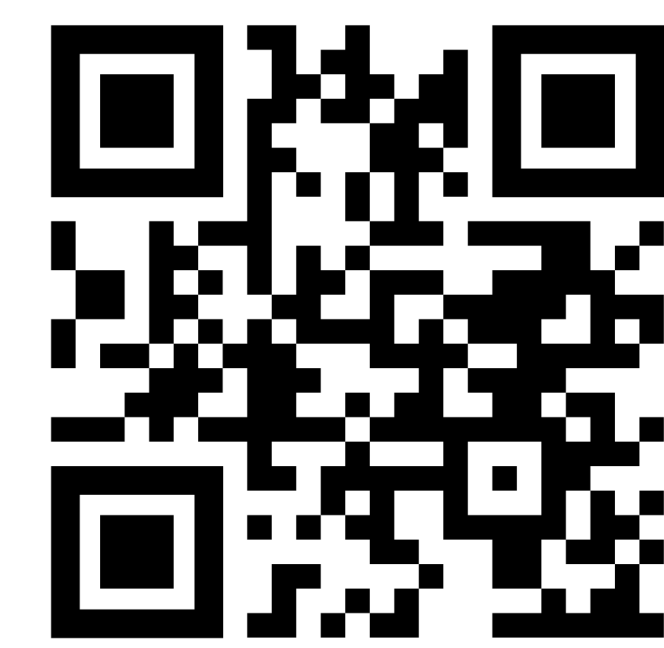




Shantanu Ghosh¹, Vedant Parthesh Joshi², Rayan Syed¹, Aya Kassem¹, Abhishek Varshney¹, Payel Basak³, Weicheng Dai¹, Judy Wawira Gichoya⁴, Hari M. Trivedi⁴, Imon Banerjee², Shyam Visweswaran⁵, Clare B. Poynton^{3,6}, Kayhan Batmanghelich¹

¹Dept. Of Electrical and Computer Engineering, Boston University, ²Data Science, Analytics and Engineering, Arizona State University, ³Boston University Chobanian & Avedisian School of Medicine, ⁴Department of Radiology, Emory University, ⁵Department of Biomedical Informatics, University of Pittsburgh, ⁶Department of Radiology, Boston University Medical Campus



TL;DR: We build a breast cancer risk predictor with vision and language interpretability without compromising performance.

Why interpretable risk?

1. Risk prediction enables **personalized screening**
2. Risk-stratified screening allows for **earlier detection**
3. Interpretability increases **clinician's trust**

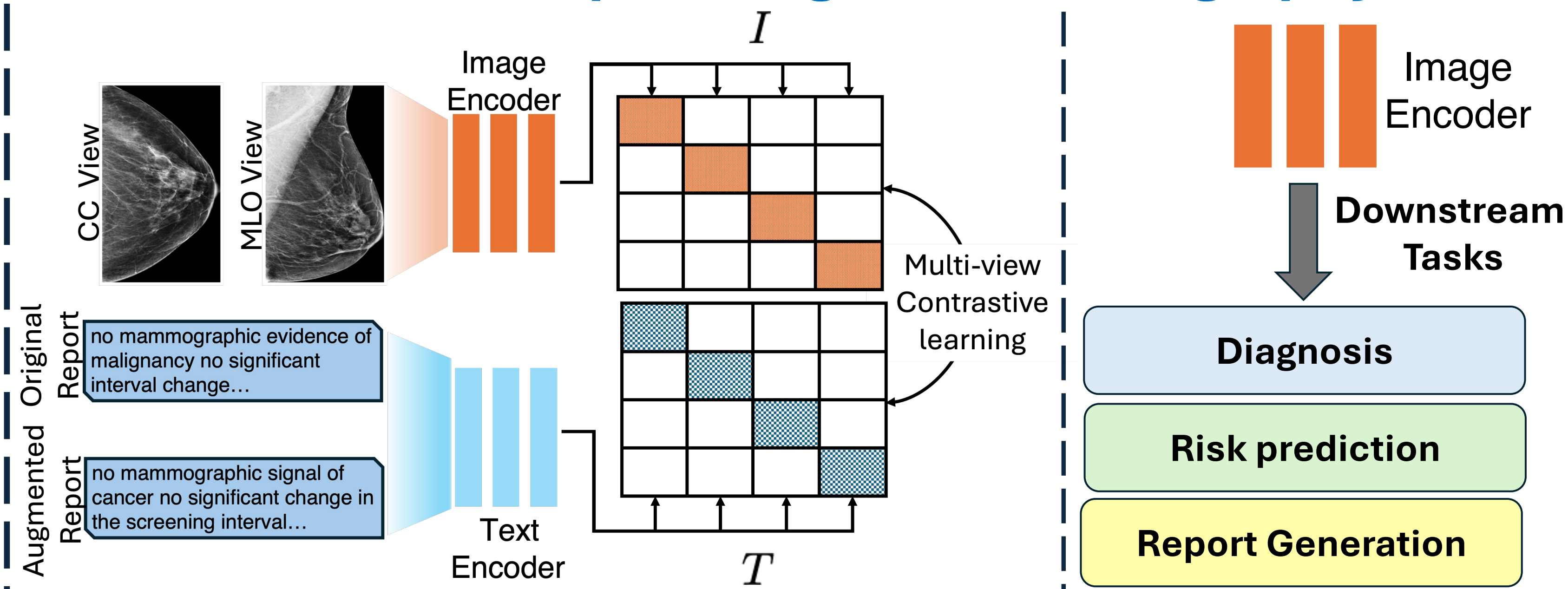
The gap:

1. MIRAI: accurate, but a **black box**
2. Existing methods: heatmap interpretability only
3. Clinicians reason using both **image** and **language**

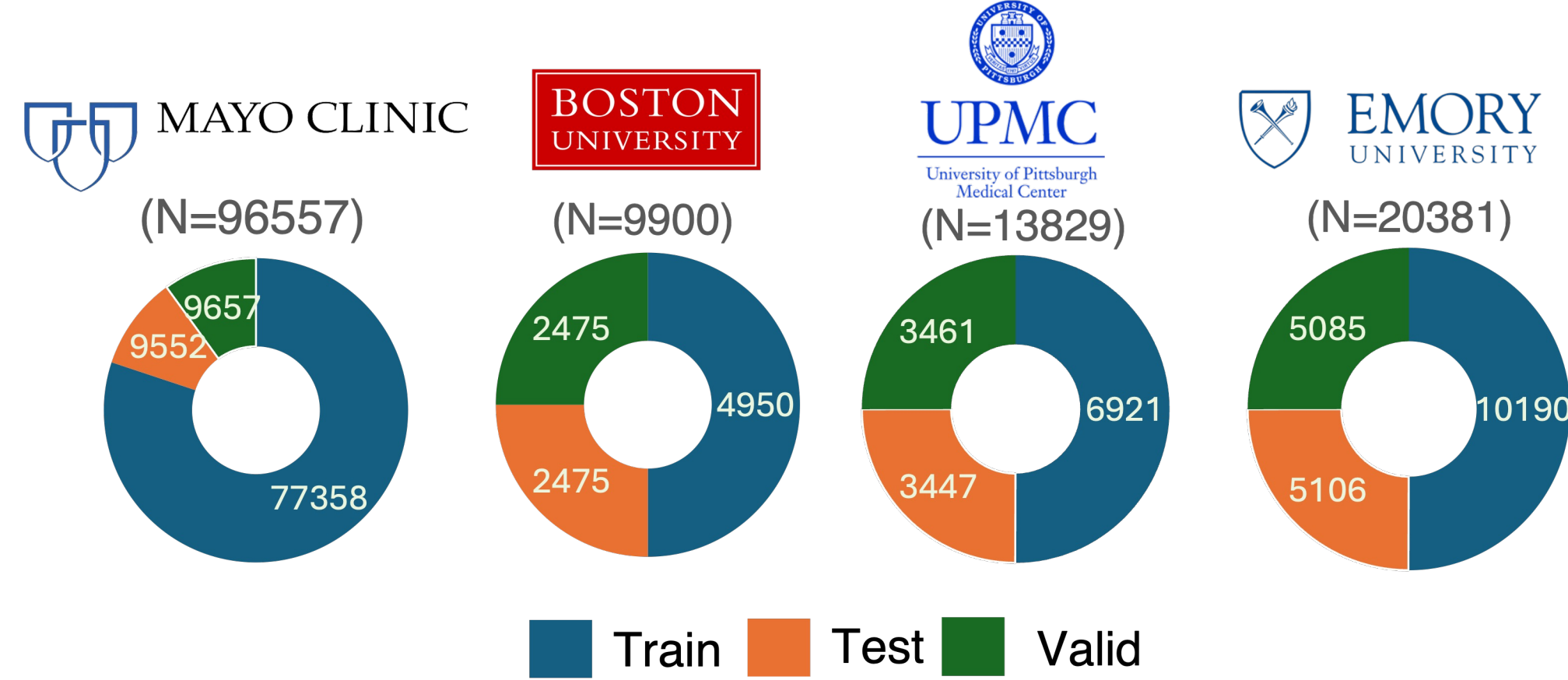
Our fix:

1. Build a **report-aligned** mammography FM
2. Ground risk in both **image** and **text**
3. Preserve **SOTA accuracy**

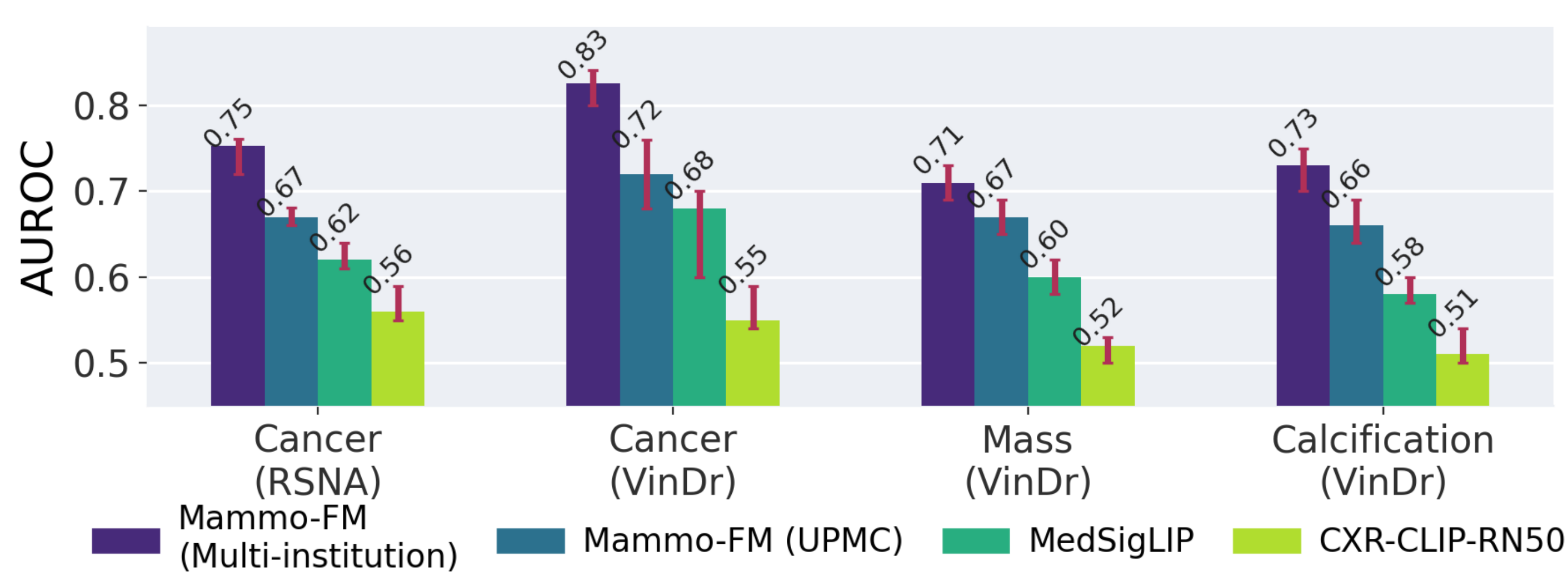
Mammo-FM: A Report-Aligned Mammography FM



