



Exploring Transfer Learning in Medical Image Segmentation using Vision-Language Models

Medical Imaging in Deep Learning
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*equal contribution



Outline

- Human Interactive Image Segmentation
- Vision Language Segmentation Models (VLSMs)
- Benchmarking Framework
- Prompt Generation
- Results



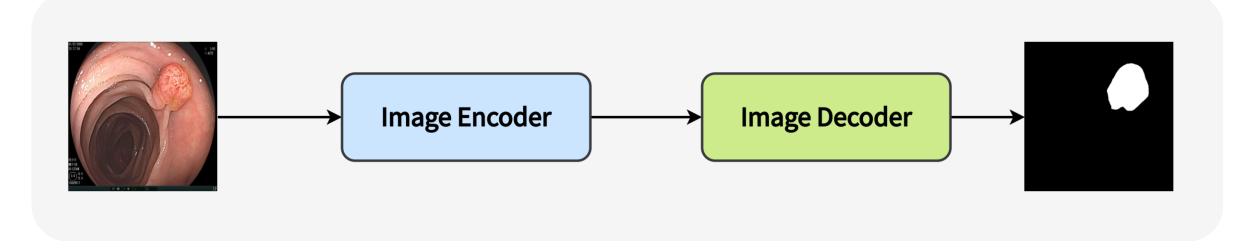
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Problems with unimodal segmentation models



Typical Image Segmentation Models:



Constrained to predefined foreground classes

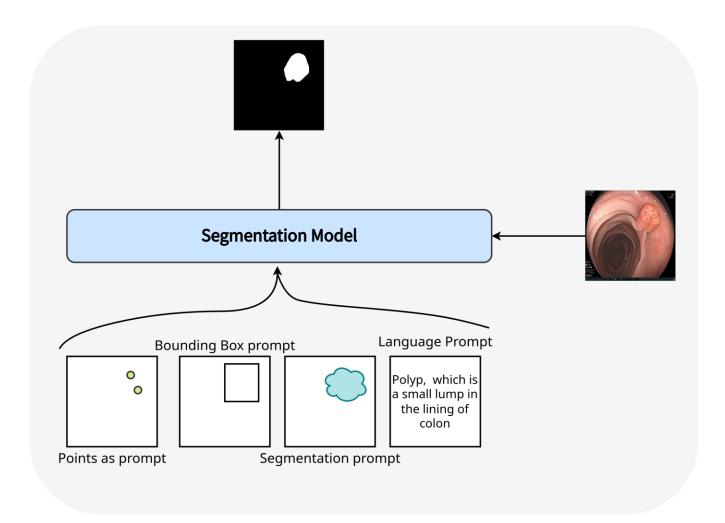
Requires retraining when new classes are introduced

Minimal human interaction



Lack explainability





Enables human interaction

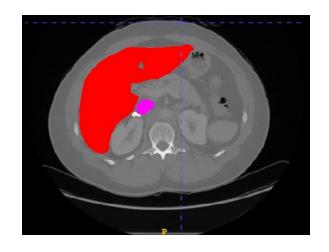


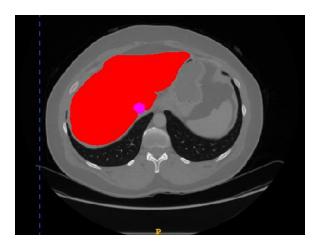
Language prompts possibilities:

- more explainable during inference
- open vocabulary segmentation
- robustness to out of distribution data



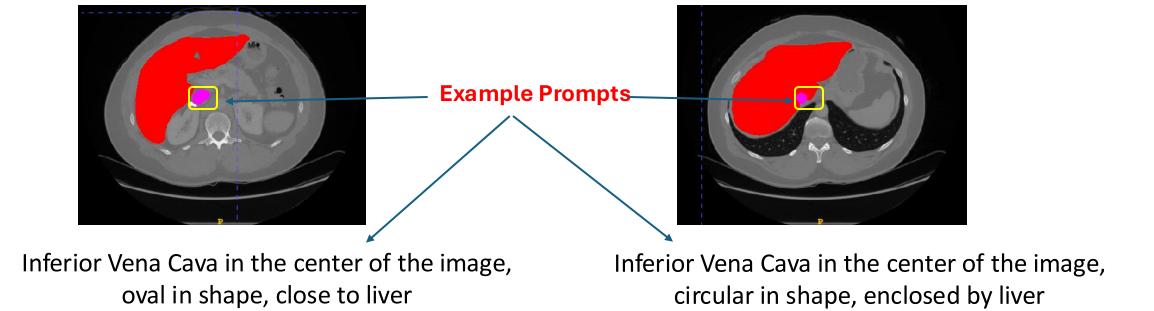
Two different slices of an abdominal CT Scan with liver (red) and inferior vena cava (pink)





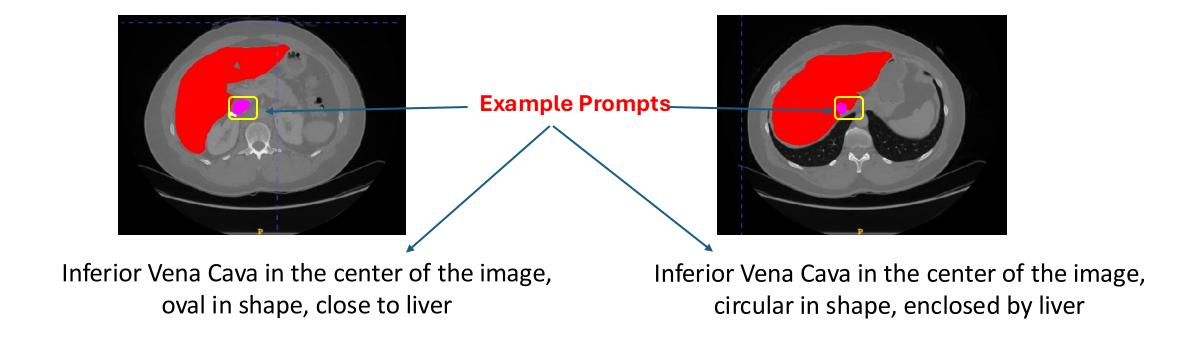


Two different slices of an abdominal CT Scan with liver (red) and inferior vena cava (pink)





Two different slices of an abdominal CT Scan with liver (red) and inferior vena cava (pink)



Language prompts are more expressive and powerful than others

Recent Advancements in Leveraging Text Prompts



Foundation Vision Language Models (VLMs) from large natural image and human text pairs

Vision Language Segmentation Models (VLSMs) built on top of VLMs in natural image domain

Some VLMs finetuned further in medical data or trained from scratch

Recent Advancements in Leveraging Text Prompts



Foundation Vision Language Models (VLMs) from large natural image and human text pairs

Vision Language Segmentation Models (VLSMs) built on top of VLMs in natural image domain

Some VLMs finetuned further in medical data or trained from scratch

How does transfer learning of VLMs/VLSMs to limited medical image data look like?

