
Modern Bert: An Application on Clinical Data

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Abstract

While Large Language Models (LLMs) continue to gain prominence, encoder-only transformer architectures such as BERT remain foundational tools for a wide range of non-generative downstream tasks. Among these, BERT-based models are still extensively employed for discriminative applications like Named Entity Recognition (NER), where they often match or even rival the performance of more recent, specialized LLMs. Nevertheless, many existing pipelines continue to rely on earlier iterations—most notably the original BERT—without integrating architectural and methodological improvements introduced in recent years.

In this work, we investigate ModernBERT, a modernized encoder-only transformer featuring an enhanced architecture aimed at improving downstream task performance and computational efficiency. To evaluate the effectiveness of these improvements, we perform a systematic comparison between BERT and ModernBERT on the task of NER, where encoder models are still commonly applied. Our evaluation is conducted on a domain-specific dataset comprising clinical trial eligibility criteria. This domain-specific dataset is chosen due to the significant challenges posed by linguistic variability and specialized terminology in the biomedical field and thus the crucial role played by NER in identifying and classifying medical entities within unstructured text. All code and experiment details are available in the following Github repository.

1 Introduction

Encoder-only transformer models, popularized by BERT (Bidirectional Encoder Representations from Transformers, [1]), have long served as foundational components in modern Natural Language Processing (NLP), particularly for non-generative downstream tasks such as classification, information retrieval, and Named Entity Recognition (NER). While recent advancements in Large Language Models (LLMs) such as GPT [2], GPT-3 [3], LLaMA-2 [4] and LLaMA-3 [5] have shifted attention toward generative models, encoder-only architectures remain crucial due to their favorable trade-offs in performance, inference efficiency, and scalability.

These models continue to serve as backbones in high-impact domains, including semantic search and Retrieval-Augmented Generation (RAG) systems [6], as well as for routing and moderation in agentic frameworks [7]. Notably, in tasks like NER, encoder models often rival the performance of specialized LLMs while remaining significantly more efficient [8].

Limitations of BERT-based models Despite their enduring utility, many encoder-based pipelines continue to rely on the original BERT architecture, which suffers from well-documented limitations: fixed sequence lengths (512 tokens), outdated training data, inefficient architectural design [9], and generally inefficient architectures, whether in terms of downstream performance or computational efficiency. Though recent efforts such as MosaicBERT [10], CrammingBERT [11], and AcademicBERT [12] have introduced partial updates, they have either prioritized training efficiency or retrieval performance, often neglecting improvements in classification accuracy, inference speed, and data scale.

Importance in the context of clinical data In the biomedical field, leveraging unstructured textual data has become a key challenge for advancing research, supporting clinical decision-making, and improving access to relevant medical information[13] [14] [15]. Among such texts, clinical trial eligibility criteria represent a particularly rich source of information, yet they remain difficult to process automatically due to their linguistic complexity and variability. These criteria, typically written in natural language, outline the conditions that a patient must meet to participate in a study, and often include specific medical entities such as diseases, treatments, biological measurements, or demographic characteristics.

Contributions In this work, we introduce ModernBERT [16], a fully modernized encoder-only transformer model designed to address the limitations of legacy architectures. To study the efficiency of these improvements, we evaluate the performance of BERT-based models in comparison to ModernBert on a classical NER task related to eligibility criteria for clinical trials.

2 Background on BERT

Before diving into the refinements brought by ModernBERT, one needs to understand the BERT model in detail. BERT builds upon the Transformer architecture [17], but adopts only the encoder component of the Transformer stack. Its innovation lies in its ability to learn deeply bidirectional, context-sensitive representations of text by conditioning on both left and right context in all layers. At its core, BERT consists of a stack of Transformer encoder layers that leverage multi-head self-attention and position-wise feedforward neural networks. These layers are trained using self-supervised learning objectives that allow the model to learn language representations without the need for manually labeled data.

2.1 Input Representation

Given an input sequence of tokens $x = (x_1, x_2, \dots, x_n)$, each token is first mapped to a dense vector $e_i \in \mathbb{R}^d$, where d is the hidden size of the model. To incorporate information about token order and sentence structure, BERT combines three types of embeddings:

$$h_i^{(0)} = e_i + p_i + s_i$$

where:

- e_i : token embedding of the i -th token.
- p_i : positional embedding encoding the token’s position in the sequence.
- s_i : segment embedding indicating whether the token belongs to sentence A or B, a mechanism used during pretraining for Next Sentence Prediction (NSP).

These embeddings are summed to form the input to the encoder stack.

