

Motivation

Medical Vision-Language Models (VLMs)

VLMs like CLIP have seen success in natural image recognition, integrating image and text data to learn **rich transferable representations**.

Nevertheless, **medical VLMs adaptation remains challenging**:

- Tackling **low-prevalence diseases** makes standard data-demanding strategies impractical in clinical scenarios.
- **High computational cost** of full model fine-tuning on large-scale foundation models.
- **Privacy concerns** of sharing foundation models pre-trained with proprietary data.

Solution: i) few-shot learning and ii) black-box adaptation.

Contributions

- We introduce the **first structured benchmark** for the few-shot adaptation of medical VLMs.
- We provide adaptation experiments on **3 medical modalities**, *i.e.* radiology, histology, and ophthalmology, with **3 specialized foundation models** and **9 tasks**.
- We benchmark **Prompt Learning** and **Adapter-based** strategies.
- We propose a **generalized linear probe (LP+text)** that blends visual prototypes and text embeddings with learnable multipliers.

Method

- **Linear probe (LP):** Fine-tunes only the linear-classifier weights while keeping the other model's parameters frozen.

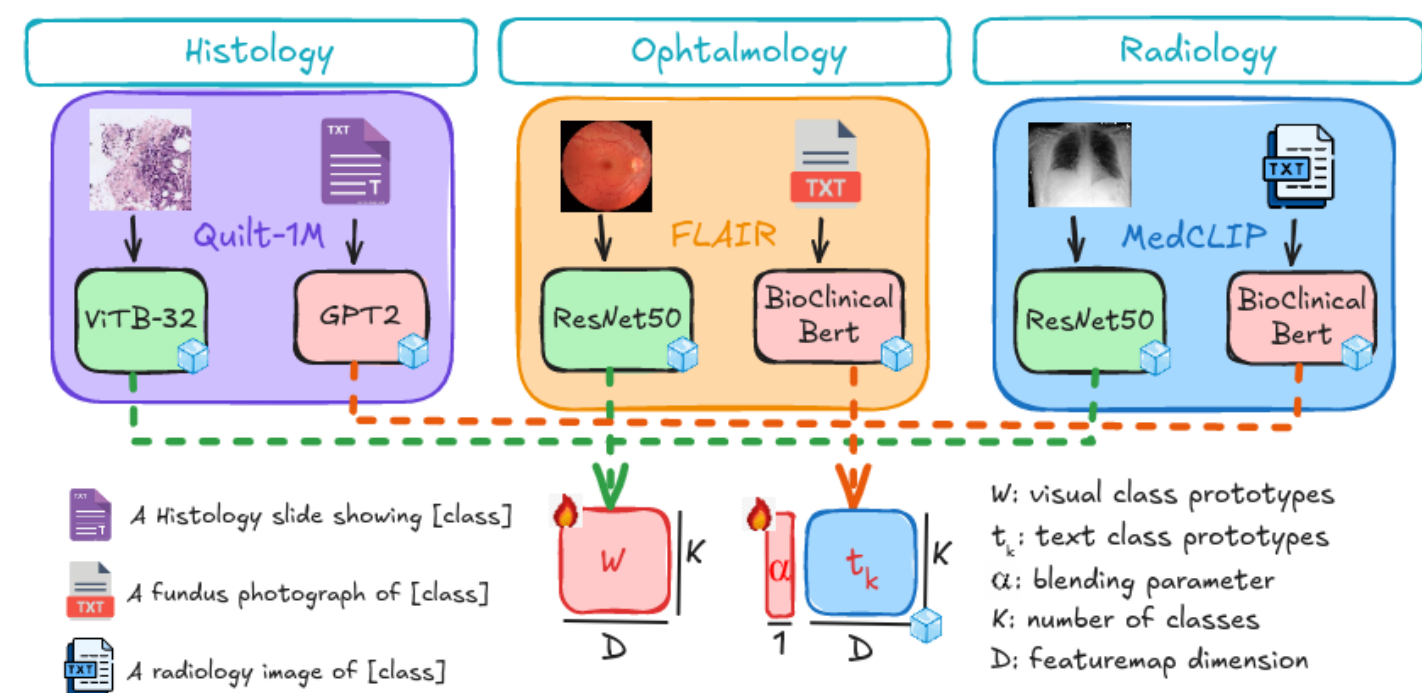
$$L_{CE}(\mathbf{w}) = -\frac{1}{N} \sum_{i=1}^N \sum_{k=1}^K y_{ik} \ln p_{ik}(\mathbf{w}); \quad p_{ik}(\mathbf{w}) = \frac{\exp(\mathbf{f}_i^t \mathbf{w}_k)}{\sum_{j=1}^K \exp(\mathbf{f}_i^t \mathbf{w}_j)} \quad (1)$$

