



WHO Working Group Meeting on ICTM Terminology

世界卫生组织传统医学国际疾病分类项目术语工作组会议

Date: 27-30 March 2012

Venue: Shanghai, People's Republic of China

Organizer:  World Health Organization
Host: Shanghai Municipal Health Bureau





WHO working group meeting
on
International Classification of Traditional
Medicine (ICTM) terminology,
27 - 30 March 2012
at
The Yalong International Hotel,
Shanghai, China



**World Health
Organization**

Prepared by Oscar Japan Co., Ltd.

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Tel. direct: +41 22 791 25 42
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E-mail : meetingtrm@who.int

In reply please
refer to:

Your reference:

Dr Kenji Watanabe
Center for Kampo Medicine Keio University
School of Medicine 35
Shinanomachi Shinjuku-ku
Tokyo 160-8582
Japan

DATE 2 March 2012

Dear Dr Watanabe,

***WHO working group meeting on International Classification of Traditional Medicine (ICTM)
terminology, Shanghai, China, 27 - 30 March 2012***

I have the pleasure in inviting you, as a participant, to attend the above-mentioned meeting. The Shanghai Municipal Office for Traditional Chinese Medicine Development, has kindly agreed to host and financially support the meeting.

The objectives of the meeting are to:

- 1) review the definition of TM disorders and relating issues included in the draft Chapter 23 of the proposed ICD-11 α version ;
- 2) discuss the existing problems in the Chapter 23 and iCAT relating to TM terms, and
- 3) discuss the specific principles and approaches to solve the existing problems relating to the TM terms in the Chapter 23.

The expected outcome of the meeting are :

- 1) Agreed specific principles and approaches to solve the existing problems relating the TM terms in the Chapter 23;
- 2) Agreed work plan for future works and steps;
- 3) Agreed time, topics and necessary preparatory work of the next ICTM Terminology working group meeting; and
- 4) Recommendations including working tasks and timelines of TM terminology work, to the ICTM TAG and PAG annual meeting.

Enclosed, please find a Declaration of Interests for WHO Experts (a three-page form). You are kindly requested, if you have not already done so, to send the completed three-pages back to us for verification by WHO. No travel, work or other action related to this invitation should be undertaken **until you have received written notification from WHO** that the information contained in the Declaration of Interests does not require modification or cancelation of this invitation.

Please carefully read the "Declaration of Interests for WHO Experts" form and complete each page.

Page 1: insert your name, affiliation and e-mail address within the box.

Pages 2 and 3: answer **ALL** questions.

Page 3: insert the date and sign.

.../2

ENCLs (5): as stated

cc: WR

If you are able to accept this invitation, **please send us official confirmation of your attendance, along with the completed "Declaration of Interests for WHO Experts" form, by fax on +41 22 791 4153 or via e-mail at meetingtrm@who.int** as soon as you receive this letter.

Travel arrangements:

If you are able to accept this invitation, WHO will be responsible for the cost of your travel (by air, economy class, reduced airfare basis) by the fastest and most direct route from the nearest airport to your place of residence at which you can access an international flight to Shanghai, China. Should you wish to use a higher standard of airline accommodation, e.g. "business" or "club" class, any fare difference payable over and above the economy class reduced fare would be at your own expense. Any deviation that you may wish to make would also be at your own expense, as would any excess baggage weight over and above the entitlement given on your air ticket. Please ensure that you arrive in Shanghai on 26 March 2012.

After we receive the completed and signed Declaration of Interests, and are able to send you our written notification that the information disclosed by you in the Declaration of Interests does not require modification or cancellation of this invitation, a travel authorization will be issued for you.

In the meantime, you should make flight reservations through the following agency, and inform us of your planned itinerary as soon as possible by e-mail at meetingTRM@who.int or fax on + 41 22 791 4153:

JAPAN
SWISSCARD AECS AG
American Express Nippon Travel Agency, Inc. SD Bldg.
6F 4-3-8, Taihei,
Sumida-ku,
Tokyo 130-0012
Tel.: +81 (0) 3 5819 1893
E-mail: bjcc@amex-nta.com

Please note that your ticket will be provided by WHO through this agency only. Upon receipt of your itinerary, we will send you a travel authorization for issuance of your ticket.

Venue of the meeting:

The venue of the meeting is the Yalong International Hotel (688 Gushan Road, Pudong District, Shanghai 200135, People's Republic of China; TEL: + 86-21-6160 1111; Fax: + 86-21-6160 2019).

Hotel and meals:

Costs of accommodation (room charge only and excluding personal expenses) and meals will be covered by the host government of our meeting. A tentative block booking has been made at the venue hotel for five nights from 26 to 30 March 2012 inclusive, for your stay.

Dr Wang at the Shanghai University of Traditional Chinese Medicine, focal point on local arrangement and information designated by the host government, at the contact detail below:

Focal point for local arrangements and information:

Dr WANG Xiao

Room 307, No.1 Building, Old campus of Shanghai University of Traditional Chinese Medicine
530, Lingling Road, Xuhui District, Shanghai 200032, People's Republic of China
Tel: + 86-21-6404 0192-ext. 603; Fax: + 86-21-6404 0191
Cell Phone: +86-134-7288-7260
E-mail: icd_ctyx@163.com

To confirm your room reservation, please complete the enclosed "**hotel reservation form**" provided by the host government of the meeting, and return it by e-mail, as soon as possible, directly to Dr Wang at the address above. The deadline is no later than **the end of 23 March 2012, in Beijing Time (GMT + 8)**. **Please also indicate your special meal requirements in the hotel reservation form if you have any.**

For detail of the local arrangement and local information, please directly contact Dr Wang.

.../3

Visa:

You are asked to ensure that you have a valid entry visa for China should this be necessary.

Please be advised that you should take the original of this official invitation letter with you when you apply for a visa at the respective Chinese Embassy or Consulate in your country. You also need to obtain the official invitation letter from the authority of the People's Republic of China (Invitation Letter of Duly Authorized Unit), when you apply for a visa. In order to facilitate this process obtaining the invitation from the Chinese authority, prior to your application, the State Administration of Chinese Traditional Medicine (SATCM) of the People's Republic of China, has kindly agreed to assist you. Please, therefore, fill in the enclosed form entitled "Participant details" and send it, along with a copy of your passport pages **URGENTLY** to:

Mr Zhu Haidong
Department of International Cooperation, State Administration of Chinese Traditional Medicine (SATCM)
1, West Gongti Road, Beijing 100027, People's Republic of China
Phone: + 86 10 5995 7717; Fax: +86 10 5995 7721
E-mail: zhuhaidong@satcm.gov.cn

Upon receipt of the completed form and a copy of your passport pages, Mr Zhu will send you by **facsimile** the invitation letter from the Government of the People's Republic of China (Invitation Letter of Duly Authorized Unit) for your application of visa at the Chinese Embassy or Consulate in your country.

Unfortunately, for administrative reasons, neither WHO nor our host government will be able to provide accident or personal effects insurance relating to your participation at the working group meeting. Please, therefore, ensure your baggage and personal effects, and arrange for personal accident insurance, for the duration of your travel.

Enclosed, please find the draft provisional programme of work and the draft provisional agenda for your information.

The language of the meeting will be English. Please note that **it is WHO policy that smoking is not permitted during meetings nor in any designated meeting areas.** Thank you in advance for your understanding and cooperation.

I do hope that it will be possible for you to attend this meeting and look forward to receiving your favourable response very shortly.

Yours sincerely,



Dr Zhang Qi
Coordinator, Traditional Medicine
Department for Health Systems Policies &
Workforce (HPW)



WHO Working Group Meeting on ICTM Terminology
Shanghai, China, 27-30 March 2012 日程表(案)

出国：3月26日
帰国：3月31日

日時(現地時間)	スケジュール	備考
1日目: 3月26日 (月)		
午後 夕刻	東京または大阪発(各自のフライトスケジュールによる) 上海(浦東空港または虹橋空港)着 到着後、タクシーにて各自ホテルへ	ヤロン・インターナショナル・ホテル 泊
2日目: 3月27日 (火)		
08:00-09:00	参加登録	
09:00-10:15	開会宣言、写真撮影、アジェンダと作業プロセス確 WHO担当官によるプレゼンテーション他	
10:15-10:30	コーヒーブレイク	
10:30-12:30	各国代表によるプレゼンテーション(中国、日本)	
12:30-14:00	ワーキング・ランチ	
14:00-15:00	各国代表によるプレゼンテーション(韓国)	(渡辺先生会場ご到着)
15:00-15:30	グループディスカッションに関する説明	
15:30-15:45	コーヒーブレイク	
15:45-18:00	グループ・ディスカッション	
19:00	歓迎レセプション	ヤロン・インターナショナル・ホテル 泊
3日目: 3月28日 (月)		
09:00-10:30	グループ・ディスカッション(続き)	
10:30-10:45	コーヒーブレイク	
10:45-12:30	グループ・ディスカッション(続き)	
12:30-14:00	ワーキング・ランチ	
14:00-15:30	グループ・ディスカッション	
15:30-15:45	コーヒーブレイク	
15:45-17:00	グループ・ディスカッション(続き)	
17:00-18:00	グループレポート作成	ヤロン・インターナショナル・ホテル 泊
4日目: 3月29日 (火)		
09:00-10:30	グループ・ディスカッション報告(グループ1および2)	
10:30-10:45	コーヒーブレイク	
10:45-12:30	グループ1の報告に関する全体協議	
12:30-14:00	ワーキングランチ	
14:00-15:30	グループ2の報告に関する全体協議	
15:30-15:45	コーヒーブレイク	
15:45-17:00	ICTM年次会議向け報告に関する協議	
17:00-18:00	各国ごとの作業スケジュールに関する協議・見直し	ヤロン・インターナショナル・ホテル 泊
5日目: 3月30日 (水)		
09:00-10:45	各国ごとの作業予定に関するプレゼンテーション	
10:45-11:00	コーヒーブレイク	
11:00-12:30	作業分担およびスケジュールに関する提案 WHO担当官によるプレゼンテーションおよび協議	
12:30-14:00	ワーキングランチ	
14:00-15:30	次回ICTM年次会議に向けた作業分担および予定に 関する提案・協議	
15:30-15:45	コーヒーブレイク	
15:45-16:30	提案まとめ	
16:30-17:00	閉会宣言	ヤロン・インターナショナル・ホテル 泊
6日目: 3月31日 (土)		
午前 午後 夕刻	各自ホテル発・タクシーにて空港へ 上海(浦東空港または虹橋空港)発 東京または大阪着	



WHO Working Group Meeting on ICTM Terminology
Shanghai, China, 27-30 March 2012

連絡先一覧

中国への電話のかけかた：0033+010+国番号86+市外局番（0をのぞく）+相手の電話番号（NTTの場合）

*フレッツ光などの場合は0033が必要ない場合があります。ご利用の電話会社にご確認ください。

日本への電話のかけかた：81+日本の市外局番（0をのぞく）+相手の電話番号

例）0422-59-1808へかける場合は+81-422-59-1808

◎ 訪問団

アンドレイ・クスネツォフ

携帯： +81 80-4455-1636

◎ WHO

Dr Zhang Qi

メールアドレス： zhangqi@who.int

◎ ホテル

宿泊ホテル

住所： Yalong International Hotel
688 Gushan Road, Pudong District,
Shanghai 200135, People's Republic of China

Tel： +86-21-6160 1111

Fax： +86-21-6160 2019

◎ 会場

Yalong International Hotel

住所： 688 Gushan Road, Pudong District,
Shanghai 200135, People's Republic of China

Tel: +86-21-6160 1111

Fax: +86-21-6160 2019

◎ 在外公館

在上海日本国総領事館・

住所： 上海市万山路8号

Tel: 021-5257-4766

Fax: 021-6278-8988

◎ 日本国内緊急連絡先

オスカー・ジャパン株式会社

住所： 〒180-0013 東京都武蔵野市西久保1-3-12 オークビル5階

Tel: +81-422-59-1808 (9:00-17:00)

時間外対応： +81-80-3916-4394 (海外から) 080-3916-4394 (国内)

Fax: +81-422-59-1809

上海会議 (ICTM-Terminology) 各参加者スケジュール

氏名(敬称略)	緊急連絡先	宿泊先	3/26(月)	3/27(火)	3/28(水)	3/29(木)	3/30(金)	3/31(土)
1 渡辺 賢治	慶應義塾大学医学部 漢方医学センター 03-5366-3824	Yalong International Hotel No. 688 Gushan Rd., Pudong District, Shanghai Tel: +86(21)6160-1111		09:25 東京(羽田)発 →→JL81→→ 11:30 上海(虹橋)着 *午後から会議 参加	上海会議 ・デイスカッション ・グループ レポート作成	上海会議 ・デイスカッション ・結果報告 ・今後の作業 計画協議	上海会議 ・作業計画プレゼンテーション ・作業計画提案 見直し・まとめ ・閉会式	12:50 上海(虹橋)発 →→JL82→→ 16:40 東京(羽田)着
2 矢久保 修嗣	日本大学医学部 東洋医学科医局 03-3972-8111	Yalong International Hotel No. 688 Gushan Rd., Pudong District, Shanghai Tel: +86(21)6160-1111	14:00 東京(成田)発 →→NH959→→ 16:05 上海(浦東)着	上海会議 ・閉会式 ・プレゼンテーション ・デイスカッション ・レセプション	上海会議 ・デイスカッション ・グループ レポート作成	上海会議 ・デイスカッション ・結果報告 ・今後の作業 計画協議	上海会議 ・作業計画プレゼンテーション ・作業計画提案 見直し・まとめ ・閉会式	13:10 上海(浦東)発 →→NH920→→ 17:00 東京(成田)着
3 関 隆志	東北大学 医学系研究科 022-717-7185	Yalong International Hotel No. 688 Gushan Rd., Pudong District, Shanghai Tel: +86(21)6160-1111	8:00 仙台発 成田経由 →→NH919→→ 11:55 上海(浦東)着	上海会議 ・閉会式 ・プレゼンテーション ・デイスカッション ・レセプション	上海会議 ・デイスカッション ・グループ レポート作成	上海会議 ・デイスカッション ・結果報告 ・今後の作業 計画協議	上海会議 ・作業計画プレゼンテーション ・作業計画提案 見直し・まとめ ・閉会式	13:10 上海(浦東)発 →→NH920→→ 19:25 成田経由 仙台着
4 伊藤 美千穂	京都大学大学院 薬学研究科 075-753-4506	Yalong International Hotel No. 688 Gushan Rd., Pudong District, Shanghai Tel: +86(21)6160-1111	14:55 東京(成田)発 →→CA930→→ 17:10 上海(浦東)着	上海会議 ・閉会式 ・プレゼンテーション ・デイスカッション ・レセプション	上海会議 ・デイスカッション ・グループ レポート作成	上海会議 ・デイスカッション ・結果報告 ・今後の作業 計画協議	上海会議 ・作業計画プレゼンテーション ・作業計画提案 見直し・まとめ ・閉会式	12:10 上海(浦東)発 →→CA6663→→ 15:15 大阪(関西)着
5 アンドレイ・グズネツォフ	オスカー・ジャパン(株) 0422-59-1808	Yalong International Hotel No. 688 Gushan Rd., Pudong District, Shanghai Tel: +86(21)6160-1111	14:45 →→JL877→→ 17:05 上海(浦東)着	上海会議 ・閉会式 ・プレゼンテーション ・デイスカッション ・レセプション	上海会議 ・デイスカッション ・グループ レポート作成	上海会議 ・デイスカッション ・結果報告 ・今後の作業 計画協議	上海会議 ・作業計画プレゼンテーション ・作業計画提案 見直し・まとめ ・閉会式	14:05 上海(浦東)発 →→JL876→→ 18:05 東京(成田)着

2012年3月21日現在

アジェンダ (暫定案)

2012 年 3 月 1 日

1. 開会
2. 議長および連絡担当者の指名
3. 暫定アジェンダの採択
4. ミーティングの目的および作業方法に関する概要説明
5. WHO による報告 : ICTM プロジェクトおよび第 23 章に関する進捗状況
6. 第 23 章ならびに診断およびターミノロジーの iCAT コンテンツモデルに関する各国代表チームによる報告
 - a. 進展
 - b. 主要な問題
7. グループディスカッション :
 - a. ターミノロジーグループ 1
 - b. ターミノロジーグループ 2
8. グループディスカッションの報告 :
 - a. ターミノロジーグループ 1
 - b. ターミノロジーグループ 2
 - c. 全体ディスカッション
9. 各国ワーキングプランおよび予定表
10. 作業課題案および期限
 - a. WHO によるプレゼンテーション
 - b. ディスカッション
11. 次回 ICTM 年次会議への提言 (作業課題および期限を含む)
12. その他
13. 閉会

作業プログラム (暫定案)

2012年3月1日

2012年3月26日 (月)

参加者到着

2012年3月27日 (火)

08:00 - 09:00 参加者登録

09:00 - 10:15 開会

歓迎のあいさつ

開催国政府および国内/地方当局代表者

就任演説

WHO

集合写真

議長および連絡担当者の指名

暫定アジェンダの採択

ミーティングの目的および作業方法に関する説明

TRM、WHO

WHOによる報告: ICTMプロジェクトおよび第23章に関する進捗状況

CTS、WHO

10:15 - 10:30 コーヒー/ティーブレイク

10:30 - 12:30 第23章ならびに診断およびターミノロジーのiCATコンテンツモデルに関する

各国代表チームによる報告:

- 進展

- 主要な問題

(プレゼンテーションおよびディスカッションを含め、各国チーム60分ずつ)

- 中国

- 日本

12:30 - 14:00 会談を兼ねた昼食

14:00 - 15:00 各国チームによる報告 (続き)

- 韓国

15:00 - 15:30 グループディスカッションに関する説明

15:30 - 15:45 コーヒー/ティーブレイク

15:45 - 18:00 グループディスカッション

ターミノロジーグループ 1

各国チームがTMターミノロジーに関する主要な問題の一覧を提示し、ディスカッションをおこなう

ターミノロジーグループ 2

グループは第23章のカテゴリーを再検討し、ICDおよびTM 両者の要件に照らし用語をチェックする

19:00 歓迎レセプション

2012年3月28日 (水)

09:00 - 10:30 グループディスカッション (続き)

ターミノロジーグループ 1

ディスカッションのポイント

- TMの用語の意味を維持しながら、理解可能で正確なものを英訳に限らないようにする方法 (各国チームは発表可能)
- TMの英訳がICDの共通要件を満たすようにする方法
- 一般的に使用される用語のなかで、共通するターミノロジーおよび翻訳の整合性をどのように統一するかについての指針およびアプローチ (各国チームは発表可能)

ターミノロジーグループ 2

ディスカッションのポイント

- 第23章のカテゴリーに関係する用語は何か、診断および「証」のコンテンツモデルならびにTMのdisorderの定義におけるシノニムなどを埋める (各国チームは発表可能)
- 既存の問題の解決方法：作業の指針および方法
- 必要な場合、3カ国間のアプローチの整合性のとり方

