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# Robust Multimodal Learning for Ophthalmic Disease Grading via Disentangled Representation

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Abstract. Ophthalmologists often rely on multimodal data to improve diagnostic precision. However, data on complete modalities are rare in real applications due to a lack of medical equipment and data privacy concerns. Traditional deep learning approaches usually solve these problems by learning representations in latent space. However, we highlight two critical limitations of these current approaches: (i) Task-irrelevant redundant information existing in complex modalities (e.g., massive slices) leads to a significant amount of redundancy in latent space representations. (ii) Overlapping multimodal representations make it challenging to extract features that are unique to each modality. To address these, we introduce the Essence-Point and Disentangle Representation Learning (EDRL) strategy that integrates a self-distillation mechanism into an end-to-end framework to enhance feature selection and disentanglement for robust multimodal learning. Specifically, Essence-Point Representation Learning module selects discriminative features that enhance disease grading performance. Moreover, the Disentangled Representation Learning module separates multimodal data into modality-common and modality-unique representations, reducing feature entanglement and enhancing both robustness and interpretability in ophthalmic disease diagnosis. Experiments on ophthalmology multimodal datasets demonstrate that the proposed EDRL strategy outperforms the state-of-the-art methods significantly. Code is available at GitHub Repository.

Keywords: Missing Modality · Multi Modality · Ophthalmic Disease

#### 1 Introduction

In recent years, using multimodal data sources has become a common method to enhance diagnostic accuracy for ophthalmic diseases [25,22,8]. In these methods, Optical Coherence Tomography (OCT) and Retinal Fundus Imaging are

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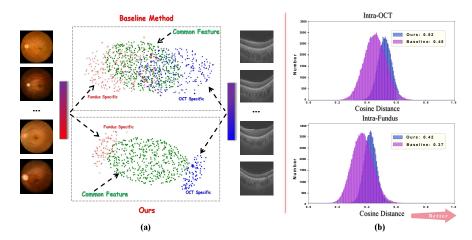


Fig. 1: Overview of feature representation analysis. Baseline methods employ Vision Transformer [3] to extract and concatenate features from both modalities. (a) t-SNE [12] visualization illustrates the distribution of modality-specific and modality-common features, comparing a baseline method with our strategy. (b) Cosine distance quantifies feature separability by measuring how effectively feature from different samples are distinguished within each modality.

typically used modalities [14,13]. Existing methods primarily focus on modality feature fusion, employing spatial and channel attention [30,26,20] or evidence fusion models with the inverse gamma prior distribution [31].

Although numerous representation learning methods have been developed to address missing modality scenarios, two major issues still exist. (1) Task-irrelevant Redundant Information: In the absence of precise annotations, such as patch-wise labeling for regions affected by ophthalmic diseases in fundus and OCT images [7,15], feature representations often contain both task-relevant and irrelevant information relevant to the task [6,21,19,18]. As shown in Fig. 1 (b), the baseline method exhibits lower cosine distance between distinct samples, indicating an insufficient ability to capture distinguishable features and leading to lower grading performance [17,23]. (2) Overlapping multimodal representations: Most methods [2,28,29] that focus on cross-modality common representation extraction lead to feature representations of different modalities that have a substantial amount of cross-modal shared information. As shown in Fig. 1 (a), there exists a significant overlap between features of different modalities, hindering the model from utilizing the modality-unique information for diagnosis [24,27].

To this end, we propose the Essence-point and Disentangle Representation Learning (EDRL) framework. The Essence-point Representation Learning (EPRL) module identifies essence-points that highlight discriminative information within each modality, reducing task-irrelevant redundancy. For feature disentanglement, the Disentangle Representation Learning (DiLR) module decomposes embed-

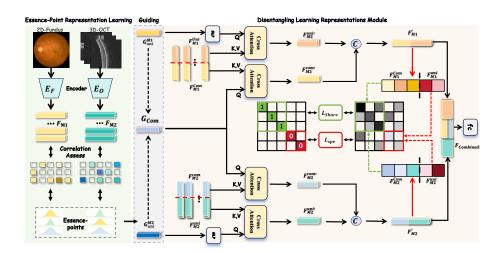


Fig. 2: Illustrates our proposed **EDRL** framework, comprising two key modules: **EPRL** and **DiLR**. The EPRL module maintains series of essence-points to extract discriminative features (e.g.,  $F_{M1}$  and  $F_{M2}$ ) from each modality. The DiLR module disentangles these features into independent modality-common ( $F_{Com}$ ) and modality-unique ( $F_{Uni}$ ) representations, leveraging attention mechanisms to align shared information while preserving modality-specific characteristics.  $F_{Com}$  and  $F_{Uni}$  are then concatenated into ( $F_{Combined}$ ) for grading tasks.

