

Large language model-based organ contouring/segmentation for cancer in radiotherapy

Integrating vision and language models for enhanced medical analysis.

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Challenges in Medical Image Segmentation:

- Complex 3D medical image analysis
- Limited context understanding
- Need for multimodal integration
- High accuracy requirements for medical applications

Current Limitations:

- Traditional methods lack contextual understanding
- Single-modal approaches miss valuable information
- Limited integration of medical reports



Technical Stack

Core Technologies:

- Deep Learning Framework: PyTorch 2.0.1
- Primary Libraries:
 - ◆ MONAI (Medical Open Network for AI)
 - ◆ Hugging Face Transformers
 - ◆ Llama-2 (Meta AI)
 - ◆ TensorBoardX

System Requirements:

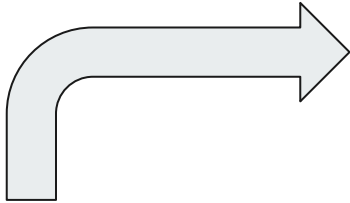
- GPU: NVIDIA GPU (45GB+ VRAM)
- RAM: 64GB+
- Storage: 100GB+
- OS: Linux (Ubuntu) / Windows with WSL

Project Overview

Core Components

1. Image Processing Pipeline

- 3D UNet-based architecture
- Multi-scale feature extraction
- Region of Interest: $64 \times 352 \times 352$



