

Mapping of ICD-O tuples to OncoTree codes using SNOMED CT post-coordination

MIE 2022 – Nizza

28 May 2022

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1 Initial situation

Routine healthcare in oncology Pathological report

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Professor Dr. med. A. C. Feller - Ratzeburger Allee 190 Institut für Pathologie - 23538 Lübeck	Telefon (0451) 500-2720 Eingangslabor: 500-2715 Sekretariat 500-2707 Vorzimmer 500-2705 Direktor 500-3328 Fax: Eingegangen: 29.07.2010 Journal Nr.: 29027-08 "akzeptiert" Datum: 29.07.2010 /PathMS
Herrn Ingo Kohl Innere	
Patient/in: jj geboren am: 11.07.2010	
PATHOLOGISCH-ANATOMISCHE BEGUTACHTUNG	
<u>Klinische Diagnose / Fragestellung:</u> Krebs	
<u>Eingesandtes Material:</u> Mamma-MIB-Einsendung: 5 Stanz-Proben rechts kaudal-lateral	
<u>Mikroskopischer Befund:</u> zu den Proben 1.): Epitheliale Infiltrate, strangförmig wachsend. Unter 10% Tubulusausbildung. Tumorzellen mit mittelgradig pleomorphen Kernen (Kerngrad 2). 18 Mitosen pro 10 HPF, entsprechend einem Score 2. Keine intraduktale Komponente vorhanden. Kein Mikrokalk. Keine Lymphangiosis vorhanden. Keine Hämangiosis vorhanden.	
<u>Begutachtung:</u> zu den Proben 1.): Grading: G2 - Mäßig differenziert Diagnose: Mittelgradig differenziertes, invasives duktales Karzinom o.n.A., Keine Angiosis carcinomatosa vorhanden. (ICD-O3: 8500/32, C50.4; ICD-10: C50.4) B-Klassifikation: B5b - Bösartig (invasiv)	
ICD-O coding	

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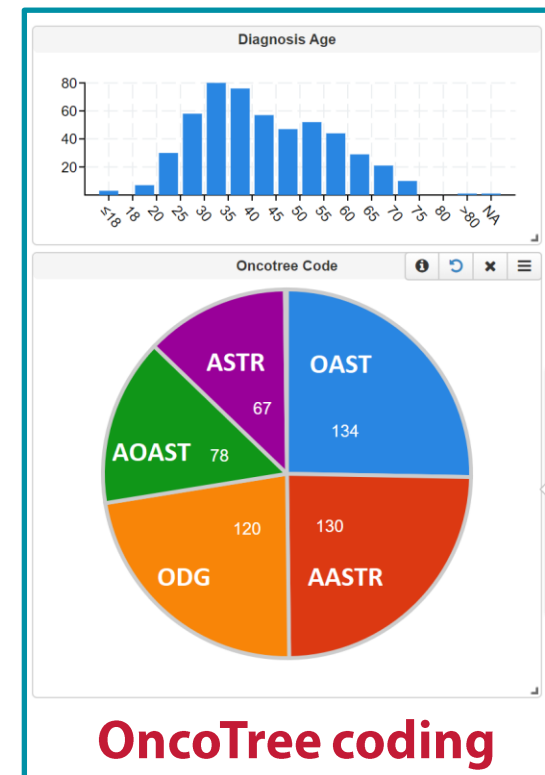
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Molecular Tumor Board (MTB) Use of cBioPortal



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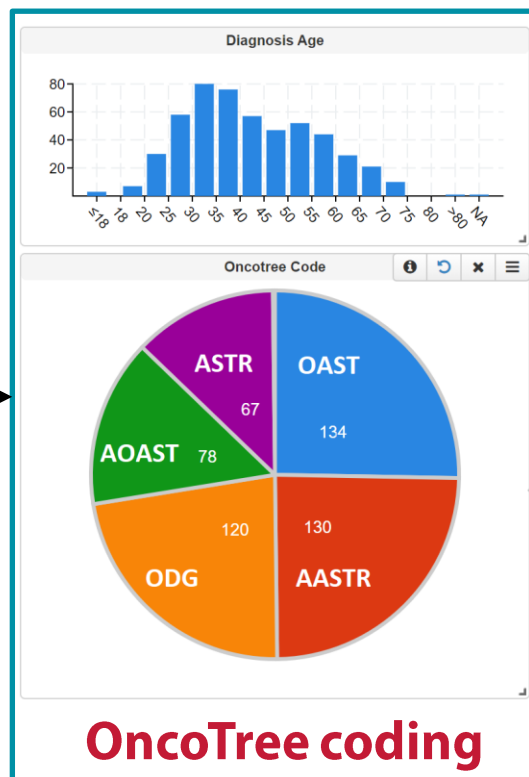
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Use of cBioPortal



