Mass General Brigham









Motivation

Multimodal Pathology [1]

Patient-level outcome prediction from fusion of complementary biological information – e.g.) Tissue Morphology + Transcriptomics expression

Morphology

- **Digitized tissue sections** (whole-slide images, WSIs), of up to **100,000 x 100,000** pixels (at 0.5µm/pixel)
- Typically tokenized into > 10,000 patch tokens (256 x 256 pixels) **Transcriptomics (Genes)**
- Whole-Transcriptome RNA-sequencing provides expressions for > 20,000 genes (tokens)

Limitations of current multimodal approaches

- Multimodal fusion of large sets of token embeddings often leads to
 - \rightarrow Computationally-infeasible training
 - \rightarrow Unstable training dynamics for survival prediction

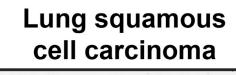
Can we create a *token-efficient multimodal framework*?

Multimodal patient representation

Morphology

Redundant morphological information in WSI

Handful of morphological patterns repeated throughout the tissue (e.g., cancer cells, stroma, adipose tissue)

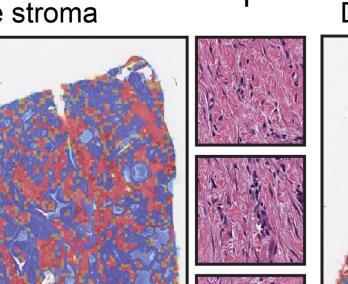


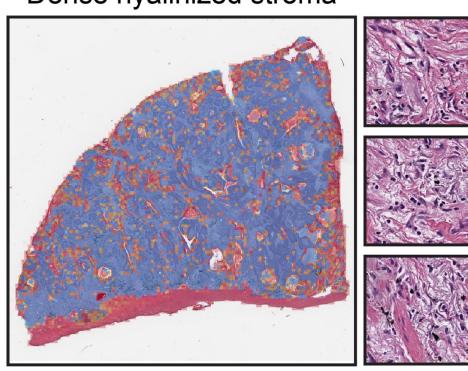
Prototype-based summarization of WSI

- WSI ≅ Distribution of *morphological concepts*
- Summarization of WSI based on two important conditions Feature representation of each concept
- Cardinality (proportion) of each concept in WSI
- Huge compression
- Prototypes ($C = 8 \sim 32$) \ll patches per WSI ($N \sim 10^4$) Optimal transport or Gaussian mixture models [2]

