



INSTITUTE OF COGNITIVE SCIENCE

*Bachelor's Thesis*

**A TEXTUAL RECOMMENDER SYSTEM AND  
OTHER TEXT MINING APPLICATIONS FOR  
CLINICAL DATA**

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## **A textual recommender system and other text mining applications for clinical data**

In unusual clinical situations, doctors would often like to review cases of similar patients to guide their decision making for the current one. Retrieving the relevant cases, however, is a hard and time-consuming task. This thesis works on building a recommender system that automatically finds physician letters similar to a specified reference letter in an information retrieval like manner. We use a small dataset of free text physician letters of oncology patients to do exploratory work on this issue. We provide a prototypical system that gives recommendations on this dataset and verify its performance through a psychological experiment assessing doctors' similarity judgments of those letters. We find that the similarity measure of our recommender system correlates strongly with doctors' similarity judgments. Additionally, we explore other text mining applications like automatic diagnosis extraction based on this dataset.



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# Chapter 1

## Introduction

### 1.1 Motivation

Publishing the case of a patient with a particularly interesting medical phenomenon in the form of a clinical case report has undergone a change in popularity in the medical community. The number of published case reports has been declining in standard journals. This has happened not only because case reports can hardly contribute to a good impact factor, but also because their scientific benefit has been questioned (Mason, 2001). However, several new journals dedicated only to case reports have emerged (Kidd and Hubbard, 2007)<sup>1</sup> and many people have argued for the value of case reports for research itself but also beyond (Williams, 2003; Dib et al., 2008; Sandu et al., 2016). Importantly case reports allow practitioners a more in-depth understanding of specific disease courses and provide educational material for students (Nissen and Wynn, 2014). Although case reports lack the scientific validity of large empirical studies, it is apparent that people have strong intuitions for the usefulness of them. During our collaboration with practicing doctors, we also found that practitioners use the clinical records of similar patients to guide problem-solving for the current patient. Especially when faced with hard or unusual cases doctors seek similar patient information from the hospital database. While this only shows that doctors think that reviewing similar cases helps them in their work, we will argue that this can indeed improve their medical problem-solving.

Cognitive scientists have discussed the usefulness of examples for reasoning processes for a long time and found that at least in some experimental settings reasoning processes are based on earlier presented examples (Medin and Schaffer, 1978). More recently these reasoning processes have also been studied in more realistic scenarios. Klein (2008) reviews models for decision making under real world circumstances. According to him experts interpret a situation based on its resemblance to remembered situations. Once a sufficiently similar situation has been retrieved from mem-

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<sup>1</sup>Additional Case Journals can be found at:

Journal of Medical Cases: <http://www.journalmc.org/index.php/JMC/index>

British Medical Journal Case Reports: <http://casereports.bmj.com/site/about/index.xhtml>

American Journal of Medical Case Reports: <http://www.sciepub.com/journal/AJMCR>

ory, experts apply the solution from the remembered situation to the current one in a thought experiment. They evaluate whether or not this solution strategy will lead to success and adjust it, if necessary. In case no way to adequately adjust the solution can be found, another situation is retrieved from memory. This process is repeated until a sufficiently good solution is found. Presentation of similar cases should, therefore, aid doctors' decision making in an actual clinical setting. The medical domain has also been directly addressed by research in cognitive science. Elstein and Schwarz (2002) have concluded that for medical problem-solving reasoning processes can be divided into two distinct categories. For cases perceived as easy doctors apply a kind of pattern recognition based on the examples they have encountered before and use solutions stored in memory. For harder cases, however, doctors need to rely on a more elaborate reasoning process. They have to consciously generate and eliminate hypotheses to be able to solve the problem. It is plausible that hypothesis generation, as well as hypothesis falsification, is also guided by the doctor's experience with earlier patients. From a more theoretical perspective, Kolodner and Kolodner (1987) have specifically argued that "[i]ndividual experiences act as exemplars upon which to base later decisions" in medical problem-solving. Their research was partially driven by the desire to understand the way in which clinicians perform problem-solving but also by the goal of building artificial systems that can aid in this process. They argue that both humans and machines can learn from specific examples and use them to reason about new problems.

Around the idea that artificial systems might learn from examples has evolved a whole branch of Artificial Intelligence (AI), which is called "Case-based reasoning". This domain has been greatly influenced by psychological findings, some of them mentioned above. Researchers have successfully built systems used in real world applications, that reason from the examples provided (Aamodt and Plaza, 1994). Within this domain of AI, one of the greatest application areas is medicine. It seems that the medical area does not only offer straightforward usage of examples, but also has a need for automatic aids for problem-solving (Begum et al., 2011).

Given the practical, psychological and theoretical reflections above we believe that it would be helpful for practitioners to be able to review cases of similar patients. One particularly well-suited source for the retrieval of patient cases are databases of physician letters, as these letters provide concise summaries of the specifics of a patient that matter in practice. Search in these databases is, to our knowledge, usually limited to character matching procedures and therefore provides limited practical value for doctors. We, therefore, set out to build a prototypical recommender system on those physician letters to do automatic retrieval of only the relevant documents from a database.

## 1.2 Dataset

To get a dataset for exploratory work on the recommender system we collaborated with the University Hospital Freiburg. The haematology and oncology department

has a database of approximately 190,000 German physician letters in PDF form (Spadaro, 2012) (!correct! noch nicht zufrieden, wie das item in der bibliography erscheint. Ich weiß allerdings auch nicht wie es richtig wäre.). These physician letters are free text documents written by the doctors to keep record of the patient’s visit. They usually include information about the patient’s age, sex, diagnosed diseases, therapy history, current complaints, many more medical details like blood counts, but also personal information like names and birth dates. One of these letters is shown in the appendix in figures A.1 and A.2. The letters generally follow a rough structure. Almost all of them include a letterhead (a greeting and introduction), a diagnosis (summarizing diagnosed diseases bullet point like), a therapy history (listing the past therapies with dates) and an anamnesis (free text about current complaints etc.) section, separated into individual paragraphs. In principal though, doctors are free to document this information in the way they please. The database does not, however, contain the information of 190,000 unique patients. For many patients several letters are included, as a new visit will often result in an updated letter, that is added to the database. We refer to these letters as “follow-up” letters.

To get permission to use a subset of those letters for our experiment, it was necessary to ensure that all personal information was removed from them. A medical student of the university hospital was therefore paid to manually anonymize 307 of the letters and forward them to us. The letters were given to us in Microsoft Word XML format.

### 1.3 Use Case Scenario

The recommender we envision is built into the clinical everyday life of doctors. During the visit of a patient, physicians write a new or modify an existing letter for this patient. Already in this writing phase, we wish to retrieve letters of similar patients and present them on demand. Thereby doctors’ decision-making processes can be guided by these similar cases if the doctor deems this necessary. The perceived suitability of the retrieved letters has to be exceptionally high. Doctors’ additional time resources are usually very limited. Therefore the recommender system will only be used in practice if almost all recommendations are considered useful.

With the dataset mentioned above, we set out to build this kind of recommender system. To achieve this goal we first clear our dataset from duplicates with the help of basic information retrieval methods. This process is described in the subsequent chapter. We elaborate on methods for hiding and showing specific information from the letters in chapter 3. For this goal, we make extensive use of more sophisticated information retrieval methods and introduce them alongside there. Chapter 4 describes the recommender system itself, the experiment we conducted to assess its quality, and the evaluation of the obtained data. In chapter 5 we describe a related use case in a research setting and shortly assess how useful the developed system can be in practice. Finally, we review shortcomings, conceivable problems, and possibilities for further work in the discussion.



## Chapter 2

# Dataset Cleansing

The dataset we acquired from the university hospital contains several duplicate letters. To ensure undistorted test results, we have to identify as many of them as possible. It is clear that finding all of these duplicates manually is not only error-prone, but also very time consuming as in principle  $\frac{(n-1)^2 + (n-1)}{2}$  letter comparison have to be made. With  $n = 307$  this amounts to almost 50,000 comparisons. Personal information, like names and dates of birth, would be helpful for this task, but has been removed during anonymization. Therefore we make use of two semi-automatic procedures for duplicate identification. First we use a longest common subsequence matching method. This method would be sufficient for our problems, if we only had to deal with exact duplicates. However, we face the issue of follow-up letters with modified information in our dataset. To overcome this problem we use a procedure well known in the information retrieval community: The bag of words model for representing texts as vectors, with which it is possible to compute distances between documents. Duplicates are then found by their vector proximity.

### 2.1 The Bag of Words Model

The bag of words model represents a text as the multiset (bag) of its words. That means all word order information is disregarded and only the information how often a word is present in a text is encoded (Manning et al., 2008b). (!correct! Mit der Art wie das Buch hier zitiert wird bin ich noch nicht glücklich. Es sollte eigentlich chapter 2 und 6 sein und nicht 2008 a und b. oder wenigstens a, b, c in derselben Reihenfolge wie die chapters.) More concretely, in the bag of words model documents are represented as fixed length feature vectors, in which every feature is a word occurrence count. In the simplest approach every feature is the word or term frequency  $\text{tf}(t, d)$  of term  $t$  in document  $d$ . Where  $\text{tf}(t, d)$  is the occurrence count of word or term  $t$  in document  $d$ . To compute feature vectors for documents in a corpus the vocabulary  $V$  of the corpus needs to be established first. Documents are represented by a  $1 \times |V|$  vector of the values  $\text{tf}(t, d)$  for all  $t \in V$ . To represent text in the bag of words model, however, the text needs to be preprocessed first.

## Preprocessing

In computers, text is most often represented as sequences of characters. The process of extracting words from such a sequence is known as tokenization (Manning et al., 2008c). A first naive approach to tokenization might be to split the sequence of characters on every whitespace and regard everything in between as a word. This approach, however, can easily lead to unexpected results. Consider the example string “The doctor treats the patient.”. The naive approach yields the words “The”, “doctor”, “treats”, “the” and “patient.”. Note how the last word contains the punctuation character “.”. So even for very easy examples the naive approach does not produce expected results. Luckily many more sophisticated algorithms are implemented in ready-to-use open-source software packages.

Some words are more important or representative of a text than others and so it is a useful preprocessing step for the bag of words model to remove some frequently appearing but uninformative words, so called stop words. A list of English stop words comprises words like “the”, “a”, “just” or “some”. While they are necessary for the grammatical structure of a language, they do not convey much information about the similarity of documents (Manning et al., 2008c).

Additionally for the bag of words model we are not interested in the exact grammatical form in which a word is present in a text. Removing this unnecessary information is achieved with a procedure called stemming, that maps word appearances to their stem (Manning et al., 2008c). It maps words such as “doctors” and “doctor” both to their common stem “doctor”. Both removal of stop words and stemming seem at first glance to disregard information. This is true, but they allow to represent a text more compactly and thereby reduce the noise of the representation. We explain those preprocessing steps and the bag of words model with a more illustrative example.

