

From Search to Synthesis: EMERSE, LLMs, and the Future of AI-Augmented Clinical Discovery

Presentation for the Weill Cornell Medical Center

July 15, 2026

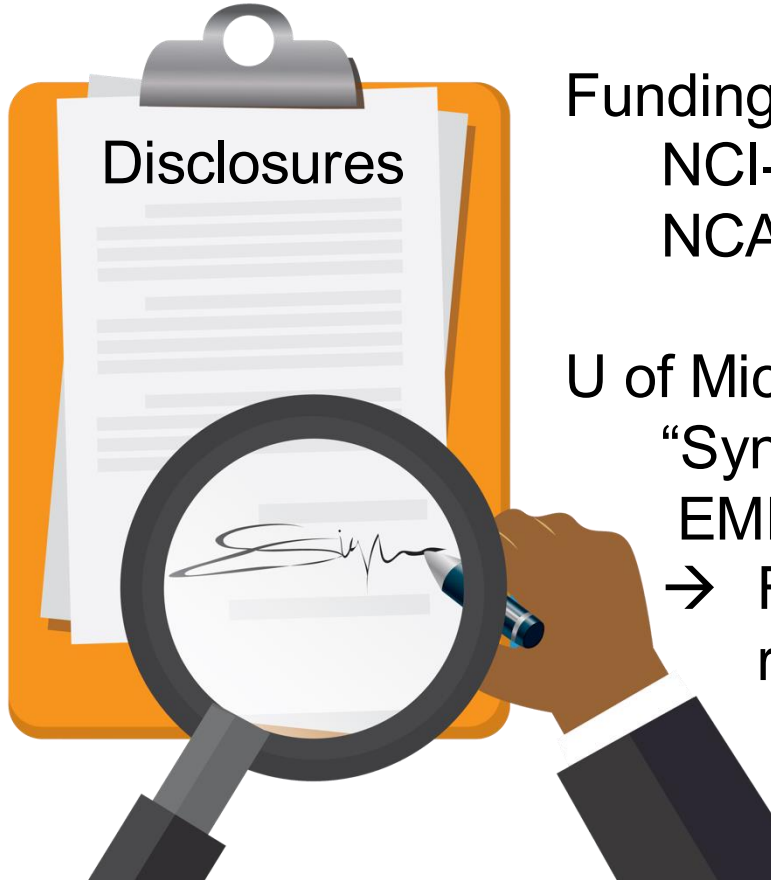


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Dept of Learning Health Sciences
University of Michigan

<http://project-emerse.org/presentations.html>

Disclosures



Funding: U.S National Institutes of Health
NCI-ITCR: U24CA269315
NCATS-CTSA: UM1TR004404

U of Michigan Royalties/Licensing:
“Synonyms” dataset—optional “plugin” for
EMERSE
→ Free for use within EMERSE for
research

Unstructured vs Structured Data

EMERSE is for this...	...not this
<i>Unstructured Data (free-text)</i>	<i>Structured Data</i>
Mrs. Jones is a 56 year old female with a history of HTN, hypercholesterolemia, and T2DM who comes to the clinic today with a 3 day h/o dizziness and severe headache on the left side.	WBC: 5.6 Total cholesterol: 182 Weight: 67.4 AST: 30 ALT: 52

Accuracy of Administrative Coding for Type 2 Diabetes in Children, Adolescents, and Young Adults

ERINN T. RHODES, MD, MPH^{1,2}
LORI M.B. LAFFEL MD, MPH^{1,2,3}

TESSA V. GONZALEZ, AB¹
DAVID S. LUDWIG MD, PHD^{1,2}

Statistical analysis

Results are presented as proportions with PPV defined as the proportion with a type 2 diabetes ICD-9-CM code that had a clin-

- Among 432 patients with an ICD-9 code for type 2 diabetes:
 - 251 (58%) had type 1 diabetes
 - 112 (26%) had neither type 1 nor type 2 diabetes
 - 69 (16%) had type 2 diabetes

Misclassification of Myocardial Infarction Subtypes in Administrative Claims



2025

Implications for Clinical Epidemiology and Quality Assessment

Andrea Martinez, MD,^a Muhammad Etiwy, MD,^b James L. Januzzi, Jr, MD,^{b,c} Cian P. McCarthy, MB, BCH, BAO, SM,^{b,c}
David Cheng, PhD,^{a,d,e} Erika Shults, MS,^b Sarah K. Gustus, MS, ATC,^b John Hsu, MD, MBA,^{a,d,e}
Jason H. Wasfy, MD, MPHIL^{b,e}

- Among 350 patients with an ICD-10 code for type 1 myocardial infarction (MI):
 - 138 (39%) had type 1 MI
 - 159 (45%) had type 2 MI
 - 35 (10%) had other myocardial injuries

80% of EHR data are in unstructured free-text



]

structured data

]

unstructured data/free text

Free-text is really important

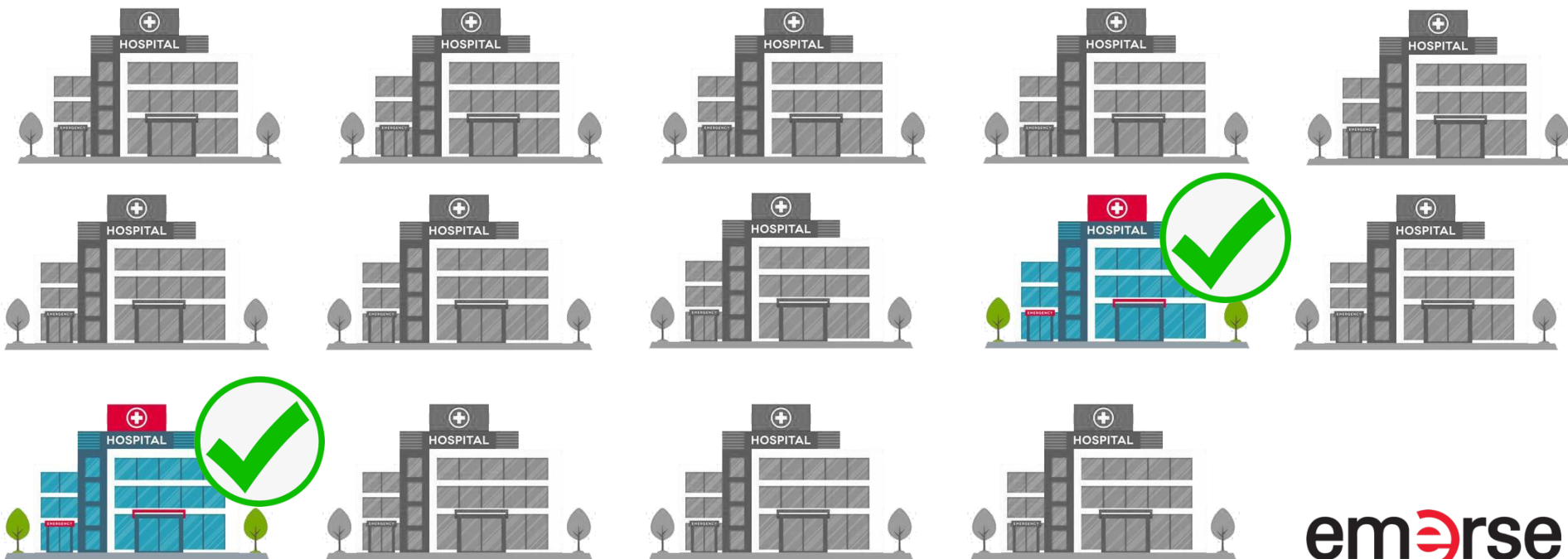
- “The use of EHRs to create disease registers or assess quality of care will be misleading if free text information is not taken into account.”

<https://link.springer.com/article/10.1186/1471-2288-13-105>

- “Structured data is best used for first pass filtering of EHR data...prior to a more nuanced second pass using unstructured data”

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4333685/>

Most medical centers lack tools for free-text



And options that exist aren't great



2025 study on EMR usability:

“The same three items (integration into workflow, **finding information**, and usability of alerts) received the highest number of 'poor' ratings among hospital and practice physicians.”

<https://www.nature.com/articles/s41746-025-01657-4>

The EMERSE solution

- Software tool designed for searching electronic health record notes
- Users search the notes on their own
 - No need to wait in a queue for an analyst or a data scientist
- Made for non-technical researchers
- Search across all notes and all patients at once
- Continuously updated for > 20 years

[Log Out](#)[Help](#)[Preferences](#)[Search Terms](#)[Enter CPIs](#)[Patient List](#)[Full Search](#)

3 of 10

CDR, TESTFOUR

CPI: 60000347

[Demographics](#)[Problem Summ.](#)[Documents](#)[Pathology](#)[Rad/Nuc](#)

20 of 20

Pathology Reports: Single Report

Username: hanauer



Search Terms: test

Summary

important screening test that is extremely us

Last Updated

02/08/2006

Result Test Code

TDGYN

GYNECOLOGIC SMEAR
ENDOCX/CERVICAL THIN LAYER

T8X320

Specimen adequacy: Satisfactory. An endocervical component is absent (the patient is pregnant).

Examination for neoplastic cells: Negative.

The cervicovaginal Pap smear is a very important screening test that is extremely useful in the detection of cancerous and precancerous conditions of the uterine cervix. However, this test is not perfect and false negative results, in which cancer or a precancerous condition may be missed, represent a known and expected limitation of this test. Quality assurance studies indicate an irreducible false negative fraction of at least 5%. The patient

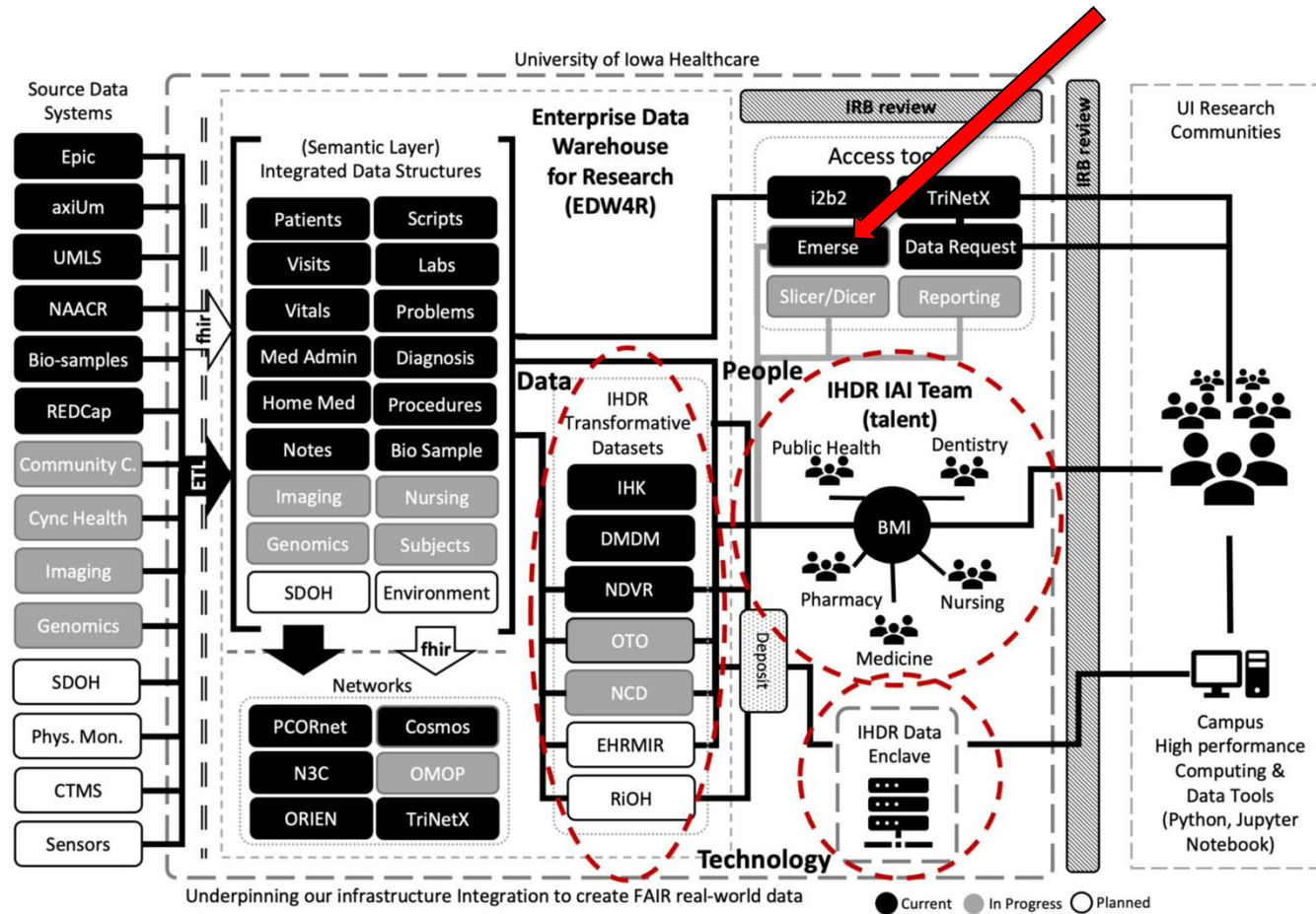
The EMERSE solution

- Initially made for researchers at University of Michigan Cancer Center
- Adopted by about 20 academic health centers including  **Weill Cornell**
Medicine
- Open source software
 - Each site installs locally
 - Our EMERSE team provides implementation support

EMERSE is a useful tool...

