

The Alan Turing Institute

Synthetic data for a health research programme

Dr Rachael Stickland & Dr Batool Almarzouq

Trustworthy Synthetic Data in Practice Workshop 23rd January 2024



DATA ARE PEOPLE

The Turing Way project illustration by Scriberia. Used under a CC-BY 4.0 licence. DOI: 10.5281/zenodo.3332807.



Batool Almarzouq

Research Project Manager



Al for Multiple Long-term Conditions **Research Support Facility**



Honorary Research Fellow



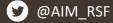
Core Contributor







IAU Expert Group on Open Science





Talk Overview

Batool

- Introduction to the research programme (AIM)
- Introduction to the Research Support Facility (RSF)

Rachael

- Large population health datasets used by AIM
- Why can synthetic versions of health datasets help research?
- Our experiences with synthetic health datasets
 - Current progress and future plans
 - Learnings and reflections
- Summary and acknowledgements



All the slides can be accessed online

Stickland, R., & Almarzouq, B. (2024, January 22). Synthetic data for a health research programme. Trustworthy Synthetic Data in Practice, Warwick University. Zenodo. https://doi.org/10.5281/zenodo.10552753







Research Support Facility (RSF)

Image was created by Scriberia for AI for multiple long-term conditions: Research Support Facility (AIM RSF) and is used under a CC-BY licence https://doi.org/10.5281/zenodo.7739071





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Al for Multiple Long Term Conditions (AIM) Community

CLUSTER MAPPIN

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Research Support Facility (RSF)

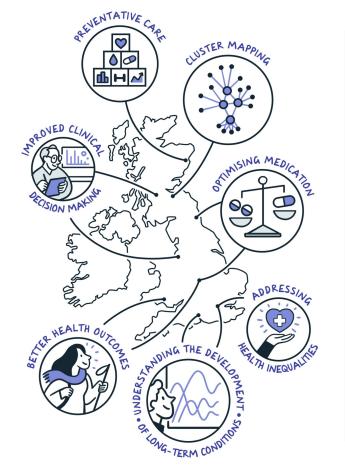
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Al for Multiple Long Term Conditions (AIM) Community









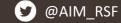
27 Universities

12 NHS Trusts

& charities, city councils, and public involvement organisations.



Slide re-used from RSF lightning talk in AI-UK by Sophia Batchelor: DOI 10.5281/zenodo.8082165.





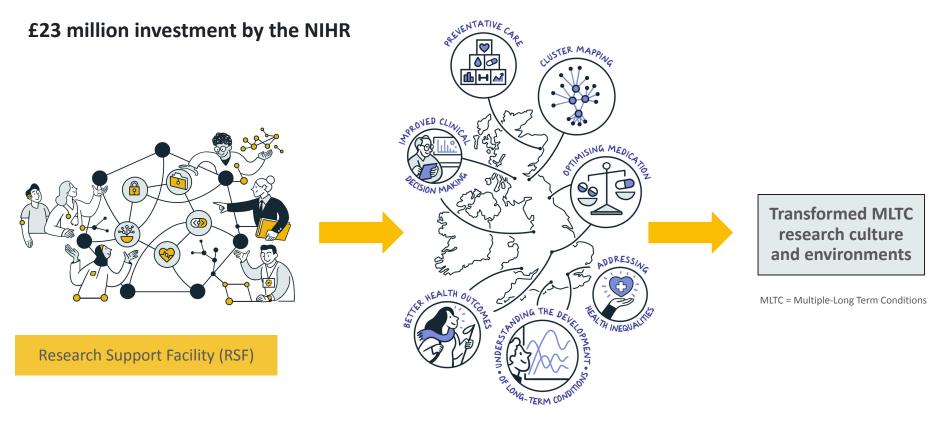
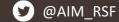


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Al for Multiple Long Term Conditions (AIM) Community

