Progress report – code hierarchy

Topic – ICD-10 categories	Code hierarchy	ICAT entry
Heart Failure	Complete	No
Myocarditis/endocarditis	Complete	No/Yes
Hypertensive diseases	Complete	No
Valve disease	Complete	Yes (minor changes)
Cardiomyopathy	Complete but RD entries too now so need to reassess	Yes
Diseases of arteries, arterioles and capillaries	Complete	No
Diseases of veins, lymphatic vessels and lymph nodes	Complete	Yes
Other and unspecified disorders of the circulatory system	Mostly complete	No

CWG: Congenital/Paediatric sub-group 2012-13

Dates	Venue	Discussions and outcomes
July 2012	St Goar Germany	Congenital Alpha list finalised structure: 311 terms. Provisional and ratified definitions in all Acquired CHD-related code structure agreed
Autumn 2012		Entered into iCAT with some minor modifications requested
2013		To do: definitions to be finalised

Rare Disease Issue appears to be solved with acknowledgement that CV WG and Pediatric TAG to largely lead on congenital codes

CV WG Progress report: summary 1

- The international cardiovascular WG has completed the structural change on chapter IX in December, 2012.
- The hierarchy has been submitted to the WHO by Julie and we are waiting for the WHO to reflect the changes on the iCAT system.

CV WG Progress report: summary 2

- For the content modeling, we are planning to ask several Japanese cardiovascular societies to draft the contents and then hand them over to the international WG to scrutinize and polish, except for congenital disorders, which will be handled by Dr. Rodney Franklin.
- The process mentioned above will be decided at around the annual meeting of Japanese Circulation Society being held in March, 2013.

CV WG Progress report: summary 3

- The terminology working group of the JCS is in the process of selecting a few members who would take on the job.

Next steps

- Plans in 2013
  - Drafting of textual definitions
  - Review by the CV WG
  - Data entry into the iCAT system
- Issues to be solved (if any)
  - What is involved in the review process has not been clear and would be needed to be clarified for the reviewers to take on the job.
  - **Suggest that Societies & Associations contacted and asked to review and ratify – possibly by iCAT download as well as on line with feedback to WG**

Progress Report Pediatric TAG

February 2013

Rodney Franklin

Pediatric TAG members

Roles	Name	Affiliations
Chair	Jeffrey Linzer	Emory University
Managing editor	Linda Edwards	American Academy of Pediatrics
Member	Hiroyuki 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	Sept 2011	IM TAG/Endocrinology WG European Society of Pediatric Endocrinologists (ESPE)
Neonatal	Sept 2011	GURM TAG
Respiratory	Sept 2011	IM TAG/Respiratory WG
Mental and Behavioural Health	Sept 2011	Mental Health TAG; Child and Adolescent WG
Genetics	Sept 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	May 2012	WHO
Rheumatology	June 2012	IM TAG/Rheumatology WG
Neurology	Dec 2012	IM TAG/Neurology WG/Disorders First Recognized in Childhood WG

Pediatric TAG workgroups

Workgroup	Initiated	Collaborating TAG/WG
Dental/Oral Health	October 2012	Oral Health TAG
ENT	July 2012	WHO
Hematology/Oncology	September 2012	Neoplasms TAG
Allergy/Immunology	October 2012	IM TAG

Pediatric TAG Meetings in 2012 - 13

Dates	Venue (Place, teleconference)	Discussions and outcomes
March 2012	Chicago, IL	Review ICD-11 revision process, Review of Working Group proposals
November 2012	WHO	GURM and Pediatric TAG Neonatology WG members; introduction of revisions
Monthly 2012 Jan and Feb 2013	Teleconference	Review of WG status; updates on revision process
March 2013	Chicago	Finalize revisions; next steps

Progress report – Pediatric TAG WGs

Workgroup	Status	ICAT entry
Endocrinology	Just receiving revisions of ICD 10 from ESPE, WG will review and coordinate with IM TAG/Endocrinology WG	Pending
Neonatology	Anticipate all revisions to be presented to TAG for review in March	Pending
Respiratory	Revisions to IM TAG; ILD revisions to RD TAG	IM TAG
Mental/Behavioural Health	Revisions to Mental Health TAG in August, pending meeting	Pending
Genetics	Coordinating between Ped TAG WGs, Rare Disease; WHO has changed assignment of all congenital disorders from RD to Pediatric TAG	Pending

Progress report – Pediatric TAG WGs

Topic	Status	iCAT entry
Gastroenterology	Revisions to IM TAG; awaiting final	IM TAG
Nephrology/Urology	Revisions to IM TAG; awaiting final	IM TAG
Dermatology	Revisions to Derm TAG	Dermatology TAG
All other WGs	Revisions anticipated by deadline	Coordinating TAGs; WHO
Assign Age of Occurrence All WG's	In progress	WHO

