

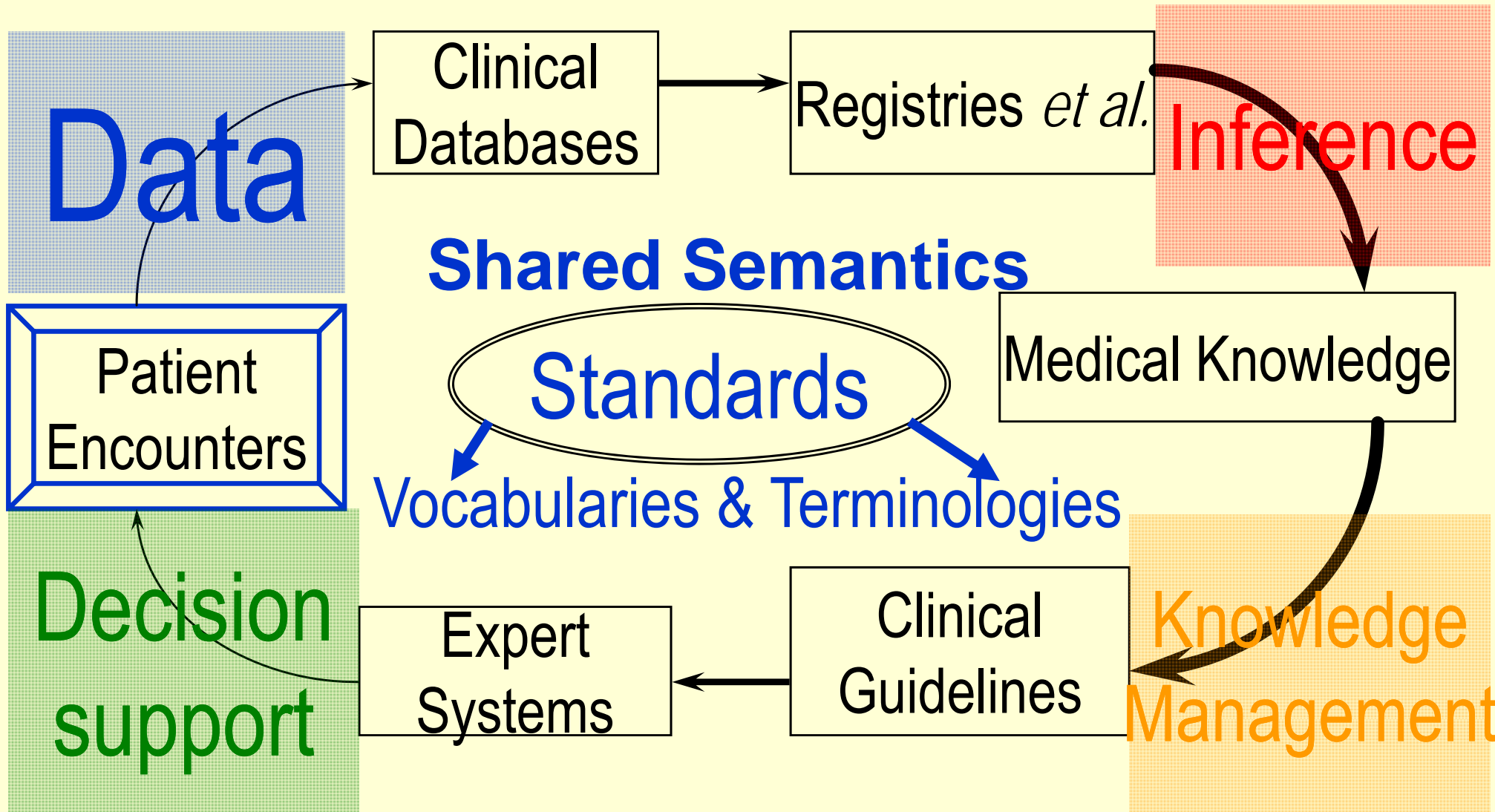
# Relationships among Biomedical Ontologies and Classifications: The ICD11 Use-case

Christopher G. Chute, MD DrPH  
Professor Biomedical Informatics  
Vice-Chair, Data Governance  
Mayo Clinic College of Medicine

Chair, International Classification of Disease Revision  
Chair, ISO Technical Committee 215 on Health Informatics

OntologySummit2011: panel session-9 "Grand Challenges"  
Webcast, 24 March, 2011

# From Practice-based Evidence to Evidence-based Practice



# Whither Phenotype?

## Spans spectrum from enzymes to disease

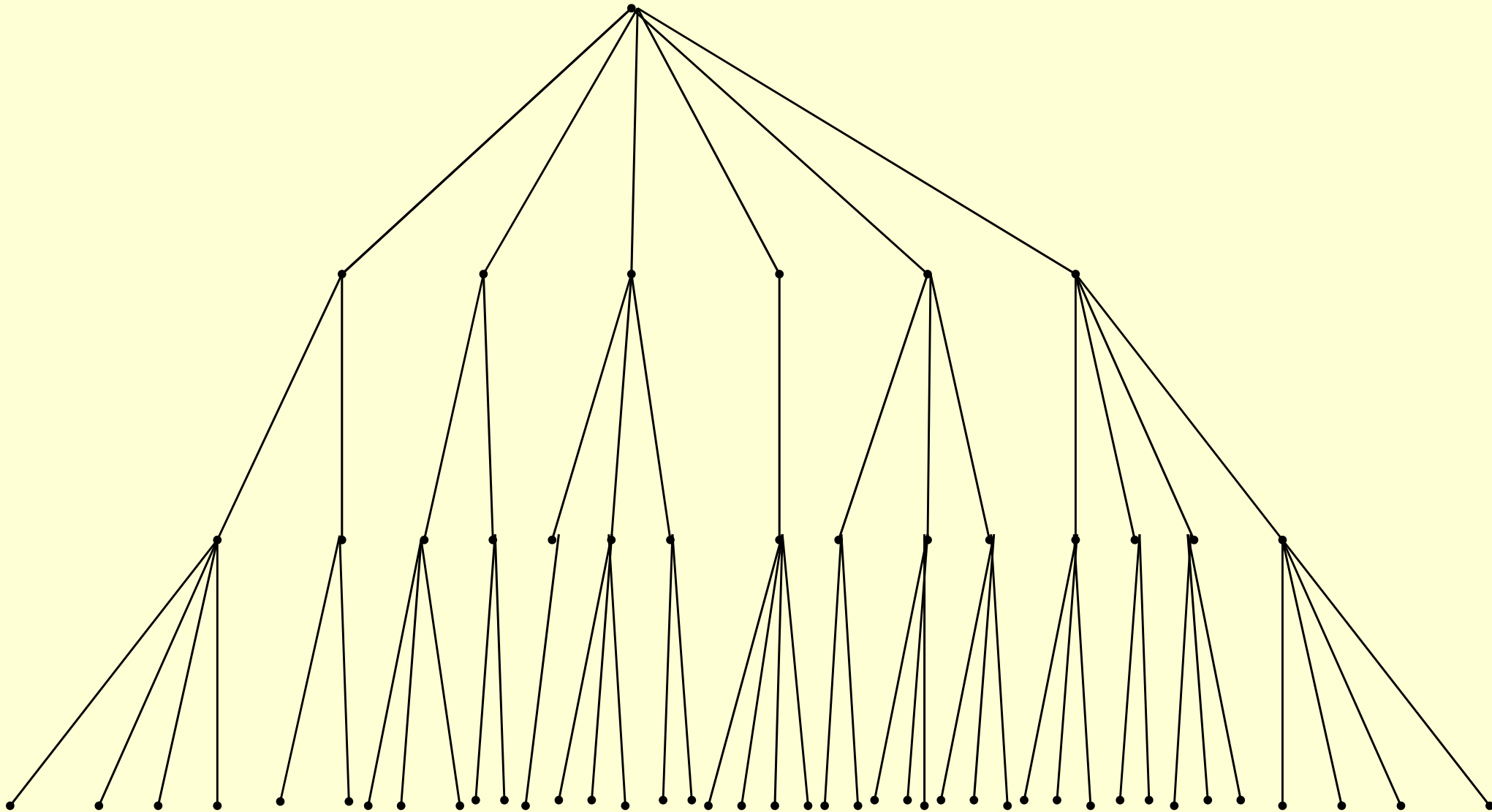
- Pharmacogenomics – enzyme functionality
- Physiologist – cellular function
- Systems biologist – pathway circuit flow
- Sub-specialist – organ functioning
- Patient/Clinician – disease manifestation
- Public Health – population characteristics

