

と、3つの Code が振られる。

- これを ICD-11 ドラフトの形で示すと、meningitis はチャプター6 (神経系疾患)、神経系疾患の A、B、C で表わされるため、06 の A、B、C、属性はないために X となる。そして関係性とは、重篤度を 3 とすると、この重篤度を表す定義を決めなければならないことになる。
- さらに、結核菌に関してはチャプター1 の感染症に BBB という Code で存在するため、01BBB をつけて属性なしとし、これはこの病気と関係しているため 1、したがってこれがペアになるということで Code を振る。重篤度は 3 となる。
- この1つずつの Code 単独で 1 というのは表せず、並びがあって初めて関係がわかる Code 体系であり、1つずつで Code の意味を持たないのがリンケージの弱点になると思われる。ただ、疾患同士の関係は表せるかもしれない。皮膚科領域がチャプター11 であり、皮膚科領域では CAA という Code がおむつ皮膚炎で、重篤度は 1 である。この 1 とは関係ない疾患であり 2 がつくような Code 体系で表すことができないかという説明が行われたが、不可能ではないかということになった。
- もともとある 11 を直してきているグループや、アルファベット 5 桁、6 桁、遺伝子型まで入れた 9 桁の分類もあった。この後に点がついてチルドレンに当たるより詳細な分類ができる構造にはなっているが、この構造でよいかは十分議論が必要。腫瘍の側から言えば、後のチルドレンに当たる 3 桁は組織型で使う、あるいは遺伝子異常のパターンを盛り込むということも含めて各学会からご意見を頂きたい。
- 最後に、Bluebook の最新版が消化器系腫瘍について発売になっている。血液系は 2008 年版が出ており、ほぼそれなりに網羅されている。肺がんは現在検討中であり、間もなく出版されると聞いている。
- 要するにこれから WHO の Neoplasm TAG で進めていくことは、これだけ Bluebook が出ているのだから、これらをベースに今までの構造とあわせてどのような体系を作るかを議論していくということになる。
- しかし、各 TAG から今後出されてくる腫瘍についての提案をまずはさばかなければならないのが実情であり、それらと Neoplasm TAG としての提案をあわせて整理していく作業をこの半年行わなければならない。そのために WG を作って検討するという話になっている。そろそろ WG を立ち上げて色々なことをする必要があると思われるため、Max Parkin 氏、Mary 氏に連絡をして、状況等情報収集も含め積極的に関わっていくことを考えている。これまでルールについて説明してきたのは、単一軸多軸か、腫瘍としての分類は単独でいくか各臓器別分類も許しながらか、あるいは腫瘍の部分はもう一つ Code をつけるという二重分類的な考え方をとるのかというようなことを決める必要があるためだが、一番の問題は全体を統括するグループが存在していないことである。トロントでの会議では、水平的に扱っているグループ (M-TAG、MB-TAG など) がコーディネートをしてはどうかというような話が出ているため、今後の状況に注意していく。腫瘍 TAG も、腫瘍の部分については水平的に全体を扱う必要のある TAG であり、国際的には水平的に扱うが、日本の中ではこの部会を国内の意見の取りまとめという位置づけにしたい。

## 【質疑】

○Max Parkin の最終目的は何か。(嘉山委員)

- ・ Max Parkin 氏というよりも ICD が何を指しているかということだが、Parkin 氏は、恐らく今の ICD-O と ICD との間の整合性をつけてそういう情報を集められる仕組みを作りたいと考えているのではないかと。WHO 本部は恐らく死因分類と疾病分類をワンストップソリューションにしたいと大目的としては考えているのかもしれないが、両者を合わせるのが難しいという状況が 10 年ほど続いており、何を目的にしたいのかがわからなくなっているというのが現状だろう。ただ、死因分類と並行して疾病分類を作っていくということが主たる使命であることは変わらない。それ以外のいろいろな使い道はあるが、それらは主たる使命ではないと理解している。(西本委員)

○参考資料 2 の 10 ページについて、Diagnostic Path あるいは Future というところには Genetic information というものを加えていこうという動きがあるよう思えるが、そのあたりはいかがか。(落合部会長)

- ・ 恐らくあると思うが、それが実際に ICD として使えるものになるのかは個人的には疑問。目標としては定義を決めていかなければならないというプロセスがあるために、血液癌はいい例だが、遺伝子異常から疾患の形が規定されて病名がつくと同時に、それが実は遺伝子型の異常を表現しているという部分もある。したがって、そういう部分も含み込んで体系を作っていくのだろうと今は考えている。ただ、将来的にゲノムベースでの体系化は ICD ではなく別体系の仕事だろうと考えている。(西本委員)

