

Part IV - B

Model calibration

Conformal Prediction

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& TECHNOLOGY ALLIANCE

Conformal Prediction - Contents

1. Motivation
2. Conformal Prediction: Ingredients
3. Conformal Predictions: Algorithm
4. Hands-On

1. Motivation

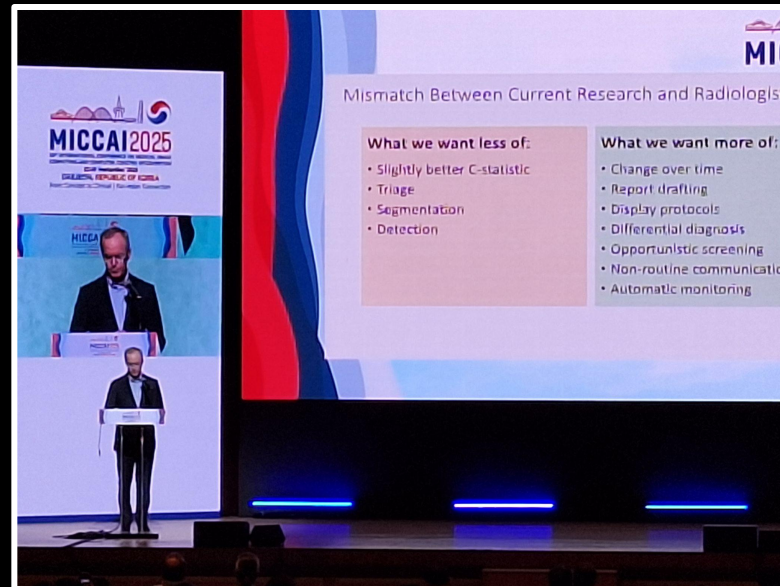


CAP Profiles

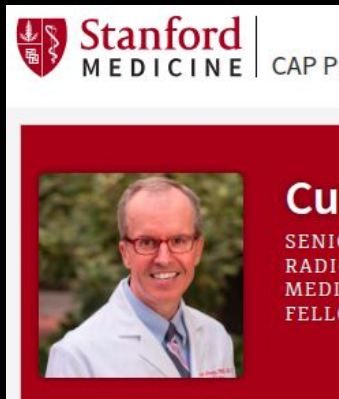


Curtis Langlotz

SENIOR ASSOCIATE VICE PROVOST FOR RESEARCH, PROFESSOR OF RADIOLOGY (INTEGRATIVE BIOMEDICAL IMAGING INFORMATICS), OF MEDICINE (BMIR), OF BIOMEDICAL DATA SCIENCE AND SENIOR FELLOW AT THE STANFORD INSTITUTE FOR HUMAN-CENTERED AI



1. Motivation



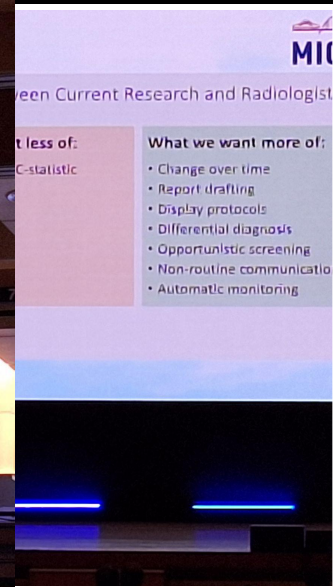
Mismatch Between Current Research and Radiologist Needs

What we want less of:

