

# Adverse Drug Reaction Detection in Clinical Notes

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SEARCH EXPERTS

# Introduction

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Electronic Health Records (EHR) are summaries of patient's health, documented and reviewed by doctors and hospital staff.

Electronic Health Records are both Structured (e.g. Structured Diagnostic notes) and Natural Text documents (e.g. Progress Reports).

Raw text EHRs (**Clinical Notes**) contain richer information about patient health than structured records.

# Introduction

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Extracting medical events from Clinical Notes provides information for surveillance of adverse side effects.

Deep Learning accelerate the extraction of adverse events from large number of Clinical Notes.

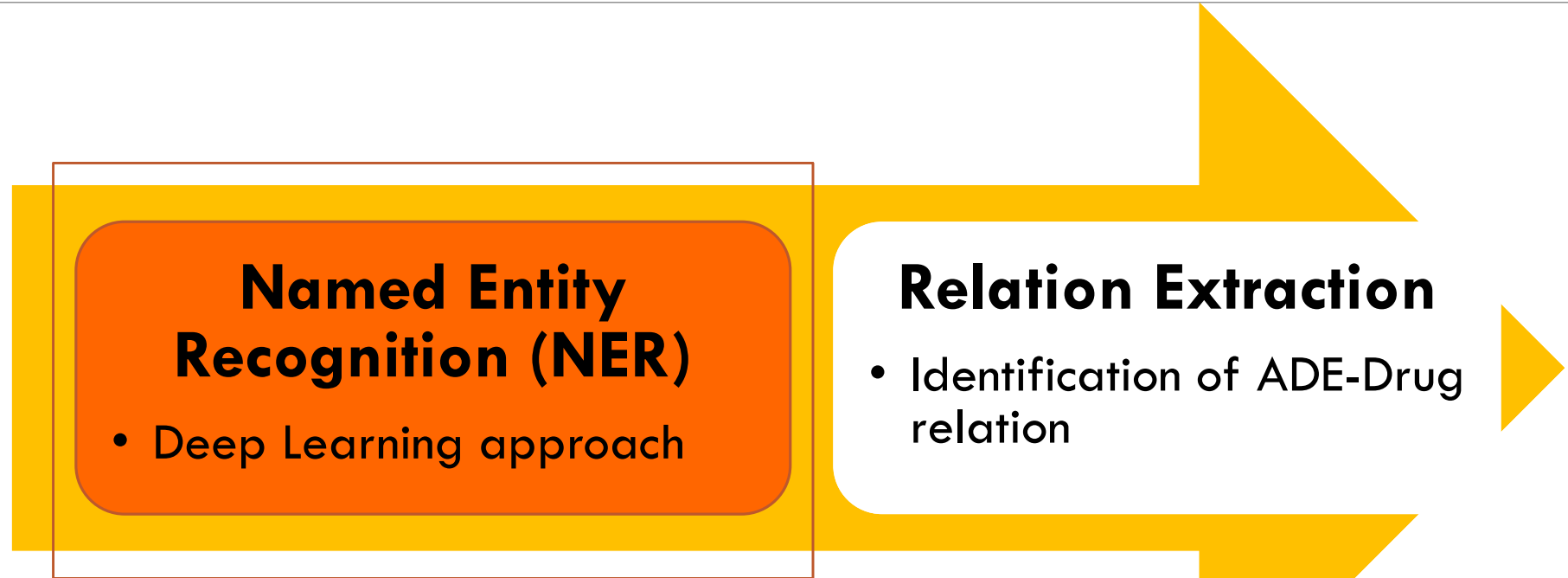
Support the doctor's decisions during the prescription of medications in real-time Pharmacovigilance.

**PharmacoVigilance**



**Drug Safety**

# WORKFLOW



**Raw Clinical Text**

>>

**Predicted Entities**  
[Drug], [ADE]

>>

**Entity Relations**  
[Drug] caused [ADE]

# Adverse Drug Reaction Detection in Clinical Notes

Named Entity Recognition (NER) to classify named entities in specific categories of medical context, and Relation Extraction between the entities.

