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Contrastive Clustering of medical reports to characterise Adverse Drug Reactions









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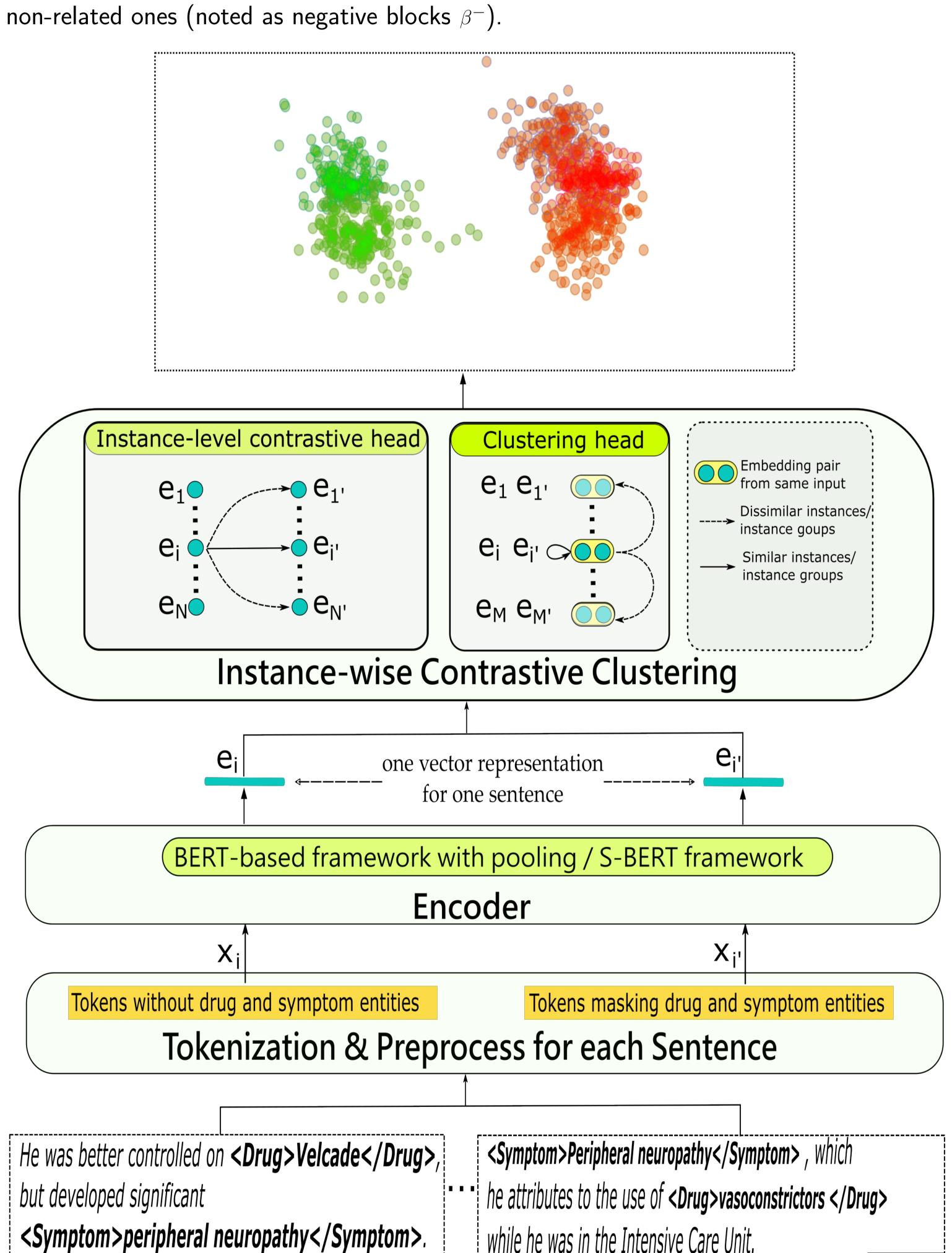
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1. Motivation

- Adverse Drug Reactions (ADRs) being mandatory for healthcare professionals, pharmacovigilance still suffers from a significant under-reporting, accounting for only 5-10%of all ADRs.
- Identification of ADRs relies on the well-trained health professionals, while there are still an enormous amount of documents waiting to be reviewed.
- Annotating such electronic health records (EHRs) is very expensive, yet supervised approaches need a large amount of annotated data.

2. Structure of Model Pipeline

- Assumption: "the ADR relation lies in the contexts of the drug-symptom target entities". More specifically, we assume there exists a short text around the entities pair which is sufficient for the representation of ADR.
- \bullet Our goal is to separate the ADR-related text blocks (noted as positive blocks β^+) from



• BioBERT model is pre-trained and fine-tuned on biomedical corpora instead of employing general domain text corpora in BERT.

