



GROUP 2

Quantifying Uncertainty in a Tumor Segmentation Model

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Transparency as Explainability

Uncertainty Quantification in models **communicates** to stakeholders:

- (a) if and when they should **trust** model predictions
- (b) assess how **fair** these predictions are on sample-wide and patient-specific cases

Transparency **exposes** a model's properties to various stakeholders to **better understand**, **improve**, and **contest** model predictions.

So, **Uncertainty is Transparency** and **Uncertainty is Explainability**

How Does Uncertainty Enhance Explainability?

Explainable to Clinicians:

- Allowing physicians to **more confidently** segment tumors
- **Clarity in review processes** leading up to implementation of models in a clinical setting



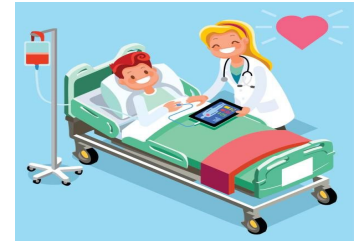
Explainable to Model Designers:

- Help model designers **understand weaknesses**
- Collaboration with domain experts can clarify various types of errors and their implications



Explainable to Patients:

- Encourage **trust** between clinician and patient
- Help patients understand strengths and limitations of models without an overload of technical information



Central Goal:

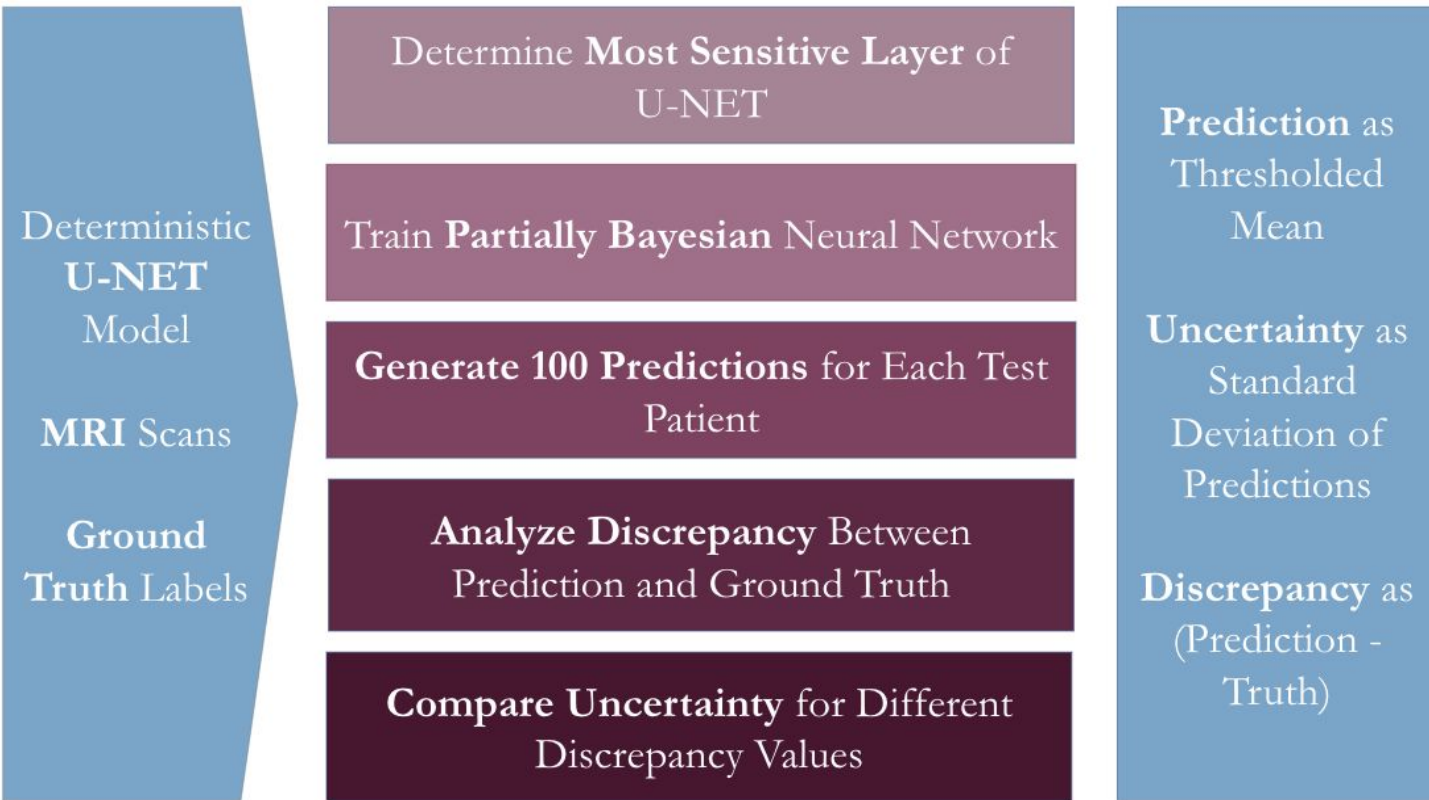
Quantify **model uncertainty** by using a **partially bayesian neural network** (pBNN) to communicate where the model is uncertain of its prediction.



