

**2<sup>ND</sup> INFORMAL CONSULTATION ON DEVELOPMENT OF  
CLASSIFICATION OF EAST ASIAN TRADITIONAL MEDICINE  
13-15 March 2007, Tokyo, Japan**

**Tentative TIMETABLE**

Time	Tuesday, 13 Feb	Wednesday, 14 Feb	Thursday, 15 Feb
0830	Registration	Item 5 Summary of the 1 <sup>st</sup> day Plenary	Item 8 Summary of the 2 <sup>nd</sup> day
0900 to 1030	<p>Item 1 Opening ceremony</p> <ul style="list-style-type: none"> <li>▪ Opening remarks</li> <li>▪ Nominations of officers for the meeting</li> <li>▪ Group photo</li> <li>▪ Introductions: Objectives, working methods, expected outcome of the meeting (Dr Choi Seung-hoon)</li> </ul>	<p>Item 6 Country Efforts for Mapping with ICD-10</p> <ul style="list-style-type: none"> <li>• Korea</li> </ul> <p>Discussions</p>	Discussions
1030	T E A B R E A K	T E A B R E A K	T E A B R E A K
1045 to 1200	<p>Item 2 Report: 2006 WHO-FIC Tunis Meeting (Prof Rosemary Roberts)</p> <p>Discussion</p>	<p>Item 7 Country Efforts for Mapping with ICD-10</p> <ul style="list-style-type: none"> <li>• Vietnam</li> </ul> <p>Discussions</p>	<p>Item 9 Conclusions and recommendations</p> <p>Item 10 Future plans</p> <p>Item 11 Closing ceremony</p>
1200	L U N C H	L U N C H	L U N C H
1330 to 1515	<p>Item 3 Country Efforts for Mapping with ICD-10</p> <ul style="list-style-type: none"> <li>• China</li> </ul> <p>Discussion</p>	Discussions	
1515	T E A B R E A K	T E A B R E A K	
1530 to 1700	<p>Item 4 Country Efforts for Mapping with ICD-10</p> <ul style="list-style-type: none"> <li>• Japan</li> </ul>	Discussions	
1830 to 2030	Official Reception	Dinner	

Meeting Venue: JLOM Office, Tokyo

2nd Informal Consultation on Development of International Classification of East Asian Traditional Medicine (ICEATM)			
Temporary Advisor			
1	Prof Rosemary Roberts (short term consultant)	AU	Chair (URC), Australian Collaborating Centre
2	Dr Zhang Qi, Director General, Department of International Cooperation, SATCM	CN	Director General Department of International Cooperation State Administration of Traditional Chinese Medicine
3	Mr Zhu Haidong, Deputy Division Director, Department of International Cooperation, SATCM	CN	Deputy Division Director Department of International Cooperation State Administration of Traditional Chinese Medicine
4	Prof Yin Aining, China Academy of Chinese Medical Science	CN	Associate Professor Institute of Information on Traditional Chinese Medicine China Academy of Traditional Chinese Medicine
5	Prof Zhu Liming(Female), Shanghai University of Traditional Chinese Medicine	CN	Shanghai University of Traditional Chinese Medicine WHO Collaborating Centre for Traditional
6	Prof Li Zhaoguo, Shanghai University of Traditional Chinese Medicine.	CN	Shanghai University of Traditional Chinese Medicine WHO Collaborating Centre for Traditional
7	Prof Kenji Watanabe 渡辺賢治	JP	
8	Dr Kenji Shuto (MHLW) 首藤健治	JP	
9	Ms Emiko Oikawa (MHLW) 及川恵美子	JP	
10	Prof Gregory Plotnikoff グレゴリー・プロトニコフ	JP	
11	Dr Tomoaki Ishikawa 石川 友章	JP	
12	Prof Shim Bum-sang	KR	
13	Prof Han Chang-ho	KR	
14	Prof Kim Yoon-bum	KR	
15	Dr Kim Yoo-gyum	KR	
16	Mr Jong Kyu-nam	KR	
17	Prof Charlie Xue	AU	
18	Prof Chu Quoc Truong	VN	
19	Dr Jeannie Kang (self-	US	
20	Choi Seung-hoon	WHO/W PRO	Regional Adviser Traditional Medicine World Health Organization Western Pacific Regional Office

Note for Record

**Second informal consultation on  
development of International  
Classification of East Asian  
Traditional Medicine**

Tokyo, Japan

Hosted by WHO Regional Office for the  
Western Pacific and the Japan Society for  
Oriental Medicine

13-15 March 2007

*WHO Western Pacific Regional Office*

The Second Informal Consultation on Development of Classification of East Asian Traditional Medicine was held in Tokyo, Japan 13-15 March 2007.

