



Synthetic data as a novel anonymization technique: generation and evaluation approaches

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The core problems of sharing healthcare data



It is challenging to access and share valuable healthcare data



But high-quality data is still needed to drive innovation



In response, many anonymisation techniques and privacy-enhancing technologies were born



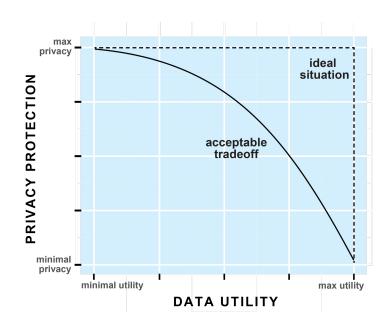
How to choose between privacy enhancing technologies?

The quality and privacy trade-off

Many anonymisation techniques and privacy-enhancing technologies **were born** to tackle the problem of data sharing

Some can compromise the quality of the data or pose technical challenges

We look for that technology or technique that allows us to find an **acceptable trade-off** between the quality of the data and the level of privacy protection





How to choose between privacy enhancing technologies?

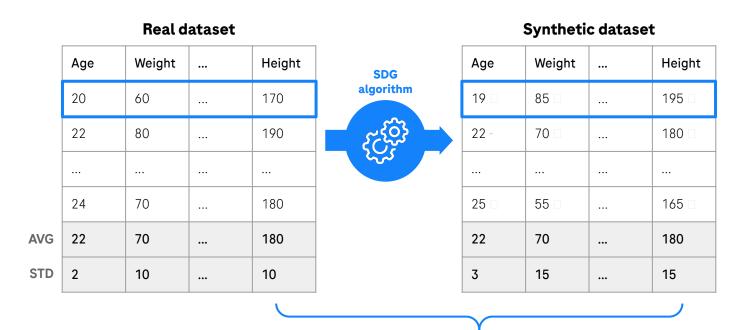
Technology	Pros	Cons
Homomorphic Encryption	High security & confidentiality (data usable even if encrypted)	Computationally intensive
Differential Privacy	Strong privacy guarantees (adds noise to data in a controlled way)	Data utility (may reduce accuracy of analysis)
Data Anonymization	Low risk data sharing (removes all PII data)	Data utility might be highly reduced
Pseudonymization	Easy data sharing (removes direct identifiers)	Risk of re-identification
Federated Learning	Collaborative learning (trains models on distributed data)	Complex coordination, potentially lower accuracy (aggregates)
Secure Multi-Party Computation (SMPC)	Strong Privacy for Joint Computations (Parties compute without revealing data)	Computationally intensive
Synthetic data	Private data sharing (generate artificial data based on real distributions)	Potentially lower utility of the data





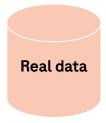


What is synthetic data?



Similar mathematical significance

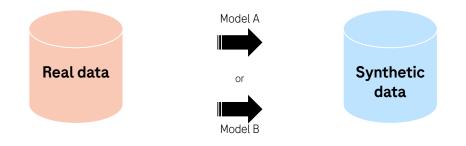




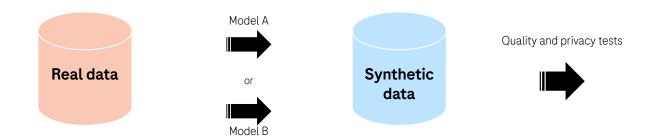




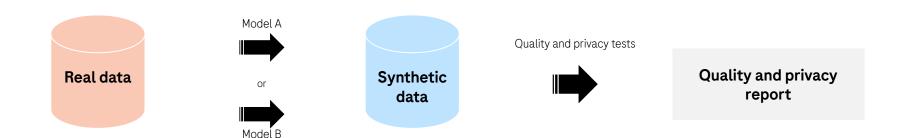




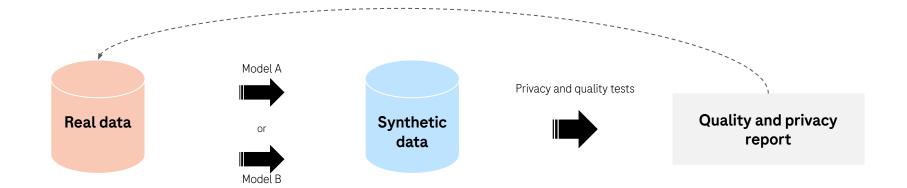






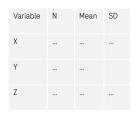




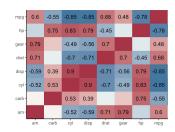


Generic utility evaluation metrics

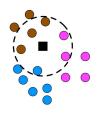
How do we assess the quality of the synthetic data?



Feature distributions



Feature correlations

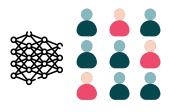


Distance metrics









Distinguishability

Measuring privacy risks

How do we assess the privacy of the synthetic data?

