Exploring and Distilling Posterior and Prior Knowledge for Radiology Report Generation

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1. Introduction
Radiology Report Generation

- Dataset: \((V, S)\), where \(V\) and \(S = \{s_1, s_2, \ldots, s_T\}\) represent the input radiology image and the target report, respectively.

- Encoder-Decoder Framework: In the encoding stage, the global image features are extracted by CNN from the entire image; In the decoding stage, the whole report is generated using HRNN.

- Training Objective: The widely-used training objective is to minimize the cross entropy loss.

\[
L_{CE}(\theta) = - \sum_{t=1}^{T} \log (p_{\theta}(s_t^* | s_{1:t-1}; V))
\]

There is mild cardiomegaly. Mediastinal contours appear within normal limits. There are small bilateral pleural effusions, left greater than right with left basilar opacities. No pneumothorax. Mild degenerative changes of the thoracic spine.
Motivations: Visual Data Deviation

- The normal images dominate the dataset over the abnormal ones [1], especially for the rare diseases.

- For each abnormal image, the appearance of abnormal regions (red bounding box) only occupy a small part of the entire image.

- As a result, this unbalanced visual distribution would distract the model from accurately capturing the features of rare and diverse abnormal regions

Motivations: Textual Data Deviation

- In a report, radiologists tend to describe all the items in an image, making the description of abnormal regions (red colored text) only occupy a small part of the entire report.

- Besides, there are many similar sentences (blue colored text) used in each report to describe the normal regions.

- With this unbalanced textual distribution, training with such dataset makes the generation of normal sentences dominant, disabling the model to describe specific crucial abnormalities.

Medical Report:

Lungs are clear. No pleural effusions or pneumothoraces. Heart and mediastinum of normal size and contour. scoliosis.

Medical Report:

The heart size is enlarged. The aorta is tortuous. The pulmonary vasculature appears normal. Lungs are otherwise clear bilaterally. No pleural effusions or pneumothorax. No bony abnormalities.
The Posterior-and-Prior Knowledge Exploring-and-Distilling (PPKED) imitates the radiologists’ working patterns. Given a medical image, radiologists will:

1. examine the abnormal regions and assign the disease topic tags to the abnormal regions;
2. then accurately write a corresponding report based on years of prior medical knowledge and prior working experience accumulations.
Overview: PPKED

To model above working patterns, the PPKED introduces Posterior Knowledge Explorer (PoKE), Prior Knowledge Explorer (PrKE) and Multi-domain Knowledge Distiller (MKD).

Our approach based on the Multi-Head Attention (MHA) and Feed-Forward Network (FFN) from Transformer [1].

Posterior Knowledge Explorer (PoKE)

It is designed to alleviate visual data deviation by extracting the abnormal regions based on the input image.
Given the input image $I$ and disease topics tags $T$:

$$\hat{T} = \text{FFN}(\text{MHA}(I, T)); \hat{I} = \text{FFN}(\text{MHA}(\hat{T}, I))$$

$$I' = \text{LayerNorm}(\hat{I} + \hat{T})$$

i.e., the $I$ are first used to find the most relevant topics and filter out the irrelevant topics. Then the attended topics $\hat{T}$ are further used to mine topic related image features $\hat{I}$. 

Posterior Knowledge Explorer (PoKE)
The PrKE is designed to alleviate textual data deviation by encoding the prior knowledge.
Prior Knowledge Explorer (PrKE)

The prior knowledge includes the prior radiology reports $W_{Pr}$ (i.e., prior working experience) pre-retrieved from the training corpus and the prior medical knowledge graph $G_{Pr}$ (i.e., prior medical knowledge), which models the domain-specific prior knowledge structure and is pre-constructed from the training corpus:

$$W'_{Pr} = \text{FFN} (\text{MHA}(I', W_{Pr}))$$

$$G'_{Pr} = \text{FFN} (\text{MHA}(I', G_{Pr}))$$

By processing $I'$ through these two equations, we can acquire $W'_{Pr}$ and $G'_{Pr}$ which represent the prior knowledge relating to the abnormal regions $I'$ of the input image.
Finally, the MKD is designed to distill the useful knowledge to generate proper reports.
Knowledge Distiller (MKD)

Given the embedding of current input word $x_t$: \[ h_t = \text{MHA}(x_t, x_{1:t}) \]
\[ h'_t = \text{ADA}(h_t, I', G'_{Pr}, W'_{Pr}) \]
\[ \text{ADA}(h_t, I', G'_{Pr}, W'_{Pr}) = \text{MHA}(h_t, I' + \lambda_1 G'_{Pr} + \lambda_2 W'_{Pr}) \]
\[ \lambda_1, \lambda_2 = \sigma(h_t W_h \oplus (I'W_I + G'_G W_G + W'_W W_W)) \]
\[ y_t \sim p_t = \text{softmax}(\text{FFN}(h'_t)W_p + b_p) \]

where $x_t$ denotes the embedding of current input word; $y_t$ denotes the current target word; $\sigma$ and $\oplus$ denote the sigmoid function and the matrix-vector addition, respectively; ADA denotes the Adaptive Distilling Attention; The $\lambda_1$ and $\lambda_2$ weight the importance of $G'_{Pr}$ and $W'_{Pr}$ for each target word, respectively.
3. Experiments
Quantitative Results

