

# Ontology-based Convergence of Medical Terminologies: SNOMED CT and ICD-11

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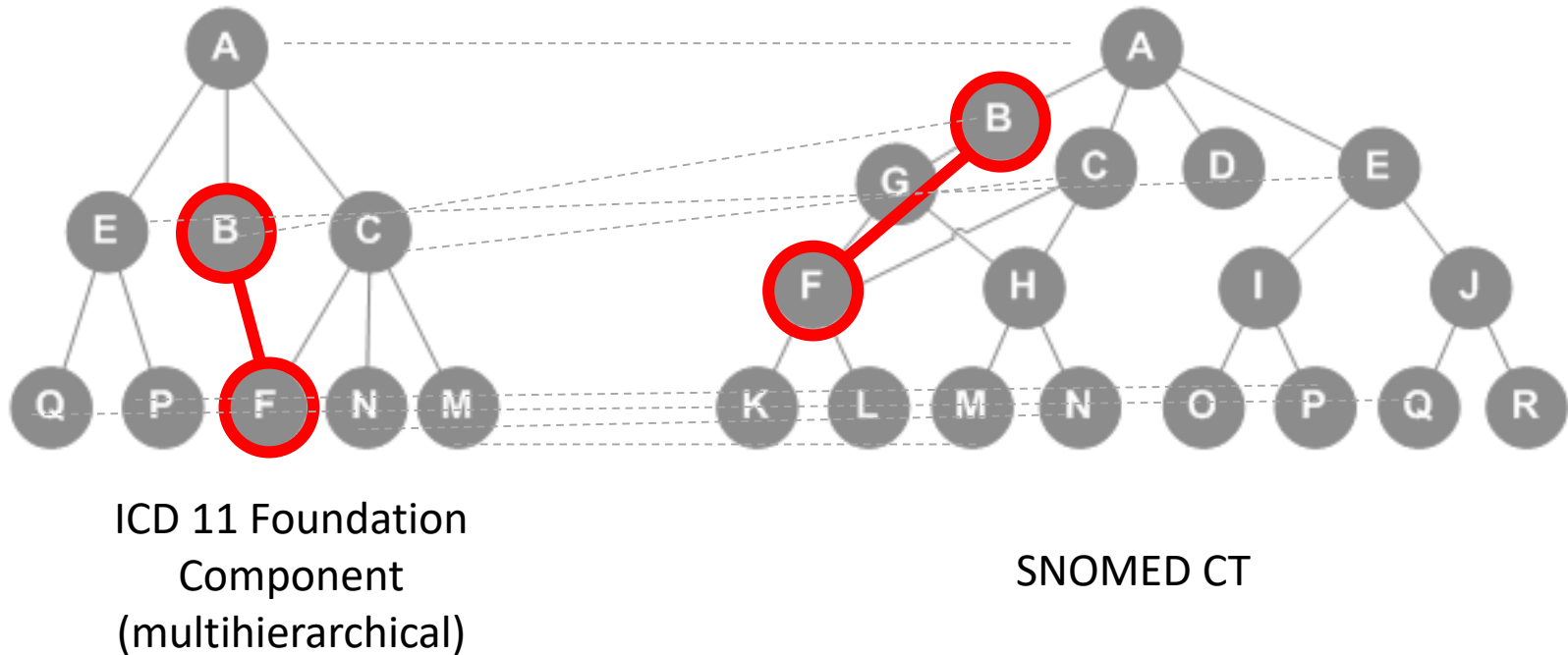
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# ICD-11 – SNOMED CT Harmonization

- Background:
  - ICD: disease classification maintained by WHO ([World Health Organization](#))  
ICD-11 revision process ongoing
  - SNOMED CT: ontology-based clinical terminology maintained by IHTSDO ([International Health Terminology Standards Development Organisation](#))
  - Size: SNOMED CT >> ICD,
  - Coverage: ICD only diseases, SNOMED CT: all EHR content
- Institutional agreement between WHO and IHTSDO:
  - Goal: common ontological basis for both the ICD-11 foundation component (FC) and SNOMED CT
  - Practical implications:
    - Each class in the ICD-11 foundation component will correspond to exactly one class in SNOMED CT.
    - The transitive closure of [taxonomic \(subclass\)](#) relations in ICD-11-FC is included in the transitive closure of these relations in SNOMED CT.

# ICD - SNOMED CT Mapping principle



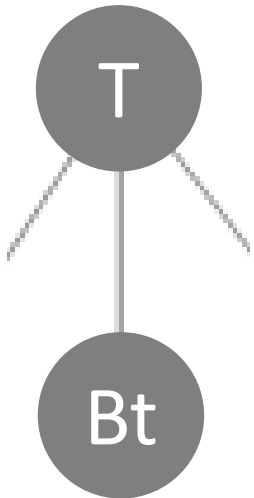
- Taxonomies are main construction principle for both terminologies
- Edges correspond to subclass links. Each ICD class corresponds to exactly one SNOMED class (same letter).
- Subclass links contained in ICD but not SNOMED must be obtained by transitive closure.

