

Table-to-text Generation for Biomedical Causal Inference

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FDA Adverse Event Reporting System (FAERS)

- Over 2 million reports every year
- Example Report:

CaseID	Gender	Age	PSD	ADE	...
20222515	Female	71	Nicotine, Acetaminophen	Anemia, Headache	...

PSD = Primary Suspect Drugs

ADE = Adverse Drug Effects

Conventional CI pipeline

Input: Pharmacovigilance Case Reports

Case #	Age	ADE	...
1	24	Liver Failure	...
2	45	Nausea	...
3	16	Hepatic Injury	...

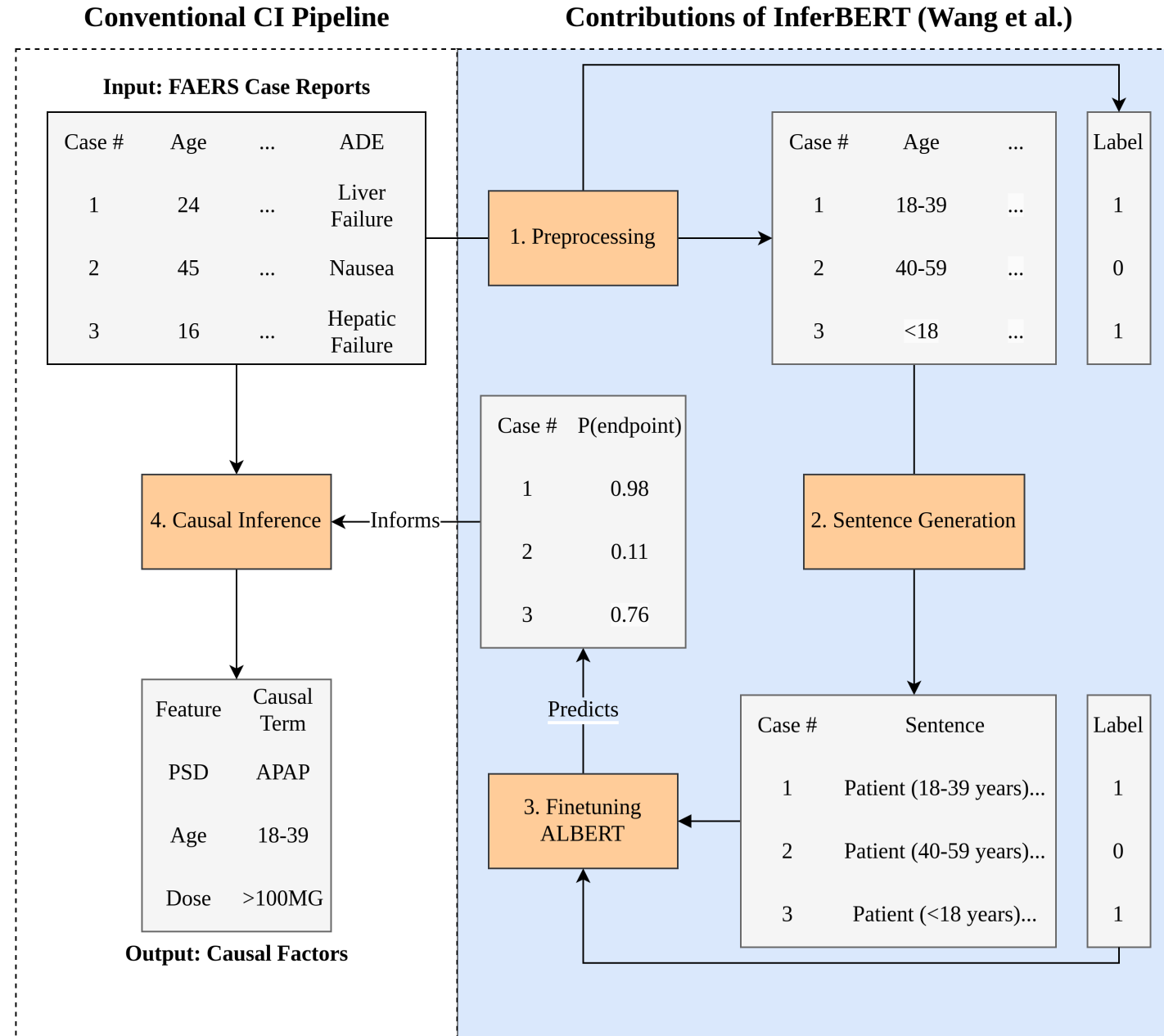
Statistical Causal
Inference

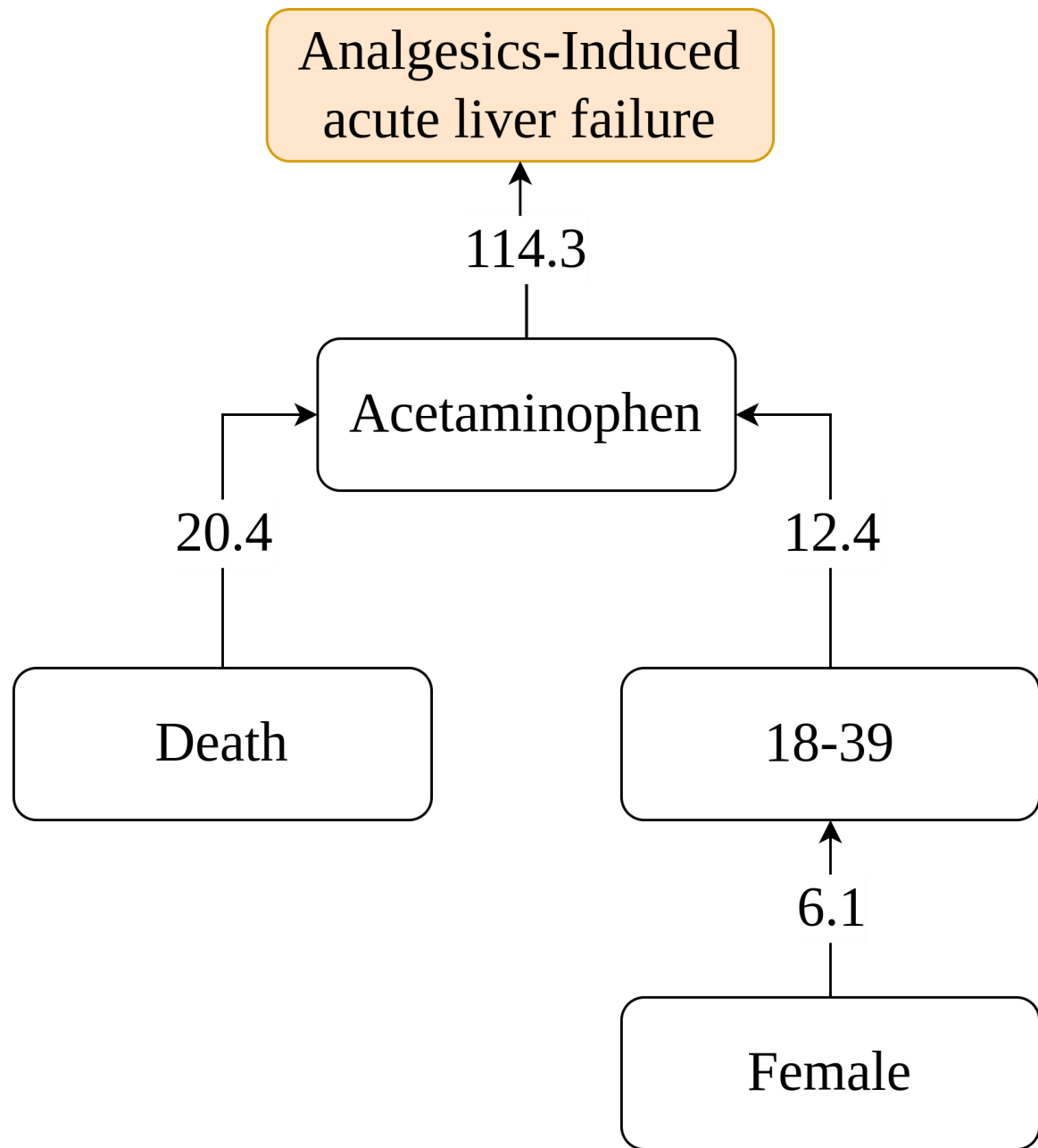
*Endpoint: Liver
Failure*

Output: Causal Factors

Feature	Causal Term
PSD	APAP
Age	18-39
Dose	>100MG

InferBERT informs causal inference with a language model (ALBERT)

