Evaluating Large Language Models for Multilevel Biomedical Text Simplification

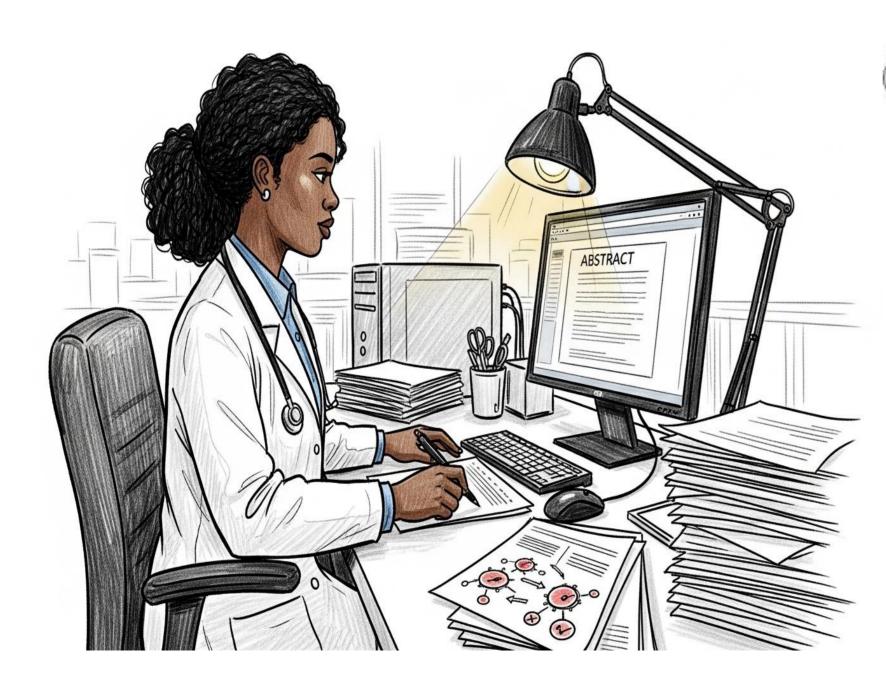
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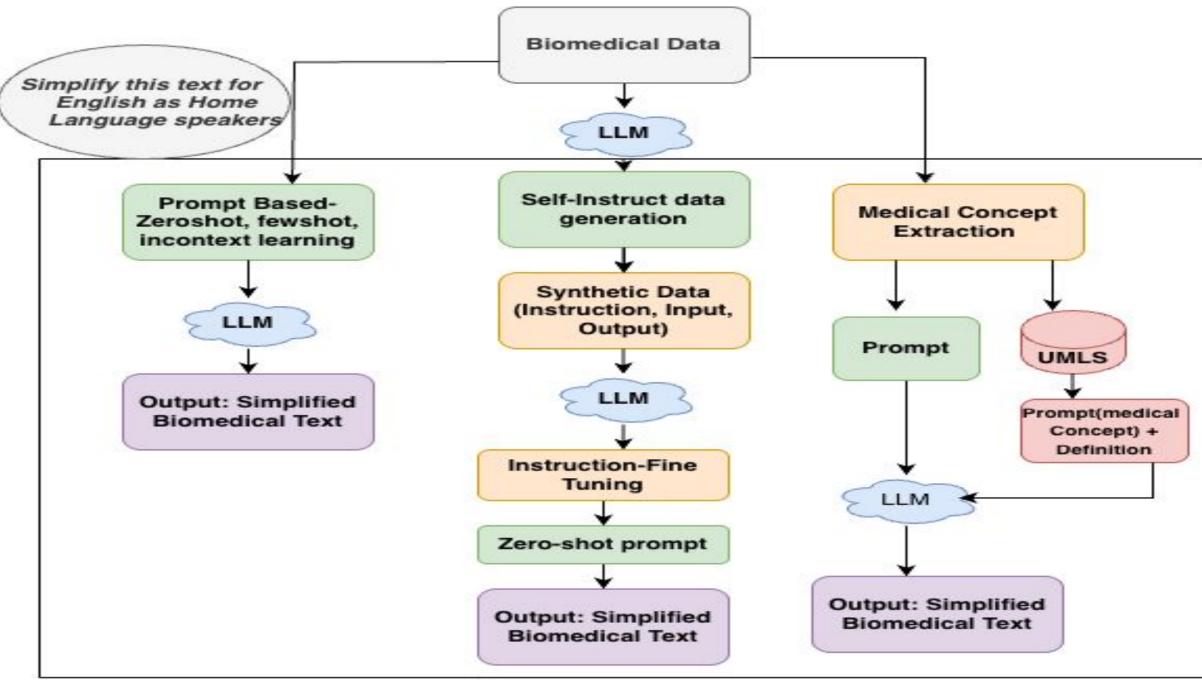




Biomedical texts are complex and inaccessible to non-experts. Large Language Models (LLMs) show promise for text simplification, but often fail to adapt to diverse reader

proficiencies.





