

APSR 2.0 Public Comment

Remarks

Comments on IHE platform

- Vol. 1, section 10.3: „In table 10.3_1 the heading of the 1st column is referring to XD-LAB actor“
 - Change this heading to " APSR Actor“
- Vol. 3, section 6.3.1.2: „Typo: "produced by an surgical pathology laboratory“
 - "produced by a surgical pathology laboratory"

- Vol. 3, section 6.3.5.2.2: „The template **1.3.6.1.4.1.19376.1.5.3.1.4.2** Containment Annotation Comment (2017), used by the Problem organizer is flagged to be cancelled. However, in the Problem organizer itself, this template is shown in a normal form (page 121, tick 20.5).
- The status of the Annotation comment template has to be checked. It should be „active"
- Similar problems with that template have to be solved in the same way

- Vol. 3, section 6.3.5.2.2: „The value set **1.3.6.1.4.1.19376.1.3.11.2** for **statusCode** is indicated as not to be found. Same issue is found at: page 167, tick 21.5 page 185, tick 12 page 190, tick 6.5 page 195, tick 19.5 page 205, tick 2.5 page 209, tick 21 page 213, tick 05 page 215, tick 22 page 218, tick 04 page 220, tick 13.5 page 222, tick 22.5 page 225, tick 09 page 228, tick 11 page 231, tick 06 page 236, tick 12.5 page 243, tick 6.5 page 246, tick 04
- Make this value set ("ActStatusAbortedCompleted") available again in XD-LAB
- Vol. 3, section 6.3.1.2.: "ihe-lab:statusCode" is not defined. There is currently one single extension to the CDA.xsd schema used in PaLM TF-3. This extension has been created by former IHE LAB and is protected by this particular namespace in document instances:xmlns:lab="urn:oid:1.3.6.1.4.1.19376.1.3.2"
 - change to "lab:statusCode"

- Vol. 3, section 6.3.7.2: „Annotation Comment Child element - 1.3.6.1.4.1.19376.1.5.3.1.4.2 is not from resource PCC, as indicated in table 5.5_1“
 - Replace that template by the original one from resource PCC
- Vol. 3, section 6.3.1.2: „In the header of the document content module a Payer module is not found (in accordance with XD-LAB), but it is needed for use cases of cancer reporting, e.g. in Germany.“
 - Introduce the Payer entry 1.3.6.1.4.1.19376.1.5.3.1.4.18 from source PCC TF vol.2, section 6.3.4.37
 - or better: PCC-TF2, 6.3.1.2 Pertinent Insurance Information Header element participant[@roleCode=,HLD']. „German“ templates 1.2.276.0.76.3.1.135.8.10.8 and 1.2.276.0.76.10.2022)
- References: „typo, the reference no.9 seems to be incorrect.“
 - Modify the url to http://www.hl7.org/implement/standards/product_brief.cfm?product_id=394

