



# PROMISE

Double Issue - 14

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## Classifying Transplant Units in a Centre

Centres who wish to can classify their patients into different transplant units according to e.g. the consultant or unit where they have been transplanted.

### Type of unit or team

The coded field "Type of unit or team" has been added to Promise to facilitate the management of these units as independent entities within the same centre. It is essential that the labels of the field have general meaning so that all centres can use them. The current codes are:

1	Haematology
2	Oncology
3	Adults
4	Paediatrics
5	Allograft
6	Autograft
7	BMT unit

Other codes will be considered if a sufficient number of centres request it.

Centres wishing to make use of this facility need to send a request in writing to the Registry Office <http://www.ebmt.org/4Registry/registry1.html>. To avoid misunderstandings, the request must be signed by the Principal investigator of the centre as it appears in the membership list. The request should include the codes the centre wants to use and, if applicable, the allocation of the existing registrations to one of these codes.

Please note: this subdivision does not prevent authorised centre users from seeing all patients registered under the same CIC.

The purpose of this new field is to make it easier in future for centres wishing to separate their patients by unit when retrieving data for reports or accreditation.

If a centre intends to prevent users (within the same CIC) from viewing patient data in other units, it is advisable that these units become independent members of the EBMT.

## Advanced Report Queries

You may be aware that certain data retrieval requests are not possible in the current design as they require a comparison across different tables, for example: a report on patients treated with mini-allograft, followed by an allograft with a relapse in between.

We are pleased to announce that the ProMISe designer is implementing a new data retrieval module, "Advanced Queries", allowing users to combine items from different tables in their reports. This will mean that reports such as the example above will shortly be possible to generate using the ProMISe program.

### Training Sessions

In connection with registry training, we have a small number of places available for centre data managers to attend an "Advanced Report Query" session in central London.

NB: this session is not intended for beginners. It will be aimed at the more experienced users with some knowledge of the current data retrieval function.

Two dates are available (the same session will be repeated):

- Monday 20<sup>th</sup> June 2005: 09.30 - 16.00
- Tuesday 12<sup>th</sup> July 2005: 11.00 – 17.30

If you are interested in attending please email [shelley.hewerdine@ucl.ac.uk](mailto:shelley.hewerdine@ucl.ac.uk) with your session choice. (Registration is free of charge and will be on a first come first served basis)

## Non-consenting patients

For rare cases when a patient does not permit data to be stored in the registry, you may send us the following data for accreditation purposes:

- Date and type of diagnosis
- Date, number and type of transplant.

Please email the above only to [c.ruiz@ucl.ac.uk](mailto:c.ruiz@ucl.ac.uk) (Do not include any form of patient ID). The record will remain locked to EBMT registries.

## Patients given a previous SCT in another centre

All data must be entered into the same patient record / UIC, even if a patient moves to another centre.

To assist this process, we have designed a data access request form for centres to complete, enabling us to search the full database for existing registrations. On receipt of your signed form, we can make the previous SCT data available to your centre, where you can enter the subsequent data.

The form is available to download on:

<http://www.ebmt.org/4Registry/registry4.html#prior>

## Changes to the database

### Organ Involvements

All involvements have been marked in the same way as Promise 1; the records that were created in Promise 2 have been left on the assumption that they will have been positive

The code "8888" has been added to the code list for involvement allowing the user to enter "No more involvement", similar to the way it was used in version 1.

All records which had the maximum number of involvements for that disease (as per the MED-B forms) and had not been modified inside Promise 2 have had the last positive involvement marked with "8888" in the "New code" variable, and all negative involvements have been removed. This allows the data manager to see that all organs had actually been checked and not only the ones that were set as positive.

### Multiple "Others" can now be specified

The code "other" has been modified so that several "others" can be entered in those cases in which it is a unique key. As always, it is not recommended to use "other" unless strictly necessary. If you find, for example, that you are entering a chemotherapy regimen regularly under "other" because it is not listed, it is best to contact us with details so we can assign a new code. (Coded items can then be included in statistical reports such as frequency tables).

## Pre-prepared download backup query now available

The EBMT database has some variables which are not in use; it also has quite a large number of administrative variables which are of no use for download. Users can now download a full backup with these variables excluded. The saved query is available to load in menu Export – Stored Export Jobs – Public – "MED-AB Backup".

The EBMT database tables are stored in SQL-Server. This type of databases allow up to 1000 fields in each table. Office applications, such as Excel and Access, only allow up to 255 fields. This means that when downloads contain more than 255 fields in any table, that table will be split into two parts in the download if this is made into Excel or Access.

Unfortunately this will always happen when doing a full backup, without using any item selection. The BE\_ (Assessment1) table contains more than 255 fields (287 at this moment). The user will find this table in their download split into tables BE\_ and BE\_1 – unless the "MED-AB backup" query is used.

By using the pre-prepared query mentioned above, the number of variables in the BE\_ (Assessment1) table will not go over the 255 field limit and will not be split into two parts.

## Tips & Tricks

Did you know?...when right-clicking on a record in the *Record Locator*, you get an instant overview of data in that record? For example: right clicking on the Patient table can give you a summary on cause of death / TRM:

