

# Relations between Ontologies and other Knowledge Structures: Two Case Studies

CrEDIBLE Workshop  
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Presented by Jean Charlet

Thanks to collaboration of Rémy Choquet and Ferdinand Dhombres

## Plan

- Ontologies in DebugIT
- Ontology in OrphaOnto

- Ontologies in DebugIT
- Nota: I Will discuss about ontologies and ontologies metrics in the project and Remy Choquet will be present the (complex!)matching mechanism to query and answer the CDRs

# The debugIT Project in short

- Funded by the European Community's Seventh Framework Program under grant agreement n° FP7–217139 (7M€)
- Project period: from Jan 1<sup>st</sup>, 2008 to December 31<sup>st</sup>, 2011 – extended until mid-2012.
- 14 Partners (next slide)



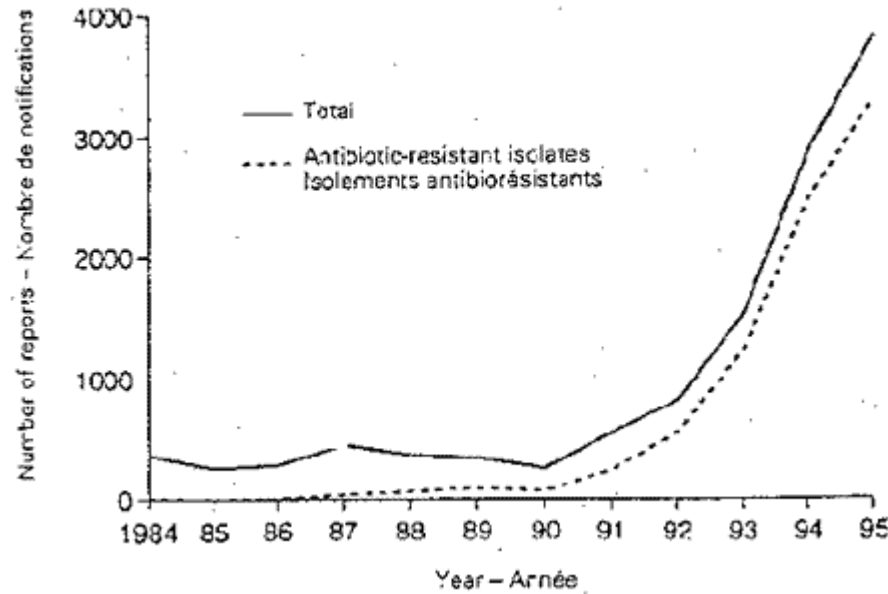
Disclaimer: this presentation reflects solely the views of the DebugIT team. The European Commission, Directorate General Information Society and Media, Brussels is not liable for any use that may be made of the information contained therein

# The Partners

- Agfa HealthCare, Belgium (coordinator)
- empirica Gesellschaft für Kommunikations- und Technologieforschung mbH, Germany
- Gama Sofia Ltd., Bulgaria
- Institut National de la Santé et de la Recherche Médicale, France
- Internetový Prístup Ke Zdravotním Informacím Pacienta (IZIP), Czech Republic
- Linköpings Universitetet, Sweden
- Technologiko Expedeftiko Idrima Lamias, Greece
- University College London, United Kingdom
- Les Hôpitaux Universitaires de Genève, Switzerland
- Universitätsklinikum Freiburg, Germany
- Université de Genève, Switzerland
- Averbis, Freiburg, Germany
- MDA, Czech Republic
- HEG, Geneva, Switzerland

# The Problem

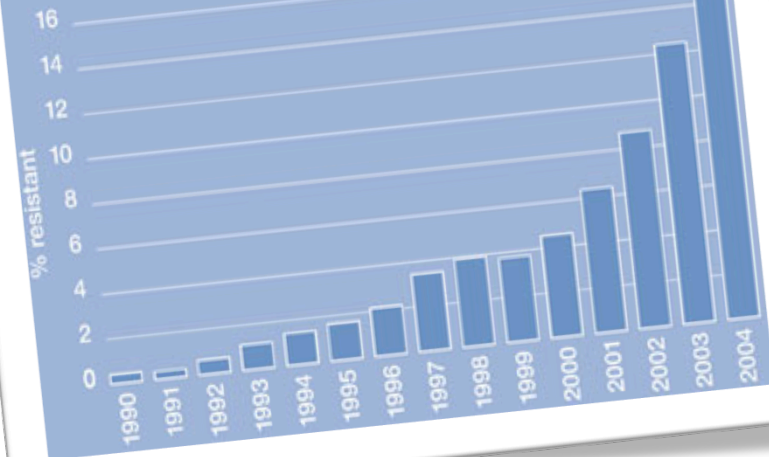
*antibiotic resistance in Salmonella typhimurium DT104, England and Wales, 1984-1995*



*WHO Weekly Epidemiological Record,  
Vol 71, No 18, 1996*

## Ciprofloxacin resistance in *E. coli*

*E. coli* infections of the blood and cerebrospinal fluid have become increasingly resistant to the quinolone ciprofloxacin.



