

DataSHIELD

What is it and when is it useful?

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Disclosure and acknowledgements

This presentation derives from work performed as a sub-project of the RECAP Preterm collaboration – <https://recap-preterm.eu>



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Big thanks to...

RECAP Preterm:

- ▶ **Helen Collins**, Leicester (data harmonisation)
- ▶ **Gonçalo Gonçalves**, INESC TEC, Portugal (infrastructure)
- ▶ **Jennifer Zeitlin**, INSERM, France (RECAP WP7 Project Lead)
- ▶ **Marina Cuttini**, OPBG, Italy (ACTION cohort PI)

DataSHIELD:

- ▶ **Tom Bishop**, Cambridge
- ▶ **Demetris Avraam**, Newcastle (statistics)
- ▶ **Alex Westerberg**, Newcastle (user experience)
- ▶ **Paul Burton**, Newcastle (DataSHIELD PI)

All errors are my own, and I have no particular skills in any of this...

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Conflict of interest: Chair of the DataSHIELD Advisory Board.
(I'm also a neonatologist and epidemiologist)



Context

- ▶ Many studies are now integrating data collected in different locations
- ▶ Individual Patient Data (IPD) - permits “real” comparison
- ▶ Data transfer is complicated
 - ▶ Legal issues
 - ▶ Ethical issues
 - ▶ Time-consuming

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DataSHIELD is a potential solution to these problems



<https://www.datashield.org>

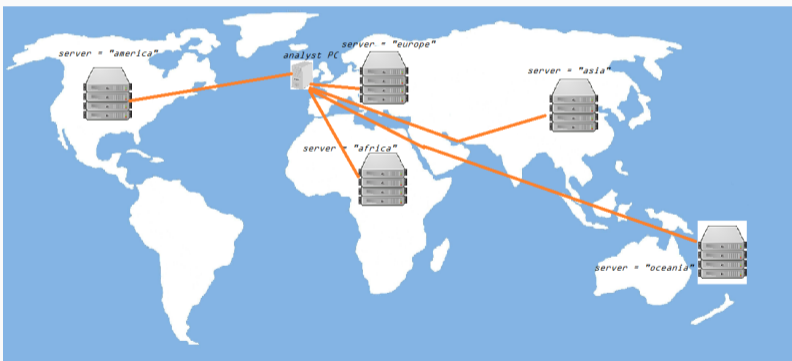
Making cohort research FAIR

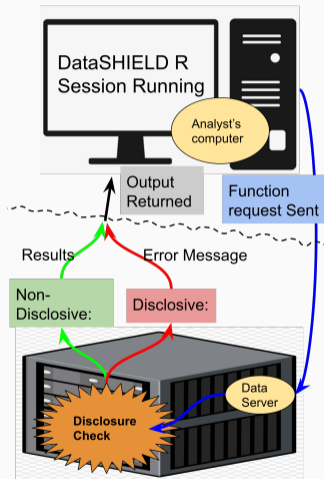


What is DataSHIELD?

Simply put, DataSHIELD is:

- ▶ A *privacy-preserving, federated analysis* software
- ▶ It can analyse sensitive data, at an individual level, remotely (without direct access)





- ▶ Functions are sent to data servers (nodes)
- ▶ Server(s) run functions
- ▶ Functions contain built-in disclosure checks – if:
 - ▶ *non-disclosive*: returns results
 - ▶ *disclosive*: returns error message
- ▶ Analyst computer collates results

- ▶ Identify research question
- ▶ Agreement from cohorts for participation
- ▶ Identify variables required for analysis
- ▶ Variable harmonisation
- ▶ Provide access to nodes
- ▶ Carry out statistical analyses
- ▶ Get results
- ▶ Publish!

Study question:

Does perinatal mortality among extremely preterm births differ by (fetal) sex?

(Extreme preterm birth: birth before 27 weeks of gestation)

Hypothesis: The sex ratio at birth of extreme preterms is biased towards males (i.e. more live born babies are male).

Hypothesis: Survival to hospital discharge of live born babies is higher in females.

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- ▶ Agreement from cohorts
- ▶ Identified variables from cohort dictionaries / *a priori* reasoning
- ▶ Variable harmonisation — by data managers on nodes
(**see:** <https://platform.recap-preterm.eu>)
- ▶ Access to nodes granted to analysts by data managers
- ▶ Statistical analysis ...

Links:

- ▶ <https://www.datashield.org> – DataSHIELD 'R' software
- ▶ <https://www.obiba.org> – Obiba stack (data curation and harmonisation)
- ▶ <https://platform.recap-preterm.eu> – RECAP Preterm data analysis platform

Papers:

- ▶ Marcon et al, **Orchestrating privacy-protected big data analyses of data from different resources with R and DataSHIELD**, *PLOS Computational Biology* (2021) doi: 10.1371/journal.pcbi.1008880
- ▶ Wilson et al, **DataSHIELD – New Directions and Dimensions**, *Data Science Journal* (2017), doi: 10.5334/dsj-2017-021
- ▶ Doiron et al, **Software Application Profile: Opal and Mica: open-source software solutions for epidemiological data management, harmonization and dissemination**, *International Journal of Epidemiology* (2017), doi: 10.1093/ije/dyx180
- ▶ Pearce et al, **Associations of Total Legume, Pulse, and Soy Consumption with Incident Type 2 Diabetes: Federated Meta-Analysis of 27 Studies from Diverse World Regions**, *Journal of Nutrition* (2021), doi: 10.1093/jn/nxaa447