## Cancer Deep Phenotype Extraction from Electronic Medical Records (DeepPhe)

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## DeepPhe

#### BCH

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Funding

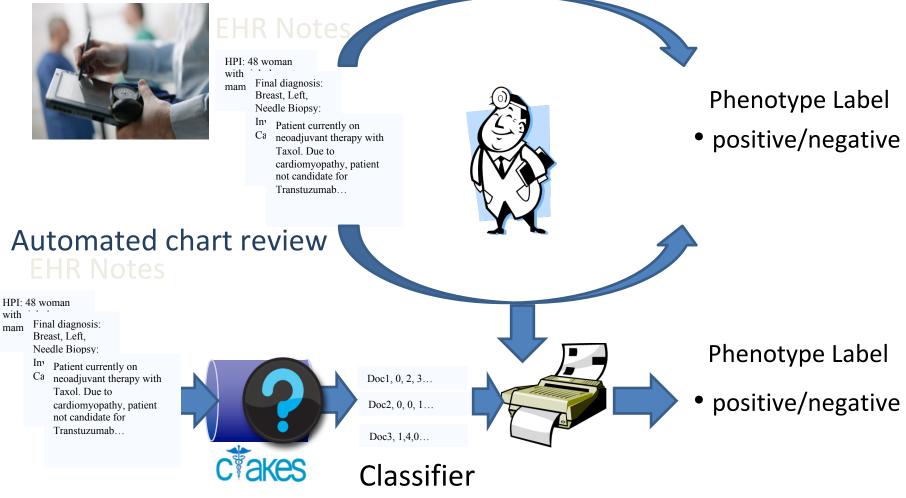
NCI U24 CA132672 Cancer Deep Phenotyping from Electronic Medical Records (Savova and Jacobson, MPIs)





### Background: eMERGE, PGRN, i2b2, SHARP

#### Manual chart review



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## DeepPhe Project

# http://cancer.healthnlp.or

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- Goal is to develop next generation <u>cancer deep</u> <u>phenotyping</u> methods
  - No longer dichotomization for a particular phenotype of interest
  - Rather, all phenotypes associated with a patient
- Addresses information extraction but also representation and visualization
- Support high throughput approach
  - process and annotate all data at multiple levels (from mention to phenotype) and across time
- Combine IE with structured data (cancer registry)
- Driven by translational research scientific goals as well as surveillance (SEER supplement)



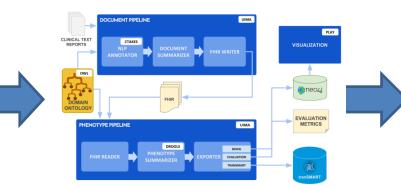


#### DeepPhe

HPI: 48 woman with right breast mam Final diagnosis:

Breast, Left, Needle Biopsy:

In Patient currently on Ca neoadjuvant therapy with Taxol. Due to cardiomyopathy, patient not candidate for Transtuzumab...



NEOPLASM 1 Subject: Patient Infilatrating Ductal Carcinoma (+3d) Location: Right Breast Nuclear grade: 2 (+3d) ER: negative (+3d) PR: negative (+3d) Her2/Neu: positive (+3d) Size: 2.9 x 2.5 x 2.0 (+3d) Stage: T2N0M0 (interval, +3d, +119d) T2N0M1 (+656d) Lymphadenopathy: Negative, Clinical exam (+0d) Negative, MRI (+1d)

TREATMENT 1: Neoadjuvant Chemotherapy Agents: Pacitaxel (interval, >+3d, >+119d)

TREATMENT 2: Her2Neu MAB

Metastasis: Brain (+656d)

