Auditing an XGBoost Automated Decision System (ADS) for Stroke Prediction Data

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Background of Automated Decision System

Dataset: https://www.kaggle.com/datasets/fedesoriano/stroke-prediction-dataset

ADS: https://www.kaggle.com/code/tanmay111999/stroke-prediction-effect-of-data-leakage-smote/notebook

Purpose of the ADS: According to the World Health Organization, roughly 15 million people per year suffer a stroke globally. Of those 15 million, ½ or 5 million die. Another ½ are permanently disabled (WHO). The goal of this ADS is a binary classification problem, to classify whether a patient is will suffer a stroke from provided features.

Data Information

Rows: 5110 observations

Columns: 10 features, 1 target feature

Source: confidential source for education purposes

Feature Names:

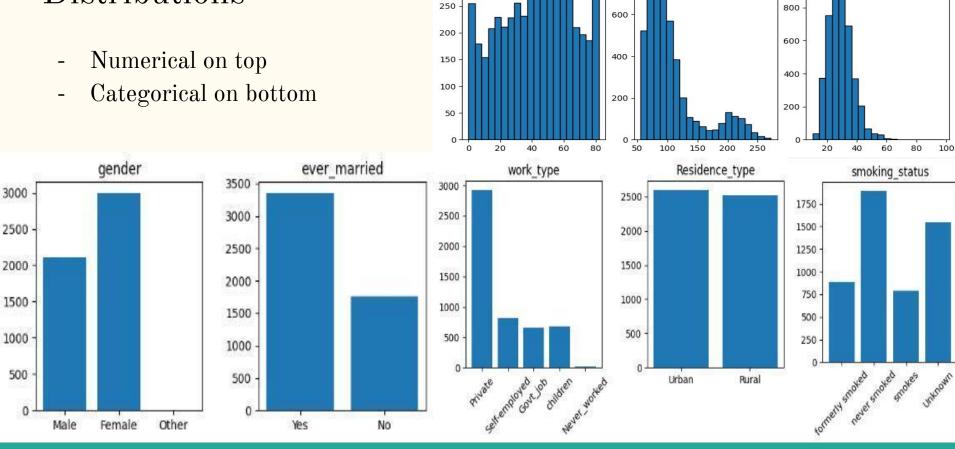
- Categorical: gender, hypertension, heart disease, residence type, work type, smoking status, marital status
- **Numerical**: age, average glucose level, BMI

Missing values: only 201 missing values for BMI

Output: binary variable indicating stroke prediction (1), no stroke (0)

```
<class 'pandas.core.frame.DataFrame'>
RangeIndex: 5110 entries, 0 to 5109
Data columns (total 12 columns):
                        Non-Null Count
     Column
                                        Dtype
                        5110 non-null
                                        int64
     gender
                        5110 non-null
                                        object
                        5110 non-null
                                        float64
     hypertension
                        5110 non-null
                                        int64
     heart disease
                        5110 non-null
                                        int64
     ever married
                                        object
                        5110 non-null
     work type
                                        object
                        5110 non-null
     Residence type
                                        object
                        5110 non-null
     avg glucose level 5110 non-null
                                        float64
     bmi
                        4909 non-null
                                        float64
     smoking status
                        5110 non-null
                                        object
    stroke
                        5110 non-null
                                        int64
dtypes: float64(3), int64(4), object(5)
 emory usage: 479.2+ KB
```

Distributions



350

300

age distribution

avg glucose level distribution

800

1200

1000

bmi distribution

Implementation and Validation

- Class imbalance SMOTE
- Features dropped: smoking_status, heart_disease, hypertension, BMI
- Missing value imputation mean



