

## **A run down of key points on how things stand in the ICD-11 Beta since March 26, when the terms were finally restored to the draft:**

- 1** On March 26, the three ICD-10 G93.3 legacy terms were finally restored to the public version of the Beta draft, after a four year absence. **This is good, as it means stakeholders can now comment on the listings and propose changes or additions to the listings, as they currently stand, which we have not been able to do for four years.**
- 2** The three terms were restored to the draft with a caveat: *that while the work group are still deliberating the optimal place in the classification, the terms have been put back to their original place in the draft.* **Not so good, as it means the work group still hasn't reached consensus; we still don't know what they might propose for these terms between now and the end of the year, when ICD-11 will need to be finalized.**
- 3** The terms were put back under the Neurology chapter, under the parent class, *"Other diseases of the nervous system."* **This is good; we also have separate confirmation that there is no intention to classify the terms under the Mental or behavioural disorders chapter. Dr Jakob also wrote to me, "...chronic fatigue syndrome will not be lumped into the chapter 'signs and symptoms.'** But that does not clarify whether the work group might possibly be considering classifying PVFS under *Symptoms, signs*, separately from CFS and BME.
- 4** The terms were restored to the draft with PVFS as lead term, with BME and CFS both coded under the PVFS code. This puts the relationship between the terms back to how they stand in ICD-10 but also brings CFS (which was an index only term in ICD-10) into the ICD-11 equivalent of the Tabular List. **Not so good for those of us who consider that PVFS is not an appropriate lead term for ME to sit under. Not so good for those of us who would like to see separate codes for ME and CFS.**
- 5** Exclusions under **Fatigue**: On March 26, "Team WHO" approved my 2014 request for exclusions under Fatigue for BME and CFS. **This is good, but they still haven't approved my request for an exclusion for PVFS under Fatigue and I am in the process of trying to establish why.**
- 6** Exclusions under **BDD**: They have not yet inserted exclusions for the three terms under Bodily distress disorder. **This is not good, but I submitted new proposals for reciprocal exclusions for BDD before the March 30 proposal deadline, in the proposal with Mary and also in separate proposals.**
- 7** They are still using the term "benign." **This is not good, but I submitted a proposal for "benign" to be dropped before the March 30 proposals deadline, in the proposal with Mary and also in a separate proposal.**
- 8** I was told in an email from Dr Christopher Chute (who is a member of the ICD-11 Joint Task Force and chairs the Revision Steering Group) on February 22, that *"Evidently, there are plans to include these terms as index entries."* **Not good, if this is correct. But Dr Chute may have misunderstood, misreported or only partially reported, as he is not involved with these categories. ICD Revision has been asked to clarify what Dr Chute meant by this, but has provided no clarification.**
- 9** The Frozen Release posted on April 4 (the blue coloured Beta,) for use by the centres that are testing the utility of the Beta draft over the next couple of months, contained all three terms and the two exclusions under Fatigue and had no new proposals for us to challenge. **So that is good.**
- 10** The proposal and rationale that Mary and I collaborated on was submitted before March 30. **Our proposals met the March 30 proposals deadline and should be considered for inclusion in the final version of ICD-11 that is scheduled for release at some point after May 2018.**