*Highly specific to use-case context*

# ICD11 Use Cases

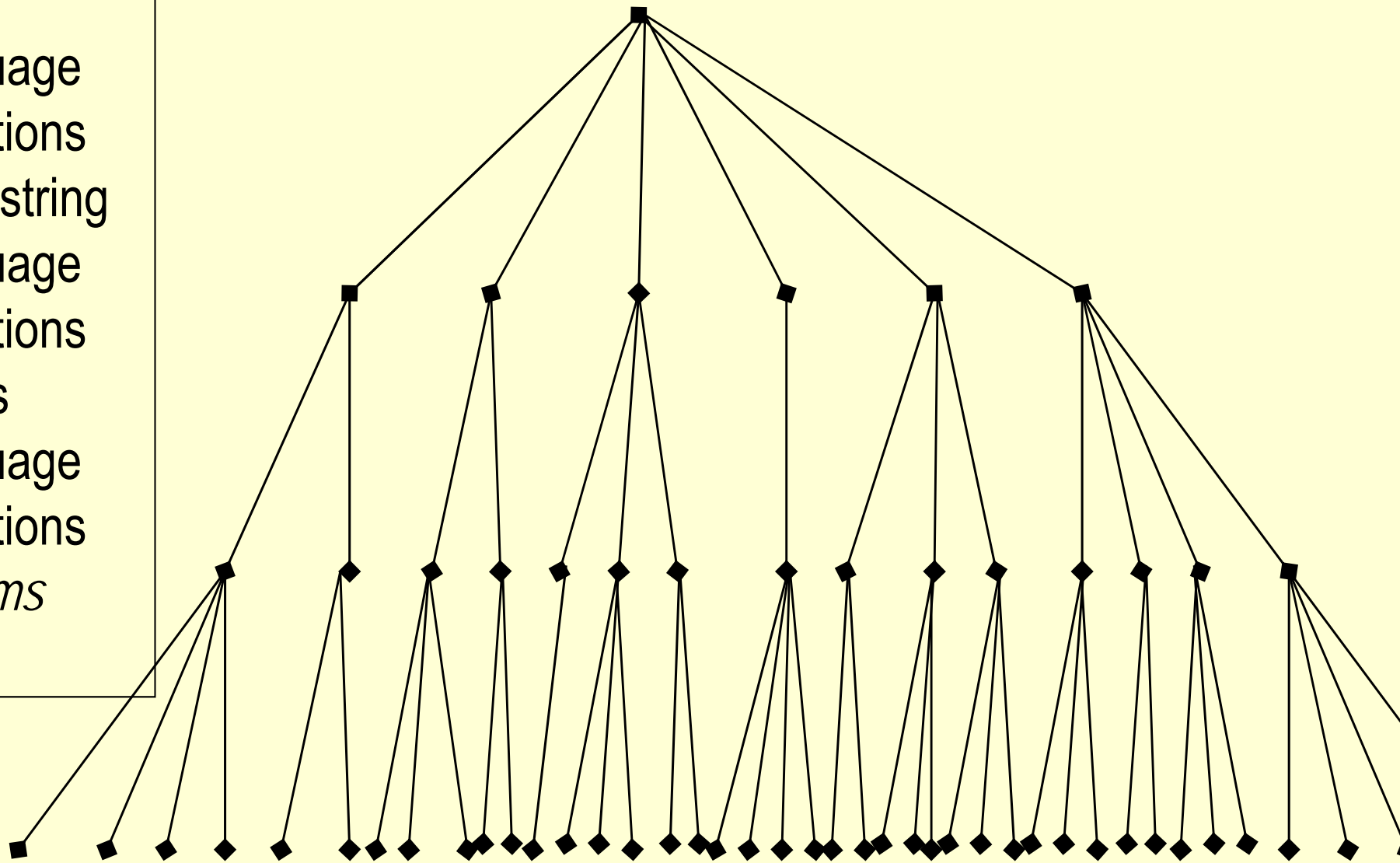
- Scientific consensus of *clinical phenotype*
- Public Health Surveillance
  - Mortality
  - Public Health Morbidity
- Clinical data aggregation
  - Metrics of clinical activity
  - Quality management
    - Patient Safety
  - Financial administration
    - Case mix
    - Resource allocation

# Traditional Hierarchical System ICD-10 and family



# Addition of structured attributes to concepts

- Concept name
- Definition
    - Language translations
  - Preferred string
    - Language translations
  - Synonyms
    - Language translations
  - *Index Terms*



# THE CONTENT MODEL

## Any Category in ICD is represented by:

1. **ICD Concept Title**
  - 1.1. Fully Specified Name
  - 1.2. Preferred Name
  - 1.3. Synonyms
2. **Classification Properties**
  - 2.1. Parents
  - 2.2. Type
  - 2.3. Use and Linearization(s)
3. **Textual Definition(s)**
4. **Terms**
  - 4.1. Base Index Terms
  - 4.2. Inclusion Terms
  - 4.3. Exclusions
5. **Body System/Structure**
  - 5.1. Body System(s)
  - 5.2. Body Part(s) [Anatomical Site(s)]
  - 5.3. Morphological Properties
6. **Manifestation Properties**
  - 6.1. Signs & Symptoms
  - 6.2. Investigation findings
7. **Causal Properties**
  - 7.1. Etiology Type
  - 7.2. Causal Properties - Agents
  - 7.3. Causal Properties - Causal Mechanisms
  - 7.4. Genomic Linkages
  - 7.5. Risk Factors
8. **Temporal Properties**
  - 8.1. Age of Occurrence & Occurrence Frequency
  - 8.2. Development Course/Stage
9. **Severity of Subtypes Properties**
10. **Functioning Properties**
  - 10.1. Impact on Activities and Participation
  - 10.2. Contextual factors
  - 10.3. Body functions
11. **Specific Condition Properties**
  - 11.1. Biological Sex
  - 11.2. Life-Cycle Properties
12. **Treatment Properties**
13. **Diagnostic Criteria**