...but it will likely be one of several you need to support your project(s)





What can EMERSE do?

Lots of things!



EMERSE for Cardiac Surgery Research

David Hanauer

Linda Farhat, Clinical Research Coordinator
Department of Cardiac Surgery, Michigan Medicine

01:28

Cardiac Surgery Research

"It allows us to basically target exactly what we need to know."

--Linda Farhat, Clinical Research Coordinator



EMERSE for Quality Analytics

David Hanauer

Andrew Heiler, Clinical Quality Coordinator

01:18

Quality Analytics

"I can't imagine having to do what I do without having EMERSE."

--Andrew Heiler, Quality Analytics Coordinator



EMERSE for Infection Control

David Hanauer

Jayna Berger Heiler, Infection Prevention Coach

01:33

Infection Prevention

"The value of EMERSE is immeasurable."

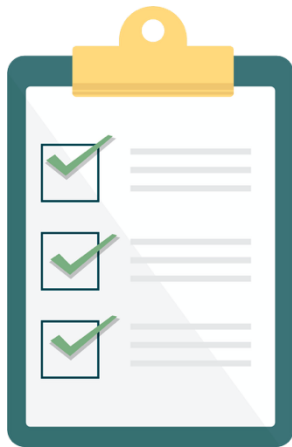
--Jayna Berger Heiler, Infection Prevention Coach

Watch our videos: https://project-emerse.org/use_cases.html

Find cohorts

EMERSE allows you to find cohorts based on things mentioned in the notes

- diseases
- drugs
- symptoms
- anything*



*if it is mentioned

Find cohorts

It's perfect for finding rare things...



...like rare cancers such as
cutaneous leiomyosarcoma

See this talk for more details:

<https://vimeo.com/677482835>

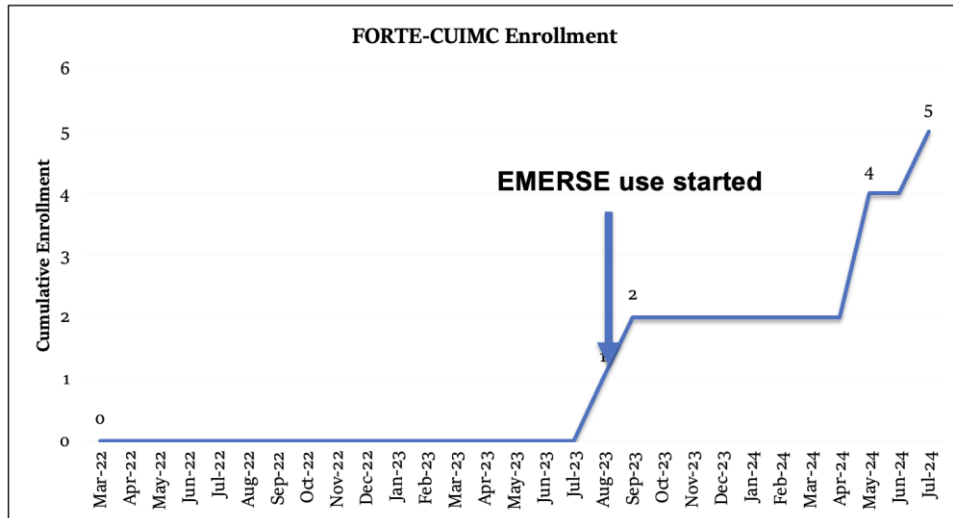
“Using EMERSE to Improve Research
Involving Rare Cancers”



Enroll patients on trials

- We were able to enroll patients!

- **Note:**
While CUMC rolled out the EMERSE workflow for FORTE, we were also simultaneously testing reaching out to EMERSE identified FORTE patients over MyChart to introduce the FORTE study to patients

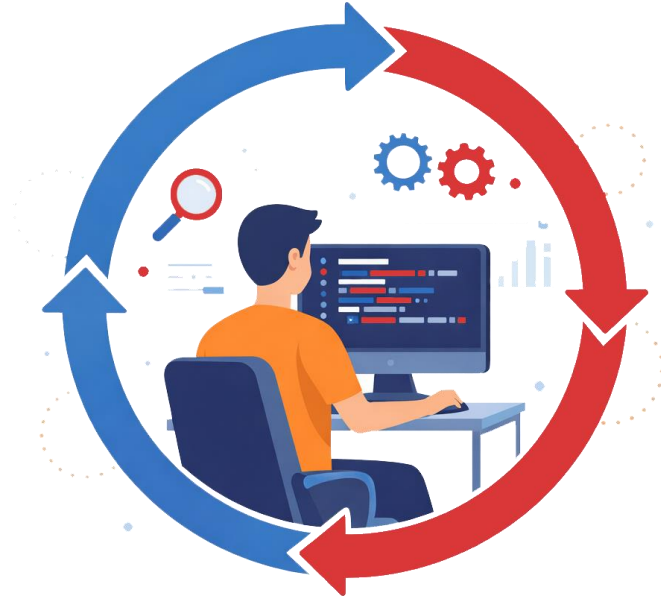


See this talk for more details:

<https://vimeo.com/1084845123/>

EMERSE Community Meeting May 2025

EMERSE keeps the human-in-the-loop



Highlight terms in documents for chart review

Thoracocentesis confirmed the recurrence of mantle cell lymphoma. Disease restaging work-up revealed multicompartiment lymphadenopathy in the neck, mediastinal, retrocrural, retroperitoneal and pelvic regions. Bone marrow was also involved. The patient was treated with a total of six cycles of rituximab, cyclophosphamide, vincristine, doxorubicin and dexamethasone (R-HyperCVAD) completed in January 2007. That treatment led to complete remission that lasted until October 2008, when the disease was found to have recurred in the left pleural space and retroperitoneum without bone marrow involvement.



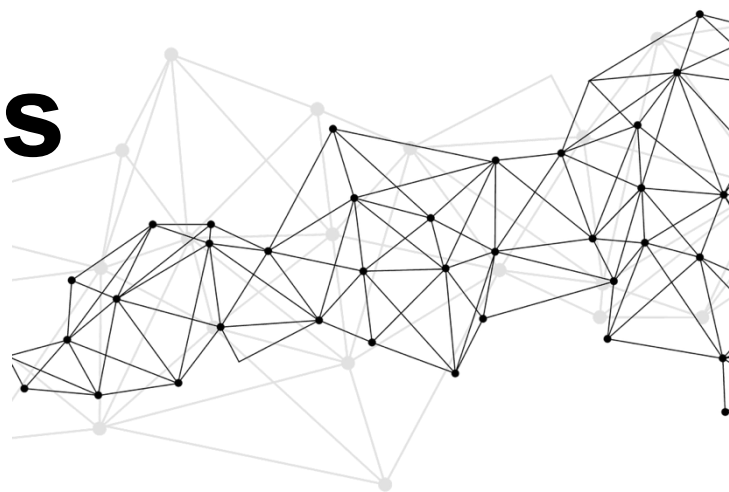
EMERSE is $\equiv$ *fast*

Query to identify all patients with the following	Reporting DB time (s)	EMERSE time (s)	EMERSE advantage
inferior lingular segment of the left upper lobe	17,784	9	1,980x
cavernous hemangioma	14,652	2	7,320x
gray platelet syndrome	14,940	2	7,470x

...enabling real-time querying

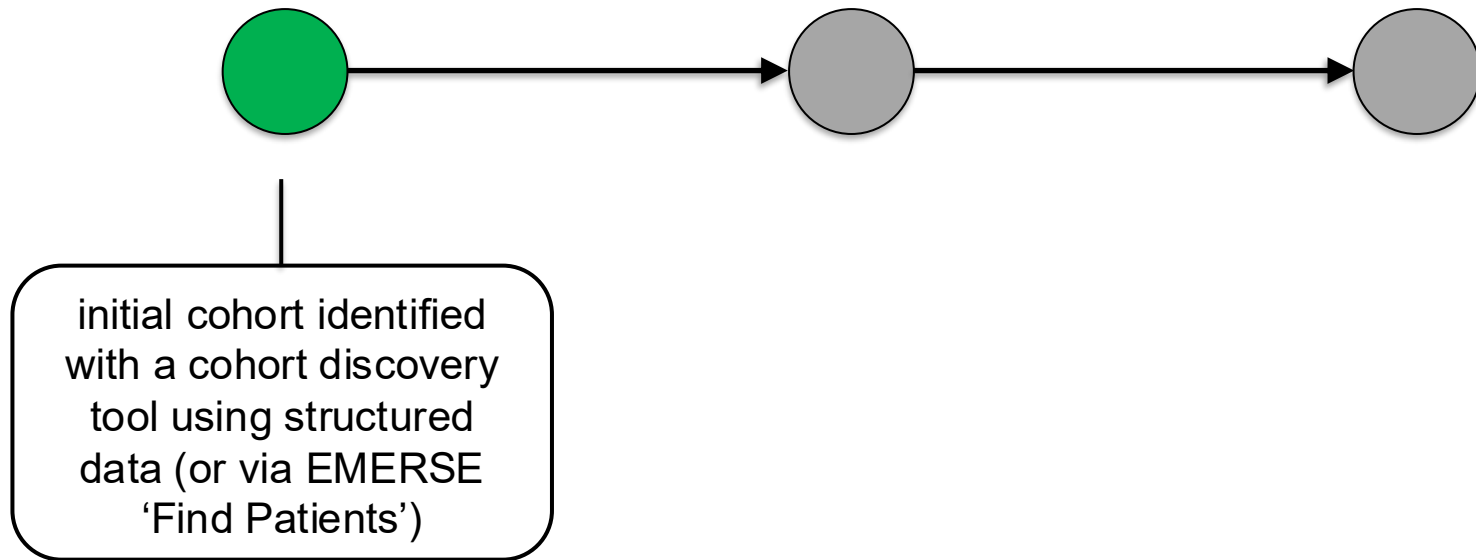


Synonyms



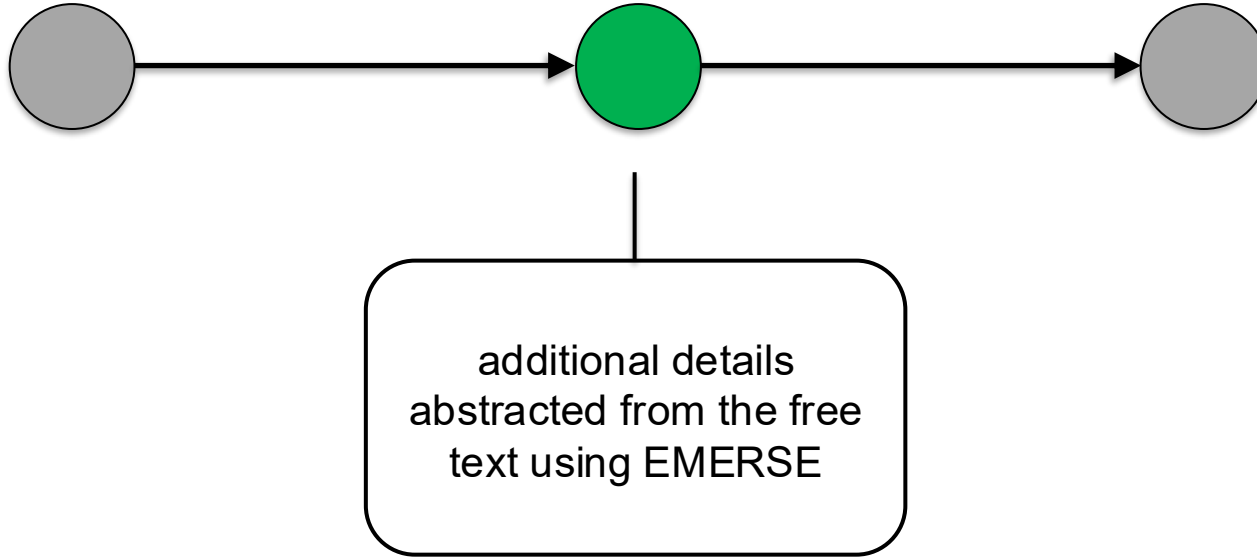
- Used for query expansions
- User-controlled
- Multiple datasets can be included
- EMERSE Synonyms
 - acronyms, abbreviations, professional/consumer terms, misspellings, trade/generic drug names, species, chemo regimens, phrase variations, malapropisms, idioms, neologisms, organizations, companies, & more
 - 3 million unique entries

