

# Mettertron – Bridging Metadata Repositories and Terminology Servers

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# Motivation

- Secondary use of clinical data plays crucial role for current research
- Interoperability is fundamental for achieving goals
- Syntactic interoperability:
  - FHIR, openEHR
- Semantic interoperability:
  - Terminologies, classifications, value sets etc. (SNOMED CT, LOINC)

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  - Metadata repositories (MDRs) for metadata
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- Syntactic interoperability:
  - FHIR, openEHR
  - Metadata repositories (MDRs) for metadata
- Semantic interoperability:
  - Coding systems (SNOMED CT, LOINC, ICD), value set bindings
  - Metadata repositories (MDRs) for metadata
  - Terminology servers (TS) for terminological services

# Motivation

- MDRs and TS not considered related
  - Separate development and research cycles for both systems
- Need for maintenance of terminological content in MDR
- Problems:
  - Limited support for complex terminologies like SNOMED CT
  - Maintaining synchronicity and consistency between MDR and TS
- Previous work: TermiCron
  - Generate resources for MDR based on TS
  - Updates/deletions can cause conflicts
  - Conclusion: Terminology should not be maintained in the MDR

# Methods

- Terminology binding
  - Data elements bound to use-case specific ValueSets (VS)
  - CodeSystems (CS) containing all concepts (and their properties) of a terminology, basis for VS
  - ConceptMaps (CM) for mappings between two VS
- ISO/IEC 11179 and ISO/TS 21526
  - Standards for MDRs in general (11179) and for healthcare (21526)
  - Anticipate binding against external VSs

# Goals

- Link MDR and TS, fully delegating terminology tasks to TS
- No maintenance of terminological resources in MDR
- Achieve separation of concerns with clear split of responsibilities
- Improve support for complex terminologies

# Mettertron

- Middleware acting as proxy in front of MDR
- Written in Kotlin using Ktor framework, runs in a JVM
- Passes MDR-API requests on to MDR
- Offer endpoints mirroring those from the FHIR terminological module
  - \$validate-code: Verification if a code belongs to CS/VS
  - \$translate: Translate a code from one VS to another
- Defined attributes for terminological parameters of data elements
  - Attributes contain canonical URLs for CS/VS/CM
  - Attribute names freely configurable
- Currently supports Data Element Hub and CentraXX<sup>®</sup> MDR

