## **ReXplain**: Translating Radiology into Patient-Friendly Video Reports



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# **Radiology Workflow after Imaging Acquisition**





# **Report to receive before 2025**

Trachea and both main bronchi are open. No occlusive pathology was detected in the trachea and both main bronchi. In the left lung lower lobe superior segment, lateral consolidation and ground-glass appearance are observed in the peripheral area. Since the described lesion is a single lesion, optimal evaluation cannot be made. However, it was thought that the appearance described during the pandemic process may be compatible with Covid-19 pneumonia. It is recommended to evaluate the patient together with clinical and laboratory findings. No mass was detected in both lungs. Mediastinal structures cannot be evaluated optimally because contrast material is not given. As far as can be observed: Heart contour and size are normal. No pleural or pericardial effusion was detected. The widths of the mediastinal main vascular structures are normal. No enlarged lymph nodes in pathological size and appearance were detected in the mediastinum and hilar regions. No pathological wall thickness increase was observed in the esophagus within the sections. No upper abdominal free fluid-collection was detected in the sections. No pathologically enlarged lymph nodes were observed. In the upper abdominal organs within the sections, there is no mass with distinguishable borders as far as it can be observed within the borders of non-enhanced CT. Thoracic vertebral corpus heights, alignments and densities are normal. Intervertebral disc distances are preserved. The neural foramina are open. No lytic-destructive lesions were detected in the bone structures within the sections.

# **Reports are Communication between Professionals**

## **Radiology Report**

Bilateral adrenal glands were normal and no spaceoccupying lesion was detected. When examined in the lung parenchyma window.... Osteophytes are also present in the vertebrae... Thoracic aorta diameter is normal... Calcific millimetric atheroma

plaques are observed in the aortic arch...





# **Reports are Descriptions of the Imaging**

## **Radiology Report**

Bilateral adrenal glands were normal and no spaceoccupying lesion was detected. When examined in the lung parenchyma window.... Osteophytes are also present in the vertebrae... Thoracic aorta diameter is normal... Calcific millimetric atheroma plaques are observed in the aortic arch...





# What if we use AI?

What was found? What does it mean? How it looks like?

How the overview of the organ looks like?



How a normal scan looks like?

Let me explain these to you!



# **ReXplain: an End-to-end System**



# **Report to receive after 2025**

# **ReXplain**

## YourSean

## Normal Scan









# **Feedback From Radiologists**

Q9: The comparison with normal CT scan improves understanding of the condition





"Probably immediately before the physician sees them." followed by "in-person review and question-answer session", to secure its usage. "These available with every imaging study and look for improvements in patient engagement and follow up, and decreased burden on the referring provider (who ordered the study and typically would have to explain/discuss with the patient)."

# **ReXplain: An Easy-to-upgrade System**



## Your CT Scan













# **More Accurate**

#### Connecting the explanation with the image help improve understanding

16.0%	62.0%	18.0%					
The comparison with normal CT scan improves understanding of the condition							
18.0%	18.0% 66.0%			14.0%			
The video correctly identifies the important findings in the CT							
14.0%	50.0%	14.0%	18.0%				



# **More Accurate**

Connecting the explanation with the image help improve understanding

68.0%	32.0%				
The comparison with normal CT scan improves understanding of the condition					
66.0%	34.0%				
The video correctly identifies the important findings in the CT					
66.0%	34.0%				



I am comfortable walking my patients through this video to help them understand their findings

22.0%		44.0%	8.0%	24.0%		
I am comfortable showing the videos to my patients without my supervision						
14.0%	18.0%	24.0%	30.0%	6 14.0%		



I am comfortable providing this video to a patient to help them understand their findings

48.0%	32.0%		14.09	% 6.0%			
I am comfortable providing this video to patients before their visit							
46.0%	14.0%	20.0%	8.0%	12.0%			



# **Overall Change of Feedback**

Connecting the explanation with the image help improve understanding

68.0%			32.0%				
The comparison with normal CT scan improves understanding of the condition							
66.0%			34.0%				
The video correctly identifies the important findings in the CT							
66.0%			34.0%				
The avatar is natural and conversational							
62.0%			36.0%				
The explanation of the report is easy to understand							
64.0%			34.0%				
The video explains the findings in a way that can be understood by a patient (assuming an 8th grade reading level)							
66.0%	66.0%			32.0%			
The video sufficiently reviews the findings with the patient							
60.0%			36.0%				
I am comfortable providing this video to a patient to help them understand their findings							
48.0%		32.0%		14.0%		6.0%	
I am comfortable providing this video to patients before their visit							
46.0% 14.09		20	0.0%	8.0%	12.0	)%	
The rendering help understand the 3D structure							
18.0% 32.0%	44.0%				6.0%		
StronglyAgree Agree	Neutral Disa	agree 📕	StronglyDisa	gree			



# Building AI to bridge the communications between patients and doctors.





### ReXPlain - Patient-centered AI for Radiology Image Understanding

Challenge: Bridging the Gap in Radiology Communication

Patient-centered radiology prioritizes patients' needs and preferences, encouraging radiologist-patient interaction. Both patients and radiologists have shown a strong desire to provide patients' own radiology reports and images to themselves. However, complex medical terminology often creates barriers to patient comprehension, potentially leading to misunderstandings and increased anxiety. Various approaches have been attempted to enhance patient understanding, including structured reports, additional explanations, increased radiologist-patient interactions, or hand-crafted video reports. However, these methods often require additional effort from already overburdened radiologists.

#### Solution: Harnessing AI for Patient-Centered Radiology

Recent breakthroughs in artificial intelligence (AI) have opened up exciting new possibilities for revolutionizing patient-centered radiology. By leveraging cutting-edge AI technologies, won ow offer innovative solutions that enhance patient understanding without increasing the workload of radiologists.

The key AI technologies driving innovation in this field include Large Language Models (LLMs), which have demonstrated remarkable capabilities in translating complex medical jargon into easily understandable language, significantly improving patient engagement with radiology reports. Additionally, advanced image segmentation algorithms can now accurately identify and highlight regions of interest within medical images, drawing patients' attention to critical findings. Furthermore, avatar generation technology allows for the creation of photorealistic virtual "radiologist" avatars to deliver personalized explanations, simulating the experience of a one-on-one consultation.

#### ReXplain: Translating Radiology into Patient-Friendly Video Reports

ReXplain seamlessly integrates intelligent report simplification, accurate radiology image segmentation, and a lifelike virtual radiologist avatar to deliver customizable, multimodal explanations of medical imaging results. By transforming complex reports into accessible language and visually engaging presentations, ReXplain aims to enhance patient understanding and satisfaction. Currently under evaluation by practicing radiologists, this innovative system has the potential to significantly improve health outcomes and strengthen doctor-patient relationships in the field of radiology.





