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ÔªøFN Clarivate Analytics Web of Science
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PT J
AU Thakur, B
   Kar, S
   Pathak, M
   Thakur, N
AF Thakur, Bhaskar
   Kar, Sonali
   Pathak, Mona
   Thakur, Nishakar
TI Public-private share in maternal health care services utilization in
   India: A multinomial logistic regression analysis from three consecutive
   survey data
SO CLINICAL EPIDEMIOLOGY AND GLOBAL HEALTH
LA English
DT Article
DE Antenatal care; Institutional delivery; Multinomial logistic regression;
   Public-private health services; DLHS survey
ID MORTALITY
AB Background: The Antenatal care and institutional delivery to improve maternal
and child health is the prime focus of the time. India, with its large economic
diversity, the health care utilization may depend on type of service provider
i.e. public or private. The present study estimates the trends in the
utilization of public and private maternal health care services and the
associated socio-demographic factors, the major focus being Antenatal care and
skilled delivery.
   Methodology: The present population based cross-sectional analysis is
performed on the secondary data of India from three rounds of District Level
Household Survey (DLHS) conducted in 1998-99,2002-04 and 2007-08. Indicators for
maternal health care utilization are based on full antenatal check up (FANC) as
defined by RCH program and skilled institutional delivery attendance (SID) as
defined by WHO by the mode of service provider (Public vs Private). Multinomial
logistic regression was used for statistical analysis by considering these
indicators as the outcome variables treating various socio-demographic factors
as independent variables.
   Result: The urban area, other than SC/ST caste, higher wealth index and more
than 10 years of mother's & father's education have high proportion of maternal
health care utilization. Lower parent's education have shown lower relative risk
ratio of FANC and SID accessibility throughout the survey periods. Wealth
indices as a factor of FANC and SID are observed higher in private sectors as
compared to public sectors during second and third survey. Women with more
pregnancy related problem have chosen private sector for their institutional
delivery during all the survey periods. Maternal health programme related
initiatives such as when health worker visit for antenatal care and women
counselled to go for institutional delivery have shown improvement in terms of
accessibility.
   Conclusion: This study used multinomial logistic regression which attempts to
integrate the different socio-economic and demographic factors as well as
maternal health related program initiatives by mode of service provider. The
analysis strongly brings out the preference for public sector and private sector
for seeking maternal services mainly depends on the various socio-economic
characterises. Program initiatives clearly demonstrate that accessibility is
higher for public sector. However,the improvement in the public sector is
stagnating beyond a point across India. Public-private partnership needs to be
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explored by keeping in mind that the efforts are to be directed more for
deprived section of the society. (C) 2017 Published by Elsevier, a division of
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FX We acknowledge Kalinga Institute of Medical Sciences, Bhubaneswar and
   All India Institute of Medical Sciences jointly for providing logistics
   and support for conducting this research.
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SN 2452-0918
EI 2213-3984
J9 CLIN EPIDEMIOL GLOB
JI Clin. Epidemiol. Glob. Health
PD MAR
PY 2019
VL 7
IS 1
BP 22
EP 28
DI 10.1016/j.cegh.2017.12.003
PG 7
WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA HK8WU
UT WOS:000458271200005
DA 2019-08-06
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PT J
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AU Matson, M
Macapagal, K
Kraus, A
Coventry, R
Bettin, E
Fisher, CB
Mustanski, B
AF Matson, Margaret
Macapagal, Kathryn
Kraus, Ashley
Coventry, Ryan
Bettin, Emily
Fisher, Celia B.
Mustanski, Brian
TI Sexual and Gender Minority Youth's Perspectives on Sharing De-identified Data in Sexual Health and HIV Prevention Research
SO SEXUALITY RESEARCH AND SOCIAL POLICY
LA English
DT Article
DE Data sharing; Adolescents; Participant perspectives; HIV prevention; Research ethics; Sexual orientation; Gender identity
ID AFRICAN-AMERICANS; PARTICIPATION; ADOLESCENTS; BARRIERS; CONSENT; RISK; ATTITUDES; TRIAL; VIEWS; MEN
AB Funding agencies encourage and sometimes require data sharing. However, there is limited empirical research on participant perspectives on sharing de-identified data from research on sensitive topics (e.g., HIV, sexual health) with other researchers, and virtually none from adolescents or sexual and gender minority (SGM) participants. SGM teens (N=197) ages 14-17 completed an online survey with multiple-choice and open-ended items assessing perspectives toward sharing survey responses and blood samples from sexual health and HIV testing studies with other researchers. SGM youth were willing to share data but frequently cited confidentiality and privacy concerns, including fears about parents finding out about their identities even after de-identification was explained. Researchers need to ensure youth understand explanations of data security protections in order to make well-informed decisions about participating in research.
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FU National Institute on Minority Health and Health Disparities of the National Institutes of Health [R01MD009561]
FX This research was supported by a grant from National Institute on Minority Health and Health Disparities of the National Institutes of

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U2 3

PU SPRINGER
PI NEW YORK

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PA 233 SPRING ST, NEW YORK, NY 10013 USA
SN 1868-9884
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J9 SEX RES SOC POLICY
JI Sex. Res. Soc. Policy
PD MAR
PY 2019
VL 16
IS 1
BP 1
EP 11
DI 10.1007/s13178-018-0372-7
PG 11
WC Social Sciences, Interdisciplinary
SC Social Sciences - Other Topics
GA HK5ZI
UT WOS:000458047900001
DA 2019-08-06
ER

PT J
AU Grossman, RL
AF Grossman, Robert L.
TI Data Lakes, Clouds, and Commons: A Review of Platforms for Analyzing and
   Sharing Genomic Data
SO TRENDS IN GENETICS
LA English
DT Review
ID CANCER; VISION; BROWSER; GALAXY
AB Data commons collate data with cloud computing infrastructure and commonly
used software services, tools, and applications to create biomedical resources
for the large-scale management, analysis, harmonization, and sharing of
biomedical data. Over the past few years, data commons have been used to analyze,
harmonize, and share large-scale genomics datasets. Data ecosystems can be built
by interoperating multiple data commons. It can be quite labor intensive to
curate, import, and analyze the data in a data commons. Data lakes provide an
alternative to data commons and simply provide access to data, with the data
curation and analysis deferred until later and delegated to those that access
the data. We review software platforms for managing, analyzing, and sharing
genomic data, with an emphasis on data commons, but also cover data ecosystems
and data lakes.
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FU NCI, NIH [17X053, 14X050, HHSN261200800001E]
FX This project has been funded in part with federal funds from the NCI,
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PU ELSEVIER SCIENCE LONDON
PI LONDON
PA 84 THEOBALDS RD, LONDON WC1X 8RR, ENGLAND
SN 0168-9525
EI 1362-4555
J9 TRENDS GENET
JI Trends Genet.
PD MAR
PY 2019
VL 35
IS 3
BP 223
EP 234
DI 10.1016/j.tig.2018.12.006
PG 12
WC Genetics & Heredity
SC Genetics & Heredity
GA HL1CE
UT WOS:000458430700006
PM 30691868
OA Other Gold
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AU Minicuci, N
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   Kowal, P
AF Minicuci, Nadia
   Naidoo, Nirmala
   Corso, Barbara
   Rocco, Ilaria
   Chatterji, Somnath
   Kowal, Paul
TI Data Resource Profile: Cross-national and cross-study sociodemographic
   and health-related harmonized domains from SAGE plus CHARLS, ELSA, HRS,
   LASI and SHARE (SAGE+ Wave 2)
SO INTERNATIONAL JOURNAL OF EPIDEMIOLOGY
LA English
DT Article
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ID COHORT PROFILE; RETIREMENT
C1 [Minicuci, Nadia; Corso, Barbara; Rocco, Ilaria] CNR, Neurosci Inst, Padua,
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FU US National Institute on Aging [R21AG034263]; WHO; Division of
   Behavioral and Social Research (BSR) at the National Institute on Aging
   (NIA) [OGHA 04034785, YA1323-08-CN-0020, Y1-AG-1005-01]; government of
   China; government of Ghana; government of South Africa;  [R01AG034479]
FX SAGE+ Wave 2 was supported by the US National Institute on Aging through
   grant R21AG034263, 'Harmonizing health outcomes and determinants across
   longitudinal studies on aging'. SAGE is supported by WHO and the
   Division of Behavioral and Social Research (BSR) at the National
   Institute on Aging (NIA) through Interagency Agreements (OGHA 04034785;
   YA1323-08-CN-0020; Y1-AG-1005-01) with WHO, and Research Project Grant
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PU OXFORD UNIV PRESS
PI OXFORD
PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND
SN 0300-5771
EI 1464-3685
J9 INT J EPIDEMIOL
JI Int. J. Epidemiol.
PD FEB
PY 2019
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IS 1
BP 14
EP +
DI 10.1093/ije/dyy227
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WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA HS4UC
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UT WOS:000463862500005
PM 30508091
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PT J
AU Sucularli, C
   Toprak, U
   Arslantas, M
AF Sucularli, Ceren
   Toprak, Ugur
   Arslantas, Melda
TI Gene expression data analysis for characterizing shared and type
   specific mechanisms of HCC and B-CLL
SO TURKISH JOURNAL OF BIOCHEMISTRY-TURK BIYOKIMYA DERGISI
LA English
DT Article
DE B-cell chronic lymphocytic leukemia; Hepatocellular carcinoma;
   Re-analysis of public data; Gene expression; Bioinformatics; Microarray
ID HEPATOCELLULAR-CARCINOMA; LIVER; CANCER
AB Background: Comparing gene expression profiles using gene expression datasets
of different types of tumors is frequently used to identify molecular mechanisms
of cancer. This study aimed to find shared and type specific gene expression
profiles of hepatocellular carcinoma (HCC) and B-cell chronic lymphocytic
leukemia (B-CLL).
   Material and methods: Gene expression microarrays for HCC and B-CLL and RNA-
sequencing expression data for liver HCC and lymphoid neoplasm diffuse large B-
cell lymphoma (DLBC) were analyzed and differentially expressed probe sets or
genes for each cancer type were detected. Probe sets and genes that were shared
or specifically expressed in both cancer types were identified. Kyoto
Encyclopedia of Genes and Genomes (KEGG) pathway and Gene Ontology (GO) terms
for Biological Process (BP) annotations were performed.
   Results: According to our analysis shared upregulated genes were mainly
annotated in cell cycle processes. Some of the genes that changed only in HCC
were annotated in cell cycle and metabolic processes, and some of the genes,
altered only in B-CLL, were annotated in immune response and hemopoiesis.
   Conclusion: These results contribute to cancer research that aim to find the
conserved gene expression profiles in different cancer types and widen the
knowledge of HCC and B-CLL specific mechanisms.
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PA GENTHINER STRASSE 13, D-10785 BERLIN, GERMANY
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TI Inferring disease risk genes from sequencing data in multiplex pedigrees
   through sharing of rare variants
SO GENETIC EPIDEMIOLOGY
LA English
DT Article
DE family studies; identity by descent; oral clefts; variant sharing
ID OVARIAN-CANCER; SUSCEPTIBILITY; ASSOCIATION; BREAST; INDIVIDUALS;
   MUTATIONS; CANDIDATE
AB We previously demonstrated how sharing of rare variants (RVs) in distant
affected relatives can be used to identify variants causing a complex and
heterogeneous disease. This approach tested whether single RVs were shared by
all sequenced affected family members. However, as with other study designs,
joint analysis of several RVs (e.g., within genes) is sometimes required to
obtain sufficient statistical power. Further, phenocopies can lead to false
negatives for some causal RVs if complete sharing among affected is required.
Here, we extend our methodology (Rare Variant Sharing, RVS) to address these
issues. Specifically, we introduce gene-based analyses, a partial sharing test
based on RV sharing probabilities for subsets of affected relatives and a
haplotype-based RV definition. RVS also has the desirable feature of not
requiring external estimates of variant frequency or control samples, provides
functionality to assess and address violations of key assumptions, and is
available as open source software for genome-wide analysis. Simulations
including phenocopies, based on the families of an oral cleft study, revealed
the partial and complete sharing versions of RVS achieved similar statistical
power compared with alternative methods (RareIBD and the Gene-Based Segregation
Test), and had superior power compared with the pedigree Variant Annotation,
Analysis, and Search Tool (pVAAST) linkage statistic. In studies of multiplex
cleft families, analysis of rare single nucleotide variants in the exome of 151
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affected relatives from 54 families revealed no significant excess sharing in any one gene, but highlighted different patterns of sharing revealed by the complete and partial sharing tests.

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NR 27
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U2 1
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PI HOBOKEN
PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
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J9 GENET EPIDEMIOL
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SC Genetics & Heredity; Mathematical & Computational Biology
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AF Pisani, Anthony R.
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   Gallo, Carlos
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Yen, Shirley
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TI Protecting User Privacy and Rights in Academic Data-Sharing
Partnerships: Principles From a Pilot Program at Crisis Text Line
SO JOURNAL OF MEDICAL INTERNET RESEARCH
LA English
DT Article
DE data sharing; privacy; crisis intervention; text messaging; ethics;
business; technology; industry; cooperative behavior; information
dissemination
ID SOCIAL MEDIA; TECHNOLOGY; HEALTH

AB Data sharing between technology companies and academic health researchers has multiple health care, scientific, social, and business benefits. Many companies remain wary about such sharing because of unaddressed concerns about ethics, data security, logistics, and public relations. Without guidance on these issues, few companies are willing to take on the potential work and risks involved in noncommercial data sharing, and the scientific and societal potential of their data goes unrealized. In this paper, we describe the 18-month long pilot of a data-sharing program led by Crisis Text Line (CTL), a not-for-profit technology company that provides a free 24/7 text line for people in crisis. The primary goal of the data-sharing pilot was to design, develop, and implement a rigorous framework of principles and protocols for the safe and ethical sharing of user data. CTL used a stakeholder-based policy process to develop a feasible and ethical data-sharing program. The process comprised forming a data ethics committee; identifying policy challenges and solutions; announcing the program and generating interest; and revising the policy and launching the program. Once the pilot was complete, CTL examined how well the program ran and compared it with other potential program models before putting in place the program that was most suitable for its organizational needs. By drawing on CTL's experiences, we have created a 3-step set of guidelines for other organizations that wish to develop their own data-sharing program with academic researchers. The guidelines explain how to (1) determine the value and suitability of the data and organization for creating a data-sharing program; (2) decide on an appropriate data sharing and collaboration model; and (3) develop protocols and technical solutions for safe and ethical data sharing and the best organizational structure for implementing the program. An internal evaluation determined that the pilot satisfied CTL's goals of sharing scientific data and protecting client confidentiality. The policy development process also yielded key principles and protocols regarding the ethical challenges involved in data sharing that can be applied by other organizations. Finally, CTL's internal review of the pilot program developed a number of alternative models for sharing data that will suit a range of organizations with different priorities and capabilities. In implementing and studying this pilot program, CTL aimed both to optimize its own future data-sharing programs and to inform similar decisions made by others. Open data programs are both important and feasible to establish. With careful planning and appropriate resources, data sharing between big data companies and academic researchers can advance their shared mission to benefit society and improve lives.

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AU Sandhaus, S
   Kaufmann, D
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AF Sandhaus, Shana
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TI Public participation, trust and data sharing: gardens as hubs for
   citizen science and environmental health literacy efforts
SO INTERNATIONAL JOURNAL OF SCIENCE EDUCATION PART B-COMMUNICATION AND
   PUBLIC ENGAGEMENT
LA English
DT Article
DE Environmental communication; data visualization; citizen science
ID INFORMATION; VEGETABLES
AB Gardenroots: A Citizen Science Project (2015) is the product of a needs
assessment, revealing environmental quality concerns of gardeners living near
hazardous waste or resource extraction activities. Participants were trained,
collected garden samples for analysis, and later received their data visualized
(individual and aggregated) via community events or mail. This article describes
participant motivations, changes in knowledge and efficacy, and whether these
depend on the mode of data sharing and visualization. Motivations were internal,
and self-efficacy increased, while knowledge and satisfaction were higher in
event attendees due to increased researcher contact. This reveals importance of
data-sharing events, data visualizations, and participatory research processes.
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NR 43
TC 0
Z9 0
U1 7
U2 7
PU ROUTLEDGE JOURNALS, TAYLOR & FRANCIS LTD
PI ABINGDON
PA 2-4 PARK SQUARE, MILTON PARK, ABINGDON OX14 4RN, OXON, ENGLAND
SN 2154-8455
EI 2154-8463
J9 INT J SCI EDUC PART
JI Int. J. Sci. Educ. Part B-Commun. Public Engagem.
PD JAN 2
PY 2019
VL 9
IS 1
BP 54
EP 71
DI 10.1080/21548455.2018.1542752
PG 18
WC Education & Educational Research
SC Education & Educational Research
GA HL6YQ
UT WOS:000458883000005
DA 2019-08-06
ER

PT B
AU Luo, Y
   Jin, H
   Li, PL
AF Luo, Yan
   Jin, Hao
   Li, Peilong
GP ACM
TI A Blockchain Future for Secure Clinical Data Sharing
SO PROCEEDINGS OF THE ACM INTERNATIONAL WORKSHOP ON SECURITY IN SOFTWARE
   DEFINED NETWORKS & NETWORK FUNCTION VIRTUALIZATION (SDN-NFV '19)
LA English
DT Proceedings Paper
CT ACM International Workshop on Security in Software Defined Networks and
   Network Function Virtualization (SDN-NFV)
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CL Richardson, TX
SP Assoc Comp Machinery, ACM SIGSAC, NSF
DE Medical Data; Cloud Computing; Software Defined Networking; Blockchain;
   Smart Contract
AB In the digital healthcare era, it is utmost important to harness medical information scattered across healthcare institutions to support in-depth data analysis. However, the boundaries of cyberinfrastructure of healthcare providers place obstacles on data sharing. In this position paper, we firstly identify the challenges of medical data sharing and management. Then we introduce the background and give a brief survey on the state-of-the-art. Finally, we conclude the paper by discussing a few possible research directions to cope with the challenges in current medical information sharing.
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FU National Science Foundation of USA [1547428, 1738965, 1450996]
FX The authors would like to thank the anonymous referees for their reviews
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   No. 1738965 and No. 1450996).
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NR 16
TC 0
Z9 0
U1 0
U2 0
PU ASSOC COMPUTING MACHINERY
PI NEW YORK
PA 1515 BROADWAY, NEW YORK, NY 10036-9998 USA
BN 978-1-4503-6179-8
PY 2019
BP 23
EP 27
DI 10.1145/3309194.3309198
PG 5
WC Computer Science, Hardware & Architecture; Computer Science, Theory &

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   Methods
SC Computer Science
GA BN1XG
UT WOS:000475609600005
DA 2019-08-06
ER

PT J
AU Hoeyer, K
   Tupasela, A
   Bogehus Rasmussen, M
AF Hoeyer, Klaus
   Tupasela, Aaro
   Bogehus Rasmussen, Malene
TI ETHICS POLICIES AND ETHICS WORK IN CROSS-NATIONAL GENETIC RESEARCH AND
   DATA SHARING: FLOWS, NONFLOWS, AND OVERFLOWS
SO REVUE D ANTHROPOLOGIE DES CONNAISSANCES
LA French
DT Article
DE biobank; collaboration; confidentiality; data sharing; ethics; genetic
   research; open science
ID COLLABORATIONS INVOLVING BIOBANKS; GLOBAL SAMPLE COLLECTION; ELSI
   CHALLENGES; DNA; CONSENT
AB In recent years, cross-national collaboration in medical research has gained
increased policy attention. Policies are developed to enhance data sharing,
ensure open-access, and harmonize international standards and ethics rules in
order to promote access to existing resources and increase scientific output. In
tandem with this promotion of data sharing, numerous ethics policies are
developed to control data flows and protect privacy and confidentiality. Both
sets of policy making, however, pay limited attention to the moral decisions and
social ties enacted in the everyday routines of scientific work. This paper
starts by examining the practices of a Danish laboratory highly experienced in
collaborating cross-nationally on genetic research. We focus on a simple query,
what makes genetic material and health data flow, and which hopes and concerns
sit alongside them? We explore what we call the flows, the non-flows, and the
overflows of material and information, and we document the work that produces
the flows of health data and biomaterial. We call this work "ethics work" and
argue that it is crucial for data sharing, despite rarely being included in
ethics policies, remaining inadequately funded, and lacking acknowledgment in
policies promoting international data sharing.
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NR 47
TC 0
Z9 0
U1 0
U2 0
PU SOC ANTHROPOLOGIE CONNAISSANCES
PI MARNE LA VALLEE, CEDEX 02
PA C/O MARC BARBIER, UNIV PARIS MARNE VALEE, CITE DESCARTES CHAMPS MARNE,
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SN 1760-5393
J9 REV ANTHROPOL CONNAI
JI Rev. Anthropol. Connaiss.
PY 2019
VL 13
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BP 455

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EP 478
DI 10.3917/rac.043.0455
PG 24
WC Social Sciences, Interdisciplinary
SC Social Sciences - Other Topics
GA IE0AX
UT WOS:000472049900007
OA DOAJ Gold
DA 2019-08-06
ER

PT S
AU Zaghloul, E
   Li, TT
   Ren, J
AF Zaghloul, Ehab
   Li, Tongtong
   Ren, Jian
GP IEEE
TI Security and Privacy of Electronic Health Records: Decentralized and
   Hierarchical Data Sharing using Smart Contracts
SO 2019 INTERNATIONAL CONFERENCE ON COMPUTING, NETWORKING AND
   COMMUNICATIONS (ICNC)
SE International Conference on Computer Networking and Communications
LA English
DT Proceedings Paper
CT International Conference on Computing, Networking and Communications
   (ICNC)
CY FEB 18-21, 2019
CL Honolulu, HI
SP IEEE, IEEE Comp Soc, IEEE Commun Soc
DE Blockchain; smart contract; healthcare records management
AB Over the last fifty years, medical treatment has seen remarkable advancement,
however, the data management and storage systems of medical records has lagged
in comparison. In addition, these systems are often inharmonious across
platforms and do not put the privacy desires of patients first. While HIPAA and
other laws are put in place to protect patient medical record security and
privacy, these antiquated systems inherently hinder patient security and privacy.
In this paper, we propose a novel data sharing and management scheme that
empowers patients over their records by leveraging the security and privacy
benefits of blockchain and smart contracts. In comparison to current methods for
healthcare records management, our proposed scheme empower patients over their
records and minimizes the dependencies on recordgenerating institutions. It also
allows the patients to selectively share their records and disclose certain
parts with specific data users based on the privacy preferences desired. In our
security and privacy analysis, we show that patients can protect against
potential threats to securely and privately share their records. Moreover, in
our performance discussions, we show that smart contract design and development
is key.
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U1 1
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PU IEEE
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PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2325-2626
BN 978-1-5386-9223-3
J9 INT CONF COMPUT NETW
PY 2019
BP 375
EP 379
PG 5
WC Computer Science, Hardware & Architecture; Telecommunications
SC Computer Science; Telecommunications
GA BM8NO
UT WOS:000469493200071
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ER

PT J
AU Jin, H
   Luo, Y
   Li, PL
   Mathew, J
AF Jin, Hao
   Luo, Yan
   Li, Peilong
   Mathew, Jomol
TI A Review of Secure and Privacy-Preserving Medical Data Sharing
SO IEEE ACCESS
LA English
DT Review
DE Access control; blockchain; encryption; medical data; privacy; security
ID HEALTH; ENCRYPTION; ANONYMITY
AB In the digital healthcare era, it is of the utmost importance to harness
medical information scattered across healthcare institutions to support in-depth
data analysis and achieve personalized healthcare. However, the
cyberinfrastructure boundaries of healthcare organizations and privacy leakage
threats place obstacles on the sharing of medical records. Blockchain, as a
public ledger characterized by its transparency, tamper-evidence, trustlessness,
and decentralization, can help build a secure medical data exchange network.
This paper surveys the state-of-the-art schemes on secure and privacy-preserving
medical data sharing of the past decade with a focus on blockchain-based
approaches. We classify them into permissionless blockchain-based approaches and
permissioned blockchain-based approaches and analyze their advantages and
disadvantages. We also discuss potential research topics on blockchain-based
medical data sharing.
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FU National Science Foundation of USA [1547428, 1738965, 1450996, 1541434]
FX This work was supported in part by the National Science Foundation of USA under Grant 1547428, Grant 1738965, Grant 1450996, and Grant 1541434.
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NR 83
TC 0
Z9 0
U1 2
U2 2
PU IEEE-INST ELECTRICAL ELECTRONICS ENGINEERS INC
PI PISCATAWAY
PA 445 HOES LANE, PISCATAWAY, NJ 08855-4141 USA
SN 2169-3536
J9 IEEE ACCESS
JI IEEE Access
PY 2019
VL 7
BP 61656
EP 61669
DI 10.1109/ACCESS.2019.2916503
PG 14
WC Computer Science, Information Systems; Engineering, Electrical &
   Electronic; Telecommunications
SC Computer Science; Engineering; Telecommunications
GA IA2XN
UT WOS:000469426300001
OA DOAJ Gold
DA 2019-08-06
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   Tian, J
   Guan, QS
   Zheng, XW
AF Guo, Bingyi
   Deng, Xiaofang
   Tian, Jie
   Guan, Quansheng
   Zheng, Xiangwei
TI A Secure Incentive Mechanism for Competitive Organization Data Sharing:
   A Contract Theoretic Approach
SO IEEE ACCESS
LA English
DT Article
DE Data sharing; incentive mechanism; competitiveness; privacy security;
   contract theory
ID HEALTH-CARE DATA; PRIVACY
AB With the development of information technology, various data-driven
intelligent services have changed our daily life greatly. As the data fuels the
development of these services, data sharing is desirable for data availability
issues. Many mechanisms and technologies have been proposed to support data
sharing. However, some organizations, especially with potential competitive
relationships are still reluctant to share their data. On one hand, no data
holder wish to see the competitiveness improvement of competitors by data
sharing. On the other hand, data sharing suffers from huge privacy security
risks. To encourage data sharing, in this paper, a competitiveness-driven and
secure incentive mechanism is proposed. By introducing the concept of data
competitiveness as incentive motivation, competitiveness worry of data holders
is eliminated. Privacy is protected by adopting differential privacy. As the
privacy protection levels of data holders are unknown to the data demander, a
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contract theoretic approach is proposed to formulate the incentive mechanism. With the design of optimal contracts, the data demander can make the best decisions to pay data holders and data holders can optimize their utilities by choosing proper contracts. The numerical results demonstrate the effectiveness of the proposed incentive scheme.

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NR 36
TC 0
Z9 0
U1 0
U2 0
PU IEEE-INST ELECTRICAL ELECTRONICS ENGINEERS INC
PI PISCATAWAY
PA 445 HOES LANE, PISCATAWAY, NJ 08855-4141 USA
SN 2169-3536
J9 IEEE ACCESS
JI IEEE Access
PY 2019
VL 7
BP 60067
EP 60078
DI 10.1109/ACCESS.2019.2915387
PG 12
WC Computer Science, Information Systems; Engineering, Electrical &
   Electronic; Telecommunications
SC Computer Science; Engineering; Telecommunications
GA HZ4DF
UT WOS:000468796600001
OA DOAJ Gold
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ER

PT J
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AU Naher, N
Hashem, T
AF Naher, Nazmun
Hashem, Tanzima
TI Think Ahead: Enabling Continuous Sharing of Location Data in Real-Time with Privacy Guarantee
SO COMPUTER JOURNAL
LA English
DT Article
DE continuous location-based services and analysis; location privacy; warning zone
ID MIX-ZONES; PROTECTION; FRAMEWORK; CLOAKING

AB A user's location is a sensitive data and can reveal private information about the user's health, habit and preferences. Due to privacy concerns, people may hesitate to share their locations and prohibit the growth of location-based services and analysis. The problem of protecting location privacy has been extensively studied in the literature. Sharing location data in sequence enable adversaries to apply privacy attacks by exploiting spatio-temporal constraints in road networks. In this paper, we identify a novel privacy attack that existing solutions cannot overcome for not considering upcoming sensitive locations in advance. We develop a technique to precompute the warning zone, i.e. the refined area where the disclosure of a user's actual location may enable adversaries to identify the user's sensitive locations in the future. Warning zones also enable users to reduce the frequency of not sharing locations for privacy reasons, and thereby improve the accuracy and utility of shared locations while guaranteeing the required level of location privacy of a user. Experiments using real datasets show that our approach significantly outperforms the state-of-the-art technique in terms of privacy, data utility and computational overhead.

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NR 45
TC 0
Z9 0
U1 1
U2 1
PU OXFORD UNIV PRESS
PI OXFORD
PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND
SN 0010-4620
EI 1460-2067
J9 COMPUT J
JI Comput. J.
PD JAN
PY 2019
VL 62
IS 1
BP 1
EP 19
DI 10.1093/comjnl/bxx130
PG 19
WC Computer Science, Hardware & Architecture; Computer Science, Information Systems; Computer Science, Software Engineering; Computer Science, Theory & Methods
SC Computer Science
GA HQ7JE
UT WOS:000462595500001

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PT J
AU Zamudio-Haas, S
   Koester, KA
   Maiorana, A
   Fuller, SM
   Steward, WT
   Gruber, D
   Hauge, JC
   Parnell, HE
   Quinlivan, EB
   Myers, JJ
AF Zamudio-Haas, Sophia
   Koester, Kimberly A.
   Maiorana, Andres
   Fuller, Shannon M.
   Steward, Wayne T.
   Gruber, DeAnn
   Hauge, J. Christian
   Parnell, Heather E.
   Quinlivan, Evelyn Byrd
   Myers, Janet J.
TI "Closing the Loop" Developing State-Level Data Sharing Interventions to
   Promote Optimum Outcomes Along the HIV Continuum of Care
SO AIDS AND BEHAVIOR
LA English
DT Article
DE HIV care continuum; Data sharing interventions; Surveillance data;
   Implementation science; State surveillance
ID PATIENT RETENTION; SURVEILLANCE DATA; INFECTED PERSONS; IMPLEMENTATION;
   LINK; MEN; SEX
AB This manuscript describes the experiences of three state departments of
health (SDoH) that successfully launched data sharing interventions involving
surveillance and/or patient data collected in clinics to improve care outcomes
among people living with HIV. We examined 58 key informant interviews, gathered
at two time points, to describe the development and implementation of data
sharing interventions. We identified three common themes across states'
experiences: creating standard practices, fostering interoperability, and
negotiating the policy environment. Projects were successful when state teams
adapted to changing circumstances and were committed to a consistent
communication process. Once implemented, the interventions streamlined processes
to promote linkage and retention in care among low-income populations living
with HIV. Despite using routinely collected data, key informants emphasized the
labor-intensive process to develop and sustain the interventions. Lessons
learned from these three state experiences can help inform best practices for
other SDoH that are considering launching similar interventions. ResumenEste
manuscrito describe las experiencias de tres departamentos estatales de salud
(SDoH, por su sigla en ingles) que implementaron con exito intervenciones de
intercambio de datos que incluian datos de vigilancia y/o de pacientes recogidos
en clinicas para mejorar los resultados medicos para personas que viven con el
VIH. Analizamos 58 entrevistas con informantes claves, conducidas en dos etapas,
para describir el desarrollo y la implementacion de intervenciones de
intercambio de datos. Identificamos tres temas comunes en las experiencias de
los estados: la creacion de practicas estandar, el fomento de la
interoperabilidad y la negociacion del entorno de politicas. Los proyectos
tuvieron exito cuando los equipos estatales se adaptaron a circunstancias
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cambiantes y se comprometieron en un proceso de comunicacion constante. Una vez implementadas, las intervenciones racionalizaron los procesos para promover el vinculo y la retencion en la atencion medica en poblaciones de bajos ingresos que viven con el VIH. A pesar de utilizar datos recopilados rutinariamente, los informantes clave enfatizaron el proceso de trabajo intensivo para desarrollar y sostener las intervenciones. Las lecciones aprendidas de estas tres experiencias estatales pueden ayudar a informar mejores practicas para otros SDoH que esten considerando iniciar intervenciones similares.

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NR 22
TC 0
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U2 6
PU SPRINGER/PLENUM PUBLISHERS
PI NEW YORK
PA 233 SPRING ST, NEW YORK, NY 10013 USA
SN 1090-7165
EI 1573-3254
J9 AIDS BEHAV
JI AIDS Behav.
PD JAN
PY 2019
VL 23
SU 1
BP 70
EP 77
DI 10.1007/s10461-018-2142-1
PG 8
WC Public, Environmental & Occupational Health; Social Sciences, Biomedical
SC Public, Environmental & Occupational Health; Biomedical Social Sciences
GA HJ5SA
UT WOS:000457241000010
PM 29797160
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ER

PT J
AU Saad, M
   Wijsman, EM
AF Saad, Mohamad
   Wijsman, Ellen M.
TI Association score testing for rare variants and binary traits in family
   data with shared controls
SO BRIEFINGS IN BIOINFORMATICS
LA English
DT Article
DE linear mixed models; score test; pedigree data; next-generation
   sequencing; association test; shared controls
ID LINEAR MIXED MODELS; COMMON VARIANTS; GENOME; DISEASE; PEDIGREES;
   GENOTYPES; POWERFUL; DESIGNS
AB Genome-wide association studies have been an important approach used to
localize trait loci, with primary focus on common variants. The multiple rare
variant-common disease hypothesis may explain the missing heritability remaining
after accounting for identified common variants. Advances of sequencing
technologies with their decreasing costs, coupled with methodological advances
in the context of association studies in large samples, now make the study of
rare variants at a genome-wide scale feasible. The resurgence of family-based
association designs because of their advantage in studying rare variants has
also stimulated more methods development, mainly based on linear mixed models
(LMMs). Other tests such as score tests can have advantages over the LMMs, but
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to date have mainly been proposed for single-marker association tests. In this article, we extend several score tests (chi(2)(corrected); W-QLS; and SKAT) to the multiple variant association framework. We evaluate and compare their statistical performances relative with the LMM. Moreover, we show that three tests can be cast as the difference between marker allele frequencies (AFs) estimated in each of the group of affected and unaffected subjects. We show that these tests are flexible, as they can be based on related, unrelated or both related and unrelated subjects. They also make feasible an increasingly common design that only sequences a subset of affected subjects (related or unrelated) and uses for comparison publicly available AFs estimated in a group of healthy subjects. Finally, we show the great impact of linkage disequilibrium on the performance of all these tests.

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SC Biochemistry & Molecular Biology; Mathematical & Computational Biology
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AU Burstein, DS
   Li, YM
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AF Burstein, Danielle S.
   Li, Yimei
   Getz, Kelly D.
   Huang, Yuan-Shung, V
   Rossano, Joseph W.
   O'Connor, Matthew J.
   Lin, Kimberly Y.
   Aplenc, Richard
TI Mortality, Resource Utilization, and Inpatient Costs Vary Among
   Pediatric Heart Transplant Indications: A Merged Data Set Analysis From
   the United Network for Organ Sharing and Pediatric Health Information
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Systems Databases

SO JOURNAL OF CARDIAC FAILURE

LA English

DT Article

ID INTERNATIONAL SOCIETY; REGISTRY; OUTCOMES; CHILDREN; SURGERY; CARE; AGE

AB Background: Merging United Network for Organ Sharing (UNOS) and Pediatric Health Information Systems databases has enabled a more granular analysis of pediatric heart transplant outcomes and resource utilization. We evaluated whether transplant indication at time of transplantation was associated with mortality, resource utilization, and inpatient costs during the first year after transplantation.

Methods and Results: We analyzed transplant outcomes and resource utilization from 2004 to 2015. Patients were categorized as congenital (CHD), myocarditis, or cardiomyopathy based on UNOS-defined primary indication. CHD complexity subgroup analyses (single-ventricle, complex, and simple biventricular CHD) were also performed. Of 2251 transplants (49% CHD, 5% myocarditis, 46% cardiomyopathy), CHD recipients were younger (2 [IQR 0-10], 6 [IQR 0-12], and 7 [IQR 1-14] years, respectively; P <.001) and less likely to have a ventricular assist device (VAD) at transplantation (3%, 27%, and 13%, respectively; P <.001). Patients with single-ventricle CHD had the longest time on the waitlist and were least likely to receive a VAD before transplantation. After adjusting for patient-level factors, transplant recipients with single-ventricle CHD had the greatest mortality during transplantation admission and within 1 year (odds ratio [OR] 11.8 [95% confidence interval (CI) 5.9-23.6] and OR 6.0 [95% CI 3.6-10.2], respectively, vs cardiomyopathy). Mortality was similar between patients with myocarditis and cardiomyopathy. Post-transplantation length of stay (LOS) was longer in transplant recipients with CHD than myocarditis or cardiomyopathy (25 [interquartile range [IQR] 15-45] vs 21 [IQR 12-35] vs 16 [IQR 12-25] days; P <.001), related in part to longer duration of intensive care unit-level care (ICU LOS 8 [IQR 4-20] vs 6 [IQR 4-13] vs 5 [IQR 3-8] days; P <.001). Similarly, patients with CHD had higher median post-transplantation costs than myocarditis or cardiomyopathy ($415K [IQR $201K-503K] vs $354K [IQR $179K-390K] vs $284K [IQR $145K-319K]; P <.001) that persisted after adjusting for patient level factors (adjusted cost ratio 1.4 [95% CI 1.4-1.5], CHD vs cardiomyopathy) and was primarily driven by longer LOS. More than 50% were readmitted during the first year after transplantation, although readmission rates were similar across transplant indications (P =.42).

Conclusions: Children with CHD, particularly single-ventricle patients, require substantially greater hospital resource utilization and have significantly worse outcomes during the first year after heart transplantation compared with other indications. Further work is aimed at identifying modifiable pre-transplantation risk factors, such as pre-transplantation conditioning with VAD support and cardiac rehabilitation, to improve post-transplantation outcomes and reduce resource utilization in this complex population.

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WC Cardiac & Cardiovascular Systems
SC Cardiovascular System & Cardiology
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PT J
AU Fukushima, M
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AF Fukushima, Masanori
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   Augustine, Erika
   Ford, Daniel E.
   Kush, Rebecca
TI The Global academic research organization network: Data sharing to cure diseases and enable learning health systems
SO LEARNING HEALTH SYSTEMS
LA English
DT Article
DE data sharing; global; harmonization; registry; standards
AB Introduction Global data sharing is essential. This is the premise of the Academic Research Organization (ARO) Council, which was initiated in Japan in 2013 and has since been expanding throughout Asia and into Europe and the United States. The volume of data is growing exponentially, providing not only challenges but also the clear opportunity to understand and treat diseases in ways not previously considered. Harnessing the knowledge within the data in a successful way can provide researchers and clinicians with new ideas for therapies while avoiding repeats of failed experiments. This knowledge transfer from research into clinical care is at the heart of a learning health system. Methods The ARO Council wishes to form a worldwide complementary system for the benefit of all patients and investigators, catalyzing more efficient and innovative medical research processes. Thus, they have organized Global ARO Network Workshops to bring interested parties together, focusing on the aspects necessary to make such a global effort successful. One such workshop was held in

Austin, Texas, in November 2017. Representatives from Japan, Taiwan, Singapore, Europe, and the United States reported on their efforts to encourage data sharing and to use research to inform care through learning health systems. Results This experience report summarizes presentations and discussions at the Global ARO Network Workshop held in November 2017 in Austin, TX, with representatives from Japan, Korea, Singapore, Taiwan, Europe, and the United States. Themes and recommendations to progress their efforts are explored. Standardization and harmonization are at the heart of these discussions to enable data sharing. In addition, the transformation of clinical research processes through disruptive innovation, while ensuring integrity and ethics, will be key to achieving the ARO Council goal to overcome diseases such that people not only live longer but also are healthier and happier as they age. Conclusions The achievement of global learning health systems will require further exploration, consensus-building, funding aligned with incentives for data sharing, standardization, harmonization, and actions that support global interests for the benefit of patients.

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WC Health Policy & Services
SC Health Care Sciences & Services
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AU Lin, HC
   Wan, Z
   Simoni-Wastila, L
   Boyd, C
   Buu, A
AF Lin, Hsien-Chang
   Wan, Zhi
   Simoni-Wastila, Linda
   Boyd, Carol
   Buu, Anne
TI Interstate data sharing of prescription drug monitoring programs and
   associated opioid prescriptions among patients with non-cancer chronic
   pain
SO PREVENTIVE MEDICINE
LA English
DT Article
DE Chronic pain; Prescription drug; Interstate data sharing; Drug policy;
   Ambulatory care
ID UNITED-STATES; THERAPY; ANALGESICS; PHYSICIAN; EPIDEMIC; TRENDS; RISKS;
   ABUSE
AB All fifty states have implemented prescription drug monitoring programs
(PDMPs) to reduce misuse and diversion of controlled drugs. Interstate PDMP data
sharing has been called for by clinical practitioners, but evidence to support
the effectiveness of PDMP data sharing is lacking. This study examined whether
PDMP interstate data sharing with bordering states was associated with
prescriptions of opioids. This was a cross-sectional study that included
patients with non-cancer chronic pain from the 2014 National Ambulatory Medical
Care Survey (weighted N = 66,198,751; unweighted N = 2846). Multinomial logistic
regression was performed to examine the association between PDMP interstate data
sharing status and patients' being prescribed opioids for pain treatment,
controlling for covariates guided by the Eisenberg's model of physician
decision-making. Findings indicated that patients residing in states with
interstate PDMP data sharing with all or partial bordering states were not less
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likely to be prescribed opioids compared to those living in states without interstate data sharing. Other factors such as patient age, health insurance type, new patient status, and physician adoption of electronic medical records were associated with the likelihood of patients' being prescribed opioids. This study concluded that current practice of interstate PDMP data sharing with bordering states was not associated with patients' being prescribed opioids for non-cancer chronic pain treatment. Future studies and policy efforts that unravel technological, legal, and political barriers to reciprocal and equal interstate data sharing with bordering states should be warranted to inform PDMP redesign and in turn, augment overall PDMP effectiveness in reducing misuse of prescription opioids.

