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政策科学総合(統計情報総合研究事業)

国際比較を通じたICD-11に向けた漢方分類の妥当性の研究

平成28年度 総括研究報告書

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国際比較を通じたICD-11に向けた漢方分類の妥当性の研究

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研究要旨

本研究は日本版漢方分類の妥当性を技術的に検証するとともに、中国版、韓国版との比較を行い、国際分類導入への妥当性を検討することを目的とする。WHO では国際疾病分類(ICD)の改訂作業を行っており、2018年のWHO 総会で改訂版(ICD-11)が承認される予定である。2010年9月にジュネーブで行われたICD改訂運営会議の席で、伝統医学をその中に入れることが決定された。ICD-11に伝統医学を組み入れるためには、WHOはICD全体の整合性を保つために各領域のトピック・アドバイザー・グループを作ったが、その一つが伝統医学のグループである。

現在伝統医学分類(案)が作成され、2013年5月にリリースされたICD-11ベータ版(一般公開)に27章Traditional Medicine Conditionsとして反映されている。作成過程において、日中韓それぞれの国の提案を重んじてきた結果、国際比較が可能かどうか、また西洋医学の病名分類との整合性やコードルールの作成など、課題は多い。

本研究ではこれら課題解決のために、WHOが計画しているICD-11ベータ版のレビューならびにフィールドテストの結果を反映できるように、日本版漢方分類の妥当性を技術的に検証するとともに、中国版、韓国版との比較を行い、ICD-11への導入の妥当性を検討する。平成28年度はレビューが終了し、国際フィールドテストが一部スタートした。これらの過程で、漢方の考え方を反映する定義はほぼ日本側の希望通りに採択された。

また、WHOの改訂会議で、伝統医学の章について紹介をする機会を得て、認知度を広めることができた。

A . 研究目的

WHO主導で行われる国際伝統医学分類のレビュー・フィールドテストに協力し、ICD-11に入れる日本版漢方分類の妥当性を検討する。

B . 研究方法

1. 伝統医学分類のレビュー結果の反映

伝統医学分類のレビューはWHO主導で行われた。全世界で142名のレビューワー(日本、中国、韓国、米国、オーストラリア、欧州)が参加した。スケジュールは平成27年12月～1月にかけて、ウェブ上のレビュー・プラットフォームのパイロット調査が行われ、2月1日～3月15日にかけて、本格的なレビューを行った。4月～5月にかけて、マネージング・エディターがレビュー結果を整理した。

2. 伝統医学分類のフィールドテストの結果の反映

フィールドテストは、スタディ1; 伝統医学分類の有用性についての調査、スタディ2; 伝統医学の章と他の章との比較、スタディ3; 実際のコードをつけて比較する、の3つに分かれている。

スタディ3に関しては、WHOにウェブ上でプラットフォームができ、スタートできる状態にはあるが、日中韓でブラッシュアップしてきた症例がA4一枚のサイズで、診断を問うものになっており、コーディングを問うものになっていないことは以前より指摘されていた。

他の章で現在進行形のような2-3行の簡単なスクリプトでコードをつけるラインコーディングに向けて準備を開始することにな

った。

3. コーディングガイドの作成

コーディングガイドは昨年度におおよそ完成したが、さらにブラッシュアップを図った。

4. WHO ICTM 会議への参加ならびに情報交換

国際伝統医学分類(ICTM)会議はICD 改訂作業の一環として、年に数回行われる予定である。本研究は国際伝統医学分類の国内版作成であるので、ICTM 会議に参加し、情報を得ながら整合性の取れた国内分類を作成する必要がある。平成28年度は7月に上海でICTM会議が開催されたが、その会議に参加し、情報交換を行った。

5. WHO-FIC 会議での報告ならびに情報交換

本研究の成果は日本のみならず世界におけるICD 全体とも整合性を取る必要がある。平成28年のWHO-FIC(WHO 国際分類ファミリー)年次総会は10月に東京で開催された。また、ICDの改訂に関する会議が初めて開催された。その会に出席し、ICD の改訂作業に関する情報収集を行った。

(倫理面への配慮)

分類ならびに用語作成の際には個人情報を持ち込まないため、特に該当しない。

C . 研究結果

1. 伝統医学分類のレビュー結果の反映

レビューからの提案をマネージング・エディターが整理したところ、3つのカテゴリーに分類された。リスト1はほぼ同意が得られたもの、もしくはマイナーな意見が出されたもの285項目、リスト2は大きな変更がレビューから要求されたもの95項目、リスト3が、分類法や構造に関するもの55項目。これらについては7月に上海でプロジェクト主要メンバーによる対面会議を行い、それを8月

にウェブ上に反映させた。

また、大きな問題となったのは、昨年度のソウル会議に引き続き、西洋医学病名と伝統医学疾病の重なりについてであった。前年度は「瘧」をmalaria-like disorder™とすることで、西洋医学と区別することにしたが、それでも紛らわしいということで、原則” like ”は用いずに削除する、という方針にした。

さらに病因として伝統医学的説明があっても症候が同じものは削除すべきという方針となった。

日本から提案した漢方分類については、中国・韓国のレビュワーから特殊すぎて、削除すべきという意見もあったが、現行のまま採用となった。

2. 伝統医学分類のフィールドテストの結果の反映

フィールドテストについては、コーディングの評価者間の比較の準備を進めたが、実行されていない。

スタディ 1 と呼ばれる、伝統医学の章の有用性について、王立ロンドン病院を中心に行われた。欧州の14の伝統医学の団体から171名が参加した。背景は伝統中医学 89%、日本漢方10%、韓医学1%という内訳であった。

欧州の伝統医学医師は五行説理論に基づいた伝統医学を使用しており、これは現在日中韓で行われている伝統医学とも相当にずれがある。こうした課題が浮き彫りになった。

3. コーディングガイドの作成

コーディングガイドの議論の中ではコードの優先順位を1) 西洋医学病名、2) 伝統医学疾病、3) 伝統医学証とし、この中から最低1つ、最高3つまでコードすることを確認し、細かい文言を修正した。

5. WHO ICTM 会議への参加ならびに情報交換

平成28年7月25～29日に上海虹橋賓館にてICTM会議が開催された。

WHOからはコスタンジュセク氏、エスピノザ氏、アーン氏が参加し、日中韓豪の専門家が集い行われた。

会議は月～金までの5日間にわたり行われたが、月～水はレビュー結果を受けて、最終判断を行った。

木曜日はコーディングガイドのブラッシュアップを行い、10月の東京会議に向けた準備について話し合った。

6. WHO-FIC 会議での報告ならびに情報交換

平成28年10月8日～12日にかけての

WHO-FIC(WHO 国際分類ファミリー)年次総会が東京で開催された。それに引き続き12日～14日はICD改訂会議が行われた。

WHO-FIC会議は毎年のものであるが、ICD改訂を幅広く認知してもらうために、今回は国連加盟国に参加を促し、幅広くICD改訂についての認知を図った。

伝統医学に関しては改訂会議の中で、10月12日(水)午後に伝統医学のサイドセッションが行われた。また、10月14日(金)のプレナリ-・セッションで午前伝統医学のセッションが設けられたのと、午後に水曜日の伝統医学のサイドセッションに関する報告の機会を頂戴し、渡辺が報告した。

伝統医学に関してはサイドセッションのオープニングリマークをマーガレット・チャン氏が行っていただいた他、12日(水)午前のオープニング・セレモニーでもマーガレット・チャン氏からICD-11に伝統医学が入ることは歴史的なことである、というスピーチがあった。

一方、2010年から活動してきた伝統医学トピック・アドバイザー・グループ(TAG)はすべてのTAGが今後解散することに伴い、今回の改訂会議を以て解散となった。今後の活動がWHOの中でどのように位置づけられるかについては明確になっていないことが不安材料である。

E . 結論

伝統医学の章について国際レビューが行われ、中韓と異なる体系を持つ日本提案に対して、厳しい意見も出たが、おおよそ日本の希望通りの最終版が完成した。

フィールドテストについてはスタディ1は国際的には進捗したが、スタディ3については準備を進めたのみで、実際には始まらなかった。

東京で開催されたWHOのICD改訂会議で、伝統医学分類についてアピールする機会を得て、認知度が向上した。

F . 健康危険情報

なし

G . 研究発表

論文発表

なし

学会等報告

なし

H . 知的財産権の出願・登録状況

1. 特許取得

なし

2. 実用新案登録

なし

3. その他

なし

研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の 編集者名	書 籍 名	出版社名	出版地	出版年	ページ
なし							

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
なし					

**Editorial working group meeting on ICD-11 TM Chapter
25-29 July 2016, Shanghai, China**

Draft Agenda

Tue. 26 July 2016	Chair: Zhang Xiaorui Rapporteurs: N.N., Michiho Ito	
08.30 - 10.30	7. Processing of peer review based proposals - <u>List 2 Sheet</u> listing items with disagreement among the unit's reviewers, or major content edits) <ul style="list-style-type: none"> a. Review proposals flagged as priority items (23 out of 95 items) and decide on which proposal should be <ul style="list-style-type: none"> i. Accepted and implemented as is or with modifications ii. rejected/postponed <p>All participants</p>	120min
10.30 – 11.00 COFFEE BREAK		
11.00 – 12.30	7. Processing of peer review based proposals (List 2 Sheet) continue	90min
12.30 – 14.00 LUNCH		
14.00 - 15.00	8. Processing of peer review based proposals (List 2 Sheet) continue	60min
15.00 – 15.30 COFFEE BREAK		
15.30 - 17.00	9. Processing of peer review based proposals - <u>List 3 Sheet</u> listing structure /classification related edits) <ul style="list-style-type: none"> a. Review proposals flagged as priority items (35 out of 55 items) and decide on which proposal should be <ul style="list-style-type: none"> i. Accepted and implemented as is or with modifications ii. rejected/postponed <p>All participants</p>	90min

**Editorial working group meeting on ICD-11 TM Chapter
25-29 July 2016, Shanghai, China**

Draft Agenda

Wed. 27 Nov 2016	Chair: Kim Yong-Suk (morning); Kyungmo Park (afternoon) Rapporteurs: N.N., Rosemary Roberts	
08.30 - 10.30	10. Processing of peer review based proposals (List 3 Sheet) continue	120min
10.30 – 11.00 COFFEE BREAK		
11.00 – 12.30	11. Processing of peer review based proposals (List 3 Sheet) continue	90min
12.30 – 14.00 LUNCH		
14.00 - 15.00	12. Other pending issues regarding TM Chapter content, structure, terminology and translation (follow-up Seoul Mtg 2015) <ul style="list-style-type: none"> a. Overlap between certain TM disorders categories and Western Medicine categories in other ICD-11 Chapters (e.g. enhance TM aetiology in definition) b. Grouping, placement and clustering of TM Disorders and Pattern <p align="center">All participants</p>	60min
15.00 – 15.30 COFFEE BREAK		
15.30 - 17.00	13. Other pending issues regarding TM Chapter content, structure, terminology and translation - continue <ul style="list-style-type: none"> a. Harmonization of TM Chapter terminology (etiology and sign & symptoms related terms) b. Update on translation guidelines and linguistic analysis of problematic terms <p align="center">All participants</p> <p>14. Finalizing TM Chapter in ICD-11 MMS 2016 version for Member States comments</p> <ul style="list-style-type: none"> a. Implementation of proposals and use of ICD-11 Proposal platform for pending & future proposals b. Feedback from pilot testing of TM Chapter in Europe and future plans for testing TM Chapter <p align="center">Nenad Kostanjsek, <i>Stéphane</i> Espinosa</p>	90min

**Editorial working group meeting on ICD-11 TM Chapter
25-29 July 2016, Shanghai, China**

Draft Agenda

Thu, 28 July 2016	Chair: Charlie Xue Rapporteurs: N.N., Rana Lee	
09.00 - 10.30	15. Update on TM Chapter coding guidelines and alignment with ICD-11 Reference Guide Rosemary Roberts	120min
10.30 – 11.00 COFFEE BREAK		
11.00 – 12.30	16. Update on TM Chapter Index Rosemary Roberts, <i>Stéphane</i> Espinosa	90min
12.30 – 14.00 LUNCH		
14.00 - 15.00	17. Brochure on ICD-11 TM chapter - textual and visual documentation & data on the use and benefit of your existing TM classification systems, plans for using ICD TM Chapter codes at national level or as part of regional and int. TM data initiatives a. Feedback from China b. Feedback from Japan c. Feedback from Korea All participants	90min
15.00 – 15.30 COFFEE BREAK		
15.30 - 17.00	18. Brochure on ICD-11 TM chapter - continued a. Feedback from Australia b. Feedback from WHO 19. TM Chapter events at ICD Revision Conference Tokyo a. Program b. Key messages All participants	90min

**Editorial working group meeting on ICD-11 TM Chapter
25-29 July 2016, Shanghai, China**

Draft Agenda

Fri, 29 Jul 2016	Chair: Kenji Watanabe Rapporteurs: N.N, Xu Wenjie	
09.00 - 10.30	<p>20. Finalize TM Chapter as part of ICD-11 MMS 2018 version</p> <ul style="list-style-type: none"> a. Key workstreams b. Timeline and meetings <p>21. TM Chapter in ICD-11 governance structure</p> <ul style="list-style-type: none"> a. TM Chapter update & maintenance arrangements b. Representation of TM in ICD-11 MMS governance structure i.e. Morbidity Reference Group (MbRG), Medical Scientific Advisory Committee (MSAC), Classification and Statistics Advisory Committee (CSAC) c. Linkage with WHO Collaborating Centers for WHO FIC and TM <p>Nenad Kostanjsek, Zhang Qi</p>	90min
10.30 – 11.00 COFFEE BREAK		
11.00 – 12.30	<p>22. Post 2016 Plans</p> <ul style="list-style-type: none"> a. Implementation strategy & tools b. Further classification development <p>23. Closure of meeting</p> <p>Zhang Qi, Nenad Kostanjsek</p>	90min
12.30 – 14.00 LUNCH		
14.00 - 17.00	Excursion	

ICD-11 TM Chapter Peer review Output

Peer review anonymity	This Peer review report was anonymised to enable experts to express their views on content matter on an individual basis. Anonymity ensures that there is no link possible with their affiliations or e.g. nationality. Also important, it prevents any bias from the Editorial board when considering input so that the focus is solely on content matter.
International review teams	Review teams were international: Each team was composed of TM experts from China, Japan, Korea, and at least one from either Europe or the USA. All experts were provided with the 'ICD-11 TM Chapter Content Peer Review Manual'
Sheet 'Output'	<p>The TM Chapter was split into 29 units (based on the different sections of the chapter), each allocated to a review team in order to complete the review. Sheet 'Output' lists the review items for which there was a proposal.</p> <p>The columns correspond to: A: unit number ('Unit #'). B: unit name ('ICD-11 - TM Chapter Peer review units'). C: number of the review item ('Output #') (only the review items for which there was a proposal are listed) D: title of the entity where the review item is located ('Entity title') E: Type of review item (Title, Definition, etc) with colour code as detailed below and hyperlink to the location in the workbook (if applicable)</p>
The list in the sheet 'Output' was split in 3 lists, each in a separate sheet:	
List 1 (not printed)	Agreement among the unit's reviewers, or minor content edits. <i>285 items</i>
List 2 (printed)	Disagreement among the unit's reviewers, or major content edits. <i>95 items</i>
List 3 (printed)	Structure / Classification edits (move, merge, issues with narrower, synonyms or exclusions, delete). <i>55 items</i>
The 2 printed <u>summary</u> lists have the same format:	<p>The columns correspond to: A: number of the review item ('Output #') B: title of the entity where the review item is located ('Entity title') C: type of review item (Title, Definition, etc) ('Item type') D: status to be determined (Accepted / Rejected / Postponed) – as done for 'List 1' ('Proposal status') E: 'Comments' F: prioritization ('Priority') with 2 criteria: 1) Is there reference(s) and/or rationale provided by the reviewers? 2) Is there the majority of reviewers who disagree with the current content of the review item? --> A positive answer to <u>either</u> criteria gives priority for PAG assessment in order to keep an efficient process ('yes')</p>
The 2 printed <u>detailed</u> lists have the same format:	<p>Those sheets contain all the proposals details. Each item is numbered according to the corresponding summary list.</p> <p>The columns correspond to: A: number of the review item ('Output #') B: type of review item C: number of reviewers who initially agree with the current content: 'Agree (No change)' D: number of reviewers who agree with the proposed modification of content or additional items (e.g. synonym): 'Agree (Proposed modification)' E: number of reviewers who still disagree with the proposed modification, after discussion: 'Disagree (Issue)' F: input from reviewers compiled into proposals with details (when available) on rationale and references: 'Moderator summary'</p>
Note 1:	All entries in List 2 (pink) and List 3 (orange) are in an international context: It was checked that there was international participation in case of disagreement (List 2) or structure edit (List 3), in order to not only reflect one viewpoint.
Note 2:	When compiling the lists, all proposals concerning the TM Chapter structure or classification logic were placed in List 3, in order to make a clear distinction with content review issues.

ICD-11 TM Chapter Peer review Output overview of the 29 review sections – Proposals list

Unit #	ICD-11 – TM Chapter Peer review units	Output #	Entity title	Item type
Traditional Medicine Disorders (TM)				
1	Liver System Disorders (TM)	1-1	Hypochondrium pain disorder (TM)	Definition
		1-2	Jaundice disorders (TM)	Definition
		1-3	Jaundice disorders (TM)	Narrower term
		1-4	Liver distension disorder (TM)	Definition
		1-5	Liver distension disorder (TM)	Synonym
		1-6	Liver distension disorder (TM)	Exclusion
		1-7	Tympanites disorder (TM)	Definition
		1-8	Tympanites disorder (TM)	Synonym
		1-9	Tympanites disorder (TM)	Narrower term
		1-10	Liver abscess disorder (TM)	Definition
		1-11	Gallbladder distension disorder (TM)	Definition
2	Heart System Disorders (TM)	2-1	Heart system disorders (TM)	Definition
		2-2	Palpitation disorders (TM)	Definition
		2-3	Inducible palpitation disorder (TM)	Definition
		2-4	Chest pain disorders (TM)	Definition
		2-5	True heart pain disorder (TM)	Definition
		2-6	True heart pain disorder (TM)	Synonym
3	Spleen System Disorders (TM)	3-1	Spleen system disorders (TM)	Definition
		3-2	Dysphagia occlusion disorder (TM)	Title
		3-3	Dysphagia occlusion disorder (TM)	Title
		3-4	Dysphagia occlusion disorder (TM)	Definition
		3-5	Stomach ache disorder (TM)	Title
		3-6	Stomach ache disorder (TM)	Definition
		3-7	Stomach distension disorder (TM)	Definition
		3-8	Stomach distension disorder (TM)	Synonym
		3-9	Epigastric upset disorder (TM)	Title
		3-10	Epigastric upset disorder (TM)	Definition
		3-11	Indigestion disorder (TM)	Definition
		3-12	Food retention disorder (TM)	Definition
		3-13	Food reverse flow disorder (TM)	Title
		3-14	Food reverse flow disorder (TM)	Definition
		3-15	Diarrhea disorder (TM)	Definition
		3-16	Dysentery disorder (TM)	Definition
		3-17	Constipation disorder (TM)	Definition
		3-18	Intestinal abscess disorder (TM)	Title
		3-19	Intestinal abscess disorder (TM)	Definition
		3-20	Intestinal toxin disorder (TM)	Title
		3-21	Intestinal toxin disorder (TM)	Definition
		3-22	Crapulent syncope disorder (TM)	Title
		3-23	Crapulent syncope disorder (TM)	Definition
		3-24	Epigastric fullness disorder (TM)	Title
		3-25	Epigastric fullness disorder (TM)	Definition
		3-26	Fistula-like disorder (TM)	Title
4	Lung System Disorders (TM)	4-1	Lung system disorders (TM)	Definition
		4-2	Common cold disorder (TM)	Definition
		4-3	Cough disorders (TM)	Definition
		4-4	Panting disorder (TM)	Title
		4-5	Panting disorder (TM)	Definition
		4-6	Panting disorder (TM)	Synonym
		4-7	Panting disorder (TM)	Synonym
		4-8	Panting disorder (TM)	Narrower term
		4-9	Wheezing disorder (TM)	Narrower term
		4-10	Wheezing disorder (TM)	Narrower term
		4-11	Lung distension disorder (TM)	Definition
		4-12	Pleural fluid retention disorder (TM)	Definition
		4-13	Lung heat disorder (TM)	Definition
		4-14	Chest bind disorder (TM)	Definition
5	Kidney System Disorders (TM)	5-1	Kidney system disorders (TM)	Definition
		5-2	Stony stranguria disorder (TM)	Definition
		5-3	Kidney heat disorder (TM)	Definition
		5-4	Kidney stagnation disorder (TM)	Definition
		5-5	Enuresis disorder (TM)	Title
		5-6	Turbid urine disorder (TM)	Definition
		5-7	Ischuria disorder (TM)	Title
		5-8	Ischuria disorder (TM)	Definition
		5-9	Ischuria disorder (TM)	Synonym
		5-10	Block and repulsion disorder (TM)	Definition
		5-11	Block and repulsion disorder (TM)	Synonym
		5-12	Wind edema disorder (TM)	Definition
		5-13	Pudendal restriction disorder (TM)	Definition
		5-14	Premature ejaculation disorder (TM)	Definition
		5-15	Seminal emission disorder (TM)	Title
		5-16	Persistent erection disorder (TM)	Title
		5-17	Impotence disorder (TM)	Title
		5-18	Impotence disorder (TM)	Synonym
		5-19	Male Infertility disorder (TM)	Title
		5-20	Male Infertility disorder (TM)	Title

6	Skin and Mucosa System Disorders (TM)	6-1	Impetigo disorder (TM)	Definition
		6-2	Furuncle disorders (TM)	Definition
		6-3	Infected furuncle disorder (TM)	Title
		6-4	Bed sore disorder (TM)	Synonym
		6-5	Abscess disorders (TM)	Definition
		6-6	Deep multiple abscess disorder (TM)	Synonym
		6-7	Carbuncle disorder (TM)	Title
		6-8	Carbuncle disorder (TM)	Definition
		6-9	Tinea pedis disorder (TM)	Definition
		6-10	Tinea pedis disorder (TM)	Synonym
		6-11	Gangrene disorder (TM)	Synonym
		6-12	Erysipelas disorder (TM)	Definition
		6-13	Effusion disorder (TM)	Title
		6-14	Effusion disorder (TM)	Synonym
		6-15	Thrush disorder (TM)	Definition
		6-16	Herpes zoster disorder (TM)	Definition
		6-17	Herpes zoster disorder (TM)	Synonym
		6-18	Haemorrhoids disorder (TM)	Title
7	Female Reproductive System Disorders (TM) (including childbirth)	7-1	Female reproductive system disorders (TM) (including childbirth)	Definition
		7-2	Menstruation associated disorders (TM)	Definition
		7-3	Menstruation cycle disorders (TM)	Definition
		7-4	Advanced menstruation disorder (TM)	Title
		7-5	Menorrhagia disorder (TM)	Definition
		7-6	Decreased menstruation disorder (TM)	Definition
		7-7	Decreased menstruation disorder (TM)	Synonym
		7-8	Menostaxis disorder (TM)	Title
		7-9	Metrorrhagia disorder (TM)	Definition
		7-10	Metrorrhagia disorder (TM)	Synonym
		7-11	Amenorrhoea disorder (TM)	Definition
		7-12	Amenorrhoea disorder (TM)	Synonym
		7-13	Dysmenorrhoea disorder (TM)	Definition
		7-14	Dysmenorrhoea disorder (TM)	Synonym
		7-15	Morning sickness disorder (TM)	Definition
		7-16	Abnormal movement of the fetus disorder (TM)	Title
		7-17	Abnormal movement of the fetus disorder (TM)	Definition
		7-18	Puerperal abdominal pain disorder (TM)	Definition
		7-19	Puerperal wind disorder (TM)	Synonym
		7-20	Hypogalactia disorder (TM)	Title
		7-21	Hypogalactia disorder (TM)	Definition
7-22	Postpartum lochiorrhoea disorder (TM)	Definition		
7-23	Postpartum lochiorrhoea disorder (TM)	Synonym		
7-24	Leukorrhoea disorder (TM)	Definition		
7-25	Infertility disorder (TM)	Definition		
7-26	Infertility disorder (TM)	Synonym		
7-27	Stony uterine mass disorder (TM)	Title		
7-28	Stony uterine mass disorder (TM)	Definition		
7-29	Breast lump disorder (TM)	Definition		
8	Bone, Joint and Muscle System Disorders (TM)	8-1	Bone, joint and muscle system disorders (TM)	Synonym
		8-2	Joint impediment disorders (TM)	Synonym
		8-3	Cold impediment disorder (TM)	Definition
		8-4	Cold impediment disorder (TM)	Synonym
		8-5	Wind impediment disorder (TM)	Definition
		8-6	Wind impediment disorder (TM)	Synonym
		8-7	Dampness impediment disorder (TM)	Title
		8-8	Dampness impediment disorder (TM)	Definition
		8-9	Dampness impediment disorder (TM)	Synonym
		8-10	Muscle spasm disorder (TM)	Title
		8-11	Muscle spasm disorder (TM)	Definition
		8-12	Lumbago disorder (TM)	Definition
		8-13	Lumbago disorder (TM)	Synonym
		8-14	Numbness disorder (TM)	Title
8-15	Limb flaccidity disorder (TM)	Title		
8-16	Limb flaccidity disorder (TM)	Definition		
8-17	Limb flaccidity disorder (TM)	Synonym		
8-18	Wilting disorder (TM)	Title		
8-19	Wilting disorder (TM)	Definition		
8-20	Wilting disorder (TM)	Synonym		
9	Eye, Ear, Nose and Throat System Disorders (TM)	9-1	Eye, ear, nose and throat system disorders (TM)	Definition
		9-2	Myopia disorder (TM)	Definition
		9-3	Retinopathy pigmentosa disorder (TM)	Definition
		9-4	Wind glaucoma disorder (TM)	Title
		9-5	Wind glaucoma disorder (TM)	Definition
		9-6	Pterygium disorder (TM)	Definition
		9-7	Inflammatory swelling of the eyelid disorder (TM)	Title
		9-8	Inflammatory swelling of the eyelid disorder (TM)	Definition
		9-9	Marginal blepharitis disorder (TM)	Definition
		9-10	Non-inflammatory swelling of the eyelid disorder (TM)	Title
		9-11	Non-inflammatory swelling of the eyelid disorder (TM)	Definition
		9-12	Interstitial keratitis disorder (TM)	Definition
		9-13	Stye disorder (TM)	Definition
		9-14	Tinnitus disorder (TM)	Definition
		9-15	Sudden deafness disorder (TM)	Definition
		9-16	Gradual deafness disorder (TM)	Definition
		9-17	Allergic rhinitis disorder (TM)	Definition
		9-18	Sinusitis disorder (TM)	Title
		9-19	Sinusitis disorder (TM)	Definition

