

Visual Question Answering for Medical Data Using a Visio-Linguistic Model

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INTRODUCTION



Problem & Motivation

 Medical Visual Question Answering (Med-VQA) is a challenging task that combines the fields of CV and NLP.







Problem & Motivation

• Med-VQA is still in its infancy and is far from practical use[1].



[1] Bazi, Y., Rahhal, M. M., Bashmal, L., & Zuair, M. (2023). Vision–Language Model for Visual Question Answering in Medical Imagery. Bioengineering, 10(3), 380. https://doi.org/10.3390/bioengineering10030380





Problem & Motivation

 The current medical data is limited. [2]
--->The efficacy of medical models is suboptimal.



[2] Nguyen, B. D., Do, T., Nguyen, B. X., Do, T., Tjiputra, E., & Tran, Q. D. (2019). Overcoming Data Limitation in Medical Visual Question Answering. ArXiv. /abs/1909.11867



Question: Is this a singular or multilobulated lesion? Answer: Multilobulated



Related work

VQA-RAD

Team/Method	lmage Encoder	Language Encoder	Fusion	Output Mode	Other Technique(s)
BAN-VQAMix	CNN	LSTM	BAN	Classification	Triplet Mixup Scheme
MTPT-CMSA	Multi- ResNet- 34	LSTM	CSMA	Classification	Cross-modal self- attention, Multi-task pre-training with extra data
hi-VQA	EfficientNet-b5	RadBERT	Multi-head attention(Tra nsformer)	Classification	
MMQ-BAN	MMQ	LSTM	BAN/SAN	Classification	Multiple Meta- model Quantifying
Q2ATransformer	Swin Transformer	BERT	Multi-head attention(Tra nsformer)	Classification	





Objective

1. Introduce an architecture Med-VQA with Associative Memory Module (AMM)

- 2. Practical Prototype Learning in features fusion.
- 3. We achieved an improved result on VQA-RAD.



METHODOLOGY





Methodology





Classify/Text generate





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The architecture of EfficientNet-b5 model



Α

HISTORY

MRI OF THE BRAIN

Exam Date: 9/8/14

PROCEDURE

2) T1 3D sagittal MPRAGE.

3) T2 FLAIR sagittal.

1) Localizer.

Name: DOB: 12/28/1954 Female

Referring Phys.: GunnarHeuser, M.D.

Methodology Text Encoder

Pre-trained: RadBERT-RoBERTa-4m **By:** UCSD-VA-health

 Trained with 4 million radiology reports deidentified from US VA hospital





This is a 59-year-old female with exposure to mold and mercury. The patient has symptoms of seizures, memory loss, and numbness in hands and left arm.

Using a 3 Tesla Siemens Verio MRI Open system, the following sequences were obtained:

4) DWI axial.

5) SWI axial.

6) T2 FLAIR axial. 7) T2 TSE axial.





Methodology



Overview of Attentive Memory Module







Methodology Self-Attentive Memory Outer Product Attention

$$A^{\otimes}(q, K, V) = \sum_{i=1}^{n_{kv}} F(q)$$

101.00

Where $A^{\bigotimes} \in \mathbb{R}^{d_{qk} \times d_{v}}$; $q, k_{i} \in \mathbb{R}^{d_{qk}}, v \in \mathbb{R}^{d_{v}}$, \bigotimes is outer product, \bigcirc is element-wise multiplication and *F* is chosen as the tanh function.





Given memory input M:





 $SAM_{\theta}(M)[l] = A^{\otimes}(M_{q}[l], M_{k}, M_{v})$

Where W_{a}, W_{k}, W_{m} is weight parameter, LN is Layer Normlization Source: Hung el al (2020)





Extract items

Associate items



Methodology **Associative Memory Module**

$$\begin{aligned} X_t &= f_1(x_t) \otimes f_2(x_t) \\ \mathcal{M}_t^i &= \mathcal{M}_{t-1}^i + X_t \\ \mathcal{M}_t^i &= F_t(\mathcal{M}_{t-1}^i, x_t) \odot \mathcal{M}_{t-1}^i + I_t(\mathcal{M}_{t-1}^i, x_t) \odot X_t \end{aligned}$$

where f_1 and f_2 are fully connected neural networks I_{f} and F_{f} are input and forget gate

and current input data x_{t} .

