

WG members-continued

GI Work Group members	Kwong Ming Fock	Changi General Hospital, Singapore
	Kenneth EL MacColl	University of Glasgow, Scotland, UK
	Varocha Mahachai	Chalalongkorn University Hospital, Bangkok Thailand
	Jaroslaw Regula	Medical Center for Postgraduate Education and Maria Sklodowska-Curie Memorial Cancer Centre and Institute of Oncology, Warsaw, Poland
	Jan Tack	University of Leuven, Leuven, Belgium
	Nick Talley	The University of Newcastle, NSW, Australia

Japanese ICD-related members

GI-related

(Medical Terminology Committee)

Takahiro Fujimori, MD, Tochigi
Katsutoshi Obara, MD, Fukushima
Shinichi Takahashi, MD, Tokyo
Akio Yamaguchi, MD, Fukui

(ICD-11 Revision Committee)

Soichiro Miura, MD, Saitama (Chair)
Hidemi Goto, MD, Nagoya
Junichi Akiyama, MD, Tokyo
Akira Andoh, MD, Shiga
Takafumi Ando, MD, Nagoya
Toshiyuki Itoh, MD, Kyoto
Takanori Kanai, MD, Tokyo
Yasuo Ohkura, MD, Tokyo
Naoki Ohmiya, MD, Nagoya
Mitsuo Shimada, MD, Tokushima
Nobuhiro Kurita, MD, Tokushima
Atsushi Iida, MD, Fukui

HPB-related

(Medical Terminology Committee)

Kazuyuki Suzuki, MD, Iwate (Chair)
Shigeki Arie, MD, Tokyo
Keisho Kataoka, MD, Shiga
Shuheji Nishiguchi, MD, Hyogo
Naotaka Fujita, MD, Miyagi
Fuminori Moriyasu, MD, Tokyo

(ICD-11 Revision Committee)

Sumiko Nagoshi, MD, Saitama
Hirohide Ohnishi, MD, Akita
Akio Ido, MD, Kagoshima
Masayuki Kurosaki, MD, Tokyo
Tomoaki Tomiya, MD, Tokyo
Etsuko Hashimoto, MD, Tokyo
Tetsuhide Ito, MD, Fukuoka
Yoshifumi Takeyama, MD, Osaka
Hitoshi Yoshida, MD, Tokyo
Fukuo Kondo, MD, Tokyo

WG meetings in 2010 - 11

April 5-6, 2010	Joint Meeting of GI and HPB WG for IM-TAG in Tokyo	GI and HPB WG members discussed about the re-arrangement of structure of K-code and proposed a new framework, so called 'K-FLAG' plan. –finally appeared in iCAT in Sep 2011.
Oct. 28, 2011	Teleconference	The current code hierarchy in iCAT was reviewed and modified.
(Dec. 16, 2011)	(Japanese GI and HPB WG domestic meeting)	(Start working on the disease definitions.)

Progress report (1)

- Current status of iCAT input

- α draft development (overview of the structural changes, issues of the α draft, discussions and agreements between WG members, discussions and agreements with other WG/TAG)

The current code hierarchy in iCAT was reviewed and modified after the comments/feedback (request of correction) from the WG members were obtained.

- Contents (definition etc.)

A Japanese working group has begun work on the disease definitions.

- Our project started because we cannot see important digestive diseases in the current structure of K-code (digestive disease codes).
- For example, in case of GI disorders-----

Infectious diseases are classified into A-B code.

Tuberculous gastritis – no specific place in A-code (A18.8?)

Oesophageal varices are classified into Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified as I 85.

Hemorrhoids are classified in the same place as above (I 84).

Gastric cancer is classified into C16 Malignant neoplasm of stomach.

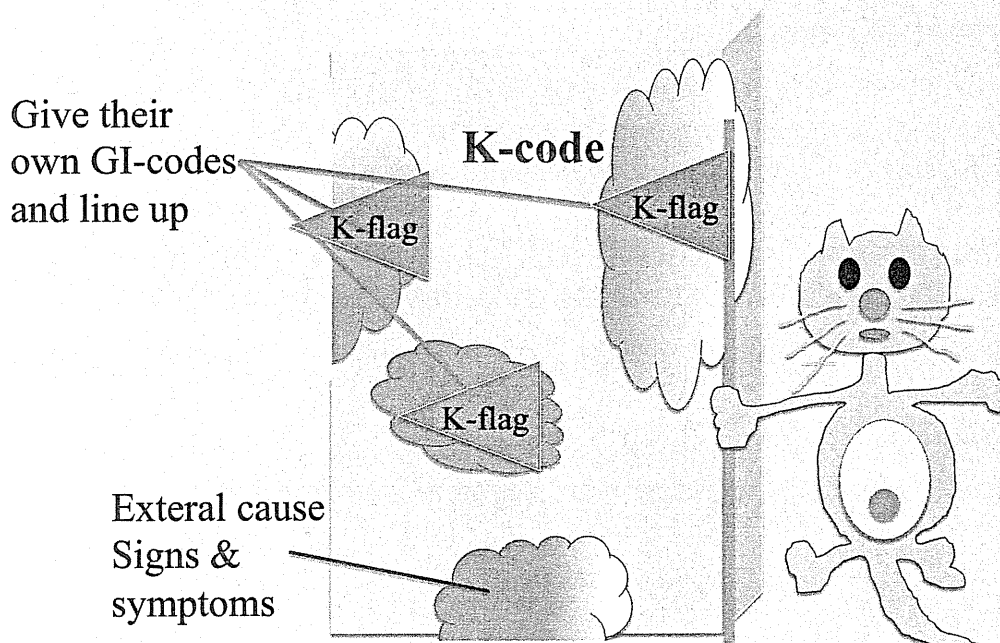
MALT lymphoma is classified into C85.7 Other specified types of non-Hodgkin's lymphoma (?).

Meckel's Diverticulum - Q43 Other congenital malformations of intestine.

K25 Gastric ulcer- no further subclassification for HP-induced or NSAIDs-induced gastric ulcer.

All the diseases/disorders which mainly involve digestive organs should have their own K-code (GI-code).

----That is a policy of K-FLAG PLAN (Let's repair with K-code).



