

Lay It On Me: Generating Easy-to-Read Summaries for Non-Experts

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Abstract

In this project, we present an extractive-abstractive lay summarization pipeline for biomedical papers to generate accessible summaries for non-experts. To achieve this, we construct a sentence-level dataset optimized for maximizing ROUGE scores, utilizing lay summaries and complete articles. We employ a BERT-based classifier to identify each article’s most critical sentences. The extracted summaries are then input into two abstractive models, Clinical-Longformer and GPT-2, which paraphrase the summaries to enhance readability. We evaluate the performance of our models using the ROUGE metric and readability metrics such as Flesch-Kincaid Grade Level (FKGL), Gunning Fog Score, and Automated Readability Index (ARI). We find that a ROUGE-maximizing extractive summarization approach is practical for generating extractive summaries, with the Clinical-Longformer model achieving the best results for combined ROUGE and readability scores. Our approach demonstrates the potential for generating lay-friendly summaries of biomedical papers, bridging the gap between expert knowledge and public understanding.

1 Introduction

Comprehending biomedical scientific publications can be difficult for non-experts, potentially leading to misinformed health decisions (Islam et al. 2020). Lay summaries, simplified explanations of complex scientific content, could be a solution, but they are not always available. Despite past challenges in applying Automatic Text Summarisation (ATS) to biomedicine due to insufficient data (Chandrasekaran et al. 2020), two new datasets, PLOS and eLife, offer an opportunity to bridge this gap (Goldsack et al. 2022). This study investigates ATS techniques for generating biomedical lay summaries using these datasets.

2 Methods and Datasets

In this section outline the various ATS methodologies employed in this study and describe the PLOS and eLife datasets used for training and evaluation purposes.

2.1 Dataset

The data we used is sourced from biomedical research articles in English published in the Public Library of Science (PLOS) and eLife (Goldsack et al. 2022). The datasets (Tables 1 and 2) contain technical abstracts and lay summaries written by experts, which are part of BioLaySumm2023 shared task (Goldsack et al. 2023).

Dataset	Training	Validation
PLOS	24,773	1,376
eLife	4,346	241

Table 1: PLOS and eLife: number of articles

Dataset	Avg. Sentences	Avg. Tokens
PLOS	300	9,000
eLife	600	14,000

Table 2: PLOS and eLife: Dataset statistics

2.2 Extractor Network

Due to the extreme length of medical articles (e.g., eLife has an average of 600 sentences per article), it is not feasible to pass them directly as input to the abstractive models due to their limited maximum input size:

- i. **GPT-2** (Radford et al. 2019a): 1,024 tokens, and
- ii. **Clinical-Longformer** (Li et al. 2023): 4,096 tokens

To overcome this limitation, we use the BioClinicalBERT (Alsentzer et al. 2019) model, pre-trained on the MIMIC-III dataset (Johnson et al. 2016), to extract the most important sentences from the articles. For that purpose, we cast the extraction summarisation problem as supervised binary classification where the input is a sentence s and the output is a binary label indicating whether the sentence should be included in the summary c or not (i.e., 1 and 0, respectively). Due to the nature of the provided gold summaries (i.e., abstractive and lay), we generate our own sentence-level dataset by applying the ROUGE-maximisation technique (Zmandar et al. 2021; Nallapati, Zhai, and Zhou 2017) on the gold summaries and the whole articles. More formally, for each gold summary sentence s_i^k , we find the sentence s_j^k in article a_k that maximises the ROUGE-2 score between them. We then label s_j^k as 1 and the rest of the sentences

in a_k as 0. Because the number of sentences in the articles is much larger than the number of sentences in the gold summaries:

- i. We base our extractive binary dataset on both eLife and PLOS data to maximise the number of training samples;
- ii. We further resolve the class imbalance problem by random under-sampling the majority class (i.e., 0) to match the number of samples in the minority class (i.e., 1);

Our final extractive dataset consists of 944,234 sentences with a completely balanced class distribution. Data is further split into 80%-training, 10%-validation and 10%-testing datasets in a random stratified manner. We then fine-tune the extractive model with a batch size of 32 and a learning rate of 2×10^{-5} following the guidance from BERT’s authors (Devlin et al. 2019) and find that the model starts to over-fit beyond 2 epochs (see Figures 1 and 2). We also report high F1 scores of 0.767 and 0.765 on the validation and test sets, respectively.