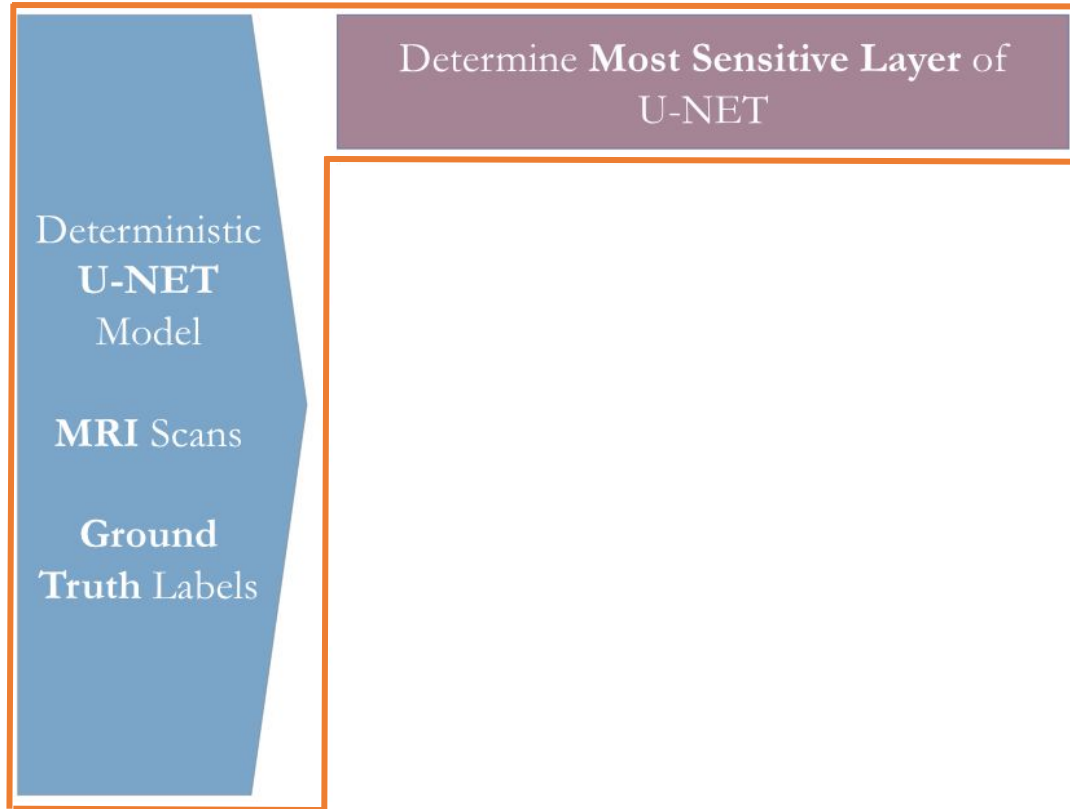
Research Questions:

1. Where is this model failing, and **how is it failing** to properly segment the tumor?
2. In what cases is the model **certain but still makes a mistake** in tumor segmentation?

