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Radiation, Systemic and Cancer System Activity Report Methodology

This document provides an overview of all indicator definitions within the Cancer System Activity, Radiation Activity, and Systemic Activity reports. Full indicator definitions, including detailed methodology, are available in the Activity Level Reporting (ALR) DataBook (question 26).

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Report Overview

Three activity reports (cancer system, radiation, and systemic treatment) were created to replace the corresponding iPort reports: DCA999 (Radiation and Systemic Activity), DRA001 (Radiation Planning and Treatment Activities) and DRC010 (Radiation Courses). The purpose of these reports is to provide users with a self-service tool to access radiation and systemic treatment data to support performance management, quality improvement, and cancer system capacity and planning.

These reports allow users to specify the required indicators and stratifications and produce a tabular view. Data is available for all sites that administer radiation and/or systemic treatment and report this data to Ontario Health (OH) in Activity Level Reporting (ALR). Facility and institution assignment is based on where treatment or activity occurred, rather than submitting facility.

- The **Cancer System Activities Report** provides users access to metrics with a combined view of outpatient cancer system activities reported by Regional Cancer Centres (RCCs) and their partner sites in the ALR, including clinic visits, radiation treatment visits, systemic therapy treatments, radiation planning activities, etc.
- The **Radiation Planning and Treatment Activities Report** provides users with metrics that summarize radiation planning and treatment activities submitted to the ALR by treatment centres across Ontario. These metrics are available by visit counts, case counts, and workload minute.
- The **Systemic Activities Report** provides users with metrics summarizing outpatient clinic and treatment activities submitted to the ALR by hospitals providing systemic therapy. Metrics are available at the case and visit level.

All historic data submitted since FY1997/98 are available in these reports. Report results are updated with the latest month of data available by mid-month, following the ALR data refresh.

For performance purposes, the report output is limited to 1 million rows. Queries exceeding this size should be split into smaller sub-queries. For example, if ten years of data are required, it is recommended the user run this query with two separate sub-queries broken up into five-year segments. The number of report stratifications selected will considerably increase the number of rows in the output, as each combination of values within each selected stratification variable are included.

For questions related to the activity reports, contact OH-CCO_Informatics@OntarioHealth.ca.

Database Information

All data is sourced from the Activity Level Reporting (ALR) database, which is then de-identified and stored within the Analytics Data Hub (ADH). Data is submitted monthly to ALR from participating hospitals across the province to Ontario Health (Cancer Care Ontario), subject to a two-month

reporting lag (for example, users accessing the activity reports in December will only see data up to October of that year). Recent data for select sites may be unavailable due to delayed submissions.

Data in this report uses the most recent patient, case and activity information submitted to ALR. Data resubmissions may cause historically reported data to be updated with new information.

Data in this report is at the case level, meaning patients with multiple diagnoses will be counted multiple times in the output. No cases reported in ALR are excluded.

Report Filters

Report filter dropdowns enable users to specify the records they want to retrieve from the data repository. The following report filters are available on all pages of the activity reports:

- **Calendar or Fiscal Year:** The year filter allows the user to filter data by calendar year or fiscal year (April to March) in which activity occurred. Data for the current fiscal or calendar year will be incomplete. Data is available with a two-month reporting lag.
    - It is recommended that users select no more than five years of data per query to mitigate performance issues.
    - Selection of the fiscal year filter will prevent the table from displaying calendar year counts, and vice versa
- **Geography:** The filter uses a hierarchy which allow users to view data at different levels: Ontario, Regional Cancer Program (RCP), facility, and institution. Geographic information is based on where treatment occurred and may not necessarily align with submitting facility information. Facility and institution information uses the most recent names and facility numbers reported in the Ministry of Health and Long-Term Care Master Numbering System.
- **Clinical Practice Group and Subgroup:** ICD-10-CA diagnosis codes or ICD-O-3 topography and morphology codes provided by submitting facilities are mapped to disease site categories in the ALR database known as clinical practice groups (CPGs) and subgroups. A comprehensive list of CPG mapping can be found in Appendix 1.39 of the OH Data Book. Report counts can be stratified by disease site using CPGs and clinical practice subgroups. For each cancer case in ALR, the most recently reported information is used.

