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Entwurf**Medizinische Informatik –
Portfolio von Referenzstandards (RPS) –
Klinische Bildgebung (ISO 21860:2020);
Englische Fassung prEN ISO 21860:2023**

Health Informatics –
Reference standards portfolio (RSP) –
Clinical imaging (ISO 21860:2020);
English version prEN ISO 21860:2023

Informatique de santé –
Normes de référence du portefeuille (REEECI) –
Imagerie clinique (ISO 21860:2020);
Version anglaise prEN ISO 21860:2023

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Gesamtumfang 61 Seiten

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Nationales Vorwort

Dieses Dokument (prEN ISO 21860:2023) wurde vom Technischen Komitee ISO/TC 215 „Health informatics“ in Zusammenarbeit mit dem Technischen Komitee CEN/TC 251 „Medizinische Informatik“ (Sekretariat NEN, Niederlande) erarbeitet.

Für Deutschland hat hieran der Arbeitsausschuss NA 176-02-02 AA „Interoperabilität“ im DIN-Normenausschuss Gesundheitstechnologien (NAGesuTech) mitgearbeitet.

Dieses Dokument enthält unter Berücksichtigung des DIN-Präsidialbeschlusses 1/2004 nur die Englische Fassung von prEN ISO 21860:2023.

Der Bedarf für eine Deutsche Fassung wird derzeit beraten.

Für die in diesem Dokument zitierten Dokumente wird im Folgenden auf die entsprechenden deutschen Dokumente hingewiesen:

ISO 10781*	siehe	DIN EN ISO 10781*
ISO 22600-1	siehe	DIN EN ISO 22600-1
ISO 22600-2	siehe	DIN EN ISO 22600-2
ISO 27799	siehe	DIN EN ISO 27799
ISO 80000 (all parts)	siehe	DIN EN ISO 80000 (alle Teile)

Aktuelle Informationen zu diesem Dokument können über die Internetseiten von DIN (www.din.de) durch eine Suche nach der Dokumentennummer aufgerufen werden.

* Zurzeit Entwurf.

Nationaler Anhang NA (informativ)

Begriffe

Reihenfolge und Inhalt der folgenden Begriffe sind identisch mit denen im Abschnitt Begriffe der Englischen Fassung.

Für die Anwendung dieses Dokuments gelten die folgenden Begriffe.

ISO und IEC stellen terminologische Datenbanken für die Verwendung in der Normung unter den folgenden Adressen bereit:

- ISO Online Browsing Platform: verfügbar unter <https://www.iso.org/obp>
- IEC Electropedia: verfügbar unter <http://www.electropedia.org/>

3.1

klinische Bildgebung medizinische Bildgebung

Erzeugung visueller Darstellungen von Körperteilen, Geweben oder Organen zur Verwendung bei der klinischen Diagnose, die Röntgenverfahren, Magnetresonanztomographie, Einzel-Photonen-Emissions- und Positronen-Emissions-Tomographie sowie Ultraschall umfassen

3.2

Bildgebungsverfahren

Klasse von Medizinprodukten, bei denen ein bestimmter physischer Mechanismus eingesetzt wird, wie Röntgenstrahlen, Magnetfelder, Ultraschall oder sichtbares Licht, um Patientensignale zu ermitteln, die entweder die anatomischen Strukturen oder physiologischen Ereignisse wiedergeben

Anmerkung 1 zum Begriff: Zu den Bildgebungsverfahren gehören konventionelles Röntgen, Fluoroskopie, Angiographie, Mammographie, Computertomographie (CT), Ultraschall und Doppler-Sonographie, Magnetresonanztomographie (MRT) und Nuklearmedizin.