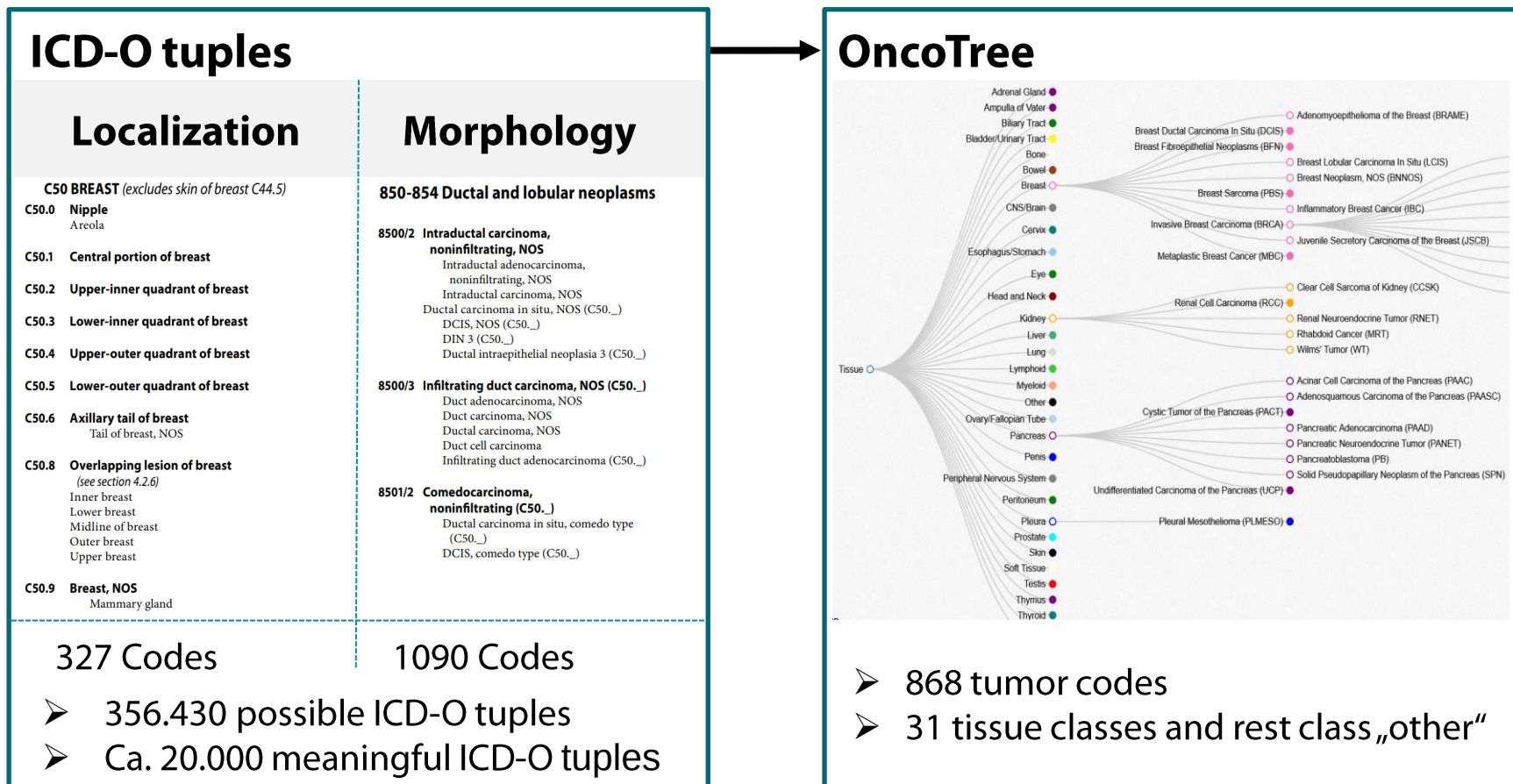
2 Mapping with intermediate step „SNOMED CT“

