

Clinically Correct Report Generation from Chest X-Rays using Templates

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Introduction

- Using Artificial Intelligence (AI) for medical image report generation (MIRG) could help hospitals deal with a large and growing demand of image-based clinical exams



Manual tags: Calcified Granuloma/lung/upper lobe/right
Automatic tags: Calcified granuloma

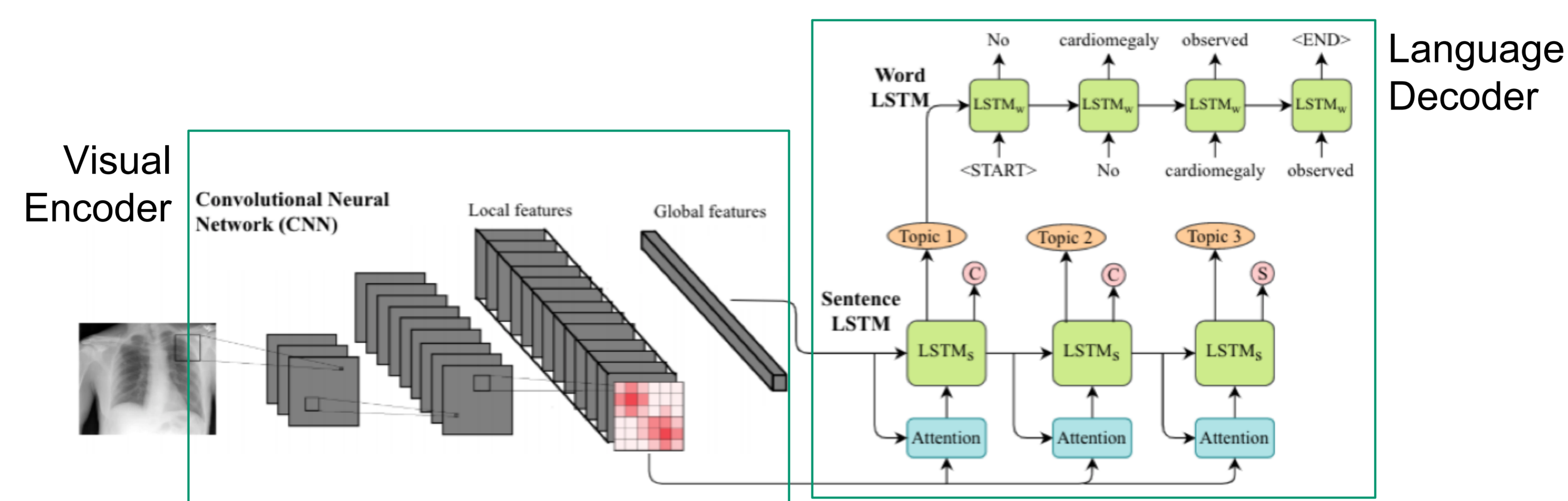
Comparison: Chest radiographs XXXX.
Indication: XXXX-year-old male, chest pain.
Findings: The cardiomeastinal silhouette is within normal limits for size and contour. The lungs are normally inflated without evidence of focal airspace disease, pleural effusion, or pneumothorax. Stable calcified granuloma within the right upper lung. No acute bone abnormality.
Impression: No acute cardiopulmonary process.

- SOTA models focus too much on NLP metrics (BLEU, ROUGE, etc.), which undermines its performance on clinical correctness (matching the diagnostics)
- In this article we focus on generating the **Findings** section from chest X-rays.

