

## CONTEXT

- **Renal transplantation:** best solution for end-stage renal disease<sup>1</sup>; **But risk of transplant chronic dysfunction<sup>2</sup>**
- Graft monitoring is **multi-disciplinary** (nephrology, urology, radiology)
- **Goal: learning relevant representations of renal transplants MRI data coupled with clinicobiological information**

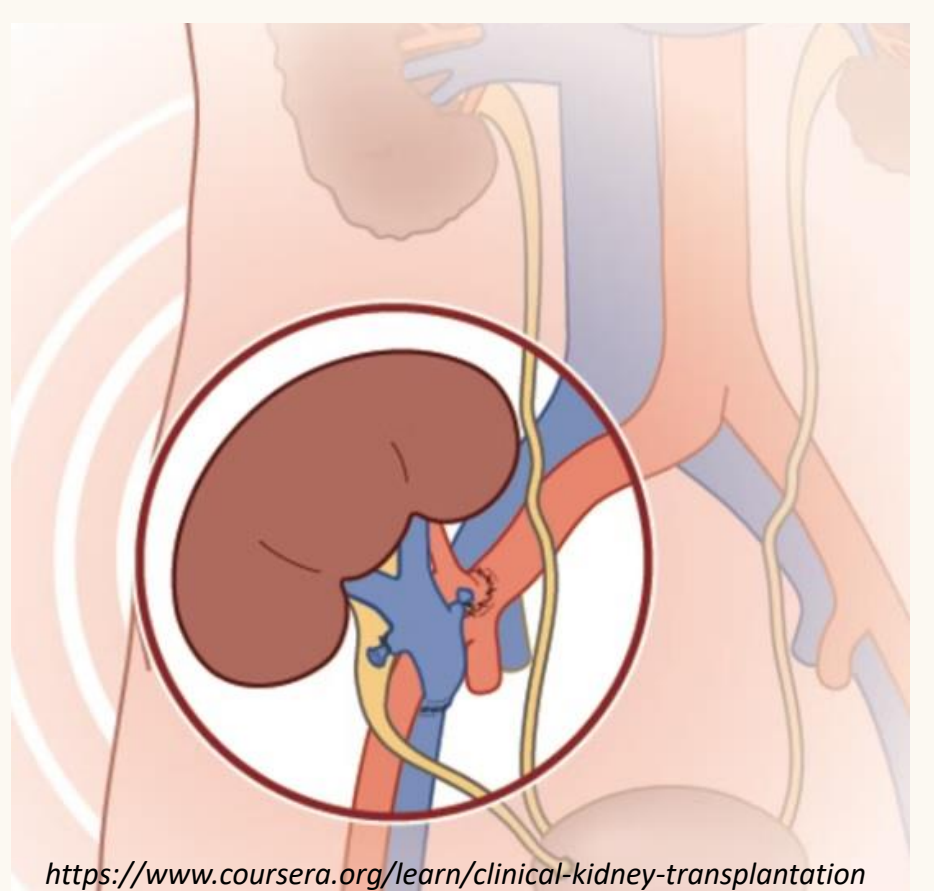
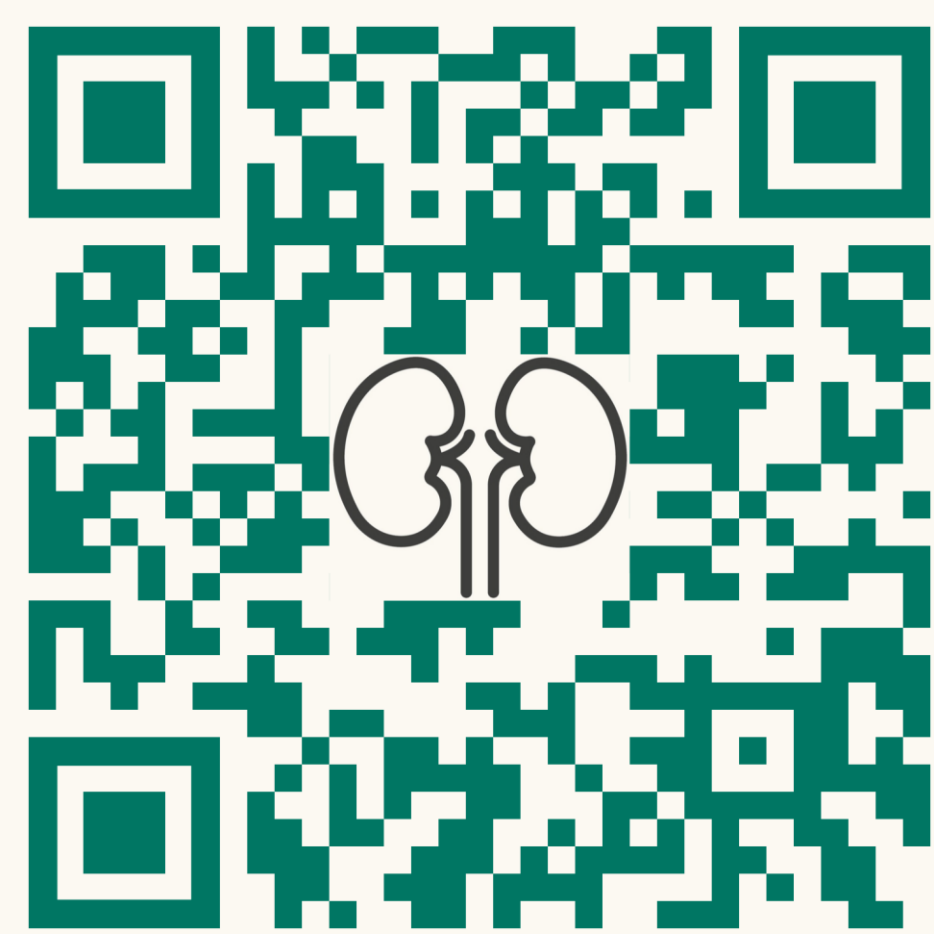
## MOTIVATIONS