## The debugIT Response

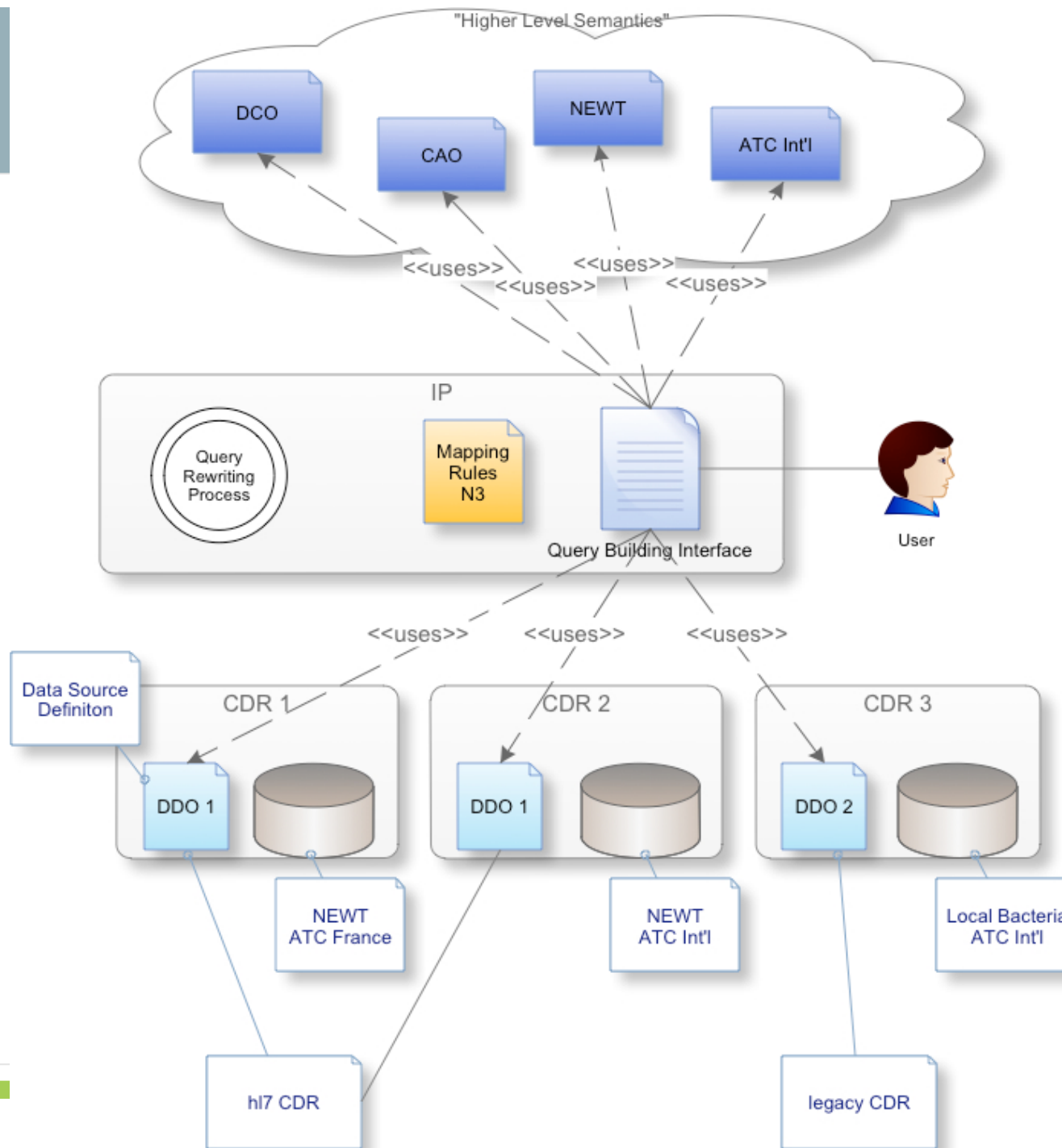
- If new antibiotics can not keep up with the bacterial resistance and a race against evolution can only be lost,  
→ we need new solutions
- If this is a war and current weapons don't work anymore,  
→ we need a new weapon  
→ **ITbiotics** to help antibiotics



# Objectives

- Objectives of Ontologies in DebugIT
  - Provide formal computer-interpretable meaning
    - exploitable by logics & rule-based reasoners
  - Enable SPARQL queries and mapping rules
    - To express research questions on different abstraction levels
    - To align CDRs via different ontology layers
    - Allow for cross-site data integration & comparison
- “Could you give me antibiograms to Escherichia coli tests where we found a resistance to Beta lactam antibiotics ?”





# All DebugIT ontologies

Ontology name	Acronym	Ontology Type	Content
<b>BioTop</b>	<b>BioTop</b>	upper ontology	Biology domain top level connecting the DCO to top level ontologies like BFO or DOLCE
<b>DebugIT Core Ontology</b>	<b>DCO</b>	core ontology	Core health care domain including human infectious diseases, their analysis and therapies
<b>Medical Evidence Ontology</b>	<b>MEO</b>	operational ontology	Types of medical evidence as described in SIGN 50 guidelines <sup>[i]</sup>
<b>Clinical Analysis Ontology</b>	<b>CAO</b>	operational ontology	Derived and concise formal representation of clinical domain ontologies, permitting concise expression, easy query building by a clinician, and N3 rules formulation for data mining
<b>Analysis Ontology</b>	<b>AO</b>	operational ontology	Derived and concise formal representation of non-clinical domain ontologies, permitting concise expression, easy query building by a clinician and data miner, and N3 rules formulation for data mining
<b>Clinical and Biological SKOS Schemes Ontologies</b>	<b>CSSO BSSO</b>	operational ontologies	Instances permitting mapping of clinical terminology/coding systems and ontologies
<b>Quantities and Units Extension Ontologies</b>	<b>QEO UEO</b>	operational ontologies	formal description of quantities and units, elaborating on work done by NASA in their SWEET ontology series <sup>[ii]</sup>
<b>Decision Support Ontology Document Ontology SPARQL Ontology SPARQL Analysis Ontology</b>	<b>DSO DO SO SAO</b>	operational ontologies	series of ontologies used in the document life cycle of different DebugIT services
<b>Workflow Ontology</b>	<b>WO</b>	operational ontology	formal description of workflow
<b>Data Definition Ontologies for all sites</b>	<b>DDO</b>	data ontology definition	formal representation of clinical database schemes

<sup>[i]</sup> <http://www.sign.ac.uk/pdf/sign50.pdf>

<sup>[ii]</sup> <http://sweet.jpl.nasa.gov/2.0>

# Ontology Layers

## 7 Data Definition Ontologie (DDO)

average 40 Entities

- **Mediation layer** closing the 'formality'-gap
- Describing **site-specific local** CIS Data models in RDF
- For SPARQL data access to local hospital data

## 13 Operational ontologies (OO, e.g CAO)

average 35 Entities

- **Mediation & Integration layer**
- Implementation, module crosstalk, data mining analysis, query building, statistics, evidences, maths, units, ...
- OWL-Full → Coherent Logic reasoning (e.g. rule-based)

## 1 DebugIT Core Ontology (DCO)

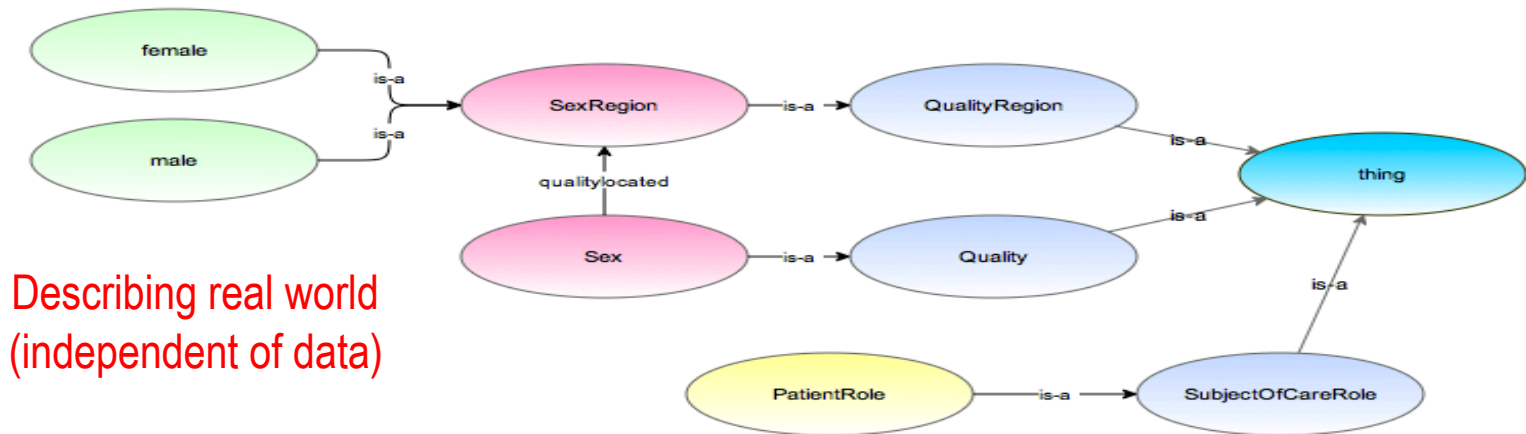
~ 1720 Entities

- **Integration layer**, mapped to DDOs & external Terminologies
- Rooted in Biotop upper level ontology
- **Global**, clinical domain of infectious diseases
- OWL-DL → DL & Coherent Logic reasoning



