

VERICLIG: Extraction and Verification of Clinical Guidelines via Syntactic and Semantic Annotation

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Outline

- 1 Problem
- 2 Syntactic and Semantic Annotation
- 3 Concluding Remarks
- 4 References



Problem - CIG Extraction

- We want to extract process representations from [clinical guidelines](#)
 - 1 basic tool in hospitals and clinics [Got12]
 - 2 describe state-of-the art [therapies](#)
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 - 1 activities (e.g., surgery)
 - 2 resources (e.g., a drug)
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QUE: Use (clinical) NLP [annotation](#) to extract CIGs?



Process Extraction - Diabetes 2 NCCN

1.5.1.2 Emphasise advice on healthy balanced eating that is applicable to the general population when providing advice to people with type 2 diabetes.

1.5.1.3 Continue with metformin if blood glucose control remains inadequate and another oral glucose-lowering medication is added.

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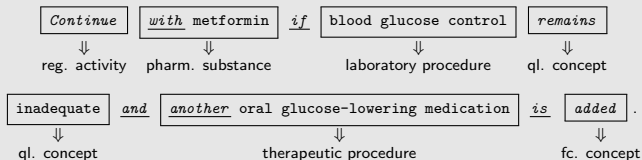
⇒ Apply **business process extraction** techniques [FMP11]

⇒ Distinguish

- 1 control-flow words (= **discourse relations**)
- 2 activity, resources and actor words (= **content words**)



