2018-01-26 Editorial Advisory Group Conference Call

Zoom Meeting Details

SNOMED Int'l Editorial Advisory group

SNOMED International - Editorial advisory group conference call UTC

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https://snomed.zoom.us/j/807454545

Date: 2018-01-26

1600 UTC

Attendees

Chair:

• Jim Case

AG Members

- Guillermo Reynoso
- Bruce Goldberg
- Paul Amos ex officio
- Jeremy RogersJeffrey Pierson

Observers:

Penni Hernandez

Monica Harry

Yongsheng Gao

Toni Morrison

Apologies

Keith Campbell

Meeting Files



Objectives

Obtain consensus on agenda items

Discussion items

Meeting recording

The folder containing the meeting recordings is located here.

ltem	Description	Owner	Notes	Discussion	Action	
1	Call to order and role call	JCA				
2	Conflicts of interest Approval of minutes from	JCA	No conflicts reported	No conflict of interest reported.	Minutes approved	
3	Bratislava ECE Update	BGO	 Reactive arthritis and modeling extraarticular manifestations using simple co-occurrence Test of allergic disorder model as pathologic structure Sepsis Sepsis Sepsis Agreement not add dysregulated host response as a pathological process. Agreement not to add pathological process infectious process which would result in sepsis being defined as organ dysfunction syndrome co-occurrent and due to infectious disease. Test of device complications model Device complications. Problems with the device itself should be a finding and not a disorder. This would allow some rearrangement of the current device problem findings. Should also create a more specific "device failure" to segregate from general external equipment failure. desire to see more examples for each of the three patterns. 		 Bruce Goldberg to test modeling of sepsis both with and without the PATHOLOGICAL PROCESS Bruce Goldberg to test the three patterns related to devices. Tracker item to be developed. See Events, Conditions, Episodes Project Group meeting agenda 2-12-2018 	
4	Drug Model Update	ТМО	Toni Morrison to provide an update on the status of the drug project	Document with schedule and content changes attached to minutes. There will be changes to the MRCM including GCIs and role chaining that facilitate the modeling of drug products. This is needed to support the flattening of the substance hierarchy but still allow hierarchical representation in other hierarchies that use these substances as defining relationships. These changes also allow for multiple sufficient definitions.		
5	Observables Model Update	DKA	Not available			
6	Model Update Revision of editorial guidance for PATHOLOGICA L PROCES concerning "Inflammation (qualifier value)	JCA	Current editorial guidance on the use of the Pathological Process Value = 257552002 Inflammation (qualifier value) The current editorial guidance on the use of this process value eventually resulted in the need to distinguish between process and structure in the Morphologic abnormality hierarchy. E.g. 23583003 [Inflammation (morphologic abnormality] vs. 409774005 [Inflammatory morphology (morphologic abnormality]]. There is a tracker item: IHTSDO-558 Initial draft Fast track document : https://docs.google.com/document/d //r1x9hoW4S4s5gOOCe9pHth6ofkl6UJhfzfEUIS11-8U/edit Questions: Should the use of PATHOLOGICAL PROCESS be expanded to coincide with the increased need to support the SPD model? Should a project to decompose the conflated morphology concepts (i.e. process and structure, structure and anatomy, structure and disposition)? Due to the significant impact this will have on modeling patterns and possible to inferences, should this be approved by members prior to construction? This notion is critical to the continued improvement of content in SNOMED CT; however, it adds substantial complexity and will require clear and possibly extensive guidance to ensure consistent application. Templates may be the most efficient way to guarantee compliance.	Examples of where additional pathological process values include the hypersensitivity condition subhierarchy and the use of "Pathological development process" for congenital malformations. Expanded range of PATHOLOGICAL PROCESS may allow for a substantial number of currently primitive concepts to become fully defined. Many current morphology concepts conflate process and structure. Many of these may have originated from early versions of ICD-O. There are not many "process" concepts in SNOMED, but these may be needed in the future. One question is whether we should investigate the defining of the structures based on the processes that lead to the structure. Another suggestion is that it may not be necessary to do a full reconstruction of pathological processes, but do a focused effort on areas that have been problematic due to the lack of a defining process. In other words, add them as needed to meet a particular modeling problem. There are a number of "idiopathic" diseases, which really indicates an "unknown" process. It is not a negation of the other process, it is just an indication of a lack of knowledge of the specifics of the process. This would indicate a positive assertion of being unknown. Any changes to pathological process may have broad ranging impacts on the terminology. Dees it need external review and approval? Input from the group is that there should not case should not case of the process. The sould indicate a positive assertion of being unknown.	 Bruce Goldberg to take this issue to ECE for consultation. Jim Case to develop the fast track document after input from the group and redistribute for final review. 	