10	Brain System Disorders (TM)	10-1	Brain system disorders (TM)	Synonym
		10-2	Wry mouth disorder (TM)	Definition
		10-3	Wry mouth disorder (TM)	Synonym
		10-4	Wry mouth disorder (TM)	Exclusion
		10-5	Headache disorder (TM)	Definition
		10-6	Headache disorder (TM)	Exclusion
		10-7	Migraine disorder (TM)	Synonym
		10-8	Head wind disorder (TM)	Definition
		10-9	Convulsion disorder (TM)	Narrower term
		10-10	Convulsion disorder (TM)	Exclusion
		10-11	Vertigo disorder (TM)	Narrower term
		10-12	Wind stroke disorders (TM)	Definition
		10-13	Wind stroke disorders (TM)	Synonym
		10-14	Wind stroke disorders (TM)	Narrower term
		10-15	Prodrome of wind stroke disorder (TM)	Definition
		10-16	Prodrome of wind stroke disorder (TM)	Exclusion
		10-17	Sequela of wind stroke disorder (TM)	Definition
		10-18	Sequela of wind stroke disorder (TM)	Narrower term
		10-19	Syncope disorder (TM)	Narrower term
		10-20	Tremor disorder (TM)	Definition
		10-21	Tremor disorder (TM)	Narrower term
11	Qi, blood and fluid disorders (TM)	11-1	Qi, blood and fluid disorders (TM)	Title
		11-2	Qi, blood and fluid disorders (TM)	Definition
		11-3	Qi goiter disorder (TM)	Title
		11-4	Qi goiter disorder (TM)	Definition
		11-5	Qi downward disorder (TM)	Title
		11-6	Qi downward disorder (TM)	Definition
		11-7	Qi downward disorder (TM)	Synonym
		11-8	Qi upward disorder (TM)	Title
		11-9	Qi upward disorder (TM)	Definition
		11-10	Qi upward disorder (TM)	Synonym
		11-11	Purpura disorder (TM)	Title
		11-12	Purpura disorder (TM)	Definition
		11-13	Wasting thirst disorder (TM)	Definition
		11-14	Consumptive disorder (TM)	Title
		11-15	Consumptive disorder (TM)	Definition
12	Mental and Emotional Disorders (TM)	12-1	Lily disorder (TM)	Definition
		12-2	Lily disorder (TM)	Narrower term
		12-3	Lily disorder (TM)	Exclusion
		12-4	Manic disorder (TM)	Definition
		12-5	Manic disorder (TM)	Narrower term
		12-6	Depression disorder (TM)	Definition
		12-7	Depression disorder (TM)	Narrower term
		12-8	Hysteria disorder (TM)	Definition
		12-9	Hysteria disorder (TM)	Narrower term
		12-10	Hysteria disorder (TM)	Exclusion
		12-11	Somnolence disorder (TM)	Synonym
		12-12	Dementia disorder (TM)	Definition
		12-13	Dementia disorder (TM)	Narrower term
		12-14	Dementia disorder (TM)	Exclusion
		12-15	Fire disorder (TM)	Title
		12-16	Fire disorder (TM)	Definition
		12-17	Fire disorder (TM)	Synonym
13	External Contraction Disorders (TM)	--	--	--
14	Childhood and Adolescence Associated Disorders (TM)	14-1	Childhood and adolescence associated disorders (TM)	Definition
		14-2	Developmental delay disorder (TM)	Definition
		14-3	Growth fever disorder (TM)	Title
		14-4	Growth fever disorder (TM)	Definition
		14-5	Infantile convulsion disorder (TM)	Definition
		14-6	Infantile convulsion disorder (TM)	Narrower term
		14-7	Infantile malnutrition disorder (TM)	Definition
		14-8	Diaper dermatitis disorder (TM)	Definition
		14-9	Infant stiffness disorder (TM)	Definition
		14-10	Infant limpness disorder (TM)	Definition
		14-11	Infant limpness disorder (TM)	Synonym

Traditional Medicine Patterns (TM)				
15	Principle-based Patterns (TM)	15-1	Yang pattern (TM)	Definition
		15-2	Yin pattern (TM)	Definition
		15-3	Excess pattern (TM)	Definition
16	Body Constituents Patterns (TM)	16-1	Body constituents patterns (TM)	Definition
		16-2	Qi patterns (TM)	Definition
		16-3	Qi patterns (TM)	Exclusion
		16-4	Qi deficiency pattern (TM)	Definition
		16-5	Qi deficiency pattern (TM)	Exclusion
		16-6	Qi stagnation pattern (TM)	Definition
		16-7	Qi stagnation pattern (TM)	Synonym
		16-8	Qi stagnation pattern (TM)	Exclusion
		16-9	Qi reverse flow patterns (TM)	Definition
		16-10	Qi reverse flow patterns (TM)	Exclusion
		16-11	Blood patterns (TM)	Definition
		16-12	Blood patterns (TM)	Exclusion
		16-13	Blood deficiency patterns (TM)	Definition
		16-14	Blood stasis patterns (TM)	Definition
		16-15	Blood stasis patterns (TM)	Synonym
		16-16	Blood heat patterns (TM)	Definition
		16-17	Blood cold patterns (TM)	Exclusion
		16-18	Blood dryness pattern (TM)	Definition
		16-19	Blood dryness pattern (TM)	Exclusion
		16-20	Fluid patterns (TM)	Definition
		16-21	Fluid deficiency pattern (TM)	Definition
		16-22	Fluid deficiency pattern (TM)	Narrower term
		16-23	Fluid disturbance pattern (TM)	Definition
		16-24	Dry phlegm pattern (TM)	Title
		16-25	Dry phlegm pattern (TM)	Definition
		16-26	Dry phlegm pattern (TM)	Narrower term
		16-27	Damp phlegm pattern (TM)	Definition
		16-28	Phlegm fire harassing the heart system pattern (TM)	Title
		16-29	Phlegm fire harassing the heart system pattern (TM)	Definition
		16-30	Wind and phlegm pattern (TM)	Title
		16-31	Wind and phlegm pattern (TM)	Definition
		16-32	Essence patterns (TM)	Definition
		16-33	Essence deficiency pattern (TM)	Definition
17	Organ System Patterns (TM) + Liver Patterns (TM)	17-01	Liver yin deficiency pattern (TM)	Definition
		17-02	Liver yin deficiency pattern (TM)	Synonym
		17-03	Liver yang deficiency pattern (TM)	Definition
		17-04	Liver yang deficiency pattern (TM)	Synonym
		17-05	Liver yang hyperactivity pattern (TM)	Title
		17-06	Liver yang hyperactivity pattern (TM)	Definition
		17-07	Liver qi deficiency pattern (TM)	Definition
		17-08	Liver depression and qi stagnation pattern (TM)	Synonym
		17-09	Liver blood deficiency pattern (TM)	Definition
		17-10	Liver depression and blood stasis pattern (TM)	Definition
		17-11	Liver depression and blood stasis pattern (TM)	Synonym
		17-12	Liver wind stirring the interior pattern (TM)	Definition
		17-13	Liver wind stirring the interior pattern (TM)	Synonym
		17-14	Liver yang transforming into wind pattern (TM)	Definition
		17-15	Liver qi depression transforming into fire pattern (TM)	Synonym
		17-16	Liver fire flaming upward pattern (TM)	Definition
		17-17	Liver fire flaming upward pattern (TM)	Synonym
		17-18	Liver heat stirring wind pattern (TM)	Definition
		17-19	Liver-gallbladder dampness-heat pattern (TM)	Definition
		17-20	Liver-gallbladder dampness-heat pattern (TM)	Synonym
		17-21	Liver meridian dampness-heat pattern (TM)	Definition
		17-22	Liver meridian dampness-heat pattern (TM)	Synonym
		17-23	Liver meridian cold stagnation pattern (TM)	Definition
		17-24	Liver meridian cold stagnation pattern (TM)	Synonym
		17-25	Liver meridian cold stagnation pattern (TM)	Synonym
		17-26	Gallbladder qi deficiency pattern (TM)	Definition
		17-27	Gallbladder qi deficiency pattern (TM)	Synonym
		17-28	Gallbladder depression with phlegm harassment pattern (TM)	Definition
		17-29	Gallbladder depression with phlegm harassment pattern (TM)	Synonym
		17-30	Gallbladder heat pattern (TM)	Definition
		17-31	Gallbladder heat pattern (TM)	Synonym
		17-32	Gallbladder cold pattern (TM)	Definition
17-33	Worm harassing the gallbladder and diaphragm pattern (TM)	Title		
17-34	Worm harassing the gallbladder and diaphragm pattern (TM)	Definition		
17-35	Liver and kidney yin deficiency pattern (TM)	Definition		
17-36	Disharmony of liver and spleen systems pattern (TM)	Definition		
17-37	Disharmony of liver and spleen systems pattern (TM)	Synonym		
17-38	Disharmony of liver and stomach systems pattern (TM)	Definition		
17-39	Disharmony of liver and stomach systems pattern (TM)	Synonym		
17-40	Liver fire invading the stomach system pattern (TM)	Definition		
17-41	Liver fire invading the lung system pattern (TM)	Definition		
17-42	Liver fire invading the lung system pattern (TM)	Synonym		
18	Organ System Patterns (TM) > Heart Patterns (TM)	18-1	Heart system patterns (TM)	Definition
		18-2	Heart meridian obstruction pattern (TM)	Definition
		18-3	Heart spirit inquietude pattern (TM)	Title
		18-4	Small intestine qi stagnation pattern (TM)	Definition
		18-5	Small intestine deficiency cold pattern (TM)	Definition
		18-6	Heart and liver blood deficiency pattern (TM)	Definition
		18-7	Heart and spleen systems deficiency pattern (TM)	Definition

19	Organ System Patterns (TM) > Spleen Patterns (TM)	19-1	Spleen system patterns (TM)	Definition
		19-2	Spleen qi deficiency pattern (TM)	Definition
		19-3	Middle qi sinking pattern (TM)	Title
		19-4	Middle qi sinking pattern (TM)	Definition
		19-5	Middle qi sinking pattern (TM)	Synonym
		19-6	Spleen qi insecurity pattern (TM)	Title
		19-7	Spleen deficiency with qi stagnation pattern (TM)	Definition
		19-8	Spleen failing to control the blood pattern (TM)	Definition
		19-9	Spleen deficiency and blood depletion pattern (TM)	Definition
		19-10	Spleen yin deficiency pattern (TM)	Title
		19-11	Spleen yin deficiency pattern (TM)	Definition
		19-12	Spleen yin deficiency pattern (TM)	Narrower term
		19-13	Spleen yang deficiency pattern (TM)	Definition
		19-14	Spleen yang deficiency pattern (TM)	Narrower term
		19-15	Spleen yang deficiency with water retention pattern (TM)	Title
		19-16	Spleen and stomach yang deficiency pattern (TM)	Definition
		19-17	Spleen and stomach yang deficiency pattern (TM)	Synonym
		19-18	Dampness and heat encumbering the spleen system pattern (TM)	Title
		19-19	Dampness and heat encumbering the spleen system pattern (TM)	Definition
		19-20	Dampness and heat encumbering the spleen system pattern (TM)	Exclusion
		19-21	Spleen deficiency with dampness encumbrance pattern (TM)	Title
		19-22	Spleen deficiency with dampness encumbrance pattern (TM)	Definition
		19-23	Dampness and heat in the spleen and stomach systems pattern (TM)	Definition
		19-24	Dampness encumbering the spleen and stomach systems pattern (TM)	Definition
		19-25	Cold and dampness encumbering the spleen system pattern (TM)	Title
		19-26	Cold and dampness encumbering the spleen system pattern (TM)	Definition
		19-27	Stomach qi deficiency pattern (TM)	Definition
		19-28	Stomach qi reverse flow pattern (TM)	Title
		19-29	Stomach qi reverse flow pattern (TM)	Definition
		19-30	Stomach qi reverse flow pattern (TM)	Synonym
		19-31	Stomach yin deficiency pattern (TM)	Definition
		19-32	Stomach yin deficiency pattern (TM)	Synonym
		19-33	Stomach yin deficiency pattern (TM)	Narrower term
		19-34	Stomach heat pattern (TM)	Definition
19-35	Stomach heat with fluid deficiency pattern (TM)	Title		
19-36	Stomach heat with fluid deficiency pattern (TM)	Narrower term		
19-37	Dampness accumulation in the intestinal tract pattern (TM)	Title		
19-38	Dampness accumulation in the intestinal tract pattern (TM)	Definition		
19-39	Cold invading the stomach system pattern (TM)	Synonym		
19-40	Anxiety damaging the spleen system pattern (TM)	Title		
19-41	Anxiety damaging the spleen system pattern (TM)	Definition		
19-42	Lung and spleen deficiency pattern (TM)	Definition		
19-43	Spleen and kidney deficiency pattern (TM)	Title		
19-44	Spleen and kidney deficiency pattern (TM)	Definition		
20	Organ System Patterns (TM) > Lung Patterns (TM)	20-1	Lung system patterns (TM)	Definition
		20-2	Lung qi deficiency pattern (TM)	Definition
		20-3	Lung yin deficiency pattern (TM)	Definition
		20-4	Lung yang deficiency pattern (TM)	Definition
		20-5	Exterior cold with lung heat pattern (TM)	Title
		20-6	Phlegm heat obstructing the lung pattern (TM)	Definition
		20-7	Wind and heat invading the lung pattern (TM)	Definition
		20-8	Wind and cold fettering the lung pattern (TM)	Definition
		20-9	Dryness invading the lung pattern (TM)	Definition
		20-10	Lung dryness with intestinal obstruction pattern (TM)	Definition
		20-11	Large intestine excess heat pattern (TM)	Definition
		20-12	Large intestine fluid deficiency pattern (TM)	Definition
21	Organ System Patterns (TM) > Kidney Patterns (TM)	21-1	Kidney qi deficiency pattern (TM)	Definition
		21-2	Kidney failing to receive qi pattern (TM)	Definition
		21-3	Kidney failing to receive qi pattern (TM)	Synonym
		21-4	Kidney qi deficiency with water retention pattern (TM)	Title
		21-5	Kidney qi insecurity pattern (TM)	Title
		21-6	Kidney yin deficiency pattern (TM)	Definition
		21-7	Kidney yin-yang deficiency pattern (TM)	Definition
		21-8	Kidney deficiency with marrow depletion pattern (TM)	Title
		21-9	Kidney yang deficiency pattern (TM)	Definition
		21-10	Kidney yang deficiency pattern (TM)	Narrower term
		21-11	Fear damaging the kidney system pattern (TM)	Title
		21-12	Kidney yang deficiency with water flooding pattern (TM)	Title
		21-13	Kidney yang deficiency with water flooding pattern (TM)	Definition
		21-14	Dampness Phlegm obstructing the uterus pattern (TM)	Title
21-15	Uterine deficiency and cold pattern (TM)	Title		
21-16	Uterine deficiency and cold pattern (TM)	Definition		
21-17	Bladder deficiency cold pattern (TM)	Definition		
22	Environmental Factor Patterns (TM)	22-1	Dampness factor pattern (TM)	Definition
23	Meridian Patterns (TM)	23-1	Meridian patterns (TM)	Title
		23-2	Lung meridian pattern (TM)	Definition
		23-3	Large intestine meridian pattern (TM)	Definition
		23-4	Stomach meridian pattern (TM)	Definition
		23-5	Spleen meridian pattern (TM)	Definition
		23-6	Heart meridian pattern (TM)	Definition
		23-7	Small intestine meridian pattern (TM)	Definition
		23-8	Bladder meridian pattern (TM)	Definition
		23-9	Kidney meridian pattern (TM)	Definition
		23-10	Pericardium meridian pattern (TM)	Title
		23-11	Pericardium meridian pattern (TM)	Definition
		23-12	Triple energizer meridian pattern (TM)	Title
		23-13	Triple energizer meridian pattern (TM)	Definition
		23-14	Gallbladder meridian pattern (TM)	Definition
23-15	Liver meridian pattern (TM)	Definition		
23-16	Conception vessel pattern (TM)	Definition		

24	Six stage Patterns (TM)	24-1	Six stage patterns (TM)	Definition
		24-2	Early yang stage pattern (TM)	Title
		24-3	Early yang stage pattern (TM)	Definition
		24-4	Middle yang stage pattern (TM)	Title
		24-5	Middle yang stage pattern (TM)	Definition
		24-6	Late yang stage pattern (TM)	Title
		24-7	Late yang stage pattern (TM)	Definition
		24-8	Early yin stage pattern (TM)	Title
		24-9	Early yin stage pattern (TM)	Definition
		24-10	Middle yin stage Pattern (TM)	Title
		24-11	Middle yin stage Pattern (TM)	Definition
		24-12	Late Yin stage Patterns (TM)	Title
		24-13	Late Yin stage Patterns (TM)	Definition
25	Triple Energizer Stage Patterns (TM)	25-1	Triple energizer stage patterns (TM)	Definition
		25-2	Triple energizer stage patterns (TM)	Synonym
		25-3	Upper energizer stage patterns (TM)	Title
		25-4	Upper energizer stage patterns (TM)	Definition
		25-5	Upper energizer stage patterns (TM)	Synonym
		25-6	Dampness and heat in the upper energizer pattern (TM)	Definition
		25-7	Middle energizer stage patterns (TM)	Title
		25-8	Middle energizer stage patterns (TM)	Definition
		25-9	Dampness and heat in the middle energizer pattern(TM)	Definition
		25-10	Lower energizer stage patterns (TM)	Title
		25-11	Lower energizer stage patterns (TM)	Definition
		25-12	Lower energizer stage patterns (TM)	Synonym
		25-13	Lower energizer dampness and heat pattern (TM)	Title
		25-14	Lower energizer dampness and heat pattern (TM)	Definition
		25-15	Stasis obstructing the lower energizer pattern (TM)	Title
		25-16	Deficiency of lower energizer pattern (TM)	Synonym
26	Four Phase Patterns (TM)	--	--	--
27	Four Constitution Medicine Patterns (TM)	27-1	Large yang type exterior origin lower back pattern (TM)	Definition
		27-2	Large yang type interior origin small intestine pattern (TM)	Definition
		27-3	Small yang type chest-binding pattern (TM)	Title
28	Formula patterns (TM)	--	--	--
29	Check the first 2 levels: Traditional Medicine conditions – Module 1	29-1	Traditional medicine disorders (TM)	Definition

ICD-11 TM Chapter Peer review summaries – LIST 2 : Disagreement among reviewers, or major content edits

Output #	Entity title	Item type	Proposal status	Comments	Priority
Traditional Medicine Disorders (TM)					
1-1	Hypochondrium pain disorder (TM)	Definition			yes
1-2	Jaundice disorders (TM)	Definition			yes
1-3	Jaundice disorders (TM)	Narrower term			yes
1-9	Tympanites disorder (TM)	Narrower term			
1-10	Liver abscess disorder (TM)	Definition			yes
1-11	Gallbladder distension disorder (TM)	Definition			yes
2-5	True heart pain disorder (TM)	Definition			yes
2-6	True heart pain disorder (TM)	Synonym			yes
3-9	Epigastric upset disorder (TM)	Title			
3-13	Food reverse flow disorder (TM)	Title			
3-19	Intestinal abscess disorder (TM)	Definition			
3-20	Intestinal toxin disorder (TM)	Title			
3-21	Intestinal toxin disorder (TM)	Definition			
6-1	Impetigo disorder (TM)	Definition			
6-3	Infected furuncle disorder (TM)	Title			
6-14	Effusion disorder (TM)	Synonym			
7-5	Menorrhagia disorder (TM)	Definition			
7-6	Decreased menstruation disorder (TM)	Definition			
7-9	Metrorrhagia disorder (TM)	Definition			
7-10	Metrorrhagia disorder (TM)	Synonym			
7-13	Dysmenorrhea disorder (TM)	Definition			yes
7-18	Puerperal abdominal pain disorder (TM)	Definition			
7-22	Postpartum lochiorrhoea disorder (TM)	Definition			
8-2	Joint impediment disorders (TM)	Synonym			
8-3	Cold impediment disorder (TM)	Definition			yes
8-6	Wind impediment disorder (TM)	Synonym			
8-11	Muscle spasm disorder (TM)	Definition			
8-15	Limb flaccidity disorder (TM)	Title			
8-19	Wilting disorder (TM)	Definition			
8-20	Wilting disorder (TM)	Synonym			
9-3	Retinopathy pigmentosa disorder (TM)	Definition			yes
9-7	Inflammatory swelling of the eyelid disorder (TM)	Title			yes
9-14	Tinnitus disorder (TM)	Definition			yes
9-17	Allergic rhinitis disorder (TM)	Definition			yes
11-1	Qi, blood and fluid disorders (TM)	Title			yes
11-3	Qi goiter disorder (TM)	Title			yes
11-6	Qi downward disorder (TM)	Definition			
11-9	Qi upward disorder (TM)	Definition			
11-13	Wasting thirst disorder (TM)	Definition			
11-14	Consumptive disorder (TM)	Title			
11-15	Consumptive disorder (TM)	Definition			
12-16	Fire disorder (TM)	Definition			
14-1	Childhood and adolescence associated disorders (TM)	Definition			
14-2	Developmental delay disorder (TM)	Definition			
14-4	Growth fever disorder (TM)	Definition			
14-5	Infantile convulsion disorder (TM)	Definition			

Traditional Medicine Patterns (TM)			
16-14	Blood stasis patterns (TM)	Definition	
16-16	Blood heat patterns (TM)	Definition	
16-25	Dry phlegm pattern (TM)	Definition	
16-29	Phlegm fire harassing the heart system pattern (TM)	Definition	
16-32	Essence patterns (TM)	Definition	
16-33	Essence deficiency pattern (TM)	Definition	
17-11	Liver depression and blood stasis pattern (TM)	Synonym	
17-22	Liver meridian dampness-heat pattern (TM)	Synonym	yes
17-23	Liver meridian cold stagnation pattern (TM)	Definition	yes
17-28	Gallbladder depression with phlegm harassment pattern (TM)	Definition	yes
17-32	Gallbladder cold pattern (TM)	Definition	
17-33	Worm harassing the gallbladder and diaphragm pattern (TM)	Title	yes
17-34	Worm harassing the gallbladder and diaphragm pattern (TM)	Definition	yes
17-35	Liver and kidney yin deficiency pattern (TM)	Definition	yes
17-36	Disharmony of liver and spleen systems pattern (TM)	Definition	yes
17-38	Disharmony of liver and stomach systems pattern (TM)	Definition	yes
17-40	Liver fire invading the stomach system pattern (TM)	Definition	
17-41	Liver fire invading the lung system pattern (TM)	Definition	yes
18-2	Heart meridian obstruction pattern (TM)	Definition	
19-2	Spleen qi deficiency pattern (TM)	Definition	
19-10	Spleen yin deficiency pattern (TM)	Title	yes
19-18	Dampness and heat encumbering the spleen system pattern (TM)	Title	
21-3	Kidney failing to receive qi pattern (TM)	Synonym	yes
21-10	Kidney yang deficiency pattern (TM)	Narrower term	yes
21-15	Uterine deficiency and cold pattern (TM)	Title	
23-2	Lung meridian pattern (TM)	Definition	yes
23-3	Large intestine meridian pattern (TM)	Definition	yes
23-4	Stomach meridian pattern (TM)	Definition	yes
23-5	Spleen meridian pattern (TM)	Definition	yes
23-6	Heart meridian pattern (TM)	Definition	yes
23-7	Small intestine meridian pattern (TM)	Definition	yes
23-8	Bladder meridian pattern (TM)	Definition	yes
23-9	Kidney meridian pattern (TM)	Definition	yes
23-11	Pericardium meridian pattern (TM)	Definition	yes
23-13	Triple energizer meridian pattern (TM)	Definition	yes
23-14	Gallbladder meridian pattern (TM)	Definition	yes
23-15	Liver meridian pattern (TM)	Definition	yes
24-2	Early yang stage pattern (TM)	Title	yes
24-4	Middle yang stage pattern (TM)	Title	yes
24-5	Middle yang stage pattern (TM)	Definition	
24-6	Late yang stage pattern (TM)	Title	yes
24-8	Early yin stage pattern (TM)	Title	yes
24-10	Middle yin stage Pattern (TM)	Title	yes
24-11	Middle yin stage Pattern (TM)	Definition	yes
24-12	Late Yin stage Patterns (TM)	Title	yes
24-13	Late Yin stage Patterns (TM)	Definition	yes
25-8	Middle energizer stage patterns (TM)	Definition	
25-9	Dampness and heat in the middle energizer pattern(TM)	Definition	
25-15	Stasis obstructing the lower energizer pattern (TM)	Title	

ICD-11 TM Chapter Peer review summaries – LIST 3 : Structure / Classification edits

Output #	Entity title	Item type	Proposal status	Comments	Priority
Traditional Medicine Disorders (TM)					
1-5	Liver distension disorder (TM)	Synonym			yes
1-6	Liver distension disorder (TM)	Exclusion			yes
3-3	Dysphagia occlusion disorder (TM)	Title			yes
3-8	Stomach distension disorder (TM)	Synonym			
3-18	Intestinal abscess disorder (TM)	Title			yes
3-22	Crapulent syncope disorder (TM)	Title			
3-24	Epigastric fullness disorder (TM)	Title			
3-26	Fistula-like disorder (TM)	Title			
4-6	Panting disorder (TM)	Synonym			yes
4-7	Panting disorder (TM)	Synonym			
4-8	Panting disorder (TM)	Narrower term			
4-9	Wheezing disorder (TM)	Narrower term			
5-16	Persistent erection disorder (TM)	Title			yes
5-19	Male Infertility disorder (TM)	Title			yes
8-10	Muscle spasm disorder (TM)	Title			yes
8-14	Numbness disorder (TM)	Title			yes
8-18	Wilting disorder (TM)	Title			
10-4	Wry mouth disorder (TM)	Exclusion			
10-6	Headache disorder (TM)	Exclusion			
10-10	Convulsion disorder (TM)	Exclusion			
10-21	Tremor disorder (TM)	Narrower term			
11-5	Qi downward disorder (TM)	Title			yes
11-8	Qi upward disorder (TM)	Title			yes
11-11	Purpura disorder (TM)	Title			yes
12-15	Fire disorder (TM)	Title			
14-6	Infantile convulsion disorder (TM)	Narrower term			
Traditional Medicine Patterns (TM)					
16-5	Qi deficiency pattern (TM)	Exclusion			yes
16-8	Qi stagnation pattern (TM)	Exclusion			yes
16-10	Qi reverse flow patterns (TM)	Exclusion			yes
16-22	Fluid deficiency pattern (TM)	Narrower term			
16-26	Dry phlegm pattern (TM)	Narrower term			yes
17-24	Liver meridian cold stagnation pattern (TM)	Synonym			yes
18-1	Heart system patterns (TM)	Definition			
18-4	Small intestine qi stagnation pattern (TM)	Definition			
19-6	Spleen qi insecurity pattern (TM)	Title			
19-12	Spleen yin deficiency pattern (TM)	Narrower term			
19-14	Spleen yang deficiency pattern (TM)	Narrower term			
19-15	Spleen yang deficiency with water retention pattern (TM)	Title			
19-17	Spleen and stomach yang deficiency pattern (TM)	Synonym			
19-32	Stomach yin deficiency pattern (TM)	Synonym			
19-33	Stomach yin deficiency pattern (TM)	Narrower term			
19-35	Stomach heat with fluid deficiency pattern (TM)	Title			
19-36	Stomach heat with fluid deficiency pattern (TM)	Narrower term			
19-39	Cold invading the stomach system pattern (TM)	Synonym			yes
21-4	Kidney qi deficiency with water retention pattern (TM)	Title			
21-5	Kidney qi insecurity pattern (TM)	Title			
21-8	Kidney deficiency with marrow depletion pattern (TM)	Title			
21-11	Fear damaging the kidney system pattern (TM)	Title			
21-12	Kidney yang deficiency with water flooding pattern (TM)	Title			
21-14	Dampness Phlegm obstructing the uterus pattern (TM)	Title			yes
25-2	Triple energizer stage patterns (TM)	Synonym			yes
25-3	Upper energizer stage patterns (TM)	Title			yes
25-7	Middle energizer stage patterns (TM)	Title			yes
25-10	Lower energizer stage patterns (TM)	Title			yes
27-3	Small yang type chest-binding pattern (TM)	Title			

ICD-11 TM Chapter Peer review details – LIST 2 : Disagreement among the unit’s reviewers, or major content edits

