemia Manual Data Collection Strategy will be used to support the delivery of funding, quality improvement and performance management related to acute leukemia care in Ontario.

In addition to submission through Manual Data Collection Strategy, centres will be required to submit Acute Leukemia Chemotherapy Treatment Type through an attribute field in their CIHI-DAD submission and outpatient chemotherapy treatments through Activity Level Reporting (ALR) dataset. The double submission through the Acute Leukemia Manual Data Collection Strategy and CIHI-DAD will be used to help centres work to develop processes to ensure consistency between the CIHI and CCO data set.

The data submitted through Acute Leukemia Manual Data Strategy, CIHI-DAD and ALR will be used to fund the following bundles that are funded by the CCO Acute Leukemia Program:

* Acute Leukemia First Induction
* Induction Following Remission and Subsequent Relapse
* Inpatient Consolidation for AML patients only
* Supportive Care for AML patients only.

Full details on data funding triggers can be found in the Acute Leukemia Funding Guide – 2020/21.

This document is the data dictionary for the Manual Data Collection Strategy only.

# Acute Leukemia: Manual Data Collection Strategy Data Elements

| **#** | **Entity** | **Data Element** | **COLUMN\_NAME** | **Definition**  **(Description)** | **Format** | **Valid Values (Notes)** | **Applies to** | **Purpose and Use** | **Mandatory** | **Business key (Uniqueness)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Leukemia | 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 or greater than 10-digit numeric values  Please note: version code should not be included in entry. | All | For funding and health system planning. HCN will be used for linkage to other CCO data assets. | Yes | Yes |
| 2 | Leukemia | Patient’s Chart Number | Patient\_Chart\_Number | Facilities internal unique patient identifier. | CHAR (12). Cell must be in ‘Text’ Category in Format Cells option in Excel. | Must be alpha-numeric (i.e. no punctuation, must contain numbers and/or characters only). | All | For reimbursement: to uniquely identify procedure/treatment for a patient;  For investigations: 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 |  |
| 3 | Leukemia | Date of Birth | Date\_Of\_Birth | Patient birth date | CHAR (8) YYYYMMDD | Valid date. | All | For determination of age at time of treatment. Funding and health system planning. | Yes |  |
| 4 | Leukemia | 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 entry listed in  [**Appendix-2**](https://www.cancercare.on.ca/ext/databook/db1213/Appendix/Appendix_1-6_-_Province_and_State_codes.htm) (Province and State Codes). | All | Geographical distribution reporting, health system planning and performance measurement. | Yes |  |
| 5 | Leukemia | Facility Number | Facility\_number | Submitting facility number. | CHAR(3) | Valid facility number MOHLTC classification listed in **Appendix-1.** | All | Funding, health system planning and performance measurement. | Yes | Yes |
| 6 | Leukemia | Type of leukemia | Type\_of\_leukemia | Type of leukemia. | CHAR(5) | Must be one of the following values:   * AML * ALL * Other   (A map of these options to ICD-10 codes can be found in **Appendix-3**) | All | For funding, health system planning and performance metrics. | Yes |  |
| 7 | Leukemia | Treatment Type | Treatment\_type | Treatment provided to a patient by an Acute Leukemia Service Site, Transplant & Acute Leukemia Service Site or Acute Leukemia Shared-Care Partner Centre. | Character | Must be one of the following values:   * First induction chemotherapy * Induction chemotherapy following remission and subsequent relapse * Consolidation Chemotherapy with Inpatient Admission | All | For funding, health system planning, and performance metrics. | Yes | Yes |
| 8 | Leukemia | Treatment Start Date | Treatment\_start\_date | The first date a patient begins receiving chemotherapy treatment (First induction chemotherapy, Induction chemotherapy following remission and subsequent relapse or consolidation chemotherapy with inpatient admission). Each new cycle of consolidation that is provided as an in-patient should be reported. | CHAR(8) YYYYMMDD | Valid date. Must be on or after date of referral and date of first consult. | All | Performance metrics – wait times. | Yes | Yes |