10:30 - 10:45 コーヒー／ティーブレイク

10:45 - 12:30 グループディスカッション (続き)

12:30 - 14:00 会談を兼ねた昼食

14:00 - 15:30 グループディスカッション

ターミノロジーグループ 1

ディスカッションのポイント

- 各国チームが、話し合いを必要とする特別な用語の訳語を発表する
- 「ピンイン」と、それら特別な用語についてすでに使用されている英語表現の使用
方法および使用する場面に関する指針 (プレゼンテーションが必要な可能性あり)

ターミノロジーグループ 2

ディスカッションのポイント

- 各国チームは、診断および「証」のコンテンツモデルならびにTMのdisorderの定義において使用されることになる用語のリスト案を発表し (各国チームは発表可能)、ディスカッションをおこなう
- カテゴリー内で二次的にすでに登場している用語、第23章におけるTMのdisease(疾病)またはdisorderおよびそれらの定義やシノニムなどを含む診断および「証」のコンテンツモデルについての説明が必要とされる／要請される用語のリスト案 (プレゼンター

ションが必要)

- 15:30 - 15:45 コーヒー／ティーブレイク
15:45 - 17:00 グループディスカッション (続き)
17:00 - 18:00 グループによる報告の準備

2012年3月29日 (木)

- 09:00 - 09:45 グループディスカッションの報告 (各グループ 45分ずつ)
- ターミノロジーグループ 1
- ターミノロジーグループ 2
10:30 - 10:45 コーヒー／ティーブレイク
10:45 - 12:30 ターミノロジーグループ 1 による報告に関する全体ディスカッション
12:30 - 14:00 会談を兼ねた昼食
14:00 - 15:30 ターミノロジーグループ 2 による報告に関する全体ディスカッション
15:30 - 15:45 コーヒー／ティーブレイク
15:45 - 17:00 ICTM 年次会議への報告に関するディスカッション
17:00 - 18:00 各国ワーキングプランおよび予定表
- グループに基づく各国ワーキングプラン案および予定表の見直しの話し合い(各国チームごと)

2012年3月30日 (金) - 4日目

- 09:00 - 10:45 各国のワーキングプランおよび予定表 (続き)
- 各国チームによるプレゼンテーション
10:45 - 11:00 コーヒー／ティーブレイク
11:00 - 12:30 作業課題案と期限
- WHOによる報告
- ディスカッション
12:30 - 14:00 会談を兼ねた昼食
14:00 - 15:30 次回ICTM年次会議 (2012年 中国・香港特別行政区) への提言 (作業課題と期限を含む) に関するディスカッション
15:30 - 15:45 コーヒー／ティーブレイク
15:30 - 16:30 提言の採択
16:30 - 17:00 閉会

Draft Provisional Agenda

1 March 2012

1. Opening of the meeting
2. Nomination of Chairperson and Rapporteurs
3. Adoption of provisional agenda
4. General Briefing on the objectives and working methods of the meeting
5. Report by WHO: Progress on the ICTM Project and the Chapter 23
6. Report from national teams on the Chapter 23 and iCAT content model of diagnosis and terminology
 - a. progress made
 - b. the major problems
7. Group Discussion:
 - a. Terminology group 1
 - b. Terminology group 2
8. Report from group discussion:
 - a. Terminology group 1
 - b. Terminology group 2
 - c. Plenary discussion
9. National working plan and timetable
10. The proposed working tasks and timeline
 - a. Presentation by WHO
 - b. Discussion
11. Recommendations, including the working tasks and timeline, to the next ICTM annual meeting
12. Others, if any
13. Closure of the meeting

Draft Provisional Programme of Work

1 March 2012

Monday, 26 March 2012

Arrival of Participants

Tuesday, 27 March 2012

08:00 - 09:00 Registration of participants

09:00 - 10:15 Opening of the meeting

Address of welcome

Host government and representative of national/local authority

Inaugural address

WHO

Group photo

Nomination of Chairperson and Rapporteurs

Adoption of the Provisional Agenda

Briefing the objectives and working methods of the meeting

TRM, WHO

Report by WHO: Progress on the ICTM Project and Chapter 23

CTS, WHO

10:15 - 10:30 *Coffee/Tea Break*

10:30 - 12:30 Report by national team on Chapter 23 and iCAT content model of diagnosis and terminology:

- progress made

- major problems

(60 minutes for each national team including presentation and discussion)

- China

- Japan

12:30 - 14:00 *Working Lunch*

14:00 - 15:00 Report by national team (continued)

- Republic of Korea

15:00 - 15:30 Briefing on the group discussions

15:30 - 15:45 *Coffee/Tea Break*

15:45 - 18:00 Group Discussion

Terminology group 1

Each nation team submits a list of the major problems of TM terminology and discuss

Terminology group 2

Group reviews the categories of the Chapter 23 and check terms against the requirements of both ICD and TM

19:00 *Welcome Reception*

Wednesday, 28 March 2012

09:00 - 10:30 Group Discussion (continued)

Terminology group 1

Discussion points

- How to ensure that not only the English translation is understandable and accurate in keeping TM terms' meanings (national teams could make presentations)
- How to ensure TM English translation to meet the ICD common requirements.
- The principle and approach on how to standardize common terminology and translations consistence among the commonly used terms. (National teams could make presentations)

Terminology group 2

Discussion points

- What are terms related to the categories of the Chapter 23, fill the value sets in the content model of diagnosis and patterns (national teams could make presentations) as well as in the definition of TM disorders
- How to solve the existing problems: working principle and methods
- How to make consistent approach among the three countries if there is a need

10:30 - 10:45 *Coffee/Tea Break*

10:45 - 12:30 Group discussion (continued)

12:30 - 14:00 *Working Lunch*

14:00 - 15:30 Group discussion

Terminology group 1

Discussion points

- National teams present the translation of the special terms which need to be discussed.
- The principle on how and when to use "Pinyin" and English expressions already in use for those special terms. (may need a presentation)

Terminology group 2

Discussion points

- National teams present a proposed list of terms which will be used in the content model of diagnosis and patterns and the definition of TM disorders. (national teams could make presentations) and discussion
- The proposed list of terms which are needed /required to provide explanation on the terms already appearing in the categories as a back up and TM diseases or disorders in the Chapter 23 and content model of diagnosis and patterns including value sets. (need a presentation)

15:30 - 15:45 *Coffee/Tea Break*

15:45 - 17:00 Group discussion (continued)

17:00 - 18:00 Preparation of a group report

WHO working group meeting on ICTM terminology, Shanghai, China, 27-30 March 2012

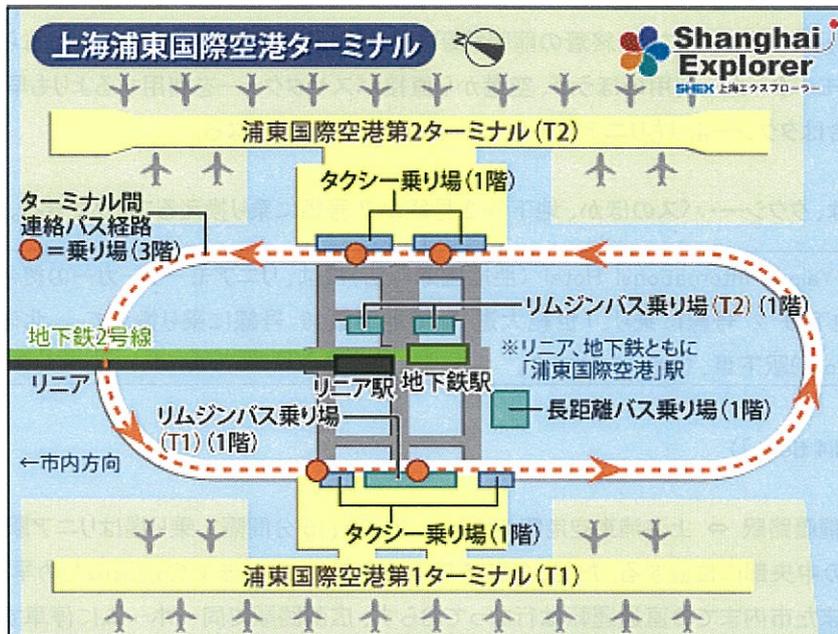
Thursday, 29 March 2012

- 09:00 - 09:45 Report from Group discussion (45 minutes per group)
- Terminology group 1
 - Terminology group 2
- 10:30 - 10:45 *Coffee/Tea Break*
- 10:45 - 12:30 Plenary discussion on the report from Terminology group 1
- 12:30 - 14:00 *Working Lunch*
- 14:00 - 15:30 Plenary Discussion on the report from Terminology group 2
- 15:30 - 15:45 *Coffee/Tea Break*
- 15:45 - 17:00 Discussion on the report to the ICTM Annual meeting.
- 17:00 – 18:00 National working plan and time table
- Revision of draft national working plan and time table based on the group discussion (each national team)

Day 4 Friday, 30 March 2012

- 09:00 - 10:45 National working plan and timetable (continued)
- Presentation by each national team
- 10:45 - 11:00 *Coffee/Tea Break*
- 11:00 - 12:30 The proposed working tasks and timeline
- Presentation by WHO
 - Discussion
- 12:30 - 14:00 *Working Lunch*
- 14:00 - 15:30 Discussion on recommendations, including the working tasks and timeline, to the next ICTM annual meeting (2012 in Hong Kong SAR, China)
- 15:30 - 15:45 *Coffee/Tea Break*
- 15:30 - 16:30 Adoption of the recommendation
- 16:30 - 17:00 Meeting closing

上海浦東国際空港



空港と市内間の交通

リニアモーターカー(磁懸浮[Ci2 Xuan2 Fu2])

リニアモーターカーが2003年末より運行されている。空港から市内東端の龍陽路駅までの約30kmを最高時速430kmでわずか7分20秒で結ぶ。(一部の時間帯は時速300kmで運行され所要8分10秒。)

乗り場は第1第2ターミナルのほぼ中間の2階に駅があり、1階到着ロビーからはターミナル内のエスカレーターを上がる。運行時間は6:45~21:42、運行間隔は19時までは15分間隔、19時以降は20分間隔。

料金は50円で、当日の航空券(Eチケットは不可)を提示するか、上海公共交通カードを利用すれば40元となる。VIP車両もあり100元。往復料金も設定されており普通席80元、VIP席160元。

運行時間帯:

龍陽路駅→浦東空港 06:45(始発)~21:40(最終)

15~20分毎



浦東空港→龍陽路駅 07:02(始発)～21:42(最終)

15～20 分毎

空港から市内各所に行くためには、終着の龍陽路駅で他の交通機関に乗り換えなくてはならないが、それでも通常リニアモーターカー利用のほうが、空港から直接バスやタクシーを利用するよりも早い。また、料金も一人の場合はタクシーよりもリニアモーターカー利用のほうが安くなる。

龍陽路駅からは、タクシー・バスのほか、地下鉄 2 号線か 7 号線に乗り換えることができる。

ご滞在ホテル Yalong International Hotel (亜龍国際飯店)には、リニアモーターカーの終着駅の龍陽路駅で地下鉄 2 号線に乗り、「世紀大道」駅で地下鉄 6 号線に乗り換えて、北洋涇路 (Belyangling Road)駅下車、徒歩 15 分です。

地下鉄(地鉄[di4 tie3])

地下鉄 2 号線 龍陽路駅 ⇄ 上海浦東空港駅 7:00 ~ 21:00 (15 分間隔)。乗り場はリニア駅と同様に第 1 第 2 ターミナルの中央部に位置する。ただし午前 6 時半から午後 21 時までの運用のため早朝、深夜の利用はできない。また市内までの直通運転は行なっておらず、広蘭路駅で同一ホームに停車する市内方面との列車の乗換えが必要となる。なお凌空路駅から市内側はほぼ地下を走るのて残念ながら途中の車窓の風景を楽しむことはできない。人民広場駅まで 7 元 64 分。上海公共交通カードが利用出来る。

市内へのタクシー

タクシー乗り場は第 1 第 2 ターミナルとも到着ロビーを出た正面にある。タクシー乗り場には誘導係員がいて目的地を聞いてくるので、ホテル名か目的地を中国語か英語で伝える。タクシーで市内へ行っても、料金は 150 元程度(2000 円程度)しかかからない。乗り場は国際線到着出口右側と国内線到着出口前にある。市内主要ポイントまでの距離とタクシー料金の目安は次の通り。ただし時間距離併用制の運賃のため渋滞等により若干の前後はある。

- ・外高橋(新海関): 26km、65 元 ・楊浦大橋(浦東): 32km、80 元 ・南浦大橋(浦東): 33km、85 元
- ・徐浦大橋(浦東): 35km、90 元 ・陸家嘴: 37 km、95 元 ・江湾五角場: 41km、110 元
- ・人民広場: 42km、115 元 ・上海駅: 44km、120 元 ・大柏樹: 46 km、125 元
- ・閘北公園: 46km、125 元 ・曹家渡: 46km、125 元 ・徐家匯: 46km、125 元
- ・上海西駅: 53 km、150 元 ・上海南駅: 55km、155 元 ・虹橋空港: 57 km、160 元

ターミナル別航空会社一覧

●第1ターミナル(T1)

- ・日本航空(JL)
- ・中国東方航空(MU)
- ・春秋航空(9C)
- ・大韓航空(KE)
- ・四川航空(3U)
- ・マンダリン航空(AE)
- ・海南航空(HU)
- ・深圳航空(ZH)
- ・KLM オランダ航空(KL)
- ・エールフランス(AF)
- ・中華航空(CL)
- ・吉祥航空(HO)
- ・海灣航空(GF)
- ・天津航空(GS)
- ・華夏航空(G5)

●第2ターミナル(T2)

- ・全日空(NH)
- ・中国国際航空(CA)
- ・中国南方航空(CZ)
- ・上海航空(FM)
- ・デルタ航空(DL)
- ・エミレーツ航空(EK)
- ・復興航空(GE)
- ・ドラゴン航空(KA)
- ・カタール航空(QR)
- ・ノースウェスト航空(NW)
- ・スイス航空(LX)
- ・トルコ航空(TK)
- ・インドネシア航空(GA)
- ・マカオ航空(NX)
- ・フィンランド航空(AY)
- ・立栄航空(B7)
- ・ユナイテッド航空(UA)
- ・山東航空(SC)
- ・香港エクスプレス航空(UO)
- ・ブリティッシュエアウエイズ(BA)
- ・アメリカン航空(AA)
- ・カンタス航空(QF)
- ・フィリピン航空(PR)
- ・キャセイパシフィック航空(CX)
- ・マレーシア航空(MH)
- ・メキシコ航空(AM)
- ・シンガポール航空(SQ)
- ・ヴァージンアトランティック航空(VS)
- ・エバー航空(BR)
- ・アエロフロートロシア航空(SU)
- ・アジアナ航空(OZ)
- ・コンチネンタル航空(CO)
- ・セブパシフィック航空(5J)
- ・ニュージーランド航空(NZ)
- ・重慶航空(OQ)
- ・ルフトハンザ航空(LH)
- ・エアカナダ(AC)
- ・タイ国際航空(TG)
- ・エアインディア(AI)

各種サービス

● 公共無線 LAN エリア

出発ゲート待合室と到着ロビーで無線 LAN が使えるスペースが設けられている。電源(220V)使用も無料で OK。

● ショッピングモール

リニアモーターカー乗り場のある建物の中にショッピングモール「Les Charmes」(列香百貨)がある。Givenchy、Versace、Dunhill、Benetton などの小さな店舗が軒を並べる。上海市内に店があるワインの専門店「Chateau」の支店もある。

● インフォメーション (021)9608-1388

● 荷物一時預かり所

【国内到着ロビー(6号門と7号門の間)】

営業時間: 6:00~最終便 TEL:(021)6834-6324

【国際出発ロビー(10号門と11号門の間)】

営業時間: 6:00~最終便 TEL:(021)6834-5035

【国内出発ロビー(4号門と5号門の間)】

営業時間: 8:30~20:30 TEL:(021)6834-5201

● 遺失物保管所

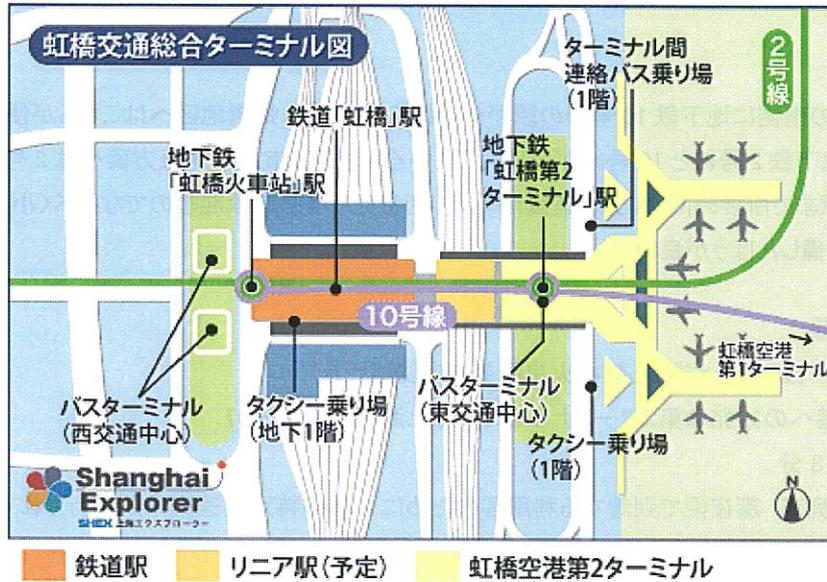
営業時間: 9:00~20:00

場所: 国内線到着ロビー6号門と7号門の間

TEL:(021)6834-6324



上海虹橋国際空港



両替と免税店

第1ターミナル

国際線の発着する第1ターミナルには到着フロアの荷物受け取り場のターンテーブルエリアと税関を出た待合スペースにそれぞれ1箇所ずつ両替所がある。

また出国側には搭乗待合スペースに一箇所だけ両替所がある。免税店はあるが発着する便数が少ないため店舗数・品数・種類ともに多くない。



第2ターミナル

第2ターミナルビルには3F チェックインカウンターのある出発ロビー北側に浦東発展銀行の両替所(9:00-17:00)と、そのすぐそばに自動両替機(24H 稼働)がある。また虹橋火車站へ向かう3F 通路と、地下一階の地下鉄改札フロアの西側に1軒ずつ両替店がある。国際線が発着しないため免税店はないが虹橋火車站側の通路の3階と鉄道駅の地下が巨大ショッピングモールとして準備され飲食店や商店があり食事やショッピングを楽しめる。



