

## Future Work Plan for GI and HPB WGs

- 1) The chairpersons (Dr. Malfertheiner and Dr. Farrell) attended the 4<sup>th</sup> Face to Face Meeting of IM-TAG, February 8-9, in Tokyo, and will plan the 2<sup>nd</sup> Face to Face Meeting of GI & HPB WG.
- 2) ICD-beta version will be issued by WHO in 2012. Before that current code hierarchy in GI & HPB section should be finalized on iCAT, and the final definition with inclusion and exclusion should be provided.
- 3) Formulate all contents for content models.
- 4) Managing and Editing the content models, with reviewers.  
(Peer-review and evaluation).
- 5) After linearization, further modified version will be issued and we will start field trials.

## HPB WG meetings in 2010 - 11

Dates	Venue (Place, teleconference)	Discussions and outcomes
April 5-6, 2010	Tokyo – in person	<ol style="list-style-type: none"> <li>1. Informed as to process, time frames ICD-11</li> <li>2. Consideration of major categories for K code (diseases of digestive system) review, eg viral hepatitis; fatty liver disease</li> <li>3. Removal of outdated concepts</li> <li>4. Addition of new disorders (NAFLD)</li> <li>5. Preparation of alpha draft</li> <li>6. Discussion with Gastroenterology WG</li> </ol>
Periodic to Dec 2011	Email/informal discussion	<p>Refining some specific content areas, eg fatty liver disease, hepatitis B, pediatric/metabolic liver diseases, diseases of peritoneum</p> <p>Iron storage diseases (hereditary hemochromatosis)</p>

# Progress report (1)

- Current status of iCAT input
  - $\alpha$  draft development (overview of the structural changes, issues of the  $\alpha$  draft, discussions and agreements between WG members, discussions and agreements with other WG/TAG)
  - Contents (definition etc.): some examples are
    - K59\*1 concept of neonatal jaundice replaced by K60 “metabolic and transporter liver disease”, with stipulated subgroupings such as “disorders of bilirubin and porphyrin metabolism and transport”, more detailed interation of PFIC (type 1, 2, 3 etc)
    - K60.90 Hereditary hemochromatosis (HFE-related, non-HFE etc: E83.1a)
    - K64 Chronic viral hepatitis: .0 chronic hepatitis B (B18.1): subtypes of immunotolerant, immune clearance (HBeAg positive), inactive HBsAg carrier etc requires virological definition and further consideration

# Progress report (2)

- Contents (definition etc.): more examples
  - Then with, or without cirrhosis; this requires major reconsideration (at present refers only to hepatic encephalopathy, but there are more than 10 major complications of cirrhosis – such as ascites, hepatorenal syndrome, hepatopulmonary syndromes, cirrhotic cardiomyopathy)
  - Then, with or without hepatocellular carcinoma as fifth- to seventh- characters subdivision
  - Similar systems for HBV + HDV; HCV; HIV co-infections etc
  - K64 Hepatic fibrosis and cirrhosis – ?include new nomenclature for types of dysplastic nodules, and entity of “non-cirrhotic portal hypertension”
  - K67 NAFLD, K68 (toxic liver injury – includes drug-induced): needs work
  - K69 autoimmune liver disease informed by contemporary understanding, now includes primary sclerosing cholangitis as well as PBC
  - K71 hepatic vascular disorders: new entities of hepatopulmonary

## Progress report (2)

- Overlap and underlap areas

ICD code	TAGs/WGs discussed	Discussions and decisions
hemochromatosis	Rare diseases	To be discussed (TBD)
Cirrhotic cardiomyopathy	Cardiac	TBD: ?should rather be a complication of cirrhosis, with cross reference to cardiomyopathy
Hepatorenal syndrome	Renal	As above (currently under 'other diseases of the liver')
HIV and HBV/HCV	Infectious diseases	Plus hepatobiliary complications of AIDS and HAART
Haematological complications of cirrhosis	Haematology	Eg thrombocytopenia, pancytopenia
NAFLD and NASH	endocrinology	Spectrum of obesity, pre-diabetes, metabolic syndrome