| 9 | Leukemia | New Referral to Centre | New\_Referral\_to\_Centre | To capture whether the patient is a new referral or consult for the acute leukemia treatment being received. This data element aims to distinguish between:   * Patients previously referred and consulted for a disease that progressed into acute leukemia within the same acute leukemia service site (e.g., MDS progresses to acute leukemia), and * New acute leukemia patients being referred or consulted at an Acute Leukemia Service Site.     Scenario: Patient ABC was initially referred to the Acute Leukemia Service Site, Centre X, on June 6, 2012.   ABC had a consult on June 7, 2012 and was diagnosed with myelodysplastic syndrome (MDS).  ABC has been under the care of Centre X ever since their initial diagnosis.  On May 10, 2017, a bone marrow was performed and indicated ABC’s disease had progressed to acute myeloid leukemia and it was decided that ABC should undergo induction chemotherapy. ABC starts induction chemotherapy on May 12, 2017.  Centre X will submit the following data for patient ABC:   * Health Card Number * Patient Chart Number * Date of Birth * Postal Code * Facility Number * Type of Leukemia : AML * Treatment Type: First Induction Chemotherapy * Treatment Start Date: 20170512 * New Referral to Centre: No, previous referral * Date of Diagnosis: 20170510 * Data elements ‘date of receipt referral’, ‘date patient first consult’ and ‘date of admission’ will be left blank. | Character | Must be one of the following values:   * Yes, new referral * No, previous referral | Only when treatment type is First induction chemotherapy records | Performance metrics – wait times. | Yes, when Treatment Type = First induction chemotherapy |  |
| 10 | Leukemia | Date Receipt Referral | Date\_receipt\_referral | First date on which a request (fax/phone call) for consultation with an acute leukemia physician is received at an Acute Leukemia Service Site or Transplant & Acute Leukemia Service Site from the referring physician. | CHAR(8) YYYYMMDD | Valid date. Must be on or before Date of First Consult and Treatment Start Date | Only when treatment type is First induction chemotherapy records; and New Referral to Centre is Yes, new referral | Performance metrics – wait times. | Yes, when Treatment Type = First Induction Chemotherapy; and New Referral to Centre = Yes, new referral |  |
| 11 | Leukemia | Date Patient First Consult | Date\_patient\_first\_consult | First date on which a patient sees the acute leukemia physician for consultation regarding a suspected or confirmed acute leukemia diagnosis, at an Acute Leukemia Service site or Transplant & Acute Leukemia Service site. | CHAR(8) YYYYMMDD | Valid date. Must be on or after date of referral and on or before Treatment Start Date | Only when treatment type is First induction chemotherapy records; and New Referral to Centre is Yes, new referral | Performance metrics – wait times. | Yes, when Treatment Type = First induction chemotherapy; and New Referral to Centre = Yes, new referral |  |
| 12 | Leukemia | Date of Diagnosis | Diagnosis\_date | Date the definitive/confirmatory diagnostic bone marrow is performed. | CHAR(8) YYYYMMDD | Valid date. Must be on or before Treatment Start Date | Only when treatment type is first induction chemotherapy records | Performance metrics – wait times. | Yes, when Treatment Type = First induction chemotherapy |  |
| 13 | Leukemia | Date of Admission | Admit\_date | Date patient is admitted for First induction chemotherapy, Induction chemotherapy following remission and subsequent relapse, or consolidation chemotherapy with inpatient admission | CHAR(8) YYYYMMDD | Valid date. We aren’t putting additional validation on when this date needs to be before or after because could be before or after treatment start date. | Only when Treatment Type is Consolidation Chemotherapy with Inpatient Admission. | Funding, tracking and audit purposes. | Yes, when Treatment Type = Consolidation Chemotherapy with Inpatient Admission |  |

# Quality Assurance Checks

The QA checks are grouped by number as follows:

100’s - File level checks: Entire file is rejected

200’s - Field format errors: Entire record is rejected.  
300’s - Rejected content errors: Entire record is rejected.  
400’s - Non-rejected content errors: Entire record is retained, including erroneous field.  
500’s - Apparent duplicate record warnings: Entire records are rejected.