- Recent advances in NLP (LLMs<sup>3,4</sup>): **textual data perfect candidate** for weakly-supervised tasks
- **Multi-modal pretraining using multiview contrastive learning** for jointly training an image and text encoder: CLIP<sup>5</sup> for natural images, ConVIRT<sup>6</sup> for medical images and radiology reports.

## CONTRIBUTIONS

- Semi-automatic **medical prompt generation from tabular data** to leverage the expressive representation of textual data from NLP models
- Extending existing works on combining text with imaging data by integrating **limited 3D medical imaging and textual data and fine-tuning strategies**

## CODE



### Clinical & biological data

Clinical record

Follow-up 1

Follow-up 2

Follow-up 3

Follow-up 4

	Variable A	Variable B	...
Patient 1	value	value	
Patient 2			
...			



### Sentence templates for clinical attributes

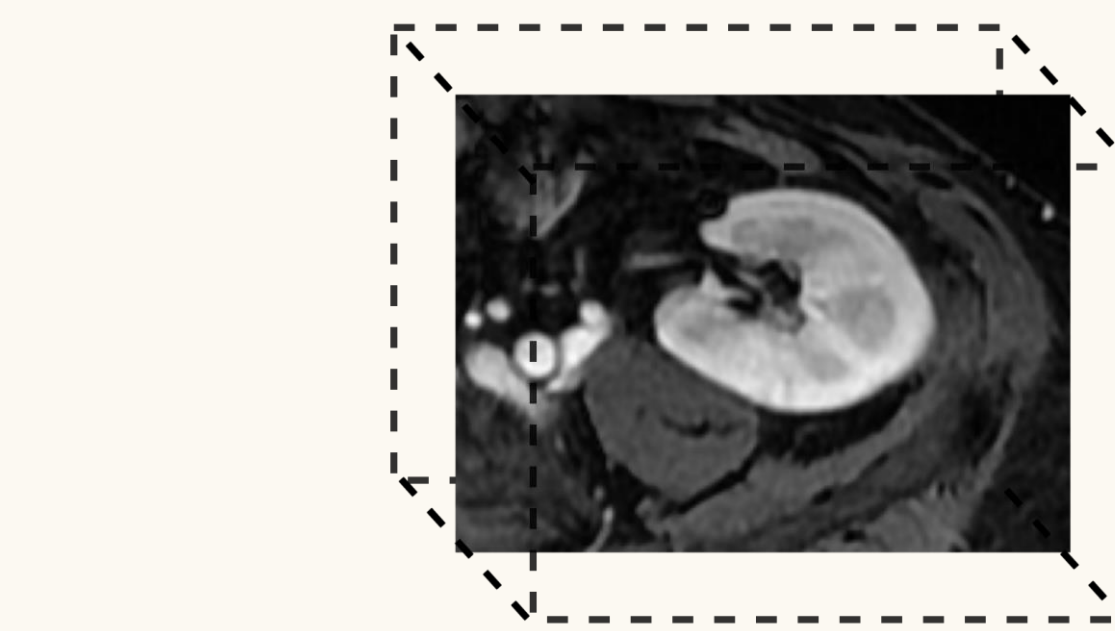
- The **age of the donor is high**.
- The **glomerular filtration rate is very low**.
- At **first-year follow-up exam**.
- The **creatinine level was unstable**.



