

Benchmarking and Boosting Transformers for Medical Image Classification

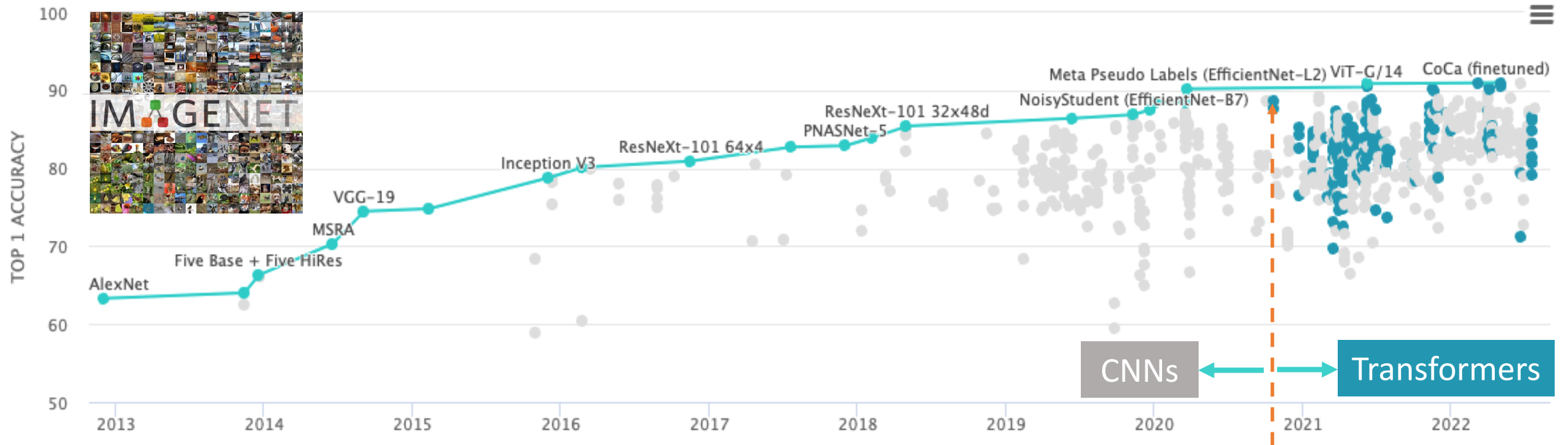
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¹ Arizona State University

² Mayo Clinic

Transformers

- Refreshing ImageNet Leaderboard
- Dominating Computer Vision



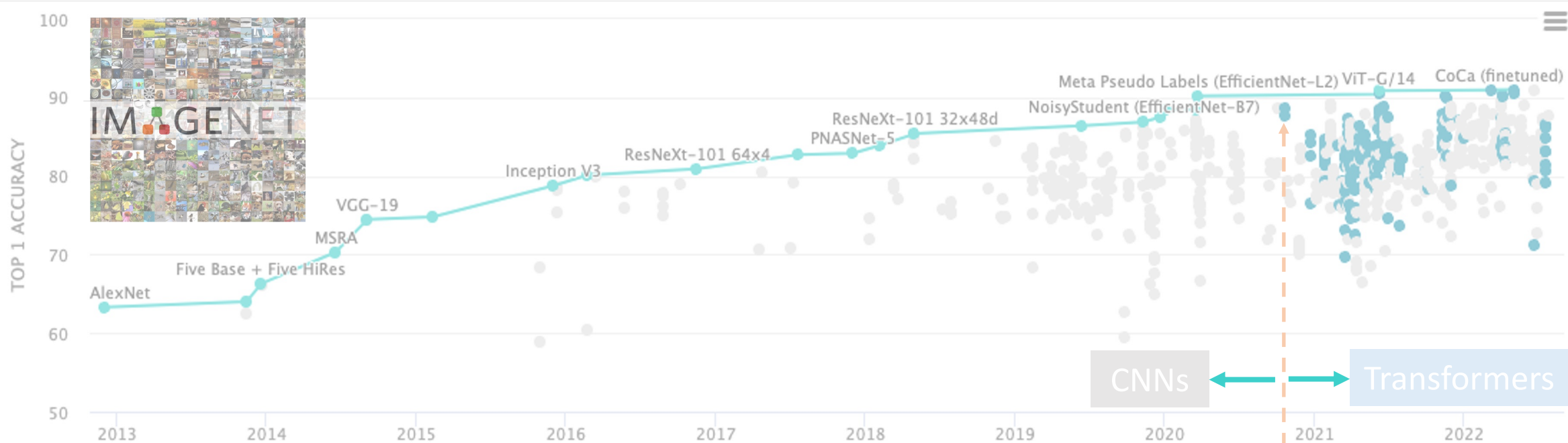
ImageNet Leaderboard: <https://paperswithcode.com/sota/image-classification-on-imagenet>

The Birth of Vision Transformer
(Oct 2020)

Transformers

- Refreshing ImageNet Leaderboard
- Dominating Computer Vision

How do visual transformers perform on medical images?