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WC Public, Environmental & Occupational Health; Medicine, General & Internal
SC Public, Environmental & Occupational Health; General & Internal Medicine
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PT J
AU Ahn, J
Morita, S
Wang, WY
Yuan, Y
AF Ahn, Jaeil
Morita, Satoshi
Wang, Wenyi
Yuan, Ying
TI Bayesian analysis of longitudinal dyadic data with informative missing data using a dyadic shared-parameter model
SO STATISTICAL METHODS IN MEDICAL RESEARCH
LA English
DT Article
DE Dyadic; non-ignorable missingness; longitudinal study; shared-parameter; intermittent missing; sensitivity analysis
ID PATTERN-MIXTURE-MODELS; EFFECT HYBRID MODELS; DROP-OUT; NONIGNORABLE DROPOUT

AB Analyzing longitudinal dyadic data is a challenging task due to the complicated correlations from repeated measurements and within-dyad interdependence, as well as potentially informative (or non-ignorable) missing data. We propose a dyadic shared-parameter model to analyze longitudinal dyadic data with ordinal outcomes and informative intermittent missing data and dropouts. We model the longitudinal measurement process using a proportional odds model, which accommodates the within-dyad interdependence using the concept of the actor-partner interdependence effects, as well as dyad-specific random effects. We model informative dropouts and intermittent missing data using a transition model, which shares the same set of random effects as the longitudinal measurement model. We evaluate the performance of the proposed method through extensive simulation studies. As our approach relies on some untestable assumptions on the missing data mechanism, we perform sensitivity analyses to evaluate how the analysis results change when the missing data mechanism is misspecified. We demonstrate our method using a longitudinal dyadic study of metastatic breast cancer.

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NR 36
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PU SAGE PUBLICATIONS LTD
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PA 1 OLIVERS YARD, 55 CITY ROAD, LONDON EC1Y 1SP, ENGLAND
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J9 STAT METHODS MED RES
JI Stat. Methods Med. Res.
PD JAN
PY 2019
VL 28
IS 1
BP 70
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WC Health Care Sciences & Services; Mathematical & Computational Biology;
   Medical Informatics; Statistics & Probability
SC Health Care Sciences & Services; Mathematical & Computational Biology;
   Medical Informatics; Mathematics
GA HF9YN
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PT J
AU Lorenzo, AJ
   Rickard, M
   Braga, LH
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AF Lorenzo, Armando J.
   Rickard, Mandy
   Braga, Luis H.
   Guo, Yanbo
   Oliveria, John-Paul
TI Predictive Analytics and Modeling Employing Machine Learning Technology:
   The Next Step in Data Sharing, Analysis, and Individualized Counseling
   Explored With a Large, Prospective Prenatal Hydronephrosis Database
SO UROLOGY
LA English
DT Article
ID PARENCHYMAL AREA; BIG DATA; CHILDREN; ULTRASOUND; INFANTS; FUTURE;
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CANCER; RATIO; CARE

AB OBJECTIVE To explore the potential value of utilizing a commercially available cloud-based machine learning platform to predict surgical intervention in infants with prenatal hydronephrosis (HN).

MATERIALS AND METHODS A prospective prenatal HN database was uploaded into Microsoft Azure Machine Learning Studio. Probabilistic principal component analysis was employed for data imputation. Multiple clinical variables were included in two-class decision jungle and neural network for model training, using surgical intervention as the primary outcome. Models were scored and evaluated after a 70/30 split of the data.

RESULTS A total of 557 entries were included. The optimized model (decision jungle) achieved an area under the curve of 0.9, accuracy of 0.87, and precision of 0.80, employing a threshold of 0.5 to predict surgery. Average time to train, score and evaluate the model was 5 seconds. The predictive model was deployed as a web service in 35 seconds, generating a unique API key for app and webpage development. Individualized prediction based on the included variables was deployed as a web-based and batch execution Excel file in less than one minute.

CONCLUSION This cloud-based ML technology allows easy building, deployment, and sharing of predictive analytics solutions. Using prenatal HN as an example, we propose an opportunity to address contemporary challenges with data analysis, reporting a creative solution that moves beyond the current standard. (C) 2018 Elsevier Inc.

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AU Anane-Sarpong, E
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AF Anane-Sarpong, Evelyn
   Wangmo, Tenzin
   Ward, Claire Leonie
   Sankoh, Osman
   Tanner, Marcel
   Elger, Bernice Simone
TI "You cannot collect data using your own resources and put It on open
   access": Perspectives from Africa about public health data-sharing
SO DEVELOPING WORLD BIOETHICS
LA English
DT Article
DE data-sharing; public health; health and demographic surveillance
   systems; research involving public health data; research ethics; Africa
AB Data-sharing is a desired default in the field of public health and a source
of much ethical deliberation. Sharing data potentially contributes the largest,
most efficient source of scientific data, but is fraught with contextual
challenges which make stakeholders, particularly those in under-resourced
contexts hesitant or slow to share. Relatively little empirical research has
engaged stakeholders in discussing the issue. This study sought to explore
relevant experiences, contextual, and subjective explanations around the topic
to provide a rich and detailed presentation of what it means to different
stakeholders and contexts to share data and how that can guide practice and
ethical guidance. A qualitative design involving interviews was undertaken with
professionals working in public health institutions endowed with data (HDSS),
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ethics committees, and advisory agencies which help shape health research in Africa. A descriptive form of thematic analysis was used to summarize results into six key themes: (1) The role of HDSSs in research using public health data and data-sharing; (2) Ownership and funding are critical factors influencing data-sharing; (3) Other factors discourage data-sharing; (4) Promoting and sustaining data-sharing; (5) Ethical guidance structures; and (6) Establishing effective guidance. The themes reveal factors regarding the willingness or not to share and an intricate ethical system that current discourse could reflect. Many of the concerns resonate with the literature, but a whole other gamut of people and process issues; commitments, investments, careers, and the right ethical guidance are needed to realize a sustainable goal of reaching 'share' as a default.
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OI Elger, Bernice Simone/0000-0002-4249-7399; Wangmo, Tenzin/0000-0003-0857-0510
FU Institute for Biomedical Ethics (IBMB) of the University of Basel; Swiss Tropical and Public Health Institute of the University of Basel; Basel-Stadt Commission for Scholarships for Young Professionals from Developing Countries; INDEPTH Network
FX This paper is written as part of an academic project on 'New models of public health research: Developing an ethical framework for research using public health data in resource-limited countries'. The project is undertaken under the kind auspices of the Institute for Biomedical Ethics (IBMB) and the Swiss Tropical and Public Health Institute of the University of Basel. Partial funding for the project also came from the Basel-Stadt Commission for Scholarships for Young Professionals from Developing Countries. We are grateful to the INDEPTH Network for its support throughout the project. We also benefitted a great deal from assistance to the overall project by Dr. Charles Mayombana of the Ifakara Health Institute. We are indebted to all participants for taking time from their busy schedules to grant us interviews.
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PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
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WC Ethics; Medical Ethics
SC Social Sciences - Other Topics; Medical Ethics
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UT WOS:000453595900011
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PT J
AU Godfrey, EM
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West, II
Holmes, J
Keppel, GA
Baldwin, LM
AF Godfrey, Emily M.
West, Imara I.
Holmes, John
Keppel, Gina A.
Baldwin, Laura-Mae
TI Use of an electronic health record data sharing system for identifying current contraceptive use within the WWAMI region Practice and Research Network
SO CONTRACEPTION
LA English
DT Article
DE contraception; electronic health record; extraction; abstraction; guidelines; data-sharing system
ID OUTCOMES RESEARCH; MEDICAL-RECORD; CARE; QUALITY

AB Objective: To evaluate the ability of electronic health record (EHR) data extracted into a data-sharing system to accurately identify contraceptive use.

Study design: We compared rates of contraceptive use from electronic extraction of EHR data via a data-sharing system and manual abstraction of the EHR among 142 female patients ages 15-49 years from a family medicine clinic within a primary care practice-based research network (PBRN). Cohen's kappa coefficient measured agreement between electronic extraction and manual abstraction.

Results: Manual abstraction identified 62% of women as contraceptive users, whereas electronic extraction identified only 27%. Long acting reversible (LARC) methods had 96% agreement (Cohen's kappa 0.78; confidence interval, 0.57-0.99) between electronic extraction and manual abstraction. EHR data extracted via a data-sharing system was unable to identify barrier or over-the-counter contraceptives.

Conclusions: Electronic extraction found substantially lower overall rates of contraceptive method use, but produced more comparable LARC method use rates when compared to manual abstraction among women in this study's primary care clinic. Implications: Quality metrics related to contraceptive use that rely on EHR data in this study's data-sharing system likely under-estimated true contraceptive use. (C) 2018 Elsevier Inc. All rights reserved.

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FX The authors thank Rex Force, PharmD, and Loni Chacon, of the Idaho State University Department of Pharmacy Practice and Family Medicine and Alyce Sutko, MD, of the University of Washington Department of Family Medicine for their assistance with this study. The data extraction was supported

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PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
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WC Obstetrics & Gynecology
SC Obstetrics & Gynecology
GA HB8SP
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PT J
AU Amdouni, E
   Gibaud, B
AF Amdouni, Emna
   Gibaud, Bernard
TI Imaging Biomarker Ontology (IBO): A Biomedical Ontology to Annotate and
   Share Imaging Biomarker Data
SO JOURNAL ON DATA SEMANTICS
LA English
DT Article
DE Knowledge representation; Imaging biomarker; Ontology development;
   Biomedical ontologies
ID SURROGATE END-POINTS; KNOWLEDGE REPRESENTATION; FOCUS
AB Imaging biomarkers refer to radiological measurements that characterize
biological processes of imaged subjects and help clinicians particularly in the
assessment of therapeutic responses and the early prediction of pathologies.
Several imaging features (size of a lesion, volume of a tumor, blood perfusion
in a specific anatomical region, anisotropic water diffusion in a particular
tissue region, etc.) are quantified and reported in the clinical practice. The
growth of the number of research studies addressing imaging biomarkers and the
increasing use of these measurements in the radiological routine necessitates
the use of semantic research tools. The use of semantic technologies will enable
to efficiently retrieve imaging-related data and to enhance the interoperability
in the biomedical field. While many efforts have been conducted regarding the
definition of a standardized vocabulary to support the sharing of the imaging
biomarker knowledge, the definition of the term imaging biomarker stills
inconsistent. In this paper, we introduce our motivation for semantically
describing this concept and we outline shortcomings of the state-of-the-art
methods. Here, we propose a semantic representation of the imaging biomarker
concept that is based on the articulation of its three main semantic axes,
namely the measured quality, the measurement tool and the decision tool. The
developed ontology is called the Imaging Biomarker Ontology (IBO) and uses
existing biomedical ontologies. A preliminary use case is studied to illustrate
the utility of IBO in annotating quantitative and qualitative imaging data from
the TCGA (The Cancer Genome Atlas) collection.
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JI J. Data Semant.
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SC Computer Science
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PT J
AU Cantarero-Prieto, D
   Pascual-Saez, M
   Blazquez-Fernandez, C
AF Cantarero-Prieto, David
   Pascual-Saez, Marta
   Blazquez-Fernandez, Carla
TI What is Happening with Quality of Life Among the Oldest People in
   Southern European Countries? An Empirical Approach Based on the SHARE
   Data
SO SOCIAL INDICATORS RESEARCH
LA English
DT Article
DE Quality of life; Oldest people; Southern European countries; SHARE;
   Multilevel regressions
ID HEALTH; CARE; SATISFACTION; AGES
AB Population aging in developed countries has created new challenges to improve
the well-being of individuals at different age cohorts. This issue is especially
significant for Southern European countries, were aging societies have worse
health and less socio-economic resources. The aim of this study is to contribute
to this body of literature and to estimate the effect of aging on quality of
life of oldest people. This paper uses the latest available data (6th wave) from
the Survey on Health, Ageing and Retirement in Europe (SHARE). Specifically,
robust ordinary least squares and multilevel regressions are employed to analyse
the effects of socioeconomic, health, and community factors on quality of life
among the oldest population for Southern European countries. Our findings
confirm the significance of several factors on life satisfaction among the
oldest population in this group of countries. Moreover, we show that the
determinants which are correlated with quality of life include predisposing,
health, geographic area and social isolation factors.
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FU European Commission [QLK6-CT-2001-00360, SHARE-I3: RII-CT-2006-062193,
   COMPARE: CIT5-CT-2005-028857, SHARE-LIFE: CIT4-CT-2006028812, 211909,
   227822, 261982]; German Ministry of Education and Research; Max Planck
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   [U01_AG09740-13S2, P01_AG005842, P01_AG08291, P30_AG12815, R21_AG025169,
   Y1-AG-4553-01, IAG_BSR06-11, OGHA_04-064, HHSN271201300071C]
FX This paper uses data from SHARE Wave 6 (http
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://www.share-project.org/data-documentation/waves-overview/wave-6.html), see Borsch-Supan et al. (2017) for methodological details. The SHARE data collection has been primarily funded by the European Commission through FP5 (QLK6-CT-2001-00360), FP6 (SHARE-I3: RII-CT-2006-062193, COMPARE: CIT5-CT-2005-028857, SHARE-LIFE: CIT4-CT-2006028812) and FP7 (SHARE-PREP: No 211909, SHARE-LEAP: No 227822, SHARE M4: No 261982). Additional funding from the German Ministry of Education and Research, the Max Planck Society for the Advancement of Science, the U.S. National Institute on Aging (U01_AG09740-13S2, P01_AG005842, P01_AG08291, P30_AG12815, R21_AG025169, Y1-AG-4553-01, IAG_BSR06-11, OGHA_04-064, HHSN271201300071C) and from various national funding sources is gratefully acknowledged (see www.share-project.org).

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NR 33
TC 0
Z9 0
U1 1
U2 2
PU SPRINGER
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PA VAN GODEWIJCKSTRAAT 30, 3311 GZ DORDRECHT, NETHERLANDS

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PT J
AU Derbez, B
AF Derbez, Benjamin
TI Big Data Sharing: A Crucial Democratic Issue for Genomic Medicine
SO FRONTIERS IN PUBLIC HEALTH
LA English
DT Article
DE big data; genomics; BRCA; oncogenetics; database
ID BREAST-CANCER; DATABASES; KNOWLEDGE; BOUNDARY; HISTORY; PATENT
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NR 41
TC 0
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PU FRONTIERS MEDIA SA
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PT J
AU Yeo, J
   Miller, DP
AF Yeo, Jungwon
   Miller, Daniel P.
TI Estimating switching costs with market share data: an application to
   Medicare Part D
SO INTERNATIONAL JOURNAL OF INDUSTRIAL ORGANIZATION
LA English
DT Article
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DE Switching costs; Discrete choice model; Medicare part D
ID ADVERSE SELECTION; CONSUMER INERTIA; CHOICE; INSURANCE; DEPENDENCE; DEMAND; IMPACT; MODEL

AB Choice inertia and switching frictions are well-documented features of the demand for health insurance. In this paper, we estimate switching costs in the Medicare Part D market with aggregate market share data using standard discrete choice models for differentiated products. We consider various modelling assumptions: myopic and forward-looking consumers, and with and without random coefficients. Both myopic and forward-looking consumer models with no random coefficients yield switching cost estimates that closely match the actual average switching frequency, with implied dollar-valued switching costs of $1600 to $2000. We find the inclusion of random coefficients to the myopic consumer model results in smaller estimates of switching costs, but only at the expense of the model's fit to the switching frequency. The estimated welfare losses from switching frictions are large, but they are smaller under the forward-looking consumer model, amounting to around $500 per enrollee annually, compared to over $1000 under the myopic model. (c) 2018 Elsevier B.V. All rights reserved.

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U1 0
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PU ELSEVIER SCIENCE BV
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AU Fadda, M
   Jobin, A
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AF Fadda, Marta
   Jobin, Anna
   Blasimme, Alessandro
   Tzovaras, Bastian Greshake
   Ball, Mad Price
   Vayena, Effy
TI User Perspectives of a Web-Based Data-Sharing Platform (Open Humans) on
   Ethical Oversight in Participant-Led Research: Protocol for a
   Quantitative Study
SO JMIR RESEARCH PROTOCOLS
LA English
DT Article
DE ethics; data sharing; patient participation; patient-generated health
   data; survey; questionnaire; mobile phone
ID PERSONALIZED MEDICINE; SELF-EXPERIMENTATION; CENTRIC INITIATIVES;
   SYSTEMS BIOLOGY; CITIZEN SCIENCE; HEALTH-CARE; ENGAGEMENT; ONLINE;
   PARTNERS; VIEWS
AB Background: Advances in medicine rely to a great extent on people's
willingness to share their data with researchers. With increasingly widespread
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use of digital technologies, several Web-based communities have emerged aiming to enable their users to share large amounts of data, some of which can possibly be employed for research purposes by scientists, or to conduct participant-led research (PLR). Scholarship has recently addressed the necessity of interrogating how existing ethical standards can and should be applied and adapted in view of the specificities of such Web-based activities. So far, no study has explored participants' beliefs about and attitudes toward ethical oversight when it comes to platforms that involve medical data sharing.

Objective: This paper presents the protocol for a survey study aimed at understanding users' beliefs about Web-based data-sharing platforms regarding how research ethics principles should be applied in such a setting. Furthermore, the study aims at quantitatively assessing the relationship between participants' perspectives on ethical oversight and other variables such as previous participation in research, beliefs about data sharing, and attitudes toward self-experimentation.

Methods: We are conducting a Web-based survey with users of a popular Web-based data-sharing platform, Open Humans. The survey has been sent to approximately 4640 users registered for the Open Humans newsletter. To fill out the survey, participants need to have an account on Open Humans. We expect a 5%-10% response rate (between 200 and 400 completed surveys out of approximately 4000 survey invitations sent). Independent variables include past data-sharing behavior and intention, beliefs about data sharing, past participation in research, attitudes toward self-experimentation, perceived knowledge of the platform's guidelines and terms, perceived importance of having transparent guidelines, and governance-related beliefs. The main dependent variable is participants' expectations regarding who should ensure that ethical requirements are met within research projects conducted on open data-sharing platforms, based on Emanuel et al's ethical framework. We will use chi-square tests to assess the relationship between participants' expectations regarding ethical oversight and their past behavior, future intentions, beliefs, attitudes, and knowledge.

Results: Data collection started on June 13, 2018. A reminder to fill out the survey was sent to participants in mid-July. We expect to gain insights on users' perspectives on the ethical oversight of Web-based data-sharing platforms and on the associated experiences, beliefs, and sociodemographic characteristics.

Conclusions: When digital tools allow people to engage in PLR including medical data, understanding how people interpret and envision the ethical oversight of their data-sharing practices is crucial. This will be the first study to explore users' perspectives on ethical oversight of Web-based data-sharing platforms. The results will help inform the development of a framework that can be employed for platforms hosting various kinds of research projects to accommodate participants' ethical oversight needs.

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OI Jobin, Anna/0000-0002-4649-7812; Greshake Tzovaras, Bastian/0000-0002-9925-9623; Fadda, Marta/0000-0003-3537-0346

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NR 68
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AU Damiani, A
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AF Damiani, A.
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TI Learning a Cox Model Predicting Survival Based on 3413 Routine Clinical
   Rectal Cancer Patients Without Sharing Patient Data
SO INTERNATIONAL JOURNAL OF RADIATION ONCOLOGY BIOLOGY PHYSICS
LA English
DT Meeting Abstract
CT 60th Annual Meeting of the American-Society-for-Radiation-Oncology
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CL San Antonio, TX
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FX A. Damiani: None. C. Masciocchi: None. J. van Soest: None. N. Dinapoli:
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AU Tian, Y
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AF Tian, Yu
   Shang, Yong
   Tong, Dan-Yang
   Chi, Sheng-Qiang
   Li, Jun
   Kong, Xiang-Xing
   Ding, Ke-Feng
   Li, Jing-Song
TI POPCORN: A web service for individual PrognOsis prediction based on
   multi-center clinical data CollabORatioN without patient-level data
   sharing
SO JOURNAL OF BIOMEDICAL INFORMATICS
LA English
DT Article
DE Electronic health record; Prognosis prediction; Clinical decision
   support; Multi-center collaborative research; Multivariable
   meta-analysis
ID COLORECTAL-CANCER; MODELS; IMPLEMENTATION; METAANALYSIS; PERFORMANCE
AB Background and objective: Clinical prognosis prediction plays an important
role in clinical research and practice. The construction of prediction models
based on electronic health record data has recently become a research focus. Due
to the lack of external validation, prediction models based on single-center,
hospital-specific datasets may not perform well with datasets from other medical
institutions. Therefore, research investigating prognosis prediction model
construction based on a collaborative analysis of multi-center electronic health
record data could increase the number and coverage of patients used for model
training, enrich patient prognostic features and ultimately improve the accuracy
and generalization of prognosis prediction.
   Materials and methods: A web service for individual prognosis prediction
based on multi-center clinical data collaboration without patient-level data
sharing (POPCORN) was proposed. POPCORN focuses on solving key issues in multi-
center collaborative research based on electronic health record systems; these
issues include the standardization of clinical data expression, the preservation
of patient privacy during model training and the effect of case mix variance on
the prediction model construction and application. POPCORN is based on a
multivariable meta-analysis and a Bayesian framework and can construct suitable
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prediction models for multiple clinical scenarios that can effectively adapt to complex clinical application environments.

Results: POPCORN was validated using a joint, multi-center collaborative research network between China and the United States with patients diagnosed with colorectal cancer. The performance of the models based on POPCORN was comparable-to that-of-the standard prognosis prediction model; however, POPCORN did not expose raw patient data. The prediction models had similar AUC, but the BMA model had the lowest ECI across all prediction models, indicating that this model had better calibration performance than the other models, especially for patients in Chinese hospitals.

Conclusions: The POPCORN system can build prediction models that perform well in complex clinical application scenarios and can provide effective decision support for individual patient prognostic predictions.

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   Rayappan, JBB
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AF Arumugham, Sridevi
   Rajagopalan, Sundararaman
   Rayappan, John Bosco Balaguru
   Amirtharajan, Rengarajan
TI Networked medical data sharing on secure medium - A web publishing mode
   for DICOM viewer with three layer authentication
SO JOURNAL OF BIOMEDICAL INFORMATICS
LA English
DT Article
DE Image encryption; Chaos; Watermarking; Web Publishing; FPGA; DICOM
ID IMAGE ENCRYPTION SCHEME; HIGH-CAPACITY; REVERSIBLE WATERMARKING;
   WAVELET; INFORMATION; INTELLIGENT; PRIVACY
AB Growing demand for e-healthcare across the globe has raised concerns towards
the secure and authentication enhanced medical image sharing. One of the
services offered by health informatics in hospitals include an user interface
through the Local Area Network (LAN) for enabling storage and access of medical
records. In this paper, a security enhanced DICOM image sharing over a LAN
addressing confidentiality, integrity and authentication has been proposed.
Initially, the AES encrypted patient history was combined along with the thumb
impression and Quick Response (QR) code of patient ID as watermark. This
watermark was encrypted employing Integer Wavelet Transform (IWT), chaotic map
and attractors with confusion-diffusion operations. Further, the encrypted
watermark was embedded in the selected Region Of Non-Interest (RONI) pixels of
DICOM image. Username & unique password credentials, Face identification and
FPGA generated One Time Password (OTP) form the three layer authentication
scheme for secure DICOM image access through the LAN. Web publishing medium of
storing secured DICOM images in cloud has also been addressed in this work. To
validate the proposed hybrid crypto-watermarking system, parameters such as key
sensitivity, key space, correlation, entropy, histogram, cropping attack, Mean
Square Error (MSE), Peak Signal to Noise Ratio (PSNR) and Structural Similarity
Index Metric (SSIM) were performed and the results obtained have proved the
strength of the proposed algorithm against brute force, statistical and cropping
attacks.
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   Mahata, Debanjan
   Mohammad, Saif M.
   Nenadic, Goran
   Gonzalez-Hernandez, Graciela
TI Data and systems for medication-related text classification and concept
   normalization from Twitter: insights from the Social Media Mining for
   Health (SMM4H)-2017 shared task
SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION
LA English
DT Article
DE social media; text mining; natural language processing;
   pharmacovigilance; machine learning
ID ADVERSE DRUG-REACTIONS; PHARMACOVIGILANCE; KNOWLEDGE; CORPUS
AB Objective: We executed the Social Media Mining for Health (SMM4H) 2017 shared
tasks to enable the community-driven development and large-scale evaluation of
automatic text processing methods for the classification and normalization of
health-related text from social media. An additional objective was to publicly
release manually annotated data.
   Materials and Methods: We organized 3 independent subtasks: automatic
classification of self-reports of 1) adverse drug reactions (ADRs) and 2)
medication consumption, from medication-mentioning tweets, and 3) normalization
of ADR expressions. Training data consisted of 15 717 annotated tweets for (1),
10 260 for (2), and 6650 ADR phrases and identifiers for (3); and exhibited
typical properties of social-media-based health-related texts. Systems were
evaluated using 9961, 7513, and 2500 instances for the 3 subtasks, respectively.
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We evaluated performances of classes of methods and ensembles of system combinations following the shared tasks.

Results: Among 55 system runs, the best system scores for the 3 subtasks were 0.435 (ADR class F1-score) for subtask-1, 0.693 (micro-averaged F1-score over two classes) for subtask-2, and 88.5% (accuracy) for subtask-3. Ensembles of system combinations obtained best scores of 0.476, 0.702, and 88.7%, outperforming individual systems.

Discussion: Among individual systems, support vector machines and convolutional neural networks showed high performance. Performance gains achieved by ensembles of system combinations suggest that such strategies may be suitable for operational systems relying on difficult text classification tasks (eg, subtask-1).

Conclusions: Data imbalance and lack of context remain challenges for natural language processing of social media text. Annotated data from the shared task have been made available as reference standards for future studies (http://dx.doi.org/10.17632/rxwfb3tysd.1).

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U1 3
U2 6
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PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND
SN 1067-5027
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J9 J AM MED INFORM ASSN
JI J. Am. Med. Inf. Assoc.
PD OCT
PY 2018
VL 25
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BP 1274
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DI 10.1093/jamia/ocy114
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WC Computer Science, Information Systems; Computer Science,
   Interdisciplinary Applications; Health Care Sciences & Services;
   Information Science & Library Science; Medical Informatics
SC Computer Science; Health Care Sciences & Services; Information Science &
   Library Science; Medical Informatics
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PT J
AU Wang, XA
   Yang, XY
   Li, C
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AF Wang, Xu An
   Yang, Xiaoyuan
   Li, Cong
   Liu, Yudong
   Ding, Yong
TI Improved Functional Proxy Re-encryption Schemes for Secure Cloud Data
   Sharing
SO COMPUTER SCIENCE AND INFORMATION SYSTEMS
LA English
DT Article
DE Attack; multi-control for big data storage; secure cloud data sharing;
   proxy re-encryption; chosen ciphertext security
ID E-HEALTH CLOUD; PAIRINGS; SERVICE
AB Recently Liang et al. propose an interesting privacy-preserving ciphertext
multi-sharing control for big data storage mechanism, which is based on the
cryptographic primitive of anonymous multi-hop identity based conditional proxy
re-encryption scheme AMH-IBCPRE. They propose a concrete AMH-IBCPRE scheme and
conclude their scheme can achieve IND-sCon-sID-CCA secure (indistinguishable
secure under selectively conditional selectively identity chosen ciphertext
attack). However, our research show their scheme can not be IND-sCon-sID-CCA
secure for single-hop and multi-hop data sharing. Also in 2014, Liang et al.
propose an interesting deterministic finite automata-based functional proxy
reencryption scheme DFA-based FPRE for secure public cloud data sharing, they
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also conclude their scheme can achieve IND-CCA secure (indistinguishable secure under chosen ciphertext attack), we also show their scheme can not be IND-CCA secure either. For these two proposals, the main reason of insecurity is that part of the re-encryption key has the same structure as the valid ciphertext, thus the adversary can query on the decryption oracle with this part of the re-encryption key to get secret keys, which will break the CCA-security of their scheme. We give an improved AMH-IBCPRE scheme and an improved DFA-based FPRE scheme for cloud data sharing and show the new schemes can resist our attack and be CCA-secure. We also demonstrate our improved AMH-IBCPRE scheme's efficiency compared with other related identity based proxy re-encryption schemes, the results show our scheme is almost the most efficient one.

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FX This work is supported by National Natural Science Foundation of China (Grant Nos. 61772550, 61572521, U1636114, 61402531), National Cryptography Development Fund of China Under Grants No. MMJJ20170112, National Key Research and Development Program of China Under Grants No. 2017YFB0802000, Natural Science Basic Research Plan in Shaanxi Province of china (Grant Nos. 2018JM6028) and Guangxi Key Laboratory of Cryptography and Information Security (No. GCIS201610).

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NR 38
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U2 3
PU COMSIS CONSORTIUM
PI NOVI SAD
PA UNIV NOVI SAD, FAC TECH SCI, TRG DOSITEJA OBRADOVICA 6, NOVI SAD, 21000, SERBIA
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JI Comput. Sci. Inf. Syst.
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WC Computer Science, Information Systems; Computer Science, Software Engineering
SC Computer Science
GA GW2BB
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OA DOAJ Gold
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PT J
AU Smith, T
   Aaronson, N
   Levin, K
   Tsakraklides, S
   van de Poll-Franse, L
   Dunn, M
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   Ward, K
   Mitchell, S
   Hurlbert, M
   Penberthy, L
AF Smith, Tenbroeck
   Aaronson, Neil
   Levin, Kerry
   Tsakraklides, Sophia
   van de Poll-Franse, Lonneke
   Dunn, Marsha
   Wu, Xiao-Cheng
   Wiggins, Charles
   Ward, Kevin
   Mitchell, Sandra
   Hurlbert, Marc
   Penberthy, Lynne
TI Cancer survivor viewpoints on sharing patient generated health data with
   central cancer registries
SO QUALITY OF LIFE RESEARCH
LA English
DT Meeting Abstract
C1 [Smith, Tenbroeck] Amer Canc Soc, Atlanta, GA 30329 USA.
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FU Metastatic Breast Cancer Alliance; American Cancer Society;
   Surveillance, Epidemiology, and End Results (SEER) Program of the
   National Cancer Institute
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   Surveillance, Epidemiology, and End Results (SEER) Program of the
   National Cancer Institute.
NR 0
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PU SPRINGER
PI DORDRECHT
PA VAN GODEWIJCKSTRAAT 30, 3311 GZ DORDRECHT, NETHERLANDS
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JI Qual. Life Res.
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PY 2018
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SU 1
MA 1130
BP S101
EP S102
PG 2
WC Health Care Sciences & Services; Health Policy & Services; Public,
   Environmental & Occupational Health
SC Health Care Sciences & Services; Public, Environmental & Occupational
   Health
GA GU4JC
UT WOS:000445248500250
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PT J
AU Liverani, M
   Teng, S
   Le, MS
   Coker, R
AF Liverani, Marco
   Teng, Srey
   Minh Sat Le
   Coker, Richard
TI Sharing public health data and information across borders: lessons from
   Southeast Asia
SO GLOBALIZATION AND HEALTH
LA English
DT Article
DE International health regulations; Infectious disease surveillance;
   Health data and information sharing; Southeast Asia; Health information
   systems; Regional health cooperation
ID DEVELOPMENT COOPERATION; PLASMODIUM-FALCIPARUM; AVIAN INFLUENZA;
   SECURITY; POLITICS; DISEASES; SPREAD; EAST
AB Background: The importance of data and information sharing for the prevention
and control of infectious diseases has long been recognised. In recent years,
public health emergencies such as avian influenza, drug-resistant malaria, and
Ebola have brought renewed attention to the need for effective communication
channels between health authorities, particularly in regional contexts where
neighbouring countries share common health threats. However, little empirical
research has been conducted to date to explore the range of factors that may
affect the transfer, exchange, and use of public health data and expertise
across borders, especially in developing contexts.
   Methods: To explore these issues, 60 interviews were conducted with domestic
and international stakeholders in Cambodia and Vietnam, selected amongst those
who were involved in regional public health programmes and networks. Data
analysis was structured around three categories mapped across the dataset: (1)
the nature of shared data and information; (2) the nature of communication
channels; and (3) how information flow may be affected by the local, regional,
and global system of rules and arrangements.
   Results: There has been a great intensification in the circulation of data,
information, and expertise across borders in Southeast Asia. However, findings
from this study document ways in which the movement of data and information from
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production sites to other places can be challenging due to different standards and practices, language barriers, different national structures and rules that govern the circulation of health information inside and outside countries, imbalances in capacities and power, and sustainability of financing arrangements.

Conclusions: Our study highlights the complex socio-technical nature of data and information sharing, suggesting that best practices require significant involvement of an independent third-party brokering organisation or office, which can redress imbalances between country partners at different levels in the data sharing process, create meaningful communication channels and make the most of shared information and data sets.

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Yu-Hung Lai A, 2013, E S E ASIA INT RELAT

NR 65
TC 0
Z9 0
U1 3
U2 8
PU BMC
PI LONDON
PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
SN 1744-8603
J9 GLOBALIZATION HEALTH
JI Global. Health
PD SEP 29
PY 2018
VL 14
AR 94
DI 10.1186/s12992-018-0415-0
PG 12
WC Public, Environmental & Occupational Health

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SC Public, Environmental & Occupational Health
GA GV7KN
UT WOS:000446303700001
PM 30268139
OA DOAJ Gold, Green Accepted, Green Published
DA 2019-08-06
ER

PT J
AU Bartlett, G
   Macgibbon, B
   Rubinowicz, A
   Nease, C
   Dawes, M
   Tamblyn, R
AF Bartlett, Gillian
   Macgibbon, Brenda
   Rubinowicz, Analia
   Nease, Cecilia
   Dawes, Martin
   Tamblyn, Robyn
TI The Importance of Relevance: Willingness to Share eHealth Data for
   Family Medicine Research
SO FRONTIERS IN PUBLIC HEALTH
LA English
DT Article
DE family practice; community health services; secondary data analysis;
   patient participation; informed consent
ID HEALTH; RECORDS; PRIVACY; CONSENT; AUTHORIZATION; FRAMEWORK; QUALITY;
   SYSTEMS; BIAS; CARE
AB Objective: To determine the proportion of family medicine patients unwilling
to allow their eHealth data to be used for research purposes, and evaluate how
patient characteristics and the relevance of research impact that decision.
   Design: Cross-sectional questionnaire.
   Setting: Acute care respiratory clinic or an outpatient family medicine
clinic in Montreal, Quebec.
   Participants: Four hundred seventy-four waiting room patients recruited via
convenience sampling.
   Main Outcome Measures: A self-administered questionnaire collected data on
age, gender, employment status, education, mother tongue and perceived health
status. The main outcome of was self-reported relevance of three research
scenarios and willingness or refusal to share their anonymized data. Responses
were compared for family practice vs. specialty care patients.
   Results: The questionnaire was completed by 229 family medicine respondents
and 245 outpatient respondents. Almost a quarter of all respondents felt the
research was not relevant. Family medicine patients (15.7%) were unwilling to
allow their data to be used for at least one scenario vs. 9.4% in the outpatient
clinic. Lack of relevance (OR 11.55; 95% CI 5.12-26.09) and being in family
practice (OR 2.13; 95% CI 1.06-4.27) increased the likelihood of refusal to
share data for research.
   Conclusion: Family medicine patients were somewhat less willing to share
eHealth data, but the overall refusal rate indicates a need to better engage
patients in understanding the significance of full access to eHealth data for
the purposes of research. Personal relevance of the research had a strong impact
on the responses arguing for better efforts to make research more pertinent to
patients.
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FU McGill University Health Centre Research Institute for the Clinical,
   Evaluative and Public Health Research Pilot Project Competition
FX Data was provided from funds awarded to GB through the McGill University
   Health Centre Research Institute for the Clinical, Evaluative and Public
   Health Research Pilot Project Competition entitled, Informing patients:
   A pilot project to develop different methods of gaining consent for the
   use of data from electronic health records in healthcare research.
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NR 24
TC 0
Z9 0
U1 0
U2 5
PU FRONTIERS MEDIA SA
PI LAUSANNE
PA AVENUE DU TRIBUNAL FEDERAL 34, LAUSANNE, CH-1015, SWITZERLAND
SN 2296-2565
J9 FRONT PUBLIC HEALTH
JI Front. Public Health
PD SEP 4
PY 2018
VL 6
AR 255
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DI 10.3389/fpubh.2018.00255
PG 5
WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA GS6GM
UT WOS:000443786300001
PM 30234095
OA DOAJ Gold, Green Published
DA 2019-08-06
ER

PT J
AU Ohno-Machado, L
AF Ohno-Machado, Lucila
TI Sharing data from electronic health records within, across, and beyond
   healthcare institutions: Current trends and perspectives
SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION
LA English
DT Editorial Material
NR 0
TC 0
Z9 0
U1 0
U2 8
PU OXFORD UNIV PRESS
PI OXFORD
PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND
SN 1067-5027
EI 1527-974X
J9 J AM MED INFORM ASSN
JI J. Am. Med. Inf. Assoc.
PD SEP
PY 2018
VL 25
IS 9
BP 1113
EP 1113
DI 10.1093/jamia/ocy116
PG 1
WC Computer Science, Information Systems; Computer Science,
   Interdisciplinary Applications; Health Care Sciences & Services;
   Information Science & Library Science; Medical Informatics
SC Computer Science; Health Care Sciences & Services; Information Science &
   Library Science; Medical Informatics
GA GS3SS
UT WOS:000443542400001
PM 30184157
OA Bronze
DA 2019-08-06
ER

PT J
AU McCormick, B
   Hill, PS
   Redding, S
AF McCormick, Barry
   Hill, Peter-Sam
   Redding, Stuart
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TI Comparative morbidities and the share of emergencies in hospital
   admissions in deprived areas: a method and evidence from English
   administrative data
SO BMJ OPEN
LA English
DT Article
DE health economics; emergency and elective hospital admissions;
   deprivation
ID HEALTH-CARE SERVICES; GENERAL PRACTICES; OUTCOMES FRAMEWORK;
   SOCIOECONOMIC-STATUS; SOCIAL DEPRIVATION; MEDICAL ADMISSIONS; RATES;
   EQUITY; QUALITY; ENGLAND

AB Objective Various studies find that the share of emergencies in hospital admissions is higher in deprived areas, but both the explanation and policy implications are unclear. We estimate the extent to which this finding is due to a different disease mix in deprived areas, rather than other explanations such as patient behaviour and general practitioner effectiveness.

Design Secondary analysis using English Hospital Episode Statistics data, with disease for elective and emergency admissions in 2008/2009 coded at 186 blocks or 1230 categories and aggregated to lower layer super output area of residence. It is then linked to an appropriate measure of deprivation.

Outcome measures The difference in the share of emergencies in hospital admissions between communities in the highest and lowest deciles of deprivation; and the percentage of this difference that is explained if areas in the least deprived decile have the same disease mix as those in the most deprived decile.

Results Using the finest disease classification scheme (1230 categories), 71% of the higher share of admissions that were emergencies in decile 1 areas relative to decile 10, is explained by the adverse case mix (CM) in deprived areas. The remainder reflects the higher relative use of emergency care in deprived areas for the same conditions. Higher incidence of respiratory and circulatory diseases in deprived areas explains about 30% of the CM contribution. Diseases of the digestive system and abdomen have a high relative use of emergency care in deprived areas.

Conclusions The higher use of emergency care in deprived areas is primarily a symptom of the higher prevalence of diseases which have high national rates of emergency to elective careespecially respiratory diseasesrather than an indication of less effective primary care. Nevertheless, there is a higher share of emergency care in admissions in deprived areas for several diseases, most notably of the digestive system.