**Built-in Data Assurance Checks within the Manual Submission Template**

Cells in the submission template being used will light up **red** for data elements that are mandatory based on the treatment data being submitted on each row of the template. Cells in the submission template will light up **yellow** when the format of the data elements which are dates are incorrect. For all other data elements, an error message will appear if the format is incorrect.

## Validations: File Level Validations (Level 100)

The following rules will be applied and checked against every file submitted for SSO program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Type** | **Condition** | **Error Message** | **Reject** |
| 101 | Invalid Header | Header list in Excel file is incorrect | File Error - Header list is incorrect. | Yes |
| 102 | Incorrect number of Columns | Record in file has incorrect number of data elements | File Error - Record has incorrect number of data elements. | Yes |
| 103 | File name mask | File name does not follow the convention for file name mask: AL\_nnn\_ffff\_ffffQx.xlsx  Where:  AL: a fixed string indicating the program name (Acute Leukemia)  nnn: the three-digit code of the submitting site (e.g. 567)  ffff \_ffff: the two calendar years that make up the fiscal year separated by an underscore character (e.g. 2015\_2016)  Q: a fixed character for Quarter  x: the quarter within the fiscal, which is always an integer number between 1 and 4 (e.g. 3)  .xlsx: for an excel spreadsheet  Example: AL\_567\_2015\_2016Q3.xlsx  *Note: This validation should be non-case-sensitive so that, for example, the string "AL" can also be sent as "al".* | File Error - File is incorrectly named. | Yes |
| 104 | Empty | File is empty  *Note: files with only one row (i.e. the header row is present and not patient level data) are considered valid. This error applies only when there is no such header.* | File Error - invalid number of data columns in “&file\_name” file. | Yes |
| 105 | File name | Facility number in the file name does not match with the facility number associated with MFT Tumbleweed folder permissions. | File Error - Facility number in the data does not match with the facility number associated with MFT Tumbleweed folder permissions | Yes |
| 106 | No Data | File includes only one line, and that line is a valid header line.  *Note: This is a valid submission if there were no procedures in the reported quarter, so we issue a warning just to make sure.* | Warning - No data submitted. If there are data records, please resubmit. | No |

## Validations: Field Format Errors (Level 200)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number** | **Entity** | **Data Element** | **Condition** | **Error Message** | **Reject** |
| 201 | All | All Fields | Data field is not the correct length (either too long or too short) | Invalid field length  *(For not mandatory date fields, ignore if null)* | Yes |
| 202 | All | All Date Fields | Date is not in YYYYMMDD format | Invalid - Must be in YYYYMMDD format  *(For not mandatory date fields, ignore if null)* | Yes |