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Report Stratifications

Report stratifications allow the user to choose which data elements to display in their results table. The user can select any number of report stratifications. Blank rows in the report output correspond to 0 (e.g., no data returned for specified query).

Category	Stratification	Definition	Notes
Province	Province Name	Ontario	Includes data from all participating sites. If this is the only geographic stratification selected, data is aggregated across all participating sites.
Geography	Ontario Health Region	The name of the Ontario Health Region (OHR) associated with the facility or site the patient visited.	The most recent facility and institution information is used. In the event of institution or facility closures or mergers, the reported facility information may differ from historical data.
	RCP Name	The name of the Regional Cancer Program (RCP) associated with the facility or site the patient visited.	
	Visit Facility Number	The unique three-digit code that identifies the facility the patient visited.	
	Visit Facility Name	The facility name associated with the three-digit code.	
	Visit Institution Master Number	The unique four-digit code that identifies the institution the patient visited. A facility can have multiple master numbers defining the different types of services it provides.	
	Visit Institution Name	The institution name associated with the four-digit master number.	
Fiscal Calendar	Fiscal Year	The fiscal year when activity occurred.	

	Fiscal Quarter	The fiscal quarter when activity occurred.	The fiscal year runs from April 1st to March 31st. These options are only available if fiscal year is selected in the initial query.
	Month	The month when activity occurred. This selection is the same as calendar month.	
Calendar	Year	The calendar year when activity occurred.	These options are only available if calendar year is selected in the initial query.
	Quarter	The calendar quarter when activity occurred.	
	Month	The month when activity occurred.	
Clinical Practice Group	Clinical Practice Group	A disease site grouping formed by mapping ICD-O-3 (topography and morphology) or ICD-10-CA codes; the most recent diagnosis information is used for each case.	
	Clinical Practice Subgroup	Additional details on the diagnosis are provided through this disease site subcategory based on ICD-O-3 diagnosis or ICD-10-CA codes; these subgroups define subsets of cancers within the clinical practice group and uses the most recent diagnosis information for each case.	
Patient Characteristics	Single Year Age	The age of the patient at the time of appointment.	Patient ages are calculated by subtracting the year of birth from the year of the visit.
	5-Year Age Band	The age of the patient at the time of appointment, categorized into 5-year increments.	

	Management Information System (MIS) Age Band	The age of the patient at the time of appointment, categorized into 3 major groups: Pediatric (0-18), adult (19-65), and senior (66+) age groups.	
	Patient Residence (FSA)	The forward sortation area (first three digits of the postal code) associated with the patient's most recent residence.	Patient residence information is updated in ALR and older data is overwritten. As a result, the reported patient residence information may not align with residence information at the time of treatment.
	Patient Residence (Legacy LHIN)	The Legacy LHIN (Local Health Integration Network) associated with the patient's most recent residence.	
	Overall Stage at Diagnosis	The staging information reported at time of diagnosis, in accordance with the AJCC Staging Manual guidelines.	TNM is the primary staging method used to assign an overall stage at diagnosis for most disease sites. Some disease sites may not be stageable or may use a site-specific staging criterion in accordance with AJCC guidelines. Staging information may be updated retroactively. Patients with multiple diagnoses are counted multiple times.
	OHIP Coverage	Indicates if a patient is covered under the Ontario Health Insurance Plan (1 if yes, 0 if no).	
	Sex	The sex of the patient.	
Diagnosis ICD Codes	Latest Diagnosis ICD-O-3 Laterality	Identifies the side of a paired organ or the side of the body on which the reportable tumour originated. This applies to the primary disease site only.	For each unique case reported to ALR, the most recently reported information is used.

