



# *From Indicators to Insights: Diversity-Optimized for Medical Series-Text Decoding via LLMs*

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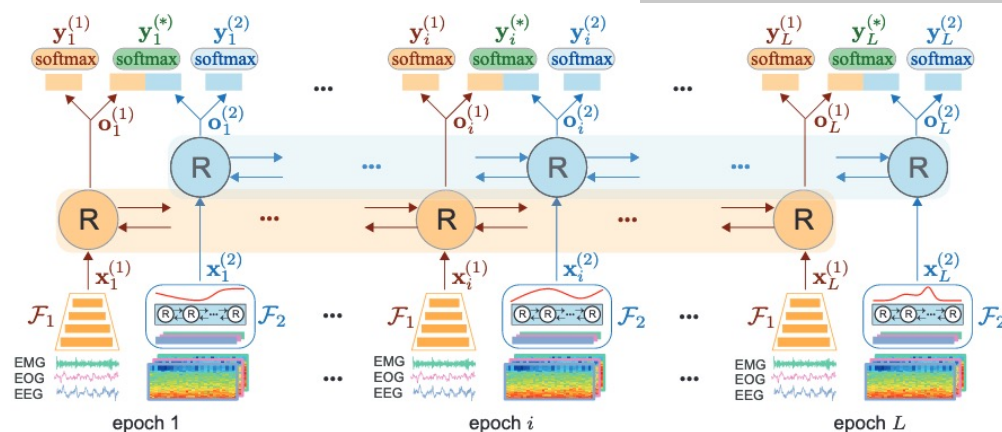
# Introduction

- Decoding Medical Timeseries is hard

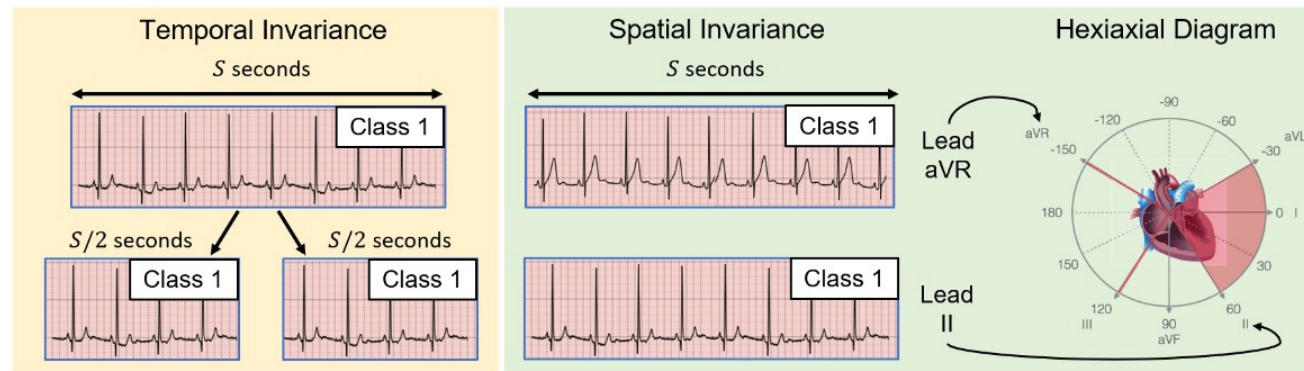
Regular Time Series	VS.	Medical Time Series
<ul style="list-style-type: none"><li>• Physically or mechanically generated (e.g., weather, traffic)</li><li>• Stable statistical patterns, often stationary</li><li>• Approximate prediction acceptable</li></ul>	<b>Nature of signals</b>	<ul style="list-style-type: none"><li>• Biophysiological and multi-source (e.g., EEG, ECG, EMG)</li></ul>
	<b>Data consistency</b>	<ul style="list-style-type: none"><li>• High inter-subject variability, non-stationary dynamics</li></ul>
	<b>Error tolerance</b>	<ul style="list-style-type: none"><li>• Misinterpretation may lead to clinical risk</li></ul>

# Motivation

Early knowledge integration in medical modeling:

