

Ms. Rust was not sure but said there were two people at the WHO working on structural change, while the WHO expects groups to enter the data for the contents.

Dr. Ogawa asked to confirm the idea of Dr. Fibbe that he does not need a managing editor until the Beta phase.

Ms. Rust said that every TAG wanted to have a managing editor but it was not going to happen in terms of time and money. Dr. Fibbe had done a lot of good work and the group needed tidying up and the hematology is not a big problem.

Dr. Ogawa had written to Ms. Rust to ask to remain in IM-TAG and he asked Ms. Rust for the answer.

Regarding the problem of Ms. Rust's family, the situation improved in the previous few weeks as she now had extra help for her aunt. Regarding the work, she thinks it would be a good idea if there are more than one person for the nature of the work to handle various issues. She had consulted with two colleagues, both of them are ex-staff of NCCH and interested in the work, and they will be available in a month's time. The work can be distributed between these people and Ms. Rust could coordinate having experience of working for the IM-TAG, such as changing the format and entering them into CAT. They are both classification experts and worked on ICD-10. Ms. Rust and these people will be available for the job from Australia but the issue is the funding.

Dr. Ogawa asked Ms. Rust to send email to tell him the names of these people and Ms. Rust agreed. Regarding the funding, Dr. Ogawa said that he obtained four million yen (approximately 40,000 US dollars) for Ms. Rust and asked if that was sufficient for the whole work of Ms. Rust.

Ms. Rust said that it depended on the volume work that will come. The two or three WGs, such as Cardiology and Endocrinology WGs, have not done anything yet on the structural change and there will be a lot of work from these groups before the Beta version. In terms of payment, Ms. Rust keeps record of the work and receives money only based on the hours worked on the project.

Ms. Rust belongs to the Australian Institute of Health and Welfare, part of the Australian government, and Dr. Ogawa said that the Japanese government was not allowed to send money to a foreign government. He asked Ms. Rust if there was any organization that she belonged to, such as university.

Ms. Rust said that there were universities but they would take a large amount of money for their administration cost from the money sent to them and they would take 15,000 dollars out of 40,000 dollars. For example, the University of Sydney charges 35% for their administration cost.

Dr. Ogawa suggested sending money through the WHO.

Ms. Rust said it was better than using universities since the NCCH was broken up in Australia, and the remaining body of NCCH is now in the University of Sydney and a

new body of classification is in the University of Wollongong. Richard Madden is in the University of Sydney and Kerry is in the University of Wollongong. Ms. Rust is in between and she could not say which university to use. The only worry with the WHO is that they might take some money as well. For the amount of money required for the work of the Alpha draft up to May 2011, Ms. Rust will make an estimate based on the work done in the past year. In addition, when the work starts coming from Endocrinology and Cardiovascular WGs, it will be better to have more than one person to take care of each group for better communication with teleconference and so on. The work and money can be distributed over a few people.

Dr. Ogawa asked Ms. Rust for the contact for transfer of the funds and Ms. Rust said that it will be probably herself or one of the colleagues who will be available in a few months' time. It is Megan that Ms. Rust thinks of and Megan is currently working for the Family Development Committee and she already knows the process of the WHO.

Dr. Ogawa asked Ms. Rust if he could tell Dr. Sugano that Ms. Rust is joining again and Ms. Rust gave a positive answer, adding that she already had contact with Dr. Sugano although she only said to Dr. Sugano that there would be a discussion on the subject. Dr. Ogawa will email to Dr. Sugano to confirm that Ms. Rust will join the TAG again. Ms. Rust was not able to join theiCAMP this time but Dr. Sugano was attending it and the IM-TAG will have a teleconference early October and Ms. Rust will be invited to that teleconference.

2. Morbidity TAG

Dr. Takimura wanted to know how the Morbidity TAG will work with the IM-TAG.