- **Text-driven linear probe (LP+text) [9]:** Blends the visual prototypes with the text embeddings using learnable class-wise multipliers.

$$L_{CE}(\mathbf{w}, \alpha) = -\frac{1}{N} \sum_{i=1}^N \sum_{k=1}^K y_{ik} \ln p_{ik}(\mathbf{w}, \alpha); \quad p_{ik}(\mathbf{w}, \alpha) = \frac{\exp(\mathbf{f}_i^t(\mathbf{w}_k + \alpha_k \mathbf{t}_k))}{\sum_{j=1}^K \exp(\mathbf{f}_i^t(\mathbf{w}_j + \alpha_j \mathbf{t}_j))} \quad (2)$$

Deployment on open-access foundation models

Pre-trained Medical Vision-Language Models: Quilt-1M (histology) [1], FLAIR (ophthalmology) [2], and MedCLIP (X-rays) [3].

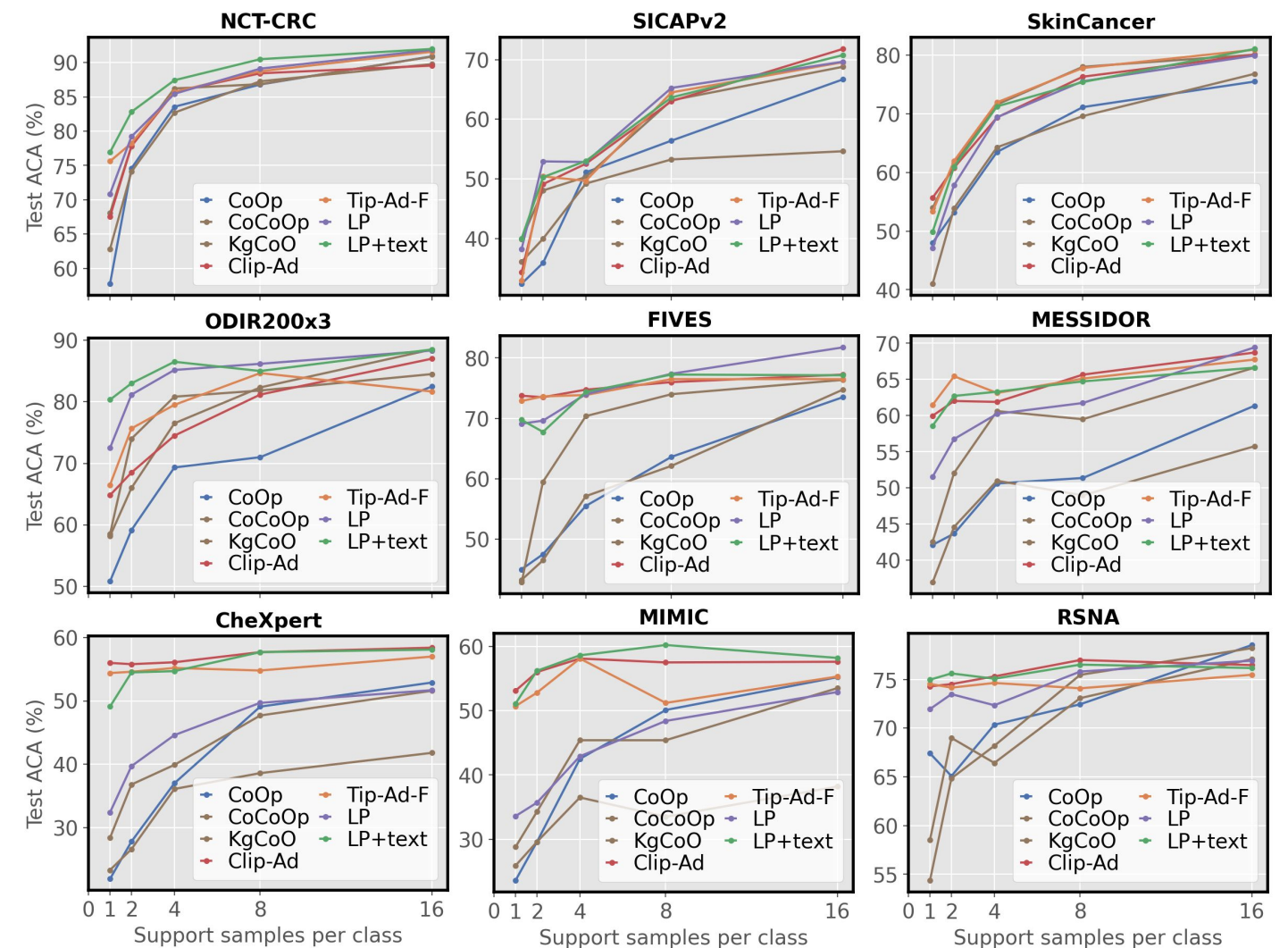


References

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- [3] Z. Wang *et al.*, "Medclip: Contrastive learning from unpaired medical images and text," in *EMNLP*, 2022.
- [4] K. Zhou *et al.*, "Learning to prompt for vision-language models," *International Journal of Computer Vision*, 2022.
- [5] —, "Conditional prompt learning for vision-language models," 2022.
- [6] H. Yao *et al.*, "Visual-language prompt tuning with knowledge-guided context optimization (cvpr)," in *CVPR*, June 2023, pp. 6757–6767.
- [7] P. Gao *et al.*, "Clip-adapter: Better vision-language models with feature adapters," *International Journal of Computer Vision*, 2023.
- [8] R. Zhang *et al.*, "Tip-adapter: Training-free adaption of clip for few-shot classification," in *ECCV*, 2022.
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Few-shot adaptation results

We evaluate the models in a range of few-shot scenarios, with $S = 1, 2, 4, 8, 16$ shots per class, to simulate low-data regimes in realistic clinical settings.



