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| Cancer Care Ontario |
| Specialized Services Oversight (SSO) Data Dictionary |
| **Stem Cell Transplant Effective** |
| **9/15/2018** |

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# Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Description | TFS# | Owner |
| October 27, 2015 | * Facility: Removed Sunnybrook; added Thunder Bay; * Added comment to Post\_Transplant\_Transfer = “If this is the same as facility number, the file could submit 2 transplant and photophoresis records in the same file” * Removed ICU\_ONGOING\_FLAG from DD. TFS# * Renamed and added ICU admission and discharge fields to DD. TFS#200585 * Added note ‘Note: Some hospitals may submit both transplant and photophoresis records for the same patient in the same file. These will be 2 separate records in the file and considered independent.’ * Updated 959 facility name from Sudbury Regional Hospital to Health Sciences North * Updated Health\_Card\_Number validation to reference no 0's, no 1's * Updated Health\_Card\_Number validation to reference numbers less than 10 digits | -  -  200585  200585  -  291787  234973  235429 | Michele Cross |
| November 13, 2015 | Added: System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant AND System\_Issue fields. | 200589 | Michele Cross |
| January 14, 2016 | Added:   * Post\_Transplant\_Receiving\_Centre\_Submission column. * Grand River, Lakeridge Health, Windsor, Sunnybrook for Auto/Day 1 Transfer sites | 290083 | Michele Cross |
| April 12, 2016 | Added Transfer Date Exclusion criteria rule of no more than 5 days from Transplant date.  Updated text of Date of Initial Diagnosis field. | 292885  399232 | Michele Cross |
| June 1, 2016 | Added fields:   * Ready\_to\_Transplant\_Date. * High\_Cost\_Drug\_Name AND High\_Cost\_Drug\_Total\_Dose\_Administered. * Second\_Transplant\_Same\_Disease. * Removed comment to Post\_Transplant\_Transfer = “If this is the same as facility number, the file could submit 2 transplant and photophoresis records in the same file” to avoid confusion. * Improve wording for Canceled\_Flag, Date\_Transplant and Date\_HLA\_Typing\_Request descriptions. | 397469  400118  200587 | Michele Cross |
| Feb.15, 2017 | * Added Haplo to list of Type\_Transplant * Updated High\_Cost\_Drug\_Total\_Dose\_Administered to remove lower limits for both Carmustine and Thiotepa * Added Niagara Health (962) to Appendix 1: Facility Numbers | 687947  700890  702889 | Carey Chan |
| Mar.08, 2017 | * Re-named appendix. * Added appendix 1: Validations since March.2017 | n/a | Carey Chan |
| Aug.30, 2017 | * Updated the name and facility # of Kingston General Hospital | 741614 | Raj Sreenivasan |
| Mar-16,2018 | * Replaced the existing data element "Ready to Transplant Date" with a new data element “Date of Bone Marrow Biopsy”. | 720496 | Raj Sreenivasan |
| Mar-19,2018 | * Added 2 new data elements for capturing data for AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks. * Data elements added are  1. AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks 2. Explain\_Logistical\_Capacity\_Reason | 720497 | Raj Sreenivasan |
| Mar-20,2018 | * Added a NEW data element Out\_Of\_Country for Stem Cell Transplant data submission. | 753732 | Raj Sreenivasan |
| Apr-12,2018 | * Updated column #s 24 and 25 under Data Element table |  | Raj Sreenivasan |
| Jul-7,2018 | * Updated the error #s as per Bug # 778676 | 778676 | Raj Sreenivasan |