3.3

Interoperabilität

Fähigkeit, Daten genau, effektiv, sicher und konsistent mit verschiedenen Informationstechnologiesystemen, Softwareanwendungen und Netzwerken in verschiedenen Umgebungen zu erfassen, zu übermitteln und auszutauschen und Daten so auszutauschen, dass der klinische oder funktionale Zweck bzw. die klinische oder funktionale Bedeutung erhalten bleibt und nicht geändert wird

[QUELLE: HL7, Coming to Terms: Scoping Interoperability for Health Care. White Paper, 2007 [39]]

3.4

semantische Interoperabilität

Interoperabilitätskategorie, die auf der Normung von Inhalten beruht, wobei Inhalte Vokabular, Code-Sätze, Terminologie Identifikatoren, Informationsmodelle, zusammengesetzte Datenstrukturen, Datenobjektdefinitionen und Vorlagen umfassen

3.5

technische Interoperabilität

Interoperabilitätskategorie, die auf der Normung von Infrastruktur beruht, wobei Infrastruktur Nachrichten- und Transportprotokolle, Nachrichtensätze und Sequenzierung, Verschlüsselung, Zertifikate, Zugriffskontrollen, digitale Arbeitsvorräte und Statusverfolgung umfasst

3.6

funktionale Interoperabilität

Interoperabilitätskategorie, die auf der Normung von gesetzlichen und organisatorischen Regelungen, darunter Definitionen von Geschäftsabläufen, Praxisleitlinien, klinischen Behandlungspfaden, Geschäftsregeln, Vorgaben zur Informationslenkung sowie Sicherheits-/Risikoklassifizierung und -minderung

Anmerkung 1 zum Begriff: Bei HITSP und HL7®** auch als Prozessinteroperabilität bezeichnet.

3.7

Referenzinformationsmodell

RIM

einzelnes Informationsmodell, das den Bereich der Aktivität abdeckt, der mithilfe dieser Methodik von einem Normungsorganisation behandelt wird

[QUELLE: ISO/TS 27790:2009, 3.62]

3.8

Bezugsnorm

Norm, die als ausgereift, zweckmäßig und am besten dafür geeignet, die Anwendungsfälle mit Bezug zu einem bestimmten Bereich zu behandeln, ausgewählt ist

** HL7® ist das eingetragene Warenzeichen von Health Level Seven International. Diese Angabe dient nur zur Unterrichtung der Anwender dieses Dokuments und bedeutet keine Anerkennung durch ISO.

Nationaler Anhang NB (informativ)

Literaturhinweise

DIN EN ISO 10781, *Medizinische Informatik — HL 7 Funktionales Modell für ein elektronisches Gesundheitsaktensystem (EHRS FM), Ausgabe 2*

DIN EN ISO 22600-1, *Medizinische Informatik — Privilegienmanagement und Zugriffssteuerung — Teil 1: Übersicht und Policy-Management*

DIN EN ISO 22600-2, *Medizinische Informatik — Privilegienmanagement und Zugriffssteuerung — Teil 2: Formale Modelle*

DIN EN ISO 27799, *Medizinische Informatik — Informationssicherheitsmanagement im Gesundheitswesen bei Verwendung der ISO/IEC 27002*

DIN EN ISO 80000, *Größen und Einheiten*

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee, ISO/TC 215, *Health informatics*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

Modern healthcare is supported by medical devices and information systems that capture, manage, exchange, process and present clinical, operational, research and public health data. This occurs at scales from individual clinics and hospital departments, up to networks of hospitals and regional or national healthcare systems. Adopting standards and using them consistently would make it easier to install, operate and, over time, update and replace these devices and information systems.

This document presents a portfolio of standards that have been selected as being mature, fit for purpose and most appropriate to address use cases related to the clinical imaging domain. Clinical imaging is considered throughout the enterprise.

It should be noted, however, that achieving full interoperability within a given environment or set of systems is a large endeavor of which the selection of underlying standards is an important component, but just one component. Additional guidance can be found in the Process clause of the TR on IHE Global Standards Adoption ^[1].

This document was developed based on concepts and methodology described in the Healthcare Informatics – Reference Standards Portfolio (RSP): Development framework. RSPs are an evolution of past work, such as that done by the Board of Directors of the American Medical Informatics Association^[2] and the Joint Initiative Council (JIC) work on the Patient Summary Standards Set^[28].

This work reflects the experience and learning of the international community in developing interoperability standards in the clinical imaging domain, including representatives of:

- DICOM®¹⁾ (Digital Imaging and Communication in Medicine)
- IHE Radiology (Integrating the Healthcare Enterprise)
- ISO/TC215, Health Informatics.