Typical workflow

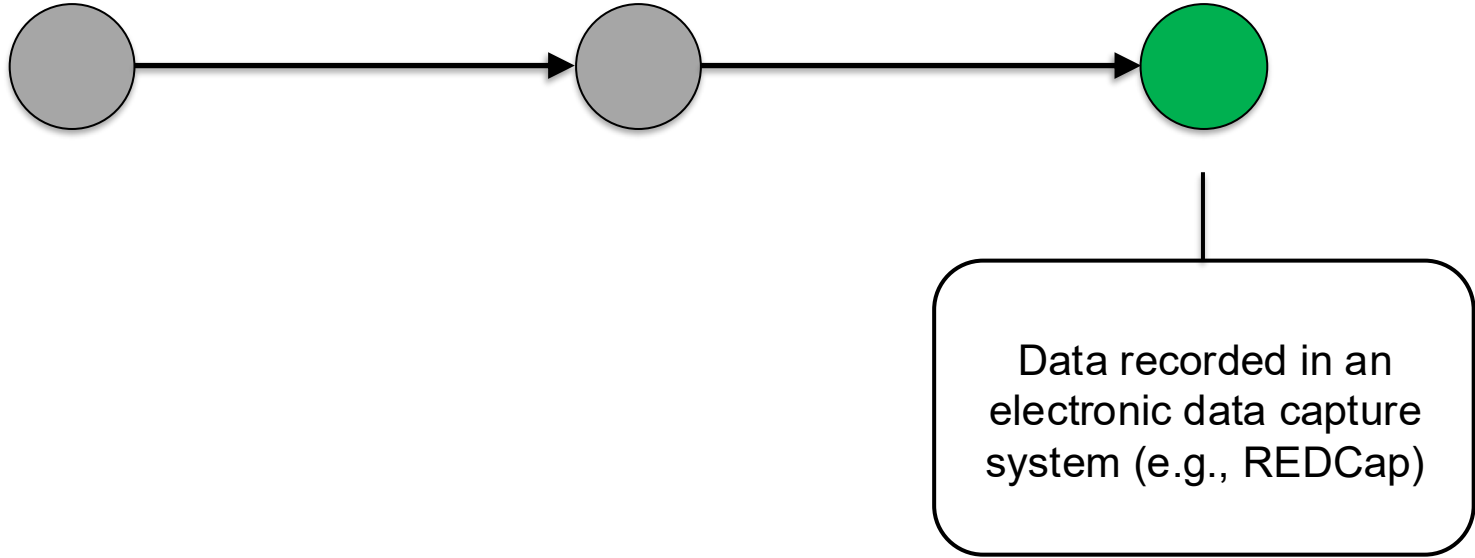


Cohort discovery tools:
i2b2/ENACT, TriNetX, Leaf, etc.

Typical workflow



Typical workflow



Publications using EMERSE

730+

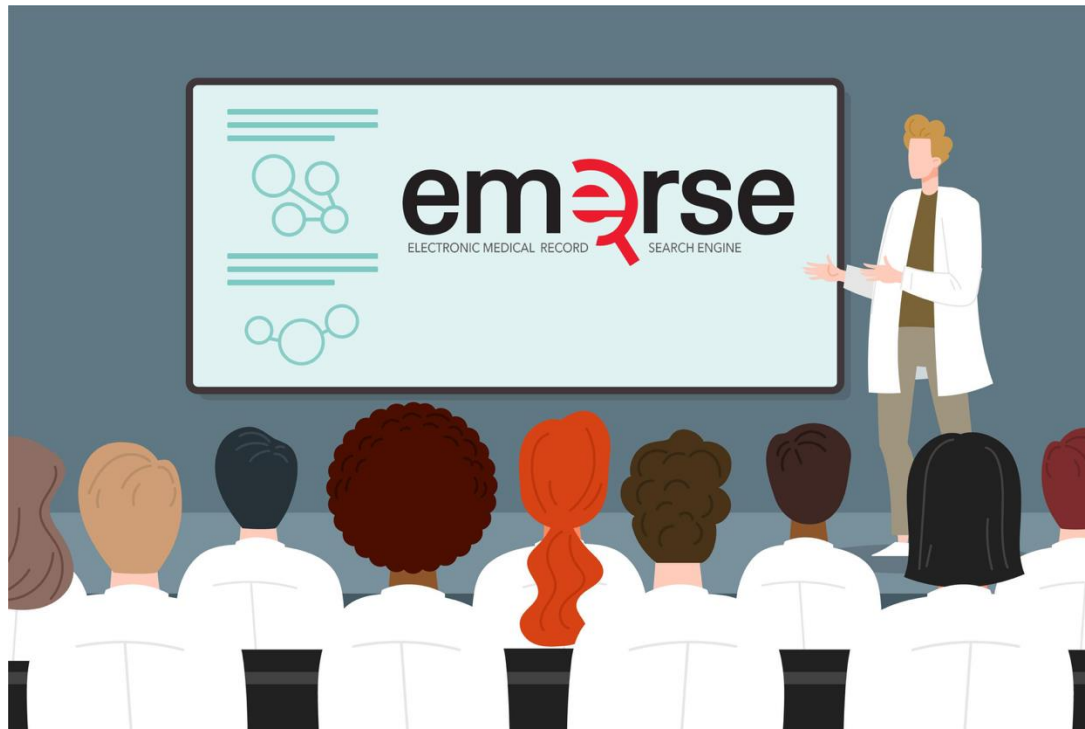
papers and abstracts



Full list at:

<http://project-emerse.org/publications.html>

Brief Demo



- no real names
- no PHI
- publicly available
- “notes” are mainly abstracts & case reports

Filters

cutaneous leiomyosarcoma

Results

HIGHLIGHT DOCUMENTS

FIND PATIENTS

Temporary Terms

Saved Terms

Advanced Terms

Synonym Preferences

Temporary Terms

Name/Description

Edit

Share

Save

Clear/Delete

Export

Bulk Upload

Query Details

Enter Terms/Phrases (one at a time)

ADD

 **Color**



USE THE NEXT AVAILABLE COLOR

Term color will remain the same unless using the button above or by selecting a new color from the palette. Colors can be used to determine the search logic (AND/OR). Colors are disabled when terms are excluded from a search. Colors are disabled when terms are excluded from a search.

C Case-sensitive

TOGGLE CASE-SENSITIVE ON SELECTED TEXT

Individual words can be selected. Words in bold will be searched for in a case-sensitive manner.

N Negation

- ☐ Find positive mentions only (example: "she has diabetes")
- ☐ Find negated mentions only (example: "she denies diabetes")
- ☐ Find any mentions regardless of negation

Active Terms/Phrases

SEARCH LOGIC: DEFAULT

22

 cutaneous leiomyosarcoma

SYNONYMS

C N S U H P F E X W

Patients All Local Patients (10,000)

Filters

Terms cutaneous leiomyosarcoma

Results HIGHLIGHT DOCUMENTS FIND PATIENTS

Summaries Diagnoses Trends

3 patients matched the search criteria

To review these patients in more detail, move to a temporary patient list and then click the Highlight Documents button.

[MOVE TO TEMPORARY PATIENT LIST](#)

Annotations

[Negation](#) [Uncertainty](#) [Non-patient subject](#) [History of](#) [Note: Sections that overlap will be underlined in black](#)

Top 3 Matching Documents

Consent Form (Radiology)	07/24/2011
...year-old woman with a cutaneous leiomyosarcoma associated with osteoclast-like giant...	
...Conclusion A rare case of cutaneous leiomyosarcoma with osteoclast-like giant cells...	
...that our case represents a cutaneous leiomyosarcoma with reactive osteoclast-like giant...	
...osteoclast-like giant cells in cutaneous leiomyosarcoma is unknown...	
...Conclusion A rare case of cutaneous leiomyosarcoma with osteoclast-like giant cells...	
Discharge Summary (Other)	08/15/2015
...Primary cutaneous leiomyosarcoma (PCL) are soft-tissue sarcoma...	

Temporary List (3)

cutaneous leiomyosarcoma

HIGHLIGHT DOCUMENTS

FIND PATIENTS

Send Patient Lists

All Local Patients

Network

Name/Description

Add Patients

[View Patients](#)

Patient Demographics

Share

Save

Clear

Export

MRN	Name	Birth Date	Age	Action
100000056	Hester, Arturo	11/23/1938	87 Years	Remove
100001598	Pope, Adelynn	02/25/1972	53 Years	Remove
100005510	Garner, Ryker	03/26/1965	60 Years	Remove

Patients per page 50 1 - 3 of 3 patients

Temporary List (3)

Terms

cutaneous leiomyosarcoma

HIGHLIGHT DOCUMENTS

FIND PATIENTS

Overview

Sorted by: Insert Order ▾ Ascending ▾

Numbers Grayscale Mosaic

MRN	Name	Main EHR	Radiology	Pathology	Other	Scanned/PDFs	Comment	Tag
100000056	Hester, Arturo		1 of 16				0 / 255	☐
100001598	Pope, Adelynn				1 of 18		0 / 255	☐
100005510	Garner, Ryker			1 of 17			0 / 255	☐

Patients	Temporary List (3)
1	1
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3	3
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7	7
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99	99
100	100

Filters

Terms

cutaneous leiomyosarcoma

Results

HIGHLIGHT DOCUMENTS

[FIND PATIENTS](#)

Overview

Summaries

1 of 3

< Patient >

Main EHR

Radiology

1 of 16

Pathology

Other

Scanned/PDFs

> Name: Hester, Arturo, MRN: 100000056

☐ Display All Documents

Summary

Report ID

Encounter Date

Encounter ID

Imaging Modality

Imaged Body Part

Viewed

...year-old woman with a **cutaneous leiomyosarcoma** associated with osteoclast-like giant...

...Conclusion A rare case of **cutaneous leiomyosarcoma** with osteoclast-like giant cells...

...that our case represents a **cutaneous leiomyosarcoma** with reactive osteoclast-like giant...

...osteoclast-like giant cells in **cutaneous leiomyosarcoma** is unknown...

...Conclusion A rare case of **cutaneous leiomyosarcoma** with osteoclast-like giant cells...

1 of 3 1 of 1
 < Patient > < Document >

Case Report from the Journal of Medical Case Reports Title: Leiomyosarcoma of the skin with osteoclast-like giant cells: a case report | Journal of Medical Case Reports | Full Text DOI: 10.1186/1752-1947-1-180 Abstract Introduction Osteoclast-like giant cells have been noted in various malignant tumors, such as, carcinomas of pancreas and liver and leiomyosarcomas of non-cutaneous locations, such as, uterus and rectum. We were unable to find any reported case of a leiomyosarcoma of the skin where osteoclast-like giant cells were present in the tumor. Case presentation We report a case of a 59-year-old woman with a **cutaneous leiomyosarcoma** associated with osteoclast-like giant cells arising from the subcutaneous artery of the leg. The nature of the giant cells is discussed in light of the findings from the immunostaining as well as survey of the literature. Conclusion A rare case of **cutaneous leiomyosarcoma** with osteoclast-like giant cells is reported. The giant cells in the tumor appear to be reactive histiocytic cells. Open Peer Review reports Introduction Osteoclast-like giant cells have been noted in various malignant tumors, such as, carcinomas of pancreas and liver and leiomyosarcomas of non-cutaneous locations, such as, uterus and rectum. We were unable to find any reported case of leiomyosarcoma of the skin where osteoclast-like giant cells were present in the tumor. We are reporting such a case occurring in the leg of a 59-year-old woman and discussing the nature of the osteoclast-like giant cells in light of the results from the immunostaining as well as the survey of the literature. Case presentation A 59-year-old woman presented with a painless skin nodule on her left leg present for an unknown period of time. The patient's remaining medical history was unremarkable. An excisional biopsy of the leg nodule (Fig. 1) showed an infiltrating spindle cell neoplasm within the subcutaneous tissue, arising from the muscular wall of an artery. The tumor was composed of proliferating, interweaving fascicles of eosinophilic spindle cells with pleomorphic ovoid to cigar-shaped nuclei and occasional paranuclear vacuoles (Fig. 2a). The mitotic activity was brisk, ranging from 1 to more than 5 per 5 high-power fields. A striking finding in the tumor was the presence of scattered osteoclast-like giant cells with dark basophilic cytoplasm and multiple nuclei (Fig. 2b) in between the neoplastic spindle cells. The spindle cells were strongly

Demo List (16)

Filters

Terms

Results

shingles

herpest zoster

VZV eruption

acoustic symptoms

ear pain

prednisone

acyclovir

facial weakness

HIGHLIGHT DOCUMENTS

FIND PATIENTS

Temporary Patient List

Saved Patient Lists

All Local Patients

Network

Demo List

Name/Description

Add Patients

[View Patients](#)

Patient Demographics

Share

Clear/Delete

Copy

Export

MRN	Name	Birth Date	Age	Comment	Tag	Action
100006810	Dudley, Gabriel	07/10/1938	87 Years	possibly eligible for study 27 / 255	☒	Remove
100006606	Perry, Kiana	08/09/1995	30 Years	question about this patient, discuss with study lead 52 / 255	☐	Remove
100005304	Kimura, Luciano	04/17/1981	44 Years	0 / 255	☒	Remove
100004810	Estrada, Marjorie	12/02/1953	72 Years	0 / 255	☐	Remove
100000396	Spencer, Lilian	02/14/2015	10 Years	0 / 255	☒	Remove
100004510	Hall, Colleen	01/03/1990	36 Years	0 / 255	☐	Remove

Patients per page 50 1 - 16 of 16 patients

Patients Demo List (16)

Filters

Terms

shingles herpest zoster VZV eruption acoustic symptoms ear pain prednisone acyclovir facial weakness