“the patient has *internal bleeding* ...”

[Event]

ADE (Adverse Drug Event) refers to any adverse event occurring at the time a drug is used, whether or not it is identified as a cause of the event

“the patient has *internal bleeding* ... *warfarin*”

[ADE]

[Drug]

1. Named Entity Recognition

ADR (Adverse Drug Reaction) is an Adverse Drug Event caused by a drug (Relation ADE-Drug)

“the patient has *internal bleeding* secondary to *warfarin*”

[ADE] <<< ADR >>> [Drug]

2. Relation Extraction

# NER Methods for ADE recognition

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**Long Short-Term Memory (LSTM):** RNN (Recurrent Neural Network) model that is efficient in learning long term label dependencies between entities in sequences [1], like the dependency between Drugs and ADEs.

Additionally capturing the correlations between adjacent labels can help in sequence labeling problems (Lample et al., 2016).

**Conditional Random Fields (CRF):** probabilistic model that have been used for sequence labeling tasks due to their ability to model the dependencies in the outputs of a sequence (Laerty et al., 2001).

Therefore, we used a combination of **LSTM and CRF** models (BiLSTM-CRF) for Named Entity Recognition.

# Dataset

MADE dataset [1] has manually annotations of ADE, drugs, *Other Signs Symptoms and Diseases (SSLIF)*, etc, named medical entities used in NER task of **MADE Challenge** [13].

Challenge focused on extracting fine grained structured information related to Drug Safety [21].

-Unstructured EHRs (natural text medical) from 21 different patients (Cancer domain).

-79003 annotations with **9 Named Entity** types (+None), about 14% of annotations (average) for test dataset.

Annotations	Training	Test	
ADE	1509	431	Events
SSLIF	34056	5328	
drug	13507	2395	
indication	3168	636	
frequency	4148	658	Attributes
duration	765	133	
route	2278	389	
dosage	4893	801	
severity	3374	534	
<b>Total Ann.</b>	67698	11305	Full dataset: = 79003 Annot. = 1089 Docum.
<b>Nb files</b>	876	213	

Average 800 Words/Document approx.

[1] Jagannatha, Abhyuday et al. "Structured prediction models for RNN based sequence labeling in clinical text." *Proceedings of the Conference on Empirical Methods in Natural Language Processing*. 2016.

[13] Hong Yu, Abhyuday Jagannatha, Feifan Liu, and Weisong Liu. 2018. NLP Challenges for Detecting **Drug** and **Adverse Drug Events** from Electronic Health Records. Hosted by University of Massachusetts Lowell. <https://bio-nlp.org/index.php/announcements/39-nlp-challenges>

# Annotations of Clinical Notes

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Patient A with <sup>SEVERITY</sup> moderate <sup>INDICATION</sup> hypothyroidism.

