

# Twin Networks

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**Alessio Zanga**<sup>1, \*</sup>

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<sup>1</sup>Models and Algorithms for Data and Text Mining (MADLab), University of Milano-Bicocca, Milan, Italy

\*Corresponding author: [alessio.zanga@unimib.it](mailto:alessio.zanga@unimib.it)

# **Attribution Analysis**

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# Definition of Attribution

- Attribution quantifies **how much responsibility** a specific cause  $X$  carries for an observed outcome  $Y$ .
- It characterizes, in probabilistic terms, whether the outcome would still have happened without the cause (**necessity**), whether the cause would have produced the outcome on its own (**sufficiency**), or whether the cause was both required and adequate to bring about the outcome (**necessity & sufficiency**).

## Attributional Queries (1/2)

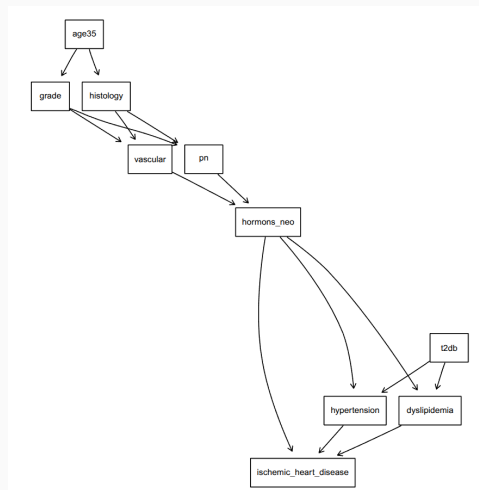
Probability of ...	Definition
Necessity (PN)	Probability that the outcome would not have occurred <b>without the treatment</b> , given that both the treatment and the outcome actually occurred.
Sufficiency (PS)	Probability that the outcome would have occurred <b>had the treatment been given</b> , given that neither the treatment nor the outcome actually occurred.
Necessity and Sufficiency (PNS)	Probability that the treatment is <b>both necessary and sufficient</b> to produce the outcome.

## Attributional Queries (2/2)

Probability of ...	Formula
Necessity (PN)	$PN = P(Y_0 = 0 \mid X = 1, Y = 1)$
Sufficiency (PS)	$PS = P(Y_1 = 1 \mid X = 0, Y = 0)$
Necessity and Sufficiency (PNS)	$PNS = P(Y_1 = 1, Y_0 = 0)$

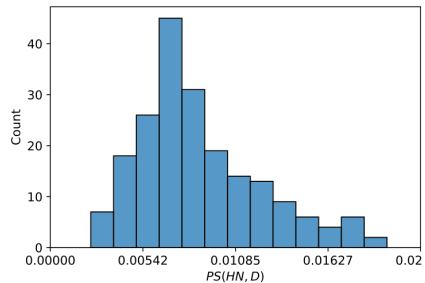
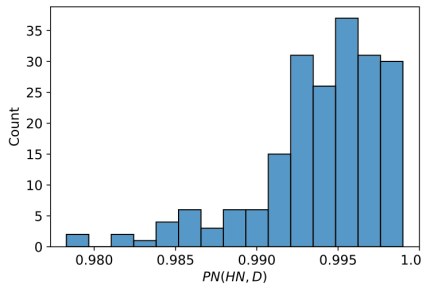
# Counterfactual Explanations of Cardiovascular Risk (1/2)

- We investigate the role of the ovarian suppression therapy on ischemic heart disease and their potential precursors (i.e. hypertension and dyslipidemia).
- A causal network model that leverage on observational data on 1-year AYA BC survivors living the Lombardy region in Italy.



## Counterfactual Explanations of Cardiovascular Risk (2/2)

- $\mathcal{Q}$  : Is ovarian suppression a **necessary and sufficient cause** for ischemic heart disease?



**Fig. 1** Values of the probability of necessity (left) and probability of sufficiency (right) of variable `[hormons_neo]` for `[ischemic_heart_disease]`

# Mediation Analysis

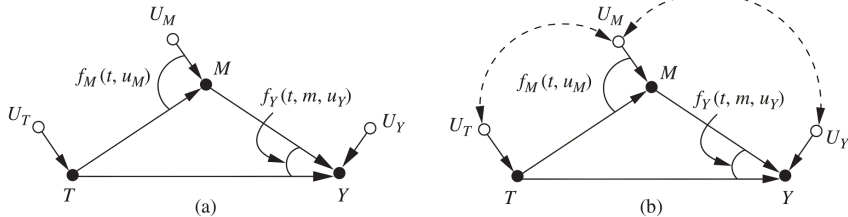
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## Definition of Mediation (1/2)

- Mediation analysis is the study of how a treatment  $X$  influences an outcome  $Y$  through one or more intermediate variables, called mediators  $M$ .
- **It decomposes the total effect** of  $X$  on  $Y$  into:
  - Direct effects - the effect that **occurs independently of the mediator**.
  - Indirect effects - the effect that **operates through the mediator**.
- Mediation analysis allows us to understand the **pathways by which a cause produces an effect**, quantify their contributions, and identify intervention targets.

