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**The American College of Radiology**

# **CT Colonography Registry**

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## Data Dictionary

December 6, 2023



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**Revisions**

<b>Date</b>	<b>Description of Revisions</b>
April 3, 2008	Original issue
September 17, 2008	<u>Exam Form</u> "Referred from same day colonoscopy" changed to "Referred from incomplete colonoscopy" "Type of study" selections revised "Collimation" changed to "Detector row size" "CTDI <sub>vol</sub> " added "kVp", "Effective mAs" and "Quality reference mAs" deleted "Decubitus image acquisition" added <u>Polyp Form</u> "Date of confirming colonoscopy" changed to "Date of reference exam"
April 29, 2010	<u>Exam Form</u> Additional explanation for "Type of Study" added
December 8, 2010	<u>Polyp Form</u> "Surgery performed" option added
May 14, 2014	<u>Exam Form</u> Range of permitted values for "Slice thickness" and "Interval" changed to values between 0.100 mm and 7.000 mm Reference to examples of "Clinically significant extracolonic finding(s)" added <u>Polyp Form</u> "Patient lost to follow-up" option added
March 17, 2016	<u>Item 204</u> Examples of 'Screening, high risk'
September 8, 2017	<u>Item 214</u> CTDI <sub>vol</sub> should be the sum of the values of all series
August 18, 2018	<u>Scanner Form</u> Added <u>Exam Form</u> Updated Manufacturer to include "Toshiba"
October 9, 2018	<u>Item 109</u> Reconstructed image wording added <u>Item 213</u> Header changed
April 4, 2019	<u>Item 213</u> Added Other and Unknown
December 18, 2019	<u>Item 106 – Detector row size</u> "0.5 mm" added <u>Item 107 – Detector row size, other</u> Minimum value changed to 0.5 mm <u>Item 317 – Detector row size</u> "0.5 mm" added <u>Item 318 – Detector row size, other</u> Minimum value changed to 0.5 mm

## CTC Data Dictionary

April 23, 2020	<p><u>Item 303.1</u> "Rescheduled Examination"</p> <p><u>Item 303.2</u> "Originally Scheduled Examination Date"</p> <p><u>Item 303.3</u> "Reason for Rescheduling" added</p>
May 28, 2020	<p><u>Item 303.2</u> Updated language to state "Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam."</p>
July 28, 2020	<p><u>Item 303.3</u> Updated language to reflect "COVID/coronavirus"</p>
November 18, 2020	<p><u>Items 101-112</u> No Longer Used</p> <p><u>Items 311-318, 320-324</u> No Longer Used</p> <p><u>Item 328.1</u> "At least one polyp ≥ 10 mm, Yes, Select all that apply" added</p> <p><u>Item 328.2</u> "Histopathology of polyp(s), Select all that apply" added</p> <p><u>Item 328.3</u> "At least one polyp ≥ 10 mm, Yes, Select all that apply, Confirmed at optical colonoscopy, Histopathology of polyp(s), Other" added</p> <p><u>Items 329-332</u> No Longer Used</p> <p><u>Item 334</u> Removed "Obstruction," "Recent polypectomy," "Rectal tube trauma," "Prior surgery" Added "Unknown," "Preceding optical colonoscopy," "CTC rectal tube trauma"</p> <p><u>Item 335.1</u> "E Score" added</p> <p><u>Items 336-338, 340-341</u> No Longer Used</p> <p><u>Items 401-411</u> No Longer Used</p>
December 23, 2020	<p><u>Item 328.1</u> "Unknown (e.g., outside medical records not available" changed to "It is unknown whether an optical colonoscopy was performed (e.g., outside medical records not available)" "Confirmed at optical colonoscopy" changed to "Confirmed at optical colonoscopy or surgery" "Not seen at optical colonoscopy" changed to "Not seen at optical colonoscopy or confirming surgery" "Optical colonoscopy not performed" changed to "Optical colonoscopy or confirming surgery not performed"</p>

