ChemoCare Version 6.05
Statement of Compliance with SACT Dataset V3

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<table>
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<tr>
<th>Date</th>
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1 Introduction

This document has been created by CIS Oncology to assist you in preparing to use ChemoCare to submit NHSE SACT dataset V3. (SACT V3). In order to do this you will need ChemoCare Version 6.05 (CCV6.05), the updated ChemoCare SACT mapping tool (CCSMT) containing the SACT V2 and V3 reports.

Please note that all previous versions of ChemoCare cannot be used to return SACT V3 as the new outcome and intent fields are not supported.

Our intention is to ensure that the whole dataset can be collected, however this is subject to the SACT V3 data set remaining as currently described in the CIU publication Systemic Anti-Cancer Therapy Data Set: User Guide – Version 3.0.1 Final (SACT V3 user guide) and that your configuration and clinical use of the system supports the extract approach described in this document. As there is one field for the recording of a SNOMED CT for a given diagnosis the full gamut of SNOMED CT diagnoses may not be recorded against a single indication in ChemoCare. However, depending on the configuration of your disease tree it possible to match some SNOMED CT codes for example:

For malignant breast tumours the SNOMED CT code is 254837009 and so could be matched to the ICD 10 code C50.9

If your tree is configured to capture the quadrants of the breast then

- C50.2 Upper-inner quadrant of breast can be matched to SNOMED CT 373082000
- C50.3 Lower-inner quadrant of breast can be matched to SNOMED CT 373080008
- C50.4 Upper-outer quadrant of breast can be matched to SNOMED CT 37308005
- C50.5 Lower-outer quadrant of breast can be matched to SNOMED CT 373081007
- C50.6 Axillary tail of breast can be matched to SNOMED CT 372094002

Please note that the SNOMED CT code for diagnosis is an optional field for SACT V3.

The configuration options and reports described in this document are designed to enable ChemoCare users to plan a seamless transition from SACT V2 to SACT V3.
2 SACT V3 ChemoCare Configuration Options

ChemoCare version 6.05 has a number of new configuration options that enable the collection of the SACT V3. These fields are seen during the creation and closure of a programme where the new data items are collected. The new code lists required to collect SACT V3 have been designed with some intelligence so they are only displayed when a user is required to complete them.

The new fields on the programme screen are:
- Therapy Type (Adjunctive Therapy in the SACT V3 dataset).
- Palliative Intentions – only displayed if a palliative intent is selected.

The new fields on the close programme screen when the intent is curative are:
- Outcome Summary Curative Treated as Planned (only displayed for curative treatments).
- Outcome Summary Curative – Not Completed as Planned Reason (only displayed for curative intent when no is selected in the above field).
- Outcome Summary Curative – Other a free text field that is only displayed if the user has selected other in the field above
- Outcome Summary Non Curative.
- Outcome summary toxicity.

These fields are enabled in system settings.

Please note that the codes associated with the selectable options within these code lists are critical to the successful collection of the dataset. Your system will be supplied with the correct codes in the code lists. You are able to make changes to them however, if changes are made you run the risk of creating a non-compliant report.

2.1 Configuring ChemoCare to Collect SACT V3 Intent & Outcomes

There are three configuration settings that control the display of the new SACT V3 fields on the programme screen. Once the fields are enabled you will need to mandate their completion.

Whilst every effort has been made to streamline the move from collecting SACT V2 to SACT V3 there are a number of limitations that must be accommodated in your switch over plan and instructions to users.

1. The Therapy Type field is permanently displayed and whilst SACT V2 intents are being collected should be left blank. This is because the SACT V3 report extract that is written to enable SACT V2 intent entries to be converted to a SACT V3 format requires this field to be blank. The rules for the conversion of SACT V2 to V3 intent are set out in the CIU publication Project Support Dataset V3 Logic Document v2.5.
2. Once the new outcome fields are switched on the old outcome field cannot be completed by users.
3. The new outcome fields are stored separately from the old outcome fields so the V2 report cannot be used to collect outcomes after the switchover.
4. The old outcome field is still populated by the auto close function and the outcome closed by system will be displayed on the programme tile on the
programme screen. Once the new outcome field is populated the closed by system intent will disappear from the programme tile.
5. The new outcomes are not displayed on the programme tile.
6. There is no conversion rule base for the conversion of SACT V2 outcomes to SACT V3 outcomes so these must be collected in CCV6.05

2.1.1 Enabling the Display of the SACT V3 Intent & Outcome Fields
1. Select the Utilities tile on the home screen
2. Select Settings
3. Select prescribing functions
4. Enable the outcome fields by sliding the slider to on.