NLP Annotation - Combining Resources

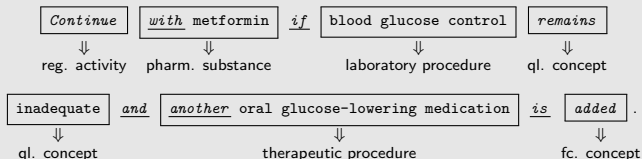


```
(S (VP (VB Continue) (PP (IN with) (NP (NN metformin))))
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(S (S (NP (NN blood) (NN glucose) (NN control))
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Legend
<i>activity evoking</i>
<i>resource evoking</i>
<i>control evoking</i>



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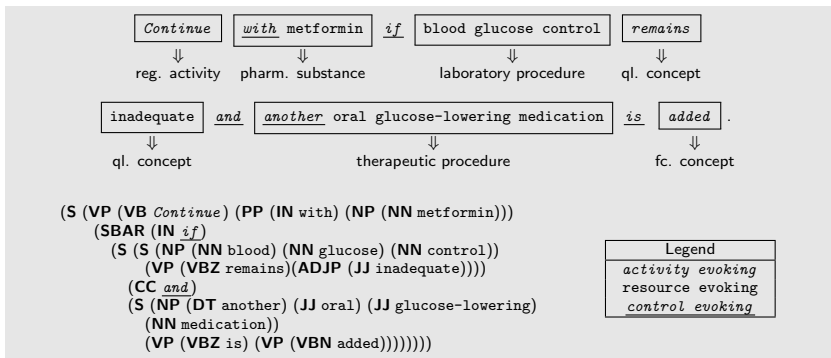
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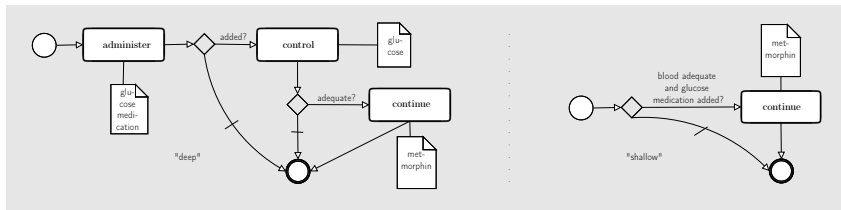


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⇒ Stanford parser [dMMM06] finds discourse relations

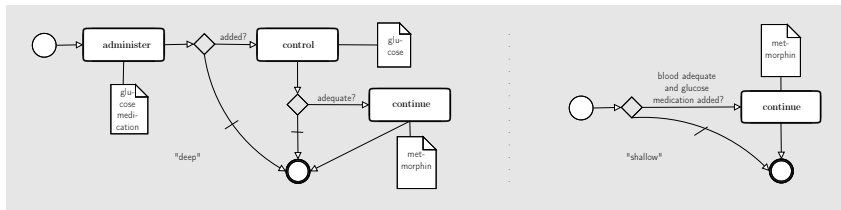


CIG & Process Granularity



⇒ Two possible CIGs in BPMN notation due to English **ambiguity**

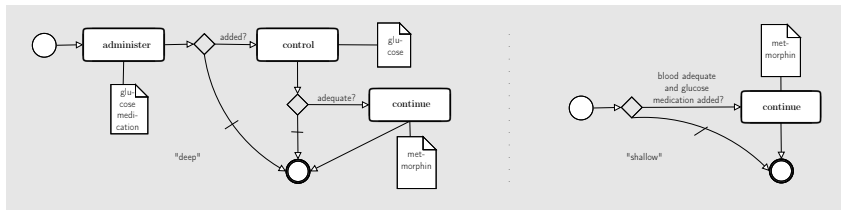
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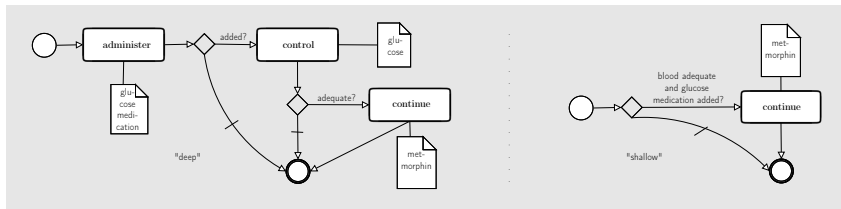


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- 1 no clear clinical meaning for **control-flow evoking words** !
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⇒ Surface-level clinical language peculiarities deceptive



Linguistic Patterns – PEWs and NEGs

⇒ We checked control-flow evoking words (PEWs)

- 1 conjunctions and prepositions **INs** (subordinating prepositions, e.g., “if”) **CCs** (coordinating conjunctions, e.g., “and”, “or”) **CCs** (subordinating conjunctions, e.g., “then”)
- 2 adverbs: **RBs** (base adverbs, e.g., “after”) **RBRs** (comparative adverbs, e.g., “later”) **RBTs** (superlative adverbs, e.g., “latest”) **RNs** (nominalized adverbs, e.g.,) **RPs** (adverbial particles, e.g.,)

⇒ We also checked negative rules (NEGs)

- 1 “not”, of category * (i.e., negation); “nobody”, “none” and “nothing”, of category **PN**, the negative determiner “no” of category **AT**
- 2 negated modal verbs of category **MD*** (e.g., “cannot”, “will not”).



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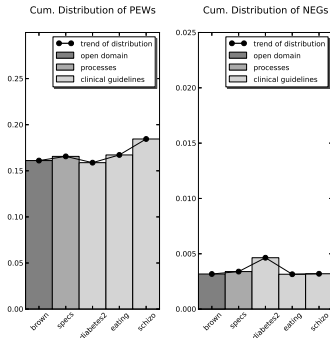
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QUE: Distribution uniform across domains or correlated to clinical domain?



PEWs and NEGs - Uniform & Uncorrelated

Distrib.	χ^2 -ind.	p (< 0.001 sig.)	df.	t -one way	μ_0	p (< 0.01 sig.)	df.
PEWs	9.39	0.009	2	1.02	0.20	0.36	4
NEGs	1.96	0.375	2	1.02	0.03	0.36	4



(Corpus)	(# Words)	(Domain)
Brown	1,391,708	Open
Business	3,824	Business
Diabetes 2 guid.	7,109	Clinical
Eating dis. guid.	5,078	Clinical
Schizophr. guid.	5,367	Clinical



Current Work Plan

- Refine control-flow extraction methodologies
- Develop a methodology to evaluate process-mining rules vis-à-vis supervised techniques
- Use existing annotated corpora (e.g., SemRep) to understand how to disambiguate MetaMap/UMLS
 - 1 activity annotations
 - 2 resource annotations
 - 3 actor annotations
- Design ways to merge/integrate/link annotated datasets to experiment with supervised annotators



Thank you :-)



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