

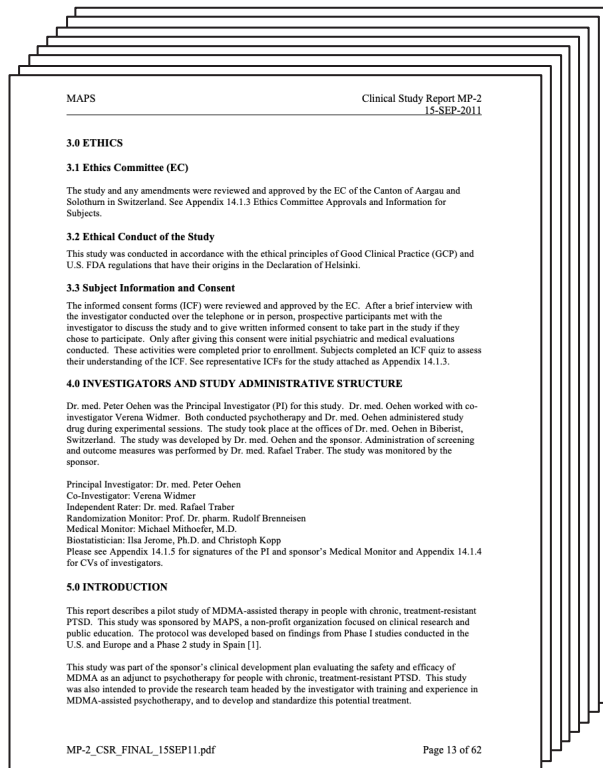
Long Document Abstractive Summarization with Large Language Models



Natalia Vassilieva

Director of Product
Cerebras Systems

Summarization: long texts to short summaries



A decision of the Federal Joint Committee Germany states that negative pressure wound therapy is not accepted as a standard therapy with full reimbursement by the health insurance companies in Germany. This decision is based on the rapid report and the final report of the Institute for Quality and Efficiency in Health Care, which demonstrated through systematic reviews and meta-analysis of previous studies projects that an insufficient state of evidence regarding the use of negative pressure wound therapy (NPWT) for treatment of acute and chronic wounds exists. The Institute for Research in Operative Medicine (IFOM) as part of the University of Witten / Herdecke gGmbH is an independent scientific institute that is responsible for the planning, implementation, analysis and publication of trial projects regarding the efficacy and effectiveness of negative pressure wound therapy for acute and chronic wounds in both medical sectors (in- and outpatient care) in Germany.

The study projects are designed and conducted with the aim to provide solid evidence regarding the efficacy of NPWT. The trials evaluate the treatment outcome of the application of a technical medical device which is based on the principle of negative pressure wound therapy (Intervention Group) in comparison to standard wound therapy (Control group) in the treatment of chronic foot wounds and acute subcutaneous abdominal wounds after surgery. All used treatment systems bear the CE mark and will be used within normal conditions of clinical routine and according to manufacturer's instructions.

The aim of the trial projects is to compare the clinical, safety and economic results of both treatment arms. Study results will be provided until the end of 2014 to contribute to the final decision of the Federal Joint Committee Germany regarding the general admission of negative pressure wound therapy as a standard of performance within both medical sectors.

Summarization: Extractive

MAPS

Clinical Study Report MP-2
15-SEP-2011

3.0 ETHICS

3.1 Ethics Committee (EC)

The study and any amendments were reviewed and approved by the EC of the Canton of Aargau and Solothurn in Switzerland. See Appendix 14.1.3 Ethics Committee Approvals and Information for Subjects.

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This study was conducted in accordance with the ethical principles of Good Clinical Practice (GCP) and U.S. FDA regulations that have their origins in the Declaration of Helsinki.