Results

[HIGHLIGHT DOCUMENTS](#) [FIND PATIENTS](#)

Overview

Sorted by: Insert Order ▾ Ascending ▾

Numbers Grayscale Mosaic

¹²³

MRN	Name	Main EHR	Radiology	Pathology	Other	Scanned/PDFs	Comment	Tag
100006810	Dudley, Gabriel				1 of 17		possibly eligible for study 27 / 255	☒
100006606	Perry, Kiana			1 of 20			question about this patient, discuss with study lead 52 / 255	☐
100005304	Kimura, Luciano				1 of 16		 0 / 255	☒
100004810	Estrada, Marjorie				1 of 17		 0 / 255	☐
100000396	Spencer, Lilian							☒

Patients per page 50 1 - 16 of 16 patients

Filters

shingles herpest zoster VZV eruption acoustic symptoms ear pain prednisone acyclovir facial weakness

[HIGHLIGHT DOCUMENTS](#) [FIND PATIENTS](#)

Overview

Numbers Grayscale Mosaic

Filters

Terms

Results

Demo List (16)

shingles

herpest zoster

VZV eruption

acoustic symptoms

ear pain

prednisone

acyclovir

facial weakness

HIGHLIGHT DOCUMENTS

[FIND PATIENTS](#)

Overview

Summaries

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< Patient >

Main EHR

Radiology

Pathology

1 of 20

Other

Scanned/PDFs

> Name: Perry, Kiana, MRN: 100006606

☐ Display All Documents

Summary	Report ID	Encounter Date	Encounter ID	Clinical Service	Provider	Document Type	Department	Viewer
...He presented with right-sided facial weakness along with vesicular eruptions on... ...of diseases including chickenpox and shingles can be induced by varicella... ...few dermatomes (herpes zoster or shingles) [2, 3]. Subsequent to the... ...without the concomitant facial and acoustic symptoms [6]. Nonetheless, a few reports... ...a patient with right-sided facial weakness along with vesicular eruptions on... ...Iranian man developed severe right ear pain of three-week duration... ...patient was treated with oral acyclovir. However, he was re-admitted... ...for an abrupt onset of facial weakness and mild vertigo... ...the patient had right-sided facial weakness (Figure 1... ...crusts and scabs (characteristic of VZV eruption) were noted within the right... ...patient was placed on oral prednisone and oral acyclovir... ...gradual improvement in facial weakness was noted... ...Note the peripheral facial weakness. Full size image Figure 2... ...including chickenpox in childhood and shingles in elderly [1... ...facial nerve, can cause peripheral facial weakness as well as rash around... ...an elderly with right-sided facial weakness along with vesicular eruptions on... ...C2-C3 dorsal root ganglia. Shingles is usually diagnosed by inspection...	docid_8_...	12/27/2019	86787630	Gastroent...	Dawson, Sean	Consent Form	Dermatol...	Y

Filters

shingles

HIGHLIGHT DOCUMENTS

[FIND PATIENTS](#)

Summaries

Document

2 of 16

1 of 1

< Patient > < Document >

Main EHR

Radiology

Pathology

1 of 20

Other

Scanned/PDFs

IX and X) by varicella-zoster virus and its subsequent activation may result in the characteristic eruptions of herpes zoster cephalicus. Coexistence of facial palsy and involvement of upper cervical dermatomes by varicella-zoster virus is quite rare. Case presentation Here, we report a 71-year-old Iranian man with involvement of multiple sensory ganglia (geniculate ganglion and upper dorsal root ganglia) by varicella-zoster virus. He presented with right-sided facial weakness along with vesicular eruptions on the right side of his neck, and second and third cervical dermatomes. Conclusion The present case is an example of herpes zoster cephalicus with cervical nerve involvement. Although resembling Ramsay Hunt syndrome with presence of facial nerve paralysis and accompanying vesicles, involvement of cervical dermatomes is not a feature of the classic Ramsay Hunt syndrome. Introduction A wide spectrum of diseases including chickenpox and shingles can be induced by varicella-zoster virus (VZV) [1]. After the primary infection (chickenpox), the virus remains dormant in cranial nerves (e.g. geniculate ganglion of facial nerve) and dorsal root ganglia and then becomes reactivated decades later [1, 2]. The reactivated VZV reaches the skin through axons usually causing pain and vesicular eruption restricted to a few dermatomes (herpes zoster or shingles) [2, 3]. Subsequent to the involvement of sensory branches of facial nerve by VZV, the contiguous motor branches might become inflamed, resulting in facial palsy [4]. First noted by Ramsay Hunt in early nineteenth, simultaneous involvements of multiple cranial nerve ganglia (geniculate ganglion and peripheral ganglia of cranial nerves VIII, IX and X) by VZV and its subsequent activation may result in the characteristic eruptions of herpes zoster cephalicus [5, 6]. Later in 1915, Sharpe classified herpes zoster cephalicus into five categories based on the inflammation of the geniculate, auditory, glossopharyngeal or vagal ganglia with or without the concomitant facial and acoustic symptoms [6]. Nonetheless, a few reports of the coexistence of facial palsy and involvement of upper cervical dermatomes by VZV can be read in the literature. Hereby, we report a patient with right-sided facial weakness along with vesicular eruptions on the right side of his neck and C2-C3 cervical dermatomes, indicating the involvement of multiple sensory ganglia (geniculate ganglion and upper dorsal root ganglia) by VZV. Case presentation A 71-year-old Iranian man developed severe right ear pain of three-week duration. He then developed a painful, vesicular eruption on the right side of his neck. With a presumptive diagnosis of herpes zoster reactivation, the patient was treated with oral acyclovir. However, he was re-admitted for an abrupt onset of facial weakness and mild vertigo. On examination, the patient had right-sided facial weakness (Figure 1). In addition, vesicular eruptions with adherent crusts and scabs (characteristic of VZV eruption) were noted within the right external auditory canal, over the mastoid, around the pinna, and C2-C3 cervical dermatomes (involvement of VII cranial nerve and C2-3 spinal nerves) (Figure 2). He had no associated immunocompromising condition including immunosuppressant drug use, leukemia, etc. A diagnosis of VZV reactivation from multiple ganglia was made based on the patient's characteristic presentation. The serum anti-VZV IgM antibody (ELISA) and VZV DNA (polymerase chain reaction) were negative. A computed tomography scan of the head was unremarkable. Further investigation revealed an increased white cell count (of 21600/7L) and a first hour erythrocyte sedimentation rate of 72 mm. The patient was placed on oral prednisone and oral acyclovir. A gradual improvement in facial weakness was noted. The herpetic vesicles on the head and neck were completely crusted. He was discharged with a favorable clinical condition. Figure 1 Right facial nerve palsy. Note the peripheral facial

^

facial weakness

[FIND PATIENTS](#)

< Patient > < Document >

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1 of 20

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DOI: 10.4076/1752-1947-3-9134 Abstract Introduction Simultaneous involvements of multiple cranial nerve ganglia (geniculate ganglion and peripheral ganglia of cranial nerves VIII, IX and X) by varicella-zoster virus and its subsequent activation may result in the characteristic eruptions of herpes zoster cephalicus. Coexistence of facial palsy and involvement of upper cervical dermatomes by varicella-zoster virus is quite rare. Case presentation Here, we report a 71-year-old Iranian man with involvement of multiple sensory ganglia (geniculate ganglion and upper dorsal root ganglia) by varicella-zoster virus. He presented with right-sided facial weakness along with vesicular eruptions on the right side of his neck, and second and third cervical dermatomes. Conclusion The present case is an example of herpes zoster cephalicus with cervical nerve involvement. Although resembling Ramsay Hunt syndrome with presence of facial nerve paralysis and accompanying vesicles, involvement of cervical dermatomes is not a feature of the classic Ramsay Hunt syndrome. Introduction A wide spectrum of diseases including chickenpox and shingles can be induced by varicella-zoster virus (VZV) [1]. After the primary infection (chickenpox), the virus remains dormant in cranial nerves (e.g. geniculate ganglion of facial nerve) and dorsal root ganglia and then becomes reactivated decades later [1, 2]. The reactivated VZV reaches the skin through axons usually causing pain and vesicular eruption restricted to a few dermatomes (herpes zoster or shingles) [2, 3]. Subsequent to the involvement of sensory branches of facial nerve by VZV, the contiguous motor branches might become inflamed, resulting in facial palsy [4]. First noted by Ramsay Hunt in early nineteenth, simultaneous involvements of multiple cranial nerve ganglia (geniculate ganglion and peripheral ganglia of cranial nerves VIII, IX and X) by VZV and its subsequent activation may result in the characteristic eruptions of herpes zoster cephalicus [5, 6]. Later in 1915, Sharpe classified herpes zoster cephalicus into five categories based on the inflammation of the geniculate, auditory, glossopharyngeal or vagal ganglia with or without the concomitant facial and acoustic symptoms [6]. Nonetheless, a few reports of the coexistence of facial palsy and involvement of upper cervical dermatomes by VZV can be read in the literature. Hereby, we report a patient with right-sided facial weakness along with vesicular eruptions on the right side of his neck and C2-C3 cervical dermatomes, indicating the involvement of multiple sensory ganglia (geniculate ganglion and upper dorsal root ganglia) by VZV. Case presentation A 71-year-old Iranian man developed severe right ear pain of three-week duration. He then developed a painful, vesicular eruption on the right side of his neck. With a presumptive diagnosis of herpes zoster reactivation, the patient was treated with oral acyclovir. However, he was re-admitted for an abrupt onset of facial weakness and mild vertigo. On examination, the patient had right-sided facial weakness (Figure 1). In addition, vesicular eruptions with adherent crusts and scabs (characteristic of VZV eruption) were noted within the right external auditory canal, over the mastoid, around the pinna, and C2-C3 cervical dermatomes (involvement of VII cranial nerve and C2-3 spinal nerves) (Figure 2). He had no associated immunocompromising condition including immunosuppressant drug use, leukemia, etc. A diagnosis of VZV reactivation from multiple ganglia was made based on the patient's characteristic presentation. The serum anti-VZV IgM antibody (ELISA) and VZV DNA (polymerase chain reaction) were negative. A computed tomography scan of the head was unremarkable. Further investigation revealed an increased white cell count (of 21600/7L) and a first hour erythrocyte sedimentation rate of 72 mm. The patient was placed on oral prednisone and oral acyclovir. A gradual improvement in facial weakness was noted. The herpetic

Filters

Terms

Results

Overview Summaries Document

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Main EHR

Radiology

Pathology

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Other

Scanned/PDFs

DOI: 10.4076/1752-1947-3-9134 Abstract Simultaneous involvements of multiple cranial nerve ganglia (geniculate ganglion and peripheral ganglia of cranial nerves VIII, IX and X) by varicella-zoster virus and its subsequent activation may result in the characteristic eruptions of herpes zoster cephalicus. Coexistence of facial palsy and involvement of upper cervical dermatomes by varicella-zoster virus is quite rare. Case presentation Here, we report a 71-year-old Iranian man with involvement of multiple sensory ganglia (geniculate ganglion and upper dorsal root ganglia) by varicella-zoster virus. He presented with right-sided facial weakness along with vesicular eruptions on the right side of his neck, and second and third cervical dermatomes. Conclusion The present case is an example of herpes zoster cephalicus with cervical nerve involvement. Although resembling Ramsay Hunt syndrome with presence of facial nerve paralysis and accompanying vesicles, involvement of cervical dermatomes is not a feature of the classic Ramsay Hunt syndrome. Introduction A wide spectrum of diseases including chickenpox and shingles can be induced by varicella-zoster virus (VZV) [1]. After the primary infection (chickenpox), the virus remains dormant in cranial nerves (e.g. geniculate ganglion of facial nerve) and dorsal root ganglia and then becomes reactivated decades later [1, 2]. The reactivated VZV reaches the skin through axons usually causing pain and vesicular eruptions restricted to a few dermatomes (herpes zoster or shingles) [2, 3]. Subsequent to the involvement of sensory branches of facial nerve by VZV, the contiguous motor branches might become inflamed, resulting in facial palsy [4]. First noted by Ramsay Hunt in early nineteenth, simultaneous involvements of multiple cranial nerve ganglia (geniculate ganglion and peripheral ganglia of cranial nerves VIII, IX and X) by VZV and its subsequent activation may result in the characteristic eruptions of herpes zoster cephalicus. Classification of herpes zoster cephalicus into five categories based on the site of involvement: (1) isolated facial and acoustic symptoms [6]. Nonetheless, a few reports of the coexistence of facial palsy and involvement of upper cervical dermatomes have been reported. Hereby, we report a patient with right-sided facial weakness along with vesicular eruptions on the right side of his neck and C2-C3 cervical dermatomes. Patient presentation A 71-year-old Iranian man developed a painful, vesicular eruption on the right side of his neck. With a presumptive diagnosis of herpes zoster cephalicus, he was treated with oral acyclovir. However, he was re-admitted for an abrupt onset of facial weakness and mild vertigo. On examination, the patient had right-sided facial weakness (characteristic of VZV eruption) were noted within the right external auditory canal, over the mastoid, around the pinna, and C2-C3 cervical dermatomes (involvement of VII cranial nerve and C2-3 spinal nerves) (Figure 2). He had no associated immunocompromising condition including immunosuppressant drug use, leukemia, etc. A diagnosis of VZV reactivation from multiple ganglia was made based on the patient's characteristic presentation. The serum anti-VZV IgM antibody (ELISA) and VZV DNA (polymerase chain reaction) were negative. A computed tomography scan of the head was unremarkable. Further investigation revealed an increased white cell count (of 21600/?L) and a first hour erythrocyte sedimentation rate of 72 mm. The patient was placed on oral prednisone and oral acyclovir. A gradual improvement in facial weakness was noted. The herpetic

Patients Demo List (16)

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Terms shingles herpest zoster VZV eruption acoustic symptoms ear pain prednisone acyclovir facial weakness

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Pathology 1 of 20

Other

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Filters

shingles herpest zoster VZV eruption acoustic symptoms ear pain prednisone acyclovir facial weakness

HIGHLIGHT DOCUMENTS FIND PATIENTS

[Temporary Terms](#)
[Saved Terms](#)
[Advanced Terms](#)
[Synonym Preferences](#)

Temporary Terms

Name/Description

Edit

Share

Save

Clear/Delete

Export

Bulk Upload

Query Details

acoustic symptoms

DONE

REMOVE

 Color



USE THE NEXT AVAILABLE COLOR

Term color will remain the same unless using the button above or by selecting a new color from the palette. Colors can be used to determine the search logic (AND/OR). Colors are disabled when terms are excluded from a search. Colors are disabled when terms are excluded from a search.

