

**HL7-Österreich**  
**Jahrestagung 16.3.2011**

# **SNOMED CT und IHTSDO**



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Fragen / Themen ?

Rolle von SNOMED in Implementierungsleitfäden.

Achsen

Lizenzfragen...

# Aufbau des Tutorials

- **Grundbegriffe medizinische Ordnungssysteme**
- SNOMED CT
- Ontologien/Terminologien vs. Informationsmodelle
- IHTSDO
- SNOMED CT in deutschsprachigen Staaten

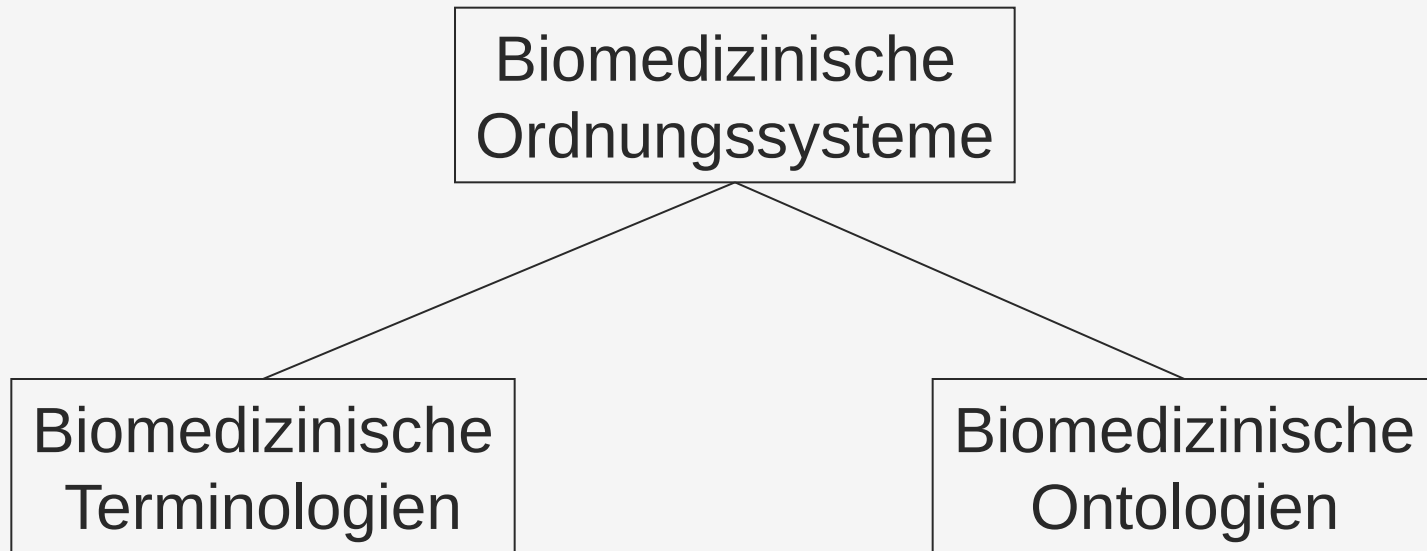
# Medizinische Ordnungssysteme

- Hierarchisch aufgebaute Systeme, welche
  - Gegenstände (Objekte, Prozesse, Eigenschaften) der Medizindomäne oder
  - Begriffsbedeutungen der medizinischen Fachsprache kennzeichnen, beschreiben und mit eindeutigen Schlüsseln versehen

# Sinn und Zweck biomedizinischer Ordnungssysteme

- Verschlagwortung von Dokumenten (z.B. MeSH)
- Semantische Annotation von Forschungsdaten (z.B. Gene Ontology, NCI Thesaurus)
- Klassifikation zur Leistungserfassung und Gesundheitsstatistik (z.B. ICD-10)
- Bereitstellung von Bedeutungsrelationen für sprachverarbeitende Systeme (z.B. WordNet, UMLS)
- Kodierung klinischer Behandlungsdaten (z.B. SNOMED CT, CTV3)

# Grundbegriffe



# Definitionen

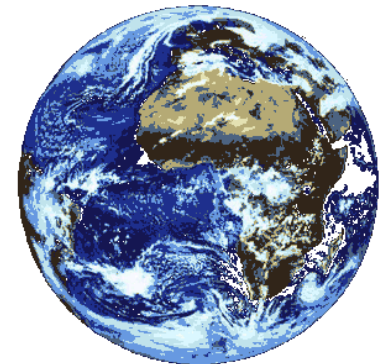


## ■ Terminologien

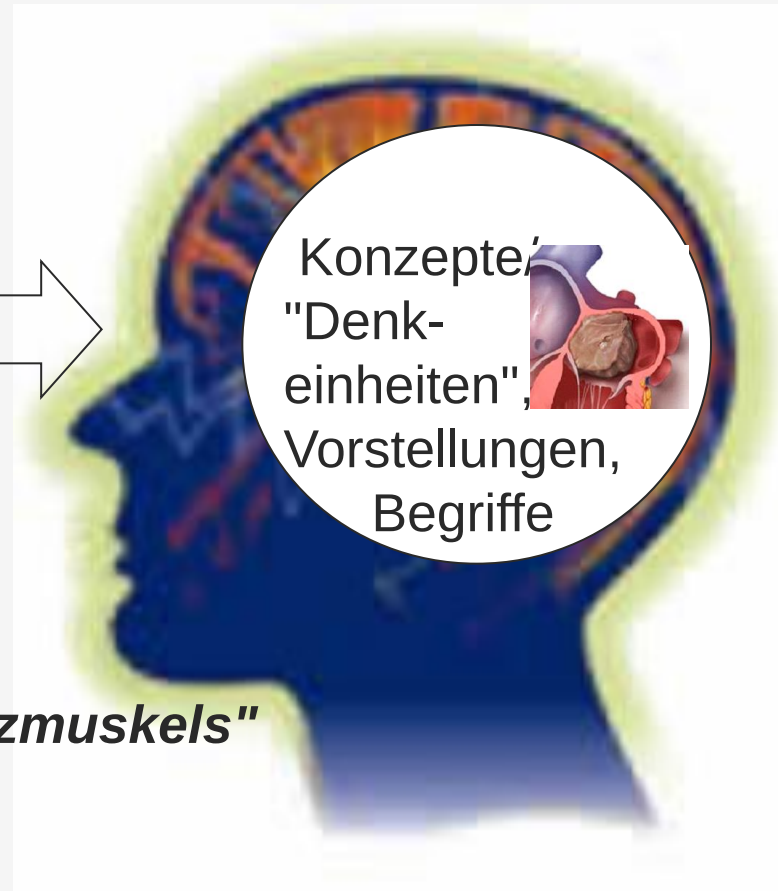
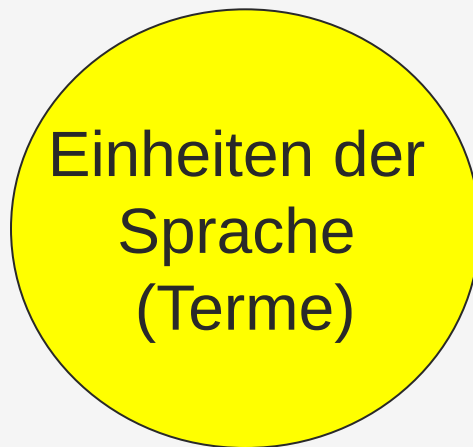
- Mengen von Termen, die das Konzeptsystem einer bestimmten Domäne repräsentieren [ISO 1087]

## ■ (Formale) Ontologie

- Ontologie = Lehre vom Sein
- Formale Ontologien sind Theorien, die versuchen, präzise mathematische Formulierungen der Eigenschaften und Relationen bestimmter Entitäten zu geben.  
[Quine 1948 – "On What There Is"]



# Was sind Konzepte?



***„benign neoplasm of heart“***  
***„gutartige Neubildung des Herzmuskels“***  
***„neoplasia cardíaca benigna“***

# Konzepte im UMLS Metathesaurus



Unified Medical  
Language System

Konzepte/  
"Denk-  
einheiten"

Einheiten  
der  
Sprache  
(Terme)

C0153957|ENG|P|L0180790|PF|S1084242|Y|A1141630|||MTH|PN|U001287|benign neoplasm of heart|0|N||  
C0153957|ENG|P|L0180790|VC|S0245316|N|A0270815|||ICD9CM|PT| 212.7|Benign neoplasm of heart|0|N||  
C0153957|ENG|P|L0180790|VC|S0245316|N|A0270817|||RCD|SY|B727.| Benign neoplasm of heart|3|N||  
C0153957|ENG|P|L0180790|VO|S1446737|Y|A1406658|||SNMI|PT| D3-F0100|Benign neoplasm of heart, NOS|3|N||  
C0153957|ENG|S|L0524277|PF|S0599118|N|A0654589|||RCDAE|PT|B727.|Benign tumor of heart|3|N||  
C0153957|ENG|S|L0524277|VO|S0599510|N|A0654975|||RCD|PT|B727.| Benign tumour of heart|3|N||  
C0153957|ENG|S|L0018787|PF|S0047194|Y|A0066366|||ICD10|PS|D15.1|Heart|3|Y||  
C0153957|ENG|S|L0018787|VO|S0900815|Y|A0957792|||MTH|MM|U003158|Heart <3>|0|Y||  
C0153957|ENG|S|L1371329|PF|S1624801|N|A1583056|||10004245|MDR|LT|10004245|Benign cardiac neoplasm|3|N||  
C0153957|GER|P|L1258174|PF|S1500120|Y|A1450314|||DMDICD10|PT| D15.1|Gutartige Neubildung: Herz|1|N||  
C0153957|SPA|P|L2354284|PF|S2790139|N|A2809706|||MDRSPA|LT| 10004245|Neoplasia cardiaca benigna|3|N||

# Relationen im UMLS Metathesaurus



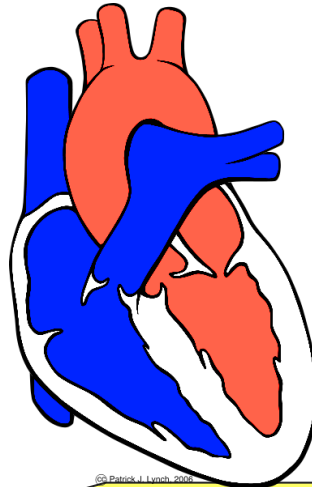
Konzepte/  
"Denk-  
einheiten"

Konzepte/  
"Denk-  
einheiten"

|          |          |      |     |          |          |      |  |                     |           |       |          |          |          |   |   |   |   |  |
|----------|----------|------|-----|----------|----------|------|--|---------------------|-----------|-------|----------|----------|----------|---|---|---|---|--|
| C0153957 | A0066366 | AUI  | PAR | C0348423 | A0876682 | AUI  |  | R06101405           |           | ICD10 | ICD10    |          |          | N |   |   |   |  |
| C0153957 | A0066366 | AUI  | RQ  | C0153957 | A0270815 | AUI  |  | default_mapped_from | R03575929 |       | NCISEER  | NCISEER  |          |   | N |   |   |  |
| C0153957 | A0066366 | AUI  | SY  | C0153957 | A0270815 | AUI  |  | uniquely_mapped_to  | R03581228 |       | NCISEER  | NCISEER  |          |   | N |   |   |  |
| C0153957 | A0270815 | AUI  | RQ  | C0810249 | A1739601 | AUI  |  | classifies          | R00860638 |       | CCS      | CCS      |          |   | N |   |   |  |
| C0153957 | A0270815 | AUI  | SIB | C0347243 | A0654158 | AUI  |  |                     | R06390094 |       |          | ICD9CM   | ICD9CM   |   | N | N |   |  |
| C0153957 | A0270815 | CODE | RN  | C0685118 | A3807697 | SCUI |  | mapped_to           | R15864842 |       | SNOMEDCT | SNOMEDCT |          | Y | N |   |   |  |
| C0153957 | A1406658 | AUI  | RL  | C0153957 | A0270815 | AUI  |  | mapped_from         | R04145423 |       | SNMI     | SNMI     |          |   | N |   |   |  |
| C0153957 | A1406658 | AUI  | RO  | C0018787 | A0357988 | AUI  |  | location_of         | R04309461 |       | SNMI     | SNMI     |          |   | N |   |   |  |
| C0153957 | A2891769 | SCUI | CHD | C0151241 | A2890143 | SCUI |  | isa                 | R19841220 |       | 47189027 | SNOMEDCT | SNOMEDCT |   | 0 | Y | N |  |

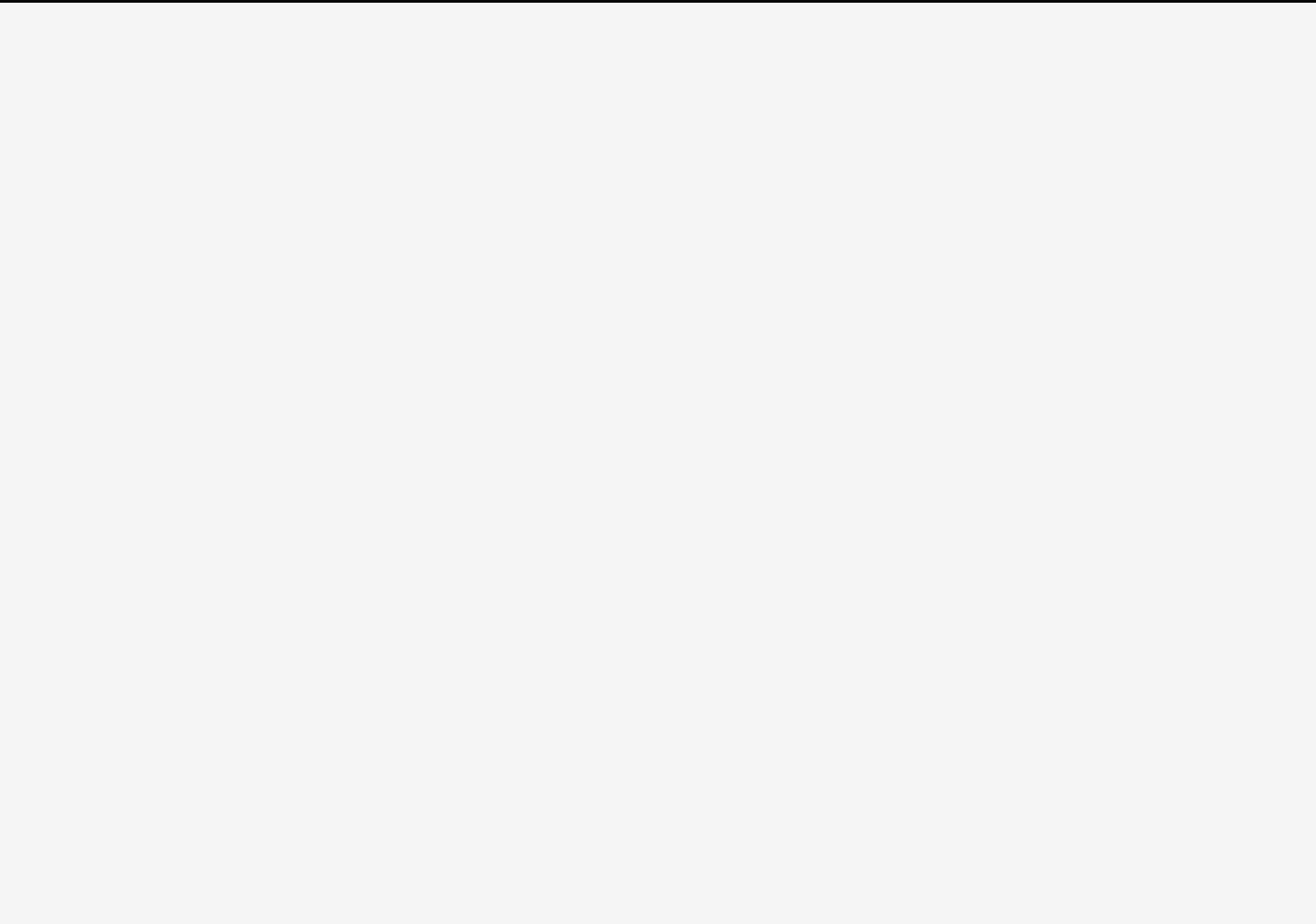
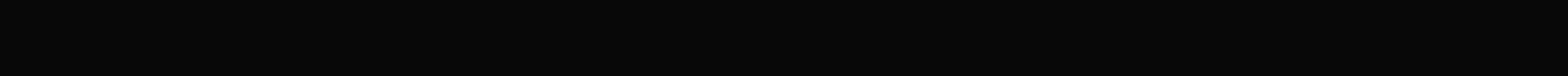
**Semantische  
Relationen**