## CTC Data Dictionary

April 26, 2021	<u>Item 215.1</u> "Health Insurance" added <u>Item 215.2</u> "Health Insurance, other, specify" added <u>Item 215.3</u> "Education level" added <u>Item 215.4</u> "Education level, other" added <u>Item 215.5</u> "COVID vaccine" added <u>Item 215.6</u> "COVID vaccine date" added <u>Item 215.7</u> "COVID vaccine manufacturer" added <u>Item 215.8</u> "COVID vaccine manufacturer, other" added <u>Item 215.9</u> "COVID vaccine site" added
March 12, 2021	<u>Item 202</u> Changed Usage to "Optional"
December 4, 2021	<u>Item 202</u> Changed Usage to "Optional" <u>Items 215.1-215.4, 215.7-215.8</u> Removed references to v1.3
March 30, 2022	<u>Item 205</u> Added clarifying language
August 13, 2022	<u>Item 201.1</u> "Registry Case Number" added Items 207-209 Permitted Values language updated <u>Item 209</u> Editorial change made for consistency <u>Items 301-303</u> No Longer Used <u>Item 308.1</u> "Physician NPI" added <u>Item 342</u> "Person Who Completed Paper Form – First Name" added <u>Item 343</u> "Person Who Completed Paper Form – Last Name" added
January 27, 2023	<u>Items 204-206, 210-11</u> Added language to reflect other patient identifiers
April 27, 2023	<u>Items 201.1, 202</u> References to 'Case' removed

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101-112 NO LONGER USED

**2. Exam Form (Patient Data)**

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**201 Facility ID number**

Facility ID number is the number assigned to the facility by NRDR.

Usage: Populated automatically.

Permitted values: N/A

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**201.1 Registry Exam Number**

Exam Number for the CTC Registry.

Usage: (auto-generated by NRDR).

Permitted values: N/A

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**202 Exam registration date**

Indicate the date the paper form was completed.

Usage: Optional.

Range: Greater than the patient's date of birth and less than or equal to the current date.

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**203 Patient ID**

Patient ID is the number assigned to the patient by NRDR.

Usage: Populated automatically.

Permitted values: N/A

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**204 Social Security Number (SSN)**

Indicate the patient's Social Security Number, if any of "Other ID," "Old Medicare Beneficiary ID" or "New Medicare Beneficiary ID" are not supplied.

Usage: Optional if any of "Other ID," "Old Medicare Beneficiary ID" or "New Medicare Beneficiary ID" are entered; required otherwise.

Range: 0 - 999999999



**2. Exam Form (Patient Data)****205 Other ID**

Indicate an ID number that uniquely identifies the patient, if any of the Social Security Number, Old Medicare Beneficiary ID or New Medicare Beneficiary ID are not supplied.

Usage: Optional if any of "SSN," "Old Medicare Beneficiary ID" or "New Medicare Beneficiary ID" are entered; required otherwise.

**Must be a unique patient identifier, such as Medical Record Number. If a facility reports data for a patient in more than one NRDR screening registry\*, then the same "Other Identification" must be used for that patient in all registries.**

\*The NRDR screening registries are:

- CT Colonography Registry (CTC)
- Lung Cancer Screening Registry (LCSR)
- National Mammography Database (NMD)

Permitted values: Combinations of 1 to 45 characters and spaces, with at least 1 character.

**206 First name**

Indicate the patient's first name.

Usage: Required.

Permitted values:

- Combinations of letters and spaces up to 50 characters long. An apostrophe (') and hyphen (-), are also allowed.
- An initial followed by a period.

**207 Middle name**

Indicate the patient's middle name.

Usage: Optional.

Permitted values:

- Combinations of letters and spaces up to 50 characters long. An apostrophe (') and hyphen (-), are also allowed.
- An initial followed by a period.

**208 Last name**

Indicate the patient's last name.

Usage: Required.

Permitted values:

- Combinations of letters and spaces up to 50 characters long. An apostrophe (') and hyphen (-), are also allowed.
- An initial followed by a period.

2. Exam Form (Patient Data)

**209 Old Medicare Beneficiary ID (prior to April 2018)**

Indicate the patient's Medicare Identification Number (Health Insurance Claim Number).

Usage: Optional if any of "SSN," "Other ID" or "New Medicare Beneficiary ID" are entered; required otherwise.

Permitted values:

- 9 digits followed by a letter
- 9 digits followed by two letters
- 9 digits followed by a letter and a number
- 1, 2 or 3 letters followed by 6 or 9 digits

**210 New Medicare Beneficiary ID (April 2018 and later)**

Indicate the patient's Medicare Identification Number (Health Insurance Claim Number).

Usage: Optional if any of "SSN," "Other ID" or "New Medicare Beneficiary ID" are entered; required otherwise.