dings into modality-common and modality-unique parts. It encourages cross-correlation alignment toward identity for shared features while minimizing correlation across unique components. We also apply self-distillation between two pipelines (complete vs. missing modalities), where the complete pipeline guides missing modality reconstruction to enhance robustness. EDRL thus minimizes redundancy, reduces inter-modality overlap, and improves multimodal discrimination and generalization.

Overall, our contributions are threefold. (i) We propose EPRL framework for discriminative instance selection with self-distillation. (ii) We introduce DiLR to disentangle features into modality-unique and modality-common representations. (iii) We demonstrate effectiveness on three ophthalmology datasets.

# 2 Methods

#### 2.1 Problem Formulation

We represent  $A = \{\mathbf{a}_j, b_j\}_{j=1}^K$  as a multimodal dataset with K patient samples. Each ophthalmological sample  $\mathbf{a}_j$  consists of L inputs from different modalities, written as  $\mathbf{a}_j = \{\mathbf{a}_j^l\}_{l=1}^L$ , where L denotes the number of modalities and  $b_j \in \{1, 2, \ldots, D\}$  is the label for  $\mathbf{a}_j$ , with D being the number of grading categories.

We propose an EDRL framework addressing missing modalities through: (1) Inter-modality missing (complete modality absence) and (2) Intra-modality missing (natural noise addition). To reduce task-irrelevant redundancy, we introduce EPRL for task-relevant selection. For overlapped representations, we propose DiLR to generate independent modality-unique and modality-common features. The framework is shown in Fig. 2.

### 2.2 EPRL: Essence-Point Representation Learning

We propose EPRL to filter out information in the feature map that is indiscriminative to the ohthalmic disease grading task. Since the task-discriminative information follows conditional distributions given modality type m and class label c, EPRL maintains  $m \times c$  learnable essence-points  $E_m^c$  for each m and c, aiming to model discriminative information distribution given m and c. To guide essence-point learning during training process, we need to match these essence-points with the feature representation based on m and c. Such process can be implemented by the matching loss function  $L_{\text{Matching}}$ . For each modality m, the loss encourages the feature representation  $F_M^c$  to be aligned with their corresponding essence-points  $E_m^c$ , while simultaneously minimizing their similarity with essence-points from other classes. Suppose N is the batch size and K is the total number of classes,  $L_{\text{Matching}}$  with cosine similarity is defined as:

$$L_{\text{Matching}} = -\frac{1}{B} \sum_{i=1}^{N} \left( \text{Sim}(\mathbf{F}_{M}^{c}, \mathbf{E}_{M}^{c}) - \frac{1}{2K-1} \sum_{j \neq c}^{2K-1} \text{Sim}(\mathbf{F}_{M}^{c}, \mathbf{E}_{M}^{j}) \right). \tag{1}$$

During the inference, due to the lack of guidance by the label, EPRL will conduct the correlation assessment and select the highest similarity essence-point.

The Guiding process aims to generate guiding tokens  $G^M_{uni}$  that direct the multi-modal representations  $\{F_{M1}, F_{M2}\}$  to focus on task-relevant regions while eliminating unrelated information. Assuming that the essence-points follow a Gaussian distribution in each modality, we first employ an MLP to predict the mean and variance of the distributions for the essence-points in label c, denoted as  $N^c_{\text{oct}}$  and  $N^c_{\text{fundus}}$ . The guiding tokens  $G^{M1}_{uni}$  and  $G^{M2}_{uni}$  are sampled from them, respectively. Subsequently, to obtain the cross-modality shared representation, we use the Product-of-Experts [5] to generate the joint distribution  $N^c_{\text{Joint}}$  based on the two individual distributions  $N^c_{\text{oct}}$  and  $N^c_{\text{fundus}}$  by assuming independence. Then, guiding token  $G_{com}$  is randomly sampled from  $N^c_{\text{Joint}}$ .

