Recognizing Question Entailment in Consumer Health Using a Query Formulation Approach

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Abstract

The need for online assistance regarding healthcare has grown significantly; a deficiency which has become readily apparent after the advent of the SARS-COV-2/COVID-19 pandemic. A widespread, trusted means of dispersing the latest medical knowledge could have provided tremendous benefit from a public health standpoint and curtailed the spread of a disease which has claimed lives of millions. Question Answering (QA) systems are well-suited to provide this assistance for medical professionals and the public at large, especially considering the increased adoption of virtual digital assistants such as Samsung's Bixby and Google Assistant in recent years. The overall performance of QA systems can be improved by a variety of methods, including entailment-based methods. In this paper, we propose a Query-Based Framework for Recognizing Question Entailment (QBF-RQE), which leverages a query formulation method to identify whether two questions are in an entailment relationship – with a specific emphasis on Consumer Health Questions (CHQs). Our approach also incorporates *type* and *focus* features of CHQs to determine the entailment relationship. We evaluate our approach with the MEDIQA 2019 shared task organized at the ACL-BioNLP workshop. Our method gives 83.48%, while the best-performing model for MEDIQA 2019 was 74.9%.

Keywords

Consumer Health Question Answering, Recognizing Entailment Recognition, Question Understanding

1. Introduction

The purpose of the entailment recognition (or recognition) task is to classify the entailment relationship between a text pair (usually two separate sentences), which are known as the *premise* and the *hypothesis*. The entailment relationship are classified as: *entailment* (the hypothesis having a similar meaning as the premise), *neutral* (hypothesis having similar lexical items but has a different meaning than the premise), and *contradiction* (hypothesis having contradicting meaning versus the premise) relation [1, 2]. Within entailment recognition, there exists Recognizing Question Entailment (RQE) where both the premise and the hypothesis are question sentences. Harabagiu and Hickl showed improving performance for RQE also improves the QA system in the general domain [3]. Furthermore, Demner-Fushman et al. showed applicability to the CHQ domain as well by augmenting their Consumer Health Information Question Answering (CHiQA) system with a specific module for RQE [4].

According to Abacha and Demner-Fushman, the definition of entailment in QA is as follows: *"a question A entails a question B if every answer to B is also a complete or partial answer to A"*

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[5]. The primary goal of RQE is to ensure the answers of the premise and the answers of the hypothesis align with the entailment relationship, per the definition of entailment. According to Ben Abacha and Demner-Fushman, achieving this goal in QA requires multiple, different approaches [6].

We propose a new framework – QBF-RQE – which recognizes entailment relations based on the query formulation approach. Our framework leverages insights from Abacha and Demner-Fushman's CHiQA model, which uses *type* and *focus* information to form a query to retrieve answers using multiple AI models [5]. Thus, if the hypothesis has the same *focus* and/or *type* as the premise, the retrieved answers to a premise can be a partial or full answer to the answers of the hypothesis. We can state the hypothesis is an entailment of the premise.

While AI models would be ideally trained with premise and hypothesis pairs to achieve high performance, there is a relative lack of suitable, generally-available datasets for CHQA. To directly address this aforementioned lack of available datasets, we attempted several different approaches to augment the official MEDIQA 2019 training set, via several merging-based methodologies: 1) a module trained with a premise and hypothesis pairs 2) a module trained with question (Entailment Recognition Module: ER Module) and *type* pairs (Type Recognition Module: TR Module) 3) a module trained with question and *focus* pairs (Focus Recognition Module: FR Module), as shown in Figure 1.

2. Datasets

In this section, we describe datasets used to train and test our pipeline modules. The overall performance of RQE in CHQ is measured with the MEDIQA 2019 RQE Challenge test set.

2.1. Entailment Datasets

This section describes the dataset used for the ER module. We use different combinations of MeQSum, the MEDIQA 2019 training set, and the MEDIQA 2019 NLI dataset for training.