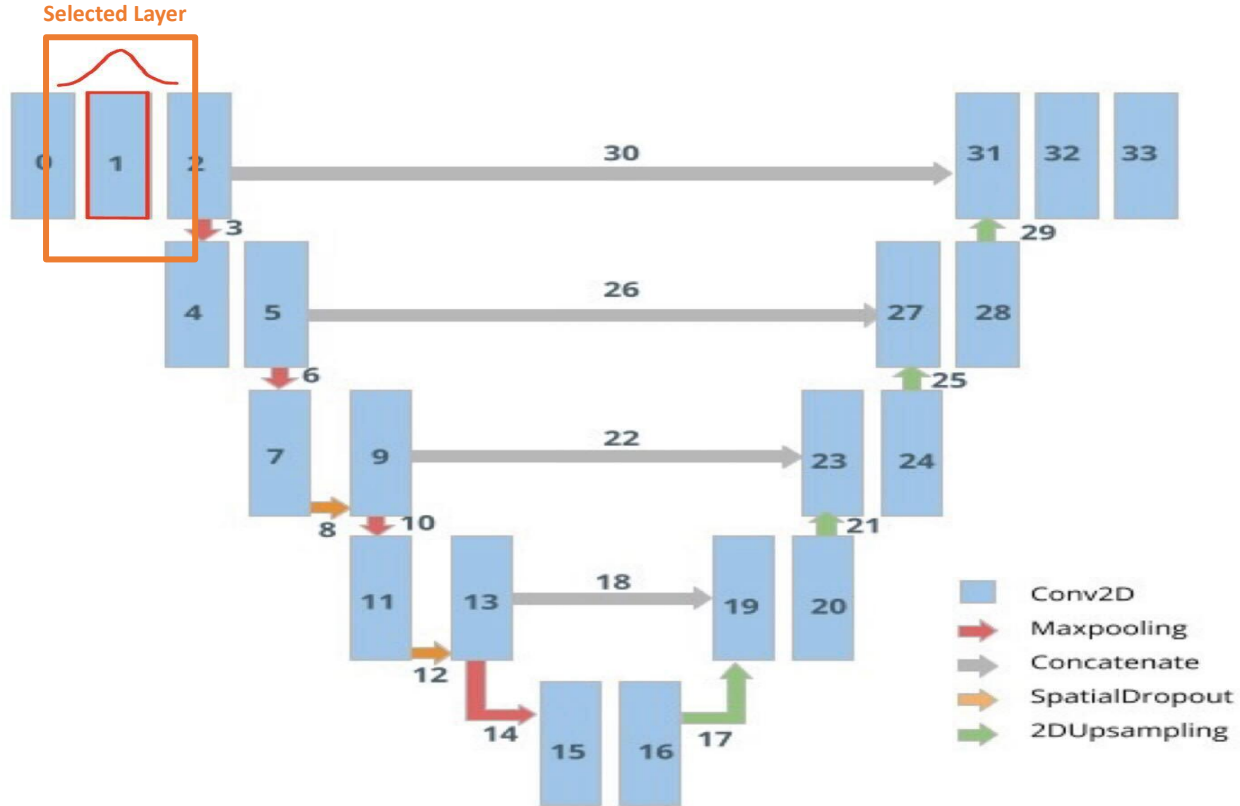
Outline of Methods



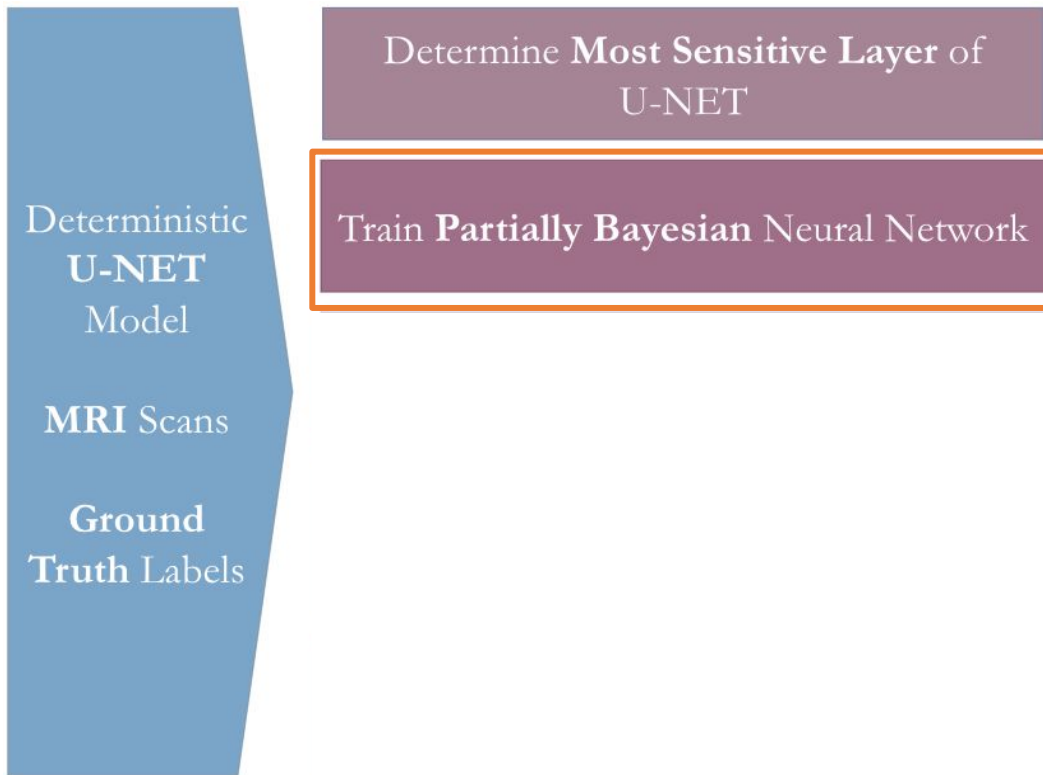
Outline of Methods



U-NET Architecture



Outline of Methods



Bayesian Inference

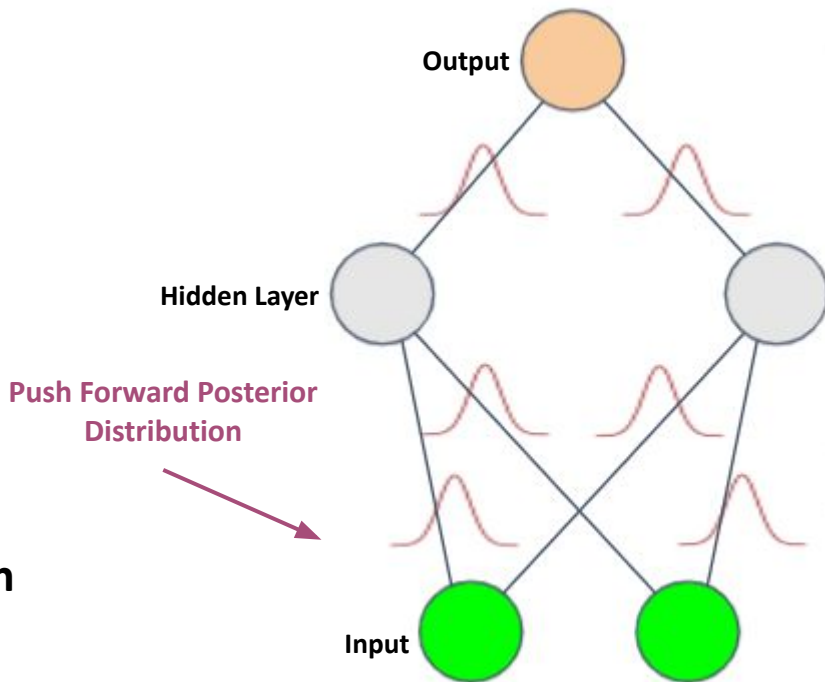
Allows us to **update** the probability of a hypothesis as more data becomes available!

