Selection by Prediction: Prediction-Assisted Screening with Conformal p-values



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The Selection Issue in Predictive Inference

Marginally valid prediction sets (i.e., conformal prediction)

- Training data $\{X_i, Y_i\}_{i=1}^n \stackrel{\text{i.i.d.}}{\sim} \mathbb{P}$, test sample $(X_{n+1}, Y_{n+1}) \sim \mathbb{P}$.
- Marginally valid $(1 \alpha) = .9$ prediction intervals [3] $\widehat{C}(\cdot)$:

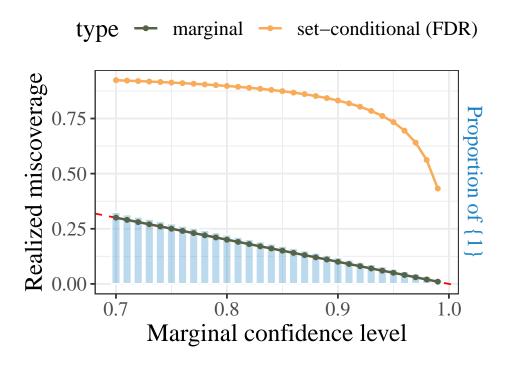
$$\mathbb{P}(Y_{n+j} \in \widehat{C}(X_{n+1})) \ge 0.9$$

What would practitioner do for a batch of test samples?

- Test samples $(X_{n+j}, Y_{n+j}) \stackrel{\text{i.i.d.}}{\sim} \mathbb{P}$, $\{Y_{n+j}\}_{j=1}^m$ unobserved.
- Construct and **inspect** .9 prediction intervals $\widehat{C}(X_{n+j})$
- Look at seemingly promising ones
- Does higher prediction intervals mean more promising outcomes?

Calibrated prediction may still be overly confident

- Binary Y in drug discovery dataset, interested in Y=1
- $(1-\alpha)$ prediction sets of the form $\{0\}, \{1\}, \{0,1\}$
- Strategy: look at those $\widehat{C}(X_{n+j}) = \{1\}$ -- confident prediction for 1!



- If we look at those with $\widehat{C}(X_{n+j}) = \{1\}$ at all different levels α (x-axis on the left)...
- Over-confident (orange)
- Coverage for those $\{1\}$ is $\leq 50\%$ even when we take $\alpha = 0.01!!$
- Marginal coverage≠ Coverage on selected

This work: Screening with FDR control

• Reliable selection of candidates: output a set $\mathcal{R} \subseteq \{1,\ldots,m\}$, s.t.

$$FDR := \mathbb{E}\left[\frac{\sum_{j=1}^{m} \mathbb{1}\{j \in \mathcal{R}, Y_{n+j} \le c_j\}}{1 \vee |\mathcal{R}|}\right] \le q,$$

- Efficient allocation of resources in later stages of costly investigation.
- Drug discovery: virtual screening use ML models to search for promising drugs to proceed to later stages (clinical trials, HTS) [2].
- ⇒ Most of the prioritized drugs are truly active
- Job recruitment: automatic search of candidates that suit a position, include talent sourcing (reaching out to candidates) and interviewing.
 ⇒ Most of the interviewed candidates are qualified
- Counterfactual inference, healthcare, individual treatment effects, . . .

Our Procedure: Conformal BH

- Step O. Conformal prediction: Train any model $\widehat{\mu}(\cdot)$ on another fold
- Step 1. Construct any score V(x,y) that is monotone in y
- Step 2. Compute **p-values** to quantify confidence in large outcomes

$$p_j = \frac{\sum_{i=1}^n \mathbb{1} \{V_i < \widehat{V}_{n+j}\} + (1 + \sum_{i=1}^n \mathbb{1} \{V_i = \widehat{V}_{n+j}\}) \cdot U_j}{n+1},$$

for $V_i = V(X_i, Y_i)$, i = 1, ..., n, and $\widehat{V}_{n+j} = V(X_{n+j}, c_j)$, j = 1, ..., m

• Step 3. Apply Benjamini-Hochberg [1] procedure to $\{p_j\}_{j=1}^m$

Informal Theorem (J. and Cand`es '22)

If calibration and test data are i.i.d. or exchangeable, then $FDR \leq q$.