# Relationen im UMLS Metathesaurus



|          |          |          |          |           |          |       |                     |           |          |          |          |   |
|----------|----------|----------|----------|-----------|----------|-------|---------------------|-----------|----------|----------|----------|---|
| C0153957 | A0876682 | A0876682 | A0876682 | R06101405 | ICD10    | ICD10 | N                   |           |          |          |          |   |
| C0153957 | A066366  | AUI      | RQ       | C0153957  | A0270815 | AUI   | default_mapped_from | R03575929 | NCISEER  | NCISEER  | N        |   |
| C0153957 | A066366  | AUI      | SY       | C0153957  | A0270815 | AUI   | uniquely_mapped_to  | R03581228 | NCISEER  | NCISEER  | N        |   |
| C0153957 | A0270815 | AUI      | RQ       | C0810249  | A1739601 | AUI   | classifies          | R00860638 | CCS      | CCS      | N        |   |
| C0153957 | A0270815 | AUI      | SIB      | C0347243  | A0654158 | AUI   |                     | R06390094 | ICD9CM   | ICD9CM   | N        |   |
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| C0153957 | A2891769 | SCUI     | CHD      | C0151241  | A2890143 | SCUI  | isa                 | R19841220 | 47189027 | SNOMEDCT | SNOMEDCT | 0 |

**Semantische  
Relationen**



# Definitionen



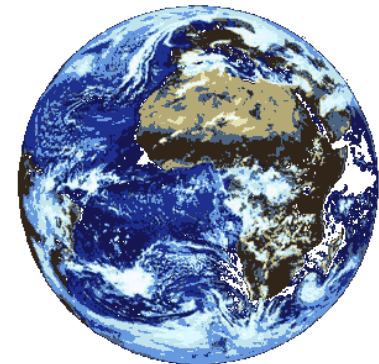
bla bla bla

## ■ Terminologien

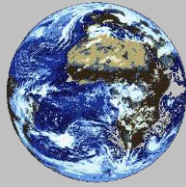
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## ■ (Formale) Ontologie

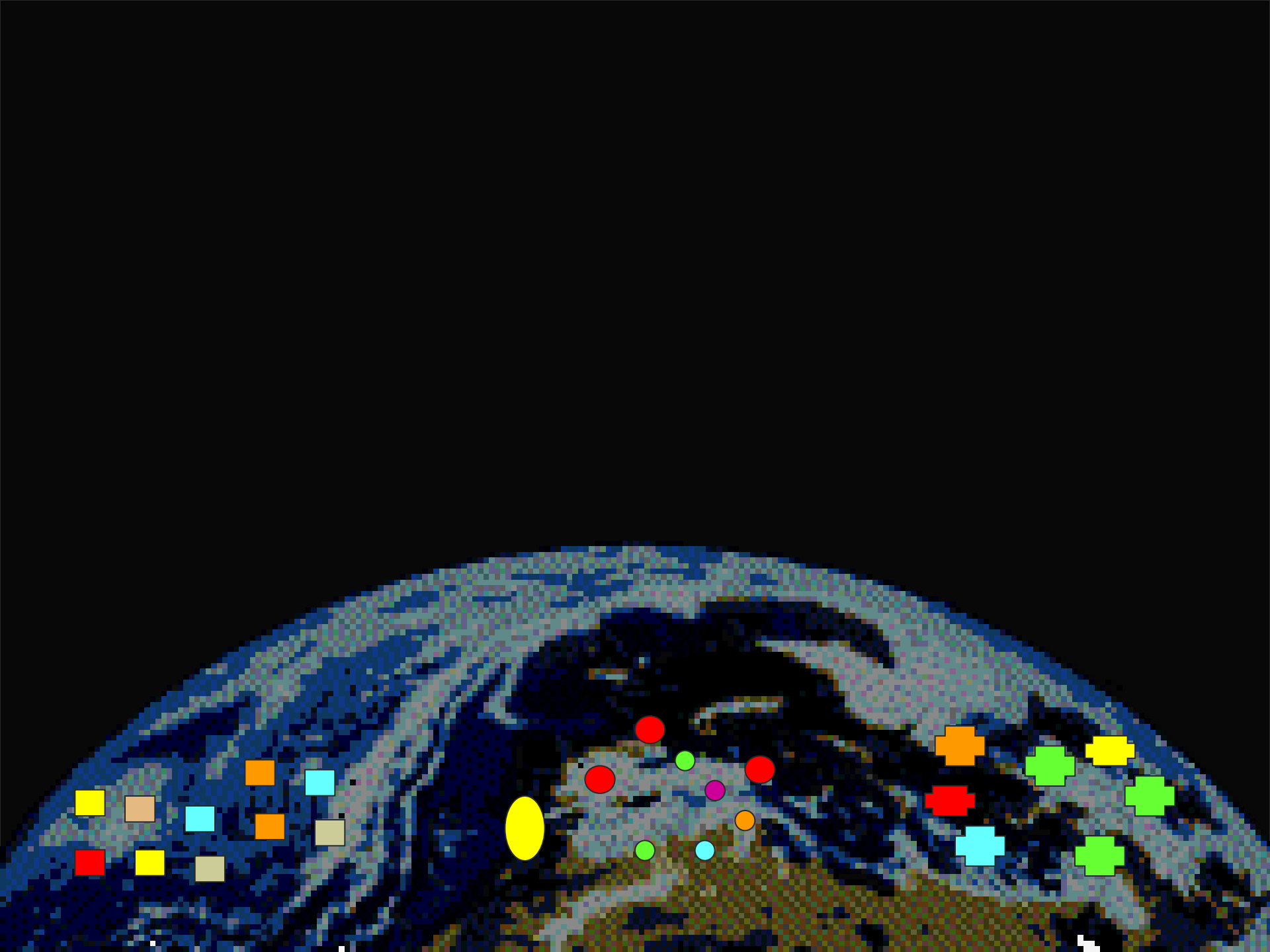
- Ontologie = Lehre vom Sein
- Formale Ontologien sind Theorien, die versuchen, präzise mathematische Formulierungen der Eigenschaften und Relationen bestimmter Entitäten zu geben.  
[Quine 1948 – "On What There Is"]



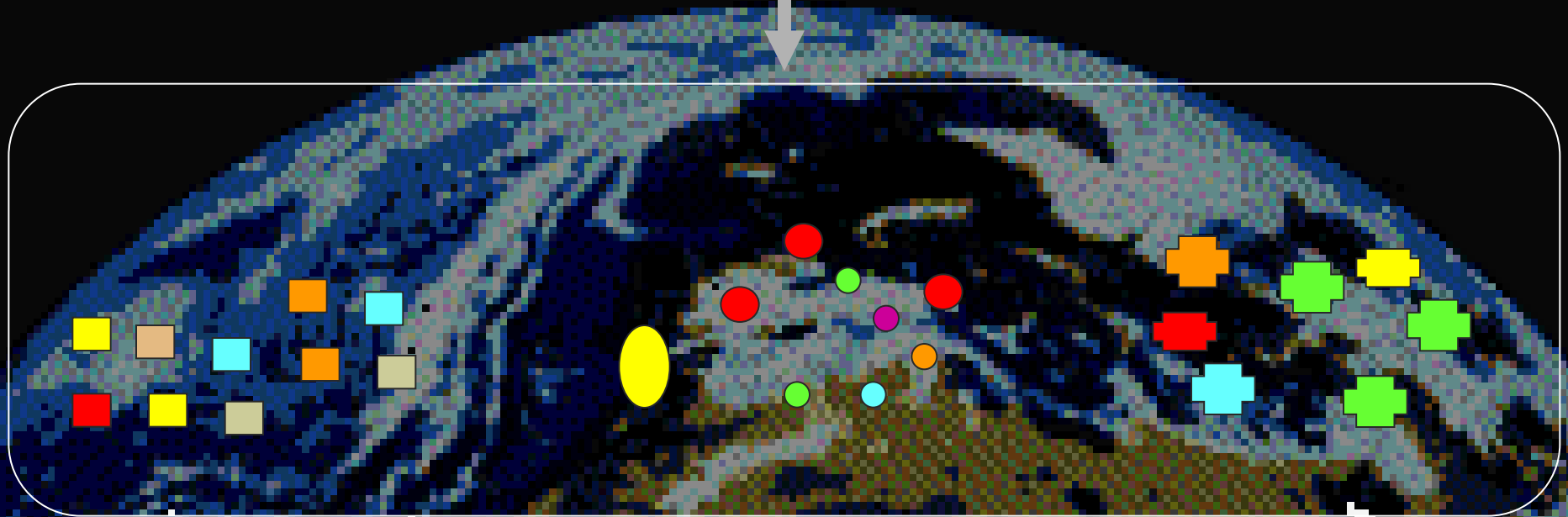
# Grundprinzipien formaler Ontologien

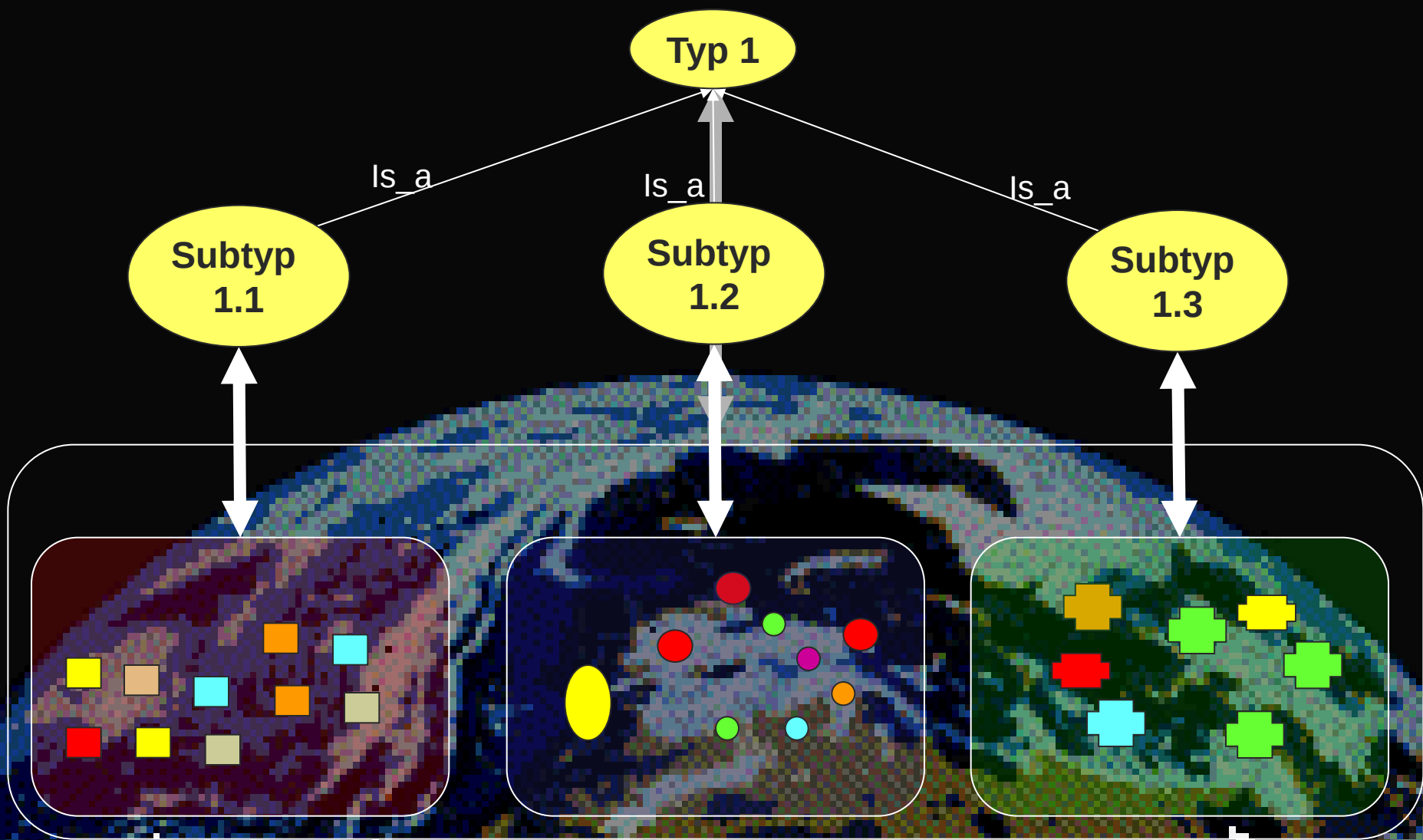


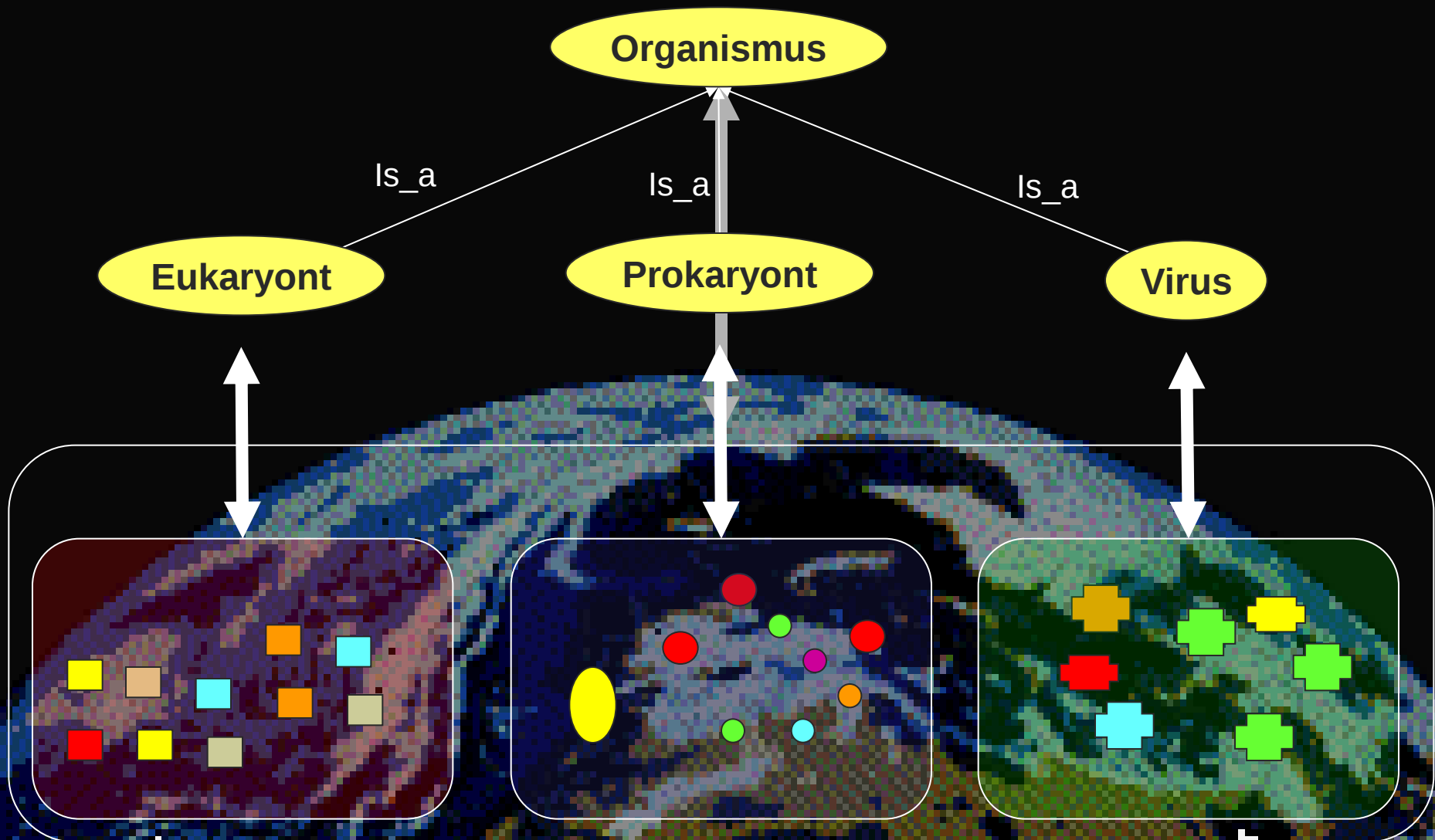
- Ontologien sind Hierarchien von **Typen**
  - Typen (z.B. "*Hand*", "*Hepatitis*", "*Eisbär*") stehen für Eigenschaften, nach denen Entitäten (Individuen) der Welt klassifiziert werden (z.B. "*meine rechte Hand*", "*Hepatitis von Patient 12345*", "*Knut*")
  - Relation "*instance of*" verbindet ein Individuum mit zugehörige(n) Klassen / Typen
  - Relation "*is a*" verbindet Unter- mit Oberklassen
- $$is-a(A, B) =_{def} \forall x: instance-of(x, A) \rightarrow instance-of(x, B)$$



Typ 1







# Beschreibungssprachen für Ontologien

## ■ Natürliche Sprache

Jede Hepatitis ist eine Entzündung, die in einer Leber lokalisiert ist.  
Jede Entzündung in einer Leber ist eine Hepatitis.