3.3 Subject Information and Consent

The informed consent forms (ICF) were reviewed and approved by the EC. After a brief interview with the investigator conducted over the telephone or in person, prospective participants met with the investigator to discuss the study and to give written informed consent to take part in the study if they chose to participate. Only after giving this consent were initial psychiatric and medical evaluations conducted. These activities were completed prior to enrollment. Subjects completed an ICF quiz to assess their understanding of the ICF. See representative ICFs for the study attached as Appendix 14.1.3.

4.0 INVESTIGATORS AND STUDY ADMINISTRATIVE STRUCTURE

Dr. med. Peter Oehen was the Principal Investigator (PI) for this study. Dr. med. Oehen worked with co-investigator Verena Widmer. Both conducted psychotherapy and Dr. med. Oehen administered study drug during experimental sessions. The study took place at the offices of Dr. med. Oehen in Biberist, Switzerland. The study was developed by Dr. med. Oehen and the sponsor. Administration of screening and outcome measures was performed by Dr. med. Rafael Traber. The study was monitored by the sponsor.

Principal Investigator: Dr. med. Peter Oehen
Co-Investigator: Verena Widmer
Independent Rater: Dr. med. Rafael Traber
Randomization Monitor: Prof. Dr. pharm. Rudolf Brenneisen
Medical Monitor: Michael Mülhofer, M.D.
Biostatistician: Ilia Jerome, Ph.D. and Christoph Kopp
Please see Appendix 14.1.5 for signatures of the PI and sponsor's Medical Monitor and Appendix 14.1.4 for CVs of investigators.

5.0 INTRODUCTION

This report describes a pilot study of MDMA-assisted therapy in people with chronic, treatment-resistant PTSD. This study was sponsored by MAPS, a non-profit organization focused on clinical research and public education. The protocol was developed based on findings from Phase I studies conducted in the U.S. and Europe and a Phase 2 study in Spain [1].

This study was part of the sponsor's clinical development plan evaluating the safety and efficacy of MDMA as an adjunct to psychotherapy for people with chronic, treatment-resistant PTSD. This study was also intended to provide the research team headed by the investigator with training and experience in MDMA-assisted psychotherapy, and to develop and standardize this potential treatment.

MP-2_CSR_FINAL_15SEP11.pdf

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Summarization: Abstractive

Abstract

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Extractive Summarization with Transformers

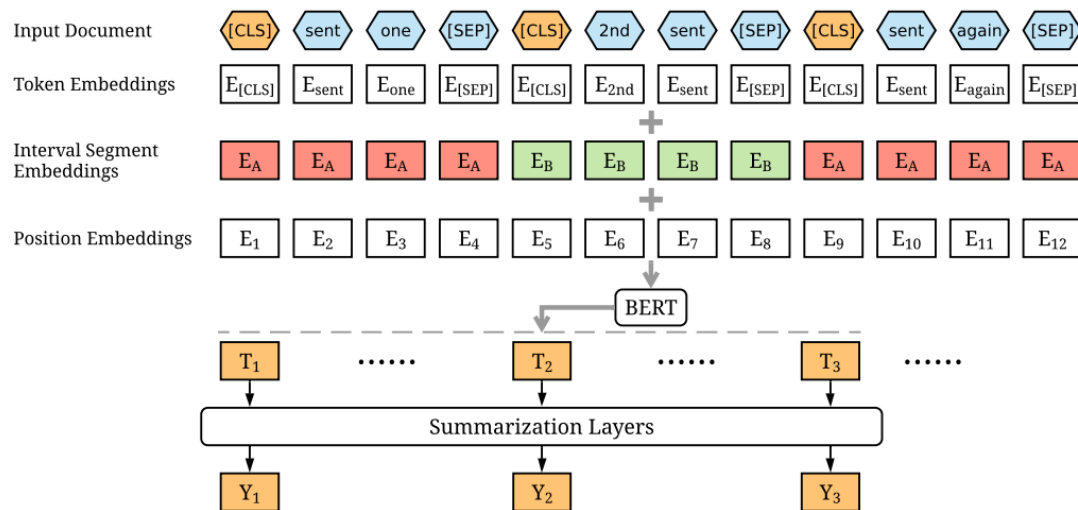


Figure 1: The overview architecture of the BERTSUM model.