## Bag of Words Example

Assume the corpus consists of two documents  $d_1$  = “The patients with disease A.” and  $d_2$  = “The patients with disease B.”. After tokenization, removal of stop words, and stemming, the bag of words vectors representing the two texts are:

$$\mathbf{v}_{d_1} = \begin{pmatrix} 1 \\ 1 \\ 1 \\ 0 \end{pmatrix} \quad \mathbf{v}_{d_2} = \begin{pmatrix} 1 \\ 1 \\ 0 \\ 1 \end{pmatrix} \quad \begin{matrix} \text{patient} \\ \text{disease} \\ \text{A} \\ \text{B} \end{matrix}$$

Note how the punctuation character does not appear, as the tokenization has removed it from the list of words. The words “the” and “with” have been removed as stop words and the word “patients” has been stemmed to produce “patient”. Then the list of words has been converted to a bag of words vector.

## Application and shortcomings

The vectors  $\mathbf{v}_{d_1}$  and  $\mathbf{v}_{d_2}$  live in a four dimensional vector space and we can either use them as feature vectors for a machine learning task or compute a measure of similarity between them. The standard similarity measure used for bag of words vectors is the cosine similarity  $s_{\cos}(\mathbf{v}_1, \mathbf{v}_2) = \frac{\langle \mathbf{v}_1, \mathbf{v}_2 \rangle}{\|\mathbf{v}_1\| \cdot \|\mathbf{v}_2\|}$ , where  $\langle \mathbf{v}_1, \mathbf{v}_2 \rangle$  is the scalar product of  $\mathbf{v}_1$  and  $\mathbf{v}_2$  and  $\|\mathbf{v}\|$  is the norm or length of vector  $\mathbf{v}$ . The cosine similarity has the appealing property that it normalizes the scalar product by the norm of the vectors used. Thereby it ensures, that the resulting measure lies in the interval of  $[-1, 1]$ . For positive spaces (i.e. spaces, where all vectors have only non-negative elements, like the bag of words vector space) this measure lies in the interval  $[0, 1]$ . Two documents  $d_1$  and  $d_2$  are then considered to be more similar than  $d_3$  and  $d_4$ , if  $s_{\cos}(\mathbf{v}_{d_1}, \mathbf{v}_{d_2}) > s_{\cos}(\mathbf{v}_{d_3}, \mathbf{v}_{d_4})$ .

Generally, however, the bag of words model has severe limitations. Consider for example the two sentences  $d_3 =$  “The patients with disease A, but not B” and  $d_4 =$  “The patients with disease B, but not A”. Their representation in the bag of words model is equivalent, although they express quite different meanings. Additionally, some phrases that express similar or identical meaning are treated very differently in the bag of words model. Consider the example disease word “Chronic-lymphocytic-leukemia”. Many doctors will abbreviate this word to “CLL” or “B-CLL”. The bag of words model regards these three forms of the same word as completely dissimilar. Even worse, when spelled “Chronic lymphocytic leukemia”, the phrase is regarded as three distinct words, having nothing in common with each other or the words above. Still the bag of words model is a standard approach for information retrieval problems, as it has many desirable properties. Texts can be straight forwardly embedded in a vector space (i.e. represented as vectors) and these embeddings can be used as fixed length feature representations for machine learning tasks.

## 2.2 Duplicate Detection

With the bag of words model and the longest common subsequence matching method we semi-automatically identify duplicates in our data. We had a senior oncologist identify all duplicates present in a subset of 150 of these letters manually to have a baseline to which we can compare the methods’ performances.

The longest common subsequence matching procedure scans two documents and finds the longest sequence of characters they have in common. If the length of this sequence exceeds a threshold the pair is marked as possibly duplicate and manually inspected. To get more hits we lower the threshold until the false positive rate becomes too high. Secondly we preprocess all texts as described above and map them into the bag of words representation. We use the cosine similarity as a measure of relatedness between pairs and mark all pairs with distance lower than a threshold as possibly duplicate and again iteratively decrease the threshold.

The bag of words approach identifies all manually detected duplicates and follow-ups while having a very low false positive rate. It detects one additional manually

undetected follow-up pair. The string matching procedure is not as useful due to a high false positive rate and does not detect all manually found duplicates. Its performance is worse than the performance of the bag of words procedure, especially for follow-up letters. However, it finds a second manually undetected follow-up pair, that we have not identified with the bag of words procedure either. We use both approaches with thresholds from the "training" set on the remaining 157 letters as well. Overall we detect 18 exact copy pairs and 17 follow-up pairs. We additionally remove three letters from the dataset as they include almost no information (an artifact of the specific documentation procedure at the university hospital). This results in our final dataset consisting of 269 unique physician letters (follow-ups are only included, where mentioned explicitly).



## Chapter 3

# Fine-grained information presentation

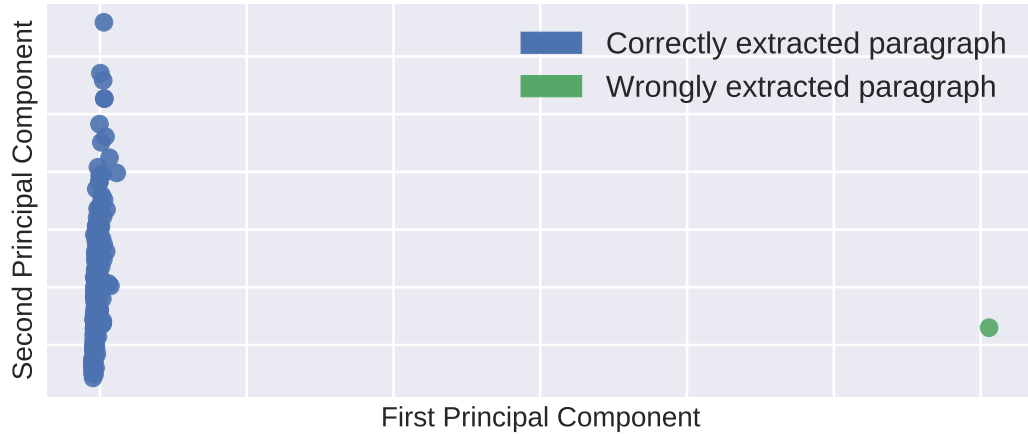
Many physician letters are rather long documents, spanning several pages. To increase the usability of a recommender system used in practice it is desirable to be able to show specific information like the diagnosis or the therapy history on demand or hide unnecessary parts of the letters like the introduction. It might also be desirable to compare letters only based on a specific section like therapy history. A first step towards this goal is the automatic extraction of the relevant paragraphs.

### 3.1 Paragraph Extraction

The XML data format of the letters allows to automatize inspection of rather fine-grained structures present in the letters. One can automatically determine boldfaced characters for example. Because of this and because the documents are similar in structure, we use a rule based approach for extracting the individual paragraphs. A simplified rule to find the beginning of the diagnosis paragraph is shown in pseudocode:

```
diagnosisRegex = '[dD]iagnose(n)?'
text = thisXmlNode.text()
if regex.match(text, diagnosisRegex) and boldface(text) and
    precededByNewline(thisXmlNode) then
    | diagnosisStart = thisXmlNode
end
```

A regular expression is defined that matches the word diagnosis (the German word for diagnosis is "Diagnose"). The text of every node in the XML tree is checked for a regular expression match and whether it is boldfaced. If an XML node matches those criteria and is preceded by a newline, it is marked as the beginning of the diagnosis paragraph. With a set of rules like the one above we automatically extract



**Figure 3.1:** 2D PCA projection of bag of words representation of one incorrectly extracted diagnosis paragraph and several correctly extracted ones.

the paragraphs of interest from the documents. This approach, however, is not completely reliable, as the doctors are free to write the documents in the way they please. Indeed we find several wrongly extracted paragraphs, that e.g. include the subsequent paragraph as well. For our dataset it is possible to check the extraction process by hand. However, this is tedious work and is not scalable to bigger datasets. We therefore explore whether we can in principle make use of other automated methods to find paragraphs for which the rule based extraction process does not produce desired results. We therefore take several correctly extracted and one incorrectly extracted diagnosis paragraphs and convert them to their bag of words representation. To get a feeling for how these vectors behave we use Principle Component Analysis (PCA) to get a lower dimensional approximation of the vectors. PCA finds the linear subspace with desired dimensionality of the original space that preserves as much of the variance of the vectors in the original space as possible. Thereby one can gain a low dimensional approximation of the high dimensional data and use this approximation for visual inspection. See figure 3.1 for a 2D PCA plot of the bag of words representation of the correctly and incorrectly extracted diagnosis paragraph. As is apparent from the figure, it would not be a hard task to automatically detect the outlier. In this case the incorrectly extracted paragraph includes not only the diagnosis, but also the therapy history. In cases like this with additional text present, it is an easy task to identify the incorrect ones. A harder problem arises, when only parts of the paragraph of interest have been extracted. However, we believe that this problem is of little concern, due to the way our rules are made. Indeed, we did not find a case

## 3.2 Paragraph Classification

In our sample dataset, we can automate paragraph extraction as shown above. We can also detect for which paragraphs the procedure produces incorrect results. This approach works well only because the documents in our dataset generally adhere to a rough structure. For datasets from other clinics constructing a rule based extraction procedure is not only time consuming, it might not be possible at all. We therefore test an approach of classifying the extracted paragraphs into three categories—greeting, diagnosis and anamnesis. Our findings show that, surprisingly, this is not a hard problem. On unseen datasets it might therefore be possible to split text into unlabeled paragraphs with a basic rule based approach. One can possibly define a new paragraph to begin after a blank line and automatically label the resulting paragraphs with a predefined category. This way one would be able to hide or show specific information on demand even on datasets from other clinics.

We approach the problem again from a vector space based view-point. We compute the vector representation for every paragraph and use a classifier trained on these representations to predict the correct paragraph label. To get the best results we compare different text embedding methods. We test the standard bag of words, term frequency—inverse document frequency (tf-idf) and paragraph vector models. We also use Latent Semantic Analysis (LSA) and Latent Dirichlet Allocation (LDA) to get more condensed feature vector representations based on the tf-idf vector space. Before presenting the results of the different approaches we subsequently introduce these embedding methods.

### Additional vector space models:

#### Term Frequency—Inverse Document Frequency

An extension of the bag of words model, that creates feature vectors based on term frequencies  $\text{tf}(t, d)$  of term  $t$  in document  $d$ , is the term frequency—inverse document frequency model (tf-idf). A common problem with the bag of words model is that some terms (even after filtering stop words) appear often across texts in a corpus, i.e. have a high term frequency, yet do not constitute a good feature for discrimination between texts. Therefore a scaling factor for the term frequencies is desired which captures the intuition that words appearing often in a few texts but rarely in others are good discriminative features for those texts. tf-idf refers to a specific scaling scheme, that downscales the importance of frequent words, while upscaling the importance of rare words.

Term frequency  $\text{tf}(t, d)$  usually refers to the standard word count. Inverse document frequency  $\text{idf}(t, C)$  of term  $t$  and corpus  $C$  can be computed as

$$\text{idf}(t, C) = \log_2 \left( \frac{|C|}{|\{d \in C : t \in d\}|} \right)$$

where  $|C|$  is the total number of documents in the corpus and  $|\{d \in C : t \in d\}|$  is

the number of documents in which term  $t$  appears at least once.

Term frequency—Inverse document frequency  $\text{tfidf}(t, d, C)$  is then calculated as

$$\text{tfidf}(t, d, C) = \text{tf}(t, d) \cdot \text{idf}(t, C)$$

tf-idf can be used as a feature for the representation of the document that is more robust to uninformative changes in the distribution of common words and more expressive for rare words (Manning et al., 2008b).