1) DICOM® is the registered trademark of the National Electrical Manufacturers Association for its standards publications relating to digital communications of medical information. This information is given for the convenience of users of this document and does not constitute an endorsement by ISO.

- Entwurf -

Health Informatics — Reference standards portfolio (RSP) — Clinical imaging

1 Scope

This document establishes the Reference Standards Portfolio (RSP) for the clinical imaging domain (as defined in Clause 4).

An RSP lists the principle health information technology (HIT) standards that form the basis of implementing and deploying interoperable applications in the target domain.

An RSP includes a description of the domain, a normative list of standards, and an informative framework for mapping the standards to example deployment use cases.

The lists do not include standards that are specifically national in scope.

The primary target audience for this document is policy makers (governmental or organizational), regulators, project planners and HIT managers. This document will also be of interest to other stakeholders such as equipment and HIT vendors, clinical and health information management (HIM) professionals and standards developers.

The intended usage of this document is to inform decisions about selecting the standards that will form the basis of integration projects in geographic regions or healthcare organizations. For example:

- What standards to use for capturing/encoding/exchanging certain types of information
- What standards to use for interfaces between the devices and information systems that support information capture, management, exchange, processing and use
- What standards to use for specific use cases/deployment scenarios

The selected standards, and/or corresponding RSP clauses, might be useful when drafting project specifications.

Figure 1 shows the conceptual organization of this document. The top part represents individual HIT standards grouped under semantic, technical and functional interoperability categories. The bottom part shows use cases for example implementation projects with a selected list of standards.

