

#### BLAVATNIK INSTITUTE HARVARD MEDICAL SCHOOL

TRANSLATIONAL DATA SCIENCE

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CENTER FOR A LEARNING HEALTH SYSTEM

# Building R / Python pipelines for biomedical semantic search

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#### About me

Computer Science Engineer from Paris (2013)

Bioinformatics PhD in Geneva in pharma industry (2019)

2 years independent research on NLP (twitter withheld content)

3 years wannabe founder, web app for real-estate market estimation

(Also some automated trading and storytelling)

## Harvard Medical, CELEHS

Joined Prof. Cai January 2024 in CELEHS Research associate (senior postdoc)

Translational data science, learning health system Analysis of electronic health records (hospitals visits)

Some of the big collaborators: Mass General Brigham, Veterans Affairs

Specific diseases studied: rheumatology, multiple sclerosis, Alzheimer

One big research area: transfer learning from large to small hospitals

# My work at CELEHS

50% suicide prevention, 50% lab level, multiple projects

Suicide risk prediction, codified data + NLP on clinicians notes csrp.mgh.harvard.edu

Dictionary codebook: Map hospital variables to standardized classifications

Enhancing research apps by customizing RShiny with JS

Implementation quality, reproducibility (pharma quality processes)



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Phecode Map 1.2 with ICD9 and ICD-10cm Codes													
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Show 20 ent	ries				Search:								
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All	All	All	All	schizo	All								
295	9	Schizophrenic disorders	295	Schizophrenia and othe psychotic disorders	r psychological disorders								
295.0	9	Simple type schizophrenia	295.1	Schizophrenia	psychological disorders								
295.00	9	Simple type schizophrenia, unspecified state	295.1	Schizophrenia	psychological disorders								
295.01	9	Simple type schizophrenia, subchronic state	295.1	Schizophrenia	psychological disorders								
295.02	9	Simple type schizophrenia, chronic state	295.1	Schizophrenia	psychological disorders								
295.03	9	Simple type schizophrenia, subchronic state with acute exacerbation	295.1	Schizophrenia	psychological disorders								
295.04	9	Simple type schizophrenia, chronic state with acute exacerbation	295.1	Schizophrenia	psychological disorders								
295.05	9	Simple type schizophrenia, in	295 1	Schizophrenia	psychological disorders			( _ ]					



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# Building R / Python pipelines for biomedical semantic search

# Part 1 The best of both worlds

# Once upon a time

- "Oh Thomas you could do us an Elasticsearch embedding based app right ?"

- "A what ?"

- "You previously did an app with Elasticsearch right ?"
- "Er yes... I was using a software that made use of ES..."

- "Ok great you'll be fine"

# One duckduckgo search later

https://dylancastillo.co/posts/semantic-search-elasticsearch-openai-langchain.html



# "Oh I think I get it, oh wow" (aka Eureka)

Remember those people who were saying ES would be useful when doing search on elements with many numbers of characteristics / indexes ?

You know how we're using vector embeddings to represent words...

You should be able to search for words based on the embeddings directly !

# Crash course on embeddings

Word2vec and the latest natural language processing methods are not that different.

Let's say you have a paragraph with several sentences... Say each time two words appear in the same sentence, you give +1 similarity to that pair of words.

You get a symmetric matrix with all your words pairs, and their similarities.

You can then use that matrix to ask: "What are the 5 words most similar to word X ?"

# Crash course on embeddings (2)

Methods like ChatGPT are slightly more sophisticated, they train "neural networks" instead of just a similarity matrix.

But they do know that a lot of people like those similarity matrices, so even if it's not at the core of the method, they still provide them because (some) people prefer to use that.

Ever heard about hallucinations ? My first scientific encounter:

Give 10 variables related to obesity (e.g. overweight, anorexia, bariatric surgery) Ask to regroup them by class (synonyms, eating disorders, consequences) After ~10 passes of prompt engineering, LLM includes a variable not given in list (bulimia) Even with a RAG system prompt ("use only the list provided") My guess: the more prompt complexity, the higher risk of hallucinations

# Hallucinating is bad

Consider you have a biomedical dataset... You have, say, a few variables for 1000 patients over a few weeks Something like body mass index, average heart rate etc.

