



# Interpretable Federated Learning via Neural Additive Models



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## What are the Benefits of ML in Healthcare?

# Motivation

- AI in drug discovery (DeepChem)
- Biomedical data visualizations (AlphaFold2)
- Improved diagnosis
- Offering accurate information
- Disease prediction and Enhanced care



## Challenges:-

- Interpretability and Explainability
- Privacy
- Insufficient data availability
- Coronary Heart disease



# Dataset

- Cardiovascular study is done on residents of the town of Framingham, Massachusetts.
- The classification goal is to predict whether the patient has 10-year risk of future coronary heart disease (CHD).
- It includes over 4,000 records and 15 attributes.

## Vital features:-

Prevalent Hyp

Heart Rate

Glucose level

Sys BP: systolic blood pressure

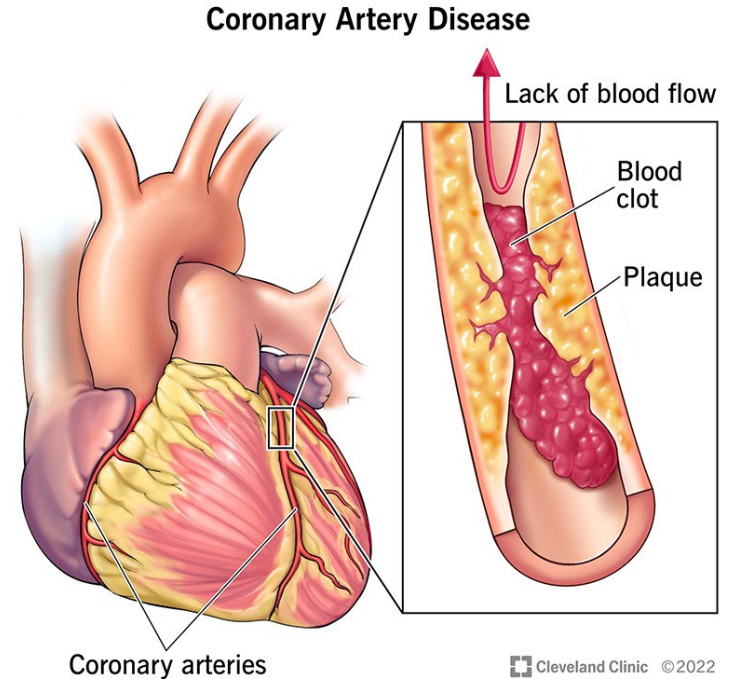
Dia BP: diastolic blood pressure

Tot Chol: total cholesterol level



# Goal

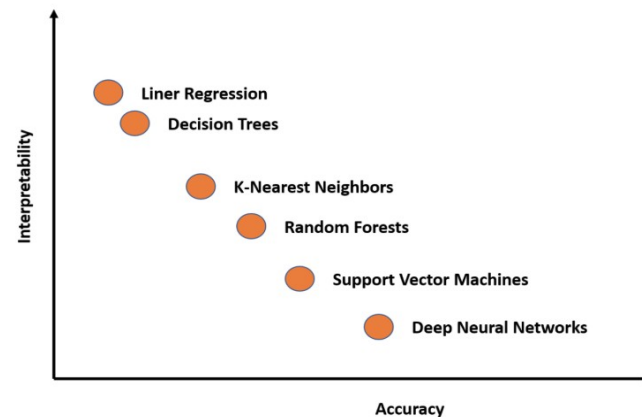
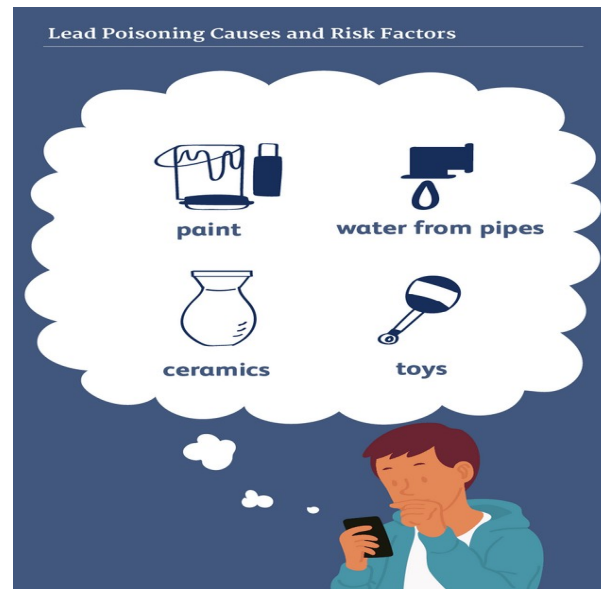
- Develop an Fed-Nam model to predict if a patient has a 10-Year Risk of future coronary heart disease (CHD) & Identify most relevant risk factors for heart disease
- Comparative Analysis of Interpretable Fnam models vs State of the Art Models
- Input feature functions



