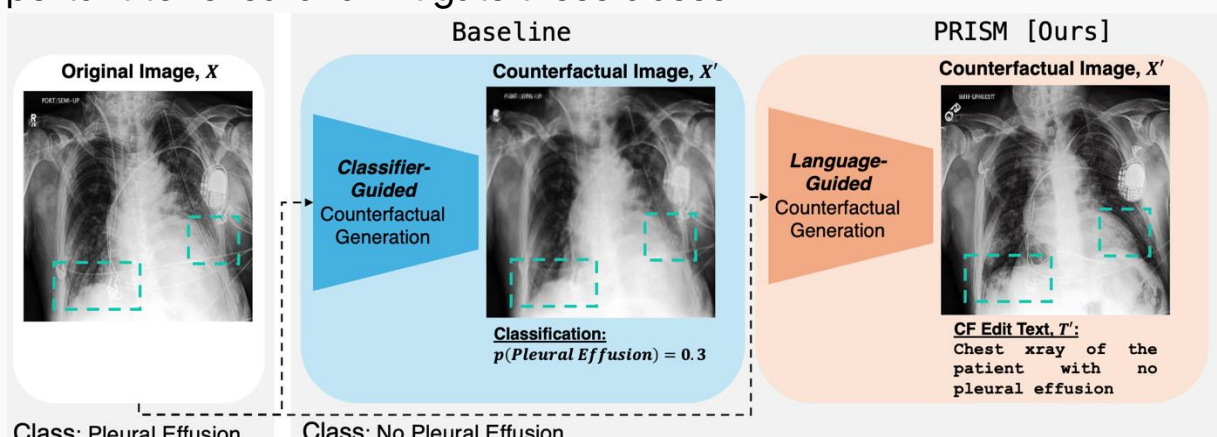


PRISM: High-Resolution & Precise Counterfactual Medical Image Generation using Language-guided Stable Diffusion

[1] Problem & Motivation

- ❖ **Problem:** Deep learning models suffer from spurious correlations and data imbalances^[1].
 - Leading to poor generalization in clinical settings.
- ❖ **Explainability via Counterfactual (CF) Image Generation** becomes important to reveal and mitigate these biases



- ❖ **Remaining Open Challenges:**
 - Classifier guided methods depend on biased data they aim to fix.
 - High Resolution medical image generation at 512x512 and beyond.
 - Complex image editing tasks such as medical device removal.
- ❖ **Our Solution: PRISM**
 - Language guided CF image generation using fine-tune Stable Diffusion.
 - High resolution medical image generation and editing via natural language guidance.

[2] Methodology Overview

- ❖ Experiments are conducted on the **CheXpert**^[5] dataset.
- ❖ PRISM utilizes a three-stage pipeline architecture.

1 Tabular -> Text Conversion

Pleural Effusion	Healthy
1	0

Chest X-ray of the patient showing pleural effusion

Key Contributions

- Image Editing with Null-text inversion
- Cross attention control for precise modifications using language
- Identity-preserving Counterfactual (CF) image generation
- High Resolution image synthesis (512x512)

2 Fine-tune Stable Diffusion

Stable Diffusion v1.5 is fine-tuned with image-text pairs of chest x-ray images and tabular information converted to text

