
Brief Communication

Segment convolutional neural networks (Seg-CNNs) for classifying relations in clinical notes

Yuan Luo,¹ Yu Cheng,² Özlem Uzuner,³ Peter Szolovits,⁴ and Justin Starren⁵

¹Department of Preventive Medicine, Northwestern University, Chicago, IL, USA, ²AI Foundations, IBM Thomas J Watson Research Center, Yorktown Heights, NY, USA, ³Department of Computer Science, State University of New York at Albany, Albany, NY, USA, ⁴Department of Electrical Engineering and Computer Science, Massachusetts Institute of Technology, Cambridge, MA, USA and ⁵Department of Preventive Medicine and Medical Social Science, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

Corresponding Author: Yuan Luo, Northwestern University, Department of Preventive Medicine, 11th Floor, Arthur Rubloff Building, 750 N Lake Shore Drive, Chicago, IL 60611, USA. E-mail: yuan.luo@northwestern.edu

Received 21 April 2017; Revised 28 July 2017; Accepted 5 August 2017

ABSTRACT

We propose Segment Convolutional Neural Networks (Seg-CNNs) for classifying relations from clinical notes. Seg-CNNs use only word-embedding features without manual feature engineering. Unlike typical CNN models, relations between 2 concepts are identified by simultaneously learning separate representations for text segments in a sentence: preceding, concept₁, middle, concept₂, and succeeding. We evaluate Seg-CNN on the i2b2/VA relation classification challenge dataset. We show that Seg-CNN achieves a state-of-the-art micro-average *F*-measure of 0.742 for overall evaluation, 0.686 for classifying medical problem–treatment relations, 0.820 for medical problem–test relations, and 0.702 for medical problem–medical problem relations. We demonstrate the benefits of learning segment-level representations. We show that medical domain word embeddings help improve relation classification. Seg-CNNs can be trained quickly for the i2b2/VA dataset on a graphics processing unit (GPU) platform. These results support the use of CNNs computed over segments of text for classifying medical relations, as they show state-of-the-art performance while requiring no manual feature engineering.

Key words: natural language processing, medical relation classification, convolutional neural network, machine learning

INTRODUCTION AND RELATED WORK

It is now well established that automated extraction of knowledge from biomedical literature or clinical notes involves accurately identifying not only the conceptual entities, but also the varied relationships among those concepts.^{1–4} The task generally involves annotating unstructured text with named entities and classifying the relations between these annotated entities. Relation identification has received increasing attention over the past decade, and is critical in applications including clinical decision-making, clinical trial screening, and pharmacovigilance.^{5–12}

Some of the advances in the state-of-the-art clinical natural language processing (NLP) systems for classifying medical relations were documented in the 2010 i2b2/VA challenge workshop, which attracted international teams to address shared tasks on identifying

the possible relations between medical problems and treatments, between medical problems and tests, and between pairs of medical problems.¹³ All participating systems in the 2010 i2b2/VA challenge utilized heavy feature engineering for their machine learning models¹³; many also harvested features from existing NLP pipelines such as cTakes,¹⁴ MetaMap,¹⁵ and GeniaTagger.¹⁶ All systems combined lexical, syntactic, and semantic features. Some teams complemented their machine learning systems with annotated and/or unannotated external data.^{17–25} Others supplemented their machine learning systems with rules that capture linguistic patterns of relations.^{23,25,26} One of the top-performing teams¹⁷ performed a follow-up study by employing a composite kernel-based model that consists of concept kernels, connection kernels, and tree kernels in order to map lexical,

semantic, and syntactic features onto higher-dimensional space.²⁷ They reported an improvement of 0.01 micro-averaged *F*-measure (0.731–0.742) on their overall challenge scores.

Unfortunately, systems that use human-engineered features often do not generalize well to new datasets.^{3,28} Recent studies on applying convolutional neural networks (CNNs) to clinical datasets aimed to automatically learn feature representations to reduce the need for engineered features and have achieved some success on specific tasks, such as medical image analysis.²⁹ Most recently, Sahu et al.³⁰ applied CNN to i2b2/VA relation classification and learned a single sentence-level representation for each relation, making use of embedding, semantic, and syntactic features; however, the top challenge participating systems still maintain state-of-the-art performance.^{17,19} Their sentence-CNN learns a relation representation for the entire sentence but does not explicitly distinguish the segments that form the relations preceding, concept₁, middle, concept₂, and succeeding. This is inconsistent with the observation that the 5 segments of text have different roles in determining the relation class.^{31,32} Thus the motivating question for this study is whether we can design CNNs with only word-embedding features and no manual feature engineering to effectively classify the relations among medical concepts as stated in the clinical narratives. Our system learns one representation for each segment, uses only embedding features, attains an *F*-measure matching the state-of-the-art system, and performs modestly better than the challenge participating systems.

