



## Detecting when the available data does not allow reliable inference

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Department of Computer Science @ETH Zurich

joint work with students Alex Tifrea, Eric Stavarache,  
Piersilvio de Bartolomeis, Javier A. Martinez, Konstantin Donhauser

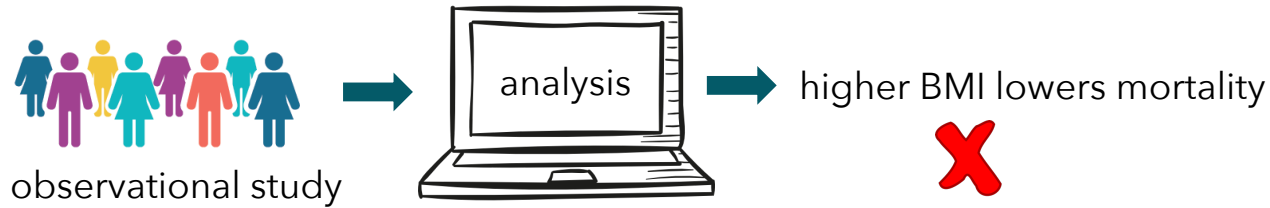


# Problem of validity of inference

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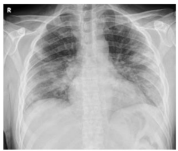


Problem **1**  
too much hidden  
confounding

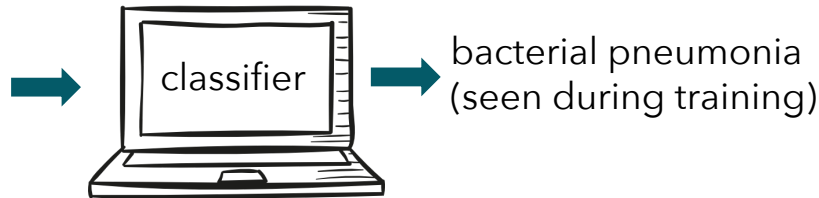
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Problem **1**  
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individual test sample  
with new disease/class



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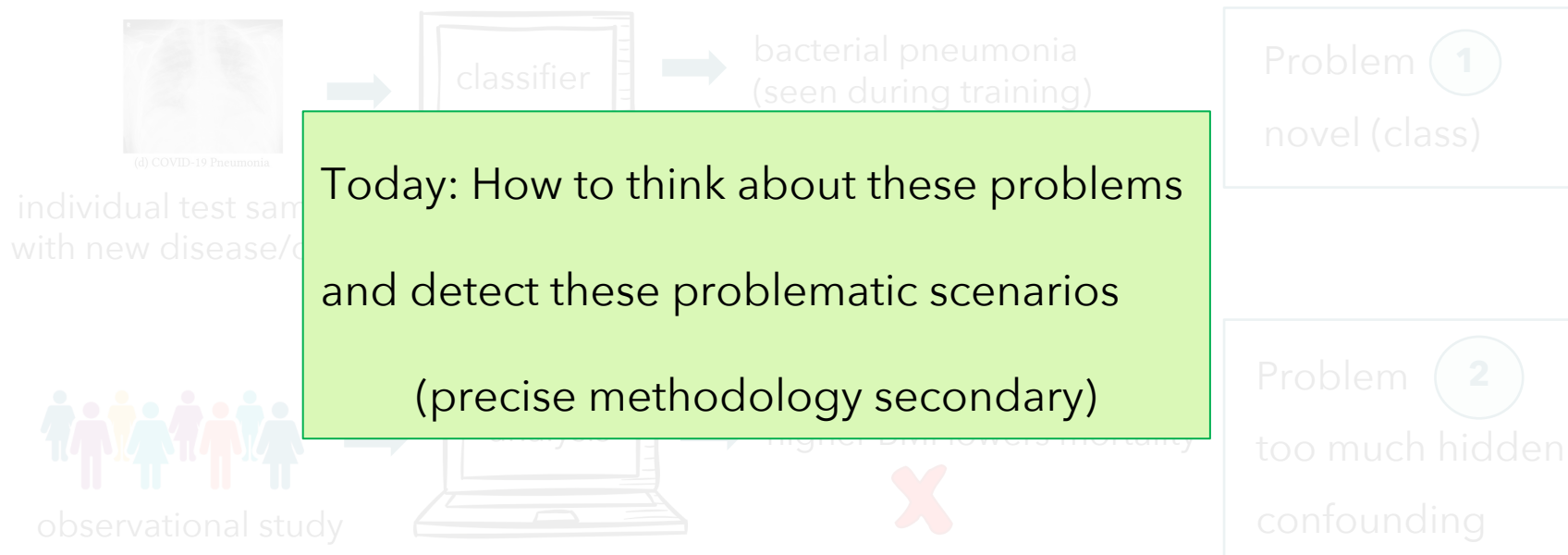


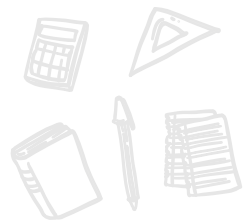
Problem 1  
too much hidden  
confounding



Problem 2  
novel (class)

# Problem of validity of inference





## I. A lower bound for hidden confounding using randomized control trials

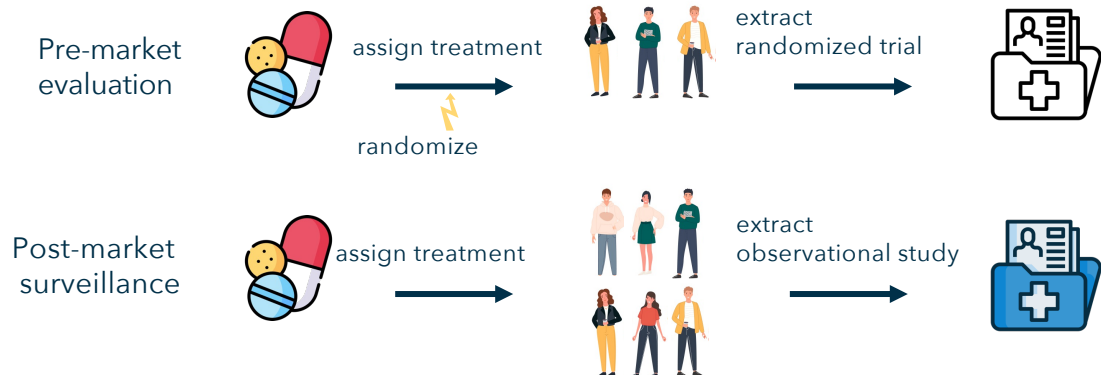
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work in progress

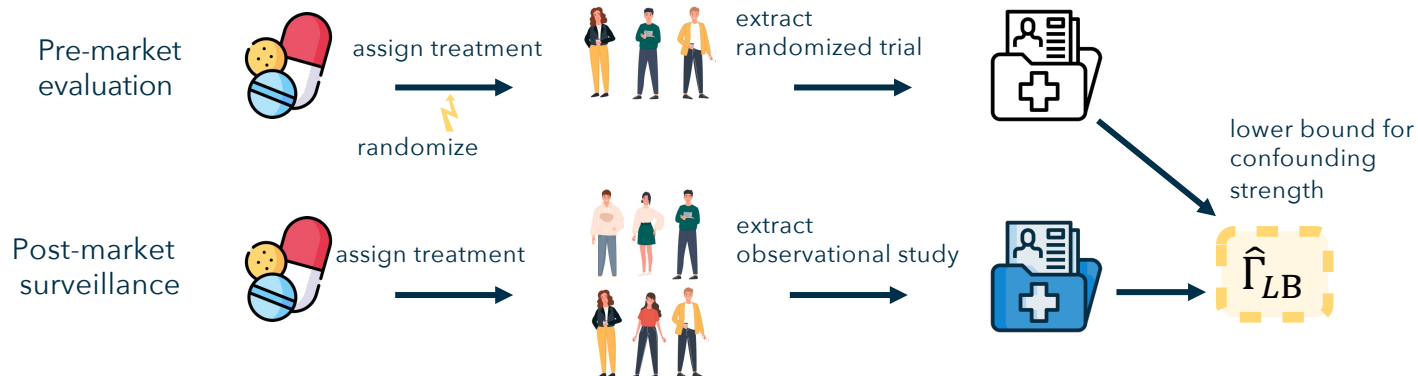




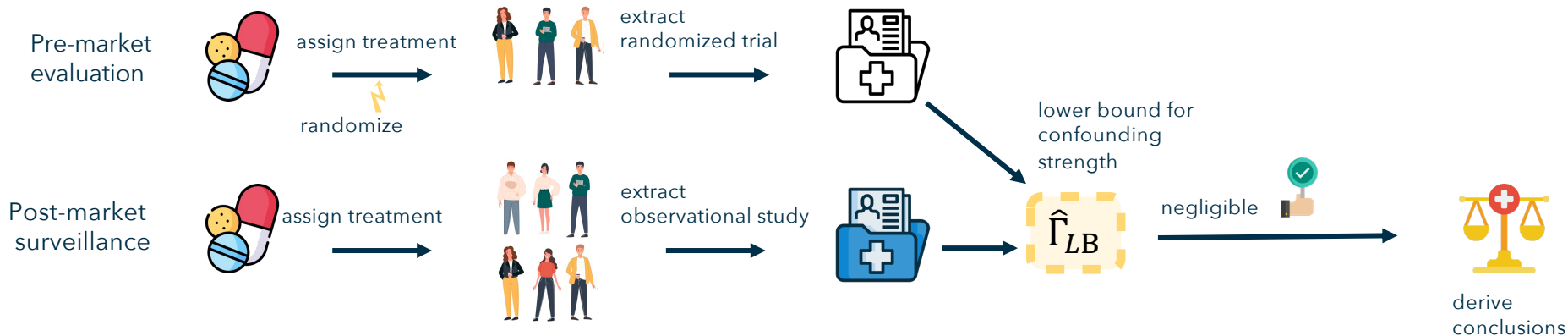
# Our goal: lower bounding confounding strength