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NR 37
TC 0
Z9 0
U1 0
U2 0
PU BMJ PUBLISHING GROUP
PI LONDON
PA BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND
SN 2044-6055
J9 BMJ OPEN
JI BMJ Open
PD AUG
PY 2018
VL 8
IS 8
AR e022573
DI 10.1136/bmjopen-2018-022573
PG 10
WC Medicine, General & Internal
SC General & Internal Medicine
GA GV9IO
UT WOS:000446470200158
PM 30127052
OA DOAJ Gold, Green Published
DA 2019-08-06
ER

PT J
AU Seifert, A
AF Seifert, A.
TI Willingness of older People to share self-collected mobile Health Data
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   with Researchers
SO ZEITSCHRIFT FUR GERONTOLOGIE UND GERIATRIE
LA German
DT Meeting Abstract
C1 [Seifert, A.] Univ Zurich, Zentrum Gerontol, Univ Forsch Schwerpunkt UFSP
Dynam Gesunden Alter, Zurich, Switzerland.
NR 0
TC 0
Z9 0
U1 0
U2 0
PU SPRINGER HEIDELBERG
PI HEIDELBERG
PA TIERGARTENSTRASSE 17, D-69121 HEIDELBERG, GERMANY
SN 0948-6704
EI 1435-1269
J9 Z GERONTOL GERIATR
JI Z. Gerontol. Geriatr.
PD AUG
PY 2018
VL 51
SU 1
MA S209-5
BP 32
EP 32
PG 1
WC Geriatrics & Gerontology; Gerontology
SC Geriatrics & Gerontology
GA GS4DH
UT WOS:000443583200098
DA 2019-08-06
ER

PT J
AU Yang, YT
   Chen, B
AF Yang, Y. Tony
   Chen, Brian
TI Precision Medicine and Sharing Medical Data in Real Time: Opportunities
   and Barriers
SO AMERICAN JOURNAL OF MANAGED CARE
LA English
DT Editorial Material
ID HEALTH-CARE; BIG DATA; POLICY
AB Sharing massive amounts of medical data is critical to precision medicine.
The California Department of Public Health recently started to partner with
certain hospitals in the state to better understand cancer trends by collecting
and securely sending standardized cancer data directly to the California Cancer
Registry. This initiative is the first of its kind in the United States. This
has afforded the cancer registry the opportunity to perform real-time
surveillance on data reported via participating hospitals, and researchers can
use advanced methods to analyze these data. Other states are likely to follow
California's lead. However, there are barriers to increased data-sharing efforts.
How these barriers can be addressed to facilitate data sharing while protecting
individual privacy, reducing the risk of data misuse, and enhancing public trust
becomes critical as precision medicine moves forward.
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CR [Anonymous], NAT STRAT TRUST ID C
   [Anonymous], MARKL COMM FRAM
   [Anonymous], SUMM HIPAA PRIV RUL
   [Anonymous], PARTN PUBL HLTH LAW
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NR 10
TC 0
Z9 0
U1 2
U2 4
PU MANAGED CARE & HEALTHCARE COMMUNICATIONS LLC
PI PLAINSBORO
PA 666 PLAINSBORO RD, STE 300, PLAINSBORO, NJ 08536 USA
SN 1088-0224
J9 AM J MANAG CARE
JI Am. J. Manag. Care
PD AUG
PY 2018
VL 24
IS 8
BP 356
EP 358
PG 3
WC Health Care Sciences & Services; Health Policy & Services; Medicine,
   General & Internal
SC Health Care Sciences & Services; General & Internal Medicine
GA GR1LO
UT WOS:000442301000007
PM 30130030
DA 2019-08-06
ER

PT J
AU Pratt, DR
AF Pratt, Dexter R.
TI NDEx, the Network Data Exchange: Collaboration, publication and data
   sharing for cancer pathways
SO CANCER RESEARCH
LA English
DT Meeting Abstract
CT Annual Meeting of the American-Association-for-Cancer-Research (AACR)
CY APR 14-18, 2018
CL Chicago, IL
SP Amer Assoc Canc Res
C1 [Pratt, Dexter R.] UCSD, La Jolla, CA USA.
NR 0
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TC 0
Z9 0
U1 0
U2 0
PU AMER ASSOC CANCER RESEARCH
PI PHILADELPHIA
PA 615 CHESTNUT ST, 17TH FLOOR, PHILADELPHIA, PA 19106-4404 USA
SN 0008-5472
EI 1538-7445
J9 CANCER RES
JI Cancer Res.
PD JUL
PY 2018
VL 78
IS 13
SU S
MA 3283
DI 10.1158/1538-7445.AM2018-3283
PG 1
WC Oncology
SC Oncology
GA HZ4LO
UT WOS:000468819501105
DA 2019-08-06
ER

PT J
AU Marwan, M
   Kartit, A
   Ouahmane, H
AF Marwan, Mbarek
   Kartit, Ali
   Ouahmane, Hassan
TI A Cloud Based Solution for Collaborative and Secure Sharing of Medical
   Data
SO INTERNATIONAL JOURNAL OF ENTERPRISE INFORMATION SYSTEMS
LA English
DT Article
DE Collaborative System; Healthcare Domain; Homomorphic Encryption; Secure
   Multi-Party Computation Protocols; Security
ID ISSUES; EFFICIENT; ENCRYPTION; ADOPTION
AB Healthcare sector is under pressure to reduce costs while delivering high
quality of care services. This situation requires that clinical staff, equipment
and IT tools to be used more equitably, judiciously and efficiently. In this
sense, collaborative systems have the ability to provide opportunities for
healthcare organizations to share resources and create a collaborative working
environment. The lack of interoperability between dissimilar systems and
operating costs are the major obstacle to the implementation of this concept.
Fortunately, cloud computing has great potential for addressing interoperability
issues and significantly reducing operating costs. Since the laws and
regulations prohibit the disclosure of health information, it is necessary to
carry out a comprehensive study on security and privacy issues in cloud
computing. Based on their analysis of these constraints, the authors propose a
simple and efficient method that enables secure collaboration between healthcare
institutions. For this reason, they propose Secure Multi-party Computation (SMC)
protocols to ensure compliance with data protection legislation. Specifically,
the authors use Paillier scheme to protect medical data against unauthorized
usage when outsourcing computations to a public cloud. Another useful feature of
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this algorithm is the possibility to perform arithmetic operations over encrypted data without access to the original data. In fact, the Paillier algorithm is an efficient homomorphic encryption that supports addition operations on ciphertexts. Based on the simulation results, the proposed framework helps healthcare organizations to successfully evaluate a public function directly on encrypted data without revealing their private inputs. Consequently, the proposed collaborative application ensures privacy of medical data while completing a task.

C1 [Marwan, Mbarek; Kartit, Ali; Ouahmane, Hassan] Chouaib Doukkali Univ, LTI Lab, ENSA, El Jadida, Morocco.
RP Marwan, M (reprint author), Chouaib Doukkali Univ, LTI Lab, ENSA, El Jadida, Morocco.

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8_23, DOI 10.1007/978-3-319-74500-8_23]
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NR 48
TC 0
Z9 0
U1 4
U2 5
PU IGI GLOBAL
PI HERSHEY
PA 701 E CHOCOLATE AVE, STE 200, HERSHEY, PA 17033-1240 USA
SN 1548-1115
EI 1548-1123
J9 INT J ENTERP INF SYS
JI Int. J. Enterp. Inf. Syst.
PD JUL-SEP
PY 2018
VL 14
IS 3
BP 128
EP 145
DI 10.4018/IJEIS.2018070107
PG 18
WC Computer Science, Information Systems
SC Computer Science
GA HI0IE
UT WOS:000456124500007
DA 2019-08-06
ER

PT J
AU Rendina, HJ
   Mustanski, B
AF Rendina, H. Jonathon
   Mustanski, Brian
TI Privacy, Trust, and Data Sharing in Web-Based and Mobile Research:
   Participant Perspectives in a Large Nationwide Sample of Men Who Have
   Sex With Men in the United States
SO JOURNAL OF MEDICAL INTERNET RESEARCH
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LA English
DT Article
DE data privacy; data sharing; research trust; mobile research; research ethics; men who have sex with men; gay and bisexual men
ID INTERNET RESEARCH; RESEARCH ETHICS; RISK BEHAVIOR; GAY MEN; ONLINE; HEALTH; SECURITY; NETWORKING; MEDIA

AB Background: Modern research is heavily reliant on online and mobile technologies, which is particularly true among historically hard-to-reach populations such as gay, bisexual, and other men who have sex with men (GBMSM). Despite this, very little empirical research has been published on participant perspectives about issues such as privacy, trust, and data sharing.

Objective: The objective of our study was to analyze data from an online sample of 11,032 GBMSM in the United States to examine their trust in and perspectives on privacy and data sharing within online and mobile research.

Methods: Participants were recruited via a social networking site or sexual networking app to complete an anonymous online survey. We conducted a series of repeated measures analyses adjusted for between-person factors to examine within-person differences in the following: (1) trust for guarding personal information across different venues (eg, online research conducted by a university vs. an online search engine); (2) privacy concerns about 12 different types of data for three distinct data activities (ie, collection by app owners, anonymous selling to third parties, and anonymous sharing with researchers); and (3) willingness to share those 12 different types of data with researchers. Due to the large sample size, we primarily reported measures of effect size as evidence of clinical significance.

Results: Online research was rated as most trusted and was more trusted than online and mobile technology companies, such as app owners and search engines, by magnitudes of effect that were moderate-to-large (eta(2)(partial)=0.06-0.11). Responding about 12 different types of data, participants expressed more concerns about data being anonymously sold to third-party partners (mean 7.6, median 10.0) and fewer concerns about data being collected by the app owners (mean 5.8, median 5.0) or shared anonymously with researchers (mean 4.6, median 3.0); differences were small-to-moderate in size (eta(2)(partial)=0.01-0.03). Furthermore, participants were most willing to share their public profile information (eg, age) with researchers but least willing to share device usage information (eg, other apps installed); the comparisons were small-to-moderate in size (eta(2)(partial)=0.03).

Conclusions: Participants reported high levels of trust in online and mobile research, which is noteworthy given recent high-profile cases of corporate and government data security breaches and privacy violations. Researchers and ethical boards should keep up with technological shifts to maintain the ability to guard privacy and confidentiality and maintain trust. There was substantial variability in privacy concerns about and willingness to share different types of data, suggesting the need to gain consent for data sharing on a specific rather than broad basis. Finally, we saw evidence of a privacy paradox, whereby participants expressed privacy concerns about the very types of data-related activities they have likely already permitted through the terms of the apps and sites they use regularly.

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RI Rendina, H. Jonathon/M-9286-2016

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FU National Institute on Drug Abuse [K01-DA039060]; Fordham HIV Prevention Research Ethics Training Institute (RETI) - National Institute on Drug Abuse [R25-DA031608]; office of the President; office of the Provost; office of the Arts & Sciences of Hunter College, CUNY; Hunter College's Center for HIV Educational Studies & Training (CHEST)

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NR 45
TC 0
Z9 0
U1 4
U2 6
PU JMIR PUBLICATIONS, INC
PI TORONTO
PA 59 WINNERS CIRCLE, TORONTO, ON M4L 3Y7, CANADA
SN 1438-8871
J9 J MED INTERNET RES
JI J. Med. Internet Res.
PD JUL
PY 2018
VL 20
IS 7
AR e233
DI 10.2196/jmir.9019
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WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
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PM 29973332
OA DOAJ Gold, Green Published
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ER

PT J
AU Akintola, SO
AF Akintola, S. O.
TI Legal implications of data sharing in biobanking research in low-income
   settings: The Nigerian experience
SO SOUTH AFRICAN JOURNAL OF BIOETHICS AND LAW
LA English
DT Article
ID COMMUNITY ADVISORY BOARDS; INFORMED-CONSENT; GENETIC RESEARCH; KENYAN
   COAST; PRIVACY; GENOMICS; SOCIETY; SCIENCE; AFRICA; HEALTH
AB It is increasingly recognised that effective and appropriate data sharing in
biobanking research requires the development of models of good data-sharing
policy capable of ensuring that the rights and privacy interests of participants
are protected. However, the effectiveness and efficacy of biobank research
depend on data and samples. In the same vein, making such data available to the
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research community generates tension between two important goals: advancing scientific goals, and protecting the individual privacy interests of the tissue source. More critically, data sharing requires the development of models that promote an environment in which privacy rights and interests of participants are protected throughout the lifecycle of biobank initiatives. Many ethical issues are raised when genomics research is conducted on populations characterised by lower average income and literacy levels, such as populations included in lower-middle income countries (LMICs). These issues are further exacerbated in Nigeria by cultural and religious inflections. In this paper, to analyse the implications of data sharing within the legal framework of an LMIC, an analysis of existing laws in Nigeria was conducted. It was discovered that there were no provisions relating directly to data sharing, and its governance framework could only be gleaned from the patchwork of laws on privacy and confidentiality in Nigeria. There is a need for ethical guidelines in Nigeria to be adapted to the changing landscape of science, which increasingly involves storage and secondary use of samples and data. Current laws are inadequate for the challenges presented by biobanking.

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NR 39
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Z9 0
U1 0
U2 1
PU HEALTH & MEDICAL PUBLISHING GROUP
PI CAPE TOWN
PA PRIVATE BAG X1, PINELANDS, CAPE TOWN, 7430, SOUTH AFRICA
SN 1999-7639
J9 S AFR J BIOETH LAW
JI S. Afr. J. Bioeth. Law
PD JUL
PY 2018
VL 11
IS 1
BP 15
EP 19
DI 10.7196/SAJBL.2018.v11i1.601
PG 5
WC Medical Ethics
SC Medical Ethics
GA GM8YN
UT WOS:000438525800006
OA DOAJ Gold
DA 2019-08-06
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PT J
AU Johnson, C
   Christini, A
   Felmeister, A
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   Kambhampati, M
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   Nazarian, J
AF Johnson, Courtney
   Christini, Amanda
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   Resnick, Adam
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TI BLACKFYNN: A SECURE, CLOUD-BASED PLATFORM FOR SHARING AND ANALYZING
   RESEARCH READY DATA FOR PEDIATRIC CNS CANCERS
SO NEURO-ONCOLOGY
LA English
DT Meeting Abstract
CT 18th International Symposium on Pediatric Neuro-Oncology (ISPNO)
CY JUN 30-JUL 03, 2018
CL Denver, CO
C1 [Johnson, Courtney; Kambhampati, Madhuri; Packer, Roger; Nazarian, Javad]
Childrens Natl Hlth Syst, Med Genet Res Ctr, Washington, DC USA.
   [Felmeister, Alex; Waanders, Angela; Mason, Jennifer; Resnick, Adam]
Childrens Hosp Philadelphia, Philadelphia, PA 19104 USA.
   [Christini, Amanda; Baglieri, Chris] Blackfynn Inc, Philadelphia, PA USA.
   [Waanders, Angela; Mason, Jennifer; Resnick, Adam; Nazarian, Javad] Childrens
Brain Tumor Tissue Consortium, Philadelphia, PA USA.
NR 0
TC 0
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PU OXFORD UNIV PRESS INC
PI CARY
PA JOURNALS DEPT, 2001 EVANS RD, CARY, NC 27513 USA
SN 1522-8517
EI 1523-5866
J9 NEURO-ONCOLOGY
JI Neuro-Oncology
PD JUN
PY 2018
VL 20
SU 2
MA DIPG-51
BP 59
EP 59
PG 1
WC Oncology; Clinical Neurology
SC Oncology; Neurosciences & Neurology
GA GM7DM
UT WOS:000438339000146
DA 2019-08-06
ER

PT J
AU Handelsman, D
   Murphy, MJ
AF Handelsman, Dave
   Murphy, Martin J.
TI A legal methodology to enable broad-access sharing and investigation of
   clinical trial cancer data.
SO JOURNAL OF CLINICAL ONCOLOGY
LA English
DT Meeting Abstract
NR 0
TC 0
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PU AMER SOC CLINICAL ONCOLOGY
PI ALEXANDRIA
PA 2318 MILL ROAD, STE 800, ALEXANDRIA, VA 22314 USA
SN 0732-183X
EI 1527-7755
J9 J CLIN ONCOL
JI J. Clin. Oncol.
PD MAY 20
PY 2018
VL 36
IS 15
SU S
MA e18604
DI 10.1200/JCO.2018.36.15_suppl.e18604
PG 1
WC Oncology
SC Oncology
GA GR7YI
UT WOS:000442916006013
DA 2019-08-06
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PT J
AU Johnson, JN
   Hanson, KA
   Jones, CA
   Grandhi, R
   Guerrero, J
   Rodriguez, JS
AF Johnson, Jeremiah N.
   Hanson, Keith A.
   Jones, Caleb A.
   Grandhi, Ramesh
   Guerrero, Jaime
   Rodriguez, Jesse S.
TI Data Sharing in Neurosurgery and Neurology Journals
SO CUREUS
LA English
DT Article
DE data sharing; dark data; neuroscience; databases; journal policy;
   neurosurgery; neurology; reproducibility; open science
ID PUBLICATION; STANDARDS; OUTCOMES; SCIENCE; LIFE
AB In this era of high health care cost and limited research resources, open
access to de-identified clinical research study data may promote increased
scientific transparency and rigor, allow for the combination and re-analysis of
similar data sets, and decrease un-necessary replication of unpublished negative
studies. Driven by expanded computing capabilities, advocacy for data sharing to
maximize research value is growing in both translational and clinical research
communities. The focus of this study is to report on the current status of
publicly available research data from studies published in the top 40 neurology
and neurosurgery clinical research journals by impact factor. The top journals
were carefully reviewed for data sharing policies. Of the journals with data
sharing policies, the 10 most current original research papers from December
2015 - February 2016 were reviewed for data sharing statements and data
availability. A data sharing policy existed for 48% (19/40) of the 40 journals
investigated. Of the 19 journals with an existing data sharing policy, 58%
(11/19) of the policies stated that data should be made available to interested
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parties upon request and 21% (4/19) of these journals encouraged authors to provide a data sharing statement in the article of what data would be available upon request. Of the 190 articles reviewed for data availability, 21% (40/190) of these articles included some source data in the results, figures, or supplementary sections. This evaluation highlights opportunities for neurology and neurosurgery investigators and journals to improve access to study data and even publish the data prospectively for the betterment of clinical outcome analysis and patient care.

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PU CUREUS INC
PI PALO ALTO

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PA PO BOX 61002, PALO ALTO, CA 94306 USA
SN 2168-8184
J9 CUREUS
JI Cureus
PD MAY
PY 2018
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IS 5
AR UNSP e2680
DI 10.7759/cureus.2680
PG 12
WC Medicine, General & Internal
SC General & Internal Medicine
GA HB3HD
UT WOS:000450940700119
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OA DOAJ Gold, Green Published
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PT J
AU Rubin, GJ
   Webster, R
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   Amlot, R
   Grey, N
   Greenberg, N
AF Rubin, G. James
   Webster, Rebecca
   Rubin, Antonia N.
   Amlot, Richard
   Grey, Nick
   Greenberg, Neil
TI Public attitudes in England towards the sharing of personal data
   following a mass casualty incident: a cross-sectional study
SO BMJ OPEN
LA English
DT Article
ID TERRORIST ATTACKS
AB Objectives To assess public attitudes towards data sharing to facilitate a
mental health screening programme for people caught up in a mass casualty
incident.
   Design Two, identical, cross-sectional, online surveys, using quotas to
ensure demographic representativeness of people aged 18-65 years in England.
Participants were randomly allocated to consider a scenario in which they
witness a terrorism-related radiation incident or mass shooting, after which a
police officer records their contact details.
   Setting Participants were drawn from an online panel maintained by a market
research company. Surveys were conducted before and immediately after a series
of terrorist attacks and a large tower block fire occurred in England.
   Participants One thousand people aged 18-65 years participated in each survey.
   Main outcome measures Three questions asking participants if it would be
acceptable for police to share their contact details, without asking first, with
'a health-related government organisation, so they can send you a questionnaire
to find out if you might benefit from extra care or support', 'a specialist NHS
team, to provide you with information about ways to get support for any physical
or mental health issues' and 'your GP, so they can check how you are doing'.
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Results A minority of participants reported that it would be definitely not acceptable for their details to be shared with the government organisation (n=259, 13.0%), the National Health Service (NHS) (n=141, 7.1%) and their general practitioner (GP) (n=166, 8.3%). There was a small, but significant increase in acceptability for the radiation incident compared with the mass shooting. No major differences were observed between the preincident and postincident surveys.

Conclusions Although most people believe it is acceptable for their details to be shared in order to facilitate a mental health response to a major incident, care must be taken to communicate with those affected about how their information will be used.

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FU National Institute for Health Research Health Protection Research Unit (NIHR HPRU) in Emergency Preparedness and Response at King's College London; Public Health England (PHE); NIHR HPRU in Evaluation of Interventions at the University of Bristol; PHE [HPRU-2012-10414]
FX The research was funded by the National Institute for Health Research Health Protection Research Unit (NIHR HPRU) in Emergency Preparedness and Response at King's College London in partnership with Public Health England (PHE), and by the NIHR HPRU in Evaluation of Interventions at the University of Bristol in partnership with PHE. HPRU-2012-10414.

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SN 2044-6055
J9 BMJ OPEN
JI BMJ Open
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IS 5
AR e022852
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WC Medicine, General & Internal
SC General & Internal Medicine
GA GJ7KZ
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PT J
AU Lawpoolsri, S
   Kaewkungwal, J
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AF Lawpoolsri, Saranath
   Kaewkungwal, Jaranit
   Khamsiriwatchara, Amnat
   Sovann, Ly
   Sreng, Bun
   Phommasack, Bounlay
   Kitthiphong, Viengsavanh
   Nyein, Soe Lwin
   Myint, Nyan Win
   Nguyen Dang Vung
   Pham Hung
   Smolinski, Mark S.
   Crawley, Adam W.
   Oo, Moe Ko
TI Data quality and timeliness of outbreak reporting system among countries
   in Greater Mekong subregion: Challenges for international data sharing
SO PLOS NEGLECTED TROPICAL DISEASES
LA English
DT Article
AB Cross-border disease transmission is a key challenge for prevention and
control of outbreaks. Variation in surveillance structure and national
guidelines used in different countries can affect their data quality and the
timeliness of outbreak reports. This study aimed to evaluate timeliness and data
quality of national outbreak reporting for four countries in the Mekong Basin
Disease Surveillance network (MBDS). Data on disease outbreaks occurring from
2010 to 2015 were obtained from the national disease surveillance reports of
Cambodia, Lao PDR, Myanmar, and Vietnam. Data included total cases, geographical
information, and dates at different timeline milestones in the outbreak
detection process. Nine diseases or syndromes with public health importance were
selected for the analysis including: dengue, food poisoning & diarrhea, severe
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diarrhea, diphtheria, measles, H5N1 influenza, H1N1 influenza, rabies, and pertussis. Overall, 2,087 outbreaks were reported from the four countries. The number of outbreaks and number of cases per outbreak varied across countries and diseases, depending in part on the outbreak definition used in each country. Dates on index onset, report, and response were >95% complete in all countries, while laboratory confirmation dates were 10%-100% incomplete in most countries. Inconsistent and out of range date data were observed in 1%-5% of records. The overall timeliness of outbreak report, response, and public communication was within 1-15 days, depending on countries and diseases. Diarrhea and severe diarrhea outbreaks showed the most rapid time to report and response, whereas diseases such as rabies, pertussis and diphtheria required a longer time to report and respond. The hierarchical structure of the reporting system, data collection method, and country's resources could affect the data quality and timeliness of the national outbreak reporting system. Differences in data quality and timeliness of outbreak reporting system among member countries should be considered when planning data sharing strategies within a regional network.

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FU Skoll Global Threats Fund [15-02979]
FX This study was supported by the Skoll Global Threats Fund, award number 15-02979 to the Mekong Basin Disease Surveillance Foundation. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

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ACOUSTIC WAVES AND DEVICE APPLICATIONS, P18, DOI 10.1109/SPAWDA.2015.7364431
NR 23
TC 0
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U1 0
U2 0
PU PUBLIC LIBRARY SCIENCE
PI SAN FRANCISCO
PA 1160 BATTERY STREET, STE 100, SAN FRANCISCO, CA 94111 USA
SN 1935-2735
J9 PLOS NEGLECT TROP D
JI Plos Neglect. Trop. Dis.
PD APR
PY 2018
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IS 4
AR e0006425
DI 10.1371/journal.pntd.0006425
PG 22
WC Infectious Diseases; Parasitology; Tropical Medicine
SC Infectious Diseases; Parasitology; Tropical Medicine
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PT J
AU Burstein, D
   Li, Y
   Getz, K
   Huang, Y
   Rossano, JW
   O'Connor, MJ
   Lin, KY
   Aplenc, R
AF Burstein, D.
   Li, Y.
   Getz, K.
   Huang, Y.
   Rossano, J. W.
   O'Connor, M. J.
   Lin, K. Y.
   Aplenc, R.
TI Comparing Outcomes and Resource Utilization Among Pediatric Heart
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   Transplant Indications Using a Novel, Merged Data Set from the United
   Network for Organ Sharing and the Pediatric Health Information System
   (UNOS-PHIS) Databases
SO JOURNAL OF HEART AND LUNG TRANSPLANTATION
LA English
DT Meeting Abstract
CT 38th Annual Meeting and Scientific Sessions of the
   International-Society-for-Heart-and-Lung-Transplantation (ISHLT)
CY APR 11-14, 2018
CL Nice, FRANCE
SP Int Soc Heart & Lung Transplantat
C1 [Burstein, D.; Rossano, J. W.; O'Connor, M. J.; Lin, K. Y.; Aplenc, R.]
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NR 0
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PU ELSEVIER SCIENCE INC
PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
SN 1053-2498
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J9 J HEART LUNG TRANSPL
JI J. Heart Lung Transplant.
PD APR
PY 2018
VL 37
IS 4
SU S
MA 1033
BP S401
EP S402
PG 2
WC Cardiac & Cardiovascular Systems; Respiratory System; Surgery;
   Transplantation
SC Cardiovascular System & Cardiology; Respiratory System; Surgery;
   Transplantation
GA GD7XS
UT WOS:000430727300426
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PT J
AU Burstein, D
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   Getz, KD
   Huang, YS
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   Aplenc, R
AF Burstein, Danielle
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   Li, Yimei
   Getz, Kelly D.
   Huang, Yuan-Shung
   Rossano, Joseph William
   O'Connor, Matthew
   Lin, Kimberly
   Aplenc, Richard
TI COMPARING RESOURCE UTILIZATION AMONG PEDIATRIC HEART TRANSPLANT
   INDICATIONS USING A NOVEL, MERGED DATA SET FROM THE UNITED NETWORK FOR
   ORGAN SHARING AND THE PEDIATRIC HEALTH INFORMATION SYSTEMS (UNOS-PHIS)
   DATABASES
SO JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY
LA English
DT Meeting Abstract
CT 67th Annual Scientific Session and Expo of the
   American-College-of-Cardiology (ACC)
CY MAR 10-12, 2018
CL Orlando, FL
SP Amer Coll Cardiol
C1 [Burstein, Danielle; Li, Yimei; Getz, Kelly D.; Huang, Yuan-Shung; Rossano,
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Z9 0
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PU ELSEVIER SCIENCE INC
PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
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J9 J AM COLL CARDIOL
JI J. Am. Coll. Cardiol.
PD MAR 10
PY 2018
VL 71
IS 11
SU S
MA A602
BP 602
EP 602
DI 10.1016/S0735-1097(18)31143-4
PG 1
WC Cardiac & Cardiovascular Systems
SC Cardiovascular System & Cardiology
GA GC3BT
UT WOS:000429659701452
OA Bronze
DA 2019-08-06
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PT J
AU Derck, L
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   Adam, SJ
   Gonen, M
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Hilden, P
Karovic, S
Maitland, M
Moskowitz, CS
Kelloff, G
Zhao, BS
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Schwartz, LH
AF Derck, Laurent
Connors, Dana E.
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Gonen, Mithat
Hilden, Patrick
Karovic, Sanja
Maitland, Michael
Moskowitz, Chaya S.
Kelloff, Gary
Zhao, Binsheng
Oxnard, Geoffrey R.
Schwartz, Lawrence H.
TI Vol-PACT: A Foundation for the NIH Public-Private Partnership That Supports Sharing of Clinical Trial Data for the Development of Improved Imaging Biomarkers in Oncology
SO JCO CLINICAL CANCER INFORMATICS
LA English
DT Article
ID RANDOMIZED PHASE-III; METASTATIC COLORECTAL-CANCER; RENAL-CELL CARCINOMA; RESPONSE ASSESSMENT; 1ST-LINE TREATMENT; TUMOR MEASUREMENTS; SOLID TUMORS; CT SCANS; VARIABILITY; RECIST

AB Purpose To develop a public-private partnership to study the feasibility of a new approach in collecting and analyzing clinically annotated imaging data from landmark phase III trials in advanced solid tumors.

Patients and Methods The collection of clinical trials fulfilled the following inclusion criteria: completed randomized trials of > 300 patients, highly measurable solid tumors (non-small-cell lung cancer, colorectal cancer, renal cell cancer, and melanoma), and required sponsor and institutional review board sign-offs. The new approach in analyzing computed tomography scans was to transfer to an academic image analysis laboratory, draw contours semi-automatically by using in-house-developed algorithms integrated into the open source imaging platform Weasis, and perform serial volumetric measurement.

Results The median duration of contracting with five sponsors was 12 months. Ten trials in 7,085 patients that covered 12 treatment regimens across 20 trial arms were collected. To date, four trials in 3,954 patients were analyzed. Source imaging data were transferred to the academic core from 97% of trial patients (n = 3,837). Tumor imaging measurements were extracted from 82% of transferred computed tomography scans (n = 3,162). Causes of extraction failure were nonmeasurable disease (n = 392), single imaging time point (n = 224), and secondary captured images (n = 59). Overall, clinically annotated imaging data were extracted in 79% of patients (n = 3,055), and the primary trial end point analysis in each trial remained representative of each original trial end point.

Conclusion The sharing and analysis of source imaging data from large randomized trials is feasible and offer a rich and reusable, but largely untapped, resource for future research on novel trial-level response and progression imaging metrics. (C) 2018 by American Society of Clinical Oncology

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OI Dercle, Laurent/0000-0002-1322-0710
FU Amgen; Boehringer Ingelheim; Merck; Genentech; Merck Sharp Dohme; Regeneron Pharmaceuticals; Takeda Pharmaceuticals; National Institutes of Health [U01 CA140207]; Cancer Clinical Investigator Team Leadership - National Cancer Institute [P30 CA006516]; [P30 CA008748]
FX Scientific and financial support for the Foundation for the National Institutes of Health Biomarkers Consortium project Vol-PACT (Advanced Metrics and Modeling With Volumetric Computed Tomography for Precision Analysis of Clinical Trial Results) by Amgen, Boehringer Ingelheim, Merck, Genentech, Merck Sharp & Dohme, Regeneron Pharmaceuticals, and Takeda Pharmaceuticals. In-kind donations of phase II and III trial data to support the project are being provided to Foundation for the National Institutes of Health by Amgen, Boehringer Ingelheim, Novartis, Merck Sharp & Dohme, and Sanofi. Also supported by the National Institutes of Health (U01 CA140207) and a Cancer Clinical Investigator Team Leadership Award by the National Cancer Institute through a supplement to P30 CA006516. Support provided to Memorial Sloan Kettering by the core grant P30 CA008748.
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NR 34
TC 0
Z9 0
U1 0
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PU AMER SOC CLINICAL ONCOLOGY
PI ALEXANDRIA
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SN 2473-4276
J9 JCO CLIN CANCER INFO
JI JCO Clin. Cancer Info.
PD MAR 2
PY 2018
VL 2
DI 10.1200/CCI.17.00137
PG 12
WC Oncology
SC Oncology
GA HP3CE
UT WOS:000461552600001
PM 30652552
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PT J
AU London, JW
AF London, Jack W.
TI Cancer Research Data-Sharing Networks
SO JCO CLINICAL CANCER INFORMATICS
LA English
DT Review
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NR 11
TC 0
Z9 0
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PU AMER SOC CLINICAL ONCOLOGY
PI ALEXANDRIA
PA 2318 MILL ROAD, STE 800, ALEXANDRIA, VA 22314 USA
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J9 JCO CLIN CANCER INFO
JI JCO Clin. Cancer Info.
PD FEB 16
PY 2018
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DI 10.1200/CCI.17.00145
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WC Oncology
SC Oncology
GA HP3CM
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PM 30652538
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PT J
AU Fitton, R
AF Fitton, Richard
TI CONTROL OF DATA IN ELECTRONIC HEALTH RECORDS Patients find it easy to
   select data they don't want to share
SO BMJ-BRITISH MEDICAL JOURNAL
LA English
DT Letter
EM richard.fitton1@btopenworld.com
CR New JP, 2018, BMJ-BRIT MED J, V360, DOI 10.1136/bmj.j5554
   Powell John, 2006, Inform Prim Care, V14, P55
NR 2
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U1 0
U2 2
PU BMJ PUBLISHING GROUP
PI LONDON
PA BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND
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J9 BMJ-BRIT MED J
JI BMJ-British Medical Journal
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VL 360
AR k649
DI 10.1136/bmj.k649
PG 1
WC Medicine, General & Internal
SC General & Internal Medicine
GA FW8LE
UT WOS:000425583500003
PM 29449265
DA 2019-08-06
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ER

PT J
AU Giordanengo, A
   Bradway, M
   Grottland, A
   Hartvigsen, G
   Arsand, E
AF Giordanengo, A.
   Bradway, M.
   Grottland, A.
   Hartvigsen, G.
   Arsand, E.
TI A FHIR-BASED DATA FLOW ENABLING PATIENTS WITH DIABETES TO SHARE
   SELF-COLLECTED DATA WITH THE NORWEGIAN NATIONAL HEALTHCARE SYSTEMS AND
   ELECTRONIC HEALTH RECORD SYSTEMS
SO DIABETES TECHNOLOGY & THERAPEUTICS
LA English
DT Meeting Abstract
C1 [Giordanengo, A.; Bradway, M.; Grottland, A.; Hartvigsen, G.; Arsand, E.]
Univ Hosp, Natl Ctr E Hlth Res, Tromso, Norway.
CR Giordanengo A, 2017, P SCAND C HLTH INF L
NR 1
TC 0
Z9 0
U1 0
U2 2
PU MARY ANN LIEBERT, INC
PI NEW ROCHELLE
PA 140 HUGUENOT STREET, 3RD FL, NEW ROCHELLE, NY 10801 USA
SN 1520-9156
EI 1557-8593
J9 DIABETES TECHNOL THE
JI Diabetes Technol. Ther.
PD FEB
PY 2018
VL 20
SU 1
MA 240
BP A109
EP A109
PG 1
WC Endocrinology & Metabolism
SC Endocrinology & Metabolism
GA FW0WC
UT WOS:000425015800255
DA 2019-08-06
ER

PT J
AU Handler, I
AF Handler, Ivan
TI Data Sharing Defined-Really!
SO COMPUTER
LA English
DT Article
AB A clear and comprehensive policy framework is needed to make data sharing
more useful, robust, and efficient. Based on decades of experience as a CIO in
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the healthcare sector, the author recommends ways to address various existing
privacy, reliability, interoperability, security, and trust challenges.
C1 [Handler, Ivan] Insightamation, Chicago, IL 60613 USA.
RP Handler, I (reprint author), Insightamation, Chicago, IL 60613 USA.
EM ivan.handler@gmail.com
CR [Anonymous], 2013, FRAM HLTH INF EXCH
   Global Alliance Genomics Hlth, 2016, SCIENCE, V352, P1278, DOI
10.1126/science.aaf6162
   Grassi P. A., 2017, SPECIAL PUBLICATION
NR 3
TC 0
Z9 0
U1 0
U2 1
PU IEEE COMPUTER SOC
PI LOS ALAMITOS
PA 10662 LOS VAQUEROS CIRCLE, PO BOX 3014, LOS ALAMITOS, CA 90720-1314 USA
SN 0018-9162
EI 1558-0814
J9 COMPUTER
JI Computer
PD FEB
PY 2018
VL 51
IS 2
BP 36
EP 42
PG 7
WC Computer Science, Hardware & Architecture; Computer Science, Software
   Engineering
SC Computer Science
GA FX8KG
UT WOS:000426341500006
DA 2019-08-06
ER

PT B
AU Hui, HH
   McLernon, D
   Zaidi, A
AF Hui, Huaihai
   McLernon, Des
   Zaidi, Ali
GP ACM
TI Innovation Research in City Public Management Based on a Data Resource
   Sharing Exchange Platform
SO PROCEEDINGS OF THE 8TH INTERNATIONAL CONFERENCE ON INFORMATION
   COMMUNICATION AND MANAGEMENT (ICICM 2018)
LA English
DT Proceedings Paper
CT 8th International Conference on Information Communication and Management
   (ICICM)
CY AUG 22-24, 2018
CL Edinburgh, SCOTLAND
DE Platform; Data Resource; Management; Innovation
ID HEALTH
AB In order to solve the common needs of shared basic data resources in
different industries, different departments and different regions in a city,
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this paper has designed a Data Resource Sharing and Exchange Platform (DRSEP) to solve the demand for comprehensive data of City Public Management (CPM). Firstly, we analyze the basic functional requirements of the platform. Secondly, we study the characteristics of the DRSEP from three aspects: data type, data volume and data transmission/application methods. Thirdly, we provide the overall technical architecture of the DRSEP, which includes: the data resource layer, the resource site layer, the resource integration layer, the resource service layer and the resource application layer. In particular, we devise a Data Organization System (DOS) based on a Data Resource Directory (DRD), a Public Basic Database (PBcDB) and a Public Business Database (PBuDB). The DRD is the metadata standard and resource directory of the platform. Through this directory, the authority, accuracy and unity of the data resources can be ensured. The PBcDB consists of four types of databases: a population database, a corporation database, a macroeconomic database and a geospatial database. The PBuDB includes a video database, an environmental safety supervision database, a building database, a government affairs and emergency database, a credit database and a comprehensive human resources database. Finally, the DRSEP is deployed, tested, applied and evaluated in a city with a population of 2.19 million in western China. Moreover, the test evaluation results show that the platform exhibits an outstanding performance in the integration technology of multi-source heterogeneous data and the reliable transmission technology of massive data.

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FU Chinese Scholarship Council (CSC)
FX Our thanks to Chinese Scholarship Council (CSC).

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NR 6
TC 0
Z9 0
U1 0
U2 0
PU ASSOC COMPUTING MACHINERY
PI NEW YORK
PA 1515 BROADWAY, NEW YORK, NY 10036-9998 USA
BN 978-1-4503-6502-4
PY 2018
BP 78
EP 83
DI 10.1145/3268891.3268908
PG 6
WC Computer Science, Theory & Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA BN0RB
UT WOS:000473336900015
OA Green Published
DA 2019-08-06
ER

PT B

AU Reda, R
Carbonaro, A

AF Reda, Roberto
Carbonaro, Antonella

GP Assoc Comp Machinery

TI Design and Development of a Linked Open Data-Based Web Portal for Sharing IoT Health and Fitness Datasets

SO GOODTECHS '18: PROCEEDINGS OF THE 4TH EAI INTERNATIONAL CONFERENCE ON SMART OBJECTS AND TECHNOLOGIES FOR SOCIAL GOOD (GOODTECHS)

LA English

DT Proceedings Paper

CT 4th EAI International Conference on Smart Objects and Technologies for Social Good

CY NOV 28-30, 2018

CL Bologna, ITALY

SP EAI

DE health informatics; semantic web; lod; iot; wearable devices

AB The huge amounts of self-tracked health data collected by Internet of Things (IoT) fitness devices offer important opportunities to the research community. If properly exploited, IoT health and fitness datasets can help to gain valuable insights into the human health in order to provide better healthcare.

However, IoT health data come from a variety of different heterogeneous sources and in proprietary formats, which means that they require an integration process, normally manually done by domain experts, in order to be analysed. This task is not only significantly time consuming but in many cases, error prone.

In this study, we designed and developed a web platform for collecting and publishing IoT health and fitness datasets according to Linked Data principles. We leveraged the IFO ontology and the Semantic Web technologies to make the IoT health and fitness datasets freely available to the community in a shared, semantically meaningful, easily discoverable, and reusable manner.

The system introduced in this article shows that Semantic Web technologies can be a viable and comprehensive solution for describing, integrating and sharing heterogeneous IoT datasets, thus overcoming the issues of data silos that nowadays dominate the IoT landscape.

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NR 34
TC 0
Z9 0
U1 1
U2 1
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PI NEW YORK
PA 1515 BROADWAY, NEW YORK, NY 10036-9998 USA
BN 978-1-4503-6581-9
PY 2018
BP 43
EP 48
DI 10.1145/3284869.3284890
PG 6
WC Computer Science, Artificial Intelligence; Computer Science, Theory & Methods
SC Computer Science
GA BM9HB
UT WOS:000470918900008
DA 2019-08-06
ER

PT S
AU Iguchi, M
Uematsu, T
Fujii, T
AF Iguchi, Makoto
Uematsu, Taro
Fujii, Tatsuro
BE Inomata, A
Yasuda, K
TI The Anatomy of the HIPAA Privacy Rule: A Risk-Based Approach as a Remedy for Privacy-Preserving Data Sharing
SO ADVANCES IN INFORMATION AND COMPUTER SECURITY, IWSEC 2018
SE Lecture Notes in Computer Science
LA English
DT Proceedings Paper

CT 13th International Workshop on Security (IWSEC)
CY SEP 03-05, 2018
CL Tohoku Univ, Sendai, JAPAN
SP Inst Elect, Informat & Commun Engineers, Tech Comm Informat Secur Engn Sci Soc, Informat Proc Soc Japan, Special Interest Grp Comp Secur, Tohoku Univ, Cyberscience Ctr
HO Tohoku Univ

AB This paper explores the effectiveness of a risk-based approach methodology in constructing systematic standards for privacy-conscious data sharing and disclosure. We consider the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule as an example and show that the data disclosure methods defined in the HIPAA Privacy Rule are well-constituted, by assessing the privacy risks of each disclosure method. We further explore factors that contribute to the success of the HIPAA Privacy Rule and discuss how we can leverage these factors as a reference for constructing privacy-conscious and systematic data disclosure rules and regulations in other domains.

