# Neuroendocrine Data Elements - Specialized Services Oversight (SSOIS)

| **No.** | **Entity** | **Data Element** | **Column Name** | **Definition** | **Format** | **Valid Values** | **Applies to** | **Purpose and Use** | **Mandatory** | **Business key (Uniqueness)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Neuroendocrine | Health Card Number | Health\_card\_number | Patient’s Ontario health card number | CHAR(10) | Valid values :0,1 or valid HCN | All | To link data with other CCO data holding areas. | Yes |  |
| 2 | Neuroendocrine | Patient’s Chart Number | Patient\_chart\_number | Facilities internal unique patient identifier | CHAR(12) | Must be alpha numeric (i.e. no special characters, only numbers and characters | All | For reimbursement: to uniquely identify procedure 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 | Neuroendocrine | Date of Birth | Date\_of\_birth | Patient’s birth date | CHAR(8) | Valid date Patient’s birth date is a valid date | All | To link data with other CCO data holding areas. | Yes |  |
| 4 | Neuroendocrine | Postal Code | Postal\_code | Patient’s residential postal code | CHAR(10) | 1. Must match any of these format masks: ANANAN, NNNNN, NNNNN-NNNN, AA2. If matches mask ANANAN, then can’t begin with D,F,I,O,Q,U, or W3. If matches mask of AA, then should match any entry in [**Appendix-12.11**](#_Appendix-11:_Valid_2-digits) (Province and State Codes). | All | For geographical distribution reporting | Yes |  |
| 5 | Neuroendocrine | Facility Number | Facility\_number | Submitting facility number | CHAR(3) | Valid facility number listed in **Appendix-3** | All | For volumes planning and capacity management | Yes |  |
| 6 | Neuroendocrine | Nuclear Medicine Scan Date  | Nuclear\_medicine\_scan\_date | Date when nuclear medicine scan was performed | CHAR(8) | Valid date | All | For volumes, planning and capacity management | No |  |
| 7 | Neuroendocrine | Nuclear Medicine Scan Type | Nuclear\_medicine\_scan\_type | Type of the nuclear medicine scan | CHAR (25) | Valid values are:

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| * 1-131 MIBG Isotope
* Gallium 68 PET scan
 |
| * In-111 Octreoscan
* Lutetium-177 Isotope
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 | All | For volumes, planning and capacity management | No |  |
| 8 | Neuroendocrine | Radioisotope | Radio\_isotope | Type of the Pharmaceutical drug used for the scanning | CHAR(25) |

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| Valid values are: * 1-131 MIBG
* In-111 Octreoscan
* Lutetium-177
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 | All | For Volumes, planning and capacity management  | No |  |
| 9 | Neuroendocrine | Pharmaceutical Dose | pharmaceutical\_dose | Dose of the Pharmaceutical drug used for the scanning | CHAR(5) | Open text | All | For Volumes, planning and capacity management | No |  |
| 10 | Neuroendocrine | Dose Unit | Dose\_unit | Used parmaceutical drug dose unit | CHAR(3) | Valid values listed in **Appendix-12.22** | All | For Volumes, planning and capacity management | No |  |
| 11 | Neuroendocrine | Morphology | Morphology | Tumor morphology ICD03 codes | CHAR(5) | Valid values listed in **Appendix-12.20** | All | For Volumes, planning and capacity management | No |  |
| 12 | Neuroendocrine | Topography | Topography | Tumor topography with laterality ICD03 code | CHAR(6) | Valid values listed in appendix **Appendix-12.21** | All | For Volumes, planning and capacity management | No |  |
| 13 | Neuroendocrine | Radionuclide Therapy Date | Radionuclide\_Therapy\_Date | Date when radionuclide therapy is performed | CHAR(8) | Must be within submitting quarter and year  | All | For Volumes, planning and capacity | No |  |
| 14 | Neuroendocrine | Clinical Trial Enrolment Flag | Clinical\_trial\_enrolment\_flag | Clinical trial enrolment flag | CHAR(8) | Valid values “Y” or “N” | All | For Volumes, planning and capacity | No |  |
| 15 |  | Clinical trial number | Clinical\_trial\_number | Clinical trial registration number or Health Canada control number | CHAR(14) | Must match any of these format masks:1. ISRCTNxxxxxxxx
2. NCTxxxxxxxxx
3. xxxxxx

where x is a digit in [0-9].Required if Clinical Trial Enrolment Flag=”Y” | All | For Volumes, planning and capacity | No |  |
| 16 | Neuroendocrine | MCC Date | MCC\_Date | Date of Multidisciplinary Conference | CHAR(8) YYYYMMDD | Valid date. | All | For Volumes, planning and capacity | No |  |