2019-08-28 Editorial Advisory Group Conference call

Date
2019-08-28
1700-1830 UTC
1800-1930 BST
1000-1130 PDT

GoToMeeting Details
Topic: SNOMED EAG Conference Call
Time: Aug 28, 2019 10:00 AM Pacific Time (US and Canada)
Join from PC, Mac, Linux, iOS or Android: https://snomed.zoom.us/j/941587975
Meeting ID: 941 587 975
International numbers available: https://zoom.us/u/aNKqXbcBe

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

Invitees:
Suzanne Santamaria
Daniel Karlsson
Toni Morrison

Observers:
Krista Lilly

Apologies:
Keith Campbell

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

Objectives
• Obtain consensus on agenda items

Discussion items

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<td>1</td>
<td>Call to order and role call</td>
<td>Jim Case</td>
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<td>2</td>
<td>Conflicts of interest</td>
<td>Jim Case</td>
<td>None.</td>
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<td>3</td>
<td>Approval of minutes from April 2019 Business meeting</td>
<td>Jim Case</td>
<td>Edited transcripts are located here</td>
<td>Approval of minutes</td>
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### Device project update

**Suzanne Santamaria**

#### Discussion:
- A question arose as to whether attributes that would represent origin/destination or in/out relationships could be generalized for other uses as well. Not always a 1:1 relationship in anatomy.
- So far, no resolution on how to distinguish between “device” and “equipment”. Put on hold for now. **Bruce Goldberg** recommended getting rid of the distinction within SNOMED CT.

### ECE update

**Bruce Goldberg**

**Editorial policy for simple co-occurrence**

- Editorial policy for simple co-occurrence - [Editorial policy for simple co-occurrence.pptx](#)
- Traumatic and non-traumatic injury - follow-up - [Secondary disorders and gout.pptx](#)
- Synonyms - Jeffrey Pierson Bruce Goldberg
  - KP clinical library

#### Discussion:
- Simple co-occurrence - three scenarios where the use of the pattern can be justified. The distinction between syndromes and diseases with multisystem involvement requires that intermediate primitives be used in the latter. The definition being developed was discussed and the scope of what should be included as an approved co-occurrence pattern.
- Traumatic and non-traumatic injury - [Bruce Goldberg to submit co-occurrence edits to the ed.guide](#)
- To "event" and full modeling of condition for pathologic fractures as a result of an underlying condition (e.g. osteoporosis)

### Observables update

**Daniel Karlsson**

- What do we mean by "function" in Observable entities?
- Use of observables to define define findings

#### Discussion:
- Continued to next call...

### Clinical core content identification

**Jim Case**

At the April London business meeting, it was determined that an approach to the identification of the recommended content of the proposed clinical core be determined by a set of both inclusion and exclusion criteria.

**Agreed inclusion criteria:**
- Global applicability
- Contextless
- Clinically oriented (including content from foundation hierarchies needed to define concepts)
- Supported by a clinical use case
- Used to align with other terminology standards (e.g. ICD)

**Exclusion criteria include:**
- Administrative, operational or status concepts
- Situations with explicit context
- Combined disorders
- Implicit or explicit negations/absence
- Inverse concepts (cooperative vs uncooperative)
- Pre-Coordination of laterality
- Pre-Coordination of severity
- Specific top-level hierarchies - all except Pharmaceutical/biologic product and Substance are currently passively maintained
  - Environment or geographical location (environment / location)
  - Organism (organism)
  - Pharmaceutical / biologic product (product)
  - Physical force (physical force)
  - Physical object (physical object)
  - Record artifact (record artifact)
  - Social concept (social concept)
  - Staging and scales (staging scale)
  - Substance (substance)

**Discussion:**
- Additional high level exclusion criteria
  - Need to specifically define what is meant by “clinically-oriented” - again, might be easier to exclude what is not clinically oriented. Focus should relate directly to the “life phase” of the patient or procedures that address the “life-phase” of the patient.
  - How much of the foundation should be actively maintained as part of the clinical core?
  - How much of the international release is empirically defined?
  - Is the potential membership of the “problem list” candidates for the clinical core?
  - Suggested that we focus on those concepts that can have full DL definitions, consistent with a single ontological view
Following a panel discussion at the ICBO conference in Buffalo Aug 1-2, an agreement in principle for SNOMED to collaborate with the OBO community was reached. Much of the discussion revolved around the current representation of diseases as subtypes of clinical findings. There is a clear, mutually exclusive separation in BFO and other disease ontologies based on BFO between “diseases”, which are specifically dependent continuents and clinical observations (i.e. findings), which are considered occurrents. The challenges in implementing this notion in SNOMED is explained in [https://www.academia.edu/26897896/Scalable_representations_of_diseases_in_biomedical_ontologies](https://www.academia.edu/26897896/Scalable_representations_of_diseases_in_biomedical_ontologies).

As we had initially discussed, one differentiating feature of what we are calling findings is the notion of temporality, i.e a findings is made at a point in time (an occurrence) whereas a disease is persistent. This is similar to the notions in BFO, but they (and all other disease ontologies) refer to diseases as dispositions (i.e. a realizable entity that is manifested as some abnormal process or structure. For terminologies like SNOMED that do not seek to define diseases, but to identify when a realization of the disease disposition occurs in a patient, this logical representation breaks down.

At the ICBO conference, a paper was presented in which an attempt was made to “BFOize” ICD-10. It was clear to the authors of that paper of the conundrum we face, i.e. that the use of the terms in ICD-10 as dispositions was not appropriate because they had been realized and so they modeled their ICD-10 ontology as processes (i.e. occurrents). This was criticized by a number of the ontologists, but no practical solution to the need for representation of realized dispositions in clinical recording were proposed.

Regardless, it would be of some benefit, in light of our desire to resolve the findings/diseases issue, to attempt to align as closely as possible with top level ontologies. One area where this would be of great use is the move by SNOMED to improve coverage of genomics. This would be greatly enhanced by an ability to integrate with the genome ontology.

A draft document is being developed by members of the MAG as a response to the issues surrounding the lack of alignment between SNOMED and BFO: [https://docs.google.com/document/d/1HcBj5bVIg8lB_uyORZU9A_FWKFsw0sxmB6Xg4UYKyg/edit](https://docs.google.com/document/d/1HcBj5bVIg8lB_uyORZU9A_FWKFsw0sxmB6Xg4UYKyg/edit)

Discussion:
Neuralgia – finding or disorder.pptx
Findings and Disorders thread.doc

Comments:
Keith Campbell expressed concern regarding “the notion that finding vs diseases may be differentiated by the notion of temporality. I believe there will be great difficulty applying such rules, and it will result in a false dichotomy… And will also result in no practical benefit the use of SNOMED in any way…”

Continued to next call...