



NLP

Feb 28, 2019
March 5, 2019



**Massachusetts
Institute of
Technology**

Outline

- Term spotting + handling negation, uncertainty
- ML to expand terms
- pre-NN ML to identify entities and relations
- language models
- Neural methods

Learning what features to use in term spotting

Electronic medical record phenotyping using the anchor and learn framework, using ED data

- Identify “anchors” using domain expertise
 - High PPV; not necessarily high sensitivity
 - Conditionally dependent only on phenotype
- Learn (using L2-regularized LR) to predict whether the anchor is present from the rest of the patient’s data
 - Binning continuous variables using breaks found in a decision tree
 - Narratives represented as bag-of-word + “significant bigrams” after negation detection
 - Odd trick: censor text within 3 words of anchor to avoid dependence
 - Estimate a calibration score
- Build phenotype estimators from the anchors + chosen predictors
 - Presence of anchor is assumed to indicate certain phenotype
 - Other predictors are scaled by their calibration score from predicting anchors
 - Supervision from judgments of ED docs

Table 2: Phenotype variables used for evaluation

Phenotype	Disposition Question	N	Pos	AUC
Cardiac – acute	In the workup of this patient, was a cardiac etiology suspected?	17 258	0.068	0.89
Infection – acute	Do you think this patient has an infection? (Suspected or proven viral, fungal, protozoal, or bacterial infection)	62 589	0.213	0.89
Pneumonia – acute	Do you think this patient has pneumonia?	9934	0.073	0,90
Septic shock – acute	Is the patient in septic shock?	6867	0.020	0.93
Nursing home – history	Is the patient from a nursing home or similar facility? (Interpret as if you would be giving broad-spectrum antibiotics)	36 256	0.045	0.87
Anticoagulated – history	Prior to this visit, was the patient on anticoagulation? (Excluding antiplatelet agents like aspirin or Plavix)	1082	0.047	0.83
Cancer – history	Does the patient have an active malignancy? (Malignancy not in remission, and recent enough to change clinical thinking)	4091	0.042	0.95
Immunosuppressed – history	Is the patient currently immunocompromised?	12 857	0.040	0.85

Anchors

Phenotype	Data Source	Anchors
Diabetes (history)	C	250 diabetes mellitus
	H	Diabetic therapy

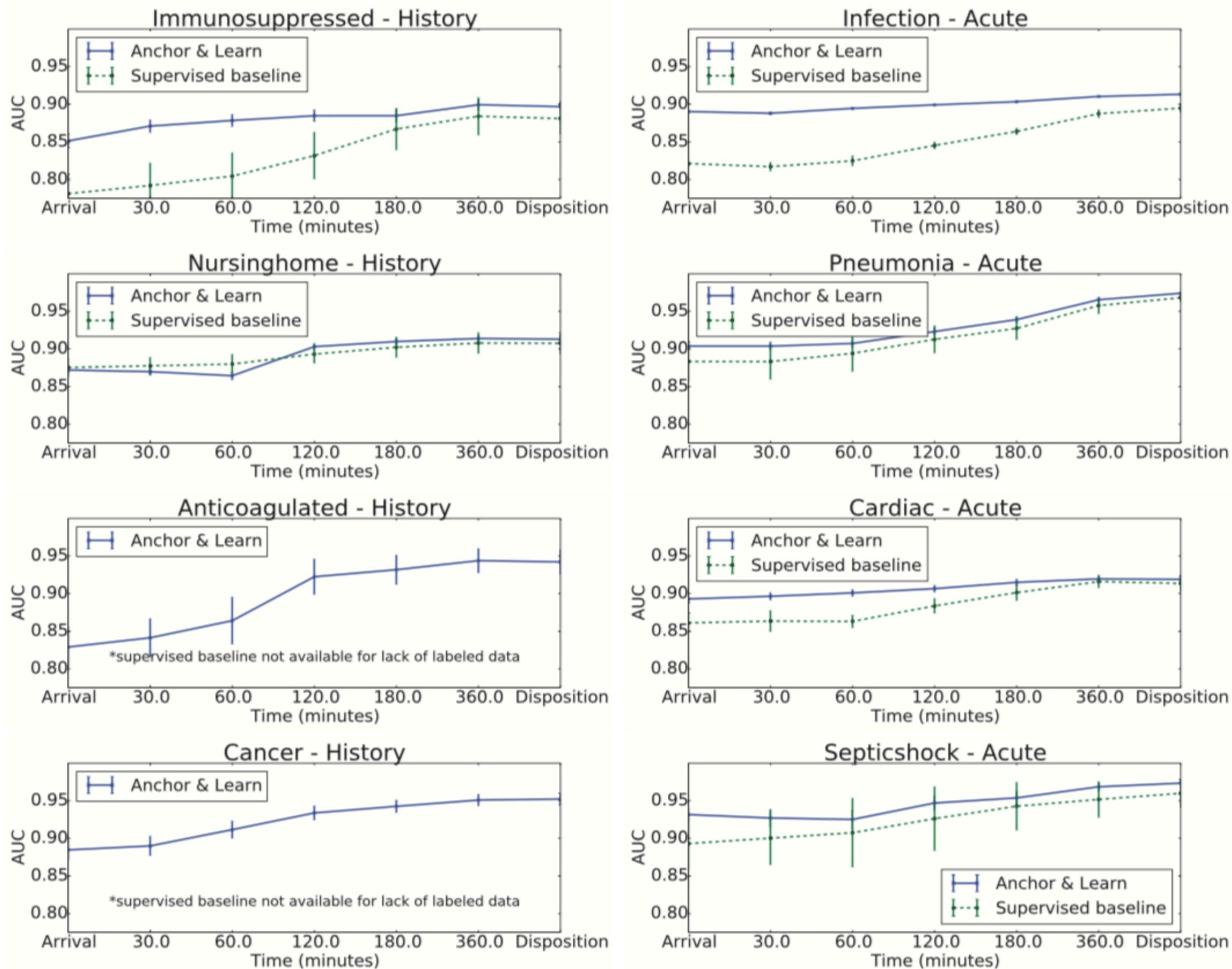
Table 4: Top 20 weighted terms in the classifiers for 3 of the learned phenotypes. These classifiers are learned using medical records as they appear at time of disposition from the emergency department.

Phenotype	Data source	Observed Feature	Weight
Diabetes (history)	M	DM	2.97
	H	Blood glucose testing	2.92
	M	DM2	2.23
	L	Glucose (>266.5)	2.1
	D	Metformin (Glucophage)	1.98
	M	IDDM	1.87
	L	Glucose (198.5–266.5)	1.8
	M	DMII	1.72
	M	Diabetes	1.56
	H	Fingerstick lancets	1.47
	M	Diabetic	1.42
	H	Blood glucose testing	1.25
	A	Diabetic	1.22
	A	Hypoglycemia	1.22
	A	IDDM	1.19
	A	BS	1.16
	D	Insulin HumaLog	1.16
	L	Glucose (175.5–198.5)	1.13
	H	Tricor	1.1
	M	DM1	1.1

Predictors of Phenotype

A Triage Assessment
 M MD Comments
 H Medication History
D Medication Dispensing Record
 V Triage Vitals
 L Lab Results

Figure 1: Comparison of performance of phenotypes learned with 200 000 unlabeled patients using the semi-supervised anchor based method, and phenotypes learned with supervised classification using 5000 gold-standard labels. Error bars indicate 2 * standard error. For anticoagulated and cancer, there were not a sufficient number of gold-standard labels to learn with 5000 patients, so the fully supervised baseline is omitted.



The Importance of Context

- “Mr. **Huntington** was treated for **Huntington’s** Disease at **Huntington** Hospital, located on **Huntington** Avenue.”
 - Huntington
 - Huntington’s Disease
 - Mr. Huntington’s Disease
- “Atenolol was **administered** to Mr. Huntington.”
 - vs. “Atenolol was **considered** for control of heart rate.”
 - vs. “Atenolol was **ineffective** and therefore **discontinued**.”

Building Models

- Features of text from which models can be built
 - words, parts of speech, capitalization, punctuation
 - document section, conventional document structures
 - identified patterns and thesaurus terms
 - lexical context
 - ➔ all of the above, for n-tuples of words surrounding target
 - syntactic context
 - ➔ all of the above, for words syntactically related to target
 - E.g., “The lasix, started yesterday, reduced ascites ...”

```
+-----Xp-----+
|               +-----Ss-----+
|               +----MXsp----+-----Xc-----+
+----Wd----+   +--Xd--+---MVpn---+   |   +-----Os-----+
|           |   |       |           |   |   |           |
LEFT-WALL lasix[?].n , started.v-d yesterday , reduced.v-d ascites[?].n .
```

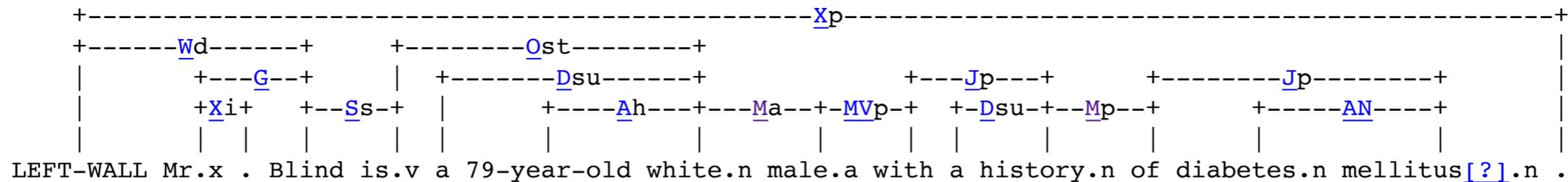
(Output from Link Grammar Parser, w/o special medical dictionary)

Uzuner, Ö., Sibanda, T. C., Luo, Y., & Szolovits, P. (2008). A de-identifier for medical discharge summaries. *Artificial Intelligence in Medicine*, 42(1), 13–35. <http://doi.org/10.1016/j.artmed.2007.10.001>

Parsing Can be Ambiguous

- Prepositional phrase attachment
- Part of speech
 - e.g., white.n vs. white.a
- Hope that there is enough redundancy to overcome such limitations

Found 111 linkages (24 with no P.P. violations)
 Linkage 1, cost vector = (UNUSED=0 DIS=0 AND=0 LEN=22)



Constituent tree:

```
(S (NP Mr . Blind)
  (VP is
    (NP a 79-year-old white
      (ADJP male
        (PP with
          (NP (NP a history)
            (PP of
              (NP diabetes mellitus)))))))))
.)
```

Stanford Parser

nlp.stanford.edu:8080/parser/index.jsp

News Mac Interest Institutions Webs & Wikis Docs Personal Research Google

Stanford Parser

Please enter a sentence to be parsed:

The patient experienced weakness of the upper extremities.

Language: English Sample Sentence Parse

Your query

The patient experienced weakness of the upper extremities.

Tagging

The/DT patient/NN experienced/VBD weakness/NN of/IN the/DT upper/JJ extremities/NNS ./.

Parse

```
(ROOT
  (S
    (NP (DT The) (NN patient))
    (VP (VBD experienced)
      (NP
        (NP (NN weakness))
        (PP (IN of)
          (NP (DT the) (JJ upper) (NNS extremities))))))
    (. .)))
```

Typed dependencies

```
det(patient-2, The-1)
nsubj(experienced-3, patient-2)
root(ROOT-0, experienced-3)
dobj(experienced-3, weakness-4)
prep(weakness-4, of-5)
det(extremities-8, the-6)
amod(extremities-8, upper-7)
pobj(of-5, extremities-8)
```

Display a menu

Example of Features Available for Model



Mr. Blind is a **79-year-old white white male** with a **history of diabetes mellitus, inferior myocardial infarction**, who underwent open **repair of his increased diverticulum**

263 266 "Mr."

TUI: T060,T083,T047,T048,T116,T192,T081,T028,T078,T077; SP-POS: noun; SEM: _modifier,_disease,_procparam;

CUI: C0024487,C0024943,C0025235,C0025362,C0026266,C0066563,C0311284,C0475209,C1384671,

C1413973,C1417835,C1996908,C2347167,C2349188; lptok: 6;

MeSH: C07.465.466,C10.292.300.800,C10.597.606.643,C14.280.484.461,C23.888.592.604.646,D12.776.826.750.530,

D12.776.930.682.530,E05.196.867.519,F01.700.687,F03.550.600,Z01.058.290.190.520;

267 468 "Blind is a 79-year-old white white...hsandpot Center." sent: nil;

267 272 "Blind"

TUI: T062,T047,T170; SP-POS: verb,adj,noun; SEM: _disease; CUI: C0150108,C0456909,C1561605,C1561606;

lptok: 1; MeSH: C10.597.751.941.162,C11.966.075,C23.888.592.763.941.162;

273 277 "is a" TUI: T185,T169,T078; SEM: _modifier; CUI: C1278569,C1292718,C1705423;

273 275 "is" SP-POS: aux,noun,adj; lptok: 2;

276 277 "a" SP-POS: det,noun,adj; lptok: 3;

278 289 "79-year-old" lptok: 4;

290 295 "white" TUI: T098,T080; SP-POS: noun,adj; SEM: _modifier; CUI: C0007457,C0043157,C0220938; lptok: 5;

296 301 "white" TUI: T098,T080; SP-POS: noun,adj; SEM: _modifier; CUI: C0007457,C0043157,C0220938; lptok: 6;

302 306 "male"

TUI: T032,T098,T080; SP-POS: adj,noun; SEM: _modifier,_bodyparam;

CUI: C0024554,C0086582,C1706180,C1706428,C1706429; lptok: 7;

307 311 "with" SP-POS: prep,conj; lptok: 8;

312 313 "a" SP-POS: det,noun,adj; lptok: 9;

314 342 "history of diabetes mellitus" TUI: T033; SEM: _finding; CUI: C0455488;

314 321 "history" TUI: T090,T170,T032,T033,T080,T077; SP-POS: noun; SEM: _modifier,_finding,_bodyparam; CUI: C0019664,C0019665,C0262512,C0262926,C0332119,C1705255,C2004062; lptok: 10; MeSH: K01.400,Y27;
322 324 "of" SP-POS: prep; lptok: 11;
325 333 "diabetes" TUI: T047; SP-POS: noun; SEM: _disease; CUI: C0011847,C0011849,C0011860; lptok: 12; MeSH: C18.452.394.750,C18.452.394.750.149,C19.246,C19.246.300;
334 342 "mellitus" lptok: 13;
342 343 ", " lptok: 14;
344 374 "inferior myocardial infarction" TUI: T047; SEM: _disease; CUI: C0340305;
344 352 "inferior" TUI: T082,T054; SP-POS: noun,adj; SEM: _modifier; CUI: C0542339,C0678975; lptok: 15;
353 374 "myocardial infarction" TUI: T047; SEM: _disease; CUI: C0027051; MeSH: C14.280.647.500,C14.907.585.500;
353 363 "myocardial" TUI: T024,T082; SP-POS: adj; SEM: _modifier; CUI: C0027061,C1522564; lptok: 16; MeSH: A02.633.580,A07.541.704,A10.690.552.750;
364 374 "infarction" TUI: T046; SP-POS: noun; SEM: _disease; CUI: C0021308; lptok: 17; MeSH: C23.550.513.355,C23.550.717.489;
374 375 ", " lptok: 18;
376 379 "who" SP-POS: pron; lptok: 19;
380 389 "underwent" SP-POS: verb; lptok: 20;
390 401 "open repair" TUI: T061; SEM: _procedure; CUI: C0441613;
390 394 "open" TUI: T082; SP-POS: adj,verb,adv; SEM: _modifier; CUI: C0175566,C1882151; lptok: 21;
395 401 "repair" TUI: T040,T169,T061,T052,T201; SP-POS: noun,verb; SEM: _finding,_procedure,_modifier,_bodyparam; CUI: C0043240,C0205340,C0374711,C1705181,C2359963; lptok: 22; MeSH: G16.100.856.891;
402 404 "of" SP-POS: prep; lptok: 23;
405 408 "his" SP-POS: noun,pron; lptok: 24;
409 418 "increased" TUI: T081,T169; SP-POS: verb,adj; SEM: _modifier; CUI: C0205217,C0442805,C0442808; lptok: 25;
419 431 "diverticulum" TUI: T190,T170; SP-POS: noun; SEM: _disease; CUI: C0012817,C1546602; lptok: 26; MeSH: C23.300.415;

Learning Models

- Given a target classification, build a machine learning model predicting that class
 - support vector machines (SVM)
 - classification trees
 - naive Bayes or Bayesian networks
 - artificial neural networks
 - ...
- $\text{class}(\text{word}) = \text{function}(\text{feature}_1, \text{feature}_2, \text{feature}_3, \dots)$
 - sometimes, astronomically large (binary) feature set; SVM can deal with it
 - $f_1 \dots f_{100,000}$: whether the word is “a”, “aback”, “abacus”, ..., “zymotic”
 - $f_{100,001} \dots$: whether word’s POS is “noun”, “verb”, “adj”, ...
 - $f_{100,100} \dots$: whether the word maps to CUI “C0000001”, “C0000002”, ...
 - $f_{3,000,000} \dots$: same as above, but for 1st, 2nd, 3rd word to right/left
 - $f_{6,000,000} \dots$: {lp-link, word} for 1st, 2nd, 3rd link in parse to right/left
 - ...