Ms. Rust said that the Morbidity TAG will be formed in Toronto in the October meeting and the Morbidity Reference Group will go into sort of hibernation and some of them will move to the Morbidity TAG, some as full-time members and some as observers. The Morbidity TAG will be a group of classification reviewers and they receive proposals and review them from the viewpoint of classification experts, as far as Ms. Rust understood. Ms. Rust, however, was not sure how the group will work in practice. Ms. Rust has a list of members of the Morbidity TAG and she will send it to Dr. Ogawa. The Morbidity TAG will be working on overlapping areas with TAGs, such as Rare Disease TAG which had overlapping issues with many TAGs. Dr. Ogawa pointed out that the WHO should make sure of the ownership to avoid overlapping issues.

3. Karyn Chen

Ms. Rust said Ms. Karyn Chen had taken a full-time position and no longer available. Ms. Karyn Chen has two children and not married and wants to have a secure job. Ms. Rust could not get in touch with her, so she will confirm the fact later again.

Dr. Ogawa said that Ms. Karyn Chen was considered, assuming that Ms. Rust was

no longer available, but now Ms. Rust was coming back so it is OK.

4. Funds for Ms. Rust

Regarding the funds, Dr. Ogawa said that he did not have any funds for the next year and he had to find another source. Approximately 40,000 dollars is all that is available now. Dr. Ogawa asked Ms. Rust if she could remain in the group before moving into the Beta version because a contract has to be written.

Ms. Rust replied that only possible problem was the volume of work, and if she received an unexpectedly large volume of proposals then it would be a problem. In the past, she received a number of proposals, which was more than expected. So, some kind of contingency should be prepared. Ms. Rust will look at the past work, see how many hours were spent and will make an estimate.

Dr. Ogawa said that this fund must be consumed by the end of March next year and it comes from two sources and two separate contracts are needed. One of the funds could possibly be sent to Ms. Rust directly and the other had to go through an agency such as the WHO and Ms. Rust will be informed of it. With regard to this matter, Dr. Ogawa wanted to see Ms. Rust in person in Australia in this autumn (spring in Australia) and Ms. Rust agreed.

5. Proposals from the Rheumatology TAG

Ms. Rust said that proposals from the Rheumatology TAG had been sent to the WHO, adding that she would confirm that. Dr. Ogawa said that Dr. Jonathan Kay had asked him the situation and probably the Rheumatology TAG did not yet receive the Alpha draft. Ms. Rust said that she knew some people at the WHO and according to these people not much activities were made during summer due to the holiday season but now iCAMP will be held and they can be pushed.

6. Summary

Before concluding the meeting Ms. Rust pointed out the actions she will take as follows:

- Ms. Rust will send Dr. Ogawa information on people, in particular Megan who is more available.
- Ms. Rust will make a rough estimate for the cost required.
- Ms. Rust will send a list of people who belong to Morbidity TAG.
- Ms. Oikawa will inform Dr. Sugano of return of Ms. Rust to the TAG.

Ms. Rust added that if Ms. Oikawa is attending iCAMP, she could raise an inquiry about channeling the money through the WHO. When Ms. Rust was in Tokyo in April, she talked to Dr. Üstün and he had said that kind of arrangement was possible. But the WHO

might only pay people who have medical qualifications and therefore it remains to be seen.

Dr. Ogawa will give Ms. Rust any additional information if he receives.

End.

Date: 17/01/2011

Participants:

IM-TAG:	Kentaro Sugano, Julie Rust, Megan Cumerlato
Gastroenterology WG:	Peter Malfertheiner, Junichi Akiyama
Hepatology and Pancreatobiliary WG:	N/A
Nephrology WG:	Yasuhiko Iino
Cardiovascular WG:	Takahide Kohro
Respiratory WG:	N/A
Hematology WG:	Willem Fibbe
Endocrinology WG:	N/A
Rheumatology WG:	Jonathan Kay, Masayoshi Harigai
WHO:	Sara Cottler
ICD Office:	Kayo Takimura
Nara Med-U:	Toshio Ogawa