	Latest Diagnosis ICD-O-3 Morphology	Code that describes the reported histology (tumour/cell type; 4th digit), behaviour (5th digit), grade or cell lineage (leukemias; 6th digit) in accordance with International Classification of Diseases for Oncology, 3rd edition (ICD-O-3), coding standards.	
	Latest Diagnosis ICD-O-3 Topography	Indicates the reported disease site of origin of a neoplasm, in accordance with ICD-O-3 coding standards.	
	Latest Diagnosis ICD-10-CA	Describes the disease diagnosis information, in accordance with ICD-10-CA coding requirements.	
Radiation Courses Technique	Course Intent	**As of January 2021:** Specifies whether treatment is intended to target the original (primary) site of the disease or to a secondary (metastatic) site of the disease. **Prior to January 2021:** Categorizes the treatment intent as curative (treatment to primary disease where main aim is long-term survival), adjuvant (treatment to primary disease as an adjunct to potentially curative local treatment), neoadjuvant (treatment to the primary disease given prior to potentially curative local treatment) or palliative	These stratifications are only available on the Radiation Courses section of the Radiation Activity report.

		(treatment to metastatic disease, where main aim is to ameliorate symptoms, recognizing that some patients have prolonged disease control and survival from treatment.	
	Radiation Technique	The radiation technique (e.g. brachytherapy, IMRT) used in the radiation course.	

Report Indicators

All indicators are aggregated over the selected reported period (e.g., month, quarter, year).

Cancer System Activity Indicators

Indicator	Definition
(T01) Total Visits	The sum of all visits in the reporting period, including all clinic visits for radiation, systemic, minor procedures and preventative oncology as well as all radiation planning/treatment visits, antineoplastic systemic and supportive/adjunctive therapy visits, and minor procedure visits in the reporting period.
(T02) Total Cases	The number of unique cases at a facility who had a clinic visit (radiation, systemic, minor procedure or preventative oncology) or treatment in the reporting period. These cases are counted only once in the time period selected, regardless of the number of programs in which they are seen.
(T03) Treated Cases	The number of unique cases who received treatment in the radiation or systemic program during the reporting period. These cases are counted only once in the time period selected, regardless of the number of programs in which they are seen.
(T04) Non-Treated Cases	The number of unique cases who did not receive treatment in facility's cancer programs during the reporting period. These cases are counted only once in the time period selected, regardless of the number of programs in which they are seen. This is the difference between T02 (Total Cases) and T03 (Treated Cases).

(T05) New Cases	The number of newly diagnosed cases in the reporting period. A new case is counted when a specific patient with a specific diagnosis is seen for the first time by an oncologist in the reporting period. These cases are counted only once, regardless of the number programs in which they are seen.

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Radiation Treatment and Visit Indicators

Radiation Clinic Metrics

Indicator	Definition
(C1R) New Radiation Cases	A case is an instance of a patient with a specific diagnosis at a specific submitting hospital. A new radiation case is counted when a patient has a first clinic visit with a radiation oncologist (as outlined in the Data Book – Information & Reporting Standards) for a specific diagnosis at a specific submitting hospital.
(C2R) Radiation Follow Up Visits	All radiation clinic visits with a radiation oncologist (as outlined in the Data Book – Information & Reporting Standards) that are not New Radiation Case Visits.
(C3R) Total Radiation Clinic Visits	The sum of the new radiation case visits (C1R) and follow up radiation visits (C2R). This is calculated as the sum of C1R and C2R.

Radiation Visit Metrics

Indicator	Definition
(R01) Radiation Planning Visits – Mould Room	The number of mould/immobilization activity visits.
(R02) Radiation Planning Visits - Simulation	The number of treatment simulation visits, which includes conventional simulation, CT simulation, and emerging imaging methods.
(R03) Radiation Planning Visits – Clinical Mark-up	The number of clinical mark-up visits that require mark-up activities only.
(R04) Radiation Planning Visits – Planning & Dosimetry	The number of radiation visits, including dosimetry and planning activities, that occur outside of Mould Room, Simulation, Clinical Mark-up and Treatment visits.
(R05) Radiation Review Visits	The number of review visits with the radiation oncologist, usually occurring weekly during the period of treatment. A radiation review is counted only if it is not the first clinic visit with a radiation oncologist.
(R06) Total Radiation Planning & Review Visits	The sum of Mould Room, Simulation, Clinical Markup, Planning and Dosimetry and Patient Radiation Review Visits. This is calculated as the sum of R01, R02, R03, R04 and R05.
(R14) Radiation Treatment Visits – Brachytherapy	The number of treatment visits where radiation treatment includes interstitial, intra-cavitary and treatment moulds/applicators.
(R15) Total Radiation Treatment Visits	The sum of Megavoltage, Superficial/Orthovoltage and Brachytherapy treatment visits. This is calculated as the sum of R25, R26, and R14.

