



Decisions & Recommendations

This page contains the recommendations and final decisions for topics presented and discussed at the Editorial Advisory Group conference calls and face-to-face meetings. Where decisions have been modified over time, a brief history of the changes will be included.

Topic	Dates of discussion	Discussion/Recommendation/Decision	Action	Action Status
Laterality	2015-10-27	<ol style="list-style-type: none"> 1. Restrictions on laterality be relaxed. 2. IHTSDO should add lateralized concepts as needed and not proactively pre-coordinate every laterality. 3. The AG unanimously recommended laterality Option 4, which is essentially the same idea as option 3 but implemented with a new attribute like "has laterality" that users add to the same role group instead of having it outside the same role group. <p>The early decision was reviewed at a number of the following EAG conference calls and it was decided to use the current capabilities in the terminology to support lateralized content.</p> <p>Decision: The addition of pre-coordinated structures using the existing "LATERALITY" attribute was approved in light of the timeframe for support of nesting.</p>	<input checked="" type="checkbox"/> Editors to add pre-coordinated lateralized body structures to the terminology as needed to fully define concepts in other hierarchies	Implemented and ongoing
Physical object as Specimen substance	2015-10-27	<p>Currently, Device specimen is a subtype of specimen; however not all physical objects that may be specimen substances may be devices. Recommendation to relax the range to include all physical objects.</p> <p>Tracker item:</p> <div>  DRUGS-49 - Jira project doesn't exist or you don't have permission to view it. </div>	<p>2015-12-10: The suggested modeling change will be managed as part of the effort to create clarity re: use of substance vs product concept as attribute values to define concepts in other hierarchies (associated with the Drug - International Release Model and Content project). Details can be found on the following Confluence site: https://confluence.ihtsdotools.org/display/DIRMC</p>	Pending
New attributes to describe temporal context	2015-10-27	<p>Discussion related to the need for representing temporal context beyond the existing AFTER relationship. Initial proposal was to add temporal values to the OCCURRENCE range. This was not accepted.</p> <p>Later discussion included the creation of new temporal attributes to distinguish between causality and temporality of combined disorders.</p>	<input checked="" type="checkbox"/> Create specific temporal concepts under ASSOCIATED WITH, including: TEMPORALLY RELATED TO BEFORE DURING Add AFTER as a subtype of TEMPORALLY RELATED TO <input checked="" type="checkbox"/> Update MRCM to support the new attributes and ranges	Completed
Application of ECE guidance retrospectively: maintenance of existing descriptions that may be ambiguous	2015-10-27	<p>Presentation outlined existing issues with content that does not conform to proposed naming and modeling for combined disorders as recommended by ECE</p>	<input type="checkbox"/> Content will be incrementally updated based on approved combined disorder editorial guidance, as discovered.	In progress
Unilateral Concepts	2015-10-27 2015-11-30	<p>No decision at the 2015-10-27 meeting. Additional input from implementers will be sought.</p> <p>2015-11-30 discussion</p> <ol style="list-style-type: none"> 1. Retire the concepts as ambiguous (and this was the most radical solution). 2. Add them to the findings hierarchy but keep them as siblings to the lateralized structures, which unlinks them from bilateral, left and right. 3. Leave them where they are. 	<input type="checkbox"/> Inactivate existing unilateral concepts, replacing them with specific lateralized content	In progress
SNOMED CT Interface or Reference Terminology?	2015-10-27	<p>As part of the SNOMED CT design, interface terminology is wholly supported by SNOMED CT and the may be represented as a dialect. The way one should implement an interface terminology is by implementing a dialect of SNOMED CT, not by doing an ongoing mapping that would never be semantically sound and that would cause a number of other problems.</p>	<input checked="" type="checkbox"/> Jim Case to develop a policy statement on Interface terminology, including patient-friendly descriptions. Link to policy available.	Completed