- Summary of Design Policy of GI-Working Group towards ICD-11 (iCAT version)

1. Reordered sequence of K-code in ICD-10
2. Organ oriented (from rostral to caudal order)
3. Etiology based
4. Full disease spectrum in subcategories
(Cover entire digestive diseases in GI code whatever the main affected site is digestive organ.)
5. Independent category for functional GI disorders

The proposed new **First Categories**

K20-31 Diseases of oesophagus,
 stomach and duodenum
 K35-38 Diseases of appendix
 K40-46 Hernia
 K50-52 Diseases of non-infective
 enteritis and colitis
 K55-63 Other diseases of
 intestine
 K65-67 Diseases of peritoneum
 K70-77 Diseases of liver
 K80-87 Disorders of gallbladder,
 biliary tract and pancreas
 K90-93 Other diseases of the
 digestive system

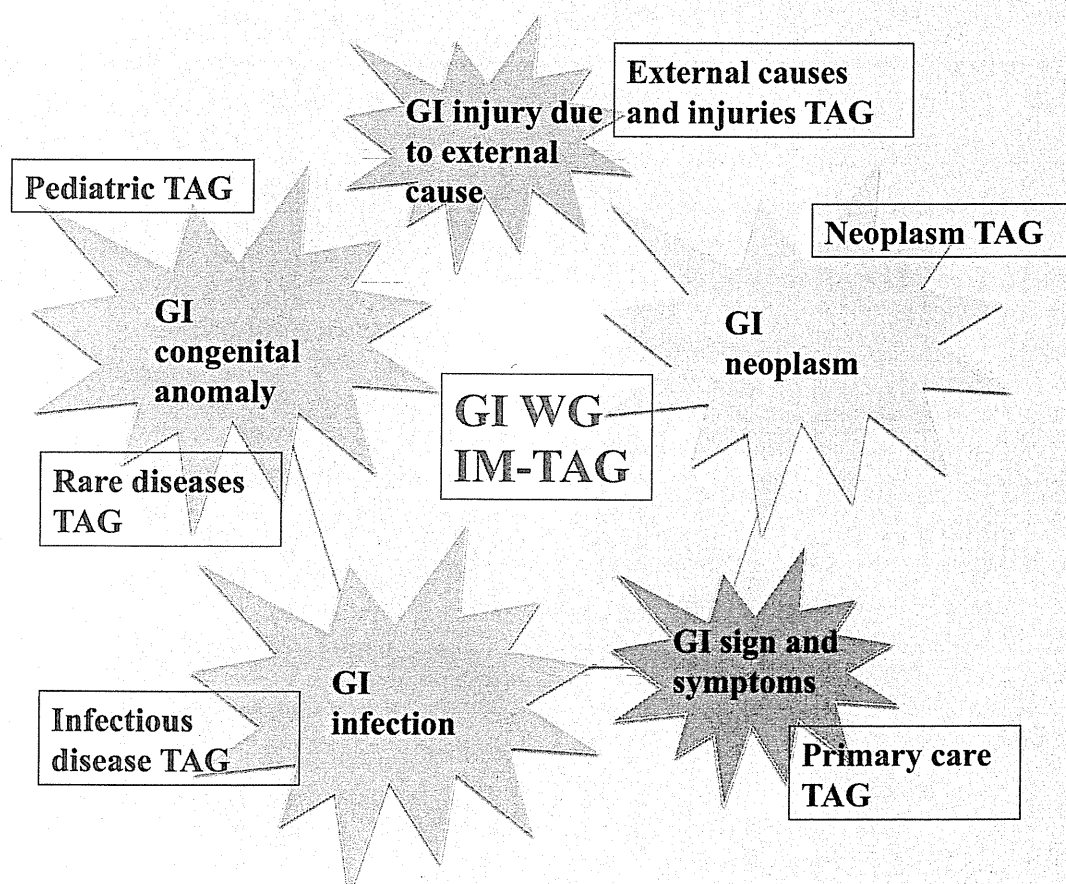


B Diseases of oesophagus
 C Diseases of stomach
 D Diseases of duodenum
 E Diseases of small intestine
 F Diseases of appendix
 G Diseases of colon and rectum
 H Diseases of anal canal
 I Diseases of liver
 J Diseases of gallbladder and
 biliary tract,
 K Diseases of pancreas
 L Diseases of peritoneum
 M Hernia
 N Functional gastrointestinal
 disorders
 O Other diseases of the digestive
 system

- **The Second Layer** (in case of oesophagus BA, BB, BC etc. in iCAT)

They were selected in ICD-10 because of their frequency, severity or susceptibility to public health intervention. Subcategories should be re-arranged in ICD-11 according to the following principle for better outlook.

1. Congenital or developmental anomalies (categorized in Q code)
2. Anatomical or morphological alteration (acquired)
3. Motor abnormality
4. Infection with causative agents (mainly categorized in A codes)
5. Inflammation
6. Ulceration
7. Vascular abnormality (partially categorized in I codes)
8. Malignant neoplasm (mainly in C codes)
9. Benign or pre-neoplastic lesion (mainly in D codes)
10. Other disorders



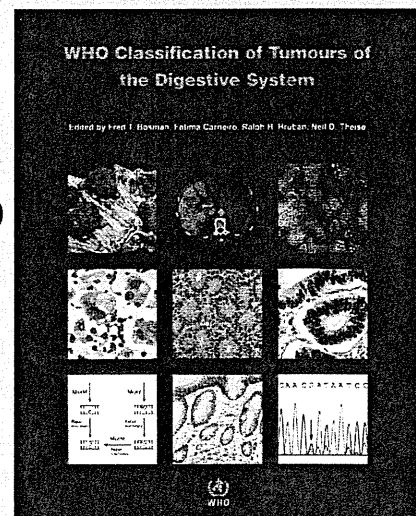
Progress report (2)

- Overlap and underlap areas- no underlap areas

Congenital anomaly in GI section	Rare Disease TAG	There were some feedbacks from Rare Disease TAG and we corrected items according to their suggestion.
Infectious diseases in GI section	Dermatology TAG	There was discussion about GI infectious diseases with Managing editor of dermatology TAG.