Output #	Item	Agree (No change)	Agree (Proposal)	Disagree (Issue)	Moderator summary
1-1	Definition	1		2	<p>Proposed definition 1: “A disorder characterized by pain on one or both sides of the hypochondrium. It may be explained by liver qi stagnation, blood stasis, liver exogenous pathogenic invading, which cause the dysfunction or disharmony in the meridians of the hypochondrium. (Ref: Practical Traditional Chinese Internal Medicine, edited by Yongyan Wang,Shiyun Yan, Shanghai science and Technology Publishers, 2009)</p> <p>Proposed definition 2: “A disorder characterized by pain on one or both sides of the hypochondrium. It may be explained by qi dysfunction or disharmony in the hypochondrium.” (GB/T 16751.1-1997)</p>
1-2	Definition		2	3	<p>Proposed definition 1: “A disorder characterized by yellow appearance of the skin, sclerae and urine. They may be explained by Liver and Gallbladder disarrangement, contraction damp-heat, epidemic toxin like viral infections, internal damage diet and alcohol, or Spleen deficiency with dampness retention, blood stasis.” (GB/T 16751.1-1997)</p> <p>Proposed definition 2: “A disorder characterized by yellow and dark appearance of sclera, skin and urine. They may be explained by disorders of liver, gallbladder which caused by invading of exogenous pathogenic including dampness, fire or pestilence, and interior injury due to drinking of alcohol or other different kinds of dampness, blood stasis and qi stagnation.” (Ref: 1. GB/T 16751.1-1997 2. Concise Chinese-English Dictionary of Traditional Chinese Medicine (Zhaoguo Li) 3. Practical traditional Chinese medicine, edited by Yongyan Wang and 3. Shiyun Yan, Shanghai science and Technology Publishers, 2009)</p>
1-3	Narrower term	4	1		<p>1) Acute jaundice : a critical case of jaundice with sudden onset, rapid deterioration and poor prognosis, accompanied by high fever, dizziness, consciousness and delirium, indicating inward invasion of dampness-heat with pestilence or toxin.</p> <p>2) Yang-jaundice : a type of jaundice characterized by bright yellow discoloration of the skin and sclera, accompanied by damp-heat symptoms and yellow slimy tongue coating and rapid pulse.</p> <p>3) Yin-jaundice : a type of jaundice characterized by dim yellow discoloration of the skin and sclera, usually chronic and accompanied by symptoms such as listlessness, fear of cold, white slimy tongue coating and soggy relaxed pulse. (Ref: 1. GB/T 16751.1-1997 2. WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region 3. Practical traditional Chinese medicine, edited by Yongyan Wang and 3. Shiyun Yan, Shanghai science and Technology Publishers, 2009)</p>
1-9	Narrower term			1	<p>Ascites disorder and Tympanites disorder are different in etiology (No rationale provided)</p>
1-10	Definition	1	3	2	<p>Proposed definition 1: “A disorder characterized by sudden onset of fever, a pus-filled mass or pain in the right, lower hypochondrium. It may be explained by heat factors or infection. This may lead to putrefaction of qi or blood.”</p> <p>Proposed definition 2: “A disorder characterized by sudden onset of fever, a mass or pain in the right, lower hypochondrium. It may be explained by accumulation of parasites, or other infection, which lead to putrefaction of qi or blood in liver, and cause internal abscess .” (GB/T 16751.1-1997)</p>
1-11	Definition	2	2	1	<p>Proposed definition 1: “A disorder characterized by recurrent pain in the right upper quadrant of the abdomen which may be accompanied by flatulence. It may be explained by stagnation of gallbladder system of qi or blood mechanism, excess dampness or heat factors, or accumulation of phlegm, blood stasis, or other factors.”</p> <p>Proposed definition 2: A disorder characterized by recurrent pain with stuffiness and distention in the right upper quadrant of the abdomen which may be accompanied by stagnation of gallbladder system of qi or blood, which caused by obstruction of dampness, heat, phlegm and blood factors upset. (Ref: 1. GB/T 16751.1-1997 2. WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region)</p>
2-5	Definition	1		2	<p>Proposal 1 : the syndromes description could keep with WHO international Standard Terminologies on TM in Western Pacific Region (2009) to be more clear and fits clinic (No details / rationale provided)</p> <p>Proposal 2 : Essentially, True Heart Pain Disorder = acute or developing heart attack, preceded by or concurrent with cardiac angina. However the definition we know, angina or early signs of acute or developing MI include pain radiating upward to the neck and jaw, down the left arm along the heart channels, nausea and discomfort below the sternum, which can be confused with epigastric distress like GERD, SOB on slight exertion, or of these signs and symptoms in addition to the ones already described are indicative of True Heart Pain and significant blockage of Qi in the chest. The underlying patterns of Phlegm, Cold, Heat and/or deficiency leading to stasis and ecchymosis need to be differentiated for the purpose of discriminating diagnosis and therefore more comprehensive treatments.</p>
2-6	Synonym			2	<p>It is difficult to understand and not sure what “Reversal Heart Pain Disorder” represents: upward reflux of Qi causing Heart Block? Need to describe the pattern and how it might differentiate from True Heart Pain pattern</p>
3-9	Title	3	1	2	<p>Reviewers disagree on this category: - This is just a symptom and cannot be a disorder without other associated symptoms. This may just be included with ‘Spleen yin deficiency yin deficiency pattern’.</p> <p>- This is a common symptom in clinical experiences. It is not the same with stomach distention disorder. It is somewhat like hungry, pain, heartburning. It is difficult for the patient to describe clearly, so it is named by “disorder”.</p>
3-13	Title	4		3	<p>Reviewers disagree on this category: - This pattern is a little bit similar with food retention disorder, so it is not necessary to be here. - Food retention is more stagnation, whereas this is reverse stomach qi flow.</p>
3-19	Definition	2		1	<p>One reviewer commented: “These symptoms may be caused by other than intestinal abscess.” [no proposal provided]</p>
3-20	Title	3	1	1	<p>Reviewers disagreed on alternate title: “Anal boil disorder (TM)”</p>
3-21	Definition	4		2	<p>Reviewers disagreed on the definition: “A disorder characterized by carbuncles or furuncles of the anal area. It may be explained by the accumulation of dampness-heat factors exertion or over-consumption of alcohol and greasy foods.” “Over-exertion” needs to be clarified. What type of over-exertion? [No proposal provided]</p>

6-1	Definition	4	1	1	Reviewers disagreed on proposed definition: "A disorder characterized by crusty pustules on the skin, suppuration, yellow exudate, and itching, and infectious . It may be explained by affecting the spleen or lung systems or other infections."
6-3	Title	3	1	1	Reviewers disagreed on proposed title: "Furunculosis complicated by septicernia (TM)"
6-14	Synonym		1	1	Reviewers disagree on adding: "carbuncle (TM)"
7-5	Definition	1	2	2	Proposed definition: "A disorder characterized by heavy menstrual flow within 7 days , with an otherwise normal cycle. It may be explained by qi deficiency w thoroughfare and conception meridians or injury of the thoroughfare and conception meridians associated with excess fire or heat. " (in order to define from Metrorrhagia disorder) Disagreement on suggestion: Add 'blood stasis' as a possible cause
7-6	Definition	1		2	Proposed definition 1 : "A disorder characterized by significantly decreased menstruation with a duration of less than two days. It is explained by blood deficiency bleed and weakness of the kidney system uterus (historically known as the sea of blood or blood sea), or turbulent blood flow due to me of blood or obstruction of the Uterus (by Phlegm) " Proposed definition 2 : "A disorder characterized by significantly decreased menstruation with a duration of less than two days. It is explained by deficient-essence weakness of the kidney uterus (historically known as the sea of blood or blood sea), blood deficiency, Cold coagulation and blood stasis due to meridian obstruction."
7-9	Definition	1		2	Proposed definition 1: 'penetrating' instead of 'thoroughfare': "A disorder characterized by heavy menstruation or uterine bleeding at irregular intervals, particularly between the expected menstrual p explained by dysfunction of the spleen or kidney systems, heat in the blood, blood stasis, or dysfunction of thoroughfare and conception suggested to delete "dysfunction of thoroughfare penetrating and conception meridians" Proposed definition 2: Delete "dysfunction of thoroughfare and conception meridians": "A disorder characterized by heavy menstruation or uterine bleeding at irregular intervals, particularly between the expected menstrual p explained by dysfunction of the spleen or kidney systems, heat in the blood, blood stasis, or dysfunction of thoroughfare and conception
7-10	Synonym		1	1	Disagreement on suggestion: "Bleeding between periods"
7-13	Definition			3	Proposed definition 1 : "A disorder characterized by lower abdominal pain or pain in the lumbosacral region, during menstruation. It may be explained by emotion environmental factors that lead to obstruction of the penetrating thoroughfare and or conception meridians, or deficiency patterns such deficiency or deficiency of liver and kidney yin essence may cause malnutrition of uterine related to deficient blood or essence." Proposed definition 2 : "A disorder characterized by lower abdominal pain or pain in the lumbosacral region, during menstruation. It may be explained by emotion environmental factors that lead to obstruction of the thoroughfare and conception meridians, or deficient blood or essence may cause m related to deficient blood or essence." Proposed definition 3 : "A disorder characterized by lower abdominal pain or pain in the lumbosacral region, during menstruation. It may be explained by emotion environmental factors that lead to obstruction of the thoroughfare and conception meridians, or deficient blood or qi, deficiency of kidney malnutrition of uterine related to deficient blood or essence."
7-18	Definition	1		2	Proposed definition 1 : "A disorder characterized by paroxysmal pain in the lower abdomen after labor, with potential dizziness, lethargy, palpitation, shortness of a mass. It may be explained by deficiency of Qi and Blood or excess such as stagnation of Qi or stasis of Blood uterine contractio circulation of qi and blood." Proposed definition 2 : Same as 1 without [excess such as]
7-22	Definition	2	1	1	Disagreement on proposed definition : "A disorder characterized by presence of vaginal discharge including blood, mucus and tissue for three consecutive over two weeks fol explained by heat in the blood, blood stasis, qi deficiency, decreased circulation of qi and blood, or infection."
8-2	Synonym	4	1	1	Reviewers agreed on adding: "Bi syndrome (TM)" Reviewers disagreed on adding: "Painful obstruction syndrome (TM)"
8-3	Definition	4	1	1	Reviewers disagree on adding to the definition: "and contraction of the sinews", Rationale: "Since the current definition enables diagnosis and treatment based on a broad concept of the pathology using cold blocking the meridia cause of pain, and adding the proposed symptoms might reduce the overall meaning and broadness of the definition." In addition one reviewer proposed: "A disorder characterized by stationary joint pain in the body, particularly in the joints , aggravated by the cold factor. It may be explain dampness (primarily cold dampness) factors that may lead to obstruction of the meridians."
8-6	Synonym	4	1	2	Reviewers agreement on: "Migratory impediment (TM)" Reviewers disagree on: "Wind Bi (TM)"
8-11	Definition	2		1	Comment to enhance the definition: "Need to consider coldness AND dampness blocking collaterals. Also Yin, Qi and Blood deficiencies can be involved."
8-15	Title	2	2	2	Reviewers disagreed on current title being the most adequate or not. Proposed alternative: "Flaccidity disorder (TM)"

8-19	Definition	3	1		Proposed sub-types for this disorder: 1) Heat in the lung manifesting as fever, coughing with yellow sputum, irritability, dryness in the throat, thirst, dry stool and scanty urination gradually developing into muscular flaccidity of the lower limbs with motor impairment, red tongue with yellow fur and rapid and slippery pulse. 2) Damp-heat in the body causing muscular flaccidity of the legs with warmth and a sensation of general heaviness of the whole body or full feeling in the chest and gastric region, yellow and dark urination with burning sensation, red tongue with yellow and greasy fur, soft and slow pulse. 3) Deficiency of the liver and the kidney seen mostly in elderly people. Typically symptoms are muscular flaccidity of the limbs come on with an amount of motor weakness in the legs, accompanied with soreness and weakness of the loin and knees, dizziness and blurring of vision, light emission, light red tongue with less fur, thready and rapid pulse. 4) Deficiency of qi and blood causing muscular flaccidity or atrophy of the limbs with motor impairment, marked by lassitude, listlessness, weak voice, sweating on slight exertion, dizziness, palpitation, pale tongue with white thin fur, and weak pulse.
8-20	Synonym		1		"Wei syndrome (TM)" [same as for Limb flaccidity disorder (TM)]
9-3	Definition	5	1	1	Proposed definition: "A disorder characterized by the inability to see clearly at night or in poor light and gradually narrowed vision . It may be congenital or be declining eyesight caused by deficiency of liver and kidney, and spleen qi deficiency. " Ref.: China 12th 5 year planed textbook One reviewer suggested adding: 'deficiency' after 'congenital' Ref.: GB97
9-7	Title	6	1	2	Reviewers disagreed on the title: - Current title is correct; Ref.: GB95 - Current title is a name of modern medical disease. " Peach-like swelling of the eyelid disorder (TM) " is right. Ref: GB97
9-14	Definition	5	2	1	Current definition: "A disorder characterized by a sensation of ringing in the ears. It may be explained by deficiency of yin or blood, deficiency of kidney system movement of the qi which originates in the middle part of the trunk (historically referred to as middle qi or qi of the middle energizer), wind originating from inside the body and affecting the head or ears, environmental factor of wind entering the ears, or drug poisoning." Two reviewers proposed an alternate aetiology: "The tinnitus disorder is caused by external evils invading, repletion fire of Zangfu(bowels and viscera) upward harassing, blood stasis obstructing the clear orifice, Zangfu vacuity detriment,failing to nourish the clear orifice(ear)." Ref.: China 12th 5 year planed textbook One reviewer added: The expression "sinking of middle qi" can accurately summarize what is described in the aetiology as "downward movement of the qi within the middle part of the trunk (historically referred to as middle qi or qi of the middle energizer)"
9-17	Definition	6	1	1	Proposed definition: "A disorder characterized by sudden or recurrent episodes of itchiness in the nose, sneezing, watery discharge, or nasal congestion. It may be caused by congenital factors, dysfunction of the organs visceral deficiency, together with exogenous pathogenic factors or due to contact with allergens dirty factors " Ref.: GB97 One reviewer added for the aetiology: "it is caused by special constitution, evil invades nose orifices" Ref.: GB95
11-1	Title	3		2	One comment is that it is just too broad a category, and the disorders associated with this will not be found easily by practitioners. Qi B should be separated
11-3	Title		3	2	Reviewers disagree on title because: "Goiter" usually means actual swelling of throat. Suggested title: Qi stagnation at the throat or better words may be better. Goitre expresses a swelling of the thyroid, and qi can be stagnant here with goitre describes swelling of the thyroid without specific other symptoms, or rather a huge range of symptoms, or none as the case may be. The manifestation of an imbalance, but with nothing else to go on it is meaningless for the TM practitioner." Ref.: GB/T 16751.2 – 1997
11-6	Definition	2	2		The definition should state whether "Qi downward disorder (TM)" includes or not the "spleen qi sinking", or "yang qi inability to raise the qi". Proposed definition, as a pattern: "A disorder pattern with characteristic manifestations as a result of abnormal flow of qi in a downward direction, such as diarrhea, flatulence, dizziness, dim vision, short breath, lassitude, sagging distension of stomach and abdomen, especially prolapse of the interior organs, for example archoptoma , gastroptosis or hysteroptosis. It may be explained by deficiency of qi that normally holds organs in place, especially deficiency of spleen qi."
11-9	Definition	3	1		Proposed definition, as a pattern: "A disorder pattern with characteristic manifestations as a result of characterized by coughing, belching, vomiting, difficulty breathing in abnormal flow of qi in an upward direction, especially qi of lung, stomache, or liver systems such as coughing, belching, vomiting, in or asthma. "
11-13	Definition	3	1	1	Consider revising aetiology section: Original: "A disorder characterized by increased thirst, excessive eating and increased urination with glycosuria, as well as by potential emaciation, a rich diet, emotional factors, excessive sexual activity, febrile diseases, long term accumulation of the environmental factor of heat in the body, abnormal distribution or movement of fluids, or yin deficiency associated with dryness and heat in the triple energizer burner regions. " Modified: It may be explained by factors which deplete yin fluids in the lungs, kidneys or stomach meridians, such as excess sexual activity, febrile diseases, lack of rest, or those that create fire and heat in the body, such as emotional factors.
11-14	Title	2		1	Clarify if this refers to Tuberculosis – if so consider adding as synonym

11-15	Definition	1	2	2	<p>Definition considered confusing, e.g. local diffuse swelling (local to where?) "A disorder arising when toxin derived from yin-cold accumulates, usually manifested by <u>local diffuse swelling</u> with cold pain that is relieved by suppurate and rupture, or contains thin foul-smelling pus, accompanied by aversion to cold and cold limbs, white tongue coating and cold pulse. It may be explained by chronic deficiency due to consumption of yin, yang, qi and blood."</p> <p>Consider alternate definition: "A disorder characterized by short breath, lassitude, spontaneous or night sweating, dizziness, palpitation, mild fever, thirst, or aversion to cold. It may be explained by insufficiency of Qi, Blood, Yin, Yang or deterioration of visceral function."</p>
12-16	Definition			2	<p>No consensus on acute / chronic:</p> <p>One reviewer says: "It is an acute disease"</p> <p>Proposed definition: "A disorder characterized by depression with repressed anger as the underlying causal factor. Clinical manifestations are such as acute troubled sleep, fatigue, anxiety, fear of death, depression, indigestion, loss of appetite, palpitation and a feeling of heaviness in chest. It may be explained by the internalization of repressed anger appearing as some physical symptoms."</p> <p>Another reviewer says: "Fire disorder contains two category, 'Hwa-byeong' and 'anger'. The disorder is 'Hwa-byeong'. So it is not acute but chronic symptoms."</p>
14-1	Definition	2	1	1	<p>Proposed definition: "This section comprises a range of TM disorders that may occur during infancy, childhood or adolescence. They are associated with hyp immaturity of the internal organs."</p> <p>One reviewer disagreed and proposed: Replace 'hypodevelopment' with 'undergrown'</p>
14-2	Definition	1	2	1	<p>Reviewers disagreed on the proposed definition: "A disorder characterized by developmental delay, as compared at the same age of normal children, such as in standing, walking, teeth eruption, etc. It may be explained by dysfunction of the kidney system."</p> <p>One reviewer disagreed on the aetiology: "the etiology of the disorder (dysfunction of the kidney system) should be specifically analyzed on whether it is <u>innate/acquired</u> and is due to <u>kidney deficiency and spleen and stomach weakness</u>. Therefore, the broad term 'dysfunction of the kidney system' is not appropriate and should be replaced by <u>kidney deficiency and spleen and stomach weakness</u>."</p>
14-4	Definition	1	1	1	<p>Reviewers disagreed on the proposed definition: "A disorder characterized by physiological phenomenon due to the growth and development of the child with symptoms such as fever, irritability, sweating. It may be explained by rapid growth of five viscera and six bowels of infant"</p> <p>- Keep the symptoms and add: "with symptoms such as fever (i.e. growth fever, a kind of physiological fever which presents short-time and does not affect quality of life and sweating"</p> <p>- Modify the first sentence as:</p>
14-5	Definition	1	2	1	<p>Reviewers disagreed on the proposed definition: "A disorder characterized by symptoms such as convulsions, pulling pain, trembling and loss of consciousness, which can occur in infantile convulsion disorder due to the exogenous six factors, pestilential pathogen of central nerve system or rapid response to any emotional or physical stress. qi and blood deficiency an infant may experience."</p> <p>- Infantile convulsion disorder should include "<u>acute</u> infantile convulsion" and "<u>chronic</u> infantile convulsion". The definition describes the infantile convulsion only.</p> <p>- 'convulsions' often occur when infants have very high fever. This condition may be included in the term of physical stress in the original text. febrile convulsion is characterized with pyrexia as the cause of symptom and has no after effect. So <u>high fever</u> must be described as a condition in the sentence.</p>
16-14	Definition	1	2	1	#####
16-16	Definition	1	1	1	#####
16-25	Definition	1	1	1	<p>Reviewers commented that: - "scant or bloody sputum" is an overstating expression, it is better to be revised with "scant, sticky or blood tinged sputum". - "dry throat" is common in this pattern, so it is better to be expressed: "dry mouth, nose and throat".</p> <p>Proposed definition: "A pattern characterized by scant, sticky or bloody blood tinged sputum that is difficult to cough up, chest pain or discomfort, dry mouth, and greasy tongue coating or a thready, rough astringent and rapid pulse. It may be explained by the accumulation of fire/heat, dryness or turbidity."</p> <p>One reviewer further noted that the last sentence is confusing in relation to the five elements. It could be rephrased as: "<u>It may be explained by a negative influence of the fire element on the metal element and the lungs.</u>"</p>
16-29	Definition	2		1	<p>One reviewer noted that: Based on the TM theories, "fever, thirst, stuffy chest, yellow phlegm" are common in this pattern.</p> <p>Proposed definition: "A pattern characterized by restlessness, insomnia or even raving madness, fever, thirst, stuffy chest, yellow phlegm, red tongue tip, yellow rapid slippery pulse. It may be explained by phlegm-fire that harasses the heart spirit."</p> <p>One reviewer further commented that it does not make sense to explain a pattern by itself (Phlegm fire harassing the heart pattern (TM) = restlessness, insomnia or even raving madness, fever, thirst, stuffy chest, yellow phlegm, red tongue tip, yellow rapid slippery pulse). --> The last sentence in the definition should be changed, tentatively as: "<u>It may be explained by excessive Yang harassing the fire element/heart.</u>"</p>
16-32	Definition		1	1	<p>Proposed definition: "This section comprises a range of Essence disturbance dysfunction patterns (TM). They are grouped together based on their common etiology: up the physical structure and maintains body function, or reproductive essence stored in the kidney. Essence Patterns (TM) may be explained by deficiency of fundamental substance inside body."</p> <p>One reviewer further noted that the concept of 'Essence patterns' needs some more explanation in the last sentence such as, tentatively: "<u>Essence Patterns (TM) refer to the flow of Essence (a vital force) in the body and to the distribution of this fundamental substance inside the body.</u>"</p>
16-33	Definition	2		1	<p>One reviewer noted that: Based on the TM theories, "premature senility, soreness and weakness of waist and knees, alopecia and odontose" are common in this pattern.</p> <p>Proposed definition: "A pattern characterized by thinness, dizziness, tinnitus, hypermicrosoma, slow action, mental retardation, premature senility, amnesia, alopecia, soreness and weakness of waist and knees or oligospermia, impotence, premature ejaculation in men, infertility, scanty menstruation or delayed menstruation in women. It may be explained by deficiency of vital essence."</p> <p>One reviewer further noted that the last sentence does not add anything new. It could be tentatively changed to: "<u>It may be explained by imbalance in the water element/kidney causing the deficiency and disharmonious distribution of the fundamental substance.</u>"</p>
17-11	Synonym	1		2	Reviewers disagree with the synonym "Pattern of liver blood stasis and stagnation (TM)":
17-22	Synonym	1		2	- The name is not suitable as a synonym for Liver depression and blood stasis pattern
17-23	Definition	2		1	#####
17-28	Definition		1	2	#####

17-32	Definition		1	2	#####
17-33	Title	1	2	1	Reviewers disagreed on alternate title: "Worm harassing the gallbladder pattern (TM)" Ref.: International Standard Chinese-English Basic Nomenclature of Chinese Medicine (Zhenji Li) Title ref.: GB/T 16751.2-1997
17-34	Definition	1	2	1	#####
17-35	Definition		2	1	#####
17-36	Definition		2	1	#####
17-38	Definition		2	1	#####
17-40	Definition	2	1	1	#####
17-41	Definition		2	1	#####
18-2	Definition	2	1		Terminology issue: Entity title has 'heart meridian' but in definition mentions 'heart vessels' Should choose which term or use both?
19-2	Definition	3	2	1	Proposed definition: "A pattern characterized by reduced appetite, abdominal distension, loose stool, lethargy, lassitude , lassitude of limbs , a pale tongue or a face explained by a deficiency of spleen system qi associated with poor digestion, decreased blood production and circulation, and an inability to warm the body." One reviewer further commented: "The tongue is not necessarily pale, but may be swollen or toothmarked if damp. The pulse is not necessarily feeble, but may be weak in the or it may be generally soggy because of damp."
19-10	Title	4		2	Reviewers disagree on changing the title to "Stomach yin deficiency pattern (TM)" Rationale for not changing: - Need to differentiate with "stomach causalgia" (no reference provided) - Spleen yin includes blood deficiency and less appetite and more spleen qi deficiency. Also, more dry lips in spleen deficiency, and less thirst in deficiency (i.e. there is a slight thirst but doesn't want to drink fluids. References: 1) The Symptoms and Treatment of Spleen-Yin deficiency by Wang Guang Jun in Journal of Traditional Chinese Medicine (Zhong Yi Za Zhi), Vol. 31, no. 7, 1990, p. 4. 2) Concerning the Differentiation between Stomach-Yin and Spleen-Yin Deficiency by Hong Guang Gui Huai in Journal of Traditional Chinese Medicine (Zhong Yi Za Zhi), Vol. 31, no. 7, 1990, p. 4. 3) Introduction to Research on Spleen-Yin Deficiency by Mao Jiao in Journal of Traditional Chinese Medicine (Zhong Yi Za Zhi), Vol. 33, no. 5, 1992, p. 3.
19-18	Title	2	2	3	Reviewers disagreed on replacing the title, and 2 proposals were made: 1) "Dampness and heat in spleen and stomach system pattern" 2) "Damp heat in the spleen system pattern"
21-3	Synonym		1	1	"Lung-kidney deficiency pattern (TM)" or "insufficiency of Qi of the lung and kidney" Rationale: zhongyiyaoxue mingci 2004 – GB/T 16751.2-1997
21-10	Narrower term		2	1	Reviewers agreed on adding: "Life-gate fire depletion pattern" "Primordial yang deficiency pattern" Ref.: zhongyiyaoxue mingci 2004 – GB/T 16751.2-1997
21-15	Title		3	1	Reviewers disagreed on: "Genuine yang deficiency pattern" Reviewers disagreed on the alternate title: "Uterine deficiency cold pattern (TM)"
23-2	Definition	5	1		Proposed definition: "A pattern characterized by a sensations of distention and fullness in the lungs, shortness of breath, coughing, and pain in the supraclavicular area. the person crosses his/her arms, writhes in agony, and shivers and their vision is dim. The pattern sometimes develops and presents the following signs and symptoms related to the lung organ include: cough, shortness of breath, hoarse voice, feeling of sickness in the chest and uprising qi patterns, difficult expectoration, chest distention fullness, pain and flow reversals in the radial border of the anterior side of the upper limb along the inner aspect of the forearm, and heat sensation in the palms. Symptoms of meridian repletion include pain in the shoulders and back. Signs of environmental cold invasion include: the shoulders and back, shortness of breath and change in urine color." Signs and symptoms of acute environmental wind strike include frequent urination and cough. Signs and symptoms of meridian deficiency include: the shoulders and back, shortness of breath and change in urine color."
23-3	Definition	1	2		Proposed definition: "A pattern characterized by toothache and swollen neck. The pattern sometimes develops the following Symptoms and signs related to disharmony of the fluids include: yellowish eyes, dry mouth, nasal congestion and nasal hemorrhage obstructions of the nose and throat, swell and pain in the part anterior aspect of the shoulder and the upper arm, and pain in the index finger and insufficient voluntary movement of the finger and the forefinger. Symptoms and signs of qi excess include heat and swelling along the path of the channel. Symptoms and signs of deficiency include

