# Al based prognosis and diagnosis negation detection in health records using Natural Language Processing

INT 400 Internship 3

**Final Review** 

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### Introduction

- Natural Language Processing (NLP) is a transformative field that leverages
   Al to decode human language. In healthcare, it plays a crucial role in improving diagnosis and prognosis.
- Negation detection within NLP focuses on accurately identifying instances where patients deny symptoms or conditions, a vital step in healthcare data analysis.
- In this presentation, we delve into the power of NLP and AI for precise diagnosis and prognosis by addressing the challenge of negation detection in health records.

### Work done

- In a prior project, I designed an interactive dashboard powered by NLP to extract insights from radiology reports.
- Leveraging NLP, we transformed unstructured radiology data into actionable information, enhancing medical decision-making.



### **Objectives**

- One of the primary objectives of our project is to harness the power of negation detection in healthcare records to achieve precise symptom identification.
- Patients often provide critical information by negating the presence of symptoms, conditions, or experiences.
- Our Al-driven approach ensures that negated symptoms are accurately recognized, allowing us to build a more comprehensive and accurate profile of a patient's health.
- By coupling negation detection with symptom identification, we aim to improve the precision of diagnoses and prognoses, ultimately enhancing patient care.

### **Dataset**



#### **Imaging Center**

123 Main Street Anywhere, USA 01234 Phone 123.456.7890 Fax 123.456.7890

PATIENT: JOHN SMITH
DOB: 5/5/1955
FILE #: 12345
PHYSICIAN: REFERRING
EXAM: MRI LEFT KNEE
DATE: 1/1/2011

#### CLINICAL INFORMATION

Left medial knee pain and swelling for 2 weeks, injured during football, assess for medial meniscal tear, initial

#### COMPARISON

None

#### TECHNIQUE

Axial PD FS, coronal T1 and STIR, sagittal PD and PD FS imaging is performed through the left knee without contrast.

#### FINDINGS

FLUID / INTRA-ARTICULAR BODIES: There is a small knee effusion and a small popliteal cyst present. There is circumferential soft tissue edema and swelling at the level the knee most prominent posteriorly.

#### MENISCI:

Medial: The medial meniscus is normal. Lateral: The lateral meniscus is normal.

CRUCIATE LIGAMENTS: The anterior cruciate ligament contains mild intrasubstance edema suggestive of a grade 1 sprain but there is no high-grade or full-thickness tear. The PCL is normal.

COLLATERAL LIGAMENTS: The medial collateral ligament is normal. The iliotibial band and fibular collateral ligament are normal. There is grade 1 strain/contusion involving the proximal gastroenemius muscle and the distal biceps femoris muscle.

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EXTENSOR MECHANISM: The patellar and quadricep tendons are normal.

#### CARTILAGE:

Patellofemoral compartment: The patellofemoral articular surfaces are normal.

Medial tibiofemoral compartment: The medial compartment articular surfaces are normal.

Lateral tibiofemoral compartment: The lateral compartment articular surfaces are normal.

BONE MARROW: There are extensive bone contusions involving the distal femur and proximal tibia. There is a nondisplaced Salter II fracture through the distal femoral growth plate with fluid within the growth plate and extensive adjacent marrow edema and bone contusion within the metaphysis. The metaphyseal component of the fracture is noted along the peripheral margin of the lateral femoral condyle with a large subperiosteal hematoma and uplifting and displacement of the periosteum along the posterolateral aspect of the distal femoral metaphysis. There is extensive bone contusion within the epiphyseal region of the proximal tibia. There is a small linear area of low signal abnormality adjacent to the growth plate posteriorly suggestive of a small incomplete nondisplaced transverse fracture through the posterior metaphyseal region of the proximal tibia seen on image 11 of series 9.