空港と市内間の交通

地下鉄

第1ターミナルの南側に地下鉄10号線の駅が作られており古北・虹橋地区へはこちらが便利。また第2ターミナルへは地下鉄2号線と10号線が乗り入れているが、上海市内や浦東方面へは2号線の利用が便利。人民広場駅まで所要時間28分で運賃は4元。切符売り場窓口は混むのでなるべく小銭か[上海公共交通カード](#)を準備したほうが良い。

●地下鉄2号線

運行時間:5:33~22:53(いずれも虹橋火車站発で広蘭路行き)

※市内から空港への始発は第2ターミナル着6:05、上海虹橋駅着6:07

運行間隔:6~13分

※**夜間連絡列車** 深夜便で到着する利用客のために2本の特別快速列車が運行されている。

・第1便 虹橋火車站23:04発—2号ターミナル23:06発

・第2便 虹橋火車站23:20発—2号ターミナル23:22発

停車駅は中山公園、静安寺、人民広場、世紀大道、龍陽路のみ。

●地下鉄10号線

運行時間:5:55~22:00(いずれも虹橋火車站発で新江湾城行き)

※市内から空港への始発は第1ターミナル着6:32、第2ターミナル着6:36

運行間隔:10~15分

ご滞在ホテルYalong International Hotel (亜龍国際飯店)には、虹橋第一ターミナル駅で地下鉄10号線に乗り、虹橋第2ターミナル駅にて、地下鉄2号線に乗り換えます。「世紀大道」駅で、地下鉄6号線に乗り換えて、北洋涇路(Belyangling Road)駅下車、徒歩15分です。

タクシー

乗り場は、第1ターミナルはAターミナル(北側のターミナル)の前。正規タクシーなら[公共交通カード](#)も使える。ときどき白タクに声をかけられるがトラブルの元なので利用しないこと。

第2ターミナルは1階到着ロビー正面の4号門出口を出た左側(南側)が乗車口。

※所要時間と料金の目安

(いずれも第1ターミナルから。第2ターミナルからの場合はプラス10分・10元程度余計にかかる。)

虹橋開発区まで 所要時間約 10 分 料金は約 20 元

浦東新区陸家嘴まで 所要時間約 30 分 料金は約 50 元

人民広場まで 所要時間約 20 分 料金は約 40 元

上海浦東国際空港まで 所要時間約 50 分 料金は約 165 元

◇ターミナル連絡バス

第 1 ターミナルと第 2 ターミナルを結ぶ連絡バスが終日運行されている。

●ターミナル連絡バス

運行時間: 6:30～23:00

運行間隔: 5～15 分

所要時間: 15 分

乗車場所: 第 1 ターミナル 2 階 B ターミナル前南側

第 2 ターミナル 1 階到着ターミナル前北側

各種サービス

●公共無線 LAN エリア

第 2 ターミナルでは出発ゲート待合室と到着ロビーで無線 LAN が使える。

●フライトインフォメーション (021)96990

●遺失物保管所 第 1 ターミナル(021) 22344553 第 2 ターミナル(021)22381086

●荷物一時預かり所 第 1 ターミナル(021)22344553 第 2 ターミナル(021)22381085

●空港ホームページ <http://www.shanghaiairport.com>

ご滞在ホテル、会議会場情報

上海会議会場および宿泊先

ホテル名 : Yalong International Hotel (亜龍国際飯店)

住所 : No. 688 Gushan Road, Pudong District, Shanghai, 200135 China

(〒200-135 中国上海市浦東新区 崑山路 688 号)

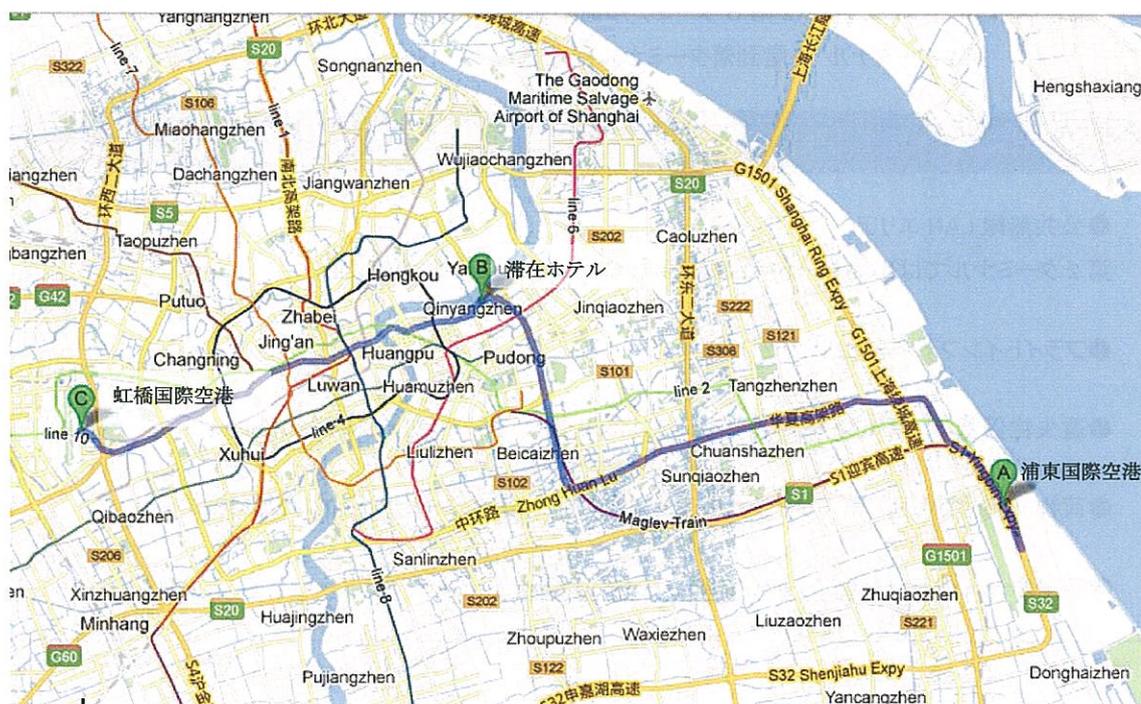
TEL : +86 (21) 6160-1111

FAX : +86 (21) 6160-2016

アクセス : 上海浦東国際空港から 30km (タクシーで 45 分くらい)

上海虹橋国際空港から 30km (タクシーで 40 分くらい)

人民広場 (市中心部) から 12km (タクシーで 15 分くらい)



A : 浦東国際空港

B : 滞在ホテル

C : 虹桥国際空港



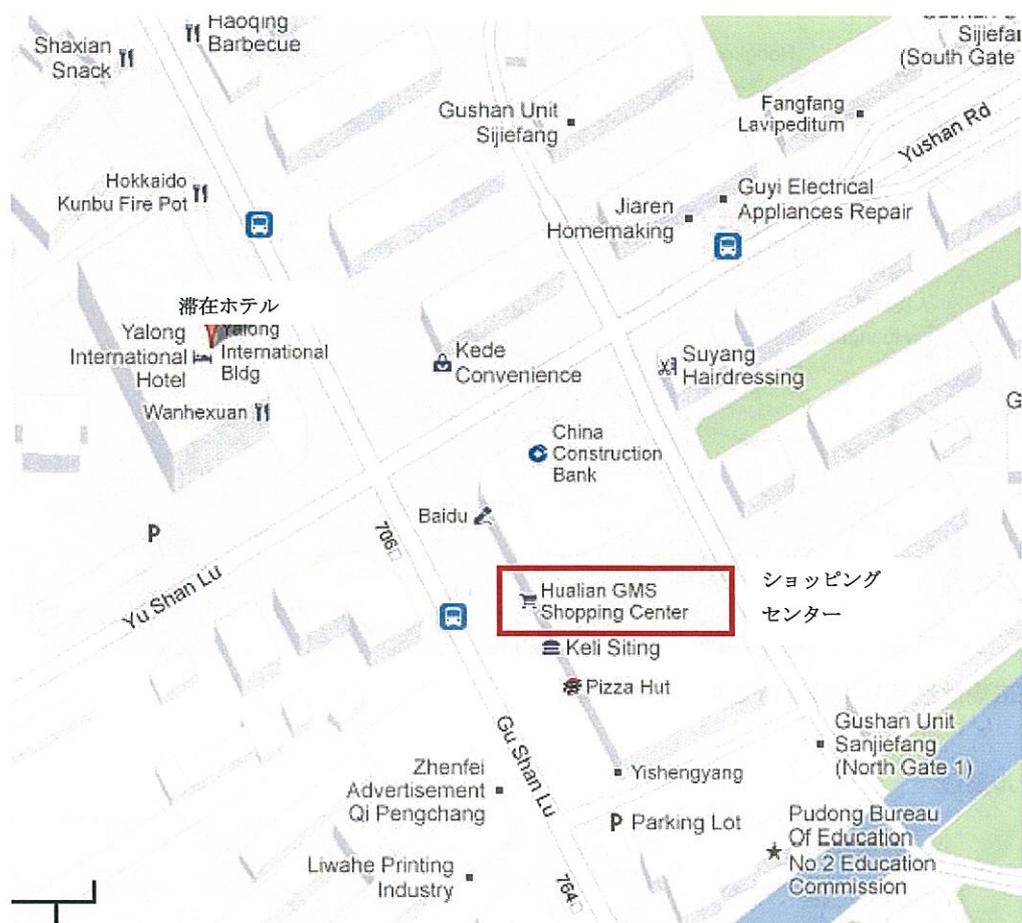
人民広場は最寄りの繁華街です。

ホテル周辺



滞在ホテル

地下鉄6号線 北洋涇路(Belyangling Road) 駅より徒歩15分
 最寄りのショッピング・エリアまで徒歩6分です。



Hualian GMS Shopping Center

717 号 Gushan Road, Pudong, Shanghai, China

Tel: 021-50331611

URL: hlqms.cn

地下鉄ご案内

- ホテルの最寄駅：地下鉄 6 号線 北洋涇路 (Belyangling Road) 駅
- 繁華街：地下鉄 2 号線 人民広場駅
- 浦東空港行きのリニアモーターカーに乗るには、地下鉄 2 号線の龍陽路駅でお乗り換え下さい。
- 虹橋国際空港に行くには地下鉄 2 号線の虹橋第 2 ターミナル駅で、地下鉄 10 号線に乗り換えて、虹橋第 1 ターミナルで下車してください。

上海レストラン情報

圓苑 <http://r.gnavi.co.jp/shanghai/jp/cs06492/>

上海家庭料理と広東料理のレストラン。この『紅焼肉』（豚バラ肉の角煮）は上海人の中でも有名。以前、中国系サイトで『おすすめ上海料理』で一位になっていたという。店舗がきれいなので、日本からのお客さんも連れていきやすい。上海市内に店舗数は結構ある。使いやすい4店舗は以下の通り。

興国路店：上海市興国路 201 号（泰安路の近く） 021-6433-9123

宛平路店：上海市宛平南路 550 号（零陵路の近く） 021-6438-1015

静安店：上海市南京西路 1038 号梅龍鎮広場 7 階（伊勢丹の中） 021-6272-6972

淮海店：上海市襄陽北路 108 号嘉華中心会所 1-2 階 021-5108-3377

翡翠酒家（新天地店） <http://r.gnavi.co.jp/shanghai/jp/cs03174/>

数多くの賞を受賞した広東料理レストラン。日本語メニューあり。

住所：上海市盧湾區興業路 123 弄新天地南里 6-7 号 2 階（馬当路附近） 〒200021

アクセス：地下鉄 1 号線 黄陂南路站 3 番出口 徒歩 3 分

TEL:021-63858752

営業時間 10:00～22:00 (L.O.21:30)、アフタヌーンティー 14:30～17:00

年中無休

平均予算 120 元

韓国館 <http://r.gnavi.co.jp/shanghai/jp/cs03036/>

実力派の韓国料理。日本語がある程度通じる。駐在韓国人・日本人に人気が高い。この韓国館のおススメは、『キムチモツ鍋』（タコ入りもあり）と『チャプチェ』（春雨炒め）。お店は 2 店舗。

万都店：興義路 8 号 万都中心 2 楼 021-6270-6317 地図

新虹橋店：婁山関路 35 号 新虹橋俱樂部 3 楼 021-5208-1579/1557

上井精緻料理(淮海店) <http://r.gnavi.co.jp/shanghai/jp/cs08292/>

創作日本料理。

住所：上海市盧湾區淮海中路 222 号力宝広場 3 楼（嵩山路寄り）

営業時間：月曜～日曜 ランチ 11:00～14:00 平均予算：258 元

友膳坊 <http://r.gnavi.co.jp/shanghai/jp/cs08202/>

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住所 上海市静安区常德路 800 番 2 号楼 2F-3F(昌平路付近)

アクセス 地下鉄七番線昌平路駅 2 分 76、138 番バス昌平路駅徒歩 1 分

TEL 021-32553211

営業時間 月曜日～日曜日 11:00～22:00(L.O.21:30)

休業日 年中無休 平均予算 180 元

タクシー情報

<どのタクシーに乗るか>

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TEL：9682282222

URL：<http://www.96822.com/>

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忘れ物・クレーム電話：021-64312788

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初乗りは3キロ（または15分）で13元、3～10キロで1キロ（または5分毎）2元、10キロ超で1キロ（または5分ごと）3元加算される。さらにこのほか1元の燃油費が加算され実際の初乗り料金は14元となる。メーターの料金表示もこれを含んだ総合計で表示され、発票（領収書）もやはり燃油費を含んだ金額で発行されるためメーター通りの金額を支払えばよい。

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<領収書>

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<注意事項>

朝夕のラッシュ時はタクシーが捕まらない

朝の8:00～9:00、夕方の16:00～19:00までの時間帯はまず繁華街ではタクシーは捕まらなると考えていい。ホテルなどで並んでいても、いつタクシーが来るか分からないので、地下鉄やバスなどを利用したほうが便利。雨の日や週末はさらに顕著になる。ポイントは、大きなスーパーや駅付近などでタクシーを捕まえるのがコツだが、心得た市民にさっさと乗られてしまうことが多い。

タクシー停車禁止地区

歩道の端に黄色い線が引いてあったらタクシー停車禁止地区。罰金が高い上海では、禁止地区にはタクシーはまず止まらないので、市内に設置されているタクシー乗り場や黄線以外のエリアへ行く。逆に、下車するときも禁止地区では下車できない。

Provisional Programme of Work

22 March 2012

Monday, 26 March 2012

Arrival of Participants

Tuesday, 27 March 2012

08:00 - 09:00 Registration of participants

09:00 - 10:15 Opening of the meeting

Address of welcome

Dr Yu Wenming, Vice Commissioner, State Administration of
Traditional Chinese Medicine, China

Dr Zheng Jin, Deputy Director, Shanghai Municipal Health Bureau and
Director, Shanghai Traditional Chinese Medicine Development Office

Inaugural address

Dr Wim Van Lerberghe, Director, Department for Health Systems
Policies and Workforce, World Health Organization

Group photo

Nomination of Chairperson and Rapporteurs

Adoption of the Provisional Agenda

Briefing the objectives and working methods of the meeting
Dr Zhang Qi, Coordinator, TRM/WHO

Report by WHO: Progress on the ICTM Project and Chapter 23
Dr Tevfik Bedirhan Ustun, Coordinator, CTS/WHO

10:15 - 10:30 *Coffee/Tea Break*

10:30 - 12:30 Report by national team on Chapter 23 and iCAT content model of diagnosis and terminology:

- progress made
- major problems

(60 minutes for each national team including presentation and discussion)

- China
- Japan

12:30 - 14:00 *Working Lunch*

14:00 - 15:00 Report by national team (contd.)
- Republic of Korea

15:00 - 15:20 Review of the results of Hong Kong and Daejeon meeting

15:20 - 15:30 Briefing on the group discussions
Dr Zhang Qi, Coordinator, TRM/WHO

15:30 - 15:45 *Coffee/Tea Break*

WHO working group meeting on ICTM terminology, Shanghai, China, 27-30 March 2012

15:45 - 18:00 Group Discussion

Terminology group 1

Discussion points

Review the list of concepts and terms identified with language expression problems by the experts group from the three countries.

Terminology group 2

Discussion points

Review the list of concepts and terms identified with title, definition and place problems.

19:00 *Welcome Reception*

Wednesday, 28 March 2012

09:00 - 10:30 Group Discussion (contd.)

Terminology group 1

Discussion points

- How to ensure that the language expression is understandable and accurate in representing the knowledge of TM (national teams could make presentations)
- How to ensure TM language expression to meet the ICD common requirements.
- The principle and approach on how to standardize the language expression for the commonly used terms. (National teams could make presentations)

Terminology group 2

Discussion points

- How to solve the existing problems: working principle and methods
- How to make consistent approach among the three countries if there is a need

10:30 - 10:45 *Coffee/Tea Break*

10:45 - 12:30 Group discussion (contd.)

12:30 - 14:00 *Working Lunch*

14:00 - 15:30 Group discussion

Terminology group 1

Discussion points

- National teams present the language expression of the special terms which need to be discussed.
- The principle on how and when to use pictogram and transliteration for those special terms.

Terminology group 2

Discussion points

- Continue the discussions above
- The proposed list of reference terms which are needed /required to provide explanation as a backup on the concepts and terms already appearing in ICD 11 Chapter 23 and the value sets of ICTM class properties.

15:30 - 15:45 *Coffee/Tea Break*

WHO working group meeting on ICTM terminology, Shanghai, China, 27-30 March 2012

15:45 - 17:00 Group discussion (contd.)

17:00 – 18:00 Preparation of a group report

Thursday, 29 March 2012

09:00 - 09:45 Report from Group discussion (45 minutes per group)

- Terminology group 1
- Terminology group 2

10:30 - 10:45 *Coffee/Tea Break*

10:45 - 12:30 Plenary discussion on the report from Terminology group 1

12:30 - 14:00 *Working Lunch*

14:00 - 15:30 Plenary Discussion on the report from Terminology group 2

15:30 - 15:45 *Coffee/Tea Break*

15:45 - 17:00 Discussion on the report to the ICTM Annual meeting.

17:00 – 18:00 National working plan and time table

- Revision of draft national working plan and time table based on the group discussion (each national team)

Day 4 Friday, 30 March 2012

09:00 - 10:45 National working plan and timetable (contd.)

- Presentation by each national team

10:45 - 11:00 *Coffee/Tea Break*

11:00 - 12:30 The proposed working tasks and timeline

- Presentation by WHO
- Discussion

12:30 - 14:00 *Working Lunch*

14:00 - 15:30 Discussion on recommendations, including the working tasks and timeline, to the next ICTM annual meeting (2012 in Hong Kong SAR, China)

15:30 - 15:45 *Coffee/Tea Break*

15:30 - 16:30 Adoption of the recommendation

16:30 - 17:00 Meeting closing

**Draft Work Plan for
ICTM Project Terminology Topic Advisory Group
(Final Draft approved by Terminology TAG)**

Background

Traditional Medicine is expressed in “terms” characterized by specific meanings coming from unique cultural and historical origins. Therefore, terms have deep-rooted meanings which represent the specific knowledge in the Traditional Medicine theories. Hence they are different than the daily-life usage of these words.

