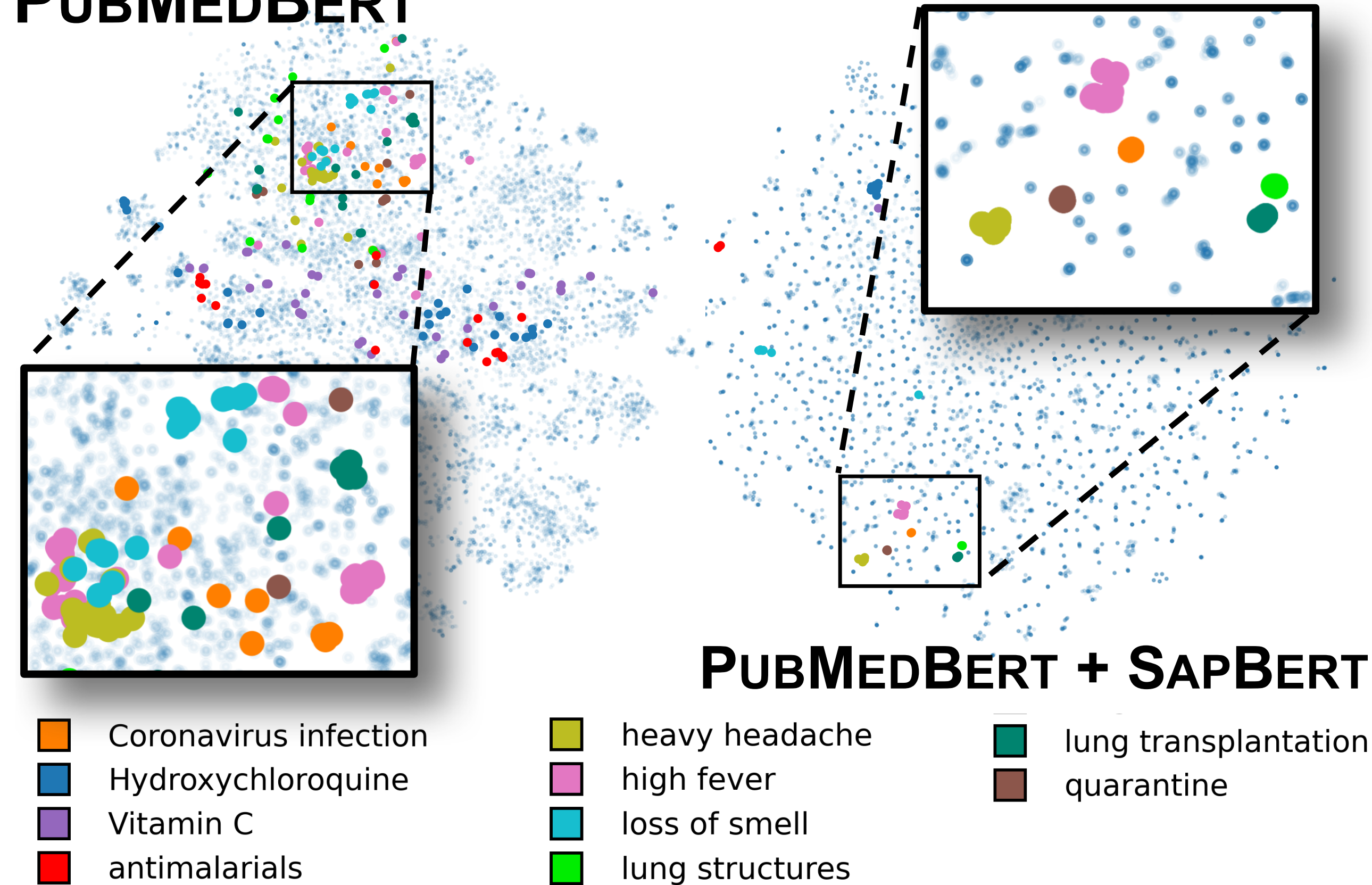


## PUBMEDBERT



## 0 Study object: biomedical entities

What is a biomedical entity?