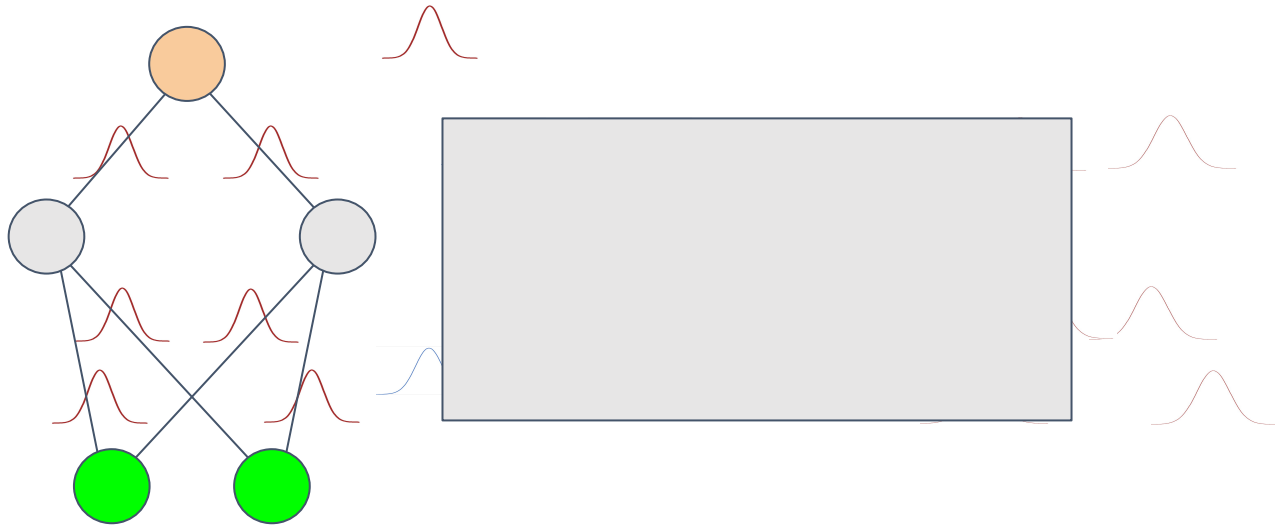
$$p(w|x_T, y_T) = \frac{p(y_T|x_T, w)p(w)}{p(y_T|x_T)}$$

In neural net:

Using bayesian inference, the weights are **sampled** push-forward **posterior distribution** generated during training.

Example: Full Bayesian Neural Net





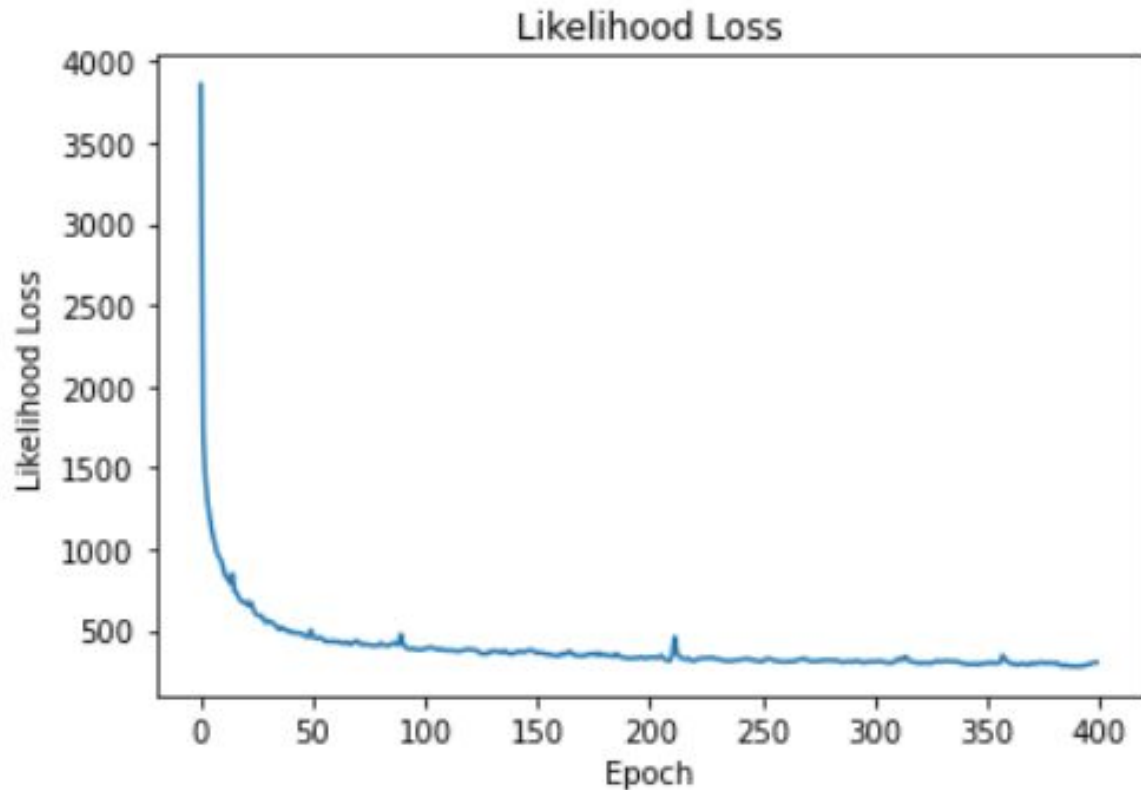
Why Use a Partially Bayesian Neural Net?