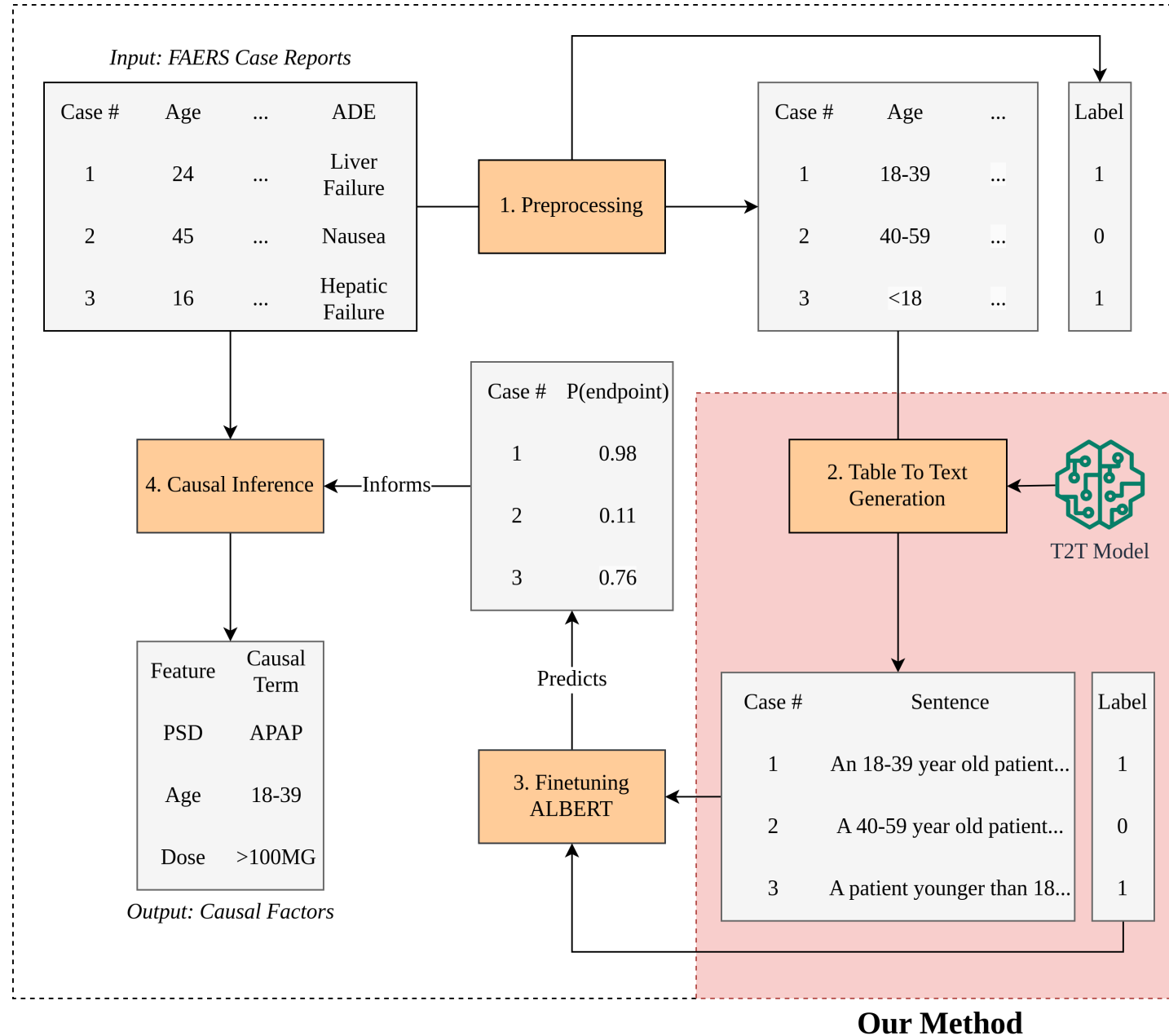




InferBERT Results

Feature	Term	Z-score
PSD	APAP	114.95
Outcome	Death	77.94
Age	18-39	27.29
Indication	Suicide Attempt	16.85
Gender	Female	10.26
Dose	>100mg	5.01

