# Project update



#### **Outline**

- Introduction
- Process flow of the overall system
- Retrieving the mappings
  - UMLS
  - BioPortal
  - o SNOMED CT mapping tool
- Retrieving UMC publications
  - Querying PubMed

#### Introduction

**Goal:** build an evaluation measure that shows how well the research output of Dutch UMCs match their different patient groups.

- Publications are indexed with MeSH terms (with a vast subset that describes diseases)
- Patient diagnoses are labeled with ICD10 codes

How?: Get mappings between MeSH and ICD10 that represent the same disease

Where?: Find several communities that have created mappings between medical vocabularies.

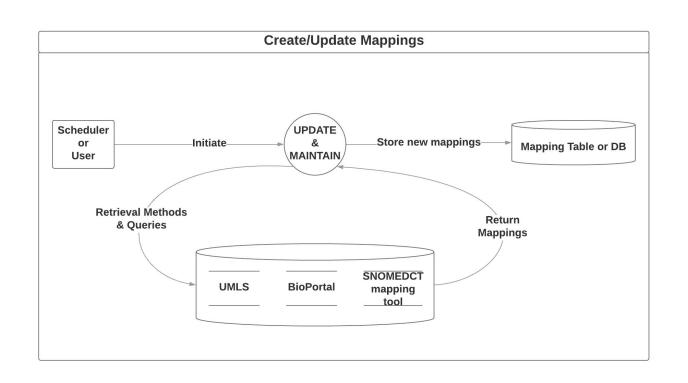
**UMLS** 

BioPortal

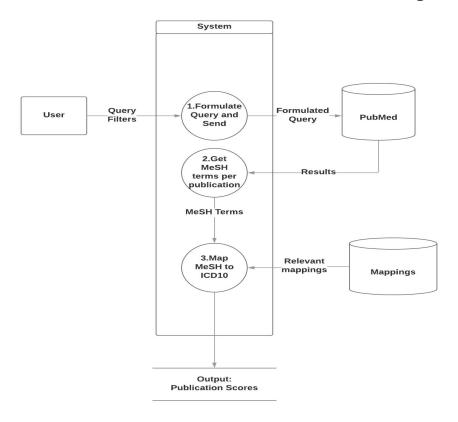
SNOMED CT



### Process Flow of the Overall System(1/2)



### Process Flow of the Overall System(2/2)





#### **UMLS (1/3)**

UMLS includes Metathesaurus software:

 A large biomedical thesaurus that organizes terms from several sources by concept, meaning and links similar names for the same concept.



A frame structure of 4 levels:

- 1. Concept Unique Identifier (CUI) ——Meaning
- 2. Lexical Unique Identifier (LUI) **Lexical Variants**
- 3. String Unique Identifier (SUI)
  - Atom Unique Identifier (AUI) Building Blocks

Further variations

### **UMLS (2/3)**

Atoms in one concept have the same meaning. Hence, ICD10 and MeSH terms are part of the same concept can be considered as a mapping.

For the current project, all the mappings can be found in a single file of Metathesaurus: MRCONSO.RRF

CUI	AUI	LAT	SAB	CODE	STR	
C0000727	A8183940	DUT	MSHDUT	D000006	Bulk, acute	
C0000727	A0017734	ENG	MSH	D000006	Abdomen, Acute	
C0000727	A0639289	ENG	ICD10	R10.0	Abdomen, Acute	

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#### **UMLS (3/3)**

#### Results:

- Found 1782 CUIs that contain both MeSH and ICD10.
- Found **2116** unique MeSH-ICD10 pairs.
- Added Dutch translation wherever it was present.
- Note: There are restrictions of publishing ICD10 and translations of any source General terms + additional restrictions in category 12.3 (<a href="https://uts.nlm.nih.gov/help/license/licensecategoryhelp.html">https://uts.nlm.nih.gov/help/license/licensecategoryhelp.html</a>)

#### **BioPortal**

BioPortal is a repository of biomedical ontologies that can be accessed through Web Services.

