

# Real-MedNLP:

## Overview of REAL document-based MEDical Natural Language Processing Task

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## Medical NLP Today

- Medical AI  $\doteq$  Medical **Image** AI
- Why **NLP**-based AI is not popular
  - Medical text data is always small
    - Privacy Information
    - Language barrier
- Especially, **non-English medical NLP** is rare



# Characterics of Our Task

## 1. To provide High quality data-set

- Real data (not dummy)
- Closslingual (not English only)

## 2. To scope practical

- Not only basic technology
  - Namerd Entity Recognition
- ready-to-use applications
  - ADE detection
  - Case Identification

### Japanese (JA)

A左上葉 に F径 18 mm F大 の D(+)SSN を認めま  
 す。 D(?)AAH や AIS の可能性があります。 A右下葉 にも  
 を F散見 します。 D(?)炎症性変化 かもしれませんが、フォローにて  
 確認ください。 A左下葉 に D(+)線状索状影 を認め D(?)陳旧性炎症  
 ます。 A縦隔や肺門 に F有意な D(-)リンパ節腫大 は指摘できませ  
 はありません。

### English (EN)

There is an D(+)infiltrative shadow Aalong the bronchial area of the lower lobe of the r  
 considered to be D(+)lung cancer .

It is in Awide contact with the interlobar pleura , and is considered to be D(+)pleural inf













The Aright middle bronchus is D(+)obstructed by a D(+)mass . FExtensive D(+)gro  
 found in the Alower lobe of the right lung , and it appears D(+)obstructive pneumonia i

There also appears to be D(+)infiltration of the Aright pulmonary artery, right pulmona

There is a D(+)nodular shadow in the Aupper lobe of the right lung , but Cno change

# Task & Language

- Two corpora x Three tasks x Two languages

		Care Report corpusMedTxt-CR Track		Radiology Report corpus MedTxt-RR Track	
Few-resources Named Entity Recognition; NER	Subtask 1 : Just 100 Training	Ja 	En 	Ja 	En 
	Subtask 2 : Guideline Learning	Ja 	En 	Ja 	En 
Application	Subtask 3 : Application (ADE* or CI**)	ADE-Ja 	ADE-En 	CI-Ja 	CI-En 

\* Adverse Drug Event detection, \*\* Case Identification

## Statistics of participants

- Although 19 teams registered, 9 teams submitted the results
- Balanced participation of international industry and academia

Number of registered teams: 19	Overseas: 13* (China, USA, Switzerland, Belgium, Germany)	Domestic (Japan): 7*
	Industry: 10	Academia: 9
Number of completed teams: 9	Overseas: 4* (China, USA, Switzerland)	Domestic (Japan): 6*
	Industry: 6	Academia: 3

10 teams dropout

\*Since one team is composed of two countries, it is double-counted

## Number of systems developed by each team (85 systems by 9 teams)

	A	C	D	E	F	G	H	I	J	Total
Subtask1-CR-JA	2			1	4	1			4	12
Subtask1-CR-EN		2			4		5		4	15
Subtask1-RR-JA	2			1		1			4	8
Subtask1-RR-EN							3		4	7
Subtask2-CR-JA	1			1						2
Subtask2-CR-EN										0
Subtask2-RR-JA	1			1						2
Subtask2-RR-EN								1		1
Subtask3-CR-JA (ADE)				1	2					3
Subtask3-CR-EN (ADE)		10			2		6	1		19
Subtask3-RR-JA (CI)			1	1	1				1	4
Subtask3-RR-EN (CI)		10			1			1		12