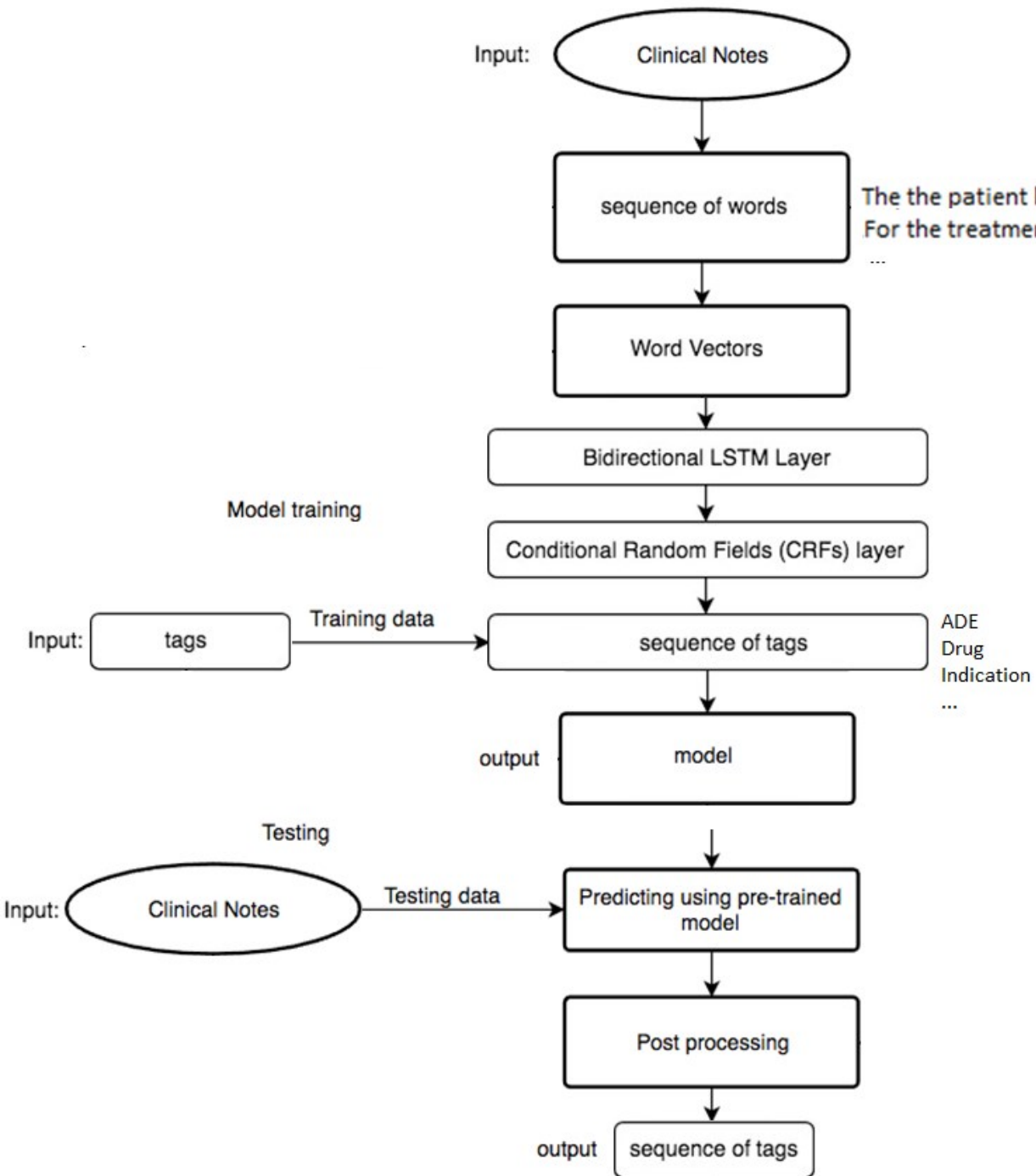
He will take an <sup>ROUTE</sup> oral tablet of <sup>DRUG</sup> levothyroxine <sup>DOSAGE</sup> 5mg <sup>FREQUENCY</sup> every day for <sup>DURATION</sup> 12 weeks.

Patient B has significant peripheral <sup>ADE</sup> neuropathy secondary to <sup>DRUG</sup> Velcade.

He complains about <sup>SSLIF</sup> fatigue and <sup>SSLIF</sup> dry skin.

