

Interpretable AI for Trustworthy Ocular Disease Diagnosis

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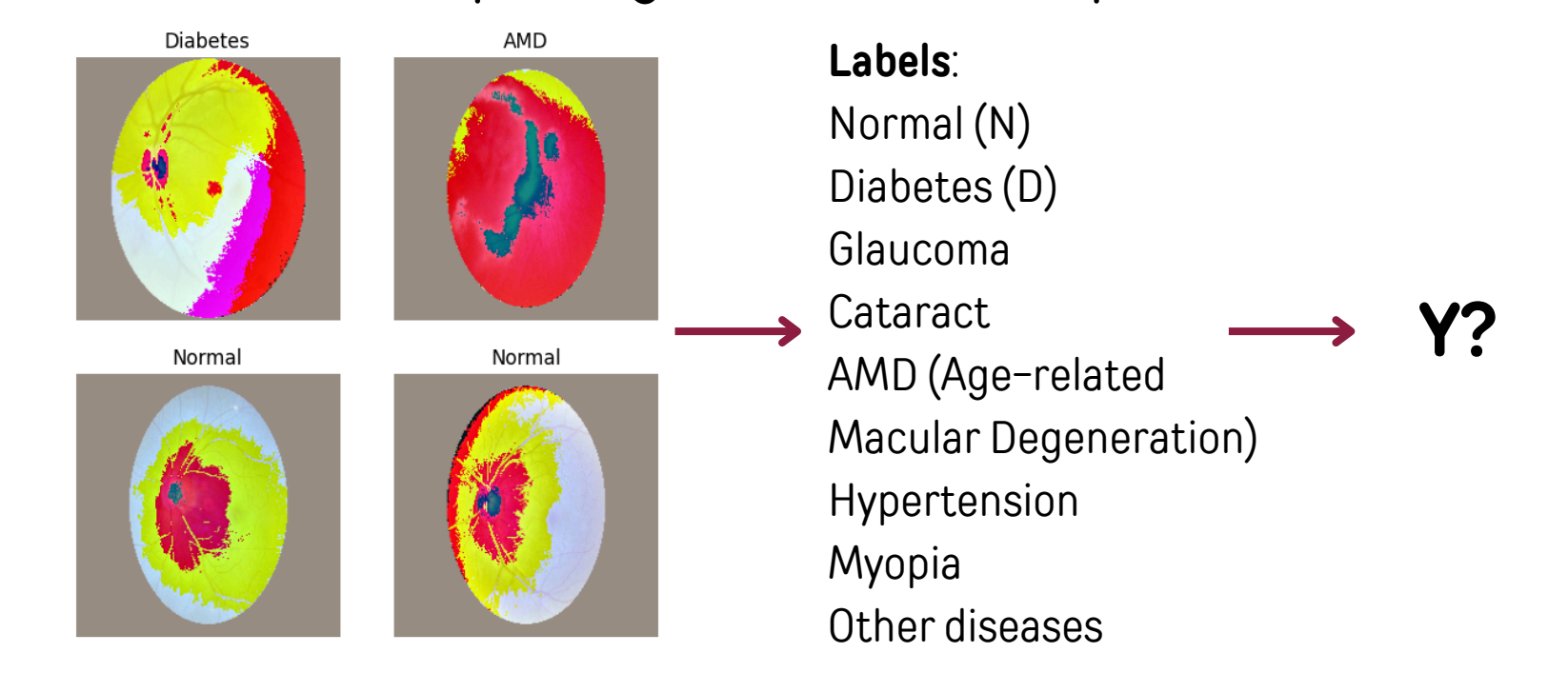