(R16) Total Radiation Treatment and Planning Visits	The sum of Mould Room, Simulation, Clinical Markup, Planning and Dosimetry and Patient Radiation Review Visits (Planning/Review visits) and the Radiation Treatment Visits. This is calculated as the sum of R06 and R15.
(R23) Radiation Treatment Visits – Cobalt	The number of visits where patients were treated with a cobalt machine.
(R24) Radiation Treatment Visits – Linear Accelerator	The number of visits where radiation treatment is given with a Linear Accelerator treatment unit.
(R25) Radiation Treatment Visits – Megavoltage	The number of visits where the patient received radiation treatment with a Cobalt or Linear Accelerator machine. This is calculated as the sum of R23 and R24.
(R26) Radiation Treatment Visits – Superficial and Orthovoltage	The number of visits where radiation treatment is given with a Superficial/Orthovoltage treatment unit.

Radiation Fractions

Indicator	Definition
(Brachy) Radiation Fractions - Brachytherapy	The number of radiation fractions delivered using brachytherapy (includes interstitial, intra-cavitary and treatment moulds/applicators).
(R07) Radiation Fractions – Cobalt	The number of radiation fractions delivered with a cobalt treatment unit.
(R08) Radiation Fractions – Linear Accelerator	The number of radiation fractions delivered with a linear accelerator (linac) treatment unit.
(R09) Radiation Fractions – High Energy (Cobalt and Linac)	The number of radiation fractions delivered using a Megavoltage treatment unit. This is calculated as the sum of R07 and R08.
(R11) Radiation Fractions – Superficial and Orthovoltage	The number of radiation fractions delivered using superficial/orthovoltage treatment units.
(R12) Total Radiation Fractions	The number of radiation fractions delivered using a Megavoltage treatment units and Low Energy treatment units. This is calculated as the sum of R07, R08, R11 and the brachytherapy radiation fractions.

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Radiation Treatment Cases

Indicator	Definition
(R17) Radiation Treated Cases – Cobalt	The number of unique cases that received at least one cobalt radiation therapy treatment in the reporting period. Treatment in other programs may also have been administered.
(R18) Radiation Treated Cases – Linear Accelerator	The number of unique cases that received at least one linac radiation therapy treatment in the reporting period. Treatment in other programs may also have been administered.
(R19) Radiation Treated Cases – Superficial and Orthovoltage	The number of unique cases that received at least one superficial/orthovoltage radiation therapy treatment in the reporting period. Treatment in other programs may also have been administered.
(R20) Radiation Treated Cases – Brachytherapy	The number of unique cases that received at least one Brachytherapy treatment in the reporting period. Treatment in other programs may also have been administered.
(R21) Total Radiation Treated Cases	The number of unique cases where the patient received at least one type of radiation treatment in the reporting period. Since a case can have more than one type of radiation treatment in a reporting period, this may not match the sum of the cobalt, linear accelerator, superficial/orthovoltage and brachytherapy cases.
(R30) New Radiation Treated Cases	The number of new cases which received the first radiation treatment of any type, in the reporting period.
(R31) Previously Treated Radiation Cases	The number of cases who received at least one type of radiation therapy treatment in the current reporting period, and whose first treatment case occurred in a previous reporting period. This is the difference between R21 (Total Radiation Treated Cases) and R30 (New Radiation Treated Cases).

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Radiation Courses

Indicator	Definition
Complete Radiation Course Count	The number of all courses that have been marked complete. A course is a consecutive series of radiation treatments to a specific treatment volume characterized by a distinct radiation dose and fractionation schedule.
Force Complete Radiation Course Count	The number of all consecutive series of radiation treatments (known as courses) marked complete by Ontario Health (Cancer Care Ontario) after 60 days of inactivity.
Total Complete Courses	The number of completed courses, including those marked as complete by Ontario Health (Cancer Care Ontario). A course is a consecutive series of radiation treatments to a specific treatment volume characterized by a distinct radiation dose and fractionation schedule.