Interesting statistical facts about our p-values

- An interpretation: p_j is the **critical confidence level** α where the one-sided conformal prediction interval $\widehat{C}(X_{n+j}; 1-\alpha)$ hits c_j . Thus, a smaller p_j means greater confidence in $Y_{n+j} > c_j$
- Controls type-I error for **random** hypothesis $H_j: Y_{n+j} \leq c_j$:

$$\mathbb{P}(p_j \le \alpha \text{ and } j \in \mathcal{H}_0) \le \alpha, \quad \text{for all } \alpha \in [0, 1].$$

- Plugged-in **PRDS** property: $(p_1, \dots, p_{j-1}, p_j^*, p_{j+1}, \dots, p_m)$ is PRDS on $p_j^* := [\sum_{i=1}^n \mathbb{1} \{V_i < \widehat{V}_{n+j}\} + (1 + \sum_{i=1}^n \mathbb{1} \{V_i = V_{n+j}\}) \cdot U_j]/(n+1).$
- Works even for **random variables** c_j (useful in counterfactual inference)

Dealing with Distribution Shifts

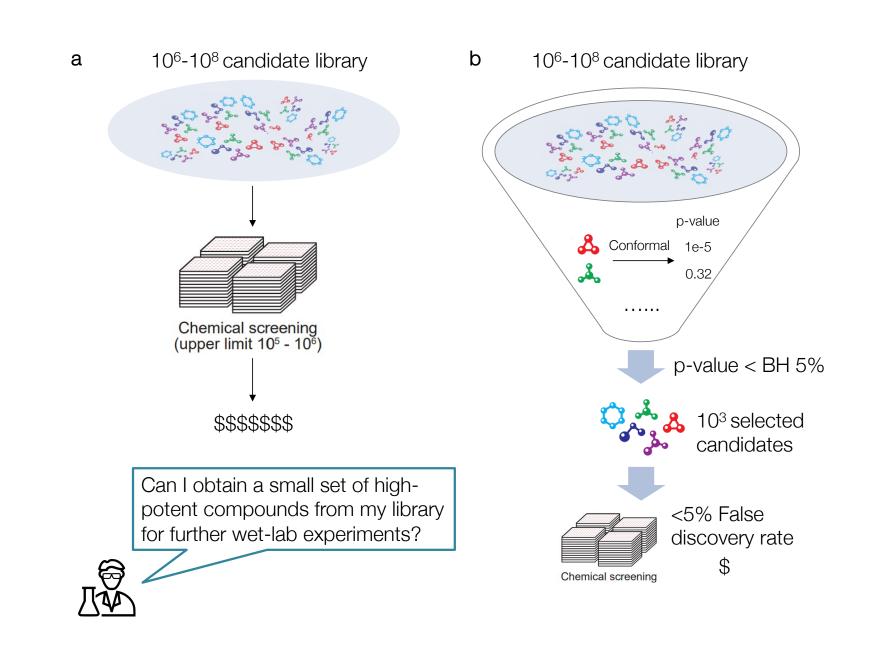
- In reality, calibration data may be different from test samples
- e.g. Different preference for drugs over time
- e.g. Shift of talent pool for hiring
- e.g. Demographic differences in patients for healthcare
- An ongoing extension of this method deals with covariate shift
- Needs to adjust for covariate shift in constructing valid p_i
- Multiple testing is more difficult & more interesting!

References

- [1] Yoav Benjamini and Yosef Hochberg. Controlling the false discovery rate: a practical and powerful approach to multiple testing. *Journal of the Royal statistical society: series B (Methodological)*, 57(1):289-300, 1995.
- [2] Ziwei Huang. Drug discovery research: new frontiers in the post-genomic era. John Wiley & Sons, 2007.
- [3] Vladimir Vovk, Alexander Gammerman, and Glenn Shafer. Algorithmic learning in a random world. Springer Science & Business Media, 2005.

Application to Drug Discovery

Rigorously guide ML-driven search of promising drugs with FDR control



Application I: Drug Activity Prediction

Find highly-active drugs to a specific disease target

- Dataset: 8K+ drugs for HIV target
- Overall hit rate: 3% of them are active to HIV
- Our goal: Select a subset s.t. on average, 80% of the selected are active
- Prediction model: Deep learning
- Result: FDR = 0.196, select 26 drugs on average, 17.4% of active drugs

Application II: Drug-Target Interaction Prediction

Find highly-active drug-target pairs to proceed

- Dataset: 18K+ pairs with continuously-valued binding score (regression)
- Our goal: Select a subset of pairs s.t. on average, in 80% of pairs, the drug is more active than 80% of training drugs for its target
- Prediction model: Deep learning
- Result: FDR = 0.194, select 358 pairs, find 8% of qualified pairs
- FDP concentrates tightly around FDR

More forthcoming...