2020-02-26 Editorial Advisory Group Conference call

Date
2020-02-26

Time:
1800 UTC
1000 PST

Attendees
Chair:
Jim Case
AG Members
- Bruce Goldberg
- Guillermo Reynoso
- Jeffrey Pierson
- Jeremy Rogers
- Paul Amos
- Keith Campbell

Observers
Yongsheng Gao

Invites:
Daniel Karlsson
Toni Morrison

Meeting Files: Meeting minutes:
The call recording is located here.

Objectives
- Obtain consensus on agenda items

Discussion items

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Owner</th>
<th>Notes</th>
<th>Action</th>
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<tbody>
<tr>
<td>1</td>
<td>Call to order and role call</td>
<td>Jim Case</td>
<td>Start recording!</td>
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<td>2</td>
<td>Conflicts of interest and agenda review</td>
<td>Jim Case</td>
<td>No conflicts noted</td>
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<td>3</td>
<td>Diet findings vs. Diet regimes</td>
<td>Jim Case</td>
<td>Jeremy Rogers</td>
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<td>A proposal to replace many of the diet finding terms (e.g. high fat diet) with regime/therapy concepts has run into an obstacle with the current usage within the UKTC where these terms originated. In consultation with the UKTC, it has been proposed that we:</td>
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<td>• continue with the addition of valid diet regimes (current diet findings are being reviewed for validity)</td>
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<td>• inactivate and replace diet findings with more precise terming (e.g. Follows X diet regime (finding)) to allow for graceful evolution and traceability</td>
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<td><strong>Discussion:</strong></td>
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<td>Diets are both prescribed and “followed”. The regimes are driven by the needs of dietitians, the findings are required for observations about what diets are being followed by a patient, some of which would never be prescribed or endorsed.</td>
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<td>If the FSN needs to be changed for the clinical findings. What should be the terming for the FSN and what should be the PT?</td>
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<td>Regimes are sets of activities rather than a specific procedure. Should these be separated from the procedures hierarchy as a whole. Because they originated from the READ codes, moving them would cause issues with the current taxonomy.</td>
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<td>More specific FSNs are desirable. The more general issue of what to do with regimes is needed since none of them have “actions” associated with them.</td>
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<td>Is changing the FSN a technical correction? If the change to the FSN makes the implicit context explicit, then it would be a technical correction and no need to inactivate.</td>
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<td>Unanimous agreement that the FSNs can be changed. Proposed FSN “Follows X diet (finding)” with PT of “Follows X diet”. The implied meaning is this refers to Subject of record”.</td>
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<td>Additional discussion for a general model on regime/therapy is needed.</td>
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<th>4</th>
<th>Replacement of substance with Product in Adverse reactions</th>
<th>Toni Morrison</th>
<th>Jim Case</th>
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<td>A question regarding “Adverse reaction” CAUSATIVE AGENT. The work group has determined that these concepts should have the CAUSATIVE AGENT replaced with “Product” concepts. Is this a substantive change that requires inactivation and replacement? Estimated number of concepts 1500-2000 concepts.</td>
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<td><strong>Discussion:</strong></td>
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<td><strong>KCA</strong> - Suggested that we could address this with additional axioms that covers both substances and products.</td>
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<td><strong>DNA</strong> - There is an issue in that an allergy to substance is not the same as allergy to a product containing the substance.</td>
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<td><strong>GRE</strong> - agrees that the addition of another sufficient set would be beneficial in that it does not require inactivation. It also would have less impact on the implementers. While it does not resolve the ambiguity it adds benefit with less impact on extension and implementers.</td>
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<td><strong>JRO</strong> - What is the motivation given that allergies are modeled to substances? The ontological or philosophical reasons? Could a property chain also be an approach?</td>
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<td>Modeling with multiple sufficient sets makes the terms disjunctive. The motivation is that in most procedures, what is actually used is the product rather than a substance. This is the same for vaccines, which are now incorrectly listed as substances. There are challenges in being consistent in using substances OR products when searching. Suggesting that more testing in the use of multiple axioms,GCI's and role chains to identify any issues.</td>
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<td>Yongsheng Gao is preparing a discussion paper. Review and analysis of the alternatives is needed. Potential issue with property chains as it is unidirectional.</td>
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<td>Suggestion that any change should be done for both allergies and adverse reactions. Provide a uniform pattern is highly desirable. Some demonstration of the impact can be presented at a future EAG meeting. This issue will result in changes to adverse reactions not being available for the July release except for vaccine adverse reactions.</td>
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### Evaluation procedures vs. Observable entity

**Daniel Karlsson**

Propose way forward to address the apparent duplication between these two hierarchies:

- How to handle panels/batteries
- Order vs. result

**Discussion:**

Discussion in Observables group. Issues in a potential move of evaluation procedures to observables is that the observable model was developed as "single" observation types. In evaluation procedures there represent multiple observations, such as panels or batteries. Single value evaluation procedures could be moved to Observables as a first cut. However, the identification of which evaluation procedures represent single value observations is problematic due to inconsistent RG and modeling.