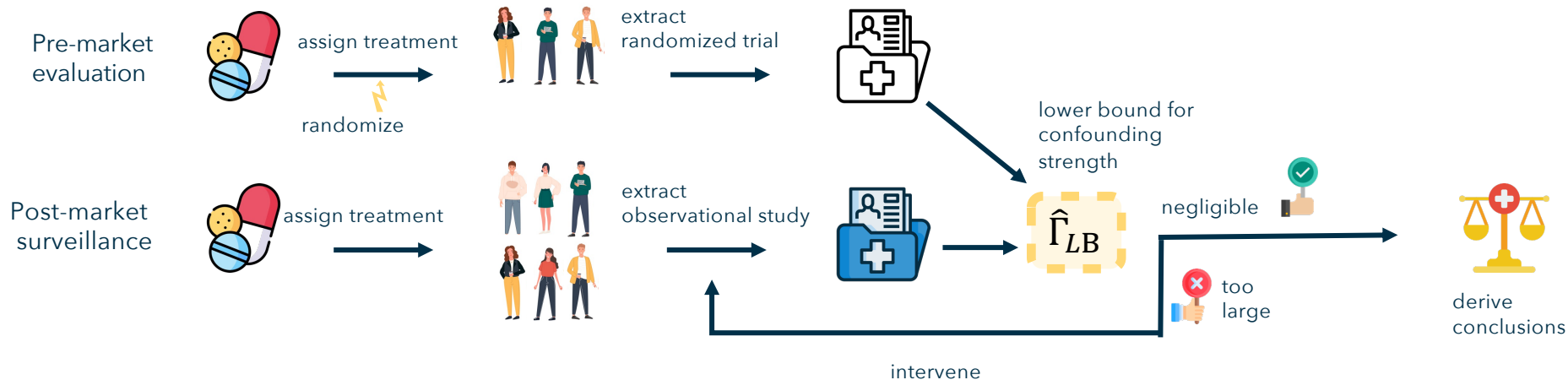
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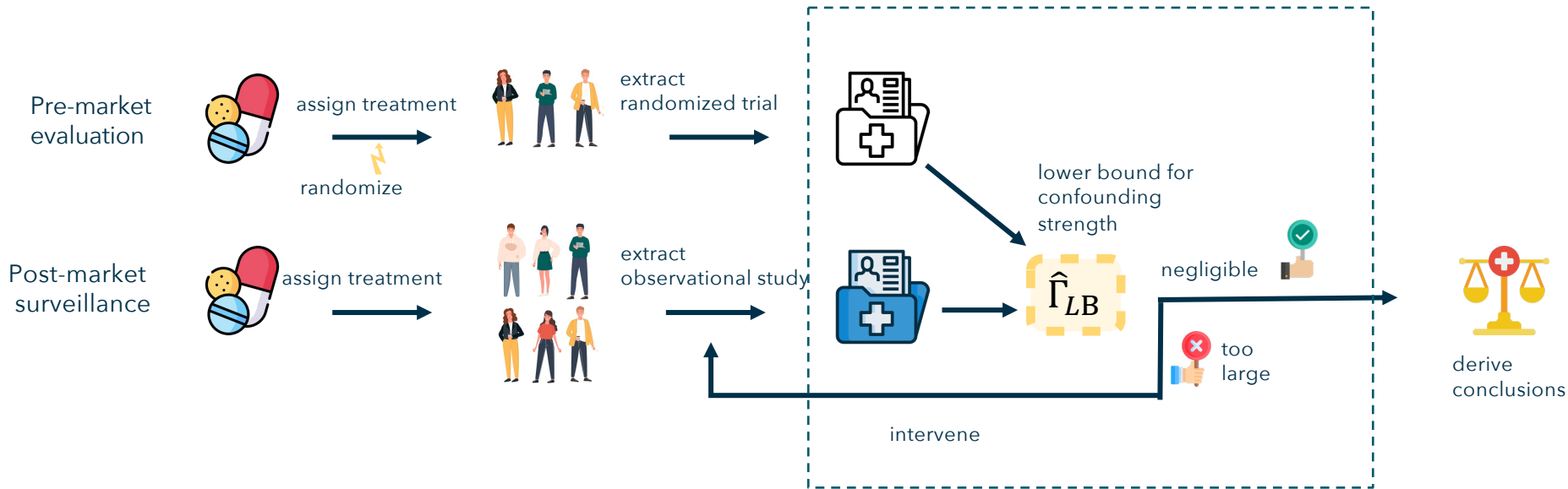
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1. Scenarios where we can't make inference using the observational study
2. Approach: How to detect these scenarios?

grey: observed variables,  
white: latent variables

# Potential outcome framework

Observed samples  $(X_i, Y_i, T_i)$  i.i.d. from the following distribution with  $Y = Y(1)T + Y(0)(1 - T)$  (SUTVA)

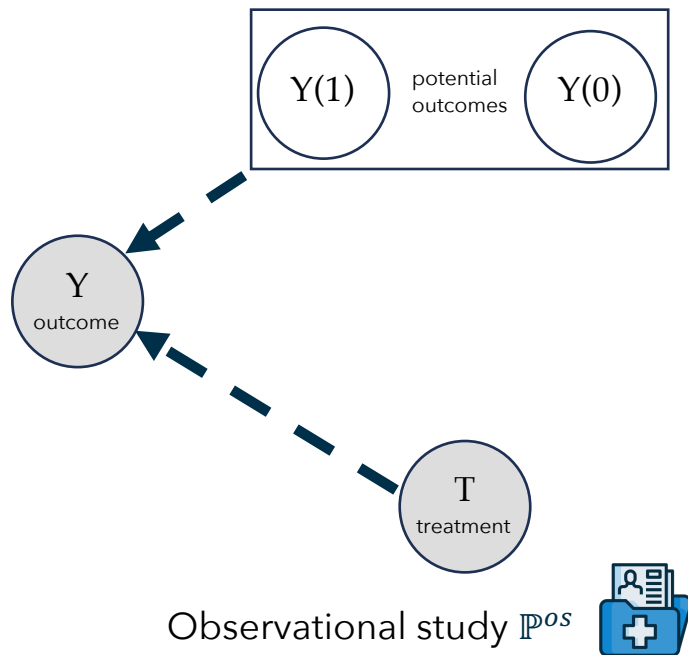
Observational study  $\mathbb{P}^{os}$



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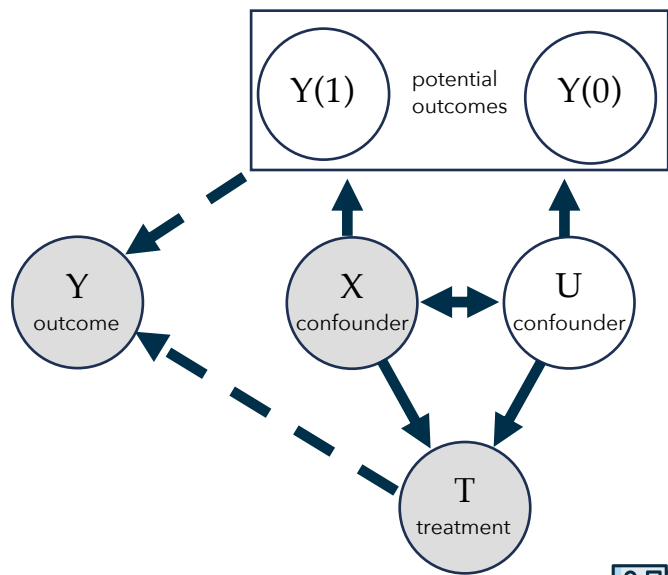