- Permitted values: . Must be alphanumeric formatted as follows:  
 Position 1 – numeric values 1 thru 9  
 Position 2 – alphabetic values A thru Z (minus S, L, O, I, B, Z)  
 Position 3 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)  
 Position 4 – numeric values 0 thru 9  
 Position 5 – alphabetic values A thru Z (minus S, L, O, I, B, Z)  
 Position 6 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)  
 Position 7 – numeric values 0 thru 9  
 Position 8 – alphabetic values A thru Z (minus S, L, O, I, B, Z)  
 Position 9 – alphabetic values A thru Z (minus S, L, O, I, B, Z)  
 Position 10 – numeric values 0 thru 9  
 Position 11 – numeric values 0 thru 9

**211 Date of birth**

Indicate the patient's date of birth in mm/dd/yyyy format.

Usage: Required.

Range: January 1, 1900, to 3 weeks prior to the current date.

**212 Patient Sex**

Indicate the patient's sex at birth.

Usage: Required.

Permitted values:

- Male
- Female
- Other
- Unknown

**2. Exam Form (Patient Data)**

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**213 Race**

Indicate the patient's race as determined by the patient or patient's family. If more than one race is identified, select "Other".

Usage: Optional.

Permitted values:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

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**214 Hispanic origin**

Indicate whether the patient is of Hispanic origin as determined by the patient or the patient's family.

Usage: Optional.

Permitted values:

- No
- Yes

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**215.1 Health Insurance**

Usage: Optional.

Type of Response: Select all that apply:

- Medicare
- Medicaid
- Private insurance
- Self-pay
- VA
- Other, specify
- Unknown

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**215.2 Health Insurance, other, specify**

Usage: Required if "Health Insurance" (#215.1) = "Other, specify"; otherwise, this field is not applicable.

Type of Response: Text

## 2. Exam Form (Patient Data)

### 215.3 Education level

Usage: Optional

Type of Response: Select One:

- 8th grade or less
- 9-11th grade
- High school graduate or high school equivalency
- Post high school training, other than college (for example, Vocational/technical school)
- Associate degree / some college
- Bachelor's degree
- Graduate or Professional school
- Other, please specify
- Unknown / Refused to answer

### 215.4 Education level, other

Usage: Required if "Education level" (#215.3) = "Other, please specify"; otherwise, this field is not applicable.

Type of Response: Text

### 215.5 COVID vaccine

Indicate if the patient has received a vaccination for Covid/Coronavirus. Report only vaccinations received prior to the examination. If more than one vaccination was received prior to the exam, report the most recent.

Usage: Optional

Permitted values:

- Yes
- No
- Unknown

### 215.6 COVID vaccine date

Indicate when the COVID vaccine was given.

Usage: Optional. If "COVID vaccine" (#215.5) = "No" or "Unknown," this field is should be blank.

Range: A date greater than or equal to 1/1/2020 in mm/dd/yyyy format. **Cannot be a future date.**

**2. Exam Form (Patient Data)****215.7 COVID vaccine manufacturer**

Indicate the manufacturer of the COVID vaccine the patient received.

Usage: Required if "COVID vaccine" (#215.5) = "Yes"; otherwise, this field should be blank.

Type of Response: Select One:

- Johnson & Johnson Jansen
- Moderna
- Novavax
- Oxford-AstraZeneca
- Pfizer- BioNTech
- Unknown
- Other, please specify

**215.8 COVID vaccine manufacturer, other**

Usage: Required if "COVID vaccine manufacturer" (#215.7) = "Other, please specify"; otherwise, this field is not applicable.

Type of Response: Text

**215.9 COVID vaccine site**

Indicate the patient's COVID vaccination site.

Usage: Required if "COVID vaccine" (#215.5) = "Yes"; otherwise, this field should be blank.

Type of Response: Select One:

- Right arm
- Left arm
- Other
- Unknown

**216 Date of exam**

Indicate the date of the exam in mm/dd/yyyy format.

Usage: Required.

Range: Less than or equal to the current date.

**217 NO LONGER USED****218 NO LONGER USED**

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**3. Exam Form (Exam Data)**

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**301-303 NO LONGER USED**

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**303.1 Rescheduled Examination**

Indicate if this exam was previously scheduled on an earlier date and changed for any reason.

Usage: Optional.

Permitted values:

- No
- Yes
- Unknown

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**303.2 Originally Scheduled Examination date**

Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam.