METHODS AND MATERIALS

Dataset

This work utilized the corpus and target relations from the 2010 i2b2/VA challenge,¹³ which include relations from the following 3 categories: medical problem–treatment (TrP) relations, medical problem–test (TeP) relations, and medical problem–medical problem (PP) relations. Each category contains a list of possible relations. For example, the PP relation category includes problems that are related to each other (PIP) and that have no relation (None). The supplementary material shows detailed relation descriptions and statistics. For the i2b2/VA relation classification task, the named entities are given, so there is no need to run named entity recognition. The relation challenge data are publicly available through i2b2/VA at <https://www.i2b2.org/NLP/Relations/>.

Word embeddings

The word embeddings are meaningful real-valued vectors where semantically similar words usually have close embedding vectors. The word embeddings learned by neural networks often capture linguistic regularities and patterns that are useful in language modeling.³³ Thus using word-embedding vectors trained from an unsupervised neural language model as features is a popular approach in NLP, especially CNN-based methods.^{30,34–36} We applied word2vec³³ to learn word embeddings from different corpora using the continuous bag-of-words method. We experimented with both the general domain New York Times corpus³⁷ containing 1.9 million documents and the Medical Information Mart for Intensive Care (MIMIC)-III clinical notes corpus³⁸ that contains 2 million clinical notes. Earlier studies aggregated (max- or mean-aggregation) embedding vectors for feature generation,³⁶ which we adopted as baseline models, as shown in Figure 1.

Sentence-CNN for relation classification

Previously, CNNs have been applied to modeling and classifying sentences and short text.^{34,39} Relation classification needs finer

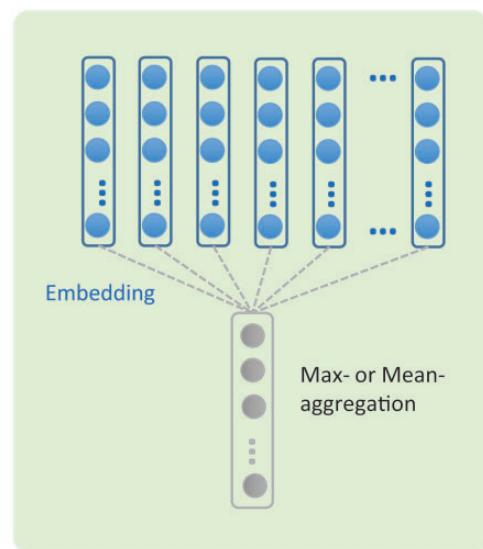


Figure 1. A simple embedding aggregation model.

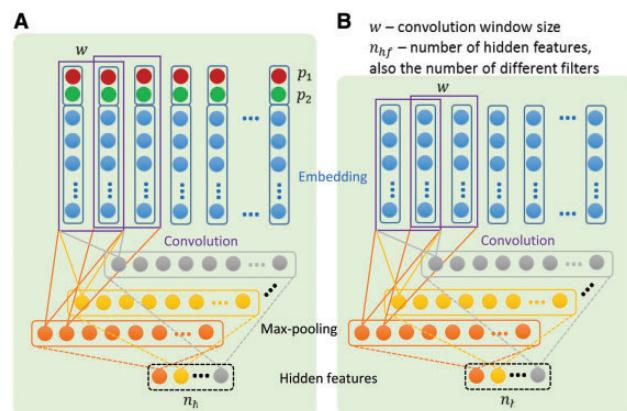


Figure 2. The convolution units for (A) Sentence-CNN model and (B) Seg-CNN model for relation classification. In the figure, w is the convolution window size and n_{hf} is the number of hidden features, as well as the number of different filters. In (A), position features are appended to the embedding features.