- a single word (e.g. *fever*)
- a compound (e.g. *SARS-COV-2*)
- a phrase (e.g. *abnormal retinal vascular development*)

## 1 Challenge: heterogeneous naming

Biomedical names referring to the same concept have drastically different surface forms:

- *Hydroxychloroquine*
- *Oxichlorochine* (alternative spelling)
- *HCQ* (social media)
- *Plaquenil* (drug name)
- .....

This is a major challenge for MLM-style pretraining. How do we cope this?

## 2 Pretraining resource: UMLS (a gigantic KG)

UMLS is the largest interlingua of biomedical ontologies, containing a comprehensive collection of biomedical synonyms in various forms. Some stats: **4M+ concepts** and **10M+ synonyms**, stemming from **over 150 controlled vocabularies**. We design a metric learning

framework that self-aligns synonym representations belonging to the same UMLS concept.

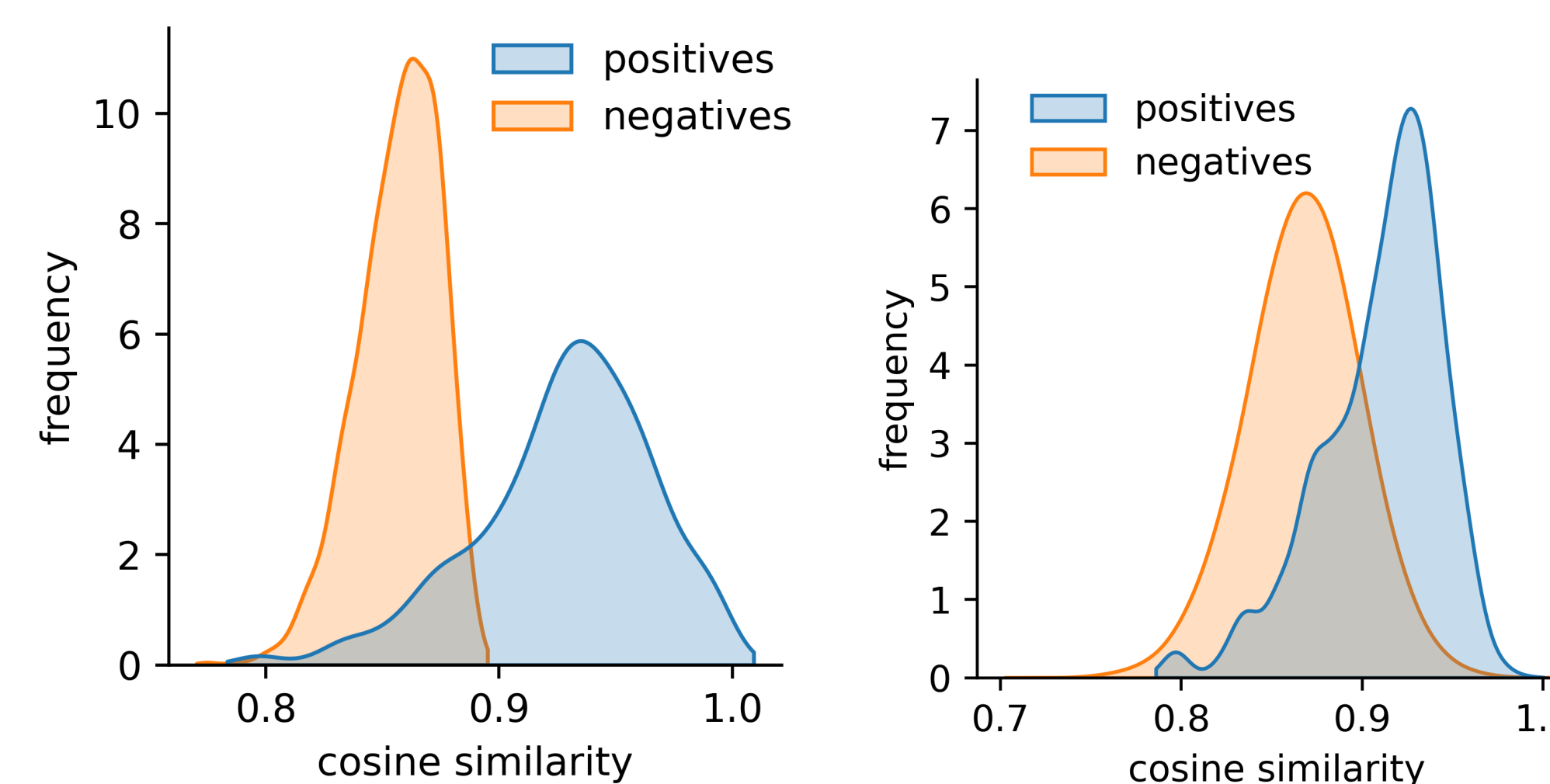
## 3 Method: self-alignment pretraining

The goal of the self-alignment is to learn a function  $f(\cdot; \theta) : \mathcal{X} \rightarrow \mathbb{R}^d$  s.t. the similarity  $\langle f(x_i), f(x_j) \rangle$  