Agenda

1. Taking Attendance
2. Introduction
3. Confirmation of the Working Group Members of IM-TAG
 - 3.1 Confirmation by WHO (letter of the acknowledgement)
4. Proposal of the structure
 - 4.1 WGs update (by Julie)
 - 4.2 Due date of the proposal (by the end of February, 2011)
 - 4.3 Discussion with other WGs and TAGs about the overlapped and underlapped area by the end of March, 2011.
5. The RSG meeting in Geneva (from 11 to 14 April, 2011)
6. The Face-to-face meeting of IM-TAG in Tokyo (from 18 to 19 April, 2011)
 - 6.1 Participation
 - 6.2 Finalize structural changes and input
 - 6.3 Contents input
7. Next teleconference schedule
8. Closing
4. Proposal of the structure
 - 4.1 WGs update

With respect to Endocrinology and Metabolism WG, Dr. Takimura explained that due to the unfortunate passing last year of Dr. Saudek, who was the co-chair, Dr. Naoko Tajima had been recommended to WHO to succeed Dr. Saudek as the co-chair. Ms. Cottler said approval on Dr. Tajima serving as co-chair would be discussed later that day.

On Hepatology WG, Ms. Rust reported that proposals on structural changes, some of which had already been reviewed by WHO, would be put into theiCAT within the next several days.

With regard to Gastroenterology WG, Prof. Sugano reported that the WG had almost completed their proposals for structural changes. Ms. Rust added that she and Ms. Cumerlato would be reviewing feedback from WHO and provide their comments to Prof. Miura and Dr. Malfertheiner.

As an overarching conceptual issue, Ms. Rust asked whether after receiving feedback from WHO and reviewing the proposals, any further process was necessary before putting the proposals into the iCAT. Ms. Cottler replied that it was not necessary and proposals should be put into theiCAT. It was agreed that sooner the proposals went into the iCAT the better, and that changes could be made on theiCAT.

As for Cardiovascular WG, Dr. Takimura reported that Dr. Kohro was in the process of sorting out proposals by Japanese cardiovascular societies and sending them to Ms. Rust and Ms. Cumerlato by end of January. Ms. Rust commented that European societies had done substantial work on congenital and pediatric section of cardiology and Dr. Franklin, a Cardiovascular WG member, was expected to send information on the work done.

With regard to Rheumatology WG, Dr. Kay reported that Ms. Rust was in the process of inputting codes and recommended the entire IM-TAG to consider coding proposals by organ sites. Ms. Rust agreed that an agreement on the overarching structure was needed to secure consistency on site codes, including organs and anatomical sites. Dr. Kay pointed out the need for securing funding for managing editors. Dr. Harigai commented that Japan society of rheumatology was willing to provide some funding. Ms. Rust asked how overlap with Musculoskeletal TAG was being addressed. Dr. Kay replied that Rheumatology WG essentially had dominance over rheumatology codes within Musculoskeletal TAG.

As for Respiratory WG, Ms. Cottler reported that it had too many members, particularly with three additional members from the United States. However, it was agreed that work efficiency should have priority over number of members so that the WG's work could be finished by end of May. Dr. Takimura explained that the Japanese Respiratory Society (JRS) had prepared the proposals for structural changes and that once they were approved by the JRS board, they would be circulated among WG members.

For Hematology WG, Dr. Fibbe reported that the proposals would be completed in the next few weeks. The WG consisted of members from three major hematology societies of

Japan, the United States, and Europe, with representation from all six WHO regions. It was waiting membership approval from WHO. With respect to overlaps with Neoplasm TAG and ICD-O (IARC), the WG was having discussions to reach an agreement on the contents with a WG member who was also a member of ICD-O. Dr. Fibbe did not expect difficulties dealing with overlaps with Rare Diseases TAG. Dr. Fibbe further explained that the WG would seek funding from the three major hematology societies to partially pay for the managing editors. Ms. Cottler noted that WHO approval on the WG members was forthcoming.

As for Nephrology WG, Dr. Iino reported that the WG met in November for discussion and identified an area of overlap. The WG would look for a managing editor.