<https://arxiv.org/abs/1903.10318>

Abstractive Summarization with Transformers

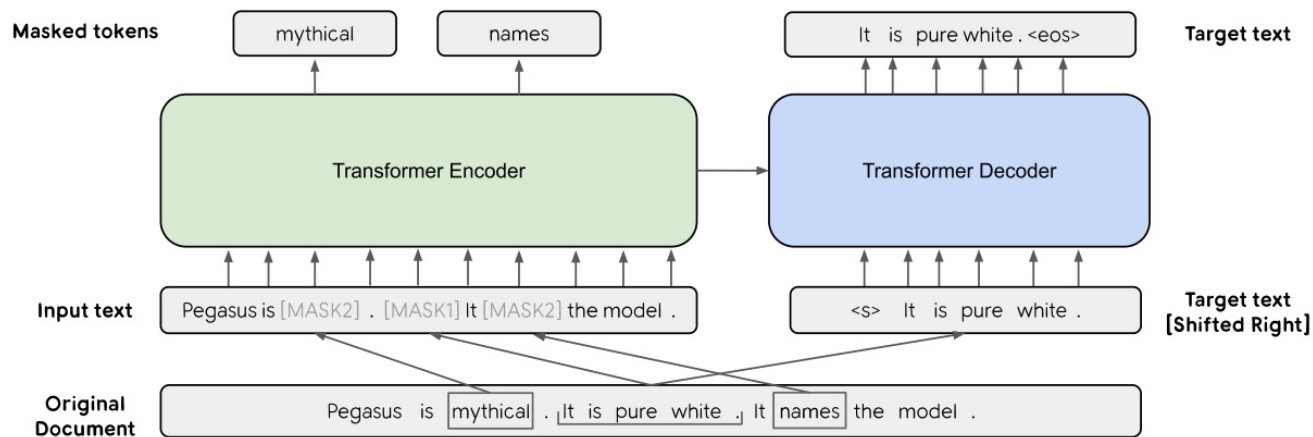


Figure 1: The base architecture of PEGASUS is a standard Transformer encoder-decoder. Both GSG and MLM are applied simultaneously to this example as pre-training objectives. Originally there are three sentences. One sentence is masked with [MASK1] and used as target generation text (GSG). The other two sentences remain in the input, but some tokens are randomly masked by [MASK2] (MLM).

<https://arxiv.org/abs/1912.08777>

Input Length in Literature: Summarization Models

- BERTSUM (<https://arxiv.org/abs/1903.10318>)
 - Fine-tuned BERT, max input length = **512 tokens**
- PEGASUS (<https://arxiv.org/abs/1912.08777>)
 - Max input length in pre-training = **512 tokens**, in fine-tuning = **1024 tokens**
 - “...average input length in BIGPATENT, arXiv, PubMed and Multi-News are well beyond 1024 tokens, further scaling up input length or applying a two-stage approach may improve performance...this is outside the scope of this work”
- LongT5 (<https://arxiv.org/abs/2112.07916>)
 - Max input length in pre-training = **4096 tokens**, in fine-tuning for summarization = **16384 + 512 tokens**
 - Rely on **local sparse attention** for fine-tuning
- How Far are We from Robust Long Abstractive Summarization? (<https://arxiv.org/abs/2210.16732>)
 - Limitations of existing approaches
 - “...current pre-trained Transformers have an input length limit that restricts them to be directly adapted to long document summarization...”
 - “...1,024 token input limit would lead to a significant loss in the information required to generate a high-quality summary.”
 - Suggested approaches to increase input length up to **8K tokens**:
 - **Sparse attention**: “sparse attention models achieve competitive but lower ROUGE than state-of-the-art models”
 - **Reduce-then-summarize**: competitive, but burdensome; quality decreases as the input length is increased