DISEASE 1: Subject: patient Cardiomyopathy

NEOPLASM 2: Subject: mother

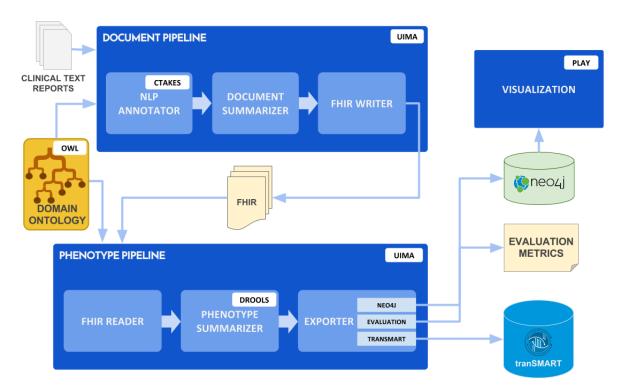
Cancer





## Architecture

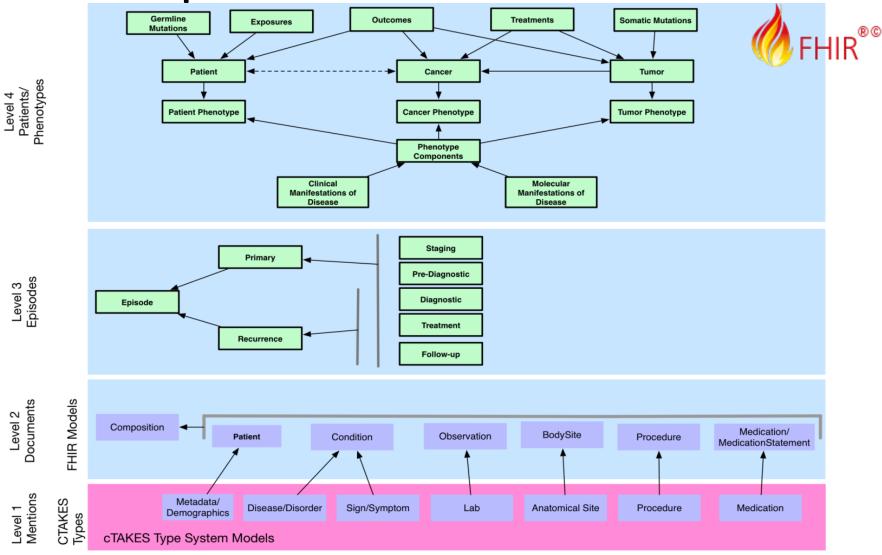
- Portability
- Extensibility
- Modularity
- Ontology driven