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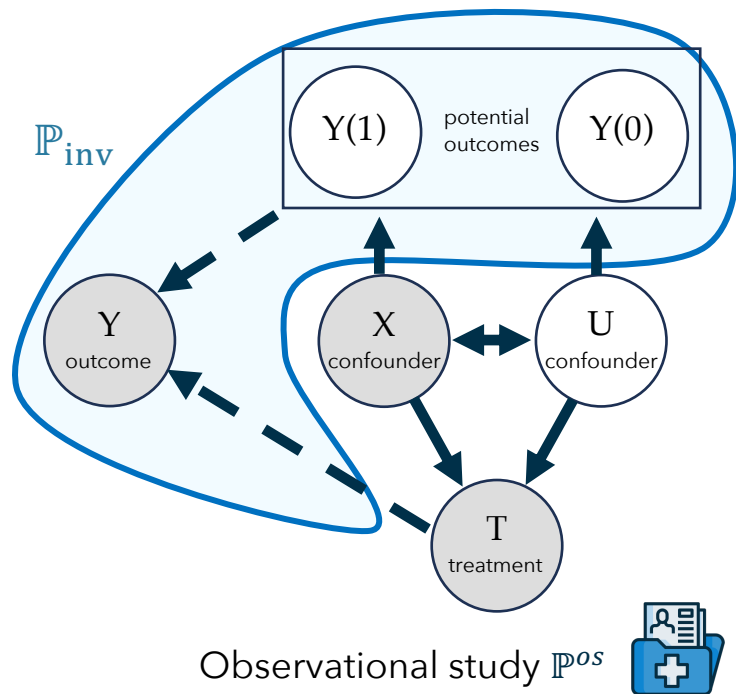
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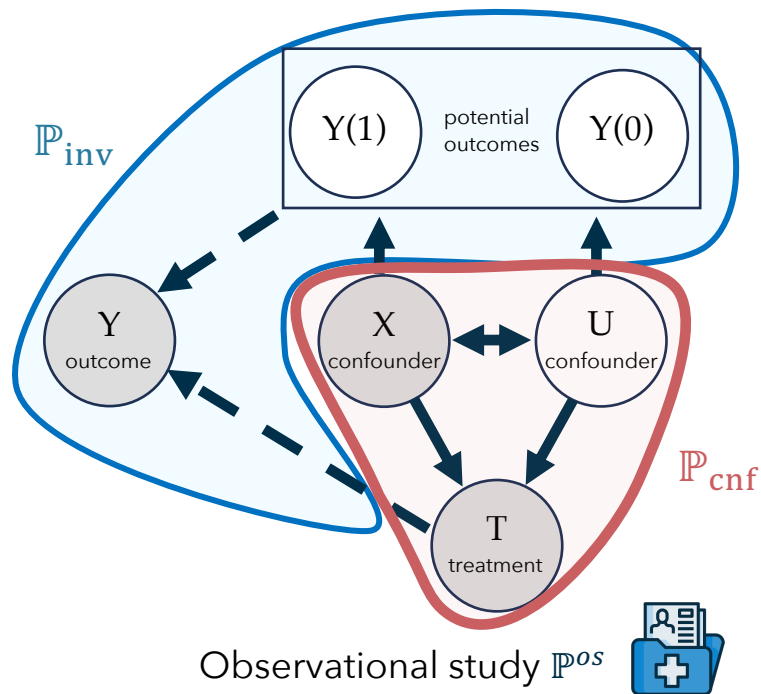
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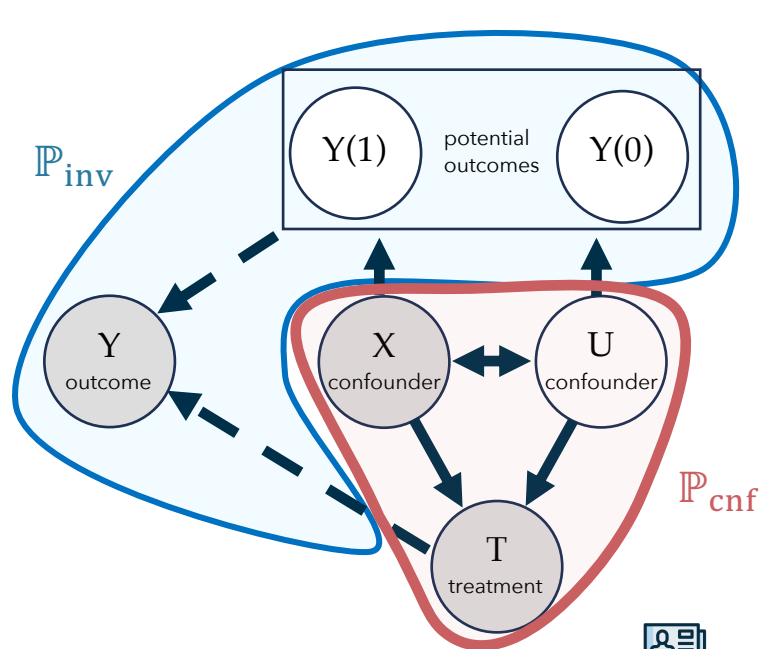
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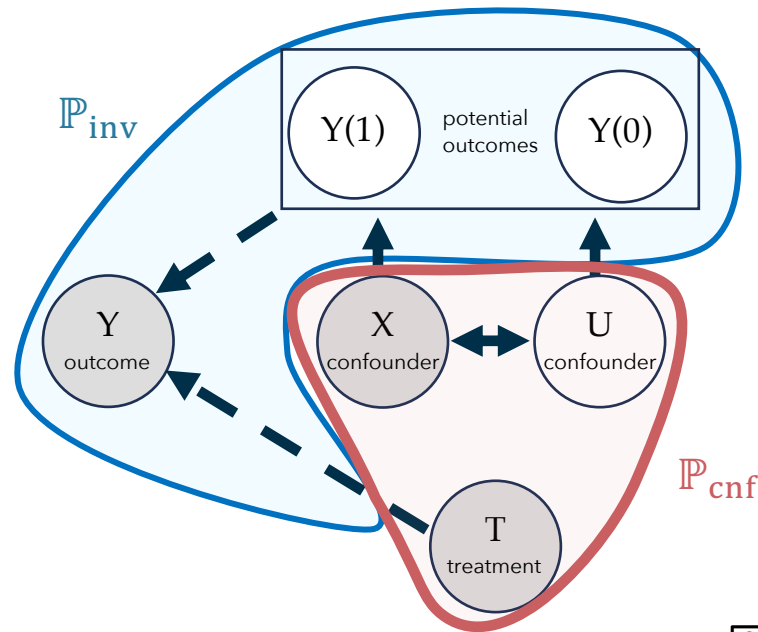
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Observational study  $\mathbb{P}^{os}$



Randomized control trial  $\mathbb{P}^{rct}$



# Marginal sensitivity model

Additional assumptions:

- Transportability of CATE, i.e.  $\mathbb{E}_{\mathbb{P}^{os}}[Y(1) - Y(0) \mid X] = \mathbb{E}_{\mathbb{P}^{rct}}[Y(1) - Y(0) \mid X]$
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Scenarios we want to detect: when true confounding  $\Gamma^*$  of  $\mathbb{P}^{os}$  is too large

1. Scenarios where we can't make inference using the observational study
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# Our paradigm: finding a lower bound

Our plug-and-play approach for desired significance  $\alpha$ :

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all full distributions that yield observed  $\mathbb{P}_{X,Y,T}^{os}$  and satisfy  $MSM(\Gamma)$

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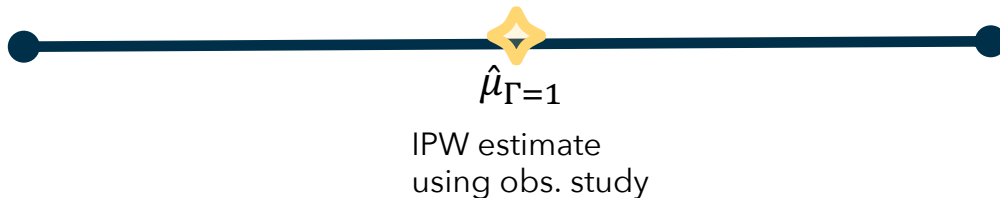
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Test using consistent  
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in literature  
(experts in audience)



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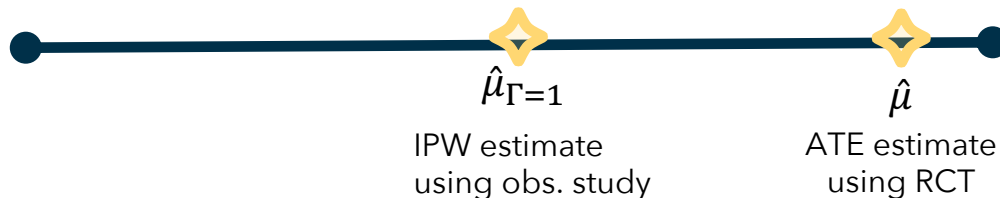
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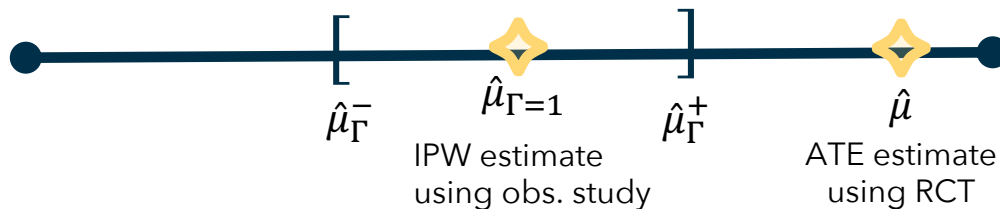
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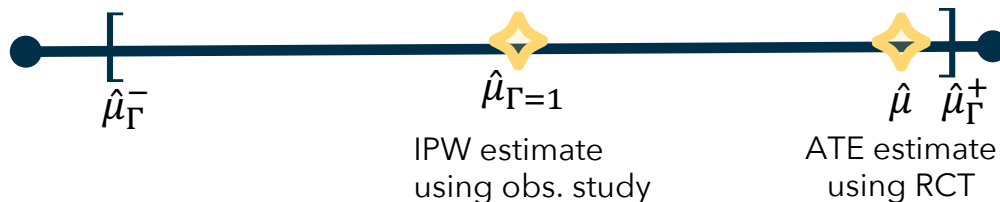
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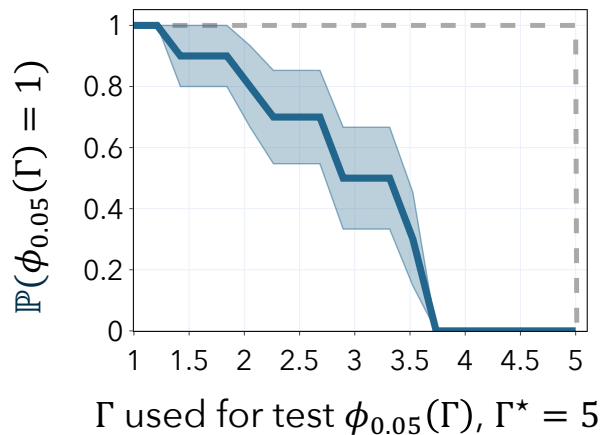
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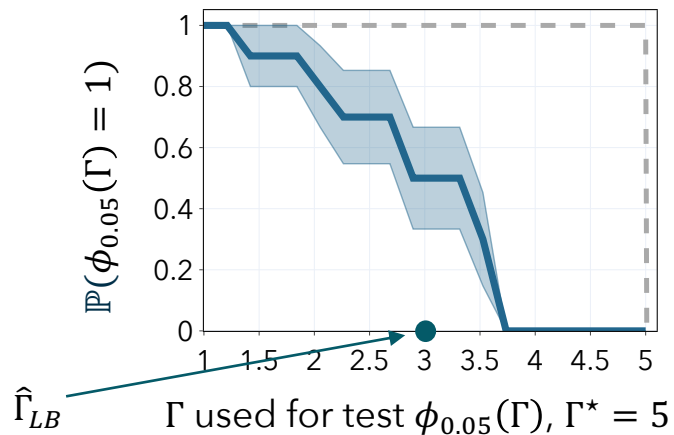


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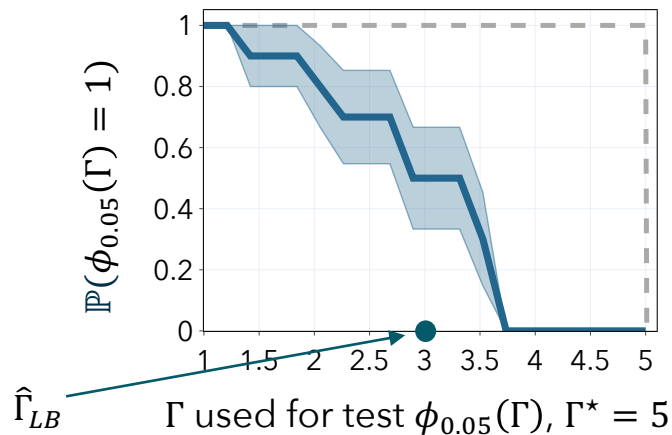


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- probability of rejection over 20 runs on semi-synthetic data
- asymptotically  $\mathbb{P}(\hat{\Gamma}_{LB} > \Gamma^*) \leq \alpha$  implied by  $\mathbb{P}(\phi_\alpha(\Gamma^*) = 1) \leq \alpha$