C Case-sensitive

TOGGLE CASE-SENSITIVE ON SELECTED TEXT

Individual words can be selected. Words in bold will be searched for in a case-sensitive manner.

N Negation

- ☒ Find positive mentions only (example: "she has diabetes")
- ☐ Find negated mentions only (example: "she denies diabetes")
- ☐ Find any mentions regardless of negation

Ⓢ Non-patient subject

- ☐ Find patient related mentions only (example: "she has diabetes")

Patients Demo List (16)

Filters

Terms shingles herpest zoster VZV eruption acoustic symptoms ear pain prednisone acyclovir facial weakness

Results HIGHLIGHT DOCUMENTS FIND PATIENTS

Overview Summaries Document

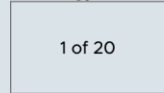
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Patients Demo List (16)

Filters

Terms smoker

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Temporary Terms Saved Terms Advanced Terms Synonym Preferences

Temporary Terms

Name/Description

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Share

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Clear/Delete

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Query Details

Enter Terms/Phrases (one at a time)

ADD

☒ Color



USE THE NEXT AVAILABLE COLOR

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☒ Negation

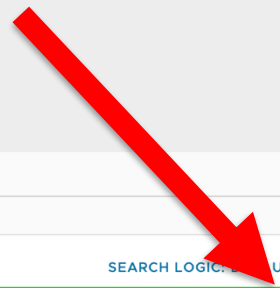
- ☐ Find positive mentions only (example: "she has diabetes")
- ☐ Find negated mentions only (example: "she denies diabetes")
- ☐ Find any mentions regardless of negation

Active Terms/Phrases

SEARCH LOGIC RESULT ?

smoker SYNONYMS

C N S U H P F E X W



Patients Demo List (16)

Filters

Terms **smoker**

Results **HIGHLIGHT DOCUMENTS**

Temporary Terms Saved Terms Advanced

Temporary Terms

Name/Description

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Clear/Delete

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Bulk Upload

Query Details

Synonyms for smoker

Click individual terms to highlight or de-highlight.

WRAPAROUND VIEW

Synonyms (144)

SORT A TO Z

HIGHLIGHT ALL

HIGHLIGHT NONE

- abuse nicotine
- abuses nicotine
- addicted to nicotine
- addicted to tobacco
- addiction to nicotine
- addition to tobacco
- ash-tray
- ash-trays
- ashtray
- ashtrays
- behavior, smoking
- behaviors, smoking
- behaviour, smoking
- behaviours, smoking
- chain-smoker
- chain-smokers
- chain-smoking
- chainsmoker
- chainsmokers
- chainsmoking
- cigar
- cigar/day
- cigar per day
- cigarette
- cigarette/day
- cigarette pack/ day
- cigarette packs each day
- cigarette packs every day
- cigarette packs per day
- cigarette per day
- cigarette smoke
- cigarette smoker
- cigarette smokers
- cigarette smoking
- cigarettes
- cigarettes/day
- cigarettes per day
- cigars
- cigars/days
- cigars per day
- continue to smoke
- continued to smoke
- continues to smoke
- continuing to smoke
- current every day smoker
- current everyday smoker
- current smoker
- currently smokes
- dependence on cigarettes
- dependence on nicotine
- dependence on tobacco
- dependent on cigarettes
- dependent on nicotine
- dependent on tobacco
- habit, smoking
- habits, smoking
- light smoker
- nicotine
- nicotine abuse
- nicotine abuser
- nicotine abusers
- nicotine addiction
- nicotine additions
- nicotine dependence
- nicotine dependent
- pack a day
- pack/day
- pack each day
- pack history
- pack per day
- pack-year
- pack-year smoker
- pack-years
- pack yr
- pack yrs
- packs
- packs a day
- packs/day
- packs each day
- packs of cigarette/day
- packs of cigarette each day
- packs of cigarette per day
- packs of cigarettes/day
- packs of cigarettes each day
- packs of cigarettes every day
- packs of cigarettes per day
- packs per day
- packs per year
- packyear
- packyears
- packyr
- packyrs
- pipe

ADD HIGHLIGHTED TERMS (387) CANCEL

Patients Demo List (16)

Filters

Terms **cisplatin** **smoker**

Results **HIGHLIGHT DOCUMENTS**

Temporary Terms Saved Terms Advanced

Temporary Terms

Name/Description

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Query Details

Synonyms for cisplatin

Click individual terms to highlight or de-highlight.

WRAPAROUND VIEW

Synonyms (127)

SORT A TO Z

HIGHLIGHT ALL

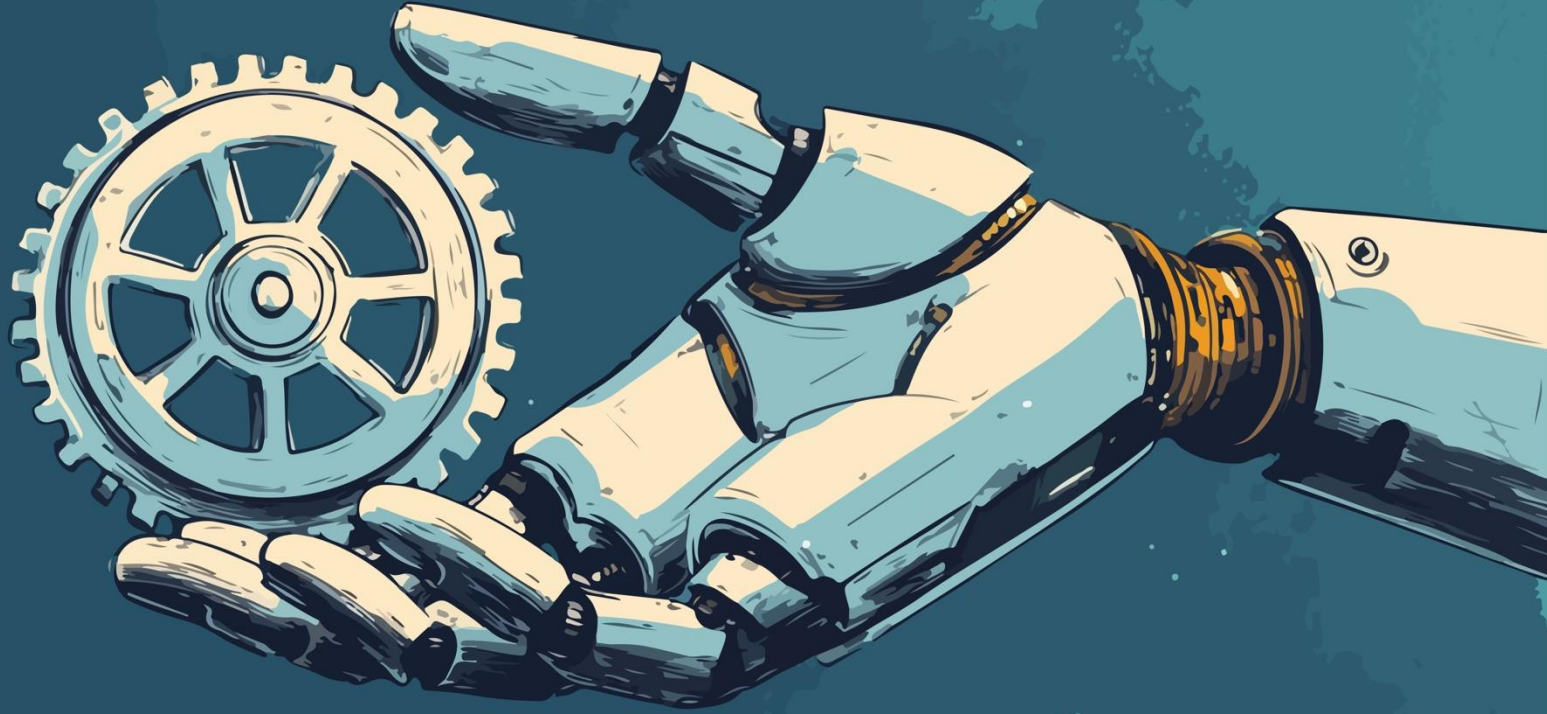
HIGHLIGHT NONE

- Abiplatin AKOS025117566 analogue-of-cisplatin BDBM92386 BEP Blastolem Briplatin CACP
- chemotherapy cis cis-DDP Cis-diammine-dichloroplatinum cis-diamminedichloridoplatinum(II)
- cis-diamminedichloro-platinum(II) cis-Diamminedichloroplatinum cis-diammineplatinum(II)-dichloride
- Cis-dichloroamine-Platinum(II) cis-Dichlorodiammineplatinum(II) **cis-Platin** **cis-platin** **cis-platinum II**
- cis-platinum-II-diamine-dichloride cis-platinum(II)-diammine-dichloride **cis-(PtCl2(NH3)2)** **Cismaplat** **cisp**
- Cisplat Cisplatin,1 cisplatin-analogue cisplatin-analogues cisplatin-(cis) cisplatin-(cisp) **Cisplatina**
- eisplatinated Cisplatine **Cisplatino** **Cisplatinum** **Cisplatyl** **Citoplatino** **Citosin** **CPDD** **Cysplatyna**
- DB00515 DCEP DCF dd-MVAC ddMVAC DDP DHAP **diamminedichloroplatinum** DICE
- dose-dense-MVAC DT-PACE DTPACE ECX EDAP epirubicin, cisplatin-and-capecitabine
- epirubicin, cisplatin, capecitabine Epitope-ID:194799 Epitope-ID:194800 ESHAP EU-0100918 GAX-P
- GAX-P-chemotherapy GAX-P-regimen GDP Gem/Cis Gem/Cisplat GemCis GemCisplat
- gemcitabine, abraxane, capecitabine, and-cisplatin gemcitabine, abraxane, capecitabine, cisplatin
- gemcitabine, abraxane, xeloda, and-cisplatin gemcitabine, abraxane, xeloda, cisplatin ICE Lederplatin
- Metaplatin modified-DCF MVAC Neoplatin neoplatin PDD Pem/Cis pemetrexed/cisplatin
- Peyrone's-Chloride Peyrone's-chloride Peyrone's-Salt Peyrone's-salt Placis Plastistil platamin Platamine
- Platiblastin Platiblastin-S Platinex Platinol Platinol-AQ Platinol-AQ-VHA-Plus Platinexan

ADD HIGHLIGHTED TERMS (22)

CANCEL

EMERSE has served the community for 20+ years



How do we ensure its future?

em_{er}se
ELECTRONIC MEDICAL RECORD SEARCH ENGINE

<http://project-emerse.org/presentations.html>

LLMs are changing how we work with text...do we even need search anymore?