Targeted Bayesian inference on a small, strategically chosen **single layer** of the Deep Neural Network while training the rest of the network using less-expensive deterministic methods.

Promises of using a pBNN:

- ❑ **Less Computationally Expensive** than using a complete bayesian neural networks.
- ❑ Outputs a predicted value for each pixel between 0 (no tumor) and 1 (tumor) that **serves as a probability** for pixel classification.
- ❑ Standard Deviation of sampled predictions **can quantify model uncertainty** → **which increases explainability.**

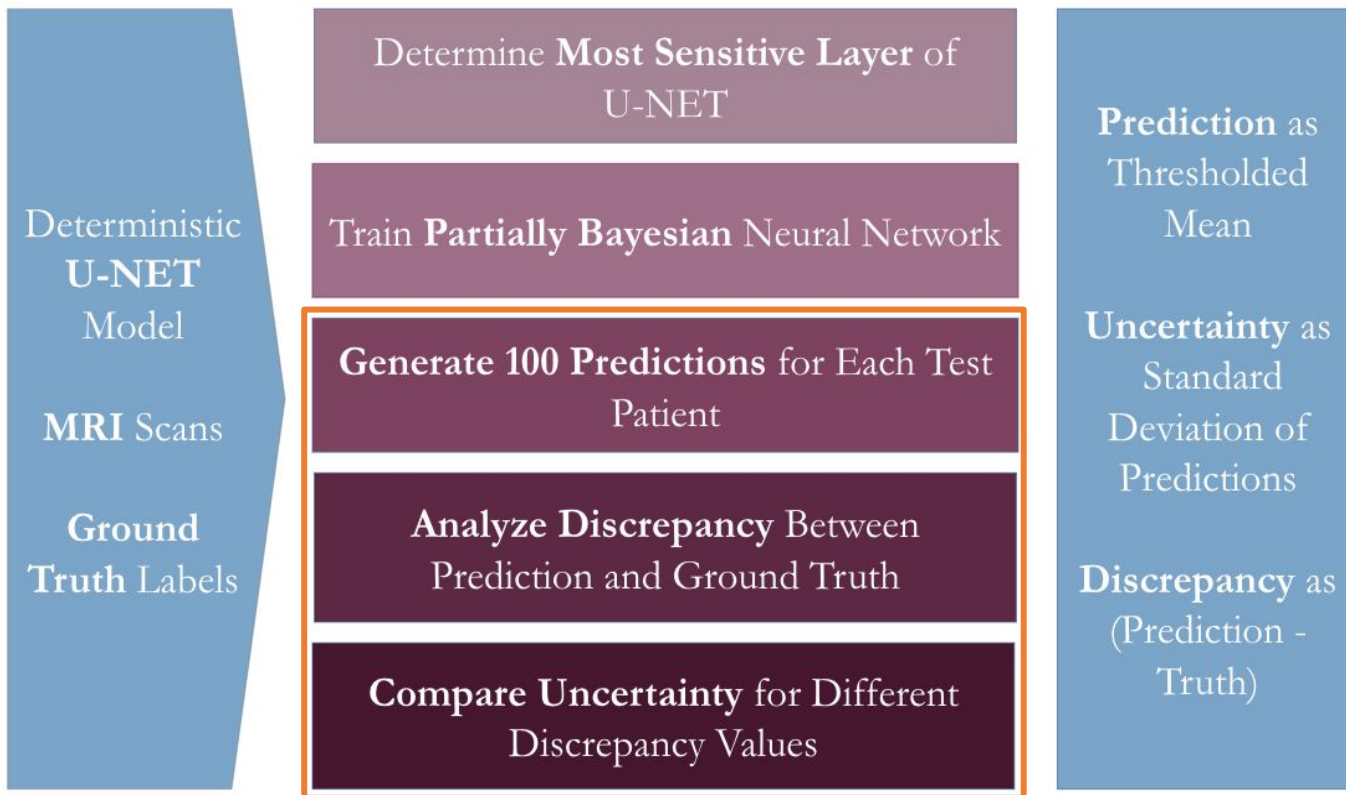
Tuning the Hyperparameters



Training Summary:

Epochs = 400
Batch Size/Epoch: 256
Parameters: 7.8 million
Training Time: 11 hours

