

APEX Coding Application

Patient List screen

Intermediate Adenoma Coding Application

Logout |

Coding Hospital Overview Bugs & Suggestions Help Review Settings

Coding List

Action Processed.

Hospital

Name - St Mark's Hospital

Non-Analysed Patient

Rows 15

Study Number	Gender	DOB	Linked	Old Coder
SM001599	F	05-FEB-1950	1	-
SM047021	M	25-NOV-1981	1	-
SM014159	F	18-NOV-1945	1	-
SM014434	F	05-APR-1935	1	-
SM017475	M	17-DEC-1932	1	ANN
SM018826	F	07-APR-1952	1	-
SM020492	M	30-JUL-1913	1	-
SM021943	M	08-MAY-1939	1	-
SM022117	M	16-AUG-1947	1	-
SM033470	M	24-SEP-1930	1	-
SM034046	F	22-MAY-1921	1	-
SM034738	M	24-JUN-1935	1	-
SM034928	F	25-MAY-1907	1	-
SM036856	F	08-FEB-1910	1	ANN
SM042014	F	29-DEC-1945	1	-

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Patient Lists

- Analysed Patients
- Auto Excluded Patients
 - Checked (Auto excluded)
- Query Patients
 - App Coding Error
 - Discuss
 - Exclude
 - General
 - Path Missing
 - Pathology Linking
 - Polyp Matching
 - Refer Back To
- Provisional Exclusion
- All Patients Search
- All Patients
- Re-Query Patients
- Coder Excluded Patients
 - Checked (Coder Excluded)
- Path Linking - 1 Day
- Polyp Numbering
 - Query Patients
 - Completed
- Reviewed Patient
- Unlinked Pathology
 - Unlinked Pathology Query
 - Unlinked Pathology Exclude
 - Phantom Endoscopy Present
- Last Record - SM047021
- Glasgow 0205 Review
- Glasgow 0205 Review - Duplicates
- HH CX Review
- HH CX Duplicate Review
- Manual Review Previous Provisionally Excluded
- Patients Review - previously hidden
- Review Multi Linked Pathology
- Data Cleaning List
- Pending Reviews List

This screen shows a list of those patient records that still need to be coded. Records were anonymised with patients only identified by a unique study number. Patients were selected by clicking on their individual study number or by typing the study number into the search bar. This screen included a function that allowed the user to filter, sort, and highlight records. The 'flashback' feature also allowed the user to return to the data as it existed at a previous point in time. On the right-hand side of the screen was a 'Patient Lists' navigation panel, which allowed study researchers to access records that they had already analysed or categorised. It also showed the last record analysed.

Patient Details screen

Intermediate Adenoma Coding Application Logout

Coding Hospital Overview Bugs & Suggestions Help Review

Coding List > Patient (GR004229)

Patient Cancel ANALYSE

Study Number GR004229

Gender M DOB 21-SEP-1934

Comments

Record Bug Apply Changes

Endoscopy List (Uncoded)

Endo ID	Procedure Date	Polyps Found	Path ID	Linked
E-GR04232A	11-MAR-1999	0		0

Polyp List

Polyp ID	Endo ID	Size (mm)	Shape	Segment	Histology	Dysplasia
P-GR1624	E-GR04232A	3	Sessile	Ascending Colon (Proximal)		

1 - 1

Pathology List Link Pathology

No Matched Pathology Records Found

Pathology List (Unlinked) Link Pathology

Path ID	Collection Date	Linked Gap	Excluded	Endo ID
R.03.0008256.B	12-JUN-2003			
R.09.0003253.A	10-MAR-1999			

Patient Status

Excluded

Exclusion Reason

Excluded By

N/A

Patient Lists

- Analysed Patients
- Auto Excluded Patients
- Query Patients
- Provisional Exclusion
- All Patients
- Rx-Query Patients
- Coder Excluded Patients
- Path Linking

This screen showed a list of all endoscopy records, polyps found, and all pathology records linked to the patient. From here, the study researcher could access each endoscopy record by clicking on the individual endoscopy ID number; the same was true for polyp and pathology records. The polyp numbering screen could also be accessed from this page to enable the study researcher to complete polyp numbering if necessary. The Patient Details screen allowed the study researcher to manually link pathology reports that needed to be linked to the endoscopy records listed. Some pathology reports collected did not have a corresponding endoscopy report. It may be that some endoscopy reports were not captured during data extraction or some pathology reports may have been related to appointments outside the endoscopy department. A large proportion of unlinked pathology reports were due to surgical procedures. In these cases, 'phantom endoscopies' were created by the study researchers which allowed them to record pathological findings and any details of the procedure mentioned in the pathology report. The creation of a phantom endoscopy record was achieved by clicking on the unlinked pathology ID which opened an unlinked pathology screen.