## Validations: Content Errors, Record Rejected (Level 300)

| **Number** | **Element #** | **Data Element** | **Column** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- | --- | --- |
| 301 | 1 | Patient Health Card Number | Health\_Card\_Number | Is Null | Invalid - Null Value | Yes |
| 302 | 1 | Patient Health Card Number | Health\_Card\_Number | Is not a valid ten-digit HCN | Invalid Ontario Health Card Number | Yes |
| 303 | 2 | Patient Chart Number | Patient\_Chart\_Number | Is Null | Invalid - Null Value | Yes |
| 304 | 2 | Patient Chart Number | Patient\_Chart\_Number | Contains non-alphanumeric characters, (i.e. no punctuation, must contain numbers and/or characters only). | Invalid Patient Chart Number - Contains non alpha numeric characters | Yes |
| 305 | 2 | Patient Chart Number | Patient\_Chart\_Number | Contains a cell format that is not the ‘Text’ Category in Excel. Text format cells are treated as text even when a number is in the cell. The cell is displayed exactly as entered. | Invalid cell format | Yes |
| 306 | 3 | Date of Birth | Date\_Of\_Birth | Is Null | Invalid - Null Value | Yes |
| 307 | 3 | Date of Birth | Date\_Of\_Birth | Is before 1900-01-01 | Date is before 1900-01-01 | Yes |
| 308 | 3 | Date of Birth | Date\_Of\_Birth | Is after treatment start date. | Date is after treatment start date | Yes |
| 309 | 4 | Postal Code | Postal\_Code | Is Null | Invalid - Null Value | Yes |
| 310 | 4 | Postal Code | Postal\_Code | Does not match mask: ANANAN, NNNNN, NNNNN-NNNN, AA | Invalid Postal Code- Invalid mask | Yes |
| 311 | 4 | Postal Code | Postal\_Code | Matches mask ANANAN but begins with D, F, I, O, Q, U, or W. | Invalid Postal Code- Invalid Initial Letter | Yes |
| 312 | 4 | Postal Code | Postal\_Code | Matches mask of AA but does not match any entry in Appendix 2 (Prov/State Codes) | Invalid Postal Code (Prov/State) - consult lookup table in template. | Yes |
| 313 | 5 | Facility Number | Facility\_Number | Is Null | Invalid - Null Value | Yes |
| 314 | 5 | Facility Number | Facility\_Number | Does not match any legal entry in Appendix-1 | Invalid Hospital Number - consult lookup table in template. | Yes |
| 315 | 5 | Facility Number | Facility\_Number | Facility number in record <> the facility number associated with MFT Tumbleweed folder permissions | Facility number in the data does not match with the facility number associated with MFT Tumbleweed folder permissions | Yes |
| 316 | 6 | Type of Leukemia | Type\_of\_leukemia | Is Null | Invalid - Null Value | Yes |
| 317 | 6 | Type of Leukemia | Type\_of\_leukemia | Is not a value in predefined list (e.g. AML, ALL or Other) | Invalid answer | Yes |
| 318 | 7 | Treatment Type | Treatment\_type | Is Null | Invalid - Null Value | Yes |
| 319 | 7 | Treatment Type | Treatment\_type | Is not a value in predefined list | Invalid answer | Yes |
| 320 | 8 | Treatment Start Date | Treatment\_start\_date | Is Null | Invalid - Null Value | Yes |
| 321 | 8 | Treatment Start Date | Treatment\_start\_date | Is not in current reporting quarter. | Date of procedure is not in the quarter being submitted | Yes |
| 322 | 9 | New Referral to Centre | New\_Referral\_to\_Centre | Is Null when Treatment\_type = First induction chemotherapy | Invalid - Null Value | Yes |
| 323 | 9 | New Referral to Centre | New\_Referral\_to\_Centre | Is not a value in predefined list, when Treatment\_type = First induction chemotherapy | Invalid answer | Yes |
| 324 | 10 | Date Receipt Referral | Date\_receipt\_referral | Is Null when Treatment Type = First induction chemotherapy; and New Referral to Centre = Yes, new referral | Invalid - Null Value | Yes |
| 325 | 10 | Date Receipt Referral | Date\_receipt\_referral | Is before 1900-01-01, when Treatment Type = First induction chemotherapy; and New Referral to Centre = Yes, new referral | Date is before 1900-01-01 | Yes |
| 326 | 10 | Date Receipt Referral | Date\_receipt\_referral | Is after Treatment Start Date when Treatment Type = First induction chemotherapy; and New Referral to Centre = Yes, new referral | Date of referral should be on or before treatment start date | Yes |
| 327 | 10 | Date Receipt Referral | Date\_receipt\_referral | Is after Date Patient First Consult when Treatment Type = First induction chemotherapy; and New Referral to Centre = Yes, new referral | Date of referral should be on or before Date of patient first consult | Yes |
| 328 | 11 | Date Patient First Consult | Date\_patient\_first\_consult | Is after Treatment\_start\_date when Treatment Type = First induction chemotherapy; and New Referral to Centre = Yes, new referral | Date of consultation should be on or before treatment start date | Yes |
| 329 | 11 | Date Patient First Consult | Date\_patient\_first\_consult | Is Null when Treatment Type = First induction chemotherapy; and New Referral to Centre = Yes, new referral | Invalid - Null Value | Yes |
| 330 | 11 | Date Patient First Consult | Date\_patient\_first\_consult | Is before 1900-01-01 when Treatment Type = First induction chemotherapy; and New Referral to Centre = Yes, new referral | Date is before 1900-01-01 | Yes |
| 331 | 12 | Date of Diagnosis | Diagnosis\_date | Is Null when Treatment\_type = First induction chemotherapy | Invalid – Null Value | Yes |
| 332 | 12 | Date of Diagnosis | Diagnosis\_date | Is before 1900-01-01 when Treatment Type = First induction chemotherapy | Date is before 1900-01-01 | Yes |
| 333 | 12 | Date of Diagnosis | Diagnosis\_date | Is after Treatment\_start\_date when Treatment Type = First induction chemotherapy | Date of diagnosis should be on or before treatment start date | Yes |
| 334 | 13 | Date of Admission | Admit\_date | Is Null when Treatment\_type = Consolidation Chemotherapy with Inpatient Admission | Invalid - Null Value | Yes |
| 335 | 13 | Date of Admission | Admit\_date | Is before 1900-01-01 when Treatment\_type = Consolidation Chemotherapy with Inpatient Admission | Date is before 1900-01-01 | Yes |

