

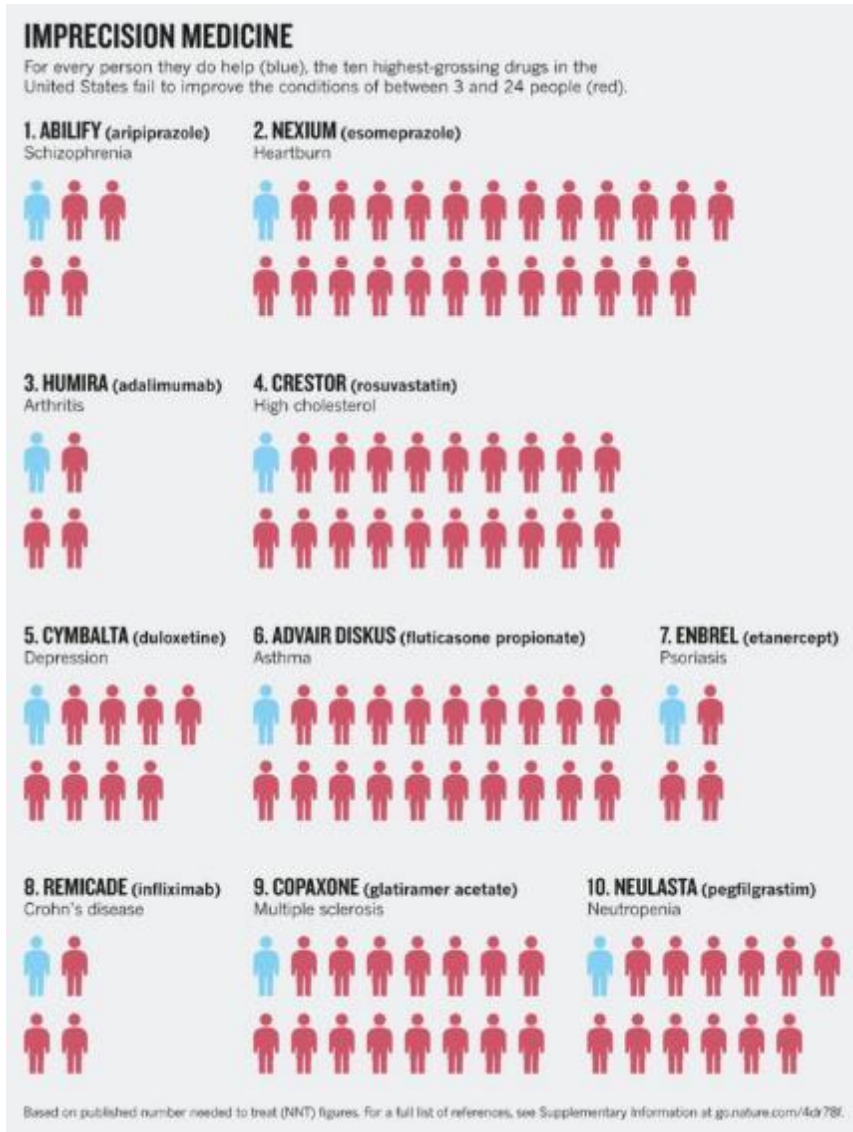


Multimodal Generative AI for Precision Health

Hoifung Poon

Microsoft Health Futures

Medicine Today Is Imprecise



Top 20 drugs
80% non-responders

Wasted
1/3 health spending
\$1 Trillion / year

Cancer: Immunotherapy

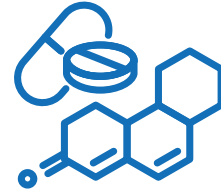
Keytruda: immunotherapy blockbuster (\$25B, 2023)

FDA approved for many cancer indications

But only work for minority of patients

Wanted: Complex biomarker for better stratification

Insight Consumer
Pharma, Payor, Regulator



Continuous Learning Health System



Data Producer
Provider, EHR Vendor

Real-World Evidence (RWE)

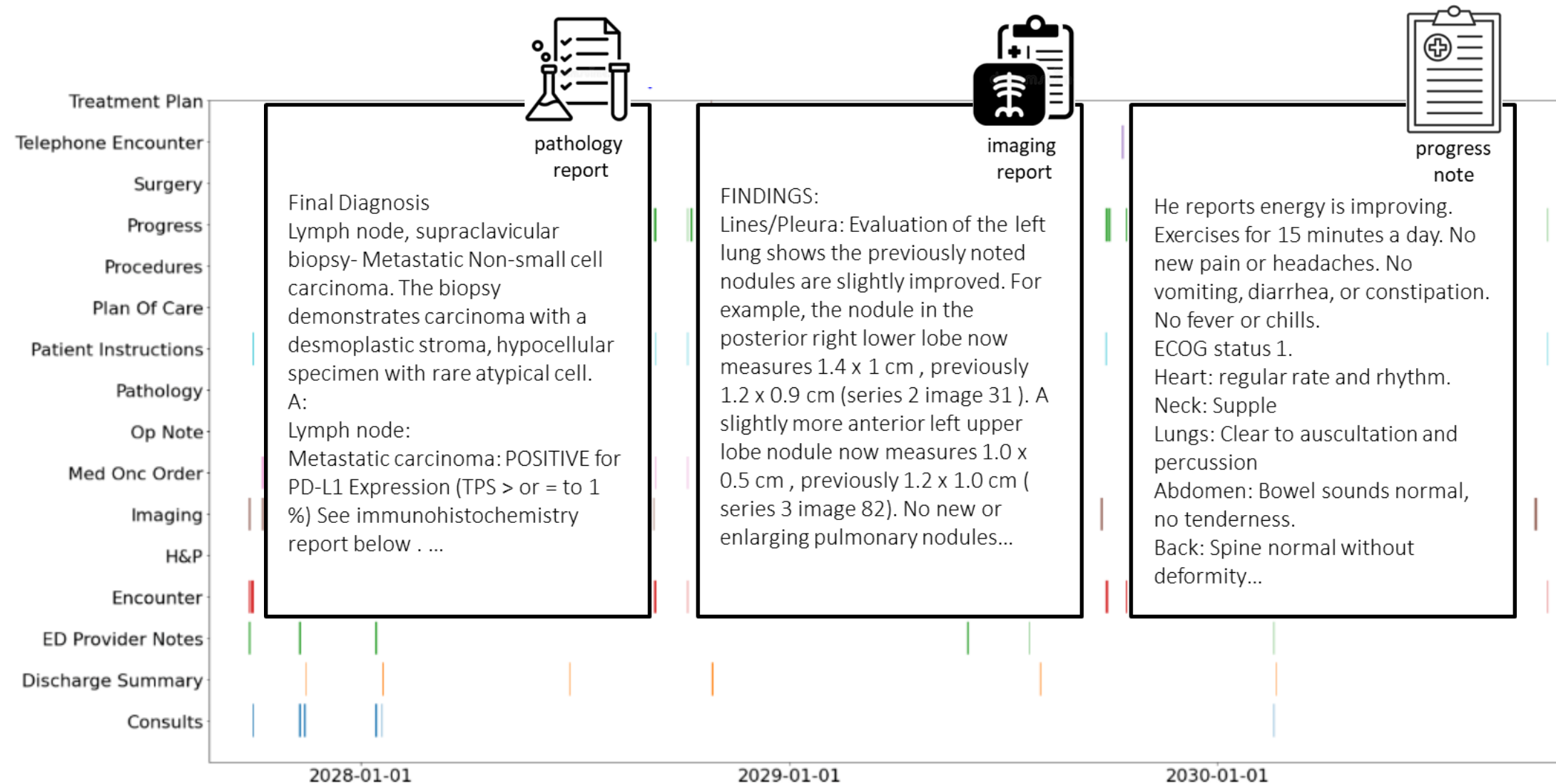
Real-world data (RWD) are the data relating to patient health status and/or the delivery of health care **routinely collected** from a variety of sources.

Real-world evidence (RWE) is the clinical evidence regarding the **usage and potential benefits or risks** of a medical product derived from analysis of RWD

