



## Workshop #4

# Innovative Models and Data Management

Session 1







#### Workshop #4 Session 1

Some information for a smooth running of the session.



The audio of the session is recorded. Please only speak in the microphone.



Please introduce yourself every time before speaking.

Do not hesitate to participate and ask questions.



Avoid using your smartphones and laptops if possible.



Please make sure to respect the time allocated for your speech & keep your interventions under 1mn.

Please be on time to the next session.







#### Workshop #4 Session 1

#### **Facilitators**

Jaime GUIDRY AUVIL - US National Cancer Institute

Gijs GELEIJNSE - Netherlands Comprehensive Cancer Organisation

#### **Subthemes**

- Will anonymization provide a potential solution to data sharing for all or many countries?
- What are the potential drawbacks of anonymization as a solution?











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Creating Safe Data to Facilitate International Data Collaboration

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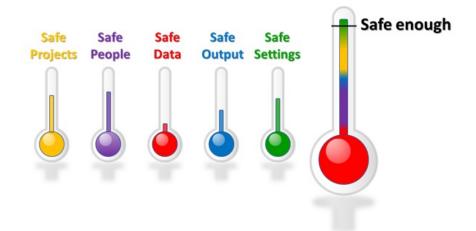






## Access Framework – The 5 Safes (www.fivesafes.org)

- ➤5 Safes: Key sources of disclosure when thinking about access.
- ➤ Work toward Safe enough by aiming to achieve:
  - > Safe Projects and/or
  - > Safe People and/or
  - Safe Settings and/or
  - > Safe Outputs and/or
  - Safe Data



https://www.youtube.com/watch?v=Mln9T52mwj0







### Safe Data

Various degrees of 'Safety' based on the degree of risk and harm

#### Risk – Identifiability

- Serious risk Identifiable data. Little or no effort required. Unique identifiers present (name, address, social insurance numbers).
- Medium Risk Pseudonymized data. Some effort required. Direct identifiers removed. Variables that in combination can identify an individual (Indirect Identifiers - gender, age, postal code) still present.
- Low risk Anonymized data. Significant effort required. Direct identifiers removed. Indirect identifiers treated (removed, adjusted). No serious possibility of reidentification.

#### Harm – Severity of a breach / impact on the individual

Negligible (not cause any harm) → Severe (Serious harm to the individual)







## Statistics Canada's Confidentiality Classification Tool

	5	0	5	10	15	20	25	30	35	40	45	50
Sensitivity (Impact scale)	4	0	4	8	12	16	20	24	28	32	36	40
	3	0	3	6	9	12	15	18	21	24	27	30
	2	0	2	4	6	8	10	12	14	16	18	20
	1	0	1	2	3	4	5	6	7	8	9	10
		0	1	2	3	4	5	6	7	8	9	10
		Potential D	isclosure Ri	sk								

Categorization of Potential Disclosure Risk	5	
Categorization of Product Sensitivity		1
Combined Risk-Sensitivit <u>y Score</u>		5
Overall Classification of Product	Level:	2

Overall Classification Levels based on Risk- Sensitivity Score:					
LB	UB		Level		
45	50		9		
36	44		8		
30	35		7		
21	29		6		
15	20		5		
10	14		4		
7	9		3		
4	6		2		
1	3		1		
0	0		0		







### International Access Options: Public Use Microdata Files (Anonymized Data)

- >Safe People: Open license agreement
- ➤ Safe Data: Fully anonymized data
- >Safe Setting: Data is open
- >Safe Projects: Any project is acceptableIdeas can be expanded to include synthetic data
- > Safe Output: No controls



See https://www150.statcan.gc.ca/n1/en/type/data?MM=1 for Statistics Canada open data.







# Option 2: Privacy Preserving Access – Statistics Canada's Real-Time Remote Access<sup>1</sup> (RTRA)

- >Safe People: Accredited users
- ➤ Safe Data: Basic anonymized data
- >Safe Setting: Data remains on-site
- ➤ Safe Projects: Pre-approved projects
- ➤ Safe Output: Automated confidentiality vetting



<sup>1</sup>See <a href="https://www150.statcan.gc.ca/eng/rtra/rtra">https://www150.statcan.gc.ca/eng/rtra/rtra</a> for more information













Thank you! Merci!
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# Pseudonym Generation, Pseudonym Linkage and Encrypted Pseudonymised Data Transfer with SPIDER

European Platform on Rare Disease Registration - European Rare Disease Registry Infrastructure

L.A. Cutillo, Ph.D. – Joint Research Centre, Unit F.1.

