Representing a Lab Result – Developing a LOINC Reference Table for a Distributed Research Network

Michelle Smerek¹, Shelley Rusincovitch², and Keith Marsolo, PhD³

¹Duke Clinical Research Institute, Durham, NC, ²Duke Translational Research Institute, Durham, NC, ³Cincinnati Children's Hospital Medical Center, Cincinnati, OH

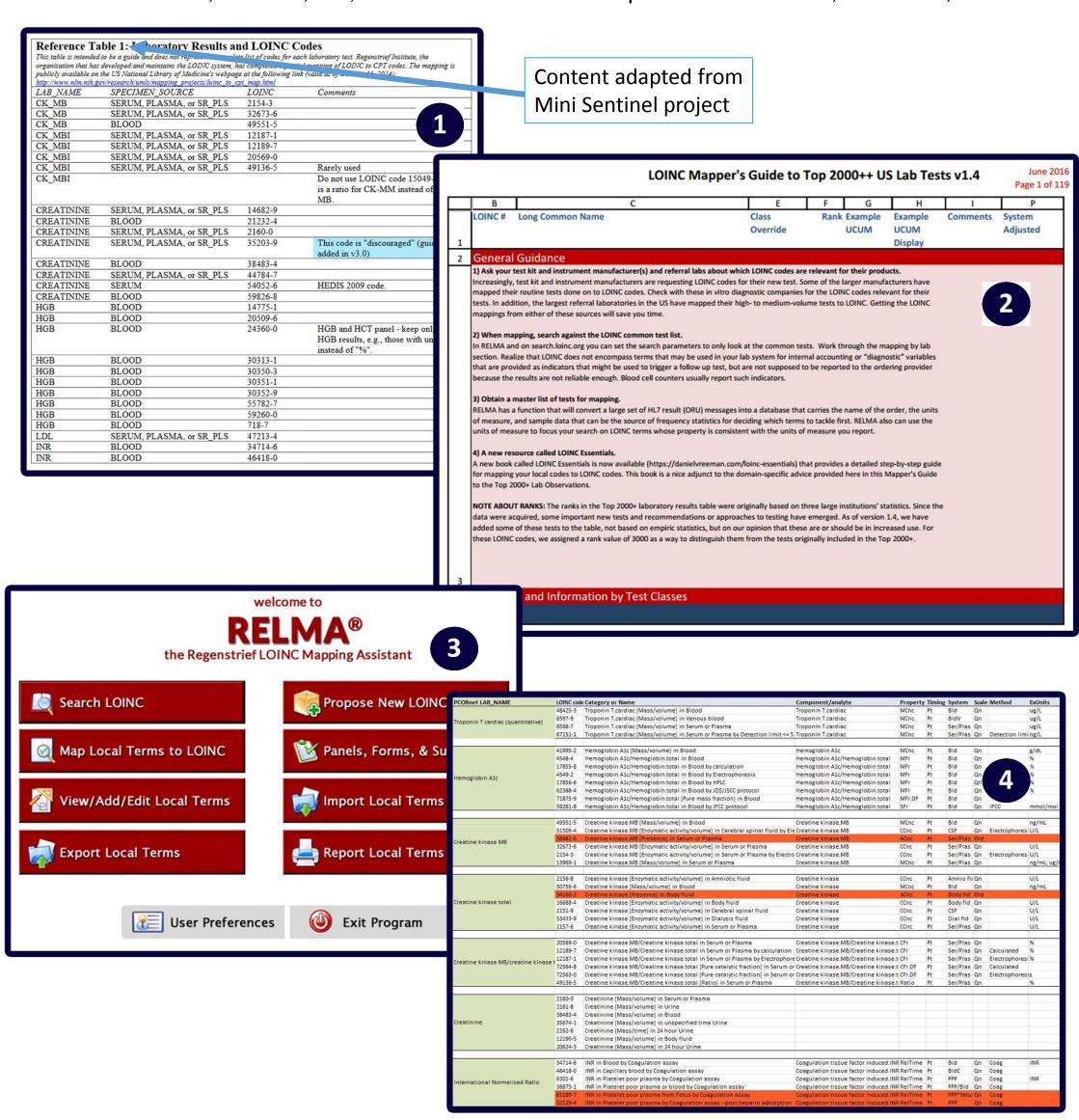
Introduction

- The PCORnet CDM laboratory results table includes 11 common laboratory tests (CLTs), to which local data are mapped.
- LOINC (Logical Observation Identifiers Names and Codes) values may be included for laboratory results.
- Clinical laboratory results are notorious for their heterogeneity.
 For many data partners, PCORnet was one of the first large-scale drivers for the assignment of LOINC codes to laboratory results.
- A laboratory result can be represented by several "correct" choices.
- PCORnet data partners asked the PCORnet Distributed Research Network Operations Center (DRNOC) for a **reference table** that would help them determine whether the LOINC codes they assigned for the 11 CLTs were appropriate.

Methods

The following process was used to expand the lab result reference table:

- 1 Reviewed content of existing CLT LOINC reference table (to determine conceptual scope for each CLT in the CDM)
- 2 Reviewed LOINC Top 2000+ list and LOINC tutorials
- 3 Attended **LOINC workshop** to confer with LOINC experts on Regenstrief LOINC Mapping Assistant (RELMA®) best practices
- Utilized RELMA® to identify LOINC codes for inclusion in updated CLT – LOINC reference table (https://github.com/CDMFORUM/CDM-GUIDANCE/wiki/Lab-Mapping-Resources)
- Received input from PCORnet Lab Mapping Interest Group



Results

A more complete CLT – LOINC mapping table was created. An additional 59 codes were added, with each CLT having between 2 and 35 codes.

Discussion

- The updated listing of LOINC codes does not address all the nuance associated with the secondary use of laboratory data.
- Much as investigators had to learn which ICD codes to use when identifying patients who were treated for a particular condition, they will need to similarly understand which LOINC code(s) to choose to represent which laboratory test(s).

Lessons Learned

- As new laboratory tests are developed, and existing test methods are clarified, LOINC codes are created and deprecated. Consequently, upstream LOINC assignment (e.g., reference labs/instrument manufacturers) might be more optimal
- While a more complete reference table was created, the LOINC codes that correspond to a categorical name (e.g., "hemoglobin") will depend on the intended analytical purpose of the data, which must be considered on a case-by-case basis

The LOINC® codes, LOINC® table (regardless of format), LOINC® Release Notes, LOINC® Changes File, and LOINC® Changes File, and LOINC® Users' Guide are copyright © 1995-2016, Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee. All rights reserved. The RELMA® program, RELMA® database and associated search index files (subject to the copyright above with respect to the LOINC® table included therein), RELMA® Community Mapping Feature Database, RELMA® Release Notes, and RELMA® Users' Manual are copyright © 1995-2016, Regenstrief Institute, Inc. All rights reserved. We are grateful to Daniel Vreeman, PT, DPT, MSC and his colleagues at the Regenstrief Institute for their thoughtful input and engagement in this work.



Acknowledgments

The project described was supported by the National Patient-Centered Clinical Research Network (PCORnet). Efforts were led by the Coordinating Center, managed by the Duke Clinical Research Institute, which is partially funded by the Patient-Centered Outcomes Research Institute (PCORI). The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Patient-Centered Outcomes Research Institute.



Contact Information

Michelle Smerek, Research Informaticist Duke Clinical Research Institute michelle.smerek@duke.edu