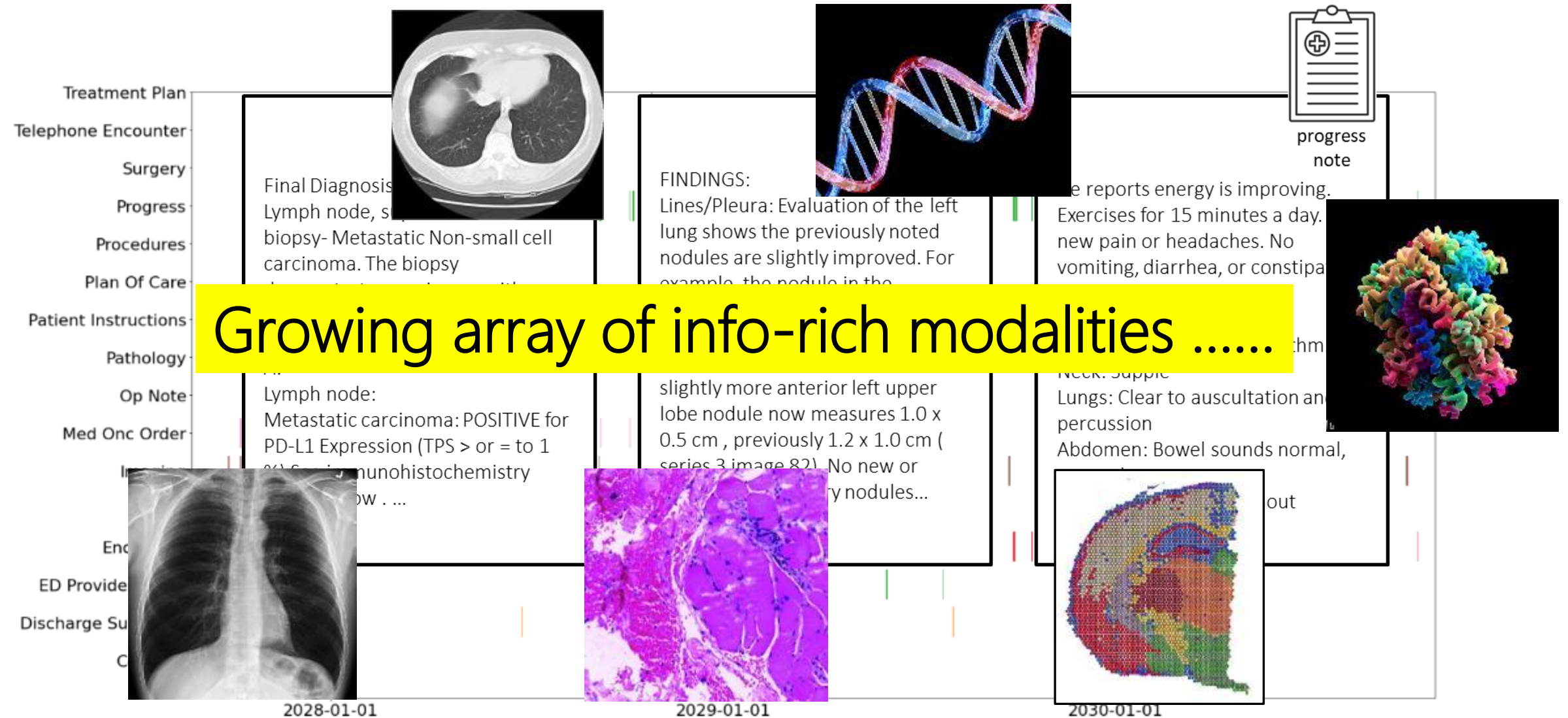


Population-scale free lunch

Multimodal Patient Journey



Multimodal Patient Journey



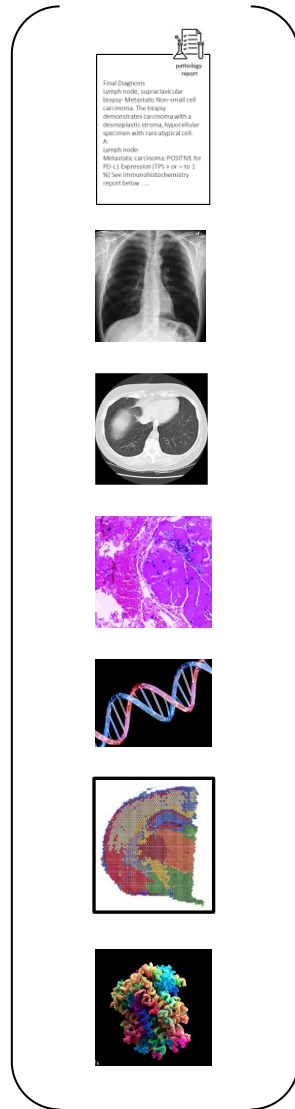
Multimodal Patient Journey



<https://www.adventisthealthcare.com/living-well/the-blind-men-and-the-elephant/>

Precision Health Is a Multimodal Generative Problem

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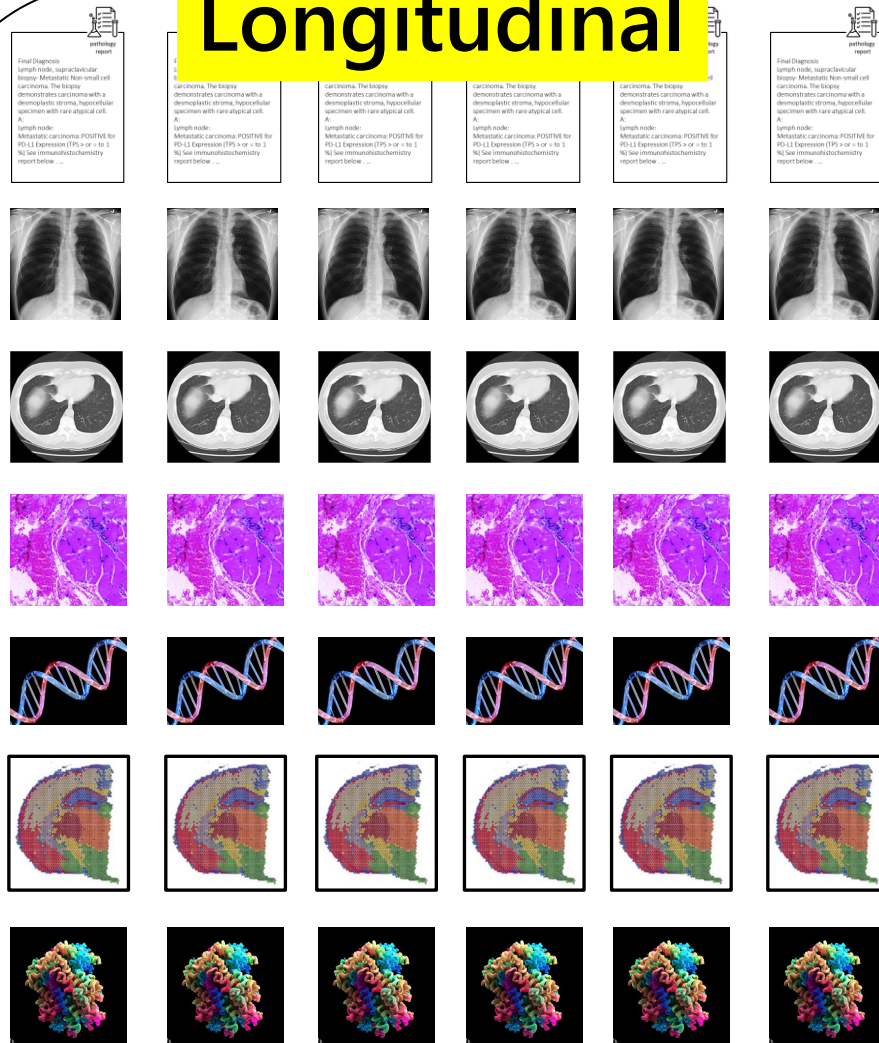
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Precision Health Is a Multimodal Generative Problem

Longitudinal

f



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Disease
Progression



Treatment
Response

Precision Health Is a Multimodal Generative Problem

Longitudinal

f

Final Diagnosis: lymph node, supracardiacular biopsy. Metastatic Non-small cell carcinoma. The biopsy demonstrates carcinoma with a desmoplastic stroma, hepatocellular specimen with rare atypical cell. A. lymph node: Metastatic carcinoma. POSITIVE for PD-L1 Expression (TPS > or = to 1 %). See immunohistochemistry report below. ...

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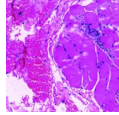
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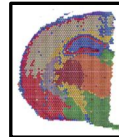
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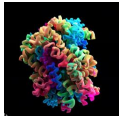


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Extremely Sparse

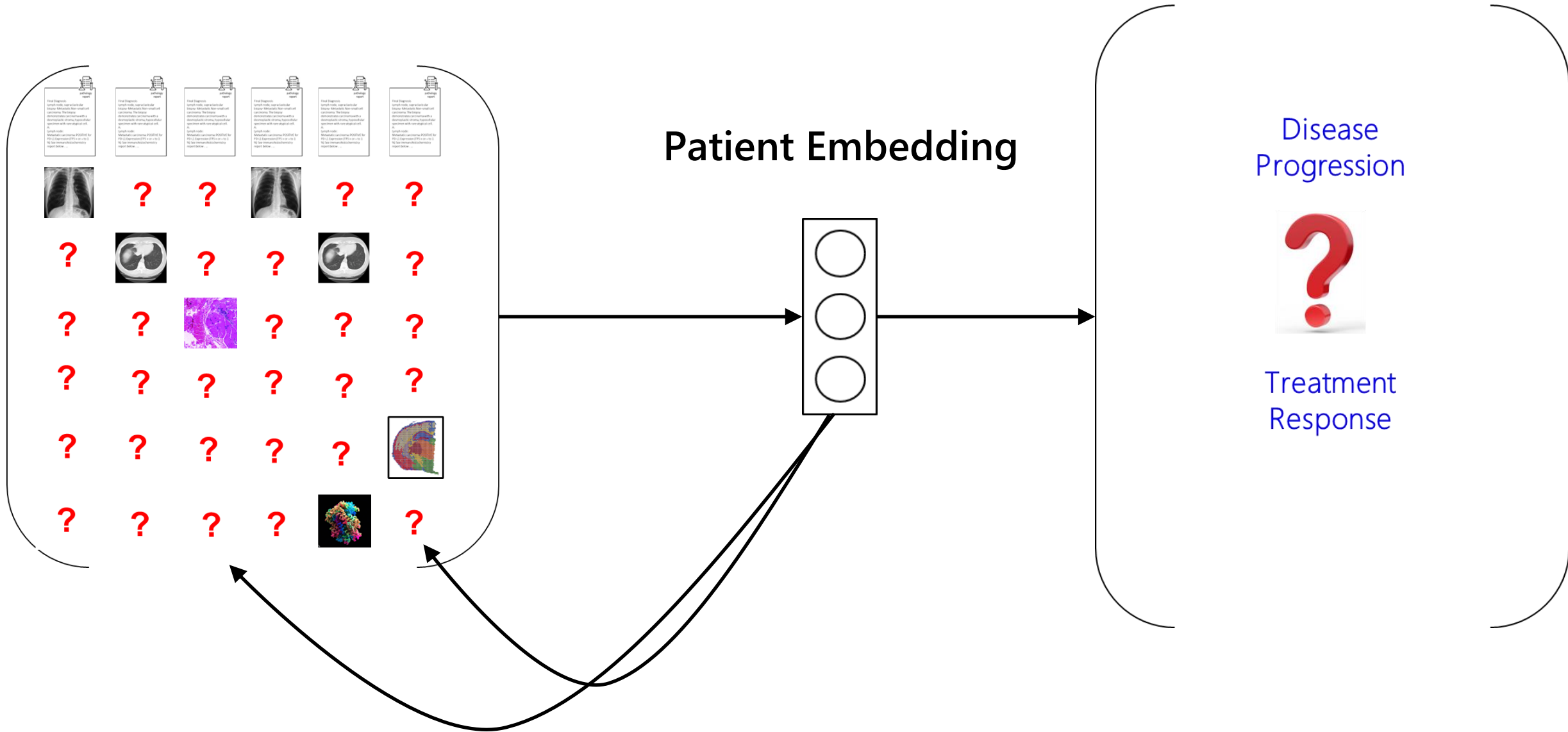
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Disease Progression

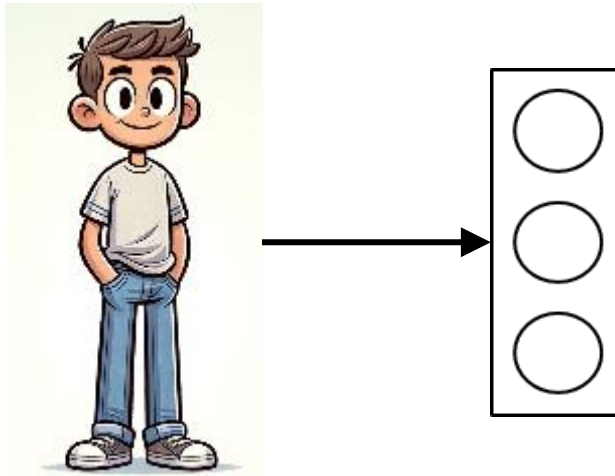
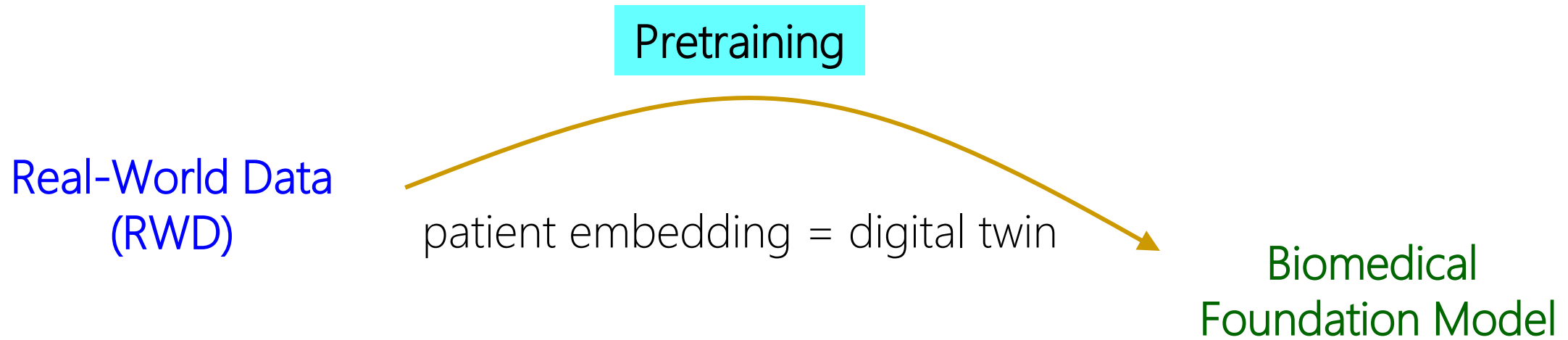