An effective anonymisation prevents an attacker from:

- 1. Singling out an individual in a dataset
- 2. Linking two records within a dataset (or between two separate datasets)
- Inferring any information about individuals in such dataset

Original sample

Age	Gender	ВМІ	Hypertension
58	F	32.4	True
66	М	25.4	False
35	М	27.8	True

Synthetic sample

	Age	Gender	BMI	Hypertension
Synthesis	35	М	28	True
AC.	29	F	34.4	True
	65	М	30.8	False

Measuring privacy risks

How do we assess the privacy of the synthetic data?

Identity Disclosure involves the risk of inferring the true identity of an individual from synthetic data

Adversary gains information on the individual through the **matched record**.

Membership Disclosure refers to the risk that an individual's presence in a dataset can be disclosed through the synthetic data.

Adversary gains information on the individual through the **membership in the dataset**.

Original sample

Age	Gender	ВМІ	Hypertension	
58	F	32.4	True	
66	М	25.4	False	
35	М	27.8	True	/

Synthetic sample

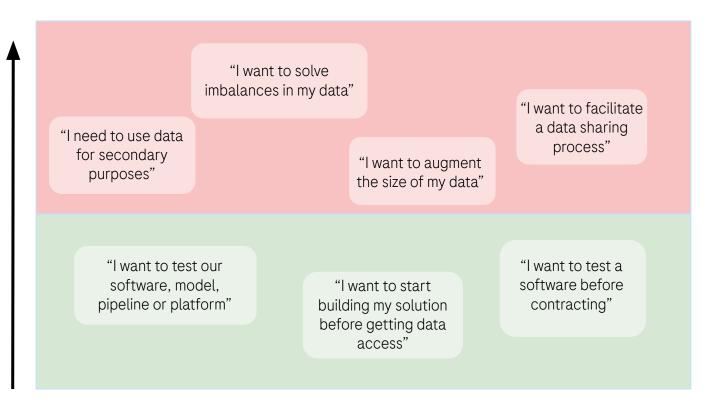
Age	Gender	ВМІ	Hypertension		
35	М	28	True		
29	F	34.4	True		
65	М	30.8	False		





Applications of synthetic data

Higher quality of the synthetic data is required





A real example of synthetic data sharing pilot

- Pilot on data sharing to accelerate collaboration with Dana Farber Institute (Harvard Medical School)
- Synthesis of sRWD from existing <u>analytical dataset</u> using different methods CTGAN or CART
 - ~10k MBC patients
 - Over 100 variables

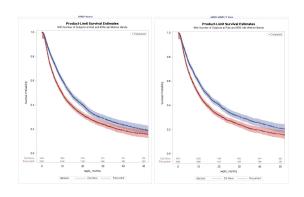


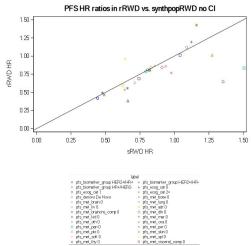


A real example of synthetic data sharing pilot

- A total of 9,770 pts with MBC were included in the SC and as many synthetic pts were generated in each sRWD cohort.
- Distributions of continuous and categorical variables were closely replicated
- Measures of association between baseline characteristics and outcomes were largely preserved
- CART outperformed CTGAN
- Dimensionality of dataset has a big impact on utility

	sRWD							
	S	ource	sRWD GANI		sRWD GANm		sRWD CART	
	N	(Percent)	N	(Percent)	N	(Percent)	N	(Percent
biomarker_group								
HER2+/HR+	1,430	(14.62)	1,149	(11.74)	1,667	(17.04)	1,427	(14.59
HER2+/HR-	669	(6.84)	904	(9.24)	711	(7.27)	661	(6.76
HR+/HER2-	6,294	(64.33)	6,136	(62.71)	5,485	(56.06)	6,345	(64.85
TNBC	1,391	(14.22)	1,595	(16.30)	1,921	(19.63)	1,351	(13.81
bmi_cat								
1. Underweight	244	(2.49)	236	(2.41)	218	(2.23)	266	(2.72
2.Normal	2,686	(27.45)	2,368	(24.20)	2,353	(24.05)	2,713	(27.73
3. Overweight	2,766	(28.27)	2,718	(27.78)	3,767	(38.50)	2,702	(27.62
4. Obese	3,339	(34.13)	3,778	(38.61)	2,595	(26.52)	3,335	(34.09
5.Missing	749	(7.66)	684	(6.99)	851	(8.70)	768	(7.85
groupstage								
0	1	(<1.0)	43	(<1.0)	60	(<1.0)	3	(<1.0
ı	1,006	(10.28)	1,104	(11.28)	1,065	(10.89)	1,032	(10.55
и	2,219	(22.68)	1,820	(18.60)	2,309	(23.60)	2,230	(22.79
m	1,518	(15.52)	2,036	(20.81)	1,908	(19.50)	1,508	(15.41
IV	4,280	(43.74)	4,017	(41.06)	3,665	(37.46)	4,302	(43.97
Not documented	760	(7.77)	764	(7.81)	777	(7.94)	709	(7.25







Thank you

Doing now what patients need next