## Definition of Mediation (2/2)



**Figure 4.6** (a) The basic nonparametric mediation model, with no confounding. (b) A confounded mediation model in which dependence exists between  $U_M$  and  $(U_T, U_Y)$

- **Total Effect (TE)**

- **Definition:** TE measures the expected increase in the outcome  $Y$  as the treatment changes from  $X = 0$  to  $X = 1$ .
- **Example:** If  $X$  indicates whether a patient receives a new drug (1) or a placebo (0), and  $Y$  is their recovery score, then the TE is the **expected improvement in recovery** caused by giving the drug instead of the placebo.
- **Formula:**

$$\begin{aligned}\text{TE}(X, Y) &= \mathbb{E}[Y_1 - Y_0] = \\ &= \mathbb{E}[Y_{\text{do}(X=1)} - Y_{\text{do}(X=0)}] = \\ &= \mathbb{E}[Y \mid \text{do}(X = 1)] - \mathbb{E}[Y \mid \text{do}(X = 0)]\end{aligned}$$

- **Controlled Direct Effect (CDE)**

- **Definition:** CDE measures the expected increase in the outcome  $Y$  as the treatment changes from  $X = 0$  to  $X = 1$ , while the mediator is set to a specified level  $M = m$  over the entire population.
- **Example:** If  $X$  is a job-training program,  $M$  is the number of training hours, and  $Y$  is the earnings, the CDE at  $m$  is the **expected change in earnings** if everyone were to complete exactly  $m$  hours of training, compared to not doing training.
- **Formula:**

$$\begin{aligned}\text{CDE}(X, Y, M) &= \mathbb{E}[Y_{1,m} - Y_{0,m}] = \\ &= \mathbb{E}[Y_{\text{do}(X=1, M=m)} - Y_{\text{do}(X=0, M=m)}] = \\ &= \mathbb{E}[Y \mid \text{do}(X = 1, M = m)] - \mathbb{E}[Y \mid \text{do}(X = 0, M = m)]\end{aligned}$$

- **Natural Direct Effect (NDE)**

- **Definition:** NDE measures the expected increase in the outcome  $Y$  as the treatment changes from  $X = 0$  to  $X = 1$ , while the mediator is set to whatever value it was prior to the change under  $X = 0$ .
- **Example:** Let  $X$  be applying a new fertilizer (1) versus not applying it (0),  $M$  be the soil-microbe activity level the field would have had under no fertilizer, and  $Y$  be crop yield. The NDE captures **how much yield would rise from using the fertilizer** if the soil-microbe activity were held fixed at the level it would have naturally taken without the fertilizer.
- **Formula:**

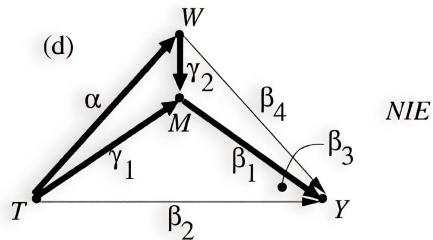
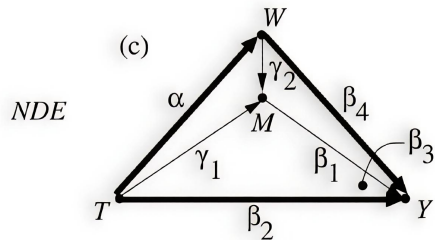
$$\text{NDE}(X, Y, M) = \mathbb{E}[Y_{1,M_0} - Y_{0,M_0}]$$

- **Natural Indirect Effect (NIE)**

- **Definition:** NIE measures the expected increase in the outcome  $Y$  when the treatment is held constant, at  $X = 0$ , and  $M$  changes to whatever value it was under  $X = 1$ .
- **Example:** If  $X$  is applying an irrigation system,  $M$  is the resulting soil moisture level, and  $Y$  is crop yield, the NIE captures **how much yield would rise purely because soil moisture** is moved to the level it would have had with irrigation - even though the irrigation itself is not applied.
- **Formula:**

$$\text{NIE}(X, Y, M) = \mathbb{E}[Y_{0,M_1} - Y_{0,M_0}]$$

# Visualizing the Natural Effects



# Social Network Properties and Metabolic Syndrome (1/4)

- Metabolic syndrome is a **constellation of conditions** that occur together and increase the risk of cardiovascular diseases.
- Includes obesity, low high-density lipoprotein, high triglyceride, hypertension and hyperglycemia.

