

SUPPLEMENTAL MATERIALS

Medical Evidence Summarization

Evaluate Medical Evidence Summaries Generated by LLMs

Requester: PengLab

Reward: \$0.00 per task

Tasks available: 90

Duration: 14 Days

Qualifications Required: None

Candidate A:

In the systematic review, study included participants with overweight or obesity were randomized to a low-glycaemic index (GI) or low-glycaemic load (GL) diets that is excessively concentrated in fats and proteins, followed by a GI or GL diets that include higher amounts of fruits and vegetables and consume adequate levels of carbohydrates, proteins and fats []. The participants were all overweight or obese, and had a chronic disease burden that resulted in a worsening of their symptoms

Submit

Please select all reasons why the chosen summary is preferred:

Consistency:

The chosen summary is more consistent with the input, including judgement of treatment effects, level of certainty. Overall, the chosen summary does not alter the meaning of the input and has little conflicts with the input.

Comprehensiveness:

The chosen summary has a better coverage of the key points and does not omit any important information.

Specificity:

The chosen summary precisely and concisely summarizes the input, and does not fabricate information not supported by the input.

Readability (fluency and coherence):

Each sentence in the chosen summary is more readable and free of grammatical errors. The sentences are better structured and organized as a whole paragraph.

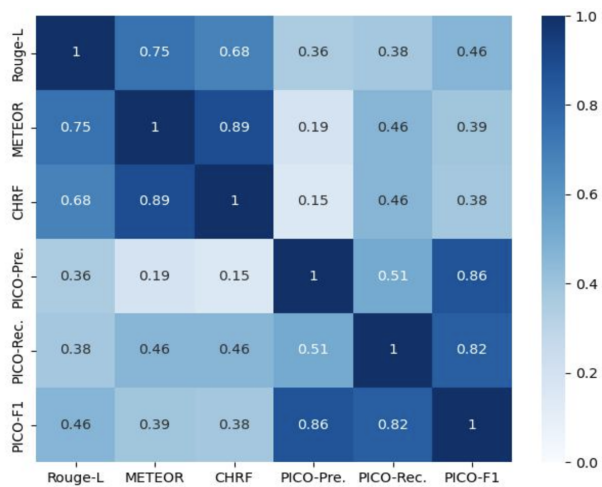
Please feel free to add reasons that are not listed above (optional).

Next HIT

Cancel

Next

Supplementary Figure 1. User interface for collecting human feedback. The upper box shows an example summary produced by a studied LLM. The lower box displays the multiple-choice question about the rationale of the human evaluators' preference.



Supplementary Figure 2. Pearson Correlation Coefficients (r) among evaluation metrics. The natural language generation (NLG) metrics have a strongly positive correlation between each other ($r > 0.68$). The PICO metrics have a moderate positive correlation with NLG metrics, ($0.15 < r < 0.46$). Recall that NLG metrics focus on lexical similarity while PICO metrics focus on coverage of key information (PICO elements in the summary).

Supplementary Table 1: Dataset used for medical evidence summarization task.

| Dataset | n |
|------------|-------|
| Training | 7,472 |
| Validation | 394 |
| Test | 295 |

Supplementary Table 2. Automatic evaluation scores of LLMs.

| Metrics | BART | GPT-3.5 | PRIMERA | | LongT5-base | | LongT5-xl | | Llama-2 | |
|----------------|--------------|--------------|---------|-------|-------------|-------|-----------|--------------|---------|--------------|
| | FT | ZS | ZS | FT | ZS | FT | ZS | FT | ZS | FT |
| ROUGE-L | 17.74 | 23.15 | 18.90 | 20.48 | 14.67 | 23.66 | 14.72 | 24.61 | 17.21 | 19.91 |
| METEOR | 27.49 | 28.83 | 25.15 | 26.50 | 14.70 | 25.93 | 15.06 | 28.27 | 19.69 | 25.02 |
| CHRF | 40.54 | 39.74 | 39.25 | 37.84 | 22.24 | 36.38 | 22.99 | 38.81 | 30.24 | 36.42 |
| PICO Precision | 42.29 | 48.61 | 34.86 | 49.18 | 52.61 | 53.32 | 49.73 | 53.76 | 50.83 | 55.28 |
| PICO Recall | 59.63 | 66.40 | 56.88 | 49.77 | 31.77 | 54.36 | 31.25 | 60.21 | 45.58 | 48.97 |
| PICO F1 | 49.49 | 56.41 | 43.22 | 49.47 | 39.61 | 53.83 | 38.38 | 56.80 | 48.07 | 51.93 |