The following screens will be displayed. These will either supplement or replace the existing fields.

1. **Display palliative intentions option**
   Only displayed if palliative is selected in the intent field, this field enables multiple palliative intents to be recorded.

2. **Display new SACT outcome fields option**
   When switched to on will enable the new outcome fields above with the exception of the new toxicity field. The fields displayed are dependent on the programme.
intent and fields selected. For curative intent if “No” is selected in the outcome summary curative treated as planned field the “reason” field is displayed. If “other” is selected in the reason field the free text field “other outcome …” is displayed. The reason field is designed to enable the user to select more than one option.

Outcome fields displayed for the curative intent

Outcome fields displayed for a non-curative intent

3. **Display new SACT outcome summary toxicity**
   When switched to on displays the “outcome summary toxicity” field. Displayed for all treatment intents.
2.1.2 Mandating the SACT V3 intent and Outcome Code Lists

The new code lists may be made mandatory so that users are forced to select a value before saving.

To make a field mandatory:
1. Select reference tables tile from the home screen
2. Select the code list tile
3. Select the code list to be made mandatory
4. Tick the mandatory box.
5. Select save at the bottom of the screen

Please note the co-morbidity code list is now displayed under the reference tile. Please continue to use the configuration options in “settings” to mandate the entry of this field.

2.2 Code Requirements for Intent, Adjunctive Therapy and Outcomes

The codes contained within the fields drive the extract rules that populate the report and in ChemoCare, the display of appropriate fields during system use. This section explains what codes must be in each code list to ensure that the SACT V3 report works as expected.

2.2.1 Adjunctive Therapy (Therapy Type) Code List

The therapy type code list must contain the following codes and a blank. The report pulls the codes directly from ChemoCare so if you make any changes to the codes the resultant upload may be rejected.

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjuvant</td>
</tr>
<tr>
<td>2</td>
<td>Neoadjuvant</td>
</tr>
<tr>
<td>3</td>
<td>Not Applicable (Primary Treatment)</td>
</tr>
<tr>
<td>9</td>
<td>Not Known</td>
</tr>
</tbody>
</table>
2.2.2 Intent Field Code List

The code list required for SACT V3 compliance is not identical to the list in the SACT V3 User Guide. This is because the SACT V3 extract routine corrects the coding for C and when P is present in this field, and uses the P code as the rule for extracting the codes contained in palliative intent.

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Curative</td>
</tr>
<tr>
<td>P</td>
<td>Palliative</td>
</tr>
<tr>
<td>98</td>
<td>Other</td>
</tr>
<tr>
<td>99</td>
<td>Not Known</td>
</tr>
</tbody>
</table>

Please ensure that ALL your SACT V2 intents, including those that are compliant with SACT V2 requirements are mapped in the CCSMT. This is because the SACT V3 report uses this mapping to convert SACT V2 intent to SACT V3 intent.

If any of your non-compliant SACT V2 intents are mapped in the mapping tool these will be mapped to SACT V3 using the code in the CCSMT.

SACT V2 intents mapping requirements

Intent codes from V2 that must be present for SACT V3 compliance.
   C – Curative
   P – Palliative

Both free text entries must be spelt correctly and must use the code C and P. The SACT V3 extract routine amends the code so that 01 is reported for curative and the codes for palliative are obtained from the palliative intentions field.

Intent codes that must be archived for SACT V3 compliance
   Neo-adjuvant
   Adjuvant
   Disease Modification
   Any other non-compliant intent

Once an intent is archived it is displayed in the intent field but is greyed out. **Please note that a programme with an archived intent, once closed may not be reopened and used for treatment.**

Intent codes that must be added
   98 – Other
These fields must only be used when the configuration options for SACT V3 are enabled and you are going to use the SACT V3 extract routine, see section 4 for preparation advice.