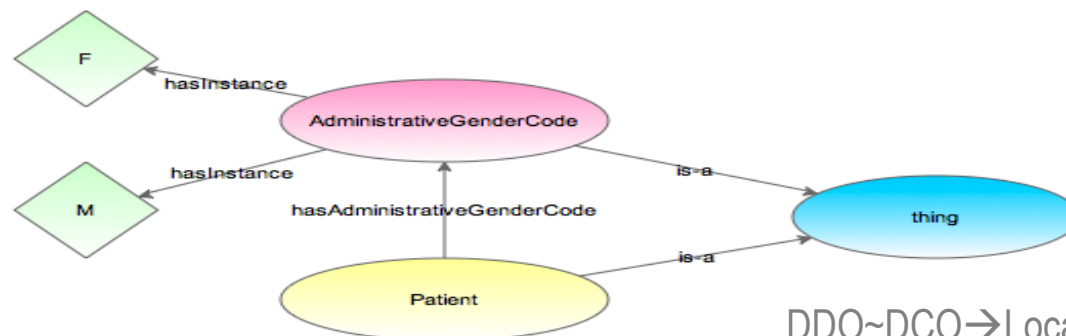
# „Female patient’ in different ontology layers

DCO



Describing real world  
(independent of data)

DDO



Describing data

DDO~DCO → Local to Global rules to later  
create SPARQL CONSTRUCT/WHERE  
clauses

E/R

Patient	
ID	FKREFADMINISTRATIVEGENDERCODE
23	F
45	M
58	M

# DCO design principles

- OWL-DL
  - Reasoner for autoclassification & consistency checks during OE
  - Reasoner infers multiple parenthood
- Reusing BioTop
  - Ensure a rigid modeling view
  - Provides reuseable constraints
- Concepts harvested from
  - Hospital CDR schemata
  - Competency questions from clinical use case
    - Datadriven *bottom up*
  - Domain terminologies in use
    - Via UMLS
    - Ontology modularisation tools (A.Rector)
    - HL7 v3 based

# Inference of new facts (BloodSample is a BodyLiquidSample)

## Stated Facts

BodyLiquidSample =

● Sample  
and derivesFrom some BodyLiquid

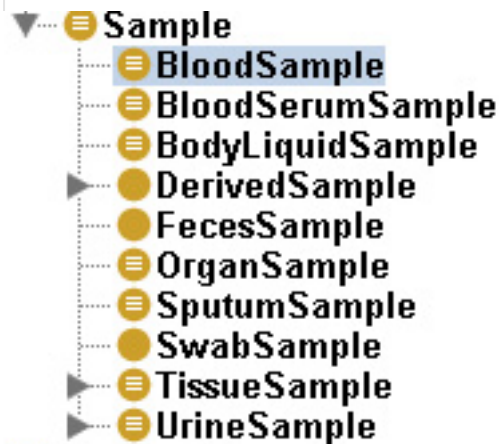
BloodSample =

● Sample  
and derivesFrom some Blood

BodyLiquid =

● Blood  
● BloodSerum  
● CerebrospinalFluid  
● Sputum  
● Urine

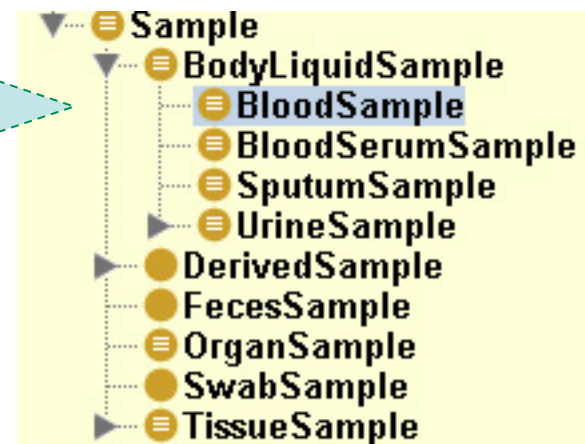
## Asserted Hierarchy (flat list)



Logics Reasoner



## Inferred Hierarchy (more structure)



## DCO/Biotop Metrics (April 2011)

<b>Ontology elements and axioms</b>	<b>Count (all)</b>	<b>DCO</b>	<b>BioTop</b>
Classes	1732	1445	375
Object Properties (relations)	85	43	76
Datatype Properties	12	12	1
Subclass Axioms	2022	1578	454
Equivalent Class Axioms	212	117	99
Disjoint Axioms	77	2	75

# OO Metrics (March 2011)

Name	Classes	Instances	Properties		Total	Property axioms			
			ObjectP	DataP		Domain	Range	Inverse	Chain
CAO	61	-	10	-	71	10	10	1	-
AO	25	19	34	5	82	1	1	-	2
CSSO	-	24	-	2	26	-	-	-	2
BSSO	-	2	-	-	2	-	-	-	-
DSO	9	-	6	-	17	5	5	2	-
DO	15	1	18	7	40	25	25	2	2
SO	7	-	4	-	11	4	4	-	-
SAO	12	-	4	-	16	4	4	2	-
SATO	3	-	-	-	3	-	-	-	-
WO	12	-	-	-	12	-	-	-	-
QEO	37	3	29	2	71	31	31	8	4
UEO	-	87	-	-	87	-	-	-	-
Total	181	136	105	16	438	80	80	15	10



## Ontology Layers in their IP query context

Analysis step	Role	Ontology
1. Clinical Question	physician	(NL)
2. Clinical Analysis Query (CAQ)	clinical researcher	OO (CAO), DCO
3. Data Set Query (DSQ) per CDR	data manager	DDO
4. Conversion of DDO to DCO (define N3 mapping rules)	data manager	DDO/DCO
5. Apply N3 rules on data sets	data miner	DCO, OO
6. Result in CAQ CONSTRUCT	data miner	OO, DCO
7. NL Answer	clinical researcher	(NL or CNL)

# Two parallel data-to-instance conversion approaches

- Local/unformal to global/formal data conversion
- Two parallel bottom up formalization approaches
- Formalization approach chosen depending on CIS datatype

## – Rule-driven Formalization

- For **Freetext Data**, we exploit only manually generated DTB to DDO (D2R) and local2global DDO to DCO mapping rules



implies creation of DDO2DCO mappings at development time

## – Terminology-driven Formalization

- For **Terminologies/codes** (e.g. ATC, ICD-10, NewT), we also use a chain of SKOS Terminology mappings, e.g.

