

# EdIE-viz: A demo comparing Rule-based and Neural Network-based Information Extraction Systems for Brain Radiology Reports.

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# Team



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Grant Mair



Heather  
Whalley



Dominic  
Sykes

# Motivation

## Brain Scan Radiology Report

There is loss of the neuronal tissue in the left inferior frontal and superior temporal lobes, consistent with a prior infarct. There is generalised cerebral volume loss which appears within normal limits for the patients age, with no focal element to the generalised atrophy. Major intracranial vessels appear patent. White matter of the brain appears largely normal, with no evidence of significant small vessel disease. No mass lesion, hydrocephalus or extra axial collection

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# Motivation

## Brain Scan Radiology Report

There is loss of the neuronal tissue in the left inferior frontal and superior temporal lobes, consistent with a **prior infarct**. There is **generalised cerebral volume loss** which appears within normal limits for the patients age, with no focal element to the generalised atrophy. Major intracranial vessels appear patent. White matter of the brain appears largely normal, with **no evidence of significant small vessel disease**. No mass lesion, hydrocephalus or **extra axial collection**

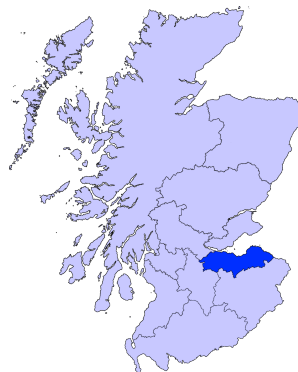


Figure: Map of Scotland

# Motivation

Extract granular stroke findings from radiology reports at scale.

## Brain Scan Radiology Report

There is loss of the neuronal tissue in the left inferior frontal and superior temporal lobes, consistent with a **prior infarct**. There is **generalised cerebral volume loss** which appears within normal limits for the patients age, with no focal element to the generalised atrophy. Major intracranial vessels appear patent. White matter of the brain appears largely normal, with **no evidence of significant small vessel disease**. No **mass lesion**, hydrocephalus or **extra axial collection**

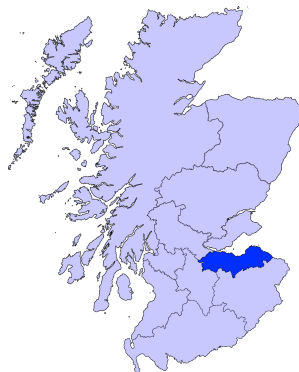


Figure: Map of Scotland

# Use cases



William Whiteley

- Large scale epidemiological analysis.

## Use cases



William Whiteley

- Large scale epidemiological analysis.
- Prognosis of rarer lesions.



# Use cases



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- Cohort selection for large scale randomised trials.

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Heather Whalley

- Understand links between psychiatric disorders and neurological conditions.

# Use cases



William Whiteley

- Large scale epidemiological analysis.
- Prognosis of rarer lesions.
- Cohort selection for large scale randomised trials.



Heather Whalley

- Understand links between psychiatric disorders and neurological conditions.
- Stroke patients who also suffer from depression usually have worse recovery.

# Overview

- Introduce Phenotyping

# Overview

- Introduce Phenotyping
- EdIE-viz Demo

# Overview

- Introduce Phenotyping
- EdIE-viz Demo
- Annotation Inconsistencies

# Information Extraction from Radiology Reports



# Data: Edinburgh Stroke Study (ESS)

## Edinburgh Stroke Study (Prof. Cathie Sudlow) NHS Lothian<sup>1</sup>

- 1,168 CT and MRI reports

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<sup>1</sup>Jackson et al. 2008.

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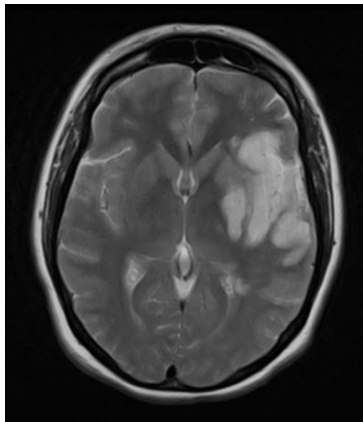
## Edinburgh Stroke Study (Prof. Cathie Sudlow) NHS Lothian<sup>1</sup>

- 1,168 CT and MRI reports
- Consented data
- Hospital-based register of stroke and transient ischaemic attack
- 2 radiology expert annotators
- Correcting rule-based (EdIE-R) output

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<sup>1</sup>Jackson et al. 2008.