Treatment Response

Multimodal Patient Embedding

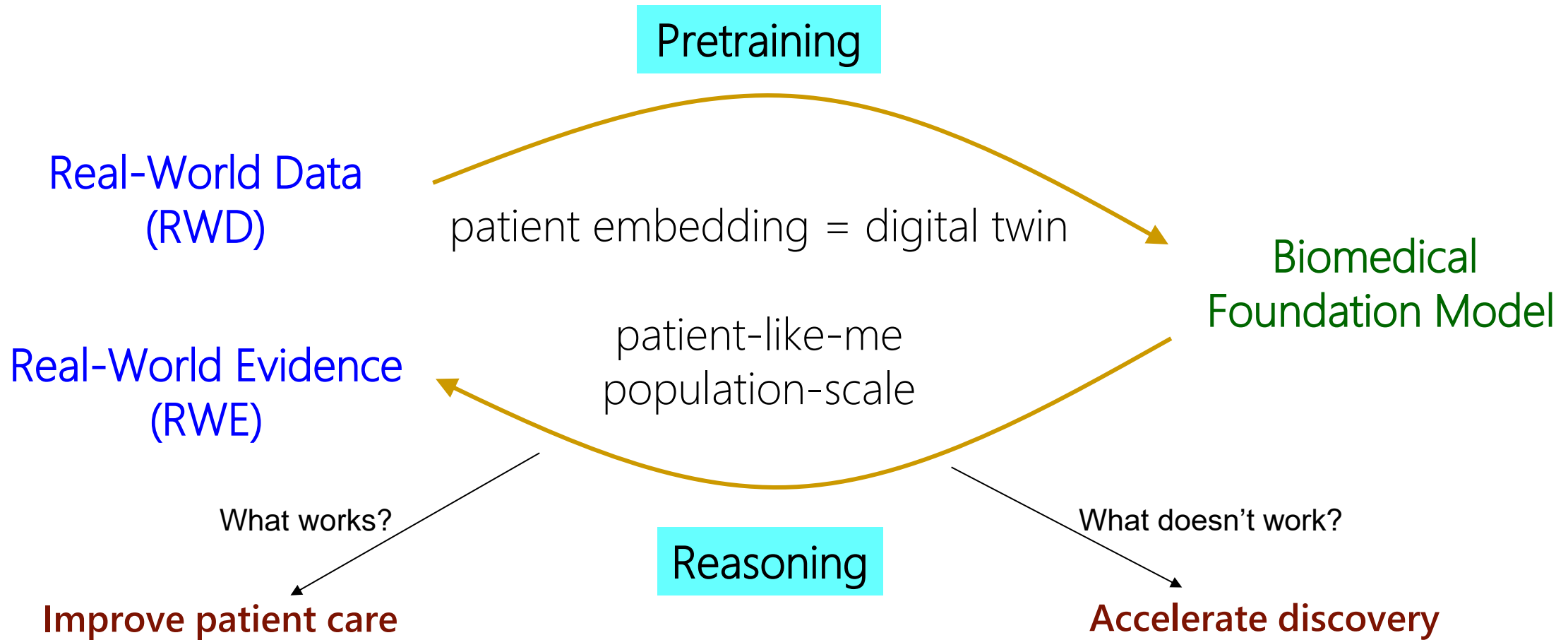


Multimodal Patient Embedding



**GenAI disruption:
High-fidelity patient embedding**

Multimodal Patient Embedding



Population-Scale RWE → "Emergent Capabilities"

The Curse of Multimodal Complexities

Structured data: discrete, ordinal, numerical, ...

Clinical notes: unstructured, noisy, ...

Radiology: 2D X-ray → 3D CT, MRI, ...

Digital pathology: Gigapixel images (120K X 120K)

Genomics: 30-gene panel → 600-gene panel → WGS

Spatial transcriptomics: 500 genes → 4000 genes → WES

.....

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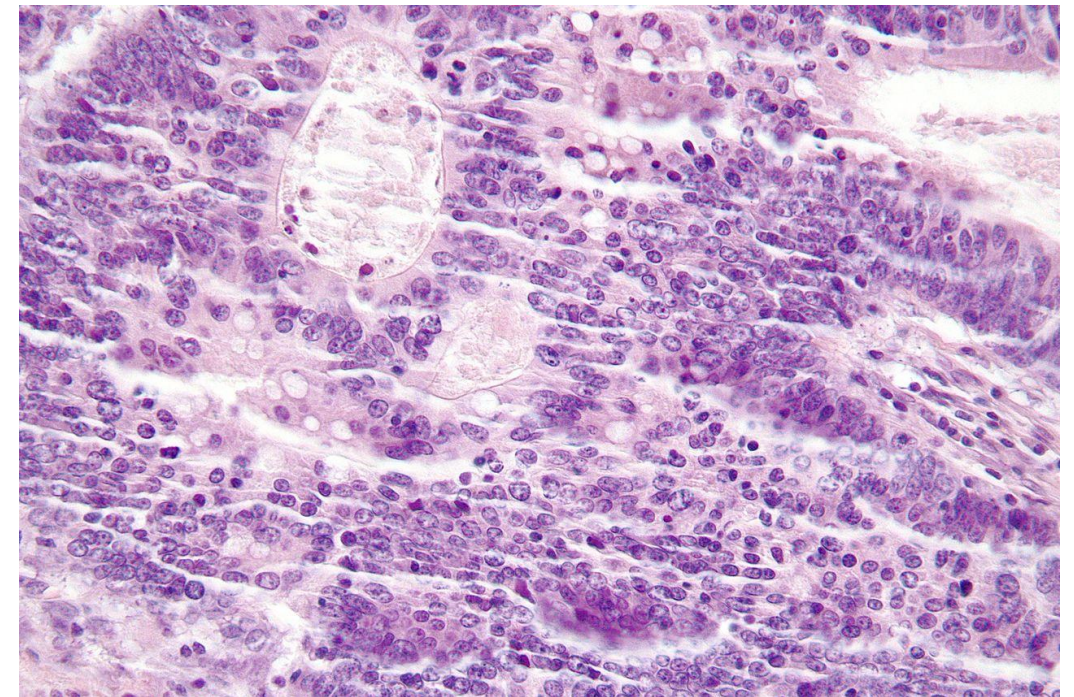
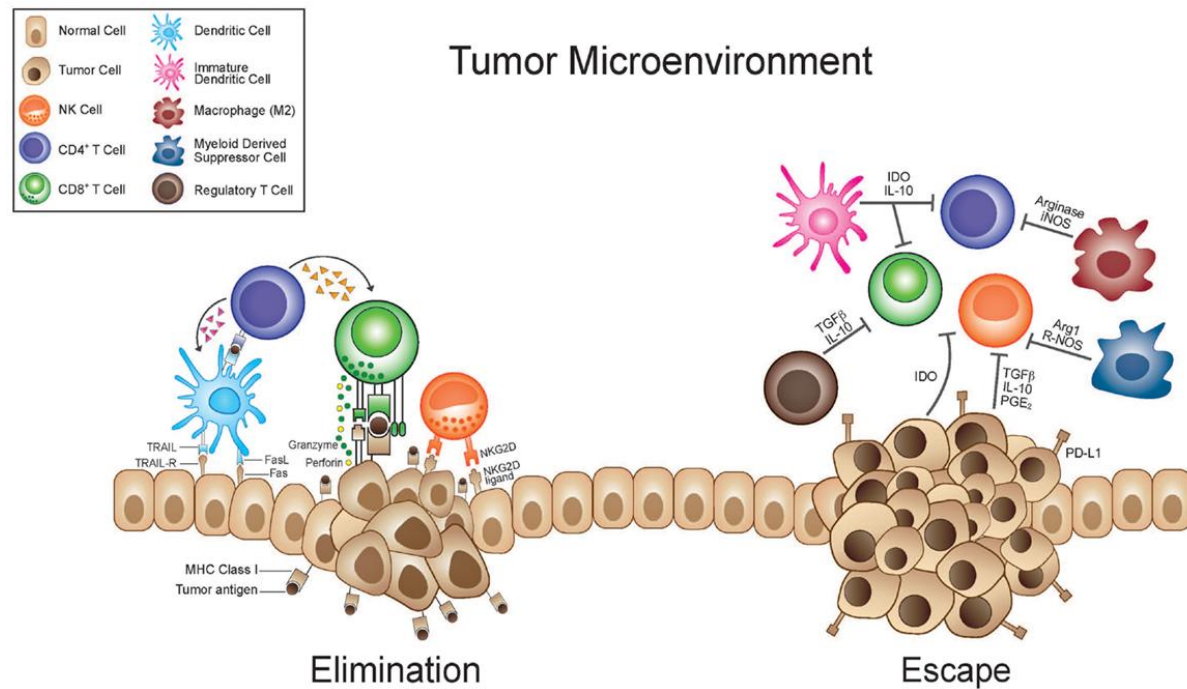
Spatial transcriptomics: 500 genes → 4000 genes → WES

.....