ICD-O tuples  OncoTree

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ICD-O tuples		OncoTree
Localization	Morphology	
C50 BREAST <i>(excludes skin of breast C44.5)</i> C50.0 Nipple Areola C50.1 Central portion of breast C50.2 Upper-inner quadrant of breast C50.3 Lower-inner quadrant of breast C50.4 Upper-outer quadrant of breast C50.5 Lower-outer quadrant of breast C50.6 Axillary tail of breast Tail of breast, NOS C50.8 Overlapping lesion of breast <i>(see section 4.2.6)</i> Inner breast Lower breast Midline of breast Outer breast Upper breast C50.9 Breast, NOS Mammary gland	850-854 Ductal and lobular neoplasms 8500/2 Intraductal carcinoma, noninfiltrating, NOS Intraductal adenocarcinoma, noninfiltrating, NOS Intraductal carcinoma, NOS Ductal carcinoma in situ, NOS (C50._) DCIS, NOS (C50._) DIN 3 (C50._) Ductal intraepithelial neoplasia 3 (C50._) 8500/3 Infiltrating duct carcinoma, NOS (C50._) Duct adenocarcinoma, NOS Duct carcinoma, NOS Ductal carcinoma, NOS Duct cell carcinoma Infiltrating duct adenocarcinoma (C50._) 8501/2 Comedocarcinoma, noninfiltrating (C50._) Ductal carcinoma in situ, comedo type (C50._) DCIS, comedo type (C50._)	OncoTree
327 Codes	1090 Codes	
➤ 356.430 possible ICD-O tuples ➤ Ca. 20.000 meaningful ICD-O tuples		

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SNOMED CT

ICD-O tuples

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Morphology

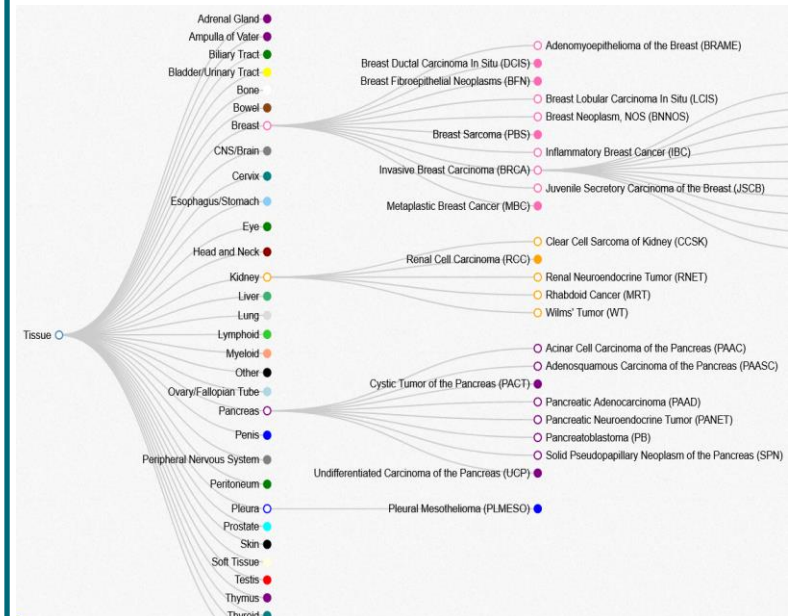
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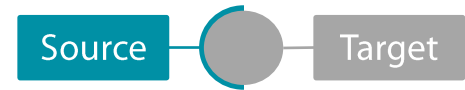
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OncoTree



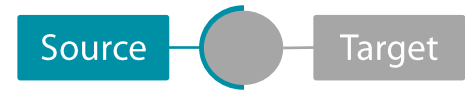
- 868 tumor codes
- 31 tissue classes and rest class „other“

