

Semantic Web Applications in Neuromedicine: Problems and Prospects

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Neurodegenerative diseases impose huge social and personal costs

- Alzheimer Disease (5M people in US, 30M world)
- Parkinson's (1.5M US, 6.3 M world)
- Huntington's Disease (30K US, 150K US at risk)
- ALS (30K US)
- ...others (CJD, etc)



AD : progressive, widespread loss of neurons
...and consequently, brain function

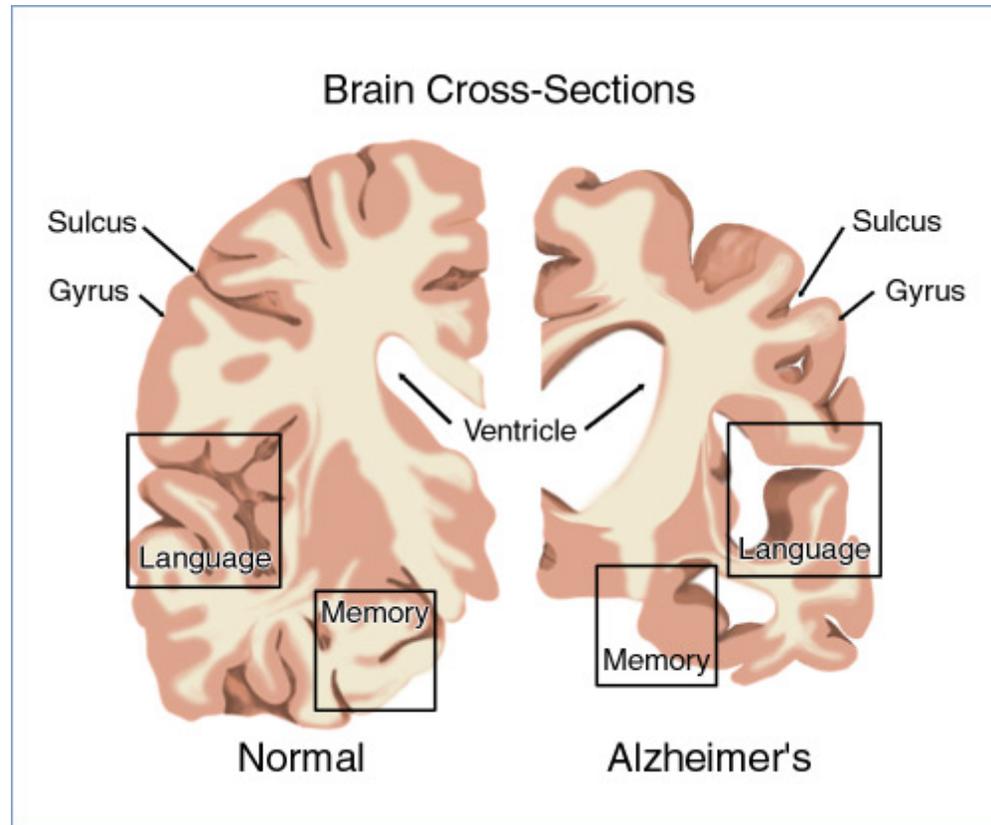