Building on the efforts made in TM Terminology Standardization^{1,2,3,4}, the ICTM project aims to use a “standardized TM terminology set” to formally represent the concepts for the following classifications:

- a. ICD - Traditional Medicine Chapter (23) entities
- b. ICTM – Disorders and Patterns
- c. ICTM – Interventions.

The ICTM terminology compilation is:

1. a “**union set**” of the terms used in Chinese, Japanese and Korean practices
2. aims at **fully specified** names which are non-ambiguous
3. each term has a **textual definition** (this is essential if the term is a disorder or pattern name).
4. each ICTM term is bound to ICD and ICTM entities through the well-defined **Content Model**. The Content Model allows the definition of a TM Concept (e.g. TM disorder, pattern or intervention) in multiple parameters: such as the title, the definition, the inclusions, the exclusions, the clinical manifestations or other, Therefore, the TM Terms in ICTM project have to meet the requirements set by WHO ICTM Content Model. In this way, we aim to have a harmonized set of terms which have unique identifiers.
5. Given that these terms are to be used in ICD and ICTM they all have to be expressed in **English as the agreed common working language**.

This work respectfully recognizes the huge amount of work done previously in China, Korea, Japan, and in the Western Pacific Regional Office towards the creation and harmonization of international terminology. On the other hand, this work must meet the requirements of WHO Classifications and Terminologies for a well-defined knowledge representation of TM terms for computerization through a defined Content Model. This effort finally aims at the unification of Traditional Medicine terminology and classification with the ICD and conventional western medicine terminology.

¹ WHO International Standard Terminologies in the WPRO Region

² GB 95

³ GB 97

⁴ Japanese Kampo Medicine Pattern Code

Key Principles and Requirements:

The following principles need to be followed in guiding the work of the Terminology TAG:

1. National Terminology Standards are valuable inputs. Given the requirements of the computerization and unification with the ICD, however, they cannot be accepted as they are. The proposed terms need to be reviewed by the Terminology TAG to meet the following requirements:
 - a. Each term should accurately reflect the concept as intended in the TM theory and practice (i.e. accurate knowledge representation). Terms which have been 'mis-represented' due to historical translation errors need to be corrected, or retired.
 - b. Each term must be represented by an **English term** together with original Chinese, Japanese and Korean equivalents. English representation by use of the phonetic expressions as terms (e.g. taking a Chinese, Japanese or Korean term and writing them in the Latin alphabet should be avoided)
 - c. When there is more than one term used to express the same TM concept, only one term should be identified as the **preferred term** and other term(s) can be used assigned as **synonyms**. Preferred terms and synonyms may be used interchangeably in different national versions.
2. When an ICD (or other WHO Classification Term) is also used in TM but not with the identical meaning, then these terms need to be expressed with a [xxxxxx]^(TM) to differentiate their expression.
3. When a TM Disorder or Pattern is named in ICD Chapter 23 it has to be qualified as [xxxxx] disorder^(TM) ; [xxxxxx] pattern^(TM)
4. To enable the easy recognition of the ICTM terms to the current TM practitioners, **Chinese, Japanese and Korean pictograms** of the terms should be inserted in the National Modifications of the printed version of the ICTM and ICD Chapter 23. If agreed by ICTM PAG, the ICD and ICTM International Version may include a **common set of pictograms** and their **transliteration** to enhance common understanding and enhance accurate representation.

General procedures

1. Current ICD Chapter 23 will be a **starting point** of the TM terms.
2. **Terminology TAG** (and National Project Teams) will review the start-up list and identify their queries and proposals. WHO will also develop the list of queries to be addressed from ICD Revision Process stakeholders.
3. Terminology TAG will advise WHO in all steps leading to the development of a standard terminology, in line with the overall ICTM Project Plan.

Detailed working plan

The following is a proposed working plan until May 2012.

1. **Finalize the Draft Work Plan.** The proposed principle and methods were discussed with the experts of the Terminology TAG at the ICTM Annual Network Meeting 2011.
2. **Identify the TM terms** used in the Alpha draft and issues to be addressed. These should include not only titles of concepts, but also the definitions and other elements in the content model. This review has to be made on the iCAT-TM.
3. Terminologies TAG to **review the draft version**, and if necessary will conduct working group meetings. The Terminology TAG will **finalize alpha draft work** latest by the ICTM Annual Network Meeting 2012 February tentatively proposed to be held in Hong Kong.
4. After the Hong Kong meeting, further review and revising, on the iCAT platform as necessary.
5. Open public commenting (Beta Phase) in May 2012, continuing to update, refine, and develop the terminology in line with comments received on Chapter 23 of ICD.

Annex 1. Working plan and budget for developing a standard TM terminology

(Mid September 2011 – May 2012)

Activity	Time	Responsible	Budget (USD)
Draft the principles and working approaches for developing the TM terminology	March - June 2011	WHO, Terminologies TAG, and PAG	completed
Identify the TM terminologies to be developed from the Alpha draft and the associated queries to be addressed	June - September 2011	WHO and Experts	completed
Expand or refine the principles and working approaches for developing the TM terminology	September - October 2011	WHO, Terminologies TAG, and PAG	???
Review the TM terminology used in ICD Chapter 23 Organize Working Group meetings and National Meetings	October 2011 - January 2012	TAG	???
Review the draft TM terminology	January - February 2012	TAG and PAG	???
ICTM Annual Network Meeting - Terminology TAG Meeting (tentatively in Hong Kong)	End of February 2012	WHO, Terminologies TAG, and PAG	(Tentatively hosted by Hong Kong Gov.)
Further revising, as necessary	March - May 2012	Terminologies TAG	???
Public Commenting (Beta) Phase	May 2012 - ???	External Experts and other Stakeholders	???

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Problem lists from China

1. Problem with the concept TITLE

Code number in chapter 23	Term	Suggested solution
23B70—23B77 Total 10 terms	**Brain and Nerves System Disorders	Title of this sub-category should be revised, "nerve system" is not a TM term, which may lead to confusion
23C09.01	**Gradual deafness disorder	Need a simplified Chinese Title "渐聋"
23C72	*Carbuncle disorder 疽证 (痈)	"痈"and"疽" are different, while "Carbuncle" only refers to "痈" *: how to distinguish from Western medicine concept(Japan)
Code number in chapter 23	Term	Suggested solution
	*Fertility Associated Disorders	Chinese title should be"生育相关疾病" *: how to distinguish from Western medicine concept(Japan)
	*Wind patterns	Chinese title should be "外感证" *: Republic of Korea

2. Problem with PLACE in the hierarchy

Code number in chapter 23	Term	Suggested solution
23A01	Blood collapse disorder 血脱	remove patterns
23A02	Fluid collapse disorder 液脱	delete
23A03	Haemorrhoids disorder 内痔	move to skin system disorder
23A04	Chilblain disorder 冻疮	move to skin system disorder
23A64	Food retention disorder 食积	move to childhood and adolescence disease
23B37	Lower abdominal colic disorder 疝病	move to liver system disorder
23B72.01	Head wind disorder 头风	Head wind disorder is a synonym of

		headache disorder
23C83	Effusion disorder 发证	Refers to severe type of carbuncle
23C85	Purpura disorder 紫癜病	Should go to Heart system disorder
	Fertility Associated Disorders 生育力	it shouldn't be under female productive system
23E61	Summer nonacclimatization disorder 疰夏	It is not an Infectious Disorder. Should go to other disorders
23E69	Wind edema disorder 风水	edema should go to kidney system disorder
23E70	Wind associated sore throat disorder 缠喉风	should go to eye, ear, nose, throat disorder
23E72	Thrush disorder 鹅口疮	should go to childhood and adolescence disorder
23E73	Clustered sores disorder 蛇串 疮	should go to skin system disorder
Code number in chapter 23	Term	Suggested solution
23F00	Breast lump disorder 乳癖	It's not only about tumor, but also included many non-tumor mass.
23F33	Insomnia disorders 不寐	Insomnia disorders 不寐
23F34	Somnolence disorder 多寐	It should go to brain system
23F35	Dementia disorders 痴呆	It should go to brain system
Total 23 Terms	*Principle Based Patterns	All classification of this sub-category need to be re-considered *: 3 terms are the same with Japan(23F62,23F90-91)
23F61	Cold abdominal colic pattern 寒疝	should go to abdominal pain disorder
23G50	Interior sinking of severe fire or heat pattern 热毒内陷证	It's not only an excessive pattern but also a heat pattern
23G52	Accumulation of excess heat in the chest pattern 热实结胸证	It's not only a excessive pattern but also a heat pattern
23G80	Combined exterior block and water retention pattern 表闭水 停	It is a synonym of Wind edema, please delete it
23H43	Qi aspect exuberant heat pattern 气分(热盛)证	Should go to Aspect patterns
23H70——23H73 Total 7 terms	Yin Patterns 阴证	move to principle patterns

23I00——23I01 Total 3 terms	Yang patterns 阳证	move to principle patterns
23I32	Stone obstructing qi movement pattern 石阻气机证	delete this item
23I33	Stasis and stagnation of qi and blood in the anus pattern 气血瘀滞肛门证	Hierarchy needs to be re-considered, Qi patterns or Blood patterns
23I38	*Dual deficiency of qi and blood pattern 气血两虚证	Hierarchy needs to be re-considered, Qi patterns or Blood patterns *: Japanese Kampo Medicine needs the terms of Dual deficiency of qi and blood pattern, Combined of dual deficiency of qi and blood with cold pattern, Combined of dual deficiency of qi and blood with heat pattern, and Combined of dual deficiency of qi and blood with tangled pattern(Japan)
23I39	Dual deficiency of qi and yin pattern 气阴两虚证	Hierarchy needs to be re-considered, Qi patterns or Yin patterns
Code number in chapter 23	Term	Suggested solution
23I64.00	Heat entering the blood chamber pattern 热入血室证	should move to kidney system patterns
23I65.00	Cold entering the blood chamber pattern 寒入血室证	should move to kidney system patterns
23J90	Intense fire or heat pattern 火毒证	should go to environmental patterns
23K41	Anal dampness and heat pattern 肛门湿热证	should move to environmental factor patterns/dampness patterns
23K42	Anal heat toxin pattern 肛门热毒证	should move to environmental factor patterns/fire or heat patterns
23K53	Stomach cold pattern 胃寒证	It is a synonym of Cold invading the stomach pattern
	Yang brightness stage pattern 阳明病证	it should be parent of the three yang ming patterns
	Lesser yang stage patterns 少阳病证	it should be parent of the other Shao yang patterns
	Lesser yin stage pattern 少阴病证	it should be parent of the two Shao yin patterns

23Q51	Wind associated migratory arthralgia pattern 风胜行痹证	Delete it, we already have corresponding disorder
23Q83	Cold associated agonizing arthralgia pattern 寒胜痛痹证	Delete it, we already have corresponding disorder
23R13	Dampness associated fixed arthralgia pattern 湿盛着痹证	Delete it, we already have corresponding disorder
23R42	Exterior and dryness pattern 外燥证	Exterior and dryness pattern should be parent of different exogenic dryness patterns
23R73	Fire or heat entering the uterus pattern 热入血室证	Should move to kidney patterns
23S03	Pathogen invading the lateral sides of the lower abdomen pattern 邪犯少腹证	It is not a summerheat pattern

3. Problem with the LANGUAGE Expression

Code number in chapter 23	Term	Suggested solution
23A72	Fissured anus disorder 裂肛	Chinese title should be 肛裂
23B37	Lower abdominal colic disorder 疝病	simplified Chinese title should be 疝气病
23D10—23D17 Total 10 terms	Menstruation Associated Disorders 月经	Chinese title of the sub-category should be 月经相关疾病
	Pregnancy Associated Conditions 怀孕	Chinese title should be 妊娠相关疾病
23F61	Cold abdominal colic pattern 寒疝	Chinese title need to be revised
23M22	Intermediate greater yang pattern	need simplified Chinese titles
23M21	Greater yang excess pattern	need simplified Chinese titles
23M20	Greater yang deficiency pattern	need simplified Chinese titles
	Pathogenic, Parasitic and Toxic Patterns 疫厉证	“疫厉证” is not a proper Chinese title for the sub-category

Total 143 terms	mainly in Formula Patterns	Lack of the original term in the source language
23A02	Fluid collapse disorder 液脱	液 should be understood as "humor" so as to distinguish it from 津 which means "fluid"
23C40	Mobility disorders 痹症	痹 means obstruction or block and is commonly translated as "impediment"
23E60.00	Summer heat warmth disorder 暑温	"warmt" should be "warmth"
23F62	Combined cold and deficiency pattern 虚寒证	虚寒证 refers to cold pattern of deficiency type, not combined cold and deficiency pattern
23F90	Combined heat and excess pattern 实热证	实热证 refers to heat pattern of excess type, not combined heat and excess pattern
Code number in chapter 23	Term	Suggested solution
23F91	Combined heat and deficiency pattern 虚热证	虚热证 refers to heat pattern of deficiency type, not combined heat and deficiency pattern
23I62.02	瘀血阻络证	lack of English translation
23J90	Intense fire or heat pattern 火毒证	火毒证 or 热毒证 should be understood as "fire toxin pattern" or "heat toxin pattern"
23J94	Small intestinal excess heat pattern 小肠实热证	The English for 小肠实热证 should be changed as "Zangfu small intestinal excess heat pattern" as done in that of the following terms
23K00	Dual deficiency of the heart and spleen pattern 心脾两虚证	Is Zangfu needed to modify the heart and spleen
23K30—23K34 Total 5 terms		with the same problem as 23K00
	Greater Yang Patterns 太阳病证	太阳 should be transliterated as "Taiyang" which has already become the common practice
	Yang Brightness Patterns 阳明病	阳明 should be transliterated as

	证	"Yangming" which has already become the common practice
	Lesser Yang Patterns 少阳病证	少阳 should be transliterated as "Shaoyang" which has already become the common practice
	Greater Yin Patterns 太阴病证	太阴 should be transliterated as "Taiyin" which has already become the common practice
	Lesser Yin Patterns 少阴病证	少阴 should be transliterated as "Shaoyin" which has already become the common practice
	Outer Defense Aspect Patterns 卫分证	卫分 is better translated as "defense aspect" so as to keep a consistency with that of 营分 and 血分
Code number in chapter 23	Term	Suggested solution
	Inner Defense Aspect Patterns 气分证	气分 is better translated as "Qi aspect" so as to keep a consistency with that of 营分 and 血分
23P83	Intense fire or heat entering the nutrient aspect pattern 热毒入营证	It is better to translate 热毒 as "heat toxin" so as to keep consistency in this review sheet
	Wind Patterns 风淫证	It is better to translate 风淫证 as "Wind prevailing pattern" so as to distinguish it from 风证 "Wind pattern"
	Cold Environment Patterns 寒淫证	It is better to translate 寒淫证 as "Cold prevailing pattern" so as to distinguish it from 寒证 "Cold pattern"
	Dampness Patterns 湿淫证	It is better to translate 湿淫证 as "Dampness prevailing pattern" so as to distinguish it from 湿证 "Dampness pattern"

	Dryness Patterns 燥淫证	It is better to translate 燥淫证 as "Dryness prevailing pattern" so as to distinguish it from 燥证 "Dryness pattern"
	Fire or Heat Patterns 火热淫证	It is better to translate 火热淫证 as "fire or heat prevailing pattern" so as to distinguish it from 火热证 "fire or heat pattern"
	Summerheat Patterns 暑热淫证	It is better to translate 暑热淫证 as "summer-heat prevailing pattern" so as to distinguish it from 暑热证 "summer-heat pattern"
	Pathogenic, Parasitic and Toxic Patterns 疫厉证	疫厉证 is commonly referred to as "pestilence pattern"
Code number in chapter 23	Term	Suggested solution
	Large Yang Type Patterns	太阳 should be transliterated as "Taiyang" as common done in traditional medicine. Lck of the terms in the source language
	Small Yang Type Patterns	少阳 should be transliterated as "Shaoyang" as common done in traditional medicine
	Large Yin Type Patterns	太阴 should be transliterated as "Taiyin" as common done in traditional medicine
	Small Yin Type Patterns	少阴 should be transliterated as " Shaoyin" as common done in traditional medicine.

