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| SNOMED CT  **Content Improvement Project**  Combined Inception and Elaboration phases | | |
| Project ID: <id>  Topic: Anatomic and molecular pathology cancer protocol worksheets; genetic findings and observables | | |
| Date | 20170608 | |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Editor** | **Comments** |
| 0.01 | 20161108 | James R Campbell  W. Scott Campbell | Project proposal at request of Jane Millar, Ian Green |
| 0.02 |  | James R. Campbell | Exemplars added to document per review by Matt Cordell |
| 0.10 | 20170608 | James R. Campbell | Scope expanded to include international collaboration on cancer protocols; observables templates edited and updated for AP and MP |

Review Timetable

|  |  |  |
| --- | --- | --- |
| **Review date** | **Responsible owner** | **Comments** |
| 20161218 | Matthew Cordell | Request for revision; appendix A proposed |
|  |  | (remove or add rows if necessary) |

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# Glossary

## Domain Terms

|  |  |
| --- | --- |
| Synoptic report | A document, historically developed as print copy, which summarizes and enumerates findings of importance identified by the pathologist in the course of examining and analyzing patient specimens submitted for pathologic analysis. A cancer synoptic report organizes observations of the pathologist and clinical laboratory for a case which has led to the pathological diagnosis of malignancy. Synoptic reports supplemented by biomarker worksheets prepared and published by the College of American Pathologists serve as a standard for cancer case reporting in the US realm. |
| Histopathology | The examination of a biopsy or surgical specimen by a pathologist, after the specimen has been processed and tissue sections have been placed onto glass slides for microscopic examination |
| Anatomic pathology | A medical specialty that is concerned with the diagnosis of disease based on the macroscopic, microscopic, biochemical, immunologic and molecular examination of organs and tissues |
| Molecular pathology | An emerging discipline within pathology which is focused on the study and diagnosis of disease through the examination of molecules and molecular structure within organs, tissues, tumors or bodily fluids. Molecules often studied include DNA, RNA and proteins. |
| Nucleotide sequence | An ordered series of base pairs in a DNA or RNA molecule that is the basis of genetic transcription and encoding of proteins. Structurally, a gene is a sequence of nucleotides. |
| Chromosome | A double stranded pair of DNA molecules which are reciprocal and bound by histones in humans. During mitosis chromosomes condense and become visible by light microscopy, consisting of two chromatids joined at a centromere. |
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# Introduction

## Purpose

The purpose of this project is to review, elaborate, model, deploy and test expanded SNOMED CT content to serve the structured reporting of detailed anatomic pathology(AP) and molecular pathology(MP) data in the diagnosis, staging and treatment of cancer. The scope of the effort includes all IHTSDO members with interest in standardizing their cancer treatment protocols.

In the domain of molecular pathology, it subsumes and replaces Art227316 “Malignancy with gene mutation” and Art63284 “Genetic carrier of X”. It further collaborates with and develops material for Art6283 “Observable entity concept model” and collaborates with and develops material for the LOINC technology preview.

## Audience and stakeholder domain

The audience for this document includes all standards terminology leaders, implementers, EHR vendors and clinical users of SNOMED CT and LOINC but is especially targeted at stakeholders from pathology and oncology professional societies including, but not limited to the College of American Pathologists(CAP)), Royal College of Pathology(RCP), Royal College of Pathologists of Australasia (RCPA), Canadian Association of Pathologists, European Society of Pathologists, International Collaboration on Cancer Reporting(ICCR), American Society of Clinical Oncology(ASCO) and related organizations.

### Input from stakeholders

Discussion within the iPaLM SIG including input from staff of CAP, RCP, RCPA and other pathologist professional groups have widely affirmed the importance of structured data reporting of cancer synoptic reports.

As this project heavily invests in the deployment and use of content in the domain of 363787002 | Observable entity (observable entity) | (henceforth referenced as Observables in this document), the Observables project team and their consultants has been involved with this project and have participated from inception.

### Degree of consensus on the statement of problem

Initiatives from a number of IHTSDO members including US, UK, Australia and Canada are underway in the domain of cancer treatment especially in the subject area of personalized or precision medicine which employs detailed genomic observations regarding patients and the cancers they bear in order to guide diagnosis and treatment. It is a matter of wide agreement across these projects that the EHR must support increasingly detailed anatomic and molecular pathology data to guide and document treatment, as well as serve within research databases for investigation. Professional organizations for pathology, oncology and the clinical research community support these needs. There is also an ongoing discussion within the international community regarding trans-national collaboration and coordination of research and clinical use cases in cancer diagnosis. SNOMED CT is uniquely positioned to play a significant role in this work as an international terminology.

Pathology communities and users of pathology data are currently burdened vendor systems that report only with SNOMED 2 and several member countries including Australia, New Zealand, Sweden, and the United Kingdom, are looking into ways to transition from SNOMED 2 to SNOMED CT.

In Sweden there is currently work on synoptic reports for pancreas, breast, and cervix cancers as well as malignant melanoma while planning for other cancer diagnoses is under way.

# Statement of the problem or need

## Summary of problem or need, *as reported*

Cancer synoptic worksheets, checklists and tissue pathways are the prevailing form of text-based structured cancer reports based on anatomic pathology (histopathology) and molecular (genomic and proteomic) pathology assessments. Many national pathology societies produce and publish synoptic worksheets for use in their realms and these enumerate the clinically important data elements that should be reported by the pathologist for diagnostic and prognostic purposes by clinical care teams. The international community under the coordination of the International Collaboration on Cancer Reporting (ICCR) is in the process of harmonizing the data elements between national professional colleges to promote internationally consistent cancer reporting. A review of the academic literature and discussion with users of the cancer synoptic data demonstrates that structured reports will not realize their full potential and clinical data will not provide decision support and promote epidemiology until data elements are reported with computable, standardized clinical terminologies. The IHTSDO and LOINC committees have separately supported past projects to accomplish this for CAP synoptic protocol check sheets. Those sets of terminology for AP and MP have not been accepted or deployed primarily related to lack of collaboration and limitations of content. To date, no broadly accepted terminology code set has been successfully deployed for detailed reporting of cancer synoptic data elements but it is a matter of general agreement that SNOMED CT (Observable entity) and LOINC represent the appropriate semantic domains.

## Summary of requested solution

Develop, deploy and test an extension of SNOMED CT Clinical findings, Observable entities, Body structures and related domains which uniquely capture and encode the clinical content reported in Cancer synoptic reports. In phase 1 this will extend across 35 of the 82 types of malignancies reflected in synoptic worksheets developed and published by the College of American Pathologists(CAP)[ref] of the United States. If publication by the National Library of Medicine (US) leading to collaborative testing proves successful and response from IHTSDO member community is favorable, the content will be promoted to SNOMED CT International edition for evaluation and deployment by all IHTSDO members.

Phase 2 planning will begin concurrently with development in phase 1 and will consist of review and cross mapping of overlapping content from cooperating international professional societies proceeding in collaboration with the ICCR. Subject matter from each collaborating professional organization will be harmonized and an expanded and comprehensive core data set supporting precision medicine in cancer serving all IHTSDO members scope will be developed growing out of the work of phase 1. Phase 2 deliverables will be designed to support full interoperation of cancer research data across all IHTSDO members.

## Statement of problem *as understood*

The SNOMED CT concept model does not currently support detailed genomic or proteomic data within Observable entities, Clinical findings or related hierarchies. In addition to applying a harmonized SNOMED CT – LOINC concept model for Observable entities to the details of AP and MP observables, extensions to SNOMED CT content and concept model will need to be prepared and tested for MP observables which relate to genotypic and phenotypic observations.

Cancer synoptic worksheets from CAP were prepared and vetted for scientific content but were not validated by informaticians for representation of discrete, well-formulated data. Semantic analysis and systematic application of a harmonized concept model for Observable entities will be required for all 82 work sheets.

Some of the content within scope of the project exists in SNOMED CT, LOINC or both. Most of the content represents new material by virtue of the evolution of the science, or due to the higher degree of granularity offered by the harmonized concept mode for Observable entity. Conceptual content developed from semantic analysis of the CAP work sheets will need to be reviewed for content overlap with existing SNOMED CT or LOINC content. Existing SNOMED CT content will need to be fully defined when possible and tested. Existing LOINC concepts will be defined with the harmonized model and published within the expression data set agreed by the IHTSDO and Regenstrief. All material will need to be reviewed and assigned LOINC codes by the LOINC committee.

Publication artifacts from the project will include an RF2 release of the extension content and any associated map content for the IHTSDO community of use. In collaboration with Regenstrief, an ontology of LOINC concepts in OWL format accompanied by maps to SNOMED CT defining elements will be developed.