## **DeepPhe Information Model**

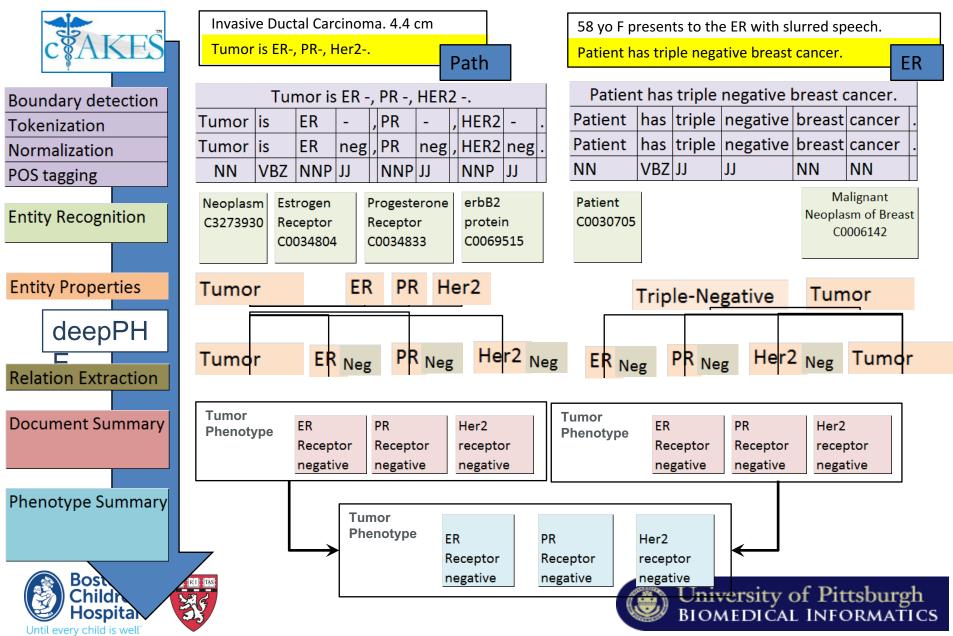




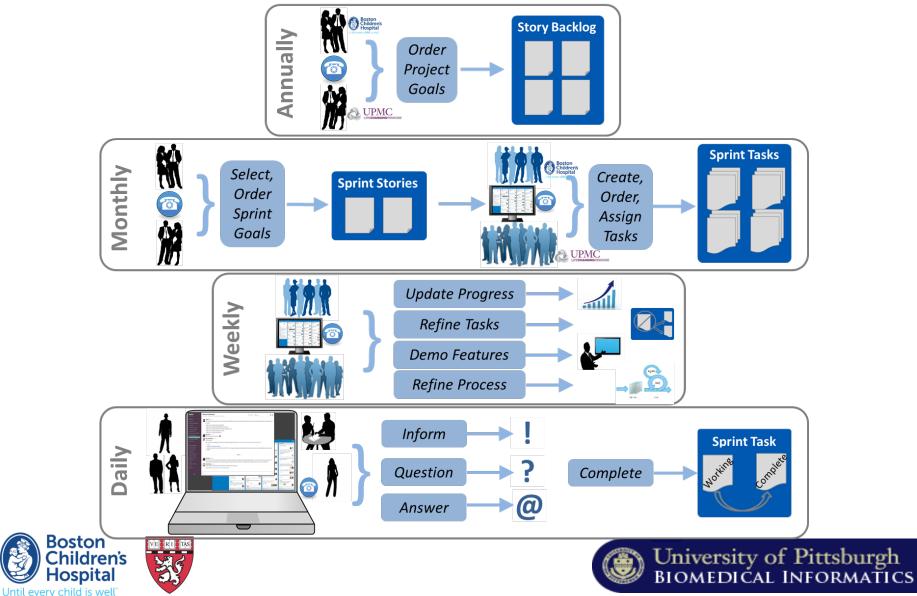




### DeepPhe NLP Pipeline



## Software Development Process

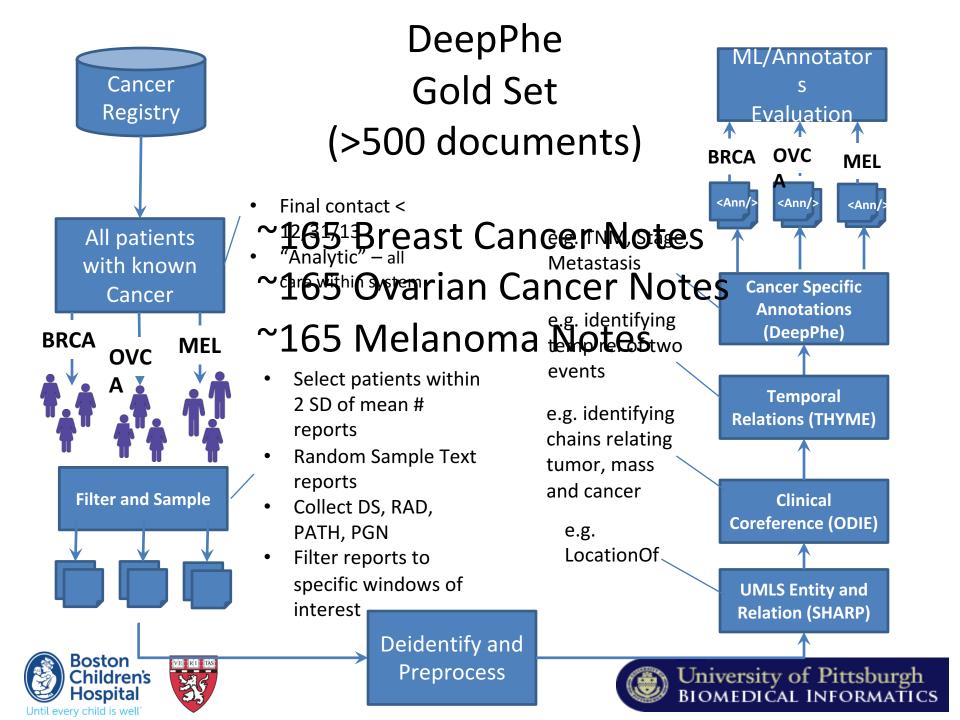


### **Y3** Developments

- IE methods
  - Coreference
  - Temporal relations
  - Template filling improvement
- Additional templates for Procedures, Medications, Tumor size
- Breast imaging reporting and data system (BIRADS) annotations
- Clinical genomics gold standard
- New model for Melanoma
- Visualization of patient data from graph db
- Tooling for faster, more efficient evaluations







