


RadLex: Building an Ontology for Radiology


Curtis P. Langlotz, MD, PhD
 Chair, RSNA RadLex Steering Committee
 Associate Chair for Informatics
 Department of Radiology
 University of Pennsylvania



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The Purposes of RadLex


- A successor to the ACR Index for retrieving online teaching files
- A set of terms for clinical reports in an electronic medical record
- Common data elements to improve clinical imaging research



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What is RadLex?

- >5,000 anatomic terms/“types”
- 26 participating organizations
- 9 committees
- 92 radiologist participants




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A Confession:

RadLex is not an ontology.

Yet.



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Status of RadLex Project

- Anatomy meetings were held this fall
- Draft anatomic terms available on RadLex web site (<http://www.rsna.org/radlex>) now
- Meetings winter/spring 2006 to consider findings and pathology terms
- Public comment summer/fall 2006
- Release of RadLex 1.0 at RSNA 2006

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Top 10 Reasons...

...building biomedical imaging ontologies
is challenging.

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Top 10 Reasons...

10. It is tempting to reinvent the wheel

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Key Collaborating Organizations

- American College of Radiology (ACR)
- DICOM
- College of American Pathologists (CAP) / SNOMED)

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Top 10 Reasons...

9. The perfect can get in the way of the good
10. It is tempting to reinvent the wheel

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Avoiding "Perfection Fever"

- Conduct pilot projects
- Enable frequent feedback from others
- Allow temporary "messiness" and unsolved problems

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Top 10 Reasons...

8. The real world isn't always logical
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Cooperating Organizations

- American College of Radiology
- American Society of Functional Neuroradiology (ASFNR)
- American Society of Head and Neck Radiology (ASHNR)
- American Society of Neuroradiology (ASNR)
- American Society of Pediatric Neuroradiology (ASPNR)
- American Society of Spine Radiology (ASSR)
- Cardiovascular Radiology Council of the American Heart Association (AHA)
- College of American Pathologists
- DICOM
- Fleischner Society
- International Skeletal Society (ISS)
- International Society of Magnetic Resonance in Medicine (ISMRM)
- North American Society for Cardiac Imaging (NASCI)
- North American Spine Society (NASS)
- Society of Body Computed Tomography and Magnetic Resonance (SCBTMR)
- Society for Cardiovascular Computed Tomography (SCCT)
- Society for Cardiovascular Magnetic Resonance (SCMR)
- Society of Gastrointestinal Radiology (SGR)
- Society for Pediatric Radiology (SPR)
- Society of Radiologists in Ultrasound (SRU)
- Society of Skeletal Radiology (SSR)
- Society of Thoracic Radiology (STR)
- Society of Uroradiology (SUR)

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RadLex Content Delineation

- ~~1.~~ Patient identifiers
- ~~2.~~ Clinical history
- 3. Image acquisition, processing, and display
- ✓ 4. Location on the image
- ✓ 5. Image quality
- 6. Anatomic location
- 7. Findings
- 8. Relationships
- ✓ 9. Uncertainty
- 10. Conclusions
- 11. Recommendations
- ✓ 12. Teaching attributes

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Textbook Example

1. Diseases of the abdomen
 - A. Diseases of the genitourinary system
 - i. Diseases of the kidney
 - a. Kidney stones
 - b. pyelonephritis
 - ii. Diseases of the ureter
 - iii. Diseases of the bladder
 - B. Diseases of the gastrointestinal tract
 1. Diseases of the pharynx
 2. Diseases of the esophagus
 3. Diseases of the stomach

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Disease Organization

- V Vascular
- I Infectious / Inflammatory
- N Neoplasm
- D Drugs / Toxins
- I Intervention / Iatrogenic
- C Congenital / Developmental
- A Autoimmune
- T Trauma
- E Endocrine / Metabolic

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Top 10 Reasons...

7. Taxonomies are intuitive, but limiting
8. The real world isn't always logical
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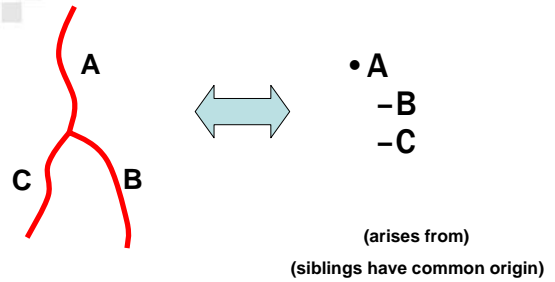
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Taxonomy Limitations

- Variants and competing anatomic subdivision methods (e.g., liver)
- Spectrum of findings
 - Visual features (e.g., round opacity)
 - Morphologic and physiologic processes (e.g., mass)
 - Diseases (e.g., adenocarcinoma)
- Vascular branching patterns