## Detailed analysis of reported problem, including background

History of worksheet coding: CAP was the original owner and developer of SNOMED. For their member use within the discipline of anatomic pathology, they developed many Observables concepts which were carried forward in the merger that developed SNOMED CT. However, systematic implementation of this code set in any electronic record software never occurred and all Observables concepts in SNOMED CT today are modelled as primitive as no concept model existed for Observables at the time of the original work. Approximately 160 concepts currently exist within the body of SNOMED CT from those efforts.

The laboratory LOINC committee developed LOINC codes for CAP concepts in anatomic pathology in projects during 2003 and 2006. These total 122 concepts in LOINC 2.56 and are labelled with Method of “CAP cancer protocols”.

Appearance of molecular biomarkers: CAP began with the addition of work sheets for tumor biomarkers in 2014. This was in response to the increasing clinical use of molecular and genomic data in the diagnosis, prognosis and treatment planning for cancer. They currently number 13 of the 82 types of cancer contained in the AP work sheets. The laboratory LOINC committee has been very active in recent years in molecular pathology and genomic observables, and 1379 concepts exist in LOINC 2.56 with the method “Molgen”. An additional 1252 molecular probes employing polymerase chain reaction methods exist, targeting DNA and RNA of microorganisms for microbiology.

Consistency and alignment between ITHSDO members: IHTSDO members have professional societies with attention to pathology and laboratory medicine and there is no consistency at this time in the application and reporting of pathology data for cancer across realms. Pathologist professional organizations from many IHTSDO members formed the International Collaboration on Cancer Reporting(ICCR) in 2011. This organization has the stated objective of consolidating and standardizing cancer datasets for pathology reporting. At this time the collaboration has produced a handful of datasets.

The International Pathology and Laboratory Medicine (iPALM) SIG of the IHTSDO began a collaborative effort with the RCP in London in the fall of 2015. At that meeting, pathology professionals from the US and UK met with consultant terminologists and leadership of the IHTSDO to discuss conceptual content and procedures for application of the Observables harmonized concept model in service of synoptic protocols. iPALM has convened regular meetings and teleconferences since that initial gathering and has expanded scope to involve professional participation from six IHTSDO member countries and the ICCR. Cross mapping of content between CAP, RCP and RCPA protocols has already begun with an effort in colorectal and pancreatic cancer.

At an iPALM meeting in London April of 2017, RCP, RCPA, ICCR and the Swedish Society of Pathologists sent delegations. Colorectal harmonization activities were reported by RCP and the Swedish delegate reported on pancreatic cancer coding. By unanimous agreement of the delegates this project was extended to include an ICCR harmonization report synoptic with the CAP cancer protocol reports developed by Nebraska as an informative source. The next project for harmonization was agreed as lung cancer.

## Subsidiary and interrelated problems

Challenges of genomic data: Neither SNOMED CT nor LOINC currently employ an anatomic subcellular anatomy, molecular process inventory or detailed molecular model for nucleic acids or cellular proteins. Both terminologies, especially LOINC, include terms in concept descriptors that relate to these subcellular features that have emerged from research on the human and cancer genomes as clinically relevant to human medical practice. At this time the clinical terminology has no defining features in the concept model underlying SNOMED CT.

Disconnects from scientific terminology resources: The scientific community has been active in organizing, structuring and publishing ontologies and databases which document the knowledge flowing from the explosion in research. For medicine, the Human Genome Organization supports the activities of the Human Gene Nomenclature Committee which maintains a database of human genes that cross references the databases of DNA, RNA, proteins and molecular cellular processes at the basis of human life. These resources form a rich terminological knowledge-based network of reference material which has no computable links to the clinical terminologies of the EHR. Employing these resources as referential definitions of the language of clinical molecular pathology would be an important step in uniting the bench and the bedside.

Complexity of harmonized concept model: The semantic domain of Observable entities proposes to serve a broad spectrum of types of observations originating in laboratory medicine, pathology, radiology, physical examination, patient history and more. In order to define such a varied spectrum of concepts, the harmonization concept model proposed is complex and hard to understand. This is a major threat to reproducibility of terminology development in this domain and early studies suggest that consensus-based templates applying the proposed model to individual use cases will be necessary for uniform results. Application of the proposed model to a new complex field such as molecular pathology and genomic/proteomic observables will pose a substantial challenge.

Issues from SNOMED CT - LOINC harmonization: The agreement between RI and the IHTSDO in 2008 specifies that no SNOMED CT concept identifiers may be developed or employed in communication or aggregation of Observables data. This places substantial restraints on the publication and promulgation of Observables harmonization for the IHTSDO community. The current agreement, negotiated with NLM, IHTSDO leadership and the Regenstrief Institute, specifies that publication of developed content will occur with only LOINC codes as concept identifiers but that SNOMED CT data systems may load the material employing extension concept codes unique to their site.

# Risks and Benefits

### Risks of not addressing the problem

The challenges to clinical terminologies imposed by Personalized (Precision) Medicine will not go away and are likely to rewrite standards for clinical documentation of care. A central focus of this upheaval is the diagnosis and treatment of cancer. If SNOMED CT does not expand and refine the concept model to serve these use cases, it runs the risk of becoming irrelevant and facing new challenges from alternative terminologies yet to be developed or in use in the scientific community.

Increasingly, medicine is a collaborative effort and international in scope. Sharing of research and clinical data across national borders is becoming widespread. Interoperation of such data is becoming a requirement in order to assure effective aggregation of datasets. SNOMED has a unique historical position as a leader in terminology for pathology and to drop that baton SNOMED would suffer loss of international credibility and prestige.

At this time the world-wide community of use of the EHR has a schizophrenic attitude toward the deployment of Observables content. Some IHTSDO member realms employ LOINC codes while others shun their use but have no substitute for content. A viable, consistent approach to interoperation must be addressed or we will suffer more fragmentation of the use community and not follow the spirit of the 2008 harmonization agreement.

### Risks of addressing the problem

Risk of merging with scientific term sets relate primarily to editorial migration of the principles and practices of the scientific references, with resultant semantic disconnect and/or ambiguity.

IHTSDO members may be confused with proposed procedures and rebel, asking for SNOMED CT compliant solution in publication of Observables.

Efforts to encode molecular pathology by extending the Observables concept model to include subcellular anatomy may diverge from other as yet unnamed terminology efforts, leading to an orphan terminology development not acceptable to the international community.

# Requirements: criteria for success and completion

## Criteria for success/completion

## Strategic and/or specific operational use cases

GOAL 3: DEVELOP & EXECUTE A ROADMAP FOR THE COMPLETION OF RELEVANT CONTENT/MAPPING WORK FOR SNOMED CT THAT GIVES IHTSDO THE DIRECTION TO MARKET WITH ALL STAKEHOLDERS

GOAL 5: START DEVELOPMENT OF WORK TO POSITION IHTSDO AS A LEADER IN THE AREAS OF MOBILE HEALTH, CONSUMER HEALTH, GENOMICS, RESEARCH & BIG DATA ANALYTICS

### Use case 1: Deployment of work sheet data in an EHR

Test case 1(Clinical care): Clinical acceptability of cancer worksheet in Epic as fit for purpose

Test case 2(Clinical research): Demonstration of the clinical utility of observations of tumor budding in the prognosis and staging of colon cancer.

#### Fit with IHTSDO strategy

Deployment of structured AP and MP data for clinical cancer management relates to both goals 3&5 of the IHTSDO strategic plan. These data sets represent critical components of national plans for cancer diagnosis and treatment. The addition of molecular pathology data adds the important dimension of genomics to the project and assures the importance of this project for big data analytics. Involvement by multiple IHTSDO members with the iPALM project support the importance of this work to the IHTSDO.

### Use case 2: Deployment of work sheet data in research data warehouse

Test case(Personalized Medicine): Assemble a cohort of ‘triple negative’(Estrogen receptor, progesterone receptor and Her2 receptor) breast cancer cases for staging research by oncology investigators integrated in a research dataset with EHR and tumor registry data

#### Fit with IHTSDO strategy

Extension of the SNOMED CT concept model for genomic and proteomics, binding of the concept model to ontologies from NCBI and the application of the extension data within a ‘big data’ warehouse uniquely position this project on the forefront of strategic goal #5.