Progress Report Endocrinology WG

February 2013

Naoko Tajima

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WG members

Roles	Name	Affiliations
Chair(Co-chair)	Naoko Tajima	Jikei University School of Medicine
Co-chair	Akira Shimatsu	Kyoto Medical Center
Managing editor	Kayo Waki	University of Tokyo, Japan
Managing editor assistant	Emiko Shinohara	University of Tokyo, Japan
Member	Cheri L Deal	Sainte-Justine Hospital, Canada
Member	Eberhard Nieschlag	University of Muenster, Germany
Member	Vera Popovic-Brkic	Institute of Endocrinology, Serbia
Member	Marcello Delano Bronstein	University de Sao Paulo, Brazil
Member	Benjamin Glasser	Hadassah Medical Center, Israel
Member	Dinky Levitt	University of Cape Town, South Africa
Member	Ariachery C. Ammini	Institute of Medical Sciences, India
Member	Leon Bach	Monash University, Australia
Domestic members	See attached reference	See attached reference

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Progress report (1)

- Current status of structural changes and iCAT input

1. A domestic endocrine committee, which was formed in July 2012, have been working on structural changes and definition entry. The names of the members of the committee is listed elsewhere.

2. Almost completed structural changes, and waiting for feedback from other TAGs.

3. Ongoing discussions with RD TAG and Neoplasm TAG regarding overlap areas and where these diseases should fit within the current code structure that has been proposed by the domestic endocrine committee. Structural changes documents forwarded to RD TAG and Neoplasm TAG for review.

4. Start entering definition of each disease up to level five by the domestic endocrine committee.

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Progress report (2)

- Current status of contents development and iCAT input
  - Foundation component
    - Disorders of the thyroid gland and thyroid hormones system
    - Diabetes mellitus and intermediate hyperglycaemia
    - Other disorders of glucose regulation and pancreatic internal secretion
    - Disorders of the parathyroids and parathyroid hormone system
    - Disorders of the pituitary hormone system
    - Disorders of the adrenal glands and adrenal hormone system
    - Disorders of the gonadal hormone system
    - Disorders of puberty, not elsewhere classified
    - Polyglandular dysfunction

Progress report (3)

- Selection of reviewer(s)

Next steps

- Plans in 2013
  - Enter definition of each disease for which Endocrinology WG is responsible.
  - Send the draft of definition to other members of WG for review.
  - Continue discussion on overlap issues with other TAGs.
- Issues to be solved (if any)
  - Which TAG will be responsible for metabolic diseases? Pediatric TAG will be a primary TAG of the area?

Progress report (2)

- Current status of contents development and iCAT input
  - Foundation component
    - Other endocrine disorders
    - Disorders of endocrine glands in diseases classified elsewhere
    - Disorders of lipoprotein metabolism and other lipidaemia
    - Metabolic disorders

Acknowledgement

一般社団法人
日本糖尿病学会

This project is supported by the Japan Diabetes Society and the Japan Endocrine Society since February 2012.

一般社団法人日本内分泌学会

Progress Report
GI Gastroenterology WG

February 6th 2013

Dr. Peter Malfertheiner
Dr.Soichiro Miura

WG members

Roles (Chair/co-chair/managing editor, etc)	Name	Affiliations
Chair (Co-chair)	Peter Malfertheiner	Otto v. Guericke University of Magdeburg, Magdeburg, Germany
Co-chair	Soichiro Miura	National Defense Medical College, Saitama, Japan
Managing editor	Junichi Akiyama	National Center for Global Health and Medicine, Tokyo, Japan
GI Work Group members	Serhat Bor	Ege University, Izmir, Turkey
	Michael Camilleri	Mayo Clinic, Minnesota, USA
	Francis KL Chan	Chinese University of Hong Kong, Hong Kong
	Jaime N Eisig	University of Sao Paulo, Sao Paulo, Brazil

WG members

Roles (Chair/co-chair/managing editor, etc)	Name	Affiliations
GI Work Group members (continued)	Kwong Ming Fock	Changi General Hospital, Singapore
	Kenneth EL McColl	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 Arii, MD, Tokyo
Terumi Kamisawa, MD, Tokyo
Shuhei 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

Progress report (1)

- Current status of structural changes and iCAT input

The current code hierarchy in iCAT was reviewed and finalized after all the comments/feedback from the WG members were obtained.

– Contents (definition etc.)

A Japanese working group has put up the disease definitions on major items except for developmental anomalies.

• 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

4. Independent category for functional GI disorders

The proposed new **First Categories**

K20-31 Diseases of oesophagus, stomach and duodenum	B Diseases of oesophagus
K35-38 Diseases of appendix	C Diseases of stomach
K40-46 Hernia	D Diseases of duodenum
K50-52 Diseases of non-infective enteritis and colitis	E Diseases of small intestine
K55-63 Other diseases of intestine	F Diseases of appendix
K65-67 Diseases of peritoneum	G Diseases of colon and rectum
K70-77 Diseases of liver	H Diseases of anal canal
K80-87 Disorders of gallbladder, biliary tract and pancreas	I Diseases of liver
~~K90-93 Other diseases of the~~ digestive system	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

1. Subcategorization

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

1.Anatomical alterations (acquired)
2.Motor disorders
3.Inflammatory diseases
(including inflammation, infection, erosion and ulcer)
4.Vascular disorders (previously partially categorized in code, including varices)
5.Polyps
6. **Neoplasm (needs coorespondence with neopl.coding) (malignant neoplasm, secondary neoplasm, benign neoplasm)**
7. Other diseases
8. Developmental anomalies (categorized in Q code)

Concern s

- Discrepancy of iCAT and ICD-11 beta draft

The current version of ICD-11 beta draft does not exactly reflect the current status of iCAT, and the diseases/disorders –should be rechecked..