### Evaluation Results: Entity Level (BrCa)

			Re	sults on BrCa	Test Split				
		C	overlapping	span of temp	late ancho	r (mention ins	tance)		
	stage	TNM	receptors	metastasis	size	procedures	neoplasms	medications	docTimeRel
#instances in test split	10	48	79	42	55	728	217	121	713
	dictionary			dictionary		dictionary	dictionary	dictionary	machine
computational method	lookup	patterns	patterns	lookup	patterns	lookup	lookup	lookup	learning
precision/PPV	1	0.98	1	1	1	0.81	0.87	0.62	0.67
recall/sensitivity	0.9	0.94	0.66	0.79	0.75	0.93	0.86	0.94	0.67
F1	0.95 (1)	0.96 (1)	0.79 (0.89)	0.88 (0.46)	0.85	0.87	0.86 (0.91)	0.75	0.67 (0.65)
				attribu	te accurac	y			
*conditional	1	n/a	1	1	n/a	0.37	1	0.33	
*uncertainty	1	1	1	0.72	n/a	0.99	0.97	1	
*negation	1	n/a	1	0.99	n/a	0.77	0.98	0.96	
*subject	1	n/a	1	1	n/a	0.67	1	1	
*generic	1	n/a	1	0.39	n/a	0.28	0.98	0.46	
associated neoplasm	0.67	0.78	0.67	0.27	0.17	n/a	n/a	n/a	
body location	n/a	n/a	n/a	0.65	n/a	n/a	0.59	n/a	
test method	n/a	n/a	0.62	n/a	0.61	n/a	n/a	n/a	
value	n/a	n/a	1	n/a	n/a	n/a	n/a	n/a	
* indicates weighted acc	uracy per Se	mEval 201	5 to take into	o account def	ault value	prevalance ra	tes		





#### **Extended Test Set Evaluation**

## Evaluation Results: Phenotype Level Cancer

Cancer Template Dis	tribution: BrCa
	#instances in corpus
cancer	52
body location	52
body location side	52
clinical stage	35
cT value	34
cN value	34
cM value	32
pT value	34
pN value	34
pM value	15

corpus: 50 patients, 1881 documents





	Precision/PPV	<b>Recall/Sensitivity</b>	F1 measure
cancer	0.87 (1)	0.83 (1)	0.85 (1)
body location	1.00 (1)	1.00 (1)	1.00 (1)
body location side	1.00 (n/a)	1.00 (n/a)	1.00 (n/a)
clinical stage	0.35 (0.80)	0.93 (1)	0.51 (0.89)
cT value	0.42 (0.89)	0.89 (1)	0.57 (0.94)
cN value	0.71 (0.89)	0.96 (1)	0.82 (0.94)
cM value	0.90 (0.89)	1.00 (1)	0.95 (0.94)
pT value	0.80 (0.89)	0.93 (1)	0.86 (0.94)
oN value	0.66 (0.78)	0.83 (0.88)	0.74 (0.82)
pM value	0.92 (0.62)	0.85 (1)	0.88 (0.77)



### Evaluation Results: Phenotype Level Tumor

Tumor Template Distribution: BrCa				
	#instances			
	in corpus			
tumor	127			
body clock face	44			
body quadrant	27			
diagnosis	127			
tumor type (primary; regional or distant metastasis; local, regional,				
distant recurrence)	127			
er interpretation	51			
pr interpretation	51			
her2				
interpretation	48			
calcifications	127			
corpus: 50 patient documents	s, 1881			