Case Study: Immunotherapy

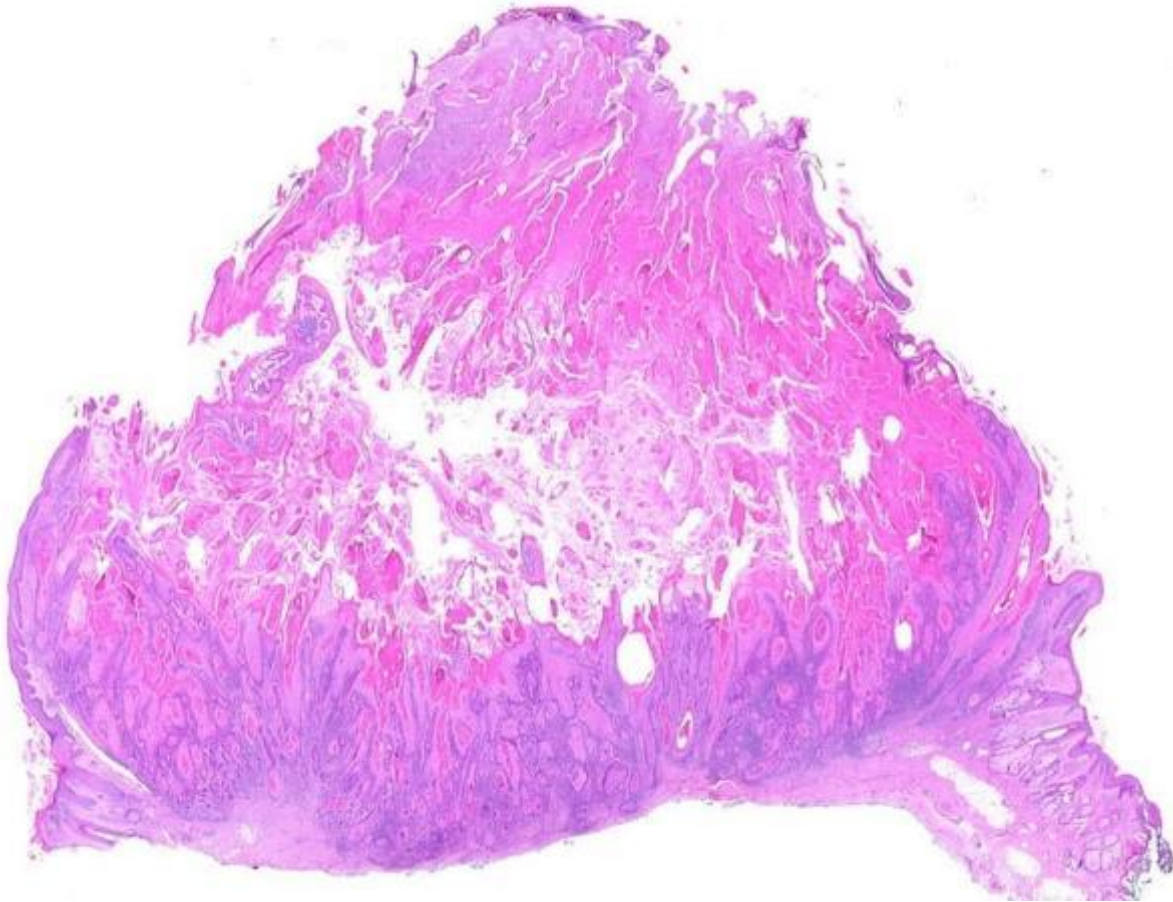
Given Keytruda cohort, find exceptional responder

Need to model tumor microenvironment



https://en.wikipedia.org/wiki/Tumor-infiltrating_lymphocytes

Digital Pathology: Transformer blows up...

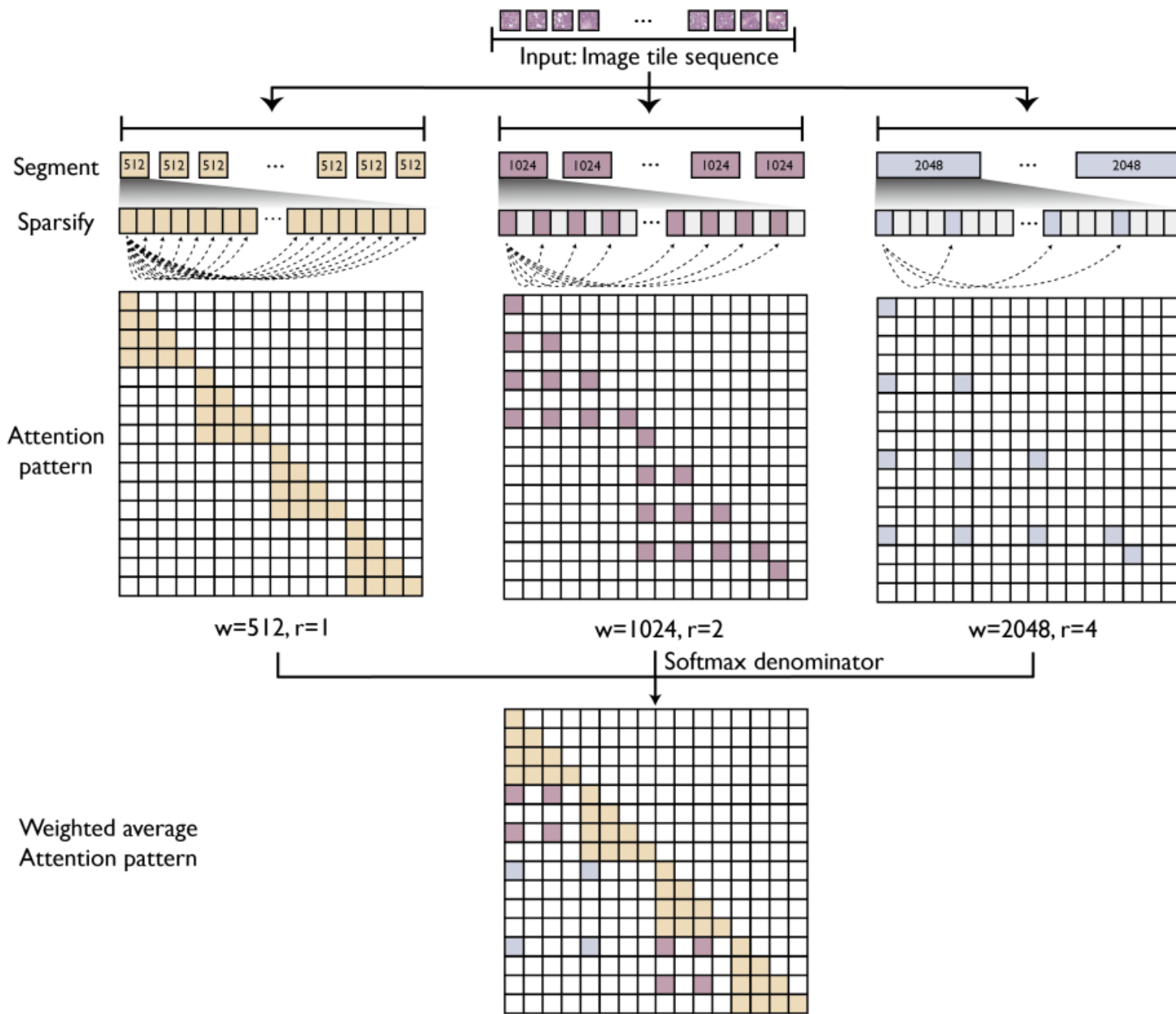


3cm x 3cm, 40x → 120K x 120K pixels



16 x 16 patch: 56 million tokens

Compute: Billions of times
more than web images




Dilated attention

[nature](#) > [articles](#) > [article](#)

Article | [Open access](#) | Published: 22 May 2024

A whole-slide foundation model for digital pathology from real-world data

[Hanwen Xu](#), [Naoto Usuyama](#), [Jaspreet Bagga](#), [Sheng Zhang](#), [Rajesh Rao](#), [Tristan Naumann](#), [Cliff Wong](#), [Zelalem Gero](#), [Javier González](#), [Yu Gu](#), [Yanbo Xu](#), [Mu Wei](#), [Wenhui Wang](#), [Shuming Ma](#), [Furu Wei](#), [Jianwei Yang](#), [Chunyuan Li](#), [Jianfeng Gao](#), [Jaylen Rosemon](#), [Tucker Bower](#), [Soohee Lee](#), [Roshanthi Weerasinghe](#), [Bill J. Wright](#), [Ari Robicsek](#), ... [Hoifung Poon](#)  [+ Show authors](#)

Nature **630**, 181–188 (2024) | [Cite this article](#)

65k Accesses | **284** Altmetric | [Metrics](#)



GigaPath: First Whole-Slide Digital Pathology Foundation Model
170K whole slides (1.3B image tiles)

<https://aka.ms/gigapath>

GigaPath: Monthly Downloads > 90K



Hugging Face

Search models, datasets, users...

Models

Datasets

Spaces

Posts

Docs

Solutions

Pricing



prov-gigapath / **prov-gigapath** like 85

Image Feature Extraction

timm

PyTorch

vision

medical

License: prov-gigapath-license (other)

Model card

Files and versions

Community 11

Settings



Use this model

Edit model card

Gated model You have been granted access to this model

Downloads last month
90,166



Inference API

Image Feature Extraction

Inference API (serverless) does not yet support timm models for this pipeline type.

Prov-GigaPath

A whole-slide foundation model for digital pathology from real-world data

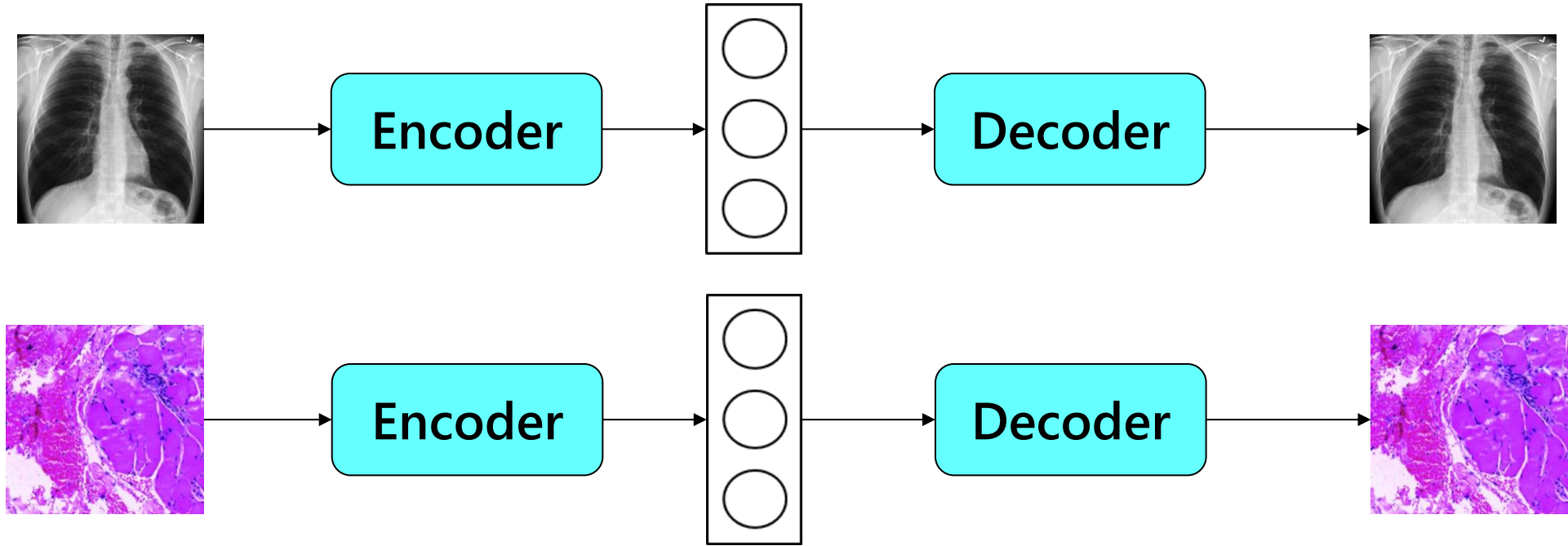
[\[Code\]](#) [\[Model\]](#) [\[Paper\]](#) [\[BibTeX\]](#)