detail, because one sentence may contain multiple distinct mentions of relations, each with its own concept text and context. One way to represent context is to record the relative positions of individual words to the 2 medical concepts being related.^{30,40} This approach was used by Sahu et al.³⁰ on i2b2/VA relations, which we reimplemented as a comparison model. Our reimplementation augments the embedding vector of each word by appending 2 integers that indicate its position relative to concept₁ and concept₂, denoted by p_1 and p_2 , respectively. For example, in the sentence “Her [neuroimaging studies] revealed evidence of [lumbar stenosis],” “Her” is at -1 distance and “revealed” is at $+1$ distance away from “neuroimaging studies” (concept₁), hence their p_1 values are -1 and $+1$, respectively. For all words in concept₁ (“neuroimaging” and “studies”), p_1 values are set to 0. We pass a sequence of [embedding; position] vectors to the convolution layer and then a max-pooling layer, termed as a convolution unit in Figure 2 (A). We then input mapped features to a softmax classifier in order to classify the relations.

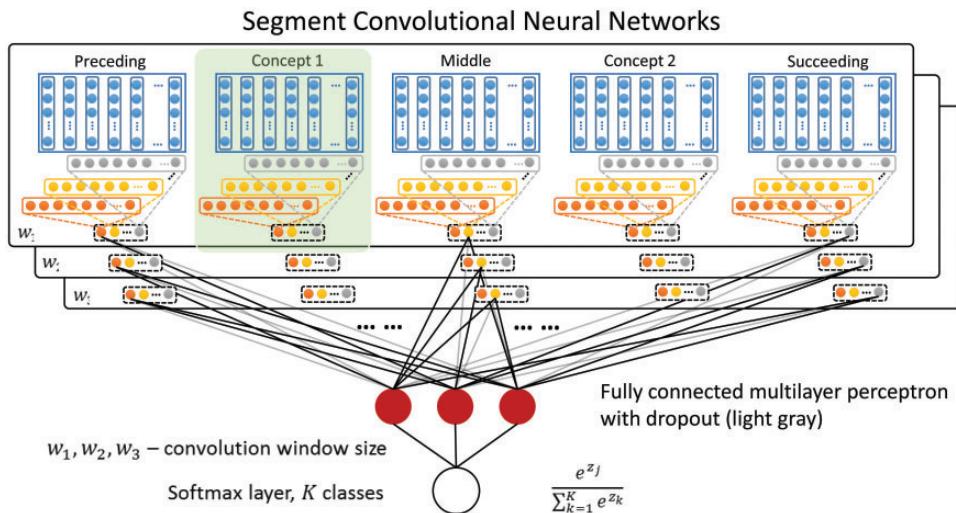


Figure 3. Segment convolutional neural network (Seg-CNN). Concept and context text are divided into 5 segments: before the first concept (preceding), of the first concept (concept₁), between the 2 concepts (middle), of the second concept (concept₂), and after the second concept (succeeding). Each concept is processed by the convolution unit as shown in [Figure 2 \(B\)](#).

Seg-CNN for relation classification

Sentence-CNN learns a relation representation for the entire sentence but does not explicitly distinguish segments. This is inconsistent with the observation that the 5 segments of text have different roles in determining the relation class.³¹ We therefore propose Seg-CNN, which consists of multiple convolution units that process the preceding (tokenized words before the first concept), concept₁ (tokenized words in the first concept), middle (tokenized words between the 2 concepts), concept₂ (tokenized words in the second concept), or succeeding (tokenized words after the second concept) segment, respectively. Each convolution unit uses a sliding window (eg, of size w_1, w_2 , or w_3) to process a segment and consists of a convolution layer, then a max-pooling layer, to produce multiple hidden features (see [Figure 2 \(B\)](#)). In the following description, let k be the word-embedding dimension. A segment with length T (number of words) is represented as a matrix $X \in R^{k \times T}$, concatenating its word embeddings as columns.

