LexEVS and CTS2 Meeting Minutes - 2016.09.14

Attendees

Name	Role	Present
Wright, Larry	NIH/NCI	х
Fragoso, Gilberto	NIH/NCI	х
De Coronado, Sherri	NIH/NCI	
Safran, Tracy	NIH/NCI [C]	
Ong, Kim L	IS	
Lucas, Jason R	IS	
Bauer, Scott	Mayo	х
Stancl, Craig	Mayo	x
Endle, Cory	Mayo	х
Sharma, Deepak	Mayo	
Wynne, Robert	NIH/NCI [C]	
Tran, Tin	NIH/NCI [C]	
Carlsen, Brian	NIH/NCI [C]	
Wong, Joanne	NIH/NCI [C]	
Kuntipuram, Kumar	NIH/NCI [C]	
Haber, Margaret	NIH/NCI	х

Agenda



Continue discussion around what is missing from current REST CTS2 service. (All)	 OWL2 considerations Statement BNode (not supported purely in CTS2) No canonical RDF Spec for CTS2 Modeling considerations (for example Neoplasm) Flattening of content necessary to represent in LexEVS There are things that were not able to be represented in LexEVS nor CTS2. Issues Restrictions bundled together in role groups Ability to represent conjunctions and disjunctions. within a given cancer, there are multiple prognosis - but will be flattened and nonsensical. Relationship between LexEVS and graph or RDF/SPARQL Support for partonomy GDC groups Value Set complexity Mapping considerations current LexEVS CTS2 support - search and complex construction Available CTS2 services LexEVS widely known service today. Research is looking for a mature standard. However there are gaps in functionality currently implemented. Suggested that someone represent LexEVS at the FHIR table at HL7.
Next Steps	 Schedule our next meeting to prioritize the above list Schedule focused discussions on each topic (follow on meetings).