Usage: Required

Cannot be a future date

Permitted values: mm/dd/yyyy

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**303.3 Rescheduled Reason**

Indicate the primary reason the exam was rescheduled.

Usage: Optional

Permitted values: Select One

- Patient reason (COVID/coronavirus related)
- Patient reason (Other)
- Facility reason (COVID/coronavirus related)
- Facility reason (Other)
- Reason Unknown

---

**304 Type of study**

Indicate the type of study.

Usage: Required.

Permitted values:

- Screening
- Diagnostic without contrast (Include patients with any sign or symptom that justifies a diagnostic code, e.g., anemia, blood in the stool, abnormal guaiac or FIT stool test. *It does not include asymptomatic patients who only have a history of failed optical colonoscopy, unless the colonoscopy was declared failed due to a visualized stricture or mass.*)
- Diagnostic with contrast (Include patients with any sign or symptom that justifies a diagnostic code, e.g., anemia, blood in the stool, abnormal guaiac or FIT stool test. *It does not include asymptomatic patients who only have a history of failed optical*

### 3. Exam Form (Exam Data)

*colonoscopy*, unless the colonoscopy was declared failed due to a visualized stricture or mass.)

#### 305 Type of study - Screening

Indicate the type of screening study.

Usage: Optional.

Permitted values:

- Average risk (includes failed OC for reasons unrelated to increased risk of cancer [tortuosity, diverticulosis])
- Higher risk without symptoms (family history, etc)
- Prior resected polyp

#### 306 Type of study – Diagnostic without contrast

Indicate the type of Diagnostic without contrast study.

Usage: Optional.

Permitted values:

- Symptoms with increased risk of cancer or neoplasm (includes abnormal FIT test)
- Follow-up of known unresected polyps

#### 307 Type of study – Diagnostic with contrast

Indicate the type of Diagnostic with contrast study.

Usage: Optional.

Permitted values:

- Symptoms with increased risk of cancer or neoplasm
- Follow-up of known unresected polyps

#### 308 Interpreting physician

Indicate the name of the primary physician who performed the examination.

Usage: Required.

Permitted values: Physicians whose names are entered in the physician dictionary.

#### 308.1 Physician NPI

Indicate the National Physician Identifier (NPI) of the primary physician who performed the examination.

Usage: Optional.

Type of Response: 10-digit integer

**3. Exam Form (Exam Data)**

**309 Did technique meet ACR guidelines? (American College of Radiology. ACR-SAR-SCBT-MR Practice Parameter for Performing and Interpreting Diagnostic Computed Tomography (CT). 2019; Available at: <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/CT-Colonog.pdf>. Accessed January 28, 2020.**

Indicate whether technique met guidelines in listed note.

Usage: Optional.

Permitted values:

- No
- Yes

Note: If answered, fields 310-327 are optional.

**310 Referred from incomplete colonoscopy**

Indicate whether patient was referred from an incomplete colonoscopy.

Usage: Required if field 309 is not answered.

Permitted values:

- No
- Yes

**311 NO LONGER USED**

**312 NO LONGER USED**

**313 NO LONGER USED**

**314 NO LONGER USED**

**315 NO LONGER USED**

**316 NO LONGER USED**

**317 NO LONGER USED**

**318 NO LONGER USED**



**3. Exam Form (Exam Data)****319 CTDI<sub>vol</sub>**

Indicate the CTDI<sub>vol</sub> in mGy as displayed on the console. CTDI<sub>vol</sub> should be the sum of the values of all series (Note: Do not include scout/localizer)

Usage: Required if field 309 is not answered.

Range: 0.01 – 999.99.

**320 NO LONGER USED****321 NO LONGER USED****322 NO LONGER USED****323 NO LONGER USED****324 NO LONGER USED****325 Supine image acquisition**

Indicate whether a supine image was acquired.

Usage: Required if field 309 is not answered.

Permitted values:

- No
- Yes

**326 Prone image acquisition**

Indicate whether a prone image was acquired.

Usage: Required if field 309 is not answered.

Permitted values:

- No
- Yes

**327 Decubitus image acquisition**

Indicate whether a decubitus image was acquired.

Usage: Required if field 309 is not answered.

Permitted values:

- No
- Yes, 1 view
- Yes, 2 views

**3. Exam Form (Exam Data)****328 At least one polyp  $\geq$  10 mm**

Indicate whether any polyps greater than or equal to 10 millimeters were detected.