Are VLSMs really leveraging the rich semantics that the text prompts can provide?

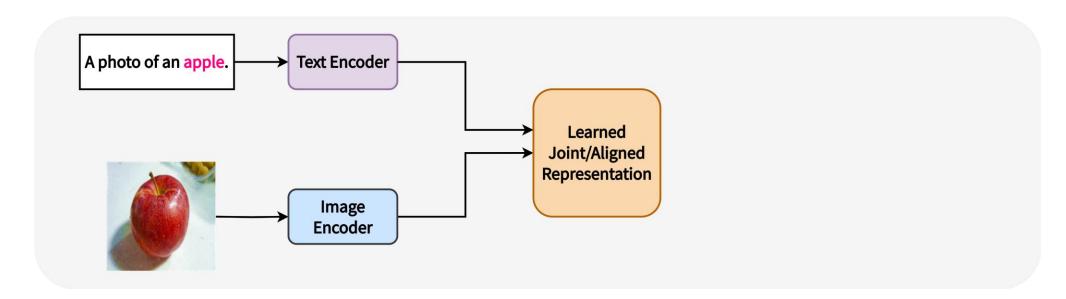


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Foundation Vision Language Models (VLMs)

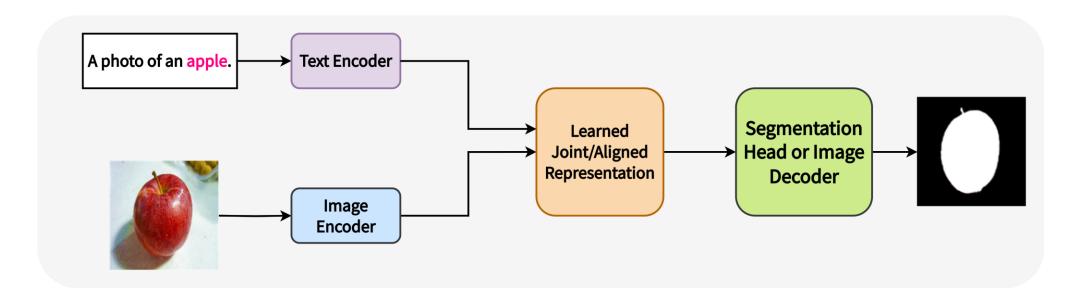




- Large scale pretraining to align text and image representations
- Millions of image-text pairs

VLSMs using Foundation Models



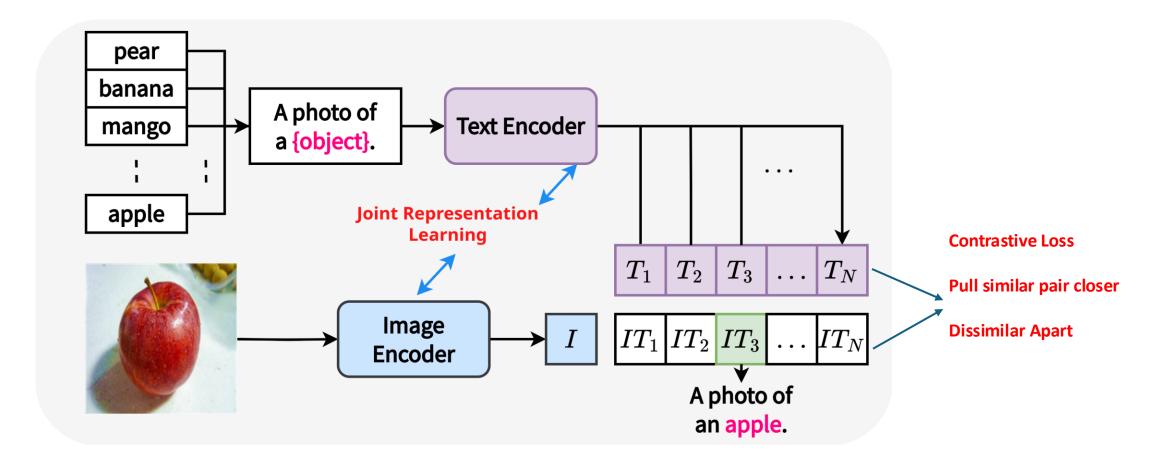


- Large scale pretraining to align text and image representations
- Millions of image-text pairs
- VLSMs by adding a segmentation decoder

Vision Language Foundation Model: CLIP



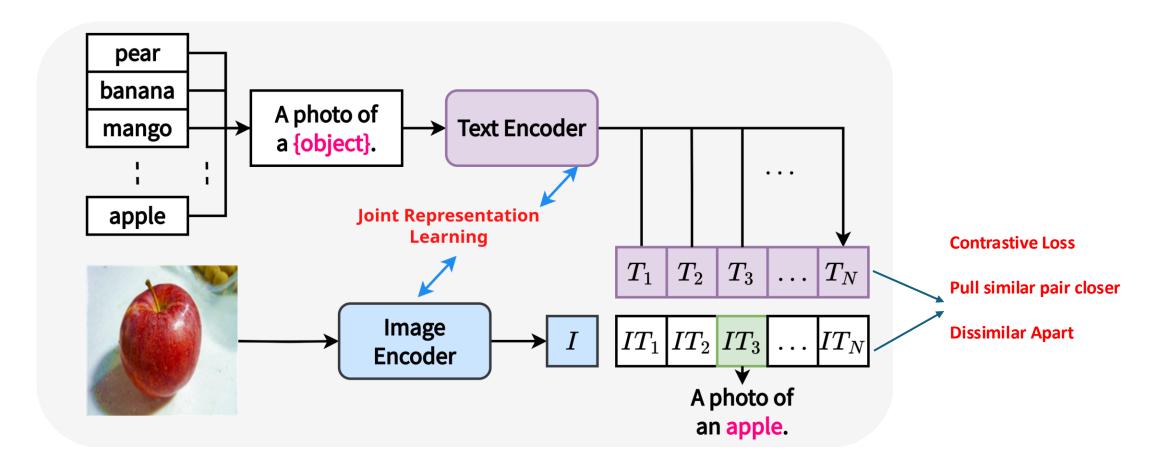
The most popular vision language model trained on 400 million image-text pairs