## **Objectives**

The objectives of the meeting were:

- (1) to review the country efforts in mapping between the International Standard Terminologies on Traditional Medicine (IST) and ICD-10;
- (2) to explore the feasibility of the International Classification of East Asian Traditional Medicine (ICEATM) to become a derived or related member of WHO Family of International Classifications (WHOFIC); and
- (3) to discuss future plans.

The WHO Regional Office for the Western Pacific proposed this information consultation to review the country efforts of mapping IST with ICD-10 and to further explore the feasibility of ICEATM as a derived or related member of WHOFIC so that a future plan may be developed. This is part of the WHO promotion of appropriate use of traditional medicine through standardisation and an evidence-based approach. Within traditional medicine, East Asian Traditional Medicine (EATM) is one of the most commonly used forms in the Region.

## **Background information**

The standardization of the clinical language and practices and the use of evidence-based approaches are the main thrusts of the traditional medicine programme in the WHO Western Pacific Region. If used consistently, the standardization process enhances the accuracy, efficiency, reliability and comparability of traditional medicines information at national, regional and international levels. WHO/WPRO has collaborated with key countries including China, Japan and Republic of Korea in the development of the WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region (IST).

As a follow up to the IST, an informal consultation was convened in June 2006 to discuss the willingness of countries in the Region to develop an International Classification of Traditional Medicine (ICTM), its structure and future plans. The proposal for the ICTM to become a derived or related member of the WHOFIC was presented to the WHOFIC meeting in Tunis in October 2006.

The WHOFIC supported the proposal and recommended that a formal submission be prepared. This second informal consultation was held to explore further the feasibility of the proposed ICTM as a derived or related member of the family based upon the outcome of mapping between IST and ICD-10 currently being undertaken by the member states involved in this consultation.

## **Tuesday 13 March 2007**

### **Item 1 Opening ceremony**

#### **Opening remarks**

The meeting was opened by Dr Choi Seung-Hoon, Regional Adviser for Traditional Medicine, WHO Western Pacific Regional Office, who was the Responsible Officer for the informal consultation. A brief introductory address was made by xxx from the Health Policy Division, Japanese Ministry of Health, Labour and Welfare who welcomed all meeting participants to Tokyo. He signalled the importance of developing a Classification of East Asian Traditional Medicine for the promotion of standardisation of health information gathering and scientific communication within the TM profession internationally and to improve the communication with other health care professionals. Welcome speeches were also delivered by Dr Moruyama, Director General, Vital and Health Statistics Division, Japanese Ministry of Health, Labour and Welfare and Dr Tomoaki Ishikawa, Executive Trustee of the Japan Society for Oriental Medicine.

Dr Choi Seung-hoon, Regional Adviser in Traditional Medicine for WHO Regional Office for the Western Pacific, delivered an address welcoming delegates and summarizing the main objectives of the meeting. Dr Choi emphasized the importance of this meeting and also expressed his thanks to JSOM for its support in organising the meeting, to China for technical input and to Korea for financial support. He also thanked the Temporary Advisers for their contribution. Dr Choi then formally declared the opening of the meeting and a group photo was taken.

#### **Nomination of officers for the meeting**

Professor Kenji Watanabe was nominated as chairperson for the meeting, Dr Zhang Qi as vice-chair, Professor Charlie Xue and Professor Gregory Plotnikoff as rapporteurs.

#### **Introductions: Objectives, working methods, expected outcome of the meeting.**

##### **Dr Choi Seung-hoon**

In his presentation, Dr Choi introduced traditional medicine in the Western Pacific Region and outlined its priorities in promoting standardisation through an evidence-based approach. International standard terminologies and classification of diseases are pre-requisites to this development and a series of activities such as creating clinical standards are all dependent on the successful completion of standard terminologies. Many meetings have been held to develop interrelated standards.

### **Item 2 Report 2006 WHOFIC Tunis Meeting.**

#### **Associate Professor Rosemary Roberts**

Professor Roberts outlined the presentations and recommendations from the WHOFIC Meeting held from 29 October to 4 November 2006. The proposed classification of ICTM was warmly received by participants and there were several opportunities for presentation and discussion. Papers were presented by Kenji Watanabe, Shim Bumsang, Zhu Haidong and Rosemary Roberts at a special session on ICTM and at subsequent meetings of the Family Development Committee. The discussion revolved around the need for review of a draft version of the classification for evaluation as a member of WHOFIC; the status of the classification as a derived or related member; the strength of

mappings between IST and ICD-10; format of ICTM as hard copy or electronic publication; and its scope as an international classification or limited to member states of WPRO.