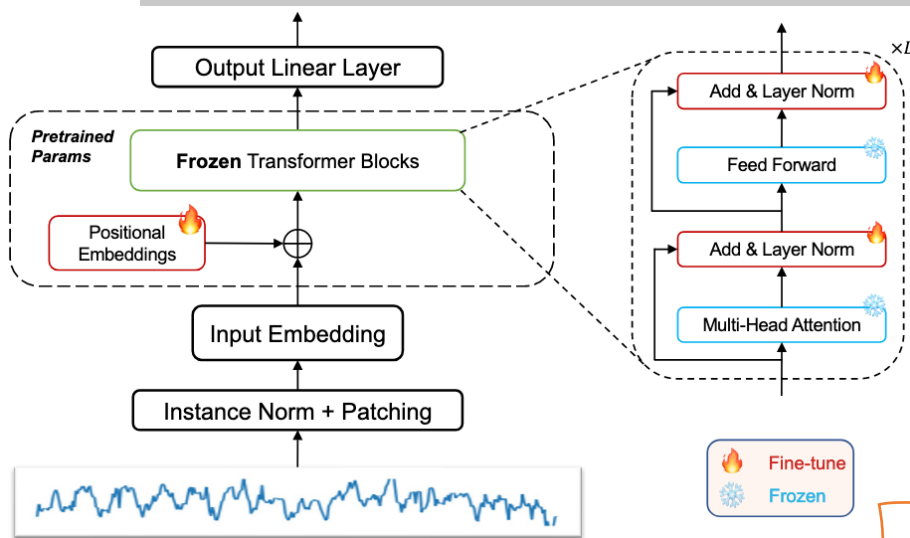


Task Specific Modular Design



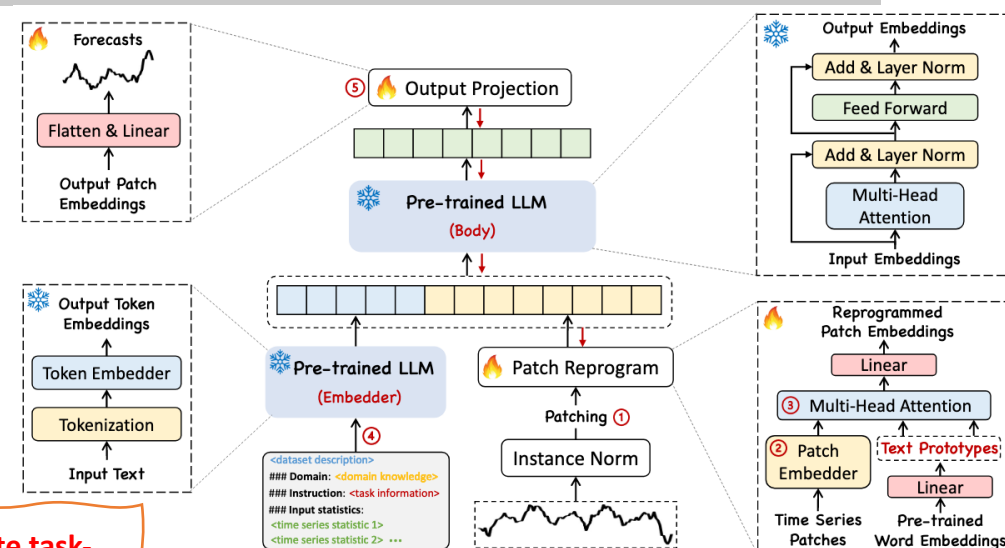
Task Agnostic Modular Design

LLMs have become *a new paradigm* due to their efficient ability to transform knowledge



Implicit Knowledge Modeling

do not incorporate task-relevant medical indicators



Explicit Knowledge Modeling

# Motivation

*Limited inspiration for decision-making*

<dataset description>  
 ### Domain: <domain knowledge>  
 ### Instruction: <task information>  
 ### Input statistics:  
 <time series statistic 1>  
 <time series statistic 2> ...