# Two Principles of ontology-based mapping of SNOMED CT and ICD-11

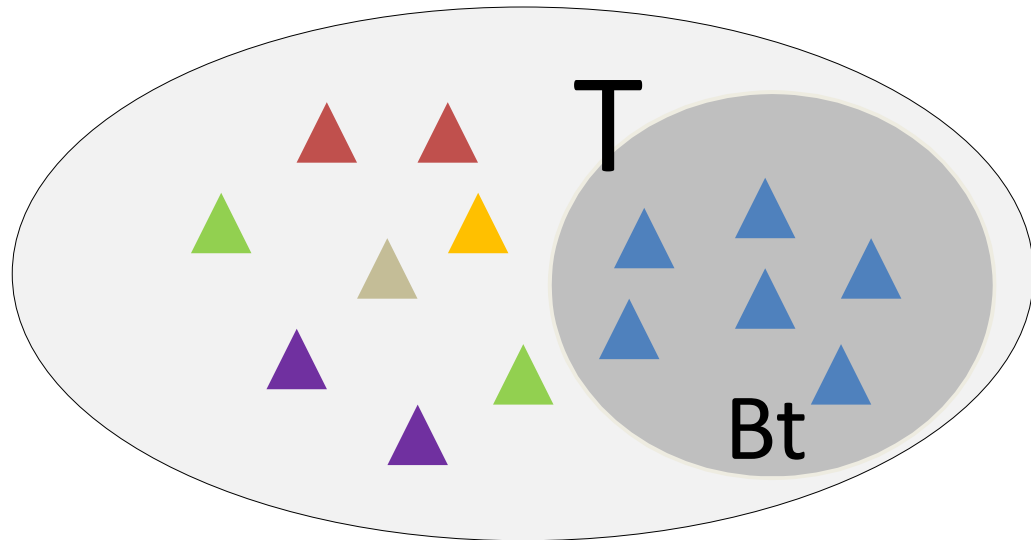
1. The semantics of the subclass relation is shared
2. Classes to be aligned denote the same types of entities

# Meaning of subclassOf

$$\text{subclassOf}(X, Y) =_{\text{def}} \forall i: i \in X \rightarrow i \in Y$$



Graph

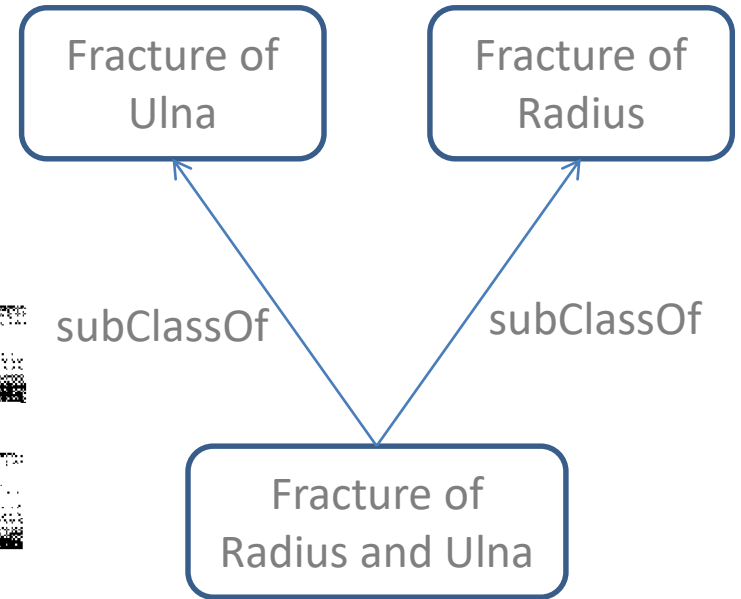
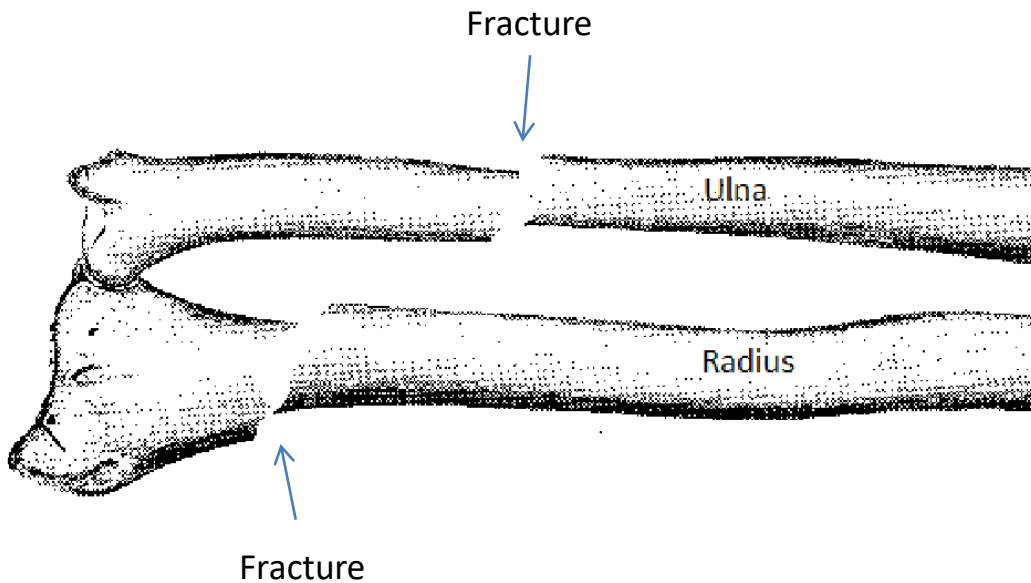