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EM makoto.iguchi@kii.com; taro.uematsu@kii.com; tatsuro.fujii@kii.com

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NR 20
TC 0
Z9 0
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U2 0

PU SPRINGER INTERNATIONAL PUBLISHING AG
PI CHAM
PA GEWERBESTRASSE 11, CHAM, CH-6330, SWITZERLAND
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BN 978-3-319-97916-8; 978-3-319-97915-1
J9 LECT NOTES COMPUT SC
PY 2018
VL 11049
BP 174
EP 189
DI 10.1007/978-3-319-97916-8_12
PG 16
WC Computer Science, Software Engineering; Computer Science, Theory &
   Methods
SC Computer Science
GA BM8UJ
UT WOS:000470001300012
DA 2019-08-06
ER

PT S
AU Liu, JW
   Li, XL
   Ye, L
   Zhang, HL
   Du, XJ
   Guizani, M
AF Liu, Jingwei
   Li, Xiaolu
   Ye, Lin
   Zhang, Hongli
   Du, Xiaojiang
   Guizani, Mohsen
GP IEEE
TI BPDS: A Blockchain based Privacy-Preserving Data Sharing for Electronic
   Medical Records
SO 2018 IEEE GLOBAL COMMUNICATIONS CONFERENCE (GLOBECOM)
SE IEEE Global Communications Conference
LA English
DT Proceedings Paper
CT IEEE Global Communications Conference (GLOBECOM)
CY DEC 09-13, 2018
CL Abu Dhabi, U ARAB EMIRATES
SP IEEE
ID SCHEME
AB Electronic medical record (EMR) is a crucial form of healthcare data,
currently drawing a lot of attention. Sharing health data is considered to be a
critical approach to improve the quality of healthcare service and reduce
medical costs. However, EMRs are fragmented across decentralized hospitals,
which hinders data sharing and puts patients' privacy at risks. To address these
issues, we propose a blockchain based privacypreserving data sharing for EMRs,
called BPDS. In BPDS, the original EMRs are stored securely in the cloud and the
indexes are reserved in a tamper-proof consortium blockchain. By this means, the
risk of the medical data leakage could be greatly reduced, and at the same time,
the indexes in blockchain ensure that the EMRs can not be modified arbitrarily.
Secure data sharing can be accomplished automatically according to the
predefined access permissions of patients through the smart contracts of
blockchain. Besides, the joint-design of the CPABE-based access control
mechanism and the content extraction signature scheme provides strong privacy
preservation in data sharing. Security analysis shows that BPDS is a secure and
effective way to realize data sharing for EMRs.
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FU Key Program of NSFC-Tongyong Union Foundation [U1636209]; 111 Project [B08038]; Collaborative Innovation Center of Information Sensing and Understanding at Xidian University
FX This work is supported by the Key Program of NSFC-Tongyong Union Foundation under Grant U1636209, the 111 Project (B08038) and Collaborative Innovation Center of Information Sensing and Understanding at Xidian University.
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NR 21
TC 0
Z9 0
U1 2
U2 2
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2334-0983
BN 978-1-5386-4727-1
J9 IEEE GLOB COMM CONF
PY 2018
PG 6

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WC Engineering, Electrical & Electronic; Telecommunications
SC Engineering; Telecommunications
GA BM5YU
UT WOS:000465774303091
DA 2019-08-06
ER

PT S
AU Zaghloul, E
   Li, TT
   Ren, J
AF Zaghloul, Ehab
   Li, Tongtong
   Ren, Jian
GP IEEE
TI An Attribute-Based Distributed Data Sharing Scheme
SO 2018 IEEE GLOBAL COMMUNICATIONS CONFERENCE (GLOBECOM)
SE IEEE Global Communications Conference
LA English
DT Proceedings Paper
CT IEEE Global Communications Conference (GLOBECOM)
CY DEC 09-13, 2018
CL Abu Dhabi, U ARAB EMIRATES
SP IEEE
DE Public health record; single point of failure; attribute-based;
   distributed data
AB Patients rely on their public health records shared among medical
institutions to receive the appropriate treatment they require. They must
completely trust that these institutions will secure their records, protect
their privacy, and efficiently share them when requested by other institutions.
Unfortunately, medical institutions cannot fully be trusted for several reasons.
First, patient records are stored on the servers of the medical institutions
which could result in security issues and also a single point of failure. Second,
centralized storage may also result in privacy concerns if records are
incorrectly shared or leaked. Third, institutions may purposely delay sharing
patient records for competitive reasons. To address these issues, we propose an
attribute-based distributed data sharing scheme for patients to control how
their records are shared. The distributed file sharing can effectively prevent
the single point of failure and ensure data availability upon its request.
Moreover, patients are also given the capability of selectively sharing their
records for privacy protection. Our analysis shows that while ensuring
attribute-based sharing of medical records, the proposed scheme can also work
with the peer-to-peer distributed network storage such as InterPlanetary File
System (IPFS) to improve efficient data retrieval.
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NR 7
TC 0
Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
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PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2334-0983
BN 978-1-5386-4727-1
J9 IEEE GLOB COMM CONF
PY 2018
PG 6
WC Engineering, Electrical & Electronic; Telecommunications
SC Engineering; Telecommunications
GA BM5YU
UT WOS:000465774300020
DA 2019-08-06
ER

PT S
AU Xiao, Z
   Li, ZX
   Liu, Y
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   Lertwuthikarn, T
   Goh, RSM
AF Xiao, Zhe
   Li, Zengxiang
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   Feng, Ling
   Zhang, Weiwen
   Lertwuthikarn, Thanarit
   Goh, Rick Siow Mong
GP IEEE
TI EMRShare: A Cross-organizational Medical Data Sharing and Management
   Framework Using Permissioned Blockchain
SO 2018 IEEE 24TH INTERNATIONAL CONFERENCE ON PARALLEL AND DISTRIBUTED
   SYSTEMS (ICPADS 2018)
SE International Conference on Parallel and Distributed Systems -
   Proceedings
LA English
DT Proceedings Paper
CT 24th IEEE International Conference on Parallel and Distributed Systems
   (ICPADS)
CY DEC 11-13, 2018
CL Singapore, SINGAPORE
SP IEEE, IEEE Comp Soc
DE access control; blockchain; healthcare; medical data; privacy and
   security
AB With the development of information and storage technologies, electronic
document recording has become an unalterable trend, which transforms the way
that people store, access and operate the data generated in various applications.
Healthcare is the leader application domain that pioneers in usage of electronic
medical records (EMRs). Cross-organizational EMRs' sharing has many constructive
effects in motivating the domain innovation, introducing better domain
understanding and overall the domain intelligence. However, the privacy concern,
trust issue as well as the sophisticated legal regulation of the sensitive EMRs'
use leads to inefficiency in the data sharing process. In this paper, we propose
a cross-organizational medical data sharing framework based on permissioned
blockchain technology, named "EMRShare", to resolve the trust concern existing
in EMRs sharing practice among different participants like patients, clinicians
and researchers, and other relevant parties such as the insurance agent and
govermnent, to make medical data sharing and access secure, efficient,
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transparent, immutable, traceable and auditable. A working prototype system is implemented to demonstrate the key features for the cross-organizational medical data sharing and access management. The objective of this work targets at explaining the essential design considerations along with the working principle and operation logics using the blockchain technology to facilitate the medical data sharing in a highly-cooperative healthcare ecosystem.

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Z9 0
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U2 4
PU IEEE
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PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 1521-9097
BN 978-1-5386-7308-9
J9 INT C PAR DISTRIB SY
PY 2018
BP 998
EP 1003
DI 10.1109/ICPADS.2018.00133
PG 6
WC Computer Science, Hardware & Architecture
SC Computer Science
GA BM4AP
UT WOS:000462962600122
DA 2019-08-06
ER

PT B

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   Sidahmed, A
   Wallace, JR
AF Chan, Tina
   McMurray, Josephine
   Sidahmed, Alaaddin
   Wallace, James R.
GP ACM
TI SmartSurveys: Does Context Influence Whether We'll Share Healthcare
   Experience Data with our Smartphone?
SO PROCEEDINGS OF THE 2018 ACM INTERNATIONAL CONFERENCE ON INTERACTIVE
   SURFACES AND SPACES (ISS'18)
LA English
DT Proceedings Paper
CT 13th ACM International Conference on Interactive Surfaces and Spaces
   (ISS)
CY NOV 25-28, 2018
CL Tokyo, JAPAN
SP Assoc Comp Machinery, ACM SIGCHI
DE Service Feedback; Meaning Creation; Healthcare; Information Systems;
   Shared Decision Making; Patient Centred Design; Geolocation; Smartphones
AB Consumer feedback is collected in many industries, including in healthcare
where patient feedback contributes to a higher quality of care. Current
collection methods include complaints, local surveys, and patient stories, but
these methods yield low participation at high costs. Providers need affordable
and effective ways to collect feedback, and smartphone applications present as
suitable solutions. However, previous research shows that patients are hesitant
to provide smartphone-based feedback in a care setting due to perceived risks
and apparent futility of expecting change as a result. We will conduct a study
to observe consumer behaviour using smartphones to provide service feedback in
healthcare spaces versus non-healthcare spaces. We will identify addressable
barriers that impact the adoption of smartphone technology to gather patient
experience data in health care spaces.
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   James.Wallace@uwaterloo.ca
FU Social Sciences and Humanities Research Council of Canada (SSHRC);
   Natural Sciences and Engineering Research Council of Canada
   (NSERC)-Engage grant
FX We thank the Social Sciences and Humanities Research Council of Canada
   (SSHRC) and the Natural Sciences and Engineering Research Council of
   Canada (NSERC)-Engage grant for funding this research.
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Z9 0
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U2 0
PU ASSOC COMPUTING MACHINERY
PI NEW YORK
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BN 978-1-4503-5694-7
PY 2018
BP 381
EP 385
DI 10.1145/3279778.3279912
PG 5
WC Computer Science, Artificial Intelligence; Computer Science, Theory &
   Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA BM0BB
UT WOS:000458571200044
DA 2019-08-06
ER

PT B
AU Al-Tabba, A
   Al-Omari, A
   Al-Hussaini, M
AF Al-Tabba, Amal
   Al-Omari, Amal
   Al-Hussaini, Maysa
BE Odeh, M
   Mansour, A
   Kharbat, FF
   Tbakhi, A
TI Appraisal of the Jordanian Law for Data Sharing in Stem Cell Research:
   in the Light of the "GA4GH Framework" for Innovative Cancer Care
SO 2018 1ST INTERNATIONAL CONFERENCE ON CANCER CARE INFORMATICS (CCI)
LA English
DT Proceedings Paper
CT 1st International Conference on Cancer Care Informatics (CCI)
CY NOV 19-21, 2018
CL Amman, JORDAN
SP King Hussein Cancer Fdn, King Hussein Cancer Ctr, Univ West England, IEEE
Jordan Sect, Noor AlSabah Co, LeanGene, Fursan, QIAGEN, Abbott, Adv Grp,
Faisaliah Healthcare Syst
DE Data Sharing; Stem Cell Research; GA4GH Framework; Jordan; Cancer Care
   Informatics
ID DISCLOSURE
AB The need for data sharing in stem cell research will continue to grow as the
field keeps advancing. Yet, without a comprehensive and harmonized governance
system to ensure ethical and responsible data and sample sharing, the field is
threatened by unethical practices, compromise of participants' privacy and loss
of public trust. In 2014, the Global Alliance for Genomics and Health (GA4GH)
developed a common Framework for Responsible Sharing of Genomic and Health-
Related Data. At the same year, Jordan passed the first of its kind law in the
region for stem cells, Statute number 10 on Stem Cells. Using specific policy
principles of the GA4GH Framework and the work of the International Stem Cell
Forum (ISCF) Ethics Working Party, we identified several gaps in the Jordanian
Statute of Stem Cell including active participation of the public, transparency
in the data sharing and access processes, ensuring the quality and safety of the
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data, maintaining the privacy, security & confidentiality of individuals, their samples and associated data, preforming in-depth risk-benefit analysis and maintaining sustainability of stem cell banks and registries. We recommend revisiting the current Statue in light of the GA4GH Framework, which can be integrated to foster national and international collaboration and support responsible innovation in the discovery of new therapies for cancer treatment.

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TC 0
Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-7281-1447-7
PY 2018
BP 232
EP 235
PG 4
WC Oncology; Computer Science, Interdisciplinary Applications
SC Oncology; Computer Science
GA BM0FA
UT WOS:000458716500032
DA 2019-08-06
ER

PT B
AU Liao, SW
Chang, EY
Liu, CT

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AF Liao, Shih-Wei
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   Liao, Pin-Wei
   Fu, Wei-Kang
   Mei, Chung-Huan
   Chang, Emily J.
GP IEEE
TI DeepLinQ: Distributed Multi-Layer Ledgers for Privacy-Preserving Data
   Sharing
SO 2018 IEEE INTERNATIONAL CONFERENCE ON ARTIFICIAL INTELLIGENCE AND
   VIRTUAL REALITY (AIVR)
LA English
DT Proceedings Paper
CT 1st IEEE International Conference on Artificial Intelligence and Virtual
   Reality (AIVR)
CY DEC 10-12, 2018
CL Taichung, TAIWAN
SP IEEE, IEEE Comp Soc
AB This paper presents requirements to DeepLinQ and its architecture. DeepLinQ
proposes a multi-layer blockchain architecture to improve flexibility,
accountability, and scalability through on-demand queries, proxy appointment,
subgroup signatures, granular access control, and smart contracts in order to
support privacy-preserving distributed data sharing. In this data-driven AI era
where big data is the prerequisite for training an effective deep learning model,
DeepLinQ provides a trusted infrastructure to enable training data collection in
a privacy-preserved way. This paper uses healthcare data sharing as an
application example to illustrate the key properties and design of DeepLinQ.
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NR 23
TC 0
Z9 0
U1 4
U2 4
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-5386-9269-1
PY 2018
BP 173
EP 178
DI 10.1109/AIVR.2018.00037
PG 6
WC Computer Science, Artificial Intelligence
SC Computer Science
GA BM0FC
UT WOS:000458717000029
DA 2019-08-06
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PT B
AU Purnamasari, DN
   Sudarsono, A
   Kristalina, P
AF Purnamasari, Dian Neipa
   Sudarsono, Amang
   Kristalina, Prima
BE Zainudin, A
   Murdianto, FD
   Nur, F
   Bagar, C
   Anisah, I
   Anggraeni, ME
TI Secure Data Sharing Scheme using Identity-based Encryption for e-Health
   Record
SO 2018 INTERNATIONAL ELECTRONICS SYMPOSIUM ON ENGINEERING TECHNOLOGY AND
   APPLICATIONS (IES-ETA)
LA English
DT Proceedings Paper
CT IEEE International Electronics Symposium on Engineering Technology and
   Applications (IES-ETA)
CY OCT 29-30, 2018
CL Bali, INDONESIA
SP Inst Elect & Elect Engineers Indonesia sect, Inst Elect & Elect Engineers
DE eHealth record; data sharing; IBE; multiple servers
AB The more healthcare center linking their information system to the global
computer network such as the Internet, then It opens access from all over the
world and makes the potential for leakage of information getting bigger. The
importance of an eHealth record for the patient's health is to be protected from
illegal users that can be misused for other purposes. Identity-based encryption
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(IBE) is one of the appropriate security solutions to protect eHealth record data. The IBE algorithm addresses the problems inherent in conventional cryptographic techniques by using any string as a public key. The system is capable of enhancing the security of e-health records by adding verification processes to three interconnected servers. In this system communication on three servers using data that has been encrypted using IBE, so that each server is able to perform the process of encryption-decryption during data exchange. Only servers that have IDs are able to receive and extract e-health record data. Meanwhile, the experimental results show the practicality regarding the speed of the algorithm used on the system.

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NR 9
TC 0
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PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-5386-8083-4
PY 2018
BP 60
EP 65
PG 6
WC Engineering, Electrical & Electronic
SC Engineering
GA BL9WB
UT WOS:000458431600011
DA 2019-08-06
ER

PT B
AU Stach, C
   Mitschang, B
AF Stach, Christoph
   Mitschang, Bernhard
GP Assoc Comp Machinery
TI CURATOR - A Secure Shared Object Store Design, Implementation, and Evaluation of a Manageable, Secure, and Performant Data Exchange Mechanism for Smart Devices
SO 33RD ANNUAL ACM SYMPOSIUM ON APPLIED COMPUTING
LA English

DT Proceedings Paper
CT 33rd Annual ACM Symposium on Applied Computing (ACM SAC)
CY APR 09-13, 2018
CL Univ Pau Pays Adour, Pau, FRANCE
SP Assoc Comp Machinery
HO Univ Pau Pays Adour
DE Data exchange; smart devices; shared object store; security
AB Nowadays, smart devices have become incredibly popular-literally everybody has one. Due to an enormous quantity of versatile apps, these devices positively affect almost every aspect of their users' lives. E. g., there are apps collecting and monitoring health data from a certain domain such as diabetes-related or respiration-related data. However, they cannot display their whole potential since they have only access to their own data and cannot combine it with data from other apps, e. g., in order to create a comprehensive electronic health record. On that account, we introduce a secure shared object store called CURATOR. In CURATOR apps cannot only manage their own data in an easy and performant way, but they can also share it with other apps. Since some of the data is confidential, CURATOR has several security features, including authentication, fine-grained access control, and encryption. In this paper, we discuss CURATOR's design and implementation and evaluate its performance.
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FU BW-Stiftung
FX This paper is part of the PATRON research project which is commissioned by the Baden-Wurttemberg Stiftung gGmbH. The authors would like to thank the BW-Stiftung for the funding of this research.
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Zhou Y., 2013, P 20 NETW DISTR SYST, P1
NR 42
TC 0
Z9 0
U1 0
U2 0
PU ASSOC COMPUTING MACHINERY
PI NEW YORK
PA 1515 BROADWAY, NEW YORK, NY 10036-9998 USA
BN 978-1-4503-5191-1
PY 2018
BP 533
EP 540
DI 10.1145/3167132.3167190
PG 8
WC Computer Science, Theory & Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA BL7MA
UT WOS:000455180700078
DA 2019-08-06
ER

PT B
AU Carrington, P
Laput, G
Bigham, JP
AF Carrington, Patrick
Laput, Gierad
Bigham, Jeffrey P.
GP Assoc Comp Machinery
TI Exploring the Data Tracking and Sharing Preferences of Wheelchair Athletes

SO ASSETS'18: PROCEEDINGS OF THE 20TH INTERNATIONAL ACM SIGACCESS CONFERENCE ON COMPUTERS AND ACCESSIBILITY
LA English
DT Proceedings Paper
CT 20th ACM SIGACCESS International Conference on Computers and Accessibility (ASSETS)
CY OCT 22-24, 2018
CL Galway, IRELAND
SP Assoc Comp Machinery, ACM SIGACCESS
DE Wheelchair; wheelchair basketball; activity recognition
ID PARALYMPIC SPORT; PERFORMANCE; FATIGUE; ACCURACY; RUGBY

AB Sports are increasingly data-driven. Athletes use a variety of physical activity monitors to capture their movements, improve performance, and achieve excellence. To understand how wheelchair athletes want to use and share their activity data, we conducted a study using a prototype wheelchair fitness tracking device, which served as a probe to facilitate discussions. We interviewed 15 wheelchair basketball players about the use of performance data in the context of wheelchair basketball, and we discuss several implications for using and sharing automatically-tracked data. We find that the wheelchair basketball community is less concerned about the privacy of their data, and, in contrast to health data, athletes are motivated by competition. We conclude with a set of design opportunities that leverage digitized performance metrics within wheelchair basketball, which could apply to the broader wheelchair and adaptive athletics community.

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FU Per4Max Medical; National Wheelchair Basketball Association (NWBA); National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) [90DP0061]
FX We thank all the participants, Per4Max Medical, and the National Wheelchair Basketball Association (NWBA) for their support of our work. Aspects of this work were also developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0061).

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TI The Portuguese Severe Asthma Registry: Development, Features, and Data Sharing Policies
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AB The Portuguese Severe Asthma Registry (Registo de Asma Grave Portugal, RAG) was developed by an open collaborative network of asthma specialists. RAG collects data from adults and pediatric severe asthma patients that despite treatment optimization and adequate management of comorbidities require step 4/5 treatment according to GINA recommendations. In this paper, we describe the development and implementation of RAG, its features, and data sharing policies. The contents and structure of RAG were defined in a multistep consensus process. A pilot version was pretested and iteratively improved. The selection of data elements for RAG considered other severe asthma registries, aiming at characterizing the patient's clinical status whilst avoiding overloading the standard workflow of the clinical appointment. Features of RAG include automatic assessment of eligibility, easy data input, and exportable data in natural language that can be pasted directly in patients' electronic health record and security features to enable data sharing (among researchers and with other international databases) without compromising patients' confidentiality. RAG is a national web-based disease registry of severe asthma patients, available at

asmagrave.pt. It allows prospective clinical data collection, promotes standardized care and collaborative clinical research, and may contribute to inform evidence-based healthcare policies for severe asthma.

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DE Mass spectrometry imaging; Data provenance; Visualization; Data
   management; Analysis Workflows; Data sharing
ID EXCHANGE; PLATFORM; FORMAT; CURVE
AB Mass spectrometry imaging (MSI) is a transtormative imaging method that
supports the untargeted, quantitative measurement of the chemical composition
and spatial heterogeneity of complex samples with broad applications in life
sciences, bioenergy, and health. While MSI data can be routinely collected, its
broad application is currently limited by the lack of easily accessible analysis
methods that can process data of the size, volume, diversity, and complexity
generated by MSI experiments. The development and application of cutting-edge
analytical methods is a core driver in MSI research for new scientific
discoveries, medical diagnostics, and commercial-innovation. However, the lack
of means to share, apply, and reproduce analyses hinders the broad application,
validation, and use of novel MSI analysis methods. To address this central
challenge, we introduce the Berkeley Analysis and Storage Toolkit (BASTel), a
novel framework for shareable and reproducible data analysis that supports
standardized data and analysis interfaces, integrated data storage, data
provenance, workflow management, and a broad set of integrated tools. Based on
BASTet, we describe the extension of the OpenMSl mass spectrometry imaging
science gateway to enable web-based sharing, reuse, analysis, and visualization
of data analyses and derived data products. We demonstrate the application of
BASTet and OpenMSl in practice to identify and compare characteristic
substructures in the mouse brain based on their chemical composition measured
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DI 10.1109/TVCG.2017.2744479
PG 11
WC Computer Science, Software Engineering
SC Computer Science
GA FQ0IM
UT WOS:000418038400101
PM 28866551
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PT S
AU Duan, TY
   Lan, HR
   Zhong, HT
   Zhou, M
   Gao, F
AF Duan, Tingyang
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   Lan, Hengrong
   Zhong, Hongtao
   Zhou, Meng
   Gao, Fei
BE Luo, Q
   Li, X
   Gu, Y
   Tang, Y
   Zhu, D
TI Photoacoustic sensing and imaging by sharing single data acquisition
   channel
SO OPTICS IN HEALTH CARE AND BIOMEDICAL OPTICS VIII
SE Proceedings of SPIE
LA English
DT Proceedings Paper
CT Conference on Optics in Health Care and Biomedical Optics VIII
CY OCT 11-13, 2018
CL Beijing, PEOPLES R CHINA
SP SPIE, Chinese Opt Soc
DE Photoacoustic imaging; data acquisition; signal de-noising
ID TOMOGRAPHY; RESOLUTION
AB As an emerging hybrid imaging modality, photoacoustic imaging has attracted
intensive research interest in recent years in various applications, such as
breast cancer detection, brain imaging, and intravascular imaging, which
provides functional and molecular information. In a typical photoacoustic
imaging system, laser intensity fluctuation needs to be monitored by a
photodiode (PD) that can provide proper normalization for photoacoustic signals.
Conventionally, at least two data acquisition channels are necessary to receive
both photoacoustic signal and photodiode signal. In this paper, we propose a
simple and efficient method to receive both photoacoustic and photodiode signals
using single data acquisition channel, which gives lower system cost and faster
system speed. After connecting the photodiode output and ultrasound transducer
for hybrid signal acquisition, sharing channel can be achieved in two ways: Use
a direct separation algorithm when received a PA signal with desirable signal-
to-noise. Filters are exploited to keep low SNR PA signal immune from the
photodiode signal and separate them from the receiving hybrid signal. 2D PA
images based on the separated PA and PD signals will be illustrated to
demonstrate their performance and efficiency. This method will be valuable
especially when designing a PAT imaging system with multi-channel ultrasound
array and data-acquisition card.
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   of China [61805139]
FX This research was funded by Start-up grant of ShanghaiTech University
   (F-0203-17-004), Natural Science Foundation of Shanghai (18ZR1425000),
   and Natural Science Foundation of China (61805139)
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TC 0
Z9 0
U1 0
U2 0
PU SPIE-INT SOC OPTICAL ENGINEERING
PI BELLINGHAM
PA 1000 20TH ST, PO BOX 10, BELLINGHAM, WA 98227-0010 USA
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J9 PROC SPIE
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VL 10820
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WC Optics
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GA BL5JF
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ER

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AU Ucar, HN
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   Ucar, L
   Kaymak, M
   Lettieri, E
   Vural, AP
AF Ucar, Halit Necmi
   Eray, Safak
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Kocael, Omer
Ucar, Lutfi
Kaymak, Muslum
Lettieri, Emanuele
Vural, Ayse Pinar

TI BIG DATA IN ADOLESCENT PSYCHIATRY: DO PATIENTS SHARE THEIR PSYCHIATRIC SYMPTOMS ON SOCIAL NETWORKING SITES?

SO PSYCHIATRIA DANUBINA

LA English

DT Article

DE big data; adolescent psychiatry; social networking sites; symptom sharing

ID SELF-DISCLOSURE; FACEBOOK; ONLINE; DEPRESSION; DIAGNOSES; INTERNET; SUICIDE; SEEKING; CHILD

AB Background: Fascinating developments in big data technologies and unprecedented diffusion of social networking sites (SNSs) generate unseen opportunities for scientific fields, including psychiatry. This study focuses on the use of SNSs by adolescent psychiatric patients and the potential use of SNS-generated data to help medical practitioners diagnose and treat patients' mental health. Our objective is to understand and measure the psychiatric and individual conditions in which symptom-sharing occurs on SNSs and the frequency of these conditions. Based on literature, we hypothesized that the perceived value of social network sites positively affects adolescents' sharing of symptoms on these sites.

Subjects and methods: An empirical test of this hypothesis was conducted with a survey of 224 adolescents admitted to a psychiatry clinic in Turkey. The hypothesis was tested using a hierarchical multiple regression analysis.

Results: The perceived value of SNSs explained an additional 37.8% of variation in symptom sharing on SNSs above and beyond the control variables, which are gender, age, type of disorder, and amount of internet and SNS use. The findings suggested that adolescents share symptoms on SNSs only if they attribute value to the SNSs that they use. We also found that 72% of adolescents in our sample shared their symptoms on SNSs.

Conclusions: There is an attractive opportunity for information technology companies to develop, together with health professionals; data analytics that are able to detect symptoms to support psychiatric diagnoses and pave the way for big-data enabled personalized medicine.

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NR 50
TC 0
Z9 0
U1 1
U2 1
PU MEDICINSKA NAKLADA
PI ZAGREB

PA VLASKA 69, HR-10000 ZAGREB, CROATIA
SN 0353-5053
J9 PSYCHIAT DANUB
JI Psychiatr. Danub.
PY 2018
VL 30
IS 4
BP 395
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DI 10.24869/psyd.2018.395
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WC Psychiatry
SC Psychiatry
GA HB3ZN
UT WOS:000450991500004
PM 30439799
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PT J
AU Wang, X
   Yang, B
   Xia, Z
   Zhao, YQ
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AF Wang, Xin
   Yang, Bo
   Xia, Zhe
   Zhao, Yanqi
   Yu, Huifang
TI A Cheating Detectable Privacy-Preserving Data Sharing Scheme for Cloud
   Computing
SO SECURITY AND COMMUNICATION NETWORKS
LA English
DT Article
AB Cloud computing provides a new, attractive paradigm for the effective sharing
of storage and computing resources among global consumers. More and more
enterprises have begun to enter the field of cloud computing and storing data in
the cloud to facilitate the sharing data among users. However, in many cases,
users may be concerned about data privacy, trust, and integrity. It is
challenging to provide data sharing services without sacrificing these security
requirements. In this paper, a data sharing scheme of reliable, secure, and
privacy protection based on general access structure is introduced. The proposed
scheme is not only effective and flexible, but also is capable of protecting
privacy for the cloud owner, supporting data sharing under supervision, enabling
accountability of users' decryption keys, and identifying cheaters if some users
behave dishonestly. Security analysis and efficiency analysis demonstrate that
our proposed scheme has better performance in computational costs compared with
most related works. The scheme is versatile to be used in various environments.
For example, it is particularly suitable to be employed to protect personal
health data and medical diagnostic data in information medical environment.
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FX This work is supported by National Key R&D Program of China (no. 2017YFB0802000), the National Natural Science Foundation of China (61572303, 61772326, 61802241, 61802242, and 61872289), National Cryptography Development Fund during the 13th Five-year Plan Period (MMJJ20180217), the Foundation of State Key Laboratory of Information Security (2017-MS-03), the Provincial Natural Science Foundation Research Project of Shaanxi (no. 2017JQ6029), the Shaanxi Provincial Department of Education Special Scientific Research Project (no. 16JK1109), and the Doctoral Scientific Fund Project of Shaanxi University of Science and Technology (BJ11-12).

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Z9 0
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PI LONDON
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SN 1939-0114
EI 1939-0122
J9 SECUR COMMUN NETW
JI Secur. Commun. Netw.
PY 2018
AR UNSP 6174830
DI 10.1155/2018/6174830
PG 13
WC Computer Science, Information Systems; Telecommunications
SC Computer Science; Telecommunications
GA GY4OU
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OA DOAJ Gold
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ER

PT B
AU Eze, B
   Kuziemsky, C
   Peyton, L
AF Eze, Benjamin
   Kuziemsky, Craig
   Peyton, Liam
GP IEEE
TI Operationalizing Privacy Compliance for Cloud-hosted Sharing of
   Healthcare Data
SO 2018 IEEE/ACM INTERNATIONAL WORKSHOP ON SOFTWARE ENGINEERING IN
   HEALTHCARE SYSTEMS (SEHS)
LA English
DT Proceedings Paper
CT IEEE/ACM International Workshop on Software Engineering in Healthcare
   Systems (SEHS)
CY MAY 27-JUN 03, 2018
CL Gothenburg, SWEDEN
SP IEEE, Assoc Comp Machinery, IEEE Comp Soc, SIGSOFT, IEEE Tech Council
Software Engn
DE Data Sharing Agreement; Privacy Compliance; Anonymization; Performance
   Management; Cloud Computing; Healthcare Data Sharing
AB Complex patient health needs and care delivery models such as patient
participatory medicine require the ability to share data across multiple touch
points. Achieving systematic performance management of care processes require an
infrastructure that addresses interoperability and data standardization while
supporting data governance and privacy compliance. In this paper, we present a
framework for operationalizing privacy compliance for correlated cloud-hosted
data using Data Sharing Agreements (DSAs) in support of performance management
of community healthcare. Our focus is to show how DSAs can be used to
operationalize privacy compliance for a cloud-hosted surveillance and
performance management infrastructure by leveraging selective anonymization
based on both organizational and patient consents. This allows a cloud-computing
infrastructure to configure processes and services, including anonymization to
ensure privacy compliance and a systematic approach to data governance.
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NR 29
TC 0
Z9 0
U1 0
U2 0
PU IEEE
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PA 345 E 47TH ST, NEW YORK, NY 10017 USA
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PY 2018

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EP 25
DI 10.1145/3194696.3194701
PG 8
WC Computer Science, Interdisciplinary Applications; Computer Science,
   Software Engineering; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA BL1EB
UT WOS:000447285900005
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ER

PT J
AU Weber, G
AF Weber, Guglielmo
TI SHARE: a data set for ageing research
SO JOURNAL OF PUBLIC HEALTH RESEARCH
LA English
DT Editorial Material
DE Econometrics; population ageing; SHARE; retirement; public health
ID RETIREMENT
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NR 11
TC 0
Z9 0
U1 0
U2 1
PU PAGEPRESS PUBL
PI PAVIA
PA MEDITGROUP, VIA G BELLI, 4, PAVIA, 27100, ITALY
SN 2279-9028
EI 2279-9036
J9 J PUBLIC HEALTH RES
JI J. Public Health Res.
PY 2018
VL 7
IS 1
BP 63
EP 64
AR 1397
DI 10.4081/jphr.2018.1397
PG 2
WC Public, Environmental & Occupational Health
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SC Public, Environmental & Occupational Health
GA GP3FO
UT WOS:000440728100010
PM 29780769
OA DOAJ Gold, Green Published
DA 2019-08-06
ER

PT J
AU De Backere, F
   Bonte, P
   Verstichel, S
   Ongenae, F
   De Turck, F
AF De Backere, Femke
   Bonte, Pieter
   Verstichel, Stijn
   Ongenae, Femke
   De Turck, Filip
TI Sharing health data in Belgium: A home care case study using the
   Vitalink platform
SO INFORMATICS FOR HEALTH & SOCIAL CARE
LA English
DT Article
DE Belgium; cloud; health data; healthcare; privacy/security; Vitalink
ID MEDICATION COMPLIANCE; ADHERENCE; COMMUNICATION; INTERVENTIONS;
   CHALLENGES; PHYSICIANS; OUTCOMES; VISION
AB In 2013, the Flemish Government launched the Vitalink platform. This
initiative focuses on the sharing of health and welfare data to support primary
healthcare. In this paper, the objectives and mission of the Vitalink initiative
are discussed. Security and privacy measures are reviewed, and the technical
implementation of the Vitalink platform is presented. Through a case study, the
possibility of interaction with cloud solutions for healthcare is also
investigated upon; this was initially not the focus of Vitalink. The Vitalink
initiative provides support for secure data sharing in primary healthcare, which
in the long term will improve the efficiency of care and will decrease costs.
Based on the results of the case study, Vitalink allowed cloud solutions or
applications not providing end-to-end security to use their system. The most
important lesson learned during this research was the need for firm regulations
and stipulations for cloud solutions to interact with the Vitalink platform.
However, these are currently still vague.
C1 [De Backere, Femke; Bonte, Pieter; Verstichel, Stijn; Ongenae, Femke; De
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OI De Backere, Femke/0000-0002-0768-4949; Bonte, Pieter/0000-0002-8931-8343
FU iMinds Project OCareCloudS - IWT; iMinds; Televic Healthcare; TPVision;
   Telecom IT; Boone NV
FX We would like to acknowledge that part of this research was supported by
   the iMinds Project OCareCloudS co-funded by the IWT, the iMinds and the
   following partners: Televic Healthcare, TPVision, Telecom IT, and Boone
   NV. We would also like to thank OCMW-Kortrijk, OCMW-Ghent, Familiehulp
   for their cooperation in the project.
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TC 0
Z9 0
U1 0

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U2 8
PU TAYLOR & FRANCIS INC
PI PHILADELPHIA
PA 530 WALNUT STREET, STE 850, PHILADELPHIA, PA 19106 USA
SN 1753-8157
EI 1753-8165
J9 INFORM HEALTH SOC CA
JI Inform. Health Soc. Care
PY 2018
VL 43
IS 1
BP 56
EP 72
DI 10.1080/17538157.2016.1269107
PG 17
WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA FU3KW
UT WOS:000423751100005
PM 28085540
OA Green Published
DA 2019-08-06
ER

PT J
AU Gray, BJ
   Barton, ER
   Davies, AR
   Long, SJ
   Roderick, J
   Bellis, MA
AF Gray, Benjamin J.
   Barton, Emma R.
   Davies, Alisha R.
   Long, Sara J.
   Roderick, Janine
   Bellis, Mark A.
TI A shared data approach more accurately represents the rates and patterns
   of violence with injury assaults
SO JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH
LA English
DT Article
ID EMERGENCY-DEPARTMENT; ALCOHOL; COMMUNITY; HEALTH; TRENDS; SURVEILLANCE;
   INEQUALITIES; NIGHTLIFE; ENGLAND
AB Background To investigate whether sharing and linking routinely collected
violence data across health and criminal justice systems can provide a more
comprehensive understanding of violence, establish patterns of under-reporting
and better inform the development, implementation and evaluation of violence
prevention initiatives.
   Methods Police violence with injury (VWI) crimed data and emergency
department (ED) assault attendee data for South Wales were collected between 1
April 2014 and 31 March 2016 to examine the rates and patterns of VWI. Person
identifiable data (PID) were cross-referenced to establish if certain victims or
events were less likely to be reported to criminal justice services.
   Results A total of 18 316 police crimed VWI victims and 10 260 individual ED
attendances with an assault-related injury were considered. The majority of ED
assault attendances (59.0%) were unknown to police. The key demographic
identified as under-reporting to police were young males aged 18-34 years, while
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a significant amount of non-reported assaults involved a stranger. The combined monthly age-standardised rates were recalculated and on average were 74.7 (95% CI 72.1 to 77.2) and 66.1 (95% CI 64.0 to 68.2) per 100 000 population for males and females, respectively. Consideration of the additional ED cases resulted in a 35.3% and 18.1% increase on the original police totals for male and female VWI victims.

Conclusions This study identified that violence is currently undermeasured, demonstrated the importance of continued sharing of routinely collected ED data and highlighted the benefits of using PID from a number of services in a linked way to provide a more comprehensive picture of violence.

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FU Home Office Grant [2013-094, 2015-097]

FX This study was funded by the Home Office Grant Reference Numbers 2013-094 and 2015-097.

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TC 0

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Z9 0
U1 0
U2 2
PU BMJ PUBLISHING GROUP
PI LONDON
PA BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND
SN 0143-005X
EI 1470-2738
J9 J EPIDEMIOL COMMUN H
JI J. Epidemiol. Community Health
PD DEC
PY 2017
VL 71
IS 12
BP 1218
EP 1224
DI 10.1136/jech-2017-209872
PG 7
WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA FM1DP
UT WOS:000414714100013
PM 29056592
OA Other Gold, Green Published
DA 2019-08-06
ER

PT J
AU Srakar, A
   Rupel, VP
AF Srakar, A.
   Rupel, Prevolnik, V
TI MULTIPLE CHRONIC CONDITIONS IN OLDER PEOPLE AND THEIR EFFECTS ON HEALTH
   CARE UTILIZATION: A NETWORK ANALYSIS APPROACH USING SHARE DATA
SO VALUE IN HEALTH
LA English
DT Meeting Abstract
C1 [Srakar, A.; Rupel, Prevolnik, V] Inst Econ Res, Ljubljana, Slovenia.
   [Srakar, A.] Univ Ljubljana, Fac Econ, Ljubljana, Slovenia.
NR 0
TC 0
Z9 0
U1 0
U2 0
PU ELSEVIER SCIENCE INC
PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
SN 1098-3015
EI 1524-4733
J9 VALUE HEALTH
JI Value Health
PD OCT-NOV
PY 2017
VL 20
IS 9
MA PHP6
BP A899
EP A899
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PG 1
WC Economics; Health Care Sciences & Services; Health Policy & Services
SC Business & Economics; Health Care Sciences & Services
GA FK6FX
UT WOS:000413599903531
DA 2019-08-06
ER

PT J
AU Broes, S
   Lacombe, D
   Verlinden, M
   Huys, I
AF Broes, Stefanie
   Lacombe, Denis
   Verlinden, Michiel
   Huys, Isabelle
TI Sharing human samples and patient data: Opening Pandora's box
SO JOURNAL OF CANCER POLICY
LA English
DT Article
DE Data sharing; Clinical research; Human samples; Data protection;
   Incentives; Big data; Big sampling; Partnerships; Precision oncology
ID CLINICAL-TRIAL DATA; EUROPEAN-MEDICINES-AGENCY; OPEN ACCESS;
   TRANSPARENCY; INITIATIVES; RESEARCHERS; BIOBANKS
AB Background: Sharing of clinical research data is a much-debated topic.
Actions are being taken at various levels ranging from industry cooperative data
sharing models to high-level policy interventions. Similar approaches for
sharing biological samples are lacking.
   Aims and methods: An in-depth understanding of the motives for sharing, and
the still too often lack thereof, is acquired through semi-structured interviews
with 32 experts.
   Results: Moral, societal, scientific, and economic reasons favoring sharing
are driving a change in the behavior of both commercial and non-commercial
organizations. Whereas concerns of losing control, the impact on incentives to
invest, privacy and data protection considerations, pragmatic impediments, and
samples' finite nature greatly impede exploiting the scientific potential of
these valuable patient resources.
   Conclusion: Addressing these concerns by mitigating the risks can provide
incentives for sharing, and thereby leverage scientific research. Finally, a
collective vision is necessary by all stakeholders that sharing will stimulate
science and innovation in the medium and long term, and thereby outweigh
potential short term disadvantages.
C1 [Broes, Stefanie; Lacombe, Denis; Verlinden, Michiel] European Org Res
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FU EORTC
FX SB received a PhD scholarship of the EORTC.
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NR 27
TC 0
Z9 0
U1 2
U2 7
PU ELSEVIER SCI LTD
PI OXFORD
PA THE BOULEVARD, LANGFORD LANE, KIDLINGTON, OXFORD OX5 1GB, OXON, ENGLAND
SN 2213-5383
J9 J Cancer Policy
JI J. CANCER POLICY
PD SEP
PY 2017
VL 13
BP 65
EP 69
DI 10.1016/j.jcpo.2017.07.006
PG 5
WC Health Policy & Services
SC Health Care Sciences & Services
GA FU6EN
UT WOS:000423944800010
DA 2019-08-06
ER

PT J
AU Beninger, P
   Connelly, J
   Natarajan, C
AF Beninger, Paul
   Connelly, James
   Natarajan, Chandrasekhar
TI Data Sharing in the Pharmaceutical Enterprise: The Genie's Out of the
   Bottle
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SO CLINICAL THERAPEUTICS
LA English
DT Editorial Material
DE data sharing; exposure effect relationship; outcomes research; pharmaceutical enterprise; structure activity relationship; target discovery
ID MEDICINES

AB Objective: This Commentary shows that the present emphasis on the sharing of data from clinical trials can be extended to the entire pharmaceutical enterprise.

Methods: The authors constructed a Data Sharing Dashboard that shows the relationship between all of the life-cycle domains of the pharmaceutical enterprise from discovery to obsolescence and the domain bridging disciplines, such as target credentialing, structure-activity relationships, and exposure-effect relationships.

Findings: The published literature encompassing the pharmaceutical enterprise is expansive, covering the major domains of discovery, translation, clinical development, and post-marketing outcomes research, all of which have even larger, though generally inaccessible, troves of legacy data bases. Notable exceptions include the fields of genomics and bioinformatics.

Implications: We have the opportunity to broaden the present momentum of interest in data sharing to the entire pharmaceutical enterprise, beginning with discovery and extending into health technology assessment and post-patent expiry generic use with the plan of integrating new levels and disciplines of knowledge and with the ultimate goal of improving the care of our patients. (C) 2017 Elsevier HS Journals, Inc. All rights reserved.

