Creation of a Corpus for Evidence Based Summarisation

Diego Mollá and María Elena Santiago-Martínez
Department of Computing, Macquarie University

MACQUARIE UNIVERSITY

Abstract

Evidence Based Medicine (EBM) recommends physicians to incorporate published evidence when providing care for their patients. Several summarisation systems have been proposed to help the physician. However, there is no corpus available to develop and compare such systems. Our corpus is developed for this purpose.

Source: Journal of Family Practice

Which treatments work best for hemorrhoids?

Evidence-based answer

Excision is the most effective treatment for thrombosed external hemorrhoids (strength of recommendation [SOR]: **B**, retrospective studies). For prolapsed internal hemorrhoids, the best definitive treatment is traditional hemorrhoidectomy (SOR: **A**, systematic reviews). Of nonoperative techniques, rubber band ligation produces the lowest rate of recurrence (SOR: **A**, systematic reviews).

■ **Evidence summary**

External hemorrhoids originate below the dentate line and become acutely painful with thrombosis. They can cause perianal pruritus and excoriation because of interference with perianal hygiene. Internal hemorrhoids become symptomatic when they bleed or prolapse (**TABLE**).

For thrombosed external hemorrhoids, surgery works best

Few studies have evaluated the best treatment for thrombosed external hemorrhoids. A retrospective study of 231 patients treated conservatively or surgically found that the 48.5% of patients treated surgically had a lower recurrence rate than the conservative group (number needed to treat [NNT]=2 for recurrence at mean follow-up of 7.6 months) and earlier resolution of symptoms (average 3.9 days compared with 24 days for conservative treatment).[1]

Another retrospective analysis of 340 patients who underwent outpatient excision of thrombosed external hemorrhoids under local anesthesia reported a low recurrence rate of 6.5% at a mean follow-up of 17.3 months.[2]

A prospective, randomized controlled trial (RCT) of 98 patients treated nonsurgically found improved pain relief with a combination of topical nifedipine 0.3% and lidocaine 1.5% compared with lidocaine alone. The NNT for complete pain relief at 7 days was 3.[3]

Conventional hemorrhoidectomy beats stapling

Many studies have evaluated the best treatment for prolapsed hemorrhoids. A Cochrane systematic review of 12 RCTs that compared conventional hemorrhoidectomy with stapled hemorrhoidectomy in patients with grades I to III hemorrhoids found a lower rate of recurrence (follow-up ranged from 6 to 39 months) in patients who had conventional hemorrhoidectomy (NNT=14).[4] Conventional hemorrhoidectomy showed a nonsignificant trend in decreased bleeding and decreased incontinence.

A second systematic review of 25 studies, including some that were of

Our XML Version

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How it Was Obtained

Clinical Inquiry: From the source title.

Answer Parts ("snips"): From the answer box.

Evidence Grades: From the answer box.

Answer Justifications ("longs"): Annotated by three annotators (members of the research team), with some overlap to check consistency.

References: PubMed IDs obtained by crowdsourcing (Amazon Mechanical Turk).

Crowdsourcing with Amazon Mechanical Turk

► Each group of 10 references was assigned to 5 Turkers.

► The following automatic checks were made:
1. Include known PubMed IDs for double-checking.
2. Check if the ID exists.
3. Check the percentage of overlapping text between the retrieved title of the annotated ID and the reference text.
4. Check agreement with other Turkers.

► A random sample of 100 references revealed no errors.

Statistics

► 456 questions.
► 1,396 snips.
► 3,036 longs.
► 2,908 distinct references.

Snips per Record — number of records

Longs per Snip — number of snips

References per Long — number of longs