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# Querying archetype-based EHRs by search ontology-based XPath engineering

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## Abstract

**Background:** Legacy data and new structured data can be stored in a standardized format as XML-based EHRs on XML databases. Querying documents on these databases is crucial for answering research questions. Instead of using free text searches, that lead to false positive results, the precision can be increased by constraining the search to certain parts of documents.

**Methods:** A search ontology-based specification of queries on XML documents defines search concepts and relates them to parts in the XML document structure. Such query specification method is practically introduced and evaluated by applying concrete research questions formulated in natural language on a data collection for information retrieval purposes. The search is performed by *search ontology-based XPath engineering* that reuses ontologies and XML-related W3C standards.

**Results:** The key result is that the specification of research questions can be supported by the usage of *search ontology-based XPath engineering*. A deeper recognition of entities and a semantic understanding of the content is necessary for a further improvement of precision and recall. Key limitation is that the application of the introduced process requires skills in ontology and software development. In future, the time consuming ontology development could be overcome by implementing a new clinical role: the *clinical ontologist*.

**Conclusion:** The introduced Search Ontology XML extension connects Search Terms to certain parts in XML documents and enables an ontology-based definition of queries. Search ontology-based XPath engineering can support research question answering by the specification of complex XPath expressions without deep syntax knowledge about XPath.

**Keywords:** Electronic health records, Medical informatics applications, Search ontology, Information retrieval, EHR query, Pathology electronic health records, Query engineering

## Background

### Precise questions on semi-structured medical records

Since clinicians prefer narratives and dictated speech over rigid entry forms [1], Electronic Health Records (EHRs) are often stored as free text. This information type is referred to by the term semi-structured, presumed the documents are structured by headers and keywords manually assigned by the physicians. This structure is usually not technically implemented. Queries on such data can not be very precise because there is no semantic information explicitly available as markup in the free text.

In order to specify precise queries on semi-structured health records, a transformation of semi-structured health records into *Structured EHRs* is required as well as methods for *Querying on Structured EHRs*.

### Structured EHRs

“A well written patient history may be a narrative or structured document.[...] There is a drive to structure and/or code all clinically relevant information in EHRs to benefit from computability of information” [2]. Not only machines, also physicians are benefiting by structured documents, because “it seems that having an expectation of what to find under a certain heading makes for a faster interpretation of the text” [3]. Anyway, there are

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narrative as well as structured EHRs; and when the physicians structure their information using certain keywords and headers in the narratives, it is possible to transfer free text based medical records into standardized and section-structured XML EHRs [4]. Querying EHRs by keywords in certain sections requires that the sections are recognized by Section Boundary Detection (SBD) and stored in an appropriate format. In previous work [4], we showed, that such a transfer is possible: A set of pathology reports has been automatically transformed into archetype-based Pathology Electronic Health Records (PEHRs). The standard openEHR was exploited for this transformation.

### Querying structured EHRs

After the transformation process, queries can be applied to specific sections instead of the entire document. This can reduce false positive results. There is a need for an ontology-based way for the generation of XPath expressions. This method, referred to as *search ontology-based XPath engineering*, will be introduced in this work. More specifically, the suggested approach [5] will be proven in a real world scenario by real Research Questions (RQs) on a real data set. One hypothesis of this paper is: when the PEHRs are structured into sections by SBD and stored in an XML database, the sections can be used for Research Question Answering (RQA).

### Related work

Related work can be distinguished in *EHR Query Languages on Data Marts*, and *Ontology-based Queries*.

**EHR Query Languages on Data Marts** Particularly in health care, secondary use and mining on EHRs is still challenging [6]. There are already well defined query languages for archetype based EHRs [7, 8]. These query languages define an abstract language, which borrows keywords from Structured Query Language (SQL) [9], and combines them with archetype path expressions, which are similar to XPaths [10]. Another prominent SQL based approach is the usage of the i2b2 [11] data mart for querying EHRs. Precondition for that is an Extract Transform Load (ETL) transformation process into the i2b2 Star Schema [12].

**Ontology-based queries** When the data is stored on a structured relational database, semantic searches can be applied for answering different kinds of RQs [13]. The PONTE platform [14] enables querying on a global EHR ontology using SPARQL statements [15]. A similar approach uses ontology-based mediation and Object Query Language (OQL) for query formulation [16]. The XOntoRank system [17] enables semantic search by inferring semantic relationships between the query

keywords and the terms in the documents (based on domain ontologies like Systematized Nomenclature of Medicine (SNOMED)). A promising approach is the SPARQL2XQuery framework [18], which enables both, transformation between XML and ontologies, and the query translation of SPARQL to XQuery [19].

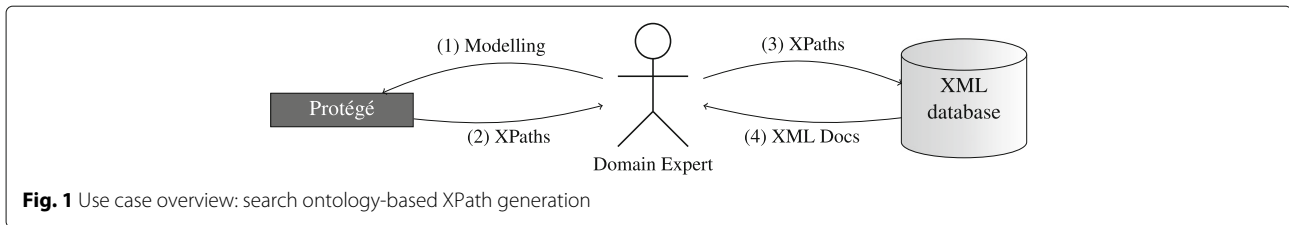
**Reducing ETL processes** All in all, for answering RQs by structured query languages like SQL or SPARQL time consuming ETL processes are necessary. In essence, EHRs have to be transformed into data marts like i2b2 or an ontology for enabling SPARQL. Moreover, the transformation into data marts or ontologies requires structured data, but again, many EHRs consist of free text. We can skip these time consuming processes when queries are directly applied to PEHRs (using SBD and XPaths).

### Demarcation to Question Answering (QA) systems

Researching QA systems was an early explored research field in computer science [20]. Nowadays the topic of semantic QA systems is a comprehensive and active research field with many different approaches [21]. Nevertheless the approach of this paper can support experts during RQA by ontology-based query formulation and query generation, we distance this approach from general QA systems, because “QA systems directly return answers, rather than documents containing answers, in response to a natural language question” [22].

