

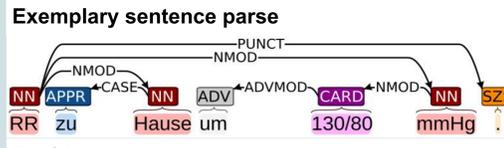
A Domain-adapted Dependency Parser for German Clinical Text

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Motivation	Contributions	Approach
Overcoming the lack of text corpora of German clinical documents and domain-adapted parser models, which severely hampers NLP applications on German medical texts.	<ol style="list-style-type: none"> Building two gold standard clinical corpora: authentic and fictitious. Adapting Stanford Parser to clinical German. Publishing our fictitious corpus and models trained on the authentic corpus. 	A parser, previously trained on general language data, is (re-)trained with in-domain gold data and tested on it, plus fictitious clinical documents.

LINGUISTIC CHALLENGES		TRAINING AND EVALUATION DATA			
Main features of clinical language problematic for machine-readability		1) <i>Nephro_Gold</i>		2) <i>Fictitious documents</i>	
	Examples	authentic, de-identified nephrology documents	gold-standard PoS and dependencies provided by human annotators	synthetic, template-based diverse clinical data	PoS and dependencies automatically parsed and amended by humans
Domain-dependence	Greek- and Latin-rooted terminology				
Complexity	<p><u>Discharge summaries:</u> Complex syntactic embeddings</p> <p><i>Appendektomie</i> ('appendectomy') <i>thorakal</i> ('thoracic')</p> <p><i>In Anbetracht der initial bestehenden Entzündungskonstellation haben wir antibiotisch mit Levofloxacin 500 mg 1-0-1 über 10 Tage behandelt, was sich im Nachhinein nach dem bakteriologischen Resistenzprofil als treffsicher erwies.</i></p> <p>('Given the initial inflammatory constellation, we treated antibiotically with Levofloxacin 500 mg 1-0-1 for 10 days, which turned out to be accurate according to the bacteriological resistance profile.')</p>	<p>80% train</p> <p>10% dev</p> <p>10% test</p>	<p>clinical notes</p> <p>dis. summaries</p>	<p>clinical notes</p> <p>dis. summaries</p>	<p># of files</p> <p>avg. words (std.)</p> <p>IAA</p>
Reduction	<p>Ellipses (mostly auxiliary and copula verbs); Sentence boundaries</p> <p><u>Clinical notes:</u> Poor syntactic structure; Non-standard abbreviations and acronyms; Lack of punctuation marks</p>	<p><i>Geht gut.</i> ('Goes well.')</p> <p><i>Ödeme rückläufig</i> ('Edema declining')</p> <p><i>Geht gut RR gut.</i> ('Goes well RR well.')</p>	<p>44</p> <p>11</p> <p>30</p> <p>5</p>	<p>0.9578</p>	<p>0.9686</p>
ANNOTATION SCHEMA					
<p>PoS tagging: Stuttgart-Tübingen-TagSet (STTS)</p> <p>Dependency annotation: Universal Dependencies (UD)</p>					
<p>Exemplary sentence parse</p>  <p>Translation: 'RR (Riva-Rocci - 'blood pressure') at home about 130/80 mmHg'.</p>					

EXPERIMENT ARCHITECTURE																					
Experiment 1					Experiment 2																
All results are given as LAS ¹	<i>baseline</i> 27.09	<i>stanford_conf</i> 42.15	<i>nephro</i> 74.64	<i>transfer</i> 78.96	<i>extended</i> ~75.92																
	Performance of Stanford Parser and Tagger on nephrological text, tested out-of-the-box.	Performance of Stanford Parser on nephrological text. Elimination of potential errors caused by false PoS annotation.	Performance of Stanford Parser on nephrological text, trained solely on in-domain data .	Performance of Stanford Parser with the default model, re-trained with nephrological data.	Performance of Stanford Parser with the <i>transfer</i> model on a fictitious dataset of more clinical subdomains.																
Test data	<i>Nephro_Gold</i>	<i>Nephro_Gold</i>	<i>Nephro_Gold</i>	<i>Nephro_Gold</i>	fictitious documents																
PoS	Stanford PoS tagger	manual pre-processing	manual pre-processing	manual pre-processing	JPOS ³																
Parser	Stanford Parser	Stanford Parser	Stanford Parser	Stanford Parser	Stanford Parser																
Training data	default ²	default ²	<i>Nephro_Gold</i>	default ² + <i>Nephro_Gold</i>	default ² + <i>Nephro_Gold</i>																
					<table border="1"> <thead> <tr> <th></th> <th>eval-1</th> <th>eval-2</th> <th>avg.</th> </tr> </thead> <tbody> <tr> <td>clinical notes</td> <td>75.96</td> <td>81.75</td> <td>78.86</td> </tr> <tr> <td>dis. summaries</td> <td>69.69</td> <td>76.26</td> <td>72.98</td> </tr> <tr> <td>avg.</td> <td>72.83</td> <td>79.01</td> <td>75.92</td> </tr> </tbody> </table>		eval-1	eval-2	avg.	clinical notes	75.96	81.75	78.86	dis. summaries	69.69	76.26	72.98	avg.	72.83	79.01	75.92
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¹ LAS: Labeled Attachment Score (a given dependency is scored as correct only if both the syntactic head and the label are identical)

² The default model of the Stanford Parser was trained on the Universal Dependencies (UD) treebank for German – a large dataset of heterogeneous nature

³ JPOS: PoS-tagger trained on medical data

CONCLUSION	OUTLOOK
<ul style="list-style-type: none"> Re-training a general language model with specific in-domain data yields better performance on nephrology texts than the Stanford Parser's default model. Plus, the model performs well on other clinical subdomains. Our fictitious gold standard corpus as well as models trained on the manually annotated, authentic data are published, bypassing German legal restrictions. 	<ul style="list-style-type: none"> Testing and evaluating the model on larger in-domain datasets as well as on data from more clinical subdomains. Increasing the quality and quantity of German clinical data. Reconsidering the substitutability of authentic and synthetic clinical documents for the purpose of advancing research.