Stroke -

Count of Strokes vs No Strokes

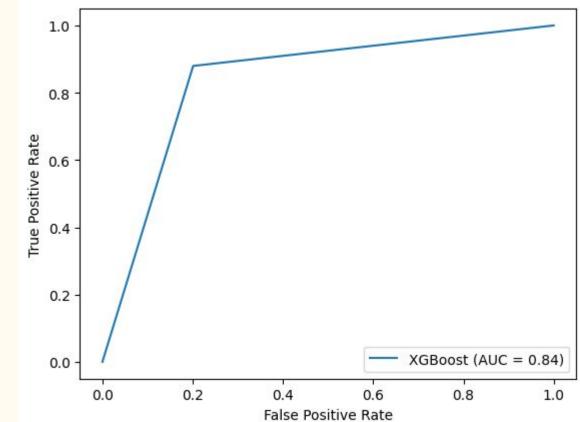
Stroke Events (%)

95.1%

Stroke Suffered

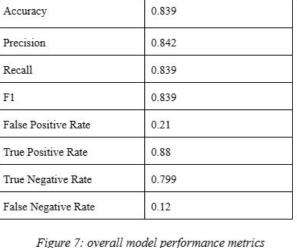
Implementation and Validation cont.

- ADS: XGBoost
 - learning_rate = .01
 - $max_depth = 3$
 - n estimators = 1000
- Cross val score: 91.82%

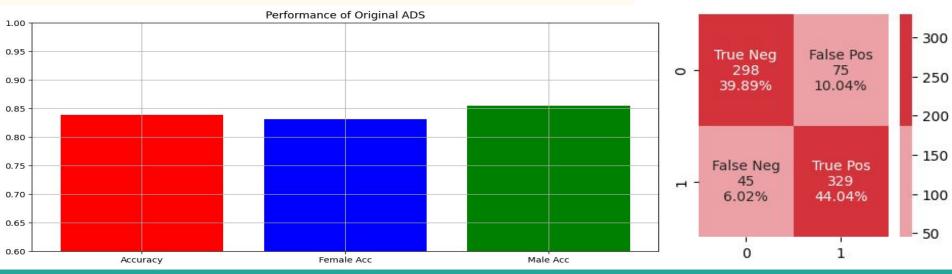


Outcome: Performance

- Accuracy: .839, FNR = .12
 - Consistent across gender groups
- Precision, Recall, F1
 - Assess ability to classify positive samples correctly



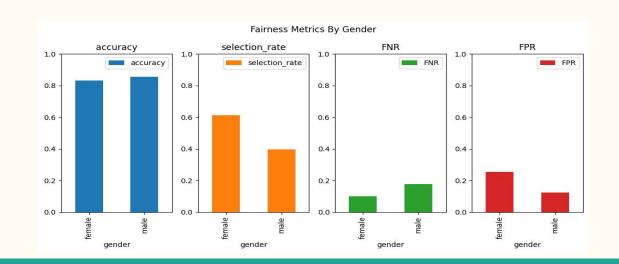
rigure 7, overail model performance metrics



| Outcome: | Fairness |
|----------|----------|
| | |

| FNRP | equalized_odds_ratio | demo_parity_dif f | demo_parity_ratio |
|-------|----------------------|----------------------|-------------------|
| 0.569 | 0.493 | 0.218 | 0.644 |

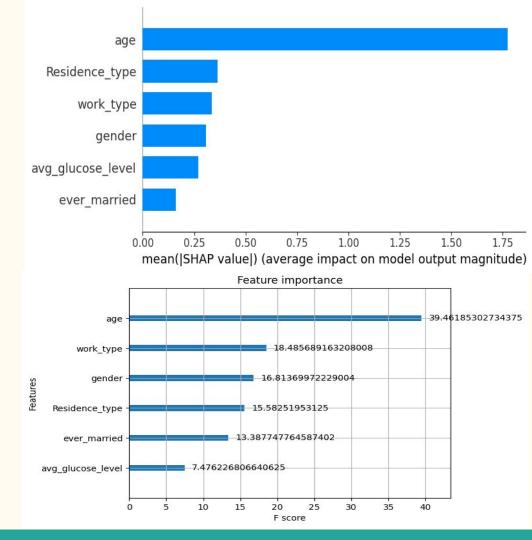
- Fairness across gender groups:
 - differing selection rates
 - bias with **FNR** and **FPR**
- Other fairness metrics: FNRP, EOR, DPR; relatively low



