

training (CLIP) [37], which align visual and textual information through contrastive pre-training, allow the exploration of open-set visual concepts, thanks to the adoption of natural language supervision. However, the success of these models often relies heavily on the quality of the textual prompts that guide their predictions while full-model fine-tuning for large-scale VLMs is impractical. To mitigate these, prompt learning that optimizes textual prompts in vision-language models [25, 50, 51] has emerged as one of the critical techniques to enhance performance without the need for extensive fine-tuning. Notably, the pioneering work of Context Optimization (CoOp) [51] introduced this approach for CLIP by treating text prompts as learnable context vectors and preserving the pre-trained model weights. Meanwhile, other approaches [16, 19, 47] focus on lightweight few-shot adaptation through Adapters [18] and Linear Probes [37] to offer parameter-efficient solutions for model adaptation in downstream tasks.

Different from natural images, biomedical images include a wide range of contrasts and modalities, depending on the image acquisition devices and parameters. These images, such as MRI and ultrasound, often have unique visual appearances that can be more difficult to interpret than typical photographs. In addition, image features (e.g., color, texture, shape, and anatomical context) that are related to physiological and pathological changes are more nuanced and complex to describe, and can differ between image modalities. Finally, due to privacy concerns and the high requirement for clinical expertise, large datasets of well-annotated biomedical images are scarce for developing clinical deep learning models. While VLMs and the associated prompt learning techniques have shown success across natural image datasets and benchmarks, their application in the biomedical imaging domain (e.g., diagnosis), which has distinct challenges, remains largely under-explored.

Due to the unique domain knowledge of biomedical images, the backbone vision-language model for prompt learning may require tailored pre-training for the best outcome. Biomed-specific VLMs, such as BiomedCLIP [48]—pre-trained on 15 million biomedical image-text pairs from internet resources—are better suited for biomedical tasks

The latest breakthroughs in vision-language models (VLMs) have opened new possibilities for leveraging multi-modal data in diverse applications. Unlike traditional supervised learning that focuses on closed-set visual concepts, models like Contrastive Language-Image Pre-

1

[49]?????15]?????CLIP
 ??????proaches ??????
 [3]?????X
 [3]?????pro
 ??????VLM??
 BiomedCoOp [3,15]?????
 GoOp [51]?????BiomedCoOp [51] MedSAM
 ??????BiomedCLIP?????
 [33]?????LML?????
 ??????VLM??
 BiomedCLIP?????
 ??????CoOp [51] BiomedCLIP [48]?????
 BiomedCoOp [51] CLIP
 ??????BiomedCLIP?????
 ??????BiomedCoOp ?????
 ??????LLM?
 ??????
 ??????
 ??????
 1.
 ??????
 ?????? GPT-4?????
 ??????
 ??????
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 ??????3.?????BiomedCLIP [48]?????
 ?????? CLIP?4. ??????
 CLIP ?????? 11 ?????? 9
 ??? 10 ??????
 BiomedCoOp ??????

and robustness across a wide range of medical conditions and imaging modalities.

2. Related Work

2.1. Vision-Language Models

CLIP [39] ? ALIGN
 [21]?????
 [21]????? BioViL [4] PubMedCLIP [14] ? BiomedCLIP
 [41]?????
 BioViL [4] PubMedCLIP [14] ? BiomedCLIP
 [48]?????
 ??????
 ??????
 [42],
 49]?????

2.2. Prompt Learning

VLM?????CoOp [51] ?
 CoCoOp [50] ?????? VLM
 [21]?????MaLe [13]?????
 [3]?????MaLe [24]?????
 ProGrad [53]?????ance?????ProText [27]
 PromptSRC?????
 [26]?????
 XCoOp [3]????? VLM
 KgCoOp [43] ? ProGrad
 [53]?????ance?????
 ProText [27]
 ??????
 ??????
 ?????? ViP [15] ?
 XCoOp [3]????? VLM
 ??????DCPL? [6]
 ??????
 ??????
 ??????

maxl-????????????????-???????????????????? V = Ev(Xv) ? T = Et(Xt) ??? V ? RBxD, T ? RBxCxD, C ??? D
maxl-????????????????-???????????????? C ??? C
???????????????????? C ??? V ? RBxD, T ? RBxCxD, C ??? D
a photo of a [CLASS] ??? a photo of
[CLASS] ??? CoOp ?????a
???????????????????? com-
???????????????? T(i) ??? V ?????

$$p(Y = i | \mathbf{V}, \mathbf{T}^{(i)}) = \frac{\exp(\cos(\mathbf{T}^{(i)}, \mathbf{V})/\tau)}{\sum_{j=1}^C \exp(\cos(\mathbf{T}^{(j)}, \mathbf{V})/\tau)}, \quad (1)$$

where τ denotes the learnable temperature parameter and $\cos(\cdot, \cdot)$ denotes cosine similarity. The class of the image is determined by taking:

$$\arg \max_i p(Y = i | \mathbf{V}, \mathbf{T}^{(i)}) \quad (2)$$

3.2. LLM Prompt Ensembling

????????????????????46]?????????
????????????????????[17, 30] ? GPT-4 [1]
????????????????[32]????????GPT-4 LLM
????????????????[17, 30] ? GPT-4 [1] BiomedCoOp
????????????????????GPT-4 LLM
?RNxCxL ?? N ?????? N ??????
????????????????
????????BiomedCoOp
????????????????-???????? C
????????Xg ?RNxCxL ?? N ??????
Q ?????? N ??????