## ■ Prädikatenlogik

$\forall x$

$instanceOf(x, Hepatitis) \Leftrightarrow instanceOf(x, Inflammation) \wedge$

$\exists y: instanceOf(y, Liver) \wedge hasLocation(x, y)$

## ■ Beschreibungslogik

$Hepatitis \equiv Inflammation \wedge \exists hasLocation.Liver$

**Formale Sprache: "Rechnen"**

# Formales Schließen mit Ontologien

- Abwägung: Performanz gegen Sprachumfang
- OWL-DL:
  - Standardisierte Sprachspezifikation (W3C)
  - Bewährte Editoren (Protégé)
  - angepasste Reasoner ("Klassifikationsmaschinen") – bei Verwendung des vollen Sprachumfangs nur bedingt skalierbar

```
<owl:Class rdf:about="#Deoxyribonucleotide">
  <owl:disjointWith rdf:resource="#Ribonucleotide"/>
  <rdfs:subClassOf>
    <owl:Class rdf:about="#Nucleotide"/>
  </rdfs:subClassOf>
  <owl:equivalentClass>
    <owl:Class>
      <owl:intersectionOf rdf:parseType="Collection">
        <owl:Restriction>
          <owl:allValuesFrom>
            <owl:Class>
              <owl:unionOf rdf:parseType="Collection">
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                <owl:Class rdf:about="#HeterocyclicBase"/>
                <owl:Class rdf:about="#Phosphate"/>
              </owl:unionOf>
            </owl:Class>
          </owl:allValuesFrom>
          <owl:onProperty>
            <owl:ObjectProperty rdf:about="#hasComponent"/>
          </owl:onProperty>
        </owl:Restriction>
        <owl:Restriction>
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          <owl:onProperty>
            <owl:ObjectProperty rdf:about="#hasComponent"/>
          </owl:onProperty>
        </owl:Restriction>
        <owl:Restriction>
          <owl:someValuesFrom>
            <owl:Class rdf:about="#HeterocyclicBase"/>
          </owl:someValuesFrom>
          <owl:onProperty>
            <owl:ObjectProperty rdf:about="#hasComponent"/>
          </owl:onProperty>
        </owl:Restriction>
      </owl:intersectionOf>
    </owl:Class>
  </owl:equivalentClass>
</owl:Class>
```

biotop Protégé 3.3.1 (file:\C:\Dokumente%20und%20Einstellungen\SCHULZ\Eigene%20Dateien\docs\code\owl\biotop\biotop.pprj, OWL / RDF Files)

File Edit Project OWL Code Tools Window Help

Subclass Explorer CLASS EDITOR

For Project: biotop For Class: Deoxyribonucleotide (instance of owl:Class) ☐ Inferred View

Asserted Hierarchy

- owl:Thing
  - snapt:Role
  - snapt:GenericallyDependentContinuant
  - snapt:IndependentContinuant
    - ImmaterialIndependentContinuant
    - MaterialIndependentContinuant
      - SubatomicParticle
      - Atom
      - PolysatomicEntity
        - CompoundOfCollections
        - PolyMolecularCompound
        - CollectiveMaterialEntity
        - MolecularEntity
          - AminoAcidMonomer
          - Carbohydrate
          - Lipid
          - Peptide
          - Nucleotide
            - Ribonucleotide
            - Deoxyribonucleotide
          - WaterMolecule
          - BioMolecularSequence
        - HeterocyclicBase
        - Monomer
        - MolecularGroup
        - OligoOrPolymer
        - EntireMolecularEntity
        - NucleicAcid
        - Ribosephosphate

Annotations

| Property     | Value               | Lang |
|--------------|---------------------|------|
| rdfs:comment |                     |      |
| rdfs:label   | deoxyribonucleotide | en   |

Asserted Conditions

NECESSARY & SUFFICIENT

- hasComponent **only** (Deoxyribose **or** HeterocyclicBase **or** Phosphate)
- hasComponent **some** Deoxyribose
- hasComponent **some** HeterocyclicBase
- hasComponent **some** Phosphate

NECESSARY

- Nucleotide

INHERITED

- hasInherence **exactly** 1 PhysicalMass [from MaterialIndependentContinuant]
- hasInherence **exactly** 1 PhysicalVolume [from MaterialIndependentContinuant]
- rot:hasProperPart **some** Atom [from MolecularEntity]

Disjoints

- Ribonucleotide

nucleotide

Logic View Properties View

# Terminologien vs. Ontologien

## Terminologien

- Beschreiben: Bedeutung von sprachlichen Einheiten
- "Konzepte": fassen bedeutungsgleiche Terme zusammen
- Relationen: informelle, elastische Assoziationen zwischen Konzepten .....
- Beschreibungsmuster:  
Konzept<sub>1</sub> Rel Konzept<sub>2</sub>

## Formale Ontologien

- Beschreiben: sprach-unabhängige Realität
- "Typen": generische Eigenschaften von Entitäten der Welt
- Relationen: rigide, exakt definierte, quantifizierte Abhängigkeiten zwischen Instanzen
- Beschreibungsmuster:  
für alle Instanzen von Typ<sub>1</sub> gilt... es gibt...

# Beispiel Hepatitis - Leber

## Terminologien

- Konzept *Hepatitis*:  
 $\{Hepatitis (D), Leberentzündung (D), hepatitis (E), hépatite (F)\}$
- Konzept *Liver*:  
 $\{Leber (D), liver (E), foie (F)\}$
- Relationen:
  - *Hepatitis* – *hasLocation* – *Liver*
  - *Hepatitis* – *isA* - *Inflammation*

## Formale Ontologien

- Typ: *Hepatitis*:
- Beschreibung:
- $\forall x: instanceOf(x, Hepatitis) \Rightarrow$   
 $instanceOf(x, Inflammation) \wedge$   
 $\exists y: instanceOf(y, Liver) \wedge$   
 $hasLocation(x, y)$
- $\forall x: instanceOf(x, Inflammation) \wedge$   
 $\exists y: instanceOf(y, Liver) \wedge$   
 $hasLocation(x, y) \Rightarrow$   
 $instanceOf(y, Hepatitis)$

# Beispiel Hand - Daumen

## Terminologien

- Konzept *Hand*:  
 $\{Hand (D), hand (E), main (F)\}$
- Konzept *Thumb*:  
 $\{Daumen (D), thumb (E), pouce (F)\}$
- Relationen:
  - *Hand* – *hasPart* – *Thumb*
  - *Thumb* – *partOf* – *Hand*

## Formale Ontologien

- Typ: *Thumb*:
- Beschreibung:
  - $\forall x: \text{instanceOf}(x, \text{Thumb}) \Rightarrow$   
 $\exists y: \text{instanceOf}(y, \text{Hand}) \wedge$   
 $\text{partOf}(x, y)$
  - $\forall x: \text{instanceOf}(x, \text{Hand}) \Rightarrow$   
 $\exists y: \text{instanceOf}(y, \text{Thumb}) \wedge$   
 $\text{hasPart}(x, y)$



# Beispiel Aspirin - Kopfschmerz

## Terminologien

- Konzept *Aspirin*:  
{*Aspirin* (D,E), *Acetylsalicylsäure* (D),  
*ASS* (D), *acetylsalicylic acid* (E), *Acide*  
*acétylsalicylique*(F)}
- Konzept *Headache*:  
{*Kopfschmerz* (D), *headache* (E),  
*céphalée*(F)}
- Relation:
  - *Aspirin* – treats – *Headache*

**unscharf**

## Formale Ontologien

- Typ: *Aspirin*:
- Beschreibung:
- $\forall x: \text{instanceOf}(x, \text{Aspirin}) \Rightarrow$   
 $\exists y: \text{instanceOf}(\text{DispositionOfTreatingHeadache})$   
 $\wedge \text{inheres}(y, x)$
- $\forall x: \text{instanceOf}(\text{DispositionOfTreatingHeadache})$

...

**kompliziert !**

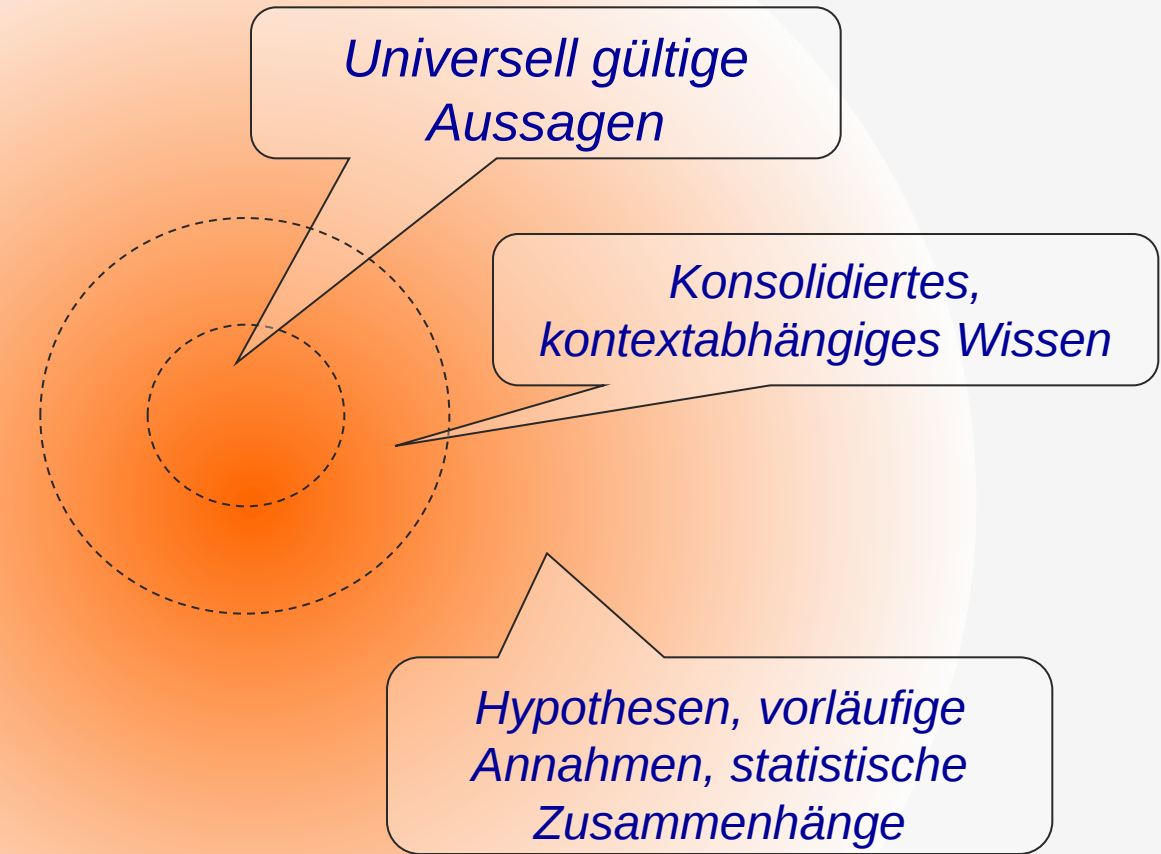
# Was leisten formale Ontologien?

- Exakte, logikbasierte Beschreibungen von Typen, die durch konkrete Objekte der Welt instanziiert werden
- Repräsentation von stabilen, kontextunabhängigen Grundannahmen
- Verwendung von maschinellem Schließen, z.B. basierend auf Beschreibungslogiken (OWL-DL)

# Was leisten formale Ontologien NICHT?

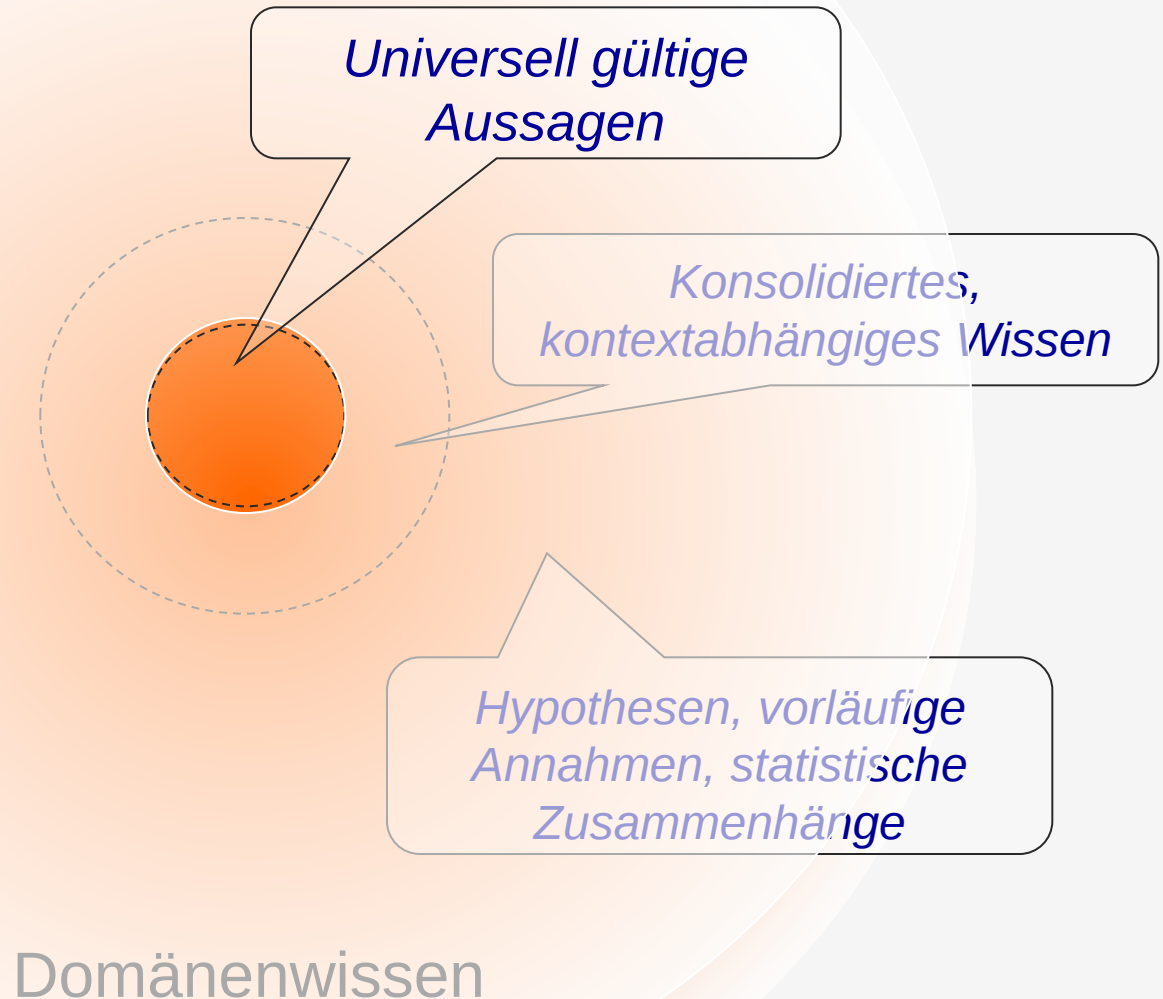
- Repräsentation kontextabhängigen Wissens
  - "Heuschnupfen ist die häufigste Allergie in Österreich"
- Repräsentation probabilistischen Wissens
  - "5% der Hepatitiden verlaufen anikterisch"
  - Rauchen ist ein Risikofaktor für KHK
- Default / kanonisches Wissen
  - "Der Mensch hat 32 Zähne"
- Dispositionen:
  - "Gleevec® ist indiziert bei CML"
  - "Aspirin® greift die Magenschleimhaut an"

**Ontologie  $\subset$  Wissensrepräsentation**



Domänenwissen

# Ontologien !



# Ontologien: Kontroversen (I)

- Realismusdebatte: Was soll repräsentiert werden...
  - Die Gegenstände (Objekte, Prozesse) der Welt, wie sie sind – unabhängig vom Beobachter  
(abgeschwächt: konsensuelle Eigenschaften)
  - Die Konzepte (mentale Konstrukte), mit denen der Mensch die Gegenstände vergegenwärtigt

# Ontologien: Kontroversen (II)

- Bottom up vs. Top Down

- Bottom up (Semantic Web - Ansatz): viele kleine Modelle ohne Anspruch auf Gesamtkonsistenz, semantische Mediation. Eine große konsistente Modellierung der Welt unmöglich.