## Goal: Document Labelling / Phenotyping



Source: <https://radiopaedia.org/cases/left-mca-infarct-2>

Edinburgh

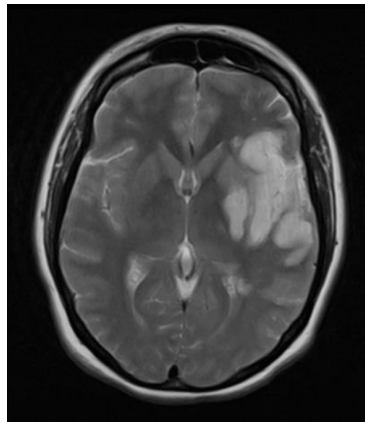
CLINICAL  
CLINICAL  
CLINICAL

NLP

# Goal: Document Labelling / Phenotyping

## Example Radiology Report

Impression: Moderate volume loss.  
Evolving left MCA infarction.  
No acute haemorrhage.



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Edinburgh

CLINICAL  
CLINICAL  
CLINICAL

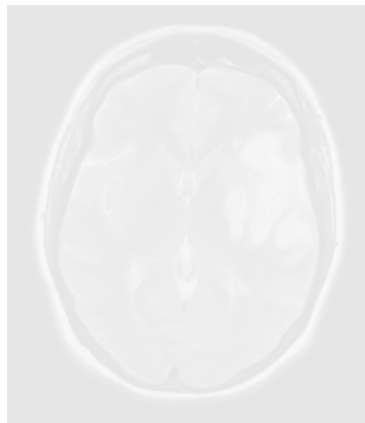
NLP

# Goal: Document Labelling / Phenotyping

## Example Radiology Report

Impression: Moderate volume loss.  
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## Document Labels



Source: <https://radiopaedia.org/cases/left-mca-infarct-2>



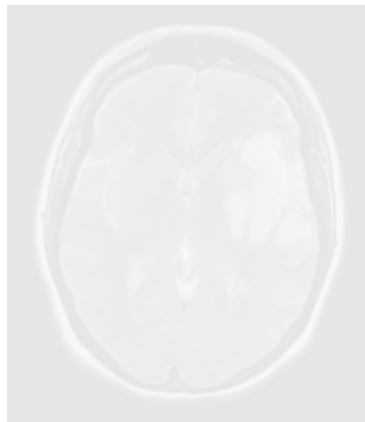
# Goal: Document Labelling / Phenotyping

## Example Radiology Report

Impression: **Moderate volume loss.**  
Evolving left MCA infarction.  
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## Document Labels

- Atrophy



Source: <https://radiopaedia.org/cases/left-mca-infarct-2>

# Goal: Document Labelling / Phenotyping

## Example Radiology Report

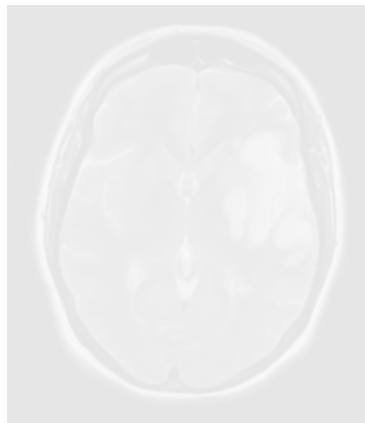
Impression: Moderate volume loss.

**Evolving left MCA infarction.**

No acute haemorrhage.

## Document Labels

- Atrophy
- Recent Cortical Acute Ischaemic Stroke



Source: <https://radiopaedia.org/cases/left-mca-infarct-2>

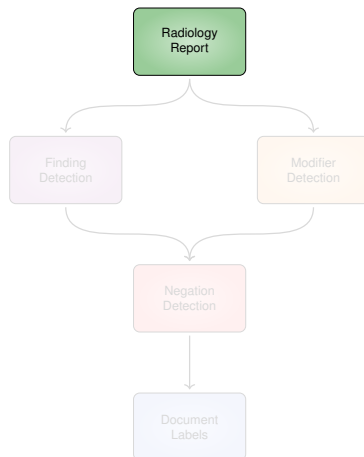
# Pipeline

## Example Radiology Report

Impression: Moderate volume loss.  
Evolving left MCA infarction.  
No acute haemorrhage.

