Anonymization and re-identification risk analysis at the Cancer Registry of Norway

INF5130

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Outline

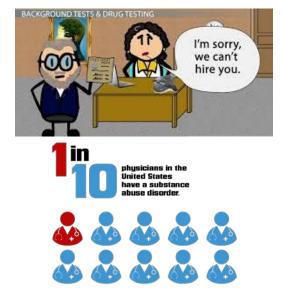
Attacks on privacy and their consequences

- Anonymization criteria (k-anonymity, l-diversity, t-closeness)
- Data curation at the Cancer Registry of Norway (CRN)
- Sharing data for research @ CRN
- Data fuzzification at the Cancer Registry of Norway
- Re-identification Risk Analysis with ARX
- Conclusion

Prosecutor/background knowledge attack

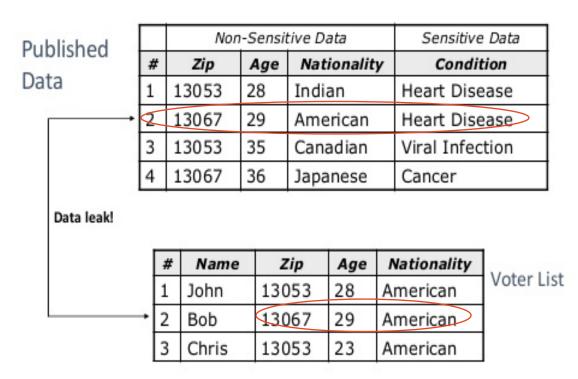
Employer is trying to find the test result of **28 year old male doctor**

| ID | Sex | Age | Profession | Drug test |
|----|--------|-----|------------|-----------|
| 1 | Male | 37 | Doctor | Negative |
| 2 | Female | 28 | Doctor | Positive |
| 3 | Male | 37 | Doctor | Negative |
| 4 | Male | 28 | Doctor | Positive |
| 5 | Male | 28 | Doctor | Negative |
| 6 | Male | 37 | Doctor | Negative |



In the *prosecutor* model the attacker targets a specific individual and it is assumed that she already knows (e.g. employer in a company) that data about the individual is contained in the dataset.

Journalist attack





In the *journalist* model the attacker targets a specific individual but it is not expected that she possesses background knowledge about membership. However, the journalist has access to a public database.

Marketer attack

Equivalence Anonymized Public database class table Probability of match Record Record Count Count Gender Age number number 1950-3/4 Male 3 1.4.12 1,4,12,27 4 1959 1960-2.14 2/5 Male 2 5 2.14.15.22.26 1969 Male 1970-2 9.10 5 9,10,16,20,23 2/5 1979 Female 1960-2 7,11 5 7,11,18,19,21 2/5 1969 1970-2 6,13 6,13,17,24,25 2/5 Female 5 1979 2.35 Expected number of identified records





How many people in the target group to sell a product?

In the *marketer* model the attacker does not target a specific individual but she aims **at re-identifying a high number of individuals**. An attack can therefore only be considered successful if a larger fraction of the records could be re-identified.

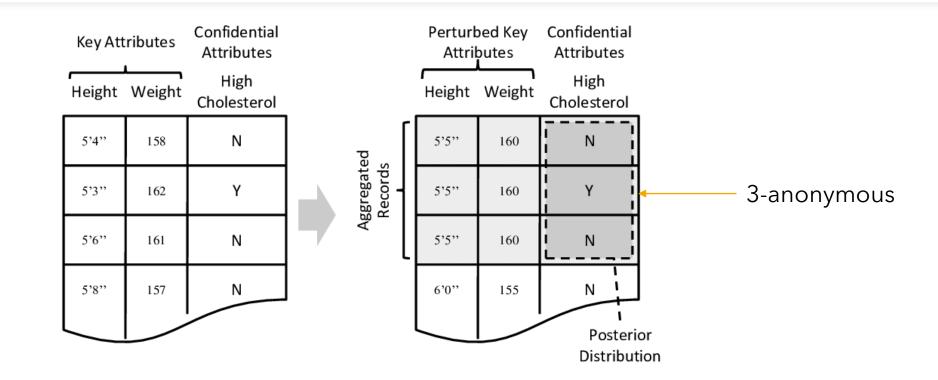
An equivalence class or a group of an anonymized table is a set of records with the same values for the quasi-identifier attributes

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K-anonymity

Sweeney, Latanya. "k-anonymity: A model for protecting privacy." International Journal of Uncertainty, Fuzziness and Knowledge-Based Systems 10.05 (2002): 557-570.)