○内科 TAG Hematology WG では、血液腫瘍に対するところは担当が決まっている。全く別個のグループを数多く作るよりは、内科のグループとの連携などがあつたほうよいのではないかと。

- ・ Hematology WG で問題になったことは、WG メンバーの選定において参加国のバランスをとるために WHO 規定の地域から特定人物を出す形になっているが、ICD-O や Bluebook の中心になっている方というのは、必ずしも世界的に均等に分布しているわけではない。そういった柔軟性も考慮し、最初の段階では WG メンバーの参加国のバランスがとれていなくても、後で追加を認めていく形が ICD-11 を成功させるためには一番重要と思われる。(岡本委員)

○現在のスケジュールでは、β ドラフトの発表が来年早ければ 5 月だが、今の状況で 5 月というのはいかがか。(落合部会長)

- ・ 現状では結局 WG を作つてという話にしかなくなっていない。これから多くの WG が立ち上がってくるはずであり、情報提供窓口を明確にしておくことが必要。また、今日ご参加頂いた先生方には Code 体系のアイデアがあれば出して頂き、日本として取りまとめられそうであれば、全体会を開いてでも取りまとめて意見を持っていく。βバージョンができたあとは、その中のそれぞれの領域での議論となるが、それはまた次のプロセスと考えている。(西本委員)

- ・ 各学会での情報提供窓口を決めて頂くということで、取りまとめはICD室でよいか。また、Code体系等先生方や学会からの意見があればこれらもICD室がまとめる。βバージョンが出たときには、またこのような全体会議を行い、日本としてどのように協力をしていくかということを検討していきたい。(落合部会長)
- ・ 確認だが、αドラフトとβドラフトの違いは、βドラフトは当初の予定では公開されるバージョンで、一旦公開されると色々な意見が出てきて、どう処理するという問題も出てくる。したがって、βドラフトの公開後と公開前に分けて考えたい。βドラフトの公開予定は5月を目標としており、それまではWGで活動することになる。それは必ずしも臓器別ではなく課題ごとの場合もあるため、情報提供窓口をそれぞれの学会でお決め頂く。もし全体に関わるようなことで意見を提出する必要があるれば、こういった会を開くこともあり得る。
- ・ βドラフトの公開後の意見の集約方法については、まだWHOからは指示がないため、今あるTAGで集約するか、WHOの協力センターを通じてとなるかしもれないが、非常に短期間で集めるようなことになりかねないため、各学会でICD-10に関する問題点を取りまとめておいて頂くことと、ご準備を頂くということをお願いしたい。ICD-10の範囲の改正は毎年行っており、改正提案の募集はICD専門委員会を通じて行っているため、そちらのほうにもご提案を頂きたい。(瀧村室長)

○各学会の情報提供窓口、問い合わせ等がきたときに、まだ全体としての意見も詳細もまとまっていないなかで、内容について具体的な指示は頂けるのか。(吉原委員)

- ・ Code体系云々よりも、どういう分類をしていけばいいのかというような視点で意見を頂ければ、それをCodeに反映させていくのが、Classification Expertsの仕事だろうと考えている。(西本委員)

○当面は、非常にシンプルな病理体系しかない腫瘍と、次々に病理体系が変わっていく腫瘍で分類はかなり違ってくるという理解でよいか。(吉原委員)

- ・ その通り。(西本委員)

○ICD-10も毎年意見を求めているということだが、ICD-11の議論でベースになるICD-10は、内科だとチェアマンが集まった2年前のFace To FaceミーティングのときのICD-10(2008年版)でよいか。(岡本委員)

- ・ 2008年版である。(瀧村室長)

○また、今次々と新しいTAGが出てきているが、それらが必ずしもシンクロナイズしていない。できたところからβドラフトに組み込んでいくということについてはどうか。(岡本委員)

- ・ iCATで作業をするとWHOは言っている。構造の変更はiCATに乗せる。そこで今度はオーバーラップ、アンダーラップという議論をしていくことになる。(及川分析官)
- ・ ではiCATに載せられるところは、Rare DiseaseとかNeoplasmのところである程度整合性がとれるのであれば、乗せるプロセスに入ってよいということか。(岡本委員)

- ・ その通り。載せるのは ME になる。(及川分析官)