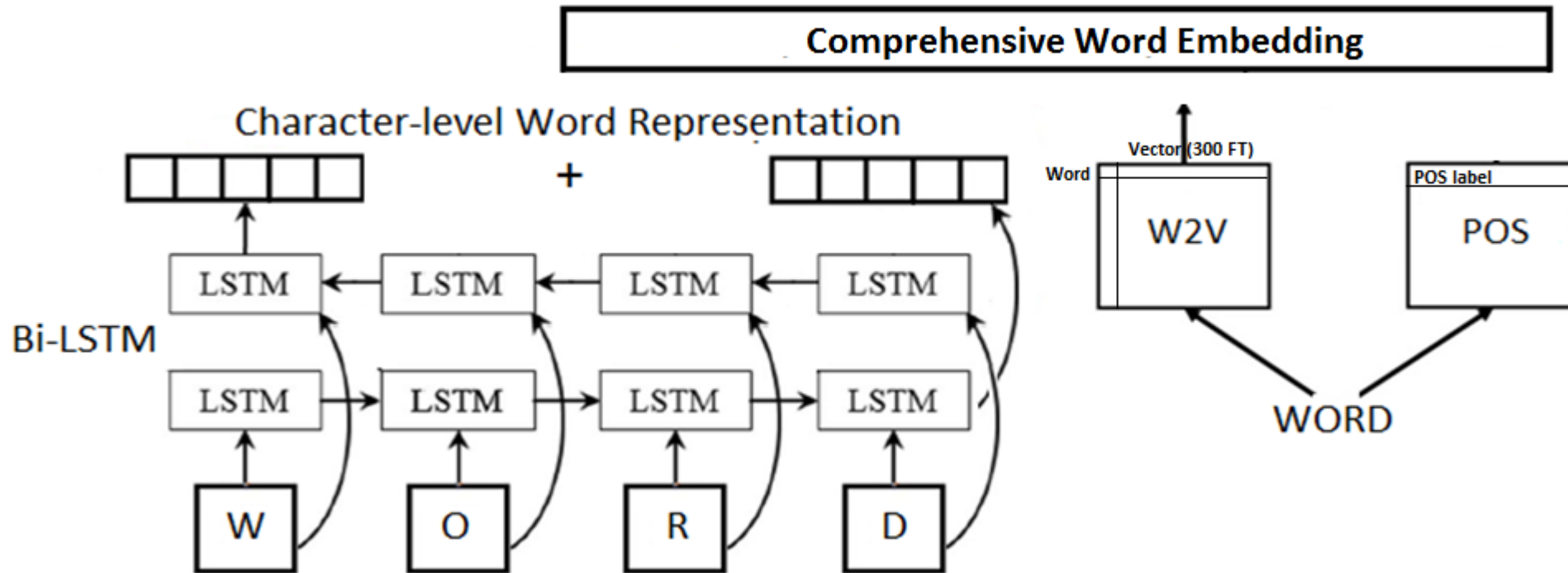
Training inputs: Text and tags





- **Word Vectors:**  
Pre-trained Word embedding + Character embedding
- **Deep learning model training**  
Training and validation sets
- **Post processing**  
Convert to BIO format the predicted tags for evaluation versus true tags