# Subtask 1 & 2

# Task Definition = Named Entity Recognition

腸脛靭帯摩擦症候群を疑った変形性膝関節症患者 - 膝外側部痛に対するプレーティングアプローチによる介入の一症例 -

ID	SEX	AGE	CATEGORY	DATE
JP0900-1	FEMALE	77	変形性膝関節症	-1
行 本文				
1	【背景およびプロフィール】			
2	D(*) 腸脛靭帯摩擦症候群はランニングの A 足部 時(MISC) 接地後、A 膝関節 屈曲30°弱で A 大腿骨外側上顆と腸脛靭帯 (Iliotibial Band以下ITB) の後方で摩擦が生じることにより C 発症する。			
3	D(*) 疼痛 部位としては、A 膝外側部、大腿骨外側上顆付近が挙げられる1)。			
4	時(DATE) 今回、腸脛靭帯摩擦症候群を疑った患者に対し、評価とクリニカルリーズニングを経て R(+) プレーティングアプローチを行い結果が良好であった症例について報告する。			
5	対象は 時(AGE) 77歳 女性。			
6	時(DATE) 2、3年前より D(+) 左膝痛、時(DATE) 1年前より D(+) 右膝痛 C 出現、時(DATE) 4、5日前より D(+) 両膝外側部痛 C 出現し、C 徐々に増悪 したため当院を CC(+) 受診した。			
7	D(+) 疼痛 C 改善 を治療ゴールと設定し、時(SET) 週3回の CC(+) 外来通院治療を開始した。			

- Diseases and symptoms <d>
- Anatomical entities <a>
- Features and measurements <f>
- Change <c>
- Time <timex3>
- Test <t-test/key/val>
- Medicine <m-key/val>
- Remedy <r>
- Clinical Context <cc>



CR

<a>, <d>, <t-test/key/val>,  
<m-key/val>, <timex3>

RR

<a>, <d>, <t-test>, <timex3>





# Evaluation metrics

- Joint factor

- span
- +label
- +label+mod

<X>cancer</X>  
 <d>cancer</d>  
 <d mod="positive">cancer</d>

- Matching policy

- exact
- partial

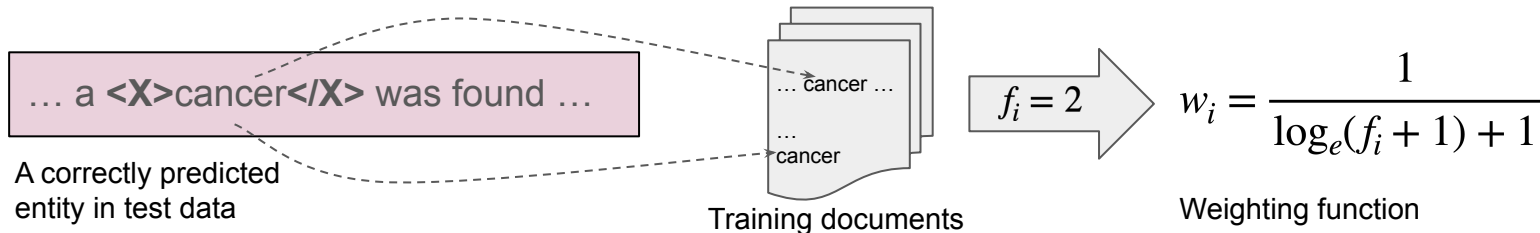


Recall = **common span** / **gold-standard's span**

Precision = **common span** / **predicted span**

- Frequency factor

- Not weighted
- Weighted – decrease the score according as the entity appeared once or more in training data



## Overview (overall)

**RR** >> **CR** RR ~ 0.9 vs. CR ~ 0.7  
Radiology reports are written simpler than case reports

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**JA** > **EN** Japanese results are slightly better, but not a big difference

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**Partial** >> **Exact** At least ~10 points better in the partial match  
→ “Important” parts of documents were still learnable

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**Normal** > **Weighted** Frequency weighting always decrease the scores

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**Subtask 1** >> **Subtask 2** Fewer training examples impacted

# Overview (Subtask1-CR: Just 100 Case Reports)

- In JA, surprisingly, “just a plain BERT” (E1) worked best
- Simple data augmentation may rather decrease the performance

## CR-JA

System ID	Exact match					
	span		+label		+label+mod	
	normal	weighted	normal	weighted	normal	weighted
A1	0.6388	0.5433	0.6133	0.5195	-	-
A2	0.6378	0.5425	0.6124	0.5188	-	-
E1	<b>0.6988</b>	<b>0.5995</b>	<b>0.6525</b>	<b>0.5550</b>	<b>0.5921</b>	<b>0.4993</b>
F1	0.6095	0.5112	0.5696	0.4737	0.5249	0.4333
F2	0.6497	0.5445	0.6076	0.5048	0.5602	0.4621
F3	0.5897	0.4987	0.5550	0.4650	0.5171	0.4315
F4	0.6179	0.5218	0.5813	0.4863	0.5420	0.4515
G1	0.6766	0.5754	0.6189	0.5198	-	-
J1	0.3361	0.2627	0.3088	0.2383	0.2591	0.1963
J2	0.3676	0.3057	0.3585	0.2968	0.3013	0.2459
J3	0.2745	0.2279	0.2656	0.2195	0.2247	0.1836
J4	0.2841	0.2399	0.2773	0.2334	0.2308	0.1910