Different classification system of iCAT among different chapters.

Same diseases classified by several groups (TAGs). The way of classification of diseases/disorders (etiology based, location based etc.) should be homogeneous among different TAGs .

- In the ICD-10, neoplasm was classified mainly according to location.

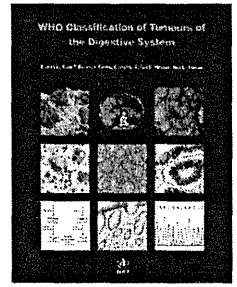
→ there was no description of 'gastric cancer', because it was included in 'malignant neoplasm of stomach').

new ways of classification :

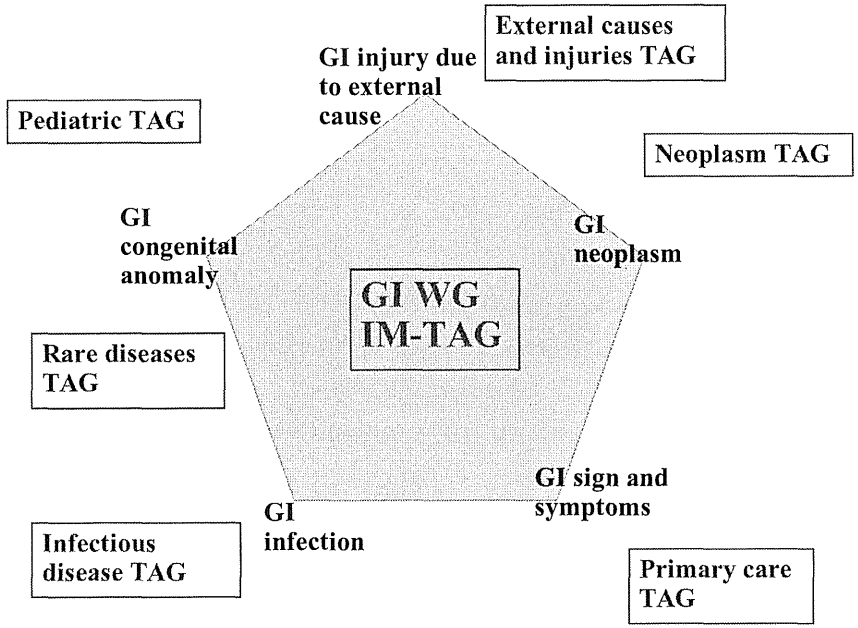
1. **Pathological description (ie histology)**
2. **Tumor location**
3. **Extension codes**

? Clinical staging (TNM classification)
? Clinical features

For classification of GI neoplasm *in iCAT, GI WGs mainly use Pathological classification* according to WHO classification of Tumours of the Digestive System. Then place the tumor location as subclassification.



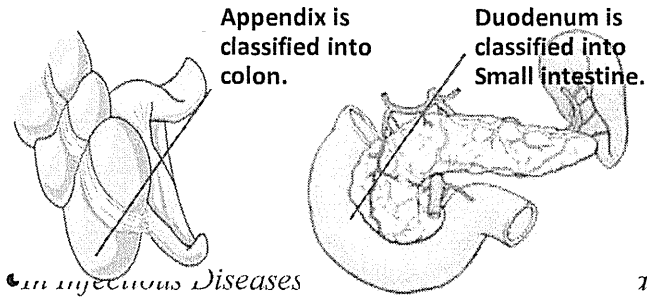
Interaction and coordination required!



Coordination required

- *In Neoplasm section*

C00-C75 Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haemopoitic and related tissue



- *In Infectious Diseases* *assified according to infectious agents. But some items are missing.*

Cytomegalovirus gastritis is missing.
Enterococcus only appears in meningitis. etc.

Progress report (2)

- Current status of contents development and iCAT input
  - Foundation component

A Japanese working group has put up short definition of the diseases, including inclusion, exclusion, and synonyms. They did not work for further components of contents in each item.

- *Which is a better Content Model?*

A. *Concentrated into characterization of disease definition.*
B. *General introduction including etiology, symptom, diagnosis, complication etc.*

A.			
	Gastric ulcer (More classification-oriented description be awaring of inclusion and/or exclusion term) Gastric ulcer is defined as a distinct breach in the mucosa of the stomach as a result of caustic effects of acid and pepsin in the lumen. Histologically, gastric ulcer is identified as necrosis of the mucosa extending through the muscularis mucosae into the submucosa. In the endoscopic or radiological view, there is an appreciable depth of the lesion. When the break of epithelial lining is confined to the mucosa without penetrating through the muscularis mucosae, the superficial lesion is called 'erosion'.	Vs	B. Gastric ulcer (Brief introduction of general clinical features of the diseases) Gastric ulcer is a hole in the lining of the stomach. This hole is caused by corrosion of the acidic digestive juices, secreted by stomach cells. The disease occurs when there is imbalance of acidity of digestive juice and protective mechanism of the stomach mucous. Helicobacter pylori infection, use of anti-inflammatory medications, and cigarette smoking are some of the related factors. The disease can cause abdominal pain or epigastric pain described as a burning or gnawing discomfort, and also the disease can represent bleeding and perforation.