- ICD10 to SNOMEDCT
- SNOMEDCT to DCO



implies creation of DCO2SNOMEDCT mappings at development time

## Conclusion about DebugIT ontologies...

... after presentation of  
Rare diseases ontology

- Ontology in OrphaOnto

**Rare diseases** | **Orphan drugs** | **Expert centres** | **Diagnostic tests** | **Research and trials** | **Patient organisations** | **Directory of resources** | **Other information**

### SIMPLE SEARCH

Search a disease

→ OK

> Alphabetical list of rare diseases

### OTHER SEARCH OPTION(S)

- > Orphan drugs
- > Research and trials
- > Diagnostic tests
- > Patient organisations
- > Expert centres
- > Directory of resources

### ORPHANET DATA

Diseases : 5954  
Expert centres : 4942  
Laboratories : 5424  
Professionals : 15019  
Daily visitors : 12810

### RARE DISEASES

- > Information about a disease
- > Alphabetical list
- > Search by clinical sign
- > Search by gene
- > Emergency guidelines
- > Encyclopaedia for patients
- > Encyclopaedia for professionals
- > Classifications
- > About Rare Diseases
- > Prevalence of Rare Diseases

### RESOURCES DIRECTORY

- > Expert centres
- > Diagnostic tests
- > Research projects
- > Registries / databases
- > Professionals
- > Patient organisations
- > Register your activity

There is no disease so **rare** that it does not deserve attention

Rare diseases are rare, but rare disease patients are **numerous**

[About Orphanet](#) | [Quality charter](#)  
[Register your activity](#)

Languages : Français | **English** | Español | Deutsch | Italiano | Português



### Services for professionals

- > Encyclopaedia for professionals
- > Search by clinical sign
- > Emergency guidelines
- > Register your activity
- > Orphanet Journal of Rare Diseases [✓]

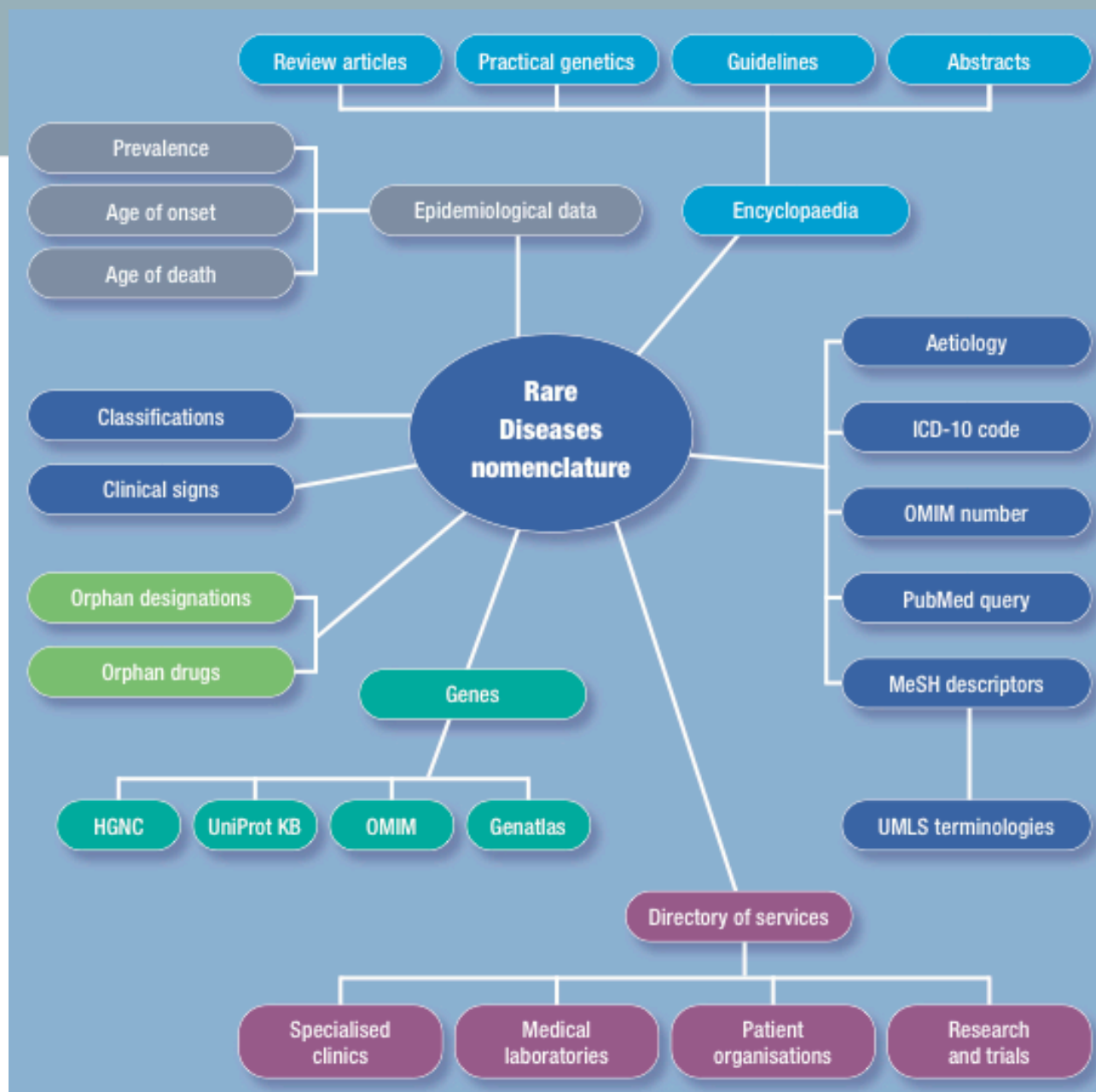
### Services for patients

- > Information about a disease
- > Encyclopaedia for patients
- > Patient organisations
- > Expert centres
- > Contact other patients / families
- > Register your organisation

### NEWS

- .....
- Plan national maladies rares français 2011-2014 (pdf) [✓]
- .....
- Clinical Utility Gene Cards now available on Orphanet
- .....
- New Orphanet Report