## CR-EN

System ID	Exact match					
	span		+label		+label+mod	
	normal	weighted	normal	weighted	normal	weighted
C1	0.4601	0.4117	0.4321	0.3850	-	-
C2	0.4697	0.4198	0.4371	0.3890	-	-
F1	0.5104	0.4501	0.4683	0.4092	0.4245	0.3701
F2	0.5292	0.4667	0.4860	0.4247	0.4406	0.3843
F3	0.5240	0.4634	0.4918	0.4326	0.4480	0.3938
F4	0.5473	0.4839	0.5145	0.4525	0.4696	0.4127
H1	0.6246	0.5513	0.5980	0.5255	0.5484	0.4809
H2	<b>0.6540</b>	<b>0.5813</b>	<b>0.6337</b>	<b>0.5616</b>	<b>0.5853</b>	<b>0.5181</b>
H3	0.6438	0.5719	0.6231	0.5515	0.5749	0.5080
H4	0.6190	0.5516	0.5933	0.5265	0.5452	0.4831
H5	0.6299	0.5620	0.6033	0.5364	0.5540	0.4917
J1	0.4882	0.4274	0.4556	0.3965	0.2957	0.2589
J2	0.5551	0.4925	0.5197	0.4589	0.3335	0.2950
J3	0.5503	0.4846	0.5116	0.4478	0.3263	0.2867
J4	0.5270	0.4652	0.4918	0.4317	0.3077	0.2705

# Overview (Subtask1-RR: Just 100 Radiology Reports)

- Frequency weighting yielded larger performance drops than CR
  - Dataset contains template phrases more
- Domain-specific BERTs worked better as expected

## RR-JA

System ID	Exact match					
	span		+label		+label+mod	
	normal	weighted	normal	weighted	normal	weighted
A1	0.1528	0.1185	0.1505	0.1165	-	-
A2	<b>0.9019</b>	<b>0.5264</b>	<b>0.8926</b>	<b>0.5181</b>	-	-
E1	0.8704	0.5052	0.8488	0.4871	<b>0.8079</b>	<b>0.4674</b>
G1	0.8932	0.5207	0.8703	0.4992	-	-
J1	0.5862	0.3232	0.5811	0.3191	0.4259	0.2550
J2	0.6055	0.3306	0.6022	0.3278	0.4363	0.2572
J3	0.5805	0.3151	0.5779	0.3127	0.4224	0.2480
J4	0.5715	0.3120	0.5674	0.3096	0.4216	0.2477

## RR-EN

System ID	Exact match					
	span		+label		+label+mod	
	normal	weighted	normal	weighted	normal	weighted
H1	0.8296	0.5532	0.8260	0.5496	<b>0.7919</b>	<b>0.5262</b>
H2	<b>0.8302</b>	<b>0.5536</b>	<b>0.8266</b>	<b>0.5500</b>	0.7874	0.5231
H3	0.8140	0.5430	0.8061	0.5358	0.7719	0.5105
J1	0.7696	0.5049	0.7592	0.4957	0.6350	0.4107
J2	0.8068	0.5360	0.7997	0.5299	0.6707	0.4400
J3	0.7962	0.5265	0.7877	0.5192	0.6532	0.4264
J4	0.8000	0.5332	0.7895	0.5245	0.6545	0.4309

## Subtask 2 – Guideline Learning

- Exact match resulted in an expected low score
- Partial match showed promising results