- Slightly better C-statistic
- Triage
- Segmentation
- Detection

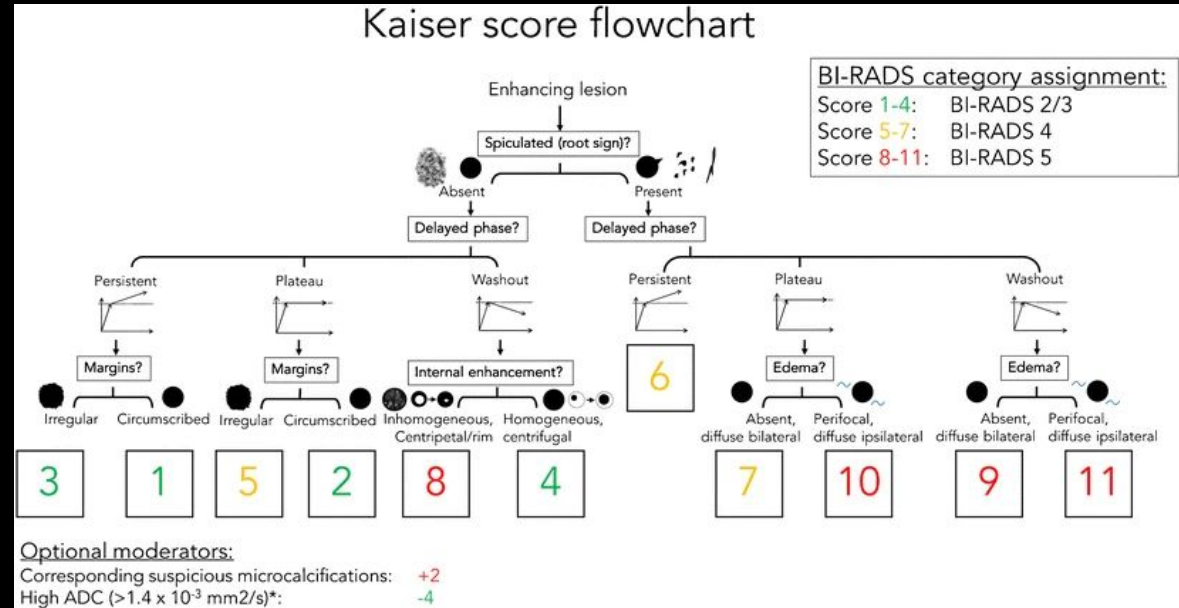
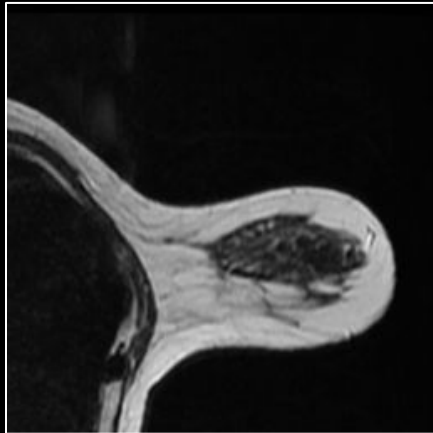
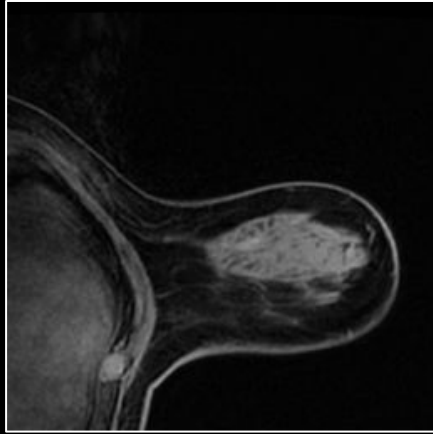
What we want more of:

- Change over time
- Report drafting
- Display protocols
- **Differential diagnosis**
- Opportunistic screening
- Non-routine communication
- Automatic monitoring