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NR 26
TC 0
Z9 0
U1 0
U2 0
PU ELSEVIER
PI BRIDGEWATER
PA 685 ROUTE 202-206, BRIDGEWATER, NJ 08807 USA
SN 0149-2918
EI 1879-114X
J9 CLIN THER
JI Clin. Ther.
PD SEP
PY 2017
VL 39
IS 9
BP 1890
EP 1894
DI 10.1016/j.clinthera.2017.08.001
PG 5
WC Pharmacology & Pharmacy
SC Pharmacology & Pharmacy
GA FI3ZV
UT WOS:000411909900014
PM 28823517
DA 2019-08-06
ER

PT J
AU Marks, DF
AF Marks, David F.
TI Journal of Health Psychology policy on data sharing
SO JOURNAL OF HEALTH PSYCHOLOGY
LA English
DT Editorial Material
NR 0
TC 0
Z9 0
U1 0
U2 5
PU SAGE PUBLICATIONS LTD
PI LONDON
PA 1 OLIVERS YARD, 55 CITY ROAD, LONDON EC1Y 1SP, ENGLAND
SN 1359-1053
EI 1461-7277
J9 J HEALTH PSYCHOL
JI J. Health Psychol.
PD SEP
PY 2017
VL 22
IS 10
BP 1219
EP 1220
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DI 10.1177/1359105317721308
PG 2
WC Psychology, Clinical
SC Psychology
GA FE7NV
UT WOS:000408394700001
PM 28835179
OA Bronze
DA 2019-08-06
ER

PT J
AU Bhuvaneshwar, K
   Belouali, A
   Rao, S
   Alaoui, A
   Gusev, Y
   Clarke, R
   Weiner, LM
   Madhavan, S
AF Bhuvaneshwar, Krithika
   Belouali, Anas
   Rao, Shruti
   Alaoui, Adil
   Gusev, Yuriy
   Clarke, Robert
   Weiner, Louis M.
   Madhavan, Subha
TI The Georgetown Database of Cancer (G-DOC): A web-based data sharing
   platform for precision medicine
SO CANCER RESEARCH
LA English
DT Meeting Abstract
CT Annual Meeting of the American-Association-for-Cancer-Research (AACR)
CY APR 01-05, 2017
CL Washington, DC
SP Amer Assoc Canc Res
NR 0
TC 0
Z9 0
U1 1
U2 1
PU AMER ASSOC CANCER RESEARCH
PI PHILADELPHIA
PA 615 CHESTNUT ST, 17TH FLOOR, PHILADELPHIA, PA 19106-4404 USA
SN 0008-5472
EI 1538-7445
J9 CANCER RES
JI Cancer Res.
PD JUL
PY 2017
VL 77
SU 13
MA 2604
DI 10.1158/1538-7445.AM2017-2604
PG 2
WC Oncology
SC Oncology
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GA GR3MV
UT WOS:000442496705447
DA 2019-08-06
ER

PT J
AU Srakar, A
   Rupel, VP
AF Srakar, A.
   Rupel, Prevolnik, V
TI MULTIPLE CHRONIC CONDITIONS IN OLDER PEOPLE AND THEIR EFFECTS ON HEALTH
   CARE UTILIZATION: A NETWORK ANALYSIS APPROACH USING SHARE DATA
SO VALUE IN HEALTH
LA English
DT Meeting Abstract
C1 [Srakar, A.; Rupel, Prevolnik, V] Inst Econ Res, Ljubljana, Slovenia.
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NR 0
TC 0
Z9 0
U1 0
U2 0
PU ELSEVIER SCIENCE INC
PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
SN 1098-3015
EI 1524-4733
J9 VALUE HEALTH
JI Value Health
PD MAY
PY 2017
VL 20
IS 5
MA PHP241
BP A57
EP A57
PG 1
WC Economics; Health Care Sciences & Services; Health Policy & Services
SC Business & Economics; Health Care Sciences & Services
GA FA4XU
UT WOS:000405448000300
DA 2019-08-06
ER

PT J
AU Capo-Lugo, CE
   Kho, AN
   O'Dwyer, LC
   Rosenman, MB
AF Capo-Lugo, Carmen E.
   Kho, Abet N.
   O'Dwyer, Linda C.
   Rosenman, Marc B.
TI Data Sharing and Data Registries in Physical Medicine and Rehabilitation
SO PM&R
LA English
DT Article
ID HEALTH-CARE; OUTCOMES PARTNERSHIP; NEUROTROPHIC FACTOR; DATA MODELS;
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QUALITY; SURVEILLANCE; DATABASES; KNOWLEDGE; TRENDS; STATE

AB The field of physical medicine Et rehabilitation (PM&R), along with all the disciplines it encompasses, has evolved rapidly in the past 50 years. The number of controlled trials, systematic reviews, and meta-analyses in PM&R increased 5-fold from 1998 to 2013. In recent years, professional, private, and governmental institutions have identified the need to track function and functional status across providers and settings of care and on a larger scale. Because function and functional status are key aspects of PM&R, access to and sharing of reliable data will have an important impact on clinical practice. We reviewed the current landscape of PM&R databases and data repositories, the clinical applicability and practice implications of data sharing, and challenges and future directions. We included articles that (1) addressed any aspect of function, disability, or participation; (2) focused on recovery or maintenance of any function; and (3) used data repositories or research databases. We identified 398 articles that cited 244 data sources. The data sources included 66 data repositories and 179 research databases. We categorized the data sources based on their purposes and uses, geographic distribution, and other characteristics. This study collates the range of databases, data repositories, and data-sharing mechanisms that have been used in PM&R internationally. In recent years, these data sources have provided significant information for the field, especially at the population-health level. Implications and future directions for data sources also are discussed.

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TC 0
Z9 0
U1 0
U2 4
PU WILEY
PI HOBOKEN
PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
SN 1934-1482
EI 1934-1563
J9 PM&R
JI PM&R
PD MAY
PY 2017
VL 9
IS 5
SU S
BP S59
EP S74
DI 10.1016/j.pmrj.2017.04.003
PG 16
WC Rehabilitation; Sport Sciences
SC Rehabilitation; Sport Sciences
GA EW6CG
UT WOS:000402592200009
PM 28527505
DA 2019-08-06
ER

PT J
AU VanArsdale, L
   Curran-Everett, D
   Haugen, H
   Smith, N
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AF VanArsdale, Lynne
   Curran-Everett, Douglas
   Haugen, Heather
   Smith, Nancy
   Atherly, Adam
TI For Diabetes Shared Savings Programs, 1 Year of Data Is Not Enough
SO POPULATION HEALTH MANAGEMENT
LA English
DT Article
ID HEALTH-CARE COSTS; INNOVATION PROFILE; MEDICAID CLAIMS; QUALITY;
   SEVERITY; DEPRESSION; MELLITUS; RECORDS; OBESITY; ADULTS
AB Fee-for-service payment models are moving toward pay-for-performance designs,
many of which rely on shared savings for financial sustainability. Shared
savings programs divide the cost savings between health care purchaser and
provider based on provider performance. Often, these programs measure provider
performance as the delivery of agreed-upon clinical practice guidelines that
usually are represented as evidence-based medicine (EBM). Multiyear studies show
a negative relationship between total cost and EBM, indicating that long-term
shared savings can be substantial. This study explores expectations for the
rewards in the first year of a shared savings program. It also indicates the
effectiveness of using 1 year of claims to assess cost savings from evidence-
based care, especially in a patient population with high turnover. This study
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analyzed 1956 adults with diabetes insured through Medicaid. Results of linear regression showed that the relationship between total cost of care and each element of evidence-based medical care during a 1-year period was positive (higher cost) or insignificant. The results indicate that diabetes EBM programs cannot expect to see significant cost savings if the evaluation lasts only 1 year or less. The study concludes that improvements in EBM incentive programs could come from investigating the length of time needed to realize cost savings from each element of diabetes EBM. Investigating other factors that could affect the expected amount of cost savings also would benefit these programs, especially factors derived from sources external to insurance program information such as the medical record and care management data.

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NR 37
TC 0
Z9 0
U1 1
U2 3
PU MARY ANN LIEBERT, INC
PI NEW ROCHELLE
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SN 1942-7891
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J9 POPUL HEALTH MANAG
JI Popul. Health Manag.
PD APR
PY 2017
VL 20
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WC Health Care Sciences & Services
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PT J
AU Ali, GS
AF Ali, Gabriele Spina
TI TRIPS and disclosure of clinical information: An intellectual property perspective on data sharing
SO JOURNAL OF WORLD INTELLECTUAL PROPERTY

LA English
DT Article
DE clinical trials; data exclusivity; disclosure; TRIPS
ID TRIAL REGISTRATION; INTERNATIONAL-CONFERENCE; TECHNICAL REQUIREMENTS; TRANSPARENCY; STATEMENT; ACCESS; HEALTH; PHARMACEUTICALS; HARMONIZATION; COMMITTEE

AB Health scholars, lawyers, and social activists have greatly emphasized the social benefits of disclosure of clinical reports, that is, dossiers of drugs trials submitted to medical agencies in support of pharmaceutical authorizations. On their side, medical authorities are reluctant to divulge regulatory documents because they fear that they might contain commercial trade secrets of drug applicants. In these regards, the Agreement on Trade Related Aspects of Intellectual Property (TRIPS) prohibits trials disclosure except "where necessary to protect the public" or "unless steps are taken to ensure that the data are protected against unfair commercial use." This paper delves into the complicacies of the TRIPS discipline to clarify the limits imposed by the treaty on medical agencies, and it goes on to suggest meaningful ways of complying with the TRIPS obligations while retaining most of the benefits associated with trials disclosure.

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NR 88
TC 0
Z9 0
U1 1
U2 2
PU WILEY
PI HOBOKEN
PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
SN 1422-2213
EI 1747-1796
J9 J WORLD INTELLECT PR
JI J. World Intellect. Prop.
PD MAR
PY 2017
VL 20
IS 1-2
BP 24
EP 56
DI 10.1111/jwip.12071
PG 33
WC Law
SC Government & Law
GA FA0LE
UT WOS:000405125200002
DA 2019-08-06
ER

PT J
AU Woolley, JP
AF Woolley, J. Patrick
TI TOOLS TO FOSTER TRUST IN SHARING HEALTHCARE DATA: TOWARD A COMMON
   LANGUAGE FOR REGULATORY METADATA
SO MEDICINE AND LAW
LA English
DT Article
DE Big Data; Data; Ethics; Genomics; Governance; Law; Medicine; Metadata;
   Regulation; Sociology
ID GENOMIC MEDICINE; ETHICS
AB The importance of ethical, legal, and social issues (ELSI) in genomics has
been recognized since the inception of the Human Genome Project. As it is
medical professionals who most directly interact with, advise, and guide
patients and research participants, they are de facto intermediators between the
public and these scientific, ethical, and regulatory matters. As individual
genotyping becomes the norm, the public will increasingly turn to medical
professionals for help in making sense of how uses of genomic data are relevant
to one's own interests and to the interests of others. The Global Alliance for
Genomics and Health (GA4GH) is developing metadata tools to help address
regulatory concerns in the increasingly non-localized data contexts into which
medical research is rapidly moving. This article discusses how these metadata
tools establish clarity on complex, multifaceted, regulatory issues, and thereby
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improve medical professionals' ability to inform individuals, respond to concerns, and foster trust.
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   Wyllys RE, OVERVIEW OF METADATA
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NR 20
TC 0
Z9 0
U1 1
U2 2
PU UNIV BOPHUTHATSWANA
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PA INT CENTRE MEDICINE & LAW PO BOX 4182 REP BOPHUTHATSWANA, MMABATHO 8681,
   SOUTH AFRICA
SN 0723-1393
EI 2471-836X
J9 MED LAW
JI Med. Law
PD MAR
PY 2017
VL 36
IS 1
BP 25
EP 50
PG 26
WC Law
SC Government & Law
GA FY0HU
UT WOS:000426492300003
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PT B
AU Liang, XP
   Zhao, J
   Shetty, S
   Liu, JH
   Li, DY
AF Liang, Xueping
   Zhao, Juan
   Shetty, Sachin
   Liu, Jihong
   Li, Danyi
GP IEEE
TI Integrating Blockchain for Data Sharing and Collaboration in Mobile
   Healthcare Applications
SO 2017 IEEE 28TH ANNUAL INTERNATIONAL SYMPOSIUM ON PERSONAL, INDOOR, AND
   MOBILE RADIO COMMUNICATIONS (PIMRC)
LA English
DT Proceedings Paper
CT IEEE 28th Annual International Symposium on Personal, Indoor, and Mobile
   Radio Communications (PIMRC)
CY OCT 08-13, 2017
CL Montreal, CANADA
SP IEEE, IEEE Commun Soc
DE Healthcare; eHealth; Privacy; Permissioned Blockchain; Access Control;
   Scalability; Integrity; Wearable Devices; Mobile Platform
AB Enabled by mobile and wearable technology, personal health data delivers
immense and increasing value for healthcare, benefiting both care providers and
medical research. The secure and convenient sharing of personal health data is
crucial to the improvement of the interaction and collaboration of the
healthcare industry. Faced with the potential privacy issues and vulnerabilities
existing in current personal health data storage and sharing systems, as well as
the concept of self-sovereign data ownership, we propose an innovative user-
centric health data sharing solution by utilizing a decentralized and
permissioned blockchain to protect privacy using channel formation scheme and
enhance the identity management using the membership service supported by the
blockchain. A mobile application is deployed to collect health data from
personal wearable devices, manual input, and medical devices, and synchronize
data to the cloud for data sharing with healthcare providers and health
insurance companies. To preserve the integrity of health data, within each
record, a proof of integrity and validation is permanently retrievable from
cloud database and is anchored to the blockchain network. Moreover, for scalable
and performance considerations, we adopt a tree-based data processing and
batching method to handle large data sets of personal health data collected and
uploaded by the mobile platform.
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RI Liang, Xueping/K-6259-2019; Shetty, Sachin/W-1101-2018
OI Liang, Xueping/0000-0002-8764-9966; Shetty, Sachin/0000-0002-8789-0610
FU Office of the Assistant Secretary of Defense for Research and
   Engineering (OASD (R E)) [FA8750-15-2-0120]; National Natural Science
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   Foundation of China [61402470]; research project of Trusted Internet
   Identity Management [2016YFB0800505, 2016YFB0800501]
FX This work was supported by Office of the Assistant Secretary of Defense
   for Research and Engineering (OASD (R & E)) agreement FA8750-15-2-0120.
   The work was also supported by a grant from the National Natural Science
   Foundation of China (No. 61402470) and the research project of Trusted
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Z9 0
U1 3
U2 18
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-5386-3531-5
PY 2017
PG 5
WC Engineering, Electrical & Electronic; Telecommunications
SC Engineering; Telecommunications
GA BJ6WY
UT WOS:000426970901049
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AF Rake, Ester A.
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   Heeren, Barend
   Engelen, Lucien J. L. P. G.
   van de Belt, Tom H.
TI Personalized Consent Flow in Contemporary Data Sharing for Medical
   Research: A Viewpoint
SO BIOMED RESEARCH INTERNATIONAL
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LA English

DT Article

AB Background. Health data personally collected by individuals with wearable devices and smartphones is becoming an important data source for healthcare, but also for medical research. Objective. To describe a new consent model that allows people to control their personally collected health data and determine to what extent they want to share these for research purposes. Methods. We developed, in close collaboration with patients, researchers, healthcare professionals, privacy experts, and an accredited Medical Ethical Review Committee, an innovative concept called "personalized consent flow" within a research platform connected to a personal health record. The development was an iterative process with informal meetings, semistructured interviews, and surveys. The final concept of the personalized consent flow was reviewed by patients and improved and approved by the same patients in a focus group. Results. This concept could result in optimal control for individual users, since they will answer questions about how they will share data. Furthermore, it enables users to collect data for specific studies and add expiration dates to their data. This work facilitates further discussion about dynamic and personalized consent. A pilot study with the personalized consent model is currently being carried out.

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NR 11
TC 0
Z9 0
U1 0
U2 6

PU HINDAWI LTD
PI LONDON
PA ADAM HOUSE, 3RD FLR, 1 FITZROY SQ, LONDON, W1T 5HF, ENGLAND
SN 2314-6133
EI 2314-6141
J9 BIOMED RES INT
JI Biomed Res. Int.
PY 2017
AR 7147212
DI 10.1155/2017/7147212

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PG 4
WC Biotechnology & Applied Microbiology; Medicine, Research & Experimental
SC Biotechnology & Applied Microbiology; Research & Experimental Medicine
GA EW0FL
UT WOS:000402164000001
PM 28638834
OA DOAJ Gold, Green Published
DA 2019-08-06
ER

PT J
AU Dudnik, E
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AF Dudnik, Elizabeth
   Goldstein, Daniel
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   Cyjon, Arnold
   Peled, Nir
TI Nivolumab for Non-Small Cell Lung Cancer (NSCLC): An Economic Model for
   Risk Sharing Based on Real-Life Data
SO JOURNAL OF THORACIC ONCOLOGY
LA English
DT Meeting Abstract
DE Nivolumab; economic model; non-small cell lung cancer (NSCLC); risk
   sharing
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Davidoff Canc Ctr, Petah Tiqwa, Israel.
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RI Roisman, Laila C./P-9129-2019
OI Roisman, Laila C./0000-0001-8455-9327
NR 0
TC 0
Z9 0
U1 1
U2 2
PU ELSEVIER SCIENCE INC
PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
SN 1556-0864
EI 1556-1380
J9 J THORAC ONCOL
JI J. Thorac. Oncol.
PD JAN
PY 2017
VL 12
IS 1
SU S
MA P3.07-004
BP S1432
EP S1433
PG 2
WC Oncology; Respiratory System
SC Oncology; Respiratory System
GA FJ8YY
UT WOS:000413055803292
DA 2019-08-06
ER

PT J
AU Huang, QL
   Wang, LC
   Yang, YX
AF Huang, Qinlong
   Wang, Licheng
   Yang, Yixian
TI Secure and Privacy-Preserving Data Sharing and Collaboration in Mobile
   Healthcare Social Networks of Smart Cities
SO SECURITY AND COMMUNICATION NETWORKS
LA English
DT Article
ID ATTRIBUTE-BASED ENCRYPTION; SYSTEM; CLOUD; ACCESS
AB Mobile healthcare social networks (MHSN) integrated with connected medical
sensors and cloud-based health data storage provide preventive and curative
health services in smart cities. The fusion of social data together with real-
time health data facilitates a novel paradigm of healthcare big data analysis.
However, the collaboration of healthcare and social network service providers
may pose a series of security and privacy issues. In this paper, we propose a
secure health and social data sharing and collaboration scheme in MHSN. To
preserve the data privacy, we realize secure and fine-grained health data and
social data sharing with attribute-based encryption and identity-based broadcast
encryption techniques, respectively, which allows patients to share their
private personal data securely. In order to achieve enhanced data collaboration,
we allow the healthcare analyzers to access both the reencrypted health data and
the social data with authorization from the data owner based on proxy
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reencryption. Specifically, most of the health data encryption and decryption computations are outsourced from resource-constrained mobile devices to a health cloud, and the decryption of the healthcare analyzer incurs a low cost. The security and performance analysis results show the security and efficiency of our scheme.

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FU National Key Research and Development Program of China [2016YFB0800605]; National Natural Science Foundation of China [61572080]; CCF; Venustech Research Program [2016012]
FX This work was supported by the National Key Research and Development Program of China under Grant no. 2016YFB0800605, the National Natural Science Foundation of China under Grant no. 61572080, and the CCF and Venustech Research Program under Grant no. 2016012.

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NR 30

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TC 0
Z9 0
U1 6
U2 26
PU WILEY-HINDAWI
PI LONDON
PA ADAM HOUSE, 3RD FL, 1 FITZROY SQ, LONDON, WIT 5HE, ENGLAND
SN 1939-0114
EI 1939-0122
J9 SECUR COMMUN NETW
JI Secur. Commun. Netw.
PY 2017
AR UNSP 6426495
DI 10.1155/2017/6426495
PG 12
WC Computer Science, Information Systems; Telecommunications
SC Computer Science; Telecommunications
GA FD8HY
UT WOS:000407767000001
OA DOAJ Gold
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ER

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AU Bouzille, G
   Westerlynck, R
   Defossez, G
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   Pladys, Patrick
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BE Gundlapalli, AV
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Zhao, D
TI Sharing Health Big Data for Research - A Design by Use Cases: The
INSHARE Platform Approach
SO MEDINFO 2017: PRECISION HEALTHCARE THROUGH INFORMATICS
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 16th World Congress on Medical and Health Informatics (MEDINFO)
CY AUG 21-25, 2017
CL Int Med Informat Assoc, Xiamen, PEOPLES R CHINA
SP Chinese Med Informat Assoc
HO Int Med Informat Assoc
DE Information Dissemination; Information Storage and Retrieval; Registries
ID WATERMARKING; DISEASE
AB Sharing and exploiting Health Big Data (HBD) allow tackling challenges: data protection/governance taking into account legal, ethical, and deontological aspects enables trust, transparent and win-win relationship between researchers, citizens, and data providers. Lack of interoperability: compartmentalized and syntactically/semantically heterogeneous data. INSHARE project using experimental proof of concept explores how recent technologies overcome such issues. Using 6 data providers, platform is designed via 3 steps to: (1) analyze use cases, needs, and requirements; (2) define data sharing governance, secure access to platform; and (3) define platform specifications. Three use cases - from 5 studies and 11 data sources - were analyzed for platform design. Governance derived from SCANNER model was adapted to data sharing. Platform architecture integrates: data repository and hosting, semantic integration services, data processing, aggregate computing, data quality and integrity monitoring, Id linking, multisource query builder, visualization and data export services, data governance, study management service and security including data watermarking.
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dAta for Research) project (grant no. ANR-15-CE19-0024).

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Z9 0
U1 1
U2 4
PU IOS PRESS
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PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
SN 0926-9630
EI 1879-8365
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J9 STUD HEALTH TECHNOL
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BP 303
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DI 10.3233/978-1-61499-830-3-303
PG 5
WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA BL3AY
UT WOS:000449471200063
PM 29295104
DA 2019-08-06
ER

PT S
AU Small, SS
   Peddie, D
   Ackerley, C
   Hohl, CM
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AF Small, Serena S.
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   Balka, Ellen
BE Nohr, C
   Kuziemsky, CE
   Wong, ZSY
TI Patient Perceptions About Data Sharing & Privacy: Insights from
   ActionADE
SO CONTEXT SENSITIVE HEALTH INFORMATICS: REDESIGNING HEALTHCARE WORK
SE Studies in Health Technology and Informatics
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LA English

DT Proceedings Paper

CT International Conference on Context Sensitive Health Informatics, Human and Socio-Technical Approaches (CSHI)

CY AUG 18-19, 2017

CL Citi Univ, Hong Kong, HONG KONG

SP City Univ Hong Kong, Dept Management Sci, IMIA Working Grp Human Factors Engn Healthcare Informat, IMIA Working Grp Organizat & Social Issues, IMIA Working Grp Technol Assessment & Qual Dev Hlth Informat, IMIA Working Grp Primary Hlth Care Informat

HO Citi Univ

DE Data privacy; information and communication technology; sociotechnical; patient participation

ID HEALTH INFORMATION

AB Information communication technologies (ICTs) may improve health delivery by enhancing informational continuity of care and enabling secondary use of health data including public health surveillance and research. ICTs also introduce concerns related to privacy. In this paper, we examine and address this tension in the context of the development and implementation of a novel platform that will enable the documentation and communication of patient-specific ADE information, titled ActionADE. We explored privacy concerns qualitatively from the perspective of patients. Our findings will inform a series of recommendations for system design that seek to balance the need to both share and protect personal health information.

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U2 0
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WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA BK5WO
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PM 28809192
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ER

PT S
AU Niwa, A
   Nishi, H
AF Niwa, Akira
   Nishi, Hiroaki
GP IEEE
TI An information platform for smart communities realizing data usage
   authentication and secure data sharing
SO 2017 FIFTH INTERNATIONAL SYMPOSIUM ON COMPUTING AND NETWORKING (CANDAR)
SE International Symposium on Computing and Networking
LA English
DT Proceedings Paper
CT 5th International Symposium on Computing and Networking (CANDAR)
CY NOV 19-22, 2017
CL Aomori, JAPAN
SP IEICE Tech Comm Comp Syst, IPSJ Special Interest Grp Syst Architecture, IPSJ
Special Interest Grp Programming, Hiroshima Univ, Natl Inst Informat, Fujitsu
Ltd, Yahoo Japan
DE Smart Community; Privacy; VRM; CRM
ID INTERNET; PRIVACY; THINGS; CITY
AB The deployment of Information and Communication Technology in existing
infrastructure has increased interest in smart communities. Smart communities
provide various services such as ancillary services, road traffic information
management, and health care management. Each service has distinctive
characteristics such as processing delay, the need for anonymity, computational
cost, and the amount of data. Therefore, to optimize the system, locations to
provide these services should be organized. In addition, secondary use of
personal data is assumed in smart communities. Thus, measures to provide privacy
protection should be implemented. In this paper, a new information platform is
proposed, which allows management of a user's privacy policy, management of data
usage, smooth data sharing, and adequate service location organization by
introducing the concept of "Relationship." Response time associated with
organization was evaluated on the implemented platform to ensure the feasibility
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of the proposed method, and it was about 15 minutes when the number of
Relationships is 12,800.

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and Communications of Japan; Keio Univ. Global Smart Society Creation
Project Research
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Foundation, from an MLIT Grant for development of advanced technology in
housing and buildings, by the R&D project "Design of Information and
Communication Platform for Future Smart Community Services" by the
Ministry of Internal Affairs and Communications of Japan, and from Keio
Univ. Global Smart Society Creation Project Research.

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TC 0
Z9 0
U1 0
U2 1
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2379-1888
BN 978-1-5386-2087-8
J9 INT SYMPOS COMPUT NE
PY 2017
BP 119
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DI 10.1109/CANDAR.2017.73

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PG 7
WC Computer Science, Hardware & Architecture; Computer Science, Theory &
   Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA BK2GA
UT WOS:000432657800016
DA 2019-08-06
ER

PT S
AU Tang, WJ
   Zhang, K
   Ren, J
   Zhang, YX
   Shen, XM
AF Tang, Wenjuan
   Zhang, Kuan
   Ren, Ju
   Zhang, Yaoxue
   Shen, Xuemin (Sherman)
GP IEEE
TI Lightweight and Privacy-preserving Fog-assisted Information Sharing
   Scheme for Health Big Data
SO GLOBECOM 2017 - 2017 IEEE GLOBAL COMMUNICATIONS CONFERENCE
SE IEEE Global Communications Conference
LA English
DT Proceedings Paper
CT IEEE Global Communications Conference (GLOBECOM)
CY DEC 04-08, 2017
CL YourSingapore, Singapore, SINGAPORE
SP IEEE, Intel, Natl Instruments, Huawei, Keysight Technologies Inc, Nanyang
Technol Univ, Sch Elect & Elect Engn, Rohde & Schwarz
HO YourSingapore
DE Fog Computing; E-healthcare; Data Sharing; Attribute-based Encryption;
   Privacy-preserving; Lightweight
AB With the advancements of electronic medical equipment, e-healthcare system
becomes a promising paradigm to continuously monitor health conditions and
remotely diagnose phenomena. However, it also generates a large volume of health
data and poses several security challenges, such as access control security and
privacy leakage. Furthermore, some medical devices/sensors have low battery
power. In this paper, we propose a lightweight and privacy-preserving fog-
assisted information sharing scheme (PFHD) for health big data. Specifically, we
integrate fog computing into e-healthcare system to pre-process the raw health
data and improve the efficiency of health data analysis. Meanwhile, we design a
hierarchical attribute-based encryption method by encrypting the profile and
health data with different access policies for privacy preservation. Furthermore,
we achieve lightweight encryption on devices by offloading part of encryption
cost from devices to fog servers. Security discussions show that PFHD can
achieve fine-grained health data sharing with data privacy preservation.
Performance evaluations demonstrate the efficiency of PFHD, especially in terms
of encryption computation and storage costs.
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Z9 0
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SN 2334-0983
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J9 IEEE GLOB COMM CONF
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WC Engineering, Electrical & Electronic; Telecommunications
SC Engineering; Telecommunications
GA BJ8DL
UT WOS:000428054305099

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PT B
AU Shafagh, H
   Hithnawi, A
AF Shafagh, Hossein
   Hithnawi, Anwar
GP ACM
TI Privacy-preserving Quantified Self: Secure Sharing and Processing of
   Encrypted Small Data
SO PROCEEDINGS OF THE 2017 WORKSHOP ON MOBILITY IN THE EVOLVING INTERNET
   ARCHITECTURE (MOBIARCH '17)
LA English
DT Proceedings Paper
CT 12th ACM SIGCOMM Workshop on Mobility in the Evolving Internet
   Architecture (MobiArch)
CY AUG 25, 2017
CL Los Angeles, CA
SP Assoc Comp Machinery, ACM SIGCOMM
DE IoT; Privacy; Encrypted Processing; Homomorphic Encryption; Secure
   Sharing
AB The emergence of a plethora of wearables and sensing technologies has enabled
non-intrusive digitization of our daily physical activities. Emerging
applications utilize such data to make inferences about our physiological and
health states, provide health diagnosis, and contribute to wellbeing
improvements. The common approach for such applications is to collect data,
either using mobile applications or special hardware, e.g., wearables, and store
them on a third party storage provider. This results in many unconnected data
silos of self-quantification data. Researchers and industry, advocate for a
common personal storage space, to conquer the myriad of small chunks of data,
deemed to be lost/forgotten in the long term. The benefits of such co-located
personal data are tremendous, specifically with regards to personalized medicine,
treatment, and health care. However, the centralized storage of data exacerbates
the privacy and security concerns that the IoT ecosystem is facing today. In
this position paper, we advocate the necessity of privacy and security
guarantees for the paradigm of co-located storage of personal health data. We
envision two core security functionalities: true end-to-end encryption, such
that only encrypted data is stored in the cloud and secure sharing of encrypted
data, without disclosing data owner's secret keys. We discuss the challenges in
adopting such an end-to-end encryption paradigm while preserving the cloud's
basic processing functionalities over encrypted data and how to
cryptographically enforce access control.
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CR [Anonymous], 2016, AVA FERTILITY TRACKI
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P160, DOI 10.1109/SFCS.1982.38
NR 44
TC 0
Z9 0
U1 0
U2 0
PU ASSOC COMPUTING MACHINERY
PI NEW YORK
PA 1515 BROADWAY, NEW YORK, NY 10036-9998 USA
BN 978-1-4503-5059-4
PY 2017
BP 25
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DI 10.1145/3097620.3097625
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WC Telecommunications
SC Telecommunications
GA BJ6RD
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ER

PT B
AU Saha, R
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   Sarkar, S
   Datta, SK
AF Saha, Renata
   Sarkar, Sayan
   Datta, Soumya Kanti
BE Taki, GS
TI Balancing Security & Sharing of Fitness Trackers' Data
SO 2017 1ST INTERNATIONAL CONFERENCE ON ELECTRONICS, MATERIALS ENGINEERING
   & NANO-TECHNOLOGY (IEMENTECH)
LA English
DT Proceedings Paper
CT 1st International Conference on Electronics, Materials Engineering and
   Nano-Technology (IEMENTech)
CY APR 28-29, 2017
CL Kolkata, INDIA
SP Inst Engn & Management, Dept Elect & Commun Engn
DE Wearable; Fitness Trackers; Electronic Health Record (EHR); Security;
   Sharing; Filter System
ID HEALTH-CARE
AB Use of wearable fitness trackers is progressively increasing over the world.
The raw information from these gadgets on processing produces Electronic Health
Record (EHR). It has great importance since it enhances the scope of medicinal
services with financially savvy nature. Despite this fact, the human health
architecture are tested essentially by security and ownership of information.
Securing EHR with an encoded secret key is a plausible choice. EHRs have their
potential advantages in the Evidence Based Medicine (EBM). The purpose of this
paper is to discuss the various ethical issues arising during use of the EHRs of
fitness trackers and their possible solutions by strengthening security with
gaining public trust on EHR based approach. This paper also proposes a filter
system that balances the security & sharing of health data.
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NR 12
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Z9 0
U1 0
U2 2
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
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PY 2017
PG 6
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WC Engineering, Electrical & Electronic
SC Engineering
GA BJ5FE
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ER

PT B
AU Sharon, RS
   Manoj, RJ
AF Sharon, R. Shiny
   Manoj, R. Joseph
GP IEEE
TI E-HEALTH CARE DATA SHARING INTO THE CLOUD BASED ON DEDUPLICATION AND
   FILE HIERARCHICAL ENCRYPTION
SO 2017 INTERNATIONAL CONFERENCE ON INFORMATION COMMUNICATION AND EMBEDDED
   SYSTEMS (ICICES)
LA English
DT Proceedings Paper
CT International Conference on Information Communication and Embedded
   Systems (ICICES)
CY FEB 23-24, 2017
CL INDIA
SP S A Engn Coll, S A Engn Coll, Dept Comp Sci & Engn, S A Engn Coll, Elect
Commun & Engn, S A Engn Coll, Elect & Elect Engn
DE E-Healthcare; PHI (Personal Health Information); cloud computing;
   deduplication; ABE (Attribute Based Encryption)
AB E-Healthcare system plays a major role in the society. It monitors the health condition and helps in giving appropriate medical treatments. This system aims at gathering and storing patient's details and sharing health related information. It also has high legitimate concerns about patient's privacy and information security. This system minimizes the infrastructural barriers for the developing nations. It also extends healthcare systems to the remote and isolated areas which has limited access to medical technologies, remote health services are provided through telecommunications. Quality of the service and security are added advantage to the system. They collect the real time personal information (PHI) and health problems from patients and transmit them to the healthcare provider for the authorized physicians to decide on the corresponding treatment. They send the PHI in terms of text and image to the cloud, and also the other personal queries related to their medical history. In cloud computing, collected PHI should match the physicians experience to judge the state of the patient and unfortunately, delegating both storage and computation to the untrusted entity would bring a series of security. This is where deduplication comes into play. It is a technique for eliminating duplicate copies of data, and has been widely used in cloud storage to reduce storage space and upload bandwidth. Attribute-based encryption (ABE) has been a preferred encryption technology to solve the challenging problem of security during data sharing in cloud computing. For every file a separate key will be provided, which is to be decrypted for using the file further.
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RP Sharon, RS (reprint author), St Josephs Coll Engn, Dept Informat Technol, Madras 600119, Tamil Nadu, India.
EM shinythomas999@gmail.com; rjmanoj79@gmail.com
CR [Anonymous], SID CHANN CLOUD SERV
   Bellare Mihir, DUPLESS SERVER AIDED
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NR 10
TC 0
Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-5090-6135-8
PY 2017
PG 6
WC Computer Science, Artificial Intelligence; Computer Science, Information
   Systems; Computer Science, Interdisciplinary Applications;
   Telecommunications
SC Computer Science; Telecommunications
GA BJ5JD
UT WOS:000425943400030
DA 2019-08-06
ER

PT B
AU Moss, L
   Shaw, M
   Piper, I
   Hawthorne, C
   Kinsella, J
AF Moss, Laura
   Shaw, Martin
   Piper, Ian
   Hawthorne, Christopher
   Kinsella, John
BE VanDenBroek, EL
   Fred, A
   Gamboa, H
   Vaz, M
TI Sharing of Big Data in Healthcare: Public Opinion, Trust, and Privacy
   Considerations for Health Informatics Researchers
SO PROCEEDINGS OF THE 10TH INTERNATIONAL JOINT CONFERENCE ON BIOMEDICAL
   ENGINEERING SYSTEMS AND TECHNOLOGIES, VOL 5: HEALTHINF
LA English
DT Proceedings Paper
CT 10th International Joint Conference on Biomedical Engineering Systems
   and Technologies
CY FEB 21-23, 2017
CL Porto, PORTUGAL
DE Big Data; Privacy; Critical Care; Data Analysis; Trust; Data Security
ID PATIENT
AB Advances in technology has transformed clinical medicine; electronic patient
records routinely store clinical notes, internet-enabled mobile apps support
self-management of chronic diseases, point-of-care testing enables laboratory
tests to be performed outside of hospital environments, patient treatment can be
delivered over wide geographic areas and wireless sensor networks are able to
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collect and send physiological data. Increasingly, this technology leads to the development of large databases of sensitive electronic patient information. There is public interest into the secondary use of this data; many concerns are voiced about the involvement of private companies and the security and privacy of this data, but at the same time, these databases present a valuable source of clinical information which can drive health informatics and clinical research, leading to improved patient treatment. In this position paper, we argue that for health informatics projects to be successful, public concerns over the secondary use of patient data need to be addressed in the design and implementation of the technology and conduct of the research project.

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FU Innovate UK [102113]; West of Scotland Research Ethics Committee (REC) [15/WS/0222]
FX The CHART-ADAPT project is a collaboration between the University of Glasgow, Aridhia, NHS Greater Glasgow & Clyde, and Philips Healthcare. It has been co-funded by Innovate UK (ref: 102113). Approval for the CHART-ADAPT work was granted by the West of Scotland Research Ethics Committee (REC ref: 15/WS/0222) and local Caldicott Guardian approval has been provided. Approval for the survey (section 4) was provided by MVLS, University of Glasgow. The CHART-ADAPT project we would like to acknowledge the staff and patients of the Neurointensive care unit, Neurosciences Institute, Glasgow.

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U2 11
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PA AV D MANUELL, 27A 2 ESQ, SETUBAL, 2910-595, PORTUGAL
BN 978-989-758-213-4
PY 2017
BP 463
EP 468
DI 10.5220/0006251504630468
PG 6
WC Engineering, Biomedical
SC Engineering
GA BI6GH
UT WOS:000413253100058
DA 2019-08-06
ER

PT J
AU Mursaleen, LR
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   Schmidt, P
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   Windle, R
   Jones, DA
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AF Mursaleen, Leah R.
   Stamford, Jon A.
   Schmidt, Peter
   Dean, John M.
   Windle, Richard
   Jones, David A.
   Matthews, Helen
TI Choices on selective clinical data sharing by people with Parkinson's
   disease
SO JOURNAL OF PARKINSONISM AND RESTLESS LEGS SYNDROME
LA English
DT Article
DE Parkinson's disease; patient choice; data sharing; data acquisition;
   data ownership; best practices; data charter
ID HEALTH
AB Background: Clinical data sharing and ownership are key issues in modern
digital data acquisition. Data sharing is subject to influence by a range of
stakeholders. Of these, patient attitudes are pivotal.
   Objectives: The objective of this report was to characterize attitudes to
clinical data sharing among people with Parkinson's disease (PD).
   Methods: A recent survey, conducted by the Parkinson's Movement (2016)
highlighted patient concerns over data sharing. This formed the basis for
discussion by two focus groups at the Rallying to the Challenge meeting at the
Van Andel Research Institute in September 2016.
   Results: The focus groups examined issues related to the appropriateness of
data sharing for different categories of data and highlighted both the value and
concerns regarding data sharing.
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   Conclusion: At the conclusion of the session, it was proposed that a "data
charter" be developed to reflect the thinking of people with PD on best
practices in data acquisition, ownership, and sharing.
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NR 8
TC 0
Z9 0
U1 0
U2 0
PU DOVE MEDICAL PRESS LTD
PI ALBANY
PA PO BOX 300-008, ALBANY, AUCKLAND 0752, NEW ZEALAND
SN 1927-7733
J9 J PARKINSONISM RESTL
JI J. PARKINSONISM RESTLESS LEGS SYNDR.
PY 2017
VL 7
DI 10.2147/JPRLS.S133922
PG 4
WC Clinical Neurology
SC Neurosciences & Neurology
GA EY7YQ
UT WOS:000404209500001
OA DOAJ Gold
DA 2019-08-06
ER

PT S
AU Huang, CY
   Yan, KD
   Wei, SJ
   Lee, DH
AF Huang, Chanying
   Yan, Kedong
   Wei, Songjie
   Lee, Dong Hoon
BE Xiao, L
   Wang, Y
TI A Privacy-Preserving Data Sharing Solution for Mobile Healthcare
SO PROCEEDINGS OF 2017 IEEE INTERNATIONAL CONFERENCE ON PROGRESS IN
   INFORMATICS AND COMPUTING (PIC 2017)
SE Proceedings of the IEEE International Conference on Progress in
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Informatics and Computing
LA English
DT Proceedings Paper
CT 5th IEEE International Conference on Progress in Informatics and Computing (PIC)
CY DEC 15-17, 2017
CL Nanjing, PEOPLES R CHINA
SP IEEE, Nanjing Univ Sci & Technol, Shanghai Univ Finance & Econ, IEEE Beijing Sect
DE privacy-preserving; security; biometric; attribute; mobile health
ID SECURE; SYSTEM

AB Personal Health Records (PHR) is patient-centric healthcare system, which allows patients to control who can get access to their health records and which section of the record can be accessed. Hot issues such as access control, patients control degree, and privacy protection, etc. are still the challenging concerns while designing a secure PHR system.

In this paper, we propose dsPPS, a secure integrated PHR framework(from health data collection to health data sharing) that meets patients' full control of their PHR and sufficient privacy preservation. Specifically, dsPPS provides two schemes: Biometric-Based secure health data Collection (BBC) scheme and Attribute-Based health record Accessing (ABA) scheme. While BBC scheme enables patients to collect their scattered health data from multiple typical health systems securely and efficiently, the ABA scheme allows users (health systems) access to the PHR server with their sensitive attributes being protected. Comprehensive analysis is conducted to show the security of dsPPS against typical attacks. In addition, experiments in both smart phone and PC (Intel) platforms demonstrate that dsPPS produces reasonable performance in terms of storage, communication and computational overheads.

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FU China NSF [61472189]; Jiangsu Planned Projects for Postdoctoral Research Funds [1701146B]; CERNET Next Generation IT Inovation Project [NGI120160105]; State Key Laboratory of Air Traffic Management System and Technology [SKLATM201703]; Open Project Program of Key Laboratory of Intelligent Perception and Systems for High-Dimensional Information of Ministry of Education [JYB201610]

FX This work is supported by China NSF (61472189), Jiangsu Planned Projects for Postdoctoral Research Funds (1701146B), CERNET Next Generation IT Inovation Project (NGI120160105), State Key Laboratory of Air Traffic Management System and Technology (SKLATM201703), and the Open Project Program of Key Laboratory of Intelligent Perception and Systems for High-Dimensional Information of Ministry of Education(JYB201610).