7	Disorder without disorder	JCA	Common pattern in classifications such as ICD. Currently all are primitive in SNOMED CT. One potential modeling pattern proposed is the use of the Situation model with one "known present" relationship group and one "known absent" relationship group. The problem with specific negation is that it is silent about other clinical aspects that may be of significance. What is the purpose of calling out one specific clinical manifestation? Comments solicited from, CMAG: Use of concepts representing the presence of a disorder without a second disorder	Current modeling of disorder with disorder is in Clinical findings, whereas these would need to be located in the Situation hierarchy. Opinion from CMAG is that this is primarily a construct used to map to ICD, but not used much in clinical practice. Jeff PiersonSees these as primarily classification concepts. Would be useful to see how often these are used for clinical recording. Jeremy Rogers agreed with this, not very useful clinically except in very specific cases. Procedure without procedure is a more common pattern used by surgeons. Generally thought that these were useful only for ICD mapping. Guillermo Reynoso suggested that this should in general be handled at the information model level. Q: What should we do with the current content that is all primitive? The best way to express this is to override the default context by an explicit wrapper in the information model. It would be important to try to remove this implicit context in future redesigns of SNOMED CT.		Jeremy Rogers to provide examples of "Procedure without procedure". Jeremy Rogers to provide usage of "disorder without disorder" within NHS. Jim Case to develop initial discussion document to address this ongoing issue of implied vs. specific context. To be discussed at the London meeting in April.
8	Lexical inconsistencies	JCA	We received a comment from a dutch lexographer: Dear fellow terminologist(s), I am the Dutch medical linguist currently in charge of checking translations of SNOMED terms into Dutch (as for the Netherlands, not for Belgium) on morphosyntactical rules. In 2015 I translated the IHTSDO translation guidelines into Dutch as an assignment by Nictiz, the Dutch release centre. It occurs to me that in compound adjectives in many SNOMED terms, the dash has been left out: - pacing induced cardiomyopathy = 'a sentence in past tense stating that'? § where I expect: pacing-induced cardiomyopathy = cardiomyopathy induced by pacing - Ieft sided atrium connecting to both ventricles > 'lefties sitting next to'? § where I expect: left-sided atrium This will unintentionally render a collocation into a sentence, as in many cases the past participle is a homograph of the verb in past tense. In most cases however, the term will be interpreted correctly anyhow. Why does SNOMED not follow commonly taught spelling rules in English? I do know that in informal American English this compounding dash has become somewhat uncommon. Likewise, the adverbial suffix ly was abolished in the USA already a while ago. Possibly this dash will join its fate. Must SNOMED anticipate this? I feel that a mere spelling inaccuracy should not be a reason for terminologists to embrace it. Likewise, the ISO 704 norm for terminology instructs that a term should not be capitalized without a reason. In Duch we will spell somewhat 'American' typesetting curstom in a very few, mostly obsolete medical glossaries only. Has SNOMED International been spending any thoughts on these two orthographical matters? I hope that you will be willing to share your thoughts on this with me. It will be interesting to be able to learn from each other's expertise and oracicel	Guillermo Reynoso mentioned that while this is primarily an English language issue, it does affect translations and the consistent use of the hyphen (not the dash or the em-dash as they require extended character set) is preferable. Would need to develop editorial rules on how to apply these consistently to the terminology, including guidance on no spaces before and/or after the hyphen. Capitalization issue: This is a legacy issue that originated with the initial SNOMED content from the 1960s. Many translations do not use initial capitalization. Recent changes to case significance may make this a difficult issue to resolve. This should have been corrected prior to the history tracking. Suggested that we remove the current requirement to have an initial capital for new concepts moving forward and living with the "sins of the past". Fixing this would require changes to over 1 million descriptions and this would be too much churn for little value. Rationale is that this change would make SNOMED consistent with ISO 704.	V V	Jim Case to work with technical team and editorial guide editor to develop guidelines and batch changes to terminology. Low priority issue. Jim Case propose to the SMT that we make back end changes to the descriptions that would change the capitalization without inactivating the description IDs. Jim Case to work with tech team to requiring initial capital letters. Work with Ed guide editor to write editorial guidance.
9	Specimen from subjects other than the patient	JCA	Currently we have many concepts in the specimen hierarchy that include "from patient"as well as those that do not include it as an ancestor. Since the subject of record is the default for specimens, we would like to retire these apparent duplicates, but then we run into the problem of specimens derived from other sources such as donors or normal control patients. They cannot be subtypes if the intended meaning is "subject of record"or can they, since the context is implied? How do we structure the specimen hierarchy to account for this? What are the analytical implications of having different sources for specimens as subtypes of one another? Tracker: IMM INTSDO-1001 - Jira project doesn't exist or you don't have permission to view it.	No testing of options for this item has been performed since the last meeting. Issues still remaining: • Eliminating the soft default (yes or no) • Creating unspecified SPECIMEN SOURCE concepts only where both patient-oriented and non-patient specimens are required. • Resolving issues with specimen sources that are both patient and non-patient oriented (i.e. autologous blood products) • Resolution of non-patient subtypes under unspecified SPECIMEN SOURCE (i.e soft default) concepts		Jim Case to develop option to consider for solution of this specimen unspecificity issue Jim Case to present to CMAG for their input on the perceived impact of proposed options
10	What is an "infected prosthesis"	JCA	Update: Proposed model (Infected Prosthesis) was tested and reviewed by the ECE. Construction has been performed and editorial guidance will be updated as necessary			Jim Case to verify editorial guidance added.