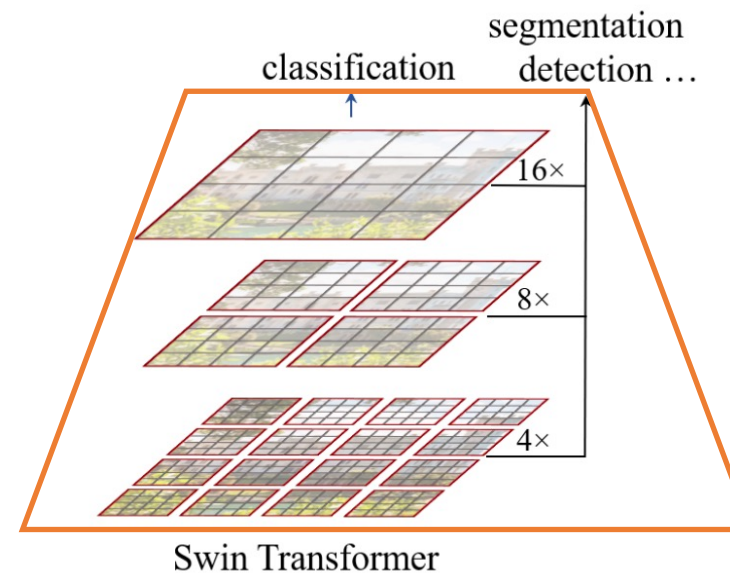
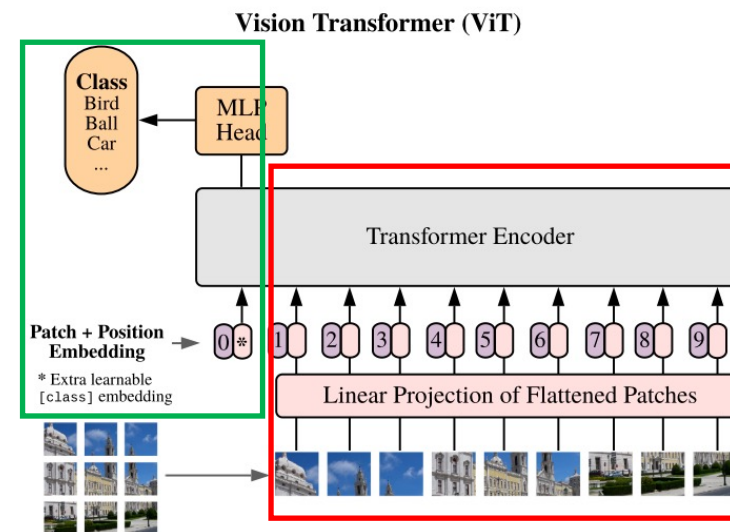
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The Birth of Vision Transformer
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Benchmarking transformers