# Definitional representation of Disease

## Lung Cancer

has\_anatomy

Lung (all lobes), Bronchus

has\_histology

Adenocarcinoma, squamous, large cell, small cell, bronchioloalveolar

has\_exclusion

mesothelioma

has\_symptom

cough, hemoptysis, wheeze and stridor, dyspnea, and obstructive pneumonitis

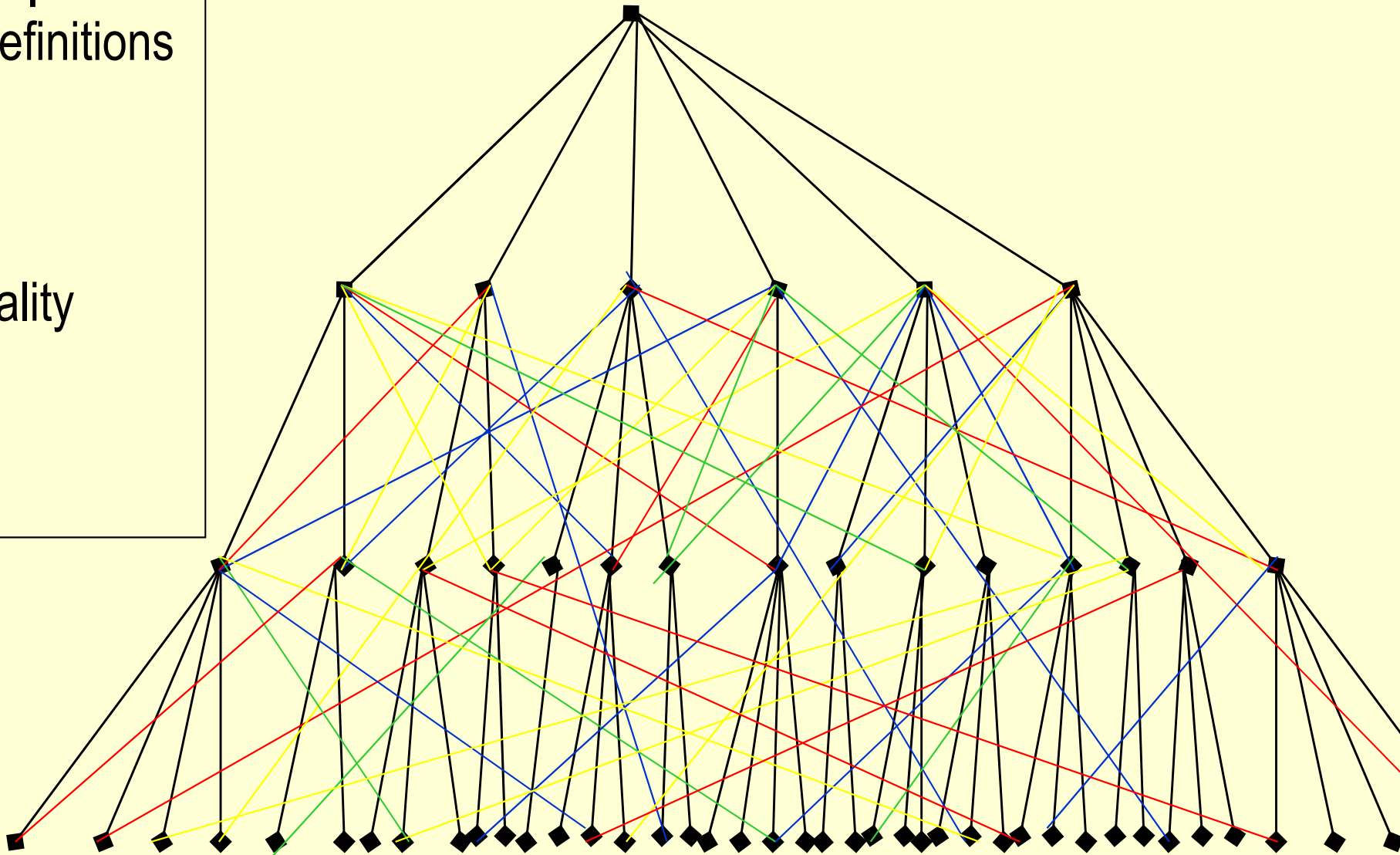
has\_finding

pleural effusion; radiologic nodules, cavitation destruction of tissue or bone

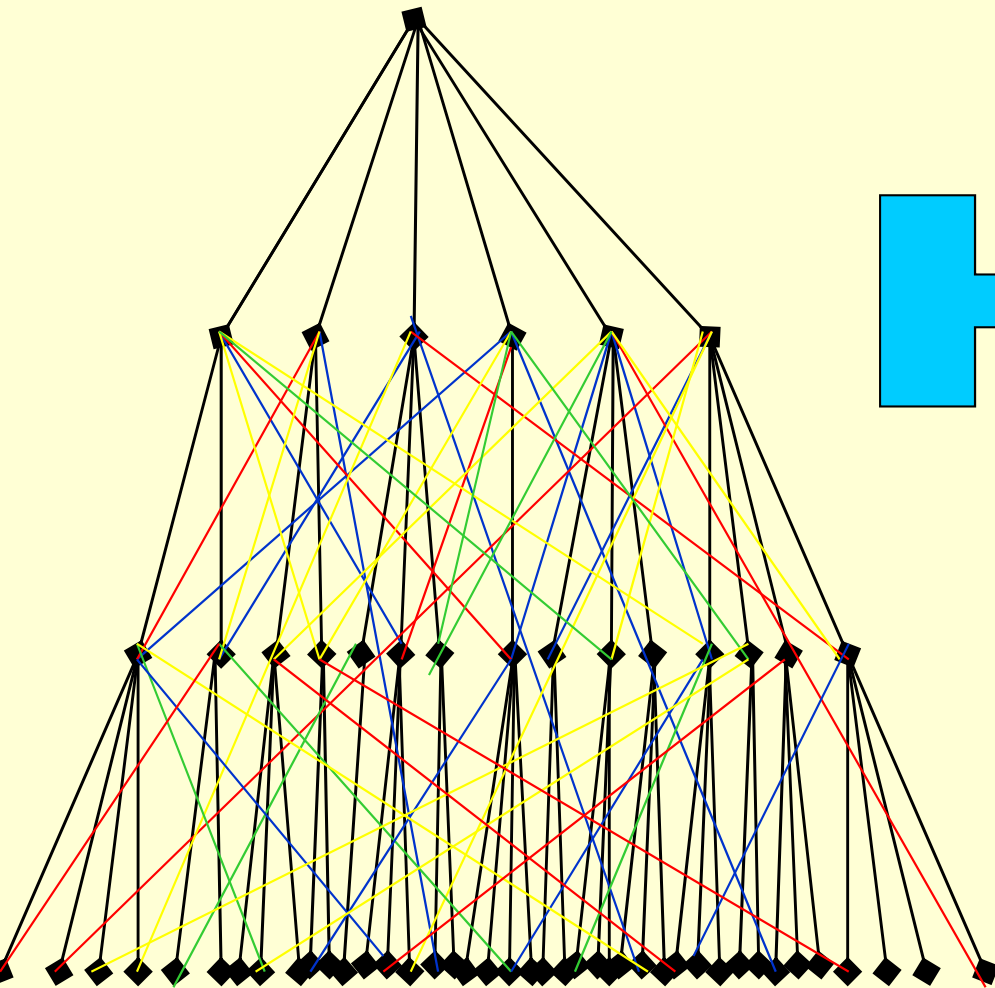


# Addition of semantic arcs - Ontology

- Relationships
- Logical Definitions
  - Etiology
  - Genomic
  - Location
    - Laterality
  - Histology
  - Severity
  - Acuity