#### IMPRESSION

- There are extensive bone contusions of the distal femur and proximal tibia. There is a nondisplaced Salter II
  fracture through the growth plate of the distal femur with the metaphyseal component of the fracture located
  along the posterior peripheral aspect of the lateral femoral condyle. There is a subperiosteal hematoma with
  displacement of the periosteum along the posterolateral aspect of the distal femoral metaphysis.
- 2. Extensive bone contusion of the proximal tibia with a small incomplete nondisplaced transverse fracture line noted along the posterior margin of the proximal tibial metaphysis.
- 3. Small knee effusion and popliteal cyst with posterior soft tissue edema and swelling.
- 4. Grade 1 sprain of the anterior cruciate ligament but no high-grade tear or disruption.
- Grade 1 strain of the proximal gastrocnemius muscle and distal biceps femoris muscle.
- No meniscal tear.
- 7. The articular surfaces are well preserved.

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### **Prognosis and Diagnosis**

- Diagnosis is the process of identifying a medical condition, while prognosis is the prediction of how that condition is likely to progress.
- Both are crucial aspects of medical practice, as an accurate diagnosis informs appropriate treatment options, and an understanding of prognosis helps patients and healthcare providers make informed decisions regarding care and management.

### Significance of the project

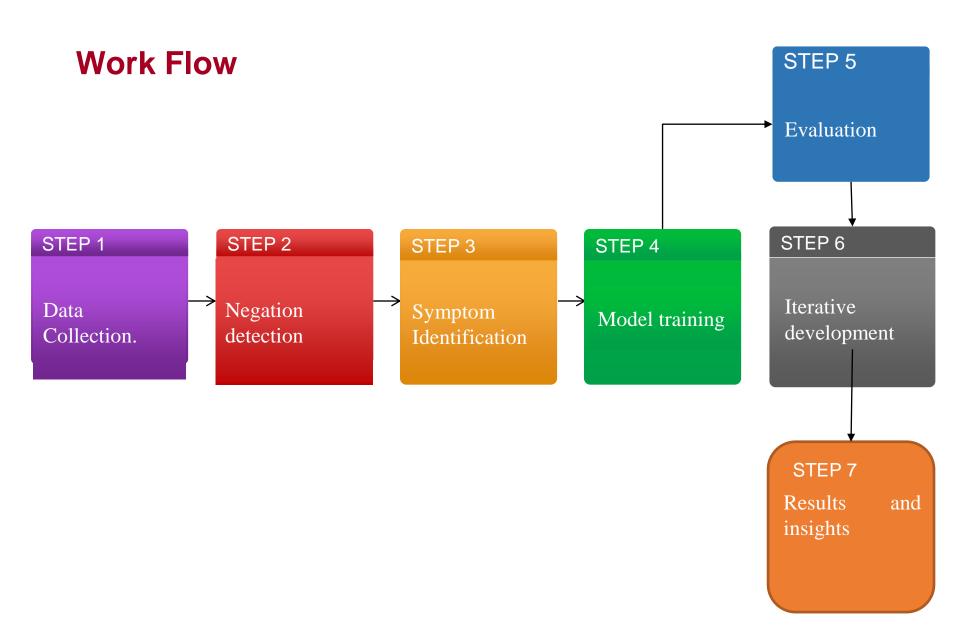
- Radiologists must be meticulous in recognizing negated findings in the radiology reports, as the absence of certain abnormalities is just as crucial as identifying their presence.
- Negations play a pivotal role in mitigating uncertainty by clarifying that specific abnormalities or conditions have not been observed in the images.
- This underscores the need for structured reporting systems that allow radiologists to clearly indicate negations, ensuring that clinicians have a accurate understanding of the prognostic and diagnostic picture.
- In the intricate landscape of radiology, where uncertainty is inherent, effective negation handling emerges as a critical component in the quest for precise and reliable diagnoses.