●*Which style should be chosen for definition?*

A.*Mainly describe the concept, etiology and basic characterization. Inclusions and exclusions are not described here principally.*

B.*Not only describe the definition, but also describe the key point in classification here.*

A. Esophageal obstruction

In the text: Hindrance of the passage of luminal contents in the oesophagus. Obstruction of oesophagus can be partial or complete, and caused by intrinsic or extrinsic factors.

Inclusions:

Compression of oesophagus
Constriction of oesophagus
Stenosis of oesophagus
Stricture of oesophagus

Exclusions:

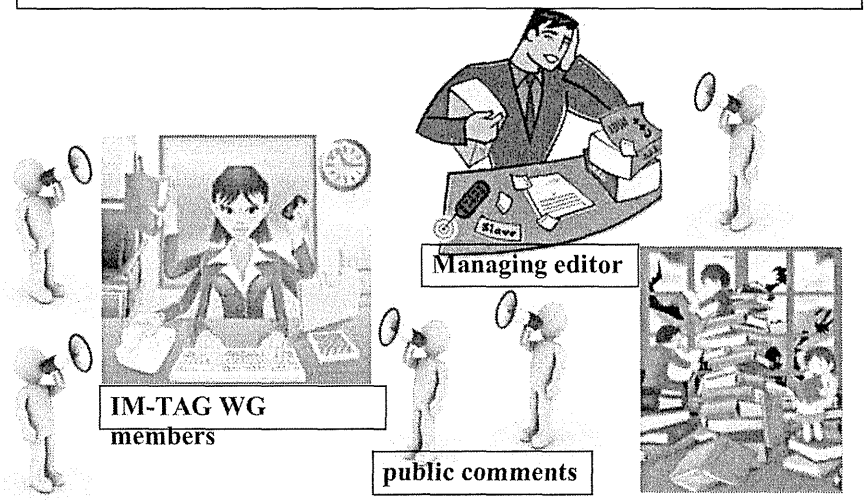
Congeital stenosis or stricture
Stenosis or stricture due to GERD
Oesophageal maliganancy
Foreign body

Vs

B. Esophageal obstruction

In the text: Hindrance of the passage of luminal contents in the oesophagus, due to luminal compression, constriction, stenosis, or stricture of oesophagus. Obstruction of oesophagus can be partial or complete, and caused by intrinsic or extrinsic factors. But here oesophageal obstructions due to congeital stenosis or stricture, GERD, esophageal maliganancy, or foreign bodies are excluded and described elsewhere.

●*When 'Contents Models' not only include definition, symptoms and etiology, but also current diagnosis or treatment in future, who is maintaining the update broad information of each disease?*



Progress report (3)

- Selection of reviewer(s)

Several candidate reviewers are already proposed by chairs.

Japanese JSGE are now listing up the domestic (Japanese) reviewers to increase the number of reviewers.

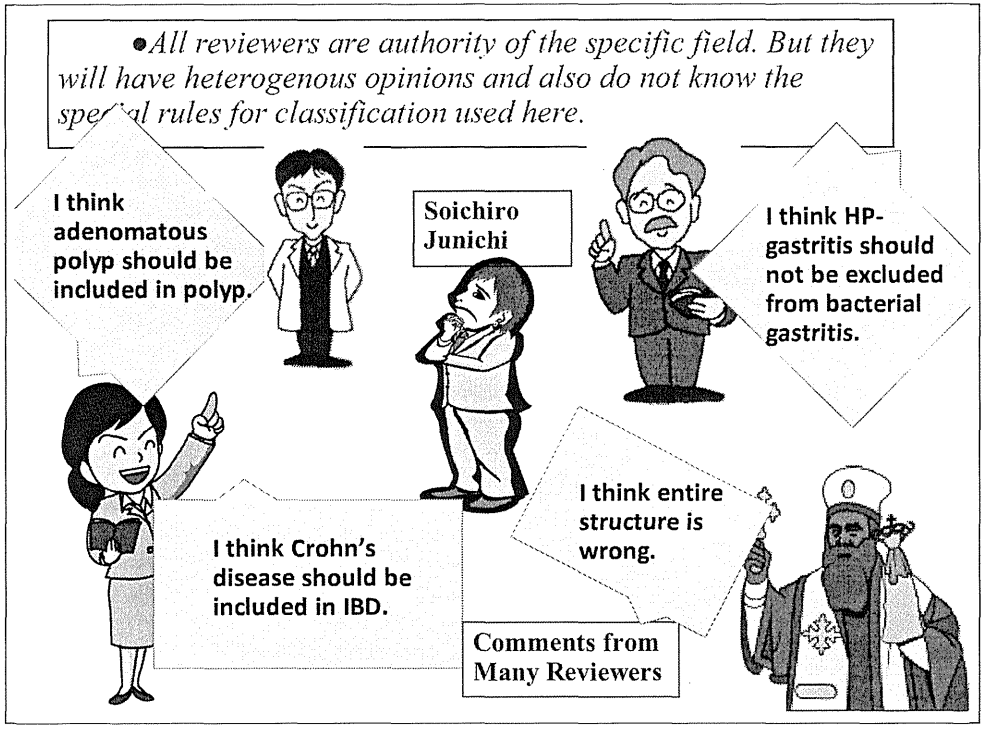
Major problems on reviewer system

- Philosophy of iCAT is unique. One should understand the entire structure and the way of classification in iCAT.