Vision Language Foundation Model: CLIP



The most popular vision language model trained on 400 million image-text pairs

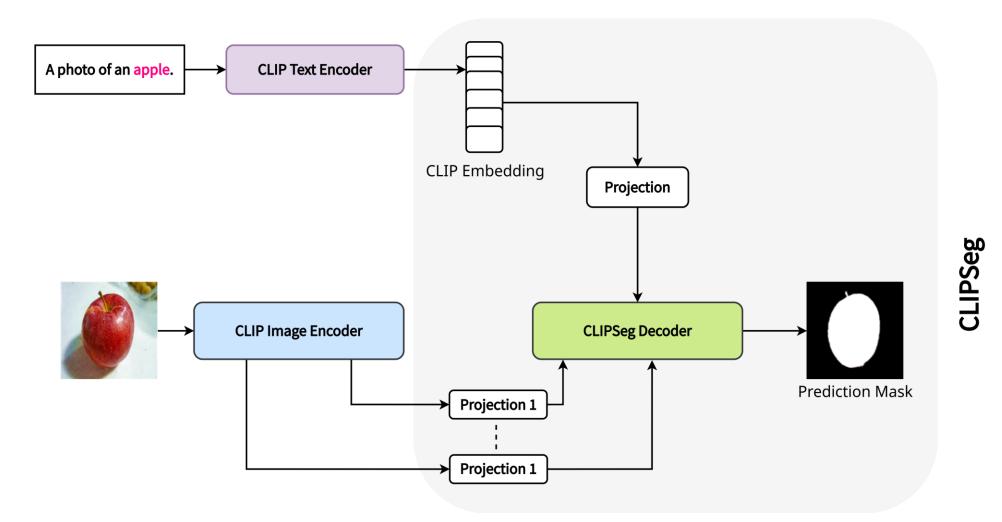


Reusing the encoders that have learnt powerful representations for building VLSMs

CLIPSeg



Trained on PhraseCut Dataset with 340,000 image-text paira

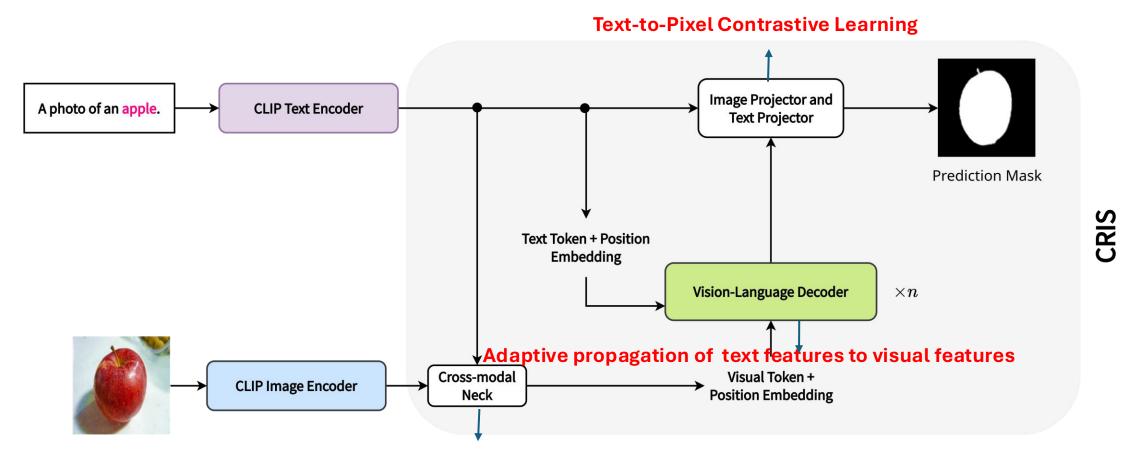


1. Lüddecke, T., & Ecker, A. (2022). Image segmentation using text and image prompts. In *Proceedings of the IEEE/CVF conference on computer vision and pattern recognition* (pp. 7086-7096).

CRIS



Trained on RefCOCO with 142,210 image-text pairs



Early fusion for multimodal features



CLIP-based VLSMs for Medical Domain

BiomedCLIP: A VLM based on CLIP architecture

Trained from scratch on 15 million biomedical image-text pairs



CLIP-based VLSMs for Medical Domain

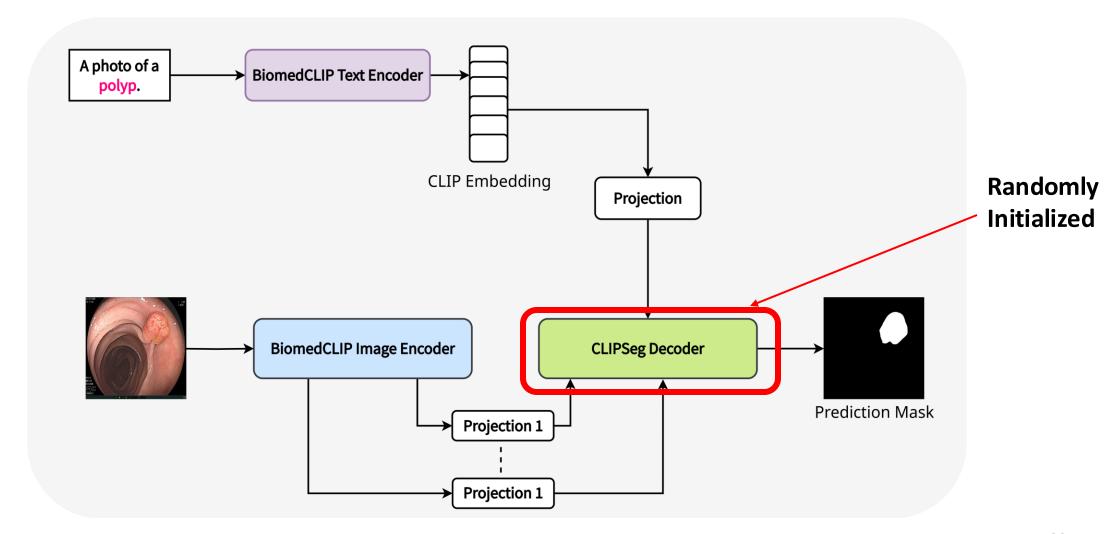
BiomedCLIP: A VLM based on CLIP architecture

Trained from scratch on 15 million biomedical image-text pairs

But no VLSMs built on top of BiomedCLIP!