Two most popular architectures

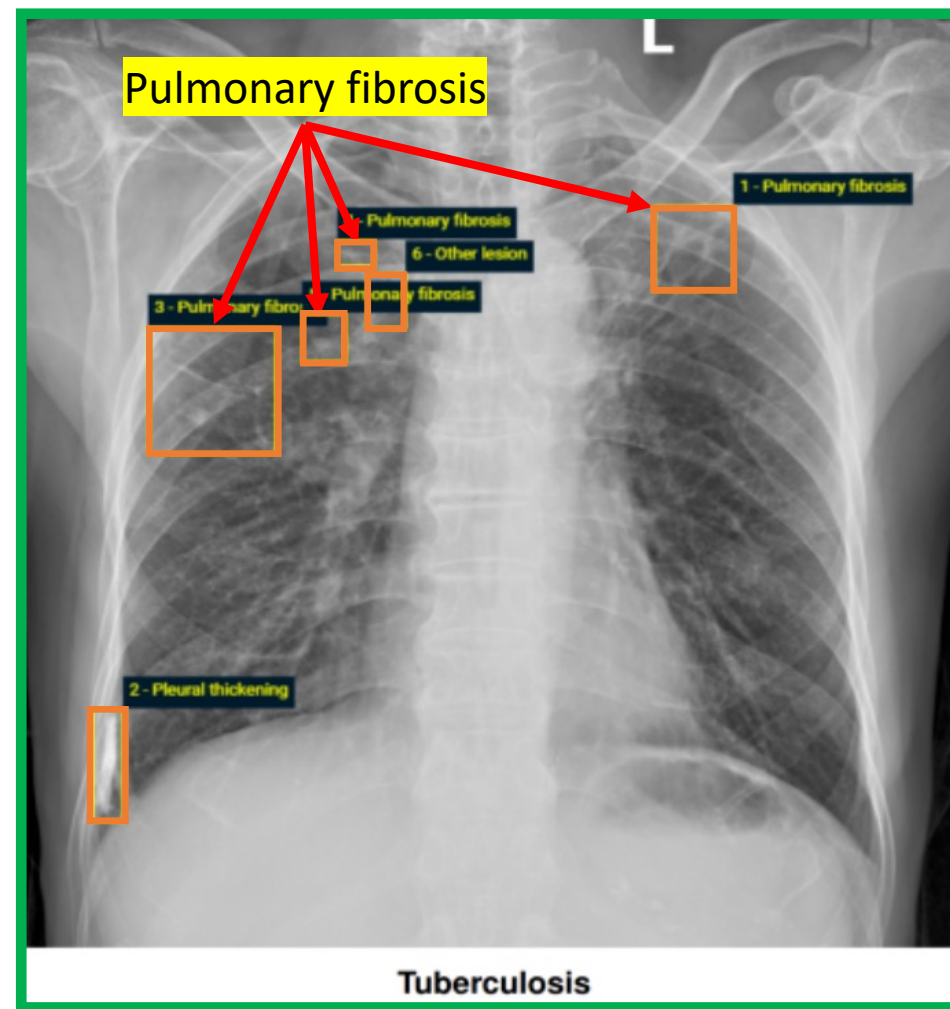
- Vision Transformer (ViT)
 1. Model global context of an image
 2. Capture patch-wise intra-image relations
- Swin Transformer (Swin)
 3. Builds hierarchical feature maps



Benchmarking transformers

Two most popular architectures

- Vision Transformer (ViT)
 1. Model global context of an image
 - **Global context of a body region**
 2. Capture patch-wise intra-image relations
 - **Co-occurrence of pathologies**
- Swin Transformer (Swin)
 3. Builds hierarchical feature maps
 - **Lesions at different scales**



VinDr-CXR: <https://vindr.ai/datasets/cxr>

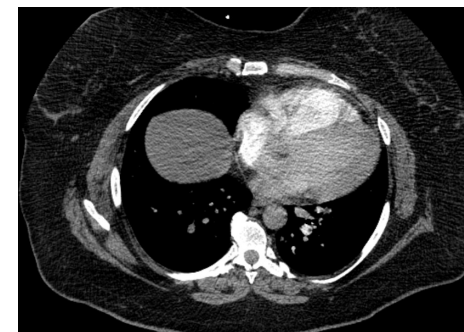
Transformers have good properties for medical images

