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CA SHARE Cent Coordination Team

TI Data Resource Profile: The Survey of Health, Ageing and Retirement in Europe (SHARE)

SO INTERNATIONAL JOURNAL OF EPIDEMIOLOGY

LA English

DT Article

ID CHILDREN; CARE

AB SHARE is a unique panel database of micro data on health, socio-economic status and social and family networks covering most of the European Union and Israel. To date, SHARE has collected three panel waves (2004, 2006, 2010) of current living circumstances and retrospective life histories (2008, SHARELIFE); 6 additional waves are planned until 2024. The more than 150 000 interviews give a broad picture of life after the age of 50 years, measuring physical and mental health, economic and non-economic activities, income and wealth, transfers of time and money within and outside the family as well as life satisfaction and well-being. The data are available to the scientific community free of charge at [ext-link-type="uri" xlink:href="http://www.share-project.org"](http://www.share-project.org)

[xmlns:xlink="http://www.w3.org/1999/xlink">www.share-project.org](http://www.w3.org/1999/xlink) after registration. SHARE is harmonized with the US Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA) and has become a role model for several ageing surveys worldwide. SHARE's scientific power is based on its panel design that grasps the dynamic character of the ageing process, its multidisciplinary approach that delivers the full picture of individual and societal ageing, and its cross-nationally ex-ante harmonized design that permits international comparisons of health, economic and social outcomes in Europe and the USA.

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FU European Commission [QLK6-CT-2001- 00360, RII-CT-2006-062193, CIT5-CT-2005-028857, CIT4-CT-2006-028812, 211909, 227822]; US National Institute on Aging [U01 AG09740-13S2, P01 AG005842, P01 AG08291, P30 AG12815, Y1-AG-455301, OGHA 04-064, IAG BSR06-11, R21 AG025169]; German Federal Ministry of Education and Research [AZA 01UW0908]; EU Commission [261982]

FX During the first three Waves, the SHARE data collection has been primarily funded by the European Commission through the fifth framework programme (QLK6-CT-2001- 00360 in the thematic programme Quality of Life), through the sixth framework programme (SHARE-I3, RII-CT-2006-062193, COMPARE, CIT5-CT-2005-028857, SHARELIFE, CIT4-CT-2006-028812) and through the seventhth framework programme (SHARE-PREP, 211909, SHARE-LEAP, 227822). Starting with Wave 4, SHARE has changed to a decentralized funding model and became an international organization (SHARE-ERIC) funded by its member countries.; Substantial additional funding comes from the US National Institute on Aging (U01 AG09740-13S2, P01 AG005842, P01 AG08291, P30 AG12815, Y1-AG-455301, OGHA 04-064, IAG BSR06-11, R21 AG025169). The German Federal Ministry of Education and Research is funding the Munich-based international coordination of SHARE (AZA 01UW0908) and the EU Commission finances all coordination elsewhere (SHARE-M4, 261982). We gratefully acknowledge these as well as all national funding sources (see www.share-project.org for a full list of funding institutions).

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PT J
AU Piwowar, HA
Day, RS
Fridsma, DB
AF Piwowar, Heather A.
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TI Sharing Detailed Research Data Is Associated with Increased Citation Rate
SO PLOS ONE

LA English

DT Article

AB Background. Sharing research data provides benefit to the general scientific community, but the benefit is less obvious for the investigator who makes his or her data available. Principal Findings. We examined the citation history of 85 cancer microarray clinical trial publications with respect to the availability of their data. The 48% of trials with publicly available microarray data received 85% of the aggregate citations. Publicly available data was significantly ($p = 0.006$) associated with a 69% increase in citations, independently of journal impact factor, date of publication, and author country of origin using linear regression. Significance. This correlation between publicly available data and increased literature impact may further motivate investigators to share their detailed research data.

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Z9 306
U1 6
U2 46
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SN 1932-6203
J9 PLOS ONE
JI PLoS One
PD MAR 21
PY 2007
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IS 3
AR e308
DI 10.1371/journal.pone.0000308
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AU Wicks, P
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AF Wicks, Paul
 Massagli, Michael
 Frost, Jeana
 Brownstein, Catherine
 Okun, Sally
 Vaughan, Timothy
 Bradley, Richard
 Heywood, James
TI Sharing Health Data for Better Outcomes on PatientsLikeMe
SO JOURNAL OF MEDICAL INTERNET RESEARCH
LA English
DT Article
DE Personal health records; data visualization; personal monitoring;
 technology; health care; self-help devices; personal tracking; social

support; online support group; online health community
ID GLYCEMIC CONTROL; SUPPORT GROUPS; ALS PATIENTS; INFORMATION; PHYSICIANS;
CARE; DISCLOSURE; ADHERENCE; COMMUNITY; MEDICINE

AB Background: PatientsLikeMe is an online quantitative personal research platform for patients with life-changing illnesses to share their experience using patient-reported outcomes, find other patients like them matched on demographic and clinical characteristics, and learn from the aggregated data reports of others to improve their outcomes. The goal of the website is to help patients answer the question: "Given my status, what is the best outcome I can hope to achieve, and how do I get there?"

Objective: Using a cross-sectional online survey, we sought to describe the potential benefits of PatientsLikeMe in terms of treatment decisions, symptom management, clinical management, and outcomes. Methods: Almost 7,000 members from six PatientsLikeMe communities (amyotrophic lateral sclerosis [ALS], Multiple Sclerosis [MS], Parkinson's Disease, human immunodeficiency virus [HIV], fibromyalgia, and mood disorders) were sent a survey invitation using an internal survey tool (PatientsLikeMe Lens).

Results: Complete responses were received from 1323 participants (19% of invited members). Between-group demographics varied according to disease community. Users perceived the greatest benefit in learning about a symptom they had experienced; 72% (952 of 1323) rated the site "moderately" or "very helpful." Patients also found the site helpful for understanding the side effects of their treatments (n = 757, 57%). Nearly half of patients (n = 559, 42%) agreed that the site had helped them find another patient who had helped them understand what it was like to take a specific treatment for their condition. More patients found the site helpful with decisions to start a medication (n = 496, 37%) than to change a medication (n = 359, 27%), change a dosage (n = 336, 25%), or stop a medication (n = 290, 22%). Almost all participants (n = 1,249, 94%) were diagnosed when they joined the site. Most (n = 824, 62%) experienced no change in their confidence in that diagnosis or had an increased level of confidence (n = 456, 34%). Use of the site was associated with increasing levels of comfort in sharing personal health information among those who had initially been uncomfortable. Overall, 12% of patients (n = 151 of 1320) changed their physician as a result of using the site; this figure was doubled in patients with fibromyalgia (21%, n = 33 of 150). Patients reported community-specific benefits: 41% of HIV patients (n = 72 of 177) agreed they had reduced risky behaviors and 22% of mood disorders patients (n = 31 of 141) agreed they needed less inpatient care as a result of using the site. Analysis of the Web access logs showed that participants who used more features of the site (eg, posted in the online forum) perceived greater benefit.

Conclusions: We have established that members of the community reported a range of benefits, and that these may be related to the extent of site use. Third party validation and longitudinal evaluation is an important next step in continuing to evaluate the potential of online data-sharing platforms.

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TI The Conundrum of Sharing Research Data

SO JOURNAL OF THE AMERICAN SOCIETY FOR INFORMATION SCIENCE AND TECHNOLOGY

LA English

DT Review

DE research data sets; collaboration; information reuse; information policy; motivation

ID REPRODUCIBLE RESEARCH; SCIENCE; KNOWLEDGE; BIOLOGY; REPLICATION; CHALLENGES; SOCIOLOGY; METADATA; ACCESS; HEALTH

AB Researchers are producing an unprecedented deluge of data by using new methods and instrumentation. Others may wish to mine these data for new discoveries and innovations. However, research data are not readily available as sharing is common in only a few fields such as astronomy and genomics. Data sharing practices in other fields vary widely. Moreover, research data take many forms, are handled in many ways, using many approaches, and often are difficult to interpret once removed from their initial context. Data sharing is thus a conundrum. Four rationales for sharing data are examined, drawing examples from the sciences, social sciences, and humanities: (1) to reproduce or to verify research, (2) to make results of publicly funded research available to the public, (3) to enable others to ask new questions of extant data, and (4) to advance the state of research and innovation. These rationales differ by the arguments for sharing, by beneficiaries, and by the motivations and incentives of the many stakeholders involved. The challenges are to understand which data might be shared, by whom, with whom, under what conditions, why, and to what effects. Answers will inform data policy and practice.

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AU Grossman, RL
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AF Grossman, Robert L.
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TI Toward a Shared Vision for Cancer Genomic Data
SO NEW ENGLAND JOURNAL OF MEDICINE
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DT Editorial Material

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RI Kibbe, Warren/B-2106-2010
OI Kibbe, Warren/0000-0001-5622-7659; Heath, Allison/0000-0002-2583-9668
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AU KIECOLTGLASER, JK
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TI PSYCHONEUROIMMUNOLOGY AND HEALTH CONSEQUENCES - DATA AND SHARED
MECHANISMS
SO PSYCHOSOMATIC MEDICINE
LA English
DT Article
ID STRUCTURED PSYCHIATRIC INTERVENTION; HUMAN-IMMUNODEFICIENCY-VIRUS;
HEPATITIS-B VACCINE; IMMUNE-RESPONSE; CHRONIC STRESS; PSYCHOLOGICAL
STRESS; LYMPHOCYTE SUBSETS; DISTRESS; ANTIBODY; NOTIFICATION

AB There is evidence linking psychosocially mediated immunological alterations with cancer, infectious illness, and HIV progression. The data reviewed suggest that immune modulation by psychosocial stressors and/or interventions may importantly influence health status. The research literature also suggests that the impact of chronic stressors and psychosocial factors on sympathetic nervous system and endocrine function influences the immune system, thereby providing shared mechanisms that may impact on disease susceptibility and progression across a broad spectrum of disorders. A better understanding of individual vulnerability, such as occurs with aging, may help to pinpoint those at greatest risk.

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WC Psychiatry; Psychology; Psychology, Multidisciplinary
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TI The Shared Health. Research Information Network (SHRINE): A Prototype
Federated Query Tool for Clinical Data Repositories
SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION
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DT Article
ID MEDICAL-RECORD; SYSTEM; ARCHITECTURE; CARE; WEB

AB The authors developed a prototype Shared Health Research Information Network (SHRINE) to identify the technical, regulatory, and political challenges of creating a federated query tool for clinical data repositories. Separate Institutional Review Boards (IRBs) at Harvard's three largest affiliated health centers approved use of their data, and the Harvard Medical School IRB approved building a Query Aggregator Interface that can simultaneously send queries to each hospital and display aggregate counts of the number of matching patients. Our experience creating three local repositories using the open source Informatics for Integrating Biology and the Bedside (i2b2) platform can be used as a road map for other institutions. The authors are actively working with the IRBs and regulatory groups to develop procedures that will ultimately allow investigators to obtain identified patient data and biomaterials through SHRINE. This will guide us in creating a future technical architecture that is scalable to a national level, compliant with ethical guidelines, and protective of the interests of the participating hospitals.

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TI Public and Biobank Participant Attitudes toward Genetic Research
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DE Biobank; Biorepository; Data sharing; Ethics; Focus groups; Genetic
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Qualitative research; Research participation

ID COMMUNITY; PROJECT

AB Research assessing attitudes toward consent processes for high-throughput genomic-wide technologies and widespread sharing of data is limited. In order to develop a better understanding of stakeholder views toward these issues, this cross-sectional study assessed public and biorepository participant attitudes toward research participation and sharing of genetic research data. Forty-nine individuals participated in 6 focus groups; 28 in 3 public focus groups and 21 in 3 NUGene biorepository participant focus groups. In the public focus groups, 75% of participants were women, 75% had some college education or more, 46% were African-American and 29% were Hispanic. In the NUGene focus groups, 67% of participants were women, 95% had some college education or more, and the majority (76%) of participants was Caucasian. Five major themes were identified in the focus group data: (a) a wide spectrum of understanding of genetic research; (b) pros and cons of participation in genetic research; (c) influence of credibility and trust of the research institution; (d) concerns about sharing genetic research data and need for transparency in the Policy for Sharing of Data in National Institutes of Health-Supported or Conducted Genome-Wide Association Studies; (e) a need for more information and education about genetic research. In order to increase public understanding and address potential concerns about genetic research, future efforts should be aimed at involving the public in genetic research policy development and in identifying or developing appropriate educational strategies to meet the public's needs. Copyright (C) 2010 S. Karger AG, Basel

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U1 3

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JI Pub. Health Genomics

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AU Walport, M

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AF Walport, Mark

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TI Sharing research data to improve public health

SO LANCET

LA English

DT Editorial Material

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PT J
AU O'Brien, O
Cheshire, J
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AF O'Brien, Oliver
Cheshire, James
Batty, Michael
TI Mining bicycle sharing data for generating insights into sustainable
transport systems
SO JOURNAL OF TRANSPORT GEOGRAPHY
LA English
DT Article
DE Bike-sharing; Cycling; Cities; Commuters
ID SCHEME

AB Bicycle sharing systems (bike-shares) are becoming increasingly popular in towns and cities around the world. They are viewed as a cheap, efficient, and healthy means of navigating dense urban environments. This paper is the first to take a global view of bike-sharing characteristics by analysing data from 38 systems located in Europe, the Middle East, Asia, Australasia and the Americas. To achieve this, an extensive database depicting the geographical location and bicycle occupancy of each docking station within a particular system has been created over a number of years to chart the usage in the chosen systems (and others) and provide a consistent basis on which to compare and classify them. Analysis of the variation of occupancy rates over time, and comparison across the system's extent, infers the likely demographics and intentions of user groups. A classification of bike-shares, based on the geographical footprint and diurnal, day-of-week and spatial variations in occupancy rates, is proposed. The knowledge of such patterns and characteristics identifiable from the dataset has a range of applications, including informing operators and policymakers about the maintenance of a suitable balance of bicycles throughout the system area (a nontrivial problem for many bike-shares), the location of new docking stations and cycle lanes, and better targeting of promotional materials to encourage new users. Within the context of transport research, the systems utilised here are part of relatively small, closed environments that can be more easily modelled and validated. Such work lays foundations for the analysis of larger scale transport systems by creating a classification of the different systems and seeks to demonstrate that bike-shares have a lot to offer both as an effective

method of transport and a rich source of data. (C) 2013 Elsevier Ltd. All rights reserved.

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Z9 98

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U2 185

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JI J. Transp. Geogr.

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AU Trinidad, SB
Fullerton, SM
Bares, JM
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Burke, W

AF Trinidad, Susan Brown
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Burke, Wylie

TI Genomic research and wide data sharing: Views of prospective participants

SO GENETICS IN MEDICINE

LA English

DT Article

DE data sharing; genetics; electronic medical records; privacy; participant perspectives

ID STORED BIOLOGICAL SAMPLES; INFORMED-CONSENT; GENETIC RESEARCH; ALZHEIMER-DISEASE; PUBLIC-ATTITUDES; MEDICAL-RECORDS; POPULATION; DNA; WILLINGNESS; HEALTH

AB Purpose: Sharing study data within the research community generates tension between two important goods: promoting scientific goals and protecting the privacy interests of study participants. This study was designed to explore the perceptions, beliefs, and attitudes of research participants and possible future participants regarding genome-wide association studies and repository-based research. Methods: Focus group sessions with (1) current research participants, (2) surrogate decision-makers, and (3) three age-defined cohorts (18-34 years, 35-50, >50). Results: Participants expressed a variety of opinions about the acceptability of wide sharing of genetic and phenotypic information for research purposes through large, publicly accessible data repositories. Most believed that making de-identified study data available to the research community is a social good that should be pursued. Privacy and confidentiality concerns were common, although they would not necessarily preclude participation. Many participants voiced reservations about sharing data with for-profit organizations. Conclusions: Trust is central in participants' views regarding data sharing. Further research is needed to develop governance models that enact the values of stewardship. Genet Med 2010;12(8):486-495.

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FU National Institutes of Health; Washington State Life Sciences Discovery Fund; NHGRI; NIGMS [U01-HG-004610]; NIA [U01-AG-06781]

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TC 94
Z9 94
U1 1
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AU Lindwall, M
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TI The Reciprocal Relationship Between Physical Activity and Depression in
Older European Adults: A Prospective Cross-Lagged Panel Design Using
SHARE Data

SO HEALTH PSYCHOLOGY

LA English

DT Article

DE depression; physical activity; cross-lagged design; prospective studies;
gender

ID LATE-LIFE; D SCALE; CLINICAL DEPRESSION; SYMPTOMS; EXERCISE; HEALTH;
AGE; INACTIVITY; GENDER; RISK

AB Objective: The aim of this prospective study was to investigate the reciprocal nature of the physical activity-depressive symptoms relationship in 17,593 older adults from 11 European countries older adults (M age = 64.07, SD = 9.58) across two-year follow-up. Also, gender and age were examined as potential moderators of this relation. Method: A two-wave cross-lagged panel design and latent change score models with structural equation modeling was used to analyze data. Depressive symptoms were measured at baseline (T1) and follow-up (T2) using the EURO-D scale, capturing the two factors of affective suffering and motivation. Physical activity was measured at T1 and T2 as frequency of moderate physical activity and vigorous physical activity. Results: Cross-sectional latent variable analyses revealed that higher levels of physical activity at T1 and T2 were associated with lower levels of affective suffering and motivation at T1 and T2. Physical activity at T1 was significantly associated with affective suffering and motivation at T2. The relations of depressive symptoms at T1 with physical activity at T2 were not significant. However, a cross-lagged model showed best model fit, supporting a reciprocal prospective relationship between physical activity and depressive symptoms in older adults. Latent change in depressive symptoms factors was related to latent change in physical activity indicating complex and dynamic associations across time. Conclusions: Regular physical activity may be a valuable tool in the prevention of future depressive symptoms in older adults, and depressive symptoms may also prevent older adults from engaging in regular physical activity.

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J9 HEALTH PSYCHOL

JI Health Psychol.

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WC Psychology, Clinical; Psychology

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AU Sirven, N

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TI Social participation and healthy ageing: An international comparison using SHARE data

SO SOCIAL SCIENCE & MEDICINE

LA English

DT Article

DE Healthy ageing; Self-reported health; Social participation; Social capital; SHARE; Counterfactual analysis; Stochastic dominance; Europe

ID SELF-RATED HEALTH; INCOME INEQUALITY; COMMUNITY; NEIGHBORHOOD; ASSOCIATION; MULTILEVEL

AB Using the Survey of Health, Ageing & retirement in Europe (SHARE) data for respondents aged 50 years and over in 2004, this study evaluates the potential contribution of increased social participation to self-reported health (SRH) in 11 European countries. The probability to report good or very good health is calculated for the whole sample (after controlling for age, education, income and household composition) using regression coefficients estimated for individuals who do and for those who do not take part in social activities (with correction for selection bias in these two cases). Counterfactual national

levels of SRH are derived from integral computation of cumulative distribution functions of the predicted probability thus obtained. The analysis reveals that social participation contributes by three percentage points to the increase in the share of individuals reporting good or very good health on average. Higher rates of social participation could improve health status within the whole sample and within most countries. Context and institutional arrangements (such as income inequality) may explain differences in social participation health efficiency. (c) 2008 Elsevier Ltd. All rights reserved.

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PI OXFORD
PA THE BOULEVARD, LANGFORD LANE, KIDLINGTON, OXFORD OX5 1GB, ENGLAND
SN 0277-9536
J9 SOC SCI MED
JI Soc. Sci. Med.
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WC Public, Environmental & Occupational Health; Social Sciences, Biomedical
SC Public, Environmental & Occupational Health; Biomedical Social Sciences
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AU Yang, JJ
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TI A hybrid solution for privacy preserving medical data sharing in the
 cloud environment
SO FUTURE GENERATION COMPUTER SYSTEMS-THE INTERNATIONAL JOURNAL OF ESCIENCE
LA English
DT Article
DE Privacy protection; Cloud storage; Integrity check; Medical data sharing
ID ELECTRONIC HEALTH RECORDS; ACCESS-CONTROL; SECURITY; SEARCH
AB Storing and sharing of medical data in the cloud environment, where computing
resources including storage is provided by a third party service provider, raise
serious concern of individual privacy for the adoption of cloud computing
technologies. Existing privacy protection researches can be classified into
three categories, i.e., privacy by policy, privacy by statistics, and privacy by
cryptography. However, the privacy concerns and data utilization requirements on
different parts of the medical data may be quite different. The solution for
medical dataset sharing in the cloud should support multiple data accessing

paradigms with different privacy strengths. The statistics or cryptography technology alone cannot enforce the multiple privacy demands, which blocks their application in the real-world cloud. This paper proposes a practical solution for privacy preserving medical record sharing for cloud computing. Based on the classification of the attributes of medical records, we use vertical partition of medical dataset to achieve the consideration of different parts of medical data with different privacy concerns. It mainly includes four components, i.e., (1) vertical data partition for medical data publishing, (2) data merging for medical dataset accessing, (3) integrity checking, and (4) hybrid search across plaintext and ciphertext, where the statistical analysis and cryptography are innovatively combined together to provide multiple paradigms of balance between medical data utilization and privacy protection. A prototype system for the large scale medical data access and sharing is implemented. Extensive experiments show the effectiveness of our proposed solution. (C) 2014 Elsevier B.V. All rights reserved.

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SN 0167-739X
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J9 FUTURE GENER COMP SY
JI Futur. Gener. Comp. Syst.
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WC Computer Science, Theory & Methods
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AU Piwowar, HA
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TI Who Shares? Who Doesn't? Factors Associated with Openly Archiving Raw
Research Data
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DT Article
ID MICROARRAY DATA; NATIONAL-SURVEY; PUBLIC REPOSITORIES; LIFE SCIENCES;
INFORMATION; MOTIVATION; SUBMISSION; PROFILES; GENETICS
AB Many initiatives encourage investigators to share their raw datasets in hopes
of increasing research efficiency and quality. Despite these investments of time
and money, we do not have a firm grasp of who openly shares raw research data,
who doesn't, and which initiatives are correlated with high rates of data
sharing. In this analysis I use bibliometric methods to identify patterns in the
frequency with which investigators openly archive their raw gene expression
microarray datasets after study publication. Automated methods identified 11,603
articles published between 2000 and 2009 that describe the creation of gene
expression microarray data. Associated datasets in best-practice repositories
were found for 25% of these articles, increasing from less than 5% in 2001 to
30%-35% in 2007-2009. Accounting for sensitivity of the automated methods,
approximately 45% of recent gene expression studies made their data publicly
available. First-order factor analysis on 124 diverse bibliometric attributes of
the data creation articles revealed 15 factors describing authorship, funding,
institution, publication, and domain environments. In multivariate regression,
authors were most likely to share data if they had prior experience sharing or
reusing data, if their study was published in an open access journal or a
journal with a relatively strong data sharing policy, or if the study was funded
by a large number of NIH grants. Authors of studies on cancer and human subjects

were least likely to make their datasets available. These results suggest research data sharing levels are still low and increasing only slowly, and data is least available in areas where it could make the biggest impact. Let's learn from those with high rates of sharing to embrace the full potential of our research output.

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PT J

AU Knoppers, BM
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AF Knoppers, Bartha Maria
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TI Towards a data sharing Code of Conduct for international genomic
research

SO GENOME MEDICINE
LA English
DT Article

AB Data sharing is increasingly regarded as an ethical and scientific imperative
that advances knowledge and thereby respects the contributions of the
participants. Because of this and the ever-increasing amount of data access
requests currently filed around the world, three groups have decided to develop
data sharing principles specific to the context of collaborative international
genomics research. These groups are: the international Public Population Project
in Genomics (P3G), an international consortium of projects partaking in large-
scale genetic epidemiological studies and biobanks; the European Network for
Genetic and Genomic Epidemiology (ENGAGE), a research project aiming to
translate data from large-scale epidemiological research initiatives into
relevant clinical information; and the Centre for Health, Law and Emerging
Technologies (HeLEX). We propose seven different principles and a preliminary
international data sharing Code of Conduct for ongoing discussion.

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Z9 73
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U2 10
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AU Piwowar, HA
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CA caBIG Data Sharing Intellectual
TI Towards a Data Sharing Culture: Recommendations for Leadership from
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FU PHS HHS [79207CBS10, 79580CBS10]; NCATS NIH HHS [UL1 TR000005]; NLM NIH
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AU Bjorling, E
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TI Antibodypedia, a Portal for Sharing Antibody and Antigen Validation Data
SO MOLECULAR & CELLULAR PROTEOMICS
LA English
DT Article

ID B-CELL EPITOPES; HUMAN PROTEOME; CANCER TISSUES; RESOURCE; ATLAS;
GENERATION; PREDICTION; PEPTIDES; PROTEINS; ENSEMBL

AB Antibodies are useful tools to characterize the components of the human proteome and to validate potential protein biomarkers discovered through various clinical proteomics efforts. The lack of validation results across various applications for most antibodies often makes it necessary to perform cumbersome investigations to ensure specificity of a particular antibody in a certain application. A need therefore exists for a standardized system for sharing validation data about publicly available antibodies and to allow antibody providers as well as users to contribute and edit experimental evidence data, including data also on the antigen. Here we describe a new publicly available portal called Antibodypedia, which has been developed to allow sharing of information regarding validation of antibodies in which providers can submit their own validation results and reliability scores. We report standardized validation criteria and submission rules for applications such as Western blots, protein arrays, immunohistochemistry, and immunofluorescence. The contributor is expected to provide experimental evidence and a validation score for each antibody, and the users can subsequently provide feedback and comments on the use of the antibody. The database thus provides a virtual resource of publicly available antibodies toward human proteins with accompanying experimental evidence supporting an individual validation score for each antibody in an application-specific manner. *Molecular & Cellular Proteomics* 7: 2028-2037, 2008.
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Z9 72
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PA 9650 ROCKVILLE PIKE, BETHESDA, MD 20814-3996 USA
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J9 MOL CELL PROTEOMICS
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WC Biochemical Research Methods
SC Biochemistry & Molecular Biology
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AU Fabian, B
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TI Collaborative and secure sharing of healthcare data in multi-clouds
SO INFORMATION SYSTEMS
LA English
DT Article
DE Cloud computing; Healthcare; Security; Privacy
ID INFORMATION
AB In healthcare, inter-organizational sharing and collaborative use of big data become increasingly important The cloud-computing paradigm is expected to provide an environment perfectly matching the needs of collaborating healthcare workers. However, there are still many security and privacy challenges impeding the wide adoption of cloud computing in this domain. In this paper, we present a novel architecture and its implementation for interorganizational data sharing, which provides a high level of security and privacy for patient data in semi-trusted cloud computing environments. This architecture features attribute-based encryption for selective access authorization and cryptographic secret sharing in order to disperse data across multiple clouds, reducing the adversarial capabilities of curious cloud providers. An implementation and evaluation by several experiments demonstrate the practical feasibility and good performance of our approach. (C) 2014 Elsevier Ltd. All rights reserved.
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PT J
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TI A systematic review of barriers to data sharing in public health
SO BMC PUBLIC HEALTH
LA English
DT Review

DE Data sharing; Public health; Surveillance
ID DISEASE SURVEILLANCE SYSTEMS; INFORMATION; STATISTICS; PRIVACY;
CONFIDENTIALITY; FRAMEWORK; LESSONS; COUNTS; ACCESS; IMPACT

AB Background: In the current information age, the use of data has become essential for decision making in public health at the local, national, and global level. Despite a global commitment to the use and sharing of public health data, this can be challenging in reality. No systematic framework or global operational guidelines have been created for data sharing in public health. Barriers at different levels have limited data sharing but have only been anecdotally discussed or in the context of specific case studies. Incomplete systematic evidence on the scope and variety of these barriers has limited opportunities to maximize the value and use of public health data for science and policy.

Methods: We conducted a systematic literature review of potential barriers to public health data sharing. Documents that described barriers to sharing of routinely collected public health data were eligible for inclusion and reviewed independently by a team of experts. We grouped identified barriers in a taxonomy for a focused international dialogue on solutions.

Results: Twenty potential barriers were identified and classified in six categories: technical, motivational, economic, political, legal and ethical. The first three categories are deeply rooted in well-known challenges of health

information systems for which structural solutions have yet to be found; the last three have solutions that lie in an international dialogue aimed at generating consensus on policies and instruments for data sharing.

Conclusions: The simultaneous effect of multiple interacting barriers ranging from technical to intangible issues has greatly complicated advances in public health data sharing. A systematic framework of barriers to data sharing in public health will be essential to accelerate the use of valuable information for the global good.

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TI International Charter of principles for sharing bio-specimens and data
SO EUROPEAN JOURNAL OF HUMAN GENETICS

LA English

DT Article

ID BROAD CONSENT; BIOBANKS; PRIVACY; ETHICS

AB There is a growing international agreement on the need to provide greater access to research data and bio-specimen collections to optimize their long-term value and exploit their potential for health discovery and validation. This is especially evident for rare disease research. Currently, the rising value of data and bio-specimen collections does not correspond with an equal increase in data/sample-sharing and data/sample access. Contradictory legal and ethical frameworks across national borders are obstacles to effective sharing: more specifically, the absence of an integrated model proves to be a major logistical obstruction. The Charter intends to amend the obstacle by providing both the ethical foundations on which data sharing should be based, as well as a general Material and Data Transfer Agreement (MTA/DTA). This Charter is the result of a careful negotiation of different stakeholders' interest and is built on earlier consensus documents and position statements, which provided the general international legal framework. Further to this, the Charter provides tools that may help accelerate sharing. The Charter has been formulated to serve as an enabling tool for effective and transparent data and bio-specimen sharing and the general MTA/DTA constitutes a mechanism to ensure uniformity of access across projects and countries, and may be regarded as a consistent basic agreement for addressing data and material sharing globally. The Charter is forward looking in terms of emerging issues from the perspective of a multi-stakeholder group, and where possible, provides strategies that may address these issues.

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CA iDASH Team

TI iDASH: integrating data for analysis, anonymization, and sharing

SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION

LA English

DT Article

ID PRESERVING SVM CLASSIFICATION; PATIENT PRIVACY; SURVEILLANCE; DATABASES;
ANONYMITY; SEQUENCE; BIOINFORMATICS; ALGORITHM; SYSTEM; GENOME

AB iDASH (integrating data for analysis, anonymization, and sharing) is the newest National Center for Biomedical Computing funded by the NIH. It focuses on algorithms and tools for sharing data in a privacy-preserving manner.

Foundational privacy technology research performed within iDASH is coupled with innovative engineering for collaborative tool development and data-sharing capabilities in a private Health Insurance Portability and Accountability Act (HIPAA)-certified cloud. Driving Biological Projects, which span different biological levels (from molecules to individuals to populations) and focus on various health conditions, help guide research and development within this Center. Furthermore, training and dissemination efforts connect the Center with its stakeholders and educate data owners and data consumers on how to share and use clinical and biological data. Through these various mechanisms, iDASH implements its goal of providing biomedical and behavioral researchers with access to data, software, and a high-performance computing environment, thus enabling them to generate and test new hypotheses.

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TI Sharing health data: good intentions are not enough

SO BULLETIN OF THE WORLD HEALTH ORGANIZATION

LA English

DT Article

ID TRIALS

AB Epidemiologists and public health researchers are moving very slowly in the data sharing revolution, and agencies that maintain global health databases are reluctant to share data too. Once investments in infrastructure have, been made, recycling and combining data provide access to maximum knowledge for minimal additional cost. By refusing to share data, researchers are slowing progress towards reducing illness and death and are denying a public good to taxpayers who support most of the research.

Funders of public health research are beginning to call for change and developing data sharing policies. However they are not yet adequately addressing the obstacles that underpin the failure to share data. These include professional structures that reward publication of analysis but not of data, and funding streams and career paths that continue to undervalue critical data management work. Practical issues need to be sorted out too: how and where should data be stored for the long term, who will control access, and who will

pay for those services? Existing metadata standards need to be extended to cope with health data.

These obstacles have been known for some time; most can be overcome in the field of public health just as they have been overcome in other fields. However no institution has taken the lead in defining a work plan and carving up the tasks and the bill. In this round table paper, we suggest goals for data sharing and a work plan for reaching them, and challenge respondents to move beyond well intentioned but largely aspirational data sharing plans.

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TI The MCIC Collection: A Shared Repository of Multi-Modal, Multi-Site
Brain Image Data from a Clinical Investigation of Schizophrenia

SO NEUROINFORMATICS

LA English

DT Article

DE Medical Image Data repository; Schizophrenia; fMRI; DWI; mMRI; Healthy
controls

ID INDEPENDENT COMPONENT ANALYSIS; DORSOLATERAL PREFRONTAL CORTEX;
HIPPOCAMPAL VOLUME REDUCTION; SURFACE-BASED ANALYSIS; HUMAN
CEREBRAL-CORTEX; CORTICAL THICKNESS; WORKING-MEMORY; 1ST EPISODE; NEURAL
MODULATION; TEMPORAL-LOBE

AB Expertly collected, well-curated data sets consisting of comprehensive
clinical characterization and raw structural, functional and diffusion-weighted
DICOM images in schizophrenia patients and sex and age-matched controls are now
accessible to the scientific community through an on-line data repository
(coins.mrn.org). The Mental Illness and Neuroscience Discovery Institute, now
the Mind Research Network (MRN, <http://www.mrn.org/>), comprised of investigators
at the University of New Mexico, the University of Minnesota, Massachusetts
General Hospital, and the University of Iowa, conducted a cross-sectional study
to identify quantitative neuroimaging biomarkers of schizophrenia. Data
acquisition across multiple sites permitted the integration and cross-validation
of clinical, cognitive, morphometric, and functional neuroimaging results
gathered from unique samples of schizophrenia patients and controls using a
common protocol across sites. Particular effort was made to recruit patients
early in the course of their illness, at the onset of their symptoms. There is a
relatively even sampling of illness duration in chronic patients. This data
repository will be useful to 1) scientists who can study schizophrenia by
further analysis of this cohort and/or by pooling with other data; 2) computer
scientists and software algorithm developers for testing and validating novel
registration, segmentation, and other analysis software; and 3) educators in the
fields of neuroimaging, medical image analysis and medical imaging informatics
who need exemplar data sets for courses and workshops. Sharing provides the
opportunity for independent replication of already published results from this
data set and novel exploration. This manuscript describes the
inclusion/exclusion criteria, imaging parameters and other information that will
assist those wishing to use this data repository.

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TI Technical and Policy Approaches to Balancing Patient Privacy and Data Sharing in Clinical and Translational Research

SO JOURNAL OF INVESTIGATIVE MEDICINE

LA English

DT Article

DE clinical research; translational research; databases; privacy

ID GENOME-WIDE ASSOCIATION; CONFIDENTIALITY; TECHNOLOGY; ANONYMITY;

BIOBANKS; NETWORK; SOCIETY; SCIENCE; US

AB Introduction: Clinical researchers need to share data to support scientific validation and information reuse and to comply with a host of regulations and directives from funders. Various organizations are constructing informatics resources in the form of centralized databases to ensure reuse of data derived from sponsored research. The widespread use of such open databases is contingent on the protection of patient privacy.

Methods: We review privacy-related problems associated with data sharing for clinical research from technical and policy perspectives. We investigate existing policies for secondary data sharing and privacy requirements in the context of data derived from research and clinical settings. In particular, we focus on policies specified by the US National Institutes of Health and the Health Insurance Portability and Accountability Act and touch on how these policies are related to current and future use of data stored in public database archives. We address aspects of data privacy and identifiability from a technical, although approachable, perspective and summarize how biomedical databanks can be exploited and seemingly anonymous records can be reidentified using various resources without hacking into secure computer systems.

Results: We highlight which clinical and translational data features, specified in emerging research models, are potentially vulnerable or exploitable. In the process, we recount a recent privacy-related concern associated with the publication of aggregate statistics from pooled genome-wide association studies that have had a significant impact on the data sharing policies of National Institutes of Health-sponsored databanks.

Conclusion: Based on our analysis and observations we provide a list of recommendations that cover various technical, legal, and policy mechanisms that open clinical databases can adopt to strengthen data privacy protection as they move toward wider deployment and adoption.

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TI The Development of the Older Persons and Informal Caregivers Survey
Minimum DataSet (TOPICS-MDS): A Large-Scale Data Sharing Initiative
SO PLOS ONE

LA English
DT Article

ID QUALITY-OF-LIFE; FUNCTIONAL STATUS; DATA SET; FRAILTY; INSTRUMENT; CARE;
RAND-36; EUROQOL

AB Introduction: In 2008, the Ministry of Health, Welfare and Sport commissioned the National Care for the Elderly Programme. While numerous research projects in older persons' health care were to be conducted under this national agenda, the Programme further advocated the development of The Older Persons and Informal Caregivers Survey Minimum DataSet (TOPICS-MDS) which would be integrated into all funded research protocols. In this context, we describe TOPICS data sharing initiative (www.topics-mds.eu).

Materials and Methods: A working group drafted TOPICS-MDS prototype, which was subsequently approved by a multidisciplinary panel. Using instruments validated for older populations, information was collected on demographics,

morbidity, quality of life, functional limitations, mental health, social functioning and health service utilisation. For informal caregivers, information was collected on demographics, hours of informal care and quality of life (including subjective care-related burden).

Results: Between 2010 and 2013, a total of 41 research projects contributed data to TOPICS-MDS, resulting in preliminary data available for 32,310 older persons and 3,940 informal caregivers. The majority of studies sampled were from primary care settings and inclusion criteria differed across studies.

Discussion: TOPICS-MDS is a public data repository which contains essential data to better understand health challenges experienced by older persons and informal caregivers. Such findings are relevant for countries where increasing health-related expenditure has necessitated the evaluation of contemporary health care delivery. Although open sharing of data can be difficult to achieve in practice, proactively addressing issues of data protection, conflicting data analysis requests and funding limitations during TOPICS-MDS developmental phase has fostered a data sharing culture. To date, TOPICS-MDS has been successfully incorporated into 41 research projects, thus supporting the feasibility of constructing a large (>30,000 observations), standardised dataset pooled from various study protocols with different sampling frameworks. This unique implementation strategy improves efficiency and facilitates individual-level data meta-analysis.

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TI Assessing the Privacy Risks of Data Sharing in Genomics

SO PUBLIC HEALTH GENOMICS

LA English

DT Article

DE Access to information; Confidentiality; Genetic privacy; Genetic research/ethics; Genome/human; Genomics; Humans; Information dissemination; Informed consent; Internet

ID GENETIC PRIVACY; ETHICS; ANONYMITY; CONSENT; SOCIETY; SCIENCE; RACE

AB The protection of identity of participants in medical research has traditionally been guaranteed by the maintenance of the confidentiality of health information through mechanisms such as only releasing data in an aggregated form or after identifying variables have been removed. This protection of privacy is regarded as a fundamental principle of research ethics, through which the support of research participants and the public is maintained. Whilst this traditional model was adopted for genetics and genomics research, and was generally considered broadly fit for purpose, we argue that this approach is increasingly untenable in genomics. Privacy risk assessments need to have regard to the whole data environment, not merely the quality of the dataset to be released in isolation. As sources of data proliferate, issues of privacy protection are increasingly problematic in relation to the release of genomic data. However, we conclude that, by paying careful attention to potential pitfalls, scientific funders and researchers can take an important part in attempts to safeguard the public and ensure the continuation of potentially important scientific research. Copyright (C) 2010 S. Karger AG, Basel
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TI Perceived benefits of sharing health data between people with epilepsy
on an online platform
SO EPILEPSY & BEHAVIOR
LA English
DT Article
DE Online communities; Seizure control; Internet; Patient education;
E-patients; Health 2.0; Patient empowerment; Seizure diary
ID QUALITY-OF-LIFE; SOCIAL SUPPORT; INFORMATION; INTERNET; STIGMA;
PATIENTSLIKEME; COMMUNITIES; NETWORKS; ILLNESS; TRIALS
AB An epilepsy community was developed on PatientsLikeMe.com to share data
between patients to improve their outcomes by finding other patients like them.
In a 14-day response period, 221 patients with epilepsy (mean age: 40 years, SD:
12, range: 17-72, 66% female) completed a survey about benefits they perceived.
Prior to using the site, a third of respondents (30%) did not know anyone else
with epilepsy with whom they could talk; of these, 63% now had at least one
other patient with whom they could connect. Perceived benefits included: finding
another patient experiencing the same symptoms (59%), gaining a better
understanding of seizures (58%), and learning more about symptoms or treatments
(55%). Number of benefits was associated with number of relationships with other

patients, $F(4,216)=8.173$, $P<0.001$). Patients with epilepsy reported an array of perceived benefits similar to those reported by populations with other diseases. Controlled sharing of health data may have the potential to improve disease self-management of people with epilepsy. (C) 2011 Elsevier Inc. All rights reserved.

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FU UCB; Abbott; Acorda; Avanir; Biogen; Novartis; Sanofi

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AU Thilakanathan, D
Chen, SP
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AF Thilakanathan, Danan
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Alem, Leila
TI A platform for secure monitoring and sharing of generic health data in
the Cloud
SO FUTURE GENERATION COMPUTER SYSTEMS-THE INTERNATIONAL JOURNAL OF ESCIENCE
LA English

DT Article

DE Secure data sharing; Cloud computing; Proxy re-encryption; Health monitoring system; Cryptography

AB The growing need for the remote caring of patients at home combined with the ever-increasing popularity of mobile devices due to their ubiquitous nature has resulted in many apps being developed to enable mobile telecare. The Cloud, in combination with mobile technologies has enabled doctors to conveniently monitor and assess a patient's health while the patient is at the comfort of their own home. This demands sharing of health information between healthcare teams such as doctors and nurses in order to provide better and safer care of patients. However, the sharing of health information introduces privacy and security issues which may conflict with HIPAA standards. In this paper, we attempt to address the issues of privacy and security in the domain of mobile telecare and Cloud computing. We first demonstrate a telecare application that will allow doctors to remotely monitor patients via the Cloud. We then use this system as a basis to showcase our model that will allow patients to share their health information with other doctors, nurses or medical professional in a secure and confidential manner. The key features of our model include the ability to handle large data sizes and efficient user revocation. Crown Copyright (C) 2013 Published by Elsevier B.V. All rights reserved.

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RI Chen, Shiping/Q-8611-2019; Nepal, Surya/B-7523-2011; Chen, Shiping/B-7492-2011

OI Chen, Shiping/0000-0002-4603-0024; Nepal, Surya/0000-0002-3289-6599; Chen, Shiping/0000-0002-4603-0024

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TI Recommendations from the 2008 International Summit on Proteomics Data
Release and Sharing Policy: The Amsterdam Principles

SO JOURNAL OF PROTEOME RESEARCH

LA English

DT Article

DE proteomic; data; policy; release; resource; sharing; Bermuda principles;
Amsterdam principles; open; standards

AB Policies supporting the rapid and open sharing of genomic data have directly fueled the accelerated pace of discovery in large-scale genomics research. The proteomics community is starting to implement analogous policies and infrastructure for making large-scale proteomics data widely available on a precompetitive basis. On August 14, 2008, the National Cancer Institute (NCI) convened the "International Summit on Proteomics Data Release and Sharing Policy" in Amsterdam, The Netherlands, to identify and address potential roadblocks to rapid and open access to data. The six principles agreed upon by key stakeholders at the summit addressed issues surrounding (1) timing, (2) comprehensiveness, (3) format, (4) deposition to repositories, (5) quality metrics, and (6) responsibility for proteomics data release. This summit report explores various approaches to develop a framework of data release and sharing principles that will most effectively fulfill the needs of the funding agencies and the research community.

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TI Conducting Research with Tribal Communities: Sovereignty, Ethics, and
Data-Sharing Issues

SO ENVIRONMENTAL HEALTH PERSPECTIVES

LA English

DT Article

DE American Indian; data sharing; informed consent; intellectual property;
IRB; research ethics; sovereignty; tribal

ID ET-AL 2010; PARTICIPATORY RESEARCH; TRANSLATION; LESSONS

AB BACKGROUND: When conducting research with American Indian tribes, informed consent beyond conventional institutional review board (IRB) review is needed because of the potential for adverse consequences at a community or governmental level that are unrecognized by academic researchers.

OBJECTIVES: In this article, we review sovereignty, research ethics, and data-sharing considerations when doing community-based participatory health related or natural-resource related research with American Indian nations and present a model material and data-sharing agreement that meets tribal and university requirements.

DISCUSSION: Only tribal nations themselves can identify potential adverse outcomes, and they can do this only if they understand the assumptions and methods of the proposed research. Tribes must be truly equal partners in study design, data collection, interpretation, and publication. Advances in protection of intellectual property rights (IPR) are also applicable to IRB reviews, as are principles of sovereignty and indigenous rights, all of which affect data ownership and control.

CONCLUSIONS: Academic researchers engaged in tribal projects should become familiar with all three areas: sovereignty, ethics and informed consent, and IPR. We recommend developing an agreement with tribal partners that reflects both health-related IRB and natural-resource related IPR considerations.

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TI Data Sharing in the Post-Genomic World: The Experience of the
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PT J

AU Liang, KT

Susilo, W

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TI Searchable Attribute-Based Mechanism With Efficient Data Sharing for
Secure Cloud Storage

SO IEEE TRANSACTIONS ON INFORMATION FORENSICS AND SECURITY

LA English

DT Article

DE Searchable attribute-based encryption; keyword update; encrypted data
sharing

ID CONJUNCTIVE KEYWORD SEARCH; PUBLIC-KEY ENCRYPTION; PROXY RE-ENCRYPTION;
DELEGATION

AB To date, the growth of electronic personal data leads to a trend that data owners prefer to remotely outsource their data to clouds for the enjoyment of the high-quality retrieval and storage service without worrying the burden of local data management and maintenance. However, secure share and search for the outsourced data is a formidable task, which may easily incur the leakage of sensitive personal information. Efficient data sharing and searching with security is of critical importance. This paper, for the first time, proposes a searchable attribute-based proxy reencryption system. When compared with the existing systems only supporting either searchable attribute-based functionality or attribute-based proxy reencryption, our new primitive supports both abilities and provides flexible keyword update service. In particular, the system enables a data owner to efficiently share his data to a specified group of users matching a sharing policy and meanwhile, the data will maintain its searchable property but also the corresponding search keyword(s) can be updated after the data sharing. The new mechanism is applicable to many real-world applications, such as electronic health record systems. It is also proved chosen ciphertext secure in the random oracle model.

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OI Liang, Kaitai/0000-0003-0262-7678;

FU Privacy-Aware Retrieval and Modeling of Genomic Data [13283250]; Academy
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TC 49

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U1 2

U2 50

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TI A human rights approach to an international code of conduct for genomic
and clinical data sharing

SO HUMAN GENETICS

LA English

DT Article

ID WIDE ASSOCIATION; GLOBAL SCIENCE; BIOTECHNOLOGY; EXPERIENCE; BIOBANKING;
KNOWLEDGE; MEDICINE; HEALTH; ETHICS

AB Fostering data sharing is a scientific and ethical imperative. Health gains can be achieved more comprehensively and quickly by combining large, information-rich datasets from across conventionally siloed disciplines and geographic areas. While collaboration for data sharing is increasingly embraced by policymakers and the international biomedical community, we lack a common ethical and legal framework to connect regulators, funders, consortia, and research projects so as to facilitate genomic and clinical data linkage, global science collaboration, and responsible research conduct. Governance tools can be used to responsibly steer the sharing of data for proper stewardship of research discovery, genomics research resources, and their clinical applications. In this article, we propose that an international code of conduct be designed to enable global genomic and clinical data sharing for biomedical research. To give this proposed code universal application and accountability, however, we propose to position it within a human rights framework. This proposition is not without precedent: international treaties have long recognized that everyone has a right to the benefits of scientific progress and its applications, and a right to the protection of the moral and material interests resulting from scientific productions. It is time to apply these twin rights to internationally collaborative genomic and clinical data sharing.

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PI NEW YORK
PA 233 SPRING ST, NEW YORK, NY 10013 USA
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TI Four Health Data Networks Illustrate The Potential For A Shared National Multipurpose Big-Data Network

SO HEALTH AFFAIRS

LA English

DT Article

ID DATA QUALITY ASSESSMENT; PRACTICE GUIDELINES; MEDICARE; CARE; SYSTEM; RISK

AB Information in electronic health data that are drawn from large populations of patients is transforming health care, public health practice, and clinical research. This article describes our experience in developing data networks that repurpose electronic health records and administrative data. The four programs we feature are the Food and Drug Administration's Mini-Sentinel program (which focuses on medical product safety), the National Patient-Centered Clinical Research Network (PCORnet, comparative effectiveness research), the National Institutes of Health's Health Care Systems Research Collaboratory Distributed Research Network (biomedical research), and ESPnet (public health surveillance). Challenges to these uses of electronic health data include understanding the factors driving the collection, coding, and preservation of the data; the extensive customization of different systems that collect similar data; the fragmentation of the US health care delivery system and its records; and privacy and proprietary considerations. We view these four programs as examples of the first stage in the development of a shared national big-data resource that leverages the investments of many agencies and organizations for the benefit of multiple networks and users.

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RI PAN, ZEQIANG/X-6341-2018; Ucar, Abdullah/P-8329-2017

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PU PROJECT HOPE

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PT J

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TI Collecting And Sharing Data For Population Health: A New Paradigm

SO HEALTH AFFAIRS

LA English

DT Article

ID PUBLIC-HEALTH; INFORMATION-TECHNOLOGY; SURVEILLANCE; ARCHITECTURE;
SYSTEMS

AB Health information technology (IT) has great potential to transform health care and inform population health goals in clinical research, quality measurement, and public safety. To fully realize the benefits of health IT for population health, we must focus on new models that maximize efficiency, encourage rapid learning, and protect patients' privacy. In this paper we explore the advantages of a networked model for analyzing population health information, providing several examples. Although broadening the use of networked models is challenging, the societal benefits of a networked model merit continued exploration and the development of workable solutions. [Health Affairs 28, no. 2 (2009): 454-466; 10.1377/hlthaff.28.2.454]

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NR 48
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PU PROJECT HOPE
PI BETHESDA
PA 7500 OLD GEORGETOWN RD, STE 600, BETHESDA, MD 20814-6133 USA
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J9 HEALTH AFFAIR
JI Health Aff.
PD MAR-APR
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WC Health Care Sciences & Services; Health Policy & Services
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PT J
AU Argimon, S
Abudahab, K
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TI Microreact: visualizing and sharing data for genomic epidemiology and phylogeography

SO MICROBIAL GENOMICS

LA English

DT Article

DE Open data; phylogenomics; phylogeography; population genomics; trees

ID REAL-TIME; HISTORY

AB Visualization is frequently used to aid our interpretation of complex datasets. Within microbial genomics, visualizing the relationships between multiple genomes as a tree provides a framework onto which associated data (geographical, temporal, phenotypic and epidemiological) are added to generate hypotheses and to explore the dynamics of the system under investigation. Selected static images are then used within publications to highlight the key findings to a wider audience. However, these images are a very inadequate way of exploring and interpreting the richness of the data. There is, therefore, a need for flexible, interactive software that presents the population genomic outputs and associated data in a user-friendly manner for a wide range of end users, from trained bioinformaticians to front-line epidemiologists and health workers. Here, we present Microreact, a web application for the easy visualization of datasets consisting of any combination of trees, geographical, temporal and associated metadata. Data files can be uploaded to Microreact directly via the web browser or by linking to their location (e.g. from Google Drive/Dropbox or via API), and an integrated visualization via trees, maps, timelines and tables provides interactive querying of the data. The visualization can be shared as a permanent web link among collaborators, or embedded within publications to enable readers to explore and download the data. Microreact can act as an end point for any tool or bioinformatic pipeline that ultimately generates a tree, and provides a simple, yet powerful, visualization method that will aid research and discovery and the open sharing of datasets.

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U1 1

U2 1

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JI Microb. Genomics

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TI Ethical and practical challenges of sharing data from genome-wide
association studies: The eMERGE Consortium experience
SO GENOME RESEARCH
LA English
DT Article
ID ELECTRONIC MEDICAL-RECORDS; HIPAA PRIVACY RULE; PARTICIPANTS; DISEASE
AB In 2007, the National Human Genome Research Institute (NHGRI) established the
Electronic Medical Records and Genomics (eMERGE) Consortium (www.gwas.net) to
develop, disseminate, and apply approaches to research that combine DNA
biorepositories with electronic medical record (EMR) systems for large-scale,
high-throughput genetic research. One of the major ethical and administrative
challenges for the eMERGE Consortium has been complying with existing data-
sharing policies. This paper discusses the challenges of sharing genomic data
linked to health information in the electronic medical record (EMR) and explores
the issues as they relate to sharing both within a large consortium and in
compliance with the National Institutes of Health (NIH) data-sharing policy. We
use the eMERGE Consortium experience to explore data-sharing challenges from the
perspective of multiple stakeholders (i.e., research participants, investigators,
and research institutions), provide recommendations for researchers and
institutions, and call for clearer guidance from the NIH regarding ethical
implementation of its data-sharing policy.
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AF Sundareswaran, Smitha

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TI Ensuring Distributed Accountability for Data Sharing in the Cloud

SO IEEE TRANSACTIONS ON DEPENDABLE AND SECURE COMPUTING

LA English

DT Article

DE Cloud computing; accountability; data sharing

AB Cloud computing enables highly scalable services to be easily consumed over the Internet on an as-needed basis. A major feature of the cloud services is that users' data are usually processed remotely in unknown machines that users do not own or operate. While enjoying the convenience brought by this new emerging technology, users' fears of losing control of their own data (particularly, financial and health data) can become a significant barrier to the wide adoption of cloud services. To address this problem, in this paper, we propose a novel highly decentralized information accountability framework to keep track of the actual usage of the users' data in the cloud. In particular, we propose an object-centered approach that enables enclosing our logging mechanism together with users' data and policies. We leverage the JAR programmable capabilities to both create a dynamic and traveling object, and to ensure that any access to users' data will trigger authentication and automated

logging local to the JARs. To strengthen user's control, we also provide distributed auditing mechanisms. We provide extensive experimental studies that demonstrate the efficiency and effectiveness of the proposed approaches.

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CONTROL MODELS AND TECHNOLOGIES, P71
NR 43
TC 44
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U1 2
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PU IEEE COMPUTER SOC
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J9 IEEE T DEPEND SECURE
JI IEEE Trans. Dependable Secur. Comput.
PD JUL-AUG
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BP 556
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WC Computer Science, Hardware & Architecture; Computer Science, Information
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SC Computer Science
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PT J
AU Weitzman, ER
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TI Sharing Medical Data for Health Research: The Early Personal Health
Record Experience
SO JOURNAL OF MEDICAL INTERNET RESEARCH
LA English
DT Article
DE Medical records; personally controlled health records (PCHR); personal
health records; data sharing; information altruism; HITECH; public
health informatics
ID INFORMATION; CONSENT; ETHICS; ACCESS; COMMUNITY; PEOPLE
AB Background: Engaging consumers in sharing information from personally
controlled health records (PCHRs) for health research may promote goals of
improving care and advancing public health consistent with the federal Health
Information Technology for Economic and Clinical Health (HITECH) Act.
Understanding consumer willingness to share data is critical to advancing this
model.

Objective: The objective was to characterize consumer willingness to share PCHR data for health research and the conditions and contexts bearing on willingness to share.

Methods: A mixed method approach integrating survey and narrative data was used. Survey data were collected about attitudes toward sharing PCHR information for health research from early adopters (n = 151) of a live PCHR populated with medical records and self-reported behavioral and social data. Data were analyzed using descriptive statistics and logistic regression to characterize willingness, conditions for sharing, and variations by sociodemographic factors. Narrative data were collected through semistructured focus group and one-on-one interviews with a separate sample of community members (n = 30) following exposure to PCHR demonstrations. Two independent analysts coded narrative data for major and minor themes using a shared rubric of a priori defined codes and an iterative inductive process. Findings were triangulated with survey results to identify patterns.

Results: Of PCHR users, 138 out of 151 (91%) were willing to share medical information for health research with 89(59%) favoring an opt-in sharing model. Willingness to share was conditioned by anonymity, research use, engagement with a trusted intermediary, transparency around PCHR access and use, and payment. Consumer-determined restrictions on content and timing of sharing may be prerequisites to sharing. Select differences in support for sharing under different conditions were observed across social groups. No gender differences were observed; however differences in age, role, and self-rated health were found. For example, students were more likely than nonstudents to favor an opt-out sharing default (unadjusted odds ratio [OR] = 2.89, 95% confidence interval [CI] 1.10 - 7.62, P =.03). Participants over age 50 were less likely than younger participants to report that payment would increase willingness to share (unadjusted OR = 0.94, 95% CI 0.91 - 0.96, P < .001). Students were more likely than nonstudents to report that payment would increase their willingness to share (unadjusted OR 9.62, 95% CI 3.44 26.87, P < .001). Experiencing a public health emergency may increase willingness to share especially among persons over 50 (unadjusted OR 1.03, 95% CI 1.01 - 1.05, P = .02); however, students were less likely than non-students to report this attitude (unadjusted OR 0.13, 95% CI 0.05 - 0.36, P < .001). Finally, subjects with fair or poor self-rated health were less likely than those with good to excellent self-rated health to report that willingness to share would increase during a public health emergency (unadjusted OR 0.61, 95% CI 0.38 - 0.97, P = .04).

Conclusions: Strong support for sharing of PCHR information for health research existed among early adopters and focus group participants, with support varying by social group under different conditions and contexts. Allowing users to select their preferred conditions for sharing may be vital to supporting sharing and fostering trust as may be development of safety monitoring mechanisms.

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U1 0

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PU JMIR PUBLICATIONS, INC

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J9 J MED INTERNET RES

JI J. Med. Internet Res.

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WC Health Care Sciences & Services; Medical Informatics

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AU Paltoo, DN
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Feolo, M
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CA Natl Inst Hlth Genomic Data Sharin

TI Data use under the NIH GWAS Data Sharing Policy and future directions

SO NATURE GENETICS

LA English

DT Editorial Material

ID GENOME-WIDE ASSOCIATION; RISK LOCI; DISORDERS

AB In 2007, the US National Institutes of Health (NIH) introduced the Genome-Wide Association Studies (GWAS) Policy and the database of Genotypes and Phenotypes (dbGaP) to facilitate 'controlled' access to GWAS data based on participants' informed consent. dbGaP has provided 2,221 investigators access to 304 studies, resulting in 924 publications and significant scientific advances.

Following on this success, the 2014 Genomic Data Sharing Policy will extend the GWAS Policy to additional data types.

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Z9 43

U1 0

U2 15

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JI Nature Genet.

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PT J
AU Hassan, MM
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AF Hassan, Mohammad Mehedi
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TI A multimedia healthcare data sharing approach through cloud-based body area network

SO FUTURE GENERATION COMPUTER SYSTEMS-THE INTERNATIONAL JOURNAL OF ESCIENCE

LA English

DT Article

DE Wireless body area network; Media healthcare; Data sharing; Cloud computing; Network architecture

ID ARCHITECTURE; MANAGEMENT

AB Wireless Body Area Network (WBAN), as, a dramatic platform for pervasive computing and communication, has been widely applied in healthcare domains. Since the patient-related data in the form of text, image, voice, etc. is significant in the process of healthcare services, efficiently managing these media data from various WBAN is vital for various applications. Recently, Cloud-assisted WBAN has become popular that can supply massive computing, flexible storage and various software services to WBAN. Still, there are some challenging issues exist in this platform to deliver and share the huge media healthcare data to remote terminals timely with guaranteed QoS support. In the paper, we propose an efficient network model that combines WBAN and Cloud for valid data sharing. The proposed network architecture is designed as four layers: perception layer, network layer, cloud computing layer, and application layer. In the network, the integration of TCP/IP and Zigbee in the coordinator devices is utilized. Consequently, WBAN coordinators can compatibility inter-operate with various local networks such as WiFi and LTE network to support high mobility of users. Besides, we integrate Content Centric Networking (CCN) with our proposed architecture to improve the ability of the WBAN coordinator. Thus, it can support uninterrupted media healthcare content delivery. In addition, adaptive streaming technique was also utilized to reduce packet loss. Various simulations were conducted using OPNET simulator to show the feasibility of the proposed architecture in terms of transmitting a huge amount of media healthcare data in real-time under traditional IP-based network. (C) 2016 Elsevier B.V. All rights reserved.

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JI Futur. Gener. Comp. Syst.
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PY 2017
VL 66
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EP 58
DI 10.1016/j.future.2015.12.016
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WC Computer Science, Theory & Methods
SC Computer Science
GA EA2EW
UT WOS:000386406600006
HC Y
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PT J
AU Adler-Milstein, J
Jha, AK
AF Adler-Milstein, Julia
Jha, Ashish K.
TI Sharing Clinical Data Electronically A Critical Challenge for Fixing the Health Care System
SO JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
LA English
DT Editorial Material
ID INFORMATION EXCHANGE; HOSPITALS

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TC 40
Z9 40
U1 0
U2 9
PU AMER MEDICAL ASSOC
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SN 0098-7484
EI 1538-3598
J9 JAMA-J AM MED ASSOC
JI JAMA-J. Am. Med. Assoc.
PD APR 25
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VL 307
IS 16
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DI 10.1001/jama.2012.525
PG 2
WC Medicine, General & Internal
SC General & Internal Medicine
GA 9300A
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PT J
AU Lang, TD
AF Lang, Trudie
TI Advancing Global Health Research Through Digital Technology and Sharing
Data
SO SCIENCE
LA English
DT Editorial Material
ID RESEARCH CAPACITY; MALARIA; COUNTRIES
AB The imperative for improving health in the world's poorest regions lies in
research, yet there is no question that low participation, a lack of trained
staff, and limited opportunities for data sharing in developing countries impede
advances in medical practice and public health knowledge. Extensive studies are

essential to develop new treatments and to identify better ways to manage healthcare issues. Recent rapid advances in availability and uptake of digital technologies, especially of mobile networks, have the potential to overcome several barriers to collaborative research in remote places with limited access to resources. Many research groups are already taking advantage of these technologies for data sharing and capture, and these initiatives indicate that increasing acceptance and use of digital technology could promote rapid improvements in global medical science.

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TC 39

Z9 42

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U2 24

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J9 SCIENCE

JI Science

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WC Multidisciplinary Sciences

SC Science & Technology - Other Topics

GA 719LH

UT WOS:000287205700054
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PT J

AU Sun, JY

Fang, YG

AF Sun, Jinyuan

Fang, Yuguang

TI Cross-Domain Data Sharing in Distributed Electronic Health Record
Systems

SO IEEE TRANSACTIONS ON PARALLEL AND DISTRIBUTED SYSTEMS

LA English

DT Article

DE Cross domain; delegation; electronic health record; privacy; security
AB Cross-organization or cross-domain cooperation takes place from time to time in Electronic Health Record (EHR) system for necessary and high-quality patient treatment. Cautious design of delegation mechanism must be in place as a building block of cross-domain cooperation, since the cooperation inevitably involves exchanging and sharing relevant patient data that are considered highly private and confidential. The delegation mechanism grants permission to and restricts access rights of a cooperating partner. Patients are unwilling to accept the EHR system unless their health data are guaranteed proper use and disclosure, which cannot be easily achieved without cross-domain authentication and fine-grained access control. In addition, revocation of the delegated rights should be possible at any time during the cooperation. In this paper, we propose a secure EHR system, based on cryptographic constructions, to enable secure sharing of sensitive patient data during cooperation and preserve patient data privacy. Our EHR system further incorporates advanced mechanisms for fine-grained access control, and on-demand revocation, as enhancements to the basic access control offered by the delegation mechanism, and the basic revocation mechanism, respectively. The proposed EHR system is demonstrated to fulfill objectives specific to the cross-domain delegation scenario of interest.

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FU US National Science Foundation [CNS-0916391, CNS0716450, CNS-0721744]; China 111 Project [B08038]

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Z9 39
U1 1
U2 11
PU IEEE COMPUTER SOC
PI LOS ALAMITOS
PA 10662 LOS VAQUEROS CIRCLE, PO BOX 3014, LOS ALAMITOS, CA 90720-1314 USA
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J9 IEEE T PARALL DISTR
JI IEEE Trans. Parallel Distrib. Syst.
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WC Computer Science, Theory & Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
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PT J
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TI Association between forgone care and household income among the elderly in five Western European countries - analyses based on survey data from the SHARE-study

SO BMC HEALTH SERVICES RESEARCH

LA English

DT Article

ID HEALTH-CARE; INTERNATIONAL COMPARISONS; ADOLESCENTS; LAW; SERVICES; QUALITY; FINANCE; EQUITY

AB Background: Studies on the association between access to health care and household income have rarely included an assessment of 'forgone care', but this indicator could add to our understanding of the inverse care law. We hypothesize that reporting forgone care is more prevalent in low income groups.

Methods: The study is based on the 'Survey of Health, Ageing and Retirement in Europe (SHARE)', focusing on the non-institutionalized population aged 50 years or older. Data are included from France, Germany, Greece, Italy and Sweden. The dependent variable is assessed by the following question: During the last twelve months, did you forgo any types of care because of the costs you would have to pay, or because this care was not available or not easily accessible? The main independent variable is household income, adjusted for household size and split into quintiles, calculating the quintile limits for each country separately. Information on age, sex, self assessed health and chronic disease is included as well. Logistic regression models were used for the multivariate analyses.

Results: The overall level of forgone care differs considerably between the five countries (e. g. about 10 percent in Greece and 6 percent in Sweden). Low income groups report forgone care more often than high income groups. This association can also be found in analyses restricted to the subsample of persons with chronic disease. Associations between forgone care and income are particularly strong in Germany and Greece. Taking the example of Germany, forgone care in the lowest income quintile is 1.98 times (95% CI: 1.08-3.63) as high as in the highest income quintile.

Conclusion: Forgone care should be reduced even if it is not justified by an 'objective' need for health care, as it could be an independent stressor in its own right, and as patient satisfaction is a strong predictor of compliance. These efforts should focus on population groups with particularly high prevalence of forgone care, for example on patients with poor self assessed health, on women, and on low income groups. The inter-country differences point to the need to specify different policy recommendations for different countries. C1 [Mielck, Andreas; Kiess, Raphael] Helmholtz Zentrum Muenchen, German Res Ctr Environm Hlth, Inst Hlth Econ & Hlth Care Management, D-85758 Neuherberg, Germany.

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TI Never too old for anonymity: a statistical standard for demographic data
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DT Article
ID GENOMIC DATA PRIVACY; PROTECTING PRIVACY; K-ANONYMITY; HEALTH;
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DATABASES
AB Objective Healthcare organizations must de-identify patient records before
sharing data. Many organizations rely on the Safe Harbor Standard of the HIPAA
Privacy Rule, which enumerates 18 identifiers that must be suppressed (eg, ages
over 89). An alternative model in the Privacy Rule, known as the Statistical
Standard, can facilitate the sharing of more detailed data, but is rarely
applied because of a lack of published methodologies. The authors propose an
intuitive approach to de-identifying patient demographics in accordance with the
Statistical Standard.
Design The authors conduct an analysis of the demographics of patient cohorts
in five medical centers developed for the NIH-sponsored Electronic Medical
Records and Genomics network, with respect to the US census. They report the re-
identification risk of patient demographics disclosed according to the Safe

Harbor policy and the relative risk rate for sharing such information via alternative policies.

Measurements The re-identification risk of Safe Harbor demographics ranged from 0.01% to 0.19%. The findings show alternative de-identification models can be created with risks no greater than Safe Harbor. The authors illustrate that the disclosure of patient ages over the age of 89 is possible when other features are reduced in granularity.

Limitations The de-identification approach described in this paper was evaluated with demographic data only and should be evaluated with other potential identifiers.

Conclusion Alternative de-identification policies to the Safe Harbor model can be derived for patient demographics to enable the disclosure of values that were previously suppressed. The method is generalizable to any environment in which population statistics are available.

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TI Shared data for intensity modulated radiation therapy (IMRT)
optimization research: the CORT dataset
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Treatment plan optimization
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AB Background: We provide common datasets (which we call the CORT dataset:
common optimization for radiation therapy) that researchers can use when
developing and contrasting radiation treatment planning optimization algorithms.
The datasets allow researchers to make one-to-one comparisons of algorithms in
order to solve various instances of the radiation therapy treatment planning
problem in intensity modulated radiation therapy (IMRT), including beam angle
optimization, volumetric modulated arc therapy and direct aperture optimization.
Results: We provide datasets for a prostate case, a liver case, a head and
neck case, and a standard IMRT phantom. We provide the dose-influence matrix
from a variety of beam/couch angle pairs for each dataset. The dose-influence
matrix is the main entity needed to perform optimizations: it contains the dose
to each patient voxel from each pencil beam. In addition, the original Digital
Imaging and Communications in Medicine (DICOM) computed tomography (CT) scan, as
well as the DICOM structure file, are provided for each case.
Conclusions: Here we present an open dataset - the first of its kind - to the
radiation oncology community, which will allow researchers to compare methods
for optimizing radiation dose delivery.
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AU Haski-Leventhal, D
AF Haski-Leventhal, Debbie
TI Elderly Volunteering and Well-Being: A Cross-European Comparison Based
on SHARE Data
SO VOLUNTAS
LA English
DT Article
DE Volunteering; Elderly; Well-being; Europe; SHARE
AB This paper, based on Survey of Health, Ageing and Retirement in Europe (SHARE)
data, analyzes the relation between volunteering and well-being among 30,023
Europeans aged 50 and above in 12 countries. There is an overall positive
correlation between volunteering and perceived health, life satisfaction, and
self-life expectancy and a negative correlation to depression. However, in some
countries the correlation is much stronger than in others.

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J9 VOLUNTAS
JI Voluntas
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AF Pollack, Craig Evan
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TI Patient Sharing Among Physicians and Costs of Care: A Network Analytic
Approach to Care Coordination Using Claims Data

SO JOURNAL OF GENERAL INTERNAL MEDICINE

LA English

DT Article

DE care coordination; performance measure; provider social networks; care
density

ID HEALTH-CARE; ADMINISTRATIVE DATA; PERFORMANCE; CONTINUITY; MEDICARE;
SYSTEM; PAY; COMMUNICATION; SPECIALISTS; DELIVERY

AB Improving care coordination is a national priority and a key focus of health
care reforms. However, its measurement and ultimate achievement is challenging.

To test whether patients whose providers frequently share patients with one
another-what we term 'care density'^{aEuro}tend to have lower costs of care and
likelihood of hospitalization.