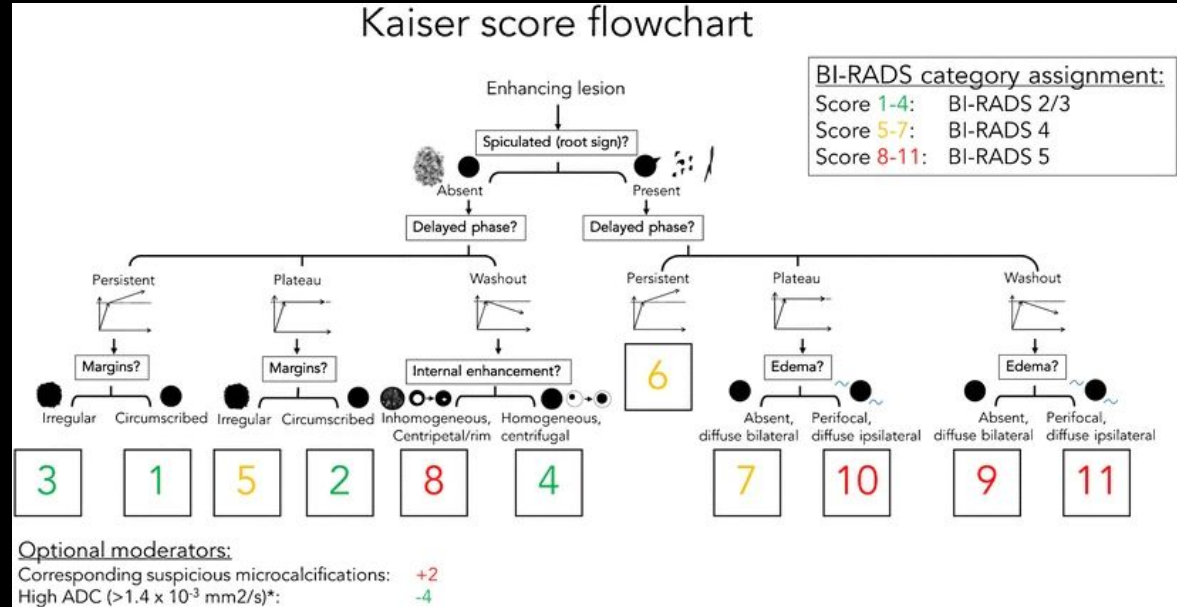
1. Motivation

Dietzel M, Baltzer PAT. How to use the Kaiser score as a clinical decision rule for diagnosis in multiparametric breast MRI: a pictorial essay. Insights Imaging. 2018



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$$\mathbb{P}(\text{BI-RADS} \in \{7, 9, 10, 11\}) \geq 90\%$$

1. Motivation: Differential Diagnosis

Step 1: Do we see an enhancing lesion?

- On MRI, when you inject contrast, suspicious lesions often “light up” because they have abnormal blood vessels.
- So the first question is: *does the lesion actually enhance?* If yes → move on.

Step 2: Is there a spiculated margin (“root sign”)?

- **Spiculation** means the lesion has spikes or radiating lines extending into the surrounding tissue — like roots of a tree.
- This is a strong red flag for cancer. If it’s present, you follow the *right-hand branch*.
- If absent (the lesion looks smooth/rounded), you go to the *left-hand branch*.

Step 3: What happens in the delayed phase (contrast wash-out curve)?

This is the part you asked about — it’s the **time course** of contrast enhancement.

- After contrast injection, radiologists watch how bright the lesion gets over time.
- There are three typical “curves”:
 - **Persistent:** keeps getting brighter and brighter with time.
→ Usually benign (think of a sponge slowly soaking water).
 - **Plateau:** gets bright quickly, then levels off.
→ Suspicious (like tissue that soaks fast but then “caps out”).
 - **Washout:** gets bright early, but then *fades* as contrast drains away.
→ Very suspicious for cancer (because malignant tumors often have “leaky” vessels).

So the “**delayed phase**” check is: which of these three time-curves does the lesion follow?

Step 4: If persistent or plateau → check margins

- **Margins** = edge of the lesion.
- Smooth (circumscribed) edges → usually benign.
- Irregular/jagged edges → more worrisome.

Step 5: If washout → check internal enhancement pattern

- Inside the lesion, how does the contrast distribute?
- If it’s patchy, rim-shaped, or irregular → higher suspicion.
- If it’s uniform or “centrifugal” (from inside out), less worrisome.

Step 6: If spiculation was present (right side of the tree) → check delayed phase again, then edema

- If the lesion is spiculated and the curve is persistent/plateau/washout, you still branch down.
- In later branches, radiologists look for **edema** — swelling in the tissue around the lesion.
- Edema often shows up in malignancy, so its presence increases the suspicion.

Putting it together

At the bottom of the tree, you land on a **Kaiser score number (1–11)**.

- **Low scores (1–4):** likely benign (BI-RADS 2/3).
- **Middle scores (5–7):** indeterminate but suspicious (BI-RADS 4).
- **High scores (8–11):** very suspicious, likely malignant (BI-RADS 5).