Results

Research Question: To what extent does fine-tuning large language models improve readability and comprehension of biomedical texts for users with diverse Home Language and First Additional Language proficiencies?

Methodology

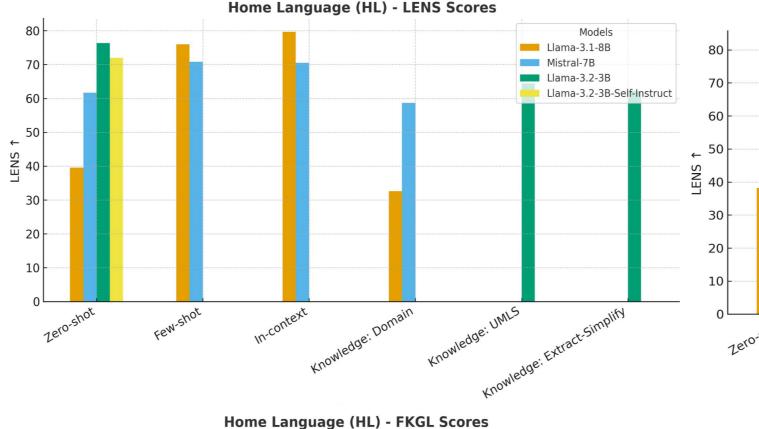
Proficiency-Aware

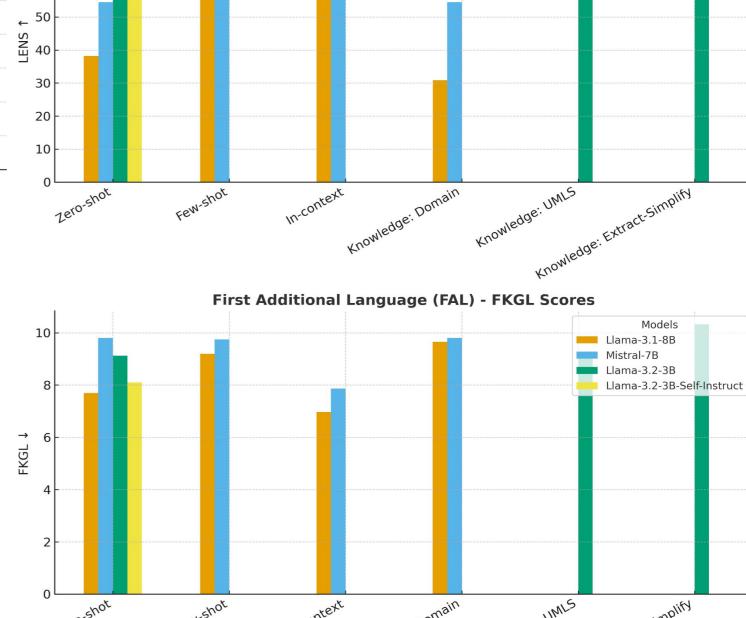
Simplification: We analyze prompt-based strategies for tailoring medical text to English Home Language (HL) and First Additional Language (FAL) readers, balancing readability and content fidelity.

Efficient Model Tuning: A small Self-Instruct-tuned model achieves comparable readability for FAL users, outperforming larger general and domain-specific models.

Domain Knowledge Impact:

We evaluate how biomedical knowledge—via domain-specific LLMs and external knowledge integration—affects simplification quality and reliability.





First Additional Language (FAL) - LENS Scores

HL Self-Instruct Simplified Output

studies compared ACE inhibitors (ACEi) with a high blood pressure and kidney problems. placebo, 4 compared angiotensin II receptor 38 studies compared the use of ACE antagonists (AIIRA) with a placebo, compared ACEi and AIIRA directly.

Conclusion

- General-purpose models like Mistral excel at preserving semantic content, while in-context prompting of models like Llama-3.1-8B achieves the highest readability scores.
- Conversely, a small, self-instruct tuned model (Llama-3.2-3B) achieves comparable readability for FAL audiences.

FAL Self-Instruct Output

49 studies with 12,067 patients were reviewed. 38 There were 49 studies about patients with and 7 inhibitors (medications that help the heart and blood vessels relax) with a placebo (a dummy treatment)

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