### Latent Semantic Analysis

An often occurring machine learning (ML) problem is that very high dimensional feature vectors, as occurring in bag of words and tf-idf models, tend to generalize poorly in subsequent tasks like classification. In those cases it is desirable to have a more condensed lower dimensional feature representation of documents that still captures most of the variance in the bag of words representation. Latent semantic analysis (LSA) of Deerwester et al. (1990) in its simplest form takes the plain bag of words vectors of all documents in the corpus and constructs a term-document matrix  $\mathbf{M}$ , where  $\mathbf{M}[i, j] = \text{tf}(t_i, d_j)$ , i.e. row  $i$  represents the relation of term  $i$  to all documents, while column  $j$  represents one document and the relation to all its terms. So column  $j$  represents document  $d_j$ 's vector representation  $\mathbf{v}_{d_j}$ .

$$\mathbf{v}_{t_i}^T \rightarrow \begin{matrix} & \mathbf{v}_{d_j} \\ & \downarrow \\ \begin{bmatrix} \text{tf}(1, 1) & \dots & \text{tf}(1, |C|) \\ \vdots & \ddots & \vdots \\ \text{tf}(|V|, 1) & \dots & \text{tf}(|V|, |C|) \end{bmatrix} \end{matrix}$$

Singular value decomposition is then used on the term document matrix  $\mathbf{M}$ , allowing to find a  $k$ -dimensional ( $k < \dim(\mathbf{M})$ ) linear subspace of  $\mathbf{M}$ ,  $\hat{\mathbf{M}}$ , that still captures as much of the original information as possible, i.e. that captures as much of the variance in the original space as possible. Column  $j$  of  $\hat{\mathbf{M}}$  contains a  $k$ -dimensional, approximate representation of the document  $j$ 's feature vector  $\mathbf{v}_{d_j}$ , called  $\hat{\mathbf{v}}_{d_j}$ . The document representations  $\hat{\mathbf{v}}_{d_j}$  in  $\mathbf{M}$ 's linear subspace spanned by  $\hat{\mathbf{M}}$  do no longer have an intuitive interpretation as word counts, but can still be used as feature vectors for subsequent ML tasks or can be analyzed for similarity. Deerwester et al. (1990) argue that the resulting features have several appealing properties. The LSA features can simply be viewed as a noise-reduced version of the original features, but according to the original paper they can also better deal with linguistic issues such as synonymy and polysemy. This works because every original observation (i.e. document) is represented as a linear combination of  $k$  hidden (or latent) semantic concepts. Terms that often appear together (i.e. are semantically related) will then be mapped onto similar LSA representations and can thereby for example capture some aspects of synonymy.

The value of  $k$  is a parameter of the model and has to be specified by the researcher. LSA can be used not only with the bag of words space as a basis, but also with the tf-idf space. Throughout this thesis we use LSA in the latter way.

### Latent Dirichlet Allocation

A popular probabilistic method for finding latent semantic features of documents in a corpus is latent dirichlet allocation (LDA). As with LSA the rationale is that it would be useful to find a shorter or lower dimensional description for documents in the bag of words vector space format for subsequent tasks. In the LDA context the latent features are called topics and texts are represented as probabilistic mixtures of these topics. A topic is represented by a probability distribution over words and so a document is represented as a probabilistic sample from several topic distributions over words. More specifically that means that documents in LDA space are represented by vectors of dimensionality  $k$ . The elements of one vector then represent the strength of association of the document with the respective topic. As in the case of LSA the number of topics  $k$  is a parameter and needs to be specified by the researcher (Blei et al., 2003).

### Word Vectors

In the standard bag of words model no relationship between words is encoded, i.e. every word is dissimilar from every other word. Thereby a lot of information is lost, as e.g. the words “car” and “automobile” are considered by the system to be as similar to each other as to the word “blue”. One way to encode relationships between words is to embed them in a vector space. Just like the way document similarities can be computed from their distances in the vector space model, similarities of words can be computed, if the words are represented as vectors. A first successful approach to this problem used the LSA model. Here a single word can be represented as a pseudo document and thereby be mapped into the LSA space. The resulting vector in the LSA feature space can be considered a vector representation for the word and be used for comparisons with other words (Deerwester et al., 1990).

Bengio et al. (2003) introduced a neural language model that uses word vectors to predict subsequent words in a text and updates the model as well as the vectors with gradient descent. It seems that by being useful for prediction of subsequent words, the vectors represent statistical information about word contexts and capture meaning of the words to some extent.

Recently Mikolov, Chen, Corrado and Dean (2013) proposed their influential Word2Vec model. This model utilizes a neural network for the prediction of word vectors, given other nearby word vectors. However, the authors focused on the refinement of the word vectors only and were able to simplify the net substantially, while gaining word vector “performance” (i.e. vectors that perform better on a task designed to measure how well the vectors capture human intuitions about the words). Their model works simply with scalar products of input and output word

vectors (it has two vectors per word) and a softmax output layer for normalization. This model comes in two architectural types: “Continuous Bag of Words” (CBOW) and “Continuous Skip-gram” (skip-gram). The former predicts the output vector of a center word, given the  $n$  previous and  $n$  subsequent input word vectors. The input vectors of the  $2n$  surrounding words are averaged, the scalar product of this average with every output word vector is computed and a softmax normalization produces final output probabilities. The skip-gram model utilizes the input vector of the center word to predict the output vectors of surrounding words in a left and right context window of maximal size  $w$ . The current window size  $c$  is sampled uniformly from  $\text{range}(1, w)$  at every iteration. This results in  $2c$  predictions for every center word considered. The model parameters are updated with gradient descent. After training, either only the input word vectors or the input and output word vectors are used. In the latter case they are either averaged or concatenated to produce the final word vectors used for subsequent tasks.

A note on computational cost: The softmax output layer is very inefficient as it requires the computation of  $|V|$  scalar products (every word in the vocabulary). As a first speed up a hierarchical softmax (Morin and Bengio, 2005) is used as an approximation to the real softmax, that reduces the number of scalar product computations to  $\log_2(|V|)$  (Mikolov, Chen, Corrado and Dean, 2013). In a subsequent publication the authors introduced a simplified variant of Noise Contrastive Estimation (Gutmann and Hyvärinen, 2012), called Negative Sampling, that further reduces the computational complexity, while still giving useful word vectors (Mikolov, Sutskever, Chen, Corrado and Dean, 2013).

With these architecture and approximation simplifications the Word2Vec model is able to train on a vast amount of text data (billions of words) in a matter of hours. Mainly through those speed ups (and the concomitant larger amounts of processable data) word2vec is able to produce better word vectors, than previously possible.

### Paragraph Vector—An extension of Word2Vec

A simple extension of the word2vec model allows to obtain vectors for sentences or longer passages of text. An additional vector is introduced for every piece of text, that we regard as a separate entity (a sentence, a paragraph or a document). This so called paragraph vector is then used in two different ways in the extensions of CBOW and skip-gram. In the Distributed Memory (DM) model, an extension of CBOW, the paragraph vector is used in combination (average or concatenation) with the vectors of surrounding words to predict a center word. In the Distributed bag of words model, an extension of skip-gram, the paragraph embedding is used to predict words randomly sampled from the paragraph.

After the initial training phase a second step, called inference phase, is necessary to gain paragraph embeddings. A paragraph vector is initialized randomly, the rest of the model is kept fixed and the normal training procedure of word prediction and gradient descent on the paragraph vector is done. Thereby the final document embeddings are produced, which can be used like the embeddings of the methods

described above. Note, however, that the time until the model reaches convergence both in the training and in the inference phase is unknown and a number of running epochs for both phases must be specified beforehand (Le and Mikolov, 2014).

## Classification Results

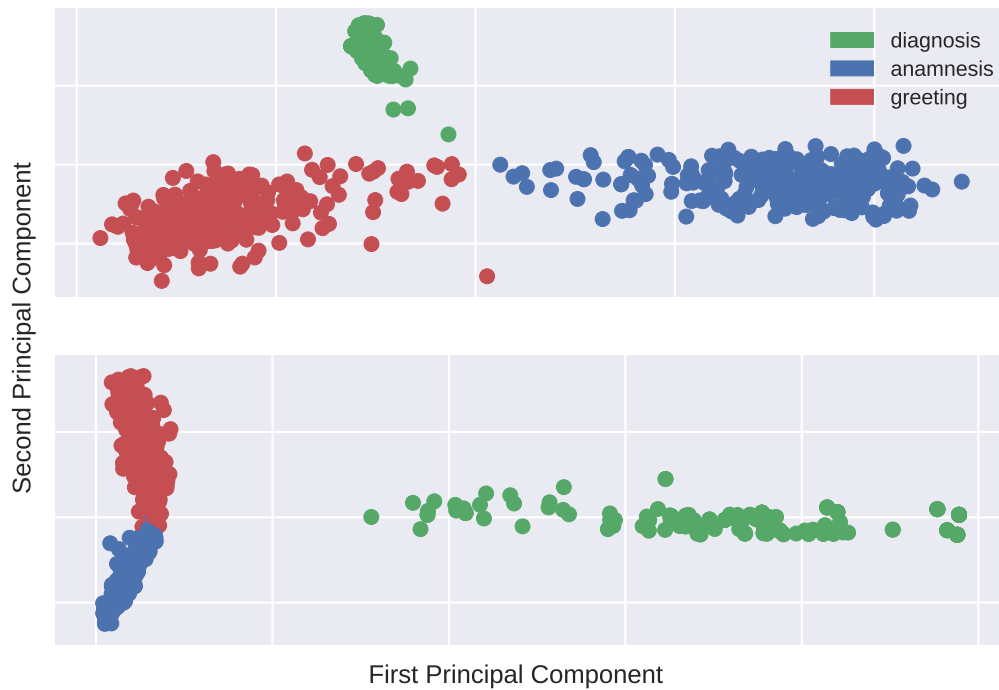
After having introduced the additional embedding methods tf-idf, LSA, LDA and paragraph vector, we now use their embeddings for classification of the paragraphs into respective categories. Therefore we take all the extracted greeting, diagnosis and anamnesis paragraphs and map them to one of the embedding representations. Then logistic regression is trained on a training portion of the dataset and the performance evaluated on a testing portion. As our dataset is relatively small we use leave-one-out cross-validation to be able to use every data point as test data. Thereby we obtain as much information about the performance as is possible with such limited data.

As vector embedding methods we test all methods described above. For LSA and LDA we tune the hyperparameter of dimensionality  $k$  to obtain best results. The paragraph vector method has several rather unintuitive hyperparameters, that need tuning. We start with hyperparameters reported as working well in the literature (Lau and Baldwin, 2016). From there we use a randomized search strategy to find better fitting parameters for our specific problem. Results of our evaluation can be found in table 3.1. Several things are noteworthy about the results. First it is surprisingly easy in general to use a small number of training paragraphs (less than 300 per category) to predict its label with very high accuracy. Second all methods are indeed outperformed by the more recent paragraph vector approach. However, the paragraph vector performance comes with the cost of needing to tune many hyperparameters, whose influence is not intuitively clear. Third LSA performance is always smaller or equal to tf-idf performance. As the tf-idf vector space has several thousand dimensions, but we only have several hundred texts, all these texts must fall into a linear subspace with dimension no greater than the number of texts. We assume the dimension is even substantially smaller, as LSA vectors produce the same results in classification accuracy when reducing the number of dimensions even much further.