The classification and definition in iCAT is unique, so all reviewers should well understand the entire structure and also the previous ICD-10. But if one reviewer feels question about the current structure and disagrees with basic structure, who can handle his opinion? If many different specialists review only their specialty part of ICD-11, this will cause a lot of trouble on entire integrity of iCAT.

Reviewers should access to iCAT, not to beta-version of ICD-11.

Because the current version of ICD-11 beta draft does not exactly reflect the current status of iCAT, reviewers should use only iCAT system, not use the beta version, to avoid misunderstanding on whole classification structure.



Next steps

- Plans in 2013
  - -- Further arrangement of structure of GI part with other related TAGs; Neoplasm TAG, Infectious disease TAG, Pediatric TAG, Rare disease TAG, etc.---
  - -- Further input of contents, especially short definition, synonyms, inclusion, and exclusion for the items of smaller categories.
  - -- Holding of 2nd International joint conference on GI & HPB TAG Meeting in Tokyo to brush up the structure and contents.

Issues to be solved (if any)

– Many. See the previous slides.

Progress Report

Hepatology and PancreaticoBiliary (HPB)

February 2013

Sumiko Nagoshi
on behalf of Geoff Farrell

HPB WG members

Roles	Name	Affiliations
Chair	Geoff Farrell (Hep; M; Pacific)	ANU, Canberra, Australia
Co-chair	Arun J Sanyal (Hep; M; Americas)	Richmond, USA
Managing editor	Tomoaki Tomiya (Hep; M)	University of Tokyo
Americas, n = 3	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

Progress report(1)
structure and definitions

Topic	Structure	Definitions
Diseases of the liver:		
Structural developmental anomalies of liver	The edit was sent to WHO	Not completed
Metabolic and transporter liver disease	The edit was sent to WHO	Not completed
Infectious liver disease Hepatic fibrosis and cirrhosis, not elsewhere classified	Yes	Not completed
Acute viral hepatitis Acute and subacute hepatic failure Chronic viral hepatitis Alcoholic liver disease Non-alcoholic fatty liver disease Drug-induced and toxic liver disease Autoimmune liver disease	Yes	Yes

Chronic hepatitis
- Chronic hepatitis B
  - Chronic hepatitis B, with cirrhosis
    - Chronic hepatitis B, with cirrhosis, with complications of cirrhosis
    - Chronic hepatitis B, with cirrhosis, without complications of cirrhosis
  - Chronic hepatitis B, without cirrhosis
  - Chronic hepatitis B, without mention of cirrhosis

Non-alcoholic fatty liver disease
- Non-alcoholic steatohepatitis [NASH]
  - Non-alcoholic steatohepatitis [NASH], with cirrhosis
    - Non-alcoholic steatohepatitis [NASH], with cirrhosis, with complications of cirrhosis
    - Non-alcoholic steatohepatitis [NASH], with cirrhosis, without complications of cirrhosis
  - Non-alcoholic steatohepatitis [NASH], without cirrhosis
  - Non-alcoholic steatohepatitis [NASH], without mention of cirrhosis

Supplementary classification for complications of chronic liver disease and cirrhosis
- Vascular complications of portal hypertension
- Oesophageal varices, with haemorrhage
- Oesophageal varices, without haemorrhage
- Gastric varices with haemorrhage
- Gastric varices without haemorrhage
- Oesophageal and gastric varices, with haemorrhage
- Oesophageal and gastric varices, without haemorrhage
- Portal hypertensive gastropathy with haemorrhage
- Portal hypertensive gastropathy without haemorrhage
- Colorectal varices with haemorrhage
- Colorectal varices without haemorrhage
- Intestinal varices not otherwise specified, with haemorrhage
- Intestinal varices not otherwise specified, without haemorrhage
- Ascite with spontaneous bacterial peritonitis
- Ascites without complications
- Ascites with hernia
- Refractory ascite
- Ascites with hepatic hydrothorax
- ..... and so on

Diseases of liver

Chronic hepatitis
- Chronic hepatitis B
  - Chronic hepatitis B, with cirrhosis
    - Chronic hepatitis B, with cirrhosis, with complications of cirrhosis
    - Chronic hepatitis B, with cirrhosis, without complications of cirrhosis
  - Chronic hepatitis B, without cirrhosis
  - Chronic hepatitis B, without mention of cirrhosis

Diseases of oesophagus

Oesophageal varices
- Oesophageal varices with bleeding
  - Oesophageal varices with bleeding in diseases classified elsewhere
    - Oesophageal varices with bleeding in viral hepatic disease
    - Oesophageal varices with bleeding in alcoholic liver disease
    - Oesophageal varices with bleeding in schistosominasis

Progress report(1)
structure and definitions

Topic	Structure	Definitions
Diseases of the liver:		
Other inflammatory liver disease Vascular disorders of the liver	Yes	Not completed
Neoplasm of the liver	To be discussed with Oncology TAG	Not completed
Other diseases of liver (including systemic diseases; cirrhotic cardiomyopathy, hepatopulmonary hypertension, etc.)	Some diseases to be discussed with other WGs	Not completed