Illustration: American Health Assistance Foundation



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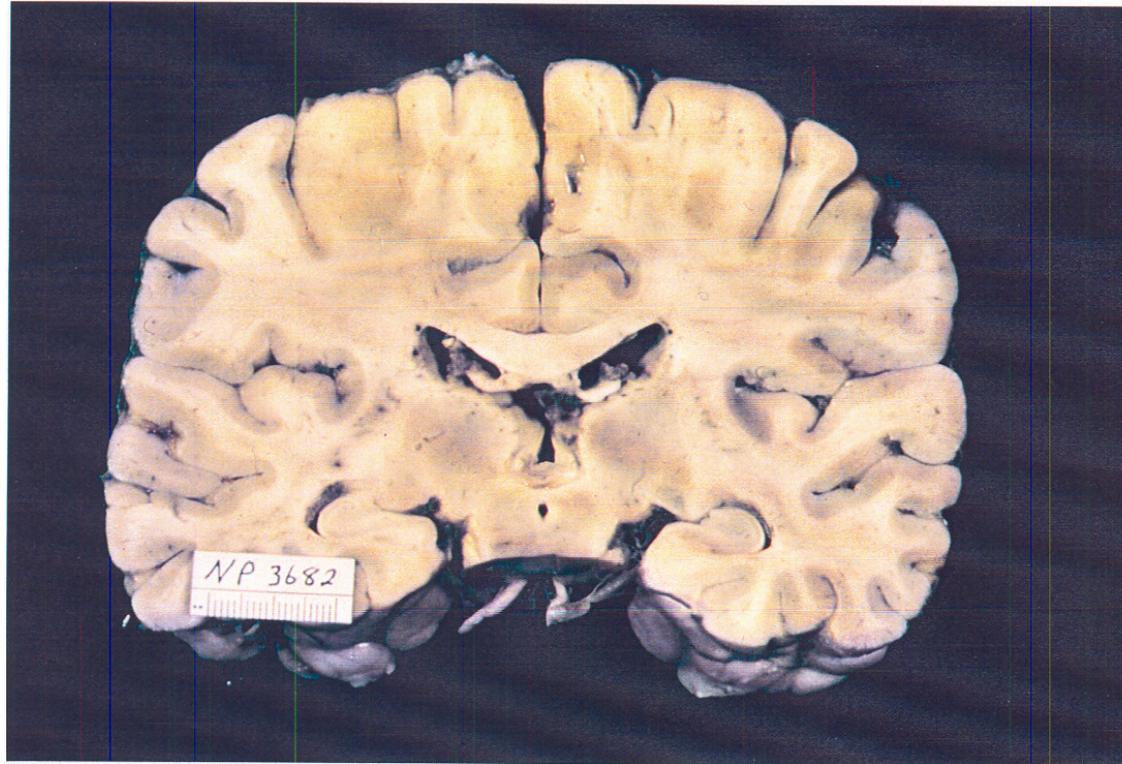
Histopathology: NFTs and senile plaques

Image removed for copyright reasons.



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Normal brain at autopsy



Trafford, A. (2000) American Alzheimer Association, www.alzwa.org



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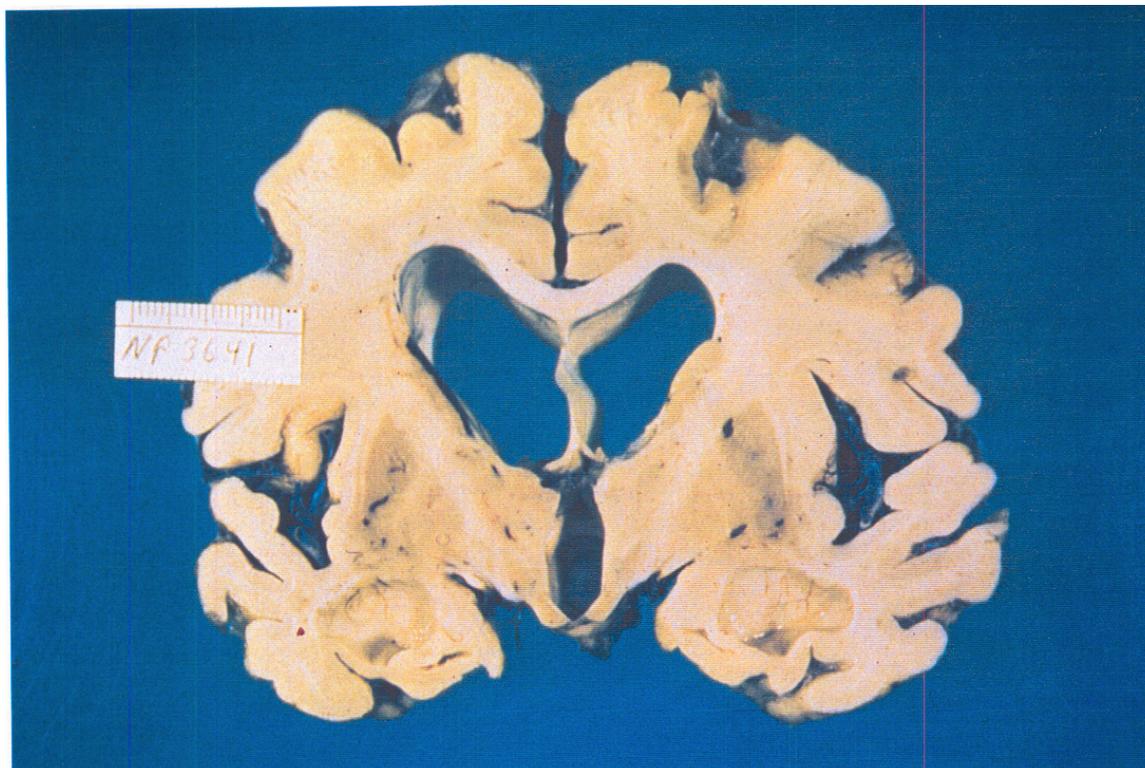
Courtesy of Alzheimer's Association. Used with permission.