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

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

| **#** | **Entity** | **Data Element** | **COLUMN\_NAME** | **Definition (Description)** | **Format** | **Valid values(Notes)** | **Applies to** | **Purpose and Use** | **Mandatory** | **Business key (Uniqueness)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | SCT | Health Card Number | Health\_Card\_Number | Patient’s Ontario Health Card Number. | CHAR(10) | Valid values: valid HCN  Not valid: 0-unknown, 1-out of country (OOC), or number less than 10 digits | All | Unique patient identifier. Can be used to link data with other CCO data assets. | Yes | Yes |
| 2 | SCT | Patient chart Number | Patient\_Chart\_Number | Facilities internal unique patient identifier. | CHAR (12) | Must be alpha-numeric (i.e. no punctuation, must have numbers and characters). | All | For 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 | Yes |
| 3 | SCT | Date of Birth | Date\_Of\_Birth | Patient birth date | CHAR (8) YYYYMMDD | 1. Patient birth date is a valid date.  2. Patient birth date is between Jan 01 1900 and Date of Receipt of Referral. | All | To calculate patient age (e.g., to ensure patient is over 18 years of age at time of procedure/treatment for funding).. | Yes |  |
| 4 | SCT | Postal Code | Postal\_Code | Patient’s residential postal code. | CHAR(10) | 1. Must match any of these format masks: ANANAN, NNNNN, NNNNN-NNNN, AA  2. If matches mask ANANAN, then can’t begin with D,F,I,O,Q,U, or W  3. If matches mask of AA, then should match any entity  Valid values listed in [**Appendix-3**](#_Appendix-11:_Valid_2-digits) | All | To identify where a patient lives. | Yes |  |
| 5 | SCT | Facility Number | facility\_number | Submitting facility number | CHAR(3) | Valid Ontario facility number as per MOHLTC classification | All | To determine which facility performed procedure/treatment. | Yes | Yes |
| 6 | SCT | Date Receipt Referral | Date\_Receipt\_Referral | Date the patient referral or request for consult was received by the transplant service. | CHAR(8) YYYYMMDD | Valid date. Date of Receipt of Referral should be between Jan 01 1900 and the Date of Patient’s First Consult. | All | For wait time reporting. | Yes  Transplant Only  Optional if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |  |
| 7 | SCT | Date Patient First Consult | Date\_Patient\_First\_Consult | Date of the patient’s first consult for the transplant service. | CHAR(8) YYYYMMDD | Valid date. Date must not be later than date of transplant | All | For wait time reporting. | Yes  Transplant Only  Optional if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |  |
| 8 | SCT | Canceled flag | Canceled\_Flag | Identifies patient as no longer a candidate for transplant. | CHAR(3) | Valid values: Yes/No | All | For funding reports. | Yes  Transplant Only |  |
| 9 | SCT | Date of Transplant | Date\_Transplant | Date the transplant procedure (infusion of cells) was performed or cancelled | CHAR(8) YYYYMMDD | Valid date.  If a transplant record (i.e. not photopheresis) must be within submitting quarter  Patient must not have been previously reported as cancelled. | All | For reimbursement: to uniquely identify transplant procedure for a patient.  For wait time reporting. | Yes | Yes |
| 10 | SCT | Out of country | Out\_Of\_Country | Identifies whether the patient received the transplant out of the country. | CHAR(3) | Valid values: Yes/No | ALL | For funding and program planning. | Yes |  |
| 11 | SCT | Second Transplant Same Disease | Second\_Transplant\_Same\_Disease | Identifies whether the transplant being submitted is a second or subsequent transplant for the same disease | CHAR(3) | Valid values: Yes/No | All  (Except Receiving Centres) | To identify for exemption from wait times reporting. For funding and planning. | Yes  Optional if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |  |
| 12 | SCT | Type of Transplant | Type\_Transplant | The type of transplant. | CHAR(10) | Valid values:  Auto, Allo-R, Allo-U, Haplo | All | For trending reporting by type of transplant.  For funding and planning. | Yes  Transplant Only |  |