(a) dataset descriptions and sample statistics

Timestamp	Other Descriptions
2016/7/1 00:00:00	Begin of day
.....	.....
2016/7/1 23:00:00	Warm-up device
Segment length	
2016/7/2 00:00:00	P0 Warning
2016/7/2 01:00:00	Cooling device
.....	.....
2016/7/2 15:00:00	<missing>

Default Prompt

This is the series  
from 2016/7/2 00:00:00  
to 2016/7/2 15:00:00  
<EOS>

variable text length

Prompts

(Optional)

This is the series with  
interval in 1hour.  
It has undergone: P0  
Warning .... <EOS>

LLM

Embedding  
of <EOS>

(b) timestamp information

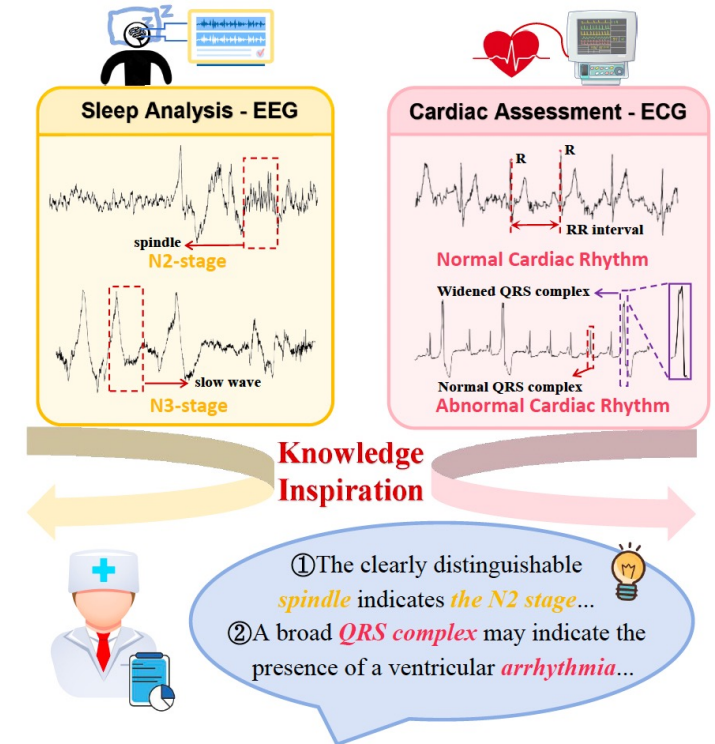
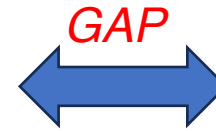


Figure 1: Task-relevant indicators provide critical cues for physiological state interpretation in sleep analysis and cardiac assessment.

- automatically detect medical indicators are not perfectly accurate,
- but easy to extract and extremely useful for medical decision-making.
- However, current LLM-based methods do not make use of this information at all.