Some Summarization Datasets

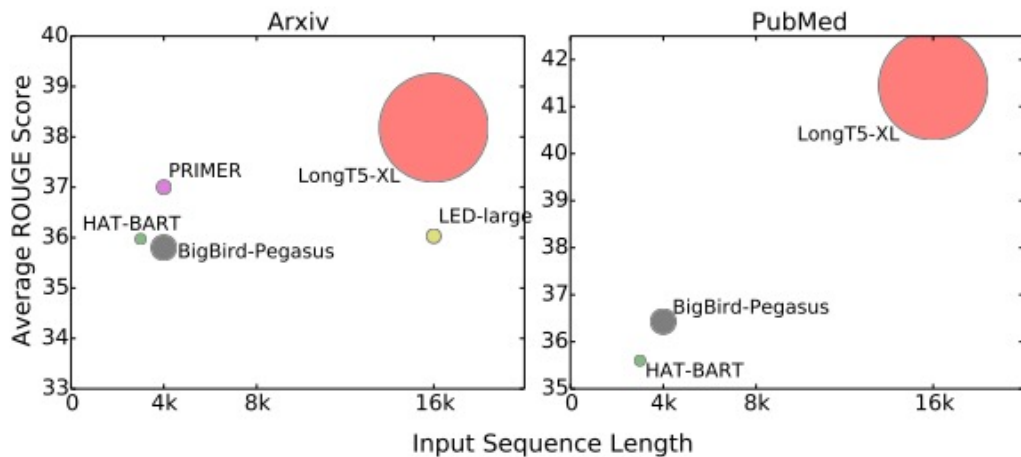
Dataset	# Docs	Avg # Source Tokens	Avg # Summary Tokens	Avg # Tokens per Sample
arXiv/PubMed	346,187	5,179.22	257.44	5,436.66
arXiv	215,913	10,720.18*		
BigPatent	1,341,306	3,629.04	116.66	3,745.70
CNN/Daily Mail	311,971	803.67	59.72	863.39
Newsroom	1,212,739	799.32	31.18	830.50
BookSUM Chapter	12,630	5,101.88	505.42	5,607.30
BookSUM Full	405	112,885.15	1167.20	114,052.35

* using a SentencePiece Model

<https://arxiv.org/abs/2105.08209>
<https://arxiv.org/abs/2112.07916>

What about model size?

Larger is better, right?



<https://arxiv.org/abs/2112.07916>

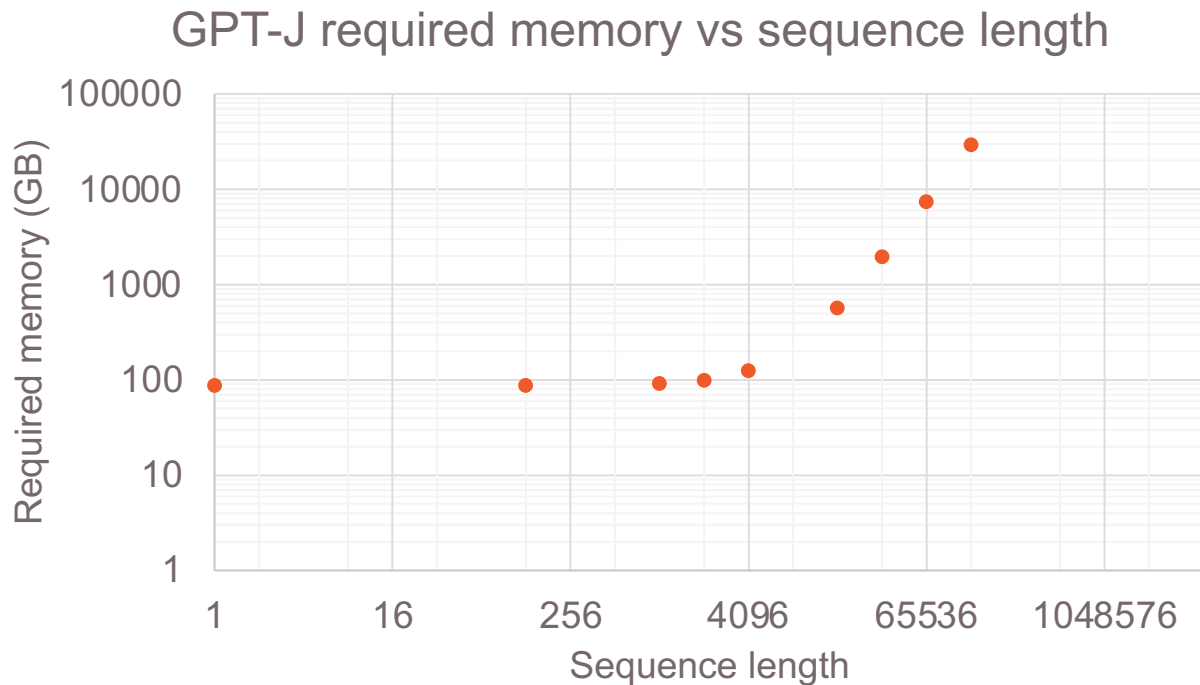
Existing Pre-trained LLMs... and Their Contexts