| 13 | SCT | Cell Source | Cell\_Source | The cell source of the transplant. | CHAR(10) | Must be one of the following values:  BM-bone marrow  PBSC-peripheral blood stem cell  UCB-umbilical cord blood  Other  (not case-sensitive) | All | For trending reporting by type of cell source.  For planning. | Yes  Transplant Only |  |
| 14 | SCT | Disease Indication Classification | Disease\_Indication\_Classification | The primary disease that is being treated. | CHAR(50) | Valid values listed in the **SCT Disease Classification Table** (**Appendix-4**). | All | For wait time and trending reporting by Disease Indication Classification. | Yes  Transplant Only |  |
| 15 | SCT | Disease Indication Classification (Other) | Disease\_Indication\_Classification\_Other | Other primary disease that disease being treated Classification is set to Other. | CHAR(50) | Free text. Only allowable characters are letters, apostrophe, (hyphen), period. Any other characters are invalid.  Only if Disease\_Indication\_Classification = 'OTHER' | All | For trending reporting by Disease Indication Classification. | Yes  Transplant Only |  |
| 16 | SCT | Post-Transplant Transfer Facility | Post\_Transplant\_Transfer | The Facility that the patient was transferred to after the transplant. | CHAR(3) | Valid Ontario facility number as per MOHLTC classification. Refer to ([**Appendix-5**)](#_Appendix-13:_MOHLTC_Master). | All | For geographical distribution reporting. | No |  |
| 17 | SCT | Post Transplant Receiving Centre Submission | Post\_Transplant\_Receiving\_Centre\_Submission | The patient was received by the reporting facility after the transplant. | CHAR(3) | Valid values: Yes/No/Null | Receiving Centres only | To identify the data as a patient from the receiving site.  If ‘Yes’ the following fields will be mandatory.   * Health\_Card\_Number * Patient\_Chart\_Number * Date\_Of\_Birth * Postal\_Code * Facility\_number * Date\_Transplant * Type\_Transplant * Cell\_Source * Disease\_Indication\_Classification * Disease\_Indication\_Classification\_Other * Date\_of\_transfer | No |  |
| 18 | SCT | Re\_Referring Facility | Re\_Referring\_Facility | The transplant centre (facility) that re-referred the patient. | CHAR(3) | Must be one of the valid facility numbers as per **Appendix-2** | All | For geographical distribution reporting. | No |  |
| 19 | SCT | Non-myeloablative transplant flag | Non\_Myeloablative\_Transplant\_Flag | Identifies patients receiving transplant using non-myeloablative approach. | CHAR(3) | “Yes” or “No” | All | For program planning and wait time reporting. | No |  |
| 20 | SCT | Date of Initial Diagnosis | Date\_Initial\_Diagnosis | Date of Initial Diagnosis by a physician for the disease indicating Stem Cell Transplant.  Can be clinical or pathological. | CHAR(8)  YYYYMMDD | Must not be later than date of match found. | All | For wait time reporting. | No |  |
| 21 | SCT | Date of HLA Typing Request | Date\_HLA\_Typing\_Request | Date when the HLA typing request was submitted to the lab by the transplant centre. If unavailable the most recent HLA typing date from another centre. | CHAR(8)  YYYYMMDD | Valid date Must be on or after date of initial diagnosis and before date match found. And transplant type must be Allo-U. | Only to Allo-U transplants | For wait time reporting. | No |  |
| 22 | SCT | Date match found | Date\_Match\_Found | Date confirmatory typing received | CHAR(8)  YYYYMMDD | Date of match found must be after the date of diagnosis and before the date of transplant. And is between Jan 01 1900 and Date of Transplant. | All | For wait time reporting. | No |  |
| 23 | SCT | Date of Bone Marrow Biopsy | Date\_of\_Bone\_Marrow\_Biopsy | Date of bone marrow biopsy where remission status was identified as sufficient to indicate transplant | CHAR(8)  YYYYMMDD | Valid dates only.  Must be a valid date before Transplant Dateand after diagnosis date. | Regular Allo-U, Allo-R or Haplo transplant records where disease indication classification is AML | For wait time reporting. | Yes  Optional if auto; if Disease classification is not AML; if Post Transplant Receiving Centre Submission is Yes; if cancelled flag is yes; if photopheresis record |  |