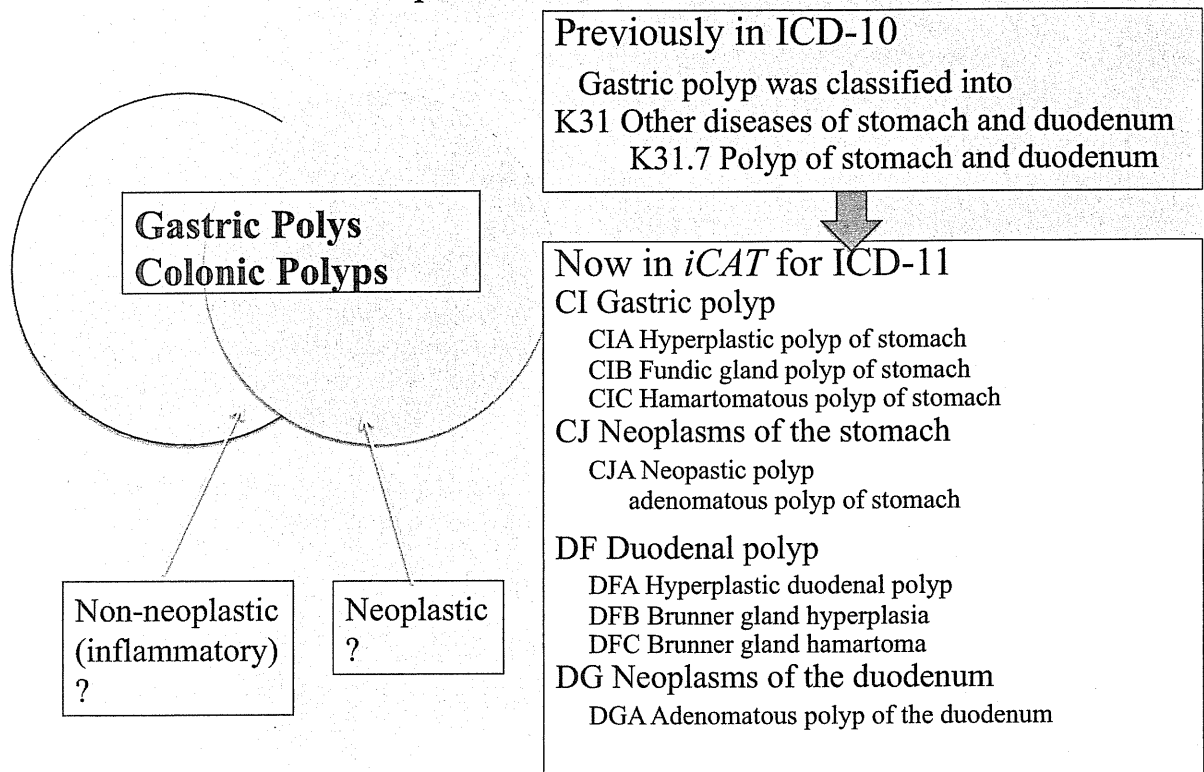
- In neoplasm there are several possible ways of classification as follows:
 - 1. Clinical staging (TNM classification)
 - 2. Tumor Location
 - 3. Pathological findings
 - 4. Clinical features (macroscopic findings)

For classification of GI neoplasm *in iCAT*, GI WG are mainly using Pathological classification according to WHO classification of Tumours of the Digestive System

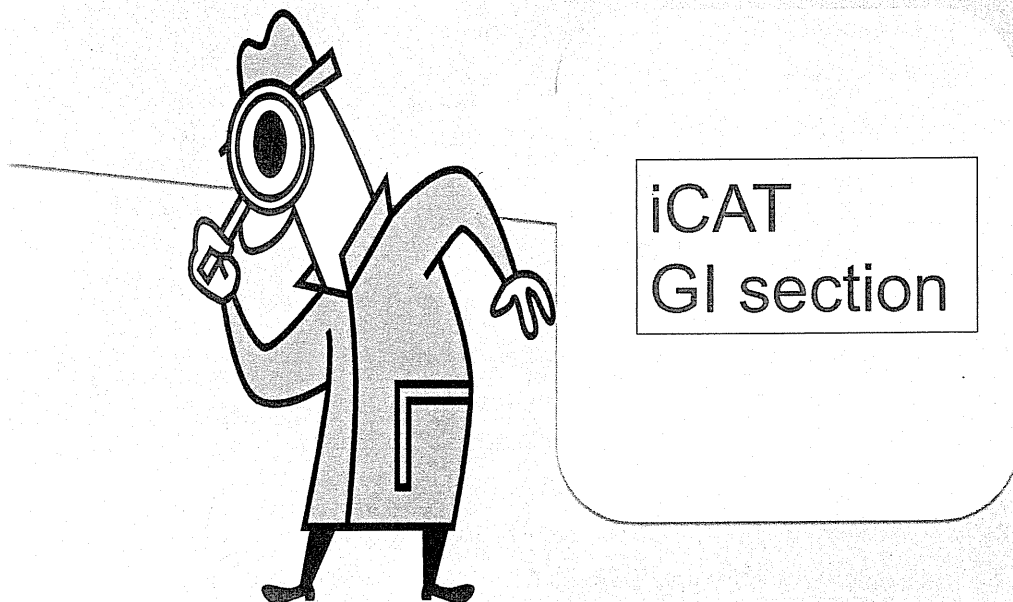


Accordingly and importantly in iCAT
BIAB Oesophageal junctional cancer (adenocarcimona)
is now differentiated from
BIAA Oesophageal cancer

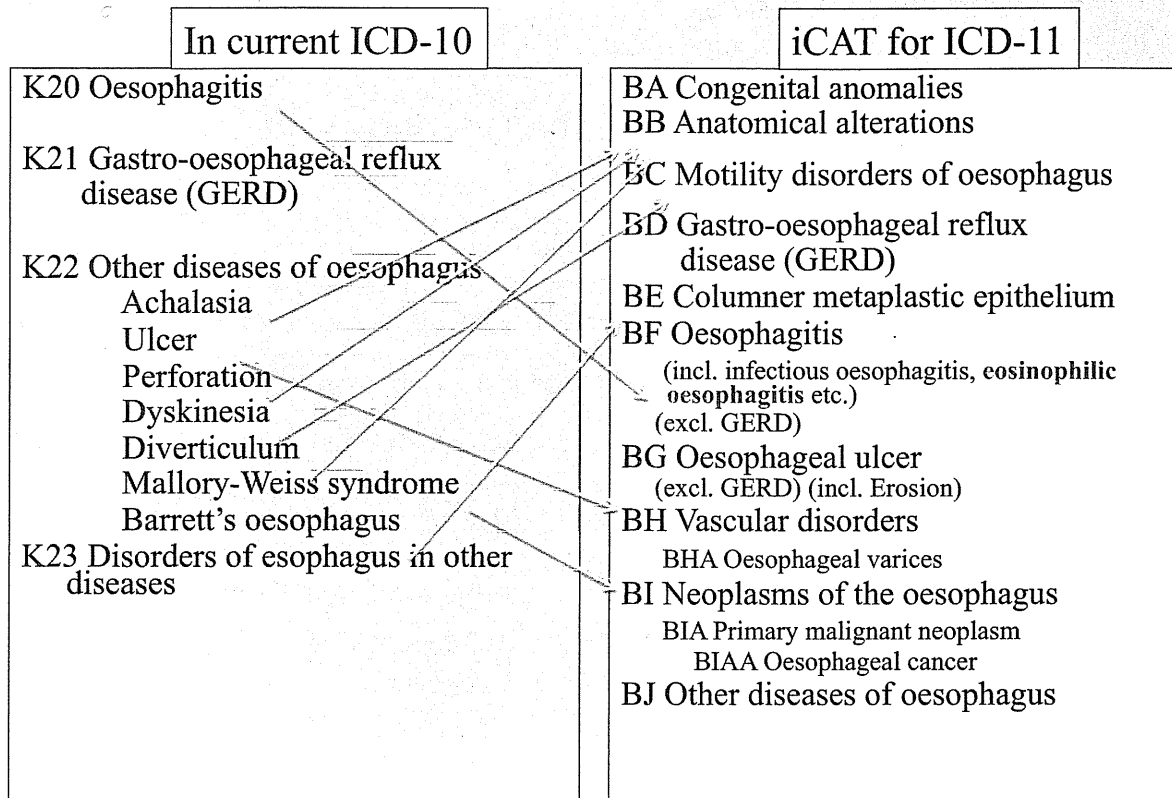
- Polyps are difficult to classify into one category. ----
-Neoplasm, Malformation or Inflammation?