Benchmarking transformers

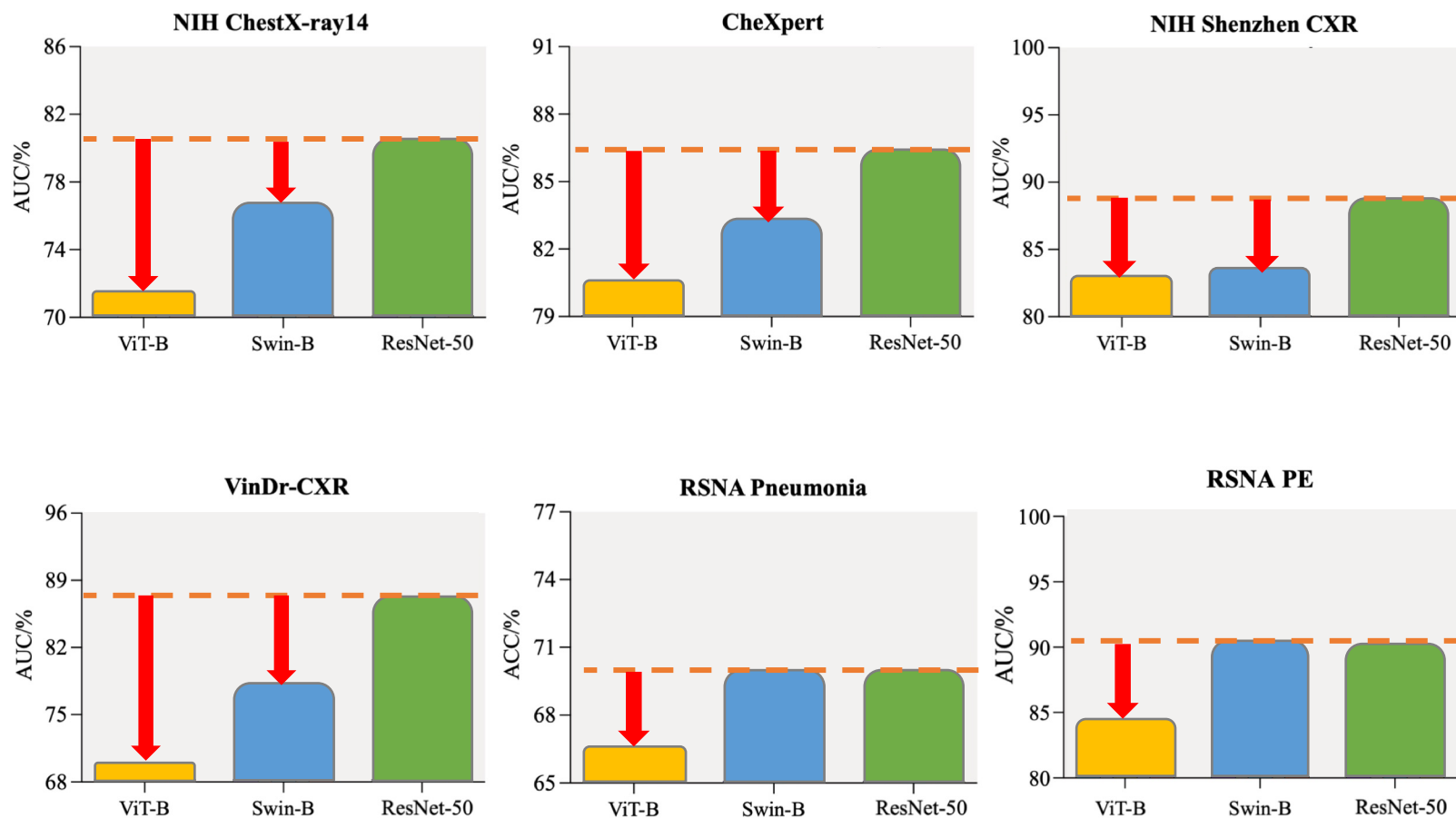


Target Tasks

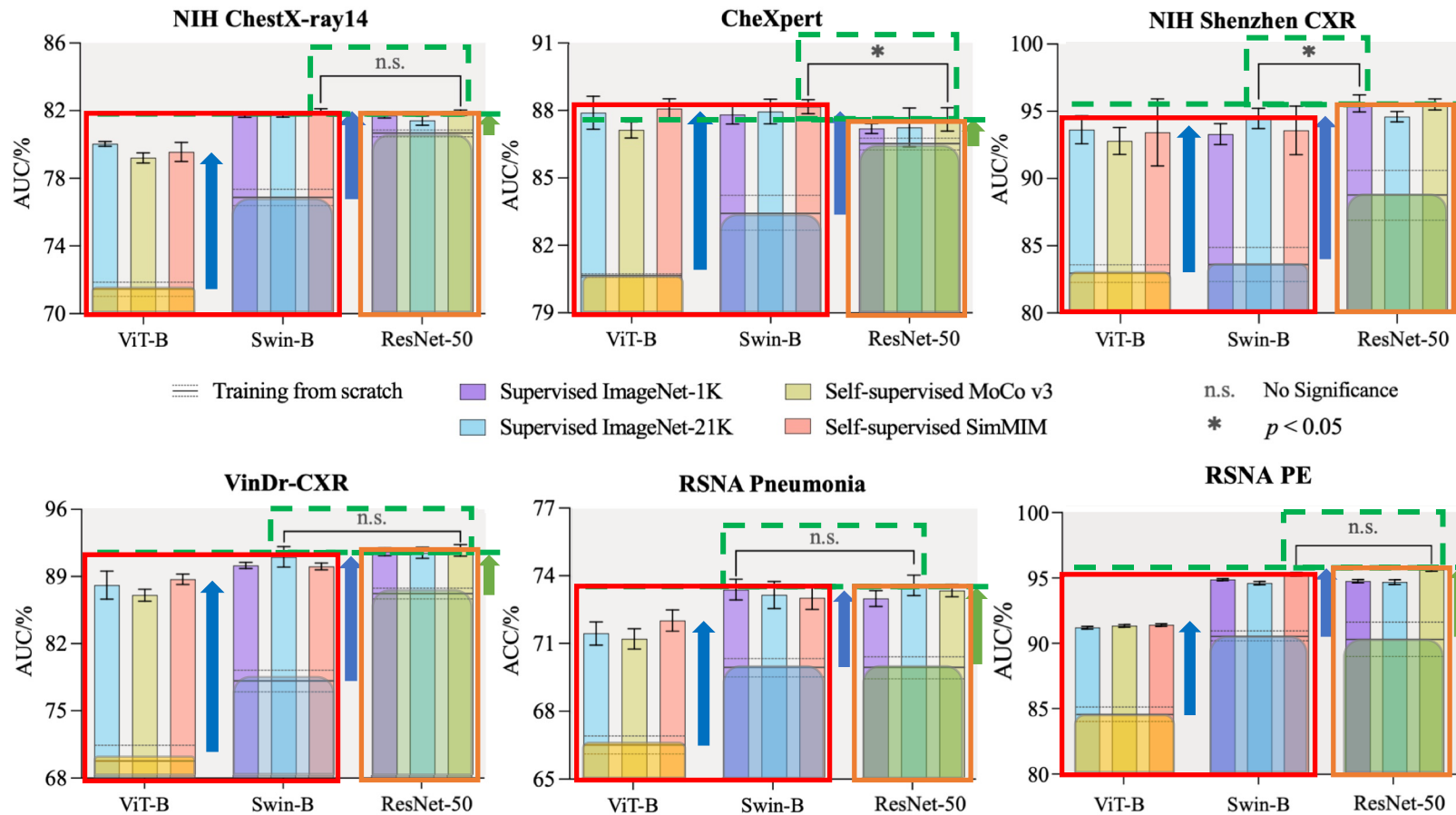
1. **NIH ChestX-ray14:** Fourteen thorax diseases classification (X-ray)
2. **CheXpert:** Five thorax diseases classification (X-ray)
3. **VinDr-CXR:** Six thorax diseases classification (X-ray)
4. **NIH Shenzhen CXR:** Tuberculosis classification (X-ray)
5. **RSNA Pneumonia:** Pneumonia and lung opacity classification (X-ray)
6. **RSNA PE:** Pulmonary Embolism slide-level classification (CT)



Result I: Transformers significantly underperform CNNs when training from scratch



Result II: Transformers can offer similar results as CNNs with ImageNet pre-training



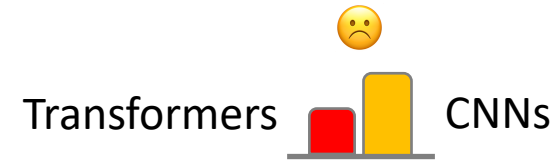
6 pre-trained Transformer models

3 pre-trained CNN models

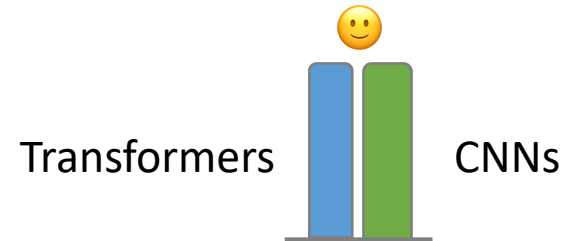
Question 1

How do transformers perform on medical images?