| 24 | SCT | AML reason for remission to transplant over 8 weeks | AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks | Reason interval from Date\_of\_Bone\_Marrow\_Biopsy to Date\_Transplant for AML was greater than 8 weeks. | CHAR(50) | Valid Values listed in [**Appendix-7**](#_Appendix_7:_) | Only for regular Allo-U, Allo-R, or Haplo transplant records where disease indication classification is AML and transplant is not canceled. | For wait time reporting.  To understand factors affecting AML Remission to Transplant | Yes, where AML date\_of\_bone\_marrow\_biopsy to Date\_Transplant is greater than 56 days (8 weeks)  Optional if auto; if disease classification is not AML; if Post Transplant Receiving Centre Submission is Yes; if cancelled flag is yes; if photopheresis record |  |
| 25 | SCT | Explanation of Logistical/Capacity reason | Explain\_Logistical\_Capacity\_Reason | Explanation of Logistical/Capacity reason where interval from Date\_of\_Bone\_Marrow\_Biopsy to Date\_Transplant for AML was greater than 8 weeks. | CHAR(50) | Free text. Only allowable characters are letters, apostrophe, (hyphen), period. Any other characters are invalid. | Only for regular Allo-U, Allo-R, or Haplo transplant records where disease indication classification is AML and AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks = Logistical/Capacity. | For wait time reporting.  To understand factors affecting AML Remission to Transplant | No, except where AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks is Logistical/Capacity |  |
| 26 | SCT | Date of first systemic treatment | Date\_First\_Systemic\_Treatment | Date of first systemic treatment | CHAR(8)  YYYYMMDD | Valid dates only. | All | For wait time reporting. | No |  |
| 27 | SCT | Date of First Salvage Chemo | Date\_First\_Salvage\_Chemo | Date of first salvage chemotherapy | CHAR(8)  YYYYMMDD | Valid dates only. | All | For wait time reporting. | No |  |
| 28 | SCT | Date of First Stem Cell Collection/Apheresis | Date\_First\_Stem\_Cell\_Collection\_Apheresis | Date the first stem cell collection or Apheresis | CHAR(8)  YYYYMMDD | Valid date and type of transplant Auto only. | Only for Auto transplants | For wait time reporting. | No |  |
| 29 | SCT | Date of Last Stem Cell Collection/Apheresis | Date\_Last\_Stem\_Cell\_Collection\_Apheresis | Date of last stem cell collection or Apheresis | CHAR(8)  YYYYMMDD | Valid dates only.  Not applicable if only a single Apheresis was done | Only for multiple apheresis | For wait time reporting. | No |  |
| 30 | SCT | Date of First Induction | Date\_First\_Induction | Date of first induction | CHAR(8)  YYYYMMDD | Valid date. It should be assigned for only Allo patients. | Only for Allo transplants | For wait time reporting. | No |  |
| 31 | SCT | Date of First Re-induction | Date\_First\_Re\_Induction | Date of first re-induction | CHAR(8)  YYYYMMDD | Valid date. It should be assigned for only Allo patients | Only for Allo transplants | For wait time reporting. | No |  |
| 32 | SCT | High Cost Drug Name | High\_Cost\_Drug\_Name | Name of drug used. | CHAR(50) | Valid values:  Thiotepa,  Carmustine | All  (Except Receiving Centres or photopherisis submissions) | For reimbursement. | No.  Mandatory if High\_Cost\_Drug\_Total\_Dose\_Administered  has a value |  |
| 33 | SCT | High Cost Drug Total Dose Administered | High\_Cost\_Drug\_Total\_Dose\_Administered | Total amount in milligrams of High Cost Drug administered to the patient. | NUM(4) | Valid values:  Carmustine: <= 700.  Thiotepa: <= 2000. | All  (Except Receiving Centres or photopherisis submissions) | For reimbursement. | No.  Mandatory if High\_Cost\_Drug\_Name  has a value |  |
| 34 | SCT | Photopheresis Treatments | Photopheresis\_Treatments | Photopheresis Treatments | NUM(2) | Number of photopheresis treatments that the patient has received within the submission quarter | Only if photopheresis treatment | For specialized photopheresis reporting | Yes  For photopheresis records only |  |
| 35 | SCT | Reason patient did not proceed to transplant | Reason\_Not\_Proceed\_To\_Transplant | Reason patient did not proceed to transplant | CHAR(50) | Valid Values listed in [**Appendix-6**](#_Appendix-26:__Reason) | All | For reporting by reason patient did not proceed to transplant. | Yes  Mandatory if Canceled\_Flag field is 'Yes' |  |
| 36 | SCT | Reason patient did not proceed –Other | Reason\_Not\_Proceed\_To\_Transplant\_Other | Free form text when reason patients did not proceed to transplant is other | CHAR(50) | Free text. Only allowable characters are letters, apostrophe, (hyphen), period. Any other characters are invalid | All | For reporting by reason patient did not proceed to transplant. | Yes  Mandatory if *Reason\_Not\_Proceed\_To\_Transplant = Other* |  |