The conclusion was that the WHOFIC response to the ICTM proposal was generally very positive, many speakers recognizing the gap in the ability of current WHOFIC products to describe, classify and count traditional medicine practice. However, there is a need to present ICTM as a product or draft product to WHOFIC for consideration and evaluation as a member of the family.

### **Item 3. Country Efforts for Mapping with ICD-10. 13 March 2007 China. Professor Yin Aining**

- ICD-10 Chinese was published in March 2002; Chinese ZHENGs have been used since 1995; TCM headings published in 1996; Chinese terms in traditional medicine and pharmacy by Dr Xie Zhufan
- IST: 564 diseases, same terms in Chinese and English 17 only with ICD-10
- Majority of good maps are in Infectious and Parasitic and “Other” chapters
- Low consistency between TCD, JCD and KCD etc as well as with ICD-10
- In 4 glossaries of TCM, only about 5-10% of words occur in ICD-10
- China uses ICD-10 terms for causes of death classifications (Dr Zhang Qi)

**Conclusion from China:** For disease terms, maps between IST and ICD-10 very poor (17 of 564 or 3%)

### **Item 4. Country Efforts for Mapping with ICD-10 Japan. Professor Kenji Watanabe**

- Japanese Traditional Medicine (Kampo Medicine) originally from China and developed its own characteristics
- 148 formulations included in National Health Insurance system
- Over 70% physicians use Kampo Medicine in Japan for all indications
- Kampo Medicine has been included in core medical curricula since 1991
- Introduction to Kampo (textbook of Kampo Medicine edited by JSOM)
- All 80 medical schools in Japan KM
- TJ-100 (Da Jiangzhong Tang) used for colon cancer: TJ-100 reduced the hospitalisation days significantly for all patients either by open surgery or other methods
- TJ-48 (Shu Quan Da Bu Tang) on CDDP toxicity and anti-cancer effects: reduced nephrotoxicity with body weight reduction
- JLOM decided not to submit “disease names”
- Decision on IC-KAMPO by voting by 197 members of JSOM, 43 responded.
- Most items supported by most representatives
- Then coding of ICD-10, IC-Kampo and Kampo pattern code from patient’s chart

**Conclusion from Japan:** Traditional Medicine disease names not submitted. Independent coding in ICD-10, IC-Kampo and Kampo SHO (pattem) is possible.

## **Item 5. Country Efforts for Mapping with ICD-10**

### **Korea. Professor Shim Bum-sang**

- Mapped 565 preferred terms (disease concepts) from IST to KCD-OM and ICD-10
- Found 296 maps with KCD-OM and 1,806 with ICD-10 (average of 6.1 ICD-10 terms to each IST term)
- KCD-OM codes: 2439, 376 identical to IST
- Preparation of KCD-OMe English
- Multiple-mapping between IST and ICD and KCD-OM

### **Professor Han Chang-ho**

- Report on hospital trial of disease name mapping between KCD-OM and ICD-10 at Tongwook International Hospital.
- Patients are seen by both western and KOM doctors, data from a hospital were gathered to provide the base of mapping between KCD-OM and ICD 10
- 2040 patients
- Results: Difficult to map between ICD-10 and KCD-OM - invalid

**Conclusion from Korea:** IST and ICD-10 have multiple maps with each other. However, some areas such ophthalmology showed 1:1 maps.

## **Wednesday 14 March 2007**

### **Item 6. Summary of the first day. Professor Kenji Watanabe**

1. Significant efforts have been made by member states
2. Agreed on IST as the base for discussion
3. Major difficulties to be overcome for disease name mapping:
  - a. China and Korea showed significant difficulties in terms of mapping disease names between IST and ICD-10
  - b. Japan has decided not to map IST and western medicine names as they use ICD-10 for diseases
4. Clear objective of developing a proposal for October 2007 WHOFIC meeting
5. Importance of moving ahead despite recognition of differences
6. Need to decide name of classification
7. More work needs to be done on consistency of translation between IST and ICD

## **Item 7. Country Efforts for Mapping with ICD-10**

### **Vietnam. Professor Chu Quoc Truong**

- Vietnam history of terminology development
- Vietnam has 57 traditional medicine hospitals and established the Committee for TRM terminology and classification
- Developed a Vietnamese classification of terms:
  - General structure