Model name	Model size (# params, B)	Dataset size (# tokens, B)	Hardware	Total # chips	Time to train	Context length
GPT-J	6	402	TPU v3	256		2048
GPT-NeoX	20	472	A100	96	76 days	2048
LLaMA	65	1,400	A100	2048	21 days	2048
Chinchilla	70	1,400	TPU v3*	4096*		2048
HyperCLOVA	82	315	A100	1024	28 days	2048
OPT	175	300	A100	992	25 days	2048
BLOOM	175	350	A100	384	105 days	2048
Gopher	280	300	TPU v3	4096	38 days	2048
MT-NLG	530	270	A100	2240	47 days**	2048
PaLM	540	780	TPU v4	6144	34 days**	2048

* "Chinchilla uses the same ... training setup as Gopher", J. Hoffmann et al., "Training Compute-Optimal Large Language Models"

** Estimated based on published utilization numbers, A. Chowdhery et al., "PaLM: Scaling Language Modeling with Pathways"

Why context of 2048 tokens?



What if we can train with longer context with
dense attention?

What if we can leverage existing trained
foundational LLMs?

Leveraging Cerebras Wafer-Scale Cluster

Foundational components:

- Wafer-scale engine (WSE) **chip**
 - The world's fastest AI processor
- CS-2 physical **system**
 - The world's first wafer-scale system for AI
- **Wafer Scale Cluster**
 - Linear scaling with multiple systems
- Cerebras **software** (CSoft) platform



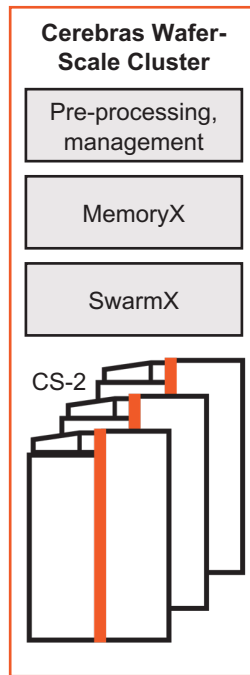
Cerebras Wafer-Scale Cluster

A purpose-built solution for scaling high performance AI compute

Components of the solution:

- Cerebras CS-2 accelerator with Weight Streaming execution
- Input pre-processing and management nodes
- MemoryX parameter storage and streaming
- SwarmX scalable interconnect fabric

**Co-designed with Weight Streaming execution
for large-scale neural networks**



Differentiating Capabilities

- Support **largest models on single CS-2s** (even >>100B parameters)
- **Linear scaling** to multiple CS-2s **with only data parallel** distribution
- Simple single-node programmability, **no model parallel complexity**
- **Easy training with large inputs**: larger contexts for sequence models, high-resolution images and volumes
- Native **acceleration with weight sparsity** (structured and unstructured)