In a convolution unit, one hidden feature is produced by one filter as follows (henceforth we use feature and filter interchangeably). Let $W^j \in R^{k \times w}$ be the convolution weight of the j th filter ($1 \leq j \leq n_{hf}$, where hf stands for hidden features) with a window size of w . Let $*$ denote the operation of element-wise matrix multiplication and $\text{sum}(\cdot)$ the summation operation across matrix entries. Let b^j be the convolution bias and $f(x) = \max(0, x)$ the rectified linear unit activation function. Sliding the convolution window across a length- T segment gives

$$b_i^j = f(\text{sum}(X_{:, i:i+w-1} * W^j) + b^j) \quad (1)$$

where $i \in [1, T - w + 1]$, comma (,) separates different dimensions, colon (:) denotes a span, and, in particular, a stand-alone colon indicates an entire span of a dimension. Note the difference between convolution in [Figure 2 \(B\)](#) and simple aggregation in [Figure 1](#). The output of the convolutional layer varies in length depending on the number of words in the segment. We then apply a max-pooling operation to produce

$$c^j = \max_{1 \leq i \leq (T-w+1)} (b_i^j) \quad (2)$$

as the resulting hidden feature of this filter. The intuition of max-pooling is to capture the most important feature, ie, the one with the

highest value, for each feature map, effectively filtering out less informative compositions of words. Max-pooling also guarantees that the extracted features are independent of their location and the segment length.

[Figure 3](#) shows how convolution units are constructed and organized in Seg-CNN. For a specific convolution unit of a segment, each filter can be considered as a linguistic feature detector that learns to recognize a specific feature c^j over w -grams. With n_{hf} such filters, we have a hidden layer of feature vector $d_w^s = [c^1, \dots, c^{n_{hf}}]$ for the segment s . With m different window sizes, we have a $5 \cdot m \cdot n_{hf}$ -dimensional vector g :

$$g = [d_{w_1}^{\text{prec}}, d_{w_2}^{\text{prec}} \dots d_{w_m}^{\text{prec}}, d_{w_1}^{c_1}, d_{w_2}^{c_1} \dots d_{w_m}^{c_1}, d_{w_1}^{\text{mid}}, d_{w_2}^{\text{mid}} \dots d_{w_m}^{\text{mid}}, \\ d_{w_1}^{c_2}, d_{w_2}^{c_2} \dots d_{w_m}^{c_2}, d_{w_1}^{\text{succ}}, d_{w_2}^{\text{succ}} \dots d_{w_m}^{\text{succ}}] \quad (3)$$

The vector g concatenates the hidden features for all segments of a relation. We input g to a fully connected layer (with weight W and bias b) to produce a size- n vector $z = Wg + b$, where n is the number of relation classes. We then apply a softmax layer to compute the probability for the l th class P_l as in

$$P_l = \frac{e^{z_l}}{\sum_{n=1}^N e^{z_n}} \quad (4)$$

Then the relation class is chosen as $\text{argmax}_l P_l$.

EXPERIMENTS AND RESULTS

The top systems from i2b2/VA challenge participants still represent the state of the art for this dataset.^{17,19} In order to fairly compare Seg-CNN with those systems, we used the same training and test datasets. To optimize the hyperparameters for our models, we randomly selected 10% of the training dataset as the validation set. We trained word embeddings on the New York Times and MIMIC-III corpora, respectively, with multiple embedding dimensions from 300 to 600. We chose [3–5] as convolution window sizes. When inspecting relation categories, we found that the PP relation category had a highly imbalanced class ratio (nearly 8 times more None labels

Table 1. Performance of the CNN models with word embedding trained on the MIMIC-III corpus (when not explicitly noted) or on the general domain New York Times corpus (NYT)

System	Medical problem–treatment relations			Medical problem–test relations			Medical problem–medical problem relations		
	R	P	F	R	P	F	R	P	F
Seg-CNN	0.685	.687	0.686	0.804	.836	0.820	0.704	.700	0.702
Sentence-CNN	0.642	.641	0.641	0.760	.812	0.785	0.679	.693	0.686
Embedding max	0.636	.645	0.641	0.770	.816	0.791	0.741	.554	0.634
Embedding mean	0.632	.618	0.625	0.770	.825	0.796	0.786	.533	0.635
Seg-CNN (NYT)	0.641	.690	0.665	0.790	.835	0.812	0.708	.681	0.694
Seg-CNN (NYT + MIMIC)	0.653	.706	0.678	0.788	.848	0.817	0.710	.689	0.700
Roberts et al. ¹⁹	0.686	.672	0.679	0.833	.798	0.815	0.726	.664	0.694
deBruijn et al. ¹⁷	0.583	.750	0.656	0.789	.843	0.815	0.712	.691	0.701
Grouin et al. ²⁶	0.646	.647	0.647	0.801	.792	0.797	0.645	.670	0.657
Patrick et al. ²⁴	0.599	.671	0.633	0.774	.813	0.793	0.627	.677	0.651
Jonnalagadda et al. ²¹	0.679	.581	0.626	0.828	.765	0.795	0.730	.586	0.650
Divita et al. ¹⁸	0.582	.704	0.637	0.782	.794	0.788	0.534	.710	0.610
Solt et al. ²⁰	0.629	.621	0.625	0.779	.801	0.790	0.711	.469	0.565
Demner-Fushman et al. ²³	0.612	.642	0.626	0.677	.835	0.748	0.533	.662	0.591
Anick et al. ²²	0.619	.596	0.608	0.787	.744	0.765	0.502	.631	0.559
Cohen et al. ²⁵	0.578	.606	0.591	0.781	.750	0.765	0.492	.627	0.552

