2016-10-25 Editorial Advisory Group Face-to-Face Meeting, Wellington

Date
10/25/2016
2100 UTC 10/24/2016
0900 NZDT 10/25/2016

GoToMeeting Details
https://global.gotomeeting.com/join/374912925

Use your microphone and speakers (VoIP) - a headset is recommended. Or, call in using your telephone.

Dial +1 (872) 240-3212
Access Code: 374-912-925
Audio PIN: Shown after joining the meeting

Meeting ID: 374-912-925

Attendees

Chair:
• Jim Case

AG Members
• Keith Campbell (AM)
• Paul Amos
• Guillermo Reynoso
• Bruce Goldberg

Observers:
• Monique Van Berkum - VA
• Toni Morrison - IHTSDO
• Farzaneh Ashrafi - IHTSDO
• Cathy Richardson - IHTSDO
• Kathy Giannangelo - KGC
• Donna Morgan - IHTSDO
• Eric Rose - IMO
• Jim Campbell - Univ. Nebraska
• Monica Harry - IHTSDO
• Matt Cordell - Australian Digital Health Agency
• Rita Barsoum - Kaiser Permanente
• Corey Smith - AMA
• Christine Mandero - NZULM
• Roberta Severin - Cerner, US
• Emma Melhuish
• Mary Gerard - Kaiser Permanente
• Sarita Keni - VA
• Yongshen Gao - IHTSDO (PM)
• Suzanne Santamaria - IHTSDO (PM)
• Peter Williamson - IHTSDO (PM)
• John Carlson - WCI (PM)

Apologies
• Keith Campbell (PM)

Meeting Files

TinettiBalanceAssessment.pdf

Meeting minutes
2016-08-22 Editorial AG Meeting Minutes
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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Call to order and role call</td>
<td>JCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Conflicts of interest</td>
<td>JCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 3    | Approval of 20160822 and 20160928 minutes | JCA | Review of disjunctive representations:  
1. Use of “+”: Combined components, being added as primitive combined concepts as a short term resolution. a. Discussion at the meeting resulted in a recommendation to not add disjunctive components with “+” and to model the observables that would have used these concepts as primitive without the component relationship b. Concepts with “+” that have been added to the International release will be retired as “erroneous”  
2. Use of “&”: Usually used as part of a panel, out of scope for the RII/IHTSDO agreement  
3. Use of “&/or”: Under review by RII as potentially erroneous. Out of scope for addition to SNOMED CT. Impact of this is that a number of LOINC terms become ineligible for addition to SNOMED CT. Also need naming conventions for FSNs that replace “special characters” with plain text.  |
| 4    | Disjunctive components | JCA |       |        |
| 5    | Drug model content | TMO | Review of decisions coming out of the Drug Model discussion on Sunday.  
Meaning of Product  
Clarification of the meaning of “Product” in SNOMED CT - Current definition from the Editorial Guide July 2016: “This hierarchy was introduced as a top-level hierarchy in order to clearly distinguish drug products (products) from their chemical constituents (substances). It contains concepts that represent the multiple levels of granularity required to support a variety of uses cases such as computerized provider order entry (CPOE), e-prescribing, decision support and formulary management. The levels of drug products represented in the International Release include Virtual Medicinal Product (VMP), Virtual Therapeutic Moiety (VTM), and Product Category.”  
Question: The prescribing use case was deemed out of scope at the initial drug model meeting in Copenhagen, April 2015. Do we need to revise this description in light of the current definition and the ongoing discussion?  
Question: Given the proposed draft drug model for extensions, is there a need for the creation of new semantic tags that differentiate between abstract, generic and trade products?  
Question: Are trade products in scope? Decision: No they are not.  
Policy decisions:  
a) The implicit meaning of existing “products” (e.g. aspirin) is “Product containing X”. This aligns with the modeling as sufficiently defined using existential restrictions and ingredients.  
b) The options for resolving the current ambiguous FSNs will be sent to the MF for selection of the preferred approach (i.e. renaming or retirement).  
c) This editorial policy will be communicated to NRCs through the Drug Model Project. It is also decided that the pharmacy level use case is not supported, so the need for universal restrictions will be resolved by other means.  
Question: BGO had some questions about the impact of these decisions on reactions to combined products. Currently this proposal does not address the issue that BGO needs to resolve.  |
| 6    | Extension of Causative agent to include Product | JCA/TMO | There are specific use cases that more appropriately require the use of concepts from the Product hierarchy. The current approach has been to create matching Substances to allow for sufficient modeling, but in many cases this does not make sense and creates duplicate meanings.  
E.g. Adverse reaction to product; Allergy to food product, etc.  | Request Technical services to extend the range of this attribute |
**Assessment**

**ECE Update**

Aligning BGO Space Actions

The IHTSDO Editorial Panel would like guidance on the creation of a policy regarding the addition of fully defined "grouper" concepts from the situation hierarchy, providing a clear message to users.

Continuation of discussion around proposal to eliminate the requirement for a matching description to the FSN:

Editorial principles to support content development of clinical genomics content.

**Action item**

Organizational Revisit of this issue following decision on laterality. From the discussion held in Uruguay:

High level discussion on whether SNOMED CT is appropriately organized to support the highly variable granularity of content

The EAG members have expressed a desire to meet more frequently.

**Requirement for**

**Update on ongoing issues with ECE**


Unilateral Related to the acceptance of lateralized content. There are a few morphologic abnormality concepts that contain the string "bilateral" without any specifics as to the nature of the procedure. Concepts that are not clinically useful, but are used primarily for navigation of the hierarchy. For example "Procedure on vena cava" without any specifics as to the nature of the procedure.

5. SCA will present a warning for those concepts where the matching description has been removed, but will not prevent saving the concept.

In light of the approval of lateralized content into the International release, is there a compelling reason to keep these conceptsspoiled. They have been confusing both from a clinical usage and terminological aspect.

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- Bilateral hypoplasia (morphologic abnormality)
- Bilateral traumatic amputation (morphologic abnormality)
- Bilateral congenital dislocation (morphologic abnormality)
- Bilateral congenital failure of fusion (morphologic abnormality)
- Bilateral partial congenital dislocation (morphologic abnormality)
- Complete bilateral congenital failure of fusion (morphologic abnormality)

These have been rarely used, but can be replaced by individual relationship groups representing both sides.

**Recommendation:** Inactivate these concepts as redundant.

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