# Solution Development

## Design

### Outline of design – Phase 1

#### Prioritize the sequence of synoptic development with IHTSDO members and the ICCR. For those synoptic reports identified, iteratively analyze semantics in CAP work sheets; define content and FSN for required observables; review with iPaLM and ICCR domain experts for subject matter and agree content

#### Extend SNOMED CT content (attributes and qualifiers) to support Observables definition in AP

#### Extend the SNOMED CT concept model and add content in observables, body structures, substances and qualifiers to include genes and proteins as needed for MP use cases

#### Bind Genes, subcellular anatomy and proteins by reference to NCBI ontologies and classify with SNOMED CT

#### Vet analyzed content with Observables project for definition; define use cases and develop consensus templates for application of concept model; document templates as part of an editorial observables guide

##### 6.1.1.5.1 Anatomic pathology

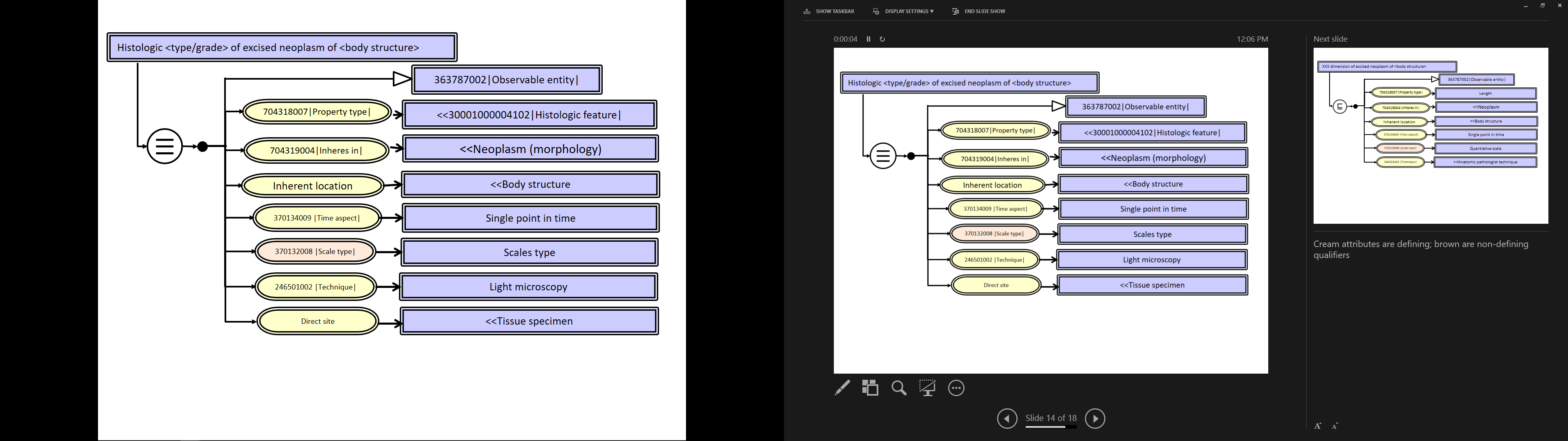
*Morphologic and Histopathologic Tumor Observations*

Routine histopathologic observables required addition of several <<|Measurement property(qualifier)| in order to fully define characteristics of the microscopic and morphologic observations made by pathologists.

