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Stefan Schulz

Medical University of Graz (Austria)

purl.org/steschu



Keynote address:

### Annotating clinical narratives with SNOMED CT: The thorny way towards interoperability of clinical routine data









#### Data reliability $\rightarrow$ Data interoperability



low

### Data reliability $\rightarrow$ Data interoperability



### Focus of the talk

- Structured extracts from unstructured clinical data: reliability and interoperability
- Empirical study on inter-annotator agreement
- Analysis of examples for inter-annotator disagreement
- Mechanisms to improve agreement
  - better data reliability
  - better interoperability
  - better training data
  - better gold standards

#### Annotating clinical narratives with SNOMED CT

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### Annotation: Sources of complexity

Map

Contrary to popular belief, Lorem Ipsum is not simply random text. It has roots in a piece of classical Latin literature from 45 BC, making it over 2000 years old. Richard McClintock, a Latin professor at Hampden-Sydney College in Virginia, looked up one of the more

#### **Clinical narrative**

- sequence of Tokens
- syntactic structures
- relations at various levels

#### Ontology

- entities, codes
- relations
- logical constructors -
- axioms

#### Terminology

**SNOMED CT** 

- preferred terms
- synonyms
- definitions

- Compactness
- Agrammaticality
- Short forms
- Implicit contexts

best text span to annotate? Naïve or analytic annotation?

- Ill-defined concepts
- Similar concepts
- Pre-coordination vs. postcoordination

Complex annotations (> 1 concept) Degree of formality?

### Examples

#### **Clinical text**

"... the duodenum .

The mucosa is..."

after RTA



'Duodenal structure (body structure)'

'Mucous membrane structure (body structure)'

'Duodenal mucous membrane structure (body structure)'

- "...Hemorrhagic shock
- 'Traffic accident on public road (event)'

'Traffic accident on public road (event)', 'Renal tubular acidosis (disorder)'

'Traffic accident on public road (event)' or 'Renal tubular acidosis (disorder)'

"...travel history of

suspected dengue..."

'Suspected dengue (situation)'

Suspected (qualifier value)'

Dengue (disorder)

# Coding / Annotation guidelines

#### Examples:

- 1. German coding guidelines for ICD and OPS, 171 pages
- 2. Using SNOMED CT in CDA models: 147 pages
- **3.** CHEMDNER-patents: annotation of chemical entities in patent corpus: annotation manual 30 pages
- 4. CRAFT Concept Annotation guidelines: 47 pages
- 5. Gene Ontology Annotation conventions: 7 pages
- Complex rule sets, requiring intensive training

- 1. http://www.dkgev.de/media/file/21502.Deutsche\_Kodierrichtlinien\_Version\_2016.pdf
- 2. http://www.snomed.org/resource/resource/249
- 3. http://www.biocreative.org/media/store/files/2015/cemp\_patent\_guidelines\_v1.pdf
- 4. http://bionlp-corpora.sourceforge.net/CRAFT/guidelines/CRAFT\_concept\_annotation\_guidelines.pdf
- 5. http://geneontology.org/page/go-annotation-conventions

### Annotation experiments in ASSESS-CT

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- EU project on the fitness of purpose of SNOMED CT as a core reference terminology for the EU: <u>www.assess-ct.eu</u> Feb 2015 – Jul 2016
- Scrutinising clinical, technical, financial, and organisational aspects of reference terminology introduction
- Summary of results: brochure published, scientific papers to appear



Assessing SNOMED CT for Large Scale eHealth Deployments in the EU

#### **ASSESS CT Recommendations**

December 2016

# Annotation of clinical narratives

- Comparing
  - SNOMED CT vs.
  - UMLS derived terminology
- Resources
  - Parallel corpus: 60 clinical text snippets from 6 languages, high diversity
  - For each language:
    2 annotators \* 40 samples →
    20 snippets annotated twice
  - Annotators
    - trained by webinars
    - follow annotation guideline (10 pages)

Nitroglycerin pump spray as	387404004;385074009;225
required	761000
Amantadine bds	372763006;229799001
Allopurinol 300 ½ tablet every	387135004;385055001;225
other day (last dose on	760004

#### e.g.

- chunking into noun phrases
- annotation of chunks by sets of codes
- give preference to maximally pre-coordinated codes
- understanding text and assign maximally specific codes

un	
Normal mucous membranes in	17621005;33044003;
mouth pharynx and on the	71248005
larynx.	
Hyoid and thyroid cartilage	21387005;52940008;
are intact.	11163003
Fragmental fractures of the	13321001;207984009;
two upper vertebrae of the	207983003
cervical spine.	
Otherwise the cervical spine	122494005;11163003
is intact.	
Oesophagus as well as	262793000;282459005;
trachea are torn at the lower	261122009;123958008
end of the neck.	