Methodology **Associative Memory Module**

Construct relation memory

$$v_t^r = softmax(f_3(x_t)^T)$$

where f_3 is a fully connected neural network

$$\mathcal{M}_{t}^{r} = \mathcal{M}_{t-1}^{r} + \alpha_{1}SAM_{\theta}(\mathcal{M}$$

where α_1 and α_2 are scaling hyper-parameters

 $\mathcal{M}_{t-1}^r f_2(x_t)$

 $\mathcal{A}_{t}^{l} + \alpha_{2} v_{t}^{r} \otimes f_{2}(x_{t})$

Methodology

Associative Memory Module

$$\mathcal{M}_t^i = \mathcal{M}_t^i + \alpha_3^{} G_1$$

 α_{2} is a combining hyper-parameter

$$\circ V_f \circ \mathcal{M}_t^r$$

where V_{f} is a function use to the input tensor be flattens the first two dimensions. G_1 is a Multilayer perceptron neural network that maps $\mathbb{R}^{(n_{kv} \times d) \times d} \to \mathbb{R}^{d \times d}$

$$o_t = G_2 \circ V_l \circ G_3 \circ V_l \circ \mathcal{M}_t^r$$

 G_2 and G_3 are Fully Connected neural networks

where V_{i} is a function that the input tensor flattens the last two dimensions

Figure: Self-Attention (left) and Cross-Attention (Right).

Methodology

Encoder-Decoder attention

Figure: Encoder-Decoder attention.

Methodology **Prototype Learning Block**

Figure: Detail of Prototype Leaning Block.

Methodology **Prototype Learning Block**

Formula of Hopfield layer with R is input

Methodology

Answer components

Fully Connected layer for classification Image source: https://builtin.com/machine-learning/

Methodology Loss function

Focal Loss:

 $L_{Focal}(p_t) = -(1-p_t)^{\gamma} log(p_t)$

Image source: Lin el al (2017)

Table 3. Comparisons our method with the state-of-the-art methods on the VQA-RAD test set

Methods	Closed	Open	Overall
BAN-VQAMix [*]	74.0	53.8	65.9
CMSA-MTPT [*]	77.3	56.1	68.8
MMQ-BAN [*]	75.8	53.7	67.0
FITS [*]	82.0	68.2	76.5
hi-VQA	-	-	76.3
Q2ATransformer	81.2	<u>79.19</u>	80.48
Ours	81.98	79.39	80.93

Confusion Matrix

Comparison of models with different hyper parameters of AMM

Training process of model with/without AMM hyper-parameter modidication

Figure 4.4: GPU consumption of model on VQA-RAD. The usage is calculated on the entire model process with batch size 16 and similar to the above hyper-parameter.

No of prototype/block	5	10	15
500	80.1	80.47	79.96
1000	80.24	80.93	80.24
1500	80.18	80.51	80.04

The model accuracy (%) of each set number prototype and number of block prototype learning.

CONCLUSION

CONCLUSION

- An architecture in medical VQA based on Associative Memory and Prototype Learning.
- The result is not significantly improved.

FUTURE WORK

- Experiment on other datasets with similar limitations and improve the model.
- Experiment on some data augmentation techniques to enrich the datasets.

Visualization

Question:	What is the location of the mass?	Where is the colon most prominent from this view?	which organ syst abnormal in this ir
Answer:	Head of the pancreas	Left	cardiovascula
Question Category:	Positional	Location	Modality
Q2A- Tranformer	Head of the pancreas	Right	Lung
Our Model:	Head of the pancreas	Left	Right lung

tem is mage?

Is the diaphragm flat on either side?

No

Yes/No

Yes