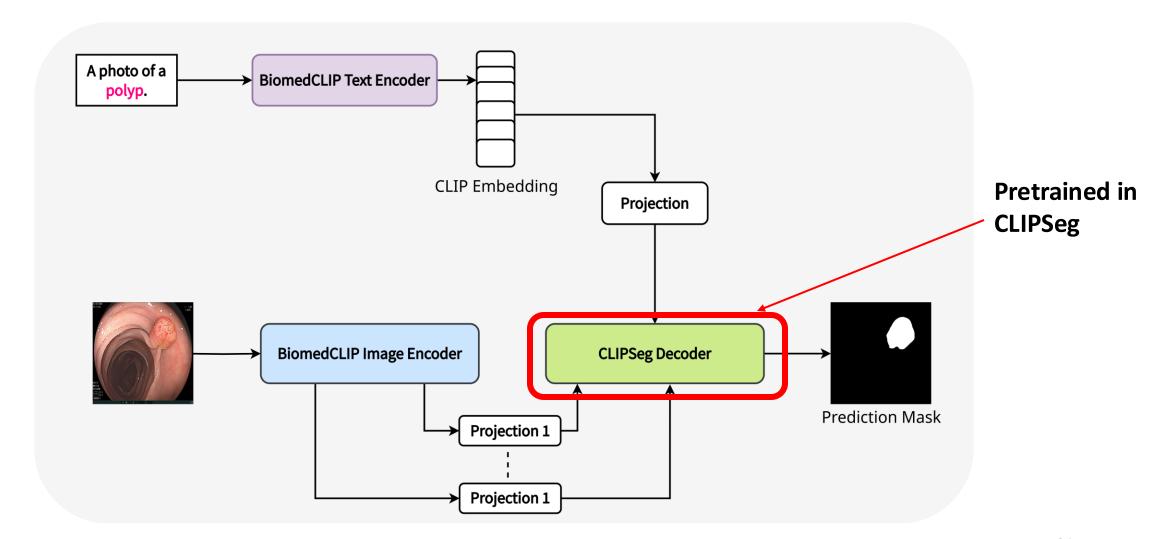


Potential Design: BiomedCLIPSeg





Potential Design: BiomedCLIPSeg-D





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Our Benchmarking Framework



Models

Pretrained on natural image-text pairs: CRIS, CLIPSeg

Pretrained on medical image-text pairs: BiomedCLIPSeg, BiomedCLIPSeg-D

Our Benchmarking Framework



Models

Pretrained on natural image-text pairs: CRIS, CLIPSeg

Pretrained on medical image-text pairs: BiomedCLIPSeg, BiomedCLIPSeg-D

Key Questions

- Adaptation from natural domain to medical domain?
- Roles of text prompts and images during transfer learning?
- Pretrained on natural data vs pretrained on medical data?

Our Benchmarking Framework



Models

Pretrained on natural image-text pairs: CRIS, CLIPSeg

Pretrained on medical image-text pairs: BiomedCLIPSeg, BiomedCLIPSeg-D

Key Questions

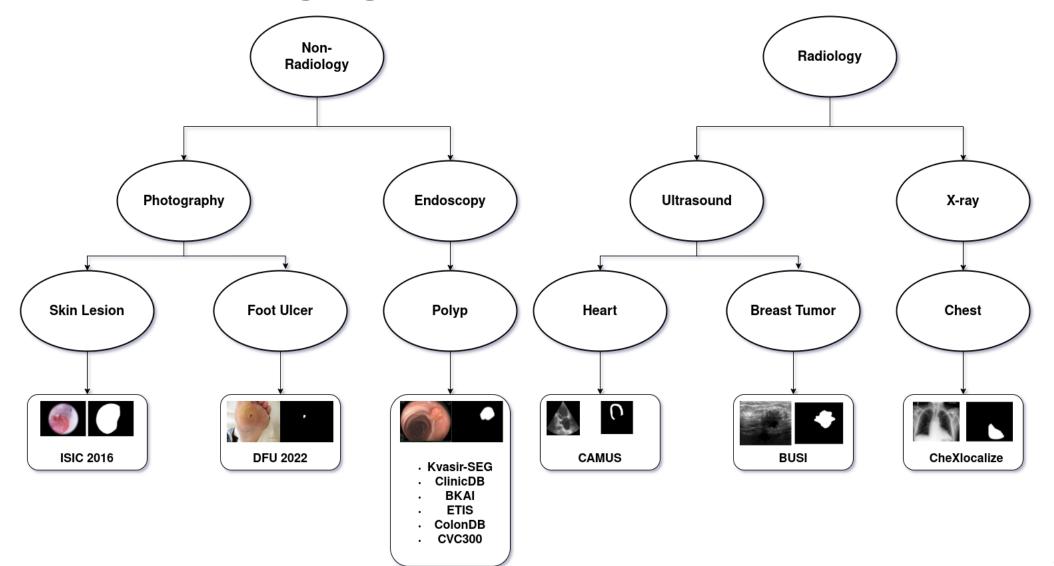
- Adaptation from natural domain to medical domain?
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Datasets

11 diverse medical imaging datasets with upto 9 different language prompts



2D Medical Imaging Datasets





Outline

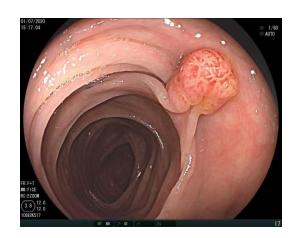
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In a real clinical setting

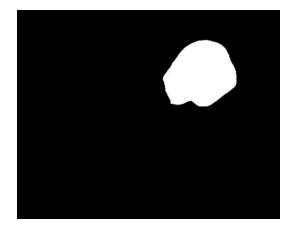


This endoscopic image contains a polyp in the top right side, which is roughly circular in shape and has some reddish texture.









In a real clinical setting

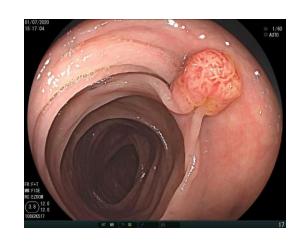
Training with rich prompts

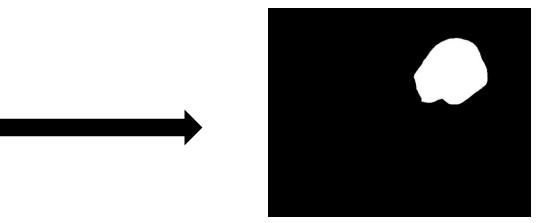


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No ground truth for prompts in our datasets







In a real clinical setting





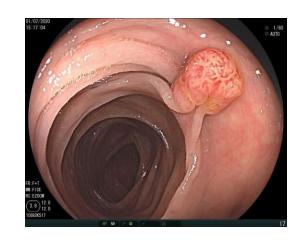
This endoscopic image contains a polyp in the top right side, which is roughly circular in shape and has some reddish texture.

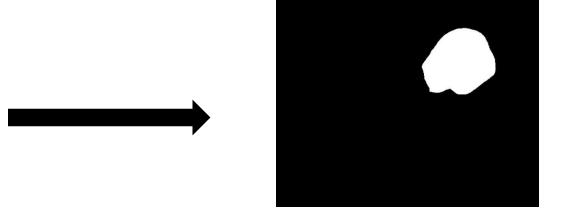
No ground truth for prompts in our datasets



Automated Prompt Generation from existing datasets









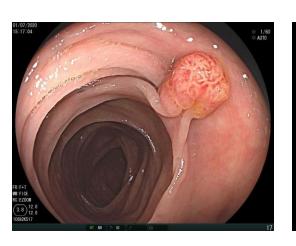
Prompt attributes generated using:

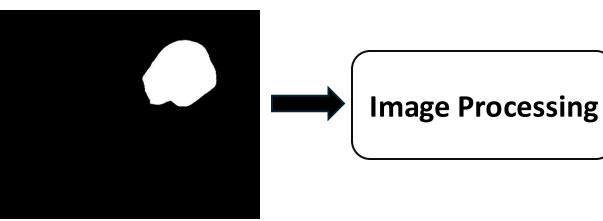
- Image processing on masks
- VQA models
- Class information from online medical journals
- Metadata and radiology reports in datasets when available