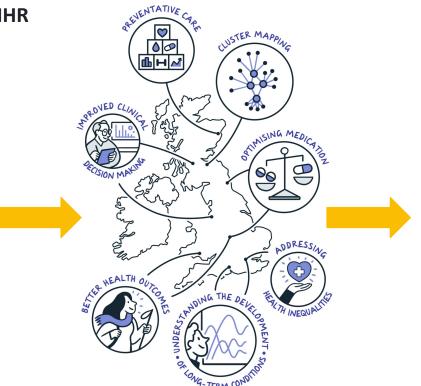






Research Support Facility (RSF)

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Transformed MLTC research culture and environments

MLTC = Multiple-Long Term Conditions

Al for Multiple Long Term Conditions (AIM) Community





The Alan Turing Institute







The Alan Turing Institute



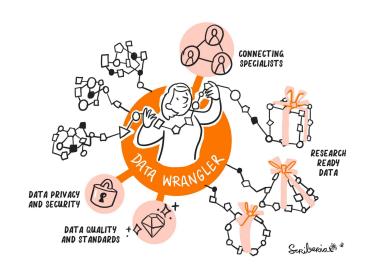




I am talking from the perspective of a **researcher and data scientist**, not a data provider

I am a Data Wrangler at The Alan Turing Institute

- Team: Data for Research (Data Wrangling)
- Project: Artificial Intelligence for Multiple Long-Term Conditions (AIM) for Theme 2: Research ready data
- Recently joined Innovate UK BridgeAI as an Independent Scientific Advisor



The Turing Way project illustration by Scriberia. Used under a CC-BY 4.0 licence. DOI: 10.5281/zenodo.3332807.







Using AI to address important questions about human health

- Which health conditions cluster together and why?
- Which conditions come first?
 - Which one might come next?
- Does clustering or trajectory change for different groups?
- Can we identify those most at risk of a condition?
 - Or most at risk of high severity?
- What is the impact of polypharmacy?
 - Can we offer a better combination of drugs?
- How can we have a **holistic (patient centered)** approach rather than a single disease focus?

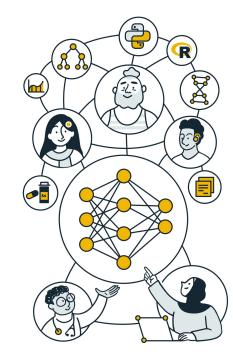
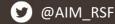


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These questions require large population health datasets



Welsh population From ONS, NHS & more





Primary and secondary health care in the Lothian region (Scotland)



Biomedical database of genetic, lifestyle and health information from sample of UK population



Longitudinal studies
e.g. birth cohorts, ageing populations





How can synthetic versions of health datasets help?

FOR RESEARCH TEAMS

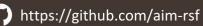
- Dataset suitability
 - Application time & money
 - What infrastructure, software, personnel? (particularly if no TRE)
- Dataset familiarity → (transferable) preliminary analytical workflows
- Research applications → train models, bias correction, sample boost

FOR DATA PROVIDERS

- Promote datasets (with accompanying educational resources)
- Receive better applications for the real datasets

Sharing synthetic data, and derived outputs, should have lower disclosure risk Ensuring privacy is a priority for health datasets









Clinical Practice Research Datalink



Delivered by the

Medicines & Healthcare products Regulatory Agency



- **Anonymised longitudinal primary care data** from GPs across UK
- **Linkage** to secondary care
- Over 60 million patients, at least 16 million currently registered with GP
- For >30 years it has been used for research
- Resulting in >3,000 peer-reviewed publications
- Two main datasets Gold & Aurum





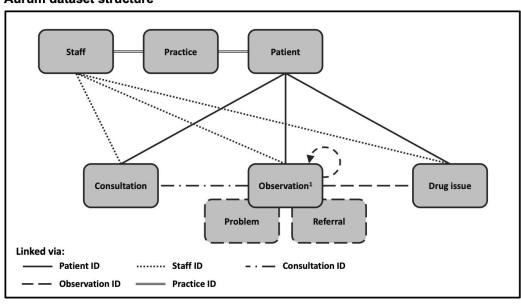




Clinical Practice Research Datalink



CPRD Aurum dataset structure



- Fully-coded patient electronic health records
- **Tabular** data
- 8 **linked** tables
- 2 data **dictionaries** (medical & drug)
- Multiple lookup tables

https://cprd.com









CPRD synthetic datasets

Medium: resemble data types, values, formats & structure, and table relationships