**Other limitations** The category *Ontology-based Queries* is promising a higher precision than queries by keywords in certain sections, because SPARQL queries on OWL based patient data would be more powerful than XPath expressions on XML; but a comprehensive and long term persistence storage of pathology data within semantic web technologies is only partially solved. A deep semantic understanding of free text based EHRs is an open research topic, but in the near future especially the time consuming manual review process could be supported by methods of Named Entity Recognition (NER) and ontology extraction (→ “[Discussion](#)” section).

Generally speaking, the approach of this paper is inherent independent from the underlying XML structure and belongs to the category of *Ontology-based Queries*. We suggest the usage of an ontology, which is strongly bound to the used XML structure for the generation of XPath expressions. This strong binding on a structure is only meaningful when standardized XML-based EHRs are used.



### Approach and paper overview

We consider in this work RQs from the pathology domain as a concrete example (→ “M1. Questions by a domain expert” section) which have to be answered by a set of PEHRs. These PEHRs are stored after applying SBD to the (free) text on an XML database (→ “M2. structured PEHRs” section). After that, XPath expressions can address certain parts of the XML documents (→ “Querying PEHRs using XPaths” section). The development of such XPaths is time consuming for domain experts, but also for computer scientists. We suggest to use ontologies to support experts for answering RQs by *search ontology-based XPath engineering* (→ “I. SO-based XPath engineering” section) using the Search Ontology XML extension (SOX). For answering clinical RQs or for searching similar cases, XPaths can be generated automatically out of this ontology (→ “II. Automatic XPath Generation” section), which in turn can be applied to document corpora on XML database systems.

Figure 1 gives an overview of the idea of this paper. In the middle of the search process is a domain expert. On the left hand side of Fig. 1 it is illustrated, that the agent uses Protégé, the ontology editor of the Stanford University [23] for modeling the query using the SO (→ “Search ontology” section) and SOX (→ “Search ontology XML extension” section). On the right hand side of Fig. 1 the agent interacts with the XML database; by using XPaths (→ “Querying PEHRs using XPaths” section) the agent can retrieve relevant XML documents. In summary, focus of this work is the evaluation of the SOX-approach by trying to support RQA. The main contribution is a tool which is able to generate XPaths expressions out of the SOX (→ “Search Ontology XML Extension XPath Generator (SOXPathGen)” section). The tool is tested on sample PEHRs files (→ “Simple Test Files (Pathology Electronic Health Records” section) by applying five real-world RQs (→ Table 1).

### Material

#### M1. Questions by a domain expert

Table 1 lists the questions in Natural Language (NL), that are asked by a pathologist, which we will try to solve by applying SOX. In this paper, the Question 1 (Q1) will be picked as continuous example, which will be referenced in the following sections. In Q1 the pathologist is interested

in the average flake weight, that occurs when prostate cancer is diagnosed. More precisely:

(1) *Query for answering Q1 in NL (formulated by a computer scientist)* We search for all PEHRs, where in the Macroscopy section occurs a prostate flake weight, intersected with all PEHRs where a prostate cancer diagnosis occurs. These are PEHRs, which contain certain terms in the Overall Interpretation section, or they have certain classification strings in the Typification and Localisation section. For a better precision, PEHRs which have blister related terms in Material have to be excluded.

Q1 is in principle a simple question, but it shows that processing NL questions is difficult to understand for humans as well as for machines. Because of that we are convinced: there is a demand of an ontological-based query formulation.

#### M2. structured PEHRs

In this article, we will concentrate on the special domain of pathology, where a lot of semi-structured information

**Table 1** NL description of the queries (→ “Search Ontology-based Pathology Questions (OWL)” section)

| Q               | Question                                                                                                                           |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------|
| Q0 <sup>a</sup> | PEHRs which contains T2 as primary tumor classification and defined phrases of excised skin material                               |
| Q1              | Prostatic carcinomas are found starting from how many grams of flake tissue?                                                       |
| Q2              | Prostatic carcinomas are found starting from how many capsules? What influence has the processing method (with/without remainder)? |
| Q3              | How large are the leiomyomas of the uterus in the entry material?                                                                  |
| Q4              | How many lymph node metastasis occur at colon cancer in stage pT2?                                                                 |
| Q5              | In how many esophageal biopsies is a Barrett mucosa found? Exclude a certain negation expression <sup>b</sup> (cave).              |

<sup>a</sup>Q0 is only for proving the concept [5]

<sup>b</sup>ohne Nachweis einer Barrett-Schleimhaut’ (en: without evidence of Barrett mucosa)

occurs in terms of pathology reports. In fact, pathology reports are based on certain section patterns and section-introducing keywords, like material, macroscopy or microscopy. We verified manually, that keywords like *Material*, *Makroskopie* or *Mikroskopie* were constantly used for section tagging of pathology reports of the Institute of Pathology of Leipzig. Therefore, the reports can be section-structured very precisely into an archetype-based Pathology Patient Information Model (PPIM) by the application of methods like SBD and openEHR [4]. As a result of this previous work, 68,583 openEHR-based PEHRs are stored on an XML database, ready for answering RQs. For a better understanding, we publish herewith some test files (→ “Simple Test Files (Pathology Electronic Health Records)” section). The corresponding XML of one sample PEHR is listed in Fig. 2.

## Methods

### Querying PEHRs using XPathS

When EHRs are stored in XML, another query language is more suitable than classical free text retrieval methods such as Lucene [24]. XPath expressions are following the structure of the EHRs and are a W3C standardized method for addressing parts in XML documents [10]. An example XPath expression regarding Q1 is shown in Fig. 3. XPath functions are used for matching the German word stems. E.g. when ‘`florid(\w)*`’ is used as matching pattern, we will also find any variation like ‘floride’ or

‘florides’. Of course, irregular words needs to be treated by multiple disjunct specifications. For the combination of words, the expression ‘`([\w]*\s){0,2}`’ can be useful, which implies that a maximum of two words is allowed to match the pattern, which is similar to Lucene Proximity Searches [24].

## Ontologies

### Top level ontology General Formal Ontology (GFO)

The GFO introduces a top level ontology [25], useful for conceptual modeling. The GFO classes *Concept* and *Symbolic\_structure* and the property *has\_part* have been reused during the introduction of the SO and SOX classes and properties (summarized in Fig. 4).

