

# Large Language Models are Zero-shot Oncology Information Extractors

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## MOTIVATION

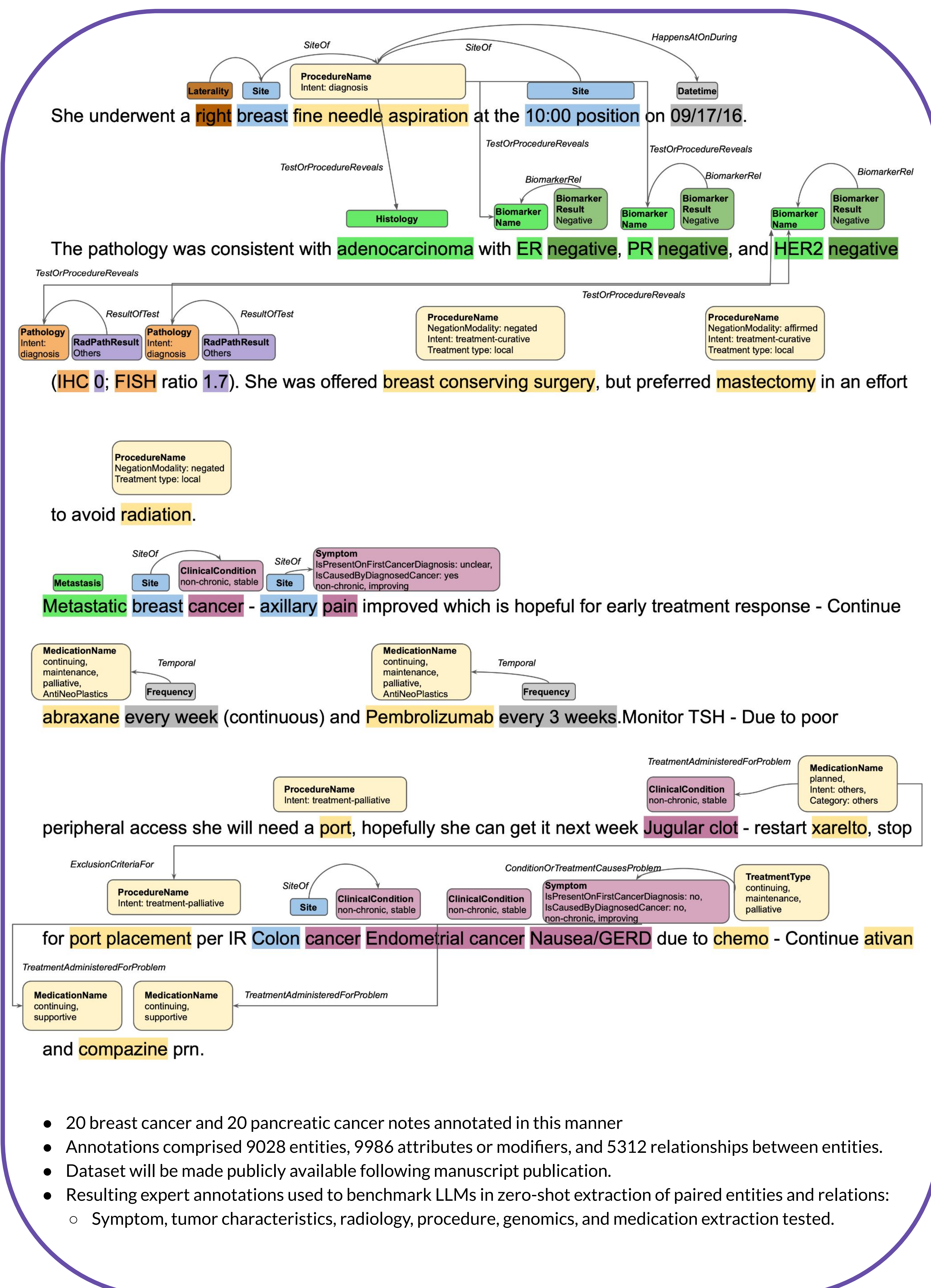
### No advanced, public cancer data models for MedOnc text

Existing schemas are either cancer- / note-type-specific, or only represent a subset of information.