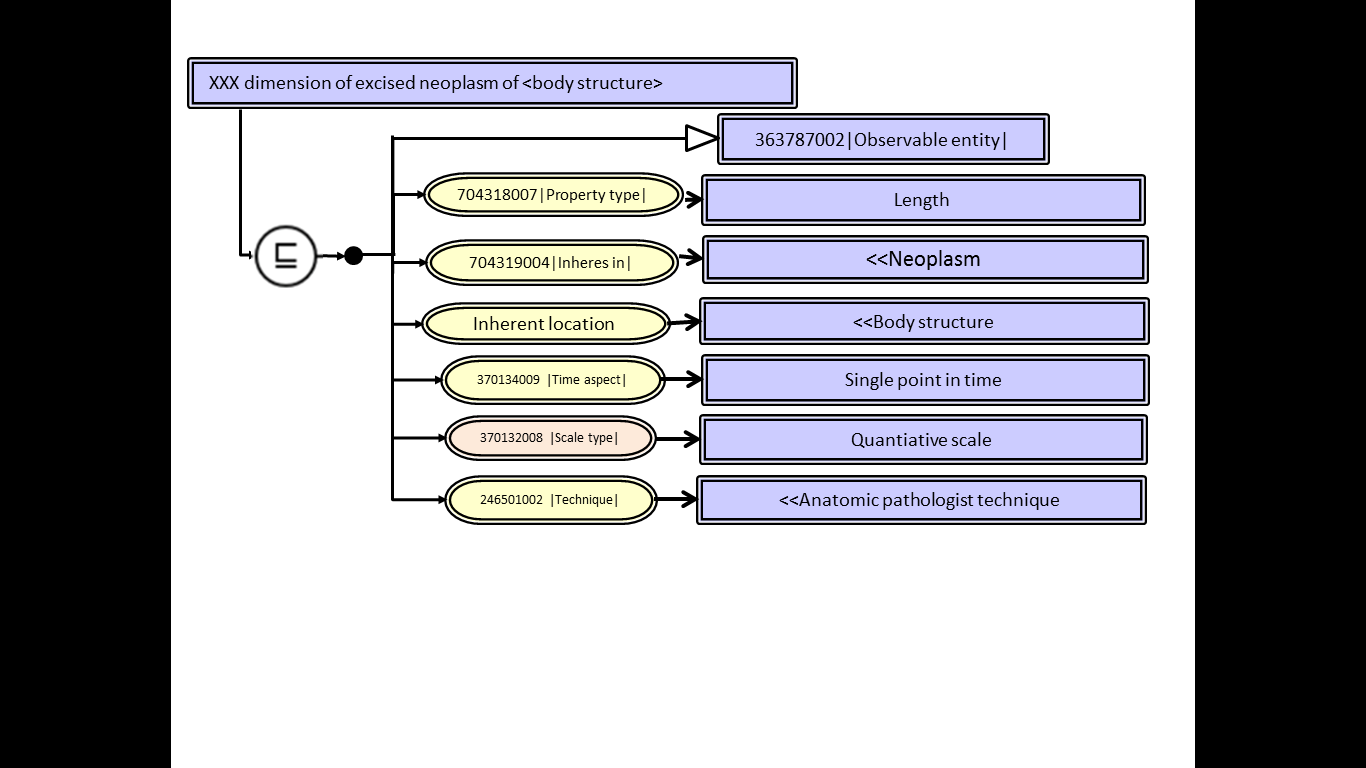
***Anatomic site of excised neoplasm***

****

***Histologic <type or grade> of excised neoplasm of <body structure>***

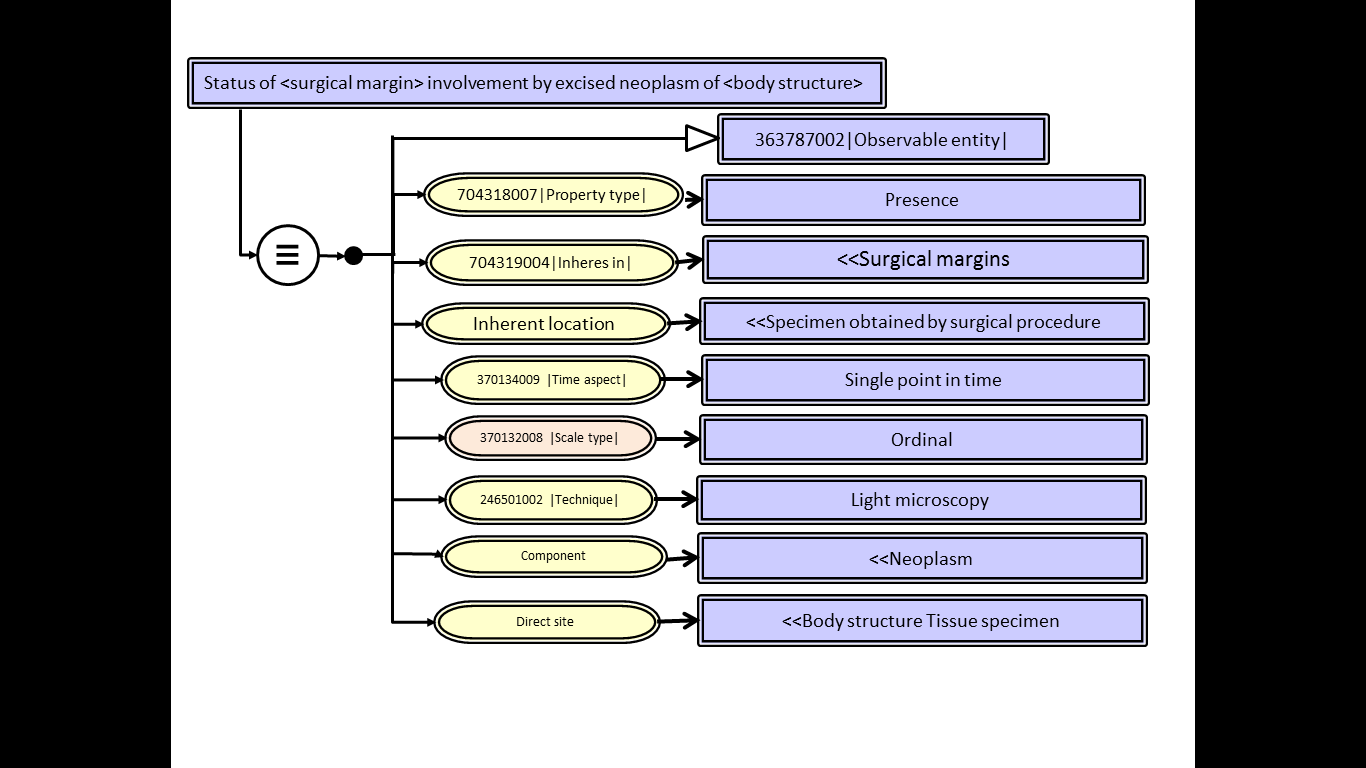


***Tumor size of excised neoplasm***

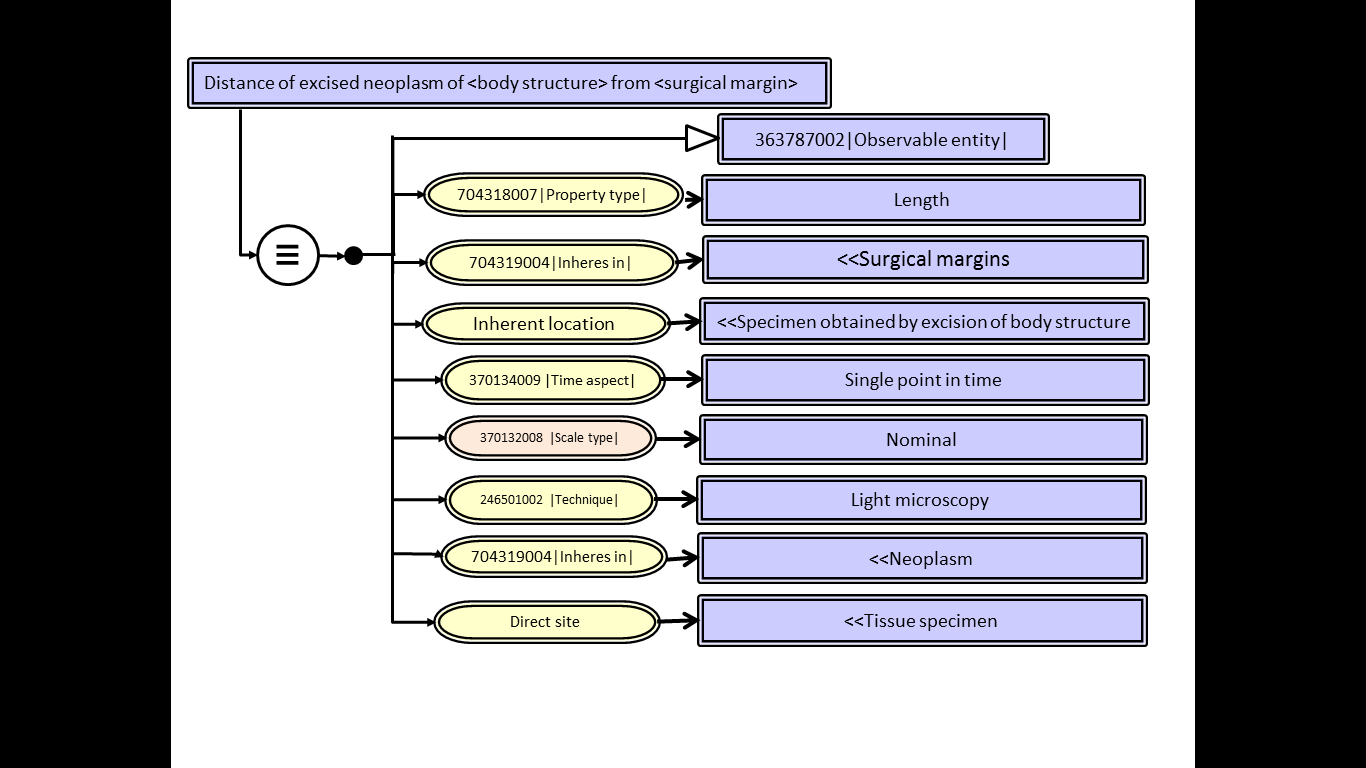


*Observations of and about surgical margins*

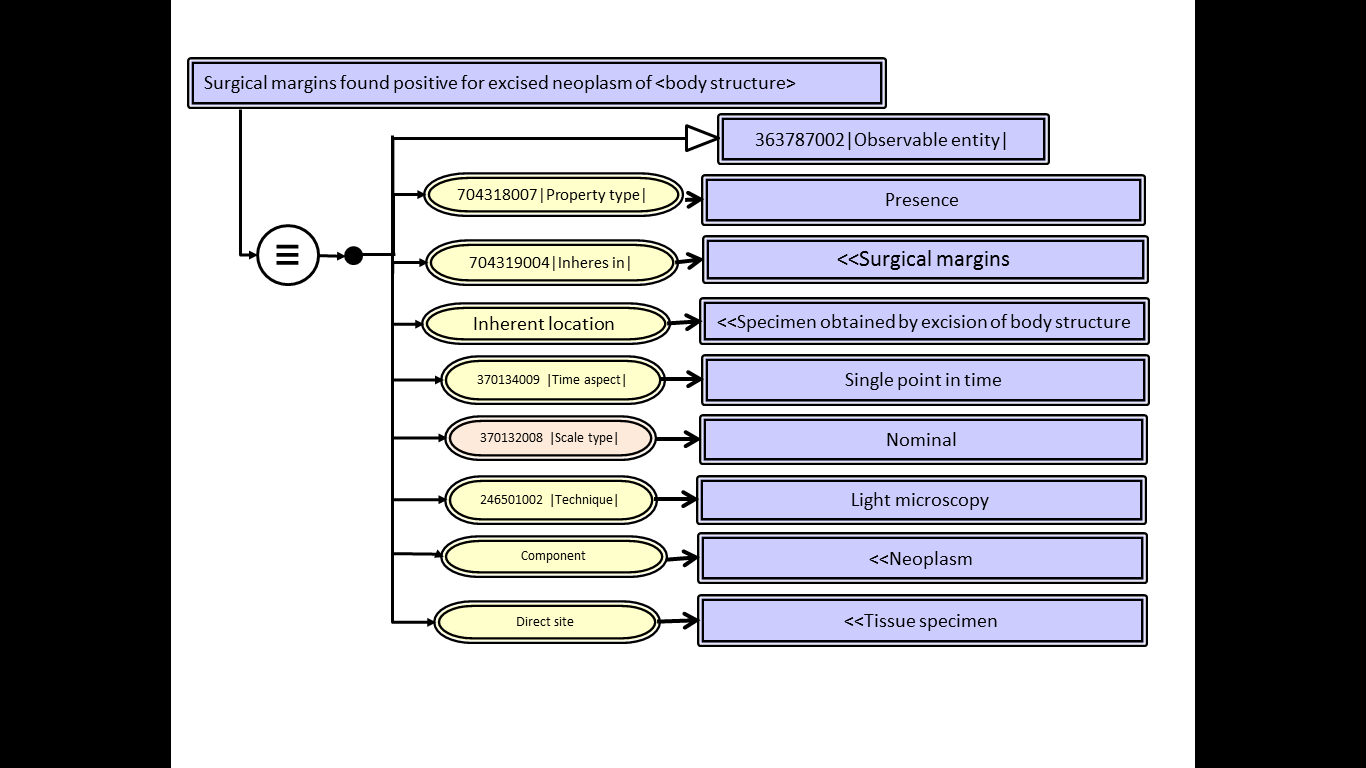
***Status (presence of) surgical margin involvement by excised neoplasm of <body structure>***