Comments not published to IHE

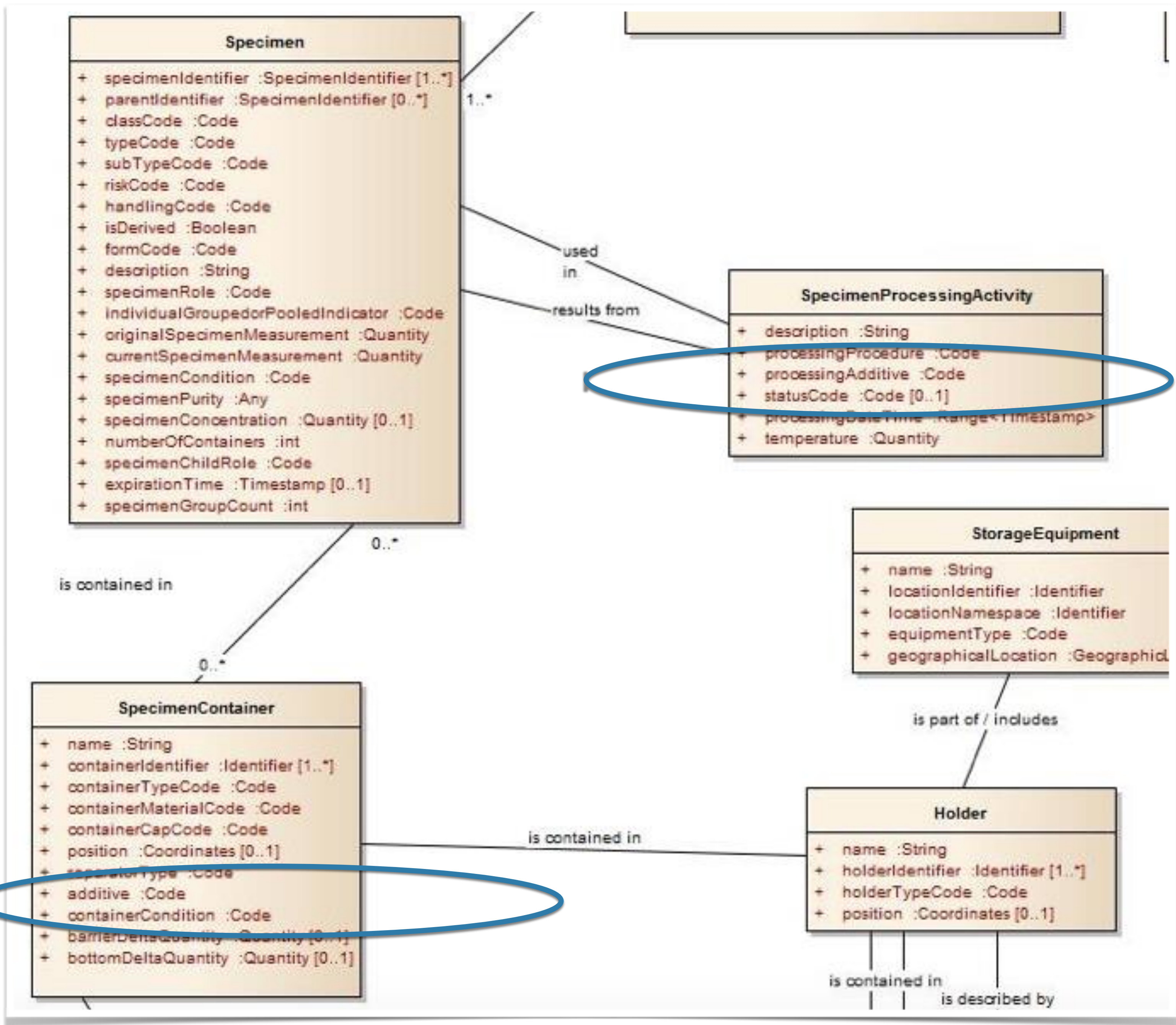
- Vol. 3, section 6.3.4.5: “Include vs Contain in Additional specified observation section: Should Author be included (as in all other sections) instead contained?”
 - has to be discussed with Kai Heitmann