Cohort study

9,596 patients with congestive heart failure (CHF) and 52,688 with diabetes
who received care during 2009. Patients were enrolled in five large, private
insurance plans across the US covering employer-sponsored and Medicare Advantage
enrollees

Costs of care, rates of hospitalizations

The average total annual health care cost for patients with CHF was \$29,456, and \$14,921 for those with diabetes. In risk adjusted analyses, patients with the highest tertile of care density, indicating the highest level of overlap among a patient's providers, had lower total costs compared to patients in the lowest tertile (\$3,310 lower for CHF and \$1,502 lower for diabetes, $p < 0.001$). Lower inpatient costs and rates of hospitalization were found for patients with CHF and diabetes with the highest care density. Additionally, lower outpatient costs and higher pharmacy costs were found for patients with diabetes with the highest care density.

Patients treated by sets of physicians who share high numbers of patients tend to have lower costs. Future work is necessary to validate care density as a tool to evaluate care coordination and track the performance of health care systems.

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AU Foster, MW

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TI Share and share alike: deciding how to distribute the scientific and social benefits of genomic data

SO NATURE REVIEWS GENETICS

LA English

DT Review

ID GENETIC RESEARCH; MEDICINE; PRIVACY; PATENTS; POLICY; LEGAL; US

AB Emerging technologies make genomic analyses more efficient and less expensive, enabling genome-wide association and gene-environment interaction studies. In anticipation of their results, funding agencies such as the US National Institutes of Health and the Wellcome Trust are formulating guidelines for sharing the large amounts of genomic data that are generated by the projects that they sponsor. Data-sharing policies can have varying implications for how disease susceptibility and drug-response research will be pursued by the

scientific community, and for who will benefit from the resulting medical discoveries. We suggest that the complex interplay of stakeholders and their interests, rather than single-issue and single-stakeholder perspectives, should be considered when deciding genomic data-sharing policies.

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TI Estrogen receptor alpha positive breast tumors and breast cancer cell lines share similarities in their transcriptome data structures

SO INTERNATIONAL JOURNAL OF ONCOLOGY

LA English

DT Article

DE breast cancer; bioinformatics; cell lines; data structure; genomics; microarray analysis; principal component analysis

ID FACTOR-KAPPA-B; GENE-EXPRESSION PATTERNS; REGULATORY-FACTOR-I; ORNITHINE-DECARBOXYLASE; MOLECULAR PHARMACOLOGY; GROWTH; MODELS; MICE; NUCLEOPHOSMIN; ICI-182,780

AB Established human breast cancer cell lines are widely used as experimental models in breast cancer research. While these cell lines and their variants share many phenotypic characteristics with human breast tumors, the extent to which they reflect the underlying molecular biology of breast cancer remains controversial. We explored this issue using a probabilistic rather than heuristic approach. Data from gene expression microarrays were used to compare the global structures of the transcriptomes of three estrogen receptor alpha positive (ER+) human breast cancer cell lines (MCF-7, T47D, ZR-75-1) and 13 human breast tumors (11ER(+); 2ER(-)). Linear representations of the respective

data structures were obtained by deriving those top principal components (PCs) required to capture $\geq 80\%$ of the cumulative variance for each data set (M PCs). We then identified those genes most highly correlated with the M PCs (Pearson's correlation coefficient $r \geq 0.800$) and identified a group of 36 genes commonly correlated with both the cell line (M = 5 PCs) and tumor (M = 6 PCs) data structures. All 36 common genes were correlated with PC1 from the breast tumor data: 21/36 genes were correlated with PC1, 14/36 genes correlated with PC2, and 1/36 genes correlated with PC3 from the cell line data. Genes important in defining the data structures include NF kappa B p65, IGFBP-6, ornithine decarboxylase-1, and paxillin. When data from MDA-MB-435 xenografts (ER-) were included in the analysis, we were unable to find any common genes between these xenografts and the breast tumors. These data clearly imply that MCF-7, T47D, and ZR-75-1 cells and ER+ breast tumors share substantial global similarities in the structures of their respective transcriptomes, and that these cell lines are good models in which to identify molecular events that are likely to be important in some ER+ human breast cancers.

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JI Int. J. Oncol.

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AU Roelofs, E

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AF Roelofs, Erik

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TI International data-sharing for radiotherapy research: An open-source based infrastructure for multicentric clinical data mining

SO RADIOOTHERAPY AND ONCOLOGY

LA English

DT Article

DE Medical informatics; Knowledge engineering; Machine learning; Data mining; Open source software

ID LUNG-CANCER PATIENTS; DECISION-SUPPORT-SYSTEMS; EXTERNAL VALIDATION; PROGNOSTIC MODEL; ONCOLOGY TRIALS; RECTAL-CANCER; RADIATION; SURVIVAL; PREDICTION; CARE

AB Extensive, multifactorial data sharing is a crucial prerequisite for current and future (radiotherapy) research. However, the cost, time and effort to achieve this are often a roadblock. We present an open-source based data-sharing infrastructure between two radiotherapy departments, allowing seamless exchange of de-identified, automatically translated clinical and biomedical treatment data. (C) 2013 Elsevier Ireland Ltd. All rights reserved.

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OI Dekker, Andre/0000-0002-0422-7996; Valentini, Vincenzo/0000-0003-4637-6487; Roelofs, Erik/0000-0003-2172-8669

FU QuIC-ConCePT project; EFPI; Innovative Medicine Initiative Joint Undertaking (IMI JU) [115151]; National Institutes of Health [NIH-USA U01 CA 143062-01]; CTMM framework (AIRFORCE project) [030-103]; EU; euroCAT (IVA Interreg); NGI [93612005]; Kankeronderzoekfonds Limburg from the Health Foundation Limburg; Dutch Cancer Society [KWF UM 2008-4210, KWF UM 2011-5020]

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TI Risk of transmission associated with sharing drug injecting paraphernalia: analysis of recent hepatitis C virus (HCV) infection using cross-sectional survey data

SO JOURNAL OF VIRAL HEPATITIS

LA English

DT Article

DE cross-sectional; hepatitis C; incidence; injecting paraphernalia; needles/syringes

ID DRIED BLOOD SPOTS; HEALTH-CARE WORKERS; PREPARATION EQUIPMENT; NATURAL-HISTORY; USERS; SEROCONVERSION; HIV; PREVALENCE; PEOPLE; COHORT

AB Sharing injecting paraphernalia (containers, filters and water) poses a risk of transmitting the hepatitis C virus (HCV). The prevalence of, and risk of HCV from, such behaviour has not been extensively reported in Europe. People who inject drugs (PWID) were recruited in cross-sectional surveys from services providing sterile injecting equipment across Scotland between 2008 and 2010. Participants completed a questionnaire and provided a blood spot for anonymous testing. Logistic regression was used to examine the association between recent HCV infection (anti-HCV negative and HCV-RNA positive) and self-reported measures of injecting equipment sharing in the 6months preceding interview. Twelve per cent of the sample reported sharing needles/syringes, and 40% reported sharing paraphernalia in the previous 6months. The adjusted odds ratios (AOR) for sharing needles/syringes (+/- paraphernalia), and sharing only paraphernalia in the last 6months were 6.7 (95% CI 2.6-17.1) and 3.0 (95% CI 1.2-7.5), respectively. Among those who reported not sharing needles/syringes, sharing containers and filters were both significantly associated with recent HCV infection (AOR 3.1, 95% CI 1.3-7.8 and 3.1, 95% CI 1.3-7.5, respectively); sharing water was not. We present the first study to apply a cross-sectional approach to the analysis of the association between sharing paraphernalia and incident HCV infection and demonstrate consistent results with previous longitudinal studies. The prevalence of paraphernalia sharing in our study population is high, representing significant potential for HCV transmission.
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FU Scottish Government

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NR 45
TC 33
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PU WILEY-BLACKWELL
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PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
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J9 J VIRAL HEPATITIS
JI J. Viral Hepatitis
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WC Gastroenterology & Hepatology; Infectious Diseases; Virology
SC Gastroenterology & Hepatology; Infectious Diseases; Virology
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AU Weitzman, ER
Adida, B
Kelemen, S
Mandl, KD
AF Weitzman, Elissa R.
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Kelemen, Skyler
Mandl, Kenneth D.
TI Sharing Data for Public Health Research by Members of an International
Online Diabetes Social Network
SO PLOS ONE
LA English
DT Article
ID GLOBAL BURDEN; MEDICINE; OBESITY; POWER
AB Background: Surveillance and response to diabetes may be accelerated through
engaging online diabetes social networks (SNS) in consented research. We tested

the willingness of an online diabetes community to share data for public health research by providing members with a privacy-preserving social networking software application for rapid temporal-geographic surveillance of glycemic control.

Methods and Findings: SN-mediated collection of cross-sectional, member-reported data from an international online diabetes SN entered into a software application we made available in a "Facebook-like" environment to enable reporting, charting and optional sharing of recent hemoglobin A1c values through a geographic display. Self-enrollment by 17% (n = 1,136) of n = 6,500 active members representing 32 countries and 50 US states. Data were current with 83.1% of most recent A1c values reported obtained within the past 90 days. Sharing was high with 81.4% of users permitting data donation to the community display. 34.1% of users also displayed their A1cs on their SN profile page. Users selecting the most permissive sharing options had a lower average A1c (6.8%) than users not sharing with the community (7.1%, p = .038). 95% of users permitted re-contact. Unadjusted aggregate A1c reported by US users closely resembled aggregate 2007-2008 NHANES estimates (respectively, 6.9% and 6.9%, p = 0.85).

Conclusions: Success within an early adopter community demonstrates that online SNs may comprise efficient platforms for bidirectional communication with and data acquisition from disease populations. Advancing this model for cohort and translational science and for use as a complementary surveillance approach will require understanding of inherent selection and publication (sharing) biases in the data and a technology model that supports autonomy, anonymity and privacy.

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FU Centers for Disease Control and Prevention (CDC) [P01HK000016, P01HK000088-01]; National Institute of Alcohol Abuse and Alcoholism (NIAAA) [R21 AA016638-01A1]; National Center for Research Resources/NIH [1U54RR025224-01]; Children's Hospital

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TI Data sharing and intellectual property in a genomic epidemiology
network: policies for large-scale research collaboration
SO BULLETIN OF THE WORLD HEALTH ORGANIZATION
LA English
DT Article
ID PLASMODIUM-VIVAX; NEGLECTED DISEASES; HEMOGLOBIN-C; MALARIA; FALCIPARUM;
HEALTH
AB Genomic epidemiology is a field of research that seeks to improve the
prevention and management of common diseases through an understanding of their
molecular origins. It involves studying thousands of individuals, often from
different populations, with exacting techniques. The scale and complexity of
such research has required the formation of research consortia. Members of these
consortia need to agree on policies for managing shared resources and handling
genetic data. Here we consider data-sharing and intellectual property policies
for an international research consortium working on the genomic epidemiology of
malaria. We outline specific guidelines governing how samples and data are
transferred among its members; how results are released into the public domain;
when to seek protection for intellectual property; and how intellectual property
should be managed. We outline some pragmatic solutions founded on the basic
principles of promoting innovation and access.
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FU Medical Research Council [G19/9, G0200454]; Wellcome Trust
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NR 32

TC 33

Z9 33

U1 1

U2 19

PU WORLD HEALTH ORGANIZATION

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J9 B WORLD HEALTH ORGAN

JI Bull. World Health Organ.

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PT J

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TI Developing Global Norms for Sharing Data and Results during Public
Health Emergencies

SO PLOS MEDICINE

LA English

DT Article

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NR 8

TC 32

Z9 32

U1 0

U2 5

PU PUBLIC LIBRARY SCIENCE

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AU Perrino, T

Howe, G

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Sandler, Irwin

Shern, David

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Kaupert, Sheila
Cano, Nicole
Cruden, Gracelyn
Bandiera, Frank
Brown, C. Hendricks

TI Advancing Science Through Collaborative Data Sharing and Synthesis

SO PERSPECTIVES ON PSYCHOLOGICAL SCIENCE

LA English

DT Article

DE collaborative research; data sharing; data synthesis; scientific equity;
integrative data analysis

ID RANDOMIZED CONTROLLED-TRIAL; INTEGRATIVE DATA-ANALYSIS; DEPRESSIVE
SYMPTOMS; PREVENTIVE INTERVENTION; SUBSTANCE USE; CHILDREN; ADOLESCENTS;
FAMILY; EFFICACY; RISK

AB The demand for researchers to share their data has increased dramatically in recent years. There is a need to replicate and confirm scientific findings to bolster confidence in many research areas. Data sharing also serves the critical function of allowing synthesis of findings across trials. As innovative statistical methods have helped resolve barriers to synthesis analyses, data sharing and synthesis can help answer research questions that cannot be answered by individual trials alone. However, the sharing of data among researchers remains challenging and infrequent. This article aims to (a) increase support for data sharing and synthesis collaborations among researchers to advance scientific knowledge and (b) provide a model for establishing these collaborations using the example of the ongoing National Institute of Mental Health's Collaborative Data Synthesis on Adolescent Depression Trials. This study brings together datasets from existing prevention and treatment trials in adolescent depression, as well as researchers and stakeholders, to answer questions about for whom interventions work and by what pathways interventions have their effects. This is critical to improving interventions, including increasing knowledge about intervention efficacy among minority populations, or what we call scientific equity. The collaborative model described is relevant to fields with research questions that can only be addressed by synthesizing individual-level data.

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7610.2006.01667.x
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U2 18
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PA 1 OLIVERS YARD, 55 CITY ROAD, LONDON EC1Y 1SP, ENGLAND
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JI Perspect. Psychol. Sci.
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WC Psychology, Multidisciplinary
SC Psychology
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PT J
AU Watson, MS
AF Watson, Michael S.
CA ACMG Board Directors
TI Laboratory and clinical genomic data sharing is crucial to improving genetic health care: a position statement of the American College of Medical Genetics and Genomics
SO GENETICS IN MEDICINE
LA English
DT Article
DE genomic data sharing; genomic databases; gene variant databases; genotype: phenotype correlations
AB Disclaimer: These recommendations are designed primarily as an educational resource for medical geneticists and other health-care providers, to help them provide quality medical genetic services. Adherence to these recommendations does not necessarily assure a successful medical outcome. These recommendations should not be considered inclusive of all proper procedures and tests or exclusive of other procedures and tests that are reasonably directed to obtaining the same results. In determining the propriety of any specific procedure or test, the geneticist should apply his or her own professional judgment to the specific clinical circumstances presented by the individual patient or specimen. It may be prudent, however, to document in the patient's record the rationale for any significant deviation from these recommendations.
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Rehm HL, 2015, NEW ENGL J MED, V372, P2235, DOI 10.1056/NEJMsrl406261
NR 2
TC 31
Z9 31
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U2 3
PU NATURE PUBLISHING GROUP
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PA 75 VARICK ST, 9TH FLR, NEW YORK, NY 10013-1917 USA
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IS 7
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DI 10.1038/gim.2016.196
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WC Genetics & Heredity
SC Genetics & Heredity
GA FA4AA
UT WOS:000405385000001
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OA Bronze
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TI A systematic literature review of individuals' perspectives on broad consent and data sharing in the United States

SO GENETICS IN MEDICINE

LA English

DT Review

DE biobank; broad consent; data sharing; systematic review; tiered consent

ID STORED BIOLOGICAL SAMPLES; INFORMED-CONSENT; PUBLIC PERSPECTIVES; PATIENTS ATTITUDES; MICHIGAN BIOTRUST; GENETIC RESEARCH; GENOMIC RESEARCH; BIOBANK CONSENT; CANCER-PATIENTS; COMMUNITY

AB proposed that de-identified human data and specimens be included in biobanks only if patients provide consent. The National Institutes of Health Genomic Data Sharing policy went into effect in 2015, requiring broad consent from almost all research participants.

Methods: We conducted a systematic literature review of attitudes toward biobanking, broad consent, and data sharing. Bibliographic databases included MEDLINE, Web of Science, EthxWeb, and GenETHX. Study screening was conducted using DistillerSR.

Results: The final 48 studies included surveys (n = 23), focus groups (n = 8), mixed methods (n = 14), interviews (n = 1), and consent form analyses (n = 2). Study quality was characterized as good (n = 19), fair (n = 27), and poor (n = 2). Although many participants objected, broad consent was often preferred over tiered or study-specific consent, particularly when broad consent was the only option, samples were de-identified, logistics of biobanks were communicated, and privacy was addressed. Willingness for data to be shared was high, but it was lower among individuals from under-represented minorities, individuals with

privacy and confidentiality concerns, and when pharmaceutical companies had access to data.

Conclusions: Additional research is needed to understand factors affecting willingness to give broad consent for biobank research and data sharing in order to address concerns to enhance acceptability.

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TI Facilitating a culture of responsible and effective sharing of cancer genome data

SO NATURE MEDICINE

LA English

DT Article

ID GLOBAL ALLIANCE; PRIVACY; CONSENT; LEGAL; CARE; CONSORTIUM; PROTECTION; SCIENCE; EUROPE; RIGHTS

AB Rapid and affordable tumor molecular profiling has led to an explosion of clinical and genomic data poised to enhance the diagnosis, prognostication and treatment of cancer. A critical point has now been reached at which the analysis and storage of annotated clinical and genomic information in unconnected silos will stall the advancement of precision cancer care. Information systems must be harmonized to overcome the multiple technical and logistical barriers to data sharing. Against this backdrop, the Global Alliance for Genomic Health (GA4GH) was established in 2013 to create a common framework that enables responsible, voluntary and secure sharing of clinical and genomic data. This Perspective from the GA4GH Clinical Working Group Cancer Task Team highlights the data-aggregation challenges faced by the field, suggests potential collaborative solutions and describes how GA4GH can catalyze a harmonized data-sharing culture. C1 [Siu, Lillian L.; Lewin, Jeremy] Univ Toronto, Princess Margaret Canc Ctr, Toronto, ON, Canada.

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TI Anonymising and sharing individual patient data

SO BMJ-BRITISH MEDICAL JOURNAL

LA English

DT Article

ID CLINICAL-TRIALS; MEDICAL-RECORDS; ACCESS; PRIVACY; CONSENT; BIAS

AB There is a strong movement to share individual patient data for secondary purposes, particularly for research. A major obstacle to broad data sharing has been the concern for patient privacy. One of the methods for protecting the privacy of patients in accordance with privacy laws and regulations is to anonymise the data before it is shared. This article describes the key concepts and principles for anonymising health data while ensuring it remains suitable for meaningful analysis.

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TI Image Data Sharing for Biomedical Research-Meeting HIPAA Requirements
for De-identification
SO JOURNAL OF DIGITAL IMAGING
LA English
DT Article
DE Data sharing; De-identification; Anonymization; Cross-disciplinary
research; Open access; Open source; DICOM; Supplement 142; Image
archive; HIPAA; PHI; Common rule
ID RADIOLOGY

AB Data sharing is increasingly recognized as critical to cross-disciplinary research and to assuring scientific validity. Despite National Institutes of Health and National Science Foundation policies encouraging data sharing by grantees, little data sharing of clinical data has in fact occurred. A principal reason often given is the potential of inadvertent violation of the Health Insurance Portability and Accountability Act privacy regulations. While regulations specify the components of private health information that should be protected, there are no commonly accepted methods to de-identify clinical data objects such as images. This leads institutions to take conservative risk-averse

positions on data sharing. In imaging trials, where images are coded according to the Digital Imaging and Communications in Medicine (DICOM) standard, the complexity of the data objects and the flexibility of the DICOM standard have made it especially difficult to meet privacy protection objectives. The recent release of DICOM Supplement 142 on image de-identification has removed much of this impediment. This article describes the development of an open-source software suite that implements DICOM Supplement 142 as part of the National Biomedical Imaging Archive (NBIA). It also describes the lessons learned by the authors as NBIA has acquired more than 20 image collections encompassing over 30 million images.

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TI Data sharing: not as simple as it seems

SO ENVIRONMENTAL HEALTH

LA English

DT Editorial Material

DE epidemiology; ethics; data sharing

ID NEW-ZEALAND; PRESCRIBED FENOTEROL; SPERM COUNTS; DATA RESPONSIBILITY;
CERVICAL-CANCER; BETA-AGONISTS; ASTHMA; DEATH; EPIDEMIOLOGY; DIAGNOSIS

AB In recent years there has been a major change on the part of funders, particularly in North America, so that data sharing is now considered to be the norm rather than the exception. We believe that data sharing is a good idea. However, we also believe that it is inappropriate to prescribe exactly when or how researchers should preserve and share data, since these issues are highly specific to each study, the nature of the data collected, who is requesting it, and what they intend to do with it. The level of ethical concern will vary according to the nature of the information, and the way in which it is collected - analyses of anonymised hospital admission records may carry a quite different ethical burden than analyses of potentially identifiable health information collected directly from the study participants. It is striking that most discussions about data sharing focus almost exclusively on issues of ownership (by the researchers or the funders) and efficiency (on the part of the funders). There is usually little discussion of the ethical issues involved in data sharing, and its implications for the study participants. Obtaining prior informed consent from the participants does not solve this problem, unless the informed consent process makes it completely clear what is being proposed, in which case most study participants would not agree. Thus, the undoubted benefits of data sharing does not remove the obligations and responsibilities that the original investigators hold for the people they invited to participate in the study.

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TI Patient Perspectives on Sharing Anonymized Personal Health Data Using a Digital System for Dynamic Consent and Research Feedback: A Qualitative Study

SO JOURNAL OF MEDICAL INTERNET RESEARCH

LA English

DT Article

DE eHealth; data sharing; public trust; consent

ID PUBLIC-ATTITUDES; RECORDS; TRUST; INFORMATION; AWARENESS; ADOPTION; PEOPLE

AB Background: Electronic health records are widely acknowledged to provide an important opportunity to anonymize patient-level health care data and collate across populations to support research. Nonetheless, in the wake of public and policy concerns about security and inappropriate use of data, conventional approaches toward data governance may no longer be sufficient to respect and protect individual privacy. One proposed solution to improve transparency and public trust is known as Dynamic Consent, which uses information technology to facilitate a more explicit and accessible opportunity to opt out. In this case, patients can tailor preferences about whom they share their data with and can change their preferences reliably at any time. Furthermore, electronic systems provide opportunities for informing patients about data recipients and the results of research to which their data have contributed.

Objective: To explore patient perspectives on the use of anonymized health care data for research purposes. To evaluate patient perceptions of a Dynamic Consent model and electronic system to enable and implement ongoing communication and collaboration between patients and researchers.

Methods: A total of 26 qualitative interviews and three focus groups were conducted that included a video presentation explaining the reuse of anonymized electronic patient records for research. Slides and tablet devices were used to introduce the Dynamic Consent system for discussion. A total of 35 patients with chronic rheumatic disease with varying levels of illness and social deprivation were recruited from a rheumatology outpatient clinic; 5 participants were recruited from a patient and public involvement health research network.

Results: Patients were supportive of sharing their anonymized electronic patient record for research, but noted a lack of transparency and awareness around the use of data, making it difficult to secure public trust. While there were general concerns about detrimental consequences of data falling into the wrong hands, such as insurance companies, 39 out of 40 (98%) participants generally considered that the altruistic benefits of sharing health care data outweighed the risks. Views were mostly positive about the use of an electronic interface to enable greater control over consent choices, although some patients were happy to share their data without further engagement. Participants were particularly enthusiastic about the system as a means of enabling feedback regarding data recipients and associated research results, noting that this would improve trust and public engagement in research. This underlines the importance of patient and public involvement and engagement throughout the research process, including the reuse of anonymized health care data for research. More than half of patients found the touch screen interface easy to use, although a significant minority, especially those with limited access to technology, expressed some trepidation and felt they may need support to use the system.

Conclusions: Patients from a range of socioeconomic backgrounds viewed a digital system for Dynamic Consent positively, in particular, feedback about data recipients and research results. Implementation of a digital Dynamic Consent system would require careful interface design and would need to be located within a robust data infrastructure; it has the potential to improve trust and engagement in electronic medical record research.

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TI Public Attitudes toward Consent and Data Sharing in Biobank Research: A
Large Multi-site Experimental Survey in the US

SO AMERICAN JOURNAL OF HUMAN GENETICS

LA English

DT Article

ID GENOME-WIDE ASSOCIATION; RESEARCH PARTICIPANTS; BROAD CONSENT;
INFORMED-CONSENT; PERSPECTIVES; INFORMATION; NANOTECHNOLOGY;
PREFERENCES; POPULATION; TUSKEGEE

AB Individuals participating in biobanks and other large research projects are increasingly asked to provide broad consent for open-ended research use and widespread sharing of their biosamples and data. We assessed willingness to participate in a biobank using different consent and data sharing models, hypothesizing that willingness would be higher under more restrictive scenarios. Perceived benefits, concerns, and information needs were also assessed. In this experimental survey, individuals from 11 US healthcare systems in the Electronic Medical Records and Genomics (eMERGE) Network were randomly allocated to one of three hypothetical scenarios: tiered consent and controlled data sharing; broad consent and controlled data sharing; or broad consent and open data sharing. Of 82,328 eligible individuals, exactly 13,000 (15.8%) completed the survey. Overall, 66% (95% CI: 63%-69%) of population-weighted respondents stated they would be willing to participate in a biobank; willingness and attitudes did not differ between respondents in the three scenarios. Willingness to participate was associated with self-identified white race, higher educational attainment, lower religiosity, perceiving more research benefits, fewer concerns, and fewer information needs. Most (86%, CI: 84%-87%) participants would want to know what would happen if a researcher misused their health information; fewer (51%, CI: 47%-55%) would worry about their privacy. The concern that the use of broad consent and open data sharing could adversely affect participant recruitment is not supported by these findings. Addressing potential participants' concerns and information needs and building trust and relationships with communities may increase acceptance of broad consent and wide data sharing in biobank research.

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TI Ecology, epidemiology and human health implications of avian influenza
viruses: Why do we need to share genetic data?

SO ZOONOSES AND PUBLIC HEALTH

LA English

DT Article; Proceedings Paper

CT Workshop on Avian Influenza in the EU - Legislation, Outbreak Management
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CY JUN 03-05, 2007

CL Ist Zooprofittatt Sperimentale Venezia, Legnaro, ITALY

HO Ist Zooprofittatt Sperimentale Venezia

DE avian influenza; host; epidemiology

ID HEMAGGLUTININ CLEAVAGE SITE; A VIRUSES; H5N1 INFLUENZA; HONG-KONG; WILD
DUCKS; PHYLOGENETIC ANALYSIS; H7 SUBTYPES; HOST RANGE; TURKEYS; PIGS

AB Avian influenza (AI) is a listed disease of the World Organisation for Animal
Health (OIE) that has become a disease of great importance both for animal and
human health. Until recent times, AI was considered a disease of birds with
zoonotic implications of limited significance. The emergence and spread of the
Asian lineage highly pathogenic AI H5N1 virus has dramatically changed this
perspective; not only has it been responsible of the death or culling of
millions of birds, but this virus has also been able to infect a variety of non-
avian hosts including human beings. The implications of such a panzootic reflect

themselves in animal health issues, notably in the reduction of a protein source for developing countries and in the management of the pandemic potential. Retrospective studies have shown that avian progenitors play an important role in the generation of pandemic viruses for humans, and therefore these infections in the avian reservoir should be subjected to control measures aiming at eradication of the Asian H5N1 virus from all sectors rather than just eliminating or reducing the impact of the disease in poultry. Collection and analysis of information in a transparent environment and close collaboration between the medical and veterinary scientific community are crucial to support the global AI crisis.

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TI Comparison of consumers' views on electronic data sharing for healthcare and research

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DE privacy; patient-centered; distributed research network; health information exchange; consent

ID PERSONAL INFORMATION; RECORD DATA; ATTITUDES; CONSENT; PREFERENCES; TECHNOLOGY; GOVERNANCE; NETWORKS; PRIVACY

AB New models of healthcare delivery such as accountable care organizations and patient-centered medical homes seek to improve quality, access, and cost. They rely on a robust, secure technology infrastructure provided by health information exchanges (HIEs) and distributed research networks and the willingness of patients to share their data. There are few large, in-depth studies of US consumers' views on privacy, security, and consent in electronic data sharing for healthcare and research together. Objective This paper addresses this gap, reporting on a survey which asks about California consumers' views of data sharing for healthcare and research together.

Materials and Methods The survey conducted was a representative, random-digit dial telephone survey of 800 Californians, performed in Spanish and English.

Results There is a great deal of concern that HIEs will worsen privacy (40.3%) and security (42.5%). Consumers are in favor of electronic data sharing but elements of transparency are important: individual control, who has access, and the purpose for use of data. Respondents were more likely to agree to share deidentified information for research than to share identified information for healthcare (76.2% vs 57.3%, $p < .001$).

Discussion While consumers show willingness to share health information electronically, they value individual control and privacy. Responsiveness to these needs, rather than mere reliance on Health Insurance Portability and Accountability Act (HIPAA), may improve support of data networks.

Conclusion Responsiveness to the public's concerns regarding their health information is a pre-requisite for patient-centeredness. This is one of the first in-depth studies of attitudes about electronic data sharing that compares attitudes of the same individual towards healthcare and research.

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ID OMICS DATA; GENOME
AB The field of human genomics has led advances in the sharing of data with a view to facilitating translation of research into innovations for human health.

This change in scientific practice has been implemented through new policy developed by many principal investigators, project managers and funders, which has ultimately led to new forms of practice and innovative governance models for data sharing. Here, we examine the development of the governance of data sharing in genomics, and explore some of the key challenges associated with the design and implementation of these policies. We examine how the incremental nature of policy design, the perennial problem of consent, the gridlock caused by multiple and overlapping access systems, the administrative burden and the problems with incentives and acknowledgment all have an impact on the potential for data sharing to be maximized. We conclude by proposing ways in which the scientific community can address these problems, to improve the sustainability of data sharing into the future.

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NR 43

TC 27

Z9 27

U1 0

U2 14

PU BMC

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J9 GENOME MED

JI Genome Med.

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WC Genetics & Heredity

SC Genetics & Heredity

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ER

PT J

AU Ma, XL

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Wang, YH

AF Ma, Xiaolei

Wu, Yao-Jan

Wang, Yinhai

TI DRIVE Net E-Science Transportation Platform for Data Sharing,
Visualization, Modeling, and Analysis

SO TRANSPORTATION RESEARCH RECORD

LA English

DT Article

ID MASS

AB In past decades, transportation research has been driven by mathematical equations and has relied on scarce data. With increasing amounts of data being collected from intelligent transportation system sensors, data-driven or data-based research is expected to expand soon. Most online systems are designed to handle one type of data, such as from freeway or arterial sensors. Even if transportation data are ubiquitous, data usability is difficult to improve. A framework is proposed for a regionwide web-based transportation decision system

that adopts digital roadway maps as the base and provides data layers for integrating multiple data sources (e.g., traffic sensor, incident, accident, and travel time). This system, called the Digital Roadway Interactive Visualization and Evaluation Network (DRIVE Net), provides a practical method for facilitating data retrieval and integration and enhances data usability. Moreover, DRIVE Net offers a platform for optimizing transportation decisions that also serves as an ideal tool for visualizing historical observations spatially and temporally. Not only can DRIVE Net be used as a practical tool for various transportation analyses, with the use of its online computation engine, DRIVE Net can also help evaluate the benefit of a specific transportation solution. In its current implementation, DRIVE Net demonstrates potential to be used soon as a standard tool to incorporate more data sets from different fields (e.g., health and household data) and offer a platform for real-time decision making.

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NR 51

TC 27

Z9 27

U1 0

U2 20

PU NATL ACAD SCIENCES

PI WASHINGTON

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EI 2169-4052

J9 TRANSPORT RES REC

JI Transp. Res. Record

PY 2011

IS 2215

BP 37

EP 49

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PG 13

WC Engineering, Civil; Transportation; Transportation Science & Technology

SC Engineering; Transportation

GA 831RM

UT WOS:000295748800004

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ER

PT J

AU Hopkins, C

Sydes, M

Murray, G

Woolfall, K

Clarke, M

Williamson, P

Smith, CT

AF Hopkins, Carolyn

Sydes, Matthew

Murray, Gordon

Woolfall, Kerry

Clarke, Mike
Williamson, Paula
Smith, Catrin Tudur

TI UK publicly funded Clinical Trials Units supported a controlled access approach to share individual participant data but highlighted concerns

SO JOURNAL OF CLINICAL EPIDEMIOLOGY

LA English

DT Article

DE Data sharing; Individual participant data; IPD; Clinical trial; Publicly funded; Clinical trial unit

ID OPEN SCIENCE; RAW DATA; PREVENTION; PROTOCOL; HEALTH

AB Objectives: Evaluate current data sharing activities of UK publicly funded Clinical Trial Units (CTUs) and identify good practices and barriers.

Study Design and Setting: Web-based survey of Directors of 45 UK Clinical Research Collaboration (UKCRC)-registered CTUs.

Results: Twenty-three (51%) CTUs responded: Five (22%) of these had an established data sharing policy and eight (35%) specifically requested consent to use patient data beyond the scope of the original trial. Fifteen (65%) CTUs had received requests for data, and seven (30%) had made external requests for data in the previous 12 months. CTUs supported the need for increased data sharing activities although concerns were raised about patient identification, misuse of data, and financial burden. Custodianship of clinical trial data and requirements for a CTU to align its policy to their parent institutes were also raised. No CTUs supported the use of an open access model for data sharing.

Conclusion: There is support within the publicly funded UKCRC-registered CTUs for data sharing, but many perceived barriers remain. CTUs are currently using a variety of approaches and procedures for sharing data. This survey has informed further work, including development of guidance for publicly funded CTUs, to promote good practice and facilitate data sharing. (C) 2016 The Authors. Published by Elsevier Inc.

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FU MRC Network of Hubs for Trials Methodology Research [MR/L004933/1- R39]; Medical Research Council [MC_UU_12023/24, MR/L004933/1, MR/K025635/1, G0901530, G0800803, G0800792]

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NR 28
TC 26
Z9 31
U1 0
U2 14
PU ELSEVIER SCIENCE INC
PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
SN 0895-4356
EI 1878-5921
J9 J CLIN EPIDEMIOLOG
JI J. Clin. Epidemiol.
PD FEB
PY 2016
VL 70
BP 17
EP 25
DI 10.1016/j.jclinepi.2015.07.002
PG 9
WC Health Care Sciences & Services; Public, Environmental & Occupational
Health
SC Health Care Sciences & Services; Public, Environmental & Occupational
Health

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OA Green Published, Other Gold
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PT J
AU Weitzman, ER
Kelemen, S
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Mandl, KD
AF Weitzman, Elissa R.
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TI Willingness to share personal health record data for care improvement
and public health: a survey of experienced personal health record users
SO BMC MEDICAL INFORMATICS AND DECISION MAKING

LA English
DT Article

ID ELECTRONIC MEDICAL-RECORDS; FACTOR SURVEILLANCE SYSTEM; QUALITY-OF-CARE;
SOCIOECONOMIC-STATUS; UNITED-STATES; INFORMATION; ATTITUDES;
PROFESSIONALS; MANAGEMENT; COMMUNICATION

AB Background: Data stored in personally controlled health records (PCHRs) may hold value for clinicians and public health entities, if patients and their families will share them. We sought to characterize consumer willingness and unwillingness (reticence) to share PCHR data across health topics, and with different stakeholders, to advance understanding of this issue.

Methods: Cross-sectional 2009 Web survey of repeat PCHR users who were patients over 18 years old or parents of patients, to assess willingness to share their PCHR data with an-out-of-hospital provider to support care, and the state/local public health authority to support monitoring; the odds of reticence to share PCHR information about ten exemplary health topics were estimated using a repeated measures approach.

Results: Of 261 respondents (56% response rate), more reported they would share all information with the state/local public health authority (63.3%) than with an out-of-hospital provider (54.1%) (OR 1.5, 95% CI 1.1, 1.9; $p = .005$); few would not share any information with these parties (respectively, 7.9% and 5.2%). For public health sharing, reticence was higher for most topics compared to contagious illness (ORs 4.9 to 1.4, all p -values $< .05$), and reflected concern about anonymity (47.2%), government insensitivity (41.5%), discrimination (24%). For provider sharing, reticence was higher for all topics compared to contagious illness (ORs 6.3 to 1.5, all p -values $< .05$), and reflected concern for relevance (52%), disclosure to insurance (47.6%) and/or family (20.5%).

Conclusions: Pediatric patients and their families are often willing to share electronic health information to support health improvement, but remain cautious. Robust trust models for PCHR sharing are needed.

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NR 48
TC 25
Z9 25
U1 0
U2 24
PU BIOMED CENTRAL LTD
PI LONDON
PA 236 GRAYS INN RD, FLOOR 6, LONDON WC1X 8HL, ENGLAND
SN 1472-6947
J9 BMC MED INFORM DECIS
JI BMC Med. Inform. Decis. Mak.
PD MAY 22
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VL 12
AR 39
DI 10.1186/1472-6947-12-39
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WC Medical Informatics
SC Medical Informatics
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PT J
AU Stokes, TH
 Torrance, JT
 Li, H
 Wang, MD
AF Stokes, Todd H.
 Torrance, J. T.
 Li, Henry
 Wang, May D.
TI ArrayWiki: an enabling technology for sharing public microarray data
 repositories and meta-analyses
SO BMC BIOINFORMATICS
LA English
DT Article; Proceedings Paper
CT Symposium of Computations in Bioinformatics and Bioscience (SCBB07)
CY AUG 13-15, 2007
CL Iowa City, IA
ID EXPRESSION PROFILES; CDNA MICROARRAYS; CANCER; BIOINFORMATICS;
 WIKIPEDIA; BIOLOGY; WIKI; ANNOTATION; SIGNATURES; PLATFORMS

AB Background: A survey of microarray databases reveals that most of the repository contents and data models are heterogeneous (i.e., data obtained from different chip manufacturers), and that the repositories provide only basic biological keywords linking to PubMed. As a result, it is difficult to find datasets using research context or analysis parameters information beyond a few keywords. For example, to reduce the "curse-of-dimension" problem in microarray analysis, the number of samples is often increased by merging array data from different datasets. Knowing chip data parameters such as pre-processing steps (e.g., normalization, artefact removal, etc), and knowing any previous biological validation of the dataset is essential due to the heterogeneity of the data. However, most of the microarray repositories do not have meta-data information in the first place, and do not have a mechanism to add or insert this information. Thus, there is a critical need to create "intelligent" microarray repositories that (1) enable update of metadata with the raw array data, and (2) provide standardized archiving protocols to minimize bias from the raw data sources.

Results: To address the problems discussed, we have developed a community maintained system called ArrayWiki that unites disparate meta-data of microarray meta-experiments from multiple primary sources with four key features. First, ArrayWiki provides a user-friendly knowledge management interface in addition to a programmable interface using standards developed by Wikipedia. Second, ArrayWiki includes automated quality control processes (caCORRECT) and novel visualization methods (BioPNG, Gel Plots), which provide extra information about data quality unavailable in other microarray repositories. Third, it provides a user-curation capability through the familiar Wiki interface. Fourth, ArrayWiki provides users with simple text-based searches across all experiment meta-data, and exposes data to search engine crawlers (Semantic Agents) such as Google to further enhance data discovery.

Conclusions: Microarray data and meta information in ArrayWiki are distributed and visualized using a novel and compact data storage format, BioPNG. Also, they are open to the research community for curation, modification, and contribution. By making a small investment of time to learn the syntax and structure common to all sites running MediaWiki software, domain scientists and practitioners can all contribute to make better use of microarray technologies in research and medical practices.

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PU BIOMED CENTRAL LTD
PI LONDON
PA 236 GRAYS INN RD, FLOOR 6, LONDON WC1X 8HL, ENGLAND
SN 1471-2105
J9 BMC BIOINFORMATICS
JI BMC Bioinformatics
PY 2008
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SU 6
AR S18
DI 10.1186/1471-2105-9-S6-S18
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WC Biochemical Research Methods; Biotechnology & Applied Microbiology;
Mathematical & Computational Biology
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TI Elasticities of market shares and social health insurance choice in
 Germany: A dynamic panel data approach
SO HEALTH ECONOMICS
LA English
DT Article
DE competition; generalized method of moments; health insurance
ID MANAGED COMPETITION; MODELS; DEMAND; ESTIMATORS; CARE
AB In 1996, free choice of health insurers was introduced to the German social
health insurance system. One objective was to increase efficiency through
competition. A crucial precondition for effective competition among health
insurers is that consumers search for lower-priced health insurers. We test this
hypothesis by estimating the price elasticities of insurers' market shares. We
use unique panel data and specify a dynamic panel model to explain changes in
market shares. Estimation results suggest that short-run price elasticities are
smaller than previously found by other studies. In the long-run, however,
estimation results suggest substantial price effects. Copyright (c) 2006 John
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JI Health Econ.
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TI Public responses to the sharing and linkage of health data for research
 purposes: a systematic review and thematic synthesis of qualitative
 studies
SO BMC MEDICAL ETHICS
LA English
DT Article

DE Data linkage; Data sharing; Public engagement; Health informatics
ID PRIVACY; CONSENT; INFORMATION; RECORDS; CARE; CONFIDENTIALITY;
MORTALITY; ATTITUDES; DISEASE; PEOPLE

AB Background: The past 10 years have witnessed a significant growth in sharing of health data for secondary uses. Alongside this there has been growing interest in the public acceptability of data sharing and data linkage practices. Public acceptance is recognised as crucial for ensuring the legitimacy of current practices and systems of governance. Given the growing international interest in this area this systematic review and thematic synthesis represents a timely review of current evidence. It highlights the key factors influencing public responses as well as important areas for further research.

Methods: This paper reports a systematic review and thematic synthesis of qualitative studies examining public attitudes towards the sharing or linkage of health data for research purposes. Twenty-five studies were included in the review. The included studies were conducted primarily in the UK and North America, with one study set in Japan, another in Sweden and one in multiple countries. The included studies were conducted between 1999 and 2013 (eight studies selected for inclusion did not report data collection dates). The qualitative methods represented in the studies included focus groups, interviews, deliberative events, dialogue workshops and asynchronous online interviews.

Results: Key themes identified across the corpus of studies related to the conditions necessary for public support/acceptability, areas of public concern and implications for future research. The results identify a growing body of evidence pointing towards widespread general-though conditional-support for data linkage and data sharing for research purposes. Whilst a variety of concerns were raised (e.g. relating to confidentiality, individuals' control over their data, uses and abuses of data and potential harms arising) in cases where participants perceived there to be actual or potential public benefits from research and had trust in the individuals or organisations conducting and/or overseeing data linkage/sharing, they were generally supportive. The studies also find current low levels of awareness about existing practices and uses of data.

Conclusions: Whilst the results indicate widespread (conditional) public support for data sharing and linkage for research purposes, a range of concerns exist. In order to ensure public support for future research uses of data greater awareness raising combined with opportunities for public engagement and deliberation are needed. This will be essential for ensuring the legitimacy of future health informatics research and avoiding further public controversy.
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CA Amer Heart Assoc Data Sharing

TI Acquisition, Analysis, and Sharing of Data in 2015 and Beyond: A Survey of the Landscape A Conference Report From the American Heart Association Data Summit 2015

SO JOURNAL OF THE AMERICAN HEART ASSOCIATION

LA English

DT Article

DE AHA Scientific Statements; clinical trials; data; epidemiology; ethics; mobile health; preclinical

ID CLINICAL-DATA STANDARDS; SCIENTIFIC STATEMENT; PRECISION MEDICINE; MOBILE HEALTH; BIG DATA; CARDIOVASCULAR-DISEASE; UNDIAGNOSED DISEASES; DIGITAL TECHNOLOGY; PHYSICAL-ACTIVITY; NATIONAL HEART

AB Background-A 1.5-day interactive forum was convened to discuss critical issues in the acquisition, analysis, and sharing of data in the field of cardiovascular and stroke science. The discussion will serve as the foundation for the American Heart Association's (AHA's) near-term and future strategies in the Big Data area. The concepts evolving from this forum may also inform other fields of medicine and science.

Methods and Results-A total of 47 participants representing stakeholders from 7 domains (patients, basic scientists, clinical investigators, population researchers, clinicians and healthcare system administrators, industry, and regulatory authorities) participated in the conference. Presentation topics included updates on data as viewed from conventional medical and nonmedical

sources, building and using Big Data repositories, articulation of the goals of data sharing, and principles of responsible data sharing. Facilitated breakout sessions were conducted to examine what each of the 7 stakeholder domains wants from Big Data under ideal circumstances and the possible roles that the AHA might play in meeting their needs. Important areas that are high priorities for further study regarding Big Data include a description of the methodology of how to acquire and analyze findings, validation of the veracity of discoveries from such research, and integration into investigative and clinical care aspects of future cardiovascular and stroke medicine. Potential roles that the AHA might consider include facilitating a standards discussion (eg, tools, methodology, and appropriate data use), providing education (eg, healthcare providers, patients, investigators), and helping build an interoperable digital ecosystem in cardiovascular and stroke science.

Conclusion-There was a consensus across stakeholder domains that Big Data holds great promise for revolutionizing the way cardiovascular and stroke research is conducted and clinical care is delivered; however, there is a clear need for the creation of a vision of how to use it to achieve the desired goals. Potential roles for the AHA center around facilitating a discussion of standards, providing education, and helping establish a cardiovascular digital ecosystem. This ecosystem should be interoperable and needs to interface with the rapidly growing digital object environment of the modern-day healthcare system.

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TI Quantitative Imaging Network: Data Sharing and Competitive Algorithm
Validation Leveraging The Cancer Imaging Archive
SO TRANSLATIONAL ONCOLOGY

LA English
DT Article

ID RESOURCE; THERAPY; SYSTEMS

AB The Quantitative Imaging Network (QIN), supported by the National Cancer Institute, is designed to promote research and development of quantitative imaging methods and candidate biomarkers for the measurement of tumor response in clinical trial settings. An integral aspect of the QIN mission is to facilitate collaborative activities that seek to develop best practices for the analysis of cancer imaging data. The QIN working groups and teams are developing new algorithms for image analysis and novel biomarkers for the assessment of response to therapy. To validate these algorithms and biomarkers and translate them into clinical practice, algorithms need to be compared and evaluated on large and diverse data sets. Analysis competitions, or "challenges," are being conducted within the QIN as a means to accomplish this goal. The QIN has demonstrated, through its leveraging of The Cancer Imaging Archive (TCIA), that data sharing of clinical images across multiple sites is feasible and that it can enable and support these challenges. In addition to Digital Imaging and Communications in Medicine (DICOM) imaging data, many TCIA collections provide linked clinical, pathology, and "ground truth" data generated by readers that could be used for further challenges. The TCIA-QIN partnership is a successful model that provides resources for multisite sharing of clinical imaging data and the implementation of challenges to support algorithm and biomarker validation.
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AU Perito, ER
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TI Overweight and obesity in pediatric liver transplant recipients:
Prevalence and predictors before and after transplant, United Network
for Organ Sharing Data, 1987-2010

SO PEDIATRIC TRANSPLANTATION

LA English

DT Article

DE overweight; obesity; pediatrics; liver transplant; long-term
complications

ID BODY-MASS INDEX; RISK-FACTORS; DIABETES-MELLITUS; CHILDREN; ADOLESCENTS;
EPIDEMIOLOGY

AB Obesity is extremely common in adult liver transplant recipients and healthy U.S. children. Little is known about the prevalence or risk factors for post-transplant obesity in pediatric liver transplant recipients. UNOS data on all U.S. liver transplants 1987-2010 in children 6 months-20 yr at transplant were analyzed. Subjects were categorized as underweight, normal weight, overweight, or obese by CDC guidelines. Predictors of weight status at and after transplant were identified using multivariate logistic regression. Of 3043 children 6-24 months at transplant, 14% were overweight. Of 4658 subjects 2-20 yr at transplant, 16% were overweight and 13% obese. Children overweight/obese at transplant were more likely to be overweight/obese at one, two, and five yr after transplant in all age groups after adjusting for age, ethnicity, primary diagnosis, year of transplant, and transplant type. Weight status at transplant was not associated with overweight/obesity by 10 yr after transplant. The

prevalence of post-transplant obesity remained high in long-term follow-up, from 20% to 50% depending on age and weight status at transplant. Weight status at transplant is the strongest predictor of post-transplant overweight/obesity. To optimize long-term outcomes in pediatric liver transplant recipients, monitoring for obesity and its comorbidities is important.

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TI Grid-Enabled Measures Using Science 2.0 to Standardize Measures and
Share Data

SO AMERICAN JOURNAL OF PREVENTIVE MEDICINE

LA English

DT Article

ID HEALTH-CARE; INFRASTRUCTURE; INFORMATION; SUPPORT; CYBERINFRASTRUCTURE;
COLLABORATION; ASSOCIATION; ACCELERATE; SYSTEM

AB Scientists are taking advantage of the Internet and collaborative web technology to accelerate discovery in a massively connected, participative environment—a phenomenon referred to by some as Science 2.0. As a new way of doing science, this phenomenon has the potential to push science forward in a more efficient manner than was previously possible. The Grid-Enabled Measures (GEM) database has been conceptualized as an instantiation of Science 2.0 principles by the National Cancer Institute (NCI) with two overarching goals: (1) promote the use of standardized measures, which are tied to theoretically based constructs; and (2) facilitate the ability to share harmonized data resulting from the use of standardized measures. The first is accomplished by creating an online venue where a virtual community of researchers can collaborate together and come to consensus on measures by rating, commenting on, and viewing meta-

data about the measures and associated constructs. The second is accomplished by connecting the constructs and measures to an ontological framework with data standards and common data elements such as the NCI Enterprise Vocabulary System (EVS) and the cancer Data Standards Repository (caDSR). This paper will describe the web 2.0 principles on which theGEMdatabase is based, describe its functionality, and discuss some of the important issues involved with creating the GEM database, such as the role of mutually agreed-on ontologies (i.e., knowledge categories and the relationships among these categories-for data sharing). (Am J Prev Med 2011;40(5S2):S134-S143) Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine

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TI Using Internet GIS technology for sharing health and health related data

for the West Midlands Region

SO HEALTH & PLACE

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DT Article

AB Recent government legislation highlights the need for co-operative working by government agencies to improve the overall health of people and to help reduce the existing health inequalities in England. To effectively tackle health inequalities, access to a range of timely and relevant data sets about a region is vital. The Multi-Agency Internet Geographic Information Service (MAIGIS) project is a 3-yr pilot project funded by the Public Health Development Fund to establish an interactive map-based web site for sharing health and health related data for the West Midlands Region (<http://maigis.wmpho.org.uk>). Data sets within the MAIGIS project follow three broad themes of health, socioeconomic and environmental information. Data are made available by different organisations and shared using a geography as the linking theme. This paper discusses the use of Internet GIS technology for sharing health and health related data based on the issues that arose during the formative period of the MAIGIS project. Issues such as data confidentiality, amalgamation and copyright are discussed and the technical development of the project is outlined. The links that MAIGIS has formed with other regional and national initiatives for the sharing of health and health related information are also presented. Finally, the future work programme for the MAIGIS project is summarised. (C) 2002 Elsevier Science Ltd. All rights reserved.

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AU FIENBERG, SE
AF FIENBERG, SE
TI SHARING STATISTICAL-DATA IN THE BIOMEDICAL AND HEALTH-SCIENCES -
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SO ANNUAL REVIEW OF PUBLIC HEALTH
LA English
DT Article
DE ARCHIVES; DATA ACCESS; JOURNAL DATA POLICIES; OWNERSHIP OF DATA;
RESEARCH DATA AS PUBLIC GOOD
ID CLINICAL-TRIALS; PUBLIC-HEALTH; OTITIS-MEDIA; EFFUSION; CHILDREN;
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AU Smith, CT
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AF Smith, C. Tudur
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TI How should individual participant data (IPD) from publicly funded clinical trials be shared?

SO BMC MEDICINE

LA English

DT Article

DE Data sharing; Individual participant data; IPD; Clinical trial; Publicly funded; CTU; Good practice

ID METAANALYSIS; EFFICACY; CONDUCT

AB Background: Individual participant data (IPD) from completed clinical trials should be responsibly shared to support efficient clinical research, generate new knowledge and bring benefit to patients. The Medical Research Council (MRC) Hubs for Trials Methodology Research (HTMR) has developed guidance to facilitate the sharing of IPD from publicly funded clinical trials.

Methods: Development of the guidance was completed over four phases which included a focussed review of policy documents, a web-based survey of the UK Clinical Research Collaboration (CRC) Registered Clinical Trials Units (CTU) Network, participation of an expert committee and an open consultation with the UKCRC Registered CTU Network. The project was funded by the MRC HTMR (MR/L004933/1-R39).

Results: Good practice principles include: (i) the use of a controlled access approach, using a transparent and robust system to review requests and provide secure data access; (ii) seeking consent for sharing IPD from trial participants in all future clinical trials with adequate assurance that patient privacy and confidentiality can be maintained; and (iii) establishing an approach to resource the sharing of IPD which would include support from trial funders, sponsor organisations and users of IPD. The guidance has been endorsed by Cancer Research UK, MRC Methodology Research Programme Advisory Group, Wellcome Trust and the Executive Group of the UKCRC Registered CTU Network. The National Institute for Health Research (NIHR) has confirmed it is supportive of the application of this guidance.

Conclusions: Implementation of these principles will improve transparency, increase the coherent sharing of IPD from publicly funded trials, and help publicly funded trials to adhere to trial funder and journal requirements for data sharing.

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TI Views of Ethical Best Practices in Sharing Individual-Level Data From
 Medical and Public Health Research: A Systematic Scoping Review

SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS

LA English

DT Article

DE biomedical research ethics; data sharing; data release; data access;
 research data; research governance; low-income countries; middle-income
 countries; clinical research; health policy; privacy; systematic review
ID CLINICAL-TRIAL DATA; WITHHOLDING ACCESS; PATIENT DATA; RAW DATA; DRUG;
 BENEFITS; POLICY; TRANSPARENCY; PERSPECTIVE; EXPERIENCES

AB There is increasing support for sharing individual-level data generated by
medical and public health research. This scoping review of empirical research
and conceptual literature examined stakeholders' perspectives of ethical best
practices in data sharing, particularly in low- and middle-income settings.
Sixty-nine empirical and conceptual articles were reviewed, of which, only five
were empirical studies and eight were conceptual articles focusing on low- and
middle-income settings. We conclude that support for sharing individual-level
data is contingent on the development and implementation of international and
local policies and processes to support ethical best practices. Further
conceptual and empirical research is needed to ensure data sharing policies and
processes in low- and middle-income settings are appropriately informed by
stakeholders' perspectives.

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TI Best Practices for Ethical Sharing of Individual-Level Health Research
Data From Low- and Middle-Income Settings
SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS
LA English
DT Article
DE biomedical research ethics; data sharing; data release; research data;
research governance; low-income countries; middle-income countries;
clinical research; health policy; privacy; trust
ID CLINICAL-TRIAL DATA; IMPROVE PUBLIC-HEALTH; PATIENT DATA; VIEWS;
CONSENT; ACCESS; EXPERIENCES; RESPECT

AB Sharing individual-level data from clinical and public health research is increasingly being seen as a core requirement for effective and efficient biomedical research. This article discusses the results of a systematic review and multisite qualitative study of key stakeholders' perspectives on best practices in ethical data sharing in low- and middle-income settings. Our research suggests that for data sharing to be effective and sustainable, multiple social and ethical requirements need to be met. An effective model of data sharing will be one in which considered judgments will need to be made about how best to achieve scientific progress, minimize risks of harm, promote fairness and reciprocity, and build and sustain trust.

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TI Multi-Institutional Sharing of Electronic Health Record Data to Assess
Childhood Obesity

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DT Article

ID PEDIATRIC OBESITY; RISK-FACTORS; CHILDREN; CARE; DISEASE;

UNDERDIAGNOSIS; INFORMATION; PREVALENCE; OVERWEIGHT; SYSTEM

AB Objective: To evaluate the validity of multi-institutional electronic health
record (EHR) data sharing for surveillance and study of childhood obesity.

Methods: We conducted a non-concurrent cohort study of 528,340 children with outpatient visits to six pediatric academic medical centers during 2007-08, with sufficient data in the EHR for body mass index (BMI) assessment. EHR data were compared with data from the 2007-08 National Health and Nutrition Examination Survey (NHANES).

Results: Among children 2-17 years, BMI was evaluable for 1,398,655 visits (56%). The EHR dataset contained over 6,000 BMI measurements per month of age up to 16 years, yielding precise estimates of BMI. In the EHR dataset, 18% of children were obese versus 18% in NHANES, while 35% were obese or overweight versus 34% in NHANES. BMI for an individual was highly reliable over time (intraclass correlation coefficient 0.90 for obese children and 0.97 for all children). Only 14% of visits with measured obesity (BMI \geq 95%) had a diagnosis of obesity recorded, and only 20% of children with measured obesity had the diagnosis documented during the study period. Obese children had higher primary care (4.8 versus 4.0 visits, $p < 0.001$) and specialty care (3.7 versus 2.7 visits, $p < 0.001$) utilization than non-obese counterparts, and higher prevalence of diverse co-morbidities. The cohort size in the EHR dataset permitted detection of associations with rare diagnoses. Data sharing did not require investment of extensive institutional resources, yet yielded high data quality.

Conclusions: Multi-institutional EHR data sharing is a promising, feasible, and valid approach for population health surveillance. It provides a valuable complement to more resource-intensive national surveys, particularly for iterative surveillance and quality improvement. Low rates of obesity diagnosis present a significant obstacle to surveillance and quality improvement for care of children with obesity.

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TI SiPaGene: A new repository for instant online retrieval, sharing and meta-analyses of GeneChip (R) expression data

SO BMC GENOMICS

LA English

DT Article

ID OLIGONUCLEOTIDE ARRAY DATA; PROBE LEVEL DATA; GENE-EXPRESSION;
MICROARRAY DATA; NCBI GEO; ARRAYEXPRESS; PROFILES; TOOLS; NORMALIZATION;
SUMMARIES

AB Background: Microarray expression profiling is becoming a routine technology for medical research and generates enormous amounts of data. However, reanalysis of public data and comparison with own results is laborious. Although many different tools exist, there is a need for more convenience and online analysis with restriction of access and user specific sharing options. Furthermore, most of the currently existing tools do not use the whole range of statistical power provided by the MAS5.0/GCOS algorithms.

Description: With a current focus on immunology, infection, inflammation, tissue regeneration and cancer we developed a database platform that can load preprocessed Affymetrix GeneChip expression data for immediate access. Group or subgroup comparisons can be calculated online, retrieved for candidate genes, transcriptional activity in various biological conditions and compared with

different experiments. The system is based on Oracle 9i with algorithms in java and graphical user interfaces implemented as java servlets. Signals, detection calls, signal log ratios, change calls and corresponding p-values were calculated with MAS5.0/GCOS algorithms. MIAME information and gene annotations are provided via links to GEO and EntrezGene. Users access via https protocol their own, shared or public data. Sharing is comparison- and user-specific with different levels of rights. Arrays for group comparisons can be selected individually. Twenty-two different group comparison parameters can be applied in user-defined combinations on single or multiple group comparisons. Identified genes can be reviewed online or downloaded. Optimized selection criteria were developed and reliability was demonstrated with the "Latin Square" data set. Currently more than 1,000 arrays, 10,000 pairwise comparisons and 500 group comparisons are presented with public or restricted access by different research networks or individual users.

Conclusion: SiPaGene is a repository and a high quality tool for primary analysis of GeneChips. It exploits the MAS5.0/GCOS pairwise comparison algorithm, enables restricted access and user specific sharing. It does not aim for a complete representation of all public arrays but for high quality analysis with stepwise integration of reference signatures for detailed meta-analyses. Development of additional tools like functional annotation networks based on expression information will be future steps towards a systematic biological analysis of expression profiles.

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FU National Genome Research Network in Germany; German Federal Ministry of Education and Research [01GS0413]; GenoStem [503161]; Auto-Cure [018661]

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NR 37
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Z9 24
U1 0
U2 3
PU BMC
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PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
SN 1471-2164
J9 BMC GENOMICS
JI BMC Genomics
PD MAR 5
PY 2009
VL 10
AR 98
DI 10.1186/1471-2164-10-98
PG 13
WC Biotechnology & Applied Microbiology; Genetics & Heredity
SC Biotechnology & Applied Microbiology; Genetics & Heredity
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AU Chen, LB
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AF Chen, Longbiao
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GP ACM
TI Bike Sharing Station Placement Leveraging Heterogeneous Urban Open Data
SO PROCEEDINGS OF THE 2015 ACM INTERNATIONAL JOINT CONFERENCE ON PERVASIVE
AND UBIQUITOUS COMPUTING (UBICOMP 2015)
LA English
DT Proceedings Paper
CT ACM International Joint Conference on Pervasive and Ubiquitous Computing
(UbiComp)
CY SEP 07-11, 2015
CL Osaka, JAPAN
SP Assoc Comp Machinery, ACM SIGCHI, ACM SIGMOBILE, Panasonic, Bell Labs,
Microsoft, Google, Yahoo Japan, KDDI, FXPAL, Rakuten Inst Technol, ISTC PC, NTT
DOCOMO, Telefonica Investigac & Desarrollo
DE Open data; urban computing; bike sharing system
AB Bike sharing systems have been deployed in many cities to promote green
transportation and a healthy lifestyle. One of the key factors for maximizing
the utility of such systems is placing bike stations at locations that can best
meet users' trip demand. Traditionally, urban planners rely on dedicated surveys
to understand the local bike trip demand, which is costly in time and labor,
especially when they need to compare many possible places. In this paper, we
formulate the bike station placement issue as a bike trip demand prediction
problem. We propose a semi-supervised feature selection method to extract
customized features from the highly variant, heterogeneous urban open data to
predict bike trip demand. Evaluation using real-world open data from Washington,
D.C. and Hangzhou shows that our method can be applied to different cities to
effectively recommend places with higher potential bike trip demand for placing
future bike stations.
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NR 23
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U2 8
PU ASSOC COMPUTING MACHINERY
PI NEW YORK
PA 1515 BROADWAY, NEW YORK, NY 10036-9998 USA
BN 978-1-4503-3574-4
PY 2015
BP 571
EP 575
DI 10.1145/2750858.2804291
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WC Computer Science, Theory & Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA BF6WQ
UT WOS:000383742200052
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AF Terzo, Olivier
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BE Barolli, L
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Chen, HC
Gomez, ASF
Hussain, F
TI Data as a Service (DaaS) for Sharing and Processing of Large Data

Collections in the Cloud

SO 2013 SEVENTH INTERNATIONAL CONFERENCE ON COMPLEX, INTELLIGENT, AND SOFTWARE INTENSIVE SYSTEMS (CISIS)

LA English

DT Proceedings Paper

CT 7th International Conference on Complex, Intelligent, and Software Intensive Systems (CISIS)

CY JUL 03-05, 2013

CL Asia Univ, Taichung, TAIWAN

SP CIS, Fukuoka Inst Technol, Univ Politecnica Catalunya, Korean Bible Univ

HO Asia Univ

DE Cloud Computing; Data as a Service; Large Data Collection; Sharing; Health Data Collections; Genomics

AB Data as a Service (DaaS) is among the latest kind of services being investigated in the Cloud computing community. The main aim of DaaS is to overcome limitations of state-of-the-art approaches in data technologies, according to which data is stored and accessed from repositories whose location is known and is relevant for sharing and processing. Besides limitations for the data sharing, current approaches also do not achieve to fully separate/decouple software services from data and thus impose limitations in inter-operability. In this paper we propose a DaaS approach for intelligent sharing and processing of large data collections with the aim of abstracting the data location (by making it relevant to the needs of sharing and accessing) and to fully decouple the data and its processing. The aim of our approach is to build a Cloud computing platform, offering DaaS to support large communities of users that need to share, access, and process the data for collectively building knowledge from data. We exemplify the approach from large data collections from health and biology domains.

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PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-0-7695-4992-7
PY 2013
BP 475
EP 480
DI 10.1109/CISIS.2013.87
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SC Computer Science; Engineering
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PT J
AU Stone, MA
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TI Sharing patient data: competing demands of privacy, trust and research in primary care

SO BRITISH JOURNAL OF GENERAL PRACTICE

LA English

DT Article

DE confidentiality; ethics; general practice; medical records; research
ID INFORMED-CONSENT; CONFIDENTIALITY; INFORMATION; REGISTRY; RECORDS; DEBATE; THREAT

AB Background Patient privacy may conflict with the advancement of knowledge through data sharing. The data contained in primary care records are uniquely comprehensive.

Aim To explore the knowledge and attitudes of patients and members of the primary healthcare team regarding the sharing of data held in primary care records, with particular reference to data sharing for research and the impact that this may have on trust between patients and health professionals.

Design of study Qualitative study using quota sampled, semi-structured interviews.

Setting Five general practices in Leicestershire, UK.

Method Grounded theory and framework methodology were used. Interviews were transcribed and analysed thematically.

Results Twenty patients and 15 healthcare professionals and managers were interviewed. Patients had limited knowledge of the type of information held in their general practice records and the ways in which these data are shared, but appeared ready to form preliminary views on issues such as data sharing for audit and disease registration. In this climate of limited awareness, there was no suggestion that concern about data sharing for research adversely affects patient trust or leads patients to withhold relevant information from health

professionals in primary care. Interviews carried out with staff suggested a lack of clear practice policies regarding data sharing.

Conclusions General practices may need to develop policies on data sharing, bring these to the attention of their patient population and improve patient awareness about the nature of the data contained in their records. Researchers should ensure that patients are adequately informed about the nature of data contained in patient records when seeking consent for data extraction.

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NR 20

TC 22

Z9 22

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U2 10

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J9 BRIT J GEN PRACT

JI Br. J. Gen. Pract.

PD OCT

PY 2005

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IS 519

BP 783

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PG 7

WC Primary Health Care; Medicine, General & Internal

SC General & Internal Medicine

GA 984IV

UT WOS:000233297400010

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PT J
AU Bhattacharjee, Y
AF Bhattacharjee, Yudhijit
TI BIOMEDICINE Pharma Firms Push for Sharing Of Cancer Trial Data
SO SCIENCE
LA English
DT News Item
NR 0
TC 21
Z9 21
U1 0
U2 3
PU AMER ASSOC ADVANCEMENT SCIENCE
PI WASHINGTON
PA 1200 NEW YORK AVE, NW, WASHINGTON, DC 20005 USA
SN 0036-8075
J9 SCIENCE
JI Science
PD OCT 5
PY 2012
VL 338
IS 6103
BP 29
EP 29
DI 10.1126/science.338.6103.29
PG 1
WC Multidisciplinary Sciences
SC Science & Technology - Other Topics
GA 015PC
UT WOS:000309457400014
PM 23042862
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AU Tucker, K
 Branson, J
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 Williams, Z
AF Tucker, Katherine
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 Loughlin, Paul
 Nixon, Mark J.
 Williams, Zoe
TI Protecting patient privacy when sharing patient-level data from clinical
 trials
SO BMC MEDICAL RESEARCH METHODOLOGY
LA English
DT Article
DE Clinical trial; Data sharing; Transparency; De-identification;

Anonymisation; Pharmaceutical research

ID ANONYMIZATION

AB Background: Greater transparency and, in particular, sharing of patient-level data for further scientific research is an increasingly important topic for the pharmaceutical industry and other organisations who sponsor and conduct clinical trials as well as generally in the interests of patients participating in studies. A concern remains, however, over how to appropriately prepare and share clinical trial data with third party researchers, whilst maintaining patient confidentiality. Clinical trial datasets contain very detailed information on each participant. Risk to patient privacy can be mitigated by data reduction techniques. However, retention of data utility is important in order to allow meaningful scientific research. In addition, for clinical trial data, an excessive application of such techniques may pose a public health risk if misleading results are produced. After considering existing guidance, this article makes recommendations with the aim of promoting an approach that balances data utility and privacy risk and is applicable across clinical trial data holders.

Discussion: Our key recommendations are as follows:

1. Data anonymisation/de-identification: Data holders are responsible for generating de-identified datasets which are intended to offer increased protection for patient privacy through masking or generalisation of direct and some indirect identifiers.

2. Controlled access to data, including use of a data sharing agreement: A legally binding data sharing agreement should be in place, including agreements not to download or further share data and not to attempt to seek to identify patients. Appropriate levels of security should be used for transferring data or providing access; one solution is use of a secure 'locked box' system which provides additional safeguards.

Summary: This article provides recommendations on best practices to de-identify/anonymise clinical trial data for sharing with third-party researchers, as well as controlled access to data and data sharing agreements. The recommendations are applicable to all clinical trial data holders. Further work will be needed to identify and evaluate competing possibilities as regulations, attitudes to risk and technologies evolve.

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J9 BMC MED RES METHODOL

JI BMC Med. Res. Methodol.

PY 2016

VL 16

SU 1

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WC Health Care Sciences & Services

SC Health Care Sciences & Services

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PT J

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Caruso, G

AF de Chardon, Cyrille Medard

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TI Estimating bike-share trips using station level data

SO TRANSPORTATION RESEARCH PART B-METHODOLOGICAL

LA English

DT Article

DE Bicycle-sharing systems; Bike-share; Open data; Trip estimation;
Rebalancing

ID BICYCLE SCHEME; IMPACT; PROGRAM; MELBOURNE; BIKESHARE; BARRIERS;
MONTREAL; WEATHER; EUROPE

AB Bicycle sharing systems (BSS) have increased in number rapidly since 2007. The potential benefits of BSS, mainly sustainability, health and equity, have encouraged their adoption through support and promotion by mayors in Europe and

North America alike. In most cases municipal governments desire their BSS to be successful and, with few exceptions, state them as being so. New technological improvements have dramatically simplified the use and enforcement of bicycle return, resulting in the widespread adoption of BSS. Unfortunately little evaluation of the effectiveness of differently distributed and managed BSS has taken place. Comparing BSS systems quantitatively is challenging due to the limited data made available. The metrics of success presented by municipalities are often too general or incomparable to others making relative evaluations of BSS success arduous. This paper presents multiple methodologies allowing the estimation of the number of daily trips, the most significant measure of BSS usage, based on data that is commonly available, the number of bicycles available at a station over time. Results provide model coefficients as well as trip count estimates for select cities. Of four spatial and temporal aggregate models the day level aggregation is found to be most effective for estimation. In addition to trip estimation this work provides a rigorous formalization of station level data and the ability to distinguish spatio-temporal rebalancing quantities as well as new characteristics of BSS station use. (C) 2015 Elsevier Ltd. All rights reserved.