## 

## Validations: Content Errors, Record Not Rejected (Level 400)

| **Number** | **Element #** | **Data Element** | **Column** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- | --- | --- |
| 400 | 3 | Date of Birth | Date\_Of\_Birth | Patient is less than 18 years of age. | Warning: This record is for a person less than 18 years of age.  Please note OH-CCO does not provide funding for cases where the patient is less than 18 years of age. | No |
| 401 | 9 | New Referral to Centre | New\_Referral\_to\_Centre | Is not Null when Treatment\_Type <> First induction chemotherapy | Warning: New Referral to Centre is expected only when Treatment\_Type = First induction chemotherapy. | No |
| 402 | 10 | Date Receipt Referral | Date\_receipt\_referral | Is not Null when Treatment\_Type <> First induction chemotherapy or New Referral to Centre <> Yes, new referral | Warning: Date receipt referral is expected only when Treatment\_Type = First induction chemotherapy and New Referral to Centre = Yes, new referral | No |
| 403 | 11 | Date Patient First Consult | Date\_patient\_first\_consult | Is not Null when Treatment\_Type <> First induction chemotherapy or New Referral to Centre <> Yes, new referral | Warning: Date patient first consult is expected only When Treatment\_Type = First induction chemotherapy and New Referral to Centre = Yes, new referral | No |
| 404 | 12 | Date of Diagnosis | Diagnosis\_date | Is not Null when Treatment\_Type <> First induction chemotherapy | Warning: Patient’s date of diagnosis is expected only when Treatment\_type = First induction chemotherapy. | No |
| 405 | 13 | Date of Admission | Admit\_date | Is not Null when Treatment\_type <> Consolidation Chemotherapy with Inpatient Admission | Warning: Date of Admission is expected only when Treatment\_type = Consolidation Chemotherapy with Inpatient Admission. | No |

## Validations: Duplicate or Apparent Duplicate Records (Level 500)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Entity** | **Data Element** | **Condition** | **Error Message** | **Reject** |
| 501 | Uniqueness of treatment | Health\_Card\_Number  facility\_number  Treatment\_type  Treatment\_start\_date | The four data elements (Health Card Number, Facility Number, Treatment Type and Treatment Start Date) are the same for two or more records in the same file. | Error: Apparent duplicate records | Yes |

# Data Submission, Validation and Error Reporting Schedule

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Acute Leukemia Manual Data Collection Submission Timelines** | | | | | |
| Quarter | Corresponding Time Frame | Submission Window | Initial Data Validation and Error Report Send Back for all submissions received | Second Data Validation and Error Report Send Back | Data Resubmission Window Open (Optional) with data validation for all submissions received |
| Q1 | April 1 - June 30 | July 15 – August 30 | Every Friday from July 15 to August 30 | September 1 – 21 | September 22-30 |
| Q2 | July 1 - September 30 | October 15 – November 30 | Every Friday from October 15 to November 30 | December 1 - 21 | December 22 – January 12 |
| Q3 | October 1 - December 31 | January 15 - February 28 | Every Friday from January 15 to February 28 | March 1 – 21 | March 22 -30 |
| Q4 | January 1 - March 31 | April 15 - May 30 | Every Friday from April 15 - May 30 | June 1 – 21 | June 22 – 30 |

