

# VLM Multi-Model Comparison Report

## Dataset:

progression\_recurrence\_survival\_1yr\_2yr\_3yr\_4yr\_5yr\_v1\_1

### Subtask: died\_of\_cancer\_1\_yr

**Average unique events: 26.49**

**Question:**

Based on the provided medical history and cancer evidence, is cancer-related mortality expected within 1 year of treatment initiation?

**Correct Answer: No**

**Model: OctoMed/OctoMed-7B**

**no radiology report: [CORRECT]**

Okay, let me carefully analyze the provided data to determine whether the patient is experiencing any signs of sepsis or a related condition based on the detailed observations.

First, I observe that the patient's chart indicates multiple instances of abnormal values across various parameters. For example, the patient exhibits elevated Q-T intervals ( $>465$  ms), which suggests prolonged QT interval—a known risk factor for arrhythmias. Additionally, the patient's blood pressure readings vary between 73 mmHg and 99 mmHg, indicating instability in hemodynamic parameters. However, despite these fluctuations, the patient's overall cardiovascular stability seems compromised—blood pressure readings suggest borderline hypotension ( $<90$  mmHg), which aligns with the possibility of early shock states or inadequate perfusion. The patient's history mentions a mediastinal mass visible on CT scans, which raises concern about potential vascular compromise contributing to hemodynamic instability. Furthermore, the presence of a widened Q-T interval and fluctuating blood pressures strongly supports the likelihood of systemic stressors leading to transient hypoperfusion rather than outright septic shock. The absence of documented fever or overt signs of infection reduces the probability of active sepsis. Given the patient's presentation with borderline hypotension and abnormal Q-T intervals, the most plausible conclusion would be that while the patient demonstrates cardiovascular instability, there isn't sufficient evidence pointing toward sepsis itself. Instead, the observed hemodynamic instability might stem from underlying conditions exacerbated by the mediastinal mass effect or fluid shifts secondary to the mass. Therefore, the patient is at risk for complications but doesn't meet strict sepsis criteria. Thus, the answer leans towards no immediate sepsis diagnosis unless further lab data confirms infection or other causes.

No



