

Appendix 3 (as supplied by the authors): Coding definitions for hospital presentation with pancreatitis

Outcome	Database	Codes
Acute pancreatitis*	CIHI-DAD NACRS	ICD10: "K85", "B252", "B263"

* Using the Swedish National Patient Register, in a cohort of patients in an inpatient setting, Razavi et al performed a validation study of acute pancreatitis codes (K85.0, 85.1, 85.2, 85.3, K85.8 and K85.9) using clinical diagnostic criteria (definitive acute pancreatitis if 2 of 3 of: upper abdominal pain, elevated blood levels of amylase, pancreatic amylase or lipase at least three times the upper limit of normal or typical signs of acute pancreatitis on medical imaging; probable acute pancreatitis if combination or clinical signs of acute pancreatitis and enzyme levels elevated but not greater than three times the upper limit of normal or a combination of clinical signs and medical imaging indicating acute pancreatitis). Among 530 patients with a diagnosis code of acute pancreatitis in the registry, 442 (83%) had definitive acute pancreatitis and another 80 (15%) had probable acute pancreatitis. Eight (2%) had no acute pancreatitis. The number of false-negative cases of pancreatitis was 23 (32%) (those registered with a non-malignant pancreatitis disorder apart from acute pancreatitis). The positive predictive value of codes ranged from 83 to 98% if not all formal criteria for acute pancreatitis were fulfilled. See Razavi D, Ljung R, Lu Y, Andren-Sandberg A, Lindblad M. Reliability of acute pancreatitis diagnostic coding in a National Patient Register: a validation study in Sweden. *Pancreatology* 2011; 11: 525-532.

Code B252 (cytomegalovirus pancreatitis) and B263 (mumps pancreatitis) were added to coding definition as both represent acute forms of pancreatitis.

CIHI, Canadian Institute for Health Information Discharge Abstract Database; ICD-10, International Statistical Classification of Diseases and Related Health Problems, Tenth Revision; NACRS, National Ambulatory Care Reporting System Database