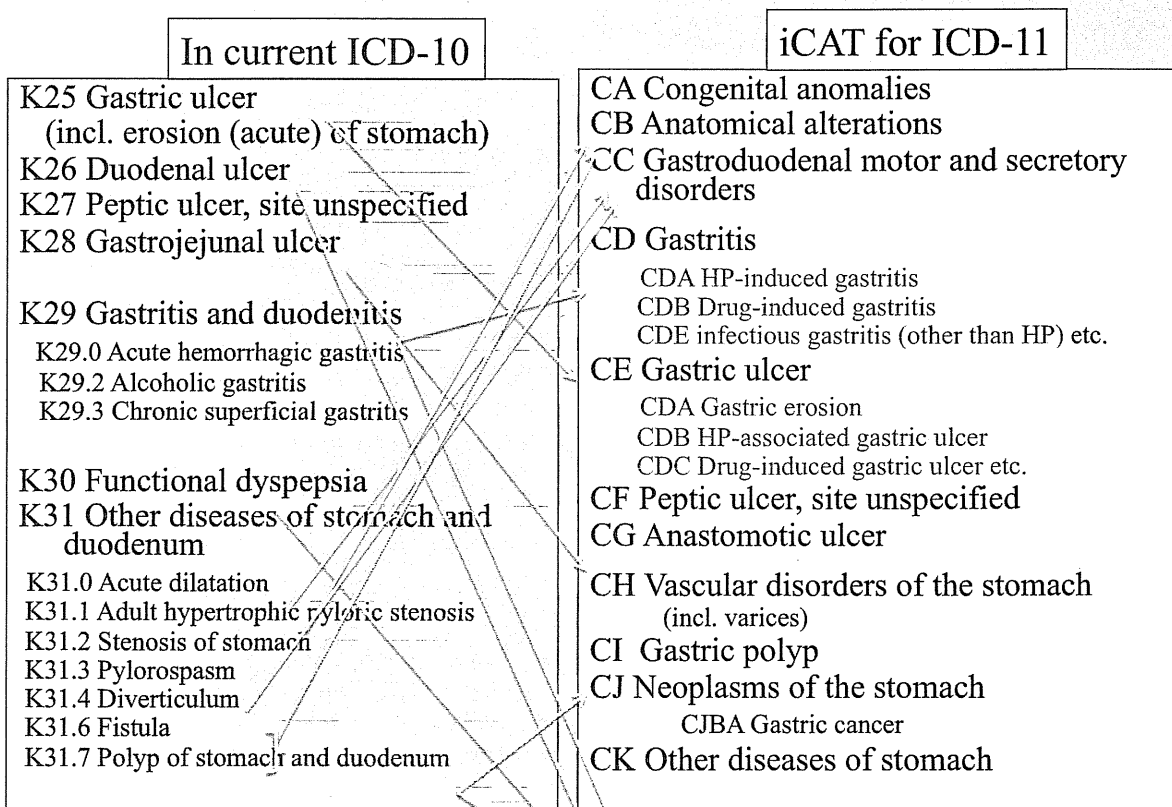
Let's take a look at iCAT more in detail.



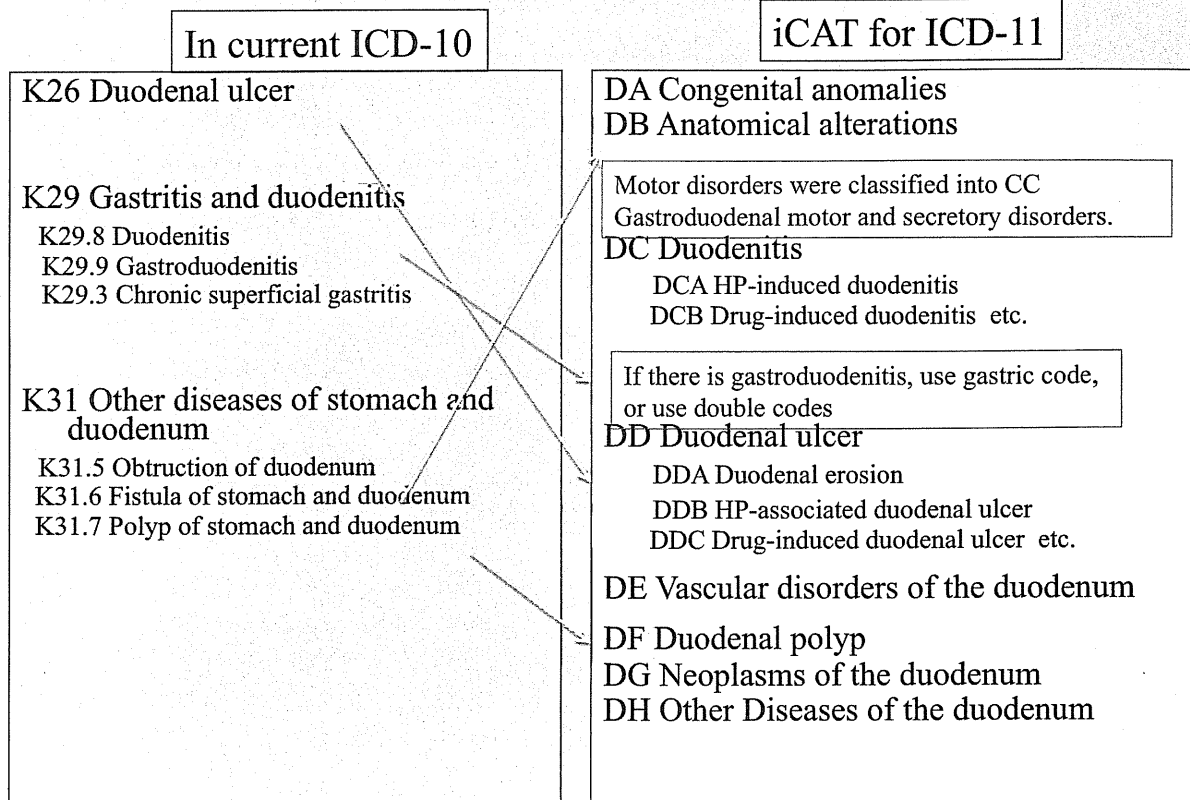
• Subcategories (The second layer) In case of oesophagus