Using this model for de-identification

Table 6 Evaluation on authentic discharge summaries

Method	Class	Precision (%)	Recall (%)	F-measure (%)
Stat De-id	PHI	98.46	95.24	96.82
IFinder	PHI	26.17	61.98	36.80 *
H + D	PHI	82.67	87.30	84.92 *
CRFD	PHI	91.16	84.75	87.83 *
Stat De-id	Non-PHI	99.84	99.95	99.90
IFinder	Non-PHI	98.68	94.19	96.38 *
H + D	Non-PHI	99.58	99.39	99.48 *
CRFD	Non-PHI	99.62	99.86	99.74 *

The F-measure differences from Stat De-id in PHI and in non-PHI are significant at $\alpha = 0.05$.

Table 7 Evaluation of SNoW and Stat De-id on authentic discharge summaries

Method	Class	Precision (%)	Recall (%)	F-measure (%)
Stat De-id	PHI	98.40	93.75	96.02
SNoW	PHI	96.36	91.03	93.62 *
Stat De-id	Non-PHI	99.90	99.98	99.94
SNoW	Non-PHI	99.86	99.95	99.90 *

The F-measure differences from Stat De-id in PHI and in non-PHI are significant at $\alpha = 0.05$.

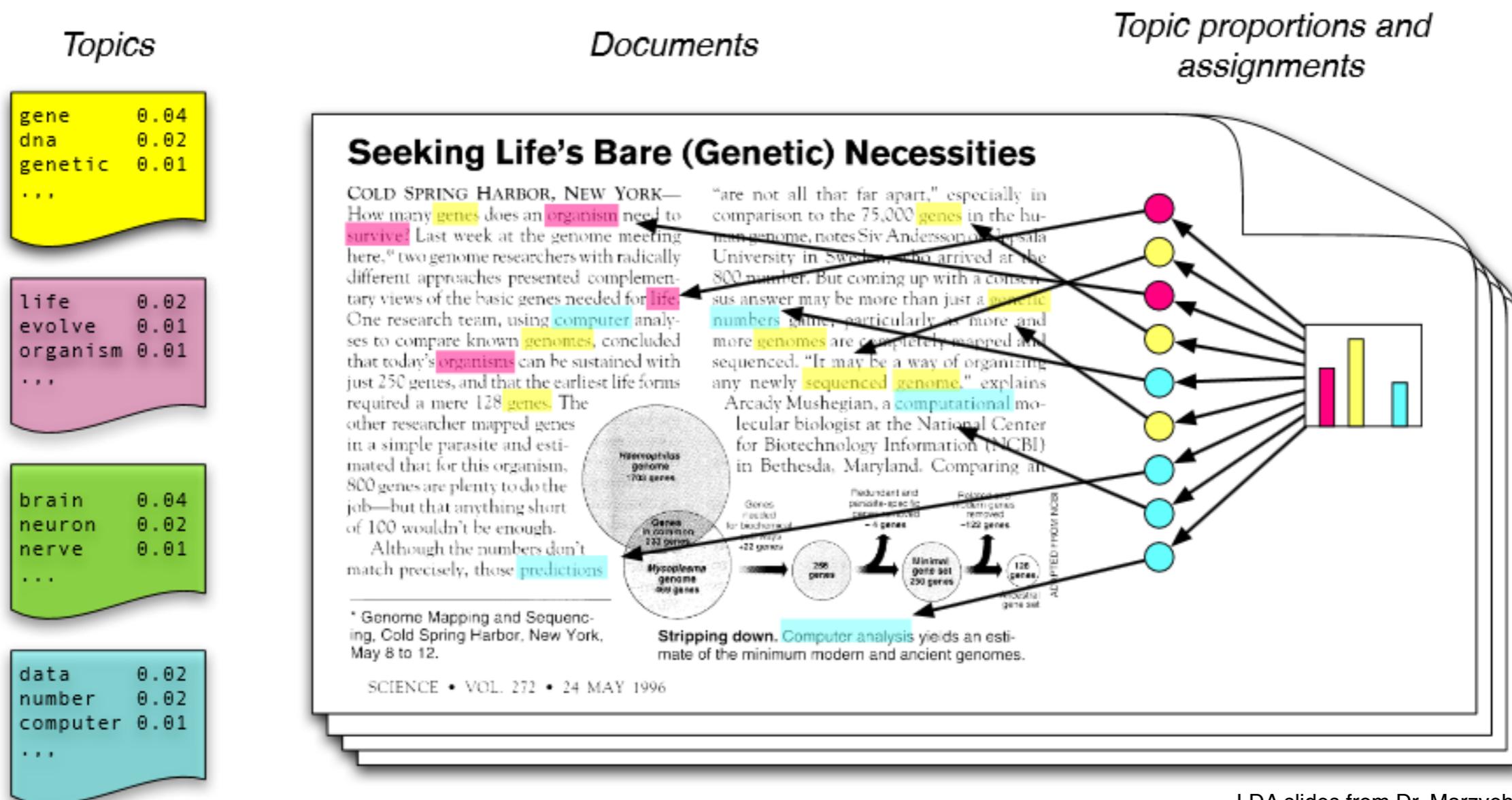
Uzuner, Ö., Sibanda, T. C., Luo, Y., & Szolovits, P. (2008). A de-identifier for medical discharge summaries. *Artificial Intelligence in Medicine*, 42(1), 13–35. <http://doi.org/10.1016/j.artmed.2007.10.001>

Predicting early psychiatric readmission by LDA

- Can we predict 30-day psych readmission?
- Cohort: patients admitted to a psych inpatient ward between 1994-2012 with a principal diagnosis of major depression
 - 470 of 4687 were readmitted within 30 days with a psych diagnosis; 2977 additionally were readmitted in 30 days with other diagnoses; 1240 not readmitted
- Compare predictive models built using SVM from
 - baseline clinical features
 - age, gender, public health insurance, Charlson comorbidity index
 - + common words from notes
 - 1–1000 most informative words per patient, by TF-IDF
 - top-1 used 3013 unique words, top-10 used 18 173, top-1000 use almost entire vocabulary (66 429/66 451 words)
 - + 75 topics from LDA on notes

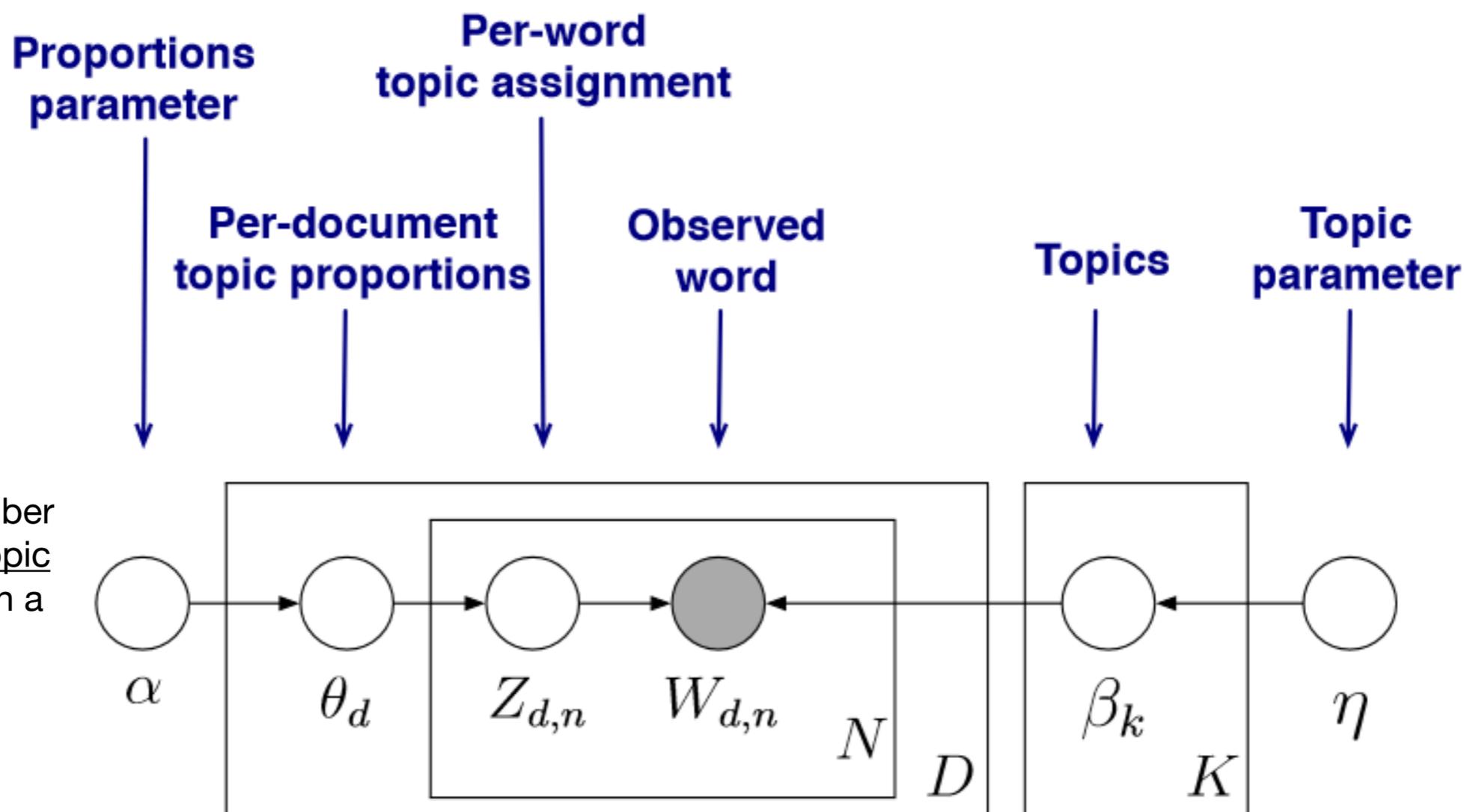
Intuition: Documents are made of Topics

- Every document is a mixture of topics
- Every topic is a distribution over words
- Every word is a draw from a topic



LDA – Latent Dirichlet Allocation

- We observe words, we infer everything else, with our assumed structure



- α is the number of times a topic is sampled in a document (prior)

- η is the number of times words are sampled from a topic (prior)

$$\prod_{i=1}^K p(\beta_i | \eta) \prod_{d=1}^D p(\theta_d | \alpha) \left(\prod_{n=1}^N p(z_{d,n} | \theta_d) p(w_{d,n} | \beta_{1:K}, z_{d,n}) \right)$$

Table 2. Example topics for MDD patients readmitted with a psychiatric diagnosis within 30 days

<i>Terms</i>	<i>Topic annotation</i>
*patient alcohol withdrawal depression drinking end ativan etoh drinks medications clinic inpatient diagnosis days hospital < substance use treatment program name > use abuse problem number	Alcohol
*mg daily discharge anxiety klonopin seroquel clonazepam admission wellbutrin given md lexapro date b signed night low admitted sustained hospitalization	Anxiety
*ideation suicidal mood decreased hallucinations history depressed depression thought psychiatric energy denied sleep auditory appetite homicidal symptoms increased speech thoughts	Suicidality
*ect depression treatment treatments dr mg course < ECT physician name > symptoms received medications prior improved decreased medication md trials tsh continued qhs	ECT
*weight eating admission discharge hospital intake loss date hospitalization day dr week physical months prozac food increased md did anorexia	Anorexia
*seizure seizures intact eeg neurology normal temporal dilantin head bilaterally events activity weakness sensation disorder tongue neurologist brain loss tegretol	Seizure
*therapist mother program father disorder age school parents brother abuse treatment relationship outpatient college behavior partial plan currently group personality	Psychotherapy
*psychiatry suicide overdose attempt transferred depression transfer level tylenol hospital service unit normal floor screen tox room admission medical general	Overdose
*baby delivery bleeding vaginal breast feeding cesarean weight ibuprofen maternal newborn available p fever pregnancy sex estimated danger gp	Postpartum
*psychotic thought features paranoid psychosis paranoia symptoms psychiatric dose continued treatment mental cognitive memory risperidone people th somewhat interview affect	Psychosis

Abbreviation: MDD, major depressive disorder; ECT, electroconvulsive therapy.

Table 3. Comparison of models with and without inclusion of LDA topics

<i>Configuration</i>	<i>AUC</i>	<i>Sensitivity</i>	<i>Specificity</i>
Baseline = age/gender/insurance/ Charlson	0.618	0.979	0.104
Baseline+top-1 words	0.654	—	—
Baseline+top-10 words	0.676	—	—
Baseline+top-100 words	0.682	—	—
Baseline+top-1000 words	0.682	0.213	0.945
Baseline+75 topics (no words)	0.784	0.752	0.634

Abbreviations: AUC, area under the curve; LDA, Latent Dirichlet Allocation.

