



The dmoz ontology is very simple in its structure, and lacks the rich semantics of ontologies developed in formal knowledge representation systems such as the Web Ontology Language (OWL). When the developers of dmoz make modeling errors, the consequences are unlikely ever to impede the advancement of science or to threaten lives. Nevertheless, the dmoz ontology stands as a stunning example of how legions of volunteers can be mobilized to generate an enormous and undeniably useful ontology. Imagine if the lessons of dmoz could be applied to SNOMED or to BiomedGT!

At the National Center for Biomedical Ontology (NCBO), we are experimenting with ways in which the biomedical community can take an active part in contributing to the construction of scalable ontologies and controlled terminologies. Our BioPortal system allows any registered user to comment on any ontology in our distributed repository, to comment on the comments left by other users, and to demonstrate how the elements of one ontology may relate to those of another. We have used this capability extensively in the engineering of the Biomedical Resource Ontology used to describe the online software and data resources developed by the National Centers for Biomedical Computing and by the recipients of Clinical and Translational Science Awards. BioPortal, at present, does not play a role in completely open ontology editing, however.

There are very legitimate concerns about how we can

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maintain the quality of ontologies if the development process is democratized. Organizations such as the Open Biomedical Ontologies (OBO) Foundry have been established under the assumption that there must always be central management of ontology development to ensure the quality of the content. And yet there continue to be too much data, too many medical records, and too many experiments for the ontology-development community to keep up with existing needs.

I don't know whether the dmoz approach will really be practical in biomedicine, but it is clear that the ontology-development community needs at least to experiment with new methods of ontology engineering that can scale to future biomedical requirements. Surely there are ways to take advantage of the expertise distributed among all biomedical investigators in a way that will overcome many of the limitations of centralized ontology curation. Workers at NCBO are extremely excited about the possibilities that new technology might provide in enabling this more open approach to ontology engineering. Experimentation with community-based ontology development not only may accelerate the engineering of badly needed ontology content, but also can provide a laboratory for the study of new mechanisms for collaboration and interaction in biomedicine. □

## DETAILS

BioPortal: <http://bioportal.bioontology.org>

The Open Director Project: <http://www.dmoz.org>

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## A Note from the Managing Editor:

Thanks to all who participated in the BCR survey. Your names were entered in a drawing for an iPod shuffle which went to Alan Villalobos from DNA2.0. The survey results are helping us to plan for the future.

If you didn't get a chance to answer the survey, you can still give us feedback on the magazine by visiting <http://www.biomedicalcomputationreview.org> and clicking on the "Feedback" link.

Starting in our next issue, we will launch a new "Debate" column, starting with the topic selected by the survey respondents: "To Mine or Not to Mine: Are clinical data repositories useful sources of untapped discoveries awaiting data-mining algorithms or are they too noisy and messy."

Best,

*Kathy Miller* MANAGING EDITOR