Perspective

Search still matters: information retrieval in the era of generative AI

William Hersh , MD*

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11339511/pdf/ocae014.pdf>
2024



<http://project-emerse.org/presentations.html>

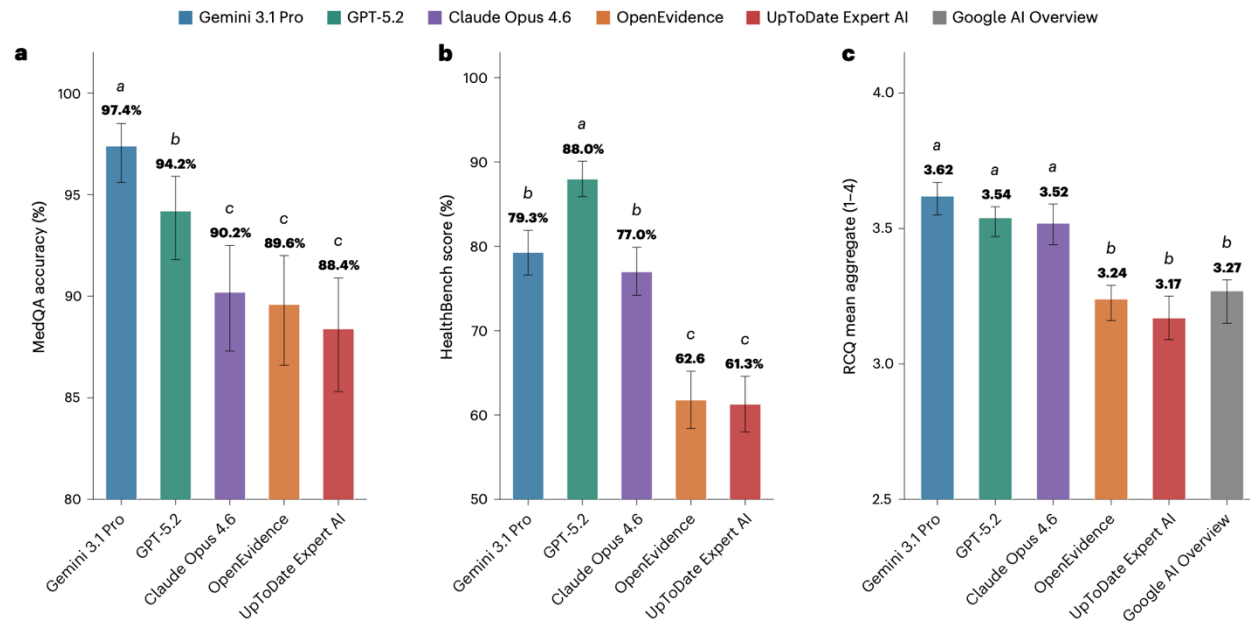
Current EMERSE efforts

- Leverage the platform we have already built
 - security model (roles, privileges, auditing)
 - rapid retrieval of clinical notes
 - simple user interface for researchers
- Extend the capabilities with LLMs in various areas of the application

LLM agnostic

- We are not building our own LLM
- EMERSE should be flexible to connect to any LLM using APIs

General-purpose large language models outperform specialized clinical AI tools on medical benchmarks



Initial thoughts: This should be easy

- LLMs are good at reading text
- Clinical notes are text
- Typical LLM paradigm:
 - paste note → ask question → get answer

The reality: it's not so easy

- Patients have many notes over time
 - Users ask multiple follow-up questions
 - Clinical context matters
 - Answers must be grounded in source documentation
-
- Need to track costs
 - Need to control costs

Note Chat

 EMERSE

David Hanauer ^

Patients LLM test patients (5)

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OCR-SP

CAREWEB

MiChart

Careweb

Radiology

Pathology

Other

Name: Murphy, Lisa Laura, MRN: 999999998

CLEAR CONVERSATION

You

did the patient have any central line infections?

Assistant

There is no evidence from structured EMERSE data for any documented central line infections. However, EMERSE clinical notes reveal episodes of concern for possible central line-associated bloodstream infection (CLABSI) and episodes where blood cultures were drawn for suspected infection, but physical examinations repeatedly describe the central line site as clean, dry, and without erythema, swelling, tenderness, or discharge. Only one note definitively documents a prior central line-associated bacteremia with coagulase-negative Staphylococcus that was resolved after antibiotic treatment. Blood cultures during other febrile episodes and episodes of concern for infection remained negative, and the majority of notes state that there were no signs of infection at central line sites.

Details from Clinical Documentation:

There was a documented episode of central line-associated bloodstream infection (bacteremia with coagulase-negative Staphylococcus), which resolved after antibiotics.

- "Coagulase-negative Staphylococcus (CoNS) bacteremia (resolved with antibiotics)"
- "Bacteremia (central line associated, treated with IV antibiotics; organism: coagulase-negative Staphylococcus)"

Source:	Encounter ID:	Date:	Document ID:
Other	980000072	2025-02-07	output-note-072_999999998

Source:	Encounter ID:	Date:	Document ID:
		2025-02-07	output-note-

Conversation context on: Current Source Balance on EMERSE: \$11.54

Ask a question about this patient...

Send

user-entered question

Patients LLM test patients (5)

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Name: Murphy, Lisa Laura, MRN: 999999998

CLEAR CONVERSATION

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- "Coagulase-negative Staphylococcus (CoNS) bacteremia (resolved with antibiotics)"

Source:	Encounter ID:	Date:	Document ID:
Other	980000072	2025-02-07	output-note-072_999999998

- "[Bacteremia \(central line associated, treated with IV antibiotics; organism: coagulase-negative Staphylococcus\)](#)"

Source:	Encounter ID:	Date:	Document ID:
Other	980000026	2025-03-06	output-note-026_999999998

In multiple febrile or neutropenic episodes, clinicians considered possible central line-associated infection, drew blood cultures from the line, and initiated empiric antibiotics, but physical exams consistently described the central line site as clean, dry, and without erythema, swelling, tenderness, or discharge.

- "Concern for possible central line-associated bloodstream infection or neutropenic fever"
- "Blood cultures drawn from both lumens of Broviac catheter for evaluation of potential line infection"

Source:	Encounter ID:	Date:	Document ID:
Other	980000076	2025-02-12	output-note-076_999999998



- "Blood cultures obtained from both Broviac lumens to assess for possible central line-associated bloodstream infection (CLABSI)"

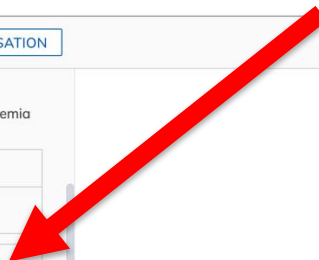
Conversation context on: Current Source

Balance on EMERSE: \$11.54

Ask a question about this patient...

Send

direct quote from note



Patients LLM test patients (5)

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Note Chat Options

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OCR-SP

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Name: Murphy, Lisa Laura, MRN: 999999998

CLEAR CONVERSATION

Date: 2025-03-06 Document ID: output-note-026_999999998

Details from Clinical Documentation:

There was a documented episode of central line-associated bloodstream infection (bacteremia with coagulase-negative Staphylococcus), which resolved after antibiotics.

- "Coagulase-negative Staphylococcus (CoNS) bacteremia (resolved with antibiotics)"

Source:	Encounter ID:	Date:	Document ID:
Other	980000072	2025-02-07	output-note-072_999999998

- "Bacteremia (central line associated, treated with IV antibiotics; organism: coagulase-negative Staphylococcus)"

Source:	Encounter ID:	Date:	Document ID:
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Ask a question about this patient...

Send

direct quote from note

DATE/TIME: 2025-03-06 09:30

LOCATION: Multidisciplinary Leukemia Conference

TYPE: Treatment Planning Note

PATIENT: 6-year-old female with newly diagnosed acute myeloid leukemia (AML), cytogenetics t(8;21), KIT mutation positive.

HISTORY OF PRESENT ILLNESS:

The patient was diagnosed with AML approximately 8 weeks ago following presentation with fever, pallor, and bruising. Initial workup revealed t(8;21) translocation and KIT mutation positivity. She underwent Induction 1 chemotherapy per institutional protocol. Post-Induction 1, minimal residual disease (MRD) was detected by flow cytometry. She subsequently received Induction 2, after which MRD testing was negative.

During her course, she experienced several complications including:

- Bacteremia (central line associated, treated with IV antibiotics; organism: coagulase-negative Staphylococcus)
- Clostridioides difficile colitis (treated with oral vancomycin; resolved)
- Typhilitis (neutropenic colitis; managed with bowel rest, IV fluids, broad-spectrum antibiotics; resolved)

She is currently afebrile, hemodynamically stable, tolerating oral intake, and without evidence of ongoing infection or gastrointestinal symptoms.

PHYSICAL EXAMINATION:

General: Alert, cooperative, appears well-nourished. No acute distress.
Vital Signs: T 36.8°C, HR 92 bpm, BP 105/68 mmHg, RR 18/min, SpO2 98% on room air.
HEENT: Normocephalic, atraumatic. No scleral icterus, oral mucosa moist, no ulcerations.
Neck: No lymphadenopathy, no thyromegaly.
Chest: Clear to auscultation bilaterally. No rales, wheezes, or rhonchi.
Cardiac: Regular rate and rhythm. No murmurs, rubs, or gallops.
Abdomen: Soft, non-tender, non-distended. Bowel sounds present. No hepatosplenomegaly.
Extremities: No edema, no petechiae or purpura noted. Central line site clean, no erythema or discharge.
Skin: No rashes, bruising resolved.
Neurologic: Alert, oriented. Cranial nerves II-XII intact. No focal deficits.

LABORATORY AND IMAGING REVIEW:

Patients LLM test patients (5)

Filters

Terms

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OCR-SP

CAREWEB

MiChart

Careweb

Radiology

Pathology

Other

Name: Murphy, Lisa Laura, MRN: 999999998

CLEAR CONVERSATION

Date: 2025-03-06 Document ID: output-note-026_999999998

Source:	Encounter ID:	Date:	Document ID:
Other	980000090	2025-02-25	output-note-090_999999998

Regular central line site assessments throughout the patient's care documented the site as clean, dry, and intact, without redness, swelling, tenderness, or drainage, and specifically noted no evidence of line infection on numerous exams.

- "Central venous catheter site clean, dry, and without erythema or discharge"

Source:	Encounter ID:	Date:	Document ID:
Other	980000036	2025-03-26	output-note-036_999999998

- "No signs of infection at central line site; site clean, dry, intact"

Source:	Encounter ID:	Date:	Document ID:
Other	980000066	2025-04-18	output-note-066_999999998

- "Central line site clean, dry, without erythema or discharge"

Source:	Encounter ID:	Date:	Document ID:
Other	980000113	2025-04-02	output-note-113_999999998

- "Central line insertion site clean, dry, without erythema or discharge"

Source:	Encounter ID:	Date:	Document ID:
Other	980000048	2025-04-04	output-note-048_999999998

Model: gpt-4.1-2025-04-14 Context Usage: 7.22% Cost Estimate: \$0.17 Scope: Source Query Details



Conversation context on: Current Source

Balance on EMERSE: \$11.54

Ask a question about this patient.

Send

DATE/TIME: 2025-03-06 09:30
LOCATION: Multidisciplinary Leukemia Conference
TYPE: Treatment Planning Note

PATIENT: 6-year-old female with newly diagnosed acute myeloid leukemia (AML), cytogenetics t(8;21), KIT mutation positive.

HISTORY OF PRESENT ILLNESS:

The patient was diagnosed with AML approximately 8 weeks ago following presentation with fever, pallor, and bruising. Initial workup revealed t(8;21) translocation and KIT mutation positivity. She underwent Induction 1 chemotherapy per institutional protocol. Post-Induction 1, minimal residual disease (MRD) was detected by flow cytometry. She subsequently received Induction 2, after which MRD testing was negative.

During her course, she experienced several complications including:

- Bacteremia (central line associated, treated with IV antibiotics; organism: coagulase-negative Staphylococcus)
- Clostridioides difficile colitis (treated with oral vancomycin; resolved)
- Typhilitis (neutropenic colitis; managed with bowel rest, IV fluids, broad-spectrum antibiotics; resolved)

She is currently afebrile, hemodynamically stable, tolerating oral intake, and without evidence of ongoing infection or gastrointestinal symptoms.

PHYSICAL EXAMINATION:

General: Alert, cooperative, appears well-nourished. No acute distress. Vital Signs: T 36.8°C, HR 92 bpm, BP 105/68 mmHg, RR 18/min, SpO2 98% on room air.

HEENT: No significant abnormalities. No oral ulcers or gingivitis. No conjunctival injection.

Neck: No lymphadenopathy, no thyromegaly.

Chest: Clear to auscultation bilaterally. No rales, wheezes, or rhonchi.

Cardiac: Regular rate and rhythm. No murmurs, rubs, or gallops.

Abdomen: Soft, non-tender, non-distended. Bowel sounds present. No hepatosplenomegaly.

Extremities: No edema, no petechiae or purpura noted. Central line site clean, no erythema or discharge.

Skin: No rashes, bruising resolved.

Neurologic: Alert, oriented. Cranial nerves II-XII intact. No focal deficits.

LABORATORY AND TREATMENT REVIEW:

query details

model

cost

EMERSE

Patients

LLM test patients (5)

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MiChart

Careweb

Radiology

Pathology

Other

Name: Murphy, Lisa Laura, MRN: 999999998

Source: Other

Encounter ID: 990000090

Regular central line site assessment clean, dry, and intact, without red no evidence of line infection on nu

* "Central venous catheter site

Source: Other

Encounter ID: 980000036

* "No signs of infection at cent

Source: Other

Encounter ID: 980000066

* "Central line site clean, dry, v

Source: Other

Encounter ID: 980000113

* "Central line insertion site cle

Source: Other

Encounter ID: 980000048

Model: gpt-4.1-2025-04-14 Context

Conversation context on:

Current Sour

Ask a question about this patient...