- Basic theories
- Diagnostic
- Treatment
- Hard copy and electronic versions available
- Recommendations from Vietnam:
  - uniqueness of TM terminologies;
  - add TM before numbering;
  - disease names not as practical as patterns;
  - Vietnam has completed syndrome mapping but not disease names
  - Classification of disease name is under development
- Preference: chapter of ICD-10 being allocated for Traditional Medicine; most important pattern names; 2<sup>nd</sup> stage disease name
- Important to traditional medicine practitioners that they have access to disease name in western as well as traditional medicine.
- Insurance companies pay only on disease name in western medicine
- Coding being used in Vietnam to collect data on traditional medicine – available from Professor Truong

**Conclusion from Vietnam:** Mapping focus on syndromes. Disease name mapping not yet completed.

### **Item 8. Name of the classification**

The meeting discussed the options available for naming the classification. Several recommendations were discussed:

ICEATM – Tsukuba meeting, January 2006

ICTM – Seoul meeting, June 2006

ICTM/WPRO – Tunis meeting, October/November 2006

ICTEAM

ICEAM – Korea

Dr Choi noted that ICTM was not acceptable to WPRO. Professor Roberts quoted one of the recommendations from the WHOFIC Tunis meeting which was to: “rename the first iteration of ICTM as ICTM/WPRO to indicate the origins of the international classification proposal in WPRO and pending input to the classification from countries outside CJK”

After some discussion, **it was agreed that the name should be ICTM/WPRO, and that this proposal should be put to WPRO for approval.**

### **Item 9. Purpose of the classification**

The purpose of ICTM/WPRO is to:

1. Standardize the terminology for patient care, statistical collection and research (clinical and EBM)
2. Improve therapeutic technology and method
3. Collect statistics on utilization of TM
4. Collect data and compare internationally

5. Demonstrate internationally the use of TM
6. Improve the communication between TM practitioners and with other health care professionals
7. Standardize education in TM (curriculum development)
8. Provide a basis for policy and regulation making
9. Provide the basis for insurance claim and reimbursement

### **Item 10. WHOFIC principles and criteria for membership**

Dr Kenji Shuto presented a paper on the structure and decision making process of WHOFIC. He outlined the structure and decision making process of WHOFIC and the tentative timeline for the next ICD revision – ICD-11.

Professor Roberts distributed two WHOFIC documents:

- (1) Family of International Classifications: definition, scope and purpose
- (2) Principles and process for including classifications in the Family of International Classifications.

Following earlier discussion on whether ICTM/WPRO should be a derived or related classification, the sections in the first document defining reference, derived and related classifications were outlined. Of special note was the opportunity offered for related classifications to be updated and revised to migrate from related to derived classification with increasing harmony over time.

The participants recognized the need to place ICTM/WPRO within the WHOFIC matrix and noted the principles and process for admitting new classifications to the Family in the second document. Of special interest was the distinction between methods for developing classifications in alpha and beta phases of the process.

## **Thursday 15 March 2007**

### **Item 11. Content of the classification**

There was considerable discussion on the content of the classification, particularly in relation to those sections of the IST that might be represented in ICTM/WPRO. They are:

- (1) Signs and symptoms (IST sections 2.0.0 to 2.4.78)
- (2) Syndrome/Pattern (IST sections 2.5.0 to 2.13.6) ~ 400 terms
- (3) Diseases (IST sections 3.0.0 to 3.8.11) ~ 560 terms

**The need for a separate section for syndrome/pattern to follow that in IST was agreed by consensus.**

Japan emphasized the need to include signs and symptoms as the basis for diagnosis. Japan uses ICD-10 for disease name. China and Korea use country specific classifications for disease name.

**It was agreed that Symptoms and Signs; Syndromes and Patterns; and Diseases should all be incorporated into the structure of the classification.**

## **Item 12. Structure of the classification**

As the mapping between IST and ICD-10 has yielded such low correspondence, it was decided to proceed with an ICTM/WPRO that could stand alone as a classification or function as a chapter 23 of ICD-10. This would mean that it could:

- (1) be taken into consideration in the development of ICD-11,
- (2) be further developed by traditional medicine practitioners in the short term,
- (3) follow the alpha and beta phases of the WHOFIC membership process and
- (4) recognize those areas where good maps do exist by highlighting the relevant ICD-10 number within ICTM/WPRO especially in areas such as Infectious and Parasitic and Ophthalmology.

### **Syndromes/patterns**

To follow structure of IST.

### **Diseases, symptoms and signs**

Participants weighed up the pros and cons of using a structure similar to that of ICD. On the one hand, this would be familiar to WHOFIC and to users of ICD-10, but on the other may not reflect the philosophy and practice of traditional medicine.