○例えば耳鼻科学会は 2011 年 1 月に WG のメンバーが決まり、2 月にスタートを切って 5 月に β ドラフト公開となる。ほとんど変えなくてよいという答えを出すには、二、三か月で十分だが、遅くてもいつまでに学会として決まっていればよいのか。(吉原委員)

- ・ 5 月というのは WHO の目標で、WHO 総会が 5 月にあるためである。それに載せるものはもっと早くできていなければならないが、腫瘍 TAG に関しては、個別のテーマなり臓器別 WG に対応して頂く方を 1 人決めて頂くことが先決。その方を支えるグループを学会内に作って頂ければなおよい。また、耳鼻咽喉科は WHO の TAG もできていない。これから多分メンバーを登録しなければいけないため、まずどなたかが参画して頂くことが一番ありがたい。(瀧村室長、及川分析官)

○βバージョンはきちんとしたものが出てくると考えてよいのか。来年の 5 月に本当に出てくるのかということもわかっていたら学会としての準備のために知っておきたい。(斎田委員)

- ・ Coding 体系に疾病を落とし込むのは機械的にやればよいと、作業としてそれほどかからないと考えているが、分類の仕方の全体整合をとる作業が大変と思われる。皮膚科はかなり進んでいるため、落とし込み方だけの問題だろうと思っている。(西本委員)
- ・ 皮膚科の 2005 年の Bluebook は非常によくできているため、それに則って作業をすれば余り大きな問題はないかと思われる。(斎田委員)

○また、ICD-11 が 2015 年に WHO で正式採用されるということは決定したのか。(斎田委員)

- ・ 目標が 2014 年の WHO 総会で承認を得るということであり、それ以降各国で適用していくということで 2015 年という表記になっている。(瀧村室長)

Minutes of the meeting with Dr. Shimatsu, Endocrinology WG

11 – 12am, 7th December 2010

Kyoto Medical Center

Dr. Akira Shimatsu

Julie Rust

Megan Cumerlato

Toshio Ogawa

1. Current situation

i) WG members

- Co-chair: As Dr. Seudek passed away, WG needs to appoint new co-chair as a substitute of him from the United States. Dr. Shimatsu will nominate the appropriate person as soon as possible --- He has discussed with Prof. Kadowaki, President of Japan Diabetes Society about it --- Dr. Tajima has been nominated.
- Managing editor(s): Dr. Shimatsu is asking the host society (Japan Endocrine Society) to appoint at least one or two people as managing editors for the WG from Japan.
- WG memberships: It needs to be confirmed --- approximately half of the members have been approved by WHO.

ii) Structural change proposals

- Rare disease TAG did structural proposal that are mostly agreeable for Dr. Shimatsu. Therefore, Dr. Shimatsu will use the proposal from the Rare Disease TAG but some minor revisions should be done by the WG.
- In September 2010, WG had teleconference with Rare Disease TAG discussing overlap areas.
- There are several areas to be solved the issues as:
  - Cancer: The proposed structure was fine but it need to be added some.
  - Diabetes: The proposed structure is basically fine but it has been blending several countries' own disease categories so that it needs to be modified a bit --- Julie and Megan will work on it.
  - Metabolism: It might be necessary to change etiological point of view rather than clinical manifestations as ICD-10 had
  - Nutrition: It is important for the developing countries so need to have a

member of this area ---- Contact with WHO asking an appropriate person to be nominated as a WG members

- Multi-system disease: It will be necessary to discuss with the other TAGs/WGs. Julie and Megan will work on it, will make a list of overlap areas of multi-system disease with the possible parent TAG/WG for each category

## 2. Issues to be solved

- i) Descriptions (definitions etc): How details should be entered into the iCAT system --- Send the latest version of iCAT Guide to Dr. Shimatsu that will be issued on 15th December
- ii) Appointment of managing editors: Need to have an official letter from WHO to Dr. Masanori Mori, President of Japan Endocrine Society --- Ogawa will ask Sara for it
- iii) iCAMP2 documents --- Ogawa will ask Sara for it
- iv) Overlap areas: Should be documented first, then analyzed and decided which will the WG will take --- Julie and Megan will make a list of overlap areas and send it to Dr. Shimatsu

## 3. Process from now on

- i) Appoint a co-chair as soon as possible
- ii) Appoint managing editors as soon as possible
- iii) Check the current proposal iniCAT by Julie and Megan and send feedback to Dr. Shimatsu
- iv) Check the list of overlap area developed by Julie and Megan
- v) Circulate the revised proposals to the WG members