Prof. Sugano commented that he hoped to see the progress of all WGs' work aligned by end of May as some WGs were very slow in their progress.

5. The RSG meeting in Geneva (from 11 to 14 April, 2011)

Ms. Cottler explained that the RSG meeting would be held from 11th to 14th April with the participation of the chairs of all TAGs, including Mortality, Morbidity, and Quality and Safety TAGs. Moreover, it was agreed at the lastiCAMP in September 2010 to invite chairs of all WGs of IM-TAG to the RSG meeting, as it would allow boundary issues to be solved more efficiently and WG chairs to know what was happening at other TAGs. Prof. Sugano noted that he had requested WHO to provide funding for travel and accommodation of WG chairs for the meeting but he still had not received a response from WHO.

6. The Face-to-face meeting of IM-TAG in Tokyo (from 18 to 19 April, 2011)

Dr. Takimura explained that a face-to-face meeting of IM-TAG in Tokyo, sponsored by the Japanese Society of Internal Medicine, would be held from 18th to 19th April, and WG chairs and managing editors would be invited. Funding for travel expenses was still being worked out with respective societies, with the exception of the Japanese Society of Gastroenterology, which had agreed to support in providing travel expenses for their WG chairs. Prof. Sugano noted that funding for Ms. Rust and Ms. Cumerlato was available. Prof. Sugano commented that there was a lot of work to be done until May when the Alpha draft phase would come to an end and that the meeting was essential to discuss the final stage of Alpha draft organization. Information about the meeting would be distributed soon.

7. Next teleconference schedule

Dr. Ogawa explained that he would discuss with the Japanese Ministry of Health, Labor and Welfare about the funding of the next teleconference and look into the possibility of having it in February. Prof. Sugano noted that there were three WGs that

had not done any work and that were not participating in IM-TAG teleconferences either and pointed out that teleconferences without them would be inefficient. He said they should be asked to attend the teleconference or have them send reports about their progress. Dr. Ogawa suggested that holding separate teleconferences with the chairs of particular WGs might be useful. It was agreed to push the WGs that were slow in their work. Dr. Ogawa said he would distribute information about the next teleconference.

8. Closing

Prof. Sugano thanked all the participants to the teleconference and closed the meeting.

End.

Date: Monday, February 21, 2011 (23 p.m. GMT)

Participants:

IM TAG:	Kentaro Sugano, Rodney Franklin
Gastroenterology WG:	N/A
Hepatology and Pancreatobiliary WG:	E. B. Keeffe
Nephrology WG:	N/A
Cardiovascular WG:	N/A
Respiratory WG:	N/A
Hematology WG:	N/A
Endocrinology WG:	Akira Shimatsu
Rheumatology WG:	Jonathan Kay
IM-TAG managing editor:	Megan Cumerlato
IM-TAG secretariats	Emiko Oikawa, Toshio Ogawa

1. WGs update

1.1 Hepatology and Pancreaticobiliary WG

Ms. Cumerlato explained that Ms. Rust was entering the structural changes for the Hepatology and Pancreaticobiliary WG into the iCAT. Professor Keeffe noted that there were some overlaps in the pediatric area but the issue had been resolved with Dr. Chang from Taiwan.

1.2 Gastroenterology WG

Ms. Cumerlato reported that Ms. Rust was entering the changes for the Gastroenterology WG into the iCAT and that Ms. Rust would send out feedback documents for outstanding issues that needed to be resolved. She explained that although the workload was considerable, the work was on track.

1.3 Cardiovascular WG

Dr. Ogawa reported that he received e-mail from Dr. Kohro on the current state of the Cardiovascular WG. According to Dr. Kohro, the WG was drafting the alpha draft within the Japanese cardiovascular societies, after which the WG would ask international cardiovascular societies for review of the proposals. Prof. Sugano noted that the Japanese societies would likely complete the drafting by end of March. Dr. Ogawa said he would contact Dr. Kohro to confirm.

