KSBI-BIML 2024

Bioinformatics & Machine Learning(BIML) Workshop for Life and Medical Scientists

생명정보학 & 머신러닝 워크샵 (온라인)

Recent advances in Al for healthcare

예종철_KAIST





본 강의 자료는 한국생명정보학회가 주관하는 BIML 2024 워크샵 온라인 수업을 목적으로 제작된 것으로 해당 목적 이외의 다른 용도로 사용할 수 없음을 분명하게 알립니다.

이를 다른 사람과 공유하거나 복제, 배포, 전송할 수 없으며 만약 이러한 사항을 위반할 경우 발생하는 모든 법적 책임은 전적으로 불법 행위자 본인에게 있음을 경고합니다.

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안녕하십니까?

한국생명정보학회가 개최하는 동계 교육 워크샵인 BIML-2024에 여러분을 초대합니다. 생명정보학분야의 연구자들에게 최신 동향의 데이터 분석기술을 이론과 실습을 겸비해 전달하고자 도입한전문 교육 프로그램인 BIML 워크샵은 2015년에 시작하여 올해로 벌써 10년 차를 맞이하게 되었습니다. BIML 워크샵은 국내 생명정보학 분야의 최초이자 최고 수준의 교육프로그램으로 크게인공지능과 생명정보분석 두 개의 분야로 구성되어 있습니다. 올해 인공지능 분야에서는 최근생명정보 분석에서도 응용이 확대되고 있는 다양한 인공지능 기반 자료모델링 기법들에 대한 현장강의가 진행될 예정이며, 관련하여 심층학습을 이용한 단백질구조예측, 유전체분석, 신약개발에대한 이론과 실습 강의가 함께 제공될 예정입니다. 또한 단일세포오믹스, 공간오믹스, 메타오믹스, 그리고 롱리드염기서열 자료 분석에 대한 현장 강의는 많은 연구자의 연구 수월성 확보에 큰 도움을 줄 것으로 기대하고 있습니다.

올해 BIML의 가장 큰 변화는 최근 연구 수요가 급증하고 있는 의료정보자료 분석에 대한 현장 강의를 추가하였다는 것입니다. 특히 의료정보자료 분석을 많이 수행하시는 의과학자 및 의료정보 연구자들께서 본 강좌를 통해 많은 도움을 받으실 수 있기를 기대하고 있습니다. 또한 다양한 생명정보학분야에 대한 온라인 강좌 프로그램도 점차 증가하고 있는 생명정보 분석기술의 다양화에 발맞추기위해 작년과 비교해 5강좌 이상을 신규로 추가했습니다. 올해는 무료 강좌 5개를 포함하여 35개이상의 온라인 강좌가 개설되어 제공되며, 연구 주제에 따른 연관된 강좌 추천 및 강연료 할인프로그램도 제공되며, 온라인을 통한 Q&A 세션도 마련될 예정입니다. BIML-2024는 국내 주요 연구중심 대학의 전임 교원이자 각 분야 최고 전문가들의 강의로 구성되었기에 해당 분야의 기초부터최신 연구 동향까지 포함하는 수준 높은 내용의 강의가 될 것이라 확신합니다.

BIML-2024을 준비하기까지 너무나 많은 수고를 해주신 운영위원회의 정성원, 우현구, 백대현, 김태민, 김준일, 김상우, 장혜식, 박종은 교수님과 KOBIC 이병욱 박사님께 커다란 감사를 드립니다. 마지막으로 부족한 시간에도 불구하고 강의 부탁을 흔쾌히 허락하시고 훌륭한 현장 강의와 온라인 강의를 준비하시는데 노고를 아끼지 않으신 모든 강사분들께 깊은 감사를 드립니다.

2024년 2월

한국생명정보학회장 이 인 석

Recent Advances in AI for Healthcare

2016년 딥러닝 기반 인공지능 기술이 의료 진단 영역에 소개되어 세상을 놀라게 한 이후 이미 많은 의료인공지능 기술이 발전하고 관련 스타트업이 빠르게 상장을 하고, 의료 현장 구석 구석에 인공지능 기술이 녹아들고 있다. 하지만 현존하는 AI 기술은 많은 데이타와 고비용의 레이블 데이타를 요구하고 있다,

본 강의에서는 이러한 문제를 해결하고 위해 최근에 제시되고 있는 다양한 AI 기술이 의료영역에 어떻게 사용되고 있는 지를 설명한다. 특히 Transform, Vision Transformer, 및 강조학습 및 자기지도 학습 기술 대해 원리를 설명하고, 이를 통하여 의료에 적용된 예를 소개한다. 또한 최근에 중요한 주제로 떠오르고 있는 원천 모델 (foundation model)에 대한 설명을 하며, 이것이 어떻게 의료현장의 AI를 혁신 시킬수 있는지 논의한다.

강의는 다음의 내용을 포함한다:

- Transformer, Vision Transformer
- Contrastive learning
- Self-Supervised learning
- Fondation model
- * 참고강의교재:

Jong Chul Ye, "Geometry of Deep Learnig: A Signal Processing Perspective", Springer, 2022

- * 강의 난이도: 중급
- * 강의: 예종철 교수 (KAIST AI 대학원)

Curriculum Vitae

Speaker Name: Jong Chul Ye, Ph.D.



▶ Personal Info

Name Jong Chul Ye Title Professor Affiliation KAIST AI

▶ Contact Information

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Daejeon 34141, Republic of Korea

Email jong.ye@kaist.ac.kr Phone Number 042-350-4320

Research Interest

Deep learning for Biomedical Imaging & Healthcare, Computer Vision, Generative Models, Diffusion Models

Educational Experience

1993	B.S. in Control and Instrumentation Engineering, Seoul National University, Korea
1995	M.S. in Control and Instrumentation Engineering, Seoul National University, Korea
1000	DLD to FLOrial and Community Fortunation Double Hat well HIGA

1999 Ph.D. in Electrical and Computer Engineering, Purdue University, USA

Professional Experience

Jan 2022-Current	Professor, Kim Jaechul Graduate School of AI, KAIST
Aug. 2004-Dec. 2021	Professor, Department of Bio and Brain Engineering, KAIST
March 2016	KAIST Endowed Chair Professor
2003-2004	Senior Researcher, X GE Global Research Center, New York
2001-2003	Senior Member Research Staff, Philips Research Center, NY

Selected Publications (5 maximum)

- 1. Kang, E., Min, J., & Ye, J. C. (2017). A deep convolutional neural network using directional wavelets for low-dose X-ray CT reconstruction. Medical physics, 44(10), e360-e375.
- 2. Oh, Yujin, Sangjoon Park, and Jong Chul Ye. "Deep learning COVID-19 features on CXR using limited training data sets." IEEE transactions on medical imaging 39.8 (2020): 2688-2700.
- 3. Ye, J. C., Han, Y., & Cha, E. (2018). Deep convolutional framelets: A general deep learning framework for inverse problems. SIAM Journal on Imaging Sciences, 11(2), 991-1048.
- 4. Hyungjin Chung, Byeongsu Sim, Dohoon Ryu, Jong Chul Ye, "Improving Diffusion Models for Inverse Problems using Manifold Constraints", Thirty-sixth Conference on Neural Information Processing Systems (NeurIPS), 2022.
- 5. Gwanghyun Kim, and Jong Chul Ye. "DiffusionCLIP: Text-guided image manipulation using diffusion models," IEEE/CVF Conference on Computer Vision and Pattern Recognition (CVPR), 2022.



Year 2016..



☐ Deep Learning for Diabetic Retinopathy (By Google Brain)

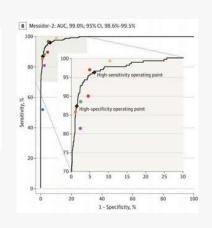
JAMA | Original Investigation | INNOVATIONS IN HEALTH CARE DELIVERY

Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs

Varun Gulshan, PhD; Lily Peng, MD, PhD; Marc Coram, PhD; Martin C. Stumpe, PhD; Derek Wu, BS; Arunachalam Narayanaswamy, PhD; Subhashini Venugopalan, MS; Kasumi Widner, MS; Tom Madams, MEng; Jorge Cuadros, OD, PhD; Ramasamy Kim, OD, DNB; Rajiv Raman, MS, DNB; Phillip C. Nelson, BS; Jessica L. Mega, MD, MPH; Dale R. Webster, PhD

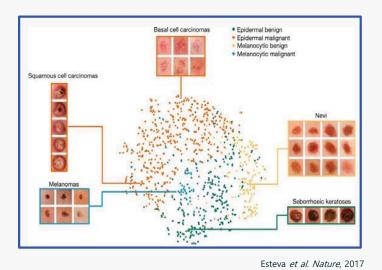






☐ Skin Cancer Detection by Deep Learning

• Stanford Univ. Deep CNN(GoogleNet Inception v3)



Test set: Dermatologist Comparison (376 images)

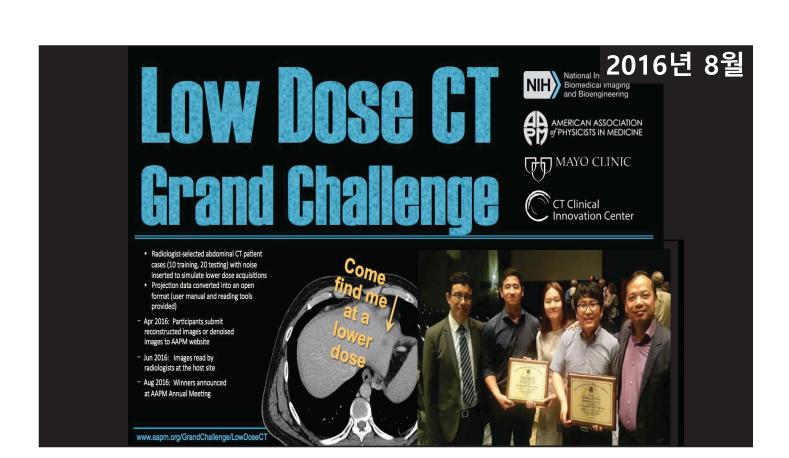
Carcinoma: 135 images

Melanoma: 130 images

Algorithm: AUC = 0.94
Dermatologists (25)
Average Dermatologist

Sensitivity

Sensitivity



☐ The End of Radiology?

2016년 11월

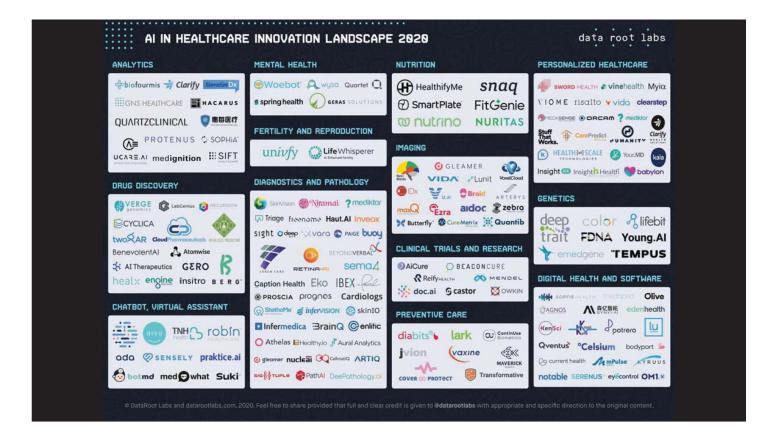


Jeffery Hinton 2016

"We should stop training radiologists now, it's just completely obvious within five years deep learning is going to do better than radiologists.

'If you work as a radiologist, you are like Wile E. Coyote in the cartoon; you're already over the edge of the cliff, but you haven't looked down.'