## Subtasks

- 1 Findings (eg. atrophy, stroke etc.)
- 2 Modifiers (eg. time or location)
- 3 Negation



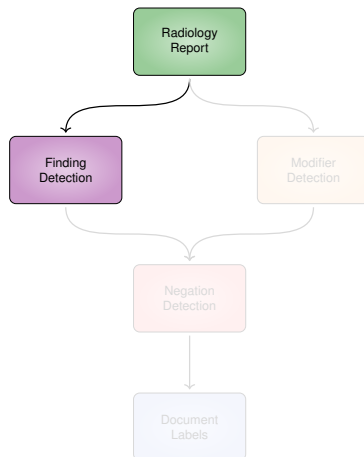
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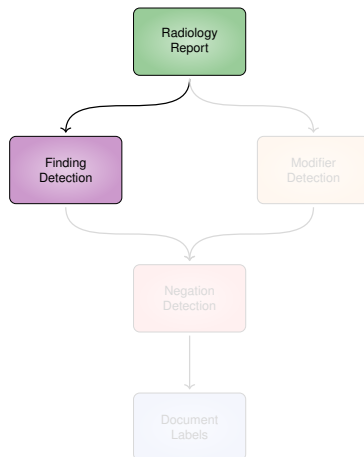
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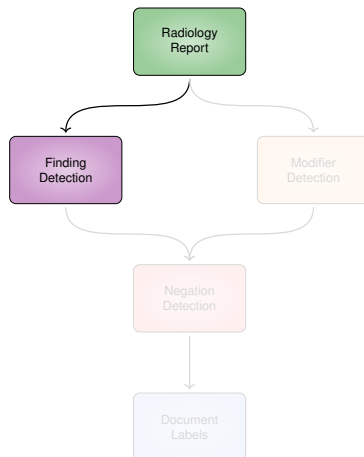
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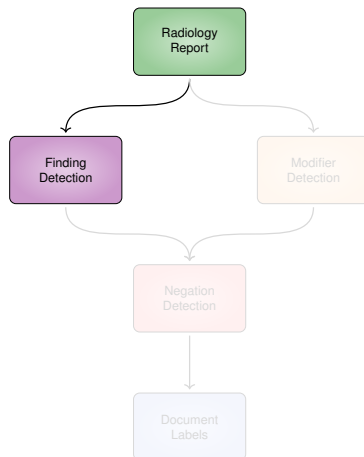
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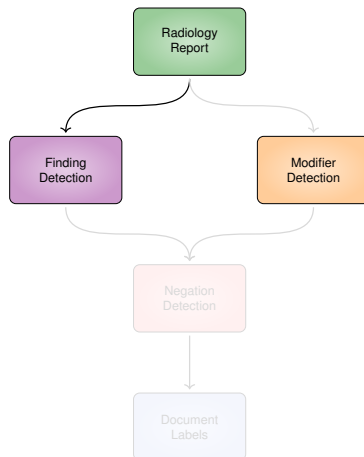
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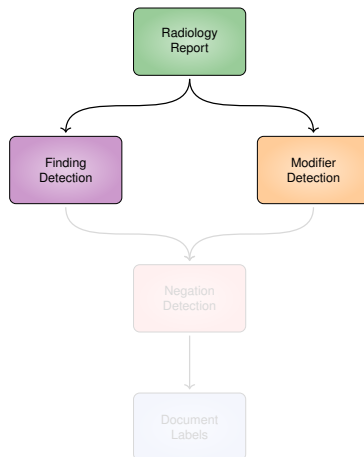
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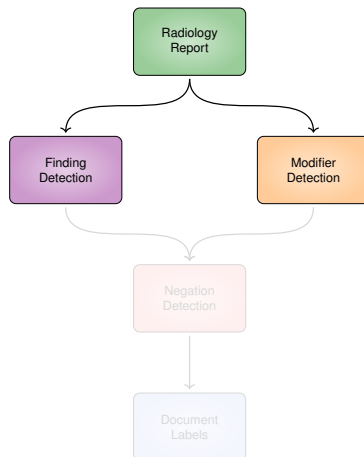
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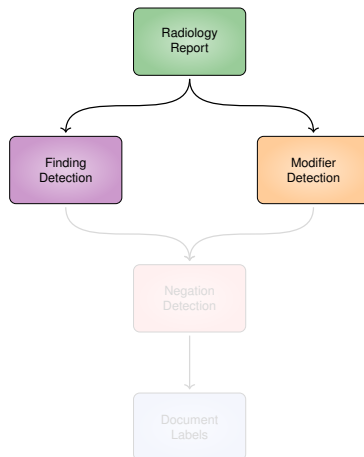
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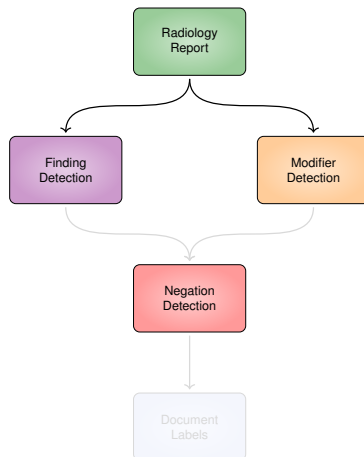
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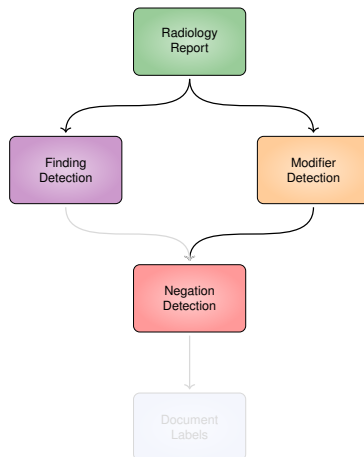
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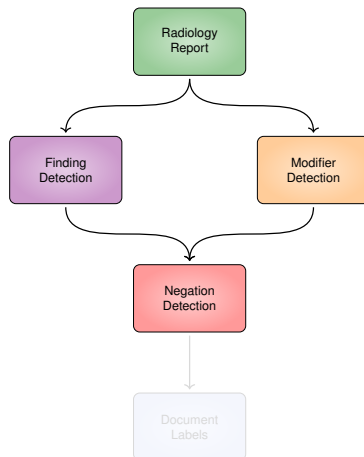
Impression: Moderate volume loss.

