* What level should diagnosis modifiers live at?
  + **Answer 1**: Only point to entries in CONDITION\_OCCURRENCE (a 'Base Diagnosis'). Connect entries in CONDTION\_OCCURRENCE to child disease entries in EPISODE (both extent and dynamic) via an entry in EPISODE\_EVENT. Do not duplicate entries in MEASUREMENT (modifier\_of\_field\_concept\_id/modifier\_of\_event\_id).
  + **Answer 2**: Point to both an entry in CONDITION\_OCCURRENCE (a 'base' diagnosis) and child disease entries in EPISODE. (both extent and dynamic). Duplicate entries in MEASUREMENT (modifier\_of\_field\_concept\_id/modifier\_of\_event\_id).
  + **Answer 3**: Point only to the 'overarching' entry in the EPISODE table. Incidentally, we have no Episode domain concept to represent an overarching episode. Unless guidance is to use an extent/dynamic Episode concept.
  + **Answer 4**: Do whatever your data tells you do to.
* What level should treatment modifiers live at? The NAACCR ETL supports treatment modifiers like the following;

Radiation Therapy

Phase I Total Dose

Phase I Dose per Fraction

Phase I Number of Fractions

Phase I Radiation External Beam Planning Tech

Phase I Radiation Primary Treatment Volume

Phase I Radiation to Draining Lymph Nodes  
Surgery

RX Summ--Reg LN Examined

RX Summ--Surgical Margins

Readm Same Hosp 30 Days

* + **Answer 1**: Treatment modifiers should only point to entries in treatment EPISODE entries. We agreed to change the NAACCR ETL to not populate the clinical event tables (DRUG\_EXPOSURE and PROCEDURE\_OCCURENCE) because of the problem of high-level treatment concepts not being able to live within the Drug domain (chemotherapy, hormonal therapy, immunotherapy, etc.). Is it a problem that we are counseling Diagnosis modifiers live at the clinical event level and Treatment modifiers live at the child Episode level?
  + **Answer 2**: Something else.
* Are we planning to support a vocabulary-driven algorithmic population of the EPISODE table akin to population of CONDITION\_ERA/DRUG\_ERA?
  + **Answer 1**: No. The population of disease EPISODE entries will require context only present within ETL logic and not persisted in the CDM. For example, the NAACCR ETL knowing that a primary cancer diagnosis and a subsequent metastasis event belong to one NAACCR tumor record. Or the Regimen derivation package instantiating Treatment episodes from EHR/Claims data based on temporal windowing logic and the Hemonc.org knowledge base.
  + **Answer 2**: Yes. How?
* What do we mean by the term 'Base Diagnosis'? The documentation references this concept but is not clear what it means. Can a patient have more than one ‘Base Diagnosis’?
  + **Answer 1**: A 'Base Diagnosis' is a privileged entry within the CONDITION\_OCCURRENCE table that along with its child diagnosis modifiers supports the creation of child disease episode entries in the EPISODE table (both extent and dynamic). A link being made via EPISODE\_EVENT. A patient trajectory can have multiple ‘Base Diagnosis’ entries, one for each extent/dynamic child disease Episode pairing. Incidentally, there is no mechanism to mark an entry in the CONDITION\_OCCURRENCE table as a 'Base Diagnosis'. Except perhaps the entry being made in EPISODE\_EVENT from the CONDIITON\_OCCURRENCE to the child disease EPISODE entries. Is this a problem?
  + **Answer 2:** Something else.
* Do we want support the use case of listing the lines of treatment therapy for a cancer diagnosis child disease episode without resorting to date matching? Our rule for the creation of ‘remission’ episodes specifically instructs to create ‘remission’ episodes based on the commencement of treatment. So not persisting this connection seems problematic.
  + Yes. If so we will need to possibly make a data model change that allows for the connection of 'Disease Episodes' and 'Treatment Episodes'. Maybe use EPISODE\_EVENT, FACT\_RELATIONSHIP or another new table like EPISODE\_RELATIONSHIP.
  + No. Date logic is fine. Multiple primaries don't happen that often.