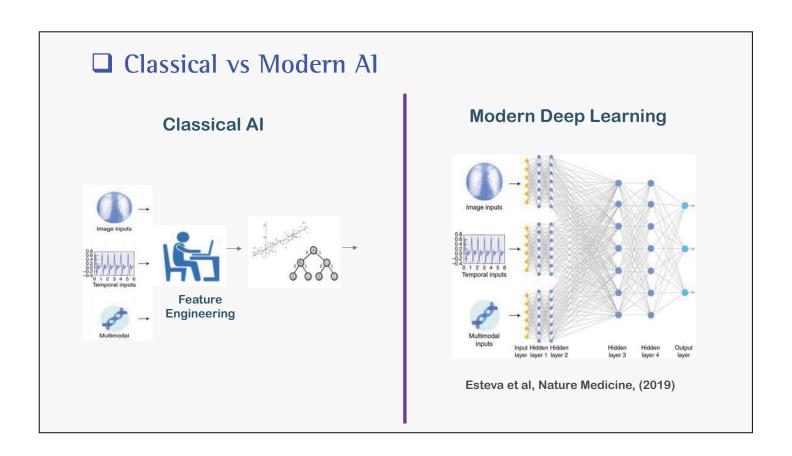


☐ Al role in healthcare

- Clinical assessment:
 - vitals, history, interview ← EMR/EHR analysis by AI
- Making a diagnosis
 - Al driven analysis of lab tests, imaging, bio-signals
- Treatment plan
- Prescribe medication
- · Making a prognosis
- · Making referrals for advanced treatment
- Surgical procedure

☐ Other Al's roles in healthcare

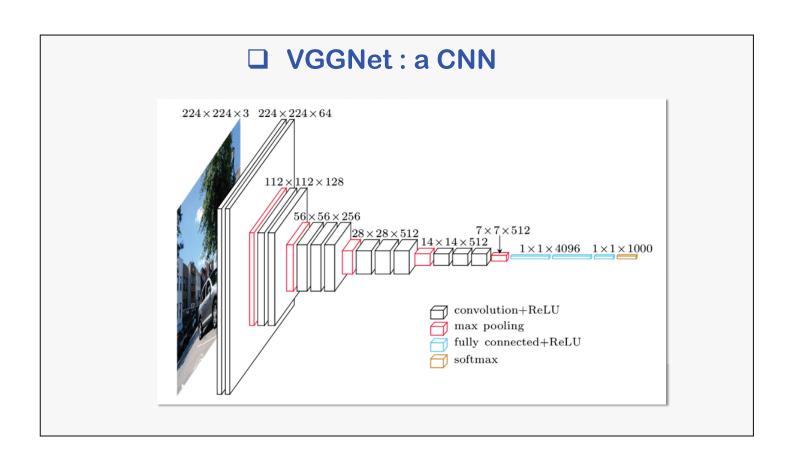
- Workflow improvements
 - Image enhancements
 - Segmentation
 - Registration
 - Quantification
 - Retrievals
- Drug discovery

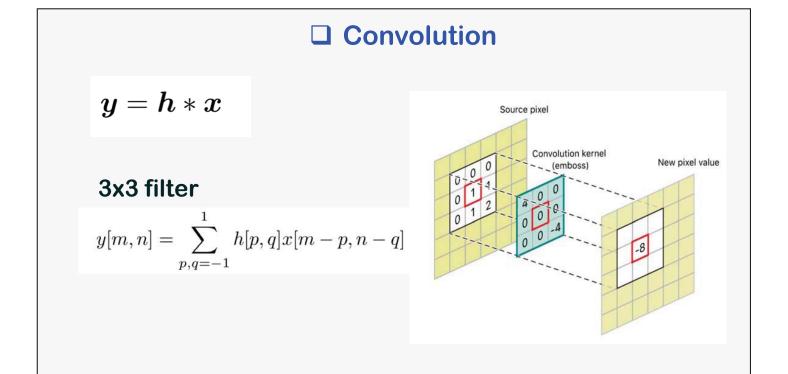


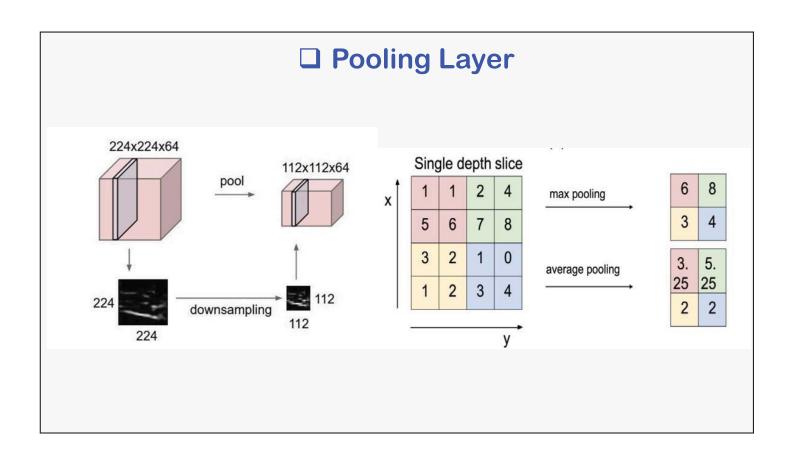
☐ Technical Challenges in Al for Healthcare

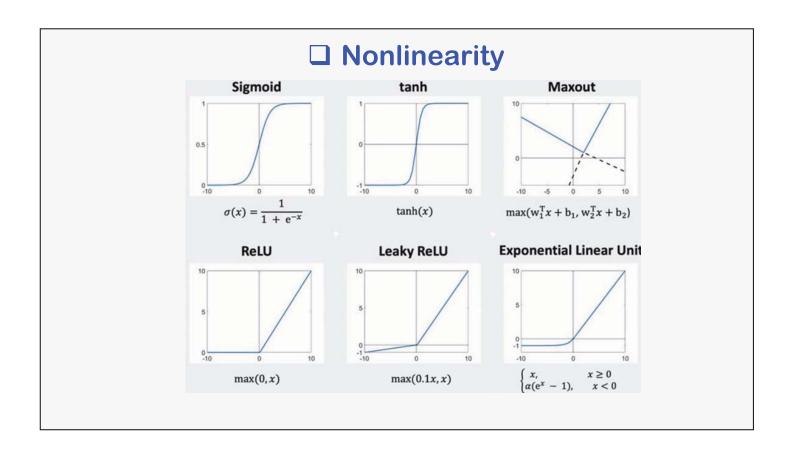
- · Limited data
 - Overfitting → Vision Transformer
 - Cost of labeling → self-supervised learning
 - No paired reference → generative models
 - Data privacy → federated learning
 - Multi-modal data →. Vision-language pretraing