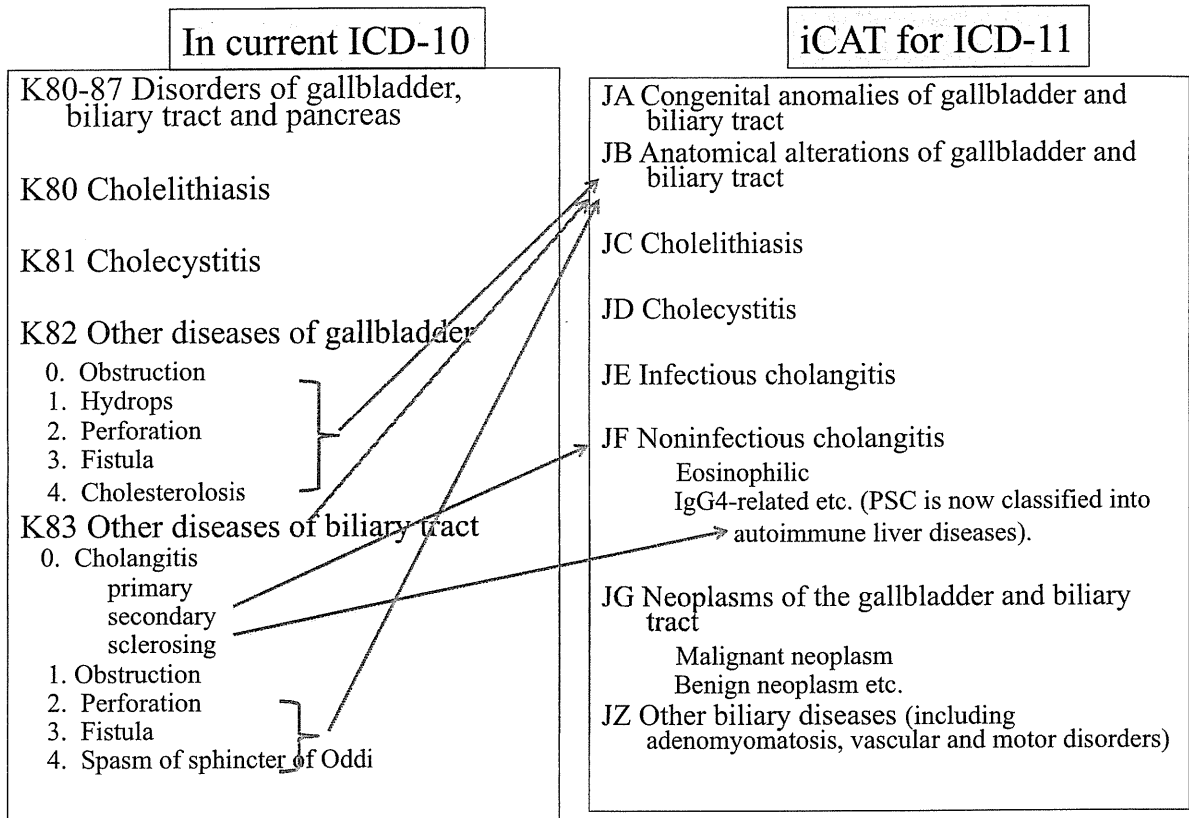
## Conceptual issues

- Disease classification cuts across etiological, structural (pathological/pathophysiological) and functional dimensions
- Some etiologies v precise but v rare (at least 20 diseases listed in alpha draft have been reported in fewer than 20 people)
- Some complications of common diseases are so common that >10 people in any major hospital currently affected, eg ascites complicating cirrhosis (currently not coded)
- ICD-11 has to "adjust" for the practicality of this or become a cumbersome/burdensome chore for data entry and "miss" every day realities of disease burden and health costs
- Some disorders difficult to define, eg NAFLD (prevalence 30%)
- This challenge should be met: eg international consensus sought by 2014 for refining the beta draft.