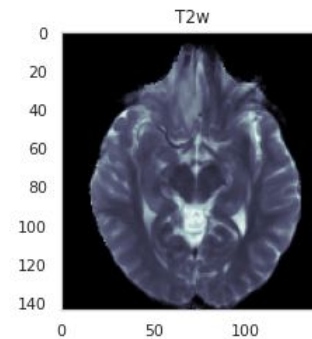
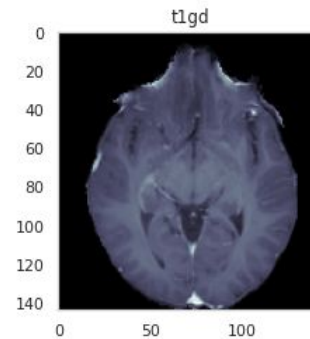
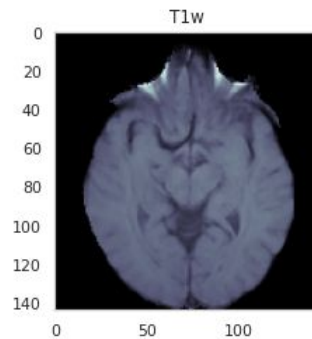
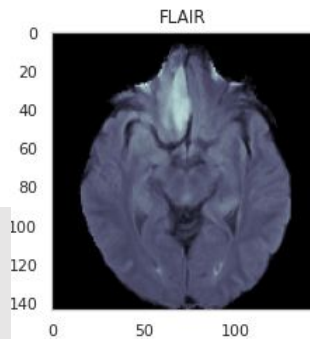
Outline of Methods



INPUTS

Female, age 41
37.13 month
survival time

Tissue Source Site: Case
Western - St. Joes
Study: Brain Lower
Grade Glioma
Histology:
oligodendroglioma (G3)

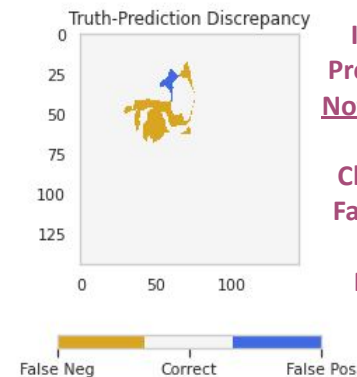
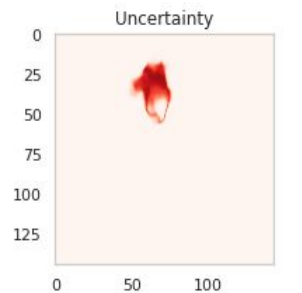
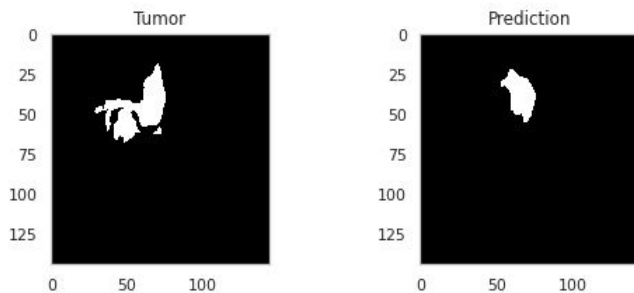
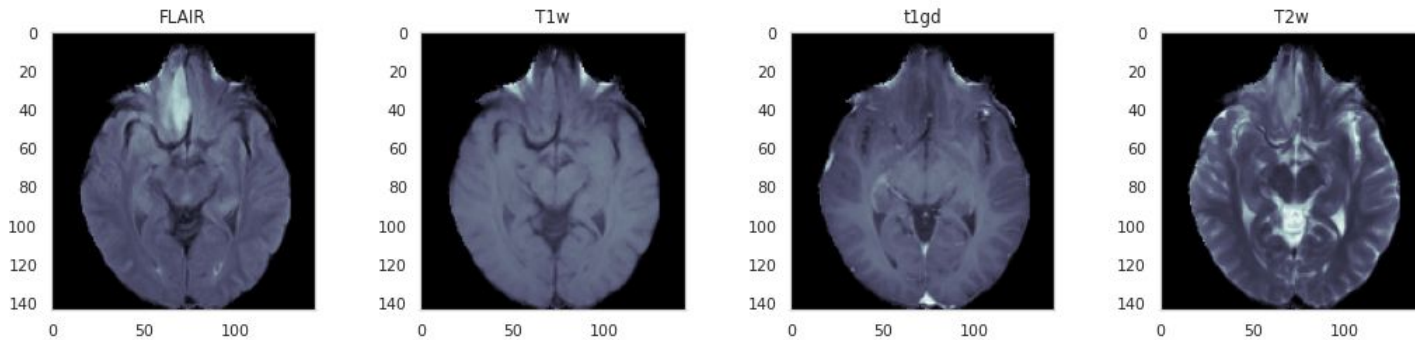


