Background Standardization of cancer data increases the potential to deliver data-driven care quality research and clinical dashboards for international collaborations in cancer care. However, to achieve a clinically meaningful and appropriate grouping of cancer indications within organ sites is challenging. This grouping can be described using ICD-10 hierarchies in Europe but alignment with the standard SNOMED concepts is complex. We present here a concept mapping case study from an international COVID-19 analysis that traces pandemic influence on cancer diagnoses and outcomes in hospitals in the UK, Norway and the Netherlands.

Results

585 SNOMED Codes

Ancestor codes

540
Primary Malignant Neoplasm of Head

522
Primary Malignant Neoplasm of Neck

520
Primary Malignant Neoplasm of Pharynx

436
Remove non-melanoma skin cancer and malignant melanoma

327
Remove haematological cancers

Methodological Approach

Valuation using OMOP data
- Clinical review of unmapped SNOMED codes at each centre
- Final consensus for inclusion
- Performs well for centres using ICD-10 as OMOP source data
https://www.snomed.org

Clinician panel review
Review of SNOMED hierarchy and identification of branching points for removal e.g. haematological or brain cancers and clinical consensus
https://athena.oohhi.org/search-terms/terms

ATLAS to create concept set
- Distributed to centres for clinical QA
- Final refinement to code list
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Conclusion Our approach aimed at adaptation of coding hierarchies based on clinical consensus as an essential step in developing relevant national and international research protocols and data guides.

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