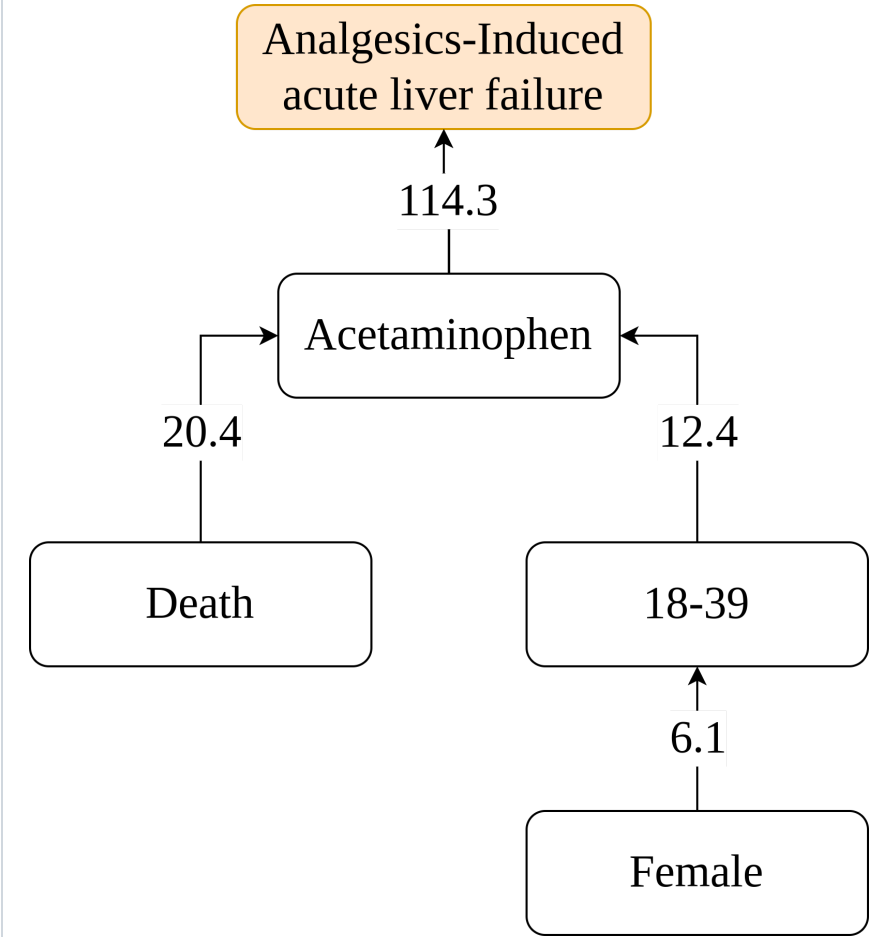
We modify InferBERT using Table-to-text generation



