Cancer Interoperability Meeting  
15 October 2018  
Notes by Karen Thullner

Richard Esmond started the meeting. Eric Whitacre gave a report regarding the start of breast cancer quality measures. This gave way to a registry to submit quality reporting. The reporting is done in a form that is useful to the clinical staff, but the hospital overseers would rather see a narrative. It would be possible to produce a narrative from data points. It seems like some users would like narrative and some would like a ascriptive, synoptic report.

This is the link for the Mastectomy and SLNB-ALND Questions and Answers.txt.  
https://drive.google.com/file/d/1ySPm72jgrAZwHH3xHIE7W_ZLZBdVDRme/view

Parts of the coordination may have to be revised to finalize the model. This information can be sent to a spreadsheet. PenRad does have a parser built to assist with this information. There are about 120 questions or data elements. Can this be aligned with some of the current structure data capture? Some of this can be compared to the current thoracic surgery on a general level, but the terms are specific to breast cancer. Is there a way to model around one disease site? What information can be leveraged against other diseases? The first step should agree on the high value elements for multiple use cases/diseases.

The next target for a ballot is in the spring, May. The next step is to take the time to continue to reconcile the last ballot. There were not that many comments, maybe 3-5. These should not take long to resolve. The main comments were due to value set representations. In the next month, we should start to address each one of these. Most of the issues were going from SNOMED codes to LOINC. The next version should be STU related.

There are four forms in a breast radiology report. The most complex is the breast abnormality types. There are different qualifiers that apply. These qualifiers need to be categorized for an easier way to filter the fields. This should be available for review in the next week. The end result or use case needs to be further defined. This will aid in the clinical staff in the diagnosis and support a radiology work flow. Is the radiology work flow the first part of this step or model? What will be an overlap of data imaging and pathology?

The next meeting is Wednesday. Richard will have more of these items imported into the modeling labs.