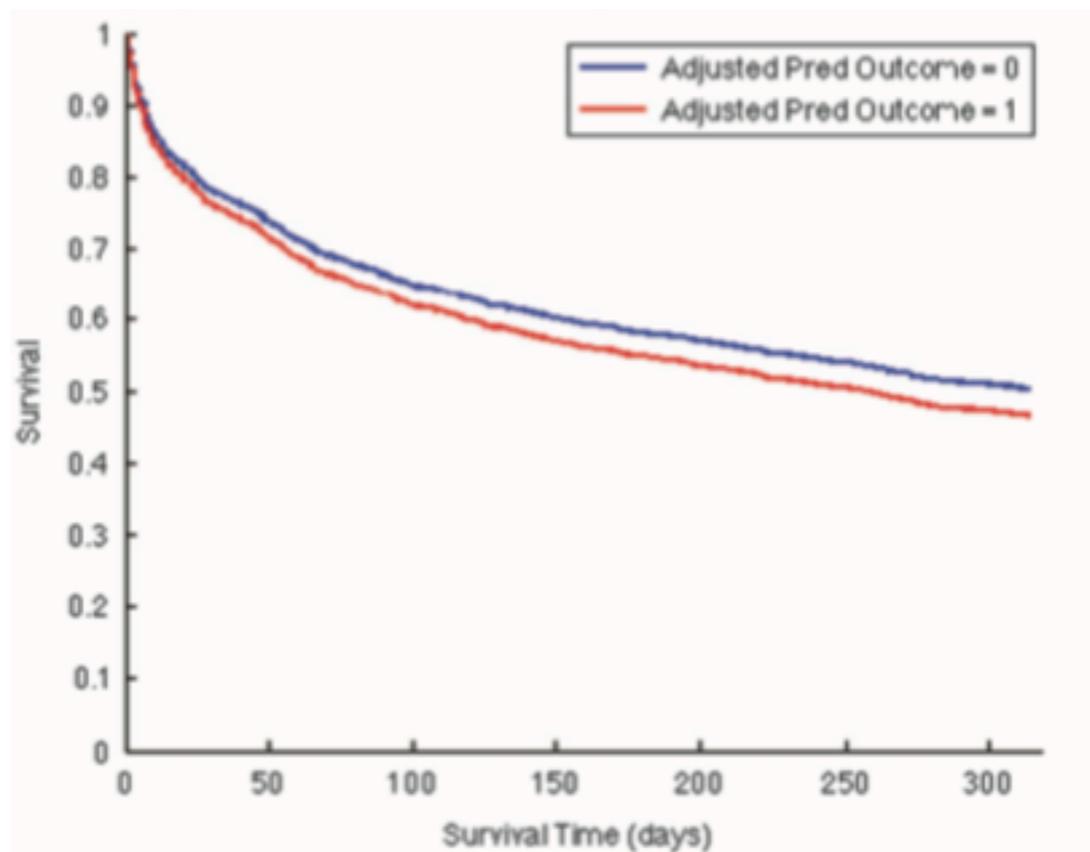


Figure 1. Kaplan–Meier survival curve for time to psychiatric hospital readmission, for a model built using baseline sociodemographic and clinical variables only. Patients are plotted separately for two groups identified by the support vector machine model as: (1) likely psychiatric readmissions in red; and (2) unlikely psychiatric readmissions in blue.

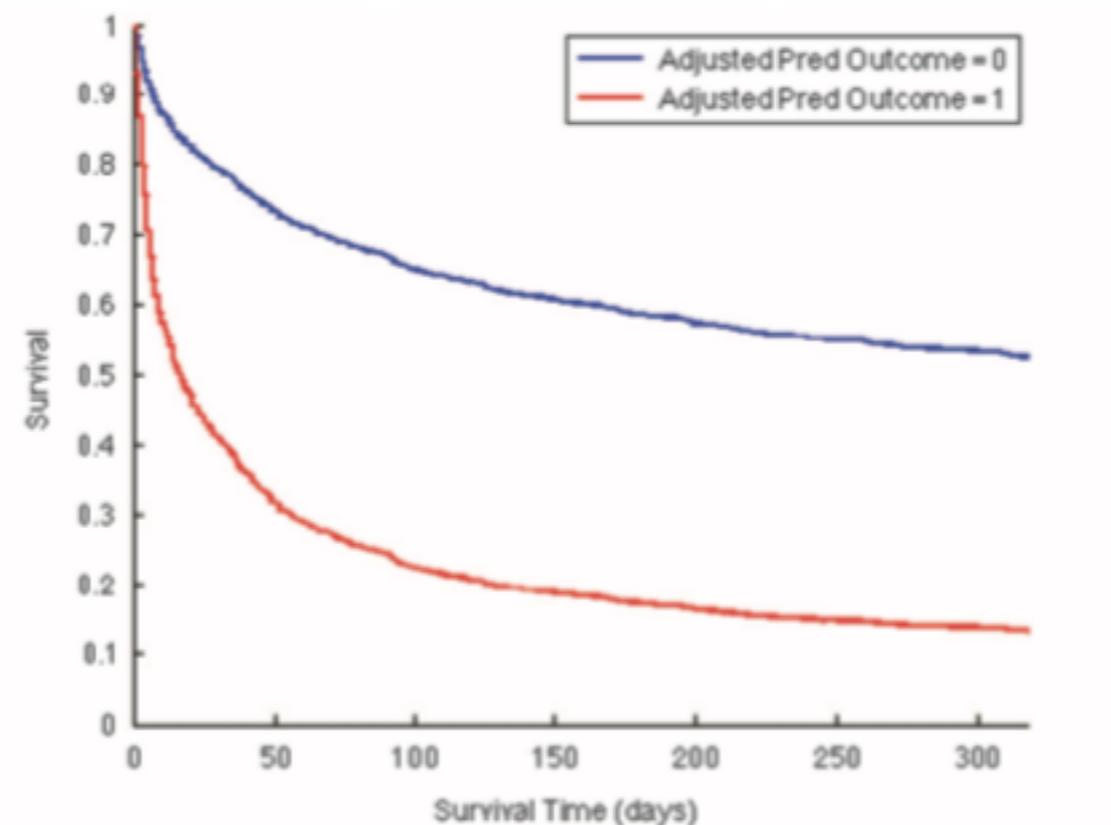
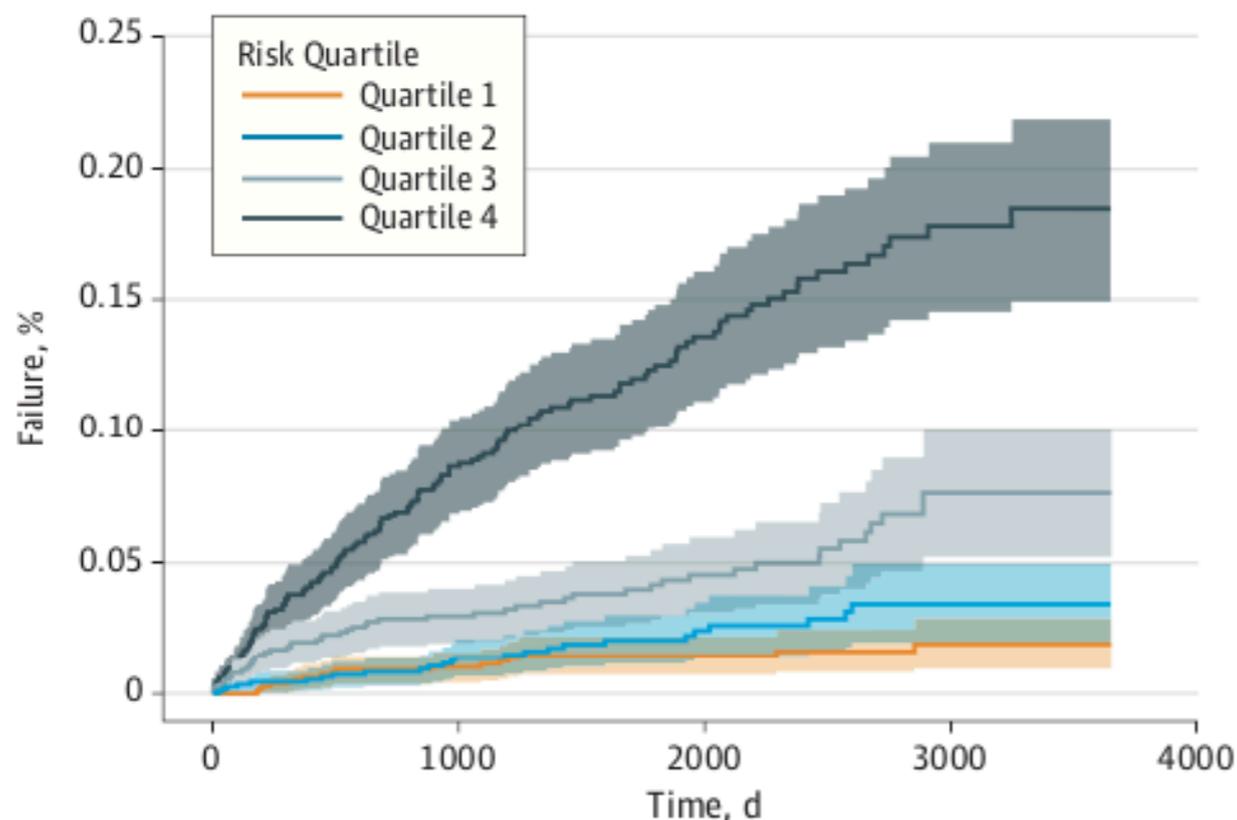


Figure 2. Kaplan–Meier survival curve for time to psychiatric hospital readmission, for a model built using the baseline variables and 75 topics. Patients are plotted separately for two groups identified by the support vector machine model as: (1) likely psychiatric readmissions in red; and (2) unlikely psychiatric readmissions in blue.

Prediction of Suicide and Accidental Death After Discharge

- Very large cohort: 845 417 discharges from two medical centers, 2005–2013
 - 458 053 unique individuals
- Imbalanced: 235 suicides, but all-cause mortality was 18% during 9 years
- Censoring: median follow-up was 5.2 years
- “Positive Valence” assessed using *curated list of 3000 terms* found in discharge summaries
 - “Valence, as used in psychology, especially in discussing emotions, means the intrinsic attractiveness/"good"-ness (positive valence) or averseness/"bad"-ness (negative valence) of an event, object, or situation.[1] The term also characterizes and categorizes specific emotions. For example, emotions popularly referred to as "negative", such as anger and fear, have negative valence. Joy has positive valence.” —Wikipedia

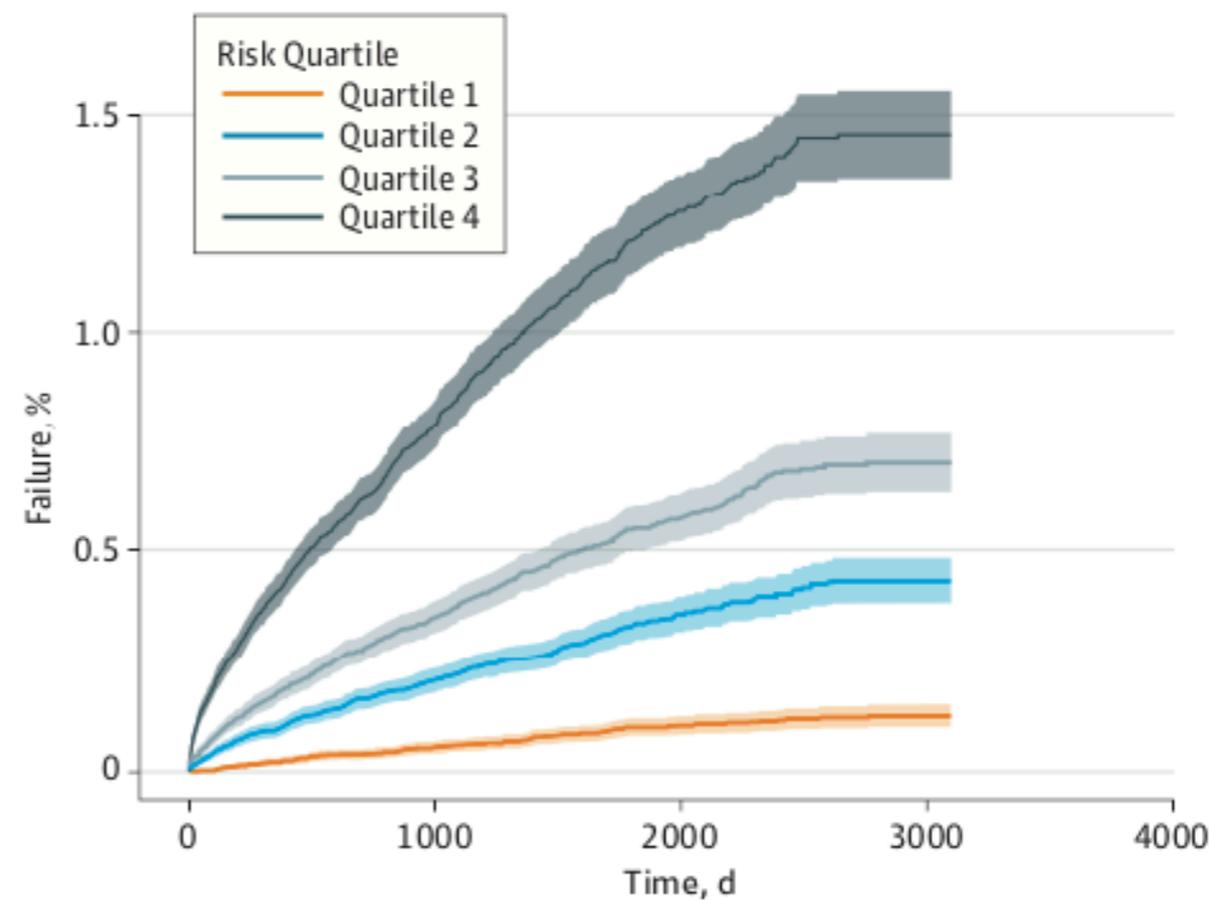
Figure 1. Kaplan-Meier Curves for Time to Death by Suicide Among 458 053 Individuals With at Least 1 Hospital Discharge by Predicted Risk Quartile



No. at risk				
Quartile 1	114 514	93 698	63 289	31 025
Quartile 2	114 513	85 693	52 292	22 697
Quartile 3	114 513	82 810	49 258	21 580
Quartile 4	114 513	85 746	51 707	21 541

The axes are rescaled inside the figure to improve interpretability.

Figure 2. Kaplan-Meier Curves for Time to Death by Suicide or Accidental Death Among 458 053 Individuals With at Least 1 Hospital Discharge by Predicted Risk Quartile



No. at risk				
Quartile 1	114 514	99 448	68 260	33 935
Quartile 2	114 513	89 270	55 871	25 263
Quartile 3	114 513	84 465	50 944	21 768
Quartile 4	114 513	74 764	41 471	15 877

The axes are rescaled inside the figure to improve interpretability.

Tensor Factorization for Unsupervised Exploitation of Text

- Goals:
 - Identify patients with subtypes of lymphoma by analysis of their pathology notes
- Unsupervised approach
 - Do the core “clusters” of patient descriptions correspond to known lymphoma types?
 - Can we use these to help refine our understanding of the types?