2. Conformal Prediction: Ingredients

Suppose you've got an FDA-approved diagnostic model

$$\hat{\mathcal{M}}_y(x) \sim \mathbb{P}(Y = y | X = x) \quad y \in \{1, \dots, K\} = \mathcal{Y}$$

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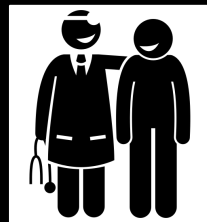
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with $p = 0.9$



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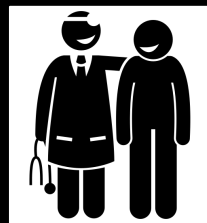
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Predict a set $\mathcal{T}_{x^*} \subseteq \mathcal{Y}$ which contains y^* *with high p*

$$\text{Coverage : } \mathbb{P}(y^* \in \mathcal{T}_{x^*}) \geq 1 - \alpha$$

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Prediction Sets : $x^* \mapsto \mathcal{T}_{x^*} \subseteq \mathcal{Y} = \{1, \dots, \mathcal{K}\}$

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{ fox
squirrel
0.99 }



{ fox squirrel, gray
0.82 fox, bucket, rain
0.03 0.02 barrel
0.02 }



{ marmot, fox
0.30 squirrel, mink, weasel, beaver, polecat
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No retraining allowed, but you have some fresh data available:

$$(\text{bMRI}_1, \mathbf{y}_1), \dots, (\text{bMRI}_N, \mathbf{y}_i) = \{(\mathbf{x}_i, \mathbf{y}_i)\}_{i=1}^N \sim \mathbb{P} \text{ i.i.d.}$$

We call this Calibration Set (sorry about that)

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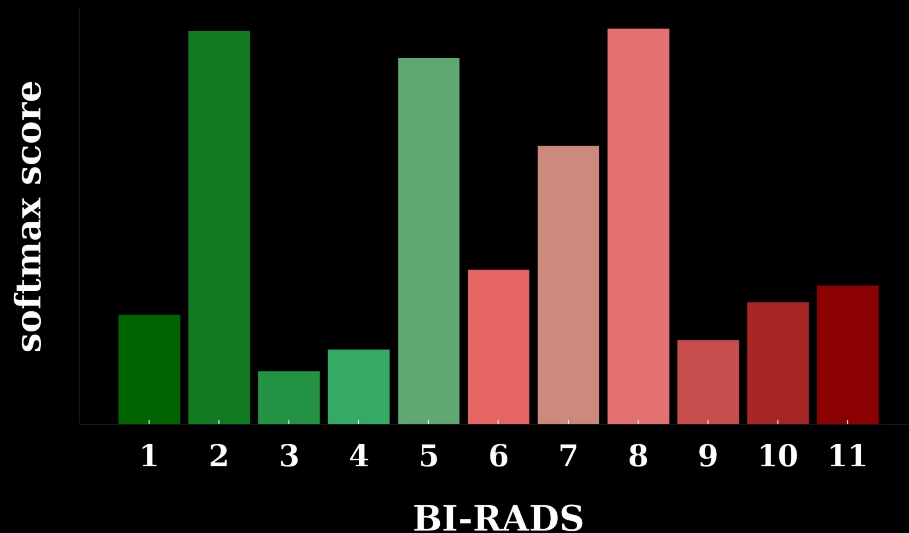
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How do we build these Conformal Prediction Sets?