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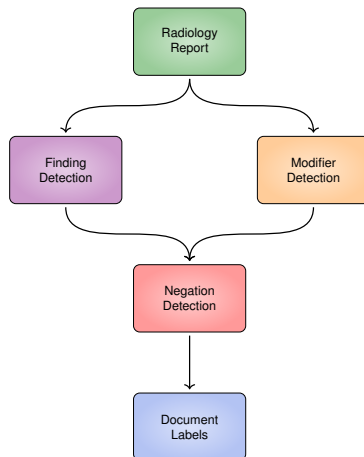
Impression: Moderate volume loss.

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## Subtasks

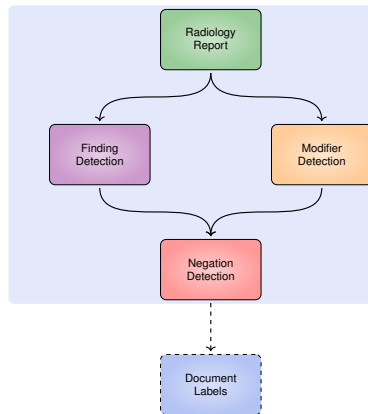
- 1 Findings (eg. atrophy, stroke etc.)
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- 3 Negation



# Rule-Based and Neural components

Rule-based

*Pipeline Components*



<sup>1</sup> Alex et al. 2019.

<sup>2</sup> Gorinski et al. 2019.

<sup>3</sup> Sykes et al. 2020.

<sup>4</sup> Grivas et al. 2020.

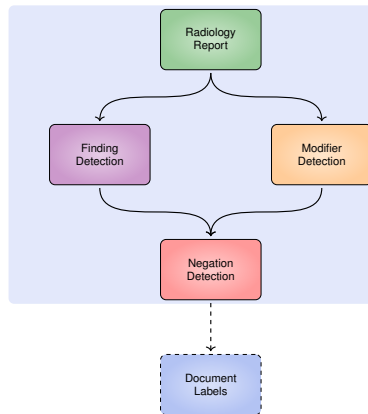


# Rule-Based and Neural components

## Rule-based

- EdIE-R <sup>1,2,3,4</sup>

Pipeline Components



<sup>1</sup> Alex et al. [2019](#).