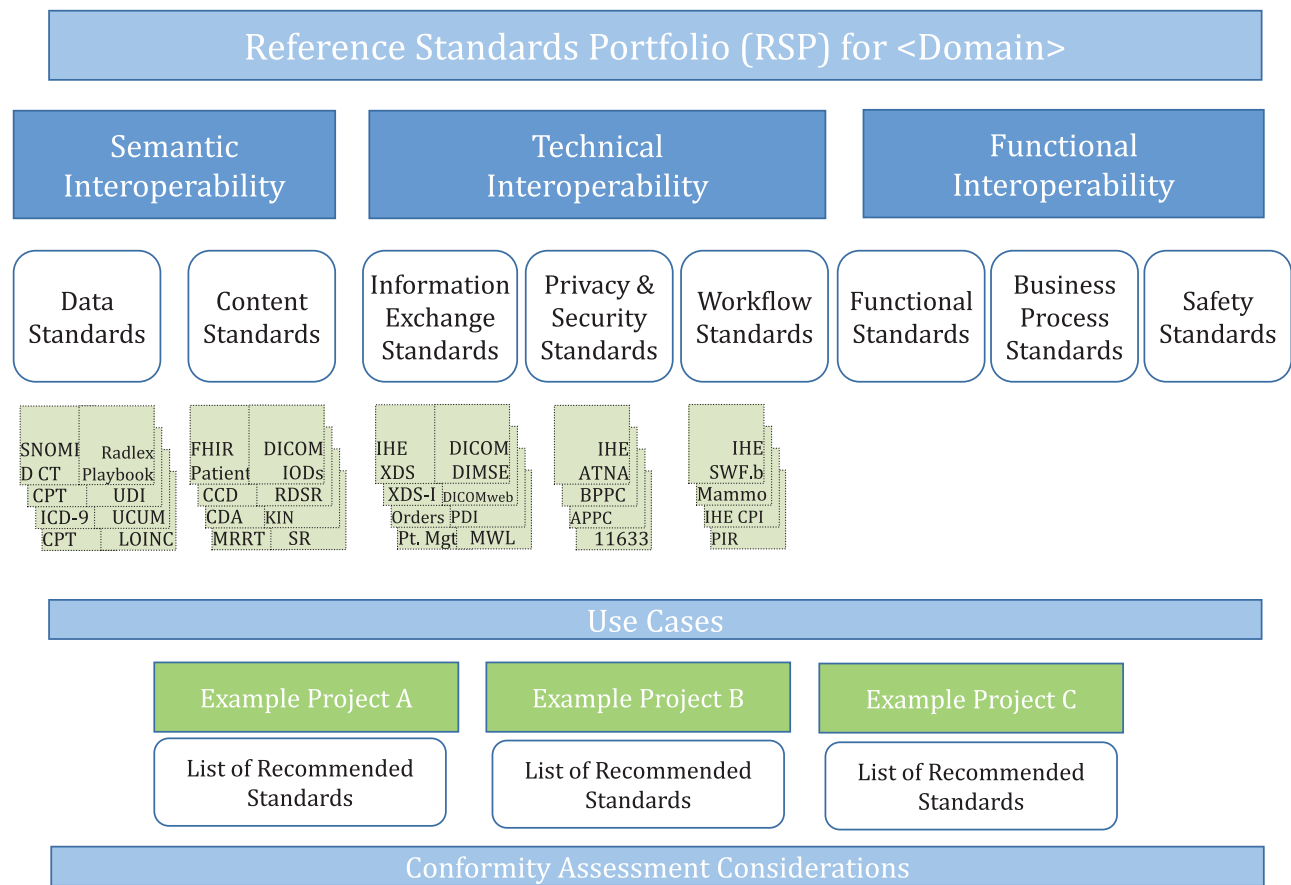


Figure 1 — RSP Organization

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

DICOM PS3, Digital Imaging and Communication in Medicine, Parts 1-22, National Electrical Manufacturers Association

HL7 V2.3.1, HL7 Messaging Standard Version 2.3.1 - An Application Protocol for Electronic Data Exchange in Healthcare Environments, HL7 International

HL7 V2.5.1, HL7 Messaging Standard Version 2.5.1 - An Application Protocol for Electronic Data Exchange in Healthcare Environments, HL7 International

HL7 CDA R2, HL7 Version 3 Standard: Clinical Document Architecture Framework, Release 2, HL7 International

IHE Cardiology Technical Framework, Volumes 1-2 and associated supplements, Integrating the Healthcare Enterprise

IHE IT Infrastructure Technical Framework, Volumes 1-4 and associated supplements, Integrating the Healthcare Enterprise

IHE Radiology Technical Framework, Volumes 1-4 and associated supplements, Integrating the Healthcare Enterprise

ICD-9, International Classification of Diseases revision 9, World Health Organization

ICD-10, International Classification of Diseases revision 10, World Health Organization

ICD-11, International Classification of Diseases revision 11, World Health Organization

LOINC, Logical Observation Identifier Names and Codes, Regenstrief Institute

RadLex, A Lexicon for Uniform Indexing and Retrieval of Radiology Information Resources, Radiological Society of North America

RSNA Radiology Reporting Templates, Radiological Society of North America

SNOMED CT, Systematized Nomenclature of Medicine - Clinical Terms, SNOMED International

UCUM, Unified Code for Units of Measure, Regenstrief Institute

UDI, Unique Device Identification System, US Food and Drug Administration

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

3.1

clinical imaging

medical imaging

production of visual representations of body parts, tissues, or organs, for use in clinical diagnosis; encompassing x-ray methods, magnetic resonance imaging, single-photon-emission and positron-emission tomography, and ultrasound

3.2

imaging modality

class of medical device that utilizes a certain physical mechanism, such as x-rays, magnetic fields, ultrasound, or visible light, to detect patient signals that reflect either anatomical structures or physiological events

Note 1 to entry: Imaging modalities include Conventional radiography, Fluoroscopy, Angiography, Mammography, Computed Tomography (CT), Ultrasound and Ultrasound/Doppler, Magnetic Resonance Imaging (MRI) and Nuclear Medicine.

3.3

interoperability

ability to capture, communicate, and exchange data accurately, effectively, securely, and consistently with different information technology systems, software applications, and networks in various settings, and exchange data such that clinical or operational purpose and meaning of the data are preserved and unaltered

[SOURCE: HL7, Coming to Terms: Scoping Interoperability for Health Care. White Paper, 2007 ^[39]]

3.4

semantic interoperability

category of interoperability based on standardizing content, where content includes vocabularies, code sets, terminologies, identifiers, information models, composite data structures, data object definitions, and templates

3.5

technical interoperability

category of interoperability based on standardizing infrastructure, including messaging and transport protocols, message sets and sequencing, encryption, certificates, access controls, digital worklists, and status tracking

3.6

functional interoperability

category of interoperability based on standardizing legal and organizational rules, including definitions of business processes, practice guidelines, clinical treatment pathways, business rules, information governance, and safety/risk classification and mitigation

Note 1 to entry: Also referred to by HITSP and HL7®²⁾ as Process Interoperability.