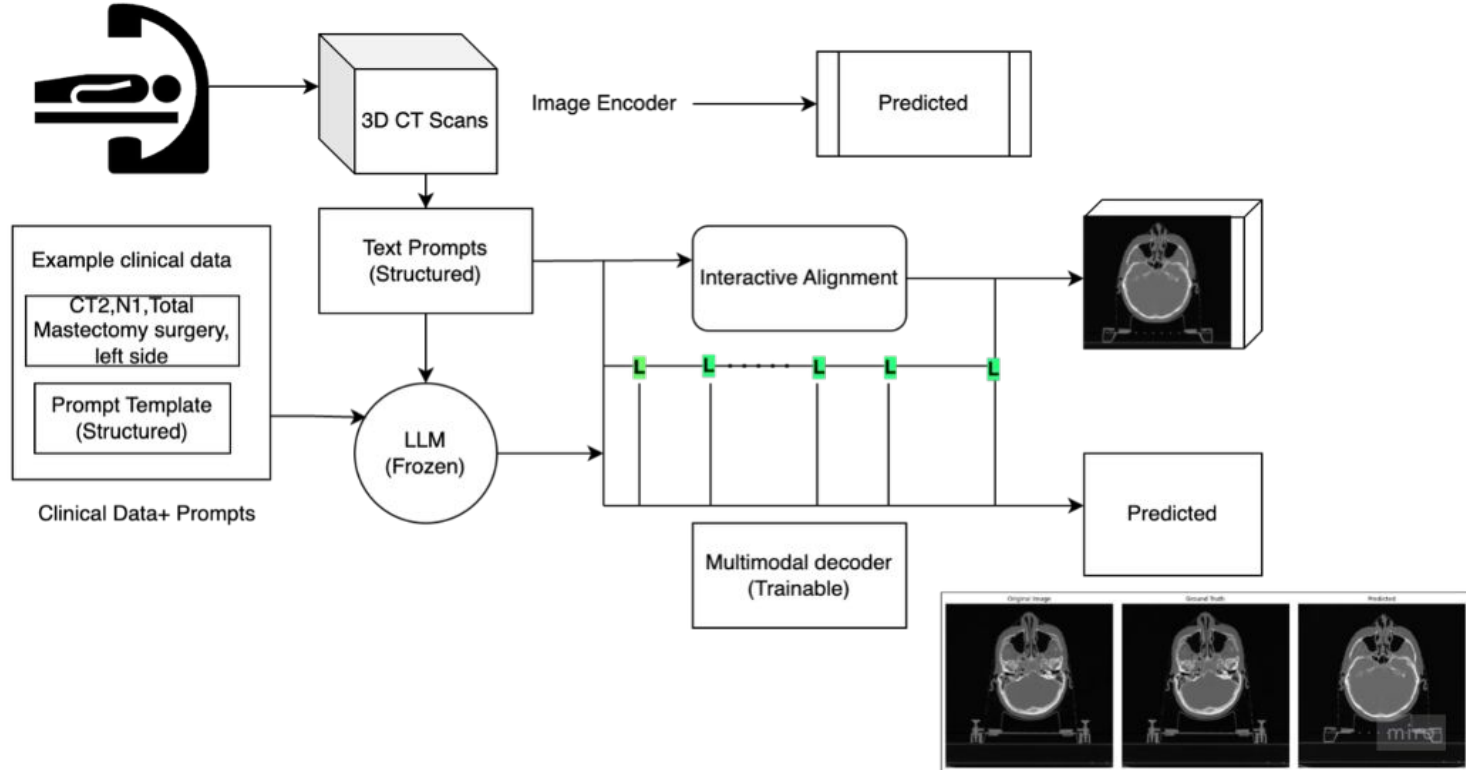
2. Language Understanding

- Llama-2 7B model integration
- Medical report analysis
- Context-aware processing



3. Multimodal Fusion

- Custom attention mechanism
- Cross-modal feature integration
- Enhanced segmentation accuracy



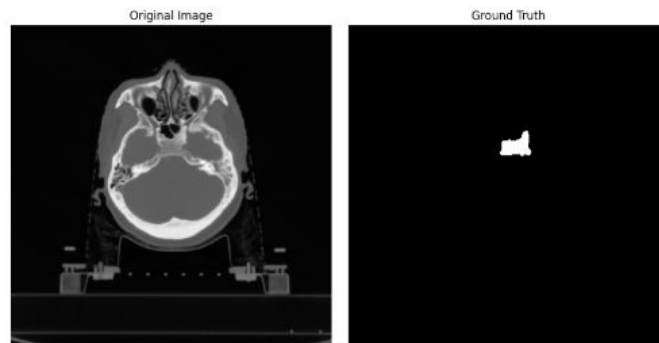
Imaging and Textual Data Processing

→ Imaging Data:

- ◆ Voxel standardization
- ◆ Intensity normalization
- ◆ Spatial cropping around tumor regions

→ Textual Data:

- ◆ De-identification of patient information
- ◆ Tokenization using LLaMA-2 tokenizer
- ◆ Structured prompts for accurate context embedding



Number	Unit No	Subsite 1	Pathology	icT	icN	icM	pT	pN	pM	Stage	Chemotherapy	RT aim	Remark
1	1573	Head	SCC	T2	N0	M0				icT2N0M0	Adjuvant	Definitive	Definitive RT (BCS)
2	1612	Head	SCC	T1c	N1	M0				pT1cN1M0	Adjuvant	Definitive	Definitive RT (BCS) □
3	1672	Head	SCC	T1	N0	M1				pT1N0M0	Adjuvant	Definitive	Definitive RT (BCS)
4	1688	Head	SCC	T2	N1	M2				pT2N1M0	Adjuvant	Definitive	Definitive RT (BCS) □



Training Strategy

- Pretraining: Modality alignment with contrastive learning
- Fine-tuning: Supervised segmentation with Dice and Focal losses
- Optimization: AdamW optimizer, cosine scheduler, warmup
- Visuals: Loss curves and optimization graphs

Results

Dataset and Evaluation Metrics

Dataset: 100 annotated HNC patients, 3D CT volumes, clinical notes

Testing for 2 cases

no	ID	Dice	IoU	HD
0	1573	0.802	0.670	27.783
1	1571	0.804	0.672	2.209
Avr	-	0.803	0.671	14.996
Std	-	0.001	0.001	12.787