Corresponding Venn diagram

# Two Principles of ontology-based alignment of SNOMED CT and ICD-11

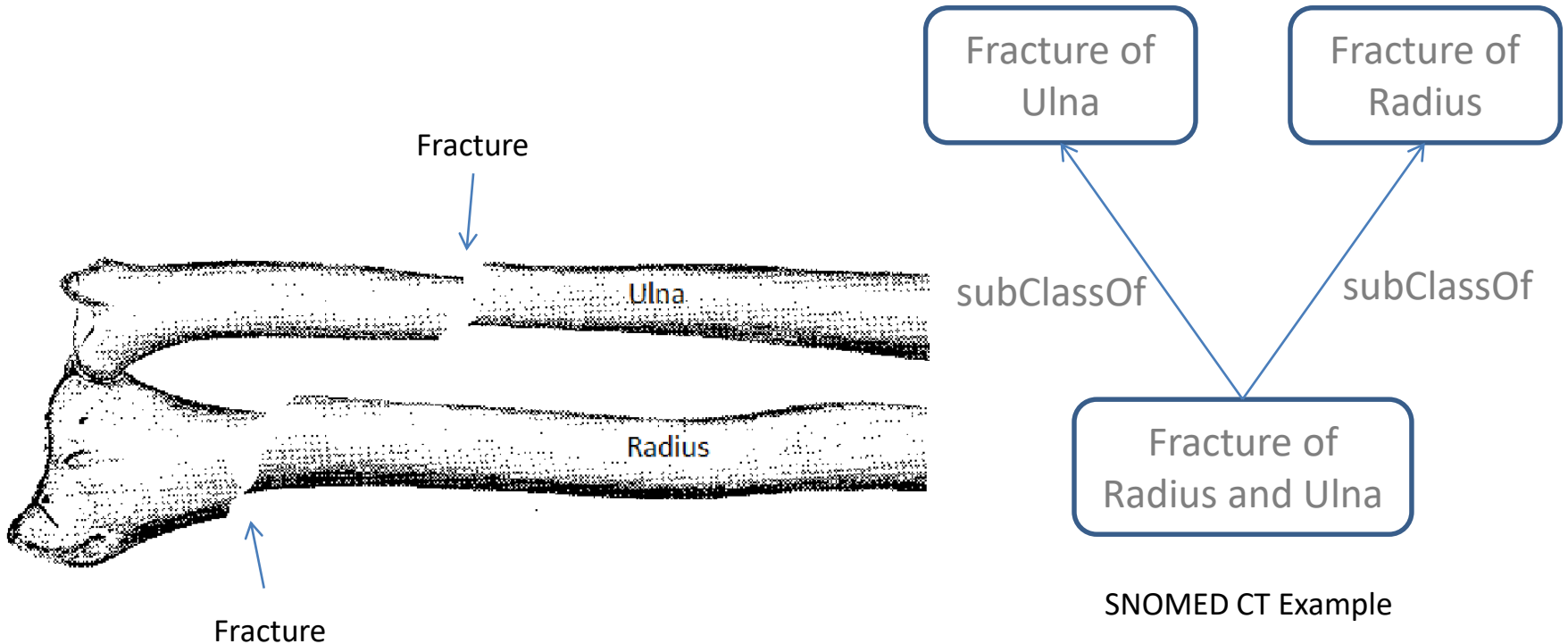
1. The semantics of the subclass relation is shared ✓
2. Classes to be aligned denote the same types of entities ?

# Is this correct?



SNOMED CT Example

# Is this correct?

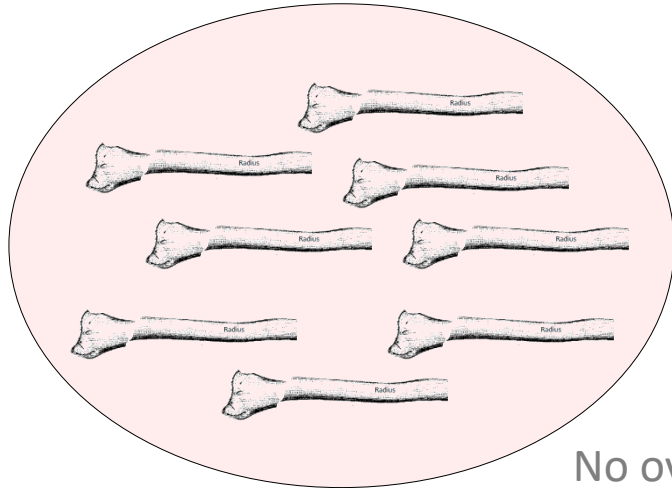


- **No**, if “clinical condition”: the combined fracture is composed by the two single fractures, not a subtype
- **Yes**, if “clinical situation”:  
“situation with X” or “patient having X”