# Appendices

## Appendix-1: Facility Numbers

|  |  |  |
| --- | --- | --- |
| **Provider** | **Submitting Site** | **Facility Number** |
| Transplant & Acute Leukemia Service Site | London Health Sciences Centre | 936 |
| Hamilton Health Sciences Centre | 942 |
| University Health Network – Princess Margaret Cancer Centre | 947 |
| Kingston Health Sciences Centre | 978 |
| The Ottawa Hospital | 958 |
| Health Sciences North | 959 |
| Acute Leukemia Service Site | Windsor Regional Hospital | 933 |
| Grand River Hospital | 930 |
| Thunder Bay Regional Health Sciences Centre | 935 |
| Sunnybrook Health Sciences Centre | 953 |
| Acute Leukemia Shared-Care Partner Centre | Niagara Health System | 962 |
| Lakeridge Health | 952 |
| Southlake Regional Health Centre | 736 |
| Royal Victoria Regional Health Centre | 606 |

The Master Numbering System has been developed for the purpose of bringing together all Health Facilities and Programs under one system of identification. The list is a composite of health and health related units, facilities, clinics, programs and services. Each such organization has been assigned a unique four digit identifying code.

(For details, please refer Ontario Health (Cancer Care Ontario)'s Data Book - 2020-2021, Appendix A: MOHLTC Master Numbering System, at link <https://www.cancercareontario.ca/en/data-book-reporting-standards>).

## Appendix-2: Valid 2-digits Postal Codes

(Source: Ontario Health (Cancer Care Ontario)'s Data Book https://www.cancercareontario.ca/en/data-book-reporting-standards).

The table below provides list of valid 2 digit postal codes for province and State codes.



## Appendix-3: Type of Leukemia

|  |  |  |
| --- | --- | --- |
| **Type of Leukemia** | **Code** | **Description** |
| Other | C864 | Blastic NK-cell lymphoma (for Blastic Plasmacytoid Dendritic Cell Neoplasm [BPDCN]) |
| ALL | C910 | Acute lymphoblastic leukemia [ALL] |
| Other | C915 | Adult T-cell lymphoma/leukemia [HTLV-1-associated] (for the acute leukemia variant) |
| Other | C918 | Mature B-cell leukemia Burkitt-type (for true Burkitt-type acute leukemia) |
| AML | C920 | Acute myeloblastic leukemia [AML] |
| Other | C921 | Chronic myeloid leukemia [CML], BCR/ABL-positive (for blast crisis) |
| Other | C922 | Atypical chronic myeloid leukemia, BCR/ABL-negative (for acute conversion) |
| Other | C923 | Myeloid sarcoma |
| AML | C924 | Acute promyelocytic leukemia [PML] |
| AML | C925 | Acute myelomonocytic leukemia |
| AML | C926 | Acute myeloid leukemia with 11q23-abnormality |
| AML | C928 | Acute myeloid leukemia with multilineage dysplasia |
| AML | C930 | Acute monoblastic/monocytic leukemia |
| AML | C940 | Acute erythroid leukemia |
| AML | C942 | Acute megakaryoblastic leukemia |
| Other | C943 | Mast cell leukemia |
| Other | C944 | Acute panmyelosis with myelofibrosis |
| Other | C947 | Other specified leukemias, including acute basophilic leukemia and aggressive NK cell leukemia |
| AML | C950 | Acute leukemia of unspecified cell type |
| Other | C962 | Malignant mast cell tumour - Mast cell sarcoma |
| Other | D466 | Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality |
| Other | D467 | Other myelodysplastic syndromes |
| Other | D469 | Myelodysplastic syndrome, unspecified |
| Other | D471 | Chronic Myeloproliferative Disease |