

IP-CRR: Information Pursuit for Interpretable Classification of Chest Radiology Reports



Yuyan Ge¹, Kwan Ho Ryan Chan¹, Pablo Messina², René Vidal¹

¹ University of Pennsylvania, USA

² Pontifical Catholic University of Chile, CENIA, iHEALTH, Chile



Introduction

- Motivation:** AI in radiology has the potential to improve **diagnostic accuracy**, enhance **efficiency** and **reduce workload**
- Challenge:** **Lack of interpretability** limits clinical adoption
- Solution:** Information Pursuit for classifying Chest Radiology reports (IP-CRR), an **interpretable-by-design framework** that mimics the doctors' decision-making process
- Key idea:** Ask a sequence of interpretable queries about the report, make a prediction based on the query-answer pairs, which will naturally serve as an explanation for the prediction

Radiology report x : There is a dialysis catheter overlying the right chest with the tip in the cavoatrial junction. Heart size is normal. The mediastinal and hilar contours are stable. The pulmonary vasculature is normal. Lungs are clear. No pleural effusion or pneumothorax is seen. There are no acute osseous abnormalities.

Black-box model

Classify the following radiology report with whether a specific disease is present or not.
Report: {report x }
Disease: Cardiomegaly

Black-box model

Prediction: Present ❌

IP-CRR

Ask a sequence of interpretable queries about the report x :

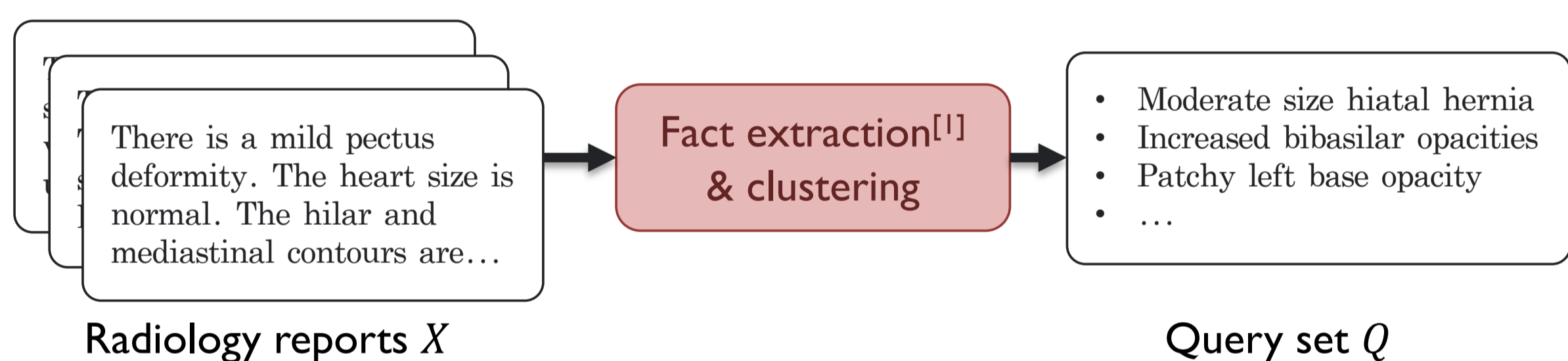
- q_1 : Moderately enlarged heart shadow?
- q_2 : Slightly enlarged heart contour?
- q_3 : Normal shape heart?
- q_4 : Stable cardio mediastinal contour?