# Previous paradigms that could be used to “flag”

- without RCT and using sensitivity bounds
  - quantification via critical value  $\hat{\Gamma}_{ct}$  that changes causal conclusions  
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**but: rejection only means either  $MSM(\Gamma)$  assumption wrong or  $ATE \leq 0$**
- with RCT:
  - binary test for existence of confounding with  $H_0: \Gamma^* > 1$   
e.g. Viele et al '14, Hussein-Oberst-Shih-Sontag '22

# Previous paradigms that can be used for detection

- without RCT and using sensitivity bounds
  - quantification via critical gamma value  $\hat{\Gamma}_{ct}$  that changes causal conclusions  
e.g. vanderWeide-23 etc.  
but: can't test statement about  $\Gamma^*$   

→ true statement  
about  $\Gamma^*$  not possible!
  - can test if  $TE(\text{obs. study}) > 0$  and flag if true  
e.g. Yadlowsky-Namkoong-Basu-Duchi-Tian-22, Jin-Park-Groves-23  
but: rejection only means either MSM( $\Gamma$ ) assumption is violated or  

our paradigm:  
statement about  $\Gamma^*$   
& flag only if  $\Gamma^*$  large

- with RCT:
  - binary test for confounding with  $H_0: \Gamma^* > 1$   
e.g. Viele et al. '22  

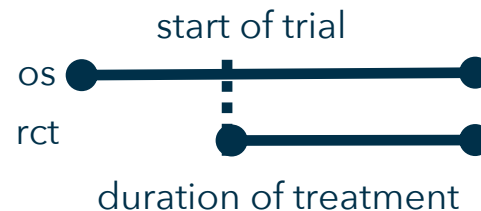
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Coronary heart disease	
treated	as trial started
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$\hat{\Gamma}_{LB}$	1.009
$\psi_{bin}$	1
$\psi_{sens}$	0

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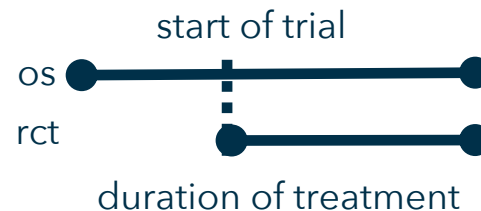
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treated	Coronary heart disease	
	as trial started	before trial
$\hat{\Gamma}_{CT}$	1.017	1.164
$\hat{\Gamma}_{LB}$	1.009	1.224
$\psi_{bin}$	1	1
$\psi_{sens}$	0	1

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$\hat{\Gamma}_{CT}$	1.017	1.164
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$\psi_{bin}$	1	1
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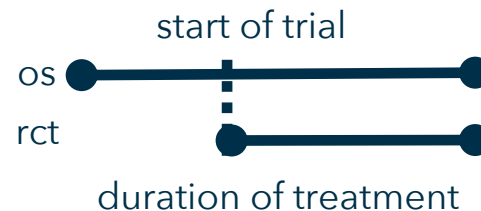
Different paradigms for “flagging” confounding:

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# Evaluation on real-world data (WHI)

- Randomized trial and observational study (1993-2005)
- Treatment: hormone replacement therapy
- Outcomes: coronary heart disease
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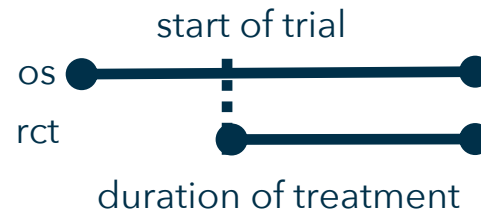
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- $\psi_{sens}$  (ours): check whether too large  $\hat{\Gamma}_{LB} > \hat{\Gamma}_{CT}$

# Current and future work

Higher power using

- kernelized test as opposed to averaging
- non-"adversarial" sensitivity model

Extended applicability:

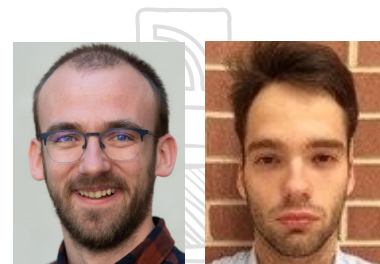
- multiple observational studies (no RCT)
- Automatic detection of hidden confounders from set of features



## II. Semi-supervised novelty detection using ensembles with regularized disagreement

joint work with Alexandru Tifrea, Eric Stavarache

published at UAI '22



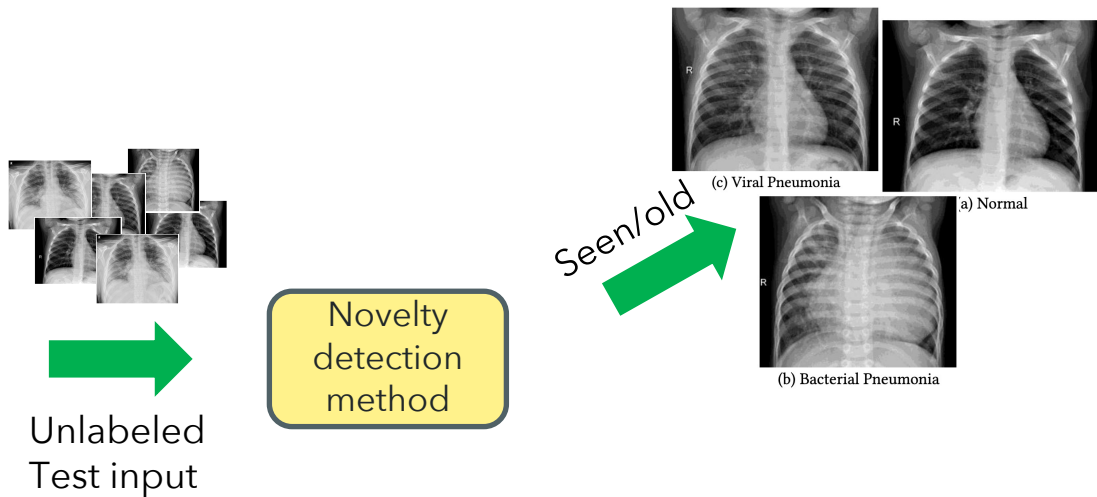
# The novelty detection problem for classification



Unlabeled  
Test input

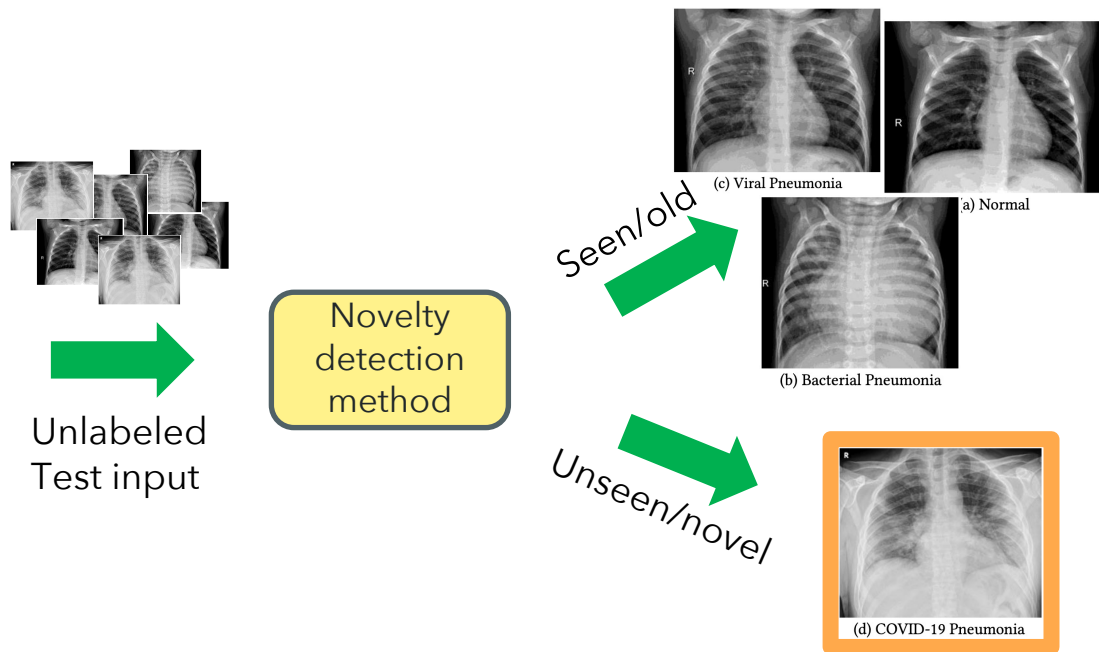
Novelty  
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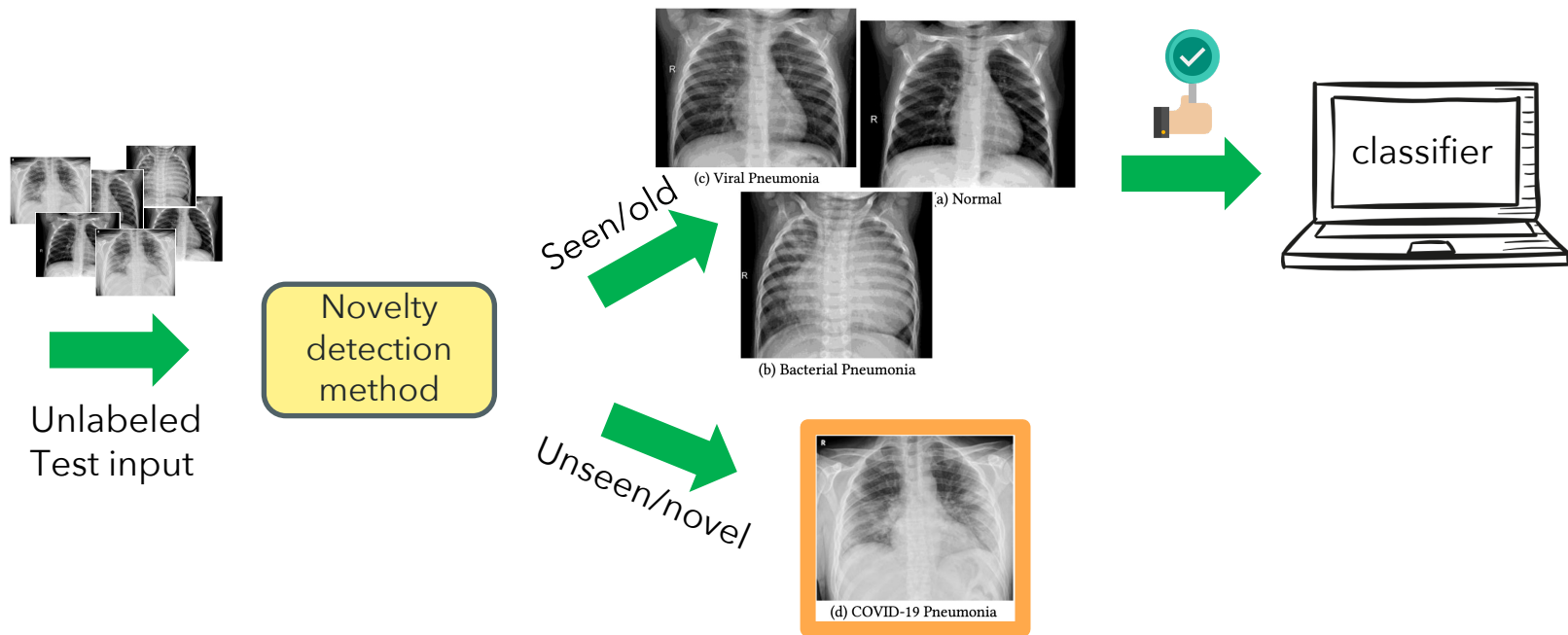
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Novelty detection method tells user that software doesn't "know enough" to **predict** new point