Embedding Method	BOW	TF-IDF	LSA	LDA	Para2Vec
Classification Accuracy	0.995	0.997	0.997	0.992	<u>1.0</u>

**Table 3.1:** Mean paragraph classification accuracy of logistic regression measured with leave-one-out cross-validation for different vector embedding methods.

To gain a more intuitive understanding of the performance of these approaches we use PCA to get a 2D approximation of the vectors of the extracted paragraphs. In figure 3.2 one can compare the 2D PCA projections of the tf-idf and the paragraph vector models. While it is obvious that both methods can produce good results even



**Figure 3.2:** 2D PCA projections of a vector space embedding of the physician letter paragraphs. Colors encode the respective paragraph category for each vector. **Top:** Paragraph vector space. **Bottom:** Tf-idf vector space.

just using a linear classifier, it is also easy to see that the paragraph vectors are easier separable (although not linearly separable in the 2D projection). We conclude that paragraph vector is the best suited method for this classification task. Additionally we note that it works surprisingly well with very limited training data.



## Chapter 4

# Recommender System

The main objective of this thesis is to build a prototypical recommender system for the physician letters and assess its quality. We do so based on the document embedding methods introduced in chapters 2 and 3. Once documents are embedded in a vector space similarities between documents  $d_1$  and  $d_2$  can be computed as the cosine similarity of the corresponding vectors  $\text{sim}_{\cos}(\mathbf{v}_{d_1}, \mathbf{v}_{d_2})$ . To find the most relevant letters, given a reference letter, we compute the similarity of the reference letter to all other letters in the database. Thereby we get a ranking of all other letters, given the reference letter. The "best" fitting letter or the letter with rank one is considered the most relevant according to the algorithm. The  $n$  most relevant letters are the ones on the  $n$  highest ranks or the  $n$  letters with highest cosine similarity to the current reference letter. They can be retrieved from the database and presented to a user.

### 4.1 Fine-tuning

Based on the cosine similarity between vectors of the corresponding texts all document embedding methods can in principle be used as a base for the recommender system. To find out which hyperparameters and which embedding method works best we use supervised similarity information. The most desirable information is an expert rating of similarity between letter pairs. As this information is expensive to come by, because experts working hours are expensive, we use a different, easier acquirable dataset for the task of fine-tuning. This data consists of a grouping of 135 of the letters into 50 non-overlapping groups of similar patients done by an expert. Some groups only contain a single patient (if he/she was dissimilar to all others), some contain several and the average group consists of 2.7 patients. This grouping is not equivalent to a correct measure of similarity, but we can still use it as an approximate measure of similarity to tune our algorithm. Thereby letters from the same group are considered similar and letters from different groups are considered dissimilar. One measure of goodness for a real recommender system is how often the system ranks the truly similar letters into the top  $n$ . I.e. given one reference letter,

Embedding Method	BOW	TF-IDF	LSA	LDA	Para2Vec
Continuous Measure Score	0.794	<u>0.870</u>	0.868	0.634	0.830

**Table 4.1:** Performance of different embedding methods (with tuned hyperparameters) on the grouping dataset evaluated with the continuous measure.

are the similar letters of the grouping dataset considered to be among the top  $n$  most relevant by the recommender system. We call this the top- $n$  measure. This measure, however, does not take all available information into account. Say we specify  $n = 5$ , the top- $n$  measure gives the same score, if a truly similar letter is ranked to be the 6th most similar or the least similar of all. A measure that assigns a higher score in the first situation than in the second would be preferable for the fine-tuning of the algorithm. We therefore develop a continuous measure, that assigns a score from the interval  $[0, 1]$  for all possible ranking situations. A score of 1 is given, if the truly similar letters occupy the foremost positions, a score of 0, if the truly similar letters occupy the last positions, a score of 0.5, if the truly similars occupy the positions in the centre. A score of 0.5 is expected, if the algorithm sorted the letters by chance.

Based on the continuous measure we first do hyperparameter tuning for the embedding methods as applicable. Afterwards we select the best performing embedding method the same way. Table 4.1 shows the scores obtained by each embedding method. Generally the performance is high above chance level. It is noteworthy that the simple and hyperparameterless tf-idf method outperforms all other methods including LDA and the recent and hard-to-tune paragraph vector. We therefore choose tf-idf as the embedding method for the recommender system.

There is a relatively intuitive reason why tf-idf works well for our problem. It is plausible that the main features for human similarity judgments of letter pairs are based on the diagnosis of the patients. The diagnosis and diseases words are features that the tf-idf method will judge as very important, as they appear only in few documents overall.

## 4.2 Recommendation Quality—Experimental Setup

Having fine-tuned the recommendation procedure as described above the next step consists of assessing the quality of the recommendation. We test this quality in a psychological experiment. To this end we probe the similarity ratings that subjects give to pairs of letters and compare them to the similarity measure of our algorithm.

We construct an experiment with 32 trials, in which subjects have to compare letter pairs for similarity. More precisely that means we select 32 letters as “reference letters” out of our database and let subjects rate the similarity of these 32 reference letters to five other letters each. Thereby we gain ratings for 160 letter pairs. 16 of the reference letters have a follow-up letter in our database. Trials with this kind of reference letter are called “follow-up trials” and letter pairs of follow-ups are called “follow-up pairs”. The other 16 reference letters are selected randomly

among the letters without follow-ups present in our dataset. The five letters that are compared to one reference letter are called the comparison letters. Four of them are selected based on the cosine similarity between the reference letter and all other letters. These four are the ones with highest cosine similarity to the reference letter according to our algorithm. That means they are the best matches to the reference letter according to our algorithm—or equivalently, they are ranked on places one to four given a reference letter. The fifth comparison letter is randomly selected among all other letters and then fixed. Subjects are presented with one reference and one comparison letter at a time. After rating their similarity they are presented with the next comparison letter. Once a trial is done, i.e. five comparison letters are rated, the next reference letter is presented. The order of the reference and comparison letters is random, but fixed. Subjects are forced to give a rating in the range of 1 (very dissimilar) to 7 (very similar) for each letter pair. See figures A.3, A.4, and A.5 (in the Appendix) for screenshots of the website on which the subjects perform the experiment.

We design the experiment such that the first trial is a follow-up trial and the second one is a non-follow-up trial. Thereby we ensure that subjects can adjust for the upper similarity bound of having to compare letters of the same patient. These two trials are excluded for the later analysis. We have six subjects performing the experiment, four experts (oncologists with at least five years of practical experience) and two novices (medical students more than halfway through their study course).

## 4.3 Recommendation Quality—Results

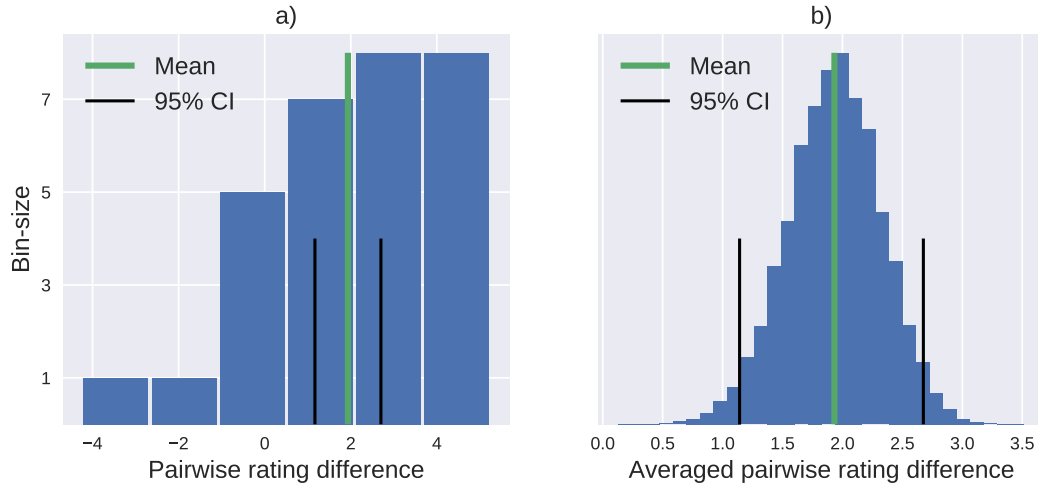
### Inter-Rater Agreement

We first analyze the inter-rater agreement among subjects. We believe it is not trivial for them to rate physician letter pairs for similarity as it is not directly clear along which dimension similarity is to be judged, a problem well known from the cognitive science literature (Medin et al., 1993). One might for example judge similarity based on diagnosis or based on therapy. We also believe that experts and novices (or students) base their judgments on different features. Experts generally have higher agreement when categorizing stimuli, than novices do, and usually use more abstract, less accessible features (Chi et al., 1981; Linhares and Brum, 2007; León-Villagr a and J  kel, 2013). In line with these results we find that the inter-rater agreement is higher among the experts than among the students (expert agreement: 0.76; student agreement: 0.59). We measure this agreement with the spearman rank correlation coefficient, that produces a number between -1 (perfect anti-correlation) and 1 (perfect correlation). Spearman’s coefficient is used instead of the often used cohen’s kappa coefficient, because the former can deal with ordinal data, whereas the latter can only deal with nominal data (Spearman, 1904; Cohen, 1960). Our number of subjects is quite low for concluding that students rate letter pairs worse than experts. Still as our findings are in line with well established research, we discard the student rating data for further analysis.

Note that for the following analyses we exclude data of follow-up pairs, except where explicitly stated otherwise. Subjects rate the similarity of these pairs very highly and almost any information retrieval system will find them to be similar. Thereby they would improve positive correlation statistics in our analysis, although retrieving them is useless in practice. We will show later that our recommender can easily distinguish them from normal pairs.

## Ranking and Subject Ratings

The first analysis concerning our recommender system asks the question whether the recommendations are better than chance. Therefore we compare the average subject rating of the "best fitting" letter (as computed with our algorithm) and the random comparison letter for each trial. The best fitting comparison letter is the one with highest cosine similarity to the reference letter. Figure 4.1a shows a histogram of the differences in subject rating of the best fitting and the randomly selected letter pairs. The figure also shows the mean difference and a 95% interval for this mean. The confidence interval was calculated using the standard error of the mean (sem). The lower and upper bound is then calculated as  $bound_{1/2} = mean \pm 1.96 * sem$  respectively. This estimation of the confidence interval, however relies on the assumption that sample means are normally distributed. As those means are calculated over 30 values in each sample, this assumption is hardly questionable in most scenarios due to the central limit theorem. As the differences in subject ratings are discrete values bounded between -6 and +6 we might face the issue of a skewed distribution because of bounding problems, though. Therefore we verify the assumption of normality with bootstrapping (Efron, 1979). (Icorrect! der Table



**Figure 4.1:** (a): Histogram of differences in rating of the "best" and the random comparison letter for each trial. (b): Histogram of the average differences in averaged subject ratings of the two groups for 100.000 bootstrap resampled datasets.

sollte wirklich noch auf der Seite vorher kommen, vor der Figure.)