Problem lists from Republic of Korea

1. Problem with the concept TITLE

Code number in chapter 23	Term	Suggested solution
	Zangfu Kidney System	Zangfu should be changed to different English term because it is a pinyin term.
23B33	*Enuresis disorders 遗尿	*: how to distinguish from Western medicine concept (Japan)
23B34	*Turbid urine disorder 尿浊	
23B35	*Ischuria disorder 癃闭	
23B37	*Lower abdominal colic disorder 疝病	
23B38	*Premature ejaculation disorder 早泄	
23B39	*Seminal emission disorder 遗精	
23B40	*Persistent erection disorder 阳强	
23B41	*Impotence disorder 阳痿	
23B42	*Infertility disorders 不育	
23B70	Wind stroke disorders 中风	
23B71	Wry mouth disorder 口僻	
23B72.00	Migraine disorders 偏头风	
23B75	Vertigo disorders 眩晕	
23B76	Amnesia disorders 健忘	
23B77	Apoplexy disorder 中风	
23C00	*Myopia disorder 近视	
23C03	Pterygium disorder 胬肉攀睛	
23C09.00	*Sudden deafness disorder 暴聋	
23C09.01	Gradual deafness disorder	
23C10	*Tinnitus disorder 耳鸣	
23C12	*Nasal sinusitis disorder 鼻渊	
23C13	*Hoarseness disorder 喉暗	
23C40.00	Painful mobility disorder 痛痹	
23C40.02	Fixed mobility disorder 着痹	
23C41	*Crane knee arthritis disorder 鹤膝风	
23C42	Joint-running wind disorder 历节风	
23D44	*Excessive movement of the fetus disorder 胎动不安	no sense of title
23K96	Lung and defense qi deficiency pattern 肺卫气虚(不固)证	Lung defense qi deficiency pattern

Code number in chapter 23	Term	Suggested solution
23L81	Insecurity of thoroughfare and conception vessels pattern 冲任不固证	Insecurity of thoroughfare and conception vessel pattern Or Thoroughfare and conception vessel insecurity pattern
23L82	Stasis and obstruction of the thoroughfare and conception vessels pattern 冲任瘀阻证	Thoroughfare and conception vessel stasis and obstruction pattern
23L84	Heat stagnation in the meridians or channels and collaterals pattern 瘀热入络证	Heat stagnation in channels and collaterals pattern
23L85	Cold stagnation in the meridians or channels and collaterals pattern 寒滞经脉证	Cold stagnation in meridians or channels and collaterals pattern
23M22	*Intermediate greater yang pattern	*: Early Yang Stage Internedium Pattern(Japan)
23M21	*Greater yang excess pattern	*:Early Yang Stage Excess Pattern(Japan)
23M20	*Greater yang deficiency pattern	*:Early Yang Stage Deficiency Pattern(Japan)
23M52	*Yang brightness mutual binding of water and heat pattern 阳明水热互结证	Yang brightness mutual binding with water and heat pattern
23M80	*Heat stagnation in the gallbladder meridian or channel pattern 胆经郁热证 Pattern *: Japan
23N40	*Lesser yin cold transformation pattern 少阴寒化证	... pattern *: Japan
23N41	*Lesser yin heat transformation pattern 少阴热化证	*: Japan
23O00—23O90 Total 9 terms	*Sanjiao Patterns	Sanjiao should be changed to upper region because it is a pinyin term. *: The term of jiao is changed to Three Division at the meeting at Daejian at 2011(Japan)
	Outer Defense Aspect Patterns 卫分证	
23Q40	Wind and heat pattern 风热证	
23Q41	Wind and cold pattern 风寒证	
23W36	Rheum and licorice combination formula-pattern	

2. Problem with the concept DEFINITION

Code number in chapter 23	Term	Suggested solution
23D40	Bladder pressure disorder 转胞	An existing concept of ICD? Total 27 terms
23D41	Morning sickness disorder 恶阻	
23D42	Eclampsia disorder 子痫	
23D70	Puerperal abdominal pain disorder 儿枕痛	
23D72	Hypogalactia disorder 缺乳	
23D73	Postpartum lochiorrhoea disorder	
23E00	Leukorrhoeal disorder 带下病	
23E01	Vaginal flatus disorder 阴吹	
23E30	Developmental retardation disorder 迟证	
23E31	Night crying disorder 夜啼	
23E32	Infantile malnutrition disorder 疳病	
23E33	Dribbling disorder 滞颐	
23E34	Diaper dermatitis disorder 臀红 Tun hong	
23E62	Influenza disorder 时行感冒	
23E66	Mumps disorder 痄腮	
23E67	Malaria disorder 疟疾	
23E68	Parasitic toxin disorder 蛊病	
23E72	Thrush disorder 鹅口疮	
23E73	Clustered sores disorder 蛇串疮	
23F00	Breast lump disorder 乳癖	
23F01	Stony uterine mass disorder 石瘕	
23F31	Depression disorders 郁证	
23F32	Hysteria disorder 脏躁	
23F33	Insomnia disorders 不寐	
23F34	Somnolence disorder 多寐	
23F35	Dementia disorders 痴呆	
23F36	Overexertion related fatigue disorder 劳倦	

Code number in chapter 23	Term	Suggested solution
23D44	Excessive movement of the fetus disorder 胎动不安	Disorder of
23B33	Enuresis disorders 遗尿	
23B34	Turbid urine disorder 尿浊	
23B35	Ischuria disorder 癃闭	
23B37	Lower abdominal colic disorder 疝病	
23B38	Premature ejaculation disorder 早泄	
23B39	Seminal emission disorder 遗精	
23B40	Persistent erection disorder 阳强	
23B41	Impotence disorder 阳痿	
23B42	Infertility disorders 不育	
23B70	Wind stroke disorders 中风	
23B71	Wry mouth disorder 口僻	
23B72.00	Migraine disorders 偏头风	
23B74	Cerebral tinnitus disorder 脑鸣	
23B75	Vertigo disorders 眩晕	
23B76	Amnesia disorders 健忘	
23B77	Apoplexy disorder 中风	
23C00	Myopia disorder 近视	
23C03	Pterygium disorder 胬肉攀睛	
23C09.00	Sudden deafness disorder 暴聋	
23C09.01	Gradual deafness disorder	
23C78	Abscess disorder 痈证	no TM explanation
23C81	Scabies disorder 疥疮	no TM explanation
23E60.00	Summer heat warmt disorder 暑温 (暑瘟)	typo ->warmth
23E64.00	Pestilential cholera disorder (时疫) 霍乱	cholera?
23E71	Flowing phlegm disorder 流痰	build up of turbid phlegm associated with mycobacterium tuberculosis infection

3. Problem with PLACE in the hierarchy

Code number in chapter 23	Term	Suggested solution
23C40.01	Migrating painful mobility disorder 行痹	
23C76	Dry skin disorder 蛇皮癬	
23F37	Sunstroke disorder 中暑	温病?

4. Problem with the LANGUAGE Expression

Code number in chapter 23	Term	Suggested solution
23C43	Muscle spasm disorder (腓踡) 转筋	
23C70	Itching skin disorder 湿疮	
23C74	Urticaria disorder 瘾疹	
23C75	Erysipelas disorder 丹毒	
23C76	Dry skin disorder 蛇皮癬	

Problem lists from Japan

1. Problem with the concept TITLE

Code number in chapter 23	Term	Suggested solution
Total 113 terms	Traditional Medicine Disorders	how to distinguish from Western medicine concept
23A73	Wasting thirst disorder 消渴	diabetes mellitus
	Shanghan Patterns	The term of Shanghan pattern is changed to six stages pattern at the meeting at Hong Kong at 2011.
23M22	Intermediate greater yang pattern	Early Yang Stage Internedium Pattern
23M21	Greater yang excess pattern	Early Yang Stage Excess Pattern
23M20	Greater yang deficiency pattern	Early Yang Stage Deficiency Pattern
23M23-23M26 Total 4 terms	Greater Yang Patterns	
23M50-23M52 Total 3 terms	Yang Brightness Patterns	
23M53	Yang brightness stage pattern 阳明病证	Peak Yang Stage
	Lesser Yang Patterns 少阳病证	Late Yang Stage Pattern, Late Yang Stage Excess Pattern, Late Yang Stage Intermediate Pattern Late Yang Stage Deficiency Pattern
23N10	Greater yin stage pattern 太阴病证	Mild Yin Stage Pattern
	Lesser Yin Patterns 少阴病证	Moderate Ying Stage Pattern
	Reverting Yin Patterns 厥阴病证	extreme yin stage pattern
	Mixed Shanghan Patterns	mixed stages pattern
	Sanjiao Patterns	The term of jiao is changed to Three Division at the meeting at Daejian at 2011

Code number in chapter 23	Term	Suggested solution
23O30-23O32 Total 3 terms	Middle Sanjiao Patterns 中焦证	Japanese Kampo Medicine needs the term of Deficiency of middle three division pattern, Combined of deficiency of middle three division cold pattern, Combined of deficiency of middle three division heat pattern, and Combined of deficiency of middle three division tangled pattern
23O60-23O62 Total 3 terms	Lower Sanjiao Patterns 下焦证	Japanese Kampo Medicine needs the terms of Deficiency of lower three division pattern, Combined of deficiency of lower three division cold pattern, Combined of deficiency of lower three division heat pattern, and Combined of deficiency of lower three division tangled pattern

2. Problem with the concept DEFINITION

Code number in chapter 23	Term	Suggested solution
23G20	Dual deficiency of yin and yang pattern 阴阳两虚证	Japanese Kampo Medicine needs the terms of Deficiency pattern, Intermediate pattern, and Excess pattern
23G50	Interior sinking of severe fire or heat pattern 热毒内陷证(火毒内闭证)	
23G51	Worm associated malnutrition pattern 虫积化痞证	
23G52	Accumulation of excess heat in the chest pattern 热实结胸证	
23G80	Combined exterior block and water retention pattern 表闭水停证	
23H12	Combined upper cold and lower heat pattern 上寒下热证	Same as tangled pattern?

3. Problem with PLACE in the hierarchy

Code number in chapter 23	Term	Suggested solution
23F62	Combined cold and deficiency pattern 虚寒证	This term is thought to be in Mixed Principle Based Patterns, Japanese Kampo medicine needs the terms of Combined of tangled and deficiency pattern, Combined of tangled and excess pattern
23F90	Combined heat and excess pattern 实热证	This term is thought to be in Mixed Principle Based Patterns
23F91	Combined heat and deficiency pattern 虚热证	This term is thought to be in Mixed Principle Based Patterns
23I34	Qi deficiency 气虚证	Japanese Kampo Medicine needs the terms of Qi deficiency pattern, Combined of Qi deficiency pattern with cold pattern, Combined of Qi deficiency with heat pattern, and Combined of Qi deficiency with tangled pattern
23I35 Total 2 terms	Qi stagnation patterns 气滞证	
23I36	Qi counterflow 气逆证	Japanese Kampo Medicine needs the terms of Combined of Qi counterflow with cold and deficiency pattern, Combined of Qi counterflow with cold pattern, Combined of Qi counterflow with deficiency pattern, Combined of Qi counterflow with excess pattern, Combined of Qi counterflow with heat and deficiency pattern, Combined of Qi counterflow with heat pattern, Combined of Qi counterflow with heat and excess pattern, Combined of Qi counterflow with tangled and deficiency pattern, Combined of Qi counterflow with tangled pattern, and Combined of Qi counterflow with tangled and excess pattern
23I38 Total 2 terms	Dual deficiency of qi and blood pattern 气血两虚证	Japanese Kampo Medicine needs the terms of Dual deficiency of qi and blood pattern, Combined of dual deficiency of qi and blood with cold pattern, Combined of dual deficiency of qi and blood with heat pattern, and Combined of dual deficiency of qi and blood with tangled pattern
23I61 Total 2 terms	Blood deficiency patterns 血虚证	Japanese Kampo Medicine needs the terms of Blood deficiency pattern, Combined of Qi counterflow with cold pattern, Combined of Qi counterflow with heat pattern, and Combined of Qi counterflow with tangled pattern

Code number in chapter 23	Term	Suggested solution
23I62 Total 7 terms	Blood stasis patterns 血瘀证	Japanese Kampo Medicine needs the terms of Blood stasis pattern, Combined of blood stasis with cold and deficiency pattern, Combined of blood stasis with deficiency pattern, Combined of blood stasis with excess pattern, Combined of blood stasis with heat and deficiency pattern, Combined of blood stasis with heat pattern, Combined of blood stasis with heat and excess pattern, Combined of blood stasis with tangled and deficiency pattern, Combined of blood stasis with tangled pattern, and Combined of blood stasis with tangled and excess pattern
23I90-23J05 Total 16 terms	Fluid Patterns (including Phlegm) 津证 (包括痰)	Japanese Kampo Medicine needs the terms of Fluid disturbance, Combined of fluid disturbance with cold and deficiency pattern, Combined of fluid disturbance and deficiency pattern, Combined of fluid disturbance with excess pattern, Combined of fluid disturbance with heat and deficiency pattern, Combined of fluid disturbance with heat pattern, Combined of fluid disturbance with heat and excess pattern, Combined of fluid disturbance with tangled and deficiency pattern, Combined of fluid disturbance with tangled pattern, and Combined of fluid disturbance with tangled and excess pattern

4. Problem with the LANGUAGE Expression

Code number in chapter 23	Term	Suggested solution
23A61	伤食	
23I38.00	Energy deficiency and intermediate temperature sensation pattern with qi deficiency and blood deficiency	
23I38.01	Energy deficiency and cold sensation pattern with qi deficiency and blood deficiency	

Briefing on group discussion
<p>Dr Zhang Qi Traditional Medicine Programme</p>

Focus of each group
<ul style="list-style-type: none"> ● Group 1: Language expression of the TM concept (knowledge): the way of expression; no ambiguity ● Group 2: Title, definition and classification (place, category) of TM concepts and terms in Chapter 23 and the value sets of class properties; a set of terms for references (back up)
<p>WHO working group meeting on ICD terminology, Shanghai, China, 27 – 30 March 2012</p>

Steps
<ul style="list-style-type: none"> ● Review the problems along each of the four types ● Discuss the solutions for simple problems ● Discuss the specific principles and approaches for remaining problems including for those concepts and terms with comprehensive problems ● It's suggested that detailed discussion on the concepts with place problems will be given to classification TAG
<p>WHO working group meeting on ICD terminology, Shanghai, China, 27 – 30 March 2012</p>

Issues
<p>Language expressions</p> <ul style="list-style-type: none"> ● Provide all the possible options for the expression ● Compare and recommend the one which is best representing the knowledge of the TM term ● Discuss whether it's acceptable in meeting the requirements from ICD general principle
<p>WHO working group meeting on ICD terminology, Shanghai, China, 27 – 30 March 2012</p>

Issues
<p>Special concepts and terms requiring transliteration</p> <ul style="list-style-type: none"> ● Identify the concepts and terms for which transliteration are needed ● Provide the reasons for using transliteration to each of the concepts and terms ● Discuss and recommend the best transliteration
<p>WHO working group meeting on ICD terminology, Shanghai, China, 27 – 30 March 2012</p>

Issues
<p>The concepts and terms with definition problems</p> <ul style="list-style-type: none"> ● Identify the problems ● Discuss the specific principle and approach for solving the problems ● Recommend the tasks and timeline for reaching the solution ● Keep consistency among the three countries
<p>WHO working group meeting on ICD terminology, Shanghai, China, 27 – 30 March 2012</p>

Issues
<p>The reference set of terms for supporting the concepts in Chapter 23</p> <ul style="list-style-type: none">● Discuss the purpose and function for this reference set of terms● Discuss the principle and approach to identify/develop the reference set of terms● Discuss the scope and process in developing the reference set of terms● Discuss and recommend the potential source and existing basic work● Recommend the tasks and timelines for completing the reference term list
<small>WHO working group meeting on ICTM terminology, Shanghai, China, 27 – 30 March 2012</small>

Expected output
<p>Recommendations to the plenary session</p> <ul style="list-style-type: none">● The solutions to some simple problems● The specific principles, approaches and process for solving the comprehensive problems including the reference set of terms● The potential sources and basic works identified● The tasks and timelines for reaching the final solutions
<small>WHO working group meeting on ICTM terminology, Shanghai, China, 27 – 30 March 2012</small>

Objectives and working methods of the meeting

Dr Zhang Qi
Traditional Medicine Programme

Background

- The draft Chapter 23 is transitioning from a version to β version together with ICD-11
- Many comments on the iCAT
- Outcome of the Hong Kong meeting and the informal ICTM terminology meeting in Korea last November
- Experts concern the existing problems in Chapter 23 and iCAT

WHO working group meeting on ICTM terminology, Shanghai, China, 27 – 30 March 2012

The major results of Hong Kong meeting and Korea meeting

Hong Kong meeting:

- Should use English in representing the concepts
- To establish working group

Korea meeting:

- Discussed a list of terms and some consensus reached
- Recommendations provided

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Part 1 Review Sheet for ICTM Concepts in ICD 11 Chapter 23

Review Sheet for ICTM Concepts in ICD 11 Chapter 23 (673 Terms)	Total terms with problems	Problem with the concept TITLE	Problem with the concept DEFINITION	Problem with PLACE in the Hierarchy	Problem with the LANGUAGE Expression (in your own language-Chinese/Japanese/Korean/)
China	280 (48.9%)	14 (2.4%)	0 (0%)	76 (13.3%)	195 (34.0%)
Japan	179 (31.2%)	138(24.1%)	6 (1.0%)	34 (5.9%)	3 (0.5%)
Republic of Korea	93 (16.2%)	53 (9.2%)	53 (9.2%)	3 (0.5%)	5 (0.9%)
3 countries	471(82.2%)	148(25.8%)	59(10.3%)	108(18.8%)	203(35.4%)
Common in 2 countries	40(7.0%)	35(6.1%)	0	8(0.5%)	0
Common in 3 countries	11(1.3%)	11(1.5%)	0	0	0

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Part 2 Review Sheet for ICTM concepts and terms used in the value sets of ICTM class properties

Review sheet for ICTM concepts and terms used in the value sets of ICTM class properties (446 Terms)	Total terms with problems	Problem with the concept TITLE	Problem with PLACE in the Hierarchy	Problem with the LANGUAGE Expression (in your own language-Chinese/Japanese/Korean/)
China	69(16.9%)	26(6.4 %)	19(4.7%)	26(6.4 %)
Japan	/	/	/	/
Republic of Korea	73 (17.8%)	39 (9.6%)	33 (8.1%)	1 (0.2%)
Total 3 countries	138(33.3%)	65(15.9%)	52(12.7%)	27(6.6%)
Common in two countries	8	0	0	0
Common in 3 countries	/	/	/	/

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A reference set of terms

- Do we need one?
- Principles and approaches
- Potential resources
- Suggestions

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Challenges/difficulties
<ul style="list-style-type: none"> ● Make distinct differentiation between/among certain terms: "痈" and "疽", "Carbuncle" only refers to "痈"; 津(fluid) and 液(humor) ● Synonyms in TM to be accurately expressed in English: in TM, there are: for example, "失眠"、"不眠"、"不寐"、"寐差"、"少眠"、"不得眠"; in English, there are: "Insomnia", "inability to sleep", "sleepless", etc. ● A lot of ancient Chinese terms: "纳差"、"纳呆"、"便秘"、"里急后重", etc.
<small>WHO working group meeting on ICTM terminology, Shanghai, China, 27 – 30 March 2012</small>

Objectives
<ul style="list-style-type: none"> ● Review the definition of TM disorders and relating issues included in the draft Chapter 23 of the ICD-11 α version ● Discuss the existing problems in the Chapter 23 and value sets of class properties relating to TM concepts ● Discuss the specific principles and approaches to solve the existing problems relating to TM concepts in the Chapter 23 and in the value sets of class properties
<small>WHO working group meeting on ICTM terminology, Shanghai, China, 27 – 30 March 2012</small>

Expected outcome
<ul style="list-style-type: none"> ● Agreed specific principles and approaches to solve the existing problems relating to TM concepts in Chapter 23 ● Agreed work plan for future works and steps ● Agreed time, topics and necessary preparatory work of the next ICTM terminology working group meeting ● Recommendations including working tasks and timelines of TM terminology work, to the ICTM TAG and PAG meeting
<small>WHO working group meeting on ICTM terminology, Shanghai, China, 27 – 30 March 2012</small>

Basic principle
<ul style="list-style-type: none"> ● Each term is bound to ICD and ICTM entities through the well-defined content model ● English as the agreed common working language ● If agreed by ICTM PAG, the ICD and ICTM international version may include a common set of pictograms and their transliteration to enhance accurate representation ● Must represent the knowledge of TM terms ● Must meet the requirements of ICD for computerization through a defined content model
<small>WHO working group meeting on ICTM terminology, Shanghai, China, 27 – 30 March 2012</small>

Working methods
<ul style="list-style-type: none"> ● Refer to the draft general principle and work plan for ICTM terminology ● Based on the work earlier, particularly the outcome of the Hong Kong meeting last May and the informal ICTM terminology meeting in Korea last November ● Based on the evaluation sheet submitted from the three countries experts teams on all the updated concepts in the Chapter 23 and in the value sets of class properties ● Based on the report of three countries experts teams at this meeting
<small>WHO working group meeting on ICTM terminology, Shanghai, China, 27 – 30 March 2012</small>