WAS-A relationships	2015-11-30	Add to the Editorial Guide guidance on retirement of WAS-A relationships. The WAS-A should be removed and the target concept should be linked to the next proximal higher concept in the hierarchy.	<input type="checkbox"/> Inactivate WAS-A relationships and point to next higher concept as an IS-A relationship	Pending batch update
Need for description that matches FSN	2016-01-22	This is an "english-language" issue as it does not affect translations. While it has been the standard for SNOMED CT for over 10 years, recent changes to the FSN naming patterns has resulted in a large number of "non-user-friendly" FSNs, especially for combined disorders. The addition of descriptions with these terms was proposed as being of little value. The determination of when a description matching the FSN provided value would be left up to the editor. The authoring tool would still create one when a new concept was created, but the retention of that description would not be mandatory	<input checked="" type="checkbox"/> Have the technical services group update the validation rules of the authoring tool to allow for a concept to be saved without a description matching the FSN.	Complete
Use of URLs in concept definitions	2016-01-22	More evaluation is needed because it was about more than just URLs. There were a lot of issues around text definitions that need to be discussed. Discussion page created.	<input type="checkbox"/> Jim Case to collect options for representing external definitions for concepts.	Pending
Use of Slashes in FSNs	2016-02-29	JCA said the final recommendation on use of slashes in FSNs was documented on the discussions page.	<input checked="" type="checkbox"/> Editorial guide to be updated reflecting the policy on the use of slashes in FSNs. See section 7.2.2.6	Complete
Use of the Oxford comma in FSNs	2016-04-19	The Oxford comma is a comma added after the penultimate term in a list, e.g. For example "Disorder of head, neck, and shoulders". The purpose if its use is to make explicit the fact that the terms are part of a list. The editorial guide is silent about its use, but the example provided does not use the Oxford comma. There are currently 347 FSNs in SNOMED CT that use the Oxford comma. Most of these are terms obtained from other terminology, such as ICD and nursing. There are 2500 that contain comma delimited lists but do not use the Oxford comma. Should SNOMED CT be consistent in the use of this grammar mark or maintain fidelity to the original source of the terms that do use it?		Pending
Evaluation of the use of DUE TO	2016-04-19	Based on work done by the ECE, there is a need to do a historical review of the use of the DUE TO relationship to ensure that the causality is supported by the current literature.	<input type="checkbox"/> Jim Case to create a tracker item to add to the quality improvement plan for SNOMED CT	Pending
Addition of "grouper" terms to hierarchies	2016-04-19	Acknowledged that for primitive hierarchies, grouper terms are necessary to navigate and organize the hierarchy. Decision: Primitive groupers may be added to top level hierarchies that do not have a supporting concept model. For hierarchies with a concept model the usefulness of fully defined groupers is limited to convenience groupings based on preferred classifications (e.g. disorder by site), Primitive intermediate groupers, while discouraged, are sometimes necessary when the concept model is not robust enough to support the full definition of a subset of terms. However, they add a substantial management burden. Decision: Fully defined intermediate groupers may be added if they provide demonstrable benefit to organizing and navigating the terminology. Intermediate primitive groupers will only be added on a case by case basis and by approval from the Head of Terminology or the Principle Terminologist.	<input type="checkbox"/> Jim Case and Monica Harry to update the editorial guide to reflect this policy.	Pending
Use of Non-ASCII characters	2016-04-19	Use of non-ASCII characters, such as "em-dash" and "en-dash" in descriptions was discussed and general consensus was that these should be supported.	<input type="checkbox"/> Jim Case To follow up with Technical services on needed changes to tooling to support the use of non-ASCII characters.	Pending
Moving concepts between hierarchies without replacement	2016-04-19	Agreed that a simple editorial policy regarding conditions under which concepts could be moved without inactivation and replacement. Examples include Findings to Situation, Evaluation procedures to Observable entity, etc.	<input type="checkbox"/> Jim Case to develop simplified policy. A new section under 7.3.1 Changes in the Fully Specified Name must be developed for these exceptions.	Pending
Word order variants	2016-04-19	There is no general policy for acceptance of word order variants, although it is discussed in a number of areas of the Editorial Guide. A section under 7.4 General rules for naming conventions for specific hierarchies should be added to specify when word order variants are allowed.	<input type="checkbox"/> Jim Case to draft editorial item.	Pending
Lymphadenopathy	2016-04-19	Clinical interpretation/usage of terms vs. way they were represented in the terminology is causing inference issues.	<input checked="" type="checkbox"/> Tracker item created - IHTSDO - 834	Pending