CR-JA

System ID	Exact match						Partial match					
	span		+label		+label+mod		span		+label		+label+mod	
	normal	weighted	normal	weighted	normal	weighted	normal	weighted	normal	weighted	normal	weighted
A1	<b>0.4212</b>	<b>0.4146</b>	<b>0.3710</b>	<b>0.3644</b>	<b>0.3710</b>	<b>0.3644</b>	<b>0.7458</b>	<b>0.7379</b>	<b>0.6163</b>	<b>0.6091</b>	<b>0.6163</b>	<b>0.6091</b>
E1	0.3366	0.3326	0.2512	0.2474	0.1949	0.1912	0.6797	0.6738	0.4589	0.4547	0.3464	0.3424

RR-JA

System ID	Exact match						Partial match					
	span		+label		+label+mod		span		+label		+label+mod	
	normal	weighted	normal	weighted	normal	weighted	normal	weighted	normal	weighted	normal	weighted
A1	<b>0.6638</b>	<b>0.6370</b>	<b>0.6485</b>	<b>0.6217</b>	<b>0.5133</b>	<b>0.4958</b>	<b>0.9106</b>	<b>0.8834</b>	<b>0.8843</b>	<b>0.8571</b>	<b>0.6864</b>	<b>0.6685</b>
E1	0.6557	0.6315	0.6255	0.6013	0.4668	0.4462	0.8961	0.8711	0.8289	0.8039	0.6094	0.5880

RR-EN

System ID	Exact match						Partial match					
	span		+label		+label+mod		span		+label		+label+mod	
	normal	weighted	normal	weighted	normal	weighted	normal	weighted	normal	weighted	normal	weighted
I1	0.5628	0.5546	0.5496	0.5422	0.5037	0.4968	0.8843	0.8726	0.8289	0.8179	0.7599	0.7495

# Subtask 3 ADE

# Table Slot Filling

For disease/medicine entities, predict the likelihood of being/triggering an ADE independently\*

Case Report: **(R(AGE)) 14 year old** male.

Chief Complaint: **(D(+)) Fever, generalized erythema**.

Past Medical History: **(D(+)) Mild Intellectual Disability**.

Current Medical History: In **(R(DATE)) April 2001** the patient was **(C) having** **(D(+)) epileptic seizures** and the administration of **(Mk(+)) valproic acid (VPA)** was started **(R(DATE)) on April 20**.

**(R(DATE)) Subsequently**, due to it becoming difficult to control the patient's **(D(+)) convulsions**, concomitant use of **(Mk(+)) CBZ** was started on **(R(DATE)) July 6**.

On **(R(DATE)) July 23**, **(D(+)) fever and erythema** **(C) presented**, **(R(DATE)) Subsequently**, **(D(+)) liver dysfunction and thrombocytopenia** were also observed.

The patient was **(CC(+)) admitted** and seen at our department on **(R(DATE)) August 3**.

He presented with **(D(+)) facial edema, lymphadenopathy** coupled with **(C) downward** trending lab results.

Lab Results **(R(CC)) upon Admission**: **(TK) WBC** **(TV) 31,700/μL** (eosino%, **(TV) 169,000/μL**, **(TK) TP** **(TV) 5.2 g/dL**, **(TK) AST** **(TV) 1371 U/L**, **(TK) ALT** **(TV) 7141 U/L**, **(TK) CRP** **(TV) 1.8 mg/dL**, **(TK) siL-2R** **(TV) 13,100 U/mL**, **(TK) AS** **(TV) 213 p...**

Progress: The **(Mk(-)) antiepileptic drug CBZ** was **(C) discontinued** with **(Mk(+)) VPA** alone being administered.

**(R(+)) mPSL pulse therapy** was given for **(R(DUR)) 3 days** and the **(C) fever resolved**.

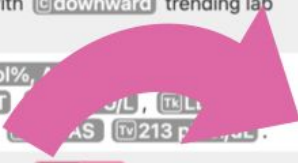
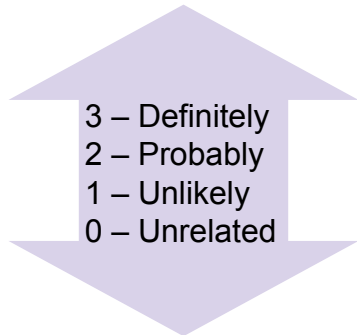
Symptoms and lab results also **(C) improved**.