2.2 Transformer Encoder Layers

The encoder in BERT comprises L identical layers, each consisting of two main sub-layers:

Multi-Head Self-Attention (MHSA)

This mechanism allows the model to jointly attend to information from different representation subspaces at different positions. Given input hidden states h , the attention mechanism computes:

$$\text{Attention}(Q, K, V) = \text{softmax} \left(\frac{QK^\top}{\sqrt{d_k}} \right) V$$

where:

$$Q = hW_Q, \quad K = hW_K, \quad V = hW_V$$

are linear projections of the input.

For multi-head attention with h heads, the outputs of individual heads are concatenated and linearly transformed:

$$\text{MHSA}(h) = \text{Concat}(\text{head}_1, \dots, \text{head}_h)W_O$$

where:

$$\text{head}_i = \text{Attention}(Q_i, K_i, V_i)$$

Position-wise Feedforward Network (FFN)

Each encoder layer also includes a fully connected feedforward network applied independently to each position:

$$\text{FFN}(h) = \text{GELU}(hW_1 + b_1)W_2 + b_2$$

Each sub-layer (MHSA and FFN) is followed by residual connections and layer normalization:

$$h' = \text{LayerNorm}(h + \text{MHSA}(h))$$

$$h^{(l+1)} = \text{LayerNorm}(h' + \text{FFN}(h'))$$

This design allows the model to preserve gradient flow and maintain stability during training.

3 ModernBERT: Architectural and Efficiency Improvements

ModernBERT builds upon the previously described architecture but introduces several significant modifications to enhance both the model’s performance and computational efficiency. These changes are inspired by recent innovations in transformer architecture and optimization strategies, with particular attention to the limitations of traditional encoder-only transformers in handling longer contexts and more diverse datasets.

3.1 Architectural Enhancements

3.1.1 Bias-Free Parameterization

Following [18], a key architectural change in ModernBERT is the removal of bias terms from all linear layers except the final output projection. This reduces redundancy in the model’s parameterization, making it more efficient. By minimizing the number of parameters in intermediate layers, ModernBERT improves training efficiency, reduces overfitting risk, and better utilizes available resources.

3.1.2 Rotary Positional Embeddings (RoPE)

ModernBERT incorporates rotary positional embeddings (RoPE) [19] to improve positional encoding. Unlike BERT’s absolute positional embeddings, which become inefficient for long sequences or varied contexts, RoPE encodes relative positions in a rotation-invariant manner. This allows RoPE to capture token distances more flexibly, improving performance on both short and long contexts. By rotating the positional encodings for each token pair, RoPE enhances the model’s ability to generalize across varying sequence lengths. This enables ModernBERT to efficiently handle longer sequences without significant architectural changes, scaling effectively to larger datasets.

3.1.3 Pre-Normalization Block

ModernBERT incorporates a pre-normalization block [20], which places layer normalization [21] before each sub-layer in the transformer’s attention and feed-forward blocks. The standard transformer architecture typically places layer normalization after the sub-layer, but this can sometimes lead to instability, especially as the depth of the model increases. By switching to pre-normalization, ModernBERT stabilizes the training process, ensuring that gradient flows remain consistent throughout the network. This adjustment is crucial for training deeper transformer models, where unstable gradients can affect convergence.

3.1.4 GeGLU Activation Function

For the activation function, ModernBERT replaces the original GeLU (Gaussian Error Linear Unit) with GeGLU (Gated GELU) [22], a variant that introduces a gating mechanism to control the flow of information through the network. This new activation function has been shown to enhance the non-linearity of transformer models, allowing them to capture more complex patterns in the data. The gating mechanism in GeGLU allows for dynamic control over neuron activation, providing more expressiveness compared to the original GeLU.

The GeGLU function operates by applying two linear projections to the input and then combining them through a gating mechanism:

$$\text{GeGLU}(\mathbf{x}) = (\mathbf{x}W_1) \odot \text{GeLU}(\mathbf{x}W_2)$$

where W_1 and W_2 are weight matrices. This approach improves the model’s ability to model complex, nonlinear relationships in the data, which is critical for tasks such as named entity recognition (NER), where fine-grained distinctions need to be made between different medical entities or clinical conditions.

3.2 Efficiency Improvements

3.2.1 Alternating Global and Local Attention

A major inefficiency in transformer models, including BERT, is the quadratic complexity of the self-attention mechanism, $O(T^2)$, where T is the sequence length. This becomes costly for long sequences, such as in document classification or semantic search.