Beispiel: Open Biomedical Ontologies (OBO)

- Top Down (Standardisierungs – Ansatz): Innerhalb einer Domäne muss eine Übereinkunft über die genaue Bedeutung von Termen und Klassen gefunden werden, da sonst keine verlässliche Interoperabilität möglich  
(Beispiel SNOMED CT)

# Vorteil von formalen Beschreibungen

- Unterschiedliche Beschreibungen desselben Sachverhalts können durch Reasoner auf eine kanonische Beschreibung abgebildet werden

$$\begin{aligned} \forall x: \text{instanceOf}(x, \text{ChronicAppendicitis}) \Leftrightarrow \\ & \text{instanceOf}(x, \text{Inflammation}) \wedge \\ & \exists y: \text{instanceOf}(y, \text{AppendixStructure}) \wedge \\ & \quad \text{hasLocation}(x, y) \wedge \\ & \exists z: \text{instanceOf}(z, \text{AcuteCourse}) \wedge \\ & \quad \text{hasCourse}(x, z) \end{aligned}$$

# Vorteil von formalen Beschreibungen

- Unterschiedliche Beschreibungen desselben Sachverhalts können durch Reasoner auf eine kanonische Beschreibung abgebildet werden
- Bedeutung der (definierten) Klassen ist durch logische Sprache eindeutig erkennbar


**snob - SNOMED Browser**

File Options Help

 Home

 Centre

 Back

 Forward

 Spawn

 Subsets

 Send Bug

Appendicitis

☒ CLINICAL FINDING

☒ **Appendicitis**

☒ Acute appendicitis
☒ Amoebic appendicitis
☒ Appendicitis NOS
☒ Appendicitis, unqualified
☒ Atypical appendicitis
☒ Catarrhal appendicitis
☒ Chronic appendicitis
☒ Complicated appendicitis
☒ Focal appendicitis
☒ Other appendicitis
☒ Other appendicitis NOS
☒ Pelvic appendicitis
☒ Recurrent appendicitis

Rubric ID: 123558018
Status: Current
Language:

74400008 Appendicitis

**Synonym(s)**  
Appendicitis, NOS

**Fully Specified Name(s)**  
Appendicitis (disorder)

**Definition**  
Group #1  
this concept [Associated morphology](#)  
Inflammation  
this concept [Finding site](#) Appendix  
structure

**Qualifiers**

Status: Current

composite

Original SNOMED code: D5-46100

Read code (Ctv3Id): Xa9C4


☒ Special disorder atoms

# Vorteil von formalen Beschreibungen

- Unterschiedliche Beschreibungen desselben Sachverhalts können durch Reasoner auf eine kanonische Beschreibung abgebildet werden
- Bedeutung der (definierten) Klassen ist durch logische Sprache eindeutig erkennbar

...aber...

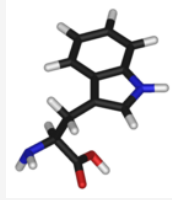
# Risiko formalen Beschreibungen

- Immenser Pflegeaufwand (Gesamtsystem muss immer konsistent gehalten werden)
- Vollständige Klassifikation überfordert gegenwärtige Reasoner bzw. erzwingt schmerzhaftes Abstriche in der Mächtigkeit der Beschreibungssprache: Beispiel: SNOMED unterstützt keine Negation, daher z.B. ICD – "Sonstige" nicht adäquat abbildbar
- Gefahr inadäquater Schlüsse

# Inadäquate Schlüsse : Beispiel

- "Semantic Web" Standards  
(OWL-DL)
- Standardrelationen aus  
Open Biomedical Ontology (OBO)
- Klassifikation der Ontologie mittels DL-Reasoner  
(HermIT)

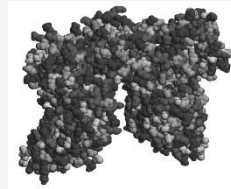
# Beispieldomäne



*AminoAcid*

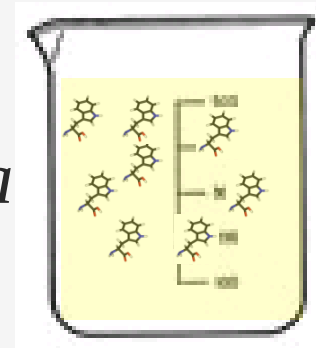
*Disorder*

*Protein*



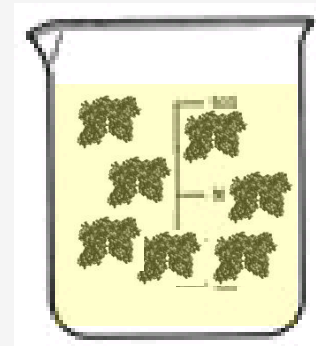
*Organism*

*Aminoaciduria*



*PortionOfUrine*

*Proteinuria*



# Standardrelationen (OBO Relation Ontology)

- *hasPart / partOf*

Teil-Ganzes-Relation im weitesten Sinne  
zwischen physikalischen Objekten

- *hasLocation / locationOf*

Lokalisation von Prozessen, Vorgängen

- transitiv, reflexiv, antisymmetrisch

- Subsumption  $\sqsubseteq$
- Äquivalenz  $\equiv$
- Existenz  $\exists$
- Konjunktion  $\sqcap$
- Transitiv Relationen

# Axiome

$Protein \sqsubseteq \exists hasPart.AminoAcid$

$Aminoaciduria \equiv Disorder \sqcap$   
 $\quad \exists hasLocation.(Body \sqcap$   
 $\quad \quad \exists hasPart.(PortionOfUrine \sqcap$   
 $\quad \quad \quad \exists hasPart.AminoAcid))$

$Proteinuria \equiv Disorder \sqcap$   
 $\quad \exists hasLocation.(Body$   
 $\quad \quad \exists hasPart.(PortionOfUrine \sqcap$   
 $\quad \quad \quad \exists hasPart.Protein))$

# Inferenz

falsch



*Proteinuria*  $\sqsubseteq$  *Aminoaciduria*

(denn Proteine haben Aminosäuren als Teile und *partOf* ist transitiv)

- Reicht das Sprachinventar nicht aus?
- Ist die Transitivitätsannahme von *hasPart* falsch?

Formal Korrekt  
Ontologisch schludrig

*AminoAcid*: verborgene Ambiguität:

- *AminoAcidSingleMolecule*
- *AminoAcidResidue*
- *AminoAcidSingleMoleculeCollection*
  - *AminoAcidSingleMoleculeCollectionLowConc*
  - *AminoAcidSingleMoleculeCollectionHighConc*

# Axiome, korrigiert

*Aminoaciduria*  $\equiv$  *Disorder*  $\sqcap$

$\exists \text{hasLocation.}(\text{Body } \sqcap$

$\exists \text{hasPart.}(\text{PortionOfUrine } \sqcap$

$\exists \text{hasPart.AminoAcidSingleMoleculeCollectionHighConc}))$

*Proteinuria*  $\equiv$  *Disorder*  $\sqcap$

$\exists \text{hasLocation.}(\text{Body } \sqcap$

$\exists \text{hasPart.}(\text{PortionOfUrine } \sqcap$

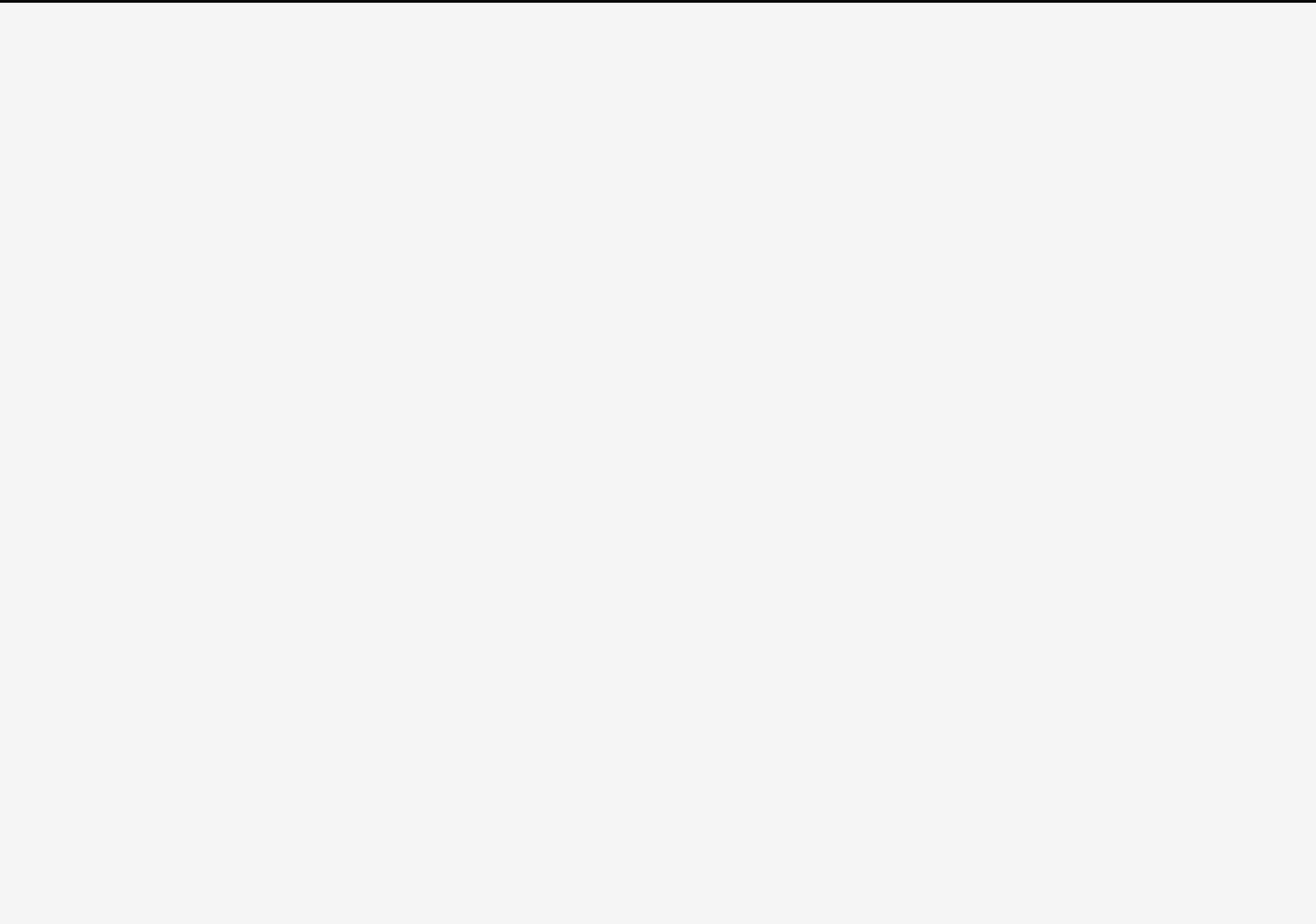
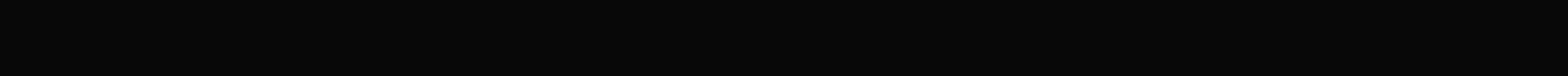
$\exists \text{hasPart.ProteinMoleculeCollectionHighConc}))$

# Seltsame Schlussfolgerungen in biomedizinischen Ordnungssystemen

- Gene Ontology: *Menopause part\_of Death*
- GALEN: *Vomitus contains carrot*
- SNOMED CT:  
*Amputation of toe is\_a amputation of foot*
- SNOMED CT:  
*Proximal hemiphalangectomy of toe is\_a Amputation of toe.*
- SNOMED CT:  
*Absence of liver or gallbladder NOS is\_a Congenital absence of liver and gallbladder*

# Aufbau des Tutorials

- Grundbegriffe medizinische Ordnungssysteme
- **SNOMED CT**
- Ontologien/Terminologien vs. Informationsmodelle
- IHTSDO
- SNOMED CT in deutschsprachigen Staaten



# SNOMED RT – CT: Anspruch

*"...a set of concepts and relationships that provides a common reference point for comparison and aggregation of data about the entire health care process"*

Spackman KA, Campbell K, Cote RA. SNOMED RT: A reference terminology for health care. Proc. AMIA Smp. 1997

# SNOMED CT (Clinical Terms)

- 300 000 Konzepte
- 770 000 Englische Terme
- Übersetzungen nach Spanisch, Französisch, Dänisch, Schwedisch
- Deutsche Übersetzung inkomplett, nicht validiert
- 900 000 Definitionsausdrücke
- 19 Top-level Kategorien
- 49 Relationstypen

# SNOMED CT

## ■ *Standardized Nomenclature of Medicine – Clinical Terms:*

- Terminologiesystem für die Kodierung von Inhalten in der elektronischen Patientenakte
- Konzipiert als weltweiter terminologischer Standard mit dem Schwerpunkt klinische Dokumentation