Originally, study researchers could manually exclude patients on this screen if the patient met certain exclusion criteria. At a later date it was decided that Manual Exclusion ought to be renamed Patient Status and that any exclusion from the study ought to occur at the analysis stage. Data cleaning tasks were shown at the bottom of this screen.

Endoscopy Overview screen

Intermediate Adenoma Coding Application Logout

Coding Hospital Overview Bugs & Suggestions Help Review Settings

Coding List > Patient (SM022117) > Endoscopy Overview (E-SM10728B)

Endoscopy Cancel UNCODE

Endo ID: E-SM10728B Procedure Date: 15-AUG-2006 Procedure Type: Colonoscopy Bowel Prep: - Non Polyp Biopsy: Polyp Matching: -

Diagnosis Report
Severe diverticulosis of the sigmoid colon (probably accounting for the thickening seen on USS). At approximately 70cm there was a polypoid tumour (multiple biopsies taken). It was impossible to pass through the tumour at this point due to stricture. The exact location of this lesion is not certain but it was located at approximately 70-80cm from the anal verge (with a straight scope) and was probably located at the splenic flexure or proximal transverse colon. Contrast studies or VC would help to determine this if clinically indicated. One firm rectal polyp hot biopsied and sent separately. Three other flat lesions in the mid rectum biopsied. The appearance of the latter was more in keeping with hyperplastic than adenomatous lesions.

Segment Reached: - Distance Reached: 80 cm

Resetion: No

Notes:
 Indications Summary: 2WW. Change in bowel habit. Weight Loss.

Additional Details:
 Diagnosis Summary: Neoplasia lesion at 70cm.
 Biopsy Test:

Record Bug Apply Changes

Polyp List Add / Edit Polyp (s)

Polyp ID	Shape	Size (mm)	Max Size (mm)	Segment	Excision Method	Quantity	Endo Comments	Histology	Dysplasia	Path Comments	Multi Link	Serration
P-SMH147381	-	-	-	Rectum			-	metaplastic/hyperplastic	-	-	-	
P-SMH147380	-	-	-	Rectum			-	metaplastic/hyperplastic	-	-	-	
P-SMH147379	0	-	-	Rectum			-	metaplastic/hyperplastic	-	-	-	
P-SMH147378	-	-	-	Splenic Flexure			-	cancer	-	-	-	

1 - 4
 Edit Polyp Pathology

This screen showed the endoscopy record and a list of polyps found at the exam. The endoscopy record contained details of the type of exam, extent of exam, any potential limitations, and observations that occurred. The polyp list contained details of the endoscopic and pathological appearance of anything regarded as a polyp or cancer at endoscopy. Any queries relating to this endoscopy record or the linked pathology report could be recorded here using a drop-down menu and any comments could be recorded in the comments field. This field was ultimately replaced by a Notable Features field.

From this screen study researchers could navigate to five other screens which enabled further details to be added to the Endoscopy Overview screen and the polyp list.

Endoscopy Indications Details screen

Intermediate Adenoma Coding Application

Coding Hospital Overview Bugs & Suggestions Help Review Settings

Coding List > Patient (SM022117) > Unlinked Pathology > Unlinked Pathology Endo Coding > Endoscopy Indications Details

Endoscopy

Endo Id E-SM10728B

Indication Summary

INDICATIONS

2WW. Change in bowel habit. Weight Loss.

Indications Cancel Delete Save Submit

Indication

Change in Bowel Habit

Weight Loss

1 - 2

Add Row

This screen showed a list of clinical indications for endoscopy. Additional indications were added here if they were mentioned elsewhere in the report.

