Cardiol Young 1999; 9: 543–544

ISSN 1047-9511

From the Editor and Publisher

The most important of the offerings in this, our final issue of the twentieth century, is the "Short List" of diagnostic codes prepared by the European Association for Paediatric Cardiology. The need for a uniform system for description and categorisation of congenital malformations of the heart, and those acquired cardiac diseases which are encountered in infancy, childhood, and adolescence, has long been recognised. The continuing absence of any system which has received formal international acceptance points to the difficulty in achieving this goal. The list published in this issue of the Journal cannot itself claim universal approbation, but it does have the imprimatur of the European Association, and therefore represents the opinions of a significant segment of the International community. As is explained in the companion article (see pages 632–637), and as has been reported previously in our Journal (see Volume 9, page 541), the task of producing a viable system was allocated to a Coding Committee formed by the Association under the chairmanship of Franco Stocker. The committee has now been engaged in their task for over two years, with the lion's share of compilation of the inevitable listings been shouldered by Rodney Franklin. It was the hope of the committee that the system developed, and copyrighted in the name of the Association, would be acceptable far beyond the shores of Europe. Furthermore, since the Association now represents the needs of all those concerned with Cardiology in the Young, the system was developed so as to include comprehensive lists not only to permit collection of data concerning diagnosis, but also to cope with the information generated by the surgical and interventional treatment of cardiac disease as seen in the younger age groups.

The European Association for Paediatric Cardiology, however, is not the only organisation involved in the task of preparing lists for the categorisation of the congenital cardiac malformations and their surgical treatment. Over the same period that the Coding Committee has been involved in producing their lists, a committee of the Cardiac Surgical community in North America has been engaged in a similar exercise. They have been joined in their endeavours by a small group nominated by the European Association for Cardiothoracic Surgery to produce an International Code. The systems developed are remarkably similar. From previous attempts to collect data, it was recognised that reference to long lists of diagnostic codes could be a marked impediment to success. Thus, it is now accepted that there is a compelling need to produce a "Short List" with major headings which will not deter those who must collect and codify the essential information. At the same time, the purpose of producing the system is to permit the satisfactory coding of all congenital malformations which might be encountered within the heart. In this respect, the systems provided for coding are very much like the Flora used by botanists for recognition and categorisation of the different species of plants. As was stated by my colleague Graham Miller when we produced the original Brompton Hospital Code, what is the purpose of having a Flora if the very plant to be identified is not contained within its listings? It is exactly the same for congenital malformations of the heart. The "Short List", therefore, needs to be a selection from the much larger complete listing, or "Long List", which provides the catalogue of all known malformations within the heart. Thus, the "Short List" published in this issue of the Journal provides the selected listings of congenital and acquired malformations, along with the diagnostic and therapeutic procedures and complications, which are considered necessary by the coding committee to cater for collection of all data generated in the hospitalisation of children and young adults with cardiac disease. In one of the first issues of next year, we then hope to publish our complete list as a Supplement to the Journal. It is our understanding that, in the January issue of Annals of Thoracic Surgery, the results of the North American and European surgeons will similarly be published in the form of a supplement to the Journal. They, too, will provide a "Short List" of diagnostic codes, therapeutic options, and complications. Recognising the need to cater for all malformations, the surgical committee will also provide more detailed heirarchical lists to cater for each and every malformation. Much of the information provided in the listings of the International code will be entirely compatible with those prepared in the European code. Both codes will be matched to the listings of the 9th and

10th revisions of the International System for Classification of Disease, and the European Codes will be cross-matched to the system used by the Office for Censuses and Population Studies in the United Kingdom. When both lists, short and long, are published, it will then be possible to identify precisely those areas where true differences exist in the interpretation of congenital cardiac malformations, as opposed to the situation where different terms are used to describe the same morphological entity. It will also be possible to identify those entities which are included within one listing, but not the other. With all this information to hand, it should then prove an easy matter to convene a truly International meeting, seeking the opinions not only from the representatives of Europe and North America, but also those from the other continents who are equally committed to the proper treatment of children and young adults with cardiac disease. It should then be possible to combine the listings, filling any gaps which will have become apparent, so as to provide the long sought consensus for the coding of description and treatment of all malformations of the heart, be they congenital or acquired, which are encountered by those involved with Cardiology in the Young.

Robert H. Anderson
Executive Editor
Cardiology in the Young

Acknowledgement to Reviewers

In addition to the members of the Editorial Board, we are greatly indebted to the following reviewers who gave freely of their time and expertise in evaluating the papers submitted to the Journal. We could not maintain our high standards without their continuing support, and we thank them all.

John Gibbs, *Leeds*
David Dickinson, *Leeds*
Charlotte Ferencz, *Baltimore, MD*
Milan Samanek, *Prague*
Bruno Marino, *Rome*
Doff McElhinney, *Philadelphia, PA*
Michael Vogel, *Berlin*
Peter Scambler, *London*
Dan Penny, *London*
Julene Carvalho, *London*
Kazuo Momma, *Tokyo*
Christopher Wren, *Newcastle upon Tyne*
Thomas Paul, *Hannover*
Shakeel Qureshi, *London*
Marjan Jahangiri, *London*
Michael de Swiet, *London*
Christopher Reid, *London*
Stewart Hunter, *Newcastle upon Tyne*
Derek Gibson, *London*
Andrew Bush, *London*
Mario Carminati, *Massa*
Gale Pearson, *Birmingham*
Lara Shakerdemian, *London*
Michael Gatzoulis, *London*
Oliver Stumper, *Birmingham*
Jon Parsons, *Leeds*
Edward Baker, *London*
Piers Daubeney, *London*
Graham Stuart, *Bristol*
Luciano Daliento, *Padova*
Mary Sheppard, *London*
Daniel Sidi, *Paris*
John Partridge, *London*
Nynke Elzenga, *Groningen*
Robert Arnold, *Liverpool*
Freda Gardner, *Bristol*
Joachim Hebe, *Hamburg*
Zdenek Slavik, *London*
Giancarlo Crupi, *Bergamo*
Christopher Lincoln, *London*
John Burman, *London*
Sang Park, *Pittsburgh, PA*
Damien Bonnet, *Paris*
Jaap Kuipers, *Groningen*
Elizabeth Villain, *Paris*
John Simpson, *London*