## Significance of this study

### What is already known about this subject?

- ▶ Research has shown that social network properties are associated with metabolic syndrome, which is a major risk factor for cardiovascular diseases.

### What are the new findings?

- ▶ We found that a **small social network is positively associated with metabolic syndrome in Koreans.**
- ▶ The association between social networks and metabolic syndrome is partially mediated by decreased physical activity, especially in older individuals.

### How might these results change the focus of research or clinical practice?

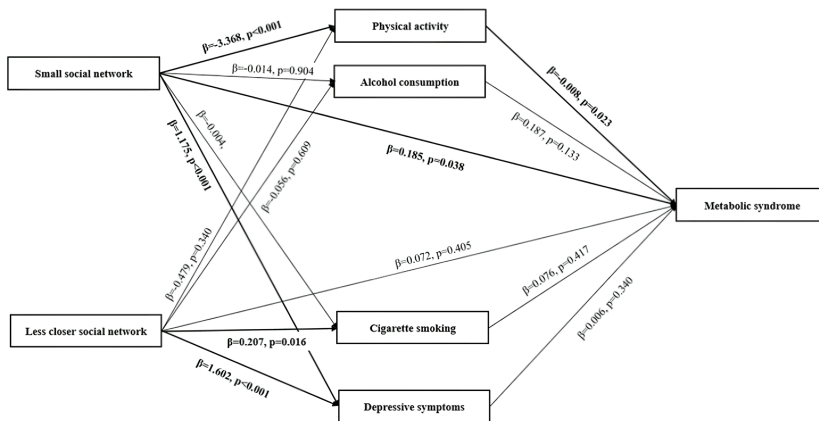
- ▶ Our study suggests that **developing strategies to encourage physical activity in socially isolated individuals could help prevent metabolic syndrome.**

K., Kwanghyun, et al. "Associations between social network properties and metabolic syndrome [...]." *BMJ Open Diabetes Research & Care* (2020).



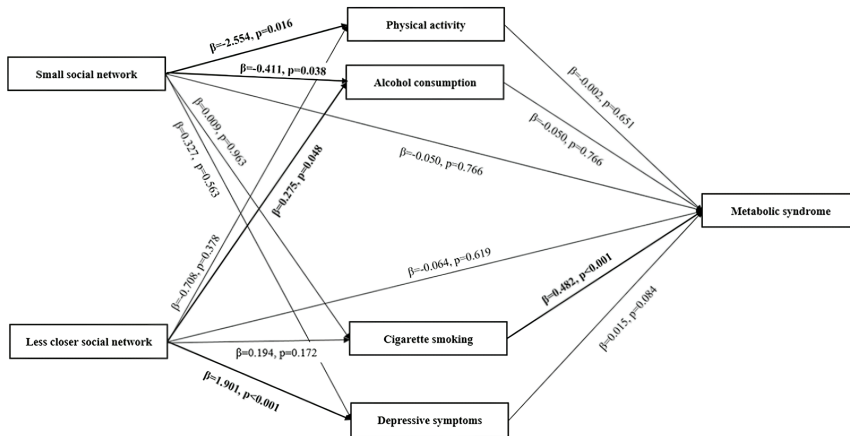
# Social Network Properties and Metabolic Syndrome (2/4)

## A. Community-based, men



# Social Network Properties and Metabolic Syndrome (3/4)

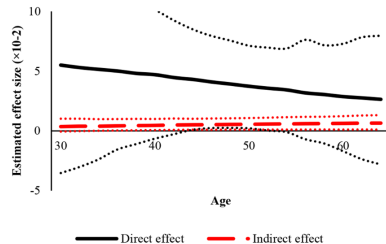
## C. Hospital-based, men



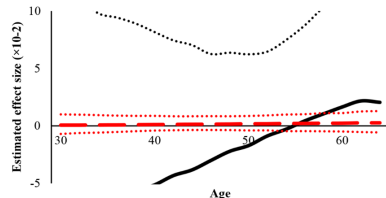
## Social Network Properties and Metabolic Syndrome (4/4)