Other diseases of liver

Cirrhotic cardiomyopathy
Inflammatory Pseudotumour of liver
Pulmonary fibrosis – hepatic hyperplasia – bone marrow hypoplasia
Passive congestion of liver
- Acute passive congestion of liver
- Chronic passive congestion of liver
- Cardiac fibrosis or cirrhosis of liver

Hepatorenal syndrome
Portopulmonary hypertension
Hepatopulmonary syndrome
Liver disorders in pregnancy, childbirth and the puerperium
- Intrahepatic cholestasis of pregnancy
- HELLP syndrome
- Acute fatty liver of pregnancy
- Other liver disorder in pregnancy

Hepatic cyst
Intrahepatic cholestasis, not elsewhere classified
- Neonatal intrahepatic cholestasis, unspecified
  - Cholestasis-lymphoedema syndrome
  - Cholestasis of parenteral nutrition

Other unspecified intrahepatic cholestasis

Progress report(1)
structure and definitions

Topic	Structure	Definitions
Diseases of gallbladder and biliary tract:		
Structural developmental anomalies of gall bladder and bile ducts Anatomical alterations of gall bladder and bile ducts	To be discussed with Pediatric diseases TAG	Not completed
Cholelithiasis Cholecystitis Infectious cholangitis Non-ingectious cholangitis	Not completed	Not completed
Neoplasms of the gallbladder and biliary tract	To be discussed with Oncology TAG	Not completed
Other biliary diseases	Yes	Not completed

Progress report(1) structure and definitions

Topic	Structure	Definitions
Diseases of pancreas:		
Structural developmental anomalies of pancreas	Yes	Not completed
Cystic diseases of the pancreas	Yes	Not completed
Acute pancreatitis	Yes	Yes
Chronic pancreatitis	Not completed	Not completed
Neoplasms of pancreas	To be discussed with Oncology TAG	Not completed
Other diseases of pancreas	Yes	Not completed
Diseases of peritoneum:		
Peritonitis Other disorders of peritoneum	Yes	Yes
Neoplasms of peritoneum and retroperitoneum	To be discussed with Oncology TAG	Not completed

Progress report (2)

➢ Selection of reviewer(s)

The lists of 6 individuals/organisations nominated by Prof. Farrell and individuals nominated from JSGE and JSH, were sent to WHO.

- International Association for the Study of the Liver (IASL)
- European Association for the Study of the Liver (EASL)
- American Association for the Study of Liver Disease (AASLD)
- The African Association for the Study of Liver Diseases
- Asian Pacific Association for the Study of the Liver
- Latin American Association for the Study of the Liver
- Japanese Society of Gastroenterology (JSGE)
- The Japan Society of hepatology (JSH)

Next steps

- Plans in 2013

  The final short definitions should be provided especially in Pancreaticobiliary diseases.

- Issues to be solved

  Decision of structures through discussion with Oncology TAG.

Progress Report
Working Group Hematology

Annual Meeting TAG Internal Medicine
United Nations University, Tokyo Japan
February 7-8, 2013

Willem Fibbe, Chair
Shin Okamoto, Co-Chair

Progress Report WG Hematology
Outline of Presentation

1. Composition Working Group Hematology
2. Progress report
3. Issues to be discussed
4. Next steps

1. Composition WHO-ICD 11 WG Hematology

- Three major organizations (Scientific Representation)

ASH — American Society of Hematology

JSH — Japanese Society of Hematology

EHA — European Hematology Association

Global representation

North America, Europe, Asia, Africa, South America, Australia

Members of WG Hematology (1)

Roles (Chair/co-chair/ managing editor, etc)	Name	Affiliations
Chair (Co-chair)	Willem Fibbe	Leiden University Medical Center, Leiden, the Netherlands
Co-chair	Shin Okamoto	Keio University, Tokyo, Japan
Managing reviewer	Barbara Bain	Imperial College London
Secretarial Support	Carin Smand	Managing Director European Hematology Association, The Hague, the Netherlands

The first meeting of hematology WG June 4 2009 in Berlin

Group/ICD 10 codes	ASH	JSH	EHA
I. Anemia's / Codes: D50-D53 & D74			X
II. Coagulation & Platelets / Codes D54 - D 69.9		X	
III. White Cells & Spleen / Codes D70-D73.9 & D76-D85 &D 89	X		
IV. MPD & Bone marrow failure / Codes D75 & D60-D64		X	
V. Myeloid malignancies / Codes C92 - C96	X		
VI. Lymphoid malignancies / Codes C81 - C91			X

Members of WG Hematology (2)

ASH: White Cells and Spleen
Dr. Nancy Berliner
Dr. Elaine Jaffe
Dr. Christoph Klein
Dr. Thomas Loughran
Dr. Harry Malech
Dr. Peter Newburger

ASH:Myeloid Malignancies
Dr. Nancy Berliner
Dr. Armand Keating
Dr. Richard Larson
Dr. Bob Lowenberg
Dr. Kimberly Stegmaier
Dr. Martin Tallman
Dr. James Vardiman

