



# Towards an Aspect-based Ranking Model for Clinical Trial Search

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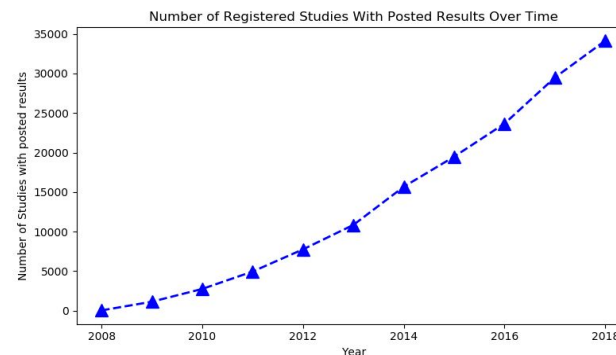
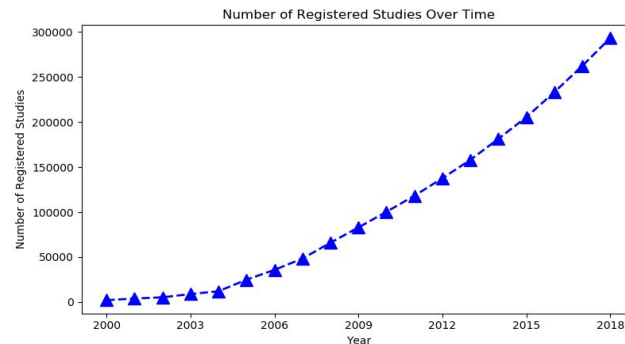
# Clinical Trials

- First source of information about **new drugs and treatments**
- Recruits participants based on published eligibility criteria
  - Usually at a critical stage of disease.  
Also accepts healthy volunteers
- Many trial search engines exist
  - ClinicalTrials.gov, eTACTs



# Clinical Trials Search - What changed?

- Number of trials being registered each year is **increasing**
- Number of trials that posted results each year is **increasing**
- Fraction of trials whose result is posted is **increasing**
  - 12.4% vs. 11.6% (in 2018)



# Background - I

- Large number of Health Information sources are available
  - Free for public use : Medline, ClinicalTrials.gov, Systematic reviews
  - Paid : Synthetic Reviews (DynaMed, UpToDate)
- A large number of search systems exist
  - Trials - eTACTS, ClinicalTrials.gov;
  - Research papers - PubMed, Embase, PMC;
  - Systematic Cochrane Reviews

# Background - 2

- Different stakeholders have different expertise level and information need.
  - Patients, Consumers
  - Caregivers(Insurance companies, Nurses), Clinicians, Doctors
- Aspect-based ranking
  - Drug Reviews- aspects(condition, side-effects, dosage & effectiveness)

# Problem Statement

- Building a medical search engine applicable to different classes of disease
  - Disease classes : Pathological, Cardiovascular, Nervous System, Nutritional and Metabolic, Immune System Diseases
  - Query : free-form text
  - Output : list of relevant trials ranked by different aspects

# Research Challenges

- Different stakeholders have different information needs
  - A trial with high number of **adverse events** may be highly relevant. But from a participant point of view, such results are **highly undesirable**
- Existing systems and benchmark datasets focus only on oncology trials and **cannot be extended to other disease classes**
  - Use cancer knowledge bases
  - TREC Precision Medicine Track (Started from 2014 to till date)

# Key contributions

- Address the different stakeholder perspective by introducing different ranking criteria (aspects)
  - Graph-based : relevancy, popularity
  - Metadata-based : recency, adversity
- Applicable to five disease classes, and may be extended