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NR 19
TC 0
Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2474-0209
BN 978-1-5386-1978-0
J9 PR IEEE I C PROGR IN
PY 2017
BP 260
EP 265
PG 6
WC Computer Science, Information Systems; Computer Science, Theory &
   Methods
SC Computer Science
GA BM4WU
UT WOS:000464102900051
DA 2019-08-06
ER

PT J
AU Bever, U
   Tucker, K
AF Bever, U.
   Tucker, K.
TI Roche-Genentech oncology trials - our experience with data sharing via
   CSDR
SO EUROPEAN JOURNAL OF CANCER
LA English
DT Meeting Abstract
CT 28th EORTC-NCI-AACR Symposium on Molecular Targets and Cancer
   Therapeutics
CY NOV 29-DEC 02, 2016
CL Munich, GERMANY
SP EORTC, Natl Canc Inst, Amer Assoc Canc Res
C1 [Bever, U.] Hoffmann La Roche AG, Biostat, Basel, Switzerland.
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NR 0
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U2 1
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SN 0959-8049
EI 1879-0852
J9 EUR J CANCER
JI Eur. J. Cancer
PD DEC
PY 2016
VL 69
SU 1
MA 176
BP S62
EP S63
PG 2
WC Oncology
SC Oncology
GA EF7IO
UT WOS:000390503500170
DA 2019-08-06
ER

PT J
AU Littler, K
AF Littler, K.
TI Sharing public health data saves lives
SO INTERNATIONAL JOURNAL OF INFECTIOUS DISEASES
LA English
DT Meeting Abstract
C1 [Littler, K.] Wellcome Trust Res Labs, London, England.
NR 0
TC 0
Z9 0
U1 0
U2 0
PU ELSEVIER SCI LTD
PI OXFORD
PA THE BOULEVARD, LANGFORD LANE, KIDLINGTON, OXFORD OX5 1GB, OXON, ENGLAND
SN 1201-9712
EI 1878-3511
J9 INT J INFECT DIS
JI Int. J. Infect. Dis.
PD DEC
PY 2016
VL 53
SU S
MA 13.002
BP 24
EP 25
DI 10.1016/j.ijid.2016.11.067
PG 2
WC Infectious Diseases
SC Infectious Diseases
GA VE8AG
UT WOS:000440378400054
OA DOAJ Gold
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DA 2019-08-06
ER

PT J
AU Mietchen, D
AF Mietchen, D.
TI Data sharing in public health emergencies
SO INTERNATIONAL JOURNAL OF INFECTIOUS DISEASES
LA English
DT Meeting Abstract
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RI Mietchen, Daniel/A-7748-2009
OI Mietchen, Daniel/0000-0001-9488-1870
NR 0
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Z9 0
U1 0
U2 0
PU ELSEVIER SCI LTD
PI OXFORD
PA THE BOULEVARD, LANGFORD LANE, KIDLINGTON, OXFORD OX5 1GB, OXON, ENGLAND
SN 1201-9712
EI 1878-3511
J9 INT J INFECT DIS
JI Int. J. Infect. Dis.
PD DEC
PY 2016
VL 53
SU S
MA 17.013
BP 35
EP 36
DI 10.1016/j.ijid.2016.11.096
PG 2
WC Infectious Diseases
SC Infectious Diseases
GA VE8AG
UT WOS:000440378400081
OA DOAJ Gold
DA 2019-08-06
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AU Orlowski, A
   Heaton, D
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TI THE GM AHSN AF LANDSCAPE TOOL: A SHARED DATA PLATFORM TO IDENTIFY HEALTH
   AND ECONOMIC OPPORTUNITIES TO REDUCE INCIDENCE OF STROKE THROUGH
   EFFECTIVE ANTICOAGULANT MANAGEMENT OF PATIENTS WITH ATRIAL FIBRILLATION
   IN GREATER MANCHESTER
SO VALUE IN HEALTH
LA English
DT Meeting Abstract
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C1 [Orlowski, A.; Macdonald, J.] Greater Manchester Acad Hlth Sci Network,
Manchester, Lancs, England.
   [Heaton, D.] Harvey Walsh Ltd, Runcorn, Cheshire, England.
   [Campbell, A.] ADC EXSAL Ltd, Chester, Cheshire, England.
NR 0
TC 0
Z9 0
U1 1
U2 2
PU ELSEVIER SCIENCE INC
PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
SN 1098-3015
EI 1524-4733
J9 VALUE HEALTH
JI Value Health
PD NOV
PY 2016
VL 19
IS 7
MA PCV153
BP A664
EP A664
DI 10.1016/j.jval.2016.09.1824
PG 1
WC Economics; Health Care Sciences & Services; Health Policy & Services
SC Business & Economics; Health Care Sciences & Services
GA EO3PI
UT WOS:000396606302045
DA 2019-08-06
ER

PT J
AU Sullivan, F
   McKinstry, B
   Palmer, C
AF Sullivan, Frank
   McKinstry, Brian
   Palmer, Colin
TI BIG HEALTH DATA Opt-in method is vital for data sharing
SO BMJ-BRITISH MEDICAL JOURNAL
LA English
DT Letter
ID CLINICAL-RESEARCH; REGISTRY
C1 [Sullivan, Frank] Univ Toronto, North York Gen Hosp, Dept Family & Community
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EM frank.sullivan@nygh.on.ca
RI Palmer, Colin/M-9773-2019; Sullivan, Frank/L-8286-2019
OI Palmer, Colin/0000-0002-6415-6560; Sullivan, Frank/0000-0002-6623-4964
FU Medical Research Council [MR/K007017/1, MC_PC_13040]
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NR 5
TC 0
Z9 0
U1 0
U2 9
PU BMJ PUBLISHING GROUP
PI LONDON
PA BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND
SN 1756-1833
J9 BMJ-BRIT MED J
JI BMJ-British Medical Journal
PD AUG 5
PY 2016
VL 354
AR i4293
DI 10.1136/bmj.i4293
PG 1
WC Medicine, General & Internal
SC General & Internal Medicine
GA DS9DD
UT WOS:000381081800013
PM 27495936
DA 2019-08-06
ER

PT J
AU Gambardella, C
   Matteucci, I
   Petrocchi, M
AF Gambardella, Carmela
   Matteucci, Ilaria
   Petrocchi, Marinella
TI Data Sharing Agreements: How to Glue Definition, Analysis and Mapping
   Together
SO ERCIM NEWS
LA English
DT Article
AB An electronic data sharing agreement (DSA) is a human-readable, yet machine-
processable contract, regulating how organisations and/or individuals share data.
Its smooth definition and fluid lifecycle management are key aspects for
enabling data protection in various contexts, from e-government to the provision
of business and healthcare services, for example.
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EM marinella.petrocchi@iit.cnr.it
CR Caimi C., 2015, LEGAL TECHNICAL PERS, P178
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PI SOPHIA ANTIPOLIS CEDEX
PA 2004, ROUTE LUCIOLES, BP 93, SOPHIA ANTIPOLIS CEDEX, 06902, FRANCE
SN 0926-4981
EI 1564-0094
J9 ERCIM NEWS
JI ERCIM News
PD JUL
PY 2016
IS 106
BP 28
EP +
PG 2
WC Computer Science, Interdisciplinary Applications
SC Computer Science
GA DX8KW
UT WOS:000384638000019
DA 2019-08-06
ER

PT J
AU Chisti, A
   Sharara, N
   Gupta, M
   Rosenberg, I
   Abudu, R
   Morgan, C
   Duncan, K
   Silkensen, S
   Craycroft, J
   Silva, J
   Andre, B
   Trimble, EL
   Bhatt, AS
   Huang, FW
AF Chisti, Ali
   Sharara, Nour
   Gupta, Manaswi
   Rosenberg, Ilyana
   Abudu, Rachel
   Morgan, Camille
   Duncan, Kalina
   Silkensen, Shannon
   Craycroft, Jane
   Silva, Jennifer
   Andre, Billy
   Trimble, Edward Lloyd
   Bhatt, Ami Siddharth
   Huang, Franklin W.
TI Mapping global cancer research and control in areas of low and middle
   income: The need for shared data on a single, interactive platform
SO JOURNAL OF CLINICAL ONCOLOGY
LA English
DT Meeting Abstract
CT Annual Meeting of the American-Society-of-Clinical-Oncology (ASCO)
CY JUN 03-07, 2016
CL Chicago, IL
SP Amer Soc Clin Oncol
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C1 Global Oncol Inc, Boston, MA USA.
   Broad Inst, Cambridge, MA USA.
   Leidos Biomed Res Inc, Frederick, MD USA.
   NCI Ctr Global Hlth, Bethesda, MD USA.
   Natl Canc Inst, Rockville, MD USA.
   Stanford Univ, Stanford, CA 94305 USA.
   Dana Farber Canc Inst, Boston, MA 02115 USA.
RI Trimble, Edward/J-9647-2019
OI Trimble, Edward/0000-0001-5028-0598
NR 0
TC 0
Z9 0
U1 1
U2 3
PU AMER SOC CLINICAL ONCOLOGY
PI ALEXANDRIA
PA 2318 MILL ROAD, STE 800, ALEXANDRIA, VA 22314 USA
SN 0732-183X
EI 1527-7755
J9 J CLIN ONCOL
JI J. Clin. Oncol.
PD MAY 20
PY 2016
VL 34
IS 15
SU S
MA e18048
DI 10.1200/JCO.2016.34.15_suppl.e18048
PG 4
WC Oncology
SC Oncology
GA EZ4VV
UT WOS:000404711503193
DA 2019-08-06
ER

PT J
AU Winkler, EC
   Schleidgen, S
   Schickhardt, C
   Kalle, CV
   Ose, D
   Husedzinovic, A
AF Winkler, Eva Caroline
   Schleidgen, Sebastian
   Schickhardt, Christoph
   Kalle, Christof V.
   Ose, Dominik
   Husedzinovic, Alma
TI How cancer patients and oncologist assess data-sharing and the risk of
   re-identification in genomic research? Ethical implications for informed
   consent and governance.
SO JOURNAL OF CLINICAL ONCOLOGY
LA English
DT Meeting Abstract
CT Annual Meeting of the American-Society-of-Clinical-Oncology (ASCO)
CY JUN 03-07, 2016
CL Chicago, IL
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SP Amer Soc Clin Oncol
C1 Univ Heidelberg Hosp, Natl Ctr Tumor Dis, Dep Med Oncol, Heidelberg, Germany.
   Natl Ctr Tumor Dis, Heidelberg, Germany.
   Natl Ctr Tumor Dis DKFZ, Heidelberg, Germany.
   Univ Utah, Salt Lake City, UT USA.
RI Ose, Dominik/L-4250-2019
NR 0
TC 0
Z9 0
U1 1
U2 2
PU AMER SOC CLINICAL ONCOLOGY
PI ALEXANDRIA
PA 2318 MILL ROAD, STE 800, ALEXANDRIA, VA 22314 USA
SN 0732-183X
EI 1527-7755
J9 J CLIN ONCOL
JI J. Clin. Oncol.
PD MAY 20
PY 2016
VL 34
IS 15
SU S
MA e18186
DI 10.1200/JCO.2016.34.15_suppl.e18186
PG 4
WC Oncology
SC Oncology
GA EZ4VV
UT WOS:000404711504046
DA 2019-08-06
ER

PT J
AU Sousa, VD
   Ramalho, PI
   Silveira, D
AF Sousa, Varley Dias
   Ramalho, Pedro I.
   Silveira, Damaris
TI Sharing regulatory data as tools for strengthening health systems in the
   Region of the Americas
SO REVISTA PANAMERICANA DE SALUD PUBLICA-PAN AMERICAN JOURNAL OF PUBLIC
   HEALTH
LA English
DT Article
DE Disclosure; access to information; confidentiality; technical
   cooperation; regional development; Americas
ID CLINICAL-TRIAL DATA; TRANSPARENCY; ACCESS
AB Regulatory transparency is an imperative characteristic of a reliable
National Regulatory Authority. In the region of the Americas, the process of
building an open government is still fragile and fragmented across various
Health Regulatory Agencies (HRAs) and Regional Reference Authorities (RRAs).
This study assessed the transparency status of RRAs, focusing on various
medicine life-cycle documents (the Medicine Dossier, Clinical Trial Report, and
Inspection Report) as tools for strengthening health systems. Based on a
narrative (non-systematic) review of RRA regulatory transparency, transparency
status was classified as one of two types: public disclosure of information
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(intra-agency data) and data- and work-sharing (inter-agency data). The risks/benefits of public disclosure of medicine-related information were assessed, taking into account 1) the involvement and roles of multiple stakeholders (health care professionals, regulators, industry, community, and academics) and 2) the protection of commercial and personal confidential data. Inter-agency data- and work-sharing was evaluated in the context of harmonization and cooperation projects that focus on regulatory convergence. Technical and practical steps for establishing an openness directive for the pharmaceutical regulatory environment are proposed to improve and strengthen health systems in the Americas. Addressing these challenges requires leadership from entities such as the Pan American Health Organization to steer and support collaborative regional alliances that advance the development and establishment of a trustworthy regulatory environment and a sustainable public health system in the Americas, using international successful initiatives as reference and taking into account the domestic characteristics and experiences of each individual country.

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OI Ramalho, Pedro Ivo Sebba/0000-0002-1710-2500; Silveira, Damaris/0000-0003-1851-5224

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NR 37
TC 0
Z9 0
U1 0
U2 3
PU PAN AMER HEALTH ORGANIZATION
PI WASHINGTON
PA 525 23RD ST NW, WASHINGTON, DC 20037 USA
SN 1020-4989
J9 REV PANAM SALUD PUBL
JI Rev. Panam. Salud Publica
PD MAY
PY 2016
VL 39
IS 5
BP 245
EP 254
PG 10
WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA EC9FA
UT WOS:000388448600007
PM 27706398
DA 2019-08-06
ER

PT J
AU [Anonymous]
AF [Anonymous]
TI Willingness to Share Health Data
SO INFORMATION-WISSENSCHAFT UND PRAXIS
LA German
DT News Item
NR 0
TC 0
Z9 0
U1 0
U2 0
PU WALTER DE GRUYTER GMBH
PI BERLIN
PA GENTHINER STRASSE 13, D-10785 BERLIN, GERMANY
SN 1434-4653
EI 1619-4292
J9 INFORM-WISS PRAX
JI Inform.-Wiss. Prax.
PD MAY
PY 2016
VL 67
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IS 2-3
BP 133
EP 133
PG 1
WC Computer Science, Information Systems; Information Science & Library
   Science
SC Computer Science; Information Science & Library Science
GA DL8DI
UT WOS:000375869700010
DA 2019-08-06
ER

PT S
AU Pei, X
   Wang, YJ
   Yao, W
   Lin, JC
   Peng, RX
AF Pei, Xin
   Wang, Yongjian
   Yao, Wei
   Lin, Jiuchuan
   Peng, Ruxiang
GP IEEE
TI Security Enhanced Attribute Based Signcryption for Private Data Sharing
   in Cloud
SO 2016 IEEE TRUSTCOM/BIGDATASE/ISPA
SE IEEE Trustcom BigDataSE ISPA
LA English
DT Proceedings Paper
CT 15th IEEE Int Conf on Trust, Security and Privacy in Comp and Commun /
   10th IEEE Int Conf on Big Data Science and Engineering / 14th IEEE Int
   Symposium on Parallel and Distributed Proc with Applicat (IEEE
   Trustcom/BigDataSE/ISPA)
CY AUG 23-26, 2016
CL Tianjin, PEOPLES R CHINA
SP IEEE, IEEE Comp Soc, IEEE Tech Comm Scalable Comp
DE data sharing; attribute based encryption; signcryption; proxy
   re-encryption; cloud security
ID ENCRYPTION
AB The combination of signature and encryption techniques ensures data integrity
and confidentiality in cloud. Researchers suggest the signcryption method to
improve the efficiency during data signing, encrypting, verifying and decrypting
procedures by integrating signature and encryption into a single function.
However, the obscure use of keys and excessive cryptographical simplification
reduce the system security levels. This paper proposes the identity and
attribute based signcryption algorithm to enhance the security of storage and
sharing of remote data. The proxy re-encryption and multi-attribute authority
based signcryption techniques are used to achieve fault-tolerant attributes
management and collusion-resistant system. In the Healthcare system, the
attribute-based signature, encryption and signcryption methods are separately
applied to scenarios of different data security levels in order to keep data
access efficiency. Accordingly, the security properties and the access
efficiencies of proposed algorithm are compared with known methods.
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FU Basic Scientific Research of Information Network Security of Ministry of
   Public Security [C16356]
FX This work was supported in part by the Special Funds for Basic
   Scientific Research C16356 of Information Network Security of Ministry
   of Public Security.
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NR 16
TC 0
Z9 0
U1 0
U2 2
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2324-9013
BN 978-1-5090-3205-1
J9 IEEE TRUST BIG
PY 2016
BP 737
EP 743
DI 10.1109/TrustCom.2016.130
PG 7
WC Computer Science, Information Systems; Computer Science, Theory &
   Methods
SC Computer Science
GA BH6MP
UT WOS:000401929800096
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PT S
AU Derler, D
Krenn, S
Slamanig, D
AF Derler, David
Krenn, Stephan
Slamanig, Daniel
BE Foresti, S
Persiano, G
TI Signer-Anonymous Designated-Verifier Redactable Signatures for Cloud-Based Data Sharing
SO CRYPTOLOGY AND NETWORK SECURITY, CANS 2016
SE Lecture Notes in Computer Science
LA English
DT Proceedings Paper
CT 15th International Conference on Cryptology and Network Security (CANS)
CY NOV 14-16, 2016
CL Univ Studi Milano, Milan, ITALY
HO Univ Studi Milano
ID CONSTRUCTION; DEFINITIONS; FOUNDATIONS

AB Redactable signature schemes allow to black out predefined parts of a signed message without affecting the validity of the signature, and are therefore an important building block in privacy-enhancing cryptography. However, a second look shows, that for many practical applications, they cannot be used in their vanilla form. On the one hand, already the identity of the signer may often reveal sensitive information to the receiver of a redacted message; on the other hand, if data leaks or is sold, everyone getting hold of (redacted versions of) a signed message will be convinced of its authenticity.

We overcome these issues by providing a definitional framework and practically efficient instantiations of so called signer-anonymous designated-verifier redactable signatures (AD-RS). As a byproduct we also obtain the first group redactable signatures, which may be of independent interest. AD-RS are motivated by a real world use-case in the field of health care and complement existing health information sharing platforms with additional important privacy features. Moreover, our results are not limited to the proposed application, but can also be directly applied to various other contexts such as notary authorities or e-government services.

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U2 3
PU SPRINGER INTERNATIONAL PUBLISHING AG
PI CHAM
PA GEWERBESTRASSE 11, CHAM, CH-6330, SWITZERLAND
SN 0302-9743
EI 1611-3349
BN 978-3-319-48965-0; 978-3-319-48964-3
J9 LECT NOTES COMPUT SC
PY 2016
VL 10052
BP 211
EP 227
DI 10.1007/978-3-319-48965-0_13
PG 17
WC Computer Science, Information Systems; Computer Science, Theory & Methods
SC Computer Science
GA BG6CN
UT WOS:000389953600013
DA 2019-08-06

ER

PT B
AU Thakare, VR
Singh, KJ
AF Thakare, Vaishali R.
Singh, K. John
GP IEEE
TI Ternary Tree Based TGDH Protocol for Dynamic Secure Group Data Sharing In Healthcare Cloud
SO 2016 INTERNATIONAL CONFERENCE ON INVENTIVE COMPUTATION TECHNOLOGIES (ICICT), VOL 1
LA English
DT Proceedings Paper
CT IEEE International Conference on Inventive Computation Technologies (ICICT)
CY AUG 26-27, 2016
CL Coimbatore, INDIA
SP IEEE, IEEE Electron Devices Soc, RVS Tech Campus, Invent Res Org
DE Healthcare Cloud; TGDH protocol; Group Data Sharing; Security; and Ternary Tree

AB Healthcare requires continuous and systematic innovation in order to provide high quality services. Cloud computing is a new model of computing that promises to provide more flexibility, less expense and more efficient IT services to end-users. Large amount of sensitive data is shared by the healthcare cloud users. Here, privacy and security of group sharing data have become two major issues. The aim of this paper is to propose a ternary tree based TGDH protocol for dynamic group data sharing in healthcare cloud that could be used by a healthcare organization to share their data in dynamically secure groups containing other health organizations. Secure and reliable group communication in healthcare organizations is an increasingly active research area by growing popularity in group oriented and collaborative applications. Ternary tree approach covers more other healthcare members (organizations) in a subgroup and height of ternary tree will get increase when number of members in a group increase where height of tree is number of iterations required to compute group shared key.

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NR 13
TC 0
Z9 0
U1 0
U2 1
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
PY 2016
BP 349
EP 355
PG 7
WC Computer Science, Interdisciplinary Applications; Engineering,
   Electrical & Electronic
SC Computer Science; Engineering
GA BG9IN
UT WOS:000393282500070
DA 2019-08-06
ER

PT B
AU Vito, D
   Casagrande, G
   Bianchi, C
   Costantino, ML
AF Vito, Domenico
   Casagrande, Giustina
   Bianchi, Camilla
   Costantino, Maria Laura
GP IEEE
TI An interoperable common storage system for shared dialysis clinical data
SO 2016 IEEE EMBS International Student Conference (ISC)
LA English
DT Proceedings Paper
CT IEEE EMBS International Student Conference (ISC)
CY MAY 29-31, 2016
CL Ottawa, CANADA
SP IEEE EMBS, Carleton Univ, Fac Engn & Design, UOttawa, Fac Engn, TIM, IEEE
Canadian Fdn, IEEE Ottawa Sect, Charlatan
DE Dialysis; interoperability; federated database; data mining
AB Interoperability stands in the ability of different information systems to
exchange data. Today interoperability is highly requested in several departments
of healthcare organizations. Dialysis facilities register a high delay in the
possibility of data exchange, because the strong lack of standards results in a
huge gap in having interoperable systems. This work represents a first effort to
overcome the problems of interoperability of data related to dialysis units. A
Federated DataBase System (FDBS) approach has been adopted to construct a common
data repository. The storage system has been built by the Dialysis Data
Infrastructure (DDI), a unique multilevel standardized data structure supported
by the Dialysis MATlib (DM), an embedded Matlab (R) library, that's able to
convert, harmonize and query the raw data coming from the dialysis treatment
units into a common interoperable format. The DDI and DM have been developed in
the context of the Italy-Switzerland cooperation project INTERREG DialysIS, and
currently contains 1018 dialysis sessions recorded referred to 145 patients.
C1 [Vito, Domenico; Casagrande, Giustina; Bianchi, Camilla; Costantino, Maria
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OI Casagrande, Giustina/0000-0002-5852-8903
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NR 12
TC 0
Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-5090-0935-0
PY 2016
PG 4
WC Engineering, Biomedical
SC Engineering
GA BG5BH
UT WOS:000389320500030
DA 2019-08-06
ER

PT J
AU Casey, C
   Li, JL
   Berry, M
AF Casey, Colleen
   Li, Jianling
   Berry, Michele
TI Interorganizational collaboration in public health data sharing
SO JOURNAL OF HEALTH ORGANIZATION AND MANAGEMENT
LA English
DT Article
DE Community planning; Collaboration; Public health; Data sharing;
   Interorganizational networks
ID ISOMORPHISM
AB Purpose - The purpose of this paper is to analyze the institutional and
social forces that influence collaborative data sharing practices in cross-
sector interorganizational networks. The analysis focusses on the data sharing
practices between professionals in the transportation and public health sectors,
areas prioritized for collaborative action to improve public health.
   Design/methodology/approach - A mixed methods design is utilized. Electronic
surveys were sent to 57 public health and 157 transportation professionals in a
large major metropolitan area in the USA (response rate 39.7 percent). Focus
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groups were held with 12 organizational leaders representing professionals in both sectors.

Findings - The application of the institutional-social capital framework suggests that professional specialization and organizational forces make it challenging for professionals to develop the cross-sector relationships necessary for cross-sector collaborative data sharing.

Research limitations/implications - The findings suggest that developing the social relationships necessary for cross-sector collaboration may be resource intensive. Investments are necessary at the organizational level to overcome the professional divides that limit the development of cross-sector relationships critical for collaborative data sharing. The results are limited to the data sharing practices of professionals in one metropolitan area.

Originality/value - Despite mandates and calls for increased cross-sector collaboration to improve public health, such efforts often fail to produce true collaboration. The study's value is that it adds to the theoretical conceptualization of collaboration and provides a deeper understanding as to why collaborative action remains difficult to achieve. Future study of collaboration must consider the interaction between professional specialization and the social relationships necessary for success.

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TC 0
Z9 0
U1 1
U2 11
PU EMERALD GROUP PUBLISHING LTD
PI BINGLEY
PA HOWARD HOUSE, WAGON LANE, BINGLEY BD16 1WA, W YORKSHIRE, ENGLAND
SN 1477-7266
EI 1758-7247
J9 J HEALTH ORGAN MANAG
JI J. Health Organ. Manag.
PY 2016
VL 30
IS 6
BP 855
EP 871
DI 10.1108/JHOM-05-2015-0082
PG 17
WC Health Policy & Services
SC Health Care Sciences & Services
GA EB2GJ
UT WOS:000387175600004
PM 27681021
DA 2019-08-06
ER

PT B
AU Nielsen, F
   Kovalevskaya, N
AF Nielsen, Fiona
   Kovalevskaya, Nadezda
BE Loizides, F
   Schmidt, B
TI Genome sharing projects around the world: how you find data for your
   research
SO POSITIONING AND POWER IN ACADEMIC PUBLISHING: PLAYERS, AGENTS AND
   AGENDAS
LA English
DT Proceedings Paper
CT 20th International Conference on Electronic Publishing
CY JUN 07-09, 2016
CL Univ Gottingen, Gottingen, GERMANY
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SP Altmetric, MDPI, Copernicus Publicat, Nature Commun
HO Univ Gottingen
DE Genomic data; data access; data sharing; genomic data repositories;
   tools
AB Access to raw experimental research data and data reuse is a common hurdle in
scientific research. Despite the mounting requirements from funding agencies
that the raw data is deposited as soon as (or even before) the paper is
published, multiple factors often prevent data from being accessed and reused by
other researchers. The situation with the human genomic data is even more
dramatic, since on the one hand human genomic data is probably the most
important data to share - it lies at the heart of efforts to combat major health
issues such as cancer, genetic diseases, and genetic predispositions for complex
diseases like heart disease and diabetes. On the other hand, since it is
sensitive and personal information, it is often exempt from data sharing
requirements. DNAdigest investigates the barriers for ethical and efficient
genomic data sharing and engages with all stakeholder groups, including
researchers, librarians, data managers, software developers, policy makers, and
the general public interested in genomics. Repositive offers services and tools
that reduce the barriers for data access and reuse for the research community in
academia, industry, and clinics. To address the most pressing problem for public
genomic data: that of data discoverability, Repositive has built an online
platform (repositive.io) providing a single point of entry to find and access
available genomic research data.
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RP Nielsen, F (reprint author), Repositive Ltd, Future Business Ctr, Kings
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Future Business Ctr, Kings Hedges Rd, Cambridge CB4 2HY, England.
EM fiona@repositive.io
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NR 4
TC 0
Z9 0
U1 0
U2 2
PU IOS PRESS
PI AMSTERDAM
PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
BN 978-1-61499-649-1; 978-1-61499-648-4
PY 2016
BP 48
EP 50
DI 10.3233/978-1-61499-649-1-48
PG 3
WC Computer Science, Information Systems; Information Science & Library
   Science
SC Computer Science; Information Science & Library Science
GA BF8ZA
UT WOS:000385302800009
DA 2019-08-06
ER
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PT J
AU Dahi, A
   Forgo, N
   Jensen, S
   Stauch, M
AF Dahi, Alan
   Forgo, Nikolaus
   Jensen, Sarah
   Stauch, Marc
TI Using Patient Avatars to Promote Health Data Sharing Applications:
   Perspectives and Regulatory Challenges
SO EUROPEAN JOURNAL OF HEALTH LAW
LA English
DT Article
DE information technology; health data; health apps; patient empowerment;
   data protection law; medical devices law; software
AB The potential of ICT to address problems in modern healthcare is considerable,
and an ICT-driven revolution in healthcare appears imminent. Such developments
may be viewed largely in positive terms. Thus they should result in enhanced
treatment and care options, empowering patients - including by permitting
greater self-management of illness outside hospital, while offering economic
benefits and costs savings over traditional healthcare provision. However, the
new possibilities also present manifold risks, such as of data breaches,
encroachments on subject autonomy, as well as of other harms. This article
considers some of the key regulatory challenges against the background of the
progress of the current EU Commission-sponsored 'MyHealthAvatar' project.
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SN 0929-0273
EI 1571-8093
J9 EUR J HEALTH LAW
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JI Eur. J. Health Law
PY 2016
VL 23
IS 2
BP 175
EP 194
DI 10.1163/15718093-12341391
PG 20
WC Law
SC Government & Law
GA DO7UZ
UT WOS:000377989800004
PM 27228685
DA 2019-08-06
ER

PT J
AU [Anonymous]
AF [Anonymous]
TI Doctor, meet my data Web-based health info can confuse patients and
   frustrate GPs. A better way to store, analyse and share health data
   online should strengthen the doctor-patient relationship
SO NEW SCIENTIST
LA English
DT Editorial Material
NR 0
TC 0
Z9 0
U1 0
U2 2
PU REED BUSINESS INFORMATION LTD
PI SUTTON
PA QUADRANT HOUSE THE QUADRANT, SUTTON SM2 5AS, SURREY, ENGLAND
SN 0262-4079
J9 NEW SCI
JI New Sci.
PD DEC 19
PY 2015
VL 228
IS 3052
BP 36
EP 37
PG 2
WC Multidisciplinary Sciences
SC Science & Technology - Other Topics
GA CZ1MZ
UT WOS:000366871200009
DA 2019-08-06
ER

PT J
AU [Anonymous]
AF [Anonymous]
TI Sharing data to save lives
SO NATURE MEDICINE
LA English
DT Editorial Material
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AB Journals can and should ensure that they erect no barriers to fast and wide
sharing of critical data during major public health emergencies. But funders and
scientists must also play a part.
NR 0
TC 0
Z9 0
U1 0
U2 5
PU NATURE PUBLISHING GROUP
PI NEW YORK
PA 75 VARICK ST, 9TH FLR, NEW YORK, NY 10013-1917 USA
SN 1078-8956
EI 1546-170X
J9 NAT MED
JI Nat. Med.
PD NOV
PY 2015
VL 21
IS 11
BP 1235
EP 1235
PG 1
WC Biochemistry & Molecular Biology; Cell Biology; Medicine, Research &
   Experimental
SC Biochemistry & Molecular Biology; Cell Biology; Research & Experimental
   Medicine
GA CV9QH
UT WOS:000364621200001
PM 26540378
OA Bronze
DA 2019-08-06
ER

PT J
AU Van Panhuis, WG
   Paul, P
   Emerson, C
   Wilder, R
   Herbst, AJ
   Heymann, D
AF Van Panhuis, Willem G.
   Paul, Proma
   Emerson, Claudia
   Wilder, Richard
   Herbst, Abraham J.
   Heymann, David
TI BETTER DATA INTEGRATION AND SHARING CAN ACCELERATE RESEARCH AND POLICY
   FOR GLOBAL POPULATION HEALTH
SO AMERICAN JOURNAL OF TROPICAL MEDICINE AND HYGIENE
LA English
DT Meeting Abstract
C1 [Van Panhuis, Willem G.; Paul, Proma] Univ Pittsburgh, Grad Sch Publ Hlth,
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RI Van Panhuis, Willem/S-5495-2019
OI Van Panhuis, Willem/0000-0002-7278-9982
NR 0
TC 0
Z9 0
U1 0
U2 0
PU AMER SOC TROP MED & HYGIENE
PI MCLEAN
PA 8000 WESTPARK DR, STE 130, MCLEAN, VA 22101 USA
SN 0002-9637
EI 1476-1645
J9 AM J TROP MED HYG
JI Am. J. Trop. Med. Hyg.
PD OCT
PY 2015
VL 93
IS 4
SU S
MA 677
BP 205
EP 205
PG 1
WC Public, Environmental & Occupational Health; Tropical Medicine
SC Public, Environmental & Occupational Health; Tropical Medicine
GA VB0ZJ
UT WOS:000412844102419
DA 2019-08-06
ER

PT J
AU Woods, S
AF Woods, Susan
TI Going mainstream: Online sharing of health data and test results with
   patients
SO CANCER CYTOPATHOLOGY
LA English
DT Editorial Material
ID EXPERIENCES
C1 Connected Hlth, Vet Hlth Adm, Portland, ME 04101 USA.
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NR 6
TC 0
Z9 0
U1 0
U2 3
PU WILEY-BLACKWELL
PI HOBOKEN
PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
SN 1934-662X
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EI 1934-6638
J9 CANCER CYTOPATHOL
JI Cancer Cytopathol.
PD JUL
PY 2015
VL 123
IS 7
BP 387
EP 388
DI 10.1002/cncy.21534
PG 2
WC Oncology; Pathology
SC Oncology; Pathology
GA CM8LP
UT WOS:000357952800002
PM 25833226
OA Bronze
DA 2019-08-06
ER

PT J
AU Carrier, J
   Lord, C
AF Carrier, Julie
   Lord, Catherine
TI Could networking and sharing (open) data in an international
   collaborative effort unravel the mechanisms of sleep disturbances in
   middle-aged women?
SO MENOPAUSE-THE JOURNAL OF THE NORTH AMERICAN MENOPAUSE SOCIETY
LA English
DT Editorial Material
ID POSTMENOPAUSAL WOMEN; MIDLIFE WOMEN; MENOPAUSAL TRANSITION; POOR SLEEP;
   SYMPTOMS; INSOMNIA; HEALTH; ACTIGRAPHY; DURATION; DISEASE
C1 [Carrier, Julie] Univ Montreal, Dept Psychol, Montreal, PQ H3C 3J7, Canada.
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NR 34
TC 0
Z9 0
U1 0
U2 2
PU LIPPINCOTT WILLIAMS & WILKINS
PI PHILADELPHIA
PA TWO COMMERCE SQ, 2001 MARKET ST, PHILADELPHIA, PA 19103 USA
SN 1072-3714
EI 1530-0374
J9 MENOPAUSE
JI Menopause-J. N. Am. Menopause Soc.
PD JUL
PY 2015
VL 22
IS 7
BP 691
EP 692
DI 10.1097/GME.0000000000000496
PG 2
WC Obstetrics & Gynecology
SC Obstetrics & Gynecology
GA CM1CE
UT WOS:000357416700004
PM 26079970
DA 2019-08-06
ER

PT J
AU Loh, BCS
Then, PHH
AF Loh, Brian C. S.
Then, Patrick H. H.
TI Mobile Imagery eXchange (MIX) toolkit: data sharing for the unconnected
SO PERSONAL AND UBIQUITOUS COMPUTING
LA English
DT Article
DE Health care; Echocardiography; SMS; GSM; Image processing

ID AMERICAN SOCIETY

AB This paper proposes a healthcare solution that enables the sharing of medical videos in areas without satellite, broadband or mobile internet connectivity. Rural areas often encounter issues such as shortage of electricity, poor telecommunication services and lack of health facilities which have led to a deficiency of medical care in remote areas. The deployment of mobile devices for healthcare services is vital to alleviating these concerns. A majority of mobile device owners are located in developing nations, and the number of users is continually rising. These technologies effectively support remote health care due to their low-power requirements, multiple functionalities and custom applications. The Mobile Imagery eXchange (MIX) toolkit is a software application capable of converting echocardiogram videos into text for transmission through short message service (SMS), over a global system for mobile communications network. A smartphone or computer installed with the MIX toolkit can be utilized to deliver effective medical care within rural regions. To significantly shrink data size, video, image and file processing techniques are applied for analysis, segmentation, compression and conversion. Experiments show that data size reduction rates above 60 until 95 % are achievable when transforming imagery into text. Furthermore, in optimal conditions, the average SMS per image ranges from 9 to 23 text messages.

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NR 28
TC 0
Z9 0
U1 1
U2 8
PU SPRINGER LONDON LTD
PI LONDON
PA 236 GRAYS INN RD, 6TH FLOOR, LONDON WC1X 8HL, ENGLAND
SN 1617-4909
EI 1617-4917
J9 PERS UBIQUIT COMPUT
JI Pers. Ubiquitous Comput.
PD JUL
PY 2015
VL 19
IS 3-4
SI SI
BP 723
EP 740
DI 10.1007/s00779-015-0835-2
PG 18
WC Computer Science, Information Systems; Telecommunications
SC Computer Science; Telecommunications
GA CM1WL
UT WOS:000357471100017
DA 2019-08-06
ER

PT S
AU Jagatheesan, A
   Maragathavel, S
   Sivapurapu, M
   Lee, J
AF Jagatheesan, Arun
   Maragathavel, Senthil
   Sivapurapu, Mouli
   Lee, Juhan
GP IEEE
TI Drops: A Multi-Producer and Multi-Consumer Data Sharing Framework with
   Human Experience
SO 2015 12TH ANNUAL IEEE CONSUMER COMMUNICATIONS AND NETWORKING CONFERENCE
SE IEEE Consumer Communications and Networking Conference
LA English
DT Proceedings Paper
CT 2015 12th Annual IEEE Consumer Communications and Networking Conference
   (CCNC)
CY JAN 09-12, 2015
CL Las Vegas, NV
DE Consumer Electronics; Internet of Things; IoT Protocols; IoT Data
   Framework
AB Just like the internet, Internet of things (IoT) with right standards and
technologies, will impact multiple aspects of human lives including Smart Home,
Smart Car and Healthcare. Healthcare of things (HoT) would enhance healthcare
using the insight provided by sensor data. Healthcare users will subscribe to
HoT services that use sensors to get activity data (such as steps walked, hours
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slept and so on) along with other health vitals (such as heart rate, temperature and weight) to improve user's health. Similarly Smart home users subscribe to a Smart home cloud service that will use data from home sensors. Most of these IoT scenarios have multiple producer, multiple consumer (MPMC) environments, with multiple sensors as producers of data, and multiple IoT services as consumers of data. Current literature and standards provide many protocols for data paths (data transfers) in these MPMC environments that can be used for IoT. However, data paths in MPMC environment must be easily configurable and manageable by end users in order for IoT to be more appealing to a broader user community. Multiple sensors with multiple applications from each manufacturer to control them would not be preferred by users. Also, IoT users need to be able easily choose between multiple options for service providers. In this demonstration, we highlight how user experience perspectives impact the data framework design in MPMC environments, using our drops data framework infrastructure. We hope to have these concepts included IoT standardization efforts. This demonstration was also made at CES at the IEEE booth.
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NR 0
TC 0
Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2331-9852
BN 978-1-4799-6390-4
J9 CONSUM COMM NETWORK
PY 2015
BP 601
EP 602
PG 2
WC Computer Science, Hardware & Architecture; Engineering, Electrical & Electronic; Telecommunications
SC Computer Science; Engineering; Telecommunications
GA BF1JL
UT WOS:000380402400106
DA 2019-08-06
ER

PT B
AU Alamri, FS
   Lee, KD
AF Alamri, Fahad Saeed
   Lee, Ki Dong
GP IEEE
TI Secure Sharing of Health Data Over Cloud
SO 2015 5TH NATIONAL SYMPOSIUM ON INFORMATION TECHNOLOGY: TOWARDS NEW SMART WORLD (NSITNSW)
LA English
DT Proceedings Paper
CT 5th National Symposium on Information Technology - Towards New Smart World (NSITNSW)

CY FEB 17-19, 2015
CL Riyadh, SAUDI ARABIA
DE component; security; privacy; health data; data sharing

AB Modern information technology is increasingly used in healthcare with the goal to improve and enhance medical services and to reduce costs. In this context, the outsourcing of computation and storage resources to general IT providers (cloud computing) has become very appealing. As cloud computing is becoming more mature data outsourcing in public cloud is also gaining momentum including sensitive information like personal data, health data, media files and government documents. For sensitive data which is outsourced in public cloud, its encrypted uploads are recommended thus narrowing its utility scope in terms of processing and evaluation. To evaluate user requests obliviously on public cloud over sensitive encrypted data, we have formalized a system which protects not only the privacy of data but also the evaluation process that is carried on the public cloud. Throughout the system execution the cloud server will learn nothing useful except the reply cardinality.

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TC 0
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PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-4799-7627-0
PY 2015
PG 5
WC Computer Science, Theory & Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA BF4PU
UT WOS:000381548400041
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ER

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PT S
AU Rosemberg, A
   Plaut, O
AF Rosemberg, Aurelie
   Plaut, Olivier
BE Geissbuhler, A
   Demongeot, J
   Mokhtari, M
   Abdulrazak, B
   Aloulou, H
TI MonDossierMedical.ch: An Efficient Tool for Sharing Medical Data Between
   Patients and Doctors
SO Inclusive Smart Cities and e-Health
SE Lecture Notes in Computer Science
LA English
DT Proceedings Paper
CT 13th International Conference on Smart Homes and Health Telematics
   (ICOST)
CY JUN 10-12, 2015
CL Univ Geneva, Geneva, SWITZERLAND
SP CNRS UMI 2955, Image & Pervas Access Lab, Joseph Fourier Univ, Inst Mines
Telecom, Geneva Univ Hosp, Natl Ctr Sci Res, Campus Biotech
HO Univ Geneva
DE Electronic health record; Geneva; MonDossierMedical.ch; Shared care
   plan; Shared medication list
AB MonDossierMedical. ch is a project led by the canton of Geneva, making it
possible for every patient to access his own electronic health record (EHR) and
to share the medical files with his doctors. It was introduced across the canton
in mid-2013, and provided to all patients free of charge. It is based on the
first Swiss-wide eHealth-compliant pilot project "e-toile". The canton of Geneva
developed " e-toile" as a public- private partnership together with Swiss Post
and it was launched in 2011 in few municipalities. Back then, Geneva's EHR
represented the first Swiss attempt to link all healthcare professionals in the
treatment chain. Today, it serves more than 4,000 patients and 380 physicians.
This number is growing regularly, as well as the health care institutions
(private hospitals, labs) joining the community.
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NR 0
TC 0
Z9 0
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U2 0
PU SPRINGER-VERLAG BERLIN
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PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY
SN 0302-9743
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PG 6
WC Computer Science, Information Systems; Computer Science, Theory &
   Methods
SC Computer Science
GA BF3HY
UT WOS:000380544800037
DA 2019-08-06
ER

PT B
AU Wang, XG
   Zhang, DD
AF Wang, Xiao-guo
   Zhang, Dan-dan
GP DEStech Publications, Inc
TI The Research on the Design of Medical Data Exchange and Sharing Platform
   for Smart Healthcare
SO 2015 INTERNATIONAL CONFERENCE ON SOFTWARE, MULTIMEDIA AND COMMUNICATION
   ENGINEERING (SMCE 2015)
LA English
DT Proceedings Paper
CT International Conference on Software, Multimedia and Communication
   Engineering
CY SEP 20-21, 2015
CL HONG KONG
DE Smart city; Smart health care; Cloud storage; Big data management;
   Medical data exchange platform; Data standards; XML
AB This paper puts forward a solution for building a data exchange and sharing
platform. The platform should satisfy the need of information interconnection
and intercommunication between institutions among a whole city. The paper
researched on big data management, cloud storage, medical data standardize and
exchange platform, and then designed the platform. After researching, the paper
designed a viable solution. According to analysis, the system should have
functions as data acquisition, data processing, data storage, data management,
data query and data mining. Medical institutions could use it to upload their
own data, the system collected data from institutions, then saved and manage the
data into cloud storage platform, by the other side, institutions could share
the data in the platform while the system provided data query and mining.
Finally, this paper gives an implementation for the platform.
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Peoples R China.
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NR 5
TC 0
Z9 0
U1 0
U2 3
PU DESTECH PUBLICATIONS, INC
PI LANCASTER
PA 439 DUKE STREET, LANCASTER, PA 17602-4967 USA
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PY 2015
BP 344
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PG 6
WC Computer Science, Software Engineering; Computer Science, Theory &
   Methods
SC Computer Science
GA BF2TL
UT WOS:000380498500059
DA 2019-08-06
ER

PT S
AU Xiao, L
AF Xiao, Liang
BE Bikakis, A
   Zheng, X
TI An Agent-Oriented Data Sharing and Decision Support Service for Hubei
   Provincial Care Platform
SO MULTI-DISCIPLINARY TRENDS IN ARTIFICIAL INTELLIGENCE, MIWAI 2015
SE Lecture Notes in Artificial Intelligence
LA English
DT Proceedings Paper
CT 9th International Workshop on Multi-Disciplinary Trends in Artificial
   Intelligence (MIWAI)
CY NOV 13-15, 2015
CL Fuzhou Univ, Fuzhou, PEOPLES R CHINA
HO Fuzhou Univ
DE Agent; Clinical data sharing; Clinical decision support; CDA; LCC
ID SYSTEMS
AB Research today is often dedicated in isolation to the fields of regional
clinical data sharing and clinical decision support with closed boundary. A
framework has been proposed in this paper for integrating agent-oriented data
sharing and agent-oriented argumentation upon shared data, for the Hubei
Provincial Care Platform. This is built upon the LCC technology and CDA standard,
demonstrated with a hypertension management example, and in compliant with IHE
XDS standard. The agent-oriented platform services will support, in the entire
province, a regional collaborative health service paradigm where the right
clinical data will be available at the right place at the right time, for making
the right decision.
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NR 17
TC 0
Z9 0
U1 1
U2 2
PU SPRINGER-VERLAG BERLIN
PI BERLIN
PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY
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J9 LECT NOTES ARTIF INT
PY 2015
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BP 429
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PG 12
WC Computer Science, Artificial Intelligence; Computer Science,
   Interdisciplinary Applications; Robotics
SC Computer Science; Robotics
GA BE1EH
UT WOS:000367784700041
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ER

PT J
AU Xu, XL
   Shu, L
   Guizani, M
   Liu, M
   Lu, JY
AF Xu, Xiaoling
   Shu, Lei
   Guizani, Mohsen
   Liu, Mei
   Lu, Junye
TI A Survey on Energy Harvesting and Integrated Data Sharing in Wireless
   Body Area Networks
SO INTERNATIONAL JOURNAL OF DISTRIBUTED SENSOR NETWORKS
LA English
DT Review
ID SENSOR NETWORKS; DESIGN; VIBRATIONS; SYSTEM; TECHNOLOGIES; SECURITY;
   NODES
AB Wireless body area networks (WBANs) are important branches of wireless sensor
networks (WSNs). They promise unobtrusive ambulatory health monitoring for real-
time updates of patients' medical records that have aroused extensive attention
in various fields. In recent years, one can find a lot of researches related to
WBANs that have appeared in these literatures. But there are still many key
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issues that need to be further investigated. This paper briefly introduces the architecture and features of WBANs. In this attempt, we focus mostly on energy acquisition, data integration and data sharing, and collaboration of WBANs, from the viewpoint of energy harvesting development, the social network and smartphone application in WBANs, and the integration of WBANs and cloud system networks computing to analyze related issues of WBANs. Finally, we put forward concluding remarks with several future research directions.