#### 2.3 DiLR: Disentangling Learning Representations Module

To decouple the representation into independent modality-unique and modality-common features, we introduce the DiLR module. We first decompose the feature embeddings in EPRL  $\mathbf{F}_{M1}, \mathbf{F}_{M2} \in \mathbb{R}^D$  into two distinct parts:  $\mathbf{F}_M^{com} \in \mathbb{R}^{D_c}$ ,  $\mathbf{F}_M^{uni} \in \mathbb{R}^{D_u}$ , where  $D_c + D_u = D$ . We assume  $D_c$  represents the common

features across the modalities, while  $D_u$  captures the modality-specific features. Subsequently, the guiding tokens  $G_{uni}^{M1}$ ,  $G_{uni}^{M2}$ , and  $G_{com}$  from EPRL are used to instruct the task-discriminative information selection in  $F_{M1}$  and  $F_{M2}$  through cross-attention. Its output, with task-unrelated information removed,  $\mathbf{F}_{M1}^{com'}$  and  $\mathbf{F}_{M2}^{com'}$ , should remain highly similar, while  $\mathbf{F}_{M1}^{uni'}$  and  $\mathbf{F}_{M2}^{uni'}$  are expected to be decorrelated from each other.

With this in mind, we measure the similarity of two embeddings  $\mathbf{F}_{M1}$ ,  $\mathbf{F}_{M2} \in \mathbb{R}^D$  through the correlation matrix:

$$c_{ij} = \frac{\sum_{b} \mathbf{F}_{M1,b,i} \mathbf{F}_{M2,b,j}}{\sqrt{\sum_{b} (\mathbf{F}_{M1,b,i})^2} \sqrt{\sum_{b} (\mathbf{F}_{M2,b,j})^2}},$$
(2)

where b indexes batch samples, and i,j indexes the dimension of the embeddings.  $\mathbf{C}_{ij} \in \mathbb{R}^{D \times D}$  is a square matrix with values ranging from -1 to 1. In  $\mathbf{C}_{ij}$ , we select the submatrix  $\mathbf{C}_{com} \in \mathbb{R}^{D_c \times D_c}$  that only utilizes the common dimensions from  $\mathbf{F}_{M1}$  and  $\mathbf{F}_{M2}$  to denote the similarity between two common features  $\mathbf{F}_{M1}^{com}$  and  $\mathbf{F}_{M2}^{com}$ . Since  $\mathbf{F}_{M1}^{com}$  and  $\mathbf{F}_{M2}^{com}$  should remain high in similarity,  $\mathbf{C}_{com}$  should approach the identity matrix.  $\mathbf{C}_{uni}$  is expected to approximate a target matrix with zero diagonal conversely. Thus, the common loss and unique loss are respectively defined as:

$$L_{com} = \sum_{i} (1 - c_{cii})^{2} + \lambda_{c} \cdot \sum_{i} \sum_{j \neq i} c_{cij}^{2},$$
 (3)

$$L_{uni} = \sum_{i} c_{uii}^2 + \lambda_u \cdot \sum_{i} \sum_{j \neq i} c_{uij}^2.$$
 (4)

To calculate these losses, we design a realignment network.  $\mathbf{F}_{M}^{Uni}$  conducts a self-attention process to extract finer-grained features. An average operation is then employed to squeeze  $\mathbf{F}_{M}^{Uni}$ . For extracting the common information from both modalities, we utilize the shared features sampled from EPRL network as the guiding token (query), while  $\mathbf{F}_{M1}^{com}$  and  $\mathbf{F}_{M2}^{com}$  serve as key and value for two cross-attention modules respectively to allow the model to extract task-related common features. Subsequently,  $\mathbf{F}_{M}^{Uni}$  and  $\mathbf{F}_{M2}^{Com}$  are concatenated as  $F_{M1}$  and  $F_{M2}$  for further computation of the correlation matrix and its loss.  $F_{M1}$  and  $F_{M2}$  are concatenated to form a combined feature  $F_{Combined}$ .