Extending the range of pathological process	2016-08-22	Needed to support remodeling of Congenital malformations and inactivation of duplicate "Congenital X (morphologic abnormality) concepts	<input checked="" type="checkbox"/> Jim Case to work with technical services to extend the range of PATHOLOGICAL PROCESS to support "Pathological development process"	Complete
Addition of diagnostic imaging concepts with multiple body sites	2016-08-22	Decision: IHTSDO will not accept concepts with multiple body sites		Complete
Editorial Guidance on Numeric Ranges in the FSN	2016-08-22	Ranges to use the word "to" to separate numbers, e.g. 2 to 2.5 mg Question remains as to whether to include the unit after the first number, i.e. 2 mg to 2.5 mg	<input type="checkbox"/> Toni Morrison to collect examples of numeric ranges in FSNs for further discussion.	
Organizational groupers	2016-10-25	Decisions: <ul style="list-style-type: none"> Groupers are allowed so long as they fulfill the minimum requirements of being fully defined, have no stated subtypes. Existing groupers must be remodeled to fulfill these criteria. 	<input checked="" type="checkbox"/> Monica Harry to add section to editorial guide	Complete
FSNs, Preferred Terms, Synonyms and Tooling	2016-10-25	The naming standards being applied to FSNs in some cases leads to "non-user friendly" terms. What is the need for a duplicate description of these terms if they do not provide usefulness in clinical records. Decisions: <ul style="list-style-type: none"> The need for duplicate description of the FSN term is no longer required if it does not provide usefulness. Tooling needs to be updated to not throw an error when a duplicate term is not present The decision to remove a duplicate term is made by the editor creating the concept 	<input checked="" type="checkbox"/> Yongsheng Gao to work with technical team to modify the tooling to support the removal of redundant descriptions without throwing an error	Complete
Assessment instrument responses	2016-10-25	IHTSDO currently accepts "names" of assessment instruments and staging scales; however, there is nothing in the editorial guide that specifically addresses the responses to assessment instrument questions. Proposed general guidance: <ul style="list-style-type: none"> Only assessment instruments that allow "unrestricted use" should have their response values added Response values must adhere to current FSN naming guidelines. Verbatim responses from the assessment will be added as PTs. Assessment responses will be added under an assessment specific "grouper" term to facilitate navigation IP-restricted assessment values may only be added upon permission of the publisher. It is the responsibility of the requester to secure that permission 	<input type="checkbox"/> Jim Case to develop draft editorial guidance for acceptance of assessment instrument responses. <input type="checkbox"/> Jim Case to follow up with SMT to develop a "contribution agreement".	In progress
Disjunctive components	2016-10-25	LOINC parts that contain the "+" sign have been identified as meaning "either or both", which is not supported by the current DL constructs in SNOMED CT. Decisions: <ul style="list-style-type: none"> disjunctive concepts that have been added to the substance hierarchy be inactivated any observables that might have used these concepts be modeled without the component hierarchy as be added as primitive concepts to the core Combined substance allergies will be remodeled as primitive concepts with the CAUSATIVE AGENT relationships removed. 	<input checked="" type="checkbox"/> Farzaneh Ashrafi to inactivate disjunctive substance concepts <input checked="" type="checkbox"/> Farzaneh Ashrafi to manage remodeling of observables that used disjunctive LOINC part concepts <input checked="" type="checkbox"/> BGO to revised existing allergy concepts using combined substances to primitive concepts without CAUSATIVE AGENT relationships.	Complete
Arteriography vs. Arteriogram	2017-01-20	-gram and -graphy are used interchangeably, but there is also guidance that says only use one. So editorial guidance was needed. Decision: Use the verb (-graphy) for the FSN and include the noun (-gram) as a synonym. To be accurate the finding site should be "Vascular structure of X organ", for angiography, Impact of such a change needs testing	<input checked="" type="checkbox"/> Penni Hernandez to do a test on angiography and come back to the group with the results. <input checked="" type="checkbox"/> Rename procedures for consistency to "Angiography of X"	Complete
Semantics and placement of "Care plan for X" or "X care plan"	2017-01-20	Jim Case recommended writing up a fast track to provide clarity on current ambiguous content would be retired, renamed and replaced in the record artifact [hierarchy] to provide structure around the existing content, then bounce off the Content Managers AG. The AG agreed. Review of the initial briefing note to the CMAG questioned the need to add the term "document" to the FSN when the semantic tag proposed was (record artifact). A note to the CMAG was sent modifying the proposal to remove the term "document" from the FSN.	<input checked="" type="checkbox"/> Refer to CMAG for comment <input checked="" type="checkbox"/> Monica Harry to develop Fast track document <input checked="" type="checkbox"/> Care plans to be consolidated under "Record artifact"	Complete