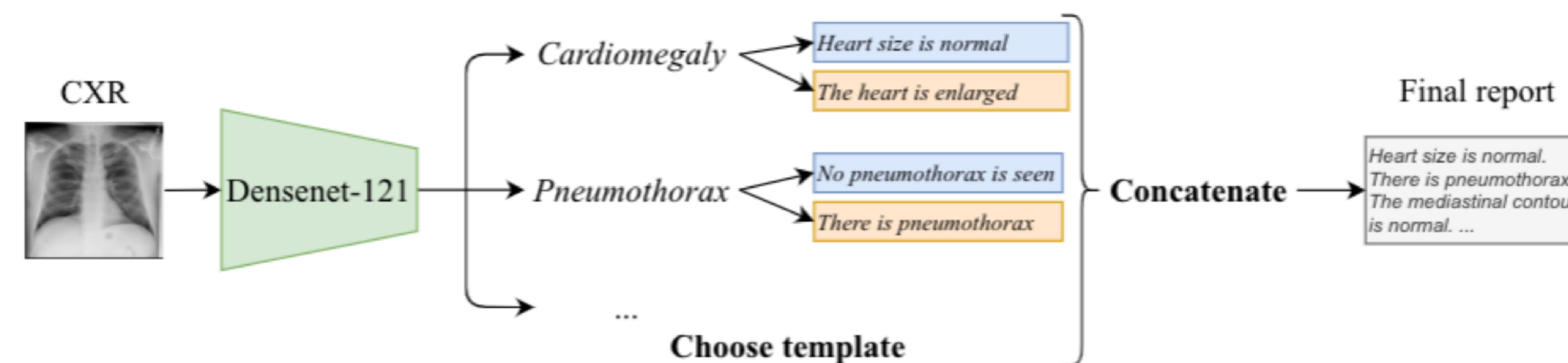
Experiments

- We use both IU X-ray and MIMIC-CXR datasets, keeping only frontal X-rays.
- We compare our proposed solution (CNN-TRG) with naive baselines as well as SOTA methods
- Among the naive baselines, we consider a fixed constant report, random reports, and a memory-based 1-NN report (retrieve the report of the most similar image)
- We compared the results of SOTA models reported in the literature.

Traditional Architecture: Encoder Decoder



CNN-TRG



Results

IU dataset										MIMIC-CXR dataset									
Model	NLP			Chexpert			MIRQI			Model	NLP			Chexpert			MIRQI		
	B	R-L	C-D	F-1	P	R	F-1	P	R		B	R-L	C-D	F-1	P	R	F-1	P	R
Constant	0.297	0.366	0.307	0.038	0.026	0.071	0.469	0.462	0.481	Constant	0.137	0.201	0.059	0.021	0.012	0.071	0.163	0.158	0.176
Random	0.202	0.284	0.145	0.066	0.065	0.068	0.374	0.378	0.384	Random	0.073	0.142	0.078	0.163	0.186	0.151	0.359	0.372	0.362
1-nn	0.220	0.301	0.245	0.145	0.150	0.144	0.497	0.508	0.500	1-nn	0.119	0.193	0.151	0.320	0.325	0.319	0.635	0.645	0.641
CNN-LSTM-att ^L	0.202	0.319	0.208	0.140	0.159	0.148	0.484	0.492	0.487	CNN-LSTM-att ^L	0.103	0.244	0.479	0.308	0.378	0.297	0.644	0.652	0.648
CoAtt [*] [10] ^L	0.231	0.316	0.221	0.144	0.162	0.147	0.491	0.503	0.491	CoAtt [*] [10] ^L	0.120	0.252	0.401	0.201	0.356	0.198	0.544	0.551	0.545
Zhang et al.[31] ^{L,f+i}	0.271	0.367	0.304	-	-	-	0.478	0.490	0.483	Boag et al.[2] ^L	0.184	-	0.850	0.186	0.304	-	-	-	-
CLARA [1] ^R	0.302	-	0.359	-	-	-	-	-	-	Liu et al.[16] ^L	0.192	0.306	1.046	-	0.309	0.134	-	-	-
KERP [14] ^R	0.299	0.339	0.280	-	-	-	-	-	-	Chen et al.[3] ^T	0.205	0.277	-	0.276	0.333	0.273	-	-	-
RTEX [13] ^R	-	0.202	-	-	0.193	0.222	-	-	-	Lovelace et al.[17] ^T	0.257	0.318	0.316	0.228	0.333	0.217	-	-	-
S-M et al.[27] ^{R,f+i}	0.515	0.580	-	-	-	-	-	-	-	CVSE [20] ^{R,Ab}	-	0.153	-	0.253	0.317	0.224	-	-	-
CNN-TRG single	0.167	0.282	0.030	0.239	0.225	0.357	0.529	0.534	0.540	RTEX [13] ^R	-	0.205	-	-	0.229	0.284	-	-	-
CNN-TRG grouped	0.273	0.352	0.249	0.239	0.225	0.357	0.529	0.535	0.540	CNN-TRG single	0.080	0.151	0.026	0.428	0.381	0.531	0.668	0.749	0.640
										CNN-TRG grouped	0.094	0.185	0.238	0.428	0.381	0.531	0.666	0.746	0.637

Conclusions

- CNN-TRG Clinical Correctness.** Our template-based models outperform all other models (naïve and DL-based) in terms of clinical correctness, both in Chexpert and MIRQI F-1 scores.
- NLP vs Clinical Correctness.** Naive models achieve higher NLP performance than CNN-TRG and comparable to some SOTA models, even though they are not clinically useful by design. However, naive models achieve very low performance on Chexpert and MIRQI.

Future Work

- Expand to other pathologies and types of images** (MRI, CT-Scan, Ecography, etc.): current work is limited to the 13 abnormalities classified by Chexpert and only on X-rays.
- Deal with multimodal input:** consider not only the image, but also the background information, specially to generate the Impression section of the report.
- Explainable AI:** our solution allows to easily integrate visual explainability methods such as CAM o Grad-CAM

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