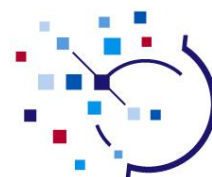


International Health Terminology Standards
Development Organization (IHTSDO)
International Pathology and
Laboratory Medicine
Special Interest Group (IPaLM SIG)

Stockholm, October 24 2012



Agenda

- Introductions – Meeting Logistics
- Review of minutes
- Overview of IPALM SIG leadership nomination process
- Update on molecular top methodologies project
- Discussion/development of joint IPaLM/IHE AP project
 - Breast cancer structured reporting coding for submission to the IHTSDO
 - Review of ICD11 breast cancer code classification
- Next steps / action item review



Stockholm Meeting Logistics

- Room:358, Oct 24, 13:30 - 16:30
- Phone Code: 54362#
- Registered Participants
 - Raj Dash United States
 - Helle Johannessen Denmark
 - Mary Kennedy United States
 - Arvydas Laurinavicius Lithuania
 - David Liebovitz United States
 - Catalina Martínez Costa Austria
 - Ulla Petersen Denmark MD
 - KHADZIR SHEIKH AHMAD
Malaysia

Attendance

- In person
- On call



Review of Minutes

- Reference separate attachment



IPaLM SIG - Leadership

- WASPaLM has taken a leadership role in fostering international participation in the ongoing development of a pathology and laboratory medicine reference terminology.
 - Provide mechanism for international communication with access to dozens of societies of pathology and laboratory medicine around the world



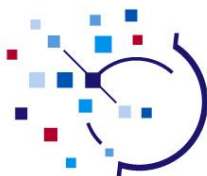
IPaLM SIG - Leadership

- WASPaLM polls constituent society members to provide financial support for the chair and vice-chair positions of the IPaLM SIG.
 - The member society may be required to fund travel to IHTSDO meetings for the chair at least twice a year and fund two interim teleconferences.
 - The member society will be required to provide administrative support for the chair, to include funding of the travel of that assistant to the IPaLM SIG meetings.



IPaLM SIG - Leadership

- The same or different constituent society members may commit to support the chair and/or vice-chair position.
- The constituent society member may stipulate selection of the individual(s) whom they will support.
- The call for support from constituent society members will occur one year in advance of the completion of the term of the individual members on the IPaLM SIG and will be open to all constituent society members.
- If more than one constituent society member advocates support for chair or vice-chair, selection will be based primarily on review of the qualifications of the individual nominated for support. Final selection will be the purview of the WASPaLM Bureau.



Molecular Top Methodologies Project

- Reference separate attachment
- Review list by other organizations
 - Augment and endorse
 - Request out within a week (with copy to Stan Huff)
 - Plan on moving forward by January 2013
- Re-evaluate final list by IPALM SIG
 - Conference call January 2013 to discuss
- Construct proposal recommending placement into SNOMED CT.
- Dr. Carter will talk with Dr. Huff regarding best point for collaboration between IPALM and LOINC



Joint IPaLM/IHE AP Project

- Reference attachments
 - CAP Breast Work Aid
 - 20121022_BreastAPSR_IHEAP_IHTSDO.xlsx
 - ICD11 Breast Proposal v2.xlsx



IPALM – Next Steps

- Molecular methodologies draft being sent to LOINC and molecular pathology associations for review.
- Real world attempt at SNOMED CT implementation has generated specific questions for SCT for I&I (and likely Content) committees (next slide).
- Ongoing work with IHE AP Structured Reporting will be driven by answers to questions from above study (request response within 30 days if possible).



Open questions

- Should pathology diagnosis be coded using the morphological abnormality sub-hierarchy (part of the Body Structure hierarchy) or should they be coded using Clinical Finding hierarchy?
- Should we try to use mainly morphological codes, and when they are not available, could some diagnoses in pathology reports be coded using clinical (disorder or finding hierarchies)?
- Does using a mixture of hierarchies (Body Structure and Clinical Finding) in pathology diagnosis coding make sense when implementing data exploitation of information systems?
- Should we ask IHTSDO to complete the list of morphological codes to add all those codes missing in the morphological abnormality sub-hierarchy?



Open questions

- We believe that IHTSDO promotes post-coordination for use of certain SCT concepts (e.g. laterality), but formal guidance is requested for the following:
 - The desirability of using pre-coordinated specific expressions when less specific post-coordinated expressions can be used and can be more uniformly applied (given that most pre-coordinated expressions sporadically cover a domain)
 - If post-coordination is favored, should pre-coordinated terms in SNOMED be deprecated?



AJCC Staging 7th Edition Concepts

- IPALM proposes
 - Immediate incorporation and coding only of T, N, and M codes without long descriptions/text.
 - Staging version should be incorporated as an attribute (e.g. “has-associated-version”)
 - Full description of T, N, M “codes” may optionally be integrated as SCT “textual definitions” pending review and approval by AJCC and/or UICC



Feedback for ICD11 Neoplasms TAG

- ICD-O-3 should be incorporated into ICD11 for “backwards compatibility” with existing usage
- ICD-11 should not include staging as pre-coordinated concepts
- Post-coordinated elements were favorably received.
- Query from IPALM to ICD11 regarding how mapping of concepts to SCT were being handled (clinical finding vs morphology?)