| 37 | SCT | System Related Reason patient did not proceed to transplant | System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant | System related reason patient did not proceed to transplant | CHAR(50) | Valid values:  Yes, No, Possibly | All | For reporting on reason patient did not proceed to transplant | Yes  For Canceled\_Flag field is 'Yes' |  |
| 38 | SCT | System Issue | System\_Issue | System issue reason | CHAR(50) | Valid values:  No system issue;  Transplant Intake;  Bed availability;  HLA typing;  Stem cell collection  If System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant is "No" then System Issue must be "No System Issue". | All | For reporting on reason patient did not proceed to transplant | Yes  For Canceled\_Flag field is 'Yes' |  |
| 39 | SCT | Date of Transfer | date\_of\_transfer | Date when patient transferred to the facility after transplant | CHAR(8)  YYYYMMDD | Valid date. Date of transfer must be on or after the date of transplant.  Must not be more than 5 days after date of transplant. | All | For understanding day 1 transfers. | No  Mandatory if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |  |
| 40 | SCT | ICU admit date (1) | ICU\_admission\_1\_admit\_date | Date patient was admitted to ICU | CHAR(8) YYYYMMDD | Valid date. | All | For case costing to uniquely identify length of stay for a patient. | No |  |
| 41 | SCT | ICU admit time (1) | ICU\_admission\_1\_admit\_time | Time patient was admitted to ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient, calculate length of ICU stay. | No |  |
| 42 | SCT | ICU discharge date (1) | ICU\_admission\_1\_discharge\_date | Date patient was discharged from ICU | CHAR(8) YYYYMMDD | Valid date should be the same or greater than ICU\_admission\_1\_admit\_date | All | For case costing: to uniquely identify length of stay for a patient. | No |  |
| 43 | SCT | ICU discharge time(1) | ICU\_admission\_1\_discharge\_time | Time patient discharged from ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient.to calculate length of ICU stay | No |  |
| 44 | SCT | ICU admit date (2) | ICU\_admission\_2\_admit\_date | Date patient was admitted to ICU | CHAR(8) YYYYMMDD | Valid date.  Admission set 2 admit date should be on or after admission set 1's discharge date (if provided). | All | For case costing to uniquely identify length of stay for a patient. | No |  |
| 45 | SCT | ICU admit time (2) | ICU\_admission\_2\_admit\_time | Time patient was admitted to ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient, calculate length of ICU stay. | No |  |
| 46 | SCT | ICU discharge date (2) | ICU\_admission\_2\_discharge\_date | Date patient was discharged from ICU | CHAR(8) YYYYMMDD | Valid date should be the same or greater than ICU\_admission\_2\_admit\_date | All | For case costing: to uniquely identify length of stay for a patient. | No |  |
| 47 | SCT | ICU discharge time (2) | ICU\_admission\_2\_discharge\_time | Time patient discharged from ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient.to calculate length of ICU stay | No |  |
| 48 | SCT | ICU admit date (3) | ICU\_admission\_3\_admit\_date | Date patient was admitted to ICU | CHAR(8) YYYYMMDD | Valid date.  Admission set 3 admit date should be on or after admission set 2's discharge date (if provided). | All | For case costing to uniquely identify length of stay for a patient. | No |  |
| 49 | SCT | ICU admit time (3) | ICU\_admission\_3\_admit\_time | Time patient was admitted to ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient, calculate length of ICU stay. | No |  |
| 50 | SCT | ICU discharge date (3) | ICU\_admission\_3\_discharge\_date | Date patient was discharged from ICU | CHAR(8) YYYYMMDD | Valid date should be the same or greater than icu\_admit\_date | All | For case costing: to uniquely identify length of stay for a patient. | No |  |
| 51 | SCT | ICU discharge time (3) | ICU\_admission\_3\_discharge\_time | Time patient discharged from ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to uniquely identify length of stay for a patient.to calculate length of ICU stay | No |  |