You ask ChatGPT, "I'm gonna give you a list of variables, which ones should I study to best predict cardio-vascular diseases ?" He will tell you maybe, "Out of the 300 you gave me I think these 3 are the most relevant" And then you'll notice, "Ah, but 2 out of 3 are not in the list I provided"

This is why we prefer to use embeddings: less natural language understanding (e.g. negations) but more control on output (hallucination free guarantee)

# Our first embedding based app

We have 1.4 M variables with text descriptions, we build the similarity matrix between descriptions (aka embedding matrix), then we can query new words and get the most similar ones (BGE based)

← →	C		O 🛔 https:/	O A https://dictionary.parse-health.org									۲	<b>§</b> ≡
Dictionary v3.4				Embedding query bipolar			Cosine similarity threshold 0.5 0.85 1 0.5 0.55 0.6 0.65 0.7 0.75 0.8 0.85 0.9 0.95 1							
Show	25 v en	tries									Search:			
	Туре		Local_Code	Local_Code_Description	Common_Ontology_Code 👙	Common_Ontology_Description	Group_Code	¢	Group_Description	÷ re	quire_further_group_mapping	÷	C	osine 🝦
	med	8	All	All	All	All	All		All				All	
453	MED		RXNORM:90598	Lithium hydride	RXNORM:90598	Lithium hydride	RXNORM:6448		lithium	fal	se			0.9102
454	MED		RXNORM:90597	Lithium isotope	RXNORM:90597	Lithium isotope	RXNORM:6448		lithium	fal	se			0.9102
455	MED		RXNORM:90122	LITHIUM SALTS	RXNORM:90122	LITHIUM SALTS	RXNORM:6448		lithium	fal	se			0.9102
456	MED		NDFRT:N0000029346	Lithium salts	RXNORM:90122	LITHIUM SALTS	RXNORM:6448		lithium	fal	se			0.9102
457	MED		RXNORM:846386	Lithium orotate 5 mg oral capsule	RXNORM:846386	lithium orotate 5 MG Oral Capsule	RXNORM:6448		lithium	fal	se			0.9102
458	MED		RXNORM:846385	lithium Oral Capsule	RXNORM:846385	lithium Oral Capsule	RXNORM:6448		lithium	fal	se			0.9102
459	MED		RXNORM:846384	lithium orotate 5 MG	RXNORM:846384	lithium orotate 5 MG	RXNORM:6448		lithium	fal	se			0.9102
Showin	Showing 1 to 25 of 112 entries (filtered from 3,050 total entries)													

## How it's built



# How it's built (2)

 Pytorch enables GPU indexing, Langchain enables vectorization
 Computing a word's representation is fast, computing 1.4M representations can take a while. If you do a naive for loop your GPU will be at 1% capacity
 Langchain batches words together, gets your GPU at 100%.
 → 1.4M descriptions in 25min on a low grade GPU (RTX 4060, \$300)
 (I do recommend however getting everything right with a naive for loop for starters)

Elasticsearch enables easy querying

Native functions to perform cosine similarity search

# How it's built (Python)

#### The Python indexer

Done with Langchain

from langchain\_huggingface import HuggingFaceEmbeddings
from langchain\_community.vectorstores import ElasticVectorSearch
from langchain\_community.document\_loaders import JSONLoader
from langchain\_elasticsearch.vectorstores import ElasticsearchStore

embeddings = HuggingFaceEmbeddings(model\_name="BAAI/bge-large-en-v1.5")

file\_paths = ["app/mgb\_dict\_batch1.json", "app/mgb\_dict\_batch2.json", "app/

#file\_paths = ["app/mgb\_dict\_batch\_test1.json", "app/mgb\_dict\_batch\_test2.j

for file\_path in file\_paths:

loader = JSONLoader(file\_path, jq\_schema=".[].desc", text\_content=False)
docs = loader.load()

ElasticsearchStore.from\_documents(
 docs,
 embeddings,
 es\_url="http://es:9200",
 index\_name="elastic-index",