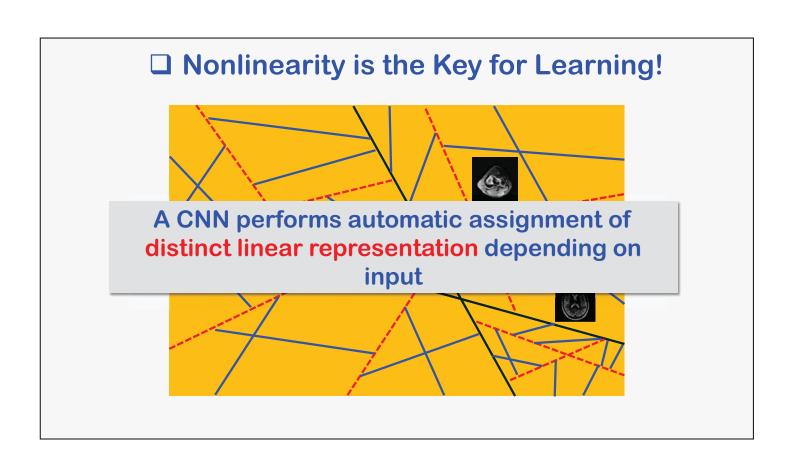


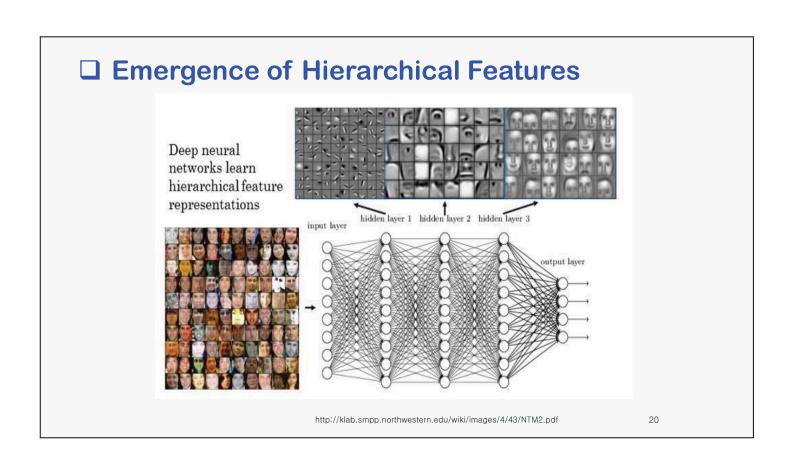


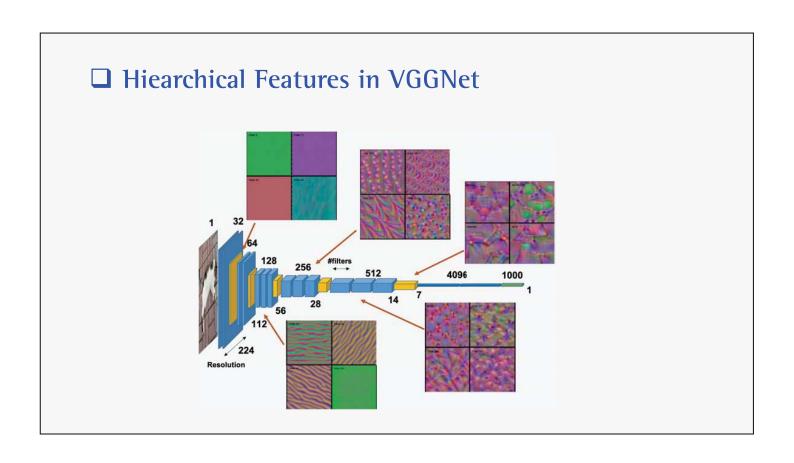


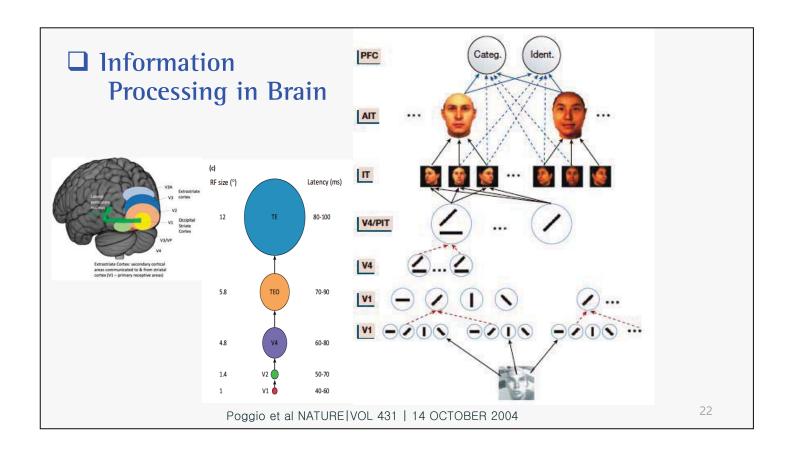


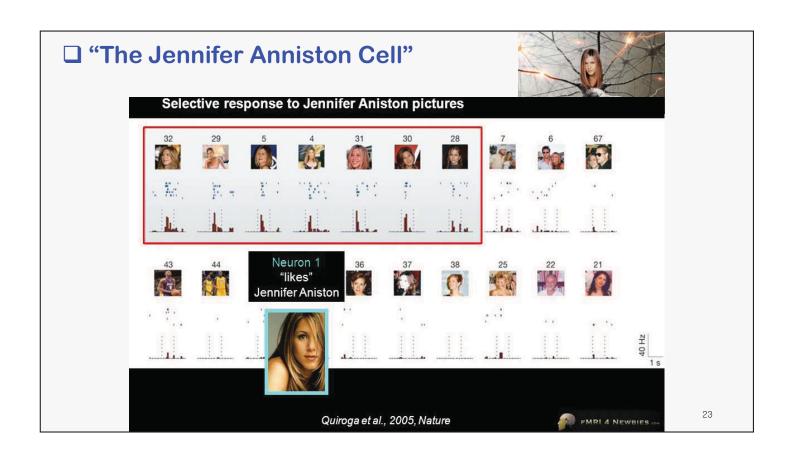


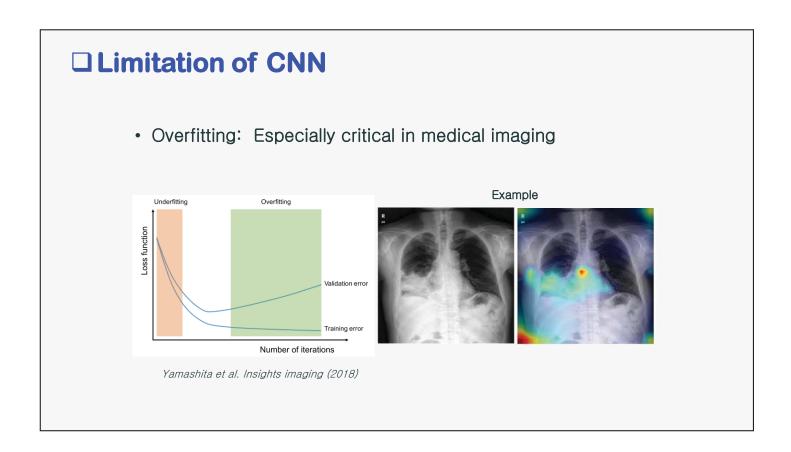


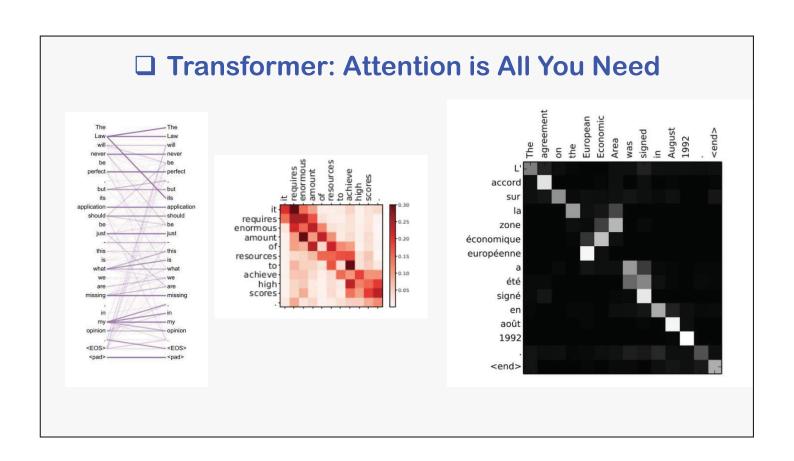


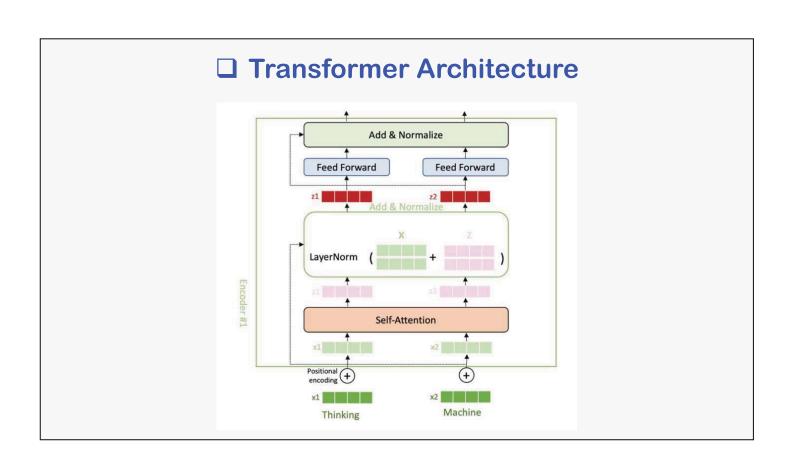






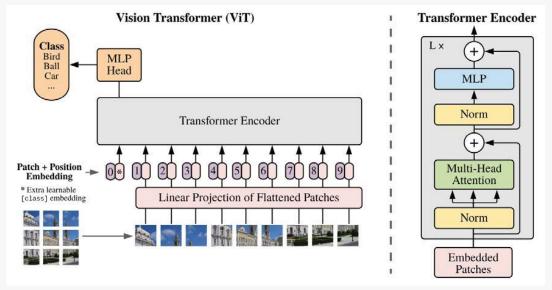






☐ ViT: Vision Transformer : Farewell to convolution

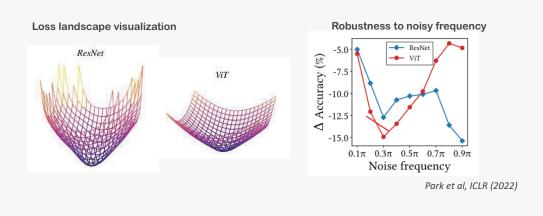
• First successful approach to introduce pure Transformer to vision.



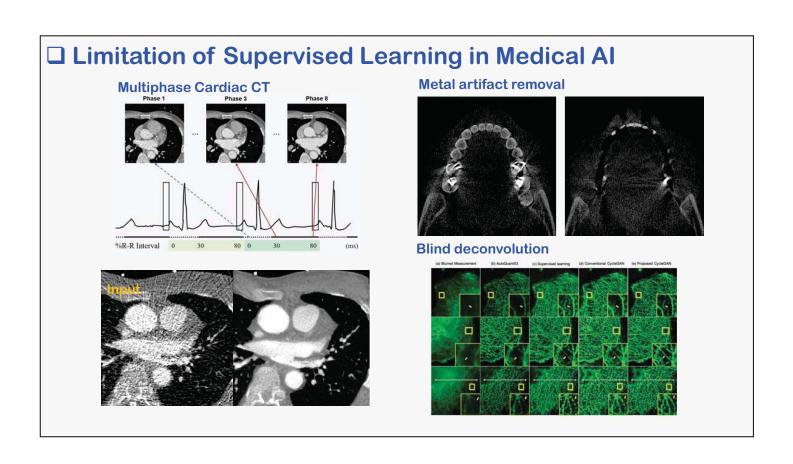
A Dosovitskiy, "an image worth 16 x 16 words for image recognition at scale"

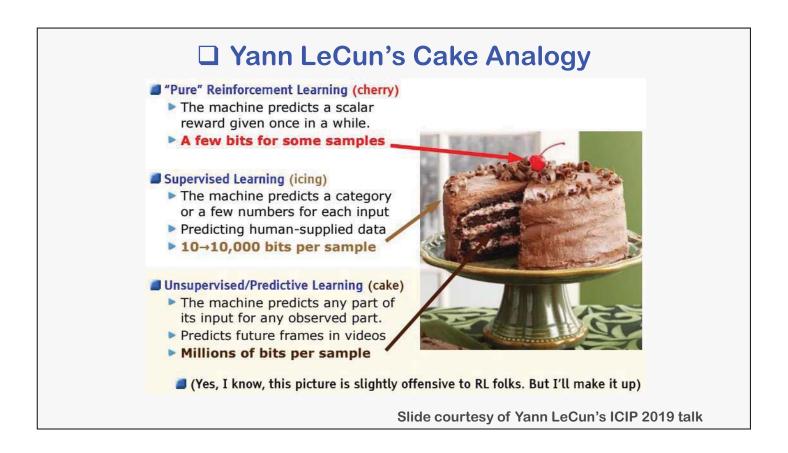
☐ Why ViT works better than CNN?

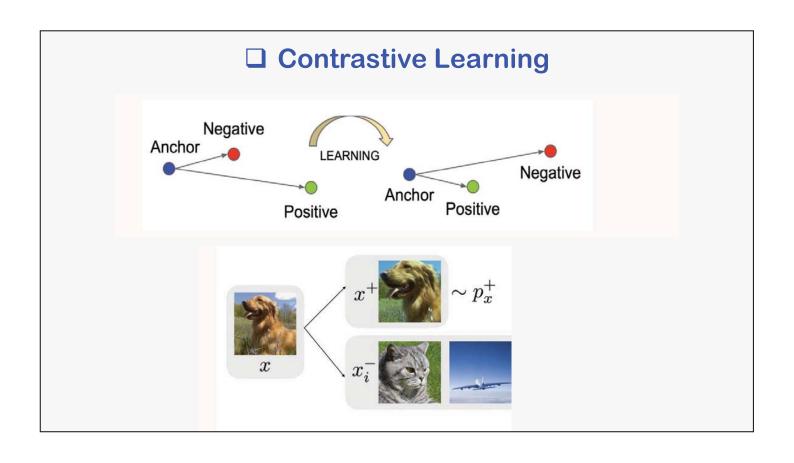
- ViT can model long-range dependency between pixels.
- ViT has more flat loss landscape than CNN (less overfitting).
- · ViT is less vulnerable to high frequency noise than CNN.
- · ViT is more shape-biased than CNN, like human (what we want!).



Self-Supervised Learning



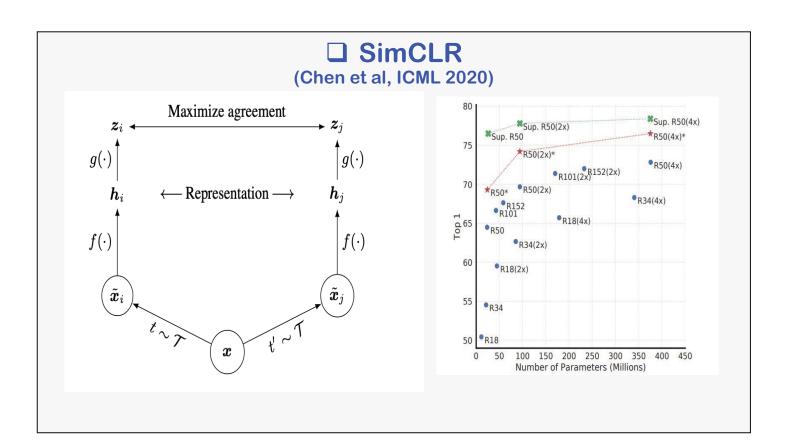




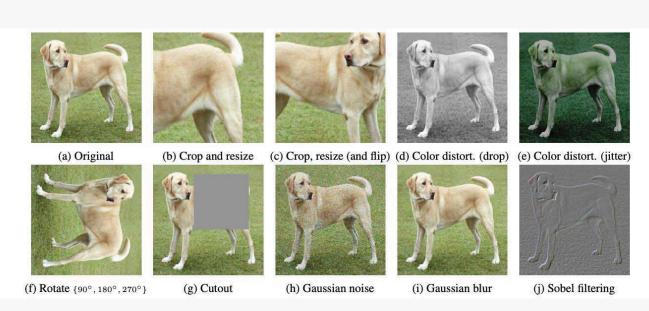
Contrastive Loss $\ell_{i,j} = -\log \frac{\exp(\sin(\boldsymbol{z}_i, \boldsymbol{z}_j)/\tau)}{\sum_{k=1}^{2N} \mathbb{1}_{[k \neq i]} \exp(\sin(\boldsymbol{z}_i, \boldsymbol{z}_k)/\tau)}$

Negative samples

$$\ell(\boldsymbol{v}, \boldsymbol{v}^+, \boldsymbol{v}^-) = -\log \left[\frac{\exp(\boldsymbol{v} \cdot \boldsymbol{v}^+ / \tau)}{\exp(\boldsymbol{v} \cdot \boldsymbol{v}^+ / \tau) + \sum_{n=1}^N \exp(\boldsymbol{v} \cdot \boldsymbol{v}_n^- / \tau)} \right].$$



□ Data Augmentation



☐ Self-supervised learning with distillation with no label (DINO)

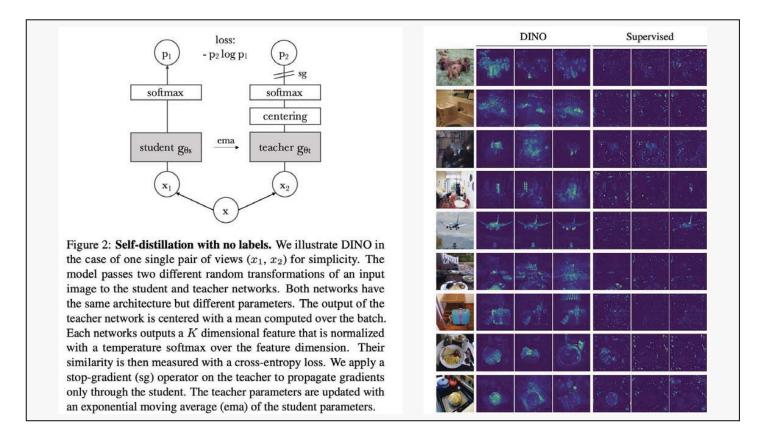
Emerging Properties in Self-Supervised Vision Transformers

¹ Facebook AI Research ² Inria* ³ Sorbonne University

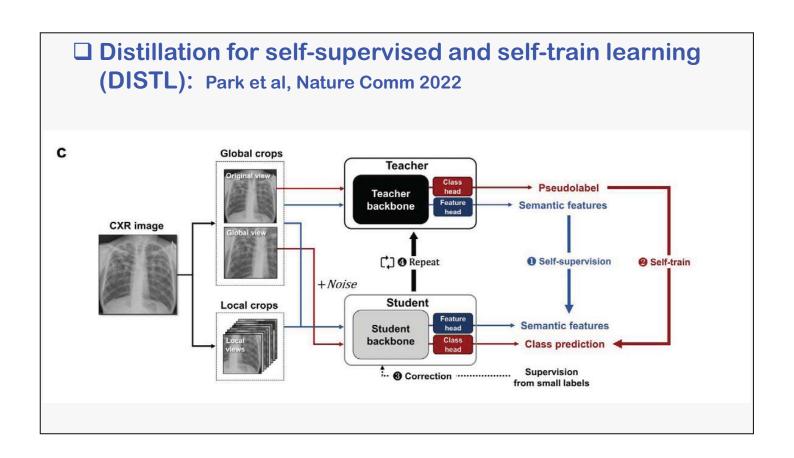


Figure 1: Self-attention from a Vision Transformer with 8×8 patches trained with no supervision. We look at the self-attention of the [CLS] token on the heads of the last layer. This token is not attached to any label nor supervision. These maps show that the model automatically learns class-specific features leading to unsupervised object segmentations.