Prompt attributes generated using:

- Image processing on masks
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- Metadata and radiology reports in datasets when available





Number: **one**

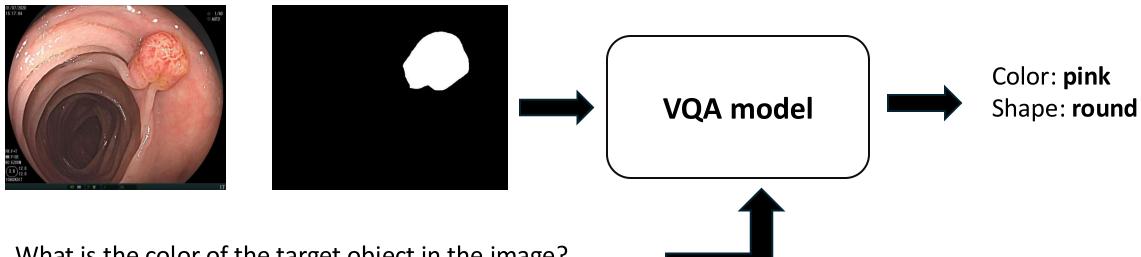
Size: small

Location: top right



Prompt attributes generated using:

- Image processing on masks
- VQA models
- Class information from online medical journals
- Metadata and radiology reports in datasets when available



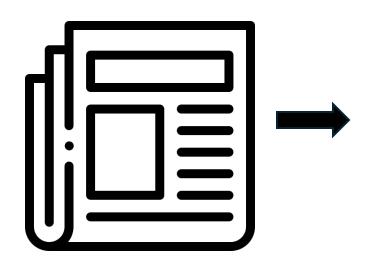
What is the color of the target object in the image?

What is the shape of the target object in the image?



Prompt attributes generated using:

- Image processing on masks
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- Metadata and radiology reports in datasets when available



"polyp, which is a projecting growth of tissue"

"skin melanoma, which is a rough wound on skin"

"foot ulcer, which is an open sore or lesion in foot and toes"



Prompt attributes generated using:

- Image processing on masks
- VQA models
- Class information from online medical journals
- Metadata and radiology reports in datasets when available

- View
- Pathology
- Cardiac Cycle
- Gender
- Age
- Image Quality

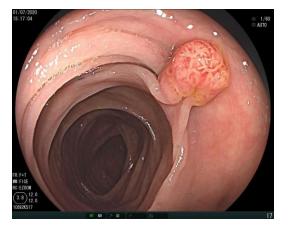


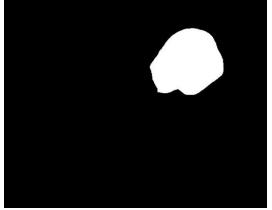
Prompt attributes generated using:

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Upto 9 different prompts with growing complexity

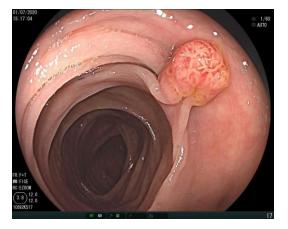


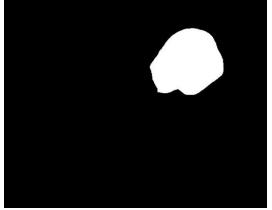






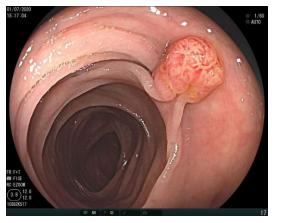


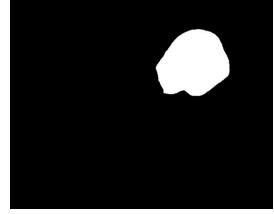






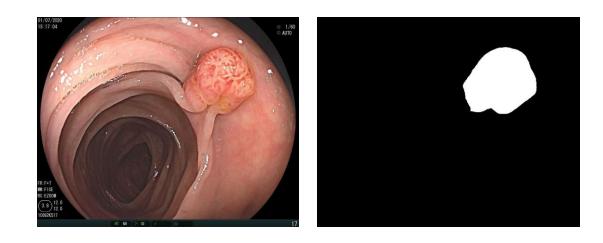






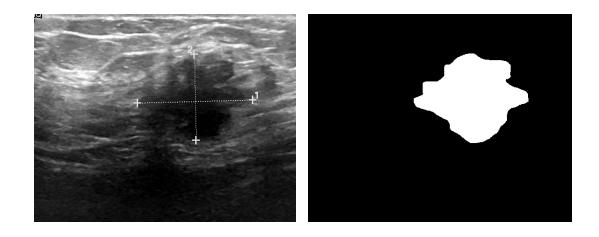






One small pink round polyp which is a projecting growth of tissue, located in top right of the image.

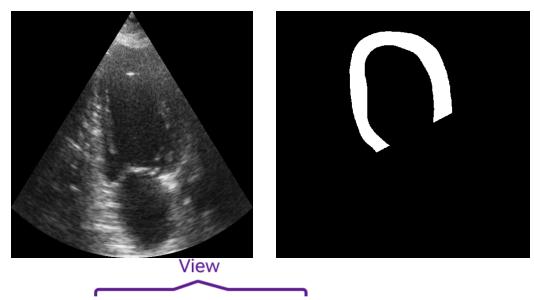




One medium circle-shaped malignant tumor at the right in the breast ultrasound image.

Prompt for BUSI:P6



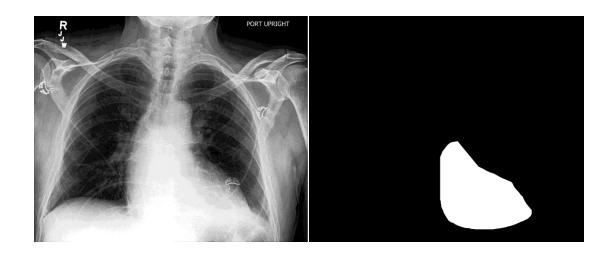


Myocardium of square shape in two-chamber view in the cardiac ultrasound at the end of the systole cycle of a seventy-one-year-old male with medium image quality.

Cardiac Cycle Patient's Age Patient's Sex Image Quality

Prompt for Camus: P7





Airspace Opacity of shape rectangle, and located in bottom right of the frontal view of a Chest Xray. Enlarged Cardiomediastinum, Cardiomegaly, Lung Opacity, Atelectasis are present.