Follow-up treatment started with **(Mv) 30 mg/day** of **(Mk(+)) PSL**, but because **(D(+)) fever and skin rash** **(C) once again presented** the medication was changed to **(Mv) 8 mg/day** of **(Mk(+)) betamethasone**.



Disease	ADEval
Fever, generalized erythema	3
Mild Intellectual Disability	0
epileptic seizures	0
convulsions	0
fever and erythema	3
liver dysfunction and thrombocytopenia	3

= How likely is this disease (symptoms) an ADE?



Medicine	ADEval
valproic acid (VPA)	1
CBZ	3
VPA	1
PSL	2
betamethasone	0

= How likely did this medicine trigger an ADE?

\* do not consider ADE-causal relations



# Results

- No ADEval=2 in test
- Better entity-level systems may not perform better in the report level
- How to capture local/global context seems important to solve this task
  - Classification?
  - NER?

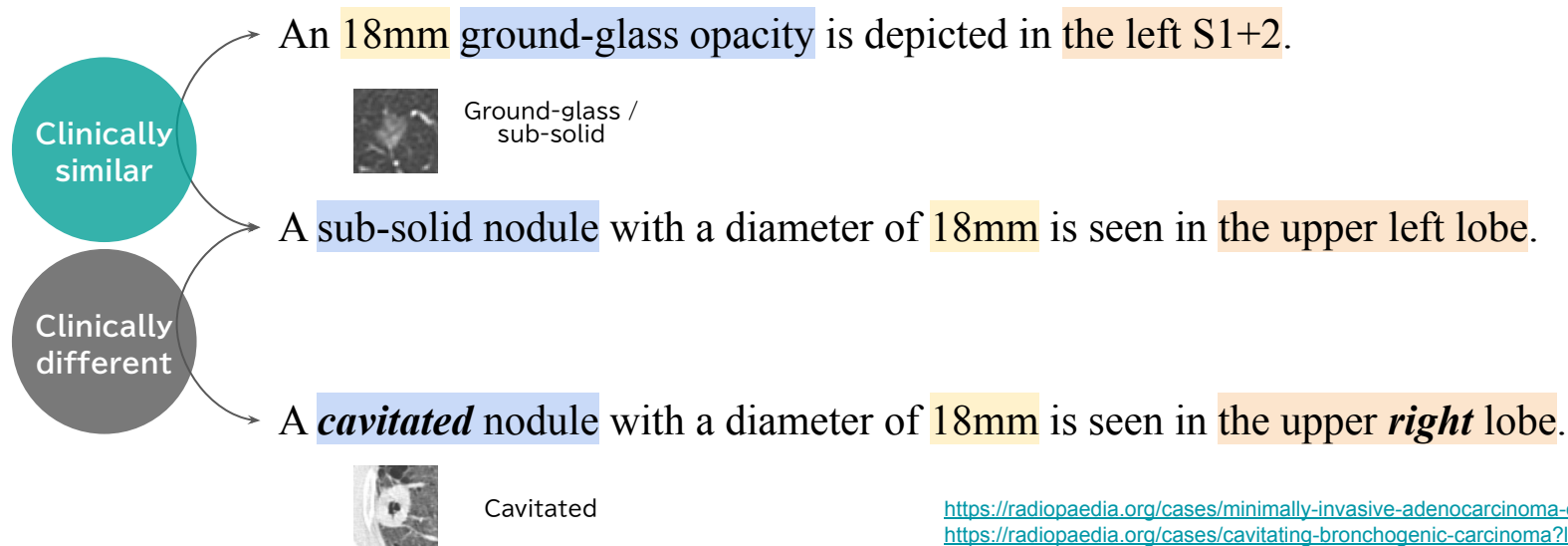
System ID	ADEval=0			ADEval=1			ADEval=3			Report-level		
	P	R	F	P	R	F	P	R	F	P	R	F
E1	95.21	76.04	84.55	0.00	0.00	0.00	6.98	<b>52.94</b>	12.33	12.73	<b>77.78</b>	21.88
F1	95.76	<b>97.67</b>	<b>96.71</b>	0.00	0.00	0.00	12.50	11.76	12.12	<b>37.50</b>	66.67	<b>48.00</b>
F2	<b>96.05</b>	97.00	96.52	0.00	0.00	0.00	<b>27.59</b>	47.06	<b>34.78</b>	25.00	44.44	32.00