Endoscopy Diagnosis Details screen

Intermediate Adenoma Coding Application
Logout |

Coding
Hospital Overview
Bugs & Suggestions
Help
Review
Settings

Coding List > Patient (SM022117) > Unlinked Pathology > Unlinked Pathology Endo Coding > **Endoscopy Diagnosis Details**

Endoscopy

Endo Id E-SM10728B

Diagnosis Summary

DIAGNOSIS	DIAGNOSIS_REPORT
Neoplastic lesion at 70cm.	Severe diverticulosis of the sigmoid colon (probably accounting for the thickening seen on USS). At approximately 70cm there was a polypoid tumour (multiple biopsies taken). It was impossible to pass through the lumen at this point due to stricturing. The exact location of this lesion is not certain but it was located at approximately 70-80cm from the anal verge (with a straight scope) and was probably located at the splenic flexure or proximal transverse colon. Contrast studies or VC would help to determine this if clinically indicated. One 6mm rectal polyp hot biopsied and sent separately. Three other flat lesions in the mid rectum biopsied. The appearance of the latter was more in keeping with hyperplastic than adenomatous lesions.

Note:

Please always save the polyposis/colitis details separately before clicking on submit.

Diagnosis Cancel Delete Save Submit

For Polyposis and Colitis, add the diagnosis and click save. Sub-categories will appear below.

Diagnosis	
<input type="checkbox"/>	Diverticular Disease
<input type="checkbox"/>	Polyps
<input type="checkbox"/>	Cancer

1 - 3

Add Row

This screen showed the main body of text from the endoscopy report and a list of diagnoses for the patient. Additional diagnoses were added here if they were mentioned anywhere in the report.

Endoscopy Polyp Coding screen

Intermediate Adenoma Coding Application
Logout |

Coding
Hospital Overview
Bugs & Suggestions
Help
Review
Settings

Coding List > Patient (SM022117) > Endoscopy Overview (E-SM10728B) > **Endoscopy Polyp Coding**

Endoscopy Details

Endo ID	Diagnosis Report	Diagnosis	Biopsy Text	Segment Reached	Polyps Found	Complications	Comments	Additional Details	Endoscopist Comments
E-SM10728B	Severe diverticulosis of the sigmoid colon (probably accounting for the thickening seen on USS). At approximately 70cm there was a polypoid tumour (multiple biopsies taken). It was impossible to pass through the lumen at this point due to stricturing. The exact location of this lesion is not certain but it was located at approximately 70-80cm from the anal verge (with a straight scope) and was probably located at the splenic flexure or proximal transverse colon. Contrast studies or VC would help to determine this if clinically indicated. One 6mm rectal polyp hot biopsied and sent separately. Three other flat lesions in the mid rectum biopsied. The appearance of the latter was more in keeping with hyperplastic than adenomatous lesions.	Neoplastic lesion at 70cm.	-	-	0	-	-	-	-

Polyp Tabular Form Cancel Delete Submit (s)

Polyp ID	Size-mm	Size Other	Min Size	Max Size	Shape	Segment	Segment To	Dist-om	Exc Method	Exc Extent	Biopsy Fate	Piece	No Info	Quantity	Serration
<input type="checkbox"/> P-SMH147381		-			-	RM			-	-	-	-	-	-	-
<input type="checkbox"/> P-SMH147380		-			-	RM			-	-	-	-	-	-	-
<input type="checkbox"/> P-SMH147379	0	-			-	RM			-	-	-	-	-	-	-
<input type="checkbox"/> P-SMH147378		-			-	SF	TC(p)		-	-	-	-	-	-	-

1 - 4

Add Row (a) Submit To Path (p)

This screen was accessed from the Endoscopy Overview screen by clicking on the 'Add/edit polyp' button above the polyp list. It showed the polyp list in a form which could be edited using a series of drop-down menus. The endoscopy report was also on this screen for the study researchers' reference.