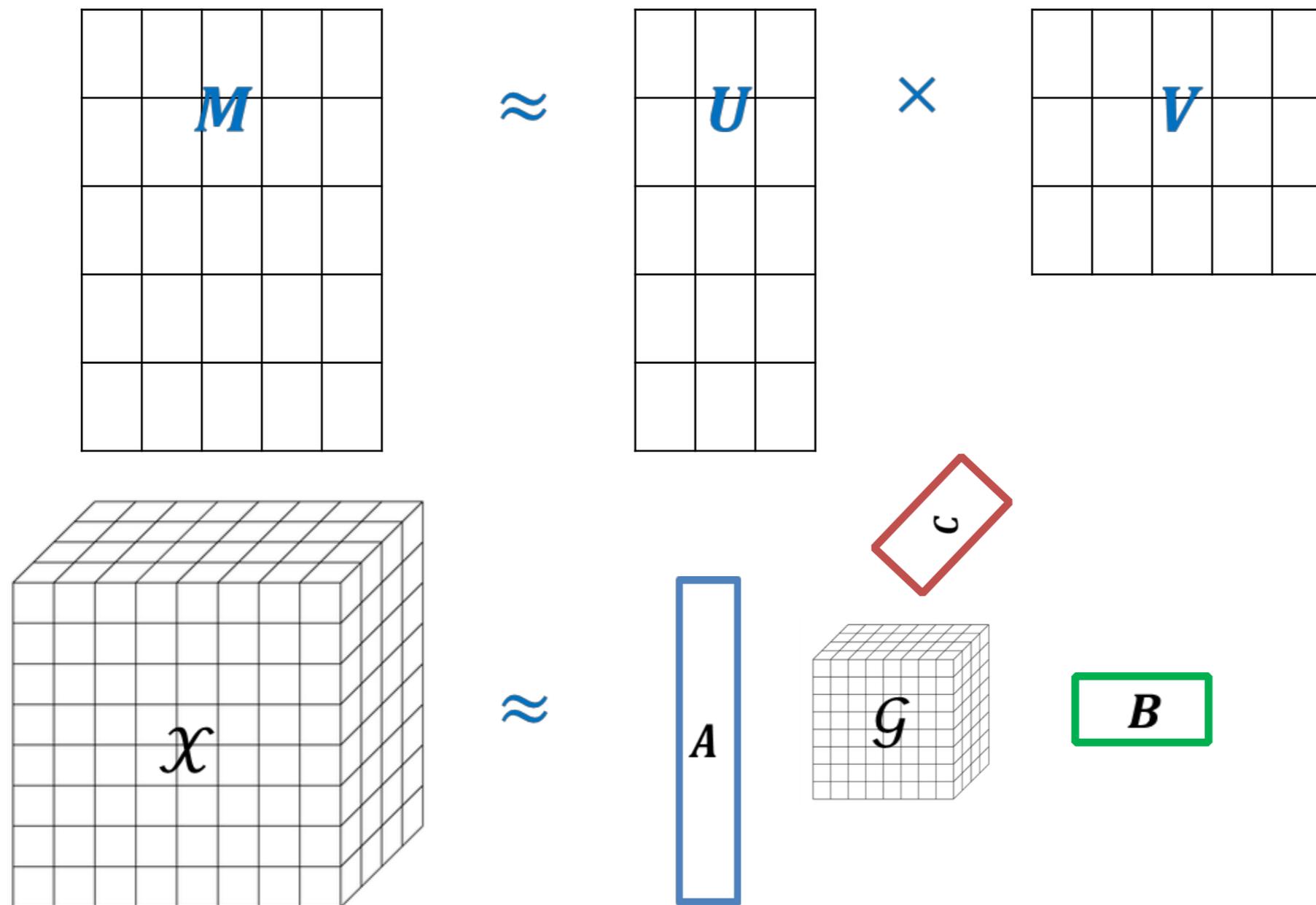
Generalizing Matrix to Tensor

- N -dimensional data structure ($N \geq 3$)
- Example: patient and timed physiological measurements

	0 min	30 min	60 min	90 min	SBP	DBP	Na	K	Cl	Glucose	Ca	Mg
David	78	78	78	78	49	49	49	4	111	162	5.8	3.5
Mary	123	123	123	123	68	68	68	3	108	119	9.1	2.4
Robert	127	127	127	127	66	66	66	4.3	108	158	9.2	2.4
Andrea	136	136	136	136	70	70	70	4.7	110	115	9	1.8

Non-Negative Tensor Factorization

- NMF extension to tensors of arbitrary order
- Tucker model, a generalized form of spectral modeling



Representation of Narrative Sentences

CLINICAL DATA:

? lymphoma. 53-year-old with psoriasis, bilateral axillary lymphadenopathy, palpable on right for one month

Immunohistochemical stains show that the follicles, as well as some extrafollicular areas, contain Pax5+ B cells that co-express Bcl6 and Bcl2. Numerous scattered CD2+ T cells are present. Follicles are encompassed by CD21+ follicular dendritic cell (FDC) aggregates, with some loss of FDC staining in the larger follicles and among extrafollicular B cells. A stain for CD30 highlights occasional interfollicular immunoblasts. CD15 stains granulocytes. There is no lymphoid staining for cyclin D1 or ALK-1.

FLOW CYTOMETRY REPORT: Hematopoietic Cell Surface Markers

SPECIMEN: Tissue - Right Axillary Lymph Node Core Biopsy

RECEIVED: 3/12/10

DIFFERENTIAL COUNT: Lymphocytes: 93%; Monocytes: <1%; Granulocytes: <1%.

INTERPRETATION:

1. CD19+, CD20bright+, CD10+, CD43-, CD5- B cells with monotypic expression of kappa light chain amid a polytypic background.
2. CD4+ and CD8+ T cells.

KARYOTYPE: 46,XX,t(6;12)(q27;q21),t(14;18)(q32;q21)[cp7]/47,XX,+X[3]

METAPHASES COUNTED: 10 ANALYZED: 10 SCORED: 0 BANDING: GTG

INTERPRETATION:

Seven of 10 metaphases contained a translocation of chromosomes 14 and 18.

This translocation is associated with an IGH-BCL2 rearrangement and is a

Feature representation is the key to both interpretability and

generalizability

Representation of Narrative Sentences

- “**Immunostains** show the **large atypical cells** are strongly positive for **CD30** and negative for **CD15, CD20, BOB1, OCT2** and **CD3.**”
- The sentence tells relationships among **procedures**, **cells**, and **immunologic factors**
- Feature choices
 - Words
 - UMLS (Unified Medical Language System) concepts, e.g. LCA and CD45
- Can we do better? Relations?

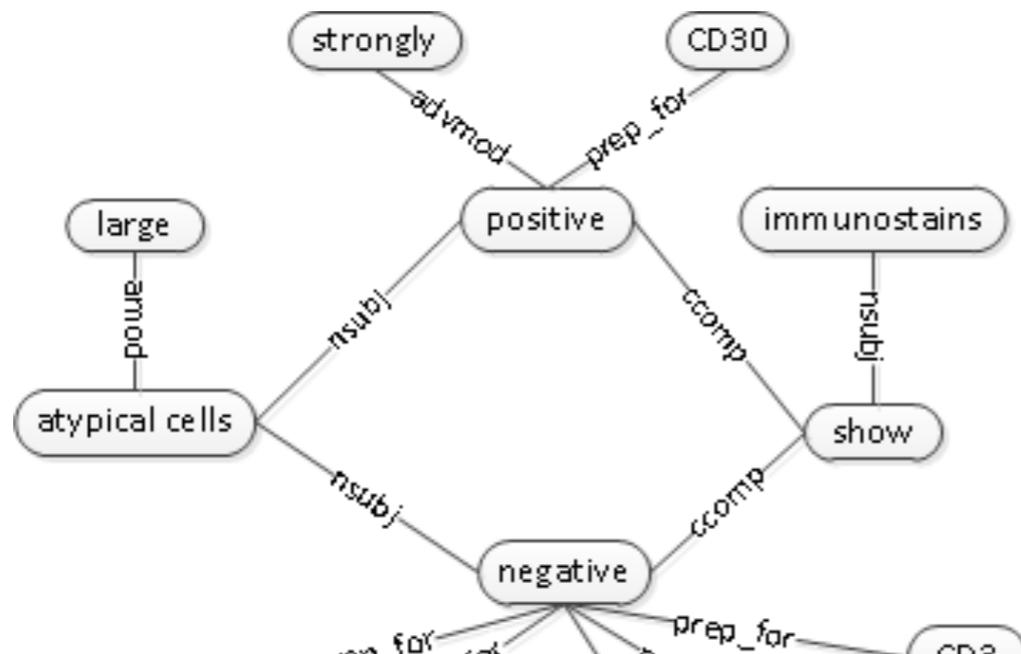
Graph representation is the universal language for modeling relationships among flexible number of

concepts

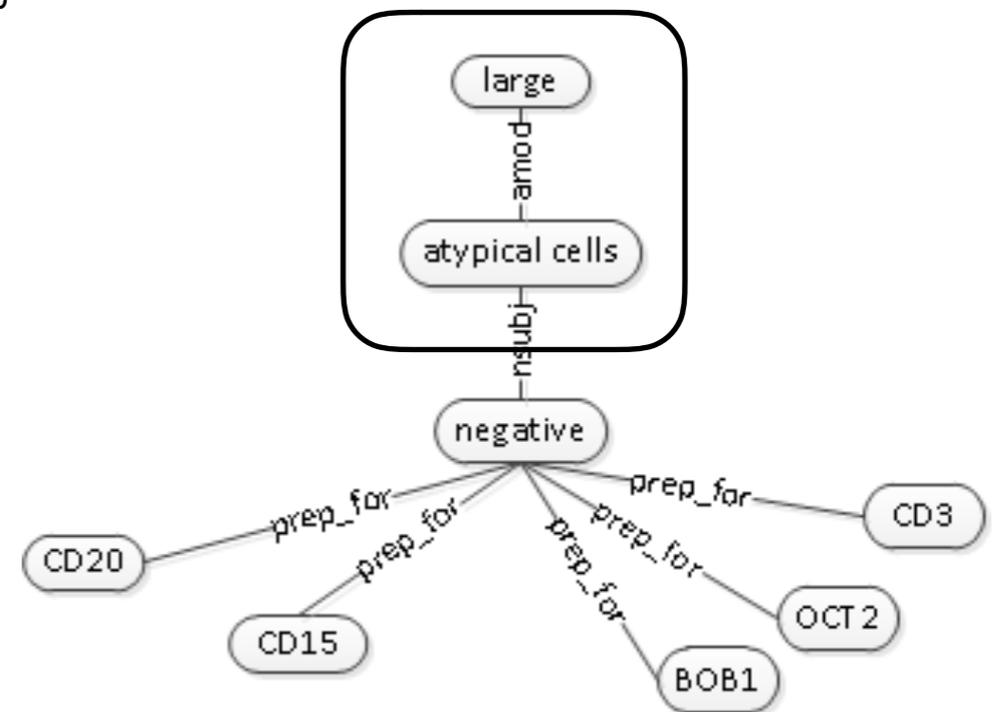
Representation of Narrative Sentences

- “**Immunostains** show the **large atypical cells** are strongly positive for **CD30** and negative for **CD15, CD20, BOB1, OCT2** and **CD3**.”

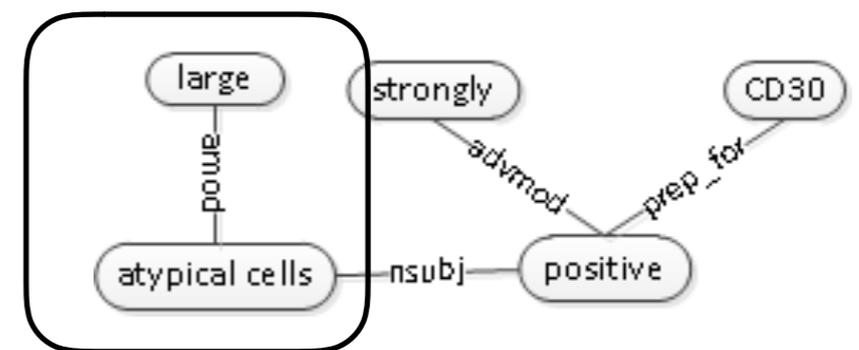
Two Phase
Parsing



FSM



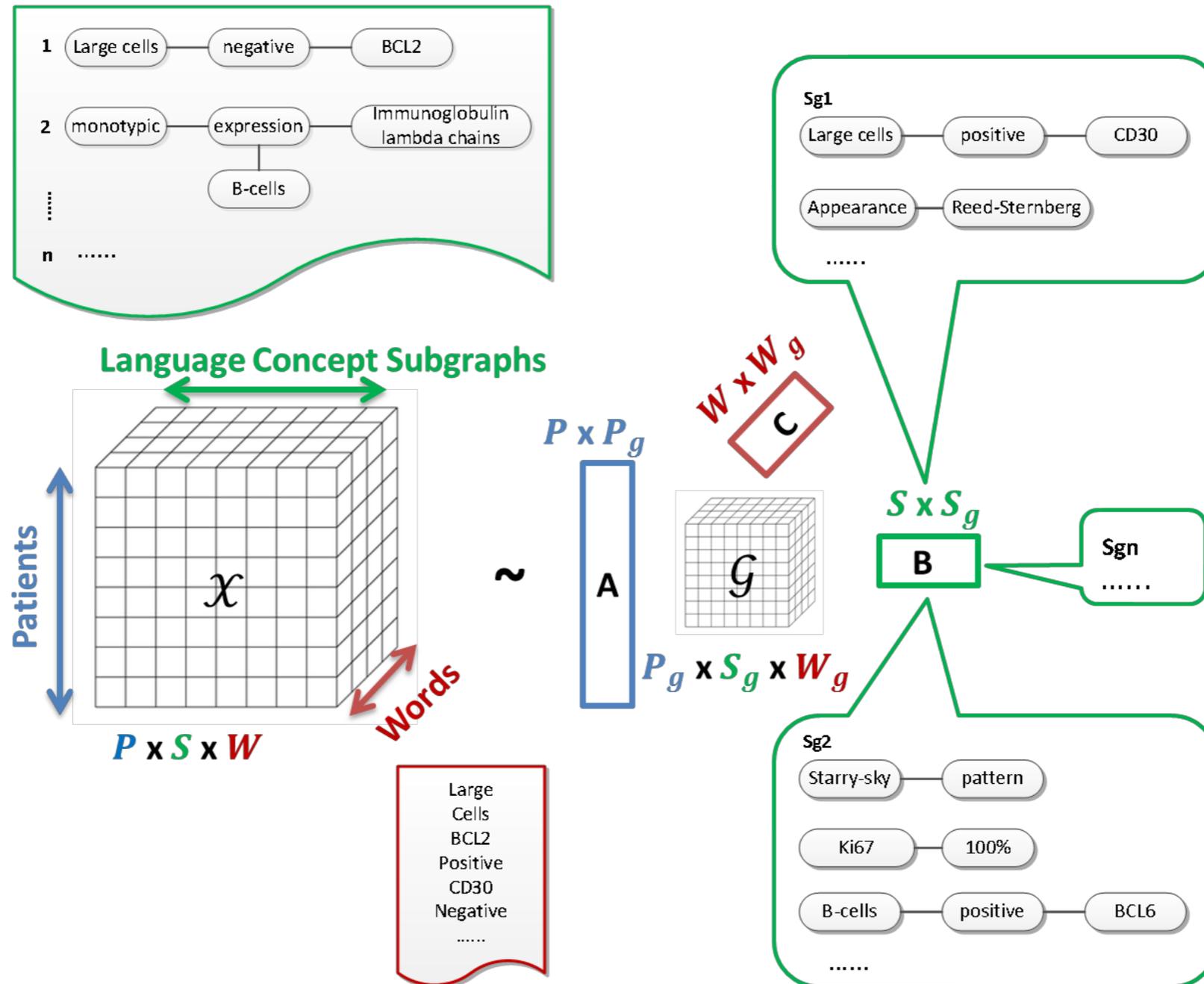
The subgraphs encode relations among flexible number of concepts