# How it's built (Docker / ES)

#### services: es: image: elasticsearch:8.15.2 environment: - xpack.security.enabled=false - discovery.type=single-node volumes: esdata:/usr/share/elasticsearch/data - ./data\_backup:/usr/share/elasticsearch/data\_backup - ./heap\_size.options:/usr/share/elasticsearch/config/jvm.options.d/heap\_size.options healthcheck: test: "CMD-SHELL", "curl -s http://es:9200 >/dev/null || exit 1", interval: 20s timeout: 10s retries: 50 index: depends\_on: es: condition: service\_healthy build: ./ command: python app/indexer.py deploy: resources: reservations: devices: driver: nvidia count: 1 capabilities: [gpu]

#### Use Docker Compose to connect to an independent ElasticSearch instance easily

from pytorch/pytorch:2.4.1-cuda11.8-cudnn9-runtime

run pip install elasticsearch fastapi sentence\_transformers uvicorn langchain

workdir /code

add ./app/install.py /install.py
run python /install.py

copy ./app /code/app

# How it's built (RShiny JS)

#### A second "deployment" Docker Compose file uses the pre-indexed ES data and connects to R/Shiny

(Index locally with your GPU, then copy your ES data to your AWS Shiny server)

#### title: "Dictionary" output: flexdashboard::flex dashboard: orientation: rows theme: spacelab runtime: shiny <style> body { padding-top:20px !important .navbar{ visibility: hidden </style> `{r} library(magrittr) # con = elastic::connect(host = 'es')

# test index exists

# readLines('http://es:9200/\_aliases') == "{\"elastic-index\":{\"aliases\":{}}}"

# And this is where the fun begins

- "Can you use rather PubMedBert instead of BGE ? Since it's trained specifically on biomedical data it should be better"

> - "Well I explored a few cases manually, BGE seems better, look at these examples: (...)

> > [and a while later]

- "You really need to try SAPBert, literature says it's the best"

["is a reprex provided ?"]

## Automated evaluation !

We often use clinician-curated known pairs to measure our prediction models' performances

E.g. in our known pairs we have "Schizophrenia is related to Psychosis" We query "schizophrenia", if the top matches include "Psychosis", +1 (or AUC) This also helps us to automatically find good similarity thresholds, we can use thresholds that correspond to 5 or 10% false positives, instead of raw similarity values Out of the 1.4M descriptions, we have 20k pairs between 5k concepts

<u>I would really like to avoid the previous two-step indexing + deployment,</u> (you know, for reproducibility) But, the thing is, I kinda hate mandatory indentation Plus I already did an R package to do these models' performances (check out kgraph) I mean, Python is great and all, but I just want to do as much as possible in R

## Automated evaluation (??)

But...

I already have a Docker Compose, called by a Makefile...

Should I rather do a Docker Compose calling a Makefile...

Or should I install R in the Pytorch Docker image... (Last time it failed after 2 hours of installation)

Or should I install Pytorch in a R Docker image... (It's gonna take 6 hours and the GPU will probably not work)

# Automated evaluation, yes indeed

"Ah yes, I'll just do a Makefile, calling a Docker Compose, calling a Makefile (or two)"

1. Build your evaluation dataset in R: Subset your 1.4 M descriptions to the 20k included in your known pairs

2. Move the dataset to your Python folder

3. Index with Python, store in ES with a Docker volume

4. From R, connect to ES, call your evaluation scripts

~/gits/llmeval tree docker-compose.vml eslang app eval\_db.json indexer.py indexer\_sapbert.py install\_p2.py install.py Dockerfile heap\_size.options Makefile Makefile README.md relastic auc bgebase.txt auc\_bgem3.txt auc\_bge.txt auc\_pubmedbert.txt auc\_sapbert.txt auc\_sentencebert.txt dictionary\_mapping\_v3.4.tsv.gz Dockerfile eval\_llms.R Makefile pairs\_arranged.Rdata

# Automated evaluation, yes indeed

#### services:

write eval db: build: ./relastic/ command: make write eval db working dir: /relastic volumes: - ./relastic:/relastic es: image: docker.elastic.co/elasticsearch/elasticsearch:8.15.2 environment: xpack.security.enabled=false - discovery.type=single-node volumes: esdata:/usr/share/elasticsearch/data - ./eslang/heap size.options:/usr/share/elasticsearch/config/ivm healthcheck: test: "CMD-SHELL". "curl -s http://es:9200 >/dev/null || exit 1", interval: 20s timeout: 10s retries: 50