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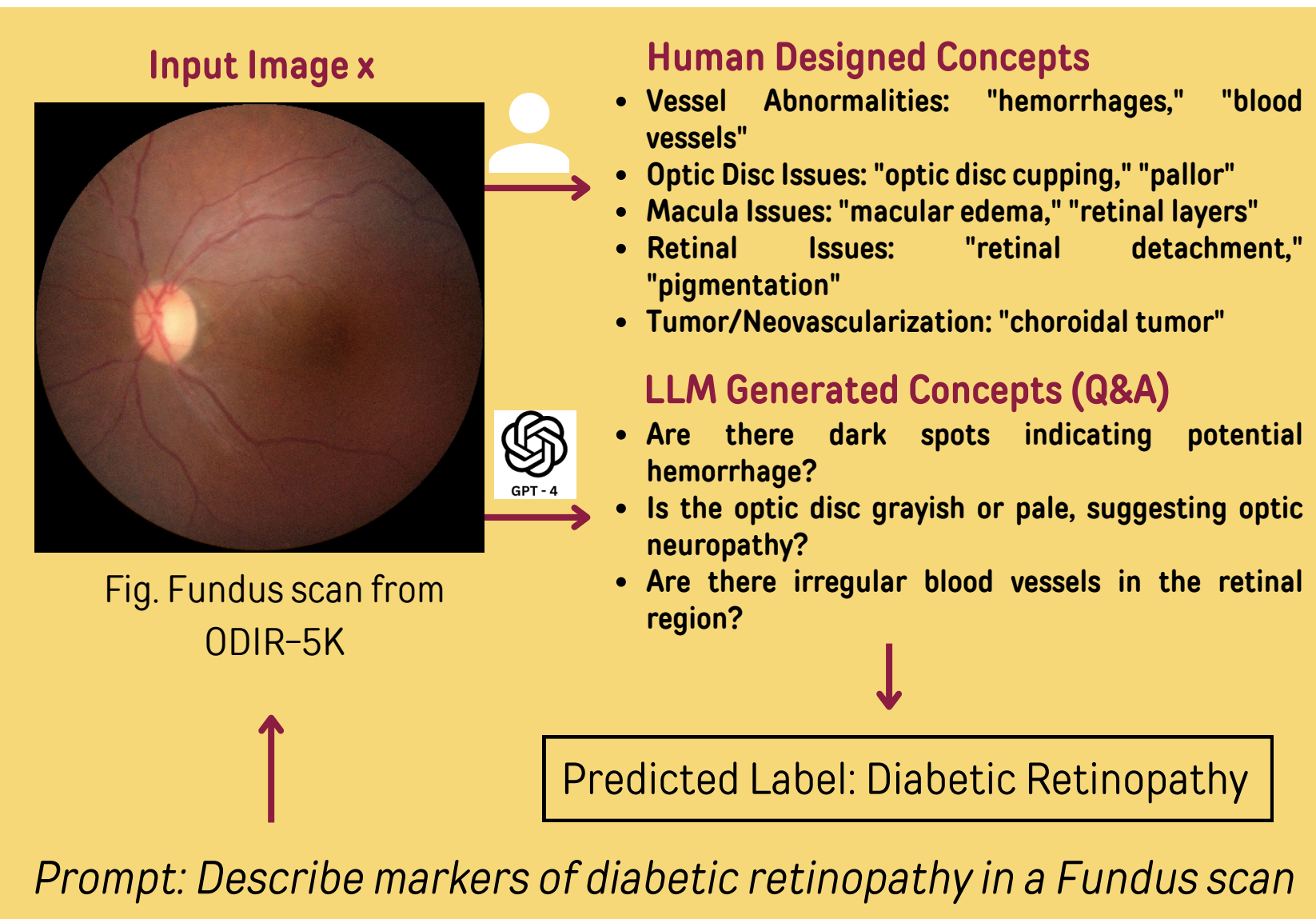
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How can Concept Bottleneck Models (CBMs) combined with multi-modal Question Answering improve interpretability & accuracy in ocular disease classification?

Introduction
This project aims to improve ocular disease diagnosis through an **explainable, trustworthy interpretable** model that uses Concept Bottleneck Models (CBMs) combined with GPT-4 and domain expert-generated Q&A pairs.



What is Concept Bottleneck Model (CBM)?



References

- N. M. Selvaraj, X. Guo, A. W.-K. Kong, and A. Kot, "Improving Concept Alignment in Vision-Language Concept Bottleneck Models," Nanyang Technological University, Singapore, 2024.
- Y. Yang, A. Panagopoulou, S. Zhou, D. Jin, C. Callison-Burch, and M. Yatskar, "Language in a Bottle: Language Model Guided Concept Bottlenecks for Interpretable Image Classification," University of Pennsylvania, CVPR 2024.

Methodology

Human-Aligned Post-Hoc Explanation:

- Align with how a clinician might reason through a diagnosis
- Post-hoc explanation would highlight features as the key markers that influenced the decision.

