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On the Validity of Statistical Analyses of Privacy-Preserving Synthetic Data

Khaled El Emam & Lucy Mosquera

Disclosures

Both KEE and LM are employed by Replica Analytics, an Aetion company. This study was performed with the University of Ottawa, where KEE is a professor, and the academic participation was funded by the Canada Research Chairs, NSERC, and CIHR. The study was also partially funded by the Gates Foundation.



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Agenda

- Introduction to synthetic data and its use cases
- Statistical inference and synthetic data
- Synthetic data for reproducing findings
- Synthetic data for population inference
- Privacy of synthetic data
- Conclusions



What is Synthetic Data?



What is synthetic data ?



Synthetic Data

Additional Clarifications

- The source datasets can be as small as 150 patients or so. We have developed generative modeling techniques that will work reasonably well for small datasets. But this also depends on the number of variables in the dataset
- The source datasets can be very large then it becomes a function of compute capacity that is available.
- It is not necessary to know how the synthetic data will be analyzed to build the generative models. The generative models capture many of the patterns in the source data.



COU1A	AGECAT	AGELE70	WHITE	MALE	BMI
United States	2	1	1	1	33.75155
United States	2	1	1	0	39.24707
United States	1	1	1	0	26.5625
United States	4	1	1	1	40.58273
United States	5	0	0	1	24.42046
United States	5	0	1	0	19.07124
United States	3	1	1	1	26.04938
United States	4	1	1	1	25.46939



How generative models work





Sequential synthesis generative models



Khaled El Emam, Lucy Mosquera, Chaoyi Zheng, Optimizing the synthesis of clinical trial data using sequential trees, *Journal of the American Medical Informatics Association*, Volume 28, Issue 1, January 2021, Pages 3–13, <u>https://doi.org/10.1093/jamia/ocaa249</u>



Main use cases for synthetic data

	Access	X	Efficacy	Privacy
	Cost, interoperability, processing power		Robustness, diversity, fidelity	Transparency, data protection, regulations
Insight improvement	Pharmacoepidemiology		Control group synthesis	Anonymization via synthesis
Topline opportunity	Simulated data asset creation		Powered hypothesis testing	Streamline data projects
Risk reduction	Cross-border synthesis		Enable Al	Risk based de-identification



Operating models for secondary analysis using synthetic data

- 1. Data custodians share the synthetic data and conclusions are drawn from the analysis of synthetic datasets
- 2. Data custodians make synthetic data available for exploratory analysis and if there are interesting results, data users make a request for the full dataset (which may be a long and complicated process, but at least there is confidence that there are interesting results before initiating that process)
- 3. Perform the analysis on the synthetic data and then submit the analysis code (R, SAS, Python, ...) to be executed on the real dataset behind a firewall the external analysts never work with the real data



Can synthetic data be a proxy for real data ?



Assessing synthetic data

Generic utility

Show how similar synthetic data is to the real data it was generated from without referencing a specific analysis

Workload aware utility

Illustrate how well synthetic data can be used as a dropin replacement or proxy for real data for a specific analysis

JMIR MEDICAL INFORMATICS

El Emam et al

Original Paper

Utility Metrics for Evaluating Synthetic Health Data Generation Methods: Validation Study

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Today we will focus on using synthetic data as a proxy for real data in statistical analysis which is a kind of workload aware assessment.



Statistical inference



The goal of statistical inference is to use observable sample statistics e_{rs} to infer unobservable population values e_p



Statistical inference



Random sampling introduces variability, each sample will produce a slightly different effect size, $e_{rs1} \neq e_{rs2}$

With appropriate study design, each sample statistic should be representative of the true population effect size e_p



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Statistical inference and synthetic data

Random

sample

Population



Population parameter



Synthetic data generation may be generated from a real sample

Sample

Synthetic data generation

Synthetic sample



Sample statistic

Effect size: e_{rs}



Statistical inference and synthetic data





effect size $e_{sd,g}$

Statistical inference and synthetic data

There are two perspectives on analysis using synthetic data:

- **1. Reproducing** real results: aims to see $e_{sdg} \simeq e_{rs}$
- 2. Making **inferences** about the underlying population: $e_{sdg} \simeq e_p$

One of the enduring questions is whether **synthetic datasets are a good proxy for real data for analysis purposes**, while simultaneously addressing privacy concerns Our presentation today will cover both perspectives to address:

- Whether valid inferences can be made from synthetic data
- Understand the parameters behind such valid inferences



Because synthesis introduced additional variation, this needs to be accounted for in models to get valid estimates

This means that it is necessary to take a multiple imputation approach to account for this additional variability



Replica

nalytics

Different types of analyses for synthetic data

• There are four different approaches to evaluating the analysis results from synthetic data

	No Multiple Imputation	With Multiple Imputation
Reproducibility	Ø	œ
Inferences	Ø	¢



Case study on reproducibility



Can synthetic data reproduce real data analysis results?