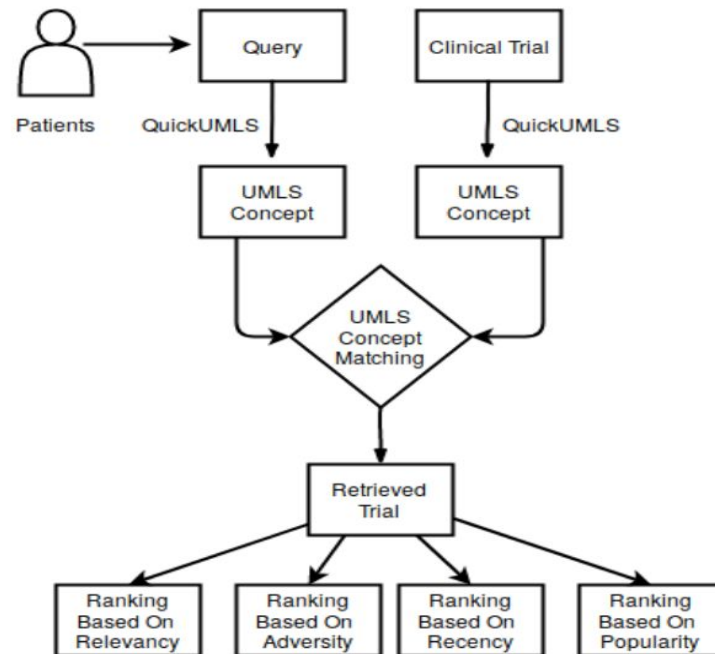
# Key contributions

- Address the different stakeholder perspective by introducing different ranking criteria (aspects)
  - Graph-based : relevancy, popularity
  - Metadata-based : recency, adversity
- Applicable to multiple disease classes
- Contribute a ground-truth for evaluation, with detailed annotation mechanism
  - per-query retrieval set (25 queries), open-sourced in Github
- Proposed aspect-based ranking model outperforms the baseline system in almost 90% of cases

# Methodology

# Methodology overview

- Query representation - UMLS concepts
- Clinical trial representation
- Retrieval of trials
- Ranking trials
- Uses auxiliary information sources
  - PubMed articles

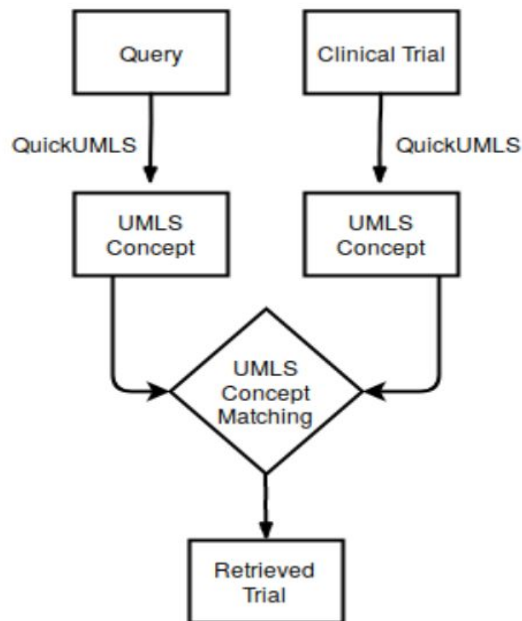


# Query and Trial Representation

- Query and Trial representation - Concept extraction
  - Extract UMLS concepts present in **brief title** and **brief summary** using QuickUMLS (*Soldaini and Gohrian., 2016*)
  - Same way to represent the query

# Clinical trial retrieval

- Match-based retrieval
  - For a query 'q', we retrieve all the trials whose **brief title** contains all the UMLS concept ids that are present in 'q'



# Aspect-based ranking - Relevancy

- **PageRank (PGR):** Create an undirected graph,  $G(V, E)$  where each vertex is a trial
  - Edge weight = *Simpson similarity between UMLS concepts extracted from brief title and brief summary of a trial*
  - Apply PageRank algorithm on  $G$  to compute the importance of a trial
  - In terms of the ranking model, trials are ranked in the decreasing order of their 'PageRank' score

# Improving Relevancy - background

- Map commonly used patient terms [1] to UMLS concepts
  - 1-word(21.4%), 2-word(55.8%), 3-word queries(19.7%)
- 15% of queries QuickUMLS was unable to extract query concepts
- **Problematic** queries
  - Aching in limb, Cholesterol levels raised

# Aspect-based ranking - Relevancy

- **Exact term match (ETM):** Considers important terms that are not part of an UMLS concept
  - Ranking model: Term frequency in 'brief summary' field > 'official title' > 'brief title';
  - If absent, ranked based on PageRank score
- **Synset based term match (STM):** Consider 'WordNet synsets' of the extracted terms from a query before exact matching
  - Ranking model: Decreasing order of term frequency in brief summary, followed by official title, brief title, and PageRank score