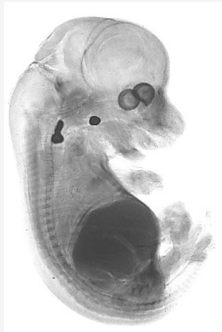
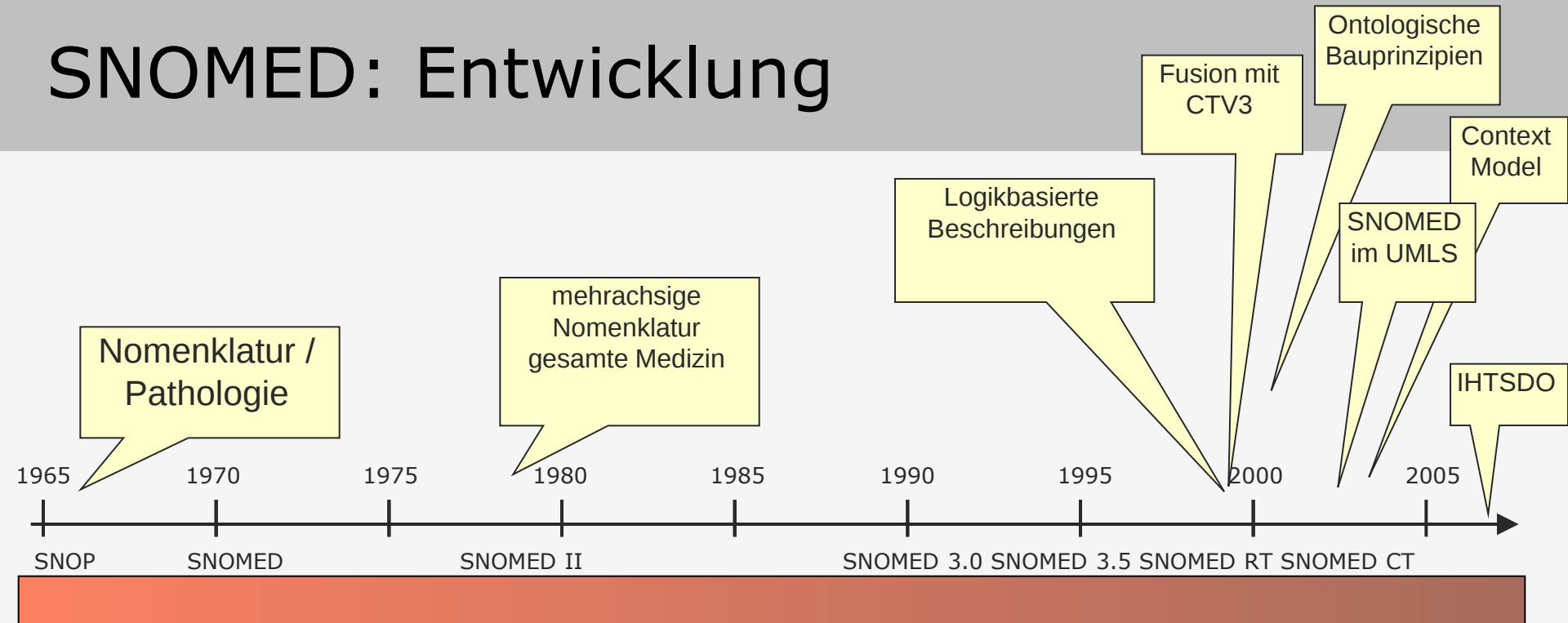
Verbreitet von der 2007 gegründeten IHTSDO (*International Health Terminology Standards Development Organisation*):

Mitgliedsstaaten: US, UK, AU, NZ, CA, DK, SE, NL, LV,

Neu: ES, SG,

bisher nicht: AT, CH, DE

# SNOMED: Entwicklung



# SNOMED: Werkzeuge und Quellen

- Browser
  - CliniClue ([www.cliniclue.com](http://www.cliniclue.com))
  - SNOB ([snob.eggbird.eu/](http://snob.eggbird.eu/))
  - Online: ([snomed.vetmed.vt.edu/sct/menu.cfm](http://snomed.vetmed.vt.edu/sct/menu.cfm))
- Quellen
  - Clue-Dateien (proprietär)
  - Textfiles (über UMLS)
- experimentelle Nutzung ohne kommerziellen Hintergrund überall möglich

# sct\_relationships\_20090731.txt

| RELATIONSHIPID | CONCEPTID:RELATIONSHIPTYPE | CONCEPTID2 | CHARACTERISTICCTYPE | REFINABILITY | RELATIONSHIPGROUP |
|----------------|----------------------------|------------|---------------------|--------------|-------------------|
| 8086027        | 103628006                  | 116680003  | 84499006            | 0            | 0                 |
| 8087020        | 103628006                  | 116680003  | 34248003            | 0            | 0                 |
| 7777029        | 171395005                  | 116680003  | 171390000           | 0            | 0                 |
| 3874027        | 159598005                  | 116680003  | 265979006           | 0            | 0                 |
| 4785027        | 160905000                  | 116680003  | 266959008           | 0            | 0                 |
| 4844026        | 160987006                  | 116680003  | 266975006           | 0            | 0                 |
| 4845025        | 102523004                  | 116680003  | 105726004           | 0            | 0                 |
| 12876021       | 178732003                  | 116680003  | 173788005           | 0            | 0                 |
| 12817021       | 178618008                  | 116680003  | 239542002           | 0            | 0                 |
| 14569023       | 181380003                  | 116680003  | 313560002           | 0            | 0                 |
| 14568026       | 181380003                  | 116680003  | 81040000            | 0            | 0                 |
| 14364025       | 181248002                  | 116680003  | 21306003            | 0            | 0                 |
| 13759024       | 180634001                  | 116680003  | 180632002           | 0            | 0                 |
| 3181599026     | 180097006                  | 116680003  | 239606002           | 0            | 0                 |
| 3171800021     | 180097006                  | 116680003  | 119657005           | 0            | 0                 |
| 2683723022     | 180097006                  | 116680003  | 119647009           | 0            | 0                 |
| 3181600028     | 180098001                  | 116680003  | 239606002           | 0            | 0                 |
| 13553023       | 180098001                  | 116680003  | 625000              | 0            | 0                 |
| 2683725026     | 180098001                  | 116680003  | 119647009           | 0            | 0                 |
| 1651441025     | 180117008                  | 116680003  | 188383006           | 0            | 0                 |
| 13571027       | 180117008                  | 116680003  | 239624000           | 0            | 0                 |
| 3560921024     | 104517005                  | 116680003  | 413993002           | 0            | 0                 |
| 1650992022     | 177118006                  | 116680003  | 79876008            | 0            | 0                 |
| 3181015028     | 175458000                  | 116680003  | 276978009           | 0            | 0                 |
| 10590020       | 175458000                  | 116680003  | 301081007           | 0            | 0                 |
| 1910412026     | 103408004                  | 116680003  | 385353004           | 0            | 0                 |
| 6843024        | 103353001                  | 116680003  | 260546003           | 0            | 0                 |
| 6844029        | 103353001                  | 116680003  | 106233006           | 0            | 0                 |
| 3221429029     | 103354007                  | 116680003  | 103379005           | 0            | 0                 |
| 6845028        | 103354007                  | 116680003  | 106233006           | 0            | 0                 |

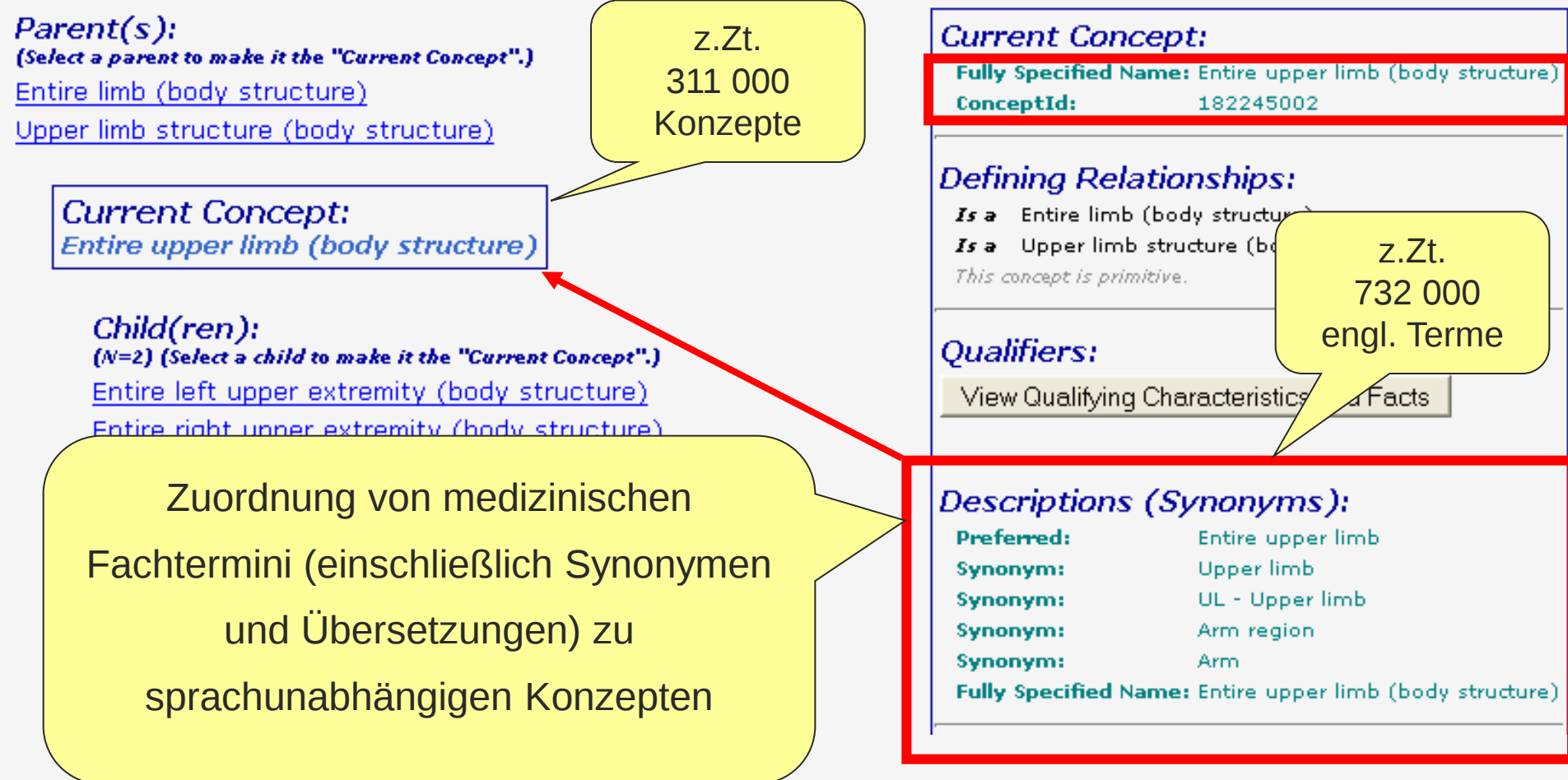
# sct\_concepts\_20090731.txt

| CONCEPTID | CONCEPTST FULLYSPECIFIEDNAME    | CTV3ID | SNOMEDID | ISPRIMITIVE |
|-----------|---------------------------------|--------|----------|-------------|
| 103408004 | 0 Human immunodeficiency        | XU0uH  | G-E613   | 1           |
| 103353001 | 0 Transgastric (qualifier va    | X8111  | G-A1B2   | 1           |
| 103354007 | 0 Transmural (qualifier val     | XU0tX  | G-A1B3   | 1           |
| 169269008 | 0 Blood/plasma viscosity        | 5884.  | P3-70775 | 1           |
| 103521009 | 0 Influenzavirus A Phillipin    | XU0va  | L-32816  | 1           |
| 169435005 | 0 Ultrasound therapy - an       | 5B72.  | P5-B0093 | 1           |
| 169436006 | 0 Ultrasound therapy - sk       | 5B73.  | P5-B0094 | 1           |
| 103401005 | 0 Saturated (qualifier val      | XU0uB  | G-D642   | 1           |
| 171007003 | 0 Counseling for bereaver       | 6751.  | P2-11911 | 1           |
| 103542006 | 0 Ookinete form of protozo      | XU0vx  | L-50062  | 1           |
| 171016004 | 2 Investigation result coun     | 6773.  | P2-118C4 | 1           |
| 103543001 | 0 Merozoite form of protozo     | X80tf  | L-50063  | 1           |
| 160632008 | 0 Enjoys moderate exercise      | 1384.  | F-0A8FD  | 1           |
| 162340000 | 0 Hearing difficulty (finding   | 1C12.  | F-F5031  | 1           |
| 160646008 | 0 Frequency-Intensity-Tim       | 1381.  | F-0A90C  | 1           |
| 10245000  | 0 Structure of abductor dig     | XU0h9  | T-14910  | 1           |
| 102453009 | 0 Peritonsillar cellulitis (dis | X00ms  | DC-71602 | 0           |
| 102473004 | 0 Shortened therapeutic re      | XU0hU  | F-00557  | 1           |
| 160519009 | 0 Indian origin (finding)       | 1347.  | F-024BD  | 1           |
| 160520003 | 0 Middle Eastern origin (fir    | 1348.  | F-024BE  | 1           |
| 102475006 | 0 Patient reaction finding (    | XU0hW  | F-00560  | 1           |
| 160538000 | 0 Religious affiliation (obs    | 135..  | F-024E8  | 1           |
| 160633003 | 0 Enjoys heavy exercise (f      | 1385.  | F-0A8FE  | 1           |
| 160634009 | 0 Competitive athlete (find     | 1386.  | F-0A8FF  | 1           |
| 102444002 | 0 Exposure to toxic dust (e     | XU0h5  | A-A3280  | 1           |
| 102445001 | 0 Exposure to toxic dust, c     | XU0h6  | A-A3281  | 1           |

# sct\_descriptions\_20090731.txt

| DESCRIPTIONID | DESCRIPTIONSTATUS | CONCEPTID | TERM                                  | INITIALCAPITALSTATUS | DESCRIPTIONTYPE |
|---------------|-------------------|-----------|---------------------------------------|----------------------|-----------------|
| 541062010     | 0                 | 160179009 | Foreman - rail transport (occupati    | 0                    | 3               |
| 540501016     | 0                 | 159684005 | Head barman (occupation)              | 0                    | 3               |
| 540502011     | 8                 | 159685006 | Supervisor - catering (occupation)    | 0                    | 3               |
| 495182013     | 0                 | 4870002   | Structure of dorsal tegmental nucl    | 0                    | 1               |
| 9118018       | 0                 | 4873000   | Localized vascularization of corne    | 0                    | 1               |
| 1490491010    | 0                 | 4873000   | Localized corneal vascularization     | 0                    | 2               |
| 2532573019    | 0                 | 47337003  | Capsular fibrosis                     | 0                    | 1               |
| 78919019      | 1                 | 47337003  | After-cataract                        | 0                    | 2               |
| 78920013      | 1                 | 47337003  | After-cataract, NOS                   | 0                    | 2               |
| 78922017      | 0                 | 47338008  | Removal of coronary artery obstru     | 0                    | 1               |
| 80122013      | 1                 | 48079002  | Mood alteration, NOS                  | 0                    | 2               |
| 80120017      | 0                 | 48079002  | Disturbance in mood                   | 0                    | 1               |
| 516148014     | 0                 | 137763006 | Entire nasal spine of frontal bone    | 0                    | 3               |
| 517831013     | 0                 | 139279001 | Entire lateral part of occipital bone | 0                    | 3               |
| 539721011     | 0                 | 158996009 | State enrolled nurse (occupation)     | 1                    | 3               |
| 539449015     | 0                 | 158754002 | Managing director (occupation)        | 0                    | 3               |
| 539733018     | 0                 | 159006006 | Dental nurse (occupation)             | 0                    | 3               |
| 539737017     | 0                 | 159010009 | Hospital pharmacist (occupation)      | 0                    | 3               |
| 539558013     | 0                 | 158851003 | Buyer - advertising space (occupa     | 0                    | 3               |
| 539559017     | 0                 | 158852005 | Print buyer - advertising (occupati   | 0                    | 3               |
| 539714011     | 0                 | 158989007 | Occupational health nursing office    | 0                    | 3               |
| 539715012     | 0                 | 158990003 | Nursing officer (occupation)          | 0                    | 3               |
| 539726018     | 0                 | 159000000 | Health visitor (occupation)           | 1                    | 3               |
| 539727010     | 0                 | 159001001 | Clinic nurse (occupation)             | 0                    | 3               |
| 539697012     | 0                 | 158974003 | Clinical medical officer (occupatio   | 0                    | 3               |
| 539698019     | 0                 | 158975002 | Medical practitioner - teaching (oc   | 0                    | 3               |

# SNOMED CT als Terminologie



# SNOMED CT als formales System

# SNOMED CT als formales System

## Parent(s):

(Select a parent to make it the "Current Concept".)

[Disorder of appendix \(disorder\)](#)

[Inflammation of large intestine \(disorder\)](#)

**Current Concept:**  
[Appendicitis \(disorder\)](#)

## Child(ren):

(N=14) (Select a child to make it the "Current Concept".)