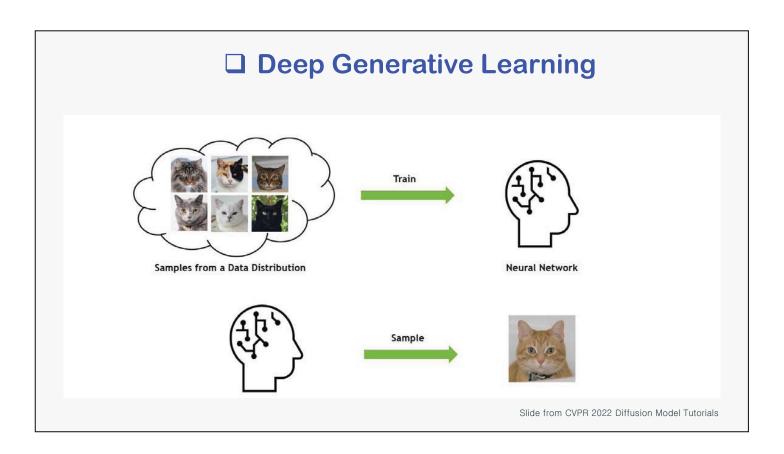
Contrastive Prediction in DINO B Global crops Teacher Teacher Dackbone Teacher Dackbone Semantic features Semantic features Student Student Dackbone Semantic features

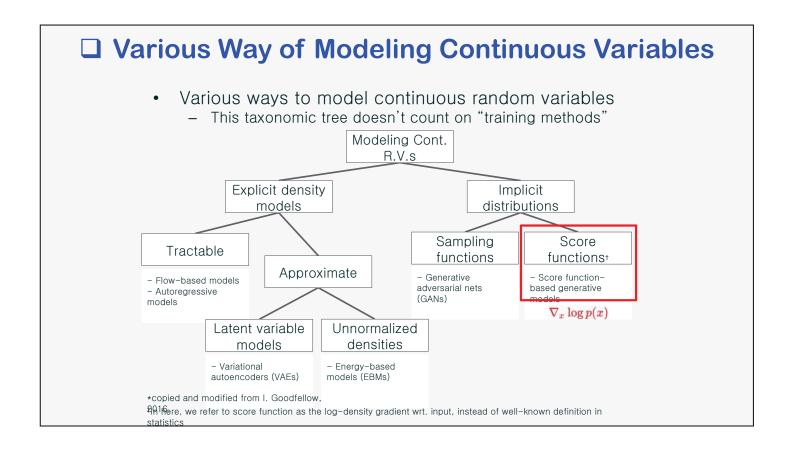


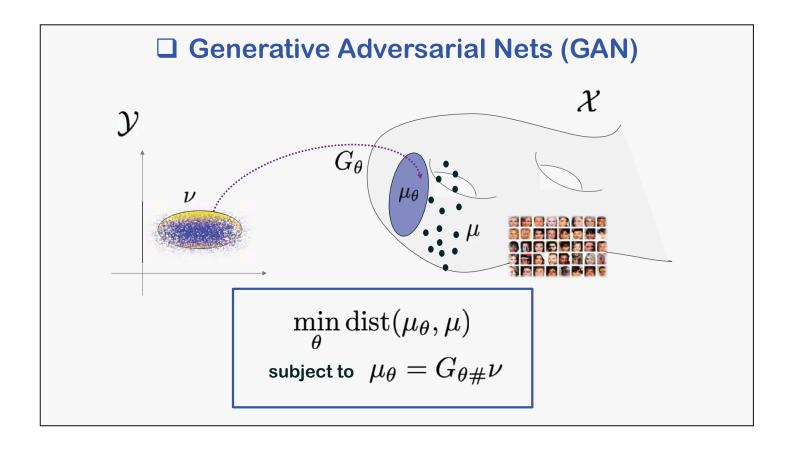
Self-Training with Noisy Student Teacher Teacher Dackbone CXR image CXR image Student Student Student Student Dackbone Student Student Dackbone Class prediction

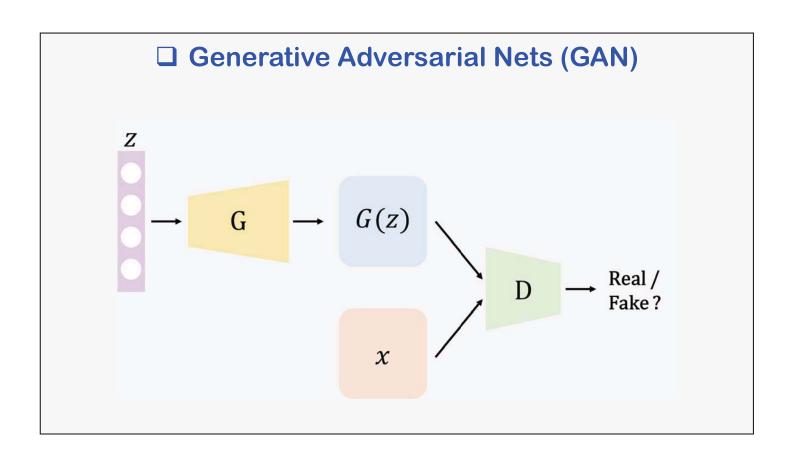


Generative Models

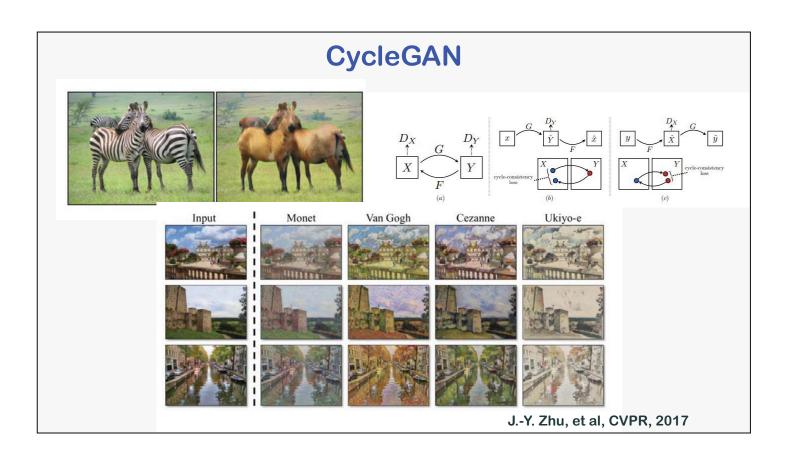




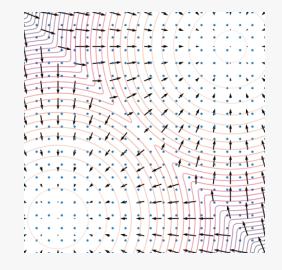








□ Diffusion-based Generative Models



- Once the score model is trained to optimality,
 - i.e. $s_{\theta}(\mathbf{x}) \simeq \nabla_{\mathbf{x}} p(\mathbf{x})$
- Example: Use Langevin dynamics to draw samples

$$\mathbf{x}_{i+1} \leftarrow \mathbf{x}_i + \epsilon \nabla_{\mathbf{x}} \log p(\mathbf{x}) + \sqrt{2\epsilon} \mathbf{z}_i$$

$$i = 0, 1, ..., K$$

http://yang-song.github.io/blog/2021/score/

□ Diffusion-based Generative Models



StyleGAN2-ADA (Karras et al., 2020)



DDPM (Ho et al., 2020)



Reverse SDE (Song et al., 2020)

Text-Guided Image Generation "A bowl of soup that is a https://openai.com/dall-e-2/

" An astronaut riding a horse in a photorealistic style"



portal to another dimension as digital art"



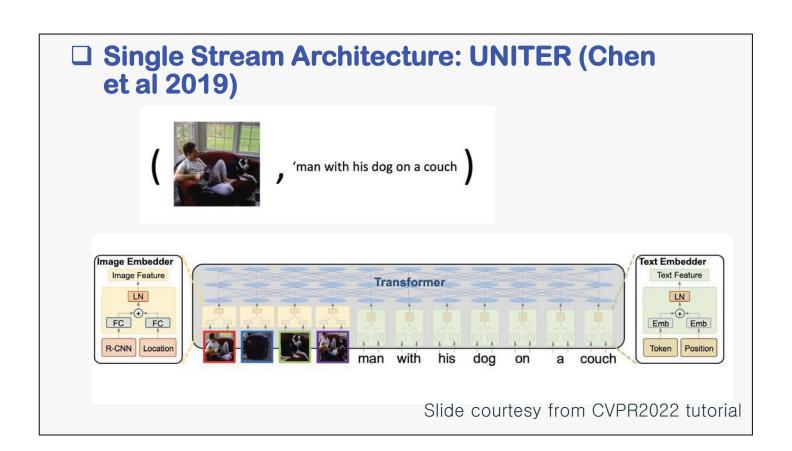
☐ Image Super-Resolution

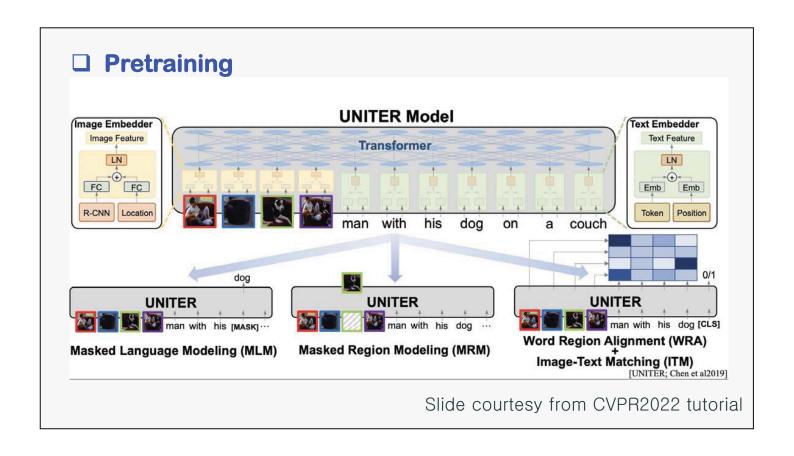
Conditional generation (SR)



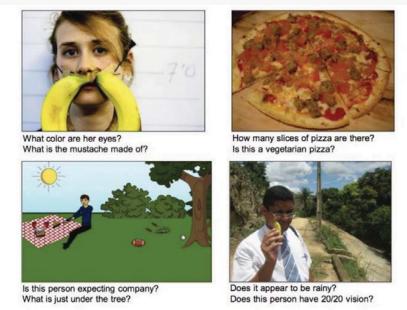
http://yang-song.github.io/blog/2021/score/

Vision-Language Pretraining





□ Downstream Tasks: Visual Question Answering

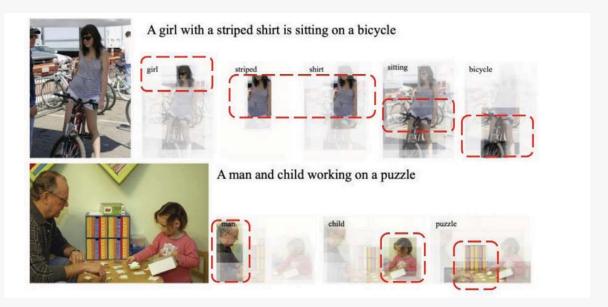


[Antol et al., ICCV 2015]

Slide courtesy from CVPR2022 tutorial



□ Downstream Tasks: Text-to-Image Attention



Slide courtesy from CVPR2022 tutorial

Foundation Models

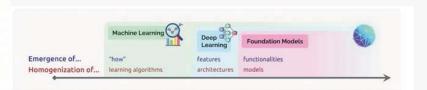
☐ Foundation Models: A Future AI?

On the Opportunities and Risks of Foundation Models

Foundation Models

Rishi Bommasani* Drew A. Hudson Ehsan Adeli Russ Altman Simran Arora
Sydney von Arx Michael S. Bernstein Jeannette Bolg Antoine Bosselut Emma Brunskill
Erik Brynjolfsson Shyamal Buch Dallas Card Rodrigo Castellon Niladri Chatterji
Annie Chen Kathleen Creel Jared Quincy Davis Dorottya Demszky Chris Donahue
Moussa Doumbouya Esin Durmus Stefano Ermon John Etchemendy Kawin Ethayarajh
Li Pei-Fei Chelsea Finn Trevor Gale Lauren Gillespie Karan Goel Noah Goodman
Shelby Grossman Neel Guha Tatsunori Hashimoto Peter Henderson John Hewitt
Daniel E. Ho Jenny Hong Kyle Hsu Jing Huang Thomas Icard Sashil Jain
Dan Jurdsky Pratyusha Kalluri siddharth Karamcheti Geoff Keeling Fereshte Khani
Omar Khattab Pang Wei Koh Mark Krass Ranjay Krishna Rohith Kuditipudi
Ananya Kumar Faisal Ladhak Mina Lee Tony Lee Jure Leskove Isabelle Levent
Xiang Lisa Li Xuechen Li Tengyu Ma Ali Malik Christopher D. Manning
Suivi Mirchandani Eric Mitchell Zanele Munyikwa Suraj Nair Awanika Narayan
Deepak Narayaman Ben Newman Allen Nie Juan Carlos Niebles Hamed Nifforoshan
Julian Nyarko Giray Ogut Laurel Orr Isabel Papadimitriou Joon Sung Park Chris Piech
Eva Portelance Christopher Potts Aditi Raghunathan Rob Reich Hongyu Ren
Frieda Rong Yusuf Roohani Camilo Ruiz Jack Ryan Christopher Re Dorsa Sadigh
Shiori Sagawa Keshav Santhanam Andy Shih Krishana Srinivasan Alex Tamkin
Kohan Taori Armin W. Thomas Florian Tramèr Rose E. Wang William Wang Bohan Wu
Jajanu Wu Yuhusi Wu Sang Michael Xie Michihiro Yasunaga Jaxxuan You Matel Zaharia
Michael Zhang Tianyi Zhang Xikun Zhang Yuhui Zhang Lucia Zheng Kaitlyn Zhou
Percy Liang**

Center for Research on Foundation Models (CRFM) Stanford Institute for Human-Centered Artificial Intelligence (HAI) Stanford University



Bommasani, Rishi, et al. arXiv:2108.07258 (2021).