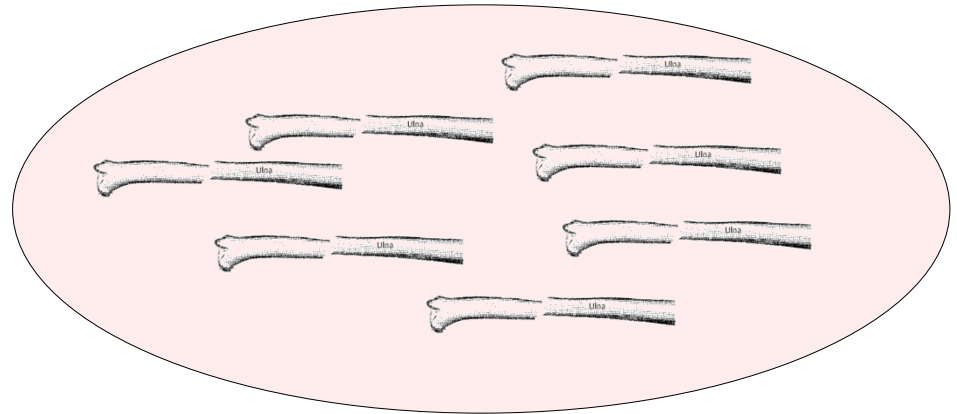


# Clinical condition view

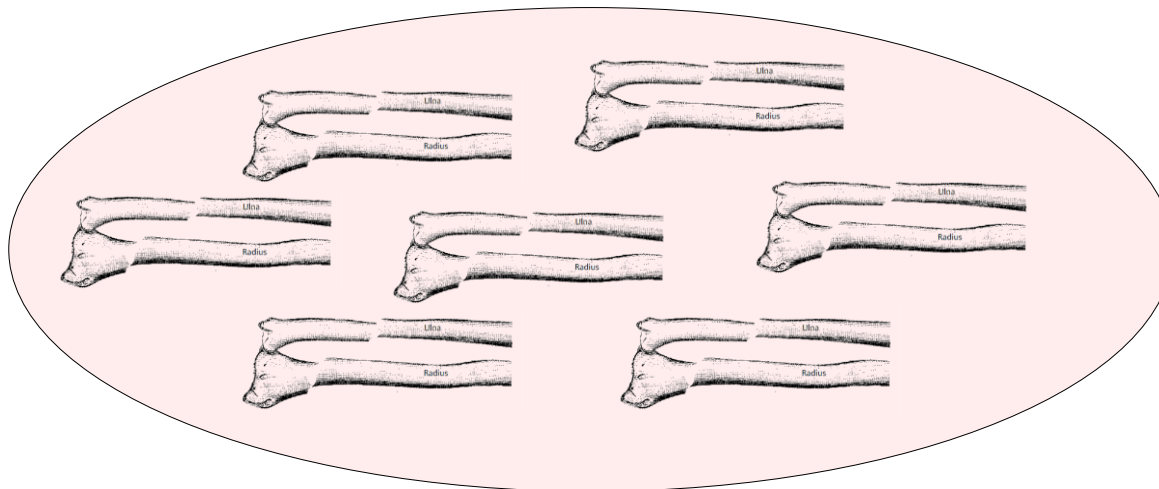
Fractured radius



Fractured ulna

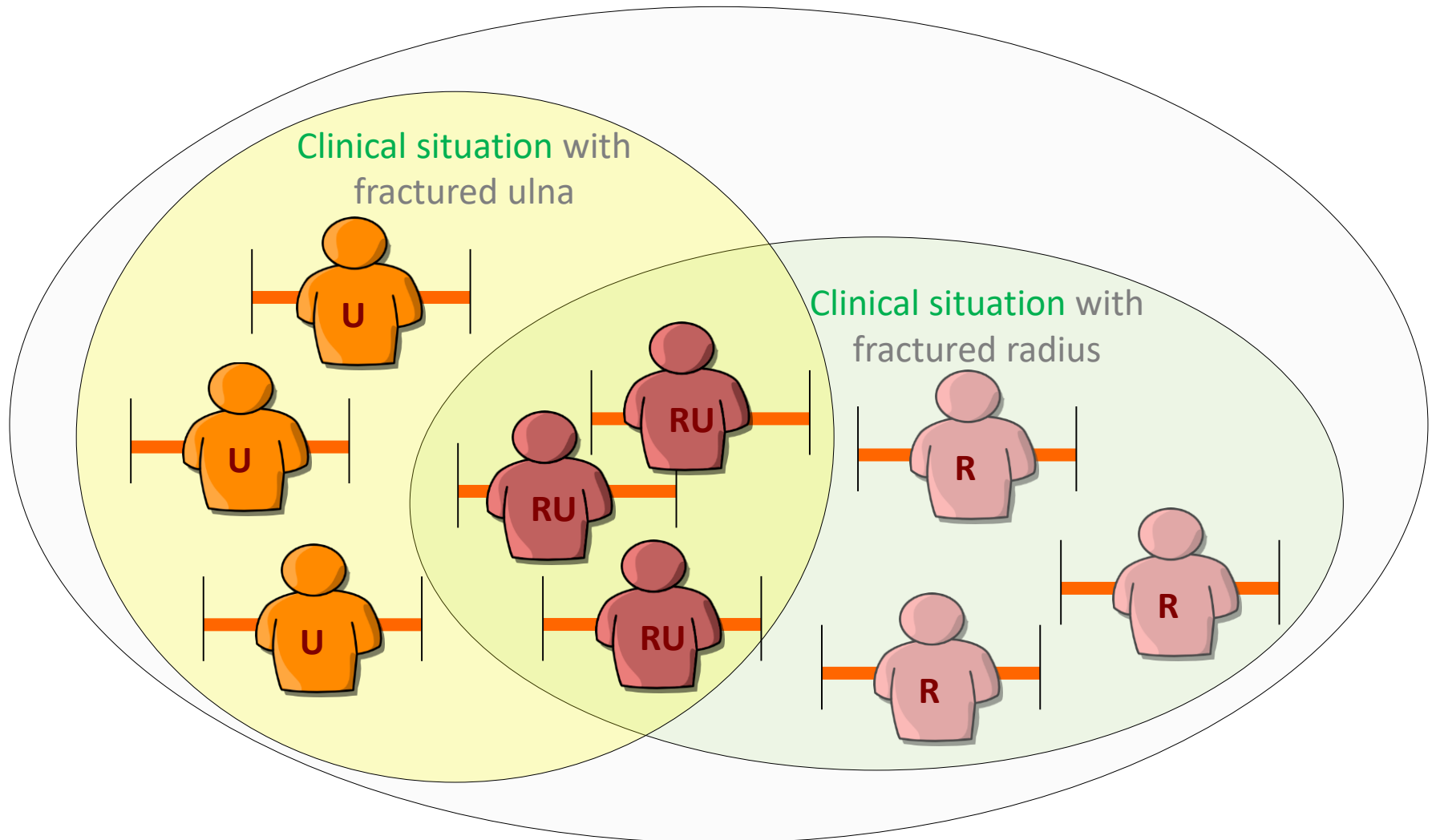


No overlap / inclusion of classes



Fractured radius + ulna

# Clinical situation view



# Current axiomatization in SNOMED CT

*'Fracture of radius (disorder)'* equivalentTo

*'Fracture of forearm (disorder)'* and *'Injury of radius (disorder)'* and

**Group** some (**'Associated morphology'** some *'Fracture (morphologic abnormality)'*) and  
**'Finding site'** some *'Bone structure of radius (body structure)'*)

*'Fracture of ulna (disorder)'* equivalentTo

*'Fracture of forearm (disorder)'* and *'Injury of ulna (disorder)'* and

**Group** some (**'Associated morphology'** some *'Fracture (morphologic abnormality)'*) and  
**'Finding site'** some *'Bone structure of ulna (body structure)'*)

*'Fracture of radius AND ulna (disorder)'* equivalentTo

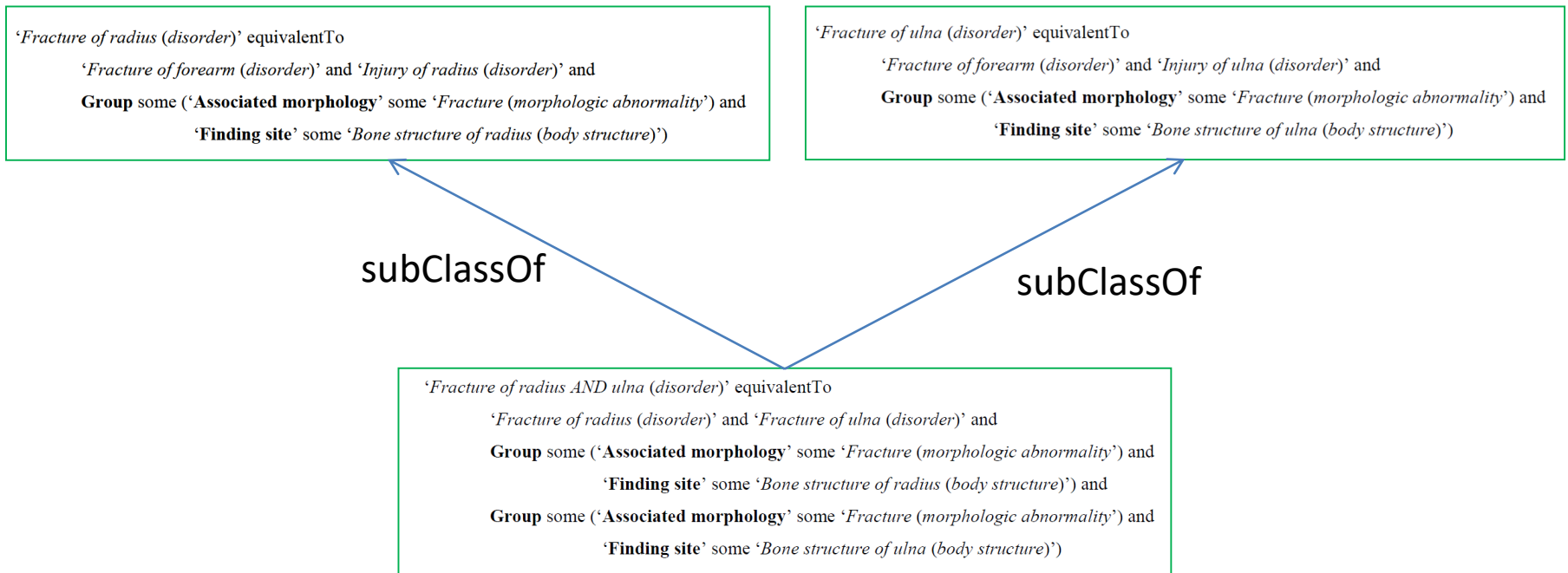
*'Fracture of radius (disorder)'* and *'Fracture of ulna (disorder)'* and

**Group** some (**'Associated morphology'** some *'Fracture (morphologic abnormality)'*) and  
**'Finding site'** some *'Bone structure of radius (body structure)'*) and

**Group** some (**'Associated