Source: Trafford, Abigail. "Alzheimer's: No Cure Yet, But Reasons For Hope."

Alzheimer's Association, November 7, 2000.

Accessed 16 Sept 2005 at http://www.alzwa.org/ArticlesOnLine/Research/research_article.htm □ □

AD brain at autopsy



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Alzheimer Disease research implicates diverse biological mechanisms

- genes (over 200 candidate genes published)
- environmental risk factors
- changes in cell function
- DNA damage
- misfolded proteins
- immune responses
- changes related to aging
- reduced regenerative capacity
- and others...



AD therapy development is highly interdisciplinary ...

- etiological understanding
 - Genetics, genomics, proteomics, bioimaging, neuropathology, psychiatry, neurophysiology, cell biology...
- intersecting with
 - pharmacology, medicinal chemistry, animal studies and clinical trials



...and rather controversial

- A few current hypotheses on causation of AD
 - A β protein direct toxicity to neurons
 - A β protein indirect toxicity (“amyloid cascade”)
 - Defective cholesterol metabolism
 - Oxidative stress
 - Oxidative stress + abnormal mitotic signalling (“two-hit”)
 - Aluminum toxicity
 - Calcium signalling deficit
 - Disruption of white matter (oligodendrocytes and astrocytes)
 - NMDA receptor dysfunction
- “the truth is out there...” in the natural world



Can we build a useful knowledge base of research findings in AD?

- Classical knowledge bases resolve all internal contradiction
 - Tractable for reasoning from premises to conclusions
 - Composite of expert knowledge in a domain
 - Monotonic logic, “truth maintenance”
- What if the experts don't agree?
 - The domain's natural mode of reasoning is inductive
 - ...and results of research are insufficient for rigorous proof
 - I.e., the domain is “underdetermined”



Core goals

- Contains useful current research results
- Can find “surprise” connections to other results
- Curation by true domain experts
- Computability & linkability of all statements
- Keep database current with the science
- Promote and incorporate active discussion



Technology

- Semantic Web (SW) technology is highly appropriate for this application
- This application is also an excellent demonstration platform for SW technology



Target: core pathways in AD

- Zero in on pathways of central relevance
- Proposed initial focus
 - genetics relevance (presenilin pathway)
 - therapeutics relevance (cholesterol pathway)
- Expansion of focus
 - multiple-disease relevance (protein misfolding)
 - Others as proposed by advisors



Curation by true domain experts

- We want real, leading researchers to curate
 - Experts must not become fulltime curators
 - Implies limitation of scope for each curator
- The toys in the cereal box (motivation)
 - Credit for ideas
 - Private whiteboard space in KB
 - Active collaboration space
- Ability to disagree & challenge statements
 - Part of the KB design



Web-deployed via AlzForum

- AlzForum is a global platform on AD
 - 70,000+ sessions per month
 - 32,000 visitors view 150,000 pages per month
 - Referenced by 7,700+ web sites
 - 2,000+ registered members
 - 3,000+ subscribers to newsletter
- The very top scientists in AD research serve each year on the AlzForum Editorial Board
- There is an active participant community
 - Online scientific dialogues and discussions



AlzForum scientific web community

Image removed for copyright reasons.
See <http://www.alzforum.org/home.asp>.



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Semantic Web technology

- Vision outlined ~ 1998 (Berners-Lee)
- Next generation of WWW technology
- Major development milestones 2004
- can now begin to support large scale Semantic Integration of research results
- numerous life science applications



SWAN: Semantic Web Applications in Neuromedicine

- Pilot project in Alzheimer Disease
- Construct a broadly integrated KB of research results
- Curation by leading researchers
- Collaboration of researchers, computer scientists, industry and scientific web publishers
 - under auspices of W3C Semantic Web Activity



The SW-LS Technology stack (2005)

- LSID (Life Science Identifier)
- XML / XMLS
- RDF / RDFS
- OWL (Web Ontology Language)



Some challenges of Semantic Web application to neuromedicine

- Distributed identifier resolution
- Truth maintenance
- Computability
- Core ontological model
- Publication model / public-private ontology resolution
- Hypothesis representation
- Data provenance
- Socialization...