3.7

reference information model

RIM

single information model that covers the domain of activity being addressed by a standards developing organization using this methodology

[SOURCE: ISO/TS 27790:2009, 3.62]

3.8

reference standard

standard selected as being mature, fit for purpose, and most appropriate to address use cases related to a given domain

4 Clinical imaging domain

The clinical imaging domain spans the systems, data and activities involved in planning, acquiring, processing, managing, distributing, displaying and interpreting imaging data in a clinical context.

The clinical context for imaging can include screening for disease or risk factors, documentation of observations or procedures, diagnosis, treatment (directly image-guided or simply informed or planned from imaging), monitoring of disease progression or response to treatment, palliative care, and research into the causes and treatments of disease.

The operational context for imaging can include administration, operations, and research.

Clinical imaging, also referred to as medical imaging, or diagnostic imaging, is a domain that includes various clinical specialties:

- Radiology (including interventional radiology)
- Cardiology
- Oncology
- Obstetrics/Gynecology
- Orthopedics
- Surgery
- Dermatology
- Dentistry
- Ophthalmology

2) HL7® is the registered trademark of Health Level Seven International. This information is given for the convenience of users of this document and does not constitute an endorsement by ISO.

- Anatomic Pathology
- Emergency Medicine

Clinical imaging encompasses x-ray methods (CT, CR/DR, angiography/fluoroscopy, mammography, etc.), magnetic resonance imaging (MRI), single-photon-emission (SPECT) and positron-emission tomography (PET), ultrasound, visible light (endoscopy, digital microscopy, medical photography, etc.) and optical coherence tomography. The scanners used to acquire these images are referred to as Acquisition Modality Devices or simply "modalities".

Imaging data refers primarily to the images produced by imaging procedures, but also includes associated data such as measurements, and other processing results. Images include single frame images (such as a conventional chest x-ray or a dermatological photograph), volumetric image sets (such as a CT series), "cine" video images (such as from an angiography or ultrasound procedure), multi-dimensional image sets (such as functional MRI volume data over time and different stimuli or a multi-focal multi-filter pathology slide scan). Images might be monochrome, true color or pseudocolor. Measurements include such things as cardiac flow metrics, fetal growth values, tissue perfusion indices, tumor sizes, Computer Aided Detection/Diagnosis findings, and the output of clinical analysis applications. Processing results include spatial registrations of datasets, segmentations, extracted surfaces, implant models, etc. Data might also include associated audio or ECG waveforms and scanned documents such as procedure requisitions.

Clinical imaging information content include test orders, images and test results reports, which have to be generated/shared across various technical actors for use by business actors.

Humans involved in clinical imaging include:

- patients and/or their legal representatives
- referring physicians
- imaging specialty technologists
- imaging specialty physicians

Devices and systems involved in clinical imaging include:

- acquisition modality devices (CT, MR, Ultrasound, Angiography, Mammography, Xray, retinal cameras, slide scanners, etc.)
- data analysis systems (clinical application SW, dose analysis, protocol management, departmental analytics)
- data management systems (PACS - Picture Archive and Communication Systems, VNA - Vendor Neutral Archives, Enterprise Imaging Systems)
- reporting systems (Reading Workstations, Image Display Systems, Report Management Systems)
- departmental systems (RIS – Radiology Information Systems, Cardiology Information Systems, Practice Management Systems, etc.)
- enterprise or practice-level electronic health record infrastructure (EHR – Electronic Health Record Systems, CPOE – Computerized Physician Order Entry Systems for imaging procedures).

The following activities generate data elements that appear in clinical imaging information content but are not inherently clinical imaging data and will be considered in other domains, not in the clinical imaging domain:

- Patient registration and account administration
- Order entry for non-imaging procedures
- Lab test result reporting

The following specialties also use clinical imaging but will also be considered in a separate domain from the clinical imaging domain:

- Radiation Therapy
- Biological Research

5 Portfolio of reference standards

5.1 Usage

Interoperability projects shall use standards listed as preferred or legacy in Table 1 to Table 5 when the scope of that standard applies to the integration project except when alternate standards are locally mandated. Such exceptions shall be described by the project documentation.