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OUTPUTS

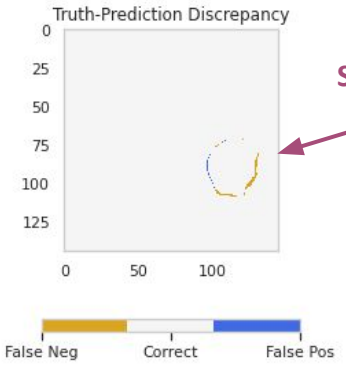
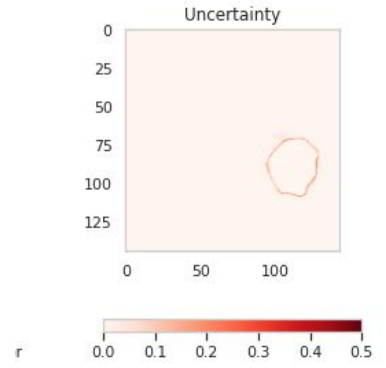
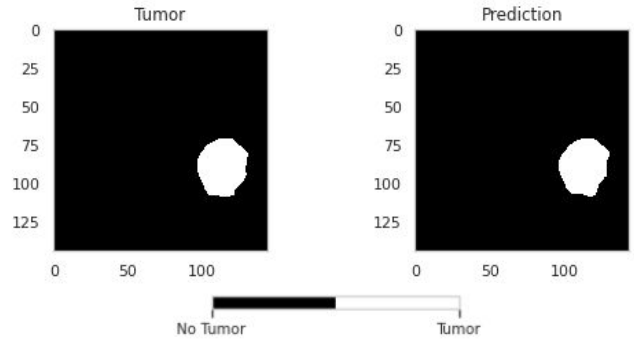
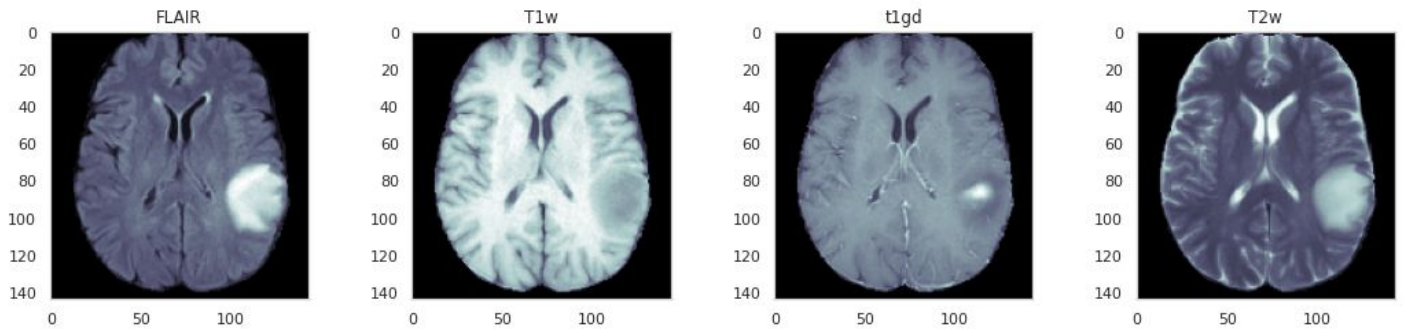


Inaccurate
Prediction but
Not Uncertain?

Clustering of
False Positive
and False
Negative?

**Female, age 66,
15.97 month
survival time**

Tissue Source Site: Duke
Study: Glioblastoma
multiforme
Histology: glioblastoma
(G3)



**High
Sensitivity**

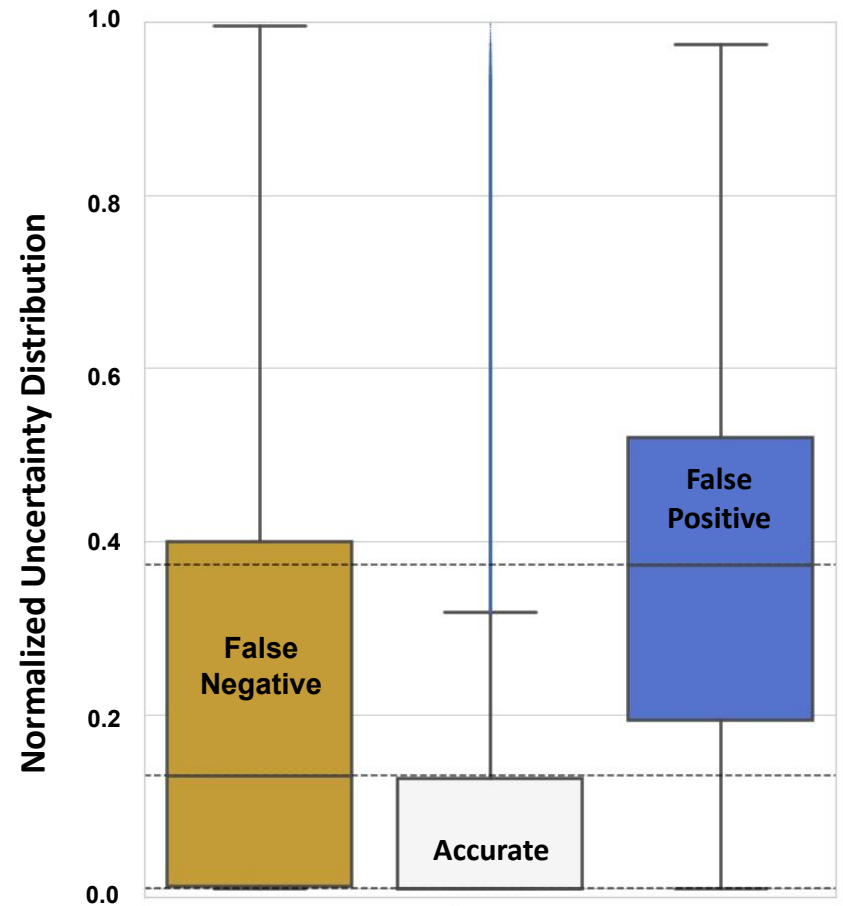
Higher Uncertainty in Predicted Boundary Regions

Comparing Uncertainty Across Truth Prediction Discrepancy Values

More certain for accurate classification.