(Luo et al. 2013a)

Multi-Mode Learning

SANTF schematic view



Unsupervised Learning – Clustering Results

- Non-negative matrix factorization as baseline
 - Traditional two-dimensional view
 - Three matrix formulation baselines
 - Patient by word
 - Patient by subgraph
 - Patient by subgraph and word
- SANTF as target (Luo et al. 2014b)
 - Patient by subgraph by word

Clinical Narrative Text			
Lymphoma	All	Train	Test
DLBCL	589	305	284
Follicular	184	101	83
Hodgkin	124	65	59

Metrics Methods	Macro Average			Micro Average		
	Precision	Recall	F-measure	Precision	Recall	F-measure
(1) NMF pt × wd	0.492	0.495	0.428	0.626	0.626	0.626
(2) NMF pt × sg	0.621	0.765	0.601	0.605	0.605	0.605
(3) NMF pt × [sg wd]	0.637	0.787	0.615	0.614	0.614	0.614
(4) SANTF pt × sg × wd	0.720^{1,2,3}	0.849^{1,2,3}	0.743^{1,2,3}	0.751^{1,2,3}	0.751^{1,2,3}	0.751^{1,2,3}

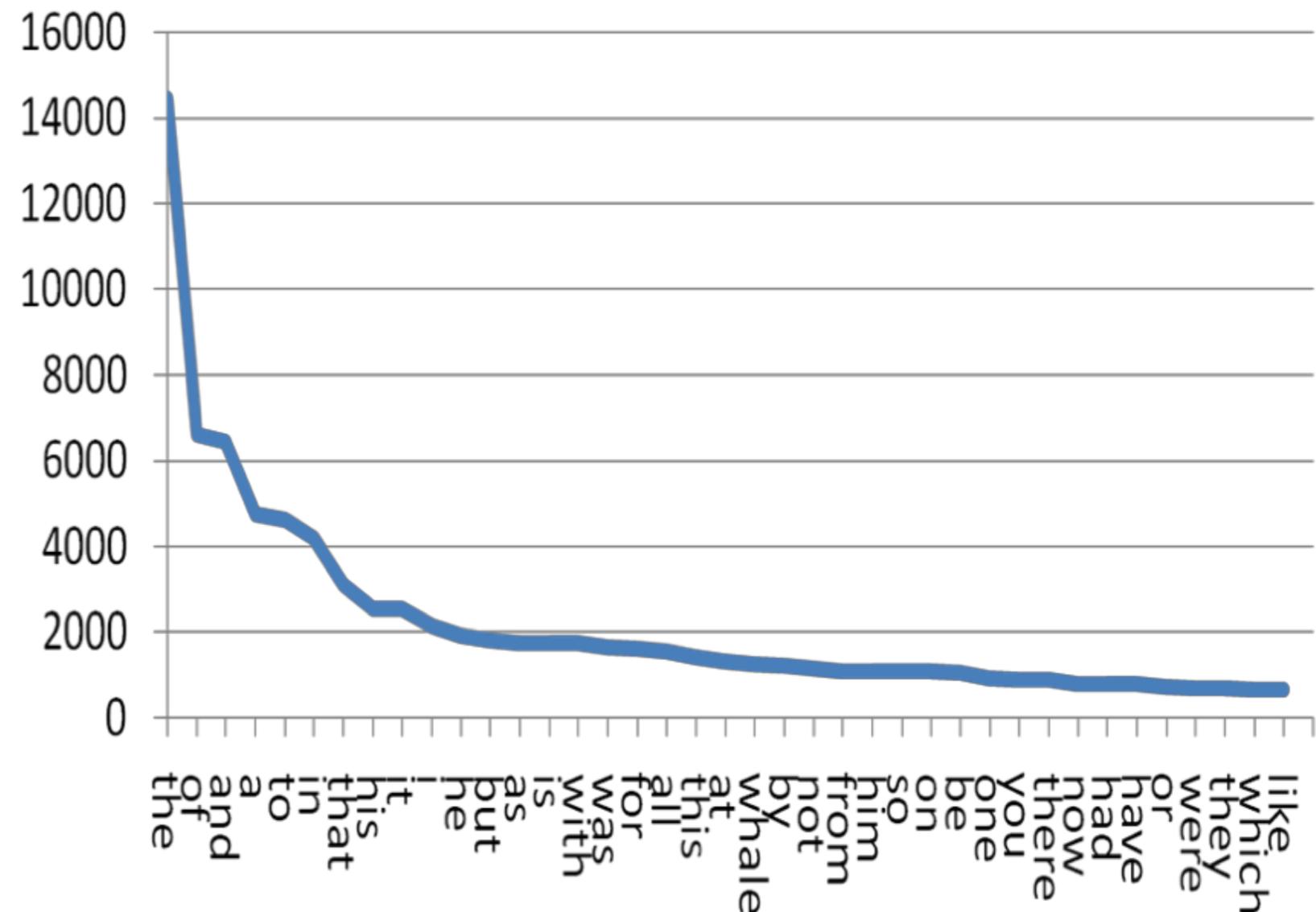
Language Modeling

- Predict the next token given the ones before it
 - In unigram model, $P(\text{token})$ is just estimated from frequency in corpus
- Markov assumption simplifies model so
 - $P(\text{token} \mid \text{stuff before}) = P(\text{token} \mid \text{previous token})$ [bigram model]
 - $P(t_k \mid \text{stuff before}) = P(t_k \mid t_{k-1}, \dots, t_{k-n})$ [n-gram models]
- Perplexity is an aggregate measure of the complexity of a corpus
 - $2^{H(p)}$ where $H(p)$ is the entropy of the probability distribution
 - intuitively, the number of likely ways to continue a text
 - a perplexity of k means that you are as surprised on average as you would have been if you had to guess between k equiprobable choices at each step
 - For example, we compared perplexity of dictated doctors' notes (8.8) vs. that of doctor-patient conversations (73.1)
 - What does that tell you about the difficulty of accurately transcribing speech for these applications?

Statistical Models of Language

Zipf's law

- There are very few very frequent words
- Most words have very low frequencies
- The frequency of a word is inversely proportional to its rank
- In the Brown corpus, the 10 top-ranked words make up 23% of total corpus size (Baroni, 2007)



N-gram models

- Shakespeare as a Corpus
 - $N=884,647$ tokens, $V=29,066$
 - Shakespeare produced 300,000 bigram types out of $V^2= 844$ million possible bigrams...
 - So, 99.96% of the possible bigrams were never seen
- Google released corpus of 1,024,980,267,229 (i.e., ~1T) words in 2006
 - 13.6M unique words occurring at least 200 times
 - 1.2B five-word sequences that occur at least 40 times

Number of tokens:	1,024,908,267,229
Number of sentences:	95,119,665,584
Number of unigrams:	13,588,391
Number of bigrams:	314,843,401
Number of trigrams:	977,069,902
Number of fourgrams:	1,313,818,354
Number of fivegrams:	1,176,470,663

Example Google 3-grams

ceramics	collectables	collectibles	55
ceramics	collectables	fine	130
ceramics	collected	by	52
ceramics	collectible	pottery	50
ceramics	collectibles	cooking	45
ceramics	collection	,	144
ceramics	collection	.	247
ceramics	collection	</S>	120
ceramics	collection	and	43
ceramics	collection	at	52
ceramics	collection	is	68
ceramics	collection	of	76
ceramics	collection		59
ceramics	collections	,	66
ceramics	collections	.	60
ceramics	combined	with	46
ceramics	come	from	69
ceramics	comes	from	660
ceramics	community	,	109
ceramics	community	.	210
ceramics	community	for	61
ceramics	companies	.	53
ceramics	companies	cpnsultants	173

Example Google 4-grams

serve	as	the	incoming	92
serve	as	the	incubator	99
serve	as	the	independent	79
serve	as	the	index	223
serve	as	the	indication	72
serve	as	the	indicator	120
serve	as	the	indicators	45
serve	as	the	indispensable	111
serve	as	the	indispensible	40
serve	as	the	individual	234
serve	as	the	industrial	52
serve	as	the	industry	607
serve	as	the	info	42
serve	as	the	informal	102
serve	as	the	information	838
serve	as	the	informational	41
serve	as	the	infrastructure	500
serve	as	the	initial	5331
serve	as	the	initiating	125
serve	as	the	initiation	63
serve	as	the	initiator	81
serve	as	the	injector	56
serve	as	the	inlet	41

Generating Sequences

- This model can be turned around to generate random sentences that are like the sentences from which the model was derived.
- Generally attributed to Claude Shannon.
 - Sample a random bigram ($\langle s \rangle$, w) according to its probability
 - Now sample a random bigram (w , x) according to its probability
 - Where the prefix w matches the suffix of the first.
 - And so on until we randomly choose a (y , $\langle /s \rangle$)
- Then string the words together

```
<s> I
    I want
      want to
        to get
          get Chinese
            Chinese food
              food </s>
```

Generating Shakespeare

Unigram	<ul style="list-style-type: none">• To him swallowed confess hear both. Which. Of save on trail for are ay device and rote life have• Every enter now severally so, let• Hill he late speaks; or! a more to leg less first you enter• Are where exeunt and sighs have rise excellency took of.. Sleep knave we. near; vile like
Bigram	<ul style="list-style-type: none">• What means, sir. I confess she? then all sorts, he is trim, captain.• Why dost stand forth thy canopy, forsooth; he is this palpable hit the King Henry. Live king. Follow.• What we, hath got so she that I rest and sent to scold and nature bankrupt, nor the first gentleman?• Enter Menenius, if it so many good direction found'st thou art a strong upon command of fear not a liberal largess given away, Falstaff! Exeunt
Trigram	<ul style="list-style-type: none">• Sweet prince, Falstaff shall die. Harry of Monmouth's grave.• This shall forbid it should be branded, if renown made it empty.• Indeed the duke; and had a very good friend.• Fly, and will rid me these news of price. Therefore the sadness of parting, as they say, 'tis done.
Quadrigram	<ul style="list-style-type: none">• King Henry. What! I will go seek the traitor Gloucester. Exeunt some of the watch. A great banquet serv'd in;• Will you not tell me who I am?• It cannot be but so.• Indeed the short and the long. Marry, 'tis a noble Lepidus.

Generating the *Wall Street Journal*

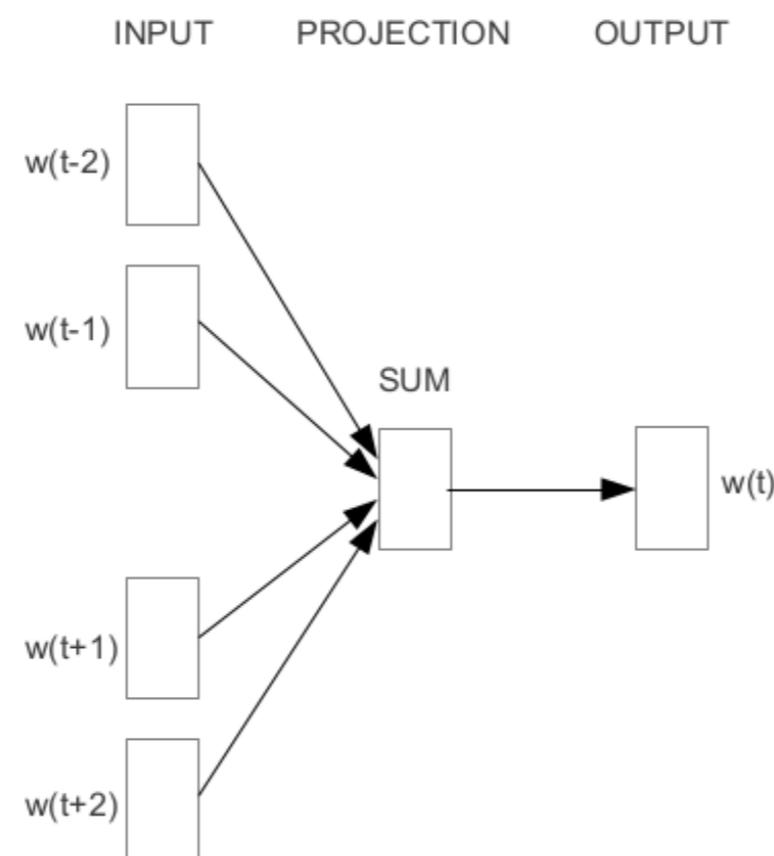
unigram: Months the my and issue of year foreign new exchange's september were recession exchange new endorsed a acquire to six executives

bigram: Last December through the way to preserve the Hudson corporation N. B. E. C. Taylor would seem to complete the major central planners one point five percent of U. S. E. has already old M. X. corporation of living on information such as more frequently fishing to keep her

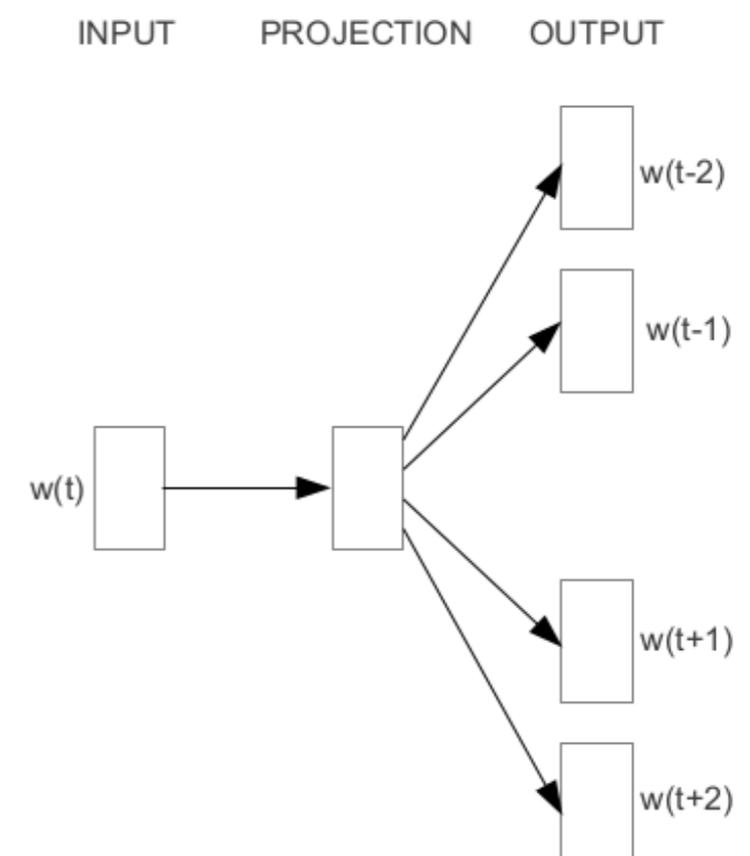
trigram: They also point to ninety nine point six billion dollars from two hundred four oh six three percent of the rates of interest stores as Mexico and Brazil on market conditions

