PAPER: 22

TITLE: Therapeutic Areas - Ontology for Study Data

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PC MEMBER: Werner Ceusters

OVERALL EVALUATION:	-2	(reject)
REVIEWER'S CONFIDENCE:	5	(expert)
Relevance to Semantic Technologies:	2	(fair)
Does the paper adequately describe a life science use case where semantics is deployed:	1	(poor)
Does the paper include an evaluation or demo:	1	(None)

---------- REVIEW ----------

Half of this paper provides some trivial generalities about data and meta-data in the context of therapeutic areas (TA) and the other half on the workflow of designing Therapeutic Areas (TAs) and ontologies that go with them. There is not much detail about the latter, perhaps for the better since what is shown is already embarrassing enough. The fragment of 'ontology' in Fig.1 clearly demonstrates that the authors thereof are very sloppy in their use of terminology (i.e. not following the principles of good terminology design as for instance advocated by Cimino and Sager) or do not understand the semantics of the formal subclass relationship, or have a very peculiar view about medical reality. So the authors have no problem with the ontology in Fig 1 stating – following the semantics of subclass - that all "Deaths due to rejection" and all "graft losses" are observations. If that were true, all clinicians had to do were to stop observing and such deaths or losses would not occur anymore. This is the same kind of nonsense that we find in HL7 RIM work. One would wonder why?

---------- CONFIDENTIAL REMARKS FOR THE PROGRAM COMMITTEE ----------

(none)