### Minutes of the meeting with Dr. Nagoshi and Dr. Tomiya, Hepatology and Pancreaticobiliary WG

17 – 18pm, 7th December 2010

ICD Office, the Ministry of Health, Labour and Welfare

Dr. Sumiko Nagoshi

Dr. Tomoaki Tomiya

Julie Rust

Megan Cumerlato

Ai Sato, Masayo Yoshimoto, Toshio Ogawa

### 1. Current situation

- iCAT tool: Nothing has not been changed from the ICD-10
- The proposal has been developed, got comments from WHO and answered to the comments --- No further activities so far

### 2. Issues to be solved

- iCAT access for Dr. Keefe, Dr. Nagoshi and Dr. Tomiya

### 3. Process from now on

- Check the most updated proposal of structural changes by Julie and Megan, and send feedback to the WG (Dr. Nagoshi and Dr. Tomiya)
- Enter the structural changes into iCAT by Julie and Megan in January 2011
- GetiCAT access for Dr. Keefe, Dr. Nagoshi and Dr. Tomiya by Julie and Megan

## **Minutes of the meeting with Dr. Miura, Gastroenterology WG**

18 – 19pm, 7th December 2010

ICD Office, the Ministry of Health, Labour and Welfare

Dr. Soichiro Miura

Julie Rust

Megan Cumerlato

Ai Sato, Masayo Yoshimoto, Toshio Ogawa

### 1. Current situation

- Developed structural change proposal and modified it various times
- WHO has entered the 2nd layer of the structural changes only into iCAT
- Modified further based on the new classification by WHO (pathological classification for neoplasm area only)
- In November 2011, Japanese members had a meeting and discussed about the current proposal
- Could not manage a teleconference between the WG and neoplasm TAG

### 2. Issues to be solved

- Need to have a teleconference between the WG and neoplasm TAG

### 3. Process from now on

- Review the current proposal by Julie and Megan and send feedbacks to Dr. Miura by mid-January
- Modify the proposal by Dr. Miura if necessary and send it to Dr. Malfertheiner, and WG members
- Contact with Neoplasm TAG for setting up a teleconference --- Julie will contact

with Neoplasm TAG

- Enter the structural changes into theiCAT by Julie/Megan

### **Minutes of the meeting with Dr. Kohro, Cardiovascular WG**

10 – 11am, 8th December 2010

Keio University Hospital café (11th floor)

Dr. Takahide Kohro

Julie Rust

Megan Cumerlato

Ai Sato, Toshio Ogawa

#### 1. Current situation

- Start developing the proposal of structural change recently
- Ask various members of cardiovascular societies in Japan for developing the structural change proposal
  - Disease of arteries, arterioles, and capillary
  - Disease of veins, lymphatic vessels and lymph nodes, not elsewhere classified
  - Hypertensive diseases
  - Hypotension
  - Ischemic heart diseases
  - Pericarditis
  - Endocarditis
  - Valvular heart diseases
  - Pulmonary heart disease and diseases of pulmonary circulation
  - Arrhythmias
  - Diseases of the myocardium
  - Heart failure
  - Other forms of heart disease
- Received several proposals such as Diseases of the Circulatory System, vessels disease (Artery, Vein, Capillaries, Lymphatic vessels and lymphnodes)

#### 2. Issues to be solved

- Need to have the principle of the proposals --- How the WG can change the structure?
- Julie and Megan suggested as:
- Keep the 1st layer of the structure as it is in ICD-10 because it will be consuming time for the structural changes with upper level of changes (need to have consensus



between TAGs and WHO)

- Develop the structural changes as anatomical classification, manifestation, etiology, and site.
- Complications should be in the separate section
- Heart failure: need to be rearranged due to too many codes
- Artery: need to be reconsidered due to too many changes
- Vassels: need to think about the proposal in between the current ICD-10 structure and concept of new structure
- Circulation system: need to be done doe the myocardinal heart failures as well

### 3. Process from now on

- New proposals will be gathered by Dr. Kohro and send them to Julie and Megan by mid-January
- Review them by Julie and Megan and send feedback to Dr. Kohro
- Send the revised proposals to the Japanese societies
- Send the revised proposals to Dr. Gersh and International societies

### Minutes of the meeting with Dr. Harigai, Rheumatology WG

13 – 14pm, 8th December 2010

Keio University Hospital, Meeting room

Dr. Masayoshi Harigai

Julie Rust

Megan Cumerlato

Ai Sato, Toshio Ogawa, Tomomi Sano

#### 1. Current situation

- Completed the proposal of structural change
- Submitted to WHO but have not been entered iCAT properly
- Entered partially by Lindy (WHO)