Performance of i2b2/VA challenge participating systems are also included for comparison (gray). The Seg-CNN best performance is attained with the hyperparameter combinations (200 embedding dimension, 100 hidden features, pad size 7) for TrP relations, (500, 150, 4) for TeP relations, and (400, 100, 10) for PP relations. The comparison model Sentence-CNN attains best performance with (400 embedding dimension, 200 hidden features) for TrP relations, (500, 200) for TeP relations, and (300, 150) for PP relations. Seg-CNN using New York Times embedding has best-performance hyperparameters at (600, 200, 8) for TrP relations, (500, 200, 4) for TeP relations, and (500, 200, 10) for PP relations. Seg-CNN using embedding trained from the New York Times and MIMIC-III corpora has best-performance hyperparameters at (600, 200, 6) for TrP relations, (300, 150, 4) for TeP relations, and (600, 150, 9) for PP relations. Best micro-averaged *F*-measures are in bold.

than PIP labels). Following de Bruijn et al.,¹⁷ we down-sampled the training set to a PIP/None ratio of 1:4. In both sentence- and Seg-CNN models, we experimented with multiple numbers of hidden features (100, 150, and 200).

Some concepts are annotated on the head word (eg, single-word annotations), others include preceding and succeeding modifiers (eg, spanning >20 words). To overcome these annotation inconsistencies, we allowed the concept text to be padded, backward and forward, with neighboring words (experimenting with padding sizes from 3 to 10). Although padding introduces redundancy between concepts and context, the downstream fully connected layer acts as a feature selector. Optimal padding size, number of hidden features, and embedding dimensions were chosen based on validation set performance. For regularization on the CNN models, we used the 50% random dropout⁴¹ on the output of the max-pooling layer. Dropout randomly drops the values of a portion (50% in our experiment) of hidden units, thus preventing co-adaptation of these hidden units and reducing overfitting.⁴²

For evaluation, we computed the same micro-averaged precision, recall, and *F*-measure as used in the challenge (see Table 1). Comparing the micro-averaged *F*-measure, Seg-CNN ranks first in all relation classification tasks compared with the challenge participating systems with heavily engineered features from the i2b2/VA challenge, even though Seg-CNN uses only word embeddings without feature engineering. Moreover, Seg-CNN outperforms all comparison models, including max- and mean-aggregation of embedding and sentence-CNN. This is consistent with our intuition on the benefits of learning separate feature representations for different segments. As the follow-up study by Zhu et al.²⁷ that attained the state of the art only reported the overall evaluations – 0.755 (precision), 0.726 (recall), and 0.742 (*F*-measure) – we also report the overall metrics from Seg-CNN as 0.748 (precision), 0.736 (recall), and 0.742 (*F*-measure). Seg-CNN matches the state-of-the-art *F*-measure

while using only word embedding and minimal feature engineering. Note that the performance shows considerable difference over the 3 categories of relations (TrP, TeP, and PP), which is true for both our CNN models and the challenge participating systems. This is likely due to multiple issues, including the number of labels to classify (6 labels for the TrP relation category and 3 labels for the TeP relation category) and the class imbalance (the highest imbalance for the PP relation category). The observation that Seg-CNN consistently performs modestly better than challenge participating systems across the 3 categories suggests that Seg-CNN is not less robust to these issues than the contrasting systems.

We implemented our models using the Theano package⁴³ and ran them on an Nvidia Tesla GPU with cuDNN library enabled. We have made our codes available on a public repository (https://github.com/yuanluo/seg_cnn). Table 2 shows the training time required by the Seg-CNN and Sentence-CNN using medical word embeddings. The training times are within a reasonable 7-min window for all the model-task combinations.