Notes Examined:	90
MRN:	999999998
Encounter ID:	
SOURCE:	Other
Start Date:	1900-01-01T00:00:00
End Date:	2100-01-01T00:00:00
Query:	("central line infection" OR clabsi OR "line associated bloodstream infection" OR "central line associated bloodstream infection" OR "line infections" OR "picc line infection" OR "catheter infection" OR "central line infections" OR "line associated bacteremia" OR clabsis OR "infected line" OR "catheter site infection" OR "central venous line infection" OR "catheter infections" OR "infected hickman" OR "line bacteremia" OR "line infxn" OR "infection due to central venous catheter" OR "picc line infections" OR "line related bacteremia" OR "central line associated blood stream infection" OR "cvi infection" OR "infected hickman catheter" OR "cvc infection" OR "infection of central venous catheter" OR "infected central line" OR "infected lines" OR "central venous catheter infection" OR "central line associated blood stream infections" OR "infected central venous catheter" OR "central venous catheter infections" OR "blood stream infections" OR "central line sepsis" OR "line associated bloodstream infections" OR "central line associated bloodstream infections" OR clbsi OR "infected central lines" OR clbsi OR "central line associated bsi" OR "catheter related infection" OR cri OR "catheter related" OR "catheter related bloodstream infection" OR crbsi OR "catheter associated infection" OR "catheter related infections" OR "catheter related uti" OR "catheter associated infections" OR "catheter related urinary tract infection" OR "catheter acquired" OR "catheter acquired uti" OR "catheter related bloodstream infections" OR "infection due to catheter" OR "catheter acquired urinary tract infection" OR "catheter related bsi" OR "cr bsi" OR bacteremia OR sepsis OR septicemia OR "blood infection" OR bacteremic OR "positive blood cultures" OR "positive blood culture" OR bacteraemia OR bacteremias OR "anaerobic bacteremia" OR urosepsis OR "septic shock" OR septicemic OR toxemia OR toxemic OR septicemia OR "line sepsis" OR "line infection" OR "cvi infections" OR "infection of central line" OR "central venous line infections" OR "infected cvc" OR "cvc infections" OR "infection of central venous line" OR "infected cvl" OR "infection of cvc" OR "infected central venous line" OR "infection of cvl" OR "infection of central lines" OR cvc OR "central line" OR "central venous catheter" OR "central venous line" OR "central venous catheters" OR "central vascular catheter" OR "central venous lines" OR "central vein catheter" OR cvcs OR "central vein catheters" OR "central vascular catheters" OR "central vein line" OR "central vein lines")

90 notes examined

query written by LLM

David Hanauer

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2025-03-06 Document ID: output-note-026_999999998

Leukemia Conference

note

with newly diagnosed acute myeloid leukemia (AML), mutation positive.

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hemodynamically stable, tolerating oral intake, and g infection or gastrointestinal symptoms.

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One more patient

 EMERSE

David Hanauer

Patients LLM test patients (5)

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CAREWEB

MiChart

Careweb

Radiology

Pathology

Other

Name: Miller, Larry L, MRN: 999999999

CLEAR CONVERSATION

You

did the patient have any fractures

E

Assistant

Based on EMERSE clinical note evidence, the patient sustained multiple fractures, including an open, displaced right distal tibia and fibula fracture and left-sided rib fractures. There is detailed documentation of imaging, surgical intervention, and ongoing management of these injuries throughout the hospital course. No fracture diagnoses were found in the Clarity structured data, but EMERSE notes provide a comprehensive account of trauma-related fractures.

Details from Clinical Documentation:

The patient sustained an open, displaced right distal tibia and fibula fracture, as documented in clinical notes describing injury details, imaging findings, ortho consultation, operative management (irrigation, debridement, open reduction, and internal fixation), and non-weight bearing precautions.

- "Open, displaced right distal tibia/fibula fracture (Gustilo IIIA) with neurovascularly intact extremity."

Source: Other Encounter ID: 900000003 Date: 2026-02-06 Document ID: output-note-003

- "There is a comminuted, displaced fracture of the distal diaphysis of the right tibia. The fracture fragments are angulated and malaligned"
- "Presence of soft tissue gas at the fracture site, consistent with open (compound) injury."

Source: Other Encounter ID: 900000010 Date: 2026-02-07 Document ID: output-note-010

Conversation context on: Current Source Balance on EMERSE: \$11.42

Ask a question about this patient...

Send

straightforward question

straightforward answer

Patients LLM test patients (5)

Filters

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OCR

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CAREWEB

MiChart

Careweb

Radiology

Pathology

Other

Name: Miller, Larry L, MRN: 999999999

CLEAR CONVERSATION

You

You

does the patient have a risk of death from this accident?

E

Assistant

Based on EMERSE clinical notes, the patient sustained significant traumatic injuries including open, displaced right distal tibia and fibula fractures, multiple left-sided rib fractures, splenic laceration (with associated hemoperitoneum), pulmonary contusions, mild traumatic brain injury, and pneumothorax. Clinical documentation repeatedly references high-risk features such as the need for emergent surgical intervention, aspiration risk due to intoxication and mental status changes, moderate contamination of open fractures, risk of infection, and limb-threatening injury. Although there is no explicit documentation of imminent risk of death, the combination of injuries—especially the splenic laceration, pneumothorax, and open fractures—pose a considerable risk for life-threatening complications. No structured Clarity diagnosis records were found, so all evidence is from narrative notes.

Details from Clinical Documentation:

The patient has multiple traumatic injuries that carry significant morbidity and potential mortality risk, including open right distal tibia/fibula fracture (limb-threatening), left rib fractures, grade II splenic laceration (with hemoperitoneum), pulmonary contusions, mild TBI, and pneumothorax. Notes reference the seriousness of the trauma, surgical urgency, and potential for limb loss or infection.

↓

- "Open, displaced right distal tibia/fibula fracture (Gustilo IIIA) with neurovascularly intact extremity."

Conversation context on:

Current Source

Balance on EMERSE: \$11.33

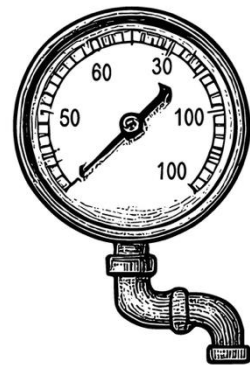
Ask a question about this patient...

Send

more abstract question

answer based on
synthesis and
inference from 26
notes

How does it all work?



1. User asks a question
2. LLM evaluates question for specificity
 - If too vague, it will ask for more details

You

You

How is the patient doing?

E

Assistant

Could you be more specific? Are you interested in active medical issues, recent changes, test results, treatment plan, or a particular concern?

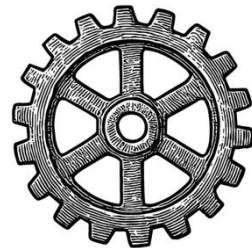
↓

Model: gpt-4.1-2025-04-14 Context Usage: 0.28% Cost Estimate: < \$0.01 Scope: Source [Query Details](#)

👍

👎

How does it all work?



3. LLM decides if reporting database (e.g., Epic Clarity) should be queried for any known details about the patient
 - demographics, diagnoses, medications, etc.
 - usually not enough to answer the question, but used to help the LLM focus on the right details.
4. LLM writes an initial free text search query (no RAG/embeddings), using the structured data as a guide, if available

How does it all work?

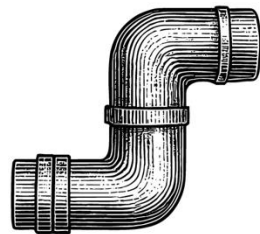


5. LLM will then use available Synonyms to expand the query with additional terms

6. LLM evaluates the expanded query to remove terms likely to be vague, which could lead to excess false positives/noise

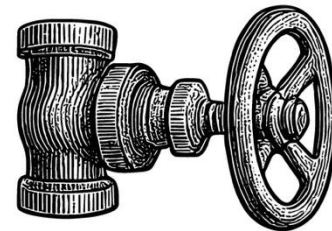
- e.g., 'ca' could be cancer, calcium, catheter-associated, etc

How does it all work?



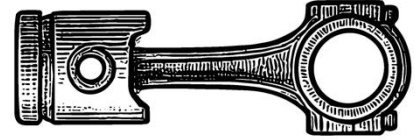
7. LLM queries EMERSE notes (stored in Solr) to retrieve up to 800 notes (controlled by user preferences)
8. Snippets from each note are extracted with 1,000 characters on each end of the search terms

How does it all work?



9. Snippets, along with note metadata, are sent back to the LLM for synthesis and answering the question
 - LLM is instructed to extract exact quotes from notes as supporting evidence
10. Results are returned in a structured (JSON) format and presented to the user in a consistent manner

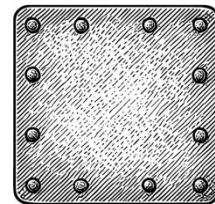
How does it all work?



11. User can click on supporting quotes to review the text in the original note

- The quoted text is highlighted with deterministic highlighter
- If text cannot be highlighted deterministically, the LLM may have paraphrased, so text and note is sent to LLM to try to highlight
- If text still cannot be highlighted it could represent a hallucination and user is warned

Additional details



- Workflow engine ties distinct LLM calls together
- Conversational memory is maintained, but only within a patient, and only per-conversation
- To encourage reproducibility a temperature of 0 is initially used
 - If LLM returns invalid JSON, and it cannot be repaired, the system will retry at higher temperatures to obtain a valid response

Additional details



- System maintains detailed accounting of input/output tokens, with estimated costs available for each answer and as a running ledger per user

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AI Options

API Keys

Chat History

Credit Ledger

Settings

Token Usage

Token Usage

Start Date

mm/dd/yyyy

End Date

mm/dd/yyyy

SEARCH

CLEAR FILTER

Conversation Rounds

1,737

Prompt Tokens

55,201,514

Completion Tokens

1,191,144

Embedding Calls

7,640

Embedding Tokens

1,521,488

Prompt Cost

\$110.33

Completion Cost

\$8.84

Embedding Cost

\$0.15

Total Cost

\$119.31

Conversation Rounds

Embeddings

Conversation	MRN	Model	Message	Prompt Tokens	Completion Tokens	Prompt Cost	Completion Cost	Total Cost	Tools	Completed At ↓
ce3f7e6bc41c4f74837d6b90d11dabbd	999999999	gpt-4.1-2025-04-14	does the patient hav...	32,367	2,461	\$0.06	\$0.02	\$0.08	3	2026-07-03T00:23:01.6175224
ce3f7e6bc41c4f74837d6b90d11dabbd	999999999	gpt-4.1-2025-04-14	does the patient hav...	4,099	79	< \$0.01	< \$0.01	< \$0.01	0	2026-07-03T00:22:28.9173106
ce3f7e6bc41c4f74837d6b90d11dabbd	999999999	gpt-4.1-2025-04-14	did the patient have...	50,961	2,091	\$0.10	\$0.02	\$0.12	4	2026-07-03T00:20:59.2780557
ce3f7e6bc41c4f74837d6b90d11dabbd	999999999	gpt-4.1-2025-04-14	did the patient have...	2,868	50	< \$0.01	< \$0.01	< \$0.01	0	2026-07-03T00:20:32.1259329

- AI Options
- API Keys
- Chat History
- Credit Ledger
- Settings
- Token Usage

Account

EMERSE (EMERSE)

Current Balance

\$11.33

From

mm/dd/yyyy

To

mm/dd/yyyy

CLEAR

Date ↓	Type	Amount	Remaining Balance	Reference ID	Created By	Note
2026-07-03 00:23	Chat	-\$0.09	\$11.33	15835	SYSTEM	
2026-07-03 00:20	Chat	-\$0.13	\$11.42	15833	SYSTEM	
2026-07-03 00:07	Chat	-\$0.17	\$11.54	15830	SYSTEM	
2026-07-02 12:33	Chat	-\$0.09	\$11.72	15744	SYSTEM	
2026-07-02 12:31	Chat	-\$0.13	\$11.81	15739	SYSTEM	
2026-07-02 10:04	Chat	-\$0.01	\$11.93	15726	SYSTEM	
2026-07-02 09:37	Chat	-\$0.16	\$11.95	15712	SYSTEM	
2026-07-02 09:34	Chat	-\$0.16	\$12.10	15707	SYSTEM	
2026-07-01 19:53	Chat	-\$0.01	\$12.26	15705	SYSTEM	
2026-07-01 19:53	Chat	-\$0.30	\$12.27	15704	SYSTEM	
2026-06-24 22:08	Chat	-\$0.01	\$12.57	15257	SYSTEM	

Query Generation

Patients

LLM test patients (5)

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FIND PATIENTS

Temporary Terms

Saved Terms

AI Terms

Synonym Preferences

E

Assistant

I can help you build EMERSE search queries. Describe what you're looking for in plain language and I'll suggest search terms. Always review AI-generated queries before using them — results may be incomplete or inaccurate.

You

You

I am looking for adults who have undergone an allo transplant for multiple myeloma

E

Assistant

Building the query.

Ask a question to build a search query...

Send



Emerse

emerse-ap-ps8a.med.umich.edu/emerse/terms/aiQueryBuild?pl=10018051

☆ 🔍 ⓘ ⋮

 EMERSE

David Hanauer

Patients LLM test patients (5)

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Saved Terms

AI Terms

Synonym Preferences

You

I am looking for adults who have undergone an allo transplant for multiple myeloma

E

Assistant

The clinical intent is to identify adult patients (age ≥ 18 years) who have undergone an allogeneic (allo) transplant for multiple myeloma. The queries cover broad recall (all mentions), current/confirmed patient-owned status (highest specificity), and historical procedures (past transplants). This approach ensures you capture all relevant patient populations, allowing you to choose between sensitivity and specificity depending on your research needs.