# Word Vector

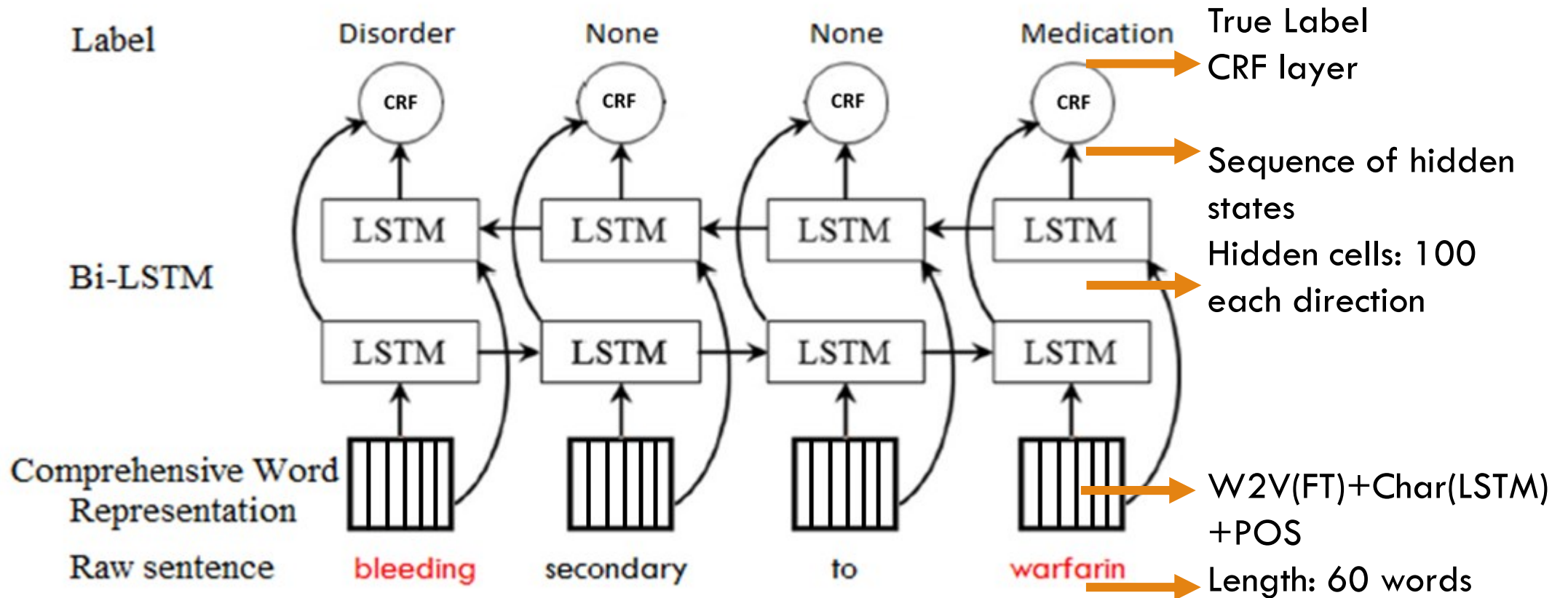


-Prefix and **Suffix** information  
e.g. Drugs like Clonazepam and Lorazepam



-W2V [FT] pre-trained with Skip-Gram, but W2V has Out-of-vocabulary problem due to rare words (e.g. Drug's names)

# LSTM+CRF network



# Results

Performances of models for NER task in MADE Challenge (Test dataset).

Model	Recall	Precision	F1
W2V[1]+Char(LSTM)+POS + <b>LSTM</b>	0,720	0,681	0,700
W2V(FT)+Char(LSTM)+POS + <b>LSTM</b>	0,748	0,716	0,732
W2V(rd)+ <b>LSTM</b>	0,651	0,612	0,631
W2V(rd)+ <b>LSTM + CRF</b>	0,663	0,700	0,681
W2V(FT)+ <b>LSTM</b>	0,708	0,724	0,724
W2V(FT)+ <b>LSTM + CRF</b>	<b>0,773</b>	<b>0,803</b>	<b>0,788</b>

**Parameters:** Batch size 32, Sequence length 70, 200 LSTM cells, initial learning rate 0.01 using Adagrad, epoch 500

Model	Team	F1
W2V+Char(LSTM) + <b>LSTM+CRF</b>	1 <sup>st</sup> Worcester Polytechnic Institute	<b>0.8290</b>

# Performance by category

Performance (F1) of LSTM models with Test dataset

Entity Category	W2V(rd) LSTM	W2V(FT) LSTM	W2V(rd) LSTM+CRF	W2V(FT) LSTM+CRF	1.Worcester LSTM+CRF	% total Ann.
<b>Drug</b>	0,822	0,867	0,818	<b>0,875</b>	0,90	20,0
<b>Indication</b>	0,393	0,457	0,417	0,603	0,64	4,7
Frequency	0	0,656	0,673	0,764	0,84	6,1
Severity	0,485	0,690	0,457	0,781	0,81	5,0
Dose	0,727	0,771	0,739	0,809	0,88	7,2
Duration	0,517	0,568	0,483	0,686	0,77	1,1
Route	0,856	0,868	0,837	0,903	<b>0,92</b>	3,4
<b>ADE</b>	<b>0</b>	<b>0,360</b>	<b>0,397</b>	<b>0,401</b>	<b>0,64</b>	2,2
<b>SSLIF</b>	0,692	0,714	0,682	0,788	0,84	50,3
Overall	0,631	0,724	0,681	<b>0,788</b>	0,829	

The performance for ADE and Duration entities is lower than other categories (Imbalance problem due to training with low samples in some categories)

# Conclusions

Network good to recognize medical entities on clinical notes, with Character-level features extracted by LSTM, which was used in conjunction with word representations as a comprehensive word representation.