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AU Critchley, C
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TI The Impact of Commercialisation and Genetic Data Sharing Arrangements on
Public Trust and the Intention to Participate in Biobank Research
SO PUBLIC HEALTH GENOMICS

LA English
DT Article
DE Biobanking; Data sharing; Commercialisation; Genetics research; Public
trust in science; Public health
ID ISSUES; CONSENT

AB Objectives: The necessity for biobanks to share their resources with third parties poses potential risks to public trust and the intention to participate in genetic research. We explore the effects of data sharing and the type of third-party access (public vs. private) on public trust and, in turn, the intention to participate in biobank research. Methods: An experimental design was used to assess a national sample of 1,701 Australians via a computer-assisted telephone interview. Results: The results revealed that trust and the intention to participate significantly decreased in relation to private compared to public biobanks, and when access to third-party researchers was allowed compared to when it was not. Somewhat surprisingly, no differences were found in relation to the third party being international compared to Australian, but trust and the intention to participate were significantly eroded when private third parties were allowed access. Those with a university education were particularly distrustful of private biobanks and biobanks that allowed access, while those who were more aware of genetic databases appeared more confident with biobanks sharing with private-sector third parties. Conclusion: The pattern of results suggests that public awareness of the need for biobanks to share their resources widely needs to be increased to maintain public trust and support. (C) 2015 S. Karger AG, Basel

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TI Socioeconomic position, psychosocial work environment and disability in
an ageing workforce: a longitudinal analysis of SHARE data from 11
European countries

SO OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

LA English

DT Article

ID EFFORT-REWARD IMBALANCE; CORONARY-HEART-DISEASE; SOCIAL SUPPORT;
WHITEHALL-II; HEALTH; INEQUALITIES; SF-36; ICF

AB Objectives Prevention of disability in the ageing workforce is essential for sustaining economic growth in Europe. In order to provide information on entry points for preventive measures, it is important to better understand sociodemographic, socioeconomic and work-related determinants of disability in older employees. We aimed to test the hypothesis that low socioeconomic position and exposure to a stressful psychosocial work environment at baseline contribute to later disability. We further assumed that the association of socioeconomic position with disability is partly mediated by exposure to adverse working conditions.

Methods We studied longitudinal data from the first two waves of the Survey on Health, Ageing and Retirement in Europe comprising 11 European countries. Sociodemographic, socioeconomic and work-related factors (low control, effort-reward imbalance) and baseline disability of 2665 male and 2209 female employees aged between 50 and 64 years were used to predict disability 2 years later. Following the International Classification of Functioning (ICF), disability was subdivided into the components 'impairment' and 'restriction in activities and participation'. Two multilevel Poisson regressions were fitted to the data.

Results After adjusting for baseline disability and relevant confounding variables, low socioeconomic position and chronic stress at work exerted significant effects on disability scores 2 years later. We found some support for the hypothesis that the association of socioeconomic position with disability is partly mediated by work stress.

Conclusions Investing in reduction of work stress and reducing social inequalities in health functioning are relevant entry points of policies that aim at maintaining work ability in early old age.

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TI Involving Research Stakeholders in Developing Policy on Sharing Public Health Research Data in Kenya: Views on Fair Process for Informed Consent, Access Oversight, and Community Engagement

SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS

LA English

DT Article

DE Africa; Kenya; data sharing; community consultation; informed consent; governance; trust; ethics

ID INDIVIDUAL-LEVEL DATA; EXPERIENCES; TRUST; REPRESENTATIVES; PERSPECTIVE; GOVERNANCE; BENEFITS

AB Increased global sharing of public health research data has potential to advance scientific progress but may present challenges to the interests of research stakeholders, particularly in low-to-middle income countries. Policies for data sharing should be responsive to public views, but there is little evidence of the systematic study of these from low-income countries. This qualitative study explored views on fair data-sharing processes among 60 stakeholders in Kenya with varying research experience, using a deliberative approach. Stakeholders' attitudes were informed by perceptions of benefit and concerns for research data sharing, including risks of stigmatization, loss of privacy, and undermining scientific careers and validity, reported in detail elsewhere. In this article, we discuss institutional trust-building processes seen as central to perceptions of fairness in sharing research data in this setting, including forms of community involvement, individual prior awareness and agreement to data sharing, independence and accountability of governance mechanisms, and operating under a national framework.

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AF Denny, Spencer G.
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TI Developing Ethical Practices for Public Health Research Data Sharing in South Africa: The Views and Experiences From a Diverse Sample of Research Stakeholders

SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS
LA English
DT Article
DE data sharing; data curation; research ethics; public funded research; South Africa; public health
ID TRIAL; CONSENT

AB The abundance of South African clinical and public health research data has the potential to unlock important and valuable future advances in biomedical science. Amid increasing calls for more effective sharing of individual-level data, commitment to promote access to research data is evident within South Africa's public research sector, but national guidance and regulation are absent. This qualitative study examined the perceptions, experiences and concerns of 32 research stakeholders about data-sharing practices. There was consensus about the utility of data sharing in publicly funded health research. However, disparate views emerged about the possible harms and benefits of sharing data and how these should be weighed. The relative dearth of policies governing data-sharing practices needs to be addressed and a framework of support developed that incentivizes data-sharing practices for researchers that are both ethical and effective.

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TI Big Heart Data: Advancing Health Informatics Through Data Sharing in
Cardiovascular Imaging
SO IEEE JOURNAL OF BIOMEDICAL AND HEALTH INFORMATICS
LA English
DT Article
DE Anatomical models; cardiac atlas; cardiac MRI; data sharing
ID LEFT-VENTRICULAR DILATATION; MAGNETIC-RESONANCE; MYOCARDIAL-INFARCTION;
ANATOMICAL MODELS; MEDICAL IMAGE; PATIENT; DISEASE; ATLAS; SHAPE; RISK
AB The burden of heart disease is rapidly worsening due to the increasing
prevalence of obesity and diabetes. Data sharing and open database resources for
heart health informatics are important for advancing our understanding of
cardiovascular function, disease progression and therapeutics. Data sharing
enables valuable information, often obtained at considerable expense and effort,
to be reused beyond the specific objectives of the original study. Many
government funding agencies and journal publishers are requiring data reuse, and
are providing mechanisms for data curation and archival. Tools and
infrastructure are available to archive anonymous data from a wide range of
studies, from descriptive epidemiological data to gigabytes of imaging data.
Meta-analyses can be performed to combine raw data from disparate studies to
obtain unique comparisons or to enhance statistical power. Open benchmark

datasets are invaluable for validating data analysis algorithms and objectively comparing results. This review provides a rationale for increased data sharing and surveys recent progress in the cardiovascular domain. We also highlight the potential of recent large cardiovascular epidemiological studies enabling collaborative efforts to facilitate data sharing, algorithms benchmarking, disease modeling and statistical atlases.

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TI Exploring pathways to trust: a tribal perspective on data sharing
SO GENETICS IN MEDICINE
LA English
DT Review
DE data sharing; ethics; genetics; indigenous; tribal
ID BIOTECHNOLOGY; SCIENCE; PEOPLE
AB The data-sharing policies of the National Institutes of Health aim to maximize public benefit derived from genetic studies by increasing research efficiency and use of a pooled data resource for future studies. Although broad access to data may lead to benefits for populations underrepresented in genetic studies, such as indigenous groups, tribes have ownership interest in their data. The Northwest-Alaska Pharmacogenetic Research Network, a partnership involving tribal organizations and universities conducting basic and translational pharmacogenetic research, convened a meeting to discuss the collection, management, and secondary use of research data, and of the processes surrounding access to data stored in federal repositories. This article reports the tribal perspectives that emerged from the dialogue and discusses the implications of tribal government sovereign status on research agreements and data-sharing negotiations. There is strong tribal support for efficient research processes that expedite the benefits from collaborative research, but there is also a need for data-sharing procedures that take into account tribal sovereignty and appropriate oversight of research—such as tribally based research review processes and review of draft manuscripts. We also note specific ways in which accountability could be encouraged by the National Institutes of Health as part of the research process.
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Griffith, H
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TI The SHARE 2012 Data Campaign

SO ALGORITHMS AND TECHNOLOGIES FOR MULTISPECTRAL, HYPERSPECTRAL, AND
ULTRASPECTRAL IMAGERY XIX

SE Proceedings of SPIE

LA English

DT Proceedings Paper

CT Conference on Algorithms and Technologies for Multispectral,
Hyperspectral, and Ultraspectral Imagery XIX

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CL Baltimore, MD

SP SPIE

DE Data Collection; Hyperspectral; Ground Truth; HSI Dataset; HSI
Signatures; LiDAR; Target Detection

ID HYPERSPECTRAL COLLECTION EXPERIMENT; MEGACOLLECT 2004; ROCHESTER

AB A multi-modal (hyperspectral, multispectral, and LIDAR) imaging data
collection campaign was conducted just south of Rochester New York in Avon, NY
on September 20, 2012 by the Rochester Institute of Technology (RIT) in
conjunction with SpectIR, LLC, the Air Force Research Lab (AFRL), the Naval
Research Lab (NRL), United Technologies Aerospace Systems (UTAS) and MITRE. The
campaign was a follow on from the SpectIR Hyperspectral Airborne Rochester
Experiment (SHARE) from 2010. Data was collected in support of the eleven

simultaneous experiments described here. The airborne imagery was collected over four different sites with hyperspectral, multispectral, and LIDAR sensors. The sites for data collection included Avon, NY, Conesus Lake, Hemlock Lake and forest, and a nearby quarry. Experiments included topics such as target unmixing, subpixel detection, material identification, impacts of illumination on materials, forest health, and in-water target detection. An extensive ground truthing effort was conducted in addition to collection of the airborne imagery. The ultimate goal of the data collection campaign is to provide the remote sensing community with a shareable resource to support future research. This paper details the experiments conducted and the data that was collected during this campaign.

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TI Open sharing of genomic data: Who does it and why?

SO PLOS ONE

LA English

DT Article

ID CONSUMER PERCEPTIONS; HEALTH; BENEFITS; RISKS

AB We explored the characteristics and motivations of people who, having obtained their genetic or genomic data from Direct-To-Consumer genetic testing (DTC-GT) companies, voluntarily decide to share them on the publicly accessible web platform open SNP. The study is the first attempt to describe open data sharing activities undertaken by individuals without institutional oversight. In the paper we provide a detailed overview of the distribution of the demographic characteristics and motivations of people engaged in genetic or genomic open data sharing. The geographical distribution of the respondents showed the USA as dominant. There was no significant gender divide, the age distribution was broad, educational background varied and respondents with and without children were equally represented. Health, even though prominent, was not the respondents' primary or only motivation to be tested. As to their motivations to openly share their data, 86.05% indicated wanting to learn about themselves as relevant, followed by contributing to the advancement of medical research (80.30%), improving the predictability of genetic testing (76.02%) and considering it fun to explore genotype and phenotype data (75.51%). Whereas most respondents were well aware of the privacy risks of their involvement in open genetic data sharing and considered the possibility of direct, personal repercussions troubling, they estimated the risk of this happening to be negligible. Our findings highlight the diversity of DTC-GT consumers who decide to openly share their data. Instead of focusing exclusively on health-related aspects of genetic testing and data sharing, our study emphasizes the importance of taking into account benefits and risks that stretch beyond the health spectrum. Our results thus lend further support to the call for a broader and multi-faceted conceptualization of genomic utility.

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TI The Project Data Sphere Initiative: Accelerating Cancer Research by Sharing Data

SO ONCOLOGIST

LA English

DT Editorial Material

DE Project Data Sphere; Data sharing; Prostate cancer; Comparative effectiveness research

ID RESISTANT PROSTATE-CANCER; MITOXANTRONE PLUS PREDNISONE; POPULATION-BASED VALIDATION; CLINICAL-TRIAL DATA; LEUKEMIA GROUP-B; QUALITY-OF-LIFE; PHASE-III TRIAL; PROGNOSTIC MODEL; MEN; SURVIVAL

AB Background. In this paper, we provide background and context regarding the potential for a new data-sharing platform, the Project Data Sphere (PDS) initiative, funded by financial and in-kind contributions from the CEO Roundtable on Cancer, to transform cancer research and improve patient outcomes. Given the relatively modest decline in cancer death rates over the past several years, a new research paradigm is needed to accelerate therapeutic approaches for oncologic diseases. Phase III clinical trials generate large volumes of potentially usable information, often on hundreds of patients, including patients treated with standard of care therapies (i.e., controls). Both nationally and internationally, a variety of stakeholders have pursued data-sharing efforts to make individual patient-level clinical trial data available to the scientific research community.

Potential Benefits and Risks of Data Sharing. For researchers, shared data have the potential to foster a more collaborative environment, to answer research questions in a shorter time frame than traditional randomized control trials, to reduce duplication of effort, and to improve efficiency. For industry participants, use of trial data to answer additional clinical questions could increase research and development efficiency and guide future projects through validation of surrogate end points, development of prognostic or predictive models, selection of patients for phase II trials, stratification in phase III studies, and identification of patient subgroups for development of novel therapies. Data transparency also helps promote a public image of collaboration and altruism among industry participants. For patient participants, data sharing maximizes their contribution to public health and increases access to information that may be used to develop better treatments. Concerns about data-sharing efforts include protection of patient privacy and confidentiality. To alleviate these concerns, data sets are deidentified to maintain anonymity. To address industry concerns about protection of intellectual property and competitiveness, we illustrate several models for data sharing with varying levels of access to the data and varying relationships between trial sponsors and data access sponsors.

The Project Data Sphere Initiative. PDS is an independent initiative of the CEO Roundtable on Cancer Life Sciences Consortium, built to voluntarily share, integrate, and analyze comparator arms of historical cancer clinical trial data sets to advance future cancer research. The aim is to provide a neutral, broad-access platform for industry and academia to share raw, deidentified data from late-phase oncology clinical trials using comparator-arm data sets. These data are likely to be hypothesis generating or hypothesis confirming but, notably, do not take the place of performing a well-designed trial to address a specific hypothesis. Prospective providers of data to PDS complete and sign a data sharing agreement that includes a description of the data they propose to upload, and then they follow easy instructions on the website for uploading their deidentified data. The SAS Institute has also collaborated with the initiative to provide intrinsic analytic tools accessible within the website itself.

As of October 2014, the PDS website has available data from 14 cancer clinical trials covering 9,000 subjects, with hopes to further expand the

database to include more than 25,000 subject accruals within the next year. PDS differentiates itself from other data-sharing initiatives by its degree of openness, requiring submission of only a brief application with background information of the individual requesting access and agreement to terms of use. Data from several different sponsors may be pooled to develop a comprehensive cohort for analysis. In order to protect patient privacy, data providers in the U.S. are responsible for deidentifying data according to standards set forth by the Privacy Rule of the U.S. Health Insurance Portability and Accountability Act of 1996.

Using Data Sharing to Improve Outcomes in Cancer: The "Prostate Cancer Challenge." Control-arm data of several studies among patients with metastatic castration-resistant prostate cancer (mCRPC) are currently available through PDS. These data sets have multiple potential uses. The "Prostate Cancer Challenge" will ask the cancer research community to use clinical trial data deposited in the PDS website to address key research questions regarding mCRPC.

General themes that could be explored by the cancer community are described in this article: prognostic models evaluating the influence of pretreatment factors on survival and patient-reported outcomes; comparative effectiveness research evaluating the efficacy of standard of care therapies, as illustrated in our companion article comparing mitoxantrone plus prednisone with prednisone alone; effects of practice variation in dose, frequency, and duration of therapy; level of patient adherence to elements of trial protocols to inform the design of future clinical trials; and age of subjects, regional differences in health care, and other confounding factors that might affect outcomes.

Potential Limitations and Methodological Challenges. The number of data sets available and the lack of experimental arm data limit the potential scope of research using the current PDS. The number of trials is expected to grow exponentially over the next year and may include multiple cancer settings, such as breast, colorectal, lung, hematologic malignancy, and bone marrow transplantation. Other potential limitations include the retrospective nature of the data analyses performed using PDS and its generalizability, given that clinical trials are often conducted among younger, healthier, and less racially diverse patient populations. Methodological challenges exist when combining individual patient data from multiple clinical trials; however, advancements in statistical methods for secondary database analysis offer many tools for reanalyzing data arising from disparate trials, such as propensity score matching. Despite these concerns, few if any comparable data sets include this level of detail across multiple clinical trials and populations.

Conclusion. Access to large, late-phase, cancer-trial data sets has the potential to transform cancer research by optimizing research efficiency and accelerating progress toward meaningful improvements in cancer care. This type of platform provides opportunities for unique research projects that can examine relatively neglected areas and that can construct models necessitating large amounts of detailed data. The full potential of PDS will be realized only when multiple tumor types and larger numbers of data sets are available through the website.

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TI MDPHnet: Secure, Distributed Sharing of Electronic Health Record Data
for Public Health Surveillance, Evaluation, and Planning

SO AMERICAN JOURNAL OF PUBLIC HEALTH

LA English

DT Article

ID AUTOMATED DETECTION; SYSTEM; MASSACHUSETTS; DESIGN

AB Electronic health record systems contain clinically detailed data from large populations of patients that could significantly enrich public health surveillance. Clinical practices' security, privacy, and proprietary concerns, however, have limited their willingness to share these data with public health agencies.

We describe a novel distributed network for public health surveillance called MDPHnet. The system allows the Massachusetts Department of Public Health (MDPH) to initiate custom queries against participating practices' electronic health records while the data remain behind each practice's firewall.

Practices can review proposed queries before execution and approve query results before releasing them to the health department. MDPH is using the system for routine surveillance for priority conditions and to evaluate the impact of public health interventions.

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NR 23
TC 18
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PU AMER PUBLIC HEALTH ASSOC INC
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J9 AM J PUBLIC HEALTH
JI Am. J. Public Health
PD DEC
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WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health

GA AX9GB
UT WOS:000347210500031
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PT J
AU Gotzsche, PC
AF Gotzsche, Peter C.
TI Strengthening and Opening Up Health Research by Sharing Our Raw Data
SO CIRCULATION-CARDIOVASCULAR QUALITY AND OUTCOMES
LA English
DT Editorial Material
DE ethics
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TC 18
Z9 18
U1 0
U2 0
PU LIPPINCOTT WILLIAMS & WILKINS
PI PHILADELPHIA
PA TWO COMMERCE SQ, 2001 MARKET ST, PHILADELPHIA, PA 19103 USA
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J9 CIRC-CARDIOVASC QUAL
JI Circ.-Cardiovasc. Qual. Outcomes
PD MAR
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DI 10.1161/CIRCOUTCOMES.112.965277
PG 2
WC Cardiac & Cardiovascular Systems
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AU Baladandayuthapani, V
Ji, YA
Talluri, R
Nieto-Barajas, LE
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AF Baladandayuthapani, Veerabhadran
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Morris, Jeffrey S.

TI Bayesian Random Segmentation Models to Identify Shared Copy Number
Aberrations for Array CGH Data

SO JOURNAL OF THE AMERICAN STATISTICAL ASSOCIATION

LA English

DT Article

DE Bayesian methods; Comparative genomic hybridization; Copy number;
Functional data analysis; Mixed models; Mixture models

ID COMPARATIVE GENOMIC HYBRIDIZATION; HIGH-RESOLUTION ANALYSIS; FUNCTIONAL
MIXED MODELS; CELL LUNG-CANCER; MICROARRAY ANALYSIS; MASS-SPECTROMETRY;
GENE-EXPRESSION; REGRESSION; FRAMEWORK; VARIANCE

AB Array-based comparative genomic hybridization (aCGH) is a high-resolution,
high-throughput technique for studying the genetic basis of cancer. The
resulting data consist of log fluorescence ratios as a function of the genomic
DNA location and provide a cytogenetic representation of the relative DNA copy
number variation. Analysis of such data typically involves estimating the
underlying copy number state at each location and segmenting regions of DNA with
similar copy number states. Most current methods proceed by modeling a single
sample/array at a time, and thus fail to borrow strength across multiple samples
to infer shared regions of copy number aberrations. We propose a hierarchical
Bayesian random segmentation approach for modeling aCGH data that uses
information across arrays from a common population to yield segments of shared
copy number changes. These changes characterize the underlying population and
allow us to compare different population aCGH profiles to assess which regions
of the genome have differential alterations. Our method, which we term Bayesian
detection of shared aberrations in aCGH (BDSAScgh), is based on a unified
Bayesian hierarchical model that allows us to obtain probabilities of alteration
states as well as probabilities of differential alterations that correspond to
local false discovery rates for both single and multiple groups. We evaluate the
operating characteristics of our method via simulations and an application using
a lung cancer aCGH data set. This article has supplementary material online.

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PU AMER STATISTICAL ASSOC
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J9 J AM STAT ASSOC
JI J. Am. Stat. Assoc.
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WC Statistics & Probability
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PT J
AU Van Horn, JD
Ball, CA
AF Van Horn, John Darrell
Ball, Catherine A.
TI Domain-specific data sharing in neuroscience: What do we have to learn
from each other?
SO NEUROINFORMATICS
LA English
DT Editorial Material
DE neuroscience; brain imaging; molecular biology; genomics; meta-data;
data sharing
ID GENE-EXPRESSION; MICROARRAY DATA; BRAIN; ONTOLOGY; BIOLOGY;
NEUROBIOLOGY; INFORMATION; STANDARDS; COGNITION; RESOURCE

AB Molecular biology and genomics have made notable strides in the sharing of primary data and resources. In other domains of neuroscience research, however, there has been resistance to adopting formalized strategies for data exchange, archiving, and availability. In this article, we discuss how neuroscience domains might follow the lead of molecular biology on what has been successful and what has failed in active data sharing. This considers not only the technical challenges but also the sociological concerns in making it possible. Though, not a pain-free process, with increased data availability, scientists from multiple fields can enjoy greater opportunity for novel discoveries about the brain in health and disease.

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FU NIMH NIH HHS [RC1 MH088194-01, RC1 MH088194, RC1 MH088194-02]

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PT J
AU Mojon-Azzi, SM
Mojon, DS
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Mojon, Daniel S.
TI Waiting times for cataract surgery in ten European countries: An
analysis using data from the SHARE survey
SO BRITISH JOURNAL OF OPHTHALMOLOGY
LA English
DT Article
ID WILLINGNESS-TO-PAY; PATIENT SATISFACTION; LISTS; DETERMINANTS; CARE
AB Aims: To assess waiting times for cataract surgery and their acceptance in
European countries, and to find explanatory, country-specific health indicators.
Methods: Using data from the survey of health, ageing and retirement in
Europe (SHARE), waiting times for cataract surgery of 245 respondents in ten
countries were analysed with the help of linear regression. The influence of
four country specific health indicators on waiting times was studied by multiple
linear regression. The influence of waiting time and country on the wish to have
surgery performed earlier was determined through logistic regression. Additional
information was obtained for each country from opinion leaders in the field of
cataract surgery.
Results: Waiting times differed significantly ($p < 0.001$) between the ten
analysed European countries. The length of wait was significantly influenced by

the total expenditure on health ($p < 0.01$) but not by the other country specific health indicators. The wish to have surgery performed earlier was determined by the length of wait ($p < 0.001$) but not by the country where surgery was performed.

Conclusion: The length of wait is influenced by the total expenditure on health, but not by the rate of public expenditure on health, by the physician density or by the acute bed density. The wish to have surgery performed earlier depends on the length of wait for surgery and is not influenced by the country. C1 Kantonsspital, Dept Ophthalmol, CH-9007 St Gallen, Switzerland.

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TI FHIRChain: Applying Blockchain to Securely and Scalably Share Clinical Data

SO COMPUTATIONAL AND STRUCTURAL BIOTECHNOLOGY JOURNAL

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DT Article

DE Blockchain; Smart contracts; Decentralized app; Interoperability; Digital health identity; Clinical data sharing; Cancer care

ID TUMOR BOARD; TRIAL DATA; CARE; TELEMEDICINE; CHALLENGES; LESSONS; IMPACT; GAPS

AB Secure and scalable data sharing is essential for collaborative clinical decision making. Conventional clinical data efforts are often siloed, however, which creates barriers to efficient information exchange and impedes effective treatment decision made for patients. This paper provides four contributions to the study of applying blockchain technology to clinical data sharing in the context of technical requirements defined in the "Shared Nationwide Interoperability Roadmap" from the Office of the National Coordinator for Health Information Technology (ONC). First, we analyze the ONC requirements and their implications for blockchain-based systems. Second, we present FHIRChain, which is a blockchain-based architecture designed to meet ONC requirements by encapsulating the HL7 Fast Healthcare Interoperability Resources (FHIR) standard for shared clinical data. Third, we demonstrate a FHIRChain-based decentralized app using digital health identities to authenticate participants in a case study of collaborative decisionmaking for remote cancer care. Fourth, we highlight key lessons learned from our case study. (c) 2018 The Authors. Published by Elsevier B.V. on behalf of Research Network of Computational and Structural Biotechnology. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

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PT J

AU Dye, C

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Kieny, MP

AF Dye, Christopher

Bartolomeos, Kidist

Moorthy, Vasee

Kieny, Marie Paule

TI Data sharing in public health emergencies: a call to researchers

SO BULLETIN OF THE WORLD HEALTH ORGANIZATION

LA English

DT Editorial Material

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OI Kieny, Marie-Paule/0000-0002-5943-6488; Dye, Christopher/0000-0002-2957-1793; Moorthy, Vasee/0000-0002-6535-2854
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PU WORLD HEALTH ORGANIZATION
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PA MARKETING AND DISSEMINATION, CH-1211 GENEVA 27, SWITZERLAND
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J9 B WORLD HEALTH ORGAN
JI Bull. World Health Organ.
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AF Mehmood, Rashid
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BE CruzCunha, MM
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TI Big data logistics: a health-care transport capacity sharing model
SO CONFERENCE ON ENTERPRISE INFORMATION SYSTEMS/INTERNATIONAL CONFERENCE ON
PROJECT MANAGEMENT/CONFERENCE ON HEALTH AND SOCIAL CARE INFORMATION
SYSTEMS AND TECHNOLOGIES, CENTERIS/PROJMAN / HCIST 2015
SE Procedia Computer Science
LA English
DT Proceedings Paper
CT Conference on ENTERprise Information Systems (CENTERIS) / International
Conference on Project MANAGEMENT (ProjMAN) / International Conference on
Health and Social Care Information Systems and Technologies (HCist)
CY OCT 07-09, 2015
CL Vilamoura, PORTUGAL
DE future city; Big data; transport operation management; healthcare
information systems; integrated systems; shared resources
AB The growth of cities in the 21st century has put more pressure on resources
and conditions of urban life. There are several reasons why the health-care
industry is the focus of this investigation. For instance, in the UK various
studies point to the lack of failure of basic quality control procedures and
misalignment between customer needs and provider services and duplication of
logistics practices. The development of smart cities and big data present
unprecedented challenges and opportunities for operations managers; they need to
develop new tools and techniques for network planning and control. Our paper
aims to make a contribution to big data and city operations theory by exploring
how big data can lead to improvements in transport capacity sharing. We explore
using Markov models the integration of big data with future city (health-care)
transport sharing. A mathematical model was designed to illustrate how sharing
transport load (and capacity) in a smart city can improve efficiencies in
meeting demand for city services. The results from our analysis of 13 different
sharing/demand scenarios are presented. A key finding is that the probability
for system failure and performance variance tends to be highest in a scenario of
high demand/zero sharing. (C) 2015 The Authors. Published by Elsevier B.V.
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PT J
AU Yu, F
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AF Yu, Fei
 Ji, Zhanglong
TI Scalable privacy-preserving data sharing methodology for genome-wide association studies: an application to iDASH healthcare privacy protection challenge
SO BMC MEDICAL INFORMATICS AND DECISION MAKING
LA English
DT Article
AB In response to the growing interest in genome-wide association study (GWAS) data privacy, the Integrating Data for Analysis, Anonymization and SHaring (iDASH) center organized the iDASH Healthcare Privacy Protection Challenge, with the aim of investigating the effectiveness of applying privacy-preserving methodologies to human genetic data. This paper is based on a submission to the iDASH Healthcare Privacy Protection Challenge. We apply privacy-preserving methods that are adapted from Uhler et al. 2013 and Yu et al. 2014 to the challenge's data and analyze the data utility after the data are perturbed by the privacy-preserving methods. Major contributions of this paper include new interpretation of the chi(2) statistic in a GWAS setting and new results about the Hamming distance score, a key component for one of the privacy-preserving methods.
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PU BMC
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PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
SN 1472-6947
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JI BMC Med. Inform. Decis. Mak.
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DI 10.1186/1472-6947-14-S1-S3
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WC Medical Informatics
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PT J
AU Mohammed, N
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AF Mohammed, Noman
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 Chen, Rui
 Fung, Benjamin C. M.
 Ohno-Machado, Lucila
TI Privacy-preserving heterogeneous health data sharing
SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION
LA English
DT Article
AB Objective Privacy-preserving data publishing addresses the problem of
disclosing sensitive data when mining for useful information. Among existing
privacy models, e-differential privacy provides one of the strongest privacy
guarantees and makes no assumptions about an adversary's background knowledge.
All existing solutions that ensure e-differential privacy handle the problem of
disclosing relational and set-valued data in a privacy-preserving manner

separately. In this paper, we propose an algorithm that considers both relational and set-valued data in differentially private disclosure of healthcare data.

Methods The proposed approach makes a simple yet fundamental switch in differentially private algorithm design: instead of listing all possible records (ie, a contingency table) for noise addition, records are generalized before noise addition. The algorithm first generalizes the raw data in a probabilistic way, and then adds noise to guarantee e-differential privacy.

Results We showed that the disclosed data could be used effectively to build a decision tree induction classifier. Experimental results demonstrated that the proposed algorithm is scalable and performs better than existing solutions for classification analysis.

Limitation The resulting utility may degrade when the output domain size is very large, making it potentially inappropriate to generate synthetic data for large health databases.

Conclusions Unlike existing techniques, the proposed algorithm allows the disclosure of health data containing both relational and set-valued data in a differentially private manner, and can retain essential information for discriminative analysis.

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PU BMJ PUBLISHING GROUP
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TI Dutch versus English advantage in the epidemic of central and generalised obesity is not shared by ethnic minority groups: comparative secondary analysis of cross-sectional data

SO INTERNATIONAL JOURNAL OF OBESITY

LA English

DT Article

DE overweight; ethnic groups; England; Netherlands

ID AFRICAN-ORIGIN POPULATIONS; TO-HEIGHT RATIO; HEALTH; RISK; NETHERLANDS; ASSOCIATION; PREVALENCE; BLACK; INEQUALITIES; HYPERTENSION

AB Background: Ethnic minority groups in Western European countries tend to have higher levels of overweight than the majority populations for reasons that are poorly understood. Investigating relative differences between countries could enable an investigation of the importance of national context in determining these inequalities.

Objective: To explore: (1) whether Indian and African origin populations in England and the Netherlands are similarly disadvantaged compared with the White populations in terms of the prevalence of overweight and central obesity; (2) whether the previously known Dutch advantage of relatively low overweight prevalence is also observed in Dutch ethnic minority groups and (3) the contribution of health behaviour and socio-economic position to the differences observed.

Methods: Secondary analyses of population-based studies of 16 406 participants from England and the Netherlands. Prevalence ratios were estimated using regression models.

Results: Except for African men, ethnic minority groups in both countries had higher rates of overweight and central obesity than their White counterparts. However, the Dutch minority groups were relatively more disadvantaged than English minority groups as compared with the majority populations. The Dutch advantage of the low prevalence of obesity was only seen in White men and women and African men. In contrast, English-Indian (prevalence ratio = 0.87, 95% confidence interval (CI): 0.81-0.93) and English-Caribbean (prevalence ratio = 0.82, 95% CI: 0.76-0.89) women were less centrally obese than their Dutch equivalents. The Dutch-Indian men were very similar to the English-Indian men. The contribution of health behaviour and socio-economic position to the observed differences were small.

Conclusion: Contrary to the patterns in White groups, the Dutch ethnic minority women were more obese than their English equivalents. More work is needed to identify factors that may contribute to these observed differences. International Journal of Obesity (2011) 35, 1334-1346; doi: 10.1038/ijo.2010.281; published online 15 February 2011

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TI Comparison of Teenagers' Early Same-Sex and Heterosexual Behavior: UK
Data From the SHARE and RIPPLE Studies
SO JOURNAL OF ADOLESCENT HEALTH
LA English
DT Article
DE Sexual minority; Adolescence; Sexual behavior
ID HEALTH-RISK BEHAVIOR; MENTAL-HEALTH; BISEXUAL ADOLESCENTS; PROTECTIVE
FACTORS; STATEWIDE SURVEY; NORTH-AMERICA; YOUNG-ADULTS; HIV-RISK;
ORIENTATION; GAY
AB Purpose: North American research finds increased sexual risk-taking among
teenagers with same-sex partners, but understanding of underlying processes is

limited. The research carried out in the United Kingdom compares teenagers' early sexual experiences according to same-or opposite-sex partner, focusing on unwanted sex in addition to risk-taking, and exploring underlying psychosocial differences.

Methods: Multivariate analyses combined self-reported data from two randomized control trials of school sex education programs (N = 10,250). Outcomes from sexually experienced teenagers (N = 3,766) were partner pressure to have first sex and subsequent regret, and sexual risk measures including pregnancy. Covariates included self-esteem, future expectations, substance use, and communication with mother.

Results: By the time of follow-up (mean age, 16), same-sex genital contact (touching or oral or anal) was reported by 2.3% of teenagers, with the majority also reporting heterosexual intercourse. A total of 39% reported heterosexual intercourse and no same-sex genital contact. Boys were more likely to report partner pressure (Odds ratio [OR] = 2.56, 95% confidence intervals [CI] = 1.29-5.08) and regret (OR = 2.32; 95% CI = 1.39-3.86) in relation to first same-sex genital contact than first heterosexual intercourse, but girls showed no differences according to partner type. Teenagers with bisexual behavior reported greater pregnancy or partner pregnancy risk than teenagers with exclusively opposite-sex partners (girls, OR = 4.51, 95% CI = 2.35-8.64; boys, OR = 4.43, 95% CI = 2.41-8.14), partially reduced by attitudinal and behavioral differences.

Conclusions: This UK study confirms greater reporting of sexual risk-taking among teenagers with same-sex partners, and suggests that boys in this group are vulnerable to unwanted sex. It suggests limitations to the interpretation of differences, in terms of psychosocial risk factors common to all adolescents. (C) 2011 Society for Adolescent Health and Medicine. All rights reserved.

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FU National Institute for Health Research [NF-SI-0508-10244]; Medical Research Council [G9626797, MC_UP_A540_1108]

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TI Progress In Interoperability: Measuring US Hospitals' Engagement In
Sharing Patient Data

SO HEALTH AFFAIRS

LA English

DT Article

ID HEALTH INFORMATION EXCHANGE; NATIONAL COORDINATOR; RECORDS; OFFICE;
USAGE

AB Achieving an interoperable health care system remains a top US policy priority. Despite substantial efforts to encourage interoperability, the first set of national data in 2014 suggested that hospitals' engagement levels were low. With 2015 data now available, we examined the first national trends in engagement in four domains of interoperability: finding, sending, receiving, and integrating electronic patient information from outside providers. We found small gains, with 29.7 percent of hospitals engaging in all four domains in 2015 compared to 24.5 percent in 2014. The two domains with the most progress were sending (with an increase of 8.1 percentage points) and receiving (an increase of 8.4 percentage points) information, while there was no change in integrating systems. Hospitals' use for patient care of data from outside providers was low, with only 18.7 percent of hospitals reporting that they "often" used these data. Our results reveal that hospitals' progress toward interoperability is slow and that progress is focused on moving information between hospitals, not on ensuring usability of information in clinical decisions.

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TI Beyond Our Borders? Public Resistance to Global Genomic Data Sharing

SO PLOS BIOLOGY

LA English

DT Article

ID BIOBANKS; DATASHIELD; ATTITUDES; PRIVACY; CONSENT

AB Prospects have never seemed better for a truly global approach to science to improve human health, with leaders of national initiatives laying out their vision of a worldwide network of related projects. An extensive literature addresses obstacles to global genomic data sharing, yet a series of public polls suggests that the scientific community may be overlooking a significant barrier: potential public resistance to data sharing across national borders. In several large United States surveys, university researchers in other countries were deemed the least acceptable group of data users, and a just-completed US survey found a marked increase in privacy and security concerns related to data access by non-US researchers. Furthermore, diminished support for sharing beyond national borders is not unique to the US, although the limited data from outside the US suggest variation across countries as well as demographic groups. Possible sources of resistance include apprehension about privacy and security protections. Strategies for building public support include making the affirmative case for global data sharing, addressing privacy, security, and other legitimate concerns, and investigating public concerns in greater depth. C1 [Majumder, Mary A.; McGuire, Amy L.] Baylor Coll Med, Ctr Med Eth & Hlth Policy, Houston, TX 77030 USA.

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TI Toward Global Biobank Integration by Implementation of the Minimum
Information About Biobank Data Sharing (MIABIS 2.0 Core)

SO BIOPRESERVATION AND BIOBANKING

LA English

DT Article

AB Biobanks are the biological back end of data-driven medicine, but lack standards and generic solutions for interoperability and information harmonization. The move toward a global information infrastructure for biobanking demands semantic interoperability through harmonized services and common ontologies. To tackle this issue, the Minimum Information About Biobank data Sharing (MIABIS) was developed in 2012 by the Biobanking and BioMolecular Resources Research Infrastructure of Sweden (BBMRI.se). The wide acceptance of the first version of MIABIS encouraged evolving it to a more structured and descriptive standard. In 2013 a working group was formed under the largest infrastructure for health in Europe, Biobanking and BioMolecular Resources Research Infrastructure (BBMRI-ERIC), with the remit to continue the development of MIABIS (version 2.0) through a multicountry governance process. MIABIS 2.0 Core has been developed with 22 attributes describing Biobanks, Sample Collections, and Studies according to a modular structure that makes it easier to adhere to and to extend the standard. This integration standard will make a great contribution to the discovery and exploitation of biobank resources and lead to a wider and more efficient use of valuable bioresources, thereby speeding up the research on human diseases. Many within the European Union have accepted MIABIS 2.0 Core as the de facto biobank information standard.

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TI Perceived Benefits, Harms, and Views About How to Share Data
Responsibly: A Qualitative Study of Experiences With and Attitudes
Toward Data Sharing Among Research Staff and Community Representatives
in Thailand
SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS
LA English
DT Article
DE Thailand; data sharing; consent; collaboration; research ethics
ID PUBLIC-HEALTH RESEARCH; FALCIPARUM-MALARIA; LEVEL DATA; TRIAL DATA;
ACCESS; DRUG; CHILDREN; POLICY; ETHICS; TRUST
AB The Thailand Major Overseas Programme coordinates large multi-center studies
in tropical medicine and generates vast amounts of data. As the data sharing
movement gains momentum, we wanted to understand attitudes and experiences of
relevant stakeholders about what constitutes good data sharing practice. We
conducted 15 interviews and three focus groups discussions involving 25
participants and found that they generally saw data sharing as something
positive. Data sharing was viewed as a means to contribute to scientific
progress and lead to better quality analysis, better use of resources, greater
accountability, and more outputs. However, there were also important
reservations including potential harms to research participants, their
communities, and the researchers themselves. Given these concerns, several areas
for discussion were identified: data standardization, appropriate consent models,
and governance.
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TI Laboratory-based surveillance in the molecular era: the TYPENED model, a
 joint data-sharing platform for clinical and public health laboratories
SO EUROSURVEILLANCE
LA English
DT Article
ID ENTEROVIRUS SEROTYPES; DIRECT IDENTIFICATION; AMPLIFICATION; INFECTIONS;
 SPECIMENS; REGION

AB Laboratory-based surveillance, one of the pillars of monitoring infectious disease trends, relies on data produced in clinical and/or public health laboratories. Currently, diagnostic laboratories worldwide submit strains or samples to a relatively small number of reference laboratories for characterisation and typing. However, with the introduction of molecular diagnostic methods and sequencing in most of the larger diagnostic and university hospital centres in high-income countries, the distinction between diagnostic and reference/public health laboratory functions has become less clear-cut. Given these developments, new ways of networking and data sharing are needed. Assuming that clinical and public health laboratories may be able to use the same data for their own purposes when sequence-based testing and typing are used, we explored ways to develop a collaborative approach and a jointly owned database (TYPENED) in the Netherlands. The rationale was that sequence data - whether produced to support clinical care or for surveillance - can be aggregated to meet both needs. Here we describe the development of the TYPENED approach and supporting infrastructure, and the implementation of a pilot laboratory network sharing enterovirus sequences and metadata.

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TI Trust, confidentiality, and the acceptability of sharing HIV-related patient data: lessons learned from a mixed methods study about Health Information Exchanges
SO IMPLEMENTATION SCIENCE
LA English
DT Article
DE Trust; Confidentiality; Acceptability; Health information exchanges; HIV; Patient data-sharing
ID ELECTRONIC MEDICAL-RECORDS; PRIMARY-CARE; PATIENTS ATTITUDES; PRIVACY; TECHNOLOGY; MANAGEMENT; PHYSICIANS; SYSTEM; PERCEPTIONS; EXPERIENCES
AB Background: Concerns about the confidentiality of personal health information have been identified as a potential obstacle to implementation of Health Information Exchanges (HIEs). Considering the stigma and confidentiality issues historically associated with human immunodeficiency virus (HIV) disease, we examine how trust-in technology, processes, and people-influenced the acceptability of data sharing among stakeholders prior to implementation of six HIEs intended to improve HIV care in parts of the United States. Our analyses

identify the kinds of concerns expressed by stakeholders about electronic data sharing and focus on the factors that ultimately facilitated acceptability of the new exchanges.

Methods: We conducted 549 surveys with patients and 66 semi-structured interviews with providers and other stakeholders prior to implementation of the HIEs to assess concerns about confidentiality in the electronic sharing of patient data. The patient quantitative data were analyzed using SAS 9.2 to yield sample descriptive statistics. The analysis of the qualitative interviews with providers and other stakeholders followed an open-coding process, and convergent and divergent perspectives emerging from those data were examined within and across the HIEs.

Results: We found widespread acceptability for electronic sharing of HIV-related patient data through HIEs. This acceptability appeared to be driven by growing comfort with information technologies, confidence in the security protocols utilized to protect data, trust in the providers and institutions who use the technologies, belief in the benefits to the patients, and awareness that electronic exchange represents an enhancement of data sharing already taking place by other means. HIE acceptability depended both on preexisting trust among patients, providers, and institutions and on building consensus and trust in the HIEs as part of preparation for implementation. The process of HIE development also resulted in forging shared vision among institutions.

Conclusions: Patients and providers are willing to accept the electronic sharing of HIV patient data to improve care for a disease historically seen as highly stigmatized. Acceptability depends on the effort expended to understand and address potential concerns related to data sharing and confidentiality, and on the trust established among stakeholders in terms of the nature of the systems and how they will be used.

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TI Is There a Duty to Share? Ethics of Sharing Research Data in the Context
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SO PUBLIC HEALTH ETHICS

LA English

DT Article

AB Making research data readily accessible during a public health emergency can have profound effects on our response capabilities. The moral milieu of this data sharing has not yet been adequately explored. This article explores the foundation and nature of a duty, if any, that researchers have to share data, specifically in the context of public health emergencies. There are three notable reasons that stand in opposition to a duty to share one's data, relating to: (i) data property and ownership, (ii) just distribution of benefits and burdens and (iii) the contemporary ethos of science. We argue each reason can be successfully met with corresponding rationale in favour of data sharing. Further support for data sharing has been echoed in policies of health agencies, funding bodies and academic institutions; in documents on the ethical conduct of biomedical research; and in discussions on the nature of public health. From this, we ascertain that sharing data is the morally sound default position. This

article then highlights the key roles reciprocity and solidarity play in supporting the practice of data sharing. We conclude with recommendations to regard public health research data as a common-pool resource in order to build a framework for stable data sharing management.

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TI Towards shared patient records: An architecture for using routine data
for nationwide research
SO INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS
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CT Symposium on Electronic Health Record Healthcare Registers and
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DE electronic patient record; architecture; multiple use of data; shared
data entry; medical informatics
ID INFORMATION-SYSTEMS; HEALTH-CARE; MODEL; TERMINOLOGY; INTEGRATION;
COMPONENTS
AB Ubiquitous information is currently one of the most challenging slogans in
medical informatics research. An adequate architecture for shared electronic

patient records is needed which can use data for multiple purposes and which is extensible for new research questions.

We introduce eardap as architecture for using routine data for nationwide clinical research in a multihospital environment. eardap can be characterized as terminology-based. Main advantage of our approach is the extensibility by new items and new research questions. Once the definition of items for a research question is finished, a consistent, corresponding database can be created without any informatics skills.

Our experiences in pediatric oncology in Germany have shown the applicability of eardap. The functions of our core system were in routine clinical use in several hospitals. We validated the terminology management system (TMS) and the module generation tool. with the basic data set of pediatric oncology. The multiple usability depends mainly on the quality of item planning in the TMS. High quality harmonization will lead to a higher amount of multiply used data.

When using eardap, special emphasis is to be placed on interfaces to local hospital information systems and data security issues. (c) 2005 Elsevier Ireland Ltd. All rights reserved.

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TI Biobanks, Data Sharing, and the Drive for a Global Privacy Governance
Framework

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DT Article

ID DATA PROTECTION REGULATION; HUMAN-GENOME-PROJECT; GENETIC
DISCRIMINATION; BROAD CONSENT; LEGAL; HARMONIZATION; INFORMATION;
HEALTH; PARTICIPATION; POPULATIONS

AB Biobanks are a key emerging biomedical research infrastructure. They manifest the turn towards greater global sharing of genomic and health-related data, which is considered by many to be an ethical and scientific imperative. Our collective interests lie in improving the health and welfare of individuals, communities, and populations; improving health and welfare requires access to, and use of, widely dispersed quality data. But sharing these individual and familial data requires in turn that due thought be given to the ethical and legal interests at stake. Most critically, data sharing must occur in an environment whereby privacy interests are safeguarded throughout the lifecycle of biobank initiatives, and regardless of the locations where the data are

stored, to which they are sent, and where they are ultimately processed. In this article, I outline the complex dimensions of data privacy regulation that challenge data sharing within the biobanking context. I discuss how harmonization may be a remedy for the gaps and marked differences of approach in data privacy regulation. Finally, I encourage the development of foundational responsible data sharing principles set within an overarching governance framework that provides assurance that reasonable expectations of privacy will be met.

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TI Biomedical Data Sharing and Reuse: Attitudes and Practices of Clinical
and Scientific Research Staff
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AB Background

Significant efforts are underway within the biomedical research community to encourage sharing and reuse of research data in order to enhance research reproducibility and enable scientific discovery. While some technological challenges do exist, many of the barriers to sharing and reuse are social in nature, arising from researchers' concerns about and attitudes toward sharing

their data. In addition, clinical and basic science researchers face their own unique sets of challenges to sharing data within their communities. This study investigates these differences in experiences with and perceptions about sharing data, as well as barriers to sharing among clinical and basic science researchers.

Methods

Clinical and basic science researchers in the Intramural Research Program at the National Institutes of Health were surveyed about their attitudes toward and experiences with sharing and reusing research data. Of 190 respondents to the survey, the 135 respondents who identified themselves as clinical or basic science researchers were included in this analysis. Odds ratio and Fisher's exact tests were the primary methods to examine potential relationships between variables. Worst-case scenario sensitivity tests were conducted when necessary.

Results and Discussion

While most respondents considered data sharing and reuse important to their work, they generally rated their expertise as low. Sharing data directly with other researchers was common, but most respondents did not have experience with uploading data to a repository. A number of significant differences exist between the attitudes and practices of clinical and basic science researchers, including their motivations for sharing, their reasons for not sharing, and the amount of work required to prepare their data.

Conclusions

Even within the scope of biomedical research, addressing the unique concerns of diverse research communities is important to encouraging researchers to share and reuse data. Efforts at promoting data sharing and reuse should be aimed at solving not only technological problems, but also addressing researchers' concerns about sharing their data. Given the varied practices of individual researchers and research communities, standardizing data practices like data citation and repository upload could make sharing and reuse easier.

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TI Healthcare professionals' acceptance of BelRAI, a web-based system enabling person-centred recording and data sharing across care settings with interRAI instruments: a UTAUT analysis

SO BMC MEDICAL INFORMATICS AND DECISION MAKING

LA English

DT Article

DE BelRAI; InterRAI; Older people; Person-centred; Computerisation; Data sharing; Integrated care; UTAUT; Technology acceptance; SEM; PLS

ID RESIDENT ASSESSMENT INSTRUMENT; LONG-TERM-CARE; NURSING-HOMES; INFORMATION-TECHNOLOGY; TRANSITIONAL CARE; ORGANIZATIONAL-BEHAVIOR; ASSESSMENT PROTOCOLS; USER ACCEPTANCE; OLDER-PEOPLE; QUALITY

AB Background: Healthcare and social care environments are increasingly confronted with older persons with long-term care needs. Consequently, the need for integrated and coordinated assessment systems increases. In Belgium, feasibility studies have been conducted on the implementation and use of interRAI instruments offering opportunities to improve continuity and quality of care. However, the development and implementation of information technology to support a shared dataset is a difficult and gradual process. We explore the applicability of the UTAUT theoretical model in the BelRAI healthcare project to analyse the acceptance of the BelRAI web application by healthcare professionals in home care, nursing home care and acute hospital care for older people with disabilities.

Methods: A structured questionnaire containing items based on constructs validated in the original UTAUT study was distributed to 661 Flemish caregivers. We performed a complete case analysis using data from 282 questionnaires to obtain information regarding the effects of performance expectancy (PE), effort expectancy (EE), social influence (SI), facilitating conditions (FC), anxiety (ANX), self-efficacy (SE) and attitude towards using technology (ATUT) on behavioural intention (BI) to use the BelRAI web application.

Results: The values of the internal consistency evaluation of each construct demonstrated adequate reliability of the survey instrument. Convergent and discriminant validity were established. However, the items of the ATUT construct cross-loaded on PE. FC proved to have the most significant influence on BI to use BelRAI, followed by SE. Other constructs (PE, EE, SI, ANX, ATUT) had no significant influence on BI. The 'direct effects only' model explained 30.8% of the variance in BI to use BelRAI.

Conclusions: Critical factors in stimulating the behavioural intention to use new technology are good-quality software, interoperability and compatibility with other information systems, easy access to computers, training facilities, built-in and online help and ongoing IT support. These findings can be used by policy makers to maximise the acceptance and the success of new technology. For researchers, the conclusions of the original UTAUT study with regards to the item and scale construction should not be copied blindly across different information systems. A bottom-up approach is preferred when building upon the UTAUT model.

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TI Determinants of change in self-rated health among older adults in Europe: a longitudinal perspective based on SHARE data
SO EUROPEAN JOURNAL OF AGEING
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DT Article
DE Self-rated health; SHARE; Longitudinal; Decline; Improvement
ID SOCIOECONOMIC INEQUALITIES; PERCEIVED HEALTH; ASSESSED HEALTH; FOLLOW-UP; MORTALITY; INDEX; SURVIVAL; PEOPLE; GENDER; LEVEL
AB The present study aims at detecting factors which may predict a decline or an improvement in self-rated health (SRH) of older adults (persons aged 50 or higher) among socio-demographic characteristics, physical and mental health indicators and risky health behaviours. In the analysis, multinomial logistic regression models are applied to data from waves 1 and 2 of the Survey of Health Ageing and Retirement in Europe (carried out about 3 years apart); persons who report a decline or an improvement in SRH at wave 2 are compared to those who report no change while controlling for SRH at baseline and country of residence. The analysis was carried out for the whole sample and two subgroups, persons aged 50-64 and 65 or higher. The results indicate that female sex and higher educational attainment have a strong protective effect against decline in SRH. Worse health at baseline is an important predictor of subsequent decline but changes occurring between the waves have a more pronounced effect, implying that SRH is influenced more by recent developments. The findings also indicate that improvement in SRH is a more complex concept than decline and is strongly affected by factors other than health. Among behavioural risk factors, low levels of physical activity and a decrease in the levels of activity between the waves are significantly related to decline while frequent drinking seems associated with improvement. Differentiations by age are modest and probably suggest that advancing age is related to a milder view of one's health.
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SC Geriatrics & Gerontology
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PT J
AU Langella, S
Hastings, S
Oster, S
Pan, T
Sharma, A
Permar, J
Ervin, D
Cambazoglu, BB
Kurc, T
Saltz, J
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Sharma, Ashish
Permar, Justin
Ervin, David
Cambazoglu, B. Barla
Kurc, Tahsin
Saltz, Joel

TI Sharing data and analytical resources securely in a biomedical research

grid environment

SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION

LA English

DT Article

ID INFRASTRUCTURE; INFORMATICS; MODELS

AB Objectives: To develop a security infrastructure to support controlled and secure access to data and analytical resources in a biomedical research Grid environment, while facilitating resource sharing among collaborators.

Design: A Grid security infrastructure, called Grid Authentication and Authorization with Reliably Distributed Services (GAARDS), is developed as a key architecture component of the NCI-funded cancer Biomedical Informatics Grid (caBIG (TM)). The GAARDS is designed to support in a distributed environment 1) efficient provisioning and federation of user identities and credentials; 2) group-based access control support with which resource providers can enforce policies based on community accepted groups and local groups; and 3) management of a trust fabric so that policies can be enforced based on required levels of assurance.

Measurements: GAARDS is implemented as a suite of Grid services and administrative tools. It provides three core services: Dorian for management and federation of user identities, Grid Trust Service for maintaining and provisioning a federated trust fabric within the Grid environment, and Grid Grouper for enforcing authorization policies based on both local and Grid-level groups.

Results: The GAARDS infrastructure is available as a stand-alone system and as a component of the caGrid infrastructure. More information about GAARDS can be accessed at <http://www.cagrid.org>.

Conclusions: GAARDS provides a comprehensive system to address the security challenges associated with environments in which resources may be located at different sites, requests to access the resources may cross institutional boundaries, and user credentials are created, managed, revoked dynamically in a de-centralized manner.

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NR 30

TC 15

Z9 16

U1 0

U2 5

PU OXFORD UNIV PRESS

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PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND

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J9 J AM MED INFORM ASSN

JI J. Am. Med. Inf. Assoc.

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PG 11

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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AU Mello, MM

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AF Mello, Michelle M.

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Goodman, Steven N.

TI Clinical Trial Participants' Views of the Risks and Benefits of Data

Sharing

SO NEW ENGLAND JOURNAL OF MEDICINE

LA English

DT Article

ID BIOBANK RESEARCH; JOURNAL EDITORS; CANCER-PATIENTS; ATTITUDES;

PERSPECTIVES; CONSENT; ACCESS; TRANSPARENCY; WILLINGNESS; INFORMATION

AB BACKGROUND

Sharing of participant-level clinical trial data has potential benefits, but concerns about potential harms to research participants have led some pharmaceutical sponsors and investigators to urge caution. Little is known about clinical trial participants' perceptions of the risks of data sharing.

METHODS

We conducted a structured survey of 771 current and recent participants from a diverse sample of clinical trials at three academic medical centers in the United States. Surveys were distributed by mail (350 completed surveys) and in clinic waiting rooms (421 completed surveys) (overall response rate, 79%).

RESULTS

Less than 8% of respondents felt that the potential negative consequences of data sharing outweighed the benefits. A total of 93% were very or somewhat likely to allow their own data to be shared with university scientists, and 82% were very or somewhat likely to share with scientists in for-profit companies. Willingness to share data did not vary appreciably with the purpose for which the data would be used, with the exception that fewer participants were willing to share their data for use in litigation. The respondents' greatest concerns were that data sharing might make others less willing to enroll in clinical trials (37% very or somewhat concerned), that data would be used for marketing purposes (34%), or that data could be stolen (30%). Less concern was expressed about discrimination (22%) and exploitation of data for profit (20%).

CONCLUSIONS

In our study, few clinical trial participants had strong concerns about the risks of data sharing. Provided that adequate security safeguards were in place, most participants were willing to share their data for a wide range of uses.
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NR 60

TC 14

Z9 14

U1 0

U2 7

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JI N. Engl. J. Med.

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WC Medicine, General & Internal

SC General & Internal Medicine

GA GI3HS

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ER

PT J

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TI A Multicenter Trial of a Shared Decision Support Intervention for Patients and Their Caregivers Offered Destination Therapy for Advanced Heart Failure: DECIDE-LVAD Rationale, Design, and Pilot Data

SO JOURNAL OF CARDIOVASCULAR NURSING

LA English

DT Article

DE health education; decision aids; ventricular assist device; patient-centered care; shared decision-making

ID DAILY PHYSICAL-ACTIVITY; QUALITY-OF-LIFE; RANDOMIZED CONTROLLED-TRIAL;
DAILY ENERGY-EXPENDITURE; CARDIAC REHABILITATION; OLDER-ADULTS; PROGRAM
PARTICIPATION; MYOCARDIAL-INFARCTION; EXERCISE CAPACITY; SPORTS-MEDICINE

AB Background: Shared decision making is important to ensure that patients receive therapies aligned with their goals and values. Based upon a detailed needs assessment with diverse stakeholders, pamphlet and video decision aids for destination therapy left ventricular assist devices (DT LVAD) were developed to help patients and their caregivers think through, forecast, and deliberate their options. These decision aids are the foundation of the Multicenter Trial of a Shared Decision Support Intervention for Patients and their Caregivers Offered Destination Therapy for End-Stage Heart Failure (DECIDE-LVAD) study, a multicenter, randomized trial aimed at understanding the effectiveness and implementation of a shared decision support intervention for patients considering DT LVAD.

Methods/Design: A stepped-wedge randomized controlled trial was designed, guided by the RE-AIM framework and modeled after an effectiveness-implementation hybrid type II design. Six DT LVAD programs from across the United States will participate. Primary outcomes include knowledge and values-treatment concordance. Patients with advanced heart failure who are being considered for DT LVAD and their caregivers are eligible with a target enrollment of 168 dyads. From August 2014 to January 2015, an acceptability and feasibility pilot study was performed, which clarified opportunities and challenges around decision support for DT LVAD and resulted in significant modifications to the DECIDE-LVAD study.

Discussion: Study findings will provide a foundation for implementing decision support interventions, including decision aids, with patients who have chronic progressive illness facing end-of-life decisions involving invasive, preference-sensitive therapy options.

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NR 49

TC 14

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U1 1

U2 12

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J9 J CARDIOVASC NURS

JI J. Cardiovasc. Nurs.

PD NOV-DEC

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VL 31

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PG 13

WC Cardiac & Cardiovascular Systems; Nursing

SC Cardiovascular System & Cardiology; Nursing

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ER

PT J

AU Fedorov, A

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TI DICOM for quantitative imaging biomarker development: a standards based approach to sharing clinical data and structured PET/CT analysis results in head and neck cancer research

SO PEERJ

LA English

DT Article

DE Quantitative imaging; Imaging biomarker; Imaging informatics; DICOM; PET/CT imaging; Head and neck cancer; Image analysis; Cancer imaging; Interoperability; Open science

ID FDG UPTAKE; TERMINOLOGY; ONCOLOGY; PLATFORM; IMAGES

AB Background. Imaging biomarkers hold tremendous promise in the precision medicine clinical applications. Development of such biomarkers relies heavily on image post-processing tools for automated image quantitation. Their deployment in the context of clinical research necessitates interoperability with the clinical systems. Comparison with the established outcomes and evaluation motivate integration of the clinical and imaging data, and the use of standardized approaches to sharing analysis results and semantics. We develop the methodology and supporting tools to perform these tasks in Positron Emission Tomography and Computed Tomography (PET/CT) quantitative imaging (QI) biomarker development applied to head and neck cancer (HNC) treatment response assessment, using the Digital Imaging and Communications in Medicine (DICOM (R)) international standard and free open-source software.

Methods. Quantitative analysis of PET/CT imaging data collected on patients undergoing treatment for HNC was conducted. Processing steps included Standardized Uptake Value (SUV) normalization of the images, segmentation of the tumor and reference regions of interest using manual and semi-automatic approaches, and extraction of the volumetric segmentation-based measurements. Suitable components of the DICOM standard were identified to model the various types of data produced by the analysis. A developer toolkit of conversion routines and an Application Programming Interface (API) were contributed and applied to create a standards-based representation of the data.

Results. DICOM Real World Value Mapping, Segmentation and Structured Reporting objects were utilized for standards-compliant representation of the PET/CT QI analysis results. A number of correction proposals to the standard were developed. The open source DICOM toolkit (DCMTK) was improved to simplify the task of encoding via new API abstractions. Conversion and visualization tools utilizing this toolkit were developed. The encoded objects were validated for consistency and interoperability. The resulting dataset was deposited to the QIN-HEADNECK collection of The Cancer Imaging Archive. Supporting tools for data analysis and DICOM conversion were made available as free open source software.

Discussion. We presented a detailed investigation of the development and application of the DICOM model, as well as the supporting open source tools and toolkits, to accommodate representation of the research data in QI biomarker development. We demonstrated that DICOM standard can be used to represent various types of the analysis results and encode their complex relationships. The resulting annotated objects are amenable for data mining applications, and are interoperable with a variety of systems that support the DICOM standard.

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TI Occupational position, work stress and depressive symptoms: a pathway analysis of longitudinal SHARE data

SO JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH

LA English

DT Article

ID EFFORT-REWARD IMBALANCE; CORONARY-HEART-DISEASE; EURO-D SCALE;

PSYCHOSOCIAL FACTORS; MEDIATION ANALYSIS; SOCIAL GRADIENT; HEALTH; RISK

AB Background Several studies tested whether stressful work mediates the association between socioeconomic position (SEP) and health. Although providing moderate support, evidence is still inconclusive, partly due to a lack of theory-based measures of SEP and work stress, and because of methodological limitations. This contribution aims at overcoming these limitations.

Methods We conduct pathway analysis and investigate indirect effects of SEP on mental health via stressful work. Data are derived from the first two waves of the 'Survey of Health, Ageing and Retirement in Europe' (SHARE) with information from employed men and women aged 50-64 across 11 European countries (N=2798). SEP is measured according to two alternative measures of occupational position: occupational class (focus on employment relations) and occupational status (focus on prestige). We assess work stress according to the effort-reward imbalance and the demand-control model (wave 1), and we use newly occurring depressive symptoms as health outcome (wave 2).

Results Effort-reward imbalance and, less consistently, low control mediate the effect of occupational class and occupational status on depressive symptoms.

Conclusions Our findings point to two important aspects of work stress (effort-reward imbalance and low control) in explaining socioeconomic differences in health. Further, we illustrate the significance of two alternative dimensions of occupational position, occupational class and occupational status.

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TI Patient-controlled sharing of medical imaging data across unaffiliated healthcare organizations

SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION

LA English

DT Article

ID INFORMATION EXCHANGE; ARCHITECTURE; TECHNOLOGY; PRIVACY; CONSENT; RECORDS

AB Background Current image sharing is carried out by manual transportation of CDs by patients or organization-coordinated sharing networks. The former places a significant burden on patients and providers. The latter faces challenges to patient privacy.

Objective To allow healthcare providers efficient access to medical imaging data acquired at other unaffiliated healthcare facilities while ensuring strong protection of patient privacy and minimizing burden on patients, providers, and the information technology infrastructure.

Methods An image sharing framework is described that involves patients as an integral part of, and with full control of, the image sharing process. Central to this framework is the Patient Controlled Access-key REGistry (PCARE) which manages the access keys issued by image source facilities. When digitally signed by patients, the access keys are used by any requesting facility to retrieve the associated imaging data from the source facility. A centralized patient portal, called a PCARE patient control portal, allows patients to manage all the access keys in PCARE.

Results A prototype of the PCARE framework has been developed by extending open-source technology. The results for feasibility, performance, and user assessments are encouraging and demonstrate the benefits of patient-controlled image sharing.

Discussion The PCARE framework is effective in many important clinical cases of image sharing and can be used to integrate organization-coordinated sharing networks. The same framework can also be used to realize a longitudinal virtual electronic health record.

Conclusion The PCARE framework allows prior imaging data to be shared among unaffiliated healthcare facilities while protecting patient privacy with minimal burden on patients, providers, and infrastructure. A prototype has been implemented to demonstrate the feasibility and benefits of this approach.

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TI Health-Care Data Collecting, Sharing, and Using in Thailand, China Mainland, South Korea, Taiwan, Japan, and Malaysia

SO VALUE IN HEALTH

LA English

DT Article

DE Asia Pacific; collection; health-care data; sharing; using

AB This article sought to describe the health-care data situation in six selected economies in the Asia-Pacific region. Authors from Thailand, China mainland, South Korea, Taiwan, Japan, and Malaysia present their analyses in three parts. The first part of the article describes the data-collection process and the sources of data. The second part of the article presents issues around policies of data sharing with the stake-holders. The third and final part of the article focuses on the extent of health-care data use for policy reform in these different economies. Even though these economies differ in their economic structure and population size, they share some similarities on issues related to health-care data. There are two main institutions that collect and manage the health-care data in these economies. In Thailand, China mainland, Taiwan, and Malaysia, the Ministry of Health is responsible through its various agencies for collecting and managing the health-care data. On the other hand, health insurance is the main institution that collects and stores health-care data in South Korea and Japan. In all economies, sharing of and access to data is an issue. The reasons for limited access to some data are privacy protection, fragmented health-care system, poor quality of routinely collected data, unclear policies and procedures to access the data, and control on the freedom on publication. The primary objective of collecting health-care data in these economies is to aid the policymakers and researchers in policy decision making as well as create an awareness on health-care issues for the general public. The usage of data in monitoring the performance of the health system is still in the process of development. In conclusion, for the region under discussion, health-care data collection is under the responsibility of the Ministry of Health and health insurance agencies. Data are collected from health-care providers mainly from the public sector. Routinely collected data are supplemented by national surveys. Accessibility to the data is a major issue in most of the economies under discussion. Accurate health-care data are required mainly to support policy making and evidence-based decisions.

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TI Nothing is really safe': a focus group study on the processes of
anonymizing and sharing of health data for research purposes
SO JOURNAL OF EVALUATION IN CLINICAL PRACTICE
LA English
DT Article
DE anonymized data; consent; lay views; warehouse model
ID MEDICAL-RECORDS; CONSENT; TRUST
AB Rationale and objectives The availability of anonymized data is a keystone of
medical research, yet little is known about lay views towards the process of
anonymization or on the way that anonymized medical data are transferred to
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SC Health Care Sciences & Services; Medical Informatics; General & Internal
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PU WORLD HEALTH ORGANIZATION
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PA MARKETING AND DISSEMINATION, CH-1211 GENEVA 27, SWITZERLAND
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TI Developing a data sharing community for spinal cord injury research

SO EXPERIMENTAL NEUROLOGY

LA English

DT Review

DE FAIR data principles; Reproducibility; Neuroscience; Informatics;
Workshop proceedings; Open Data Commons

ID COMMON DATA ELEMENTS; BIG DATA; SCALE; INFORMATICS; OPTIMIZE; RECOVERY;
PATH; BIAS

AB The rapid growth in data sharing presents new opportunities across the spectrum of biomedical research. Global efforts are underway to develop practical guidance for implementation of data sharing and open data resources. These include the recent recommendation of 'FAIR Data Principles', which assert that if data is to have broad scientific value, then digital representations of that data should be (F) under bar indable, (A) under bar ccessible, (I) under bar nteroperable and (R) under bar eusable (FAIR). The spinal cord injury (SCI) research field has a long history of collaborative initiatives that include

sharing of pre-clinical research models and outcome measures. In addition, new tools and resources are being developed by the SCI research community to enhance opportunities for data sharing and access. With this in mind, the National Institute of Neurological Disorders and Stroke (NINDS) at the National Institutes of Health (NIH) hosted a workshop on October 5-6, 2016 in Bethesda, MD, in collaboration with the Open Data Commons for Spinal Cord Injury (ODC-SCI) titled "Preclinical SCI Data: Creating a FAIR Share Community". Workshop invitees were nominated by the workshop steering committee (co-chairs: ARF and VPL; members: AC, KDA, MSB, KF, LBJ, PGP, JMS), to bring together junior and senior level experts including preclinical and basic SCI researchers from academia and industry, data science and bioinformatics experts, investigators with expertise in other neurological disease fields, clinical researchers, members of the SCI community, and program staff representing federal and private funding agencies. The workshop and ODC-SCI efforts were sponsored by the International Spinal Research Trust (ISRT), the Rick Hansen Institute, Wings for Life, the Craig H. Neilsen Foundation and NINDS. The number of attendees was limited to ensure active participation and feedback in small groups. The goals were to examine the current landscape for data sharing in SCI research and provide a path to its future. Below are highlights from the workshop, including perspectives on the value of data sharing in SCI research, workshop participant perspectives and concerns, descriptions of existing resources and actionable directions for further engaging the SCI research community in a model that may be applicable to many other areas of neuroscience. This manuscript is intended to share these initial findings with the broader research community, and to provide talking points for continued feedback from the SCI field, as it continues to move forward in the age of data sharing. (C) 2017 Published by Elsevier Inc.

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TI Promises and pitfalls of data sharing in qualitative research

SO SOCIAL SCIENCE & MEDICINE

LA English

DT Article

DE Confidentiality; Data sharing; Ethnography; Mixed methods; Qualitative research; Reproducibility; Transparency

ID REPRODUCIBLE RESEARCH; NURSES HEALTH; REPLICATION; DEPRESSION; ETHNOGRAPHY; SUPPORT; SCIENCE; ETHICS; TRIAL; SEX

AB The movement for research transparency has gained irresistible momentum over the past decade. Although qualitative research is rarely published in the high-impact journals that have adopted, or are most likely to adopt, data sharing policies, qualitative researchers who publish work in these and similar venues

will likely encounter questions about data sharing within the next few years. The fundamental ways in which qualitative and quantitative data differ should be considered when assessing the extent to which qualitative and mixed methods researchers should be expected to adhere to data sharing policies developed with quantitative studies in mind. We outline several of the most critical concerns below, while also suggesting possible modifications that may help to reduce the probability of unintended adverse consequences and to ensure that the sharing of qualitative data is consistent with ethical standards in research. (C) 2016 Elsevier Ltd. All rights reserved.

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TI Sharing health-related data: a privacy test?

SO NPJ GENOMIC MEDICINE

LA English

DT Article

ID CONFIDENTIALITY; ATTITUDES; RISKS; CARE

AB Greater sharing of potentially sensitive data raises important ethical, legal and social issues (ELSI), which risk hindering and even preventing useful data sharing if not properly addressed. One such important issue is respecting the privacy-related interests of individuals whose data are used in genomic research and clinical care. As part of the Global Alliance for Genomics and Health (GA4GH), we examined the ELSI status of health-related data that are typically considered 'sensitive' in international policy and data protection laws. We propose that 'tiered protection' of such data could be implemented in contexts such as that of the GA4GH Beacon Project to facilitate responsible data sharing. To this end, we discuss a Data Sharing Privacy Test developed to distinguish degrees of sensitivity within categories of data recognised as 'sensitive'. Based on this, we propose guidance for determining the level of protection when sharing genomic and health-related data for the Beacon Project and in other international data sharing initiatives.