# Aspect-based ranking - Adversity

- May be mapped to 'safety events' category of patient complaints (*Reader et al., 2014*)
  - 'Adverse events' is a sub-category
- Data available in the **Reported Events table -- Number of subjects affected column**
- Ranked in decreasing order of 'Subjects Affected' value
  - If 'Subjects Affected' value is zero, rank those trials in a random order

# Aspect-based ranking - Recency

- May want to enroll in a trial or are looking for new treatments or information
  - Existing drugs or treatment methods does not work well for some patients
  - New inventions help medical practitioners to handle such critical patients
- Rank the trials in descending order based on their **date of completion**
  - Most trials that are going to be completed in the future did not report any tested information or drug

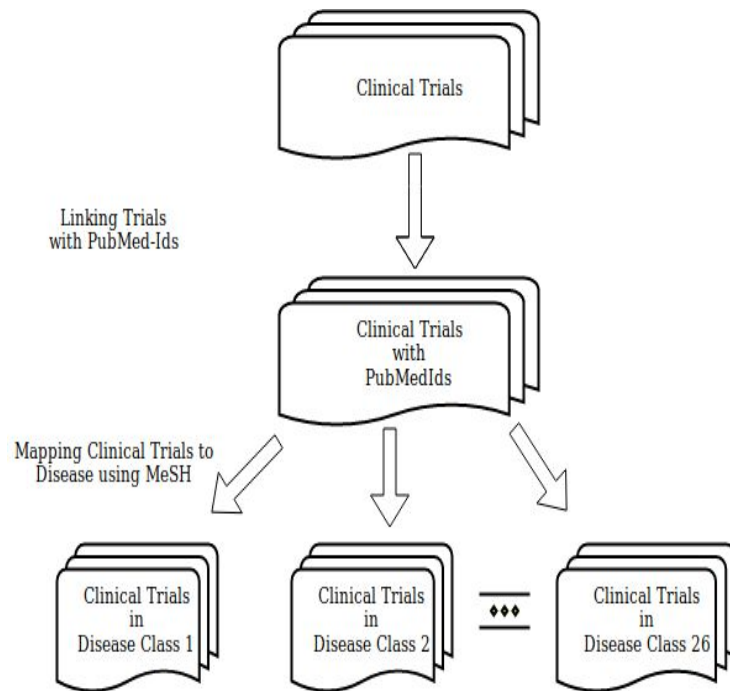
# Aspect-based ranking - Popularity

- Measure success of a trial with the 'popularity' of its corresponding PubMed article
  - No. of PubMed articles that cited a given article
- Rank in decreasing order of **citation count**
  - Break ties by 'relevancy' score



# Dataset

- AACT - ClinicalTrials.gov dump on January, 2019
- Select trials mapped to a PubMed id and at least one MeSH term
- Select top 5 disease classes with highest number of trials



# Ground truth creation

# Experimental setup - formulation

- Patients usually **query** for disease along with some related terms
  - Related terms : syndrome, symptoms, treatment, tests, age-group along the disease (*Patel et al. 2010*)
  - Example queries: Hypertension safe treatments, managing constipation in children
- **Retrieve** based on user query and then **rank** the clinical trials
  - Different information like adversity, citation information to rank the trials on different basis

# Mapping trials to disease class using MeSH

| Clinical Trial  | Mesh Terms         | Trees                                   | Disease   |
|---|--------------------|---|---|
| Whole Body Hyperthermia for the Treatment of Rheumatoid Diseases (NCT00000106)  | Rheumatic Diseases | C05.799<br>C17.300.775                  | 1. Musculoskeletal Diseases<br>2. Skin and Connective Tissue Diseases |
|   | Collagen Diseases  | C17.300.200                             | 1. Skin and Connective Tissue Diseases                                |
| Safety and Efficacy of ALV003 for the Treatment of Celiac Disease (NCT00959114) | Celiac Disease     | C06.405.469.637.250,<br>C18.452.603.250 | 1. Digestive System Diseases<br>2. Nutritional and Metabolic Diseases |