# Appendix 1: Validations since March.2017

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Error Number** | **Error Message** | **Reject Record** | **Description** | **Remediation** |
| 320 | Invalid Type of Transplant | Y | Type of transplant: must be one of the values Auto, Allo R, Allo U, Haplo. Ignore if Photopheresis\_Treatments is not null | Select type of tranplant |
| 331 | Date must be after the initial diagnosis (for Allo-R) or after HLA typing (for Allo-U and HAPLO) and before transplant date | Y | If type of transplant is **Allo-R** then  Date of match found must be after the date of initial diagnosis and before the date of transplant.  If type of transplant is **Allo-U or HAPLO** then  Date of match found must be after the date of HLA typing and before the date of transplant.  Ignore Validation if Null  Ignore validation if date of HLA typing is null  Ignore if Photopheresis\_Treatments is not null | Enter a date that is after the initial diagnosis for Allo-R or after HLA typing for Allo-U and HAPLo and before transplant date |
| 338 | Invalid date of first induction - Type of transplant must be Allo-R or Allo-U or Haplo | Y | Date of First Induction : If this date is present, the type of transplant must be one of Allo-R or Allo-U or Haplo.  Ignore validation if null  Ignore validation if Photopheresis\_Treatments is not null | Select Allo-R or Allo-U or Haplo as the type of tranplant |
| 339 | Invalid date of first re-induction - Type of transplant must be Allo-R or Allo-U or Haplo | Y | Date of First Re-induction: If this date is present, the type of transplant must be one of Allo-R or Allo-U or Haplo.  Ignore validation if null  Ignore validation if Photopheresis\_Treatments is not null | Select Allo-R or Allo-U or Haplo as the type of tranplant |
| 671 | Date\_of\_Bone\_Marrow\_Biopsy is mandatory for Allo-U, Allo-R, and Haplo transplants with AML Disease Indication. | Y | Type of transplant: must be one of the values Auto, Allo R, Allo U, Haplo..  Disease indication classification should be AML  Ignore validation if Photopheresis\_Treatments is not null  Ignore validation if Cancelled\_Flag is “Yes”  Ignore validation if post\_transplant\_receiving\_center\_submission is “Yes” | Enter a Bone Marrow Biopsy date |
| 672 | Date\_of\_Bone\_Marrow\_Biopsy must be before date of Transplant | Y | If Date\_Of\_Bone\_Marrow\_Biopsy date is not Null and Date\_Transplant is not Null and Date\_Of\_Bone\_Marrow\_Biopsy date > Date\_Transplant | Enter a Date\_Of\_Bone\_Marrow\_Biopsy date that is before the transplant date |
| 673 | Date\_of\_Bone\_Marrow\_Biopsy refers to the bone marrow biopsy used to determine a patient's readiness for transplant and must be after date of diagnosis. | Y | If Date\_Of\_Bone\_Marrow\_Biopsy date is not Null and date\_of\_diagnosis is not Null and Date\_Of\_Bone\_Marrow\_Biopsy date < Date\_of diagnosis. | Enter a Date\_Of\_Bone\_Marrow\_Biopsy date that is after date of diagnosis. |
| 675 | AML\_Reason\_For\_Remission\_To\_Transplant\_Over\_Eight\_Weeks is mandatory where Date\_Of\_Bone\_Marrow\_Biopsy to Date\_Of\_Transplant is greater than 56 days (8 weeks) and cannot be NULL . | Y | IF Type of transplant: must be one of the values Auto, Allo R, Allo U, Haplo..  Disease indication classification should be AML  (DATE\_OF\_TRANSPLANT ) – (DATE\_OF\_BONE\_MARROW\_BIOPSY) should be > 56 DAYS,  AML\_REASON\_FOR\_TRANSPLANT\_OVER EIGHT WEEKS = NULL  Ignore validation if Cancelled\_Flag is “Yes”  Ignore validation if post\_transplant\_receiving\_center\_submission is “Yes” | Enter a value for AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks |
| 676 | If Logistical/Capacity is identified in AML\_Reason\_For\_Remission\_To\_Transplant\_Over\_Eight\_Weeks, then Explain\_Logistical\_Capacity\_Reason cannot be NULL. | Y | if the value of AML Reason for Remission to Transplant > 8 weeks is Logistical/Capacity, | Enter a value for Explain\_Logistical\_Capacity\_Reason. |
| 677 | Out\_Of\_Country is required for 'Allo-R, Allo-U ,Haplo or Auto' transplant. Please input either "YES" or "NO"​​​​​​​​​​​​​​ | Y | Type of transplant: must be one of the values Auto, Allo R, Allo U, Haplo.  Ignore validation if Photopheresis\_Treatment is not null  Ignore validation if Ignore validation if Cancelled\_Flag is “Yes” | Enter “ Yes” or “No” .  Out\_Of\_Country column should be " YES" or "No" |
| 619 | The dose value must be within the allowed range for this drug | Y | If does value is greater than the specified upper range for Carmustine (700mg) and/or thiotepa (2000mg), display error msg | Enter a dose that is lower than the upper does limit for Carmustine and thiotepa |
| 678 | Invalid “Out of Country” value. It can only be YES or NO. | Y | If “Out of Country” value is not “YES” , “NO” or “NULL” display error message | Enter the “YES” or “NO” |
| 674 | Invalid “AML Reason for Remission to Transplant Over Eight Weeks” value. | Y | ““AML Reason for Remission to Transplant Over Eight Weeks” value” must be one of the following.  Patient choice, Relapse, Donor Issue, Acquired Toxicity,Logistical/Capacity | Select correct value for ““AML Reason for Remission to Transplant Over Eight Weeks” |

