# **Bell University Laboratories**

## **Answering Clinical Questions in Medicine**

Sharon Straus Mark Chiqnell Department of Medicine Mechanical and Industrial Engineering Computer Science

Graeme Hirst

John Mylopoulos Computer Science



#### **Bringing Evidence to the Point of Care** EVIDENCE Purpose Answer clinical questions at the point of care, e.g. bedside. Questions may well already have been answered by published research, but finding the relevant information is CALCINOC FOR · Part of a larger project "Effective Delivery of Evidence to the \* Design Change Chicago Chrystel Chrystel Requirements Use the best available information. 2. Very high degree of accuracy in answers -- users can't sift through a lot of irrelevant information! Solution Hell (86) 1. Use evidence-based medical data sources, which appraise and summarize the available medical evidence. 2. Knowledge based question answering: to extract the most relevant information, questions are answered based on an understanding of the semantics of evidencebased medicine.

#### Finding an Answer Patient population · G 2 S Street at some Otto S 19- 42 3 8 Sorders OSPORISECTIONS <TOPICTITLE > AcatePhysicardial infarction > /TOPICTITLE > Intervention </TOPIC> \*/SECTIONINFO ONTERVERCTIONS COURSTIONS ECTIONS Outcome QUESTIONS ID-12 Parembelysis (OFTIONTITLE) An answer to the SUMSTATEMENT ID= 12-SUMSTATEMENT - Systematic reviews of RCTs question: QUMSTATEMENT' Systematic reviews of RCTs have found that prompt thrombodyic treatment furthin 6 hours and perhaps up to 12 hours and longs affect the opened of symptoms; reduces hortality in people with AHI and ST elevation or hundle branch block on their presenting ECs. Fifty air people P: mvocardial infarction I: thrombolysis O: mortality prevent one additional death. Strokes etracranial haemorrhage, and major bleeds

### Knowledge-Based Question Answering

#### Key Concepts: PICO

·Questions are answered based on the system's understanding of key concepts in evidence based medicine: Patient population, Intervention, Comparison, Outcome.

#### How are questions answered?

- · Questions use the PICO concepts as categories. Their fields are filled with instances of these
- The data sources used are compendia and evaluations of the best available evidence about treatments, prognosis, diagnosis, etiology and prevalence.
- They are semi-structured (XML format).
- Documents are indexed, stored and retrieved using ToX.
- · Answers are extracted from data sources by searching for the instances of the key concepts named in the question, in meaningful XML contexts.
- Contexts: Occurrences of key concepts are meaningful in some XMIstructures, not in others.
- Answer patterns: Combinations of contexts, one for each of P, I,C, O.
- An answer is found for a given answer pattern if each key concept occurs in contex

### **Refinements through Computational Linguistics**

#### Question can be described in a more natural way

Keyword-based question:

"mvocardial infarction thrombolysis mortality"

•Natural language question:

"In a (patient with suspected MI)p, does (thrombolysis)! (decrease the risk of death)o if it is administered 10 hours after the onset of chest pain?"

Given the natural language question, PICO information will be exacted automatically.

#### Answer can be refined by removing redundant information

Short answer (the most concise answer): "Yes."

 Long answer (with justification, explanation or even contradictory results): Desired info.: "...prompt thrombolytic treatment ... reduces mortality....",

"The risk of stroke was increased by thrombolytic treatment ...".

Redundant info.: "Thrombolysis versus placebo reduced short term mortality...", "Reduced rates of death were seen...".