Pathology Polyp Coding screen

Intermediate Adenoma Coding Application Logout |

Coding Hospital Overview Bugs & Suggestions Help Review Settings

Coding List > Patient (SM022117) > Endoscopy Overview (E-SM10728B) > Pathology Polyp Coding

Pathology Report

Report	Comments
1, 2. Colonic biopsies at about 80 cm from anal verge: Invasive, moderately differentiated adenocarcinoma. 3. Hyperplastic polyps.	-

Pathology Details

Path ID	Microscopic Description	Clinical History	Specimen	Specimen Type	Conclusion
SS-05-13880	1. These colonic fragments show an invasive, moderately differentiated adenocarcinoma. 2. Unremarkable colonic mucosa with a lymphoid aggregate. 3. These biopsies each show a hyperplastic polyp.	2WW. Change in bowel habit. Weight loss. Endoscopic finding of a polypoid tumour in the colon located approx. 70-80 cm away from the anal verge.	1. Colonic lesion biopsies at 80 cm Six biopsies on acetate 2. Colonic lesion biopsy at 80 cm One biopsy on acetate. 3. Rectal polyp hot biopsies Three biopsies on acetate.	Colonic lesion biopsy Colonic lesion biopsy Rectal polyp (hot biopsy)	Colon. Biopsy. Adenocarcinoma. Hyperplastic polyp.

Polyp Tabular Form Cancel Delete Submit (s) Submit and Return to Patient

Link	Size	Shape	Segment	Seg To	Distance	Quantity	Biopsy Fate	Exc Extent	Dysplasia	Adenoma Type	Histology	Size-mm	Exc Comp	Piece	Multi Link	Serration
P-SMH147381	(null)		RM		(null)				-	-	metaplasia/hyperplastic		-			
P-SMH147380	(null)		RM		(null)				-	-	metaplasia/hyperplastic		-			
P-SMH147279	0		RM		(null)				-	-	metaplasia/hyperplastic		-			
P-SMH147378	(null)		SF	TC(p)	(null)				-	-	cancer		-			

1 - 4
Add Row (s)

This screen was accessed from the Endoscopy Overview screen by selecting the 'Edit Polyp Pathology' button below the polyp list. It showed the polyp list in a form which could be edited using a series of drop-down menus. The pathology report was also on this screen for the study researchers' reference.

Notable Features screen

Intermediate Adenoma Coding Application Logout |

Coding List > Patient (SM022117) > Endoscopy Notable Features (E-SM10728B)

Endoscopy

Endo Id E-SM10728B

Notable Features Cancel Delete Save Submit

Notable Feature Type Id

Condition - Possible Cancer 1st exam
Condition - Possible HNPCC
Condition - Possible IBD
Condition - Possible Polyposis
Condition - Possible Resection 1st exam
Discuss - HNPCC
Discuss - How best to code
Discuss - IBD
Endoscopy - Blank
Endoscopy - Duplicate
Endoscopy - Irrelevant
Endoscopy - Truncated
General - Possible Cancer
General - Polyp Numbers
General - Supl Report Missing
General - Unsure Terminology
General - When Cancer
General - When Resection
Pathology - Blank
Pathology - Truncated
Pathology - Unclear Specimen Origin
Pathology Linking
Pathology Missing - Biopsy Indicator
Pathology Missing - Sent to lab/await pathology stated
Pathology Missing - Cancer/tumour indicated
Pathology Missing - Large polyp of 10mm or more
Polyp Matching
Refer Back To

Indications 2WW. Change in bowel habit. Weight Loss.
Endoscopist Comments -
Further Management -

colonic (probably accounting for the thickening seen on USS). At approximately 70cm there was a stenosis. It was impossible to pass through the lumen at this point due to stricturing. The exact location of stenosis was probably located at approximately 70-80cm from the anal verge (with a straight scope) and was probably located in the ascending colon. Contrast studies or VC would help to determine this if clinically indicated. One 6mm polyp was seen in the mid rectum biopsied. The appearance of the latter was more in keeping with hyperplastic lesions.

Pathology Summary

REPORT

1, 2. Colonic biopsies at about 80 cm from anal verge: Invasive, moderately differentiated adenocarcinoma.
3. Hyperplastic polyps.