***Distance of excised neoplasm of <body structure> from <surgical margin>***



***Surgical margins found positive for excised neoplasm of <body structure>***

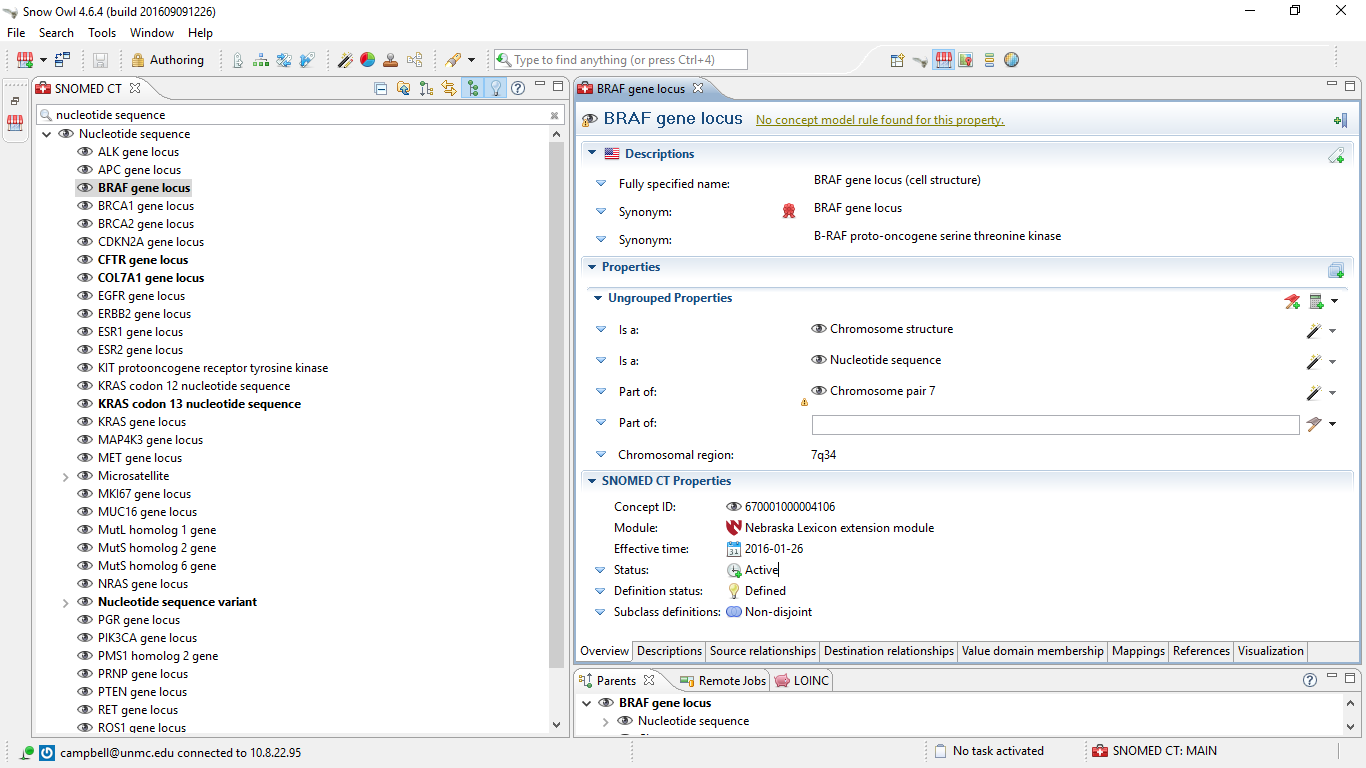


##### 6.1.1.5.2 Molecular pathology and genomic observables

**Genetic subcellular features**

Nucleotide sequences and gene loci

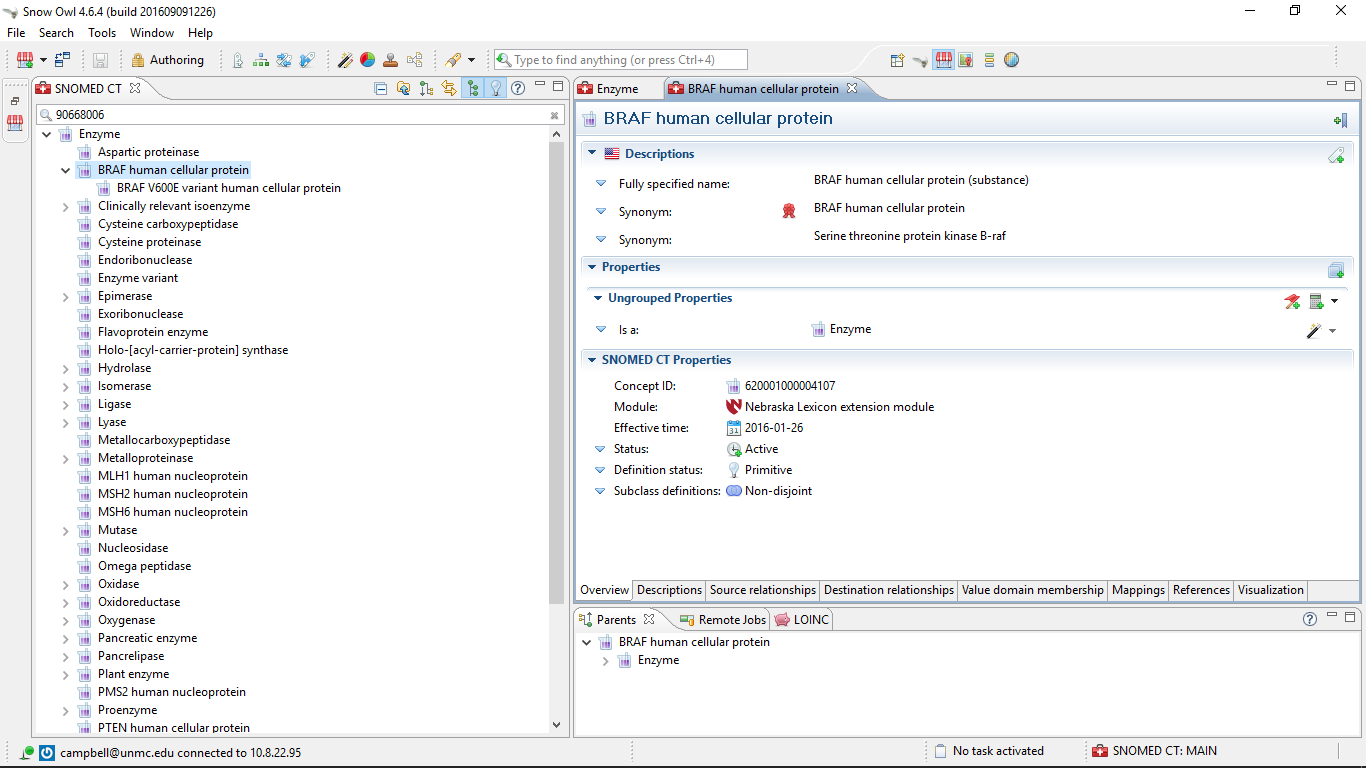
Gene loci and nucleotide sequences are structural features of the subcellular environment found in nuclear DNA. DNA and RNA may be found in the nucleus, mitochondria and the cytoplasm but nuclear and mitochondrial DNA specify the genetic makeup of the eukaryotic organism including humans. SNOMED International core contains no detailed representation of gene structure and those are necessary to fully define many MP observables. Nucleotide sequences are added as subcellular structures and subtypes of named gene loci are added and defined by reference to the HGNC structural data which has arisen from sequencing and characterization of the human genome. Sequence variants are further defined as subtypes of nucleotide sequence which represent specific structural gene alterations of clinical significance.



Proteins

Proteins are large biomolecules, or macromolecules, consisting of one or more long chains of amino acid residues. Proteins perform a vast array of functions within organisms, including catalysing metabolic reactions, DNA replication, responding to stimuli, and transporting molecules from one location to another. Proteins differ from one another primarily in their sequence of amino acids, which is dictated by the nucleotide sequence of their genes, and which usually results in protein folding into a specific three-dimensional structure that determines its activity.[Wikipedia, 2017]

In the SNOMED CT concept model, proteins are subtypes of 105590001|Substance| and are categorized functionally and by molecular properties. The concept model has not been elaborated for Substances, however as part of the molecular pathology developments for SNOMED CT, we anticipate providing definition by reference for proteins to Uniprot and other scientific databases.