☐ Examples of Foundation Models



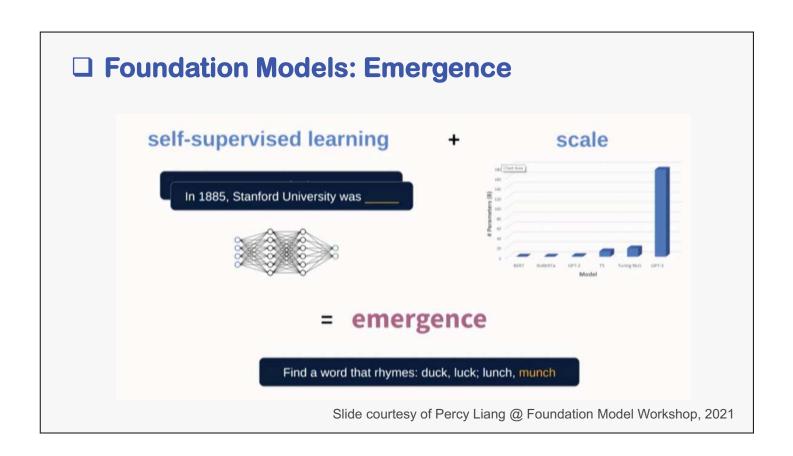


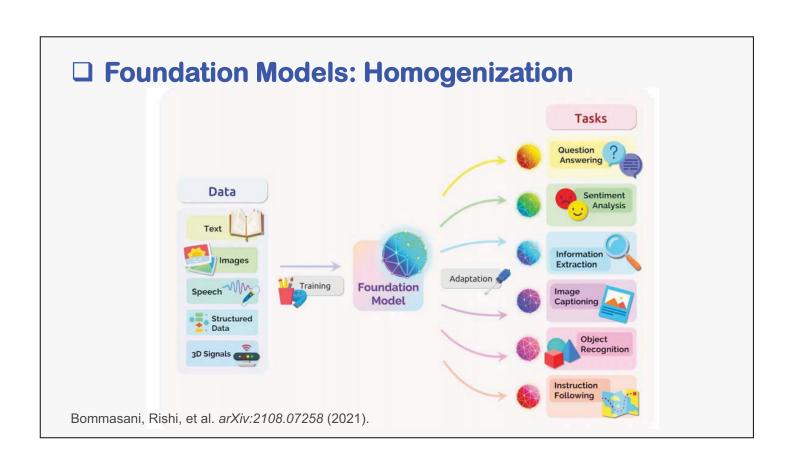


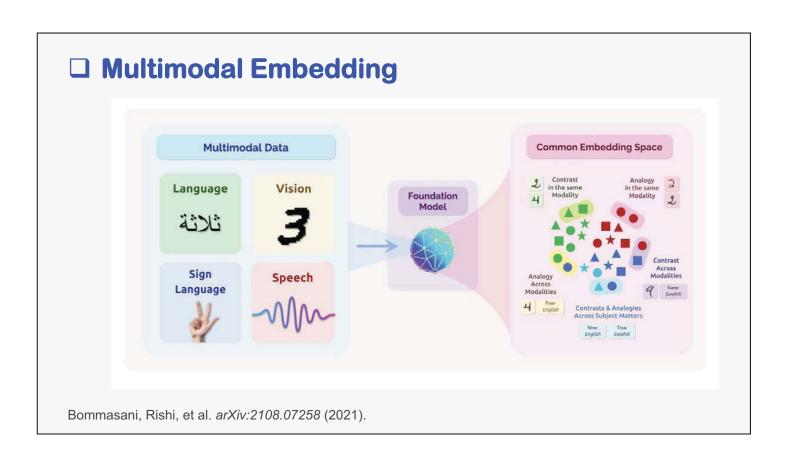


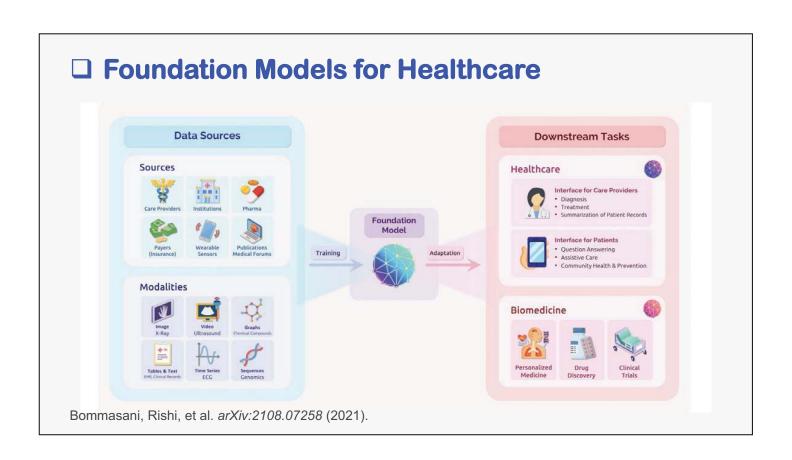


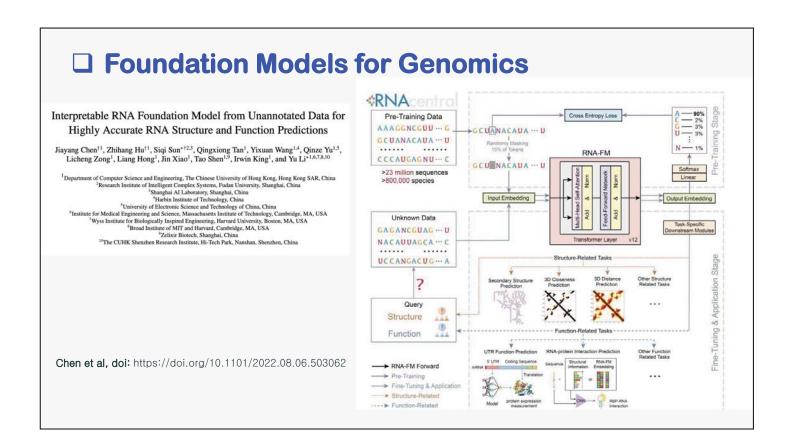


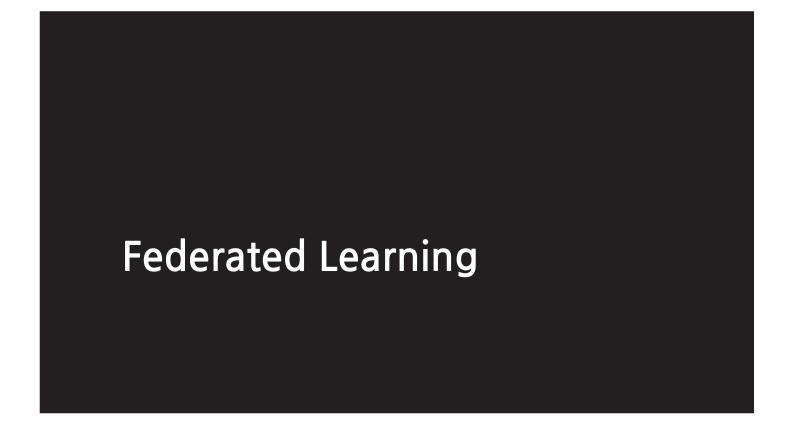












□ Big Data and Data Privacy Issue

데이터 3법: 2020년 2월 4일 공포, 8월 5일 시행

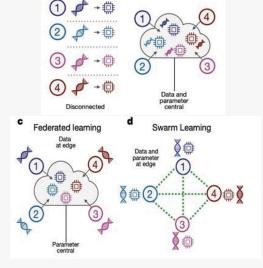
- 가명정보 이용: 데이터를 기반으로 하는 새로운 기술·제품·서비스의 개발 등 산업적 목적을 포함 하는 과학적 연구, 통계작성, 공익적 기록보존 등의 목적
- 관련 법률의 유사·중복 규정은 「개인정보 보호법」으로 일원화

, W.	개인정보	olol	all 1 d	alri
<#>>	개인정보	외의	개념	완내

		개념	활용가능 범위
개	인정보	개인을 알아볼 수 있는 정보. 다른 정보와 쉽게 결합해 알 아볼 수 있는 정보	수집목적과 합리적으로 연관된 범위 內에서 정보주체 동의 없이 개인정보 추가 이용·제 공 가능
	가명 정보	추가정보의 사용 없이는 특정 개인을 알아볼 수 없게 조치 한 정보	다음 목적에 동의 없이 활용 가능 ① 통계작성 ② 과학적 연구 ③ 공익적 기록보존 등
익	명정보	다른 정보를 사용하여도 더 이상 개인을 알아볼 수 없게 조치한 정보	개인정보가 아니기 때문에 제한 없이 자유롭 게 활용

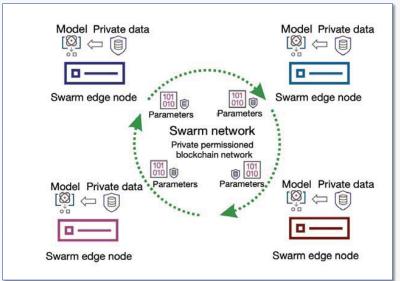
- · Medical image, genome big data
- Even after pseudonymization, there is a potential of privacy infringement
- Challenges in the development of medical artificial intelligence

☐ Federated Learning, Swarm Learning



a Local learning

b Central learning



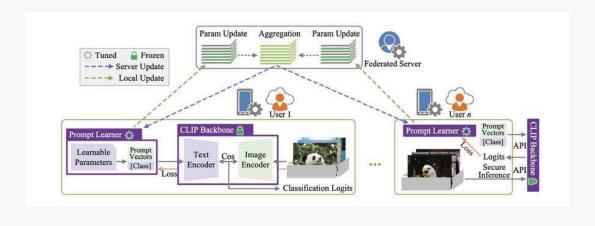
Warnat-Herresthal et al, Nature 594, 265-270 (2021)

☐ FL in the age of Foundation Model

PROMPTFL: Let Federated Participants Cooperatively Learn Prompts Instead of Models — Federated Learning in Age of Foundation Model

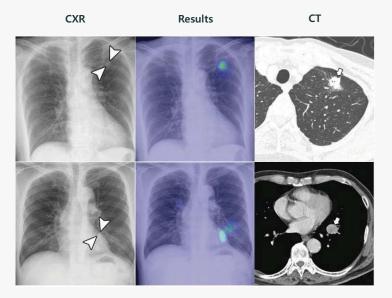
Tao Guo, Song Guo, Junxiao Wang, Wenchao Xu

Department of Computing, The Hong Kong Polytechnic University, Hong Kong, China



Al-driven Diagnosis

☐ Lung Cancer Detection (Lunit)



- Development of a deep learning model consisting of a 25-layer convolutional neural network and 8 residual connections
- Learning with 34067 normal X-rays and 9225 malignant pulmonary nodule X-rays obtained at Seoul National University Hospital

		Radiograph C	lassification Perfor	ion Performance Nodule Detection Per		rformance	
Parameter	AUROC	Sensitivity (%)	Specificity (%)	F1 Score (Precision, Recall)	JAFROC FOM	Sensitivity (%)*	Rate of FP Findings (%)*
Seoul National University Hospital	0.92	79.0 (94/119) [70.8, 85.4]	95 (59/62) [86.2, 98.9]	87.0 [94.9, 79.0]	0.885	69.9 (100/143) [62.0, 76.9]	0.34 [61/181]
Boramae Hospital	0.99	91.1 (112/123) [84.6, 95.1]	98 (58/59) [80.2, 100]	94.9 [99.1, 91.1]	0.924	82.0 (114/139) [74.7, 87.6]	0.30 [54/182]
National Cancer Center	0.94	71.2 (79/111) [62.1, 78.9]	100 (70/70) [93.8, 100]	83.2 [100, 71.2]	0.831	69.6 (80/115) [60.6, 77.3]	0.02 [3/181]
University of California San Francisco Medica Center	0.96 I	88 (78/89) [79.0, 93.1]	93 (56/60) [83.6, 97.8]	91.2 [95.1, 87.6]	0.880	75.0 (78/104) [65.8, 82.4]	0.25 [37/149]

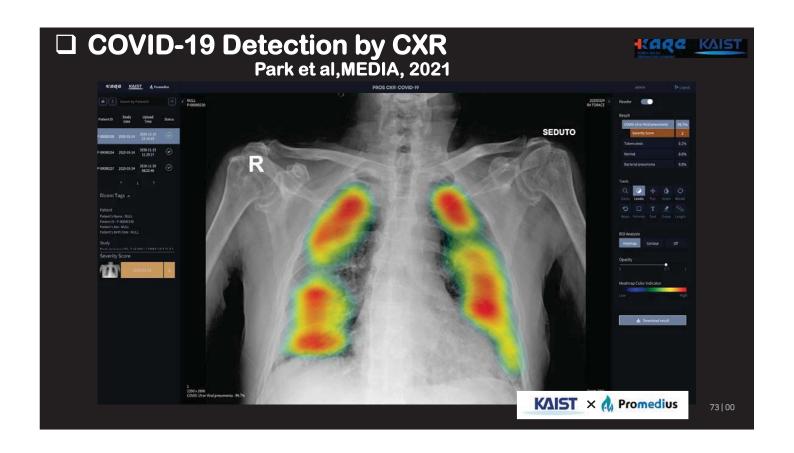
[1] Sunggyun Park et al. Radiology, 2018