When training from scratch



With ImageNet pre-training



Transformers need pre-training to perform well on medical images

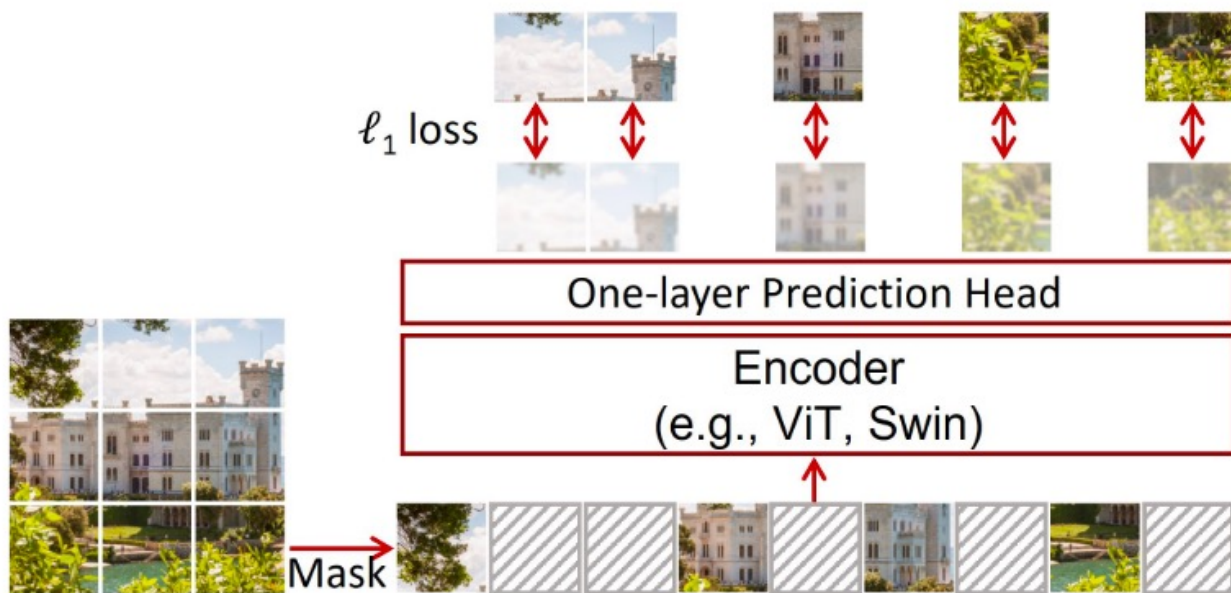
Question 2

Which ImageNet pre-trained transformer performs better on medical image classification?

Supervised or Self-supervised?

SOTA self-supervised learning technique

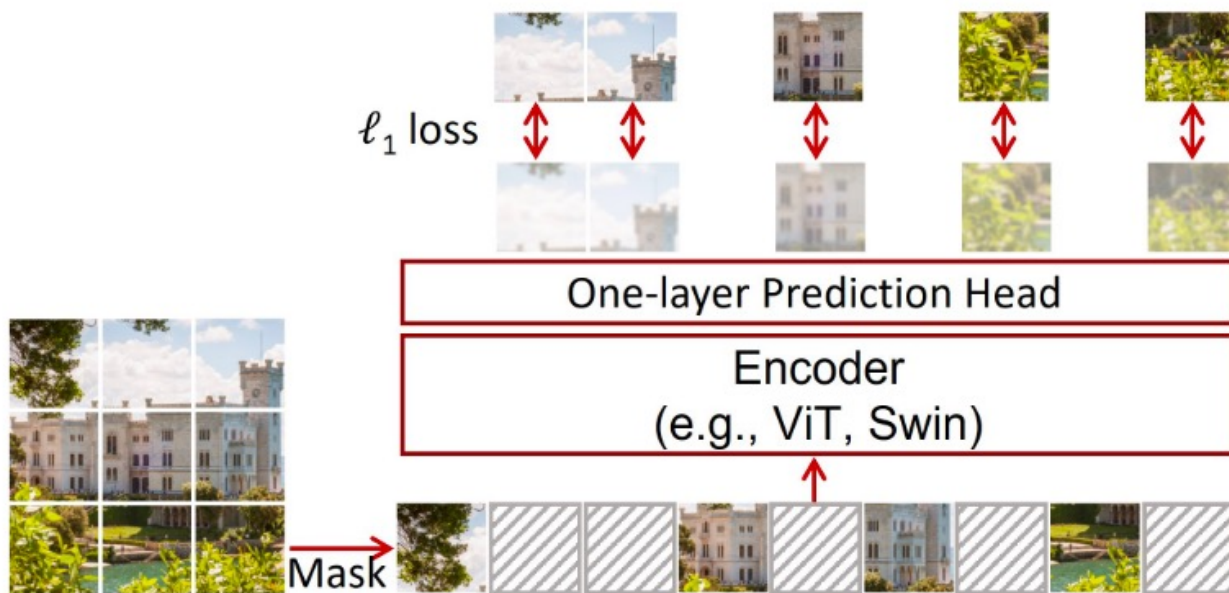
- **Masked Image Modeling (MIM)** using transformers
- Mask input patches and reconstruct them
 - Develop a holistic understanding of the image
 - Learn fine-grained features via reconstruction



SOTA self-supervised learning technique

- Masked Image Modeling (MIM) using transformers
- Mask input patches and reconstruct them
 - Develop a holistic understanding of the image
 - Learn fine-grained features via reconstruction

Good for medical imaging tasks



SimMIM (Xie et al., CVPR2022)

Result III: Self-supervised learning based on masked image modeling is a preferable pre-training option for medical tasks