Pathology

Prompt for CheXlocalize: P5

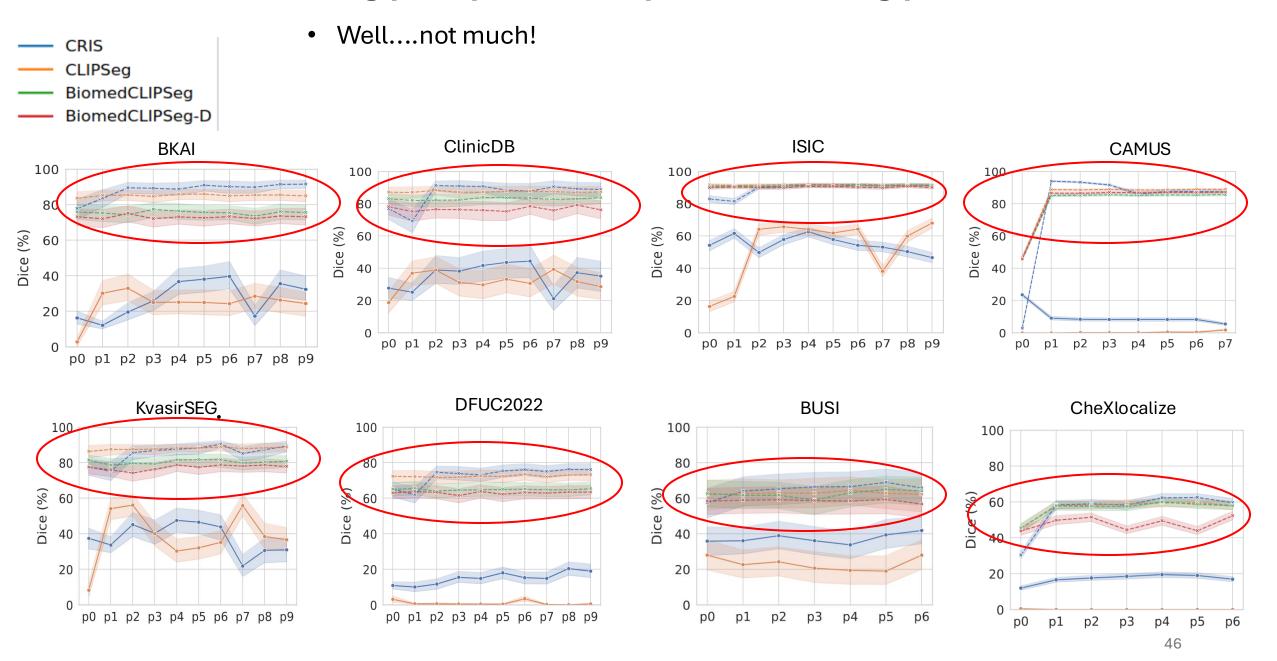


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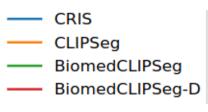
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Does making prompt richer improve finetuning performance?

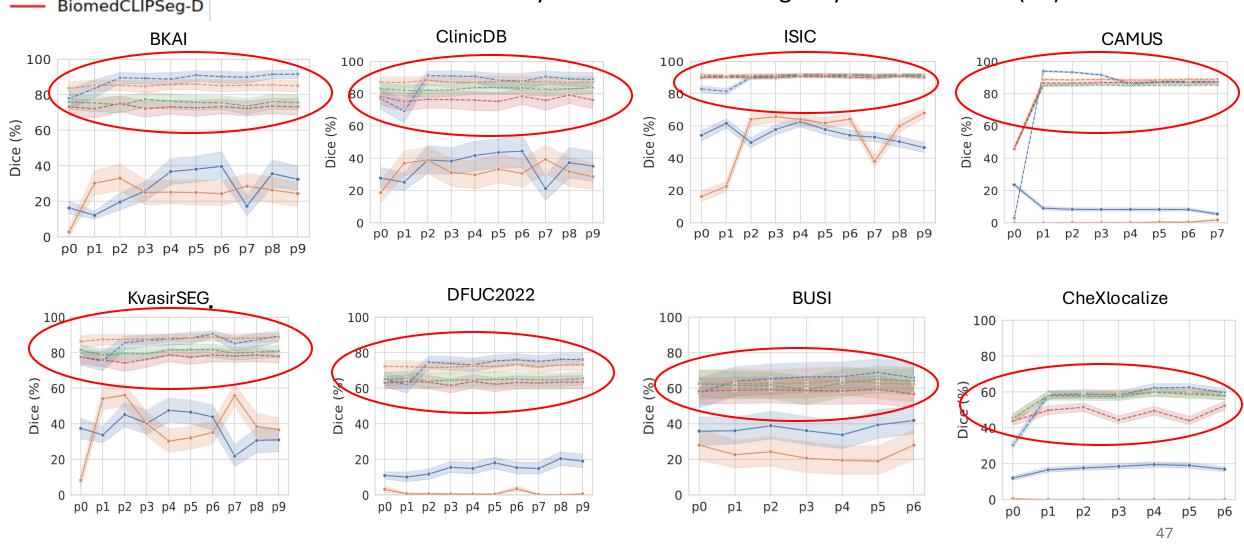
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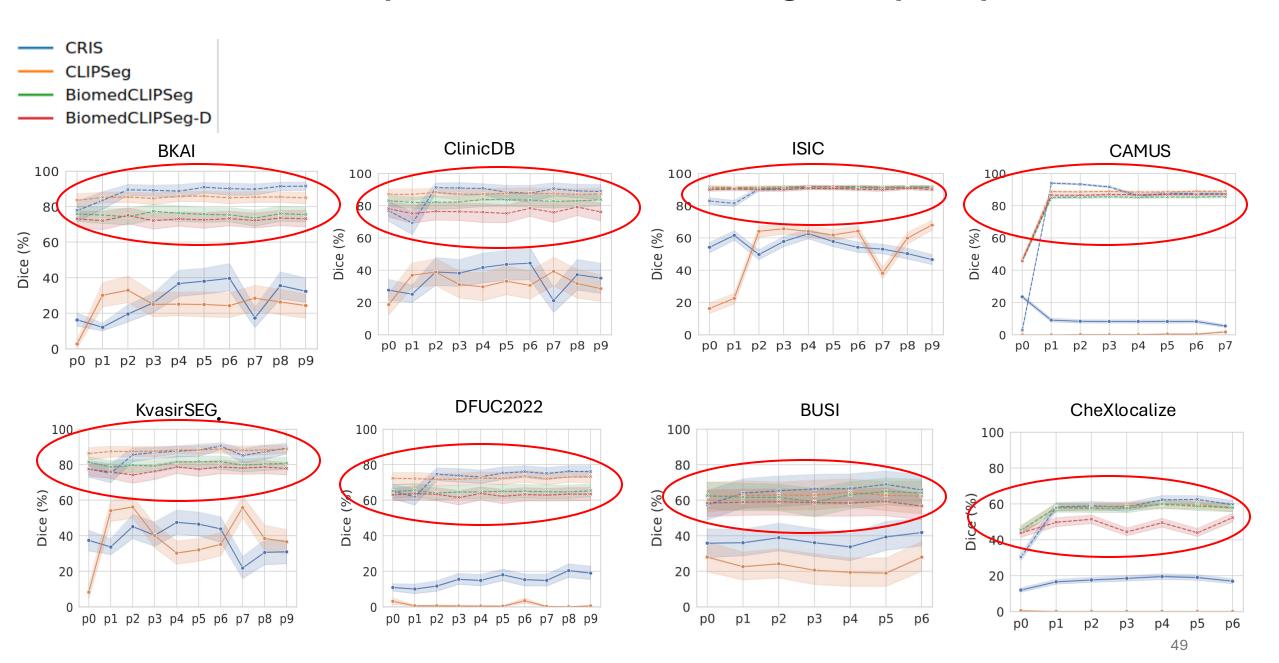