<table>
<thead>
<tr>
<th>Dataset</th>
<th>Methods</th>
<th>Year</th>
<th>BLEU-1</th>
<th>BLEU-2</th>
<th>BLEU-3</th>
<th>BLEU-4</th>
<th>METEOR</th>
<th>ROUGE-L</th>
<th>CIDEr</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIMIC-CXR</td>
<td>CNN-RNN</td>
<td>2015</td>
<td>0.299</td>
<td>0.184</td>
<td>0.121</td>
<td>0.084</td>
<td>0.124</td>
<td>0.263</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>AdaAtt</td>
<td>2017</td>
<td>0.299</td>
<td>0.185</td>
<td>0.124</td>
<td>0.088</td>
<td>0.118</td>
<td>0.266</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Att2in</td>
<td>2017</td>
<td>0.325</td>
<td>0.203</td>
<td>0.136</td>
<td>0.096</td>
<td>0.134</td>
<td>0.276</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Up-Down</td>
<td>2018</td>
<td>0.317</td>
<td>0.195</td>
<td>0.130</td>
<td>0.092</td>
<td>0.128</td>
<td>0.267</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Transformer</td>
<td>2020</td>
<td>0.314</td>
<td>0.192</td>
<td>0.127</td>
<td>0.090</td>
<td>0.125</td>
<td>0.265</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>R2Gen</td>
<td>2020</td>
<td>0.353</td>
<td>0.218</td>
<td>0.145</td>
<td>0.103</td>
<td>0.142</td>
<td>0.277</td>
<td>-</td>
</tr>
<tr>
<td>PPKED</td>
<td>Ours</td>
<td></td>
<td>0.360</td>
<td>0.224</td>
<td>0.149</td>
<td>0.106</td>
<td>0.149</td>
<td>0.284</td>
<td>0.237</td>
</tr>
</tbody>
</table>

| IU-Xray   | HRNN         | 2017 | 0.439  | 0.281  | 0.190  | 0.133  | -      | 0.342   | 0.261 |
|           | CoAtt        | 2018 | 0.455  | 0.288  | 0.205  | 0.154  | -      | 0.369   | 0.277 |
|           | HRGR-Agent   | 2018 | 0.438  | 0.298  | 0.208  | 0.151  | -      | 0.322   | 0.343 |
|           | CMAS-RL      | 2019 | 0.464  | 0.301  | 0.210  | 0.154  | -      | 0.362   | 0.275 |
|           | Transformer  | 2020 | 0.396  | 0.254  | 0.179  | 0.135  | 0.164  | 0.342   | -     |
|           | R2Gen        | 2020 | 0.470  | 0.304  | 0.219  | 0.165  | 0.187  | 0.371   | -     |
| PPKED     | Ours         |      | 0.483  | 0.315  | 0.224  | 0.168  | 0.190  | 0.376   | 0.351 |

Table 1. Results of the PPKED and other methods on MIMIC-CXR [1] and IU-Xray [2] datasets.

Figure 1. Two examples of ground truth reports and reports generated by HRNN [1] and our method. The Red colored text indicates the abnormalities. The HRNN fails to depict some rare but important abnormalities and generates some error sentences (Blue colored text) and repeated sentences (Underlined text). Our PPKED has higher rate of accurately describing the rare and diverse abnormalities.

**Ground Truth:**
Lungs are clear. No pleural effusions or pneumothoraces. Heart and mediastinum of normal size and contour. \(^1\)scoliosis.

**HRNN:**
Heart size is normal. There is a moderate right sided pneumothorax with tip in the right atrium. There is a moderate right sided pneumothorax with large pleural effusion. No pneumothorax masses. No pneumothorax masses. No acute bony abnormalities.

**Ours:**
\(^1\)There is a scoliosis. No acute cardiopulmonary abnormality. There is no pleural effusion. No evidence of pneumothorax. The lungs are clear. There is no focal airspace consolidation.

**Ground Truth:**
\(^1\)The heart size is enlarged. \(^2\)The aorta is tortuous. The pulmonary vasculature appears normal. Lungs are otherwise clear bilaterally. No pleural effusions or pneumothorax. No bony abnormalities.

**HRNN:**
\(^1\)Cardiomegaly with pulmonary vascular congestion and interstitial edema. There is a moderate right sided pneumothorax with large pleural effusion. No bony abnormalities. There is no pneumothorax. There is no pneumothorax.

**Ours:**
\(^1\)Heart size is enlarged. \(^2\)Tortuosity of the aorta. No pleural effusion. There is no focal airspace consolidation. There is no pneumothorax. No bony abnormalities.

4. Conclusions
Conclusions

- In this work, we present an effective approach of exploring and distilling posterior and prior knowledge for radiology report generation.

- Our approach imitates the working patterns of radiologists to alleviate the data bias problem.

- The experiments demonstrate the effectiveness of our method.

- Our approach not only generates meaningful and robust radiology reports supported with accurate abnormal descriptions and regions, but also outperforms previous state-of-the-art models on the two public datasets.
Thank you for your attention!

If you have any questions about our paper, you can send an email to fenglinliu98@pku.edu.cn