# **Dynamic Knowledge Prompt for Chest X-ray Report Generation**

Shenshen Bu, Yujie Song, Taiji Li, Zhiming Dai bushsh/songyj9/litj5@mail2.sysu.edu.cn daizhim@mail.sysu.edu.cn School of Computer Science and Engineering Sun Yat-Sen University







### **1 Background**



As compared to the previous radiograph, there is unchanged evidence of a small left apical pneumothorax. On the right, no pneumothorax is seen. The monitoring and support devices, including the bilateral pigtail catheters in the pleural space are unchanged. Minimal increase in bilateral areas of atelectasis at lower lung volumes. No other newly appeared parenchymal opacities. Unchanged moderate cardiomegaly.

#### Two challenge:

- Data bias: Control samples dominate the whole dataset, and the abnormal regions are much smaller than the normal regions in the images of patient samples. Thus, most approaches can learn normal descriptions, but fail to capture anomalies;
- Visual feature sparsity: Different from natural images, radiology images lack sufficient discriminative features, which leads to most methods not learning their complex structure and diversity.

# **1 Background**

### (a) METransformer



Radiology Report Generation by Transformer with Multiple Learnable Expert Tokens CVPR 2023 (b) DCL



Dynamic Graph Enhanced Contrastive Learning for Chest X-ray Report Generation CVPR 2023



### **1 Background**

### (c) TRGD



Embracing Uniqueness: Generating Radiology Reports via a Transformer with Graph-based Distinctive Attention BIBM2022 (d) R2GenCMN



Cross-modal Memory Networks for Radiology Report Generation ACL2021



#### 2.1 Motivation



Our proposed DKP generates instance-level knowledge prompt by extracting critical pulmonary lesions information to boost generation.

In radiology image diagnosis, the first step for a radiologist is to focus on abnormal areas and identify lesion locations before creating a comprehensive report. Inspired by this, our method can simulate this process through an anomaly detector that offers precise diagnostic information regarding pulmonary lesions.



2.2 Dynamic Knowledge Prompt framework (DKP)



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Overview of our DKP architecture. DKP consists of an ILE component for dynamically generating instance-level knowledge prompt, a KPF for generating knowledge-promt-based multi-modal features, a Visual Extractor, a PreNorm Encoder, and a KDD for distilling multi-modal features to generate reports.

2.3 Principles for Prompt Library

Principles for Prompt Library

"There are bibasilar atelectasis. ", "There is unchanged evidence of moderate cardiomegaly. ", "Focal consolidation at the lung base. ", "Cardiomegaly with moderate interstitial pulmonary edema. ", "There is evidence of enlarged cardiomediastinum. ", "There is evidence of bilateral rib fractures. ", "There is evidence of bilateral rib fractures. ", "There is evidence of lung lesion. ", "Interval development of multiple bilateral airspace opacities. ", "There is no evidence of focal consolidation... no abnormalities. ","There are bilateral pleural effusions. ", "There is evidence of pleural. ", "There is evidence of pneumonia. ", "There is evidence of pneumothorax. ", "The monitoring and support devices are constant. Our approach incorporates two components into the knowledge prompts for each disease, forming the knowledge prompt library. One component utilizes templates such as "the evidence of ..." which aims to enhance natural language generation metrics. The other component includes disease-specific information like "pneumonia" which aims to improve clinical efficacy metrics. By incorporating these components, we address both the issue of smooth readability and the problem of accurate medical diagnosis.

2.4 Dynamic Instance Level Explorer (ILE)



Dynamic Instance Level Explorer is utilized to dynamically generate knowledge prompts for each image.

 $p = \sigma(AnomalyDetector(I))$   $Pro(o_n, T) = o_n \odot \{t_1, t_2, ..., t_N\}$   $Pro^I = [Pro(o_1, T), ..., Pro(o_N, T)]$   $K^I = f_{joint}(f_{sample}(Pro^I))$ 



2.5 Prior Knowledge Prompt Fuser (KPF)



The KPF is applied to encode the knowledge prompt and merge it with the hidden states generated by the KDD, resulting in multi-modal features.

 $P_{e} = \{k_{1}^{idx}, k_{2}^{idx}, ..., k_{L}^{idx}\}W^{E}$   $P = P_{e} + P_{pos}$   $K_{hid} = f_{h}(\{h_{1}, h_{2}, ..., h_{M}\})$   $K_{pro} = f_{p}(\{p_{1}, p_{2}, ..., p_{L}\})$   $F_{mix} = fusion(K_{hid}, K_{pro})$   $K^{mix} = F_{mix}W_{reduce}$ 



2.6 Two-Stage Training Strategy (OST)



The OST train the ILE exclusively in the first stage and freeze it during the training of language model in the second stage.