Analysis





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Case study: reproducing analysis



Contents lists available at ScienceDirect

Contraception



journal homepage: www.elsevier.com/locate/contraception

Prescription opioid fills following surgical abortion*

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Analysis using commercial insurance data to assess rate and predictors of opioid prescription fills following surgical abortion

Utilized data from 28,252 individuals with recorded surgical abortions



Methods

- Synthesized m =10 copies of the real dataset using sequential synthesis
- Produced univariate and multivariate logistic regression models using a single synthetic data (unadjusted) or all m=10 datasets (adjusted)

3 metrics to assess how well synthetic data reproduces the findings of the real data:

- **Decision agreement** (are the same conclusions drawn from the synthetic data?)
- Estimate agreement (does the estimate from the synthetic data fall within the real data CI?)
- Confidence interval overlap (extent of overlap of the CI between real and synthetic data)



Univariate Logistic Regression

Analysis 🔸 real 🛥 unadjusted 🛥 adjusted

						Decision agreement (adjusted)	Estimate agreement (adjusted)	CI Overlap (adjusted)
Region: South (Northeast referent)						yes	no	0.17
Region: Midwest / North Central (Northeast referent)				╷╘╼╼┲┤	•	yes	no	0.23
Region: West (Northeast referent)				•		yes	no	0.22
Moderate sedation on day of abortion -						yes	yes	0.6
Depression or antidepressants in baseline -		La I				yes	yes	0.76
Misoprostol on or within 7d prior to abortion –						yes	yes	0.77
Non-opioid substance abuse/dependence in baseline						yes	yes	0.86
Anxiety or anxiolytics in baseline						yes	yes	0.6
D&E (D&C referent)						yes	yes	0.98
Smoking-related claim in baseline						yes	no	0.46
Provider type: Other or unknown (OBGYN referent)						yes	yes	0.97
Provider type: Family medicine (OBGYN referent)						yes	yes	0.94
Year of abortion: 2015 (2014 as referent)						yes	yes	0.82
Year of abortion: 2016 (2014 as referent)						yes	yes	0.84
Vear of abortion: 2017 (2014 as referent)						yes	yes	0.73
Vear of abortion: 2018 (2014 as referent)						yes	yes	0.88
Age: 45.50 (20.24 referent)	• 					yes	yes	0.9
Age: 40-00 ($20-24$ referent)						no	no	0.55
Age: 40-44 (20-24 referent)		¦F●4				no	no	0.24
Age: 30-34 (20-24 referent)	1	r⊷l el				no	no	0.27
Age: 30-34 (20-24 referent)						no	no	0.32
Age: 25-29 (20-24 referent)						ves	ves	0.81
Age: 15-19 (20-24 referent)	4	ľ				ves	ves	0.95
Anesthesia for abortion on day of abortion –						,	,	0.00
L	0	1	Ę	5		10		15
					OR			

Univariate	Results
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	Unadjusted	Adjusted	
Decision agreement	0.78	0.83	
Estimate agreement	0.74	0.65	
Average Cl overlap	0.63	0.65	