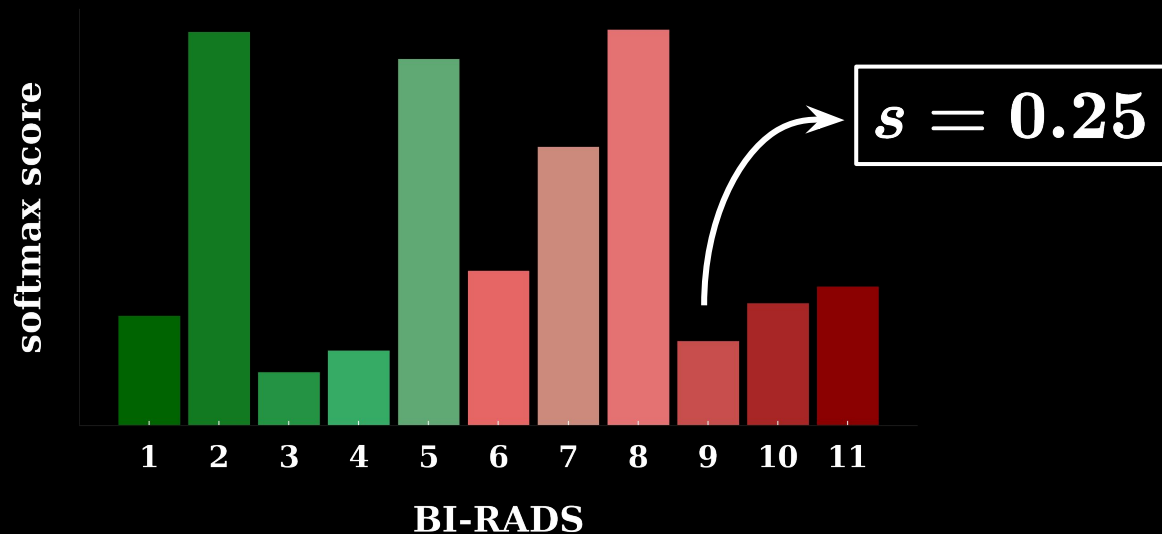
3. Conformal Predictions: Algorithm

1. Collect scores of correct classes



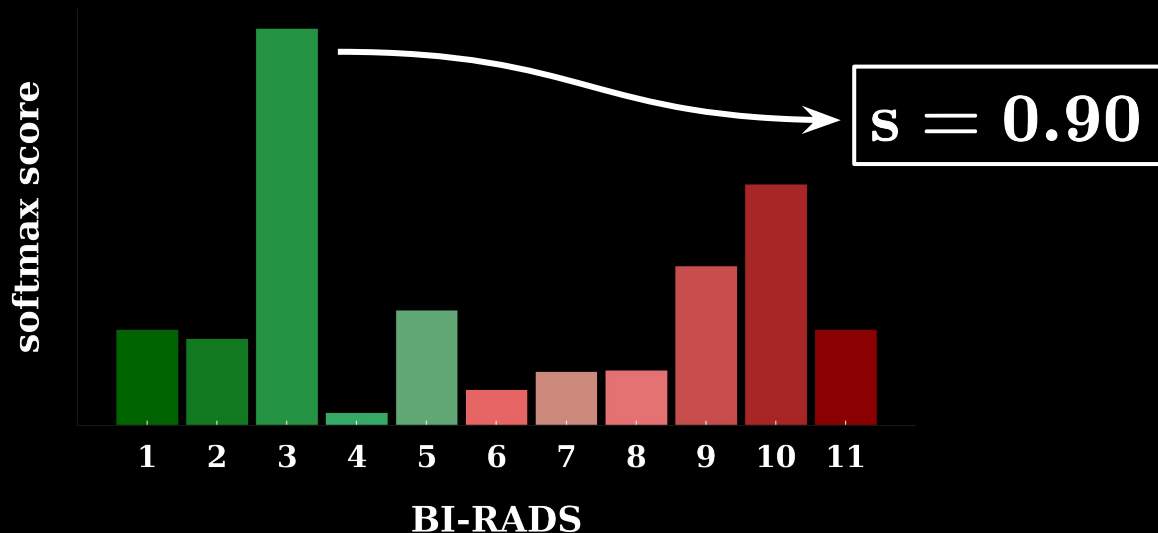
3. Conformal Predictions: Algorithm

1. Collect scores of correct classes $E=\{0.25, \}$



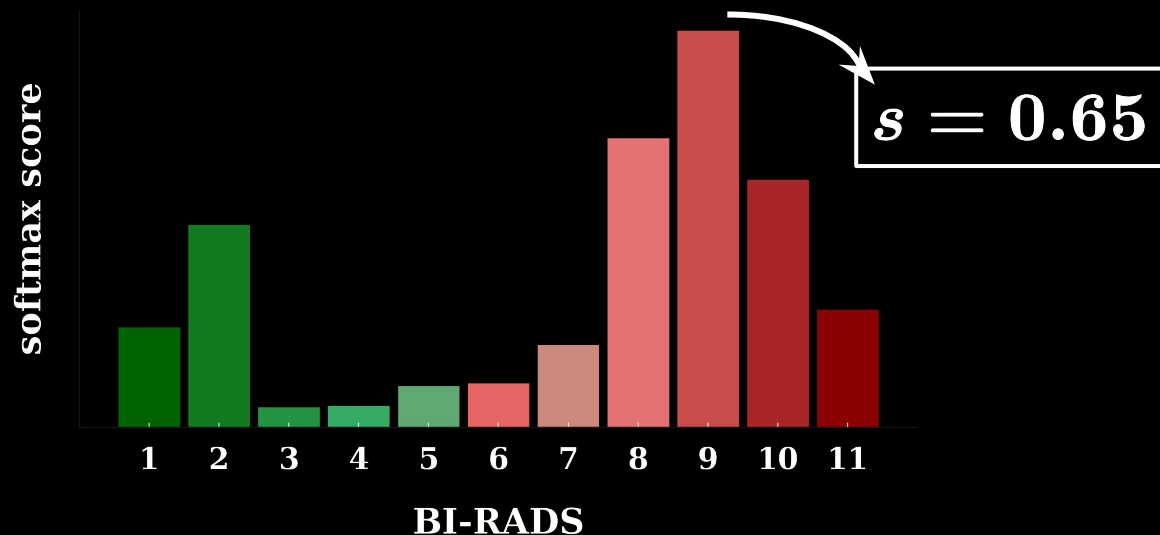
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3. Conformal Predictions: Algorithm