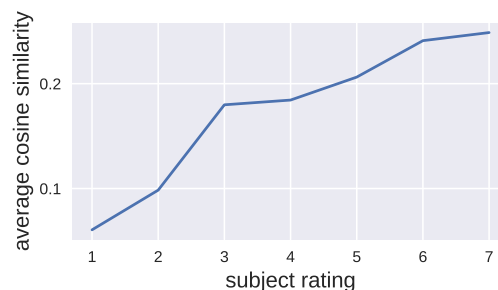
Bootstrapping is a procedure in which many random resamples of the dataset are computed. If our collected dataset represents the true distribution of differences in ratings of best fitting and random letter pairs well enough, then the resamples are to our sample as our sample is to the true distribution. Thereby the mean of the average difference of the resampled datasets give an estimate of the average differences, when collecting many samples from the real distribution. We take 100.000 resamples with replacement from our data and compute the average difference of the resamples for every one of them. The distribution of these average differences of the resamples can be seen in figure 4.1b. From this figure it is apparent, that the assumption of normality for the distribution of average differences indeed holds. The figure also shows bootstrap estimates for the mean and the 95% confidence interval. As expected these estimations match closely with the ones estimated with the standard error of the mean as can be seen from the following table.

Estimated Statistic	Mean	Confidence Interval
Standard Estimation	1.93	[1.17, 2.70]
Bootstrap Estimation	1.93	[1.14, 2.68]

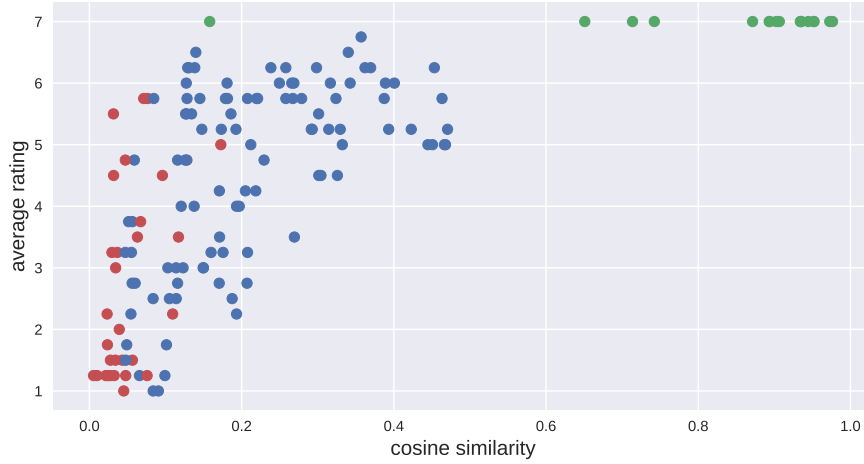
### Cosine Similarity and Subject Ratings

After analyzing whether ranking letter pairs with our algorithm works better than chance, we analyze the relationship of the cosine similarity and the average subject ratings of letter pairs more directly. We visualize the mean cosine similarity, that our algorithm assigns to pairs, as a function of the subject rating in figure 4.2. The data shows a positive, close to linear correlation (pearson correlation: 0.96) of those two variables, suggesting that our recommendation method captures at least some aspects of perceived similarity.

Next we analyze the relationship of the cosine similarity and the subject ratings more thoroughly. We therefore draw all letter pairs as points in a plot of average rating of a pair versus cosine similarity of a pair. See figure 4.3 for this visualization. We mark follow-up pairs green and the random comparison letter pairs red. From the figure it is apparent that follow-up letters can be easily distinguished with the cosine similarity from other letter pairs. The randomly selected pairs mostly have a low cosine similarity as expected, however several of them are still rated rather



**Figure 4.2:** Averaged cosine similarity of all letter pairs that were rated into one of the seven possible rating categories.



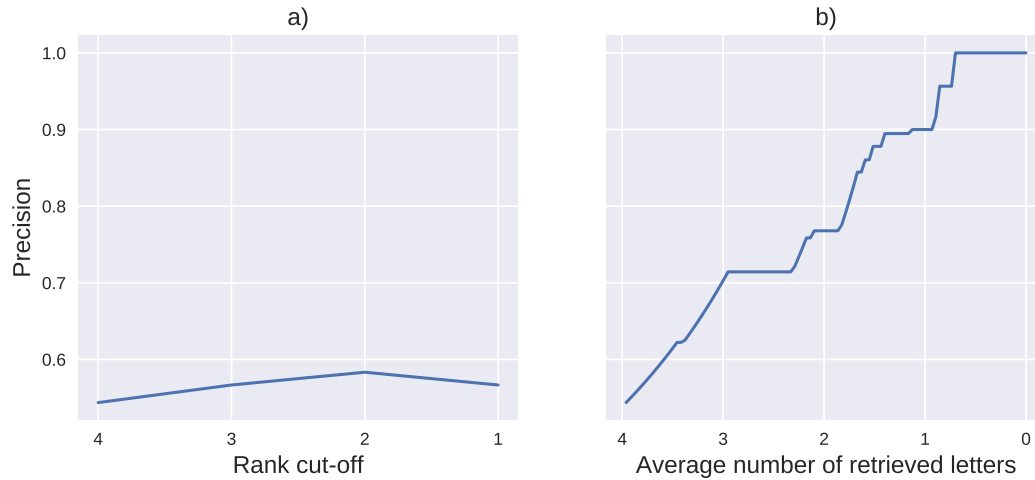
**Figure 4.3:** Average subject rating versus cosine similarity of all letter pairs. Follow-up pairs are marked green, random ones red.

highly by subjects. Some well fitting random letter pairs are expected by chance and after manual inspection of these pairs we settle on this conclusion.

### Considerations of Precision and Recall

A standard way to assess the quality of an information retrieval system uses two measures called precision and recall. Precision and recall are used as measures of the goodness of an information retrieval system, when all documents are binarily classified as either relevant or irrelevant given a current information need or query (Manning et al., 2008a). In our case a query is a reference letter and we ask the question of whether a comparison letter is relevant or irrelevant given this reference letter. Precision is then a measure of the correctness of the retrieved results. In probabilistic terms it is the probability that a document is relevant given that it is retrieved  $P(\text{relevant}|\text{retrieved})$ . Recall is a measure of completeness of the retrieved results and can be expressed as the probability of being retrieved given that the document is relevant  $P(\text{retrieved}|\text{relevant})$ . Both quantities usually exhibit an inverse relationship. One can trade higher precision for lower recall or vice versa. Both precision and recall always lie in  $[0, 1]$ . Note that we classify letter pairs with an average rating of five or higher as relevant and others as irrelevant. This threshold is somewhat arbitrary, but was set after several personal discussions with the contributing physicians.

We can assess the precision of our system in different scenarios. Recall, however, is impossible for us to measure. We do not know the set of relevant letters for a given information need (i.e. reference letter) and therefore cannot compute  $P(\text{retrieved}|\text{relevant})$  (i.e. recall). Precision is a quantity of high interest for the



**Figure 4.4:** (a): Precision as a function of rank cut-off. (b): Precision as function of a varying cosine similarity threshold. The x-axis shows the average number of retrieved letters per reference letter at the threshold instead of the threshold itself.

Note that both plots start at the same point, where all letters with rank four or lower are retrieved, and share a common y-axis.

recommender system in the use case we envision. It is very important for a setting in clinical everyday life, that a large fraction of recommended letters is deemed useful by doctors. If this were not the case, physicians would quickly stop using the system. Recall on the other hand is not an interesting quantity in this situation. Doctors will only look at very few recommended letters and it is of no concern whether or not a large fraction of relevant documents is retrieved. However, an interesting question, somewhat related to recall, is whether or not the most relevant letters are retrieved first. We will address this question after examining the precision of our system. Note that for another use case recall might be more important than precision.

In our usage scenario a possible implementation of the system could always retrieve the four highest ranked letters to a given reference letter. Therefore we ask the question of what precision we can achieve, when recommending the "best" four or even fewer letters. Figure 4.4a shows what level of precision the system can achieve, when stopping retrieval of letters at a given rank. As is apparent from this figure precision is rather low at a level of roughly 0.55 when presenting all four "best" matches. Unfortunately not much increase in precision can be gained by presenting a fixed number of fewer letters than four, with a maximal precision of 0.59 when presenting the two letters with highest cosine similarity. This means that little more than every second retrieved letter is relevant. From figure 4.3 it is apparent, however, that we can do better, when incorporating information about the absolute cosine similarity and not only the ranking of the letters. In this figure it is apparent, that we can get up to a precision of 1, if we present only letters with a cosine similarity higher than 0.4. This in turn means that only for few reference letters some comparison

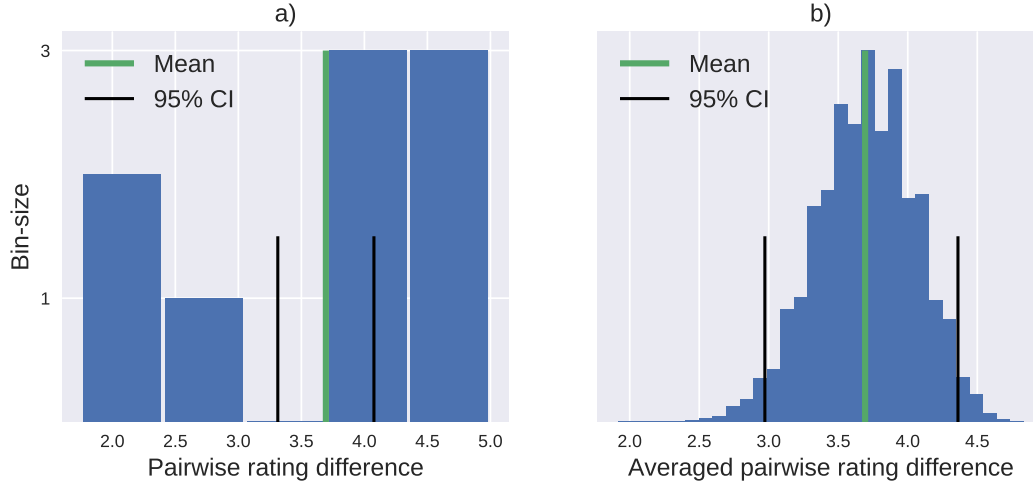
letters are retrieved. In figure 4.4b we examine this relationship more closely. We restrict ourselves to letters of rank four or lower and plot the precision of retrieved letters as a function of a varying cosine similarity threshold. Instead of labeling the x-axis with this threshold we show the average number of retrieved letters per query or reference letter. Thereby we can visualize the trade-off between higher precision and fewer retrieved letters. Increasing precision this way is much easier achievable. This though comes with the cost that for some reference letters no comparison letters might be retrieved. Unfortunately we believe that the recommender system is of highest value to doctors in cases of very uncommon patients. In those cases, however, it is probably least likely to find other letters with high cosine similarity to the current one in the database. Therefore the very promising results of figure 4.4b have to be taken with a grain of salt for real application scenarios.

