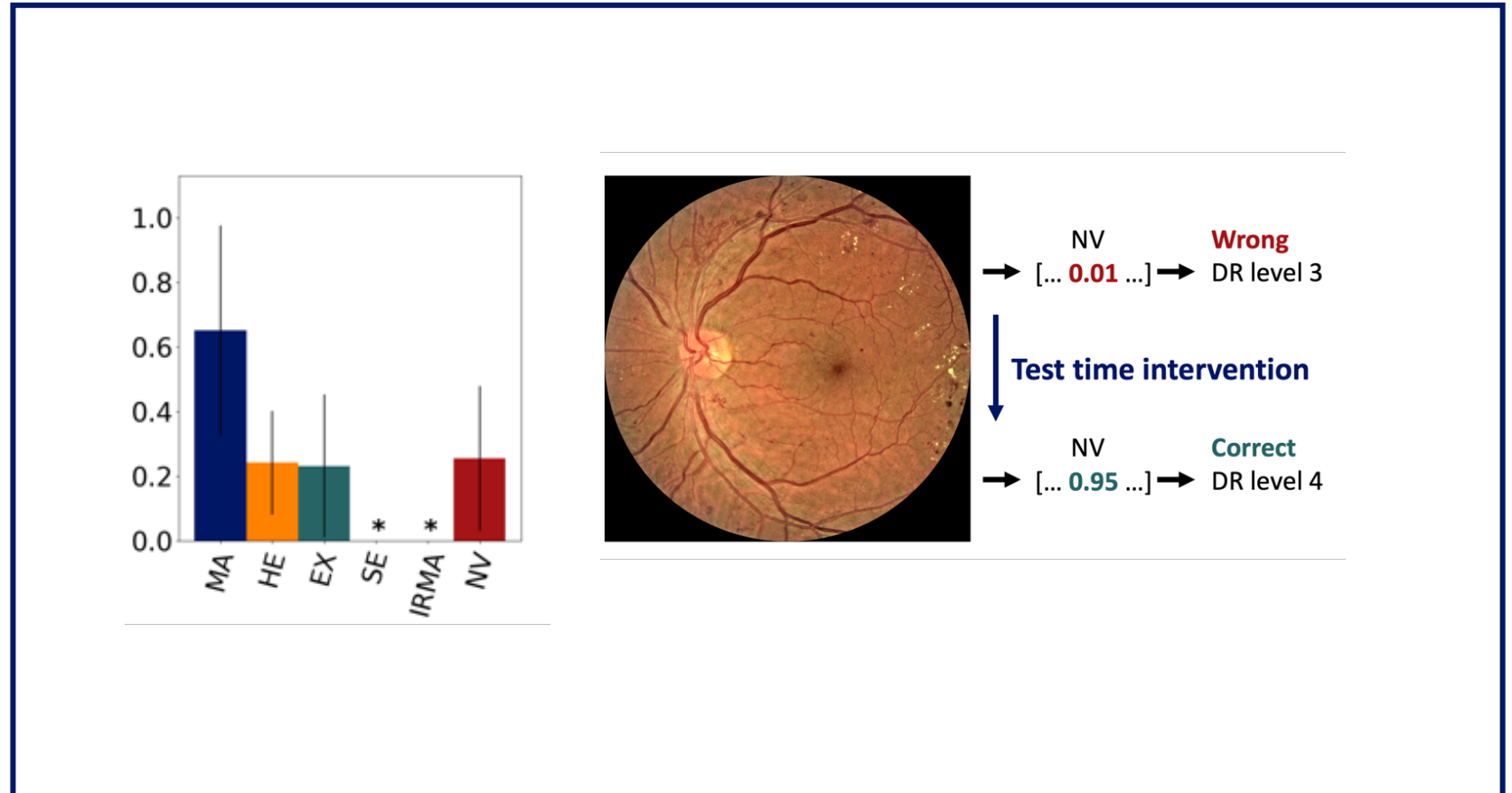


# Looking into Concept Explanation Methods for Diabetic Retinopathy Classification

Andrea M. Storås and  
Josefine V. Sundgaard

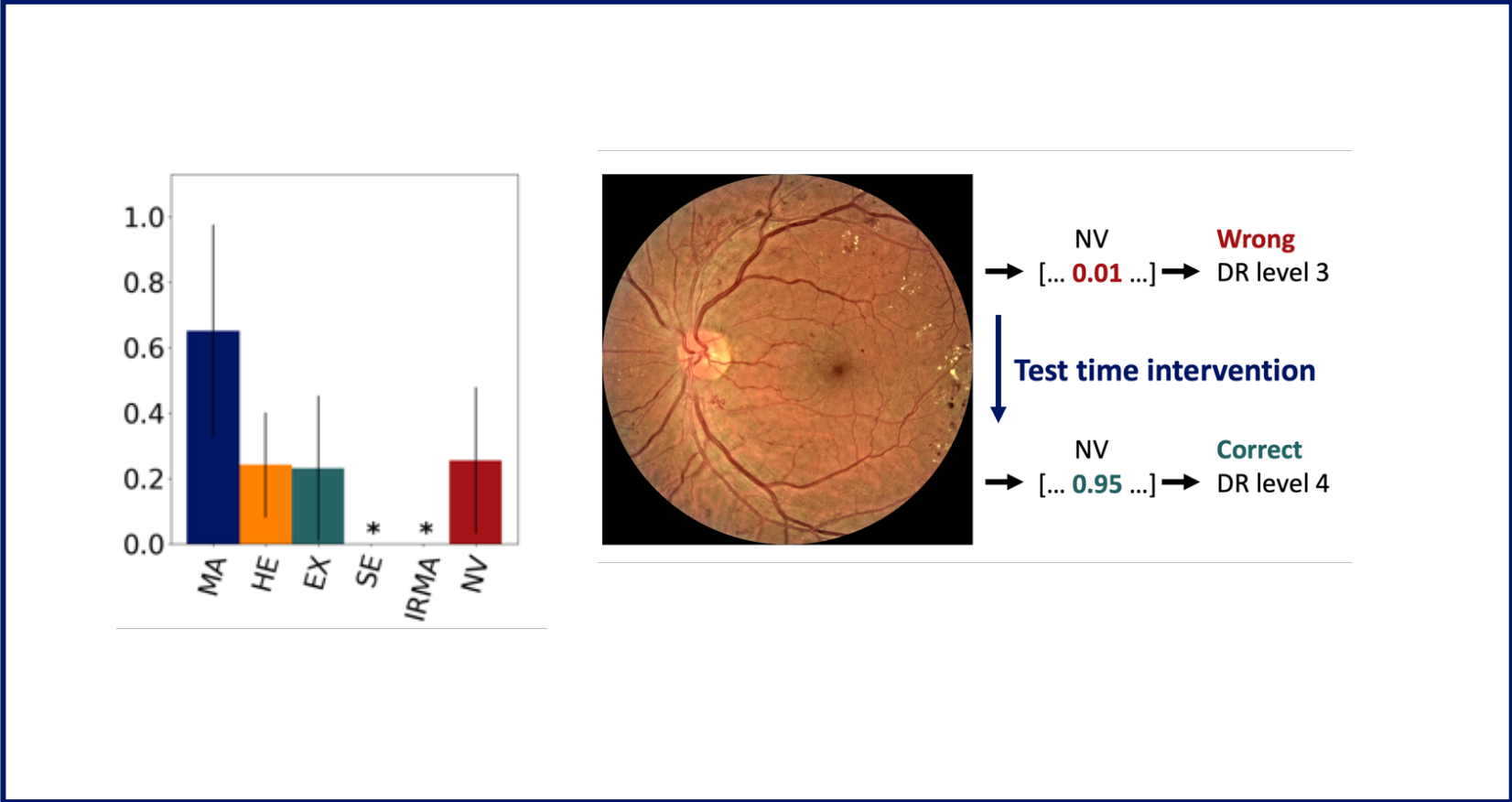
iMIMIC October 8, 2023



# Looking into Concept Explanation Methods for Diabetic Retinopathy Classification

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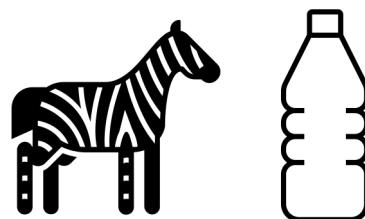
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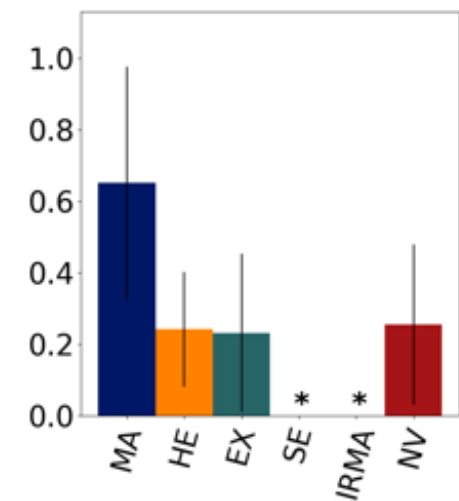