**Search ontology** The development, management and reuse of search concepts is a complex task, that can be supported by the SO [26]. The SO has been developed to support full text search on documents; it can be used for Information Retrieval (IR) in any domain by extending it by the corresponding domain ontology. The representation of the knowledge in the SO is similar to knowledge-based IR, where Hierarchical Concept Graphs (HCGs) constitute hierarchical thesauri as an useful knowledge representation [27]. In the SO we distinguish *Search\_Concepts* from *Search\_Terms*, disaggregating the latter into *Simple\_Terms* and *Composite\_Terms*. *Composite\_Terms* are made up of *Simple\_Terms*, related by the Object Property

```

<Pathology [...]
  [...]
  <pim:Overall_interpretation>
    <pim:name>
      <pim:value>Beurteilung</pim:value>
    </pim:name>
    <pim:value>
      <oe:value>[...] Adenokarzinom [...]</oe:value>
    </pim:value>
  </pim:Overall_interpretation>
  [...]
  <pim:Macroscopic_findings>
    <pim:name>
      <pim:value>Makroskopisch</pim:value>
    </pim:name>
    <pim:Overall_macroscopic_description>
      <pim:name>
        <pim:value>Makroskopisch</pim:value>
      </pim:name>
      <pim:value>
        <oe:value>[...] Ff. Resektat3 g und zusammengeschoben 3,5 cm Durchmesser [...]</oe:value>
      </pim:value>
    </pim:Overall_macroscopic_description>
  </pim:Macroscopic_findings>
  [...]
</Pathology>

```

**Fig. 2** Simplified XML-based pathology EHR snippet, containing a specimen, an overall interpretation and a macroscopic findings part

```

pim:Pathology/pim:Histopathology/pim:data/
  pim:Any_event_as_Point_Event/
pim:data/pim:Overall_interpretation/pim:value[matches(oe:value,
  'adenokarzinom','i')]
    
```

**Fig. 3** One simple XPath example

has\_part, and Composite\_Terms are constrained by the additional data property max\_distance, which defines the word distance between Simple\_Terms, where max\_distance=0 represents, that one word immediately follows another word. Writing variations, synonyms, abbreviations as well as term phrases can be handled by the assignment of multiple labels to the concrete individuals of a Simple\_Term. The SO is illustrated and described in detail in Fig. 5.

**Search ontology XML extension** We extended already the SO in a way that allows querying structured data stored as XML documents [5]. By extending the SO, XPathS are automatically producible out of the ontology, which can be executed on XML documents by integrating them into XSLT or XQueries. The extension of the SO is summarized in Figs. 4 and 6. On the top level of the ontology the class XML\_Structure was added, which subclass structure represents the XML structure. Figure 6 shows that Search\_Concepts are described by Search\_Terms. Search\_Terms belong to certain parts in the XML\_Structure, linked by the added in relation. Namespaces and tag names of the XML document are defined within the class IRI. For a combination of multiple Search\_Concepts, we enhance the SO by a new class, the Search\_Query (→ “1.5 Combining Search\_Concepts to Search\_Queries” section). Further, an additional annotation property xpath is adhered during the XPath generation process (→ “II. Automatic XPath Generation” section).

SO extends the GFO by  
 Search\_Concept ⊆ Concept  
 Search\_Term ⊆ Symbol\_structure  
 has\_part.1 ⊆ has\_part  
 has\_part.2 ⊆ has\_part  
 SOX extends the SO/GFO by  
 XML\_Structure ⊆ Symbol\_structure  
 Search\_Query ⊆ Concept  
 in ⊆ part\_of

**Fig. 4** SO → SOX

**Engineering and generation process overview**

Figure 7 is important for understanding the overall process, in which the ontology methods are used. Prerequisite for the query engineering is a concrete RQ (M1) and structured PEHRs (M2), which are stored on an XML database. The process illustrated in Fig. 7 is described in the following subsections (I-IV.).

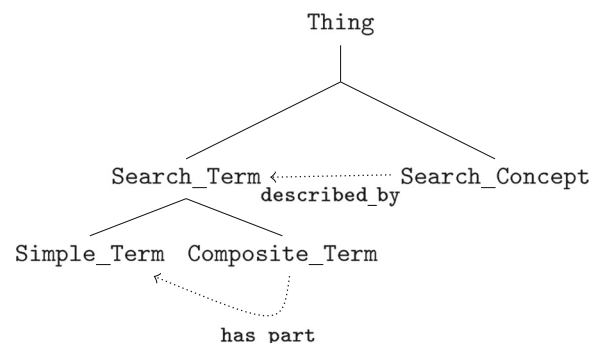
**I. SO-based XPath engineering**

The modelling of the queries has to be done manually and consists of the following sub-steps:

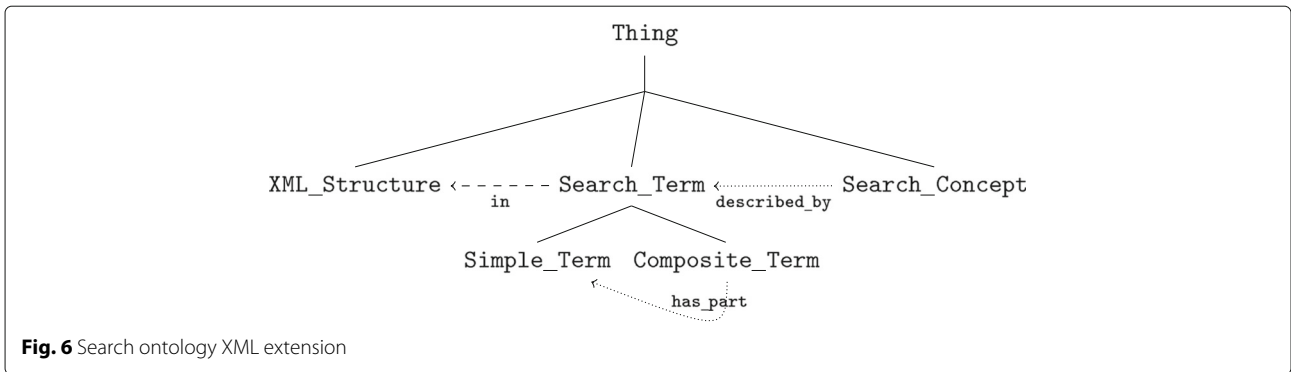
- I.1 Defining the XML\_Structure
- I.2 Understanding and Formalization of the Questions
- I.3 Preparing the Search\_Terms
- I.4 Describing the Search\_Concept and linking them to the XML\_Structure
- I.5 Combining Search\_Concepts to Search\_Queries

The process order is not strict. In practice, it is also useful to describe the Search\_Concept (I.4) before the definition of the Search\_Terms (I.3). Practical query engineering is a cyclic process (→ “Refinement circles” section), which will be explained in the following by a practical example.