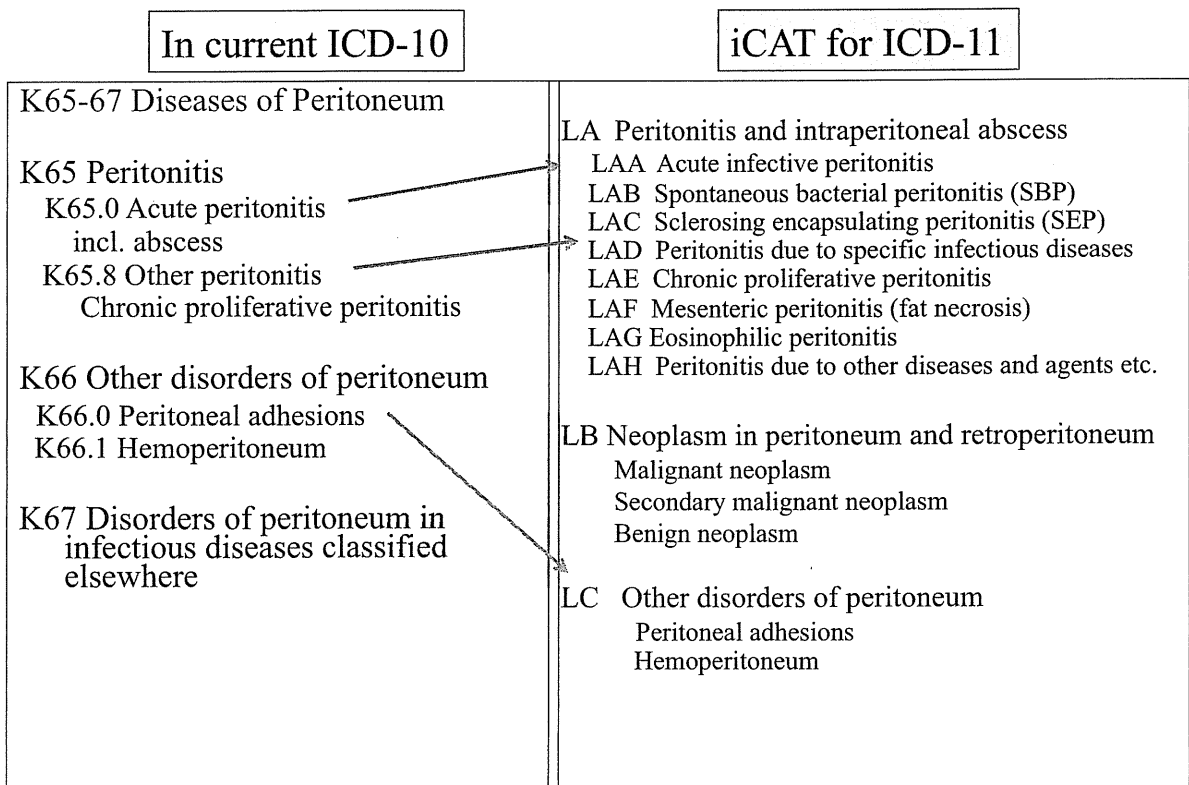
## **Future Work Plan for GI and HPB WGs**

- 1) The chairpersons (Dr. Malfertheiner and Dr. Farrell) attended the 4<sup>th</sup> Face to Face Meeting of IM-TAG, February 8-9, in Tokyo, and will plan the 2<sup>nd</sup> Face to Face Meeting of GI & HPB WG.
- 2) ICD-beta version will be issued by WHO in 2012. Before that current code hierarchy in GI & HPB section should be finalized on iCAT, and the final definition with inclusion and exclusion should be provided.
- 3) Formulate all contents for content models.
- 4) Managing and Editing the content models, with reviewers.  
(Peer-review and evaluation).
- 5) After linearization, further modified version will be issued and we will start field trials.

