Special Communications

The IR Radlex Project: An Interventional Radiology Lexicon—A Collaborative Project of the Radiological Society of North America and the Society of Interventional Radiology

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The development of RadLex was funded in part by a contract from the cancer Biomedical Informatics Grid (cBiG) project of the National Cancer Institute and by a partnership between the Radiological Society of North America (RSNA) and the National Institute of Biomedical Imaging and Bioengineering.

The RadLex project is sponsored by the Radiological Society of North America (RSNA), which has enlisted the collaboration of other key radiology organizations, including the American College of Radiology (ACR) as well as subspecialty societies, to develop a comprehensive radiology lexicon. It has been designed to satisfy the needs of software developers, system vendors, and radiology users by adopting the best features of existing terminologies while producing new terms to fill critical gaps. RadLex also provides a comprehensive and technology-friendly replacement for the ACR Index for Radiological Diagnoses (1). Rather than “reinventing the wheel,” RadLex unifies and supplements radiology terms in other lexicons, such as the ACR Index (http://acr.org), SNOMED (http://snomed.org), the Unified Medical Language System (http://www.nlm.nih.gov/research/umls/), the Fleischner Society Glossaries, and the Digital Imaging and Communications in Medicine standard (1–6). The terms are freely available on the Internet with cross references to these other lexicons and standards at http://radlex.org.

BACKGROUND

In 2005, six RadLex organ system committees were formed by the RSNA in collaboration with more than 30 radiology professional and standards organizations, including ACR, Digital Imaging and Communications in Medicine, and Integrating the Healthcare Enterprise. During 2006, each of these committees met twice to discuss and approve anatomic and pathologic terms. As a result of these deliberations, more than 7,500 terms were released publicly in November 2006.

AS images, imaging reports, and medical records move online, radiologists need a unified language to organize and retrieve them. Standardized terminology is increasingly vital to the practice of medicine, as this enables the information in reports to be understood unambiguously by people and machines. Many of the benefits of clinical information technology cannot be realized unless information is recorded using standard terms in a structured format. Unfortunately, almost all radiology reports are produced as unstructured text narratives rather than in a structured format, thereby hampering radiologists’ ability to participate in the ongoing changes in our health care system, which are increasingly driven by information technology. Radiologists currently use a variety of terminologies and standards, but no single lexicon serves all of their needs. RadLex is a controlled terminology for radiology—a single unified source of radiology terms that is designed to fill this need. The purpose of RadLex is to provide a uniform structure for capturing, indexing, and retrieving a variety of radiology information sources, such as teaching files and research data. This may facilitate a first step toward structured reporting of radiology reports. This will also permit mining of data for participation in research projects, registries, and quality assurance.

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In 2007, six additional committees were recruited, each focusing on a specific imaging modality. These modality committees defined terms to describe the devices, imaging examinations, and procedure steps performed in radiology. This modality effort is called the RadLex Playbook because it is intended to describe the tasks that can be performed in the radiology department—the radiology "playbook." The Playbook is an initiative complementary to the Uniform Protocols for Imaging in Clinical Trials initiative, which aims to foster the ongoing development of widely acceptable, consistent imaging protocols and quality control procedures across multiple sites and modalities (7). The goal of the Playbook is to ensure that, when a protocol is standardized, manufacturers will harmonize the nomenclature and parameters of their equipment. The interventional radiology (IR) RadLex project is part of RadLex. In January 2007, Dr. Gary Becker and Dr. John Cardella put the IR RadLex project into motion on behalf of the Society of Interventional Radiology. Dr. Sanjoy Kundu chairs the Society of Interventional Radiology (SIR) IR RadLex/lexicon and RSNA IR RadLex committees. Over a 3-month period, an international committee of interventional radiologists was assembled to establish the IR RadLex Committee. During the subsequent 6 months, terms and descriptions were compiled using multiple resources. These included IR textbooks, SIR quality improvement standards documents, and recent research. The IR RadLex project was completed in November 2007 and approved by the SIR Executive Council. Playbook terms are now available on the RadLex Web site, together with a new version of anatomy and pathology terms.

Significant adoption of RadLex is already occurring, including by radiology decision support and reporting vendors, and translations into German, Spanish and Portuguese. There have been more than two dozen RSNA scientific abstracts and exhibits related to RadLex in the past 3 years. RadLex is supported both by the National Institute of Biomedical Imaging and Bioengineering and by the cancer Bio medical Informatics Grid project, a large National Institutes of Health-sponsored effort to develop unified computing infrastructure for clinical trials.