Working methods
<p>Steps:</p> <ul style="list-style-type: none"> ● Categorized the problems identified by experts ● Group discussions on the specific principles and approaches to solve the problems ● Based on the output of group discussion, the plenary session will discuss the report of each group to reach consensus for the plenary report of this meeting and the recommendations including working tasks and timeline to ICTM annual meeting
<small>WHO working group meeting on ICTM terminology, Shanghai, China, 27 – 30 March 2012</small>

Problem lists from China

1. Problem with the concept TITLE

Term	Suggested solution
Other Organs(TM)	No simplified Chinese title (Total 21 terms)
Belt (Vessel) Meridian	
Conception (Vessel) Meridian (CV)	
Governor (Vessel) Meridian (GV)	
Thoroughfare (Vessel) Meridian	
Wind (TM)	
Cold (TM)	
Summer-Heat (TM)	
Dampness (TM)	
Dryness (TM)	
Fire (TM)	
Diet Imbalance	
Excessive Exercise	
Excessive Mental Work	
Excessive Physical Work	
earth-featured person	
fire-featured person	
metal-featured person	
person of shaoyang	
person of shaoyin	
person of taiyang	
Term	Suggested solution
Meridian System	Meridian or Channel or Vessel?
Sanjiao Regions	region or jiao? Keep consistency with sanjiao meridian
long-term easy and comfortable life 过度安逸	excessive rest
maladjustment of work and rest 劳逸失度	maladjustment between work and rest
dual qi and blood deficiency diathesis 气血两虚质	qi-blood deficiency diathesis in GB

2. Problem with PLACE in the hierarchy

Term	Suggested solution
Four Constitution System (Total 5 terms)	constitution is not belonged to body system
Diet Imbalance	parent of food preference

Excessive Exercise	suggest to delete this item
food preference, including predilection of fatty and sweet food, pungent food, alcohol, tea and foreign bodies 饮食偏嗜 (包括嗜食肥甘、辛辣、酒、茶饮、异物等)	child of dietary intemperance
balanced yin-yang constitution 阴阳平和质	the concept is not a risk factor anyway
Diagnostic Rules for Eight Principles (Total 10 terms)	Where are the original eight principles? Yin, Yang, Cold, Heat, Exterior, Interior, deficiency, excess

3. Problem with the LANGUAGE Expression

Term	Suggested solution
Fluid/Humor 津液	津 and 液 are two separate concepts, 津 means fluid while 液 means humor
Upper Region 上焦	It is better to refer to 上焦 as "Upper Sanjiao" as used in the Alpha Draft
Middle Region 中焦	It is better to refer to 中焦 as "Middle Sanjiao" as used in the Alpha Draft
Lower Region 下焦	It is better to refer to 下焦 as "Lower Sanjiao" as used in the Alpha Draft
Greater Yang Person 太阳人	It is better to transliterate 太阳 as Taiyang which has already become common practice in the translation field
Term	Suggested solution
Lesser Yang Person 少阳人	It is better to transliterate 少阳 as Shaoyang which has already become common practice in the translation field
Greater Yin Person 太阴人	It is better to transliterate 太阴 as Taiyin which has already become common practice in the translation field
Lesser Yin Person 少阴人	It is better to transliterate 少阴 as Shaoyin which has already become common practice in the translation field
fecal qi 矢气	Flatus
hangaihanri 半外半裏	半表半里 means semi-external semi-internal or

	half external and half internal as used in other places in this Review Sheet. It is hard to understand what is "hangaihanri"
heat in the palms and soles 手足心熱	It is better to translate 手足心熱 as feverish palms and soles
heimyaku 平脈	normal pulse
kagyaku 火逆	fire reversal according to the common practice of translation
kyakusho secondary (auxiliary) symptoms 客証	secondary patterns
mukan 无汗	simply means no sweat or anhidrosis
myakusho 脉象	obvious means pulse conditions or pulse states
spontaneous urination 小便自利	normal urination
spotted tongue 點刺舌	spotted prickly tongue
visiting complexion 客色	means variant complexion
improper diet 饮食不洁	means unhygienic diet
Greater Yang Disease 太阳经	Chinese Title should be 太阳病 and 太阳 should be transliterated as Taiyang as it has already become common practice as used in other places in this Review Sheet.
Term	Suggested solution
Yang Brightness Disease 阳明经	Chinese Title should be 阳明病 and 阳明 should be transliterated as Yangming as has already become common practice as used in other places in this Review Sheet.
Lesser Yang Disease 少阳经	Chinese Title should be 少阳病 and 少阳 should be transliterated as Shaoyang as it has already become common practice as used in other places in this Review Sheet.
Greater Yin Disease 太阴经	Chinese Title should be 太阴病 and 太阴 should be transliterated as Taiyin as it has already become common practice as used in other places in this Review Sheet.

Lesser Yin Disease 少阴经	Chinese Title should be 少阴病 and 少阴 should be transliterated as Shaoyin as it has already become common practice as used in other places in this Review Sheet.
Reverting Yin Disease 厥阴经	Chinese Title should be 厥阴病 and 厥阴 should be transliterated as Jueyin as has already become common practice as used in other places in this Review Sheet.

Problem lists from Republic of Korea

1. Problem with the concept TITLE

Term	Suggested solution
taste in the mouth 口味	<p>Unique for TM? Total 20 terms</p>
thirst 口渴	
Toothache 牙痛	
Tremor 震颤	
urinary incontinence 小便失禁	
vexation 心烦	
vomiting 呕吐	
watery diarrhea 水瀉; 注泄	
Anger 怒	
Joy 喜	

Anxiety 憂	
Thoughtfulness 思	
Sorrow 悲	
Fear 恐	
Fright 驚	
Calculus 結石	
Drug Toxin 葯毒	
Food Toxin 食毒	
Diet Imbalance	
dietary intemperance 飲食不節	
dry stool 大便乾燥; 燥屎	What is the difference between dry stool and constipation?
dry tongue 舌乾	
dull pain 隱痛	
empty pain 空痛	Swinging headache
fecal qi 矢氣	facal gas
fifth-watch diarrhea 五更泄	daybreak diarrhea
geographical tongue 地圖舌	patterned tongue
hangaihanri 半外半裏	It is a pinyin term so should be half-exterior and half-interior
hard bound stool 大便硬結	What is the difference between hard bound stool and constipation
heimyaku 平脈	Heimyaku is a pinyin term so it should be sound pulse or healthy pulse
kagyaku 火逆	Kagyaku is a pinyin term so it should be counterflow fire or reverse fire
Term	Suggested solution
kyakusho secondary (auxiliary) symptoms 客証	secondary (auxiliary symptoms) should be the preferred term
torpid intake 納呆	problem with English title
true visceral color 眞臟色	
unsurfaced fever 身熱不揚	Any better English title?
vexation of deficiency type 虛煩	Deficiency type of vexation?
visiting complexion 客色	Any better English title? Usage?
wandering pain 遊走痛	Any better English title?
Summer-Heat	isummary

2. Problem with PLACE in the hierarchy

Term	Suggested solution
------	--------------------

dietary predilection 嗜偏食	
difficult painful urination 小便澀痛	
discomfort in the throat 咽喉不利	
dizzy vision 目眩	
dry stool 大便乾燥; 燥屎	
dry tongue 舌乾	
dull pain 隱痛	
ear pain 耳痛	
Edema 水腫	
Epigastralgia 胃脘痛	
epistaxis 衄血	These are the same one so it is better to select one preferred term
Epistaxis 鼻衄	
eye pain 目痛	
fainting 昏厥	
fecal incontinence 大便滑脫	
fecal qi 矢氣	
fetid mouth odor 口臭	
Fever 發熱	
frequent urination 小便頻數	
generalized itching 身癢	
generalized pain 身痛	
genital pain 陰器痛	
genital sweating 陰汗	
geographical tongue 地圖舌	
Gingival hemorrhage 齒衄	
Term	Suggested solution
hard bound stool 大便硬結	
Heart pain 心痛	
heat vexation 煩熱	
heavy body 身重	
heel pain 足跟痛	
Hematochezia 便血	
Hematuria 尿血	
hemoptysis 咯血; 咳血	

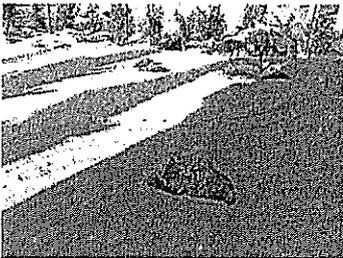
3. Problem with the LANGUAGE Expression

Term	Suggested solution
heimyaku 平脈	Heimyaku is a pinyin term so it should be

	sound pulse or healthy pulse
--	------------------------------

ICTM Overview

Terminology Work Group Meeting



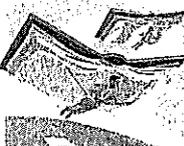
Dr. T. Bedirhan Üstün
Classifications, Terminologies, Standards Team
World Health Organization

ICD-11 Revision Goals

1. Evolve a **multi-purpose** and coherent classification
 - Mortality, morbidity, primary care, clinical care, research, public health...
 - Consistency & interoperability across different uses
2. Serve as an **international** and **multilingual** reference standard for scientific comparability and communication purposes
3. Ensure that ICD-11 will function in an **electronic** environment.
 - ICD-11 will be **digital**
 - Support **electronic health records**
 - Link ICD logically to underpinning terminologies and ontologies (e.g. SNOMED, GO, ...)
 - ICD Categories "**defined**" by "**logical operational rules**" on their associations and details

ICD-11 Timeline

- 2011 : Alpha version (ICD 11 alpha draft)
 - +1 YR : Commentaries and consultations
- 2012 : Beta version & Field Trials Version
 - +2 YR : Field trials
- 2014 : Final version for public viewing
- 2015 : **WHA Approval**
- 2015+ implementation



Key Issues

- **ICD revision is complex**
 - Multiple: uses/purposes; histories; principles/styles...
 - Dimensions: deaths, diseases, risk factors, disability, treatments, ...
 - Science and Practice needs: genes, patient care, population health...
 - Fragmented Information → integration is needed
- **ICD has to be re-engineered as a digital system**
 - IT sector, economics, governments, International regulations
 - Information Systems: Formal representation of Biomedical Knowledge
 - Common Exchange platform for Health Information Systems
- **Multiple stakeholders are involved:**
 - Policymakers; Providers; Clients;
 - a common language is needed
 - ICD needs to be built jointly

CONTEXT Our times

Carolus Linnaeus (1707-78):

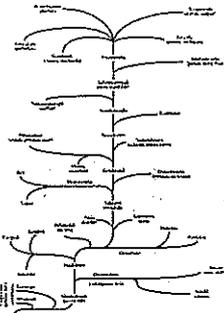
The father of the modern scientific system of classification



- Classification principles
 - Today "largely" validated by
 - evolution data
 - DNA analysis

1753	6.000 Plants
Today	1.050.000 Plants

Fish



- aquatic vertebrates
- that use gills to obtain oxygen from water
- and have fins with variable number of skeletal elements called fin rays

Which are fish – which are not ?

Shark vs Dolphin

ICD11 Beta

<http://www.who.int/classifications/icd11revision>

- Beta – Browser & Print
- 10 look & feel + descriptions – code structure I

!

- ICD-11 Beta draft is **NOT FINAL**
- updated on a **daily basis**
- NOT TO BE USED for CODING** except for agreed **FIELD TRIALS**

Managing Expectations

<p>March 2012</p> <ul style="list-style-type: none"> vTAG input finished WHO and RSG SEG applies the code structure in key linearizations <ul style="list-style-type: none"> At top level 	<p>May 2012</p> <ul style="list-style-type: none"> Representation of Mortality and Morbidity Linearizations <ul style="list-style-type: none"> Check Identify issues Process for solutions Reference Guide (vol II) Index (vol III) Field Trial protocols Multilingual Prototype
--	--

Information Notes: Yellow Sheets

- Communication & Dissemination
- Revision Timelines
- TAG Allocations
- Content Model
- Foundation Component & Linearizations
- Legacy Linearizations
- Code Structure
- Multidimensional Coding
- Index
- < ... >

WHO ICD Revision Information Note

No. 1

DATE: 11 October 2011

VERSION: 10.10.2011

FOR: ICD-11 FIC, TAG, WHO

ISSUE: Revised

ISSUED BY: ICD-11 Revision Information Note Group, WHO

ISSUE NO: ICD-11 Revision Information Note

1. This note provides information on the current status of the ICD-11 revision process and the work that is being done to complete the ICD-11 revision process.

2. The ICD-11 revision process is a complex and multi-faceted process that involves the work of many people from many different countries and organizations.

3. The ICD-11 revision process is a long and complex process that will take several years to complete.

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10. The ICD-11 revision process is a complex and multi-faceted process that involves the work of many people from many different countries and organizations.

Upcoming... New Information Notes:

- Stability Analysis
- DIFF file - explanation
- Horizontal TAG roles
- Coding Conventions for Morbidity
 - Present on Admission
 - History of ___
 - Family History of...
- Mirror Codes
- Multi-Lingual Presentations
- Review Process
- Field Trials
- Common Ontology with SNOMED-CT
- Common Anatomy Terms
- Multisystem Chapter - drop

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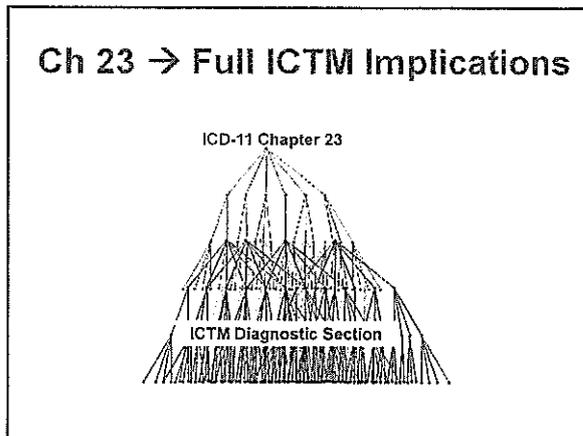
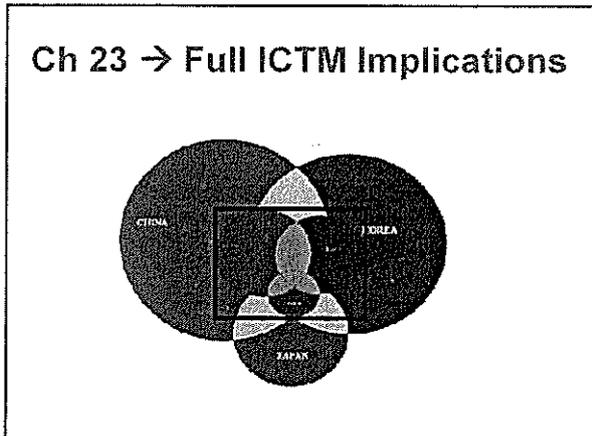
ICD11 Code Structure Information Note 7 – SEG Consideration

- Default ICD Code format:

E₁D₂1₃.E₄E₅E₆E₇

E: base 34 (0-9 A-Z caps - last 10)
D: base 26 (0-9 caps - last 10)
1: base 10 integers (0-9)

- E₁D₂1₃ = Same pre-coordinated set for mortality, morbidity
 - Russian Dolls – Telescopic expansion



An Example

23A00 Palpitation disorders^(TM) 心悸 Xin ji

A group of disorders characterized by irregular or rapid beating of the zangfu heart. They may be explained by any disturbance of qi activity in the chest affecting the functions of the zangfu heart system such as from weather factors, emotional factors, or other pathological processes or products.

心悸	Xinji
心慌	Xinhuāng
心悸怔忡	Xinjì zhēngchōng
怔忡	Zhēngchōng
驚悸	Jīngjì

ICTM Terminology work

23A00 Palpitation disorders^(TM) 心悸 Xin ji

Signs: Irregular or rapid beating of the zangfu heart

Etiol.: They may be explained by any disturbance of qi activity in the chest affecting the functions of the zangfu heart system such as from weather factors, emotional factors or other pathological processes or products

ICTM Terminology work

next phase: additional CM parameters

TM Body System/structure	Manifestation Properties
Zangfu System: Heart	Signs and Symptoms (TM)
Meridian System: Heart Meridian	- Palpitations
Essence Component:	- Chest pressure
- Qi	- Shortness of breath
- Blood	
- Fluid/Humor	Causal Properties
- Jing	Emotional Factors
Four Constitution System	(Seven Emotions)
- Healthy State	

ICTM Class Definition

23A00 Palpitation disorders^(TM) 心悸 Xin ji

Signs: Irregular or rapid beating of the zangfu heart

Etiol.: They may be explained by any disturbance of qi activity in the chest affecting the functions of the zangfu heart system such as from weather factors, emotional factors or other pathological processes or products

ReferenceTerm SET

Palpitation: ...
DisordersTM: ...
Zangfu heart (organ): ...
Qi activity: ...

↓

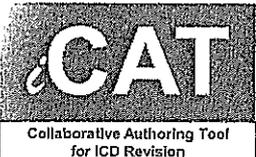
SNO-TM

1. Unique ID
2. Textual definition
3. WHO URI

idwho.int/23A00/...

iCAT

- Open and Collaborative Platform
 - Web based
 - Like WIKI - Trip Advisor
 - But structured
 - by the Content Model
- Editorial Oversight
 - by the TAGs



iCAT
Collaborative Authoring Tool
for ICD Revision

ICD-11 Alpha

Certain infectious and parasitic diseases

Definition: This code block contains infectious diseases.

Inclusions: diseases generally recognized.

Exclusions: certain infectious diseases are excluded from this code block.

Question

Is the definition for this category clear?

Very clear

Clear

Somewhat clear

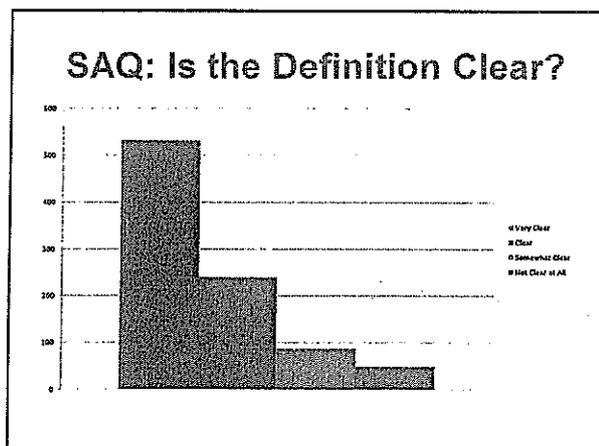
Not clear at all

If no please explain how can we make it clear?

Submit Cancel

SAQ Responses

- Until (3 February 2012), 6890 Single Assessment Questions have been answered in the ICD-11 Alpha Browser:
 - Is the Definition Clear: 909
 - Is the Entity Useful in: 982
 - Clinical / Primary Care/ Research Setting
 - Is the Category in the right place: 1042



Key ICD Constructs in Traditional vs Western

- DisorderTM = Disorder
- PatternTM = Zheng 证 ≠ "syndrome"
- (Disease = Disorder + proven etiology)

Sanjiao (Ch) ? ≡ Division
Sansho (J) ? ≡ Region
Samcho (K) ? ≡ Energizer
 ? ≡ Burner
 ? ≡ Jiao

Above Sternum low-end (xiphoid process)
 Above Pubis
 Below Pubic bone

Bridge Coding

- The information on a case (live or medical record) will be coded:
 - ICTM
 - ICD11
- to see whether both systems yield the same codes.