Usage: Required.

Permitted values:

- No
- Yes

**328.1 At least one polyp  $\geq$  10 mm, Yes, Select one**

Indicate whether any polyps greater than or equal to 10 millimeters were confirmed.

Usage: Required if “Yes” is selected for “At least one polyp  $\geq$  10 mm?”; disabled otherwise.

Permitted values:

- It is unknown whether an optical colonoscopy was performed (e.g., outside medical records not available)
- Confirmed at optical colonoscopy or surgery
- Not seen at optical colonoscopy or confirming surgery
- Optical colonoscopy or confirming surgery not performed

**328.2 Histopathology of polyp(s), Select all that apply**

Indicate histopathology of polyp(s).

Usage: Required if “Confirmed at optical colonoscopy” is selected for “At least one polyp  $\geq$  10 mm?”; disabled otherwise.

Permitted values:

- Tubular adenoma
- Hyperplastic polyp
- Adenocarcinoma
- Sessile serrated adenoma
- Other

**328.3 At least one polyp  $\geq$  10 mm, Yes, Select all that apply, Confirmed at optical colonoscopy, Histopathology of polyp(s), Other**

Indicate the Histopathology of the polyp(s), if not listed.

Usage: Required if “Other, specify” is selected for “Histopathology of polyp(s), Indicate all that apply”; disabled otherwise.

Permitted values: Combinations of 1 to 45 characters and spaces, with at least one character.

**329 NO LONGER USED****330 NO LONGER USED**

**3. Exam Form (Exam Data)****331 NO LONGER USED****332 NO LONGER USED****333 Colonic perforation**

Indicate whether colonic perforation was detected during the exam.

Usage: Required.

Permitted values:

- No
- Yes

**334 Colonic perforation – Yes, select etiology of perforation**

Indicate the etiology of the perforation.

Usage: Required if “Yes” is selected for “Colonic perforation”; disabled otherwise.

Permitted values:

- Unknown
- Preceding optical colonoscopy
- Inflammatory bowel disease (IBD)
- Diverticulitis
- CTC rectal tube trauma
- Other, specify

**335 Colonic perforation – Yes, select etiology of perforation – Other, specify**

Indicate the etiology of the perforation, if not listed.

Usage: Required if “Other, specify” is selected for “Colonic perforation – Yes, select etiology of perforation”; disabled otherwise.

Permitted values: Combinations of 1 to 45 characters and spaces, with at least one character.

**335.1 E Score**

Indicate the E Score of the exam.

Usage: Optional.

Permitted values:

- E0 Limited examination
- E1 Normal examination or anatomic variant
- E2 Clinically unimportant finding
- E3 Likely unimportant, incompletely characterized
- E4 Potentially important finding

**3. Exam Form (Exam Data)**

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**336 NO LONGER USED**

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**337 NO LONGER USED**

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**338 NO LONGER USED**

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**339 C Score**

Indicate the C Score of the exam.

Usage: Optional.

Permitted values:

- C0 Inadequate study – poor prep (can't exclude > 10 mm lesions)
  - C1 Normal colon or benign lesions -- no polyps or polyps > 5mm -- benign lesions (lipomas, inverted diverticulum)
  - C2 Intermediate polyp(s) or indeterminate lesion -- polyps 6-9 mm in size, < 3 in number -- indeterminate findings
  - C3 Significant polyp(s), possibly advanced adenoma(s) -- polyps => 10 mm -- polyps 6-9 mm in size, => 3 in number
  - C4 Colonic mass, likely malignant
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**340 NO LONGER USED**

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**341 NO LONGER USED**

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**342 Name of person who completed this paper form – First name**

Indicate the first name of the person who completed the paper form.

Usage: Required.

Permitted values:

- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (') is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
  - An initial followed by a period.
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**343 Name of person who completed this paper form – Last name**

Indicate the last name of the person who completed the paper form.

Usage: Required.

Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (') is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.

**4.Polyp/Lesion Form**

**401-411 NO LONGER USED**

**Glossary**

<b>ACR</b>	American College of Radiology
<b>CT</b>	Computed Tomography
<b>CTC</b>	CT colonography
<b>CTDI<sub>vol</sub></b>	Volume CT dose index
<b>mGy</b>	milligrays
<b>N/A</b>	Not applicable
<b>NRDR</b>	National Radiology Data Registry
<b>SSN</b>	Social Security Number