There are 5 Retired Children. [Show Retired Children](#)

[Acute appendicitis \(disorder\)](#)

[Amebic appendicitis \(disorder\)](#)

[Appendicitis of a pelvic appendix \(disorder\)](#)

[Atypical appendicitis \(disorder\)](#)

[Catarrhal appendicitis \(disorder\)](#)

[Chronic appendicitis \(disorder\)](#)

[Complicated appendicitis \(disorder\)](#)

[Focal appendicitis \(disorder\)](#)

Hierarchien:  
Strikte  
Spezialisierung  
(is-a)

## Current Concept:

**Fully Specified Name:** Appendicitis (disorder)

**ConceptId:** 74400008

## Refining Relationships:

**Is a** Disorder of appendix (disorder)  
**Is a** Inflammation of large intestine (disorder)

Group 1

**Associated morphology (attribute)** [Inflammation \(morphologic abnormality\)](#)

**Finding site (attribute)** [Appendix structure \(body structure\)](#)

*This concept is fully defined.*

## Qualifiers:

[View Qualifying Characteristics and Facts](#)

## Descriptions (Synonyms):

**Preferred:** Appendicitis

**Fully Specified Name:** Appendicitis (disorder)

**Synonym:** Appendicitis, NOS

# SNOMED CT als formales System

## Parent(s):

(Select a parent to make it the "Current Concept".)

[Disorder of appendix \(disorder\)](#)

[Inflammation of large intestine \(disorder\)](#)

**Current Concept:**  
**[Appendicitis \(disorder\)](#)**

## Child(ren):

(N=14) (Select a child to make it the "Current Concept".)

There are 5 Retired Children. [Show Retired Children](#)

[Acute appendicitis \(disorder\)](#)

[Amebic appendicitis \(disorder\)](#)

[Appendicitis of a pelvic appendix \(disorder\)](#)

[Atypical appendicitis \(disorder\)](#)

Restriktionen: auf einfacher  
Beschreibungslogik beruhend:

$C1 - Rel - C2$  zu interpretieren als:  
 $\forall x: instanceOf(x, C1) \Rightarrow$   
 $\exists y: instanceOf(C2) \wedge Rel(x,y)$

## Current Concept:

**Fully Specified Name:** Appendicitis (disorder)

**ConceptId:** 74400008

## Defining Relationships:

**Is a** Disorder of appendix (disorder)

**Is a** Inflammation of large intestine (disorder)

Group 1

**Associated morphology (attribute)** [Inflammation \(morphologic abnormality\)](#)

**Finding site (attribute)** [Appendix structure \(body structure\)](#)

This concept is fully defined.

## Qualifiers:

[View Qualifying Ch...](#)

## Descriptions (

**Preferred:**

**Fully Specified Name:**

**Synonym:**

## Relationen (Attribute):

z.B.

Associated morphology

Finding site

(50 Relationstypen)

# SNOMED CT als formales System

## Current Concept:

**Fully Specified Name:** Entire upper limb (body structure)

**ConceptId:** 182245002

## Defining Relationships:

**Is a** Entire limb (body structure)

**Is a** Upper limb structure (body structure)

This concept is primitive.

definierte vs. primitive  
Konzepte

## Current Concept:

**Fully Specified Name:** Appendicitis (disorder)

**ConceptId:** 74400008

## Defining Relationships:

**Is a** Disorder of appendix (disorder)

**Is a** Inflammation of large intestine (disorder)

Group 1

**Associated morphology (attribute)** [Inflammation \(morphologic abnormality\)](#)

**Finding site (attribute)** [Appendix structure \(body structure\)](#)

This concept is fully defined.

## Qualifiers:

[View Qualifying Characteristics and Facts](#)

## Descriptions (Synonyms):

**Preferred:** Appendicitis

# Defizit von nicht-formalen Ansätzen (frühere SNOMED-Versionen)

|          |                                                |
|----------|------------------------------------------------|
| D5-46210 | <a href="#"><u>Acute appendicitis, NOS</u></a> |
|----------|------------------------------------------------|

|          |                                          |
|----------|------------------------------------------|
| D5-46100 | <a href="#"><u>Appendicitis, NOS</u></a> |
|----------|------------------------------------------|

|        |                              |
|--------|------------------------------|
| G-A231 | <a href="#"><u>Acute</u></a> |
|--------|------------------------------|

|         |                                                |
|---------|------------------------------------------------|
| M-41000 | <a href="#"><u>Acute inflammation, NOS</u></a> |
|---------|------------------------------------------------|

|        |                           |
|--------|---------------------------|
| G-C006 | <a href="#"><u>In</u></a> |
|--------|---------------------------|

|         |                                      |
|---------|--------------------------------------|
| T-59200 | <a href="#"><u>Appendix, NOS</u></a> |
|---------|--------------------------------------|

|        |                              |
|--------|------------------------------|
| G-A231 | <a href="#"><u>Acute</u></a> |
|--------|------------------------------|

|         |                                     |
|---------|-------------------------------------|
| M-40000 | <a href="#"><u>Inflammation</u></a> |
|---------|-------------------------------------|

|        |                           |
|--------|---------------------------|
| G-C006 | <a href="#"><u>In</u></a> |
|--------|---------------------------|

|         |                                      |
|---------|--------------------------------------|
| T-59200 | <a href="#"><u>Appendix, NOS</u></a> |
|---------|--------------------------------------|

- Unterschiedliche Beschreibungen desselben Sachverhalts sind nicht aufeinander abbildbar
- Aneinanderreihung von Konzepten und Relationen nicht eindeutig interpretierbar

# SNOMED CT : taxonomische Hierarchien

## Current Concept:

*SNOMED CT Concept (SNOMED RT+CTV3)*

### Child(ren):

(N=19) (Select a child to make it the "Current Concept")

Body structure (body structure)

Clinical finding (finding)

Environment or geographical location (environment)

Event (event)

Linkage concept (linkage concept)

Observable entity (observable entity)

Organism (organism)

Pharmaceutical / biologic product (product)

Physical force (physical force)

Physical object (physical object)

Procedure (procedure)

Qualifier value (qualifier value)

Record artifact (record artifact)

Situation with explicit context (situation)

Social context (social concept)

Special concept (special concept)

Specimen (specimen)

Staging and scales (staging scale)

Substance (substance)

## Current Concept:

*Clinical finding (finding)*

### Child(ren):

(N=20) (Select a child to make it the "Current Concept")

*There are 2 Retired Children. [Show Retired Children](#)*

Administrative statuses (finding)

Adverse incident outcome categories (finding)

Clinical history and observation findings (finding)

Clinical stage finding (finding)

Deformity (finding)

Disease (disorder)

Drug action (finding)

Edema (finding)

Effect of exposure to physical force (finding)

Enzyme activity finding (finding)

Finding by method (finding)

Finding by site (finding)

Finding of grade (finding)

Finding related to physiologic substance (finding)

Finding reported by subject or history provider (finding)

General clinical state finding (finding)

Neurological finding (finding)

Prognosis/outlook finding (finding)

Sequelae of external causes and disorders (finding)

Wound finding (finding)

## Current Concept:

*Disease (disorder)*

### Child(ren):

(N=71) (Select a child to make it the "Current Concept")

*There are 2 Retired Children. [Show Retired Children](#)*

Acute disease (disorder)

AIDS-associated disorder (disorder)

Angioedema and/or urticaria (disorder)

Biphasic disease (disorder)

Chronic disease (disorder)

Communication disorder (disorder)

Complication (disorder)

Complication of procedure (disorder)

Congenital disease (disorder)

Degenerative disorder (disorder)

Developmental disorder (disorder)

Disease due to Arthropod (disorder)

Disease of presumed infectious origin (disorder)

Disorder associated with menstruation (disorder)

Disorder by body site (disorder)

Disorder characterized by edema (disorder)

Disorder characterized by pain (disorder)

Disorder due to exposure to ionizing radiation (disorder)

Disorder of cellular component of blood (disorder)

Disorder of fetus or newborn (disorder)

# SNOMED CT : taxonomische Hierarchien

## Parent(s):

(Select a parent to make it the "Current Concept".)

[Acute inflammatory disease \(disorder\)](#)

[Appendicitis \(disorder\)](#)

## Current Concept:

[Acute appendicitis \(disorder\)](#)

## Child(ren):

(N=10) (Select a child to make it the "Current Concept".)

There are 1 Retired Children. [Show Retired Children](#)

[Acute appendicitis with appendix abscess \(disorder\)](#)

[Acute appendicitis with peritoneal abscess \(disorder\)](#)

[Acute appendicitis with peritonitis \(disorder\)](#)

[Acute appendicitis without peritonitis \(disorder\)](#)

[Acute focal appendicitis \(disorder\)](#)

[Acute fulminating appendicitis \(disorder\)](#)

[Acute gangrenous appendicitis \(disorder\)](#)

[Acute obstructive appendicitis \(disorder\)](#)

[Acute perforated appendicitis \(disorder\)](#)

[Acute suppurative appendicitis \(disorder\)](#)

## Current Concept:

**Fully Specified Name:** [Acute appendicitis \(disorder\)](#)

**ConceptId:** 85189001

## Defining Relationships:

**Is a**

[Acute inflammatory disease \(disorder\)](#)

**Is a**

[Appendicitis \(disorder\)](#)

Group 1

**Associated morphology (attribute)** [Acute inflammation \(morphologic abnormality\)](#)

**Finding site (attribute)** [Appendix structure \(body structure\)](#)

*This concept is fully defined.*

## Qualifiers:

[View Qualifying Characteristics and Facts](#)

## Descriptions (Synonyms):

**Fully Specified Name:** [Acute appendicitis \(disorder\)](#)

**Preferred:** [Acute appendicitis](#)

**Synonym:** [Acute appendicitis, NOS](#)

## Related Concepts:

[- All "Is a" antecedents -](#)

[- All descendants and related subtypes -](#)

# Präkoordination - Postkoordination

- Präkoordination: komplexe Ausdrücke sind vorformuliert:  
Acid chemical burn of cornea and conjunctival sac
  - Vorteil: schnelle Kodierung komplexer, aber häufiger Sachverhalte
  - Nachteil: kombinatorische Explosion der Terminologie
- Postkoordination: komplexe Ausdrücke werden aus atomaren Konzepten, Relationen und logischen Konstruktoren aufgebaut:  
Burn *AND has-location SOME ((has-part SOME Cornea) AND (has-part SOME Conjunctival sac)) AND causal-agent SOME Acid*
  - Nachteil: aufwändige Kodierung
  - Vorteil: Terminologie bleibt pflegbar und übersichtlich
- Formaler Fundierung erlaubt das Berechnen der Äquivalenz zwischen Prä- und Postkoordinationen

# Problematik der Postkoordination

- Komplizierte Syntax und Kombinationsregeln:  
erfordert intensive Schulung
- Anwendungssysteme müssen teils sehr lange  
Ausdrücke beherrschen
- Unterscheidung zwischen logischer Konjunktion  
(ein kombiniertes Konzept) und  
Nebeneinanderstellung von Konzepten (Addition)

# SNOMED CT: Derzeitige Schwächen

# Uneinheitlicher Top-Level

Current Concept:  
SNOMED GT Concept (SNOMED RT+CTV3)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Body structure (10)<br>Acquired body structure<br>Anatomical organizational pattern<br>(...)<br>Clinical finding (22)<br>Administrative statuses<br>Adverse incident outcome categories<br>(...)<br>Environment or geographical location<br>Environment<br>Geogr. and/or political region of the world<br>Event (19)<br>Abuse<br>Accidental event<br>Bioterrorism related event<br>(...)<br>Linkage concept<br>Attribute<br>Link assertion<br>Observable entity<br>Age AND/OR growth period<br>Body product observable<br>(...)<br>Clin. history / examination observable (21)<br>Device observable<br>Drug therapy observable<br>Feature of Entity<br>(...)<br>Organism (11)<br>Animal<br>Chromista | Pharmaceutical / biologic product (58)<br>Alcohol products<br>Alopecia preparation<br>Alternative medicines<br>(...)<br>Physical force (21)<br>Altitude<br>Electricity<br>(...)<br>Physical object (8)<br>Device<br>Domestic, office and garden artefact<br>Fastening<br>(...)<br>Procedure (23)<br>Administrative procedure<br>Community health procedure<br>(...)<br>Qualifier value (52)<br>Action<br>Additional dosage instructions<br>(...)<br>Record artifact<br>Record organizer<br>Record type | Social context (10)<br>Community<br>Family<br>Group<br>(...)<br>Special concept<br>Namespace concept<br>Navigational concept<br>Non-current concept<br>Specimen (45)<br>Biopsy sample<br>Body substance sample<br>Cardiovascular sample<br>(...)<br>Staging and scales (6)<br>Assessment scales<br>Endometriosis classification<br>of American Fertility Society<br>(...)<br>Substance (11)<br>Allergen class<br>Biological substance<br>Body substance<br>(...) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## **The Celestial Emporium of Benevolent Knowledge**

Jorge Luis Borges

"On those remote pages  
it is written that animals  
are divided into:

- a. those that belong to the Emperor
- b. embalmed ones
- c. those that are trained
- d. suckling pigs
- e. mermaids
- f. fabulous ones
- g. stray dogs
- h. those that are included in this classification
- i. those that tremble as if they were mad
- j. innumerable ones
- k. those drawn with a very fine camel's hair brush
- l. others
- m. those that have just broken a flower vase
- n. those that resemble flies from a distance"

# Exzessive Präkoordination

deep full thickness burn of the cheek without loss of body part  
deep full thickness burn of the cheek, with loss of body part  
deep third degree burn of forehead AND/OR cheek with loss of body part  
deep full thickness burn of the lip(s), with loss of body part  
deep full thickness burn of the lip(s) without loss of body part  
deep full thickness burn of the cheek without loss of body part  
deep full thickness burn of the cheek, with loss of body part  
deep third degree burn of forehead AND/OR cheek with loss of body part  
deep full thickness burn of the forehead without loss of body part  
deep third degree burn of forehead AND/OR cheek with loss of body part  
deep third degree burn of face, head AND/OR neck with loss of body part  
deep third degree burn of face AND/OR head with loss of body part  
deep third degree burn of face, head AND/OR neck with loss of body part  
deep full thickness burn of the eye, with loss of body part  
deep full thickness burn of the cheek, with loss of body part  
deep third degree burn of forehead AND/OR cheek with loss of body part  
deep full thickness burn of the chin without loss of body part  
deep full thickness burn of the lip(s) without loss of body part  
deep full thickness burn of the forehead without loss of body part  
deep third degree burn of forehead AND/OR cheek with loss of body part

Über 350 Konzepte für  
Brandverletzungen  
im Bereich des Kopfes

# Hypertrophierte Hierarchien

Root Concept: **Acute appendicitis (disorder)**

*The following 36 "Is a" antecedents are present in the SNOMED hierarchy:*

[Disorder of appendix \(disorder\)](#)

[Disorder of digestive system \(disorder\)](#)

[Disease \(disorder\)](#)

[Appendicitis \(disorder\)](#)

[Disorder of digestive organ \(disorder\)](#)

[Disorder of lower gastrointestinal tract \(disorder\)](#)

[Disorder of digestive tract \(disorder\)](#)

[Disorder of intestine \(disorder\)](#)

[Finding by site \(finding\)](#)

[Finding of large intestine \(finding\)](#)

[Disorder of abdomen \(disorder\)](#)

[Disorder of gastrointestinal tract \(disorder\)](#)

[General finding of abdomen \(finding\)](#)

[Disorder of large intestine \(disorder\)](#)

[Disorder by body site \(disorder\)](#)

[Disorder of trunk \(disorder\)](#)

[Inflammatory disorder \(disorder\)](#)

[Acute inflammatory disease \(disorder\)](#)

[Inflammatory disorder of digestive tract \(disorder\)](#)

[SNOMED CT Concept \(SNOMED RT+CTV3\)](#)

[Abdominal organ finding \(finding\)](#)

[Bowel finding \(finding\)](#)

[Finding of appendix \(finding\)](#)

[Finding of body region \(finding\)](#)

[Inflammation of large intestine \(disorder\)](#)

[Finding of trunk structure \(finding\)](#)

[Disorder of body system \(disorder\)](#)

[Inflammation of specific body organs \(disorder\)](#)

[Inflammation of specific body structures or tissue \(disorder\)](#)

[Inflammation of specific body systems \(disorder\)](#)

[Inflammatory disorder of digestive system \(disorder\)](#)

[Digestive system finding \(finding\)](#)

[Gastrointestinal tract finding \(finding\)](#)