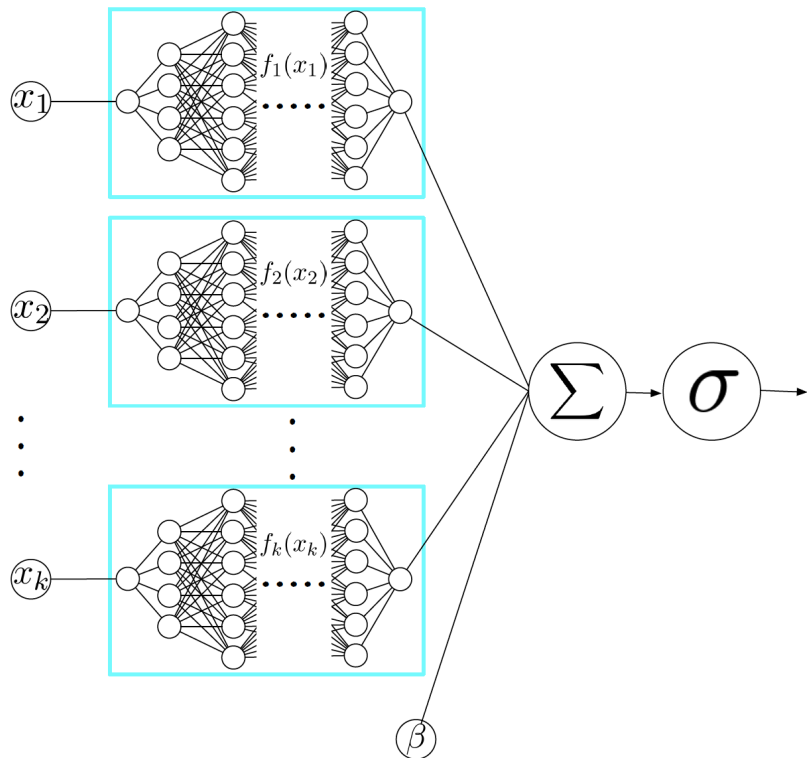
# What is Interpretability?

- Interpretability : Ability to explain how an ML model is making predictions and which factors are driving those predictions
- Crucial for complex models that are difficult to understand, for example LLM, DNNs
- Example
- Latest techniques
  - RMechRP – Radical reactions ([link](#))
  - Discover – Interpretable technique for vision tasks
  - Interpretability in Gated Neural ODEs
  - Neural additive models
- Traditional techniques
  - Morris sensitivity analysis
  - Lime and shape

Source:- [AI for Interpretable Chemistry: Predicting Radical Mechanistic Pathways via Contrastive Learning](#)



# What are Neural Additive Models?



- Every feature is handled by a different neural network
- We aggregate the final learned function for every feature & pass through a sigmoid layer to generate final prediction
- All networks are trained concurrently using backpropagation
- Can be trained at massive scale on GPU's