Hanwen Xu*, Naoto Usuyama*, Jaspreet Bagga, Sheng Zhang, Rajesh Rao, Tristan Naumann, Cliff Wong, Zelalem Gero, Javier González, Yu Gu, Yanbo Xu, Mu Wei, Wenhui Wang, Shuming Ma, Furu Wei, Jianwei Yang, Chunyuan Li, Jianfeng Gao, Jaylen Rosemon, Tucker Bower, Soohee Lee, Roshanthi Weerasinghe, Bill J. Wright, Ari Robicsek, Brian Piening, Carlo Bifulco, Sheng Wang, Hoifung Poon (*Equal Contribution)






Unimodal: Encoder / Decoder

Modality-Specific Self-Supervision



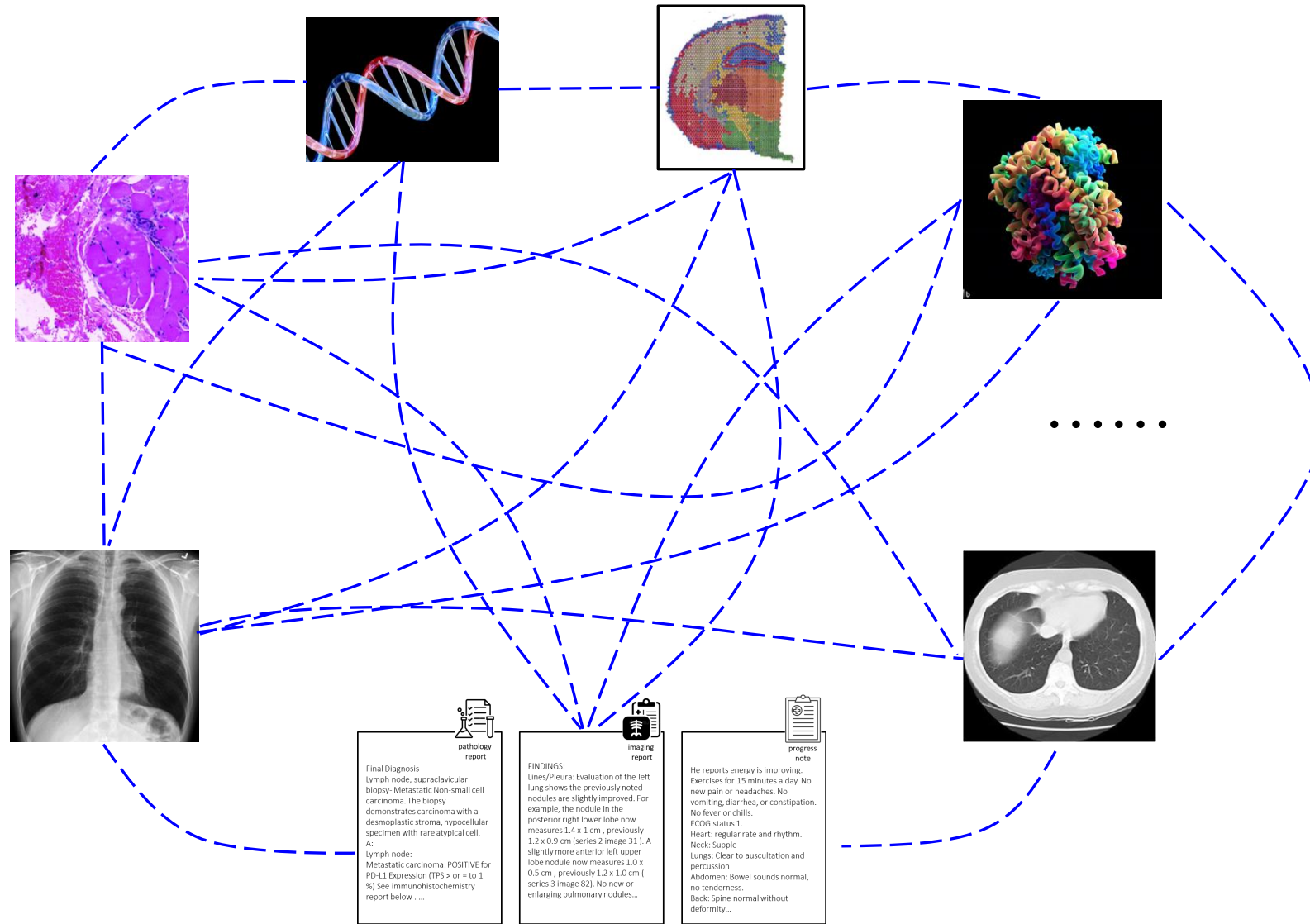
.....

.....

 pathology report	 imaging report	 progress note
<p>Final Diagnosis Lymph node, supraclavicular biopsy: Metastatic Non-small cell carcinoma. The biopsy demonstrates carcinoma with a desmoplastic stroma, hypocellular specimen with rare atypical cell. A: Lymph node: Metastatic carcinoma: POSITIVE for PD-L1 Expression (TPS > or = to 1 %). See immunohistochemistry report below ...</p>	<p>FINDINGS: Lines/Pleura: Evaluation of the left lung shows the previously noted nodules are slightly improved. For example, the nodule in the posterior right lower lobe now measures 1.4 x 1 cm, previously 1.2 x 0.9 cm (series 2; image 31). A slightly more anterior left upper lobe nodule now measures 1.0 x 0.5 cm, previously 1.2 x 1.0 cm (series 5; image 62). No new or enlarging pulmonary nodules...</p>	<p>He reports energy is improving. Exercises for 15 minutes a day. No new pain or headaches. No vomiting, diarrhea, or constipation. No fever or chills. ECOG status 1. Heart: regular rate and rhythm. Neck: Supple Lungs: Clear to auscultation and percussion Abdomen: Bowel sounds normal, no tenderness. Back: Spine normal without deformity...</p>

Frontier Model (e.g., GPT-4)

