

Benchmarking Bayesian Deep Learning on Diabetic Retinopathy Detection Tasks Tim G. J. Rudner\* †

Qixuan Feng<sup>†</sup> Angelos Filos<sup>†</sup> Zachary Nado<sup>‡</sup>

Dustin Tran<sup>‡</sup>



\* Equal Contribution

University of Oxford

<sup>‡</sup> Google Research

Michael W. Dusenberry<sup>‡</sup>

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#### TL;DR

- We introduce two tasks motivated by real distributional shifts in diabetic retinopathy detection.
- We use downstream metrics to evaluate BDL methods, and:
- (i) Find that methods that capture both aleatoric and epistemic uncertainty outperform deterministic neural networks;
- (ii) Identify the failure of uncertainty quantification methods in a safety-critical automated diagnosis pipeline.

## Domain: Diabetic Retinopathy Detection

- BDL benchmark desiderata:
  - (i) Accurately reflect a real-world setting;
- (ii) Be usable without extensive domain expertise;
- (iii) Account for aleatoric and epistemic uncertainty.

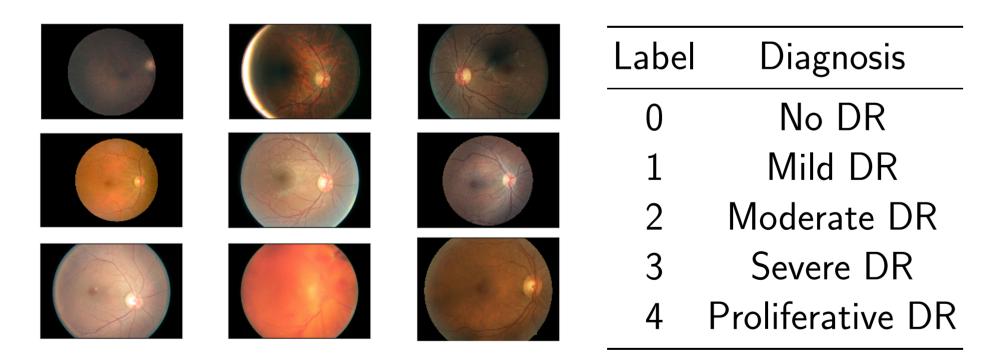


Figure 1 & Table 1: Left: Raw retina images from the unprocessed EyePACS dataset; **Right:** Clinical severity labels of EyePACS and APTOS retina images.

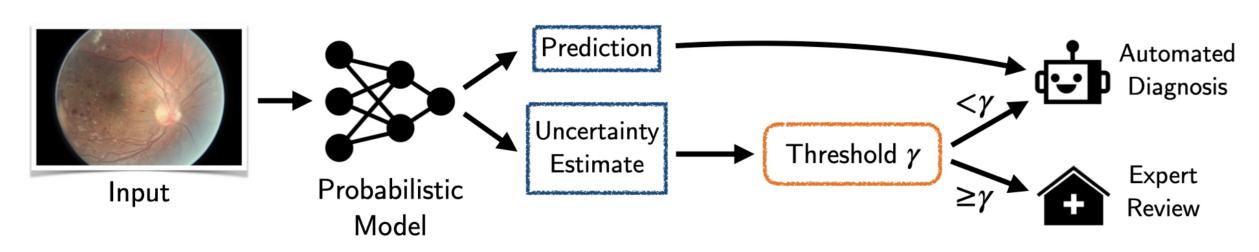


Figure 2: Automated Diagnosis Pipeline. For each input, a model provides a prediction and an uncertainty estimate; if the estimate is below  $\gamma$  (indicating low uncertainty) the diagnosis is processed without further review; else, it is referred to an expert.