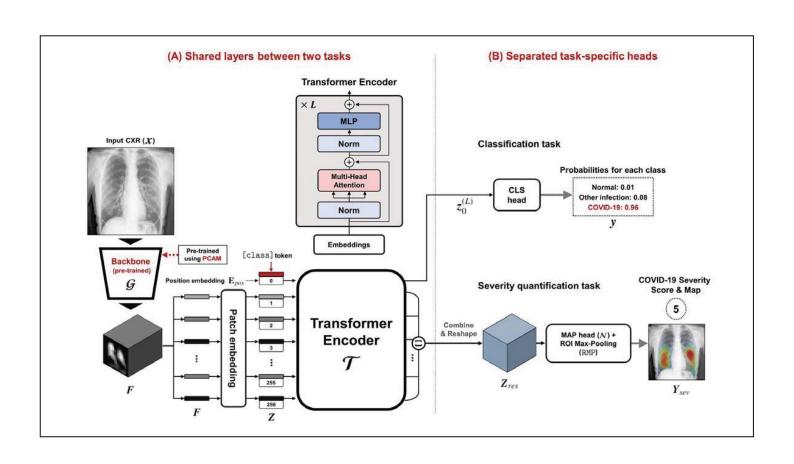
[2] Lunit INSIGHT CXR (https://www.lunit.io/ko/products/insight-cxr), accessed on 2021.07.05

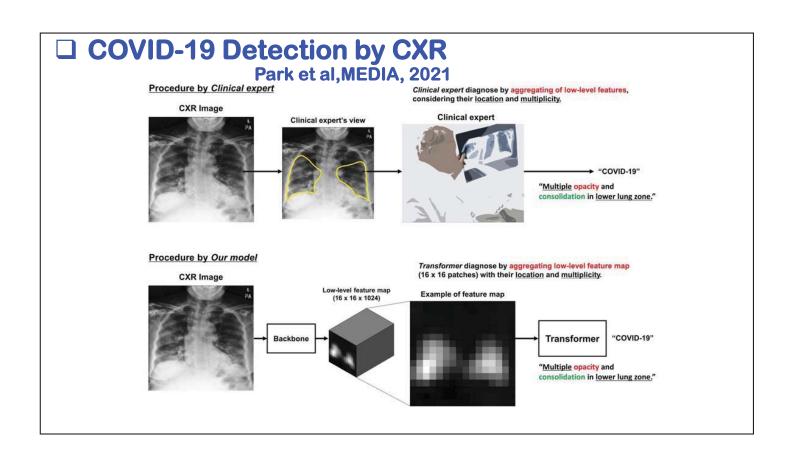
☐ Bone Age (Vuno)

- test used to determine the normal growth of children and adolescents, and can be helpful in the timely treatment of musculoskeletal disorders.
- Bone age testing is increasing due to an increase in the number of patients with precocious puberty and a high interest in height growth.
- Al alone can give you more accurate results than experts.
- Use AI-generated results to improve physician reading speed and accuracy.





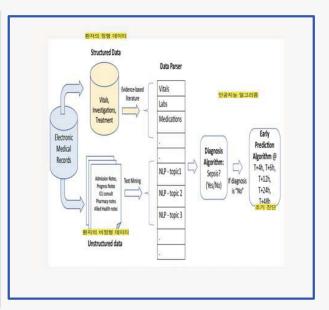






☐ Sepsis Prediction

- Severe infection by microorganisms, mortality: early 20-35, septic shock: 40-60%
- Electronic health record
 (temperature/pulse/respiratory rate/blood
 pressure/leukocyte count on blood test, etc.)
 and SOFA score (respiratory
 system/nervous system/circulatory
 system/liver/coagulation/kidney)
- Early diagnosis of sepsis Artificial intelligence (AI) technology Compared to medical experts, it was confirmed that the early diagnosis of sepsis was increased by 32% and the false-positive rate was lowered by 17%.



[1] KH Goh et al., Nature Communications, 2021

□ Blood Sugar Level Management IBM, Meditronics

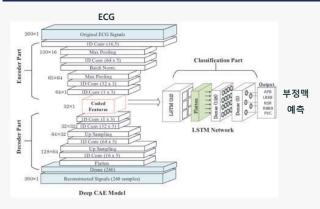
- Guardian connect CGM technology:
 Manage blood sugar in daily life by linking with mobile app
- Send blood glucose readings to mobile app every 5 minutes
- Predict a patient's hypoglycemia within
 1-4 hours with 98.5% accuracy
- Bringing the patient's blood sugar levels to normal for an average of 39 more minutes per day.

Meditronic, IBM Watson



□ Arrhythmia Classification

- o Predictive research using electrocardiogram (ECG) signals
- Combining Convolutional Neural Network (CNN) and Long Short-Term Memory Model (LSTM) to Classify Arrhythmic Disorders
- o Most of the various types of arrhythmias show more than 99% accuracy.

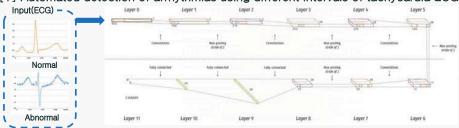


			Accuracy: 99.23	,	
APB	94.0% 359	0.0%	0.4% 45	0.2%	0.0%
LBBB	0.3% 1	99.8% 1181	0.0% 3	0.1% 1	0.1% 1
NSR	4.2% 16	0.2% 2	99,4% 11162	0.4% 4	1.4% 15
RBBB	1.0% 4	0.0%	0.0%	99.4% 1094	0.0%
PVC	0.5% 2	0.0%	0.1% 16	0.0%	98.6% 1093
	APB	LBBB	NSR	RBBB	PVC

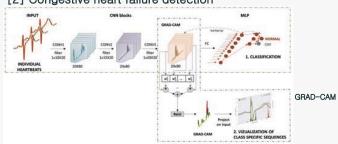
[1] Yildirim, Ozal, et al., Computer methods and programs in biomedicine, 2019

☐ Detection of Heart Failure using ECG

· [1] Automated detection of arrhythmias using different intervals of tachycardia ECG segments



[2] Congestive heart failure detection



[1] Acharya, U. Rajendra, et al., Information Sciences, 2017 [2] Porumb, M. et al., Biomedical Signal Processing and Control, 2020

Workflow

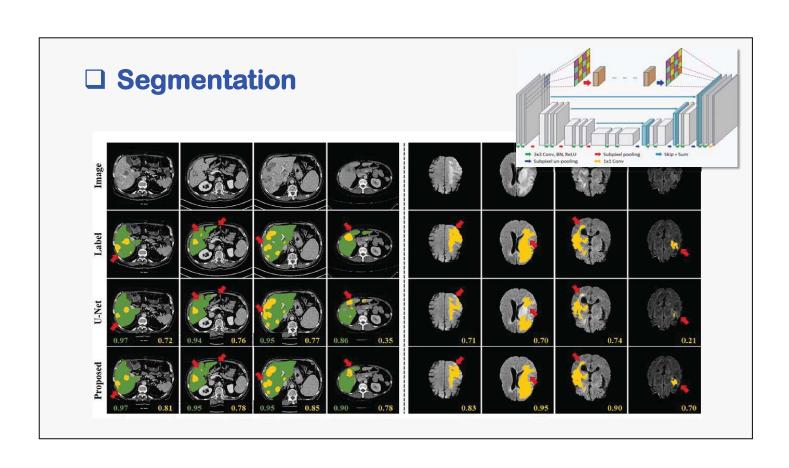
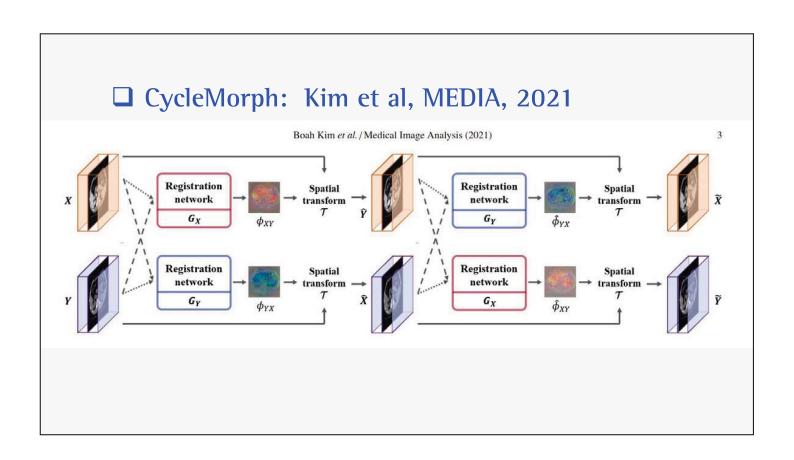
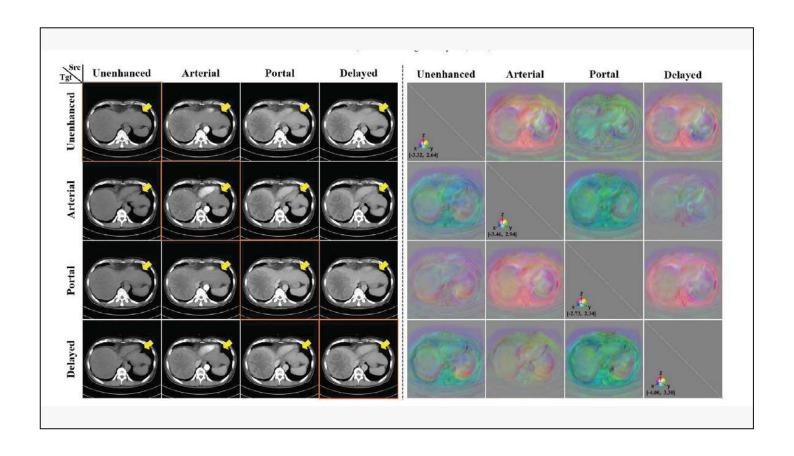


Image Registration Pre phase Artery phase Portal phase Delay phase Delay phase



□ Multiphase Liver CT Registration Artery phase → Portal phase Original artery phase Fixed portal phase Protal phase Fixed portal phase



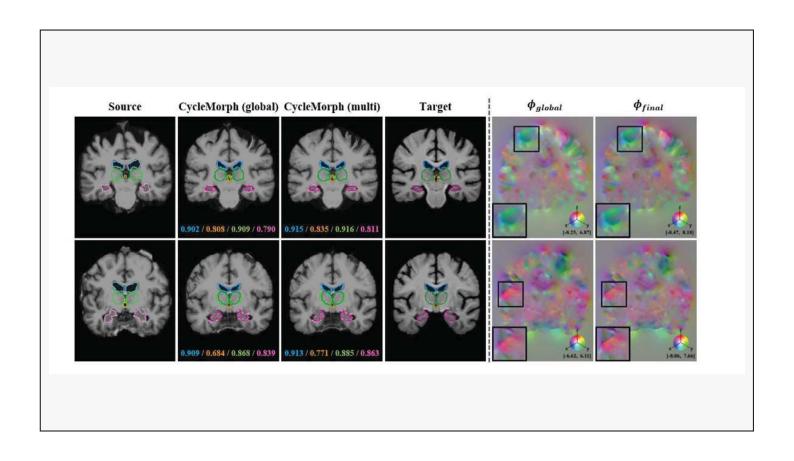
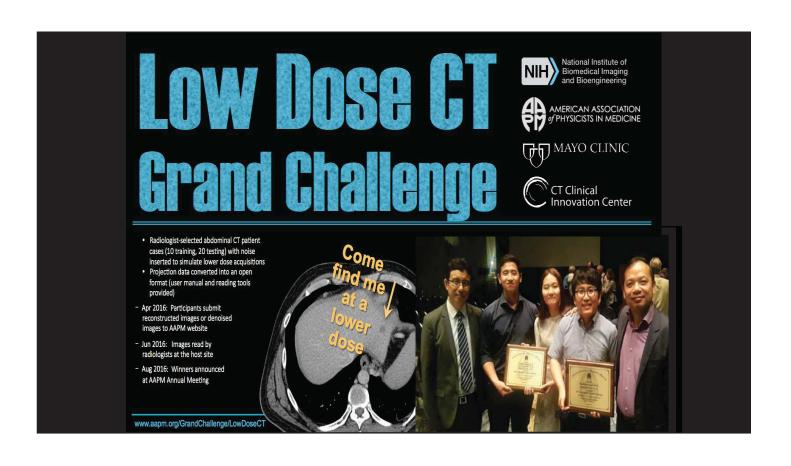
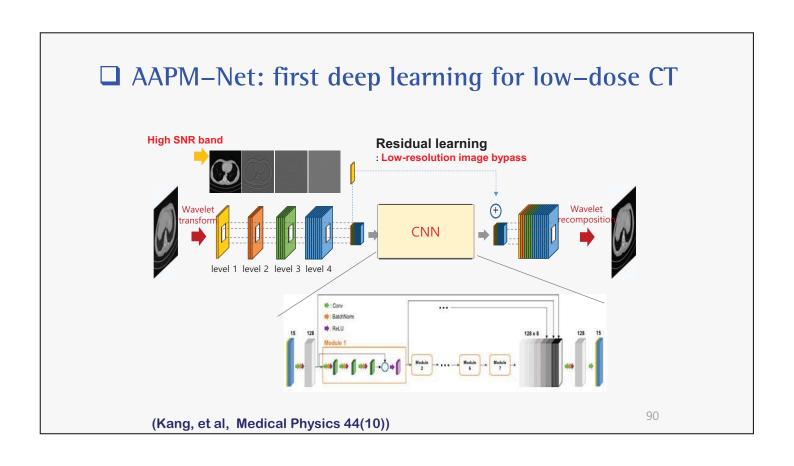
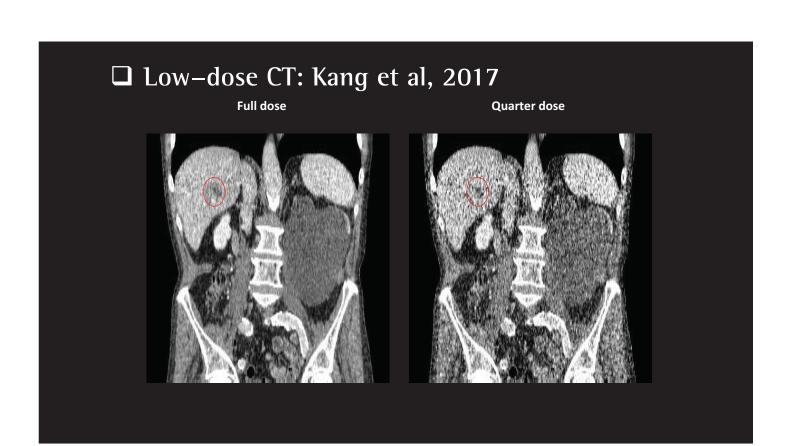
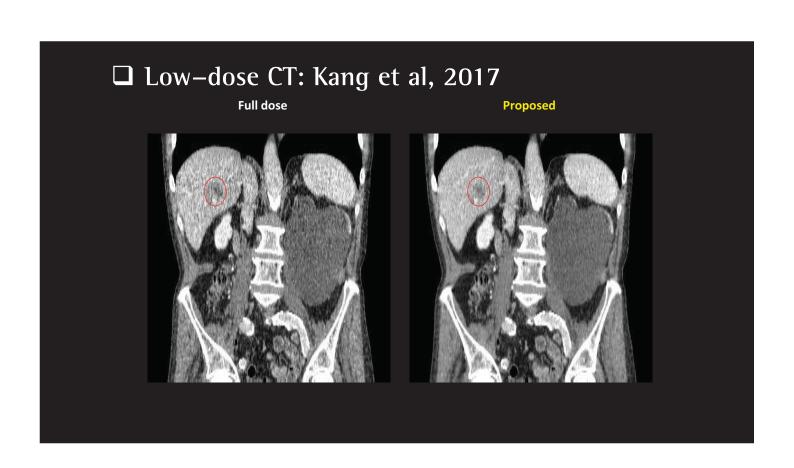