• Subcategories ----- In case of Gallbladder/Biliary tract



• Subcategories (The second layer) In case of Peritoneum



# Next steps

- Plans by May 2012 (launching  $\beta$  draft)
  - TBD: is another face-face meeting needed?
  - Chair needs to meet with Julie and Megan
  - At least email changes around WP (and selected others?)
- Plans until 2014
  - Delegation of writing tasks (definitions)
- Issues to be solved: still some conceptual/definitional
  - eg old concept of hepatic encephalopathy (eg K67.30) inferring special category or “dominant manifestation” of liver failure)
  - Best classification of chronic hepatitis B in light of knowledge about what determines liver complications (age, viral replication, presence of cirrhosis)

# Progress Report Cardiovascular WG

February 2012

Rodney Franklin

## Cardiology WG members

Roles	Name	Affiliations
Chair	Bernard Gersh	Mayo Clinic
Co-chair	Rodney Franklin	Royal Brompton NHS Trust: Paediatric
Managing editors	Takahide Kohro ME	University of Tokyo
	Julie Rust, Megan Cumerlato	Australia
Member	Fernando Lanas	Universidad dela Frontera, Chile
Member	Russel Luepker	University of Minnesota
Member	Andrew Tonkin	Monash Medical Centre, Melbourne
Member	Samir Alam	American University of Beirut Medical Center
Member	Simon Capewell	University of Liverpool
Member	Jeff Jacobs	University of South Florida
Member	Bongani M. Mayosi	University of Cape Town
Member	Leslie Cooper	Mayo Clinic
Member	K. Srinath Reddy	Public Health Foundation of India

## Cardiology WG meetings in 2010 - 11

Dates	Venue (Place, teleconference)	Discussions and outcomes
April 2010	IM TAG Tokyo	Initial meeting, options proposed for workplan within available resources
Dec 2010	Update meeting, ME's Tokyo	First drafts of some topic areas reviewed, proposal for Japanese Circulation Society (JCS) to assist with work
July 2011	Teleconference	Initial draft received from JCS, to be reviewed by all members. Excel worksheets and areas of responsibility amongst WG to be organised.
Nov 2011	Teleconference	Discussion of progress, revision of worksheets to incorporate work to date, re-assignment of some topics outside of WG.
Dec 2011	Teleconference	Review of progress, some drafts completed pending review by various external societies and groups.

## Progress report – code hierarchy

Topic – ICD-10 categories	Code hierarchy	iCAT entry
Acute rheumatic fever	In progress	No
Chronic rheumatic heart diseases	In progress	No
Hypertensive diseases	First draft completed, external review	No
Ischaemic heart diseases	Seeking input from British Cardiovascular Society	No
Pulmonary heart diseases and diseases of pulmonary circulation	First draft completed, external review	No
Other forms of heart disease, including: -pericarditis, endocarditis, myocarditis - non-rheumatic valve disorders - cardiomyopathy - arrhythmias  -heart failure	In progress with teleconference reviews  Drafted, input from Heart Rhythm Society First draft completed, external review	No



## Progress report – code hierarchy

Topic	Code hierarchy	iCAT entry
Diseases of arteries, arterioles and capillaries	In progress	No
Diseases of veins, lymphatic vessels and lymph nodes	In progress	No
Other and unspecified disorders of the circulatory system	No review as yet	No