Results on BrCa Test Set: Phenotype System vs. Gold (results in parentheses are for inter-annotator agreement)					
	Precision/PPV	Recall/Sens.	F1 measure		
tumor	0.56 (0.79)	0.36 (0.88)	0.44 (0.84)		
body clock face	0.50 (0.89)	0.02 (0.73)	0.05 (0.80)		
body quadrant	0.52 (0.73)	0.57 (0.80)	0.54 (076)		
diagnosis	0.77 (0.93)	0.78 (0.93)	0.77 (0.93)		
tumor type	0.92 (1)	0.92 (1)	0.92 (1)		
er interpretation	0.91 (1)	0.93 (1)	0.92 (1)		
pr interpretation	0.84(1)	0.84 (1)	0.84 (1)		
her2					
interpretation	0.61 (1)	0.55 (1)	0.58 (1)		
calcifications	0.67 (n/a)	0.67 (n/a)	0.67 (n/a)		





#### **SEER Dev Subset Evaluation**

## **Evaluation Results: Phenotype Level** Cancer

Cancer Template Distribution: BrCa				
	#instances in			
	corpus			
cancer	240			
body location	239			
body location side	218			
clinical stage	8			
cT value	2			
cN value	2			
cM value	2			
pT value	79			
pN value	72			
M value	12			
corpus: 231 patients, 254 documents				

Results on BrCa Simple Train/Dev: Phenotype System vs. Gold (results in parentheses are for inter-annotator agreement)					
	Precision/PPV	<b>Recall/Sensitivity</b>	F1 measure		
cancer	0.68 (1)	0.63 (1)	0.65 (1)		
body location	1.00 (1)	1.00 (1)	1.00 (1)		
body location					
side	1.00 (n/a)	1.00 (n/a)	1.00 (n/a)		
clinical stage	1.00 (0.80)	1.00 (1)	1.00 (0.89)		
cT value	1.00 (0.89)	0.50(1)	0.67 (0.94)		
cN value	1.00 (0.89)	0.50(1)	0.67 (0.94)		
cM value	0.33 (0.89)	0.50(1)	0.40 (0.94)		
pT value	0.67 (0.89)	0.70 (1)	0.69 (0.94)		
pN value	0.61 (0.78)	0.69 (0.88)	0.65 (0.82)		
pM value	0.75 (0.62)	1.00 (1)	0.86 (0.77)		





## Evaluation Results: Phenotype Level Tumor

Tumor Template Distribution: BrCa				
	#instances in			
	corpus			
tumor	270			
body clock face	78			
body quadrant	15			
diagnosis	269			
tumor type	270			
er interpretation	127			
pr interpretation	125			
her2 interpretation	96			
calcifications	270			
corpus: 231 patients, documents	254			

Results on BrCa Simple Train/Dev: Phenotype System vs. Gold (results in parentheses are for inter-annotator agreement)					
	Precision/PP V	Recall/Sensitivi ty	F1 measure		
tumor	0.64 (0.79)	0.52 (0.88)	0.57 (0.84)		
body clock face	0.67 (0.89)	0.03 (0.73)	0.06 (0.80)		
body quadrant	1.00 (0.73)	0.77 (0.80)	0.87 (0.76)		
diagnosis	0.68 (0.93)	0.59 (0.93)	0.63 (0.93)		
tumor type	0.96 (1)	0.96 (1)	0.96 (1)		
er interpretation	0.78 (1)	0.26 (1)	0.38 (1)		
pr interpretation	0.74 (1)	0.27 (1)	0.39 (1)		
her2 interpretation	0.67 (1)	0.30 (1)	0.41 (1)		
calcifications	0.86 (n/a)	0.86 (n/a)	0.86 (n/a)		