[CLASS] found in [MODALITY].” Unique for biomedical images, we specifically mention the imaging modality in Q as certain classes might overlap in different modalities. \mathbf{X}_g from the LLM are then encoded to $\mathbf{T}_g = \mathbf{E}_t(\mathbf{X}_g) \in \mathbb{R}^{N \times C \times D}$. For the SCCM component, all N text embeddings for each class are ensembled by taking the mean to get $\mathbf{P}_g \in \mathbb{R}^{C \times D}$:

$$\frac{1}{N} \sum_{i=1}^N \mathbf{T}_{g,i}^{(c)} \quad (3)$$

3.3. Selective Prompting via Outlier Exclusion

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????????????????en-????
????????????BiomedCoOp
????????en-????
????????Ev
????????for-????Biome
dCLIP
tak- ????? logits
????????
???? B
????????-????
Ev ????? V ????? Tg
????????
???? S ??? tak- ????? logits
????

$$\sum_{i=1}^B \max_j (\beta \cdot \mathbf{T}_g^{(j)} \cdot \mathbf{V}^\top), \quad (4)$$

where β is a scaling factor applied to the logits.

To detect and handle anomalous prompts that deviate from the general distribution, we apply an outlier detection approach using the *Median Absolute Deviation* test statistic. Specifically, we calculate the median M_s of the prompt scores \mathbf{S} and the median absolute deviation D :

For a given prompt, we compute the modified z -score:

$$z = \frac{S - M_s}{D}. \quad (7)$$

We select only the N_s prompts that are associated with the modified z -scores with absolute values that are lower than a selection threshold ζ_s . Following a similar approach to Eq. 3, we obtain an average prompt encoding \mathbf{P}_s based on the selections.

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 ???
 ???
 ???Xp????????K?????
 ?????.??.??.??.??.??.logits????????????????????????????
 ?????? Xp????????? K ??????
 -????????????????????? logits ?????????

where $\mathbf{Y}^{(i)}$ is the ground truth label for class i , and $p(\mathbf{Y} = i | \mathbf{V}, \mathbf{T}_p^{(i)})$ is the predicted probability of class i given images \mathbf{V} and encoded learnable text prompt $\mathbf{T}_p^{(i)}$.

$$\sum_{i=1}^C \|T_p^{(i)} - P_g^{(i)}\|_2^2 \quad (9)$$

Lastly, to align the distribution of the logits from image embeddings with learnable context prompts (student logits) and the logits from image embeddings with selective LLM-generated text embeddings (teacher logits), we minimize the KL divergence between these two distributions in the KDSP component:

$$- \frac{1}{2} \frac{d}{dt} \left(\frac{1}{\rho} \right) = \frac{1}{2} \frac{d}{dt} \left(\frac{1}{\rho} \right), \quad (10)$$

where $\mathbf{Pr}_{\text{teacher}}(i)$ is the probability distribution of the logits of \mathbf{V} and \mathbf{P}_s , and $\mathbf{Pr}_{\text{student}}(i)$ is the probability distribution of the logits of \mathbf{V} and \mathbf{T}_v .

????????????????????????????????

where λ_1 , and λ_2 are loss-balancing weights.

4.1. Experimental Setup

We assess the efficacy of our proposed BiomedCoOp framework across a comprehensive set of benchmark biomedical imaging datasets under multiple evaluation protocols designed to test accuracy and generalization within and across various few-shot image classification tasks.

Base-to-Novel Class Generalization: To assess model generalizability of our technique, each dataset is divided into base and novel classes. The model is trained on the base classes using a 16-shot setup and subsequently evaluated on both base and novel classes. This setup tests the model’s ability to generalize to unseen classes within the same dataset, showcasing its potential to recognize novel disease presentations without additional fine-tuning.

Implementation details: We employed BiomedCLIP with a ViT-B/16 backbone, averaging results over three runs. The training was set to 100 epochs for few-shot and 50 epochs for base-to-novel benchmarking. We initialized the learnable context with the embedding vector corresponding to “a photo of a” and used 50 LLM prompts, a 0.0025 learning rate, a batch size of 4, and an SGD optimizer across datasets. Optimal values for λ_1 , λ_2 , and ζ_s were selected

Dataset		BiomedCLIP	CoOp	CoCoOp	KgCoOp	ProGrad	BiomedCoOp
		[48]	[51]	[50]	[43]	[53]	(Ours)
	Base	47.84	73.85	72.26	68.36	71.67	76.26
	Novel	65.42	64.75	67.03	64.08	66.93	73.92
	HM	53.81	67.23	67.22	64.61	67.43	75.07
BTMRI	Base	40.88	82.25	77.88	78.03	82.13	82.42
	Novel	96.18	94.51	94.84	95.05	94.98	96.84
	HM	57.37	87.95	85.53	85.69	88.09	89.05
COVID-QU-Ex	Base	53.96	75.92	77.28	75.42	75.19	75.91
	Novel	89.43	90.07	87.61	89.61	90.34	91.63
	HM	67.31	82.39	82.12	81.90	82.07	83.03
CTKIDNEY	Base	38.55	82.24	81.96	81.67	83.86	86.93
	Novel	52.99	67.92	56.56	58.45	63.01	78.94
	HM	44.63	74.40	66.93	68.14	71.96	82.74
DermaMNIST	Base	34.95	48.06	42.88	36.41	35.52	54.86
	Novel	49.59	59.41	60.66	47.31	63.28	74.1
	HM	41.00	53.14	50.24	41.15	45.50	63.04
Kvasir	Base	75.00	86.22	85.94	81.56	82.89	86.50
	Novel	60.50	58.06	53.95	59.00	60.45	61.83
	HM	66.97	69.39	66.29	68.47	69.91	72.11
CHMNIST	Base	37.63	89.41	87.77	75.45	82.98	88.87
	Novel	40.69	35.11	42.51	38.70	44.19	42.73
	HM	39.10	50.42	57.28	51.16	57.67	57.71
LC25000	Base	59.73	90.12	88.33	88.13	90.29	93.77
	Novel	87.60	87.55	95.02	86.44	85.47	97.00
	HM	71.03	88.82	91.55	87.28	87.81	95.36
RETINA	Base	45.18	70.98	66.88	60.77	68.77	68.46
	Novel	55.28	56.90	65.56	54.91	58.43	67.72
	HM	49.72	63.16	66.21	57.69	63.18	68.09
KneeXray	Base	35.89	38.28	34.08	37.94	40.88	44.23
	Novel	71.90	47.69	63.14	61.19	59.12	78.35
	HM	47.88	42.47	44.27	46.84	48.34	56.54
OCTMNIST	Base	56.60	75.00	79.6	68.20	74.20	80.33
	Novel	50.00	50.23	50.47	50.13	50.02	50.07
	HM	53.10	60.17	61.77	57.79	59.76	61.69