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# Rule-Based and Neural components

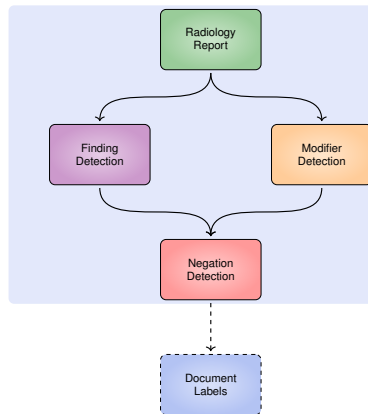
## Rule-based

- EdIE-R <sup>1,2,3,4</sup>

## Neural Network-based

- 
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<sup>4</sup> Grivas et al. [2020](#).

*Pipeline Components*



# Rule-Based and Neural components

## Rule-based

- EdIE-R <sup>1,2,3,4</sup>

## Neural Network-based

- EdIE-BiLSTM: BiLSTM encoder <sup>2,4</sup>

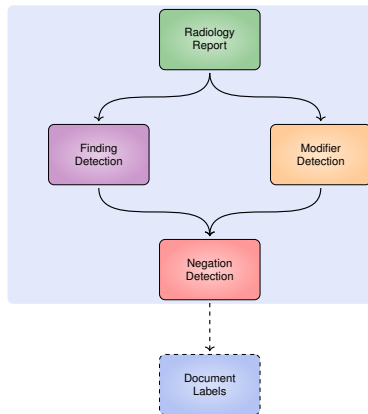
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Pipeline Components



# Rule-Based and Neural components

## Rule-based

- EdIE-R <sup>1,2,3,4</sup>

## Neural Network-based

- EdIE-BiLSTM: BiLSTM encoder <sup>2,4</sup>
- EdIE-BERT: BERT encoder <sup>4</sup>

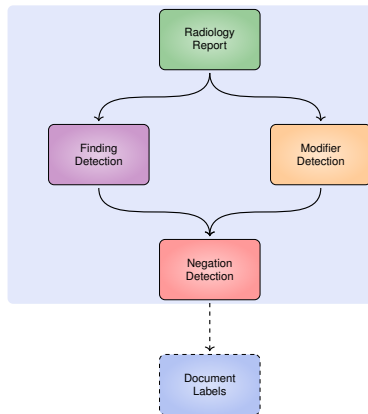
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*Pipeline Components*



# Extracting information from radiology reports

## Radiology report before processing.

Clinical Details

Report

No previous brain imaging for comparison .

Cerebral involutional change , advanced for age .

Evidence of an old left posterior temporal / parietal infarct .

White matter hypoattenuation in keeping with moderate small vessel change .

No intracranial mass , infarct or haemorrhage .

The skull vault and skull base appear unremarkable .

Opinion :

Advanced cerebral atrophy , moderate small vessel disease and old infarcts as described above .

No acute intracranial finding .

# Extracting information from radiology reports

## Radiology report after processing.

Clinical Details

Report

No **previous** **TIME OLD** brain imaging for comparison .

Cerebral **involutional change** **ATROPHY** , advanced for age .

Evidence of an **old** **TIME OLD** left posterior **temporal** **LOC CORTICAL** / **parietal** **LOC CORTICAL** **infarct** **ISCHAEMIC STROKE** .

White matter hypoattenuation **SMALL VESSEL DISEASE** in keeping with moderate **small vessel change** **SMALL VESSEL DISEASE** .

No intracranial **mass** **TUMOUR** , **infarct** **ISCHAEMIC STROKE** or **haemorrhage** **HAEMORRHAGIC STROKE** .

The skull vault and skull base appear unremarkable .

Opinion :

Advanced cerebral **atrophy** **ATROPHY** , moderate **small vessel disease** **SMALL VESSEL DISEASE** and **old** **TIME OLD** **infarcts** **ISCHAEMIC STROKE** as described above .

No **acute** **TIME RECENT** intracranial finding .

# Extracting information from radiology reports

## Radiology report after processing.

Modifier: time, old

Clinical Details

Report

No **previous** **TIME OLD** brain imaging for comparison .

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Evidence of an **old** **TIME OLD** left posterior **temporal** **LOC CORTICAL** / **parietal** **LOC CORTICAL** **infarct** **ISCHAEMIC STROKE** .