- Well....not much!
- Minimal DSC variation across all models and datasets
- Performance mostly saturates after adding only the class name (P1)

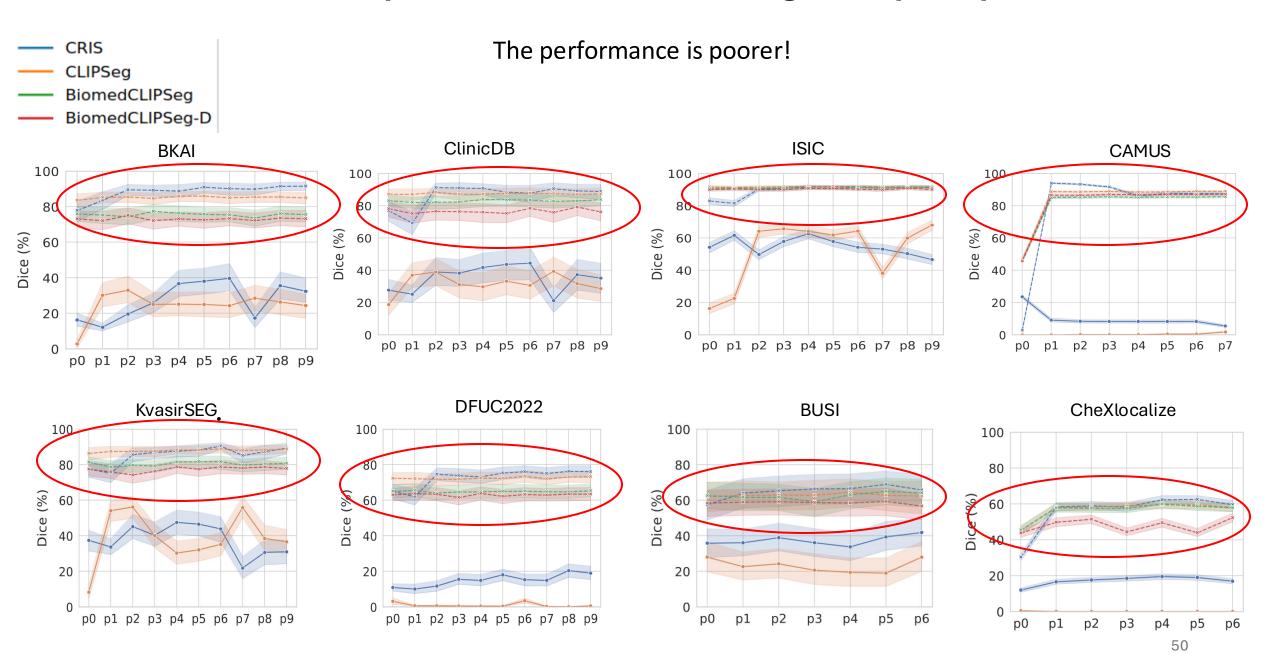


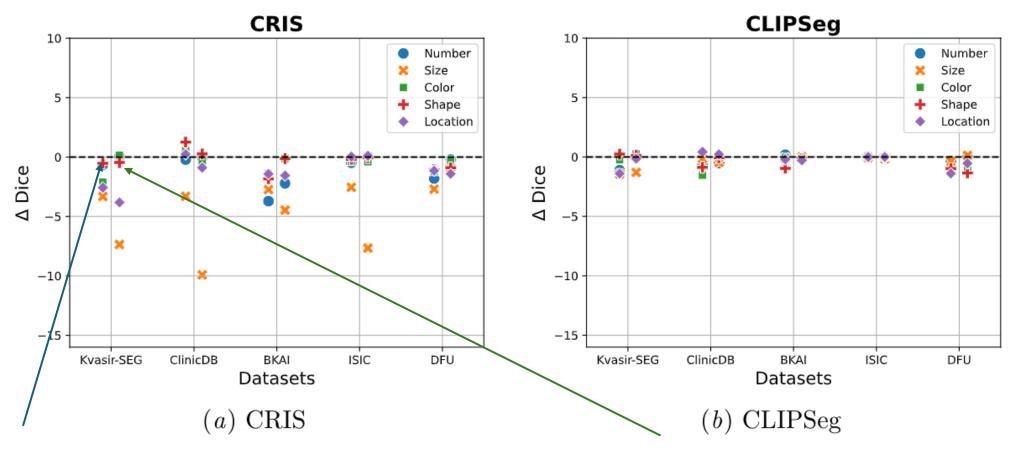
How do models pretrained on medical image-text pair perform?

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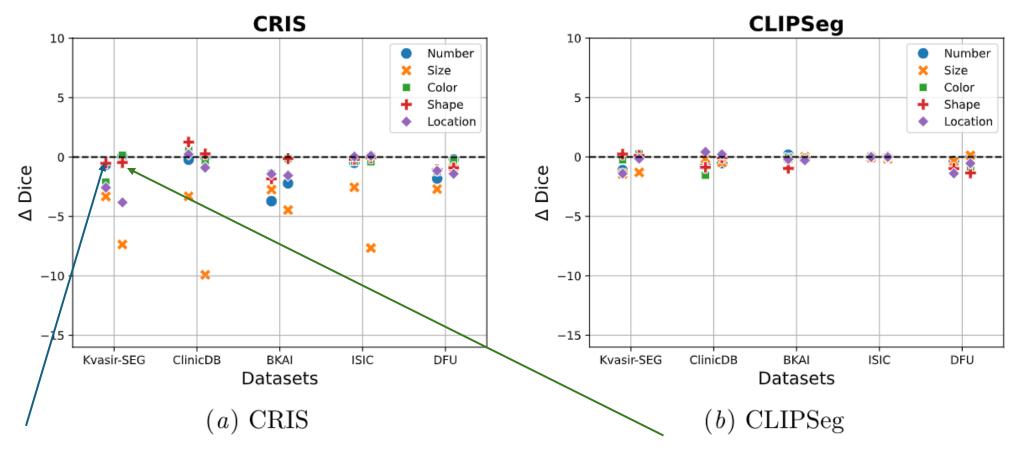