A dataset is k-anonymous if each record cannot be distinguished from at least k-1 other records **regarding the quasi-identifiers.**

L-diversity

Machanavajjhala, Ashwin, et al. "I-diversity: Privacy beyond k-anonymity." ACM Transactions on Knowledge Discovery from Data (TKDD) 1.1 (2007): 3-es.

Lname

Smith

Smith

Johns

James

Peter

Green

Peter

Green

James

Johns

Diagnosis

Cancer

Diabetic

Cancer

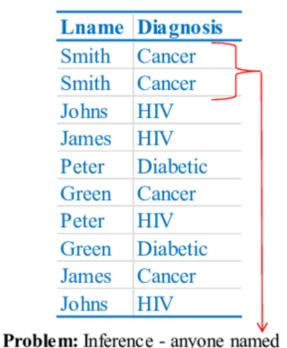
Diabetic

Cancer

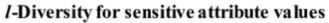
HIV

HIV

HIV



Smith has Cancer in this database.



Solution: Diversify sensitive attribute values for every k > 1 of the same quasi attributes values.

This privacy model can be used to protect data against attribute disclosure by ensuring that each sensitive attribute has at least **? "well represented" values in each equivalence class.**

t-closeness

Equivalence class

records that have the same values of quasi-identifiers.

is the set of

Li, Ninghui, Tiancheng Li, and Suresh Venkatasubramanian. "t-closeness: Privacy beyond k-anonymity and I-diversity." 2007 IEEE 23rd International Conference on Data Engineering. IEEE, 2007.

| | | | - | |
|--------|--|--|--|---|
| icas | 787XX | (| Flu | |
| cas | 787XX | | Shingles | 5 |
| icas | 787XX | | Acne | |
| icas | 787XX | | Flu | |
| icas | 787XX | | Acne | |
| cas | 787XX | | Flu | |
| /AfrAm | 78XX> | $\langle \rangle$ | Flu | |
| /AfrAm | 78XXX | 4 | Flu | |
| /AfrAm | 78XXX | < | Acne | |
| /AfrAm | 78XXX | < | Shingles | 3 |
| /AfrAm | 78XXX | 2 | Acne | |
| /AfrAm | 78XXX | $\langle \rangle$ | Flu | / |
| | ICas ICas ICas ICas ICas ICas ICas ICas | icas 787XX icas 787XX | icas 787XX icas 787XX | icas 787XX Shingles icas 787XX Acne icas 787XX Flu icas 787XX Acne icas 787XX Flu icas 787XX Flu icas 787XX Flu icas 787XX Flu icas 787XX Flu icas 787XX Flu icas 787XX Shingles icas 787XX Acne |

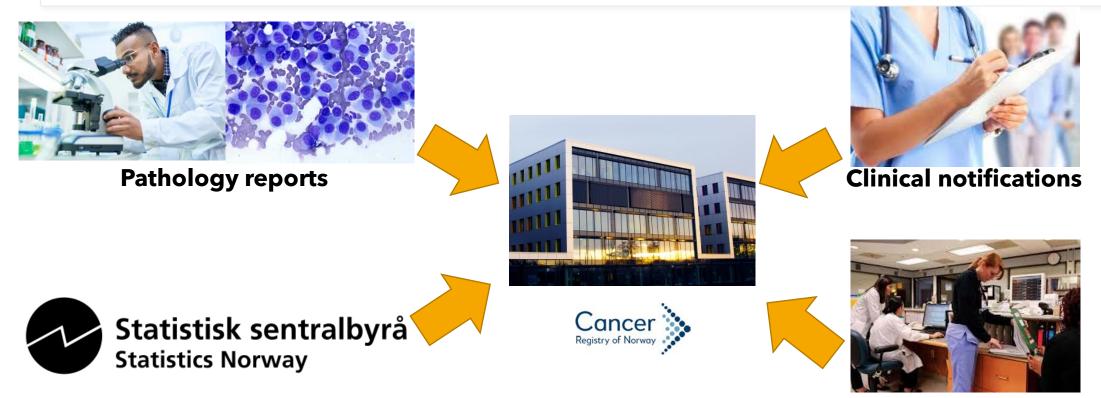
Distribution of sensitive attributes within each quasi-identifier group should be "close" to their distribution in the entire original database