# Motivation

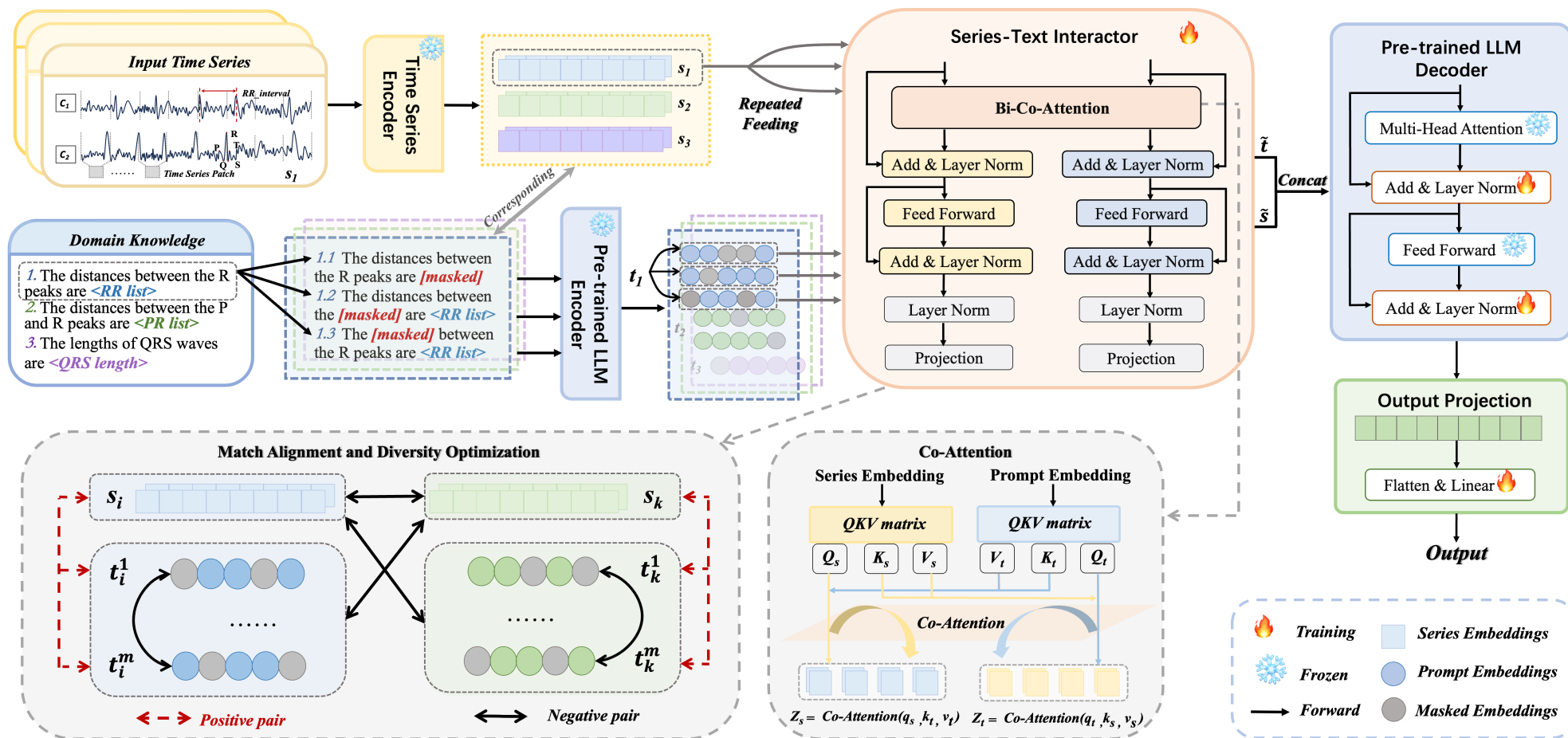
## Challenges

- *What kinds of promptable knowledge are most effective for decoding medical time series?*
  - Existing prompts lack task-specific, discriminative cues that experts actually rely on.
  - The challenge is to identify what type of knowledge truly drives physiological interpretation.
- *How to robustly integrate time series and suboptimal text prompts?*
  - Text prompts may be incomplete or inaccurate.
  - A robust model must still align and learn meaningful cross-modal representations even when the

InDiGO — designed to integrate *indicator-guided prompts* and optimize their diversity and alignment through an evolutionary learning process.

Method

# Method





# Method

- *LLM predicts the target conditioned on both the series and a text prompt :*

$$P_{\text{LLM}}(Y) = \mathbb{E}_{(s,t) \sim P(s,t)} [P_{\text{LLM}}(Y|s,t)] \approx \frac{1}{n} \sum_{i=1}^n \mathbb{E}_{t \sim P(t|s_i)} [P_{\text{LLM}}(Y|s_i,t)]$$

*In practice, we approximate the whole text distribution with a single suboptimal text  $\rightarrow$  **this introduces bias***

$$\text{Bias}(\hat{\mathcal{M}}) = \mathbb{E}[P_{\text{LLM}}(y_i|s_i,t)P(t|s_i)] - \int P_{\text{LLM}}(y_i|s_i,t)P(t|s_i)dt$$

Based on the aforementioned indicator-guided prompts, we obtain an initial text sample  $t_i^0$  corresponding to  $s_i$ , which serves as a coarse approximation of the optimal text  $t_i^*$ . However, even so, manually designed prompts inevitably introduce bias in the estimation of the marginal likelihood. To mitigate this limitation, we aim to construct and perform multiple importance samplings from a simple distribution  $q(t|t_i^0)$  that is both **computationally tractable and closer to the optimal distribution  $t_i^*$** , thereby replacing infeasible enumeration with sampling-driven surrogate approximation.