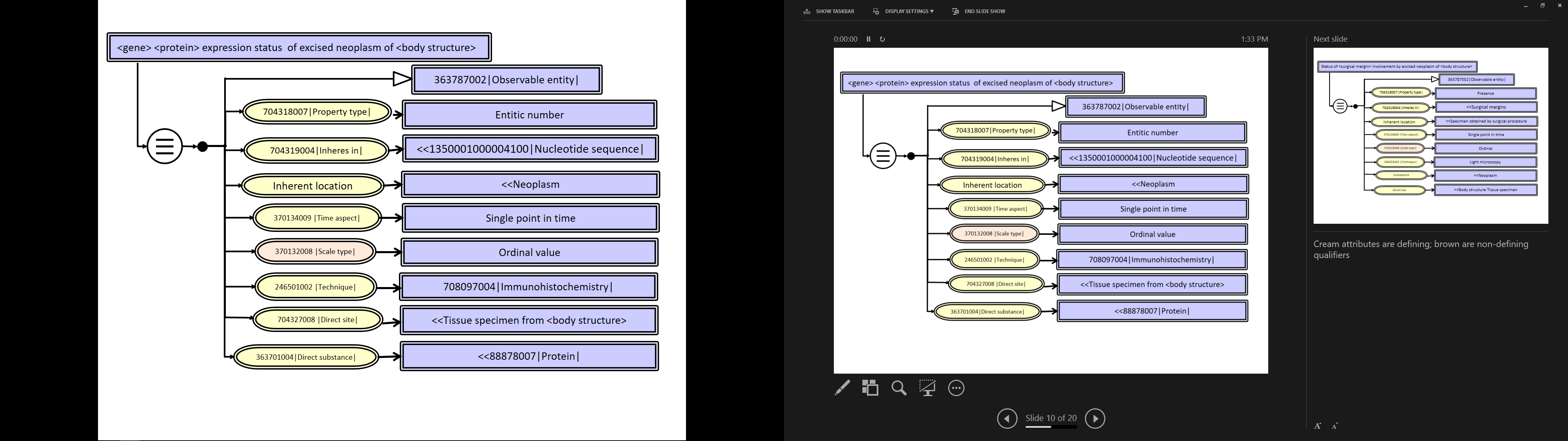
Tumor biomarkers

Observations regarding genetic makeup of tumors may be accomplished using: a)immunohistochemical analysis for (normal or) variant proteins as surrogates for nucleotide sequence, b)by directly observing nucleotide sequence data from neoplastic tissue, c)amplifying or hybridizing neoplastic DNA or RNA and determining presence and location of the (normal or) abnormal nucleotide segments using fluorescent, radiological or other probes.

For sequence analysis, immunohistochemistry basically counts cells staining positive with protein-specific fluorescent stains. Both immunohistochemistry and sequencing observations are seeking to assess the detailed gene structural differences that in turn characterize the molecular basis of the neoplasm, Hence both classes of these observables INHERE\_IN the gene locus (nucleotide sequence) of interest but assess different phenotypic features - nucleotide sequences or the proteins they produce.

Immunohistochemical data

***Expression status of <Protein> coded by <gene> within excised neoplasm of <body structure>***

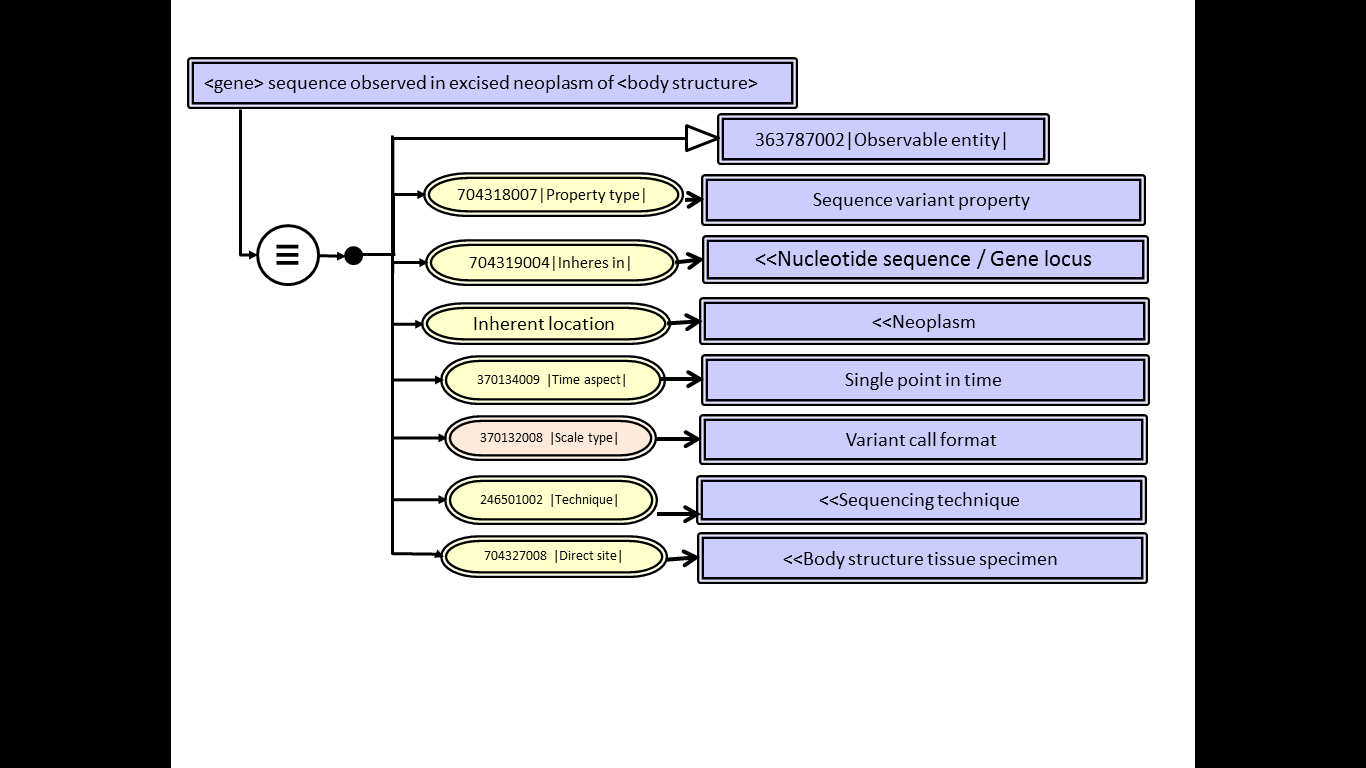
******

Neoplastic sequence data

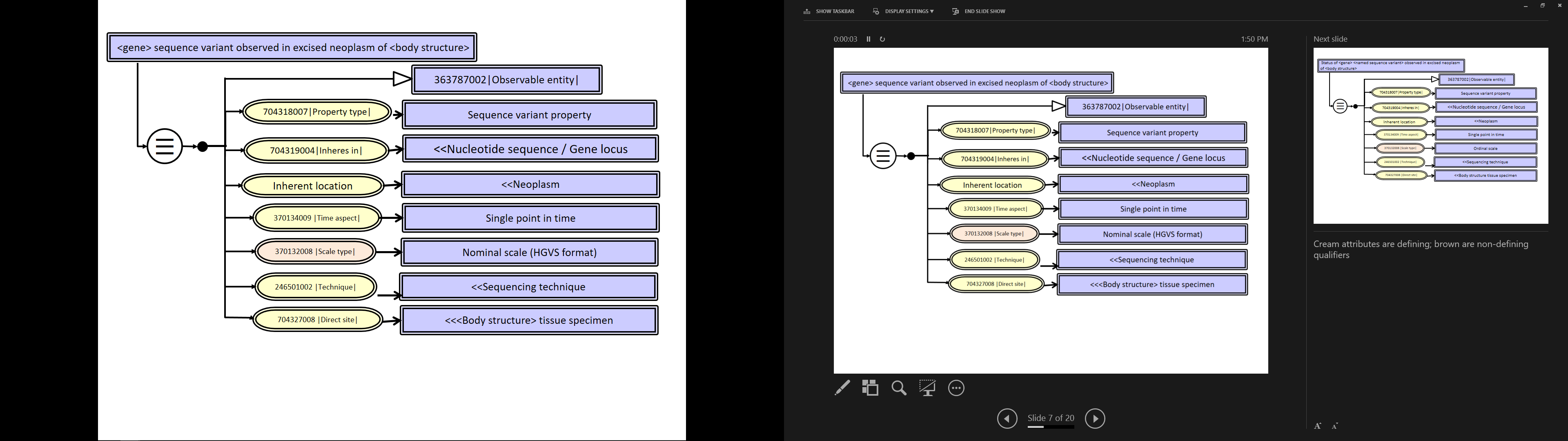
Nucleotide sequence observations may be reported as: 1) full file (variant call format(vcf)) report of an entire gene sequence, 2) Human Gene Variant Society(HGVS) formatted data reporting only variants found in a gene along with the reference genome or 3) pre-coordinated ordinal level data reporting the presence or absence of a specific characterized sequence variant. Sequence variants may be germ-line if they were inherited from the parents (congenital) or somatic if they occur developmentally later in life. The majority of cancer (malignant neoplasms) represents growths that originate as somatic variants.