Image Enhancement







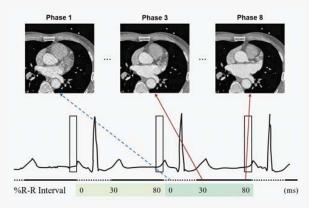




☐ Low-dose CT Denoising without Reference

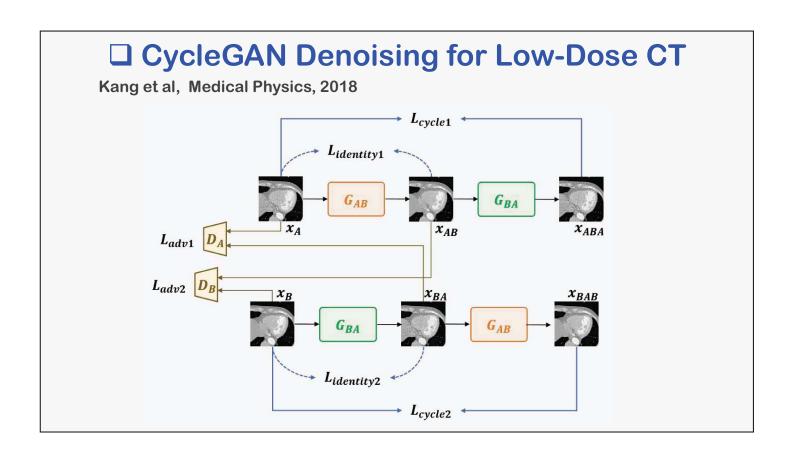
Multiphase Cardiac CT denoising

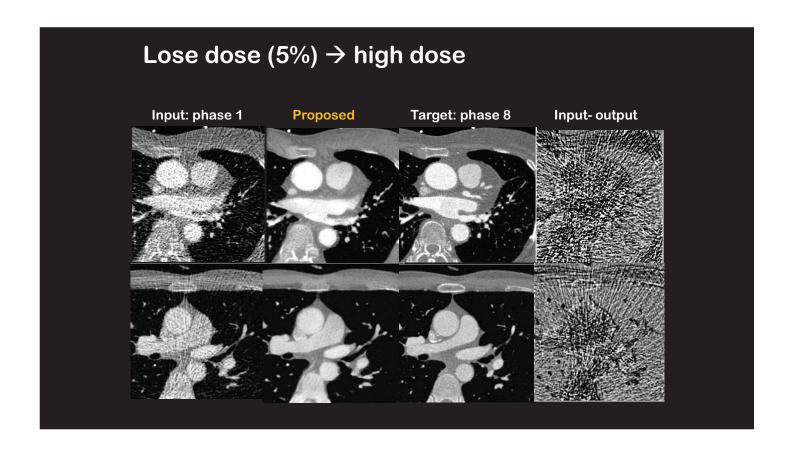
- Phase 1, 2: low-dose, Phase 3 ~ 10: normal dose
- Goal: dynamic changes of heart structure
- No reference available



Kang et al, Medical Physics, 2018

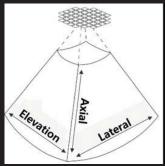
94





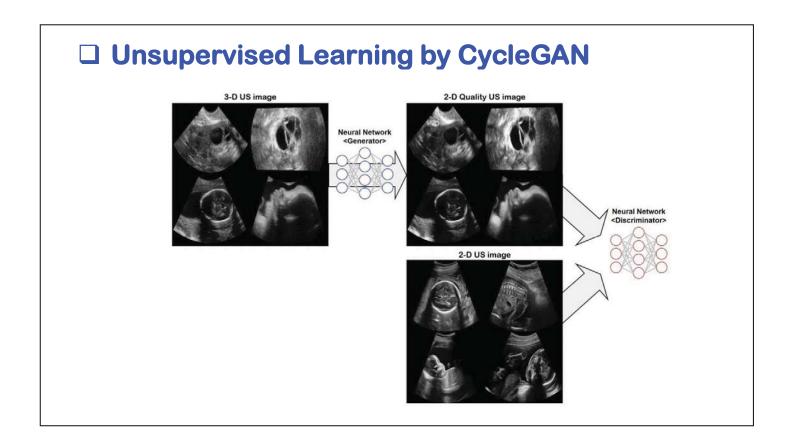
☐ Ultrasound image

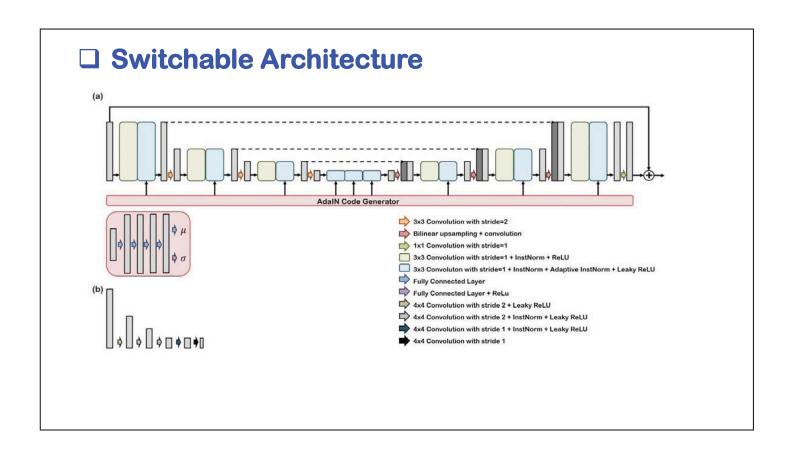
✓ To overcome the image quality degradation in 3D Ultrasound

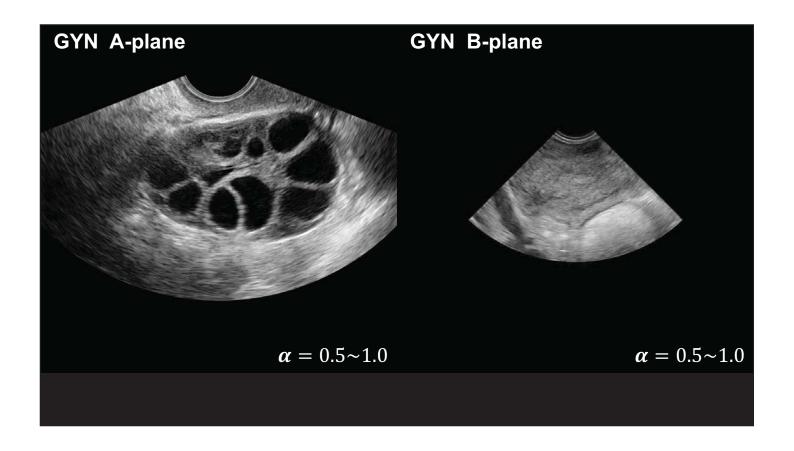


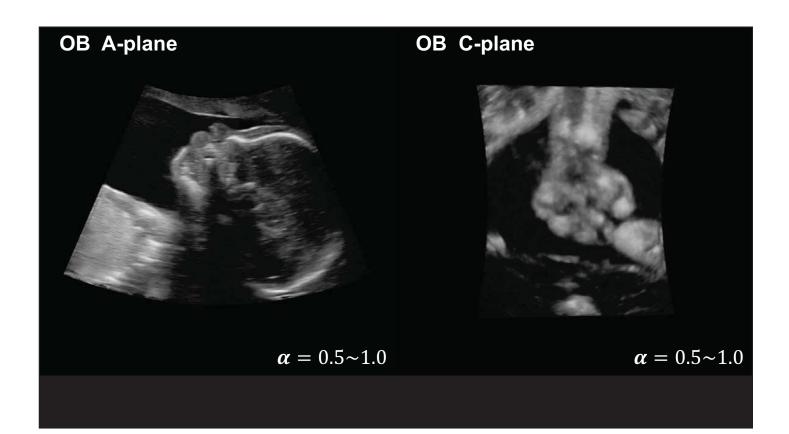


- Compared to 2D, 3D plane images have many artifacts
- In particular., B/C plane artifacts are sever.



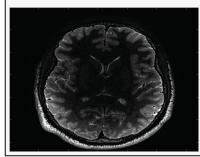


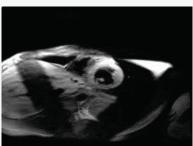




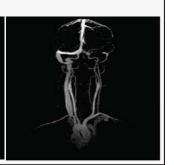
□ Unmet Needs in MRI

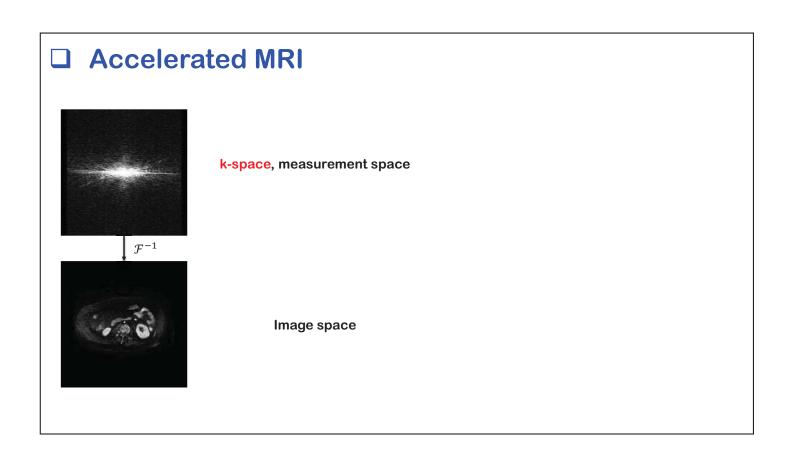
- ☐ MR is an essential tool for diagnosis
- ☐ MR exam protocol : 30~60 min/patient
 - ✓ should increase the throughput of MR scanning
- ☐ Cardiac imaging, fMRI
 - ✓ Should improve temporal resolution
- ☐ Multiple contrast acquisition in a short time