Prediction: Cardiomegaly is **not** present with 99% confidence ✅

Methods

Query set generation

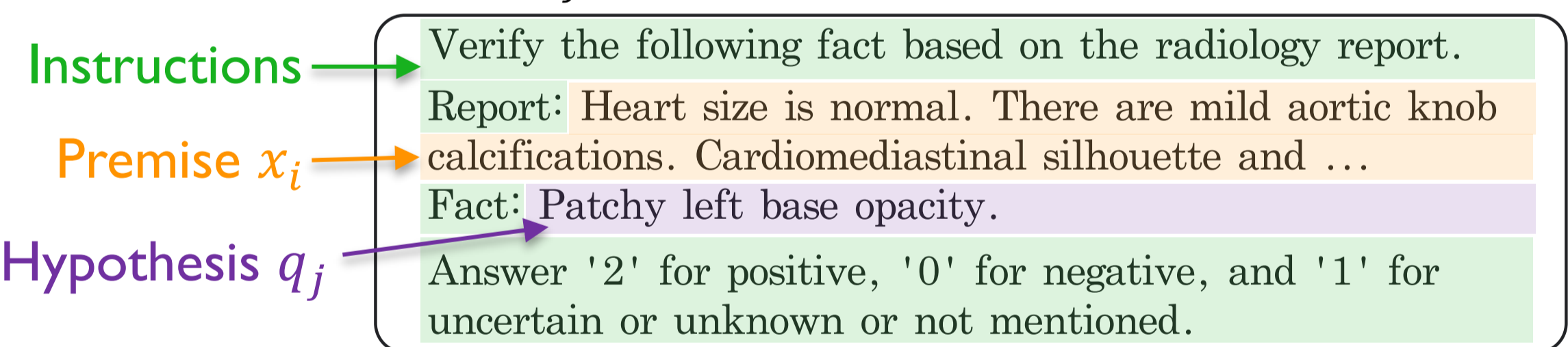
- Extract representative facts** from a large set of reports:
 - Extract a list of facts from each report using language models ChatGPT 3.5/4 and T5-small^[1]
 - Encode each fact into embedding space using CXRFE^[1]
 - Cluster embeddings to get representative facts



Query answering

- Answer a query by using Natural Language Inference (NLI) to **check if the fact is entailed by the report**

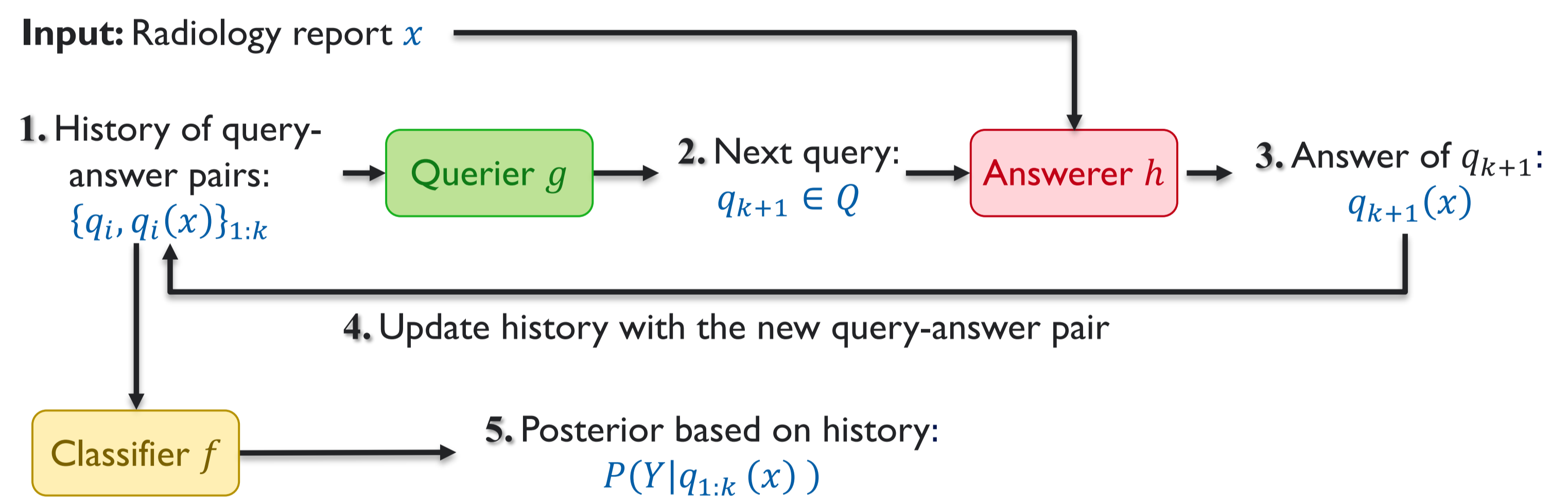
For every $x_i \in X$ and $q_j \in Q$:



LLM → Answer $q_j(x_i) = 0$

Classification based on Information Pursuit

- Querier:** selects the next most informative query
- Classifier:** predicts disease from query-answer pairs



- Given a sample CRR $x^{obs} \in \mathcal{X}$, IP selects the queries:

$$q_1 = \operatorname{argmax}_{q \in Q} I(q(X); Y);$$

$$q_{k+1} = \operatorname{argmax}_{q \in Q} I(q(X); Y | q_{1:k}(x^{obs})).$$

- X, Y : Random variables pertaining to data and labels respectively
- Q : Query set
- $q(X)$: Answer to query evaluated at X

- To implement IP, we follow a variational approach V-IP^[2]:

$$\min_{f, g} \mathbb{E}_{X, S} [D_{KL}(P(Y | X) \| \hat{P}(Y | q(X), S))]$$

where $q := g(S) \in Q$

$$\hat{P}(Y | q(X), S) := f(\{q, q(X)\} \cup S).$$

- $S = q_{1:k}(x)$: History of query-answer pairs

Results

- Experiments on six medical conditions in MIMIC-CXR dataset: lung opacity (LO), cardiomegaly (CA), etc.
- IP-CRR converges to the max performance with only about **30/520 of queries**

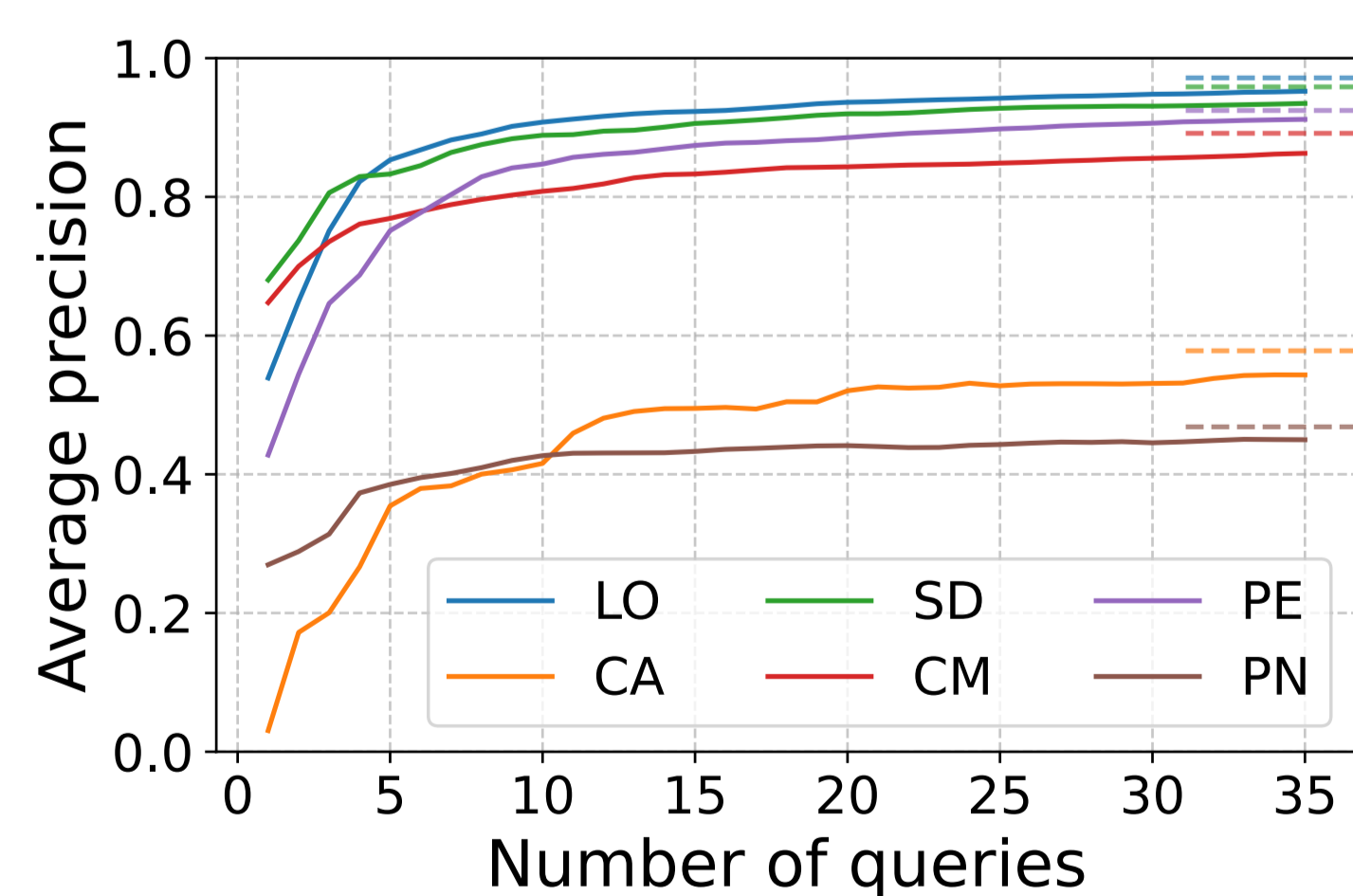
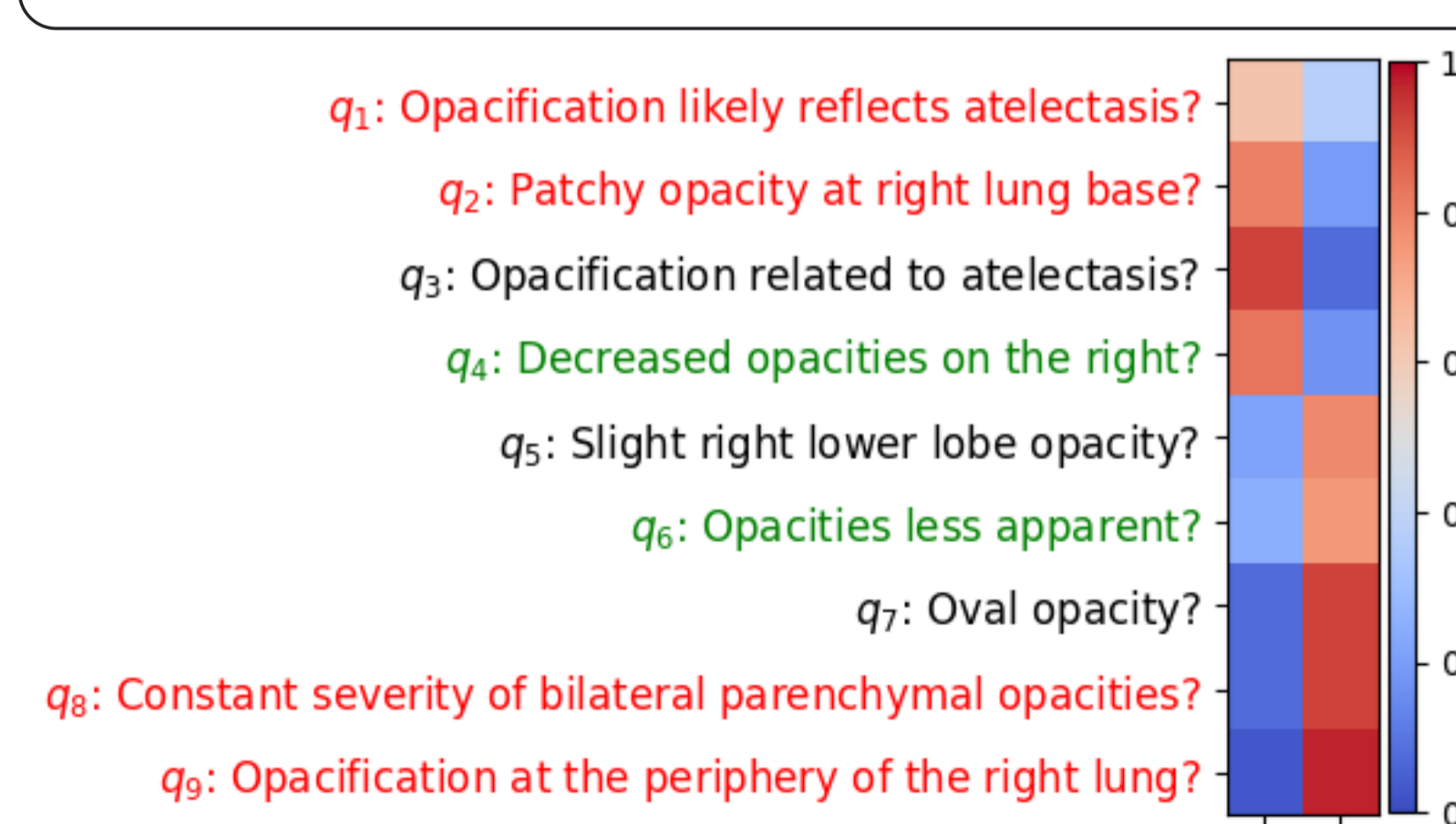