23-4	Definition	2	2	1	<p>Proposed definition:</p> <p>"A pattern characterized by cold shivering with chills the sensation of being splashed by water, often accompanied by a tendency to moan frequent yawning, or a dark face: complexion. In serious cases the person hates to see people or fire, fears the sound of wood clapping, the illness first arises there is an aversion of people and fire. Sounds of wood clapping causes vigilance and apprehension. closes the gate to be alone in the room There is a desire to remain alone inside with the doors and windows shut. In extreme cases, the person has a comp place and sings or takes off his/her clothes and runs; If severe, the person climbs to a high place, sings, removes their clothes and walks ab beneath the diaphragm and there is abdominal distention. The pattern sometimes develops and presents the following symptoms; mental excessive fever with perspiration, Symptoms and signs related to the blood include: mania, relapsing febrile illnesses, disorders of warmth congestion and nasal hemorrhage, distorted mouth and ulcerous, facial deviations, lip sores, swollen neck swelling -swell and pain in the lar obstructions. -abdominal edema, pain in the swollen There is water swelling in the abdomen and swelling and pain in the patella. pain in at inguinal region, thighs, lower part of the thighs, external margin of the shins, and dorsum of the feet Pain occurs along the channel path from along the thigh and down the lateral shin to the top of the foot. insufficient voluntary movement of the third toe There is impaired use of meridian qi is replete there is a sensation of heat in the front of the body. After eating, food rapidly leaves the stomach and there is a fee urine is yellow. When the meridian qi is deficient there is a sensation of cold in the front of the body and shivering. When there is cold in swelling and fullness in the abdomen."</p>
23-5	Definition	4	1		<p>Proposed definition:</p> <p>"A pattern characterized by stiff tongue root, vomiting immediately after eating, accompanied by stomachache stomach pain, abdominal dis belching, and a temporary feeling of comfort or relief after a bowel movement or passing of flatus that is followed by a feeling of weakness whole body. The pattern sometimes develops and presents the following: Symptoms and signs related to the spleen/pancreas organ includ inability to move the body trembling, indigestion, feeling of sickness in the chest heart vexation, cramping pain in the epigastric region bene diarrhea, abdominal swellings that alter shape and appearance, urine obstruction of water circulation, jaundice, inability to lie down lying of the knees are swollen and become cold when the patient stands up forced stiffness and heaviness along the inner aspect of the knee a</p>
23-6	Definition	3	1		<p>Proposed definition:</p> <p>"A pattern characterized by dry throat, chest heart pain and thirst and with a desire to drink to quench the thirst. The pattern sometimes dev following Symptoms and signs related to the heart organ include: yellowish eyes, pain in the sides of the lateral abdomen and the chest, pa reversals in the ulnar margins of the anterior side of the upper limbs aspect of the arm and heat sensation and pain in the palms."</p>
23-7	Definition	3	1	1	<p>Proposed definition:</p> <p>"A pattern characterized by throat pain, swollen jaw swelling, and inability to turn the head around to look backwards feeling of dislocated a the (muscles) of the shoulders or fractured upper and arms. The pattern sometimes develops and presents the following Symptoms and sign fluids of the body include: hearing impairment deafness, yellowish eyes, swollen cheeks jaw swelling and pain in along the neck, jaws, shou and ulnar margins of the posterior side aspect of the forearms."</p>
23-8	Definition	2	1		<p>Proposed definition:</p> <p>"A pattern characterized by severe clashing headache and sensation that the eyeballs are being torn out, and The nape of the neck are falling in the spine, and a sensation of bent the waist arches backwards, inability to bend legs the thigh cannot flex, stiffness in the popliteal region tight or a and there is a sensation of calves being torn that the calf is being split apart. The pattern sometimes develops and presents the fo signs related to the sinews include: hemorrhoids, ague, relapsing febrile illnesses, delirium mania, epilepsy, pain in the parietal region or th excess lacrimation, nasal congestion and nasal hemorrhage, pain in all of the nape the head, neck, back, buttocks, waist, sacrum, popliteal re calves, calf and lower leg foot insufficient voluntary movement of the fifth and impaired use of the little toe."</p>
23-9	Definition	4			<p>Proposed definition:</p> <p>"A pattern characterized by a sensation of hunger but no appetite without the desire to eat, dark and non-lustrous face a facial complexion lacquered wood, spittle containing blood accompanied by cough coughing up blood tinged sputum, hoarse voice and thirst with shortness of a desire to rise when sitting, dim vision mental instability and a worry of starvation. When the qi is deficient, the person becomes fearful o feels as if someone is trying to catch him/her and has an apprehension of being caught. The pattern sometimes develops and presents the fo signs related to the kidney organ include: feverish heat in the mouth, dry tongue, swollen pharynx throat swelling, hot flushes ascending ci dry and painful in the throat, feeling of sickness in the chest chest heart vexation heart pain jaundice yellow skin ulcers profuse diarrhea</p>
23-11	Definition	3	1		<p>Proposed definition:</p> <p>"A pattern characterized by heat sensation in the palms, spasms in the forearms and elbows and axillary swelling, in extreme cases, if severe subcostal region chest and ribs, feeling of anxiety, palpitations, and great confusion, a red face complexion, yellowish eyes, frequent persist tendency to laugh unceasingly. The pattern sometimes develops and presents the following Symptoms and signs related to the blood vessel sickness in the chest, chest heart vexation, heart pain and heat sensation in the palms."</p>
23-13	Definition	4	1		<p>Proposed definition:</p> <p>"A pattern characterized by hearing impairment deafness, dimming of the perception of sound of rapid water flow the sense organs, swelle of the throat, swelling and pain in the larynx. The pattern sometimes develops and presents the following Symptoms and signs related to th sweating, pain in the tail at the lateral corners of the eye pain in the and cheeks, pain in all of the postauricular regions behind the ear and a arms, elbows and outer sides border of the forearms and insufficient voluntary movement impaired use of the fourth finger."</p>
23-14	Definition	4	1		<p>Proposed definition:</p> <p>"A pattern characterized by bitter taste in the mouth, frequent sighs, pain in the subcostal region heart and rib-sides and an inability to turn from side to side. In extreme cases; if severe, dusted and dark the complexion is dusty and non-lustrous body lackluster, the skin is dry val are heat reversal circulation patterns along the outside of the foot. The pattern sometimes develops and presents the following Symptoms bones include: headache and jaw pain along the side of the face. There are pains in the tail of the at the lateral corners of the eyes, swelling supraclavicular fossa, axillary swelling beneath the axilla, scrofula sores of the neck, perspiration sweating, shaking chills, ague relapsing feb of the chest subcostal region rib-sides thighs along the outer side of the knees down the shins outer side of the lower legs anterior edge</p>
23-15	Definition	2	2		<p>Proposed definition:</p> <p>"A pattern characterized by low back pain in the waist and difficulty in moving the body an inability to look upwards. In men there are swell in men groin and genitals. In women there are and swellings in of the lower abdomen in women. In extreme cases. if severe, thirst the thro lustrous the complexion as if the face is dusted is dusty and lackluster. The pattern sometimes develops and presents the following Symptom liver organ include: feeling of chest distention fullness, counterflow vomiting, henteric stool diarrhea with undigested food, seretal hernia i urinary incontinent and obstructed urine "obstruction."</p>
24-2	Title	3	1	1	<p>Reviewers disagreed on alternatives for 'Early':</p> <ul style="list-style-type: none"> - 'Initial' - misses the meaning of the particular stage of the disease expressed by 'Early' - 'Prodromal'
24-4	Title	2	2	1	<p>Reviewers disagreed on title alternatives:</p> <ul style="list-style-type: none"> - "Peak yang stage": yangming big is not in the middle yang stage, because the text says that yangming does not transmit to other (disea -> "Middle" is a particular stage in the development of six stage pattern. It does not mean how much the "yang" is. - 'Middle' should be explained to avoid confusion, because yangming fubing stage can be the last stage in infectious disease where patie Fever is lower than shaoyang and higher than taiyang? Or Yangming bing is manifested between taiyang and shaoyang stage? Or Vomiting and any other symptoms of yangming bing are milder than shaoyang bing?

24-5	Definition	1	2	2	<p>Reviewers disagreed on proposed definition: "A pattern that usually manifests several days after the onset of a febrile state. The pattern is characterized by high fever, profuse sweating, distension, severe thirst with desire for water, constipation, tidal fever (generalized excessive sweating with high fever repeating regular delirium-like condition, restlessness, panting, red face, big forceful or slippery pulse, or thick dry tongue coating (white or yellow). It may be explained by reactions to pathogens at the interior layer of the body."</p> <p>– Yangming bing should contain meridian symptoms(jing zheng). It is more important signs of yangming stage.</p> <p>– Replace 'reactions to pathogens' by 'signs of hot state'</p>
24-6	Title	3	2	1	<p>Reviewers disagreed on alternate titles, discussion continued from previous entity.</p> <p>– Shaoyang can not be the late stage chronically. So "intermediate" is better than late. -> Disagree (cf previous category). Also, since Shao yang can be propagated to Tai yin, "late" is agreeable.</p>
24-8	Title	2		1	<p>[Same discussion as for "Early Yang pattern (TM)"]</p> <p>Reviewers disagreed on alternatives for 'Early': – 'Initial' – misses the meaning of the particular stage of the disease expressed by 'Early'</p>
24-10	Title	1		2	<p>Two reviewers agreed that the term "Middle" is not appropriate.</p> <p>Rationale: – This pattern(Shaoyin) is the late and critical stage of the six-meridian problems – Shaoyin can not be the middle stage chronically and clinically</p> <p>Alternate titles: "Final yin stage pattern (TM)" (Shaoyin is closer to final stage of shanghan bing) "Declining yin stage pattern (TM)"</p>
24-11	Definition		1	3	<p>All reviewers disagreed with the current definition.</p> <p>Propose definition: "A pattern that usually manifest at the onset or during the course advanced stage of a febrile state. This pattern is characterized by no desire to lie down or to have a rest frequent desire for sleep, a sensation of discomfort in the chest cold limbs, thirst, diarrhea, pain in the parts of the body dysphoria, sleeplessness, dry mouth and throat, red tip of tongue, Deep-feeble thin rapid pulse or faint thin pulse (pulse). It may be explained by moderate cold at the interior layer of the body."</p> <p>– Shaoyin pattern include shaoyin cold-transformation pattern and heat-transformation pattern. So its manifestations should be added a restlessness, insomnia and a dry mouth and throat, red tongue tip and thready and rapid pulse.</p>
24-12	Title	1		2	<p>Reviewers disagreed on alternatives for "Late": – "Intermediary yin stage pattern (TM)" is better than late – or "Mixed yin stage pattern (TM)".</p> <p>Rationale: Jueyin bing has mixed and complicated symptoms in Shanghanlun, but different in <Neijing relun>. But the foundation of 6 stage pattern is</p> <p>– "Last yin stage pattern (TM)"</p> <p>Rationale: Jueyin pattern is the last not late stage of a disease caused by the exogenous pathogenic factors.</p>
24-13	Definition	1	2	1	<p>Proposed definition: "A pattern that usually manifest at the end stage of a febrile state. The pattern is characterized by severe malaise, extremely cold limbs, excessive sweating (occasionally), palpitation with paradoxical hot feeling and discomfort in the chest, thirst with desire for drink as in diabetes, affecting the heart, burning sensation on the heart, inability to eat despite being hungry with no appetite, vomiting food or ascarid at with undigested food. It may be explained by extreme severe cold on the exterior part of the body first and then developed to complicate interior layer of the body."</p> <p>Rationale: The description of the pattern is composed of symptoms of Neijing and Shanghanlun at once, but should be based on Shanghanlun.</p> <p>[replace 'diabetes' by 'wasting thirst?'] [need to check 'ascaris'/'ascariemesis']</p>
25-8	Definition	2	2	1	<p>Proposed definition: "This section comprises dysfunction attributed to invasion of the pathogen on the upper abdominal cavity, i.e. the portion between the diaphragm and umbilicus housing the organs of the spleen, pancreas, stomach, liver and gallbladder systems."</p> <p>Reviewers disagreed on organ list: – Liver and gallbladder are classified within low energizer.</p> <p>– Liver and gallbladder are right to be in the middle energizer system, because it is mentioned in the digestion context.</p>
25-9	Definition	3	2	1	<p>Proposed definition: "A pattern characterized by dull fever which becomes severe in the afternoon, stuffiness and distension of the epigastrium and abdomen, anorexia, thirst with no desire to drink, brownish urine or loose stool. It may be explained by the invasion of environmental factors of dampness into the spleen and stomach systems. This pattern is usually seen in the intermediate stage of diseases caused by dampness and heat.</p> <p>One expert suggested: "Regarding the organs in the middle energizer, pancreas rather than spleen should be mentioned"</p>
25-15	Title		1	3	<p>– All reviewers disagreed with the current title</p> <p>– One expert suggested to merge this term into "Dampness and heat in the lower energizer pattern" [see comment at the parent]</p> <p>– Alternate title: "Stasis obstructing of Taiyang stage pattern (TM)"</p> <p>[cannot use the term 'taiyang' in the title]</p>

ICD-11 TM Chapter Peer review details – LIST 3 : Structure / Classification edits

Output #	Item	Agree (No change)	Agree (Proposal)	Disagree (Issue)	Moderator summary
1-5	Synonym	3		2	Entity "Liver distension (肝脹)" and current synonym "Liver stagnation (coagulation/inaction) (肝著/着)" are two different disorders and symptoms. (Ref: Miraculous Pivot (Lingshu) Synopsis of Golden Chamber (Jingui Yaolue) cf. Synonym comment
1-6	Exclusion		1		Suggest differentiating "Liver stagnation /stagnancy/coagulation/inaction" from "Liver distension". Suggested additional entity : "Liver stagnation disorder (TM)": Definition : "A disorder characterized by fullness or oppression in chest, frequent sighing, like to drink hot water, or stifling oppression and like to be flapped, or difficult to breath and hard to lie down with aggravation . It may be explained by abnormal emotion or disharmony of cause stagnation of liver qi and blood, which upward invading lung." (Ref: Jingui Yaolue, Concise Chinese-English Dictionary of Traditional Chinese Medicine – Zhaoguo Li)
3-3	Title		1		One reviewer suggested: it may be more easily found by tcm practitioners if this category were placed under the "qi, blood and fluid disorder" category. Rationale: It is largely associated with qi stagnation . or of fire or phlegm as stated. "Spleen qi stagnation (TM)"
3-8	Synonym		1		[seems to refer to a pattern?]
3-18	Title	3		2	Reviewers asked to revise this category Rationale: – Abscess is a western medicine diagnosis. We deal with clinical pictures and cannot see inside the body. The symptoms associated with caused by other western classified diseases, including tumour and therefore need clarification from WM.
3-22	Title	1	2		Reviewers commented that: "Crapulent syncope disorder (TM)" should be a narrower term under "Syncope disorder (TM)".
3-24	Title	4	2		Reviewers commented that: "Epigastric fullness disorder (TM)" should be a narrower term under "Stomach distension disorder (TM)".
3-26	Title	0		4	– All reviewers disagreed with the current title – Two commented that: "This is not a TM category". They questioned: Considering the title and definition, what makes this a TM diagnostic category instead of TM being valid to treat a western diagnosis? Following this logic, one could ask 'Does every western diagnosis belong in the TM disorders categories?' – Reviewers disagreed on alternate titles: "Urethrovaginal fistula disorder (TM)" or "Urethral fistula disorder (TM)"
4-6	Synonym		2		"Shortness of breath disorder (TM)" is a narrower term, not a synonym. Rationale: Shortness of breath with rapid labored breathing, is one type of panting.
4-7	Synonym		2		"Dyspnea disorder (TM)" → see Title
4-8	Narrower term		2		Remove the narrower term "Panting with dyspnea disorder (TM)" if confirm that 'Panting' and 'Dyspnea' are synonyms.
4-9	Narrower term		1		"Wheezing with dyspnea disorder (TM)" is a synonym, not a narrower term
5-16	Title	2		1	One reviewer commented that: 'Persistent erection' doesn't have to be put into a separate category. Rationale: TCM has described 'Persistent erection disorder' as 木腎, 陽強 [no translation provided]
5-19	Title	1		1	One reviewer commented: – Male Infertility disorder doesn't have to be a separate category. Rationale: TCM has described Impotence disorder as 不育. – The concept of 'infertility' is for "female infertility". [← separate category in the classification]
8-10	Title	3	4	1	Reviewers disagreed on the comment: "Muscle spasm is a symptom not a disorder"
8-14	Title	3	4		Reviewers agreed that this entity refers to a symptom, not a disorder
8-18	Title	3	2	1	Reviewers disagreed on the comment that this entity is the same as Limb Flaccidity disorder (TM) or not ('flacidity' is mentioned in the definition)
10-4	Exclusion		1		Consider adding: (→ create a new category?) "Trigeminal neuralgia" "Clinical manifestations are repeated and short attack of severe pain and spasm on the unilateral part of the face, accompanied by spas caused by invasion of wind-cold or wind-heat into the facial meridians, or frequent yin deficiency with interior heat and obstruction of st compression or spasm of meridians."
10-6	Exclusion		1		Consider adding: (→ create a new category for each?) "Trigeminal neuralgia" "Reversal true headache" Definition: "Clinical manifestations are sudden onset of severe headache, nausea, vomiting, and significant increase of blood pressure. It is scurry of wind yang and reverse flow of qi and blood, harassing lucid yang."
10-10	Exclusion	1	1		"Epilepsy" [no such disorder in TM chapter]
10-21	Narrower term		1		"Head-shaking disorder (TM)": Structure issue : Cannot be a narrower term and a sibling
11-5	Title	2	2		Location of this entity is incorrect. Rationale: It should be: – a "pattern" is more suitable, not appropriate as a "disorder" because "Qi downward" is a group of syndromes or – this should be considered in association with other disorders.
11-8	Title	2	2		Location of this entity is incorrect. Rationale: It should be: – a "pattern" is more suitable, not appropriate as a "disorder" because "Qi upward" is a group of syndromes or – this should be considered in association with other disorders – there is no need for a separate category.

11-11	Title	2	1	1	One comment is that this is a non-specific symptom and as such is not useful until associated with other symptoms. But others do not agree on this based on reference GB/T 16751.2 – 1997
12-15	Title	1	1	2	Change parent to "Depression disorders(TM)"
14-6	Narrower term		1		"Pudendal cold disorder (TM)" is not a narrower term of "Infantile convulsion disorder (TM)"
16-5	Exclusion		2		The exclusion "Qi phase patterns (TM)" applies to the parent, no need to specify it here
16-8	Exclusion	1		1	The exclusion "Qi phase patterns (TM)" applies to the parent, no need to specify it here
16-10	Exclusion	1		1	The exclusion "Qi phase patterns (TM)" applies to the parent, no need to specify it here
16-22	Narrower term	2	1		"Fluid decrease pattern (TM)" should be a synonym instead of a narrower term.
16-26	Narrower term		3		"Fluid stagnation pattern" does not express clearly the pattern meaning. It should be replaced with "Fluid aggregation pattern (TM)" "Fluid stagnation pattern" would be suitable as narrower term of [damp?] phlegm pattern.
17-24	Synonym		3		"Cold stagnation in liver meridian pattern (TM)" is basically the same expression as the title.
18-1	Definition	2	1		Proposal for this section: "Whether the heart system patterns should include ALL small intestine patterns or part of small intestine patterns? The heart and small intestine are the related internal and external organs, but small intestine patterns sometimes don't concern the heart."
18-4	Definition	1	2		Location issue: "This pattern seems more related to the kidney system rather than the heart system. It should be discussed whether to move it" Proposed definition: "A pattern characterized by gripping pain of lower abdomen, tympanites and borborigmus, in some cases of male, accompanied with mid the scrotum. It may be explained by qi stagnation in the small intestine system, stagnation of the seven emotions or stagnation and binding "
19-6	Title	3		2	The reviewers disagree about this diagnostic category: - Similar to "Lung and spleen deficiency pattern (TM)". Indeed, 'shortness of breath' could be due to lung qi deficiency or damp. - Should be included with "Spleen qi deficiency pattern (TM)"
19-12	Narrower term	3		1	"Spleen yin depletion pattern (TM)" is a synonym, not a narrower term.
19-14	Narrower term	2	1		"Spleen yang depletion pattern (TM)" is a synonym, not a narrower term.
19-15	Title	4	1		One reviewer proposed that this category is a narrower term belonging to "Spleen yang deficiency pattern (TM)"
19-17	Synonym	4	1		One reviewer noted that it is the other way round: This category (should be called "Spleen yang deficiency with stomach external cold pattern") is a narrower term of "Spleen yang deficiency (TM)"
19-32	Synonym	4	1		"Stomach deficiency and heat pattern (TM)" is a narrower term
19-33	Narrower term	3	1		"Stomach yin depletion pattern (TM)" is a synonym
19-35	Title	4	1		One reviewer commented that this category should be a narrower term under "Stomach heat pattern (TM)"
19-36	Narrower term	3	1		"Stomach heat with fluid depletion pattern (TM)" is a synonym
19-39	Synonym "Stomach cold pattern (TM)"	4	1		"Stomach cold pattern" is not a synonym. Rationale: "Stomach cold pattern" on its own (without excess or invasion of) can be from eating very cold or iced foods, especially during summer. the symptoms above without aversion to cold or cold limbs.
21-4	Title	3	1	1	Reviewers disagreed on this category: - "This category should be divided to "Kidney qi deficiency" and "water retention"." - This is a pattern derived from kidney qi deficiency, and the water retention is the result. Water retention can be caused by many reasons such as kidney qi deficiency or spleen yang deficiency, qi deficiency or qi stagnation, even yin deficiency etc. so as a common seen pattern it can be listed as a separate pattern.
21-5	Title	3	1		One reviewer commented: "This term should be included in "Kidney qi deficiency pattern (TM)"
21-8	Title	3	1		One reviewer commented: "This term might be changed to the long-term type of "Kidney deficiency" [---> "Kidney qi deficiency pattern (TM)"?]
21-11	Title	3	1		One reviewer commented: "This term is a mechanism of the kidney pattern. It should be included in "the kidney pattern" [---> "Kidney qi deficiency pattern (TM)"?]
21-12	Title	3	1		One reviewer commented: This term should be divided to "kidney yang deficiency" and "water flooding pattern" [---> "Kidney yang deficiency pattern (TM)"?]
21-14	Title	1	3		3 reviewers agreed that: This category is a synonym of "Phlegm obstructing the uterus pattern (TM)" and so should be deleted Ref.: GB/T 16751.2-1997 – zhongyiyaoxue mingci 2004 [or Narrower term?]
25-2	Synonym	5	2		Reviewers commented: - The non-english synonyms should be checked for which ones are included: if limited to some selected pronunciations, the reason should be given it which might give an impression that there is a bias on who is entitled to define traditional medicine. - Consider adding "San jiao patterns (TM)"
25-3	Title	3	2	1	Two reviewers proposed to merge the 4 terms in "Upper energizer stage pattern (TM)" into one as "Dampness and heat in the upper energizer stage pattern (TM)". Rationale: More sub-classifications is no good for clinical statistics use in this part. One reviewer disagreed: "Although they are common in their location, dryness and dampness should be differentiated."
25-7	Title	4		1	Two reviewers proposed to merge the 4 terms in "Middle energizer stage pattern" into one as "Dampness and heat in the middle energizer stage pattern (TM)". Rationale: More sub-classifications is no good for clinical statistics use in this part.
25-10	Title	3	2		Two reviewers proposed to merge the 4 terms in "Lower energizer stage pattern" into one as "Dampness and heat in the lower energizer stage pattern (TM)". Rationale: More sub-classifications is no good for clinical statistics use in this part.

27-3	Title		1		In the Four Constitution Society there currently has been an agreement in developing the Clinical Practice Guideline (CPG – developed the Sasang experts) to delete Small yang type chest-binding pattern, so should the ICTM content also be in line with this?
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ICD-11 Beta Draft Traditional Medicine (TM) Chapter TRANSLATION PACKAGE

(Draft Version 1.0)

Protocol and Supporting Material for Translation and Linguistic Evaluation

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I. Preface

The “ICD-11 Beta Draft TM Chapter Translation package” provides protocols and supporting material for translation and linguistic evaluation of the ICD-11 Beta Draft Chapter on Traditional Medicine conditions – Module I. This chapter refers to disorders and patterns which originated in ancient Chinese Medicine and are commonly used in China, Japan, Korea, and elsewhere around the world.

The protocols and supporting material are for ICD-11 Beta Draft TM Chapter specific content, including:

- ICD-11 Beta Draft TM Chapter introduction
- ICD-11 Beta Draft TM Chapter codes, their definition and inclusion and exclusion terms

Translation (see section II) followed by back-translation (see section IV Linguistic evaluation) is a common process used to assess the understandability of the source text. This is also done to trace any inaccuracies or ambiguities in the source text that would need to be addressed to improve or otherwise be taken into account when finalizing the source text.

II. Translation Tool and workflow

The procedure for translation has the following steps.

Step 1: Identification of the translators and assignment of roles on the ICD-11 translation Tool

The translation should be performed by translators working as a team for the consecutive translation phases as described below). Required **qualifications** of the translation team should include:

- a) Excellent command of the language to translate from (source language: ENGLISH);
- b) The language to translate into (target language) as their mother tongue;
- c) Expert knowledge in Traditional Medicine and understanding of the concepts and terms in ICD-11 TM Chapter. In situation where the translators lack TM expertise it is advised that they collaborate closely with TM experts who will provide guidance on technical matters.

The translation of the ICD-11 Beta Draft TM Chapter should be conducted using the **ICD-11 Translation Tool**. The tool provides translators a mechanism to collaboratively translate the ICD content. This involves translation of ICD titles, definitions, synonyms and narrower terms of all ICD-11 Beta Draft Chapters including the TM Chapter. Since inclusions and ICD Index are a subset of the above, they are covered as well.

The very basic **functionality** of the ICD-11 Translation Tool can be summarized as follows:

- Provides the ICD information in its context. Title, Definition, Synonyms as well as the location in hierarchy are visible in one page
- Allows the translator to make the translation directly in the tool while reading the original.
- Commenting on individual translations

The ICD-11 translation platform supports different **types of translators** with **different levels of access**. There may be **multiple people** assigned to any of these roles.

General Translator: This role is given to the translators who will be able to provide translations at Stage-1. They will be able to enter input as well as to change the input of other General Translators.

Reference Translator: This role is given to the translators who will have the final say on the translations in a given language. They will be able to change other translator's input and without their approval translations will not be regarded as final.

If needed The translators may additionally, if they so wish, refer to the ICD-11 TM Chapter versions in Chinese, Korean or Japanese languages in order to obtain further input to guide translation into the target language.

Translations go through different stages

- **Stage 1:** This is the default stage if a translation is entered by a **General Translator**. Both **General and Reference Translators** can update these translations.
- **Stage 2:** This is the default stage if a translation is entered by a **Reference Translator**. Any translation approved by the **Reference Translator** also becomes Stage2. In addition, any translation that comes directly from ICD-10 are put at this stage. Stage-2 translations can only be edited by **Reference Translators**.
- **Stage 3:** This is the stage for a translation after a second reference translator approves the translation. This is an optional stage which provides additional quality assurance in the translations.

The ICD-11 translation platform will guide the user with the principles listed above so that they will only see the functions they can perform.

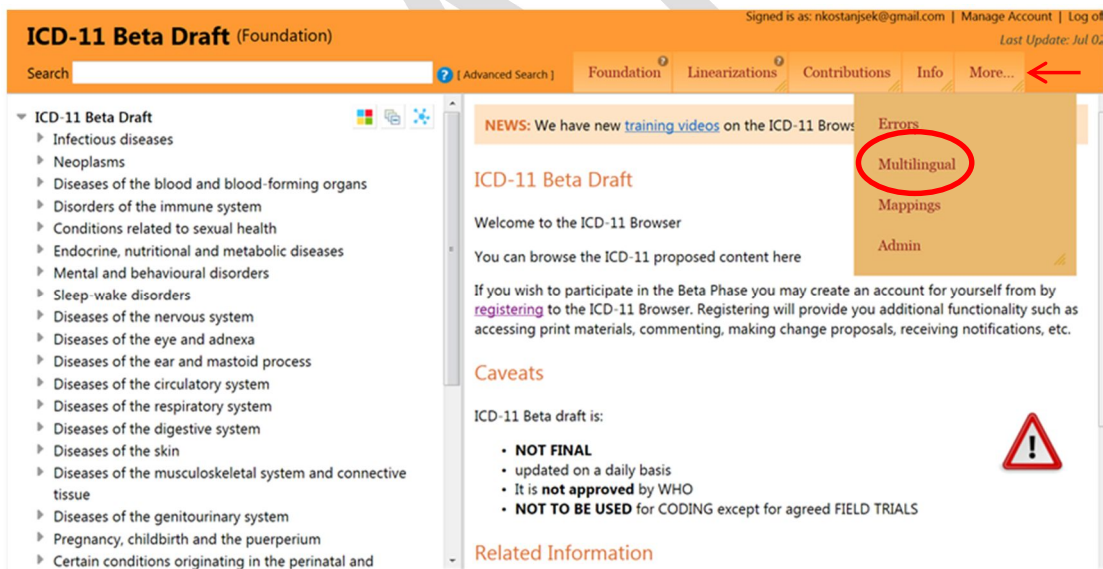
Step 2: Registration of translators on the ICD-11 Browsers

The translators identified in step 1) should:

- Register on the ICD-11 Browser by following the online video tutorials “Welcome to the ICD-11 Browser” and “Registering”:
<http://apps.who.int/classifications/icd11/trainingvideos/>
- Notify WHO of their UserName once the registration is complete, and then WHO will give them access to the translation platform.