### Large Language Model prompting

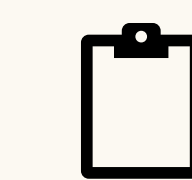
## 1. Medical clinical prompts generation

## OVERVIEW



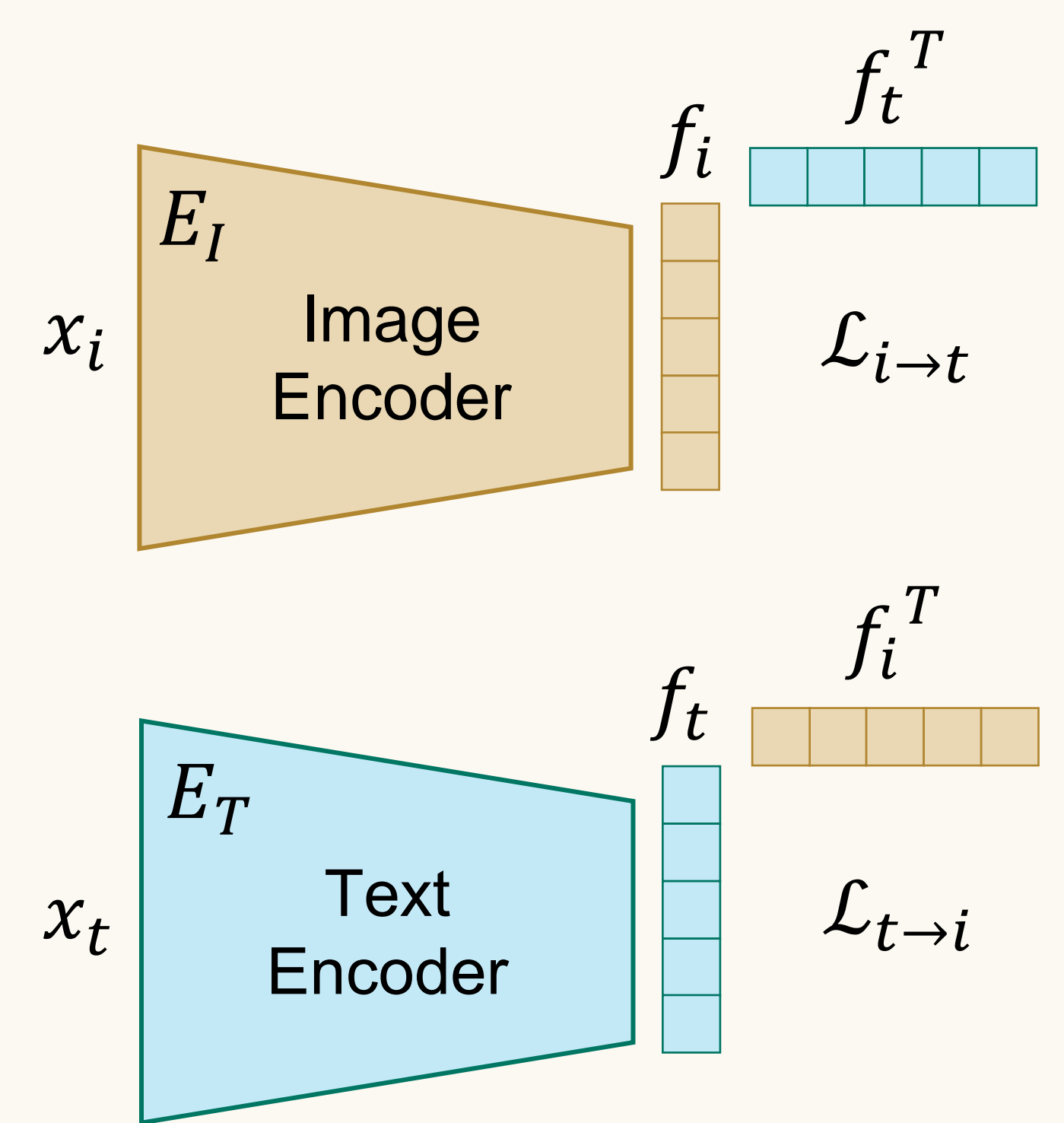
### Renal transplant MRI

The age of the kidney donor is high. The patient's glomerular filtration rate was measured to be very low at the first-year follow-up appointment. The creatinine levels showed unstable variation.



### Weak text annotations

## 2. Representation learning setup



$$\mathcal{L}_{contrastive} = (\mathcal{L}_{i \rightarrow t} + \mathcal{L}_{t \rightarrow i}) / 2$$

## MATERIALS & METHODS

➔ **Dataset: 105 patients** subject to kidney transplantation having **DCE MRI series at 4 follow-up exams** (Train/Validation: 72/5, Test: 28).

### 1. Medical clinical prompts generation

- Categorize continuous variables into **text labels**