Table 2: Performance of BiomedCoOp on 10 datasets. The results are averaged over 5 trials. The best performance is highlighted in green. The results of the baseline methods are shown in gray. The results of the BiomedCoOp are shown in bold. The results of the BiomedCoOp are shown in bold. The results of the BiomedCoOp are shown in bold.

case-specific prompts. However, using KDSP with a CLIP-only setup hindered generalization, as the model lacked the domain knowledge needed to effectively exclude outliers (gray highlight). The combined use of SCCM and KDSP yielded optimal results (green highlight), balancing generalization and adaptability, especially in few-shot and base-to-novel tasks, affirming both components’ essential roles in handling limited-data biomedical scenarios.

4.4.2. Effect of Number of LLM Prompts

Prompt diversity in relation to the number of LLM prompts may affect the quality of context mapping. To investigate this, Table 4 shows the effect of increasing LLM-generated prompts on BiomedCoOp’s performance across few-shot settings ($K = 0, 1, 2, 4, 8$, and 16 shots). At lower shot levels ($K = 0$ and 1), a higher prompt count noticeably boosts accuracy, improving by 5-6% as prompts increase from 10 to 50. This indicates that prompt diversity is key for generalization with minimal labeled data. In intermediate shot

Components			Base-to-Novel			Few-shot				
BiomedCLIP	SCCM	KDSP	Base	Novel	HM	1	2	4	8	16
X	X	X	71.50	45.06	55.28	41.46	45.69	51.41	54.80	61.86
X	✓	X	71.91	43.04	53.85	43.72	44.77	52.76	60.08	64.04
X	X	✓	73.21	39.95	51.69	42.14	44.27	53.75	56.67	62.14
X	✓	✓	72.95	39.04	50.86	42.11	44.52	53.48	56.36	62.37
✓	X	X	73.85	64.75	67.23	50.16	54.18	59.75	65.84	69.62
✓	✓	X	75.21	65.79	70.19	51.62	54.99	61.43	65.93	69.99
✓	X	✓	75.74	72.91	74.30	56.78	58.76	63.68	67.68	71.79
✓	✓	✓	76.11	73.22	74.64	57.03	59.13	63.95	68.32	72.42

Table 3: Performance of BiomedCoOp on 10 datasets. The results are averaged over 5 trials. The best performance is highlighted in green. The results of the baseline methods are shown in gray. The results of the BiomedCoOp are shown in bold. The results of the BiomedCoOp are shown in bold.

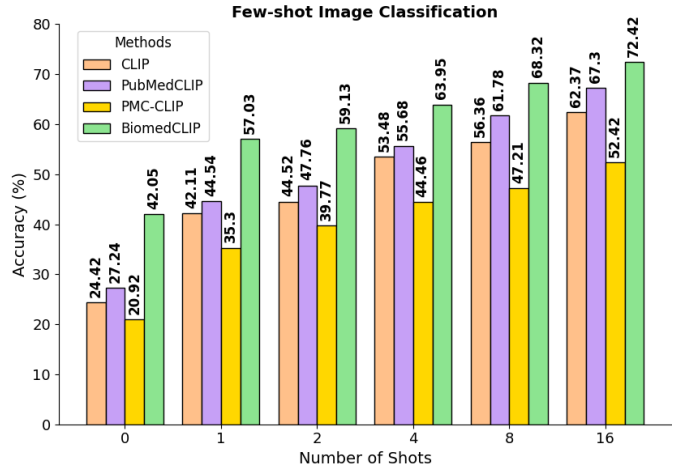
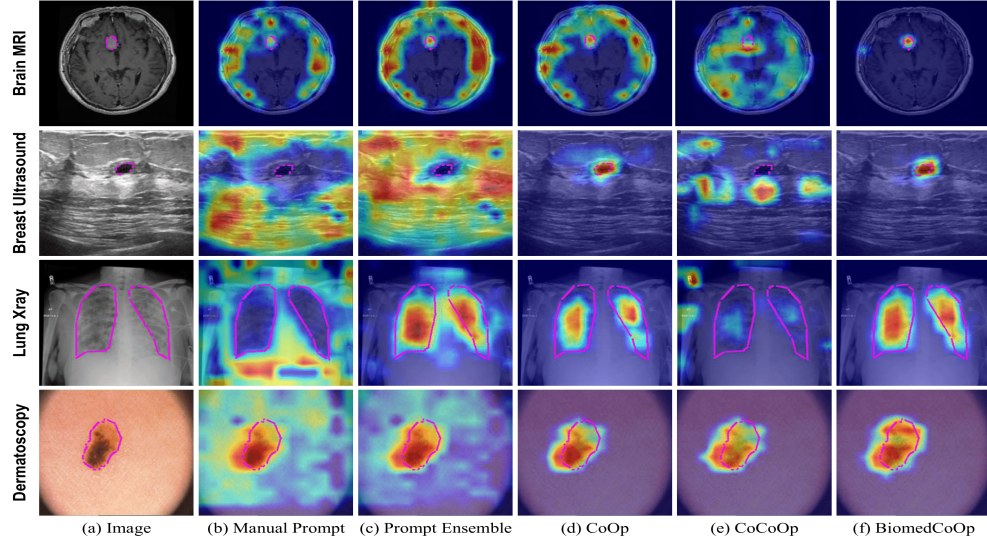