1. **MEDIQA2019 RQE Datasets**[1]: This dataset consists of sets of text-hypothesis pairs (clinical question-question pairs) provided by Abacha et al., Ben Abacha and Demner-Fushman at NLM. The pairs are labeled either Entailment or Not-Entailment. In the 8,890-pair training set, 4,680 pairs were labeled Entailment and 3,963 pairs were Not-Entailment. In the 302-pair validation set, 129 pairs were labeled Entailment and 173 pairs were Not-Entailment. In the 230-pair test set, the pairs are evenly divided with 115 each.
2. **MeQSum**[2]: We leveraged the fact that answers from summarized CHQ should result in the same answers as the original CHQ to include MeQSum to our RQE task training set. The dataset [8], also provided by the NLM group, includes 1,000 pairs of CHQ and summarized CHQ.
3. **MEDIQA2019 NLI Datasets**[3]: While not consisting of pairs in question form, a few teams incorporated MEDIQA-NLI (MedNLI) [9] in the MEDIQA 2019 RQE task [10, 11]. The dataset includes clinical sentence pairs: Entailment (3,744 pairs), Neutral (3,744 pairs) and Contradiction (3,744 pairs). Each label has 465 pairs in the validation set, and 474 pairs in the test set.

[1]https://github.com/abachaa/MEDIQA2019/tree/master/MEDIQA_Task2_RQE
[2]https://github.com/abachaa/MeQSum
[3]https://physionet.org/content/mednli-bionlp19/1.0.1/

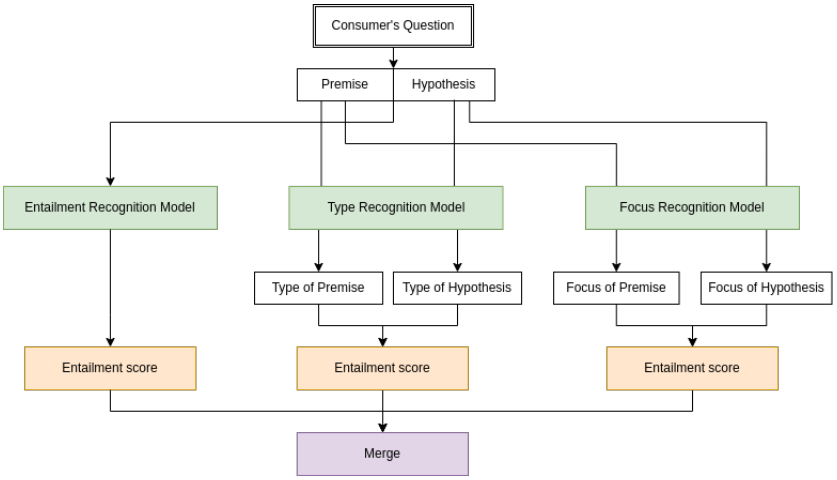

Figure 1: Architecture of the proposed QBF-RQE.

2.2. Type and Focus Datasets

This section describes the dataset used to train and test the TR module and FR module. For the TR module for RQE task, we use LiveQA, MedInfo and MedQuAD to train the model. For the TR task itself, we use the LiveQA training set, MedInfo and MedQuAD to train, and the LiveQA test set to measure the performance of each model to compare the performance with the baseline (Demner-Fushman et al.). The *type* names and their frequencies are shown in Table 6 in Appendix A.2. For the FR, we consider disease names as a focus of the CHQs to be consistent with the answer retrieval method of CHiQA. LiveQA, MedQuAD, and MedInfo all are in the CHQ domain and have focus entities labeled. However, the Named Entity Recognition (NER) task to identify disease names are already widely available, and for the purposes of this paper, we do not perform re-training for the NER task with CHQ datasets.

1. **TREC-2017 LiveQA**[4]: The TREC-2017 LiveQA: Medical Question Answering Task [7] organizer provides a dataset (LiveQA) that has 446 pairs in the training set and 104 pairs in the test set.
2. **MedInfo**[5]: The MedInfo [12] dataset is about medication CHQs. The dataset has CHQs, answers, focus, type, section title and URL of the information source.
3. **MedQuAD**[6]: MedQuAD [5] has 47,457 pairs of medical questions/answers created from NIH websites.