Both BERT and BioBERT are token-wise language model.

• Sentence-BERT applys a siamese fine-tuning structure on basic BERT model to capture features in semantic space, which transform a whole sentence directly into vector representation.

4. Contrastive Learning Enhanced Clustering (CLEC)

• For the Instance-level Contrastive head, the the model is trained to distinguish between similar and dissimilar data by evaluating the loss¹

$$\ell_i^{IC} = -log \frac{exp\left(sim(x_i, x_{i'})/\tau\right)}{\sum_{j=1}^{M} \mathbb{1}_{j \neq i'} exp\left(sim(x_i, x_j)/\tau\right)}$$
 for each instance,

The Instence Contrastive Loss is $\mathcal{L}_{IC} = \sum_{i=1}^{M} \ell_i^{IC}/M$

• For the clustering head, we use the Student's t-distribution² to measure the similarity between mapped point z_i and centroid μ_k :

$$q_{ik} = \frac{\left(1 + \|z_i - \mu_k\|^2/\alpha\right)^{-\frac{\alpha+1}{2}}}{\sum_{k'} \left(1 + \|z_i - \mu_{k'}\|^2/\alpha\right)^{-\frac{\alpha+1}{2}}}, \text{ and refine the clusters with the help of an auxiliary target}$$
 distribution $p_{ik} = \frac{q_{ik}^2/f_k}{\sum_{k'} q_{ik'}^2/f_{k'}}$ with $f_k = \sum_i q_{ik}$ as soft cluster frequencies,

The objective is a KL divergence loss between the soft assignments q_i and the auxiliary distribution for both instance pairs:

$$\mathcal{L}_C = \sum_{(i,i')} \ell_i^C / M + \ell_{i'}^C / M$$
, where $\ell_i^C = \sum_i \sum_j p_{ik} \log \frac{p_{ik}}{q_{ik}}$

• Total objective of CLEC: $\mathcal{L}_{CLEC} = \mathcal{L}_{IC} + \eta \mathcal{L}_{C}$.

5. Results and Discussion

Experimental Data

- Data source from MADE challenge 2018, whose corpora are only electronic health records.
- The information about medications and symptoms are given.
- MADE 1d1s where we extract those who has exactly one drug and one symptom as the "perfect situation", a nearly balanced dataset with short textual blocks.
- MADE multi-d-s has longer blocks of the EHR corpus with an almost balanced distribution between negative and positive blocks. Each block contains at least one drug and one symptom.
- In BioBERT based model, we use average pooling for short text input in MADE 1d1s and took [CLS] representation for long inputs in MADE multi-d-s

We have chosen a fully supervised approach

(Bag of Words + Logistic Regression Classifier) as the upper bound baseline, and a BoW with random guessing as the lower bound.

The results for unsupervised approaches (*) are always followed by a KMedoids clustering

Exp DOW+LD	Prec	Recall	L 1
$\overline{D \cap W + I D}$		1000011	Т, Т
BOW+LR	0.702	0.797	0.746
BioBERT*4	0.651	0.663	0.650
SBERT*4	0.733	0.615	0.665
BioBERT+CLEL	0.768	0.669	0.715
SBERT+CLEL	0.646	0.711	0.677
BOW+Random	0.514	0.529	0.522
Evn	MADE multi-d-s		
ЦХР	Prec	Recall	F1
BOW+LR	0.809	0.847	0.827
BioBERT*4	0.604	0.634	0.619
SBERT*4	0.653	0.673	0.663
BioBERT+CLEL	0.582	0.827	0.673
SBERT+CLEL	0.660	0.773	0.702
BOW+Random	0.509	0.440	0.472
	SBERT*4 BioBERT+CLEL SBERT+CLEL BOW+Random Exp BOW+LR BioBERT*4 SBERT*4 SBERT+CLEL SBERT+CLEL	SBERT*4 0.733 BioBERT+CLEL 0.768 SBERT+CLEL 0.646 BOW+Random 0.514 Exp MAD Prec 0.809 BioBERT*4 0.604 SBERT+CLEL 0.582 SBERT+CLEL 0.660	SBERT*4 0.733 0.615 BioBERT+CLEL 0.768 0.669 SBERT+CLEL 0.646 0.711 BOW+Random 0.514 0.529 Exp MADE multer Prec Recall BOW+LR 0.809 0.847 BioBERT*4 0.653 0.673 BioBERT+CLEL 0.582 0.827 SBERT+CLEL 0.660 0.773

- Both BioBERT-based model and SBert-based Model benefit the contrastive clustering comparing to our previous work.
- For short EHR data, BioBERT based model benefits more from its biomedical domain specified dictionary comparing to

the SBERT-based model,

SBert model has more adventage for long textual EHR data,

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non-ADR

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while he was in the Intensive Care Unit.