### 2.2.3 Palliative Intent Code List

The palliative intent code list is designed to collect multiple palliative intents to comply with SACT V3 dataset. All other intent types only require the selection of one intent. The SACT V3 extract routine populates the report with the codes contained in this list so to achieve a compliant report they must be as described in the SACT V3 user guide. The system is supplied with the code list populated, you may make changes to the free text descriptors but not the codes.

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Palliative – Aiming to extend life expectancy</td>
</tr>
<tr>
<td>03</td>
<td>Palliative – Aiming to relieve/control symptoms</td>
</tr>
<tr>
<td>04</td>
<td>Palliative – Aiming to achieve remission</td>
</tr>
<tr>
<td>05</td>
<td>Palliative – Aiming to delay tumour progression</td>
</tr>
</tbody>
</table>

### 2.2.4 Outcome Code Lists

There are three outcome code lists associated with the SACT V3 outcome requirements. With the exception of the code “other” in curative not treated as planned reason codes, the SACT V3 extract routine populates the report with the codes contained in this list so to achieve a compliant upload they must be coded as described in the SACT V3 user guide.

When you enable the new outcome field you will no longer be able to access the old outcome field and the SACT V3 report does not use this field. The auto close still populates the old outcome field with “closed by system”. In the first instance this will be used to assist users to complete outcomes. Please refer to section 3.6 for details.

*Please note that in the curative intent reason list the code for other is OTH, the extract puts a 5 in the report when this code is found. Do not change the code as ChemoCare is using it to prompt the display of free text field curative outcome other field.*

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Yes</td>
</tr>
<tr>
<td>N</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Progressive/recurrent cancer</td>
</tr>
<tr>
<td>2</td>
<td>Toxicity</td>
</tr>
<tr>
<td>3</td>
<td>Death</td>
</tr>
<tr>
<td>4</td>
<td>Patient choice</td>
</tr>
</tbody>
</table>
2.2.5 Editing a Code

If you wish to make some changes to the code lists you may do so using the method described below. If you are intending to collect all of your SACT V3 dataset from CC please ensure that your code lists comply with the lists and rules described in this document.

To change the free text associated with the codes:
1. Select codes tile in reference tables.
2. Select the required code list from the drop down list at the top of the screen
3. Click on the code to be changed
4. Select Edit from the bottom of the screen
5. Make changes in the description box
6. Click save at the bottom of the screen

2.2.6 Archiving a Code

You will need to archive codes in the intent code list.

To archive an intent on the intent code list:
1. Select Reference Tables tile from the home screen
2. Select the codes tile
3. Select intent from the drop down list of codes
4. Highlight a code to be archived and select the minus icon
5. Select yes on the green slider

2.3 Mandating Height and Weight

The height and weight entry can be made a mandatory requirement on the treatment planning screen. This is a system wide setting and so when enabled is applied to the whole system.

To mandate the entry of height and weight:
1. Select Utilities tile from the home screen
2. Select Settings
3. Select Prescribing Functions
4. Move the move the mandatory weight selection allocation to on

- mandatory weight selection at allocation: off
- display new sact outcome fields: on
- display new sact outcome summary toxicity: on
- display palliative intentions: on
- display line of treatment: on

Display this field on the programme screen.
5. Select save at the bottom of the screen
6. Log out and back in again to activate the change
3 New Features in the SACT Mapping Tool (CCSMT)

Two new features have been introduced in the CCSMT to enable a coded unit of measure and the dm+d code for drugs to be collected. The coding of the units of measure is achieved by mapping the “ChemoCare Units” code list to the SACT V3 code list set up in the map code list function in the CCSMT. An additional field has been added to the drugs and can be populated from the drug admin tile in the CCSMT.

3.1 Setting Up the CCSMT to Report Units of Measure

Your units of measure in ChemoCare are set up in the “ChemoCare Units” code list where you are able to set up a code and a free text description for any unit of measure you wish to use in your regimens. To enable the collection of units of measure in the required format, the ChemoCare Units you have set up in ChemoCare need to be mapped to the SACT V3 code list Unit of Measure per actual dose (data item 53). This involves setting the SACT V3 units of measure code list in the CCSMT then mapping your ChemoCare Units to the codes you have entered.