### Research

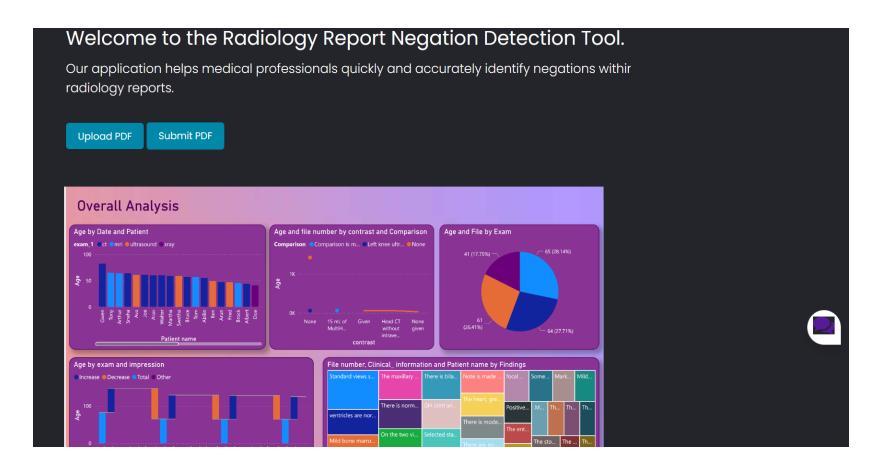
Methods	Description	Appications
negspacy	A pre-trained transformer- based model specifically designed for the biomedical domain	NegSpacy is a Python library for negation detection in clinical text.
ScispaCy	A specialized version of spaCy that is trained specifically on scientific and biomedical text, which makes it ideal for processing medical text.	Entity recognition, relationship extraction, and concept mapping

## **Literature Survey**

Author	Year	Title	Methods	Datasets	Research Challenges addressed R	Results
					LSTM-based system that makes use of	
					syntactic data and does not require any	
		Negation			human-derived cue annotation at the time of	
		Scope		Cincinnati	inference. When the gold cue annotation is G	Gold negation cue independent
		Detection in			available, the system enables its use as anhi	
Elena		Clinical Notes			extra feature and produces outcomes on theu	•
Sergeeva		and Scientific	,	Medical	BioScope corpus that are on par with cutting-ne	negation scope detection in
	2019	Abstracts	LSTM	Center	3 1	piomedical texts.
						From the 12419 medical terms in
				Erasmus		365 medical records, 1748
				Medical	The need for more representative training datam	
		Negation		Center	and improved context handling for negation	•
			biLSTM,		detection in electronic health records, as wellth	•
		Dutch clinical	1		as addressing data imbalance and ambiguity in	•
Bram van Es	2023	texts	RoBERT	corpus		negation detection models.
						Automatically identifies negation
						cues and their scope in Spanish
						eview texts and we investigate
		Negation		Spanish	Words correctly identified as scope by thew	•
		detection for		SFU	Spanish negation detector thatare present ind	·
		sentiment	L	Review	the SO-CAL dictionary, but are not sentimented	- 1
Maite Taboada	2020	analysis	NegEx	corpus	words in the domain understudy sy	system.