# This talk compares two concept explanation methods for deep learning-based diabetic retinopathy (DR) grading



DR and DL



Concept explanations



Results and discussion

# DR is graded from 0 to 4 based on findings in fundus images

## Level 0



No abnormalities

## Level 1



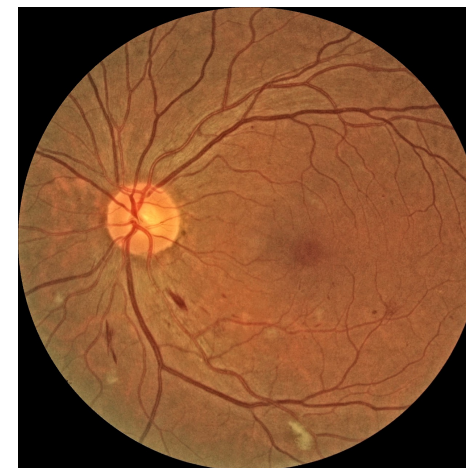
Microaneurysms (MA)  
only

## Level 2



More than MA, but less  
severe than level 3

## Level 3



No signs of proliferative  
DR and either >20  
intraretinal hemorrhages  
in each quadrant,  
definite venous beadings  
in 2+ quadrants or  
prominent intraretinal  
microvascular  
abnormalities

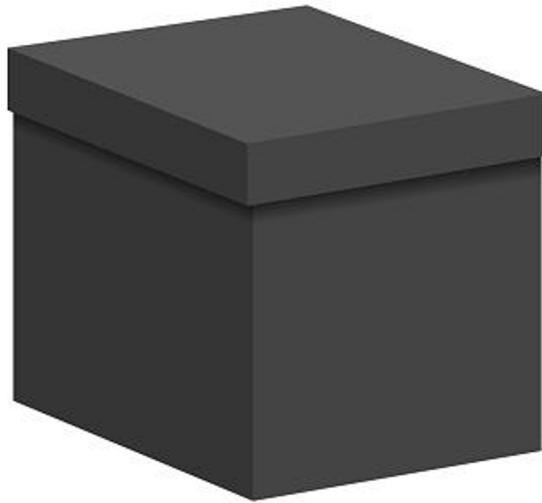
## Level 4



Neovascularization  
and/or  
vitreous/preretinal  
hemorrhage



# Deep learning can grade fundus images, but less work has been done on explaining the models

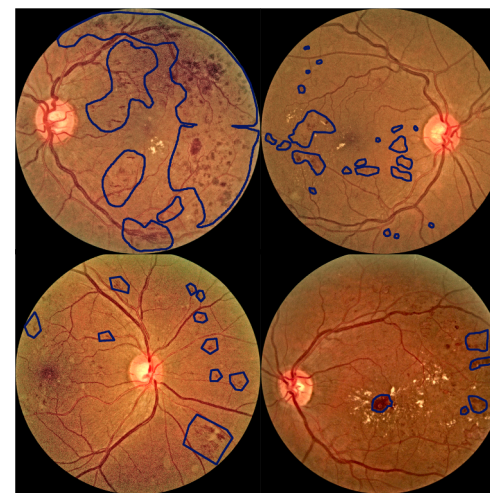


**DR level**

# Concept-based explanations have several advantages that heatmaps lack



**Stripes**



**Hemorrhages**

- User-defined concepts
- Adapt to use case
- Quantify the concept importance for the model
- Explain a group of images