morphology'** some *'Fracture (morphologic abnormality)'*) and  
**'Finding site'** some *'Bone structure of ulna (body structure)'*)

# Current axiomatization in SNOMED CT

## Inferred taxonomic links



# Facts / Hypotheses

- “Problematic” subclass links between SNOMED CT classes result from formal (description logics) definitions
- It can be shown:

$A_{\text{cond}}$  subClassOf  $B_{\text{cond}}$  entails:

$A_{\text{sit}}$  subClassOf  $B_{\text{sit}}$

$A_{\text{cond}}$  subClassOf **hasPart**  $B_{\text{cond}}$  entails:

$A_{\text{sit}}$  subClassOf  $B_{\text{sit}}$

→ More subClassOf relations between **situation** classes

# Review of 400 sample SNOMED CT disorder concepts

- Four experts:  
K. Spackman, A. Rector, J.-M. Rodrigues, S. Schulz
- Assessment of a sample of 400 SNOMED disorder concepts
  - Fully specified names
  - Formal definitions
  - Parent classes
  - Child classes
- Evidence for “clinical situation” reading

# Results

- ~ 11% of disorder evidence that they represent **situations** and not **conditions** (such as *Fracture of radius and ulna*)
- For the rest, both interpretations are possible
- Agreement difficult – fuzzy boundary between what should be interpreted as a **clinical condition** and what as a **clinical situation** .