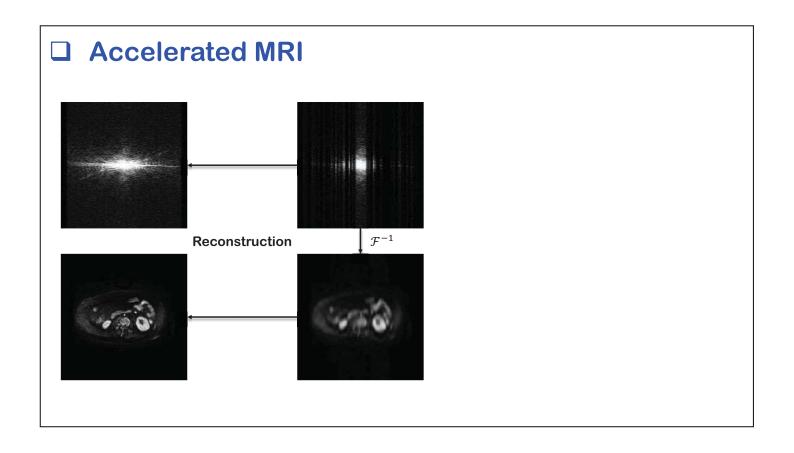


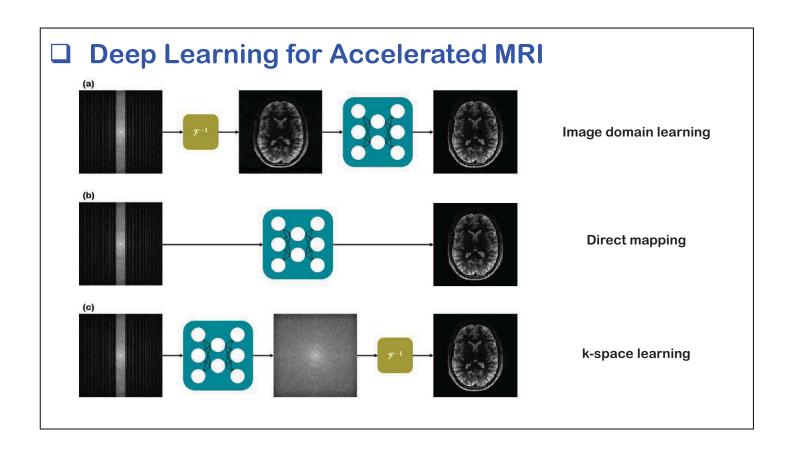


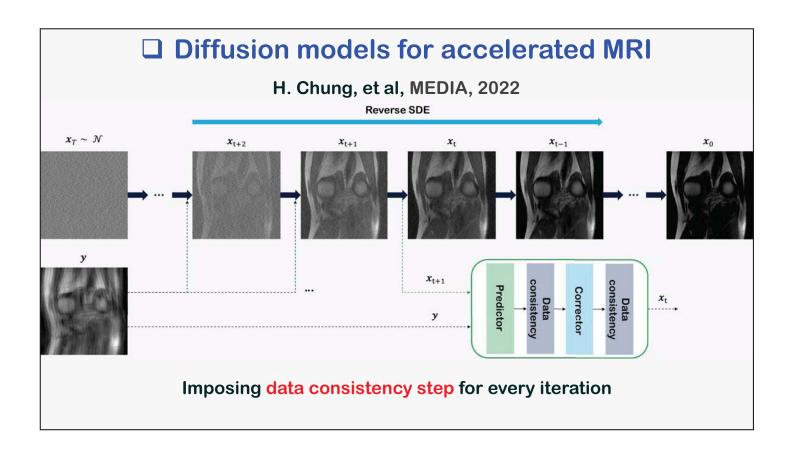


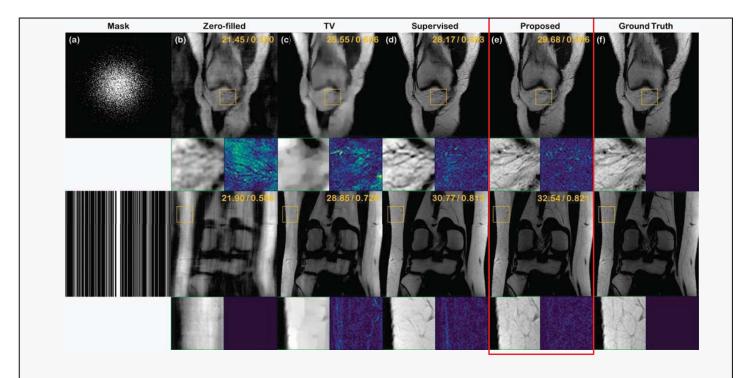




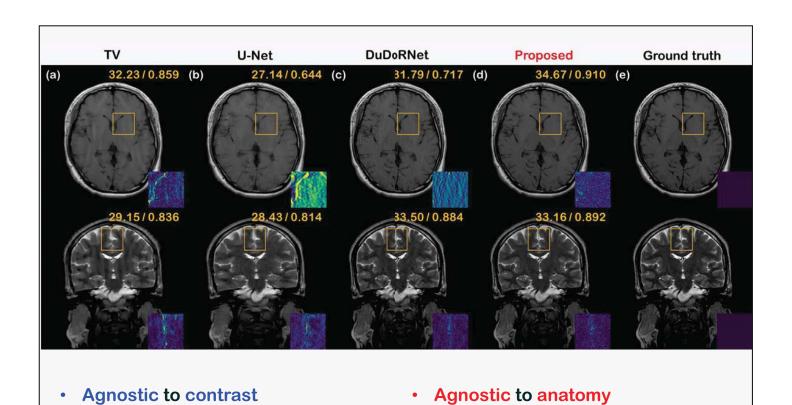


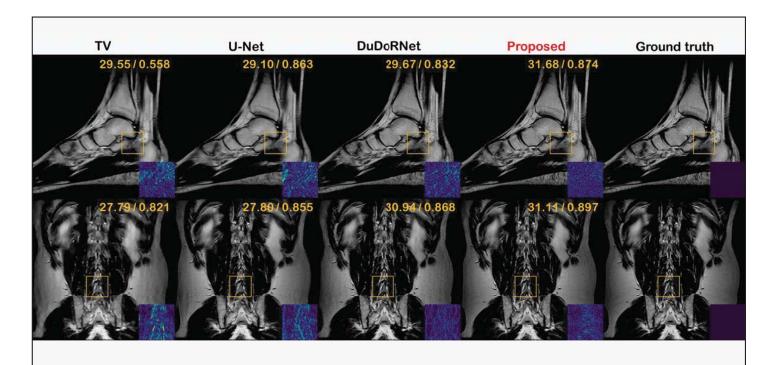






- Agnostic to sampling patterns
- High frequency details preserved



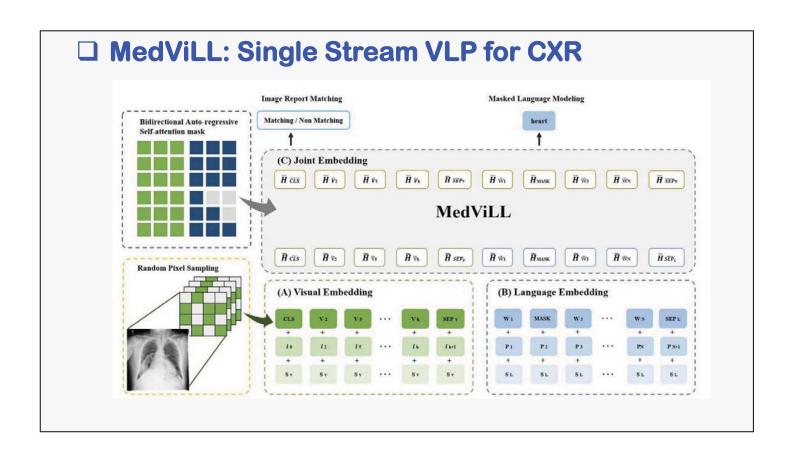


Agnostic to contrast

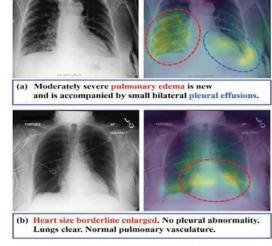
Agnostic to anatomy

Oversight Al





■ MedViLL: Single Stream VLP for CXR



(a) Attention map visualization.



Original Report: The ET tube tip is ... The NG tube tip is proximally located with its tip being in the proximal stomach just below the cavoatrial junction and should be further advanced.

Generated Report: the endotracheal tube tip is 3 . 5 cm above the carina . a nusogastric tube is seen coursing below the diaphragm with the tip not identified on the image

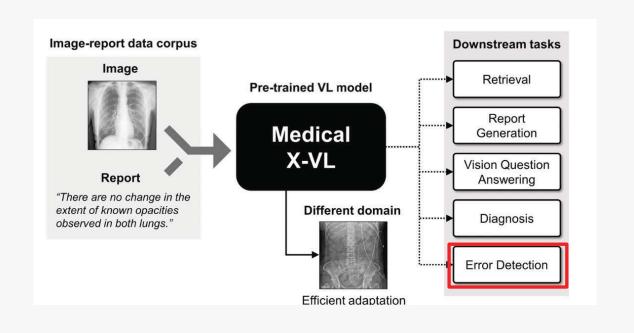


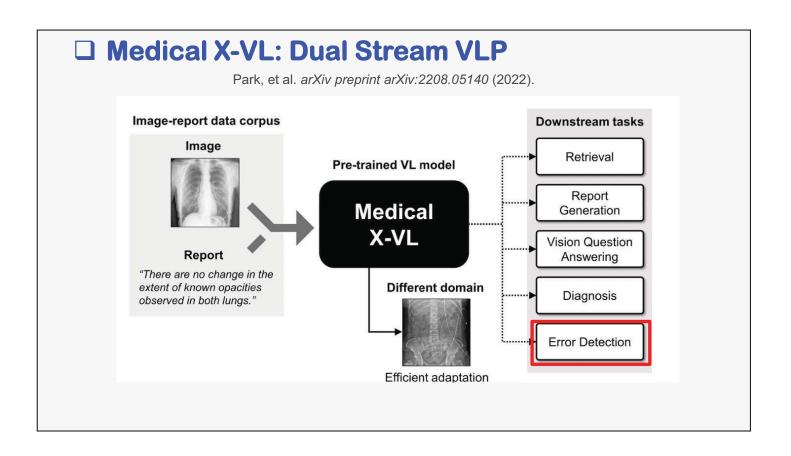
Original Report: Compared to the previous radiograph, the patient has undergone a VATS procedure. No pneumothorax. Unchanged position and course of the pacemaker.

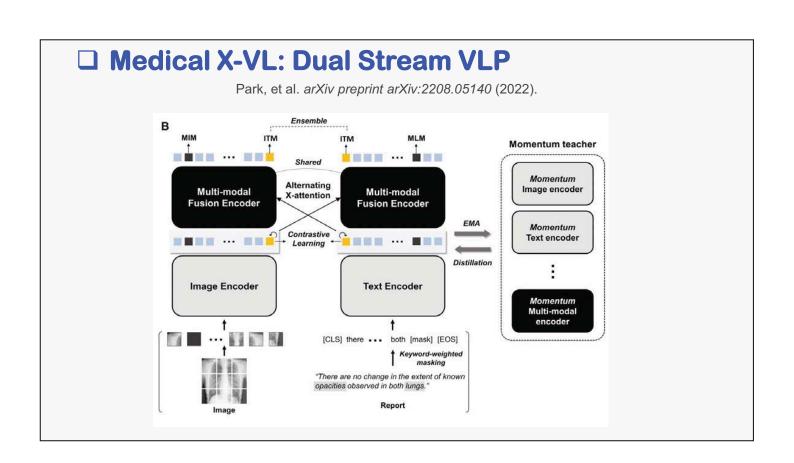
Generated Report:
in comparison to _____, the patient has
been extubated and the nasogastric
tube has been removed . there is no
evidence of pneumothorax . otherwise
little change

(b) Radiology report generation analysis.

☐ Medical X-VL: Dual Stream VLP







Medical X-VL: Dual Stream VLP

Park, et al. arXiv preprint arXiv:2208.05140 (2022).

Right-left orientation confusion AUC = 0.759 + 0.067



True: In comparison with the study of the monitoring and support devices are unchanged, there is again substantial enlargement of the cardiac silhouette with pulmonary vascular congestion and bilateral pleural effusions more prominent on the right.

Wrong: In comparison with the study of the monitoring and support devices are unchanged, there is again substantial enlargement of the cardiac silhouette with pulmonary vascular congestion and bilateral pleural effusions more prominent on the left.

Corrected: In comparison with the study of _ the monitoring and support devices are unchanged. there is again substantial widening of the cardiac silhouette with pulmonary vascular congestion and bilateral pleural effusions more prominent on the right.

Patient-report misregistration AUC = 0.981 ± 0.025



Wrong: The patient remains intubated with the ET tube tip is 7 cm above the carina. The NG tube tip passes below the diaphragm with its tip not clearly seen on the current examination. The right internal jugular line tip is at the level of mid SVC. The patient is in pulmonary edema, moderate, progressed since the prior study, associated bilateral pleural effusions.

Suggestion: Single portable view of the chest. Lower lung volumes seen on the current exam. Patchy region of opacity identified at the left lung base. Elsewhere, the lungs are clear. The cardiomediastinal silhouette is within normal limits. Tortuosity of the descending thoracic aorta is noted.

☐ Medical X-VL: Dual Stream VLP

Park, et al. arXiv preprint arXiv:2208.05140 (2022).



sbel: The patient is status post median sternotomy. Left-sided pacer size is seen with leads extending to the expected positions of the right rium and right ventricle. The carciac strougter is midly enlarged, ediastinal contours are unremarkable. There may be minimal central sociale reporgement without overt pulmonary edema. No large pleural fusion is seen. There is no evidence of pneumothorax or focal insolidation. The lungs appear relatively hyperinflated.

Generated: Patient is status post median sternotomy CABG and left-sided dual-chamber pacemaker device with leads terminating in the right atrium and right ventricle. Mid cardiomegaly is unchanged. Mediastnat and hilar contours are similar. There is mild pulmonary vascular congestion. No focal consolidation pleural effusion or pneumothorax is present. No acute osseous abnormalities detected.

Label: Mild post-op, ileus and a small amount of pneumoperitoneum.

Generated: Mild post-op, ileus and a small amount of pneumoperitoneum.