Interoperability projects should give due consideration to standards listed as emerging in the tables in this portfolio.

5.2 Portfolio structure

5.2.1 Standard categories

Within this portfolio of reference standards, individual standards are first divided into semantic interoperability, technical interoperability, and functional interoperability ^[4], and then organized into categories as follows:

Semantic interoperability

- Data standards
 - Define encoding for individual data elements
 - E.g. vocabularies, code sets, terminologies and identifiers
- Content standards
 - Define how content is encoded, e.g. assembled from multiple data elements
 - E.g. reference information models (RIMs), data object definitions, document structures, templates

Technical interoperability

- Information exchange standards
 - Define how content is transferred from one system to another
 - E.g. messaging and transport protocols
- Privacy and security standards
 - Define how content is protected when transferred from one system to another
 - E.g. encryption, certificates, access controls, consent directives, de-identification and pseudonymization
- Technical workflow standards
 - Define sets of transactions between systems and associated data requirements to achieve particular technical tasks

- E.g. digital worklists, status tracking and notifications, and data flow

Functional interoperability

- Functional standards
 - Define procedures for business actors to achieve particular goals
 - E.g. functional requirements (procedures, checklists, organizational rules) that an actor would follow to capture, manage, exchange, analyze, present information for a specific use case
- Workflow standards
 - Define interactions between business actors to achieve particular tasks
 - E.g. functional requirement analysis, evaluation of human users needs in the context of specific use cases
- Business process standards
 - Define process interactions between business and technical systems to achieve particular tasks,
 - E.g. practice standards, clinical pathways built from guidelines, worklists.
- Safety standards
 - Define methods for addressing risks when using HIT products. E.g. criteria for classification and prioritization of risks and best practices for risk mitigation

Many standards do not fit neatly into just one of the above categories. Standards that address multiple categories are listed under their primary category. For example, the DICOM CT Image Storage SOP Class includes the Storage Service (transport protocol), the CT Image IOD ("document"/content), and to a lesser degree defines code sets that include specific SNOMED®³⁾ and LOINC®⁴⁾ codes and introduce a few DICOM codes as needed, but the primary content is the CT image, so it and the other DICOM "Core" IODs are placed in the "Content Standards" category.

5.2.2 Standard assessment

In each category, standards have been assessed and are listed in one table with three groups (See A.4):

- Preferred standards are considered to be stable, well-established and well-supported.
- Legacy standards are widely implemented and deployed but have been superseded by another Preferred standard and no longer represent the long-term direction of the industry. Support in future products might diminish over time.
- Emerging standards are promising and stable but have not yet been widely implemented and deployed. Note that adoption of standards sometimes moves faster than this document is updated.

The factors assessed (See A.3) are:

- Standard maturity – publication, stability, and maintenance status: published draft, trial use, final, retired

3) SNOMED® and SNOMED CT® are the registered trademarks of International Health Terminology Standards Development Organization. This information is given for the convenience of users of this document and does not constitute an endorsement by ISO.

4) LOINC® is the registered trademark of Regenstrief Institute. This information is given for the convenience of users of this document and does not constitute an endorsement by ISO.

- **Product adoption** – international availability in clinical imaging domain products (See Clause 4): none, pilot, low, moderate, high, universal

Product adoption demonstrates Vendor endorsement of this standard

- **Site deployment** – installation and clinical use at imaging sites: none, pilot, low, moderate, high, universal

Site deployment demonstrates User endorsement of this standard

- **Tooling** – supported by readily available tools: none, low, moderate, high

Tools might include browsers, viewers, editors, validators, reference implementations, sample data, libraries/toolkits, etc.

Adoption and deployment levels are broad estimates for the combined North American, European, and Japanese regions, based on the subject matter expertise of the contributors to this document. Where uptake is known to differ geographically, this is noted in footnotes.

The specific version/release/edition of the standard that was assessed is usually not listed. Generally, the recommendation applies to recent versions of the standard.