3. Methodology

We describe our model in this section. Our model has 3 modules for different tasks: ER, TR and FR. The detailed architecture of our model is shown in Figure 1. All the models are transformer-based models, and we use pretrained models publicly available in the Hugging Face repository. The parameters we used are listed in Appendix B.

[4]https://github.com/abachaa/LiveQA_MedicalTask_TREC2017
[5]https://github.com/abachaa/Medication_QA_MedInfo2019
[6]https://github.com/abachaa/MedQuAD

3.1. ER Module

For ER, we experiment with 4 different dataset combinations with 6 different models.

Data With MedNLI, MedQuAD and MEDIQA2019, we create 4 combinations of sets: 1) MEDIQA 2019 training set, 2) MEDIQA 2019 training set + MedNLI, 3) MEDIQA 2019 training set + MeQSUM, 4) MEDIQA 2019 training set + MeQSUM + MedNLI.

Model

1. **Bio-Clinical-BERT**: Bio-Clinical-BERT [13] is domain-specific contextual word embedding model, which is initialized with BIOBERT model and trained on all MIMIC notes [14].
2. **BiomedNLP-PubMedBERT-base-uncased-abstract** Gu et al. provide a BERT-based neural language model pretrained on the biomedical NLP benchmark. BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext and BiomedNLP-PubMedBERT-base-uncased -abstract are pretrained models which are available in the Hugging Face repository[7][8].
3. **BioELECTRA-base-discriminator-PubMed** BioELECTRA-base-discriminator-PubMed [16] is a pretrained ELECTRA model-based, biomedical domain-specific language model using discriminators, showing great performance in MedNLI [9] (Language inference task), i2b2-2010 [17] (NER and relation extraction task), ShARe/CLEFE [18] (NER task) and ClinicalSTS [19] (Sentence Similarity task).
4. **BioMed-RoBERTa-base** BioMed-RoBERTa-base [20] is a language model based on the RoBERTa-base [21] model, fine-tuned with 2.68 million scientific papers from the Semantic Scholar corpus. Both full-text of papers and abstracts were used to train.

3.2. TR Module

Data We union labels of the LiveQA (26 types), MedInfo (17 types) and MedQuAD (16 types in Disease-related questions, 20 types in the drug category), resulting in 38 labels. For similar labels, we prioritized matching with LiveQA labels. Specific details regarding the label union methodology/procedure as well as the labels after union are shown in the bottom row of Table 6 in Appendix A.1.

Model We use the same models in the TR module as those in the ER Module.

Entailment Score We measure the score as either 1 or 0 (Consistent or Not-Consistent), based on overlapping type labels. If there is any overlap between the *type* of text and the *type* of hypothesis, then we consider it Consistent. If there are no overlaps, then it is Not-Consistent.

3.3. FR Module

NER tasks to identify disease names are popular research area and publicly-available datasets and models are easily accessible. For this paper, we used 2 of the state-of-the-art models for the task and selected the one that gives higher accuracy based on the validation set. One is biobert-diseases-ner [22], which is a BERT-based model trained on NCBI-disease. NER-disease-ncbi-bionlp-bc5cdr-PubMed [23] is a RoBERTa-based model [21], trained on NCBI-disease and BC5CDR datasets.

[7] https://huggingface.co/microsoft/BiomedNLP-PubMedBERT-base-uncased-abstract
[8] https://huggingface.co/microsoft/BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext

Entailment Score We test 2 different methods to measure the score: 1) Exact-Match, and 2) Similarity-Based Match. Exact-Match occurs when there is overlap in disease names; which we then classify as entailment. If there is no overlap, then it is not entailment. Similarity-Based Match is utilized to address minor differences/typos in the disease names. We measure the similarity score between each focus in the premise and the hypothesis. If the similarity scores of focus in the hypothesis and premise score is above a threshold, then we consider the pairs to be in an entailment relationship. The similarity score is measured with the S-BioBert-snli-multinli-stsb sentence similarity model [24] and the spaCy sentence similarity model [25]. S-BioBert-snli-multinli-stsb model is BioBERT [26] finetuned with several language inference datasets: SNLI [27], MultiNLI [28] and STS-b [29]. The spaCy model measures similarity by measuring the distance between word vectors trained on a large English general domain.