Radiation Procedures

Indicator	Definition
(RP01) Radiation Planning Procedures - Mould Room	The total number of National Health Productivity Improvement Program (NHPIP) codes for Mould/immobilization activity visits.
(RP02) Radiation Planning Procedures – Simulation	The total number of NHPIP codes for treatment simulation visits, this includes conventional simulation, CT simulation, and emerging imaging methods.
(RP03) Radiation Planning Procedures – Clinical Mark-up	The total number of NHPIP codes counted for clinical mark-up visits that require mark-up activities only.
(RP04) Radiation Planning Procedures – Planning and Dosimetry (excluding clinical mark-up)	The total number of NHPIP codes dosimetry and planning activities (excluding clinical mark-up).
(RP06) Total Radiation Planning Procedures	The total number of NHPIP codes from the sum of Mould Room, Simulation, Clinical Markup, Planning and Dosimetry NHPIP Codes. This is calculated as the sum of RP01, RP02, RP03 and RP04.
(RP14) Radiation Treatment Procedures – Brachytherapy Fractions	The total number of NHPIP codes counted for a treatment visit where radiation treatment includes interstitial, intra-cavitary and treatment moulds/applicators.
(RP15) Total Radiation Treatment Procedures	The total number of NHPIP codes counted for Radiation Treatment Visits, which includes the sum of Megavoltage, Superficial/Orthovoltage and Brachytherapy treatment visits. This is calculated as the sum of RP25, RP26 and RP14.

(RP16) Total Radiation Treatment & Planning Procedures	The total number of NHPIP codes counted for the sum of Mould Room, Simulation, Clinical Markup, Planning and Dosimetry and Patient Radiation Review Visits (Planning/Review visits) and the Radiation Treatment Visits. This is calculated as the sum of RP06 and RP15.
(RP23) Radiation Treatment Procedures – Cobalt Fractions	The total number of NHPIP codes counted for a treatment visit where radiation treatment is given with a Cobalt treatment unit.
(RP24) Radiation Treatment Procedures – Linear Accelerator Fractions	The total number of NHPIP codes counted for a treatment visit where radiation treatment is given with a Linear Accelerator treatment unit.
(RP25) Radiation Treatment Procedures – Megavoltage Fractions	The total number of NHPIP codes counted for a treatment visit where radiation treatment is given with a Megavoltage treatment unit. This is calculated as the sum of RP23 and RP24.
(RP26) Radiation Treatment Procedures – Superficial & Orthovoltage Fractions	The total number of NHPIP codes counted for a treatment visit where radiation treatment is given with a Superficial/Orthovoltage treatment unit.

Radiation Visit Cases

Indicator	Definition
(RV01) Radiation Planning Visits - Mould Room	The number of mould/immobilization activity visits.
(RV02) Radiation Planning Visits - Simulation	The number of treatment simulation visits, this includes conventional simulation, CT simulation, and emerging imaging methods.
(RV03) Radiation Planning Visits – Clinical Mark-up	The number of clinical mark-up visits that require mark-up activities only.
(RV04) Radiation Planning (excluding clinical mark-up)	The number of radiation visits that include planning activities (excluding clinical mark-up).
(RV05) Radiation Review Visits	The number of radiation review visits. A review visit with the radiation oncologist, usually occurring weekly during the period of treatment. A radiation review is counted only if it is not the first clinic visit with a radiation oncologist.
(RV06) Total Radiation Planning Visits	The sum of Mould Room, Simulation, Clinical Markup, Planning Visits. This is calculated as the sum of RV01, RV02, RV03 and RV04.
(RV14) Radiation Treatment Visits – Brachytherapy	The number of radiation treatment visits where radiation treatment includes interstitial, intra-cavitary and treatment moulds/applicators.

