

Default Question Block

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Instructions for completing the 2022 UMLS Annual Report

Thank you for your feedback in previous Annual Reports, the 2020 Request for Information (RFI) on Next Directions for the UMLS, and routine service emails and inquiries.

[Link to previous feedback...](#)

We've simplified and focused the Annual Report questions this year, and, aside from the first question, all questions are optional. We hope you'll take the time to provide us feedback which will help us prioritize improvements of our health data standards resources.

At the end of the questions, please press the "Next" button to submit your responses. You can also download your responses into a PDF file.

Which of the following terminology products did you use this year?

UMLS (Unified Medical Language System) [NOTE: Do not select if you ONLY used individual terminology products, such as LOINC or RxNorm, OUTSIDE of the UMLS Metathesaurus]

RxNorm

VSAC (Value Set Authority Center)

MeSH (Medical Subject Headings)

NIH Common Data Elements (CDE) Repository

SNOMED CT - US Edition

SNOMED CT - International Release

LOINC (Logical Observation Identifier Names & Codes Terminology)

CPT (Current Procedural Terminology)

None of these

I don't know

Other; please specify:

UMLS block

In 2022, did you develop or launch an application, tool, or system that makes use of the UMLS? If so, please describe it and its users.

We're considering simplifying the subset configuration provided in MetamorphoSys. What specific subsetting properties and filters (e.g., source selection, suppressibility) are essential to your work?

If you could improve one thing about the UMLS, what would it be and how would it be improved?

We're planning to remove the following older source vocabularies from the Metathesaurus based upon previous feedback from UMLS users.

- *AIR93: AI/RHEUM
- *ALT2009: Alternative Billing Concepts
- *AOD2000: Alcohol and Other Drug Thesaurus
- *AOT2003: Authorized Osteopathic Thesaurus
- *BI98: Beth Israel Vocabulary
- *CCPSS99: Canonical Clinical Problem Statement System
- *CHV2011_02: Consumer Health Vocabulary
- *COSTAR_89-95: COSTAR
- *CPM2003: Medical Entities Dictionary

- *CSP2006: CRISP Thesaurus
- *CST95: COSTART
- *DDB00: Diseases Database
- *DXP94: DXplain
- *HLREL_1998: ICPC2E-ICD10 relationships from Dr. Henk Lamberts
- *ICD10AE_1998: ICD10, American English Equivalents
- *ICD10AM_2000: International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
- *ICD10AMAE_2000: International Statistical Classification of Diseases and Related Health Problems, Australian Modification, Americanized English Equivalents
- *ICF_2008_12_19: International Classification of Functioning, Disability and Health
- *ICF-CY_2008: International Classification of Functioning, Disability and Health for Children and Youth
- *ICPC93: International Classification of Primary Care
- *ICPC2EENG_200203: International Classification of Primary Care 2nd Edition, Electronic, 2E
- *ICPC2ICD10ENG_200412: ICPC2 - ICD10 Thesaurus
- *ICPC2P_2005: ICPC-2 PLUS
- *JABL99: Online Congenital Multiple Anomaly/Mental Retardation Syndromes
- *LCH90: Library of Congress Subject Headings
- *LCH_NW_2013: Library of Congress Subject Headings, Northwestern University subset
- *MCM92: McMaster University Epidemiology Terms
- *MTHICD9_2014: International Classification of Diseases, Ninth Revision, Clinical Modification, Metathesaurus additional entry terms
- *MTHICPC2EAE_200203: International Classification of Primary Care 2nd Edition, Electronic, 2E, American English Equivalents
- *MTHICPC2ICD10AE_0412: ICPC2 - ICD10 Thesaurus, American English Equivalents
- *MTHMST2001: Metathesaurus Version of Minimal Standard Terminology Digestive Endoscopy
- *NCISEER_1999: NCI SEER ICD Neoplasm Code Mappings
- *OMS2005: Omaha System
- *PCDS97: Patient Care Data Set
- *PPAC98: Pharmacy Practice Activity Classification
- *PSY2004: Thesaurus of Psychological Index Terms
- *QMR96: Quick Medical Reference (QMR)

- *RAM99: QMR clinically related terms from Randolph A. Miller
- *RCD99: Clinical Terms Version 3 (CTV3) (Read Codes)
- *RCDAE_1999: Read thesaurus, American English Equivalents
- *RCDSA_1999: Read thesaurus Americanized Synthesized Terms
- *RCDSY_1999: Read thesaurus, Synthesized Terms
- *SNM2: SNOMED-2, 2
- *SNMI98: SNOMED International, 1998
- *SPN2003: Standard Product Nomenclature
- *ULT93: UltraSTAR
- *UWDA173: University of Washington Digital Anatomist
- *WHO97: WHO Adverse Reaction Terminology

How would this affect your work?

RxNorm

We considering including the FDA Purple Book data on biological products in RxNorm. If you would be interested in this information, how would you use it? What is your use case?

We are also considering adding Risk Evaluation and Mitigation Strategies (REMS) data to RxNorm. If you would be interested in this information, how would you use it? What is your use case?