It requires that the distributions of values of a sensitive attribute **within each equivalence class** must have **a distance of not more than** *t* **to the distribution of the attribute values in the input dataset**. For this purpose, it **bounds** the cumulative absolute difference between the frequency distributions, also measured using the **Earth Mover Distance** or **Wasserstein metric.**

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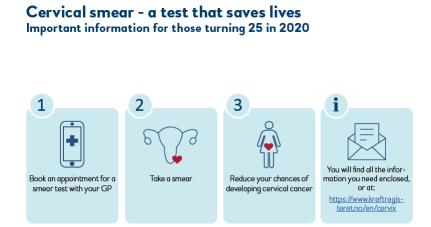
Data curation at the Cancer Registry of Norway



Death Certificates

Hospital Patient Administration

Cervical Cancer Screening Program



It is important, even for young, healthy women who have been vaccinated against HPV, to have cervical smears (cervical screening tests).

Having regular smear tests may detect cell changes before they develop into cervical cancer. Cell changes are not the same as cervical cancer and usually do not give symptoms. Cell changes can be easily treated.

The start of a good habit

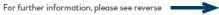
It is recommended that women between the ages of 25 and 69 have cervical screening tests regularly, to prevent cervical cancer. Having regular cervical screening tests significantly reduces the chances of developing cervical cancer. Once you have had a screening test, you will receive a reminder from CervicalScreen Norway when it is time for the next one.

Invitation letter

Best regards,

auch Drope

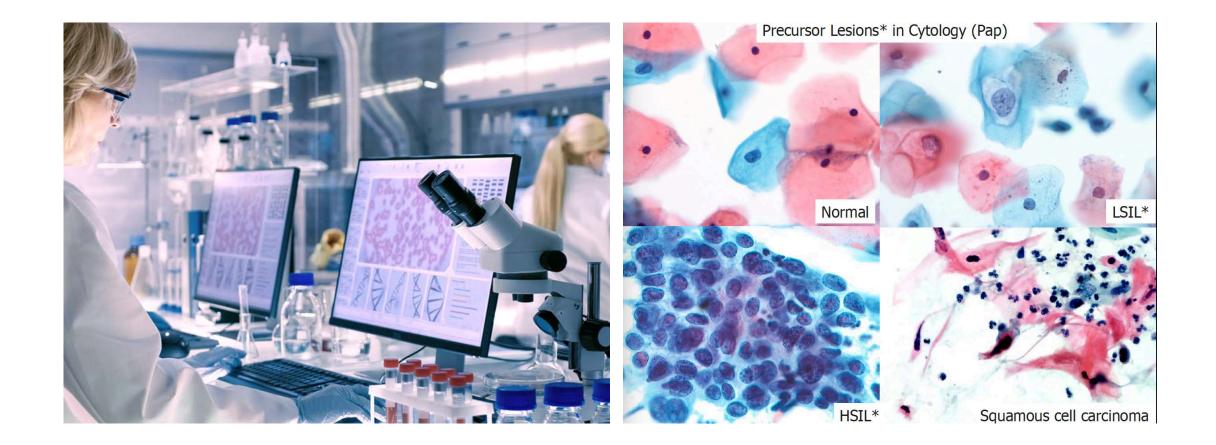
Ameli Tropé Head of CervicalScreen Norway