Table 4: Performance of BiomedCoOp on 10 datasets. The results are averaged over 5 trials. The best performance is highlighted in green. The results of the baseline methods are shown in gray. The results of the BiomedCoOp are shown in bold. The results of the BiomedCoOp are shown in bold.

Prompts #	$K = 0$	$K = 1$	$K = 2$	$K = 4$	$K = 8$	$K = 16$
10	47.55	52.43	54.61	60.69	64.81	67.66
20	50.51	55.27	57.65	62.85	66.92	70.96
30	51.88	55.91	58.52	63.89	68.05	71.97
40	52.20	56.59	59.05	63.92	68.24	72.20
50	52.27	57.03	59.13	63.95	68.32	72.42

Table 5: Performance of BiomedCoOp on 10 datasets. The results are averaged over 5 trials. The best performance is highlighted in green. The results of the baseline methods are shown in gray. The results of the BiomedCoOp are shown in bold. The results of the BiomedCoOp are shown in bold.



low-data scenarios.

4.4.3. Effect of Different CLIP-based Models

CLIP (ViT-B/16)?PubMedCLIP (ViT-B/32)?PMC-CLIP (RN50)?
 BiomedCLIP (ViT-B/16)?2.?????CLIP?BiomedCoOp
 (ViT-B/16)?PubMedCLIP (ViT-B/32)?PMC-CLIP
 (RN50)?BiomedCLIP (ViT-B/16)?2.?????CLIP?PMC-CLIP
 PubMedCLIP?CLIP?BiomedCoOp
 BiomedCLIP?BiomedCLIP??VLM????????VLM
 ??????????
 ??????ac-????????????????????
 ?????????????BiomedCLIP?16?????
 72.42%????????CLIP?PMC-CLIP
 ?????????PubMedCLIP????????
 BiomedCLIP????????BiomedCLIP??VLM
 ?????????VLM????????

4.4.4. Visual Interpretability

ScoreCAM [8]
 ?????????????????????dis-Tinct????????b
 [CLASS] ?????????????????????dis-
 Tinct????????[CLASS]????????
 CoOp?CoCoOp?BiomedCoOp?d?e?f
 ?????????
 ??????c??av-erages??LLM????????-?????
 ?????????CoOp?CoCoOp?BiomedCoOp?d?e?f
 ?????????

[CLASS] BUSI????COVID-QU-EX??
 [SIC L11,12,41]????BiomedCoOp?f ?????????
 gliohs?????MRI
 [11,12,41]????BiomedCoOp?f?????
 ?????????giions?????
 29]????-????????
 MRI
 ?????????
 ?????????[2
 8,
 29]????-????????

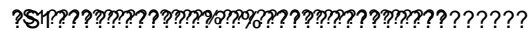
5. Conclusion

BiomedCoOp
 ?????????
 CoOp????
 man????BiomedCLIP
 ?????VLM????
 ment????
 ?????
 BiomedCLIP
 ?????VLM
 ?????
 ?????
 ???

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Lungren? Tristan Naumann ?????? ??????????????????? 1500
Liden? Jian-??? Matthew P. Lungren? Tristan
Naumann ????????????????????????????????????? 1500
?? arXiv:2312.07353, 2023. 2f50l Kaiyang Zhou? Jingkang Yang? Chen
Change Loy? Zi-???????????????? CVPR?? 16816? 16825 ??2022
?? 237[51] ????????????????????????? CVR, 130(9) 237-248 ??
2023-1-2, 6, 7 [51] arXiv:?????????? 232323232323?? IEEE/CVF
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2f50l Kaiyang Zhou? Jingkang Yang? Chen
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??2022
??1, 2, 6, 7 [51] ??????????????????????????
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7 [52] ??????????????????-?? ?????????????????? IEEE
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2???

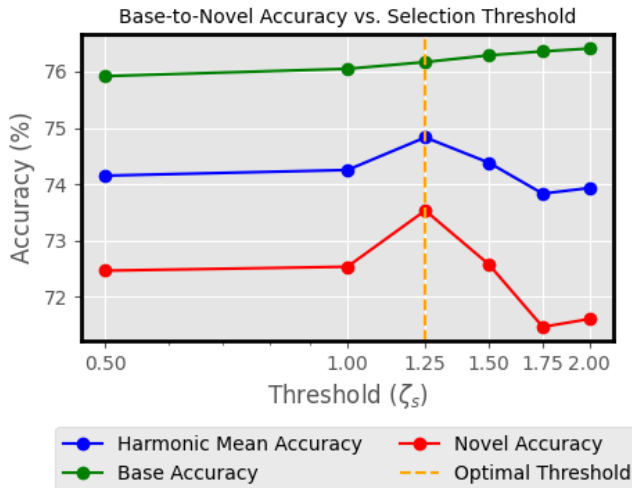
[illegible]

? S1 ??????BiomCoOp ??????y-?24916?????BiomCoOp
 ?????????????????????????????-? S8 ?????????????????-CoOp ?
 104.8161725BiomCoOp?????
 ?????????????????????????????-? S8
 ?????????????????-CoOp ? SOTA ??????????
 SOTA ?? -????????????