Optimization objective for anomaly detector:

$$\mathcal{L}_{cls} = -\frac{1}{N} \sum_{i=1}^{N} \mathbb{E}[l_i log(p_i) + (1 - l_i) log(1 - p_i)]$$

Optimization objective for language generation model:

$$\mathcal{L}_{gen}(X^{I}, K^{I}, Y^{I}; \theta^{V}, \theta^{F}, \theta^{L}) = CE(f_{\theta^{L}}(X^{I}, X^{I \to H}), Y^{I}) = -\sum_{i=1}^{M} y_{i} log(f_{\theta^{L}(X^{I}, X^{I \to H})_{i}})$$



# **3 Experimental Setup**

#### Datasets

We evaluate the effectiveness of our DKP on two established benchmarks for report generation: IU X-Ray and MIMIC-CXR:

- IU X-Ray from Indiana University is a collection comprising 7,470 chest X-ray images and 3,955 radiology reports.
- MIMIC-CXR is a extensive chest X-ray dataset curated by Beth Israel Deaconess Medical Center. It includes 473,057 radiographs and 206,563 corresponding reports.

#### **NLG Metrics:**

- BLEU
- METEOR
- ROUGE-L

#### **CE Metrics:**

• AUROC





4.1 Comparison with State-of-the-Art Methods

DATA	MODEL	Pub.	ĺ		CE METRICS						
DATA	WODEL		BL-1	BL-2	BL-3	BL-4	MTOR	RG	P	R	F1
IU X-Ray	R2Gen	EMNLP20	0.470	0.304	0.219	0.165	0.187	0.371	-	-	-
	PPKED	CVPR21	0.483	0.315	0.224	0.168	-	0.376	-	-	-
	CMCL	ACL21	0.473	0.305	0.217	0.162	0.186	0.378	-	-	-
	R2GenCMN	ACL21	0.475	0.309	0.222	0.170	0.191	0.375	-	-	-
	BLIP	ICML22	0.471	0.294	0.216	0.157	0.186	0.358	-	-	-
	GSKET	MIA22	0.496	0.327	0.238	0.178	-	0.381	-	-	-
	Clinical-BERT	AAAI22	0.495	0.330	0.231	0.170	-	0.376	-	-	-
	DCL	CVPR23	- 1	-	-	0.163	0.193	0.383	-	-	-
	METransformer	CVPR23	0.483	0.322	0.228	0.172	0.192	0.380	-	-	-
	DKP-BERT	OURS	0.503	0.339	0.241	0.178	0.195	0.392	-	-	14
	DKP-Projection	OURS	0.507	0.344	0.245	0.181	0.214	0.398	200	1 <del></del> .	10-0
	R2Gen	EMNLP20	0.353	0.218	0.145	0.103	0.142	0.277	0.333	0.273	0.276
	PPKED	CVPR21	0.360	0.224	0.149	0.106	0.149	0.284	-	-	-
	CMCL	ACL21	0.344	0.217	0.140	0.097	0.133	0.281	-	-	-
	R2GenCMN	ACL21	0.353	0.218	0.148	0.106	0.142	0.278	0.334	0.275	0.278
MIMIC	BLIP	ICML22	0.351	0.215	0.146	0.107	0.151	0.265	-	-	2 <del></del> )
-CXR	GSKET	MIA22	0.363	0.228	0.156	0.115	-	0.284	0.458	0.348	0.371
	Clinical-BERT	AAAI22	0.383	0.230	0.151	0.106	0.144	0.275	0.397	0.435	0.415
	DCL	CVPR23	_	_	_	0.109	0.150	0.284	0.471	0.352	0.373
	METransformer	CVPR23	0.386	0.250	0.169	0.124	0.152	0.291	0.364	0.309	0.311
	DKP-BERT	OURS	0.412	0.254	0.166	0.115	0.156	0.277	0.487	0.452	0.469
	<b>DKP-Projection</b>	OURS	0.418	0.260	0.172	0.120	0.159	0.287	0.496	0.461	0.478

Our proposed DKP is compared with previous state-of-the-art methods on IU X-Ray and MIMIC-CXR datasets. The best scores are in bold face. BL, MTOR and RG refer to BLEU, METEOR and ROUGE, respectively.