Next we turn to the question whether the most relevant letters are retrieved first. This question is hard to answer, since we only know of five letters how relevant they are to a reference letter. It remains unclear what rating subjects would have assigned to the other letters from our database. A related question though can provide some insight into this problem. We look at how well the ranking of the algorithm corresponds to the ranking of the experts, given by their rating. We compare these two rankings with the spearman rank correlation coefficient. Again we estimate effect sizes with 100,000 bootstrap resamples. The correlation between the ranking given by the average rating and the ranking of the algorithm is 0.39 (95% CI: [0.22, 0.56]). While this is not particularly high, it is still far better than chance (spearman coefficient of 0). The inter-rater agreement among the experts when calculated accordingly (i.e. without follow-up pairs) is 0.71 (95% CI: [0.63, 0.79]). We also directly estimate the difference between inter-expert agreement and algorithm to expert agreement. In the mean the algorithm to expert agreement lies 0.33 below the inter-expert agreement (95% CI: [0.15, 0.52]). Summarizing one can state that our system's ranking is well above chance, but still quite far below human gold standard.

## Considerations for further Work

We have two reasons to believe that our system performs even better in reality than expected from the considerations above. First, when extending our recommender to work on a much larger database, we expect that the best fitting letters to a given reference letter will have much higher cosine similarity, than is the case now. This is because in a much larger database more well fitting documents are expected for each reference letter. For figure 4.3 this means, that we would expect almost no blue points on the left and many more in the region around a cosine similarity of 0.4. These points most likely will be rated highly by subjects, as are all points with such a cosine similarity in our experiment. In figure 4.4a and 4.4b this effect probably shifts both curves up higher. Second there is reason to believe that some of the letter pairs with low cosine similarity, but high subject rating are due to psychological adjusting. If during one trial only rather badly fitting letters are presented, we





**Figure 4.5:** (a): Histogram of differences in rating of the "best" and the random comparison letter for each trial. (b): Histogram of the differences in the means of averaged subject ratings of the two groups for 100.000 bootstrap resampled datasets.

believe that subjects adjust their rating scale and rate partially fitting letters higher than normally. Effects like this are often observable in psychological experiments (Poulton, 1975). Therefore we believe that points in the upper left corner of figure 4.3 are not as problematic as it might seem. In the figure it looks like some are highly relevant although they have very low cosine similarity and will therefore probably not be retrieved in practice. If the assumption, that subjects adjust their rating scales, is correct, then some of the letters in this region are probably less relevant than it seems from our data.

Finally one can ask whether there are possibilities to improve the system further. The tf-idf embedding method does not have hyperparameters, so no further tuning of those is possible. We believe, however, that combining similarity measures from several embedding approaches is useful. Of the five embedding methods we tested only paragraph vector is a promising option for improving the results of the retrieval. Bag of words is more or less the simple basis for tf-idf, LSA is highly correlated with tf-idf as it is a feature compressed version of the latter, LDA performed severely worse than all other methods, leaving only paragraph vector. This method performed almost as well as tf-idf during our fine-tuning and computes feature vectors in a very different way, possibly complementing tf-idf well. Indeed we find cues that combining these two methods yields substantially better results. We again compare the ratings given to letter pairs from two groups. One of the groups consists of the letters from our experimental dataset, that paragraph vector ranks on the first place out of all letters from our complete database. I.e. letters in this group are ranked among the top four by tf-idf and top one by paragraph vector in our whole dataset. We only find 9 of these letters out of the 30 possible trials. The other group consists of the 9 randomly selected letters from the corresponding

trials. Again we look at a histogram of differences in rating in figure 4.5a and the distribution of average differences for 100.000 bootstrap resamples in figure 4.5b. First, one has to note that neither the bootstrap nor the standard calculated means and confidence intervals are to be trusted completely at a sample size of 9. Additionally, one can see from figure 4.5b that the assumption of normality does not hold perfectly this time. Indeed we face an upward bounding issue and the distribution's left tail is longer, than the right tail. Due to the violation of the assumption of normality, the confidence interval estimates differ. Comparing the mean and confidence interval estimates with figures 4.1a and 4.1b, where only tf-idf information was used, though, we see that additionally using information from the paragraph vector embedding improves results substantially. The mean of the average difference in ratings for example is improved from 1.93 to 3.69 units on the rating scale from 1 to 7. Therefore we conclude that using information from both embedding methods is highly useful, although we distrust the estimation of the mean to some degree due to the small sample size. In summary we believe that work addressing how to combine information from different embedding methods is a worthwhile task and should be undertaken by further research.

## Chapter 5

# Intelligent Search

### 5.1 Research Use Case

With the set of methods used throughout this work, we can address a related, but distinct problem. Say for research purposes it is necessary to find as many documents of patients with a certain feature as possible. Traditionally this can be done with the help of string matching algorithms, that search the database. Even in easy scenarios, though, these algorithms might fail to retrieve all relevant documents. As mentioned earlier, diseases are spelled differently in different documents. Additionally, a string matching algorithm will return documents, in which a specific disease is mentioned in the family anamnesis, while one is only interested in patients having this disease themselves. In the specific use case we envision a researcher starts with the physician letter of one patient and is interested in retrieving similar patients from the database. The initial letter is given as input to our system and the most similar letter is retrieved from the database. The user has to decide whether this letter indeed has the demanded feature. The document is then either labeled as relevant or non-relevant. This procedure of retrieving one letter and deciding about its usefulness is repeated until the user has found sufficiently many letters with the required feature. We can address this use case with our embedding methods in the following way.

### 5.2 Search System

To obtain our goal of retrieving the letters with the required features, we make use of a hybrid approach of an exemplar classifier and logistic regression. In the beginning we use the exemplar classifier to retrieve more samples. The next document to be retrieved is the one with highest average cosine similarity to the thus far obtained true positive samples. Note that in the beginning this is equivalent to the standard recommending procedure, as the letter with highest cosine similarity to one reference letter is retrieved. The subject has then to label the retrieved letter as either relevant or non-relevant. Once enough letters have been labeled, the exemplar classifier is replaced by a logistic regression classifier (lrc). This lrc is trained with all thus far

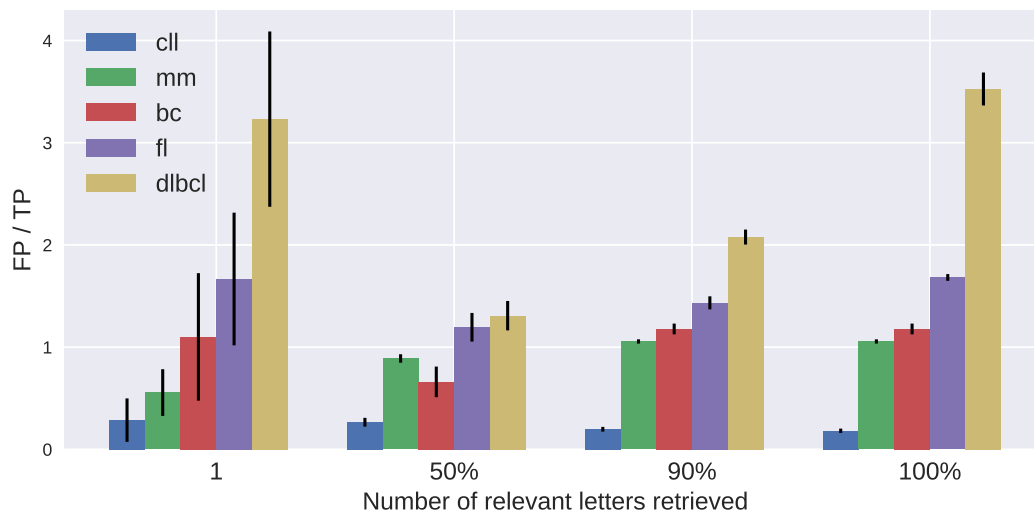
labeled documents. The next letter to be retrieved is the one that the lrc assigns highest probability. It is labeled by the subject and the lrc is retrained with the new set of labeled samples. Thereby one can retrieve as many relevant letters as desired. The important measure of performance for this research system is: How many irrelevant or false positive samples have to be looked through for every relevant or true positive sample obtained. This quantity can be calculated as  $FP/TP$ , i.e. the number of false positives divided by the number of true positives. We can measure it for different fractions of relevant letters retrieved. It is equivalent to measuring precision at different levels of recall, but easier interpretable for the usefulness of this particular system.

### 5.3 System Performance

To measure  $FP/TP$  empirically we take a subset of 135 physician letters and label them manually for five prevalent diseases—“Chronic lymphocytic leukemia” (cll), “multiple myeloma” (mm), “breast cancer” (bc), “follicular lymphoma” (fl) and “diffuse large B-cell lymphoma” (dlbcl). In the subset of 135 letters these diseases appear between 9 and 14 times. We start out with one letter from one of the groups, retrieve the best match according to our retrieval method, classify this retrieved letter as either relevant or non-relevant, update our retrieval method and present the next candidate. This is done until all relevant letters are retrieved. We try this procedure with every starting letter possible and average over those trials. Thereby we obtain a mean estimate for  $FP/TP$  when trying to find the first relevant, and 50%, 90%, and 100% of relevant documents for the case of each of the five diseases tested. The results of this experiment can be seen in figure 5.1. We start using the logistic regression classifier, after the retrieval of five false positives (a rather arbitrary value that was found through manual adjustments).

On the y-axis of this figure we plot the means and standard errors of the means of  $FP/TP$  for each disease for a prespecified fraction of retrieved relevant documents. This way one can read from the plot how many false positives one has to look at to obtain a new true positive sample. In the example of cll we have to look at roughly one false positive for every five true positives we retrieve, in the case of 100% retrieval. This makes it very convenient to search the database for more cll patients. However, as one can see from the figure it works considerably less well for other diseases. Still even in the case of dlbcl we only have to look at 3.5 false positives to get one true positive sample. For research purposes we deem this value good enough. It is also apparent from the figure that often it is relatively hard to retrieve the first match and becomes easier afterwards. One can overcome this initial phase by providing the system with several positive examples to begin with.

With this evaluation we showed that it is in principle possible to construct a research retrieval system that is usable in practice. It remains unknown though, how well this system works for less evident features than diseases. One might be interested in relatively less defining features of the document’s text, than disease.



**Figure 5.1:** Histogram of the means (and standard errors of the means) of the false positives divided by the true positives versus how many relevant letters are retrieved for each of the five diseases—“Chronic lymphocytic leukemia” (ccl), “multiple myeloma” (mm), “breast cancer” (bc), “follicular lymphoma” (fl) and “diffuse large B-cell lymphoma” (dlbcl).

In those cases it is probably harder for the system to retrieve relevant documents. A great advantage of this system, however, is that it learns from examples. One might be interested in an unusual combination of features, say for example all male smoking adults with two specific types of cancer, who suffered from depression in their youth. Retrieving letters of this patient group is hardly doable with classic string matching searches, but conceivable with the here presented method.