[illegible]

As shown in Table S1, increasing the context length tends to reduce performance on both base and novel classes. A shorter context length, such as 4, achieves a better balance between base and novel accuracy, resulting in a higher harmonic mean (HM) score. As the context length increases to 16, 32, and 64, the accuracy on novel classes declines more rapidly than on base classes, leading to a sharp reduction in the harmonic mean. This pattern suggests that longer context lengths could diminish the model’s ability to generalize effectively across both base and novel classes.

? S1??????????????æ€??????????????????????????????



??S2???? (??)??Base-to-Novel????

10. Effect of Prompt Selection Threshold

????????????KDSF????????????????????????????????
 ?? (2s) ????? z ????????? LLM
 ?????????S2?? ??????? (2s) ????? z ?????????
 ????????? LLM ?????????????????????s=1.25????
 ?????????????????????????????????????
 ?????????????????????????????????????
 ?????????????????????????????s=1.25????????
 ?????????????????

11. Selective Prompting for SCCM

????????Con????????SCCM????SCCM?BiomedGCo
 ?????????
 SCCM?BiomedCoOp????????????????????????????76.2
 SCCM????????76.26%76.39%????????77.44%
 .92% 77.59%????????77.44%
 77.392%????????SCCM
 ?????????

alization to novel classes. Thus, keeping all prompt samples in the mapping process (i.e., SCCM) helps maintain broader generalization, balancing performance across both base and novel classes.

12. Additional Comparisons with Other Recent Methods

????????SOTA SOTA?CoOp[3] ? DCPL
 [6]??S2??S3????????????????????????????
 ??????? 16???? S3 ?????????DCPL????
 [6]??S2??S3??BiomedCLIP??LSDM????????XCoOp????
 BiomedCLIP???????? 16???? S3
 ?????????????????????LLM????????
 ?????S2????????DCPL???? DCPL*????
 BiomedCLIP ??LSDM ????????? XCoOp????
 BiomedCLIP
 ?????????????????????LLM????
 ????????? S2??

??S2????(%) ???SOTA????????DCPL*??
 BiomedCLIP ??LSDM ????????? XCoOp????BiomedCLIP
 ?????????

BiomedCLIP	42.05				
BiomedCLIP + Ensemble	52.27 (+10.22 from BiomedCLIP)				
BiomedCLIP + Selection	53.72 (+11.67 from BiomedCLIP)				
DCPL*	45.65 _{8.86}	51.65 _{8.79}	56.62 _{7.51}	62.85 _{8.40}	68.79 _{4.80}
XCoOp	52.50 _{5.91}	55.39 _{5.74}	60.87 _{4.18}	66.37 _{3.44}	71.04 _{1.95}
BiomedCoOp (Ours)	57.03 _{2.80}	59.13 _{3.64}	63.95 _{2.42}	68.32 _{2.65}	72.42 _{1.69}

? S3??? SOTA ?????????DCPL??BiomedCLIP
 ?????? LSDM?XCoOp????BiomedCLIP???

XCoOp	74.62%	63.19%	68.43%
DCPL*	68.70%	40.35%	50.84%
BiomedCoOp (Ours)	76.26%	73.92%	75.07%

13. Effect of LLM used

??S4????SOTA?SOTA?4-shot
 ?????????????????????Gemma-2-2b??
 ?????????
 ?????Gemma-2-2b????

“An X-ray image revealing multifocal ground-glass and consolidative opacities, indicative of viral pneumonia lungs.”

“A CT image showing a lesion with uniform density and no internal irregularities, indicative of a cyst kidney.”

“A CT scan showing a calcified structure with acoustic shadowing, consistent with a kidney stone.”

“A CT scan showing a lesion with poorly defined margins, consistent with a kidney tumor.”

“A CT image revealing no signs of renal atrophy or cortical thinning, suggesting a normal kidney.”

“Actinic keratosis lesions may become thicker and more pronounced over time without treatment.”

“BCC lesions may bleed with minor trauma, such as shaving, due to their friable nature.”

“Cryotherapy, using liquid nitrogen, is a common treatment for seborrheic keratosis, causing the lesions to blister and fall off.”

“Dermatofibromas can be multiple in patients with systemic lupus erythematosus or other autoimmune conditions.”

“A clinical image with a lesion that has changed in size or texture, indicative of melanoma.”

“Melanocytic nevi can become darker and larger during pregnancy due to hormonal changes and increased melanin production.”

“The diagnosis of vascular lesions often requires a combination of clinical examination and sometimes imaging studies.”

“Dyed lifted polyps can exhibit various morphological features, including lobulated, sessile, or pedunculated appearances.”

“Endoscopic images of dyed resection margins often show a bright, distinct color outlining the area of resection, contrasting with the surrounding mucosa.”

“In severe cases, esophagitis may lead to strictures or narrowing of the esophageal lumen, visible during endoscopy.”

“Endoscopic images of the normal cecum show a well-defined junction with the ascending colon, without any transitional abnormalities.”