3.1.1 Entering the SACT V3 Units of Measure in the CCSMT

This section explains how to set up the SACT V3 units of measure code list.

1. From the main screen in the mapping tool select the “Code Admin” tile.
2. On the Code Admin screen click on the plus sign. A new blank code list line will appear at the top of the list of existing codes.
3. Four fields are displayed the first field will default to active and this should not be changed. For the remaining fields enter the appropriate codes displayed in the list below. On completion of each code select save on the right-hand side of the screen.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>SNOMED CT dm+d code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>mg</td>
<td>258684004</td>
</tr>
<tr>
<td>02</td>
<td>Mcg</td>
<td>258685003</td>
</tr>
<tr>
<td>03</td>
<td>g</td>
<td>258682000</td>
</tr>
<tr>
<td>04</td>
<td>Units</td>
<td>408102007</td>
</tr>
<tr>
<td>05</td>
<td>Cells</td>
<td>10693211000001102</td>
</tr>
<tr>
<td>06</td>
<td>x10^6PFU</td>
<td>n/a</td>
</tr>
<tr>
<td>07</td>
<td>x10^8PFU</td>
<td>n/a</td>
</tr>
<tr>
<td>98</td>
<td>Other</td>
<td>74964007</td>
</tr>
<tr>
<td>99</td>
<td>Not known</td>
<td>261665006</td>
</tr>
</tbody>
</table>

4. When you have entered the list above. You can then map the ChemoCare Units code list to this list.

### 3.1.2 Mapping the ChemoCare Units to the SACT V3 UOM code list

The CCSMT is linked to ChemoCare so that your ChemoCare units are automatically displayed in the mapping tool.

1. From the main screen select the “Map Codelist” tile
2. The ChemoCare Units Code List is displayed at the bottom of the screen
3. Highlight the ChemoCare Unit to be mapped. Then highlight the SACT V3 code. The mapped code will appear in the mapped unit column. You can map multiple ChemoCare units to a SACT V3 UOM code.

4. You can delete a mapping by ticking the delete box and selecting the delete icon.

*Please note:* If a ChemoCare unit code is not mapped to a SACT V3 UOM code the report will enter a value of 98 (other) in the UOM field (53) of the report and enter the free text field for the ChemoCare Units in the report field “other -UOM per actual dose”.

### 3.2 Setting Up dm+d Codes to Drugs in the CCSMT

To collect the dm+d code for a drug in your SACT V3 report you will need to add the dm+d codes to each drug from the drug admin map your ChemoCare drugs from the map drug file. Please the dm+d field is an optional field and the dm+d level has not yet been agreed. We have embedded two documents that contain the VTM dm+d code for most SACT drugs.

#### 3.2.1 Adding a dm+d code

1. On the main screen of the CCSMT select the drug admin tile
2. Search for a drug using the search facility or click on the tick box to select the drug and click on edit
3. Enter the dm+d code in the field labelled dm+d.

### 3.3 Reports provided with CCSMT

The SACT V3 CCSMT is provided with 5 reports so that you can move to SACT V3 at your convenience.

1. **SACT V2 report (will be either given or authorised depending on which one you currently use)**
   
   The SACT V2 report is unchanged and will run in the same way as the previous mapping tool. Whilst you are intending to report SACT V2 do not make any configuration changes in V6.05 that will impact on the SACT V2 report rules.

2. **SACT V2 Outcomes**

   SACT V2 outcomes has been amended so that it will report all patients whose programmes have been “closed by the system”. This report will be used to provide a list of patients that require a user to enter a SACT V3 outcome. To report outcomes for patients that have not received treatment for 3 months you will need to set your auto close function to around 90 days. You find the instructions for this in section 3.5 below.

3. **SACT V3 Authorised**

   Generates the SACT V3 upload for drug lines that are marked as authorised. If you currently use the SACT V2 report that reports drug lines marked as authorised you may wish to move to using the report “given” report. We have supplied both reports so that you may swap at a convenient time without having to ask us to change your reports.
4. **SACT V3 Given**
Generates the SACT V3 upload based for drug lines that are marked as given.

5. **SACT V3 Outcomes**
Generates the SACT V3 outcomes report where an outcome has been entered in the new outcome fields. If these fields are blank in the database the drug line will not appear on the list.