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- Adapt to use case
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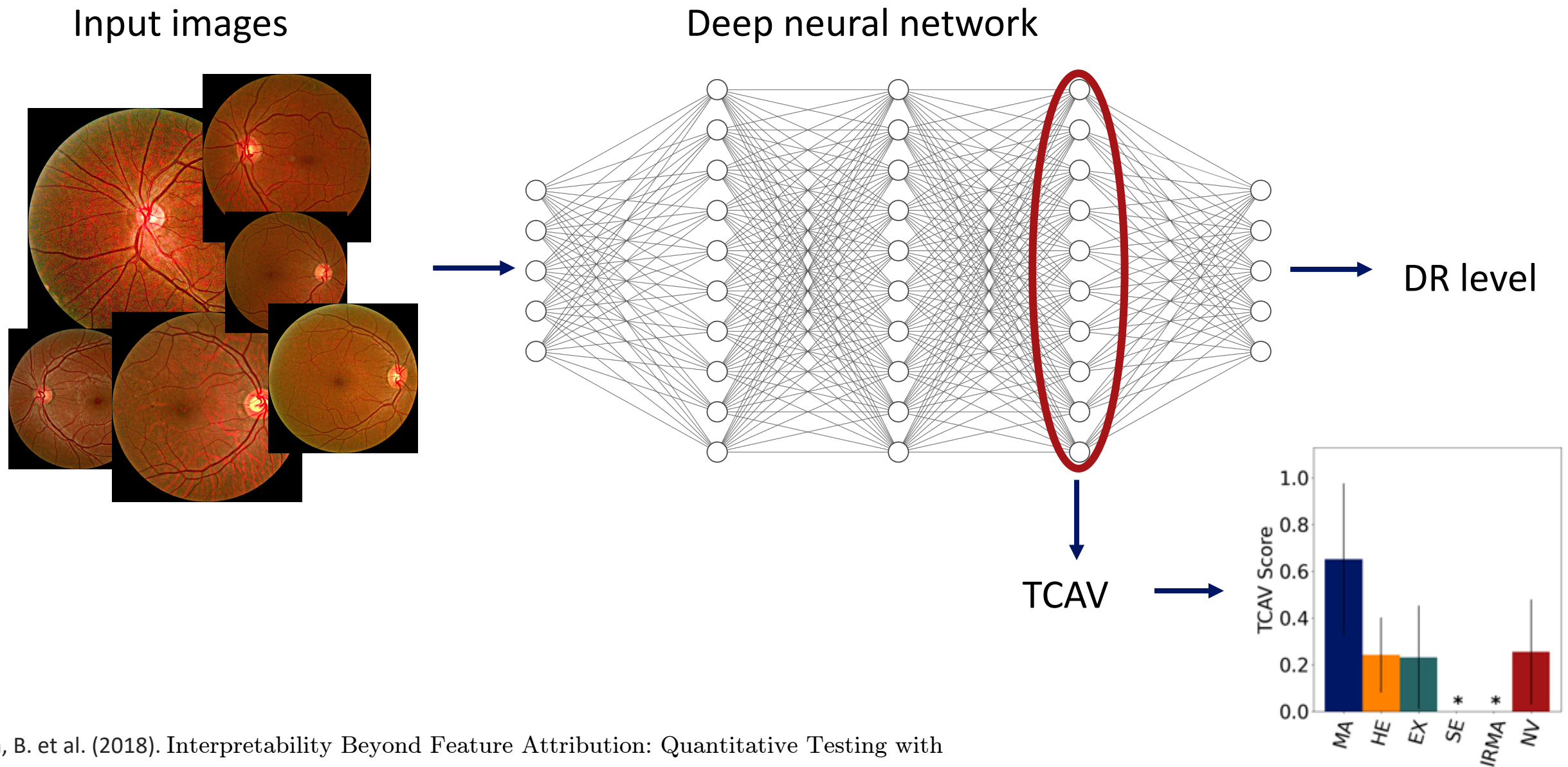
 **We compare two concept-based methods for explaining deep neural networks grading DR**