This document does not track the terms for licensing the standards listed here. Those who adopt and/or deploy a standard are encouraged to consult the website of that standard.

5.3 Semantic interoperability

5.3.1 Data standards

Data standards define how to encode data elements or individual pieces of information. This might include vocabularies, code sets, terminologies and identifiers. Such standards commonly restrict themselves to a particular scope or purpose.

Table 1 lists the portfolio of preferred, legacy, and emerging data standards for clinical imaging.

Table 1 — Preferred, legacy, and emerging data standards

Brief name	Formal name and scope	Standard Maturity	Product Adoption	Site Deployment	Tooling
Preferred data standards					
LOINC	<i>Logical Observation Identifiers Names and Codes</i> Identifiers, names, and codes for identifying health measurements, observations, and documents.	Final	Moderate	Moderate	Moderate
UCUM	<i>Unified Code for Units of Measure</i> A system to encode units of measure, e.g. for associated quantities.	Final	High	High	Moderate
ICD-10	<i>International Classification of Diseases</i> A system of codes for representing medical encounter diagnoses.	Final	Moderate	^a	Moderate
DICOM Codes	<i>DICOM Controlled Terminology Definitions</i> Codes and definitions for DICOM concepts.	Final	High	High	Moderate
^a High in US and Canada, Low elsewhere. ^b Since SNOMED has announced that it will no longer license the use of the RT Identifiers, that standard has been moved to the Legacy group and the SNOMED CT Numeric Identifiers have been listed in the Emerging group even though the adoption and deployment of the Numeric Identifiers have not yet reached the criteria normally required (See A.4). See A.3 for terms.					

Table 1 (continued)

Brief name	Formal name and scope	Standard Maturity	Product Adoption	Site Deployment	Tooling
DICOM Context Groups	<i>DICOM DCMR Context Groups</i> Sets of codes relevant to coding values for particular DICOM attributes or concepts.	Final	High	High	Moderate
Legacy data standards					
SNOMED CT (RT Identifiers)	<i>Systematized Nomenclature of Medicine - Clinical Terms – RT Style Codes^b</i> Superseded by SNOMED-CT (Numerical Identifiers)	Retired	High	High	Low
ICD-9	<i>International Classification of Diseases</i> Superseded by ICD-10	Final	High	High	Moderate
Emerging data standards					
SNOMED CT (Numeric Identifiers)	<i>Systematized Nomenclature of Medicine - Clinical Terms^b</i> Codes, descriptions, synonyms and relationships for findings, symptoms, diagnoses, procedures, body structures, organisms, substances, pharmaceuticals, devices and specimens.	Final	Pilot	Pilot	Moderate
RadLex Playbook	<i>Radiology Lexicon – Procedure Playbook</i> Names and codes for radiology procedures.	Final	Low	Low	Low
ICD-11	<i>International Classification of Diseases</i> Will supersede ICD-10	Final	Low	Low	Low
UDI	<i>Unique Device Identifier</i> Globally unique identifiers for "all implantable, life-saving or life sustaining devices".	Final	Low	Low	Low
^a High in US and Canada, Low elsewhere. ^b Since SNOMED has announced that it will no longer license the use of the RT Identifiers, that standard has been moved to the Legacy group and the SNOMED CT Numeric Identifiers have been listed in the Emerging group even though the adoption and deployment of the Numeric Identifiers have not yet reached the criteria normally required (See A.4). See A.3 for terms.					

5.3.1.1 SNOMED CT®

SDO: SNOMED International [5]

SNOMED CT®³⁾ codes are used to populate coded data elements in DICOM instances, in particular for anatomy and materials. For example, (81745001, SCT, "Eye") as the coded value for the Anatomic Region Sequence (0008,2218) data element of an ophthalmic image. SNOMED CT codes are also used in HL7 CDA and CCD documents. SNOMED CT also includes a model of the relationships between the codes. Although DICOM only references the nodes, applications might find uses for the graph that connects the nodes.

SNOMED CT is available in multiple languages.

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Implementations making use of these codes shall conform to SNOMED CT.

Tooling: Tools for browsing terms, mapping codes, translating meanings, etc.:

— <https://confluence.ihtsdotools.org/tools>