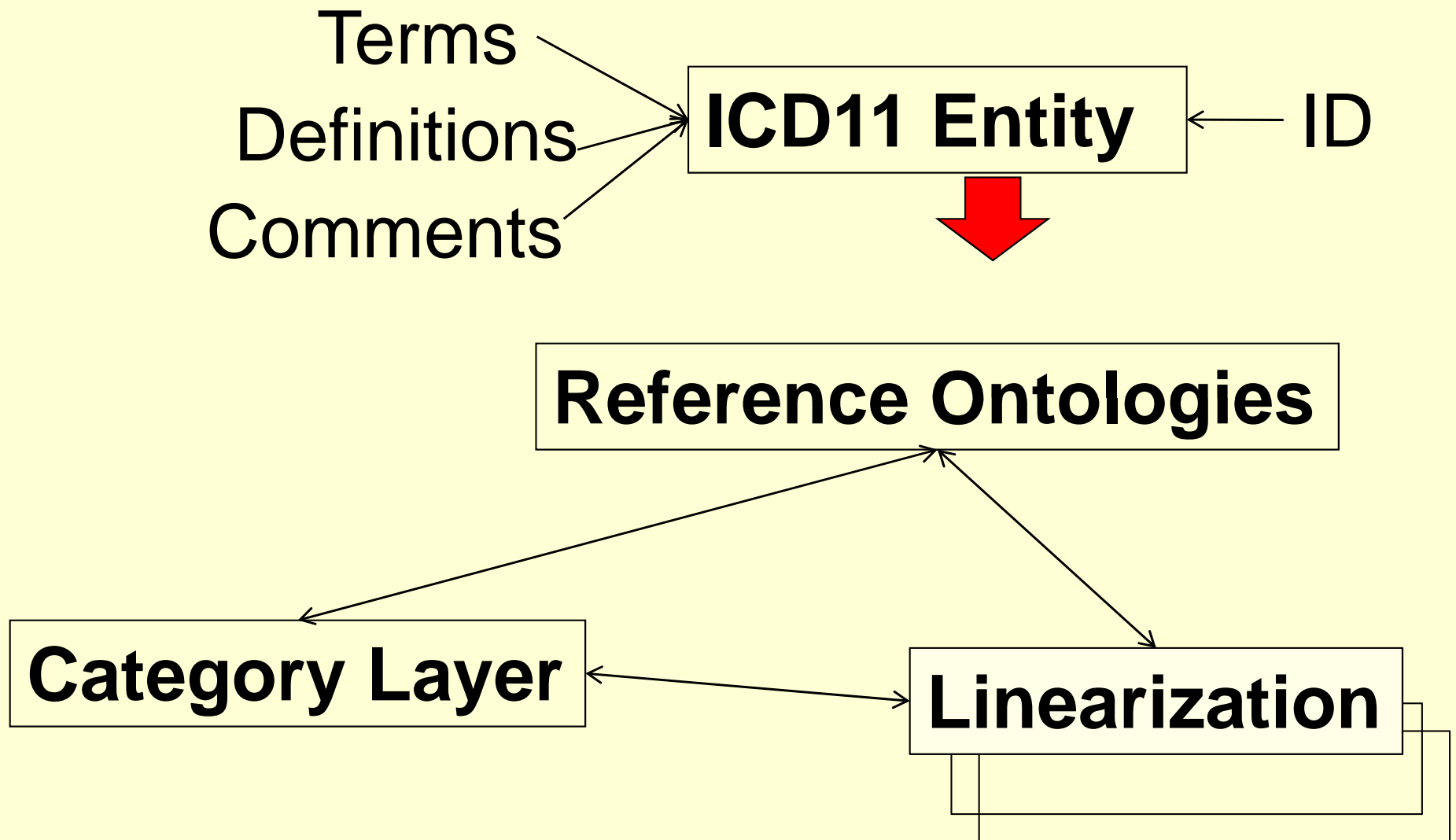


# Serialization of "the cloud" Algorithmic Derivation

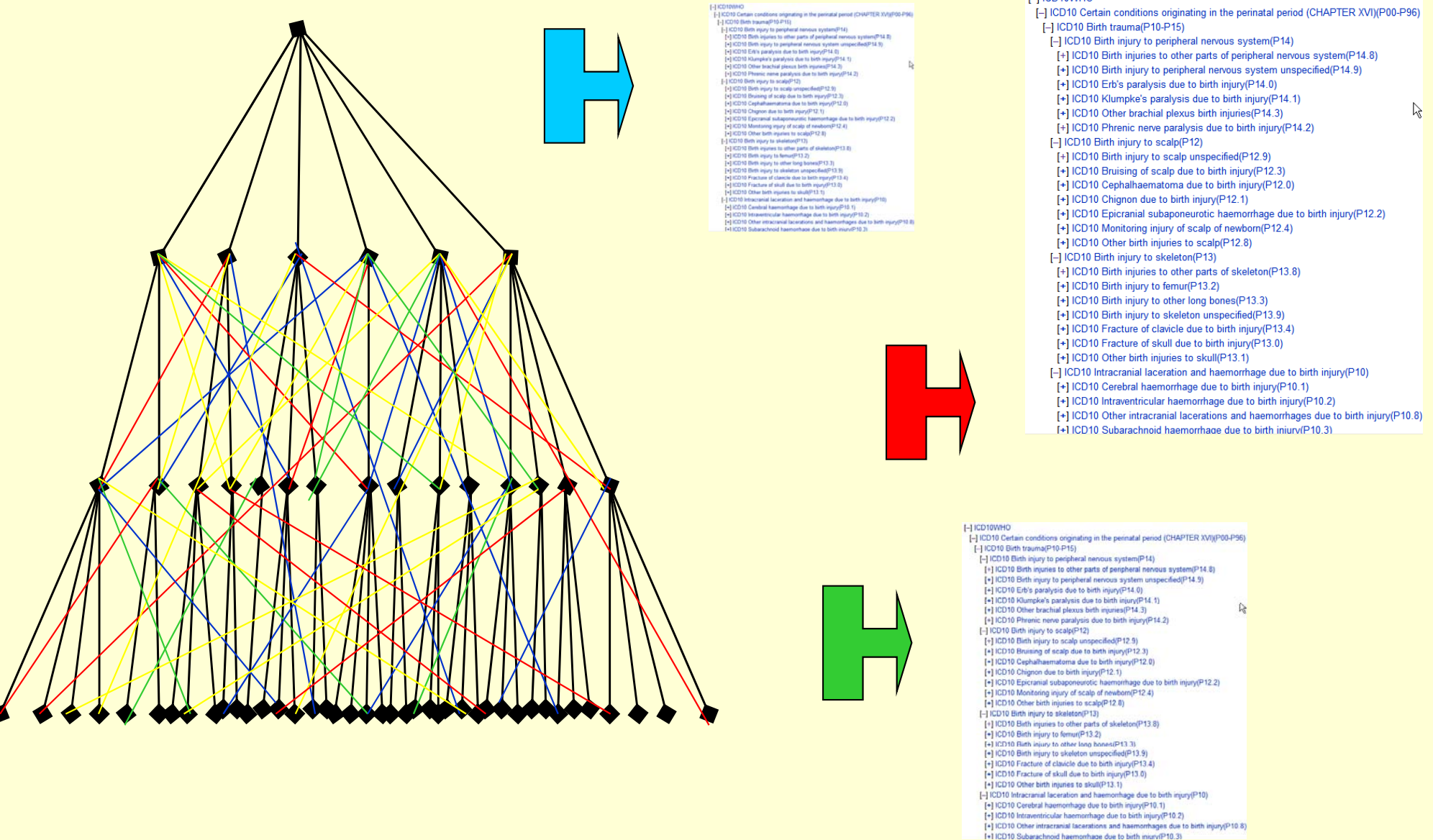


- [-] ICD10WHO
- [-] ICD10 Certain conditions originating in the perinatal period (CHAPTER XVI)(P00-P96)
- [-] ICD10 Birth trauma(P10-P15)
  - [-] ICD10 Birth injury to peripheral nervous system(P14)
    - [+] ICD10 Birth injuries to other parts of peripheral nervous system(P14.8)
    - [+] ICD10 Birth injury to peripheral nervous system unspecified(P14.9)
    - [+] ICD10 Erb's paralysis due to birth injury(P14.0)
    - [+] ICD10 Klumpke's paralysis due to birth injury(P14.1)
    - [+] ICD10 Other brachial plexus birth injuries(P14.3)
    - [+] ICD10 Phrenic nerve paralysis due to birth injury(P14.2)
  - [-] ICD10 Birth injury to scalp(P12)
    - [+] ICD10 Birth injury to scalp unspecified(P12.9)
    - [+] ICD10 Bruising of scalp due to birth injury(P12.3)
    - [+] ICD10 Cephalhaematoma due to birth injury(P12.0)
    - [+] ICD10 Chignon due to birth injury(P12.1)
    - [+] ICD10 Epicranial subaponeurotic haemorrhage due to birth injury(P12.2)
    - [+] ICD10 Monitoring injury of scalp of newborn(P12.4)
    - [+] ICD10 Other birth injuries to scalp(P12.8)
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    - [+] ICD10 Fracture of clavicle due to birth injury(P13.4)
    - [+] ICD10 Fracture of skull due to birth injury(P13.0)
    - [+] ICD10 Other birth injuries to skull(P13.1)
  - [-] ICD10 Intracranial laceration and haemorrhage due to birth injury(P10)
    - [+] ICD10 Cerebral haemorrhage due to birth injury(P10.1)
    - [+] ICD10 Intraventricular haemorrhage due to birth injury(P10.2)
    - [+] ICD10 Other intracranial lacerations and haemorrhages due to birth injury(P10.8)
    - [+] ICD10 Subarachnoid haemorrhage due to birth injury(P10.3)