3 Language-guided CF generation

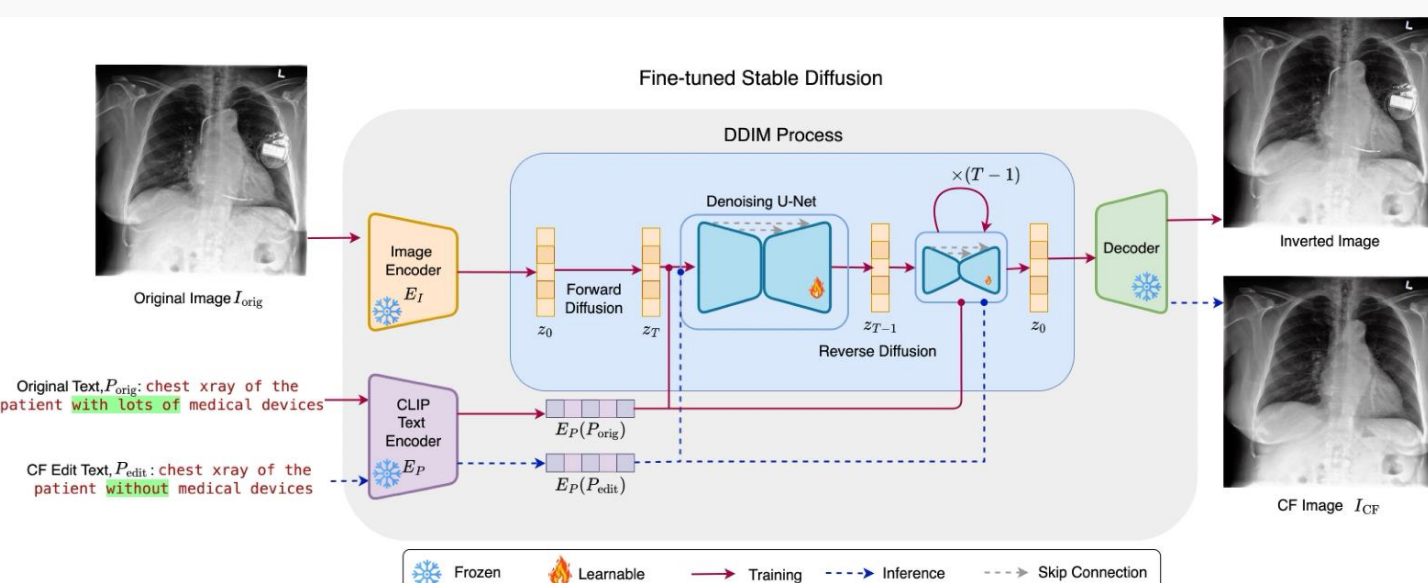
Original text:
Chest X-ray of the patient showing pleural effusion