3 Materials and Methods



Data set: 1800 different ICD-O tuples
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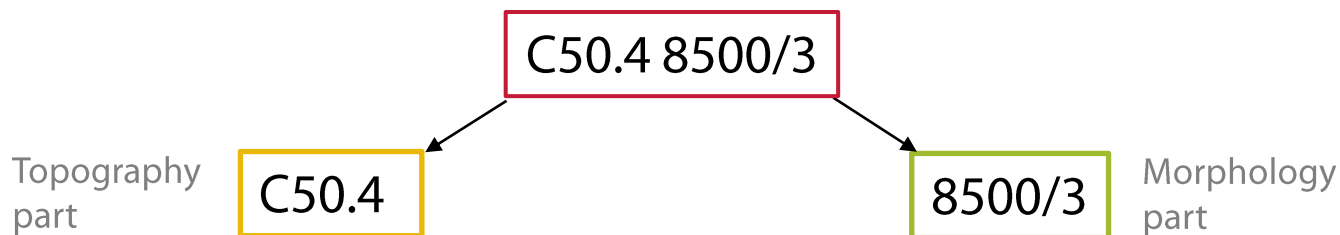
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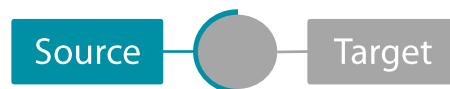


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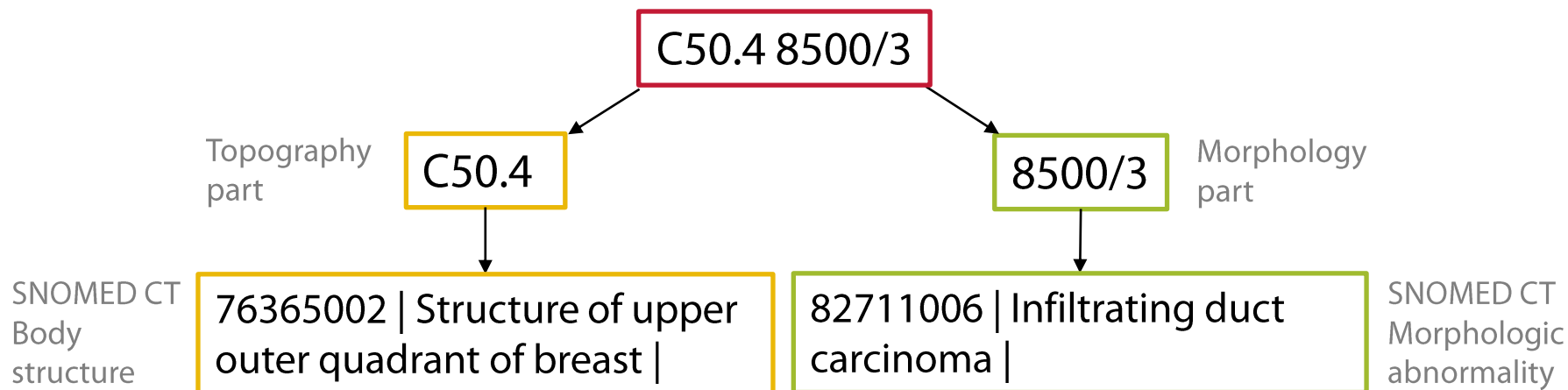


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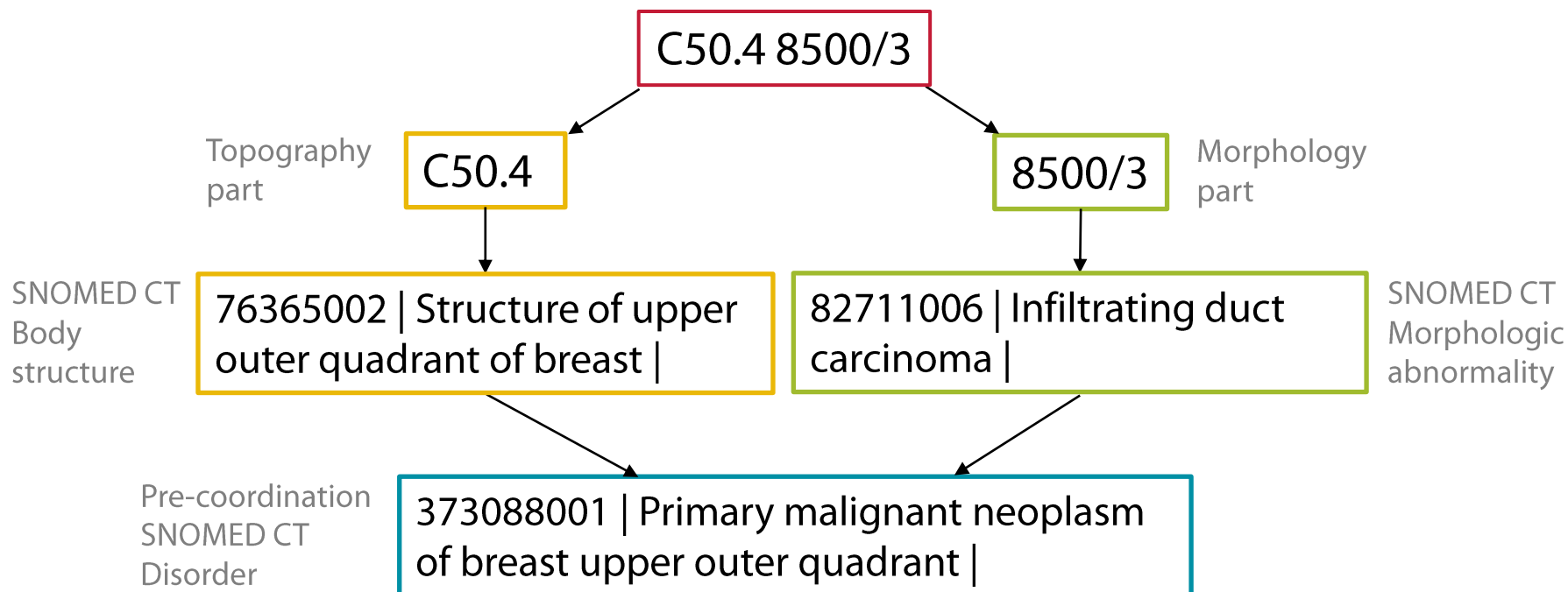


