

Note: It is recommended that this Data Set have two additional key variables:
- SITE (to distinguish the location where the data are recorded) and
- SUBJECT (to distinguish the patient/study participant)

INTERNATIONAL SPINAL CORD INJURY DATA SETS

NON-TRAUMATIC SPINAL CORD INJURY DATA SET (Version 1.0) – DATA FORM

TABLE #1

BASIC DATA SET

Date performed: YYYYMMDD Unknown

Classification of aetiology of Non-Traumatic Spinal Cord Injury (NTSCI):

Axis 1

Level 1

Level 2

EXTENDED DATA SET

Date performed: YYYYMMDD Unknown

Timeframe of onset of NTSCI: acute (≤ 1 day) sub-acute (> 1 day but ≤ 7 days)
 prolonged (> 7 days but \leq month) lengthy (> 1 month)

Iatrogenic role in aetiology: yes no Unknown

Classification of aetiology of NTSCI:

Axis 1

Level 1

Level 2

Level 3

Level 4

Level 5

Axis 2:

ICD version:

ICD codes:

Letter Numerical code

Letter Numerical code

Letter Numerical code

Proposed 8 Character Variables:	NON-TRAUMATIC SPINAL CORD INJURY BASIC AND EXTENDED DATA SETS - TABLE #1					
	NON-TRAUMATIC SPINAL CORD INJURY BASIC DATA SET					
	NON-TRAUMATIC SPINAL CORD INJURY EXTENDED DATA SET					
Data Element	Site	Subject	Date performed	Classification of aetiology of Non-Traumatic Spinal Cord Injury (NTSCI)- Axis 1- Level 1:	Classification of aetiology of Non-Traumatic Spinal Cord Injury (NTSCI)- Axis 1- Level 2:	Classification of aetiology of Non-Traumatic Spinal Cord Injury (NTSCI)- Axis 1- Level 3:
Format/ Codes			99999999 = Unknown	CONGENITAL; GENETIC DISORDERS; ACQUIRED ABNORMALITIES; NA	[Refer to Level 2 accepted codes on Aetiology worksheet] NA	[Refer to Level 3 accepted codes on Aetiology worksheet] NA
Variable	SITE	SUBJECT	NTSCIDT	NTSCILV1	NTSCILV2	NTSCILV3
Comments	KEY	KEY	KEY	If the aetiology is being classified in a project to a level of detail that does not have any corresponding item in the table for that aetiology then 'NA' (not applicable) should be entered to indicate that the detail is not missing.	If the aetiology is being classified in a project to a level of detail that does not have any corresponding item in the table for that aetiology then 'NA' (not applicable) should be entered to indicate that the detail is not missing.	Collected ONLY for NTSCI Extended Data Sets If the aetiology is being classified in a project to a level of detail that does not have any corresponding item in the table for that aetiology then 'NA' (not applicable) should be entered to indicate that the detail is not missing.
				Should refer to the Aetiology Classification Table. Provide for reference in 'Aetiology Classifications Table' tab. Please refer to ISCoS web site for the most accurate classifications.	Should refer to the Aetiology Classification Table. Provide for reference in 'Aetiology Classifications Table' tab. Please refer to ISCoS web site for the most accurate classifications.	Should refer to the Aetiology Classification Table. Provide for reference in 'Aetiology Classifications Table' tab. Please refer to ISCoS web site for the most accurate classifications.