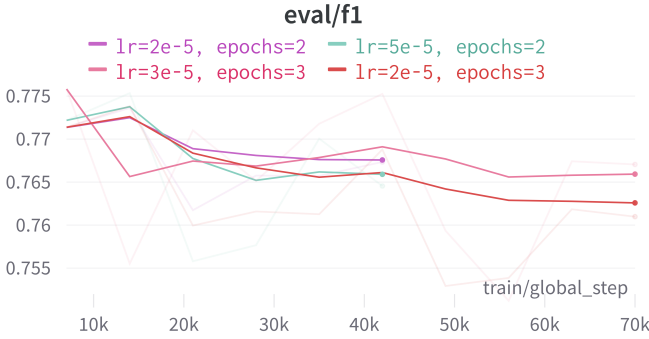


Figure 1: BioClinicalBERT: Evaluation F1

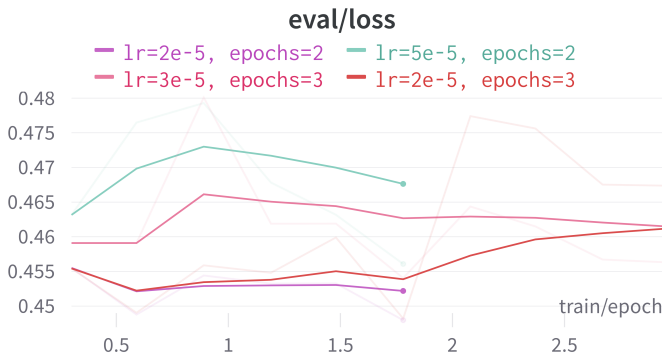


Figure 2: BioClinicalBERT: Evaluation Loss

We then use the BioClinicalBERT model to predict the probability of each sentence in the article being *summarising*. The top 10 with the highest probability are selected and concatenated to produce the final extractive summary. We arrive at this number after analysing the token distribution and finding that 10 sentences is a reasonable number to fit within the maximum input size of the GPT-2 abstractive

model (i.e., 1,024 tokens split between the ten sentences and their lay paraphrases). We also experiment with a top-15 strategy only for the Clinical Longformer to fully make use of the sparse attention mechanism (see Section 4). While we are aware that this can cause the *dangling anaphora phenomenon* (Lin 2009), we use the extracted text only as an intermediate step fed into the abstractive models, paraphrasing it into lay language.

2.3 Abstractive Network

Once the extractive summary is generated, we train the abstractive models on the lay summaries and the extractive summaries. For this, we compare two models: GPT-2 (Radford et al. 2019a) and Clinical-Longformer (Li et al. 2022). We fine-tune both models separately on eLife and PLOS. This is done due to the difference in structure and the average number of tokens in the lay summaries between the two datasets (i.e., 450 and 800 for PLOS and eLife, respectively). Hyperparameters are set based on widely used values in the literature (Li et al. 2022; Radford et al. 2019a; Devlin et al. 2019).

2.3.1 Clinical Longformer Abstractor

The Clinical Longformer (Li et al. 2023) is a transformer-based model that is pre-trained on the MIMIC-III dataset (Johnson et al. 2016) and can process up to 4,096 tokens in a single input sequence. This is achieved by implementing a sparse attention mechanism that allows more computationally efficient processing of long-range dependencies. We fine-tune the Clinical Longformer as a sequence-to-sequence task on pairs of (a) gold lay summaries and (b) ROUGE-maximising training data described in Section 2.2.

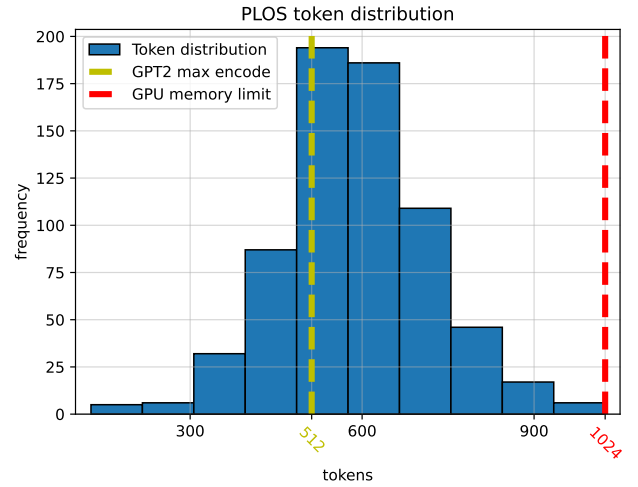


Figure 3: Token Distribution of Extracted Summaries

For the Longformer model, we experimented with window, batch, and input size to ensure that we would not run out of memory during training, as this is a common issue with such models (Orzhenskii 2021). We found that a window size of 32, batch size of 1, and input size of 1,024 worked

best for our dataset, resulting in an evaluation loss of 3.4 (Figure 4).