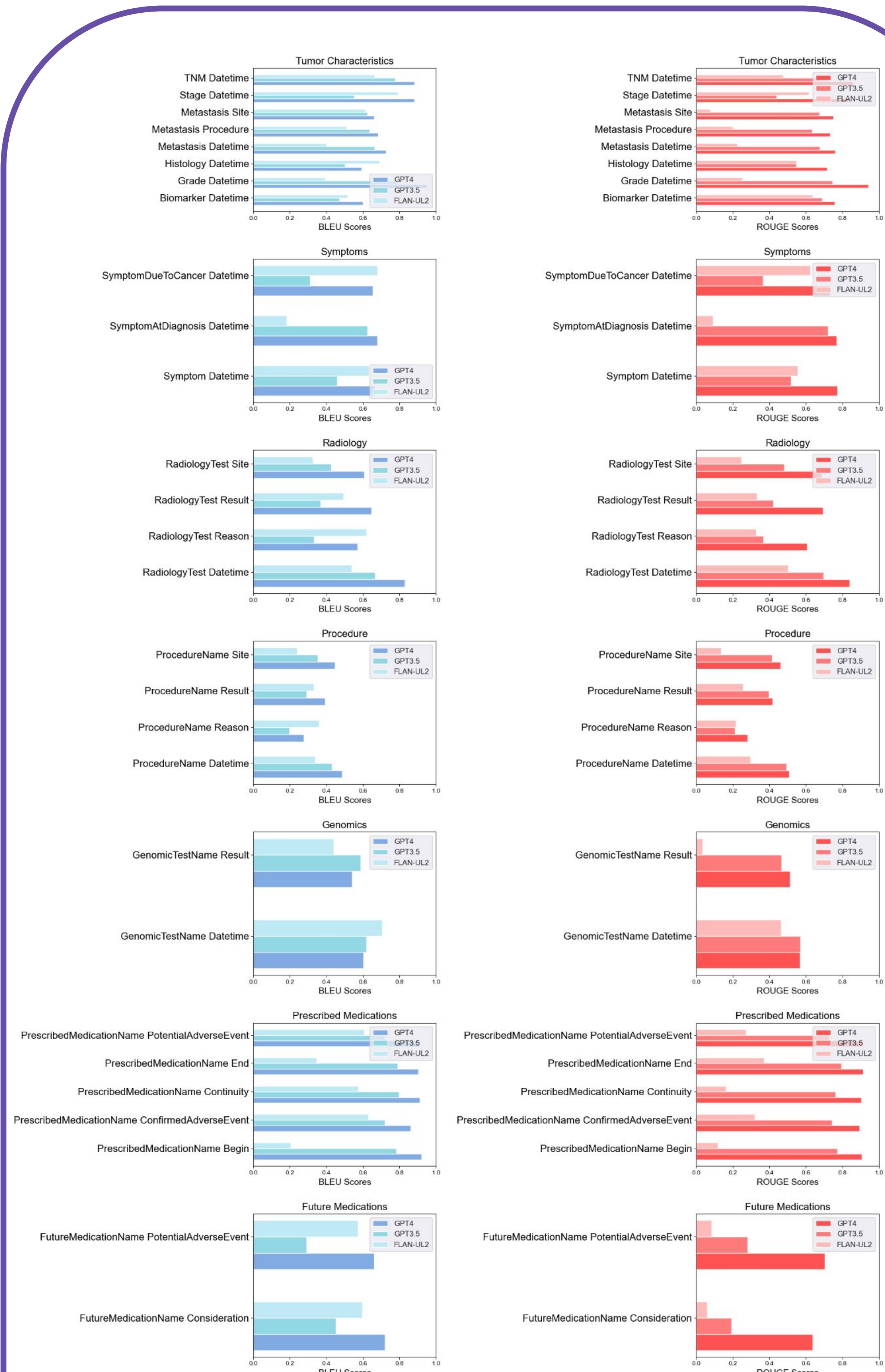
### No comprehensively annotated benchmarks for oncology information extraction

Lack of benchmark datasets limit further studies.

## ANNOTATIONS



## INFORMATION EXTRACTION RESULTS



- GPT-4 outperformed GPT-3.5 and FLAN-UL2. Clinical T5, llama/llama2 13B were not usable.
  - Given higher precision, low recall, FLAN-UL2 is promising for further clinical fine-tuning.
- Mean BLEU score (precision) for GPT-4 was 0.68, and mean ROUGE score (recall) was 0.71.
- Despite no previous known clinical training, GPT-4 is excellent at tumor characteristic and prescribed medication extraction.
- Scope of improvement for more advanced reasoning-driven extraction. Potential to improve with in-context learning and advanced prompt engineering.

## CONCLUSIONS AND DISCUSSION

- Our schema captured nuanced rhetoric in medical oncology narratives, including family history, SDOH factors, clinical data, causality between diagnoses, treatments, and symptoms, and treatment intent and response including potential and current adverse events.
- The study demonstrated impressive zero-shot capability of the GPT-4 model in synthesizing oncologic history from the HPI and A&P sections, including tasks requiring advanced linguistic reasoning, such as extracting adverse events for prescribed medications.
- GPT-4 is promising for scaling manual phenotyping efforts to facilitate NLP-based research and applications, for real-world drug and device safety monitoring, automatically populating cancer registries, and generating larger annotated datasets for supervised machine learning.
- However, open source models like FLAN-UL2 are also promising for use with further clinical fine-tuning for a privacy-preserving counterpart.