1. Collect scores of correct classes $\mathbb{E} = \{0.25, 0.90, \dots, 0.65\}$
2. For a desired coverage of α , find a value \hat{q}_α such that you keep $1-\alpha$ of the scores in \mathbb{E} :

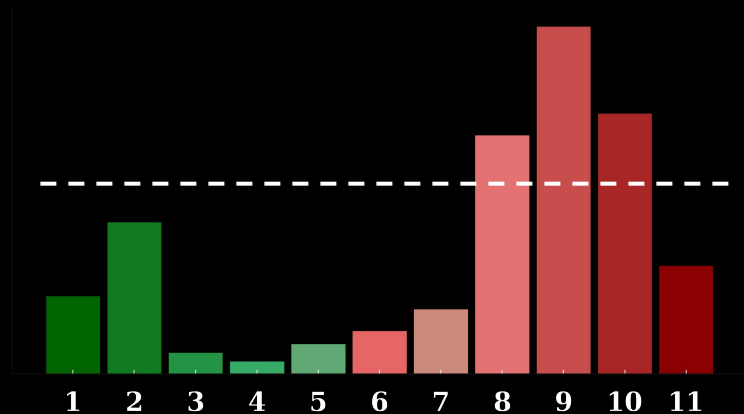
$$\hat{q}_\alpha = \text{np.quantile}([E_1, E_2, \dots, E_N], \alpha)$$

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What happens if we use \hat{q}_α to build prediction sets in the calibration dataset?



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3. If we use \hat{q}_α to build prediction sets on test data, we have theoretically guaranteed coverage, if data is interchangeable.

$$1-\alpha \leq \mathbb{P}(\mathbf{y}^* \in \mathcal{T}_{x^*}^{\hat{q}_\alpha}) \leq (1-\alpha) + \frac{1}{N+1}$$

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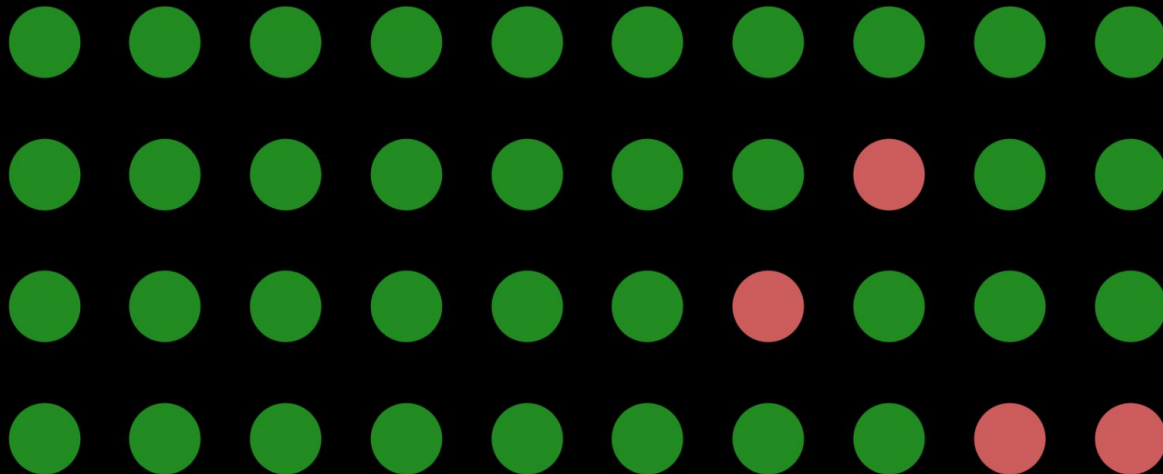
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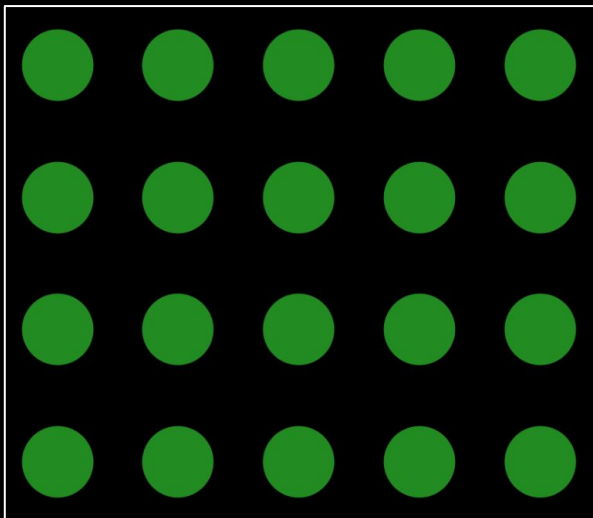
3.5 Beyond Coverage