# Principal quantitative results (English)

Concept coverage [95% CI]	SNOMED CT	Alternative
Text annotations – English	.86 [.8288]	.88 [.8691]
Term coverage [95% CI]	SNOMED CT	Alternative
Text annotations – English	.68 [.64; .70]	.73 [.69; .76]
Inter annotator agreement Krippendorff's Alpha [95% CI]	SNOMED CT	Alternative
Text annotations	.37 [.3341]	.36 [.3240]

Krippendorff, Klaus (2013). Content analysis: An introduction to its methodology, 3rd edition. Thousand Oaks, CA: Sage.

#### Agreement map: text annotations (English)



green: agreement – yellow: only annotated by one coder – red: disagreement

### Systematic error analysis

- Creation of gold standard for SNOMED CT
  - 20 English text samples annotated twice  $\rightarrow$  208 NPs
  - Analysis of English SNOMED CT annotations by two additional terminology experts
  - Consensus finding, according to pre-established annotation guidelines
- Inspection, analysis and classification of text annotation disagreements
- Presentation of some disagreement cases for SNOMED CT

### Reasons for disagreement

### Human issues

#### Lack of domain knowledge / carelessness

Tokens	Annotator #1	Annotator #2	Gold standard
"IV"	'Structure of abductor	'Abducens	'Abducens
	hallucis muscle (body	nerve structure	nerve structure (body
	structure)'	(body structure) '	structure)'

#### Retrieval error (synonym not recognised)

Tokens	Annotator #1	Annotator #2	Gold standard
"Clibonclamida"	'Glyburide		'Cluburida (cubstanca)'
Gibencialitide	(substance)'	—	Giyburiue (Substance)

Non-compliance with annotation rules

# Ontology issues (I)

#### Polysemy ("dot categories")\*

Tokens	Annotator #1	Annotator #2	Gold standard
'Lymphoma"	'Malignant lymphoma (disorder)'	'Malignant lymphoma - category (morphologic abnormality)'	'Malignant lymphoma (disorder)'



Associated morphology → Malignant lymphoma - category

# Ontology issues (I)

#### Polysemy ("dot categories")\*

Tokens	Annotator #1	Annotator #2	Gold standard
'Lymphoma"	'Malignant lymphoma (disorder)'	'Malignant lymphoma - category (morphologic abnormality)'	'Malignant lymphoma (disorder)'

- "Pseudo-polysemy"
- Incomplete definitions

Tokens	Annotator #1	Annotator #2	Gold standard
"Former	'In the past (qualifier value)'	'History of (contextual qualifier) (qualifier value)'	'Ex-smoker
Smoker"	'Smoker (finding)'	'Smoker (finding)'	(finding)'

# Ontological issues (II)

#### Incomplete definitions

Tokens	Annotator #1	Annotator #2	Gold standard
"Motor:	'Skeletal muscle structure (body structure)'	'Muscle finding (finding)'	'Skeletal muscle
normal bulk and tone"	'Normal (qualifier value)'	'Normal (qualifier value)'	normal (finding)'

Skeletal muscle 🛧 A normal (finding)	Finding site → Skeletal muscle structure
SCTID: 298300008	
298300008   Skeletal muscle normal (finding)	
Skeletal muscle normal Skeletal muscle normal (finding)	

# Ontological issues (II)

#### Normal findings, incomplete definitions

Tokens	Annotator #1	Annotator #2	Gold standard
"Motor:	'Skeletal muscle structure (body structure)'	'Muscle finding (finding)'	'Skeletal muscle
normal bulk and tone"	'Normal (qualifier value)'	'Normal (qualifier value)'	normal (finding)'

#### Fuzziness of qualifiers

Tokens	Annotator #1	Annotator #2	Gold standard
"Significant	'Significant (qualifier value)'	'Severe (severity modifier) (qualifier value)'	'Moderate (severity modifier) (qualifier value)'
bleeding"	'Bleeding (finding)'	'Bleeding (finding)'	'Bleeding (finding)'

### Interface term (synonym) issues

Tokens	Annotator #1	Annotator #2	Gold standard
"Blood	'Blood (substance)'	'Hemorrhage (morphologic abnormality)'	'Hemorrhage (morphologic abnormality)'
extravasati on"	'Extravasation (morphologic abnormality)'		
		"extravasation of blood"	



# Interface term (synonym) issues

Tokens	Annotator #1	Annotator #2	Gold standard
"Blood	'Blood (substance)'	'Hemorrhage	'Hemorrhage
extravasati on"	'Extravasation (morphologic abnormality)'	(morphologic abnormality)'	(morphologic abnormality)'
		"extravasation of blood"	