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Example:
if diagnosis == "Diabetic Retinopathy":
    features = ["presence of microaneurysms", "retinal hemorrhages"]
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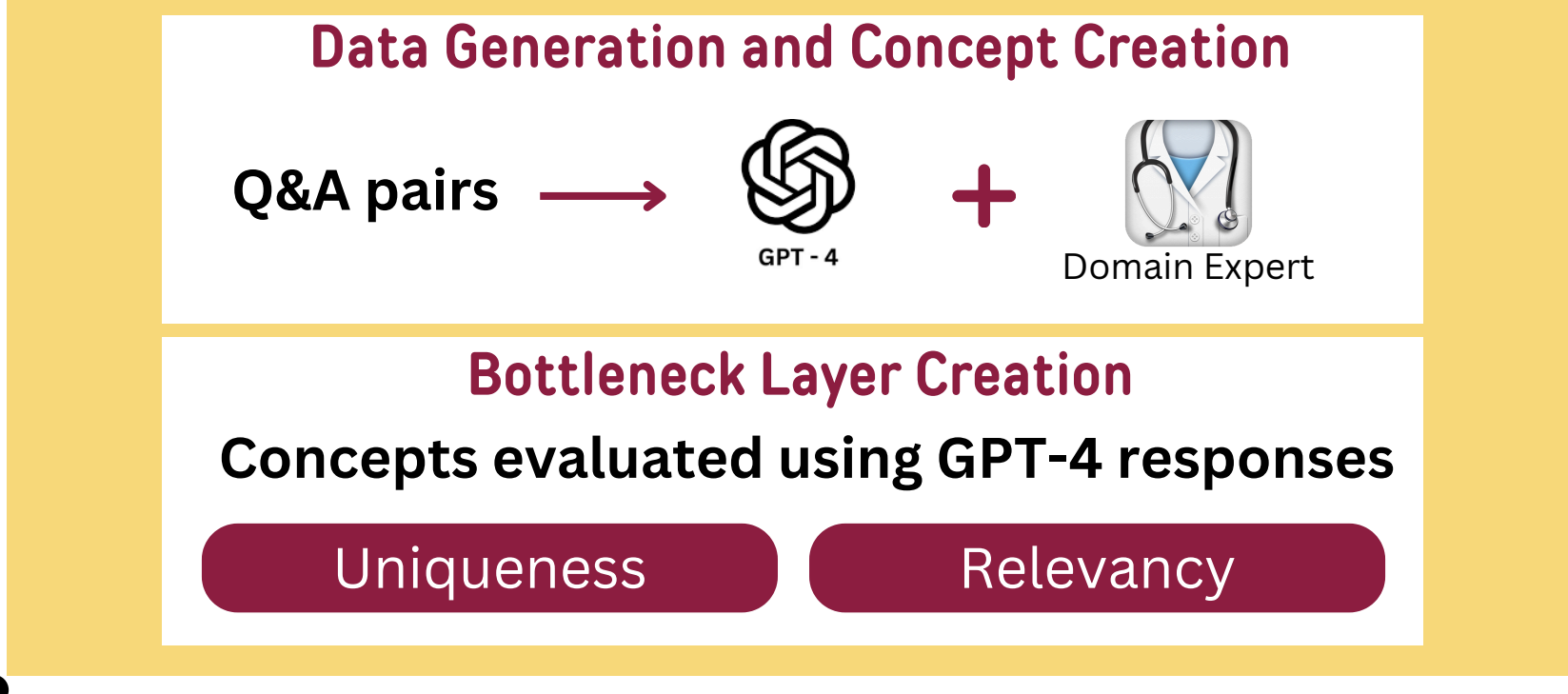
Trustworthy human-interpretable model

- Providing transparency in how it reaches its conclusions
- Users can comprehend the steps or logic behind the model's predictions
- Mechanisms, such as decision trees, feature importance scores, or visual prototype paths

QnA Dataset

Examples: Diabetes (D), Do the retinal vessels show signs of abnormal growth (neovascularization)?, "Yes"
Cataract (C), Is there a yellowing of the lens that may affect the quality of the image?, "Yes, the lens shows signs of yellowing."