“Endoscopic examination of the normal pylorus shows a lack of any masses, polyps, or other abnormal growths.”

“The Z line in a normal endoscopy appears intact and well-defined, with no evidence of structural compromise.”

“Polyps can be classified based on their appearance and histological features, including adenomatous polyps, hyperplastic polyps, or inflammatory polyps.”

“Ulcerative colitis can be associated with extra-intestinal manifestations, including dermatological, joint, ocular, or hepatobiliary complications.”

Modality	Organ(s)	Name	Classes	# train/val/test
Computerized Tomography	Kidney	CTKidney [20]	Kidney Cyst, Kidney Stone, Kidney Tumor, Normal Kidney	6221/2487/3738
Dermatoscopy	Skin	DermaMNIST [10, 40]	Actinic Keratosis, Basal Cell Carcinoma, Benign Keratosis, Dermatofibroma, Melanocytic nevus, Melanoma, Vascular Lesion	7007/1003/2005
			Dyed Lifted Polyps, Normal Cecum, Esophagitis, Dyed Resection Margins, Normal Pylorus, Normal Z Line, Polyps, Ulcerative Colitis	2000/800/1200
Fundus Photography	Retina	RETINA [31, 36]	Cataract, Diabetic Retinopathy, Glaucoma, Normal Retina	2108/841/1268
Histopathology		LC25000 [5]	Colon Adenocarcinoma, Colon Benign Tissue, Lung Adenocarcinoma, Lung Benign Tissue, Lung Squamous Cell Carcinoma	12500/5000//7500
			Adipose Tissue, Complex Stroma, Debris, Empty Background, Immune Cells, Normal Mucosal Glands, Simple Stroma, Tumor Epithelium	2496/1000/1504
Magnetic Resonance Imaging	Brain	BTMRI [34]	Glioma Tumor, Meningioma Tumor, Normal Brain, Pituitary Tumor	2854/1141/1717
Optical Coherence Tomography	Retina	OCTMNIST [23]	Choroidal Neovascularization, Drusen, Diabetic Macular Edema, Normal	97477/10832/1000
Ultrasound	Breast	BUSI [2]	Benign Tumors, Malignant Tumors, Normal Scans	389/155/236
X-Ray	Chest	COVID-QU-Ex [39]	COVID-19, Lung Opacity, Normal Lungs, Viral Pneumonia	10582/4232/6351
	Knee	KneeXray [7]	No, Doubtful, Minimal, Moderate, and Severe Osteoarthritis	5778/826/1656