is high if  $x_i, x_j$  are synonyms and low otherwise. A sampling procedure selects the informative pairs of training samples and uses them in the pairwise metric learning loss function (introduced below).

### Online hard pairs mining:

$$\|f(x_a) - f(x_p)\|_2 < \|f(x_a) - f(x_n)\|_2 + \lambda. \quad (1)$$

Intuition: most of *Hydroxychloroquine*'s variants are easy: *Hydroxychlorochin*, *Hydroxychloroquine* (substance), *Hidroxicloroquina* and etc., but a few can be very hard: *Plaquenil* and *HCQ*. This step forces the model to focus only on the informative examples. Shown below: cosine similarity of pos./neg. pairs before (left) and after (right) applying online hard mining.



### Multi-Similarity loss (MS loss):

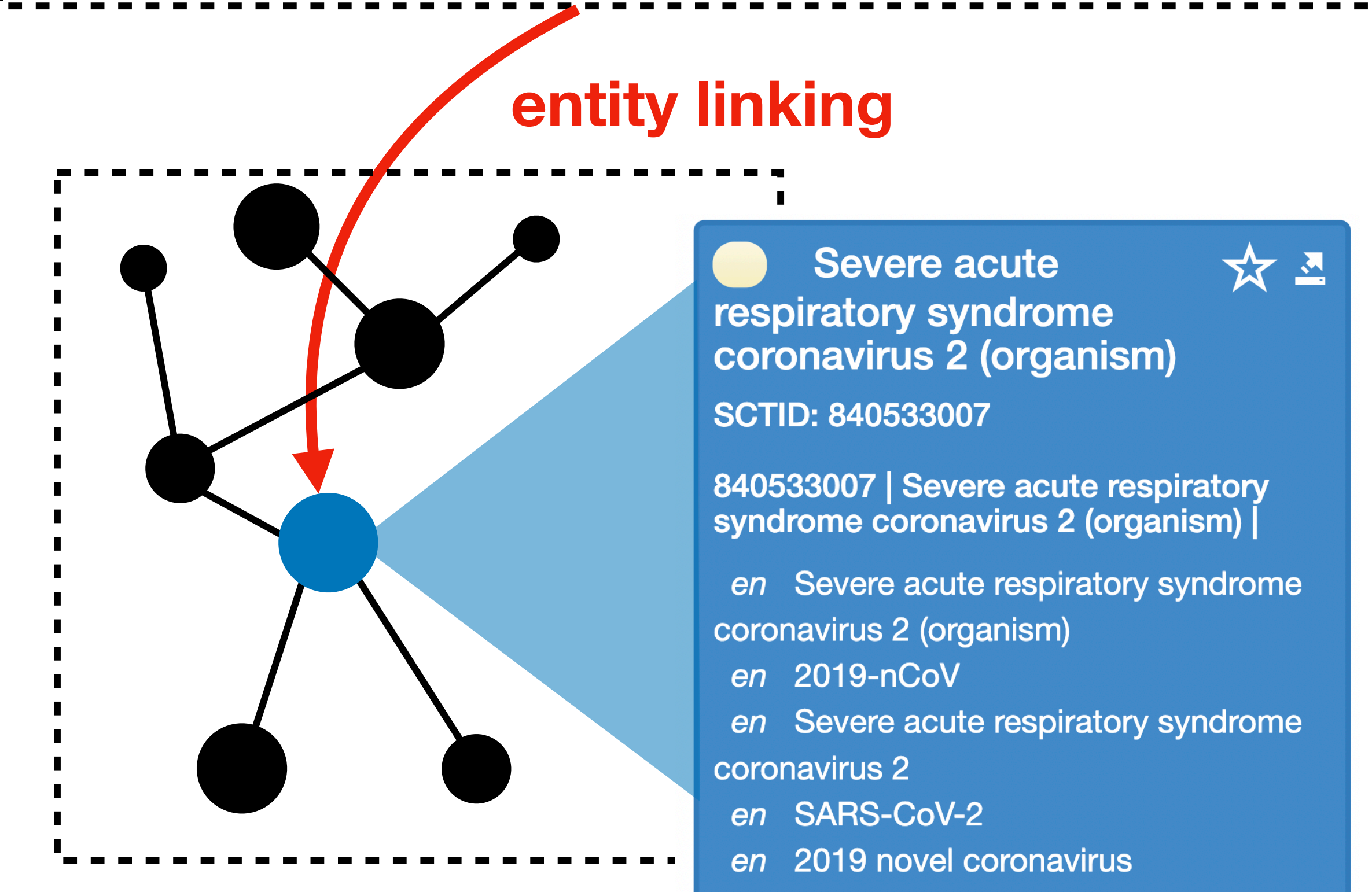
$$\mathcal{L} = \frac{1}{|\mathcal{X}_b|} \sum_{i=1}^{|\mathcal{X}_b|} \left( \frac{1}{\alpha} \log \left( 1 + \sum_{n \in \mathcal{N}_i} e^{\alpha(\mathbf{S}_{in} - \epsilon)} \right) + \frac{1}{\beta} \log \left( 1 + \sum_{p \in \mathcal{P}_i} e^{-\beta(\mathbf{S}_{ip} - \epsilon)} \right) \right). \quad (2)$$