Proposed 8 Character Variables:	NON-TRAUMATIC SPINAL CORD INJURY BASIC AN										
	NON-TRAUMATIC SPINAL CORD INJURY BASIC DAT										
	NON-TRAUMATIC SPINAL CORD INJURY EXTENDED										
Data Element	Site	Subject	Date performed	Classification of aetiology of Non-Traumatic Spinal Cord Injury (NTSCI)- Axis 1- Level 4:	Classification of aetiology of Non-Traumatic Spinal Cord Injury (NTSCI)- Axis 1- Level 5:	Timeframe of onset of NTSCI:	Iatrogenic role in aetiology:	Axis 2-ICD version:	ICD code #1	ICD code #2	ICD code #3
Format/ Codes			99999999 = Unknown	[Refer to Level 4 accepted codes on Aetiology worksheet] NA	[Refer to Level 5 accepted codes on Aetiology worksheet] NA	acute (≤ 1 day); sub-acute (> 1 day but ≤ 7 days); prolonged (> 7 days but ≤ month); lengthy (> 1 month)	Yes; No; Unknown	09; 10; 11; 00	Alphanumeric: Letter followed by up to 5 numbers	Alphanumeric: Letter followed by up to 5 numbers	Alphanumeric: Letter followed by up to 5 numbers
Variable	SITE	SUBJECT	NTSCIDT	NTSCILV4	NTSCILV5	NTSCIOTM	IATROGEN	NTSCICDV	NTSCICD1	NTSCICD2	NTSCICD3
Comments	KEY	KEY	KEY	Collected ONLY for NTSCI Extended Data Sets If the aetiology is being classified in a project to a level of detail that does not have any corresponding item in the table for that aetiology then 'NA' (not applicable) should be entered to indicate that the detail is not missing.	Collected ONLY for NTSCI Extended Data Sets If the aetiology is being classified in a project to a level of detail that does not have any corresponding item in the table for that aetiology then 'NA' (not applicable) should be entered to indicate that the detail is not missing.	Collected ONLY for NTSCI Extended Data Sets	Collected ONLY for NTSCI Extended Data Sets	Collected ONLY for NTSCI Extended Data Sets	If ICD Letter code is collected then MUST have ICD Numeric code collected Collected ONLY for NTSCI Extended Data Sets	If ICD Numeric code is collected then MUST have ICD Letter code collected Collected ONLY for NTSCI Extended Data Sets	
				Should refer to the Aetiology Classification Table. Provide for reference in 'Aetiology Classifications Table' tab. Please refer to ISCoS web site for the most accurate classifications.	Should refer to the Aetiology Classification Table. Provide for reference in 'Aetiology Classifications Table' tab. Please refer to ISCoS web site for the most accurate classifications.						

Aetiology Classification Table

Level 1	Level 2	Level 3	Level 4	Level 5
C O N G E N I T A L	Spinal Dysraphism	Spina bifida occulta Myelomeningocele Tethered cord syndrome Spinal dysraphism - other	Lipomeningocoele Anterior sacral meningocele Diametamyelia Hypertrophied filum terminale	
	Arnold-Chiari Malformation	Type 1: Abnormal extension of the cerebellar tonsils below the foramen magnum Type 2: Plus caudal displacement of the medulla and the 4th ventricle Type 3: Displaced cerebellar and brainstem tissue extends into an infra-tentorial meningoencephalocele Type 4: Cerebellar and brainstem hypoplasia - variant of Dandy Walker Malformation		
	Skeletal malformations	Atlanto-axial dislocation Atlanto-axial instability (Down's Syndrome) Achondroplasia Mucopolysaccharidosis Klippel-Feil syndrome Osteogenesis Imperfecta Lumbosacral agenesis Other congenital skeletal malformations	Os odontoidem Hypoplastic dens Laxity of transverse atlantal - ligament	
	Other congenital	Congenital Syringomyelia		
	Hereditary spastic paraparesis	HSP pure HSP complicated		
G E N E T R I C S	Spino-cerebellar ataxias	Dominant Recessive	Specified Unspecified Friedreich's Other recessive spinocerebellar ataxias - genetically confirmed/identified Presumed recessive spinocerebellar ataxias - genetic type undetermined	
	Adreno-myeloneuropathy			
	Other leukodystrophies			
	Spinal muscular atrophies	Dominant Recessive	Specific genetic types Unspecified genetic subtype	
	Genetic - other			
A C Q U I R E A B N O R M A L I T I E S	Vertebral column degenerative disorders	Disc prolapse Ligamentum flavum hypertrophy Ossification of the posterior longitudinal ligament Spinal osteophytosis Spondylosis Spondylolysis Spinal stenosis Spinal cord compression due to combination of multiple developmental and/or acquired factors listed above Other vertebral column degenerative disorders	Idiopathic Acromegaly Fluorosis Lipomatosis	
	Metabolic Disorders	Deficiency Osteoporosis Paget's Disease Osteomalacia Other metabolic	Vitamin B12 deficiency Folate deficiency Copper deficiency Rickets Other deficiency	
	Vascular Disorders	Haemorrhage Vascular Malformations Ischaemia	Epidural Haematoma Other haemorrhage Dural arterio-venous (AV) fistula Arterio-venous malformation (AVM) with or without haemorrhage Atherosclerosis Aortic Dissection Takayasu's arteritis Atheromatous emboli Thromboemboli Fibrocartilaginous emboli Decompression sickness Venous infarction Hypotensive-hyperperfusion Fat embolism Idiopathic Other ischaemic	Bleeding Diathesis Medication Other
	Inflammatory and Auto-Immune Diseases	Demyelination Collagen Vascular Disease Sarcoidosis Paraneoplastic Arachnoiditis Other inflammatory-immune	Transverse Myelitis - idiopathic Multiple Sclerosis Neuromyelitis Optica Systemic lupus erythematosus Sjogren's disease Rheumatoid Arthritis Ankylosing Spondylitis Vasculitis Other inflammatory	Atlanto-axial instability
	Radiation Related	Radiation Myelitis		
	Toxic	Organophosphates Konzo Lathyrism Pharmacological agents	Nitrous Oxide Other	