Leveraging Existing Foundational LLMs

- Take publicly available **GPT-J** model
 - 6B parameters
 - Trained with context length of 2048 tokens
 - Trained on total of 402B tokens
- Continuously train GPT-J on summarization datasets with longer contexts
 - Explore contexts of 4K, 8K tokens

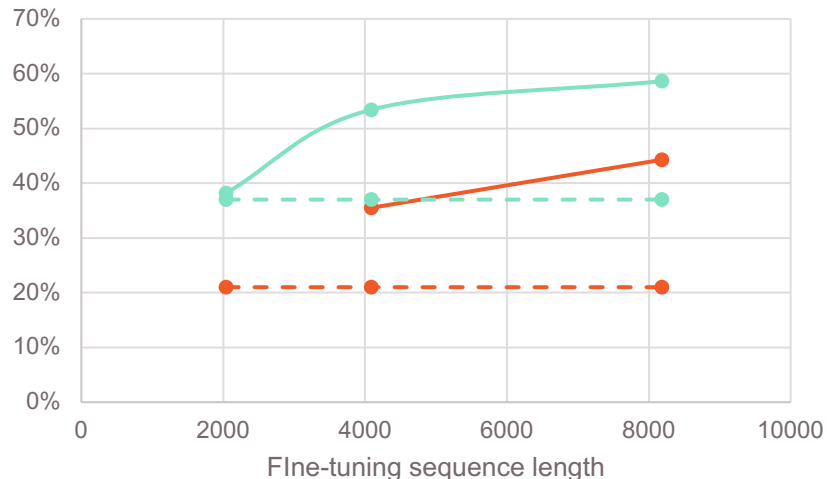
Datasets and pre-processing

- Two datasets
 - BookSUM Chapter
 - Sample: [chapter] + [special token - ID 50257] + [summary]
 - arXiv
 - Sample: [article_text] + [special token - ID 50257] + [abstract_text]
- Both training and eval datasets are partitioned into parts based on the sample length
 - (200, 2K]
 - (2K, 4K]
 - (4K, 8K]

	BookSUM, # tokens	ArXiv, # tokens
(200, 2K]	13,568,080	79,339,520
(2K, 4K]	43,418,424	98,304,000
(4K, 8K]	50,107,740	201,326,592

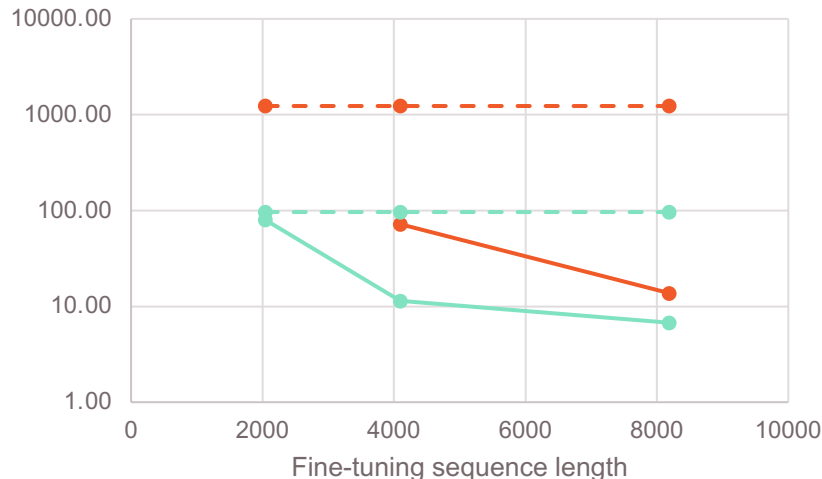
Results, all eval samples

Accuracy, % (higher better)



—●— BookSUM —●— arXiv
- - -●- - BookSUM Baseline - - -●- - arXiv Baseline

Perplexity (lower better)