3.4. Merge

To merge the results, we test a majority-voting and a weighted-voting system.

4. Evaluation

In this section, we discuss the overall performance of the QBF-RQE, along with the performance of each individual module.

4.1. QBF-RQE Results

We measure the performance of the QBF-RQE by calculating the number of correctly-predicted labels over the total number of premise and hypothesis pairs. We then compare our results to the results of the MEDIQA 2019 challenge participants. In Table 1, we list the results of each module for the RQE task, along with the pipeline result with the majority-voting method, and the pipeline result with the weighted-voting methods. The table also includes the list of results from the top 3 best-performing teams at MEDIQA 2019. With the test set, we had 8.58% higher accuracy than the best-performing team.

4.2. Module Performance

We evaluate each module of the pipeline separately.

4.2.1. ER Module

We evaluated the performance of 5 different models and 4 different combinations of datasets for the ER module. As shown in Table 2, augmenting training set with MedNLI, or MeQSum gives higher performance for all models.

Both the MEDIQA training set+MedNLI combination and the MEDIQA training set+MeQSum combination demonstrated a greater than 10% increase vs just the MEDIQA 2019 training set. This shows that augmenting the MEDIQA 2019 helps to improve RQE models. However, merging the MedNLI, MeQSUM and MEDIQA training sets together did not necessarily improve the performance. Combining all datasets gave the best score of 80.99% and the average score of

Model	Test Accuracy	Validation Accuracy
QBF-RQE ER module alone	57.39%	**83.04%**
QBF-RQE TR module alone	82.17%	74.17%
QBF-RQE FR module alone	51.3%	70.76%
QBF-RQE Merged with majority-voting system	60.0%	82.46%
QBF-RQE Merged with a weighted-voting system (Entailment-Pair model)	62.17%	81.29%
QBF-RQE Merged with a weighted-voting system (Type model)	**83.48%**	**83.04** %
QBF-RQE Merged with a weighted-voting system (Focus model)	56.52%	76.32%
QBF-RQE Entailment ∪ Type&Focus	60.43%	81.87%
MEDIQA 2019 Participants: Method Description		
PANLP: Ensemble, transfer learning, re-ranking with BERT, MT-DNN (Zhu et al. [10])	**74.9%**	**84.77%**
Sieg: MT-DNN with data RQE+QQP+GARD (Bhaskar et al. [30])	70.6%	-
IIT-KGP: The best model result for Test set - Sci-BERT+Hinge Loss (Sharma and Roychowdhury [31])	68.4%	62.0%
IIT-KGP: The best model result for Val Set - QSpider (Sharma and Roychowdhury [31])	51.3%	80.5%
Baseline - SVM (Ben Abacha et al. [32])	54.1%	-

Table 1
Evaluation of the QBF-RQE for RQE task.

79.13%, which is higher than the MEDIQA + MedNLI combination, but lower than the MEDIQA + MeQSUM combination. We can therefore conclude that MedNLI may increase performance with a training set which is relatively small/limited, but if there is a training set that has closer characteristics to the test set, merging with MedNLI may not be advantageous.

For the test accuracy on Table 2, we selected the dataset combination which gave the best accuracy to the validation set (MEDIQA 2019 + MeQSum) and added the MEDIQA 2019 validation set to the training set to train and tested on the MEDIQA 2019 test set.

4.2.2. TR Module

Demner-Fushman et al. thoroughly investigated the individual TR and FR models using Recall, Precision and F1 score with LiveQA test set. They used combinations of SVM and rule-based methods (regular expressions) and deep learning methods to extract the Type from CHQs. We consider this method as a baseline and compare it with our models. As shown in Table 3, simply merging LiveQA, MedInfo and MedQuAD showed improved performance.

We use the same models to test the ER purpose, to pick the best performing model and plug it into the pipeline, BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext showed the best performance on both the test and validation set. Results are shown in Table 4.