DISCUSSION

In order to evaluate the impact of the corpus used to train word embeddings, we report in Table 1 the performance of Seg-CNN using a general domain embedding. Comparing these results to Seg-CNN with medical word embeddings, we see about a 2% drop in micro-averaged *F*-measure. This drop is consistent with the distinct characteristics of clinical narratives, many of which are fragmented text abundant with acronyms (eg, CABG for coronary artery bypass grafting) and abbreviations (eg, s/p for status post). CNNs with general domain embeddings likely miss critical information carried by such words. For example, “The patient developed [medical problem]

Table 2. Running time of the CNN models with word embedding trained on medical corpus

System	Problem-treatment relations	Problem-test relations	Problem-problem relations
Seg-CNN	120s	217s	413s
Sentence-CNN	165s	156s	369s

The model hyperparameters for corresponding models are the optimal ones listed in Table 1. The time is measured by number of seconds.

s/p [treatment]” usually indicates a treatment-cause-problem relation. A larger embedding corpus typically leads to better embedding³³; however, in this work, word embeddings from general plus medical corpora did not outperform medical embeddings only. It is our future work to explore whether the difference between the New York Times corpus and the MIMIC-III corpus overshadows the benefits of additional corpora, and whether other embedding methods such as Skip-Gram³³ could produce better embeddings.

The performance of Seg-CNN is better than that of Sentence-CNN and embedding aggregations. Our Sentence-CNN is similar to that of Sahu et al.,³⁰ but does not use linguistic features such as part of speech, phrase chunking, etc. In addition, Sahu et al.,³⁰ combined the i2b2/VA training and test datasets and performed cross-validation, and thus had considerably more training data. Although the performance of Sentence-CNN is lower than the performance of state-of-the-art i2b2/VA challenge participant models, Seg-CNN’s performance is slightly higher. This observation confirms the intuition on the benefits of learning individual representations for different segments. Seg-CNN’s improvement over the state-of-the-art systems was modest, indicating room for further improvement. There may still be merit in the linguistic features (as shown in Sahu et al.³⁰) and domain-specific knowledge. The impact of domain-specific knowledge is also evident from the fact that Seg-CNN with medical embeddings outperformed Seg-CNN with general-domain embeddings. We plan to investigate whether tighter integration of linguistic features and domain knowledge into CNNs could result in further improvements for relation classification.

CONCLUSION

In this work, we showed that Seg-CNN achieved state-of-the-art performance on the i2b2/VA relation classification challenge datasets, without manual feature engineering. We also showed that Seg-CNN outperforms a Sentence-CNN model and embedding aggregation models, which is consistent with the intuition that learning individual representation for each of the preceding, concept₁, middle, concept₂, and succeeding segment can provide useful information in discerning relations between concepts. We evaluated the impact of word embeddings on the performance of Seg-CNN and showed that medical word embeddings can help improve relation classification. These results are not only encouraging, but also suggestive of future directions, such as effective use of embedding corpora and tighter integration of domain knowledge into CNN models.

ACKNOWLEDGMENTS

We would like to thank i2b2 National Center for Biomedical Computing, funded by U54LM008748, for creating the clinical records originally prepared for the i2b2/VA relation classification challenge. We would like to also thank the NVidia GPU grant program for providing the GPU used in our computation.

FUNDING

This work was supported by National Institutes of Health grants UL1TR001422, P50-HG007738, and 1R01MH106577-01A1 and the MIT-Philips collaborative research project.

COMPETING INTERESTS

The authors have no competing interests to declare.

CONTRIBUTORS

YL formulated the original problem, designed and implemented the Seg-CNN and comparison models, evaluated the systems’ performance, and wrote the first draft of the paper. YC helped with debugging the models, tuning the hyperparameters, and evaluating the systems. OU, PS, and JS formulated the original problem and provided helpful feedback and revisions to the paper.

SUPPLEMENTARY MATERIAL

Supplementary material is available at *Journal of the American Medical Informatics Association* online.