Because Korea has already confronted these issues and translated KCD-OM 2<sup>nd</sup> edition into English, **it was agreed that KCDOMe be used as a basis for ICTM/WPRO.**

KCD-OM has a 60% congruence with IST. As KCD-OM and Chinese traditional medicine classifications are similar in structure, this approach was acceptable to China. Japan is using ICD-10 for diseases and is concerned mainly for inclusion of Symptoms and Signs in this section.

It was agreed that chapter headings in ICTM/WPRO will follow KCD-OMe for diseases with a separate chapter for Symptoms and Signs to follow the ICD-10 convention and ensure coverage of this section of IST in ICTM/WPRO:

A Infectious and Parasitic  
B-F Internal Medicine  
G Ophthalmology and ENT  
H External disease and dermatology  
I Psychiatry  
J Neuromuscular and musculo-skeletal  
K Gynaecology  
L Paediatrics  
*M Symptoms & Signs*

**Professor Shim agreed to develop an alphabetic index to KCDOMe in English.**

Syndrome/pattern will follow IST.

**Professor Watanabe stressed the need for separate sections for the tabular list and alphabetic index.**

## **Item 13 Conclusion and recommendations**

1. Name the classification ICTM/WPRO
2. Focus energies on preparation of alpha version of ICTM/WPRO for October meeting of WHOFIC
3. Leave open the issue of whether the classification is to be derived or related
4. Include in the alpha version of ICTM/WPRO
  - i. Syndromes and patterns from IST
  - ii. Clinical conditions from IST including symptoms and signs from IST
5. Base the classification on KCD-OMe
6. Prepare ICTM/WPRO as a proposed chapter 23 of ICD-10 and as an independent classification that can stand alone in the short term, particularly in the testing phase
7. Indicate those classes in ICTM/WPRO that are good (1:1) maps to ICD-10
8. Work initially in English with translations to other languages to occur in beta phase for pilot testing
9. Prepare ICTM/WPRO in hard copy and electronically
10. Use the letters TM in front of code numbers to indicate traditional medicine code

**It was agreed that a Working Group be formed to further the work of ICTM/WPRO and to prepare a draft classification and proposal for the WHOFIC meeting in October 2007.**

### **Working group members:**

Australia: Professor Charlie Xue

China: To be advised

Japan: To be advised

Korea: Professor Shim Bum-Sang, Professor Han Chang-ho

Vietnam: Dr Pham

Associate Professor Rosemary Roberts

Consultants (taxonomy, IT, FDC)

Dr Choi Seung-hoon, WHO/WPRO (Convenor)

Relevant parties in WHO/HQ, WHO/WPRO and WHOFIC (Dr Choi)

## **Item 14. Future Plans**

### **Action Plan for Working Group:**

- Meet by teleconference, email, SKYPE and perhaps one face to face in August 2007
- Meet by teleconference and plan tasks and activities - **March 2007**
- Review IST and KCDOME as potential bases for sections of ICTM/WPRO. **March 2007**
- ? review available data on frequencies – **March 2007**
- Prepare draft 1 of ICTM/WPRO – **April 2007**
  - Syndromes/patterns from IST (? Index)
  - Clinical conditions (including signs and symptoms)

- Tabular list based on KCD-OMe
  - Alphabetic index from KCD-OMe
- Update with:– **May 2007**
  - Suggestions from China, Japan, Korea, Vietnam
  - Rubrics in IST not covered by IST/KCD-OM maps (40%)
- Review Draft 1 and prepare Draft 2 - **June 2007**
- Prepare submission to FDC, including Draft 2 of ICTM/WPRO – **July 2007**
- Circulate submission and ICTM/WPRO draft to this consultation group with guidelines for input –**August 2007**
- Prepare final draft of alpha version for FDC – **September 2007**

#### **Recommendations to WHO and Member States**

- WHO should provide continued support for ICTM/WPRO
- WHO should promote this development to member states, particularly CJKVA
- Member states should continue to support creation and evaluation of ICTM/WPRO
- Member states should provide resources to facilitate development, testing and implementation of ICTM/WPRO

#### **Item 15. Closing ceremony**

Dr Choi closed the meeting and thanked participants, particularly the chair, vice chair and rapporteurs. He expressed particular appreciation to our hosts, the Japan Society for Oriental Medicine, for hospitality and support for the aims of this meeting.

別添 4

研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の編集者名	書 籍 名	出版社名	出版地	出 版 年	ページ
なし							

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
なし					