The Curse of Multimodal Complexities

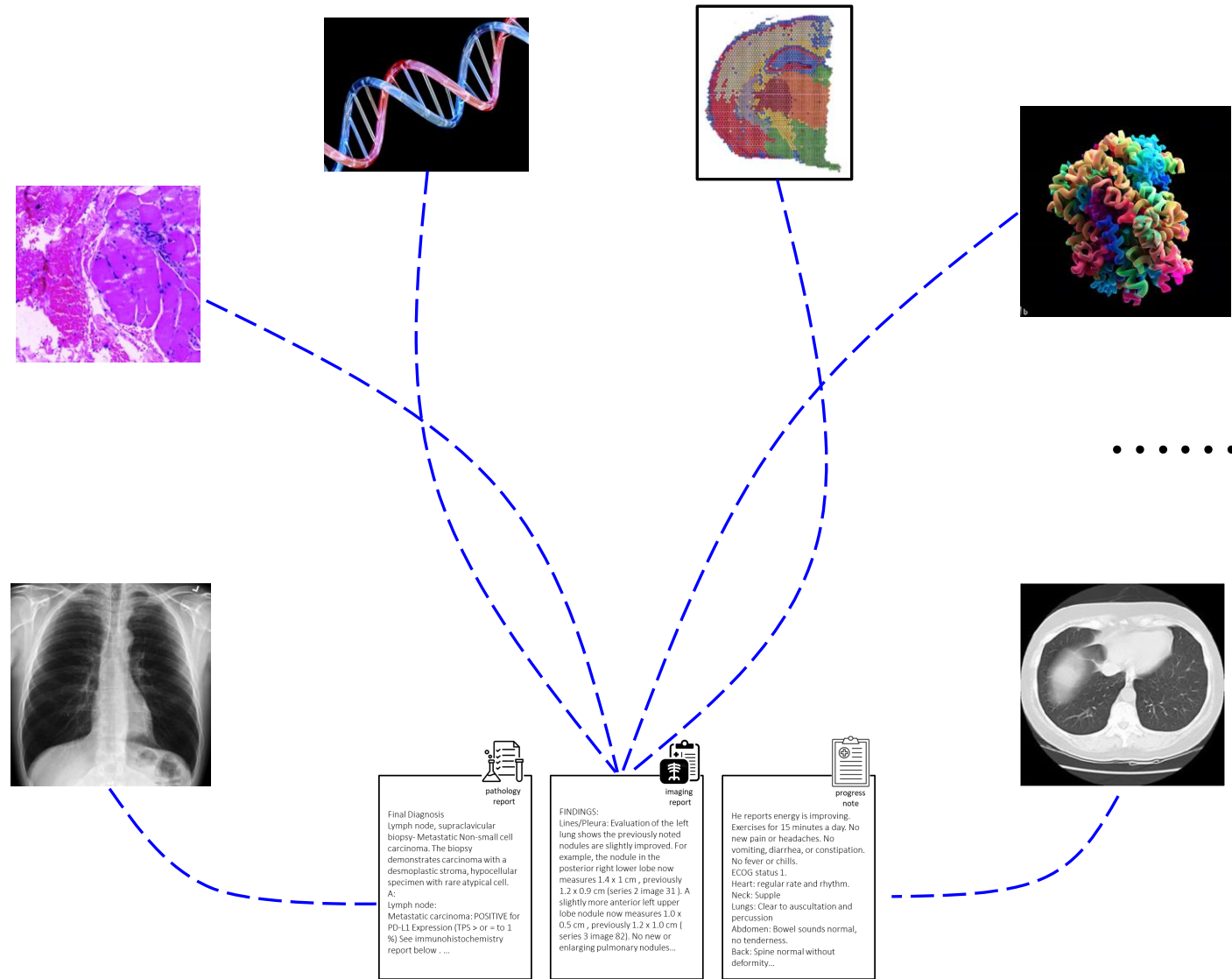


**Combinatorial
Explosion**



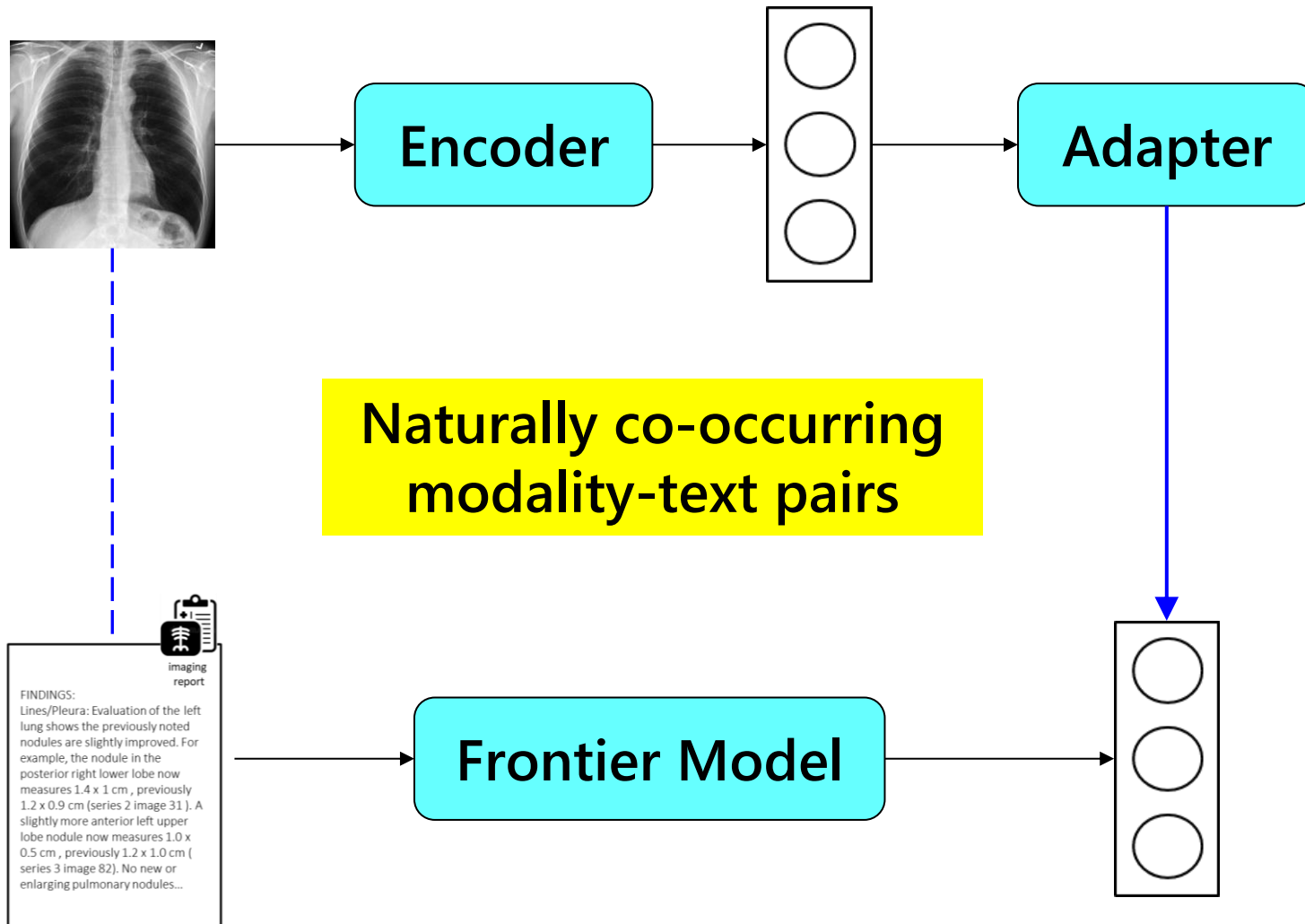
Multimodal Babel Tower

Text = Interlingua



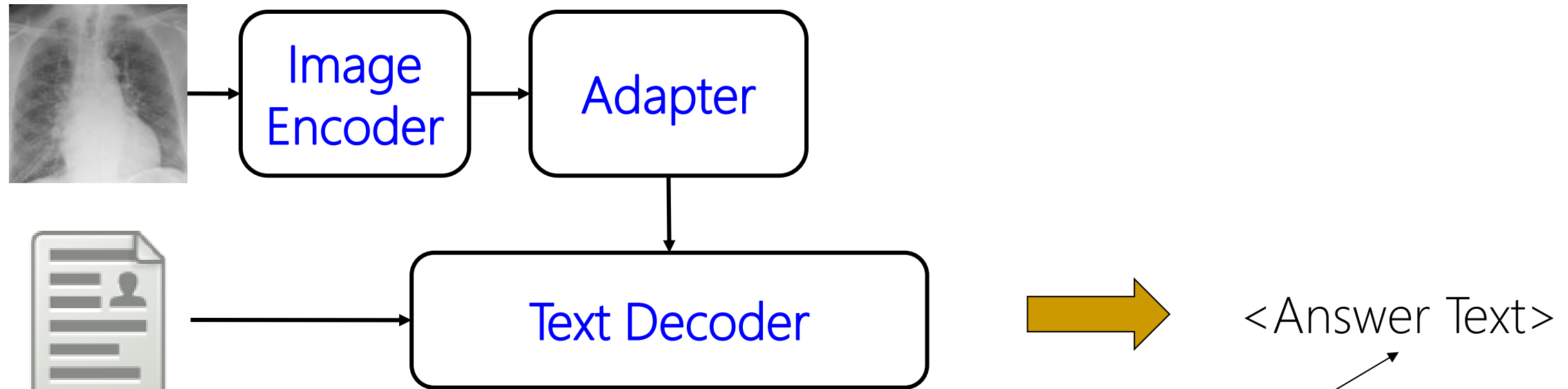
.....

Cross-Modal: Adapters



LLaVA-Med: General Recipe

Li*, Wong*, Zhang*, et al. LLaVA-Med: Training a Large Language-and-Vision Assistant in One Day. *NeurIPS 2023, Spotlight.*



Instruction

E.g.:

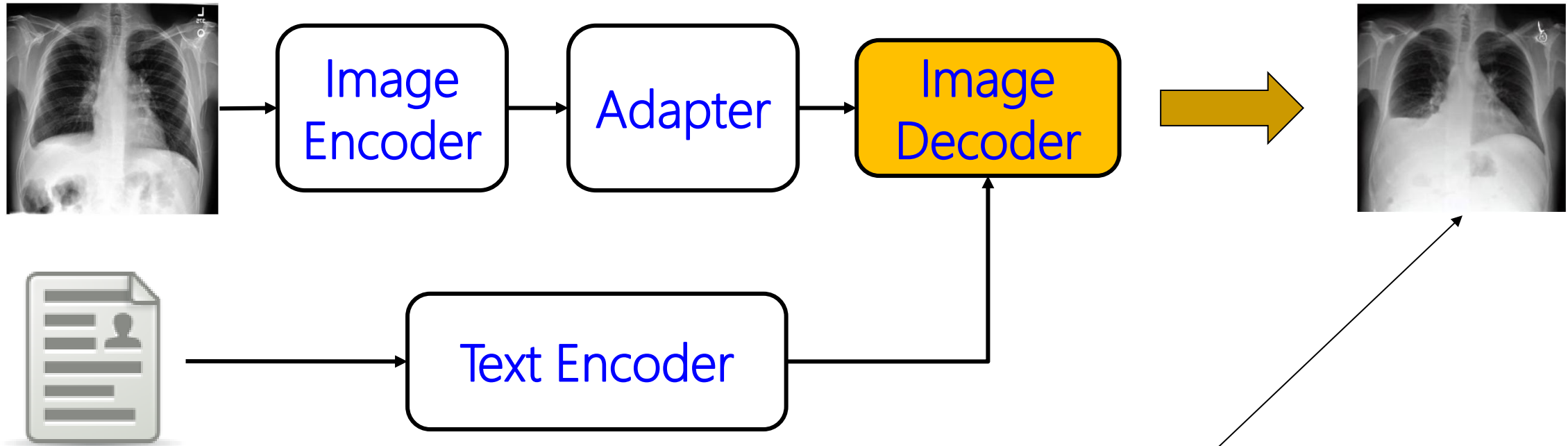
"Describe this image."
"Where is the lesion located?"
"Is it extended into the chest wall?"

Instruction-following data

GPT-4 → Multimodal Synthetic Data

BiomedJourney: In Silico Imaging

Gu*, Yang*, et al. BiomedJourney: Counterfactual Biomedical Image Generation by Instruction-Learning from Multimodal Patient Journeys, *arxiv 2310.10765*.



Progression

E.g.:
"Increasing right pleural effusion and prominence of cardiac silhouette"

Instruction-following data

GPT-4 → Multimodal Synthetic Data

Towards Generative Diagnostics

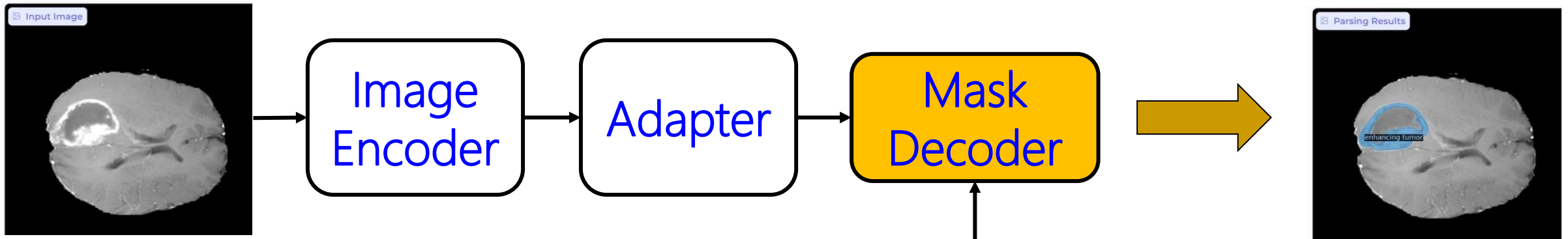


Patient Image



BiomedParse: Image Parsing

Zhao*, Yu*, et al. BiomedParse: a biomedical foundation model for image parsing of everything everywhere all at once, *arxiv 2405.12971*.