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FU Guangdong University of Petrochemical Technology [2012RC0106]; Educational Commission of Guangdong Province, China [2013KJCX0131]; Top Level Talents Project in "Sailing Plan" of Guangdong Province; Guangdong University [512030]; Science and Technology Program of Maoming City [0010041110629036]; Special Fund of Guangdong Higher School Talent Recruitment
FX This work is supported by the Guangdong University of Petrochemical Technology's Internal Project no. 2012RC0106, Educational Commission of Guangdong Province, China, Project no. 2013KJCX0131, 2013 Top Level Talents Project in "Sailing Plan" of Guangdong Province, 2013 Special Fund of Guangdong Higher School Talent Recruitment, Fault Diagnosis of Petrochemical Process and Informatization Control Engineering Open Fund in Guangdong University no. 512030, and the Science and Technology Program of Maoming City no. 0010041110629036.

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SN 1550-1477
J9 INT J DISTRIB SENS N
JI Int. J. Distrib. Sens. Netw.
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AR 438695
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Xing, Wenming
Hua, Xiaoqin
Li, Xin
Xin, Juanjuan
TI An empirical study on the performance evaluation of scientific data sharing platforms in China
SO LIBRARY HI TECH
LA English
DT Article
DE Performance measurement; Data management
AB Purpose - The purpose of this paper is to conduct performance evaluation of eight main scientific data sharing platforms in China and find existing problems, thus providing reference for maximizing the value of scientific data and enhancing scientific research efficiency.

Design/methodology/approach - First, the authors built an evaluation indicator system for the performance of scientific data sharing platforms. Next, the analytic hierarchy process was employed to set indicator weights. Then, the authors use experts grading method to give scored for each indicator and

calculated the scoring results of the scientific data sharing platform performance evaluation. Finally, an analysis of the results was conducted.

Findings - The performance evaluation of eight platforms is arranged by descending order by the value of F: the Data Sharing Infrastructure of Earth System Science (76.962), the Basic Science Data Sharing Center (76.595), the National Scientific Data Sharing Platform for Population and Health (71.577), the China Earthquake Data Center (66.296), the China Meteorological Data Sharing Service System (65.159), the National Agricultural Scientific Data Sharing Center (55.068), the Chinese Forestry Science Data Center (56.894) and the National Scientific Data Sharing & Service Network on Material Environmental Corrosion (Aging) (52.528). And some existing shortcomings such as the relevant policies and regulation, standards of data description and organization, data availability and the services should be improved.

Originality/value - This paper is mainly discussing about the performance evaluation system covering operation management, data resource, platform function, service efficiency and influence of eight scientific data sharing centers and made comparative analysis. It reflected the reality development of scientific data sharing in China.

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JI Libr. Hi Tech
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IS 2
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WC Information Science & Library Science
SC Information Science & Library Science
GA CM1DI
UT WOS:000357420200004
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TI A Privacy Enhanced Search Approach for Cloud-Based Medical Data Sharing
SO 2015 IEEE INTERNATIONAL CONFERENCE ON SMART CITY/SOCIALCOM/SUSTAINCOM
   (SMARTCITY)
LA English
DT Proceedings Paper
CT IEEE Int Conf on Smart City/8th IEEE Int Conf on Soc Comp and Networking
   (SocialCom)/5th IEEE Int Conf on Sustainable Comp and Commun
   (SustainCom)/Int Conf on Big Data Intelligence and Comp (DataCom)/5th
   Int Symposium on Cloud and Serv Comp (SC2)
CY DEC 19-21, 2015
CL Chengdu, PEOPLES R CHINA
SP IEEE, IEEE Comp Soc, IEEE Tech Comm Scalable Comp, Univ Elect Sci Technol of
China, Asia Pacific Econ Cooperat, StFX Univ, Ubiquitous Media Commun Lab
DE encrypted search; medical data; privacy protection; cloud computing
AB With the development of healthcare industry, healthcare informatization
provides great potential for the health-care improvement. The cloud computing
platform, which is an important infrastructure for the inter( intra)-
organization collaboration, provides a shared storage space to the medical data
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sharing. For the privacy protection of medical data, sensitive data has to be encrypted before being transmitted to the cloud, which makes it more challenging to use these data in the cloud. For strengthening the utilization of encrypted cloud data, various encrypted search technologies are widely studied. However, these existing searchable encryption schemes may not enforce users' demands well. This paper proposes a privacy enhanced search approach for cloud-based medical data sharing. The proposed solution implements a hybrid search approach, where the search process is conducted across plaintext and ciphertext. Moreover, the enhanced access control can ensure the privacy protection of cloud data. The empirical experiments illustrate the effectiveness of our solution.

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FU Beijing Natural Science Foundation [4152007, 7142014]; China National Key Technology Research and Development Program [2013BAH19F01]
FX This work is supported by Beijing Natural Science Foundation (4152007, 7142014) and China National Key Technology Research and Development Program project with no. 2013BAH19F01.

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PU IEEE
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PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-5090-1893-2
PY 2015
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SC Computer Science; Science & Technology - Other Topics
GA BG8IG
UT WOS:000392313100169
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AU Shaha, SH
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AF Shaha, Steven H.
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BE Gillis, G
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   Maeder, AJ
TI Optimal Care Mother-Baby and Outcomes through Community-wide Data
   Sharing, Interoperability and Connectivity
SO GLOBAL TELEHEALTH 2015: INTEGRATING TECHNOLOGY AND INFORMATION FOR
   BETTER HEALTHCARE
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 4th International Global Telehealth Conference (GT)
CY MAY 29-30, 2015
CL Canadas Hlth Informat Assoc, Toronto, CANADA
SP Australasian Telehealth Soc
HO Canadas Hlth Informat Assoc
DE Integration; Interoperability; Electronic Medical Records (EMRs);
   Electronic Health Records (EHRs); Coordinated Care; Interprofessional
   Communication
ID BIRTH
AB The power of interoperable systems with data/information integration, central
to achieving the goals of Telehealth, is illustrated through mutually beneficial
sharing between Labor & Delivery (L&D) and Obstetrics (OBs) Clinics. Data shared
between L&D and OB brought improved practice patterns and outcomes, and
increased satisfaction at both. Staffing and skillsets were significantly
improved by knowing complications arriving and anticipated volumes. OBs
increased clinic efficiencies and improved patient-direct care time with
improved clinical and cost outcomes.
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SC Health Care Sciences & Services; Medical Informatics
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AF Prey, Jennifer E.
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   Vawdrey, David K.
BE Sarkar, IN
   Georgiou, A
   Marques, PMD
TI A Global Analysis of Approaches to Sharing Clinical Data with Patients
SO MEDINFO 2015: EHEALTH-ENABLED HEALTH
SE Studies in Health Technology and Informatics
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CT 15th World Congress on Health and Biomedical Informatics (MEDINFO)
CY AUG 19-23, 2015
CL Int Med Informat Assoc, Brazilian Hlth Informat Soc, Sao Paulo, BRAZIL
HO Int Med Informat Assoc, Brazilian Hlth Informat Soc
DE Personal Health Records; Consumer Health Information; Health Information
   Technology; Patients; International Perspectives
AB Engaging patients in their care has become a topic of increasing importance,
and enabling patients to have access to their clinical data is a key aspect of
such engagement. To investigate on an international scale the current state of
approaches for providing patients with access to their own clinical information,
individuals from 16 countries, across six continents, participated in cross-
sectional semi-structured interviews. Interview questions focused on social and
cultural influences that affected patient engagement activities, government
support for current and planned initiatives, data ownership models, and
technical issues. Substantive initiatives for providing information to patients
in the majority of countries interviewed are present; however, these initiatives
were diverse in nature and stage of implementation. Efforts to improve patient
access to data are active on a global-scale. There are many open questions about
best practices and much can be learned by adopting an international perspective
to guide future implementation efforts.
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FU National Library of Medicine [T15LM007079]; Agency for Healthcare
   Research and Quality [R01HS21816]
FX This work was supported by grants from the National Library of Medicine
   (T15LM007079 - Hripcsak) and the Agency for Healthcare Research and
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TC 0
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PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
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   Services; Medical Informatics
SC Computer Science; Health Care Sciences & Services; Medical Informatics
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   Thiebaut, Rodolphe
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TI Proposal for a European Public Health Research Infrastructure for
   Sharing of health and Medical administrative data (PHRIMA)
SO MEDINFO 2015: EHEALTH-ENABLED HEALTH
SE Studies in Health Technology and Informatics
LA English
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CT 15th World Congress on Health and Biomedical Informatics (MEDINFO)
CY AUG 19-23, 2015
CL Int Med Informat Assoc, Brazilian Hlth Informat Soc, Sao Paulo, BRAZIL
HO Int Med Informat Assoc, Brazilian Hlth Informat Soc
DE Europe; data sharing; public health; research infrastructure
AB In Europe, health and medical administrative data is increasingly
accumulating on a national level. Looking further than re-use of this data on a
national level, sharing health and medical administrative data would enable
large-scale analyses and European-level public health projects. There is
currently no research infrastructure for this type of sharing. The PHRIMA
consortium proposes to realise the Public Health Research Infrastructure for
Sharing of health and Medical Administrative data (PHRIMA) which will enable and
facilitate the efficient and secure sharing of healthcare data.
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OI Buchan, Iain/0000-0003-3392-1650; Burgun, Anita/0000-0001-6855-4366
FU INSERM/Aviesan Public Health Institute
FX This work has received support from INSERM/Aviesan Public Health
   Institute.
CR ESFRI-European Strategy Forum on research Infrastructures, 2010, STRAT REP
RES INFR
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U1 1
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PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
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WC Computer Science, Interdisciplinary Applications; Health Care Sciences &
   Services; Medical Informatics
SC Computer Science; Health Care Sciences & Services; Medical Informatics
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AF Stuver, Sherri Oliver
   Fraile, Belen
   Donohue, Caitlin C.
   Odejide, Oreofe Olukemi
   Abel, Gregory Alan
   Dodek, Anton
   Fallon, John A.
   Jacobson, Joseph O.
TI Novel data sharing between a comprehensive cancer center and a private
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   payer to better understand care at the end of life
SO JOURNAL OF CLINICAL ONCOLOGY
LA English
DT Meeting Abstract
CT American-Society-of-Clinical-Oncology (ASCO) Quality Care Symposium
CY OCT 17-18, 2014
CL Boston, MA
SP Amer Soc Clin Oncol
C1 Dana Farber Canc Inst, Boston, MA 02115 USA.
   Blue Cross & Blue Shield Massachusetts, Boston, MA USA.
NR 0
TC 0
Z9 0
U1 0
U2 0
PU AMER SOC CLINICAL ONCOLOGY
PI ALEXANDRIA
PA 2318 MILL ROAD, STE 800, ALEXANDRIA, VA 22314 USA
SN 0732-183X
EI 1527-7755
J9 J CLIN ONCOL
JI J. Clin. Oncol.
PD OCT 20
PY 2014
VL 32
IS 30
SU S
MA 1
PG 1
WC Oncology
SC Oncology
GA CN2JU
UT WOS:000358247800002
DA 2019-08-06
ER

PT J
AU [Anonymous]
AF [Anonymous]
TI Pharma firms pool and share cancer trial data
SO NATURE REVIEWS DRUG DISCOVERY
LA English
DT News Item
CR 2010, NATURE REV DRUG DIS, V9, P499
NR 1
TC 0
Z9 0
U1 0
U2 0
PU NATURE PUBLISHING GROUP
PI LONDON
PA MACMILLAN BUILDING, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
SN 1474-1776
EI 1474-1784
J9 NAT REV DRUG DISCOV
JI Nat. Rev. Drug Discov.
PD MAY
PY 2014
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VL 13
IS 5
BP 323
EP 323
PG 1
WC Biotechnology & Applied Microbiology; Pharmacology & Pharmacy
SC Biotechnology & Applied Microbiology; Pharmacology & Pharmacy
GA AG7TH
UT WOS:000335621100004
DA 2019-08-06
ER

PT S
AU Goudar, V
   Potkonjak, M
AF Goudar, Vishwa
   Potkonjak, Miodrag
GP IEEE
TI A Robust Watermarking Technique for Secure Sharing of BASN Generated
   Medical Data
SO 2014 IEEE INTERNATIONAL CONFERENCE ON DISTRIBUTED COMPUTING IN SENSOR
   SYSTEMS (IEEE DCOSS 2014)
SE IEEE International Conference on Distributed Computing in Sensor Systems
LA English
DT Proceedings Paper
CT 9th IEEE International Conference on Distributed Computing in Sensor
   Systems (DCOSS)
CY MAY 26-28, 2014
CL Marina Del Rey, CA
SP IEEE, IEEE Comp Soc, Assoc Comp Machinery
DE Body Area Networks; Watermarking; Medical Data Sharing; Medical Data
   Security
ID SYSTEM
AB As remote health monitoring BASN technology matures and begins to proliferate,
several issues related to the secure sharing of the resulting medical electronic
data have come to the fore. This includes the need to provide the data owner
(BASN user /patient) and the data consumers (healthcare providers, insurance
companies, medical research facilities) secure control over the medical data as
it is shared between these various stakeholders. In this paper, we focus on
three secure sharing use-cases: proof of ownership, wherein the data owner must
prove that she/he is the originator of the data; data tracking, wherein the data
owner must trace unauthorized sharing of her/his biosignal data; and content
authentication, wherein the data owner must prove whether the biosignal data has
been maliciously altered. To address these usecases, we develop a robust
watermarking technique to embed security information into biosignal data such
that the semantic fidelity of the data is unaffected, the bio-signal waveforms
are altered imperceptibly, and the watermark is not easily corrupted, recovered
or spoofed by malicious data consumers. Based on experimentally collected
datasets from a gait-stability monitoring BASN, we show that our watermarking
technique can robustly and effectively embed up to 1000 bit watermarks under
these constraints.
C1 [Goudar, Vishwa; Potkonjak, Miodrag] Univ Calif Los Angeles, Dept Comp Sci,
Los Angeles, CA 90024 USA.
RP Goudar, V (reprint author), Univ Calif Los Angeles, Dept Comp Sci, Los
Angeles, CA 90024 USA.
CR Anemaet WK, 1999, TOP GERIATR REHABIL, V15, P66
   Cox I T., 2008, DIGITAL WATERMARKING
   Goudar V, 2013, INT WORKS POW TIM, P75, DOI 10.1109/PATMOS.2013.6662158
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   Goudar V, 2013, IEEE J EM SEL TOP C, V3, P86, DOI 10.1109/JETCAS.2013.2243634
   Ibaida A, 2011, COMPUT CARDIOL, V38, P393
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   Kong X, 2001, IEEE T INF TECHNOL B, V5, P195, DOI 10.1109/4233.945290
   Li M, 2013, IEEE T PARALL DISTR, V24, P131, DOI 10.1109/TPDS.2012.97
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   Noshadi H, 2010, BIOSIGNALS 2010: PROCEEDINGS OF THE THIRD INTERNATIONAL
CONFERENCE ON BIO-INSPIRED SYSTEMS AND SIGNAL PROCESSING, P264
   Pawar P, 2012, J BIOMED INFORM, V45, P544, DOI 10.1016/j.jbi.2012.02.007
   Prasad A., 2013, COMM SYST NETW COMSN, P1, DOI DOI
10.1109/COMSNETS.2013.6465599
NR 12
TC 0
Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2325-2936
BN 978-1-4799-4618-1
J9 IEEE INT CONF DISTR
PY 2014
BP 162
EP 170
DI 10.1109/DCOSS.2014.22
PG 9
WC Computer Science, Hardware & Architecture; Engineering, Electrical &
   Electronic; Remote Sensing
SC Computer Science; Engineering; Remote Sensing
GA BD4RF
UT WOS:000361020100024
DA 2019-08-06
ER

PT B
AU Hernandez, L
   Onieva, J
   Fico, G
   Cancela, J
   Dagliati, A
   Bucalo, M
   Sacchi, L
   Bellazzi, R
   Arredondo, MT
AF Hernandez, Liss
   Onieva, Jorge
   Fico, Giuseppe
   Cancela, Jorge
   Dagliati, Arianna
   Bucalo, Mauro
   Sacchi, Lucia
   Bellazzi, Riccardo
   Arredondo, Maria T.
GP IEEE
TI A proposal of architecture to share patients data out of healthcare
   settings for research purposes
SO 2014 IEEE-EMBS INTERNATIONAL CONFERENCE ON BIOMEDICAL AND HEALTH
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```
   INFORMATICS (BHI)
LA English
DT Proceedings Paper
CT IEEE-EMBS International Conference on Biomedical and Health Informatics
   (BHI)
CY JUN 01-04, 2014
CL Valencia, SPAIN
SP IEEE, EMBS
AB The emerging of new Information and Communications Technologies (ICT), the
aging population and the increased number of people suffering from chronic
diseases are changing the health structure of developed countries. Given this
situation, it is crucial that research based on demographics data is promoted
and researchers can access large amounts of patient data, having this
information validated by medical institutions. Currently, there are some
platforms and web applications available that allow patients the self-management
and control of their health and wellness information. Other platforms allow
managing large amounts of patient data (demographic, diagnostic, laboratory and
medication) and share patient cohorts considering different criteria of
inclusion and exclusion. This paper proposes to use a selection of these
platforms and it defines how to relate them to obtain a framework where the
information provided by patients and medical institutions can be safely used and
validated by researchers. Furthermore, the system will enable clinical
researcher to share the results of their research in a controlled and safe
environment.
C1 [Hernandez, Liss; Fico, Giuseppe; Cancela, Jorge; Arredondo, Maria T.] Univ
Politecn Madrid, LST Grp, E-28040 Madrid, Spain.
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Biomed Engn, Dept Elect, Pavia, Italy.
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   jcancela@lst.tfo.upm.es; arianna.dagliati@unipv.it;
   mauro.bucalo@biomeris.com; lucia.sacchi@unipv.it;
   riccardo.bellazzi@unipv.it; mta@lst.tfo.upm.es
RI dagliati, arianna/I-7119-2019; Fico, Giuseppe/K-3640-2017
OI Fico, Giuseppe/0000-0003-1551-4613; dagliati,
   arianna/0000-0002-5041-0409
FU CEI Moncloa; European Commission [600914]
FX Research supported by CEI Moncloa and European Commission through the
   7th Framework Programme project MOSAIC (Grant Agreement 600914).
CR Bernstein Amy B, 2012, MMWR Suppl, V61, P30
   Creeger M., 2009, QUEUE, V7, P3
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1_63
   SAPENA A. F., 2011, PROF INFORM, V20, P259
   Weitzman ER, 2011, PLOS ONE, V6, DOI 10.1371/journal.pone.0019256
NR 9
TC 0
Z9 0
U1 0
U2 0
PU IEEE
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PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-4799-2131-7
PY 2014
BP 789
EP 792
PG 4
WC Medical Informatics
SC Medical Informatics
GA BB8FN
UT WOS:000346504900190
DA 2019-08-06
ER

PT S
AU Goudar, V
   Potkonjak, M
AF Goudar, Vishwa
   Potkonjak, Miodrag
GP IEEE
TI Addressing Biosignal Data Sharing Security Issues with Robust
   Watermarking
SO 2014 ELEVENTH ANNUAL IEEE INTERNATIONAL CONFERENCE ON SENSING,
   COMMUNICATION, AND NETWORKING (SECON)
SE IEEE International Conference on Sensing Communication and Networking
LA English
DT Proceedings Paper
CT 11th IEEE Annual International Conference on Sensing, Communication, and
   Networking (SECON)
CY JUN 30-JUL 03, 2014
CL Singapore, SINGAPORE
SP IEEE
DE Body Area Networks; Watermarking; Medical Data Sharing; Medical Data
   Security
ID NETWORKS
AB One of the most important infrastructure requirements in the domain of remote
health monitoring BASNs is the secure collection and dissemination of the user's
medical data. Data security desiderata in this application domain are not
limited to ensuring the confidentiality and integrity of medical data that has
been logged to a data sink. Requirements also arise from the need to provide the
data owner (BAN user / patient) and the data consumers (healthcare providers,
insurance companies, medical research facilities) secure control over the data
as it is shared between these various stakeholders. Here, we study a robust
watermarking technique to embed security information into biosignal data such
that the semantic fidelity of the data is unaffected, while simultaneously
ensuring that the watermark is not easily erased or corrupted by malicious data
consumers. In doing so, we address three use-cases: proof of ownership, wherein
the data owner can prove that she/he is the originator of the data; data
tracking, wherein the data owner can trace unauthorized sharing of her/his
biosignal data; and content authentication, wherein the data owner can prove
whether the biosignal data has been maliciously altered. Based on experimentally
collected datasets from a gait-stability monitoring BASN, we show that the
embedding of 800 bit watermarks can be achieved robustly and effectively, with
near-imperceptible changes to the signal waveform and no loss in the the
signal's diagnostic quality.
C1 [Goudar, Vishwa; Potkonjak, Miodrag] Univ Calif Los Angeles, Dept Comp Sci,
Los Angeles, CA 90024 USA.
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RP Goudar, V (reprint author), Univ Calif Los Angeles, Dept Comp Sci, Los
Angeles, CA 90024 USA.
CR Anemaet WK, 1999, TOP GERIATR REHABIL, V15, P66
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   Goudar V., 2013, SENSORS J IEEE, P1
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   Kong X, 2001, IEEE T INF TECHNOL B, V5, P195, DOI 10.1109/4233.945290
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   Li M, 2013, IEEE T PARALL DISTR, V24, P131, DOI 10.1109/TPDS.2012.97
   Li M, 2010, IEEE WIREL COMMUN, V17, P51, DOI 10.1109/MWC.2010.5416350
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CONFERENCE ON BIO-INSPIRED SYSTEMS AND SIGNAL PROCESSING, P264
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   Prasad A., 2013, COMM SYST NETW COMSN, P1, DOI DOI
10.1109/COMSNETS.2013.6465599
NR 18
TC 0
Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2473-0440
BN 978-1-4799-4657-0
J9 IEEE INT CONF SENS
PY 2014
BP 618
EP 626
PG 9
WC Computer Science, Hardware & Architecture; Remote Sensing;
   Telecommunications
SC Computer Science; Remote Sensing; Telecommunications
GA BI3AS
UT WOS:000410657700082
DA 2019-08-06
ER

PT S
AU Frontoni, E
   Baldi, M
   Zingaretti, P
   Landro, V
   Misericordia, P
AF Frontoni, Emanuele
   Baldi, Marco
   Zingaretti, Primo
   Landro, Vincenzo
   Misericordia, Paolo
BE Garzia, F
   Thomas, G
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Pritchard, DA

TI Security issues for data sharing and service interoperability in eHealth systems: the Nu.Sa. test bed

SO 2014 INTERNATIONAL CARNAHAN CONFERENCE ON SECURITY TECHNOLOGY (ICCST)

SE International Carnahan Conference on Security Technology Proceedings

LA English

DT Proceedings Paper

CT 48th Annual IEEE International Conference Carnahan on Security Technology (ICCST)

CY OCT 13-16, 2014

CL Rome, ITALY

SP Inst Elect & Elect Engineers, IEEE Aerosp & Elect Syst Soc Sect, Coll Engn, IEEE, Lexington Chapter, Natl Cent Univ, Chung Shan Inst Sci & Technol, European Acad Sci & Arts, Wessex Inst Technol

DE electronic health record; security; privacy; cloud

AB The aim of the Nu. Sa. project is the definition of national level data standards to collect data coming from General Practitioners' Electronic Health Records and to allow secure data sharing between them. This paper introduces the Nu. Sa. framework and is mainly focused on security issues. A solution for secure data sharing and service interoperability is presented and implemented in the actual system used around Italy. The solution is strongly focused on privacy and correct data sharing with a complete set of tools devoted to authorization, encryption and decryption in a data sharing environment and a distributed architecture. The implemented system with more than one year of experiences in thousands of test cases shows a good feasibility of the approach and a future scalability in a cloud based architecture.

C1 [Frontoni, Emanuele; Baldi, Marco; Zingaretti, Primo] Univ Politecn Marche, Dipartimento Ingn Informaz, Ancona, Italy.
[Landro, Vincenzo; Misericordia, Paolo] Netmed Italia, FIMMG, Rome, Italy.

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RI Baldi, Marco/O-5792-2015; Zingaretti, Primo/B-1678-2012; Frontoni, Emanuele/D-9838-2013

OI Baldi, Marco/0000-0002-8754-5526; Zingaretti, Primo/0000-0002-5709-2159; Frontoni, Emanuele/0000-0002-8893-9244

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P404, DOI 10.1145/937527.937530
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NR 26
TC 0
Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 1071-6572
BN 978-1-4799-3532-1
J9 INT CARN CONF SECU
PY 2014
PG 6
WC Computer Science, Information Systems; Computer Science, Theory &
   Methods
SC Computer Science
GA BE2QO
UT WOS:000369865000033
DA 2019-08-06
ER