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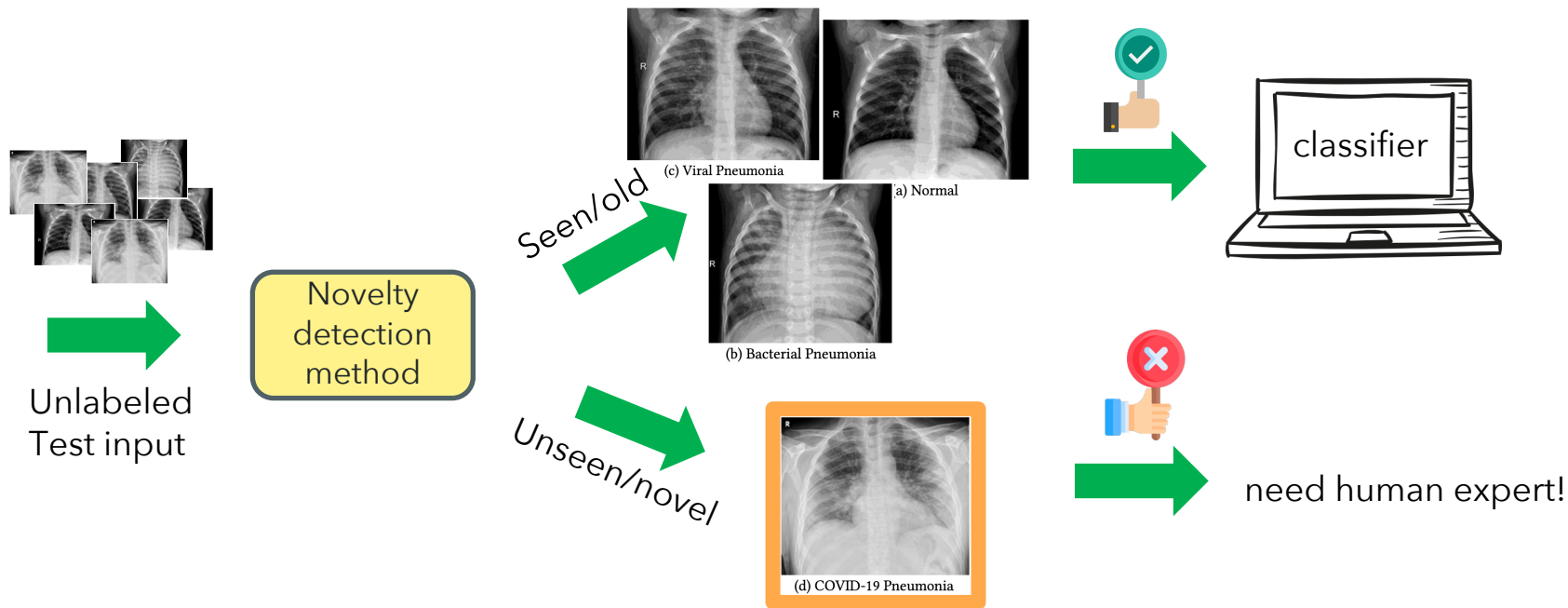
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# The novelty detection problem for classification

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1. Definition: Points we can't make inference on
2. Approach: How to detect those samples?

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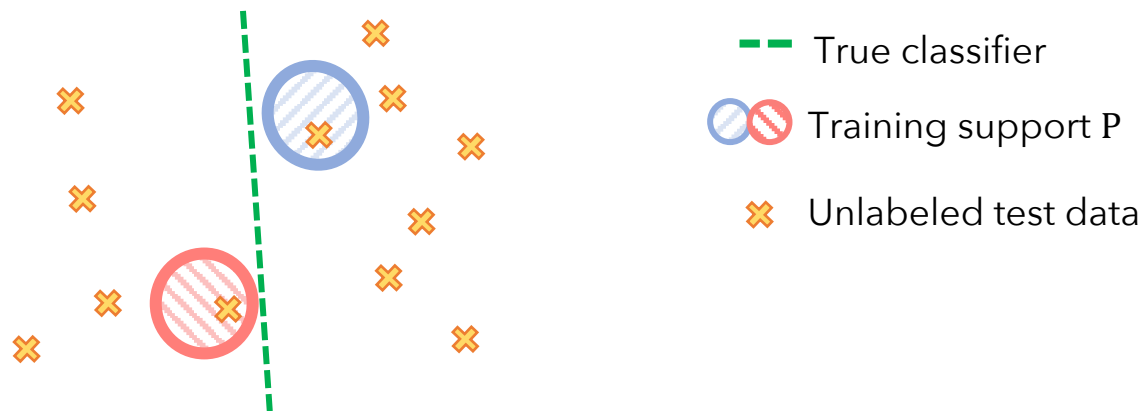
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- o.o.d. generalization (**extrapolatable** from training distribution) -  
depends on *test shift & model complexity*

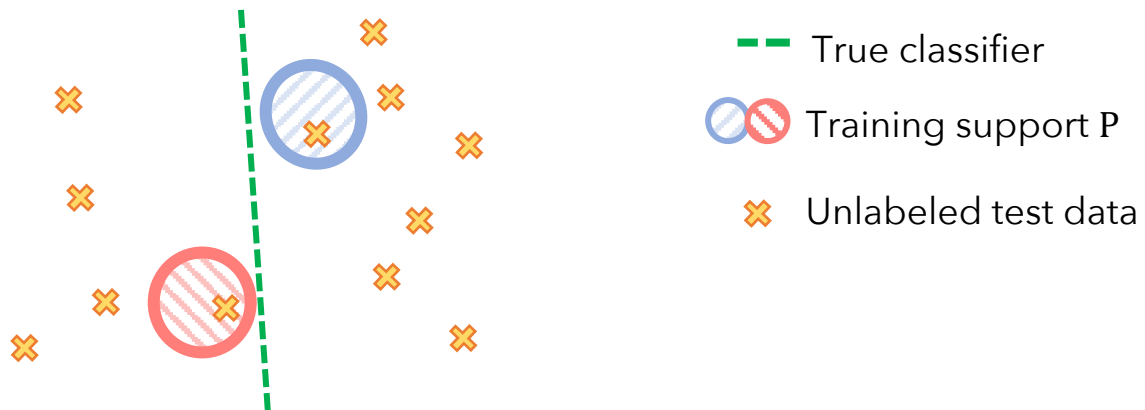
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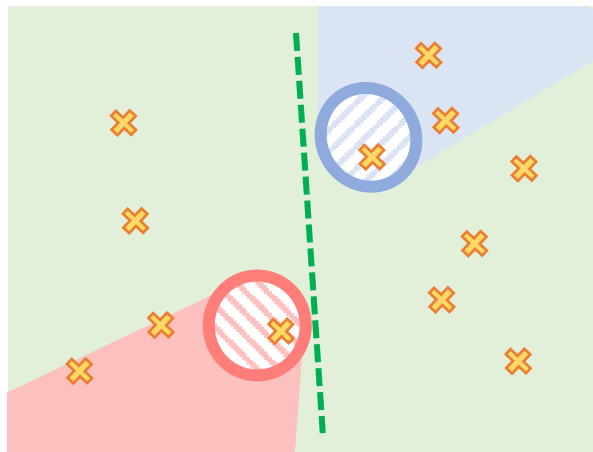


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 Training support P

 Unlabeled test data

  Correctly extrapolatable

 Not extrapolatable (OOD)

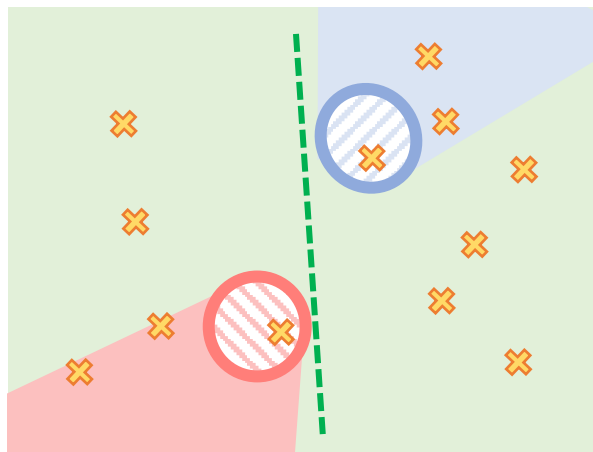


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Goal now: how to output green area