System ID	ADEval=0			ADEval=1			ADEval=3			Report-level		
	P	R	F	P	R	F	P	R	F	P	R	F
C1	95.70	94.94	95.32	20.00	5.26	8.33	62.50	26.32	37.04	22.22	66.67	33.33
C2	95.79	97.00	96.39	14.29	5.26	7.69	43.75	36.84	40.00	29.41	55.56	38.46
C3	95.95	93.52	94.72	6.25	5.26	5.71	28.57	21.05	24.24	19.35	66.67	30.00
C4	96.05	92.10	94.03	25.00	5.26	8.70	22.22	42.11	29.09	18.92	77.78	30.43
C5	95.87	95.26	95.56	0.00	0.00	0.00	56.25	47.37	51.43	25.93	77.78	38.89
C6	96.14	94.47	95.30	25.00	10.53	14.81	50.00	21.05	29.63	21.21	77.78	33.33
C7	95.67	94.31	94.99	0.00	0.00	0.00	33.33	26.32	29.41	19.35	66.67	30.00
C8	96.42	97.79	97.10	20.00	5.26	8.33	47.62	52.63	50.00	50.00	77.78	60.87
C9	96.35	91.79	94.01	0.00	0.00	0.00	23.81	52.63	32.79	18.92	77.78	30.43
C10	95.87	95.26	95.56	7.14	5.26	6.06	26.92	36.84	31.11	23.08	66.67	34.29
F1	96.53	96.68	96.61	0.00	<b>96.68</b>	0.00	31.25	52.63	39.22	25.00	55.56	34.48
F2	95.39	98.10	96.73	0.00	0.00	0.00	40.00	42.11	41.03	40.00	44.44	42.11
H1	96.57	97.95	97.25	14.29	5.26	7.69	60.00	63.16	61.54	50.00	66.67	57.14
H2	96.57	97.95	97.25	0.00	0.00	0.00	59.09	<b>68.42</b>	63.41	50.00	66.67	57.14
H3	96.28	98.10	97.18	0.00	0.00	0.00	60.00	63.16	61.54	50.00	55.56	52.63
H4	96.41	97.63	97.02	0.00	0.00	0.00	57.14	63.16	60.00	50.00	66.67	57.14
H5	95.88	<b>99.37</b>	<b>97.60</b>	0.00	0.00	0.00	78.57	57.89	<b>66.67</b>	<b>60.00</b>	33.33	42.86
H6	95.99	98.26	97.11	<b>33.33</b>	5.26	9.09	55.56	52.63	54.05	50.00	44.44	47.06
I1	<b>97.02</b>	97.63	97.32	30.00	31.58	<b>30.77</b>	<b>100.00</b>	26.32	41.67	50.00	<b>88.89</b>	<b>64.00</b>