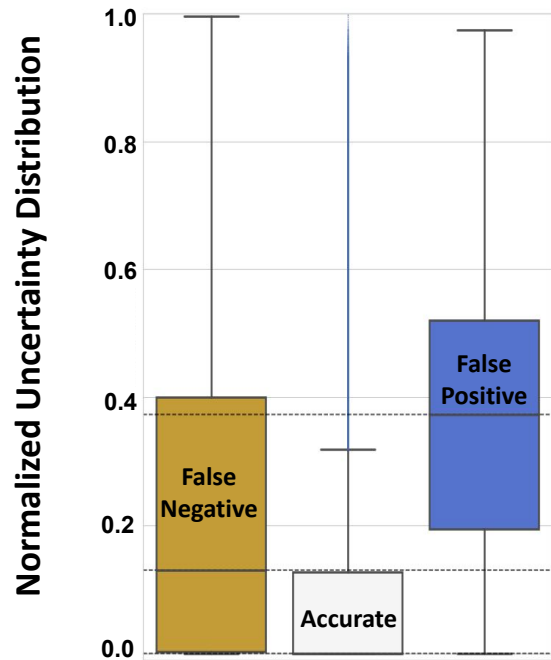
More certain for false negatives than false positives.

- Less certain when classifying a pixel as “tumor”.
- More likely to be falsely confident that a pixel is “non-tumor” than “tumor”.



Sample-wide Certainty \neq Individual Level Certainty

Sample-Wide



Male, age 67, 7.69 month survival time

Tissue Source Site: Thomas Jefferson University

Study: Lower Brain Grade Glioma

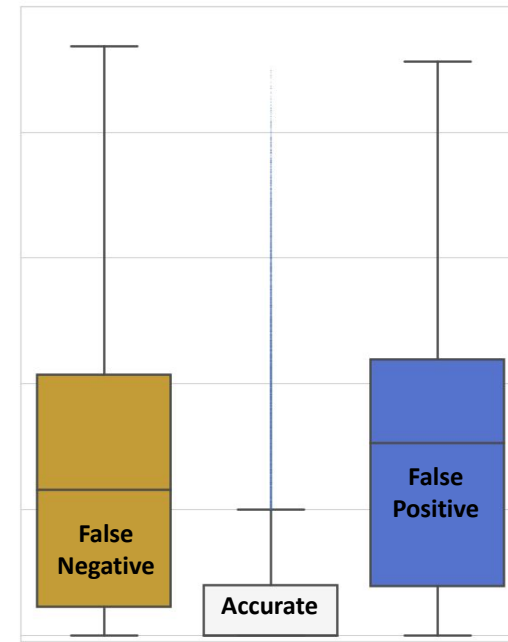
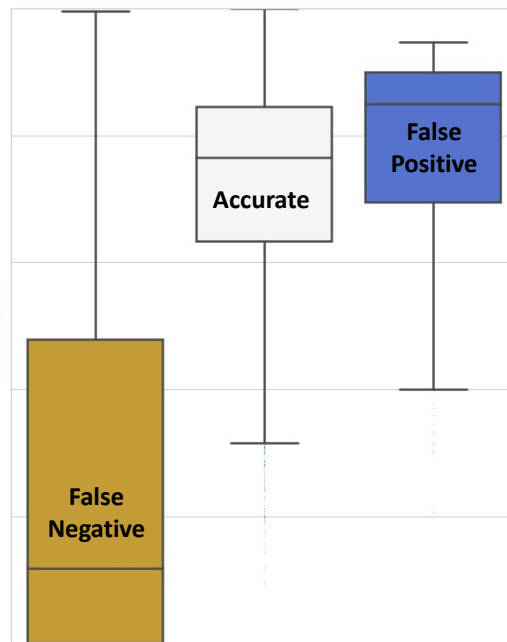
Histology: Astrocytoma (G3)

Female, age 70, 5.32 month survival time

Tissue Source Site: Case Western St. Joes

Study: Lower Brain Grade Glioma

Histology: Astrocytoma (G3)



These patients' clinical info are highly similar

Case	Tissue source site	Study	Histology	Grade	Age (years at diagnosis)	Gender	Survival (months)	Vital status (1=dead)	
1	TCGA-CS-4941	Thomas Jefferson University	Brain Lower Grade Glioma	astrocytoma	G3	67.0	male	7.688047	1.0
318	TCGA-HT-A5RC	Case Western - St Joes	Brain Lower Grade Glioma	astrocytoma	G3	70.0	female	5.322494	1.0

...But the Normalized Uncertainty Distributions Vary

Especially in False Positive and Accurate Discrepancies

Future Work

Collaborating with clinicians to better understand **why model fails in specific brain regions**, and why false positive and false negative results tend to cluster.

Comparing model performance and uncertainty levels **across various subsets** (e.g. different tumor histologies, tissue source sites, patient sex, vital status, etc.).



Investigating the **implications** of the different kinds of **model failure on clinical outcomes**. Investigating what kind of model failure is considered more dangerous by clinicians.

References

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Thank you!

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