Text Prompt

E.g.:
"Are there any immune cells?"
"Lung nodule in this chest CT"
"Find me all organs"

Instruction-following data

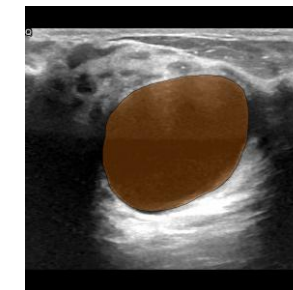
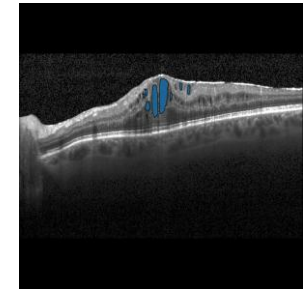
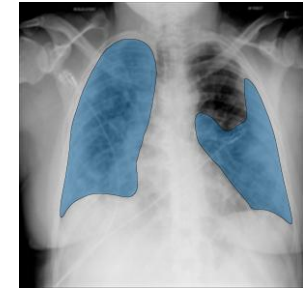
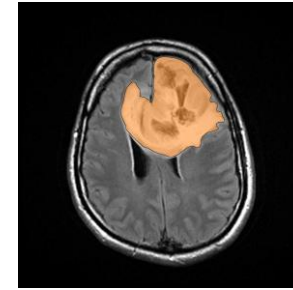
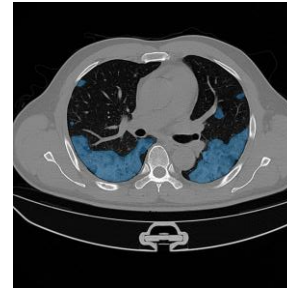
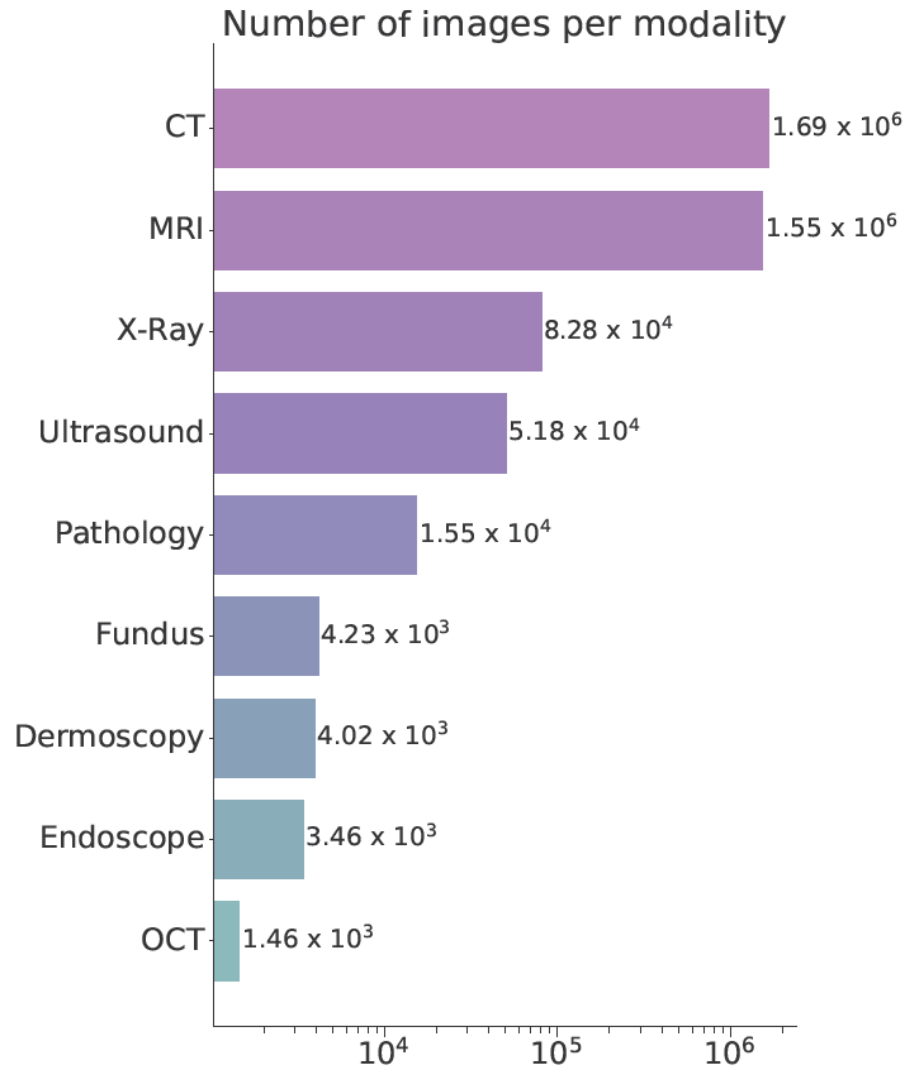
GPT-4 → Multimodal Synthetic Data

Image Parsing: Segmentation, Detection, Recognition

<https://microsoft.github.io/BiomedParse/>

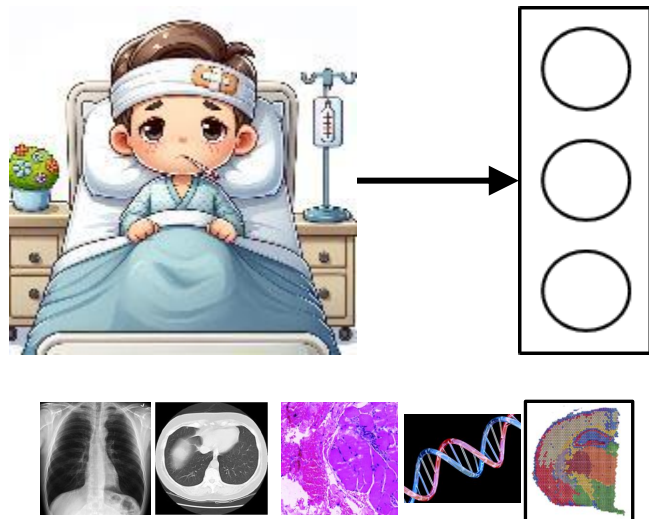
The screenshot displays the BiomedParse web interface. On the left, the 'Input Image' panel shows a grayscale axial brain MRI slice with a bright, irregularly shaped region on the left side, likely representing a lesion or tumor. Below the image are icons for upload, zoom, and download. The right panel, titled 'Parsing Results', is currently empty, showing a placeholder icon for an image. At the bottom, there is a 'Text prompt' input field, an 'Output text' field, and a prominent blue 'Go!' button with a mouse cursor hovering over it.

Foundation Model: Nine Modalities

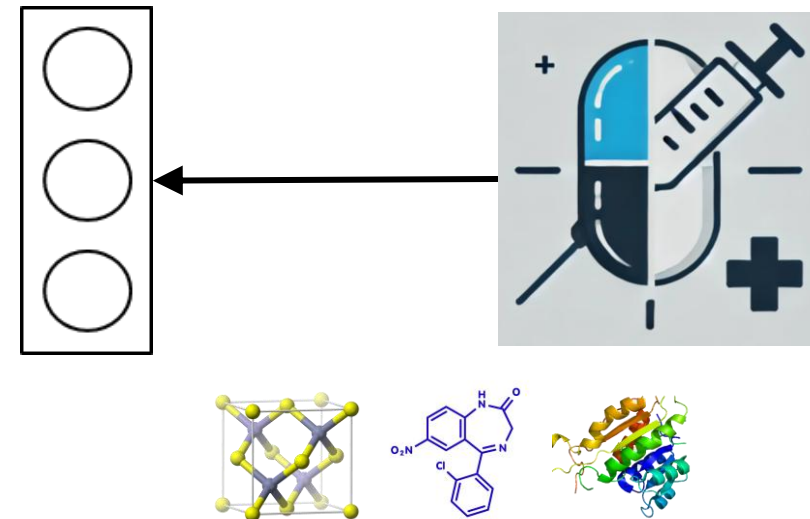


Universal Embedding

Patient



Intervention



Optimize clinical care
Accelerate biomed discovery

Information Access Can Be Life or Death

Marty Tenenbaum

Late-stage melanoma (late 1990s)

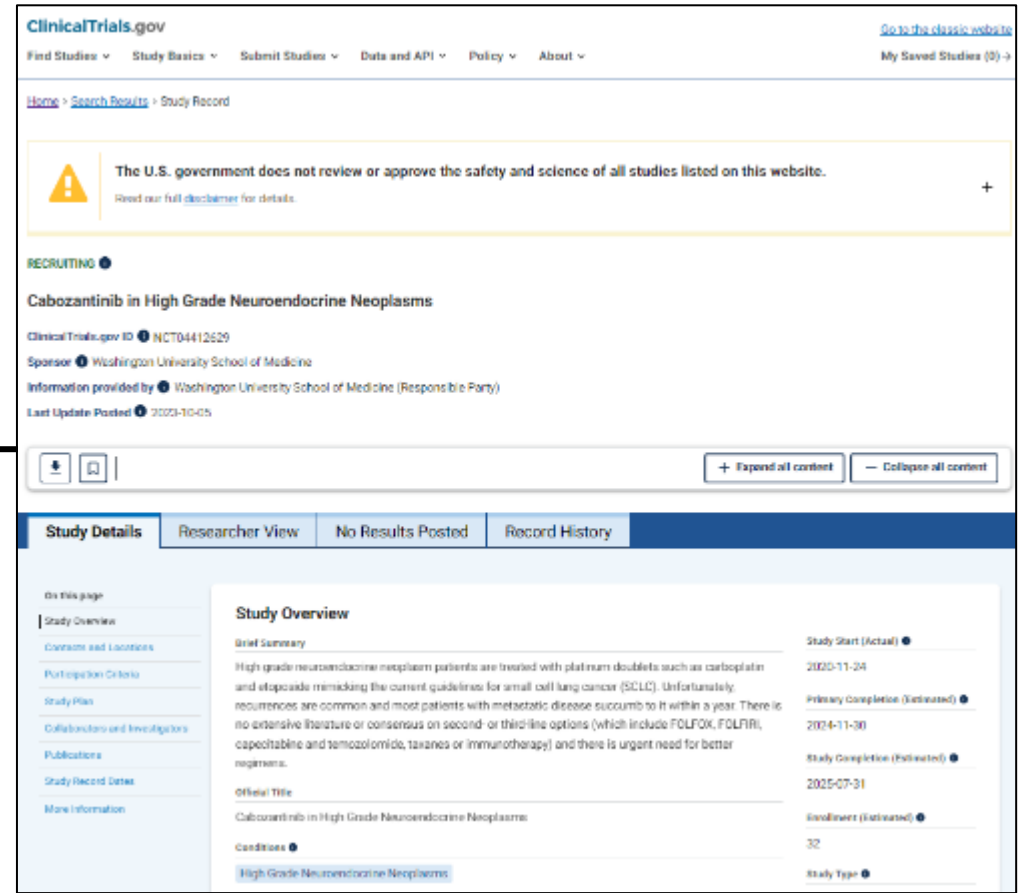
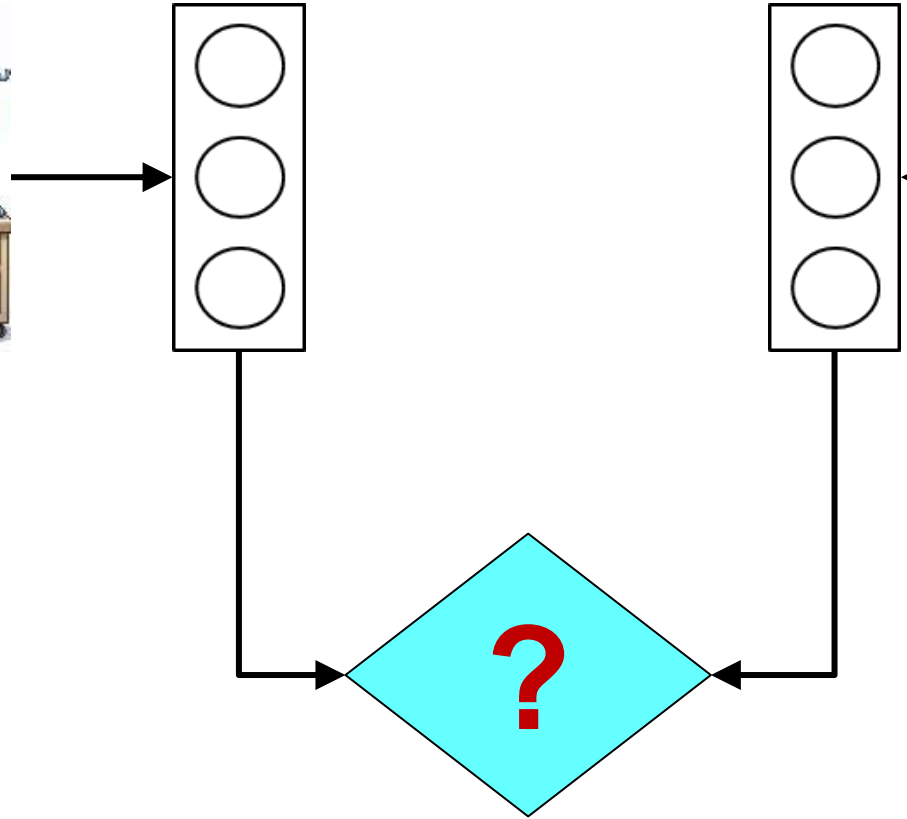
Initial prognosis: 6 months