JSH:Marrow Failure and MPD/MDS
Dr. Shinji Nakao
Dr. Seiji Kojima
Dr. Kazuma Ohyashiki
Dr. Kazuo Dan
Dr. Shinichiro Okamoto

JSH:Coagulation/Platelet disorders
Dr. Akitada Ichinose
Dr. Tadashi Matsushita
Dr. Yoshiaki Tomiyama

EHA:Anemia's
Dr. Mario Cazolla
Dr. Irene Roberts
Dr. Clara Camaschella

EHA:Lymphoid Malignancies
Dr. Stefano Pileri
Dr. Andreas Rosenwald
Dr. Hartmut Döhner

Members of WG Hematology (3)

8. Additional members

Dr. Chirayu Udomsakdi Auewarakul (Thailand)

Dr. Peter Jacobs (South Africa)
Dr. Ali Taher (Lebanon)

Managing Editors
Megan Cumulato, Australia
Julie Rust, Australia

Progress report WG Hematology (1)

Dates	Venue (Place, teleconference)	Discussions and outcomes
June 2009	Berlin	Annual meeting EHA: - First meeting WG Hematology. - Task division
June 2009-December 2009		Collect starting information WHO Provide WG with information
December 2009	San Francisco	Annual meeting ASH: - Discuss first outline alpha draft
June 2010	Barcelona	Annual meeting EHA: - Finalized alpha draft, version 1. - Submitted this to WHO
October 2010	Yokohama	Annual meeting JSH: - Discussed feedback WHO on alpha draft, version 1 - Follow up by working groups
December 2010	New Orleans	Annual meeting ASH: - General update meeting

Progress report WG Hematology (2)

Dates	Venue (Place, teleconference)	Discussions and outcomes
Jan 4, 2011	Teleconference	Discussion with WG chairs on the progress of code structure changes.
June, 2011	London	Annual meeting EHA: - Comments received on the initial proposal were to be finalised. - Identification of harmonization issues
October 2011	Nagoya	Annual meeting JSH: - General update meeting at
Dec 1, 2011	Teleconference	Teleconference with Neoplasm TAG to discuss harmonization issues with ICD-0.
Dec, 2011	San Diego	Annual meeting ASH: - Possible finalisation of alpha draft.
January 2012		Alpha draft finalized Harmonization issues pending

Progress report WG Hematology (3)

Dates	Venue (Place, teleconference)	Discussions and outcomes
June, 2012	Amsterdam	Annual Meeting EHA - Harmonization issues with RDT - Internal review of alpha draft
September 20, 2012	Teleconference	Rare Diseases TAG Thrombosis and Hemostasis
November 28, 2012	Teleconference	Rare Diseases TAG - Harmonization Issues - Structuring principles of ICD11
October 2012	Kyoto	- Harmonization issues with RDT - Internal review alpha draft - Managing editor; Beta phase
December 2012	Atlanta	Annual meeting ASH Internal meeting WG Hematolog
January 2013		Revised alpha draft finalized and submitted to WHO Harmonization issues pending

2012 - Focus on Harmonization

1. Internal harmonization WG Hematology
   - Managing Reviewer: Barbara Bain
   - Are the codes reflecting the current state of the art?
   - Eliminate internal overlap and inconsistencies
   - Reorganisation of the numbering according to the principle that the codes reflect the normal diagnostic process that clnical hematologists use.

2012 - Focus on Harmonization

2. Harmonization with other TAG's and Working Groups
   - ICD-O represented by the International Agency for Research and Cancer (IARC)
     Status: Harmonized
   - TAG Neoplasms
     Status: Harmonized
   - Rare diseases (TAG Rare Diseases)
     Status: No consensus
   - Morbidity TAG
     Status: Open

Progress Report WG Hematology Conclusions

1. Alpha draft of the code hierarchy had been completed and iCAT entry was started by WHO editors Julie Rust and Megan Cumerlato.
2. iCAT entry has been discontinued, awaiting resolution of harmonization issues with the Rare Diseases TAG.
3. Extensive internal revision of alpha draft has been achieved, reflecting current state of the art.
4. Structuring principle of congenital versus acquired has been adopted, but otherwise the alpha draft reflects the normal diagnostic process.
5. No consensus reached with Rare Diseases TAG regarding structuring principles.
6. iCAT entries will be done by editor Hematology WG under supervision of Barbara Bain, once alpha draft has been approved.

WG Hematology - Next Steps (1)

Agenda for 2013

- Draft report WG Hematology submitted to WHO and sent for information to TAG Rare Diseases
- Waiting for WHO approval an guidance regarding harmonization issues
- iCAT entries will be done by editor Hematology WG under supervision of Barbara Bain, once alpha draft has been approved
- Start working on beta phase and appointment of managing editor following approval of alpha draft

WG Hematology - Next Steps (2)

Suggested reviewers of Alpha Draft

- Prof. Wendy Erber, University of Western Australia in Perth
- Prof. David Savage University of Cornell, UK
- Prof. Alois Gratwohl University of Basel, Switserland
- Prof. Phil MacGlave University of Minnesota, USA




Progress Report Nephrology WG

February 2013

Gavin J Becker and Yasuhiko Iino

Nephrology WG members

Roles (Chair/co-chair/managing editor, etc)	Name	Affiliations
Chair (Co-chair)	Gavin Becker	Royal Melbourne Hospital, Australia
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	Keith Simpson	EDTA/ERA & Scottish Renal Registries, Scotland
Member	Trevor Gerntholtz	South Africa
Member	Vivek Jha	All India Health Sciences, Chandigarh
Member	Ming-hui Zhao	Peking University First Hospital, China
Member	Agnes Fogo	Baylor College,USA

Progress report (1)

- Current status of structural changes and iCAT input
  - Already done
  - New Co-chair (learning!)