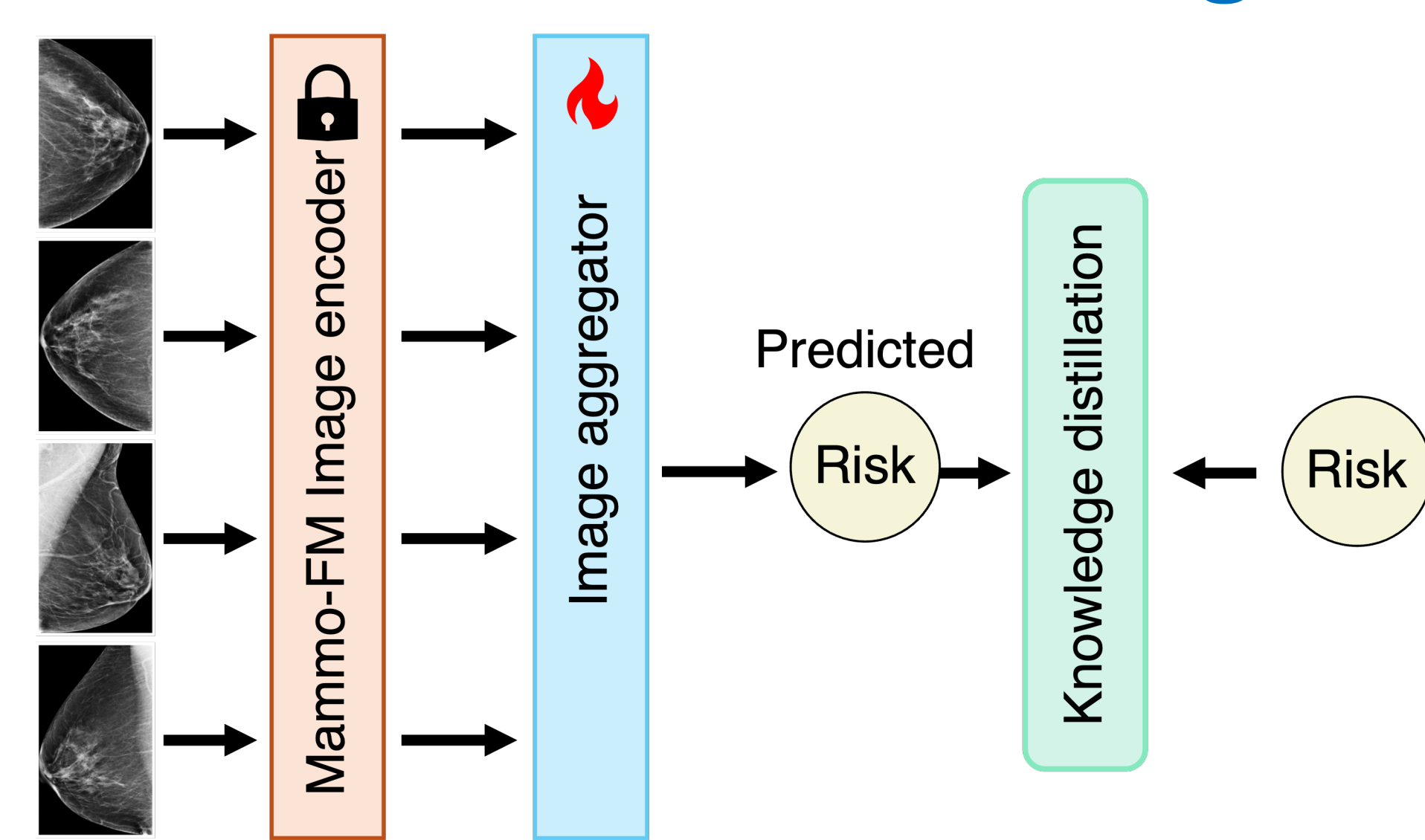
800K+ Pre-training Mammograms Across 4 Institutions