- Age-specific direct effect of size of social network and indirect effect through physical activity.
- In community-based population, age-specific indirect effect of network size through physical activity was larger in older age.
- In contrast, **no significant trends in indirect effects were found in hospital-based population.**

A. Community-based, men



C. Hospital-based, men

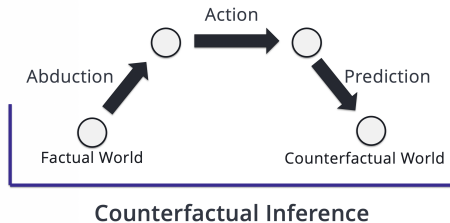


# Twin Networks



# Counterfactual Estimation

- Causal model  $M$  with noise  $P(U)$ , the counterfactual  $P(Y_x | e)$  is given by:
  1. **Abduction** - Update the distribution with evidence  $e$  to obtain  $P(U | e)$
  2. **Action** - Apply the action  $do(x)$  to obtain  $M_x$
  3. **Prediction** - Use the intervened model  $M_x$  with updated noise distribution  $P(U | e)$  to compute the probability of  $Y$ , the consequence of the counterfactual.

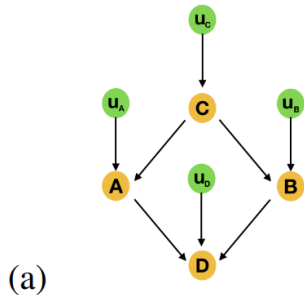


# The Problem

- The first step, **requires a large amount of computational resources**.
- Moreover, as **this step has to be repeated** for every new counterfactual query, such computational resources are continually required.
- In the case of  $k$  binary variables and exact inference,  $P(U \mid e)$  grows with  $2^{k-1}$ , which **for  $k = 30$  is  $\sim 500$  million**.

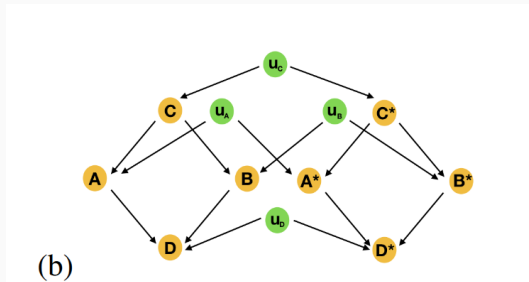
# Definition of Twin Network

- $Q$ : Counterfactual statement to be computed  $P(D_{A=0} = 0 \mid D = 1)$ .
- The probability that  $D$  would have been 0 had  $A$  been forced to be 0, given that  $D = 1$  was observed.
- A **twin network** employs two inter-linked networks, one representing the real factual world and the other the counterfactual world being queried.



## Querying of Twin Network (1/4)

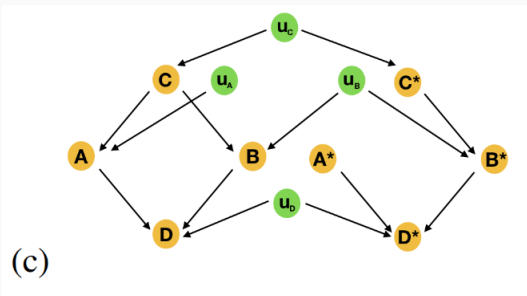
- The twin network approach to this problem first **constructs the linked factual and counterfactual networks** depicted in (b), with counterfactual nodes represented with a superscript \*.





## Querying of Twin Network (2/4)

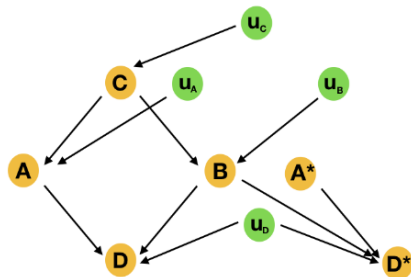
- The intervention  $do(A^* = 0)$  is performed in the counterfactual network.
- **All ingoing arrows** from the parents of  $A^*$  to  $A^*$  itself **are removed** and  $A^*$  is **set to 0**. This is depicted in (c).



## Querying of Twin Network (3/4)

- The counterfactual query is reduced to the **conditional probability in the twin network**:  $P(D^* = 0 | D = 1)$ , which can be computed using standard belief propagation techniques.