• Approximate the DNN's

$$g(\mathbb{E}[y]) = \beta + f_1(x_1) + f_2(x_2) + \dots + f_K(x_K)$$

# Federated learning?

Collaboratively train the models across devices

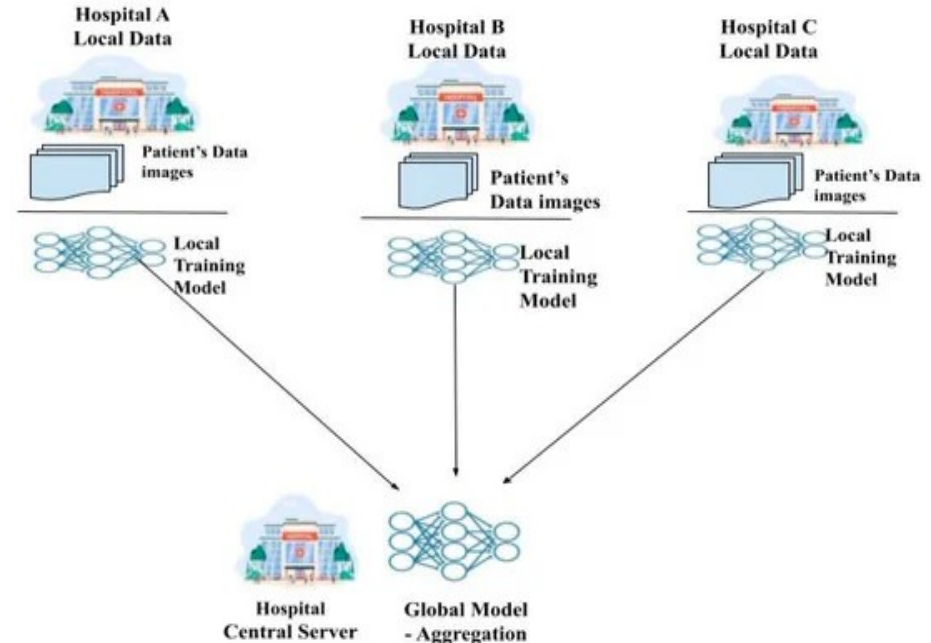
- Privacy
- Robustness
- Effective and data-driven healthcare solutions