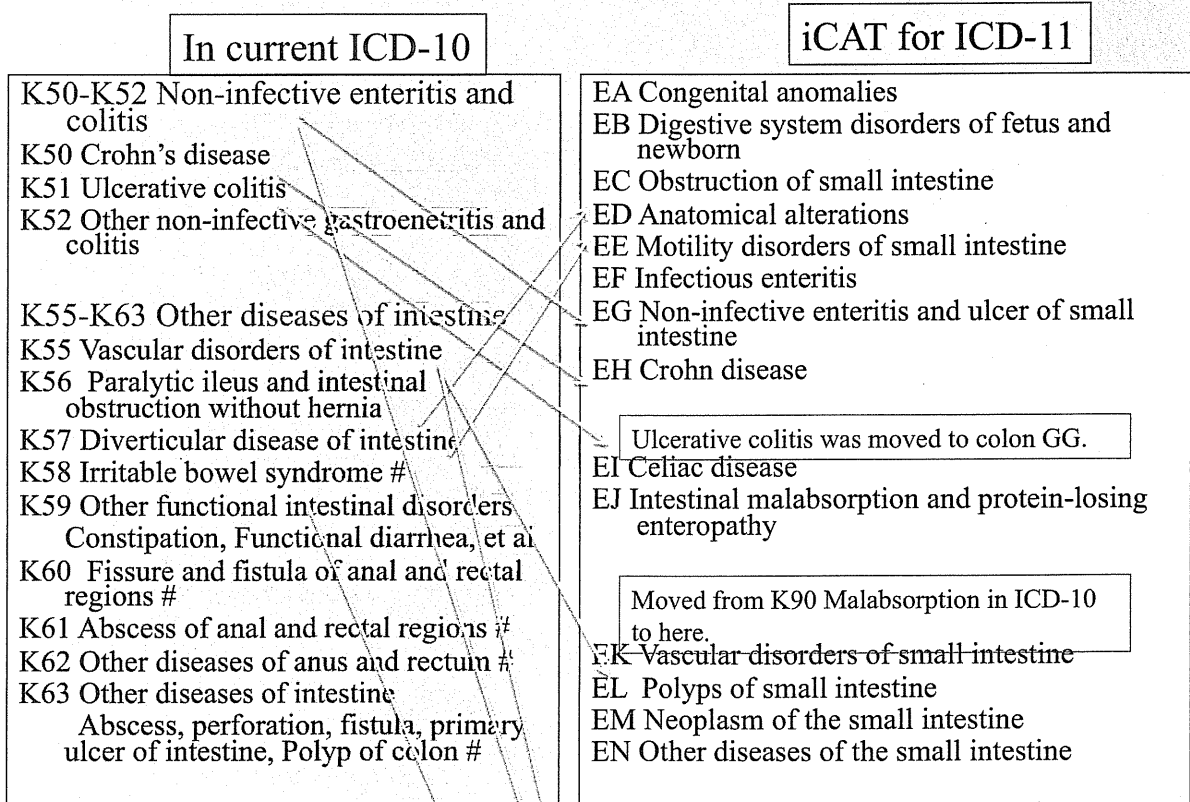
• Subcategories (The second layer) In case of stomach



• Subcategories (The second layer) In case of duodenum



• Subcategories (The second layer) In case of small intestine



• Subcategories (The second layer) In case of Appendix

In current ICD-10	iCAT for ICD-11
<p>K35-38 Diseases of appendix</p> <p>K35 Acute appendicitis 35.0 with generalized peritonitis 35.1 with peritoneal abscess</p> <p>K36 Other appendicitis Chronic or recurrent</p> <p>K37 Unspecified appendicitis</p> <p>K38 Other diseases of appendix</p>	<p>FA Appendicitis</p> <p>Acute and chronic or recurrent appendicitis were now classified into one second layer K-code FA.</p> <p>K37 Unspecified appendicitis in ICD-10 is not worth giving a dependent K-code, and it should be included in FA.</p> <p>FB Other diseases of appendix (incl. Morphological disorders of appendix (non-neoplastic)).</p> <p>FC Neoplasms of the appendix FCA Adenomatous polyp of appendix FCB Primary malignant neoplasm of appendix FCC Secondary malignant neoplasm of appendix etc.</p>

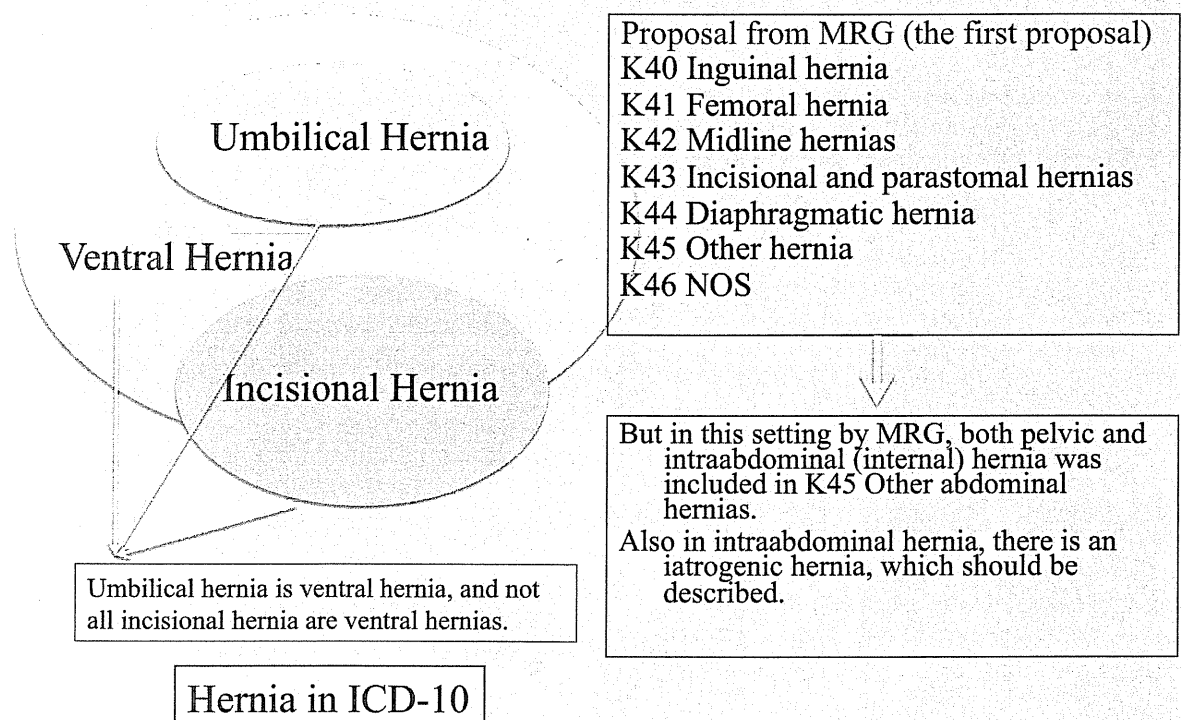
• Subcategories (The second layer) In case of Colon and Rectum