luamous cell carcinor

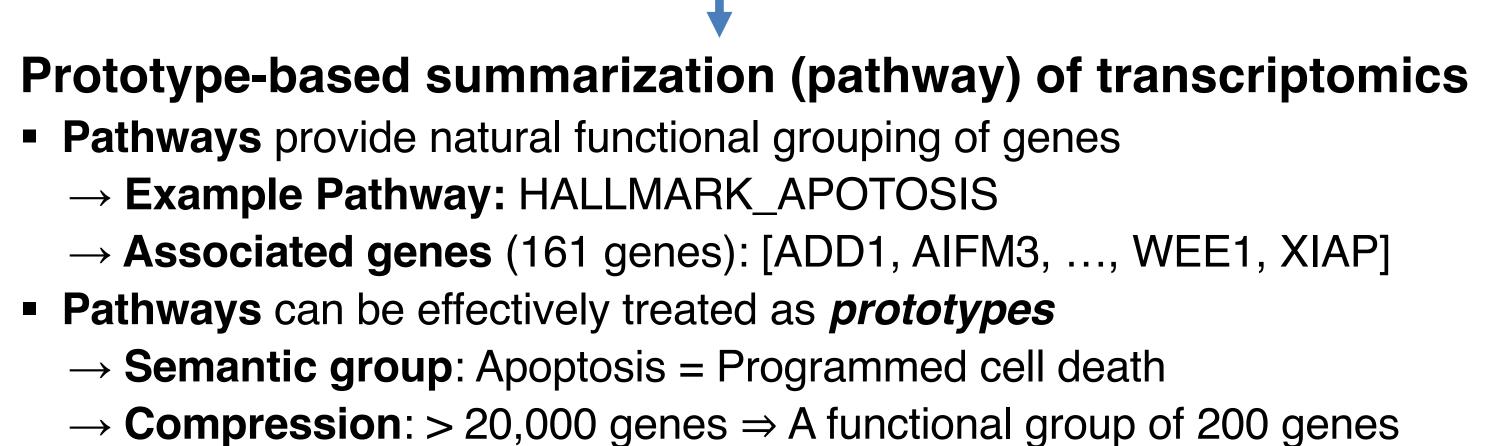
Prototype 2 (30%) Loose stroma



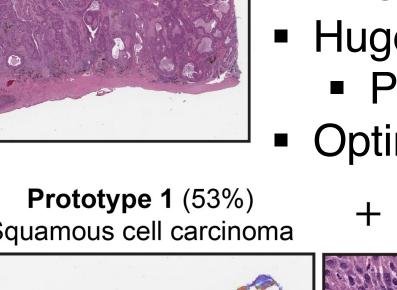


Transcriptomics

Only sparse set of genes are relevant for cancer

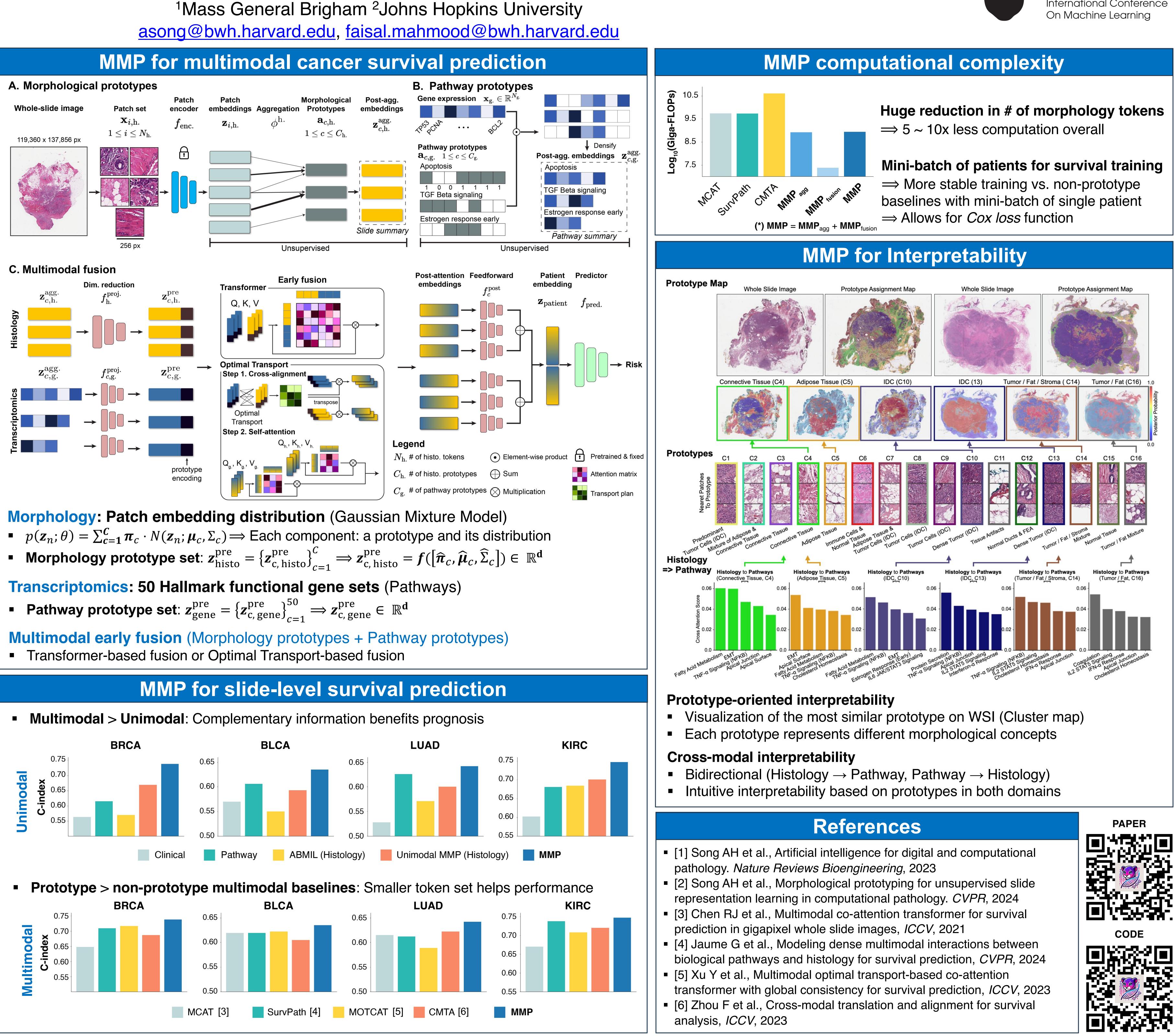


\Rightarrow MMP: MultiModal Prototyping for survival prediction



Multimodal Prototyping for Cancer Survival Prediction

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Prototype 3 (9%) +••• Dense hyalinized stroma