# Appendix 2: Facility Numbers[[2]](#footnote-2)

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Program Title** | **Submitting Hospital** | **Facility Number** |
| 1 | Stem Cell Transplant | Kingston Health Sciences Centre (KHSC) | 978 |
| Mt. Sinai Hospital | 842 |
| Grand River Hospital Corp | 930 |
| Windsor Regional Hospital | 933 |
| Thunder Bay Regional Health Sciences Centre | 935 |
| London Health Sciences | 936 |
| Hamilton Health Sciences Corporation | 942 |
| University Health Network | 947 |
| Lakeridge Health | 952 |
| Sunnybrook Health Sciences Centre | 953 |
| The Ottawa Hospital | 958 |
| Health Sciences North | 959 |
| Niagara Health | 962 |
| Trillium Health Partners | 975 |

# Appendix 3: Valid 2-digits Postal Codes[[3]](#footnote-3)

(Source: Cancer Care Ontario's Data Book - 2012-2013, Appendix B - Province and State codes, at link https://www.cancercare.on.ca/ext/databook/db1213/databook.htm).

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



# Appendix 4: SCT Disease Indication Classification[[4]](#footnote-4)

(Source: Cancer Care Ontario's Data Book - 2012-2013, Appendix 12.1 - SCT Disease Indication Classification, at link https://www.cancercare.on.ca/ext/databook/db1213/databook.htm).

|  |  |
| --- | --- |
| **Name** | **Description** |
| AML | Acute Myeloid Leukemia |
| ALL | Acute Lymphoblastic Leukemia  (including lymphoblastic lymphoma) |
| APL | Acute Promyelocytic leukemia |
| AcuteLeukemiaOther | Acute leukemia other |
| CML | Chronic Myeloid Leukemia |
| CLL | Chronic Lymphocytic Leukemia |
| MDS/MPD | Myelodysplastic / Myeloproliferative Disease |
| MM | Multiple Myeloma |
| Amyloidosis | Amyloidosis |
| NHL | Non-Hodgkin's Lymphoma |
| HL | Hodgkin's Lymphoma |
| SAA | Severe aplastic anemia |
| Solid-Sarcoma | Solid tumours - Sarcoma |
| Solid-GermCell | Solid tumours - Germ cell tumours |
| Solid-Other | Solid tumours - Other |
| Other | Transplant indication not listed above |

# Appendix 5: MOHLTC Master Numbering System[[5]](#footnote-5)

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 Cancer Care Ontario's Data Book - 2012-2013, Appendix A: MOHLTC Master Numbering System, at link <https://www.cancercare.on.ca/ext/databook/db1213/documents/Appendix/CCO_Appendix_A_APR_12.pdf>).

# Appendix 6: Reason Patient Did Not Proceed[[6]](#footnote-6)

* Disease Related
* Donor Unavailability
* Inadequate Stem Cell Yield
* Patient Comorbidity
* Patient Preference
* Treatment Toxicity
* Other

# Appendix 7: List of reasons - AML reason for remission to transplant over 8 weeks

* Patient choice
* Relapse
* Donor Issue
* Acquired Toxicity
* Logistical/Capacity

1. Appendix 5 on databook [↑](#footnote-ref-1)
2. Appendix 3 on databook [↑](#footnote-ref-2)
3. Appendix 11 on databook [↑](#footnote-ref-3)
4. Appendix 12b on databook [↑](#footnote-ref-4)
5. Appendix 13 on databook [↑](#footnote-ref-5)
6. Appendix 26 on databook [↑](#footnote-ref-6)