Following recent improvements to deal with long context models [23], ModernBERT addresses this by alternating attention patterns: every third layer uses global attention (attending to all tokens), while the intervening layers use local attention within a fixed-size sliding window (e.g., 128 tokens). This hybrid approach reduces complexity to $O(T \cdot w)$, where w is the window size for local attention, while preserving long-range dependencies with global attention.

3.2.2 Unpadding for Training and Inference

Another efficiency improvement in ModernBERT is the use of unpadding [24] during both training and inference. Traditional transformer models pad sequences to a fixed length for efficient batching, which leads to unnecessary computational overhead as padding tokens do not contribute to processing.

ModernBERT addresses this by removing padding tokens from input sequences during both training and inference, dynamically adjusting the sequence length for each batch. This approach reduces memory and computational costs, particularly when handling variable-length sequences, enabling higher throughput and lower latency for tasks involving long or irregular inputs.

4 Data Exploration: The Chia Dataset

As stated above, the motivation of our work is to compare the two models we previously described on a clinical dataset, for the Named Entity Recognition task. In this section, we describe the dataset of use.

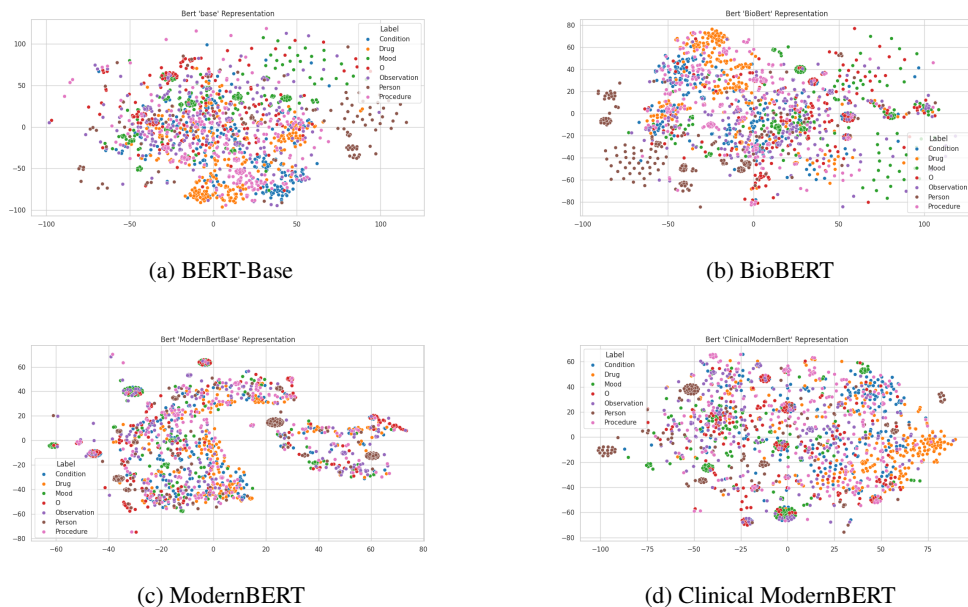


Figure 3: TSNE projections of token embeddings by model and entity type

Given the clinical nature of the text, models lacking domain-specific pretraining may struggle to produce informative representations for downstream tasks. Figure 3 shows a TSNE projection of token embeddings by entity type across various models. Although none fully disentangle the entity classes, those pretrained on biomedical corpora (e.g., BioBERT, Clinical ModernBERT) exhibit more coherent and semantically relevant clustering.

This clinical NER task highlights several challenges: managing extreme label imbalance, evaluating the necessity of domain-specific pretraining, addressing dataset size limitations, and ultimately assessing whether architectures like ModernBERT can deliver both performance and efficiency gains in such specialized contexts.

5 Experimental Setup and Results

5.1 Implementation of the Model

In this section, we evaluate the performance of several transformer-based architectures on the task of Named Entity Recognition (NER) within a biomedical context. NER entails the classification of individual tokens into predefined entity categories. To ensure methodological rigor and comparability, all models are trained and evaluated under identical conditions. The dataset comprises 1,000 annotated eligibility criteria from clinical trials, partitioned into 800 samples for training, 100 for validation, and 100 for testing.

Model Selection. Model selection is based on validation performance, with early stopping applied using a patience threshold of three epochs—that is, training ceases if no improvement in validation loss is observed for three consecutive epochs. Final evaluation metrics are reported on a common test set held constant across all models.

Due to limited computational resources, exhaustive hyperparameter optimization was not feasible. Each model required between one to three hours of training time on a Tesla T4 GPU. Comprehensive training logs, implementation details, and source code are publicly available in the associated GitHub repository.

