

Improving the robustness of deep learning systems for automated AMD screening in retinal OCT Teresa Araújo¹, Guilherme Aresta¹, Ursula Schmidt-Erfurth², Hrvoje Bogunović¹

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Purpose

Deep learning (DL) methods for automated retinal OCT screening often provide overly confident predictions for unrelated pathologies (outliers), compromising their translation to clinical use. This study aims at **improving the robustness/reliability** of the DL-based diagnostic systems when presented with disease types not included as part of the training.

Methods

Outlier exposure (OE), i.e. training a model with a small number of outlier cases, is explored to improve outlier detection during automated screening for **age**related macular degeneration (AMD) on retinal OCTs.

We use a multi-center dataset with target classes: nonpathological, intermediate AMD (iAMD), neovascular AMD (nAMD) and geographical atrophy (GA), and outliers: diabetic macular edema (DME), retinal vein occlusion (RVO), and Stargardt disease. We fine-tuned a DL model (EfficientNetV2-B0) for central B-scan classification.

The tested approach is **entropy normalization OE**, i.e. approximating the outlier prediction probabilities to the uniform distribution. As a baseline, the network is trained without OE. Each sample's outlier score was obtained with the following metrics:

- maximum predicted classification probability (MP)
- entropy of the output probabilities
- Cosine distance based on the features of the penultimate network layer

The AMD dataset had **3364 OCTs (2661 patients)** and were split patient-wise into 70% training, 15% validation, and 15% testing; 295 outlier samples were included in the test set (162 DME, 19 Stargardt and 114 RVO), and 500 OCTs were available for OE.







Fig. 1: Method for outlier detection.

Results

Providing a reduced number of outlier cases, increased the outlier detection performance without deteriorating the inlier classification performance: 0.98 macro-average area under the Receiver Operating Characteristic (AUC).

Table 1: AUC for the identification of outliers based on different metrics.

Method / Metric	Maximum probability	Entropy	Cosine distance
Baseline (no OE)	0.69	0.71	0.85
With OE (4 cases per class)	0.78	0.80	0.90



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screening and the corresponding explanation maps.



Fig. 3: OE method and score metrics performance for outlier detection, in relation with the number of exposed outliers. Colors: class of the exposed outliers; "all": all classes; "N/A": no exposure.

Conclusion

Combining OE with the Cosine distance improved the outlier detection performance **by 30%** compared to the baseline with MP scoring.

Exposing the network to a few non-AMD examples improves the detection of unrelated pathologies in the context of automated AMD screening, making the **DL** systems more reliable and trustworthy.

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