<http://www.orpha.net>



## View classifications by disease or by group of diseases



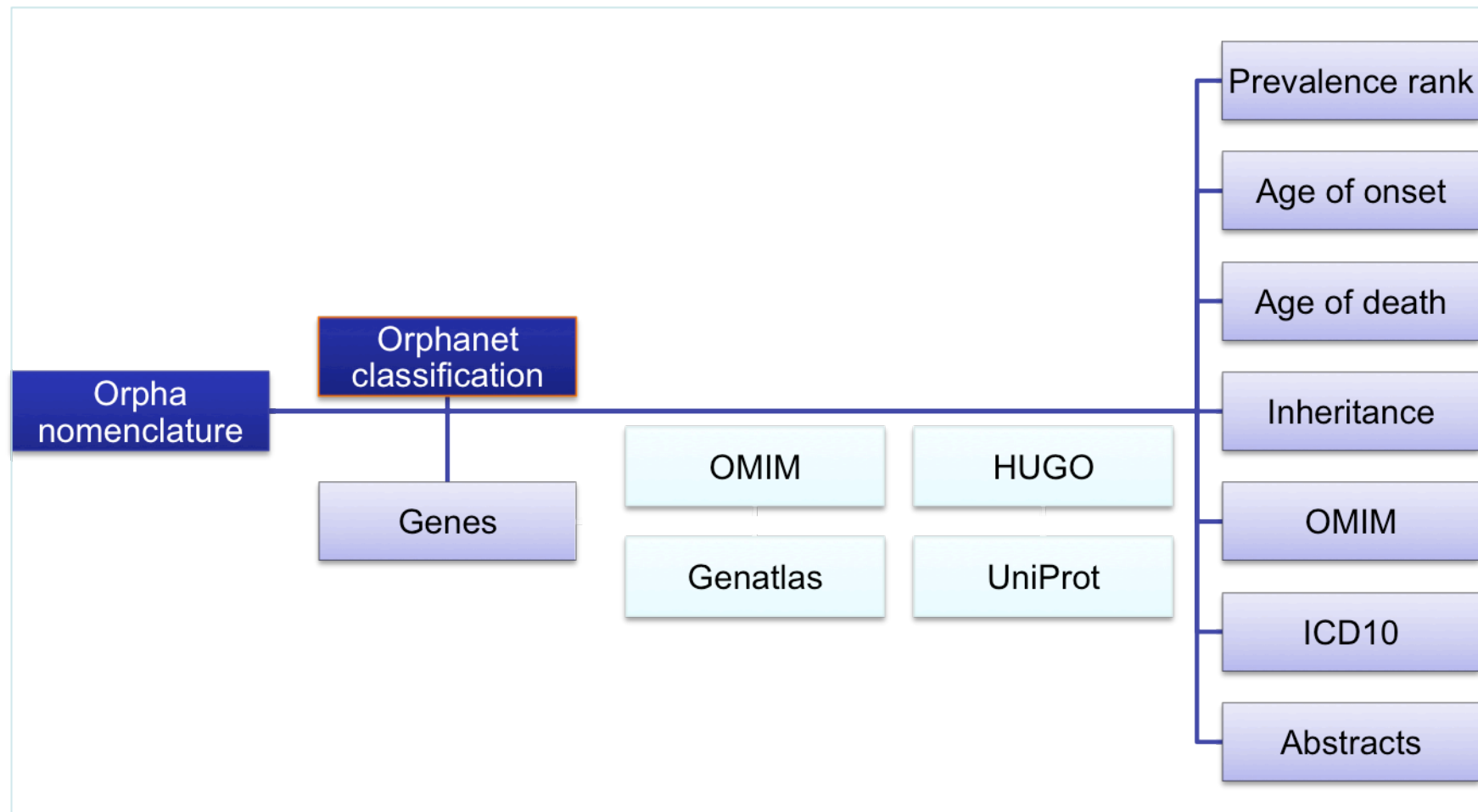
Rare metabolic disease  
Metabolic disease involving complex molecules  
Peroxisomal disease  
**Adrenoleukodystrophy, X-linked**  
Adrenoleukodystrophy, X-linked, cerebral form  
Adrenomyeloneuropathy

Rare neurologic disease  
Neurometabolic disease  
**Adrenoleukodystrophy, X-linked**  
Adrenoleukodystrophy, X-linked, cerebral form  
Adrenomyeloneuropathy  
Rare neurologic disease  
Rare epilepsy  
Metabolic diseases with epilepsy  
Peroxisomal disease  
**Adrenoleukodystrophy, X-linked**  
Adrenoleukodystrophy, X-linked, cerebral form  
Adrenomyeloneuropathy

Rare neurologic disease  
Leukodystrophy  
**Adrenoleukodystrophy, X-linked**  
Adrenoleukodystrophy, X-linked, cerebral form  
Adrenomyeloneuropathy

Rare endocrine disease  
Rare adrenal disease  
Primary adrenal insufficiency  
Chronic primary adrenal insufficiency  
Genetic chronic primary adrenal insufficiency  
**Adrenoleukodystrophy, X-linked**  
Adrenoleukodystrophy, X-linked, cerebral form