REFERENCES

1. Cimino JJ. Desiderata for controlled medical vocabularies in the twenty-first century. *Methods Inf Med.* 1998;37(4–5):394.
2. Cimino JJ. In defense of the desiderata. *J Biomed Inform.* 2006;39(3):299–306.
3. Luo Y, Uzuner Ö, Szolovits P. Bridging semantics and syntax with graph algorithms—state-of-the-art of extracting biomedical relations. *Briefings Bioinform.* 2016;18(1):160–78.
4. Rindfussch TC, Fiszman M. The interaction of domain knowledge and linguistic structure in natural language processing: interpreting hypernymic propositions in biomedical text. *J Biomed Inform.* 2003;36(6):462–77.
5. Luo Y, Sohani AR, Hochberg EP, Szolovits P. Automatic lymphoma classification with sentence subgraph mining from pathology reports. *J Am Med Inform Assoc.* 2014;21(5):824–32.
6. Luo Y, Xin Y, Hochberg E, Joshi R, Uzuner O, Szolovits P. Subgraph augmented non-negative tensor factorization (SANTF) for modeling clinical narrative text. *J Am Med Inform Assoc.* 2015;22(5):1009–19.
7. Weng C, Wu X, Luo Z, Boland MR, Theodoratos D, Johnson SB. EliXR: an approach to eligibility criteria extraction and representation. *J Am Med Inform Assoc.* 2011;18(Suppl 1):i116–24.
8. Coulet A, Shah NH, Garten Y, Musen M, Altman RB. Using text to build semantic networks for pharmacogenomics. *J Biomed Inform.* 2010;43(6):1009–19.
9. Garten Y, Altman RB. Pharmspresso: a text mining tool for extraction of pharmacogenomic concepts and relationships from full text. *BMC Bioinform.* 2009;10(2):S6.
10. Liu M, Wu Y, Chen Y, et al. Large-scale prediction of adverse drug reactions using chemical, biological, and phenotypic properties of drugs. *J Am Med Inform Assoc.* 2012;19(e1):e28–35.
11. Harpaz R, Vilar S, DuMouchel W, et al. Combing signals from spontaneous reports and electronic health records for detection of adverse drug reactions. *J Am Med Inform Assoc.* 2013;20(3):413–19.