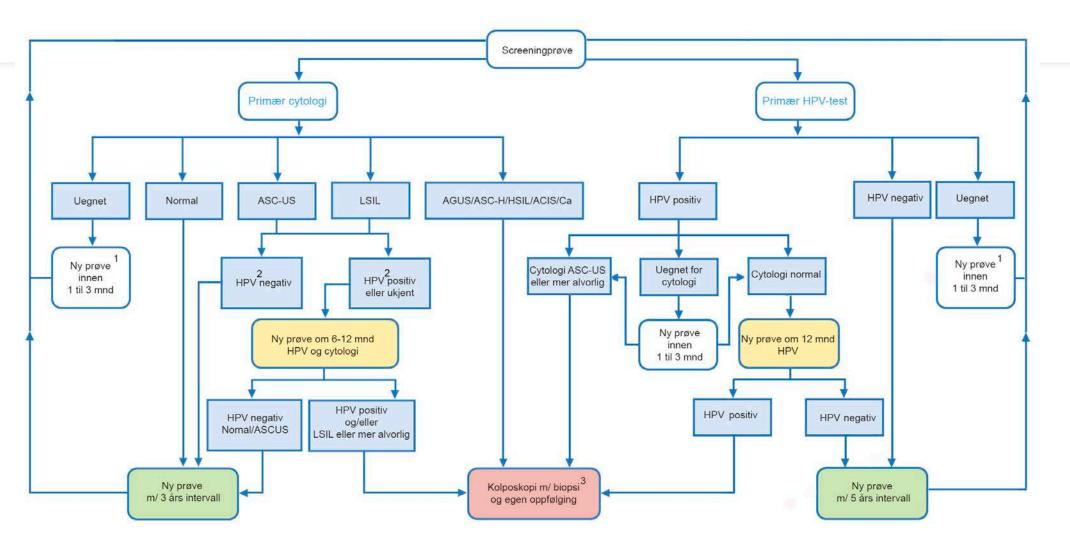
Cervix Pap Test Brush Uterus Cervix Speculum Vagina Rectum © 2009 Terese Winslow U.S. Govt. has certain rights

Pap smear

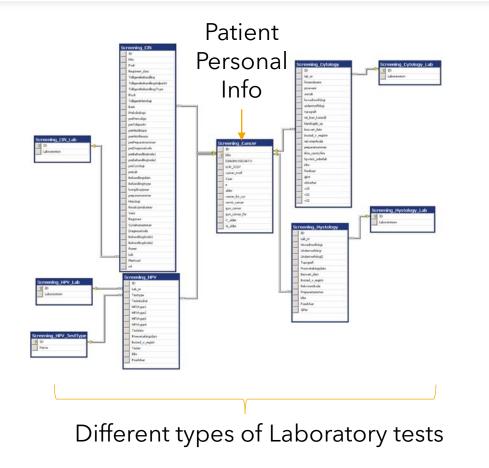
Pap smear



Cervical Cancer Screening Algorithm



Database schema for cervical cancer screening



Key Variables extracted

- Patient ID
- Birth date
- Diagnosis date
- Type (of test)
- Diagnosis1
- Diagnosis2
- Stage
- Lab number
- Region
- Censor date

Sample records in screening dataset

| ID | birthdate | diagnosisdate | type | diagnosis1 | diagnosis2 | stage | lab_nr | reg | censordate |
|----|---|--|---|--|---|--|---|--|--|
| 1 | 15.08.1960 | 15.05.1992 | cyt | 13 | 76700 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.09.1992 | cyt | 12 | 69000 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.11.1992 | cyt | 13 | 76700 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.02.1994 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.04.1995 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.03.1997 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.05.1998 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.08.2000 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.07.2002 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.09.2004 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.01.2006 | hist | 20 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.01.2006 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.02.2007 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.05.2007 | hist | 20 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.12.2008 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.01.2012 | cyt | 11 | 110 | 999 | 19 | 2 | |
| 1 | 15.08.1960 | 15.11.2014 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 2 | 15.02.1927 | 15.12.1991 | cyt | 11 | 100 | 999 | 8 | 3 | 15.06.2010 |
| 2 | 15.02.1927 | 15.08.1993 | cyt | 11 | 100 | 999 | 8 | 3 | 15.06.2010 |
| 3 | 15.11.1959 | 15.08.1993 | cyt | 13 | 76700 | 999 | 11 | 9 | |
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cyt 11 100 999 19 2 1 15.08.1960 15.01.2006 kyt 11 100 999 19 2 1 15.08.1960 |

Types of variables/attributes

- **Identifying attributes** are associated with a high risk of re-identification. They will be removed from the dataset. Typical examples are names **or D-number/Personnumer**.
- **Quasi-identifying attributes** can in combination be used for re-identification attacks. They will be transformed. Typical examples are gender, **data of diagnosis**, **date of birth** and **postal codes**.
- **Sensitive attributes** encode properties with which individuals are not willing to be linked with. As such, they might be of interest to an attacker and, if disclosed, could cause harm to data subjects. They will be kept unmodified but may be subject to further constraints, such as t-closeness or l-diversity. Typical examples are diagnoses such as **HPV+, or Cancer**
- **Insensitive attributes** are not associated with privacy risks. They will be kept unmodified.