3.4 **Running Reports in the CCSMT**
Multiple reports can be run from the report extract.
1. Select the report extract tile from the main screen in the CCSMT
2. Select the required report from the drop down list
3. Select the required treatment location
4. Select the required start date for the report
5. Select the required end date for the report
6. Click on the arrow to run the report.
7. On completion of the process the download button will appear
8. Click on download and the CSV file will be ready for review.

**Report Extract Screen**
3.5 Checking/ Setting Up your Auto Close Function in CCV6.05

You are likely to have configured the auto close functionality to assist your users in entering outcomes in ChemoCare for SACT V2. If this feature is not already configured we recommend you do this to assist you in reporting SACT V3 outcomes.

1. In V6.05 select the utilities tile from the home screen
2. Select the settings tile
3. Select system set up
4. Adjust the two settings to prompt users and auto close the programme

<table>
<thead>
<tr>
<th>careepcloseprompt</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>System prompt to close a programme (care episode) - if the number of days set for this option is less than the number of elapsed days between the last review date of the last cycle attached to the programme the user will be prompted to close the programme.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>careepcloseauto</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>System automatically close a programme (care episode) - if the number of days set for this option is less than the number of elapsed days between the review date of the last cycle attached to the programme (care episode) the programme will be automatically closed by the system.</td>
<td></td>
</tr>
</tbody>
</table>

Auto close and auto prompt settings

3.6 Prompting the Completion of Outcomes

The upload of SACT V3 outcomes becomes mandatory next year. If you wish to collect the outcomes in ChemoCare we have provided a method for checking that outcomes have been entered for patients that have not had treatment for >>>>>>>> months and so require an outcome to be uploaded. For the upload requirements please refer to the SACT V3 outcome guidance supplied by the CIU.

You will have set up the auto close feature in V6.05 this will close the programmes for any patient whose record has been inactive for 90 days after the last review date. The auto close will enter closed by the system in the OLD intent field which, once you have enabled the new intent fields will not be visible in the close programme screen.

To obtain a list of patients whose OLD intent field is “closed by the system” you run the old outcome report for the period of interest from the report extract. You can upload the report into a spreadsheet in the normal way (please refer to the SACT Mapping Tool User Guide) and use the list to prompt users that an outcome must be entered. The report may be ran multiple times until there are no patients reported.

Once there are no patients reported for a given period the SACT V3 outcome report can be run for the same period. This report should display the same patients with SACT V3 outcomes. Once validated against the closed by system list the report can be uploaded.
4 Preparation Action Plan and Check List

In order to prepare to report the SACT dataset V3 there are a number of things that you will need to do. Some can be done before you go live with V6, some require V6 functionality and some will require configuration of the CCSMT.

Please note the actions described in this section assume that your current version of ChemoCare and your CCSMT are set up to collect SACT V2.

4.1 Things that can be done in advance of your switch to collect SACT V3:

1. If you need to amend your disease tree to align with the SACT user guide diagnosis requirements you may do this in any version of ChemoCare. If you are still using ChemoCare version 5 these changes will be migrated to version 6 at go live. Please note in the disease tree configuration you are able to apply one SNOMED CT code per selectable indication.

2. If you wish to add dm+d codes to your drugs you will do this in the CCSMT in new fields designed for this purpose. If you want to extract the dm+d code you will need to map your ChemoCare drugs to the drugs you have set up in the CCSMT. You may map more than one ChemoCare drug to a drug name in the CCMST.

3. You will need to map your ChemoCare units of measure in the CCSMT so that they can be coded in line with the SACT V3 requirements and you may add a SNOMED CT dm+d code. If you don’t map your routes the extract will assume these are “other” (please refer to the SACT V3 user guide for definition) and populate the report in line with the requirement.

