aigora

CONNECTING SILOED DATA TO ACCELERATE MEDICAL AI

MIDI Workshop

Session 3: International Approaches to De-Identification

22 May 2023

Legal framework and best practices for medical image de-identification in the EU

Aigora at a glance

We provide real-world medical imaging data at scale to leading medtech and pharma companies for AI and RWE purposes

All major medical imaging modalities



Radiology modalities



Dermoscopic images



Whole slide images

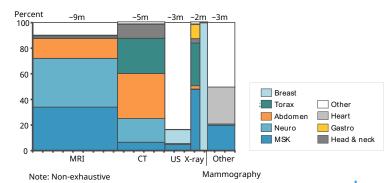


Ophthalmic images

200+ clinical provider sites across four regions



20+ million medical imaging studies



Goals of this presentation

Disclaimer:

Don't mistake this for legal advice. Consult with qualified professionals!

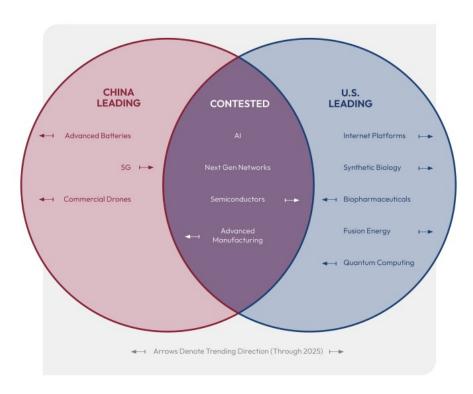
Provide a brief overview of the EU regulatory framework

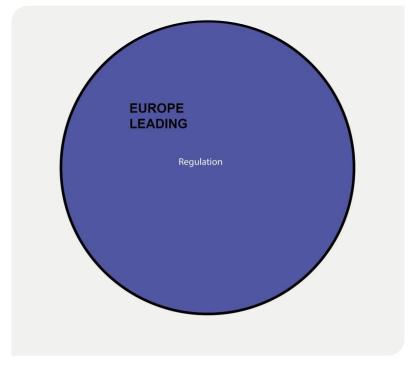
Point out differences between GDPR and HIPAA with respect to deidentification

Share at a high level practices we employ to achieve and preserve medical image de-id

Europe is the uncontested leader in regulation – it's tough!

LEADERSHIP IN "KEY TECHNOLOGIES"







Multiple layers of regulation help maintain that leadership position

APPLICABLE REGULATION FOR MEDICAL IMAGE DE-ID

NON-EXHAUSTIVE

Level	Regulation	Applicability
European Union	General Data Protection Regulation (GDPR)	Processing of personal data and special categories of personal data incl. anonymization thereof
Country	Translation of GDPR into national legislation, e.g., BDSG	Same as above (country specifics apply)
State / institutional	State hospital laws (and state data protection acts), e.g., LKHG, BayKrG, LDSG	Secondary uses (internal and external) of medical data from hospitals
Physician	Professional code of conduct for medical practitioners, e.g., BOÄ Bayern	Research with medical data

Implications for medical image de-id

- GDPR is always applicable, with anonymization itself being a processing of personal data to which the data protection regulation applies
- Peculiarities of national data protection legislation need to be considered
- Further restrictions may apply, varying by state and setting



There is no prescriptive standard for de-identification in EU legislation

DE-IDENTIFICATION / ANONYMIZATION UNDER HIPAA VERSUS GDPR

HIPAA

"... information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information." (45 CFR § 164.514 (a))

GDPR

"... information which does not relate to an identified or identifiable natural person or to personal data rendered anonymous in such a manner that the data subject is not or no longer identifiable." (GDPR Recital 26 (5))

Two approaches:

- (1) Expert determination method: "A person with appropriate knowledge and experience ... determines that the risk is very small that the information could be used ... to identify an individual ..." (45 CFR § 164.514 (b) (1))
- (2) Safe harbor method: Lists 18 identifiers to be removed (45 CFR § 164.514 (b) (2))

No prescriptive standard:

"To ascertain whether means are reasonably likely to be used to identify the natural person, account should be taken of all objective factors, such as the costs of and the amount of time required for identification, taking into consideration the available technology at the time of the processing and technological developments." GDPR Recital 26 (4))

<u>Implications for medical</u> <u>image de-id</u>

- Under GDPR, deidentification must be irreversible for everyone, even at clinic level
- Similar to HIPAA, GDPR recognizes residual risk inherent to de-id
- Unlike HIPAA, GDPR does not clarify the approach; focus is on outcome
- Several anonymization techniques may be envisaged; not limited to technology



Definition

Guidance

Technical and non-technical measures need to be considered for medical image de-id, while weighing re-identification risk against data utility

HOW TO DE-ID MEDICAL IMAGING DATA?

Guidance by European advisory body on data protection

- "The optimal solution should be decided on a case-bycase basis, possibly by using a combination of different techniques ..." evaluated based on the possibility to
 - still single out an individual
 - link records relating to an individual
 - infer information concerning an individual
- Severity and likelihood of residual risk of re-identification linked to any anonymization technique needs to be assessed

Best practices at Aigora

Measures to achieve de-id*

- Rule and statistically based de-id
 - removal or replacement of DICOM headers
 - hashing techniques (e.g., longitudinal datasets)
 - aggregation and k-anonymity wrt metadata
- Removal of burned-in text, unstructured text
- De-facing (if applicable and possible)
- Manual quality control

Add'l measures to preserve de-id

- Technical and organisational measures
- Non-technical measures
 - contractual agreements
 - structural layers



Key takeaways and recommendations

- Anonymization itself constitutes a processing of personal data for which GDPR is applicable, even though anonymization removes applicability of data protection regulation (legal basis for de-id)
- Peculiarities in national legislation, state laws and potential restrictions by clinical setting may apply
- Some residual risk of re-identification will always remain
- There is no prescriptive standard for de-id; decide on a case-by-case basis and focus on outcome
- Employ a combination of technical and non-technical measures to achieve and preserve de-id
- Balance data minimization and data utility
- Consider alternatives to anonymization, e.g. pseudonymization requiring patient consent and ethics committee approval



THANKS!

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