Intuition: see paper for details.

## 4 Evaluation: entity linking

a medical **entity mention** in *free text*

OMG have u heard that John got the **Covid virus** ?!



a unique concept (**node**) in a biomedical Knowledge Graph

## Quantitative results (accuracy across 6 data sets):

domain→	scientific				social media	
model↓, data set→	D1	D2	D3	D4	D5	D6
vanilla BERT	67.6	81.4	79.8	39.6	38.2	40.4
+ SAPBERT	<b>91.6</b>	<b>92.7</b>	<b>96.1</b>	<b>52.5</b>	<b>68.4</b>	<b>59.5</b>
BIOBERT	71.3	79.8	74.0	24.2	41.4	35.9
+ SAPBERT	<b>91.0</b>	<b>93.3</b>	<b>95.5</b>	<b>97.6</b>	<b>72.4</b>	<b>63.3</b>
PUBMEDBERT	77.8	89.0	93.0	43.9	42.5	46.8
+ SAPBERT	<b>92.0</b>	<b>93.5</b>	<b>96.5</b>	<b>50.8</b>	<b>70.5</b>	<b>65.9</b>
supervised SOTA	91.1	93.2	<b>96.6</b>	OOM	87.5	<b>79.0</b>
PUBMEDBERT	77.8	89.0	93.0	43.9	42.5	46.8
+ SAPBERT	92.0	<b>93.5</b>	<b>96.5</b>	<b>50.8</b>	70.5	65.9
+ SAPBERT (FINE-TUNED)	<b>92.3</b>	93.2	96.5	<b>50.4</b>	<b>89.0</b>	<b>81.1</b>
BIO SYN	91.1	93.2	<b>96.6</b>	OOM	82.6	71.3
+ (init. w/) SAPBERT	<b>92.5</b>	<b>93.6</b>	<b>96.8</b>	OOM	<b>87.6</b>	77.0

Table 1: The gradient of **green** indicates the improvement comparing to the base model (the deeper the more). **Blue** and **red** denote unsupervised and supervised models. **Bold** and underline denote the best and second best results in the column.