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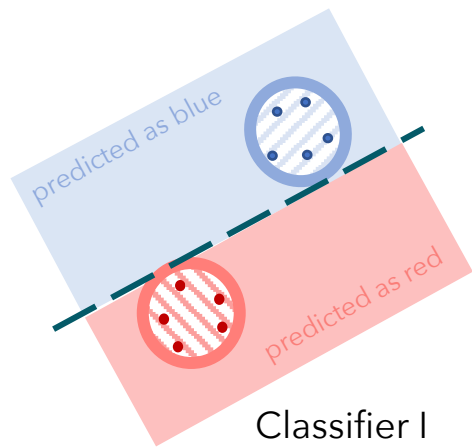
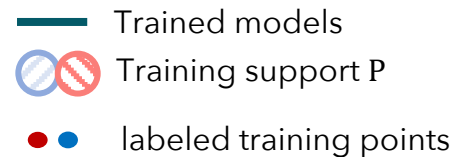
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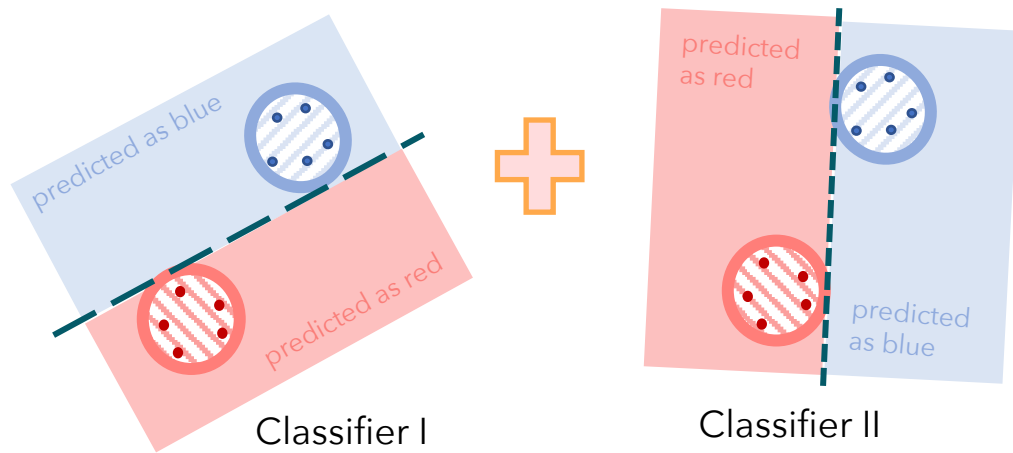
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- • labeled training points

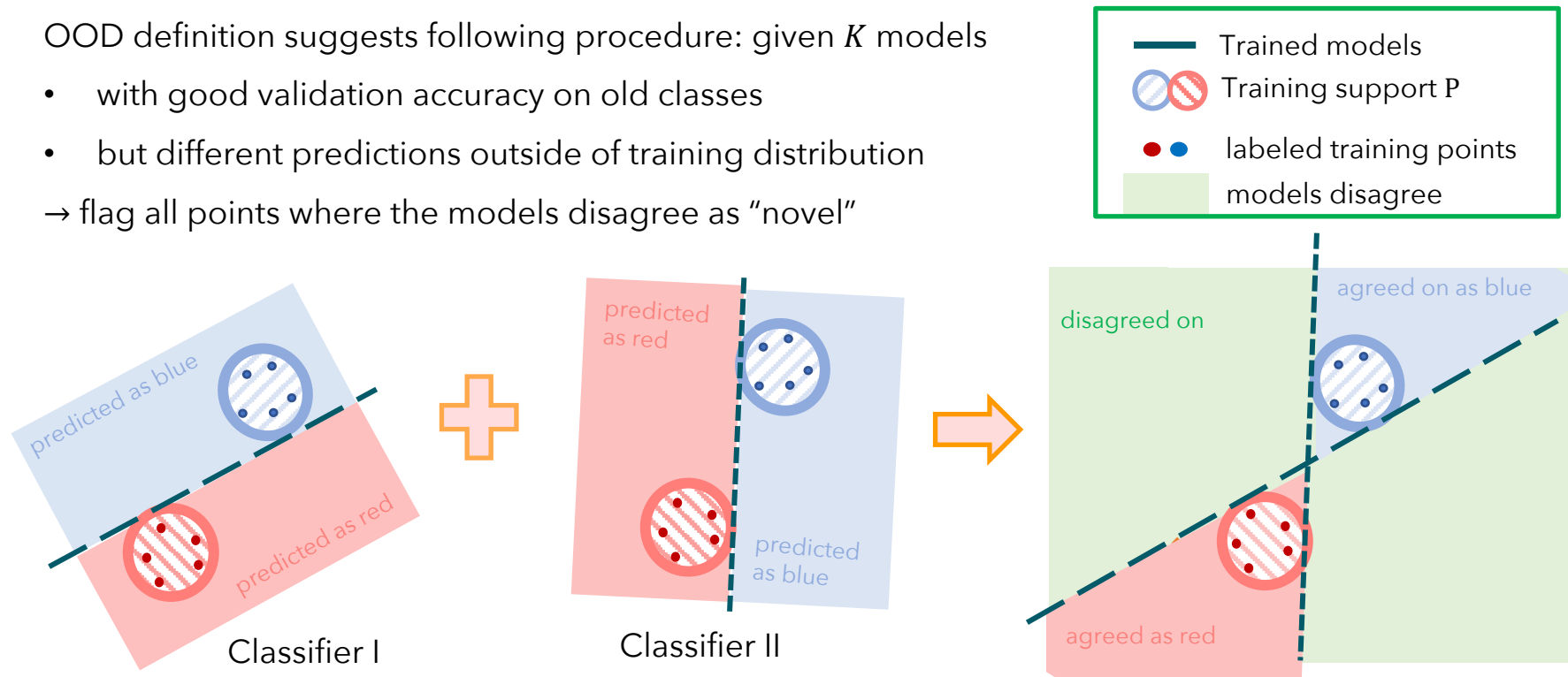


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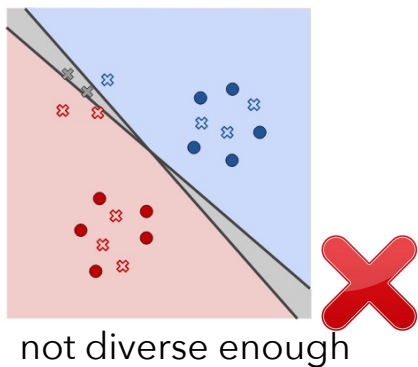
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# Key for our improvement: Regularized disagreement

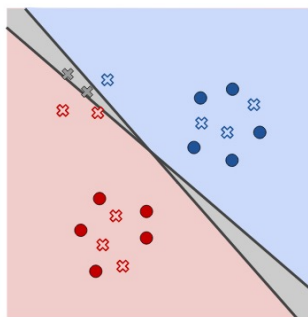
Key for “good performance”: Complexity of ensemble models being only as large as needed



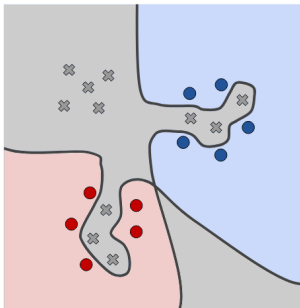


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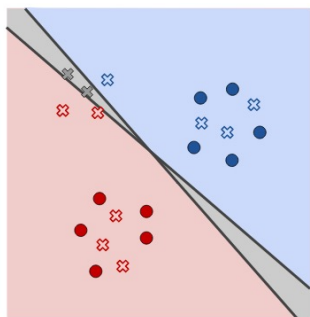
not diverse enough



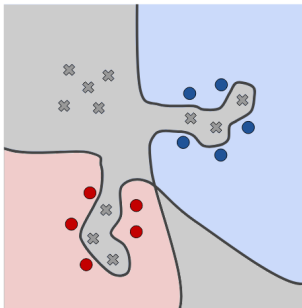
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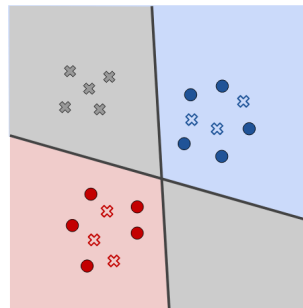
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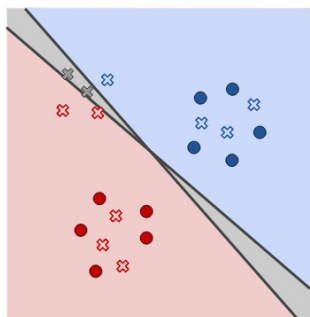


right amount of  
diversity

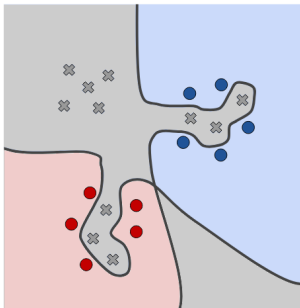


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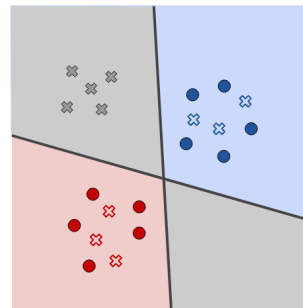
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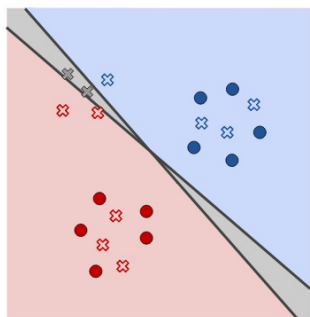


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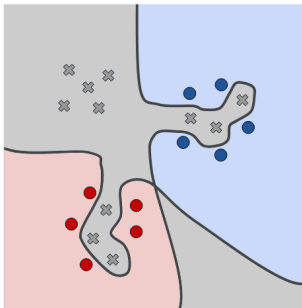
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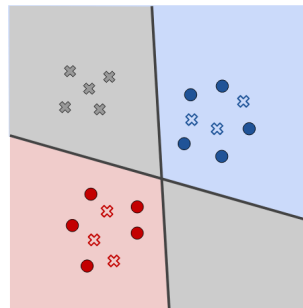
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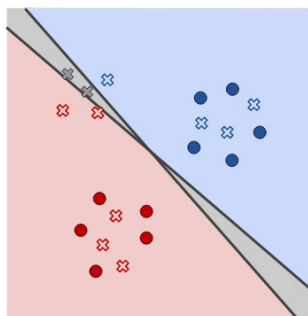


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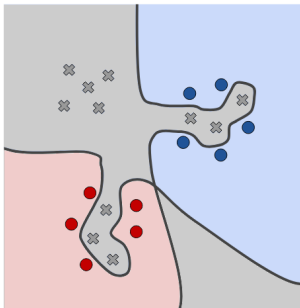
*using unlabeled test data*

