# The MMI Ranking Function

Alan R. Aronson

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The MMI (MetaMap Indexing) ranking function calculates a value between 0.0 and 1.0 for a UMLS<sup>®</sup> Metathesaurus<sup>®</sup> concept<sup>1</sup> with respect to a given MEDLINE<sup>®</sup> citation. This value is intended to indicate the *characterizing power* or *aboutness* of the concept for the citation. The sequel consists of the definition of the function and several examples of its use.

# 1. Definition of the ranking function

Generally speaking, the MMI ranking function is the product of a *frequency* factor and a *relevance* factor. The relevance factor is, in turn, a weighted average of four components (listed in order of importance): a MeSH tree depth factor, a word length factor, a character count factor, and a MetaMap score factor. For concepts found in the title of the citation, there is a simplified form of the function.

<sup>1.</sup> Currently only Metathesaurus concepts which include a  $MeSH^{(g)}$  heading in their definition are handled fully by the ranking function. This is because the MeSH tree depth plays a critical role in the function. Hierarchies other than the MeSH hierarchy may eventually be used by the function.

# 1.1 The components of the function

Before definining ranking function components, themselves, it is worthwhile to point out that each component is *normalized* before being combined with other function components. Normalization is accomplished by applying a sigmoidal function to a value. Each sigmoidal function maps from the unit interval [0,1] to itself and is determined by an index. An index of zero determines the identity function (hence, no normalization). A positive index determines a sigmoidal function which lies above the identity and consequently accentuates the differences between small values. Larger indexes produce more accentuation. Conversely a negative index determines a sigmoidal function lying below the identity and consequently accentuates the differences between large values. If we denote the normalization function with index n by  $v_n:[0,1] \rightarrow [0,1]$ , then the formal definition of them is

- $v_0(x) = x$ ;
- for n > 0,

$$V_n(x) = \frac{e^n + 1}{e^n - 1} \cdot \frac{1 - e^{-nx}}{1 + e^{-nx}}$$

• for n < 0 (letting m=-n),

$$V_m(x) = \ln(\frac{(e^m + 1) + (e^m - 1)x}{(e^m + 1) - (e^m - 1)x})/m$$

Now the basic ranking function components are defined as follows:

- the frequency, simply denoted f, is the number of times the concept occurs (i.e., is discovered by MetaMap) in the title or abstract fields of the citation divided by 10;<sup>1</sup>
- the MeSH tree depth, m, is the maximum depth of all MeSH tree codes associated with the concept divided by 9. The computation is actually done by counting the number of periods in the tree code;
- the word length, denoted w, is the number of words<sup>2</sup> in the concept divided by 26;
- the character count, denoted c, is the number of characters in the concept divided by 102; and
- the MetaMap score, denoted mm, is just the score divided by 1,000.

<sup>1.</sup> The constants for each of the components is determined by values actually occurring in the MMI test set. Values outside the unit interval are rounded to the nearest endpoint.

<sup>2.</sup> The number of words is the number of tokens produced by the *wordind* tokenization algorithm which starts a new token at whitespace and punctuation characters.

# 1.2 Putting it all together

Using weighting factors denoted by  $w_m$ ,  $w_w$ ,  $w_{c,}$ ,  $w_{mm}$  for MeSH tree depth, word count, character count, and MetaMap score, respectively, the ranking score can be written as

$$\mathsf{v}_f(f) \cdot \frac{w_m \cdot \mathsf{v}_m(m) + w_w \cdot \mathsf{v}_w(w) + w_c \cdot \mathsf{v}_c(c) + w_{mm} \cdot \mathsf{v}_{mm}(mm)}{w_m + w_w + w_c + w_{mm}}$$

xxx: the following is an example of the function with specific weights. check!!

$$v_5(f) \cdot \frac{12 \cdot v_0(m) + 2 \cdot v_{-10}(w) + 2 \cdot v_{-10}(c) + 1 \cdot v_{-10}(mm)}{12 + 2 + 2 + 1}$$

When the concept occurs in the title of the citation, the frequency factor  $v_f(f)$  is replaced by 1. This has the effect of giving title concepts overwhelmingly good rankings.

## 1.3 Setting the function parameters

**TBD** 

# 2. Ranking examples

This section contains five examples with 3-point average precisions ranging from superior to the worst possible. Each example consists of the MEDLINE citation and the ranked MMI output. An exclamation mark indicates that the MeSH heading found by MMI occurs in the MH field of the citation; an asterisk indicates a main heading.

#### 2.1 The best

An example with near perfect 3-point average precision of 0.9496.