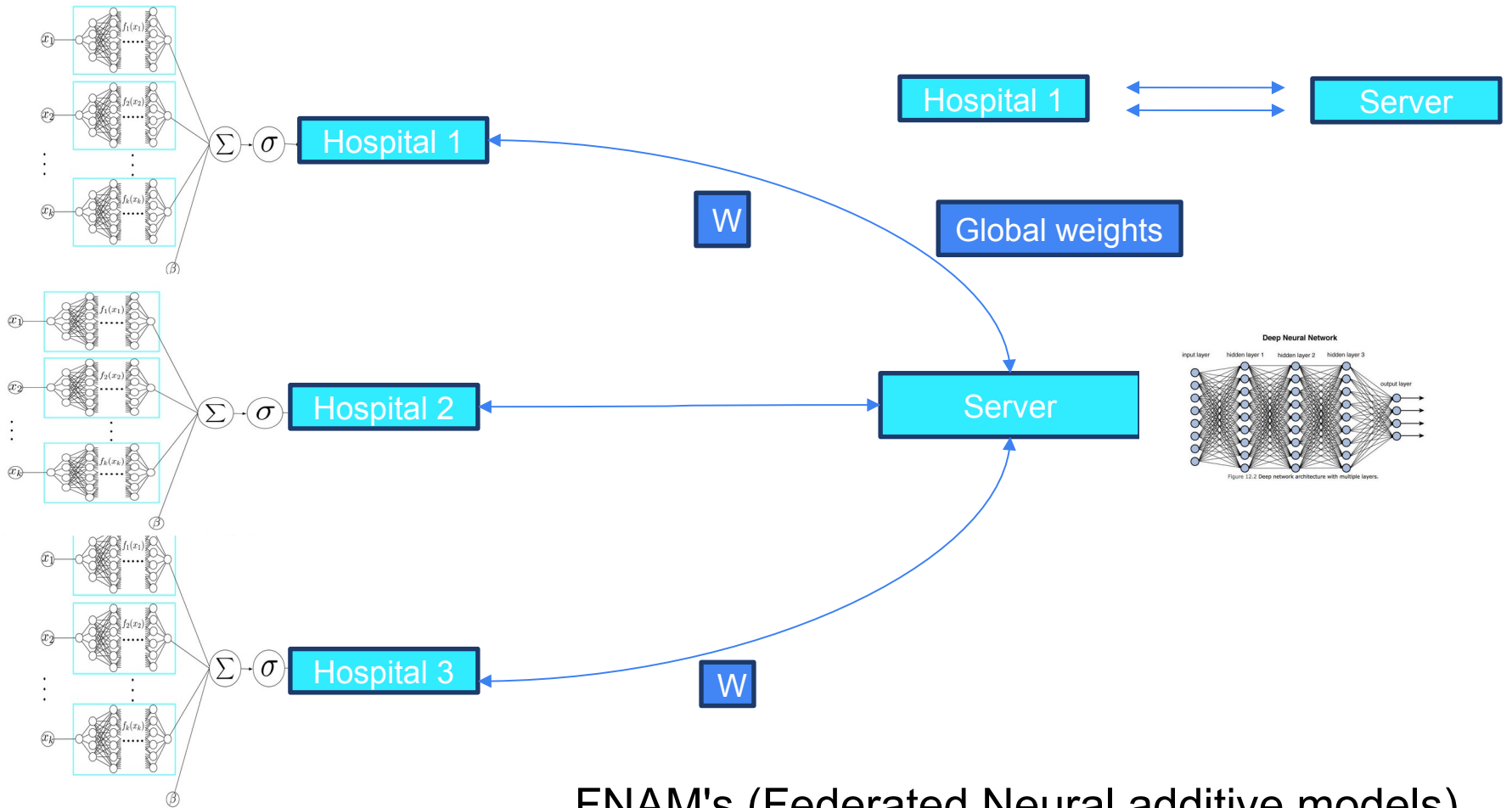
Challenges:-

- Data heterogeneity
- Convergence

Latest Techniques:-

- FedAvg
- FedScaffold



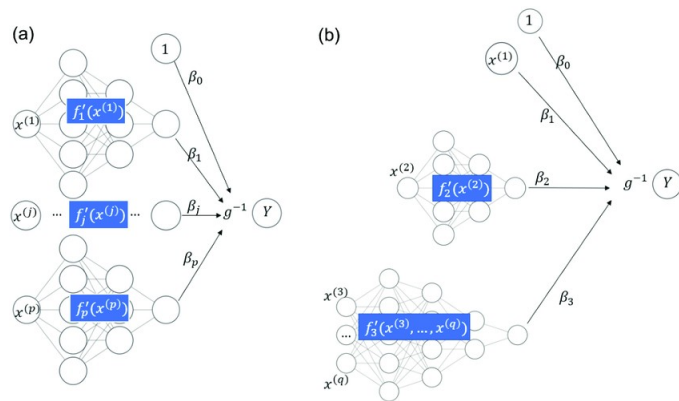


FNAM's (Federated Neural additive models)



# Implementation

- Innovative architecture
- Extends NAMs to a federated learning context
- Network optimization problem
- Each input variable is handled by a separate neural network
- Maintains individual neural networks for each feature,
- Model that balances interpretability and accuracy.
- Preserving the interpretability of additive models while leveraging the representational power of neural networks for higher predictive performance.
- Relationships between each input feature to the output



## Methods (Network optimization problem)

$$\theta_i^{(t+1)} = \theta_i^{(t)} - \eta \nabla L(\theta_i^{(t)})$$

$$\theta^{(t+1)} = \sum_{i=1}^N \frac{n_i}{n} \theta_i^{(t+1)}$$

}

Optimization at First stage

$$g(E[y_{\text{client1}}]) = \beta + f_{11}(x_1) + f_{12}(x_2) + \dots + f_{1K}(x_K)$$

$$g(E[y_{\text{client2}}]) = \beta + f_{21}(x_1) + f_{22}(x_2) + \dots + f_{2K}(x_K)$$

$$g(E[y_{\text{client3}}]) = \beta + f_{31}(x_1) + f_{32}(x_2) + \dots + f_{3K}(x_K)$$