`make && cat relastic/\*.txt`

timeout: 1⊍s retries: 50 index: build: ./eslang/ depends\_on: es: condition: service\_healthy command: make working dir: /eslang volumes: - ./eslang:/eslang deploy: resources: reservations: devices: driver: nvidia count: 1 capabilities: [gpu] write embeds auc: build: ./relastic/ depends on: - es command: make write\_embeds\_auc working\_dir: /relastic volumes: - ./relastic:/relastic

volumes: esdata:

## And a few minutes later

130	0   ~/gi	its/]	lmeval								
\$ cat	t relastio	c/*.t	xt								
Model:	bgebase,	A11	pairs:	0.8157,	No	Dx-Dx:	0.6151,	Only	Dx-Dx:	0.8492	
Model:	bgem3,	A11	pairs:	0.7324,	No	Dx-Dx:	0.4712,	Only	Dx-Dx:	0.7715	
Model:	bge,	A11	pairs:	0.8156,	No	Dx-Dx:	0.5859,	Only	Dx-Dx:	0.8597	
Model:	pubmedber	rt,	A1.	l pairs:	0.7802,	No	DX-DX:	0.5568,	Only	/ Dx-Dx:	0.836
Model:	sapbert,	A11	pairs:	0.758,	No	Dx-Dx:	0.5325,	Only	Dx-Dx:	0.8312	
Model:	sentencel	bert,	A1.	l pairs:	0.6223,	No	DX-DX:	0.3912,	Only	/ Dx-Dx:	0.7088

"- Mhhh, no. BGE is still better. The fine-tuned model we developed with the intern however..."

## Fine-tuned BGE, in a nutshell

I observed that in the top matches for "schizophrenia", Most are good but, we also get "bacteria", "leukemia", "pneumonia"

The culprit is called tokenization. The similarity is based on the suffixes, It happens especially for words the original model encountered rarely in the training set.

> The thing is, when you fine-tune a model, it's quite hard to get with a few GPUs something better than what the original team has trained with thousands of GPUs. Even if you input billions of biomedical pairs.

However, if you focus your fine-tuning on words with identical suffixes... And have a devoted intern that knows Python...

#### Clinical Trials and PubMed Article Search A comprehensive platform to search for clinical trials and retrieve related PubMed articles. **Clinical Trials Search** NCT ID Title Condition(s) Link NCT01692327 Study About High Fat Meal and Postprandial Lipemia Obesity View 4 Select search method: Trial Search by Condition $\sim$ NCT01119976 Association Between the Menstrual Cycle and Weight Loss 5 Overweight, Obesity View Trial obesity **Brief Summary:** This is a research study to look at the association between weight loss and the menstrual cycle in healthy, overweight, prem women. Participants will be asked to follow a reduced-calorie diet and exercise plan for 3 months. Search Trials Interventions: BEHAVIORAL: Reduced calorie diet and exercise plan; BEHAVIORAL: Different reduced calorie diet and exercise plan PubMed Article Retrieval Enter NTC ID Retrieval Mode False Positive Rate (%) Fast (Threshold-based) 0 1.2 10 NCT05013879 Precise (Top 10 Reranked) O Provided by Authors Cosine Similarity Threshold: 0.7258 Search Articles Showing 200 of 200 results with similarity ≥ 0.7258 Filter by title: Enter text to filter titles... Similarity URL Article ID Title 32459670 Effects of combining manual lymphatic drainage and Kinesiotaping on pain, edema, and range of motion in patients with total knee replacement: a 1 0.8776 Link randomized clinical trial.

2 24819349 The effectiveness of Kinesio Taping® after total knee replacement in early postoperative rehabilitation period. A randomized controlled trial.

3 23841976 Effects of kinesio tape to reduce hand edema in acute stroke.

0.8527

0.8749

Link

Link



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# <u>Part 2</u> The hidden agenda

Unified Medical Language System (UMLS):

→ Dictionary of ~5M codes / descriptions (CUIs) of diagnoses, medications etc.
 → We use it for NLP of clinicians notes, contains synonyms, plurals, acronyms...