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TI Comprehension and Data-Sharing Behavior of Direct-To-Consumer Genetic Test Customers

SO PUBLIC HEALTH GENOMICS

LA English

DT Article

DE Data-sharing behavior; Direct-to-consumer genetic test; Honest brokers; Risk comprehension

ID PUBLIC-HEALTH PRACTICE; PERSONALIZED MEDICINE; LITERACY; GENOMICS; SERVICES; IMPACT; TWIN

AB Aim: The aim of this study was to evaluate current direct-to consumer (DTC) genetic customers' ability to interpret and comprehend test results and to determine if honest brokers are needed. Method: One hundred and twenty-two customers of the DTC genetic testing company 23andMe were polled in an online survey. The subjects were asked about their personal test results and to interpret the results of two mock test cases (type 2 diabetes and multiple sclerosis), where results were translated into disease probability for an individual compared to the public. Results: When asked to evaluate the risk, 72.1% correctly assessed the first case and 77% were correct on the second case. Only 23.8% of those surveyed were able to interpret both cases correctly. X-2 and logistic regression were used to interpret the results. Participants who took the time to read the DTC test-provided supplemental material were 3.93 times ($p = 0.040$) more likely to correctly interpret the test results than those who did not. The odds for correctly interpreting the test cases were 3.289 times ($p = 0.011$) higher for those who made more than USD 50,000 than those who made less. Survey results were compared to the Health Information National Trends Survey (HINTS) phase 4 cycle 3 data to evaluate national trends. Conclusions: Most of the subjects were able to correctly interpret the test cases, yet a majority did not share their results with a health-care professional. As the market for DTC genetic testing grows, test comprehension will become more critical. Involving more health professionals in this process may be necessary to ensure proper interpretations. (C) 2016 S. Karger AG, Basel

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AU Whitty, CJM

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Farrar, J

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TI Providing incentives to share data early in health emergencies: the role
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SO LANCET
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ID OUTBREAK
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AU Hate, K
Meherally, S
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Parker, M
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AF Hate, Ketaki
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TI Sweat, Skepticism, and Uncharted Territory: A Qualitative Study of
Opinions on Data Sharing Among Public Health Researchers and Research
Participants in Mumbai, India

SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS

LA English

DT Article

DE data sharing; poverty areas; Mumbai; India; ethics

ID BIG DATA; ETHICS

AB Efforts to internalize data sharing in research practice have been driven largely by developing international norms that have not incorporated opinions from researchers in low- and middle-income countries. We sought to identify the issues around ethical data sharing in the context of research involving women and children in urban India. We interviewed researchers, managers, and research participants associated with a Mumbai non-governmental organization, as well as researchers from other organizations and members of ethics committees. We conducted 22 individual semi-structured interviews and involved 44 research participants in focus group discussions. We used framework analysis to examine ideas about data and data sharing in general; its potential benefits or harms, barriers, obligations, and governance; and the requirements for consent. Both researchers and participants were generally in favor of data sharing, although limited experience amplified their reservations. We identified three themes: concerns that the work of data producers may not receive appropriate acknowledgment, skepticism about the process of sharing, and the fact that the terrain of data sharing was essentially uncharted and confusing. To increase data sharing in India, we need to provide guidelines, protocols, and examples of good practice in terms of consent, data preparation, screening of applications, and what individuals and organizations can expect in terms of validation, acknowledgment, and authorship.

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PT J
AU Jiang, XQ
Sarwate, AD
Ohno-Machado, L
AF Jiang, Xiaoqian
Sarwate, Anand D.
Ohno-Machado, Lucila
TI Privacy Technology to Support Data Sharing for Comparative Effectiveness
Research A Systematic Review
SO MEDICAL CARE
LA English
DT Article

DE health privacy; comparative effectiveness research; data sharing
ID GENOMIC DATA PRIVACY; DATA ANONYMIZATION; K-ANONYMITY; MICROAGGREGATION;
CONFIDENTIALITY; AGGREGATION; FRAMEWORK; ACCURACY; QUERIES; ATTACKS
AB Objective: Effective data sharing is critical for comparative effectiveness
research (CER), but there are significant concerns about inappropriate
disclosure of patient data. These concerns have spurred the development of new
technologies for privacy-preserving data sharing and data mining. Our goal is to
review existing and emerging techniques that may be appropriate for data sharing
related to CER.

Materials and Methods: We adapted a systematic review methodology to
comprehensively search the research literature. We searched 7 databases and
applied 3 stages of filtering based on titles, abstracts, and full text to
identify those works most relevant to CER.

Results: On the basis of agreement and using the arbitrage of a third party
expert, we selected 97 articles for meta-analysis. Our findings are organized
along major types of data sharing in CER applications (ie, institution-to-
institution, institution hosted, and public release). We made recommendations
based on specific scenarios. Limitation: We limited the scope of our study to
methods that demonstrated practical impact, eliminating many theoretical studies
of privacy that have been surveyed elsewhere. We further limited our study to
data sharing for data tables, rather than complex genomic, set valued, time
series, text, image, or network data.

Conclusion: State-of-the-art privacy-preserving technologies can guide the development of practical tools that will scale up the CER studies of the future. However, many challenges remain in this fast moving field in terms of practical evaluations and applications to a wider range of data types.

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NR 106

TC 13

Z9 13

U1 1

U2 22

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PT J

AU Sankoh, O

Ijsselmuiden, C
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CA 25 Others
TI Sharing research data to improve public health: a perspective from the
global south
SO LANCET
LA English
DT Letter
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CR Council on Health Research for Development (COHRED), AR INT HLTH RES PROG
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NR 4
TC 13
Z9 13
U1 0
U2 4
PU ELSEVIER SCIENCE INC
PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
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J9 LANCET
JI Lancet
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VL 378
IS 9789
BP 401
EP 402
DI 10.1016/S0140-6736(11)61211-7
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WC Medicine, General & Internal
SC General & Internal Medicine
GA 803XM
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PT J
AU Murdoch, J
Poland, F
Salter, C
AF Murdoch, Jamie
Poland, Fiona
Salter, Charlotte
TI Analyzing Interactional Contexts in a Data-Sharing Focus Group
SO QUALITATIVE HEALTH RESEARCH
LA English
DT Article
DE communication; discourse analysis; focus groups; medication;
triangulation

ID CHRONIC ILLNESS; HEALTH; MEDICATION; ASTHMA; MANAGEMENT; ADHERENCE;
PSYCHOLOGY; ACCOUNTS; PEOPLE; ADULTS

AB In this article we describe the use of a data-sharing focus group for triangulation with face-to-face interviews. In contrast to member-checking triangulation, this focus group was undertaken to provide a different interactional context to analyze moral discourses in talk about asthma medicine taking. Using principles of discursive psychology to analyze data, participants adopted strategies to manage dilemmas of identification with research findings. Talk about medicine taking was contextualized to the demands of the interaction. Strategies included avoiding direct reference to findings; collectively aligning with medical perspectives; and using stories to carry opinions. Participants also expressed moral discourses around managing asthma in everyday life. These discursive variations strengthened assertions of the role of morality in participants' talk and highlighted advantages in engaging with participants' strategies in focus groups. Different viewpoints identified in this research create problems for member checking, suggesting that researchers need to be sensitive in considering methods of sharing data with participants.

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NR 34
TC 13
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U2 13
PU SAGE PUBLICATIONS INC
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PA 2455 TELLER RD, THOUSAND OAKS, CA 91320 USA
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WC Information Science & Library Science; Social Sciences,
Interdisciplinary; Social Sciences, Biomedical
SC Information Science & Library Science; Social Sciences - Other Topics;
Biomedical Social Sciences
GA 585TD
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PT J
AU Pu, CY
Lan, V
Chou, YJ
Lan, CF
AF Pu, Cheng-yun
Lan, Virginia
Chou, Yiing-Jenq
Lan, Chung-fu
TI The crowding-out effects of tobacco and alcohol where expenditure shares
are low: Analyzing expenditure data for Taiwan
SO SOCIAL SCIENCE & MEDICINE
LA English
DT Article
DE smoking; alcohol; household expenditure; household budget; crowding-out;
Taiwan
ID INSTRUMENTAL VARIABLES; CIGARETTE PRICES; ECONOMIC BURDEN; SMOKING;
CONSUMPTION; INCREASES; IMPACT; CHINA; WEAK
AB In this paper, we used data from the 2004 Survey of Family Income &
Expenditure of Taiwan to show that the problem of the crowding-out effects of
tobacco and alcohol in a country with low expenditure can still be serious. Most

studies that have investigated this issue have focused on developing countries with a high expenditure share on tobacco or alcohol, and have often overlooked the effects in countries with a low expenditure on such goods. After controlling for the endogeneity of tobacco and alcohol expenditure, and the possibility that households with a zero expenditure on tobacco and alcohol may result from a corner solution rather than abstention, we found that the lowest income households are still most vulnerable to tobacco and alcohol expenditures despite an overall low expenditure in Taiwan. Even higher income households may suffer a lower standard of living due to such expenditure. In addition, some goods and services may be perceived differently by households with different levels of income and this may be caused by the difference in composition across broad expenditure categories. Our results suggest that the government ought to tackle the problem of smoking and drinking outside the realm of health, since these expenditures may burnt the country's standard of living even when there is high income. (c) 2008 Elsevier Ltd. All rights reserved.

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NR 28

TC 13

Z9 14

U1 0

U2 0

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WC Public, Environmental & Occupational Health; Social Sciences, Biomedical
SC Public, Environmental & Occupational Health; Biomedical Social Sciences
GA 296XY
UT WOS:000255580400012
PM 18313191
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PT J
AU Zhang, AQ
 Lin, XD
AF Zhang, Aiqing
 Lin, Xiaodong
TI Towards Secure and Privacy-Preserving Data Sharing in e-Health Systems
 via Consortium Blockchain
SO JOURNAL OF MEDICAL SYSTEMS
LA English
DT Article
DE Blockchain; Security; Privacy preservation; e-Health; Personal Health
 Information (PHI)

ID PROXY RE-ENCRYPTION; KEYWORD SEARCH; CLOUDS
AB Electronic health record sharing can help to improve the accuracy of
diagnosis, where security and privacy preservation are critical issues in the
systems. In recent years, blockchain has been proposed to be a promising
solution to achieve personal health information (PHI) sharing with security and
privacy preservation due to its advantages of immutability. This work proposes a
blockchain-based secure and privacy-preserving PHI sharing (BSPP) scheme for
diagnosis improvements in e-Health systems. Firstly, two kinds of blockchains,
private blockchain and consortium blockchain, are constructed by devising their
data structures, and consensus mechanisms. The private blockchain is responsible
for storing the PHI while the consortium blockchain keeps records of the secure
indexes of the PHI. In order to achieve data security, access control, privacy
preservation and secure search, all the data including the PHI, keywords and the
patients' identity are public key encrypted with keyword search. Furthermore,
the block generators are required to provide proof of conformance for adding new
blocks to the blockchains, which guarantees the system availability. Security
analysis demonstrates that the proposed protocol can meet with the security
goals. Furthermor, we implement the proposed scheme on JUICE to evaluate the
performance.

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AF Conde-Sala, Josep L.
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TI Quality of life in people aged 65+in Europe: associated factors and
models of social welfare-analysis of data from the SHARE project (Wave
5)

SO QUALITY OF LIFE RESEARCH

LA English

DT Article

DE Ageing; Quality of life; European countries; Health; Socioeconomic
factors; Models of social welfare

ID OLDER EUROPEANS; SUICIDE; MORTALITY; HEALTH; DEPRESSION; HAPPINESS;
SYMPTOMS; DECLINE; DISEASE; MARKERS

AB To analyse the clinical, sociodemographic and socioeconomic factors that
influence perceived quality of life (QoL) in a community sample of 33,241 people
aged 65+ and to examine the relationship with models of social welfare in Europe.

This was a cross-sectional study of data from Wave 5 (2013) of the Survey of
Health, Ageing and Retirement in Europe (SHARE). The instruments used in the
present study were as follows: sociodemographic data, CASP-12 (QoL), EURO-D
(depression), indicators of life expectancy and suicide (WHO), and economic
indicators (World Bank). Statistical analysis included bivariate and multilevel
analyses.

In the multilevel analysis, greater satisfaction in life, less depression,
sufficient income, better subjective health, physical activity, an absence of
functional impairment, younger age and participation in activities were
associated with better QoL in all countries. More education was only associated
with higher QoL in Eastern European and Mediterranean countries, and only in the
latter was caring for grandchildren also related to better QoL. Socioeconomic
indicators were better and QoL scores higher (mean = 38.5 +/- 5.8) in countries
that had a social democratic (Nordic cluster) or corporatist model (Continental
cluster) of social welfare, as compared to Eastern European and Mediterranean
countries, which were characterized by poorer socioeconomic conditions, more
limited social welfare provision and lower QoL scores (mean = 33.5 +/- 6.4).

Perceived quality-of-life scores are consistent with the sociodemographic and clinical characteristics of participants, as well as with the socioeconomic indicators and models of social welfare of the countries in which they live. C1 [Conde-Sala, Josep L.; Portellano-Ortiz, Cristina] Univ Barcelona, Fac Psychol, Passeig Vall Hebron 171, Barcelona 08035, Spain.

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TI Understanding the value of social networks in life satisfaction of
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DT Article
DE Life satisfaction; Size of social networks; Composition of social

networks; Older adults; Europe; Survey of health; Aging and retirement
ID QUALITY-OF-LIFE; LONG-TERM-CARE; NATIONAL SAMPLE; HEALTH-STATUS;
SURVIVAL; SUPPORT; OLDEST; TIES; MORTALITY; DISEASE

AB Background: Networks of family and friends are a source of support and are generally associated with higher life satisfaction values among older adults. On the other hand, older adults who are satisfied with their life may be more able to develop and maintain a wider social network. For this reason, the causal link between size and composition of the social networks and satisfaction with life is yet to be explored. This paper investigates the effect of the 'size', (number of family and friends, and network) and the 'composition' (the proportion of friends over total number of persons) of the social network on life satisfaction among older adults (50+). Moreover, we also investigate the patterns of this relation between different European countries.

Method: Data from the 4th wave of Survey of Health, Ageing and Retirement in Europe and an instrumental variable approach are used to estimate the extent of the relation between life satisfaction and size and composition of social networks.

Results: Respondents in Western and Northern European (WNE) countries report larger networks than respondents in Eastern and Southern European (ESE) countries. However, the positive relationship between network size and life satisfaction is consistent across countries. On the other hand, the share of friends in the network appears to be generally negatively related to satisfaction with life, though results are not statistically significant for all countries.

Conclusions: Apparently, a larger personal network is important for older adults (50+) to be more satisfied with life. Our results suggest that this relation is particularly positive if the network is comprised of family members.
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TI A Study to Determine the Most Popular Lifestyle Smartphone Applications
and Willingness of the Public to Share Their Personal Data for Health
Research

SO TELEMEDICINE AND E-HEALTH

LA English

DT Article

DE data access; data sharing; m-health; smartphone; apps; public health
ID WEIGHT-LOSS; MOBILE; INFORMATION; APPS; OBESITY; MANAGEMENT; PRIVACY
AB Introduction: Smartphone lifestyle applications (apps) and wearable fitness-
tracking devices collect a wealth of data that could provide research insights
to support prevention and treatment of obesity and chronic diseases. The aim of
this study was to pilot a survey to explore patterns of behavioral tracking
using smartphone lifestyle apps and individuals' willingness to share their app-
generated data. Methods: A cross-sectional Web-based survey was conducted within
a university setting. The 35-item survey asked participants about their self-
tracking patterns; use of lifestyle apps and wearable devices; how their self-
tracked health data could be useful to them; and any restrictions they would
impose on sharing personal data. Responses were tabulated and analyzed for
trends. Results: The survey was completed by 101 participants. On average, 3.1
(standard deviation [SD] +/- 1.9) health and fitness apps were installed by
current app users (n = 85), with MyFitnessPal, MapMyRun, Nike+, and Fitbit being
most popular. Most participants were willing to share their personal health data
for research (77%). Those who did not normally share their health-tracking data
were more likely than sharers to be concerned about privacy (odds ratio [OR] =
5.93; 95% confidence interval [95% CI] = 2.09-16.78), as were those not
identifying with the quantified-self movement compared with those who were (OR =
5.04; 95% CI = 1.64-15.50). Discussion: Participants were generally willing to
share personal data, thus increasing the potential for these data to inform
public health research and for use in targeted personalized program and
intervention development. Conclusions: Opportunities for partnerships between
researchers and commercial app developers or industry could improve public
health research and practice.

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financial conflicts of interest. A.B. declares no conflicts of interest.

M.A.F. has developed food-based apps, but not for weight management.

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TI Research Stakeholders' Views on Benefits and Challenges for Public Health Research Data Sharing in Kenya: The Importance of Trust and Social Relations

SO PLOS ONE

LA English

DT Article

ID EXPERIENCES; PERSPECTIVE; ISSUES

AB Background There is increasing recognition of the importance of sharing research data within the international scientific community, but also of the ethical and social challenges this presents, particularly in the context of structural inequities and varied capacity in international research. Public involvement is essential to building locally responsive research policies, including on data sharing, but little research has involved stakeholders from low-to-middle income countries.

Methods Between January and June 2014, a qualitative study was conducted in Kenya involving sixty stakeholders with varying experiences of research in a deliberative process to explore views on benefits and challenges in research data sharing. In-depth interviews and extended small group discussions based on information sharing and facilitated debate were used to collect data. Data were analysed using Framework Analysis, and charting flow and dynamics in debates.

Findings The findings highlight both the opportunities and challenges of communicating about this complex and relatively novel topic for many stakeholders. For more and less research-experienced stakeholders, ethical research data sharing is likely to rest on the development and implementation of appropriate trust-building processes, linked to local perceptions of benefits and challenges. The central nature of trust is underpinned by uncertainties around who might request what data, for what purpose and when. Key benefits perceived in this consultation were concerned with the promotion of public health through science, with legitimate beneficiaries defined differently by

different groups. Important challenges were risks to the interests of study participants, communities and originating researchers through stigmatisation, loss of privacy, impacting autonomy and unfair competition, including through forms of intentional and unintentional 'misuse' of data. Risks were also seen for science.

Discussion Given background structural inequities in much international research, building trust in this low-to-middle income setting includes ensuring that the interests of study participants, primary communities and originating researchers will be promoted as far as possible, as well as protected. Important ways of building trust in data sharing include involving the public in policy development and implementation, promoting scientific collaborations around data sharing and building close partnerships between researchers and government health authorities to provide checks and balances on data sharing, and promote near and long-term translational benefits.

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TI Sharing Public Health Research Data: Toward the Development of Ethical
Data-Sharing Practice in Low- and Middle-Income Settings

SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS

LA English

DT Article

DE biomedical research ethics; data sharing; data release; research data;
research governance; low-income countries

ID INDIVIDUAL PATIENT DATA; LEVEL DATA; CLINICAL-TRIALS; VIEWS;
EXPERIENCES; ACCESS; BENEFITS; GENOME; TRUST

AB It is increasingly recognized that effective and appropriate data sharing
requires the development of models of good data-sharing practice capable of
taking seriously both the potential benefits to be gained and the importance of
ensuring that the rights and interests of participants are respected and that
risk of harms is minimized. Calls for the greater sharing of individual-level
data from biomedical and public health research are receiving support among
researchers and research funders. Despite its potential importance, data sharing
presents important ethical, social, and institutional challenges in low-income
settings. In this article, we report on qualitative research conducted in five
low- and middle-income countries exploring the experiences of key research
stakeholders and their views about what constitutes good data-sharing practice.
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AU Merson, L

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AF Merson, Laura

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Nguyen Thanh Dung

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Parker, Michael
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TI Trust, Respect, and Reciprocity: Informing Culturally Appropriate
Data-Sharing Practice in Vietnam

SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS

LA English

DT Article

DE data sharing; clinical data; ethics; biomedical data; Vietnam;
qualitative methods; information dissemination; access to information

ID PUBLIC-HEALTH RESEARCH; VIEWS; EXPERIENCES; CONSENT; ACCESS

AB International science funders and publishers are driving a growing trend in data sharing. There is mounting pressure on researchers in low- and middle-income settings to conform to new sharing policies, despite minimal empirically grounded accounts of the ethical challenges of implementing the policies in these settings. This study used in-depth interviews and focus group discussions with 48 stakeholders in Vietnam to explore the experiences, attitudes, and expectations that inform ethical and effective approaches to sharing clinical research data. Distinct views on the role of trust, respect, and reciprocity were among those that emerged to inform culturally appropriate best practices. We conclude by discussing the challenges that authors of data-sharing policies should consider in this unique context.

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AF Felix, Benjamin
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Texier, Thomas
Lombard, Bertrand
Brisabois, Anne
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TI Building a molecular *Listeria monocytogenes* database to centralize and share PFGE typing data from food, environmental and animal strains throughout Europe

SO JOURNAL OF MICROBIOLOGICAL METHODS

LA English

DT Article

DE European Union Reference Laboratory; Food chain; *Listeria monocytogenes*; PFGE; Surveillance; Typing database

ID FIELD GEL-ELECTROPHORESIS; PROFICIENCY TESTING TRIALS; PULSENET; HARMONIZATION

AB The European Union Reference Laboratory (EURL) for *Listeria monocytogenes* (Lm) collaborates with a network of 35 National Reference Laboratories (NRLs) throughout Europe. Most of these NRLs are in charge of detecting and typing Lm strains from food, environment and animals, which are isolated nationally. The past few years EURL activities have enabled NRLs to reinforce typing capabilities according to standardised protocols. Consequently the need to exchange typing data within the NRL network has emerged. That is why the EURL has recently set up a EURL Lm Database (EURL Lm DB). Each NRL contributes data, which is then shared within the network. Data include strain-typing-results (PFGE and serotyping) and epidemiological information on the strains.

This article describes (1) the EURL typing activities that led to the creation of the EURL Lm DB, (2) the different steps involved in developing the EURL Lm DB, and (3) the usefulness of this database for public health.

The combined use of this database, with databases on human strains, is being integrated into the European surveillance system of Lm strains circulating throughout Europe. It should improve the detection of this pathogen and provide support for outbreak investigations. (C) 2014 Elsevier B.V. All rights reserved.

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FU European Commission's Directorate General for Health and Consumer Protection (DG SANCO) [C(2010)8344 - 2010-12-01, C(2011) 9521 - 2011-12-21, C(2013) 1628 - 2013-03-22, C(2014)27 - 2014-01-24]

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SC Biochemistry & Molecular Biology; Microbiology
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PT J
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Martins, H
Shah, J
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Rockart, S
Pietrobon, R
AF de Carvalho, Elias Cesar Araujo
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Martins, Henrique
Shah, Jatin
Rajgor, Dimple
Shah, Anand
Rockart, Scott
Pietrobon, Ricardo

TI Application Description and Policy Model in Collaborative Environment
for Sharing of Information on Epidemiological and Clinical Research Data
Sets

SO PLOS ONE

LA English

DT Article

ID BIOMEDICAL-RESEARCH; HEALTH

AB Background: Sharing of epidemiological and clinical data sets among researchers is poor at best, in detriment of science and community at large. The purpose of this paper is therefore to (1) describe a novel Web application designed to share information on study data sets focusing on epidemiological clinical research in a collaborative environment and (2) create a policy model placing this collaborative environment into the current scientific social context.

Methodology: The Database of Databases application was developed based on feedback from epidemiologists and clinical researchers requiring a Web-based platform that would allow for sharing of information about epidemiological and clinical study data sets in a collaborative environment. This platform should ensure that researchers can modify the information. A Model-based predictions of

number of publications and funding resulting from combinations of different policy implementation strategies (for metadata and data sharing) were generated using System Dynamics modeling.

Principal Findings: The application allows researchers to easily upload information about clinical study data sets, which is searchable and modifiable by other users in a wiki environment. All modifications are filtered by the database principal investigator in order to maintain quality control. The application has been extensively tested and currently contains 130 clinical study data sets from the United States, Australia, China and Singapore. Model results indicated that any policy implementation would be better than the current strategy, that metadata sharing is better than data-sharing, and that combined policies achieve the best results in terms of publications.

Conclusions: Based on our empirical observations and resulting model, the social network environment surrounding the application can assist epidemiologists and clinical researchers contribute and search for metadata in a collaborative environment, thus potentially facilitating collaboration efforts among research communities distributed around the globe.

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AU Korst, LM
Signer, JMK
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AF Korst, Lisa M.

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Aydin, Carolyn E.
Fink, Arlene

TI Identifying organizational capacities and incentives for clinical
data-sharing: The case of a regional perinatal information system

SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION

LA English

DT Article

AB The development of regional data-sharing among healthcare organizations is viewed as an important step in the development of health information technology (HIT), but little is known about this complex task. This is a case study of a regional perinatal data system that involved four hospitals, together responsible for over 10,000 births annually. Using standard qualitative methods, we chronicled project milestones, and identified 31 "critical incidents" that delayed or prevented their achievement. We then used these critical incidents to articulate six organizational capacity domains associated with the achievement of project milestones, and a seventh domain consisting of organizational incentives. Finally, we analyzed the relationship of milestone achievement to the presence of these capacities and incentives. This data center case suggests four requirements for sharing data across organizations: 1) a readiness assessment; 2) a perceived mandate; 3) a formal governance structure; and 4) a third party IT component.

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*CCS HIGH RISK INF, HRIF PROGR REP REQ

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AF Verropoulou, Georgia
Tsimbos, Cleon
TI Socio-demographic and health-related factors affecting depression of the
Greek population in later life: an analysis using SHARE data
SO EUROPEAN JOURNAL OF AGEING
LA English
DT Article
DE depression; socio-demographic factors; physical functioning; EURO-D;
SHARE
ID 14 EUROPEAN CENTERS; SOCIAL ORIGINS; MARITAL-STATUS; RISK-FACTORS; D
SCALE; SYMPTOMS; DISABILITY; COMMUNITY; PREVALENCE; VARIABLES
AB Depression in later life is one of the most prevalent conditions forecasted
to rise to the second most burdensome health condition worldwide by 2020. Using
data from the 2004 Study of Health Ageing and Retirement in Europe (SHARE:
release 1) on 857 Greek males and 1,032 females aged 50 or higher this study
explores, firstly, associations of socio-demographic and health related
indicators with depressive symptoms (EURO-D) and, secondly, attempts to identify
patterns and structures among them. To achieve the first objective, the 12-item
summated EURO-D scale is used in binary form with a cut-off point clinically
validated by the EURODEP. Use of logistic regression pinpoints strong
associations with gender, years of education, co-morbidity, disability,
cognitive function and past depression. Women, less educated persons, those with
poor physical health, declining cognitive function and a history of depression
are significantly more at risk of scoring higher than three at the EURO-D scale.
The role of age is not as clear. To achieve the second objective, multiple
correspondence analysis is used in the first instance and factor analysis for
binary data subsequently; two components are identified within EURO-D and
continuous factor scores are produced. These factors are called "affective
suffering" and "motivation". Linear regression models reveal that the first
component is responsible for the gender while the second for the age
differentials in EURO-D; additionally we find that, apart from physical health
indicators which are strongly related to both factors, other associations differ.
Further exploration of this differentiation seems of interest, particularly as
there is an indication that "motivation" may be an affectively neutral condition.
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FU NIA NIH HHS [P01 AG008291, P30 AG012815, U01 AG009740, P01 AG005842]
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Z9 12
U1 1
U2 10
PU SPRINGER
PI NEW YORK
PA 233 SPRING ST, NEW YORK, NY 10013 USA
SN 1613-9372
EI 1613-9380
J9 EUR J AGEING
JI Eur. J. Ageing
PD SEP
PY 2007
VL 4
IS 3
BP 171
EP 181
DI 10.1007/s10433-007-0060-6
PG 11
WC Gerontology
SC Geriatrics & Gerontology
GA 303CX
UT WOS:000256018300008
PM 28794786
OA Green Published
DA 2019-08-06
ER

PT J
AU Mojon-Azzi, SM
Mojon, DS
AF Mojon-Azzi, S. M.
Mojon, D. S.
TI The rate of outpatient cataract surgery in ten European countries: An
analysis using data from the SHARE survey
SO GRAEFES ARCHIVE FOR CLINICAL AND EXPERIMENTAL OPHTHALMOLOGY
LA English
DT Article
DE SHARE; inpatient; outpatient; cataract surgery; Europe
ID INPATIENT

AB Bckground The aim of this study was to determine the rates of outpatient cataract surgery (ROCS) in ten European countries and to find country-specific health indicators explaining the differences.

Methods Using data from the Survey of Health, Ageing and Retirement in Europe (SHARE), 251 eligible respondents were identified for which cataract surgery was the last surgical procedure. The ROCS of ten countries were compared using logistic regression. The influence of the public expenditure on health as per cent of the total expenditure on health, of the number of acute care beds per 1,000 population, and of the number of practicing physicians per 1,000 population, was studied by multiple logistic regression. Additional information was obtained from country-specific opinion leaders in the field of cataract surgery.

Results The ROCS differed significantly between the ten analysed European countries where Denmark had the highest (100%) and Austria the lowest (0%) rate

of day care surgery. A decrease in the density of acute care beds ($p < 0.0000001$) and in the density of practicing physicians ($p < 0.05$) and an increase in the public expenditure on health as per cent of the total health expenditure ($p < 0.01$) lead to an increase in the ROCS. According to the opinion leaders, regulations and financial incentives also have a strong influence on the ROCS.

Conclusion The outpatient rate of cataract surgery in the ten European countries was mainly influenced by the acute-care beds density, but also by the density of practicing physicians, and by the public expenditure on health. C1 Kantonsspital, Dept Ophthalmol, CH-9007 St Gallen, Switzerland.

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*SHARE, 2005, SHARE SURV HLTH AG R

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SN 0721-832X

EI 1435-702X

J9 GRAEF ARCH CLIN EXP

JI Graefes Arch. Clin. Exp. Ophthalmol.

PD JUL

PY 2007

VL 245

IS 7

BP 1041

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DI 10.1007/s00417-007-0550-4

PG 4

WC Ophthalmology

SC Ophthalmology

GA 182KP

UT WOS:000247503800018

PM 17318563

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ER

PT J

AU Saunders, CL

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AF Saunders, Catherine L.
Gulliford, Martin C.

TI Heritabilities and shared environmental effects were estimated from household clustering in national health survey data

SO JOURNAL OF CLINICAL EPIDEMIOLOGY

LA English

DT Article

DE cardiovascular disease; genetic epidemiology; variance components; heritability; household clustering; Health Survey for England 1998

ID CARDIOVASCULAR RISK-FACTORS; BLOOD-PRESSURE; PRETHROMBOTIC STATE; DISEASE; FAMILIES; TWINS; PEDIGREES; MARKERS; PROTEIN

AB Objectives: The relative contributions of genetic and environmental variables to within-household clustering of quantitative traits in household surveys are poorly characterized. We estimated shared genetic and shared environmental contributions to within-household correlation for anthropometric variables and cardiovascular disease risk factors.

Study Design and Setting: Data were analyzed for the Health Survey for England 1998, a representative national household survey. Two-generation pedigrees were defined using information for relationships within households. After standardizing for age and sex, data were analyzed for 11 quantitative traits. Variance components models were fitted to estimate the proportion of variance due to additive genetic variance or shared environmental effects.

Results: Within-household correlation coefficients for all related and unrelated subjects ranged from 0.10 for C-reactive protein to 0.31 for height. Pairwise correlations between related individuals within households were consistently higher than those between unrelated individuals. Estimated heritability ranged from 6% for diastolic blood pressure to 40% for serum cholesterol. The proportion of variance attributable to shared environmental effects ranged from 8% for cholesterol to 24% for height.

Conclusion: In this large, representative national sample of generally small families, estimates for heritability were generally lower than previously reported, whereas the contribution of shared environment and individual-level variation were greater. (C) 2006 Elsevier Inc. All rights reserved.

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NR 31
TC 12
Z9 12
U1 0
U2 3
PU PERGAMON-ELSEVIER SCIENCE LTD
PI OXFORD
PA THE BOULEVARD, LANGFORD LANE, KIDLINGTON, OXFORD OX5 1GB, ENGLAND
SN 0895-4356
J9 J CLIN EPIDEMIOLOG
JI J. Clin. Epidemiol.
PD NOV
PY 2006
VL 59
IS 11
BP 1191
EP 1198
DI 10.1016/j.jclinepi.2006.02.015
PG 8
WC Health Care Sciences & Services; Public, Environmental & Occupational
Health
SC Health Care Sciences & Services; Public, Environmental & Occupational
Health
GA 096IE
UT WOS:000241370000010
PM 17027430
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ER

PT J
AU Jumbe, NL
Murray, JC
Kern, S
AF Jumbe, N. L'ntshotshole
Murray, Jeffrey C.
Kern, Steven
TI Data Sharing and Inductive Learning - Toward Healthy Birth, Growth, and
Development

SO NEW ENGLAND JOURNAL OF MEDICINE
LA English
DT Editorial Material
C1 [Jumbe, N. L'ntshotshole; Murray, Jeffrey C.; Kern, Steven] Bill & Melinda
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CR Longo DL, 2016, NEW ENGL J MED, V374, P276, DOI 10.1056/NEJMe1516564
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NR 3
TC 11
Z9 11
U1 0
U2 2
PU MASSACHUSETTS MEDICAL SOC
PI WALTHAM
PA WALTHAM WOODS CENTER, 860 WINTER ST,, WALTHAM, MA 02451-1413 USA
SN 0028-4793
EI 1533-4406
J9 NEW ENGL J MED
JI N. Engl. J. Med.
PD JUN 23
PY 2016
VL 374
IS 25
BP 2415
EP 2417
DI 10.1056/NEJMp1605441
PG 3
WC Medicine, General & Internal
SC General & Internal Medicine
GA DP1TG
UT WOS:000378271700005
PM 27168111
DA 2019-08-06
ER

PT J
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Turner, A
Minion, JT
Fay, M
Burton, PR
AF Murtagh, Madeleine J.
Turner, Andrew
Minion, Joel T.
Fay, Michaela
Burton, Paul R.
TI International Data Sharing in Practice: New Technologies Meet Old
Governance
SO BIOPRESERVATION AND BIOBANKING
LA English
DT Article
ID DATASHAPER APPROACH; HEALTH; HARMONIZATION
AB The social structures that govern data/sample release aim to safeguard the
confidentiality and privacy of cohort research participants (without whom there
would be no data or samples) and enable the realization of societal benefit

through optimizing the scientific use of those cohorts. Within collaborations involving multiple cohorts and biobanks, however, the local, national, and supranational institutional and legal guidelines for research (which produce a multiplicity of data access governance structures and guidelines) risk impeding the very science that is the *raison d'etre* of these consortia. We present an ethnographic study, which examined the epistemic and nonepistemic values driving decisions about data access and their consequences in the context of the pilot of an integrated approach to co-analysis of data. We demonstrate how the potential analytic flexibility offered by this approach was lost under contemporary data access governance. We identify three dominant values: protecting the research participant, protecting the study, and protecting the researcher. These values were both supported by and juxtaposed against a public good argument, and each was used as a rationale to both promote and inhibit sharing of data. While protection of the research participants was central to access permissions, decisions were also attentive to the desire of researchers to see their efforts in building population biobanks and cohorts realized in the form of scientific outputs. We conclude that systems for governing and enabling data access in large consortia need to (1) protect disclosure of research participant information or identity, (2) ensure the specific expectations of research participants are met, (3) embody systems of review that are transparent and not compromised by the specific interests of one particular group of stakeholders, and (4) facilitate data access procedures that are timely and efficient. Practical solutions are urgently needed. New approaches to data access governance should be trialed (and formally evaluated) with input from and discussion with stakeholders.

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FU Biobank Standardisation and Harmonisation for Research Excellence in the European Union (BioSHaRE-EU) program - European Union Seventh Framework Programme [261433]; METADAC - Medical Research Council; Economic and Social Research Council; Wellcome Trust [MR/N01104X/1]; European Union Seventh Framework Programme BBMRI-LPC [313010]; Medical Research Council; 58READIE project [G1001799/2]; ALSPAC project [102215/Z/13/Z]; Welsh Farr Institute; MRC [MR/K006525/1, MR/K007017/1]; Scottish Farr Institute; Economic and Social Research Council [ES/L007444/1]; Medical Research Council [MR/K023233/1, MR/N01104X/1, MR/M024881/1, MR/K006525/1, G1001799, MR/K007017/1, MC_PC_13043]

FX We would like to thank all participants in the BioSHaRE-EU ethnography and evaluation for their generosity in enabling us to work alongside them and for giving of their time in interviews. The research and analysis leading to these results were supported by the Biobank Standardisation and Harmonisation for Research Excellence in the European Union (BioSHaRE-EU) program, which received funding from the European Union Seventh Framework Programme (FP7/2007-2013) under grant agreement no. 261433, and the METADAC, which received funding from the Medical Research Council, Economic and Social Research Council, and Wellcome Trust (MR/N01104X/1). The Data to Knowledge (D2K) Research Group is also supported by funding from the European Union Seventh Framework Programme BBMRI-LPC (313010) (Biobanking and Biomolecular Resources Research Infrastructure-Large Prospective Cohorts), Medical Research Council, Wellcome Trust, 58READIE project (G1001799/2) (Realizing Easy Access to Data and Infrastructure Enhancement for the 1958 Birth Cohort Biomedical Resource), ALSPAC project (102215/Z/13/Z),

the Welsh and Scottish Farr Institutes, and MRC-funded E-Health Informatics Research Centres (EHIRCs) (MR/K006525/1 and MR/K007017/1).

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NR 30

TC 11

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U2 7

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EI 1947-5543

J9 BIOPRESERV BIOBANK

JI Biopreserv. Biobank.

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VL 14

IS 3

SI SI

BP 231

EP 240

DI 10.1089/bio.2016.0002

PG 10

WC Cell Biology; Chemistry, Applied; Medical Laboratory Technology

SC Cell Biology; Chemistry; Medical Laboratory Technology

GA D05KK

UT WOS:000377821800007
PM 27200470
DA 2019-08-06
ER

PT J

AU Lu, CL
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Ji, ZL
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Ohno-Machado, L

AF Lu, Chia-Lun
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Ji, Zhanglong
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Xiong, Li
Jiang, Xiaoqian
Ohno-Machado, Lucila

TI WebDISCO: a web service for distributed cox model learning without patient-level data sharing

SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION

LA English

DT Article

DE clinical information systems; decision support systems; distributed modeling; cox model

ID SURVIVAL; CANCER

AB Objective The Cox proportional hazards model is a widely used method for analyzing survival data. To achieve sufficient statistical power in a survival analysis, it usually requires a large amount of data. Data sharing across institutions could be a potential workaround for providing this added power.

Methods and materials The authors develop a web service for distributed Cox model learning (WebDISCO), which focuses on the proof-of-concept and algorithm development for federated survival analysis. The sensitive patient-level data can be processed locally and only the less-sensitive intermediate statistics are exchanged to build a global Cox model. Mathematical derivation shows that the proposed distributed algorithm is identical to the centralized Cox model.

Results The authors evaluated the proposed framework at the University of California, San Diego (UCSD), Emory, and Duke. The experimental results show that both distributed and centralized models result in near-identical model coefficients with differences in the range 10^{-15} to 10^{-12} . The results confirm the mathematical derivation and show that the implementation of the distributed model can achieve the same results as the centralized implementation.

Limitation The proposed method serves as a proof of concept, in which a publicly available dataset was used to evaluate the performance. The authors do not intend to suggest that this method can resolve policy and engineering issues related to the federated use of institutional data, but they should serve as evidence of the technical feasibility of the proposed approach.

Conclusions WebDISCO (Web-based Distributed Cox Regression Model; <https://webdisco.ucsd-dbmi.org:8443/cox/>) provides a proof-of-concept web service that implements a distributed algorithm to conduct distributed survival analysis without sharing patient level data.

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PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND
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TI Precompetitive Data Sharing as a Catalyst to Address Unmet Needs in
Parkinson's Disease

SO JOURNAL OF PARKINSONS DISEASE

LA English

DT Article

DE Data standards; privacy; data integration; collaboration; quantitative
disease progression; regulatory science

ID MILD COGNITIVE IMPAIRMENT; NONMOTOR FEATURES; CRITICAL PATH; DISORDER;
RECOMMENDATIONS; SYMPTOMS; GENDER; COHORT; TRIAL; MOTOR

AB Parkinson's disease is a complex heterogeneous disorder with urgent need for
disease-modifying therapies. Progress in successful therapeutic approaches for
PD will require an unprecedented level of collaboration. At a workshop hosted by
Parkinson's UK and co-organized by Critical Path Institute's (C-Path) Coalition
Against Major Diseases (CAMD) Consortiums, investigators from industry, academia,
government and regulatory agencies agreed on the need for sharing of data to
enable future success. Government agencies included EMA, FDA, NINDS/NIH and IMI
(Innovative Medicines Initiative). Emerging discoveries in new biomarkers and
genetic endophenotypes are contributing to our understanding of the underlying
pathophysiology of PD. In parallel there is growing recognition that early
intervention will be key for successful treatments aimed at disease modification.
At present, there is a lack of a comprehensive understanding of disease
progression and the many factors that contribute to disease progression
heterogeneity. Novel therapeutic targets and trial designs that incorporate
existing and new biomarkers to evaluate drug effects independently and in
combination are required. The integration of robust clinical data sets is viewed
as a powerful approach to hasten medical discovery and therapies, as is being
realized across diverse disease conditions employing big data analytics for
healthcare. The application of lessons learned from parallel efforts is critical
to identify barriers and enable a viable path forward. A roadmap is presented
for a regulatory, academic, industry and advocacy driven integrated initiative
that aims to facilitate and streamline new drug trials and registrations in
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FU Parkinson's UK [J-1301]; NIBIB NIH HHS [P41 EB015922]; NINDS NIH HHS
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TI The geographic and demographic scope of shared sanitation: an analysis

of national survey data from low- and middle-income countries
SO TROPICAL MEDICINE & INTERNATIONAL HEALTH
LA English
DT Article

DE sanitation; Demographic and Health Surveys

ID RISK-FACTORS; ASSOCIATIONS; DISEASE; BURDEN; WEALTH

AB OBJECTIVE A large and growing proportion of the world's population rely on shared sanitation facilities that have historically been excluded from international targets due to concerns about acceptability, hygiene and access. In connection with a proposed change in such policy, we undertook this study to describe the prevalence and scope of households that report relying on shared sanitation and to characterise them in terms of selected socio-economic and demographic covariates.

METHODS We extracted data from the most recent national household surveys of 84 low-and middle-income countries from Demographic and Health Surveys and Multiple Indicator Cluster Surveys. We describe the prevalence of shared sanitation and explore associations between specified covariates and reliance on shared sanitation using log-binomial regression.

RESULTS While household reliance on any type of shared sanitation is relatively rare in Europe (2.5%) and the Eastern Mediterranean (7.7%), it is not uncommon in the Americas (14.2%), Western Pacific (16.4%) and South-East Asia (31.3%), and it is most prevalent in Africa (44.6%) where many shared facilities do not meet the definition of 'improved' even if they were not shared (17.7%). Overall, shared sanitation is more common in urban (28.6%) than in rural settings (25.9%), even after adjusting for wealth. While results vary geographically, people who rely on shared sanitation tend to be poorer, reside in urban areas and live in households with more young children and headed by people with no formal education. Data from 21 countries suggest that most sharing is with neighbours and other acquaintances (82.0%) rather than the public.

CONCLUSIONS The determinants of shared sanitation identified from these data suggest potential confounders that may explain the apparent increased health risk from sharing and should be considered in any policy recommendation. Both geographic and demographic heterogeneity indicate the need for further research to support a change in policies.

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FU UNICEF; WHO

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PU WILEY-BLACKWELL
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J9 TROP MED INT HEALTH
JI Trop. Med. Int. Health
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AU Middleton, A
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AF Middleton, A.
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CA DDD Study
TI Online questionnaire development: Using film to engage participants and then gather attitudes towards the sharing of genomic data
SO SOCIAL SCIENCE RESEARCH
LA English
DT Article
DE Genome, Ethics; Survey; Incidental finding; Film; Opportunistic
ID INCIDENTAL FINDINGS; RESPONSE RATE; INTERNET; PAPER; COMPLETENESS; PERSPECTIVES; GENETICS; HEALTH; RETURN
AB How can a researcher engage a participant in a survey, when the subject matter may be perceived as 'challenging' or even be totally unfamiliar to the participant? The Genomethics study addressed this via the creation and delivery of a novel online questionnaire containing 10 integrated films. The films documented various ethical dilemmas raised by genomic technologies and the survey ascertained attitudes towards these. Participants were recruited into the research using social media, traditional media and email invitation. The film-survey strategy was successful: 11,336 initial hits on the survey website led to 6944 completed surveys. Participants included from those who knew nothing of the subject matter through to experts in the field of genomics (61% compliance rate), 72% of participants answered every single question. This paper summarises the survey design process and validation methods applied. The recruitment strategy and results from the survey are presented elsewhere. (c) 2013 The Authors. Published by Elsevier Inc. All rights reserved.
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JI Soc. Sci. Res.

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WC Sociology

SC Sociology

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PM 24468445
OA Green Published, Other Gold
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PT J

AU Harris, D
Khan, L
Paul, R
Thuraisingham, B

AF Harris, Douglas
Khan, Latifur
Paul, Raymond
Thuraisingham, Bhavani

TI Standards for secure data sharing across organizations

SO COMPUTER STANDARDS & INTERFACES

LA English

DT Article

DE standards-based approaches; data sharing; real-time data management

AB This paper discusses standards-based approaches for secure data sharing across organizations. In particular, current standards as well as standardization trends for data integration, multimedia data management, active real-time data management, data warehousing and mining, expert data management, semantic web data management, knowledge management, visualization, metadata extraction and management, and security management for data sharing are discussed. We will illustrate the ideas with an example from emergency response and public health awareness application domain. (c) 2006 Published by Elsevier B.V.

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Z9 12

U1 0

U2 6

PU ELSEVIER SCIENCE BV
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PA PO BOX 211, 1000 AE AMSTERDAM, NETHERLANDS
SN 0920-5489
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J9 COMPUT STAND INTER
JI Comput. Stand. Interfaces
PD JAN
PY 2007
VL 29
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BP 86
EP 96
DI 10.1016/j.csi.2006.01.004
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WC Computer Science, Hardware & Architecture; Computer Science, Software
Engineering
SC Computer Science
GA 120FC
UT WOS:000243068500010
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ER

PT J
AU Lawler, M
Haussler, D
Siu, LL
Haendel, MA
McMurry, JA
Knoppers, BM
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Calvo, F
The, BT
Walia, G
Banks, I
Yu, PP
Staudt, LM
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AF Lawler, Mark
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Chanock, Stephen J.
Calvo, Fabien
The, Bin T.
Walia, Guneet
Banks, Ian
Yu, Peter P.
Staudt, Louis M.
Sawyers, Charles L.

CA Global Alliance Genomics Hlth
TI Sharing Clinical and Genomic Data on Cancer - The Need for Global
Solutions
SO NEW ENGLAND JOURNAL OF MEDICINE
LA English
DT Editorial Material

ID DATA PROTECTION

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TC 10

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U1 0

U2 8

PU MASSACHUSETTS MEDICAL SOC

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JI N. Engl. J. Med.

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WC Medicine, General & Internal

SC General & Internal Medicine

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PT J

AU Chretien, JP

Rivers, CM

Johansson, MA
AF Chretien, Jean-Paul
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TI Make Data Sharing Routine to Prepare for Public Health Emergencies
SO PLOS MEDICINE
LA English
DT Article
ID CLINICAL-TRIAL DATA; JOURNAL EDITORS
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JI Plos Med.
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SC General & Internal Medicine
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PT J
AU Rezaeibagha, F
Mu, Y
AF Rezaeibagha, Fatemeh
Mu, Yi
TI Distributed clinical data sharing via dynamic access-control policy
transformation
SO INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS
LA English
DT Article
DE EHR; Security; Privacy; Data sharing; Access control; Encryption
ID PRIVACY; EFFICIENT
AB Background: Data sharing in electronic health record (EHR) systems is important for improving the quality of healthcare delivery. Data sharing, however, has raised some security and privacy concerns because healthcare data could be potentially accessible by a variety of users, which could lead to privacy exposure of patients. Without addressing this issue, large-scale adoption and sharing of EHR data are impractical. The traditional solution to the problem is via encryption. Although encryption can be applied to access control, it is not applicable for complex EHR systems that require multiple domains (e.g. public and private clouds) with various access requirements.
Objectives: This study was carried out to address the security and privacy issues of EHR data sharing with our novel access-control mechanism, which captures the scenario of the hybrid clouds and need of access-control policy

transformation, to provide secure and privacy-preserving data sharing among different healthcare enterprises.

Methods: We introduce an access-control mechanism with some cryptographic building blocks and present a novel approach for secure EHR data sharing and access-control policy transformation in EHR systems for hybrid clouds.

Results: We propose a useful data sharing system for healthcare providers to handle various EHR users who have various access privileges in different cloud environments. A systematic study has been conducted on data sharing in EHR systems to provide a solution to the security and privacy issues.

Conclusions: In conclusion, we introduce an access-control method for privacy protection of EHRs and EHR policy transformation that allows an EHR access-control policy to be transformed from a private cloud to a public cloud. This method has never been studied previously in the literature. Furthermore, we provide a protocol to demonstrate policy transformation as an application scenario. (C) 2016 Elsevier Ireland Ltd. All rights reserved.

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WC Computer Science, Information Systems; Health Care Sciences & Services;
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SC Computer Science; Health Care Sciences & Services; Medical Informatics
GA DJ2ZL
UT WOS:000374074100004
PM 26980356
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PT J
AU Droste, N
Miller, P
Baker, T
AF Droste, Nicolas
Miller, Peter
Baker, Tim

TI Review article: Emergency department data sharing to reduce
alcohol-related violence: A systematic review of the feasibility and
effectiveness of community-level interventions

SO EMERGENCY MEDICINE AUSTRALASIA

LA English

DT Review

DE alcohol; data sharing; emergency department; injury; violence

ID PREVENTING VIOLENCE; INFORMATION; POLICE; CONSUMPTION; ATTENDANCES;
STRATEGIES; INJURIES; DRINKERS; HEALTH; CITY

AB The present paper aims to review current evidence for the effectiveness and/or feasibility of using inter-agency data sharing of ED recorded assault information to direct interventions reducing alcohol-related or nightlife assaults, injury or violence. Potential data-sharing partners involve police, local council, liquor licensing regulators and venue management. A systematic review of the peer-reviewed literature was conducted. The initial search discovered 19 506 articles. After removal of duplicates and articles not meeting review criteria, n = 8 articles were included in quantitative and narrative synthesis. Seven of eight studies were conducted in UK EDs, with the remaining study presenting Australian data. All studies included in the review deemed data sharing a worthwhile pursuit. All studies attempting to measure intervention effectiveness reported substantial reductions of assaults and ED attendances post-intervention, with one reporting no change. Negative logistic feasibility concerns were minimal, with general consensus among authors being that data-sharing protocols and partnerships could be easily implemented into modern ED triage systems, with minimal cost, staff workload burden, impact to patient safety, service and anonymity, or risk of harm displacement to other licensed venues, or increase to length of patient stay. However, one study reported a

potential harm displacement effect to streets surrounding intervention venues. In future, data-sharing systems should triangulate ED, police and ambulance data sources, and assess intervention effectiveness using randomised controlled trials that account for variations in venue capacity, fluctuations in ED attendance and population levels, seasonal variations in assault and injury, and control for concurrent interventions.

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NR 27

TC 10

Z9 10

U1 0

U2 0

PU WILEY

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PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA

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J9 EMERG MED AUSTRALAS
JI Emerg. Med. Australas.
PD AUG
PY 2014
VL 26
IS 4
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WC Emergency Medicine
SC Emergency Medicine
GA ANOAH
UT WOS:000340242800002
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PT J
AU Verropoulou, G
AF Verropoulou, Georgia
TI Specific versus general self-reported health indicators predicting mortality among older adults in Europe: disparities by gender employing SHARE longitudinal data
SO INTERNATIONAL JOURNAL OF PUBLIC HEALTH
LA English
DT Article
DE SRH; GALI; Specific mortality predictors; General mortality predictors; Sex disparities
ID RATED HEALTH; RISK; DISABILITY; IMPACT; SYMPTOMS; SMOKING; INDEX
AB The study aims at assessing the relative importance of specific versus general self-reported indicators of health and disability in predicting mortality among older adults and at exploring the potential value of the global activity limitation indicator (GALI), a recently validated general measure of activity restrictions, as predictor of death.
Longitudinal data from two waves (2004 and 2006-2007) of the Survey of Health, Ageing and Retirement in Europe were employed. The sample comprises 17,941 persons aged 50+ at baseline, representing 11 countries. Associations were estimated by sex using Cox's proportional hazards regression models.
Most specific and general indicators of health and disability are strong and independent predictors. There are disparities by sex; among general measures, controlling for all indicators under consideration, self-rated health (SRH) only remains significantly associated with mortality among males and GALI among females.
A combination of specific and general measures is more efficient in predicting mortality than either of these alone. SRH and GALI seem to share some traits, adding health and disability dimensions over specific measures, representing though different aspects by gender.
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NR 40

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PU SPRINGER BASEL AG

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PT J
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AF Paricharak, Shardul
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TI Are phylogenetic trees suitable for chemogenomics analyses of
bioactivity data sets: the importance of shared active compounds and
choosing a suitable data embedding method, as exemplified on Kinases

SO JOURNAL OF CHEMINFORMATICS

LA English

DT Article

DE Kinase inhibitor; Selectivity; Phylogenetics; Chemogenomics;
Polypharmacology

ID CHRONIC MYELOGENOUS LEUKEMIA; CELL LUNG-CANCER; INHIBITOR SELECTIVITY;
DRUG DISCOVERY; THERAPEUTIC STRATEGIES; INTERACTIVE TREE; BREAST-CANCER;
SPACE; SIMILARITY; KINOME

AB Background: 'Phylogenetic trees' are commonly used for the analysis of chemogenomics datasets and to relate protein targets to each other, based on the (shared) bioactivities of their ligands. However, no real assessment as to the suitability of this representation has been performed yet in this area. We aimed to address this shortcoming in the current work, as exemplified by a kinase data set, given the importance of kinases in many diseases as well as the availability of large-scale datasets for analysis. In this work, we analyzed a dataset comprising 157 compounds, which have been tested at concentrations of 1 μ M and 10 μ M against a panel of 225 human protein kinases in full-matrix experiments, aiming to explain kinase promiscuity and selectivity against inhibitors. Compounds were described by chemical features, which were used to represent kinases (i.e. each kinase had an active set of features and an inactive set).

Results: Using this representation, a bioactivity-based classification was made of the kinome, which partially resembles previous sequence-based classifications, where particularly kinases from the TK, CDK, CLK and AGC

branches cluster together. However, we were also able to show that in approximately 57% of cases, on average 6 kinase inhibitors exhibit activity against kinases which are located at a large distance in the sequence-based classification (at a relative distance of 0.6 - 0.8 on a scale from 0 to 1), but are correctly located closer to each other in our bioactivity-based tree (distance 0 - 0.4). Despite this improvement on sequence-based classification, also the bioactivity-based classification needed further attention: for approximately 80% of all analyzed kinases, kinases classified as neighbors according to the bioactivity-based classification also show high SAR similarity (i.e. a high fraction of shared active compounds and therefore, interaction with similar inhibitors). However, in the remaining similar to 20% of cases a clear relationship between kinase bioactivity profile similarity and shared active compounds could not be established, which is in agreement with previously published atypical SAR (such as for LCK, FGFR1, AKT2, DAPK1, TGFR1, MK12 and AKT1).

Conclusions: In this work we were hence able to show that (1) targets (here kinases) with few shared activities are difficult to establish neighborhood relationships for, and (2) phylogenetic tree representations make implicit assumptions (i.e. that neighboring kinases exhibit similar interaction profiles with inhibitors) that are not always suitable for analyses of bioactivity space. While both points have been implicitly alluded to before, this is to the information of the authors the first study that explores both points on a comprehensive basis. Excluding kinases with few shared activities improved the situation greatly (the percentage of kinases for which no neighborhood relationship could be established dropped from 20% to only 4%). We can conclude that all of the above findings need to be taken into account when performing chemogenomics analyses, also for other target classes.

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PU BIOMED CENTRAL LTD

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TI Small area estimation of sparse disease counts using shared component
models-application to birth defect registry data in New South Wales,
Australia
SO HEALTH & PLACE
LA English
DT Article
DE CAR; Sparse; Spatial; Defects
ID NEURAL-TUBE DEFECTS; CESAREAN DELIVERY; MATERNAL AGE; RISK-FACTOR;
SPINA-BIFIDA; JOINT; RATES; WEIGHT; EPIDEMIOLOGY; ANENCEPHALUS
AB In the field of disease mapping, little has been done to address the issue of
analysing sparse health datasets. We hypothesised that by modelling two outcomes
simultaneously, one would be able to better estimate the outcome with a sparse
count. We tested this hypothesis utilising Bayesian models, studying both birth
defects and caesarean sections using data from two large, linked birth
registries in New South Wales from 1990 to 2004. We compared four spatial models
across seven birth defects: spina bifida, ventricular septal defect, OS atrial
septal defect, patent ductus arteriosus, cleft lip and or palate, trisomy 21 and
hypospadias. For three of the birth defects, the shared component model with a
zero-inflated Poisson (ZIP) extension performed better than other simpler models,
having a lower deviance information criteria (DIC). With spina bifida, the ratio

of relative risk associated with the shared component was 2.82 (95% CI: 1.46-5.67). We found that shared component models are potentially beneficial, but only if there is a reasonably strong spatial correlation in effect for the study and referent outcomes. (C) 2010 Elsevier Ltd. All rights reserved.

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AU Shen, WT
 Qin, J
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AF Shen, Wenting
 Qin, Jing
 Yu, Jia
 Hao, Rong
 Hu, Jiankun
TI Enabling Identity-Based Integrity Auditing and Data Sharing With
 Sensitive Information Hiding for Secure Cloud Storage

SO IEEE TRANSACTIONS ON INFORMATION FORENSICS AND SECURITY

LA English

DT Article

DE Cloud storage; data integrity auditing; data sharing; sensitive information hiding

ID SHARED DATA; PRIVACY; SCHEME

AB With cloud storage services, users can remotely store their data to the cloud and realize the data sharing with others. Remote data integrity auditing is proposed to guarantee the integrity of the data stored in the cloud. In some common cloud storage systems such as the electronic health records system, the cloud file might contain some sensitive information. The sensitive information should not be exposed to others when the cloud file is shared. Encrypting the whole shared file can realize the sensitive information hiding, but will make this shared file unable to be used by others. How to realize data sharing with sensitive information hiding in remote data integrity auditing still has not been explored up to now. In order to address this problem, we propose a remote data integrity auditing scheme that realizes data sharing with sensitive information hiding in this paper. In this scheme, a sanitizer is used to sanitize the data blocks corresponding to the sensitive information of the file and transforms these data blocks' signatures into valid ones for the sanitized file. These signatures are used to verify the integrity of the sanitized file in the phase of integrity auditing. As a result, our scheme makes the file stored in the cloud able to be shared and used by others on the condition that the sensitive information is hidden, while the remote data integrity auditing is still able to be efficiently executed. Meanwhile, the proposed scheme is based on identity-based cryptography, which simplifies the complicated certificate management. The security analysis and the performance evaluation show that the proposed scheme is secure and efficient.

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J9 IEEE T INF FOREN SEC
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WC Computer Science, Theory & Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA GP3VD
UT WOS:000440781600005
OA Bronze
HC Y
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PT B
AU Zhang, HT
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AF Zhang, Haitao
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Burke, Jeff
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GP ACM
TI Sharing mHealth Data via Named Data Networking
SO PROCEEDINGS OF THE 2016 3RD ACM CONFERENCE ON INFORMATION-CENTRIC
NETWORKING (ACM-ICN '16)
LA English
DT Proceedings Paper
CT 3rd ACM International Conference on Information-Centric Networking
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CY SEP 26-28, 2016
CL Kyoto, JAPAN

SP Assoc Comp Machinery, ACM SIGCOMM
DE mHealth; Security; Named Data Networking
AB This paper introduces NDNFit, a distributed mobile health (irdlealth) application built to use the newly proposed Named Data Networking (NON) architecture instead of TCP/IP. The design is inspired by the Open mHealth ecosystem. Open nillealth uses a traditional cloud-enabled mobile architecture, but aspires to provide users with direct control of how their personal health data is used by applications and shared with other users within the ecosystem. NDNFit names and secures users' health data directly using NON network primitives, a more effective building block towards the ideal of user control than 1P-based solutions. Its design illustrates that NDN's data-centric approach to networking can be a. better lit than current networking approaches for mobile health applications, especially those that foreground individuals' control over their own data and, at the same time, target interoperability. This paper discusses the design and initial implementation of an NDNFit prototype, which offers end-users a mobile fitness tracking application. The paper identifies important differences between NDN and TCP/1P for mllealth, concluding with a discussion of future work and research opportunities.

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WC Computer Science, Hardware & Architecture; Computer Science, Information
Systems; Computer Science, Theory & Methods
SC Computer Science
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PT J
AU Roll, A
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AF Roll, Anat
Litwin, Howard
TI Intergenerational financial transfers and mental health: An analysis
using SHARE-Israel data
SO AGING & MENTAL HEALTH
LA English
DT Article
DE depression; exchange; older Jewish parents; adult children; Israel
ID FAMILY SUPPORT; AGE; EXCHANGE; PATTERNS; DEPRESSION; DISABILITY;
SYMPTOMS; CHILDREN; PARENTS; PEOPLE

AB Objectives: The purpose of this study was to examine the association between financial transfers from older parents to their adult children and mental health among the parents. The analysis examined the act of transfer-giving, the extent of transfers given and the purpose of the transfer in relation to depressive symptoms.

Method: This study was a secondary analysis of data gathered in the first wave of the Israeli component of the Survey of Health, Ageing and Retirement in Europe (SHARE). The analysis focused upon persons from the majority Jewish elderly cohort, aged 50 years and older, who had living children (N = 1795). Respondents' scores on the Euro-D Depression Scale were regressed on the three financial transfer measures, controlling for age, gender, marital status, household income, health and functional status.

Results: The findings demonstrate a significant inverse relationship between the giving of financial transfers and the number of depressive symptoms of the giver, above and beyond the effects of gender, marital status, income, health status and functional status. The extent of giving was positively related.

Conclusion: The findings support a positive association between acceptable levels of financial giving in late life and mental health. This association is explained as the result of altruistic motivations for giving. Maintenance of viable levels of income security for the older population and promotion of acceptable intergenerational transfers from them to their adult children will benefit both sides of the generational divide.

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FU US National Institute on Aging [R21 AG2516901]; German-Israeli Foundation for Scientific Research and Development; National Insurance Institute of Israel; Ministry of Science; Ministry of Senior Citizens; Tovali-Elkin Memorial Fund

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PA 2-4 PARK SQUARE, MILTON PARK, ABINGDON OX14 4RN, OXON, ENGLAND
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JI Aging Ment. Health
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WC Geriatrics & Gerontology; Gerontology; Psychiatry
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TI Use of Internet audience measurement data to gauge market share for
online health information services

SO JOURNAL OF MEDICAL INTERNET RESEARCH

LA English

DT Article

DE Internet; World Wide Web; information services; information
dissemination; audience research; evaluation studies

AB Background: The transition to a largely Internet and Web-based environment
for dissemination of health information has changed the health information
landscape and the framework for evaluation of such activities. A
multidimensional evaluative approach is needed.

Objective: This paper discusses one important dimension of Web evaluation-
usage data. In particular, we discuss the collection and analysis of external
data on website usage in order to develop a better understanding of the health
information (and related US government information) market space, and to
estimate the market share or relative levels of usage for National Library of
Medicine (NLM) and National Institutes of Health (NIH) websites compared to
other health information providers.

Methods: The primary method presented is Internet audience measurement based
on Web usage by external panels of users and assembled by private vendors-in
this case, comScore. A secondary method discussed is Web usage based on Web log
software data. The principle metrics for both methods are unique visitors and
total pages downloaded per month.

Results: NLM websites (primarily MedlinePlus and PubMed) account for 55% to
80% of total NIH website usage depending on the metric used. In turn, NIH.gov
top-level domain usage (inclusive of NLM) ranks second only behind WebMD in the
US domestic home health information market and ranks first on a global basis.
NIH.gov consistently ranks among the top three or four US government top-level
domains based on global Web usage. On a site-specific basis, the top health
information websites in terms of global usage appear to be WebMD, MSN Health,
PubMed, Yahoo! Health, AOL Health, and MedlinePlus. Based on MedlinePlus Web log
data and external Internet audience measurement data, the three most heavily
used cancer-centric websites appear to be www.cancer.gov (National Cancer
Institute), www.cancer.org (American Cancer Society), and www.breastcancer.org
(non-profit organization).

Conclusions: Internet audience measurement has proven useful to NLM, with
significant advantages compared to sole reliance on usage data from Web log
software. Internet audience data has helped NLM better understand the relative
usage of NLM and NIH websites in the intersection of the health information and
US government information market sectors, which is the primary market
intersector for NLM and NIH. However important, Web usage is only one dimension
of a complete Web evaluation framework, and other primary research methods, such
as online user surveys, usability tests, and focus groups, are also important
for comprehensive evaluation that includes qualitative elements, such as user
satisfaction and user friendliness, as well as quantitative indicators of
website usage.

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J9 J MED INTERNET RES
JI J. Med. Internet Res.
PY 2005
VL 7
IS 3
DI 10.2196/jmir.7.3.e31
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WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
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Barclay, Stephen

TI Crash course in EPaCCS (Electronic Palliative Care Coordination Systems): 8 years of successes and failures in patient data sharing to learn from

SO BMJ SUPPORTIVE & PALLIATIVE CARE

LA English

DT Article

DE electronic palliative care coordination systems; EPaCCS; Registries; Health Information Exchange; Electronic Health Records; Palliative Care

ID OF-LIFE CARE; QUALITY; END; REGISTER; DEATHS; CANCER; ORDERS

AB Background Electronic Palliative Care Coordination Systems (EPaCCS) are England's pre-eminent initiative in enabling advance care planning and improved communication and coordination at the end of life. EPaCCS have been under development for 8 years after being proposed, as Locality Registers, in the 2008 End of Life Care Strategy for England. EPaCCS are electronic registers or tools and processes for sharing data which aim to enable access to information about dying patients. Striking outcomes have been reported around EPaCCS, such as 77.8% of 'Coordinate My Care' patients dying in their preferred place. EPaCCS have, however, been extremely challenging to develop and implement, with many projects remaining continuously 'under development' or folding. They also continue to be suboptimally integrated with other data sharing initiatives. Rigorous research is non-existent. Discussion points We discuss the current EPaCCS landscape and way forward. We summarise key facts concerning the availability, uptake, outcomes and costs of EPaCCS. We outline 5 key challenges (scope of projects, unrealistic expectations set by existing guidance, the discrepancy between IT realities in healthcare and our broader lives, information governance and 'death register' associations) and 6 key drivers (robust concept, striking outcomes, national support and strong clinical leadership, clinician commitment, education and funding). Conclusions The priorities for advancing EPaCCS we propose include

linking to other work streams and reframing the concept, potentially making it less 'end of life', overview of current EPaCCS and lessons learnt, continuing work on information standards, rethinking of national funding and new levels of individual and community involvement.

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PA BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND
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JI BMJ Support. Palliat. Care
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WC Health Care Sciences & Services
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 Seifert, A
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TI Internet use among older Europeans: an analysis based on SHARE data
SO UNIVERSAL ACCESS IN THE INFORMATION SOCIETY
LA English
DT Article
DE ICT; Elderly people; Europe; Digital divide; SHARE
ID DIGITAL DIVIDE; TECHNOLOGY; ADULTS; SKILLS
AB Access to the Internet is becoming increasingly important for all generations. However, a digital gap in Internet use remains between younger and older individuals as well as within the elderly population itself. This study, therefore, aimed to investigate Internet use among elderly Europeans. Representative data across 17 countries from the Survey of Health, Ageing and Retirement in Europe (SHARE) were examined. Analyses were based on the responses of 61,202 Europeans aged ≥ 50 . Results highlight that, on average, 49% of all respondents use the Internet. However, the situation varies widely among European countries. Alongside individual indicators, such as age, gender, and social class, results indicate that previous experience with computers during one's time in the workplace is positively associated with Internet use in old age. Furthermore, use of the Internet among an individual's social network positively influences their use. Wider contextual structures such as area of residence and country-specific wealth and communication technology infrastructure also tend to promote Internet use among elderly Europeans. Data from SHARE indicate that private Internet use among older Europeans is driven by personal resources, prior experiences with technology, social salience as well as contextual influences.
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OI Konig, Ronny/0000-0003-0097-9872; Seifert, Alexander/0000-0003-3124-4588
FU European Commission [QLK6-CT-2001-00360, SHARE-I3: RII-CT-2006-062193, COMPARE: CIT5-CT-2005-028857, SHARELIFE: CIT4-CT-2006-028812, 211909, 227822, 261982]; German Ministry of Education and Research; Max Planck Society for the Advancement of Science; US 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]
FX This paper uses data from SHARE Wave 6
 (<https://doi.org/10.6103/share.w6.600>), see Borsch-Supan et al. [43, 44] 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, SHARELIFE: CIT4-CT-2006-028812) 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 US 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). The data were adjusted for this investigation, and extensive consistency checks were made.

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AU Rodriguez, H
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TI Revolutionizing Precision Oncology through Collaborative Proteogenomics
and Data Sharing
SO CELL
LA English
DT Editorial Material
ID REPRODUCIBILITY
AB The integration of proteomics into precision oncology presents opportunities
that may transform the molecular analysis of cancer and accelerate basic and
clinical cancer research. This Commentary discusses the importance of
international collaboration and data sharing inspired by the Cancer Moonshot to
accelerate the progress of multi-omic precision medicine-an approach that
addresses the global diversity of people and of cancers.
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TI Ethics Policies and Ethics Work in Cross-national Genetic Research and
Data Sharing: Flows, Nonflows, and Overflows

SO SCIENCE TECHNOLOGY & HUMAN VALUES

LA English

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 takes its point of departure in the practices of a Danish laboratory with great experience in international collaboration regarding genetic research. We focus on a simple query, what makes genetic material and health data flow, and which hopes and concerns travel along with them? We explore what we call the flows, the nonflows, and the overflows of material and information, and we document the work producing the flows of health data and biomaterial. We call this work ethics work and argue that it is crucial for data sharing though it is rarely articulated in ethics policies, remains inadequately funded, and lacks acknowledgment in policies promoting international data sharing.