**I.1 Defining the XML\_Structure** The definition of the XML\_Structure in a HCG is conditional, because Search\_Terms have to be bound to the XML\_Structure in a later sub-step. Namespace declarations are directly



**Fig. 5** Overview search ontology



used in the IRI. Figure 8 illustrates the XML\_Structure, which is based on the PEHRs and required for answering the questions of Table 1.

**I.2 Understanding and formalization of the questions**

In this preparation step, all questions of Table 1 can be formalized like suggested in Table 2. Another approach would be the usage of NL, as long as it is clear and complete.

**I.3 Preparing the Search\_Terms**

Based on the latter sub-step (Table 2) the Search\_Term classes, more precisely Simple\_Terms and Composite\_Terms, were defined. Firstly Simple\_Terms classes and instances were defined; multiple labels can be created, which can contain regular expressions. Figure 9 illustrates the defined Search\_Term classes and labels regarding Q1. After defining the Simple\_Terms, Composite\_Terms can be constructed by linking them to the Simple\_Terms by the has\_part relation.

**I.4 Describing the Search\_Concept**

Search\_Concepts are primitive classes, which are described by the following someValueFrom restriction:

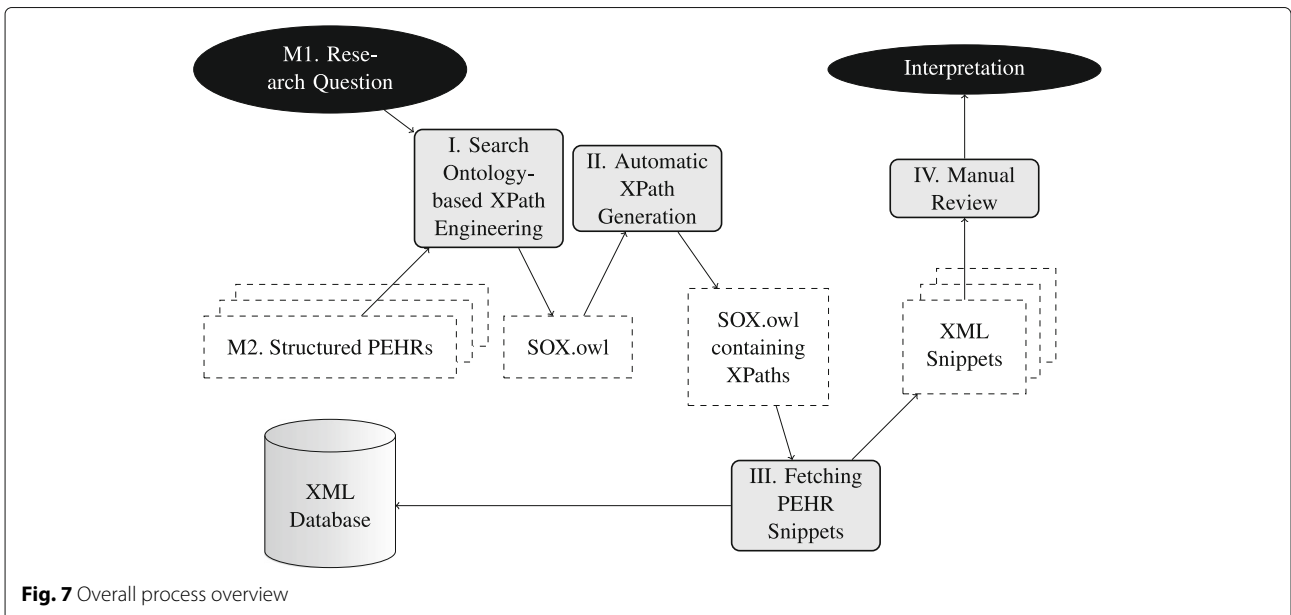
described\_by some (Search\_Term and (in some XML\_Structure))

For instance (Q1), to refine a Search\_Concept to a class which represents, that certain adenocarcinoma Search\_Terms are expected in an Overall\_interpretation section, the following class description is used.

Adenocarcinoma\_in\_Interpretation:  
 described\_by some (Adenocarcinoma and (in some pim:Overall\_interpretation/pim:value/oe:value))

**I.5 Combining Search\_Concepts to Search\_Queries**

It became clear during the engineering process of this practical use case, that an additional concept is



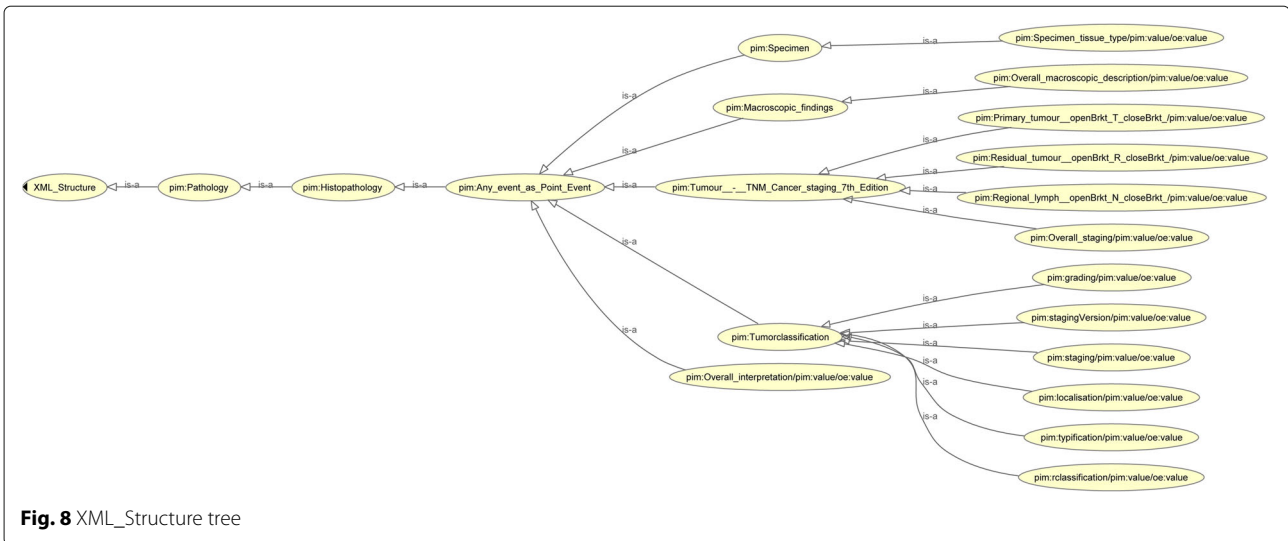


Fig. 8 XML\_Structure tree

needed for connecting multiple Search\_Concepts together by Boolean expressions. The following class description represents the combination of multiple Search\_Concepts regarding Q1.

```
(2) Q1 class description (Boolean connected)

G_Unit_in_Makro and (
Adenocarcinoma_in_Interpretation or
(ICD-O-C-61_in_Localisation and
ICD-O-M-8140/3_in_Typification))
and No_Blister_in_Material
```

There is an improved readability when we compare (1) Query for answering Q1 in NL with the latter (2) Q1 class description.