It does not allow the LSTM alone to reach the best performance achieved for the task. Then we improved the performance using CRF in the inference layer.

However we still got low accuracy for annotations with low number of samples (like ADE), therefore we will add an additional technique to give more weight to specific type of annotations.

# WORKFLOW



## Named Entity Recognition (NER)

- Deep Learning approach

## Relation Extraction

- Identification of Drug-ADE relation

**Raw Clinical Text**

>>

**Predicted Entities**  
[Drug], [ADE]

>>

**Entity Relations**  
[Drug] caused [ADE]

# Relation Extraction (Ongoing work)

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Supervised Learning approach for Relation Extraction with annotated data (MADE Challenge, task 2 [13]):

1. Random Forest
2. Neural Networks (LSTM)
3. Support Vector Machines (SVM)

Type of relation between 2 annotations (entities), e.g. “Adverse” between Drug and ADE (Adverse Drug Event)

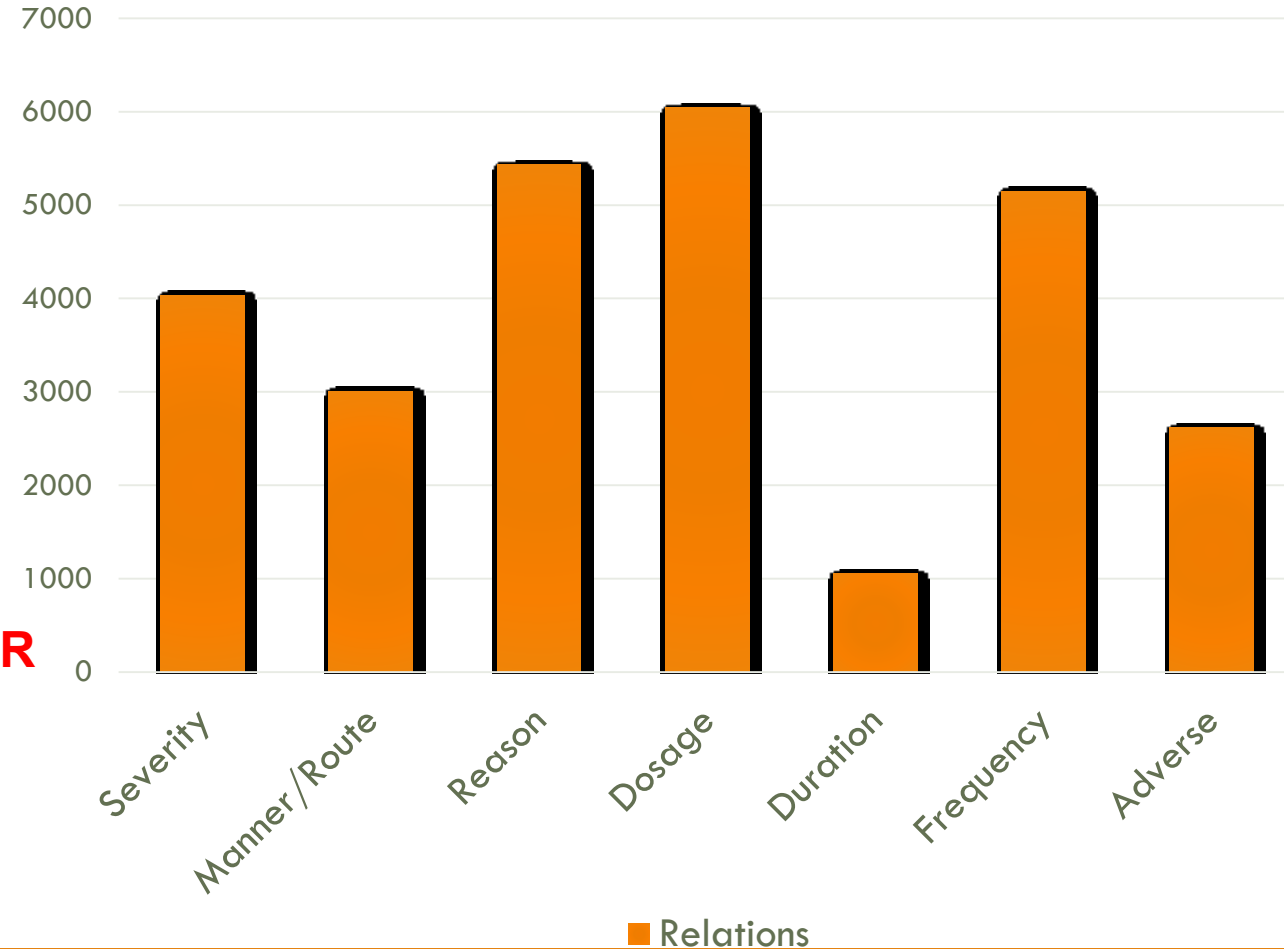


# Dataset

## Types of Relations

- Drug given for **Reason** (Indication)
- Drug has **Dosage**
- Drug has **Frequency**
- Drug has **Duration**
- Drug has **Manner/Route**
- Drug caused ADE (**Adverse Drug Event**) = **ADR**
- Sign/Symptom(SSD) has **Severity**

Total relations: 27328



# Example of Relations

Training dataset has 17630 (76.1%) are intra-sentential relations and 5535 (23.9%) are inter-sentential.

Relation Type	Example	Annotation
DOSAGE	<b>Velcade</b> 20mg orally once daily	Source (green), Target (blue)
REASON	He is on prophylactic acyclovir therapy	Source (green)
FREQUENCY	<b>Velcade</b> 20mg orally once daily	Source (green), Target (blue)
SEVERITY	He has mild renal insufficiency	Source (green)
MANNER/ROUTE	<b>Velcade</b> 20mg orally once daily	Source (green), Target (blue)