Sample records in de-identified dataset

Identifying

Quasi-identifying

Sensitive

| 1 | ID | birthdate | diagnosisdate | type | diagnosis1 | diagnosis2 | stage | lab_nr | reg | censordate |
|----|----|------------|---------------|------|------------|------------|-------|--------|-----|------------|
| 2 | 1 | 15.08.1960 | 15.05.1992 | cyt | 13 | 76700 | 999 | 19 | 2 | |
| 3 | 1 | 15.08.1960 | 15.09.1992 | cyt | 12 | 69000 | 999 | 19 | 2 | |
| 4 | 1 | 15.08.1960 | 15.11.1992 | cyt | 13 | 76700 | 999 | 19 | 2 | |
| 5 | 1 | 15.08.1960 | 15.02.1994 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 6 | 1 | 15.08.1960 | 15.04.1995 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 7 | 1 | 15.08.1960 | 15.03.1997 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 8 | 1 | 15.08.1960 | 15.05.1998 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 9 | 1 | 15.08.1960 | 15.08.2000 | cyt | 11 | 100 | 999 | 19 | 2 | |
| LO | 1 | 15.08.1960 | 15.07.2002 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 11 | 1 | 15.08.1960 | 15.09.2004 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 12 | 1 | 15.08.1960 | 15.01.2006 | hist | 20 | 100 | 999 | 19 | 2 | |
| 13 | 1 | 15.08.1960 | 15.01.2006 | cyt | 11 | 100 | 999 | 19 | 2 | |
| L4 | 1 | 15.08.1960 | 15.02.2007 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 15 | 1 | 15.08.1960 | 15.05.2007 | hist | 20 | 100 | 999 | 19 | 2 | |
| L6 | 1 | 15.08.1960 | 15.12.2008 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 17 | 1 | 15.08.1960 | 15.01.2012 | cyt | 11 | 110 | 999 | 19 | 2 | |
| 18 | 1 | 15.08.1960 | 15.11.2014 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 19 | 2 | 15.02.1927 | 15.12.1991 | cyt | 11 | 100 | 999 | 8 | 3 | 15.06.2010 |
| 20 | 2 | 15.02.1927 | 15.08.1993 | cyt | 11 | 100 | 999 | 8 | 3 | 15.06.2010 |
| 21 | 3 | 15.11.1959 | 15.08.1993 | cyt | 13 | 76700 | 999 | 11 | 9 | |
| | | | | 1 | | | | | | |

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Sharing data for research @ CRN

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Sharing data for research

ELVIS metadata bank

| Kreitform • | Variabler | | | | | | | |
|---|---|-----------------------------|---------------|-------------------|--------------------|--|--|--|
| ĸ | Søk etter Variabler Q | Gyldig fra Gyldig til Q Søk | 5 | | | | | |
| Leppe, munifule og sveig Fordøyelsesorganer Andedreitsorganer og intratorakal | Vis flere søkemuligheter ∻ Funnet: 140 | | | | | | | |
| Knokler og leddbrusk Malignt melanom og hud Mesotel og bløtvev | Navn ¢ | Kan utleveres \$ | Gyldig fra \$ | Tech Navn ¢ | | | | |
| Bryst Kvinnelige kjønnsorganer | Aktiv overväkning | Ja | 27.05.2017 | aktvOvervaket | * 66 | | | |
| Mannige kjønnsorganer Urinveier | Pasienter med lantsko cancer skal som forste alternativ tilbys aktiv overvålening som et aktuelt alternativ til nakkal behandling. Pasienter som tilbys dette alternativet nak lødges jennig opp ved unologisk andeling. | | | | | | | |
| Øye, hjerne og sentralnervesystem Skjoldbruskkjertel og andre enod | Alder ved diagnose | Ja | 01.01.1953 | aiderDiagnose | ¥Ę | | | |
| Utulistendig angitt og ukjent utga | Pasientens alder ved diagnosetidspunktet. | | | | | | | |
| C) c) interest of the second | Annen behandling | Ja i | 01.01.1953 | annerßeh | ¥B | | | |
| | Information om annen behandling som er planlagt ogseller gitt. | | | | | | | |
| | Årsak til utredning | Ja | 27.05.2017 | arsakUtr | * 6 | | | |
| | Anactii utredning av kreftsykdom | | | | | | | |
| | Arvelig disposisjon | Ved spesielle behovi | 01.01.1953 | aveligDisposisjon | * 65 | | | |
| | Indikerer om pasienten er anvelig disponent for kreft. | | | | Contraction of the | | | |
| | Basis for diagnose | Ja | 01,01,1953 | basis | * | | | |
| | Den mest pålitelige metode benyttet for å fastsette diagnosen for krefttifeliet. | | | | | | | |