[Disorder of body cavity \(disorder\)](#)

[Clinical finding \(finding\)](#)

[Viscus structure finding \(finding\)](#)

# "Epistemic intrusion" – Aussagen statt Konzepte

metastasis to peritoneum of unknown primary tumor

Suspected autism

Suspicion of gastritis

Other circus performer

No antenatal care: not known pregnant

No drug side effect reported

Take at regular intervals. Complete the prescribed course unless otherwise directed

Pregnant ? – planned

T1a (IA): Invasive carcinoma of uterine cervix diagnosed by microscopy only

Diabetes mellitus excluded

Surgical pathology consultation and report on referred slides prepared elsewhere

Previous known suicide attempt

Medication not administered

Helicobacter blood test negative

Poor condition at birth without known asphyxia

Natural death with probable cause suspected

Dendritic cell sarcoma, not otherwise specified

Unlikely diagnosis

Operating room unavailable

# Fehlende Beschreibungen

Admission to intensive care:

kein Link zu: Intensive Care

Severe Asthma :

kein Link zu: Severe

Chronic hemorrhage :

kein Link zu: Chronic

Hemorrhage :

kein Link zu: Blood

Epithelium :

kein Link zu: Epithelial Cell

Diabetic foot at risk :

kein Link zu: Diabetes, Foot

Operating room unavailable :

kein Link zu: Operating Room

Failed heroin detoxification :

kein Link zu: Heroin

Alopecia preparation :

kein Link zu: Alopecia

Concept Status: **Current**

## Descriptions

- F** admission to intensive care unit (procedure)
- P** admission to intensive care unit
- S** admit to ITU
- S** admit to intensive care unit
- S** ICU - Admission to intensive care unit

## Definition: Primitive

is a

- D** admission to department

## Qualifiers

priority

- P** priorities

## Codes

- Original SnomedId : P0-00279
- Read Code (Ctv3Id) : XaAN6

CliniClue 2006: SNOMED CT(International 0807Int[Release]) [Registered user: DemonstrationUser40@CLUE5.demo]

File Edit Subsets Restrict Language Layout Tools Help

Concept Id 109442002 **Congenital missing tooth**

Description Id 174009017 clinical finding

Words - any order

Find missing

- missing rib
- missing leg
- missing toe
- tooth missing
- missing hand
- missing foot
- teeth missing
- missing sternum
- finger missing
- missing tooth count

Hierarchy Subtype hierarchy

- 422977003 congenital anomaly of tooth
- 66793004 congenital absence of alimentary tract
- 91922000 congenital absence of jaw
- 91946007 congenital absence of mouth
  - 109442002 congenital absence of one tooth

congenital absence of one tooth - Definition

Concept Status: **Current**

Descriptions

- F congenital absence of one tooth (disorder)
- P congenital absence of one tooth
- S congenital hypodontia, single tooth
- S congenital missing tooth

Definition: Primitive

- is a
  - D congenital anomaly of tooth
  - D congenital absence of alimentary tract
  - D congenital absence of jaw
  - D congenital absence of mouth
- occurrence
  - D congenital
- Group
  - associated morphology
    - D congenital absence
  - finding site
    - D tooth structure
- Qualifiers
  - severity
    - severities
  - clinical course
    - courses
- Codes
  - Original SnomedId : D4-51015
  - Read Code (Ctv3Id) : XU2Mr

# Unklares "Ontological Commitment"

- Beschreibungslogik: Konzepte sind einstellige Prädikate über eine Domäne
- Was sind Instanzen von SNOMED CT – Konzepten ?
  - Konzepte: [Linkage concept](#)
  - Individuelle materielle Entitäten / Prozesse: [Gallbladder](#), [Cholecystitis](#)
  - Individuelle Aussagen / Dokumentationsobjekte, : [Diabetes mellitus excluded](#), [Take at regular intervals](#), [Biopsy planned](#)
  - keine: [Indian Subcontinent](#), [Milligram](#)

# Inhaltlich falsche Beschreibungen

## Biopsy Planned:

impliziert Existenz von: Biopsy

## Drug\_Abuse\_Prevention :

impliziert Existenz von : Drug Abuse

## Suspected Gallstones:

impliziert Existenz von : Gallstones

## Absence of Arm:

impliziert Existenz von : Upper Limb Structure

## Amputation of toe:

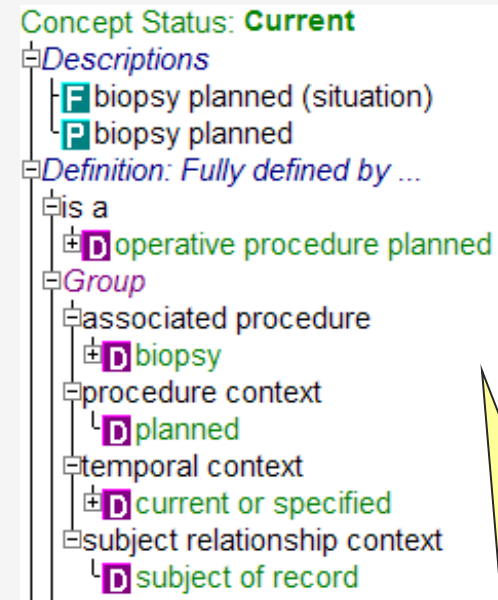
: wird klassifiziert als: Amputation of foot

## Absence of liver or gallbladder NOS :

wird klassifiziert als: Congenital absence of liver and gallbladder

## Proximal hemiphalangectomy of toe :

wird klassifiziert als: Amputation of toe.



$C1 - Rel - C2$  zu  
interpretieren als:  
 $\forall x: instanceOf(x, C1) \Rightarrow$   
 $\exists y: instanceOf(C2)$   
 $\wedge Rel(x, y)$

# Ursache vieler Defizite

- SOLL: Beschränkung auf kontrolliertes Vokabular (Terminologie) und / oder Hierarchie und Beschreibung von Typen (Ontologie)
- IST: Inkonsequente und formal fragwürdige Repräsentation aller Arten dokumentarischer Aussagen, wie sie typisch sind für Informationsmodelle und statistische Klassifikationen
- Grundirrtümer: Medizinische Dokumentation als Instantiierung von Terminologie / Ontologie-Konzepten, Vermischung Ontologie / Informationsmodell

| Hierarchy |                                             | SNOMED CT Top Level Navigation Hierarchy (v1) | Default to |
|-----------|---------------------------------------------|-----------------------------------------------|------------|
| 138875005 |                                             | SNOMED CT Concept                             |            |
| 243796009 | situation with explicit context             |                                               |            |
| 276445008 | A/N risk factors                            |                                               |            |
| 405647008 | critical incident factors                   |                                               |            |
| 405648003 | critical incident properties                |                                               |            |
| 398819009 | diabetic foot at risk                       |                                               |            |
| 33993005  | disease type AND/OR category not applicable |                                               |            |
| 66678007  | disease type AND/OR category not assigned   |                                               |            |
| 271336007 | examination / signs                         |                                               |            |
| 57177007  | family history of                           |                                               |            |
| 413350009 | finding with explicit context               |                                               |            |
| 4908009   | history of                                  |                                               |            |
| 309575005 | laboratory finding absent                   |                                               |            |
| 405280005 | operating room unavailable                  |                                               |            |
| 416534008 | outbreak                                    |                                               |            |

# Aufbau des Tutorials

- Grundbegriffe medizinische Ordnungssysteme
- SNOMED CT
- **Ontologien/Terminologien vs. Informationsmodelle**
- IHTSDO
- SNOMED CT in deutschsprachigen Staaten

# Theorien

## Ontologie

- Theorie der Realität



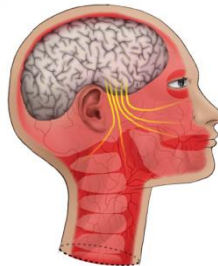
## Semantik

- Theorie der Bedeutung von menschlicher Sprache



## Epistemologie

- Theorie des Wissens



# Typen von Repräsentationsartefakten

## Ontologien

- Theorie der Realität
  - Kategorien
  - Axiome
- z.B. materielles Objekt vs. Funktion  
vs. Prozess vs. Qualität  
Korpusmukosa = Mukosa +  
lokalisiert in =1 Magenkorpus

## Terminologien

- Theorie der sprachlichen Zeichen
  - Synonymie, Homonymie
  - Oberbegriffe, Unterbegriffe
- z.B.: {„ulcus“, „ulkus“, „ulzer\*“,  
„ulcer\*“, „geschwür“, ...}  
„krebs“: Krankheit oder Tier  
„blase“ : Harnblase oder Brandblase



## Datenmodelle / Informationsmodelle

- Theorie des Wissens
- Nichtwissen, unsicheres Wissen
- Kontexte
- z.B. „Verdacht auf Magengeschwür“, „Ulcus ausgeschlossen“, „Bei langfristiger Einnahme von Aspirin besteht das Risiko eines Magengeschwürs“

In der Realität keine saubere Trennung

Terminologien

Ontologien

Informationsmodelle

In der Realität keine saubere Trennung

Terminology

**MeSH**

Ontology

**ICD  
10**

**SNOMED  
CT**

**HL7  
RIM**

Information models

# Problem: Semantische Überlappung

Terminologien  
Ontologien  
okkupieren das  
Terrain der  
Informations-  
modelle

- Historisch: Notwendigkeit, Anwendungen basierend auf einem Standard zu entwickeln
- Es gibt verschiedene Ansätze, ein und dasselbe auszudrücken
- Wenn zusammen benutzt, Risiko arbiträrer und nicht interoperabler Designentscheidungen

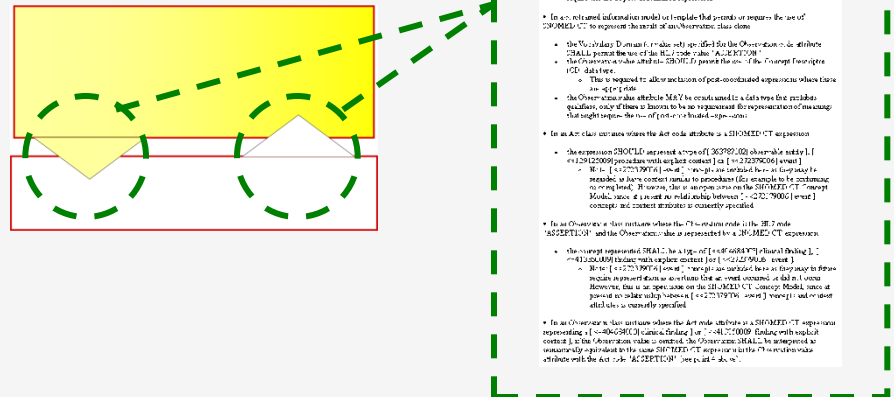
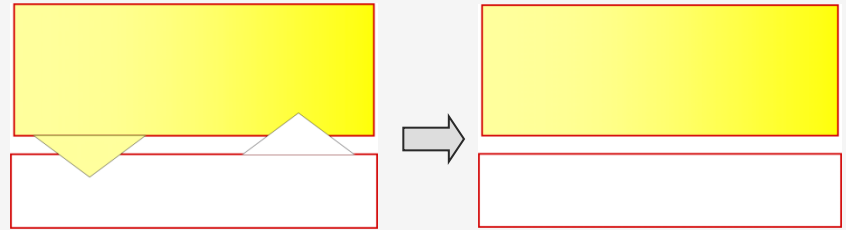
Informations-  
modelle  
okkupieren das  
Terrain der  
Ontologien /  
Terminologien

# "Epistemic intrusion"

- SNOMED CT: "Suspected autism"
- SNOMED CT: "Biopsy planned"
- SNOMED CT: "Take at regular intervals"
- ICD 10: "Tuberculosis of lung, confirmed histologically"
- ICD-O: "Basal cell tumor, uncertain whether benign or" malignant
- ICD-9-CM: "Replacement of unspecified heart valve"
- NCI Thesaurus: "Unknown If Ever Smoked"
- NCI Thesaurus: "Absent Adverse Event"

# Lösung

- Definition einer eindeutigen Grenze
- Regelsystem zur Auflösung von Ambiguitäten und Richtlinien zur Kodierung
- **HL7** TermInfo



# Zwei Standards

|                           | HL7 Version 3                                                                                                                     | SNOMED CT                                                                                                                                                                                           |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Characterization          | Messaging Standard for healthcare workflows                                                                                       | Terminology Standard for healthcare                                                                                                                                                                 |
|                           | Information model                                                                                                                 | Ontology-inspired Terminology                                                                                                                                                                       |
|                           | Model of use                                                                                                                      | Model of meaning                                                                                                                                                                                    |
| Represents                | Informational artifacts                                                                                                           | Clinical reality: patients, diseases, procedures, drugs                                                                                                                                             |
|                           | States of knowledge                                                                                                               | Meaning of terms                                                                                                                                                                                    |
| Methodological foundation | UML                                                                                                                               | Description logics                                                                                                                                                                                  |
| SDO                       |  <b>HL7, Inc</b><br><br>Ann Arbor, Michigan, USA |  <b>IHTSDO</b><br>International Healthcare Terminology Standards Development Organisation<br>Copenhagen, Denmark |
| Participation             | HL7 local organizations in over 30 countries                                                                                      | Member states: Australia, Canada, Cyprus, Denmark, Lithuania, New Zealand, Singapore, Spain, Sweden, The Netherlands, United Kingdom, United States                                                 |

# TermInfo *Draft Standard for Trial Use* (DSTU): Historie

- seit 2004 seitens HL7 Interesse and Nutzung von SNOMED CT
- HL7 *Vocabulary Technical Committee* initiierte das '*TermInfo Project*' mit folgendem Auftrag :
  - Untersuchung der Schnittstelle zwischen HL7- Informationsmodellen und Terminologie- / Kodiersystemen.
  - Spezifisch: Guideline zur Nutzung von SNOMED CT innerhalb HL7 V3
- September 2007:
  - '*Guide to Use of SNOMED CT in HL7 Version 3*' akzeptiert als *Draft Standard for Trial Use* (DSTU)
- <http://www.hl7.org/v3ballot/html/welcome/environment/index.htm>

# SNOMED CT in HL7 v3 DSTU

May 2008  
v3

Using SNOMED CT

HL7 Version 3 Standard

- Introduction
- Foundation
  - Reference Information Model
  - Data Types: Abstract
  - Data Types: Abstract R2
  - Core Principles and Properties
  - Constraints Project
  - GELLO: Common Expression**
  - Refinement, Constraint and**
  - Security (RBAC)**
  - Templates Project**
  - Using SNOMED CT**
  - Vocabulary**
- Specification Infrastructure
  - References
  - Revision changes
  - SNOMED CT Open Issues
  - Detailed aspects of implementation
  - Glossary
- Vocabulary
- Specification Infrastructure
- Implementation Technology
- Services

**Legend**

- Informative
- Reference
- Normative
- DSTU
- Draft
- Document Group

**1.3 Scope**

The primary scope of this implementation guide is to provide guidance for the use of SNOMED CT in the HL7 V3 Clinical Statement pattern. The intent is to guide implementers in the construction of instances based on models derived from that pattern. These include models covering the representation of clinical information from the perspective of various HL7 domains including Structured Documents (CDA release 2), Patient Care, Orders and Observations and models using the Clinical Statement CMET<sup>2</sup>.