Progress report (2)

- Current status of contents development and iCAT input
  - Foundation component:
  - Underway: modifying to accommodate
    - Syndrome, pathology, cause
    - other TAGS especially rare diseases,diabetes
    - Multisystem diseases
    - Reviewer criticism
    - New rules

Progress report (3)

- Selection of reviewer(s)

  Many chosen

  Feedback very helpful

  Changes (many) needed

Next steps

- Plans in 2013
  - WG face-to-face meeting?
  - More frequent dialogues with WG
- Issues to be solved (if any)
  - Overlaps vs omissions –process?
  - Acute vs Chronic – allowed?
  - NEC, other etc – useful?
  - Unknown, idiopathic etc – useful?
  - Compatibility with OMIM, other codes

  We feel there is much to be done but we have a good team working hard

Progress Report Respiratory WG

February 2013

Tsutomu Suzuki on behalf of Shu Hashimoto

Respiratory WG members

Roles	Name	Affiliations
Chair	David Ingbar	University of Minnesota Medical School, USA
Current co-chair	Shu Hashimoto	Nihon University School of Medicine, Tokyo, Japan
Up-coming co-chair	Hajime Takizawa	Kyorin University School of Medicine, Tokyo, Japan
Managing editor (IM-TAG)	Julie Rust Megan Cumerlato	Australia
Managing editor (Res.WG)	Tsutomu Suzuki	Juntendo University School of Medicine, Japan
Member	Heather Zar	Red Cross Children's Hospital, University of Cape Town, South Africa
Member	Robin Deterding	The Children's Hospital Pulmonary Medicine, Colorado, USA
Member	Rogelio Perrez-Padilla	Instituto Nacional de Enfermedades Respiratorias, Tlalpan , Mexico

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Respiratory WG members *continued*

Roles	Name	Affiliations
Member	Renee Stapleton	University of Vermont Burlington, Vermont, USA
Member	Walter McNicholas	University College Dublin Dublin, Ireland
Member	Scott Manake	University of Pennsylvania, Philadelphia, USA
Member	Stephen Hoffman	Ohio State University, Columbus, Ohio, USA
Member	David Mannino	University of Kentucky Lexington, Kentucky, USA
Member	Alan Plumme	Emory University School of Medicine Atlanta, Georgia, USA
Member	Jiang He	Tulane University New Orleans, Los Angeles, USA
Member	Frank Speizer	Harvard School of Public Health, Boston, USA

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Respiratory WG members *continued*

Roles	Name	Affiliations
Member	Charles Sprung	Hadassah University Hospital Ein-Karem, Jerusalem
Member	Omar El-Rawas	Sultan Qaboos University Hospital, Muscat, Sultanate of Oman
Member	Giovanni Viegi	CNR Institute of Clinical Physiology Pisa, Italy
Member	S.K. Jindal	Post Graduate Institute of Medical Education and Research, Chandigarh , India
Member	Anthony Scott	University of Oxford Kilifi, Kenya
Member	Jae-Joon Yim	Seoul National University College of Medicine, Seoul, South Korea
Member	Ali Ben Kheder	Abderrahmane Mami Hospital Ariana, Tunisia
Member	K. Srinath Reddy	All India Institute of Medical Sciences Delhi, India

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Progress report (1)

- Current status of structural changes and iCAT input
  - ✓ With the exception of some parts in consultation with other TAGs(below), most structural changes and iCAT input are already over.
  - – In consultation with Rare Diseases TAG and Pediatric TAG
    - Other respiratory diseases principally affecting the interstitium (level 2)
      - – Acute respiratory distress syndrome
      - – Idiopathic interstitial pneumonia
      - – Idiopathic eosinophilic pneumonia
      - – Primary interstitial lung diseases specific to infancy and childhood(proposed by Pediatric)
      - – Other interstitial pulmonary diseases
  - – In consultation with Pediatric TAG
    - New codes and changed code hierarchy are proposed by Pediatric TAG in Aug. 2012.
    - Except some parts in consultation with Rare Diseases TAG, almost structural changes are agreed. But awaiting an answer about some diseases from Pediatric TAG.
    - So, iCAT input are not over.
  - ✓ The code hierarchy that other TAGs or WGs make structure
    - Cardiology TAG----Pulmonary heart disease and diseases of pulmonary circulation
    - Neoplasm TAG----Malignant neoplasm of the respiratory system and Benign neoplasm of middle ear and respiratory system
    - Rare Diseases TAG---Other diseases of the respiratory system and Developmental respiratory diseases
    - Others----Non organic sleep disorders , Obesity and Sleep disorders (Level 3)in Sleep disorders of breathing and respiratory control

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