Table 1: Predictive performance of five methods for six medical conditions.

Methods	Average Precision ↑						F1 Score ↑					
	LO	SD	PE	CM	CA	PN	LO	SD	PE	CM	CA	PN
Flan-T5-large	0.527	0.445	0.616	0.380	0.073	0.190	0.663	0.321	0.754	0.543	0.139	0.299
CXR-BERT (FT-Last)	0.900	0.969	0.945	0.864	0.361	0.449	0.829	0.912	0.887	0.789	0.223	0.449
CXR-BERT (FT-All)	0.984	0.970	0.962	0.964	0.992	0.641	0.987	0.978	0.953	0.982	0.991	0.541
CBM	0.947	0.934	0.874	0.791	0.345	0.432	0.884	0.853	0.801	0.738	0.241	0.431
IP-CRR (Our)	0.972	0.959	0.925	0.892	0.578	0.468	0.918	0.889	0.860	0.811	0.350	0.451

Black-box methods (red), Interpretable methods (green)

Radiology report: As compared to the previous radiograph, the vertebral fixation devices in the right-sided Port-A-Cath are in constant position. The pre-existing parenchymal opacities have slightly decreased in extent and severity. Also, a component of minimal interstitial fluid overload is less severe than on the previous image. Unchanged cardiac silhouette. No pleural effusions.
Disease to classify: Lung opacity



Radiology report: Compared to chest radiographs since, most recently. Aside from the mild subsegmental atelectasis. Lungs are clear. The large hepatic herniation through a defect in the right hemidiaphragm is long-standing. Normal cardiomeastinal and hilar silhouettes and pleural surfaces.
Disease to classify: Cardiomegaly