**No definitions drafted or entered into iCAT as yet – except congenital & some arrhythmias**

## CWG: Congenital/Paediatric sub-group 2010–12

Dates	Venue	Discussions and outcomes
April 2010		Initial Alpha list draft submitted based on IPCCC Short List (RF)
July 2010	Donegal	Collaboration with the Int. Soc. for Nomenclature of Paed. and Cong. Heart Disease (ISNPCHD), update of concepts & definitions
Feb-Mar 2010		Further draft submitted for iCAT. 'Discovery' of large Rare Diseases TAG iCAT input.
July 2011	Tele-conference	Discussion with RD TAG & Robert Jacob (RSG): agreement that the CV WG will lead this work for both code hierarchy and definitions, collaborating with RD TAG.
Aug 2011	Charleston	Collaboration with ISNPCHD. Further modifications to structure (~150 items) with definitions (>50%). Dealing with initial RD Winter 2011 iCAT submission.

## CWG: Congenital/Paediatric sub-group 2010 – 12

Dates	Venue	Discussions and outcomes
Nov 2011	Paris	Meeting with RD & ISNPCHD reps. RD declare Winter 2011 iCAT submission null & agree largely to ISNPCHD structure but want expanded content (epidemiology agenda): 250 items. Agreed: feedback to ISNPCHD to finalise Alpha draft with further RD discussions if required.
Dec 2011	Emails	RD still claiming legacy for all Congenital & iCAT entry. CWG, with backing of Ped TAG, appeal to RSG to reclarify: verbal reassurance but no written RSG response.
Jan 2012	Tele-conference	ISNPCHD Exec: agree to most expansion but not to RD structure modifications. List now with to rest of ISNPCHD Nomenclature & Definitions Working Group. ISNPCHD insist to stay with CWG for iCAT & B-phase
Jan 2012		RD further large (200+) input to iCAT without CWG consultation using Paris terms before further ISNPCHD feedback.

## Progress report: code hierarchy + definitions Congenital/Paediatric cardiology

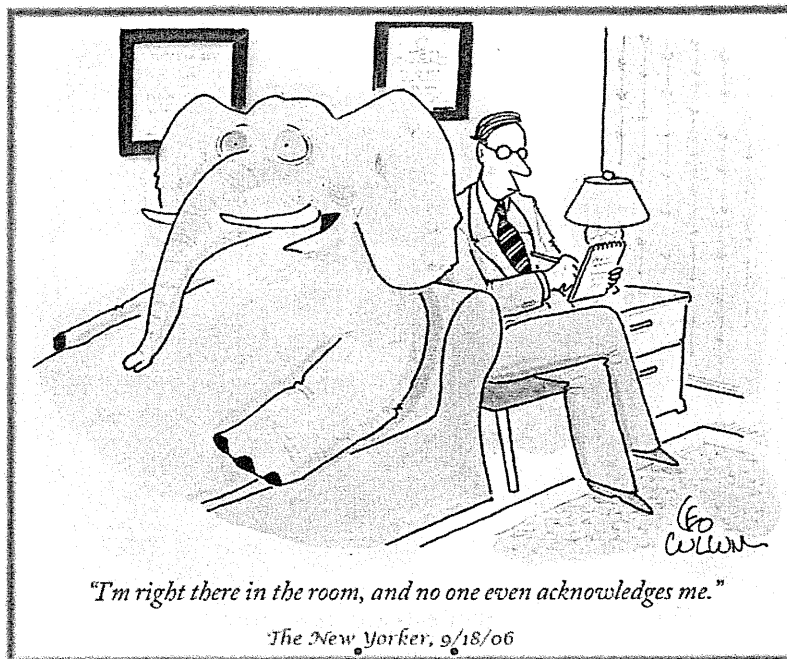
Topic	Code hierarchy	Definitions
<b>Congenital/Paediatric cardiology</b>	Completed, although RD conflict not resolved	> 50% Completed
Acquired and postprocedural specific congenital /paediatric cardiology to be finalised: structure & definitions		
RD TAG conflict on iCAT entry major adverse effect on completion. RSG not in control, it seems.		