#### 2.4 Unified Self-Distillation Mechanism

Specifically, feature-level and logits-level consistency are employed to guide the model towards generating more accurate representations for incomplete modalities. For feature distillation, we employ Maximum Mean Discrepancy loss to minimize the discrepancy between combined features  $F_{combine}^{miss}$  and  $F_{combine}^{complete}$ .

$$L_{\text{features}} = \frac{1}{B} \sum_{j=1}^{b} \hat{D}_{T}(F_{combine}^{miss}, F_{combine}^{complete}), \tag{5}$$

where

$$D_T(x,y) \triangleq \|\mathbb{E}_x[\varphi(X_1)] - \mathbb{E}_y[\varphi(X_2)]\|_T^2, \tag{6}$$

where  $\varphi(\cdot)$  is a feature transformation, and T is the Reproducing Kernel Hilbert Space [1,16]. For logits distillation, we apply Jensen-Shannon (JS) divergence [9] to minimize the difference between the logits of different modality-missing cases:

$$D_{\rm JS}(p_1 \parallel p_2) = \frac{1}{2} \left( D_{\rm KL}(p_1 \parallel q) + D_{\rm KL}(p_2 \parallel q) \right), \tag{7}$$

where q represents the average distribution of the logits, and the corresponding logits distillation loss is:

$$L_{\text{logits}} = D_{\text{JS}}(MLP(F_{Combibed}^1) \parallel MLP(F_{Combined}^2)). \tag{8}$$

# 3 Experiment

#### 3.1 Datasets

We evaluate the proposed framework on three public multimodal datasets from Harvard-30k [11]: Harvard-30k AMD, DR, and Glaucoma, which focus on Agerelated Macular Degeneration (AMD), Diabetic Retinopathy (DR), and Glaucoma. The datasets provide four-class grading for AMD and two-class grading for DR and Glaucoma, with fundus images of size 448  $\times$  448 and OCT images of size 200  $\times$  256  $\times$  256 (200 OCT slices).

We compare our model with three state-of-the-art multi-modality fusion methods, as shown in Table 1. For baseline, we use Vision Transformer [3] and UNETR [4] as backbones for Fundus and OCT, respectively, and directly concatenate their feature maps for classification. Compared methods include: (1) B-IF (early fusion); (2) M<sup>2</sup>LC [26], combining channel and spatial attention; and (3) IMDR [10], which uses mutual information loss for cross-modality decoupling. Evaluations are conducted under three conditions: (1) complete modality, (2) noisy modality, and (3) missing modality.

Complete Modality and noisy modality Setting. In the ideal scenario without any missing or noise, our model achieves the best performance among the models we test. Building upon this, we also test our approach under conditions where various Gaussian noise with different variance is introduced to each modality (In Fig 3). As the noise level increases, a clear performance decline is observed in all models, emphasizing the challenges posed by data loss within a single modality on the stability of multimodal representations. Despite this, our method demonstrates exceptional robustness, particularly in scenarios with high levels of noise, consistently outperforming the other models.

Inter-Modality completely missing. We evaluate our strategy by comparing its performance with that of the other methods under OCT missing or Fundus missing situations. Even a performance decline is observed across all models when a modality is missing, our strategy demonstrates greater robustness. Result proves our strategy has robust ability to separate multimodal features and reconstruct the missing information to serve for the grading task.

Table 1: Our model is benchmarked against existing methods on the Harvard-30k dataset across three conditions: OCT missing, Fundus missing, and complete modality. The top-performing results are emphasized in bold and highlighted.

Method	Dataset	AMD			DR			Glaucoma		
	Modality	OCT	Fundus	Both	OCT	Fundus	Both	OCT	Fundus	Both
Baseline	ACC	65.07	72.92	70.87	70.53	73.81	74.07	65.69	73.02	73.35
	AUC	69.88	75.38	81.06	69.94	79.11	78.73	69.86	75.35	74.53
	<b>F</b> 1	69.64	72.28	70.83	62.01	70.46	71.17	70.91	72.31	71.64
B-IF	ACC	69.57	72.35	73.17	69.05	73.62	76.36	69.64	73.39	73.39
	AUC	70.14	71.98	83.82	65.25	67.50	77.95	68.95	76.61	73.32
	<b>F</b> 1	67.45	70.03	71.25	67.93	69.68	75.61	67.18	72.47	72.11
M <sup>2</sup> LC	ACC	68.97	73.24	74.93	67.20	73.04	75.21	67.70	72.78	74.98
	AUC	72.23	72.67	82.39	65.05	67.89	79.68	71.22	70.23	76.45
	F1	65.06	73.80	71.20	64.33	74.59	74.39	65.60	71.11	74.23
IMDR	ACC	70.62	75.17	79.50	72.62	76.19	78.57	71.16	75.54	77.31
	AUC	72.69	80.48	85.09	74.69	79.07	85.00	75.07	78.47	78.98
	F1	71.90	76.59	72.52	72.90	72.18	77.04	70.37	75.12	78.90
Ours	ACC	71.79	76.69	81.42	74.38	77.50	79.50	72.53	76.28	78.55
	AUC	74.84	81.55	85.82	76.88	80.60	86.71	76.28	79.59	79.32
	F1	72.94	76.79	78.93	74.28	76.71	79.81	72.54	76.62	80.54