Model Design



Challenge with Decision Trees
non-exclusive symptoms (e.g., a symptom may appear in multiple diseases). Like: Retinal Hemorrhages occur in Diabetes & Hypertension

Prioritize Features in Decision Path Construction
Initial Question: "Are there microaneurysms present?" (Highly specific to diabetic retinopathy);
Next: "Is there drusen in the retina?" (Specific to AMD)

Baseline Model Results

ResNet50 model achieved an overall accuracy of 57% and ROC AUC of 83.44, showing moderate discriminatory ability across eight eye disease.

Class	Precision	Recall	F1-Score	Support
Normal	57	8	65	1108
Diabetes	53	49	51	650
Glaucoma	52	31	39	114
Cataract	68	59	63	124
AMD	69	29	41	100
Hypertension	100	7	13	55
Myopia	86	83	84	100
Other diseases	34	10	16	306

Fig. Classification Report Table

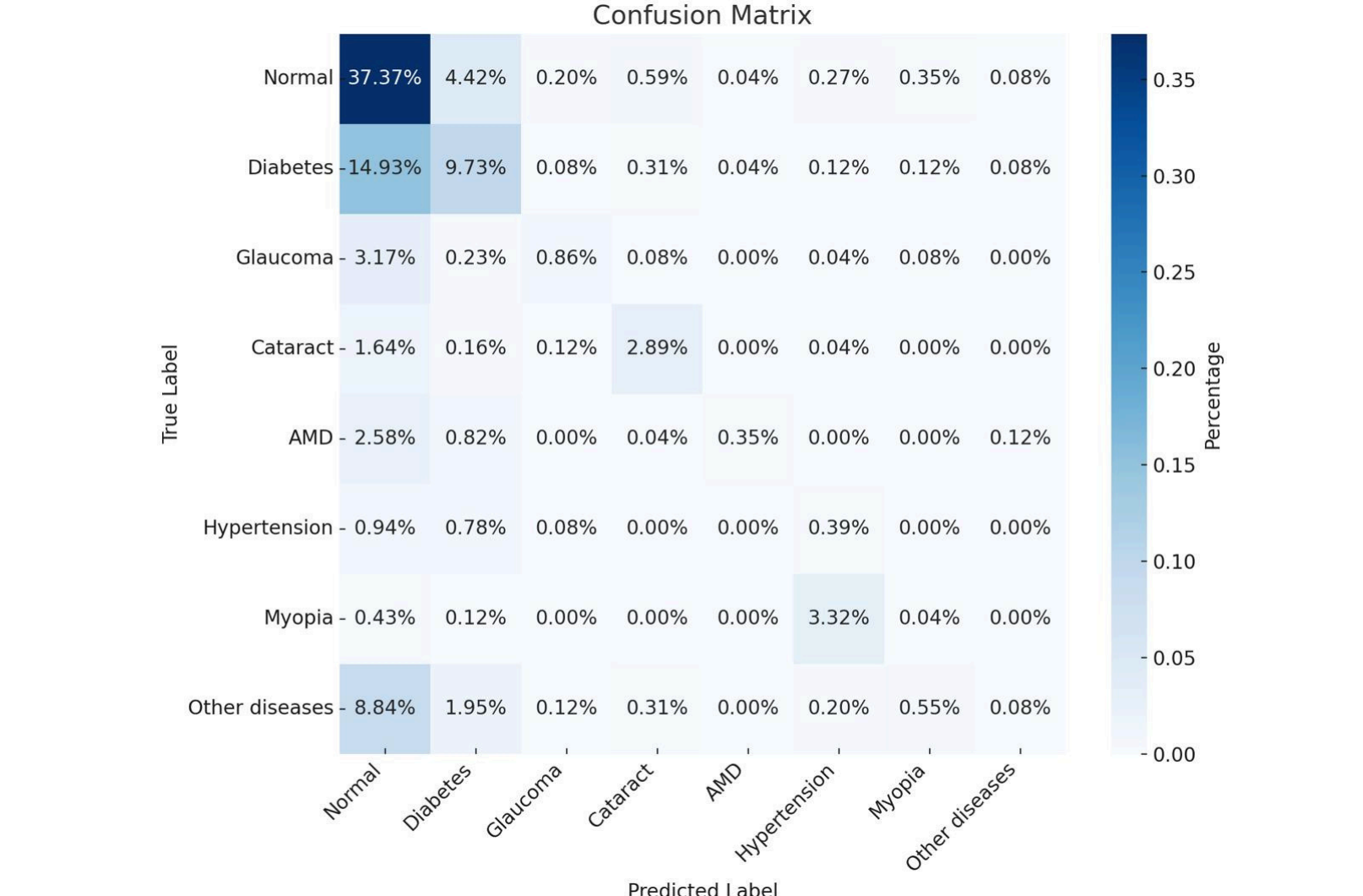


Fig. Normalised Confusion Matrix

- Myopia: Best performance (F1-score 84).
- Glaucoma and AMD: Moderate precision, low recall (F1-scores 39 and 41).
- Hypertension: High precision (100), very low recall (07), F1-score 13.
- Other Diseases: Poor results (F1-score 16), indicating classification challenges.