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<participant typeCode="HLD">
  <associatedEntity classCode="POLHOLD">
    <!-- eGK Nummer -->
    <id extension="A123456789" root="1.2.276.0.76.4.8"/>
    <!-- Versicherungsnummer -->
    <id extension="123456789" root="1.2.276.0.76.3.1.131.1.4.3.9999.9999.999955"/>
    <associatedPerson>
      <name>
        <given>Fred</given>
        <family>Mustermann</family>
      </name>
    </associatedPerson>
    <scopingOrganization>
      <!-- IK-NR -->
      <id extension="987654321" root="1.2.276.0.76.4.5"/>
      <!-- VK-NR -->
      <id extension="54321" root="1.2.276.0.76.4.7"/>
      <name>AOK Süd-Ostwestfalen Nord</name>
    </scopingOrganization>
  </associatedEntity>
</participant>

```

- Vol. 3, section 6.3.1.2: „In the header of the document content module a Payer module is not found (in accordance with XD-LAB), but it is needed for use cases of cancer reporting, e.g. in Germany.“
- Introduce the Payer entry 1.3.6.1.4.1.19376.1.5.3.1.4.18 from source PCC TF vol.2, section 6.3.4.37
- **or better:** PCC-TF2, 6.3.1.2 Pertinent Insurance Information Header element participant[@roleCode=,HLD']. „German“ templates 1.2.276.0.76.3.1.135.8.10.8 and 1.2.276.0.76.10.2022)
- make a new header element template for APSR for that purpose



- Vol. 3, section 6.3.5.3.1: Could there be a conflict between RIM and Specimen DAM, where in the latter the additive is a component of the container and as processing.additive a component of the Specimen Processing Activity?
- not a problem for APSR

- Vol. 3, section 6.3.5.3.2: „ Circular reference found with 1.3.6.1.4.1.19376.1.3.10.4.1“
 - unavoidable due to the general idea of those entries: multiple use of templates and child elements
- Vol. 3, section 6.3.6.3.1: „The supporting template ICD-O-Behavior is only to use if the pathologists´ behavior classification is (**rarely**) deviant from the 5th digit in morphology and behavior code list, and is therefore overriding that digit. For example, instead of 8500/**3** „Ductal breast cancer“ 8500/**6** „Metastasis of ductal breast cancer“, or 8123/**3** „Basaloid transitional cell carcinoma“ but the pathologist want to express an in-situ tumor of that type (8123/**2**), not given in the M-codes? Is this possible?“
 - Constrain the value set to the first four digits of M-axis
 - discuss the possibility to use more than one code system, e.g. SCT

Value set ICD-O-3

Morphology and Behavior

Id	1.3.6.1.4.1.19376.1.3.11.33	Effective Date	valid from 2015-11-13 14:08:46
Status	● Draft	Version Label	1st rev. (2013)
Name	icd-o-3-m	Display Name	ICD-O-3 Morphology and Behavior
Description	International classification of diseases / oncology, morphological part for typing of benign and malignant tumors. The morphology axis provides five-digit codes ranging from 8000/0 to 9989/3. The first four digits indicate the specific histological term, i.e. morphology (8000 through 9989). The fifth digit after the slash (/) is the behavior code, which indicates whether a tumor is malignant, benign, in situ, or uncertain (whether benign or malignant). Deviations from the coding of the fifth digit are allowed, if the pathologist classifies a different behavior, not provided in the code list. A separate, 6th, one-digit code may also be given for histologic 4-tiered grading (differentiation) or for the cell type in lymphatic neoplasia. All new histological classifications have been made by the WHO / IARC in so-called "blue books" since 2011 are listed on-line: http://codes.iarc.fr/changes.php . The fifth and the sixth digit are coded separately in value sets 1.3.6.1.4.1.19376.1.3.11.34 and 1.3.6.1.4.1.19376.1.3.11.35		

A valid code from the code system:

Code System Name	Code System Id	Code System Version