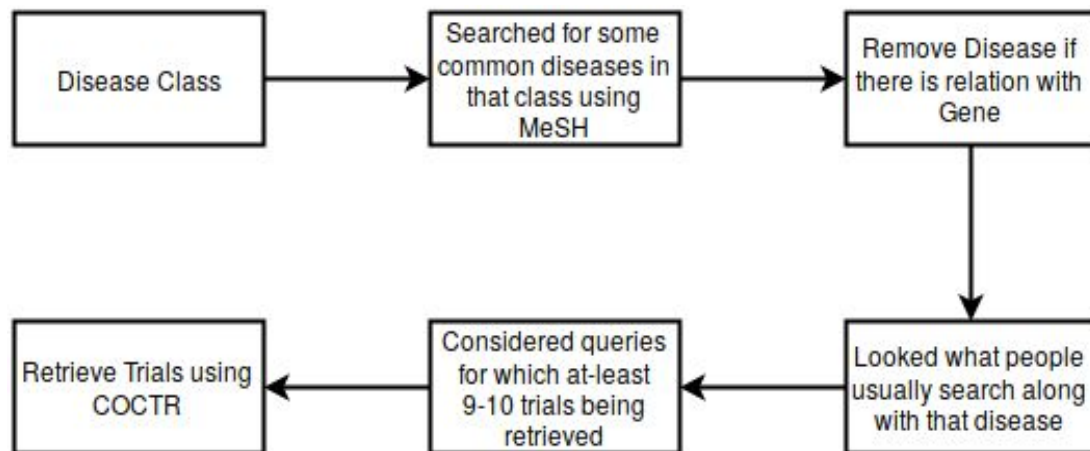
# Query selection

- Set of 5 queries for each of 5 disease classes
- Follow semantic-based query templates proposed by Patel et al.(2010)
  - (disease or syndrome) + (symptom or treatment) *Early Parkinson disease treatment*
  - disease + age group *Managing constipation in children*
  - disease + safety information *Safe treatments for asthma*
  - degree + disease *Serious sleep apnea*
- Prepare final queries after consulting various medical resources
  - MedDRA, CLEF Consumer Health Track 2018, Reddit