High: replicate complex clinical relationships in real data while protecting patient privacy

			MSL holder	Non-MSL holder
Medium-fidelity datasets	(2	CPRD GOLD and CPRD Aurum Sample Datasets together	£0	£1,500
High-fidelity		CPRD Cardiovascular disease synthetic dataset	£200	£200
datasets*	(2	CPRD COVID-19 symptoms and risk factors synthetic dataset	£200	£200

^{*}For non-teaching applications like complex statistical analyses as well as machine learning and artificial intelligence (AI) research applications. Where the COVID-19 and Cardiovascular synthetic datasets will be used for teaching, there is a £1,100 fee applicable per dataset.

Source: https://cprd.com/pricing

Real datasets cost **x10** or **x100** more, depending on type of license

CPRD operates on a cost-recovery basis









CPRD synthetic datasets

High fidelity synthetic dataset generation & evaluation methodology (fidelity & privacy):

ORIGINAL ARTICLE 🙃 Open Access 💿 🕦 (=) (\$)

Generating and evaluating cross-sectional synthetic electronic healthcare data: Preserving data utility and patient privacy

Zhenchen Wang X, Puja Myles, Allan Tucker

First published: 03 January 2021 | https://doi.org/10.1111/coin.12427 | Citations: 12

Article Open access Published: 09 November 2020

Generating high-fidelity synthetic patient data for assessing machine learning healthcare software

Allan Tucker [™], Zhenchen Wang, Ylenia Rotalinti & Puja Myles

npj Digital Medicine 3, Article number: 147 (2020) | Cite this article

- Probabilistic Graphical Modelling (Bayesian Networks)
- Approaches for modelling missing data
- Use-case: complex statistical analysis and ML research applications

Medium fidelity synthetic dataset

- Generated with similar algorithms, did not maintain multivariate relationships
- Use-case: data management & training, develop/validate tools, improve algorithms





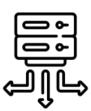
Our goals with CPRD (medium fidelity) synthetic datasets

GOALS



- Streamline the process for researchers using real CPRD data
- **Document** data management and processing strategies
- Share code in open languages (postgreSQL, Python, R)

OUTPUTS



- Collation of CPRD **metadata**, available tools & resources
- Pre-processing workflow

File conversions \rightarrow QC \rightarrow tables in a relational database

• .ipynb for familiarisation with tables & to build a sample cohort





Our goals with CPRD (medium fidelity) synthetic datasets

FUTURE GOALS



- Create educational resources & work with CPRD to maximise impact of their synthetic data for health research
- Address most common challenges across research groups
- Harmonise data wrangling approaches across data sources

CHALLENGES



- Synthetic data is notably smaller in size
- **Data license agreement** has restrictions
- Hosting the data "is it personal data?"
- Do not reinvent the wheel

These experiences are without a TRE model, but that will change in the future:

cprd.com/cprd-trusted-resear ch-environment







Synthetic Health Data: Reflections & Learnings

- Synthetic datasets are being created by many organisations (e.g., CPRD, UKBiobank, NHS, ONS)
- Low fidelity → similar benefits to excellent metadata?
- Medium/high fidelity → starts to replicate research activities
- Synthetic data used to address bias & disclosure risk, but can also introduce it!
- Data governance needs adapting to maximise impact
- Consensus is needed on terminology & methodology

Machine learning

Data augmentation

Utility, Fidelity, Privacy

Partially versus Fully Synthetic

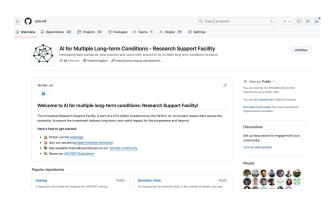








AIM RSF GitHub Organisation



AIM Newsletter



These slides used flaticon.com for icons







RSF Team









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Evelina Gabasova



David Ford



Monica Fletcher



Ann-Marie
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Aziz Sheikh



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Sydney Ambrose



Bastian Greshake Tzovaras



Emma Karoune



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