# Possible actions

1. Redesigning the SNOMED CT disorder hierarchy to exclude interpretation a **clinical situations**: huge effort, difficult boundary decisions
2. Leaving disorder classes uncommitted: should support **condition** interpretation: many existing subclass relations wrong
3. Considering all SNOMED CT disorder codes as denoting **clinical situations**:
  - more robust
  - consistent with current state of the disorder hierarchy
  - agreement with ICD view on the meaning of the code
  - compatible with clinical use cases



# Foundations of ontology-based alignment of SNOMED CT and ICD-11

1. The semantics of the subclass relation is shared ✓

$$\text{subClassOf}(X, Y) =_{\text{def}} \forall i: i \in X \rightarrow i \in Y$$

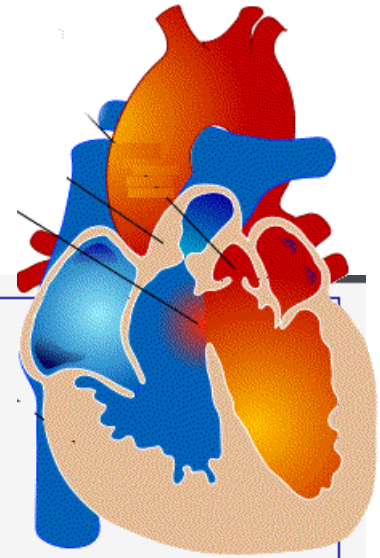
2. Classes to be aligned denote the same types of entities ✓

SNOMED CT disorder codes and ICD-11 classes denote:

Clinical Situations



# Example 2



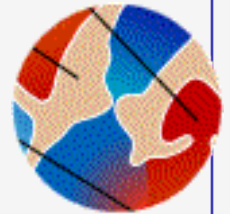
## ***Current Concept:***

**Fully Specified Name:** Tetralogy of Fallot (disorder)

**ConceptId:** 86299006

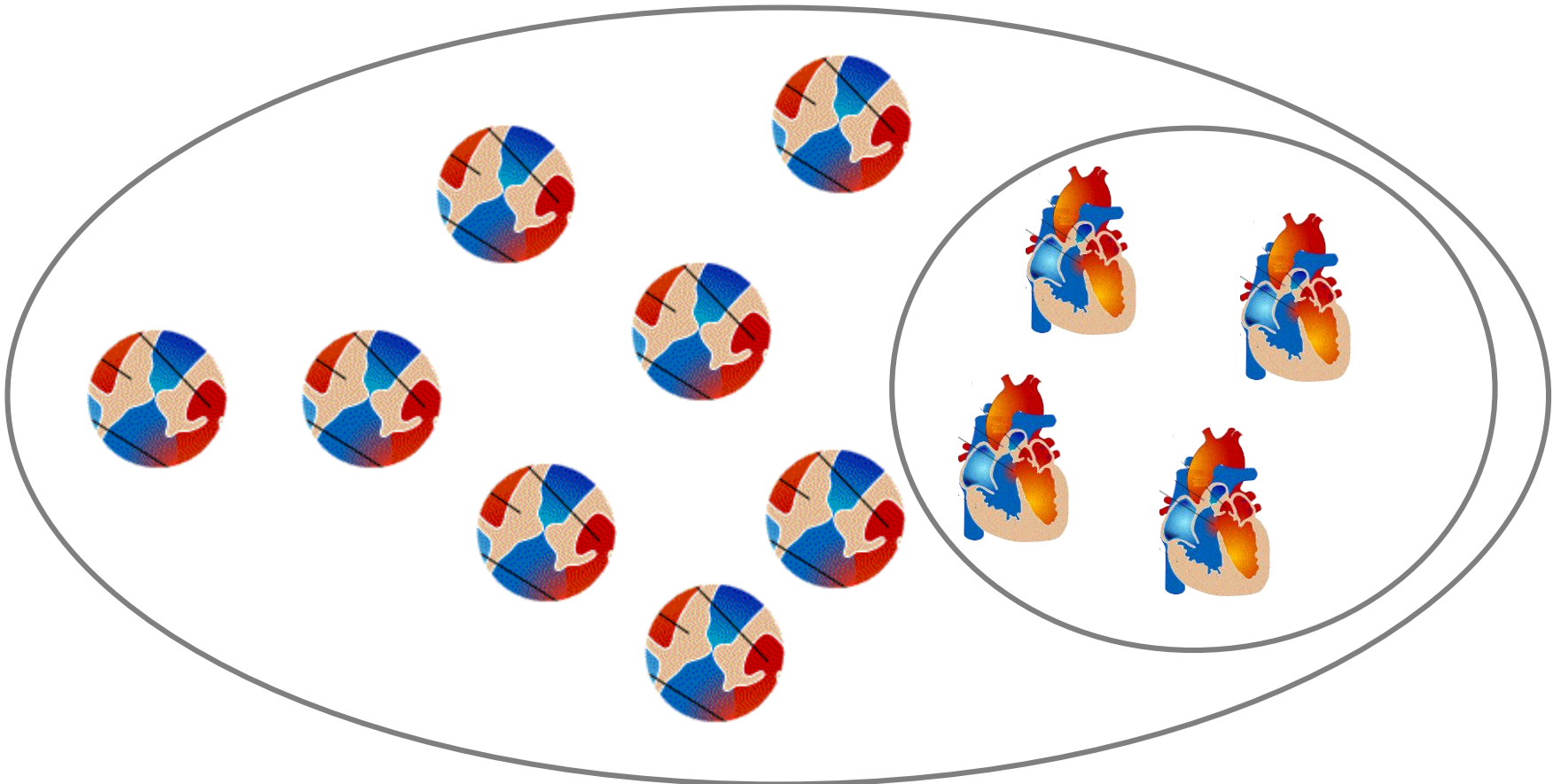
## ***Defining Relationships:***

- Is a*** Congenital abnormality of ventricles and ventricular septum (disorder)
- Is a*** Overriding aorta (disorder)
- Is a*** Pulmonic valve stenosis (disorder)
- Is a*** Right ventricular hypertrophy (disorder)
- Is a*** Ventricular septal defect (disorder)



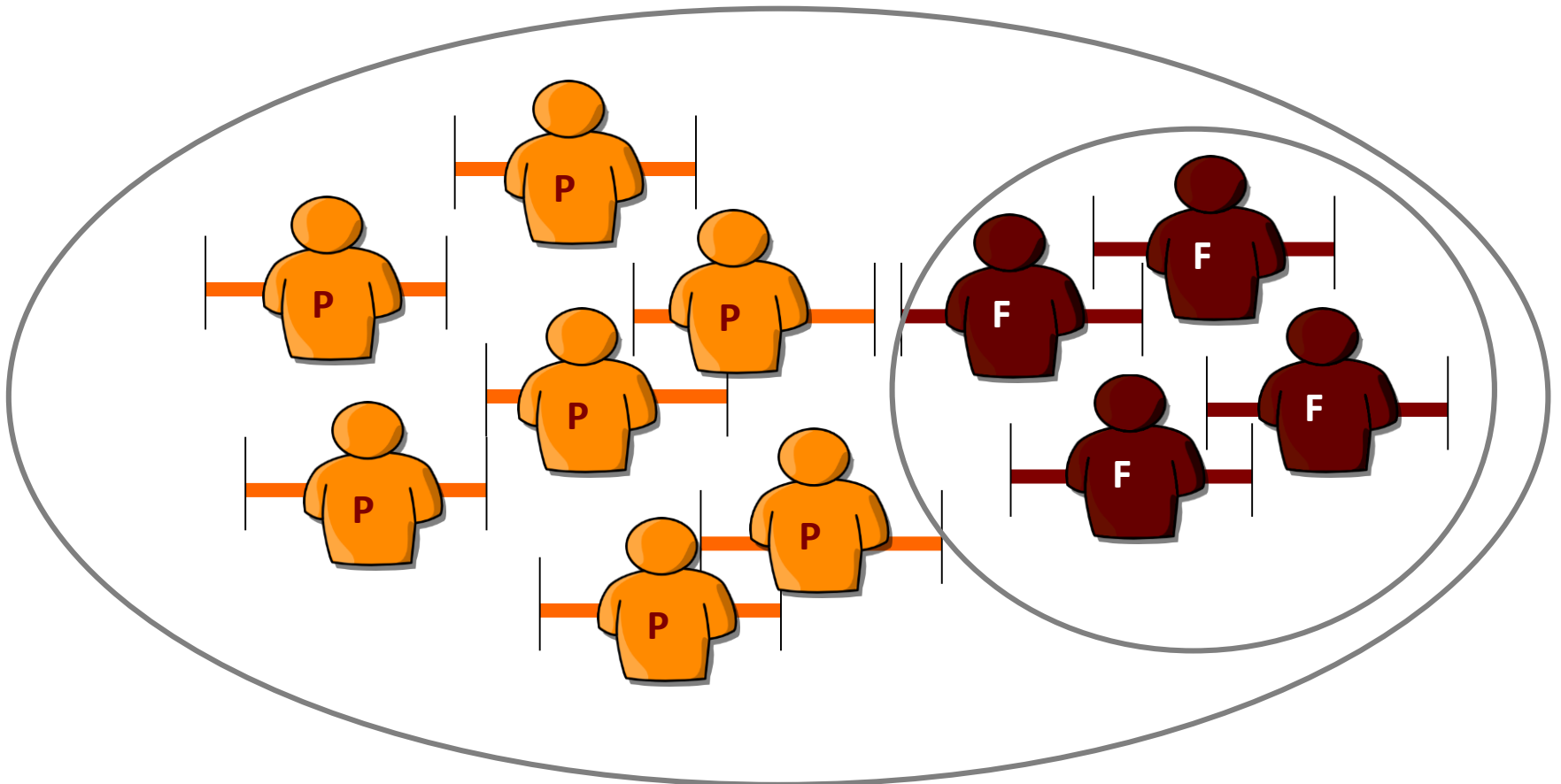
# Example 2

Extension of “Pulmonic Valve Stenosis” includes extension of “Tetralogy of Fallot”: **FALSE**



# Example 2

Extension of “**Situation with Pulmonic Valve Stenosis**” includes extension of “**Situation with Tetralogy of Fallot**”: **TRUE**



# Two diverging interpretations of disorder terms in SNOMED CT and ICD:

- They denote patient-borne **Conditions** such as body processes, states, dispositions, or (patho-) anatomical structures, which are reportable in the context of medical records
- They denote Clinical **Situations**, which are defined as phases of a patient's life, during which he/she is bearer of (some combination of) pathological conditions.