Marginal Coverage of 90%

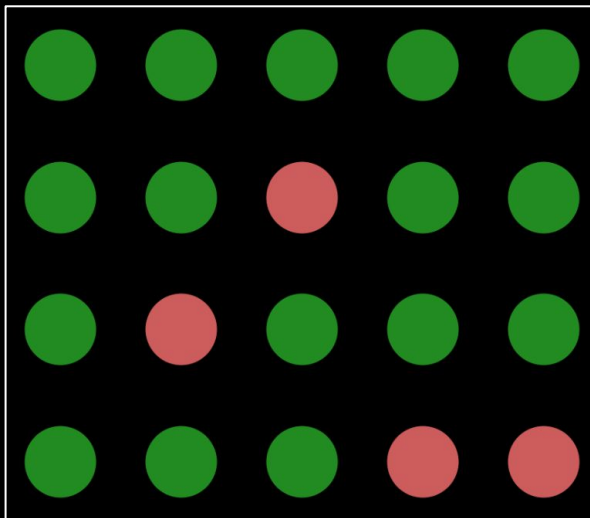


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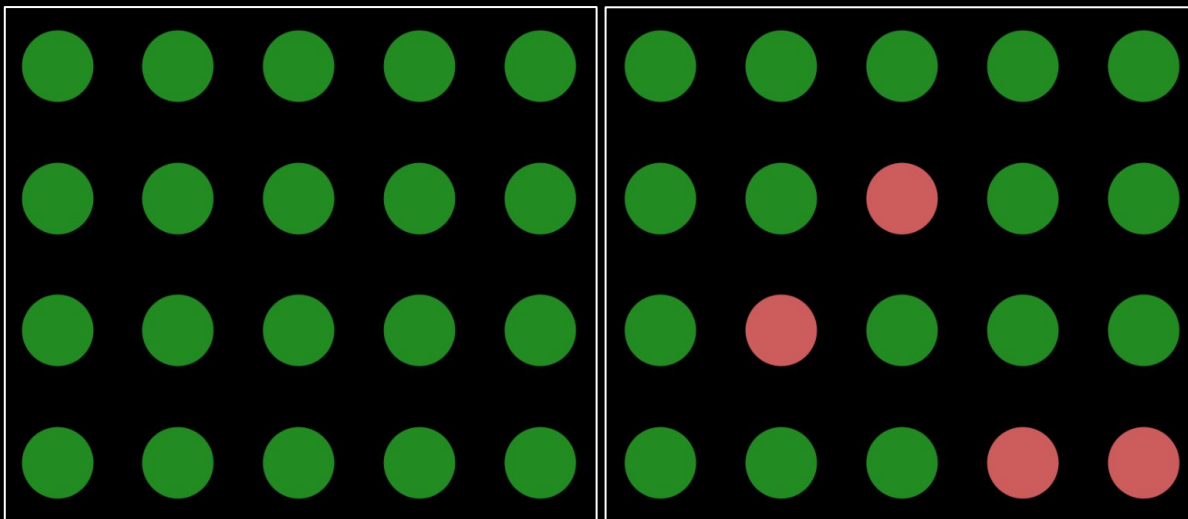
No Conditional Coverage



3.5 Beyond Coverage

Marginal Coverage of 90%

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Check out also Conformal Risk Control

4. Hands-On

Github repository:

<https://github.com/agaldran/uqinmia-miccai>