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No intracranial **mass** **TUMOUR** , **infarct** **ISCHAEMIC STROKE** or **haemorrhage** **HAEMORRHAGIC STROKE** .

The skull vault and skull base appear unremarkable .

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Advanced cerebral **atrophy** **ATROPHY** , moderate **small vessel disease** **SMALL VESSEL DISEASE** and **old** **TIME OLD** **infarcts** **ISCHAEMIC STROKE** as described above .

No **acute** **TIME RECENT** intracranial finding .

# Extracting information from radiology reports

## Radiology report after processing.

Modifier: time, old

Negated

Clinical Details

Report

No **previous** **TIME OLD** brain imaging for comparison .

Cerebral **involutional change** **ATROPHY** , advanced for age .

Evidence of an **old** **TIME OLD** left posterior **temporal** **LOC CORTICAL** / **parietal** **LOC CORTICAL** **infarct** **ISCHAEMIC STROKE** .

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# Extracting information from radiology reports

## Radiology report after processing.

Clinical Details  
Report

No **previous** **TIME OLD** brain imaging for comparison .

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The skull vault and skull base appear unremarkable .

Opinion :

Advanced cerebral **atrophy** **ATROPHY** , moderate **small vessel disease** **SMALL VESSEL DISEASE** and **old** **TIME OLD** **infarcts** **ISCHAEMIC STROKE** as described above .

No **acute** **TIME RECENT** intracranial finding .

Modifier: time, old

Negated

Finding: atrophy

## EdIE-viz Demo

# EdIE-viz

## Edinburgh Information Extraction Visualization for Radiology Reports

*Synthetic radiology report example*

There is loss of the neuronal tissue in the left inferior frontal and superior temporal lobes, consistent with a prior infarct. There is generalised cerebral volume loss which appears within normal limits for the patient's age, with no focal element to the generalised atrophy. Major intracranial vessels appear patent. White matter of the brain appears largely normal, with no evidence of significant small vessel disease. No mass lesion, hydrocephalus or extra axial collection

ANNOTATE

RESET EXAMPLE

## Annotation inconsistencies

## Current model results

System	Task	F1
EdIE-R	Mod	<b>96.48</b>
	Find	<b>93.06</b>
EdIE-BiLSTM	Mod	95.18
	Find	92.64
EdIE-BERT	Mod	95.68
	Find	90.33

## Current model results

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- High scores, with rule-based best overall

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	Find	92.64
EdIE-BERT	Mod	95.68
	Find	<b>90.33</b>

- High scores, with rule-based best overall
- Unexpected: BERT worse than BiLSTM

# Identifying Annotation Inconsistencies (1)

## Boundary Error Example

Truth: Moderate volume loss ATROPHY .



# Identifying Annotation Inconsistencies (1)

## Boundary Error Example

Truth: Moderate volume loss ATROPHY . Pred: Moderate volume loss ATROPHY .

# Identifying Annotation Inconsistencies (1)

## Boundary Error Example

**Truth:** Moderate volume loss ATROPHY . **Pred:** Moderate volume loss ATROPHY .

$(L^2)^2$  Distance

### Retrieved training examples

19.91

Moderate cortical volume loss .

33.51

Moderate generalised volume loss ATROPHY , not advanced for age .

35.14

Moderate generalised volume loss ATROPHY .

## Identifying Annotation Inconsistencies (2)

### False Positive Example

**Truth:** No focal destructive bony lesion .

## Identifying Annotation Inconsistencies (2)

### False Positive Example

**Truth:** No focal destructive bony lesion . **Pred:** No focal destructive bony lesion TUMOUR .

# Identifying Annotation Inconsistencies (2)

## False Positive Example

**Truth:** No focal destructive bony lesion . **Pred:** No focal destructive bony lesion TUMOUR .

$(L^2)^2$  Distance

### Retrieved training examples

28.80

No destructive bony lesion.

28.87

No destructive bony lesion TUMOUR or calvarial fracture is evident .

41.09

No bony lesion or injury is seen .

# Takeaways

## Resources

- Demo online: <http://jekyll.inf.ed.ac.uk/edieviz>
- Code & models available: <https://github.com/Edinburgh-LTG/edieviz>

## Summary

- EdIE-viz highlights strengths and weaknesses of systems.

