ITI Liaison Report:

IHE Anatomic Pathology Domain

August 23rd 2011

Current strategic focus:

* The IHE Anatomic pathology Domain addresses Collaborative Digital Anatomic Pathology i.e supports the creation and sharing or exchange of information, including data and images, during the complex workflow performed in an Anatomic Pathology department from specimen reception to report transmission and exploitation. The ultimate goal is a comprehensive digital pathology record for the patient, of which images are a significant part.
* The primary focus is clinical patient management (surgical pathology, clinical autopsy, cytopathology, etc) and all special techniques (gross examination, frozen section, immunohistochemistery, molecular pathology, flow cytometry, special microscopy techniques), but public health or research may also be addressed as appropriate (biobanking, Tissue Micro Arrays, etc). The aim is to progressively include all sub-domains of pathology.

Anticipated requests to ITI:

* Sharing terminology – Implementation of Anatomic Pathology Structured Reports requires the sharing of terminology for which SVS isn’t enough. Extension is needed for SVS following the CTS2 specification of which some implementation begin to exist.
* Sharing of templates – The same kind of infrastructure used for sharing terminology would be useful to ANAPATH domain to share templates also.
* Query for Existing Data – As PCC and most probably QRPH, ANAPATH domain has a need to be able to directly query health database to get specific pieces of information. As several domains are looking for a standard way of querying health database for information, this issue is probably within the scope of the ITI domain.
* Anatomic Pathology Workflow – A future work item for ANAPATH domain that might leverage XDW. ITI expertise might be needed to work on content structure and workflow specification.

Dates of discussion:

* First contact: Aug 23rd 2011
* ANAPATH would like to present their use cases for querying health database to ITI, PCC and QRPH domains in order to get input and identify next step toward interoperable transaction to sustain their need. Ideally this would be done in a face to face joint meeting, possibly in February if the agenda allows it.

Liaison Name:

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