#### **Started Processing Melanoma**

localhost

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Patient19

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#### DeepPhe Explorer

hildren's ospital

Until every child is well

#### Patient19

Body Site	Hand_Digit_1(Right)	Fact Information	
Pathologic M Classification	pMX	ID:MedicalRecord_Acral_Lentiginou:	patient19_report002_SP
Dethelegie N		Name:Acral_Lentiginous_Melanoma	
Pathologic N Classification	pNX	Type: Fact	Report ID
Pathologic T Classification	pT4a	Rules set-Tumor- Applied: Diagnosis	Patient NamePatient19 Principal Date20090106 1738 Record TypeSP
Treatment	OtherTherapeuticProcedure   OtherMedication	Text Provenances	[Report de-identified (Limited dataset compliant) by De-ID v.6.24.5.1]
<b>Tumors</b> Hand_Digit_1(Ri	i <b>ght)</b> Arm(Right)	LENTIGINOUS   MELANOMA   MELANO	PATIENT HISTORY: The patient has a lesion on the right thumbnail: Rule out squamous cell carcinoma versus onychomycosis.
Body Site	Hand_Digit_1(Right)		FINAL DIAGNOSIS: SKIN, RIGHT THUMB, PUNCH:
Diagnosis	Acral_Lentiginous_Melanoma  Spindle_Cell_Melanoma		<ul> <li>MALIGNANT MELANOMA, ACRAL LENTIGINOUS AND SPINDLE CELL TYPE.</li> <li>B. CLARK' S LEVEL = AT LEAST IV; THE DEPTH OF INVASION (Breslow' s thickness) IS &gt; 4 mm (see comment).</li> </ul>
Pathologic Tumor Size	Pathologic Tumor Size   Breslow Thickness		C. SURFACE ULCER IS NOT IDENTIFIED. D. THE MELANOMA IS IN VERTICAL GROWTH PHASE. E. SLIDE SECTION MARGINS ARE INVOLVED BY MELANOMA (see also
Perineural Invasion	Perineural Invasion		synoptic). F. SOLAR (ACTINIC) ELASTOSIS IS ABSENT. G. ONYCHOMYCOSIS.
Regression	Regression		COMMENT:



## Visual Analytics Initial Prototype

- Support display of patient phenotype and all the reports available for the patient.
- Show cancer and tumor information with the ability to view evidence used to derive the information for each element.
- Highlight evidence in the report text.





## Visual Analytics Architecture

Database: A Neo4J graph database was chosen to most naturally represent relationships between the clinical manifestations, phenotype components and the supporting evidence.

Backend Services: Play Framework. Allows for Java based controllers and backend code.

Front End: React Framework – Allows for modular frontend components.





### Screenshot

localhost

#### DeepPhe Explorer

#### Patient106

#### Tumors

Lymph_Node Ly	/mph_Node Breast	ID:MedicalReco
B I R A D S Category	Breast Imaging Reporting and Data System	Name: Estroge
Body Site	Breast(Left, Upper-Outer Quadrant)	Type:
Calcification	Calcification	Rules coll Applied: ERS
Cancer Cell Line	Adenocarcinoma   Carcinoma	OrdinalInterpre
Diagnosis	Invasive_Ductal_Carcinoma_Not_Otherwise_S¢   Ductal_Breast_Carcinoma_In_Situ	Text Provenan
E R Status	Estrogen Receptor Status(Positive, Positive)	positive   ESTR positive
Her2 Status	HER2/Neu Status(Negative, OtherDiagnositcProcedure, OtherDiagnositcProcedure, Negative)	
Histologic Type	Ductal	
Ki67 Status	Ki-67 status	
Lymphovascular Invasion Status	Lymphatic Invasion	
Margin Status	Surgical margins	
Nuclear Grade	Nuclear Grade	

#### Fact Information

Name:Estrogen Receptor Status Type: Observation Rules collect-all-tumor- Applied: ERStatus OrdinalInterpretation: Positive   Text Provenances positive   ESTROGEN   ESTROGEN   positive	Type: Observation Rules collect-all-tumor- Applied: ERStatus OrdinalInterpretation: Positive   Text Provenances positive   ESTROGEN   ESTROGEN		lRecord_Estrogen_Recept
Rules     collect-all-tumor-       Applied:     ERStatus       OrdinalInterpretation:     Positive         Text Provenances     positive   ESTROGEN   ESTROGEN	Rules     collect-all-tumor-       Applied:     ERStatus       OrdinalInterpretation:     Positive         Text Provenances     positive   ESTROGEN   ESTROGEN	Name:Est	rogen Receptor Status
Applied: ERStatus OrdinalInterpretation: Positive   Positive   Text Provenances positive   ESTROGEN   ESTROGEN	Applied: ERStatus OrdinalInterpretation: Positive   Positive   Text Provenances positive   ESTROGEN   ESTROGEN	Type:	Observation
OrdinalInterpretation: Positive   Text Provenances positive   ESTROGEN   ESTROGEN	OrdinalInterpretation: Positive   Text Provenances positive   ESTROGEN   ESTROGEN		
positive   ESTROGEN   ESTROGEN	positive   ESTROGEN   ESTROGEN	OrdinalInt	erpretation: Positive   Positive
		Text Prove	enances
			ESTROGEN   ESTROGEN
		positive	
		positive	
		positive	