# Situations, conditions and role groups

*'Fracture of radius AND ulna (disorder)'* equivalentTo

*'Fracture of radius (disorder)'* and *'Fracture of ulna (disorder)'* and

**Group** some (**'Associated morphology'** some *'Fracture (morphologic abnormality)'*) and

**'Finding site'** some *'Bone structure of radius (body structure)'*) and

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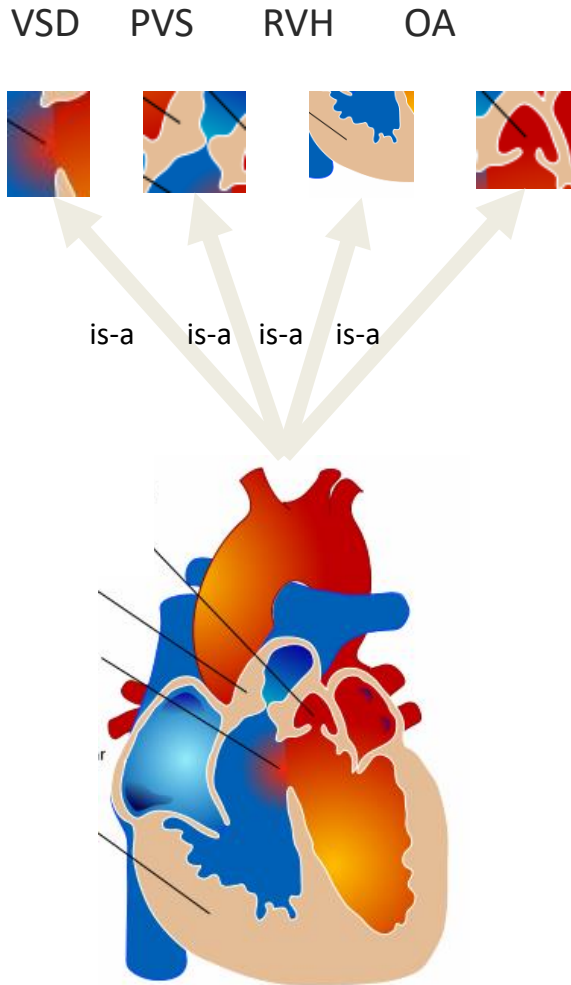
# Facts / Hypotheses

- Most SNOMED CT disorder concepts contain role groups
- The role group link can be interpreted as a relation that links a situation with a condition
- It can be shown:
  - ‘A\_cond subclass of B\_cond’ entails:  
‘A\_sit subclass of B\_sit’
  - ‘A\_cond subclass of hasPart B\_cond’ entails:  
‘A\_sit subclass of B\_sit’

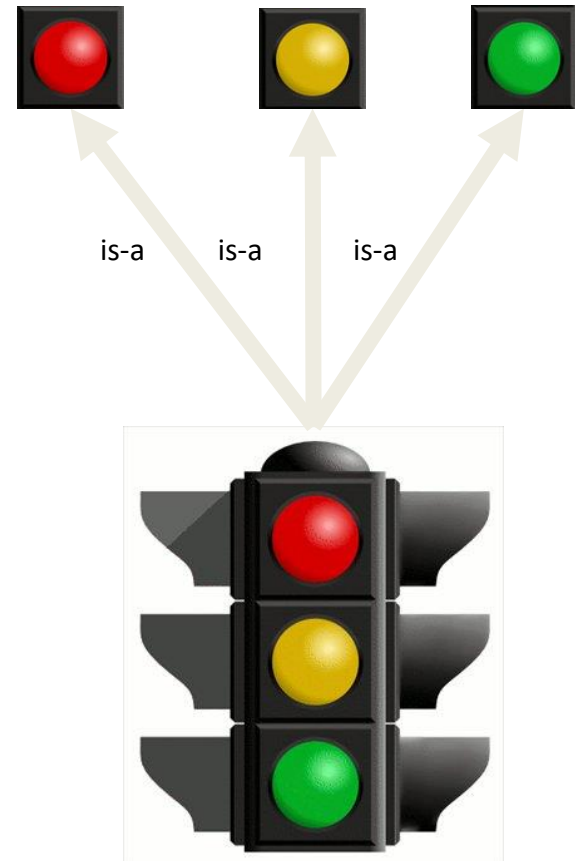


# Proper parts or taxonomic parents ?

Example from Harold Solbrig



Red Light   Yellow Light   Green Light

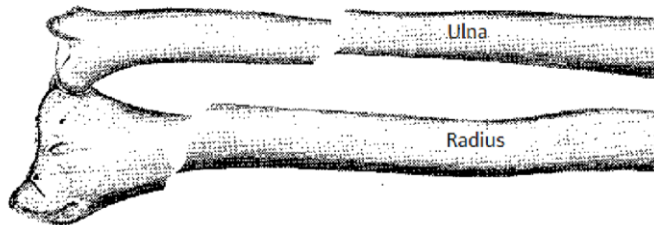


# Proper parts or taxonomic parents ?

Example from Harold Solbrig



subClassOf



Combined fracture

Red Light Yellow Light Green Light



subClassOf



Traffic Light