BTMRI	BiomedCLIP	56.79				
	BiomedCLIP + Ensemble	61.04				
	CLIP-Adapter	56.80 \pm 0.48	57.13 \pm 0.88	56.80 \pm 0.48	57.15 \pm 0.91	60.16 \pm 0.32
	Tip-Adapter	66.66 \pm 4.37	67.77 \pm 2.74	76.37 \pm 1.69	73.75 \pm 3.15	78.97 \pm 1.25
	Tip-Adapter-F	59.60 \pm 2.28	61.94 \pm 6.74	77.90 \pm 1.71	79.18 \pm 1.80	82.27 \pm 2.33
	Standard LP	62.24 \pm 5.03	72.45 \pm 5.27	75.98 \pm 1.94	77.63 \pm 3.45	81.24 \pm 2.56
	LP++	64.72 \pm 6.16	71.69 \pm 5.88	75.48 \pm 1.41	77.11 \pm 1.28	81.61 \pm 1.31
	CoOp	63.82 \pm 3.94	68.82 \pm 5.15	74.68 \pm 2.99	79.27 \pm 1.9	82.37 \pm 1.89
	CoCoOp	59.47 \pm 0.78	64.14 \pm 0.64	67.83 \pm 4.8	71.69 \pm 4.4	78.45 \pm 1.83
	KgCoOp	63.33 \pm 3.66	70.16 \pm 5.47	75.4 \pm 2.45	79.79 \pm 0.99	81.07 \pm 0.33
	ProGrad	66.92 \pm 2.10	71.46 \pm 3.46	76.24 \pm 5.07	78.82 \pm 1.77	82.84 \pm 1.02
	BiomedCoOp (Ours)	65.08 \pm 1.81	70.57 \pm 4.31	77.23 \pm 3.9	78.55 \pm 2.19	83.3 \pm 1.34
BUSI	BiomedCLIP	59.75				
	BiomedCLIP + Ensemble	59.75				
	CLIP-Adapter	61.44 \pm 0.78	61.01 \pm 1.03	61.72 \pm 0.81	61.86 \pm 1.41	63.55 \pm 2.17
	Tip-Adapter	62.71 \pm 2.56	61.44 \pm 2.44	59.03 \pm 1.13	55.93 \pm 11.37	68.78 \pm 5.54
	Tip-Adapter-F	61.86 \pm 2.17	56.35 \pm 7.25	64.54 \pm 7.01	68.50 \pm 2.26	71.89 \pm 1.25
	Standard LP	51.41 \pm 10.78	47.88 \pm 6.44	53.38 \pm 7.12	65.53 \pm 6.34	68.78 \pm 1.80
	LP++	51.12 \pm 4.95	55.50 \pm 2.38	60.31 \pm 3.42	66.10 \pm 2.34	70.05 \pm 1.58
	CoOp	48.73 \pm 3.3	53.53 \pm 2.8	60.17 \pm 3.65	64.69 \pm 6.4	69.49 \pm 3.3
	CoCoOp	52.26 \pm 3.73	49.15 \pm 2.77	59.75 \pm 1.83	65.82 \pm 3.83	70.2 \pm 1.22
	KgCoOp	53.39 \pm 7.25	55.51 \pm 3.30	62.01 \pm 4.38	67.37 \pm 2.42	70.62 \pm 2.11
	ProGrad	46.33 \pm 4.23	49.15 \pm 7.32	62.29 \pm 7.49	64.83 \pm 4.20	71.47 \pm 2.69
	BiomedCoOp (Ours)	50.71 \pm 1.74	50.71 \pm 7.34	59.32 \pm 1.04	63.27 \pm 4.61	70.34 \pm 2.27
COVID-QU-Ex	BiomedCLIP	43.8				
	BiomedCLIP + Ensemble	66.86				
	CLIP-Adapter	50.42 \pm 1.55	43.04 \pm 1.16	46.28 \pm 3.30	48.68 \pm 1.13	49.55 \pm 1.35
	Tip-Adapter	62.13 \pm 7.82	58.72 \pm 5.19	63.84 \pm 10.41	66.77 \pm 5.64	73.05 \pm 1.04
	Tip-Adapter-F	54.89 \pm 17.51	54.01 \pm 7.87	69.97 \pm 4.13	69.89 \pm 4.08	76.07 \pm 3.22
	Standard LP	49.91 \pm 10.98	48.06 \pm 16.94	60.55 \pm 13.60	68.29 \pm 6.12	71.98 \pm 1.88
	LP++	46.41 \pm 10.75	56.42 \pm 15.04	62.32 \pm 9.54	66.19 \pm 8.40	72.79 \pm 1.17
	CoOp	58.82 \pm 14.51	58.37 \pm 8.14	67.03 \pm 6.58	74.66 \pm 0.29	76.37 \pm 1.39
	CoCoOp	69.36 \pm 2.79	68.8 \pm 2.65	63.7 \pm 10.27	69.36 \pm 3.28	74.52 \pm 0.72
	KgCoOp	61.68 \pm 9.84	54.68 \pm 12.19	65.91 \pm 8.61	74.86 \pm 0.28	75.65 \pm 0.88
	ProGrad	60.42 \pm 11.74	64.22 \pm 6.44	68.56 \pm 3.2	74.65 \pm 1.09	74.93 \pm 1.07
	BiomedCoOp (Ours)	72.64 \pm 2.41	71.53 \pm 1.5	73.28 \pm 2.30	76.26 \pm 0.38	78.72 \pm 0.23
CTKIDNEY	BiomedCLIP	42.43				
	BiomedCLIP + Ensemble	56.82				
	CLIP-Adapter	47.17 \pm 3.74	41.94 \pm 2.15	42.19 \pm 2.27	44.64 \pm 0.90	47.28 \pm 1.41
	Tip-Adapter	45.85 \pm 5.41	51.65 \pm 7.87	55.33 \pm 4.10	69.89 \pm 8.74	73.38 \pm 7.77
	Tip-Adapter-F	46.68 \pm 6.70	58.99 \pm 8.54	60.18 \pm 10.73	75.24 \pm 6.89	82.07 \pm 3.29
	Standard LP	43.82 \pm 6.43	59.35 \pm 6.49	69.54 \pm 7.67	78.89 \pm 7.37	82.50 \pm 5.22
	LP++	57.70 \pm 2.85	61.57 \pm 3.38	65.73 \pm 9.15	77.06 \pm 7.96	79.07 \pm 7.67
	CoOp	54.51 \pm 8.74	60.57 \pm 2.26	68.12 \pm 2.11	77.4 \pm 3.87	83.52 \pm 1.8
	CoCoOp	47.88 \pm 7.72	52.71 \pm 9.71	61.07 \pm 1.33	73.93 \pm 1.5	77.7 \pm 2.65
	KgCoOp	58.92 \pm 1.28	62.81 \pm 3.38	68.68 \pm 5.54	77.43 \pm 4.2	77.67 \pm 3.12
	ProGrad	54.65 \pm 8.97	64.66 \pm 5.31	67.90 \pm 2.02	78.23 \pm 4.74	81.13 \pm 2.28
	BiomedCoOp (Ours)	56.13 \pm 4.19	64.21 \pm 5.57	66.5 \pm 1.92	77.16 \pm 3.98	83.20 \pm 2.37
DermaMNIST	BiomedCLIP	38.75				
	BiomedCLIP + Ensemble	53.62				
	CLIP-Adapter	35.96 \pm 6.70	36.01 \pm 6.63	34.97 \pm 4.17	34.28 \pm 6.55	29.02 \pm 3.80
	Tip-Adapter	37.52 \pm 2.12	40.98 \pm 13.52	47.31 \pm 6.23	61.67 \pm 5.79	62.67 \pm 0.97
	Tip-Adapter-F	37.34 \pm 15.72	38.52 \pm 4.39	50.44 \pm 5.30	43.87 \pm 2.18	53.86 \pm 4.99
	Standard LP	30.67 \pm 13.12	38.13 \pm 10.28	49.77 \pm 8.34	51.02 \pm 2.99	55.34 \pm 3.56
	LP++	26.93 \pm 3.93	26.16 \pm 11.70	36.29 \pm 9.19	45.78 \pm 2.74	50.98 \pm 2.14
	CoOp	25.88 \pm 9.07	38.92 \pm 6.01	43.71 \pm 6.27	46.8 \pm 6.80	51.07 \pm 2.56
	CoCoOp	24.51 \pm 4.22	24.96 \pm 0.76	25.29 \pm 5.61	40.42 \pm 2.44	40.97 \pm 6.50
	KgCoOp	27.1 \pm 10.81	30.28 \pm 4.45	35.35 \pm 8.07	38.79 \pm 4.85	36.59 \pm 2.32
	ProGrad	33.98 \pm 10.76	37.66 \pm 6.74	43.69 \pm 10.96	51.07 \pm 2.47	46.33 \pm 5.13
	BiomedCoOp (Ours)	58.64 \pm 4.71	57.17 \pm 1.28	60.07 \pm 1.81	61.98 \pm 0.77	62.59 \pm 1.83

? S8? BiomedCoOp????????????????????????????????(%)?