BETA PHASE FIELD TESTS:

How TWO different users code the same case ?

33

ICD-11

- Simultaneous development in Multiple Languages
 - التصنيف الدولي للأمراض
 - 國際疾病與相關健康問題統計分類
 - International Classification of Diseases
 - Classification internationale des maladies
 - Международная классификация болезней
 - Clasificación internacional de enfermedades

34

ICD11 beta

A caterpillar,
 This deep in fall-
 Still not a butterfly

Basho

35

Sanjiao

historical
redundant
ambiguous
minimize
non-English

- *Sanjiao*

20 March 2012

Provisional List of Documents

- Welcome letter
 - Registration form (*please return the completed form to the meeting Secretariat before you leave the meeting. Thank you.*)
1. Provisional Agenda
 2. Provisional Programme of Work
 3. Provisional List of Participants
 4. Background documents
 - Draft Work Plan for ICTM Project Terminology Topic Advisory Group (TAG) (Final Draft approved by Terminology TAG) *
 - ICTM Terms and definitions (Power Point Presentation Materials) *
 - iSummary of the ICTM Annual Network Meeting, Hong Kong SAR, China, 29 March – 3 April 2011*
 - iSummary of the Informal Consultation on the Terminologies Work plan, Daejeon, Republic of Korea, 20 - 22 November 2011 *
 - Draft ICD 11 Chapter 23 (version of 16 March 2012) *
 - Template for evaluation of concepts and terms in Chapter 23 and in the value sets of ICTM class properties (version of 16 March 2012) *

** Provided individually prior to the working group meeting*



World Health
Organization

20, AVENUE APPIA – CH-1211 GENEVA 27 – SWITZERLAND – TEL CENTRAL +41 22 791 2111 – FAX CENTRAL +41 22 791 3111 – WWW.WHO.INT

26 March 2012

Dear Participants,

Welcome to Shanghai! Thank you very much for attending the WHO working group meeting on ICTM terminology. It is our great pleasure to have you here.

This meeting is hosted and financially supported by the Shanghai Traditional Chinese Medicine Development Office. We should therefore like to express our sincerest appreciation to the Shanghai Traditional Chinese Medicine Development Office for hosting this working group meeting with its financial support. The Government of People's Republic of China is one of the major donors of the ICTM Project and provides financial support to WHO. We should also like to take this opportunity to thank the Government of People's Republic of China, especially the State Administration of Traditional Chinese Medicine, for their generous support and indispensable contribution to the project.

The meeting starts at 09:00 hours on Tuesday, 27 March 2012, in “Beijing Hall” on the third floor of the Yalong International Hotel. The registration desk will open at 08:00 am, in the foyer of the elevator hall of the 3rd floor. We should appreciate it if you would please wear the name badge provided by the WHO Secretariat for the entire duration of the working group meeting.

You are cordially invited to the welcome reception on Tuesday, 27 March 2012 from 19:00 hours at the “One-home Restaurant” located on the second floor of the Yalong International Hotel, by invitation of the Shanghai Traditional Chinese Medicine Development Office.

Please note that it is WHO policy that smoking is not permitted during the entire working group meeting nor in any designated meeting areas. Thank you for your understanding and cooperation.

We are looking forward to a successful meeting.

Yours sincerely,

Dr Zhang Qi
Coordinator, Traditional Medicine
Department for Health Systems
Policies and Workforce

منظمة الصحة العالمية • 世界卫生组织

Organisation mondiale de la Santé • Всемирная организация здравоохранения • Organización Mundial de la Salud

Provisional Agenda

20 March 2012

1. Opening of the meeting
2. Nomination of Chairperson and Rapporteurs
3. Adoption of provisional agenda
4. General Briefing on the objectives and working methods of the meeting
5. Report by WHO: Progress on the ICTM Project and the Chapter 23
6. Report from national teams on the Chapter 23 and iCAT content model of diagnosis and terminology
 - a. progress made
 - b. the major problems
7. Review of the results of the Hong Kong Meeting and Daejeon meeting last year
8. Group Discussion:
 - a. Terminology group 1
 - b. Terminology group 2
9. Report from group discussion:
 - a. Terminology group 1
 - b. Terminology group 2
 - c. Plenary discussion
10. National working plan and timetable
11. The proposed working tasks and timeline:
 - a. Presentation by WHO
 - b. Discussion
12. Recommendations, including the working tasks and timeline, to the next ICTM annual meeting
13. Others, if any
14. Closure of the meeting

Provisional List of Participants

21 March 2012

Guests at the Opening of the working group meeting

Dr **Yu** Wenming, Vice Commissioner, State Administration of Traditional Chinese Medicine, No 13 Baijiazhuang Dongli, Chaoyang District, Beijing 100026, China.

Dr **Wang** Xiaopin, Director General, Department of International Cooperation, State Administration of Traditional Chinese Medicine, No 13 Baijiazhuang Dongli, Chaoyang District, Beijing 100026, China.

Dr **Zhu** Haidong, Division Director, Department of International Cooperation, State Administration of Traditional Chinese Medicine, No 13 Baijiazhuang Dongli, Chaoyang District, Beijing 100026, China.

Dr **Shen** Yuandong, Deputy Director, Shanghai Municipal Health Bureau and Director, Shanghai Traditional Chinese Medicine Development Office, 1477 West Beijing Road, Shanghai 200040, China.

Dr **Zheng** Jin, Deputy Director, Shanghai Municipal Health Bureau and Director, Shanghai Traditional Chinese Medicine Development Office, 1477 West Beijing Road, Shanghai 200040, China.

Dr **Zhang** Huaqiong, Deputy Director, Shanghai Traditional Chinese Medicine Development Office, 1477 West Beijing Road, Shanghai 200040, China.

Members of Topic Advisory Group (TAG) on terminology:

Professor **Li** Zhaoguo, Foreign Languages College, Shanghai Normal University, No. 100 Guilin Road, Shanghai 200234, China.

Dr **Kyungmo Park**, Associate Professor, Department of Biomedical Engineering, School of Electronics and Information, Kyunghee University, Yongin-si, Gyeonggi-do, Seoul 449-701, Republic of Korea.

Dr **Takashi Seki**, Center for Asian Traditional Medicine, Tohoku University Graduate School of Medicine, 1-1 Seiryomachi, Aoba-ku, Sendai, Miyagi 980-8574, Japan.

Professor **Charlie Xue**, Head, Chinese Medicine, School of Health Sciences, RMIT University, PO Box 71, Bundoora, Victoria 3083, Australia.

Dr **Shuji Yakubo**, Associate Professor, Division of Integrated Herbal Medicine, Department of Internal Medicine, Nihon University School of Medicine, 30-1 Oyaguchi-Kamicho, Itabashi-ku, Tokyo 173-8610, Japan.

Dr **Xiaorui Zhang**, Special Advisor, State Administration of Traditional Chinese Medicine, No 13 Baijiazhuang Dongli, Chaoyang District, Beijing 100026, China

Member of other TAG:

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Participants:

Professor **Bian** Zhao-xiang, Director, Clinical Division, School of Chinese Medicine, Hong Kong Baptist University, Kowloon tong, Hong Kong SAR, China.

Dr **Choi** Seung-hoon, Director, Korea Institute of Oriental Medicine, 483 Expo-ro, Yuseong-gu, Daejeon 305-811, Republic of Korea.

Dr **Dou** Danbo, Chief physician, Shuguang Hospital, Shanghai University of Traditional Chinese Medicine, No. 528 Zhangheng Road, Pudong, Shanghai 201203, China.

Dr **Han** Yu-na, Researcher, Myungdong Kyunghee Oriental Clinic, 11-1 Chungmuro 2, Junggu, Seoul, Republic of Korea.

Dr Michiho **Ito**, Associate Professor, Department of Pharmacognosy, Graduate School of Pharmaceutical Sciences, Kyoto University, 46-29 Yoshida, Shimoadachi, Sakyo-ku, Kyoto 606-8501, Japan.

Mr Andrey **Kuznetsov**, Advisor, Terminology and Classification Committee, Japan Society for Oriental Medicine, 6F, Kokusai-Hamamatsucho Building, 1-9-18 Kaigan, Minato-ku, Tokyo 105-0022, Japan.

Dr **Lee** Soo-jin, Associate Professor, Department of Oriental Medical Physiology, College of Korean Medicine, Sangji University, #83 Sangjidae-gil, Wonju, Gangwon-do 220-702, Republic of Korea.

Dr **Leung** Ting-hung, Head, Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health, 18/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong SAR, China.

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Dr Kenji **Watanabe**, Clinical Director and Associate Professor, Center for Kampo Medicine, Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku, Tokyo 160-8582, Japan.

Dr **Yin** Chang-sik, School of Medicine, Kyung Hee University, #26 Hoegi-dong, Kyungheedae-ro, Dongdaemun-gu, Seoul 130-701, Republic of Korea.

Observers:

Dr **Cui Meng**, Director, Institute of Information on Traditional Chinese Medicine, China Academy of Chinese Medical Sciences No. 16 Nanxiaojie, Dongzhimen nei, Beijing 100700, China.

Dr **Li Haiyan**, Research Associate, Institute of Information on Traditional Chinese Medicine, China Academy of Chinese Medical Sciences No. 16 Nanxiaojie, Dongzhimen nei, Beijing 100700, China.

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Dr **Zhu Liming**, General Deputy Director, Department of Surveillance Center for Medical Service Quality of Traditional Chinese Medicine Hospitals, Shanghai University of Traditional Chinese Medicine, 185 Pu'an Road, Shanghai 200021, China.

Dr **Zu Lianghua**, Assistant Resercher, Shanghai University of Traditional Chinese Medicine, 1200 Cailun Road, Pudong, Shanghai 201203, China.

Local Secretariat:

Dr **Liu Jia**, Physician, Yueyang Hospital of Integrated Traditional Chinese and Western Medicine, Shanghai University of Traditional Chinese Medicine, 110 Gan He Road, Hong Kou District, Shanghai 200437, China.

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WHO Secretariat

Dr **Nenad Kostanjsek**, Technical Officer, Classifications, Terminologies, and Standards, Department of Health Statistics and Informatics, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

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Manual for WHO Working Group Meeting on ICTM Terminology

Date: 27-30 March 2012

Venue: Shanghai, People's Republic of China

Dear Experts,

Welcome to Shanghai, China! Thank you for Participating WHO Working Group Meeting on ICTM Terminology. This manual lists some key information about meeting room, meal, internet service. Wish you have a wonderful meeting in Shanghai! If you need more help, please don't hesitate to contact:

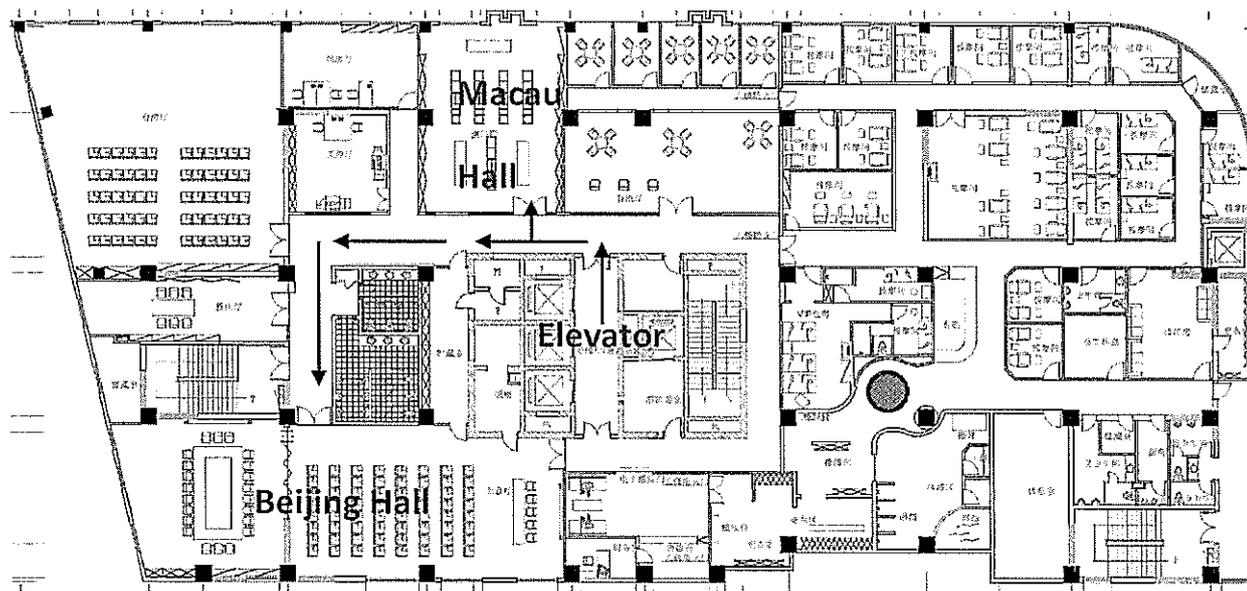
Dr Wang Xiao

Cell phone +86 13472887260

Local secretary room no. : 615

1. Meeting Rooms:

The two meeting rooms for plenary and small group discussions are located on the Third floor of the Hotel. **Beijing Hall** is for both plenary and small group discussion and **Macau Hall** is for group discussion only.



The third floor

2. Meals

As you know, breakfast is included with accommodation. You may find Breakfast vouchers with your room card when you check in. If you have any problems, please ask the front desk or contact with Dr Wang Xiao for help.

In addition to breakfast, Shanghai Traditional Chinese Medicine Development Office will provide you lunches and dinners (except welcome banquet and social-event dinner) during 27-30, March. And those vouchers are in your badge. You may find more details of them.

Please note that:

You need to give vouchers to waiters before you enter the related restaurants. So Please don't forget to take vouchers along with you!

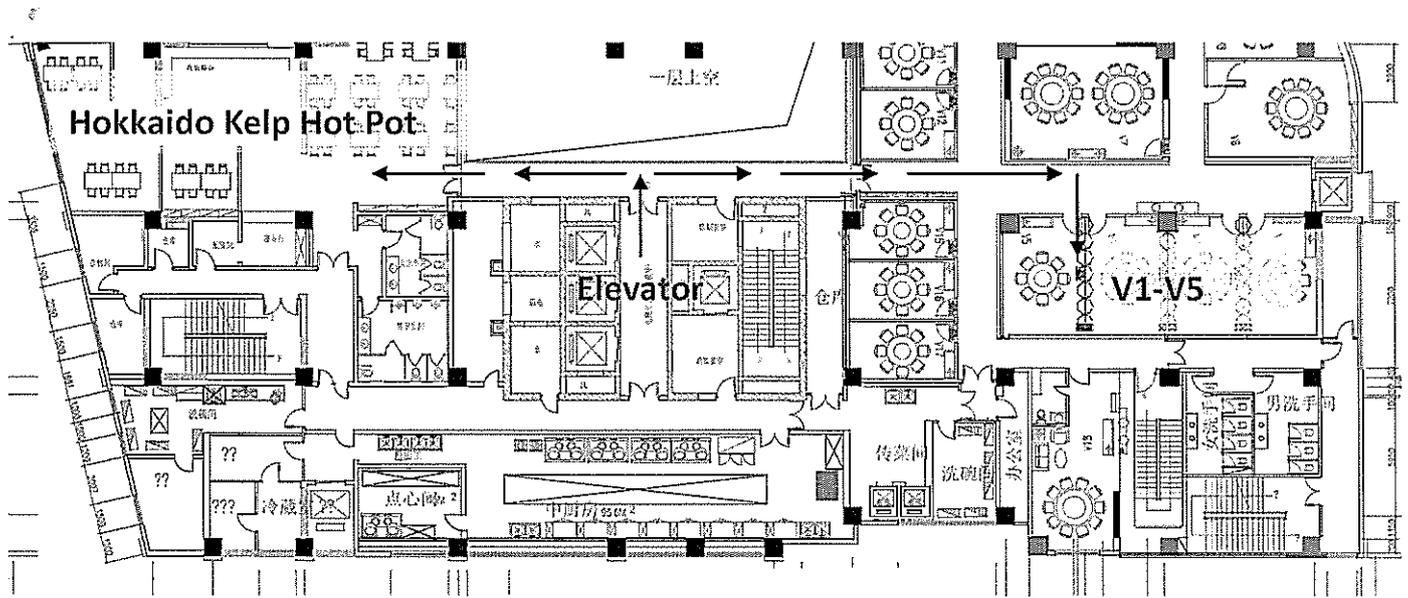
Our welcome banquet will start at 19:00, 27 March 2012

Location: V1-V5, 2nd Floor Yalong Hotel

Our social-event dinner will start at 18:30, 29 March 2012

Location: Lu Bo Lang Restaurant (There will be a shuttle bus for all

participants after the whole day meeting of 29 March). After the dinner of traditional Shanghai dishes and Dim sum, we'll go to Shanghai Circus World and enjoy the famous ERA intersection of time show (It's an exciting show of traditional Chinese acrobatic arts and modern multimedia technology).



The second floor

3. Internet

Hotel provides free cable connection to internet for its guests. Wi-Fi is available in meeting rooms.

Wish you have a nice and productive meeting in Shanghai!

DRAFT RULES FOR USE OF CHAPTER 23 OF ICD-11

This chapter represents for the first time terminology used by traditional medicine practitioners to describe disorders and patterns. It has been designed to standardise such terminology to allow collection of data on utilisation of traditional medicine services. It is included for the use of traditional medicine practitioners in conjunction with other chapters of ICD-11, either for choice of disorder or for associated disorders. In some instances disorders such as injuries from chapter 23 should be used together with codes from the External Cause chapter and neoplasms with appropriate behaviour codes. Its use is governed by rules associated with ICD-11 (see Volume 2).

Traditional medicine practitioners may choose either a disease or diseases from chapters 1-22 of ICD-11 and/or a disorder or disorders from chapter 23. In addition, a pattern from chapter 23 of ICD-11 must be used.

Codes from chapter 23 should not be used for reporting cause of death.

Main condition definition ICD-11 (Draft April 2010)

Rule 1

Assign as the main condition the condition that is determined to be the reason for admission, established at the end of the episode of health care.

Rule 2

If there is more than one reason for admission:

Assign as main condition the reason for admission that required the greatest use of resources during the episode of health care

Rule 3

If a condition arose during the episode of health care that:

a) consumed more resources than any of the reasons for admission

and

B) was not a consequence of any of the reasons for admission (neither the condition itself nor its treatment)

Assign as main condition the condition that arose during the episode of health care

Group 2

The problem list (total 16 pages) p.1-china, p. 8 Korea , p.13 Japan

the problem with the place in the hierarchy – TAG Pattern & Diagnosis

The problem with the Language Expression, phonetic translation – Group 1

Marked with * -agreed with TWO countries

Marked with ** -agreed with THREE countries (higher priority)

Key issues among countries:

1. A) General Obstacle :

Terminology scope-whether we should have an inclusive term, subgroups or reference set

General principle of the solution:

-Drafting and expanding a list (a backup list of Historical concept).