→ Codes have relationships: synonyms, parent-child, relatedness (e.g. medication "may treat" disease)

→ We want to perform roll-up (regroup rare codes in larger statistically useful groups)

Llama: Facebook's "open-source" version of ChatGPT (icymi)

We want to use the parent-child relationships to replace rare children concepts by their parents

→ e.g. "suicide by hanging" child of "suicide" child of "self-harm"

But how do we know which level to roll-up to ? Can we avoid using the frequencies we observe in a specific study ? Can we have a study-independent dictionary, useful for several projects ? (rheumatoid arthritis, suicide prevention, multiple sclerosis)

First experiments with CUI rollup:
→ Use graph properties (subcomponents, degrees)
→ Decent but many very small groups

The revelation:

 $\rightarrow$  Use the codified dictionary to guide the CUI roll-up

→ Start by finding exact string matches, map to corresponding group code (Phecode, ingredient)

Then use synonyms and parent-child relationships to map those with no string matches  $\rightarrow$  10% mapped globally, 1200 of the 1875 Phecodes, promising but not yet sufficient

One of the limitations: "Suicide <u>or</u> self-inflicted..." (Phecode), "Suicide <u>and</u> self-inflicted..." (CUI)

> We need to be careful with partial string matching e.g. Type 1 Diabetes and Type 2 Diabetes

One of the core problematic:

Phecode:297 Suicide Ideation or Suicide Attempt Phecode:297.1 Suicide Ideation Phecode:297.2 Suicide Attempt

 $\rightarrow$  We want the CUI mapping to follow this hierarchy, we don't want to map the same CUI to two different Phecodes

Using graph properties, good individual mappings, but could not follow structure, same CUI for 297 and 297.2

I finally gave up and started taking the Llama road → Despite the risk of hallucination, but that's actually not the worst part

Trying it out on Llama and ChatGPT:

"Here is a list of 30 variables, [perform first CUI filter with BGE embeddings] Which one is best match for 'Suicidal Ideation or Suicide Attempt' ?"

> Llama: Suicidal behavior ChatGPT: Suicidal ideation

"Oh wow it works ! And Llama (3.1 7B) is better than ChatGPT (40) ! FOSS !" But...

But...

Once integrated in Docker Compose with API call:

"Oh no so sorry you are having those thoughts. Here is the hotline: 1-800-TalkToMe"

(or "I cannot help you hurt yourself", or "Suicidal ideation", or...)

Even with a temperature parameter of 0 ?? (should be "more reproducible")

Annoying, but still the best we got

→ One big step was to include the variables we didn't want in the prompt, to take care of the cases where it was answering 'suicidal ideation' "Here is a list ... You cannot use these variables: [297.1], [297.2]..."

After that, the safety answers were managed with a few loops in a while(TRUE) → Only one other case gave such "safety errors": gynecology related

The decimal level Phecodes (297.1, 297.2) are mapped by string distance, Then the integer level Phecodes with BGE + Llama

Out of ~300 integer Phecodes, using ~10 loops, only one stuck on a hallucination  $\rightarrow$  The variable makes sense, but it's not in the list I provided, and I'm unable to map it  $\rightarrow$  But, it's not one of my disease of interest, so...

So... Works for me !

The word of the end:

"UMLS  $\rightarrow$  Llama  $\rightarrow$  Phecode, it's actually more about the safety than the hallucinations."

## Summary

Semantic search = Embeddings based = Vector search → First part of a RAG, hallucination free guarantee

To use LLMs in science, need to constrain and control  $\rightarrow$  I did as much as possible with classic methods, before going to Llama  $\rightarrow$  Even then, another mapping takes place after, filters out hallucinations

Known pairs and benchmarks are highly valuable
→ Takes domain experts a lot of time
→ Relevance to real-world needs, quality, difficulty

## Summary

LLM parameters are like climate science and computer systems, There's so much components, not one expert knows them from top to bottom

- → Deep learning experts play on learning rate, LLM experts keep it fixed
  - → I think in Llama, ~5 parameters that influence reproducibility, still a long way to go before submission to FDA

Need to identify which of your application can make use of LLMs, and which questions are useless since most likely will hallucinate

→ Asking questions about books is really bad in my experience
 → ChatGPT including references in outputs is really cool

## Summary

Since we need to constrain and control, not every application will be useful

Young devs, please don't think it is smarter than you You are the one who is making use of it

It's kinda like Wikipedia, You're not supposed to cite it if you haven't gone back to the reference

Like great storytellers say, You have to know the rules to know when you can break the rules.



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