12. Luo Y, Thompson W, Herr T, et al. Natural language processing for EHR-based pharmacovigilance: a structured review. *Drug Saf.* 2017. E-pub ahead of print.
13. Uzuner Ö, South BR, Shen S, DuVall SL. 2010 i2b2/VA challenge on concepts, assertions, and relations in clinical text. *J Am Med Inform Assoc.* 2011;18(5):552–56.
14. Savova GK, Masanz JJ, Ogren PV, et al. Mayo clinical Text Analysis and Knowledge Extraction System (cTAKES): architecture, component evaluation and applications. *J Am Med Inform Assoc.* 2010;17(5):507–13.
15. Aronson AR. *Effective mapping of biomedical text to the UMLS Metathesaurus: the MetaMap program*. Paper presented at the AMIA Symposium, Washington, DC; 2001.
16. Tsuruoka Y, Tsujii J. *Bidirectional inference with the easiest-first strategy for tagging sequence data*. Paper presented at the Conference on Human Language Technology and Empirical Methods in Natural Language Processing, Vancouver, BC; 2005.
17. de Bruijn B, Cherry C, Kiritchenko S, Martin J, Zhu X. Machine-learned solutions for three stages of clinical information extraction: the state of the art at i2b2 2010. *J Am Med Inform Assoc.* 2011;18(5):557–62.
18. Divita G, Treitler O, Kim Y, et al. *Salt Lake City VA's challenge submissions*. Paper presented at the 2010 i2b2/VA Workshop on Challenges in Natural Language Processing for Clinical Data. Boston, MA; 2010.
19. Rink B, Harabagiu S, Roberts K. Automatic extraction of relations between medical concepts in clinical texts. *J Am Med Inform Assoc.* 2011;18(5):594–600.
20. Solt I, Szidarovszky FP, Tikk D. *Concept, assertion and relation extraction at the 2010 i2b2 relation extraction challenge using parsing information and dictionaries*. Paper presented at the 2010 i2b2/VA Workshop on Challenges in Natural Language Processing for Clinical Data. Boston, MA; 2010.
21. Jonnalagadda S, Cohen T, Wu S, Gonzalez G. Enhancing clinical concept extraction with distributional semantics. *J Biomed Inform.* 2012;45(1):129–40.
22. Anick P, Hong P, Xue N, Anick D. *I2B2 2010 challenge: machine learning for information extraction from patient records*. Paper presented at the 2010 i2b2/VA Workshop on Challenges in Natural Language Processing for Clinical Data. Boston, MA; 2010.
23. Demner-Fushman D, Apostolova E, Doğan RI, et al. *NLM's system description for the fourth i2b2/VA challenge*. Paper presented at the 2010 i2b2/VA Workshop on Challenges in Natural Language Processing for Clinical Data. Boston, MA; 2010.
24. Patrick JD, Nguyen DHM, Wang Y, Li M. *i2b2 Challenges in Clinical Natural Language Processing 2010*. Paper presented at the 2010 i2b2/VA Workshop on Challenges in Natural Language Processing for Clinical Data. Boston, MA; 2010.
25. Cohen AM, Ambert K, Yang J, et al. *OHSU/portland VAMC team participation in the 2010 i2b2/VA challenge tasks*. Paper presented at the 2010 i2b2/VA Workshop on Challenges in Natural Language Processing for Clinical Data. Boston, MA; 2010.
26. Grouin C, Abacha A, Bernhard D, et al. *CARAMBA: concept, assertion, and relation annotation using machine-learning based approaches*. Paper presented at the 2010 i2b2/VA Workshop on Challenges in Natural Language Processing for Clinical Data. Boston, MA; 2010.
27. Zhu X, Cherry C, Kiritchenko S, Martin J, De Bruijn B. Detecting concept relations in clinical text: Insights from a state-of-the-art model. *J Biomed Inform.* 2013;46(2):275–85.
28. Björne J, Salakoski T. *Generalizing biomedical event extraction*. Paper presented at the BioNLP Shared Task Workshop, Portland, OR; 2011.
29. Hou L, Samaras D, Kurc TM, Gao Y, Davis JE, Saltz JH. *Patch-based convolutional neural network for whole slide tissue image classification*. Paper presented at the IEEE Conference on Computer Vision and Pattern Recognition, Seattle, WA; 2016.
30. Sahu SK, Anand A, Oruganty K, Gattu M. Relation extraction from clinical texts using domain invariant convolutional neural network. *arXiv preprint arXiv:160609370*. 2016.
31. Uzuner O, Mailoa J, Ryan R, Sibanda T. Semantic relations for problem-oriented medical records. *Artif Intell Med.* 2010;50(2):63–73.
32. Luo Y. Recurrent neural networks for classifying relations in clinical notes. *J Biomed Inform.* 2017;72:85–95.
33. Mikolov T, Dean J. Distributed representations of words and phrases and their compositionality. *Adv Neural Inf Process Syst.* 2013.
34. Kim Y. Convolutional neural networks for sentence classification. *arXiv preprint arXiv:14085882*. 2014.
35. Collobert R, Weston J, Bottou L, Karlen M, Kavukcuoglu K, Kuksa P. Natural language processing (almost) from scratch. *J Machine Learning Res.* 2011;12:2493–537.
36. Nikfarjam A, Sarker A, O'Connor K, Ginn R, Gonzalez G. Pharmacovigilance from social media: mining adverse drug reaction mentions using sequence labeling with word embedding cluster features. *J Am Med Inform Assoc.* 2015;22(3):671–81.
37. Sandhaus E. The New York Times Annotated Corpus 2008; DVD. Accessed October 3, 2017.
38. Johnson AE, Pollard TJ, Shen L, et al. MIMIC-III, a freely accessible critical care database. *Scientific Data.* 2016;3:160035.
39. Kalchbrenner N, Grefenstette E, Blunsom P. A convolutional neural network for modelling sentences. *arXiv preprint arXiv:14042188*. 2014.
40. Zeng D, Liu K, Lai S, Zhou G, Zhao J. *Relation classification via convolutional deep neural network*. Paper presented at COLING 2014, Dublin.
41. Hinton GE, Srivastava N, Krizhevsky A, Sutskever I, Salakhutdinov RR. Improving neural networks by preventing co-adaptation of feature detectors. *arXiv preprint arXiv:12070580*. 2012.
42. Srivastava N, Hinton GE, Krizhevsky A, Sutskever I, Salakhutdinov R. Dropout: a simple way to prevent neural networks from overfitting. *J Machine Learning Res.* 2014;15(1):1929–58.
43. Bergstra J, Breuleux O, Bastien F, et al. *Theano: A CPU and GPU math compiler in Python*. Paper presented at the 9th Python in Science Conference 2010, Austin, TX.