# Takeaways

## Resources

- Demo online: <http://jekyll.inf.ed.ac.uk/edieviz>
- Code & models available: <https://github.com/Edinburgh-LTG/edieviz>

## Summary

- EdIE-viz highlights strengths and weaknesses of systems.
- Detecting annotation inconsistencies important to further improve results.

# References



Alex, Beatrice et al. (2019). "Text mining brain imaging reports". In: [Journal of Biomedical Semantics](#) 10.1, p. 23. ISSN: 2041-1480. DOI: <https://doi.org/10.1186/s13326-019-0211-7>.



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# Thank you

- Edinburgh Clinical NLP group:  
<https://www.ed.ac.uk/usher/clinical-natural-language-processing>
- Code:  
<https://github.com/Edinburgh-LTG/edieviz>
- Demo:  
<http://jekyll.inf.ed.ac.uk/edieviz/>

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# Rule-based reliable for negation

## EdIE-R Predictions

no mass TUMOUR or extra-axial collections SUBDURAL HAEMATOMA present .

## EdIE-N-BiLSTM Predictions

no mass TUMOUR or extra-axial collections SUBDURAL HAEMATOMA present .

## EdIE-N-BERT Predictions

no mass TUMOUR or extra-axial collections SUBDURAL HAEMATOMA present .

# Rule-based reliable for negation

## EdIE-R Predictions

mass **TUMOUR** and extra-axial collections **SUBDURAL HAEMATOMA** present .

## EdIE-N-BiLSTM Predictions

mass **TUMOUR** and extra-axial collections **SUBDURAL HAEMATOMA** present .

## EdIE-N-BERT Predictions

mass **TUMOUR** and extra-axial collections **SUBDURAL HAEMATOMA** present .

# Neural models tolerant to spelling mistakes (1)

## EdIE-R Predictions

Opinion : advanced cerebral atrophy , moderate small vessel diseases and old TIME OLD infact as described above .

## EdIE-N-BiLSTM Predictions

Opinion : advanced cerebral atrophy , moderate small vessel diseases SMALL VESSEL DISEASE and old TIME OLD infact as described above .

## EdIE-N-BERT Predictions

Opinion : advanced cerebral atrophy ATROPHY , moderate small vessel diseases SMALL VESSEL DISEASE and old TIME OLD infact ISCHAEMIC STROKE as described above .

## Neural models tolerant to spelling mistakes (2)

### EdIE-R Predictions

a cute ischemic stroke STROKE present

### EdIE-N-BiLSTM Predictions

a cute TIME RECENT ischemic stroke STROKE present

### EdIE-N-BERT Predictions

a cute ischemic stroke STROKE present

## Neural models tolerant to spelling mistakes (2)

But can overgeneralise.

### EdIE-R Predictions

a cute ischemic stroke STROKE present

### EdIE-N-BiLSTM Predictions

a cute TIME RECENT ischemic stroke STROKE present

### EdIE-N-BERT Predictions

a cute ischemic stroke STROKE present

# Span inconsistencies

## EdIE-R Predictions

Patchy peri-ventricular small vessel change SMALL VESSEL DISEASE .

## EdIE-N-BiLSTM Predictions

Patchy peri-ventricular small vessel change SMALL VESSEL DISEASE .

## EdIE-N-BERT Predictions

Patchy peri-ventricular small vessel change SMALL VESSEL DISEASE .

# BERT generalises to unseen vocabulary (1)

## EdIE-R Predictions

This patient with normal carotids had a TIA , and was found to have a non-occlusive thrombus in the M1 segment on the left .

## EdIE-N-BiLSTM Predictions

This patient with normal carotids had a TIA , and was found to have a non-occlusive thrombus in the M1 segment on the left .

## EdIE-N-BERT Predictions

This patient with normal carotids had a TIA STROKE , and was found to have a non-occlusive thrombus in the M1 segment on the left .



# BERT generalises to unseen vocabulary (2)

## EdIE-R Predictions

The density in melanoma is either due to blood product ( haemorrhagic mets ) or the melanin itself .

## EdIE-N-BiLSTM Predictions

The density in melanoma is either due to blood product ( haemorrhagic mets ) or the melanin itself .

## EdIE-N-BERT Predictions

The density in melanoma is either due to blood product ( haemorrhagic HAEMORRHAGIC STROKE mets METAST TUMOUR ) or the melanin itself .