Supplementary Table 3. Human evaluation of fine-tuned models

| Model | AD/Dementia/ Neurology | Gastroenterology | Internal Medicine | Nephrology | Rheumatology | Surgery | Overall |
|---------|---------------------------|------------------|----------------------|------------|--------------|---------|-----------------|
| PRIMERA | 12/18 | 13/18 | 24/36 | 9/18 | 5/18 | 6/18 | (69/126) 54.76% |
| LongT5 | 12/18 | 12/18 | 25/36 | 13/18 | 6/18 | 7/18 | (75/124) 59.52% |
| Llama-2 | 15/18 | 10/18 | 24/36 | 8/18 | 9/18 | 8/18 | (75/126) 58.73% |

Supplementary Table 4. Simulated evaluation by GPT-4.

| Model | Before Cutoff | After Cutoff |
|---------|---------------|--------------|
| Llama-2 | | |
| ZS | 50.00* | 50.00* |
| FT | 67.39 | 69.49 |
| PRIMERA | | |
| ZS | 19.08 | 18.98 |
| FT | 55.56 | 54.58 |
| LongT5 | | |
| ZS | 35.02 | 31.53 |
| FT | 74.88 | 77.97 |

Supplementary Table 5. The number of summaries with better qualities.

| Model | Desired Properties | # of summaries with better qualities | | | |
|----------------|--------------------|--------------------------------------|----------|--------------------------------|----------|
| | | generated by the zero-shot Llama-2 | | generated by fine-tuned models | |
| | | n | % | n | % |
| PRIMERA (ft) | Comprehensiveness | 19 | (15.08%) | 47 | (37.30%) |
| | Consistency | 32 | (25.40%) | 45 | (35.71%) |
| | Readability | 38 | (30.16%) | 37 | (29.37%) |
| | Specificity | 33 | (26.19%) | 35 | (27.78%) |
| LongT5-xl (ft) | Comprehensiveness | 22 | (17.46%) | 38 | (30.16%) |
| | Consistency | 30 | (23.81%) | 49 | (38.89%) |
| | Readability | 32 | (25.40%) | 48 | (38.10%) |
| | Specificity | 26 | (20.63%) | 35 | (27.78%) |
| Llama-2 (ft) | Comprehensiveness | 23 | (18.25%) | 50 | (39.68%) |
| | Consistency | 34 | (26.98%) | 40 | (31.75%) |
| | Readability | 36 | (28.57%) | 52 | (41.27%) |
| | Specificity | 24 | (19.05%) | 35 | (27.78%) |

Supplementary Table 6. Summaries generated by zero-shot, fine-tuned LongT5, GPT-3.5-turbo, input article [doi: 10.1002/14651858.CD012458](https://doi.org/10.1002/14651858.CD012458).

| Model | Summary |
|--------------------------|---|
| LongT5(zero shot) | Our secondary objective was to assess the effect of single-room isolation or cohorting, or both on neonatal mortality and perceived or documented adverse effects in newborn infants admitted to the NICU. |
| LongT5(fine-tuned) | We found no evidence to support or refute the use of single-room isolation or cohorting for preventing transmission of HAIs or colonization with HAI causing pathogens in newborn infants less than six months of age admitted to the neonatal intensive care unit (NICU). |
| GPT-3.5-turbo | This systematic review aimed to evaluate the impact of single-room isolation or cohorting, or both, on the transmission of healthcare-associated infections (HAIs) in newborn infants admitted to the neonatal intensive care unit (NICU). However, no published or ongoing trials were found to include in the review. Therefore, no conclusions could be drawn regarding the effectiveness of these isolation measures on preventing HAIs or colonization with HAI-causing pathogens in this population. Further research is needed in this area. |
| Human Expert (Reference) | The review found no evidence from randomized trials to either support or refute the use of patient isolation measures (single-room isolation or cohorting) in neonates with HAIs. Risks secondary to infection control measures need to be balanced against the benefits of decreasing horizontal transmission in the neonatal unit for optimal neonatal outcomes. There is an urgent need to research the effectiveness of patient isolation measures for preventing the transmission of HAIs in neonatal units. Well-designed trials randomizing clusters of units or hospitals to a type of patient isolation method intervention are warranted. |