# High Level Structure – Core Model



# Linear views may serve multiple use-cases Morbidity, Mortality, Quality, ...



**ICD Categories**

Create Watch Branch Search: I21 'Acute myocardial infarcti

- 09 IX Diseases of the circulatory system 38
- 10 X Diseases of the respiratory system 30
- 11 XI Diseases of the digestive system 1046
- 12 XII Diseases of the skin 3 2294
  - Draft for ICD-10 Revision update 1 108
  - Needing a decision to be made 1 16
  - To be retired 1 91
  - LA Infections and infestations affecting the skin 2 467
  - LB Inflammatory dermatoses 1 264
    - LB0 Dermatitis and eczema 1 48
    - LB1 Papulosquamous dermatoses 1 66
    - LB2 Urticaria and angio-oedema 1 17
    - LB3 Inflammatory erythemas and other reactive inflammato
    - LB4 Immunobullous diseases of the skin 1 38**
      - LB40 Pemphigus 2 16
        - LB400 Pemphigus vulgaris 1 3
          - LB4000 Oral pemphigus 1
          - LB4004 Pemphigus vegetans 2
        - LB401 Pemphigus foliaceus 1
        - LB402 Endemic pemphigus foliaceus 2
        - LB404 Paraneoplastic pemphigus 2

**Details for LB4 Immunobullous diseases of the skin**

**Title & Definition** Classification Properties Terms Clinical Description Manifestation Properties

Causal Properties Temporal Properties Severity Properties Functioning Properties

Specific Condition Properties Treatment Diagnostic Criteria ICD 10 Notes and Hints

**ICD 10 Code** ?  ✕

**Sorting label**  ✕

**ICD Title** ?  ✕

**Fully Specified Name** ?

**Short Definition** ?

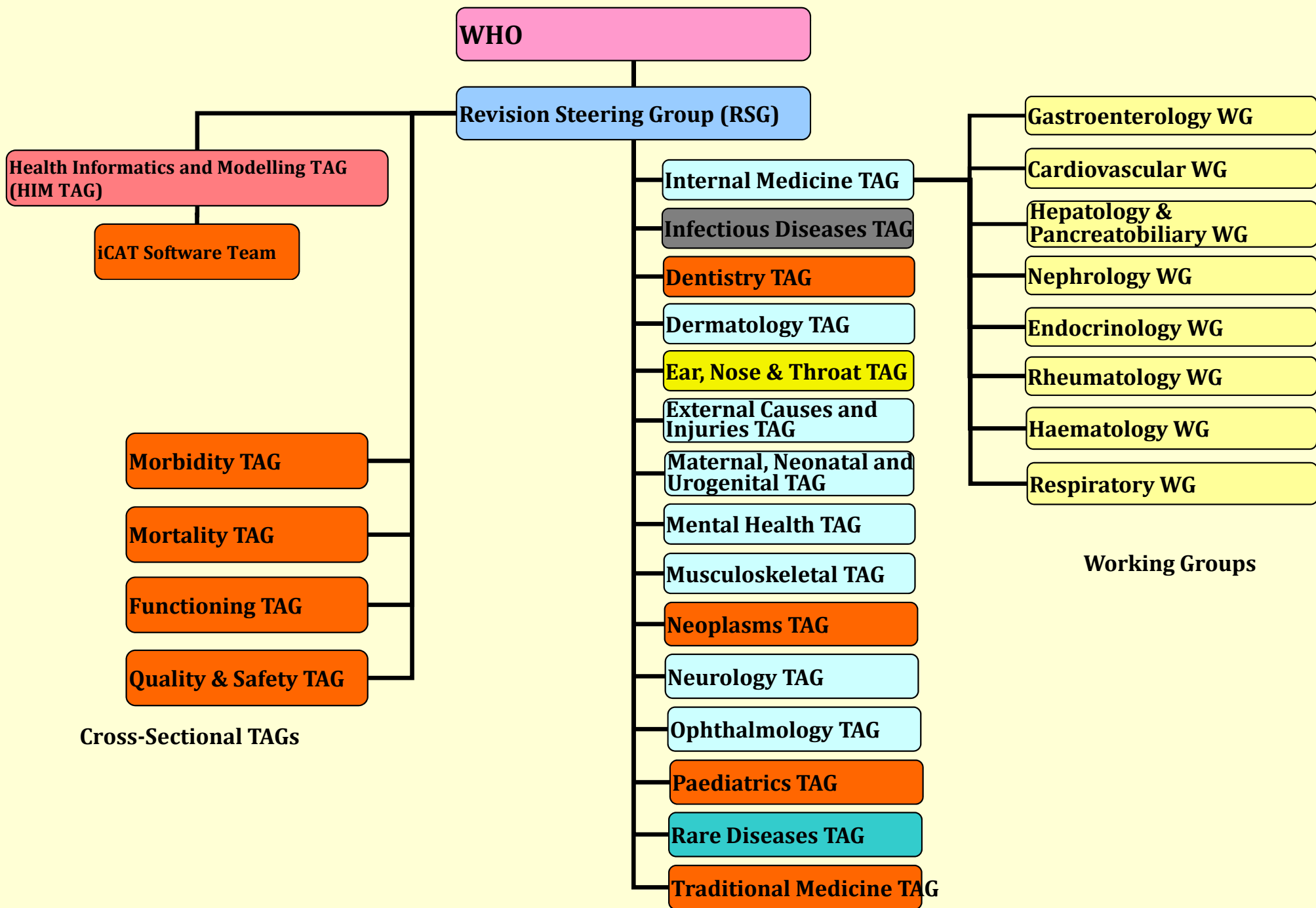
Text			
A group of disorders characterized by the presence of circulating auto-antibodies directed against specific skin or mucous membrane antigens and resulting in blisters or erosions.	✕		