#### Citation:

- UI 93121691
- AU Kario K; Matsuo T; Nakao K
- TI Cigarette smoking increases the mean platelet volume in elderly patients with risk factors for atherosclerosis.
- AB To study the effects of cigarette smoking and atherosclerosis on platelet size, we measured the mean platelet volume (MPV) and other platelet parameters in 142 elderly smokers and nonsmokers with or without atherosclerotic risk factors. The MPV and the platelet count were highest and their inverse correlation was strongest in the atherosclerotic smokers (r = 0.54, P < 0.05) when compared with the nonsmoking and non-atherosclerotic groups. A 10% decrease of MPV was found in 8 smoking subjects in the atherosclerotic group, who successfully discontinued smoking (P < 0.05). These results suggest that smoking may increase platelet consumption in atherosclerotic vessels and that subsequently megakaryocytes are activated to produce larger platelets, which are more active. Thus, an increase in MPV due to smoking may also contribute to the acceleration of atherosclerosis and should be considered as a risk factor for atherosclerotic disease.
- MH Aged; Aged, 80 and over; Atherosclerosis/\*BLOOD; Blood Platelets/ \*ULTRASTRUCTURE; Cell Size; Comparative Study; Female; Hematopoiesis; Human; Male; Megakaryocytes/CYTOLOGY; Platelet Count; Risk Factors; Smoking/\*BLOOD; Support, Non-U.S. Gov't
- SO Clin Lab Haematol 1992;14(4):281-7
- PY 2

MMI concepts for 93121691 (3-pt AP=0.949603):

- ! 59.5 Risk Factors
- ! 48.2 \*Atherosclerosis
- ! 34.1 \*Blood Platelets
- ! 33.8 Aged
- ! 25.8 \*Smoking
- 17.4 Patients
- ! 9.3 Platelet Count
  - 7.7 Acceleration
- ! 6.6 Megakaryocytes
  - 5.0 Disease

## 2.2 Good

An example with good 3-point average precision of 0.8808.

#### Citation:

- UI 93230262
- AU Bellemare F
- TI Evaluation of human diaphragm function.
- AB When single supramaximal shocks are delivered during relaxation to both phrenic nerves simultaneously, the resulting transdiaphragmatic pressure twitch (PdiT) or mouth pressure twitch (PmT) are found to decrease linearly with increasing lung volume thereby reflecting changes in diaphragm contractility. Whereas fatigue decreases PdiT at any given lung volume, chronic lung hyperinflation tends to increase PdiT at any given lung volume. When the phrenic nerve shocks are delivered during ongoing voluntary contractions, PdiT decreases with increasing level of diaphragm activation. Its amplitude thus detects the reverse left for full activation of the diaphragm by the voluntary motor drive. The ability to maximally activate the diaphragm decreases with fatigue but is retained in patients with chronic lung hyperinflation.
- MH Diaphragm/\*PHYSIOLOGY; Human; Lung Diseases, Obstructive/ PHYSIOPATHOLOGY; Muscle Relaxation/PHYSIOLOGY; Phrenic Nerve/ PHYSIOLOGY
- SO Monaldi Arch Chest Dis 1993;48(1):92-3
- PY 3

MMI concepts for 93230262 (3-pt AP=0.880795):

- ! 42.3 \*Diaphragm
- ! 18.9 Phrenic Nerve
  - 9.5 Fatigue
  - 9.5 Shock
  - 9.5 Pressure
  - 6.5 Mouth
  - 6.4 Lung
  - 6.1 Relaxation
  - 5.0 Social Change
  - 4.9 Drive
  - 4.5 Patients

## 2.3 OK

An example with moderate 3-point average precision of 0.4867.

#### Citation:

- UI 93051935
- AU Vermerie N; Kusielewicz D; Tod M; Nicolas P; Perret G; Fauvelle F; Petitjean O
- TI Pharmacokinetics of glafenine and glafenic acid in patients with cirrhosis, compared to healthy volunteers.
- Pharmacokinetic parameters were evaluated in 12 patients with alcoholic cirrhosis and 12 AB healthy volunteers after a single 400 mg oral dose of glafenine. Glafenine (G) and its major active metabolite glafenic acid (GA) were measured at regular intervals using a specific high performance liquid chromatographic method. Glafenine absorption was significantly delayed in cirrhotic patients (CP) (Tmax = 2.8 + /- 1.3 hvs 1.5 + /- 0.4 h, p less than 0.01) and was dramatically reduced in 3 patients. The large hepatic 'first pass' effect observed in healthy volunteers was markedly reduced in CP (ratio Cmax GA/Cmax G = 3.6 +/- 2.9 vs 18.9 +/- 9.8, p less than 0.001; ratio areas under the curves AUC GA/AUC G = 2.3 + /- 2.3 vs 18.2 + /- 11.2, p less than 0.001). The elimination half-life of G was prolonged in the CP (13.0  $\pm$  1.1 h vs 1.5  $\pm$  1.5 h, p less than 0.01). In CP, GA elimination half-life was increased (12.0 +/- 13.4 h vs 4.3 +/- 1.3 h, NS) but the difference did not reach statistical significance because of large variability. The significant rise of G plasma concentrations (Cmax = 2.2 + /- 2.1 mg/L vs 0.7 + /- 0.2 mg/L, p less than 0.05) and its longer half-life would lead to an accumulation if the usual dosage regimen was prescribed for CP and could result in nephrotoxicity. On the other hand, lower dosage would be ineffective because only GA is active and nephrotoxic. Hence, G should be given with great caution to CP.
- MH Administration, Oral; Adult; Comparative Study; Female; Glafenine/\*ANALOGS & DERIVATIVES/ADMINISTRATION & DOSAGE/\*PHARMACOKINETICS; Human; Liver/METABOLISM; Liver Cirrhosis, Alcoholic/DRUG THERAPY/\*METABOLISM; Male; Middle Age
- SO Fundam Clin Pharmacol 1992;6(4-5):197-203
- PY 2

