

# Semantic Relation Discovery by Using Co-occurrence Information

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*MeSH annotations of bibliographic records are explored as a source for generating factoid statements, based on their statistical co-occurrence and their subheading profile, which helps disambiguate between competing interpretations like 'substance causes disease' vs. 'substance prevents disease' vs. 'substance treats disease'.*

## INTRODUCTION

### ONTOLOGY vs. KNOWLEDGE BASE

Ontologies represent what is universally true, using predicates like "has-part", "has-quality", "is located in".

Probabilistic, contingent, and default statements are often more "interesting" for knowledge intensive applications (Retrieval, Question Answering, Decision support) [1,2].

**CHALLENGE:** To automatically build a "knowledge" layer on top of the clinical ontology SNOMED CT, constituted by <SUBJ; PRED; OBJ> triples, with predicates like:

	Disease	Finding	Substance	Organism
<b>Finding</b>	sign of symptom of	accompanied by	treated by	affects caused by
<b>Substance</b>	causes treats prevents metabolite of	causes treats prevents	Interacts with	affects produced by
<b>Organism</b>	causes affected by	causes	sensitive to	interacts with
<b>Body part</b>	possible location of	possible location of	targeted by	targeted by

## MATERIALS / METHODS

- **MEDLINE database:** 22 M bibliographic records semantically annotated with MeSH thesaurus main headings (medical terms) and subheadings (qualifiers)
- **UMLS:** cross-mapping to other medical terminologies, e.g. SNOMED CT; MEDLINE annotations aggregated in co-occurrence table.

<b>Source concept</b>	<b>Name</b>	Bipolar disorder
	<b>Type</b>	Disorder
<b>Target concept</b>	<b>Name</b>	Tricyclic antidepressant
	<b>Type</b>	Substance
<b>MeSH subheadings</b>		DT=9,CI=7,DI=5,PX=4,CO=2,EP=2,GE=2,BL=1,ET=1,PA=1,PC=1,PP=1,TH=1
<b>Absolute co-occurrence</b>		17
<b>Log-likelihood</b>		54.57

- Identify typical subheading profiles for combinations of semantic types. The above example suggests a high rate of DT ("drug therapy") co-occurrences as indicative for the semantic relation "treated by".
- **Implementation:** Java command line / Lucene
- **Evaluation:** Two of the authors (MDs) created reference standard of substances for treatment and prevention of 20 randomly selected diseases. Parameters: strict recall (considers only the reference standard concept); generous recall (considers also hierarchically related concepts); precision (considers sources of generally accepted clinical evidence).

## RESULTS

**Thresholds:** absolute co-occurrence > 5, log-likelihood ratio > 6.63 (corresponding to  $p < 0.01$ ). Requested rate of subheadings "DT" > 0.5 for "treats" and "PC" > 0.5 for "prevents".

Disease	# Target concepts	Recall (strict)	Recall (generous)	Precision (Correctness)
Giant Cell Arteritis	13 / 0	1.00 / -	1.00 / -	0.77 / -
Cerebrovascular accident	40 / 36	0.50 / 0.57	0.83 / 0.86	0.62 / 0.83
Appendicitis	3 / 0	0.67 / -	1.00 / -	1.00 / -
Anthrax disease	1 / 2	0.10 / 0.30	0.10 / 1.00	1.00 / 1.00
Pre-eclampsia	6 / 6	0.50 / 0.33	0.50 / 0.33	0.50 / 0.16
Yellow fever	1 / 1	0.00 / 1.00	0.00 / 1.00	0.00 / 1.00
Gallbladder Carcinoma	3 / 0	0.33 / -	1.00 / -	1.00 / -
Membr. glomerulonephritis	10 / 0	0.67 / -	0.67 / -	0.90 / -
Hemolytic Anemia	2 / 0	0.33 / -	0.33 / -	1.00 / -
Hepatitis B	13 / 5	0.63 / 1.00	0.63 / 1.00	0.62 / 1.00
Impetigo	1 / 0	0.12 / -	0.12 / -	1.00 / -
Infectious mononucleosi	0 / 0	- / -	- / -	- / -
Pertussis	1 / 1	0.25 / 0.50	0.25 / 0.50	1.00 / 1.00
Malaria	14 / 16	0.36 / 0.67	0.36 / 0.67	0.79 / 0.75
Osteitis Deformans	2 / 0	0.22 / -	0.22 / -	1.00 / -
Neurosyphilis	2 / 0	0.20 / -	0.20 / -	1.00 / -
Gastric ulcer	19 / 7	0.22 / 0.00	0.22 / 0.00	0.53 / 0.00
Syncope	/ 0	- / -	- / -	- / -
Tachycardia, Paroxysmal	2 / 0	0.50 / -	0.50 / -	1.00 / -
Erysipelas	1 / 0	0.25 / -	0.25 / -	1.00 / -

## DISCUSSION

So far, only small segments of knowledge space analysed (diseases vs. substances). Known issues:

- **Coverage:** (MeSH annotations are coarse grained, especially regarding substance concepts) -> low recall;
- **Validity:** hypotheses without scientific evidence, animal studies, ongoing research -> low precision;
- **Lacking interest:** trivial associations, not subject to current research -> low recall;
- **Underspecification of predicates:** E.g., substance effects like adverse reactions, metabolites missed.

## OUTLOOK

**CONCLUSION:** MeSH subheading information – underused resource, but promising for inferring factoid statements.

**CURRENT STATE:**

- analysis of further subheading profiles
- implementation as scripts, e.g.:  
treats [subject term] [object term] [# results]

**OUTLOOK:**

- Inclusion of additional information from MEDLINE, e.g. publication type, year (for trend information);
- Use text mining for acquiring additional entities from abstracts (as new entry terms / hyponyms for asserted concepts in co-occurrence records);
- Accumulate co-occurrence counts upwards along MeSH hierarchies;
- Improve precision by matching output triples against external sources (e.g. web mining);
- Use clustering methods for finding new, highly predictive co-occurrence profiles.

### References:

- [1] Rector A. (2008) Barriers, approaches and research priorities for integrating biomedical ontologies. SemanticHealth Deliverable D6.1 [www.semantichealth.org/DELIVERABLES/SemanticHEALTH\\_D6\\_1.pdf](http://www.semantichealth.org/DELIVERABLES/SemanticHEALTH_D6_1.pdf).
- [2] Schulz S, Jansen L. Formal ontologies in biomedical knowledge representation. Yearbook of Medical Informatics 2013;8(1):132-46.

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