Types of data extraction

Anonymous aggregated data
Personally identifiable individual data
De-identified individual data





•Documentation of legal basis for processing of personal data

•Consent or exemption from the duty of confidentiality

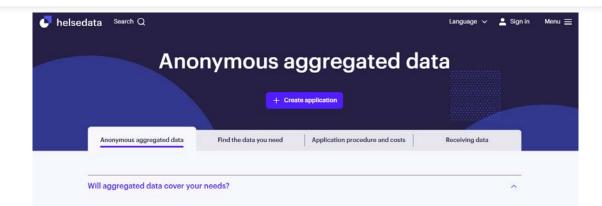
Delivery time

•De-identified Cancer Registry data: 30 days

•Cancer Registry data linked to other sources: 60

days https://metadata.kreftregisteret.no/variables/search?selection=cancer_sites

Sharing data for research - aggregated data



The term anonymous aggregated data refers to information that has been grouped so that it is not possible to identify individuals. Depending on the context, such data sets may also be referred to as statistical or anonymized, often in conjunction with the terms "structured" or "tabular".

Anonymous aggregated data falls outside the scope of the EU's General Data Protection Regulation (GDPR). There is no requirement for a <u>legal basis</u> for processing or exemption from the duty of confidentiality in order to gain access to anonymous aggregated data from a health registry or survey, such as statistics or data files where the content cannot be linked to individuals.

An the second se

Truly anonymous data sets have few and broadly categorised variables, which means that the data may have limited value for research and health analyses. If anonymous aggregated data does not meet the needs of the project, consider applying for personally identifiable data instead.

Sharing data for research - personally identifiable data

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- Attacks on privacy and their consequences
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Fuzzy algorithm for the cervical cancer screening program

Ursin, G., Sen, S., Mottu, J. M., & Nygård, M. (2017). Protecting privacy in large datasets—first we assess the risk; then we fuzzy the data. *Cancer Epidemiology and Prevention Biomarkers*, 26(8), 1219-1224.

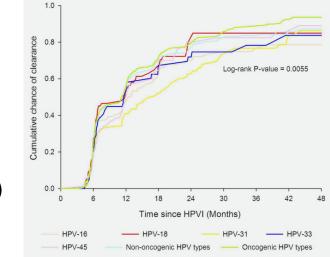
Step 1—setting all dates to the 15th of the month.

- Affected birthdate, diagnosis date, and censor date
- Did not affect the age of a person
- Did not affect the diagnosis as HPV infection clearance takes 6 months

Step 2—adding noise or "fuzziness" to dates.

- Based on the type of study and the scientific objectives
- All dates were perturbed by a random integer between **+4 and -4** (not 0) as disease clearance probability does not change under 6 months