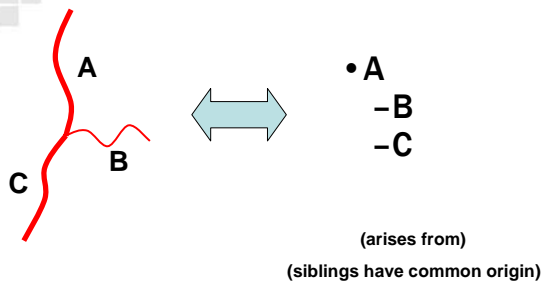
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Vascular Branching Patterns



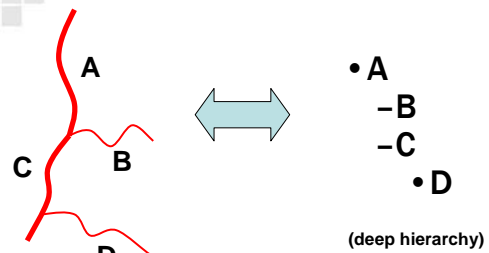
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Vascular Branching Patterns



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Vascular Branching Patterns



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Vascular Branching Patterns

• A
- B
- D

(Does not preserve branch ordering)
(B and D are now siblings)

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Vessel Changes Name

• A
- C

(deep hierarchy)

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Top 10 Reasons...

4. Deciding between single and multiple inheritance
5. Distinguishing radiographic and clinical disease
6. Good mapping tools are not available
7. Taxonomies are intuitive, but limiting
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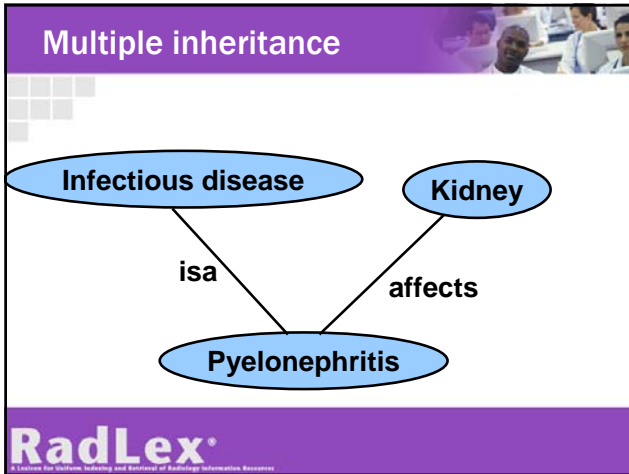
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Multiple inheritance

```

graph TD
    ID([Infectious disease]) -- isa --> P([Pyelonephritis])
    KD([Kidney disease]) -- isa --> P
  
```

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- ### Top 10 Reasons...
3. Establishing consistent naming conventions
 4. Deciding between single and multiple inheritance
 5. Distinguishing radiographic and clinical disease
 6. Good mapping tools are not available
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- ### Concept Naming Issues
- **Latin vs. English words**
 - Cardiomegaly vs. enlarged heart
 - Profunda femoris artery vs. deep femoral artery
 - **Adjectival vs nominal form**
 - Uterine fundus vs. fundus of the uterus
 - Splenic capsule vs. capsule of spleen
 - **Eponyms**
 - Uveomeningitic syndrome vs. Vogt-Koyanagi-Harada syndrome
 - Crohn's disease vs. inflammatory bowel disease
 - Hirschsprung's disease
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- ### Top 10 Reasons...
2. Deciding between pre- and post-composition
 3. Establishing consistent naming conventions
 4. Deciding between single and multiple inheritance
 5. Distinguishing radiographic and clinical disease
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Pre- vs. post-composition

- Superficial flexor muscle of 2nd digit
- Tendon of superficial flexor muscle of 2nd digit
- Sheath of tendon of superficial flexor muscle of 2nd digit

What about the other 4 digits?

What about synonyms (e.g., index finger)?

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“Modifiers”

- **Anatomic modifiers**
 - General anatomic modifiers
 - (e.g., medial, lateral, left, right)
 - Anatomy-specific modifiers
 - (e.g., diaphysis, metaphysis, epiphysis)
- **Finding modifiers**
 - General finding modifiers
 - (e.g., mild, moderate, severe, large, small)
 - Anatomy-specific modifiers
 - (e.g., monoarticular, polyarticular)

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Top 10 Reasons...

1. Finding support for curation and ontology development
2. Deciding between pre- and post-composition
3. Establishing consistent naming conventions
4. Deciding between single and multiple inheritance
5. Distinguishing radiographic and clinical disease
6. Good mapping tools are not available
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