Edit Text:
Chest x-ray of the patient with no significant findings

[3] PRISM Framework

PRISM to synthesize high resolution medical images

→ Language-guided image editing for counterfactual image generation

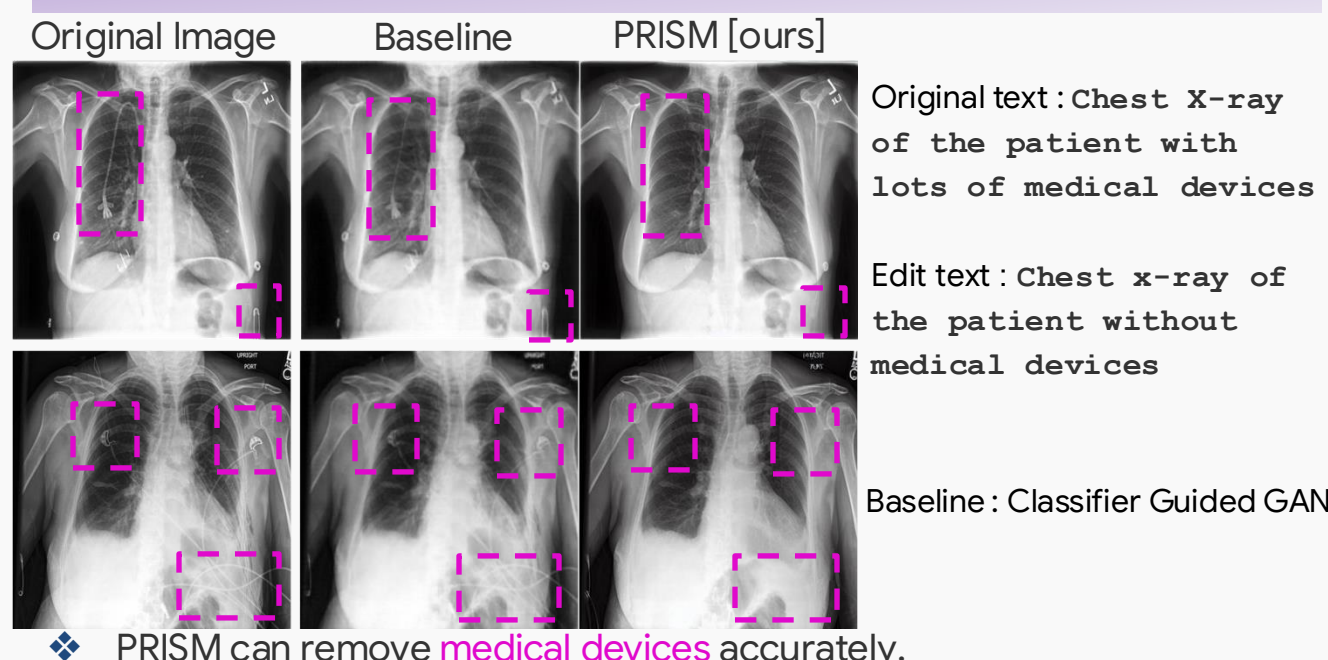


$$S_{\text{CLIP}} = \frac{\Delta I \cdot \Delta P}{\|\Delta I\| \|\Delta P\|} \quad \Delta I = E_I(I_{\text{CF}}) - E_I(I_{\text{orig}}) \quad \Delta P = E_P(P_{\text{edit}}) - E_P(P_{\text{orig}})$$