# Benchmarking Tasks and Setup

Ghassen Jerfel<sup>‡</sup>

#### Task Construction

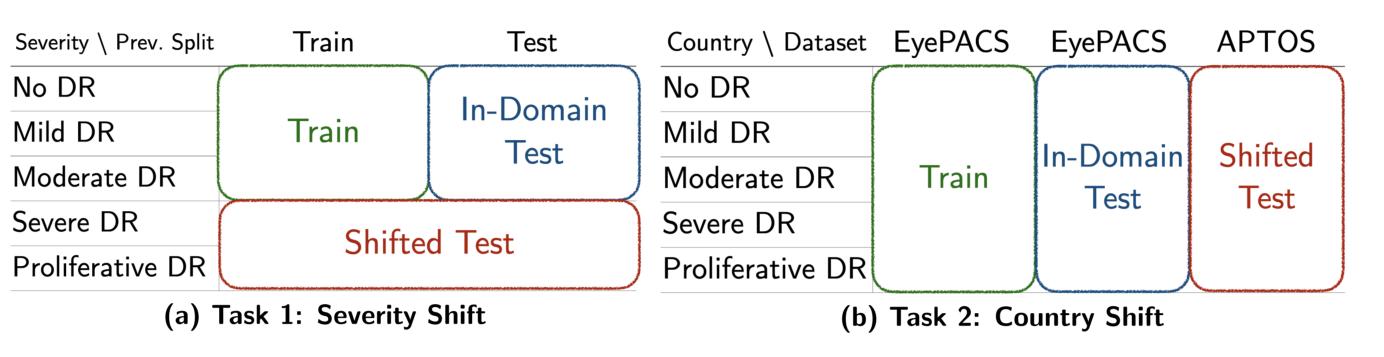


Figure 3: (a) Task 1: Severity Shift. Partitioning of the EyePACS dataset. Goal: evaluate reliability for rare inputs. (b) Task 2: Country Shift. Partitioning of the EyePACS (United States) and APTOS (India) datasets. Goal: evaluate reliability under different patient populations and different collection devices.

#### **Uncertainty Quantification Methods**

- Deterministic Baselines:
- -Maximum A Posteriori (MAP)
- -Deep Ensembles [Lakshminarayanan et al., 2017]
- Established VI Methods for BNNs:
- -Gaussian Mean-Field VI [Blundell et al., 2015]
- -MC Dropout [Gal and Ghahramani, 2016]
- Improved VI Methods for BNNs:
- -Radial Gaussian Mean-Field VI [Farquhar et al., 2020]
- -Function-Space VI [Rudner et al., 2021]
- -Rank-1 BNNs [Dusenberry et al., 2020]

#### Downstream Metric: Selective Prediction

ullet For referral rate au, refer all images with predictive uncertainty  $\geq \tau$  to an expert. Assess model on remaining images to obtain performance p. Plot p w.r.t. all possible  $\tau$ .

Full paper: rebrand.ly/bdl-retinopathy

# **Empirical Evaluation**

## Severity Shift

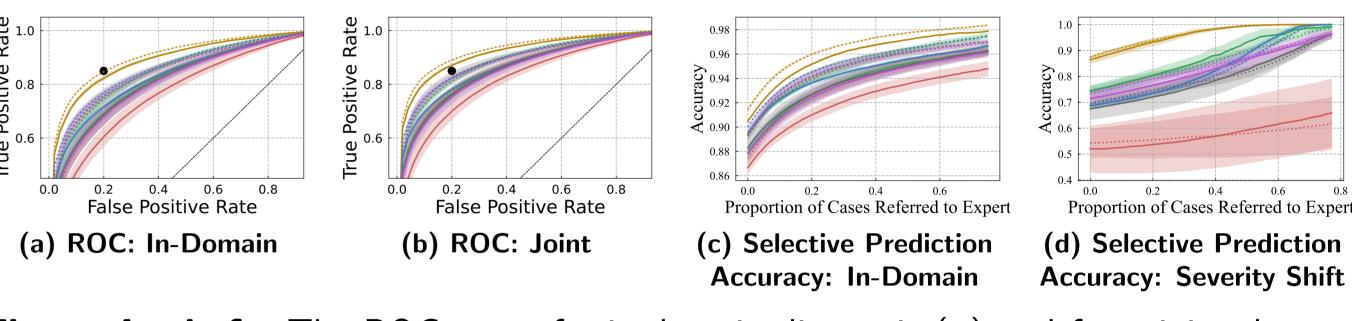


Figure 4: Left: The ROC curve for in-domain diagnosis (a) and for a joint dataset composed of examples from both the in-domain and Severity Shift evaluation sets  $(\mathbf{b})$ . **Right:** Selective prediction in the in-domain (c) and Severity Shift (d) settings.