4.2.3. FR Module

ner-disease-ncbi-bionlp-bc5cdr-PubMed shows slightly higher performance than biobert-disease-ner model for the RQE task. Therefore, QBF-RQE results listed in the Section 1, ner-disease-ncbi-

Model with Train-set, MedNLI, MeQSum	Test Accuracy	Validation Accuracy
Bio-Clinical-BERT	51.52%	70.20%
BiomedNLP-PubMedBERT-base-uncased-abstract-full text	51.52%	78.65%
BiomedNLP-PubMedBERT-base-uncased-abstract	52.38%	79.24%
BioELECTRA-base-discriminator-PubMed	54.98%	80.99%
BioELECTRA-base-discriminator-PubMed-PMC-lt	53.68%	80.12%
Biomed-RoBERTa-base	51.08%	74.56%
Model with Train-set, MedNLI		
Bio-Clinical-BERT	49.35%	72.81%
BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext	53.25%	79.82%
BiomedNLP-PubMedBERT-base-uncased-abstract	51.95%	81.29%
BioELECTRA-base-discriminator-PubMed	**56.28%**	80.12%
BioELECTRA-base-discriminator-PubMed-PMC-lt	54.98%	78.95%
Biomed-RoBERTa-base	52.38%	73.98 %
Model with Train-set, MeQSum		
Bio-Clinical-BERT	51.08%	69.0%
BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext	51.52%	77.78%
BiomedNLP-PubMedBERT-base-uncased-abstract	52.38%	80.12%
BioELECTRA-base-discriminator-PubMed	55.41%	**83.04%**
BioELECTRA-base-discriminator-PubMed-PMC-lt	53.25%	80.99%
Biomed-RoBERTa-base	51.95%	76.61%
Model with Train-set		
Bio-Clinical-BERT	54.55%	58.19%
BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext	52.38%	56.43%
BiomedNLP-PubMedBERT-base-uncased-abstract	54.55%	64.33%
BioELECTRA-base-discriminator-PubMed	**56.28%**	79.53%
BioELECTRA-base-discriminator-PubMed-PMC-lt	55.84%	78.65%
Biomed-RoBERTa-base	53.25%	75.44%
Model with Train-set, MeQSum, Validation set		
Bio-Clinical-BERT	50.43%	-
BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext	**57.83%**	-
BiomedNLP-PubMedBERT-base-uncased-abstract	55.22%	-
BioELECTRA-base-discriminator-PubMed	57.39%	-
BioELECTRA-base-discriminator-PubMed-PMC-lt	56.09%	-
Biomed-RoBERTa-base	51.73%	-

Table 2
Evaluation of the ER module for RQE task.

bionlp-bc5cdr-PubMed model was used for the FR module, with the entailment score calculated with the Similarity-Based Match method. Exact accuracy is listed on the Table 5.

4.3. Limitations and Future work

While the performance of the QBF-RQE is generally improved by combining multiple modules, it is important to note that if the accuracy of a single module is significantly lower for a particular use case, the net effect can decrease overall performance. This characteristic is prominent on the test set. Individual module accuracy of the ER module, TR module and FR

Data	Precision	Recall	F1
Bio-Clinical-BERT	62.77%	44.70%	52.21%
BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext	**67.39%**	46.97%	55.36%
BiomedNLP-PubMedBERT-base-uncased-abstract	64.95%	47.73%	55.02%
BioELECTRA-base-discriminator-PubMed	65.93%	45.45%	53.81%
BioELECTRA-base-discriminator-PubMed-PMC-lt	61.7%	43.94%	51.33%
Biomed-RoBERTa-base	66.33%	**49.24%**	**56.52%**
SVM+Rule-Based+BiLSTM (Demner-Fushman et al. [4])	55.5%	42.5%	48.1%

Table 3
Evaluation of a TR module with LiveQA Test Set.

Model	Test Accuracy	Validation Accuracy
Bio-Clinical-BERT	80.43%	71.19%
BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext	**82.17%**	**74.17%**
BiomedNLP-PubMedBERT-base-uncased-abstract	81.3%	73.18%
BioELECTRA-base-discriminator-PubMed	80.0%	73.51%
BioELECTRA-base-discriminator-PubMed-PMC-lt	80.43%	70.20%
Biomed-RoBERTa-base	81.74%	70.20%

Table 4
Evaluation of TR module on RQE task.