# Method

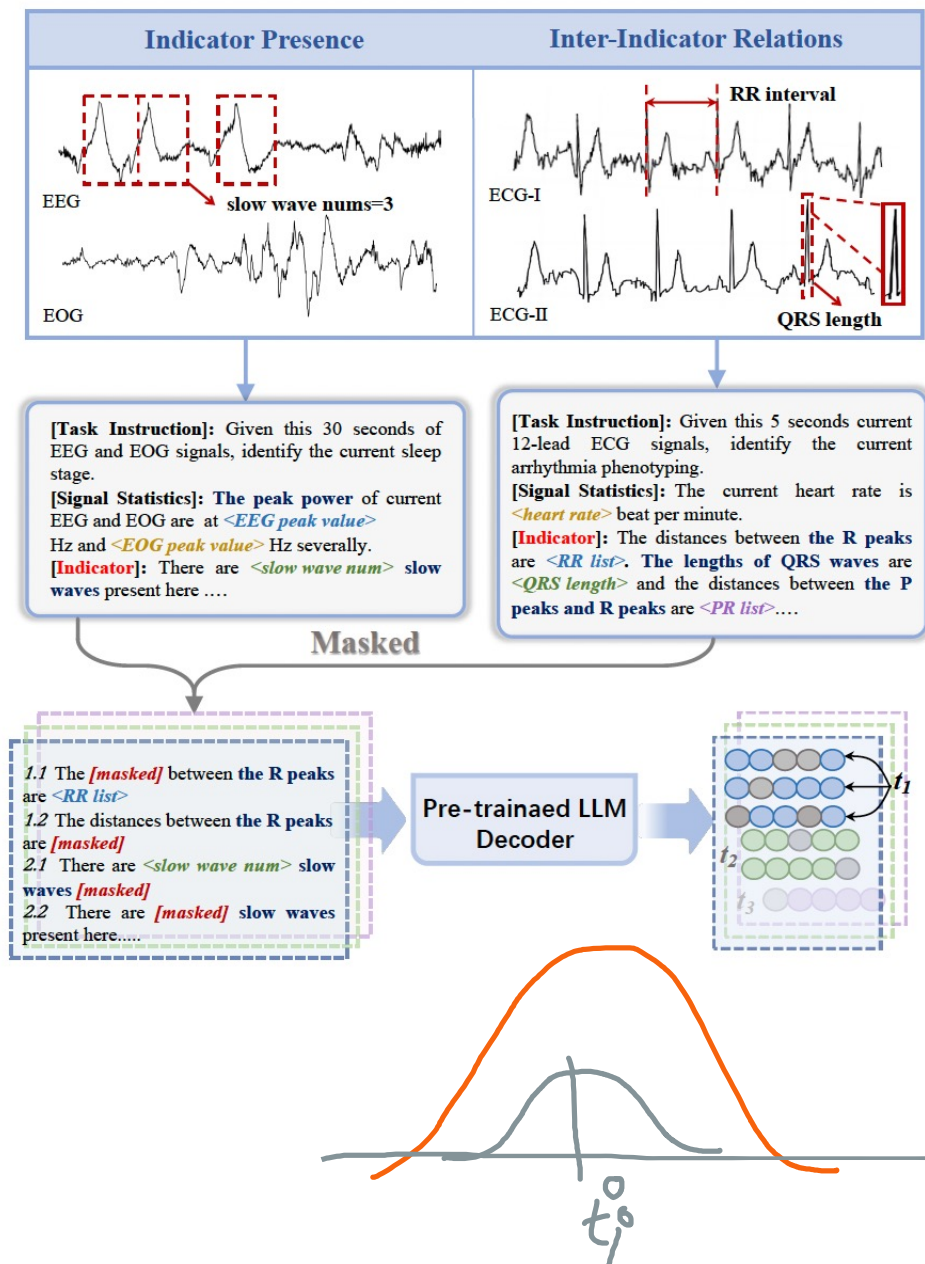
## 1. Signal tokenization (patching)

$$\mathbf{s}_i = \mathbf{SeriesEnc}(s_i^1, s_i^2, \dots, s_i^{L_s}, [\mathbf{CLS}^s])$$