Step 3—All original IDs were assigned a random ID - De-identified IDs



Output of fuzzification

| 1 ID | birthdate | diagnosisdate | type | diagnosis1 | diagnosis2 | stage | lab_nr | reg c | ensordate |
|------|--------------|---------------|------|------------|------------|-------|--------|-------|-----------|
| 2 | 1 15.08.1960 | 15.05.1992 | cyt | 13 | 76700 | 999 | 19 | 2 | |
| 3 | 1 15.08.1960 | 15.09.1992 | cyt | 12 | 69000 | 999 | 19 | 2 | |
| 4 | 1 15.08.1960 | 15.11.1992 | cyt | 13 | 76700 | 999 | 19 | 2 | |
| 5 | 1 15.08.1960 | 15.02.1994 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 6 | 1 15.08.1960 | 15.04.1995 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 7 | 1 15.08.1960 | 15.03.1997 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 8 | 1 15.08.1960 | 15.05.1998 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 9 | 1 15.08.1960 | 15.08.2000 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 10 | 1 15.08.1960 | 15.07.2002 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 11 | 1 15.08.1960 | 15.09.2004 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 12 | 1 15.08.1960 | 15.01.2006 | hist | 20 | 100 | 999 | 19 | 2 | |
| 13 | 1 15.08.1960 | 15.01.2006 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 14 | 1 15.08.1960 | 15.02.2007 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 15 | 1 15.08.1960 | 15.05.2007 | hist | 20 | 100 | 999 | 19 | 2 | |
| 16 | 1 15.08.1960 | 15.12.2008 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 17 | 1 15.08.1960 | 15.01.2012 | cyt | 11 | 110 | 999 | 19 | 2 | |
| 18 | 1 15.08.1960 | 15.11.2014 | cyt | 11 | 100 | 999 | 19 | 2 | |
| 19 | 2 15.02.1927 | 15.12.1991 | cyt | 11 | 100 | 999 | 8 | 3 1 | 5.06.2010 |
| 20 | 2 15.02.1927 | 15.08.1993 | cyt | 11 | 100 | 999 | 8 | 3 1 | 5.06.2010 |
| 21 | 3 15.11.1959 | 15.08.1993 | cyt | 13 | 76700 | 999 | 11 | 9 | |

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Re-identification Risk Analysis in the Norwegian Cervical Screening Program

 The dataset contained 5,693,582 records of screening related examinations taken by 911,510 distinct women. The birth dates of the women ranged from March 1905 to February 1996.

The risk of reidentification was assessed for the following datasets:

- D1. Realistic dataset of women attending cervical cancer screening in Norway.
- D2. k-Anonymization of the dataset D1 by changing all dates in the dataset to 15th of the month.
- D3. Fuzzifying the month in D2 by adding a random factor between -4 and +4 months to each month as described above.

ARX - Data Anonymization and Risk Analysis Tool

Prasser, Fabian, et al. "Arx-a comprehensive tool for anonymizing biomedical data." *AMIA Annual Symposium Proceedings*. Vol. 2014. American Medical Informatics Association, 2014.





Re-identification Risk Analysis in the Norwegian Cervical Screening Program

B All days to 15th of month



| Average prosecutor risk: | 9.7% |
|--------------------------|--------|
| Lowest prosecutor risk: | 1.176% |
| Highest prosecutor risk: | 100% |

Records affected by highest risk: 6.0%

97.06733%

0:00009%

94:198%

0:00149%

20%

100%

Average prosecutor risk:

Lowest prosecutor risk:

Highest prosecutor risk:

Records affected by lowest risk:

Records affected by lowest risk:

Records affected by highest risk:

C Fuzzy factor ± 4 months



| Average prosecutor risk: | 9.8% |
|-----------------------------------|----------|
| Lowest prosecutor risk: | 1.265% |
| Highest prosecutor risk: | 100% |
| Records affected by lowest risk: | 0.00416% |
| Records affected by highest risk: | 6.1% |

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Conclusion

- We learn about the types of attacks to privacy : prosector, journalist, and marketer attacks
- The basic approaches to anonymization need to satisfy: k-anonymity, l-diversty, and t-closeness
- The cervical cancer screening program is a good example of where anonymization and re-identification risk analysis has been useful.
- The Cancer Registry today uses various forms of fuzzification in all its databases (beyond cervical cancer) to share aggregate data after verifying its validity using ARX

How did the concept of privacy origniate?

The first man who, having enclosed a piece of ground, bethought himself of saying **"This is mine,"** and found people simple enough to believe him, was the real founder of civil society.

-Jean-jacques Rousseau, Discourse on the origin of inequality

Hirshleifer, Jack. "Privacy: Its origin, function, and future." The Journal of Legal Studies 9.4 (1980): 649-664.

Privacy and its origins...

