Glaucoma Findings Action Points – May 2023 CRG Meeting

We reviewed the discussions around the gap areas identified, broadly in 2 categories: (1) tonometry-related concepts, and (2) gonioscopic grading concepts. We also addressed a member query regarding bleb code clarification.

Tonometry-related concepts

Reviewed information provided in shared spreadsheet Elaine organized. Clarified that descriptions of methods underlying tonometry should be used instead of brand names for the concept code. However, there was concern that these may not be recognizable to end-users who may only know the brand names (e.g. Tonopen, iCare). Because these will primarily be done via ETLs on the back-end and not require user-facing/clinician-facing coding, it was felt that broad/generic names would be sufficient, and we could provide mappings/explanations for how common brand names match up to the broader categories.

A revised list of tonometry methods was provided on Confluence (https://confluence.ihtsdotools.org/display/OCRG/IOP-related+codes+to+add+)

We will need to provide a generic representation for Corvis; perhaps "video deformation tonometry" or something to that effect. This is TBD and can be discussed further at the next meeting.

We discussed blood pressure as a parallel/analogous framework to intraocular pressure (having maximum values and modifiers such as systolic, diastolic, sitting vs. standing vs. supine, different devices recorded). The methods of tonometry will be considered as devices, so that they do not have to be pre-coordinated into the terms.

Elaine will map the new IOP terms/concepts and let us know if any questions arise.

Gonioscopic grading concepts

We reviewed the spreadsheet Michael prepared that summarizes existing gonioscopic grading systems. There was some discussion regarding how well-populated these fields are, but the consensus was that even if the documentation is not always consistent, we should at least have concepts from the grading systems represented in SNOMED so they could be used in the situation that documentation is indeed available.

Also discussed that this could be mapped as observable entity concepts in SNOMED, pre-coordinated by quadrant and laterality. Grading systems would be techniques used and added under 254291000 |Staging and scales (staging scale)|as proposed by Elaine. This is similar to the TNM framework for oncology staging. There was consensus that this would be a reasonable approach.

For additional items besides angle openness, such as pigmentation, iris configuration, iris approach, presence of synechiae, presence of neovascularization, etc. we should see what is already represented in SNOMED vs. what needs to be added as concepts. Sally will do this gap analysis and present at the next meeting.

Member query on blebs

There was a query from member from non-English speaking country who is trying to see if "conjunctival drainage bleb" is different from "filtering bleb." CRG members agreed that the following are synonyms: 246885001 |Drainage bleb, leaking (disorder)| and 408765004 |Leaking filtering bleb (disorder)|

There was also a question whether "flat bleb" is a synonym of "failed bleb." There was some discussion about this and it was determined to keep these terms separate: 246886000 |Drainage bleb, flat (disorder)| 410721001 |Failed filtering bleb (disorder)|

In general, it was felt that "filtering bleb" is a better term than "drainage bleb" so it was recommended to change "Drainage bleb, flat" to "Filtering bleb, flat". In general it may be good to unify and call everything "filtering bleb" for consistency and to avoid confusion (instead of having separate terms for "filtering bleb" and "drainage bleb"). We confirmed that this would be in the context of conjunctival blebs and not potential blebs elsewhere in the body.