In current ICD-10	iCAT for ICD-11
<p>K50-K52 Non-infective enteritis and colitis</p> <p>K50 Crohn's disease</p> <p>K51 Ulcerative colitis</p> <p>K52 Other non-infective gastroenteritis and colitis</p> <p>K55-K63 Other diseases of intestine</p> <p>K55 Vascular disorders of intestine</p> <p>K56 Paralytic ileus and intestinal obstruction without hernia</p> <p>K57 Diverticular disease of intestine</p> <p>K59 Other functional intestinal disorders Constipation, Functional diarrhea, et al.</p> <p>K60 Fissure and fistula of anal and rectal regions #</p> <p>K61 Abscess of anal and rectal regions #</p> <p>K62 Other diseases of anus and rectum #</p> <p>K63 Other diseases of intestine Abscess, perforation, fistula, primary ulcer of intestine Polyp of colon</p>	<p>GA Congenital anomalies</p> <p>GB Diverticular disease of large intestine</p> <p>GC Anatomical alterations</p> <p>Diverticulum is independently described as GB and excluded from here GC.</p> <p>GD Obstruction of large intestine</p> <p>GE Motility disorders of large intestine</p> <p>GF Infectious colitis</p> <p>GG Inflammatory bowel diseases</p> <p>Crohn's disease is classified into small intestine.</p> <p>GH Other noninfective colitis and proctitis</p> <p>GI Vascular disorders of large intestine</p> <p>GJ Polyps of large intestine</p> <p>GK Polyposis syndrome</p> <p>All polyposis syndromes are classified here even though they have small intestinal polyps.</p> <p>GL Neoplasm of large intestine</p> <p>GM Other diseases of large intestine</p>

- Subcategories (The second layer) In case of Anal Canal

In current ICD-10	iCAT for ICD-11
<p>K55-K63 Other diseases of intestine</p> <p>K55 Vascular disorders of intestine</p> <p>K56 Paralytic ileus and intestinal obstruction without hernia</p> <p>K57 Diverticular disease of intestine</p> <p>K59 Other functional intestinal disorders Constipation, Functional diarrhea, et al.</p> <p>K60 Fissure and fistula of anal and rectal regions #</p> <p>K61 Abscess of anal and rectal regions #</p> <p>K62 Other diseases of anus and rectum #</p> <p>K63 Other diseases of intestine</p>	<p>HA Congenital anomalies</p> <p>HB Anatomical alterations</p> <p>HC Abscess of anal and rectal regions</p> <p>HD Vascular diseases of anus and anal canal</p> <p>HAD Hemorrhoid and perianal venous thrombosis</p> <div data-bbox="816 555 1326 730" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Hemorrhoid was translocated from I code to here, because its disease site is anal canal. There is a proposal by the Morbidity Reference Group: MbRG, which appears to be better than the current classification.</p> </div> <p>HE Anal polyp</p> <p>HF Neoplasms of the anal canal</p> <p>HG Other diseases of anal regions</p>

- The Hernia World – Problem in ICD-10 and the proposal from Morbidity Reference Group



• Subcategories (The second layer) In case of Hernia

In current ICD-10	iCAT for ICD-11
K40-46 Hernia	M Hernia
K40 Inguinal hernia	MA Groin hernia MAA Inguinal hernia MAB Femora hernia
K41 Femoral hernia	
K42 Umbilical hernia	MB Primary midline hernia in the abdominal wall incl. umbilical, paraumbilical, epigastric, and other primary midline abdominal hernia etc.
K43 Ventral hernia incl. epigastric, incisional	MC Other primary abdominal wall hernia incl. Spigelian, lumbar, etc.
K44 Diaphragmatic hernia	MD Secondary abdominal wall hernia incl. incisional, parastomal etc.
K45 Other abdominal hernia incl. lumbar, obturator, pudental, retroperitoneal	ME Non-abdominal wall hernia MEA Diaphragmatic hernia MEB Pelvic hernia MEC Intra-abdominal hernia
K46 Unspecified abdominal hernia	MZ Other hernia, not elsewhere classified

Proposed classification of FGID (arranged according to ROME III)

<p>NA Functional esophageal and gastroduodenal disorders</p> <ol style="list-style-type: none"> 0. Functional dysphagia 1. Globus 2. Functional dyspepsia (excludes: heartburn, dyspepsia) <ol style="list-style-type: none"> 20 Epigastric pain syndrome 21 Postprandial distress syndrome 3. Aerophagia 4. Unspecified excessive belching 5. Functional vomiting 6. Cyclic vomiting syndrome 7. Rumination syndrome in adult etc. <p>NB Irritable bowel syndrome and other functional bowel disorders</p> <ol style="list-style-type: none"> 0. Irritable bowel syndrome 1. Irritable bowel syndrome IBS-D 2. Irritable bowel syndrome IBS-C 3. Irritable bowel syndrome IBS-M 4. Functional diarrhea 5. Functional constipation 6. Functional bloating 7. Functional abdominal pain syndrome 8. Unspecified functional bowel disorder etc. 	<p>NC Functional anorectal disorders</p> <ol style="list-style-type: none"> 0. Functional fecal incontinence 1. Functional anorectal pain 2. Functional defecation disorders <p>ND Functional gallbladder and Sphincter of Oddi disorder</p> <ol style="list-style-type: none"> 0. Functional gallbladder disorder Gallbladder Dyskinesia 1. Functional biliary sphincter of Oddi disorder Spasm of phincter of Oddi 2. Functional pancreatic sphincter of Oddi disorder <p>NE Functional digestive diseases of neonates, toddlers, and children</p> <ol style="list-style-type: none"> 0. Infant regurgitation 1. Infant vomiting syndrome 2. Infant colic 3. Infant dyschezia 4. Adolescent rumination syndrome 5. Abdominal migraine 6. Childhood functional abdominal pain 7. Nonretentive fecal incontinence
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Next steps

- **Plans by May 2012 (launching β draft)**
 - A Japanese working group will finish work on the disease definitions.
 - Finalization of current code hierarchy in GI section on iCAT.
- **Plans until 2014**
 - Hold the 2nd Face to Face Joint Meeting on GI & HPB WG in Tokyo within 2012 or 2013.
 - Discussion about the detail (content model) of each item in GI section on iCAT, and modification (or re-arrangement).
- **Issues to be solved**
 - Overlap areas with Rare Diseases TAG and Pediatrics TAG–Is it better that Pediatrics TAGs make definition and content model for congenital anomaly?
 - Infectious diseases and Neoplasms- Need to be further discussed.
 - Definition about the diseased site - We are waiting to put appropriate supplementary codes which will be provided from WHO for location of digestive organs.
 - GI sign and symptom code should be taken care of - Which TAG is primary responsible for this?