Distributed identifier resolution: LSID

- LSID - Life Science Identifiers (Clark, Martin & Liefeld 2004)
 - Globally resolvable, persistent, locally generated unique web identifiers
- Standardized by W3C & OMG
 - OMG standard issued 2004
 - Specialized W3C URN Namespace
- Increasing adoption in bioinformatics
 - Biopathways Consortium (LSID Authority Service)
 - Broad Institute (GenePattern)
 - UK eScience program (myGrid semantic grid project)
 - National Cancer Institute (caBIG cancer bioinformatics framework)
 - Genome Canada (bioMoby semantic service discovery project)
- Open source resolver software available
 - Lsid.sourceforge.net

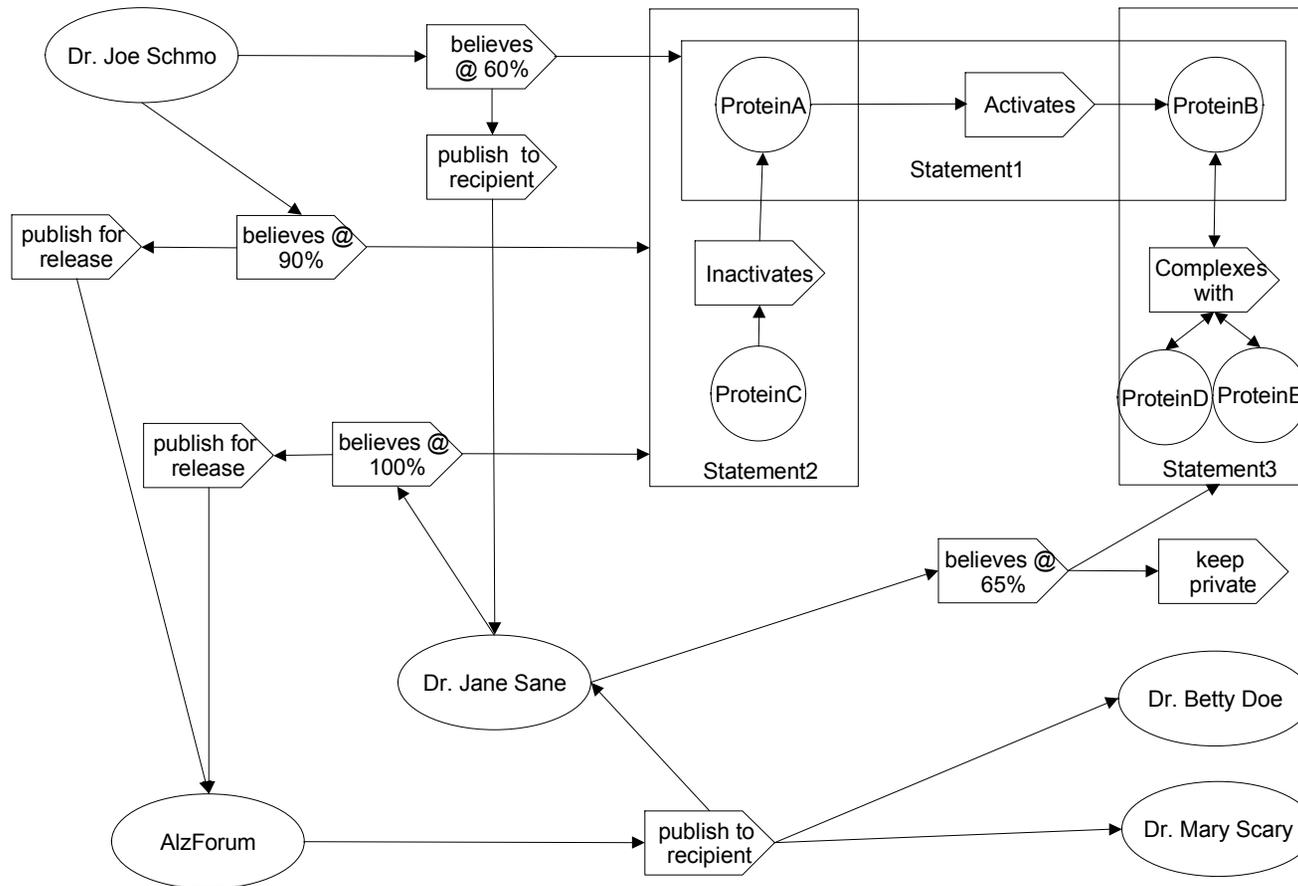


Truth maintenance: Absolute or relative?