Multivariate Logistic Regression

Analysis 🔸 real 🔸 unadjusted 🛶 adjusted

				Decision agreement (adjusted)	Estimate agreement (adjusted)	CI Overlap (adjusted)
Region: South (Northeast referent)				yes	no	0.17
Region: Midwest / North Central (Northeast referent)				yes	no	0.23
Region: West (Northeast referent) -		╷╘╼╼┰┥	•	yes	no	0.22
Moderate sedation on day of abortion -				yes	yes	0.6
Depression or antidepressants in baseline -				yes	yes	0.76
Misoprostol on or within 7d prior to abortion -				yes	yes	0.77
Non-opioid substance abuse/dependence in baseline -				yes	yes	0.86
Anxiety or anxiolytics in baseline -	- Her			yes	yes	0.6
D&E (D&C referent) -				yes	yes	0.98
Smoking-related claim in baseline -	⊢⊓ I⊒•⊤I			yes	no	0.46
Provider type: Other or unknown (OBGYN referent) -				yes	yes	0.97
Provider type: Eamily medicine (OBGYN referent) -	Her Let			yes	yes	0.94
Vocr of abortion: 2015 (2014 as referent) -				yes	yes	0.82
Veer of abortion: 2015 (2014 as referent)	·····································			yes	yes	0.84
$\frac{1}{2} = \frac{1}{2} = \frac{1}$				yes	yes	0.73
Year of abortion: 2017 (2014 as referent)				yes	yes	0.88
Year of abortion: 2018 (2014 as referent) -				ves	ves	0.9
Age: 45-50 (20-24 referent) -				no	no	0.55
Age: 40-44 (20-24 referent) -				no	0	0.24
Age: 35-39 (20-24 referent) -				10	10	0.24
Age: 30-34 (20-24 referent) -				no	no	0.27
Age: 25-29 (20-24 referent) -	1			no	no	0.32
Age: 15-19 (20-24 referent) -				yes	yes	0.81
Anesthesia for abortion on day of abortion -				yes	yes	0.95
l	0	ŗ	5	10		15
	J		OR	10		

Multivariate results	
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	Unadjusted	Adjusted
Decision agreement	0.69	0.91
Estimate agreement	0.69	0.83
Average Cl overlap	0.62	0.67

Conclusions about reproducibility

- The level of agreement and CI overlap to be expected, on average, should be quite high
- Utilizing a multiple imputation approach (rather than single imputation) generally gives better reproducibility results
- These results have also been validated using simulations



Drawing inferences from synthetic data



Evaluating the validity of population inferences

- A common way to evaluate the validity of population inferences (through simulations) is to consider:
 - Bias (we want it as close to zero as possible)
 - Coverage (we want it to be close to 95%)
 - Precision (we evaluate this using the empirical standard error, which we want to be small)
 - Power (we want this to be as close to 80% as possible)



Simulation of population inference

• We performed a simulation on four different datasets to evaluate how well synthetic data can be used to make population inferences

Dataset	Description	n
N0147	Colon cancer clinical trial; examine the relationship between bowel obstruction and overall survival	1,543
CCHS	Canadian Community Health Survey; impact of sex on cardiovascular health	63,522
Danish surgery	Danish colon cancer surgery registry; examine the relationship between age and medical complications from surgery	12,855
COVID-19 Data	Testing data for COVID-19 testing; impact of sex	4,150



Bias results

(sequential synthesis w/ N0147 trial)





Bias eliminated coverage

(sequential synthesis w/ N0147 trial)





Empirical SE

(sequential synthesis w/ N0147 trial)





Power

(sequential synthesis w/ N0147 trial)





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Conclusions about inferences

- Using a multiple imputation approach can result in valid inferences from synthetic datasets for sequential synthesis generative models
- An appropriate parameter is m=10
- Data amplification in this context only provides a marginal benefit
- Inferences without multiple imputation can often have low validity



What have we learned ?



What have we learned ?

- Both approaches (reproducibility and inferences) to analyses using synthetic data are reasonable
- The results are not uniform across generative models – it is important to evaluate the validity of inferences for different types of generative models

	No Multiple Imputation	With Multiple Imputation
eproducibility	\bigotimes	
Inferences	×	



Limitations

- We performed the simulations on four datasets which represent a limited set of possible effect sizes, causal relationships, and degrees of confounding
- These results may not apply exactly to machine learning problems where the benefits of data amplification may be more substantive, and synthetic datasets with m=1 may still provide high prognostic accuracy; also a primary criterion is generalizability which would be evaluated differently



Evaluating synthetic data privacy



Privacy risk as membership disclosure



El Emam, K, Mosquera L, Fang, X. Validating A membership disclosure metric For synthetic health data. *JAMIA Open*. 2022; in press.



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Privacy (sequential synthesis w/ N0147 trial)



A maximum risk threshold is 0.2, and therefore any values below that are considered low risk.

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Thank you!

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