Distributional Semantics

- Terms that appear in the same context of other words are (probably) semantically related
- Every term is mapped to a high-dimensional vector (the embedding space)
- Ever more sophisticated versions of embeddings, equivalent to matrix factorization
 - Word2Vec
 - GloVe
 - Elmo
 - Bert
 - GPT



CBOW

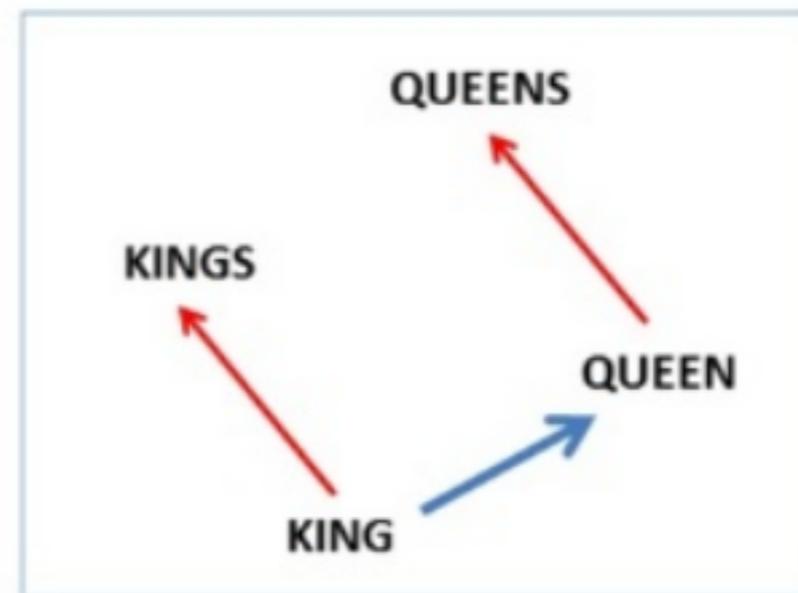
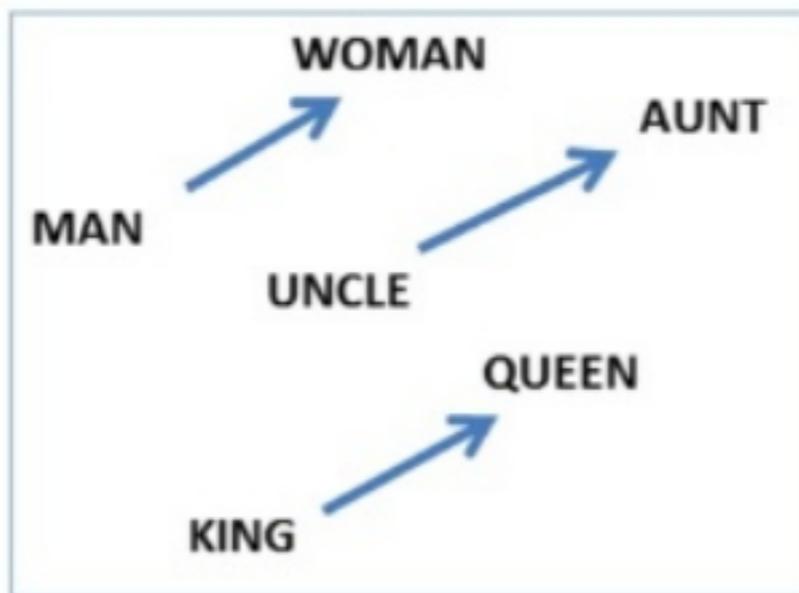


Skip-gram

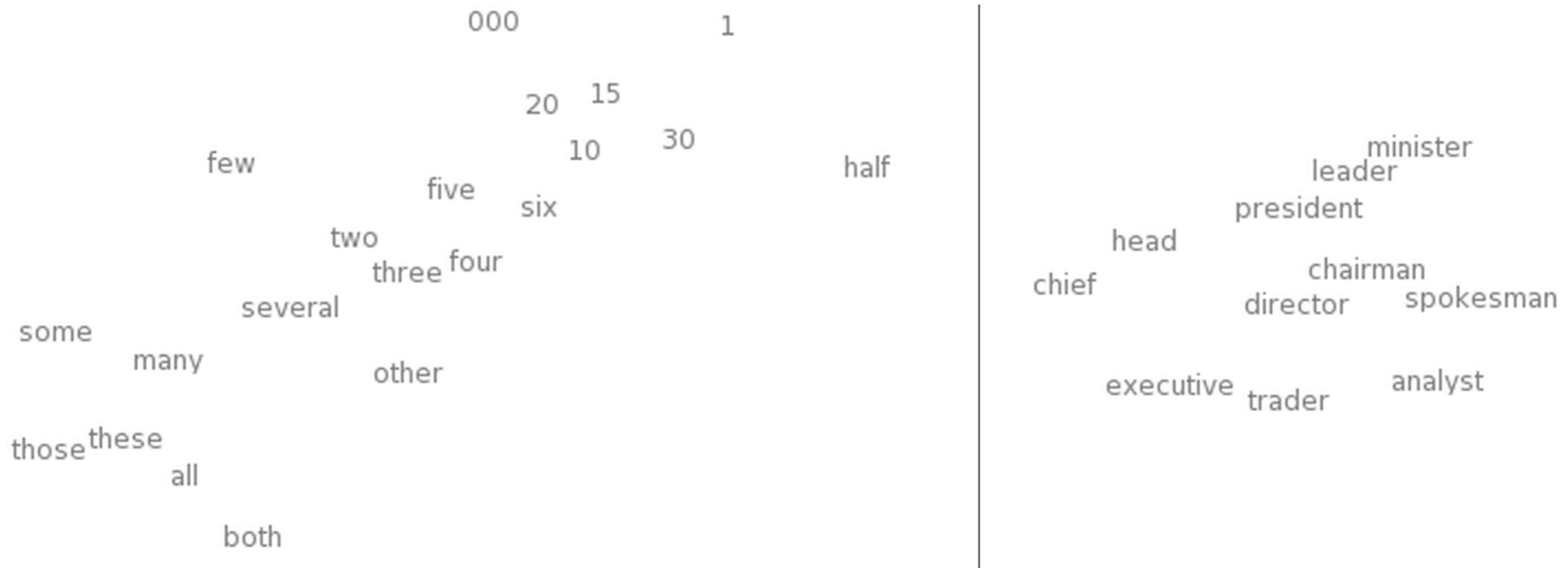
word2vec

Plausibility of semantic claims

$$\text{vec}(\text{"man"}) - \text{vec}(\text{"king"}) + \text{vec}(\text{"woman"}) = \text{vec}(\text{"queen"})$$



t-Distributed Stochastic Neighbor Embedding



Feature extraction for phenotyping from semantic and knowledge resources (SEDFE)

- Goal: “fully automated and robust unsupervised feature selection method that leverages only publicly available medical knowledge sources, instead of EHR data”
 - Surrogate features derived from knowledge sources
- Method:
 - Build a word2vec skipgram model from . 5M Springer articles (2006-08) to yield 500-D vectors for each word
 - Sum vectors for each word in the defining strings for UMLS Concepts, weighted by IDF
 - For each disease in Wikipedia, Medscape eMedicine, Merck Manuals Professional Edition, Mayo Clinic Diseases and Conditions, and MedlinePlus Medical Encyclopedia use NER to find all concepts related to the phenotype
- Retain only concepts that occur in at least 3 of 5 knowledge sources
- Choose top k concepts whose embedding vectors are closest (by cos distance) to the embedding of the phenotype
- Define the phenotype as a linear combination of its related concepts, learn weights by least squares, and choose k to minimize BIC

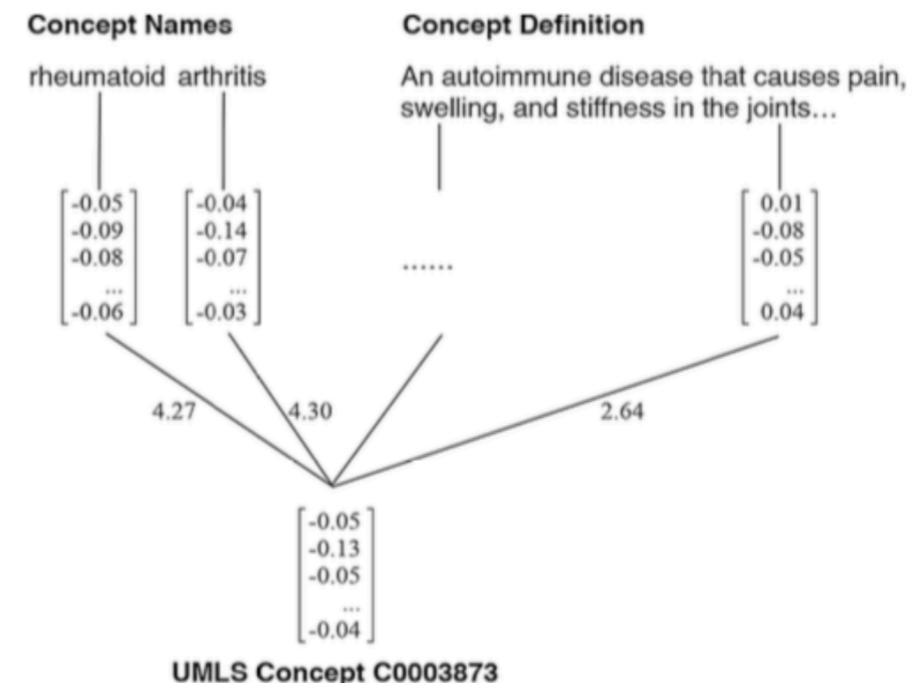


Fig. 1. Generating concept vector representations from word vectors in the paraphrase.

Evaluating SEDFE

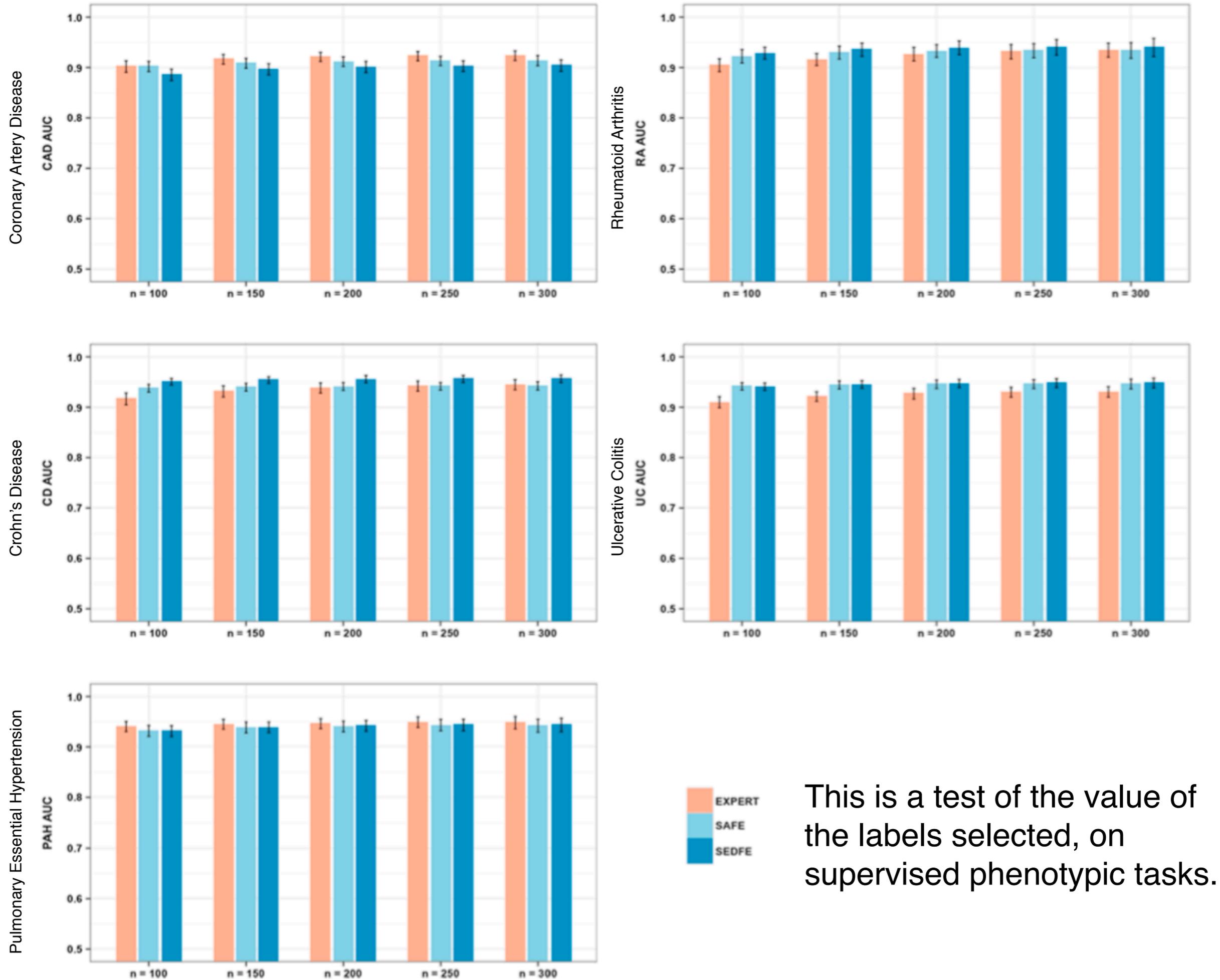
- Used to create phenotypes for coronary artery disease (CAD), rheumatoid arthritis (RA), Crohn's disease (CD), ulcerative colitis (UC), and pediatric pulmonary arterial hypertension (PAH)

Number of features from various methods.

	Phenotype				
	CAD	RA	CD	UC	PAH
Number of concepts extracted from source articles	805	1067	1057	700	58
Number of expert-curated features ^a	34	21	47	48	24
Number of features from SAFE	19	15	16	17	28
Number of features from SEDFE	36	26	18	27	35

^a The source of PAH features in the original study includes both expert curation and algorithm selection.