## Chapter 6

# Discussion

In the motivation section of our introduction we discuss several cognitive science results about human reasoning. We present evidence for the assumption that humans often reason from examples stored in memory. The theory on this aspect of cognitive science is not as clear-cut, though. There is in fact a great controversy between two different views on this subject. So called exemplar theories indeed argue that humans reason based on specific examples stored in memory. The contrary viewpoint—prototype theory—suggests that humans form abstract prototypes and cognitive processes are based on these prototypes rather than specific examples. A second, complicating issue arises, because there is, additionally, evidence that humans reason with conscious hypothesis testing rather than pattern matching (based on examples or prototypes). In certain situations it is indeed plausible

In this thesis we have developed a prototype for an automatized recommendation system on a physician letter database. We conducted an experiment to evaluate whether or not this system is usable in practice. Thereby we found strong evidence that, indeed, the system performs well enough to deploy it in a clinic. The next steps for this project therefore consist in extending this prototype to work on the large database of the university hospital Freiburg. We already foresee several challenges that will arise when working on this extended database. First, new dataformats (other than Microsoft Word XML files) will have to be processed. Second, the current algorithms are not optimized for speed or low memory footprint. Surely some work will have to address these kinds of issues, when extending the database by several orders of magnitude.

Then a usable prototype will have to be made available for doctors in the hospital. Initially we will have to encourage them to use the recommender. After a testing period their personal critiques can be collected and assessed. If this yields positive results, the system can be incorporated into the clinic's documentation system. At that point recommendations can be made automatically available during the writing of a new letter.

It will also be possible to extend the system to work on databases of several clinics. If these databases are used collectively for the recommendation procedure

issues of anonymization will arise. Doctors from one clinic are not allowed to view the patient data from other clinics without the patient's consent. In a realistic scenario the system might only tell doctors, that letters of similar patients are available at other clinics and the doctor has to obtain those letters manually. Thereby the usefulness will suffer greatly, though, and this procedure will surely only be done for very uncommon patients.



# Appendix A

## Screenshots

Sehr geehrte Frau Kollegin, sehr geehrter Herr Kollege,

wir berichten Ihnen nachfolgend über o.g. Patienten, der sich am 19.05.2016 in unserer Ambulanz vorstellte.

**Diagnosen:**

1. **Multiples Myelom IgG kappa** ED 01/10  
Stadium IA nach Durie & Salmon (initial Hb 14,2 g/dl, Ca 2,24mmol/l;  
im Pariser Schema keine Osteolyse; IgG 2180 mg/l)  
ISS Stadium I ( $\beta$ 2-Mikroglobulin 1,61 mg/l, Albumin 4,3 g/dl).  
Zytogenetik: Deletion 13q14, Zugewinn 1q21
2. Inaktive Antrumgastritis
3. Alopecie seit ca. 1977, vermutlich immunologisch bedingt
4. Arterielle Hypertonie ED 09/11
5. Hämangiom Leberlappen re 1,25cm ED 11/09
6. Benigne Prostatahyperplasie
7. Z.n. Pneumonie 08/13

**Aktueller Remissionsstand:** SD

**Aktueller Karnofsky-Index:** 100%

**Vorsorgeuntersuchungen:** ÖGD/Koloskopie 02/11 mit Polypabtragung, nächste ÖGD + Koloskopie für 2016 geplant.

**Jetzt:** Ambulante Verlaufskontrolle

**Verlaufsparameter:** Tumormarker, KMP, Immunfixation Serum/Urin

**Verlauf und Therapie:**

seit ca. 2005 wiederholt nachgewiesene, erhöhte Gammaglobuline in der Eiweißelektrophorese, graduell steigend  
KMP: histologisch ca. 20% Infiltration durch **Multiples Myelom hohen Reifegrades vom Leichtkettentyp kappa**  
gamma-Globuline 29,7% in EW-Elektrophorese  
26.11.09 **Röntgen Pariser Schema**: Alte Fraktur 8. Rippe li lateral, degenerative WS-Veränderungen betont HWK 6/7, mittlere BWS, untere LWS. Leichtgradige Coxarthrose bds. Keine Osteolysen.  
27.11.09 Erstvorstellung Ambulan: **watch and wait**  
21.12.09 IgG,  $\beta$ 2-MG ansteigend, k fr LK sinkend  
19.01.10 IgG, k fr LK leicht ansteigend.  
03-09/10 IgG leicht fallend (von 2346 auf 2284 mg/dl), k fr LK leicht steigend (von 90 auf 101 mg/l).  
11/10 IgG ansteigend (2567 mg/dl), k fr LK fallend (79 mg/l).  
03/11 **MR-Thorax** bei persistenter Schmerzsymptomatik Rippenbogen re: keine Plasmazytommanifestationen, bekanntes Leberhämangiom.  
k fr LK 99 mg/l, IgG 2467 mg/dl  
15.03.12 IgG 2508 mg/dl,  $\beta$ 2-MG 2,5 mg/l, k fr LK 86,1 mg/l  
22.11.12 IgG 2778 mg/dl,  $\beta$ 2-MG 2,33 mg/l, k fr LK 92,8 mg/l  
**Pariser Schema**: kein Hinweis auf Osteolysen  
13.06.13 IgG 2673 mg/dl, k fr LK 96,4 mg/l  
12.12.13 IgG 2988 mg/dl, k fr LK 64,5 mg/l  
27.02.14 IgG 2983 mg/dl, k fr LK 63,4 mg/l  
28.08.14 IgG 3045 mg/dl, k fr LK 59,3 mg/l  
05.03.15 IgG 2844 mg/dl, k fr. LK 106 mg/l (cave: Umstellung der Meßtechnik im Labor)  
21.05.15 IgG 3006 mg/dl, k fr. LK 115 mg/l --> Start Therapie mit **20 mg Decortin 1x/Monat**  
25.06.15 IgG 2985 mg/dl, k fr. LK 122 mg/l, **monatlich 40 mg Decortin**  
23.07.15 IgG 2951 mg/dl, k fr. LK 136 mg/l, **monatlich 40 mg Decortin**  
24.07.15 Vorstellung Uniklinik Heidelberg:  
**Knochenmarkpunktion**: zytologisch 9% Plasmazellen, histologisch 10 bis 15% Plasmazellanteil. Zytogenetik: Deletion 13q14 (74%), Zugewinn 1q21 (73%, 3 Kopien).  
**Ganzkörper-MRT**: keine myelomtypischen Läsionen  
19.05.16 IgG 2792 mg/dl, k fr. LK 126 mg/l, SD

**Figure A.1:** First page of one exemplary physician letter. At the top is a short and general greeting. Next one can see a list of several diagnosis with additional information about medical parameters. The next section includes more medical parameters not related to one specific diagnosis. Then the therapy history is shown, including medical disease parameters over time and special results obtained e.g. during an MRI.

**Bisherige Medikation:** Ebrantil 60 mg 1-0-1, Candesartan 32 mg 1-0-0, Urotec 1-0-0

**Diagnostik:**

**Labor vom 19.05.2016:**

**Hämatologie:** Leukozyten 7,28 Tsd/ $\mu$ l; Thrombozyten 228 Tsd/ $\mu$ l; Erythrozyten 4,65 Mio/ $\mu$ l; Hämoglobin 14,0 g/dl; Hämatokrit 40,3 %; MCV 86,7 fl; MCH (HbE) 30,1 pg; MCHC 34,7 g/dl;

**Differentialblutbild:** Neutrophile masch. 60,7 %; Lymphozyten masch. 24,5 %; Monozyten masch. 8,1 %; Eosinophile masch. 5,2 %; Basophile masch. 1,4 %; Neutrophile masch.abs. 4,42 Tsd/ $\mu$ l; Lymphozyten masch.abs. 1,78 Tsd/ $\mu$ l; Monozyten masch.abs. 0,59 Tsd/ $\mu$ l; Eosinophile masch.abs. 0,38 Tsd/ $\mu$ l; Basophile masch.abs. 0,10 Tsd/ $\mu$ l; Hämolysen-Index (Serum) 12;

**Klinische Chemie:**

Natrium 142 mmol/l; Kalium 4,4 mmol/l; Calcium 2,26 mmol/l; Magnesium 0,83 mmol/l; Harnstoff 40 mg/dl; Serum-Kreatinin 1,09 mg/dl; GFR-Abschätzung(MDRD) 66 ml/min/1.73qm; CKD-EPI GFR geschätzt 66 ml/min/1.73qm; Glukose im Serum 91 mg/dl; LDH 179 U/l; GOT (AST) 30 U/l; GPT (ALT) 23 U/l; Alk. Phosphatase 93 U/l; Gamma-GT 49 U/l; Bilirubin gesamt 0,8 mg/dl; C-reaktives Protein < 3 mg/l; Gesamt-Eiweiß 8,3 g/dl; Albumin 4,2 g/dl; Albumin elektroph. %; alpha-1-Globulin %; alpha-2-Globulin %; beta - Globulin %; gamma - Globulin %; Quant. M-Gradient g/dl; Quant. M-Gradient % %; Immunglobulin A 126 mg/dl; Immunglobulin G 2792 mg/dl; Immunglobulin M 58 mg/dl;  $\beta$ 2-Microglobulin 2,16 mg/l; k fr.Leichtketten (Serum) 126,00 mg/l; l fr.Leichtketten (Serum) 13,20 mg/l; k/l-Quotient (Serum) 9,55; k/l-Differenz (Serum) 112,80 mg/l;

**Anamnese und Epikrise:**

Der Patient stellt sich bei bekanntem multiplem Myelom vom Typ IgG kappa zur klinischen Verlaufskontrolle in unserer Ambulanz vor.

Auf Nachfrage werden Infekte und eine B-Symptomatik verneint. Es besteht eine gute Belastbarkeit im Alltag. Es liegt lediglich eine leicht belegte Stimme vor ohne Hinweis auf eine therapiebedürftige Infektion. Eine kardiologische Kontrolle bei arterieller Hypertonie erbrachte zuletzt keinen pathologischen Befund.

Unter dem Absetzen der monatlichen Therapie mit Decortin 40 mg seit Oktober 2015 zeigt sich erfreulicherweise eine Konstanz des IgG und der kappa freien Leichtketten.