# Current RD database Content

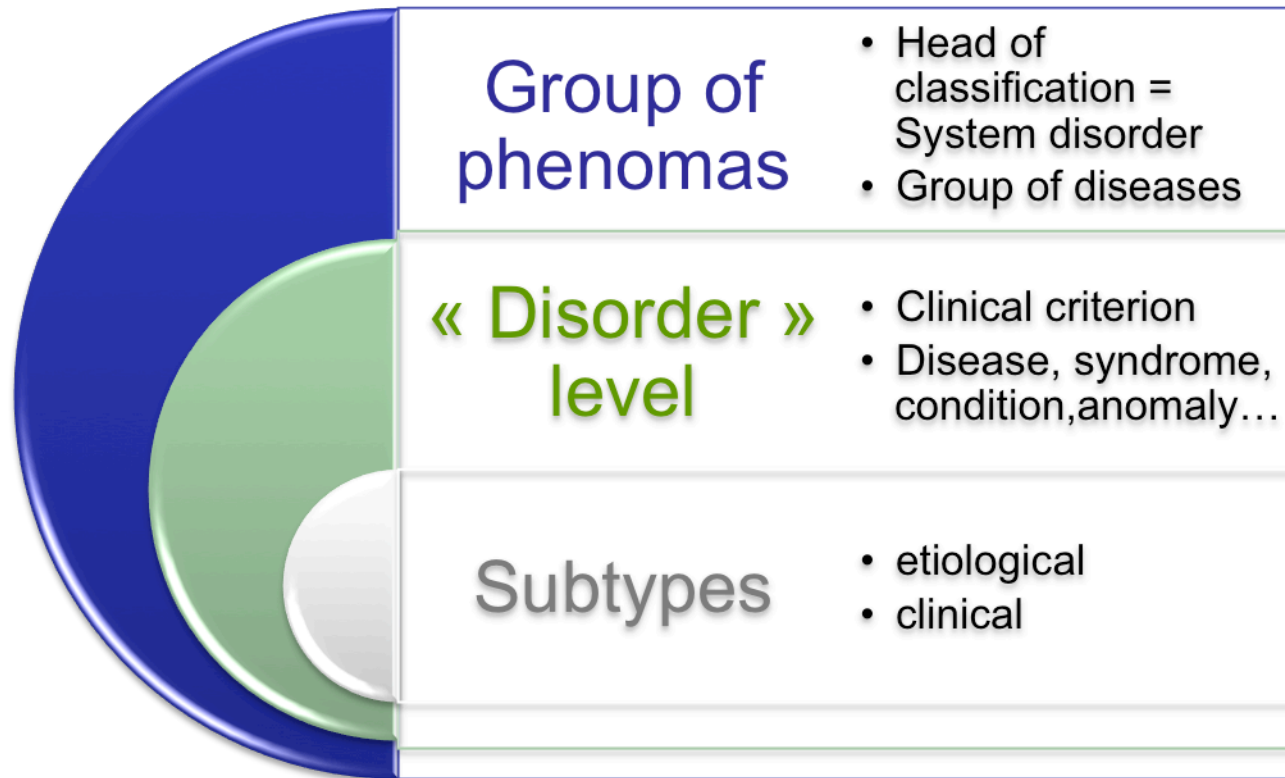




# Need for improvement of RD database (1)

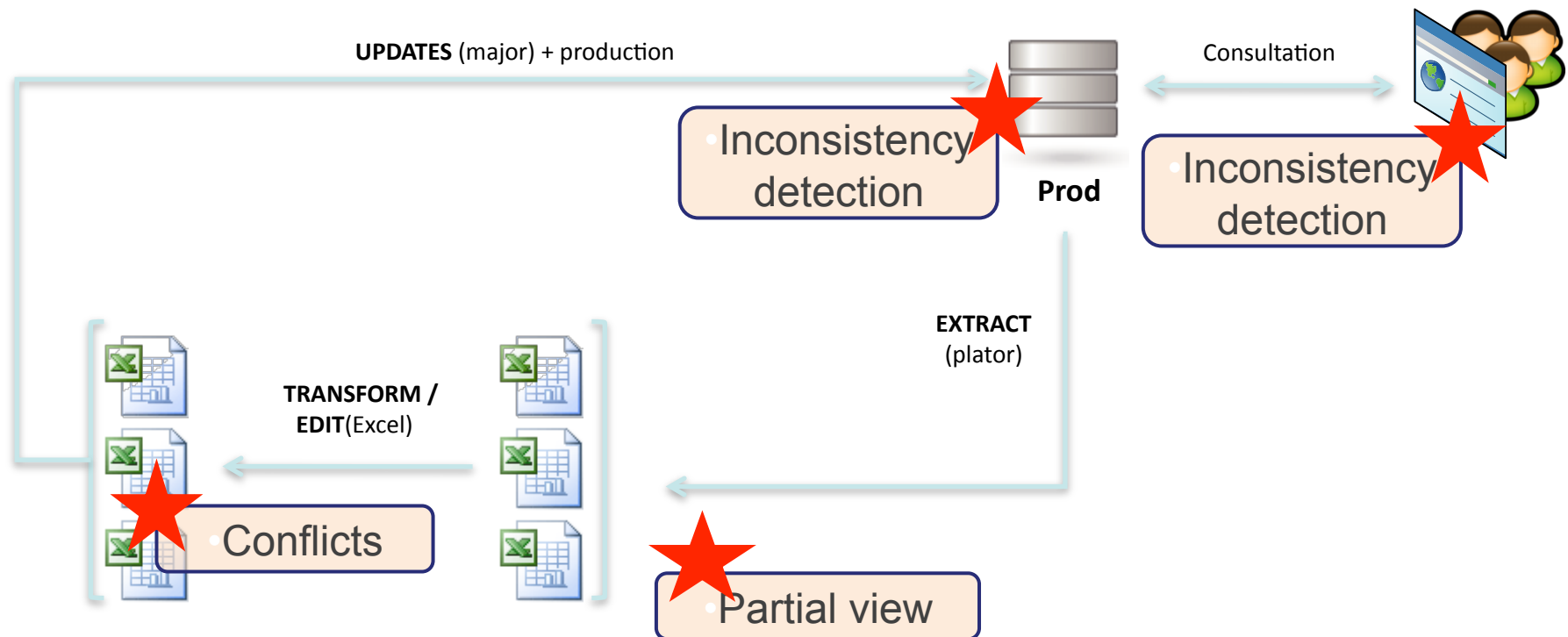
- Identifying relationships between entries in a classification
  - « IsA »
  - « IsCauseOf »
  - « Has(very frequently/frequently/occasionally)ClinicalSign »
  - « IsAPredisposingGeneFor »
  - ...

## Need for improvement of RD database (2)



- To better represent the continuum of phenomas
- To better represent the relationships between phenomas and genes-to-disorders

# Need for improvement of workflow



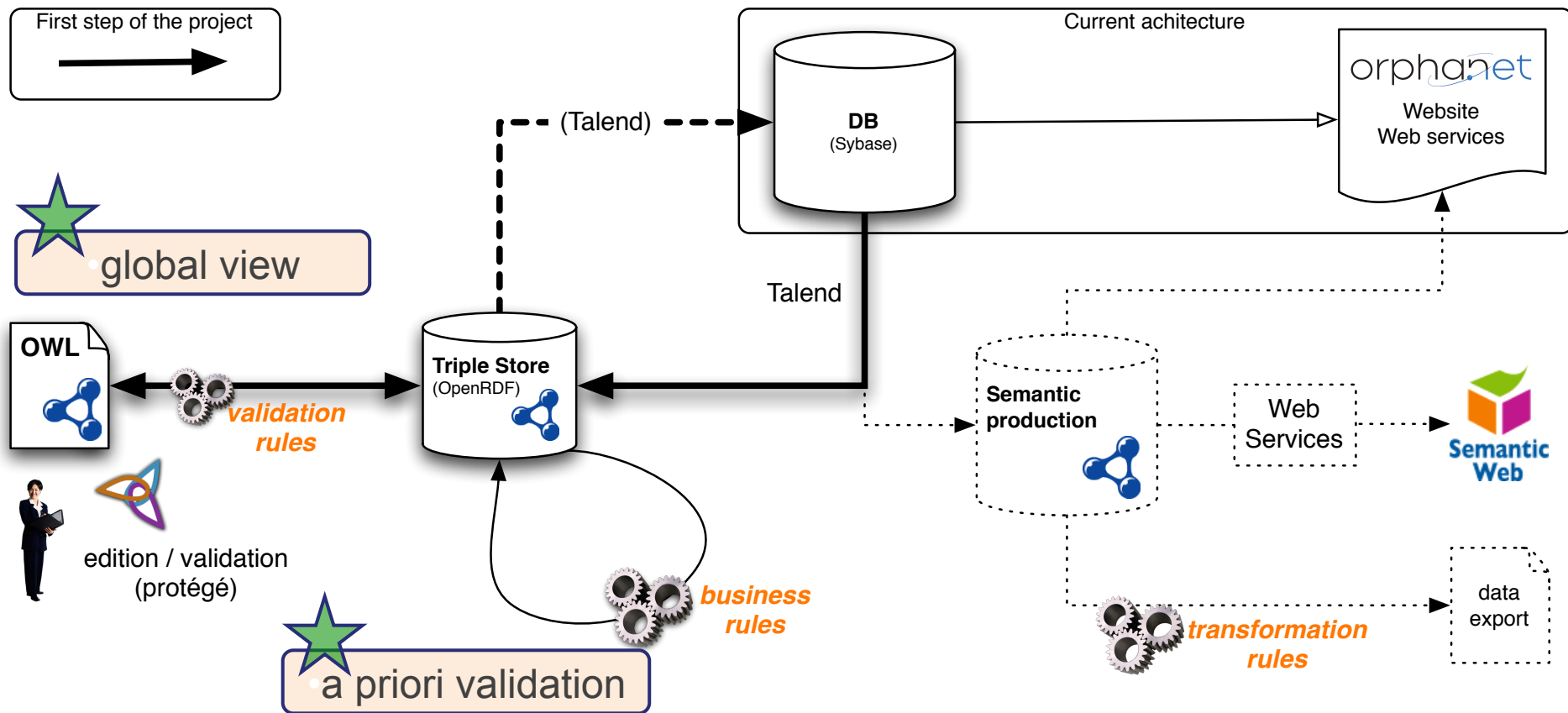
Excel is inappropriate for both knowledge visualisation and edition  
Conflicts caused by knowledge pieces spread in few files  
Knowledge Model = DB schema  
a posteriori validation procedure