#### 2. Issues to be solved

- Need to consider some missing codes (e.g., M80-88)
- Need to discuss about organ/site code and disease for enfant (overlap areas)
- iCAT access ID and password
- Official letter from WHO as for the appointment of a managing editor
- How to enter the contents into iCAT

- Template for the contents input to iCAT will be provided by Julie

3. Process from now on
  - Review the structural change proposal by Julie and send feedback to Dr. Kay and Dr. Harigai
  - Julie will modify the proposal into the iCAT in January
  - Start enter the contents by the disease specialists all over the world
  - International meeting will be held on June 2011

### **Minutes of the meeting with Dr. Iino, Nephrology WG**

14 – 15pm, 9th December 2010

ICD Office, the Ministry of Health, Labour and Welfare

Dr. Yasuhiko Iino

Julie Rust

Megan Cumerlato

Emiko Oikawa, Ai Sato, Toshio Ogawa, Tomomi Sano

1. Current situation
  - Structural change proposal has been completed at an international conference on November 2010
  - Wait for the review by Julie/Megan and WHO
2. Issues to be solved
  - Overlap area should be discussed with other TAG (e.g., muscle skeleton TAG)
  - Julie will create a table of overlap areas
  - Need to know the contact person of Urology TAG --- Ogawa will ask it to WHO
  - Need ID and Passwords for the iCAT access for Dr. Stevens and Dr. Iino
3. Process from now on
  - Julie/Megan will review the proposal and send feedback to Dr. Stevens and Dr. Iino by 10th January
  - Enter the structural changes into iCAT by Julie/Megan
  - Start creating contents --- definitions

### **Minutes of the meeting with Dr. Kondo, Respiratory WG**

15 – 16pm, 9th December 2010

ICD Office, the Ministry of Health, Labour and Welfare

Dr. Mitsuko Kondo

Julie Rust

Megan Cumerlato

Emiko Oikawa, Ai Sato, Toshio Ogawa, Tomomi Sano

1. Current situation

- Start developing the proposal of structural change for some disease in the Japanese societies
- Need to be changed but well organized proposals so far
- Overlaps (not need for us), e.g., Pulmonary circulation disorder, pulmonary neoplasms
- Looking for the co-chair and managing editor

2. Issues to be solved

- Need co-chair and managing editor as soon as possible
- Develop the proposal of structural change
- Need to know the principle of the coding
- How deep can be classified?
- How to classified? --- etiology, manifestation, anatomical classification?
- Need to discuss about the overlap areas
- WG membership approvals --- Ogawa will ask WHO/Dr. Ingbar

3. Process from now on

- Modify the current structural change proposal by Dr. Kondo and send it to Julie
- Review by Julie and send feedback to Dr. Kondo
- Forward it to Dr. Ingbar
- Teleconference with Dr. Ingbar ASAP

**Minutes of the meeting with Prof. Sugano and Dr. Ustun WHO**

16 – 17:30pm, 8th December 2010

Keio University Hospital

Prof. Sugano

Dr. Ustun

Julie Rust

Megan Cumerlato

1. Contract between WHO and Julie/Megan
  - i. Types of the contract
    - 18% will be deducted from the total amount (JPY 4 million)
    - APW contract (maximum amount for one contract = US\$15,000 per person)
    - It should be divided into two contracts for each (approximately US\$38,000 in total for Julie and Megan)
    - Once the donation is arrived, APW contract form will be sent to Julie and Megan
      - This arrangement should be one time only for WHO
      - It is totally unusual for WHO
      - Donor cannot insist how to use the money on WHO
      - It is not appropriate for exchanging this type of information via emails
  - ii. Attendance of RSG meeting (11 – 15 April 2011)
    - Dr. Ustun suggested to use this fund for Julie and Megan for attending the RSG meeting
      - IM-TAG refused it because of the limitation of the funds
      - Dr. Sugano suggested that his transportation cost (will be provided by WHO) can be transfer for Julie and Megan
      - Dr. Ustun agreed with it
      - Dr. Sugano suggested to invite all WG chairs of the IM-TAG to the RSG meeting because of the size of the IM-TAG
      - Dr. Ustun will look for the funding for inviting all WG chairs of the IM-TAG
  - iii. Contract beyond May 2011
    - Dr. Ustun suggested a longer contracts for Julie/Megan will be needed
      - Structural changes and 6 fundamental property of the content model should be completed in May 2011
      - The roles of managing editors are continuing further
    - The MHLW is looking for the funds but so far no concrete plans for it
      - Dr. Shuto is looking for the funding for Julie and Megan
    - WHO will be also looking for the funding opportunities
      - Trying to receive donation from European XXXX association
      - However, WHO will not provide any funding for the managing editors
      - WHO will seek any support for the IM-TAG activities based on the mutual agreement between WHO and the MHLW
2. Structural changes and beta-phase

