Notes on markup test on test letters: Epi\_Let 20 - Epi\_Let45, annotation config : 19.06.2019

General: for epilepsy we should get this CUI:

**Concept: [C0014544]  Epilepsy**

What we are getting is this: **Concept: [C2035047]  partial simple motor epilepsy**

**Add comorbidities as a separate section : neurological etc OR as a part of history . Brain surg – should it be on its own or a part of history.**

**Current UMLS terms that we need (should be used when annotating)**

**Seizures C0036572 (** Sign or Symptom) – for any seizure

**Seizures, Focal** **C0751495** (Disease or Syndrome)

For febrile seizures the most suitable (includes all types) **Febrile Convulsions C0009952** but for KNOWN Complex Febrile Seizure we should use: **Seizure, Febrile, Complex C0751057**

**Epilepsy C0014544 ,**

**Primary Generalised, Idiopathic Generalised : C0014548 Epilepsy, Generalized**

**Focal epilepsy**: the best match is Epilepsies, Partial **C0014547** ( Disease or Syndrome)

**Carbamazepine** **C0006949** under Pharmacologic Substance

Let 20

1. Diagnosis: ignored 1st episode of GTCS - but put it in onset
2. We could add another attribute to History: unspecified seizures / epileptic seizure (?)
3. Frequency – 1st seizure (GTCS) – 1st GTCS so frequency 1 , so how do we record ever / from birth - do we need to add something here?
4. Investigations: EEG as abnormal only, CUI is suggested but not as an EEG outcome, but a diagnosis of epilepsy, so not suitable , no CUI for “epileptogenic EEG” - suggestions are inappropriate , no suggestions for @paroxysms of spike and polyspike and wave’

Let 21

1. General: Why Numbers (attributes) are shown as date selected?
2. No CUI for JME (?) Should be **Concept: [C0270853]  Juvenile Myoclonic Epilepsy** the closed one that comes up is [C3887932] MYOCLONIC EPILEPSY, JUVENILE, 2
3. Seizure frequency: Seizure frequency – perhaps ‘last clinic date’ could be added in YearDate

Let 22

1. For onset : two types, epileptic/ uncertain – get rid of unknown
2. For onset use Duration/DurationTimeUnit/Number…
3. Investigations EEG – we are not applying abnormal CUI (just our string at dropdown) but we could search for abnormal EEG on the UMLS link
4. Seizure semiology – we need to add a concept and , some items may get picked up by the UMLS but not many…do we need a gazetteer? I’ve annotated some experimentally under seizures
5. Seizure frequency – we have to clearly explain the meaning of the options to the annotators. Could we quantify frequent and infrequent?
6. Added a bit to history personal and family. With family history of epilepsy – there is a CIU but it needs to be negated. Although
7. Should we add medication side effects – anemic due to Lamictal…
8. For medications – brand names are selected automatically by the UMLS search – should we keep these or do a manual search, in that case there is no carbamazepine on its own as in **Concept: [C0006949]  Carbamazepine …** no Folic Acid on the drop down
9. MRI on its own does not bring a good CUI so one has to change to MRI brain

Let 23

1. For diagnosis we would like this, not in the UMLS drop down, or a search

**Concept: [C0014556]  Epilepsy, Temporal Lobe**

And we need this for the epilepsy cause CUI **: Concept: [C0431380]  Cortical Dysplasia**

Let 24

Let 40

Hydrocephalus – should we have a section in history for things like this, or related diagnosis,

CUI from drop down: C1963137 ; relating to Hydrocephalus CTCAE, CUI wanted is C0020255

CUI T9 C0425316 trivial drinker < 1 unit per day so we need to find a better code, also for smokers, could be with some degrees

Seizure frequency was a bit confusing on this one – we should clarify the config terminology

I used **Concept: [C0270826]  Unclassified epileptic seizures** for epileptic seizures – this may be the correct CUI for all those unspecified epileptic seizures

Let 41

1. Again – no CUI for Temporal lobe epilepsy in the UMLS dropdown
2. We should add some more details to history – epilepsy surgery, other dis.

Let 42

1. Same as on with the others, hard to place abnormal MRI result, abnormalities get picked up as CUIs but we need to remember to override them – if we take this root that is, as not all abnormalities are there… Check GATE MRI CUIs
2. No secondary generalisation – could record it in seizure type focal seizure negated with secondary generalisation CUI, or in seizure frequency but that would be a bit odd as a record of something as has never happened.

Let 43

1. What looks like a symptomatic seizure relating to TBI , but not sure how to set the seizure onset I think it should be age