ADVERSE (ADR)	He has significant peripheral neuropathy secondary to <b>Velcade</b>	Source (green)
DURATION	<b>Velcade</b> 20mg orally once daily for two weeks	Source (green), Target (blue)

Annotation  
■ - Source  
■ - Target

# Build possible relations

- For learning build only common combinations between entities of each note, and also restrict the number of lines between both entities (source and target).

		Attributes								
		Drug	ADE	Reason	SSD	Severity	Frequency	Duration	Route	Dosage
Events	Drug	---								
	ADE		---							
	Reason			---						
	SSD				---					

# Build possible relations

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Restrict to pairs within a fixed number of sentences. Example limited to 3 sentences:


*The patient is being treated for **lymphoma**. The patient received one cycle of **fludarabine**. He is on **Velcade** 2 weeks out of each month. The patient is currently on **thalidomide** 100 mg a day. He has significant peripheral **neuropathy** secondary to **Velcade**.*

Possible pairs for *lymphoma*:

REASON-DRUG: **lymphoma** → fludarabine

REASON-DRUG: **lymphoma** → Velcade

 - Source

 - Target

Possible pairs for *Velcade* (from sentence 5):

DRUG-ADE: **Velcade** → neuropathy

# Future Work

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Design rules to handle entities of low number of samples in training data.

Task-Specific Embeddings for clinical notes: specialized W2V from medical corpus to reduce Out-of vocabulary problem (words that do not appear in the training data but appear in test data).

Additional features like ICD10 codes to create more specific word representations.

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*Thank You!*

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