1.4 Endocrinology WG

Dr. Shimatsu reported that Prof. Tajima worked hard on the alpha drafting with a particular focus on achieving logical classification for clinical practice for the diabetes section and that the WG needed comments on diabetes caused by genetic disorders. He expected the alpha draft to be completed by the end of the current week, which would then be circulated within the international WG for approval and input into theiCAT. Prof. Sugano commented that metabolic diseases were a subject of intense focus from other groups, such as Nephrology WG, Ophthalmology TAG, and Neurology TAG, and it was particularly important to finalize the drafting for this section.

1.5 Rheumatology WG

Dr. Kay reported that the basic structure of the rheumatology section had been completed and that a number of organ- and disease-specific associations were showing interest in providing their input into the classification and fine tune the alpha draft based on their expertise in a Wiki-like process. He also mentioned that in terms of infrastructure, a U.S. rheumatology association was willing to consider supporting the managing editors and that a European rheumatology association would provide some funding.

1.6 Respiratory WG

Ms. Cumerlato explained that some of the structural changes were being put into theiCAT. She also sent feedback documents to Dr. Ingbar, who might have further changes.

2. Issues Discussed

2.1 Definition Layers

Questions were asked about the timeline regarding the work on the definition layers. Prof. Sugano pointed out that only after finalizing the ICD-11 structure in the alpha draft phase could the definition layers be added, which would be in the beta draft phase scheduled to start in May.

2.2 Eponyms

Dr. Kay asked how eponyms should be dealt with in ICD-11. Ms. Cumerlato replied that it was the stance of WHO to discourage the use of eponyms and to use more clinical terms instead, as indicated in WHO's content manual document.

2.3 Anatomical Sites

Dr. Kay remarked that an anatomical or organ coding system, which would link a diagnosis with specific anatomical sites or organs (ex. systemic lupus erythematosus to

kidney or other organs), should be incorporated into ICD-11. Ms. Cumerlato replied that there was discussion at WHO on creating a separate chapter on all anatomical sites within ICD-11, which, if realized, would enable such a coding system. Prof. Sugano mentioned that there was also a move within WHO to create a multi-system disease chapter, which might have relevance to the Rheumatology WG.

2.4 Pediatric TAG

Dr. Franklin asked whether there would be a separate chapter on congenital malformation. Prof. Sugano replied that the Pediatric TAG was working on the congenital diseases section of ICD-11. Apart from that, no other information was available. Dr. Franklin, who was also on the Pediatric TAG, requested to identify pediatric representatives in each IM-TAG WG for possible interactions between the two TAGs. Dr. Ogawa agreed to confirm the identities of those pediatricians not yet known.

3. The Next Face-to-Face Meeting

Ms. Oikawa explained that the next face-to-face meeting of IM-TAG would be held from April 18 (Mon.) to 19 (Tue.), 2011, in Tokyo, and that all WG chairs were invited. Funding to cover the travel expenses for Ms. Rust and Ms. Cumerlato was being worked out. Dr. Teramoto, Director of the Japanese Society of Internal Medicine, was expected to address the opening session, and a reception was planned on April 18. The invitations would be sent shortly.

4. Closing

Prof. Sugano thanked all the participants to the teleconference and closed the meeting.

Date: Tuesday, February 22, 2011 (6:10 a.m. GMT)

Participants:

IM TAG:	Kentaro Sugano
Gastroenterology WG:	N/A
Hepatology and Pancreatobiliary WG:	N/A
Nephrology WG:	Yasuhiko Iino
Cardiovascular WG:	N/A
Respiratory WG:	N/A
Hematology WG:	Willem Fibbe
Endocrinology WG:	Naoko Tajima
Rheumatology WG:	N/A
IM-TAG managing editor:	Megan Cumerlato
IM-TAG secretariats	Emiko Oikawa, Toshio Ogawa, Tomomi Sano