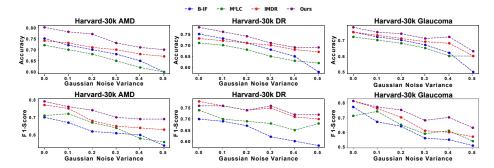


Fig. 3: A comprehensive evaluation of performance across different missing data rates within the context of intra-modality incompleteness.

## 3.2 Ablation Study

Effectiveness of each component. To assess the effectiveness of EPRL and DiLR, we conducted an ablation study on the Harvard-30k test set with Gaussian noise (variance = 0.5), as shown in Table 2. From Variant I to II, adding EPRL reduces task-irrelevant information and notably improves accuracy. From Variant I to III, DiLR enhances modality disentanglement, boosting accuracy by 5%. Variant IV, integrating both modules, consistently outperforms II and III, high-

Table 2: Baseline: Using transformer backbone to extract two modality data and simply concatenates their features. EPRL: Our Essence-point Representation Learning. DiLR: Our Disentangling Learning Representations.

Variants	Baseline	EPRL	DiLR	ACC	AUC	F1
I	✓			59.51	63.42	53.47
II	✓	✓		66.58 64.67 <b>69.37</b>	70.95	66.19
III	✓		✓	64.67	66.45	64.88
IV	✓	✓	$\checkmark$	69.37	66.39	57.94

Table 3: Implementation of a comprehensive hyperparameter sensitivity analysis within the full-modality framework of the Harvard-30k dataset. Percentage (p): the ratio of common dimensions to total dimensionality.

(p)	0.3	0.4	0.5	0.6	0.7
AMD	79.56	81.42	79.05	80.23	73.47
$\mathbf{DR}$	76.87	78.13	78.75	79.50	77.50
Glaucoma	77.32	78.55	77.44	76.35	77.50

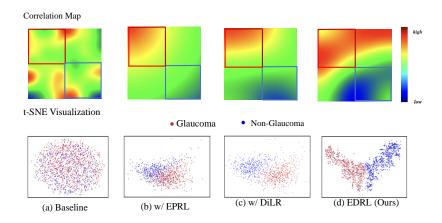


Fig. 4: Corrleation map and t-SNE on the Harvard-30k Glaucoma dataset. In the ideal scenario, the top-left region of the heatmap should exhibit predominantly red areas, indicating a high correlation between  $F_{M1}^{com}$  and  $F_{M2}^{com}$ , while the bottom-right region should show more blue areas, signifying lower correlation between  $F_{M1}^{uni}$  and  $F_{M2}^{uni}$ 

lighting their complementary strengths in learning decoupled, low-redundancy representations.

Qualitative Results. As shown in Fig. 4, we visualize correlation maps and t-SNE plots for four variants to evaluate feature disentanglement and clustering. The baseline (Fig. 4 (a)) shows weak decoupling and poor cluster separation. Adding EPRL (Fig. 4 (b)) improves feature selection and cluster quality. Incorporating DiLR (Fig. 4 (c)) further disentangles modality-common and unique features, enhancing separation. Our full EDRL model (Fig. 4 (d)) achieves clear

modality disentanglement and distinct clusters, validating its effectiveness in learning discriminative, modality-aware representations for grading.

Hyperparameter Sensitivity Analysis. To validate the robustness of our model, we conduct a series of hyperparameter sensitivity analysis in Table 3. In DiLR, the common dimension percentage affects performance: increasing it initially improves results, but excessive sharing impairs modality-specific information expression, causing performance decline.

## 4 Conclusion

In multimodal ophthalmology diagnosis, two main challenges are intra-modal redundancy due to task-unrelated information and cross-modal entanglement in the latent space. To tackle these, we propose the EPRL framework to reduce redundancy, followed by the DiLR module for disentangling cross-modal features. Extensive experiments on multimodal ophthalmic datasets show that our method outperforms state-of-the-art approaches, improving interpretability.

**Disclosure of Interests.** The authors declare that they have no competing interests.

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