- ✓ Self-supervised **SimMIM** model with the **Swin-B** backbone outperforms fully-supervised baselines

| Task \ Method | | ChestX-ray14 | CheXpert | Shenzhen | VinDr-CXR | RSNA Pneumonia | RSNA PE |
|-------------------|--------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Supervised | ViT-B | 80.05±0.17 | 87.88±0.50 | 93.67±1.03 | 88.30±1.45 | 71.50±0.52 | 91.19±0.11 |
| | Swin-B | 81.73±0.14 | 87.80±0.42 | 93.35±0.77 | 90.35±0.31 | 73.44±0.46 | 94.85±0.07 |
| SimMIM | ViT-B | 79.55±0.56 | 88.07±0.43 | 93.47±2.48 | 88.91±0.55 | 72.08±0.47 | 91.39±0.10 |
| | Swin-B | 81.95±0.15 | 88.16±0.31 | 94.12±0.96 | 90.24±0.35 | 73.66±0.34 | 95.27±0.12 |

*The best methods are bolded while the others are highlighted in green if they achieve equivalent performance compared with the best one (i.e., $p > 0.05$).

Can we further boost the performance of the pre-trained transformers for medical tasks?

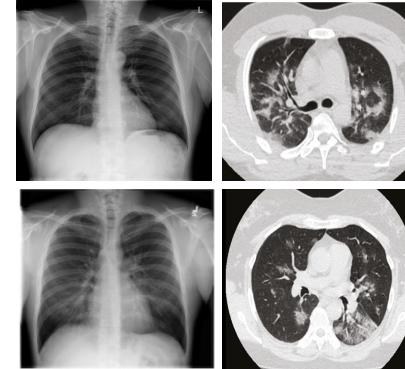
Problems



Pre-trained on natural images
(large-scale dataset)

1

Domain
Gap



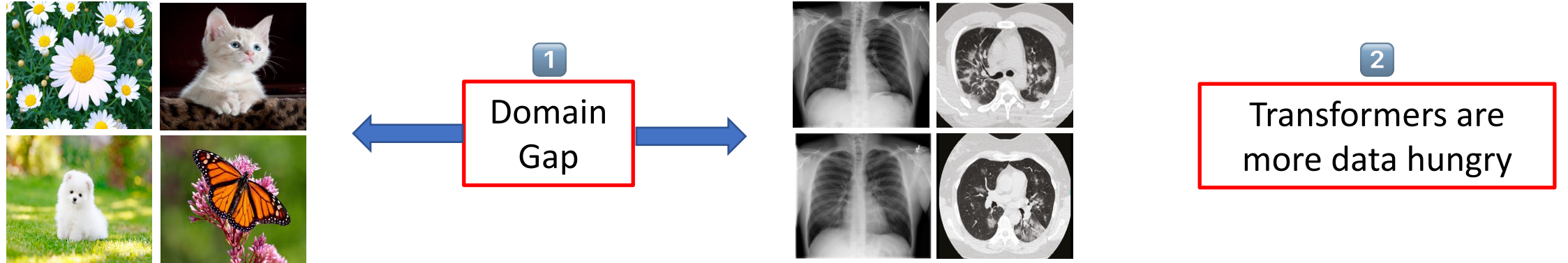
Fine-tuned on medical images
(much smaller)

2

Transformers are
more data-hungry

| Task \ Method | | ChestX-ray14 | CheXpert | Shenzhen | VinDr-CXR | RSNA Pneumonia | RSNA PE |
|---------------|--------|--------------|------------|------------|------------|-------------------|------------|
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Problems



Question 3

How to boost transformers' performance for medical image classification?

- I. Continue domain-adaptive pre-training with in-domain data
- II. Create large-scale in-domain dataset by assembling multiple datasets

X-rays(926K): A large-scale dataset that we assembled

- 926,028 images from 13 different chest X-ray datasets

| No. | Source Datasets | Number of Images |
|-------------|---|------------------|
| 1 | MIMIC-CXR 2.0.0 | 377,028 |
| 2 | CheXpert | 223,414 |
| 3 | PadChest | 160,828 |
| 4 | NIH ChestX-Ray 14 | 86,524 |
| 5 | RSNA Pneumonia Detection Challenge | 26,684 |
| 6 | COVID-19 RADIOGRAPHY_DATABASE | 21,165 |
| 7 | VinDR-CXR | 15,000 |
| 8 | Indiana ChestX-ray | 7,883 |
| 9 | Mendeley-V2 | 5,232 |
| 10 | COVIDx | 1,223 |
| 11 | Shenzhen Hospital X-ray Set | 662 |
| 12 | JSRT(Japanese Society of Radiological Technology) | 247 |
| 13 | Montgomery County X-ray Set | 138 |
| X-ray(926K) | | 926,028 |