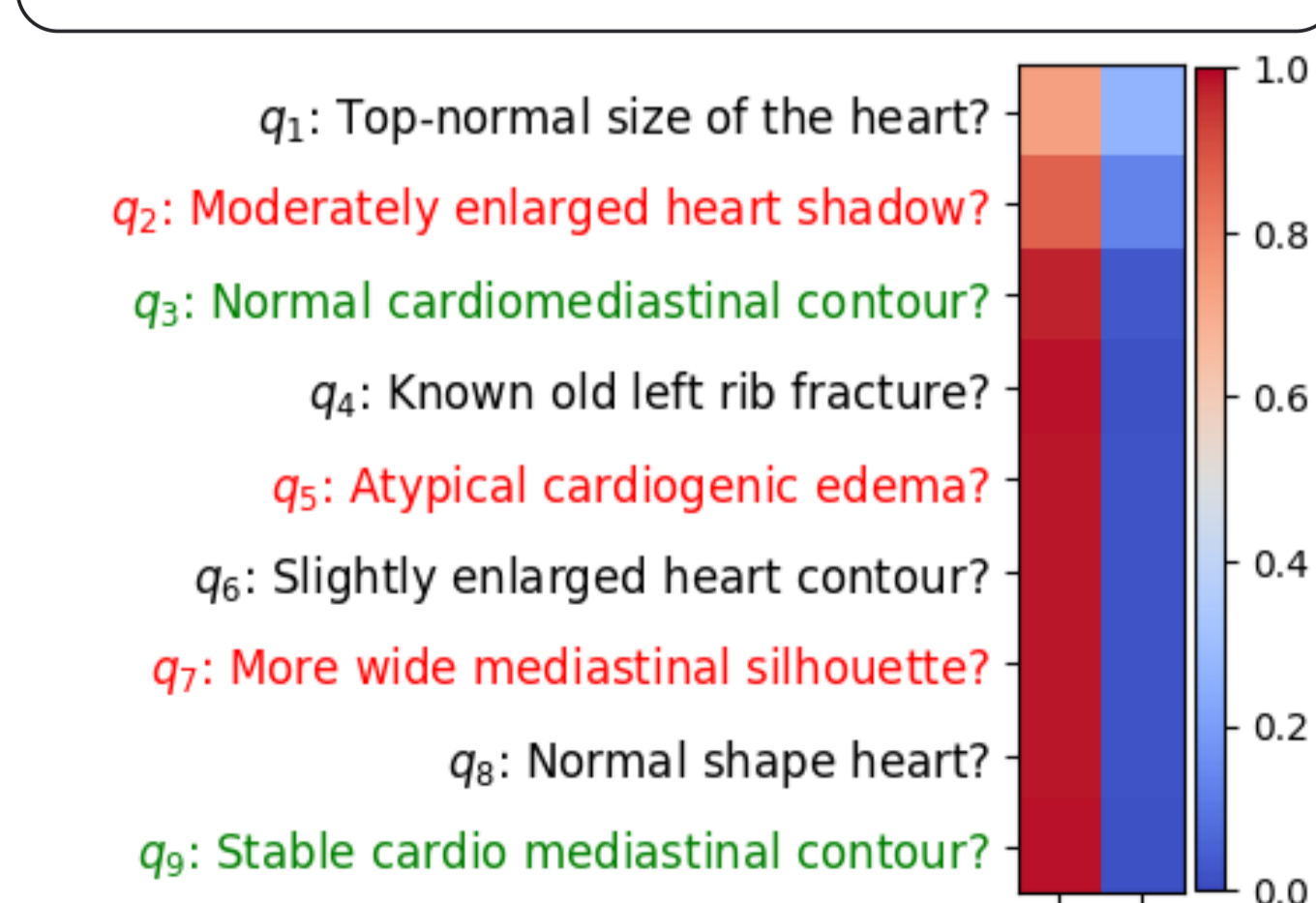
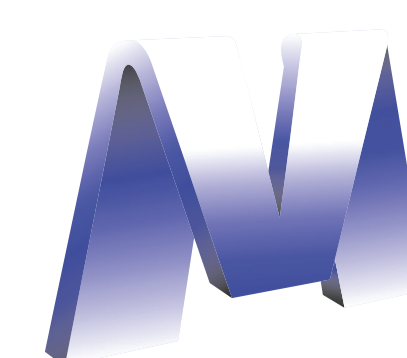


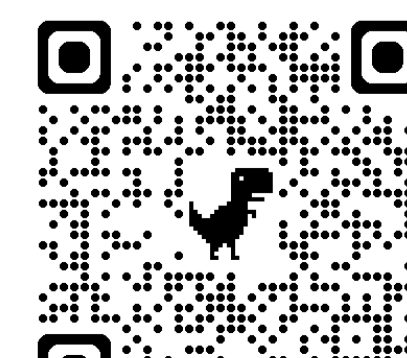
Figure 1: Examples of query-answer chains from IP-CRR. Each row in the colored matrix represents the posterior $P(Y|q_{1:k}(x))$ after selecting the query q_k . A query is shown in red if the answer is "no", in green if "yes", and in black if "unknown". "N" or "P" means negative or positive prediction of the disease, respectively.

References:

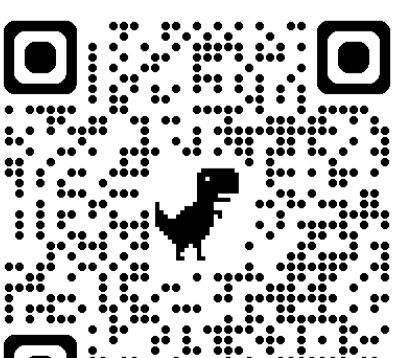
- Messina, P., Vidal, R., et al.: Extracting and encoding: Leveraging large language models and medical knowledge to enhance radiological text representation. In: ACL Findings (2024)
- Chattopadhyay, A., Chan, K.H.R., et al.: Variational information pursuit for interpretable predictions. In: ICLR (2023)



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Paper



Code