	AFEP	SAFE	SEDFE
Commonality	Applies NER to online articles about the target phenotype to find an initial list of clinical concepts as candidate features		
Feature selection method	Frequency control, then threshold by rank correlation with the NLP feature representing the target phenotype	Frequency control, majority voting, then use sparse regression to predict the silver-standard labels derived from surrogate features	Majority voting; Use concept embedding to determine feature relatedness; Use semantic combination and the BIC to determine the number of needed features
Data requirement	EHR data (hospital dependent and not sharable)	EHR data (hospital dependent and not sharable)	A biomedical corpus for training word embedding (usually sharable)
Tuning parameters	Threshold for the rank correlation	(1) Upper and lower thresholds of the surrogate features for creating the silver standard labels, which are affected by the distribution of the features, and therefore phenotype dependent; (2) The number of patients to sample, which affects the number of selected features	The word embedding parameters, which are not overly sensitive. The embedding is done only once for all phenotypes



This is a test of the value of the labels selected, on supervised phenotypic tasks.

Fig. 3. AUC of supervised algorithms trained with features selected by EXPERT, SAFE, and SEDFE.

ANN model for de-identification

- Label-sequence optimization layer
- Label prediction layer
- Character-enhanced token-embedding layer

$$s(y_{1:n}) = \sum_{i=1}^n a_i[y_i] + \sum_{i=2}^n T[y_{i-1}, y_i]$$

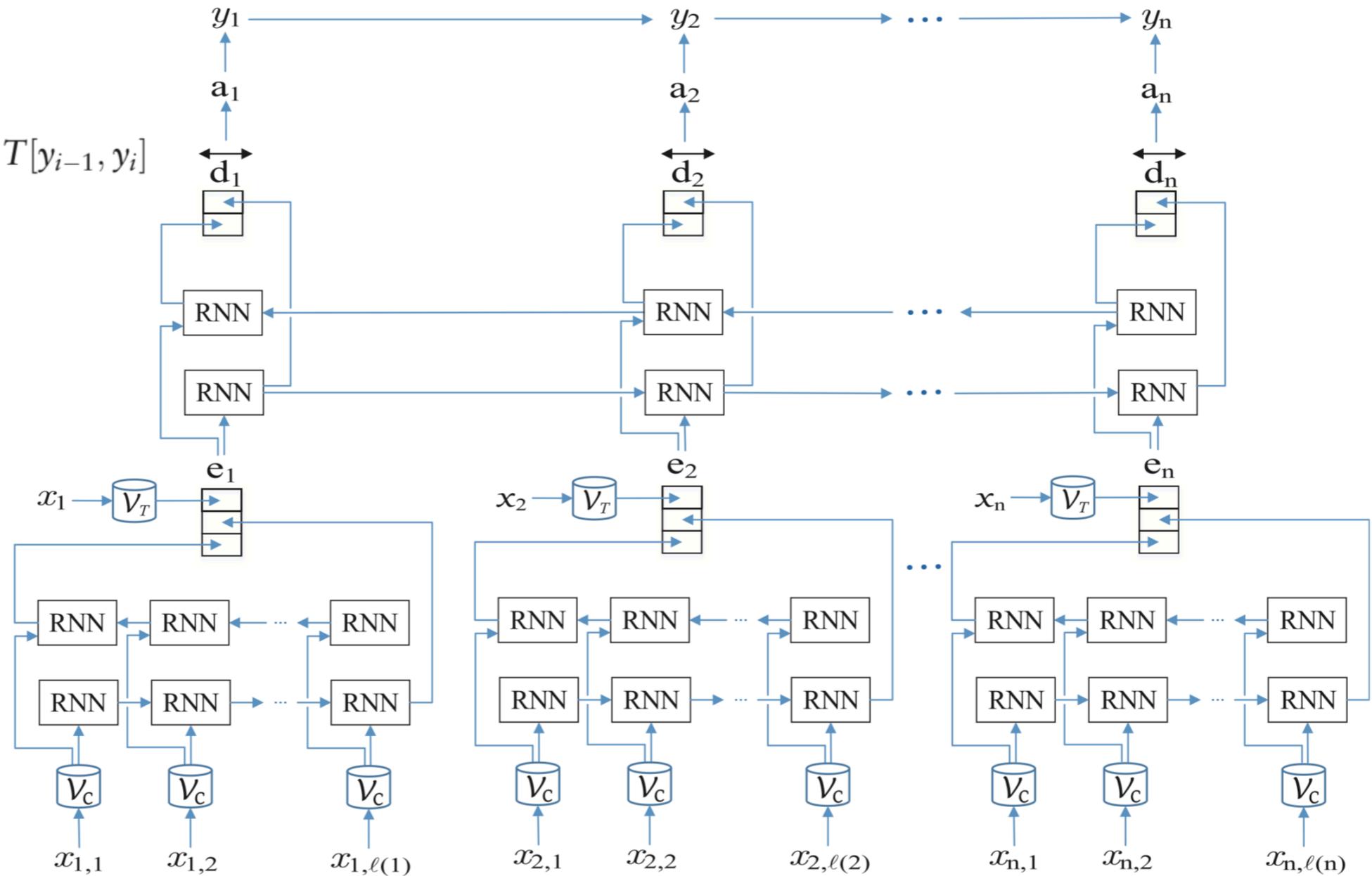


Figure 1. Architecture of the artificial neural network (ANN) model. (RNN, recurrent neural network.) The type of RNN used in this model is long short-term memory (LSTM). n is the number of tokens, and x_i is the i^{th} token. v_T is the mapping from tokens to token embeddings. $\ell(i)$ is the number of characters and $x_{i,j}$ is the j^{th} character in the i^{th} token. v_C is the mapping from characters to character embeddings. e_i is the character-enhanced token embeddings of the i^{th} token. \vec{d}_i is the output of the LSTM of the label prediction layer, a_i is the probability vector over labels, y_i is the predicted label of the i^{th} token.

De-Identifier performance

	Binary HIPAA (optimized by F1-score)			Binary HIPAA (optimized by recall)		
	Precision	Recall	F1-score	Precision	Recall	F1-score
No feature	99.103	99.197	99.150	98.557	99.376	98.965
EHR features	99.100	99.304	99.202	98.771	99.441	99.105
All features	99.213	99.306	99.259	98.880	99.420	99.149

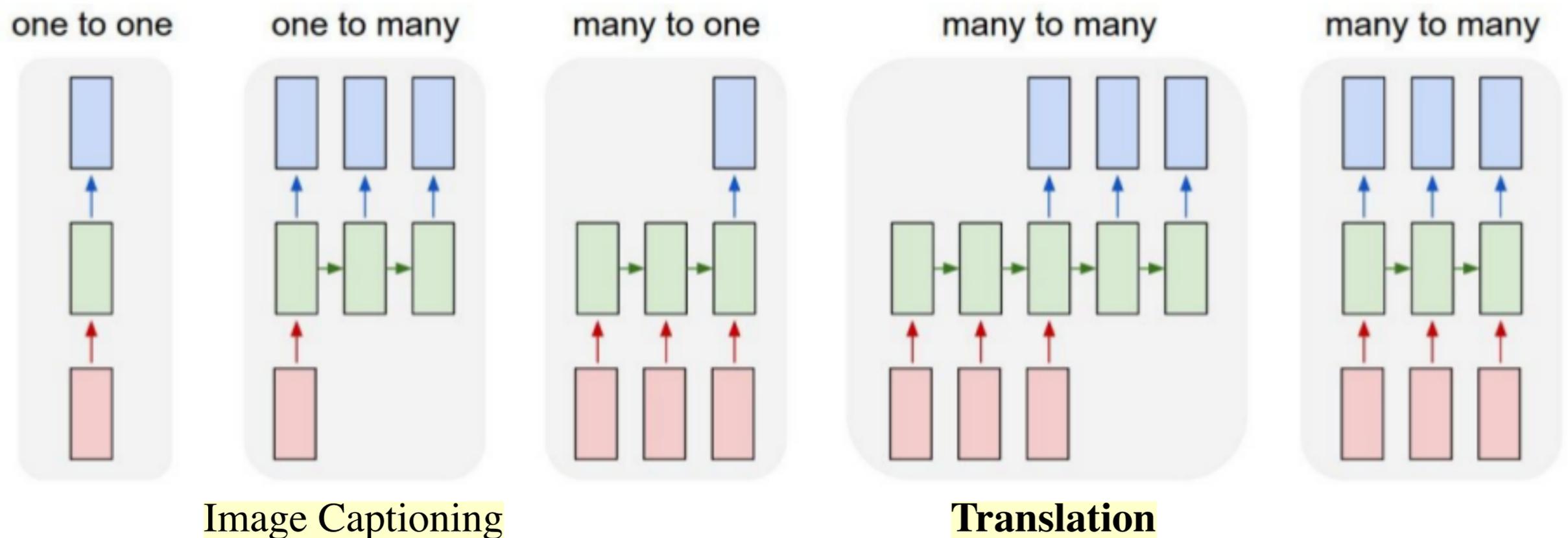
Table 2: Binary HIPAA token-based results (%) for the ANN model, averaged over 5 runs. The metric refers to the detection of PHI tokens versus non-PHI tokens, amongst PHI types that are defined by HIPAA. “No feature” is the model utilizing only character and word embeddings, without any feature. “EHR features” uses only 4 features derived from EHR database: patient first name, patient last name, doctor first name, and doctor last name. “All features” makes use of all features, including the EHR features as well as other engineered features listed in Table 1. “Optimized by F1-score” and “optimized by recall” means that the epochs for which the results are reported are optimized based on the highest F1-score or the highest recall on the validation set, respectively.

“Revolutionary Advances” in Embeddings

- The year 2018 has been an inflection point for machine learning models handling text (or more accurately, Natural Language Processing or NLP for short). Our conceptual understanding of how best to represent words and sentences in a way that best captures underlying meanings and relationships is rapidly evolving.
 - Jay Alammar (<http://jalammar.github.io/illustrated-bert/> — *good tutorial*)
- Bidirectional LSTM applied to learn context-specific embeddings (ELMo)
- Transformer architecture — focus on attention mechanism
- Bidirectional Encoder Representations from Transformers (BERT)
- Generative Pre-Training (GPT-2) — transformer with multi-task training, huge corpus, huge model

Sequence-to-Sequence models

- Natural application: machine translation
 - But also usable for question-answer problems
 - Equivalence and natural implication problems
 - Conversion from text to some formal representation
- One of a variety of RNN models



Vanilla NN

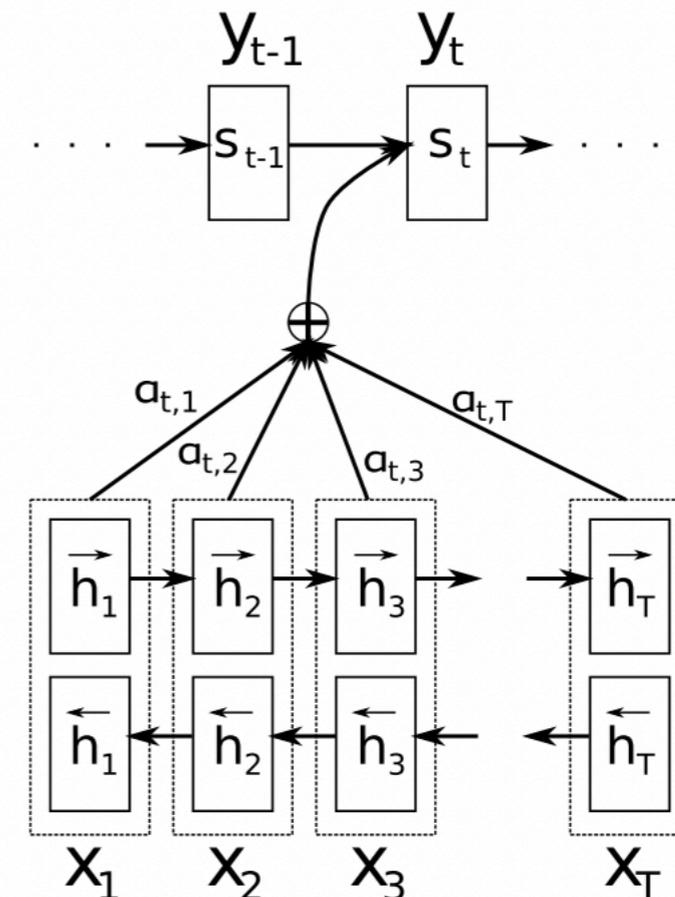
Sentence Classification

Sequence Classification

- For translation, odd to encode entire meaning of source into one state!

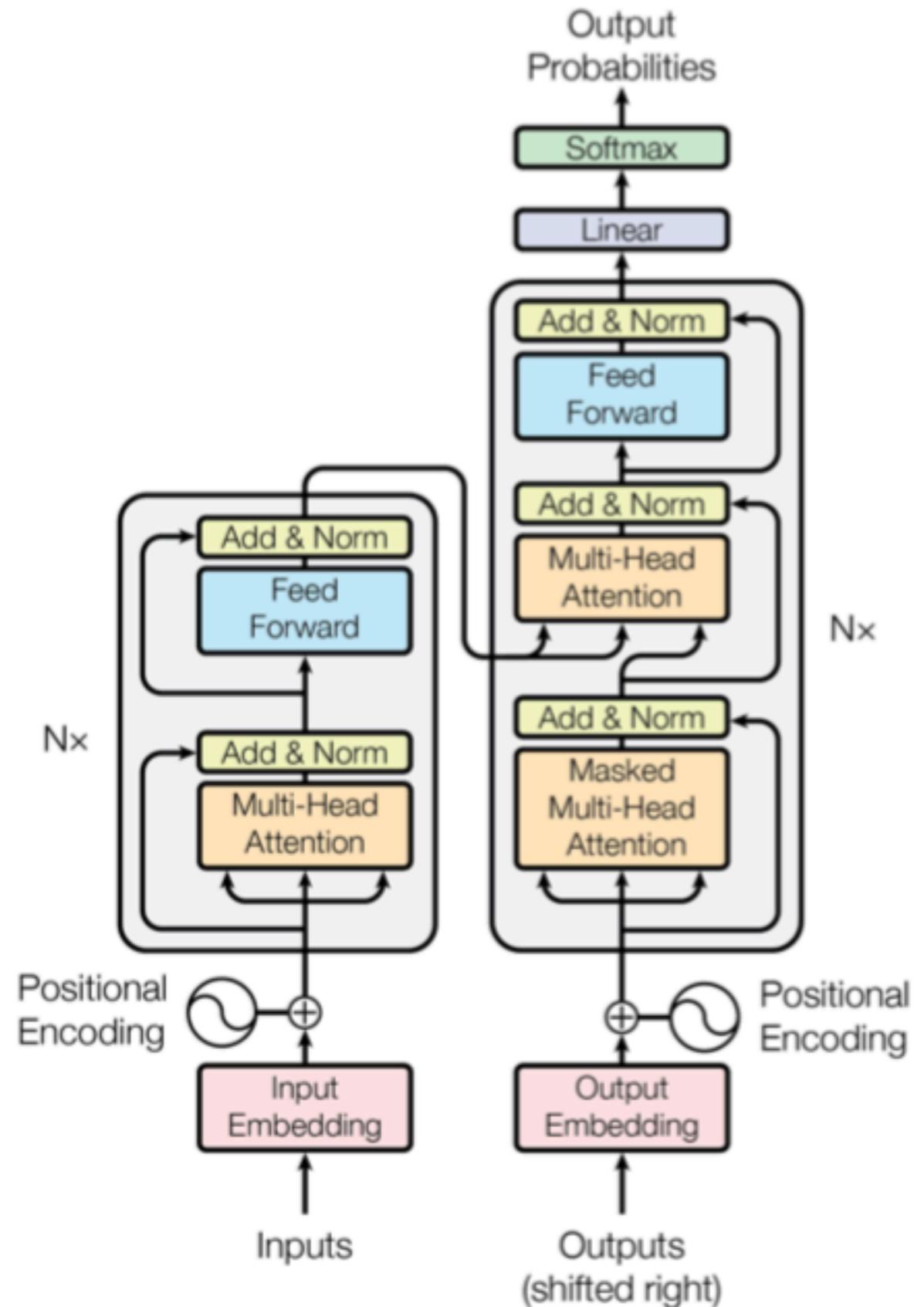
Attention tells where in the source to focus