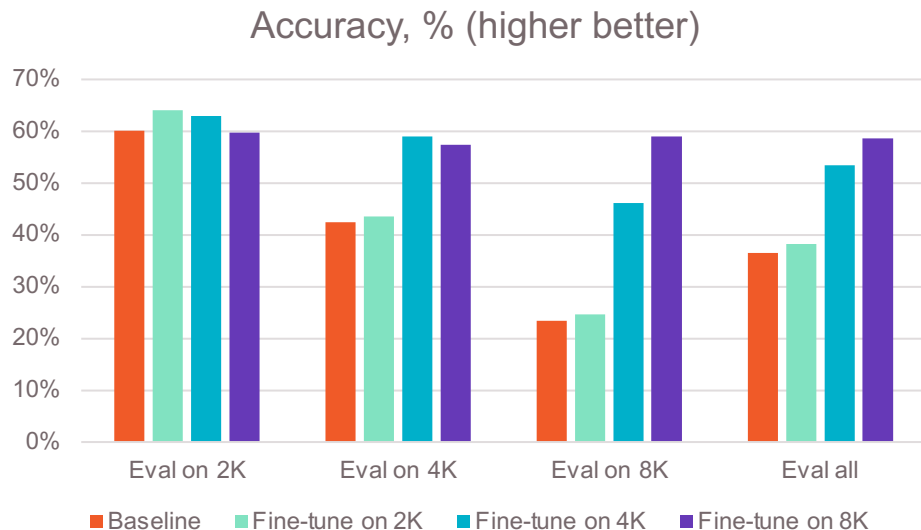


—●— BookSUM —●— arXiv
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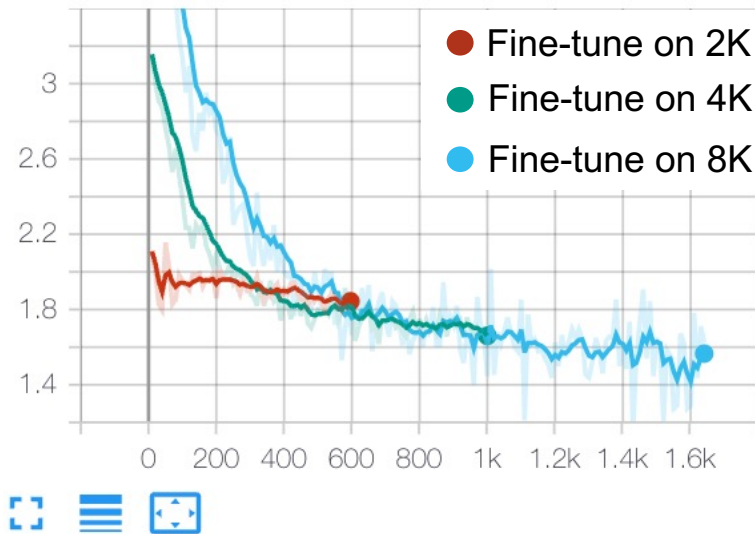
Baseline: GPT-J model “out-of-the-box”

Longer context in fine-tuning => better results

Bucketed results, arXiv



loss



- Within each length bucket, the best result is with a model fine-tuned on the samples of the same length
- Longer fine-tuning might be needed

Conclusion and next steps

- Summarization task requires models capable to work with long contexts (>>2K tokens)
- Existing foundational LLMs support shorter contexts than required
- Promising initial results with fine-tuning with longer contexts
- This work became possible due to the capabilities of the Cerebras Wafer-Scale Cluster
 - Large models on single device, no complicated model parallel training
 - Support for long sequences out-of-the-box
- **Next steps:**
 - Explore foundational models with AliBi positional encodings: supposed to extrapolate to longer contexts better
 - Longer fine-tuning (fine-tune for > 1 epoch, collect/find larger summarization datasets)
 - Evaluation with summarization-specific metrics (ROUGE)

A large, light gray graphic of the letter 'C' on the left side of the slide, formed by several concentric, slightly offset arcs.

Thank you

<https://www.cerebras.net/>



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