# Subtask 3 C1

# CI (Case Identification) = Clustering task

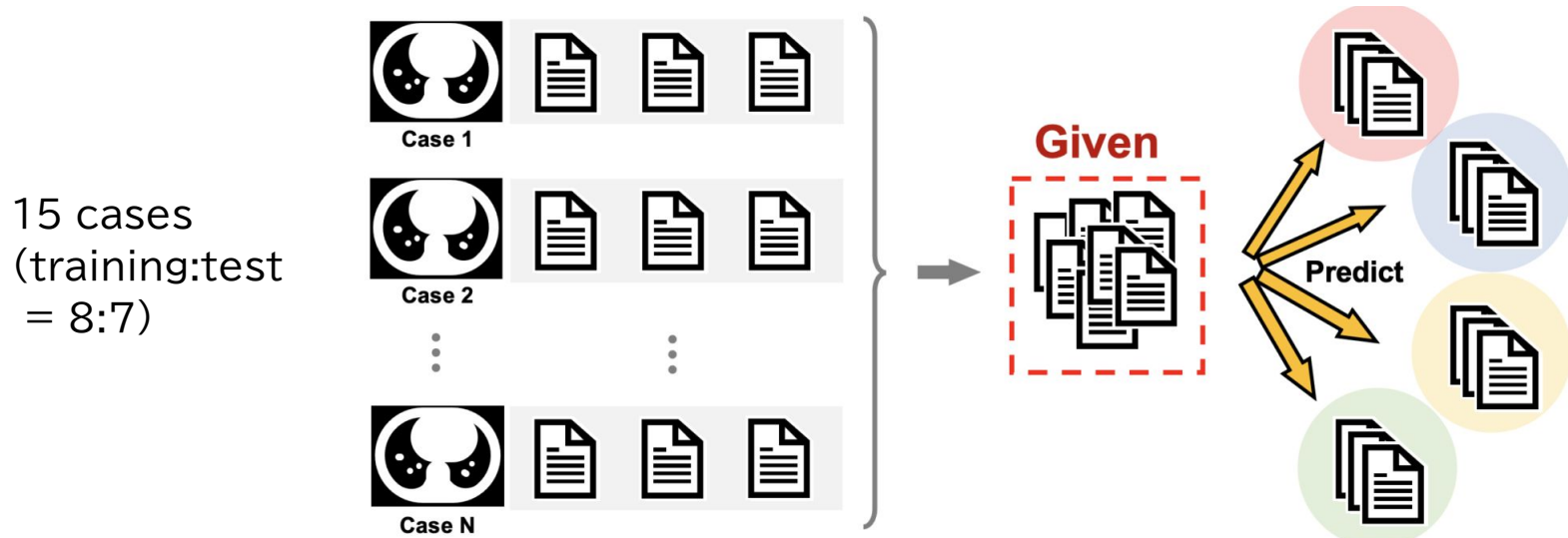
- Motivation: to recognize **clinically similar** documents without being confused by **textual similarity**
- Potential application: case retrieval, image-to-text evaluation



# CI (Case Identification) = Clustering task

**Data:** radiology reports by nine radiologists

**Goal:** put the same case into the same cluster



**Evaluation metric:** Normalized Mutual Information (NMI)

## Results (RR-JA)

- Surprisingly, simple “similar or not similar” classification with BERT works best

System ID	NMI score	Method		
D1	0.3569	Bag-of-entity vectors	NER-based	
<b>E1</b>	<b>0.5415</b>	<b>Binary document-pair classification with BERT</b>		Document representation
F1	0.1744	mBERT encoding + dimensionality reduction + K-means clustering		
J1	0.4161	Sentence classifications	Document representation	Document representation
J1*	0.4622	Sentence classifications	Document representation	

## Results (RR-EN)

- System C1 achieved the best score with a pipeline method with rule-based approach & K-means clustering

System ID	NMI score	Method	
<b>C1</b>	<b>0.8721</b>	<b>Heuristic + K-means clustering with SentenceBERT</b>	Rule-based + Document representation
F1	0.2172	mBERT encoding + dimensionality reduction + K-means clustering	
I1	0.7879	Named entity representations with BERT	Document representation

NER-based

## Results (Summary)

- NER-based: JA << EN
  - Maybe due to absence of well-organized Japanese medical ontology
- Document representation only << Pipeline approach
  - Suggesting importance of macroscopic & microscopic features

System ID	NMI score	Method	
<b>C1</b>	<b>0.8721</b>	<b>Heuristic + K-means clustering with SentenceBERT</b>	Rule-based + Document representation
F1	0.2172	mBERT encoding + dimensionality reduction + K-means clustering	
I1	0.7879	Named entity representations with BERT	Document representation
D1 (RR-JA)	0.3569	Bag-of-entity vectors	NER-based

NER-based

# Conclusions



## Conclusion

- RQ: Can we develop MedNLP applications with low resources?
  - YES (partly)
- NER
  - Promising performance for radiology reports (less diverse than case reports) even when only annotation guidelines are provided
- ADE
  - Fair, but discrepancy remains between entity- and document-level performance
- CI
  - High performance for English corpus: token- to document-level features may be needed

## Conclusion

We look forward to hearing your presentations!

The comments on the next task is always welcomed

来年のタスクについてのご意見も歓迎です

## Acknowledgement

Supported by AIP-PRISM, Japan KEEPHA project of JST, and Y's READING inc.



**Y's READING**