4. You may mandate the recording of height and weight on the treatment planning screen.

5. If you haven’t already done so you will need to add the national codes (and optionally the SNOMED CT codes) to your routes of measure.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>SNOMED CT dm+d code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Intravenous</td>
<td>47625008</td>
</tr>
<tr>
<td>02</td>
<td>Oral</td>
<td>26643006</td>
</tr>
<tr>
<td>03</td>
<td>Intrathecal</td>
<td>72607000</td>
</tr>
<tr>
<td>04</td>
<td>Intramuscular</td>
<td>78421000</td>
</tr>
<tr>
<td>05</td>
<td>Subcutaneous</td>
<td>34206005</td>
</tr>
<tr>
<td>06</td>
<td>Intra-arterial</td>
<td>58100008</td>
</tr>
<tr>
<td>07</td>
<td>Intrapерitoneal</td>
<td>38239002</td>
</tr>
<tr>
<td>08</td>
<td>Other intracavity intracavernous</td>
<td>372461007</td>
</tr>
<tr>
<td>09</td>
<td>Intravesical</td>
<td>372471009</td>
</tr>
<tr>
<td>11</td>
<td>Cutaneous</td>
<td>6064005</td>
</tr>
<tr>
<td>12</td>
<td>Intradermal</td>
<td>372464004</td>
</tr>
<tr>
<td>13</td>
<td>Intratumour</td>
<td>447122006</td>
</tr>
<tr>
<td>14</td>
<td>Intralesional</td>
<td>372466002</td>
</tr>
<tr>
<td>98</td>
<td>Other</td>
<td>74964007</td>
</tr>
</tbody>
</table>

6. Check all your SACT V3 outcome code lists are populated with the required list see section 3 for details.
7. Ensure all your SACT V2 codes are mapped in the CCSMT.

4.2 Things you need to do just before you switch to collecting SACT V3

1. Archive unwanted treatment intents on your intent code list in V6. Add the new intent fields. Please refer to section 2 of this document for the changes required.
2. Switch on the palliative intent field.
3. Switch to the new outcome fields you will need to switch these on in the ChemoCare system configuration options. Please refer to section 2 of this document for details.
## 5 SACT Dataset V3 – Data items in ChemoCare

<table>
<thead>
<tr>
<th>SACT Item No</th>
<th>SACT Data Item</th>
<th>Conditions of Compliance</th>
<th>System Configuration changes required</th>
<th>Extract Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NHS number</td>
<td>The NHS number is downloaded from PAS using an appropriately configured interface.</td>
<td>None</td>
<td>The ChemoCare SACT extract is fully compliant with this requirement. The SACT portal will also accept CHI numbers (Scottish equivalent of the NHS number) so where a CHI number is entered into the NHS number data field in ChemoCare this will be extracted by the SACT extract.</td>
</tr>
<tr>
<td>44</td>
<td>Local Patient Identifier</td>
<td>Multiple local numbers can be stored against a patient record.</td>
<td>None</td>
<td>Where a local number exists and an NHS / CHI number is not available in ChemoCare, the SACT extract will populate this field.</td>
</tr>
<tr>
<td>43</td>
<td>NHS Number Status Indicator code</td>
<td>The NHS number validation is downloaded from PAS via an appropriately configured PAS interface. This validation status cannot be added to ChemoCare in any other way.</td>
<td>None</td>
<td>When the status is present in ChemoCare the SACT extract will populate the report with the appropriate code.</td>
</tr>
<tr>
<td>45</td>
<td>Person Family Name</td>
<td>Downloaded from PAS via an appropriately configured PAS interface or can be entered manually</td>
<td>None</td>
<td>Extracted directly from ChemoCare using the ChemoCare SACT extract</td>
</tr>
<tr>
<td>46</td>
<td>Person Given Name</td>
<td>Downloaded from PAS via an appropriately configured PAS interface or can be entered manually</td>
<td>None</td>
<td>Extracted directly from ChemoCare using the ChemoCare SACT extract</td>
</tr>
<tr>
<td>2</td>
<td>Date of Birth</td>
<td>Downloaded from PAS via an appropriately configured PAS interface. The date of birth can be entered manually.</td>
<td>None</td>
<td>The date of birth field is mapped to match the SACT requirements by the ChemoCare SACT extract.</td>
</tr>
<tr>
<td>47</td>
<td>Person Stated Gender</td>
<td>Gender is stored in ChemoCare and as either F – female or M-male. Mapping to SACT format is required. The gender can be entered manually</td>
<td>None</td>
<td>The gender entries in ChemoCare are mapped to the values 1 and 2 by the ChemoCare SACT extract.</td>
</tr>
<tr>
<td>No.</td>
<td>Field</td>
<td>Description</td>
<td>Example/Notes</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Patient Postcode</td>
<td>Downloaded from PAS (where a PAS interface exists), can also be entered manually.</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Consultant GMC code</td>
<td>The consultant GMC code is stored in ChemoCare as a field in “consultants set up” in the utilities menu item in ChemoCare. The field must be manually populated.</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Consultant Speciality Code</td>
<td>The consultant speciality code is stored in ChemoCare as a field in “consultants set up” in the utilities menu item in ChemoCare. The field must be manually populated.</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Organisation Code (provider)</td>
<td>The organisation code is stored in ChemoCare as a field defined when a treatment location is configured. The organisation code must be entered manually.</td>
<td>Add code when new locations are added</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Primary Diagnosis</td>
<td>ICD10 is stored against any selectable indication in the disease tree. The disease tree must be configured to comply with the coding list in appendix A of Systemic Anti-Cancer Therapy Dataset: user guide 3.0.1 final. ICD -10 code is entered into ChemoCare without any full stops.</td>
<td>Review disease tree configuration</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Morphology</td>
<td>ICD O3 can be stored against selectable indications in the disease tree. This must be entered manually.</td>
<td>Review disease tree</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Diagnosis code (Snomed CT)</td>
<td>A field is available to enter a Snomed CT code for a selectable indication in the disease tree.</td>
<td>Pilot please refer to SACT team for advice</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Adjunctive Therapy</td>
<td>Selected from field on programme screen called therapy type. This is a Can only be entered in ChemoCare version 6.05 and</td>
<td>The code associated with the selected option is extracted directly from ChemoCare.</td>
<td></td>
</tr>
</tbody>
</table>