Comparison of different adaptation methods over 9 benchmarks and 3 medical VLMs, each from a different clinical domain (Histology, Ophthalmology and Radiology).

Efficiency: speed and hardware requirements

LP+text uses significantly less GPU memory ($\approx 800\text{MB}$ vs. 28GB for Prompt Learning).

Computational Efficiency. Experiments on a NVIDIA RTX A6000 GPU on NCT-CRC. $D_1 = 256$, and $D_2 = D = 512$. Number of context tokens for CoOp and KgCoOp: $n_{ctx1} = 16$; for CoCoOp: $n_{ctx2} = 4$.

Methods	Category	Training Time	Black-box	#Parameters
Zero-shot		n/a	✓	n/a
CoOp [4]	Prompt-Learning	3min	✗	$K \times n_{ctx1} \times D$
CoCoOp [5]		12min	✗	$n_{ctx2} \times D + C$
KgCoOp [6]		3min	✗	$K \times n_{ctx1} \times D$
Clip-Adapter [7]	CLIP-based Adapters	2min	✓	$2(D_1 \times D_2)$
Tip-adapter-F [8]		2min	✓	$K \times S \times D$
LP	Linear probe	43s	✓	$K \times D$
LP+text [9]		4s	✓	$K(D + 1)$

Conclusions

- We introduced the **first structured benchmark** for few-shot adaptation of medical VLMs across different modalities.
- The text-informed linear probe (LP+text) offers a **computationally efficient** and **black-box-friendly** solution, providing **competitive performance** compared to more complex methods like Prompt Learning and Adapter-based strategies.
- The LP+text method reduces hardware requirements, making it **practical for low-resource settings** such as smaller clinical institutions with limited computational power. This makes it a favorable approach in real-world healthcare environments.

Feel free to use it!