Progress Report February 2012

Hepatology and Pancreaticobiliary (HPB)

Geoff Farrell MD, FRACP

Professor of Hepatic Medicine

Australian National University Medical School, Canberra, Australia

HPB WG members

Roles	Name	Affiliations
Chair	Geoff Farrell (Hep; M; Pacific)	ANU, Canberra, Australia
Co-chair	to be determined; probably Americas [EBK, former Chair, is now deceased]	
Managing editor	Tomoaki Tomiya	University of Tokyo
Americas, n = 2	Glen A Lehman (PB; M) Flair Jose Carrilho (Hep; M)	Indianapolis, USA Sao Paulo, Brazil
Europe, n = 2	Guido Costamagna (PB; M) Michael Manns (Hep; M)	Rome, Italy Hannover, Germany
Southeast Asia, n = 1	Yogesh Chawla (Hep)	Chandigarh, India
Western Pacific, n = 4	Sumiko Nagoshi (Hep; F) Yulan Liu (Hep; F) Mei-Hwei Chang (Ped Hep; F)	Saitama, Japan Beijing, China Taipei, Taiwan

Hep = hepatologist; PB = endoscopist/pancreaticobiliary; F/M = gender; Ped = pediatric

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The proposed new **First Categories**

K20-31 Diseases of oesophagus,
stomach and duodenum
K35-38 Diseases of appendix
K40-46 Hernia
K50-52 Diseases of non-infective
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K55-63 Other diseases of
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K65-67 Diseases of peritoneum
K70-77 Diseases of liver
K80-87 Disorders of gallbladder,
biliary tract and pancreas
K90-93 Other diseases of the
digestive system

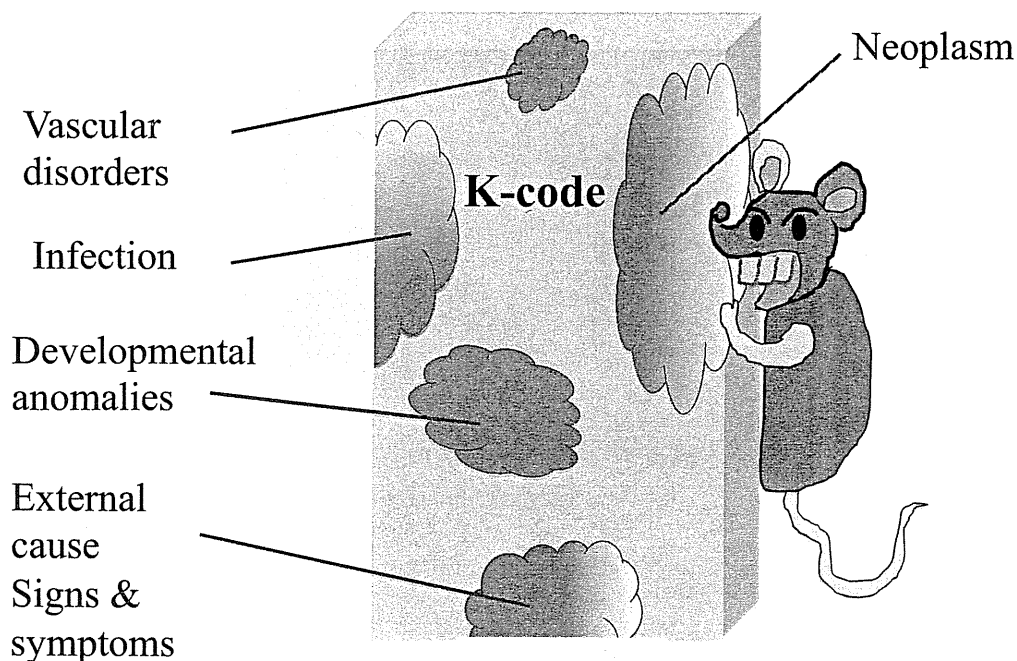


B Diseases of oesophagus
C Diseases of stomach
D Diseases of duodenum
E Diseases of small intestine
F Diseases of appendix
G Diseases of colon and rectum
H Diseases of Anal canal
I Diseases of liver
J Diseases of gallbladder and
biliary tract,
K Diseases of pancreas
L Diseases of peritoneum
M Hernia
N Functional Gastrointestinal
disorders
O Other diseases of the digestive
system

- In current ICD-10 coding, there are many vacant addresses in three-character categories which are not used. These should be filled in for efficient coding system.
- In case of K-code -----

K00-14 Diseases of oral cavity, salivary glands and jaws
 K20-31 Diseases of oesophagus, stomach and duodenum
 K35-38 Diseases of appendix
 K40-46 Hernia
 K50-52 Noninfective enteritis and colitis
 K55-63 Other diseases of intestines
 K65-67 Diseases of peritoneum
 K70-77 Diseases of liver
 K80-87 Disorders of gallbladder, biliary tract and pancreas
 K90-93 Other diseases of the digestive system
 (vacant addresses: 15-19, 32-34, 39, 47-49, 53-54, 64, 68-69, 78-79, 88-89, 94-99) Total 26 codes—25% is not used.

- **So, what are left?**
- Most of gastroenterologists and hepatologists cannot find certain diseases/disorders in the appropriate or anticipating place.



- Most importantly we cannot see important digestive diseases in the current structure of K-code.
- For example, in case of HPB disorders-----

Infectious diseases are classified into A-B code.

Viral Hepatitis– B15-B19

Portal Vein thrombosis is classified into

Diseases of veins, lymphatic vessels and lymph nodes as I 81.

Budd Chiari syndrome is classified in the same place (I 82.0).

Hepatocellular carcinoma is classified into

C22 Malignant neoplasm of liver and intrahepatic bile ducts.

Malignant lymphoma of liver is classified into Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96).

Annular pancreas- Q45 Other congenital malformations of Digestive system.