Data	Test Accuracy	Validation Accuracy
biobert-diseases-ner (Exact Match)	52.17%	66.67%
biobert-diseases-ner (Similarity-Based Match)	51.3%	70.76%
ner-disease-ncbi-bionlp-bc5cdr-PubMed (Exact Match)	48.70%	60.82%
ner-disease-ncbi-bionlp-bc5cdr-PubMed (Similarity-Based Match)	**52.61%**	**71.93%**

Table 5
Evaluation of FR module on RQE task.

modules are 57.39%, 82.17% and 51.3% respectively. The TR Module has the highest recognition and difference of accuracy between the TR module vs FR and ER modules is more than 20%. With the majority-voting system, we can see the accuracy reduced to 60% from 82.17%. With weighted-voting based on type, the accuracy is increased by 1.31%. Therefore, when using this approach, it is advantageous primarily when the individual modules have a balanced performance profile. Otherwise, simply employ the module with the best performance, particularly when the individual module is has an overwhelmingly superior performance profile. Second, when there is an bias in performance in one module (though not to an overwhelming degree), the weighted merge imparts improved performance. In the future, we hope to explore methods to further improve the performance of each module and hopefully investigate the different methods to merge the ER, FR and TR modules.

5. Conclusion

Ideally, the best scenario for RQE would be having one AI model and suitably training the dataset with appropriate premise and hypothesis pairs. But, the CHQ domain lacks such a dataset, which therefore limits the performance of the AI models. However, we showed significant improvement in performance in RQE in the CHQ domain by using the query formulation method inspired by the definition of Entailment in QA. In the future, we hope to investigate different ways to incorporate queries and study different methods of extracting queries (not limited to question focus and type characteristics) to build a more versatile RQE pipeline.

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A. Drug Label Merge Details

A.1. Union Labels

To avoid redundant labels, we merged labels originating in different datasets which are functionally identical but possess minor variations in spelling. The bottom row in Table 6 contains the labels resulting from the union of LiveQA, MedInfo and MedQuAD. The labels in black

originated in LiveQA. Blue labels are labels that originated in MedInfo that do not exist in LiveQA. Red labels only exist in MedQuAD.

We union the labels manually, setting the priority of labels as: #1 LiveQA, #2 MedInfo and #3 MedQuAD. We prioritized LiveQA due to its previous use in CHiQA research, better facilitating comparisons. Thus, we rename the labels to match the spelling as it exists with LiveQA, if possible. If the label does not exist in the LiveQA but only in MedInfo and MedQuAD, we arbitrarily modified the MedQuAD label to match with MedInfo. For example, side effects in MedInfo is modified to side-effect to match with LiveQA, while side effects, severe reaction in MedQuAD are modified to *side-effect* to match with LiveQA. In Table 6, the example is represented as "side effects(side effects,side effects,severe reaction)".

Another manual task is to identify entailment relationships. For the purposes of the paper, if the two types are in an obvious entailment relationship, we unified the labels. The label special instructions, important warning, precautions, are renamed to *considerations*. In Table 6, the example is represented as "considerations(special instructions, important warning, precautions)".

A.2. Union Datasets

After merging the 3 datasets with the method mentioned in Appendix A.1, the total number of questions and the type pairs are 48,577 and the total number of labels is 38. Due to the resource limitations and to prevent the dataset from overfitting on MedQuAD characteristics, we only select a max of 500 question and *type* pairs for each *type*. Among the 48,577, more than 97% of the dataset is from MedQuAD. With this limit, we have a total of 12,620 pairs. The detailed distribution is listed in Table 7.