## Progress report- overlap/underlap areas

Topic	TAGs/WGs discussed	Discussions and decisions
Congenital/paediatric cardiology	Rare Diseases	Conflict of ownership & iCAT entry. See Congenital for details.
Cerebrovascular diseases	Neurology	Bilateral agreement for Neurology TAG to lead this area
Vascular skin diseases	Dermatology	Disorders of capillaries to be responsibility of Dermatology TAG
Vasculitis	Rheumatology	Vasculitis classification and definitions developed by Rheumatology WG, bilateral agreement
Hypertension with renal disease	Nephrology TAG	Collaboration with Nephrology WG
Lymphadenitis	?	Not relevant for Cardiology WG
Haemorrhoids, GI varices and portal vein thrombosis	Gastroenterology WG	Draft proposal by GI WG, bilateral agreement

## Next steps

- Plans by May 2012 (launching  $\beta$  draft)
- Plans until 2014
- Issues to be solved
  - Rare Disease vs IM-TAG ownership: urgent!
  - Post procedural complications: where will these be, e.g. prosthetic valves, vascular conduits & pacemaker related complications.
    - Have added prosthetic valve stenosis/regurgitation to Cardiology chapter



Dear Colleagues,

The "malformation" chapter is under the responsibility of the rare disease TAG. So we are the ones to enter this data into the ICAT exactly as you wish it to be. Of course all the entries will be doubled classified by us to fit into the cardiology chapter as well. I hope this clarifies responsibilities.

Best regards and Season's greetings

Segolene

Ségolène Aymé

Directrice de recherche émérite / Emeritus director of research

19 December 2011 email

# Progress Report Pediatric TAG

February 2012

Rodney Franklin

## Pediatric TAG members

Roles	Name	Affiliations
<b>Chair</b>	Jeffrey Linzer	Emory University
<b>Managing editor</b>	Linda Edwards	American Academy of Pediatrics
Member	Hiroiyuki Moriuchi	Japan Pediatric Society Nagasaki University School of Medicine
Member	CB Chow	Hong Kong Pediatric Society
Member	David Thomas	Adelaide, Australia
Member	Rodney Franklin	United Kingdom
Member	Julije Mestrovic	European Pediatric Society, Croatia
Member	Adenike Grange	Nigeria
Member	Usa Thisyakorn	Bangkok, Thailand
Member	Michael Repka	Pediatric Ophthalmology WG, Consultant

## Pediatric TAG workgroups

Workgroup	Initiated	Collaborating TAG/WG
Endocrinology	September 2011	IM TAG/Endocrinology WG European Society of Pediatric Endocrinologists (ESPE)
Neonatal	September 2011	GURM TAG
Respiratory	September 2011	IM TAG/Respiratory WG
Mental and Behavioural Health	September 2011	Mental Health TAG; Child and Adolescent WG
Genetics	September 2011	Rare Diseases TAG
Gastroenterology	October 2011	IM TAG/GE WG/Liver, Pancreas WG
Nephrology/Urology	October 2011/ January 2012	IM TAG/Nephrology WG
Dermatology	January 2012	Dermatology and Rare Diseases TAG
Infectious Diseases	Recruiting	TBD
Rheumatology	Recruiting	IM TAG/Rheumatology WG
Neurology	TBD	IM TAG/Neurology WG/Disorders First Recognized in Childhood WG

## Pediatric TAG meetings in 2010 - 11

Dates	Venue (Place, teleconference)	Discussions and outcomes
Nov 2010	Teleconference	Initial meeting, proposed for workplan
Dec 2010	Teleconference	Determined formation of WGs, areas of expertise
Feb-March 2011	Ankara, Turkey	Introduction to ICD-11 by WHO, Discuss potential collaboration between the International Children's Center (ICC) and Pediatric TAG
March 2011	Chicago, IL	Review ICD-11 revision process, WG coordinating TAG members assigned, development of worksheets
May 2011	Teleconference	Review of WG recruiting progress and update of collaborating WGs