**Detailed Definition** ?

Text			

+ Add new value

# ICD Revision Organizational Structure



# Wise Crowd-Sourcing Wiki science?

- Acknowledge that the “full” ICD11 exceeds our resources
- Engage a hierarchy of expert talent to “wiki” proposals
  - Fill in details of models, extend depth
- Pre-process to manageable input
- Use TAGs as editorial boards
- Anticipate prototypes by fall 2011

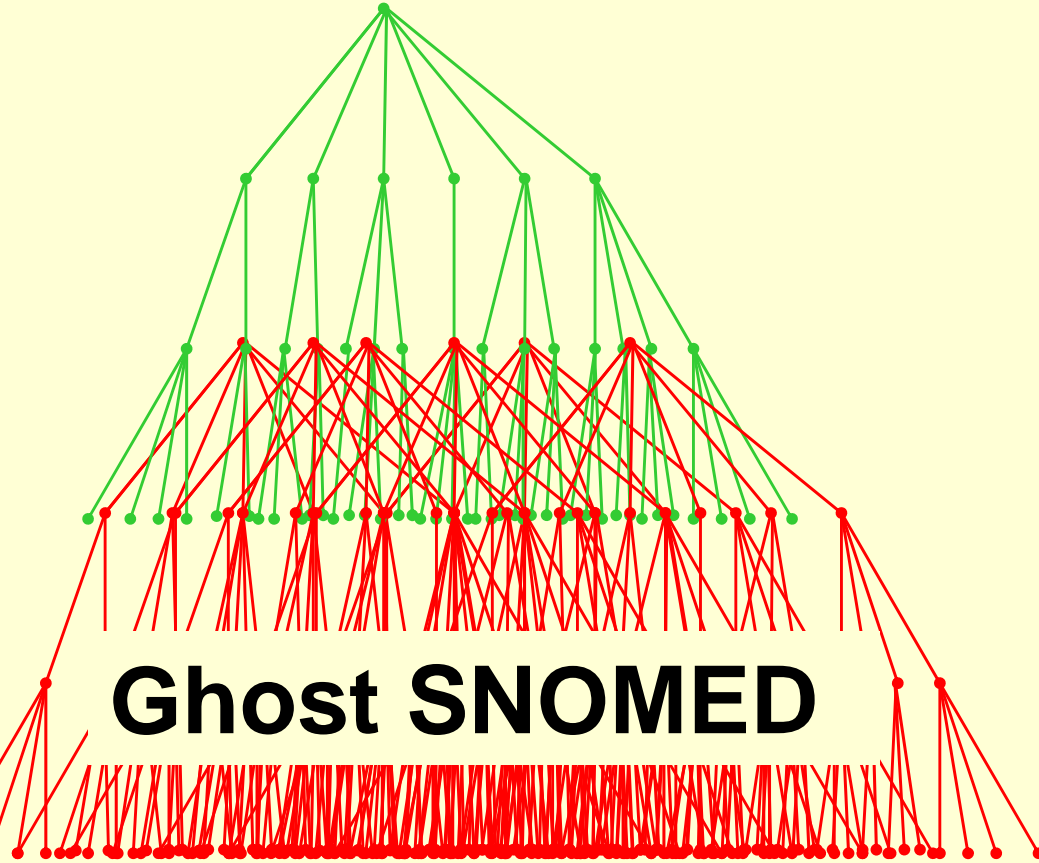
# Relationship with IHTSDO SNOMED content

- IHT (SNOMED) will require high-level nodes that aggregate more granular data
  - Use-cases include mutually exclusive, exhaustive,...
  - Sounds a lot like ICD
- ICD-11 will require lower level terminology for value sets which populate content model
  - Detailed terminological underpinning
  - Sounds a lot like SNOMED
- Memorandum of Agreement – July 2010!
  - WHO right to use for authoring and interpretation