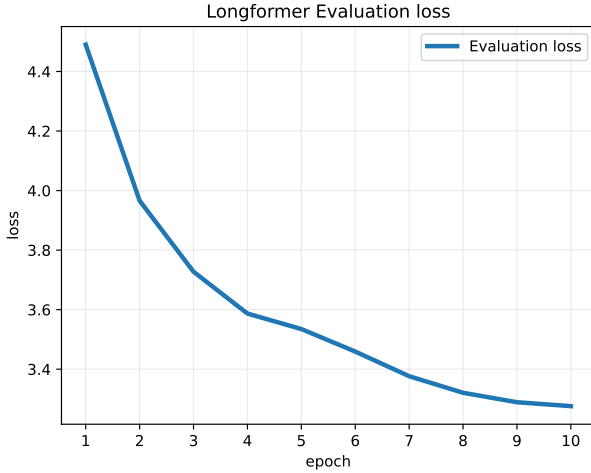


Figure 4: Longformer evaluation loss

2.3.2 GPT-2 Abstractor

The GPT-2 is an autoregressive language model that was trained using a casual language modelling objective (Radford et al. 2019b). Given its extensive exposure to diverse text sources and natural language patterns, we hypothesize that GPT-2 would be particularly adept at generating lay summaries, making it a promising candidate for the abstractive summarization task. To fine-tune GPT-2 for this purpose, we utilize a “TL;DR” prompt, instructing the model to generate concise and informative summaries.

Similar to the Longformer, we train GPT-2 on both eLife and PLOS datasets, adopting most hyperparameters from the existing literature to ensure optimal performance (Bajaj et al. 2021). Since GPT-2 can accommodate 1024 tokens, we experimented with various splits between the number of tokens allocated for the extracted summary and the lay summary. Through experimentation, we determined that allocating 507 tokens for the article and 512 tokens for the summary, with 5 reserved for the “TL;DR” prompt, yielded the best results regarding summary quality and model performance. Figure 5 illustrates the evaluation loss decrease during the fine-tuning process.

In the evaluation phase, we compared the performance of the GPT-2 Abstractor against the Clinical Longformer Abstractor, as well as other summarization models. The results indicate that both models have their strengths and weaknesses, which we will discuss in further detail in the following sections.

3 Evaluation

In this section, we evaluate the performance of the summarization models described in Section 2.

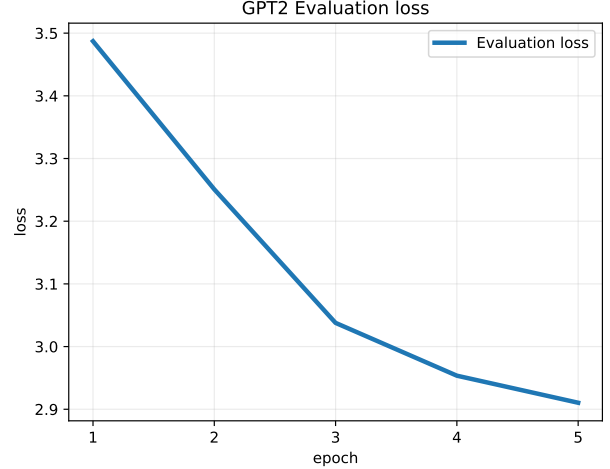


Figure 5: GPT 2 Evaluation Loss

4 Quantitative Evaluation

We compare our models by calculating the average F1 ROUGE scores on the PLOS evaluation dataset. From Table 4, we can see that our Extractive Network performs as good as the standard ATS baseline - LexRank (Erkan and Radev 2004) in terms of the lexical overlap with the gold lay summary. On the other hand, we observe that the metrics decrease for the generative models due to their abstractive nature, which demonstrates how problematic and inconvenient for lay summarisation ROUGE is. Nevertheless, it is clear that the Clinical Longformer outperforms considerably the GPT-2 perhaps due to the fact the latter is pre-trained on out-of-domain data. Furthermore, we also note that there are insignificant differences in ROUGE between the top-10 and top-15 strategies of Sentence Extraction (see Section 2.2) for the Clinical Longformer.

