GI Endoscopy Data Submission Portal (DSP): Quick Reference Guide for Endoscopists

CCO Cancer Care Ontario

Document Effective Date: February 1, 2019

Purpose: Provide endoscopists with a quick reference to the Gastrointestinal (GI) Endoscopy DSP data elements that require endoscopist and/or GI nursing expertise to support high quality data submissions to Cancer Care Ontario. Note: This guide does not contain all data elements and definitions; please refer to the GI Endoscopy DSP Data Dictionary for a complete list of data elements and their corresponding definitions.

Data Element	Options	Conditional Elements/Notes
Date of Receipt of Referral	**Enter date** → A referral date must be entered, if the indication for colonoscopy is an abnormal fecal immunochemical test (FIT), an abnormal guaiac fecal occult blood test (FOBT) or symptomatic	❗ If necessary, work with your administrative staff to ensure these elements are entered appropriately
	For existing patients in your practice, if the colonoscopy is triggered by new onset symptoms, enter the date a decision was made to investigate	
	Enter zero → If part of an ongoing cycle of screening or surveillance and there is no referral date	
Patient Self Delay	Select One → Yes / No	Select *yes* if appointment was deferred by patient after the initial booking (e.g., patient traveling, inability to contact patient)
Primary Indication	Select one → Abnormal FIT* / Abnormal FOBT* / Symptomatic	*Option only available for Primary Indication*
Secondary Indication	Select all that apply → First-Degree Relative / Survelliance / Other Screening	Primary Indication: Select the first indication that applies (ranked from top to bottom). Please note, if a patient presents with both symptoms of colorectal cancer and an abnormal FIT/FOBT, the Primary Indication should be submitted as Abnormal FIT/FOBT and the Secondary Indication should be submitted as Symptomatic. Secondary Indication: Select all that apply
Cecal Intubation	Select one → Yes / No / Not Applicable (i.e., intent was not to perform a complete colonoscopy)	Not Applicable Reason (e.g., tattooing of a known lesion)
Bowel Preparation	Very Good: Adequate / Fair: Adequate with cleaning / Poor: Inadequate, repeat procedure required	
ASA Grade	Select one → 1: Healthy / 2: Mild Systemic Disease / 3: Severe Systemic Disease / 4: Severe Systemic Disease, Life threatening / **5: Moribund**	(see ASA table below)

Grade	Examples (including, but not limited to):
ASA 2	Current smoker, social alcohol drinker, obesity (30< BMI <40), well-controlled diabetes mellitus (DM)/hypertension (HTN)
ASA 3	Poorly controlled DM or HTN, morbid obesity (BMI ≥40), alcohol abuse, history (>3 mo) of myocardial infarction (MI), cerebrovascular accident (CVA), transient ischemic attack (TIA), or coronary artery disease (CAD)/stents
ASA 4	Recent (<3 mo) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, sepsis
ASA 5	Ruptured abdominal/thoracic aneurysm, massive trauma

Data Element	Options	Conditional Elements/Notes
Abnormal Findings Present	Yes / No	If yes, select all that apply → One or More Polyps Found / Mass or Suspected Cancer Found / Other Abnormal Findings
Diagnostic/Therapeutic Procedure(s) Performed	Yes / No	If yes, select all that apply → Biopsy Performed, Non-Polypoid Tissue / Biopsy Performed, Polypoid Tissue / Snare Polypectomy Performed / Other Procedure (e.g., clipping, injection, stent placement)
Prior Inadequate/Incomplete Colonoscopy**	Yes / No	If yes, select all that apply → Poor Prep / Failed Cecal Intubation / Failure to Clear All Polyps/Incomplete Polypectomy

**Current procedure is the continuation or completion of a prior episode of colonoscopy care, regardless of whether performed in the same facility or by the same provider

November 2018
Version 1.0

Ontario Cancer Care Ontario