11	"Acquired" disorders testing	JCA	 There are existing "Acquired X (morphologic abnormality)" concepts, but these are very much analogous to the "Congenital X" morphologies that we are trying hard to get rid of. "Acquired" and "Congenital" are not morphologies, but timeframes. We do not have a way of denoting "All periods of life after birth" like we do for "Congenital". If we did, then we could create a fully defined concept grouper of "Acquired disorder; which would subsume all concepts that had any OCCURRENCE value later than "At birth", but then it would regitire that all acquired disorders have a valid OCCURRENCE relationship. This approach might also open the door that all disorders that are not specifically "Congenital" have an OCCURRENCE relationship stating that it is required, which seems to be "overmodeling". While we can use the "Acquired deformity" morphology concepts currently, due to the lack of many useful subtypes of "Acquired X" morphologies, it would only be a partial solution. One potential solution is to create a primitive grouper of "Acquired disorder" and then using that as the proximal primitive parent, adding the necessary relationships to make acquired disorders with the string "Acquired" were reviewed and fully defined using the OCCURRENCE attribute. There were no adverse impacts from this initial test. One conditional issue relates to the ability to define terms with the string "juvenile". The definition of juvenile differs in age ranges from jurisdiction to jurisdiction to givensile differs in age ranges form jurisdiction to \$2923036 - Juvenile (finding). The process to progress this needs to be determined. 	2017-11-03: A related tracker exists: PCP-71. The work related to this item will be linked to that tracker. Issue identified during testing was the perceived need for the concept "juvenile", which is an inactive concept. Concern about how many concepts will be affected. Will all concepts that are known to be acquired have this attribute added? No, only concepts that need a differentiation between a congenital and acquired form. It may not even be necessary to have as many periods of life as we currently have. While the results of testing are encouraging, it is better to have another attribute that can be role grouped than to create a primitive parent to be used as an IS A due to the advantages that come out of classification. The current testing has resulted in very few changes to the existing taxonomy, but makes the content more maintainable. Juvenile concepts may still be needed, but can be put off for later consideration (can be modeled with postnatal until then).		Jim Case will create a tracker and test the aggregate period of life concept as a way to define acquired disorders. Develop editorial guidance for how to properly use the aggregate "period of life" term.
12	Update of EAG Workplan	JCA	Review and revision of current workplan	Continued to next call due to lack of time.	~	Jim Case to update workplan based on input from the EAG members.
13	Future meetings	JCA		ТВД		