***Nucleotide sequence (raw data in vcf format) detected in <gene locus>***

***of excised neoplasm of <body structure>***

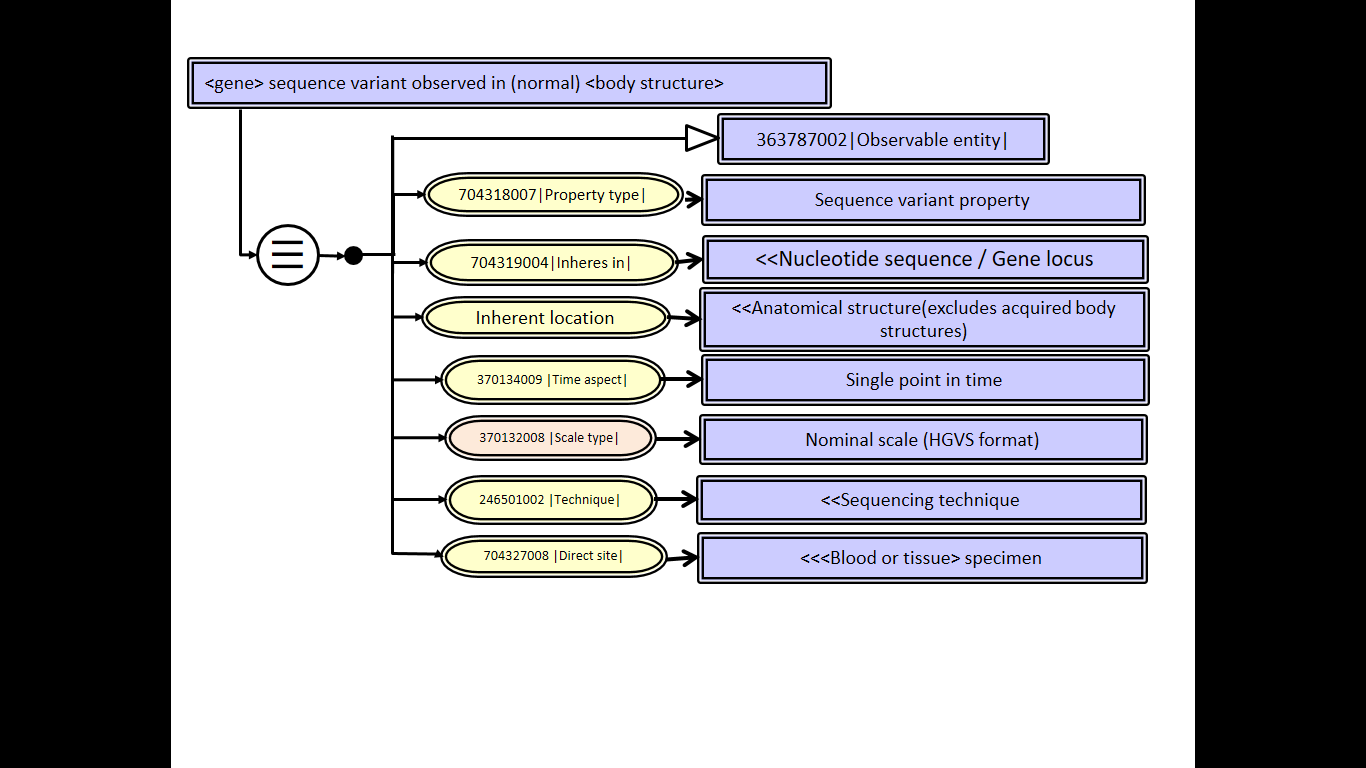


**(Somatic) sequence variant detected in <gene locus> of excised neoplasm of <body structure>**

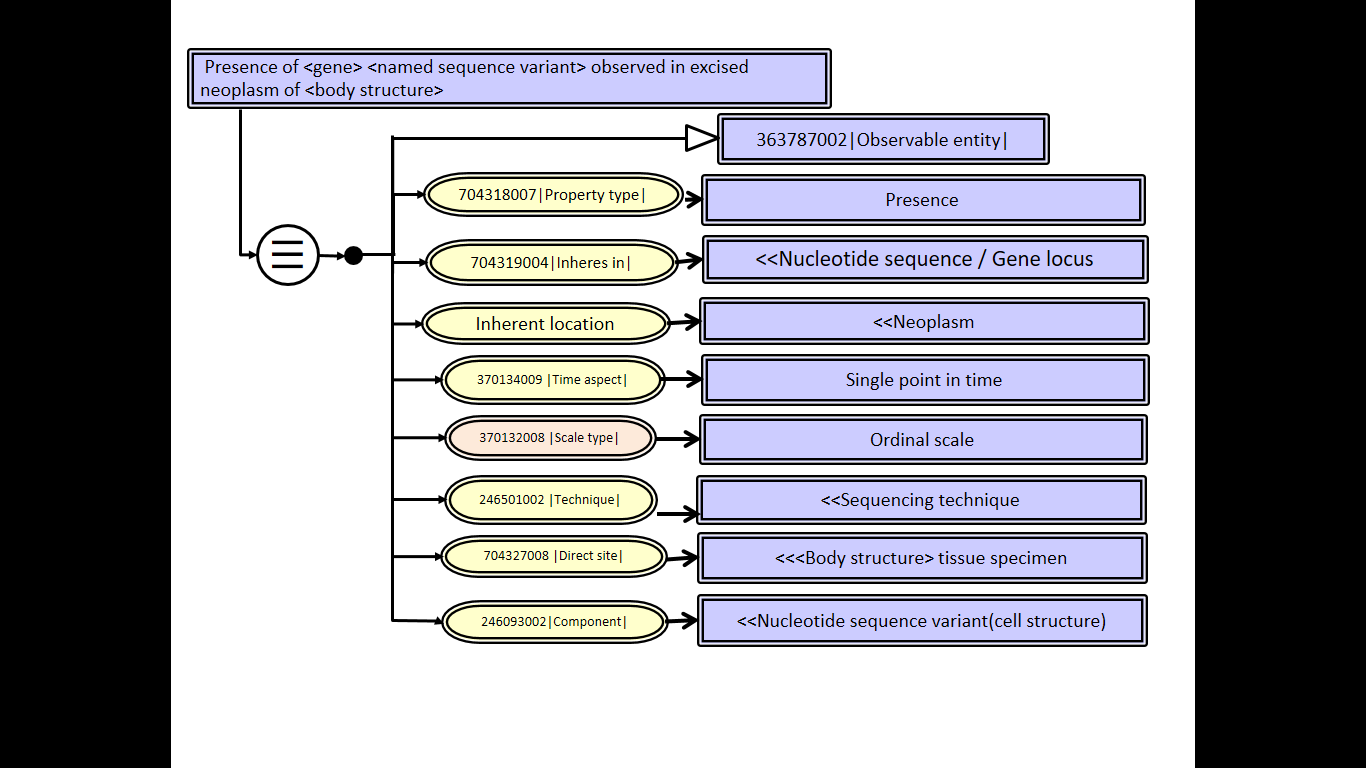


***(Germ line) sequence variant detected in <gene locus>***

***of <anatomical structure>***



***Presence of <sequence variant> in <gene locus> of excised neoplasm of <body structure>***



#### Deploy and test new content in Nebraska Lexicon© extension namespace

#### Integrate LOINC-SNOMED CT technology preview into Nebraska Lexicon© and classify as SNOMED CT extension

#### Work with LOINC committee to map all Observables content to LOINC codes for joint publication

#### Publish RF2 and OWL content in NLM UMLSTS for member comment; publish annotated CAP work sheets including coded observables and SNOMED CT valuesets

Discussions with NLM at Wellington meeting agreed upon the following artifacts: 1)RF2 release structures for Nebraska Lexicon© including integrated technology preview employing LOINC code map for external communication and installation software for IHTSDO compliant implementation; 2)Observables ontology for harmonized LOINC-SNOMED CT content in OWL format; 3)CAP Cancer Worksheets© in pdf format annotated with Observables coding in LOINC and SNOMED CT valuesets.