NHS also has the issue with creation of new observables that overlap with evaluation procedures. The real issue involves panels or batteries that represent multiple observations, which is not supported by the observable model. Another issue is that sometimes what is "ordered" is not the same as what is "resulted" by the laboratory. This is similar to what happens in pharmacy with substitutions.

The issue with tracking the order vs. the result is more of an operational or information model issue.

GRE - a prior discussion was that a model proposed was for orderable procedures and resultant observations. While this would appear to be duplication of concepts in procedures and observable, it makes the semantics explicit.

KCA - need a more consistent simplified model across finding, disorders and observables.

PAM - the use case for a separate orderable given the receipt of observations that differ from the order.

This can be addressed with a generalization hierarchy within a single hierarchy. It does not necessarily address the panel battery issue.

There is a need to write out the use cases for the laboratory space.

### Technique hierarchy issues

**Daniel Karlsson**

Evaluation procedures with an observation technique (e.g. ELISA) are often primitives with a few distinct techniques in the 12304002 | Action (qualifier value) | hierarchy (particularly the imaging – actions). Observable entity has a technique attribute whereas evaluation procedures have none (with an overlap with some actions). Moving eval procedures to observables would possibly require being explicit about the technique.

**Discussion:**

Three places where techniques are represented: Techniques hierarchy, Action hierarchy, Procedures (primitive content).

UK and Sweden have done gap analysis and found substantial omissions. Very little hierarchical structure as well.

Techniques were developed prior to the observable hierarchy. Was to be used to define procedures, but the technique attribute was not added to the concept model. Approaches to consider would be to add a new attribute or to extend the Action hierarchy. Techniques could also be used to define actions. This would enable the SD of many procedures.

DKA would like a proposal for how to resolve the "mess" that currently exists. UK and SE will be doing a gap analysis. This could be used to develop a proposal for addressing this issue. Might be available by the April business meeting.

### Additional description types

**Jim Case**

As discussed in KL. Need a list of proposed description types to send to tech services for implementation. Guidance on use will need to be developed. Current use cases to consider are:

- near synonyms - these can be either "broader than" terms or non-semantically equivalent but related terms (e.g. vaccination (procedure) vs. immunization (a process following vaccination or administration of immunoglobulin))
- hypemymia
- search terms - colloquial terms
- "Patient-friendly" or consumer terminology
- abbreviations/truncation

Issues within our current synonyms was identified in an AMIA paper in 2003: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1480077/pdf/amia2003_0949.pdf

**Discussion:**

### ECE Update

**Bruce Goldberg**

- Injury model
  - Proposed model for injuries that are unspecified as to being traumatic or nontraumatic and can be either
  - Revisit complication model for disorders due to procedures

1. Injuries.ppt
2. Procedure complications.pptx
3. Injuries.pdf

**Discussion:**

### Morphology (disorder) concepts

**Jim Case**

SNOMED CT currently has a large number of disorder concepts that solely represent morphologies. E.g. 416462003 | Wound (disorder). 123456000 | Lipogranuloma (disorder). While all of these are SD by simply using Disease + morphology, other than as grouping concepts, these are valuable clinical terms. With the advent of ECL it is a simple query to identify all concepts that fit into these morphologies.

What should be the editorial guidance for the creation/maintenance of these terms?

Additionally, there are of over 5400 "grouper" terms in SNOMED CT. Many of these are abstract and useful for navigation, but should not be used in clinical recording. There has been some interest in providing these as an exclusion refset in order to prevent them from being selectable for clinical use. However, some of the terms do have limited clinical usefulness (a patient reported clinical findings). It has been suggested a task for the EAG would be to identify: 1) which terms in the list have clinical usefulness, 2) which terms provide meaningful navigational usefulness and 3) which terms should be inactivated.

File links: SNOMED CT Grouper sheet

**Discussion:**
<table>
<thead>
<tr>
<th>10</th>
<th>Next meeting</th>
<th>EAG</th>
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April business meeting in London

**Discussion:**

Potential agenda items:

- Update from concept inactivation group
- Update from source of truth project