- Each decoder output word y_t now depends on a weighted combination of all the input states, not just the last state.
- The α 's are weights that define how much of each input state should be considered for each output.
- Application: Automatic “alignment” of source and target languages in MT

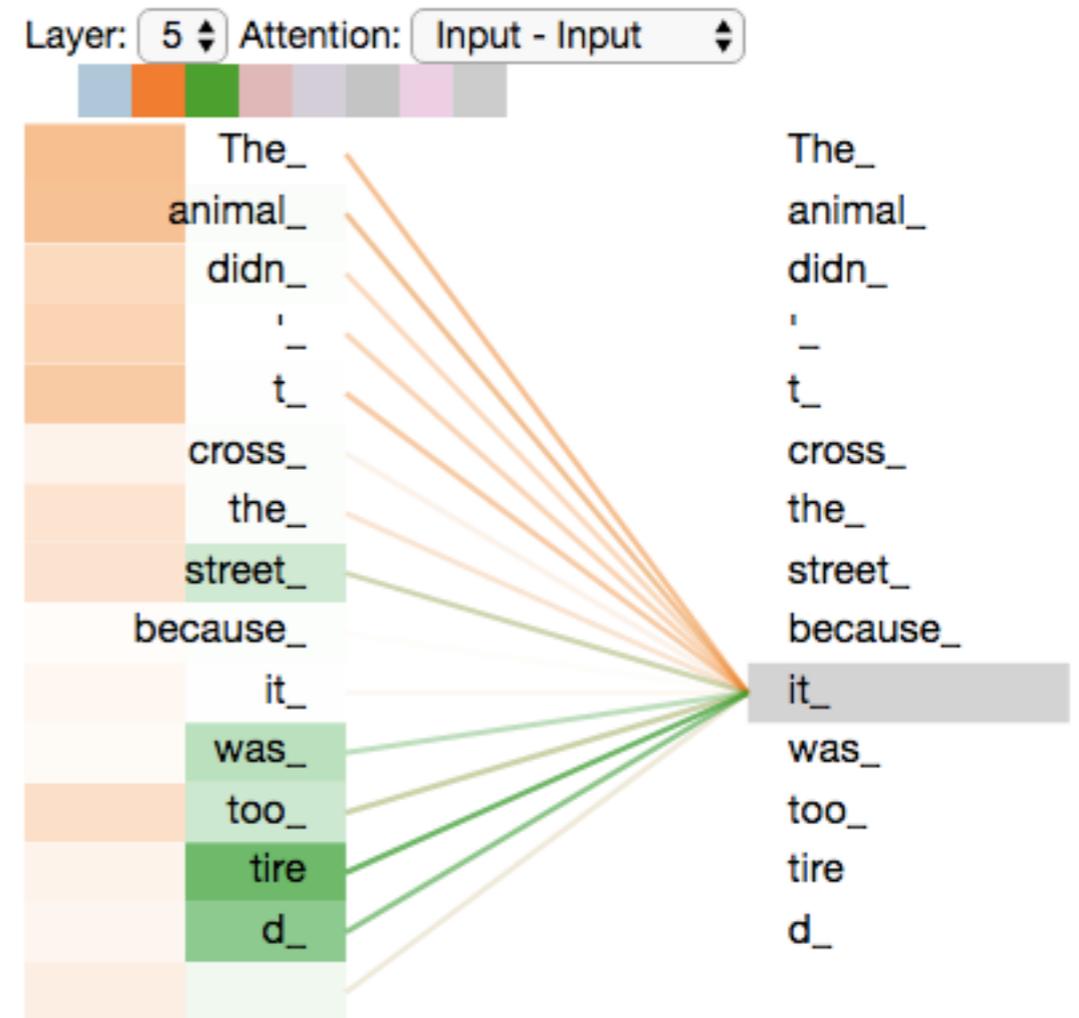
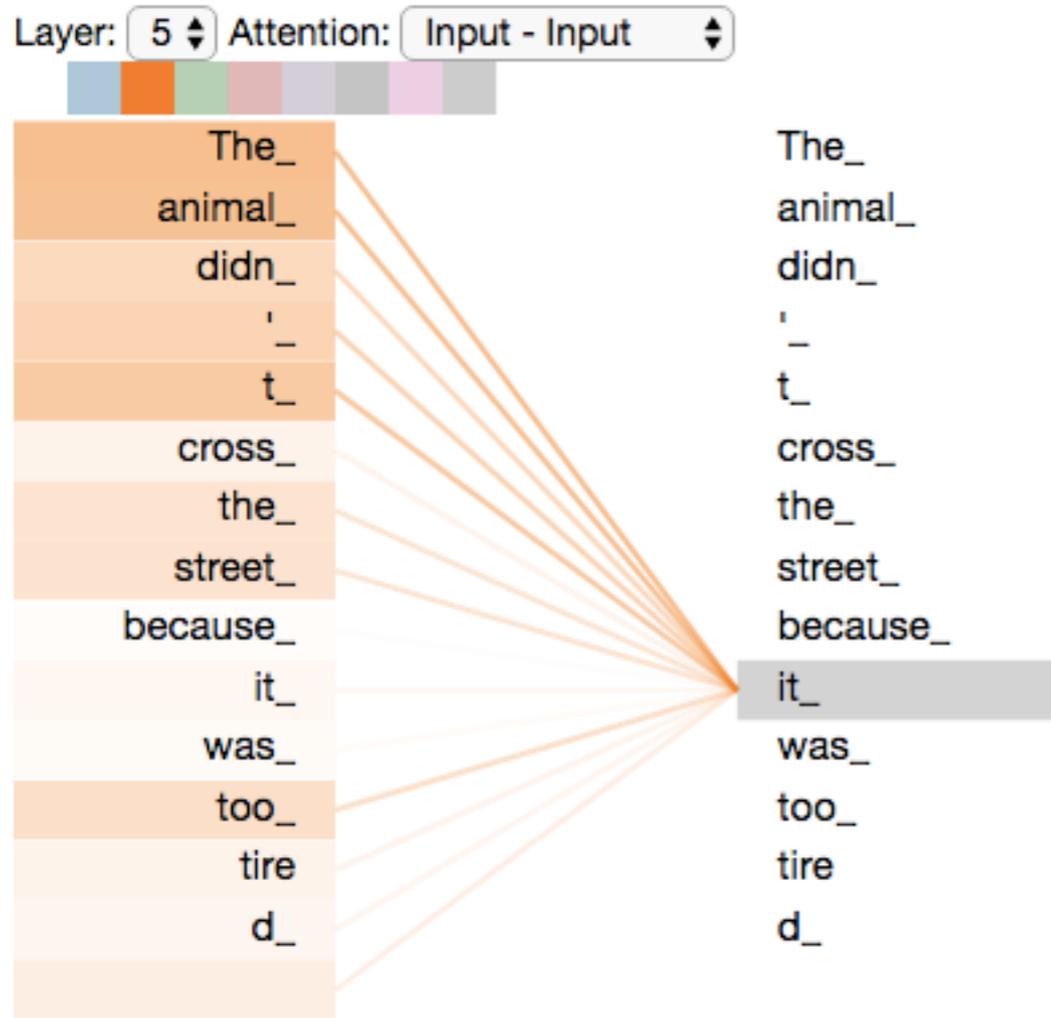


Transformer architecture

- Details well explained at <https://jalammar.github.io/illustrated-transformer/>
- Self-attention — vaguely reminiscent of CNNs
- Multi-headed attention — like multiple convolution kernels in CNN
- Key-value pairs passed from encoder to decoder
- Positional encoding
- Only look to left in decoder
- Scaling



Multi-headed attention



ELMo — Embeddings from Language Models

- Bidirectional LSTM
- Builds models for every *token*, not just for every *type*
 - i.e., different embeddings for the same word in different contexts
 - basis for word-sense disambiguation
- Significantly improves performance on nearly all NLP tasks

	Source	Nearest Neighbors
GloVe	play	playing, game, games, played, players, plays, player, Play, football, multiplayer
biLM	Chico Ruiz made a spectacular <u>play</u> on Alusik 's grounder {...}	Kieffer , the only junior in the group , was commended for his ability to hit in the clutch , as well as his all-round excellent <u>play</u> .
	Olivia De Havilland signed to do a Broadway <u>play</u> for Garson {...}	{...} they were actors who had been handed fat roles in a successful <u>play</u> , and had talent enough to fill the roles competently , with nice understatement .

Table 4: Nearest neighbors to “play” using GloVe and the context embeddings from a biLM.

BERT

Bidirectional Encoder Representations from Transformers

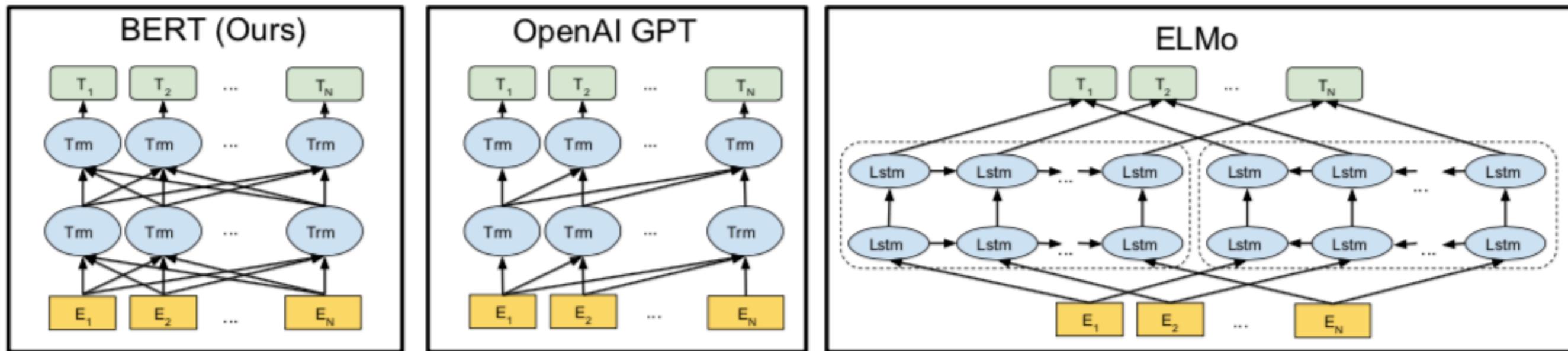


Figure 1: Differences in pre-training model architectures. BERT uses a bidirectional Transformer. OpenAI GPT uses a left-to-right Transformer. ELMo uses the concatenation of independently trained left-to-right and right-to-left LSTM to generate features for downstream tasks. Among three, only BERT representations are jointly conditioned on both left and right context in all layers.

- Word-piece tokens
- Predict masked tokens (~15%)
- Predict next sentence
- Trained on 800M word Books, 2,500M word Wikipedia corpus
- Large performance improvement on many tasks

BERT Performance Improvements

System	MNLI-(m/mm) 392k	QQP 363k	QNLI 108k	SST-2 67k	CoLA 8.5k	STS-B 5.7k	MRPC 3.5k	RTE 2.5k	Average -
Pre-OpenAI SOTA	80.6/80.1	66.1	82.3	93.2	35.0	81.0	86.0	61.7	74.0
BiLSTM+ELMo+Attn	76.4/76.1	64.8	79.9	90.4	36.0	73.3	84.9	56.8	71.0
OpenAI GPT	82.1/81.4	70.3	88.1	91.3	45.4	80.0	82.3	56.0	75.2
BERT _{BASE}	84.6/83.4	71.2	90.1	93.5	52.1	85.8	88.9	66.4	79.6
BERT _{LARGE}	86.7/85.9	72.1	91.1	94.9	60.5	86.5	89.3	70.1	81.9

Table 1: GLUE Test results, scored by the GLUE evaluation server. The number below each task denotes the number of training examples. The “Average” column is slightly different than the official GLUE score, since we exclude the problematic WNLI set. OpenAI GPT = (L=12, H=768, A=12); BERT_{BASE} = (L=12, H=768, A=12); BERT_{LARGE} = (L=24, H=1024, A=16). BERT and OpenAI GPT are single-model, single task. All results obtained from <https://gluebenchmark.com/leaderboard> and <https://blog.openai.com/language-unsupervised/>.

- MNLI Multi-Genre Natural Language Inference
- QQP Quora Question Pairs
- QNLI Question Natural Language Inference
- SST-2 The Stanford Sentiment Treebank
- CoLA The Corpus of Linguistic Acceptability
- STS-B The Semantic Textual Similarity Benchmark
- MRPC Microsoft Research Paraphrase Corpus
- RTE Recognizing Textual Entailment

GPT-2 (Generative Pre-Training)

see <https://blog.openai.com/better-language-models/>

Parameters	Layers	d_{model}
117M	12	768
345M	24	1024
762M	36	1280
1542M	48	1600

- Unified transformer-based architecture for many tasks
- Task is itself given as a sequence of tokens, e.g.,
 - (translate to french, english text, french text)
 - (answer the question, document, question, answer)
- WebText: scrape of 8M documents linked from Reddit with “karma” ≥ 3
 - ~40GB
- Byte-level language models
- PPL = perplexity
- ACC = accuracy on a choose best next word out of 10

	LAMBADA (PPL)	LAMBADA (ACC)	CBT-CN (ACC)	CBT-NE (ACC)	WikiText2 (PPL)	PTB (PPL)	enwik8 (BPB)	text8 (BPC)	WikiText103 (PPL)	1BW (PPL)
SOTA	99.8	59.23	85.7	82.3	39.14	46.54	0.99	1.08	18.3	21.8
117M	35.13	45.99	87.65	83.4	29.41	65.85	1.16	1.17	37.50	75.20
345M	15.60	55.48	92.35	87.1	22.76	47.33	1.01	1.06	26.37	55.72
762M	10.87	60.12	93.45	88.0	19.93	40.31	0.97	1.02	22.05	44.575
1542M	8.63	63.24	93.30	89.05	18.34	35.76	0.93	0.98	17.48	42.16

Table 3. Zero-shot results on many datasets. No training or fine-tuning was performed for any of these results. PTB and WikiText-2 results are from (Gong et al., 2018). CBT results are from (Bajgar et al., 2016). LAMBADA accuracy result is from (Hoang et al., 2018) and LAMBADA perplexity result is from (Grave et al., 2016). Other results are from (Dai et al., 2019).