- Dr. Ustun insisted as:
    - Structural changes should be completed and entered into iCAT until May 2011
    - 6 fundamental parameters (out of 13) of the content model should be completed and entered into iCAT including definitions
  - Prof. Sugano answered
    - It is impossible to complete the structural changes until May 2011 for all WGs --- some can be done but not all
    - It will be better to divide the IM-TAG by WGs
  - WHO will move into the beta-phase in May 2011 even though the structural changes and the fundamental contents of the content model has not been completed
    - Uncompleted areas will be flagged as “under construction”
3. Testing review mechanisms
- Before the beta-phase, WHO would like to ask as:
    - At least one WG in the IM-TAG will test the review mechanisms in the iCAT --- which will be installed soon
    - At least three reviewers should be selected for each WG
  - Prof. Sugano replied as:
    - It is quite difficult to find the external reviewers
    - It is too much requests from WHO for the voluntary work for the world leading specialists
4. WHO's plan until 2015
- From January 2011, WHO will publish the intermediate version of ICD-11-Alpha version (15th Jan, 1st Feb, 1st Mar, 1st Apr, and 1st May)
  - Alpha version including structural changes and the minimum contents of the content model should be completed on 15th May 2011 (WHO Assembly on 16th May)
  - Beta version will be opened for public after the WHO Assembly (May 2011)
  - Final version will be approved in the WHO Assembly 2014
  - After 2015 updated version of the ICD-11 will be released annually from 2015

**Minutes of the meeting with Dr. Ustun WHO**

7 – 8:00am, 9th December 2010

Tokyo Dome Hotel

Dr. Ustun

Julie Rust  
Megan Cumerlato  
Toshio Ogawa

1. Current situation
  - Difference progress between WGs
    - 5 WGs can complete at least structural changes by May 2011
    - 3 WG cannot complete the structural changes by May
  - Need to have a summary table of the current progress of each WG --- Ogawa will develop it and share with WHO
  
2. Issues to be solved
  - i. Overlaps
    - Each WG will need to discuss with Oncology, Rare disease and Pediatric TAG
      - Pediatric TAG will have various meetings as:
        - 14 – 17th Feb 2011: meeting in Turkey, populating contents of pediatric areas
        - 17-18th Mar 2011: meeting in Chicago
        - Mortality TAG: will not be formed
        - Morbidity TAG: will have meeting in 25-26th Feb 2011 in New York
  - ii. Enter the contents into iCAT
    - WHO will issue the new version of iCAT user guide on 15th December
    - The minimum contents (6 out of 13) should be entered
    - Definition and severity should be entered
      - If definitions will have from other sources such as books, it should be quoted
      - Managing editors should check all contents entered by TAG/WG members
  - iii. Funding
    - Dr. Shuto will have resources in January 2011?
    - WHO will look for it as well
  - iv. Review mechanisms
    - External reviews need to be tested in the IM-TAG before the beta-version will be released
    - Internal reviews in the beta-phase also need to be tested
    - Comments from public will be gathered by the managing editors and provide them to the TAG/WG members for the review/answer.
      - The review mechanisms will be installed in iCAT soon
      - At least one WG will ask to review this mechanism before the beta-phase will be launched

Date: 15/09/2010

Participants:

IM-TAG:	Kentaro Sugano, Rodney Franklin
Gastroenterology WG:	Junichi Akiyama
Hepatology and Pancreatobiliary WG:	N/A
Nephrology WG:	Lesley Stevens
Cardiovascular WG:	Bernard J. Gersh, Takahide Kohro
Respiratory WG:	N/A
Hematology WG:	N/A
Endocrinology WG:	N/A
Rheumatology WG:	Jonathan Kay, Masayoshi Harigai
WHO:	Sara Cottler
ICD Office:	Kayo Takimura
Nara Med-U	Toshio Ogawa, Tomomi Sano

Agenda

1. Opening
2. Ms. Rust Leaving the TAG
3. Funds
4. Overlapping Areas between WGs
5. Overall Progress
- 5-1. Cardiovascular WG
- 5-2. Hematology WG
- 5.3. Nephrology WG
6. Summary of Progress
7. New TAGs
8. Funding from Japanese Government
9. Closing

Minutes of Meeting

1. Opening

Prof. Sugano opened the meeting and asked members to update their progress before presenting the progress of the TAG to the upcoming meeting in Geneva where iCAMP and

RSG meeting would be held.