#### 4.2 Analysis on Keywords Prediction

6	Deee	MODEL								
	Desc	BASE	wo/KPF	wo/ILE	DKP					
Tio	tube	0.748	0.671	0.839	0.711					
	atrium	0.664	0.688	0.697	0.710					
115	gastric	0.560	0.620	0.749	0.635					
	ventricle	0.821	0.766	0.853	0.781					
	median	0.699	0.770	0.686	0.747					
1.00	right	0.602	0.641	0.619	0.657					
LOC	lateral	0.540	0.556	0.537	0.562					
_	above	0.602	0.668	0.552	0.634					
2	enlarged	0.600	0.603	0.606	0.606					
Evt	opacities	0.526	0.539	0.521	0.560					
LAL	clear	0.618	0.623	0.619	0.627					
	moderate	0.549	0.618	0.571	0.581					
¢	sternotomy	0.745	0.800	0.722	0.785					
Cur	devices	0.525	0.729	0.539	0.788					
Sui	pacemaker	0.611	0.703	0.754	0.716					
	cabg	0.676	0.734	0.704	0.732					

Comparison AUROC of keywords prediction in MIMIC-CXR. "Tis", "Loc", "Ext", and "Sur" are "tissue", "location", "extent", and "surgery".

1	METRICS	MODEL							
	METRICS	BASE	wo/KPF	wo/ILE	DKP				
	Precision	0.412	0.456	0.419	0.465				
Macro	Recall	0.358	0.430	0.413	0.446				
	F1-Score	0.352	0.424	0.386	0.441				
	Precision	0.454	0.491	0.490	0.506				
Micro	Recall	0.374	0.407	0.405	0.435				
	F1-Score	0.410	0.445	0.444	0.468				

The DKP is compared with the prediction results of 16 keywords in MIMIC-CXR.



#### 4.3 Ablation Study

DATA	SETTING	MODEL			NLG METRICS						<b>CE METRICS</b>			
DATA		MPE	KPF	ILE	OST	BL-1	BL-2	BL-3	BL-4	MTOR	RG	Р	R	F1
IU X-Ray	BASE				-	0.463	0.287	0.200	0.149	0.178	0.346	-	-	-
	wo/ILE	$\checkmark$	$\checkmark$		-	0.489	0.306	0.214	0.156	0.186	0.389	-	-	-
	wo/KPF	$\checkmark$		$\checkmark$	-	0.483	0.312	0.224	0.166	0.194	0.390	-	-	-
	wo/MPE		$\checkmark$	$\checkmark$	-	0.492	0.319	0.220	0.159	0.207	0.375	-	-	-
	DKP	$\checkmark$	$\checkmark$	$\checkmark$	-	0.507	0.344	0.245	0.181	0.214	0.398	-	-	-
MIMIC -CXR	BASE					0.378	0.223	0.145	0.101	0.140	0.262	0.429	0.348	0.385
	wo/ILE	$\checkmark$	$\checkmark$		-	0.395	0.245	0.160	0.112	0.151	0.276	0.487	0.441	0.463
	wo/KPF	$\checkmark$		~	$\checkmark$	0.392	0.238	0.157	0.111	0.150	0.271	0.493	0.420	0.454
	wo/MPE		$\checkmark$	~	$\checkmark$	0.404	0.242	0.155	0.107	0.148	0.272	0.495	0.449	0.472
	wo/OST	$\checkmark$	$\checkmark$	~		0.398	0.245	0.161	0.112	0.158	0.274	0.489	0.443	0.470
	DKP	$\checkmark$	$\checkmark$	~	$\checkmark$	0.418	0.260	0.172	0.120	0.159	0.287	<mark>0.496</mark>	0.461	0.478

Ablation experiments of the proposed approach on NLG and CE metrics. The best scores are in bold face and "wo" is defined as "without".



#### 4.4 Case Study



Image-text attention visualizations and case-specific descriptive results from DKP and other baselines. Bold italics and green fonts indicate correct descriptions of the lesion and normal regions, respectively. The red font indicates the error description.



### **5** Conclusion

In this paper, to alleviate the data bias and visual feature sparse issues, we propose a novel prompt learning paradigm for report generation, which can dynamically generate instance-level knowledge prompts for different cases to boost generation. Extensive experiments and analysis on MIMIC-CXR and IU X-Ray datasets verify the effectiveness of our method. Concretely, DKP effectively improves the quality of radiology report generation by incorporating dynamic knowledge prompt and achieves state-of-the-art performance on both datasets.

# Thank You!