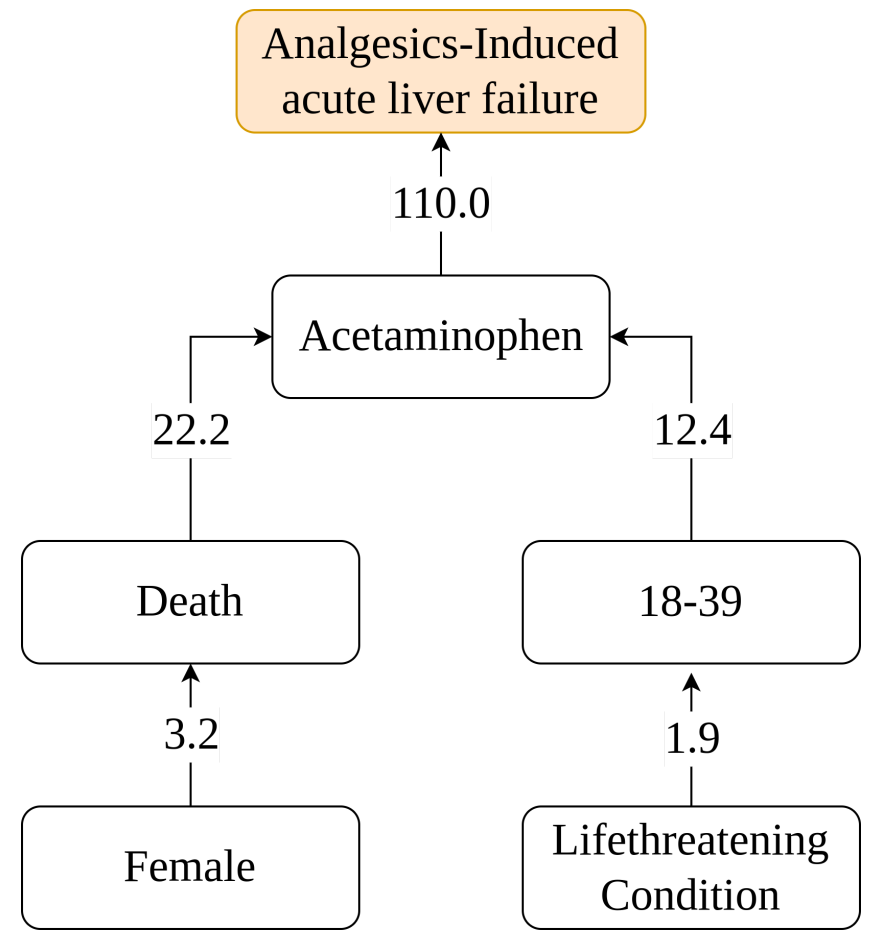
Advantages of our method

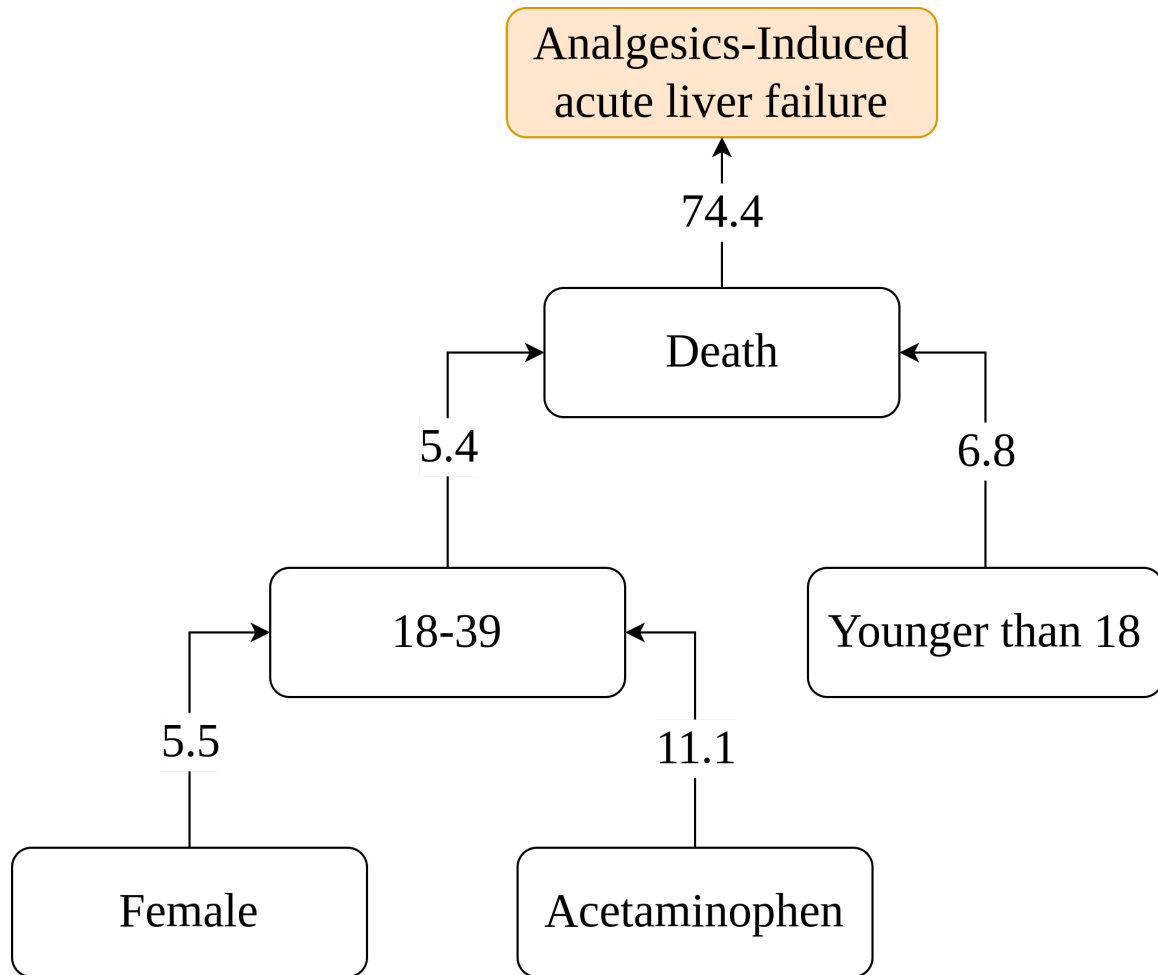
- T2T generation can be applied to any input features - This allows us to easily apply the framework to new studies or features
- Using a pre-trained language model, T2T is able to infer implicit relations between report terms
- These relations are made explicit in the generated sentences, improving endpoint prediction of the ALBERT model

Original Results



With LLM T2T generation





With More Features

Feature	Value	Z-score
SSD	Diphenhydramine	5.13
Weight	50-70kg	5.75
Route	Intravenous	15.55

SSD= Secondary Suspect Drug

Future Work

- Applying this framework to further case studies
- What are the limits for the number of features/terms we can study in one go?
- What would be the impact of using prompting instead of finetuning for endpoint prediction?
 - Can we use a single model from report → prediction?