## 2. Ms. Rust Leaving the TAG

Prof. Sugano announced that Ms. Julie Rust was leaving the TAG due to her family issues (her aunt is seriously ill) and that the TAG was looking for a replacement.

Ms. Cottler noted that the WHO could help finding a replacement, however, it was responsibility of the IM-TAG to cover the working time and cost required for the work.

## 3. Funds

Asked about funding, Ms. Cottler said that there was a lack of funding and she was waiting from Prof. Sugano to know whether or not he succeeded getting funds but understood that there were complicated situations, and other funds needed be sought.

With regard to funding, Dr. Kay commented that the Rheumatology WG met twice but was waiting for information on funding, scope of work, budget, etc. from the WHO since November last year, adding that no activities could be proceeded without such information.

Ms. Cottler asked Dr. Kay to resend the application for funding to the WHO again.

## 4. Overlapping Areas between WGs

Since the managing editor is not available and there is no one who can integrate boundary areas, Prof. Sugano asked each WG to independently work like a TAG and talk to other groups, for example, the Endocrinology WG to talk to the Rare Disease group.

## 5. Overall Progress

Prof. Sugano pointed out that the progress varied from one group to another. The Rheumatology, Gastroenterology, Hepatology and Nephrology groups almost reached the stage of Alpha draft, while other groups are relatively slow and he asked WGs to report their progress.

### 5-1. Cardiovascular WG

Dr. Kohro reported that his WG decided to set up a WG within Japan and selected 28 members from 13 scientific societies to discuss how to make proposals for structural changes for the Alpha draft.

### 5-2. Hematology WG

Prof. Sugano reported that the Hematology WG had almost finished their work.

### 5.3. Nephrology WG

Since the Nephrology WG was interested in classification of hypertension, Prof.



Sugano asked Dr. Stevens for comments. Dr. Stevens replied that hypertension was primarily in the cardiovascular chapter and her group intended to assist the Cardiovascular WG by exchanging ideas. As far as proposals are concerned, her group already submitted specific details on structural changes to the WHO but the group still had a lot of on-going work. There is a problem of funding as well for people to work with. On the whole, the work is in process and not completed.

Prof. Sugano made a remark that there were boundary issues regarding overlapping areas, such as the area between the Hematology, Rare Disease and Oncology groups, and the area between Diabetes, Eye Disease, Nephrology and Urology groups, and asked Ms. Cottler to set up teleconference for different groups to have interaction between them.

Ms. Cottler accepted the request, saying that she needed to receive an email for this request and she would set up the meeting.

## 6. Summary of Progress

Prof. Sugano pointed out that the progress varied from one group to another. The Hematology, Rheumatology, Nephrology, Gastroenterology and Hepatology groups reached the stage of Alpha draft while the Endocrinology and Metabolism, Cardiovascular and Pulmonary Disease groups did not reach that stage, yet. The Cardiovascular group was forming the group to start their work, and two other groups were not even formed yet. Based on this situation, Prof. Sugano asked Ms. Cottler whether or not possible to go ahead to the Beta version without going through the Alpha version.

Ms. Cottler responded that the core structural changes should be integrated by May and now efforts should be made to implement key structure changes into iCAT.

Prof. Sugano pointed out that groups were facing a problem of funding and that it was not possible to give them further pressure to work more.

Asked what the impediment was to the WHO in providing funding, Ms. Cottler answered that the WHO would work when requirements were reported but that the WHO was limited in funding in proceeding the whole project and TAGs were supposed to operate on the self-funded basis.

## 7. New TAGs

Ms. Cottler reported that to meet the need of more classification experts the WHO set up cross-sectional TAGs, such as Morbidity TAG, Mortality TAG, Functionality TAG for the ICF, Quality and Safety TAG, to work on linearization and structural changes, and to receive feedback to implement it to the new structure. These TAGs are meeting for the first time in Toronto for the Annual WHO-FIC Meeting in October and some of the chairs are also participating to iCAMP in Geneva. Each having two Co-Chairs and there are twelve people in total. The IM-TAG WGs can work with these TAGs group-wise or as a

whole to discuss structural changes for the ICD. They will be working with other groups to primarily sort out classification issues but the group has not met yet and details are still to be discussed to determine how to interact with other groups including creation of a workflow.