MMI concepts for 93051935 (3-pt AP=0.486722):

- ! 59.0 \*Glafenine
- 31.5 Pharmacokinetics
- 17.6 Voluntary Workers
- 17.5 Patients
- 13.7 Half-Life
- 13.0 Gases
- ! 10.9 \*Liver Cirrhosis, Alcoholic
  - 6.6 Absorption
  - 6.6 Hand
  - 6.5 Plasma
  - 6.5 Mouth
  - 4.9 Lead
  - 4.9 Methods

## 2.4 Poor

An example with poor 3-point average precision of 0.2688.

#### Citation:

- UI 93287215
- AU Thali M; Moore JP; Furman C; Charles M; Ho DD; Robinson J; Sodroski J
- TI Characterization of conserved human immunodeficiency virus type 1 gp120 neutralization epitopes exposed upon gp120-CD4 binding.
- AB Interaction with the CD4 receptor enhances the exposure on the human immunodeficiency type 1 gp120 exterior envelope glycoprotein of conserved, conformation-dependent epitopes recognized by the 17b and 48d neutralizing monoclonal antibodies. The 17b and 48d antibodies compete with anti-CD4 binding antibodies such as 15e or 21h, which recognize discontinuous gp120 sequences near the CD4 binding region. To characterize the 17b and 48d epitopes, a panel of human immunodeficiency virus type 1 gp120 mutants was tested for recognition by these antibodies in the absence or presence of soluble CD4. Single amino acid changes in five discontinuous, conserved, and generally hydrophobic regions of the gp120 glycoprotein resulted in decreased recognition and neutralization by the 17b and 48d antibodies. Some of these regions overlap those previously shown to be important for binding of the 15e and 21h antibodies or for CD4 binding. These results suggest that discontinuous, conserved epitopes proximal to the binding sites for both CD4 and anti-CD4 binding antibodies become better exposed upon CD4 binding and can serve as targets for neutralizing antibodies.
- MH Amino Acid Sequence; Animal; Antibodies, Monoclonal/IMMUNOLOGY; Epitopes; Antigens, CD4/\*METABOLISM; Cell Line; Cercopithecus aethiops; Human; HIV Antigens/\*IMMUNOLOGY; HIV Envelope Protein gp120/\*IMMUNOLOGY; Macromolecular Systems; Molecular Sequence Data; Neutralization Tests; Protein Conformation; Receptors, Virus/\*METABOLISM; Recombinant Proteins/IMMUNOLOGY; Structure-Activity Relationship; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
- SO J Virol 1993 Jul;67(7):3978-88
- PY 2

MMI concepts for 93287215 (3-pt AP=0.268771):

- 67.3 HIV-1
- ! 34.0 Epitopes
- 19.5 Antibodies
- 12.8 Antibodies, Anti-Idiotypic
- 12.7 Glycoproteins
- ! 11.5 \*Antigens, CD4
  - 8.1 Rabies
- ! 7.7 Antibodies, Monoclonal
  - 6.6 Molecular Conformation
  - 6.1 Binding Sites
  - 5.0 Personality Tests
  - 5.0 Social Change
  - 3.4 Immunologic Deficiency Syndromes
  - 3.3 Amino Acids

## 2.5 The Worst

An example with universally bad precision of 0.0. The 3-point average is, of course, also 0.0.

#### Citation:

- UI 93020241
- AU Li WS; McChesney JD
- TI Preparation of potential anti-inflammatory agents from dehydroabietic acid.
- AB Methyl 16-nor-16-carboxydehydroabietate (22), 16-nor-16-carboxydehydroabietinol acetate (23), methyl 7-keto-16-nor-16-carboxydehydroabietate (29), 16-nor-16-carboxydehydroabietic acid (30), 16-nor-16-carboxydehydroabietinol (31), 7-keto-16-nor-16-carboxydehydroabietic acid (32), methyl 7-hydroxy-16-nor-16-carboxydehydroabietate (33), and 7-hydroxy-16-nor-16-carboxydehydroabietic acid (34) were prepared from dehydroabietic acid. Only 22 and 32 had weak anti-inflammatory activity.
- MH Anti-Inflammatory Agents, Non-Steroidal/CHEMISTRY/\*ISOLATION & PURIFICATION ; Diterpenes/\*ANALYSIS
- SO J Pharm Sci 1992 Jul;81(7):646-51
- PY 2

MMI concepts for 93020241 (3-pt AP=0.000000):

- 17.7 Anti-Inflammatory Agents
- 9.1 Acids
- 8.2 Acetates