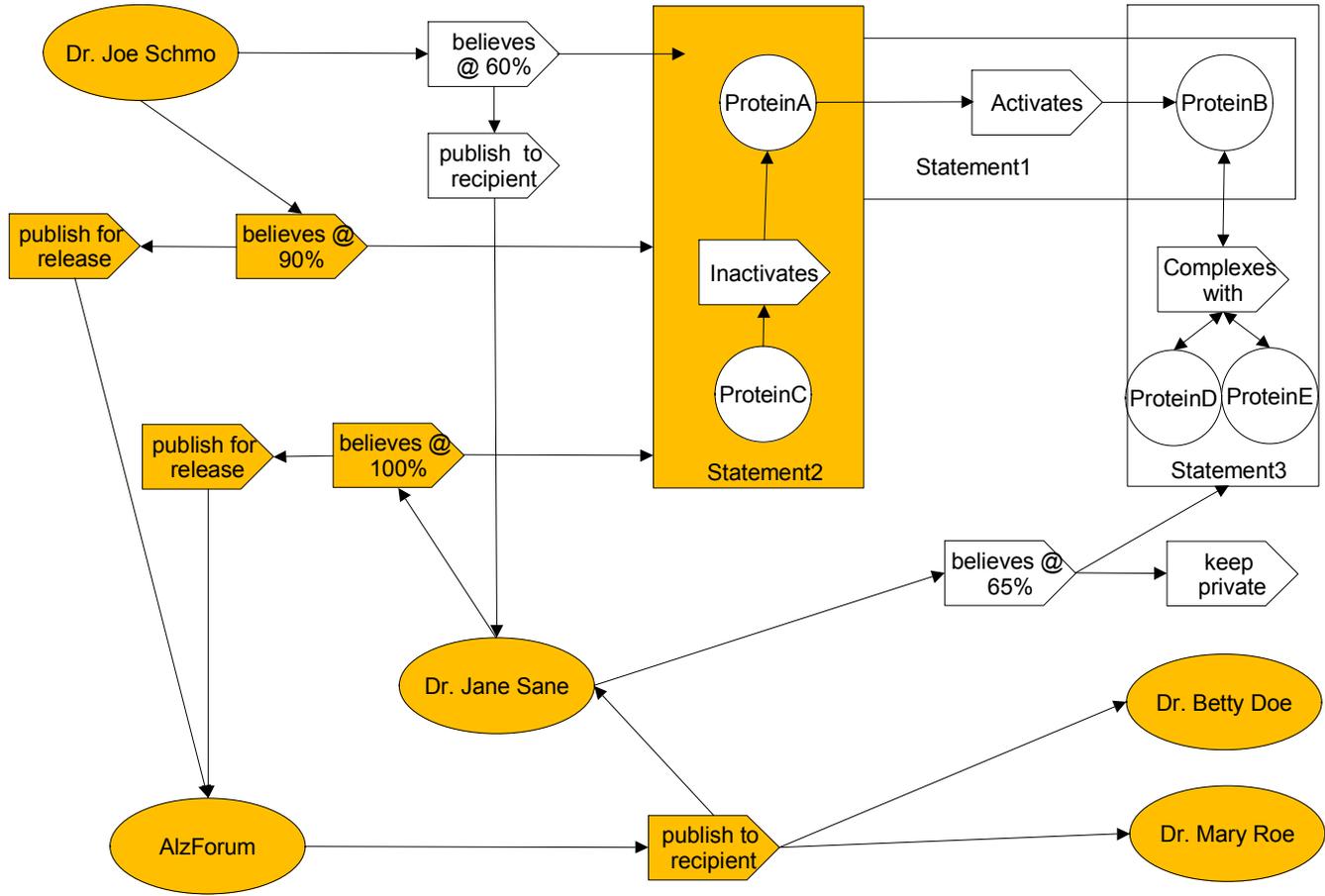
- Truth maintenance is typically conceived to be about *eliminating contradiction* in the KB
 - Okay on “boutique” scientific KBs
 - Does not scale as a process due to limitations of expertise
- Successful large KBs studiously avoid truth maintenance
 - Medline: correct bibliographic info = correct entry
 - Disregard truth or falsity of the science
 - “Let community process deal with it”, outside the KB
- Our approach: consciously *import contradiction* into the KB
 - “Relativization” (*reification*) of all statements
 - Private “idea incubation” sections of KB (the *Personal Whiteboard*)
 - Explicit statement publication to wide or narrow audience