Step 3: Access translation platform on the ICD-11 Browsers

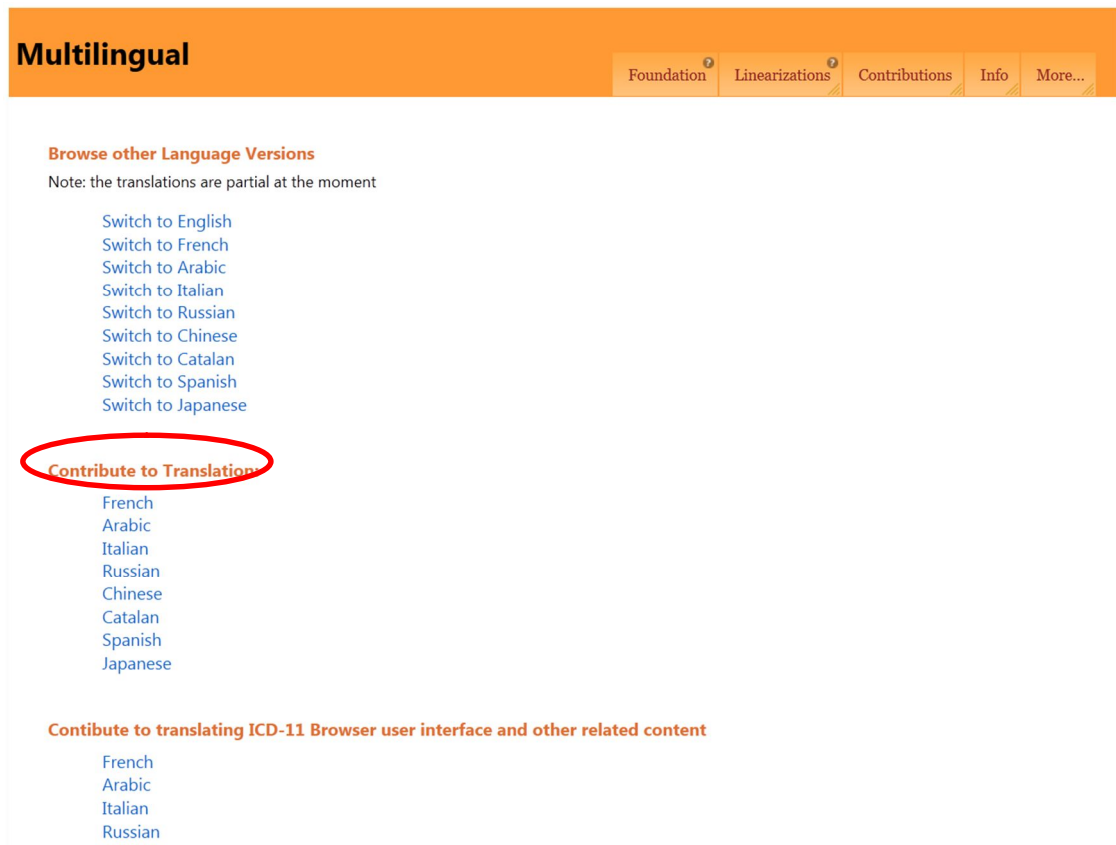
In the ICD-11 Browser translators can access the translation platform by clicking the link “Multilingual” under the tab “More”.



In the “Multilingual” page of the ICD-11 Browser chose the respective language version under the section “*Contribute to Translation*”. Through this link you will access the “Translation Tool” for your respective language version.

An online video tutorial introducing the “Translation Tool” and explaining how to use it is available at:

<http://apps.who.int/classifications/icd11/trainingvideos/>



In the “*Multilingual*” page of the ICD-11 Browser you will also find a section titled “*Browse other Language Versions*”. If you choose any of the language versions listed you access the ICD-11 Browser of the respective language.

Translation Home Page

After clicking a particular language link the entry page for the respective translation will appear. On the right side the page will show some basic completion statistic.

The screenshot displays the 'Translations' interface for ICD-11 Beta Draft. The main content area is titled 'Home Page for French Translation'. It includes a search bar, a navigation menu, and completion statistics. The completion statistics are presented in four pie charts, two for 'Quality adjusted completion rates' and two for 'Raw completion rates'.

Quality adjusted completion rates:

- Translation rate for the Full content: Complete 8%, Incomplete 92%
- Translation rate for the Volume I of the Joint Linearization excluding definitions: Complete 25%, Incomplete 75%

Raw completion rates:

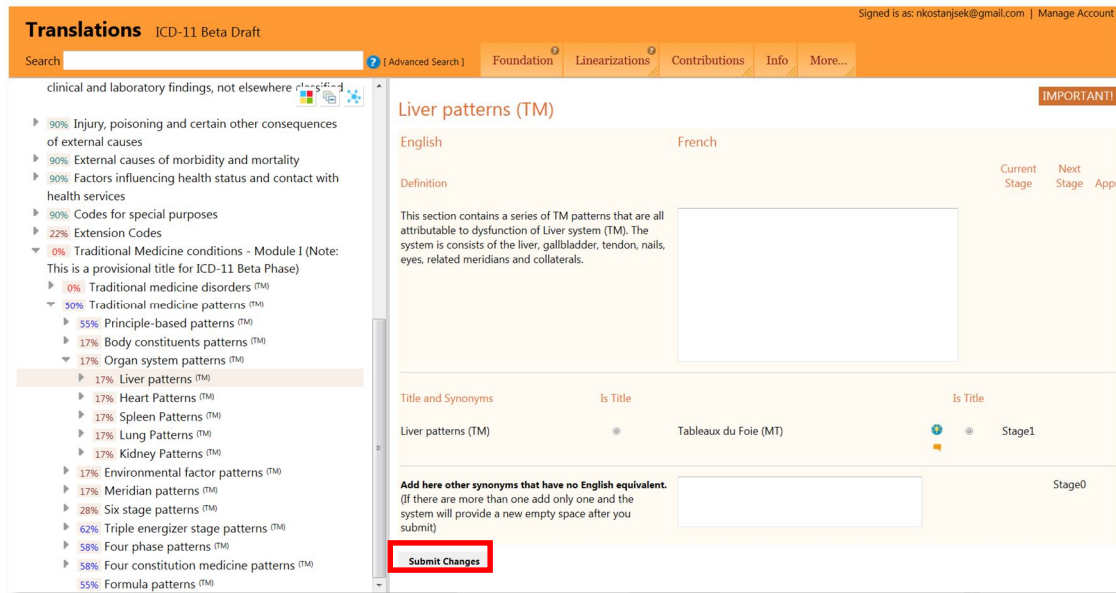
- Translation rate for the Full content: Complete 9%, Incomplete 91%
- Translation rate for the Volume I of the Joint Linearization excluding definitions: Complete 28%, Incomplete 72%

The left sidebar shows a hierarchy of ICD-11 categories with completion percentages. The 'Traditional Medicine conditions - Module I' section is expanded, showing various patterns and their completion rates.

You may change the hierarchy display language and the searching language from this page. By default, these are set to English but they can be changed to the translation language. If done so, the hierarchy on the left will display the ICD titles in the translated language and both search and advanced search will search the text in the translated language.

Translation Page for Individual Entities

The tool provides a page for each entity in ICD which is used to make the translations.



IMPORTANT! Information on Saving the Work

Please note that the changes you made will be saved only after you click the submit button.

Navigation

Moving from one entity to another can be done in two ways

- Using the hierarchy on the left. This is similar to [navigation in the ICD11 Browser](#)
- Using the Search or Advanced Search functions.

Translation

The screenshot shows a translation interface with two main sections: 'Title and Synonyms' and 'Is Title'. In the 'Title and Synonyms' section, the text 'Spleen Patterns (TM)' is displayed in a red-bordered box. In the 'Is Title' section, there is an empty text box highlighted with a blue border, indicating where the translation should be entered. A 'Stage1' dropdown menu is visible on the right side of the interface.

For each individual text, you need to put the translation of the text on the left (shown in red rectangle) in to the edit box on the right (shown in blue rectangle). In case there is an existing translation and you don't have the right to change it then the tool may display the existing translation in non-editable fashion.

What if translation language has additional synonyms?

In some cases the translation language will have additional synonyms. In such cases they have to be entered in the special area in the page. See below

The screenshot displays two rows of translation entries. The first row shows the source text 'Summerheat and dampness affecting the middle energizer pattern(TM)' and the target text 'Canicule et Humidité affectant le Réchauffeur Moyen (*)'. The second row, highlighted with a red rectangle, shows the source text 'Summerheat and dampness encumbering the middle energizer pattern (TM)' and the target text 'Canicule et Humidité encombrant le Foyer Médian (*)'. Below the target text box in the second row, there is a special area with the instruction: 'Add here other synonyms that have no English equivalent. (If there are more than one add only one and the system will provide a new empty space after you submit)'. A 'Stage1' dropdown menu is visible on the right side of the interface.

Approving

Reference Translators can move a Stage 1 translation to Stage 2 and (if needed) to Stage 3 by approving.

The screenshot shows the translation interface for 'Menstruation associated disorders (TM)'. The interface is split into two columns: 'English' and 'French'. The English column contains the definition: 'This section contains a variety of TM disorders that differ in severity and clinical form but are all attributable to emmenopathy. They are classified into four major categories: irregular menorrhoea (menopause), abnormal bleeding, dysmenorrhoea and menopausal disorders. Particularly abnormal bleeding is subdivided by criteria of abnormality in menstrual cycle, amount and form.' The French column contains the definition: 'Cette section contient divers tableaux qui varient en sévérité et en manifestations mais sont tous associés à des troubles de la menstruation. Ils sont classés en quatre grandes catégories, les règles irrégulières (ménopause), les saignements anormaux, les dysménorrhées et les désordres de la ménopause. Les saignements anormaux sont considérés selon des critères d'anormalité de la durée du cycle, de l'aspect et de la quantité du sang.' A red rectangle highlights the 'Current Stage' (Stage0) and 'Next Stage' (Stage2) buttons, along with the 'Approve' button. An 'IMPORTANT!' banner is visible at the top right of the interface.

Commenting

Whenever there is a translation present, it is possible to write comments on it. This is done by clicking the comment icon which will display a comment edit area and then clicking the send your comment button.

Title and Synonyms: Lung system disorders (TM) | Is Title: Troubles du système Poumon * | Is Title: Stage1

Comment: Pour traduire disorders, je retiens troubles, mais désordres ou perturbations me paraissent recevables.

Buttons: Send your comment

When there is already an existing comment, the comment button looks a little bit different. Clicking on it will let you read the existing comments and reply if you'd like to.

Title and Synonyms: Liver heat stirring wind pattern (TM) | Is Title: La Chaleur du Foie engendre le Vent (MT) (Tableau) | Is Title: Stage1

Comment: Les symptômes présentés dans la définition présentent une gravité telle (coma, opisthonotos...) qu'il serait préférable de traduire ce titre en "La chaleur extrême du Foie engendre le Vent", tel que cela se retrouve déjà dans la littérature francophone.

User: Pierre LETZKUS | 2015-Jul-02 - 20:58 UTC

Buttons: REPLY, AGREE, DISAGREE, SPAM, add new comment, INVITE

In addition to reading the existing comments and writing a comment yourself you may do the following:

- 👤 REPLY : Reply to existing comments. Please note that you cannot reply to replies
- ✅ LIKE : You may state that you've liked this comment
- ❌ DISLIKE : You may state that you've disliked this comment

The number between the up and down arrows shows the sum of likes minus sum of dislikes.


🚫 SPAM : You may report that this particular comment is SPAM (i.e. not related to ICD or translation. May be an advertisement, etc.)

How to keep track of changes in the source text (i.e. English ICD-11 Beta version)?

The Translation Tool keeps automatic track of changes made in the source text (i.e. English ICD-11 Beta version). A yellow circle with a black exclamation mark will indicate that the source text has changed.

When clicking on the icon a pop-up window will appear showing the


- the current Source Text;
- the Source Text when translated;
- the Diff view, highlighting the change in track changes mode.

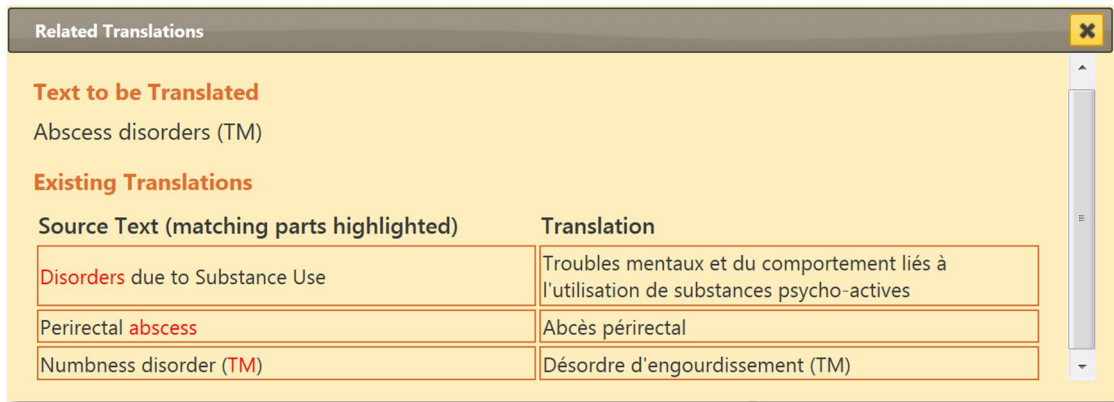
Title and Synonyms	Is Title	Is Title
Summerheat and dampness affecting the middle energizer pattern(TM) 	Canicule et Humidité affectant le Réchauffeur Moyen (*)	Stage1

Title and Synonyms	Is Title	Is Title				
Summerheat and dampness affecting the middle energizer pattern(TM) 	<div style="border: 1px solid gray; padding: 5px;"> <p>Translation Source Diff</p> <table border="1"> <thead> <tr> <th>Current Source Text</th> <th>Source Text when translated</th> </tr> </thead> <tbody> <tr> <td>Summerheat and dampness affecting the middle energizer pattern(TM)</td> <td>Summerheat and dampness affecting the middle energizer pattern(TM)</td> </tr> </tbody> </table> <p>Diff View</p> <p>Summerheat and dampness affecting the middle energizer pattern(TM)</p> </div>		Current Source Text	Source Text when translated	Summerheat and dampness affecting the middle energizer pattern(TM)	Summerheat and dampness affecting the middle energizer pattern(TM)
Current Source Text	Source Text when translated					
Summerheat and dampness affecting the middle energizer pattern(TM)	Summerheat and dampness affecting the middle energizer pattern(TM)					
Summerheat and dampness encumbering the middle energizer pattern (TM)						

Related translations

By clicking the yellow bulb icon the Translation Tool will display in a new window addition information on how a particular term was translated in other parts of the translation.

Title and Synonyms	Is Title	Is Title
Abscess disorders (TM)		Stage1 Stage2
<div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: auto;"> Abscès (MT) (Trouble) </div>		

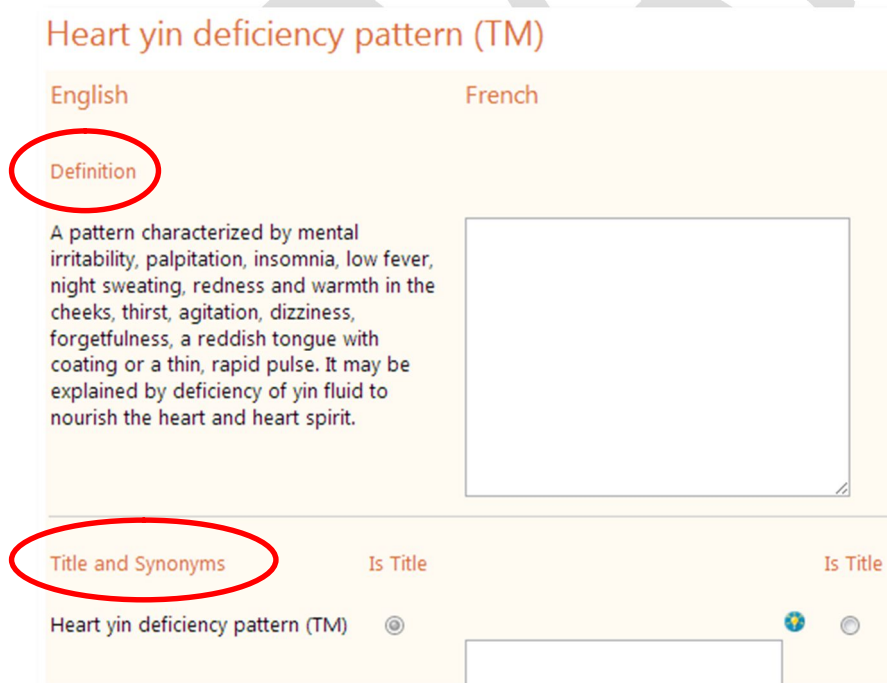


Translation ICD-11 TM Chapter

At the current stage of the ICD-11 Beta the translation work for the TM Chapter consists of:

1. translating Titles of all categories (codes) of the TM Chapter, with inclusion and exclusion terms;
2. translating Definitions of all categories.

Priority should be given to the translation of the Titles, followed by the translation of in order to resolve terminology harmonisation issues at that level before moving to the translation of the definitions.



When translating the TM Chapter please follow the principles and recommendations detailed in the next section and ensure the terminology used in each category is consistently used across the whole ICD-11 TM Chapter.

III. Principles and recommendations for translation of the ICD-11 TM Chapter

1. **Always aim for a translation that captures the conceptual equivalent of the source language**, not a word-by-word translation or etymological equivalent. Think about the definition of the term as described in the ICD-11 TM CHAPTER system of concepts and try to translate the term in a manner that is most accurate and relevant to your setting. In particular break-away from legacy translation that is incorrect.

Example 1: The Chinese term "证" (*pinyin: "zhèng"*) has been historically mis-translated into English as "syndrome". Instead, in the ICD-11 TM CHAPTER it is translated as the more appropriate "pattern".

Example 2: In the English category title "Early Yang stage pattern", the term "Early" is the conceptual equivalent within the context of the "6 stages of progression of febrile disease" of the term "太" (meaning "greater" or "very") used in Chinese (*pinyin: "Tài"*) and Japanese (*romaji: "Tai"*).

2. **Always strive to be simple, clear and concise when translating.**
3. **The translation in the target language should aim for the widest possible audience.** Avoid addressing only medical, legal or any specialised group.
4. **Avoid jargon.** In particular do not use:
 - a. technical terms that cannot be readily understood;
 - b. colloquialisms, idioms and vernacular terms that cannot be understood by most people in everyday life.

→ Note that the pinyin terms 'Yin', 'Yang' and 'Qi' are accepted.

→ Usage of any other term in pinyin or transliteration must be justified.

Example 3: Following on the example 2, in the target language if the *pinyin reading "Tai Yang" is commonly used, consider* having a synonym of the translation of the title "Early Yang stage pattern" that includes that pinyin reading. This will improve the clinical utility of the ICD-11 TM Chapter.

5. **Think about gender and age applicability:** is the term applicable to both genders and across the age span? Is it offensive or objectionable?

IV. Linguistic Evaluation

Linguistic differences caused by changes in the meaning of words between dialects, translation difficulties, as well as differences that arise when applying a concept across cultures, are some of the primary cross-cultural barriers to the adoption of an international classification. Therefore, each translator should identify terms and definitions in the ICD-11 TM Chapter classification that pose problems in translation in the target language, or in the application of a concept in the culture.

The methodology includes a linguistic evaluation protocol. The results will describe local variations compared to the generic ICD-11 TM Chapter classification.

- 1) **Translation** (see section II): The ICD-11 TM Chapter is translated into the target language. In particular the translators must:
 - a. Ensure that the terms and phrases that have caused trouble in the translation of the ICD-11 TM Chapter have also been translated, following the key recommendations (section III).
 - b. Add these items to the **List of terms for linguistic analysis of ICD-11 TM Chapter** (Annex 1).
- 2) **Back-translation:** These items must then be back-translated by independent translators (other than those who participated in the translation) who must be blind to the original source language text
- 3) **Resolve translation differences:** Using the commenting functionality of the translation platform, translators and back-translators should ensure that the meaning of the original English text is clarified and that translation is satisfactory.

The screenshot shows a translation platform interface with three columns: 'Title and Synonyms', 'Is Title', and 'Is Title'. The first column contains 'Heart yin deficiency pattern (TM)'. The second column contains 'Tableau de vide de yin du coeur (MT)'. The third column contains 'Stage3'. Below the entries, there is a comment section. A comment by 'traductiontest0' is circled in red. The comment text is 'A comment'. The comment was posted on '2015-Apr-23 - 12:53 UTC'. Below the comment, there are buttons for 'add new comment', 'INVITE', 'REPLY', 'AGREE', and 'DISAGREE'.

During this process a note should be made of a number of items that are:

- Identical, i.e. are both linguistically and conceptually equivalent;
- equivalent, i.e. are conceptually equivalent but are linguistically dissimilar;
- '*culture-linked*', i.e. are linguistically equivalent but do not measure the same concept;
- '*unrelated items*', i.e. are neither conceptually nor linguistically equivalent.

All differences should be resolved to arrive at a final translation and an official **translation report** should be presented. This information is of prime importance to ensure proper interpretation in the use of the ICD-11 TM Chapter.

4) **Linguistic Evaluation Data Sheet:** The person coordinating the linguistic evaluation protocol will have the translation and back-translation available, and will:

- Fill in a **Linguistic Evaluation Data Sheet** (Annex 2) for every term listed for linguistic analysis (including the initial set of key terms and those added in step b) above). This may be done alone or in consultation with a member of the translation team.
- Forward completed Linguistic Evaluation Data Sheets using the enclosed electronic data entry sheet to WHO Geneva (this is a prerequisite to publication of the ICD-11 TM Chapter translation).

During the linguistic evaluation process, several problems may be encountered:

1. The term cannot be translated into the target language, or translation is very difficult, because there is no exact equivalent idiom or term to express the concept in the target language.

Example:.... (add example).

2. The meaning of the original term is modified during translation because:
 - a. Only part of the original meaning is present in the target language term. Part of the original connotations is lost. This makes the item too narrow in meaning.

Example: narrower meaning

Source language: English *Term: "Deficiency"*

Target language: French *Translation: "Vide"*

"Vide" carries the meaning of "Empty" hence misses the implied gradual 'lack of' of the term "Deficiency"

- b. The original meaning is expanded in the target language term. The target language term has more (or different) connotations than the original. This makes the translated item too broad in meaning.

Example: broader meaning

The term.....(add example).

- 3. Two or more terms from the ICD-11 TM CHAPTER (describing as many different concepts) translate in the target language into one single term. The distinctions between the original terms are lost.

Example:

Source language: English

Target language: French

Qi upstream disorder (TM) → Trouble de contre-courant du Qi (MT)

Qi counterflow patterns (TM) → Tableau de contre-courant de Qi (MT)

"Counterflow" has a correct word-by-word translation as "contre-courant". Additionally "upstream" conceptual meaning is also "contre-courant" in that specific pathology.

- 4. The term can be translated, but there are cultural applicability issues with the definition or the examples given. These issues can include a lack of correspondence between the local resources or environment and the definition or examples; or a condition that makes the item or definition irrelevant in the local culture.

Example: Cultural applicability

The term.....(add example).

Example: Problem with technical jargon

The term.....(add example).

Annexes

Annex 1: List of terms for linguistic analysis of ICD-11 TM CHAPTER

General terms:

- | | | | |
|---------------------|---------------|-----------------------------------|------------------------------------|
| 1. Aversion to cold | 4. Deficiency | 7. Expectoration of frothy sputum | 10. Scorching pain |
| 2. Disorder | 5. Depression | 8. Failure to thrive | 11. Vexing heat in the extremities |
| 3. Pattern | 6. Essence | 9. Gripping pain | |

Pulse qualities:

- | | | | |
|---------------|------------------|--------------|-----------|
| 12. Bound | 17. Hollow | 22. Rough | 27. Tight |
| 13. Drum-skin | 18. Intermittent | 23. Skipping | 28. Wiry |
| 14. Feeble | 19. Large | 24. Stirred | |
| 15. Forceful | 20. Moderate | 25. Surging | |
| 16. Hidden | 21. Racing | 26. Thready | |

Tongue body:

- | | | | |
|----------------|------------------|------------------|------------------------|
| 29. Crimson | 33. Deviated | 37. Protracted | 40. Protruded agitated |
| 30. Pale red | 34. Larger | 38. Spotted | 41. Slippery |
| 31. Contracted | 35. Limp wilting | 39. Teeth-marked | |
| 32. Curled | 36. Prickly | | |

Tongue coating:

- | | | |
|------------------|-------------------|-------------------|
| 42. Curdy | 45. Greasy | 48. Peeling |
| 43. Exfoliated | 46. Mirror tongue | 49. Slippery |
| 44. Geographical | 47. Peeled | 50. Sticky greasy |

Annex 2 Linguistic evaluation data sheet

(please provide the information by using the enclosed electronic data entry sheet)

Site [LE_C]: _____ Local Language [LE_LL]: _____ Date [LE_DT]: _____

Item from List of Terms for Linguistic Evaluation [LE_I]:_____

Provide translation of the item (from translated ICD-11 TM CHAPTER) [LE_la]

Provide back translation of your translation [LE_lb] _____

Which of the following conditions apply to the linguistic problems for this item?

Please place a check mark beside all of the appropriate responses. Explain if necessary.

___ The item has a different meaning in the local usage of English than is intended in the ICD-11 TM CHAPTER English version. [LE_II1]

Please explain [LE_II1_A]: _____

___ The item is difficult or impossible to translate because there is no target language idiomatic equivalent, or no equivalent term. [LE_II2]

___ The item, when translated, has a meaning that was more narrow than the original term. Only part of the connotation of the original term carries over into the target language. [LE_II3]

___ The item, when translated, has a meaning that is expanded beyond the meaning in the original. The translated items has additional meanings that would change the interpretation of the item. [LE_II4]

___ It is an item that, when translated, is translated into exactly the same word that has been used for another item in the ICD-11 TM CHAPTER. Terms that are different concepts in the ICD-11 TM CHAPTER become merged into the same concept in the target language. [LE_II5]

If yes to item 5, what are all of the other ICD-11 TM CHAPTER terms that would be translated into this term in the target language?

[LE_II5_A]_____

___ The item can be translated, but there is a cultural applicability problem with the item, or with the definition, or with the examples used for the item. [LE_II6]

If yes, please check: ___ Problem with the item [LE_II6_1]
___ Problem with the definition [LE_II6_2]
___ Problem with the inclusion examples [LE_II6_3]

Please explain the problem in cultural applicability. [LE_II6_A]_____

Please give your suggestions for overcoming the difficulty with this item.
[LE_II6_B]_____

Draft background note on integration of Traditional Medicine Chapter in ICD-11

What is the TM Chapter?

- A new Chapter within the ICD-11 MMS. It provides for the first time an internationally agreed standard list of diagnostic categories to identify and report on TM conditions.
- The scope of the chapter covers traditional medicine conditions which originated in ancient China and are now commonly used in China, Japan, Korea and elsewhere around the world (Module I).