Results

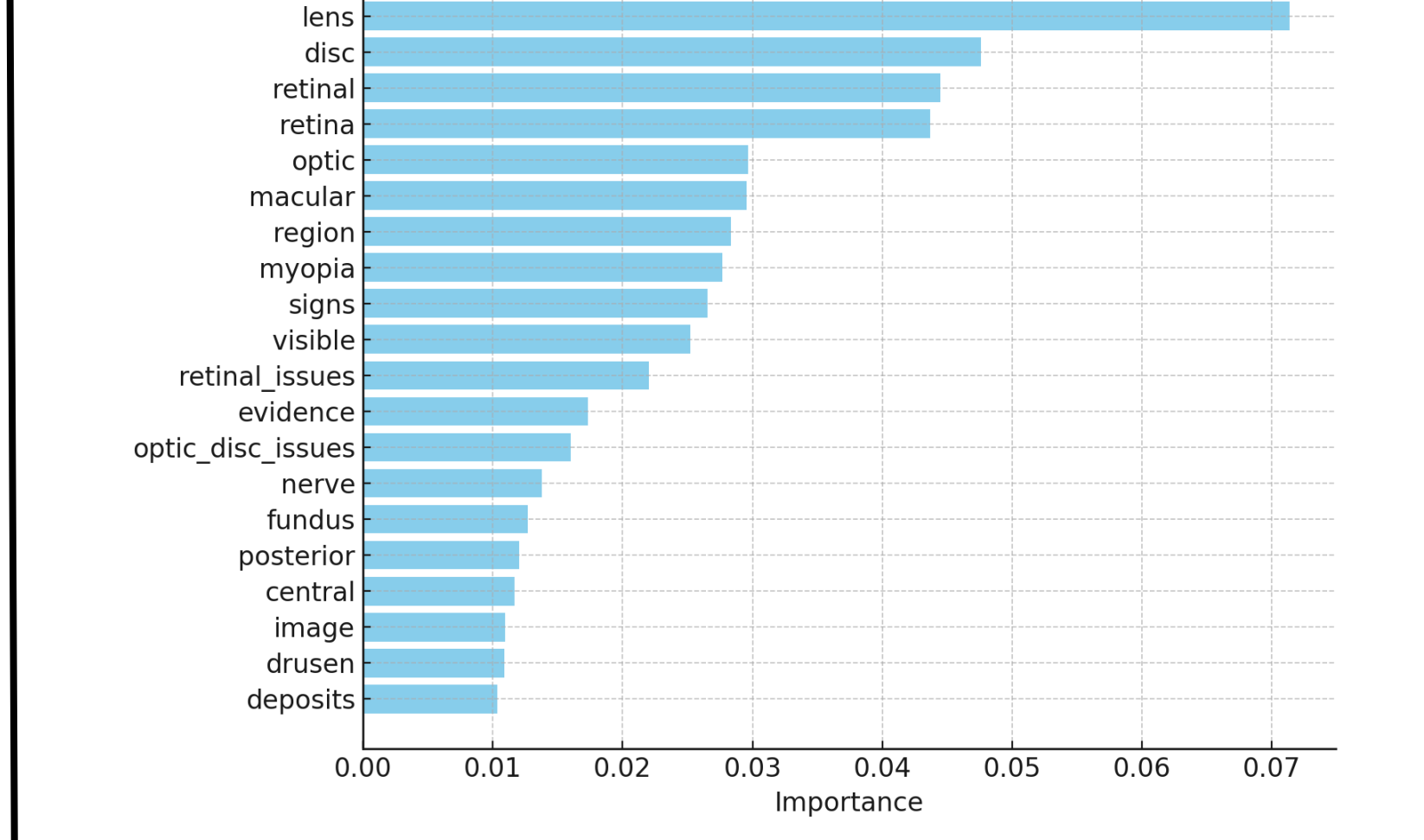


Fig. Feature Importance for Ocular