#### Deploy content in UNMC Anatomic Pathology system (COPATH®) and interface work products to the clinical enterprise employing HL7 messaging

#### Outcome evaluation: Deploy interfaced content to research data warehouse and assess research test case

#### Outcome evaluation: Deploy interfaced content to the EHR (Epic®) and assess fitness of purpose for clinical use case

#### Outcome evaluation: Assemble evaluation data from test deployments and submit with content for promotion to the International release of SNOMED CT

### Design - Phase 2

#### iPALM in conjunction with the ICCR will recruit collaborators across IHTSDO members for co-development in pathology

#### Synoptic datasets developed in phase 1 will be mapped to content in use within member countries and analyzed for alignment and additional terminology use cases

#### Domain experts collaborating from non-english speaking countries will translate FSN and preferred terms for their NRC extension namespace

#### iPALM will manage a consensus conference with collaborators and ICCR ongoing to validate cancer terminology refsets and propose international standard

#### Outcome evaluation: Retrospectively mine structured data via NLP from historical CAP worksheets from Nebraska for breast, pancreas, lung and colorectal cancer

#### Outcome evaluation: Paper reporting merged epidemiologic data for breast cancer from cooperating centers

### Significant design or implementation decisions / compromises

Multiple face-to-face meetings of iPaLM and Observables project team have been necessary to develop the procedures for semantic analysis and structuring of the observables content of the worksheets. Frequent rechecks with the domain experts have been necessary to keep this activity on target.

Concept model extensions for Body structures and Substances have gone through several iterations with suggested enhancements including: 1) do not replicate scientific data in SNOMED CT which will then require curation and synchronization and 2) bind SNOMED CT extensions for molecular to authoritative scientific reference ontologies.

The concept model for Observables is complex and subject to non-reproducible application. As we have encountered new types of Observables in semantic analysis of the worksheets, we have required consultation with the Observables project team and from those discussions we have developed templates for inclusion in the editorial guide for Observables.

### Evaluation of Design

#### Exceptions and Problems

* The IHTSDO-Regenstrief agreement of 2008 severely limits publication and implementation of new and existing Observables content for SNOMED CT compliant electronic databases. However the semantic nature of data in the CAP cancer protocol worksheets clearly calls for substantial content <<363787002 | Observable entity (observable entity) |.

#### Design Strengths

* Binding of SNOMED CT genes, proteins and cellular processes to recognized and authoritative scientific reference standards
* Detailed and fully defined structured datasets for anatomic and molecular pathology in cancer
* Employment of agreed harmonized model for Observable entities and publication of content for IHTSDO and LOINC communities of use
* Publication of harmonized observables content suitable for deployment by SNOMED CT or LOINC communities of use

#### Design Weakness

* SNOMED CT concept codes may not be employed outside of organization for communication of Observables content nor for data aggregation of Observables between organizations; LOINC codes must appear in all HL7 messages and data aggregation activities
* Reproducibility of the harmonized model for Observables

#### Design Risks

|  |  |  |
| --- | --- | --- |
| **Description of risk** | **Importance** | **Mitigation plan** |
|  |  |  |
|  |  |  |

# Recommendation

### Detailed design final specification

See chapter 6

### Iteration plan

We plan for continuous quality improvement consisting of content review and revision of modelling with each CAP work sheet. iPaLM SIG and the Observables project team will be the primary review agents.

# Quality program criteria

## Quality metrics

### Quality metric 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component** | **Characteristic and Description** | | **Metric** | **Target** | **Result** |
| Logic definitions of concepts in Observables | **Char:** | sufficiently defined | * Proportion sufficiently defined * Numerator: count of those defined. * Denominator: count of all concepts under <concept nnnnn> | 95% |  |
| **Descr:** | Concept logic definitions should be “defined” not “primitive” |

### Quality metric 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component** | **Characteristic and Description** | | **Metric** | **Target** | **Result** |
| Fully specified names in <domain> | **Char:** | Adherence to terming guidelines | * Proportion meeting guidelines, based on manual review | 100% |  |
| **Descr:** | The fully specified name should adhere to terming guidelines listed in the editorial guide, sections <list sections> |

## Use case scenarios

### Scenario One: EHR deployment

#### Expected Setting: Epic electronic health record

#### Data capture requirement

Clinical pathologist will electronically ‘fill out’ the CAP cancer worksheet in COPATH® tailored to employ structured data recording. Structured AP and MP data will pass by HL7 interface to the Epic® EHR where it will be stored in context as structured flowsheet data reporting the pathologists observations.

#### Data retrieval requirement

The clinical oncologist and the primary care physician will access the AP and MP data in context in the EHR for record review and decision making.

### Scenario Two: Clinical research test case

#### Expected Setting: Department of pathology

#### Data capture requirement

Clinical pathologist will electronically ‘fill out’ the CAP cancer worksheet in COPATH® tailored to employ structured data recording. Structured AP and MP data will pass by HL7 interface to the pathology data warehouse where it will reside along with other clinical data

#### Data retrieval requirement

The clinical pathologist has developed an IRB approved research project to assess the utility of 104785321000004109|Status of tumor budding from excised carcinoma (observable entity)| in the staging of colorectal carcinoma. 100 retrospective cases will be encoded using the CAP work sheet data for this cancer. The research data warehouse will serve to retrieve relevant case material for the pathologist’ study.

### Scenario Three: Research data warehouse deployment

#### Expected Setting: Tissue biobank within enterprise data warehouse

#### Data capture requirement

Clinical pathologist will electronically ‘fill out’ the CAP cancer worksheet in COPATH® tailored to employ structured data recording. Structured AP and MP data will pass by HL7 to the Neo4j graph database to support the tissue biobank. HL7 messages will also be processed and organized into staging data for i2b2. Staging data will be periodically extracted and ported to the i2b2 data warehouse for clinical research purposes.

#### Data retrieval environment

Query functionality of the graph database will be used to retrieve research test cases as proposed by the consultant pathology team. Query functionality of i2b2 will be employed to select clinical cancer cases from the data warehouse for research projects to be specified by the Greater Plains Collaborative for clinical research.

### Scenario Four: International collaboration on breast cancer epidemiology

#### Data capture requirement

Expanded SNOMED CT and LOINC metadata employing the AP/MP terminology will be developed for distribution to the international community of use of i2b2. Cancer case data recorded with the COPATH® software and ported to the i2b2 data warehouse will be stored on this i2b2 platform.

#### Data retrieval requirement

ICCR collaborators define cancer research questions which can answered with the synoptic data reported to i2b2. A project which will query AP/MP data sets across i2b2 platforms in two or more countries will demonstrate the ability to retrieve multi-national data sets for clinical research.

# Project Resource Estimates

Estimate project size; Forecast project velocity and duration

Evaluate risks; Establish costs and articulate value; Plan deployment; Outline project lifecycle

## Scope of construction phase

Based upon historical analysis of pathology reports at UNMC, 95% of synoptic pathology reports address 35 different CAP work sheets. These 35 AP work sheets along with relevant biomarker work sheets (approximately 10 in number) will constitute phase 1 development. The project is budgeted for 18 months to completion and employs personnel with skill sets as follows:

* Consultant terminologist 0.5 FTE X 18 months
* Certified Implementation specialist 0.5 FTE X 18 months
* Anatomic pathology system analyst 0.25 FTE X 18 months
* EHR build analyst 0.25 FTE X 3 months; 0.05 FTE X 15 months
* EHR Interface analyst 0.10 FTE X 12 months
* Database programmer/analyst 0.25 FTE X 1 year
* Consultant physicians; pathology, oncology 0.05 FTE X 18 months

Work packages; phase 1:

* Project management
* Semantic analysis of CAP synoptic worksheets; terminology modelling and valueset development
* iPaLM collaboration and consensus
* Observables project collaboration and consensus
* COPATH anatomic pathology work sheet build and implementation
* HL7 outbound interface tailoring and implementation
* EPIC system analysis; inbound interface tailoring and implementation
* Tissue biobank; inbound interface tailoring and implementation; tools development
* Clinician liaison for use case assessment and documentation
* Terminology documentation and publication

## Projection of remaining overall project resource requirements

### Expected project resource requirement category

Major; Project manager assigned at Nebraska site

### Expected project impact and benefit

Updated view of impact and benefit, organized by stage if the project is to be staged

### Indicative resource estimates for construction, transition and maintenance:

Construction phase:

35 cancer worksheets account for 95% of cancer case volume at UNMC

Construction and transition phase: 500-600 new concepts; approximately 250-350 Observables

Maintenance phase: 500-1000 new ‘frequent usage’ concept requests in 1st 3 years

# Appendix A First review

12/18/2016

Review comments by Matthew Cordell

“Document meets most of the completion criteria, however I don't think the problem/solution is clear to those unfamiliar with the topic.

I think the document would benefit from at least a single example of the content that is problematic and how bits relate. LOINC/SNOMED CT/Protocols/Genetics are all mentioned, but not clear how the components relate. I have some idea, particularly after seeing the presentation in Wellington.

I'd suggest either a single example of current problem and proposed solution (to illustrate to readers the issue). Or include the presentation as an appendix/supplementary document (since it goes into a lot more detail). Currently the problem and solution are discussed in an almost abstract sense - at least for those unfamiliar with the topic/issue.

Otherwise the document is good, and no additional changes required.”