- Produce **one template sentence** per variable
- Use of **LLMs to produce textual data augmentations**

### 2. Representation learning setup

- Image encoder: **3D ResNet50** initialized with CLIP<sup>5</sup> weights
- Text encoder: **BERT** initialized with **Bio+Clinical BERT<sup>7</sup>**
- **Fine tune only the last layer** of the text encoder transformer
- **Multiview contrastive learning** using  $\mathcal{L}_{contrastive} = (\mathcal{L}_{i \rightarrow t} + \mathcal{L}_{t \rightarrow i}) / 2$

$$\text{with } \mathcal{L}_{i \rightarrow t} = \sum_{b=1}^B -\log \frac{e^{\cos(f_{ib}, f_{tb})/\tau}}{\sum_{k=1}^B e^{\cos(f_{ib}, f_{tk})/\tau}}$$

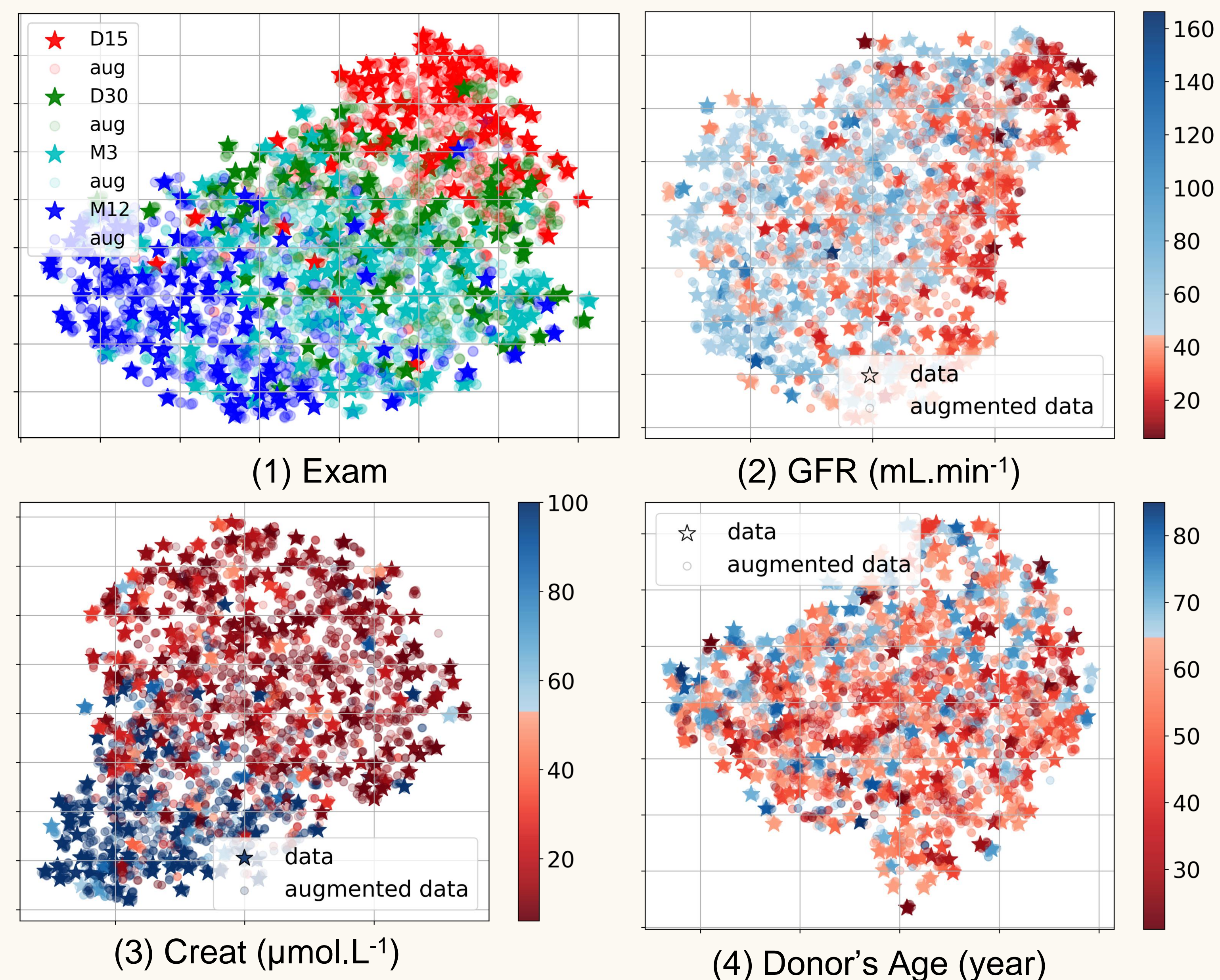
- Downstream task from the image encoder