Model	Rouge1	Rouge2	RougeL
Lexrank	0.34	0.09	0.16
Extractive	0.33	0.10	0.16
GPT2	0.18	0.02	0.09
Longformer (top-15)	0.28	0.07	0.15
Longformer (top-10)	0.29	0.06	0.14

Table 3: ROUGE F1 Scores.

Regarding the readability of the generated summaries, it is clear and expected that our Extracted summary results in a low FKGL (Kincaid et al. 1975) and a high ARI (Senter and Smith 1967) - meaning that it contains a lot of scientific jargon and is hard to read. On the other hand, the GPT-2 and Longformer

Model	FKGL	ARI	Gunning
Lay	20.01	16.50	19.11
Lex (Baseline)	33.58	15.41	18.50
Extractive	10.60	25.01	26.22
GPT2	30.68	21.36	23.26
Longformer (top-15)	23.84	19.62	20.62
Longformer (top-10)	27.33	16.89	18.44

Table 4: Readability metrics.

FKGL - higher is better, ARI and Gunning - lower is better

4.1 Qualitative Evaluation

5 Discussion and Conclusion

In this section, we discuss the performance of the proposed ATS approaches, their implications, and potential future research directions in the biomedical domain.

5.1 Limitations

We identify the following limitations of our work:

Readability Evaluation: Although, we are evaluating our models with the traditional metrics: FKGL (Kincaid et al. 1975), ARI (Senter and Smith 1967), and Gunning (Gunning 1952), they are insufficient for the estimation of text readability in scientific writing. Instead, what some researchers propose is to leverage masked language models (Martinc, Pollak, and Robnik-Šikonja 2021) like the noun-phrase BERT-based metric (Luo, Xie, and Ananiadou 2022) that computes the probability of technical jargon. We appreciate that this method would have provided a more thorough evaluation of our models, and we leave it as future work.

Limited input size: Due to the limited available computational resources (i.e., Tesla V100-SXM2-16GB) we had to restrict the input size of the Longformer to 1,024 tokens (i.e., 4 times less than the maximum size). Therefore, we could not make use of the full model capabilities in attending to long-range dependencies. This limitation propagates back to our extractor network, which produces only enough sentences to fit in the abstractor network. Thus, if we could increase the Longformer’s input size, we could do the same for the Extractor model.

5.2 Future Work

In light of the limitations discussed, we propose multiple venues for future work:

T5 Experimentation (Lehman and Johnson 2023): We aim to develop and assess the Clinical T5 model as a specialized counterpart to the Clinical Longformer. The T5, a transformer-based model, boasts unique features like a denoising autoencoder in its pretraining objective, which is adept at reconstructing corrupted input text. This makes it suitable for our extractive approach, utilising sentences from disparate article sections.

Clinical Longformer Enhancement (Li et al. 2022): Our goal is to augment the Clinical Longformer’s maximum token capacity by employing advanced hardware resources. This would facilitate experimentation with larger input dimensions and model training, potentially leading to superior summarisation performance and more precise lay summaries.

Feedback Integration: We suggest incorporating readability and factual correctness rewards into our summarisation pipeline using reinforcement learning methods (Scialom et al. 2019). This can be achieved by the combination of the RNPTC metric (Luo, Xie, and Ananiadou 2022) and the factual accuracy (Zhang et al. 2020) into a single reward function, optimised via the Reinforce algorithm (Williams 1992). This approach aspires to promote the generation of summaries that are not only more comprehensible for non-experts but also more correct with respect to the input article.

5.3 Conclusion

This project presents an effective two-step approach for generating lay summaries of biomedical research articles, incorporating an extraction step using the BioClinicalBERT model and an abstractive step with either the GPT-2 or Clinical Longformer models. By comparing the performance of these models on the PLOS dataset, we demonstrate the strengths and weaknesses of each model, finding that **TODO...**

Our results indicate that the GPT-2 Abstractor generally achieves higher ROUGE-2 F1 scores, while the Clinical Longformer Abstractor excels in ROUGE-1 and ROUGE-L F1 scores. This suggests that both models have unique advantages and can be further explored to develop more efficient and accurate summarization systems. Ultimately, our study contributes to the growing body of research aimed at bridging the gap between specialized biomedical knowledge and the general public, fostering better communication and understanding in the healthcare domain.

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