B. Parameters

We use default parameters of hugging face for 6 models for ER and TR except warmup_steps, save_steps, batch size, epochs, weight_decay and learning_rate. We perform a grid search method to find an optimal parameter for each model: warmup_steps=100, save_steps = 500, batch size = 16, epochs = {1, 2, 3, 4, 5, 6, 7, 8, 9, 10}, weight_decay={0.01, 0.1}, learning_rate = {5e-6, 1e-5, 5e-5, 1e-4}. weight_decay of 0.01 gave the best result for all tasks and models. learing_rate of 5e-5 gave the best results for the TR module. For the ER module, the best results were given when learning_rates lies between 1e-5 and 5e-5. Bio-Clinical-BERT, BiomedNLP-PubMedBERT-base-uncased-abstract-fulltext, Biomed-RoBERTa-base results are model results with learning_rate of 1e-5. BiomedNLP-PubMedBERT-base-uncased-abstract, BioELECTRA-base-discriminator-PubMed and BioELECTRA-base-discriminator-PubMed-PMC-lt results are models trained with learning_rate of 5e-5.

Dataset Name	Labels	# of Pairs / # of Labels
LiveQA	treatment, information, cause, diagnosis, susceptibility, interaction, person-organization, side-effect, effect, ingredient, prevention, symptom, tapering, usage, complication, contraindication, dosage, indication, prognosis, storage-disposal, comparison, inheritance, action, alternative, lifestyle-diet, other-question, genetic changes, resources	Train: (p) 446 / (L) 23 Test: (P) 104 / (L) 26
MedInfo	information, dose, usage, side effects, indication, interaction, action, appearance, usage/time, stopping/tapering, ingredient, action/time, storage and disposal, comparison, contraindication, overdose, alternatives, usage/duration, time, brand names, combination, pronunciation, manufacturer, availability, long term consequences	(P) 674 / (L) 25
MedQuAD	Diseases: information, research (or clinical trial), causes, treatment, prevention, diagnosis (exams and tests), prognosis, complications, symptoms, inheritance, susceptibility, genetic changes, frequency, considerations, contact a medical professional, support groups Drugs: information, interaction with medications, interaction with food, interaction with herbs and supplements, important warning, special instructions, brand names, how does it work, how effective is it, indication, contraindication, learn more, side effects, emergency or overdose, severe reaction, forget a dose, dietary, why get vaccinated, storage and disposal, usage, dose, precaution Medical Entities (ME): information	(P) 47,457 / (L-disease) 16, (L-drug) 20, (L-ME) 1
Union	treatment, information(other-question,learn more), cause(causes), diagnosis, susceptibility, interaction(interaction with food, interaction with herbs and supplements,interaction with medications), person-organization(contact a medical professional,support groups), side-effect(side effects,side effects,severe reaction), effect(how effective is it), ingredient, prevention, symptom(symptoms), tapering(stopping/tapering), usage, complication(complications), contraindication, dosage(dose,overdose,dose,forget a dose,emergency or overdose), indication, prognosis(long term consequences), storage-disposal(storage and disposal,storage and disposal), comparison, inheritance, action(how does it work), alternative, lifestyle-diet(dietary), genetic changes, resources(research), appearance, time(duration), comparison, alternatives, brand names, combination, pronunciation, manufacturer, availability, frequency, considerations(special instructions,important warning,precautions), why get vaccinated	Train: (P) 48,577 / (L) 38 Test: (P) 104 / (L) 26

Table 6
Consumer Health Question *Type* Dataset.

Type Name	# of pairs with 500 max limit	# of pairs without max limit on MedQuAD
information	705	10724
symptom	515	4353
treatment	725	4131
consideration	500	2653
cause	537	2473
dosage	583	2422
prognosis	524	2256
diagnosis	523	2081
organization	517	1976
brand names	503	1471
inheritance	508	1454
side_effect	568	1393
usage	609	1353
indication	559	1317
prevention	505	1244
storage_disposal	515	1132
complication	508	1128
frequency	500	1120
lifestyle_diet	500	1092
genetic changes	501	1088
susceptibility	489	489
resources	401	401
interaction	359	359
action	161	161
effect	103	103
stages	80	80
time	80	80
tapering	62	62
appearance	38	38
contraindication	34	34
ingredient	28	28
why get vaccinated	16	16
comparison	12	12
alternative	8	8
pronounce name	3	3
combination	3	3
manufacturer	2	2
availability	1	1

Table 7
Type distribution after Union of LiveQA, MedInfo and MedQuAD with max number of pairs limit to 500.