**Word Count**

Statistics:

|                          |         |
|--------------------------|---------|
| Pages                    | 65      |
| Words                    | 36,699  |
| Characters (no spaces)   | 206,370 |
| Characters (with spaces) | 244,090 |
| Paragraphs               | 2,031   |
| Lines                    | 4,860   |

☐ Include footnotes and endnotes

Show Toolbar Cancel

# Struktur des Dokuments

1. Introduction and Scope
- ⇒ 2. **Guidance on Overlaps between RIM and SNOMED CT Semantics**
3. Common Patterns
4. Normal Forms
5. SNOMED CT vocabulary domain constraints
6. Glossary

Appendix A General Options for Dealing with Potential Overlaps

Appendix B References

Appendix C Revision changes

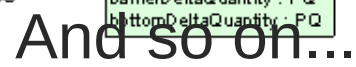
Appendix D SNOMED CT Open Issues

Appendix E Detailed aspects of issues with a vocabulary specification formalism

## Section 2:

### Guidance on overlaps between RIM and SNOMED CT Semantics

- Detaillierte Untersuchung der RIM - Attributes vs. SNOMED CT properties:
  - Act.classCode
  - Act.code and Observation.value
  - Act.moodCode
  - Act.statusCode
  - Procedure.targetSiteCode and Observation.targetSiteCode
  - Procedure.approachSiteCode and SubstanceAdministration.approachSiteCode
  - Procedure.methodCode and Observation.methodCode
  - Act.priorityCode
  - Act.negationInd
  - Act.uncertaintyCode
  - Representation of Units
  - Dates and Times



Jede Subsection in HL7 v3 DSTU Section 2: unterteilt in:

- 1. Potential overlap*
- 2. Rules and guidance*
- 3. Rationale*

Zwei Beispiele:

# Example 1: *Procedure.targetSiteCode* and *Observation.targetSiteCode*

- Potential Overlap:
  - Complete overlap
    - HL-7 *targetSiteCodes* are defined as "the anatomical site or system that is the focus of the procedure / observation."
    - SNOMED CT finding and procedure concepts have a defining attribute that specifies the site: e.g. *Appendicitis – Finding Site – Appendix structure*
- Rules and Guidance
  - omit *targetSiteCode* attribute from:
    - any *Act* class clone in which SNOMED CT is the only permitted code system for the *Act.code* attribute.
    - any *Observation* class clone in which SNOMED CT is the only permitted code system for the *Observation.value* attribute...'
- Rationale
  - Argues case for SNOMED CT attribute preference
  - Precision of available attributes; relationship grouping
  - The site of an action or event is clearly of ontological nature

## Example 2: *Act.MoodCode*

- Potential overlap
  - The values in *ActMood* vocabulary partially overlap with SNOMED CT representations of *Finding context* and *Procedure context*
    - *Finding context* relevant to instances of HL7 *Observation* classes expressed in "event", "goal", "expectation" and "risk" moods.
    - *Procedure context* relevant to (i) instances of various HL7 *Act* classes including *Procedure*, *SubstanceAdministration* and *Supply*, (ii) instances of the HL7 *Observation* class except in "intent" moods (including "request" and other subtype of "intent").
- Rules and guidance
  - The *moodCode* SHALL be present in all *Act* class instances
  - Rules for valid *moodCode* / SNOMED CT associations:
    - '...IF *moodCode* <>INT (or subtype), THEN *code* attribute of *Observation* class MAY be populated by the following SNOMED CT expression patterns...'
    - Defaults described by default correspondence tables
    - Allowable patterns described by constraint tables
  - 'If both are present then they must be kept in step

## Example 2: *Act.MoodCode*

- Mood Code = SNOMED CT context default and constraint tables

| moodCode | Mood Name   | SNOMED CT Finding context     |
|----------|-------------|-------------------------------|
| EVN      | Event       | [ 410515003   known present ] |
| GOL      | Goal        | [ 410518001   goal ]          |
| RSK      | Risk        | [ 410519009   at risk ]       |
| EXPEC    | Expectation | [ 410517006   expectation ]   |

Finding  
default

Finding  
constraints

| moodCode | Mood name   | SNOMED CT Finding context                                    |
|----------|-------------|--------------------------------------------------------------|
| EVN      | Event       | [( <<36692007   known   ) OR<br>( <<261665006   unknown   )] |
| GOL      | Goal        | [ <<410518001   goal ]                                       |
| RSK      | Risk        | [ <<410519009   at risk ]                                    |
| EXPEC    | Expectation | [ <<410517006   expectation ]                                |

# Next Steps - DSTU

- Encourage use and testing
  - Marketing effort
- Encourage and support submission and timely resolution of issues encountered in use
  - HL7 DSTU issue reporting mechanism (pending re-publication)
    - <http://www.hl7.org/dstucomments/index.cfm>
  - HL7 Project Homebase mechanism
    - <http://hl7projects.hl7.nscee.edu/>
- Encourage list membership and submission of issues
  - [http://www.hl7.org/special/committees/list\\_sub.cfm?list=hl7TermInfo](http://www.hl7.org/special/committees/list_sub.cfm?list=hl7TermInfo)
- Conference call debate and resolution
- Establish close ties with e.g. IHTSDO expertise for timely resolution/interim suggestions
- Advancement through IHTSDO standards approval processes



**Health Level Seven, Inc.**  
*For Immediate Release*



**International Health Terminology  
Standards Development Organisation**

### ***HL7 and IHTSDO Sign Agreement***

*Up front coordination will bring significant improvements in interoperability and patient safety*

**Chicago, IL., U.S. and Copenhagen, Denmark – April 5, 2009** – Health Level Seven® Inc. (HL7®), the leading authority for global healthcare IT standards, and the International Health Terminology Standards Development Organisation (IHTSDO®), the leading provider of standardized clinical terminology, today announced a collaboration agreement that will foster interoperability and lead to improvements in patient safety by eliminating gaps and overlaps between the HL7 and IHTSDO standards.

# Aufbau des Tutorials

- Grundbegriffe medizinische Ordnungssysteme
- SNOMED CT
- Ontologien/Terminologien vs. Informationsmodelle
- **IHTSDO**
- SNOMED CT in deutschsprachigen Staaten

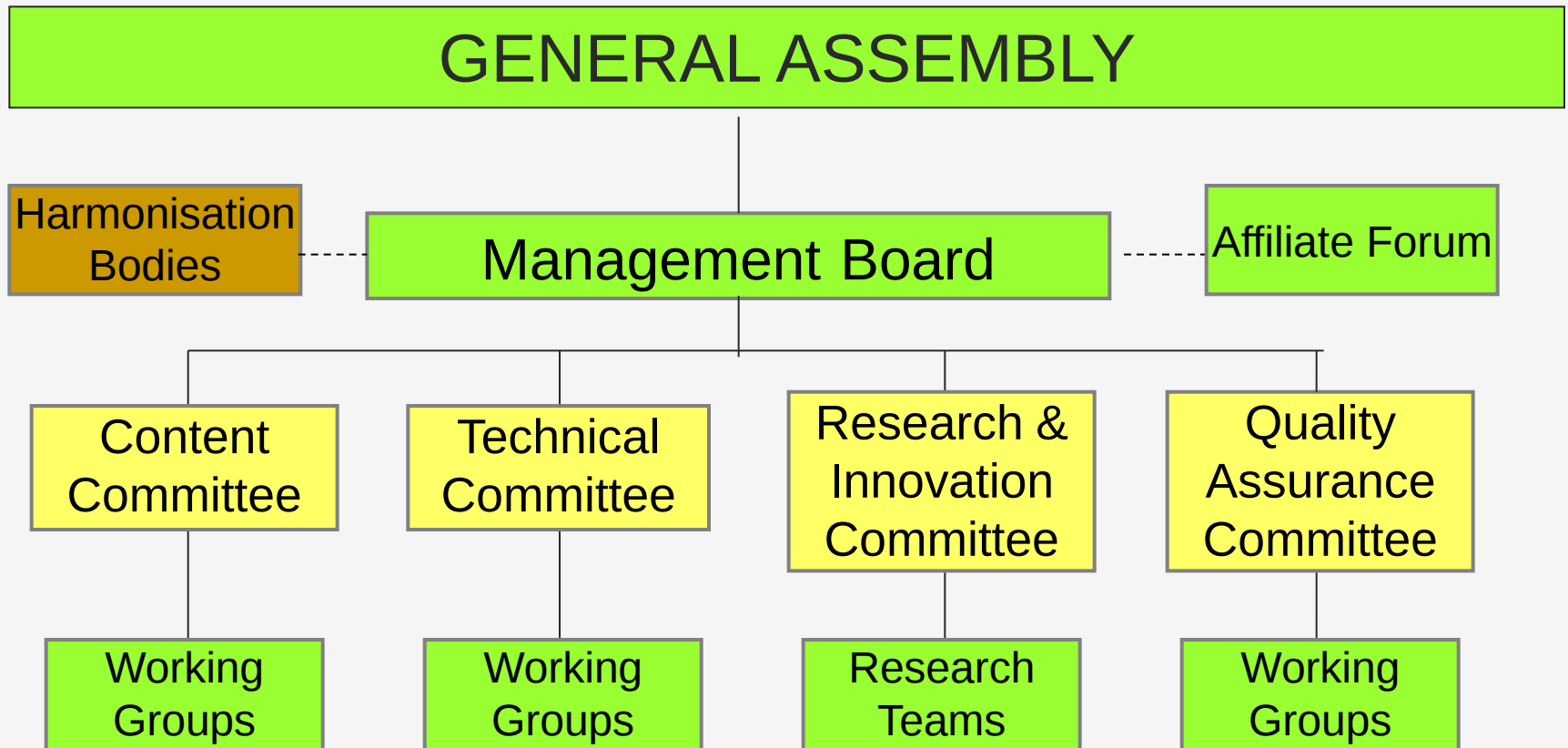
# IHTSDO: International Health Terminology Standard Development Organization

- Internationale Non-profit-Organisation nach dänischem Recht, Sitz Kopenhagen
- Gegründet 2006
- Mitglieder: Australien, Kanada, Dänemark, Litauen, Niederlande, Neuseeland, Schweden, Singapur, Spanien, Vereinigtes Königreich, Vereinigte Staaten
- Corporate Affiliates
- Hält die Rechte an SNOMED CT seit 2007
- CEO: Jennifer Zelmer (Kanada)
- Chief Terminology Officer: Kent Spackman (USA)
- <http://www.ihtsdo.org>

# Aufgaben der IHTSDO

- Hält Rechte and SNOMED CT:  
bisher einziger Standard
- Terminologiepflege (derzeit Unterauftrag an CAP  
(College of American Pathologists))
- Harmonisierung von Terminologien
- Mapping von Terminologien

# SNOMED SDO Struktur



# Standing Committees

| <b>CONTENT</b>                                                                                                                                            | <b>QUALITY</b>                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Terminologie Editors etc: Change request process, Mapping, Refsets and subsets, Content documentation, Content quality processes and conformance criteria | Advise on quality framework, Agree quality processes, conformance criteria, asses adherence [audit]; quality improvement processes, Quality documentation |
| <b>RESEARCH &amp; INNOVATION</b>                                                                                                                          | <b>TECHNICAL</b>                                                                                                                                          |
| Will necessary change over time; looks at 3-5 year horizon; links to forefront activity                                                                   | Technical Infrastructure, SNOMED CT Tools, Concept model, Release Schema, Transformation Rules, Description logic, Technical documentation                |

# Struktur der IHTSDO: PG's und SIG's

- Anesthesia
- Concept Model
- Education
- Mapping
- Nursing
- Primary Care
- Pathology and Laboratory Medicine
- Pharmacy
- Translation
- Collaborative working
- Education
- Machine and Human Readable Concept Model
- Mapping SNOMED to ICD-10
- Mapping standard processes
- Pharmacy content and model
- Pharmacy naming and editorial rules
- Request submission
- Substance hierarchy redesign
- Translation standard processes

# IHTSDO: Organisation

- Konferenzen: halbjährlich
  - nächste Konferenz in Kopenhagen, 4/2011
- Komiteesitzungen: monatlich Telecon, halbjährlich Meetings
- Arbeitsgruppensitzungen halbjährlich
- SNOMED Collaborative WorkSpace: Diskussionslisten

# Aufbau des Tutorials

- Grundbegriffe medizinische Ordnungssysteme
- SNOMED CT
- Ontologien/Terminologien vs. Informationsmodelle
- IHTSDO
- **SNOMED CT in deutschsprachigen Staaten**

# SNOMED CT – in deutschsprachigen Staaten

- Bereits jetzt für wissenschaftliche Zwecke uneingeschränkt nutzbar.
- Ein Vorbehalt gegenüber Beitritt zur IHTSDO: kostspielige Übersetzung der Terminologie
- Status der deutschen Übersetzung
  - Unvollständig
  - Nicht validiert
  - Nicht von der IHTSDO freigegeben
  - Rechtlich unklar

# SNOMED CT – multilinguale Aspekte

- SNOMED CT ist auch sinnvoll ohne Übersetzung nutzbar
- Für fokussierte Anwendungen wären nur überschaubare Bereiche zu übersetzen
- Für bestimmte Benutzergruppen sind auch englische Terme zu verwenden
- Direkte SNOMED – Kodierung durch Ärzte auch bei idealer Übersetzung ein eher unrealistisches und wohl nicht wünschenswertes Szenario

# Pro: Aufschub der SNOMED CT Übersetzung

- Strukturelle Probleme in SNOMED:
  - Wenig freitextliche Definitionen
  - Bedeutung vieler SNOMED CT Konzepte oft nur (teilweise) aus dem Kontext ableitbar, daher unscharf
  - Diskussion über die Notwendigkeit von freitextlichen Diskussionen innerhalb IHTSDO nicht abgeschlossen
  - Umstrukturierungsprozess
- Erfahrung laufender Übersetzungsprojekte (Dänisch, Schwedisch) nicht abgeschlossen.

# Pro: Beitritt zur IHTSDO

- Mitgestaltung eines in der Zukunft bedeutsamen Standards
- Stärkung der Position nicht-anglophoner Staaten
- Stärkung der Position der EU bzgl. Standardisierung im Gesundheitswesen
- Sammeln von Erfahrungen in deutschsprachigen Staaten
- Allmähliches Wachsen einer deutschen Übersetzung relevanter SNOMED CT – Konzepte ("SNOMED – WIKI")

# Fazit

# Fazit

- SNOMED CT: muss trotz teils eklatanter Schwächen ernst genommen werden
- SNOMED CT wird auf breiter Front verbessert
- SNOMED CT scheint sich als weltweiter Standard durchzusetzen
  - Im besten Fall: Herausforderungen der formal-ontologischen Fundierung wird gemeistert
  - Im schlechtesten Fall: SNOMED CT reduziert sich auf ein unübersichtliches Sammelsurium an semantischen IDs unterschiedlichster Komplexität und Granularität
- DE, AT, CH sollten der IHTSDO beitreten
- Übersetzung von SNOMED CT ins Deutsche davon unabhängig

# Publikationen

- Alan Rector (2007): Barriers, approaches and research priorities for integrating biomedical ontologies.  
[http://www.semantichealth.org/DELIVERABLES/SemanticHEALTH\\_D6\\_1.pdf](http://www.semantichealth.org/DELIVERABLES/SemanticHEALTH_D6_1.pdf)
- Stefan Schulz, Boontawee Suntisrivaraporn, Franz Baader (2007). SNOMED CT's problem list: ontologists' and logicians' therapy suggestions. *Stud Health Technol Inform.* 2007;129(Pt 1):802-6.
- Ingenerf J (2007). *Die Referenzterminologie SNOMED CT - von theoretischen Betrachtungen bis zur praktischen Implementierung.* Neu Isenburg: MMI-Verlag (ISBN 978-3-87360-010-2).
- Schwerpunktheft "Medizinische Klassifikationen" im Bundesgesundheitsbl - Gesundheitsforsch - Gesundheitsschutz, Ausgaben 49 und 50.
- Ingenerf J (2007). Terminologien oder Klassifikationen - Was bringt die Zukunft? *Bundesgesundheitsbl - Gesundheitsforsch - Gesundheitsschutz* 50 (8): 1070-1083.
- Positionspapier zur "Systematized Nomenclature of Medicine -Clinical Terms" (SNOMED CT) in Deutschland.  
<http://www.gmds.de/pdf/publikationen/stellungnahmen/Positionspapier.pdf>

# Arbeitsgruppen

- GMDS-Arbeitsgruppe Standardisierte Terminologien in der Medizin (STM)

<http://www.imi.uni-luebeck.de/gmds-ag-stm/index.html>

- AMIA-Arbeitsgruppe: Formal (Bio)Medical Knowledge Representation

<http://www.kr-med.org>

- IHTSDO: Zahlreiche Arbeitsgruppen

<http://www.ihtsdo.org>

# Folien zum Herunterladen

- [purl.org/steschu](http://purl.org/steschu)
- Klicken auf "aktuelle Downloads"
- Klicken auf "publications"