II. Automatic XPath generation

The latter ontological query engineering yields an OWL file, that holds all necessary data for the automatic generation of the XPath expressions. During that generation, each Search\_Query concept gets an XPath annotation. These annotations are generated by a program fetch, that interprets the class descriptions and labels by the usage of the Jena API [28]. The algorithm dissolves each Search\_Concept contained in the Boolean expression of each Search\_Query. When the Search\_Concept is described by a Simple\_Term, a disjunction is generated, that contains for every instance label of the Simple\_Term an XPath expression; the generation is based on the labels of the Simple\_Term instances and is based on the path of the referenced XML\_Structure node. Otherwise, when the Search\_Concept is described by a

Composite\_Term, a disjunction of a constructed cross product of the referenced Simple\_Terms is generated.

III. Fetching EHR snippets

The generated XPath expressions are integrated in XQueries, which are applied on an XML database for

Table 2 DL-based-description of the queries

| Q                     | Question                                                                                                                                                                                                                                       |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q0 <sup>a</sup>       | <b>(HE_Shapes in Macroscopy AND T2_Term in Overall_staging) [5]</b>                                                                                                                                                                            |
| Q1                    | <b>G_Unit in Macroscopy AND – Blister in Interpretation AND (Adenocarcinoma in Interpretation OR (ICD-O-C-61 in Localisation AND ICD-O-M-8140/3 in Typification))</b>                                                                          |
| Q2 (without residual) | <b>K_No_Rest in Macroscopy AND – Blister in Interpretation AND (Adenocarcinoma in Interpretation OR (ICD-O-C-61 in Localisation AND ICD-O-M-8140/3 in Typification)) AND (ProstateFlake in Macroscopy) OR ProstateFlake in Interpretation)</b> |
| Q2 (with residual)    | <b>K_Rest in Macroscopy AND – Blister in Interpretation AND (Adenocarcinoma in Interpretation OR (ICD-O-C-61 in Localisation AND ICD-O-M-8140/3 in Typification)) AND (ProstateFlake in Macroscopy OR ProstateFlake in Interpretation)</b>     |
| Q3                    | <b>CM_Unit in Interpretation AND Leiomyom in Interpretation AND Uterus in Material</b>                                                                                                                                                         |
| Q4                    | <b>(C18 in Localisation or Colon in Material) AND T2 in Overall_staging AND TNM_Sub_pN in staging</b>                                                                                                                                          |
| Q5 (numerator)        | <b>BarrettsMucosa in Overall_interpretation AND NO_Exclusion_Cave in Interpretation</b>                                                                                                                                                        |
| Q5 (denominator)      | <b>EsohagusBiopsy in Material</b>                                                                                                                                                                                                              |

<sup>a</sup>Q0 is only for proving the concept [5]. The in relation was introduced in SOX. X in Y means that at least one instance of the Search\_Term class X (bold) should occur in the section representing class Y





retrieving relevant XML snippets. After that, the relevant PEHR snippets are stored on the local file system, ready for the manual review.

#### IV. Manual review

During the manual review process, the retrieved PEHRs snippets have to be evaluated and interpreted. Ideally after that step, the initial RQ can be answered. In practice circles occur, which means that the question has often to be refined during the manual review.

### Results

The main contribution of this work, the introduced method *SO-based XPath engineering*, has been evaluated by the application of the described process by an ontologist, where five RQs have been processed. Each process yields interim results, that will be presented in the following. Based on these interim results, which are OWLs and PEHR snippets, a short interpretation of the RQA indicates the practical usefulness of the presented approach.

#### I. SO-based XPath engineering and automatic XPath generation

The OWL class descriptions (which relate to Q1) are verbosely listed in Fig. 10. For a better understanding, we published the resulting OWL files containing

- the generated XPath expressions for the five RQs (→ “[Search Ontology-based Pathology Questions \(OWL\)](#)” section),
- as well as the binary of the XPath generation tool (→ “[Search Ontology XML Extension XPath Generator \(SOXPathGen\)](#)” section).

#### II. Fetched PEHR snippets and manual review

The XPaths have been applied within XQueries for fetching the relevant PEHR snippets. The second column of the Table 3 shows the amount of retrieved XML snippets for each of the five questions. These PEHR snippets are used for RQA during the manual review, where each PEHR snippet has to be evaluated to prevent false positives in the query result. After removing the false positives, the PEHR snippets are ready for the interpretation.

#### III. Interpretation

Table 3 summarizes the amount of retrieved PEHRs and indicates the counts of cases of enumerated content. In the result set, about  $\approx 64\%$  of the PEHRs contained enumeration lists. Moreover, all RQs of Table 1 could be answered in Table 4. In particular, the amount of results retrieved for Q1, Q3, and Q5 are useful for answering the corresponding RQs:

- Q1 The average weight of flakes  $\approx 18.26$  g seems to be reasonable.
- Q3 Especially the relatively high amount of 93 cases indicates, that the average maximum diameter of leiomyomas of  $\approx 2.76$  cm could be a plausible answer.
- Q5 The high amount of cases indicates, that in about 8 of 10 cases a barret mucosa has been found during an esophageal biopsy. This value is a characteristic quality factor, usable for a comparison of clinicians as well as institutes.