ICD-O-3 1st.rev.	2.16.840.1.113883.6.43.1	

Template ICD-O-3 Morphology and Behavior

▶ hl7:entryRelationship		0 ... 1	C	5th digit in the morphology code, used only if this digit is deviant from the code list in morphology axis Contains 1.3.6.1.4.1.19376.1.3.10.9.38 ICD-O-3 Behavior (DYNAMIC)	PaLM Suppl. APSR 2.0-3: 6.3.6.11 ICD-O-3
▶ hl7:entryRelationship		0 ... 1	R	6th digit in the morphology code Contains 1.3.6.1.4.1.19376.1.3.10.9.39 ICD-O-3 Differentiation (DYNAMIC)	PaLM Suppl. APSR 2.0-3: 6.3.6.11 ICD-O-3
▶ hl7:entryRelationship		0 ... 1	R	optional grading by a scoring system, e.g. by means of the Elston-Ellis-Scoring-System in case of invasive breast cancer (ICD-O C50) Contains 1.3.6.1.4.1.19376.1.3.10.4.4 Assessment Scales Observation for Scoring Systems APSR2 (DYNAMIC)	PaLM Suppl. APSR 2.0-3: 6.3.6.11 ICD-O-3
hl7:reference		0 ... *	R	Contains 2.16.840.1.113883.10.12.324 CDA Reference (DYNAMIC)	PaLM Suppl. APSR 2.0-3: 6.3.6.11 ICD-O-3

4.1.1.3 XDSDocumentEntry.parentDocumentRelationship

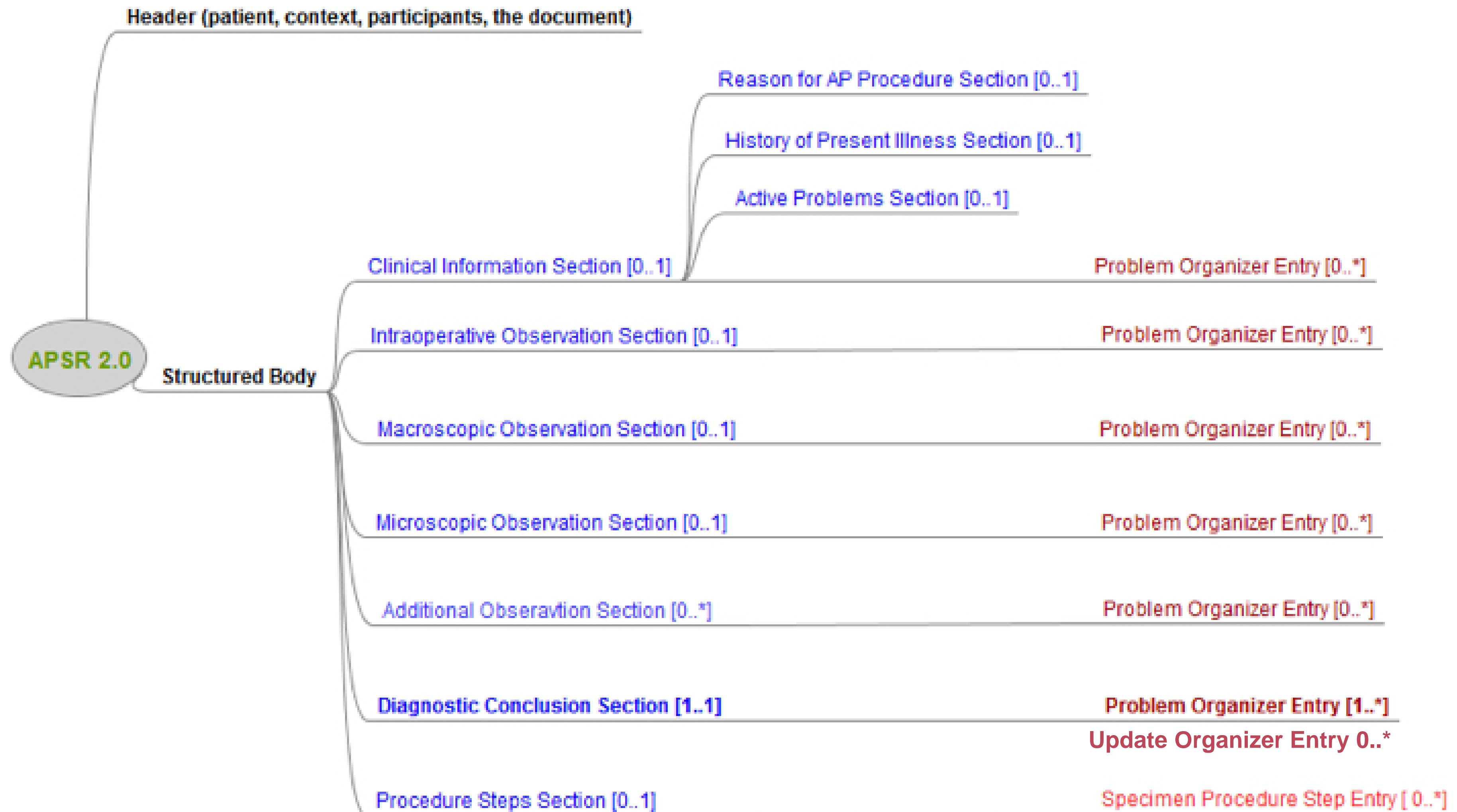
For the APSR content module XDSDocumentEntry.parentDocumentRelationship is constrained to the "RPLC" value. When there is a parent document the current document is a new version of the parent document, replacing it.

- Note 1: A non-final anatomic pathology report published in an XDS infrastructure will likely be replaced afterwards by the final report. When this event occurs, the Content Creator Actor SHALL apply the following rules:
 - ClinicalDocument/setId SHALL have the same value in the new report as in the replaced report.
 - ClinicalDocument/versionNumber SHALL be incremented in the replacing report (i.e. the final one).
 - ClinicalDocument/relatedDocument@typeCode attribute SHALL be valued "RPLC"
 - ClinicalDocument/relatedDocument/parentDocument/id in the new report SHALL be equal to ClinicalDocument/ id of the replaced document.

The Document Source Actor SHALL apply the following rules on XDSDocumentEntry metadata:

- The final report SHALL be associated with the previously published one, using RPLC relationship and the previous report SHALL be “Deprecated” as described in ITI TF-2:4.1.6.1.
- Note 2: A non-final report can also be replaced by a more recent, albeit still non-final report. The rules above also apply in this case.
- Note 3: A final report can also be replaced by a corrective final report. The rules above also apply in this case.
- Note 4: A new version of a report SHOULD have an Update Organizer <entry> in its Diagnostic Conclusion <section> carrying information about what has been changed in comparison with the immediate previous report, and what is the clinical significance of that change

APSR 2.0: Layout of sections and entries



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<entry>
  <organizer classCode='BATTERY' moodCode='EVN'>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.4.16' /> use PaLM OID!!
    <id />
    <code /> LOINC or SCT TBD!!
    <reference typeCode='RPLC'>
      <externalAct classCode='ACT' moodCode='EVN'>
        <id root=',, ,', extension=',, ,' />
        <!! The identifier of the entry or section being replaced. If the identifier is to a section being replaced, only one reference element is permitted.>
      </externalAct>
    </reference>
    <component typeCode="COMP">
      <observation>
        <code code="394652007" codeSystem="2.16.840.1.113883.6.96" displayName="Significance values (qualifier value),">
          <value code="371928007" displayName="Not significant (qualifier value)" codeSystem="2.16.840.1.113883.6.96" />
        </code>
      </observation>
    </component>
    <statusCode code="completed" />
    <effectiveTime>
      <low value="20170131165954" />
    </effectiveTime>
    <author />
  </organizer>
</entry>

```