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AU Pevnick, JM
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TI A Large-Scale Initiative Inviting Patients to Share Personal Fitness Tracker Data with Their Providers: Initial Results

SO PLOS ONE

LA English

DT Article

AB Background

Personal fitness trackers (PFT) have substantial potential to improve healthcare.

Objective

To quantify and characterize early adopters who shared their PFT data with providers.

Methods

We used bivariate statistics and logistic regression to compare patients who shared any PFT data vs. patients who did not.

Results

A patient portal was used to invite 79,953 registered portal users to share their data. Of 66,105 users included in our analysis, 499 (0.8%) uploaded data during an initial 37-day study period. Bivariate and regression analysis showed that early adopters were more likely than non-adopters to be younger, male, white, health system employees, and to have higher BMIs. Neither comorbidities nor utilization predicted adoption.

Conclusion

Our results demonstrate that patients had little intrinsic desire to share PFT data with their providers, and suggest that patients most at risk for poor health outcomes are least likely to share PFT data. Marketing, incentives, and/or cultural change may be needed to induce such data-sharing.

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AU Patil, S

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AF Patil, Sunil

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Potoglou, Dimitris

Robinson, Neil

TI Public preferences for electronic health data storage, access, and

sharing - evidence from a pan-European survey
SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION
LA English
DT Article

DE Health records; data privacy; stated preference; personal data; public preferences; attitudes

ID RECORDS; INFORMATION; PRIVACY; PATIENT; PERFORMANCE; MODEL; TRUST

AB Objective To assess the public's preferences regarding potential privacy threats from devices or services storing health-related personal data.

Materials and Methods A pan-European survey based on a stated-preference experiment for assessing preferences for electronic health data storage, access, and sharing.

Results We obtained 20 882 survey responses (94 606 preferences) from 27 EU member countries. Respondents recognized the benefits of storing electronic health information, with 75.5%, 63.9%, and 58.9% agreeing that storage was important for improving treatment quality, preventing epidemics, and reducing delays, respectively. Concerns about different levels of access by third parties were expressed by 48.9% to 60.6% of respondents.

On average, compared to devices or systems that only store basic health status information, respondents preferred devices that also store identification data (coefficient/relative preference 95% CI = 0.04 [0.00-0.08], P = 0.034) and information on lifelong health conditions (coefficient = 0.13 [0.08 to 0.18], P < 0.001), but there was no evidence of this for devices with information on sensitive health conditions such as mental and sexual health and addictions (coefficient = -0.03 [-0.09 to 0.02], P = 0.24). Respondents were averse to their immediate family (coefficient = -0.05 [-0.05 to -0.01], P = 0.011) and home care nurses (coefficient = -0.06 [-0.11 to -0.02], P = 0.004) viewing this data, and strongly averse to health insurance companies (coefficient = -0.43 [-0.52 to 0.34], P < 0.001), private sector pharmaceutical companies (coefficient = -0.82 [-0.99 to -0.64], P < 0.001), and academic researchers (coefficient = -0.53 [-0.66 to -0.40], P < 0.001) viewing the data.

Conclusions Storing more detailed electronic health data was generally preferred, but respondents were averse to wider access to and sharing of this information. When developing frameworks for the use of electronic health data, policy makers should consider approaches that both highlight the benefits to the individual and minimize the perception of privacy risks.

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NR 46
TC 8
Z9 8
U1 0
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PU OXFORD UNIV PRESS
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PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND
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Shen, Jian

TI Remote Data Integrity Checking and Sharing in Cloud-Based Health
Internet of Things

SO IEICE TRANSACTIONS ON INFORMATION AND SYSTEMS

LA English

DT Article

DE remote data integrity checking; public cloud; data sharing

AB In the health IoT (Internet of Things), the specialized sensor devices can be used to monitor remote health and notify the emergency information, e.g., blood pressure, heart rate, etc. These data can help the doctors to rescue the patients. In cloud-based health IoT, patients' medical/health data is managed by the cloud service providers. Secure storage and privacy preservation are indispensable for the outsourced medical/health data in cloud computing. In this paper, we study the integrity checking and sharing of outsourced private medical/health records for critical patients in public clouds (ICS). The patient can check his own medical/health data integrity and retrieve them. When a patient is in coma, some authorized entities and hospital can cooperate to share the patient's necessary medical/health data in order to rescue the patient. The paper studies the system model, security model and concrete scheme for ICS in public clouds. Based on the bilinear pairing technique, we design an efficient ICS protocol. Through security analysis and performance analysis, the proposed protocol is provably secure and efficient.

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PU IEICE-INST ELECTRONICS INFORMATION COMMUNICATIONS ENG
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PA KIKAI-SHINKO-KAIKAN BLDG, 3-5-8, SHIBA-KOEN, MINATO-KU, TOKYO, 105-0011,
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AU Ross, JS
Ritchie, JD
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Desai, NR
Lehman, RL
Krumholz, HM
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AF Ross, Joseph S.
Ritchie, Jessica D.
Finn, Emily
Desai, Nihar R.
Lehman, Richard L.
Krumholz, Harlan M.
Gross, Cary P.

TI Data sharing through an NIH central database repository: a
cross-sectional survey of BioLINCC users

SO BMJ OPEN
LA English
DT Article
ID CLINICAL-TRIAL DATA; ACCESS

AB Objective: To characterise experiences using clinical research data shared
through the National Institutes of Health (NIH)'s Biologic Specimen and Data
Repository Information Coordinating Center (BioLINCC) clinical research data
repository, along with data recipients' perceptions of the value, importance and
challenges with using BioLINCC data.
Design and setting: Cross-sectional web-based survey.
Participants: All investigators who requested and received access to clinical
research data from BioLINCC between 2007 and 2014.
Main outcome measures: Reasons for BioLINCC data request, research project
plans, interactions with original study investigators, BioLINCC experience and
other project details.

Results: There were 536 investigators who requested and received access to clinical research data from BioLINCC between 2007 and 2014. Of 441 potential respondents, 195 completed the survey (response rate=44%); 89% (n=174) requested data for an independent study, 17% (n=33) for pilot/preliminary analysis. Commonly cited reasons for requesting data through BioLINCC were feasibility of collecting data of similar size and scope (n=122) and insufficient financial resources for primary data collection (n=76). For 95% of respondents (n=186), a primary research objective was to complete new research, as opposed to replicate prior analyses. Prior to requesting data from BioLINCC, 18% (n=36) of respondents had contacted the original study investigators to obtain data, whereas 24% (n=47) had done so to request collaboration. Nearly all (n=176; 90%) respondents found the data to be suitable for their proposed project; among those who found the data unsuitable (n=19; 10%), cited reasons were data too complicated to use (n=5) and data poorly organised (n=5). Half (n=98) of respondents had completed their proposed projects, of which 67% (n=66) have been published.

Conclusions: Investigators were primarily using clinical research data from BioLINCC for independent research, making use of data that would otherwise have not been feasible to collect.

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U. S. National Institutes of Health National Heart L and Blood Institute
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AU Zhang, Q
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AF Zhang, Quan
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Shi, Weisong
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GP IEEE
TI Firework: Big Data Sharing and Processing in Collaborative Edge
Environment
SO PROCEEDINGS OF 2016 FOURTH IEEE WORKSHOP ON HOT TOPICS IN WEB SYSTEMS
AND TECHNOLOGIES (HOTWEB)
LA English
DT Proceedings Paper

CT 4th IEEE Workshop on Hot Topics in Web Systems and Technologies (HotWeb)
CY OCT 24-25, 2016
CL Washington, DC

SP IEEE, IEEE Comp Soc, Adobe, Google, IBM

AB Cloud computing, arguably, has become the de facto computing platform for the big data processing by researchers and practitioners for the last decade, and enabled different stakeholders to discover valuable information from large scale data. At the same time, in the decade, we have witnessed the fast growing deployment of billions of sensors and actuators in multiple applications domains, such as transportation, manufacturing, connected/wearable health care, smart city and so on, stimulating the emerging of Edge Computing (a.k.a., fog computing, cloudlet). However, data, as the core of both cloud computing and edge computing, is still owned by each stakeholder and rarely shared due to privacy concern and formidable cost of data transportation, which significantly limits Internet of Things (IoT) applications that need data input from multiple stakeholders (e.g., video analytics collects data from cameras owned by police department, transportation department, retailer stores, etc.).

In this paper, we envision that in the era of IoT the demand of distributed big data sharing and processing applications will dramatically increase since the data producing and consuming are pushed to the edge of the network. Data processing in collaborative edge environment needs to fuse data owned by multiple stakeholders, while keeping the computation within stakeholders' data facilities. To attack this challenge, we propose a new computing paradigm, Firework, which is designed for big data processing in collaborative edge environment (CEE). Firework fuses geographically distributed data by creating virtual shared data views that are exposed to end users via predefined interfaces by data owners. The interfaces are provided in the form of a set of datasets and a set of functions, where the functions are privacy preserved and bound to the datasets. Firework targets to share data while ensuring data privacy and integrity for stakeholders. By pushing the data processing as close as to data sources, Firework also aims to avoid data movement from the edge of the network to the cloud and improve the response latency.

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AF Hull, Richard

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Chen, Yi-Min

Deutsch, Alin

Heath, Fenno F. Terry, III

Vianu, Victor

BE Sheng, QZ

Stroulia, E

Tata, S

Bhiri, S

TI Towards a Shared Ledger Business Collaboration Language Based on

Data-Aware Processes

SO SERVICE-ORIENTED COMPUTING, (ICSOC 2016)

SE Lecture Notes in Computer Science

LA English

DT Proceedings Paper

CT 14th International Conference on Service-Oriented Computing (ICSOC)

CY OCT 10-13, 2016

CL Banff, CANADA

ID ARTIFACTS

AB Shared ledger technologies, as exemplified by Blockchain, provide a new framework for supporting business collaborations that is based on having a high-reliability, shared, trusted, privacy-preserving, nonrepudiable data repository that includes programmable logic in the form of "smart contracts". The framework has the potential to dramatically transform business collaboration across numerous industry sectors, including finance, supply chain, food production, pharmaceuticals, and healthcare. Widespread adoption of this technology will be accelerated by the development of business-level languages for specifying smart contracts. This paper proposes that data-aware business processes, and in particular the Business Artifact paradigm, can provide a robust basis for a shared ledger Business Collaboration Language (BCL). The fundamental rationale for adopting data-aware processes is that shared ledgers focus on both data and process in equal measure. The paper examines potential advantages of the artifact-based approach from two perspectives: conceptual modeling, and opportunities for formal reasoning (verification). Broad research challenges for the development, understanding, and usage of a shared ledger BCL are highlighted. C1 [Hull, Richard; Chen, Yi-Min; Heath, Fenno F. Terry, III] IBM Corp, TJ Watson Res Ctr, Yorktown Hts, NY 10598 USA.

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PU SPRINGER INTERNATIONAL PUBLISHING AG
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PA GEWERBESTRASSE 11, CHAM, CH-6330, SWITZERLAND
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PT J
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Holm, IA
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AF Brownstein, Catherine A.
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Goldstein, David B.
CA Undiag Dis Network
TI Data Sharing in the Undiagnosed Diseases Network
SO HUMAN MUTATION
LA English
DT Article
DE big data; genetics; genomics; precision medicine; personalized medicine;
Matchmaker Exchange
AB The Undiagnosed Diseases Network (UDN) builds on the successes of the Undiagnosed Diseases Program at the National Institutes of Health (NIH UDP). Through support from the NIH Common Fund, a coordinating center, six additional clinical sites, and two sequencing cores comprise the UDN. The objectives of the UDN are to: (1) improve the level of diagnosis and care for patients with undiagnosed diseases through the development of common protocols designed by an enlarged community of investigators across the network; (2) facilitate research into the etiology of undiagnosed diseases, by collecting and sharing standardized, high-quality clinical and laboratory data including genotyping, phenotyping, and environmental exposure data; and (3) create an integrated and collaborative research community across multiple clinical sites, and among laboratory and clinical investigators, to investigate the pathophysiology of these rare diseases and to identify options for patient management. Broad-based data sharing is at the core of achieving these objectives, and the UDN is establishing the policies and governance structure to support broad data sharing.
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FU NIH Common Fund (through the Office of Strategic Coordination/Office of the NIH Director) [U01 HG007530, HG007690, HG007672]
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WC Genetics & Heredity
SC Genetics & Heredity
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PT J
AU Carr, D
 Littler, K
AF Carr, David
 Littler, Katherine
TI Sharing Research Data to Improve Public Health: A Funder Perspective
SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS
LA English
DT Editorial Material
DE biomedical research ethics; data sharing; data release; research data;
 research governance; low income countries; clinical research; health
 policy
AB Through the Public Health Research Data Forum, global health research funders
are working together to increase the availability of public health and
epidemiology research data in ways that are equitable, ethical, and efficient.
The Wellcome Trust funded the research reported in this special edition as a
first step toward building an evidence base on the perspectives of research
stakeholders in low- and middle-income countries on the benefits and challenges
of sharing health research data. We hope this work will make a key contribution
to discussions aimed at creating policy frameworks for data access at local,
national, and regional levels that are sensitive to different contexts and
ensure the benefits to research and health are realized in an equitable manner.
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JI J. Empir. Res. Hum. Res. Ethics
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AU Pollack, CE
Lemke, KW
Roberts, E
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AF Pollack, Craig E.
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Weiner, Jonathan P.
TI Patient Sharing and Quality of Care Measuring Outcomes of Care
Coordination Using Claims Data
SO MEDICAL CARE
LA English
DT Article
DE care coordination; performance measure; provider social networks; care
density
ID SHARED SAVINGS PROGRAM; HEALTH-CARE; DECISION-MAKING; COSTS; PHYSICIANS;
SYSTEM; ACOS
AB Background: With the goal of improving clinical efficiency and effectiveness,
programs to enhance care coordination are a major focus of health care reform.
Objective: To examine whether "care density"-a claims-based measure of
patient sharing by office-based physicians-is associated with measures of
quality. Care density is a proxy measure that may reflect how frequently a
patient's doctors collaborate.
Research Design: Cohort study using administrative databases from 3 large
commercial insurance plans.
Subjects: A total of 1.7 million adult patients; 31,675 with congestive heart
failure, 78,530 with chronic obstructive pulmonary disease, and 240,378 with
diabetes.

Measures: Care density was assessed in 2008. Prevention Quality Indicators (PQIs), 30-day readmissions, and Healthcare Effectiveness Data and Information Set quality indicators were measured in the following year.

Results: Among all patients, we found that patients with the highest care density density-indicating high levels of patient sharing among their office-based physicians-had significantly lower rates of adverse events measured as PQIs compared with patients with low-care density (odds ratio = 0.88; 95% confidence interval, 0.85-0.92). A significant association between care density and PQIs was also observed for patients with diabetes mellitus but not congestive heart failure or chronic obstructive pulmonary disease. Diabetic patients with higher care density scores had significantly lower odds of 30-day read-missions (odds ratio = 0.68, 95% confidence interval, 0.48-0.97). Significant associations were observed between care density and Healthcare Effectiveness Data and Information Set measures although not always in the expected direction.

Conclusion: In some settings, patients whose doctors share more patients had lower odds of adverse events and 30-day readmissions.

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U1 0
U2 9
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AU Vest, JR
Issel, LM
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TI Factors Related to Public Health Data Sharing between Local and State
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LA English
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ID INFORMATION-SYSTEM; IMMUNIZATION
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Mateo-Sanz, Josep M.
TI Distributed Architecture With Double-Phase Microaggregation for the
Private Sharing of Biomedical Data in Mobile Health
SO IEEE TRANSACTIONS ON INFORMATION FORENSICS AND SECURITY
LA English
DT Article
DE Privacy protection; distributed environments; microaggregation; mobile
health

AB In this paper, we present the concept of double-phase microaggregation as an improvement of classical microaggregation for the protection of privacy in distributed scenarios without fully trusted parties. We apply this new concept in the context of mobile health and we show that a distributed architecture consisting of patients and several intermediate entities can apply it to protect the privacy of patients, whose data are released to third parties for secondary use. After recalling some fundamental concepts of statistical disclosure control and microaggregation, we detail the distributed architecture that allows the private gathering, storage, and sharing of biomedical data. We show that double-phase multivariate microaggregation properly fits the needs for privacy preservation of biomedical data in the distributed context of mobile health. Moreover, we show that double-phase microaggregation performs similarly to classical microaggregation in terms of information loss, disclosure risk, and correlation preservation, while avoiding the limitations of a centralized approach.

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Z9 8
U1 1
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PU IEEE-INST ELECTRICAL ELECTRONICS ENGINEERS INC
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WC Computer Science, Theory & Methods; Engineering, Electrical & Electronic
SC Computer Science; Engineering
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PT J
AU Jürges, H
Pohl, V
AF Juerges, Hendrik
Pohl, Vincent
TI Medical guidelines, physician density, and quality of care: evidence
from German SHARE data
SO EUROPEAN JOURNAL OF HEALTH ECONOMICS
LA English
DT Article
DE Physician quality of care; Physician density; Preventive care; Chronic
disease management; Medical guidelines
ID HEALTH-CARE; CARDIOVASCULAR-DISEASES; INDUCED DEMAND; OLDER PERSONS;
UNITED-STATES; POPULATION; MORTALITY; VARIABLES; OBESITY; GENDER
AB We use German SHARE data to study the relationship between district general
practitioner density and the quality of preventive care provided to older adults.
We measure physician quality of care as the degree of adherence to medical
guidelines (for the management of risk factors for cardiovascular disease and
the prevention of falls) as reported by patients. Contrary to theoretical
expectations, we find only weak and insignificant effects of physician density
on quality of care. Our results shed doubt on the notion that increasing
physician supply will increase the quality of care provided in Germany's present
health care system.
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AG12815, Y1-AG-4553-01, U01 AG09740-13S2]
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U2 14

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JI Eur. J. Health Econ.
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BP 635
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WC Economics; Health Policy & Services
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PT J
AU Colditz, GA
AF Colditz, Graham A.
TI Constraints on Data Sharing Experience From the Nurses' Health Study
SO EPIDEMIOLOGY
LA English
DT Editorial Material
ID BREAST-CANCER; WOMEN; REANALYSIS; RISK
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NR 11
TC 8
Z9 8
U1 0
U2 1
PU LIPPINCOTT WILLIAMS & WILKINS
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J9 EPIDEMIOLOGY

JI Epidemiology
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Storf, H

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Rothkoetter, Hermann-Josef
Schade-Brittinger, Carmen
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Storf, Holger

TI MIRACUM: Medical Informatics in Research and Care in University Medicine
A Large Data Sharing Network to Enhance Translational Research and
Medical Care

SO METHODS OF INFORMATION IN MEDICINE

LA English

DT Article

DE Data reuse; data sharing; Medical Informatics Initiative; MIRACUM; data
integration centres

ID INTEGRATING BIOLOGY; CLINICAL-RESEARCH; SECONDARY USE; HEALTH DATA;
RECRUITMENT; BIOBANK; SYSTEMS; IMPLEMENTATION; TRANSMART; PCORNET

AB Introduction: This article is part of the Focus Theme of Methods of Information in Medicine on the German Medical Informatics Initiative. Similar to other large international data sharing networks (e.g. OHDSI, PCORnet, eMerge, RD-Connect) MIRACUM is a consortium of academic and hospital partners as well as one industrial partner in eight German cities which have joined forces to create interoperable data integration centres (DIC) and make data within those DIC available for innovative new IT solutions in patient care and medical research. Objectives: Sharing data shall be supported by common interoperable tools and services, in order to leverage the power of such data for biomedical discovery and moving towards a learning health system. This paper aims at illustrating the major building blocks and concepts which MIRACUM will apply to achieve this goal. Governance and Policies: Besides establishing an efficient governance structure within the MIRACUM consortium (based on the steering board, a central administrative office, the general MIRACUM assembly, six working groups and the international scientific advisory board), defining DIC governance rules and data sharing policies, as well as establishing (at each MIRACUM DIC site, but also for MIRACUM in total) use and access committees are major building blocks for the success of such an endeavor. Architectural Framework and Methodology: The MIRACUM DIC architecture builds on a comprehensive ecosystem of reusable open source tools (MIRACOLIX), which are linkable and interoperable amongst each other, but also with the existing software environment of the MIRACUM hospitals. Efficient data protection measures, considering patient consent, data harmonization and a MIRACUM metadata repository as well as a common data model are major pillars of this framework. The methodological approach for shared data usage relies on a federated querying and analysis concept. Use Cases: MIRACUM aims at proving the value of their DIC with three use cases: IT support for patient recruitment into clinical trials, the development and routine care implementation of a clinico-molecular predictive knowledge tool, and molecular-guided therapy recommendations in molecular tumor boards. Results: Based on the MIRACUM DIC release in the nine months conceptual phase first large scale analysis for stroke and colorectal cancer cohorts have been pursued. Discussion: Beyond all technological challenges successfully applying the MIRACUM tools for the enrichment of our knowledge about diagnostic and therapeutic concepts, thus supporting the concept of a Learning Health System will be crucial for the acceptance and sustainability in the medical community and the MIRACUM university hospitals.

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U2 41
PU GEORG THIEME VERLAG KG
PI STUTTGART
PA RUDIGERSTR 14, D-70469 STUTTGART, GERMANY
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TI De-identified genomic data sharing: the research participant perspective
SO JOURNAL OF COMMUNITY GENETICS
LA English
DT Article
DE De-identification; Genomic research; Participant views; Data linkage; Precision Medicine
ID GENETIC RESEARCH; CONSENT; COMMUNITY; ATTITUDES; MEDICINE; BIOBANK; VIEWS
AB Combining datasets into larger and separate datasets is becoming increasingly common, and personal identifiers are often removed in order to maintain participant anonymity. Views of research participants on the use of de-

identified data in large research datasets are important for future projects, such as the Precision Medicine Initiative and Cancer Moonshot Initiative. This quantitative study set in the USA examines participant preferences and evaluates differences by demographics and cancer history. Study participants were recruited from the Northwest Cancer Genetics Registry and included cancer patients, their relatives, and controls. A secure online survey was administered to 450 participants. While the majority participants were not concerned about personal identification when participating in a genetic study using de-identified data, they expressed their concern that researchers protect their privacy and information. Most participants expressed a desire that their data should be available for as many research studies as possible, and in doing so, they would increase their chance of receiving personal health information. About 20% of participants felt that a link should not be maintained between the participant and their de-identified data. Reasons to maintain a link included an ability to return individual health results and an ability to support further research. Knowledge of participants' attitudes regarding the use of data into a research repository and the maintenance of a link to de-identified data is critical to the success of recruitment into future genomic research projects. C1 [Goodman, Deborah; Edwards, Karen] Univ Calif Irvine, Dept Epidemiol, Irvine Hall, Irvine, CA 92697 USA.

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U1 1
U2 6
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JI J. Commun. Genet.
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AU Cook-Deegan, R
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TI Moving beyond Bermuda: sharing data to build a medical information
 commons
SO GENOME RESEARCH
LA English
DT Article
AB The ubiquity of DNA sequencing and the advent of medical imaging, electronic
health records, and "omics" technologies have produced a deluge of data. Making
meaning of those data-creating scientific knowledge and useful clinical
information-will vastly exceed the capacity of even the largest institutions.
Data must be shared to achieve the promises of genomic science and precision
medicine.
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CA Synergy-COPD Consortia

TI From comorbidities of chronic obstructive pulmonary disease to
identification of shared molecular mechanisms by data integration

SO BMC BIOINFORMATICS

LA English

DT Article

ID GENE ONTOLOGY; COPD; RISK; EXACERBATIONS; ENRICHMENT; IMPACT; CODES;
ICD9

AB Background: Deep mining of healthcare data has provided maps of comorbidity relationships between diseases. In parallel, integrative multi-omics investigations have generated high-resolution molecular maps of putative relevance for understanding disease initiation and progression. Yet, it is unclear how to advance an observation of comorbidity relations (one disease to others) to a molecular understanding of the driver processes and associated biomarkers.

Results: Since Chronic Obstructive Pulmonary disease (COPD) has emerged as a central hub in temporal comorbidity networks, we developed a systematic integrative data-driven framework to identify shared disease-associated genes and pathways, as a proxy for the underlying generative mechanisms inducing comorbidity. We integrated records from approximately 13 M patients from the Medicare database with disease-gene maps that we derived from several resources including a semantic-derived knowledge-base. Using rank-based statistics we not only recovered known comorbidities but also discovered a novel association between COPD and digestive diseases. Furthermore, our analysis provides the first set of COPD co-morbidity candidate biomarkers, including IL15, TNF and JUP, and characterizes their association to aging and life-style conditions, such as smoking and physical activity.

Conclusions: The developed framework provides novel insights in COPD and especially COPD co-morbidity associated mechanisms. The methodology could be used to discover and decipher the molecular underpinning of other comorbidity

relationships and furthermore, allow the identification of candidate co-morbidity biomarkers.

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TI Improving the informational continuity of care in diabetes mellitus treatment with a nationwide Shared EHR system: Estimates from Austrian claims data

SO INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS

LA English

DT Article

DE Medical records; Medical records systems; Computerized; Continuity of patient care; Diabetes mellitus; Austria

ID ELECTRONIC HEALTH RECORD; CLINICAL INFORMATION; DATA EXCHANGE; PATIENT; NEEDS; COMMUNICATION; COORDINATION; PHYSICIANS; OUTCOMES; ACCESS

AB Purpose: Shared Electronic Health Record (EHR) systems, which provide a health information exchange (HIE) within a community of care, were found to be a key enabler of informational continuity of diabetes mellitus (DM) care. Quantitative analyses of the actual contribution of Shared EHR systems to informational continuity of care are rare. The goal of this study was to quantitatively analyze (i) the degree of fragmentation of DM care in Austria as an indicator for the need for HIE, and (ii) the quantity of information (i.e. number of documents) from Austrian DM patients that would be made available by a nationwide Shared EHR system for HIE.

Methods: Our analyses are based on social security claims data of 7.9 million Austrians from 2006 and 2007. DM patients were identified through medication data and inpatient diagnoses. The degree of fragmentation was determined by the number of different healthcare providers per patient. The amount of information that would be made available by a nationwide Shared EHR system was estimated by the number of documents that would have been available to a healthcare provider if he had access to information on the patient's visits to any of the other healthcare providers. As a reference value we determined the number of locally available documents that would have originated from the patient's visits to the healthcare provider himself. We performed our analysis for two types of systems: (i) a "comprehensive" Shared EHR system (SEHRS), where each visit of a patient results in a single document (progress note), and (ii) the Austrian ELGA system, which allows four specific document types to be shared.

Results: 391,630 DM patients were identified, corresponding to 4.7% of the Austrian population. More than 90% of the patients received health services from more than one healthcare provider in one year. Both, the SEHRS as well as ELGA would have multiplied the available information during a patient visit in comparison to an isolated local EHR system; the median ratio of external to local medical documents was between 1:1 for a typical visit at a primary care provider (SEHRS as well as ELGA) and 39:1 (SEHRS) respectively 28:1 (ELGA) for a typical visit at a hospital.

Conclusions: Due to the high degree of care fragmentation, there is an obvious need for HIE for Austrian DM patients. Both, the SEHRS as well as ELGA

could provide a substantial contribution to informational continuity of care in Austrian DM treatment. Hospitals and specialists would have gained the most amount of external information, primary care providers and pharmacies would have at least doubled their available information. Despite being the most important potential feeders of a national Shared EHR system according to our analysis, primary care providers will not tap their full corresponding potential under the current implementation scenario of ELGA. (C) 2016 The Authors. Published by Elsevier Ireland Ltd.

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AU Rahimzadeh, V
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TI An International Framework for Data Sharing: Moving Forward with the
Global Alliance for Genomics and Health

SO BIOPRESERVATION AND BIOBANKING

LA English

DT Article

ID POLICY

AB The Global Alliance for Genomics and Health is marshaling expertise in
biomedical research and data sharing policy to propel bench-to-bedside
translation of genomics in parallel with many of the BioSHaRE-EU initiatives
described at length in this Issue. Worldwide representation of institutions,
funders, researchers, and patient advocacy groups at the Global Alliance is
testament to a shared ideal that sees maximizing the public good as a chief
priority of genomic innovation in health. The Global Alliance has made a
critical stride in this regard with the development of its Framework for
Responsible Sharing of Genomic and Health-related Data.(1) This article first
discusses the human rights pillars that underlie the Framework and mission of
the Global Alliance. Second, it outlines the Global Alliance's use of data
governance policies through a number of demonstration projects. Finally, the
authors describe how the Global Alliance envisions international data sharing
moving forward in the postgenomic era.

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FU Biobank Standardisation and Harmonisation for Research Excellence in the
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AU Stoddart, J
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TI The European Union's Adequacy Approach to Privacy and International Data
 Sharing in Health Research
SO JOURNAL OF LAW MEDICINE & ETHICS
LA English
DT Article
AB The European Union (EU) approach to data protection consists of assessing the
adequacy of the data protection offered by the laws of a particular jurisdiction
against a set of principles that includes purpose limitation, transparency,
quality, proportionality, security, access, and rectification. The EU's Data

Protection Directive sets conditions on the transfer of data to third countries by prohibiting Member States from transferring to such countries as have been deemed inadequate in terms of the data protection regimes. In theory, each jurisdiction is evaluated similarly and must be found fully compliant with the EU's data protection principles to be considered adequate. In practice, the inconsistency with which these evaluations are made presents a hurdle to international data-sharing and makes difficult the integration of different data-sharing approaches; in the 20 years since the Directive was first adopted, the laws of only five countries from outside of the EU, Economic Area, or the European Free Trade Agreement have been deemed adequate to engage in data transfers without the need for further administrative safeguards.

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Gai, KK
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TI Optimal Big Data Sharing Approach for Tele-health in Cloud Computing
SO 2016 IEEE INTERNATIONAL CONFERENCE ON SMART CLOUD (SMARTCLOUD)
LA English
DT Proceedings Paper
CT IEEE International Conference on Smart Cloud (IEEE SmartCloud)
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IEEE Comp Soc Smart Comp
DE Tele-health; big data; cloud computing; data sharing
ID AWARE; SYSTEMS
AB The rapid development of tele-health systems have received driving
engagements from various emerging techniques, such as big data and cloud
computing. Sharing data among multiple tele-health systems is an adaptive
approach for improving service quality via the network-based technologies.
However, current implementations of data sharing in cloud computing is still
facing the restrictions caused by the networking capacities and virtual machine
switches. In this paper, we focus on the problem of data sharing obstacles in
cloud computing and propose an approach that uses dynamic programming to produce
optimal solutions to data sharing mechanisms. The proposed approach is called
Optimal Telehealth Data Sharing Model (OTDSM), which considers transmission
probabilities, maximizing network capacities, and timing constraints. Our
experimental results have proved the flexibility and adoptability of the
proposed method.
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TI Sharing behavioral data through a grid infrastructure using data standards

SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION

LA English

DT Article

ID ELECTRONIC HEALTH RECORDS; SUBJECTIVE NUMERACY SCALE; MEANINGFUL USE; NCI THESAURUS; SCIENCE; PROGRESS; TOOLKIT; SYSTEMS; PHENX

AB Objective In an effort to standardize behavioral measures and their data representation, the present study develops a methodology for incorporating measures found in the National Cancer Institute's (NCI) grid-enabled measures (GEM) portal, a repository for behavioral and social measures, into the cancer data standards registry and repository (caDSR).

Methods The methodology consists of four parts for curating GEM measures into the caDSR: (1) develop unified modeling language (UML) models for behavioral measures; (2) create common data elements (CDE) for UML components; (3) bind CDE with concepts from the NCI thesaurus; and (4) register CDE in the caDSR.

Results UML models have been developed for four GEM measures, which have been registered in the caDSR as CDE. New behavioral concepts related to these measures have been created and incorporated into the NCI thesaurus. Best practices for representing measures using UML models have been utilized in the practice (eg, caDSR). One dataset based on a GEM-curated measure is available for use by other systems and users connected to the grid.

Conclusions Behavioral and population science data can be standardized by using and extending current standards. A new branch of CDE for behavioral science was developed for the caDSR. It expands the caDSR domain coverage beyond the clinical and biological areas. In addition, missing terms and concepts specific to the behavioral measures addressed in this paper were added to the NCI thesaurus. A methodology was developed and refined for curation of behavioral and population science data.

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Rubin, Daniel L.

TI Informatics methods to enable sharing of quantitative imaging research
data

SO MAGNETIC RESONANCE IMAGING

LA English

DT Article

DE Quantitative Imaging Network; Data sharing; Imaging informatics;
Research informatics; Image repository; Image meta-data repository;

Clinical data repository; System architecture

AB Introduction: The National Cancer Institute Quantitative Research Network (QIN) is a collaborative research network whose goal is to share data, algorithms and research tools to accelerate quantitative imaging research. A challenge is the variability in tools and analysis platforms used in quantitative imaging. Our goal was to understand the extent of this variation and to develop an approach to enable sharing data and to promote reuse of quantitative imaging data in the community.

Methods: We performed a survey of the current tools in use by the QIN member sites for representation and storage of their QIN research data including images, image meta-data and clinical data. We identified existing systems and standards for data sharing and their gaps for the QIN use case. We then proposed a system architecture to enable data sharing and collaborative experimentation within the QIN.

Results: There are a variety of tools currently used by each QIN institution. We developed a general information system architecture to support the QIN goals. We also describe the remaining architecture gaps we are developing to enable members to share research images and image meta-data across the network.

Conclusions: As a research network, the QIN will stimulate quantitative imaging research by pooling data, algorithms and research tools. However, there are gaps in current functional requirements that will need to be met by future informatics development. Special attention must be given to the technical requirements needed to translate these methods into the clinical research workflow to enable validation and qualification of these novel imaging biomarkers. (C) 2012 Elsevier Inc. All rights reserved.

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GENE-EXPRESSION; BREAST-CANCER

AB The proteome represents the identity, expression levels, interacting partners, and posttranslational modifications of proteins expressed within any given cell. Proteomic studies aim to census the quantitative and qualitative factors regulating the biological relationships of proteins acting in concert as functional cellular networks. In the field of endocrinology, proteomics has been of considerable value in determining the function and mechanism of action of endocrine signaling molecules in the cell membrane, cytoplasm, and nucleus and for the discovery of proteins as candidates for clinical biomarkers. The volume of data that can be generated by proteomics methodologies, up to gigabytes of data within a few hours, brings with it its own logistical hurdles and presents significant challenges to realizing the full potential of these datasets. In this minireview, we describe selected current proteomics methodologies and their application in basic and translational endocrinology before focusing on mass spectrometry as a model for current progress and challenges in data analysis, management, sharing, and integration. (Molecular Endocrinology 26: 1660-1674, 2012)

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TI A Model-driven Privacy Compliance Decision Support for Medical Data
Sharing in Europe

SO METHODS OF INFORMATION IN MEDICINE

LA English

DT Article

DE Privacy; EU data protection directive; healthgrid; Semantic Web
technologies

ID CONFIDENTIALITY

AB Objectives: Clinical practitioners and medical researchers often have to share health data with other colleagues across Europe. Privacy compliance in this context is very important but challenging. Automated privacy guidelines are a practical way of increasing users' awareness of privacy obligations and help eliminating unintentional breaches of privacy. In this paper we present an ontology-plus-rules based approach to privacy decision support for the sharing of patient data across European platforms.

Methods: We use ontologies to model the required domain and context information about data sharing and privacy requirements. In addition, we use a set of Semantic Web Rule Language rules to reason about legal privacy requirements that are applicable to a specific context of data disclosure. We make the complete set invocable through the use of a semantic web application acting as an interactive privacy guideline system can then invoke the full model in order to provide decision support.

Results: When asked, the system will generate privacy reports applicable to a specific case of data disclosure described by the user. Also reports showing guidelines per Member State may be obtained.

Conclusion: The advantage of this approach lies in the expressiveness and extensibility of the modelling and inference languages adopted and the ability they confer to reason with complex requirements interpreted from high level regulations. However, the system cannot at this stage fully simulate the role of an ethics committee or review board.

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JI Methods Inf. Med.

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WC Computer Science, Information Systems; Health Care Sciences & Services;
Medical Informatics

SC Computer Science; Health Care Sciences & Services; Medical Informatics

GA 817SD

UT WOS:000294694200005

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ER

PT J

AU Vallejo-Torres, L

Morris, S

Carr-Hill, R

Dixon, P

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AF Vallejo-Torres, Laura

Morris, Stephen

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Rice, Nigel

Sutton, Matthew

TI Can regional resource shares be based only on prevalence data? An
empirical investigation of the proportionality assumption

SO SOCIAL SCIENCE & MEDICINE

LA English

DT Article

DE Resource allocation formula; Epidemiological approach; Utilisation
approach; Proportionality; Health care

ID RISK ADJUSTMENT; HEALTH; CAPITATION

AB The needs component of the current formulae for allocating resources for hospital services and prescribing in England is based on a utilisation approach. This assumes that expenditure on NHS activity in different geographical areas reflects relative needs and supply conditions, and that these can be disentangled by regression models to yield an estimate of relative need. These assumptions have been challenged on the grounds that the needs of some groups may be systematically 'unmet'. Critics have suggested an alternative based on variations in the prevalence of health conditions, called the 'epidemiological approach'.

The epidemiological approach uses direct measures of morbidity to allocate health care resources. It divides the total national budget into disease programmes based on primary diagnosis, computes the proportion of total cases for each programme in each geographical area, and then allocates budgets to geographical areas proportional to their share of total cases. The main obstacle to the epidemiological approach has been seen as its very demanding data requirements. But it also faces methodological challenges. These centre on the assumption of proportionality which, at the area level to which resources will be allocated, requires that the average level of need for 'cases' within each disease programme is the same in every area.

We illustrate the epidemiological approach, and test the proportionality assumption underpinning it, using data from the 2002-2004 rounds of the Health Survey for England. We find regional variation in disease severity for major diseases, which suggests that health care needs for some conditions vary by area. Further analysis suggests that the epidemiological approach might systematically underallocate resources to rural areas, areas with younger populations, and deprived areas. Since the proportionality assumption underpinning the epidemiological approach does not hold, its adoption would fail to take account of variations in severity. This casts some doubt on the utility of the approach for resource allocation at the present time. (C) 2009 Elsevier Ltd. All rights reserved.

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NR 24

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SC Public, Environmental & Occupational Health; Biomedical Social Sciences

GA 528EO

UT WOS:000272424600011

PM 19819058

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ER

PT J

AU Sieber, JE

AF Sieber, Joan E.

TI Introduction: Data sharing and disclosure limitation techniques

SO JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS

LA English

DT Editorial Material

AB THIS SPECIAL SECTION OF JERHRE is in response to the needs of institutions to develop advanced data sharing capabilities. On October 1, 2003, the National Institutes of Health (NIH) initiated a requirement that investigator-initiated proposals for grants with direct costs over \$500,000 in any year incorporate plans to accommodate sharing research data. The requirement stipulates that such plans describe the procedures through which shared data would be rendered "free of identifiers that would permit linkages to individual research participants and variables that could lead to deductive disclosure of the identity of individual subjects." (http://grants2.nih.gov/grants/policy/data_sharing). We expect that many researchers who deal with human research data are unfamiliar

with the procedures presented in the ensuing articles. These sophisticated procedures have been developed to help protect confidentiality of subjects' data in files that are shared, while simultaneously preserving the analytic value of data for secondary users. Among these are procedures developed by government statisticians that include innovative methods to prevent deductive disclosure of identities. More recently, academic researchers and data experts have adapted or extended these methods. Together, these methods aim to achieve both disclosure limitation and retention of key analytic usefulness of the shared data.

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JI J. Empir. Res. Hum. Res. Ethics

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WC Ethics; Medical Ethics

SC Social Sciences - Other Topics; Medical Ethics

GA V44MO

UT WOS:000203007000006

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PT S

AU Marcheschi, P

Mazzarisi, A

Dalmiani, S

Benassi, A

AF Marcheschi, P

Mazzarisi, A

Dalmiani, S

Benassi, A

GP IEEE

TI HL7 clinical document architecture to share cardiological images and
structured data in next generation infrastructure

SO Computers in Cardiology 2004, Vol 31

SE COMPUTERS IN CARDIOLOGY

LA English
DT Proceedings Paper
CT 31st Annual Scientific Meeting on Computers in Cardiology
CY SEP 19-22, 2004
CL Chicago, IL
SP IEEE, Natl Inst Hlth, Evanston NW Healthcare, European Soc Cardiol
AB In medicine and in cardiology different standards are used for treatment of clinical and iconographic information. Among the most relevant there are HL7 for clinical data and DICOM for images and signals. The advent of Electronic Health Record Systems (EHR) and the request for data integration coming from different imaging modalities and diagnostic instrumentation, offer us a technological panorama difficult to manage. There is an increasing demand to select the most meaningful information in a simple and effective way, without the duty and the necessity to create from scratch new ways of data communication and sharing. Hence an agreement, in order to be able to feed a new multidisciplinary information databases, is necessary. To reach this goal, we used the emergent development of HL7 in the field of the structure of Clinical Document Architecture (CDA).
C1 CNR, Inst Clin Physiol, I-56100 Pisa, Italy.
RP Marcheschi, P (reprint author), CNR, Inst Clin Physiol, I-56100 Pisa, Italy.
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HL7 REFERENCE INFORM
NR 10
TC 7
Z9 8
U1 0
U2 3
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 0276-6574
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J9 COMPUT CARDIOL
PY 2004
VL 31
BP 617
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SC Cardiovascular System & Cardiology; Computer Science; Engineering
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TI Key Implications of Data Sharing in Pediatric Genomics

SO JAMA PEDIATRICS

LA English

DT Review

ID HEALTH-CARE; BIG; RECOMMENDATIONS; PRIVACY; CONSENT; SCIENCE; SYSTEM

AB Accurate clinical interpretation of children's whole-genome and whole-exome sequences relies on comparing the patient's linked genomic and phenotypic data with variant reference databases of both healthy and affected patients. The robustness of such comparisons, in turn, is made possible by sharing pediatric genomic and associated clinical data. Despite this, sparse ethical-legal policy attention has been paid to making such sharing routine in practice. The interdisciplinary Paediatric Task Team of the Global Alliance for Genomics and Health considered in detail the current ethical, legal, and social implications of sharing genomic and associated clinical data involving children. An initial set of points to consider was presented at a meeting of the Paediatric Task Team at the 4th Plenary of the Global Alliance for Genomics and Health. The Key Implications for Data Sharing (KIDS) framework for pediatric genomics was developed based on feedback from this group and was supplemented by findings from a critical appraisal of the data-sharing literature. The final points to consider that comprise the KIDS framework are categorized into the following 4 primary themes: children's involvement, parental consent, balancing benefits and risks, and data protection and release requirements.

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FU Canadian Institutes of Health Research Vanier Canada Graduate
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TC 6
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U1 2
U2 3
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BP 476
EP 481
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WC Pediatrics
SC Pediatrics
GA GF0RO
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PT J
AU Sirven, N
Rapp, T
AF Sirven, Nicolas
Rapp, Thomas
TI The Dynamics of Hospital Use among Older People Evidence for Europe
Using SHARE Data
SO HEALTH SERVICES RESEARCH
LA English

DT Article

DE Demand for health; long-term care; frailty; health prevention; dynamic panel

ID HOUSEHOLD PANEL SURVEY; FRAILTY; CARE; HEALTH; DISABILITY; IMPACT; COSTS; LIFE

AB Objective. Hospital services use, which is a major driver of total health expenditures, is expected to rise over the next decades in Europe, especially because of population aging. The purpose of this article is to better understand the dynamics of older people's demand for hospital care over time in a cross-country setting.

Data source. We used data from the Survey on Health, Ageing, and Retirement in Europe (SHARE), in 10 countries between 2004 and 2011.

Study Design. We estimated a dynamic panel model of hospital admission for respondents aged 50 years or more.

Principal Findings. Following prior research, we found evidence of state dependence in hospital use over time. We also found that rise in frailty-among other health covariates- is a strong predictor of increased hospital use. Progression by one point on the frailty scale [0; 5] is associated with an additional risk of about 2.1 percent on average.

Conclusions. Our results support promotion of early detection of frailty in primary care, and improvement of coordination between actors within the health system, as potential strategies to reduce avoidable or unnecessary hospital use among frail elderly.

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Smith, BH
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TI Assessing the presence of shared genetic architecture between
Alzheimer's disease and major depressive disorder using genome-wide
association data

SO TRANSLATIONAL PSYCHIATRY

LA English

DT Article

ID APOLIPOPROTEIN-E GENOTYPE; COMMUNITY-BASED COHORT; LATE-LIFE DEPRESSION;
AGE-OF-ONSET; RISK-FACTOR; COGNITIVE DECLINE; TEMPORAL RELATIONSHIP;
IDENTIFIES VARIANTS; FAMILY-HISTORY; SYMPTOMS

AB Major depressive disorder (MDD) and Alzheimer's disease (AD) are both common
in older age and frequently co-occur. Numerous phenotypic studies based on
clinical diagnoses suggest that a history of depression increases risk of
subsequent AD, although the basis of this relationship is uncertain. Both
illnesses are polygenic, and shared genetic risk factors could explain some of
the observed association. We used genotype data to test whether MDD and AD have
an overlapping polygenic architecture in two large population-based cohorts,
Generation Scotland's Scottish Family Health Study (GS:SFHS; N = 19 889) and UK
Biobank (N = 25 118), and whether age of depression onset influences any
relationship. Using two complementary techniques, we found no evidence that the
disorders are influenced by common genetic variants. Using linkage
disequilibrium score regression with genome-wide association study (GWAS)
summary statistics from the International Genomics of Alzheimer's Project, we

report no significant genetic correlation between AD and MDD ($r(G) = -0.103$, $P = 0.59$). Polygenic risk scores (PRS) generated using summary data from International Genomics of Alzheimer's Project (IGAP) and the Psychiatric Genomics Consortium were used to assess potential pleiotropy between the disorders. PRS for MDD were nominally associated with participant-recalled AD family history in GS: SFHS, although this association did not survive multiple comparison testing. AD PRS were not associated with depression status or late-onset depression, and a survival analysis showed no association between age of depression onset and genetic risk for AD. This study found no evidence to support a common polygenic structure for AD and MDD, suggesting that the comorbidity of these disorders is not explained by common genetic variants.

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TI Sharing Data to Build a Medical Information Commons: From Bermuda to the
Global Alliance

SO ANNUAL REVIEW OF GENOMICS AND HUMAN GENETICS, VOL 18

SE Annual Review of Genomics and Human Genetics

LA English

DT Review; Book Chapter

DE patents; data sharing; sociology of science; model organisms; knowledge
commons; science policy

ID HUMAN-GENOME-PROJECT; EXPRESSED SEQUENCE TAGS; PROTEOMICS DATA RELEASE;
INTERNATIONAL SUMMIT; SNP CONSORTIUM; PRIVACY; POLICY; BRCA; HISTORY;
ACCESS

AB The Human Genome Project modeled its open science ethos on nematode biology,
most famously through daily release of DNA sequence data based on the 1996
Bermuda Principles. That open science philosophy persists, but daily, unfettered
release of data has had to adapt to constraints occasioned by the use of data
from individual people, broader use of data not only by scientists but also by
clinicians and individuals, the global reach of genomic applications and diverse
national privacy and research ethics laws, and the rising prominence of a
diverse commercial genomics sector. The Global Alliance for Genomics and Health
was established to enable the data sharing that is essential for making meaning
of genomic variation. Data-sharing policies and practices will continue to
evolve as researchers, health professionals, and individuals strive to construct
a global medical and scientific information commons.

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AF Cerliani, Leonardo
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TI Disentangling subgroups of participants recruiting shared as well as
different brain regions for the execution of the verb generation task: A
data-driven fMRI study
SO CORTEX

LA English

DT Article

DE ICA; fMRI; Verb generation; Inter-subject variability

ID INDEPENDENT COMPONENT ANALYSIS; PRIMARY-PROGRESSIVE-APHASIA;
RESTING-STATE NETWORKS; INTERSUBJECT VARIABILITY; ACTIVATION PATTERNS;
PREFRONTAL CORTEX; COGNITIVE ANATOMY; READING ALOUD; CONNECTIVITY;
DEGENERACY

AB The spatial pattern of task-related brain activity in fMRI studies might be expected to change according to several variables such as handedness and age. However this spatial heterogeneity might also be due to other unmodeled sources of inter-subject variability. Since group level results reflect patterns of task-evoked brain activity common to most of the subjects in the sample, they could conceal the presence of subgroups recruiting other brain regions beyond the common pattern. To deal with these issues, data-driven methods can be used to detect the presence of sources of inter-subject variability that might be hard to identify and therefore model a priori. Here we assess the potential of Independent Component Analysis (ICA) to detect the presence of unexpected subgroups of participants. To this end, we acquired task-evoked fMRI data on 45 healthy adults using the verb generation (VGEN) task, in which participants are visually presented with the noun of an object of everyday use, and asked to covertly generate a verb describing the corresponding action. As expected, the task elicited activity in a temporo-parieto-frontal network typically found in previous VGEN experiments. We then quantified the contribution of every subject to nine task-related spatio-temporal processes identified by ICA. A cluster analysis of this quantity yielded three subgroups of participants. Differences between the three identified subgroups were distributed in left and right prefrontal, posterior parietal and extrastriate occipital regions. These results could not be explained by differences in sex, age or handedness across the participants. Furthermore, some regions where a significant difference was found between subgroups were not present in the group-level pattern of task-related activity. We discuss the potential application of this approach for characterizing brain activity in different subgroups of patients with neuropsychiatric or neurological conditions. (C) 2016 Elsevier Ltd. All rights reserved.

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TI Data Resource Profile: Cross-national and cross-study sociodemographic and health-related harmonized domains from SAGE plus ELSA, HRS and SHARE (SAGE+, Wave 1)

SO INTERNATIONAL JOURNAL OF EPIDEMIOLOGY

LA English

DT Article

ID COHORT PROFILE; PROJECT

AB Four longitudinal studies were included in this rigorous harmonization process: the Study on global AGEing and adult health (SAGE); English Longitudinal Study on Ageing (ELSA); US Health and Retirement Study (HRS); and Survey of Health, Ageing and Retirement in Europe (SHARE). An ex-post harmonized process was applied to nine health-related thematic domains (socio-demographic and economic, health states, overall self-report of health and mental state, health examinations, physical and mental performance tests, risk factors, chronic conditions, social network and subjective well-being) for data from the 2004 wave of each study. Large samples of adults aged 50 years and older were available from each study: SAGE, n = 18 886; ELSA, n = 9181; HRS, n = 19 303; and SHARE, n = 29 917. The microdata, along with further details about the harmonization process and all metadata, are available through the World Health Organization (WHO) data archive at [<http://apps.who.int/healthinfo/systems/surveydata/index.php/catalog>]. Further information and enquiries can be made to [sagesurvey@who.int] or the corresponding author. The data resource will continue to be updated with data across additional waves of these surveys and new waves.

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TI Managing information well: Toward an ontology-driven informatics
platform for data sharing and secondary use in epilepsy self-management
research centers
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LA English
DT Article
DE epilepsy; informatics; seizures; self-management
ID QUALITY-OF-LIFE; DEEP BRAIN-STIMULATION; DEPRESSION; INFRASTRUCTURE;
PROGRAM
AB Epilepsy is a chronic neurological condition that requires active self-
management to reduce personal and population burden. The Managing Epilepsy Well
Network, funded by the US Centers for Disease Control and Prevention, conducts
research on epilepsy self-management. There is an urgent need to develop an
integrated informatics platform to maximize the secondary use of existing
Managing Epilepsy Well Network data. We have implemented multiple steps to
develop an informatics platform, including: (a) a survey of existing outcome
data, (b) identification of common data elements, and (c) an integrated database
using an epilepsy domain ontology to reconcile data heterogeneity. The
informatics platform enables assessment of epilepsy self-management samples by
site and in aggregate to support data interpretations for clinical care and
ongoing epilepsy self-management research. The Managing Epilepsy Well
informatics platform is expected to help advance epilepsy self-management,
improve health outcomes, and has potential application in other thematic
research networks.
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WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA DU9NC
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PT J
AU Schofield, PN
Ward, JM
Sundberg, JP
AF Schofield, Paul N.
Ward, Jerrold M.
Sundberg, John P.
TI Show and tell: disclosure and data sharing in experimental pathology
SO DISEASE MODELS & MECHANISMS
LA English
DT Article
DE Mouse; Histopathology; Data sharing; Peer review; Reproducibility
ID EXPERIMENTAL-DESIGN; GUT MICROBIOME; ANIMAL-MODELS; C57BL/6N MICE; MOUSE
MODELS; MUTANT MICE; REPRODUCIBILITY; CANCER; HISTOPATHOLOGY; PHENOTYPES
AB Reproducibility of data from experimental investigations using animal models is increasingly under scrutiny because of the potentially negative impact of poor reproducibility on the translation of basic research. Histopathology is a key tool in biomedical research, in particular for the phenotyping of animal models to provide insights into the pathobiology of diseases. Failure to disclose and share crucial histopathological experimental details compromises the validity of the review process and reliability of the conclusions. We discuss factors that affect the interpretation and validation of histopathology data in publications and the importance of making these data accessible to promote replicability in research.

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NR 53

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CA ICGC Data Access Compliance Off
ICGC Int Data Access Comm
TI Analysis of five years of controlled access and data sharing compliance
at the International Cancer Genome Consortium
SO NATURE GENETICS
LA English
DT Letter
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JI Nature Genet.
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WC Genetics & Heredity
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PT J
AU Becnel, LB
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TI An open access pilot freely sharing cancer genomic data from participants in Texas

SO SCIENTIFIC DATA

LA English

DT Article; Data Paper

ID INFORMED CONSENT; BIOBANKING

AB Genomic data sharing in cancer has been restricted to aggregate or controlled-access initiatives to protect the privacy of research participants. By limiting access to these data, it has been argued that the autonomy of individuals who decide to participate in data sharing efforts has been superseded and the utility of the data as research and educational tools reduced. In a pilot Open Access (OA) project from the CPRIT-funded Texas Cancer Research Biobank, many Texas cancer patients were willing to openly share genomic data from tumor and normal matched pair specimens. For the first time, genetic data from 7 human cancer cases with matched normal are freely available without requirement for data use agreements nor any major restriction except that end users cannot attempt to re-identify the participants (<http://txcrb.org/open.html>).

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FU Cancer Prevention Research in Texas (CPRIT) [RP101353]; NHGRI [U54 HG003273]; NCI/NIH as part of its Cancer Center Support Grant program [P30 CA125123]

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NR 29
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PU NATURE PUBLISHING GROUP
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PA MACMILLAN BUILDING, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
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PT J
AU Chambers, DA
Rupp, A
AF Chambers, David A.
Rupp, Agnes
TI Sharing State Mental Health Data for Research: Building Toward Ongoing
Learning in Mental Health Care Systems
SO ADMINISTRATION AND POLICY IN MENTAL HEALTH AND MENTAL HEALTH SERVICES
RESEARCH

LA English
DT Article

DE Mental health; Health services research; State data; Data pooling
AB With the rise of "big data," the opportunities to use administrative and
clinical data to evaluate impact of state level program initiatives are greatly
expanded. The National Institute of Mental Health has in recent years supported
research studies pooling data across states to address state-relevant questions.
This commentary summarizes these activities and describes future platforms that
may enhance ongoing work in this area.

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RI PAN, ZEQUIANG/X-6341-2018

CR Hoagwood KE, 2016, ADM POLICY MENT HLTH, V43, P67, DOI 10.1007/s10488-014-
0620-y

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The National Advisory Mental Health Council's Services Research and Clinical
Epidemiology Workgroup, 2006, ROAD AH RES PARTN TR

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J9 ADM POLICY MENT HLTH

JI Adm. Policy. Ment. Health

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WC Health Policy & Services; Public, Environmental & Occupational Health

SC Health Care Sciences & Services; Public, Environmental & Occupational
Health

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PT S

AU Hochedlinger, N
Nitzlnader, M
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BE Hayn, D
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TI Standardized Data Sharing in a Paediatric Oncology Research Network - A
Proof-of-Concept Study

SO EHEALTH2015 - HEALTH INFORMATICS MEETS EHEALTH: INNOVATIVE HEALTH
PERSPECTIVES: PERSONALIZED HEALTH

SE Studies in Health Technology and Informatics

LA English

DT Proceedings Paper

CT 9th Scientific eHealth Conference

CY JUN 18-19, 2015

CL Vienna, AUSTRIA

DE Paediatric Oncology; XSLT; Interoperability; Clinical Trial;
Standardisation; Secondary Use; Biobanking

ID PLATFORM

AB Data that has been collected in the course of clinical trials are potentially valuable for additional scientific research questions in so called secondary use scenarios. This is of particular importance in rare disease areas like paediatric oncology. If data from several research projects need to be connected, so called Core Datasets can be used to define which information needs to be extracted from every involved source system. In this work, the utility of the Clinical Data Interchange Standards Consortium (CDISC) Operational Data Model (ODM) as a format for Core Datasets was evaluated and a web tool was developed which received Source ODM XML files and - via Extensible Stylesheet Language Transformation (XSLT) - generated standardized Core Dataset ODM XML files. Using

this tool, data from different source systems were extracted and pooled for joined analysis in a proof-of-concept study, facilitating both, basic syntactic and semantic interoperability.

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AU Sorani, MD
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CA TRACK TBI Investigators

TI Genetic Data Sharing and Privacy

SO NEUROINFORMATICS

LA English

DT Editorial Material

DE Data; Privacy; Genetic; Biospecimen; Biobank; Sharing

ID TRAUMATIC BRAIN-INJURY; ELECTRONIC HEALTH RECORD; DE-IDENTIFICATION;
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TI Sharing of clinical data in a maternity setting: How do paper hand-held records and electronic health records compare for completeness?

SO BMC HEALTH SERVICES RESEARCH

LA English

DT Article

DE Maternity; Shared-care; General practitioner (GP); Paper hand-held record (PHR); Electronic health record (EHR); Best Practice Variable

ID QUALITY

AB Background: Historically, the paper hand-held record (PHR) has been used for sharing information between hospital clinicians, general practitioners and pregnant women in a maternity shared-care environment. Recently in alignment with a National e-health agenda, an electronic health record (EHR) was introduced at an Australian tertiary maternity service to replace the PHR for

collection and transfer of data. The aim of this study was to examine and compare the completeness of clinical data collected in a PHR and an EHR.

Methods: We undertook a comparative cohort design study to determine differences in completeness between data collected from maternity records in two phases. Phase 1 data were collected from the PHR and Phase 2 data from the EHR. Records were compared for completeness of best practice variables collected. The primary outcome was the presence of best practice variables and the secondary outcomes were the differences in individual variables between the records.

Results: Ninety-four percent of paper medical charts were available in Phase 1 and 100% of records from an obstetric database in Phase 2. No PHR or EHR had a complete dataset of best practice variables. The variables with significant improvement in completeness of data documented in the EHR, compared with the PHR, were urine culture, glucose tolerance test, nuchal screening, morphology scans, folic acid advice, tobacco smoking, illicit drug assessment and domestic violence assessment ($p = 0.001$). Additionally the documentation of immunisations (pertussis, hepatitis B, varicella, fluvax) were markedly improved in the EHR ($p = 0.001$). The variables of blood pressure, proteinuria, blood group, antibody, rubella and syphilis status, showed no significant differences in completeness of recording.

Conclusion: This is the first paper to report on the comparison of clinical data collected on a PHR and EHR in a maternity shared-care setting. The use of an EHR demonstrated significant improvements to the collection of best practice variables. Additionally, the data in an EHR were more available to relevant clinical staff with the appropriate log-in and more easily retrieved than from the PHR. This study contributes to an under-researched area of determining data quality collected in patient records.

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PU BMC
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PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
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TI Shared Medical Appointments to Screen for Geriatric Syndromes:

Preliminary Data from a Quality Improvement Initiative

SO JOURNAL OF THE AMERICAN GERIATRICS SOCIETY

LA English

DT Article

DE shared medical appointments; dementia; depression; fall risk; patient education; geriatrics

ID EPIDEMIOLOGY; DEPRESSION; DEMENTIA; MOBILITY; VISITS; ACCESS; RISK; GO

AB Older adults are at greater risk of developing conditions that affect health outcomes, quality of life, and costs of care. Screening for geriatric conditions such as memory loss, fall risk, and depression may contribute to the prevention of adverse physical and mental comorbidities, unnecessary hospitalizations, and premature nursing home admissions. Because screening is not consistently performed in primary care settings, a shared medical appointment (SMA) program was developed to fill this gap in care. The goals of the program were to improve early identification of at-risk individuals and ensure appropriate follow-up for memory loss, fall risk, and depression; facilitate discussion about prevention, diagnosis, and treatment of these conditions; implement strategies to reduce risks for these conditions; and increase access to screening and expand preventive health services for older adults. Between August 2011 and May 2013, 136 individuals aged 60 and older participated in the program. Three case studies highlighting the psychosocial and physiological findings of participation in the program are presented. Preliminary data suggest that SMAs are an effective model of regularly screening at-risk older adults that augments primary care practice by facilitating early detection and referral for syndromes that may otherwise be missed or delayed.

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AF Gasner, M. Rose
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TI Legal and Policy Barriers to Sharing Data Between Public Health Programs
in New York City: A Case Study
SO AMERICAN JOURNAL OF PUBLIC HEALTH
LA English
DT Article
ID HIV; SURVEILLANCE; INTEGRATION; HEPATITIS; STD; TB
AB Integration of public health surveillance data within health departments is
important for public health activities and cost-efficient coordination of care.
Access to and use of surveillance data are governed by public health law and by
agency confidentiality and security policies.
In New York City, we examined public health laws and agency policies for data
sharing across HIV, sexually transmitted disease, tuberculosis, and viral
hepatitis surveillance programs. We found that recent changes to state laws
provide greater opportunities for data sharing but that agency policies must be
updated because they limit increased data integration.
Our case study can help other health departments conduct similar reviews of
laws and policies to increase data sharing and integration of surveillance data.
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Z9 6
U1 0
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WC Public, Environmental & Occupational Health
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GA APOYC
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ER

PT J
AU Callier, S
Husain, R
Simpson, R
AF Callier, Shawneequa
Husain, Rajah
Simpson, Rachel
TI Genomic data-sharing: what will be our legacy?
SO FRONTIERS IN GENETICS
LA English
DT Article
DE privacy; ELSI; genetic research; personalized medicine; ethics; medical
ID HEALTH DISPARITIES; GENETIC RESEARCH; RESEARCH ETHICS; MEDICINE;
CHALLENGE; SOCIETY; CONSENT
AB Prior to 1974, the Tuskegee Syphilis experiments, expansive use of the HeLa cells, and other blatant instances of research abuse pervaded the medical research field. Ongoing challenges to informed consent, privacy and data-sharing will influence the stories that research participants today share with future

generations. This has significant implications for the advancement of genomic science, and the public's perception of genomic research.

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NR 20

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PU FRONTIERS MEDIA SA

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J9 FRONT GENET

JI Front. Genet.

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AR UNSP 34

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WC Genetics & Heredity

SC Genetics & Heredity

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PT J

AU Eckels, J
Nathe, C
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Bollenbeck, M
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Piehler, B

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Fong, Youyi
Tomaras, Georgia D.
Piehler, Britt

TI Quality control, analysis and secure sharing of Luminex (R) immunoassay data using the open source LabKey Server platform

SO BMC BIOINFORMATICS

LA English

DT Article

ID T-CELL ASSAYS; IMMUNODEFICIENCY-VIRUS; CANCER-IMMUNOTHERAPY;
ANALYSIS-SYSTEM; MULTIPLEX; ANTIBODIES; TRIALS; SENSITIVITY; CHALLENGES;
INFECTION

AB Background: Immunoassays that employ multiplexed bead arrays produce high information content per sample. Such assays are now frequently used to evaluate humoral responses in clinical trials. Integrated software is needed for the analysis, quality control, and secure sharing of the high volume of data produced by such multiplexed assays. Software that facilitates data exchange and provides flexibility to perform customized analyses (including multiple curve fits and visualizations of assay performance over time) could increase scientists' capacity to use these immunoassays to evaluate human clinical trials.

Results: The HIV Vaccine Trials Network and the Statistical Center for HIV/AIDS Research and Prevention collaborated with LabKey Software to enhance the open source LabKey Server platform to facilitate workflows for multiplexed bead assays. This system now supports the management, analysis, quality control, and secure sharing of data from multiplexed immunoassays that leverage Luminex xMAP (R) technology. These assays may be custom or kit-based. Newly added features enable labs to: (i) import run data from spreadsheets output by Bio-Plex Manager (TM) software; (ii) customize data processing, curve fits, and algorithms through scripts written in common languages, such as R; (iii) select script-defined calculation options through a graphical user interface; (iv) collect custom metadata for each titration, analyte, run and batch of runs; (v) calculate dose-response curves for titrations; (vi) interpolate unknown concentrations from curves for titrated standards; (vii) flag run data for exclusion from analysis; (viii) track quality control metrics across runs using

Levey-Jennings plots; and (ix) automatically flag outliers based on expected values. Existing system features allow researchers to analyze, integrate, visualize, export and securely share their data, as well as to construct custom user interfaces and workflows.

Conclusions: Unlike other tools tailored for Luminex immunoassays, LabKey Server allows labs to customize their Luminex analyses using scripting while still presenting users with a single, graphical interface for processing and analyzing data. The LabKey Server system also stands out among Luminex tools for enabling smooth, secure transfer of data, quality control information, and analyses between collaborators. LabKey Server and its Luminex features are freely available as open source software at <http://www.labkey.com> under the Apache 2.0 license.

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FU Bill and Melinda Gates Foundation [OPP1032317, 3830913]; National Institute of Health (NIH/NIAID/DAIDS) [5U01 AI46725-05, UM1-AI-068618, U01-AI-068635]; Duke University Center for AIDS Research (CFAR) Grant [P30 AI 64518]

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R PROJECT STAT COMPU
NR 58
TC 6
Z9 6
U1 0
U2 24
PU BIOMED CENTRAL LTD
PI LONDON
PA 236 GRAYS INN RD, FLOOR 6, LONDON WC1X 8HL, ENGLAND
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JI BMC Bioinformatics
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WC Biochemical Research Methods; Biotechnology & Applied Microbiology;
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SC Biochemistry & Molecular Biology; Biotechnology & Applied Microbiology;
Mathematical & Computational Biology
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PT J
AU Miller, JD
AF Miller, James D.
TI Sharing clinical research data in the United States under the health
insurance portability and accountability act and the privacy rule
SO TRIALS
LA English
DT Editorial Material
AB Sharing of final research data from clinical research is an essential part of
the scientific method. The U.S. National Institutes of Health require some grant
applications to include plans for sharing final research data, which it defines
as the factual materials necessary to document, support, and validate research
findings. In the U.S., however, the Privacy Rule adopted under the Health
Insurance Portability and Accountability Act impedes the sharing of final
research data. In most situations, final research data may be shared only where
all information that could possibly be used to identify the subject has been
deleted, or where the subject has given authorization for specific research, or
an Institutional Review Board has granted a waiver.
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NR 19

TC 6
Z9 6
U1 0
U2 6
PU BIOMED CENTRAL LTD
PI LONDON
PA 236 GRAYS INN RD, FLOOR 6, LONDON WC1X 8HL, ENGLAND
SN 1745-6215
J9 TRIALS
JI Trials
PD NOV 19
PY 2010
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AR 112
DI 10.1186/1745-6215-11-112
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WC Medicine, Research & Experimental
SC Research & Experimental Medicine
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PT J
AU Zarcone, P
Nordenberg, D
Meigs, M
Merrick, U
Jernigan, D
Hinrichs, SH
AF Zarcone, Patina
Nordenberg, Dale
Meigs, Michelle
Merrick, Ulrike
Jernigan, Daniel
Hinrichs, Steven H.
TI Community-Driven Standards-Based Electronic Laboratory Data-Sharing
Networks

SO PUBLIC HEALTH REPORTS

LA English

DT Article

ID SYSTEM

AB Public health laboratories (PHLs) are critical components of the nation's health-care system, serving as stewards of valuable specimens, delivering important diagnostic results to support clinical and public health programs, supporting public health policy, and conducting research. This article discusses the need for and challenges of creating standards-based data-sharing networks across the PHL community, which led to the development of the PHL Interoperability Project (PHLIP). Launched by the Association of Public Health Laboratories and the Centers for Disease Control and Prevention in September 2006, PHLIP has leveraged a unique community-based collaborative process, catalyzing national capabilities to more effectively share electronic laboratory-generated diagnostic information and bolster the nation's health security. PHLIP is emerging as a model of accelerated innovation for the fields of laboratory science, technology, and public health.

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FU Centers for Disease Control and Prevention (CDC) [CCU303019]

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NR 10

TC 6

Z9 6

U1 0

U2 6

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WC Public, Environmental & Occupational Health

SC Public, Environmental & Occupational Health

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ER

PT J

AU Anderson, JG
Ramanujam, R
Hensel, DJ
Sirio, CA

AF Anderson, James G.
Ramanujam, Rangaraj
Hensel, Devon J.
Sirio, Carl A.

TI Reporting trends in a regional medication error data-sharing system
SO HEALTH CARE MANAGEMENT SCIENCE

LA English
DT Article

DE Data-sharing systems; Medication errors; Patient safety; Latent growth
curve analysis

ID ADVERSE DRUG EVENTS; QUALITY IMPROVEMENT; PATIENT SAFETY; HEALTH-CARE

AB Inter-organizational systems for sharing data about medication errors have emerged as an important strategy for improving patient safety and are expected to encourage not only voluntary error reporting but also learning from errors. Yet, few studies have examined the hypothesized benefits of inter-organizational data sharing. The current study examined the developmental trends in information reported by hospitals participating in a regional reporting system for medication errors. A coalition of hospitals in southwestern Pennsylvania, under the auspices of the Pittsburgh Regional Healthcare Initiative (PRHI), implemented a voluntary system for quarterly sharing of information about medication errors. Over a 12-month period, 25 hospitals shared information about 17,000 medication errors. Using latent growth curve analysis, we examined longitudinal trends in the quarterly number of errors and associated corrective actions reported by each hospital. Controlling for size, teaching status, and JCAHO accreditation score, for the hospitals as a group, error reporting increased at a statistically significant rate over the four quarters. Moreover, despite significant baseline differences among hospitals, error reporting increased at similar rates across hospitals over subsequent quarters. In contrast, the reporting of corrective actions remained unchanged. However, the baseline levels of corrective actions reporting were significantly different across hospitals. Although data sharing systems promote error reporting, it is unclear whether they encourage corrective actions. If data sharing is intended to promote not just error reporting but also root-cause-analysis and process improvement, then the design of the reporting system should emphasize data about these processes as well as errors.