Prof. Sugano pointed out that the progress varied between different TAGs. For example, the Pediatrics TAG was also formed but not yet convened. Pediatricians in the IM-TAG, however, will be jointly nominated to the Pediatrics TAG.

Dr. Franklin said that he had been contacted by Dr. Geoffrey Linzer, Chair of the Pediatric TAG, and noted that the American Academy of Pediatrics was funding 700,000 dollars. Dr. Linzer intends to have all pediatricians of the IM-TAG to be involved in his TAG. A teleconference will be held in autumn or early next year to discuss how to work together.

Asked how to put all together in iCAMP in absence of Ms. Rust, Ms. Cottler responded that the WHO was organizing it, based on the understanding that the IM-TAG was short of resources.

Prof. Sugano said that the proposals from the IM-TAG had been incorporated into the ICD Alpha draft and that the group should look at the Alpha draft. Some different inputs from the submitted proposal were observed in the list and each WG now should look at the Alpha draft for such different information.

Ms. Cottler made a remark that it was not easy to see the whole structure of iCAT for verification of inputs and that she could make the print version available. The proposals are on the SharePoint site and the printed tabular list will be mailed to WG chairs.

Dr. Ogawa asked Ms. Cottler to send the updated list of all TAG members.

Asked about funding for editorial manager, Dr. Takimura answered she was making preparation for it and said that the groups should now find a candidate for the managing editor.

Prof. Sugano added that two groups, Respiratory and Endocrinology WGs, had not made any progress.

Asked for the progress of these two groups, Dr. Takimura replied that a supporting group was formed for the Endocrinology WG and that Dr. Shimatsu had circulated proposals to the international members of the group but the Ministry had not received their Alpha draft yet. For the Respiratory WG, the Ministry did not receive any information from Dr. Ingbar so far.

Prof. Sugano said that more information should be given from Japanese supporters of this group in a similar manner as the Cardiovascular and Gastroenterology WGs.

Ms. Cottler asked members to send email or call her mobile phone if they have any concern or question.

Dr. Sugano said that alignment is missing between TAGs and WGs and any conflict between groups should be resolved. To facilitate resolution Ms. Cottler will organize

teleconference between WGs and TAGs. If anybody wishes to have teleconference for this purpose, he/she should call Ms. Cottler for arrangement.

#### 8. Funding from Japanese Government

Prof. Sugano said that for September meeting, three Managing Editors, Cardiovascular, Gastroenterology and Hepatology WGs, would be attending supported by the Japanese fund since they were all Japanese. Prof. Sugano was disappointed that it was not possible to support foreign members for participation to the iCAMP due to strict regulations of the government. Prof. Sugano asked Dr. Takimura for comment on possible improvements in funding for foreign members but she did not have any comment on this.

Dr. Kay pointed out that it was still fortunate that the Japanese government was putting investment in the project and that the WHO should be appreciative. Ms. Cottler agreed.

#### 9. Closing

To close the meeting, Prof. Sugano thanked participants and said that in the next teleconference the feedback from iCAMP will be discussed.

End

Date:24/09/2010

Participants:

IM-TAG:	Julie Rust
Gastroenterology WG:	N/A
Hepatology and Pancreatobiliary WG:	N/A
Nephrology WG:	N/A
Cardiovascular WG:	N/A
Respiratory WG:	N/A
Hematology WG:	N/A
Endocrinology WG:	N/A
Rheumatology WG:	N/A
WHO:	N/A
ICD Office:	Kayo Takimura
Nara Med-U:	Toshio Ogawa

Agenda

1. Return of Ms. Rust to the IM-TAG
2. Morbidity TAG
3. Karyn Chen
4. Funds for Ms. Rust
5. Proposals from the Rheumatology TAG
6. Summary

Minutes of Meeting

1. Return of Ms. Rust to the IM-TAG

Dr. Ogawa thanked Ms. Rust for talking to Dr. Fibbe and explained that the idea of Dr. Fibbe's groups on managing editor is to finalize the Alpha draft first and then to have a managing editor to change the contents in the Beta phase and asked Ms. Rust if she could accept this idea.

Ms. Rust said that that idea was sensible. In her impression at the WHO in May or June, it seemed that the WHO wanted to enter the data centrally at the WHO.

Dr. Ogawa wanted to define the role of managing editor and asked Ms. Rust who enters the data iniCAT.