This TM chapter (Module I) constitutes the formative step for the integration of TM into a classification with standards used in conventional medicine ICD. International classification on traditional medicine (ICTM) was proposed to be developed as a member of the WHO family of international classifications at the WHO-FIC annual meetings 2006 and 2007. Development of ICTM was officially implemented as a WHO project since 2010 and was integrated into the ICD-11 revision process as a new chapter on TM classifications. This development was performed based on existing international standards and national standards such as international standard terminology and national classifications of diseases, referring existing principle of classifications that have been applied to the ICD.

Additional modules classifying other prominent forms of TM (e.g. Ayurveda) may be developed in the future provided that certain requirements (e.g. existing national classification and terminology standards and use cases) are met.

- The Chapter is a mirror of clinical practice and reality. The TM Chapter categories were derived from:
 - National Clinical Modifications of ICD (i.e. Korean ICD version, KCD-7 Disease Codes of Korean Medicine);
 - National TM Classifications (e.g. Chinese TCM classification GB 95/97, Japanese Kampo Medicine Code Set);
 - Regional Terminologies (i.e. WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region);
 - The Chapter also represents the most common diagnoses used by TM practitioners in Europe and US (e.g. diagnostic categories related to the five element system).
 - Expert groups of TM clinicians using the existing classifications listed above to achieve consensus on standard terminology.
- The TM Chapter is being developed in parallel to the revision of other ICD-11 Chapters. The TM Chapter is using the same classification development principles and tools (e.g. Content Model,

iCAT, ICD-11 Browser) applied in other ICD Chapters. The TM Chapter is also undergoing translation in multiple languages, international peer review and pilot testing.

What is the TM Chapter not?

- As with other ICD chapters, the TM Chapter is neither judging nor endorsing the scientific validity of any TM practice or the efficacy of any TM intervention. It will assist research and evaluation to establish efficacy of TM.

DRAFT

How to respond to potential concerns & misperceptions?

- ❖ The ICD-11 Revision process should ignore TM, there are more pressing issues and needs in areas of conventional Western Medicine classification which the revision process has to address?
 - To ignore the inclusion of TM Chapter would be both to ignore the requests of Member States and to ignore a large section of the population that is using or providing Traditional Medicine. A large percentage of countries not providing information on mortality and morbidity include countries where TM is practised. This issue needs to be redressed with tools such as ICD, including the TM chapter.

Examples of global and national figures on TM usage:

- In general, the average prevalence of complementary and alternative medicine (CAM) was 32.2%.
- In Australia, of those randomly interviewed, 68.9% used at least one form of CAM in the past 12 months and 44.1% visited CAM practitioners.¹
- According to a national survey in China, the number of traditional Chinese medicine (TCM) visits was 907 million in 2009, which accounts for 18% of all medical visits to surveyed institutions; the number of TCM inpatients was 13.6 million, or 16% of the total in all hospitals surveyed. The output of Chinese Materia Medica was more than 100 billion USD in 2015.
- In Germany, where some forms of CAM are covered by insurance, cost for alternative therapies in 2000 accounted for about one-tenth of expenditure on general medical treatments.²
- In Singapore and the Republic of Korea where the conventional health-care system is quite well established, 76% and 86% of the respective populations still commonly use traditional medicine (TM).
- In US, a national health survey in 2007 revealed that more than \$34 billion is spent on CAM annually and almost 4 out of 10 adults had used CAM.³
- Traditional Chinese Medicine (TCM) is being part of health services in more than 160 countries and areas as of 2011. About 130 countries run medical, educational, and scientific institutions on TCM. There are 200,000 TCM practitioners providing its services in 80,000 medical institutions outside of China.⁴
- The national policy of Vietnam for development of TM till 2020 is to have TM hospitals in all provinces and central cities by 2015; TM department in all modern hospitals and TM units in all communes medical station by 2020. In China, all medical institutions should be able to provide traditional Chinese medicine services before 2020.

1 Complementary and Alternative Medicine Use in Australia: A National Population-based Survey. The Journal of Alternative and Complementary Medicine. Vol 13 No 6, 2007, pp.643-650.

2 Use and acceptance of Complementary and Alternative Medicine Among the General Population and Medical Personnel: A systematic Review. The Ochsner Journal 12:45-56, 2012.

3 Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. National Health Statistics Reports No 12 Dec 10, 2008.

4 Ya, Y., Han, X., Xie, Y., Wang, Y., & Lu, A. (2011). Analysis and thinking on the current status of traditional Chinese medicine standardization. World Science & Technology, 13(3), 445-449.

- The inclusion of the TM Chapter **makes ICD truly “international”**.
 - Quality and Safety. Having a TM chapter within ICD-11 allows TM practitioners to use other parts of ICD which allow capture of data on complications of care and external cause of injury as well as co-morbid conditions.
- ❖ TM Chapter is not scientific or evidence based, but consensus based. The inclusion of TM in ICD-11 will be an unwanted endorsement and advocacy tool for Traditional Medicine.
- The TM Chapter is not an endorsement of the scientific validity of any TM practice or the efficacy of any TM intervention, but a tool for classifying, diagnosing, counting, communicating and comparing TM conditions.
 - Epidemiology needs to record what is being done. TM is being used extensively and often without being noted, documented and reported.
 - Historically, ICD was created by consensus of selected experts.
 - TM Chapter is created in parallel to the revision of other ICD-11 Chapters. TM Chapter has to follow the same classification rules and meet the same requirements as other ICD Chapters.
- ❖ TM Chapter is representing the Chinese, Japanese and Korea perspective of TM and ignores European or US views of TM.
- All uses of the ICD-11 TM Chapter ultimately depend upon a shared notion of what the ICD means by a TM condition. Different understandings, and uses of TM conditions are reflected and balanced in the final version of the TM Chapter through various means and processes:
 - The Chapter development, the peer review and field testing is organized as an international process involving traditional medicine clinicians, researchers, academics and classification experts from around the world.
 - As a new feature, ICD-11 (including the TM Chapter) provides textual definitions, which precisely clarify the meaning of individual ICD entries, across cultures, languages, levels of technological sophistication, and application purposes. As such, ICD-11 TM Chapter categories like other ICD categories represent a scientific consensus about their meanings, and can be regarded as the world consensus view about high-level, clinical phenotype.

Why is a TM Chapter within ICD-11 MMS needed?

Standardized and international comparable data on TM diagnosis and encounters is needed because currently such data is not available despite the following facts:

- Utilization of TM is on the rise globally.
 - 80% of the population in some Asian and African countries depend on traditional medicine for primary care (Source: WHO Global Atlas on TM 2005).
 - 70-80% of the population in developed countries has used some form of TM (Source: WHO Global Atlas on TM 2005). In the US for example the number of visits to acupuncturists tripled between 1997 and 2007 (Source: National Health Interview Survey NHIS).
 - In the European Union, approximately 145,000 medical practitioners and 160,000 non-medical practitioners are providing traditional and complementary (T&CM) services. Over 100 million Europeans are currently T&CM users, with one-fifth regularly using T&CM and preferring health care which includes T&CM.
 - In Australia, there was total of 11,266 TM/CAM registered practitioners as of 2014. According to the Australian Medicare DB, the total benefits of acupuncture services rebated by the government between July 2013 and June 2014 was A\$ 24,672,468.
 - In China, 81 institutions provide university level TCM education. There are also 229 vocational schools providing TCM training and education.
 - In the Hong Kong healthcare system, TM private practitioner consultation reaches 18% of all out-patient consultations.
 - In Japan, according to the Annual Health, Labour and Welfare Report 2011 – 2012, the number of registered medical doctors who are sole prescribers of Kampo medicine is 295,046. There were 276,517 registered pharmacists who are sole dispensers of Kampo medicines.
 - In Malaysia, there was total of 12,139 registered T&CM local practitioners as of 2013
 - In Saudi Arabia, a recent study showed that individuals pay 560 USD per annum out-of-pocket for T&CM services.
 - In the Rep of Korea, patients had total of 138,185,477 visits to TM health facilities as of 2012.
- TM products and practice are a global phenomenon with growing economic importance. Traditional Medicines are often manufactured locally and increasingly sold globally, generating billions of dollars in revenue annually and accounting for XX%??? of health expenditure.
 - The market on CAM products are on increase. In China, there are 3,813 TCM manufacturers as of 2014 with revenue of approximately 114.1 billion USD as of 2014. The production of TCM cultivation in China will grow at an average annual rate of 10%. China trade figure of TCM products is 4.795 billion USD in 2015. In US, sales of herbal dietary supplements also increased by 6.8% in 2014, reaching an estimated total of more than 6.4 billion USD.

- Growing demands for more and better integration of TM in mainstream health care.
 - The number of countries with health insurance coverage of certain TM practices is growing even in countries and regions with partial integration of TM in the Health system.
 - Switzerland was the first country in Europe to have TM practices covered by the compulsory health insurance programme since 1999. The compulsory health insurance (AOS, basic insurance) reimburses benefits of anthroposophic medicine, traditional Chinese medicine, homeopathy and herbal medicine since 2012.
 - By 2005 63% of the Countries in the WHO Europe region have public and/or private insurance coverage of certain TM practices (Source: WHO Global Atlas on TM 2005).
 - Under the affordable care act in the US a number of states recognize acupuncture as an “essential health benefit” and every insurance company has to pay for acupuncture care (Source: American Acupuncture Council, ACC).
 - Increased regulatory efforts of TM products, practices, and practitioners. For example:
 - The number of Member States with TM policy regulations increased 2.7 fold within 13 years (from 25 MS in 1999 to 69 MS in 2012) (Source: WHO TM Strategy 2014-2023).
 - The number of Member States with Herbal medicines regulations increased by almost 2 fold within 13 years (from 65 MS in 1999 to 119 MS in 2012) (Source: WHO TM Strategy 2014-2023).
- TM is a center piece of people-centered integrated services.
- There is a significant increase of TM related research activities.
 - The number of peer review publishes research articles increased from XXXX in YYYY to XXXX in. YYYY [REF???].
 - The number of Member States reporting the establishment of National TM Research institutes increased by almost 4 fold from 19 National Institutes in 1999 to 73 National Institutes in 2012 [Source: WHO TM Strategy 2014-2023]. TM research is becoming increasingly international [REF???].

What are the potential benefits of having a TM Chapter in ICD?

- Enable counting of traditional medicine health services and encounters and measure their form, frequency, effectiveness, safety, quality, outcomes and cost nationally and internationally.
- International comparability of practice, research and reporting of morbidity in traditional medicine.

- Digitization of TM diagnoses data with facilitated integration into Electronic Health Record (EHR) systems.
- Joint use of ICD-11 TM Chapter and other ICD-11 Chapter (e.g. Neoplasm, Patient Safety, Injuries) can enhance adverse-event reporting and enable integration of TM into insurance coverage and reimbursement systems, in line with larger WHO objectives relating to universal health coverage.
- Link Traditional Medicine practices with global norms and standard development.
- International network of traditional medicine clinicians, researchers, academics and classification experts

Uses of ICD-11 TM Chapter

The TM Chapter can be used as a coding tool for statistical and administrative purposes as well as a tool for facilitating clinical decision making, research and education.

- Reporting TM conditions. The ICD-11 TM Chapter will allow enumeration of incidence and prevalence of TM conditions and their trends, systematically classified by mutually exclusive and exhaustive categories.

Countries with integrated health care systems already use national diagnostic classification standards for coding of TM conditions in hospitals and primary care settings.

In China, for example, over 2500 TCM Hospitals and most of PHC Units report in- and outpatients TM diagnosis with GB95/97 codes. Since the 90s the nationwide recommended medical record template is using an integrated approach whereby coding conventional medicine diagnosis is done with ICD-10 and TM diagnosis with the national GB95/97 standard. Based on data from the national monitoring of TCM services, the top five diseases for admission to TCM hospitals in 2008 were: cerebrovascular accident, intervertebral disc displacement, haemorrhoids, ischaemic heart disease and essential hypertension.

Reporting of TM conditions in Korea is ICD based using TM specific ICD codes which are part of the Korean ICD 10 version (i.e. KCD-7). For these countries the use of the ICD-11 TM Chapter as an international standard is of particular importance in the context of enhancing statistical comparability of hospital activity analysis. The 2013 Hospital Status Data from Health Insurance Review and Assessment Service allowed assessing the medical performance of collaborative practice between traditional Korean medicine and conventional medicine in stroke patients. The claim data showed that collaborative practice decreased the intermediate and long term death rates in stroke patient with prolonged day of hospitalization, and increased total cost.⁵

⁵ Performance of collaboration between Korean medicine and Western medicine – utilization and quality of care for stroke patients. Department of Health Care Management and Policy, Graduate School of Public Health, Seoul National University.

- In countries which are moving towards TM integration the use of the ICD-11 TM Chapter will offer the first ever opportunity to count traditional medicine health services and encounters

In France, chronic musculoskeletal disorders patients made up a greater proportion of visit to physicians who offered alternatives to conventional medicine

An extensive number of patients with multiple sclerosis resort to CAM treatments: prevalence of use ranges from 41% in Spain to 70% in Canada and 82% in Australia.

- Reimbursement. The ICD-11 TM Chapter Code sets can be used for reimbursement of TM treatment under health insurance schemes. In the absence of a global TM specific classification countries have currently different arrangements for TM reimbursement in place.

The Korean national medical insurance has been using TM specific ICD codes for many years. The coding has enabled the tracing of total health expenditure for traditional medicine under scheme of Universal Health Coverage. The total expense represents 3.9% of the total cost of National Health Insurance treatments in 2010.⁶ The claim data showed musculoskeletal diseases accounted for a large part of traditional medicine utilization in Korea.⁷

In Japan, 84% of Japanese physicians use Kampo in daily practice. As of April 2000, the National Health Insurance Reimbursement List included 147 prescription Kampo formulae and 192 herbal materials used in prescription Kampo formula.

In China the national Standard GB95/97 is used and exploration of using TM specific codes sets in Casemix systems have started.

In the US and some European countries therapist or TM trained physicians have to use ICD-10 codes.

- Patient safety and pharmacovigilance. The ICD-11 TM Chapter can be used in conjunction with other ICD-11 chapters to capture issues relating to patient safety and complications of care. This already happens for recording sequelae of care in the Western Medicine milieu. The ICD-11 will provide enhanced coding possibilities for capturing adverse events.

This will be of particular relevance to countries such as the US where due to the growing popularity of TM the number of malpractice cases against acupuncturists (primarily for

6 Korean medicine coverage in the National Health Insurance in Korea: present situation and critical issues. Integrative Medicine Research. 2 (2013) 81-88.

7 Translation of Korean Medicine Use to ICD-Codes Using National Health Insurance Service-National Sample Cohort. Evidence-Based Complementary and Alternative Medicine. Vol. 2016. For Limited Distribution – Internal Use Only

pneumothorax and burns) also increased significantly. According to American Acupuncture Council a prototypical Malpractice Insurance company is currently handling 5 to 12 cases against acupuncturist per week while in the late 80s they were handling in average 2 cases per month.

The State Food and Drug Administration (SFDA) approved 81 TCM products in 2010, reaching 8% of all drugs approved in China.⁸ SFDA also operates National Adverse Drug Reaction and TCM drugs represent 13.8% of total reported cases. Expected and serious TCM drugs case reports represent 12.2% of total unexpected and serious reports in 2010.⁹

Since 2004 EU countries use a common regulatory framework for registration of Traditional Herbal Medicinal Products (THMP) in the EU (Dir. 2004/24/EC). One of the challenges in the THMP Registration is the lack a TM specific international diagnostic classification system which would allow provide more structured and international comparable information regarding the efficacy of the THMP.

- Research, policy making and education.

In China, the State Administration of Traditional Chinese Medicine promotes TCM clinical pathways of 304 diseases. Its diagnoses are referred to GB95/97. TCM clinical pathway means a set of standardized diagnostic and treatment models for TCM disease in order to enhance medical quality and control its cost.

[NOTE: *Add info on 'clinical utility' from pilot testing in Europe*, describe on provide data on which treatment of modern medicine conditions (e.g. cancer, musculoskeletal, MH) go hand in hand with treatment of TM conditions, give info on how a joint ICD-11 TM and WM code set will facilitate cost-effectiveness research.]

8 ZHIGUO XU (2011) One step at a time The repertoire of traditional Chinese medicine could offer rich pickings for modern drug developers, but researchers must first define and test herbal concoctions, TRADITIONAL ASIAN MEDICINE, Vol.480(7378), p.S90(3).

9 Li, Z., Yan, J., Liu, X., Ye, Z., Yang, X., & Meyboom, R., et al. (2012). Pharmacovigilance practice and risk control of traditional chinese medicine drugs in china: current status and future perspective. Journal of Ethnopharmacology, 140(3), 519–525.

How is WHO planning to use the TM Chapter within its TCM strategy and program?

- Universal Health Coverage (UHC) ensures everyone has access to the health services without suffering financial hardship. Traditional medicine services have been functioning as primary health care, people centred care, and integrated care in many health care setting of the Member States. Thus documentation and monitoring the access to its services composites the essential information to monitoring progress towards UHC.
- WHO TCM Unit in the Service Delivery and Safety Department is planning, in cooperation with relevant teams to:
 - Use the TM Chapter as a tool to conduct projects in monitoring and assessing TM morbidity and services at the global context;
 - Facilitate the projects on safety, quality and effectiveness in T&CM services;
 - Facilitate the projects on clinical research;
 - Be included into relevant training and clinical documents. (e.g. benchmarks for training and for practice documents in T&CM);
 - Facilitate the integration of T&CM service with national healthcare systems
 - Monitoring how T&CM services contributes to the progress toward UHC

Conclusion: Including a classification of TM in ICD-11 will allow greater visibility of TM worldwide. Such focus can only be a positive contribution to our knowledge, promote discussion amongst TM practitioners regarding standards of practice and allow exposure to rigorous examination of TM efficacy and efficiency.

WHO ICD Maintenance Advisory Structures

Draft Discussion Paper Prepared by the ICD-11 Joint Management Team for consultation with Chair, RSG-SEG, Co-Chairs JLMMS TF and the Co-Chairs WHO FIC Council

Background

WHO commissioned a review of the ICD-11 Revision with a review report and a WHO response released in May 2015. The review report strongly recommended a focus on the essential needs of the ICD-11 through the Joint Linearization for Mortality and Morbidity Statistics (JLMMS); a recommendation which recognizes the continued centrality of mortality and morbidity statistics to countries, and to global health.

The ICD must also have a sustainable maintenance model (processes and products) to ensure the ICD-11 can effectively deliver principle information for statistical purposes in public health, and serve as a specialized classification for clinical and related data needs. As the Phase 2 progressed over 2015, the current advisory structure was discussed in various formal meetings, resulting in a governance document released at the end of 2015, which defined the present revision structure (Appendix). It also generated new thinking about the advisory structures which are needed to support the ICD.

Proposal

To achieve the longer term goals for ICD, especially during the transitory Phase 2 stage (2016-2017), WHO is proposing to restructure the present ICD Revision Advisory arrangements towards longer term goals. The proposal does not include processes for ICF and ICH. These have to be considered separately.

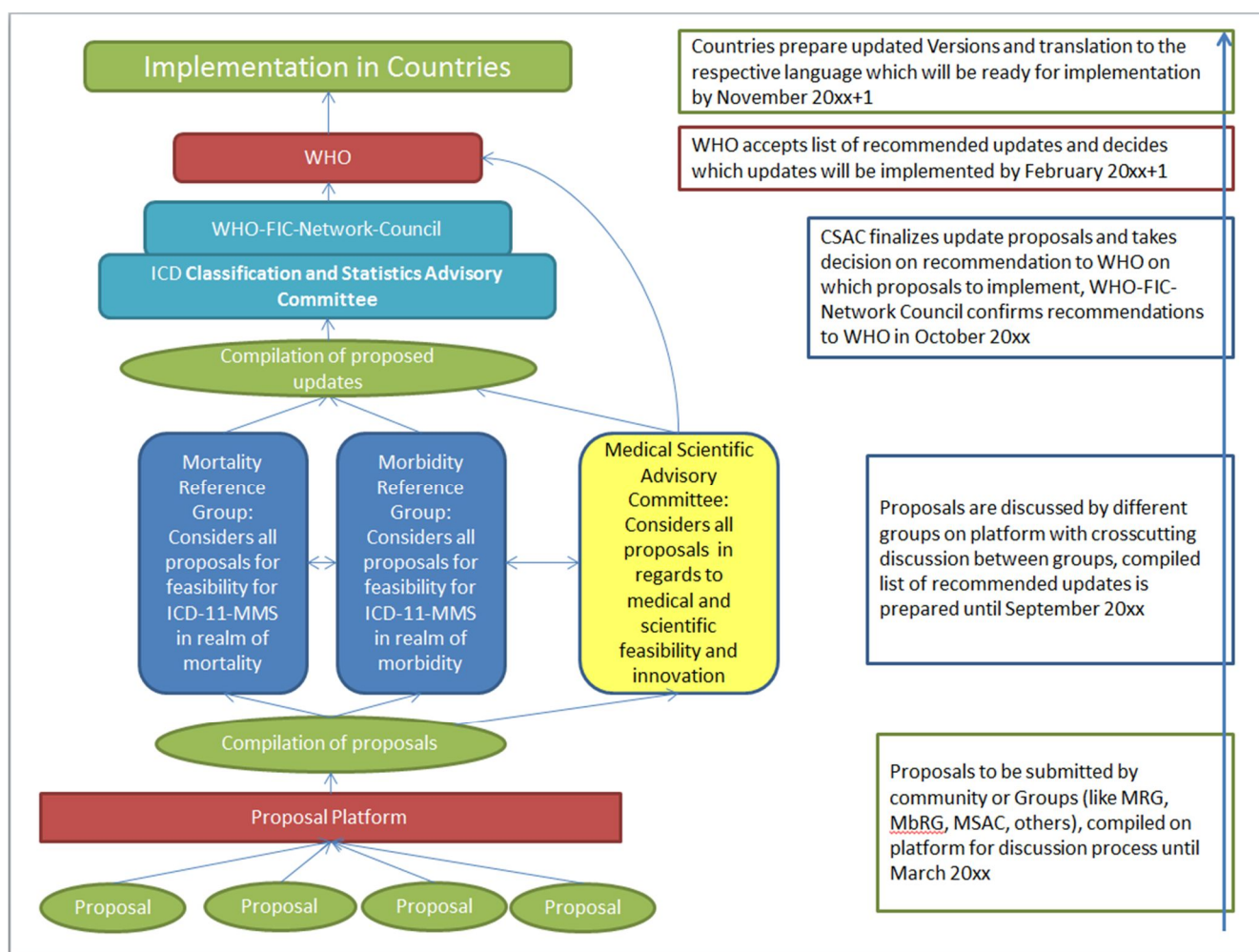
It is proposed to reorganize the current ICD Revision structures towards a long term maintenance framework. This would include revisiting the governance design, and evolving the status quo into a new proposed structure:

- An ICD Classification and Statistics Advisory Committee (CSAC) will be created in 2018, as the principal ICD-11 advisory committee to the WHO, focussing mainly on the ICD-11-MMS. The present URC for ICD, JLMMS TF, and certain RSG-SEG functions will be transitioned into this Committee. The Committee will be informed by two groups to prepare the decisions based on proposals:
 - Mortality Reference Group: to prepare update proposals for ICD-11 and to comment on proposals from other sources in respect of mortality requirements
 - Morbidity Reference Group: to prepare update proposals for ICD-11 and to comment on proposals from other sources in respect of morbidity requirements
 - Functioning and Disability Reference Group: role and function to be discussed

CSAC can seek advice from other groups.

- A Medical Scientific Advisory Committee (MSAC) will be launched at the Revision Conference in 2016 comprised of approximately 10 experts selected by WHO, some of whom will be drawn from the existing vertical TAGs. The main role of the MSAC will be to advise on scientific content for the ICD-11. Advice to be provided to the CSAC.
- The MSAC will review all proposals in parallel and will be consulted on medical and scientific questions arising from the three groups as well. The MSAC is also responsible for providing advice on medical and scientific information in the foundation.
- Additional Special Projects may be established to develop and evaluate links to other classifications and terminologies and to advise on the associated informatics and architecture considerations. ITC may play a role in these projects.

The diagram below shows how the management of annual proposal submission and preparation of decisions is envisaged after World Health Assembly approval of ICD-11.



Proposed Process for Development and Negotiation

- Terms of Reference for MSAC are negotiated from existing functions (Discussion Paper June 2016; Agreement September 2016). It will start its work for the final steps of ICD-11 development and will comment on field trial feedbacks and content proposals received between October 2016 and October 2017 as well. It will work in close consultation with ICD-11-MMS Task Force over this period of time.
- MSAC is launched at the ICD Revision Conference (October 2016). As membership is drawn from existing vertical TAGs and RSG the functions of vertical TAGs and RSG will be taken over by MSAC.
- Terms of Reference for CSAC are defined from existing functions including the URC and JLMMS TF functions (Discussion Paper June 2017; Agreement September 2017).
- CSAC is launched at the WHO FIC Annual Meeting (October 2018).
- The first cycle of update proposals will start in 2018. Updates to ICD-11-MMS received after submission of ICD-11 to WHA and before October 2018 will be handled by ICD-11-MMS-Task Force, MSAC and WHO.
- Considerations of foundation structure and common ontology of ICD-11 and other terminologies and classifications are to be handled by the ITC (Informatics and Terminology Committee of the WHO-FIC Network)
- Morbidity and Mortality Reference Group are Groups of the WHO FIC Network.
- CSAC will draw its membership mostly from the WHO-FIC Network with additional representation from the MSAC. Additional members could be appointed by WHO (e.g. from regions otherwise not represented in the network).
- ITC will have the opportunity to comment on proposals if relevant for common ontology or foundation structure purposes.

MSAC: DRAFT Terms of reference

1. MSAC recommends scientific-based changes or enhancements to the foundation with notification to the CSAC. The CSAC will consider the foundation changes in the context of the linearization(s).
 - a. MSAC will establish and rely upon a Web of Trust among the scientific community, with processes to be designed, to facilitate consideration of proposals for change.
 - b. Any changes which have an effect on the linearization(s) must be approved by both MSAC and CSAC in parallel. Any changes which do not have any effect on the linearization(s) can be approved by the MSAC with notification to the CSAC.
2. MSAC may be consulted by other committees or reference groups (e.g. MRG, mbRG, CSAC) about questions of medical or scientific validity in the context of the foundation component, if and when requested.
3. MSAC will evaluate links to other classifications and terminologies and advise WHO on the associated informatics and architecture considerations.

Appendix

ICD11 Governance and Process for RSG, RSG-SEG and JLMMS¹ Task force

In the current Phase 2 of the ICD-11 Revision, the JLMMS task force has joined the top level revision advisory groups. This document supersedes earlier documents and it provides an overview of the governance arrangement that is in place in this phase. All groups are advisory to WHO, which has the final authority for the ICD.

JLMMS Task Force (JTF)

The Joint Linearization for Mortality and Morbidity Statistics Task Force (JTF) is the steering group for JLMSS. The JTF provides strategic and technical advice to WHO for the finalization of the JLMSS development. The input to JLMMS will draw on scientific advice, where recommended by the JTF or WHO. Design of the JLMMS linearization will not be subject to alteration by the RSG. Scope of the JTF is to provide strategic and technical advice to WHO on:

- The subset of the Foundation Component content to be included in the JLMMS
- The primary parents in the JLMMS that define the hierarchy in the ICD-11 JLMMS
- The recommended versions of coding and browsing tools, in print or electronic formats, and related inclusion of secondary parents
- The level of detail for single-code coding²
- The relevant dimensions³ for use in optional post-coordination
- The morbidity and mortality coding and reporting rules⁴
- The suitability for use as a classification:
 - categories to be mutually exclusive⁵
 - jointly exhaustive⁶
- User guidance where using more than one code per condition⁷
- Seek advice, as necessary, from vertical TAGs, cross-cutting TAGs and other project stakeholders to inform their work

RSG-SEG

The RSG-SEG advises on the high-level connections within and outside ICD-11, and helps resolve possible conflicts arising in the design of the JLMMS. The co-chairs of the JTF and the Primary Care Task Force may also be invited to be members of the RSG-SEG. The RSG-SEG meets on a monthly basis by teleconference, with occasional urgent meetings on an as-needed basis. This also includes ad hoc electronic communication as needed.