All questions could be better evaluated by a bigger amount of PEHRs in the database.

```

<owl:Class rdf:about="http://www.imise.de/search_ontology_xml_extension#Quest1_ProstateCancerGramCorrelation"> 1
  <rdfs:subClassOf rdf:resource="http://www.imise.de/search_ontology_xml_extension#Search_Query"/> 2
  <rdfs:subClassOf> 3
    <owl:Class> 4
      <owl:intersectionOf rdf:parseType="Collection"> 5
        <rdf:Description rdf:about="http://www.imise.de/search_ontology_xml_extension#G_Unit_in_Makro"/> 6
        <rdf:Description rdf:about="http://www.imise.de/search_ontology_xml_extension# 7
          No_Blister_in_Material"/>
      <owl:Class> 8
        <owl:unionOf rdf:parseType="Collection"> 9
          <rdf:Description rdf:about="http://www.imise.de/search_ontology_xml_extension# 10
            Adenocarcinoma_in_Interpretation"/>
          <owl:Class> 11
            <owl:intersectionOf rdf:parseType="Collection"> 12
              <rdf:Description rdf:about="http://www.imise.de/search_ontology_xml_extension#ICD 13
                -O-C-61_in_Localisation"/>
              <rdf:Description rdf:about="http://www.imise.de/search_ontology_xml_extension#ICD 14
                -O-M-8140/3_in_Typification"/>
            </owl:intersectionOf> 15
          </owl:Class> 16
        </owl:unionOf> 17
      </owl:Class> 18
    </owl:intersectionOf> 19
  </rdfs:subClassOf> 20
</owl:Class> 21
  </owl:Class> 22

```

**Fig. 10** OWL Class Quest1\_ProstateCancerGramCorrelation

**Table 3** Overview on the evaluation results

| Question              | PEHR             | PEHR <br>(partly) enumerated | PEHR <br>ECRI false<br>positives | PEHR <br>PQCRI false<br>positives |
|-----------------------|------------------|------------------------------|----------------------------------|-----------------------------------|
| Q0 <sup>a</sup>       | 12               | 9                            | $n/a^b$                          | $n/a^c$                           |
| Q1                    | 36               | 5                            | 1                                | 0                                 |
| Q2 (without residual) | 18               | 6                            | 0                                | 0                                 |
| Q2 (with residual)    | 9                | 2                            | 0                                | 0                                 |
| Q3                    | 153              | 67                           | 1                                | 60                                |
| Q4                    | 4                | 4                            | $n/a^b$                          | $n/a^c$                           |
| Q5 (denominator)      | 902              | 632                          | $n/a^d$                          | $n/a^c$                           |
| Q5 (numerator)        | 756 <sup>e</sup> | skip <sup>f</sup>            | $n/a^d$                          | $n/a^c$                           |
| Sum <sup>g</sup>      | 1134             | 725                          | 2                                | 60                                |

<sup>a</sup>Q0 is only for proofing the concept [5]

<sup>b</sup>not structured by an enumeration list, TNM classification codes are used

<sup>c</sup>PQCRI can not occur because no units are used in this query

<sup>d</sup>ECRI can not occur because in this type of PEHR the specimen tissue section was not structured by an enumeration list

<sup>e</sup>not part of the column sum because Q5 (denominator) contains the Q5 (numerator) records

<sup>f</sup>evaluation can be skipped because Q5 (denominator) contains already the Q5 (numerator) records

<sup>g</sup>without Q5 (numerator)

In the second column is the amount of the retrieved PEHRs, in the third column is the amount of numbered content, in the fourth column is the amount of false positives which occur because of the ECRI, and in the fifth column is the amount of false positives which occur because of the PQCRI

## Discussion

We introduced an extension of the Search Ontology to support querying XML documents. The SOX approach can simplify the generation of a big pool of XPath expressions. During the practical evaluation of the approach,

**Table 4** Answers of the NL Questions based on the dataset of 68,583 PEHRs, interpreted by the ontologist

| Q                     | Answer                                                                                                                                                               |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q1                    | The least weight was 3 g, the maximum weight was 38 g, were prostate carcinomas have been found. The average weight was $\approx 18.26$ g, $\sigma \approx 10.18$ g. |
| Q2 (without residual) | At least 2, at most 26 capsules were took without rest. In average 9.28 capsules were took, $\sigma \approx 4.78$ capsules.                                          |
| Q2 (with residual)    | At least 6, at most 10 capsules were took with rest. In average $\approx 9.55$ capsules were took, $\sigma \approx 0.15$ capsules.                                   |
| Q3                    | $\approx 2.76$ cm is the maximum diameter of leiomyomas in average, $\sigma \approx 1.42$ cm.                                                                        |
| Q4                    | In four found cases <sup>a</sup> 0.5 metastasis occur at colon cancer in stage pT2 in average.                                                                       |
| Q5                    | In 83.81% of the esophageal biopsies a barret mucosa has been found.                                                                                                 |

<sup>a</sup>(1/1), (1/1), (0/41), (0/19)

difficulties regarding NL arose, which will be discussed in the following.

### Uncertainty of NLS

**Uncertainty of NL questions** Q1 can be interpreted in different ways: (1) The pathologist wants to know the minimum known flake weight, were prostate carcinoma could be diagnosed. (2) The pathologist wants to know an average value. (3) The pathologist wants to know a value range. We solved this uncertainty by offering answers of all of these variations in Table 4.

**Uncertainty in the material** During the manual review process, we recognized a frequent occurrence of certain types of false positives in the result set: (1) *Enumeration Coreference Resolution Issue (ECRI)* and (2) *Physical Quantity Coreference Resolution Issue (PQCRI)*.

**(1) ECRI** In essence, an enumerated PEHR (consists usually of different *material* items:  $mat_1, \dots, mat_i, mat_n$ ; and then, the *macroscopy* section could also have an enumeration list  $mac_1, \dots, mac_j, mac_n$ . Imagine we found a PEHR, where  $mat_x$  contains one related search term (e.g. 'adenocarcinoma'), and  $mac_y$  contains e.g. the weight concept. Everything is fine when  $x = y$ , which e.g. means that the weight concept belongs to the adenocarcinoma material. But when  $x \neq y$  we found a false positive, which means that the weight concept references not to the adenocarcinoma. We introduce this problem herewith as *ECRI*.

During the XPath engineering, many false positives were found (caused by ECRI), but after many refinement cycles only one case was left in the result set of Q1, where the prostate flake weight was in the 13th item, while adenocarcinoma was not in the 13th item in the interpretation section; and one false positive was left in the result set of Q3, were 'Leiomyom' was in the 11th item in the interpretation, but 'Uterus' was in the 15th item of the specimen section.