## Pediatric TAG meetings in 2010 – 11:

Date	Venue	Discussions and outcomes
June 2011	Teleconference	Review of WG recruiting progress and update of collaborating WGs
July 2011	Email	Review of workplan for each WG
Sept, Oct, Nov, Dec 2011	Teleconferences	Overview status each WG
Jan 2012	Teleconference	Overview status of each WG, begin recruitment for additional WGs

## Progress report – Pediatric TAG WGs

Workgroup	Status	ICAT entry
Endocrinology	Awaiting extensive revisions of ICD 10 from ESPE, WG will review and coordinate with IM TAG/Endocrinology WG	IM TAG primary
Neonatology	Anticipate all revisions to be presented to TAG for review in March	No Primary on some classifications
Respiratory	Anticipate most revisions to be presented to TAG for review in March	IM TAG primary
Mental/Behavioural Health	In progress; few revisions ready for WG review; anticipate some revisions ready for TAG review	No
Genetics	Ready for final review by WG, requires coordination between several WGs	? primary TAG

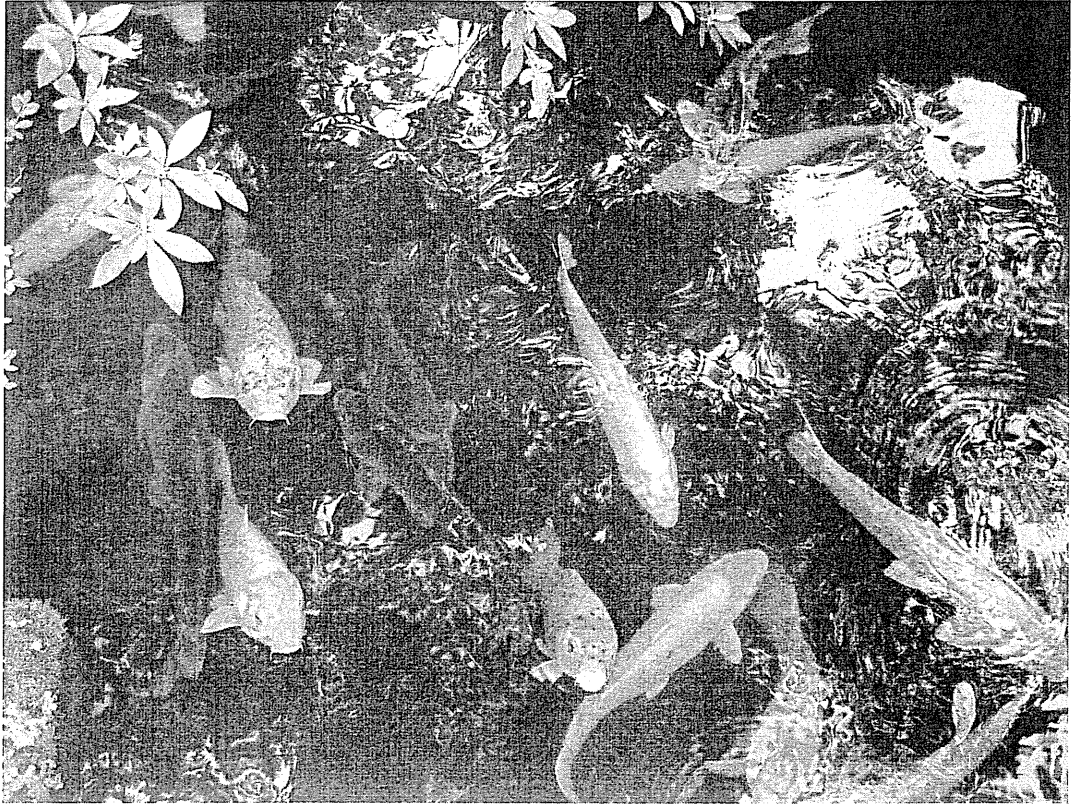
# Progress report – Pediatric TAG WGs

Topic	Status	ICAT entry
Gastroenterology	Ready for final review by WG; anticipate all revisions to be presented to TAG in March	IM TAG primary
Nephrology/Urology	Renal classifications ready for final review by WG, urology started review in Jan 2011; anticipate all revisions to be presented in March	IM TAG primary
Dermatology	Introductory meeting scheduled Jan 31, 2011	Dermatology primary TAG
Infectious diseases, rheumatology, neurology	New or in development	IM TAG primary