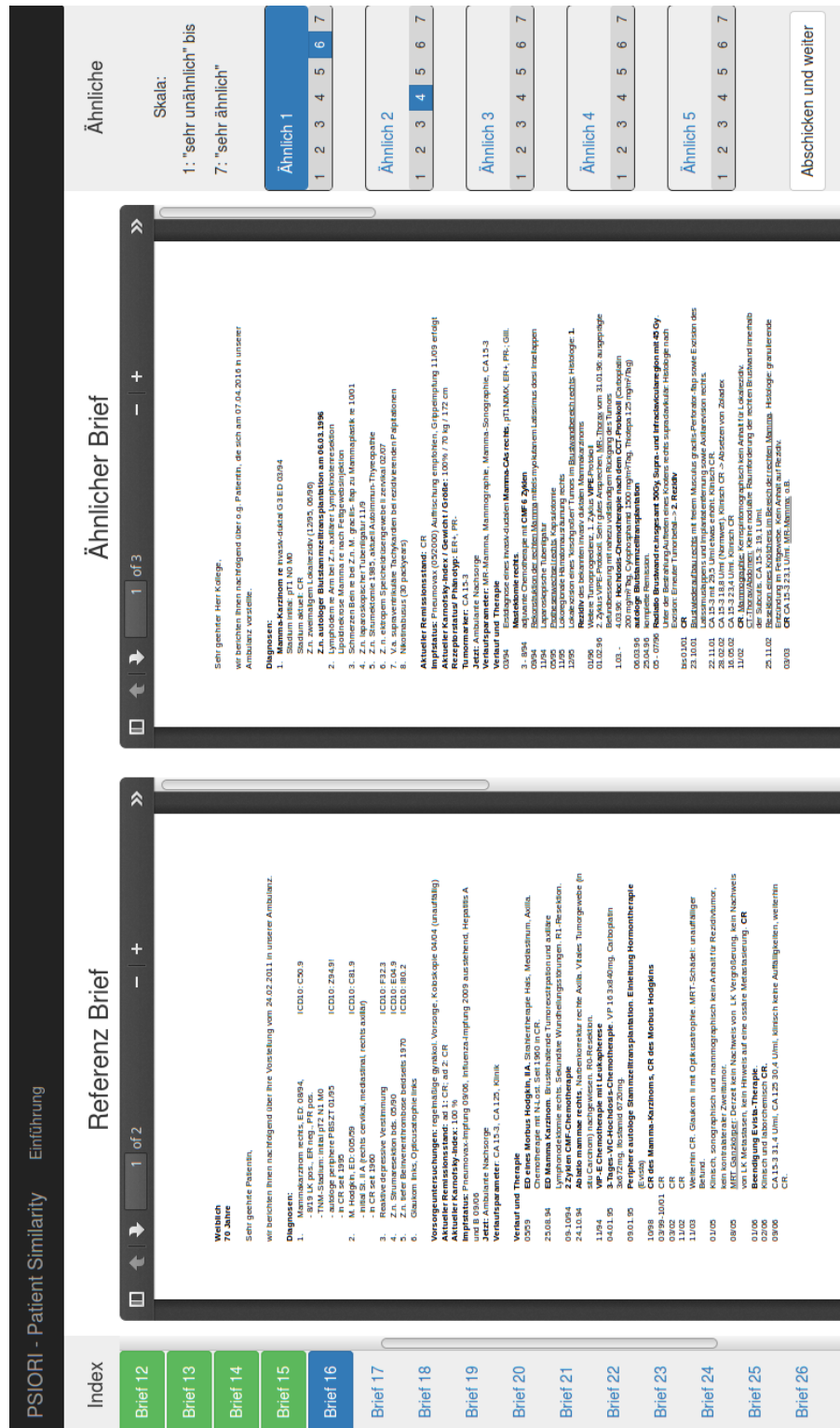
Wir besprechen mit dem Patienten, dass aus unserer Sicht aktuell anhand der vorliegenden Befunde die Therapie mit Decortin weiter pausiert werden könne und eine Wiedervorstellung in 6 Monaten vorgesehen ist. Sollte es im mittelfristigen Verlauf zu einem Anstieg der Myelomparameter kommen, kann über eine Wiederaufnahme der Decortintherapie nachgedacht werden. Bezüglich eines Lipoms am Hinterkopf rechtsseitig wägt der Patient momentan eine chirurgische Entfernung ab. Wir empfehlen hier eine konsiliarische Beratung.

**Procedere:**

Einen unkomplizierten Verlauf vorausgesetzt, Wiedervorstellung am 17.11.16 zur Blutentnahme der betreuenden Station und in unserer Ambulanz zur Besprechung der Befunde.

Mit freundlichen kollegialen Grüßen

**Figure A.2:** Second page of one exemplary physician letter. At the top one can see the so far used medication. The next section describes detailed laboratory examination results of blood counts. Then the current anamnesis is shown, where e.g. the patient's current complaints are listed. The subsequent paragraph discusses the procedure for the next six months. Finally "goodbye regards" are given.



**Figure A.3:** Screenshot of the whole webpage, where subjects conducted the experiment.

PSIORI - Patient Similarity Einführung

Index

Brief 12

Brief 13

Brief 14

Brief 15

Brief 16

Brief 17

Brief 18

Brief 19

Brief 20

Brief 21

Brief 22

Brief 23

Brief 24

Brief 25

Brief 26

Brief 27

Referenz Brief

1 of 2

**Weiblich**  
**70 Jahre**

Sehr geehrte Patientin,

wir berichten Ihnen nachfolgend über Ihre Vorstellung vom 24.02.2011 in unserer Ambulanz.

**Diagnosen:**

1. Mammakarzinom rechts, ED: 08/94, ICD10: C50.9  
- 8/19 LK pos., ER neg., PR pos.  
- TNM-Stadium: initial pT2 N1 M0  
- autologe periphere PBSZT 01/95  
- in CR seit 1995 ICD10: Z94.91
2. M. Hodgkin, ED: 005/99 ICD10: C81.9  
- initial St. II A (rechts cervical, mediastinal, rechts axillär)  
- in CR seit 1990
3. Reaktive depressive Verstimmung ICD10: F32.3
4. Z.n. Strumaresektion bds. 05/90 ICD10: E04.9
5. Z.n. tiefer Beinvenenthrombose beidseits 1970 ICD10: I80.2
6. Glaukom links, Opticusatrophie links

**Vorsorgeuntersuchungen:** regelmäßige gynäkol. Vorsorge, Koloskopie 04/04 (unauffällig)  
**Aktueller Remissionsstand:** ad 1: CR; ad 2: CR  
**Aktueller Karnofsky-Index:** 100 %  
**Impfstatus:** Pneumovax-Impfung 09/06, Influenza-Impfung 2009 ausstehend, Hepatitis A und B 09/06  
**Jetzt:** Ambulante Nachsorge  
**Verlaufsparameter:** CA 15-3, CA 125, Klinik

**Verlauf und Therapie**

05/99 **ED eines Morbus Hodgkin, II A, Strahlentherapie Hals, Mediastinum, Axilla.**  
Chemotherapie mit N-Lox. Seit 1990 in CR.

25.08.94 **ED Mamma Karzinom.** Brusterhaltende Tumorektomie und axilläre  
Lymphonodektomie rechts. Sekundäre Wundheilungsstörungen. R1-Resektion.

09-10/94 **2 Zyklen CMF-Chemotherapie**

24.10.94 **Abtatio mammae rechts,** Nahtkorrektur rechte Axilla. Vitales Tumorgewebe (in  
situ Carcinom) nachgewiesen. R0-Resektion.

11/94 **VIP-E Chemotherapie mit Leukapherese**

04.01.95 **3-Tages-VIC-Hochdosis-Chemotherapie.** VP 16 3x840mg, Carboplatin  
3x672mg, Ifosamid 6720mg.

09.01.95 **Periphere autologe Stammzelltransplantation. Einleitung Hormontherapie**  
(Evisse).

10/98 **CR des Mamma-Karzinoms, CR des Morbus Hodgkins**

03/99-10/01 CR

03/02 CR

11/02 CR

11/03 Weiterhin CR. Glaukom II mit Optikusatrophie. MRT-Schädel: unauffälliger  
Befund.

01/05 Klinisch, sonographisch und mammographisch kein Anhalt für Rezidivtumor,  
kein kontralateraler Zweitumor.

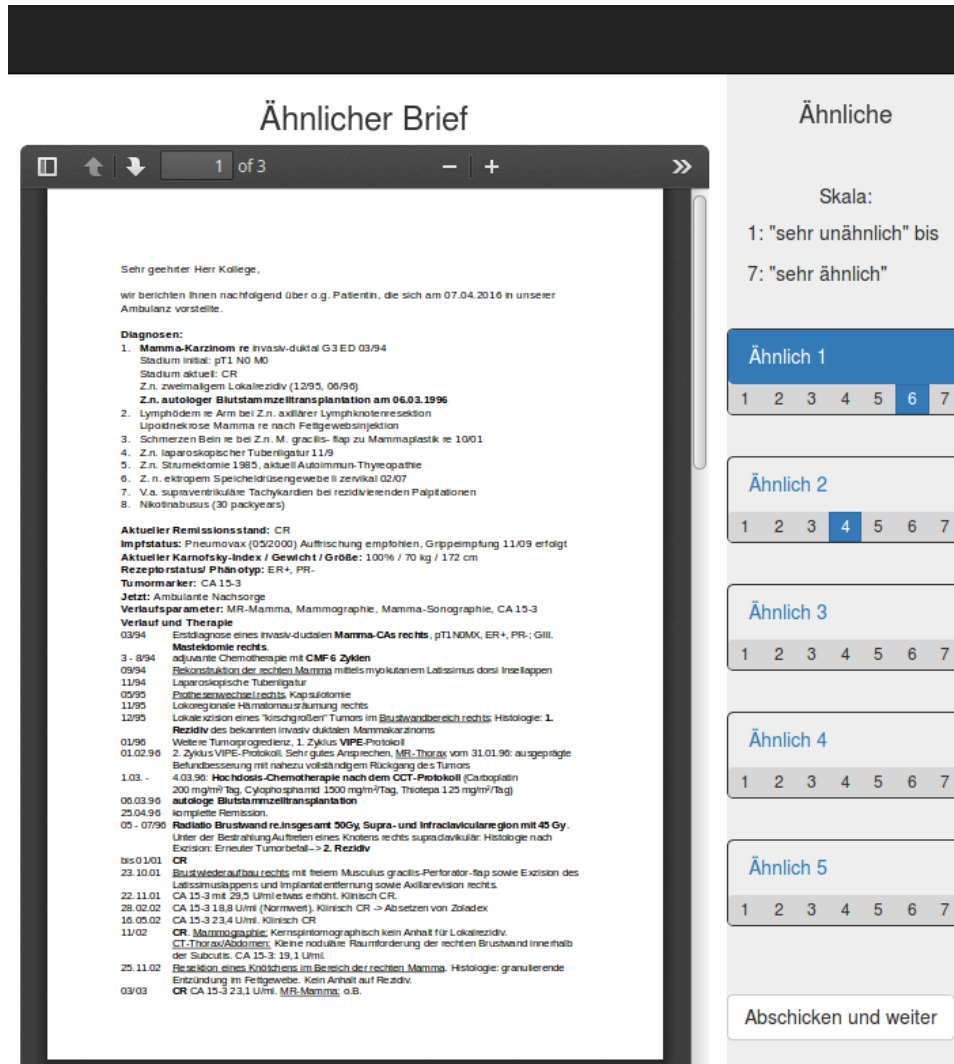
08/05 **MRT-Ganzkörper:** Derzeit kein Nachweis von LK Vergrößerung, kein Nachweis  
von LK Metastasen, kein Hinweis auf eine ossäre Metastasierung. **CR**

01/06 **Beendigung Evisse-Therapie.**

02/06 Klinisch und laborchemisch **CR.**

09/06 CA 15-3 31,4 U/ml, CA 125 30,4 U/ml, klinisch keine Auffälligkeiten, weiterhin  
CR.

**Figure A.4:** Screenshot of the left part of the webpage, where subjects conducted the experiment. In the left column the different reference letters can be selected. The chosen reference letter is displayed right of this column.



**Figure A.5:** Screenshot of the right part of the webpage, where subjects conducted the experiment. In the right column the different comparison letters can be selected and rated for their similarity to the current reference letter. The chosen comparison letter is displayed left of this column.

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# Declaration of Authorship

I hereby certify that the work presented here is, to the best of my knowledge and belief, original and the result of my own investigations, except as acknowledged, and has not been submitted, either in part or whole, for a degree at this or any other university.

Osnabrück, June 15, 2017