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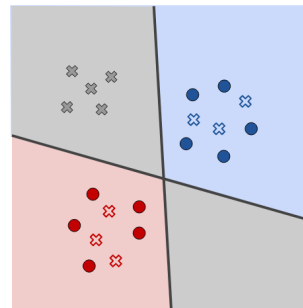
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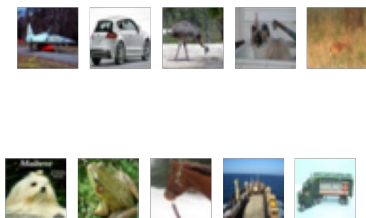
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# The near OOD problem on images with DNN

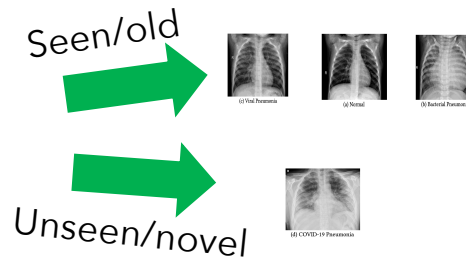
CIFAR-10



Seen/old  
Unseen/novel

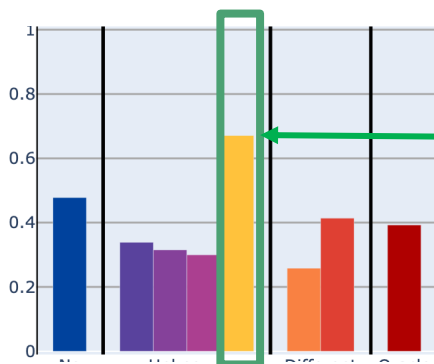
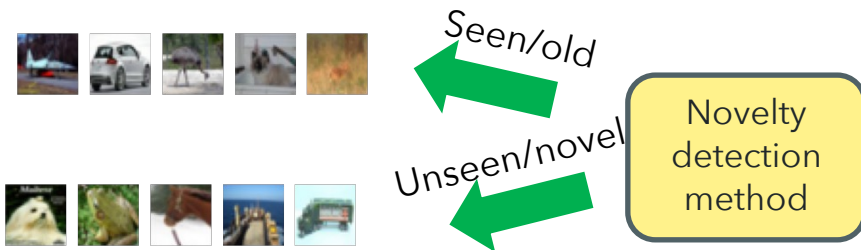
Novelty  
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Chest X-Ray & retinal datasets



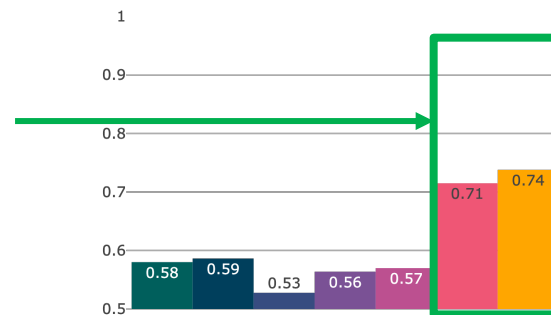
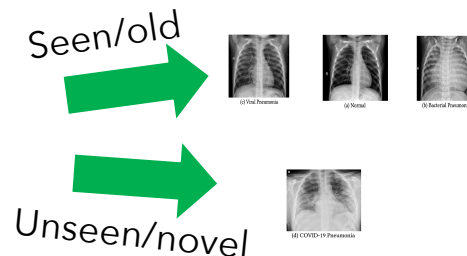
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Ensembles with regularized disagreement

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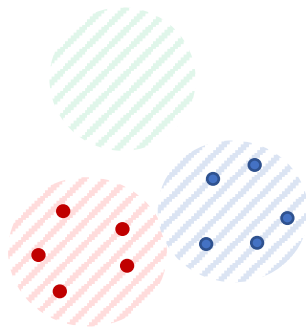
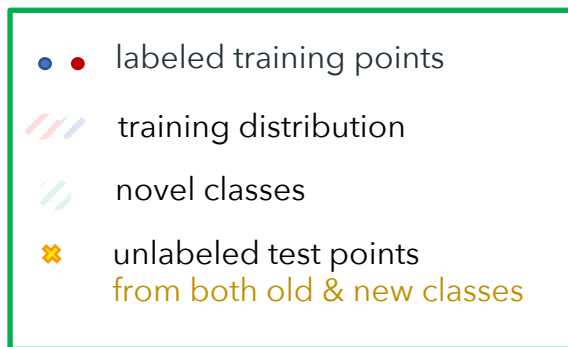
# Thanks!



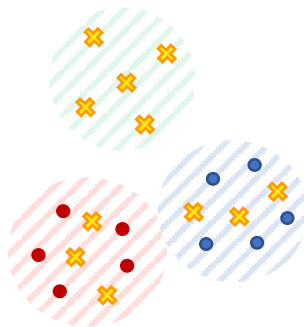
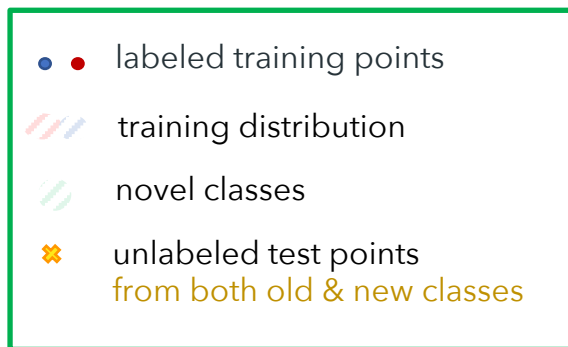
- *"Hidden yet quantifiable: A lower bound for confounding strength using randomized trials"* by Piersilvio De Bartolomeis\*, Javier Abad\*, Konstantin Donhauser, FY, arxiv preprint
- *"Semi-supervised novelty detection using ensembles with regularized disagreement"* by Alexandru Țifrea, Eric Stavarache, and FY, (UAI), 2022



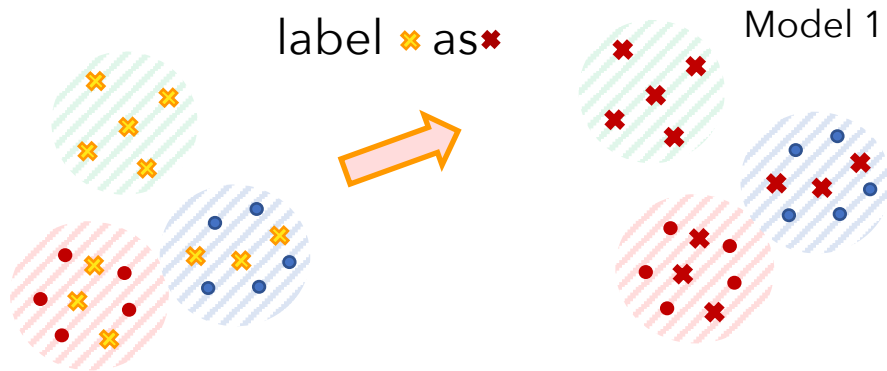
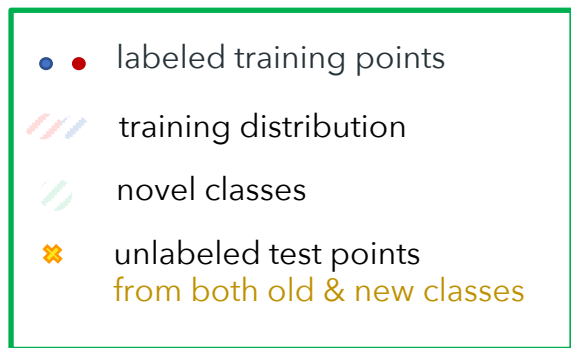
# Maximizing disagreement using unlabeled data



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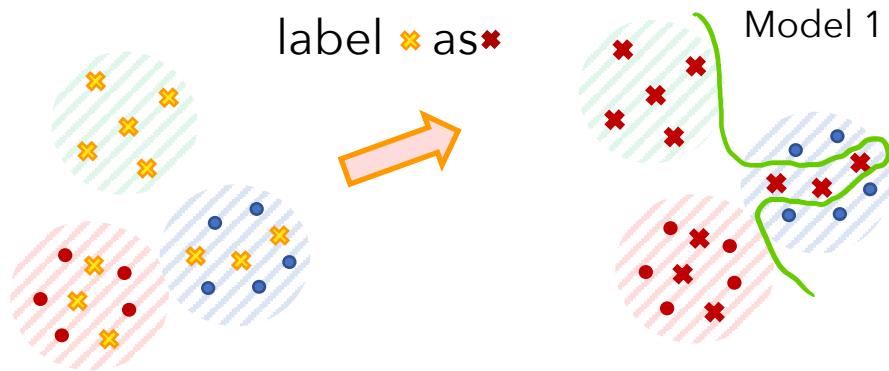
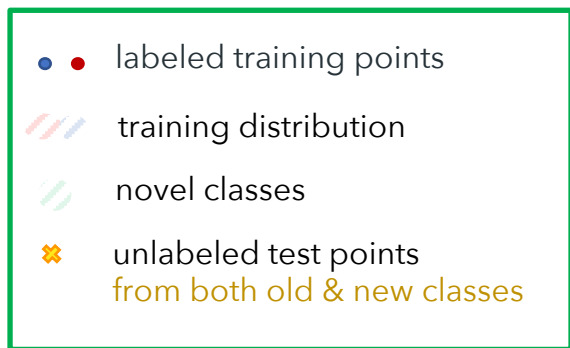