# Objectives of OrphaOnto Project

*Moving to an Orphanet ontology in a two steps process*

- Ontological view of the current RD database in order to:
  - improve annotations
  - allow quality control (i.e. detection of inconsistencies)
  - achieve generalization of « IsA » relationships across the classification, if possible
  - adopt Protégé as an edition tool for RD database update
- Build and edit the Orphanet ontology
  - besides the relational database but connected to it
  - the ontology will feed the database,
  - will be freely available,
  - and will allow serving new needs

# Future workflow



Tools dedicated to knowledge visualisation and edition  
Knowledge model = OWL graph

# Orphanet: a Classifications System

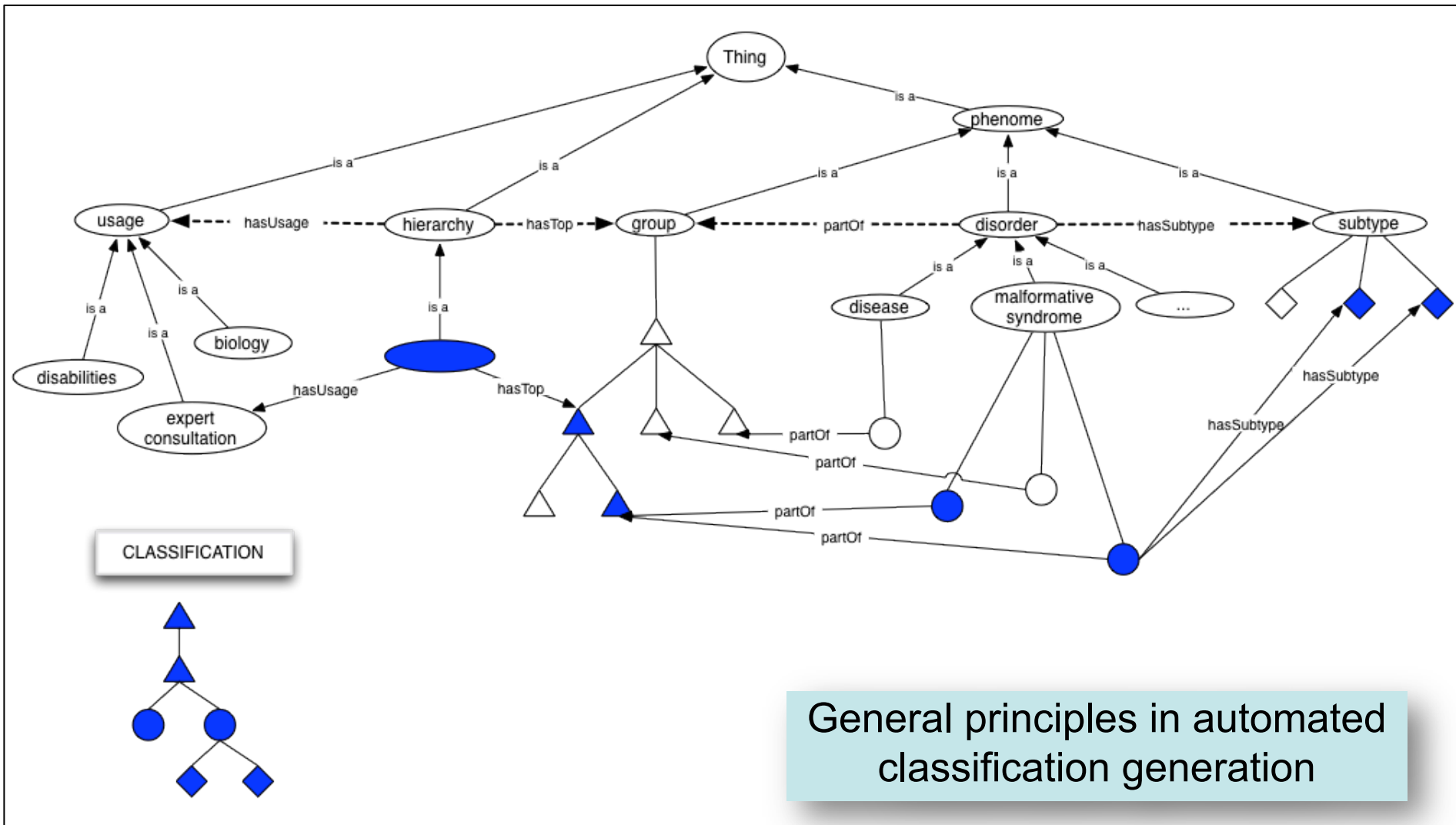
- Orphanet is a classification system
- 32 classifications of rare diseases
- Semantic representation of classifications
  - Turning hierarchical relationships into subsumption relationships seems inappropriate (inheritance issues)
  - Approach 1 : coloured graph

A classification (links between diseases) is a set of “hierarchical relationships” between its elements. Then browsing diseases in a specific classification is browsing the diseases graph using ONLY one relationship
  - Approach 2 : Rule-based hierarchy generation from a core ontology

## Ongoing Core-ontology

- Multidisciplinary approach to define the core-ontology of rare diseases (aka the meta-model of the domain)
  - Expert of rare diseases (MD and researchers)
  - Computer engineers
  - Knowledge engineers
- Must comply with :
  - Expert representation of the domain
  - Appropriate rules expression support
  - Description logic

# Ontological commitment : Automated classification generation



General principles in automated  
classification generation



The figure illustrates the Ontology Engineering Pipeline, showing the flow from updates to research data, extraction/transform, and edition, resulting in an OWL file. The background includes screenshots of the Protégé ontology editor and the Talend Open Studio interface.