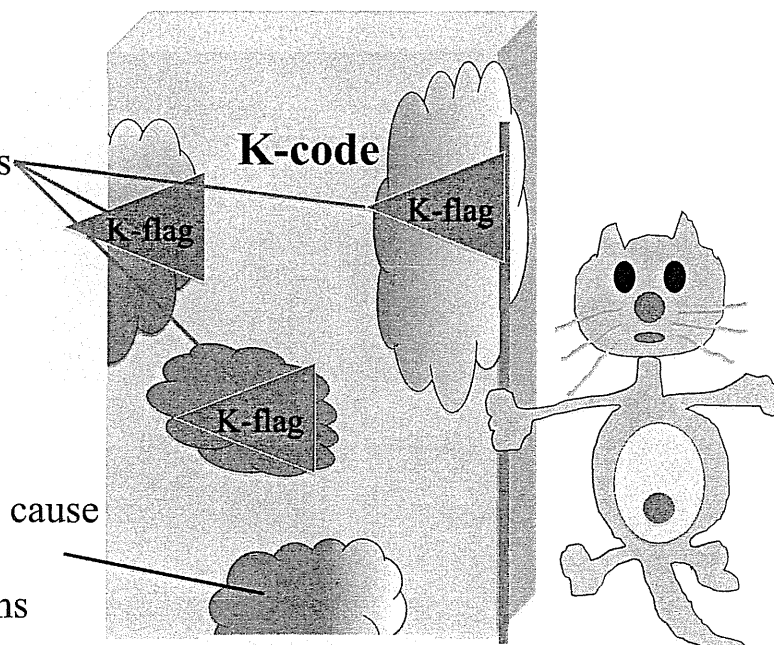
Dubin-Johnson syndrome- E80.6 Other disorders of billirubin metabolism.

All the diseases/disorders which mainly involve digestive organs should have their own K-code (GI-code)

----That is a K-FLAG PLAN (Let's repair with K-FLAGS).

Give their own GI-codes and line up

External cause
Signs &
symptoms



- **The Second Layer** (*in case of Diseases of liver IA, IB, IC etc. in iCAT*)

They were selected in ICD-10 because of their frequency, severity or susceptibility to public health intervention. Subcategories should be re-arranged in ICD-11 according to the following principle for better outlook.

- A-B. Developmental anomalies, metabolic disorders (in Q & E codes)
- D-E. Infectious liver disease and acute viral hepatitis (in B codes)
- F. Hepatic failure
- G. Chronic viral hepatitis (in B codes)
- H. Hepatic fibrosis and cirrhosis
- I-K. Alcoholic liver disease, NAFLDs, Toxic liver disease
- L-M. Autoimmune liver disease and other inflammation
- N. Vascular disorders of liver (partially in I codes)
- O. Neoplasms of liver (in C & D codes)
- P. Other disease of liver (partially in O codes)

- **The Second Layer** (*in case of Diseases of gall bladder and biliary tract JA, JB, JC etc., and Diseases of pancreas KA, Kb etc., in iCAT*)

J. Gall bladder and biliary tract

- A-B. Congenital anomalies and anatomical alterations (in Q codes)
- C. Cholelithiasis
- D-F. Cholecystitis and cholangitis
- G. Neoplasms of gall bladder and biliary tract (in C & D codes)
- Z. Other biliary diseases

K. Pancreas

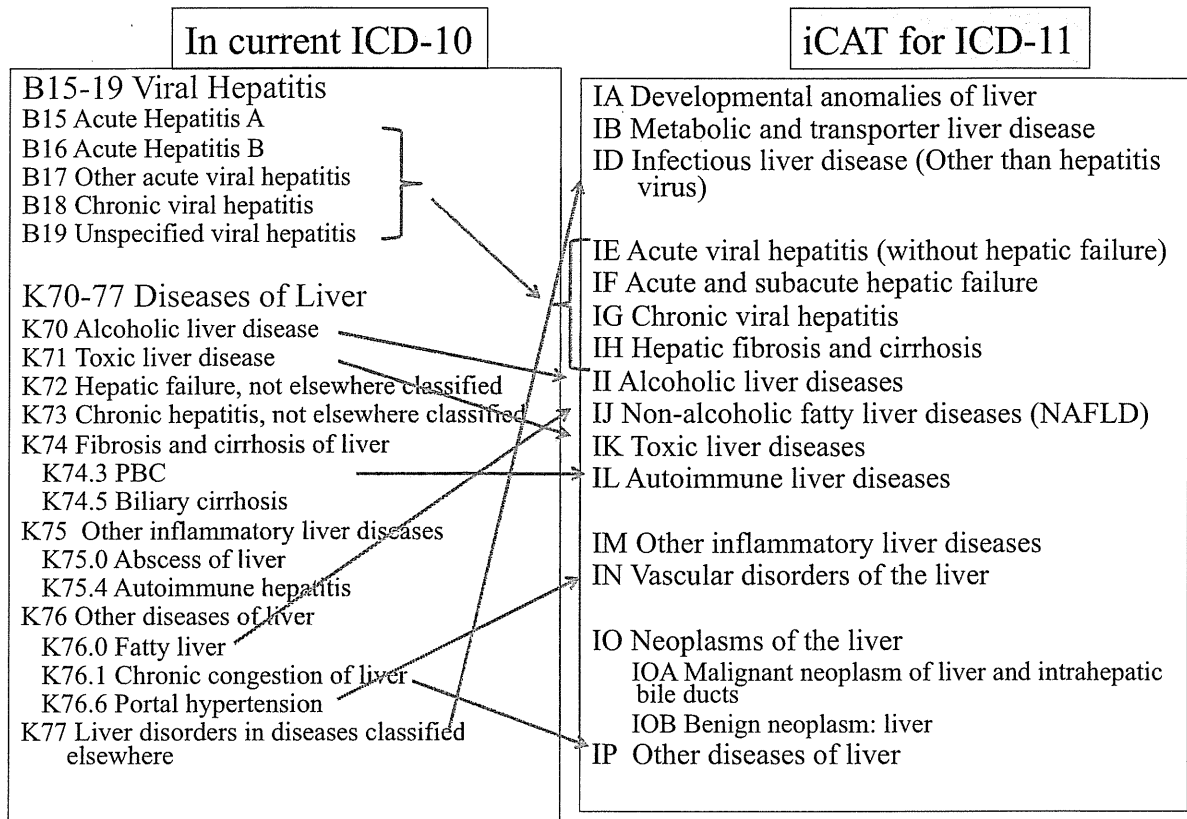
- A. Congenital anomalies (in Q codes)
- B. Cystic diseases
- C-D. Acute and chronic pancreatitis
- E. Neoplasm of pancreas (in C & D codes)
- F. Other disease of pancreas

- Summary of Design Policy of HPB-Working Group towards ICD-11 (iCAT version)

1. Reordered sequence of K-code in ICD-10
2. Etiology based
3. Full disease spectrum in subcategories
(Cover entire hepato-pancreatobiliary diseases in HPB code whatever the main affected site is liver, gall bladder, biliary tract or pancreas.)

Let's take a look at iCAT more in detail.

• Subcategories (The second layer) In case of Liver Disease



• Subcategories (The second layer) In case of Pancreas