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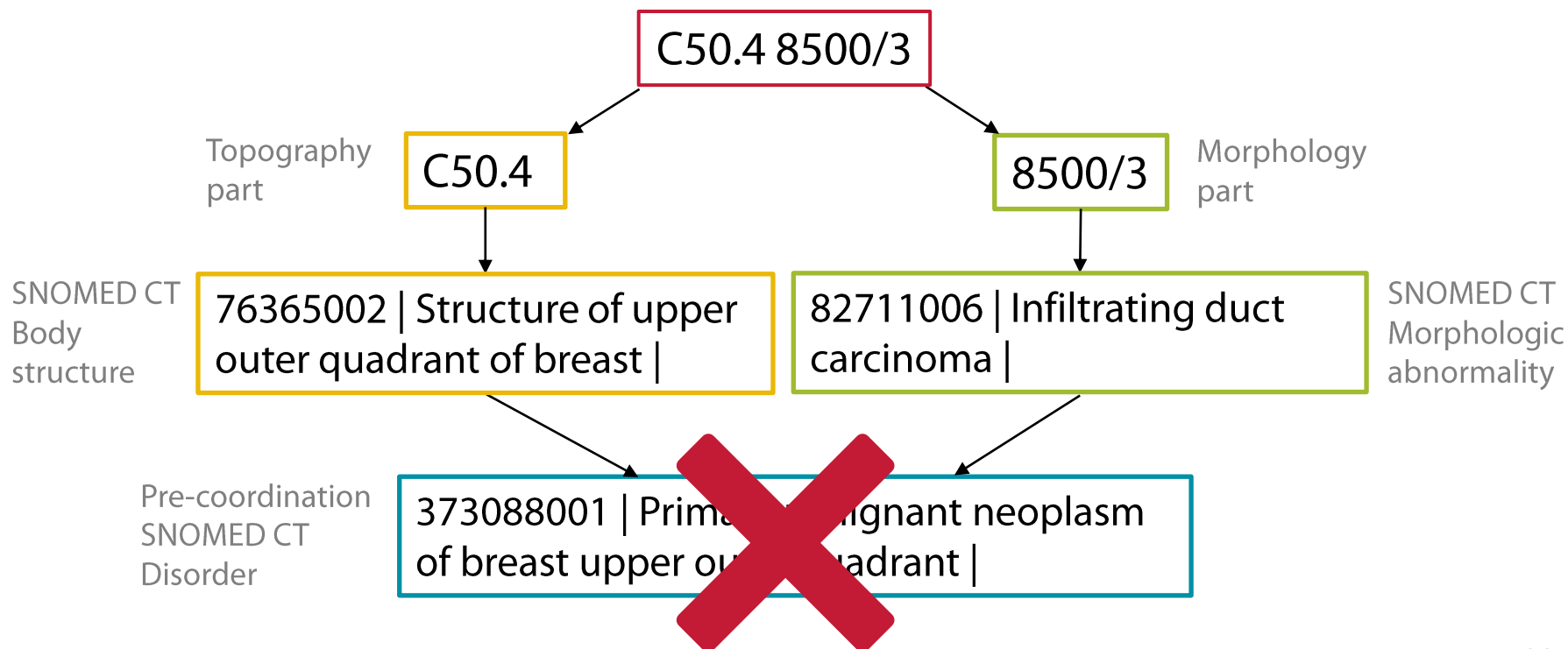