- It offers a REST api in order to access its resources. An API KEY is required!
- BioPortal creates the mappings through several methods:
  - Using UMLS
  - Using NCBO loom algorithm
  - OBO mappings
- Retrieval methods:
  - Method 1: Immediate mappings between ICD10 and MeSH (22 out of 2119)
  - Method 2: Mappings between MeSH <-> ICD10CM <-> ICD10 (779 out of 2538)
  - Method 3: Mappings between MeSH <-> SNOMED <-> ICD10 (On progress)

# SNOMED CT

#### Mappings between SNOMED CT to ICD10CM

"The purpose of the SNOMED CT to ICD-10-CM map is to support semi-automated generation of ICD-10-CM codes from clinical data encoded in SNOMED CT for reimbursement and statistical purposes."

- I-MAGIC: Algorithm that implements real-time mapping between SNOMEDCT and ICD10CM
- **Demo page:** <a href="https://imagic.nlm.nih.gov/imagic/code/map">https://imagic.nlm.nih.gov/imagic/code/map</a>
- All mappings are in a file that can be accessed with the UMLS or SNOMED License.
- Link of release: <a href="https://www.nlm.nih.gov/research/umls/mapping\_projects/snomedct\_to\_icd10cm.html">https://www.nlm.nih.gov/research/umls/mapping\_projects/snomedct\_to\_icd10cm.html</a>
- Fllename: der2\_iisssccRefset\_ExtendedMapSnapshot\_INT\_YYYYMMDD.txt which is in the Snapshot\Refset\Map directory.
- On progress

#### Retrieving UMC publications

NCBI offers several public programmatic APIs to allow access to various Databases.

The most useful API is the **Entrez Programming Utilities** (E-Utilities):

- Allow access to all Entrez databases (PubMed,PMC, Gene etc.)
- Eight programs that are in the form of fixed URLs.
- Documentation: <a href="https://www.ncbi.nlm.nih.gov/books/NBK25501/">https://www.ncbi.nlm.nih.gov/books/NBK25501/</a>

Using Entrez, one can access Pubmed, then ask to retrieve publications according to some search criteria and get back results (possibly indexed with MeSH terms).

### **Querying PubMed**

Querying PubMed can be performed programmatically with E-Utilities, by defining a typical PubMed query (as in the PubMed site).

Current filters of interest:

#### 1. MeSH Categories

- "Diseases Category"[Mesh]
- "Health Care Category"[Mesh]
- "Psychiatry and Psychology Category" [Mesh]

#### 2. Date Ranges

YYYY/DD/MM:YYYY/DD/MM[Publication Date]

#### 3. Authors' Affiliation

- Authors with a certain affiliation can be searched with the [ad] filter
  - e.g: For Leiden: (Leiden[ad] AND ("university medical center"[ad] OR "university medical centre"[ad] OR "academic hospital"[ad] OR mc[ad] OR LUMC[ad]))

### **Querying PubMed**

The 3 filters can formulate a single query by conjuncting them:

**Query :=** MeSHCategories AND DateFilters AND Affiliation

Two F-utilities tools are used:

1. **Esearch:** returns a list of PMIDS that satisfy certain filter criteria (query).

2. **Efetch:** returns detailed information of publications in given PMID list.

## Querying PubMed Esearch as an ajax request

Return a JSON object of PMIDS.

## Querying PubMed Efetch as an ajax request

```
return $.ajax({
    url: inttps://cors-anywhere.herokuapp.com/ittp://eutils.ncbi.nlm.nih.gov/entrez/eutils/efetch.fcgi',
    data: {
        //api_key: pubmedkey,
        db: 'pubmed',
        usehistory: 'y',
        webenv: response.esearchresult.webenv,
        query_key: response.esearchresult.querykey
        retmax: 10000
    }
}
Response is the JSON object with
    PMIDs.
```

 Return an XML file with PMID information (title, DOI, Publication Date, authors, MeSH, keywords etc.)

### **Querying PubMed**

#### Things to concern:

- An API-KEY is not necessary, but it makes the querying process faster.
- The current implementation is coded with JavaScript, which is a bad practice. Back-end implementations should be developed.
- E-utilities limit the results to a maximum of 10000. An iteration process of getting the next results is necessary.