2017-02-17 Editorial Advisory Group Conference call

Date
02/17/2017
1900-2100 UTC

Attendees
Chair:
  • Jim Case
AG Members
  • Bruce Goldberg

Observers:
  Sarah Harry
  Yongsheng Gao
  Toni Morrison
  Mary Gerard
  Penni Hernandez

Apologies
  Paul Amos

Meeting Files

Meeting minutes
EAG Minutes Jan 20, 2017

GoToMeeting Details
SNOMED Int'l Editorial Advisory group
Fri, Feb 17, 2017 11:00 AM - 1:00 PM PST
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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>Paul Amos communicated that he would not be able to make the call.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Conflicts of interest</td>
<td>JCA</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Approval of minutes from 01/28/2017</td>
<td>JCA</td>
<td>As of the start of the meeting quorum did not exist. Could not approve.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Drug Model deliverable review</td>
<td>TMO</td>
<td>Drug Model Editorial Guide</td>
<td>Received 51 comments from six countries on the initial draft of the editorial guidelines for modeling and terming drugs. All issues identified were resolved or deferred. Second iteration of guidelines released in early March.</td>
</tr>
<tr>
<td>5</td>
<td>Substance redesign document review</td>
<td>JCA/TMO</td>
<td>Substance hierarchy redesign</td>
<td>Substance disposition proposal (see attached document) Comments from EAG regarding the proposal were sought. BGO had a question about the use of the HAS DISPOSITION relationship, where would it be used? JCA stated it would be solely used for substances. WRT to substances associated with allergens, how would these be used when the substance had a disposition other than allergen. A substance has a disposition, whether it is being used in another context or not. Disposition is a defining attribute for substances.</td>
</tr>
</tbody>
</table>
### Guidance for creation of new anatomy concepts

**Issue:** In some cases, the representation of FINDING SITE at the proper level of granularity requires multiple body structures. E.g.:

![Diagram of anatomical structures](image)

The proposal under consideration is:

"If two body structures are needed to fully define the finding site for a condition, then a combined anatomic structure shall be created to represent that body structure."

For example: A new body structure "Bone structure of distal phalanx of great toe (body structure)" would be created to support the modeling of the concept above.

**Discussion:** PAM supported this approach by email. BGO supports this change as well. YGA was asked about his support and he also supported the new guidance.

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### Editorial guidance on role grouping

**Create a table of mandatory grouping of relationships. Rationale – needed for template based authoring, provides internal consistency of model patterns, allows for batch editing due to consistency.**

See initial review from Daniel Karlsson and Yongshen Gao

The grouping patterns are currently being defined in the groups of templates, but there has been no general guidance for how relationships should/must be grouped. This would define mandatory grouping as well as addressing exceptions to grouping in particular subhierarchies. These would provide guidance for the templates being created.

This is project that is currently not resourced, but will be put on the list of needed edits for the revision of the editorial guide.
### X in remission

**JCA**

Existing tracker: "In remission" disorders

Hold over item from initial meeting in Uruguay. Has been brought up again with a large number of requests for addition of "X in remission" concepts.

Existing Inception document: Modeling "disease in remission"

**Document definition:** “The period in the course of a disease/condition during which there is temporary lessening or abatement of signs and/or symptoms of the disease.”

Based on historical view of "Disease in remission" there are some assumptions:

1. The disease condition is still present.
2. The disease is chronic and/or progressive

Prior proposals:

- Model as situations with the reactivation of 278174000 | Disease phase (attribute) | with allowed values >303105007 | Disease phases (qualifier value) | with necessary changes to this set to align with standard representation of disease phases
- Leave the concepts in the disorder hierarchy and create a new attribute such as disease activity and include as its range, qualifier values that specifically represent disease activities such as remission, recurrent, relapsing, active, relapsing/remitting, etc.
- Model disorder X in remission as a child of disorder X and a child of disorder in remission (the latter as a replacement for patient in remission).
- Extend the set of values under "Courses" to include disease phases and model "Disease in remission" as a subtype of "Disease"

One related issue is the current overlap of concepts under "Courses" and "Disease phases".

**Challenge** is that disease phases differ with the "type" of disease.

- Infectious disease
- Malignant disease
- Mental and behavioral disorders

**Question:** Pros and cons of creating type specific phases?

The result of this discussion should be extensible to other patterns of "Disease in X" (e.g. latent disease, relapse, etc.) for which there are several CRS requests outstanding.

**Related issue:** IHTSDO-407 Frequencies and Courses

### Extension of range of SPECIMEN SUBSTANCE to physical object

**JCA**

Initially discussed in Uruguay, postponed to future meeting

Existing tracker item: IHTSDO-604 Extend the range of "Specimen substance"

**Use cases:**

- Physical object as a specimen for environmental and epidemiological testing
- Pharmaceutical/biological products as specimens for sterility and quality assurance

**Earlier discussion points:**

- "Device specimen" already allowed and fully defined but uses SPECIMEN SOURCE IDENTITY as the defining relationship. This scenario may work if the range for SPECIMEN SOURCE IDENTITY is extended to Physical object (<)

**Discussion:**

Given that "device" submitted as specimens are sufficiently defined by using the relationship SPECIMEN SOURCE IDENTITY = <<Device, extending the range of SPECIMEN SOURCE IDENTITY to include <<Physical object would allow for new specimen concepts that were not devices to be modeled.
Update on ongoing issues with ECE

Discussion:

Complications and Sequellae

Proposal made by BGO to model both “Complications” and “Sequellae” using the combined disorder patterns and following the FSN naming conventions for those concepts. Add descriptions that include the terms “Complication” or “Sequellae” as synonyms (or preferred terms where required) and refine the top level concepts of “Complication” and “Sequellae”. This is still being discussed within the ECE. JCA leaned towards eliminating the primitive concept “Complication” due to its inconsistent use and to also look at the relationship of these to “Secondary disorders”. Whether this fits with Sequellae needs more discussion. Bruce will update after the next ECE call.

Allergy model:

A revision to the proposed allergy model using the application of the HAS REALIZATION attribute to model “Allergy to X”. A question about how the current concept model for Substances might impact this proposed model. BGO said he did not think it would have a deleterious effect. There would be some value in using the HAS DISPOSITION attribute in substances to limit which substances might be used as values for “Allergy to X”; however, this might be an unnecessary complication.

Awaiting additional input from Stefan Shultz on the representation of the top level concepts of hypersensitivity condition, allergic condition and pseudoallergic condition.

Carried over from past meetings: High level discussion on whether SNOMED CT is appropriately organized to support the highly variable granularity of content the are influenced by current EHR applications (i.e. single code recording of pre-coordinated content) and newer initiatives that are focused on capturing more structured data (e.g. CIMI, FHIR).