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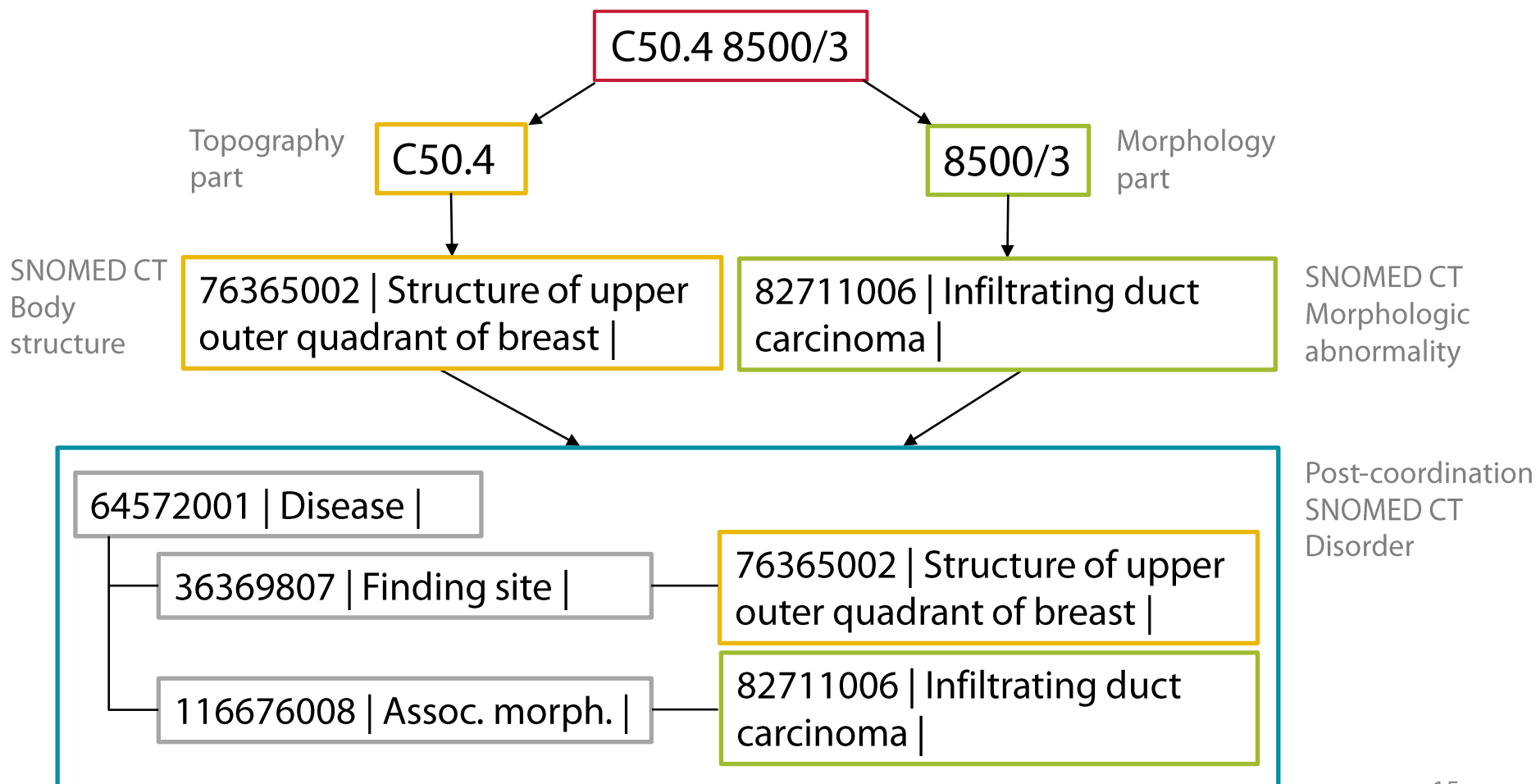
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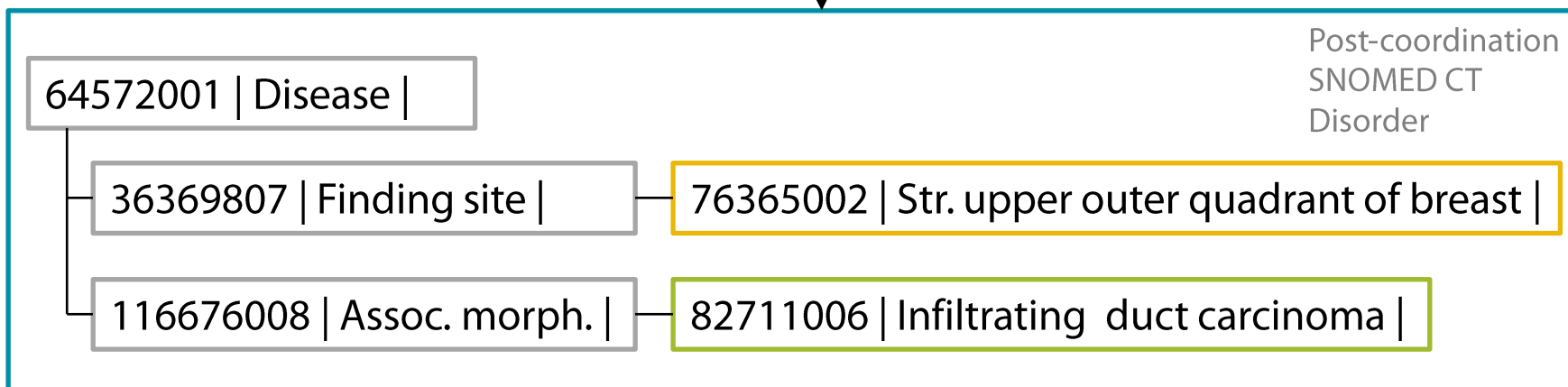