...to a formal “computable” model

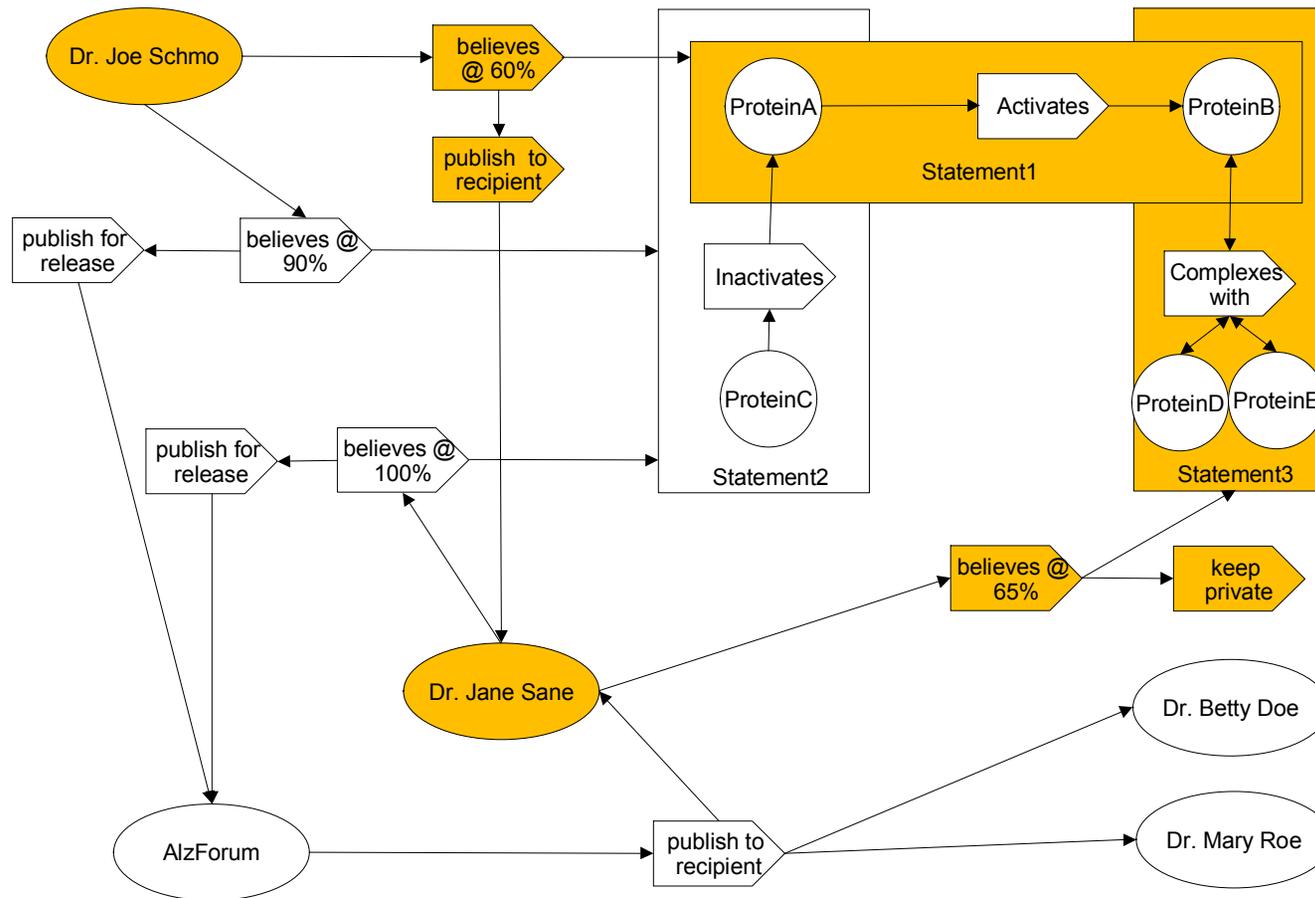


AlzForum public view of KB



Drs. Sane, Doe & Roe see these statements (public KB):
 “Dr. Sane believes (100%) Protein C inactivates Protein A”
 “Dr. Schmo believes (90%) Protein C inactivates Protein A”