## Six concepts representing relevant medical findings for DR grading were defined

- Microaneurysms (MA)
- Hemorrhages (HE)
- Hard exudates (EX)
- Soft exudates (SE)
- Intraretinal microvascular abnormalities (IRMA)
- Neovascularization (NV)



# 1. Testing with Concept Activation Vectors (TCAV)



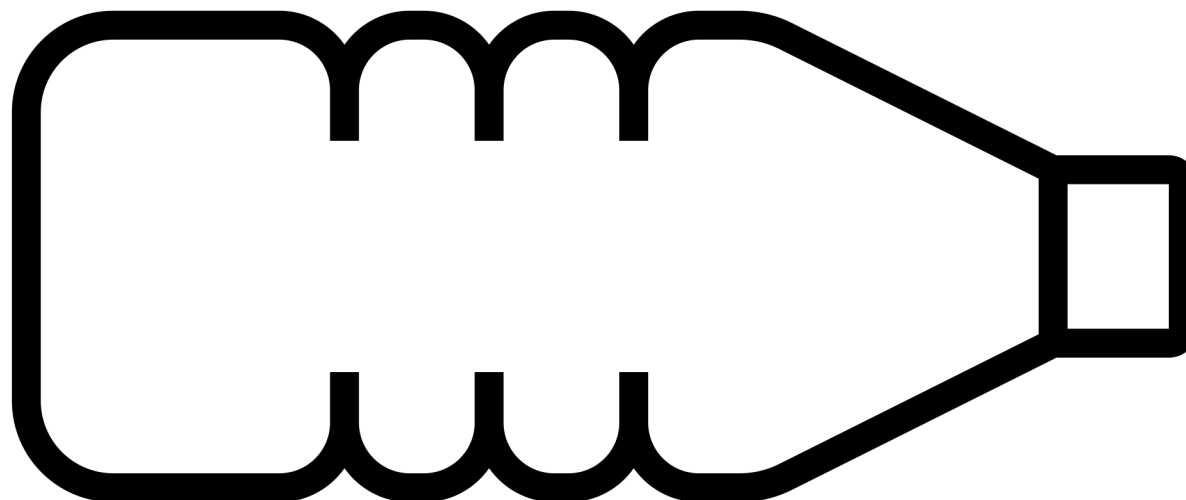
Kim, B. et al. (2018). Interpretability Beyond Feature Attribution: Quantitative Testing with Concept Activation Vectors (TCAV). URL: <https://proceedings.mlr.press/v80/kim18d.html>.