#### Total Nottingham score: 5 Nottingham grade (1, 2, 3): 1 ANGIOLYMPHATIC INVASION: Yes DERMAL LYMPHATIC INVASION: Not applicable CALCIFICATION: Yes, malignant zones TUMOR TYPE, IN SITU: Cribriform Micropapillary SURGICAL MARGINS INVOLVED BY INVASIVE COMPONENT: No Distance of invasive tumor to closest margin: 4 mm SURG MARGINS INVOLVED BY IN SITU COMPONENT: No LYMPH NODES POSITIVE: 1 LYMPH NODES EXAMINED: 4 METHOD(S) OF LYMPH NODE EXAMINATION: H/E stain SENTINEL NODE METASTASIS: Yes ONLY KERATIN POSITIVE CELLS ARE PRESENT: No SIZE OF NODAL METASTASES: Diameter of largest lymph node metastasis: 8 mm LYMPH NODE METASTASIS(-ES) WITH EXTRACAPSULAR EXTENSION: No T STAGE, PATHOLOGIC: pT1c N STAGE MODIFIER: (sn) N STAGE, PATHOLOGIC: pN1a M STAGE: Not applicable ESTROGEN RECEPTORS: positive, previously performed, H-score: 240 PROGESTERONE RECEPTORS: positive, previously performed, H-score: 135 HER2/NEU: 2+ HER2/NEU (FISH): Not amplified

C

#### PATIENT HISTORY:



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Patient106 v





## **Publications and Collaborations**

- 1. Chen, Lin; Miller, Timothy; Dligach, Dmitriy; Bethard, Steven; Savova, Guergana. 2016. Improving Temporal Relation Extraction with Training Instance Augmentation. BioNLP workshop at the Association for Computational Linguistics conference. Berlin, Germany, Aug 2016
- 2. Hochheiser, Harry; Castine, Melissa; Harris, David; Savova, Guergana; Jacobson, Rebecca. 2016. An Information Model for Cancer Phenotypes. BMC Medical Informatics and Decision Making.
- 3. Ethan Hartzell, Chen Lin. 2016. Enhancing Clinical Temporal Relation Discovery with Syntactic Embeddings from GloVe. International Conference on Intelligent Biology and Medicine (ICIBM 2016). December 2016, Houston, Texas, USA
- 4. Dligach, Dmitriy; Miller, Timothy; Lin, Chen; Bethard, Steven; Savova, Guergana. 2017. Neural temporal relation extraction. European Chapter of the Association for Computational Linguistics (EACL 2017). April 3-7, 2017. Valencia, Spain.
- 5. Towards Portable Entity-Centric Clinical Coreference Resolution (Journal of Biomedical InformaticsC
- Castro SM, Tseytlin E, Medvedeva M, Mitchell KJ, Visweswaran S, Bekhuis T, Jacobson RS.
   Automated annotation and classification of BI-RADS assessment from radiology reports. Journal of Biomedical Informatics 2017 (in press). DOI: 10.1016/j.jbi.2017.04.011
- 7. DeepPhe system paper (submitted to Special Issue of Cancer Research)
- 8. Collaboration with THYME (thyme.healthnlp.org)





## Goals for Next Year (Y4)

- Extraction of treatment regimens from constituent medications and procedures
- Episode classification and extraction (pre-diagn, diagn, treatment, followup)
- Clinical genomics result extraction
- Expanding to ovarian cancer
- Enhanced visualization including timeline
- Extrinsic evaluation of system with breast cancer clinical research questions





### Demo

#### [add link]