(RV15) Total Radiation Treatment Visits	The sum of Megavoltage, Superficial/Orthovoltage and Brachytherapy treatment visits. This is calculated as the sum of RV14, RV25 and RV26.
(RV16) Total Radiation Treatment & Planning Visits	The sum of Mould Room, Simulation, Clinical Markup, Planning and Dosimetry and Patient Radiation Review Visits (Planning/Review visits) and the Radiation Treatment Visits. This is calculated as the sum of RV05, RV06 and RV15.
(RV23) Radiation Treatment Visits - Cobalt	The number of radiation treatment visits where radiation treatment is given with a Cobalt treatment unit.
(RV24) Radiation Treatment Visits – Linear Accelerator	The number of radiation treatment visits where radiation treatment is given with a Linear Accelerator treatment unit.
(RV25) Radiation Treatment Visits – Megavoltage	The number of radiation treatment visit s where radiation treatment is given with a Megavoltage treatment unit. This is calculated as the sum of the Cobalt and Linear Accelerator treatments, e.g. RV23 and RV24.
(RV26) Radiation Treatment Visits – Superficial & Orthovoltage	The number of treatment visits where radiation treatment is given with a Superficial/Orthovoltage treatment unit.

Radiation Workload

Indicator	Definition
(RW01) Radiation Planning Workload Minutes - Mould Room	The sum of activity minutes for Mould/immobilization activity visits.
(RW02) Radiation Planning Workload Minutes – Simulation	The sum of activity minutes for treatment simulation visits, this includes conventional simulation, CT simulation, and emerging imaging methods.
(RW03) Radiation Planning Workload Minutes – Clinical Mark-up	The sum of activity minutes for Clinical mark-up visits that require mark-up activities only.
(RW04) Radiation Planning Workload Minutes – Planning and Dosimetry (excluding clinical mark-up)	The sum of activity minutes for dosimetry and planning activities (excluding clinical mark-up).
(RW06) Total Radiation Planning Workload Minutes	The sum of activity minutes from the sum of Mould Room, Simulation, Clinical Markup, Planning and Dosimetry Visits Workload Minutes. This is calculated as the sum of RW01, RW02, RW03 and RW04.
(RW14) Radiation Treatment Workload Minutes – Brachytherapy	The sum of activity minutes for a treatment visit where radiation treatment includes interstitial, intra-cavitary and treatment moulds/applicators.

(RW15) Total Radiation Treatment Workload Minutes	The sum of activity minutes for Radiation Treatment Visits, which includes the sum of Megavoltage, Superficial/Orthovoltage and Brachytherapy treatment visits.
(RW16) Total Radiation Treatment & Planning Workload Minutes	The sum of activity minutes for Mould Room, Simulation, Clinical Markup, Planning and Dosimetry and Patient Radiation Review Visits (Planning/Review visits) and the Radiation Treatment Visits. This is calculated as the sum of RW6 and RW15.
(RW23) Radiation Treatment Workload Minutes - Cobalt	The sum of activity minutes for a treatment visit where radiation treatment is given with a Cobalt treatment unit.
(RW24) Radiation Treatment Workload Minutes – Linear Accelerator	The sum of activity minutes for a treatment visit where radiation treatment is given with a Linear Accelerator treatment unit.
(RW25) Radiation Treatment Workload Minutes – Megavoltage	The sum of activity minutes for a treatment visit where radiation treatment is given with a Megavoltage treatment unit. This is calculated as the sum of RW23 and RW24.
(RW26) Radiation Treatment Workload Minutes – Superficial & Orthovoltage	The sum of activity minutes for a treatment visit where radiation treatment is given with a Superficial/Orthovoltage treatment unit.

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Systemic Treatment and Visit Indicators

Systemic Clinic Metrics

Indicator	Definition
(C1S) New Systemic Cases	A case is an instance of a patient with a specific diagnosis at a specific submitting hospital. A new systemic case is counted when a patient has a first clinic visit with a medical oncologist (as outlined in the Data Book – Information & Reporting Standards) for a specific diagnosis at a specific submitting hospital.
(C2S) Systemic Follow Up Visits	The number of systemic clinic visits with a medical oncologist (as outlined in the Data Book – Information & Reporting Standards) that are not New Systemic Case Visits.
(C3S) Total Systemic Clinic Visits	The sum of the new systemic case visits (C1S) and follow up systemic visits (C2S).