## **Country Shift**

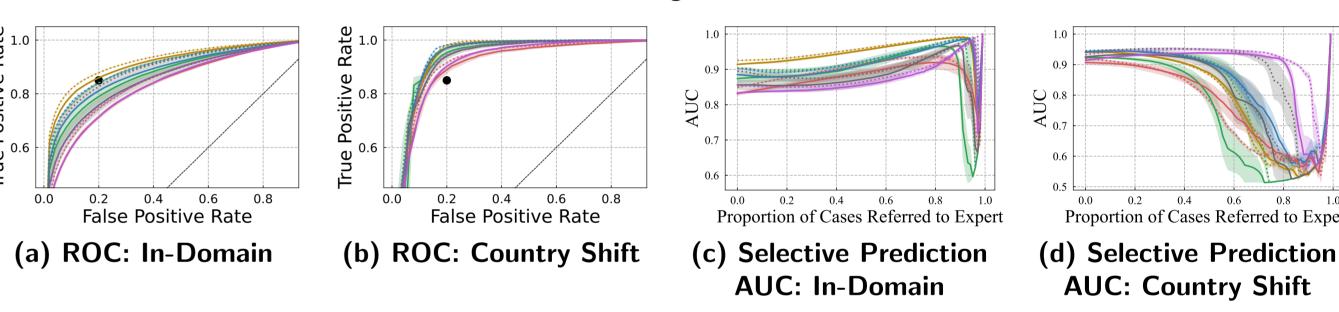


Figure 5: Left: The ROC curve for in-population diagnosis on the EyePACS test set (a) and for changing medical equipment and patient populations on the APTOS test set (b). Right: selective prediction on AUC in the EyePACS (c) and APTOS (d) settings.

#### **Predictive Uncertainty Distributions**

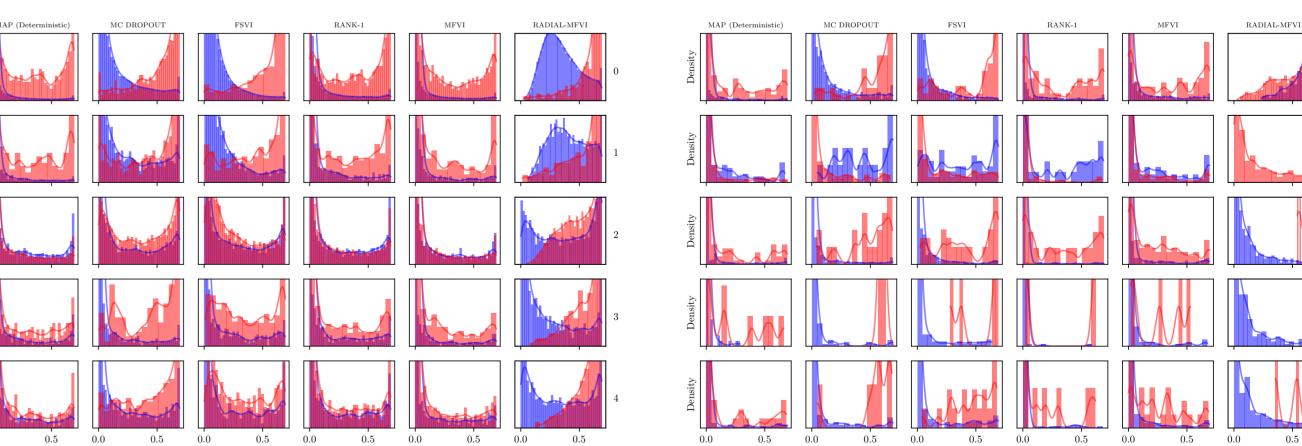


Figure 6: Severity Shift. Predictive uncertainty for each clinical severity label domain and shifted datasets.

Figure 7: Country Shift. Predictive uncertainty for each clinical severity label (rows) and method (columns), for both in- (rows) and method (columns), for the distributionally shifted dataset (APTOS).