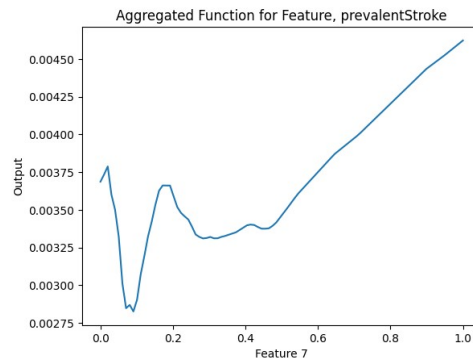
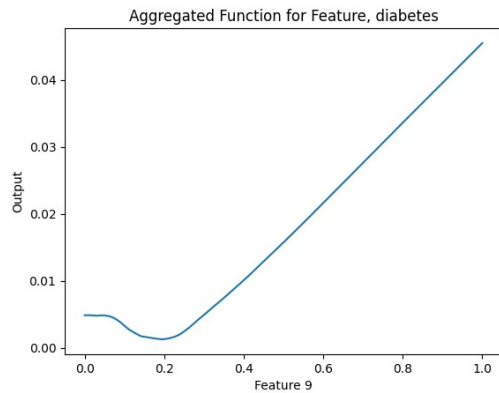
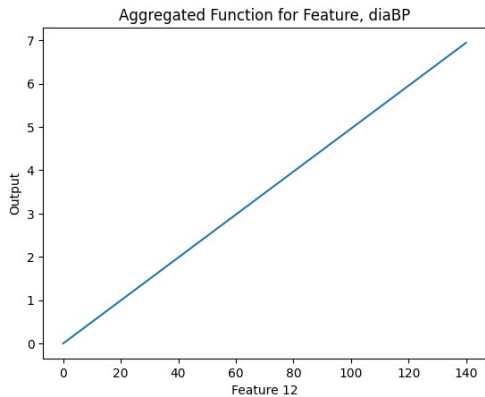
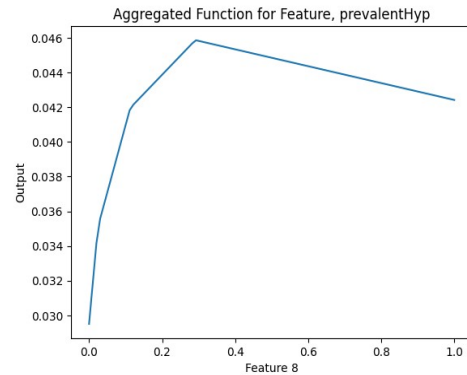
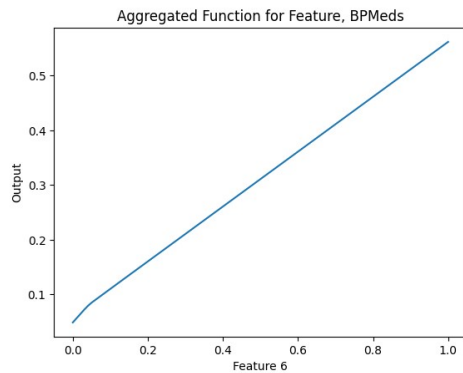
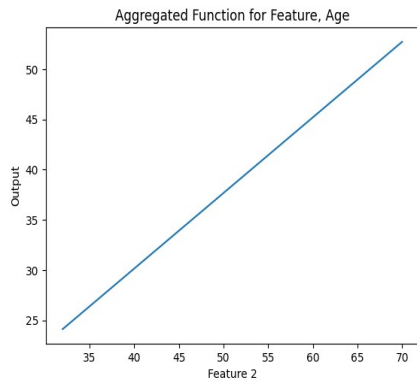
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Optimization at Second stage