To use the reasoner click Reasoner->Start Reasoner ☒ Show Inferences



# Protege / Visualisation tools

OntoOrphanet (http://www.orphanet.org/OntoOrphanet.owl) - [Volumes/Macintosh HD/fdhombres/Documents/workspace\_talend/ORPHANET\_OWL/outputs/OntoOrphanetOWL/OntoOrphanet.owl]

OntoOrphanet (http://www.orphanet.org/OntoOrphanet.owl)

Active Ontology Entities Classes Object Properties Data Properties Individuals OWLViz DL Query **OntoGraf** Cloud OWLdoc

Class hierarchy: 'Crouzon disease'

- 'Genetic cranial malformation'
- 'Genetic dementia'
- 'Genetic dermis disorder'
- 'Genetic dermis elastic tissue disorder'
- 'Genetic developmental defect of the eye'
- 'Genetic digestive tract malformation'
- 'Genetic disorder of sex development of endocrin'
- 'Genetic dyslipidemia'
- 'Genetic endocrine growth disease'
- 'Genetic epidermal appendage anomaly'
- 'Genetic epidermal disease'
- 'Genetic erythrokeratoderma'
- 'Genetic external or internal genital malformatio'
- 'Genetic eye tumor'
- 'Genetic gastro-esophageal disease'
- 'Genetic glomerular disease'
- 'Genetic gynecological tumor'
- 'Genetic hair anomaly'
- 'Genetic head and neck malformation'
- 'Genetic hyperparathyroidism'
- 'Genetic hyperpigmentation of the skin'
- 'Genetic hypertension'
- 'Genetic hypoparathyroidism'
- 'Genetic hypopigmentation of the skin'
- 'Genetic ichthyosis'
- 'Genetic immune deficiency with skin involveme'
- 'Genetic intestinal disease'
- 'Genetic lens and zonula anomaly'
- 'Genetic malformation syndrome affecting bones'
- 'Genetic malformation syndrome with odontal ar'
- 'Genetic malformation syndrome with short statu'
- 'Genetic malformative disorder of sex developme'
- 'Genetic mixed dermis disorder'
- 'Genetic multiple congenital anomalies/dysmorp'
- 'Genetic nail anomaly'
- 'Genetic neuro-ophthalmological disease'
- 'Abnormal eye movements'
- 'Congenital trigeminal anesthesia'
- 'Myopathy with eye involvement'
- 'Nervous system anomaly with eye involveme'
- 'Oculomotor apraxia or related oculomotor dis'
- 'Oculomotor palsy'
- 'Rare strabismus and restriction syndrome'
- 'Essential strabismus'
- 'Syndrome with a symptomatic strabismus'
- 'Cat-eye syndrome'
- 'Congenital fibrosis of extraocular musc'
- 'Cornelia de Lange syndrome'
- 'Craniostenosis associated with a strabi'
- 'Apert syndrome'
- 'Crouzon disease'**
- 'Crouzon syndrome - acanthosis nigr'

OntoGraf:

Search: contains Search Clear

Arc Types

- ☒ frequentSignOf(Subclass some)
- ☒ geneOf(Subclass some)
- ☒ has individual
- ☒ has subclass
- ☒ occasionalSignOf(Subclass some)
- ☒ veryFrequentSignOf(Subclass some)

To use the reasoner click Reasoner->Start Reasoner ☐ Show Inferences

## SPARQL QUERIES (N3)

Audit of data  
Annotations monitoring  
Quality control procedures  
(Rule-based procedures)

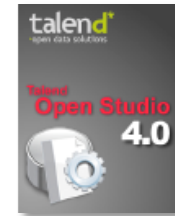
0	maladie(s) sans libellé
1	mode de transmission non lié à une maladie
4	signe(s) non liés à une maladie
20	gène(s) non liés à une maladie
2 494	maladie(s) génétique(s) sans mode de transmission (sur un total de 5272 maladies génétiques rares)

owl :Class	11 077	owl :Restriction	
owl :ObjectProperty	10	orpha :occasionalSignOf	10 530
owl :AnnotationProperty	29	orpha :frequentSignOf	12 384
AnnotationAssertion	179 567	orpha :veryFrequentSignOf	21 281
Classes polyparentales	2 843	orpha :geneOf	3 819

	total	fr	en	de	es	it	pt
AnnotationAssertion	153 513	23 203	23 641	20 808	18 625	19 253	14 126
skos :prefLabel	42 970	7 163	7 163	7 161	7 161	7 161	7 161
skos :altLabel	27 984	5 615	5 990	4 836	4 837	4 389	2 317

# Summary

- **Use of data management environment**
  - ETL procedures with Talend
  - OWL file generated from a relational database
  - relational database updates
- **Use of ontology editor**
  - Protégé : knowledge modelling
  - Editorial work supported by home-made plug-in
- **Quality control procedures**
- **Classifications generation**
  - Sesame : triple store / SPARQL queries
  - Consistency checking / EULER



# Annotations

- **Property and annotations in OWL**
  - ObjectProperty : inheritance
  - Annotations : no inheritance
- **Annotation is an appropriate choice for :**
  - Disease name (“Label”) and synonyms (“altLabel”)
  - External references (ICD-10 ref, MIM number...)
  - Epidemiological data
  - Disease definition / abstract
  - Classification belonging

# Conclusion about the 2 ontologies (I/II)

- Ontologies used in production mode
  - DebugIT
    - Data integration across 6 languages over 7 EU Hospitals
    - Practical SPARQL query building
    - Result aggregation/integration in DCO
      - Enables secondary data usage over SemanticWeb
  - OrphaOnto
    - The workflow is not modified but the ontology is regularly updated and available on bioportal:  
<http://http://bioportal.bioontology.org/ontologies/1586>
- Ontology engineering & evaluation
  - DebugIT
    - DL-reasoning helps ontology engineering & evaluation
  - OrphaOnto
    - Quality control procedure by SPARQL request in a triplestore

## Conclusion about the 2 ontologies (II/II)

- Model Complexity and usage
  - DebugIT
    - DDO-based data set queries and layered rule mappings from mediation to integration layer are complex  
... but approach scales over increasing number of new participants (!)
  - OrphaOnto
    - OntoOrpha is in fact a meta model from which we can produce different classifications for practitioners (genetic diseases, neurologic diseases, cardiologic diseases, ...)



## Next steps about the 2 ontologies

- DebugIT
  - Implement ontology release checker
    - Validate ontologies on term redundancies, required metadata, naming conventions, ...
  - Generate simpler DCO subset
    - Based on checked available bindings
- OrphaOnto
  - Implement validation process in ETL program
    - Insure coherence of information stored in Orphanet DB
  - Work about signs in collaboration with HPO
  - Validate the generation model and the query against the old classifications (in the case of genetic disease classification, it's OK)

**End**

Thank you for your attention