This screen was accessed by selecting the Edit Notable Features button. It included the endoscopy report fields and a drop-down menu for selecting notable features, such as a reference to a possible patient condition or if pathology was thought to be missing

Polyp Numbering screen

Intermediate Adenoma Coding Application Logout

Coding Hospital Overview Bugs & Suggestions Help Review Settings

Coding List Patient Polyp Numbering

Polyp Numbering

Details for exam date: 29-ALG-2005

Polyp id	Polyp No.	Numbered	Match Prob	Size	Sz Min	Sz Ord	Sz Max	Seg	Seg To	Shape	Dist	Qty	Exc Extent	Dysplasia	Aden Type	Hist	P Size	Endo Id	Exc Comp	Path Multi	Endo Link	Old Study Number
		Y	100%	(null)	(null)	small	(null)	RM	SC		(null)			Mild	Tubular	adenoma			-	(null)		(null)
		Y	100%	(null)	(null)	small	(null)	RM	SC		(null)			-	-	normal mucosa			-	(null)		(null)
1		Y	100%	(null)	(null)		(null)	SC			35			-	-	cancer			-	(null)		(null)

Details for exam date: 06-SEP-2003

Polyp id	Polyp No.	Numbered	Match Prob	Size	Sz Min	Sz Ord	Sz Max	Seg	Seg To	Shape	Dist	Qty	Exc Extent	Dysplasia	Aden Type	Hist	P Size	Endo Id	Exc Comp	Path Multi	Endo Link	Old Study Number
1		Y	100%	(null)	(null)		(null)	SC			(null)			-	-	cancer	35		-	(null)		(null)

Details for exam date: 06-JAN-2006

Polyp id	Polyp No.	Numbered	Match Prob	Size	Sz Min	Sz Ord	Sz Max	Seg	Seg To	Shape	Dist	Qty	Exc Extent	Dysplasia	Aden Type	Hist	P Size	Endo Id	Exc Comp	Path Multi	Endo Link	Old Study Number
		Y	100%	(null)	(null)		(null)	SC			(null)			-	-	-			-	(null)		SM027585
		Y	100%	(null)	(null)		(null)				(null)			-	-	-			-	(null)		SM027585

1 - 5

This screen was accessed from the patient details screen. It displayed the polyp row(s) for each exam, with exams shown in date order. The study researcher was able to review all polyp details in order to match any polyps thought to be of the same origin and apply a percentage certainty to each match. Although not depicted in the above screenshot, the view also included the endoscopy and pathology reports for the selected polyp.

Pathology Linking screen

Intermediate Adenoma Coding Application Logout

Coding Hospital Overview Bugs & Suggestions Help Review

Coding List Patient (SRR005225) Pathology Linking

Tabular Form

Path Id	Endo Id	Collection Date	Receive Date	Report Date	Linked Gap	Matching Error	Coder Linking
			(null)	(null)	(null)	(null)	(null)
			(null)	(null)	(null)	(null)	(null)

1 - 2

Endoscopy List

Endo Id	Procedure Date	Indications	Biopsy Text	Biopsy	Diagnosis Report	Additional Details	Endoscopist Comments

1 - 1

Pathology List

Path Id	Report	Clinical History	Specimen Type	Specimen	Microscopic Description	Conclusion	Additional Report	Comments	Location

1 - 2

On this screen, the study researchers could examine the pathologies available and, taking into account the procedure and pathology dates, select the endoscopy report which should be linked to each pathology report, using pull-down menus. The endoscopy and pathology reports were available underneath the linking table for the study researchers' reference.

Unlinked Pathology screen

The screenshot shows the 'Unlinked Pathology' screen within the 'Intermediate Adenoma Coding Application'. The interface includes a navigation menu at the top with options like 'Coding', 'Hospital Overview', 'Bugs & Suggestions', 'Help', 'Review', and 'Settings'. The main area is divided into several sections: 'Pathology' (with 'Cancel' and 'Save' buttons), 'Pathology Codes' (a list of codes including M-76800, M-74202, M-82630, and T-69600), and a central form. The form contains fields for 'Path ID', 'Collection Date' (22-JAN-2004), 'Excluded' (dropdown), 'Query' (dropdown), 'Received Date', 'Normal Mucosa' (checkbox), 'Specimen', 'Specimen Type', 'Microscopic Description', 'Conclusion', 'Clinical History', and 'Report'. There are also 'Record Bug' and 'Create Phantom Endoscopy' buttons at the bottom.