3

Datasets from
different sources
have different labels

III. Adopt self-supervised learning for pre-training

Result IV: Self-supervised domain-adaptive pre-training on a larger-scale in-domain dataset further boosts transformer model's performance

I. Continue domain-adaptive pre-training with in-domain data to bridge the domain gap

| Task \ Model | ChestX-ray14 | CheXpert | Shenzhen | VinDr-CXR | RSNA Pneumonia |
|-----------------------|--------------|------------|------------|------------|----------------|
| Scratch | 77.04±0.34 | 83.39±0.84 | 92.52±4.98 | 78.49±1.00 | 70.02±0.42 |
| ImageNet | 81.95±0.15 | 88.16±0.31 | 94.12±0.96 | 90.24±0.35 | 73.66±0.34 |
| ChestX-ray14 | 78.87±0.69 | 86.75±0.96 | 93.03±0.48 | 79.86±1.82 | 71.99±0.55 |
| X-rays(926K) | 82.72±0.17 | 87.83±0.23 | 95.21±1.44 | 90.60±1.95 | 73.57±0.27 |
| ImageNet→ChestX-ray14 | 82.45±0.15 | 87.74±0.31 | 94.83±0.90 | 90.33±0.88 | 73.85±0.72 |
| ImageNet→X-rays(926K) | 83.04±0.15 | 88.37±0.40 | 95.76±1.79 | 91.71±1.04 | 74.09±0.39 |

*The best methods are bolded while the others are highlighted in green if they achieve equivalent performance compared with the best one (i.e., $p > 0.05$).

Result IV: Self-supervised domain-adaptive pre-training on a larger-scale in-domain dataset further boosts transformer model's performance

- I. Continue domain-adaptive pre-training with in-domain data to bridge the domain gap
- II. Use large-scale in-domain data to satisfy transformer's data hunger
- III. Adopt self-supervised learning to overcome heterogeneity of expert labels

| Task \ Model | ChestX-ray14 | CheXpert | Shenzhen | VinDr-CXR | RSNA Pneumonia |
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| Scratch | 77.04±0.34 | 83.39±0.84 | 92.52±4.98 | 78.49±1.00 | 70.02±0.42 |
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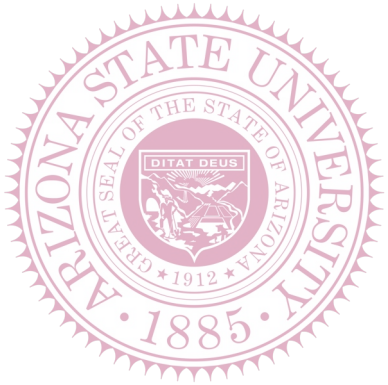
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Benchmarking Transformers

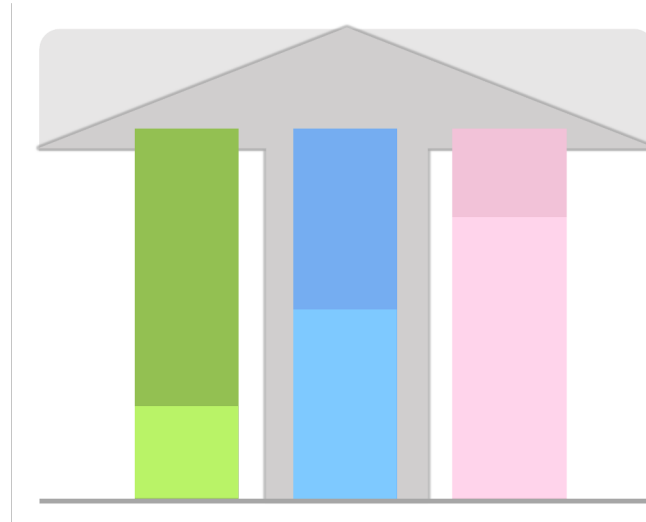
- ✓ Good initialization (Pre-training) is crucial for transformers
- ✓ Self-supervised pre-training based on masked image modeling is preferable

Boosting Transformers

- ✓ Self-supervised domain-adaptive pre-training using a larger-scale in-domain dataset can further boost transformer's performance



Benchmarking and Boosting Transformers for Medical Image Classification



Github page: <https://github.com/JLiangLab/BenchmarkTransformers>