Minutes of Meeting

1. WGs update

1.1 Hematology WG

Prof. Fibbe reported that the U.S., European, and Japanese hematology associations were working on the revision of the proposals made and that the Hematology WG was aiming to have the structural changes put into theiCAT before the next face-to-face meeting in April. He noted that the WG was working with the ICD-O group with the objective of having proposals that were in complete harmonization with ICD-O and resolving overlap issues. On the subject of overlap with Rare Diseases TAG, he said that the WG was in contact with the Rare Diseases TAG and that he saw no major problem concerning the issue as the Rare Diseases TAG had indicated that they would follow the lead of the work already completed by the Hematology WG. He expected the issue of allocation of rare diseases within the ICD-11 structure could be solved at the WG level.

1.2 Endocrinology WG

Prof. Tajima, who was now officially approved by WHO as the co-chair of Endocrinology WG, introduced herself as Endocrinology WG co-chair responsible for the diabetes and metabolism section, and thanked the other IM-TAG members for their support. She reported that the WG would check the provisional alpha draft on matters of transparency

and grammar before sending it to Ms. Rust by the end of the current week. She said that as for diabetes, the WG made changes to the hierarchy according to etiological classification but retained the original coding hierarchy as much as possible. Prof. Sugano stressed the importance of completing the draft for the diabetes and metabolism section as it concerned other groups, such as Nephrology WG, Dermatology TAG, and Ophthalmology TAG. He also requested the Endocrinology WG to examine nutritional deficiency diseases and related conditions, as this area was important from the WHO perspective in terms of the worldwide use of ICD-11, because two thirds of the world population were in a state of nutritional deficiency.

1.3 Nephrology WG

Dr. Iino and Ms. Cumerlato explained that a part of the proposals from the Nephrology WG were now in theiCAT and the work of completing the alpha draft was on track. Dr. Iino said that the WG would meet at an international conference on nephrology on April 8–9, 2011.

2. Issues Discussed

2.1 Timeline

Prof. Tajima asked by when the input into the iCAT should be completed. Prof. Sugano explained that the work had to be completed by end of April before the start of the beta phase set by WHO in May but that it was preferable to have the work completed before the IM-TAG face-to-face meeting in mid-April so there could be discussion on theiCAT platform at the meeting. Prof. Sugano further pointed out that the filling out of the definition layers would only begin in the beta phase after the structural base was solidified and agreed upon in the alpha phase.

2.2 Synonyms and Eponyms

Prof. Sugano mentioned that the handling of synonyms and eponyms would be one of the subjects that would be discussed at the face-to-face meeting in April.

2.3 Pediatric TAG

Prof. Sugano touched on the subject of the pediatric representation in each IM-TAG WG, which was discussed in the first session of the teleconference. Dr. Fibbe confirmed that Hematology WG had at least two pediatricians in the group.

2.4 Multi-System Disease Chapter

Prof. Sugano indicated that WHO was proposing establishing a multi-system disease chapter in ICD-11 and that the IM-TAG would discuss this issue at the face-to-face meeting in April, as many diseases covered by the TAG were linked to the multi-system

disease chapter, particularly rheumatology. Prof. Tajima remarked that although the idea of having a multi-system disease chapter might complicate the situation and discussions were needed among the related groups, the idea was an excellent one.

2.5 iCAT Platform and Training Tool

Dr. Iino inquired about the password to the iCAT platform. Ms. Cumerlato replied that she would check and that she would also make sure that WG chairs without access to the platform would have one. Ms. Cumerlato further reported that WHO had released the training video tool for the iCAT and content model. She would send e-mail with a link to the training tool to all WG chairs and managing editors. Dr. Ogawa agreed to provide an instruction manual to WG chairs and managing editors.

3. The Next Face-to-Face Meeting

Prof. Sugano said that the venue, agenda, and other details of the next face-to-face meeting in Tokyo on April 18 (Mon.) and 19 (Tue.), 2011, would be sent out shortly.

4. Closing

Prof. Sugano thanked all the participants to the teleconference and closed the meeting.