$$f(x_1) = f_{11}(x_1) + f_{21}(x_1) + f_{31}(x_1) + \dots + f_{n1}(x_1)/n$$

$$f(x_2) = f_{12}(x_2) + f_{22}(x_2) + f_{32}(x_2) + \dots + f_{n2}(x_2)/n$$

# Results



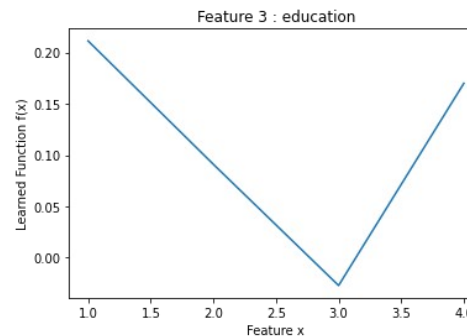
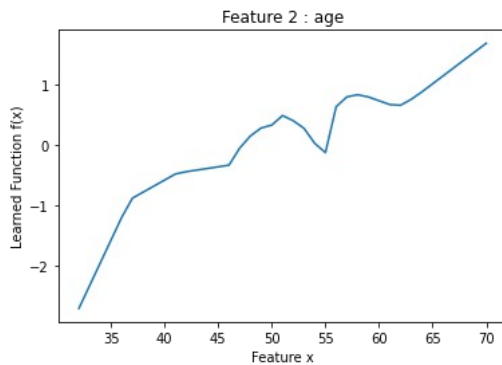
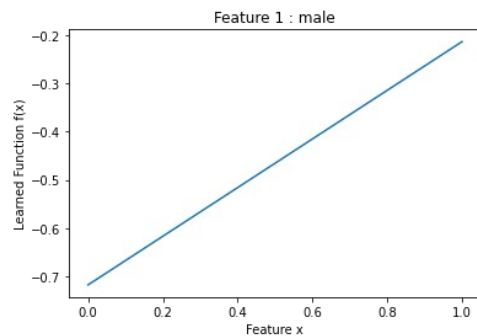
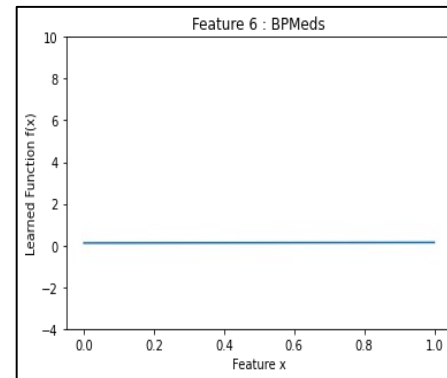
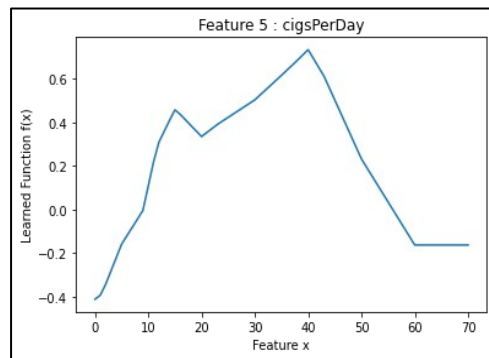
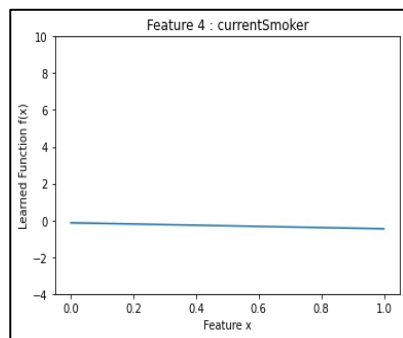
# Auc scores

Method	Train	Val	Test
Logistic Regression	0.7	N/A	0.72
Fed-DNN's	0.852	0.8192	0.885
Fed-Nam's	0.82	0.84	0.82



A little loss in accuracy of FedNams compared to Federated deep neural networks.

# Results from one hospital



# Summary

- F-NAM's allow us to train state of art GAMS with deep neural nets
  - Accurate
  - Interpretable
  - Differentiable as well as flexible
- Features like resting electrocardiographic results, Sex, Cholesterol are positively correlated with output
- Features like fasting blood sugar, Age are negatively correlated with risk.
- Blood glucose, age are highly correlated factors for diabetes dataset
- Building easy to use toolkits so everyone can train FNAM's
- Exploring other ways to combine FNAMS with CNN'S

# Ongoing and future work

- Interpretability of large language models
- Extending IID setup to Non IID setup
- Robustness to Diverse Datasets
  - Test the robustness of FNAMS across a broader range of datasets
  - Across different data distributions.
- Mixed precision quantization of Large language models
- Image segmentation of colon cancer images using yolo v8
- Glaucoma detection using deep learning models



# Questions ?

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