## 2. Indicator-Guided Prompt Construction

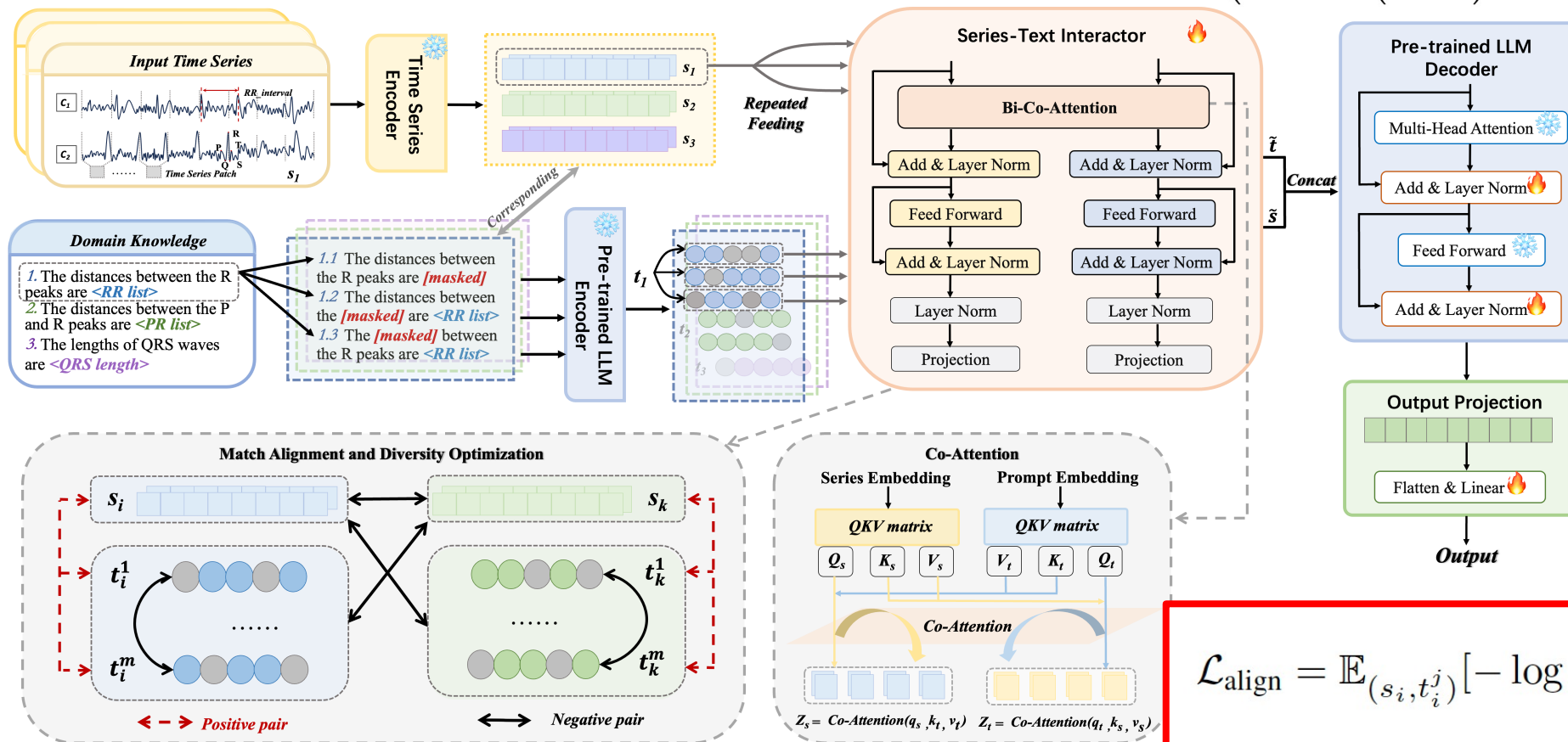
## 3. Masked Monte Carlo Importance Sampling

$$\mathcal{D}^{t_i} = \{t_i^j | t_i^{j,1}, t_i^{j,2}, \dots, t_i^{j,L_{t_i}}; j = 1, \dots, m\}$$



# Method: Match Alignment + Diversity Optimization

- *Series-Text Interaction:*  $(\mathbf{z}_s, \mathbf{z}_t) = \text{BiCoAttn}(\mathbf{s}, \mathbf{t}) = \left( \text{softmax} \left( \frac{\mathbf{q}_s \mathbf{k}_t^\top}{\sqrt{d}} \right) \mathbf{v}_t, \text{softmax} \left( \frac{\mathbf{q}_t \mathbf{k}_s^\top}{\sqrt{d}} \right) \mathbf{v}_s \right)$



$$\mathcal{L}_{\text{align}} = \mathbb{E}_{(s_i, t_i^j)} \left[ -\log \frac{\exp(\text{sim}(\mathbf{s}_i, \mathbf{t}_i^j)/\tau)}{\sum_{k=1}^N \sum_{j=1}^m \exp(\text{sim}(\mathbf{s}_i, \mathbf{t}_k^j)/\tau)} \right]$$