The models assessed include:

- **BERT-Base** [1]: The foundational transformer model, featuring a 768-dimensional hidden layer and 12 attention heads.

- **BioBERT-Large** [26]: Pretrained on biomedical corpora (PubMed and PMC), with an expanded architecture of 1024 hidden dimensions and 16 attention heads.
- **ModernBERT-Base** [27]: The base configuration of the ModernBERT architecture, with a 768-dimensional hidden layer and 12 attention heads.
- **Clinical ModernBERT** [28]: A variant of ModernBERT pretrained on biomedical datasets including PubMed abstracts and MIMIC-IV [29].

Loss. All models are optimized using the cross-entropy loss function, defined as:

$$\mathcal{L} = - \sum_{i=1}^C w_i y_i \log(\hat{y}_i)$$

Here, y_i denotes the true label, \hat{y}_i the predicted probability for token i , and w_i the class-specific weight. When $w_i = 1$ for all classes, we refer to the loss as unweighted. Conversely, in the weighted configuration, w_i is inversely proportional to the class frequency, enhancing the influence of underrepresented classes.

Evaluation Metric. Performance is assessed using both the weighted F1 score (accounting for class distribution) and the macro F1 score (equal-weighted mean across classes).

Model	F1 Score	Macro F1 Score	Epochs
BERT	0.64	0.40	6
BioBERT	0.87	0.54	4
ModernBERT	0.81	0.43	4
Clinical ModernBERT	0.84	0.49	3

Table 2: Performance on the Chia dataset using unweighted cross-entropy loss

5.2 Analysis of results

As summarized in Table 2, all models achieve comparable results, with BioBERT delivering the best overall performance. Models pretrained on biomedical corpora (BioBERT and Clinical ModernBERT) consistently outperform their general-purpose counterparts, both in terms of predictive accuracy and training efficiency.

Model	F1 Score	Macro F1 Score
BERT	0.82	0.35
BioBERT	0.87	0.50
ModernBERT	0.81	0.39
Clinical ModernBERT	0.83	0.41

Table 3: Model performance after a single epoch using weighted loss

Table 3 shows that meaningful performance can be achieved even after a single epoch of training—highlighting the efficiency of pretrained transformer models in low-resource fine-tuning scenarios. BioBERT again emerges as the top-performing model, likely due to its larger architecture and richer domain-specific pretraining.

The effect of using a weighted loss function is shown in Table 4. While overall F1 scores decline slightly, this approach mitigates bias towards the dominant class and improves sensitivity to rarer entity types. The trade-off lies in reduced precision for these less frequent classes, which may or may not be acceptable depending on the application.

In conclusion, while the architectural improvements of ModernBERT do not consistently outperform BERT in this setting, models pretrained on domain-specific corpora exhibit clear advantages. Further

Model	F1 Score	Macro F1 Score	Epochs
BERT	0.64	0.38	6
BioBERT	0.64	0.41	4
ModernBERT	0.64	0.40	4
Clinical ModernBERT	0.65	0.42	4

Table 4: Performance using class-weighted loss function

investigations across diverse datasets and tasks are required to definitively assess the added value of architectural novelties versus pretraining strategies.

6 Conclusion and Discussion

This study presents a comparative analysis of transformer-based language models, focusing on the BERT and ModernBERT architectures, for clinical Named Entity Recognition (NER) applied to eligibility criteria of clinical trials. Despite recent innovations in model design, our empirical findings suggest that both BERT and ModernBERT yield comparable performance when fine-tuned on this domain-specific task.

More critically, the results underscore the pivotal role of pretraining data. Models pretrained on biomedical corpora—specifically BioBERT and Clinical ModernBERT—outperformed their general-purpose counterparts across all metrics. This reinforces the prevailing notion that in specialized domains such as clinical NLP, the alignment between pretraining data and downstream application domain is often more consequential than architectural sophistication.

The study highlights the continued relevance of established models like BERT when equipped with domain-adaptive pretraining. Future work should investigate scalable fine-tuning strategies, domain adaptation with fewer labeled examples, and broader benchmarking across heterogeneous medical datasets to further advance clinical language understanding.

Contribution Statement

This project was developed collaboratively by Quentin Moayedpour (quentin.moayedpour@ensae.fr) and myself (nail.khelifa@ensae.fr). The implementation was guided by official documentation and publicly available resources such as Hugging Face tutorials and community articles on transformer-based NLP models.

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