Tokens	Annotator #1	Annotator #2	Gold standard
"anxious"	'Anxiety (finding)'	'Worried (finding)'	'Anxiety (finding)'
		"anxious cognitions"	

### Language issues

#### Ellipsis / anaphora

- "Cold and wind are provoking factors." (provoking factors for angina)
- "These ailments have substantially increased since October 2013" (weakness)
- "No surface irregularities" (breast)
- "Significant bleeding" (intestinal bleeding)
- Ambiguity of short forms
  - "IV" (intravenous? Fourth intracranial nerve?)
- Co-ordination:
  - "normal factors 5, 9, 10, and 11"
- Scope of negation
  - "no tremor, rigidity or bradykinesia"

- Addressed by annotation guideline
- Manageable by human annotators
- Known challenges for NLP systems

# Prevention and remediation of annotation disagreements

### Prevention: annotation processes

- Training with continuous feedback
  - Early detection of inter annotator disagreement triggers guideline enforcement / guideline revision
- Tooling
  - Optimised concept retrieval (fuzzy, substring, synonyms)
  - Guideline enforcement by appropriate tools
  - Postcoordination support (complex syntactic expessions instead of grouping of concepts
  - Anti-patterns, e.g. avoid unrelated primitive concepts (?)

### Prevention: improve terminology structure

#### Fill gaps

- equivalence axioms (reasoning)
- Self-explaining labels (FSNs), especially for qualifiers
- Scope notes / text definitions where necessary
- Manage polysemy
- Flag navigational and modifier concepts
- Strengthen ontological foundations
  - Upper-level ontology alignment
  - Clear division between domain entities and information entities
  - Overhaul problematic subhierarchies, especially qualifiers

### Prevention: improve content maintenance

- Analysis of real data to support terminology maintenance process
  - Harvest notorious disagreements between text passages and annotations from clinical datasets
  - Compare concept frequency and concept co-occurrence between comparable institutions and users to detect imbalances
- Stimulate community processes for ontologyguided content evolution:
  - Crowdsourcing of interface terms by languages, dialects specialties, user groups (separation of interface terminologies from reference terminologies is one of the ASSESS-CT recommendations)

#### Remediation of annotation disagreements

### Remediation of annotation disagreements

#### Exploit ontological dependencies / implications

Concept A	Concept B	Dependency
'Mast cell neoplasm	'Mast cell neoplasm	A subclassOf
(disorder)'	(morphologic	AssociatedMorphology some B
	abnormality)'	
'Isosorbide dinitrate'	'Isosorbide dinitrate	A subclassOf
(product)'	(substance)'	HasActiveIngredient some B
'Palpation (procedure)'	'Palpation - action	A subclassOf <b>Method</b> some B
	(qualifier value)'	
'Blood pressure taking	'Blood pressure	A subclassOf hasOutcome some B
(procedure)'	(observable entity)'	
'Increased size	'Increased (qualifier	A subclassOf <b>isBearerOf</b> some B
(finding)'	value)'	
'Finding of heart rate	'Heart rate (observable	A subclassOf Interprets some B
(finding)'	entity)'	

### Experiment

- Gold standard expansion:
  - Step 1: include concepts linked by attributive relations:
    - A subclassOf Rel some B
  - Step 2: include additional first-level taxonomic relations:
    - A subclassOf B

Language of text sample	Gold standard expansion	F measure
	no expansion	0.28
English	expansion step 1	0.28
	expansion step 2	0.29

- only insignificant improvement
- possibly due to missing relations in SNOMED CT, e.g. haemorrhage
  blood

### Conclusion (I)

- Low inter-annotator agreement limits successful use of clinical terminologies / ontologies
  - for manual annotation scenarios
  - for benchmarking of NLP-based annotations
  - for optimised training data for ML
- Structured data essential for many intelligent systems, but unreliable information extracted from clinical narratives raises patient safety issues when used for decision support

### Conclusion (II)

- Prevention of disagreements
  - Education, tooling, guideline support
  - Terminology content improvement: labelling, scope notes, ontological clarity, full definitions, community processes
  - High coverage interface terminologies
- Remediation of disagreements
  - So far no clear evidence of ontology-based resolution of agreement issues
  - Big data approaches ?

### Conclusion (III)

- R & D required:
  - "Learning systems" for improvement terminology content / structure / tooling. Clinical "big data" underused resource
  - Harmonization of annotation guideline creation and validation efforts
  - Formulate and enforce good quality criteria for clinical terminologies used as annotation vocabularies
  - Better ontological underpinning of clinical terminologies
  - Ontologically founded patterns for recurring clinical documentation tasks: Information extraction rather than concept mapping\*

### Thanks for your attention

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- Contact: stefan.schulz@medunigraz.at

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