Individual private view of KB



Dr. Sane also sees these "private" statements:

"Dr. Sane believes (65%) that B complexes with D and E"
"Dr. Schmo believes (60%) that A activates B"



Core ontological model

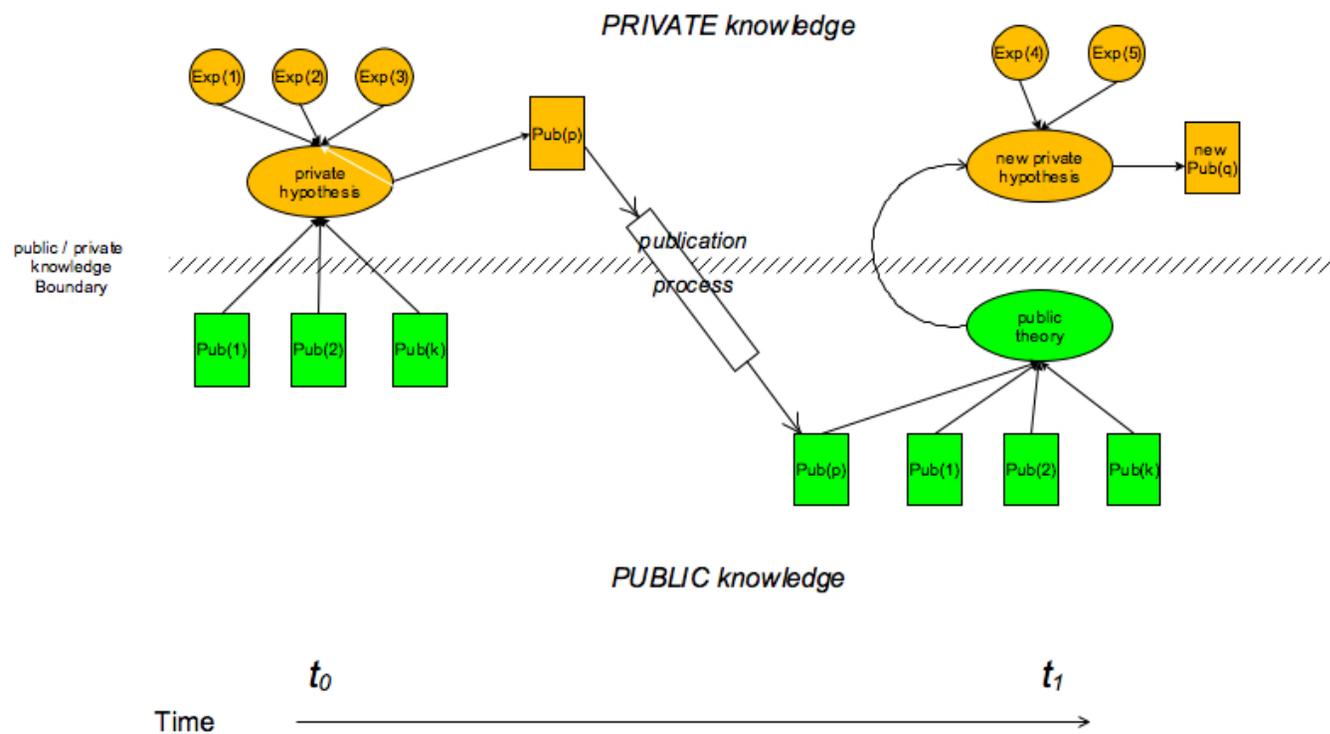
- ***[-constructive] models*** (Hausser 2000)
 - Speaker-hearer is part of the model structure
 - goal is “to characterize truth”
 - previously seen as associated with science and mathematics
- ***[+constructive] models*** (Hausser 2000)
 - model-structure is part of the speaker-hearer
 - cognition seated in individuals and circumstances
 - previously seen as characteristic of language interpretation
- ***explicit treatment of the hearer***
 - allows a collaboration network to be established
 - externalizes truth maintenance