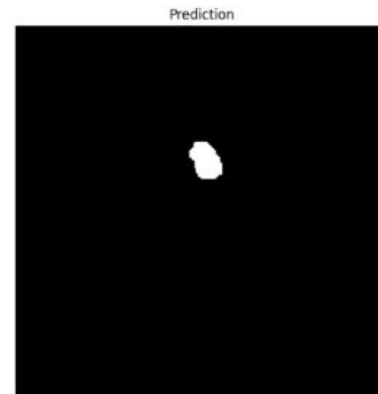
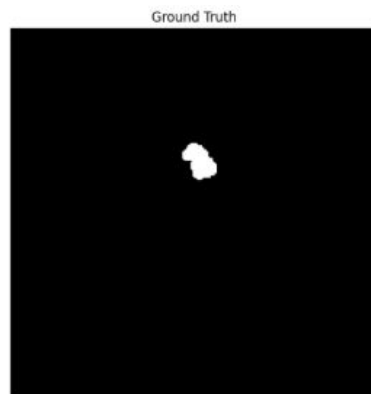
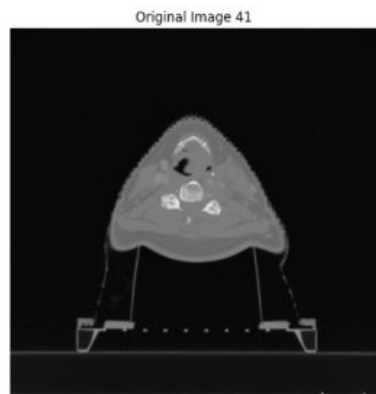
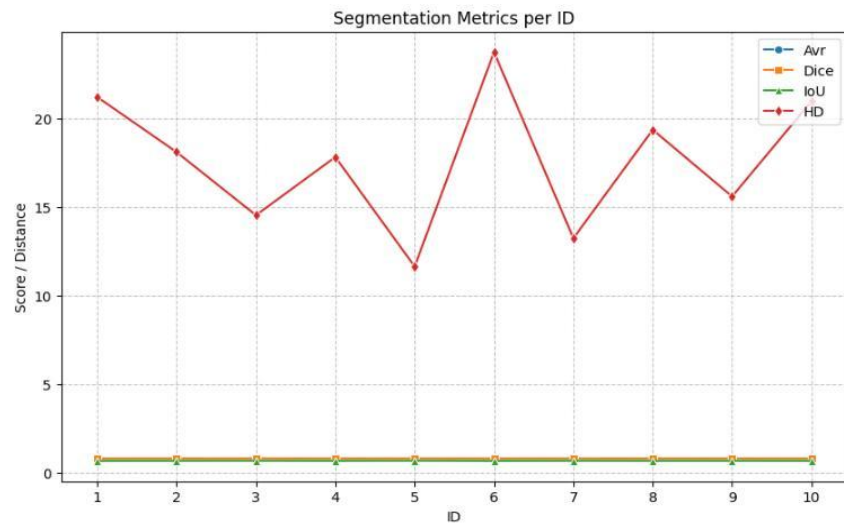
Testing for 5 cases

no	ID	Dice	IoU	HD
0	1573	0.802	0.670	5.569
1	1571	0.804	0.672	2.209
2	1543	0.810	0.672	7.934
3	1545	0.798	0.664	4.449
4	1573	0.807	0.670	10.573
Avr	-	0.802	0.666	7.546
Std	-	0.006	0.004	2.261

Testing for 10 cases

result_external1_report

no	ID	Avr	Dice	IoU	HD	Report
0	1	0.795	0.795	0.661	21.235	
1	2	0.800	0.800	0.667	18.121	
2	3	0.803	0.803	0.670	14.553	
3	4	0.798	0.798	0.665	17.843	
4	5	0.805	0.805	0.673	11.654	
5	6	0.796	0.796	0.662	23.776	
6	7	0.802	0.802	0.669	13.249	
7	8	0.799	0.799	0.666	19.384	
8	9	0.801	0.801	0.668	15.612	





Data Efficiency and Robustness

- **Data Efficiency Analysis:**
 - ◆ Maintained 83% performance with 90% of the data
 - ◆ Effective even in low-data scenarios
- **Robustness Analysis:**
 - ◆ Handles anatomical variability
 - ◆ Adapts to complex structures



Clinical Impact

- Reduced Time for Manual Contouring
- Improved Treatment Planning and Precision
- Better Tumor Localization



Future Work and Improvements

- Prompt Standardization and Fine-Tuning
- Multi-Institutional Validation
- Extension to MRI and PET Modalities
- Real-Time Deployment for Clinical Use

THANK YOU !

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