**(2) PQCRI** Another reason for false positives occurred during the resolution of physical quantities to the bearing concept, which we will call PQCRI. For instance, one Search\_Concept in Q3 is CM\_Unit\_in\_Interpretation. During the manual review process it became clear, that this concept is not very precise because *cm* units occur in the interpretation section often without referencing a leiomyoma, but other tissue types or border distances. The solution, a gain of precision, can be enabled within the SOX approach by proximity searches, in detail by constructing a Composite\_Term and connecting the Simple\_Term Leiomyoma to the unit representing Simple\_Term cm and adding the data property max\_distance. A

distance of  $\approx 1$ -5 words seems to be meaningful, but the best concrete one has to be evaluated.

**Refinement circles** Variability of language yields an increase of costs caused by cyclic refinements during the ontological engineering. In particular, much time was spent in refining Q1 and Q2 for increasing precision and recall. In one early query version, hundreds of false positives were found, because we searched only for the gram unit without a reference to flakes, which we introduced as PQCRI. As we increased the precision by the refinement of the query by a proximity search near the gram unit, we excluded many PEHRs. In brief, the refinement of the queries has shown, (1) the precise formulation of RQs is not easy, but ontologies can support; (2) in free text based records many writing variations are hindering a fast RQA.

#### Coded language and standardization

Classification codes (like the Tumor Nodes Metastases (TNM) classification [29]) are used to face uncertainty of the NL, especially in the medical domain. When a classification code is available in the PEHR, queries should be based on classification codes.

We used openEHR-based, standardized XML, but we could have used also EN 14822 or even proprietary XML formats, regardless of the used NL. When the community comes to an agreement which EHR standard will be used in German Health Information Systems in future, not only the EHR would be interoperable, the usage of a standardized query language implies: queries can be interoperable too.

#### Limitations and future work

The introduced ECRI and the latter PQCRI was unbound manually, which was time intensive. There are a lot of variations of enumeration styles, which are of course easy to understand for humans, but these variations are not instantly recognizable by machines. Another limitation is that `Search_Terms` are defined on a syntactic level, closely bound to the XPath syntax, e.g. we used XPath functions for matching word stems ( $\rightarrow$  “[Querying PEHRs using XPaths](#)” section). Since this only works with regular words in German, a deeper semantic understanding is necessary, also for preventing human errors during the manual review process.

Indeed, a human error was detected during the manual review process. For evaluation purposes, the Physical Quantity (PQ) had been transcribed a second time from the XML-snippets to a spreadsheet. In one case, there was a discrepancy of a value, which occurred during the transcription of the PQ on the spreadsheet. Consequently, the manual review process has to be automated for preventing human errors during the transcription of the

values. This issue can be solved by pattern recognition, ontology extraction and SPARQL, which is a complex topic and could be described in another paper in the future.

**Archetype and XML\_Structure relation** An automatic conversion of XML documents into a SOX XML\_Structure tree is demandable; this would accelerate the query development in Protégé. X2OWL can generate an OWL ontology from an XML data source [30] and could be a good starting point.

**Domain experts, ontology editors and call for the clinician ontologist** Variety of language implies, that the definition of exact queries on PEHRs is a time consuming cyclic task; but at the same time, the ontology-based definition of such queries is promising time and cost savings. Since query engineering was done by an ontologist, the original plan, that domain experts can specify queries within ontology editors ( $\rightarrow$  Fig. 1) beside their daily clinical tasks, failed. But since the clinician has supported strongly the preparation process (*Understanding and Formalization of the Questions*), we could offer spreadsheets to the clinicians as input forms for the SO, because facilitated ontology engineering by the usage of spreadsheets [31–33] has much potential. However, our experiences during the refinement circles indicate, that ontological role allocations have to be proven in real clinical environments. In other words, when clinicians have not enough time beside their daily tasks for ontology engineering, it is perhaps time to think about a new clinical role, the *clinical ontologist*, who could manage all kinds of ontologies; the *clinical ontologist* could take care for the correct integration of terminologies like SNOMED, TNM or International Statistical Classification of Diseases and Related Health Problems (ICD), which will save costs, in particular during querying and answering processes.

#### Conclusions

When PEHRs are section-structured by SBD and stored on an XML database, they can be exploited for RQA. The introduced Search Ontology XML extension connects Search Terms to certain parts in XML documents and enables an ontology-based definition of queries. We generated XPath expressions out of the ontology and proved practically, that *search ontology-based XPath engineering* can support RQA by the specification of complex XPath expressions without deep syntax knowledge about XPaths.

A precise automatic RQA on PEHRs requires coded language instead of NL. Since enumeration lists are used heavily for a linkage of material to other sections, retrieval of PEHRs by certain keywords in sections without a deeper semantic understanding of the content can be

error prone. *Search ontology-based XPath engineering* can support, but not replace a manual review process. Since ontology engineering is time consuming, we suggest the contemplation about a new clinical role in hospitals, the *clinical ontologist*.

### Supplementary Legends

**Figure 1.** (1) The domain expert<sup>1</sup> models the queries by the usage of SOX in Protégé. (2) Generation of XPath expressions out of the ontology. (3) Application of the generated XPath expressions. (4) Return of the relevant documents.

<sup>1</sup>In the original use case plan the domain expert was a clinician, but in practice is the Domain Expert an ontologist.

**Figure 2.** The snippet was cut to the necessary elements which are based on the openEHR-EHR-OBSERVATION.lab\_test-histopathology.v1 archetype, which we want to address in the query in this paper. The doubling of the value tag is a result of the openEHR reference model, in practice the two value tags have different namespace declarations. In Q1 we are interested in PEHRs where adenocarcinoma occurs in the Overall\_interpretation (black box in the listing) and a weight concept (underlined) in the near of prostate flakes (framebox).

**Figure 3.** Required XPath expressions for a search of EHRs which contains Adenokarzinom in the overall interpretation section.

**Figure 4.** SOX extends SO by additional classes and the *in* relation.

**Figure 5.** *Composite Terms* are made up of *Simple Terms*, related by the Object Property *has\_part* and are constrained by the additional data property *max\_distance*, which defines the word distance between *Simple Terms*, where *max\_distance* = 0 represents that one word immediately follows another word. Writing variations, synonyms or abbreviations of the *Simple Terms* can be handled by the assignment of multiple labels to the concrete individual of a *Simple Term*. The *Search Concepts* are *described\_by Search Terms*. *GFO top level concepts have been removed in the figure to increase readability*.

**Figure 6.** The Search Ontology XML Extension introduces the top level class *XML\_Structure* and the relation *in* (dashed arrow). *GFO top level concepts have been removed in the figure to increase readability*.