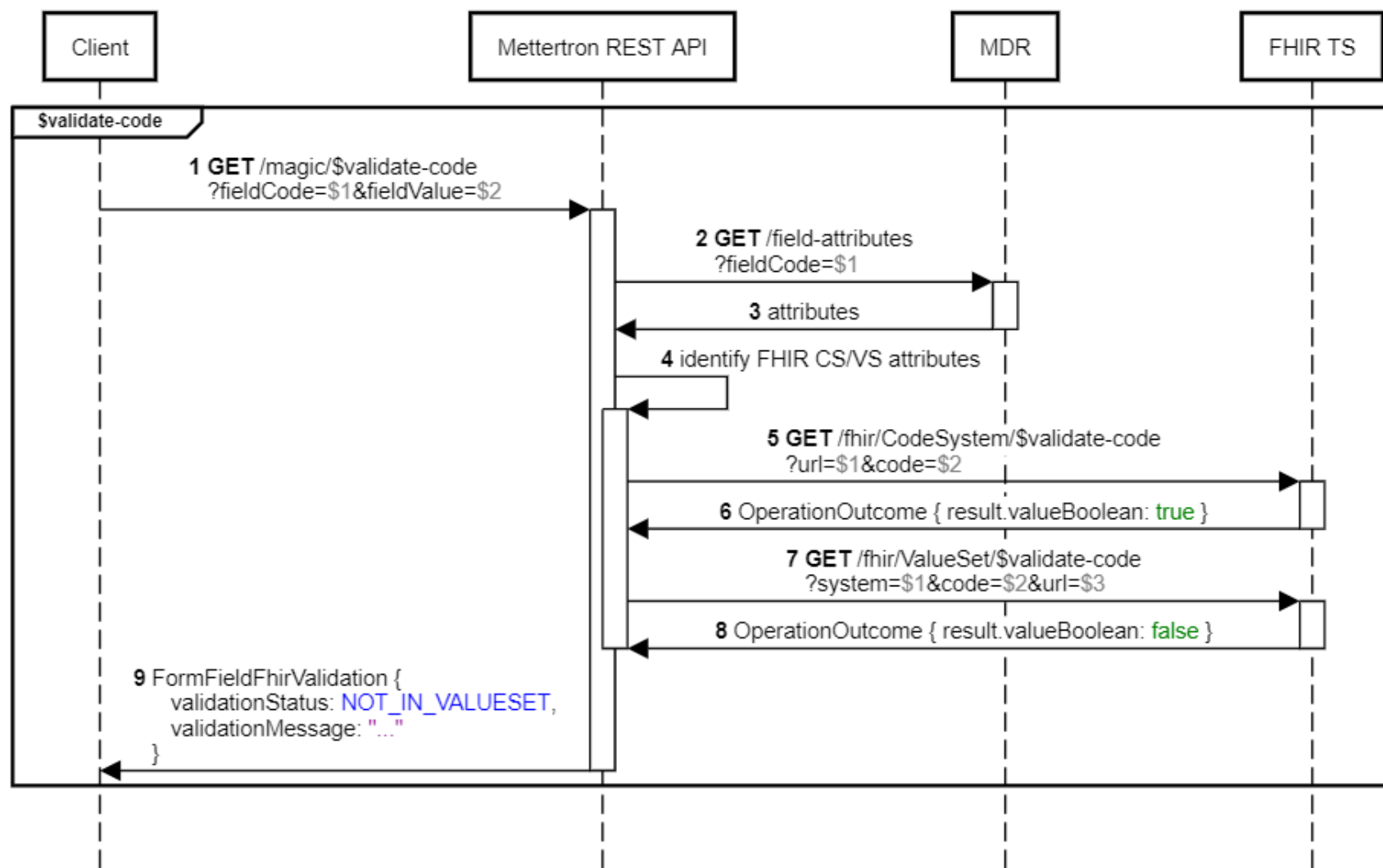


# Example

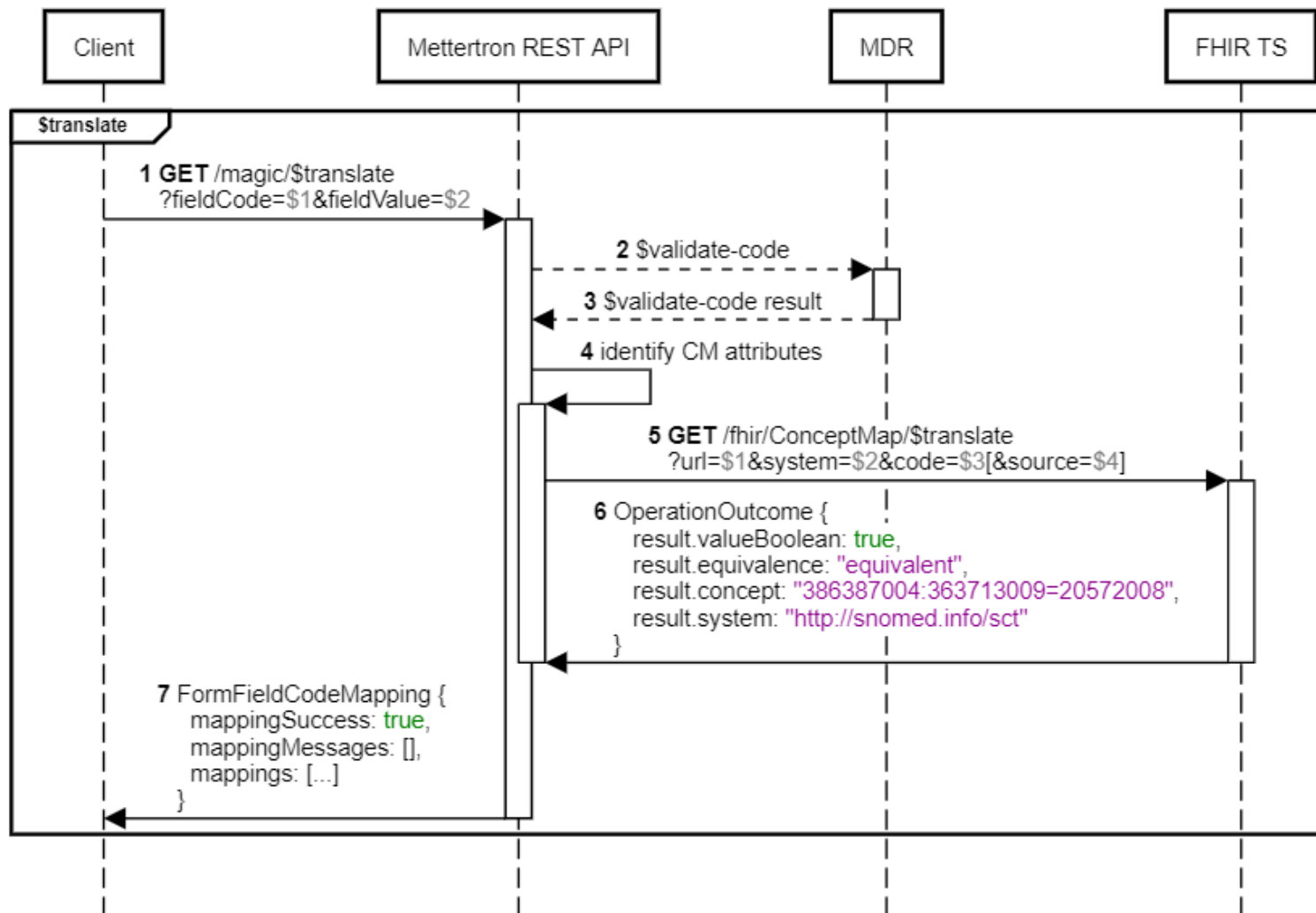
- Attributes in CentraXX<sup>®</sup> MDR

Edit Attribute values		
Domain	Name	Value
fhir-terminology	FHIR-MapsToCS	<a href="http://snomed.info/sct?fhir_vs=isa/118956008">http://snomed.info/sct?fhir_vs=isa/118956008</a>
fhir-terminology	FHIR-ValueFromCS	<a href="https://imi.uni-luebeck.de/fhir/CodeSystem/ICD-O-M">https://imi.uni-luebeck.de/fhir/CodeSystem/ICD-O-M</a>
fhir-terminology	FHIR-ValueFromVS	<a href="https://imi.uni-luebeck.de/fhir/ValueSet/ICD-O-M">https://imi.uni-luebeck.de/fhir/ValueSet/ICD-O-M</a>
fhir-terminology	FHIR-ConceptMap	<a href="https://imi.uni-luebeck.de/fhir/ConceptMap/ICD-O-Topography_to_SNOMED">https://imi.uni-luebeck.de/fhir/ConceptMap/ICD-O-Topography_to_SNOMED</a>

## Sequence diagram: \$validate-code



# Sequence diagram: \$translate



## Discussion

- Approach's validity tested with data element bound to ICD-10-GM and SNOMED CT
- Feasible in terms of performance, dependent of TS
- TS interchangeable due to FHIR-API
- MDR **not** interchangeable due to very different APIs
  - Data Element Hub: /element/\$urn/slots
  - CentraXX<sup>®</sup> MDR: /definitions/attribute/definition/version?code=\$code&version=\$version
- Opinion: Best approach would be integration of such logic directly into MDR

# Conclusion

- Solution simplifies maintenance of terminological resources
- Bridging the gap between MDR and TS fosters sharing and reuse of metadata
- Standardized MDR-API necessary to make MDRs interchangeable
- Mettertron facilitates combined use of a TS and a MDR through its API
  - Enables use of TS where MDR does not offer support for terminological services
  - improves on our previous work but direct integration in MDR highly preferable



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