This screen showed the full pathology report and was used to create a phantom endoscopy record. Any reasons for exclusion or comments could be recorded here, e.g. if the pathology was from an examination that was not relevant to the study, if the pathology record was a duplicate of one already coded, or the pathology report was blank. The study researchers could either go straight through to the Phantom Polyp Coding screen by clicking on the *Edit Phantom Polyps* button or to the Unlinked Endo Coding screen by clicking on the *Edit Phantom Endoscopy* button

NB: Phantom endoscopies were later renamed pathology-based procedure reports

Unlinked Pathology Endo Coding screen

The screenshot shows the 'Unlinked Pathology Endo Coding' screen within the 'Intermediate Adenoma Coding Application'. The interface includes a navigation menu at the top with options like 'Coding', 'Hospital Overview', 'Bugs & Suggestions', 'Help', 'Review', and 'Settings'. The main area is divided into several sections: 'Pathology Report' (with 'Report' and 'Comments' buttons), 'Pathology Details (55 64 61196)' (a table with columns for Microscopic Description, Specimen, Clinical History, Specimen Type, and Conclusion), and 'Phantom Endoscopy ()' (with 'Cancel' and 'Create' buttons). The 'Phantom Endoscopy' section contains fields for 'Procedure Type', 'Comments', 'Bound Prep', 'Segment Reached', 'Distance Reached', and 'Query'. The 'Pathology Details' table shows the following data:

Microscopic Description	Specimen	Clinical History	Specimen Type	Conclusion
		Rectal polyp. Trans anal excision.	Rectal polyp	Rectum. Polyp. Tubulovillous adenoma with mild to moderate dysplasia.

This screen allowed the study researchers to record any information from the pathology report that would be present on the Endoscopy Overview screen. If the report detailed a surgical specimen, it also provided the opportunity to record what kind of surgical procedure was carried out. There were two buttons to record indications and diagnoses as seen on the Endoscopy Overview screen. Exclusion information, which later became notable features, could be entered here using the *Edit Notable Features* button. The Phantom Polyp Coding screen was accessible using the *Code Phantom Polyps* button.

Phantom Polyp Coding screen

Intermediate Adenoma Coding Application

Coding Hospital Overview Bugs & Suggestions Help Review Settings

Coding List > Patient (38001232) > **Unlinked Pathology**

Pathology Cancel Save

Path ID: _____ Excluded: -

Collection Date: 17-SEP-2010 Received Date: _____ Normal Mucosa:

Location:

Specimen Type:

Microscopic Description:

Conclusion:

Notes:

Report Date: 17-SEP-2010

Man Path Other Pathology

Pathology Source

Phantom Endoscopy

Endo ID	Segment Reached	Bowel Prep	Distance Reached	Comments	Procedure Type
EP-SBH15537			--	--	Colonoscopy

Phantom Polyp List

Polyp ID	Size	Histology	Dysplasia	Removal Method	Endo Size	Endo Shape	Endo Segment	Serration
57	--	metaplastic/hyperplastic			4		Sigmoid Colon	

This screen was used to add polyp rows and to record information regarding polyps or cancers seen in the unlinked pathology report.

Exam Numbering screen

Intermediate Adenoma Coding Application

Coding Hospital Overview Bugs & Suggestions Help Review Settings

Coding List > Patient > Exam Numbering

Exam Numbering Cancel Submit

1. If the patient has at least one exam with no date then please use the exam ranking field to rank all the exams for this patient.
2. If the patient has duplicate exams but no exams with a blank date the use the exam number field to number the exams.
3. If you are unable to rank or number the exams then please record reason in the 'exam number unknown field'

Derived Procedure date: 02-SEP-2004

Endo ID	Study Number	Procedure Date	Derived Procedure Date	Exam Number (For exams on the same day)	Exam Ranking (Overall Ranking)	Exam Number/Rank Unknown	Reason Exam Same Day
	SM014554		02-SEP-2004			Exam is blank	-
	SM014554		02-SEP-2004	1		-	-