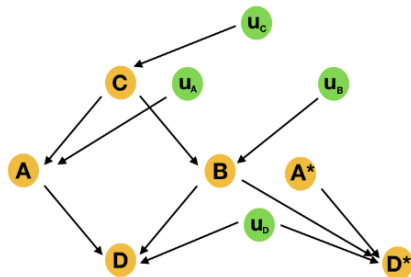
(d)



## Querying of Twin Network (4/4)

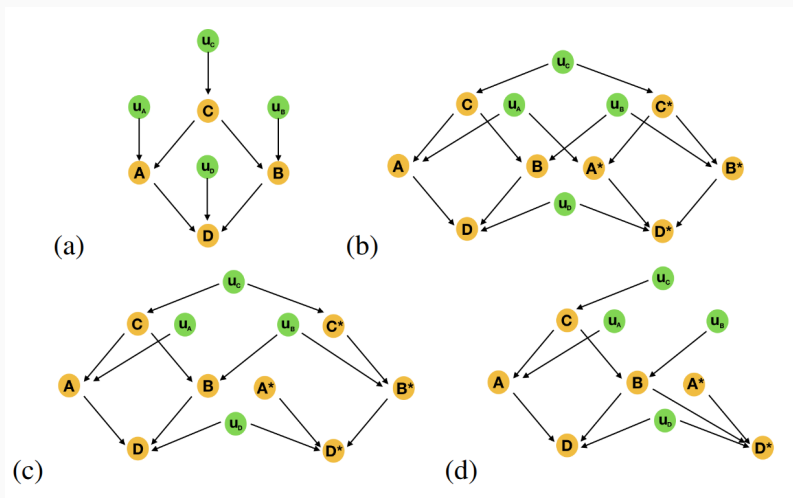
- This allows the counterfactual query to be computed **without the need to store the joint distribution** over  $U_C$  and  $U_A$  (conditioning on  $D = 1$  induces correlations between them).

(d)



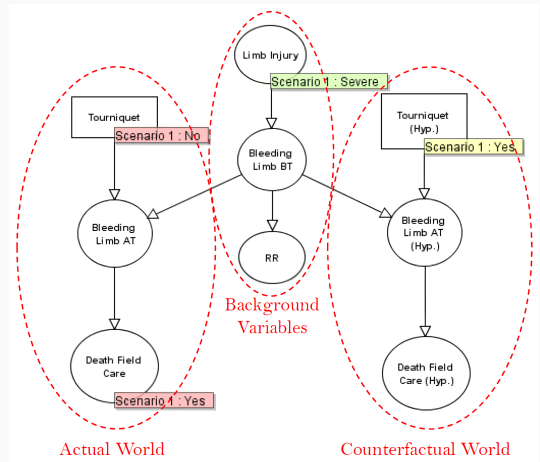
# The Big Picture

- (a) Causal Network, (b) Twin Network, (c) Intervention, (d) Node-merging.



# Counterfactual Reasoning [...] as a Healthcare Governance Tool (1/3)

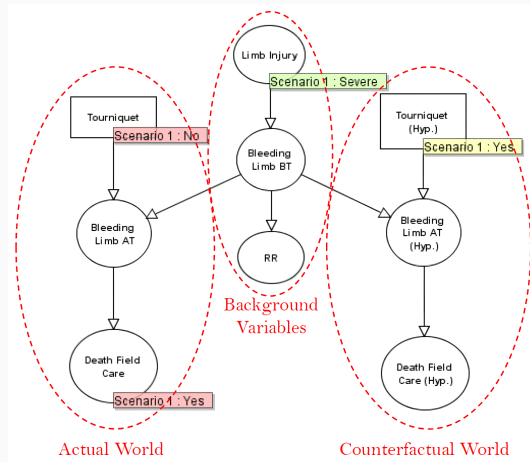
- **Defence Medical Services (DMS)** mortality and morbidity (M&M) review meeting, measures the performance of the UK deployed clinical services and to provide beneficial feedback.
- Predict **the risk of an injured soldier dying during field care.**



## Counterfactual Reasoning [...] as a Healthcare Governance Tool (2/3)

- In the actual world, we observe that although the soldier **had a severe limb injury**, a tourniquet<sup>a</sup> was not applied, and the soldier died.
- Imagining a counterfactual world, we would like to know whether the soldier would have survived if we had applied a tourniquet.

<sup>a</sup>ITA: *Laccio emostatico*.



# Counterfactual Reasoning [...] as a Healthcare Governance Tool (3/3)