## 2. Concept Bottleneck Models (CBMs)

Input image

Bottleneck model

Concepts



MA

HE

SE

EX

IRMA

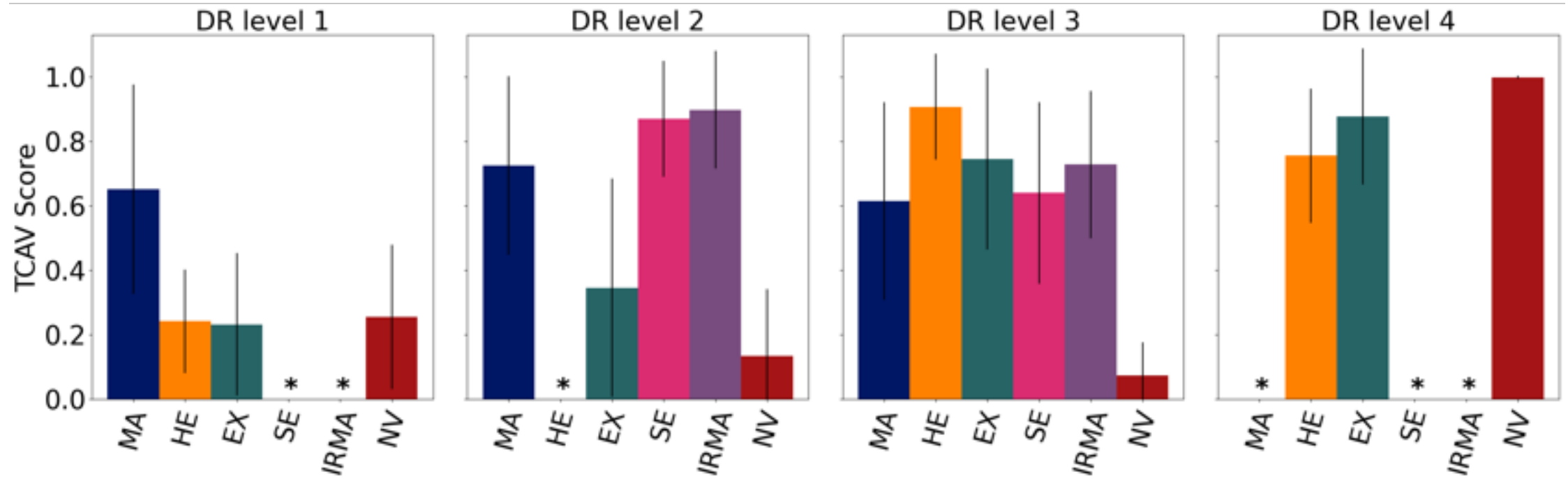
NV

LR model



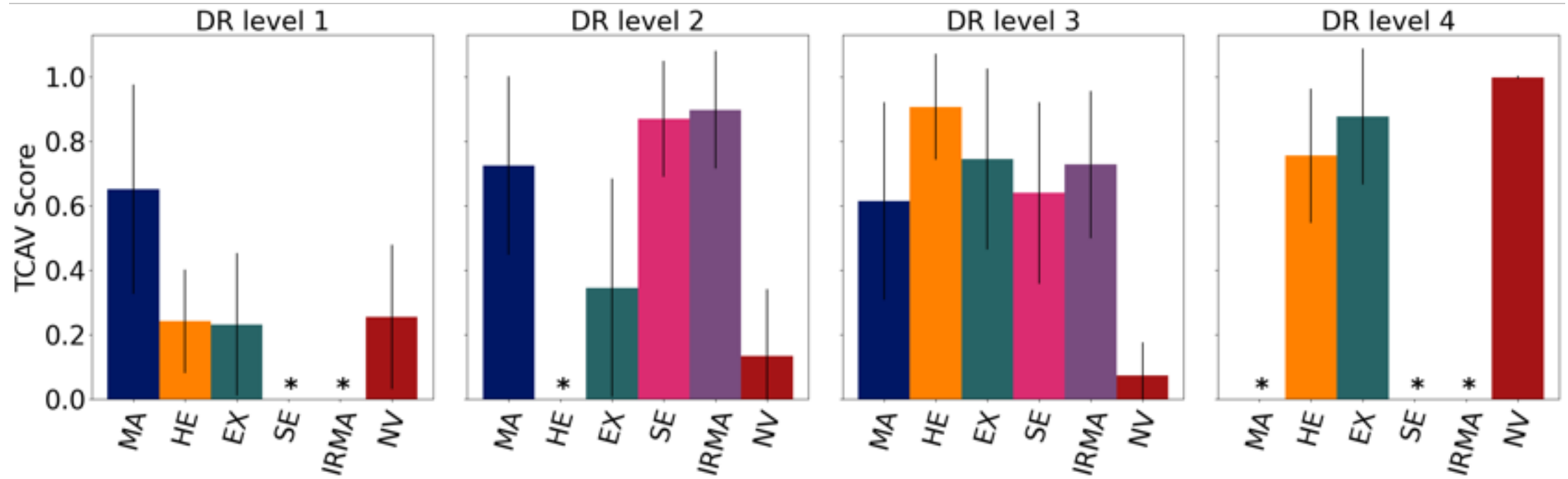
DR level

# Results TCAV: Concept ranking is highly in line with diagnostic criteria of DR



\*: Insignificant concept

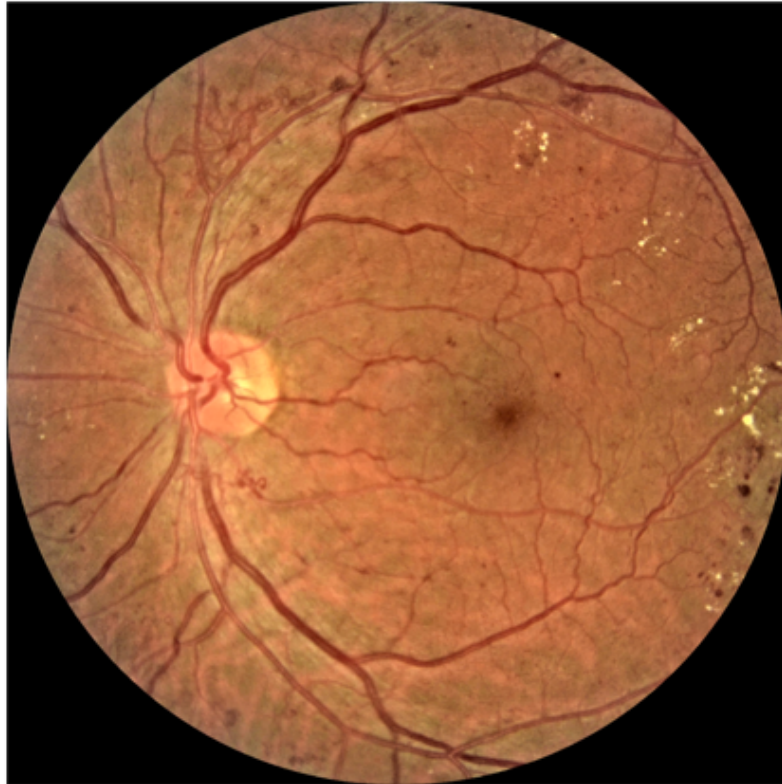
# Results TCAV: Concept ranking is highly in line with diagnostic criteria of DR



Increasing severity

\*: Insignificant concept

# Results CBMs: Test time intervention on predicted concepts improve model accuracy



NV  
→ [... **0.01** ...] → **Wrong**  
DR level 3

**Test time intervention**

NV  
→ [... **0.95** ...] → **Correct**  
DR level 4



# Results for DR grading: The CBMs do not generalize well to fundus images from external test datasets, probably due to limited training data

| Model | No. of concepts | Accuracy | Balanced accuracy | F1 score | MCC   | Precision |
|-------|-----------------|----------|-------------------|----------|-------|-----------|
| TCAV  | -               | 81.2%    | 62.3%             | 0.612    | 0.615 | 0.613     |
| CBM   | 4               | 71.9%    | 44.8%             | 0.429    | 0.416 | 0.454     |
| CBM   | 6               | 24.8%    | 39.9%             | 0.257    | 0.095 | 0.318     |

**Results for DR grading: The CBMs do not generalize well to fundus images from external test datasets, probably due to limited training data**



| <b>Model</b> | <b>No. of concepts</b> | <b>Accuracy</b> | <b>Balanced accuracy</b> | <b>F1 score</b> | <b>MCC</b>   | <b>Precision</b> |
|--------------|------------------------|-----------------|--------------------------|-----------------|--------------|------------------|
| TCAV         | -                      | <b>81.2%</b>    | <b>62.3%</b>             | <b>0.612</b>    | <b>0.615</b> | <b>0.613</b>     |
| CBM          | 4                      | 71.9%           | 44.8%                    | 0.429           | 0.416        | 0.454            |
| CBM          | 6                      | 24.8%           | 39.9%                    | 0.257           | 0.095        | 0.318            |

# To conclude, concept explanations are promising for deep learning-based DR grading

CBMs allow for intervention at test time, but require datasets annotated with both concepts and target labels



TCAV provides the best trade-off between model performance and explainability for DR grading

Questions?