The ICD-10 code is extracted in the format entered in ChemoCare.

The ICD-10 code is extracted in the format entered in ChemoCare.

The organisation code of the provider is defined as the location that the prescriber is logged into when the treatment is allocated.

The care professional main speciality code will be extracted by the SACT extraction tool no mapping is required. The code extracted will be the consultant assigned as the managing consultant in the ChemoCare programme.

The consultant GMC code will be extracted by the SACT extract no mapping is required. The GMC code extracted will be the consultant assigned as the managing consultant in the ChemoCare programme.

The code associated with the selected option is extracted directly from ChemoCare.

The organisation code of the provider is defined as the location that the prescriber is logged into when the treatment is allocated.

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The organisation code of the provider is defined as the location that the prescriber is logged into when the treatment is allocated.

The care professional main speciality code will be extracted by the SACT extraction tool no mapping is required. The code extracted will be the consultant assigned as the managing consultant in the ChemoCare programme.

The ICD-10 code is extracted in the format entered in ChemoCare.

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<table>
<thead>
<tr>
<th></th>
<th>Field Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Intent of Treatment</td>
<td>The intent of treatment is selected on the programme screen. A second intent field is available where one or more of the palliative intent options can be selected. Please note the code list will need to be amended and the unwanted codes archived. Can only be entered in ChemoCare version 6.05 and beyond. The extract tool will derive the required code(s) based on the selections made in both boxes.</td>
</tr>
<tr>
<td>16</td>
<td>Regimen Name</td>
<td>Regimen name entered into ChemoCare unless the regimen has been mapped in the ChemoCare SACT mapping tool. None Extracted from ChemoCare or from the ChemoCare SACT mapping tool.</td>
</tr>
<tr>
<td>17</td>
<td>Person Height at start of regimen</td>
<td>Height entered to calculate body surface area for first cycle. This field can now be made compulsory using a configuration option. Option to enable mandatory completion Extracted from directly from ChemoCare.</td>
</tr>
<tr>
<td>18</td>
<td>Person Weight at start of regimen</td>
<td>Weight entered to calculate body surface area for the first cycle. This field can now be made compulsory using a configuration option. Option to enable mandatory completion Extracted directly from ChemoCare.</td>
</tr>
<tr>
<td>50</td>
<td>Performance status at start of regimen – Adult</td>
<td>Entered on the treatment planning screen. Not compulsory. Archive unwanted codes Extracted from ChemoCare if patient is defined as adult. (see definition)</td>
</tr>
<tr>
<td>20</td>
<td>Co-morbidity adjustment</td>
<td>Entered on treatment planning screen. None Extracted directly from ChemoCare</td>
</tr>
<tr>
<td>21</td>
<td>Date decision to treat</td>
<td>Entered on programme screen None Extracted from ChemoCare date format adjusted to meet SACT dataset requirement.</td>
</tr>
<tr>
<td>22</td>