Largest cohort — broad recall for allogeneic transplant and multiple myeloma, using synonyms and abbreviations, no NLP tags. Captures all notes mentioning both concepts, regardless of context (current, historical, family, uncertain). Will include patients with any mention of allogeneic transplant (including planned, denied, or historical) and any mention of multiple myeloma. Maximizes sensitivity but may include false positives (e.g., family history, past procedures, or uncertain diagnoses).

CREATE TERM BUNDLE

Smaller cohort — semantic precision: restricts to current, patient-owned mentions of allogeneic transplant and multiple myeloma using -[TG_HISTORY]-[TG_FAMILY] tags. Excludes historical, family, and uncertain mentions. Captures patients with current, confirmed, patient-owned allogeneic transplant for multiple myeloma. Misses patients where the transplant or diagnosis is only mentioned as history, family, or uncertain. Higher specificity, lower sensitivity.

CREATE TERM BUNDLE

Moderate cohort — restricts to historical mentions of allogeneic transplant for multiple myeloma using +[TG_HISTORY] tags. Captures patients with a past history of allogeneic transplant for multiple myeloma. Useful if interested in patients who previously underwent the procedure, not just current status. Excludes current-only mentions. Population may overlap with broad recall but is distinct from

Ask a question to build a search query...

Send

EMERSE

David Hanauer

Patients

All Local Patients (1,649,157)

Filters

Patient Age (in days)

Terms

allogeneic transplantallogeneic bone marrow transplantallogeneic stem cell transplantallo bmtallosctallogeneic hematopoietic stem cell transplantatio...allo hscतालlogeneic bmtallogeneic hscतालlo sctallogeneicHIDE

Results

Temporary Te

Search Terms

Terms to Include (99)

allogeneic transplantallogeneic bone marrow transplantallogeneic stem cell transplantallo bmtallosctallogeneic hematopoietic stem cell transplantatio...allo hscतालlogeneic bmtallogeneic hscतालlo sctallogeneic hematopoietic stem cell transplantallogeneic stem cell transplantationallohscतालlogeneic transplantationallobmtallogeneic bone marrow transplantationallogeneic sctallohctallogenic transplantationallograft bone marrow transplantallogeneic stem cell transplantsallogeneic transplantsallogeneic bone marrow transplantsallogeneic hematopoietic sctallogeneic hematopoietic stem cell transplantsallogeneic hematopoietic stem cell transplantatio...allogeneic haematopoietic stem cell transplanta...allogeneic hscतालlogeneic stem cell transplantationsallo transplantalлотransplantalлотransplantationallo transplantationallo transplantsalлотransplantsallo transplantedallogeneic hematopoietic cell transplantallogeneic hematopoietic cell transplantationallogeneic haematopoietic cell transplantationallogeneic hematopoietic cell transplantsallogeneic bone marrow transplantationsallogeneic sctsallo hctmultiple myelomammmyelomakahlerigg kappa multiple myelomaplasmacell myelomalambdamultiple myelomaplasmacell neoplasmsmoldering myelomasmmsmoldering multiple myelomaga kappa multiple myelomabone marrow cancerigg kappa mmrelapsed refractory multiple myelomamultiple myelomamyleomaigna multiple myelomamult myelomammyhigh risk multiple myelomastage iia igg kappa multiple myelomarrmmasymptomatic multiple myelomamultiple myelomasosteosclerotic myelomamulti myelomaasymptomatic myelomakahler smyelomatosisbiclonaal multiple myeloma

ays review AI-generated queries before using them — results may be

ave undergone an allo transplant for multiple myeloma

fy adult patients (age ≥ 18 years) who have undergone an allogeneic myeloma. The queries cover broad recall (all mentions), vned status (highest specificity), and historical procedures (past ensures you capture all relevant patient populations, allowing you to and specificity depending on your research needs.

all for allogeneic transplant and multiple myeloma, using synonyms and Captures all notes mentioning both concepts, regardless of context (certain). Will include patients with any mention of allogeneic transplant or historical) and any mention of multiple myeloma. Maximizes sensitivity es (e.g., family history, past procedures, or uncertain diagnoses).

recision: restricts to current, patient-owned mentions of allogeneic loma using -[TG_HISTORY]-[TG_FAMILY] tags. Excludes historical, family, ptures patients with current, confirmed, patient-owned allogeneic ma. Misses patients where the transplant or diagnosis is only mentioned in. Higher specificity, lower sensitivity.

FIND PATIENTS

to historical mentions of allogeneic transplant for multiple myeloma using rec patients with a past history of allogeneic transplant for multiple

ry... Send

Emerse

emerse-ap-ps8a.med.umich.edu/emerse/results/charts/summaries

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⋮

EMERSE

David Hanauer

Patients

All Local Patients (1,649,157)

Filters

Patient Age (in days)

Terms

allogeneic transplant

allogeneic bone marrow transplant

allogeneic stem cell transplant

allo bmt

allosct

allogeneic hematopoietic stem cell transplantati...

allo hscst

allogeneic bmt

allogeneic hscst

allo sct

all

SHOW ALL

Results

VIEW/HIGHLIGHT DOCUMENTS

DOWNLOAD DOCUMENTS

FIND PATIENTS

Summaries

Demographics

Trends

503 patients matched the search criteria

MOVE TO TEMPORARY PATIENT LIST

To review these patients in more detail, move to a temporary patient list and then click the Highlight Documents button.

Annotations

Negation

Non-patient subject

Uncertainty

History of

Flowsheet row

Flowsheet comment

Note: Sections that overlap will be underlined in black

Top 100 Matching Documents

Progress Notes (MiChart)

...

...of Michigan Rogel Cancer CenterMultiple Myeloma and Plasma Cell Disorders Clinic...
...CS.3]CHIEF COMPLAINT: Relapsed multiple myeloma (plasmacytomas), following HSCT[CS.1...
...to Infectious Disease Adult3.Multiple myeloma in relapse (CMS/HCC)[CS.2] DIAGNOSIS: Relapsed multiple
myeloma TREATMENT HISTORY: CURRENT TREATMENT:[CS...
...28 given neutropenia 6) MUD alloSCT () - Tacrolimus, Post-Cy...
...CS.2] with relapsed symptomatic multiple myeloma who presents to the University of Michigan Multiple Myeloma and Plasma
Cell Disorders Clinic...
...Patient Active Problem ListDiagnosis•Multiple myeloma in relapse (CMS/HCC)•History...
...by laboratory studies. Cytogenetics normal. Myeloma FISH negative. He was started...
...then proceeded to matched unrelated allogeneic SCT under the direction of Dr...
...the Dara-Rd prior to allo transplant and entered remission. Last bone...
...thigh, left scalp. Biopsies showed multiple myeloma. Following initial consultation at MM...
...for consultation regarding his relapsed multiple myeloma. He was initially diagnosed with...
...and then proceeded to MUD allogeneic SCT (). He was doing...
...if () biopsy showed myeloma. He is here to establish...
...Given he had a recent allogeneic SCT and is still on tacrolimus...
...not likely eligible. As the myeloma seems to be rapidly growing...
...respectively.[CS.3] Plan:# relapsed multiple myeloma s/p alloSCT-[CS.1] continue[CS.3...
...p HSCT and receiving active myeloma therapy- recommended continued compression, discuss...
...of skin GVHD given recent allo transplant and weaning of tacrolimus immunosuppression...

Telephone Encounter (MiChart)

...

Initial Experiences

- LLMs are powerful but multiple challenges remain
 - Cost
 - Speed
 - Completeness
 - Accuracy
 - Invalid JSON
 - Paraphrasing instead of direct quotes
 - Hallucinations – rare

Quoting too much text

/HIGHLIGHT DOCUMENTS

DOWNLOAD DOCUMENTS

FIND PATIENTS

aries Timeline Document AI Assistant AI Settings/Token Usage

2 of 5 122 of 175
< Patient > < Document >

Name: Murphy, Lisa Laura, MRN: 999999998

EXPORT CONVERSATION

CLEAR CONVERSATION

Document ID: output-note-095_999999998

The patient was diagnosed with acute myeloid leukemia (AML) and had high-risk features, including KIT mutation and early MRD positivity.

- "Her initial course was complicated by episodes of bacteremia, Clostridioides difficile colitis, and typhilitis, all of which have resolved with appropriate supportive care and antimicrobial therapy.....Following Induction 2, she achieved MRD negativity, which is a positive prognostic indicator. Her infectious complications (bacteremia, C. diff, typhilitis) have resolved and she is clinically stable. The multidisciplinary team, including hematology/oncology, bone marrow transplant (BMT), infectious disease, and supportive care, reviewed her course and current status. The BMT team reports several available 10/10 matched unrelated donors (MUD). Institutional practice regarding HSCT in first complete remission (CR1) varies, particularly in the context of favorable cytogenetics but high-risk molecular features. The patient's family was counseled extensively regarding risks and benefits of proceeding with allogeneic HSCT versus continued chemotherapy. Family expresses preference for transplant, acknowledging equipoise and understanding relapse risk associated with KIT mutation and early MRD positivity. Key points discussed: - Favorable cytogenetics (t(8;21)) but high-risk features (KIT+, early MRD+) - MRD negativity after Induction 2 supports continuation of chemotherapy per protocol, but risk of relapse remains elevated - Multiple 10/10 MUD available - Institutional equipoise regarding HSCT in CR1 - Family preference for transplant after thorough counseling PLAN: - Proceed with allogeneic hematopoietic stem cell transplantation (HSCT) in first complete remission (CR1) using 10/10 MUD, pending final family agreement - Initiate formal pre-transplant evaluation, including: - Comprehensive physical assessment - Cardiac and pulmonary function testing - Infectious disease screening - HLA confirmation - Psychosocial assessment - Review of prior infectious complications and clearance - Team debated whether to administer one additional consolidation cycle prior to HSCT; consensus reached to proceed directly to transplant upon clearance to minimize risk of relapse, as timing is favorable and bridge therapy is not required - Continue supportive care, monitor for any new infections or complications - Maintain close communication with family regarding timeline and next steps



Conversation context on: Current Source

Ask a question about this patient...

Send

ed.umich.edu/emerse/results/overview/999999998/OTHER?pl=10018051

particularly in the context of favorable cytogenetics but high-risk molecular features. The patient's family was counseled extensively regarding risks and benefits of proceeding with allogeneic HSCT versus continued chemotherapy. Family expresses preference for transplant, acknowledging equipoise and understanding relapse risk associated with KIT mutation and early MRD positivity.

Key points discussed:

- Favorable cytogenetics (t(8;21)) but high-risk features (KIT+, early MRD+)
- MRD negativity after Induction 2 supports continuation of chemotherapy per protocol, but risk of relapse remains elevated
- Multiple 10/10 MUD available
- Institutional equipoise regarding HSCT in CR1
- Family preference for transplant after thorough counseling

PLAN:

- Proceed with allogeneic hematopoietic stem cell transplantation (HSCT) in first complete remission (CR1) using 10/10 MUD, pending final family agreement
- Initiate formal pre-transplant evaluation, including:
 - Comprehensive physical assessment
 - Cardiac and pulmonary function testing
 - Infectious disease screening
 - HLA confirmation
 - Psychosocial assessment
 - Review of prior infectious complications and clearance
- Team debated whether to administer one additional consolidation cycle prior to HSCT; consensus reached to proceed directly to transplant upon clearance to minimize risk of relapse, as timing is favorable and bridge therapy is not required
- Continue supportive care, monitor for any new infections or complications
- Maintain close communication with family regarding timeline and next steps

FOLLOW-UP:

- Weekly multidisciplinary team meetings to review progress
- Daily inpatient rounds to monitor clinical status
- BMT team to coordinate donor selection and pre-transplant work-up

Attending Physician: [Name, MD]

Consultants Present: Hematology/Oncology, BMT, Infectious Disease, Social Work

This note documents the multidisciplinary consensus and detailed plan for this high-risk pediatric AML patient.

Invalid JSON

question: why did the patient get a transplant?

```
[
  {
    "answer": "Treatment for acute myeloid leukemia (AML)
via an allogeneic hematopoietic stem cell/bone marrow
transplant.",
    "quote": "status post allogeneic hematopoietic stem cell
transplantation for AML"
  },
  {
    "answer": "The transplant indication was AML (acute
myeloid leukemia).",
    "quote": "Day +220 post-allogeneic BMT for AML",
  }
]
```

Context window limitations

- 1 million token limit for context window
- A quick check of our EHR identifies:
 - Patient with 9377 notes, 4.6 million tokens
 - Patient with 8675 notes, 7.5 million tokens
- Need to sample, no guarantee it can be “complete”

LLM work remains in progress

- We are excited and optimistic about what will be possible
- Users are eager to test the upcoming capabilities



EMERSE-team@umich.edu



Lisa Ferguson
David Hanauer
Kellen McClain
Guan Wang

**THANK
YOU!**