The RSG-SEG responsibilities include advice on:

- High-level ICD-11 design and the integration of components, specifically:

¹ JLMMS: Joint Linearization for Mortality and Morbidity Statistics – usage equivalent of ICD-11 with current ICD-10

² this refers to ‘shorelining’ or ‘stem codes’, i.e. the codes that will include pre-coordinated concepts vs. post-coordination, meaning using multiple codes to code one condition

³ Extension code chapter, clinical forms, etc.

⁴ included in the reference guide

⁵ non-redundant; exclusion notes, coding hints

⁶ appropriate residual categories and groupings

⁷ Sanctioning Rules, coding hints

- The Foundation Component
- Relationships between and among linearizations
- The Ontological Component
- links to terminologies outside ICD
- Production of frozen versions of the Foundation Component to ensure the stability of derived linearizations
- Decisions regarding tools for the continuing development and use of ICD-11
- Work with all linearization activities to facilitate alignment or interoperability
- In conjunction with the JTF, review and coordinate TAG activities (including proposal activities with focus on the structure and user guidance) to ensure continued scientific validity, correctness, and ultimately completeness of the Foundation Component content and relationships
- Resolution of problems where they arise in the design

Vertical Topic Advisory Groups (TAGs)

Vertical TAGs have the role of scientific editorial boards, with responsibility to advise WHO on the scientific validity of content and relationships in the Foundation Component, upon request. This is designed for the maintenance of ICD-11. In more detail, the TAGs advise on:

- the accuracy and validity of Foundation Component content
- updates and revisions of the Foundation Component to reflect new knowledge or understanding
- new content and relationships in the Foundation Component to enhance completeness
- identification of possible third party reviewers upon request
- updates proposed by other groups
- changes to completed sections of JLMMS where strong medical or scientific evidence necessitates doing so, or upon request

Cross-Cutting Topic Advisory Groups (TAGs)

Cross-cutting TAGs provide expertise in coding practice and guidelines, as well as classification development and implementation, with responsibility to advise WHO on the utility and quality of the classification, particularly with regard to the structure, upon request. In more detail, the TAGs advise on:

- the accuracy of relationships between Foundation Component entities
- completeness of the coverage of the Foundation Component
- updates and revisions of the structure of the Foundation component to reflect new knowledge, understanding, or perspectives
- new relationships in the Foundation Component to enhance completeness
- identification of possible third party reviewers upon request
- updates proposed by other groups
- changes to completed sections of JLMMS structure where strong medical or scientific evidence necessitates doing so, or upon request
- requirements for use of ICD-11 in various Member States and clinical settings

Revision Steering Group (RSG)

In Phase 2 of the ICD-11 Revision, the RSG will serve as a forum for the bilateral exchange of information and concerns of the TAG chairs representing the membership of TAGs, and dissemination of revision or maintenance-related general information. Membership includes the RSG Chair, all Co-Chairs of the Topic Advisory Groups for ICD-11 Revision, and all Task Force Co-Chairs, as well as the WHO-FIC Council Co-Chairs, the chairs of URC the FDC, as well as other Committee and Reference Group Co-Chairs as indicated. The group will meet by teleconference on a quarterly basis. Meetings will serve to cover:

- reporting of progress in the Foundation and JLMMS
- issues or resolutions relevant to all RSG members
- strategic reporting from the RSG-SEG
- other topics as necessary

Organizational Observations

In order to facilitate inter-group communication and connection with the WHO-FIC Network, next year's schedule of meetings will be synchronized across the above mentioned groups.

- It is agreed that the WHO-FIC Network Annual Meeting in 2016 include at least a one-day track for a JLMMS face-to-face meeting, analogous to the Glion event.
- It is agreed that the quarterly RSG meetings be synchronized with this meeting.
- As all members of the RSG-SEG are invited to attend the JTF, RSG-SEG and JTF meetings will be scheduled to alternate so as to enable consideration of higher-level ICD-11 structural issues that may arise in the JTF.
- RSG-SEG will have teleconferences monthly on the first Thursday of the month
- JLMMS TF will have teleconferences monthly on the third Thursday of the month
- RSG will have teleconferences quarterly, on the fourth Thursday of the month
- Should organize a group, by language, to develop information and training of countries for the introduction of material linearization of ICD-11 is a new concept and should begin your explanation)

Agenda item 12&13: Pending issues

- a) **Overlap TM disorders and WM categories**
- b) **Grouping, placement and clustering**
- c) **Harmonization of TM Ch. terminology**
- d) **Translation guidelines and linguistic analysis**



Overlap TM disorders and WM categories

- **How to address concerns and misperceptions?**
 - Provide rationale & explanation for TM disorders & narrative on action taken
 - TM and WM have to be understood as distinct but integrated medical systems, which classify a health condition from different perspectives
 - Use of TM specific titles & definition is the rule (Wasting thirst disorder TM vs. diabetes)
 - Some degree of overlap is unavoidable since some conditions are named according to a key symptoms and we are considering two different medical systems (e.g. TA31 Cough disorders vs MH57 Cough)
 - TM Disorders and WM categories with similar titles are the exception (e.g. Liver abscess disorder (TM) vs. EF71.1 Abscess of liver)
 - No violation of classification principles (i.e. mutual exclusiveness) in ICD-11 MMS, because TM disorders have a specific TM aetiology
 - Use of Latin or Greek terms are avoided
 - Borrow WM categories (use of multiple parenting) where possible



Overlap TM disorders and WM categories

- **How reduce/minimize overlap?**
 - Principle 1: Category/manifestation unique to TM? (Yes/No)
 - Principle 2: Confusing title? (Yes/No) -> if "yes" improve title
 - Principle 3: Specific TM aetiology? (Yes/No) -> if "no" improve definition
 - If Principle 1-3 ok -> keep TM category
 - If Principle 1-3 not ok -> use equivalent WM code through multiple parenting
- **Check and manage the impact on Morbidity statistics**
 - record may be either duplicated (if a patient gets a WM and TM code) or omitted if statistics use only WM codes (for statistics continuity) but patient gets a TM code. For example: "TA71 Impetigo (TM) <-> 1D21 Impetigo TA01, Chest pain disorders (TM) <-> "CA20 Angina pectoris;
 - Consider mapping between WM and TM?
 - Provide guidance on coding and reporting in ICD-11 TM Chapter coding guidelines



Other issues

- **Environmental Factors Patterns**
 - Conceptualization: health conditions or factors that impact health conditions?
 - Placement in the pattern section
 - Coding: separate and/or jointly
- **How to handle sections without categories?**
- **How to handle proposals for new sections?**
- **Use of cluster coding mechanism for Principle based Pattern**
- **Which (codeable) categories should be considered as (non-codeable) group headings**
- **Review residuals .Y and .Z (other specified, unspecified)**
- **Use and of pinyin as synonym in English version for exceptional and well justified cases?**



Harmonization of TM Ch. terminology

- **Term set for pulse, tongue, environmental factors completed**
- **Identify other key terms use in title and definitions (e.g. depression)**
- **Develop multilingual glossary with listing key terms with corresponding definition and reference**



Translation guidelines and linguistic evaluation

- **Linguistic Evaluation**
 - Translation & back translation of key & problematic terms
 - In case of difference between translation and backtranslation
 - Linguistic analysis of key terms & problematic terms
 - Resolve translation differences



Translation guidelines and linguistic analysis

1. The meaning of the original term is modified during translation because:

- a. Only part of the original meaning is present in the target language term. Part of the original connotations is lost. This makes the item too narrow in meaning.

Example: narrower meaning

Source language: English Term: "Deficiency"

Target language: French Translation: "Vide"

"Vide" carries the meaning of "Empty" hence misses the implied gradual 'lack of' of the term "Deficiency"

- b. The original meaning is expanded in the target language term. The target language term has more (or different) connotations than the original. This makes the translated item too broad in meaning.

Example: broader meaning

The term....(add example).

- Improve translation guidelines (e.g. examples of)

7 | Editorial WG Mtg ICD-11 TM Chapter, 25-29 July 2016, Shanghai, China



WHO Editorial Working Group Meeting ICD-11 TM Chapter
25-29 July 2016, Shanghai, China

Agenda item 14: Pending issues

- Impl. of proposals & use of ICD-11 proposal platform
- Field testing: feedback from piloting in Europe future plans

8 | Editorial WG Mtg ICD-11 TM Chapter, 25-29 July 2016, Shanghai, China



ICD-11 MMS Testing 2016-17



- **Case-controlled pilot testing** of selected ICD-11 MMS components (line coding)
- **TAG/specialty specific testing** of ICD-11 MMS
- **Case-controlled and real-life testing** (line coding) of the ICD-11 2016 Release for Member State Comment and corresponding mortality and morbidity rule base.

9 | Editorial WG Mtg ICD-11 TM Chapter, 25-29 July 2016, Shanghai, China



Case-controlled pilot testing of selected ICD-11 MMS components (line coding)

- **Objectives**
 - Test selected ICD-11 MMS components for basic morbidity coding in terms of reliability (consistency), goodness of fit (accuracy) feasibility (usability) and comparability with ICD-10
 - examine the testing process and instruments
 - build-up ICD-11 knowledge and coding skills
- **Scope**
 - Mainly pre-coordinated ICD-11 MMS categories
 - ICD-10 categories
 - ICD-11 MMS English version and other language version (as feasible)
- **Sample**
 - Morbidity coding
 - Diagnostic term set with approx. 420 terms representing 5% of current ICD-11 MMS Chapter categories.
 - All diagnostic terms/statements used in testing will be pre-coded in ICD-10 and ICD-11 by experts (baseline).

10 | Editorial WG Mtg ICD-11 TM Chapter, 25-29 July 2016, Shanghai, China



Case-controlled pilot testing of selected ICD-11 MMS components (line coding)

- **Number of coders & other FT staff**
 - 5-10 experienced (morbidity) coders per centre
 - 1 FT Centre Coordinator
- **Web-based tooling environment**
 - ICD-FIT
 - ICD-11 Coding Tool
 - ICD-10 2016 version Browser

11 | Editorial WG Mtg ICD-11 TM Chapter, 25-29 July 2016, Shanghai, China



Proposed algorithm for ICD-11 distance calculator

- If actual coding and gold standard are **equal**, the distance is **0**
- If actual coding and gold standard are **siblings**, the distance is **1** (consider need for additional disaggregation to distinguish between code assignment to a sibling, residual and parent category).
- If actual coding and gold standard are **cousins**, or actual coding is a nephew of gold standard, or actual coding is an uncle of gold standard, the distance is **2**
- If actual coding and gold standard are **second cousins**, the distance is **3**
- If actual coding and gold standard have a **relationship greater than the second cousin**, but they are in the same chapter, the distance is **4**
- If actual coding and gold standard are in a **different chapter**, the distance is **5**

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Consideration for testing TM Chapter

- **Focus:** Test **TM Chapter as coding tool** (line coding of TM diagnostic term set). Additional option: testing of TM Chapter as diagnostic tool (coding of case summaries without explicit statement of diagnosis)
- **Scope:**
 - ICD-11 MMS **TM Chapter categories + selected WM categories**
 - **Morbidity (incl. TM Chapter) coding rules**
 - **ICD MMS English version and other language version** (as feasible)
- **Sample:**
 - **50+ pre-selected diagnostic terms/statements** (representing **10% of TM Chapter codes + selected WM categories**).
 - All diagnostic terms/statements used in testing will be pre-coded by PAG expert group
- **Timeline:** Nov 2016 –June 2017
- **Number of coders:** min. 5-10 Coder
- **Tooling Environment:** ICD FIT, ICD-11 Coding Tool, ICD-11 Browser
- **Other activities:** Key Informant Survey (Basic Questions)

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WHO Editorial Working Group Meeting ICD-11 TM Chapter
25-29 July 2016, Shanghai, China

Agenda item 18

Brochure on ICD-11 TM Chapter

14 | Editorial WG Mtg ICD-11 TM Chapter, 25-29 July 2016, Shanghai, China



Key messages

- People are pragmatic in their choices to seek healthcare. **Integration of Modern Medicine and TM is practiced by people.**
- **Health Systems** need to be pragmatic too and respond by enabling better integration of Modern Medicine and TM.
- **TM Chapter** is a new **tool** to facilitate better integration of TM practice in health information systems.
- **Integrated use of TM specific and ICD WM morbidity coding** is already **practiced** and has shown **produced benefits** for health systems.
- **Use of TM Chapter by WHO HQ & WHO RO** as TM data producer & user
- **TM Chapter is neither judging nor endorsing the scientific validity of any TM practice** or the efficacy of any TM intervention. It will assist research and evaluation to establish efficacy of TM.

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Brochure Structure

- **Why is a TM Chapter within ICD-11 MMS needed?**
 - National and international data on epidemiological and health service context of TM
- **What is the TM Chapter (and what is it not)?**
- **Current use of TM specific diagnostic classification systems at country level.**
 - Textual & visual information on use and added value
- **Potential benefits and uses of the ICD-11 TM Chapter**
 - Country level
 - WHO HQ & ROs

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Input needed National TM health service utilization data (cross-sectional & longitudinal)



- Number of visits & **inpatients** in medical institutions by year
- Number of visits & **outpatients** in medical institutions by year
- Data on
 - service satisfaction
 - Cost-effectiveness

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Input needed Textual & visual information on use and benefit of TM specific diagnostic classification systems



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WHO Data and Information

Structure of Out of Pocket Health Payments

Country	Type						Total
	Outpatient	Outpatient	Outpatient	Other	Health eq.	Medicine	
Algeria	5.1	13.0	2.8	42.7	22.1	1.9	82.1
Algeria	0.2	0.9	0.5	25.2	16.1	1.5	44.3
Azerbaijan	11.1	13.2	3.3	54.4	15.9	1.7	99.6
Azerbaijan	5.3	4.7	2.3	70.1	4.2	0.5	87.1
Bahrain	1.2	0.6	0.2	49.6	4.3	0.9	56.8
Bahrain	11.8	11.1	3.1	50.3	16.0	1.2	93.5
Bahrain	14.1	6.6	3.6	42.6	9.2	0.8	76.9
Bahrain	9.0	16.1	3.1	29.7	10.7	2.0	60.6
Bahrain	4.1	4.4	2.0	54.8	4.5	0.1	65.9
Bahrain	4.3	4.2	2.7	74.3	7.7	0.7	93.9
Bahrain	10.2	11.2	2.2	59.0	4.2	1.0	87.8
Bahrain	9.2	14.1	1.2	40.6	6.2	1.0	62.3
Bahrain	12.4	11.4	4.2	47.4	17.8	1.1	94.3
Bahrain	12.9	14.3	3.1	51.0	14.7	1.3	97.3
Bahrain	10.5	11.4	3.3	50.1	11.4	1.6	87.3
Bahrain	10.4	12.0	3.1	45.1	11.5	1.6	83.7

TM Service utilization data from Global Study on Ageing (SAGE) and World Health Survey (WHS)

- Out of pocket payment by household SAGE (6 countries) WHS (47 countries)
- Individual outpatient TM visit SAGE (6 countries)

Country	Outpatient visits		Inpatient visits		Total visits	
	Number	Rate	Number	Rate	Number	Rate
Algeria	11.1	13.2	3.3	54.4	15.9	1.7
Azerbaijan	5.3	4.7	2.3	70.1	4.2	0.5
Bahrain	1.2	0.6	0.2	49.6	4.3	0.9
Bahrain	11.8	11.1	3.1	50.3	16.0	1.2
Bahrain	14.1	6.6	3.6	42.6	9.2	0.8
Bahrain	9.0	16.1	3.1	29.7	10.7	2.0
Bahrain	4.1	4.4	2.0	54.8	4.5	0.1
Bahrain	4.3	4.2	2.7	74.3	7.7	0.7
Bahrain	10.2	11.2	2.2	59.0	4.2	1.0
Bahrain	9.2	14.1	1.2	40.6	6.2	1.0
Bahrain	12.4	11.4	4.2	47.4	17.8	1.1
Bahrain	12.9	14.3	3.1	51.0	14.7	1.3
Bahrain	10.5	11.4	3.3	50.1	11.4	1.6
Bahrain	10.4	12.0	3.1	45.1	11.5	1.6

- WHO Global Atlas on TM 2005, TM Strategy
- WPRO/SEARO TM country dashboard



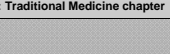
Agenda item 19

TM Chapter events at the ICD Revision Conference,
Tokyo, Japan 12-14 October 2016



TM Chapter events at the ICD Revision Conference

Date	Conference Session	TM Chapter event
Wednesday 12 th October		
morning	Opening Part 1: MoH Japan, DG Opening Part 2: WHO Panel - "The ICD: what it means to countries and to global health" Facilitator: Ties Boerma	CJK representative (tbc) to give 5min intervention on TM Chapter
afternoon		TM Chapter Side event
Thursday 13 th October		
morning	Health information in the new era: global, regional and country perspectives The ICD Revision Process	
afternoon	ICD-11 Advances and Use	
Friday 14 th October		
morning	ICD-11 Advances and Use ICD-11 for Health Financing	TM Chapter Plenary Session 9:30-10:15 Integrated medicine in health information systems: Traditional Medicine chapter
afternoon	ICD-11 Informatics and Tooling ICD-11 Way forward	



TM Chapter side event Wed 12th 14:00-16:30 Developing and using a common language for counting Traditional Medicine Conditions - The ICD-11 Traditional Medicine Chapter

- Panel members presentations on (i) current state of TM information and classification impl. & development experience (ii) prospects of the ICD-11 TM Chapter impl. **Moderator:** Kenji Watanabe & Zhang Xiaorui
- Presentation topics and speakers
 - Opening remarks, Margret Chan, DG WHO (tbc)
 - The case for better TM data to support Implementation of the WHO TM Strategy, Zhang Qi, WHO
 - ICD-11 TM Chapter (Module 1) – development, features and maintenance arrangements, Nenad Kostanjsek, WHO
 - Current state of TM information in Japan and prospects for using the ICD-11 TM Chapter in Japan, President JLOM, Japan
 - Using TM Code sets of the Korean Disease Classification (KCD) – What difference does it make for the Korean Health System, Director General, Ministry of Health and Welfare (MoHW), Rep. of Korea
 - Moving towards implementing ICD-11 TM Chapter in China - Lesson learned from implementing a national TM diagnostic classification system (GB 95/97), Director General, SATCM, China
 - Potential benefits and uses of the ICD-11 TM Chapter for clinical research, Peter Fisher (Clinical Royal London Hospital for Integrated Medicine (RLHM))
 - Training acupuncturist in coding with ICD-9 & 10 – Lessons learned and implications for using ICD-11 TM Chapter, Samuel A. Collins Director, American Acupuncture Council Insurance Network,
 - Classifications of other forms of TM - Ayurveda N.N. MoHFW, India



TM Chapter session during ICD Revision Conference Friday 14th 9:30-10:15 The ICD-11 Traditional Medicine Chapter a new tool to facilitate better integration of TM practice in health information systems

- Panel members are invited to give 10min presentations on (i) the need for greater integration of TM practice in health systems; (ii) outline the potential role and benefit of the ICD-11 TM Chapter in promoting and facilitating integration of TM in health systems focusing on different uses cases. **Moderator:** Charlie Xue
- Presentation topics and speakers
 - WHO perspective on TM and ICD-11 TM Chapter, Zhang Qi, WHO
 - The statistical use case - reporting TM conditions in China (Director General, SATCM, China)
 - The reimbursement use case – using TM Code sets of the Korean Disease Classification (KCD) in the National Health Insurance System (Director General, TM Bureau MoHW, Rep. of Korea)
 - The clinical use case – documenting TM conditions in clinical practice in Japan, Director, Health Information Department, MCLW, Japan
 - The utility of ICD-11 TM Chapter for integrated health care setting in Europe, Peter Fisher (Clinical Royal London Hospital for Integrated Medicine (RLHM))
 - How can a TM-specific diagnostic classification system help in evaluating the efficacy of Traditional Herbal Medicinal Products in treating malaria? (Video Message) Tu Youyou, Noble Prize Laureate for Medicine 2015 (tbc)
 - Why does integrative medicine count and should be counted? (Video Message), Prince Charles, UK (tbc)



Feedback and confirmation needed

- CJK representative for Opening session Panel
- Confirmation of proposed topics and speakers from CJK



Agenda item 20

Finalize TM Chapter as part of ICD-11, 2018 version

Main tasks August 2016

- Update TM Chapter for printing (WHO)
 - Implement List 1-3 decisions
 - TM specific definitions of TM disorders
 - placement of Env. Factor Pattern after PBP
 - Remove code from block headings
- Draft TM Chapter Brochure (WHO)
- Country info for TM Ch. Brochure i.e. TM Service utilization statistics & textual and visual examples of use of TM classification system. (All countries, focal points. (Kenji, Rana, ZQ, Charlie)
- Confirm topics and speakers from CJK (Rana, Kenji, ZQ)
- Update TM Coding guidelines and Ref Guide (Rosemary, Charlie)
- Narrative on overlap TM disorders and WM categories (MEs)

Main tasks September 2016

- Prepare TM Chapter for printing as part of ICD-11 MMS (WHO)
- Update TM Chapter Index (WHO)
- Finalize and print TM Chapter Brochure (WHO)
- Finalize narrative on overlap TM disorders and WM categories (???)
- Prepare Tokyo meeting presentations & talking points (all)
- Formulate position paper on TM Chapter Update & maintenance mechanism (PAG Co-chairs)
- PAG call to review Tokyo meeting preparations

Main tasks Oct 2016 – July 2017

- Field testing of TM Chapter
 - Preparation (Oct 2016 – Dec 2016)
 - Provide TM diagnostic terms
 - Draft "testable" coding rules
 - Finalize protocol and instruments
 - Program ICD-FIT platform
 - Develop training material and coding instructions
 - Identify Key Informant
 - Implementation (Jan-March 2017)
 - Coder training
 - Coding of dx term set
 - Analysis & Dissemination (April-June 2017)
 - Country
 - International

Main tasks Oct 2016 – July 2017 (cont.)

- TM Chapter Translation
 - Finalize TM Chapter translation
 - Linguistic Evaluation
 - Improve translation guidelines
- TM Chapter tooling
 - Browser in translated languages
 - Coding tool in translated languages
 - Customization of text search functionality
- Process review proposals (including five element system)
- Address pending taxonomic issues incl. use of multiple parenting, synonyms and index entries, post-coordination.
- TM Chapter Glossary development (inclusion criteria, informal task force)
- Systematic Lit Review on TM Classification and TM data

Main tasks July 2017 – early 2018

- Process FT based, country comments and other content enhancement proposals during Editorial WG Mtg. June/July 2017
- Formalise update & maintenance structure for TM Chapter
- Finalize TM Chapter tabular list, coding guidelines, index
- Tooling environment
 - Cluster coding functionality
 - Offline browsing and coding tool
 - Web-services

Agenda item 21

TM Chapter in ICD-11 governance structure

TM Chapter governance

- TM Chapter update & maintenance
 - PAG Editorial Working Group (continuation or transformation)
 - TM content and classification expertise
 - Representation from other WHO Regions
- Representation of TM in ICD-11 governance structure
- Linkages with WHO CC

Agenda item 22

Post 2016 plans

Post 2016 plans

- Implementation strategy and tools
 - Integrating TM Chapter into global and/or regional morbidity data strategies and monitoring frameworks
 - Development of digital health technologies for TM Chapter (creating a continuum of data collection from point of care to global level monitoring)
 - Development of Training and Education material and tools
- Further classification development
 - Larger ICTM
 - Diagnostic Criteria
 - Interventions
 - New Modules
- Resources

Agenda item 3

ICD-11 TM Chapter


Processing of peer review based proposals

International Peer review process

- 142 TM experts (from China, Japan, Korea, USA, Australia, Europe, Israel)
- in international teams of 5 to 10 experts grouped by TM specialty area
- Assigned accordingly to review the 470 entities grouped in 29 sections
- Incremental approach:
 - Dec 7th – Jan 19th : Pilot (platform; moderators; output template) – all OK
 - Feb 1st – Mar 15th : Chapter-wide review (> 1000 items)
 - April – May: Moderators summarized the experts' input for each review item
 - June : Compiled and standardized all 435 proposals, sent to PAG on July 7th
 - July : Compiled feedback and readied the 3 lists for efficient PAG decision process
 - August : Insert proposals in ICD-11 Browser and implement decisions in iCAT

Processing of the peer review proposals

- **List 1** Agreement among reviewers, or minor content edits: 285 items
 - 194 'Accepted' ('Task 1' combined feedback)
 - **List 2** Disagreement among reviewers, or major content edits: 95 items
 - 47 'Priority' items of 95
 - **List 3** Structure / Classification edits: 55 items
 - 23 'Priority' items of 55
- All entries in **List 2** and **List 3** are in an international context
- 'Disagree' but no comment → no proposal was generated
- Translated material provided by authors is included

37 | Editorial working group meeting on ICD-11 TM Chapter 25-29 July 2016, Shanghai, China  World Health Organization


List 1

- Proposals 'Accepted'* : 194 of 285 (68%)

Rationale: *International Peer Review of the ICD-11 MMS Chapter on Traditional Medicine conditions - consensus proposal - Accepted by Project Advisory Group for WHO International Classification of Traditional Medicine project.*


- Proposals to be discussed: 91 (32%)
 - 'Rejected' by at least 1 working group : 81 (28%)
 - or 'Postponed' " " : 10 (4%)
- Check 1: Edit is consistent with previous terminology decisions
- Check 2: Keep edits consistent
 - E.g. "Liver yin deficiency pattern (TM)" vs "Liver yang deficiency pattern (TM)":
 - In the definition: 'or a ... pulse' vs 'and a ... pulse'

* by all 3 CIJK working groups or 'Accepted' by some and no status given by others

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14a - ICD-11 Proposal platform


- Review outcome – Lessons learned:
 - Smooth and successful process
 - Pioneering activity for the international TM community
 - Constructive technical and cross-cultural communication
 - Significant quality and quantity of input:
 - Need comments to qualify choices ('Disagree' → Why?)
 - Need to substantiate inputs with rationale and references
 - Importance of harmonized terminology with conceptual equivalence:
 - Need to maintain and develop the glossary for future work
 - Always refer to updated glossary when accepting proposals and future edits
 - cf. "Triple energizer" synonyms; "Pericardium" synonyms'

39 | Editorial working group meeting on ICD-11 TM Chapter 25-29 July 2016, Shanghai, China  World Health Organization

14a - ICD-11 Proposal platform

- Need for communication to explain clearly classification requirements:
 - some reviewers dislike 'system' systematically after organ names → need to communicate in context of ICD
 - some reviewers advised to remove the term 'disorder' in some of the titles because it is already implied in the meaning. E.g.: "Impotence disorder (TM)"

The word "impotence" means sexual potency disorder. So it is improper to add after that the word "disorder." The word "陽痿" is mentioned as "impotence" by "WHO international standard terminologies on traditional medicine in the western pacific region (2007)."