# Results

- *General pre-trained models underperform due to their lack of physiological signal awareness, while task-specific models benefit from prior knowledge integration.*

Methods	Sleep-EDF-20			Sleep-EDF-78		
	Acc.	Macro F1	Kappa	Acc.	Macro F1	Kappa
TF-C [48]	55.42 $\pm$ 1.39	26.04 $\pm$ 0.21	30.74 $\pm$ 1.52	53.90 $\pm$ 4.03	26.00 $\pm$ 2.09	29.32 $\pm$ 6.43
SimMTM [7]	66.91 $\pm$ 1.89	53.21 $\pm$ 1.95	53.25 $\pm$ 2.02	63.06 $\pm$ 2.67	57.07 $\pm$ 2.13	53.07 $\pm$ 3.42
OneFitsAll [49]	72.60 $\pm$ 1.51	61.61 $\pm$ 5.80	61.81 $\pm$ 3.50	68.50 $\pm$ 2.19	54.24 $\pm$ 1.96	55.21 $\pm$ 3.07
Time-LLM [12]	80.31 $\pm$ 2.63	71.64 $\pm$ 3.02	70.22 $\pm$ 2.84	78.08 $\pm$ 2.96	66.09 $\pm$ 3.25	68.04 $\pm$ 3.14
KEDGN [24]	74.89 $\pm$ 3.86	64.29 $\pm$ 3.36	64.90 $\pm$ 5.46	70.34 $\pm$ 1.85	58.59 $\pm$ 2.74	57.47 $\pm$ 2.56
MiniRocket [5]	81.60 $\pm$ 1.55	72.82 $\pm$ 2.01	72.79 $\pm$ 1.96	78.36 $\pm$ 1.93	70.18 $\pm$ 2.35	69.46 $\pm$ 2.46
BIOT [45]	81.86 $\pm$ 4.41	75.29 $\pm$ 4.47	75.14 $\pm$ 6.00	77.15 $\pm$ 3.04	69.36 $\pm$ 4.13	68.26 $\pm$ 4.36
TinySleepNet [38]	83.64 $\pm$ 2.31	77.54 $\pm$ 2.55	77.63 $\pm$ 2.29	83.49 $\pm$ 2.24	76.64 $\pm$ 2.61	76.41 $\pm$ 2.59
XSleepNet [32]	80.93 $\pm$ 2.34	76.71 $\pm$ 2.59	74.31 $\pm$ 2.32	81.83 $\pm$ 2.30	75.28 $\pm$ 2.66	75.44 $\pm$ 2.37
L-SeqSleepNet [33]	82.90 $\pm$ 2.12	74.90 $\pm$ 2.22	76.47 $\pm$ 2.24	80.84 $\pm$ 2.18	72.67 $\pm$ 2.38	74.94 $\pm$ 2.51
SleepHGNN [10]	81.15 $\pm$ 1.96	72.88 $\pm$ 2.17	73.35 $\pm$ 2.16	77.35 $\pm$ 2.13	69.56 $\pm$ 2.39	68.65 $\pm$ 2.41
SleepKD [21]	82.44 $\pm$ 2.40	74.11 $\pm$ 2.72	76.87 $\pm$ 2.63	80.19 $\pm$ 2.85	72.65 $\pm$ 2.84	74.86 $\pm$ 2.93
SleepDG [42]	81.92 $\pm$ 2.27	74.74 $\pm$ 2.53	76.43 $\pm$ 2.47	79.95 $\pm$ 2.42	72.21 $\pm$ 2.59	74.16 $\pm$ 2.68
Brant-X [47]	84.58 $\pm$ 1.98	77.63 $\pm$ 2.13	79.29 $\pm$ 2.18	82.84 $\pm$ 2.21	77.04 $\pm$ 2.30	76.67 $\pm$ 2.49
<b>InDiGO</b>	<b>89.04 <math>\pm</math>1.80</b>	<b>80.53 <math>\pm</math>1.77</b>	<b>84.91 <math>\pm</math>2.51</b>	<b>86.79 <math>\pm</math>1.90</b>	<b>81.12 <math>\pm</math>1.88</b>	<b>81.60 <math>\pm</math>2.89</b>