Saved by Phase III trial of Canvaxin



US: Less than 3% cancer patients enroll in trials
40% cancer trial failures due to insufficient patients
New drug costs \$2-10 billion and takes 10+ years

US alone, 2M new cancer patients every year



400K clinical trials at ct.gov
Thousands of active cancer trials

Just-in-time
clinical trial matching

ClinicalTrials.gov ^{BETA} Resources ▾ About ▾

[Home](#) > [Search Results](#) > Study Record

ClinicalTrials.gov Identifier: NCT04520711

RECRUITING ⓘ

Hotspot TCR-T: A Phase I/Ib Study of Adoptively Transferred T-cell Receptor Gene-engineered T Cells (TCR-T)

Information provided by Providence Health & Services (Responsible Party)
Last Updated: May 6, 2022



Dr. Rom Leidner



Pilot: 3 test sites, 30 clinicians, 5,000 patients/year

Next: 51 hospitals, 950 clinics, 500 oncologists, 50,000 patients/year

Wong et al. "Scaling Clinical Trial Matching Using Large Language Model: A Case Study in Oncology", *MLHC*, 2023.

The New York Times

Reprogrammed Cells Attack and Tame Deadly Cancer in One Woman

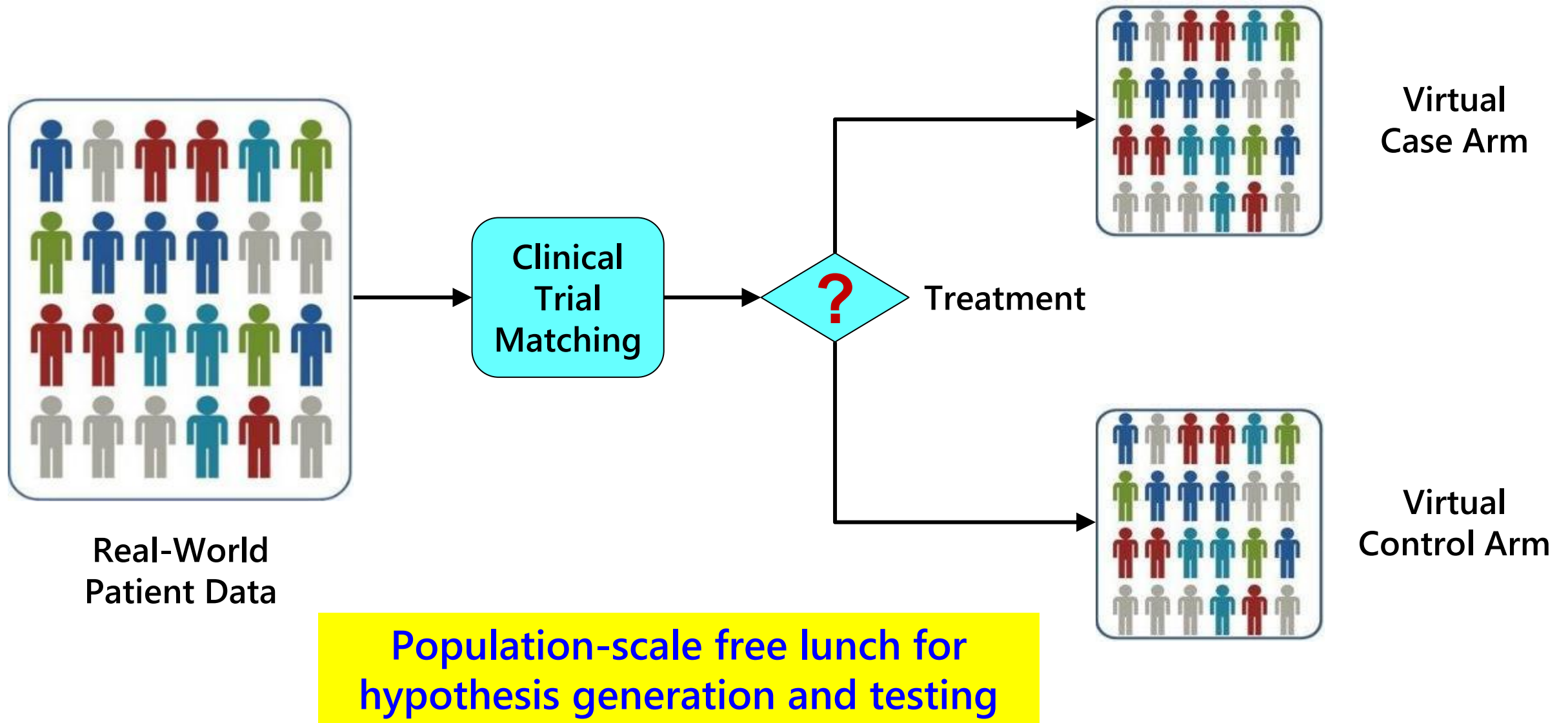
Another patient who had the same treatment did not survive. But the demonstration of the technique could help with other cancers.



A colored scanning electron micrograph of pancreatic cancer cells. Steve Gschmeissner/Science Source


 By [Gina Kolata](#)

Real-World Evidence: In Silico Clinical Trial Simulation



TrialScope: In Silico Clinical Trial Simulation

Trial	RCT		Simulation HR				HR match?
	HR	95%CI	HR	95%CI	C	T	
FLAURA	0.63	(0.45, 0.88)	0.57	(0.43, 0.77)	255	169	✓
			0.76	(0.61, 0.95)	458	347	
CHECKMATE057	0.73	(0.59, 0.89)	0.63	(0.46, 0.86)	109	136	✓
			0.77	(0.64, 0.93)	304	413	
CHECKMATE078	0.68	(0.52, 0.9)	0.79	(0.60, 1.03)	140	198	✓
			0.79	(0.65, 0.97)	305	415	
KEYNOTE010	0.71	(0.58, 0.88)	0.70	(0.56, 0.87)	187	539	✓
			0.74	(0.62, 0.88)	332	1044	
OAK	0.73	(0.62, 0.87)	0.63	(0.33, 1.19)	129	33	✓
			0.47	(0.32, 0.69)	345	88	
KEYNOTE024	0.63	(0.47, 0.86)	0.68	(0.5, 0.93)	104	524	✓
			0.79	(0.61, 1.02)	250	1178	
STELLA	1.108	(0.27, 1.48)	1.10	(0.75, 1.61)	1507	54	✓
			1.31	(1.00, 1.73)	4004	100	
NCT00130728	0.78	(0.79, 1.17)	0.87	(0.67, 1.14)	264	91	✓
			1.12	(0.91, 1.37)	517	173	
CHECKMATE017	0.59	(0.44, 0.79)	0.87	(0.53, 1.43)	36	66	×
			0.77	(0.64, 0.93)	304	413	
EMPHASIS	?	?	0.76	(0.59, 0.97)	192	322	?
			0.77	(0.62, 0.94)	330	485	
NCT02604342	?	?	0.42	(0.23, 0.78)	1001	29	?
			0.52	(0.34, 0.82)	1742	53	

Gonzalez et al. "TrialScope: A Unifying Causal Framework for Scaling Real-World Evidence Generation with Biomedical Language Models", *arxiv 2311.01301*.



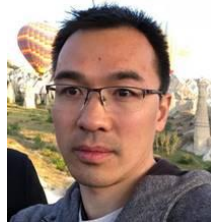
Team



Hoifung Poon



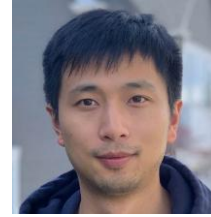
Tristan Naumann



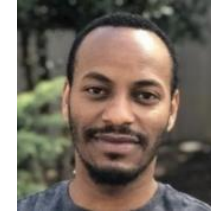
Cliff Wong



Naoto Usuyama



Sheng Zhang



Zelalem Gero



Jass Bagga

Collaborators

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JnJ: Xiaoying Wu, Tommaso Mansi

U. Wash: Sheng Wang

USC: Muhao Chen

Stanford: Akshay Chaudhari

Microsoft: Jianfeng Gao, Javier Alvarez-Valle, Javier Gonzalez, Tao Qin, Tie-Yan Liu, Furu Wei, Mu Wei, Sam Preston, Emre Kiciman, Naveen Valluri, Paul Viozila, Matt Lungren, Harjinder Sandhu

Interns: Maxim Grechkin, Ankur Parikh, Victoria Lin, Sheng Wang, Stephen Mayhew, Daniel Fried, Violet Peng, Hai Wang, Robin Jia, Matthew McDermott, Alexis Ross, Zelalem Gero, Sarthak Jain, Jenny Chen, Hunter Lang, Benedikt Boecking, Varsha Kishore, Jinfeng Xiao, Michelle Li, Wenxuan Zhou, Neha Hulkund, Risa Ueno, Peniel Argaw, Hanwen Xu, Juan Manuel Zambrano Chaves, Mars Huang, Yiqing Xie, Isabel Chien, Eduard Orakvin, Alicia Curth

Multimodal Patient Embedding

Multimodal Complexities:
Modular Approach

Pretraining

Real-World Data
(RWD)

patient embedding = digital twin

Biomedical
Foundation Model

Real-World Evidence
(RWE)

patient-like-me
population-scale

What works?

What doesn't work?

Reasoning

Improve patient care

Accelerate discovery

Population-Scale RWE → "Emergent Capabilities"