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Agenda item 3

ICD-11 TM Chapter

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Agenda item 14b

EU pilot field testing the ICD-11 Traditional Medicine Chapter

Progress report



Europe-wide pilot field testing the Traditional Medicine (TM) Chapter of the ICD-11

- Collaboration with Royal London Hospital for Integrated Medicine, UK
- Primary objective:** To pilot field test the clinical utility of TM ICD-11 codes.
- Study objectives:**
1. Conceptualization: - assess conceptual issues
- evaluate as a tool to understand and communicate TM conditions
 2. Goodness of fit: - assess whether TM diagnoses used by EU practitioners are incorporate and reflected
 3. Reliability: - assess the inter-rater reliability of ICD-11 TM categories
 4. Usability: - assess the ease of use for practitioners

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Methodology: mixed methods approach

- Phase 1: EU survey of practitioner views on the ICD-11 TM codes.
- Phase 2: Coding process of case summaries
→ inter-rater reliability
- Phase 3: Survey of coders experiences of using the TM ICD-11 codes
→ feedback on conceptual and operational issues

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Phase 1

EU survey of practitioner views on the ICD-11 TM codes

- **Piloted Basic Questionnaire (BQ):**
 - no problems understanding or completing the BQ; no design or content issues
- **Web based survey:**
 - 14 professional TM associations – 14 EU countries – 171 practitioners
- Which “**theoretical background**” is used as a guide for diagnosis?
 - Chinese (TCM): 89% (of which 56% use no other style)
 - Japanese: 10% (“ 12% “)
 - Korean: 1% (“ 50% “)
 - ‘Five element’ style: 39% (“ 10% “)
 - Western medical: 31% (10%) and Others: 11% (17%)
 - Overall the ICD-11 TM Chapter covers **91%** of EU practitioners
→ **95%** if include section on ‘Five element’ style

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Phase 1

EU survey of practitioner views on the ICD-11 TM codes

- ‘Five element’ system:
 - Relatively high usage in EU (and US)
 - Specific diagnostic system:

Five element system patterns

1. Causative factor (CF) patterns [Colour, Sound, Odour, Emotion]
 - 1.1 Wood, 1.2 Fire, 1.3 Earth, 1.4 Metal, 1.5 Water
2. Blocks to treatment
 - 2.1 Major, 2.2 Minor, 2.3 CV/GV
3. Inter-phase relationships (Sheng/Ke) (← Organ system patterns)

E.g. ‘Fire nor nourishing Earth’, ‘Wood over-controlling Earth’

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Phase 2 – on-going

Coding process of case summaries (CS)

- 5 CS selected of TM Chapter sections most frequently used (Phase 1)
- 24 practitioners (4 EU test sites x 6): TM accreditation; > 5 years in clinic
 - code for each CS: TM disorder and TM pattern using ICD-11 TM Chapter
 - ! TM patterns are not mutually exclusive
 - Need to determine for each CS ‘basket of acceptable diagnostic TM patterns’
 - Then compute inter-rater agreement reliability (Kappa) with expert statistician
- Work in progress. Initial results:
 - Up to 80% agreement in TM Disorders coding
 - TM patterns more spread → necessity of the ‘basket’ approach

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Update on Coding Guidelines & alignment with Reference Guide

Rosemary Roberts
July 2016

Need for flexibility and simplicity

- TM coding will vary from country to country and according to setting
- Need to acknowledge these different practices, yet meet the aims of including TM in ICD-11.
- Many TM practitioners will be new to coding process.
- Need for simplicity of coding rules.
- Rules should be tested in field trials and updated following comments on ease of application

Update since Seoul meeting

- Minor changes and addition of examples following feedback from Seoul meeting
- Latest version incorporated in ICD-11 Reference Guide
- Emphasis on use of TM chapter for morbidity
- Discussions with European and US collaborators
 - Good response, especially regarding option of stand alone TM chapter or full integrated use of ICD-11 (WM + TM) in a parallel approach.
 - Need to educate and demonstrate to users (especially insurers and other payers) added value of TM codes.

Terminology: Dual v Integrated coding

- **Dual coding** used in situations where clinical terms are coded in two different classification systems for purposes of comparison, transition, mapping, casemix grouping and other implications of change from one system to another.
- **Integrated coding** in context of ICD-11 means full use of Chapters 1-27 (WM and TM chapters) for classification of clinical terms.
- **Stand alone coding** in TM context means classification of clinical terms using Chapter 27 only.

Definition of main condition

Included in TM coding guidelines for stand alone use for TM chapter:

- The main condition is the condition that is determined to be the reason for admission, established at the end of the episode of health care.
- More detailed definitions if more than one condition reported
- (? Issues using this definition when we have disorder and pattern in TM and rule to put disorder first)

Disorder and pattern as main condition

- Current TM rule is to use disorder as main condition when both disorder and pattern are present
- Does this fulfil the definition of main condition?
 - Clinical practice
 - Simplicity
 - Meaningfulness for statistical purposes
 - Implications for countries using WM for disease and TM for pattern
 - Implications for primary care
 - Implications for entry point to casemix grouping

TM use of full ICD-11

- If the full ICD-11 is used for integrated coding of TM episodes, the coder should become familiar with chapter specific rules in the Reference Guide
- Necessary with integrated coding to retain use of TM label in both disorders and patterns
- Particular attention must be paid to coding of quality of care indicators and External Causes
- Reference guide sections

Integrated use of ICD-11 for TM Examples

Example 1

6A11 Type 2 diabetes mellitus
TB54 Wasting thirst disorder TM
TE93 Large yin type dryness heat pattern TM

Example 2

TB40.1 Cold impediment disorder TM
NB83.2Z Strain or sprain of hip, unspecified
External cause: PA15 Fall involving a wheelchair
PN10.3 Place of occurrence – health service area
TD91 Cold factor pattern TM

Reference Guide

Section 1. Purpose and multiple uses of ICD
Section 2. Links with other classifications and terminologies
Section 3. Structure and content of the ICD Classification System

- Structure, logic, Foundation Component, Conventions, Stem codes, Extension Codes

Section 4. ICD Print and electronic version
Section 5. Basic Coding Guidelines
Section 6. Main Uses of the ICD: Mortality

Extension codes

- Reason for admission
- Most resource intensive condition
- Tentative (provisional) diagnosis
- Differential diagnosis
- Rule-out diagnosis
- Present on Admission
- Arising after admission during hospital stay

Reference Guide (Section 7 Main Uses of the ICD: Morbidity)

7.1 **What is coded:** Conditions of patient
7.2 **Documentation principles related to morbidity coding.** Includes:

- guidelines for single condition analysis of morbidity data
- Guidelines for selection main condition and other conditions
- Chapter specific notes

Reference Guide (continued)

7.3 **Special cases**

- Clinical Care
- Epidemiology
- Quality and patient safety
- Research
- Primary care
- Casemix grouping

7.4 **Use of functioning properties**

Reference Guide Section 8 Traditional Medicine

8.1 Use in Traditional Medicine
8.2 Traditional medicine section of ICD-11 update and maintenance
8.3 Coding instructions for Traditional Medicine

Reference Guide Section 9 Statistical recommendations

9.1 General statistical recommendations
9.2 International morbidity reporting
9.3 Minimum data set and markup for cluster coding
9.4, 9.5 and 9.6 International mortality statistics

Reference Guide Section 10 ICD maintenance and application

- 10.1 ICD-11 Update process
- 10.2 Applicability and intellectual property
- 10.3 National Modifications for morbidity coding
- 10.4 Mortality rules – knowledgebase
- 10.5 Automated coding tools for mortality

Reference Guide

- Section 11. History of the development of the ICD
- Section 12. Annexes
- Section 13. References

Two indexes – WM and TM

- Need to consult both if WM and TM codes are being used jointly
- E.g. Countries may use WM for disease and TM for pattern
- TM practitioners may wish to use TM for disorder and pattern and WM codes for greater specificity and/or quality of care indicators

Electronic coding tool

- Allows easy use of both WM and TM chapters
- Meets criteria of simplicity and flexibility

Comments on Reference Guide Section 8 – Use in TM

- Introductory paragraph:
 - Disorders and patterns not disease (line 3)
 - Dual coding has specific meaning. Should refer to use of all chapters of ICD-11 for TM coding. Remove reference to dual coding.
 - Remove last sentence relating to comparison between TM and WM – not necessary and not an aim of the TM chapter
- 8.1 Use in traditional medicine

Section 8: Main uses of the ICD: Morbidity, TM

- Occupies whole of Section 8.
- TM is not one of the main uses of the ICD. It is one of the uses for morbidity reporting along with reporting of WM morbidity.
- ? Appropriate placement and naming of this section.

Action items before Tokyo

- Finalise Chapter 27
 - Structure
 - Content: Codes, including code structure, code length
 - Finalise residuals
- Finalise TM Coding Guidelines
- Use results of line coding exercises to inform changes
- Use results of peer review to inform changes

Action items

Tokyo – final version release 2018

- Incorporate results from field trials
 - Codes
 - Guidelines
- Ensure consistency of structure and code length between TM and other chapters of ICD-11
- Start preparation of educational material based on coding guidelines

Action items long term

- Develop education and training material from Coding Guidelines
- Join process of updating ICD-11
- Countries may consider national modifications

TM Indexing and Residuals

Rosemary Roberts
Shanghai, July 2016

Index is front door to the classification

- Index is link between diagnostic term used by clinician in the health record and the classification
- TM chapter index in ICD-11 should use same principles as other ICD-11 chapters
- Users should be encouraged to enter index first and then check code in tabular list

Manual v Electronic

- ICD-11 index is being electronically derived from the foundation component
- Previous ICD index conventions not necessary for ICD-11
- Many users will be using electronic coding tool
- Necessary to have flexibility in entry term (not necessarily disease process but anatomical site, body organ as well)

Coding from index in TM Option 1

- Index terms should reflect disorder and pattern terms recorded by clinician
- There should be multiple entries in alphabetical order to cater for different clinical expressions (site, process)
- Index terms should not repeat sub headings or group names found in tabular list
- Index terms should not point to headings or names of blocks or groups

Option 1a

- Follow logic of Option 1
- Make sub-headings under index entries that are overpopulated
- Determine sub-headings according to frequency of index entry lead term
- Sub-headings can therefore be site, process etc. according to frequency of use

Option 1a: example for index entries under

“Deficiency, Deficit, Depletion, Insufficiency, Decrease, Decreased”

Most frequent terms:

- qi 22
- spleen 21
- yin 18
- yang 16
- kidney 16
- heart 12
- lung 9
- water 8
- cold 7
- stomach 7
- blood 7
- liver 6

Frequent sub-headings in alphabetical order:

- heart
 - deficiency of heart qi and yin pattern (tm) TD06
 - dual deficiency of heart qi and blood pattern (tm) TD03
 - heart and gallbladder qi deficiency pattern (tm) TD0J
 - heart and kidney yang deficiency pattern (tm) TD0N
 - ...
 - heart yin depletion pattern (tm) TD05
- kidney
 - heart and kidney yang deficiency pattern (tm) TD0N
 - kidney deficiency with marrow depletion pattern (tm) TD36
 - ...

Coding from index in TM Option 2

- After entry term, use as sub-heading the group or block heading
- This makes location of correct code difficult as it means that coder needs to know the group in which the code falls rather than logically following the clinical terminology
- Means that alphabetic order in index does not reflect clinical term (disorder or pattern)

Option 2: example for index entries under

“Deficiency, Deficit, Depletion, Insufficiency, Decrease, Decreased”

Blood patterns (tm)

- blood decrease patterns (tm) TC40
- blood deficiency patterns (tm) TC40

Essence patterns (tm)

- essence deficiency pattern (tm) TC60

Fluid patterns (tm)

- fluid decrease pattern (tm) TC50
- fluid deficiency pattern (tm) TC50

Four constitution medicine patterns (tm)

- small yang type yin deficit pattern (tm) TE94
- small yang type yin depletion pattern (tm) TE92
- small yin type yang depletion pattern (tm) TF11

Heart patterns (tm)

- deficiency of heart qi and yin pattern (tm) TD06
- dual deficiency of heart qi and blood pattern (tm) TD03
- heart and gallbladder qi deficiency pattern (tm) TD0J
- heart and kidney yang deficiency pattern (tm) TD0N
- ...

Residuals .Y and .Z (other specified, unspecified)

- Consider impact on coding and statistical use of classification
- Include at end of each block and section
- Within block, proposal for change:
 - Follow convention of other ICD-11 chapters
 - Use sub-heading without code and make sub-heading codeable through use of .Y and .Z
 - Use field trials to determine usage

Currently:

- ▼ Heart system disorders ^(TM)
 - ▼ TA10 Palpitation disorders ^(TM)
 - TA10.1 Inducible palpitation disorder ^(TM)
 - TA10.2 Spontaneous palpitation disorder ^(TM)
 - TA10.Y Other specified palpitation disorders ^(TM)
 - TA10.Z Palpitation disorders ^(TM) , unspecified

Proposed:

- Heart system disorders TM
- Palpitation disorders TM *(not a valid code)*
 - TA10 Inducible palpitation disorders TM
 - TA11 Spontaneous palpitation disorders TM
 - TA1Y Other specified palpitation disorders TM
 - TA1Z Palpitation disorders TM, unspecified

Currently:

- Four phase patterns TM
 - TF01 Qi phase patterns TM
 - TF01.1 Heat entering the qi phase pattern TM
 - TF01.2 Qi phase dampness and heat pattern TM
 - TF01.3 Dampness obstructing the qi phase pattern TM
 - TF01.Y Other specified qi phase patterns TM
 - TF01.Z Qi phase patterns TM unspecified


Proposed:

- Four phase patterns TM**
 - Qi phase patterns TM** *(not a valid code)*
 - TF01 Heat entering the qi phase pattern TM
 - TF02 Qi phase dampness and heat pattern TM
 - TF03 Dampness obstructing the qi phase pattern TM
 - TF0Y Other specified qi phase patterns TM
 - TF0Z Qi phase patterns TM unspecified

Agenda item 3

ICD-11 TM Chapter


**Processing of
peer review based proposals**



**World Health
Organization**

International Peer review process

- 142 TM experts (from China, Japan, Korea, USA, Australia, Europe, Israel)
- in international teams of 5 to 10 experts grouped by TM specialty area
- Assigned accordingly to review the 470 entities grouped in 29 sections
- Incremental approach:
 - Dec 7th – Jan 19th : Pilot (platform; moderators; output template) – all OK
 - Feb 1st – Mar 15th : Chapter-wide review (> 1000 items)
 - April – May: Moderators summarized the experts' input for each review item
 - June : Compiled and standardized all 435 proposals, sent to PAG on July 7th
 - July : Compiled feedback and readied the 3 lists for efficient PAG decision process
 - August : Insert proposals in ICD-11 Browser and implement decisions in iCAT




World Health
Organization

Processing of the peer review proposals

- **List 1** Agreement among reviewers, or minor content edits: 285 items
 - 194 'Accepted' ('Task 1' combined feedback)
- **List 2** Disagreement among reviewers, or major content edits: 95 items
 - 47 'Priority' items of 95
- **List 3** Structure / Classification edits: 55 items
 - 23 'Priority' items of 55

- All entries in **List 2** and **List 3** are in an international context
- 'Disagree' but no comment → no proposal was generated
- Translated material provided by authors is included



World Health
Organization

List 1


- Proposals 'Accepted'* : 194 of 285 (68%)

Rationale: International Peer Review of the ICD-11 MMS Chapter on Traditional Medicine conditions - consensus proposal - Accepted by Project Advisory Group for WHO International Classification of Traditional Medicine project.

- Proposals to be discussed: 91(32%)
 - 'Rejected' by at least 1 working group : 81 (28%)
 - or 'Postponed' " " : 10 (4%)

- Check 1: Edit is consistent with previous terminology decisions
- Check 2: Keep edits consistent
 - E.g. "Liver yin deficiency pattern (TM)" vs "Liver yang deficiency pattern (TM)":
 - In the definition: 'or a ... pulse' vs 'and a ... pulse'

* by all 3 CJK working groups or 'Accepted' by some and no status given by others



World Health
Organization

14a - ICD-11 Proposal platform

- Review outcome – Lessons learned:
 - Smooth and successful process
 - Pioneering activity for the international TM community
 - Constructive technical and cross-cultural communication
 - Significant quality and quantity of input:
 - Need comments to qualify choices ('Disagree' → Why?)
 - Need to substantiate inputs with rationale and references
 - Importance of harmonized terminology with conceptual equivalence:
 - Need to maintain and develop the glossary for future work
 - Always refer to updated glossary when accepting proposals and future edits
 - cf. "Triple energizer" synonyms; "Pericardium" 'synonyms'

91 | Editorial working group meeting on ICD-11 TM Chapter 25-29 July 2016, Shanghai, China



14a - ICD-11 Proposal platform

- Need for communication to explain clearly classification requirements:
 - some reviewers dislike 'system' systematically after organ names -> need to communicate in context of ICD
 - some reviewers advised to remove the term 'disorder' in some of the titles because it is already implied in the meaning. E.g.: "Impotence disorder (TM)"

The word "impotence" means sexual potency disorder. So it is improper to add after that the word "disorder." The word "阳痿" is mentioned as "impotence" by "WHO international standard terminologies on traditional medicine in the western pacific region (2007)."

92 | Editorial working group meeting on ICD-11 TM Chapter 25-29 July 2016, Shanghai, China



Integration of Traditional Medicine Chapter in ICD-11

International Statistical Classification of Diseases and Related Health Problems (ICD) the World Health Organization (WHO) has been developing over the past years the first-ever internationally agreed standard list of diagnostic categories to identify and report on Traditional Medicine (TM) conditions. The TM Chapter and overall ICD-11 will be officially released for Member States comment on the 12th, October.

Side session on ICD-11 TM Chapter

- Developing and using a common language for counting
Traditional Medicine conditions -

Place: G610 Tokyo International Forum

Time: 14:00-16:30

1. Opening remark: Opening remark: Dr Margaret Chan, Director-General, WHO
2. The case for better TM data to support implementation of the WHO TM Strategy, Zhang Qi, WHO
3. ICD-11 TM Chapter (Module 1) – development, features, and maintenance arrangements, Nenad Kostanjsek, WHO
4. Presentations on current situation of Traditional Medicine disease classification in the world and prospects of using ICD-11 Traditional Medicine Chapter.
(Detailed information is provided in the time table on the back)

**Open to the registered participants of
WHO-FIC and
ICD revision meeting. Welcome!!**

Hosted by Japan Liaison of Oriental Medicine (JLOM)

Cocktail Party

Place: G502 Tokyo International Forum

Time: 17:00-19:00

For further information, please contact Dr. Hiromi SASAKI (sasaki@jsom.or.jp)

Wednesday 12 October (Side Session)

Developing and using a common language for counting Traditional Medicine conditions

Side session

14:00 –16:30

Room 610

Opening remarks

Dr. Margaret Chan, Director-General, World Health Organization

** Introductory remarks by H. Sato, President, Japan Liaison of Oriental Medicine (JLOM), Japan.*

Panel presentations

Facilitators: *Kenji Watanabe & Rosemary Roberts, ICTM PAG*

The case for better TM data to support implementation of the WHO TM Strategy,
Zhang Qi, WHO

ICD-11 TM Chapter (Module 1) – development, features, and maintenance arrangements,
Nenad Kostanjsek, WHO

Japan: Current state of TM information and prospects for using the ICD-11 TM Chapter,
Hiroshi Sato, President, Japan Liaison of Oriental Medicine (JLOM), Japan

Moving towards implementing the ICD-11 TM Chapter in China - Lessons learned from implementing a national TM diagnostic classification system (GB 95/97),
Wang Xiaopin, Director General, International Cooperation Department, State Administration for Traditional Chinese Medicine (SATCM), China

Break

Using TM Code sets of the Korean Disease Classification (KCD) – What difference does it make for the Korean Health System,
Nam Jeomsoon, Director General a.i., Traditional Korean Medicine Bureau, Ministry of Health and Welfare (MoHW), Rep. of Korea

Potential benefits and uses of the ICD-11 TM Chapter for clinical research,
Peter Fisher, Clinical Research Director, Royal London Hospital for Integrated Medicine (RLHIM), United Kingdom

Training acupuncturists in coding with ICD-9 & 10 – Lessons learned and implications for using the ICD-11 TM Chapter,
Samuel A. Collins, Director, American Acupuncture Council Insurance Network, Blue Cross Coding and Reimbursement Committee for the US, USA

Joint Morbidity coding with TM and other ICD Chapters,
Rosemary Roberts, ICTM PAG Member, Australia

Prospects of using the ICD-11 TM Chapter in comparative effectiveness research,
Charlie Xue, Chair, Chinese Medicine Board of Australia, Australian Health Practitioner Regulation Agency, Australia

Classifications of other forms of TM - Ayurveda
P.N. Ranjit Kumar, Joint Secretary, Government of India, Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH), India

Conclusion



Use case for Traditional Medicine in Japan

-Morbidity data classified by joint use of ICD-

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8-12 October 2016
 Tokyo, Japan

Poster Number
 WHO/CTS to insert

Abstract

¹Collaborating Centre for the WHO-FIC in Japan, ²Japan Liaison of Oriental Medicine

World Health Organization (WHO) commenced to develop International Classification of Traditional Medicine (ICTM) in 2010 and the development was focused on traditional medicine practice used in China, Japan and Korea (One of the Traditional Medicine practice in Japan is called as "Kampo Medicine"). In this poster, we show the tentative morbidity data which are classified by joint use of Western Medicine (WM) chapter and TM chapter in ICD-11 Beta Draft by using health insurance claims.

Introduction

Traditional Medicine is an important form of health care for many people across many regions. The use of safe and effective traditional medicine practice and products can make an important contribution to national and individual health care and the promotion of health equity. However, there was no international platform that allows the harmonization of data for clinical, epidemiological and statistical use. In order to overcome such lacking, World Health Organization (WHO) commenced to develop International Classification of Traditional Medicine (ICTM) in 2010 and the development was focused on traditional medicine practice used in China, Japan and Korea (One of the Traditional Medicine practice in Japan is called as "Kampo Medicine"). Part of ICTM was evolved by integrating national standards in these countries and then is to be included into chapter 27 "Traditional Medicine Conditions – Module 1" in ICD-11.

The aim of this study is to create morbidity data in Japan, which are classified by joint use of Western Medicine (WM) chapter and TM chapter in ICD-11 Beta Draft.

Methods & Materials

Data source

Ministry of Health, Labour and Welfare (MHLW) performs "Survey of Medical Care Activities in Public Health Insurance" to obtain the basic data for health insurance policy by identifying the situation of recipient of health care including the contents of health intervention, the situation of diseases and injuries, the contents of prescription etc.. In order to conduct this survey, MHLW gathered health care claims data.

In principle, there are 3 categories in health care claims (medical claim, dental claim and pharmaceutical claims). We use data from medical claim and pharmaceutical claims since there are data on age, sex, use of "Kampo" drug, diagnosis (according to ICD-10) and speciality of each medical institution (e.g. internal medicine, surgery, gynaecology etc.)

Mapping table between Pattern (TM) and "Kampo" drugs

One of the greatest features of "Kampo" medicine is that each "Kampo" drug is corresponds to "pattern" in traditional medicine. Japanese society of oriental medicine has completed the mapping table.

Morbidity data classified by joint use of ICD

We estimated the number of usage of "Kampo" drug by sex, age, diagnosis and speciality of medical institutions. And then, by using mapping table showing "kampo" drug-to-pattern (TM) correspondence, we created morbidity data in TM.

Results

Table1. 10 leading patterns (TM) by sex, in morbidity: Japan, 2016

Rank	Pattern(TM)	
	Male	Female
1	TC59 Medium (Excess/Deficiency) pattern (TM)	TC59 Medium (Excess/Deficiency) pattern (TM)
2	TC52 Heat pattern (TM)	TC52 Heat pattern (TM)
3	TC55 Deficiency pattern (TM)	TC55 Deficiency pattern (TM)
4	TC53 Cold pattern (TM)	TC58 Moderate (Heat/Cold) pattern (TM)
5	TC58 Moderate (Heat/Cold) pattern (TM)	TC53 Cold pattern (TM)
6	TC81 Fluid disturbance pattern (TM)	TC81 Fluid disturbance pattern (TM)
7	TC61 Qi stagnation pattern (TM)	TC71 Blood stasis patterns (TM)
8	TC60 Qi deficiency pattern (TM)	TC62 Qi reverse flow patterns (TM)
9	TC54 Excess pattern (TM)	TC60 Qi deficiency pattern (TM)
10	TD60 Kidney qi deficiency pattern (TM)	TC61 Qi stagnation pattern (TM)

Table2. 5 leading patterns (TM) by age-group, in morbidity: Japan, 2016

	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-
1	TC52	TC59	TC59	TC59	TC59	TC59	TC59	TC59	TC59
2	TC59	TC52	TC52	TC52	TC52	TC52	TC52	TC55	TC55
3	TC81	TC55	TC55	TC55	TC55	TC55	TC55	TC52	TC52
4	TC55	TC81	TC81	TC81	TC58	TC58	TC58	TC58	TC53
5	TC54	TC58	TC71	TC58	TC53	TC53	TC53	TC53	TC58

Table3. 5 leading patterns (TM) by age-group, in morbidity: Japan, 2016

	IM	P	PD	S	OR	D	U	OBG	OPH	OTO	Others
1	TC59	TC55	TC52	TC59	TC59	TC52	TC52	TC55	TC52	TC59	TC59
2	TC52	TC59	TC59	TC52	TC58	TC59	TC81	TC71	TC59	TC52	TC58
3	TC55	TC52	TC81	TC55	TC55	TC71	TC55	TC59	TC81	TC81	TC52
4	TC58	TC58	TC55	TC58	TC81	TC54	TC59	TC81	TC55	TC58	TC55
5	TC53	TC53	TC54	TC53	TC53	TC55	TC53	TC53	TC53	TC55	TC53

IM: Internal Medicine, P: Psychiatry, PD: Paediatrics, S: Surgery, OR: Orthopaedics, D: Dermatology, U: Urology, OBG: Obstetrics & Gynecology, OPH: Ophthalmology, OTO: Otolaryngology.

Table4. 10 leading patterns (TM) by chapters in ICD-10, in morbidity: Japan, 2016

	I	II	III	IV	V	VI	VII	VIII	XI	X	XI	XII	XIII	XIV	XV	XVI	XVII	XVIII	IXX
1	TC59	TC55	TC59	TC59	TC52	TC59	TC59	TC55	TC59	TC59	TC55	TC52	TC59	TC55	TC81	TC55	TC55	TC55	TC59
2	TC52	TC53	TC55	TC52	TC59	TC55	TC55	TC60	TC52	TC52	TC52	TC59	TC58	TC71	TC59	TC53	TC53	TC59	TC52
3	TC81	TC59	TC53	TC55	TC55	TC52	TC52	TC58	TC55	TC81	TC59	TC55	TC55	TC59	TC55	TC59	TC60	TC53	TC55
4	TC55	TC71	TC52	TC58	TC61	TC53	TC53	TC5Y	TC58	TC55	TC53	TC58	TC81	TC53	TC53	TC61	TC58	TC81	TC58
5	TC53	TC58	TC81	TC53	TC53	TC58	TC58	TC59	TC53	TC58	TC81	TC54	TC53	TC81	TC71	TC81	TC59	TC58	TC53
6	TC58	TC61	TC58	TC81	TC58	TC81	TC81	TC81	TC81	TC53	TC60	TC70	TC52	TC58	TC52	TC52	TC5Y	TC52	TC81
7	TC62	TC62	TC71	TC62	TC60	TC71	TD60	TC53	TC61	TC60	TC58	TC53	TC71	TC62	TC58	TC60	TC52	TC60	TC61
8	TC60	TC81	TC62	TC61	TC5A	TC61	TC71	TC52	TC60	TC56	TC61	TC71	TD60	TC52	TC62	TC58	TC61	TC62	TC71
9	TC56	TC52	TD60	TC71	TC71	TC62	TC62	TC62	TC71	TC54	TC62	TC81	TC60	TC5A	TC70	TC62	TC81	TC61	TC60
10	TD60	TC60	TC60	TC54	TC81	TC60	TC61	TC5A	TC54	TC61	TC71	TC5A	TC5Y	TD60	TC60	TC5Y	TC56	TC71	TC62

Conclusions

We created the tentative morbidity data in TM. The feature of this study is to show the cross-tabulation table according to both of WM chapter and TM chapter in ICD. Although there were still some technical problems to create morbidity data in TM, this results could show the usefulness and possibility of practical use of TM chapter in ICD-11. We hope our study could help enhance understanding of TM widely.

Acknowledgements or Notes

The authors thank members of JLOM for their technical advise on creating mapping table and statistical table.