Disease Detection

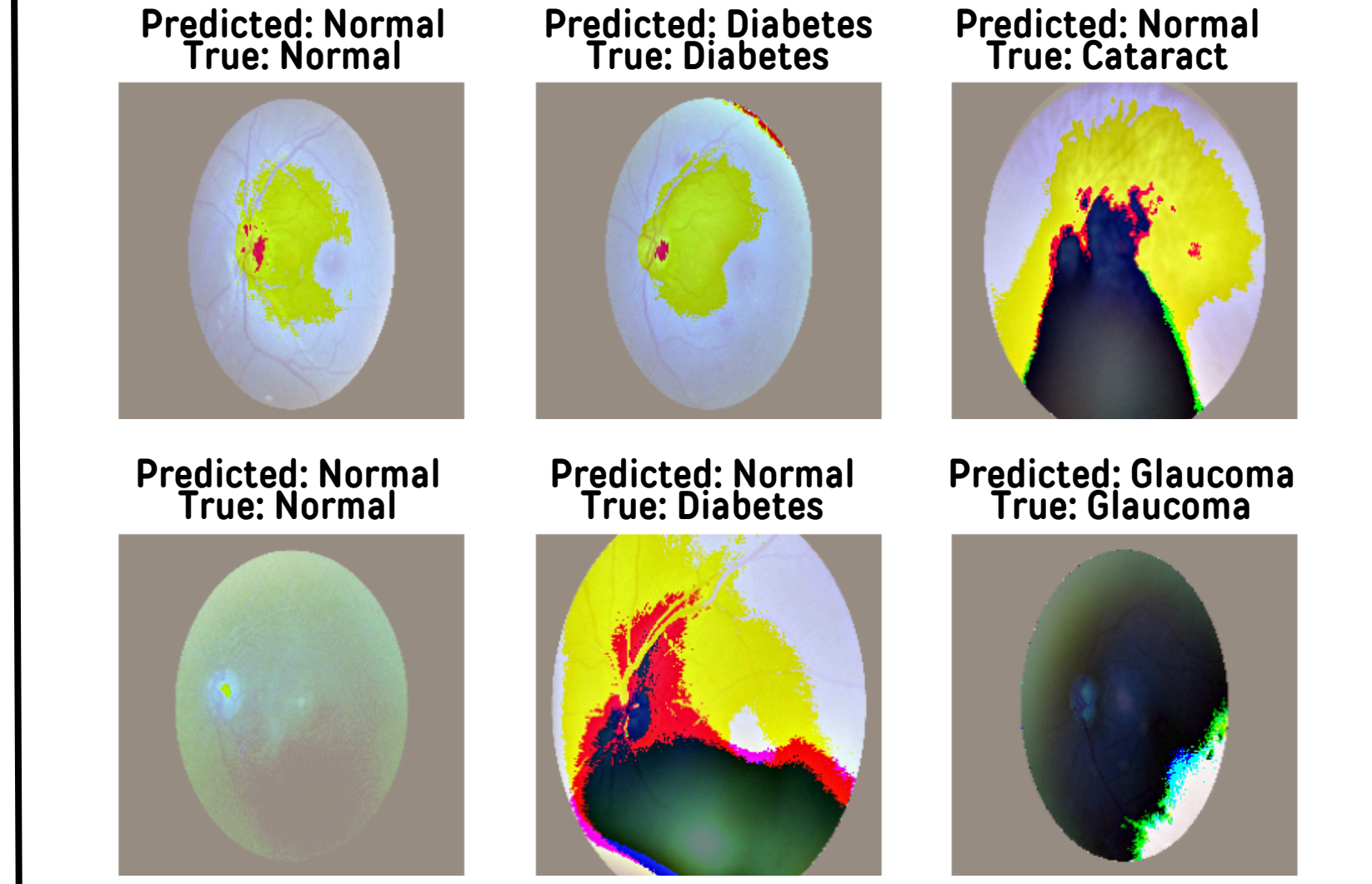


Fig. Improved Model Prediction