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FU AHRQ HHS [U18 HS015851]

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NR 27
TC 6
Z9 6
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U2 10
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J9 HEALTH CARE MANAG SC
JI Health Care Manag. Sci.
PD MAR
PY 2010
VL 13
IS 1
BP 74
EP 83
DI 10.1007/s10729-009-9111-1
PG 10
WC Health Policy & Services
SC Health Care Sciences & Services
GA 646ZP
UT WOS:000281585200007
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PT J
AU Ganguly, S
Kataria, P
Juric, R
Ertas, A
Tanik, MM

AF Ganguly, Sukanta
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Ertas, Atila
Tanik, Murat M.

TI Sharing Information and Data Across Heterogeneous e-Health Systems
SO TELEMEDICINE JOURNAL AND E-HEALTH

LA English
DT Article

DE information sharing; data sharing; e-health systems; CADRA; Go-CID
AB Information and data sharing across heterogeneous e-health systems, focusing on the management of patient care, have become the backbone of modern delivery of sustainable telemedicine services. Information and data available to healthcare practitioners in such environments range from patient's medical records, stored in repositories at places where patients have been treated, to a variety of information related to medical research, pharmaceutical products, or information stored within social networks of healthcare interest groups. This study sought to demonstrate two different approaches enabling the sharing of information/data across heterogeneous e-health systems: (1) Context-Aware Data Retrieval Architecture (CADRA), which secures the extraction and presentation of e-health information to users in requested format, and (2) Generic Ontology for Context Aware, Interoperable, and Data Sharing (Go-CID) software applications, which secure semantic interoperation across heterogeneous e-health data sources. Proof-of-concept was demonstrated in both cases, CADRA and Go-CID, to achieve understanding and building of knowledge about e-health environments. This study invites practical solutions for interoperable e-health systems.

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E HLTH 2003 HIGH LEV

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WC Health Care Sciences & Services
SC Health Care Sciences & Services
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PT S
AU Simpson, A
Power, D
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AF Simpson, Andrew
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BE Solomonides, T
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Legre, Y
Kratz, M
Foster, I
Breton, V
Beck, JR

TI A healthcare-driven framework for facilitating the secure sharing of
data across organisational boundaries
SO GLOBAL HEALTHGRID: E-SCIENCE MEETS BIOMEDICAL INFORMATICS
SE Studies in Health Technology and Informatics

LA English
DT Proceedings Paper
CT 6th Healthgrid Conference
CY 2008
CL Chicago, IL
DE interoperability; federation; security
ID IMPLEMENTATION; DESIGN
AB We report upon the development of *sif* (for service-oriented interoperability framework), a platform that has been developed to support the secure aggregation of medical data from disparate sources. By taking a data-agnostic approach to data access and transfer, *sif* provides a generic interface to data sources, which allows the current version to expose data from any relational database and any file system in a secure fashion. Application developers may then access and utilise such data via a simple API. *sif* is being developed within the GIMI (Generic Infrastructure for Medical Informatics) project; as such, we discuss its various applications within that context.
C1 [Simpson, Andrew; Power, David; Russell, Douglas; Slaymaker, Mark; Mostefaoui, Ghita Kouadri; Ma, Xiaoqi; Wilson, Graeme] OUCL, Oxford OX1 3QD, England.
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CR Antonioletti M, 2005, CONCURR COMP-PRACT E, V17, P357, DOI 10.1002/cpe.939
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YAP MH, 2008, UTILISATION SE UNPUB
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WC Health Care Sciences & Services; Mathematical & Computational Biology;
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PT J
AU Wan, X
Pavlidis, P
AF Wan, Xiang
Pavlidis, Paul
TI Sharing and reusing gene expression profiling data in neuroscience
SO NEUROINFORMATICS
LA English
DT Review
DE microarray; gene expression analysis; meta-analysis
ID MICROARRAY DATA; PREFRONTAL CORTEX; POSTMORTEM BRAINS; BIPOLAR DISORDER;
MOUSE; ATLAS; METAANALYSIS; DISCOVERY; CANCER; BIOINFORMATICS
AB As public availability of gene expression profiling data increases, it is natural to ask how these data can be used by neuro scientists. Here we review the public availability of high-throughput expression data in neuroscience and how it has been reused, and tools that have been developed to facilitate reuse. There is increasing interest in making expression data reuse a routine part of the neuroscience tool-kit, but there are a number of challenges. Data must become more readily available in public databases; efforts to encourage investigators to make data available are important, as is education on the benefits of public data release. Once released, data must be better-annotated. Techniques and tools for data reuse are also in need of improvement. Integration of expression profiling data with neuroscience-specific resources such as anatomical atlases will further increase the value of expression data.
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FU NIGMS NIH HHS [R01 GM076990, R01 GM076990-04, GM076990]
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AF Jovicich, J

Beg, MF

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Miller, MM

Buckner, R

Rosen, B

GP IEEE Comp Soc

TI Biomedical informatics research network: Integrating multi-site
neuroimaging data acquisition, data sharing and brain morphometric
processing

SO 18th IEEE Symposium on Computer-Based Medical Systems, Proceedings

SE COMPUTER-BASED MEDICAL SYSTEMS : PROCEEDINGS OF THE ANNUAL IEEE
SYMPOSIUM

LA English

DT Proceedings Paper

CT 18th IEEE Symposium on Computer-Based Medical Systems

CY JUN 23-24, 2005

CL Dublin, IRELAND

SP IEEE Comp Soc Tech Comm Computat Med, Trinity Coll Dublin, Dept Comp Sci, Sci
Fdn Ireland

ID SEGMENTATION

AB The Biomedical Informatics Research Network (BIRN) is a National Institutes
of Health (USA) initiative that fosters distributed collaborations in biomedical
science by utilizing information technology innovations. Morphometry BIRN is one
of its testbeds and has the goal to develop the ability to conduct clinical
imaging studies across multiple sites, to analyze structural imaging data with
the most powerful software regardless of development site, and to test new
hypotheses on large collections of subjects with well-characterized image and
clinical data. Through large-scale analyses of patient population data acquired
and pooled across sites, we are investigating neuroanatomic correlates of
Alzheimer's Disease Depression and Mild Cognitive Impairment subjects. This
paper describes progress in multi-site image calibration and in software
integration for multi-site image processing.

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Imaging

SC Computer Science; Medical Informatics; Research & Experimental Medicine;
Radiology, Nuclear Medicine & Medical Imaging

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PT B

AU Ballard, DJ
Nicewander, D
Skinner, C

AF Ballard, DJ
Nicewander, D
Skinner, C

BE Kohane, IS

TI Health care provider quality improvement organization medicare data-sharing: A diabetes quality improvement initiative.

SO AMIA 2002 SYMPOSIUM, PROCEEDINGS: BIOMEDICAL INFORMATICS: ONE DISCIPLINE

LA English

DT Proceedings Paper

CT Annual Symposium of the American-Medical-Informatics-Association

CY NOV 09, 2002

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SP Amer Med Informat Assoc

ID PROJECT; PROFILE

AB Background. This paper describes a collaborative Medicare claims data linkage and sharing effort between the Baylor Health Care System (BHCS) and Texas Medical Foundation (TMF, the Texas Quality Improvement Organization) designed to assess the effect of three quality improvement interventions on care delivered to elderly patients with diabetes. The randomized controlled trial is being conducted among a network of primary care physician practices owned by BHCS and focuses on measures of care process and outcome.

Methods: Cohort definition and baseline measurement took place between January 1 and December 31, 2000. BHCS administrative data and TMF-supplied Medicare enrollment data were used to define the January 1, 2001 prevalence cohort of Medicare diabetic beneficiaries meeting study inclusion criteria. A total of 22 practices (with 92 physicians and 2,158 patients) were randomized to one of three interventions, each of which involved performance measurement feedback on three claims based measures of care process. Physician profiles, generated by TMF using Medicare utilization files, were reported to study physicians via academic detailing sessions with a BHCS physician educator.

Results: The January 1 - December 31, 2000 baseline Medicare claims for the January 1, 2001 prevalence cohort were provided to HTPN by TMF in October 2001, representing a ten-month lag in the ability of Quality Improvement Organizations to provide Part B data relative to a specific episode of care time frame. Overall baseline rates for the claims-based process measures were: annual HbA(1c) testing (86.1%), annual eye examination (60.8%), and annual lipid profile (72.5%). As anticipated, medical-record based rates of annual eye examination were significantly underrepresented Agreement between claims-based and medical record-based measures was very close for annual HbA(1c) and annual lipid profile.

Conclusions: The use of Medicare claims data, through collaboration with a QIO, can help health care providers overcome a significant barrier associated with quality improvement initiatives. Limitations associated with the use of Medicare claims can impact implementation of intervention strategies, but do not prevent them from being a practical tool for improving care.

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10.1001/jama.273.19.1503
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PT J
AU Studdert, DM
AF Studdert, DM
TI Direct contracts, data sharing and employee risk selection: New stakes
for patient privacy in tomorrow's health insurance markets
SO AMERICAN JOURNAL OF LAW & MEDICINE
LA English
DT Review
ID WORKERS COMPENSATION; MANAGED CARE; PHYSICIANS; CAPITATION; EXPERIENCE;
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C1 Rand Corp, Inst Civil Justice, Santa Monica, CA 90406 USA.
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TI Including all voices in international data-sharing governance

SO HUMAN GENOMICS

LA English

DT Article

DE Data sharing; International research; Governance; Public engagement;
Inclusion; Digital technologies

ID INCREASING VALUE; REDUCING WASTE; POLICY; CHALLENGES; GENOMICS

AB Background: Governments, funding bodies, institutions, and publishers have developed a number of strategies to encourage researchers to facilitate access

to datasets. The rationale behind this approach is that this will bring a number of benefits and enable advances in healthcare and medicine by allowing the maximum returns from the investment in research, as well as reducing waste and promoting transparency. As this approach gains momentum, these data-sharing practices have implications for many kinds of research as they become standard practice across the world.

Main text: The governance frameworks that have been developed to support biomedical research are not well equipped to deal with the complexities of international data sharing. This system is nationally based and is dependent upon expert committees for oversight and compliance, which has often led to piece-meal decision-making. This system tends to perpetuate inequalities by obscuring the contributions and the important role of different data providers along the data stream, whether they be low- or middle-income country researchers, patients, research participants, groups, or communities. As research and data-sharing activities are largely publicly funded, there is a strong moral argument for including the people who provide the data in decision-making and to develop governance systems for their continued participation.

Conclusions: We recommend that governance of science becomes more transparent, representative, and responsive to the voices of many constituencies by conducting public consultations about data-sharing addressing issues of access and use; including all data providers in decision-making about the use and sharing of data along the whole of the data stream; and using digital technologies to encourage accessibility, transparency, and accountability. We anticipate that this approach could enhance the legitimacy of the research process, generate insights that may otherwise be overlooked or ignored, and help to bring valuable perspectives into the decision-making around international data sharing.

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CA Canadian Open Genetics Repository

TI Data sharing as a national quality improvement program: reporting on
BRCA1 and BRCA2 variant-interpretation comparisons through the Canadian
Open Genetics Repository (COGR)

SO GENETICS IN MEDICINE

LA English

DT Article

DE BRCA1; BRCA2; breast cancer; data sharing; variant interpretation and
classification

ID CLINICAL-SIGNIFICANCE; RECOMMENDATIONS; LABORATORIES; GUIDELINES;
STANDARDS; DATABASES; RESOURCE; GENOMICS

AB Purpose: The purpose of this study was to develop a national program for
Canadian diagnostic laboratories to compare DNA-variant interpretations and
resolve discordant-variant classifications using the BRCA1 and BRCA2 genes as a
case study.

Methods: BRCA1 and BRCA2 variant data were uploaded and shared through the
Canadian Open Genetics Repository (COGR; <http://www.opengenetics.ca>). A total of
5,554 variant observations were submitted; classification differences were
identified and comparison reports were sent to participating laboratories. Each
site had the opportunity to reclassify variants. The data were analyzed before
and after the comparison report process to track concordant or discordant-variant
classifications by three different models.

Results: Variant-discordance rates varied by classification model: 38.9% of
variants were discordant when using a five-tier model, 26.7% with a three-tier
model, and 5.0% with a two-tier model. After the comparison report process, the
proportion of discordant variants dropped to 30.7% with the five-tier model, to
14.2% with the three-tier model, and to 0.9% using the two-tier model.

Conclusion: We present a Canadian interinstitutional quality improvement
program for DNA-variant interpretations. Sharing of variant knowledge by
clinical diagnostic laboratories will allow clinicians and patients to make more
informed decisions and lead to better patient outcomes.

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PA 75 VARICK ST, 9TH FLR, NEW YORK, NY 10013-1917 USA
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PT J
AU Serwadda, D
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AF Serwadda, David
 Ndebele, Paul
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 Bajunirwe, Francis
 Wanyenze, Rhoda K.
TI Open data sharing and the Global South-Who benefits?
SO SCIENCE
LA English
DT Editorial Material
ID PUBLIC-HEALTH RESEARCH; RESEARCH STAKEHOLDERS; VIEWS; EXPERIENCES
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TI A community effort to protect genomic data sharing, collaboration and outsourcing

SO NPJ GENOMIC MEDICINE

LA English

DT Article

ID PRIVACY; QUANTIFICATION

AB The human genome can reveal sensitive information and is potentially re-identifiable, which raises privacy and security concerns about sharing such data on wide scales. In 2016, we organized the third Critical Assessment of Data Privacy and Protection competition as a community effort to bring together biomedical informaticists, computer privacy and security researchers, and scholars in ethical, legal, and social implications (ELSI) to assess the latest advances on privacy-preserving techniques for protecting human genomic data. Teams were asked to develop novel protection methods for emerging genome privacy challenges in three scenarios: Track (1) data sharing through the Beacon service of the Global Alliance for Genomics and Health. Track (2) collaborative discovery of similar genomes between two institutions; and Track (3) data outsourcing to public cloud services. The latter two tracks represent continuing themes from our 2015 competition, while the former was new and a response to a recently established vulnerability. The winning strategy for Track 1 mitigated the privacy risk by hiding approximately 11% of the variation in the database while permitting around 160,000 queries, a significant improvement over the baseline. The winning strategies in Tracks 2 and 3 showed significant progress over the previous competition by achieving multiple orders of magnitude performance improvement in terms of computational runtime and memory requirements. The outcomes suggest that applying highly optimized privacy-preserving and secure computation techniques to safeguard genomic data sharing and analysis is useful. However, the results also indicate that further efforts are needed to refine these techniques into practical solutions.

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TI Factors affecting willingness to share electronic health data among
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SO BMC MEDICAL ETHICS
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DT Article

DE Consent; Ethics; Electronic health records; Health information exchange;
Learning healthcare systems; Distributed research network
ID INFORMATION EXCHANGE; CLINICAL-RESEARCH; INFORMED-CONSENT; PATIENT
PERSPECTIVES; PATIENTS ATTITUDES; MEDICAL-RESEARCH; PRIMARY-CARE;
PARTICIPATION; RECORDS; DECISION

AB Background: Robust technology infrastructure is needed to enable learning health care systems to improve quality, access, and cost. Such infrastructure relies on the trust and confidence of individuals to share their health data for healthcare and research. Few studies have addressed consumers' views on electronic data sharing and fewer still have explored the dual purposes of healthcare and research together. The objective of the study is to explore factors that affect consumers' willingness to share electronic health information for healthcare and research.

Methods: This study involved a random-digit dial telephone survey of 800 adult Californians conducted in English and Spanish. Logistic regression was performed using backward selection to test for significant (p-value \leq 0.05) associations of each explanatory variable with the outcome variable.

Results: The odds of consent for electronic data sharing for healthcare decreased as Likert scale ratings for EHR impact on privacy worsened, odds ratio (OR) = 0.74, 95% CI [0.60, 0.90]; security, OR = 0.80, 95% CI [0.66, 0.98]; and quality, OR = 0.59, 95% CI [0.46-0.75]. The odds of consent for sharing for research was greater for those who think EHR will improve research quality, OR =

11.26, 95% CI [4.13, 30.73]; those who value research benefit over privacy OR = 2.72, 95% CI [1.55, 4.78]; and those who value control over research benefit OR = 0.49, 95% CI [0.26, 0.94].

Conclusions: Consumers' choices about electronically sharing health information are affected by their attitudes toward EHRs as well as beliefs about research benefit and individual control. Design of person-centered interventions utilizing electronically collected health information, and policies regarding data sharing should address these values of importance to people. Understanding of these perspectives is critical for leveraging health data to support learning health care systems.

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TI Consent and confidentiality in the light of recent demands for data
sharing
SO BIOMETRICAL JOURNAL
LA English
DT Article
DE Data protection; Ethical review; Informed consent; Privacy; Research
ethics; Trustworthiness
ID RANDOMIZED CONTROLLED-TRIALS; REPORTING BIAS; MEDICAL-RESEARCH;
INCREASING VALUE; CLINICAL-TRIALS; REDUCING WASTE; PRIVACY; OUTCOMES;
CONDUCT; DESIGN
AB Many attempts have been made to formalize ethical requirements for research.
Among the most prominent mechanisms are informed consent requirements and data
protection regimes. These mechanisms, however, sometimes appear as obstacles to
research. In this opinion paper, we critically discuss conventional approaches
to research ethics that emphasize consent and data protection. Several recent
debates have highlighted other important ethical issues and underlined the need
for greater openness in order to uphold the integrity of health-related research.
Some of these measures, such as the sharing of individual-level data, pose
problems for standard understandings of consent and privacy. Here, we argue that
these interpretations tend to be overdemanding: They do not really protect
research subjects and they hinder the research process. Accordingly, we suggest
another way of framing these requirements. Individual consent must be situated
alongside the wider distribution of knowledge created when the actions,
commitments, and procedures of researchers and their institutions are opened to
scrutiny. And instead of simply emphasizing privacy or data protection, we
should understand confidentiality as a principle that facilitates the sharing of
information while upholding important safeguards. Consent and confidentiality
belong to a broader set of safeguards and procedures to uphold the integrity of
the research process.
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TI GIFT-Cloud: A data sharing and collaboration platform for medical imaging research

SO COMPUTER METHODS AND PROGRAMS IN BIOMEDICINE

LA English

DT Article

DE Data sharing; Biomedical research; Cross-disciplinary research; Anonymisation; Deidentification; Fetal surgery

ID DE-IDENTIFICATION; ARCHIVE; INFORMATION; MANAGEMENT; PRIVACY

AB Objectives: Clinical imaging data are essential for developing research software for computer aided diagnosis, treatment planning and image-guided surgery, yet existing systems are poorly suited for data sharing between healthcare and academia: research systems rarely provide an integrated approach for data exchange with clinicians; hospital systems are focused towards clinical patient care with limited access for external researchers; and safe haven environments are not well suited to algorithm development. We have established GIFT-Cloud, a data and medical image sharing platform, to meet the needs of GIFT-Surg, an international research collaboration that is developing novel imaging methods for fetal surgery. GIFT Cloud also has general applicability to other areas of imaging research.

Methods: GIFT-Cloud builds upon well-established cross-platform technologies. The Server provides secure anonymised data storage, direct web-based data access and a REST API for integrating external software. The Uploader provides automated on-site anonymisation, encryption and data upload. Gateways provide a seamless process for uploading medical data from clinical systems to the research server.

Results: GIFT-Cloud has been implemented in a multi-centre study for fetal medicine research. We present a case study of placental segmentation for pre-operative surgical planning, showing how GIFT-Cloud underpins the research and integrates with the clinical workflow.

Conclusions: GIFT-Cloud simplifies the transfer of imaging data from clinical to research institutions, facilitating the development and validation of medical research software and the sharing of results back to the clinical partners. GIFT-Cloud supports collaboration between multiple healthcare and research institutions while satisfying the demands of patient confidentiality, data security and data ownership. (C) 2016 The Authors. Published by Elsevier Ireland Ltd.

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TI A SOA-Based Platform to Support Clinical Data Sharing

SO JOURNAL OF HEALTHCARE ENGINEERING

LA English

DT Article

ID ELECTRONIC DATA CAPTURE; DATA-MANAGEMENT; WEB SERVICES; TRIALS;
ARCHITECTURE; SYSTEMS

AB The eSource Data Interchange Group, part of the Clinical Data Interchange Standards Consortium, proposed five scenarios to guide stakeholders in the development of solutions for the capture of eSource data. The fifth scenario was subdivided into four tiers to adapt the functionality of electronic health records to support clinical research. In order to develop a system belonging to the "Interoperable" Tier, the authors decided to adopt the service-oriented architecture paradigm to support technical interoperability, Health Level Seven Version 3 messages combined with LOINC (Logical Observation Identifiers Names and Codes) vocabulary to ensure semantic interoperability, and Healthcare Services Specification Project standards to provide process interoperability. The developed architecture enhances the integration between patient-care practice and medical research, allowing clinical data sharing between two hospital information systems and four clinical data management systems/clinical registries. The core is formed by a set of standardized cloud services connected through standardized interfaces, involving client applications. The system was approved by a medical staff, since it reduces the workload for the management of clinical trials. Although this architecture can realize the "Interoperable" Tier, the current solution actually covers the "Connected" Tier, due to local hospital policy restrictions.

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TI Ethical sharing of health data in online Mark platforms - which values should be considered?

SO LIFE SCIENCES SOCIETY AND POLICY

LA English

DT Article

DE Data sharing; Ethical values; Health data; Health research; Information and communication technology platforms; Interoperability

AB Intensified and extensive data production and data storage are characteristics of contemporary western societies. Health data sharing is increasing with the growth of Information and Communication Technology (ICT) platforms devoted to the collection of personal health and genomic data. However, the sensitive and personal nature of health data poses ethical challenges when data is disclosed and shared even if for scientific research purposes.

With this in mind, the Science and Values Working Group of the COST Action CHIP ME 'Citizen's Health through public-private Initiatives: Public health, Market and Ethical perspectives' (IS 1303) identified six core values they considered to be essential for the ethical sharing of health data using ICT platforms. We believe that using this ethical framework will promote respectful scientific practices in order to maintain individuals' trust in research.

We use these values to analyse five ICT platforms and explore how emerging data sharing platforms are reconfiguring the data sharing experience from a range of perspectives. We discuss which types of values, rights and responsibilities they entail and enshrine within their philosophy or outlook on what it means to share personal health information. Through this discussion we address issues of the design and the development process of personal health data and patient-oriented infrastructures, as well as new forms of technologically-mediated empowerment.

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WC Ethics; History & Philosophy Of Science; Social Sciences, Biomedical
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PT J
AU Thilakanathan, D
Calvo, RA
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AF Thilakanathan, Danan
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Chen, Shiping
Nepal, Surya
Glozier, Nick
TI Facilitating Secure Sharing of Personal Health Data in the Cloud
SO JMIR MEDICAL INFORMATICS
LA English
DT Article
DE self care; telemedicine; privacy; computer security; information

dissemination

ID RECORDS; VIEWS

AB Background: Internet-based applications are providing new ways of promoting health and reducing the cost of care. Although data can be kept encrypted in servers, the user does not have the ability to decide whom the data are shared with. Technically this is linked to the problem of who owns the data encryption keys required to decrypt the data. Currently, cloud service providers, rather than users, have full rights to the key. In practical terms this makes the users lose full control over their data. Trust and uptake of these applications can be increased by allowing patients to feel in control of their data, generally stored in cloud-based services.

Objective: This paper addresses this security challenge by providing the user a way of controlling encryption keys independently of the cloud service provider. We provide a secure and usable system that enables a patient to share health information with doctors and specialists.

Methods: We contribute a secure protocol for patients to share their data with doctors and others on the cloud while keeping complete ownership. We developed a simple, stereotypical health application and carried out security tests, performance tests, and usability tests with both students and doctors (N=15).

Results: We developed the health application as an app for Android mobile phones. We carried out the usability tests on potential participants and medical professionals. Of 20 participants, 14 (70%) either agreed or strongly agreed that they felt safer using our system. Using mixed methods, we show that participants agreed that privacy and security of health data are important and that our system addresses these issues.

Conclusions: We presented a security protocol that enables patients to securely share their eHealth data with doctors and nurses and developed a secure and usable system that enables patients to share mental health information with doctors.

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PA 59 WINNERS CIRCLE, TORONTO, ON M4L 3Y7, CANADA
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BP 56
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PT J
AU Craig, DW

AF Craig, David W.
TI Understanding the links between privacy and public data sharing
SO NATURE METHODS
LA English
DT Editorial Material
AB Linking clinical and phenotype variables across data sets will both power precision medicine studies and introduce new privacy risks
RI Craig, David/K-6961-2019
OI Craig, David/0000-0003-2040-1955
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NR 10
TC 5
Z9 5
U1 0
U2 11
PU NATURE PUBLISHING GROUP
PI LONDON
PA MACMILLAN BUILDING, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
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JI Nat. Methods
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PY 2016
VL 13
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WC Biochemical Research Methods
SC Biochemistry & Molecular Biology
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AU Usman, M
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AF Usman, Muhammad
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TI Data Sharing in Secure Multimedia Wireless Sensor Networks
SO 2016 IEEE TRUSTCOM/BIGDATA/ISPA
SE IEEE Trustcom BigDataSE ISPA
LA English
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CT 15th IEEE Int Conf on Trust, Security and Privacy in Comp and Commun /
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Symposium on Parallel and Distributed Proc with Applicat (IEEE
Trustcom/BigDataSE/ISPA)
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CL Tianjin, PEOPLES R CHINA
SP IEEE, IEEE Comp Soc, IEEE Tech Comm Scalable Comp
DE Multimedia WSNs; Surveillance; Fire Monitoring; Health-Care; Automation;
Streaming; Authentication; Clustering; Error Concealment; PSNR
ID VIDEO CODING HEVC; AUTHENTICATION; SCHEME; AGGREGATION; SYSTEM; CLOUD
AB The use of Multimedia Wireless Sensor Networks (MWSNs) is becoming common
nowadays with a rapid growth in communication facilities. Similar to any other
WSNs, these networks face various challenges while providing security, trust and
privacy for user data. Provisioning of the aforementioned services become an
uphill task especially while dealing with real-time streaming data. These
networks operates with resource-constrained sensor nodes for days, months and
even years depending on the nature of an application. The resource-constrained
nature of these networks makes it difficult for the nodes to tackle real-time
data in mission-critical applications such as military surveillance, forest fire
monitoring, health-care and industrial automation. For a secured MWSN, the
transmission and processing of streaming data needs to be explored deeply. The
conventional data authentication schemes are not suitable for MWSNs due to the
limitations imposed on sensor nodes in terms of battery power, computation,
available bandwidth and storage. In this paper, we propose a novel quality-
driven clustering-based technique for authenticating streaming data in MWSNs.
Nodes with maximum energy are selected as Cluster Heads (CHs). The CHs collect
data from member nodes and forward it to the Base Station (BS), thus preventing
member nodes with low energy from dying soon and increasing life span of the
underlying network. The proposed approach not only authenticates the streaming
data but also maintains the quality of transmitted data. The proposed data
authentication scheme coupled with an Error Concealment technique provides an
energy-efficient and distortion-free real-time data streaming. The proposed
scheme is compared with an unsupervised resources scenario. The simulation
results demonstrate better network lifetime along with 21.34 dB gain in Peak
Signal-to-Noise Ratio (PSNR) of received video data streams.
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AU Krleza-Jeric, K
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Reveiz, L
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TI IMPACT Observatory: tracking the evolution of clinical trial data sharing and research integrity

SO BIOCHEMIA MEDICA

LA English

DT Article

DE clinical trial data sharing; research integrity; IMPACT Observatory

ID INTERNATIONAL-COMMITTEE; REGISTRATION; DECLARATION; STATEMENT

AB Introduction: The opening of research data is emerging thanks to the increasing possibilities of digital technology. The opening of clinical trial (CT) data is a part of this process, expected to have positive scientific, ethical, health, and economic impacts thus contributing to research integrity. The January 2016 proposal by the International Council of Medical Journal Editors triggered ample discussion about CT data sharing and reconfirmed the need for an ongoing assessment of its dynamics. The IMPROVING Access to Clinical Trials data (IMPACT) Observatory aims to play such a role, and assess the data sharing culture, policies, and practices of key players, the impact of their interventions on CTs, and contribute to a transformation of research. The objective of this paper is to present the IMPACT Observatory as well as share some of its preliminary findings.

Materials and methods: Methods include a scoping study of research, surveys, interviews, and an environmental scan of research data repositories.

Results: Our preliminary findings indicate that although opening of CT data has not yet been achieved, its evolution is encouraging. Initiatives by key players contribute to increasing of CT data sharing, and many barriers are shrinking or disappearing.

Conclusions: The major barrier is the lack of data sharing standards, from preparing data for public sharing to its curatorship, findability and access. However, experiences accumulated by sharing CT data according to "upon request" or "open" mechanisms could inform the development of such standards. The Vivli, CORBEL-ECRIN and Open Trials projects are currently working in this direction. C1 [Krleza-Jeric, Karmela] Univ Split, Dept Res Biomed & Hlth, Sch Med, Split, Croatia.

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BE Hoerbst, A
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Prokosch, HU
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TI Metadata Repository for Improved Data Sharing and Reuse Based on HL7

FHIR

SO EXPLORING COMPLEXITY IN HEALTH: AN INTERDISCIPLINARY SYSTEMS APPROACH

SE Studies in Health Technology and Informatics

LA English

DT Proceedings Paper

CT Medical Informatics Europe (MIE) Conference at Conference on Health -
Exploring Complexity (HEC) - An Interdisciplinary Systems Approach

CY AUG 28-SEP 02, 2016

CL Munich, GERMANY

DE RDMS; HL7 FHIR; MDR; Data Curation

AB Unreconciled data structures and formats are a common obstacle to the urgently required sharing and reuse of data within healthcare and medical research. Within the North German Tumor Bank of Colorectal Cancer, clinical and sample data, based on a harmonized data set, is collected and can be pooled by using a hospital-integrated Research Data Management System supporting biobank and study management. Adding further partners who are not using the core data set requires manual adaptations and mapping of data elements. Facing this manual intervention and focusing the reuse of heterogeneous healthcare instance data (value level) and data elements (metadata level), a metadata repository has been developed. The metadata repository is an ISO 11179-3 conformant server application built for annotating and mediating data elements. The implemented architecture includes the translation of metadata information about data elements into the FHIR standard using the FHIR Data Element resource with the ISO 11179 Data Element Extensions. The FHIR-based processing allows exchange of data elements with clinical and research IT systems as well as with other metadata systems. With increasingly annotated and harmonized data elements, data quality and integration can be improved for successfully enabling data analytics and decision support.

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TI A system to build distributed multivariate models and manage disparate data sharing policies: implementation in the scalable national network for effectiveness research

SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION
LA English

DT Article

DE distributed analytics; federated research network; privacy-preserving network infrastructure; comparative effectiveness research

ID LEARNING HEALTH SYSTEM; INFORMATICS; INFRASTRUCTURE; PCORNET; FOOD AB Background Centralized and federated models for sharing data in research networks currently exist. To build multivariate data analysis for centralized networks, transfer of patient-level data to a central computation resource is necessary. The authors implemented distributed multivariate models for federated networks in which patient-level data is kept at each site and data exchange policies are managed in a study-centric manner.

Objective The objective was to implement infrastructure that supports the functionality of some existing research networks (e.g., cohort discovery, workflow management, and estimation of multivariate analytic models on centralized data) while adding additional important new features, such as algorithms for distributed iterative multivariate models, a graphical interface for multivariate model specification, synchronous and asynchronous response to network queries, investigator-initiated studies, and study-based control of staff, protocols, and data sharing policies.

Materials and Methods Based on the requirements gathered from statisticians, administrators, and investigators from multiple institutions, the authors developed infrastructure and tools to support multisite comparative effectiveness studies using web services for multivariate statistical estimation in the SCANNER federated network.

Results The authors implemented massively parallel (map-reduce) computation methods and a new policy management system to enable each study initiated by network participants to define the ways in which data may be processed, managed, queried, and shared. The authors illustrated the use of these systems among institutions with highly different policies and operating under different state laws.

Discussion and Conclusion Federated research networks need not limit distributed query functionality to count queries, cohort discovery, or independently estimated analytic models. Multivariate analyses can be efficiently and securely conducted without patient-level data transport, allowing institutions with strict local data storage requirements to participate in sophisticated analyses based on federated research networks.

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Schneeweiss, Sebastian

TI Ensuring Patient Privacy in Data Sharing for Postapproval Research

SO NEW ENGLAND JOURNAL OF MEDICINE

LA English
DT Editorial Material
ID CLINICAL-TRIALS; HEALTH DATA; SAFETY; RISK; RULE
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AF Topa, Gabriela
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TI Bridge employment quality and its impact on retirement adjustment: A structural equation model with SHARE panel data
SO ECONOMIC AND INDUSTRIAL DEMOCRACY
LA English
DT Article
DE Bridge employment; panel study; retirement; structural equation modeling
ID EARLY OLD-AGE; CONTINUITY THEORY; WORK ATTITUDES; OF-LIFE; HEALTH; PARTICIPATION; SATISFACTION; PREDICTORS; TRANSITION; PATTERNS
AB Bridge employment refers to the workforce participation pattern displayed by older workers between their partial retirement and their complete withdrawal from the workforce. Based on Shultz's (2003) model of antecedents and consequences of bridge employment, this article proposes a set of hypotheses, using SHARE panel data (N = 634) from Wave 1 (2004) and Wave 2 (2006). These data are analyzed via structural equation modeling (SEM), testing both a direct effects model and a partial mediation model. Results show that bridge employment quality partially mediates the influences of T1 antecedents on T2 consequences. The implications of this study are discussed at both the theoretical and practical level.
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NR 56
TC 5
Z9 5
U1 2
U2 21
PU SAGE PUBLICATIONS LTD
PI LONDON
PA 1 OLIVERS YARD, 55 CITY ROAD, LONDON EC1Y 1SP, ENGLAND
SN 0143-831X
EI 1461-7099
J9 ECON IND DEMOCRACY
JI Econ. Ind. Democr.
PD MAY
PY 2014
VL 35
IS 2
BP 225
EP 244
DI 10.1177/0143831X12475242
PG 20
WC Industrial Relations & Labor
SC Business & Economics
GA AG8FZ
UT WOS:000335655500003
DA 2019-08-06
ER

PT J
AU Saarnak, CFL
 Utzinger, J
 Kristensen, TK
AF Saarnak, Christopher F. L.
 Utzinger, Juerg
 Kristensen, Thomas K.
TI Collection, verification, sharing and dissemination of data: the
 CONTRAST experience
SO ACTA TROPICA
LA English
DT Article
DE CONTRAST; Data curation; Data sampling; Data sharing; Database
 management; Schistosomiasis
ID NEGLECTED TROPICAL DISEASES; SCHISTOSOMA-MANSONI; HELMINTH INFECTION;
 CLIMATE-CHANGE; HEALTH; PRAZIQUANTEL; PREVALENCE; MANAGEMENT; COUNTRIES;
 SYSTEMS
AB The scientific community is charged with growing demands regarding the
management of project data and outputs and the dissemination of key results to
various stakeholders. We discuss experiences and lessons from CONTRAST, a
multidisciplinary alliance that had been funded by the European Commission over
a 4-year period, in order to optimize schistosomiasis control and transmission
surveillance in sub-Saharan Africa. From the start, project partners from Europe
and Africa set out an ambitious goal: to sample data following standard
protocols at all field sites and then sharing the data in a way that would
enable all project partners to have access through a password-protected

Internet-based data portal. This required anonymous agreement on several common standardized sample forms, ranging from the mundane but important issue of using the same units of measurement to more complex challenges, for instance agreeing on the same protocols for double-treatment of praziquantel in different settings. With the experiences gained by the CONTRAST project, this paper discusses issues of data management and sharing in research projects in the light of the current donor demand, and offers advice and specific suggestions for similar interdisciplinary research projects. (C) 2013 Elsevier B.V. All rights reserved. C1 [Saarnak, Christopher F. L.; Kristensen, Thomas K.] Univ Copenhagen, DBL, Dept Vet Dis Biol, DK-1871 Frederiksberg C, Denmark.

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FU EU [032203]

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NR 32
TC 5
Z9 5
U1 0
U2 9
PU ELSEVIER SCIENCE BV
PI AMSTERDAM
PA PO BOX 211, 1000 AE AMSTERDAM, NETHERLANDS
SN 0001-706X
EI 1873-6254
J9 ACTA TROP
JI Acta Trop.
PD NOV
PY 2013
VL 128
IS 2
SI SI
BP 407
EP 411
DI 10.1016/j.actatropica.2013.05.008
PG 5
WC Parasitology; Tropical Medicine
SC Parasitology; Tropical Medicine
GA 249IW
UT WOS:000326771900025
PM 23707729
DA 2019-08-06
ER

PT J
AU Fegan, G
Moulsdale, M
Todd, J
AF Fegan, Greg
Moulsdale, Michael
Todd, Jim
TI The potential of internet-based technologies for sharing data of public
health importance
SO BULLETIN OF THE WORLD HEALTH ORGANIZATION
LA English
DT Editorial Material
C1 [Fegan, Greg; Moulsdale, Michael] Kenya Govt Med Res Ctr, Ctr Geog Med Res
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OI Fegan, Greg W/0000-0002-2663-2765
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NR 11
TC 5
Z9 5
U1 0
U2 6
PU WORLD HEALTH ORGANIZATION
PI GENEVA 27
PA MARKETING AND DISSEMINATION, CH-1211 GENEVA 27, SWITZERLAND
SN 0042-9686
EI 1564-0604
J9 B WORLD HEALTH ORGAN
JI Bull. World Health Organ.
PD FEB
PY 2011
VL 89
IS 2
BP 82
EP 82
DI 10.2471/BLT.11.085910
PG 1
WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA 725DQ
UT WOS:000287625800001
PM 21346914
OA Bronze, Green Published
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PT J
AU [Anonymous]
AF [Anonymous]
TI Sharing public health data: necessary and now
SO LANCET
LA English
DT Editorial Material
NR 0
TC 5
Z9 5
U1 0
U2 2
PU ELSEVIER SCIENCE INC
PI NEW YORK
PA 360 PARK AVE SOUTH, NEW YORK, NY 10010-1710 USA
SN 0140-6736

EI 1474-547X
J9 LANCET
JI Lancet
PD JUN 5
PY 2010
VL 375
IS 9730
BP 1940
EP 1940
PG 1
WC Medicine, General & Internal
SC General & Internal Medicine
GA 609WT
UT WOS:000278689600002
PM 20569822
DA 2019-08-06
ER

PT J
AU Ogden, T
AF Ogden, Trevor
TI Data Sharing, Federal Rule of Evidence 702, and the Lions in the Undergrowth
SO ANNALS OF OCCUPATIONAL HYGIENE
LA English
DT Editorial Material
DE data sharing; journals; publication ethics
ID ASBESTOS FIBER CONCENTRATIONS; FORMALDEHYDE RISK-ASSESSMENT; BRAKE WORKERS; EXPOSURE; MODEL; LUNGS; STOFFENMANAGER; CHRYSOTILE; CANCER
AB Many concerns would find it useful to have a publicly available database recording exposures to particular substances, with contextual information. The European Union's Registration, Evaluations, Authorisation, and restriction of Chemicals regulation has increased interest in this. It has been suggested that journals should require detailed publication of exposure data with papers. But there are problems for researchers, for whom the data are a valuable resource which has been obtained with effort and often ingenuity. The publication could also raise problems of confidentiality and liability, and those who have to put the effort in publication are not those who benefit. Also, there are the problems of hostile critics misusing the information—for example, industry reanalysing data to counter any regulatory implications of a study—and this raises serious wider issues of editorial policy. Two books have recently given examples of industry misuse of science, 'Doubt is their product' by David Michaels and 'Defending the indefensible' by McCulloch and Tweedale. Michaels gives examples of hostile data reanalysis, and among other things, he discusses the impact on journals of US Federal Rule of Evidence 702, which encourages expert witnesses to try to get their testimony material into peer-reviewed journals. This certainly lies behind some submissions to this journal, and Michaels says that it has led to the creation of peer-reviewed journals which have strong industry influence. On the other hand, work funded by industry is not always wrong, papers from other sources are not always free from bias, and the problem for journals is to continue to apply consistent scientific standards in a sea of conflicting interests. It does not seem feasible or desirable for journals to insist on the publication of all the underlying data, although researchers might be encouraged to form consortia to share data.
C1 British Occupat Hyg Soc, Annals Occupat Hyg, Derby DE24 8LZ, England.
RP Ogden, T (reprint author), British Occupat Hyg Soc, Annals Occupat Hyg, Pride Pk, Derby DE24 8LZ, England.
EM editor@ogs.org.uk

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NR 31
TC 5
Z9 5
U1 0
U2 0
PU OXFORD UNIV PRESS
PI OXFORD
PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND
SN 0003-4878
EI 1475-3162
J9 ANN OCCUP HYG
JI Ann. Occup. Hyg.
PD OCT
PY 2009
VL 53
IS 7
BP 651
EP 655
DI 10.1093/annhyg/mep065
PG 5
WC Public, Environmental & Occupational Health; Toxicology
SC Public, Environmental & Occupational Health; Toxicology
GA 505IA
UT WOS:000270684900001
PM 19736240

OA Bronze
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PT J
AU Buell, JF
Beebe, TM
Gross, TG
Trofe, J
Hanaway, MJ
Alloway, RR
First, MR
Woodle, ES
AF Buell, JF
Beebe, TM
Gross, TG
Trofe, J
Hanaway, MJ
Alloway, RR
First, MR
Woodle, ES

TI United network for organ sharing publication on scientific registry of
transplant recipients central nervous system donor cancer transmission
data

SO TRANSPLANTATION
LA English
DT Letter
ID TUMOR REGISTRY
C1 Univ Cincinnati, Israeli Penn Int Transplant Tumor Registry, Cincinnati, OH
45267 USA.
RP Buell, JF (reprint author), Univ Cincinnati, Israeli Penn Int Transplant Tumor
Registry, 231 Albert Sabin Way, Cincinnati, OH 45267 USA.
RI Woodle, E. Steve/N-8059-2013
OI Woodle, E. Steve/0000-0003-4280-0842
CR Kauffman HM, 2002, TRANSPLANTATION, V74, P358, DOI 10.1097/00007890-
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200012270-00014
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PENN I, 1991, TRANSPLANT P, V23, P2629

NR 4
TC 5
Z9 5
U1 0
U2 0
PU LIPPINCOTT WILLIAMS & WILKINS
PI PHILADELPHIA
PA 530 WALNUT ST, PHILADELPHIA, PA 19106-3621 USA
SN 0041-1337
J9 TRANSPLANTATION
JI Transplantation
PD MAR 15
PY 2005
VL 79
IS 5
BP 623
EP 623
DI 10.1097/01.TP.0000148909.25097.67

PG 1
WC Immunology; Surgery; Transplantation
SC Immunology; Surgery; Transplantation
GA 9050Z
UT WOS:000227580000022
PM 15753859
DA 2019-08-06
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PT J
AU Phillips, M
AF Phillips, Mark
TI International data-sharing norms: from the OECD to the General Data
Protection Regulation (GDPR)
SO HUMAN GENETICS
LA English
DT Review

AB The evolution of genomic research and its integration into clinical practice, as they become international even global endeavors, has brought us to a place where scientists and clinicians may now only ignore the rules governing international data sharing at their own peril. Open data policies, on the one hand, increasingly require custodians of others' genomic data to make it as widely available as feasible, including to researchers in other countries. Data protection law, on the other, has become a significant hurdle to the sharing of personal data across jurisdictional borders. The space between these two competing duties is narrowing. In contrast with the other texts in this volume, which explore the present and future of data sharing and data protection, this article's focus is on the past. It centres on the historical development of the data protection rules regarding the international transfer of personal data up to the present. The article's aim is to bring into focus the underlying objectives that have influenced and that will continue to influence the way that data protection rules are applied to the fields of genomics and health, as well as future developments in data protection generally. The first part of this article describes the development of international data-sharing data protection rules since 1970. The second considers difficulties in applying general data protection rules to the specific context of genomics and health. The third and final part compares the options available to comply with the international transfer restrictions set out in the standard-setting EU General Data Protection Regulation from a genomics perspective.

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CR [Anonymous], 1981, EUR TREAT SER COUNC
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NR 25

TC 4

Z9 4

U1 3

U2 9

PU SPRINGER

PI NEW YORK

PA 233 SPRING ST, NEW YORK, NY 10013 USA

SN 0340-6717

EI 1432-1203

J9 HUM GENET

JI Hum. Genet.

PD AUG

PY 2018

VL 137

IS 8

SI SI

BP 575

EP 582

DI 10.1007/s00439-018-1919-7

PG 8

WC Genetics & Heredity

SC Genetics & Heredity

GA GS8YV

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ER

PT J

AU Holmes, A

Dallman, TJ

Shabaan, S

Hanson, M

Allison, L

AF Holmes, Anne

Dallman, Timothy J.

Shabaan, Sharif

Hanson, Mary

Allison, Lesley

TI Validation of Whole-Genome Sequencing for Identification and
Characterization of Shiga Toxin-Producing Escherichia coli To Produce
Standardized Data To Enable Data Sharing

SO JOURNAL OF CLINICAL MICROBIOLOGY

LA English

DT Article

DE Shiga toxin-producing *Escherichia coli*; whole-genome sequencing

ID OUTBREAK DETECTION; O157 INFECTION; SURVEILLANCE; CHAIN

AB Whole-genome sequencing (WGS) is rapidly becoming the method of choice for outbreak investigations and public health surveillance of microbial pathogens. The combination of improved cluster resolution and prediction of resistance and virulence phenotypes provided by a single tool is extremely advantageous. However, the data produced are complex, and standard bioinformatics pipelines are required to translate the output into easily interpreted epidemiologically relevant information for public health action. The main aim of this study was to validate the implementation of WGS at the Scottish *Escherichia coli* O157/STEC Reference Laboratory (SERL) using the Public Health England (PHE) bioinformatics pipeline to produce standardized data to enable interlaboratory comparison of results generated at two national reference laboratories. In addition, we evaluated the BioNumerics whole-genome multilocus sequence typing (wgMLST) and *E. coli* genotyping plug-in tools using the same data set. A panel of 150 well-characterized isolates of Shiga toxin-producing *E. coli* (STEC) that had been sequenced and analyzed at PHE using the PHE pipeline and database (SnapperDB) was assembled to provide identification and typing data, including serotype (O:H type), sequence type (ST), virulence genes (*eae* and Shiga toxin [*stx*] subtype), and a single-nucleotide polymorphism (SNP) address. To validate the implementation of sequencing at the SERL, DNA was reextracted from the isolates and sequenced and analyzed using the PHE pipeline, which had been installed at the SERL; the output was then compared with the PHE data. The results showed a very high correlation between the data, ranging from 93% to 100%, suggesting that the standardization of WGS between our reference laboratories is possible. We also found excellent correlation between the results obtained using the PHE pipeline and BioNumerics, except for the detection of *stx*(2a) and *stx*(2c) when these subtypes are both carried by strains.

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PT J
AU Rokicki, S
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AF Rokicki, Slawa
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TI Inference With Difference-in-Differences With a Small Number of Groups A
Review, Simulation Study, and Empirical Application Using SHARE Data
SO MEDICAL CARE
LA English
DT Article
DE difference-in-differences; clustered standard errors; inference; Monte
Carlo simulation; GEE
ID GENERALIZED ESTIMATING EQUATIONS; CLUSTER RANDOMIZED-TRIALS;
LONGITUDINAL DATA-ANALYSIS; SMALL-SAMPLE ADJUSTMENTS; EUROPEAN
COUNTRIES; HEALTH; CARE; ESTIMATOR; ROBUST; VARIANCE
AB Background: Difference-in-differences (DID) estimation has become
increasingly popular as an approach to evaluate the effect of a group-level
policy on individual-level outcomes. Several statistical methodologies have been
proposed to correct for the within-group correlation of model errors resulting
from the clustering of data. Little is known about how well these corrections
perform with the often small number of groups observed in health research using
longitudinal data.
Methods: First, we review the most commonly used modeling solutions in DID
estimation for panel data, including generalized estimating equations (GEE),
permutation tests, clustered standard errors (CSE), wild cluster bootstrapping,
and aggregation. Second, we compare the empirical coverage rates and power of
these methods using a Monte Carlo simulation study in scenarios in which we vary
the degree of error correlation, the group size balance, and the proportion of
treated groups. Third, we provide an empirical example using the Survey of
Health, Ageing, and Retirement in Europe.
Results: When the number of groups is small, CSE are systematically biased
downwards in scenarios when data are unbalanced or when there is a low
proportion of treated groups. This can result in over-rejection of the null even
when data are composed of up to 50 groups. Aggregation, permutation tests, bias-
adjusted GEE, and wild cluster bootstrap produce coverage rates close to the
nominal rate for almost all scenarios, though GEE may suffer from low power.
Conclusions: In DID estimation with a small number of groups, analysis using
aggregation, permutation tests, wild cluster bootstrap, or bias-adjusted GEE is
recommended.
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FU European Commission [QLK6-CT-2001-00360, SHARE-I3: RII-CT-2006-062193,
COMPARE: CIT5-CT-2005-028857, SHARELIFE: CIT4-CT-2006-028812, 211909,

227822, 261982]; German Ministry of Education and Research; Max Planck Society for the Advancement of Science; US 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]

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WC Health Care Sciences & Services; Health Policy & Services; Public,
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AU Figueiredo, AS

AF Figueiredo, Ana Sofia

TI Data Sharing: Convert Challenges into Opportunities

SO FRONTIERS IN PUBLIC HEALTH

LA English

DT Review

DE data sharing; data privacy; digital health; big data; FAIR guiding
principles; open data

ID MARKUP LANGUAGE; REPRESENTATION; STANDARDS; EXCHANGE; PRIVACY; FORMAT

AB Initiatives for sharing research data are opportunities to increase the pace
of knowledge discovery and scientific progress. The reuse of research data has
the potential to avoid the duplication of data sets and to bring new views from
multiple analysis of the same data set. For example, the study of genomic
variations associated with cancer profits from the universal collection of such

data and helps in selecting the most appropriate therapy for a specific patient. However, data sharing poses challenges to the scientific community. These challenges are of ethical, cultural, legal, financial, or technical nature. This article reviews the impact that data sharing has in science and society and presents guidelines to improve the efficient sharing of research data.

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PU FRONTIERS MEDIA SA
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PA AVENUE DU TRIBUNAL FEDERAL 34, LAUSANNE, CH-1015, SWITZERLAND
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TI Sharing data under the 21st Century Cures Act
SO GENETICS IN MEDICINE
LA English
DT Review

DE 21st Century Cures Act; certificates of confidentiality; data sharing;
HIPAA; privacy

AB On 13 December 2016, President Obama signed the 21st Century Cures Act ("the Act") into law. Many of its provisions support the creation of an "Information Commons," an ecosystem of separate but interconnected initiatives that facilitate open and responsible sharing of genomic and other data for research and clinical purposes. For example, the Act supports the National Institutes of Health in mandating data sharing, provides funding and guidance for the large national cohort program now known as All of Us, expresses congressional support for a global pediatric study network, and strengthens patient access to health information. The Act also addresses potential barriers to data sharing. For example, it makes the issuance of certificates of confidentiality automatic for federally funded research involving identifiable, sensitive information and strengthens the associated protections. At the same time, the Act exacerbates or neglects several challenges, for example, increasing complexity by adding a new definition of "identifiable" and failing to address the financial sustainability of data sharing and the scope of commercialization. In sum, the Act is a positive step, yet there is still much work to be done before the goals of broad data sharing and utilization can be achieved.

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TI The TB Portals: an Open-Access, Web-Based Platform for Global
Drug-Resistant-Tuberculosis Data Sharing and Analysis
SO JOURNAL OF CLINICAL MICROBIOLOGY
LA English
DT Article
DE tuberculosis; digital health; interactive portals; MDR-TB; Mycobacterium
tuberculosis; query; XDR-TB; drug-resistant TB
ID MYCOBACTERIUM-TUBERCULOSIS; GENOMIC ANALYSIS; EVOLUTION

AB The TB Portals program is an international consortium of physicians, radiologists, and microbiologists from countries with a heavy burden of drug-resistant tuberculosis working with data scientists and information technology professionals. Together, we have built the TB Portals, a repository of socioeconomic/geographic, clinical, laboratory, radiological, and genomic data from patient cases of drug-resistant tuberculosis backed by shareable, physical samples. Currently, there are 1,299 total cases from five country sites (Azerbaijan, Belarus, Moldova, Georgia, and Romania), 976 (75.1%) of which are multidrug or extensively drug resistant and 38.2%, 51.9%, and 36.3% of which contain X-ray, computed tomography (CT) scan, and genomic data, respectively. The top Mycobacterium tuberculosis lineages represented among collected samples are Beijing, T1, and H3, and single nucleotide polymorphisms (SNPs) that confer resistance to isoniazid, rifampin, ofloxacin, and moxifloxacin occur the most frequently. These data and samples have promoted drug discovery efforts and research into genomics and quantitative image analysis to improve diagnostics while also serving as a valuable resource for researchers and clinical providers. The TB Portals database and associated projects are continually growing, and we invite new partners and collaborations to our initiative. The TB Portals data and their associated analytical and statistical tools are freely available at <https://tbportals.niaid.nih.gov/>.

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TI Security controls in an integrated Biobank to protect privacy in data sharing: rationale and study design

SO BMC MEDICAL INFORMATICS AND DECISION MAKING

LA English

DT Article

DE Personalized healthcare; Biobank; Privacy violation risk; Personal genome data; Personal health data; Data sharing policy; Security policy; Remote access

ID ELECTRONIC HEALTH RECORDS; GENOME-WIDE ASSOCIATION; GENETIC EXCEPTIONALISM; HOMOMORPHIC ENCRYPTION; PERSONALIZED MEDICINE; EMERGE CONSORTIUM; CHALLENGES; HIPAA; TESTS; LEGAL

AB Background: With the goal of realizing genome-based personalized healthcare, we have developed a biobank that integrates personal health, genome, and omics data along with biospecimens donated by volunteers of 150,000. Such a large-scale of data integration involves obvious risks of privacy violation. The research use of personal genome and health information is a topic of global discussion with regard to the protection of privacy while promoting scientific advancement. The present paper reports on our plans, current attempts, and accomplishments in addressing security problems involved in data sharing to ensure donor privacy while promoting scientific advancement.

Methods: Biospecimens and data have been collected in prospective cohort studies with the comprehensive agreement. The sample size of 150,000 participants was required for multiple researches including genome-wide screening of gene by environment interactions, haplotype phasing, and parametric linkage analysis.

Results: We established the Tohoku Medical Megabank (TMM) data sharing policy: a privacy protection rule that requires physical, personnel, and technological safeguards against privacy violation regarding the use and sharing of data. The proposed policy refers to that of NCBI and that of the Sanger Institute. The proposed policy classifies shared data according to the strength of re-identification risks. Local committees organized by TMM evaluate re-identification risk and assign a security category to a dataset. Every dataset is stored in an assigned segment of a supercomputer in accordance with its security category. A security manager should be designated to handle all security problems at individual data use locations. The proposed policy requires closed networks and IP-VPN remote connections.

Conclusion: The mission of the biobank is to distribute biological resources most productively. This mission motivated us to collect biospecimens and health data and simultaneously analyze genome/omics data in-house. The biobank also has the mission of improving the quality and quantity of the contents of the biobank. This motivated us to request users to share the results of their research as feedback to the biobank. The TMM data sharing policy has tackled every security problem originating with the missions. We believe our current implementation to be the best way to protect privacy in data sharing.

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CA TOPICS-MDS Res Consortium

TI Examining the construct and known-group validity of a composite endpoint for The Older Persons and Informal Caregivers Survey Minimum Data Set (TOPICS-MDS); A large-scale data sharing initiative

SO PLOS ONE

LA English

DT Article

ID QUALITY-OF-LIFE; HEALTH-STATUS; PATIENT GROUPS; CARE; ADULTS

AB Background

Preference-weighted multi-faceted endpoints have the potential to facilitate comparative effectiveness research that incorporates patient preferences. The Older Persons and Informal Caregivers Survey-Composite endpoint (TOPICS-CEP) is potentially a valuable outcome measure for evaluating interventions in geriatric care as it combines multiple outcomes relevant to older persons in a single metric. The objective of this study was to validate TOPICS-CEP across different study settings (general population, primary care and hospital).

Methods

Data were extracted from TOPICS Minimum Dataset (MDS), a pooled public-access national database with information on older persons throughout the Netherlands. Data of 17,603 older persons were used. Meta-correlations were performed between TOPICS-CEP indexed scores, EuroQol5-D utility scores and Cantril's ladder life satisfaction scores. Mixed linear regression analyses were performed to compare TOPICS-CEP indexed scores between known groups, e.g. persons with versus without depression.

Results

In the complete sample and when stratified by study setting TOPICS-CEP and Cantril's ladder were moderately correlated, whereas TOPICS-CEP and EQ-5D were highly correlated. Higher mean TOPICS-CEP scores were found in persons who were: married, lived independently and had an education at university level. Moreover, higher mean TOPICS-CEP scores were found in persons without dementia, depression, and dizziness with falls, respectively. Similar results were found when stratified by subgroup.

Conclusion

This study supports that TOPICS-CEP is a robust measure which can potentially be used in broad settings to identify the effect of intervention or of prevention in elderly care.

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NR 27
TC 4
Z9 4
U1 0
U2 10
PU PUBLIC LIBRARY SCIENCE
PI SAN FRANCISCO
PA 1160 BATTERY STREET, STE 100, SAN FRANCISCO, CA 94111 USA
SN 1932-6203
J9 PLOS ONE
JI PLoS One
PD MAR 15
PY 2017
VL 12
IS 3
AR e0173081
DI 10.1371/journal.pone.0173081
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WC Multidisciplinary Sciences
SC Science & Technology - Other Topics
GA EN9HQ
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PT J
AU McKinstry, B
Sullivan, FM
Vasishta, S
Armstrong, R
Hanley, J
Haughney, J
Philip, S
Smith, BH
Wood, A
Palmer, CNA
AF McKinstry, Brian
Sullivan, Frank M.
Vasishta, Shobna
Armstrong, Roma
Hanley, Janet
Haughney, John
Philip, Sam
Smith, Blair H.
Wood, Amanda
Palmer, Colin N. A.
TI Cohort profile: the Scottish Research register SHARE. A register of
people interested in research participation linked to NHS data sets
SO BMJ OPEN

LA English

DT Article

ID CLINICAL-RESEARCH; RECRUITMENT

AB Purpose: Recruitment to trials is often difficult. Many trials fail to meet recruitment targets resulting in underpowered studies which waste resources and the time of those who participated. While there is evidence that many people are willing to take part in research, particularly if it involves a condition from which they suffer, researchers are unable to easily contact such people often relying on busy clinicians to identify them. Many clinicians perceive themselves as too busy to take part in research activities. The Scottish Health Research Register SHARE adopts an approach which asks the public to consent to their data held in National Health Service databases to be used to determine their suitability for research projects. Additionally, participants can consent for spare blood, left after routine venepuncture to be automatically identified in the laboratory and stored for future research studies.

Participants: Anyone over the age of 16 years in Scotland can participate. Participants are approached through a range of methods including directly at outpatient clinics and general practitioners practices, leaflets with hospital letters and personal email from employers.

Findings to date: SHARE has recruited around 130 000 people. SHARE has demonstrated that it can quickly and efficiently recruit to studies, over 20 until now. In addition, it can be used to administer questionnaire studies by email and recruit to patient and public involvement groups.

Future plans: SHARE continues to steadily recruit with the ambition of eventually achieving 1 000 000 people in Scotland. We are steadily increasing the number of data sets we use for identifying participants. We are adding a mobile app which will facilitate dissemination about research and allow the collection of physiological and activity data if desired. We anticipate that SHARE will soon become the main source of health research recruitment in Scotland.

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RI Palmer, Colin/M-9773-2019; Palmer, Colin/C-7053-2008; Sullivan, Frank/L-8286-2019

OI Palmer, Colin/0000-0002-6415-6560; Palmer, Colin/0000-0002-6415-6560; Sullivan, Frank/0000-0002-6623-4964; Philip, Sam/0000-0001-6164-211X; Hanley, Janet/0000-0003-1728-0136

FU Chief Scientists Office of the Scottish Government; Wellcome Trust Biomedical Resource Award [099177/Z/12/Z]; Medical Research Council [MC_PC_13040, MR/K007017/1]

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PU BMJ PUBLISHING GROUP
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J9 BMJ OPEN
JI BMJ Open
PD FEB
PY 2017
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IS 2
AR e013351
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WC Medicine, General & Internal
SC General & Internal Medicine
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PT J
AU Gouvalas, A
Igoumenidis, M
Theodorou, M
Athanasakis, K
AF Gouvalas, Athanasios
Igoumenidis, Michael
Theodorou, Mamas
Athanasakis, Kostas
TI Cost-Sharing Rates Increase During Deep Recession: Preliminary Data From Greece
SO INTERNATIONAL JOURNAL OF HEALTH POLICY AND MANAGEMENT

LA English

DT Article

DE Cost-Sharing; Patient Participation; Prescription Drugs; Out-of-Pocket (OOP) Expenses

ID CYPRUS; MEDICINES; PAYMENT; ACCESS; CRISIS; CARE

AB Background: Measures taken over the past four years in Greece to reduce pharmaceutical expenditure have led to significant price reductions for medicines, but have also changed patient cost-sharing rates for prescription drugs. This study attempts to capture the resulting increase in patients' out-of-pocket (OOP) expenses for prescription drugs during the 2011-2014 period.

Methods: The authors conducted a retrospective review of financial data derived from 39 883 prescriptions, dispensed at three randomly chosen pharmacies located in Lamia, central Greece.

Results: The study recorded an average contribution rate per prescription as follows: 11.28% for 2011 (95% CI: 10.76-11.80), 14.10% for 2012, 19.97% for 2013, and 29.08% for 2014. Correspondingly, the mean patient charge per prescription for 2011 was (sic)6.58 (95% CI: 6.22-6.94), (sic)8.28 for 2012, (Sic)8.35 for 2013, and (sic)10.87 for 2014. During the 2011-2014 period, mean percentage rate of patient contribution increased by 157.75%, while average patient charge per prescription in current prices increased by 65.22%. The use of a newly introduced internal reference price (IRP) system increased the level of prescription charge at a rate of 2.41% for 2012 (100% surcharge on patients), 26.24% for 2013 (49.95% on patients and 50.04% on the appropriate health insurance funds), and 47.72% for 2014 (85.06% on patients and 14.94% on funds).

Conclusion: Increased cost-sharing rates for prescription drugs can reduce public pharmaceutical expenditure, but international experience shows that rising OOP expenses can compromise patients' ability to pay, particularly when it comes to chronic diseases and vulnerable populations. Various suggestions could be effective in refining the cost-sharing approach by giving greater consideration to chronic patients, and to the poor and elderly.

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PU KERMEN UNIV MEDICAL SCIENCES
PI KERMEN
PA JAHAD BLVD, KERMEN, 7619813159, IRAN
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JI Int. J. Health Policy Manag.
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WC Health Care Sciences & Services; Health Policy & Services
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PT J
AU Belloni, M
Brugiavini, A

Meschi, E
Tijdens, K
AF Belloni, Michele
Brugiavini, Agar
Meschi, Elena
Tijdens, Kea
TI Measuring and Detecting Errors in Occupational Coding: an Analysis of
SHARE Data
SO JOURNAL OF OFFICIAL STATISTICS
LA English
DT Article
DE ISCO; coding software; coding error; cognitive functioning; education
ID POLARIZATION; WORK
AB This article studies coding errors in occupational data, as the quality of
this data is important but often neglected. In particular, we recoded open-ended
questions on occupation for last and current job in the Dutch sample of the
"Survey of Health, Ageing and Retirement in Europe" (SHARE) using a high-quality
software program for ex-post coding (CASCOT software). Taking CASCOT coding as
our benchmark, our results suggest that the incidence of coding errors in SHARE
is high, even when the comparison is made at the level of one-digit occupational
codes (28% for last job and 30% for current job). This finding highlights the
complexity of occupational coding and suggests that processing errors due to
miscoding should be taken into account when undertaking statistical analyses or
writing econometric models. Our analysis suggests strategies to alleviate such
coding errors, and we propose a set of equations that can predict error. These
equations may complement coding software and improve the quality of occupational
coding.
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FU EU [283646]; European Commission [312691, QLK6-CT-2001-00360,
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227822, 261982]; U.S. National Institute on Aging [U01 AG09740-13S2, P01
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FX This article builds on research carried out for the DASISH project (Data
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SN 0282-423X
J9 J OFF STAT
JI J. Off. Stat.
PD DEC
PY 2016
VL 32
IS 4
BP 917
EP 945
DI 10.1515/JOS-2016-0049
PG 29
WC Social Sciences, Mathematical Methods; Statistics & Probability
SC Mathematical Methods In Social Sciences; Mathematics
GA EE5UU
UT WOS:000389674100010
OA Other Gold
DA 2019-08-06
ER

PT J
AU Haraty, RA
 Zbib, M
 Masud, M
AF Haraty, Ramzi A.
 Zbib, Mirna
 Masud, Mehedi
TI Data damage assessment and recovery algorithm from malicious attacks in
 healthcare data sharing systems
SO PEER-TO-PEER NETWORKING AND APPLICATIONS
LA English
DT Article
DE Data security; Data exchange; Healthcare data protection; Healthcare
 data tampering
AB In a data sharing system in a cloud computing environment, such as health
care system, peers or data sources execute transactions on-the-fly in response
to user queries without any centralized control. In this case confidential data
might be intercepted or read by hackers. We cannot consider any centralized
control for securing data since we cannot assume any central third party
security infrastructure (e.g., PKI) to protect confidential data in a data
sharing system. Securing health information from malicious attacks has become a
major concern. However, securing the data from attacks sometimes fail and
attackers succeed in inserting malicious data. Hence, this presents a need for
fast and efficient damage assessment and recovery algorithms. In this paper, we
present an efficient data damage assessment and recovery algorithm to delete
malicious transactions and recover affected transactions in a data source in a
health care system based on the concept of the matrix. We compare our algorithm
with other approaches and show the performance results.
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NR 28
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Z9 4
U1 0
U2 9
PU SPRINGER
PI NEW YORK
PA 233 SPRING ST, NEW YORK, NY 10013 USA
SN 1936-6442
EI 1936-6450
J9 PEER PEER NETW APPL
JI Peer Peer Netw. Appl.
PD SEP
PY 2016
VL 9
IS 5
SI SI
BP 812
EP 823
DI 10.1007/s12083-015-0361-z
PG 12
WC Computer Science, Information Systems; Telecommunications
SC Computer Science; Telecommunications
GA DQ6VR
UT WOS:000379344100002
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PT J

AU Stuver, SO
McNiff, K
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AF Stuver, Sherri O.
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Dodek, Anton
Jacobson, Joseph O.

TI Novel Data Sharing Between a Comprehensive Cancer Center and a Private Payer to Better Understand Care at the End of Life

SO JOURNAL OF PAIN AND SYMPTOM MANAGEMENT

LA English

DT Article

DE End-of-life care; claims data; oncology patients; quality improvement

ID POPULATION-BASED INDICATORS; OF-LIFE; MEDICARE BENEFICIARIES;
ADMINISTRATIVE DATA; MENTAL-HEALTH; LAST YEAR; QUALITY; DEATH;
AGGRESSIVENESS; INTENSITY

AB Context. Understanding end-of-life (EOL) care patterns is a prerequisite to improving the experience for cancer patients. EOL measures endorsed by the National Quality Forum (NQF) have been examined in older patients using Medicare claims.

Objectives. To evaluate EOL care for patients treated at a comprehensive cancer center, using private payer claims data.

Methods. A retrospective cohort study was conducted of Dana-Farber Cancer Institute (DFCI) patients who died between July 2010 and December 2012, and were insured by Blue Cross Blue Shield of Massachusetts. Primary data sources included Blue Cross Blue Shield of Massachusetts claims information and DFCI administrative data. We assessed NQF-endorsed measures of EOL care related to emergency department visits, hospitalizations, and intensive care unit admissions in the last 30 days, chemotherapy in the last 14 days, hospice stay, and death in an acute care setting. Patterns of care by cancer type and service location were determined.

Results. Among 674 patients (mean age 58 years), event rates for NQF-endorsed EOL measures were similar to those reported using Medicare claims. Decedents with hematologic malignancies received significantly more intensive care and were less likely to have enrolled in hospice, compared to decedents with solid tumors. Thirty to 45% of EOL events occurred outside of DFCI and its affiliated hospitals.

Conclusion. Data sharing between a private payer and a large cancer center proved feasible and informative. High rates of hospital service use outside of our sites of care were unexpected. The findings suggest opportunities to better manage care at the end of life. (C) 2016 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

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TI Optimizing primary care research participation: a comparison of three
recruitment methods in data-sharing studies

SO FAMILY PRACTICE

LA English

DT Article

DE Electronic health records; family practice; primary health care; quality
improvement; research design; research subject recruitment

ID QUALITY-OF-CARE; GENERAL-PRACTICE; EXPERIENCE; OUTCOMES; TIME

AB Recruitment of representative samples in primary care research is essential
to ensure high-quality, generalizable results. This is particularly important
for research using routinely recorded patient data to examine the delivery of
care. Yet little is known about how different recruitment strategies influence
the characteristics of the practices included in research.

We describe three approaches for recruiting practices to data-sharing studies,
examining differences in recruitment levels and practice representativeness.

We examined three studies that included varying populations of practices from
West Yorkshire, UK. All used anonymized patient data to explore aspects of
clinical practice. Recruitment strategies were 'opt-in', 'mixed opt-in and opt-
out' and 'opt-out'. We compared aggregated practice data between recruited and
not-recruited practices for practice list size, deprivation, chronic disease
management, patient experience and rates of unplanned hospital admission.

The opt-out strategy had the highest recruitment (80%), followed by mixed
(70%) and opt-in (58%). Practices opting-in were larger (median 7153 versus 4722
patients, $>P = 0.03$) than practices that declined to opt-in. Practices recruited
by mixed approach were larger (median 7091 versus 5857 patients, $>P = 0.04$) and
had differences in the clinical quality measure (58.4% versus 53.9% of diabetic
patients with HbA1c a parts per thousand currency sign 59 mmol/mol, $>P < 0.01$).
We found no differences between practices recruited and not recruited using the
opt-out strategy for any demographic or quality of care measures.