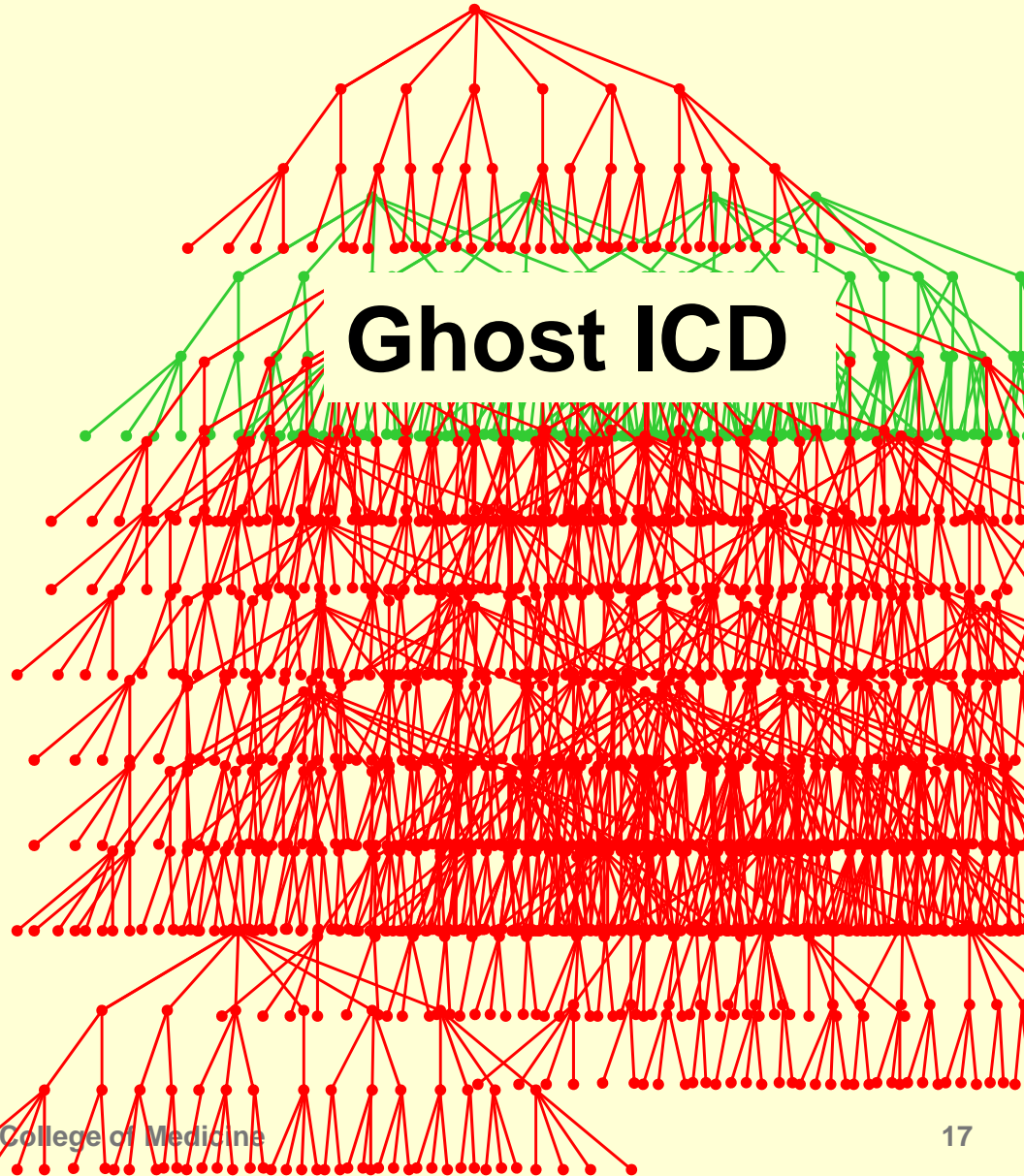


# Potential Future States

ICD-11



SNOMED



# Joint Alternate Future ICD-IHTSDO

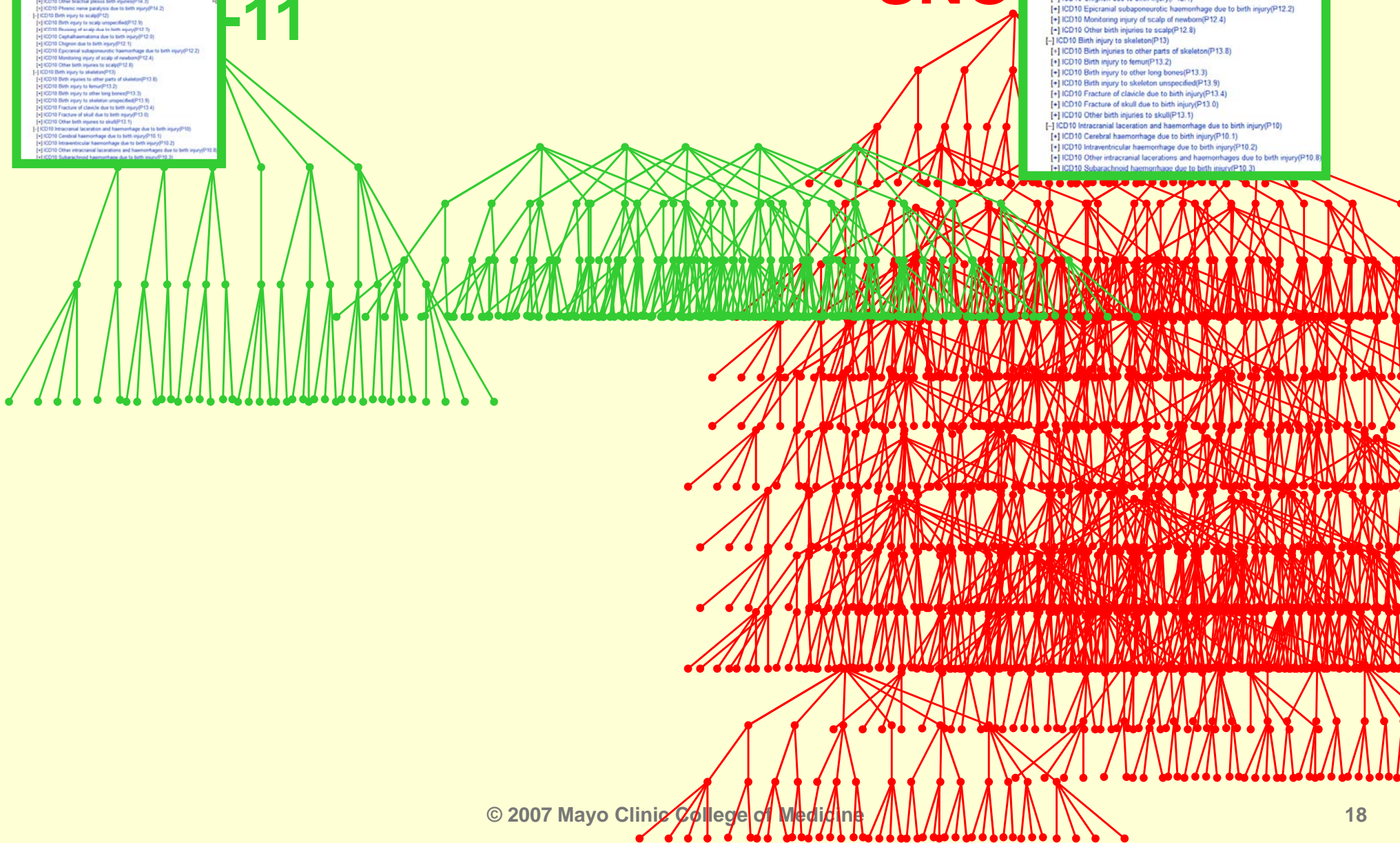
**Effort**

**SNO**

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[-] ICD10 Bleeding of scalp due to birth injury(P12.3)  
[-] ICD10 Cephalhaematoma due to birth injury(P12.0)  
[-] ICD10 Chignon due to birth injury(P12.1)  
[-] ICD10 Epiconial subaponeurotic haemorrhage due to birth injury(P12.2)  
[-] ICD10 Monitoring injury of scalp of newborn(P12.4)  
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**-11**

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# How should a Disease Taxonomy be Constructed?

- Phenomenological – symptomatic, syndromic?
- Logical assertions – pathophysiological facts?
- Etiological – causes and predispositions
  - At what level of granularity?
- Anatomically structured – what goes wrong where?
  - At what level of anatomy?
- Descriptive – random observations?
- Clinical – disease course and management?
- Genomic – disease polymorphisms?