Systemic Suite Visits

Indicator	Definition
(S01) Systemic Suite Visits – Antineoplastic Parenteral Treatment	The number of antineoplastic parenteral treatment visits. An Antineoplastic Parenteral Treatment Visit occurs when a patient is treated with antineoplastic agents. However, oral administrations of antineoplastic agents are excluded here and counted in S17. Any number of agents may be given at each visit. Parenteral treatment visits are needed to define systemic parenteral treated cases. If a patient receives both supportive drugs and antineoplastic drugs, that visit will only be counted here (i.e. not in S5). Only one S01 is counted per case per day, further only one S01, S17, S05, S03.
(S03) Systemic Suite Visits – Arrived but not Treated	The number of visits where the patient arrived but did not receive treatment. An arrived, but not-treated visit occurs when a patient is scheduled for a systemic treatment visit, arrives at the centre, but is too ill (e.g. low white blood cell count) to receive the treatment.

	There are two ways that a visit will end up as an S03: 1) the arrived but not treated flag is set to 'Y' 2) the not treated flag is set to 'N', but the dose is 0. Only one S03 is counted per case per day.
(S05) Systemic Suite Visits – Supportive Agents	These are visits in which a patient does not receive any antineoplastic agents (S1 & S17) but does receive a supportive agent (cytokine, IVIG etc.) Only one S05 is counted per case per day.
(S13) Total Supportive/Adjunctive Therapy Visits	The number of visits where the patient did not receive any antineoplastic agent but received supportive agents (S05) or transfusions (S07) or hydrations (S09) or venous access device or line care therapy (S11) at a health care facility.
(S15) Total Systemic Suite Visits	The number of visits of visits during which patient received non-oral antineoplastic agents (S01) or came for antineoplastic treatment but were too ill to be treated (S03), or received only supportive agents (S05), or received transfusions (S07) or hydration therapy (S11) at a health care facility. This is calculated as the sum of S01, S03, and S13.
(S17) Systemic Suite Visits – Oral Antineoplastic Treatment	The number of visits in which a patient does not receive a non-oral antineoplastic treatment (S01). and an oncologist writes a prescription for a systemic agent (cytotoxic, biologic, and hormonal) that is taken orally, usually at home. Only one S17 is counted per case per day.
(S19) Total Antineoplastic Systemic Treatment	The number of visits where the patient has received an antineoplastic agent. This is the sum of oral and non-oral antineoplastic treatments. Only one oral is counted per day and only one non-oral is counted per day. This is calculated as the sum of S01 and S17.
(S21) Total Antineoplastic Systemic & Supportive Adjunctive Therapy Visits	The number of visits in which patient received non-oral antineoplastic agents (S01) or came for antineoplastic treatment but were too ill to be treated (S03), or received only supportive agents (S05), or received transfusions (S07) or hydration therapy (S11), or oral antineoplastic treatments (S17) at a health care facility. This is calculated as the sum of S15 and S17.

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Systemic Treated Cases

Indicator	Definition
(S23) Systemic Treated Cases – Systemic Suite, Antineoplastic Parenteral Treated Cases	The number of unique cases in which the patient received at least one antineoplastic parenteral systemic therapy treatment in the reporting period.
(S24) Systemic Treated Cases – Oral Antineoplastic Treatment	The number of unique cases that received a prescription for oral antineoplastic systemic therapy (usually taken at home) and did not receive other antineoplastic parenteral systemic therapy in the reporting period. This is calculated as the difference between S25 and S23.
(S25) Total Antineoplastic Systemic Treated Cases	The total number of unique cases that received antineoplastic systemic therapy treatment (oral or non-oral) in the reporting period. If an ALR case receives both S01 and S17 in the specified period, the case is counted only once.
(S27) New Antineoplastic Systemic Treated Cases	The total number of NEW cases which received antineoplastic systemic therapy treatment (S01 & S17) in the reporting period. This metric is used to identify ALR cases which received chemotherapy and the date when received chemo for the first time. **Note:** The difference between C1S and an S27 is the C1S counts all new systemic clinic visits regardless of whether they ever receive systemic suite treatments. The S27 only counts the new systemic cases that receive treatments in the systemic suite. Not all treatment cases are recorded as new clinic visits.
(S28) Previously Treated Antineoplastic Systemic Treated Cases	The number of cases where the patient received follow up treatment with an antineoplastic agent in the reporting period. This is calculated as the difference between S25 and S27.