## Research area

#### **Problem**

Hospital 1

1234 (Alice) BloodTest <sub>A</sub> 5678 (Bob) BloodTest <sub>B</sub>	Pseudonym	Blood test
5678 (Bob) BloodTest <sub>B</sub>	1234 (Alice)	BloodTest <sub>A</sub>
	5678 (Bob)	$BloodTest_B$



ECG<sub>A</sub>
ECG<sub>C</sub>

Hospital 2

Pseudonym	Blood test	ECG	
???? (Alice)	BloodTest <sub>A</sub>	ECGA	
???? (Bob)	$BloodTest_{B}$		
???? (Carl)		ECG <sub>C</sub>	







*Fragmentation* of information

Lookup, link and transfer



# Design principles





Service Provider cannot decrypt data



**Decentralisation** 

No omniscient entity



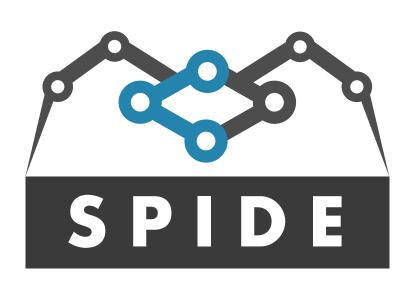
**Multy-layer pseudonymisation** 

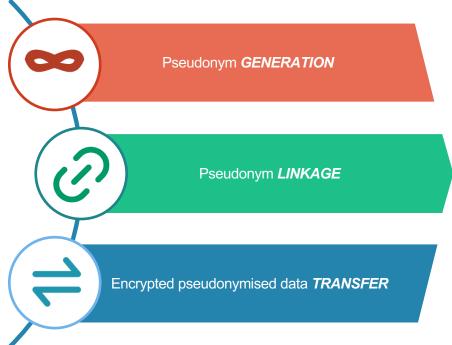
No third party re-identification



## Main Functionali

Does NOT have access to patient data!













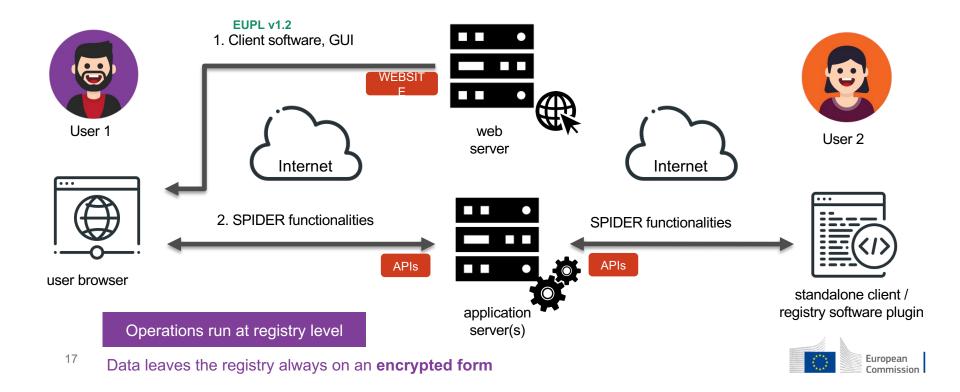


# Cohort building

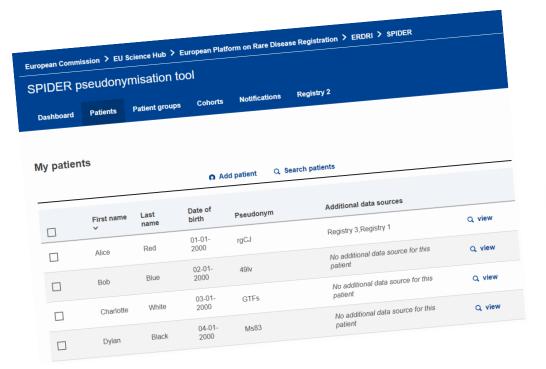




# Accessing SPIDER services



# Application in the context of RD Registries





https://eu-rd-platform.jrc.ec.europa.eu/spider/



# Thank you



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