<td>Start date of regimen</td>
<td>Defined in ChemoCare as day one of cycle one of a prescribed regimen. None Extract from ChemoCare and date adjusted to meet SACT dataset requirement.</td>
</tr>
<tr>
<td>23</td>
<td>Clinical Trial</td>
<td>Derived from the trial flag configured in the regimen build. None ChemoCare SACT extract looks for trial flag and enters the appropriate code in the SACT report.</td>
</tr>
<tr>
<td>26</td>
<td>Cycle number</td>
<td>Cycle number taken from treatment summary screen. Display number and cycle renumbering functionality must be used None Extracted directly from ChemoCare display number. Where display number does not exist the cycle number is extracted.</td>
</tr>
<tr>
<td>No.</td>
<td>Field Description</td>
<td>Description</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>27</td>
<td>Start date of cycle</td>
<td>The start date of each cycle, the first drug administration day in each cycle is recorded.</td>
</tr>
<tr>
<td>28</td>
<td>Weight at start of cycle</td>
<td>The weight used for the dose calculation for the cycle.</td>
</tr>
<tr>
<td>51</td>
<td>Performance status at start of cycle – Adult</td>
<td>The most recent performance status entered into ChemoCare based on day one of the cycle. ChemoCare can be configured with a PS validity period.</td>
</tr>
<tr>
<td>31</td>
<td>Drug name</td>
<td>Drug name set up in ChemoCare unless it is mapped to the BNF list set up in ChemoCare SACT Mapping Tool.</td>
</tr>
<tr>
<td>52</td>
<td>DM+D</td>
<td>Entered in the ChemoCare SACT mapping tool or extracted from FDB data.</td>
</tr>
<tr>
<td>32</td>
<td>Actual dose per administration</td>
<td>Dose recorded as given in ChemoCare.</td>
</tr>
<tr>
<td>53</td>
<td>Unit of measure per actual dose</td>
<td>Unit of measure in ChemoCare mapped in the ChemoCare SACT Mapping Tool.</td>
</tr>
<tr>
<td>54</td>
<td>Other – Unit of measure per actual dose</td>
<td>Units of measure that has been mapped to other in the CCSMT.</td>
</tr>
<tr>
<td>55</td>
<td>Unit of measure (Snomed CT dm+d)</td>
<td>Unit of measure mapped in CCSMT.</td>
</tr>
<tr>
<td>33</td>
<td>Administration route</td>
<td>Routes of administration defined and coded in ChemoCare.</td>
</tr>
<tr>
<td>56</td>
<td>Route of administration (Snomed CT dm+d)</td>
<td>Routes coded in ChemoCare.</td>
</tr>
<tr>
<td>Page</td>
<td>Administration date</td>
<td>Date the drug is recorded as given</td>
</tr>
<tr>
<td>------</td>
<td>----------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>35</td>
<td>Organisational code of provider for each administration</td>
<td>The code is added to ChemoCare in the treatment location set up.</td>
</tr>
<tr>
<td>38</td>
<td>Regimen modification dose reduction</td>
<td>Dose changes recorded in ChemoCare</td>
</tr>
<tr>
<td>57</td>
<td>Regimen outcome summary curative</td>
<td>New field in ChemoCare</td>
</tr>
<tr>
<td>58</td>
<td>Regimen outcome summary curative not completed as planned reason</td>
<td>New field in ChemoCare</td>
</tr>
<tr>
<td>59</td>
<td>Regimen outcome summary curative not completed as planned reason is OTHER</td>
<td>New free text field in ChemoCare</td>
</tr>
<tr>
<td>60</td>
<td>Regimen Outcome summary – non curative</td>
<td>New field in ChemoCare</td>
</tr>
<tr>
<td>61</td>
<td>Regimen outcome toxicity</td>
<td>New free text field in ChemoCare</td>
</tr>
</tbody>
</table>