1-2

Endoscopy Details

Endo ID	
Diagnosis Report	
Diagnosis	Normal.
Biopsy Text	-
Segment Reached	Terminal Ileum
Polyps Found	0
Biopsy	-
Complications	-
Comments	-
Additional Details	-
Procedure Date	02-SEP-2004
Procedure Type	Colonoscopy
Bowel Prep	Excellent
Indications	Diarrhoea, Weight Loss.
Endoscopist Comments	-
Further Management	-

Pathology Details

no data found

This screen was accessed by selecting the Exam Numbering button (which only appeared when exam numbering was required) on the Patient Details screen. This was when the patient was seen to have either more than one procedure on the same day or no procedure date recorded. The study researcher examined the endoscopy reports and attempted to number the procedures in date order using any evidence mentioned in the reports.

Data Coding Review screen

Intermediate Adenoma Coding Application

Coding Hospital Overview Bugs & Suggestions Help Review Settings

Review Patients

Search: Rows: 30 Go Settings

Study Number
 Endo ID

Study Number : NC000392, Endo ID : E-NC15059

Coder	Review Text	Review Date
PAUL	Should be queried as Missing Pathology	17-AUG-2010

Study Number : NC000392, Endo ID : E-NC5190

Coder	Review Text	Review Date
PAUL	ok	17-AUG-2010

Study Number : NC001831, Endo ID : E-NC2497

Coder	Review Text	Review Date
PAUL	ok	17-AUG-2010

This screen was reached by selecting the Review tab at the top of the main page. A process was put in place to review the quality and consistency of the manually coded data. This review process was also used to monitor new study researchers who were still in their training and probation period. A random sample of linked records was taken and marked for review, enabling all the study researchers to view these records. A patient's study number was selected on the Review screen to view their reports. Comments could be made by adding a row in the Endoscopy Review screen as shown below.

The screenshot displays the 'Intermediate Adenoma Coding Application' interface. At the top, there are navigation tabs: Coding, Hospital Overview, Bugs & Suggestions, Help, Review (selected), and Settings. Below the tabs, there are buttons for 'Review', 'Cancel', and 'Submit'. A message states 'No data found.' with an 'Add Row' button. The 'Endoscopy Coded' section contains a table with columns: Procedure Date, Comments, Bowel Prep, Procedure Type, Distance Reached, Segment Reached, Resection, and Query. The 'Endoscopy Report' section contains a table with columns: Indications, Segment Reached, Complications, Bowel Prep, Biopsy Text, Biopsy, Diagnosis, Diagnosis Report, Additional Details, Further Management, and Endoscopist Comments. The 'Polyp List' section contains a table with columns: Polyp ID, Shape, Size (mm), Max Size (mm), Segment, Excision Method, Quantity, Endo Comments, Histology, Dysplasia, and Path Comments. On the right side, there are sections for 'Indications' and 'Diagnosis' with dropdown menus for 'Indication Type' and 'Diagnosis Type'.

Procedure Date	Comments	Bowel Prep	Procedure Type	Distance Reached	Segment Reached	Resection	Query
29-MAR-2006			Flexible Sigmoidoscopy		Descending Colon		

Indications	Segment Reached	Complications	Bowel Prep	Biopsy Text	Biopsy	Diagnosis	Diagnosis Report	Additional Details	Further Management	Endoscopist Comments
Polyp on barium enema	Descending colon				1		1 polyp found 4mm Pedunculated polyp in Sigmoid colon - Distal POLYPECTOMY : Snare	Barium Enema Findings: Polyp	Await pathology	

Polyp ID	Shape	Size (mm)	Max Size (mm)	Segment	Excision Method	Quantity	Endo Comments	Histology	Dysplasia	Path Comments
P-NC61184	Pedunc	4	-	Sigmoid Colon (Distal)	Snare		-			-

All study researchers worked through the selected records looking for errors and commented on their findings. Once complete, the comments were compiled and any problems encountered could be addressed.

There is a Review SOP for this process. One of the study researchers had access to a form in the Endoscopy and Pathology Report Application which allowed her to set up reviews. It could be used to review specific study researchers or all researchers, but only for a single hospital's records at one time. There was a feature to extract a random sample of records coded for a specified number of days ago. For more specific reviews, a custom statement had to be written by the study programmer.