Interpretability of ADS

Feature Importance (all data):

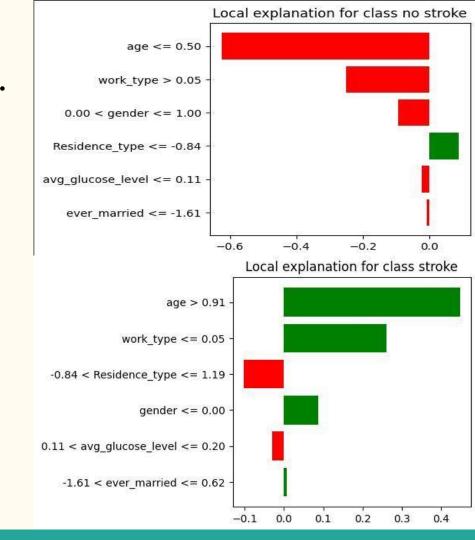
- (1) SHAP
- (2) XGBoostClassifier



Interpretability of ADS cont.

Local Explanation of Features (LIME):

- Observation # 1
 - Actual: 0
 - Predicted: 0
 - Gender: Male
- Observation # 2
 - Actual: 1
 - Predicted: 1
 - Gender: Female



ADS Discussion

- Accuracy: .839, FNR = .12
 - Accurate, yet **FNR** is skewed by synthetic class distribution
- Stakeholders:
 - **Patients**: interested in fairness with respect to gender, should not bias stroke prediction. Interested in overall precision, recall and f1-score.
 - Care-Givers, Staffing: interested in accuracy, particularly FNR (can't miss positive cases)
 - Third parties: interested in both for marketing (fairness) and reliability (accuracy
 - e.g. hospital boards, equity firms, etc.
 - can't be liable for misclassification
- Optimization:
 - Accuracy: FNR, F1
 - **Fairness:** FNPR, DPR, EOR

| e. rticularly FNR (can't miss positive cases) fairness) and reliability (accuracy) | | | | |
|---|-------|--|--|--|
| False Negative Rate Parity Ratio | 0.569 | | | |
| Equalized Odds Ratio | 0.493 | | | |
| Demographic Parity Ratio | 0.644 | | | |
| Accuracy Ratio | 0.973 | | | |
| Selection Rate Ratio | 0.644 | | | |

True Neg

39.89%

False Neg

6.02%

- 300

- 250

- 200

- 150

- 100

False Pos 75

10.04%

True Pos 329

44.04%

1

Deployment?

Modifications: (0) original ADS, (1) ADASYN, (2) SMOTE-Tomek, (3) SMOTE-ENN, (4) correlation remover, (5) hyperparameter tuning, (6) threshold optimizer

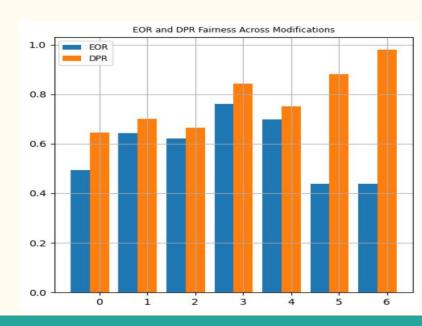
Would we feel comfortable deploying the model?

- **Publicly:** good starting point
- **Industry:** not really
 - Very vulnerable to new data
 - High **FNR** too risky

Focus: Higher EOR and DPR than the original ADS (idx 0)

Simple modifications to system process

- significant 10% increase in acc and f1 score
- significant increase in FNRP
- significant increase in DPR
- either same tight range or increase in EOR



Conclusion

- Solid ADS:

- Data was appropriate
- Good accuracy, great FNR/FPR for synthetic class distribution

- Weaknesses:

- Not robust to new data; real world will have imbalanced class distribution
- Fairness with respect to gender

- Improvements

- Our fairness modifications (other SMOTE techniques, correlation remover, threshold opt)
- Our accuracy modifications (hyperparameter tuning)
- Potentially better feature space in the dataset that can more easily pick out positives
- Stronger decision-tree ADS capable of finding thresholds