Opt-out recruitment appears to be a relatively efficient approach to ensuring participation of typical general practices. Researchers should, with appropriate ethical safeguards, consider opt-out recruitment of practices for studies involving anonymized patient data sharing.

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CA Caribbean Cent South Amer Network

TI Interactive Data Visualization for HIV Cohorts: Leveraging Data Exchange Standards to Share and Reuse Research Tools

SO PLOS ONE

LA English

DT Article

ID INFORMATION-SYSTEMS; PUBLIC-HEALTH

AB Objective

To develop and disseminate tools for interactive visualization of HIV cohort data.

Design and Methods

If a picture is worth a thousand words, then an interactive video, composed of a long string of pictures, can produce an even richer presentation of HIV population dynamics. We developed an HIV cohort data visualization tool using open-source software (R statistical language). The tool requires that the data structure conform to the HIV Cohort Data Exchange Protocol (HICDEP), and our implementation utilized Caribbean, Central and South America network (CCASAnet) data.

Results

This tool currently presents patient-level data in three classes of plots: (1) Longitudinal plots showing changes in measurements viewed alongside event probability curves allowing for simultaneous inspection of outcomes by relevant patient classes. (2) Bubble plots showing changes in indicators over time allowing for observation of group level dynamics. (3) Heat maps of levels of

indicators changing over time allowing for observation of spatial-temporal dynamics. Examples of each class of plot are given using CCASAnet data investigating trends in CD4 count and AIDS at antiretroviral therapy (ART) initiation, CD4 trajectories after ART initiation, and mortality.

Conclusions

We invite researchers interested in this data visualization effort to use these tools and to suggest new classes of data visualization. We aim to contribute additional shareable tools in the spirit of open scientific collaboration and hope that these tools further the participation in open data standards like HICDEP by the HIV research community.

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TI Patient/family views on data sharing in rare diseases: study in the European LeukoTreat project

SO EUROPEAN JOURNAL OF HUMAN GENETICS

LA English

DT Article

ID BIOBANK RESEARCH; CONSENT; HEALTH; LEUKODYSTROPHIES; PARTICIPATION; PERSPECTIVE; REGISTRY

AB The purpose of this study was to explore patient and family views on the sharing of their medical data in the context of compiling a European leukodystrophies database. A survey questionnaire was delivered with help from referral centers and the European Leukodystrophies Association, and the

questionnaires returned were both quantitatively and qualitatively analyzed. This study found that patients/families were strongly in favor of participating. Patients/families hold great hope and trust in the development of this type of research. They have a strong need for information and transparency on database governance, the conditions framing access to data, all research conducted, partnerships with the pharmaceutical industry, and they also need access to results. Our findings bring ethics-driven arguments for a process combining initial broad consent with ongoing information. On both, we propose key item-deliverables to database participants.

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AU Gotze, F
Mann, S
Ferjani, A
Kohler, A
Heckelei, T

AF Gotze, Franziska
Mann, Stefan
Ferjani, Ali
Kohler, Andreas
Heckelei, Thomas

TI Explaining market shares of organic food: evidence from Swiss household data

SO BRITISH FOOD JOURNAL

LA English

DT Article

DE Consumer behaviour; Switzerland; Organic food; Generalized Linear Model

ID CONSUMER PERCEPTIONS; CONSUMPTION; HEALTH; DEMAND; GLOBALIZATION;

DETERMINANTS; ATTITUDES; PRODUCTS; WELFARE; NORWAY

AB Purpose - The purpose of this paper is to identify those product characteristics that are of importance to consumers of organic food in Switzerland.

Design/methodology/approach - In order to identify important organic product characteristics, this study applies a Generalized Linear Model using a six-year sample of Swiss household data distinguishing between organic and conventional products at the product level.

Findings - The analysis reveals three product-related dimensions of importance. First, Swiss consumers prefer unprocessed organic products over highly processed ones suggesting that communicating potential benefits of organic food is more promising for unprocessed products. Second, organic consumers are reluctant to buy products with high price premiums. Third, Swiss consumers prefer domestically produced organic products over imported ones.

Practical implications - The results imply that supporting organic agriculture in Switzerland is still promising from a policy and a marketing perspective as long as the organic price premium is not too high.

Originality/value - This paper presents results regarding the determinants of the organic market share in Switzerland. They give a first understanding of which product characteristics determine organic market shares. From a policy as well as from a marketing perspective a further investigation at the household level is promising in order to understand and respond to the needs and expectations of Swiss consumers.

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JI Br. Food J.
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WC Food Science & Technology

SC Food Science & Technology

GA DJ3WG

UT WOS:000374136800012

DA 2019-08-06

ER

PT J

AU Kim, Y

Kim, S

AF Kim, Youngseek

Kim, Sujin

TI Institutional, Motivational, and Resource Factors Influencing Health
Scientists' Data-Sharing Behaviours

SO JOURNAL OF SCHOLARLY PUBLISHING

LA English

DT Article

DE Data sharing; health scientists; institutional theory; theory of planned
behaviour; structural equation modelling

ID GENOMICS

AB This study proposes a composite model of data sharing to examine what
determines health scientists' behaviours drawing on institutional, motivational,
and resource perspectives. The proposed model was developed considering
institutional theory and the theory of planned behaviour. In addition, resource
utilization measures were also combined into the research model. Using a
national researcher pool, the Community of Scientists' Scholar Database, the
analysis included a total of 207 survey responses. Partial least-squares
structural equation modelling was performed to evaluate the causal relationship
among the data sharing study measures. Findings suggest that regulative pressure
by journal publishers and the availability of data repositories was found to be
significantly related to data-sharing behaviour. Three motivational
factors perceived career benefit, perceived career risk, and perceived effort were
also found to have a significant influence on attitude toward data sharing,
which has a significant relationship with data-sharing behaviour.

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TC 4

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U2 28

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WC Humanities, Multidisciplinary; Information Science & Library Science

SC Arts & Humanities - Other Topics; Information Science & Library Science

GA CM2QR

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DA 2019-08-06

ER

PT S
AU Eze, B
Peyton, L
AF Eze, Benjamin
Peyton, Liam
BE Shakshuki, E
TI Systematic Literature Review on the Anonymization of High Dimensional Streaming Datasets for Health Data Sharing
SO 6TH INTERNATIONAL CONFERENCE ON EMERGING UBIQUITOUS SYSTEMS AND PERVASIVE NETWORKS (EUSPN 2015)/THE 5TH INTERNATIONAL CONFERENCE ON CURRENT AND FUTURE TRENDS OF INFORMATION AND COMMUNICATION TECHNOLOGIES IN HEALTHCARE (ICTH-2015)
SE Procedia Computer Science
LA English
DT Proceedings Paper
CT 6th International Conference on Emerging Ubiquitous Systems and Pervasive Networks (EUSPN) / 5th International Conference on Current and Future Trends of Information and Communication Technologies in Healthcare (ICTH)
CY SEP 27-30, 2015
CL Berlin, GERMANY
DE privacy; personal health information; high-dimensional datasets; streaming databases; data sharing
ID K-ANONYMITY; PRIVACY
AB One of the biggest challenges to health data sharing is regulations that prohibit the transmission and distribution of Personal Health Information (PHI) even among collaborating organizations. This impedes research and reduces the utility of these datasets. Anonymization can address this issue by hiding PHI while maintaining the analytical utility of the data. Much research has focused on data that is static, independent and complete. Unfortunately, this is not typical of health data. Instead of static, independent tables, health data is in relational databases with multiple high-dimensional tables that are transactional and constantly changing. Data recipients usually receive multiple versions of the database over time. This study reviews literature on anonymization methodologies for large and fast changing high-dimensional datasets, especially health data. Relevant papers are analyzed, categorized and compared in terms of scope, and contributions. Finally, we used the extracted details from our analysis to outline possible research direction for developing a realistic anonymization framework for health data sharing. (c) 2015 The Authors. Published by Elsevier B.V.
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Health Care Sciences & Services

SC Computer Science; Health Care Sciences & Services

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OA Other Gold

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ER

PT J

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Mostert, Menno
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TI Data sharing in stem cell translational science: policy statement by the
International Stem Cell Forum Ethics Working Party

SO REGENERATIVE MEDICINE

LA English

DT Article

DE data sharing; ethics; policy; stem cells; translational science

AB Data and sample sharing constitute a scientific and ethical imperative but
need to be conducted in a responsible manner in order to protect individual
interests as well as maintain public trust. In 2014, the Global Alliance for
Genomics and Health (GA4GH) adopted a common Framework for Responsible Sharing
of Genomic and Health-Related Data. The GA4GH Framework is applicable to data
sharing in the stem cell field, however, interpretation is required so as to
provide guidance for this specific context. In this paper, the International
Stem Cell Forum Ethics Working Party discusses those principles that are
specific to translational stem cell science, including engagement, data quality
and safety, privacy, security and confidentiality, risk-benefit analysis and
sustainability.

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FU Stem Cell Network of Canada; International Stem Cell Forum; EUCelLEX;
ZonMw - The Netherlands Organization for Health Research and Development

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financial conflict with the subject matter or materials discussed in the
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WC Cell & Tissue Engineering; Engineering, Biomedical
SC Cell Biology; Engineering
GA CX4LW
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PT S
AU Sabitha, S
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AF Sabitha, S.
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BE Pinho, LM
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TI Anonymous-CPABE: Privacy Preserved Content Disclosure for Data Sharing
in Cloud
SO ARCHITECTURE OF COMPUTING SYSTEMS - ARCS 2015
SE Lecture Notes in Computer Science
LA English
DT Proceedings Paper
CT 28th International Conference on Architecture of Computing Systems
(ARCS)
CY MAR 24-27, 2015
CL Inst Super Engn Porto, CISTER Res Ctr, Porto, PORTUGAL
SP Gesell Informatic e V, Special Interest Grp Architecture Comp Syst,
Informationstechnische Gesell VDE
HO Inst Super Engn Porto, CISTER Res Ctr
DE Cloud computing; Ciphertext-policy attribute-based encryption;
Re-encryption; Anonymization
ID ATTRIBUTE-BASED ENCRYPTION; CIPHERTEXT
AB Healthcare Providers are widely using Cloud Computing to securely share
Electronic Health Record(EHR). Entire EHR data cannot be disclosed to all the
users with different privilege level, since it is more privacy sensitive. So
Healthcare Provider has to enforce a privacy preserved access control mechanism
to efficiently share EHR. Privacy preserved secure data sharing is one of the
most challenging issues in cloud environment. Existing access control mechanisms
for data sharing do not consider the privacy of individuals, who are the
subjects of data which is being shared while preventing user revocation problem.

To address these problems, we are proposing a novel idea in which, users whose attributes satisfy the access policy and access rights are effective in access time can recover the corresponding data. Proposed scheme is able to ensure security, integrity, privacy preserved fine-grained access control and prevent data mining attacks on shared data. Even though this paper focuses on EHR sharing, it can be generalized to privacy preserved data sharing.

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NR 16

TC 4

Z9 4

U1 1

U2 5

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WC Computer Science, Information Systems; Computer Science, Software Engineering; Computer Science, Theory & Methods

SC Computer Science

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ER

PT S

AU Azarm-Daigle, M

Kuziemy, C
Peyton, L
AF Azarm-Daigle, Mana
Kuziemy, Craig
Peyton, Liam
BE Shakshuki, E
TI A Review of Cross Organizational Healthcare Data Sharing
SO 6TH INTERNATIONAL CONFERENCE ON EMERGING UBIQUITOUS SYSTEMS AND
PERVASIVE NETWORKS (EUSPN 2015)/THE 5TH INTERNATIONAL CONFERENCE ON
CURRENT AND FUTURE TRENDS OF INFORMATION AND COMMUNICATION TECHNOLOGIES
IN HEALTHCARE (ICTH-2015)
SE Procedia Computer Science
LA English
DT Proceedings Paper
CT 6th International Conference on Emerging Ubiquitous Systems and
Pervasive Networks (EUSPN) / 5th International Conference on Current and
Future Trends of Information and Communication Technologies in
Healthcare (ICTH)
CY SEP 27-30, 2015
CL Berlin, GERMANY
DE Cross-organizational healthcare data sharing; patient privacy;
literature review; quality of care; technology adoption;
interoperability
ID INFORMATION EXCHANGE; SYSTEM
AB Increasingly, healthcare is provided by a team of care providers from
different organizations. Cross-organizational healthcare data sharing is a major
issue in interoperable healthcare organizations. Studies have shown that quality
of care can be put at risk when patients are transferred from one organization
to another, while the need for protecting patient privacy is sometimes an
inhibitor to providing information computing technology (ICT) solutions. This
paper presents a systematic literature review of cross-organizational healthcare
data sharing. The review includes research related to laws and regulations as
well as proposed methodological and ICT solutions. Our methodology for querying,
filtering and selecting relevant papers from scientific, academic and general
repositories is explained and the selected papers are categorized and compared
in terms of scope, contributions, and future directions. Based on this analysis,
we outline a possible research direction for developing ICT solutions that
healthcare providers and regulators would be willing to adopt. Based on our
review, we concluded that inspite of the liberal regulations around data sharing
among authorized healthcare providers, these organizations are utterly reluctant
to collaborate on patient information. Fear of a breach of personal health
information, and the shortage of technological facilitators that are compatible
with the existing health information systems, are the main causes of the cross-
organizational interoperability problems in the healthcare sector. The existing
collaborative technologies require considerable initial investments that the
current healthcare system is not willing to spend funds on. (c) 2015 The Authors.
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Z9 4

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WC Computer Science, Information Systems; Computer Science, Interdisciplinary Applications; Computer Science, Theory & Methods; Health Care Sciences & Services

SC Computer Science; Health Care Sciences & Services

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OA Other Gold

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ER

PT J

AU Njagi, EN

Molenberghs, G

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AF Njagi, Edmund Njeru

Molenberghs, Geert
Kenward, Michael G.
Verbeke, Geert
Rizopoulos, Dimitris

TI A characterization of missingness at random in a generalized shared-parameter joint modeling framework for longitudinal and time-to-event data, and sensitivity analysis

SO BIOMETRICAL JOURNAL
LA English
DT Article
DE Censoring; Coarsening; Missing at Random; Missingness; Missing not at Random; Pattern-mixture model; Selection model; Shared-parameter model
ID PROSTATE-CANCER; MIXTURE-MODELS; CD4 COUNTS; SURVIVAL; AIDS; CURE; PROGRESSION; MARKER

AB We consider a conceptual correspondence between the missing data setting, and joint modeling of longitudinal and time-to-event outcomes. Based on this, we formulate an extended shared random effects joint model. Based on this, we provide a characterization of missing at random, which is in line with that in the missing data setting. The ideas are illustrated using data from a study on liver cirrhosis, contrasting the new framework with conventional joint models.

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FU IAP research Network of the Belgian Government (Belgian Science Policy) [P7/06]

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WC Mathematical & Computational Biology; Statistics & Probability

SC Mathematical & Computational Biology; Mathematics

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ER

PT J

AU Ardini, MA

Pan, HQ

Qin, Y

Cooley, PC

AF Ardini, Mary-Anne

Pan, Huaqin
Qin, Ying
Cooley, Philip C.

TI Sample and data sharing: Observations from a central data repository
SO CLINICAL BIOCHEMISTRY
LA English
DT Article

DE Clinical data repository; Biobank; NIDDK

AB Objectives: From 2003 to 2013, RTI International served as the data repository for the National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK). RTI worked closely with two sample repository partners to build and maintain the Central Repository (CR) that made data and samples available to approved requestors. In this paper, we recap aspects of establishing the mechanism; detail the challenges and limitations of data and sample sharing, and explore the future of resource sharing in light of the evolving environment of research funding.

Design and methods: Effective maintenance required the system to be flexible and dynamic while at the same time compliant with established data standards.

Results: Our years serving as the CR for NIDDK have yielded a number of observations about the difficulties of running a repository, an operation that is by definition dependent on many outside parties whose degree of expertise and efficiency have a direct impact on repository functioning.

Conclusion: The bio-banking industry will likely continue to become more globally centralized for studying specific genetic diseases and monitoring the health of our environment. The dynamic relationship between emerging technologies and the infrastructure will be needed to support future research that requires the ability of organizations providing support to remain flexible even while following established standards. (C) 2013 The Canadian Society of Clinical Chemists. Published by Elsevier Inc. All rights reserved.

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WC Medical Laboratory Technology
SC Medical Laboratory Technology
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PT J
AU Erickson, BJ
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AF Erickson, Bradley J.
 Fajnwaks, Patricio
 Langer, Steve G.
 Perry, John
TI Multisite Image Data Collection and Management Using the RSNA Image
 Sharing Network
SO TRANSLATIONAL ONCOLOGY
LA English
DT Article
AB The execution of a multisite trial frequently includes image collection. The
Clinical Trials Processor (CTP) makes removal of protected health information
highly reliable. It also provides reliable transfer of images to a central
review site. Trials using central review of imaging should consider using CTP
for handling image data when a multisite trial is being designed.
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JI Transl. Oncol.
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SC Oncology
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AU Shmueli-Blumberg, D
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TI The National Drug Abuse Treatment Clinical Trials Network Data Share
project: Website design, usage, challenges, and future directions

SO CLINICAL TRIALS

LA English

DT Article

ID SUBSTANCE USE DISORDERS; ITEM RESPONSE THEORY; QUALITY-OF-LIFE; HIV
RISK; RACIAL/ETHNIC DIFFERENCES; ADDICTION SEVERITY; BRIEF SCREENERS;
GENDER; DEPENDENCE; ALCOHOL

AB Background There are many benefits of data sharing, including the promotion
of new research from effective use of existing data, replication of findings
through re-analysis of pooled data files, meta-analysis using individual patient
data, and reinforcement of open scientific inquiry. A randomized controlled
trial is considered as the gold standard' for establishing treatment
effectiveness, but clinical trial research is very costly, and sharing data is
an opportunity to expand the investment of the clinical trial beyond its
original goals at minimal costs.

Purpose We describe the goals, developments, and usage of the Data Share
website (<http://www.ctndatashare.org>) for the National Drug Abuse Treatment
Clinical Trials Network (CTN) in the United States, including lessons learned,

limitations, and major revisions, and considerations for future directions to improve data sharing.

Methods Data management and programming procedures were conducted to produce uniform and Health Insurance Portability and Accountability Act (HIPAA)-compliant de-identified research data files from the completed trials of the CTN for archiving, managing, and sharing on the Data Share website.

Results Since its inception in 2006 and through October 2012, nearly 1700 downloads from 27 clinical trials have been accessed from the Data Share website, with the use increasing over the years. Individuals from 31 countries have downloaded data from the website, and there have been at least 13 publications derived from analyzing data through the public Data Share website.

Limitations Minimal control over data requests and usage has resulted in little information and lack of control regarding how the data from the website are used. Lack of uniformity in data elements collected across CTN trials has limited cross-study analyses.

Conclusions The Data Share website offers researchers easy access to de-identified data files with the goal to promote additional research and identify new findings from completed CTN studies. To maximize the utility of the website, ongoing collaborative efforts are needed to standardize the core measures used for data collection in the CTN studies with the goal to increase their comparability and to facilitate the ability to pool data files for cross-study analyses.

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FU US National Institute on Drug Abuse (NIDA) of the National Institutes of Health [HHSN271200900034C, HSN271200522071C]; NIDA [R33DA027503, R01DA019623]

FX The work for the National Drug Abuse Treatment Clinical Trials Network (CTN) Data Share website is made possible by the US National Institute on Drug Abuse (NIDA) of the National Institutes of Health (grant number HHSN271200900034C to The EMMES Corporation, and grant number HSN271200522071C to Duke University). Li-Tzy Wu has received research funding from NIDA (R33DA027503, R01DA019623).

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TC 4

Z9 4

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JI Clin. Trials

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PT J

AU Tully, MP

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AF Tully, Mary P.
Kettis, Asa
Hoglund, Anna T.
Morlin, Claes
Schwan, Ake
Ljungberg, Christina

TI Transfer of data or re-creation of knowledge - Experiences of a shared electronic patient medical records system

SO RESEARCH IN SOCIAL & ADMINISTRATIVE PHARMACY

LA English

DT Article

DE Health informatics; Prescribing; Primary care; Secondary care;
Electronic medical record

ID HEALTH-CARE; INFORMATION; WISDOM; ERRORS

AB Background: A shared electronic medical record (EMR) can improve communication between primary and secondary care. A consideration of the contents using Data-Information-Knowledge-Wisdom (DIKW) hierarchy could help inform further development of such systems regarding communication about prescribed medication.

Objectives: To investigate primary and secondary care doctors' experiences of the shared EMR in Uppsala, Sweden, focusing on the creation, use and cross-sector transfer of data, information, knowledge and wisdom about individual patients' prescribed medication.

Method: Nine focus groups were held with hospital doctors, of different grades and medical specialties, working at a single large teaching hospital in Uppsala, Sweden and primary care doctors worked in the same geographical area, in urban and rural primary care centers. The transcribed data were analyzed using the constant comparative method, based on data from the participants and application of the DIKW hierarchy.

Results: The doctors were very positive about accessing and using the shared EMR. Data and information in the system were efficiently retrieved and combined with newly collected data and information to create further knowledge. However, they also described a data and information overload, where it was difficult to get a general overview of what had happened over time, coupled with the frequent lack of knowledge being created and shared by other healthcare providers. Doctors were, instead, either explicitly asked or implicitly expected to read and interpret all available data and information and recreate knowledge themselves.

Conclusions: This study highlighted the differences between access to data and information and access to knowledge in a shared EMR. In rolling out such a system, an increased availability of data and information should not be at the expense of a reduced availability of knowledge. (C) 2013 Elsevier Inc. All rights reserved.

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WC Public, Environmental & Occupational Health; Pharmacology & Pharmacy

SC Public, Environmental & Occupational Health; Pharmacology & Pharmacy

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ER

PT J

AU Sivarajasingam, V

Shepherd, JP
Newcombe, RG
AF Sivarajasingam, V.
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TI Data sharing to reduce violence Why public health must contribute to
reduce violence
SO BRITISH MEDICAL JOURNAL
LA English
DT Letter
ID POLICE
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OI Shepherd, Jonathan/0000-0001-6466-2298
CR BRINK O, 2001, NORDISK TIDSSKRIFT K, V88, P230
FAERGEMANN C, 2006, THESIS U SO DENMARK
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Z9 4
U1 0
U2 0
PU B M J PUBLISHING GROUP
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WC Medicine, General & Internal
SC General & Internal Medicine
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PT J
AU Dawson, A
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AF Dawson, Angus
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TI Could do Better: Research Data Sharing and Public Health
SO PUBLIC HEALTH ETHICS
LA English
DT Editorial Material
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JI Public Health Ethics

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WC Ethics; Public, Environmental & Occupational Health; Medical Ethics

SC Social Sciences - Other Topics; Public, Environmental & Occupational
Health; Medical Ethics

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ER

PT J

AU Humphries, KH

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Ghali, WA

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Carere, RG

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TI Cross-provincial use of cardiac services: The importance of data-sharing
for clinical registries and outcomes research

SO CANADIAN JOURNAL OF CARDIOLOGY

LA English

DT Article

DE access to cardiac services; coronary angiography; coronary artery bypass
surgery; percutaneous coronary intervention; population rates

ID CANADIANS USE; ACCESS

AB BACKGROUND: The structure of the Canadian health care system lends itself to
health services and health outcomes research. It is possible to track hospital
admissions and discharges, physician billings and prescriptions using
administrative databases. In addition, several provinces have developed
registries that provide detailed clinical and procedural information. Using the
unique personal health numbers assigned to all Canadian residents, linkage
between administrative databases and population-based clinical registries

provides important information regarding the use of health services and health outcomes.

OBJECTIVE: To determine the extent of cross-border (British Columbia-Alberta border) use of cardiac services by British Columbia residents.

METHODS: Population rates of cardiac procedures were calculated using two prospective clinical registries (British Columbia Cardiac Registries and Alberta Provincial Project for Outcome Assessment in Coronary Heart Disease [APPROACH]), as well as administrative databases (the British Columbia Ministry of Health's hospitalization and Medical Services Plan databases).

RESULTS: Analyses using only British Columbia data suggest low cardiac procedure rates for patients living in eastern British Columbia. By accessing APPROACH data, it was determined that more than 80% of British Columbia cardiac patients living along the British Columbia-Alberta border access procedural services in Alberta.

CONCLUSIONS: While residents of eastern British Columbia appear to have reduced access to cardiac services when data from British Columbia are analyzed in isolation, they are actually accessing care in Alberta. Analyses based solely on single province data sources will underestimate cardiac procedures rates. C1 St Pauls Hosp, Div Cardiol, Ctr Hlth Evaluat & Outcome Sci, Vancouver, BC V6Z 1Y6, Canada.

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Z9 4

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U2 0

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J9 CAN J CARDIOL

JI Can. J. Cardiol.

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WC Cardiac & Cardiovascular Systems

SC Cardiovascular System & Cardiology
GA 905CX
UT WOS:000227546400003
PM 15776116
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PT J
AU Ge, CP
Susilo, W
Fang, LM
Wang, JD
Shi, YQ

AF Ge, Chunpeng
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TI A CCA-secure key-policy attribute-based proxy re-encryption in the adaptive corruption model for dropbox data sharing system

SO DESIGNS CODES AND CRYPTOGRAPHY

LA English

DT Article

DE Proxy re-encryption; Attribute-based proxy re-encryption; Key-policy; Adaptive model

AB The notion of attribute-based proxy re-encryption extends the traditional proxy re-encryption to the attribute-based setting. In an attribute-based proxy re-encryption scheme, the proxy can convert a ciphertext under one access policy to another ciphertext under a new access policy without revealing the underlying plaintext. Attribute-based proxy re-encryption has been widely used in many applications, such as personal health record and cloud data sharing systems. In this work, we propose the notion of key-policy attribute-based proxy re-encryption, which supports any monotonic access structures on users' keys. Furthermore, our scheme is proved against chosen-ciphertext attack secure in the adaptive model.

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Z9 3
U1 2
U2 6
PU SPRINGER
PI DORDRECHT
PA VAN GODEWIJCKSTRAAT 30, 3311 GZ DORDRECHT, NETHERLANDS
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J9 DESIGN CODE CRYPTOGR
JI Designs Codes Cryptogr.
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WC Computer Science, Theory & Methods; Mathematics, Applied
SC Computer Science; Mathematics
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PT J

AU Dolman, L
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TI ClinGen advancing genomic data-sharing standards as a GA4GH driver project

SO HUMAN MUTATION

LA English

DT Article

DE data sharing; genomic knowledge; phenotype ontology; standards; variant annotation; variant representation

AB The Clinical Genome Resource (ClinGen)'s work to develop a knowledge base to support the understanding of genes and variants for use in precision medicine and research depends on robust, broadly applicable, and adaptable technical standards for sharing data and information. To forward this goal, ClinGen has joined with the Global Alliance for Genomics and Health (GA4GH) to support the development of open, freely-available technical standards and regulatory frameworks for secure and responsible sharing of genomic and health-related data. In its capacity as one of the 15 inaugural GA4GH "Driver Projects," ClinGen is providing input on the key standards needs of the global genomics community, and has committed to participate on GA4GH Work Streams to support the development of: (1) a standard model for computer-readable variant representation; (2) a data model for linking variant data to annotations; (3) a specification to enable sharing of genomic variant knowledge and associated clinical interpretations; and (4) a set of best practices for use of phenotype and disease ontologies. ClinGen's participation as a GA4GH Driver Project will provide a robust environment to test drive emerging genomic knowledge sharing standards and prove

their utility among the community, while accelerating the construction of the ClinGen evidence base.

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U2 4
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WC Genetics & Heredity
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PT J
AU Blasimme, A
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TI Data Sharing For Precision Medicine: Policy Lessons And Future
 Directions
SO HEALTH AFFAIRS
LA English
DT Article
ID BIG DATA; ENGAGEMENT; ACCESS

AB Data sharing is a precondition of precision medicine. Numerous organizations have produced abundant guidance on data sharing. Despite such efforts, data are not being shared to a degree that can trigger the expected data-driven revolution in precision medicine. We set out to explore why. Here we report the results of a comprehensive analysis of data-sharing guidelines issued over the past two decades by multiple organizations. We found that the guidelines overlap on a restricted set of policy themes. However, we observed substantial fragmentation in the policy landscape across specific organizations and data types. This may have contributed to the current stalemate in data sharing. To move toward a more efficient data-sharing ecosystem for precision medicine, policy makers should explore innovative ways to cope with central policy themes such as privacy, consent, and data quality; focus guidance on interoperability, attribution, and public engagement; and promote data-sharing policies that can be adapted to multiple data types.

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AU Murtagh, MJ
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TI Better governance, better access: practising responsible data sharing in the METADAC governance infrastructure

SO HUMAN GENOMICS

LA English

DT Article

DE Data ethics; Data governance; Data access; Data Access Committee (DAC); Governance; Participant involvement; Ethnography; Qualitative research; Interdisciplinarity

ID COHORT PROFILE; ASSOCIATION; SCIENCE

AB Background: Genomic and biosocial research data about individuals is rapidly proliferating, bringing the potential for novel opportunities for data integration and use. The scale, pace and novelty of these applications raise a number of urgent sociotechnical, ethical and legal questions, including optimal methods of data storage, management and access. Although the open science movement advocates unfettered access to research data, many of the UK's longitudinal cohort studies operate systems of managed data access, in which access is governed by legal and ethical agreements between stewards of research datasets and researchers wishing to make use of them. Amongst other things, these agreements aim to respect the reasonable expectations of the research participants who provided data and samples, as expressed in the consent process. Arguably, responsible data management and governance of data and sample use are foundational to the consent process in longitudinal studies and are an important source of trustworthiness in the eyes of those who contribute data to genomic and biosocial research.

Methods: This paper presents an ethnographic case study exploring the foundational principles of a governance infrastructure for Managing Ethico-social, Technical and Administrative issues in Data Access (METADAC), which are operationalised through a committee known as the METADAC Access Committee. METADAC governs access to phenotype, genotype and 'omit' data and samples from five UK longitudinal studies.

Findings: Using the example of METADAC, we argue that three key structural features are foundational for practising responsible data sharing: independence and transparency; interdisciplinarity; and participant-centric decision-making. We observe that the international research community is proactively working towards optimising the use of research data, integrating/linking these data with routine data generated by health and social care services and other administrative data services to improve the analysis, interpretation and utility of these data. The governance of these new complex data assemblages will require a range of expertise from across a number of domains and disciplines, including that of study participants. Human-mediated decision-making bodies will be central to ensuring achievable, reasoned and responsible decisions about the use of these data; the METADAC model described in this paper provides an example of how this could be realised.

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FU Medical Research Council (MRC); Wellcome Trust; Economic and Social Research Council (ESRC) [MR/N01104X/1, MR/N01104X/2]; MRC [108439/Z/15/Z]

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TI Willingness of Older Adults to Share Mobile Health Data with Researchers

SO GEROPSYCH-THE JOURNAL OF GERONTOLOGY AND GERIATRIC PSYCHIATRY

LA English

DT Article

DE mobile devices; wearables; data release; older Swiss adults; health data

ID PHYSICAL-ACTIVITY; QUANTIFIED SELF; SMARTPHONE APPLICATIONS; PERSONAL

DATA; LIFE-STYLE; BIG-DATA; TECHNOLOGY; EDUCATION; PROMISE; APPS

AB This study explored the use of wearable devices to track self-recorded health data and the willingness to share this data with researchers. Participants aged ≥ 50 years ($n = 1,013$) were interviewed in a representative telephone survey. Results indicated that 43.3% of all participants used one or more mobile devices (activity tracker, smartwatch, smartphone, or tablet), and that 27.6% used those devices for the purposes of recording health data. Additionally, 57.2% of the participants who tracked their health data were willing to share it with researchers. Income significantly contributed to predicting this willingness, whereas other independent variables were not significant predictors. This study indicates a relatively positive overall willingness to share self-recorded mobile health data with the science community.

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TI A Scalable and Pragmatic Method for the Safe Sharing of High-Quality
Health Data

SO IEEE JOURNAL OF BIOMEDICAL AND HEALTH INFORMATICS

LA English

DT Article

ID GENOME-WIDE ASSOCIATION; PRIVACY PROTECTION; DE-IDENTIFICATION; PATIENT
PRIVACY; BIOMEDICAL DATA; K-ANONYMITY; ANONYMIZATION; INFORMATION; CARE;
SUPPRESSION

AB The sharing of sensitive personal health data is an important aspect of
biomedical research. Methods of data de-identification are often used in this
process to trade the granularity of data off against privacy risks. However,
traditional approaches, such as HIPAA safe harbor or k-anonymization, often fail
to provide data with sufficient quality. Alternatively, data can be de-
identified only to a degree which still allows us to use it as required, e.g.,
to carry out specific analyses. Controlled environments, which restrict the ways

recipients can interact with the data, can then be used to cope with residual risks. The contributions of this article are twofold. First, we present a method for implementing controlled data sharing environments and analyze its privacy properties. Second, we present a de-identification method which is specifically suited for sanitizing health data which is to be shared in such environments. Traditional de-identification methods control the uniqueness of records in a dataset. The basic idea of our approach is to reduce the probability that a record in a dataset has characteristics which are unique within the underlying population. As the characteristics of the population are typically not known, we have implemented a pragmatic solution in which properties of the population are modeled with statistical methods. We have further developed an accompanying process for evaluating and validating the degree of protection provided. The results of an extensive experimental evaluation show that our approach enables the safe sharing of high-quality data and that it is highly scalable.

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TI Availability and Use of Shared Data From Cardiometabolic Clinical Trials
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AB BACKGROUND: Sharing of patient-level clinical trial data has been widely endorsed. Little is known about how extensively these data have been used for cardiometabolic diseases. We sought to evaluate the availability and use of shared data from cardiometabolic clinical trials.

METHODS: We extracted data from ClinicalStudyDataRequest.com, a large, multisponsor data-sharing platform hosting individual patient-level data from completed studies sponsored by 13 pharmaceutical companies.

RESULTS: From January 2013 to May 2017, the platform had data from 3374 clinical trials, of which 537 (16%) evaluated cardiometabolic therapeutics (phase 1, 36%; phase 2, 17%; phase 2/3, 1%; phase 3, 42%; phase 4, 4%). They covered 74 therapies and 398925 patients. Diabetes mellitus (60%) and hypertension (15%) were the most common study topics. Median time from study completion to data availability was 79 months. As of May 2017, ClinicalStudyDataRequest.com had received 318 submitted proposals, of which 163 had signed data-sharing agreements. Thirty of these proposals were related to cardiometabolic therapies and requested data from 79 unique studies (15% of all trials, 29% of phase 3/4 trials). Most (96%) data requesters of cardiometabolic clinical trial data were from academic centers in North America and Western Europe, and half the proposals were unfunded. Most proposals were for secondary hypothesis-generating questions, with only 1 proposed reanalysis of the original study primary hypothesis. To date, 3 peer-reviewed articles have been published after a median of 19 months (9-32 months) from the data-sharing agreement

CONCLUSIONS: Despite availability of data from >500 cardiometabolic trials in a multisponsor data-sharing platform, only 15% of these trials and 29% of phase 3/4 trials have been accessed by investigators thus far, and a negligible minority of analyses have reached publication.

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AB The recent revolution in science and technology applied to medical research has left in its wake a trial of biomedical data and human samples; however, its opportunities remain largely unfulfilled due to a number of legal, ethical, financial, strategic, and technical barriers. Precision oncology has been at the vanguard to leverage this potential of "Big data" and samples into meaningful solutions for patients, considering the need for new drug development approaches in this area (due to high costs, late-stage failures, and the molecular diversity of cancer). To harness the potential of the vast quantities of data and samples currently fragmented across databases and biobanks, it is critical to engage all stakeholders and share data and samples across research institutes. Here, we identified two general types of sharing strategies. First, open access models, characterized by the absence of any review panel or decision maker, and second controlled access model where some form of control is exercised by either the donor (i.e., patient), the data provider (i.e., initial organization), or an independent party. Further, we theoretically describe and provide examples of nine different strategies focused on greater sharing of patient data and material. These models provide varying levels of control, access to various data

and/or samples, and different types of relationship between the donor, data provider, and data requester. We propose a tiered model to share clinical data and samples that takes into account privacy issues and respects sponsors' legitimate interests. Its implementation would contribute to maximize the value of existing datasets, enabling unraveling the complexity of tumor biology, identify novel biomarkers, and re-direct treatment strategies better, ultimately to help patients with cancer.

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ID INDUSTRY SELF-REGULATION
AB Wearable devices introduce many new capabilities to the delivery of
healthcare. But wearables also pose grave privacy risks. Furthermore,
information overload gets in the way of informed consent by the patient. To
better protect American patients in an increasingly digital world, the U.S.
Congress passed the Health Insurance Portability and Accountability Act of 1996
(HIPAA). This article examines the adequacy of HIPAA vis-a-vis issues raised by
wearable technologies in the Internet of Things environment and identifies
policy gaps and factors that drive health data exposure. It presents a 2 x 2
Partnership-Identity Exposure Matrix, illustrates implications in four different
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TI Stakeholders' views on data sharing in multicenter studies

SO JOURNAL OF COMPARATIVE EFFECTIVENESS RESEARCH

LA English

DT Article

DE comparative effectiveness research; data sharing; distributed research networks; electronic databases; multicenter studies; PCORnet; privacy-protecting methods

ID HEALTH DATA-NETWORKS; CENTERED OUTCOMES RESEARCH; MEDICAL-RECORDS; PRIMARY-CARE; INFORMATION; PRIVACY; REGRESSION; DATABASES; ATTITUDES; TAXONOMY

AB Aim: To understand stakeholders' views on data sharing in multicenter comparative effectiveness research studies and the value of privacy-protecting methods. Materials & methods: Semistructured interviews with five US stakeholder groups. Results: We completed 11 interviews, involving patients (n = 15), researchers (n = 10), Institutional Review Board and regulatory staff (n = 3), multicenter research governance experts (n = 2) and healthcare system leaders (n = 4). Perceptions of the benefits and value of research were the strongest influences toward data sharing; cost and security risks were primary influences against sharing. Privacy-protecting methods that share summary-level data were acknowledged as being appealing, but there were concerns about increased cost and potential loss of research validity. Conclusion: Stakeholders were open to data sharing in multicenter studies that offer value and minimize security risks.

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TI The impact of economic conditions on the disablement process: A Markov transition approach using SHARE data

SO HEALTH POLICY

LA English

DT Article

DE Long Term Care; Frailty; Dependency; Markov modelling; Health Inequality

ID HOUSEHOLD PANEL SURVEY; ELDERLY-PEOPLE; SOCIOECONOMIC INEQUALITIES;
HEALTH INEQUALITIES; LIFE-CYCLE; FRAILTY; CARE; DISABILITY; COUNTRIES;
DETERMINANTS

AB A growing number of studies underline the relationship between socioeconomic status and health at older ages. Following that literature, we explore the impact of economic conditions on changes in functional health overtime. Frailty, a state of physiological instability, has been identified in the public health literature as a candidate for disability prevention but received little attention from health economists. Using SHARE panel data, respondents aged 50 and over from ten European countries were categorised as robust, frail and dependent. The determinants of health states' changes between two interviews were analysed using multinomial Probit models accounting for potential sample attrition. A particular focus was made on initial socioeconomic status, proxied by three alternative measures. Concentration indices were computed for key

transition probabilities. Across Europe, poorer and less educated elders were substantially more likely to experience health degradations and also less likely to experience health improvements. The economic gradient for the recovery from frailty was steeper than that of frailty onset, but remained lower than that of dependency onset. The existing social programs in favour of deprived and dependent elders could be widened to those diagnosed as frail to reduce the onset of dependency and economic inequalities in health at older ages. (C) 2017 Elsevier B.V. All rights reserved.

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TI SIDEseq: A Cell Similarity Measure Defined by Shared Identified Differentially Expressed Genes for Single-Cell RNA sequencing Data

SO STATISTICS IN BIOSCIENCES

LA English

DT Article

DE single-cell RNA sequencing (scRNA seq); subpopulation identification; single-cell clustering; similarity measure; ovarian cancer; EMT inducers (Thrombin, TGFB-1)

ID CIRCULATING TUMOR-CELLS; EPITHELIAL-MESENCHYMAL TRANSITION; STEM-CELLS; CANCER-PATIENTS; SEQ; NORMALIZATION; TRANSCRIPTOMICS

AB One goal of single-cell RNA sequencing (scRNA seq) is to expose possible heterogeneity within cell populations due to meaningful, biological variation. Examining cell-to-cell heterogeneity, and further, identifying subpopulations of cells based on scRNA seq data has been of common interest in life science research. A key component to successfully identifying cell subpopulations (or clustering cells) is the (dis)similarity measure used to group the cells. In this paper, we introduce a novel measure, named SIDEseq, to assess cell-to-cell similarity using scRNA seq data. SIDEseq first identifies a list of putative differentially expressed (DE) genes for each pair of cells. SIDEseq then integrates the information from all the DE gene lists (corresponding to all pairs of cells) to build a similarity measure between two cells. SIDEseq can be implemented in any clustering algorithm that requires a (dis)similarity matrix. This new measure incorporates information from all cells when evaluating the similarity between any two cells, a characteristic not commonly found in existing (dis)similarity measures. This property is advantageous for two reasons: (a) borrowing information from cells of different subpopulations allows for the investigation of pairwise cell relationships from a global perspective and (b) information from other cells of the same subpopulation could help to ensure a robust relationship assessment. We applied SIDEseq to a newly generated human ovarian cancer scRNA seq dataset, a public human embryo scRNA seq dataset, and several simulated datasets. The clustering results suggest that the SIDEseq measure is capable of uncovering important relationships between cells, and outperforms or at least does as well as several popular (dis)similarity measures when used on these datasets.

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TI Substitute consent to data sharing: a way forward for international
dementia research?
SO JOURNAL OF LAW AND THE BIOSCIENCES
LA English
DT Article
DE substitute consent; data sharing; research ethics; best interests;
capacity
ID HEALTH; PRIVACY
AB A deluge of genetic and health-related data is being generated about patients
with dementia. International sharing of these data accelerates dementia research.
Seeking consent to data sharing is a challenge for dementia research where
patients have lost or risk losing legal capacity. The laws of most countries
enable substitute decision makers (SDMs) to consent on behalf of incapable
adults to research participation. We compare regulatory frameworks governing
capacity, research, and personal data protection across eight countries to
determine when SDMs can consent to data sharing. In most countries, an SDM can
consent to data sharing in the incapable adult's best interests. Best interests
typically include consideration of the individual's previously expressed wishes,
values and beliefs; well-being; and inclusion in decision making. Countries
differ in how these considerations are balanced. A clear previous consent or
refusal to share data typically binds the discretion of an SDM. Though generally
permissive, National patchworks of laws and guidelines cause confusion. Clarity
on the applicable law and processes to enhance ethical decision making are
needed to facilitate substitute consent. Researchers can encourage patients to
communicate their research preferences before a loss of capacity, and educate
SDMs about their ethical and legal duties. The research community must also
continue to promote the importance of data sharing in dementia.
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TI Progress in promoting data sharing in public health emergencies

SO BULLETIN OF THE WORLD HEALTH ORGANIZATION

LA English

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FU World Health Organization [001]
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TI Sharing interim trial results by the Data Safety Monitoring Board with
those responsible for the trial's conduct and progress: a narrative
review
SO TRIALS
LA English
DT Review
DE Data Safety Monitoring Board; Data Monitoring Committee; Interim data
sharing; Narrative review
ID RANDOMIZED CLINICAL-TRIALS; ADAPTIVE DESIGN; ETHICAL-ISSUES; COMMITTEES;
CONFIDENTIALITY; INTEGRITY; CONTROVERSIES; INDEPENDENCE; STATISTICIAN;
OPERATIONS
AB Background: Sharing interim data, results or result extrapolations is an
important issue that can affect trial integrity. The different ways in which
Data Safety Monitoring Boards (DSMBs) share interim results with non-DSMB

members and the acceptability of such practices are poorly understood. Our objective was to undertake a narrative review specifically on what kind of interim results, if any, should be shared by the DSMB with non-DSMB members and why.

Methods: We conducted a narrative review using a systematic search strategy of several databases and major health research stakeholders. Literature was included if there was some discussion within the full text about sharing interim trial results with non-DSMB members.

Results: About 79.6% (129/162) of included citations were based on author's views, 16.7% (27/162) on research guidelines and 3.7% (6/162) on surveys. The largest group of citations, 73/162 (45%), expresses the opinion or argument against sharing interim results with exceptions. Trailing closely, 71/162 (43.8%) of the included citations support the opinion or argument that interim results should not be shared and should remain confidential with the DSMB. Half of the six surveys support sharing in some capacity, while the other three do not. Eleven circumstances were found that potentially warrant interim result sharing by the DSMB; they relate to (1) usual practices by DSMBs, (2) trial completion threatened, (3) patient safety, (4) regulatory approval and (5) other circumstances. Dominant risks for sharing under these conditions are associated with introducing trial bias.

Discussion/conclusion: There was no majority view in the literature. However, the largest group of citations included express the idea that interim results should remain confidential with the DSMB but also acknowledge circumstances when they could be shared with non-DSMB members. Limitations of this review are that (1) the included literature predominately provides personal perspectives, not evidence, and (2) surveys found globally focus on trial monitoring practices lacking detailed information on what specifically to share, with whom and why. More research is needed with the use of a detailed survey of the clinical trial community focused on DSMB sharing interim results, to better understand and guide DSMB interim result sharing practices.

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AU Savage, N

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TI Getting Data Sharing Right to Help Fulfill the Promise of Cancer
Genomics

SO CELL

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DT Editorial Material

AB Limited access to the profusion of sequence information derived from cancer
patients worldwide stymies basic research and clinical decisions. Efforts are
underway to streamline and safeguard data use.

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 Jansen, C
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 Penzel, T
 Rodenbeck, A
 Siewert, R
 Witt, M
 Wu, J
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AF Beier, Maximilian
 Jansen, Christoph
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TI Multicenter data sharing for collaboration in sleep medicine
SO FUTURE GENERATION COMPUTER SYSTEMS-THE INTERNATIONAL JOURNAL OF ESCIENCE
LA English
DT Article
DE Biosignal; Polysomnography; EDF; XNAT; OpenStack; Docker
ID PLATFORM

AB Sleep is a fundamental biological process crucial for survival and health of (not only) humans. But many circumstances like physiological and mental disorders, environment and lifestyle may affect healthy sleep. To date, 88 different sleep disorders are internationally recognized. They cover a broad field of medical areas. Analysis of human sleep is typically based on multidimensional biosignal recordings, so called polysomnographies (PSG). Therefore research often includes digital signal processing. Clinical sleep research is an inherent multidisciplinary field. Inter-institutional and interdisciplinary collaborations are required to address the complexity of sleep regulation and disturbance. But to date, collaborative sleep research is poorly supported by IT systems. In particular, the management and processing of PSGs is challenging. A large variety of PSG devices, data formats, measurement procedures and quality variations impedes consistent biosignal data processing.

In this manuscript we introduce a virtual research platform supporting inter-institutional data sharing and processing. The infrastructure is based on XNAT a free and open source neuroimaging research platform, a loosely coupled service oriented architecture and scalable virtualization in the back end. The system is capable of local pseudonymization of biosignal data, mapping to a standardized set of parameters and automatic quality assessment. Terms and quality measures are derived from the "Manual for the Scoring of Sleep and Associated Events" of the American Academy of Sleep Medicine (AASM), the de facto standard for diagnostic biosignal analysis in sleep medicine. (C) 2016 Elsevier B.V. All rights reserved.

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TI A Secure Data Sharing Using Identity-Based Encryption Scheme for
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MALAYSIA, Univ Teknologi Malaysia, UTM Big Data Ctr, Univ Ahmad Dahlan, Univ
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Sabah, Univ Budi Luhur, IEEE Indonesia Sect, Minist Res Technol & Higher Educ
HO Univ Pendidikan Indonesia
DE e-Healthcare; data sharing; IBE; confidentiality; data integrity
AB Data sharing information regarding health status in the e-healthcare systems
becomes one of private and very sensitive information that should be kept from
exposure by illegal activities. However, since the information are exchanged
across public networks (i.e., Internet and wireless networks), the information
become vulnerable. Due to the participating users in the network can not be
trusted, a secure data sharing process in the e-healthcare system would be
mandatory. In this paper, we propose a secure data sharing in the e-healthcare
system using Identity-Based Encryption (IBE) with signature to provide: (1) data
sharing can be accessed by only authorized users based on unique public identity
(ID) and kept its integrity from alteration during transmission simultaneously,
and (2) data sharing are encrypted and authenticated such that the data can only
be exchanged by authorized users. Meanwhile, experimental results are able to
show the practicality of proposed system.
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WC Computer Science, Information Systems
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BE Blobel, B
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TI Smartphones to Access to Patient Data in Hospital Settings:
Authentication Solutions for Shared Devices
SO PHEALTH 2017
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LA English
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CT 14th International Conference on Wearable Micro and Nano Technologies
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CL Eindhoven, NETHERLANDS
SP Hlth Level 7 Int, Dutch Med Informat Assoc VMBI, European Federat Med
Informat
DE mHealth; RFID; Cybersecurity; Electronic Health Records
ID SECURITY

AB Although mobile devices become more and more common in clinicians' hands, transforming them into an institutional tool to access electronic health record information at the patient's bedside still raises many questions. One of these questions is the provenance of mobile devices when these are deployed at an institutional level. Some advocate the use of personal devices, known as BYOD, for its lower cost, others favor the use of institutional devices which allow a standardization of the development, deployment and support processes. The financial disadvantage of institutional devices could be reduced by sharing devices between several care-providers. The problem with this solution is the authentication management. Indeed, smartphones are defined for individual use and do not efficiently manage multiple identities on a single device. In this article we present the outcome of a Delphi study aiming at identifying an authentication strategy that combines security and acceptable usability in order to share a pool of devices in a medical ward.

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PT J
AU Popovic, JR
AF Popovic, Jennifer R.
TI Distributed data networks: a blueprint for Big Data sharing and healthcare analytics
SO ANNALS OF THE NEW YORK ACADEMY OF SCIENCES
LA English
DT Article

DE distributed data network; common data model; machine learning algorithm;
healthcare analytics; Big Data

AB This paper defines the attributes of distributed data networks and outlines the data and analytic infrastructure needed to build and maintain a successful network. We use examples from one successful implementation of a large-scale, multisite, healthcare-related distributed data network, the U.S. Food and Drug Administration-sponsored Sentinel Initiative. Analytic infrastructure-development concepts are discussed from the perspective of promoting six pillars of analytic infrastructure: consistency, reusability, flexibility, scalability, transparency, and reproducibility. This paper also introduces one use case for machine learning algorithm development to fully utilize and advance the portfolio of population health analytics, particularly those using multisite administrative data sources.

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JI Ann. N.Y. Acad. Sci.
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PT J
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TI Sharing Clinical Big Data While Protecting Confidentiality and Security:
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SO HEALTHCARE INFORMATICS RESEARCH
LA English
DT Editorial Material
ID NETWORK
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PU KOREAN SOC MEDICAL INFORMATICS
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JI Healthc. Inform. Res.
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AU Liu, XP
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AF Liu, Xiaoping
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TI Preserving Patient Privacy When Sharing Same-Disease Data
SO ACM JOURNAL OF DATA AND INFORMATION QUALITY
LA English
DT Article
DE Data sharing; disclosure risk; HIPAA
ID DISCLOSURE

AB Medical and health data are often collected for studying a specific disease. For such same-disease microdata, a privacy disclosure occurs as long as an individual is known to be in the microdata. Individuals in same-disease microdata are thus subject to higher disclosure risk than those in microdata with different diseases. This important problem has been overlooked in data-privacy research and practice, and no prior study has addressed this problem. In this study, we analyze the disclosure risk for the individuals in same-disease microdata and propose a new metric that is appropriate for measuring disclosure risk in this situation. An efficient algorithm is designed and implemented for anonymizing same-disease data to minimize the disclosure risk while keeping data utility as good as possible. An experimental study was conducted on real patient and population data. Experimental results show that traditional reidentification risk measures underestimate the actual disclosure risk for the individuals in same-disease microdata and demonstrate that the proposed approach is very effective in reducing the actual risk for same-disease data. This study suggests that privacy protection policy and practice for sharing medical and health data should consider not only the individuals' identifying attributes but also the health and disease information contained in the data. It is recommended that data-sharing entities employ a statistical approach, instead of the HIPAA's Safe Harbor policy, when sharing same-disease microdata.

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SN 1936-1955
J9 ACM J DATA INF QUAL
JI ACM J. Data Inf. Qual.
PD OCT
PY 2016
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AF Huda, Samsul
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TI SECURE DATA SENSOR SHARING ON UBIQUITOUS ENVIRONMENTAL HEALTH MONITORING
APPLICATION
SO JURNAL TEKNOLOGI
LA English
DT Article
DE Secure data sensor; environmental health data center; access policy
AB In Internet of Things (IoT) era, The limitation storage on Wireless Sensor
Network (WSN) can be solved by synchronized data sensors from the gateway node
to the data center server. Data in the data center can be remotely accessed by
the user at any time and anywhere from end user devices such as PCs, laptop PCs,
and smart phones., and data should be accessed securely. The Only legitimated
user can access the data sensor from an environmental health data center. CP-ABE
(Ciphertext-Policy Attribute-Based Encryption) is becoming a robust
cryptographic scheme solution to this issue. To enable a secure data sensor
sharing and access on an environmental health data center, we propose a secure
system model using CP-ABE which ensures confidentiality, integrity, and user
privacy features. Experimental results prove that the implementation of CP-ABE
does not overload the system.
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FU Ministry of Research, Technology, and Higher Education of Indonesia,
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TI Scaling up health knowledge at European level requires sharing
integrated data: an approach for collection of database specification
SO CLINICOECONOMICS AND OUTCOMES RESEARCH

LA English

DT Article

DE health care databases; adherence; electronic health records; outcome
research

ID CARE DATABASES; PHARMACOEPIDEMIOLOGY; PERSISTENCE; PREVALENCE;
MEDICINES; OUTCOMES; COHORT; DRUG

AB Computerized health care databases have been widely described as an excellent opportunity for research. The availability of "big data" has brought about a wave of innovation in projects when conducting health services research. Most of the available secondary data sources are restricted to the geographical scope of a given country and present heterogeneous structure and content. Under the umbrella of the European Innovation Partnership on Active and Healthy Ageing, collaborative work conducted by the partners of the group on "adherence to prescription and medical plans" identified the use of observational and large-population databases to monitor medication-taking behavior in the elderly. This article describes the methodology used to gather the information from available databases among the Adherence Action Group partners with the aim of improving data sharing on a European level. A total of six databases belonging to three different European countries (Spain, Republic of Ireland, and Italy) were included in the analysis. Preliminary results suggest that there are some similarities. However, these results should be applied in different contexts and European countries, supporting the idea that large European studies should be designed in order to get the most of already available databases. Keywords: health care databases, adherence, electronic health records, outcome research
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AU Kendall, CE
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Glazier, Richard H.
Taljaard, Monica

TI Health administrative data can be used to define a shared care typology for people with HIV

SO JOURNAL OF CLINICAL EPIDEMIOLOGY

LA English

DT Article

DE Human immunodeficiency virus; Primary health care; Chronic disease; Comorbidity; Health services delivery; Shared care; HIV/AIDS; Integrated care

ID INFECTIOUS-DISEASES SOCIETY; ANTIRETROVIRAL THERAPY; MEDICINE ASSOCIATION; PHYSICIAN; POPULATION; ONTARIO; AIDS; AGE; COMORBIDITY; SPECIALTY

AB Objectives: Building on an existing theoretical shared primary care/specialist care framework to (1) develop a unique typology of care for people living with human immunodeficiency virus (HIV) in Ontario, (2) assess sensitivity of the typology by varying typology definitions, and (3) describe characteristics of typology categories.

Study Design and Setting: Retrospective population-based observational study from April 1, 2009, to March 31, 2012. A total of 13,480 eligible patients with HIV and receiving publicly funded health care in Ontario. We derived a typology of care by linking patients to usual family physicians and to HIV specialists with five possible patterns of care. Patient and physician characteristics and outpatient visits for HIV-related and non-HIV-related care were used to assess the robustness and characteristics of the typology.

Results: Five possible patterns of care were described as low engagement (8.6%), exclusively primary care (52.7%), family physician-dominated comanagement (10.0%), specialist-dominated comanagement (30.5%), and exclusively specialist care (5.2%). Sensitivity analyses demonstrated robustness of typology assignments. Visit patterns varied in ways that conform to typology assignments.

Conclusion: We anticipate this typology can be used to assess the impact of care patterns on the quality of primary care for people living with HIV. (C) 2015 Elsevier Inc. All rights reserved.

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SC Health Care Sciences & Services; Public, Environmental & Occupational
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AU Green, LA
Klinkman, M
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TI The Foundational and Urgent Importance of a Shared Primary Care Data
Model
SO ANNALS OF FAMILY MEDICINE
LA English
DT Editorial Material
DE primary health care; community health services; health information
technology; outcome and process assessment (health care); electronic
health records; medical informatics; classification; population health;
health data standards
ID MEDICAL-CARE; HEALTH; MULTIMORBIDITY; PROJECT; ECOLOGY; SUPPORT; SYSTEM
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J9 ANN FAM MED
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PT J
AU Longstaff, H

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AF Longstaff, Holly
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Illes, Judy

TI Sharing with More Caring: Coordinating and Improving the Ethical
Governance of Data and Biomaterials Obtained from Children

SO PLOS ONE

LA English

DT Article

ID INCIDENTAL FINDINGS; GENOMIC RESEARCH; LEGAL; PARTICIPANTS; BIOBANKS;
ERA; DNA

AB Introduction

Research on complex health conditions such as neurodevelopmental disorders increasingly relies on large-scale research and clinical studies that would benefit from data sharing initiatives. Organizations that share data stand to maximize the efficiency of invested research dollars, expedite research findings, minimize the burden on the patient community, and increase citation rates of publications associated with the data.

Objective

This study examined ethics and governance information on websites of databases involving neurodevelopmental disorders to determine the availability of information on key factors crucial for comprehension of, and trust and participation in such initiatives.

Methods

We identified relevant databases identified using online keyword searches. Two researchers reviewed each of the websites and identified thematic content using principles from grounded theory. The content for each organization was interrogated using the gap analysis method.

Results

Sixteen websites from data sharing organizations met our inclusion criteria. Information about types of data and tissues stored, data access requirements and procedures, and protections for confidentiality were significantly addressed by data sharing organizations. However, special considerations for minors (absent from 63%), controls to check if data and tissues are being submitted (absent from 81%), disaster recovery plans (absent from 81%), and discussions of incidental findings (absent from 88%) emerged as major gaps in thematic website content. When present, content pertaining to special considerations for youth, along with other ethics guidelines and requirements, were scattered throughout the websites or available only from associated documents accessed through live links.

Conclusion

The complexities of sharing data acquired from children and adolescents will only increase with advances in genomic and neuro science. Our findings suggest that there is a need to improve the consistency, depth and accessibility of governance and policies on which these collaborations can lean specifically for vulnerable young populations.

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TI A spectrum of sharing: maximization of information content for brain
imaging data
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DT Review
DE Data sharing; Privacy; Classification; Multivariate; Neuroinformatics;
Deep learning; Independent component analysis
ID ELECTRONIC DATA CAPTURE; COMMON DATA ELEMENTS; HEALTH RECORDS;
FUNCTIONAL CONNECTIVITY; DE-IDENTIFICATION; FMRI DATA; NETWORKS; MRI
AB Efforts to expand sharing of neuroimaging data have been growing
exponentially in recent years. There are several different types of data sharing
which can be considered to fall along a spectrum, ranging from simpler and less
informative to more complex and more informative. In this paper we consider this
spectrum for three domains: data capture, data density, and data analysis. Here
the focus is on the right end of the spectrum, that is, how to maximize the
information content while addressing the challenges. A summary of associated
challenges of and possible solutions is presented in this review and includes: 1)
a discussion of tools to monitor quality of data as it is collected and
encourage adoption of data mapping standards; 2) sharing of time-series data
(not just summary maps or regions); and 3) the use of analytic approaches which
maximize sharing potential as much as possible. Examples of existing solutions
for each of these points, which we developed in our lab, are also discussed
including the use of a comprehensive beginning-to-end neuroinformatics platform
and the use of flexible analytic approaches, such as independent component
analysis and multivariate classification approaches, such as deep learning.
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NR 60

TC 3

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U2 13

PU OXFORD UNIV PRESS

PI OXFORD

PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND

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J9 GIGASCIENCE

JI GigaScience

PD JAN 29

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DI 10.1186/s13742-014-0042-5

PG 9

WC Biology; Multidisciplinary Sciences

SC Life Sciences & Biomedicine - Other Topics; Science & Technology - Other
Topics

GA CX4HW

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ER

PT B

AU Ssembatya, R
Kayem, AVDM

AF Ssembatya, Richard
Kayem, Anne V. D. M.

BE Barolli, L
Takizawa, M

Khafa, F
Enokido, T

Park, JH

TI Secure and Efficient Mobile Personal Health Data Sharing in Resource
Constrained Environments

SO 2015 IEEE 29TH INTERNATIONAL CONFERENCE ON ADVANCED INFORMATION
NETWORKING AND APPLICATIONS WORKSHOPS WAINA 2015

LA English

DT Proceedings Paper

CT IEEE 29th International Conference on Advanced Information Networking
and Applications Workshops WAINA 2015

CY MAR 25-27, 2015

CL Gwangju, SOUTH KOREA

SP IEEE Tech Comm Distributed Proc TCDP, FTRA, Gwangju Convention & Visitors Bureau, KIPS

AB Personal health record (PHR) systems are widely used in the developed world, but little has been done to explore the utility of these PHR systems in the developing world. A key reason for this is that many developing world areas suffer from technological impediments resulting from poor infrastructure, low literacy, intermittent power connectivity, and unstable bandwidth connectivity. In technological resource constrained environments such as these, deploying standard PHR systems is challenging. Therefore PHR systems need to be redesigned for usability and reliability in resource constrained scenarios. Additionally, the inherent privacy and security sensitivity of healthcare data makes re-designing the PHR systems to take into account the security and privacy requirements, a necessity. The goal is to opt for security mechanisms that offer the same levels of security as is the case in the standard PHR systems that are used in the developed world, but that are also lightweight in terms of performance and storage overhead. In this paper, based on the observation that mobile phone use is widely proliferated in developing countries, we propose an access control framework supported by identity-based encryption for a secure Mobile-PHR system. Results from our prototype evaluation (laboratory and field studies) indicate that the proposed IBE scheme effectively secures PHRs beyond the healthcare provider's security domain and is efficient performance-wise.

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PU IEEE

PI NEW YORK

PA 345 E 47TH ST, NEW YORK, NY 10017 USA

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PG 6

WC Computer Science, Hardware & Architecture; Computer Science, Information Systems; Computer Science, Interdisciplinary Applications; Computer Science, Software Engineering

SC Computer Science

GA BF2GE

UT WOS:000380464800074

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ER

PT B

AU Grunwell, D

Batista, P

Campos, S

Sahama, T

AF Grunwell, Daniel

Batista, Paulo

Campos, Sergio

Sahama, Tony

GP IEEE

TI Managing and Sharing Health Data through Information Accountability Protocols

SO 2015 17TH INTERNATIONAL CONFERENCE ON E-HEALTH NETWORKING, APPLICATION & SERVICES (HEALTHCOM)

LA English

DT Proceedings Paper

CT 17th International Conference on E-health Networking, Application & Services (HealthCom)

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CL Boston, MA

DE Access Control; electronic health records; EHR; eHealth; privacy; security

ID CARE

AB Concerns over the security and privacy of patient information are one of the biggest hindrances to sharing health information and the wide adoption of eHealth systems. At present, there are competing requirements between healthcare consumers' (i.e. patients) requirements and healthcare professionals' (HCP) requirements. While consumers want control over their information, healthcare professionals want access to as much information as required in order to make well informed decisions and provide quality care. In order to balance these

requirements, the use of an Information Accountability Framework devised for eHealth systems has been proposed. In this paper, we take a step closer to the adoption of the Information Accountability protocols and demonstrate their functionality through an implementation in FluxMED, a customisable EHR system. C1 [Grunwell, Daniel; Sahama, Tony] Queensland Univ Technol, Fac Sci & Engn, Brisbane, Qld, Australia.

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TC 3

Z9 3

U1 0

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PG 5

WC Computer Science, Interdisciplinary Applications; Engineering, Electrical & Electronic

SC Computer Science; Engineering

GA BF1DT

UT WOS:000380378700036

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ER

PT J

AU Parimbelli, E

Sacchi, L

Rubrichi, S
Mazzanti, A
Quaglini, S
AF Parimbelli, E.
Sacchi, L.
Rubrichi, S.
Mazzanti, A.
Quaglini, S.
TI UceWeb: a Web-based Collaborative Tool for Collecting and Sharing
Quality of Life Data
SO METHODS OF INFORMATION IN MEDICINE
LA English
DT Article
DE Utility elicitation; quality of life; web-application; collaborative
platform; repository
ID UTILITY ELICITATION; HEALTH; QALYS
AB Objectives: This work aims at building a platform where quality-of-life data,
namely utility coefficients, can be elicited not only for immediate use, but
also systematically stored together with patient profiles to build a public
repository to be further exploited in studies on specific target populations
(e.g. cost/utility analyses).
Methods: We capitalized on utility theory and previous experience to define a
set of desirable features such a tool should show to facilitate sound
elicitation of quality of life. A set of visualization tools and algorithms has
been developed to this purpose. To make it easily accessible for potential users,
the software has been designed as a web application. A pilot validation study
has been performed on 20 atrial fibrillation patients.
Results: A collaborative platform, UceWeb, has been developed and tested. It
implements the standard gamble, time trade-off and rating-scale utility
elicitation methods. It allows doctors and patients to choose the mode of
interaction to maximize patients' comfort in answering difficult questions.
Every utility elicitation may contribute to the growth of the repository.
Conclusion: UceWeb can become a unique source of data allowing researchers
both to perform more reliable comparisons among healthcare interventions and
build statistical models to gain deeper insight into quality of life data.
C1 [Parimbelli, E.; Sacchi, L.; Rubrichi, S.; Quaglini, S.] Univ Pavia, Dept
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OI mazzanti, andrea/0000-0002-0208-2172; Parimbelli,
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FU MobiGuide project [FP7-287811]
FX The authors thank Riccardo Gorrini for his help in the development of
UceWeb prototype and Bait Brattheim for the fruitful discussions on the
tool. This work has been funded by the MobiGuide project (FP7-287811).
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NR 26
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PU SCHATTAUER GMBH-VERLAG MEDIZIN NATURWISSENSCHAFTEN
PI STUTTGART
PA HOLDERLINSTRASSE 3, D-70174 STUTTGART, GERMANY
SN 0026-1270
J9 METHOD INFORM MED
JI Methods Inf. Med.
PY 2015
VL 54
IS 2
BP 156
EP 163
DI 10.3414/ME14-01-0021
PG 8
WC Computer Science, Information Systems; Health Care Sciences & Services; Medical Informatics
SC Computer Science; Health Care Sciences & Services; Medical Informatics
GA CE4MF
UT WOS:000351804000007
PM 25362865
DA 2019-08-06
ER

PT J
AU Weigmann, K
AF Weigmann, Katrin
TI Health research 2.0 : The use in research of personal fitness or health data shared on social network raises both scientific and ethical concerns
SO EMBO REPORTS
LA English
DT Editorial Material

AB Social networking on the Internet empowers patients to discuss their illnesses and access a bonanza of health information. However, research using the personal data shared on these networks raises important ethical and statistical questions.image

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NR 12

TC 3

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U2 6

PU WILEY-BLACKWELL

PI HOBOKEN

PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA

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J9 EMBO REP

JI EMBO Rep.

PD MAR

PY 2014

VL 15

IS 3

BP 223

EP 226

DI 10.1002/embr.201438510

PG 4

WC Biochemistry & Molecular Biology; Cell Biology

SC Biochemistry & Molecular Biology; Cell Biology

GA AC3BO

UT WOS:000332390200010

PM 24517912

OA Green Published, Bronze

DA 2019-08-06

ER

PT J

AU Greene, J

AF Greene, Jan

TI Behavioral Health Data in the Electronic Health Record Privacy Concerns
Slow Sharing

SO ANNALS OF EMERGENCY MEDICINE

LA English

DT Editorial Material

ID INFORMATION EXCHANGE

CR Bailey JE, 2013, ANN EMERG MED, V62, P16, DOI
10.1016/j.annemergmed.2013.01.006

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10.1016/j.annemergmed.2013.05.009

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Robert Wood Johnson Foundation, 2013, HLTH INF TECHN UN ST
NR 4
TC 3
Z9 3
U1 0
U2 10
PU MOSBY-ELSEVIER
PI NEW YORK
PA 360 PARK AVENUE SOUTH, NEW YORK, NY 10010-1710 USA
SN 0196-0644
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J9 ANN EMERG MED
JI Ann. Emerg. Med.
PD OCT
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VL 62
IS 4
BP 19A
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DI 10.1016/j.annemergmed.2013.08.003
PG 3
WC Emergency Medicine
SC Emergency Medicine
GA 229ZZ
UT WOS:000325307700001
PM 24180009
DA 2019-08-06
ER

PT J
AU Fikse, WF
Malm, S
Lewis, TW
AF Fikse, W. F.
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Lewis, T. W.

