SDWG Clinical Oncology Treatment Plan CDA IG Ballot development meetings

PurposeTeam Weekly Conference Call

DateFebruary 14, 2013

Time 12:00 pm – 1:00 pm EST

**VOICE** 770-657-9270, Participant passcode: 310940

**WEB** <https://www3.gotomeeting.com/join/455057214>

Agenda

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| New Introductions |
| This week’s templates:* Procedures Section and Entries
* Family History Section and Entries
 |
| Wrap Up/Conclusion  |

Attendees

* **Edward Ambinder,** ASCO Standards Subgroup
* **Grant Wood**, Intermountain Health Care, Genetics Institute
* **Jeff Kan** and **Suzanne Maddux** from ASCO
* **Gaye Dolin**, **Zabrina Gonzaga**, **Yan Heras** from Lantana
* **Mark Shafarman** – Interested party, HL7 member
* **Wendy Scharber**, CDC consultant
* **Chris Melo,** Phillips
* **Jeremy Warner,** ASCO Standards Subgroup
* **Kevin Hughes,** ASCO Standards Subgroup
* **Brian Drohan**
* **Thomas Kuhn**

Meeting Minutes

**Family History Section**

* **Family History Organizer** – reviewed.
* **Family History of Cancer None**
	+ Allows you to assert if there is no family history of cancer.

Question: Is there a way to associate this template to a general value set of family history problems so that you can assert that a patient does not have a history of a particular set of diseases. For example, is there a way to use this template to say that the patient does not have a family history of cancer, stroke, and diabetes in separate observations? The concern is there would be a proliferation of entries that then would need have diseases negated.

Response: The template allows you to assertion that a problem/condition does not exist, not observed or there was no information.

* Family History Pedigree
	+ This template contains a pointer that references the HL7 pedigree model agreed upon during the ASCO summit. The recommendation is to reference a pedigree.
* Family History Organizer (closed template).
	+ This is an already balloted template but was reviewed. This is optionally contained.

**Procedures Section BCTPS**

* **Breast Cancer Procedures**

Codes for this template TBD. The use case specifies only a limited number of breast cancer procedures. Template allows for use of a method code but the value set is not defined since this is often inherent in the procedure.

Question: The Breast Cancer Procedure valueSet contains SNOMED codes. Can this also contain CPT codes?

Response: The parent procedures template (CONF 19207) allows for SNOMED, CPT, and ICD-10 codes or all CPT breast procedures. Further analysis pending on valueSet will look at the vocabulary codes sets needed and will also review recent unpublished work done for Cancer registry.

Comment: Need to have ability to show more than more than 1 procedures since several procedures are often done.

There is a target site in the parent template which does not precluding the ability to define the body site in the child template.

* + **Lymph Node Sampling Organizer** (optional)

Question: Is there a date captured?

Response: Yes, there is a date contained in the procedure done. Yes, date in result observation as well.

* + - **Number Lymph Nodes Positive**

Reviewed template. No comments.

* + - **Number Lymph Nodes Removed and Examined**

Reviewed template. No comments.

* **Radiation Therapy Care Completed**
	+ Reason for Radiation Therapy Care

**Results Section**

 **Cardiac Function**

* Valueset TBD.

Question: Does the template include the change in the ejection fraction between the two procedures?

Response: Template does not contain a differential but does include a date with each result. A difference can be inferred by the dates and the difference in values.

 **Receptor Status Organizer**

* HER2 –
	+ Change sentence in description: “ ... response to HER2 therapy and prognostic of overall survival”.
	+ There are 2 test methods done: IHC and FISH and a discordance between the test results. Need to try and capture both.
	+ Use a method code to describe IHC and FISH. May need two separate lines or two result observations with a contained method.
	+ Recommend reviewing CAP site. CAP has defined how to report the HER2 and ER results using these 2 techniques. The report is open for public comment.
	+ Action: Make changes and review again at a future meeting.
* **ER Status**
	+ Negative and positive values in value set are sufficient for these clinical purposes.
* **PR Status**
	+ Negative and positive values in value set are sufficient for these clinical purposes.
	+ Use the same valueSet for ER and PR.
* **OncoDx**

OncoDx

* + Make this a separate organizer. Call this a Molecular test.
	+ Other tests will be available in the future such as “Mama Print” that will be part of this organizer.

**Vital Signs –** reviewed Section. No comments.

Height

 Weight

 Body Surface Area

**Future Meeting:**

Present and Review Changes to Result Observation Templates