**Figure 7.** The process starts with *I. Search ontology-based XPath Engineering*, based on (M1) the RQ, and (M2) archetype-based PEHRs (yielding SOX.owl). After that, the *II. Automatic XPath Generation* process uses the query model (SOX.owl) and generates the required XPath expressions, which are added to the ontology as annotation properties. During *III. Fetching PEHR Snippets* relevant PEHR snippets are retrieved by applying the

XPath expressions on an XML database. At the end, these XML snippets have to be reviewed during the *IV. Manual Review* process.

**Figure 8.** The XML\_Structure tree is a HCG, which contains all elements in an XML file, which are relevant for queries.

**Figure 9.** The GFO top level concept *Symbol\_structure* is refined by the *XML\_structure* of the document (black background color) and *Search\_Term*; the other GFO top level concept *Concept* is refined by *Search\_Concept* and *Search\_Query*. The *Search\_Query Quest1\_ProstateCancerGramCorrelation* is subclassOf an anonymous class, which is represented by a boolean expression containing *Search\_Concepts*. E.g. is ICD-O-C-61\_in\_Localisation contained, which points to a class ICD-O-C-61 by the *described\_by* relation. The instance of the class ICD-O-C-61 bears the classification string. In addition, the subclass description of ICD-O-C-61\_in\_Localisation contains the information about the XML part, where the instances of ICD-O-C-61 are expected, which is necessary for the XPath generation.

**Figure 10.** Class description of *Quest1\_ProstateCancerGramCorrelation*, which is based on intersections and unions of classes, see Fig. 9 for an overview.

### Abbreviations

ECRI: Enumeration coreference resolution issue; EHR: Electronic health record; ETL: Extract transform load; GFO: General formal ontology; ICD: International statistical classification of diseases and related health problems; IR: Information retrieval; IRI: Internationalized resource identifier; NER: Named entity recognition; NL: Natural language; OWL: Web ontology language; HCG: Hierarchical concept graph; PEHR: Pathology electronic health record; PPIM: Pathology patient information model; OQL: Object query language; QA: Question answering; RQ: Research question; RQA: Research question answering; PQ: Physical quantity; PQCRI: Physical quantity coreference resolution issue; SNOMED: Systematized nomenclature of medicine; SBD: Section boundary detection; SO: Search ontology; SOX: Search ontology XML extension; SPARQL: SPARQL protocol and RDF query language; SQL: Structured query language; TNM: Tumor nodes metastases; XML: Extensible markup language; XSLT: Extensible stylesheet language transformation

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### Availability of data and materials

*Properties of all Data and Material*

- Project name: series Querying archetype-based Pathology Electronic Health Records by a Search Ontology

- Project home page: <http://www.researchgate.net/project/Querying-archetype-based-Pathology-Electronic-Health-Records-by-a-Search-Ontology>
- Operating system(s): Platform independent
- Languages: Java, OWL, XML, XPath
- Other requirements: Java 8, Maven
- License: CC BY 4.0
- Any restrictions to use by non-academics: no restriction

#### Simple Test Files (Pathology Electronic Health Records)

The patient data contained in the referenced files in this section is based on real PEHRs, but it is synthetic patient data, which is intended for a better understanding.

- `testEHRs.zip` contains test-PEHRs which are based on the PPIM. The files names start with a suffix, which correlate to questions defined by a domain expert. URL: [http://www.researchgate.net/publication/317826515\\_Simple\\_Test\\_Files\\_Pathology\\_Electronic\\_Health\\_Records](http://www.researchgate.net/publication/317826515_Simple_Test_Files_Pathology_Electronic_Health_Records)

#### Search Ontology-based Pathology Questions (OWL)

- `pathologyQuestions.owl` contains the questions of Table 2 mapped in OWL, which contains SOX-approach-based knowledge for the generation of XPath expressions which can be applied on PEHRs for answering answering pathology RQs. URL: [http://www.researchgate.net/publication/317826602\\_OWL\\_for\\_the\\_generation\\_of\\_XPath\\_expressions\\_for\\_answering\\_pathology\\_research\\_questions](http://www.researchgate.net/publication/317826602_OWL_for_the_generation_of_XPath_expressions_for_answering_pathology_research_questions)
- `processed_pathologyQuestions.owl` is the SOXPathGen-processed file, which is enriched by the required XPath expressions. URL: [http://www.researchgate.net/publication/317827364\\_OWL\\_for\\_answering\\_pathology\\_research\\_questions\\_annotated\\_by\\_generated\\_XPath\\_expressions](http://www.researchgate.net/publication/317827364_OWL_for_answering_pathology_research_questions_annotated_by_generated_XPath_expressions)
- The row Q1 of Table 2 belongs to the Internationalized Resource Identifier (IRI) prefix [http://www.imise.de/search\\_ontology\\_xml\\_extension#Quest1](http://www.imise.de/search_ontology_xml_extension#Quest1) etc.

#### Search Ontology XML Extension XPath Generator (SOXPathGen)

- SOXPathGen uses as input an OWL which contains SOX-approach-based knowledge for the generation of XPath expressions. As output an OWL is generated, which contains the required XPaths as annotation properties. URL: [http://www.researchgate.net/publication/317826902\\_Search\\_Ontology\\_XML\\_Extension\\_XPath\\_Generator](http://www.researchgate.net/publication/317826902_Search_Ontology_XML_Extension_XPath_Generator)
- Requirement : Java 8, Maven
- Instructions:
  1. Download/Unzip `SOXPathGen.zip` → `pom.xml`, `SOXPathGen-0.0.1-SNAPSHOT.jar`
  2. For downloading the required Jena API libraries execute `mvn dependency:copy-dependencies -DoutputDirectory=dependency-jars`
  3. Execute `java -jar SOXPathGen-0.0.1-SNAPSHOT.jar inputFileNames.owl`

#### Authors' contributions

KD and SK finalized the paper; AU and HH contributed the search ontology and the general formal ontology; AU and SK invented the SOX and developed code; PK contributed data and ideas; KS contributed the research question and analyzed and assessed the results. All authors read and approved the final manuscript.

#### Ethics approval and consent to participate

The related parent project "Structuring Legacy Pathology Reports by Archetypes" [4] was approved by the Ethical Review Committee of the Faculty of Medicine of the University of Leipzig (485/16-ek).

#### Consent for publication

Not applicable.

#### Competing interests

The authors declare that they have no competing interests.

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