CPT

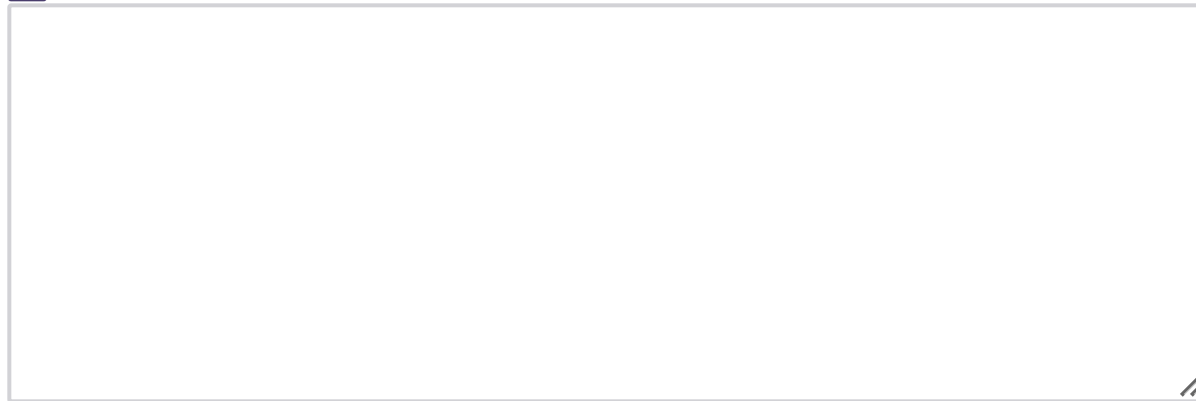
How did you access CPT?

- Files extracted from the Metathesaurus
- Browsing on the UMLS Terminology Services
- Download files from the American Medical Association
- CPT Developer's Tool Kit (CPT DTK)
- Other; please specify:

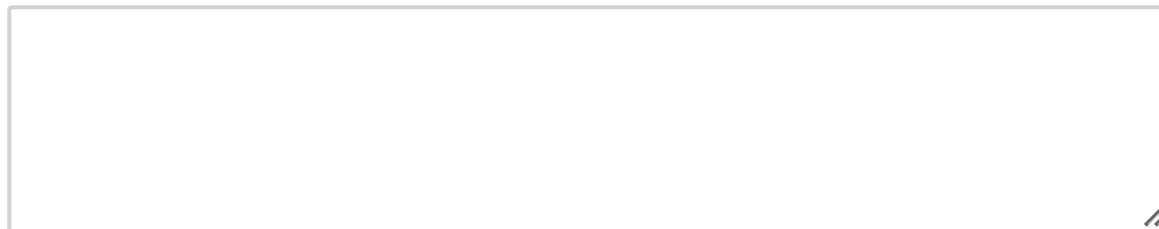
SNOMED

What additional SNOMED CT features would be most useful to you or your organization?

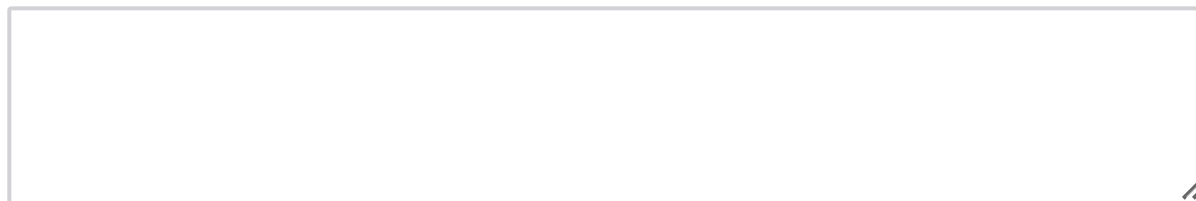
- Downloadable content

Educational Resources**VSAC**

Aside from clinical quality measure reporting, how do you use the VSAC and value sets?



If you use the VSAC FHIR API, is there additional VSAC FHIR functionality you need? If so, please describe.



We recently implemented new features into VSAC, including a comparison tool, value set review/maintenance status, and usage statistics. If you've used these features, please provide your feedback.

Comparison Tool

Review/Maintenance Status

Usage Statistics

CDE

How useful would you find these new features in searching, comparing, and selecting common data elements (CDEs) for your research?

	I don't know	Not very useful	Useful	Very useful
Core collections of NIH-Endorsed CDEs for broad use in most clinical research (e.g., demographics, medical history)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDEs aligned with broader standards (e.g., USCDI, LOINC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Searching/browsing CDEs by disease/scientific area (e.g., cancer, asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Searching/browsing CDEs by project or organization (e.g., NICHD, NINDS, RECOVER, HEAL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Searching/browsing related CDEs (e.g., broader/narrower, similar, identical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Links to ClinicalTrials.gov studies in which CDEs/Forms were used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Links to datasets/publications in which CDEs/Forms were used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support compliance with the 2023 NIH Data Management and Sharing Policy (e.g., exporting CDEs in particular formats for research data management)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What other features/changes would you like to see in the NIH CDE Repository?
 Please feel free to expand on your responses above.