Level 1	Level 2	Level 3	Level 4	Level 5
		Chronic liver disease Other toxic		
	Neoplastic	Benign	Primary vertebral lesions Extradural space Intradural (extramedullary) Intramedullary Other benign Neural Primary vertebral lesions Leptomeningeal disease (not associated with other spinal cord lesions) Secondary vertebral lesions Haematological Other malignant	Osteoma Osteochondroma Osteoid osteoma Haemangioma Aneurysmal bone cyst Lipoma Neurofibroma Meningioma Schwannomas Chordoma - benign Astrocytoma - benign Oligodendroglioma Ependymoma Cavernoma Chordoma - malignant Astrocytoma - malignant Osteosarcoma Other Breast Bronchus Lung Prostate Renal Thyroid Ewing's sarcoma Melanoma Other Myeloma Leukaemia Non-Hodgkins Lymphoma Hodgkin's Lymphoma
	Infection	Viral	Herpes group Retrovirus Enterovirus Polyomavirus Other viruses S aureus Strep Other pyogenic Mycobacterium tuberculosis (TB) Brucellosis Melioidosis Borreliosis Spirochaetal Fungal Parasitic	Herpes simplex Herpes zoster Cytomegalovirus (CMV) Epstein Barr Human Immunodeficiency Virus Human T-cell Leukaemia Virus Type1 Polio virus Coxsackievirus Other enterovirus John Cunningham virus Extradural abscess vertebral osteomyelitis with septic discitis Extradural abscess vertebral osteomyelitis with septic discitis Extradural abscess vertebral osteomyelitis with septic discitis vertebral osteomyelitis with septic discitis Extradural disease Spinal arachnoiditis Intramedullary tuberculoma Brucella spondylitis Meningomyelitis Vasculitis Gumma Tabes dorsalis Cryptococcal Actinomyces Other fungal Cysticercosis Hydatid Toxoplasmosis Schistosomiasis Other parasitic
	Miscellaneous	Motor Neurone Disease Syringomyelia Other miscellaneous diseases not otherwise specified	Amyotrophic lateral sclerosis Primary lateral sclerosis Progressive muscular atrophy Communicating Non-communicating	Basilar arachnoiditis Post infectious Post inflammatory Tumour associated Idiopathic