## Next steps

- Plans by May 2012 (launching  $\beta$  draft)
  - Proposed revisions to collaborating TAGs
- Plans until 2014
- Issues to be solved
  - Overlap areas





# Progress Report Nephrology WG

February 2012

Lesley Inker and Yasuhiko Iino

## Nephrology WG members

Roles (Chair/co-chair/managing editor, etc)	Name	Affiliations
Chair (Co-chair)	Lesley Inker	Tufts Medical Centre, USA
Co-chair	Yasuhiko Iino	Nippon Medical School, Japan
Managing editor	Julie Rust Megan Cumerlato	Australia
Member	Andreas Kribben	University of Essen, Germany
Member	Colin White	B.C. Children's Hospital, Canada
Member	Emmanuel Burdmann	Sao Jose do Rio Preto, Brazil
Member	Gavin Becker	Royal Melbourne Hospital, Australia
Member	Keith Simpson	Scottish Renal Registry, Scotland
Member	Trevor Gerntholtz	South Africa
Member	Ming-hui Zhao	Peking University First Hospital, China

## Nephrology WG meetings in 2010 - 11

Dates	Venue (Place, teleconference)	Discussions and outcomes
Dec 2010	Update meeting, ME's Tokyo	Topic areas reviewed and proposed structural changes for ICD-11 discussed.

### Summary of work to date:

- Working Group have worked electronically during 2011 and further discussed proposed structural changes for the ICD-11 revision project which have been entered into iCAT.
- Requests for definitions etc for populating the content model were sent to WG members in October 2011, with the goal to having this information back in December 2011. Awaiting feedback.

## Progress report – iCAT and definitions

Topic	iCAT entry	Definitions
Acute kidney injury – Acute kidney disease	Yes	Yes
Chronic kidney disease	Yes	Yes
Cystic kidney disease	Yes	In progress
Dialysis status codes	Yes	In progress
Fluid and electrolytes	Yes	In progress
Glomerular disorders	Yes	In progress
Transplants	No	In progress
Renal osteodystrophy	Yes	In progress
Urine abnormalities	Yes	In progress

## Progress report- overlap/underlap areas

Topic	TAGs/WGs discussed	Discussions and decisions
Cystic kidney disease Renal tubulo-interstitial disease Chronic kidney disease	Rare Diseases	Ongoing discussions with RD TAG on the structure and axes for specific conditions in these sections. RD TAG are to provide suggestions for incorporating rare diseases into the clinico-pathological structure already established in these areas.
Kidney transplant failure and rejection	Injury and External Causes	Awaiting feedback from TAG on this section of the classification.
Complications of renal dialysis	Injury and External Causes	Awaiting feedback from TAG on this section of the classification.
All nephrology topic areas	Paediatric	All proposals forwarded to Paediatric TAG for comment.
Dagger asterisk codes	WHO staff	Comparison of dagger/asterisk expansion by WHO and WG proposal. Feedback from WG received January 2012.

## Next steps

- Plans by May 2012 (launching  $\beta$  draft)
  - Alpha draft of the code hierarchy is mostly complete, although some minor amendments may be necessary based on any feedback regarding overlap areas from other TAGs.
- Plans until 2014
  - Further discussion on completion of content model
- Issues to be solved (if any)
  - Resolve overlap issues with Rare Diseases TAG