3 Materials and Methods



OncoTree code: IDC (Breast Invasive Ductal Carcinoma)

IDC



3 Materials and Methods



Subsumption between ICD-O tuple and OncoTree code



3 Materials and Methods



Subsumption between ICD-O tuple and OncoTree code



Comparison:

C50.4 8500/3

IDC

Topography

Morphology

3 Materials and Methods

Source



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upper outer quadrant
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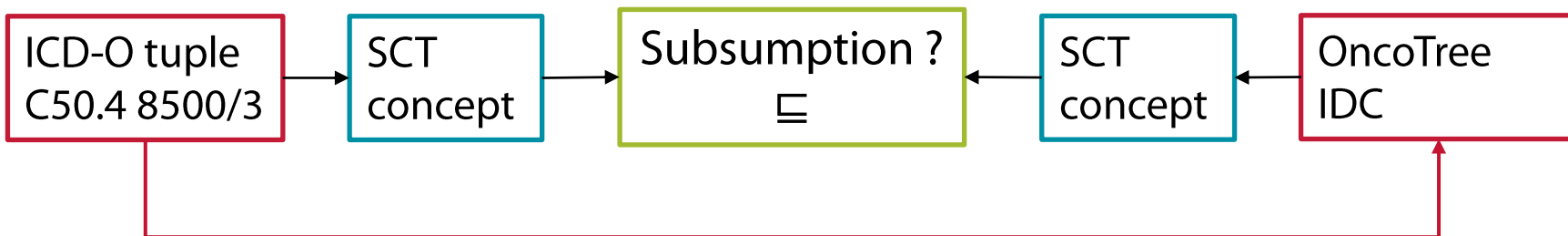
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4 Implementation

Ontoserver (Terminology server)

- Automatic mapping of a code of one code system into a code of another code system
- Full implementation of ECL and PCE in SNOMED CT



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HL7 FHIR

- Used resources: CodeSystem, ValueSet, ConceptMap
- Uses operations: \$translate, \$expand, \$subsumes



5 Results based on post-coordination

Mapping of input data set

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- Avoiding more optimal mapping results
 - Gaps in the structure of SNOMED CT
 - Discrepancies between meaning and use of a term

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6 Conclusion

- Successful implementation of the mapping
 - Use of SNOMED CT post-coordination as an intermediate step
 - Semi-automatic realization using a developed tool
- Integration of the results into the cBioPortal



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