The etymology of the word privacy stems from **privus**, the original archaic meaning being **single**.

The implied context is *not a solitary human being* but rather the individual facing the potential claims of other persons

How is privacy different from seclusion?

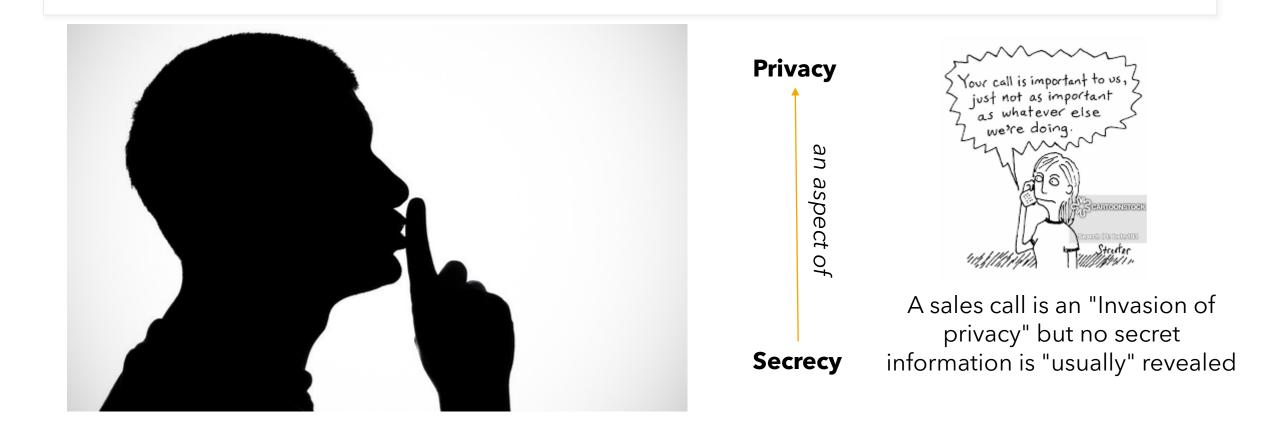


Seclusion is withdrawal from society



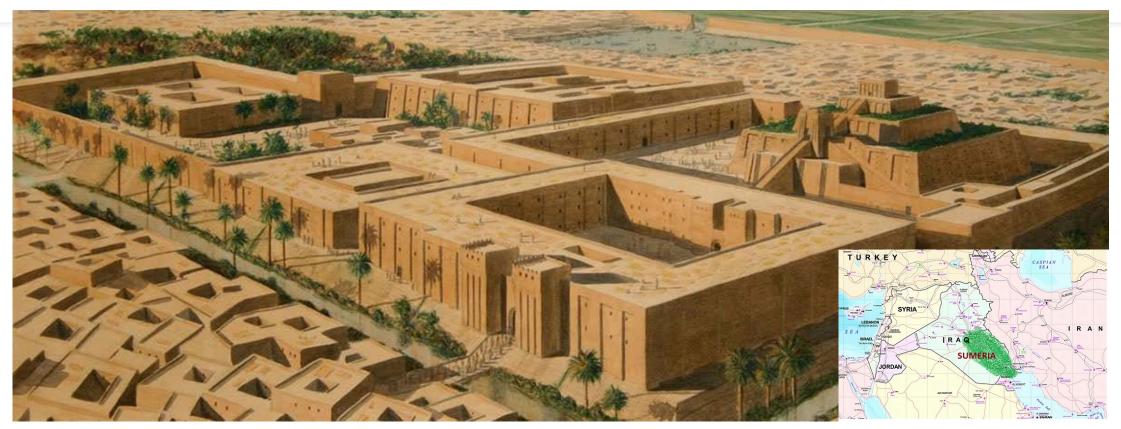
Privacy is a way to organize civil society

How is privacy different from secrecy?



Secrecy is the ability to control dissemination and use of information (or possessed) by oneself

Privacy, an age old concept, is about autonomy in society



Sumerian Civilization, 3000 BC - a civiliation with a social structure with a supporting social ethic

What is invasion of privacy and its consequences?

Vasco de gama 1498



Merchants of Calicut, India held hostage

Dis-possession of private property

The Great Explorers of the Colonial Era

What are the consequences of invasion of privacy of our data in 100 years?