Extension of range of SPECIMEN SUBSTANCE to physical object	2017-02-17	Given that "devices" 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.	<input type="checkbox"/> Jim Case to request change to MRCM to extend range of SPECIMEN SOURCE IDENTITY	In progress
"X in remission"	2017-02-17	Existing Inception document: Modeling "disease in remission" Related issue: IHTSDO-407 Frequencies and Courses Need to evaluate/test the proposed options for addressing this. Solution must be applicable to general notion of disease phases.	<input type="checkbox"/> Need to test options before making a final recommendation	Pending
Guidance for creation of new anatomy concepts	2017-02-17	Proposed editorial guidance: "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."	<input type="checkbox"/> Monica Harry to add to editorial guide	In progress
Addition of "X disorder at Y level"	2017-03-30	Concepts from ICD-11 beta of the pattern "X disorder at Y level" (e.g. Skin laceration of arm at wrist level). Precedent for this are terms added from ICD-9. EAG felt the terms were ambiguous Decision: Because of the perceived lack of usefulness of these terms for data entry and the need to create and maintain a mapping to ICD-11 limits the value in adding them to SNOMED CT. They may be good candidates for an extension or another moduleID. They will not be added to the International release. <div style="border: 1px solid orange; padding: 10px; text-align: center;"> PCP-219 - Jira project doesn't exist or you don't have permission to view it.</div>		Complete
Clarification on "substantive change"	2017-04-25	Batch changes to the terminology as part of the quality improvement process may lead to changes in terming, location within a hierarchy or addition/removal of ancestors or descendants. SNOMED Int'l needs to develop a more robust policy related to what is a substantive change and what is the notification/approval process needed to be completed before the change can be released.	<input type="checkbox"/> Jim Case to develop a draft policy for review	In process
Editorial policy on relationship groups	2017-04-25	Initial proposed grouping guidance has been added to the SNOMED International Editorial Guide for four hierarchies: Clinical findings (disease only), Procedures, Situation with explicit context, and Observable entity. As we begin developing concept models for additional top level hierarchies, there is a need for additional guidance on how to create relationship groups with approved attributes.		In process
"Intolerance"	2017-04-25	Discussed in detail at the ECE meeting. Proposal to add a new PATHOLOGICAL PROCESS = Intolerance was not agreed to, requiring Intolerance to substance to remain primitive. Consideration of the severity of the intolerance was brought up but not resolved. Referred back to the ECE for final proposed resolution.	<input type="checkbox"/> Bruce Goldberg to bring back recommendation from ECE	Pending
Modeling of "Complications and sequela"	2017-03-30	A proposal for review and revision of the following types of disorders was discussed: <ul style="list-style-type: none">Disorders DUE TO another disorderDisorders AFTER another disorderDisorders AFTER a procedureDisorders DUE TO a procedureDisorders DURING a procedure The initial document was taken through a number of revisions and approved by the Head of Terminology in September, 2017	<input checked="" type="checkbox"/> Jim Case to approve final version of "Complications and sequela"	Complete
	2017-04-25		<input type="checkbox"/> Monica Harry - Abbreviated version of content of the document to be included in the Editorial guide	In process
Proposed policy: Allowance of Extensions to Modify Core Content	2017-03-30 2017-04-25	Extensive discussion on the interpretation of Clause 4.1 of the SNOMED CT® AFFILIATE LICENSE AGREEMENT. Based on discussions by the EAG members and input from extension managers, a substantial relaxation of the changes extensions may apply to the core, provided the changes are represented in RF2 within the extension moduleID. The essential requirement of no direct changes to the core content components was not changed	<input type="checkbox"/> Jim Case to develop an explanatory document describing what changes are allowed within extensions and the requirement for NRCs to publish disclaimers when potential changes to core content within an edition (combined extension and core content) are present	In process
Policy on acceptance of "Patient-friendly terms" into the International release	2017-03-30 2017-04-25	General agreement that patient-friendly terms are not universal and that the current "dialect" capabilities in SNOMED allow for extension of the core content to accommodate this type of content.	<input checked="" type="checkbox"/> Jim Case to develop policy for patient-friendly terms.	Complete
Combined disorder modeling	2016-10-25 to 2017	Multiple reviews by the EAG as well as testing of patterns by the editorial staff has been performed. While there are still some difficulties in the consistent representation of combined disorders, due to their very nature, the patterns are being applied to existing content.	<input checked="" type="checkbox"/> Monica Harry to add the guidance to the Editorial Guide	Complete

Pre-coordination of Procedure with procedure indication	2017-09-28	<p>General agreement that the indication for the procedure should not be pre-coordinated with the procedure itself. Systems should leverage the supporting information model to capture the relationships (e.g. CIMI, FHIR).</p> <p>One exception to this is whether the indication actually changes the way a procedure is performed (such as a surgical approach). However, this would only apply when the concept model does not support modeling the change in procedure.</p>	<input type="checkbox"/> Jim Case to develop the editorial guidance on precoordination of procedure and indication.	Pending