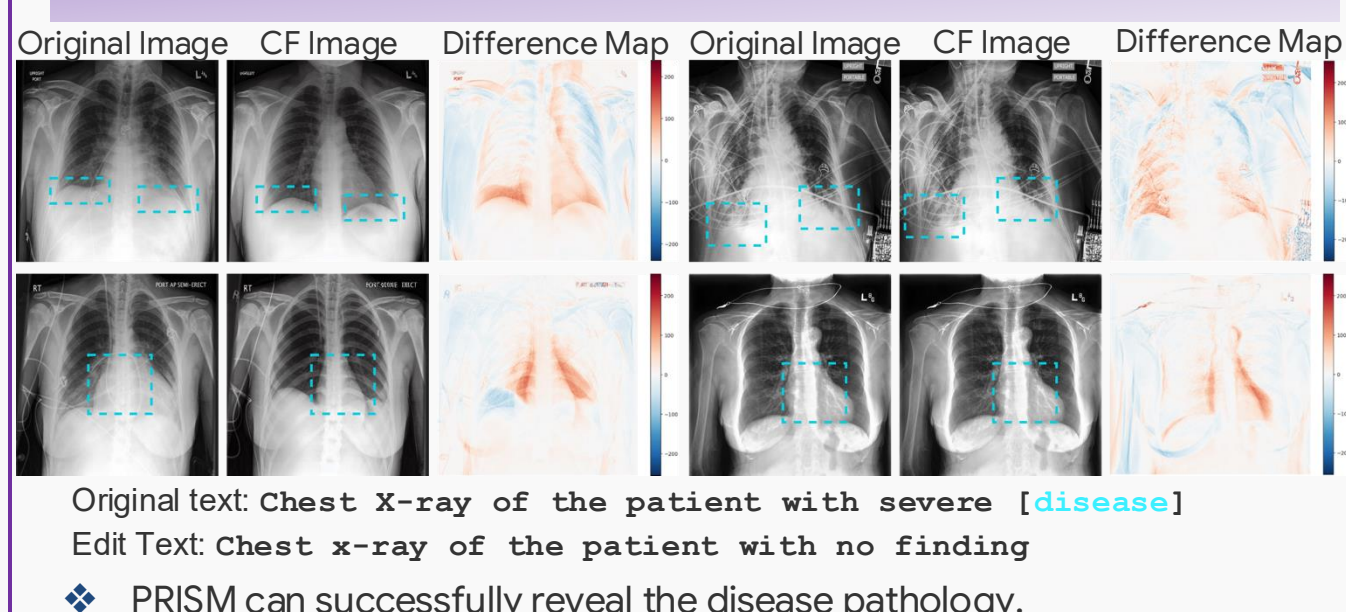
CLIP score

[4] Capabilities of PRISM

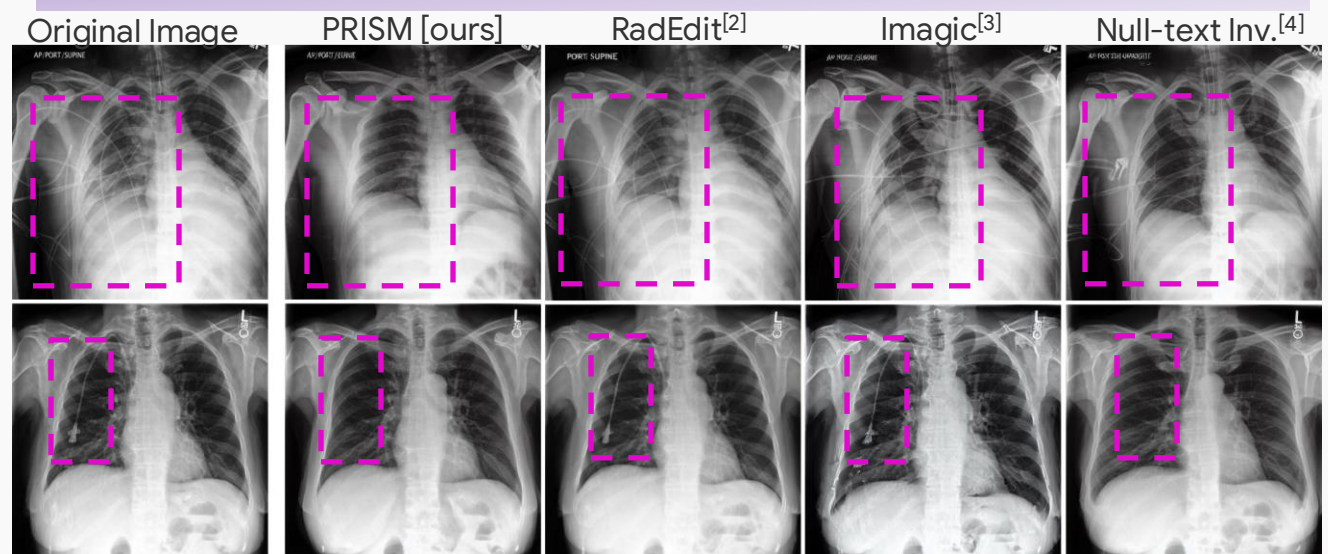
I) Image Editing: Device Removal



II) Explainability of the Disease



III) Comparison with other SOTA methods for device removal



IV) Accuracies of CF-augmented classifiers

	Pleural Effusion	Cardiomegaly	No Finding	Support Devices
Original Data	0.80	0.87	0.91	0.86
Original Data + SD samples	0.82	0.86	0.91	0.85
Original Data + PRISM CFs	0.88	0.90	0.92	0.88

- ❖ Augmentation with PRISM CF improves the performance of classifier.

[5] Conclusions

- ❖ **PRISM** is the first framework for high-resolution, language guided medical counterfactual generation with unprecedented precision and clinical relevance.
- ❖ PRISM's capabilities
 - High resolution, high fidelity counterfactual generation
 - Precise medical devices removal using natural language guidance
 - Disease specific pathology modifications in the image
 - Enhance classifier robustness via CF augmentation
- ❖ Future directions
 - Out-of-distribution generalization across diverse medical datasets
 - Multi-modal medical imaging applications - CT, Skin and MRI
 - Real-time deployment integration within existing clinical workflows

Acknowledgements

The authors are grateful for funding provided by the Natural Sciences and Engineering Research Council of Canada, the Canadian Institute for Advanced Research (CIFAR) Artificial Intelligence Chairs program, Mila - Quebec AI Institute, Google Research, Calcul Quebec, Fonds de recherche du Quebec (FRQNT) and the Digital Research Alliance of Canada.



[1] A. Kumar et al., "Debiasing Counterfactuals in the Presence of Spurious Correlations", MICCAI 2023 FAIR Workshop.
[2] F. Perez-Garcia et al., "RadEdit: stress-testing biomedical vision models via diffusion image editing", ECCV 2024.
[3] B. Kavar et al., "Imagic: Text-based real image editing with diffusion models", CVPR 2023.
[4] R. Mokady et al., "Null-text inversion for editing real images using guided diffusion models", CVPR 2023.
[5] J. Irvin et al., "CheXpert: A Large Chest Radiograph Dataset with Uncertainty Labels and Expert Comparison", AAAI 2019.