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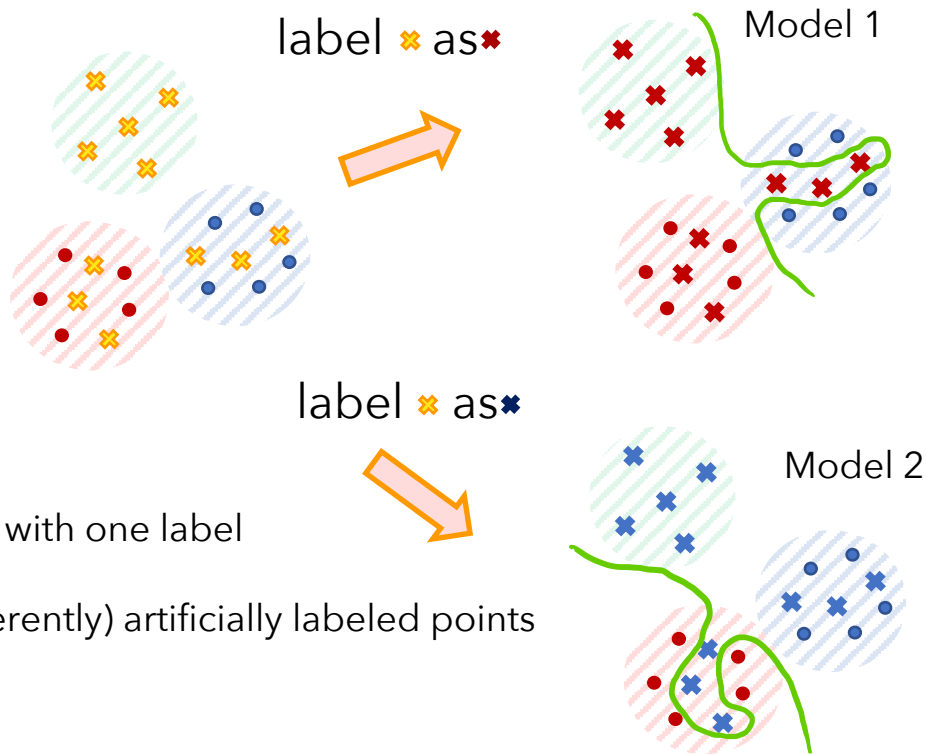
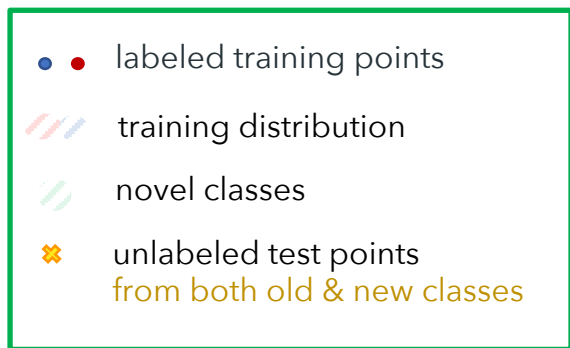
- Artificially label all unlabeled test data with one label

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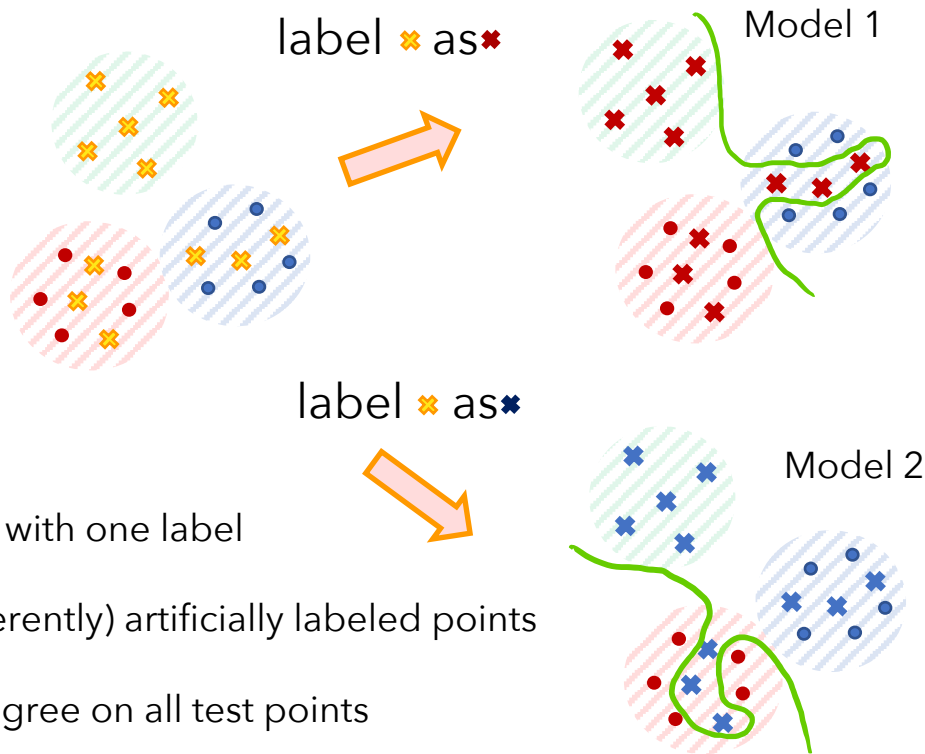
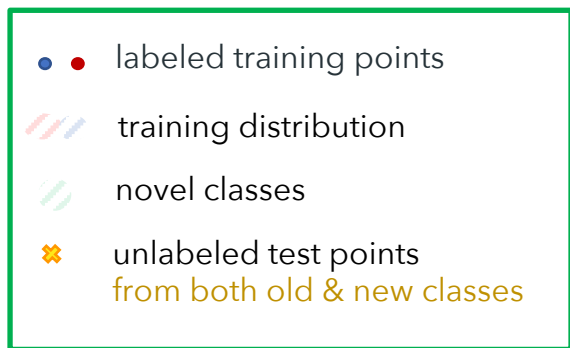
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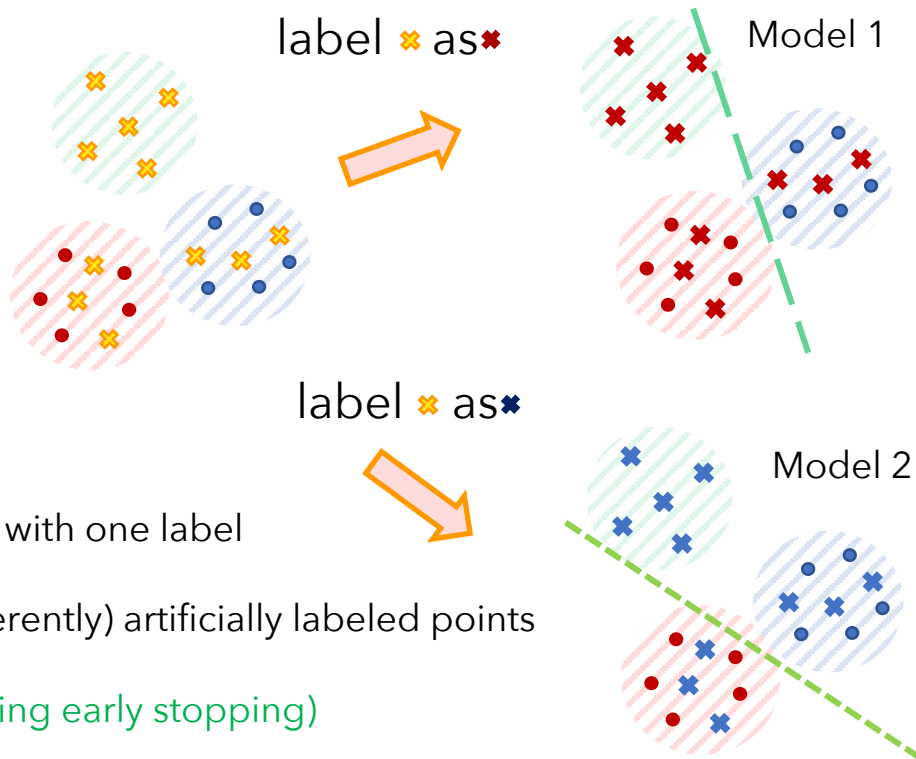
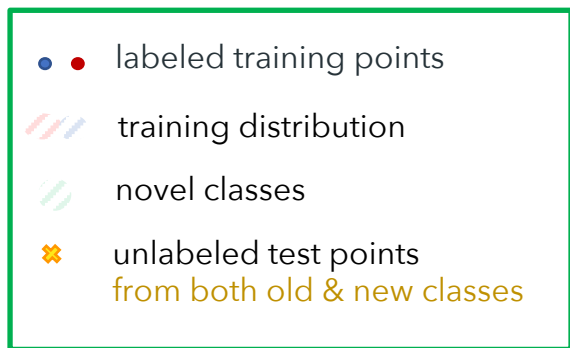
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# Maximizing disagreement using unlabeled data



- Artificially label all unlabeled test data with one label
  - Fit different models on labeled & (differently) artificially labeled points
- ... NNs can fit every point perfectly → disagree on all test points

# Regularizing disagreement using labeled data

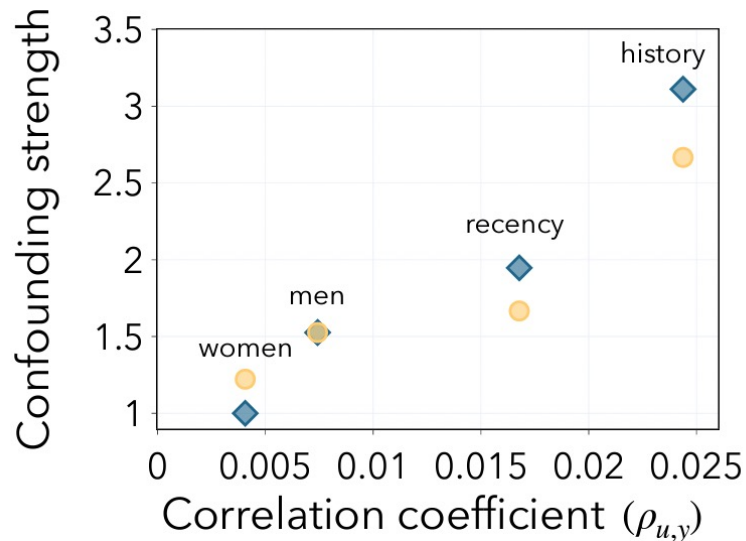


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... such that validation error is low (e.g. using early stopping)

# Current and future work

## Non-adversarial confounding





# Discussion of the paradigm

- Propose two tests  $\phi(\Gamma)$  based on (C)ATE sensitivity analysis intervals
  - obs: estimate  $\mu$  with importance weighting rct, then ATE sensitivity valid when ATE bounds are asymptotically normal
  - rct: estimate  $\mu$  on rct, then CATE sensitivity on obs  $\rightarrow$  average on rct valid when CATE sensitivity bounds converge at a  $1/\sqrt{n}$  rate and  $n_{rct} \ll n_{os}$