		OCTMNIST				
OCTMNIST	BiomedCLIP	30.00				
	BiomedCLIP + Ensemble	47.40				
	CLIP-Adapter	44.00 \pm 5.79	49.73 \pm 2.41	49.96 \pm 1.77	49.50 \pm 3.33	52.73 \pm 0.62
	Tip-Adapter	32.36 \pm 3.94	33.8 \pm 6.16	38.10 \pm 5.01	53.93 \pm 3.17	53.33 \pm 3.92
	Tip-Adapter-F	46.66 \pm 2.58	53.93 \pm 1.67	55.20 \pm 4.75	65.00 \pm 6.61	72.50 \pm 1.38
	Standard LP	47.25 \pm 12.64	54.21 \pm 8.23	61.00 \pm 7.07	65.85 \pm 9.01	69.40 \pm 3.68
	LP++	47.24 \pm 13.84	53.18 \pm 9.08	59.02 \pm 8.59	63.69 \pm 8.26	68.35 \pm 7.42
	CoOp	52.63 \pm 2.95	53.57 \pm 3.86	53.37 \pm 2.35	63.67 \pm 4.47	65.47 \pm 7.47
	CoCoOp	49.33 \pm 4.58	50.93 \pm 8.01	48.57 \pm 6.25	55.40 \pm 1.88	60.67 \pm 3.41
	KgCoOp	50.63 \pm 3.18	50.53 \pm 5.39	52.97 \pm 1.58	61.03 \pm 3.78	62.80 \pm 3.85
	ProGrad	51.40 \pm 3.05	55.33 \pm 3.38	55.07 \pm 1.22	62.17 \pm 6.01	63.33 \pm 6.15
	BiomedCoOp (Ours)	51.83 \pm 1.52	55.03 \pm 4.72	54.73 \pm 1.86	58.87 \pm 5.35	66.93 \pm 2.13
Average	BiomedCLIP	42.05				
	BiomedCLIP + Ensemble	52.27				
	CLIP-Adapter	44.66 \pm 2.97	43.91 \pm 2.48	44.36 \pm 1.94	45.42 \pm 2.38	46.69 \pm 1.71
	Tip-Adapter	49.19 \pm 4.84	52.36 \pm 6.57	57.33 \pm 5.07	61.98 \pm 5.76	67.15 \pm 4.25
	Tip-Adapter-F	51.17 \pm 8.33	52.74 \pm 5.88	61.23 \pm 6.22	65.91 \pm 3.64	70.91 \pm 2.65
	Standard LP	47.25 \pm 8.65	54.21 \pm 7.80	61.00 \pm 6.81	65.85 \pm 4.89	69.40 \pm 2.91
	LP++	47.24 \pm 7.68	53.18 \pm 7.29	59.02 \pm 6.93	63.69 \pm 4.68	68.35 \pm 3.59
	CoOp	50.16 \pm 6.93	54.18 \pm 4.31	59.75 \pm 3.72	65.84 \pm 3.66	69.62 \pm 2.83
	CoCoOp	48.49 \pm 4.39	51.28 \pm 5.06	54.69 \pm 4.79	61.08 \pm 3.49	65.09 \pm 2.87
	KgCoOp	51.83 \pm 5.53	53.47 \pm 5.07	58.59 \pm 4.50	63.65 \pm 2.73	64.88 \pm 1.95
	ProGrad	51.88 \pm 6.39	54.71 \pm 4.46	60.42 \pm 4.78	65.61 \pm 3.02	67.13 \pm 3.00
	BiomedCoOp (Ours)	57.03 \pm 2.80	59.13 \pm 3.64	63.95 \pm 2.42	68.32 \pm 2.65	72.42 \pm 1.62

Dataset	Context Token #1	Context Token #2	Context Token #3	Context Token #4
BTMRI	mri (2.4971)	curcumin (2.5835)	of (1.5667)	a (1.6353)
BUSI	a (2.5550)	photo (3.5649)	of (2.1298)	b (3.4897)
COVID-QU-Ex	measured (2.1999)	image (2.2856)	of (1.9166)	a (1.9205)
CTKIDNEY	a (2.1290)	schem (2.6564)	right (2.3790)	a (1.7574)
DermaMNIST	dextrose (2.8292)	photo (3.1084)	ricin (3.2378)	autologous (3.0297)
Kvasir	endoscopy (2.1880)	scar (2.4835)	of (2.2698)	maintained (2.4771)
CHMNIST	a (3.0301)	original (3.4248)	composed (2.2125)	discern (3.4506)
LC25000	a (1.5298)	photo (2.3540)	of (1.6363)	a (2.0292)
RETINA	a (1.5986)	papill (2.3636)	of (1.6976)	receptive (2.1135)
KneeXray	a (4.2063)	calcification (5.4999)	osteoc (2.8673)	showed (2.9774)
OCTMNIST	localized (2.1744)	example (3.6750)	of (1.8752)	possible (2.4803)