PT J
AU Bryar, JM
   Dalby, CK
   Anastas, S
   Brady, L
   Hassett, MJ
   Shulman, LN
   Jacobson, JO
AF Bryar, Julie M.
   Dalby, Carole Kathleen
   Anastas, Susan
   Brady, Lauren
   Hassett, Michael J.
   Shulman, Lawrence N.
   Jacobson, Joseph O.
TI Implementation of chemotherapy treatment plans (CTP) in a large
   comprehensive cancer center (CCC): The key roles of infrastructure and
   data sharing
SO JOURNAL OF CLINICAL ONCOLOGY
LA English
DT Meeting Abstract
CT ASCO's Quality Care Symposium
CY NOV 01-02, 2013
CL San Diego, CA
SP ASCO
```

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C1 [Bryar, Julie M.; Dalby, Carole Kathleen; Anastas, Susan; Brady, Lauren;
Hassett, Michael J.; Shulman, Lawrence N.; Jacobson, Joseph O.] Dana Farber Canc
Inst, Boston, MA 02115 USA.
RI Hassett, Michael/M-5032-2019
NR 0
TC 0
Z9 0
U1 0
U2 0
PU AMER SOC CLINICAL ONCOLOGY
PI ALEXANDRIA
PA 2318 MILL ROAD, STE 800, ALEXANDRIA, VA 22314 USA
SN 0732-183X
EI 1527-7755
J9 J CLIN ONCOL
JI J. Clin. Oncol.
PD NOV 1
PY 2013
VL 31
IS 31
SU S
MA 20
DI 10.1200/jco.2013.31.31_suppl.20
PG 1
WC Oncology
SC Oncology
GA AG6YR
UT WOS:000335565500021
DA 2019-08-06
ER

PT J
AU Beleut, M
   Baudis, M
   Thurk, M
   Goetz, R
   Egorov, M
   Wiesenfeldt, M
   Knuth, A
   Schraml, P
   Moch, H
   Henco, K
AF Beleut, M.
   Baudis, M.
   Thuerk, M.
   Goetz, R.
   Egorov, M.
   Wiesenfeldt, M.
   Knuth, A.
   Schraml, P.
   Moch, H.
   Henco, K.
TI Integrative analysis of genomic and transcriptomic data reveals the
   presence of a novel molecular class of biomarkers shared by all cancer
   entities
SO EUROPEAN JOURNAL OF CANCER
LA English
DT Meeting Abstract
```

```
CT European Cancer Congress 2013 - 17th ECCO / 38th ESMO / 32nd ESTRO
CY SEP 27-OCT 01, 2013
CL Amsterdam, NETHERLANDS
SP European Conf Clin Oncol, European Soc Therapeut Radiol & Oncol, European Soc
Med Oncol, European Soc Surg Oncol, European Assoc Canc Res, European Oncol
Nursing Soc, European Soc Paediat Oncol
C1 [Beleut, M.; Henco, K.] PAREQ, Zurich, Switzerland.
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Germany.
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   [Schraml, P.; Moch, H.] Univ Zurich Hosp, Inst Surg Pathol, CH-8091 Zurich,
Switzerland.
RI Baudis, Michael/J-4602-2012
OI Baudis, Michael/0000-0002-9903-4248
NR 0
TC 0
Z9 0
U1 0
U2 0
PU ELSEVIER SCI LTD
PI OXFORD
PA THE BOULEVARD, LANGFORD LANE, KIDLINGTON, OXFORD OX5 1GB, OXON, ENGLAND
SN 0959-8049
EI 1879-0852
J9 EUR J CANCER
JI Eur. J. Cancer
PD SEP
PY 2013
VL 49
SU 2
MA 504
BP S98
EP S98
PG 1
WC Oncology
SC Oncology
GA 250HY
UT WOS:000326843600348
DA 2019-08-06
ER

PT S
AU Ganzinger, M
   Knaup, P
AF Ganzinger, Matthias
   Knaup, Petra
BE Lehmann, CU
   Ammenwerth, E
   Nohr, C
TI Semantic Prerequisites for Data Sharing in a Biomedical Research Network
SO MEDINFO 2013: PROCEEDINGS OF THE 14TH WORLD CONGRESS ON MEDICAL AND
   HEALTH INFORMATICS, PTS 1 AND 2
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 14th World Congress on Medical and Health Informatics (MEDINFO)
CY AUG 20-23, 2013
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```
CL Copenhagen, DENMARK
DE Biomedical research network; ontology; vocabulary
AB We investigated for a research network on liver cancer semantic prerequisites
for successful data sharing. To support collaboration with information
technology, it is important to annotate research data with metadata. Ideally,
all data handled are described ontologically to allow for automated reasoning.
However, a complete ontology is hard to define. As a preliminary step we
acquired a project wide common vocabulary by interviewing project partners. The
vocabulary contains terms for describing the projects' processes and related
data. Where the vocabulary intersects with Unified Medical Language System (UMLS)
terms, the terms will be replaced by UMLS-terms. Cell line data are a subclass
of the data handled in our research network. For these data we reviewed existing
ontologies and developed a new ontology for cell lines. The Cell Culture
Ontology (CCONT) reuses existing ontologies and enhances those with more
specific cell line related properties to achieve a comprehensive description of
cell lines. The results of our work can be transferred to other research
networks with a similarly limited biomedical scope.
C1 [Ganzinger, Matthias; Knaup, Petra] Heidelberg Univ, Inst Med Biometry &
Informat, Heidelberg, Germany.
RP Ganzinger, M (reprint author), Heidelberg Univ, Inst Med Biometry & Informat,
Heidelberg, Germany.
CR Ganzinger M, 2012, PLOS ONE, V7, DOI 10.1371/journal.pone.0048584
   Malone J, 2010, BIOINFORMATICS, V26, P1112, DOI 10.1093/bioinformatics/btq099
NR 2
TC 0
Z9 0
U1 0
U2 0
PU IOS PRESS
PI AMSTERDAM
PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
SN 0926-9630
BN 978-1-61499-289-9; 978-1-61499-288-2
J9 STUD HEALTH TECHNOL
PY 2013
VL 192
BP 938
EP 938
DI 10.3233/978-1-61499-289-9-938
PG 1
WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA BB1DZ
UT WOS:000341021700206
PM 23920712
DA 2019-08-06
ER

PT S
AU Zhou, J
   Yang, ZY
AF Zhou, Jun
   Yang, Zhenyu
BE Yarlagadda, P
   Yang, SF
   Lee, KM
TI Data Privacy Preservation in Wireless Sensor Networks Based on
   Multi-Secret Sharing Scheme
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SO INFORMATION TECHNOLOGY APPLICATIONS IN INDUSTRY II, PTS 1-4
SE Applied Mechanics and Materials
LA English
DT Proceedings Paper
CT 2nd International Conference on Information Technology and Management
   Innovation (ICITMI 2013)
CY JUL 23-24, 2013
CL Zhuhai, PEOPLES R CHINA
DE WSN; data privacy; multi-secret; digital watermarking; threshold
AB The Internet of things is widespread concerned by the whole society now. As
an important component of the Internet of things, wireless sensor network has
wide application prospect in various fields such as medical and health, military
defense. The traditional data privacy protection technology of PKI system used
in the WSN networks has its own weakness. This paper presents the secret key
sharing mechanism to protect data privacy. The secret key, remote node and base
station used to communicate, was divided into multiple secrets. The multiple
secrets were distributed in the nodes which connect directly to the base station
node. Only through collect more than threshold number of multi-secret that can
decrypt the communication data between the base station and the remote node. To
be safer, we used digital watermarking technology to protect the data
transmission between the base station and the aggregate node. These techniques
combined with the data slice, homomorphism encryption technology to protect data
privacy, construct a safe and efficient wireless sensor networks.
C1 [Zhou, Jun; Yang, Zhenyu] Qilu Univ Technol, Sch Informat, Jinan, Peoples R
China.
RP Zhou, J (reprint author), Qilu Univ Technol, Sch Informat, Jinan, Peoples R
China.
EM zhoujun@spu.edu.cn; yzy@spu.edu.cn
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NR 6
TC 0
Z9 0
U1 0
U2 0
PU TRANS TECH PUBLICATIONS LTD
PI STAFA-ZURICH
PA LAUBLSRUTISTR 24, CH-8717 STAFA-ZURICH, SWITZERLAND
SN 1660-9336
BN 978-3-03785-864-6
J9 APPL MECH MATER
PY 2013
VL 411-414
BP 141
EP 144
DI 10.4028/www.scientific.net/AMM.411-414.141
PG 4
WC Engineering, Mechanical; Materials Science, Multidisciplinary; Mechanics
SC Engineering; Materials Science; Mechanics
GA BA5GU
UT WOS:000336641400029
DA 2019-08-06
ER
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PT B
AU Klein, EL
   Heines, JM
AF Klein, Edward L.
   Heines, Jesse M.
GP IEEE
TI Visualization of Privacy Filters for Sharing Sensor-based Health Data
SO 2013 IEEE INTERNATIONAL CONFERENCE ON HEALTHCARE INFORMATICS (ICHI 2013)
LA English
DT Proceedings Paper
CT 1st IEEE International Conference on Healthcare Informatics (ICHI)
CY SEP 09-11, 2013
CL Philadelphia, PA
SP IEEE, IEEE Comp Soc
AB This research explores interactive data visualization techniques for
understanding how privacy filters in an electronic personal health record system
govern the sharing of sensed health data. The research is intended to reveal
insight into how well users can grasp the concepts of privacy and manipulate
graphical entities to control how much and what aspects of their personal health
records they are willing to share with family, friends, medical teams, and
others.
C1 [Klein, Edward L.; Heines, Jesse M.] Univ Massachusetts, Dept Comp Sci,
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RP Klein, EL (reprint author), Univ Massachusetts, Dept Comp Sci, Lowell, MA
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NR 0
TC 0
Z9 0
U1 0
U2 1
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-0-7695-5089-3
PY 2013
BP 481
EP 481
DI 10.1109/ICHI.2013.69
PG 1
WC Medical Informatics
SC Medical Informatics
GA BA1QP
UT WOS:000332894400063
DA 2019-08-06
ER

PT J
AU Coory, MD
   Fry, CL
AF Coory, Michael D.
   Fry, Craig L.
TI Towards sharing health-services data
SO MEDICAL JOURNAL OF AUSTRALIA
LA English
DT Editorial Material
ID INFORMATION
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C1 [Coory, Michael D.; Fry, Craig L.] Murdoch Childrens Res Inst, Melbourne, Vic,
Australia.
   [Fry, Craig L.] Univ Melbourne, Ctr Appl Philosophy & Publ Eth, Melbourne,
Vic, Australia.
RP Coory, MD (reprint author), Murdoch Childrens Res Inst, Melbourne, Vic,
Australia.
EM Michael.Coory@mcri.edu.au
OI Fry, Craig/0000-0001-7867-4388
CR Australian Law Reform Commission, 2008, 108 ALRC
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6405.2007.00142.x
NR 16
TC 0
Z9 0
U1 0
U2 0
PU AUSTRALASIAN MED PUBL CO LTD
PI PYRMONT
PA LEVEL 2, 26-32 PYRMONT BRIDGE RD, PYRMONT, NSW 2009, AUSTRALIA
SN 0025-729X
J9 MED J AUSTRALIA
JI Med. J. Aust.
PD APR 16
PY 2012
VL 196
IS 7
BP 438
EP 439
DI 10.5694/mja11.11238
PG 2
WC Medicine, General & Internal
SC General & Internal Medicine
GA 930WO
UT WOS:000303175600006
PM 22509866
DA 2019-08-06
ER

PT B
AU Goldstein, AD
   Hillman, RE
AF Goldstein, Anatoly D.
   Hillman, Robert E.
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BE Zhang, C
Joshi, J
Bertino, E
Thuraisingham, B
TI Integration, Reuse and Sharing of Data on Voice Disorders
SO 2012 IEEE 13TH INTERNATIONAL CONFERENCE ON INFORMATION REUSE AND INTEGRATION (IRI)
LA English
DT Proceedings Paper
CT 13th IEEE International Conference on Information Reuse and Integration (IEEE IRI) / DIM / WICSOC / IEEE EM- RITE / IRI-HI
CY AUG 08-10, 2012
CL Las Vegas, NV
SP IEEE Syst Man & Cybernet Soc (IEEE SMC), Soc Informat Reuse & Integrat (SIRI), IEEE
DE APM Website; Database for Voice Disorders; Healthcare Data Reuse; Online Data Sharing
ID PATHOLOGY
AB This paper describes a set of software tools which facilitate the automated processing of clinical voice (laryngeal) evaluation results, thus assisting doctors in voice disorder diagnostics, treatment and related research. The software tools include a website and a number of client/server applications developed by the authors at the Massachusetts General Hospital (MGH) for patient voice data entry, storage, retrieval, reporting, reuse and sharing on the web in de-identified form. The website software is integrated with existing commercial clinical software to support multi-institutional research collaboration. Design of the client/server applications includes automatic reuse of standard MGH outpatient and surgical schedules. An additional application has been developed to facilitate the remote retrieval and review of recorded clinical endoscopic examinations based on the reuse of commercial viewer software and database. A new general model is suggested for web-based sharing and mining of research data processed by means of a specific desktop computer program.
C1 [Goldstein, Anatoly D.; Hillman, Robert E.] Massachusetts Gen Hosp, Ctr Laryngeal Surg & Voice Rehabil, Boston, MA 02114 USA.
RP Goldstein, AD (reprint author), Massachusetts Gen Hosp, Ctr Laryngeal Surg & Voice Rehabil, 1 Bowdoin Sq,11th Floor, Boston, MA 02114 USA.
EM anatoly.goldstein@mgh.harvard.edu
CR [Anonymous], 1994, MASS EYE EAR INF VOI
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NR 14
TC 0
Z9 0

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U1 0
U2 2
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-4673-2284-3
PY 2012
BP 407
EP 414
PG 8
WC Computer Science, Theory & Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA BDC08
UT WOS:000312540300060
DA 2019-08-06
ER

PT S
AU Solomonides, T
AF Solomonides, Tony
BE Desai, N
   Liu, A
   Winikoff, M
TI Healthgrids, the SHARE Project, Medical Data and Agents: Retrospect and
   Prospect
SO PRINCIPLES AND PRACTICE OF MULTI-AGENT SYSTEMS
SE Lecture Notes in Artificial Intelligence
LA English
DT Proceedings Paper
CT 13th International Conference on Principles and Practice of Multi-Agent
   Systems
CY NOV 12-15, 2010
CL Kolkata, INDIA
SP Smart Serv CRC
DE Healthgrids; cloud computing; electronic patient records; data
   protection; medical knowledge; agents
AB The application of grid computing to biomedical research domains in the early
years of the century has opened up promising prospects for the extension of this
philosophy to translational medicine and hence to personalized healthcare. As
the business side of the healthcare 'enterprise' also moves to take advantage of
the related technology of cloud computing, the management of personal healthcare
data on one hand, and of medical knowledge on the other, come to the fore as the
principal challenges for successful adoption. We conclude by exploring the
potential role of agents to address this and related challenges.
C1 [Solomonides, Tony] HealthGrid, F-63430 Pont Du Chateau, France.
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CR Del Frate C, 2006, STUD HEALTH TECHNOL, V120, P305
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NR 5
TC 0
Z9 0
U1 0
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U2 0
PU SPRINGER-VERLAG BERLIN
PI BERLIN
PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY
SN 0302-9743
BN 978-3-642-25919-7
J9 LECT NOTES ARTIF INT
PY 2012
VL 7057
BP 523
EP 534
PG 12
WC Computer Science, Artificial Intelligence; Computer Science, Information
   Systems
SC Computer Science
GA BBJ71
UT WOS:000307084200038
DA 2019-08-06
ER

PT J
AU Gkoulalas-Divanis, A
   Cope, EW
AF Gkoulalas-Divanis, A.
   Cope, E. W.
TI A publication process model to enable privacy-aware data sharing
SO IBM JOURNAL OF RESEARCH AND DEVELOPMENT
LA English
DT Article
ID LINKAGE; TESTS
AB As the Internet continues to permeate and connect communities, businesses,
and things, there is an increasing demand for new approaches and technologies to
analyze and synthesize data generated from diverse and distributed sources. In
addition, this data must be accessible to a set of users having different
analytic objectives and viewpoints. We examine these topics in light of the
growing number of data consortia in sectors such as finance and healthcare,
whose role is to share data among a set of contributing members. We address the
need for data consortia to apply data customization and context-alignment
services to make heterogeneous data relevant for its subscribers. Such services
include record linkage, record selection, and scaling and homogeneity analysis.
In addition, the often personal or business-sensitive nature of such data
requires that privacy-preservation methods be employed to avoid improper
disclosures. We provide a publication process model for data consortia that
allow users to extract the maximum amount of information from these
heterogeneous databases in a privacy-aware manner. We describe the Operational
Riskdata eXchange (ORX) as a successful case study to illustrate these concepts.
C1 [Gkoulalas-Divanis, A.; Cope, E. W.] IBM Corp, Div Res, Zurich Res Lab, CH-
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EM agd@zurich.ibm.com; erc@zurich.ibm.com
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0255(00)00013-X
NR 33
TC 0
Z9 0
U1 0
U2 7
PU IBM CORP
PI ARMONK
PA 1 NEW ORCHARD ROAD, ARMONK, NY 10504 USA
SN 0018-8646
J9 IBM J RES DEV
JI IBM J. Res. Dev.
PD SEP-OCT
PY 2011
VL 55
IS 5
AR 8
DI 10.1147/JRD.2011.2163279
PG 10
WC Computer Science, Hardware & Architecture; Computer Science, Information
   Systems; Computer Science, Software Engineering; Computer Science,
   Theory & Methods
SC Computer Science
GA 908PA
UT WOS:000301501100008
DA 2019-08-06
ER
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PT J
AU Lee, J
AF Lee, J.
TI INTERNATIONAL DATA SETS ON HEALTH: DATA COLLECTION AND SHARING FOR
   POLICY DESIGN
SO JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH
LA English
DT Meeting Abstract
C1 [Lee, J.] RAND Corp, Santa Monica, CA USA.
NR 0
TC 0
Z9 0
U1 0
U2 0
PU B M J PUBLISHING GROUP
PI LONDON
PA BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND
SN 0143-005X
J9 J EPIDEMIOL COMMUN H
JI J. Epidemiol. Community Health
PD AUG
PY 2011
VL 65
SU 1
BP A27
EP A27
DI 10.1136/jech.2011.142976a.70
PG 1
WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA 807MG
UT WOS:000293901800071
OA Bronze
DA 2019-08-06
ER

PT J
AU Rechis, R
   Nutt, S
AF Rechis, Ruth
   Nutt, Stephanie
TI ENLISTING PARTNERS IN DATA COLLECTION AND SHARING DATA WITH COMMUNITIES:
   THE 2010 LIVESTRONG SURVEY FOR PEOPLE AFFECTED BY CANCER
SO ANNALS OF BEHAVIORAL MEDICINE
LA English
DT Meeting Abstract
C1 [Rechis, Ruth; Nutt, Stephanie] LIVESTRONG, Austin, TX USA.
NR 0
TC 0
Z9 0
U1 0
U2 0
PU SPRINGER
PI NEW YORK
PA 233 SPRING ST, NEW YORK, NY 10013 USA
SN 0883-6612
J9 ANN BEHAV MED
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JI Ann. Behav. Med.
PD APR
PY 2011
VL 41
SU 1
BP S144
EP S144
PG 1
WC Psychology, Multidisciplinary
SC Psychology
GA 747CK
UT WOS:000289297701053
DA 2019-08-06
ER

PT S
AU Masud, M
AF Masud, Mehedi
GP IEEE
TI INTEROPERABILITY AND DATA SHARING SETTINGS IN A HEALTHCARE DATA
   MANAGEMENT SYSTEM
SO 2011 IEEE INTERNATIONAL CONFERENCE ON MULTIMEDIA AND EXPO (ICME)
SE IEEE International Conference on Multimedia and Expo
LA English
DT Proceedings Paper
CT IEEE International Conference on Multimedia and Expo (ICME)
CY JUL 11-15, 2011
CL Univ Ramon Llull, La Salle, Barcelona, SPAIN
SP IEEE, IEEE Signal Proc Soc, IEEE Circuits & Syst Soc, IEEE Comp Soc, IEEE
Commun Soc
HO Univ Ramon Llull, La Salle
DE Data sharing; peer to peer; healthcare
AB Over the last years, the Internet has become the backbone of the information
processing environments. The peer to peer concept is ideal for the development
of a healthcare data sharing system because it respects the internal autonomy of
each of the participating agencies (e. g. physicians, clinics, pharmacies,
laboratories, etc). In this paper we introduce interoperability and data sharing
settings considering a healthcare data management system where two parties or
peers exchange and share data without any middleware data management system. We
assume that databases in peers or data sources are created independently and may
have semantic inter-dependencies with regards to data. Each peer specifies pair-
wise data sharing settings/mappings with acquainted peers for sharing and
exchanging related data.
C1 Taif Univ, Coll Comp & Informat Technol, At Taif, Saudi Arabia.
RP Masud, M (reprint author), Taif Univ, Coll Comp & Informat Technol, At Taif,
Saudi Arabia.
EM mmasud@scientist.com
CR Arenas M, 2003, SIGMOD REC, V32, P53
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   Serafini L., 2003, LOCAL RELATIONAL MOD
NR 9
TC 0
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Z9 0
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 1945-7871
BN 978-1-61284-349-0
J9 IEEE INT CON MULTI
PY 2011
PG 6
WC Computer Science, Information Systems; Computer Science, Software
   Engineering; Computer Science, Theory & Methods; Engineering, Electrical
   & Electronic
SC Computer Science; Engineering
GA BAJ50
UT WOS:000304354700206
DA 2019-08-06
ER

PT B
AU Tsai, SY
   Ho, HW
   Lin, YR
   Lu, CY
AF Tsai, Shang-Yueh
   Ho, Hsiang-Wei
   Lin, Yi-Ru
   Lu, Chin-Yu
BE Chua, CK
   Lee, MY
   Guan, YL
   Chen, JP
   Luo, KQ
   Lai, CS
   Kwoh, CK
   Lee, JD
   Chian, KS
   Wu, SL
TI THE POTENTIAL OF DATA SHARING RADIAL
   PROTONECHO-PLANAR-SPECTROSCOPIC-IMAGING (rPEPSI) FOR TE-AVERAGED
   GLUTAMATE MAPPING
SO FIRST INTERNATIONAL SYMPOSIUM ON BIOENGINEERING (ISOB 2011), PROCEEDINGS
LA English
DT Proceedings Paper
CT 1st International Symposium on Bioengineering
CY JAN 19, 2011
CL Nanyang Technol Univ, Singapore, SINGAPORE
SP Nanyang Technol Univ, Coll Engn, Chang Gung Univ
HO Nanyang Technol Univ
ID PROJECTION RECONSTRUCTION; BRAIN; CANCER
AB Glutamate (Glu) is a major primary excitatory neurotransmitter of the central
nervous system Recently a TE-averaged MRS is proposed to simplify the
quantification of the Glu peak using successive shift echo time in scan
parameter at the expense of prolonged scan time. Here we propose to map the 2D
Glu distribution in the brain using radial Proton Echo Planar Spectroscopic
Imaging (rPEPSI). The radial readout trajectory is superior in possible data
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sharing property which makes it more flexible in combination with TE-averaged technique.
C1 [Tsai, Shang-Yueh; Ho, Hsiang-Wei] Chang Gung Univ, Tao Yuan 333, Taiwan.
RP Tsai, SY (reprint author), Chang Gung Univ, 259 Wen Hwa 1st Rd, Tao Yuan 333, Taiwan.
CR BROWN TR, 1982, P NATL ACAD SCI-BIOL, V79, P3523, DOI 10.1073/pnas.79.11.3523
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NR 12
TC 0
Z9 0
U1 0
U2 0
PU RESEARCH PUBLISHING SERVICES
PI SINGAPORE
PA NO 83 GENTING LANE, #08-01, GENTING BUILDING, SINGAPORE, 349568, SINGAPORE
BN 978-981-08-7615-9
PY 2011
BP 96
EP 103
DI 10.3850/978-981-08-7615-9_FI04
PG 8
WC Engineering, Biomedical
SC Engineering
GA BTS10
UT WOS:000287943400013
DA 2019-08-06
ER

PT J
AU Lee, J
AF Lee, J.
TI DATA SETS ON HEALTH AND RETIREMENT: DATA COLLECTION AND SHARING FOR POLICY DESIGN
SO GERONTOLOGIST
LA English
DT Meeting Abstract
C1 [Lee, J.] RAND, Santa Monica, CA USA.
NR 0
TC 0
Z9 0
U1 0
U2 1
PU OXFORD UNIV PRESS INC

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PI CARY
PA JOURNALS DEPT, 2001 EVANS RD, CARY, NC 27513 USA
SN 0016-9013
J9 GERONTOLOGIST
JI Gerontologist
PD OCT
PY 2010
VL 50
SU 1
BP 249
EP 249
PG 1
WC Gerontology
SC Geriatrics & Gerontology
GA 703UL
UT WOS:000286006702312
DA 2019-08-06
ER

PT J
AU Schaari, B
   Jurges, H
   Hank, K
AF Schaari, B.
   Jurges, H.
   Hank, K.
TI The survey bnung biometric data in the Survey of Health Ageing and
   Retirement in Europe (SHARE)
SO ZEITSCHRIFT FUR GERONTOLOGIE UND GERIATRIE
LA German
DT Meeting Abstract
NR 0
TC 0
Z9 0
U1 0
U2 0
PU SPRINGER HEIDELBERG
PI HEIDELBERG
PA TIERGARTENSTRASSE 17, D-69121 HEIDELBERG, GERMANY
SN 0948-6704
J9 Z GERONTOL GERIATR
JI Z. Gerontol. Geriatr.
PD SEP
PY 2010
VL 43
SU 1
BP 89
EP 89
PG 1
WC Geriatrics & Gerontology; Gerontology
SC Geriatrics & Gerontology
GA 646EN
UT WOS:000281519900294
DA 2019-08-06
ER

PT S
AU Simpson, A
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   Slaymaker, M
   Gavaghan, D
AF Simpson, Andrew
   Slaymaker, Mark
   Gavaghan, David
BE Lambrix, P
   Kemp, G
TI On the Secure Sharing and Aggregation of Data to Support Systems Biology
   Research
SO DATA INTEGRATION IN THE LIFE SCIENCES
SE Lecture Notes in Bioinformatics
LA English
DT Proceedings Paper
CT 7th International Conference on Data Integration in the Life Sciences
CY AUG 25-27, 2010
CL Gothenburg, SWEDEN
ID DATA INTEGRATION; LIFE SCIENCES; HEALTH-CARE; DRIVEN FRAMEWORK;
   BIOINFORMATICS; TRANSFORMATION; MODEL
AB The development of tools and technologies to facilitate appropriate and
effective data sharing is becoming increasingly important in many academic
disciplines. In particular, the 'data explosion' problem associated with the
Life Sciences has been recognised by many researchers and commented upon widely,
as have the associated data management problems. In this paper we describe how a
middleware framework that supports the secure sharing and aggregation of data
from heterogeneous data sources developed initially to underpin the sharing of
healthcare-related data-is being used to support Systems Biology research at the
University of Oxford. As well as giving an overview of the framework and its
application, we attempt to set our work within the wider context of the emerging
challenges associated with data sharing within the Life Sciences.
C1 [Simpson, Andrew; Slaymaker, Mark; Gavaghan, David] Univ Oxford, Comp Lab,
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OI gavaghan, david/0000-0001-8311-3200
CR Boeckmann B, 2003, NUCLEIC ACIDS RES, V31, P365, DOI 10.1093/nar/gkg095
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NR 32
TC 0
Z9 0
U1 1
U2 2
PU SPRINGER-VERLAG BERLIN
PI BERLIN
PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY
SN 0302-9743
BN 978-3-642-15119-4
J9 LECT N BIOINFORMAT
JI Lect. Notes Bioinforma.
PY 2010
VL 6254
BP 58
EP 73
PG 16
WC Biochemical Research Methods; Computer Science, Artificial Intelligence;
   Computer Science, Information Systems; Mathematical & Computational
   Biology
SC Biochemistry & Molecular Biology; Computer Science; Mathematical &
   Computational Biology
GA BUJ15
UT WOS:000289493600006
DA 2019-08-06
ER

PT S
AU Al-Neyadi, F
   Abawajy, J
AF Al-Neyadi, Fahed
   Abawajy, Jemal
BE Kim, TH
   Lee, YH
   Kang, BH
   Slezak, D
TI A Privacy Preserving Service Broker Architecture for Data Sharing
SO FUTURE GENERATION INFORMATION TECHNOLOGY
SE Lecture Notes in Computer Science
LA English
DT Proceedings Paper
CT 2nd International Mega-Conference on Future Generation Information
```

   Technology
CY DEC, 2010
CL Jeju Island, SOUTH KOREA
DE Privacy Preservation; Data Sharing; Data Management; Privacy; Healthcare
   data; Database
AB The problem addressed in this paper is how to ensure data privacy concerns when data is shared between multiple organisations. In domains such as healthcare, there is a need to share privacy-sensitive data among autonomous but cooperating organisations. However, security concerns and compliance to privacy regulations requiring confidentiality of the data renders unrestricted access to organisational data by others undesirable. The challenge is how to guarantee privacy preservations for the owners of the information that are willing to share information with other organisations while keeping some other information secret. Therefore, there is a need for privacy preserving database operations for querying data residing at different parties. To address this challenge, we propose a new computationally efficient framework that enables organisations to share privacy-sensitive data. The proposed framework is able to answer queries without revealing any useful information to the data sources or to the third parties.
C1 [Al-Neyadi, Fahed; Abawajy, Jemal] Deakin Univ, Sch Informat Technol, Geelong, Vic 3217, Australia.
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RI Abawajy, Jemal/A-1802-2008
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NR 18
TC 0
Z9 0
U1 0
U2 0
PU SPRINGER-VERLAG BERLIN
PI BERLIN
PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY
SN 0302-9743
BN 978-3-642-17568-8
J9 LECT NOTES COMPUT SC
PY 2010

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VL 6485
BP 450
EP 458
PG 9
WC Computer Science, Hardware & Architecture; Computer Science, Information
   Systems; Computer Science, Theory & Methods
SC Computer Science
GA BSZ63
UT WOS:000286176200044
DA 2019-08-06
ER

PT S
AU Riano, D
AF Riano, David
BE Riano, D
   TenTeije, A
   Miksch, S
   Peleg, M
TI A Knowledge-Management Architecture to Integrate and to Share Medical
   and Clinical Data, Information, and Knowledge
SO KNOWLEDGE REPRESENTATION FOR HEALTH-CARE: DATA, PROCESSES AND GUIDELINES
SE Lecture Notes in Artificial Intelligence
LA English
DT Proceedings Paper
CT Workshop on Knowledge Representation for Health-Care (KR4HC 2009)
CY JUL 19, 2009
CL Verona, ITALY
ID ALGORITHMS; GUIDELINES; MODELS
AB Data, information, and knowledge in medicine is varied, changing,
interrelated, and for diverse purposes. Medical and Clinical care depends on the
correct and efficient combined application of these elements to concrete health
care situations as prophylactics, screening, diagnosis, therapy, and prognosis.
In this paper, we propose a Knowledge Management Architecture (KMA) to allow the
integration of medical and clinical data, information and knowledge in a
consistent and incremental way. The components of KMA are described and the
already implemented parts are provided with references to papers where they are
explained in more detail. For the first time, we present the conceptual
integration of the isolated works performed in the research group of artificial
intelligence of the Rovira i Virgili University and in collaboration with the
Clinical Hospital of Barcelona, and the SAGESSA health care organization.
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RI Riano, David/C-5664-2013
OI Riano, David/0000-0002-1608-0215
CR Abidi SR, 2009, LECT NOTES ARTIF INT, V5651, P81, DOI 10.1007/978-3-642-
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   US NATL GUIDELINE CL
NR 24
TC 0
Z9 0
U1 0
U2 4
PU SPRINGER-VERLAG BERLIN
PI BERLIN
PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY
SN 0302-9743
BN 978-3-642-11807-4
J9 LECT NOTES ARTIF INT
PY 2010
VL 5943
BP 180
EP 194
PG 15
WC Computer Science, Artificial Intelligence
SC Computer Science
GA BPJ33
UT WOS:000278977600015
DA 2019-08-06
ER

PT S
AU Seng, WK
   Kim, MH
   Besar, R
   Salleh, F
AF Seng, Wong Kok
   Kim, Myung Ho
   Besar, Rosli
   Salleh, Fazly
BE Kim, T
   Yang, LT
   Park, JH
   Chang, ACC
   Vasilakos, T
   Yeo, SS
TI A Privacy Preserved Model for Medical Data Sharing in Telemedicine
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SO ADVANCES IN COMMUNICATION AND NETWORKING
SE Communications in Computer and Information Science
LA English
DT Proceedings Paper
CT 2nd International Conference on Future Generation Communication and
   Networking
CY DEC 13-15, 2008
CL Hainan, PEOPLES R CHINA
SP IEEE
DE Data Sharing; Privacy Preserving; Telemedicine
AB In the converged Information and Communication Technology (ICT) era, medical
data sharing has emerged as an important element in the healthcare industry.
Hospitals within a Telemedicine system would like to share their private local
databases with other hospitals. However, they do not agree to keep a copy of
their database into a central server. The central repository (data warehouse)
model is not secure because too much control will be granted to the central site.
In order to fully utilize the distributed and heterogeneous resources, a secure
and privacy preserved model should be used to reach the balance between
knowledge discovery and data privacy protection at the same time. We proposed a
privacy preserved model to securely share the data for Telemedicine system.
C1 [Seng, Wong Kok; Kim, Myung Ho] Soongsil Univ, Dept Comp, 156-743 Sangdo Dong,
Seoul, South Korea.
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RI Wong, Kok-Seng/F-2526-2016; Besar, Rosli/E-3541-2010
OI Wong, Kok-Seng/0000-0002-2029-7644;
FU Soongsil University Research Fund
FX This work was supported by the Soongsil University Research Fund.
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NR 18
TC 0
Z9 0
U1 0
U2 0
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PU SPRINGER-VERLAG BERLIN
PI BERLIN
PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY
SN 1865-0929
EI 1865-0937
BN 978-3-642-10235-6
J9 COMM COM INF SC
PY 2009
VL 27
BP 63
EP +
PG 2
WC Computer Science, Information Systems; Computer Science, Software
   Engineering; Computer Science, Theory & Methods; Telecommunications
SC Computer Science; Telecommunications
GA BPV28
UT WOS:000280078800006
DA 2019-08-06
ER

PT J
AU Kash, BA
   Ohsfeldt, RL
   Gamm, LD
AF Kash, Bita A.
   Ohsfeldt, Robert L.
   Gamm, Larry D.
TI An Attempt to Forecast Hospital Market Share Using Admission Data
SO JOURNAL OF HEALTHCARE MANAGEMENT
LA English
DT Review
ID QUALITY; PERFORMANCE; MORTALITY
AB The purpose of this study was to develop a model to forecast market share
before actual market share data become available to a hospital system. The
typical data lag is about six to nine months, and market share information is
often based on incomplete admissions data. Therefore, this exploratory analysis
of admissions for all hospitals in a Texas hospital system was performed as an
attempt to improve the accuracy and timeliness of market share data.
   We used four data sources: (1) Texas Health Care Information Council Public
Use Data File, (2) Solucient, (3) internal data on admissions for three small
nearby hospitals not reporting to the state, and (4) population growth data
based on the U.S. census. Data analysis was performed using STATA 9 and SAS
statistical software. Six prediction models were chosen and evaluated that best
predicted present and future market share using historical market share data,
historical and current admissions data, and population growth data. These
included models for the total market area; the core cluster; and the eastern,
western, northern, and southern market clusters.
   Only two of the six forecasting equations were useful, with a relatively high
prediction value. Overall, the attempt to predict market share based on
historical and current admissions data while controlling for demographic factors
and seasonality was of limited success. Future research should consider
additional factors associated with market share; these factors could include
changes in physician referral patterns and third-party-payer contracts. The
value of this type of research for management is explored here as well.
C1 [Kash, Bita A.; Ohsfeldt, Robert L.; Gamm, Larry D.] Texas A&M Univ, Hlth Sci
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USA.
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Dept Hlth Policy & Management, College Stn, TX 77843 USA.
EM bakash@srph.tamhsc.edu
OI Kash, Bita/0000-0002-9491-6815
CR Baker DW, 2003, MED CARE, V41, P729, DOI 10.1097/00005650-200306000-00006
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NR 15
TC 0
Z9 0
U1 0
U2 5
PU AMER COLL HEALTHCARE EXEC HEALTH ADMINISTRATION PRESS
PI CHICAGO
PA ONE NORTH FRANKLIN ST SUITE 1700, CHICAGO, IL 60606 USA
SN 1096-9012
J9 J HEALTHC MANAG
JI J. Healthc. Manag.
PD JAN-FEB
PY 2009
VL 54
IS 1
BP 44
EP 55
PG 12
WC Health Policy & Services
SC Health Care Sciences & Services
GA 397WE
UT WOS:000262692100009
PM 19227853
DA 2019-08-06
ER

PT B
AU Barhamgi, M
   Benslimane, D
   Ouksel, AM
AF Barhamgi, Mahmoud
   Benslimane, Djamal
   Ouksel, Aris M.
GP IEEE
TI SWSMS: A Semantic Web Service Management System for Data Sharing in
   Collaborative Environments
SO 2008 3RD INTERNATIONAL CONFERENCE ON INFORMATION AND COMMUNICATION
   TECHNOLOGIES: FROM THEORY TO APPLICATIONS, VOLS 1-5
```

LA English
DT Proceedings Paper
CT 3rd International Conference on Information and Communication
   Technologies
CY APR 07-11, 2008
CL Damascus, SYRIA
ID VIEWS

AB In today's collaborative environments such as bioinformatics and healthcare, the access to an increasing number of data sources has been made in the form of Data-Providing Web Services. Current approaches to composing Web services are not suitable for this special class of Web services as they do not take into consideration the semantic relationship that holds between input and output sets of a Web service. In this paper, we present our Web Service Management System (WSMS) that is used to exchange data through Data-Providing Web Services. In our system we employ a novel approach for automatically composing data-providing services by making usage of the mature work that has been done in the conventional data integration and mediation systems. Specifically, we model data-providing services as RDF parameterized views over mediated ontologies. We devise an algorithm for composing services based on conventional query rewriting techniques. Our WSMS is very useful in domains such as bioinformatics and healthcare where web services are used extensively to exchange data.

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RP Barhamgi, M (reprint author), Univ Lyon 1, LIRIS Lab, F-69622 Villeurbanne, France.
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NR 12
TC 0
Z9 0
U1 0
U2 0

PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-4244-1751-3
PY 2008
BP 1482
EP +
PG 3

WC Computer Science, Information Systems; Computer Science,
   Interdisciplinary Applications; Engineering, Electrical & Electronic;
   Telecommunications

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SC Computer Science; Engineering; Telecommunications
GA BIP38
UT WOS:000261578000271
DA 2019-08-06
ER

PT S
AU Zheng, R
   Jin, H
   Zhang, Q
   Liu, YS
   Chu, P
AF Zheng, Ran
   Jin, Hai
   Zhang, Qin
   Liu, Yingshu
   Chu, Pan
GP IEEE
TI Heterogeneous medical data share and integration on grid
SO BMEI 2008: PROCEEDINGS OF THE INTERNATIONAL CONFERENCE ON BIOMEDICAL
   ENGINEERING AND INFORMATICS, VOL 1
SE International Conference on Biomedical Engineering and Informatics
LA English
DT Proceedings Paper
CT 1st International Conference on Biomedical Engineering and Informatics
CY MAY 27-30, 2008
CL Sanya, PEOPLES R CHINA
SP Tianjin Univ Technol, IEEE Comp Soc
ID IMAGE RETRIEVAL
AB It is very significant for the medical and health enterprises to develop an
efficient medical information grid to achieve sufficient medical data share and
integration. In order to access heterogeneous data resources transparently,
front agent is built on heterogeneous databases or medical systems, the same as
the unified data models and mapping rules with grid services to communicate with
upper grid middleware, so that users can query or access medical data
conveniently. Two medical application instances, medical information integration
and content-based image diagnosis or retrieval of emphysema disease, are
introduced and realized with these technologies.
C1 [Zheng, Ran; Jin, Hai; Zhang, Qin; Liu, Yingshu; Chu, Pan] Huazhong Univ Sci
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Syst Lab, Wuhan 430074, Peoples R China.
RP Zheng, R (reprint author), Huazhong Univ Sci & Technol, Sch Comp Sci &
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NR 10
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U2 3
PU IEEE COMPUTER SOC
PI LOS ALAMITOS
PA 10662 LOS VAQUEROS CIRCLE, PO BOX 3014, LOS ALAMITOS, CA 90720-1264 USA
SN 1948-2914
BN 978-0-7695-3118-2
J9 INT CONF BIOMED
PY 2008
BP 905
EP 909
DI 10.1109/BMEI.2008.185
PG 5
WC Engineering, Biomedical; Mathematical & Computational Biology
SC Engineering; Mathematical & Computational Biology
GA BHW79
UT WOS:000257096000178
DA 2019-08-06
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PT J
AU Whitley, S
   Reeves, DM
AF Whitley, Stephanie
   Reeves, Dianne M.
TI Formbuilder: A tool for promoting data sharing and reuse within the
   cancer community.
SO ONCOLOGY NURSING FORUM
LA English
DT Meeting Abstract
C1 TerpSys, Rockville, MD USA.
   Natl Canc Inst, Rockville, MD USA.
NR 0
TC 0
Z9 0
U1 0
U2 1
PU ONCOLOGY NURSING SOCIETY
PI PITTSBURGH
PA 125 ENTERPRISE DR, PITTSBURGH, PA 15275 USA
SN 0190-535X
J9 ONCOL NURS FORUM
JI Oncol. Nurs. Forum
PD MAR
PY 2007
VL 34
IS 2
MA 2067
BP 502
EP 502
PG 1
WC Oncology; Nursing
SC Oncology; Nursing
GA 146QP
UT WOS:000244949700122
DA 2019-08-06
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PT B
AU Al-Nayadi, F
   Abawajy, JH
AF Al-Nayadi, Fahed
   Abawajy, J. H.
GP IEEE Computer Society
TI An authorization policy management framework for dynamic medical data
   sharing
SO 2007 INTERNATIONAL CONFERENCE ON INTELLIGENT PERVASIVE COMPUTING,
   PROCEEDINGS
LA English
DT Proceedings Paper
CT International Conference on Intelligent Pervasive Computing (IPC 2007)
CY OCT 11-13, 2007
CL Cheju Isl, SOUTH KOREA
DE healthcare system; privacy; security; authorization; authentication;
   policy; P2P
AB To offer the best possible care for their patients, family physicians need
coordinated data obtained from the physicians own patient database, from other
physicians database, pharmacies, and drug reference databases. P2P-based sharing
systems have been actively researched to enable resource sharing between
multiple heterogeneous healthcare. enterprises. Unfortunately, P2P system
introduces a whole new class of privacy and security threats and in order to
enable resource sharing between multiple heterogeneous healthcare enterprises, a
policy management framework is required To solve these problems in a loose-
coupling way, we propose a dynamic, distributed and heterogeneous policy
management framework for sharing medical information among autonomous and
disparate healthcare information systems.
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Melbourne, Vic, Australia.
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RI Abawajy, Jemal/A-1802-2008
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TC 0
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PU IEEE COMPUTER SOC
PI LOS ALAMITOS
PA 10662 LOS VAQUEROS CIRCLE, PO BOX 3014, LOS ALAMITOS, CA 90720-1264 USA
BN 978-0-7695-3006-2
PY 2007
BP 313
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EP 318
DI 10.1109/IPC.2007.118
PG 6
WC Computer Science, Theory & Methods; Engineering, Electrical &
   Electronic; Telecommunications
SC Computer Science; Engineering; Telecommunications
GA BHJ72
UT WOS:000253616900066
OA Green Published
DA 2019-08-06
ER

PT J
AU Liu, CY
   Cupples, LA
   Dupuis, J
AF Liu, CY
   Cupples, LA
   Dupuis, J
TI Comparisons of case-selection approaches based on allele sharing and/or
   disease severity index: application to the GAW14 simulated data
SO BMC GENETICS
LA English
DT Article; Proceedings Paper
CT 14th Genetic Analysis Workshop
CY SEP 07-19, 2004
CL Noordwijkerhout, NETHERLANDS
ID BREAST-CANCER; SEGREGATION ANALYSIS; FAMILIES; GENE
AB For mapping complex disease traits, linkage studies are often followed by a
case-control association strategy in order to identify disease-associated
genes/single-nucleotide polymorphisms (SNPs). Substantial efforts are required
in selecting the most informative cases from a large collection of affected
individuals in order to maximize the power of the study, while taking into
consideration study cost. In this article, we applied and extended three case-
selection strategies that use allele-sharing information method for families
with multiple affected offspring to select most informative cases using
additional information on disease severity. Our results revealed that most
significant associations, as measured by the lowest p-values, were obtained from
a strategy that selected a case with the most allele sharing with other affected
sibs from linked families ("linked-best"), despite reduction in sample size
resulting from discarding unlinked families. Moreover, information on disease
severity appears to be useful to improve the ability to detect associations
between markers and disease loci.
C1 Boston Univ, Sch Publ Hlth, Dept Neurol, Boston, MA 02215 USA.
   Boston Univ, Sch Publ Hlth, Dept Biostat, Boston, MA USA.
RP Liu, CY (reprint author), Boston Univ, Sch Publ Hlth, Dept Neurol, Boston, MA
02215 USA.
EM liuc@bu.edu; adrienne@bu.edu; dupuis@bu.edu
OI Dupuis, Josee/0000-0003-2871-3603; Cupples, L.
   Adrienne/0000-0003-0273-7965
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PU BMC
PI LONDON
PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
SN 1471-2156
J9 BMC GENET
JI BMC Genet.
PD DEC 30
PY 2005
VL 6
SU 1
AR S103
DI 10.1186/1471-2156-6-S1-S103
PG 5
WC Genetics & Heredity
SC Genetics & Heredity
GA 023CR
UT WOS:000236103400103
PM 16451559
OA DOAJ Gold, Green Published
DA 2019-08-06
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PT B
AU Brussee, R
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   van den Oord, L
   Rongen, E
   Bloo, H
   Erren, V
   Schaake, L
AF Brussee, R
   Porskamp, P
   van den Oord, L
   Rongen, E
   Bloo, H
   Erren, V
   Schaake, L
GP IEEE
TI Integrated health log: Share multimedia patient data
SO 2005 IEEE INTERNATIONAL CONFERENCE ON MULTIMEDIA AND EXPO (ICME), VOLS 1
   AND 2
LA English
DT Proceedings Paper
CT IEEE International Conference on Multimedia and Expo (ICME)
CY JUL 06-08, 2005
CL Toronto, CANADA
SP IEEE
AB The Integrated Health Log demonstrator shows how multimedia can be used in
collaborative settings in healthcare. Patient data can be shared annotated
discussed and processed by medics involved with a patient. Special emphasis is
put on protecting the privacy of patients and allowing medics to keep
responsibilily for their patient data. In particular, grid technology is used to
decouple services and service providers so that services can be executed under
the control of the data owner. The system will be piloted it? a gait analysis
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laboratory and in a network of physiotherapists involved in treating children
with movement disorders.
C1 Telemat Inst, NL-7500 AN Enschede, Netherlands.
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PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 0-7803-9331-7
PY 2005
BP 1594
EP 1597
PG 4
WC Computer Science, Artificial Intelligence; Computer Science, Information
   Systems
SC Computer Science
GA BDO93
UT WOS:000234623800397
DA 2019-08-06
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PT J
AU Driscoll, CT
AF Driscoll, CT
TI NIH data and resource sharing, data release and intellectual property
   policies for genomics community resource projects
SO EXPERT OPINION ON THERAPEUTIC PATENTS
LA English
DT Editorial Material
DE community resource project; database; data release; data sharing;
   genomics; HapMap; human genome project (HGP); intellectual property
   (IP); Human Genome Sequencing Consortium (IHGSC); International
   Sequencing Consortium (ISC); licensing; Mammalian Gene Collection (MGC);
   National Human Genome Research Institute (NHGRI); open access; patent;
   policy; research tool; Trans-NIH Mouse Initiative; The SNP Consortium
   (TSC); US National Institutes of Health (NIH)
ID PATENTS
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AB The rationale behind the development and adoption of various data release, data and research resource sharing, and patent policies for 'pre-competitive' biological information and critical reagents, notably DNA sequence information, genomic data and research tools generated by National Institutes of Health (NIH) partners and deposited in open access databases and repositories, is described. Specifically covered are the relevant policies implemented by NIH-supported public-private consortia efforts such the International Human Genome Sequencing Consortium (IHGSC), the Trans-NIH Mouse Initiative, the Mammalian Gene Collection (MGC) and the International Haplotype Map Project (HapMap). All of these research initiatives are considered to be community resource projects. In addition, a few key genomics research-related intellectual property (IP) concerns are discussed in conjunction with some proposed possible policy and legal remedies. The hope is that the knowledge gained from the use of the biological resources and the analysis of data generated from these large-scale genomics; projects will be a catalyst for future innovative research including the commercial development of new medicines.

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SN 1354-3776
EI 1744-7674
J9 EXPERT OPIN THER PAT
JI Expert Opin. Ther. Patents
PD JAN
PY 2005
VL 15
IS 1
BP 1

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EP 8
DI 10.1517/13543776.15.1.1
PG 8
WC Chemistry, Medicinal; Pharmacology & Pharmacy
SC Pharmacology & Pharmacy
GA 892IH
UT WOS:000226643300001
OA Bronze
DA 2019-08-06
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AF Santos-Eggimann, B
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GP OECD
   OECD
TI Data needed for research and policy in ageing societies - Contribution
   of the survey of health, ageing and retirement in Europe (SHARE project)
SO DISEASE-BASED COMPARISON OF HEALTH SYSTEMS: WHAT IS BEST AND AT WHAT
   COST?
LA English
DT Proceedings Paper
CT Workshop on Disease Based Comparison of Health Systems
CY JUN 20-21, 2002
CL PARIS, FRANCE
SP Natl Inst Aging U S, Natl Board Hlth & Welfare Japan
ID COUNTRIES; POPULATION; DETERMINANTS
AB Population ageing raises many issues of public policy at the cross roads of
economics, sociology, psychology and medicine. While the OECD Ageing-Related
Diseases project pointed to variations between countries in treatments and
outcomes for common diseases, most European countries lack the necessary data to
understand the reasons and the impact of such variations. The Survey of Health,
Ageing and Retirement in Europe (SHARE) is designed to produce comparative,
longitudinal, multidisciplinary data collected at an individual level and will
further our understanding of the issues raised by population ageing.
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NR 25
TC 0
Z9 0
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U2 0
PU ORGANIZATION ECONOMIC COOPERATION & DEVELOPMENT
PI PARIS
PA 2, RUE ANDRE PASCAL, CEDEX 16, 75775 PARIS, FRANCE
BN 92-64-09981-6
PY 2003
BP 181
EP 191
PG 11
WC Health Care Sciences & Services; Health Policy & Services
SC Health Care Sciences & Services
GA BX11X
UT WOS:000184328200011
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   Burgun, A
   Levionnois, S
   Bremond, M
   Le Beux, P
AF Le Duff, F
   Happe, A
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   Levionnois, S
   Bremond, M
   Le Beux, P
BE Patel, VL
   Rogers, R
   Haux, R
TI Sharing medical data for patient path analysis with data mining method
SO MEDINFO 2001: PROCEEDINGS OF THE 10TH WORLD CONGRESS ON MEDICAL
   INFORMATICS, PTS 1 AND 2
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 10th World Congress on Medical Informatics (MEDINFO 2001)
CY 2001
CL LONDON, ENGLAND
SP McGill Univ, Ctr Med Educ, Columbia Univ, Dept Med Informat
DE Intranet; health care process; low back pain; confidentiality; health
   information system
ID PRIMARY-CARE
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AB The Agora Data project started in October 1997 in France. The objective was
to share medical data between several medical institutions to analysis medical
care pathways for patients that suffer from low back pain. The analysis of the
medical records decomposed in three steps allowed us to produce knowledge on
medical contacts of patients with the health care system. In order to study the
relations between these contacts, we created medical path of patients within the
framework of the possible contacts we had isolated. This work relates the
implementation and the first results of the pilot study.
C1 Fac Med, Lab Informat Med, F-35043 Rennes, France.
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EM Franck.LeDuff@univ-rennes1.fr
OI Burgun, Anita/0000-0001-6855-4366
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Z9 0
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PU IOS PRESS
PI AMSTERDAM
PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
SN 0926-9630
EI 1879-8365
BN 1-58603-194-5
J9 STUD HEALTH TECHNOL
PY 2001
VL 84
BP 1364
EP 1368
PG 3
WC Computer Science, Artificial Intelligence; Computer Science, Information
   Systems; Computer Science, Interdisciplinary Applications; Medical
   Informatics
SC Computer Science; Medical Informatics
GA BT40J
UT WOS:000172901700365
PM 11604950
DA 2019-08-06
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PT J
AU CHERTOW, GM
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   MACKENZIE, HS
   MILFORD, EL
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AF CHERTOW, GM
   BRENNER, BM
   MACKENZIE, HS
   MILFORD, EL
TI NONIMMUNOLOGICAL PREDICTORS OF CHRONIC RENAL-ALLOGRAFT FAILURE - DATA
   FROM THE UNITED-NETWORK-OF-ORGAN-SHARING
SO KIDNEY INTERNATIONAL
LA English
DT Article; Proceedings Paper
CT Chronic Renal Allograft Failure Satellite Symposium to the XIIIth
   Meeting of the International Congress of Nephrology
CY JUL 07-09, 1995
CL CUENCA, SPAIN
SP Int Soc Nephrol
ID GLOMERULI; KIDNEY; AGE; SIZE
AB Experimental evidence and clinical experience suggest that non-immunologic
factors are important predictors of long-term renal allograft survival. It has
been suggested that chronic allograft failure may in some cases be mediated by
non-immunologic factors implicated in the pathobiology of other forms of
progressive renal disease. Donor age, sex, and race may influence the ''dose''
of nephrons delivered in cadaveric renal transplantation. The United Network of
Organ Sharing 1994 Public Use Data Tape was used to evaluate these and other
risk factors in more than 31,000 recipients of cadaver allografts followed
between 1987 and 1992. Female sex and African American race of the donor were
important predictors of allograft failure. There was a markedly increased risk
of allograft failure at both extremes of donor age. Recipients of large body
size had accelerated graft loss. Stratified analyses suggested an interaction
between donor and recipient race; nevertheless, all non-immunologic factors
examined expressed independent associations with allograft survival. In sum,
antigen-independent factors appear to be important determinants of allograft
performance. Additional multivariable analyses are required to assess the
relative importance of these factors compared with other known immunologic
factors, such as HLA antigen mismatch. These findings may have important
biomedical and health care policy implications.
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SN 0085-2538
J9 KIDNEY INT
JI Kidney Int.
PD DEC
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SU 52
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WC Urology & Nephrology
SC Urology & Nephrology
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AU MCPHERSON, RA
AF MCPHERSON, RA
TI DATA SHARING AND EVALUATION
SO CANCER
LA English
DT Article; Proceedings Paper
CT WORKSHOP ON MOLECULAR MARKERS IN THE CLASSIFICATION AND STAGING OF
   CANCER
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SP AMER CANC SOC, AMER JOINT COMM CANC
AB Interinstitutional evaluations of molecular markers for the diagnosis and
staging of cancer are highly dependent on strict standardization of assays to
make clinical comparisons valid.  New assays for cancer markers depend on
discoveries of biochemical or cellular functions coupled with technologies
suitable for making relevant measurements.  Transfer of these technologies from
the research laboratory to the diagnostic laboratory requires method validation
that consists of specific information regarding assay principle, reagents,
calibration, sensitivity, assay behavior, specimen requirements, clinical and
method correlations, reference range, quality control, proficiency testing,
critical steps, and guidelines for interpretation.  Fulfillment of all the
components of method validation will guarantee the fastest and most accurate
implementation of new diagnostic assays in clinical studies and practice.
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CR AISENBERG AC, 1985, NEW ENGL J MED, V313, P529, DOI
10.1056/NEJM198508293130901
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