# Classification Structure

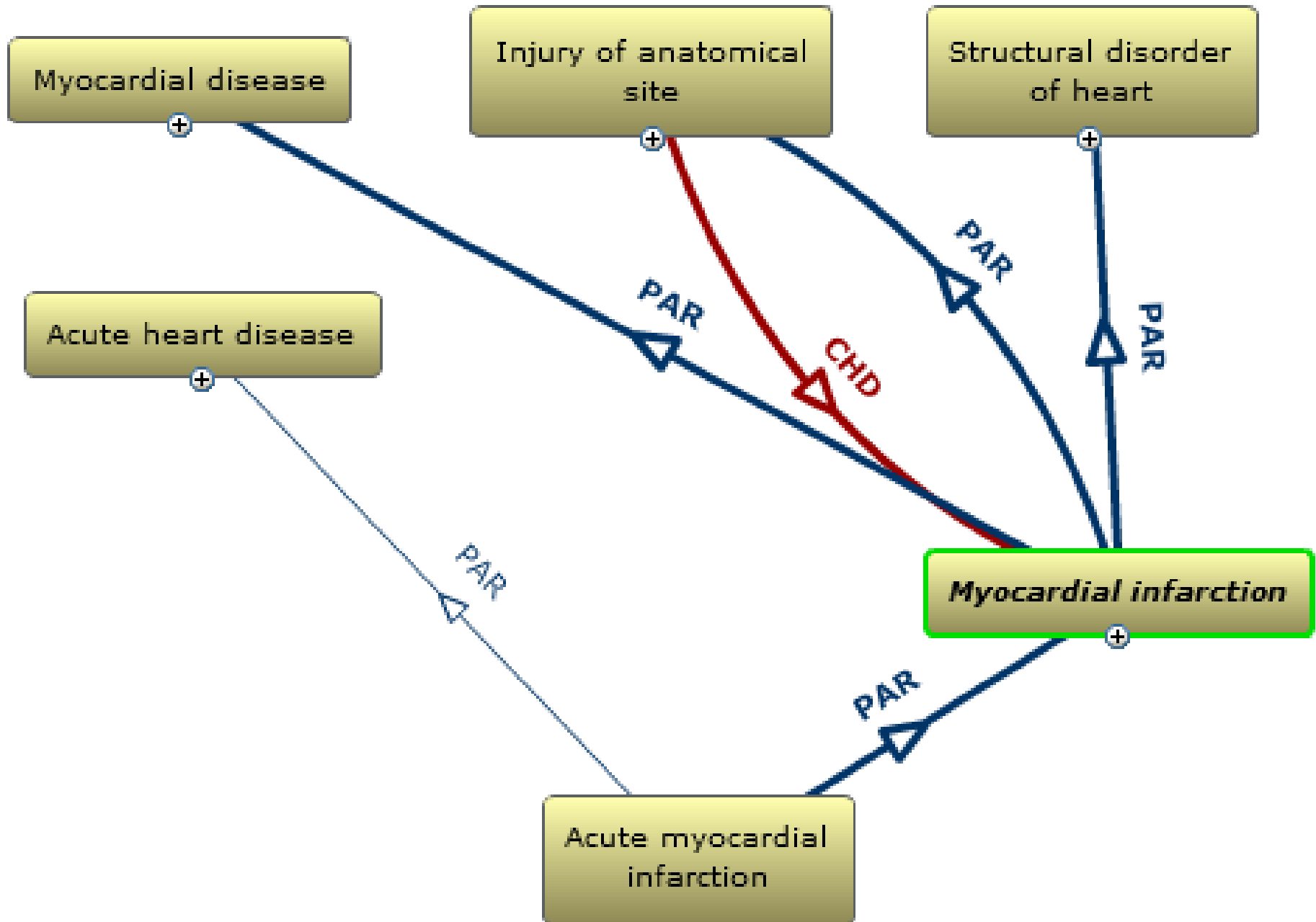
- Random list
- Structured Hierarchy
- Frame-structures
- Description Logics

# Description Logics

- Basis for Modern Terminology Authoring
- A Computational Subset of Predicate Logic
  - Subset of First Order Predicate Logic (FOPL)
  - FOPL is *Not* Computationally Tractable
- Derived from “Frame Language” Heritage
- Always Balance Computational Tractability with Expressiveness
- Notation for DL  $\neq$  FOPL
- OWL (Web Ontology Language) most popular dialect
  - Semantic evolution: XML  $\rightarrow$  RDF  $\rightarrow$  OWL

**Logic assertions cannot handle probability**

# NCBO Browser View MI in SNOMED



# Standardized diagnostic algorithm

## WHO-ARIC-Olmsted Co

	Cardiac pain present		Cardiac pain absent	
Biomarker	ECG	Diagnosis	ECG	Diagnosis
<b>Abnormal</b>	Evolving Diag Diagnostic Evolving ST-T Equivocal Absent	Definite MI Definite MI Definite MI Definite MI Probable MI	Evolving Diag Diagnostic Evolving ST-T Equivocal Absent	Definite MI Definite MI Probable MI Suspect MI Suspect MI
<b>Equivocal</b>	Evolving Diag Diagnostic Evolving ST-T Equivocal Absent	Definite MI Probable MI Probable MI Suspect MI Suspect MI	Evolving Diag Diagnostic Evolving ST-T Equivocal Absent	Definite MI Suspect MI Suspect MI Suspect MI No MI
<b>Incomplete</b>	Evolving Diag Diagnostic Evolving ST-T Equivocal Absent	Definite MI Suspect MI Suspect MI No MI No MI	Evolving Diag Diagnostic Evolving ST-T Equivocal Absent	Definite MI No MI No MI No MI No MI
<b>Normal</b>	Evolving Diag Diagnostic Evolving ST-T Equivocal Absent	Definite MI No MI No MI No MI No MI	Evolving Diag Diagnostic Evolving ST-T Equivocal Absent	Definite MI No MI No MI No MI No MI

*Gillum AHJ 1983, White Am J Epi 1989*

# electronic MEdical Records and GENomics NHGRI eMERGE (U01) Goals

- GWAS – Genome Wide Association Study
  - 600k Affy chip
- High-throughput Phenotyping
  - Disease algorithm scans across EMRs
  - “catch up” with high throughput genomics
- Generalize Phenotypes across the Consortium
  - Measure reproducibility of algorithms among members
  - Vanderbilt, Northwestern, Marshfield, Group Health Seattle, Mayo



# SHARP: Area 4: Secondary Use of EHR Data

## A \$15M National Consortium

Themes			Projects	Players
Data Normalization	Phenotype Recognition	Data Quality and Evaluation Frameworks	Clinical Data Normalization	IBM, Mayo, Utah, Agilex
			Natural Language Processing (NLP)	Harvard, Group Health, IBM, Utah, Mayo, MIT, SUNY, i2b2, Pittsburgh, Colorado
			High-Throughput Phenotyping	CDISC, Centerphase, Mayo, Utah
			UIMA and Scaling Capacity	IBM, Mayo
			Data Quality	Mayo, Utah
			Evaluation Framework	Agilex, MN HIE, Mayo, Utah

# ICD11 Use Cases

- Scientific consensus of *clinical phenotype*
- Public Health Surveillance
  - Mortality
  - Public Health Morbidity
- Clinical data aggregation
  - Metrics of clinical activity
  - Quality management
    - Patient Safety
  - Financial administration
    - Case mix
    - Resource allocation

## Where is This Going?

- ICD is embracing a rich information model
  - Frame-based, hybrid assertions
- Explicit linkage to related ontologies is core to populating ICD11's Foundation Component
- Phenomenological description of phenotype should be undertaken with ontological elements
  - Raises questions about aggregation logics
  - May not be ideally suited to description logics
  - Must account for probabilistic information