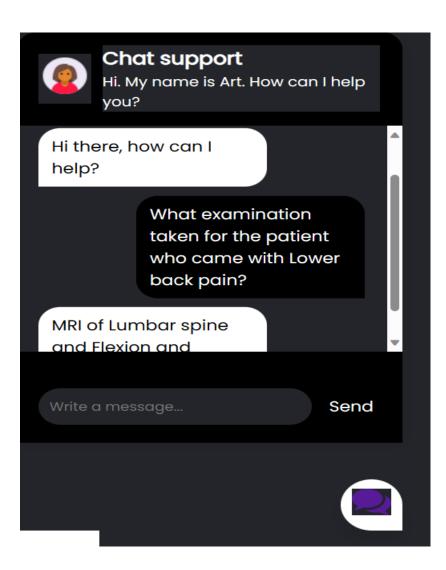
### Result



### Result

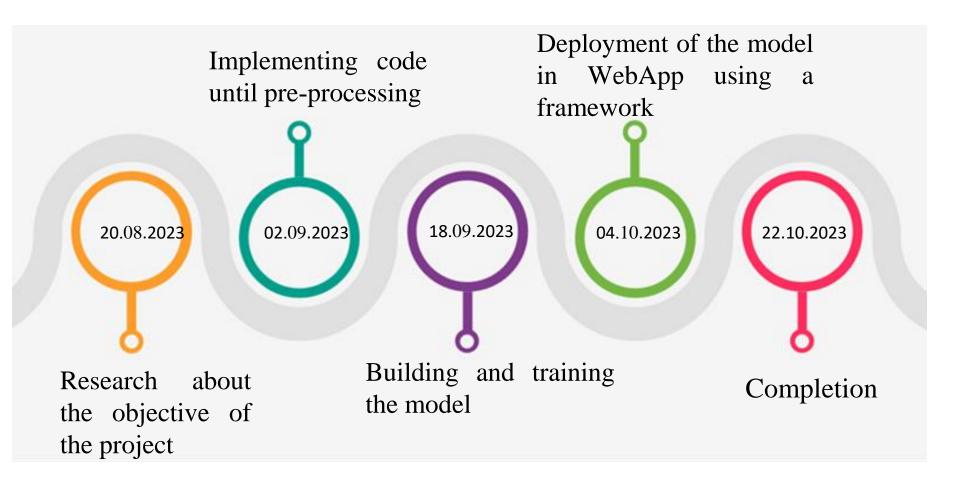
```
Negation Detection:
('Affirmed', '| Confidence: 78.5079%')
('Negated', '| Confidence: 99.6490%')
('Negated', '| Confidence: 99.6490%')
('Negated', '| Confidence: 99.6490%')
('Affirmed', '| Confidence: 51.8933%')
('Negated', '| Confidence: 99.6490%')
('Negated', '| Confidence: 99.6490%')
('Negated', '| Confidence: 99.6490%')
('Affirmed', '| Confidence: 99.9368%')
('Affirmed', '| Confidence: 99.1371%')
('Affirmed', '| Confidence: 74.0599%')
('Affirmed', '| Confidence: 99.6213%')
('Affirmed', '| Confidence: 99.8946%')
('Negated', '| Confidence: 99.8069%')
('Affirmed', '| Confidence: 94.7827%')
('Negated', '| Confidence: 99.9380%')
('Affirmed', '| Confidence: 97.6163%')
('Affirmed', '| Confidence: 96.6704%')
('Affirmed', '| Confidence: 99.7017%')
('Affirmed', '| Confidence: 99.3382%')
('Affirmed', '| Confidence: 99.5702%')
```

### Result



### **Demo**

### Timeline of the work



### Conclusion

- Our project is to deploy a negation detection model through a Flaskbased web interface represents a significant step toward facilitating the understanding of negations in Radiology reports data.
- By enabling users to input text and promptly identify the presence and scope of negations, our application contributes to more accurate diagnosis of the patient's clinical data
- While we have achieved a successful deployment, ongoing work is needed to fine-tune the model for higher accuracy, enhance the user interface for a better experience, and ensure robust performance as user demand grows.

### Reference

- <a href="https://medium.com/@MansiKukreja/clinical-text-negation-handling-using-negspacy-and-scispacy-">https://medium.com/@MansiKukreja/clinical-text-negation-handling-using-negspacy-and-scispacy-</a>
  233ce69ab2ac#:~:text=Negspacy%20%3A%20spaCy%20pipeline%2
  0object%20for,scope%20of%20the%20trigger%20terms.
- <a href="https://paperswithcode.com/task/negation-detection/codeless">https://paperswithcode.com/task/negation-detection/codeless</a>
- https://ieeexplore.ieee.org/stamp/stamp.jsp?arnumber=9179807
- https://www.ajnr.org/content/42/10/1755

# Thank you