History

For several decades, the ACR’s Index for Radiological Diagnoses (ie, the ACR Index) has served as an indexing system for radiology teaching files (1). The ACR Index was originally developed to categorize and organize the image-based interesting cases collected by radiologists, most often in paper folders on office shelves. As radiology clinical practice and education move online and into electronic storage, there is an increasing need for an indexing system that works in the digital and online world. The RSNA RadLex project is designed to address that need. One of the starting points for the organization of RadLex is the ACR Index, which includes both an Anatomical Field and a Pathological Field. In RadLex, these fields are only two of many terms that can be used to describe radiology information.

LEXICON ORGANIZATION

To understand the scope of RadLex, it is helpful to review the overall organization of the lexicon.

RadLex Terms

Each RadLex term is comprised of several basic elements. Each term is required to have a unique identifier, which enables its use in electronic communications; a name; and a relationship to at least one other term in the lexicon (e.g. “is a”, “part of”, or “branch of”). Some terms also have a definition, which clarifies its meaning and intended use; a source, which identifies any publications, committees, or other terminology systems from which it was developed; or comments that clarify a particular aspect of a term, such as how it should be used.

IR RadLex Terminology

There has been specific terminology created for the IR RadLex unique to interventional radiology. Table 1 shows example terms describing the preliminary "procedure step."

Sample IR Procedure Using the IR RadLex

Table 2 shows an example involving use of the IR RadLex in a percutaneous liver biopsy for a focal mass.

APPLICATION TO IR

The IR RadLex will enable rich indexing of online teaching materials and clinical data. When procedures are uniformly indexed, clinical and teaching materials are more likely to be found and used by students, trainees, researchers, and radiologists seeking continuing education opportunities. A uniform method of indexing will permit data mining for clinical research and registries, auditing of types of procedures and outcomes, and qual-
ity assurance regardless of location or site of practice. Interventional radiologists in different parts of the world will be able to communicate regarding procedures using a common language and vocabulary. The IR RadLex may also facilitate structured IR procedure reporting in the future.

FUTURE DIRECTIONS

RadLex has completed the initial development phase, comprising largely term acquisition. However, to make it more useful, additional knowledge must be added to RadLex. During the next few years, RadLex will begin acquiring representative images to provide a more explicit definition of RadLex terms. English definitions will also be provided to reduce potential ambiguity by users of RadLex terms. It will also be important to begin making links from RadLex to related terms in other lexicons. Both the National Library of Medicine and the National Cancer Institute distribute comprehensive thesauri of clinical terms. Both these organizations have indicated preliminary interest in including the new elements of RadLex into their thesauri. The RadLex project will also establish links to the ACR Index. Later this year, the lexicon will be distributed through BioPortal, an effort by the National Center for Biomedical Ontology, to distribute terminology systems like RadLex on the internet (http://www.bioontology.org/ncbo/faces/index.xhtml, http://www.bioontology.org/ncbo/faces/pages/ontology_list.xhtml). BioPortal will provide a set of Web services that will enable developers to create RadLex-enabled applications, such as text indexing, Web search, and terminology-enhanced voice recognition. The IR RadLex will continue to be updated over time, reflecting new techniques and technologies being developed in interventional radiology.


References


Table 2
Sample IR Procedure Using the IR RadLex: Percutaneous Liver Biopsy for a Focal Mass

<table>
<thead>
<tr>
<th>Procedure step</th>
<th>Interventional procedure step</th>
<th>Target anatomic location</th>
<th>Finding being treated</th>
<th>Interventional procedure anesthesia type</th>
<th>Interventional procedure sedation depth</th>
<th>Image guidance modality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample IR Procedure Using the IR RadLex: Percutaneous Liver Biopsy for a Focal Mass</td>
<td>Target anatomic location</td>
<td>Liver: right lobe: segment 8</td>
<td>Focal liver mass</td>
<td>Local anesthetic: 2% xylocaine: 8 mL</td>
<td>Moderate sedation: 2 mg midazolam, 50 µg fentanyl</td>
<td>US</td>
</tr>
<tr>
<td>Procedure step</td>
<td>Interventional procedure step</td>
<td>Access technique</td>
<td>Needle stylet: yes with notch</td>
<td>Needle Tip type</td>
<td>Bevel needle tip</td>
<td>Needle diameter: 18 gauge</td>
</tr>
<tr>
<td>Observe access procedure step</td>
<td>Organ system access location</td>
<td>Percutaneous: liver</td>
<td>Cutaneous access location</td>
<td>Subcostal</td>
<td>Interventional approach</td>
<td>Access technique</td>
</tr>
<tr>
<td>Biopsy procedure step</td>
<td>Biopsy instrument type</td>
<td>Core biopsy gun</td>
<td>Number of samples: 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Biopsy procedure step

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