# Introduction to Conformal Prediction with Application on Imbalanced Diabetes Classification

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```
Points prediction, ex: diabetes prediction based on a set of features (Pima Indian Diabetes dataset).

print(model.predict(x_test)): ['diabetes']

print(model.predict_proba(x_test)): [[0.8 0.2]]
```

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- How good is the prediction?

How close is that to the true value? Can we trust the model?

- Traditional ML produces bare predictions
- How good is the prediction?
- Anticipating past performance on unseen/future data

The accuracy on test data 77% -> we assume similar accuracy on production data

How confident are the model's predictions on new data?

- Traditional ML produces bare predictions
- How good is the prediction?
- Anticipating past performance on unseen/future data
- Estimating the prediction uncertainty

To quantify the uncertainty, using sets/intervals that "likely contain the true prediction"

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- The approach is thoroughly validated and straightforward to put into practice.

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#### Intuition behind it

# Exchangeability

Assume that calibration and test data are exchangeable; the joint probability distribution is not dependent on the order of its arguments.

Non-conformity measures (NCM)

It assesses how much out-of-place the example appears (not conform to a collection of samples)

The randomness is judged based on the proportion of the examples having larger values of NCM than the example in hand;

Low value: rare examples look more out-of-place High value: Most examples look more out-of-place

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- A hypothetical example is created of the test example and the hypothetical label: a hypothetical completion
- Assessment of the randomness of the hypothetical completion
- Include labels where the degree of randomness relative to the training set is higher than a chosen significance level  $\alpha$

 $\alpha$  is user defined

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- The prediction set includes possible label values for which the p-values exceed a chosen significance level.
- An error occurs when the prediction set fails to contain the actual label
- CPs exhibit conservative asymptotic validity: error rates converge a.s to values less than/equal to the significance level.

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- Depends on the choice of NCM.

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- The inverse probability or the hinge loss: 1P(yx), P(yx) is the classification score for the actual class.
- How much far is the classification score produced by our model to the probability score produced by the ideal classifier.

### Train the underlying classifier model

Train the model 2m, m: the number of test instances.
 Computationally expensive for huge datasets (refer to ICP)
 Better prediction intervals for medium and small datasets

#### Compute nonconformity scores for training set

 For both models for the training set augmented with the given test point

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- For both models for the training set augmented with the given test point
- One test point at a time

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• Compute the p-value for each test point twice (2 classes)

#### Construct the predictions set

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- Empty set of predictions refers to an anomaly or a prediction error.

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- Train the underlying classifier model on training data (only once)
- Choose a nonconformity measure
- Compute the nonconformity scores
- Compute the P-values for each instance of the calibration dataset
- Fix a significance level in [0,1]
- Include(or exclude) the hypothetical label: if the p-value is larger than the significance level, include, Else, exclude.

### Label Conditional CP

Label-conditional conformal prediction incorporates label information into the nonconformity scoring process.

- Computing the nonconformity scores is conditioned on the predicted label
- More accurate prediction in class imbalance contexts.

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# Methodology

- Research question: How does conformal prediction perform in classifying imbalanced medical data compared to traditional machine learning methods?
- Pima Indian Diabetes Dataset
- Three CP algorithms: Transductive, Inductive, Label-Conditional Classifier
- Base classifier Random Forest
- Evaluation metrics: error rate (validity), average number of classes per prediction (efficiency), and accuracy

# Preliminary results

Table 1: Conformal prediction models results on Pima diabetes dataset

| CP Model\Metric      | Error Rate | Avg N of classes |
|----------------------|------------|------------------|
| Inductive CP         | 0.1034     | 1.30             |
| Transductive CP      | 0.1168     | 1.3311           |
| Label-Conditional CP | 0.1168     | 1.3831           |

## Preliminary results

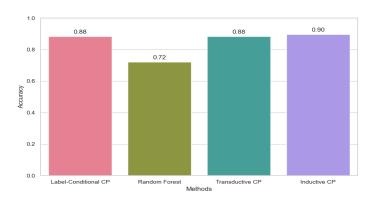


Figure 1: Comparison of model accuracies for diabetes classification

#### Discussion

- CP model exceeds the non-CP model in terms of accuracy.
- CP models achieve optimal accuracy, in particular, Inductive CP with the lowest error rate
- The obtained classification accuracy is better than that of achieved in a recent survey of ML algorithms for Pima Indian Diabetes (accuracy up to 80%)
- Further assessment of the predictions could inform more on the efficiency of the CP models.

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  - Lack of an experimental/ thorough review; update with the advancements; consensus on best practices for CP