## RESULTS

**Table 1: Comparison of MEDIMP vs SOTA.** Evaluation at 2,3,4 years post-transplantation and report the mean. Ablations in weak annotations from either the comparison CosEmbLoss pretraining or our proposed generated textual data.

Method	Weak annotations				2 years		3 years		4 years		Mean	
	GFR	Exam	Creat	D.A.	AUC	F1	AUC	F1	AUC	F1	AUC	F1
CLIP weights					62.6	73.7	52.5	78.1	51.3	54.6	55.5	68.8
CosEmbLoss <sup>8</sup>	✓				76.2	86.2	77.8	70.6	67.0	77.3	73.6	78.1
CosEmbLoss++	✓			✓	<b>84.4</b>	<b>88.9</b>	82.5	<b>86.4</b>	73.9	<b>85.7</b>	<b>80.3</b>	<b>87.0</b>
CosEmbLoss++	✓		✓	✓	78.2	87.0	75.0	83.3	74.8	87.0	76.0	85.8
CosEmbLoss++	✓	✓	✓	✓	75.5	85.7	62.0	69.8	63.5	80.9	67.0	78.8
MEDIMP	✓				56.5	83.3	51.9	79.1	49.6	<b>90.2</b>	52.6	84.2
MEDIMP	✓	✓		✓	76.9	73.2	<b>86.3</b>	<b>85.7</b>	<b>74.8</b>	<b>90.2</b>	79.3	83.0
MEDIMP	✓	✓	✓		72.8	86.4	71.9	81.0	71.3	71.8	72.0	79.7
MEDIMP	✓	✓	✓	✓	<b>85.0</b>	<b>89.4</b>	<b>84.4</b>	83.7	<b>75.7</b>	<b>90.2</b>	<b>81.7</b>	<b>87.8</b>

➔ **Our visual features encode the clinicobiological information incorporated from the medical prompts in the multimodal learning**



**Figure 1:** t-SNE visualizations of the features of the last layer of MEDIMP image encoder using the DCE MRI exams.

## CONCLUSION

We introduced an approach to learn **powerful manifolds of renal transplant DCE MRI data** toward transplant function forecasting, providing:

- an elegant way to **incorporate clinical or biological information** into the learning process of feature extraction of medical imaging data;
- presented **representation learning strategy** enabling us to outperform the state of the art in the challenging task of creatinine prediction;
- promising results advocating the **use textual data from emerging LLMs** to assist in training robust medical imaging models.