CASE CLASSIFICATION
BY NBDPN REGISTRIES

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Review previous activities

See if we can find a simple, practical way to go forward
BACKGROUND

OPERATIONAL DEFINITION
- Classifying children/fetuses with birth defects into isolated, multiple, etc.

MOTIVATION
- Makes groups more homogeneous
- Thus (perhaps) easier to see patterns (e.g. of association with etiologic factors, outcomes)
COMMON CATEGORIES:

- Isolated
- Multiple
- Syndromic
- Chromosomal

- Categories may differ with different studies or data uses
- May be at different levels (e.g. child, heart)

- MAY BE DONE BY: clinicians, other humans, computer algorithms, combination
BACKGROUND: NBDPN SURVEY ON CONGENITAL HEART DEFECTS

METHODS
- Sent out in 2010
- 36 BD surveillance systems responded

SOME RESULTS
- 43% currently classify cases
- Which defects are classified?
  - 19% All
  - 22% Selected
When are cases classified?
- 24% Routinely
- 14% Only if needed for a project/analysis
- 5% Other

Who performs the classification?
- 14% Clinical geneticist
- 30% Other classifier
Background: NBDPN Work Group

- Led by Russel Rickard in 2012–2013

Goal: Develop computer algorithm to classify cases (children/fetuses) into:
  - Isolated:
    - One birth defect code (BPA or ICD–9)
    - If more than one code, only one code for a major defect and all others for minor defect
  - Multiple
    - All remaining children

Problem: Agreeing on minor defects
WHAT CAN WE DO NOW?

- **GOAL**: See if we can find a simple, practical way to go forward
  - Note: Optional for NBDPN registries

- What is the simplest thing we can do now to get something in place?
  - To be most efficient, should probably use computer or computer/human combo

- Does anyone have an existing SAS (or other) program they are willing to share?
WHAT CAN WE DO NOW?

- OTHER IDEAS?
Thanks

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