-Jointly exhaustive, the children entities in ch 23 should explain and can be distinguished from the entities in other chapters in ICD.

-Having an inclusive term list to facilitate others to make the diagnosis between TM and WM.

-use of plural form “disorders” for those entities with subgroups.

B) Example : Headache disorders (parenting entities–group of symptoms with different aetiology) with subgroups

Population of parenting entities of “Headache disorders” could be in ICTM project and reference set.

Another example: Malaria- already included in other chapters in ICD

Malaria (with lab result support the diagnosis), while in Ch 23, to describe malarial sign and symptoms “Malaria-like disorderTM” with NO subgroup to avoid confusion of clinicians.

2. A) Obstacle: How, when to use TM marking for those entities /wordings which are used in other chapters of ICD?

B) Example of obstacle:

C) General principle of the solution:

To avoid confusion with other concepts in other chapters of ICD, TM marking is suggested to use in every concept (disordersTM) in Ch 23, as pattern is specific for Ch 23, NO TM marking to be used in pattern.

3. Duplication within ch 23

Example: dry phlegm pattern v.s. dryness phlegm, both seems to be similar / identical patterns within ch 23

The general principle of the solution: with the help of managing editors and experts in each country, to identify those duplication for further discussion.

Besides the title of entities, detailed definitions and clinical presentations should be taken into account during consideration.

4. Duplication among other chapters of ICD

Example: Thrush disorder, dementia disorders (refer to p.10 of problem list)

general principle of the Solution:

-If aetiology is different and without available laboratory test for confirmation, use "XXX-disorder(s)TM". For those where there is possible laboratory test for confirmation, use "XXX-like disorder(s)TM" (also apply to influenza-like disorderTM, Cholera-like disordersTM etc.)

-Base on TM-specific aetiology, sign and symptoms are descriptive wordings which are neutral to be used in the definition.

5. Multiple meaning in TM representing common characters

e.g. Taiyang /meridian name /four constitution;

e.g. sanjiao as meridian name /3 region

general principle of the solution:

- Try to find an appropriate/ different terms in specific cases. Avoid share the same term for different meaning
- List out the conditions to use for each term.
- Managing editors to co-ordinate inputs from each country.

Example of solution:

Qi aspect : 23P50 Heat entering the qi aspect pattern

Kidney qi: 23L30 Kidney qi deficiency pattern

6. Multiple Coding: the order of coding and limit of coding.

General principle of the solution:

-A coding guideline for physician can be prepared.

-There should not be the upper limit of code in one patients, especially for those with chronic diseases.

-recommendation should be provided for countries in order of multiple coding, to ensure consistency.

-with consideration of the situation of each country, pattern coding is suggested to go first and followed by disorder coding.

-“PatternTM+disorder TM” or “PatternTM+ICD code(other chapter)”

Group 2

The problem list (total 16 pages)

p.1-china

p. 8 Korea

p.13 Japan

the problem with the place in the hierarchy – TAG Pattern & Diagnosis

The problem with the Language Expression – Group 1

Marked with * -agreed with TWO countries

Marked with ** -agreed with THREE countries (higher priority)

Key issues among countries:

1. Terminology scope

Solution:

-Drafting and expanding a list (a backup list Historical concept).

-Population of parenting entities of “Headache disorders” could be in ICTM project and reference set rather than in ch 23.

-Have an inclusive list to let others to make the diagnosis.

-Jointly exhaustive, the children entities in ch 23 should explain and can be distinguished from the western headache.

e.g. headache (symptom) v.s. Headache disorders (parenting entities–group of symptoms with different aetiology)

2. Phonetic translation among countries.

3. How, when to use TM marking , Avoid marking term TM

4. Discrepancy in Definition: different between English and originally version, should be specific / clear aetiology.

5. Same disorders with different name among different countries/ other chapters of ICD: e.g. malaria, diabetes mellitus.

Solution: guiding principle should avoid confusion.

6. Multiple meaning representing common characters e.g. Six stage /meridian, sanjiao as meridian/3 region

7. **Super/sub class in Hierarchy e.g. lung qi deficiency

8. Coding guideline for physician which should not have the upper limit of code in one patients, especially for those with chronic diseases.

Group 1 Discussion Results and Suggestions – part 1

Parent	
Viscera System™	Zangfu System
Children	
Visceral Heart...and so on	Zhangfu Heart...and so on
Supporting reasons	
<ul style="list-style-type: none"> i. From Daejeon Meeting ii. An English term consistent with ICD iii. Even if the English term may not be satisfying for some experts, there are not enough supportive reasons to opt for a 'pinyin' over Korean or Japanese phonetic term 	<ul style="list-style-type: none"> i. Viscera is a limited expression ii. Viscera doesn't cover the functional aspect iii. Meaning is profound, therefore untranslatable

Triple Energizer		
Supporting reasons		
<ul style="list-style-type: none"> i. Functional aspect is covered as well ii. An English term that has reference in WHO nomenclature 		
Plural form "Triple Energizers"		Singular form "Triple Energizer"
Children		iii. Meridian
i. Location	ii. Stages	- Triple Energizer Meridian (Note: For other meridians as well, go with WHO nomenclature, such as "Lung Meridian", without Yin or Yang)
- Upper energizer	- Upper energizer stage	
- Middle energizer	- Middle energizer stage	
- Lower energizer	- Lower energizer stage	

"Six stage patterns" or "Six Yin-yang stage patterns"			
- replacing "Shanghan Patterns"			
Parent			
Option 1. Six Yin-yang stage patterns	Option 2. Six stage patterns	Option 3. Six Yin-yang stage patterns	
Children			
- Early Yang	- Taiyang	- Mild Yang	
- Peak Yang	- Yangming	- Moderate Yang	
- Late Yang	- Shaoyang	- Severe Yang	
- Mild Yin	- Taiyin	- Mild Yin	
- Moderate Yin	- Shaoyin	- Moderate Yin	
- Extreme Yin	- Jueyin	- Severe Yin	
(Note: Number of children would be 6 instead of 8 - delete 'chaotic' and 'mixed' patterns)			

Early
Middle
Late
Early
Middle
Late

Parent
Four Phases
Children
<ul style="list-style-type: none"> - Defensive phase pattern - Qi phase pattern - Nutrient phase pattern - Blood phase pattern

Group 1 Discussion Results and Suggestions – Part 2
(Review Sheet for ICTM Concepts in ICD 11 Chapter 23)

Problem lists from China

Problem with the LANGUAGE Expression

Code number in chapter 23	Term	Suggested solution
23A72	Fissured anus disorder 裂肛	Chinese title should be 肛裂
23B37	Lower abdominal colic disorder 痢病	simplified Chinese title should be 痢气病
23D10 – 23D17 Total 10 terms	Menstruation Associated Disorders 月经	Chinese title of the sub-category should be 月经相关疾病
	Pregnancy Associated Conditions 怀孕	Chinese title should be 妊娠相关疾病
23F61	Cold abdominal colic pattern 寒证	Chinese title need to be revised
23M22	Intermediate greater yang pattern	need simplified Chinese titles
23M21	Greater yang excess pattern	need simplified Chinese titles
23M20 Align with change in block setting	Greater yang deficiency pattern	need simplified Chinese titles
	Pathogenic, Parasitic and Toxic (delete)	“疫厉证” is not a proper Chinese

	Patterns 疫厉证 ->Severe Pathogenic Patterns (recommendation) related items could also be modified	title for the sub-category
Total 143 terms (There could be more - some are missing?)	mainly in Formula Patterns	Lack of the original term in the source language -> (Clarify)There are Japanese inputs, no Chinese translation yet
23A02	Fluid collapse disorder 液脱	液 should be understood as "humor" so as to distinguish it from 津 which means "fluid"
23C40	Mobility disorders 痹症 Painful-Numb Joint Disorder	痹 means obstruction or block and is commonly translated as "impediment"
23E60.00	Summer heat warmth disorder 暑温 (delete warmth)	"warmt" should be "warmth"
23F62	Combined cold and deficiency pattern 虚寒证 Deficiency-Cold Pattern	虚寒证 refers to cold pattern of deficiency type, not combined cold and deficiency pattern
23F90	Combined heat and excess pattern 实热证 Excess-Heat Pattern	实热证 refers to heat pattern of excess type, not combined heat and excess pattern
23F91	Combined heat and deficiency pattern 虚热证 Deficiency-Heat Pattern (noun-noun form, follow the original order)	虚热证 refers to heat pattern of deficiency type, not combined heat and deficiency pattern
23I62.02	瘀血阻络证 Blood stasis in collateral pattern	lack of English translation
23J90	Intense fire or heat pattern 火毒证 Severe Heat pattern	火毒证 or 热毒证 should be understood as "fire toxin pattern" or "heat toxin pattern"
23J94	Small intestinal excess heat pattern 小肠实热证 - Small intestinal excess-heat pattern (for tomorrow) - Excess-heat pattern of visceral(or zangfu) small intestine	The English for 小肠实热证 should be changed as "Zangfu small intestinal excess heat pattern" as done in that of the following terms

23K00	Dual deficiency of the heart and spleen pattern 心脾两虚证 Dual deficiency of the visceral heart and spleen pattern	Is Zangfu needed to modify the heart and spleen
23K30—23K34 Total 5 terms		with the same problem as 23K00
<u>Discussed in part 1</u>	Greater Yang Patterns 太阳病证	太阳 should be transliterated as "Taiyang" which has already become the common practice
<u>Discussed in part 1</u>	Yang Brightness Patterns 阳明病证	阳明 should be transliterated as "Yangming" which has already become the common practice
<u>Discussed in part 1</u>	Lesser Yang Patterns 少阳病证	少阳 should be transliterated as "Shaoyang" which has already become the common practice
<u>Discussed in part 1</u>	Greater Yin Patterns 太阴病证	太阴 should be transliterated as "Taiyin" which has already become the common practice
<u>Discussed in part 1</u>	Lesser Yin Patterns 少阴病证	少阴 should be transliterated as "Shaoyin" which has already become the common practice
	Outer Defense Aspect Patterns 卫分证 <u>Use 'phase', for each phase</u> <u>To be discuss tomorrow</u>	卫分 is better translated as "defense aspect" so as to keep a consistency with that of 营分 and 血分
	Inner Defense Aspect Patterns 气分证 <u>Use 'phase', for each phase</u> <u>To be discuss tomorrow</u>	气分 is better translated as "Qi aspect" so as to keep a consistency with that of 营分 and 血分
23P83	Intense fire or heat entering the nutrient aspect pattern 热毒入营证 Severe heat entering the nutrient phase pattern	It is better to translate 热毒 as "heat toxin" so as to keep consistency in this review sheet
	Wind Patterns 风淫证	It is better to translate 风淫证 as "Wind prevailing pattern" so as to distinguish it from 风证 "Wind pattern"
	Cold Environment Patterns 寒淫证 Cold Patterns	It is better to translate 寒淫证 as "Cold prevailing pattern" so as to distinguish it from 寒证 "Cold

		pattern"
	Dampness Patterns 湿淫证 Dampness Patterns	It is better to translate 湿淫证 as "Dampness prevailing pattern" so as to distinguish it from 湿证 "Dampness pattern"
	Dryness Patterns 燥淫证 Dryness Patterns	It is better to translate 燥淫证 as "Dryness prevailing pattern" so as to distinguish it from 燥证 "Dryness pattern"
	Fire or Heat Patterns 火热淫证 Fire-Heat Patterns	It is better to translate 火热淫证 as "fire or heat prevailing pattern" so as to distinguish it from 火热证 "fire or heat pattern"
	Summerheat Patterns 暑热淫证 Summer-heat Patterns	It is better to translate 暑热淫证 as "summer-heat prevailing pattern" so as to distinguish it from 暑热证 "summer-heat pattern"
	Pathogenic, Parasitic and Toxic Patterns 疫厉证	疫厉证 is commonly referred to as "pestilence pattern"
- Not from four constitutional medicine (Code: 23M22) - From Six Stages	Large Yang Type Patterns	太阳 should be transliterated as "Taiyang" as common done in traditional medicine. Lck of the terms in the source language
- Not from four constitutional medicine - From Six Stages	Small Yang Type Patterns	少阳 should be transliterated as "Shaoyang" as common done in traditional medicine
- Not from four constitutional medicine - From Six Stages	Large Yin Type Patterns	太阴 should be transliterated as "Taiyin" as common done in traditional medicine
- Not from four constitutional medicine - From Six Stages	Small Yin Type Patterns	少阴 should be transliterated as " Shaoyin" as common done in traditional medicine.

Problem lists from Korea

Problem with the LANGUAGE Expression

Code number in chapter 23	Term	Suggested solution
23C43	Muscle spasm disorder (腓腓) 转筋	Overlap with ICD terms (alignment with ICD)
23C70	Itching skin disorder 湿疮	Overlap with ICD terms (alignment with ICD)
23C74	Urticaria disorder 瘾疹	Overlap with ICD terms (alignment with ICD)
23C75	Erysipelas disorder 丹毒	Overlap with ICD terms (alignment with ICD)
23C76	Dry skin disorder 蛇皮癣	Overlap with ICD terms (alignment with ICD)

Problem lists from Japan

Problem with the LANGUAGE Expression

Code number in chapter 23	Term	Suggested solution
23A61	伤食	Doesn't need discussion
23I38.00	Energy deficiency and intermediate temperature sensation pattern with qi deficiency and blood deficiency	Doesn't need discussion
23I38.01	Energy deficiency and cold sensation pattern with qi deficiency and blood deficiency	Doesn't need discussion

Part 2 Review Sheet for ICTM concepts and terms used in the value sets of ICTM class properties

Problem lists from China

Problem with the LANGUAGE Expression

Term	Suggested solution
Fluid/Humor 津液 Just "Fluid"	津 and 液 are two separate concepts, 津 means fluid while 液 means humor
Upper Region 上焦 <u>Discussed in part 1</u>	It is better to refer to 上焦 as "Upper Sanjiao" as used in the Alpha Draft
Middle Region 中焦 <u>Discussed in part 1</u>	It is better to refer to 中焦 as "Middle Sanjiao" as used in the Alpha Draft
Lower Region 下焦 <u>Discussed in part 1</u>	It is better to refer to 下焦 as "Lower Sanjiao" as used in the Alpha Draft
Greater Yang Person 太阳人 Large Yang type	It is better to transliterate 太阳 as Taiyang which has already become common practice in the translation field
Lesser Yang Person 少阳人 Small Yang type	It is better to transliterate 少阳 as Shaoyang which has already become common practice in the translation field
Greater Yin Person 太阴人 Large Yin type	It is better to transliterate 太阴 as Taiyin which has already become common practice in the translation field
Lesser Yin Person 少阴人 Small Yin type	It is better to transliterate 少阴 as Shaoyin which has already become common practice in the translation field
fecal qi 矢氣	Flatus
hangaihanri 半外半裏 (delete entity or change into 半表半里 'semi-external semi-internal' or 'half external and half internal')	半表半里 means semi-external semi-internal or half external and half internal as used in other places in this Review Sheet. It is hard to understand what is "hangaihanri"
heat in the palms and soles 手足心熱 (delete 'the')	It is better to translate 手足心熱 as feverish palms and soles

heimyaku 平脈 (maybe from IST, delete entity)	normal pulse
kagyaku 火逆 (maybe from IST, delete entity)	fire reversal according to the common practice of translation
kyakusho secondary (auxiliary) symptoms 客証 (maybe from IST, delete entity)	secondary patterns
mukan 无汗 (maybe from IST, delete entity)	simply means no sweat or anhidrosis
myakusho 脉象 (maybe from IST, delete entity)	obvious means pulse conditions or pulse states
spontaneous urination 小便自利 normal urination	normal urination
spotted tongue 點刺舌 Spotted-prickly tongue (hyphen could have different logical implications, so we need to clarify) Choose 'and' or 'or': So do we keep hyphens for patterns? 'Mixed' or 'Combined' is suggested	spotted prickly tongue
visiting complexion 客色 Temporary complexion	means variant complexion
improper diet 饮食不洁 (delete entity)	means unhygienic diet
Greater Yang Disease 太阳经 <u>Discussed in part 1</u>	Chinese Title should be 太阳病 and 太阳 should be transliterated as Taiyang as it has already become common practice as used in other places in this Review Sheet.
Yang Brightness Disease 阳明经 <u>Discussed in part 1</u>	Chinese Title should be 阳明病 and 阳明 should be transliterated as Yangming as has already become common practice as used in other places in this Review Sheet.
Lesser Yang Disease 少阳经 <u>Discussed in part 1</u>	Chinese Title should be 少阳病 and 少阳 should be transliterated as Shaoyang as it has already become common practice as used in other places in this Review Sheet.
Greater Yin Disease 太阴经 <u>Discussed in part 1</u>	Chinese Title should be 太阴病 and 太阴 should be transliterated as Taiyin as it has already become common practice as used in other places in this Review Sheet.

Lesser Yin Disease 少阴经 <u>Discussed in part 1</u>	Chinese Title should be 少阴病 and 少阴 should be transliterated as Shaoyin as it has already become common practice as used in other places in this Review Sheet.
Reverting Yin Disease 厥阴经 <u>Discussed in part 1</u>	Chinese Title should be 厥阴病 and 厥阴 should be transliterated as Jueyin as has already become common practice as used in other places in this Review Sheet.

Problem lists from Korea

Problem with the LANGUAGE Expression

Term	Suggested solution
heimyaku 平脈 Not necessary	Heimyaku is a pinyin term so it should be sound pulse or healthy pulse

Editorial consultation needed

Use of hyphens

Use of capital letters

Newly created words like 'bloodstasis' would be appropriate for English-speaking audience?

Recommendations

1. The WG discussion has been guided by the 8 principles of the 2011 HK meeting. These principles should be the base for the future work on chapter 23.
2. Due to the limited time, the group has dealt with issues identified by the review process prior to this meeting, and we can recommend the primary focus should be addressing issues that have broader impact on chapter 23 in order to meet the requirements for the Beta phase.
3. Having recognized the priority for completion of chapter 23 in a timely and quality manner, using the concept-based translation in English the WK recommends to WHO establishing a mechanism should be in place to capture the variations in different countries.
4. It is recommended that the following task should be undertaken before the HK meeting:
 - 4-1. Ensure MEs to implement changes made by the WG that have been endorsed by the plenary session.
 - 4-2. Ensure consistency and conciseness of the English translation
 - 4-3. Ensure that recommendation from this meeting which

have broader impact to be consistently incorporated into the next version in the 2012 HK meeting