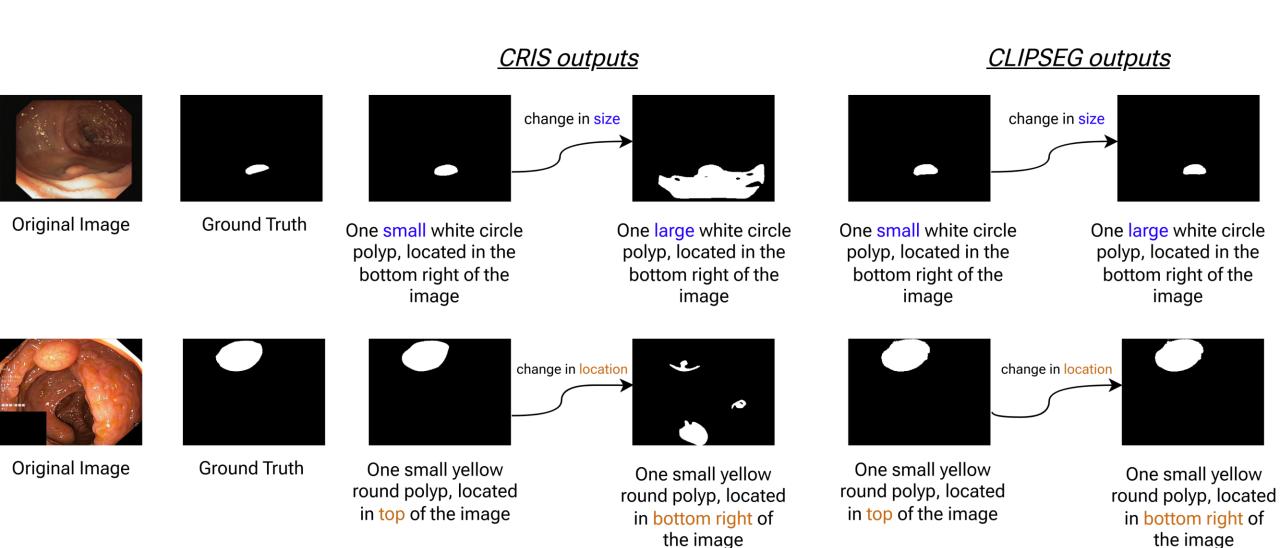


Replace attribute values by uncommon English words(replace "large" with "xenogeny")

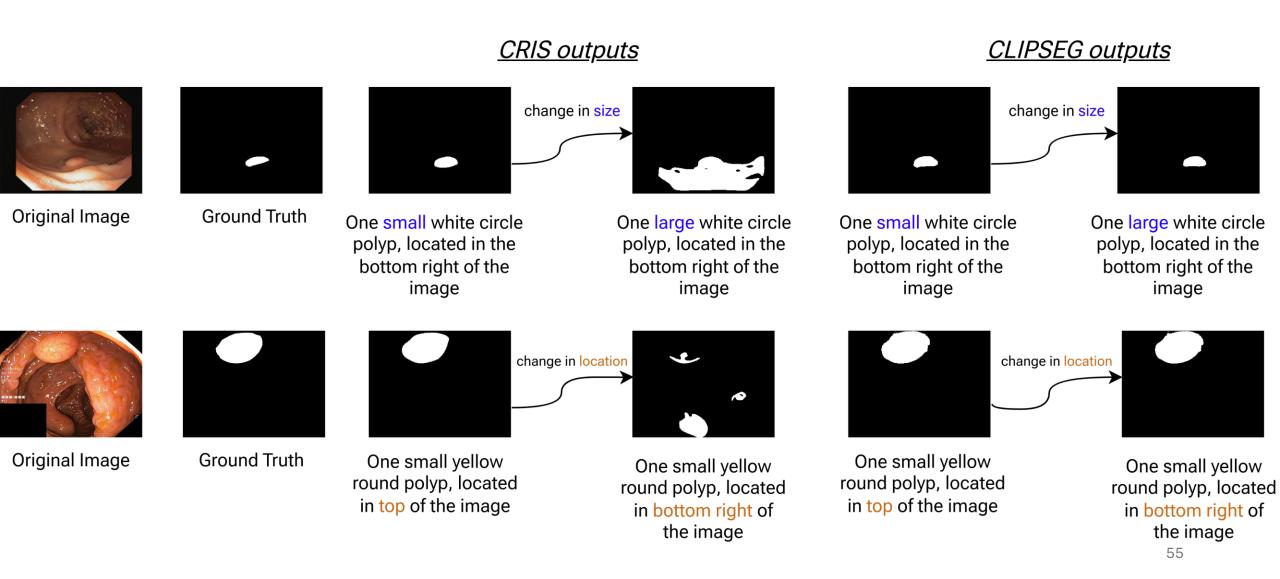
Replace attribute values by semantically opposite words (replace "large" with "small") 52

- Altering attributes notably deteriorates CRIS's performance, particularly for:
 size and location attributes
- More significant decline for semantically opposite words
- Hinting that CRIS is more influenced (or is better able to capture) text semantics





CRIS demonstrates stronger effects of text semantics for location and size attributes



Are VLSMs robust to out-of-distribution data?

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$\mathbf{Tested} \mathbf{on} \rightarrow $		Kvasir-SEG	
Finetuned on \downarrow	$\mathbf{Model}\downarrow$		
	CRIS	91.39	
	CLIPSeg	89.51	
Kvasir-SEG	UNet	84.77	
	UNet++	84.70	
	DeepLabv3+	84.11	
	CRIS	82.66	
	CLIPSeg	84.02	
ClinicDB	UNet	65.80	
	UNet++	61.93	
	DeepLabv3+	66.63	
	CRIS	83.74	•
	CLIPSeg	83.70	
\mathbf{BKAI}	UNet	68.42	•
	UNet++	70.64	
	DeepLabv3+	69.02	

Are VLSMs robust to out-of-distribution data?

VLSMs are robust to out-of-distribution data compared to conventional models.

$\mathbf{Tested} \mathbf{on} \rightarrow $		Kvasir-SEG	
Finetuned on \downarrow	$\mathbf{Model}\downarrow$		
	CRIS	91.39	
	CLIPSeg	89.51	
Kvasir-SEG	UNet	84.77	
	UNet++	84.70	
	DeepLabv3+	84.11	
	CRIS	82.66	
	CLIPSeg	84.02	
ClinicDB	UNet	65.80	
	UNet++	61.93	
	DeepLabv3+	66.63	
	CRIS	83.74	•
BKAI	CLIPSeg	83.70	
	UNet	68.42	
	UNet++	70.64	
	DeepLabv3+	69.02	



Key takeaways

- Just adding new attributes to prompts does not help segmentation performance during finetuning
- BiomedCLIP based segmentation models performed worse than CLIP based segmentation models
- CRIS captures better language semantics compared to CLIPSeg
- VLSMs adapt better to distribution shift than conventional models



Key takeaways

- Just adding new attributes to prompts does not help segmentation performance during finetuning
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Text prompts are powerful, but more work is needed in building models that can leverage its power

Thank you!

