Publication model and ontology alignment

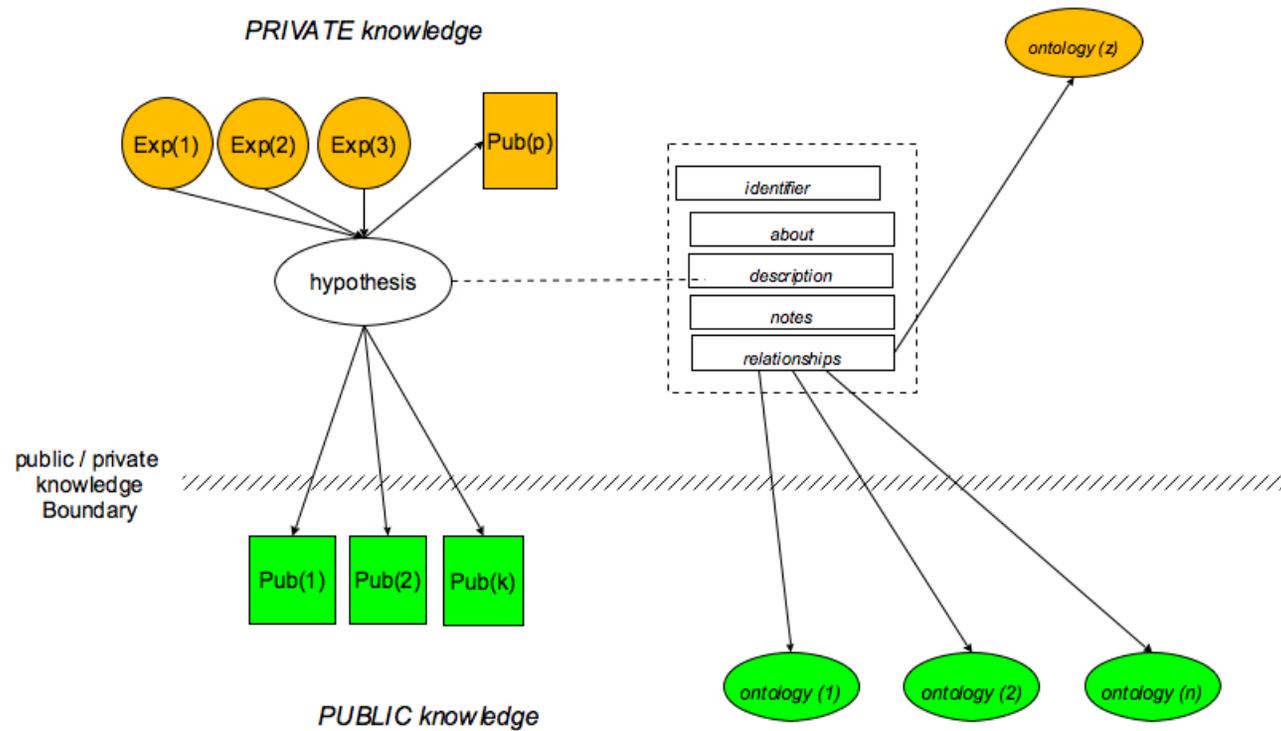
SWAN: Private and Public Concept Spaces

Transition from Private Hypothesis to Public Theory



Hypotheses and ontology alignment

Formal Representation of Hypothesis in Metadata



Data provenance

- Data level:
 - Where did this data come from?
 - Any known corrections/retractions/challenges?
- Information level:
 - What algorithms (and versions) were used?
- Knowledge level:
 - Who made this assertion? Any counter-assertions?
 - What publications /data are referenced?
- Constructive level:
 - Who may see /hear this assertion?
- Trust /security level:
 - Level of trust & security models for content & audience?
 - For the provenance software itself?



Socialization

- Changing the publication model for science...
- Data & publications = one's career...
- KB curation and scalability...
- Trust model...
- Software development model...



To Sum Up

- Neurodegenerative diseases are huge problems
 - Deep multi-disciplinary understanding required
 - Technological basis for deep integration is here
 - Potential huge benefit to researchers
 - ...and most importantly, patients
-
- We have to think very creatively about how we develop the next generation of Knowledge bases in neuromedicine



Collaborators

- Alzheimer Research Forum
 - June Kinoshita (co-PI), Elizabeth Wu
- MassGeneral Institute for Neurodegenerative Disease
 - Yong Gao, Georgios Asteris
 - Dora Kovacs, Lars Hernquist, Anne Young
- Brigham and Women's Hospital
 - Dean Hartley
- MIT Computer Science and Artificial Intelligence Laboratory
 - Eric Miller, Ralph Swick
- IBM Advanced Technology Group
 - David Grossman, Sean Martin, Jordy Alboz
- HP Laboratories
 - Andy Seaborne, Steve Cayzer