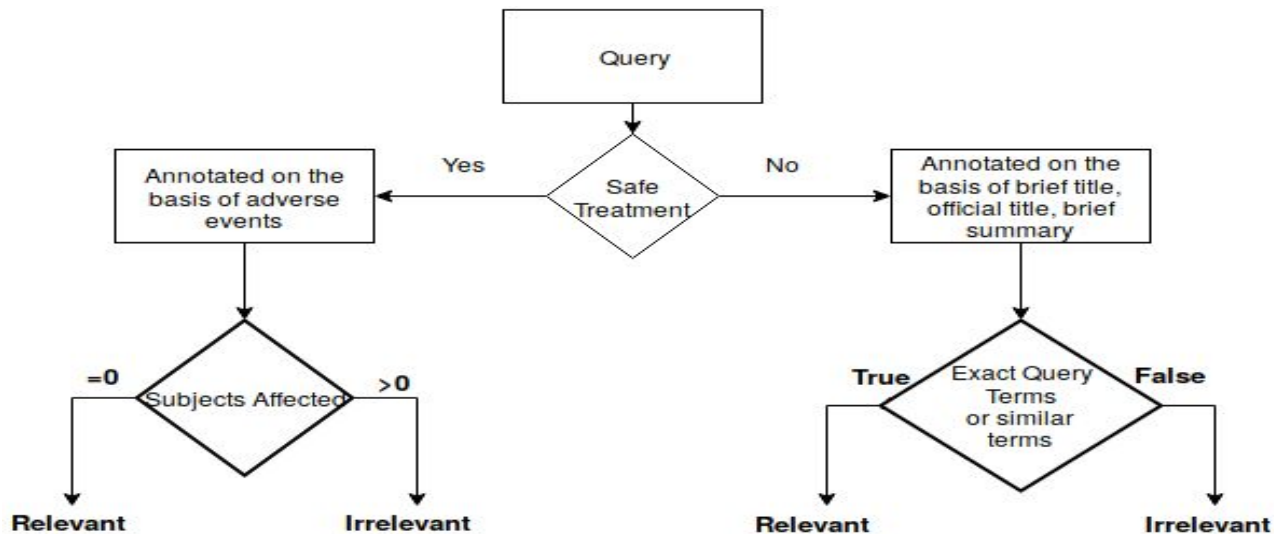




# Selection of query for each disease class



# Relevant retrieval set annotation - adversity



# Annotation of retrieved trials

- If query contains safe treatments then trials are marked relevant on the basis of adverse events.
  - E.g. query:- **asthma safe treatments**
- For queries like **serious sleep apnea, serious Rheumatoid arthritis** marked retrieve trial relevant due to terms like serious and severe
- Retrieved trial containing children and related to constipation are marked relevant for query
  - **managing constipation in children**

# Experiments and results

# Experimental Setup

- Evaluation metric
  - Precision and nDCG score
  - Cannot measure recall due to lack of complete retrieved set of clinical trials for each query
- Three annotators prepared the relevant trial set for each query
  - Followed the annotation scheme for marking a clinical trial 'definitely relevant' for a given topic(in our case, query) for TREC Precision Medicine 2018 Track
- Baseline
  - Thorve et al (TREC 2017) - only system that does not use any disease-specific knowledge bases

# Results - I

| Method   | P@5  | P@10 | P@15 | P@20 |
|----------|------|------|------|------|
| Baseline | 0.12 | 0.08 | 0.08 | 0.08 |
| PGR      | 0.38 | 0.35 | 0.35 | 0.33 |
| ETM      | 0.53 | 0.48 | 0.45 | 0.42 |
| STM      | 0.56 | 0.52 | 0.47 | 0.46 |

STM performs the best since it handles query variations and performs query expansion

## Results - 2

- Baseline system retrieves at least five trials for only 3 out of 25 queries
  - Cannot handle query variations and normalization of medical terms
- STM outperforms the baseline system in 90% of queries
  - 'precision@5' value of 0.56
- STM achieves a high precision@10 value for two-third of the queries
  - Using UMLS concept for normalization is useful

# Results - 3

| Query no. | PAT  | CVD  | NER  | NMT  | IM   |
|-----------|------|------|------|------|------|
| Q1        | 0.97 | 0.88 | 0.5  | 0.64 | 0.8  |
| Q2        | 0.77 | 0.65 | 0.92 | 0.62 | 0.95 |
| Q3        | 0.96 | 0.66 | 0.72 | 0.54 | 0.96 |
| Q4        | 1.0  | 0.88 | 0.66 | 0.99 | 0.71 |
| Q5        | 0.84 | 0.52 | 0.98 | 0.91 | 0.8  |

STM achieves a high nDCG score



# Conclusion

- Introduce multi-dimensional ranking of clinical trials - adversity, popularity, recency along with relevancy
- Proposed ranking model, STM, outperforms baseline in 90% of queries
  - Achieves a 'precision@5' value of 0.56
- Codebase and annotated data files publicly available on Github
  - [https://github.com/nikhil741/COCTR\\_multidimensional\\_ranking](https://github.com/nikhil741/COCTR_multidimensional_ranking)

# Future Work

- Leverage disease-independent knowledge bases
  - Use stronger baselines by substituting the cancer-specific knowledge bases
  - SOTA systems from the TREC 2017 and 2018 task
- Perform topic expansion and also consider microtext variations
- Apply more sophisticated aspect fusion techniques for creating a single ranked list

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# References

- Kilicoglu, H., Abacha, A.B., et al.: Semantic annotation of consumer health questions. BMC bioinformatics 19(1), 34 (2018)
- Zuccon, G., Koopman, B., et al.: Choices in knowledge-base retrieval for consumer health search. In: European Conference on Information Retrieval. pp. 72–85 (2018)
- Reader, T.W., Gillespie, A., Roberts, J.: Patient complaints in healthcare systems: a systematic review and coding taxonomy. BMJ Qual Saf 23(8), 678–689 (2014)

Thank you for your attention