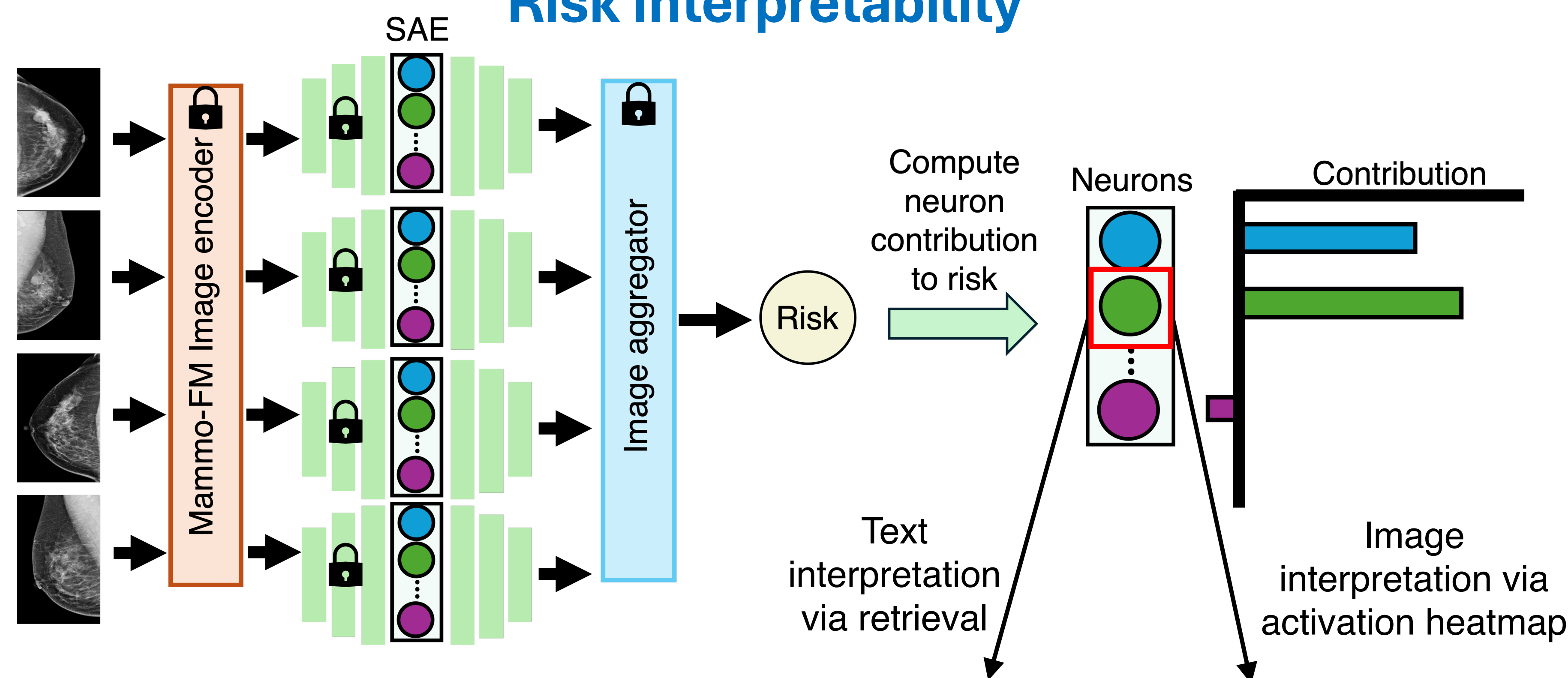
Zero-Shot Classification Results



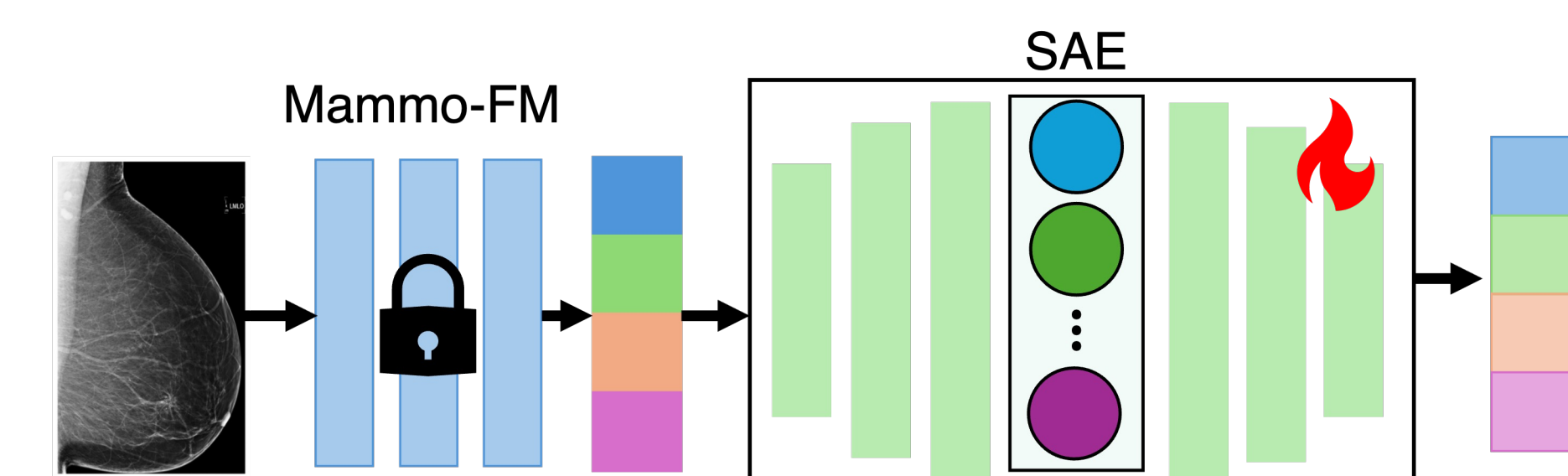
Risk Predictor Training



Risk Interpretability



Sparse Autoencoder Training



Findings: There are no prior studies for comparison. Both breasts show scattered fibroglandular densities. No suspicious dominant mass lesions, clustered microcalcifications or areas of unexplained architectural distortion are seen in the right breast. There is a mass in the lateral left breast that needs additional imaging. **Impression: BI-RADS: 0. Mass in the left breast needs additional imaging.**

Risk Prediction Results