TI Opportunities for international collaboration in dog breeding from the
sharing of pedigree and health data
SO VETERINARY JOURNAL
LA English
DT Article
DE Canine; Hip dysplasia; Scoring scheme; Genetic correlation; Breeding
values
ID ELBOW DYSPLASIA; GENETIC TRENDS; HIP
AB Pooling of pedigree and phenotype data from different countries may improve
the accuracy of derived indicators of both genetic diversity and genetic merit
of traits of interest. This study demonstrates significant migration of
individuals of four pedigree dog breeds between Sweden and the United Kingdom.
Correlations of estimates of genetic merit (estimated breeding values, EBVs) for
the Federation Cynologique Internationale and the British Veterinary Association
and Kennel Club evaluations of hip dysplasia (HD) were strong and favourable,
indicating that both scoring schemes capture substantially the same genetic
trait. Therefore pooled use of phenotypic data on hip dysplasia would be
expected to improve the accuracy of EBV for HD in both countries due to
increased sample data. (C) 2013 Published by Elsevier Ltd.
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FU Kennel Club Charitable Trust
FX The authors are grateful to all those involved in the gathering of hip score data and to the Swedish and UK Kennel Clubs for providing pedigree data. TWL gratefully acknowledges funding from the Kennel Club Charitable Trust.
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NR 8
TC 3
Z9 3
U1 0
U2 22
PU ELSEVIER SCI LTD
PI OXFORD
PA THE BOULEVARD, LANGFORD LANE, KIDLINGTON, OXFORD OX5 1GB, OXON, ENGLAND
SN 1090-0233
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J9 VET J
JI Vet. J.
PD SEP
PY 2013
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IS 3
BP 873
EP 875
DI 10.1016/j.tvjl.2013.04.025
PG 3
WC Veterinary Sciences
SC Veterinary Sciences
GA 248BB
UT WOS:000326667600060
PM 23932651
DA 2019-08-06
ER

PT J
AU Vest, JR
Issel, LM
AF Vest, Joshua R.
Issel, L. Michele
TI Data Sharing Between Local Health and State Health Departments:
Developing and Describing a Typology of Data Gaps
SO JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE

LA English

DT Article

DE computer communication networks; information systems; public health informatics; public health practice; organization and administration

ID PUBLIC-HEALTH; INFORMATION-SYSTEM; NETWORKS

AB Context: Local health departments (LHDs) and state health agencies (SHAs) require quantitative data to fulfill their obligation to ensure public health. However, data collection and sharing are not straightforward processes in the US public health system. Responsibilities are divided among many actors, jurisdictions overlap, events that can occur elsewhere, and not every public health agency possesses information systems capable of sharing data. Collectively, these characteristics define a system that likely has gaps in data sharing among public health entities. Objective: A data-sharing gap is the inability to transmit, in near real time, data among public health agencies within a state for a specific public health activity. This article presents theoretically and empirically based typology of data-sharing gaps between LHDs and SHAs and describes the extent of data-sharing types for 6 activities. Design, Setting and Main Outcome: Drawing on concepts from network theory, public health responsibilities, and technological capacity, we conceptualize a 9-category data-sharing typology that characterizes the flow of data between SHAs and LHDs. Using existing organizational surveys, we created a sample of LHD-SHA exchange dyads, which we use to describe the distribution of sharing and gaps for immunizations, vital records, reportable conditions, laboratory, well water, and electronic health records. State-level maps describe the prevalence of data-sharing gaps nationwide. Results: For vital records, reportable conditions, and well-water assessments, gaps in data sharing were the norm. For the other 3 public health activities, a lower portion of the dyads experienced gaps, but gaps were still very common. Most troubling was the relatively infrequent occurrence of truly bidirectional information sharing. Conclusions: The data-sharing typology provides a useful basis for the formulations of policies to improve public health information systems and to guide future research.

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CR [Anonymous], 2011, 2010 NAT PROF LOC HL

Association of State and Territorial Health Officials, 2010, DAT AN

Association of State and Territorial Health Officials, 2010, ASTHO PROF STAT

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HBV VAC
National Association of County and City Health Officials, 2008, NAT PROF LOC
HLTH DE
National Association of County & City Health Officials, 2009, 2008 NAT PROF
LOC HL
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NR 25
TC 3
Z9 3
U1 0
U2 16
PU LIPPINCOTT WILLIAMS & WILKINS
PI PHILADELPHIA
PA 530 WALNUT ST, PHILADELPHIA, PA 19106-3621 USA
SN 1078-4659
J9 J PUBLIC HEALTH MAN
JI J. Public Health Manag. Pract.
PD JUL-AUG
PY 2013
VL 19
IS 4
BP 357
EP 365
DI 10.1097/PHH.0b013e31826d8045
PG 9
WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA 154FQ
UT WOS:000319657800015
PM 23719391
DA 2019-08-06
ER

PT S
AU He, S
Ganzinger, M
Knaup, P
AF He, Shan
Ganzinger, Matthias
Knaup, Petra
BE Mantas, J
Andersen, SK
Mazzoleni, MC
Blobel, B
Quaglini, S
Moen, A

TI The Intellectual Property Management for Data Sharing in a German Liver
Cancer Research Network
SO QUALITY OF LIFE THROUGH QUALITY OF INFORMATION
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 24th Medical Informatics in Europe Conference (MIE)
CY AUG 26-29, 2012
CL Pisa, ITALY
SP European Federat Med Informat, Italian Med Informat Assoc, Italian E Hlth
Community
DE Intellectual property; biomedical research network; data sharing
AB Sharing data in biomedical research networks has great potential benefits
including efficient use of resources, avoiding duplicate experiments and
promoting collaboration. However, concerns from data producers about
difficulties of getting proper acknowledgement for their contributions are
becoming obstacles for efficient and network wide data sharing in reality.
Effective and convenient ways of intellectual property management and
acknowledging contributions to the data producers are required. This paper
analyzed the system requirements for intellectual property management in a
German liver cancer research network and proposed solutions for facilitating
acknowledgement of data contributors using informatics tools instead of pure
policy level strategies.
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CR [Anonymous], 2011, D LIB MAGAZINE, P17
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Wdcc ML, SCIENCE
NR 8
TC 3
Z9 3
U1 1
U2 12
PU IOS PRESS
PI AMSTERDAM
PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
SN 0926-9630
EI 1879-8365
BN 978-1-61499-101-4
J9 STUD HEALTH TECHNOL
PY 2012
VL 180
BP 891
EP 895
DI 10.3233/978-1-61499-101-4-891
PG 5
WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA BA3ZL

UT WOS:000335219500173
PM 22874321
DA 2019-08-06
ER

PT J
AU Lopez, AD
AF Lopez, Alan D.
TI Sharing data for public health: where is the vision?
SO BULLETIN OF THE WORLD HEALTH ORGANIZATION
LA English
DT Editorial Material
C1 Univ Queensland, Sch Populat Hlth, Herston, Qld 4006, Australia.
RP Lopez, AD (reprint author), Univ Queensland, Sch Populat Hlth, Herston Rd, Herston, Qld 4006, Australia.
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RI Lopez, Alan/F-1487-2010
OI Lopez, Alan/0000-0001-5818-6512
CR Horton R, 2007, LANCET, V370, P1526, DOI 10.1016/S0140-6736(07)61418-4
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NR 7
TC 3
Z9 3
U1 0
U2 0
PU WORLD HEALTH ORGANIZATION
PI GENEVA 27
PA MARKETING AND DISSEMINATION, CH-1211 GENEVA 27, SWITZERLAND
SN 0042-9686
J9 B WORLD HEALTH ORGAN
JI Bull. World Health Organ.
PD JUN
PY 2010
VL 88
IS 6
BP 467
EP 467
DI 10.2471/BLT.10.078956
PG 1
WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA 610PR
UT WOS:000278746400016
PM 20539863
OA Green Published, Bronze
DA 2019-08-06
ER

PT B
AU Su, Y
Yin, L
Al-Hakim, L
AF Su, Ying

Yin, Ling
Al-Hakim, Latif
BE Tan, H
TI Cloud Computing Platform for National Scientific Data Sharing of
Population and Health
SO 2010 SECOND ETP/IITA WORLD CONGRESS IN APPLIED COMPUTING, COMPUTER
SCIENCE, AND COMPUTER ENGINEERING
LA English
DT Proceedings Paper
CT 2nd ETP/IITA World Congress in Applied Computing, Computer Science, and
Computer Engineering
CY APR 17-18, 2010
CL Shenzhen, PEOPLES R CHINA
SP Intelligent Informat Technol Applicat Res Assoc, Engn Technol Press
DE Cloud Computing; Information sharing; Scientific Data; Data integration
Description Framework
AB This paper presents a novel information sharing framework based on SQL Server
Data Services (SSDS) for service registry and repository that facilitates data
integration. A SSDS is a service-oriented architecture composed with reusable
services to support searching, querying, deleting, and storing data. SSDS can be
easily changed or maintained by reusing different services. Thus, it can be used
to share information in the cloud. The Information Sharing System (ISS)
component of the SSDS employs domain ontology to share data sources. The domain
ontology utilizes mathematical equivalence relations to map data sources into
appropriate domain ontology. Our implementation is based on a real application,
the National Scientific Data Sharing of Population and Health (NSDSPH).
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RI Su, Ying/D-4158-2009
OI Su, Ying/0000-0002-9915-1698
CR BAUER DW, 2008, SIM C 2008 WSC 2008, P1029
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NR 4
TC 3
Z9 3
U1 0
U2 0
PU ETP-ENGINEERING TECHNOLOGY PRESS
PI HONG KONG
PA ROOM 2202, PING CHUN HOUSE PING TIN ESTATE, LAM TIN, KOWLOON, HONG KONG,
00000, PEOPLES R CHINA
BN 978-988-18242-2-6
PY 2010
BP 51
EP 54
DI 10.1109/ICCCENG.2010.5560359
PG 4
WC Computer Science, Interdisciplinary Applications
SC Computer Science
GA BPO96
UT WOS:000279572200014
DA 2019-08-06
ER

PT S
AU Liu, X
 Peyton, L
 Kuziemsky, C
AF Liu, Xia
 Peyton, Liam
 Kuziemsky, Craig
BE Babin, G
 Kropf, P
 Weiss, M
TI A Requirement Engineering Framework for Electronic Data Sharing of
 Health Care Data Between Organizations
SO E-TECHNOLOGIES-INNOVATION IN AN OPEN WORLD
SE Lecture Notes in Business Information Processing
LA English
DT Proceedings Paper
CT 4th International MCETECH Conference on e-Technologies
CY MAY 04-06, 2009
CL Ottawa, CAPE VERDE
SP Talent First Net, Univ Ottawa, Telfer Sch Business, Carleton Univ, Univ
Quebec, HEC Montreal, Univ Neuchatel
DE Requirements Engineering; User Requirements Notation; health care; data
 sharing; privacy; quality of care
ID NOTATION
AB Health care is increasingly provided to citizens by a network of
collaboration that includes multiple providers and locations. Typically, that
collaboration is on an ad-hoc basis via phone calls, faxes, and paper based
documentation. Internet and wireless technologies provide an opportunity to
improve this Situation via electronic data sharing. These new technologies make
possible new ways of working and collaboration but it can be difficult for
health care organizations to understand how to use the new technologies while
still ensuring that their policies and objectives are being met. It is also
important to have a systematic approach to validate that e-health processes
deliver the performance improvements that are expected. Using a case study of a
palliative care patient receiving home care from a team of collaborating health
organizations, we introduce a framework based on requirements engineering. Key
concerns and objectives are identified and modeled (privacy, security, quality
of care, and timeliness of service). And, then, proposed business processes
which use new technologies are modeled in terms of these concerns and objectives
to assess their impact and ensure that electronic data sharing is well regulated.
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CR Alvarez G, 2006, J CRIT CARE, V21, P236, DOI 10.1016/j.jcsrc.2006.02.004
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NR 18

TC 3

Z9 3

U1 0

U2 7

PU SPRINGER-VERLAG BERLIN

PI BERLIN

PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY

SN 1865-1348

BN 978-3-642-01186-3

J9 LECT NOTES BUS INF

PY 2009

VL 26

BP 279

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PG 11

WC Computer Science, Information Systems; Computer Science, Software
Engineering; Information Science & Library Science; Social Issues

SC Computer Science; Information Science & Library Science; Social Issues

GA BJS12

UT WOS:000267059700024

DA 2019-08-06

ER

PT J

AU Barhamgi, M

Renslimane, D

Ouksel, AM

AF Barhamgi, Mahmoud

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TI PWSMS: A peer-to-peer web service management system for data sharing in
collaborative environments

SO COMPUTER SYSTEMS SCIENCE AND ENGINEERING

LA English

DT Article

DE data integration; collaborative systems

ID SEMANTIC WEB; VIEWS

AB in today's collaborative environments such as bioinformatics and healthcare,
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 Peer-to-Peer Web Service
Management System (PWSMS) for data exchange through Data-Providing Web Services.
A novel approach is proposed 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. Similarly to the conventional services composition, users may want
to run the generated composite service over several values of the same input
parameters. To deal with this issue, we treat parameterized queries where values
for input parameters are specified as ranges or not given at all. We also
propose an efficient probabilistic algorithm for detecting the minimum set of

services satisfying constraints (over inputs/outputs) specified in the query. Finally, we present algorithms for optimizing the generated composition. These algorithms have been implemented in our PWSMS system.

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NR 36

TC 3

Z9 4

U1 0

U2 1
PU C R L PUBLISHING LTD
PI LEICESTER
PA 5 WEIR RD, KIBWORTH BEAUCHAMP, LEICESTER LE8 0LQ, ENGLAND
SN 0267-6192
J9 COMPUT SYST SCI ENG
JI Comput. Syst. Sci. Eng.
PD MAR
PY 2008
VL 23
IS 2
BP 89
EP 106
PG 18
WC Computer Science, Hardware & Architecture; Computer Science, Theory & Methods
SC Computer Science
GA 311CM
UT WOS:000256577700004
DA 2019-08-06
ER

PT S
AU Hu, PJH
 Zeng, D
 Chen, HC
 Larson, CA
 Tseng, CJ
AF Hu, Paul Jen-Hwa
 Zeng, Daniel
 Chen, Hsinchun
 Larson, Catherine A.
 Tseng, Chunju

BE Zeng, D
TI A Web-based system for infectious disease data integration and sharing:
 Evaluating outcome, task performance efficiency, user information
 satisfaction, and usability

SO INTELLIGENCE AND SECURITY INFORMATICS: BIOSURVEILLANCE, PROCEEDINGS

SE Lecture Notes in Computer Science

LA English

DT Proceedings Paper

CT 2nd NSF Biosurveillance Workshop

CY MAY 22, 2007

CL New Brunswick, NJ

SP NSF

DE infectious disease informatics; public health information systems;
 cross-jurisdictional information sharing; outbreak detection; system
 evaluation

AB To better support the surveillance of infectious disease and epidemic outbreaks by public health professionals, we design and implement BioPortal, an advanced Web-based system for cross-jurisdictional information sharing and integration. In this paper, we report two empirical studies that evaluate the outcomes, task performance efficiency, user information satisfaction, and usability associated with BioPortal. Overall, our results suggest that the use of BioPortal can improve users' surveillance performance as measured by analysis accuracy and efficiency (i.e., the amount of time required to complete an analysis task). Our subjects were highly satisfied with the information support of BioPortal and considered it reasonably usable. Our evaluation findings show

the effectiveness and value of BioPortal and, at the same time, shed light on several areas where its design can further improve.

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CR DAVIS FD, 1989, MIS QUART, V13, P319, DOI 10.2307/249008

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10.1136/jamia.2001.0080535

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NR 12

TC 3

Z9 3

U1 0

U2 1

PU SPRINGER-VERLAG BERLIN

PI BERLIN

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SN 0302-9743

EI 1611-3349

BN 978-3-540-72607-4

J9 LECT NOTES COMPUT SC

PY 2007

VL 4506

BP 134

EP +

PG 4

WC Computer Science, Artificial Intelligence; Computer Science, Information Systems; Computer Science, Interdisciplinary Applications; Computer Science, Theory & Methods

SC Computer Science

GA BGG61

UT WOS:000246687800013

DA 2019-08-06

ER

PT S

AU Hicken, VN

Thornton, SN

Rocha, RA

AF Hicken, VN

Thornton, SN

Rocha, RA

BE Fieschi, M

Coiera, E
Li, YCJ

TI Integration challenges of clinical information systems developed without
a shared data dictionary

SO MEDINFO 2004: PROCEEDINGS OF THE 11TH WORLD CONGRESS ON MEDICAL
INFORMATICS, PT 1 AND 2

SE Studies in Health Technology and Informatics

LA English

DT Proceedings Paper

CT 11th World Congress on Medical Informatics

CY SEP 07-11, 2004

CL Amer Med Informat Assoc, San Francisco, CA

SP Int Med Informat Assoc

HO Amer Med Informat Assoc

DE systems integration; longitudinal computerized medical records systems;
information management; terminologies; data quality; common data
elements; data model reconciliation; EHR systems standardization;
ontology development

ID CARE

AB Legacy systems have proven to be long-term integration challenges for
Intermountain Health Care (IHC) despite commitment and attention to share
clinical information across settings and among clinicians. This study measures
the extent of the disparity of data elements across three independent data
systems in current use. A sample of relevant data elements was selected across
systems covering prenatal, labor and delivery, and newborn intensive care units
(NICU). The findings revealed only 17% of these sample data elements had
compatible structure across all three systems. The implications from differences
in granularity, missing data, and duplicate data entry, include diminished data
quality, greater risk for medical error, increased costs of integration and
inefficient use of clinician time. Retrospective guidelines for managing
conceptual context and granularity are given to assist in designing an
integrated longitudinal patient electronic medical record.

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U2 0
PU IOS PRESS
PI AMSTERDAM
PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
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PY 2004
VL 107
BP 1053
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WC Computer Science, Information Systems; Medical Informatics
SC Computer Science; Medical Informatics
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UT WOS:000226723300212
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PT J
AU Love, DE
 Paita, LMC
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AF Love, DE
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 Custer, WS
TI Data sharing and dissemination strategies for fostering competition in
 health care
SO HEALTH SERVICES RESEARCH
LA English
DT Article; Proceedings Paper
CT Conference on Data Needs for Studies of Competition in Market Ares
CY JUN 21-22, 1999
CL WASHINGTON, D.C.
DE health care market; health information; data sharing; data
 dissemination; health care purchasers; health care providers
ID SYSTEM

AB Objectives. To introduce the concept of common models for data sharing and dissemination, highlight the current operational, technical, and political issues surrounding existing data sharing and dissemination initiatives in a health care market, and suggest an ideal model for future data initiatives.

Data Sources/Study Setting h literature review and case studies of existing data sharing and dissemination initiatives that promote the collection and use of comparative information on provider cost and quality.

Principal Findings. Three broad types of common models for data sharing and dissemination have evolved over the past decade or so: (1) provider-initiated initiatives developed through collaboration among providers of health care; (2) purchaser-initiated activities driven by a coalition of purchasers; and (3) indirect collaboration-data-sharing initiatives between providers and purchasers with a significant facilitating or regulating role by a third group of stakeholders. The success of a data-sharing and dissemination strategy is determined by how the complex operational, technical, and political issues are addressed. General principles by which a health data initiative might abide include the following: standardized databases as the physical foundation,

indicators that reflect the changing market; linkages between and across data sets for comprehensive and complete data; economic value; policy relevance; use of evolving technologies to collect, integrate, and disseminate data; and stakeholder support.

Conclusions. Regulatory solutions alone will not overcome the complex political and technical challenges to data sharing and dissemination. The "ideal" model or process nurturing a market for health care information will incorporate compromise and negotiation to address the issues of data ownership and proprietary concerns, therefore securing the necessary political and financial support of the private sector.

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JI Health Serv. Res.

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WC Health Care Sciences & Services; Health Policy & Services

SC Health Care Sciences & Services
GA 420UR
UT WOS:000168024100006
PM 11327177
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PT J
AU Swuste, P
Hale, A
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TI Sharing workplace solutions by solution data banks

SO SAFETY SCIENCE

LA English

DT Article; Proceedings Paper

CT 10th Anniversary Conference of the Safety-Science-Group of the
Delft-University-of-Technology

CY DEC, 1994

CL DELFT UNIV TECHNOL, DELFT, NETHERLANDS

SP Delft Univ Technol, Safety Sci Grp

HO DELFT UNIV TECHNOL

AB The need to exchange information on solutions and control measures to reduce occupational hazards has become an important issue amongst occupational safety and health professionals. During the first conference of the IOHA this issue was discussed during the successful workshop 'Sharing knowledge on preventive measures'. An expert working group of the European Commission has recently drawn up a report advising the development of a European initiative in this area, and in september 1994 a WHO working group was formed on this topic. Data banks on solutions are one of the possible ways to supply this information. This article summarizes the conclusions of the review of existing data banks and specifies the objectives and structure of a proposed bank. Based upon a consideration of the available classification systems for information on solutions, it specifies how data on solutions could be stored, and provides intelligent assistance to users in locating solutions close to the source or in gaining access to information on comparable processes which are intrinsically less hazardous. The proposed data bank has a navigation system with two principle entry points, corresponding to two basic types of solution: firstly based on the production process, subdivided into the production principle and function as an access point to substitute methods of production; secondly the hazard and its emission and transmission process as an access point for more conventional hygiene control measures. A third access directly to control measures can be used by expert users. (C) 1997 Elsevier Science Ltd.

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JI Saf. Sci.
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IS 1-2
BP 95
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WC Engineering, Industrial; Operations Research & Management Science
SC Engineering; Operations Research & Management Science
GA XE987
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PT J
AU Shen, BQ
 Guo, JZ
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AF Shen, Bingqing
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 Yang, Yilong
TI MedChain: Efficient Healthcare Data Sharing via Blockchain
SO APPLIED SCIENCES-BASEL
LA English
DT Article
DE blockchain; healthcare data; electronic health record; data stream;
 healthcare information exchange; data sharing; peer-to-peer;
 decentralization; digest chain
ID INFORMATION EXCHANGE; CLOUD; SYSTEM; PRIVACY; SECURITY; RESOURCE;

IMPACT; RECORD; SCHEME

AB Healthcare information exchange is an important research topic, which can benefit both healthcare providers and patients. In healthcare data sharing, many cloud-based solutions have been proposed, but the trustworthiness of a third-party cloud service is questionable. Recently, blockchain has been introduced in healthcare record sharing, which does not rely on trusting a third party. However, existing approaches only focus on the records collected from medical examination. They are not efficient in sharing data streams continuously generated from sensors and other monitoring devices. Today, IoT devices have been widely deployed and sensors and mobile applications can monitor patients' body conditions. The collected data are shared to laboratories and institutions for diagnosis and further study. Moreover, existing approaches are too rigid to efficiently support metadata change. In this paper, an efficient data-sharing scheme is proposed, called MedChain, which combines blockchain, digest chain, and structured P2P network techniques to overcome the above efficiency issues in the existing approaches for sharing both types of healthcare data. Based on MedChain, a session-based healthcare data-sharing scheme is devised, which brings flexibility in data sharing. The evaluation results show that MedChain can achieve higher efficiency and satisfy the security requirements in data sharing.

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NR 46
TC 2
Z9 2
U1 14
U2 14
PU MDPI
PI BASEL
PA ST ALBAN-ANLAGE 66, CH-4052 BASEL, SWITZERLAND
EI 2076-3417
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JI Appl. Sci.-Basel
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WC Chemistry, Multidisciplinary; Materials Science, Multidisciplinary;
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SC Chemistry; Materials Science; Physics
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PT J
AU Vaske, OM
 Haussler, D
AF Vaske, Olena Morozova
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TI Data sharing for pediatric cancers
SO SCIENCE
LA English
DT Editorial Material
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NR 0
TC 2
Z9 2
U1 15
U2 15
PU AMER ASSOC ADVANCEMENT SCIENCE
PI WASHINGTON
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J9 SCIENCE
JI Science
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SI SI
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WC Multidisciplinary Sciences
SC Science & Technology - Other Topics
GA HP0BC
UT WOS:000461329000001
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OA Bronze
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PT J
AU Dijkers, MP
AF Dijkers, Marcel P.
TI A beginner's guide to data stewardship and data sharing
SO SPINAL CORD
LA English

DT Review

ID OPEN ACCESS PLATFORMS; FUTURE; DESIGN; POLICY

AB Study design A narrative review of principles, benefits and disadvantages, as well as methods of research data sharing.

Objectives To assist prospective Spinal Cord authors and others with understanding and implementing data sharing, so that various benefits of such sharing can accrue to all spinal cord injury research stakeholders.

Setting International.

Methods The medical research and health care services literature was reviewed nonsystematically for relevant articles, and web sites were explored for information and services offered by various pertinent organizations.

Results Grant makers, professional organizations, research journals, publishers, and other entities in the research field increasingly stress the ethics as well as societal and practical benefits of data sharing, and require researchers to do so within a reasonable time after data collection ends. Sharing data, retrospectively, generally requires much time and resources, but when a data management plan is part of a research proposal from the start, costs are limited, and grant makers allow these costs to be part of a budget. There are many organizations that offer information on or even assist with preparing data for sharing and actual deposit in a data repository.

Conclusions The requirement of data sharing is not likely to go away, and researchers interested in submitting their reports to Spinal Cord would do well to familiarize themselves with the myriad practical issues involved in preparing data for sharing.

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AU Zhang, Q
Zhang, QY
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AF Zhang, Quan
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TI Firework: Data Processing and Sharing for Hybrid Cloud-Edge Analytics
SO IEEE TRANSACTIONS ON PARALLEL AND DISTRIBUTED SYSTEMS
LA English
DT Article

DE Distributed big data processing; edge computing; internet of everything
AB Now we are entering the era of the Internet of Everything (IoE) and billions of sensors and actuators are connected to the network. As one of the most sophisticated IoE applications, real-time video analytics is promising to significantly improve public safety, business intelligence, and healthcare & life science, among others. However, cloud-centric video analytics requires that all video data must be preloaded to a centralized cluster or the cloud, which suffers from high response latency and high cost of data transmission, given the scale of zettabytes of video data generated by IoE devices. Moreover, video data is rarely shared among multiple stakeholders due to various concerns, which restricts the practical deployment of video analytics that takes advantages of many data sources to make smart decisions. Furthermore, there is no efficient programming interface for developers and users to easily program and deploy IoE applications across geographically distributed computation resources. In this paper, we present a new computing framework, Firework, which facilitates distributed data processing and sharing for IoE applications via a virtual shared data view and service composition. We designed an easy-to-use programming interface for Firework to allow developers to program on Firework. This paper describes the system design, implementation, and programming interface of Firework. The experimental results of a video analytics application demonstrate that Firework reduces up to 19.52 percent of response latency and at least 72.77 percent of network bandwidth cost, compared to a cloud-centric solution.
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FU US National Science Foundation [CNS-1741635]
FX This work is supported in part by US National Science Foundation grant CNS-1741635.
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Z9 2
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PU IEEE COMPUTER SOC
PI LOS ALAMITOS
PA 10662 LOS VAQUEROS CIRCLE, PO BOX 3014, LOS ALAMITOS, CA 90720-1314 USA
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TI Australia: regulating genomic data sharing to promote public trust
SO HUMAN GENETICS
LA English
DT Review
ID BROAD CONSENT; BIOBANKING; SAMPLES; LINE; CARE
AB The regulation of genomic data sharing in Australia is a confusing mix of common law, legislation, ethical guidelines, and codes of practice. Beyond privacy laws, which only apply to genomic data that meets the definition of personal information, the key regulatory lever is the National Health and Medical Research Council (NHMRC) National Statement for Ethical Conduct in Human Research (National Statement) (2007). Compliance with the National Statement is a requirement for institutions to apply to the NHMRC for funding, and includes among other things requirements for review of most genomic research by

Human Research Ethics Committees. The sections of the National Statement specifying requirements for research with human genomic data are currently under review, including proposed new requirements addressing the return of genetic research findings and oversight of transfer agreements. Ensuring the willingness of Australians to donate their genomic information and participate in medical research will require clarification and harmonisation of the applicable regulatory framework, along with reforms to ensure that these regulations reflect the conditions necessary to promote ongoing public trust in researchers and institutions.

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Harper, David R.

TI Strengthening Global Public Health Surveillance through Data and Benefit Sharing

SO EMERGING INFECTIOUS DISEASES

LA English

DT Review

AB Equitable sharing of public health surveillance data can help prevent or mitigate the effect of infectious diseases. Equitable data sharing includes working toward more equitable sharing of the public health benefits that data sharing brings and requires the engagement of those providing the data, those interpreting and using the data generated by others, those facilitating the data-sharing process, and those deriving and contributing to the benefit. An expert consultation conducted by Chatham House outlined 7 principles to encourage the process of equitable data sharing: 1) building trust, 2) articulating the value, 3) planning for data sharing, 4) achieving quality data, 5) understanding the legal context, 6) creating data-sharing agreements, and 7) monitoring and evaluation. Sharing of public health surveillance data is best done taking into account these principles, which will help to ensure data are shared optimally and ethically, while fulfilling stakeholder expectations and facilitating equitable distribution of benefits.

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FU Bill and Melinda Gates Foundation

FX This manuscript highlights the high-level principles identified as part of a project called "Strengthening Data Sharing for Public Health" conducted by the Chatham House Centre on Global Health Security and funded by the Bill and Melinda Gates Foundation.

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PU CENTERS DISEASE CONTROL
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TI SNOMED CT Concept Hierarchies for Sharing Definitions of Clinical Conditions Using Electronic Health Record Data

SO APPLIED CLINICAL INFORMATICS

LA English

DT Article

DE SNOMED CT; ICD-10; electronic health records and systems; disease management; health information exchanges; registries; translational research

ID MEDICAL-RECORDS; TRIAL; CARE; INFORMATICS; REGISTRIES; KNOWLEDGE; FRAMEWORK; NETWORK; ALERTS

AB Background Defining clinical conditions from electronic health record (EHR) data underpins population health activities, clinical decision support, and analytics. In an EHR, defining a condition commonly employs a diagnosis value set or grouper. For constructing value sets, Systematized Nomenclature of Medicine-Clinical Terms (SNOMED CT) offers high clinical fidelity, a hierarchical ontology, and wide implementation in EHRs as the standard interoperability vocabulary for problems. Objective This article demonstrates a practical approach to defining conditions with combinations of SNOMED CT concept hierarchies, and evaluates sharing of definitions for clinical and analytic uses. Methods We constructed diagnosis value sets for EHR patient registries using SNOMED CT concept hierarchies combined with Boolean logic, and shared them for clinical decision support, reporting, and analytic purposes. Results A total of 125 condition-defining standard SNOMED CT diagnosis value sets were created within our EHR. The median number of SNOMED CT concept hierarchies needed was only 2 (25th-75th percentiles: 1-5). Each value set, when compiled as an EHR diagnosis grouper, was associated with a median of 22 International Classification of Diseases (ICD)-9 and ICD-10 codes (25th-75th percentiles: 8-85) and yielded a median of 155 clinical terms available for selection by clinicians in the EHR (25th-75th percentiles: 63-976). Sharing of standard groupers for population health, clinical decision support, and analytic uses was high, including 57 patient registries (with 362 uses of standard groupers), 132 clinical decision support records, 190 rules, 124 EHR reports, 125 diagnosis dimension slicers for self-service analytics, and 111 clinical quality measure calculations. Identical SNOMED CT definitions were created in an EHR-agnostic tool enabling application across disparate organizations and EHRs. Conclusion SNOMED CT-based diagnosis value sets are simple to develop, concise, understandable to clinicians, useful in the EHR and for analytics, and shareable. Developing curated SNOMED CT hierarchy-based condition definitions for public use could accelerate cross-organizational population health efforts, smarter EHR feature configuration, and clinical-translational research employing EHR-derived data.

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TI Ethical concerns on sharing genomic data including patients' family members

SO BMC MEDICAL ETHICS

LA English

DT Article

DE Genomic research; Data sharing; Human research protection; Patients and family members; ELSI

ID CANCER SUSCEPTIBILITY; PARTICIPANTS; PRIVACY; VIEWS; GENE

AB Background: Platforms for sharing genomic and phenotype data have been developed to promote genomic research, while maximizing the utility of existing datasets and minimizing the burden on participants. The value of genomic analysis of trios or family members has increased, especially in rare diseases and cancers. This article aims to argue the necessity of protection when sharing data from both patients and family members.

Main text: Sharing patients' and family members' data collectively raises an ethical tension between the value of datasets and the rights of participants, and increases the risk of re-identification. However, current data-sharing policies have no specific safeguards or provisions for familial data sharing. A quantitative survey conducted on 10,881 general adults in Japan indicated that they expected stronger protection mechanisms when their family members' clinical and/or genomic data were shared together, as compared to when only their data were shared. A framework that respects decision-making and the right of withdrawal of participants, including family members, along with ensuring usefulness and security of data is needed. To enable this, we propose recommendations on ancillary safeguards for familial data sharing according to the stakeholders, namely, initial researchers, genomic researchers, data submitters, database operators, institutional review boards, and the public and participants.

Conclusions: Families have played significant roles in genetic research, and its value is re-illuminated in the era of genomic medicine. It is important to make progress in data sharing while simultaneously protecting the privacy and interests of patients and families, and return its benefits to them.

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PU BIOMED CENTRAL LTD
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TI Modernizing Centers for Disease Control and Prevention Informatics Using Surveillance Data Platform Shared Services

SO PUBLIC HEALTH REPORTS

LA English

DT Article

DE public health surveillance; public health informatics; interoperability; change management

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TI MaaS in Bike-Sharing: Smart Phone GPS Data Based Layout Optimization and
Emission Reduction Potential Analysis
SO CLEANER ENERGY FOR CLEANER CITIES
SE Energy Procedia
LA English
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DE Bike-sharing; Mobility as a Service; Layout optimization; Emission
reduction potential
ID PARTICLE SWARM; BEHAVIOR
AB As a representation of smart and green city development, bike-sharing system
is one of the hottest topic in the fields of transportation, public health,
urban planning, and so on. With the development of Mobility as a Service (MaaS),
emerging technologies such as mobile data mining give some new solutions for
optimizing bike-sharing system and predicting the emission reduction. Here, we
propose a bike-sharing layout optimization and emission reduction potential
analysis structure under the concept of MaaS. A human travel mode detection
method and a geometry-based probability model are proposed to support the
particle swarm optimization process. We implement a comparison study to analyze
the computational efficiency. Taking Setagaya ward, Tokyo as the study case with
about 3 million GPS trajectories, the result shows that with the increase of
station number from 30 to 90, the adoption of bike-sharing system can reduce
about 3.1-3.8 thousand tonnes of CO2 emission. Copyright (C) 2018 Elsevier Ltd.
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TI It's all in the timing: calibrating temporal penalties for biomedical data sharing

SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION

LA English

DT Article

DE biomedical data science; data sharing; policy; economics of data; genomics

ID BIG DATA; GENOME

AB Biomedical science is driven by datasets that are being accumulated at an unprecedented rate, with ever-growing volume and richness. There are various initiatives to make these datasets more widely available to recipients who sign Data Use Certificate agreements, whereby penalties are levied for violations. A particularly popular penalty is the temporary revocation, often for several months, of the recipient's data usage rights. This policy is based on the assumption that the value of biomedical research data depreciates significantly over time; however, no studies have been performed to substantiate this belief. This study investigates whether this assumption holds true and the data science policy implications.

This study tests the hypothesis that the value of data for scientific investigators, in terms of the impact of the publications based on the data, decreases over time. The hypothesis is tested formally through a mixed linear effects model using approximately 1200 publications between 2007 and 2013 that used datasets from the Database of Genotypes and Phenotypes, a data-sharing initiative of the National Institutes of Health.

The analysis shows that the impact factors for publications based on Database of Genotypes and Phenotypes datasets depreciate in a statistically significant manner. However, we further discover that the depreciation rate is slow, only 10% per year, on average.

The enduring value of data for subsequent studies implies that revoking usage for short periods of time may not sufficiently deter those who would violate Data Use Certificate agreements and that alternative penalty mechanisms may need to be invoked.

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TI Open innovation: Towards sharing of data, models and workflows
SO EUROPEAN JOURNAL OF PHARMACEUTICAL SCIENCES
LA English
DT Review

DE Open innovation; Data sharing; Pharmacometric models; Modelling
workflows; Drug development
ID CANCER-RESEARCH; MANAGEMENT; HEALTH

AB Sharing of resources across organisations to support open innovation is an old idea, but which is being taken up by the scientific community at increasing speed, concerning public sharing in particular. The ability to address new questions or provide more precise answers to old questions through merged information is among the attractive features of sharing. Increased efficiency through reuse, and increased reliability of scientific findings through enhanced transparency, are expected outcomes from sharing. In the field of pharmacometrics, efforts to publicly share data, models and workflow have recently started.

Sharing of individual-level longitudinal data for modelling requires solving legal, ethical and proprietary issues similar to many other fields, but there are also pharmacometric-specific aspects regarding data formats, exchange standards, and database properties. Several organisations (CDISC, C-Path, IMI, ISoP) are working to solve these issues and propose standards. There are also a number of initiatives aimed at collecting disease-specific databases-Alzheimer's Disease (ADNI, CAMD), malaria (WWARN), oncology (PDS), Parkinson's Disease (PPMI), tuberculosis (CPTR, TB-PACTS, ReSeqTB)-suitable for drug-disease modelling. Organized sharing of pharmacometric executable model code and associated information has in the past been sparse, but a model repository

(DDMoRe Model Repository) intended for the purpose has recently been launched. In addition several other services can facilitate model sharing more generally. Pharmacometric workflows have matured over the last decades and initiatives to more fully capture those applied to analyses are ongoing.

In order to maximize both the impact of pharmacometrics and the knowledge extracted from clinical data, the scientific community needs to take ownership of and create opportunities for open innovation.

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PT J
AU Verropoulou, G
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AF Verropoulou, Georgia
Tsimbos, Cleon
TI Disability trends among older adults in ten European countries over
2004-2013, using various indicators and Survey of Health, Ageing and
Retirement in Europe (SHARE) data
SO AGEING & SOCIETY
LA English
DT Article
DE disability trends; Global Activity Limitation Indicator (GALI);
activities of daily living; instrumental activities of daily living;
mobility difficulties
ID LATE-LIFE DISABILITY; UNITED-STATES; INSTRUMENTAL ACTIVITIES;
GENDER-DIFFERENCES; SELF-REPORTS; AGE 65; POPULATION; PEOPLE;
LIMITATIONS; PREVALENCE

AB In the context of the prospective increase in the numbers of older adults in Europe and of conflicting findings regarding recent disability trends, the present study uses cross-sectional data from four waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), covering the period 2004-2013, and aims at the assessment of trends in disability by sex and broad age group (50-64 and 65 and over) for the ten countries participating in all waves, based on four different measures: limitations in activities of daily living (ADLs), limitations in instrumental ADLs, mobility difficulties and the Global Activity Limitation Indicator. The analysis uses logistic regression models adjusted for age and, subsequently, also for chronic conditions. The findings indicate improvements both in mild/moderate activity restrictions and in functional limitations for several countries, especially among men and women aged 65 and over. Regarding severe disability (ADLs) there is mostly a lack of any significant trend and only a few declines. In several instances, the observed trends are linked to changes in chronic conditions; significant improvements net

of chronic conditions are found mainly in Sweden but also in the Netherlands, Austria, Germany, Italy and France. Overall, the estimated trends often differentiate by country, age group and sex while they depend upon the specificities of the measures used in the analysis.

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FU European Commission [QLK6-CT-2001-00360, SHARE-I3: RII-CT-2006-062193, COMPARE: CIT5-CT-2005-028857, SHARELIFE: CIT4-CT-2006-028812, 211909, 227822, 261982]; German Ministry of Education and Research; US 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]; European Union - programme of 'Thalis - Panteion - Investigating Crucial Interdisciplinary Linkages in Ageing Societies' part of the Operational Programme of 'Education and Lifelong Learning' [MIS380266]

FX This paper uses data from SHARE Waves 1, 2, 4 and 5 (doi: 10.6103/SHARE.w1.260, 10.6103/SHARE.w2.260, 10.6103/SHARE.w4.111, 10.6103/SHARE.w5.100, respectively); see Borsch-Supan et al. (2013) 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, SHARELIFE: CIT4-CT-2006-028812) and FP7 (SHARE-PREP: No211909, SHARE-LEAP: No227822, SHARE M4: No261982). Additional funding from the German Ministry of Education and Research, the US 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) and from various national funding sources is gratefully acknowledged (see www.share-project.org). Further, the European Union provided partial funding to the present study through the co-funded programme of 'Thalis - Panteion - Investigating Crucial Interdisciplinary Linkages in Ageing Societies' which is part of the Operational Programme of 'Education and Lifelong Learning' (MIS380266). Finally, the authors would like to thank two anonymous referees for their constructive criticism and help in improving this paper. No statement of ethical approval is required.

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AU Raza, S
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TI Genomic medicine and data sharing
SO BRITISH MEDICAL BULLETIN
LA English
DT Review

DE genomics; data sharing; clinical care; policy
ID GENETICS; VARIANTS; RESOURCE

AB Introduction: Effective data sharing does not occur in the UK despite being essential for the delivery of high-quality genomic services to patients across clinical specialities and to optimize advances in genomic medicine.

Sources of data: Original papers, reviews, guidelines, policy papers and web-resources.

Areas of agreement: Data sharing for genomic medicine requires appropriate infrastructure and policies, together with acceptance by health professionals and the public of the necessity of data sharing for clinical care.

Areas of controversy: There is ongoing debate around the different technical approaches and safeguards that could be used to facilitate data sharing while minimizing the risks to individuals of identification. Lack of consensus undermines trust and confidence.

Growing points: Ongoing policy developments around genomics and health data create opportunities to ensure systems and policies are in place to support proportionate, effective and safeguarded data sharing.

Areas timely for developing research: Mechanisms to improve public trust.

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TI Between "the best way to deliver patient care" and "chaos and low
clinical value": General Practitioners' and Practice Managers' views on
data sharing

SO INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS

LA English

DT Article

DE Health information exchange [MeSH]; Electronic health records [MeSH]; Case management [MeSH]; General practice [MeSH]; Health knowledge; Attitudes; Practice [MeSH]

ID HEALTH INFORMATION EXCHANGE; MULTIPLE IMPUTATION; PILOT PROGRAM; RECORD DATA; SYSTEMS; IMPACT; USAGE

AB Objective: In the UK, General Practitioners and Practice Managers are key to enabling health information exchange (typically referred to as 'data sharing'). This study aimed to survey GPs and PMs for familiarity, engagement with and perceptions of patient data sharing.

Methods: Cross-sectional survey. All 107 general practices in England's second largest Clinical Commissioning Group, Cambridgeshire & Peterborough CCG. Descriptive statistics; hierarchical logistic regression; thematic analysis.

Results: 405 (64%) responses were received -from 338 (62%) GPs and 67 (71%) PMs. Familiarity and engagement were highest for local frail elderly and end of life care projects (> 76% had used). The greatest difference in use concerned the now suspended national care. data initiative: PMs had odds of reporting use 75 times higher than GP partners (95% CI 27-211). Patient confusion was the most pronounced challenge and improved coordination the most pronounced expected benefit. Frequency of discussions with patients varied with IT competence (OR 4.2 for most competent users relative to least, 95% CI 1.7-10.7) and clinical system (OR 0.3, 95% CI 0.1-0.5). Patient reservations were reported more frequently by respondents who rated their IT competence as highest (OR 3.3, 95% CI 1.5-7.6), perceived more data sharing challenges (OR for a 1-point increase in challenges perception score 3.4, 95% CI 2.1-5.6) and by PMs (relative to GP partners, OR 18.0, 95% CI 7.9-41.3).

Conclusions: Familiarity with and use of data sharing projects was high among GPs and PMs. Both their individual and organisational characteristics were associated with the reported frequency of discussions and patients' responses. Improved awareness of the impact of provider characteristics and attitudes on patients' decisions about data sharing may enhance the equity and autonomy of those decisions.

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FU National Institute for Health Research (NIHR); Cambridgeshire and Peterborough NHS Foundation Trust; Health Innovation and Education Cluster (HIEC); Cambridge University Health Partners (CUHP)

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Z9 2

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U2 12

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SC Computer Science; Health Care Sciences & Services; Medical Informatics

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PT J

AU Moon, LA

AF Moon, Lisa A.

TI Factors influencing health data sharing preferences of consumers: A
critical review

SO HEALTH POLICY AND TECHNOLOGY

LA English

DT Review

DE Informed consent; Release of information; Health information exchange;
Consumer attitudes; Consumer health data sharing preferences; Health
information exchange public policy

ID INFORMATION EXCHANGE; RECORDS; PERCEPTIONS; ATTITUDES; PRIVACY; ACCESS

AB The purpose of this critical review is to synthesize available literature and
identify factors influencing consumer data sharing preferences, while presenting
a logic model for legal / public policy development that aligns with consumer
expectations for management of ePHI. Eighteen articles were included for the
critical review; including 16 studies from three countries. The fourteen cross-
sectional studies were evaluated using Olsen and St. George's (2004)
Crosssectional Study Design and Data Analysis framework and two qualitative
studies were assessed using Kuper, Lingard, Et Levinson (2008) [14] Critically
Appraising Qualitative Research strategies. An emerging classification schema of

statistically significant factors identified in this critical review shows that, (1) Trust relationship, (2) Harm Threshold, (3) Balance Risk and Benefits, (4) Transparency of Data Exchange and (5) Access and Control of Data are important when considering how to best include the consumer voice in the development of legal / public policies related to the privacy, security and consent management of ePHI. (C) 2017 Fellowship of Postgraduate Medicine. Published by Elsevier Ltd. All rights reserved.

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U2 8

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J9 HEALTH POLICY TECHN

JI Health Policy Technol.

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AU Zhu, CS
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Moler, JE
Kukwa, A
Mabie, J
Rathmell, JM
Riley, T
Prorok, PC
Berg, CD

AF Zhu, Claire S.
Pinsky, Paul F.
Moler, James E.
Kukwa, Andrew
Mabie, Jerome
Rathmell, Joshua M.
Riley, Tom
Prorok, Philip C.
Berg, Christine D.

TI Data sharing in clinical trials: An experience with two large cancer screening trials

SO PLOS MEDICINE

LA English

DT Editorial Material

ID OPEN-ACCESS; LUNG; MORTALITY; PROSTATE; PROJECT

AB Broad sharing of clinical trial data is important for ensuring reproducibility, transparency, and maximal use of the data by the research community. However, in practice, such data sharing typically requires planning, effort, and resources.

Here, we describe a web-based data sharing system, the Cancer Data Access System (CDAS), developed for two large cancer screening trials: the Prostate, Lung, Colorectal and Ovarian (PLCO) cancer screening trial and the National Lung Screening Trial (NLST).

Deidentified individual participant data were organized into standard datasets readily downloadable from CDAS via a simple web-based application process that involves minimal scientific review. CDAS provides a "one-stop shop" for access requests, review, and data downloads.

Since the launch of CDAS in November 2012 and through October 2016, 215 requests were received for PLCO data, of which 199 (93%) were approved, and 240 requests were received for NLST, of which 216 (90%) were approved.

The estimated cost of CDAS was around US\$300,000 for the initial development, plus additional maintenance and user-support costs of about US\$26,000 per month. Because of its modular nature, additional studies can be added to CDAS with relatively little additional cost.

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Z9 2
U1 0
U2 4
PU PUBLIC LIBRARY SCIENCE
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AU Fiore, LD
Brophy, MT
Ferguson, RE
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TI Data Sharing, Clinical Trials, and Biomarkers in Precision Oncology:
Challenges, Opportunities, and Programs at the Department of Veterans
Affairs

SO CLINICAL PHARMACOLOGY & THERAPEUTICS

LA English

DT Editorial Material

AB Cancer genomic research reveals that a similar cancer clinical phenotype
(e.g., non-small cell lung cancer) can arise from various mutations in tumor DNA.
Thus, organ of origin is not a definitive classification. Further, targeted
therapy for cancer patients (precision oncology) capitalizes on knowledge of
individual patient mutational status to deliver treatment directed against the
protein products of these mutations with the goal of reducing toxicity and
enhancing efficacy relative to traditional nontargeted chemotherapy.

C1 [Fiore, L. D.; Brophy, M. T.; Ferguson, R. E.; Shannon, C.; Turek, S. J.;
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NR 3

TC 2

Z9 2

U1 0

U2 5

PU WILEY

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J9 CLIN PHARMACOL THER

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PT J
AU Lawler, M
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AF Lawler, Mark
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TI From Rosalind Franklin to Barack Obama: Data Sharing Challenges and
Solutions in Genomics and Personalised Medicine
SO NEW BIOETHICS-A MULTIDISCIPLINARY JOURNAL OF BIOTECHNOLOGY AND THE BODY
LA English
DT Article

DE personalised medicine; big data; data sharing; genomics; cancer;
bioethics

ID CANCER; PRIVACY; RIGHTS

AB The collection, storage and use of genomic and clinical data from patients and healthy individuals is a key component of personalised medicine enterprises such as the Precision Medicine Initiative, the Cancer Moonshot and the 100,000 Genomes Project. In order to maximise the value of this data, it is important to embed a culture within the scientific, medical and patient communities that supports the appropriate sharing of genomic and clinical information. However, this aspiration raises a number of ethical, legal and regulatory challenges that need to be addressed. The Global Alliance for Genomics and Health, a worldwide coalition of researchers, healthcare professionals, patients and industry partners, is developing innovative solutions to support the responsible and effective sharing of genomic and clinical data. This article identifies the challenges that a data sharing culture poses and highlights a series of practical solutions that will benefit patients, researchers and society.

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FU Medical Research Council - Cancer Research UK (MRC-CRUK)

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PT J
AU Wan, ZY
Vorobeychik, Y
Kantarcioglu, M
Malin, B
AF Wan, Zhiyu
Vorobeychik, Yevgeniy
Kantarcioglu, Murat
Malin, Bradley
TI Controlling the signal: Practical privacy protection of genomic data

sharing through Beacon services

SO BMC MEDICAL GENOMICS

LA English

DT Article

DE Genomic databases; Beacon service; Data sharing; Privacy; Perturbation;
iDASH challenge

ID PRECISION MEDICINE; GENETICS

AB Background: Genomic data is increasingly collected by a wide array of organizations. As such, there is a growing demand to make summary information about such collections available more widely. However, over the past decade, a series of investigations have shown that attacks, rooted in statistical inference methods, can be applied to discern the presence of a known individual's DNA sequence in the pool of subjects. Recently, it was shown that the Beacon Project of the Global Alliance for Genomics and Health, a web service for querying about the presence (or absence) of a specific allele, was vulnerable. The Integrating Data for Analysis, Anonymization, and Sharing (iDASH) Center modeled a track in their third Privacy Protection Challenge on how to mitigate the Beacon vulnerability. We developed the winning solution for this track.

Methods: This paper describes our computational method to optimize the tradeoff between the utility and the privacy of the Beacon service. We generalize the genomic data sharing problem beyond that which was introduced in the iDASH Challenge to be more representative of real world scenarios to allow for a more comprehensive evaluation. We then conduct a sensitivity analysis of our method with respect to several state-of-the-art methods using a dataset of 400,000 positions in Chromosome 10 for 500 individuals from Phase 3 of the 1000 Genomes Project. All methods are evaluated for utility, privacy and efficiency.

Results: Our method achieves better performance than all state-of-the-art methods, irrespective of how key factors (e.g., the allele frequency in the population, the size of the pool and utility weights) change from the original parameters of the problem. We further illustrate that it is possible for our method to exhibit subpar performance under special cases of allele query sequences. However, we show our method can be extended to address this issue when the query sequence is fixed and known a priori to the data custodian, so that they may plan stage their responses accordingly.

Conclusions: This research shows that it is possible to thwart the attack on Beacon services, without substantially altering the utility of the system, using computational methods. The method we initially developed is limited by the design of the scenario and evaluation protocol for the iDASH Challenge; however, it can be improved by allowing the data custodian to act in a staged manner.
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AU Mursaleen, LR
Stamford, JA
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AF Mursaleen, Leah Rose
Stamford, Jon Andrew
Jones, David Ashford
Windle, Richard
Isaacs, Tom

TI Attitudes Towards Data Collection, Ownership and Sharing Among Patients
with Parkinson's Disease

SO JOURNAL OF PARKINSONS DISEASE

LA English

DT Article

DE Parkinson's disease; data collection; data sharing; data ownership;
anonymity; communication

AB Background: The ownership and sharing of patient medical data is an increasingly contentious subject in medicine generally but also within the field of Parkinson's disease (PD). Despite being the providers of the medical data, patients are rarely consulted as to its usage.

Objective: The objective of this paper is to establish patient attitudes to ownership of their own medical data and the sharing thereof.

Methods: We report here the results of an online survey of people with Parkinson's. A total of 310 people took part in the 'sharing data' component of the survey, answering some or all of the questions for which they were eligible.

Results: Most respondents (208/306) were aged between 55 and 74 years. 55% of the sample were female and the mean number of years diagnosed was 7.1. Although 93% of respondents were willing to share data, only 41% were currently doing so and a further 8% did not know whether they were sharing any information in this way. There was a significant association between age and data sharing ($p = 0.006$). However, no clear relationship was found between data sharing and the number of years diagnosed, sex, medication class or health confidence. There was also no consensus among patients on ownership of, access to and usage of their research data.

Conclusion: The lack of consensus on data ownership and general absence of clear demographic predictors of data sharing implies impaired communication pathways. We suggest that strategies directed towards improved communication may help to clarify data ownership and promote data sharing.

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J9 J PARKINSON DIS
JI J. Parkinsons Dis.
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WC Neurosciences
SC Neurosciences & Neurology
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TI Implementing partnership-driven clinical federated electronic health
record data sharing networks
SO INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS
LA English
DT Article
DE Information systems; Data sharing; Federated networks; Implementation;
Electronic health records
ID SOFTWARE-DEVELOPMENT; PUBLIC-HEALTH; PATIENT DATA; MODEL; SUPPORT
AB Objective: Building federated data sharing architectures requires supporting
a range of data owners, effective and validated semantic alignment between data
resources, and consistent focus on end-users. Establishing these resources
requires development methodologies that support internal validation of data
extraction and translation processes, sustaining meaningful partnerships, and
delivering clear and measurable system utility. We describe findings from two
federated data sharing case examples that detail critical factors, shared
outcomes, and production environment results.
Methods: Two federated data sharing pilot architectures developed to support
network-based research associated with the University of Washington's Institute
of Translational Health Sciences provided the basis for the findings. A spiral
model for implementation and evaluation was used to structure iterations of
development and support knowledge share between the two network development
teams, which cross collaborated to support and manage common stages.

Results: We found that using a spiral model of software development and multiple cycles of iteration was effective in achieving early network design goals. Both networks required time and resource intensive efforts to establish a trusted environment to create the data sharing architectures. Both networks were challenged by the need for adaptive use cases to define and test utility.

Conclusion: An iterative cyclical model of development provided a process for developing trust with data partners and refining the design, and supported measureable success in the development of new federated data sharing architectures. (C) 2016 Elsevier Ireland Ltd. All rights reserved.

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U1 0
U2 5
PU ELSEVIER IRELAND LTD
PI CLARE
PA ELSEVIER HOUSE, BROOKVALE PLAZA, EAST PARK SHANNON, CO, CLARE, 00000,
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JI Int. J. Med. Inform.
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TI Data Sharing to Support the Cancer Journey in the Digital Era
SO JOURNAL OF ONCOLOGY PRACTICE
LA English
DT Editorial Material
ID ELECTRONIC HEALTH RECORDS; ONCOLOGY PRACTICE; INFORMATION; IMPROVEMENT;
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TC 2
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PU AMER SOC CLINICAL ONCOLOGY
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TI Sharing Overdose Data Across State Agencies to Inform Public Health
Strategies: A Case Study

SO PUBLIC HEALTH REPORTS

LA English

DT Article

ID SURVEILLANCE; INTEGRATION; CITY

AB Data sharing and analysis are important components of coordinated and cost-effective public health strategies. However, legal and policy barriers have made data from different agencies difficult to share and analyze for policy development. To address a rise in overdose deaths, Maryland used an innovative and focused approach to bring together data on overdose decedents across multiple agencies. The effort was focused on developing discrete intervention points based on information yielded on decedents' lives, such as vulnerability upon release from incarceration. Key aspects of this approach included gubernatorial leadership, a unified commitment to data sharing across agencies with memoranda of understanding, and designation of a data management team. Preliminary results have yielded valuable insights and have helped inform policy. This process of navigating legal and privacy concerns in data sharing across multiple agencies may be applied to a variety of public health problems challenging health departments across the country.

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10.1177/00333549091240S202
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TC 2
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U1 0
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PA 2455 TELLER RD, THOUSAND OAKS, CA 91320 USA
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TI Patient-Centred Transparency Requirements for Medical Data Sharing
Systems
SO NEW ADVANCES IN INFORMATION SYSTEMS AND TECHNOLOGIES, VOL 1
SE Advances in Intelligent Systems and Computing
LA English
DT Proceedings Paper
CT World Conference on Information Systems and Technologies (WorldCIST)
CY MAR 22-24, 2016
CL Recife, BRAZIL

DE Requirements; Transparency; Medical Data Sharing Systems
ID PRIVACY; FRAMEWORK; SECURITY; HEALTH
AB We compose, propose, and discuss several requirements to support transparency in Medical Data Sharing Systems. Transparency is a property that suggests openness and compliance with policies, practices, and processes employed to secure data, and it is believed to promote good quality of service in healthcare. Our requirements indicate how transparency can be realised on modern medical data sharing systems such as those managing electronic health records.
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NR 22
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WC Computer Science, Artificial Intelligence; Computer Science, Information Systems; Computer Science, Theory & Methods

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TI Best practice for analysis of shared clinical trial data

SO BMC MEDICAL RESEARCH METHODOLOGY

LA English

DT Article

ID INDIVIDUAL PARTICIPANT DATA; SUBGROUP ANALYSES; PATIENT-LEVEL; METAANALYSIS; ASSUMPTIONS; BIAS

AB Background: Greater transparency, including sharing of patient-level data for further research, is an increasingly important topic for organisations who sponsor, fund and conduct clinical trials. This is a major paradigm shift with the aim of maximising the value of patient-level data from clinical trials for the benefit of future patients and society. We consider the analysis of shared clinical trial data in three broad categories: (1) reanalysis - further investigation of the efficacy and safety of the randomized intervention, (2) meta-analysis, and (3) supplemental analysis for a research question that is not directly assessing the randomized intervention.

Discussion: In order to support appropriate interpretation and limit the risk of misleading findings, analysis of shared clinical trial data should have a pre-specified analysis plan. However, it is not generally possible to limit bias and control multiplicity to the extent that is possible in the original trial design, conduct and analysis, and this should be acknowledged and taken into account when interpreting results. We highlight a number of areas where specific considerations arise in planning, conducting, interpreting and reporting analyses of shared clinical trial data. A key issue is that that these analyses essentially share many of the limitations of any post hoc analyses beyond the original specified analyses. The use of individual patient data in meta-analysis can provide increased precision and reduce bias. Supplemental analyses are subject to many of the same issues that arise in broader epidemiological analyses. Specific discussion topics are addressed within each of these areas.

Summary: Increased provision of patient-level data from industry and academic-led clinical trials for secondary research can benefit future patients

and society. Responsible data sharing, including transparency of the research objectives, analysis plans and of the results will support appropriate interpretation and help to address the risk of misleading results and avoid unfounded health scares.

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FU Bayer Pharma AG

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NR 39

TC 2

Z9 2

U1 0

U2 0

PU BMC

PI LONDON

PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND

SN 1471-2288

J9 BMC MED RES METHODOL

JI BMC Med. Res. Methodol.

PY 2016

VL 16

SU 1

AR 76

DI 10.1186/s12874-016-0170-y

PG 8

WC Health Care Sciences & Services

SC Health Care Sciences & Services

GA EZ9CB

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PT S

AU Kim, H

Song, H

Lee, S

Kim, H

Song, I

AF Kim, Hyunsoo

Song, Hoyeong

Lee, Soobin
Kim, Hyangjung
Song, Inkwang

GP IEEE

TI A Simple Approach to Share Users' Own Healthcare Data with a Mobile Phone

SO 2016 EIGHTH INTERNATIONAL CONFERENCE ON UBIQUITOUS AND FUTURE NETWORKS (ICUFN)

SE International Conference on Ubiquitous and Future Networks

LA English

DT Proceedings Paper

CT 8th International Conference on Ubiquitous and Future Networks (ICUFN)

CY JUL 05-08, 2016

CL Vienna, AUSTRIA

SP Tech Univ, IEEE Commun Soc, IEEE, Springer, Samsung Elect, LG Elect, ERICSSON, LG, MODACOM, ETRI, NIA, SK Telecom, LG U+, KETI, DASAN, Inha Univ, UWB Wireless Commun Res Ctr, Yonsei Univ,), Next Generat RFID USN Res Ctr, Kookmin Univ, LED Convergence Res Ctr, Multi Screen Serv Forum Korea, Kyungpook Natl Univ, Center for IT Automobile Convergence, Soc Safety Syst Forum Korea, Korean Inst Commun & Informat Sci, KT

DE Healthcare; Mobile device; Data sharing; Rehabilitation; Authentication

AB Nowadays, many kinds of IT-based healthcare products have been released, which measure the patients' health status and warn them of potential risk they might have. In addition, this accumulated data can be sent to remote medical staff in order for the users to get the proper guidelines or treatments from them. In this paper, we propose a simple approach which makes sure that the patients secure the ownership of their own healthcare data and control access of other people to the data. Moreover, we applied this method into the smartphone-based rehabilitation application for those who are suffering from shoulder dysfunction.

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CR Black AD, 2011, PLOS MED, V8, DOI 10.1371/journal.pmed.1000387

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Smith G. R., 1982, BMJ-BRIT MED J, V284, P1224

NR 5

TC 2

Z9 2

U1 0

U2 0

PU IEEE

PI NEW YORK

PA 345 E 47TH ST, NEW YORK, NY 10017 USA

SN 2165-8528

BN 978-1-4673-9991-3

J9 INT CONF UBIQ FUTUR

PY 2016

BP 453

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PG 3

WC Engineering, Electrical & Electronic

SC Engineering

GA BG6EQ

UT WOS:000390165600104
DA 2019-08-06
ER

PT B

AU Muthukumar, KA
Nandhini, M

AF Muthukumar, K. A.
Nandhini, M.

GP IEEE

TI Modified Secret Sharing Algorithm for Secured Medical Data Sharing in
Cloud Environment

SO 2016 Second International Conference on Science Technology Engineering
and Management (ICONSTEM)

LA English

DT Proceedings Paper

CT 2nd IEEE International Conference on Science Technology Engineering and
Management (ICONSTEM)

CY MAR 30-31, 2016

CL Jeppiaar Engn Coll, Chennai, INDIA

SP IEEE

HO Jeppiaar Engn Coll

DE cloud computing; information dispersal algorithm; secret sharing
algorithm; medical data

AB Cloud computing has become a promising computing paradigm drawing extensive
attention from both academia and industry. Storing, accessing and processing of
data in cloud environment are the cutting edge technology used all over the
world. In modern health care industry cloud computing technology is widely
adopted for storing and sharing medical data. Sensitivity of Medical data needs
to be more secured while sharing the data in cloud environment. Data encryption,
homomorphic encryption, secret sharing technique and data partition technique
are widely used to share the data in cloud computing environment. In this paper,
performance of two algorithms viz., secret sharing algorithm and information
dispersal algorithm are compared and modified secret sharing algorithm is
proposed for medical data sharing.

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NR 9

TC 2

Z9 2

U1 1

U2 8

PU IEEE

PI NEW YORK

PA 345 E 47TH ST, NEW YORK, NY 10017 USA

BN 978-1-5090-1706-5

PY 2016
BP 67
EP 71
PG 5
WC Computer Science, Interdisciplinary Applications; Engineering,
Multidisciplinary
SC Computer Science; Engineering
GA BG4XE
UT WOS:000389234300015
DA 2019-08-06
ER

PT J
AU Knauth, DR
Meinerz, NE
AF Knauth, Daniela Riva
Meinerz, Nadia Elisa
TI Reflections on sharing data from healthcare anthropological studies
SO CIENCIA & SAUDE COLETIVA
LA Portuguese
DT Article
DE Ethnography; Results disclosure; Research ethics; Qualitative survey
AB This article discusses the topic of sharing the results of anthropological studies, such as disseminating research results to health professionals and to social movements. The starting point is a dialog with a number of successful and less successful publicizing experiences. This has allowed us to find negotiations and limits of this practice, and the different dimensions of which it is a part. We will use examples to develop two lines of questioning regarding "post-study requirements". The first has to do with the ethical and political nature of the initiative, and the second problematizes the "interest" in the results on the part of the various subjects involved in the anthropologic investigation.
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NR 14
TC 2

Z9 2
U1 0
U2 0
PU ABRASCO
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PA RUA HESPERIA, 16-PARTE MANGUINHOS, RIO DE JANEIRO, 21050-040, BRAZIL
SN 1413-8123
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J9 CIENC SAUDE COLETIVA
JI Cienc. Saude Coletiva
PD SEP
PY 2015
VL 20
IS 9
BP 2659
EP 2666
DI 10.1590/1413-81232015209.04672015
PG 8
WC Public, Environmental & Occupational Health
SC Public, Environmental & Occupational Health
GA CQ9UP
UT WOS:000360961000007
PM 26331498
OA DOAJ Gold
DA 2019-08-06
ER

PT J
AU Lawson, AB
Rotejanaprasert, C
Moraga, P
Choi, J
AF Lawson, A. B.
Rotejanaprasert, C.
Moraga, P.
Choi, J.

TI A shared neighbor conditional autoregressive model for small area
spatial data
SO ENVIRONMETRICS
LA English
DT Article
DE conditional autoregressive model; spatial statistics; small area data;
Bayesian statistics
AB The use of conditional autoregressive (CAR) models for spatial effects is
commonplace, especially when dealing with aggregated count data in health
studies. CAR models are convenient and relatively easy to implement but suffer
from the fact that they have limited flexibility in modeling correlation. We
introduce a new CAR model that can accommodate different neighborhood features
(including shared neighbors). Further, we examine via simulation how this model
performs in comparison with standard CAR models. We also consider the
application to a small area health data example. Copyright (c) 2015 John Wiley &
Sons, Ltd.
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NR 18
TC 2
Z9 2
U1 0
U2 9
PU WILEY-BLACKWELL
PI HOBOKEN
PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
SN 1180-4009
EI 1099-095X
J9 ENVIRONMETRICS
JI Environmetrics
PD SEP
PY 2015
VL 26
IS 6
BP 383
EP 392
DI 10.1002/env.2346
PG 10
WC Environmental Sciences; Mathematics, Interdisciplinary Applications;
Statistics & Probability
SC Environmental Sciences & Ecology; Mathematics
GA CQ9ZV
UT WOS:000360978100001
DA 2019-08-06
ER

PT J
AU Richardson, V
Milam, S
Chrysler, D

AF Richardson, Victor
Milam, Sallie
Chrysler, Denise
TI Is Sharing De-identified Data Legal? The State of Public Health
Confidentiality Laws and Their Interplay with Statistical Disclosure
Limitation Techniques
SO JOURNAL OF LAW MEDICINE & ETHICS
LA English
DT Article; Proceedings Paper
CT National Public Health Law Conference - Intersection of Law, Policy and
Prevention
CY OCT, 2014
CL Atlanta, GA
SP Network Public Hlth Law, Ame Soc Law, Med & Eth
AB The multiplicity and age of state confidentiality laws often stymie the flow
of public health data. De-identification promises a solution to this problem,
but is shadowed by the specter of re-identification attacks. This article
examines de-identification's efficacy and legality - ultimately concluding it is
a safe and effective data liberation tool.
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CR American Statistical Association: Committee on Privacy and Confidentiality,
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NR 10
TC 2
Z9 2
U1 1
U2 4
PU SAGE PUBLICATIONS INC
PI THOUSAND OAKS
PA 2455 TELLER RD, THOUSAND OAKS, CA 91320 USA
SN 1073-1105
EI 1748-720X
J9 J LAW MED ETHICS
JI J. Law Med. Ethics
PD SPR
PY 2015
VL 43
SU 1
SI SI
BP 83
EP 86
DI 10.1111/jlme.12224
PG 4

WC Ethics; Law; Medical Ethics; Medicine, Legal
SC Social Sciences - Other Topics; Government & Law; Medical Ethics; Legal
Medicine
GA CF5CS
UT WOS:000352573600020
PM 25846173
DA 2019-08-06
ER

PT J

AU Pisano, F
Lorenzoni, G
Sabato, SS
Soriani, N
Narraci, O
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Rosato, C
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Folino, F
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Tona, F
Baldi, I
Iliceto, S
Gregori, D

AF Pisano, Franco
Lorenzoni, Giulia
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Accogli, Michele
Rosato, Carlo
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Folino, Franco
Buja, Gianfranco
Tona, Francesco
Baldi, Ileana
Iliceto, Sabino
Gregori, Dario

CA GISC Study Grp

TI Networking and data sharing reduces hospitalization cost of heart
failure: the experience of GISC study

SO JOURNAL OF EVALUATION IN CLINICAL PRACTICE

LA English

DT Article

DE evaluation; health services research; public health

ID GENERALIZED ESTIMATING EQUATIONS; DISEASE MANAGEMENT; RANDOMIZED-TRIAL;
MULTIDISCIPLINARY CARE; HIGH-RISK; OUTCOMES; INTERVENTION; READMISSION;
PROGRAM

AB Rationale, aims and objectivesHeart failure (HF) is a concerning public
health burden in Western society because, despite the improvement of medical
treatments, it is still associated with adverse outcomes (high morbidity and
mortality), resulting in one of the most expensive chronic disease in Western
countries. Hospital admission particularly is the most expensive cost driver
among the several resources involved in the management of HF. The aim of our
study was to investigate the cost of hospitalization before and after the
enrolment to a new strategy (GISC) in the management of patients with HF.

MethodsWe enrolled a cohort of 90 patients. Patients were eligible to the
study if they were hospitalized with a new diagnosis of HF or a diagnosis of

decompensated HF. The enrolment to the study corresponded to the enrolment to the GISC intervention. We calculated the cost for every hospital admission at 6 and 12 months before and after the enrolment using the tariff paid for the diagnosis-related group.

Results Comparing per-patient cumulative cost before and after the enrolment, we showed that patient's hospitalization was less expensive after the enrolment to the GISC intervention. The strategy resulted in an average cumulative estimated saving of Euro439322.00 (95% CI Euro413890.70; Euro464753.40) at 6 months and of Euro832276.80 (95% CI Euro786863.70; Euro877690.00) at 12 months after the enrolment.

Conclusions We found out that the intervention was a cost-saving strategy for follow-up of the patients suffering from HF at 6 and 12 months after the enrolment compared with hospitalizations' cost before the recruitment.

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NR 24
TC 2
Z9 2
U1 0
U2 1
PU WILEY-BLACKWELL
PI HOBOKEN
PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
SN 1356-1294
EI 1365-2753
J9 J EVAL CLIN PRACT
JI J. Eval. Clin. Pract.
PD FEB
PY 2015
VL 21
IS 1
BP 103
EP 108
DI 10.1111/jep.12255
PG 6
WC Health Care Sciences & Services; Medical Informatics; Medicine, General
& Internal
SC Health Care Sciences & Services; Medical Informatics; General & Internal
Medicine
GA CC6AV
UT WOS:000350447800016
PM 25266937
DA 2019-08-06
ER

PT B
AU Bahri, L
Carminati, B
Ferrari, E
AF Bahri, Leila
Carminati, Barbara
Ferrari, Elena
GP IEEE
TI CARDS - Collaborative Audit and Report Data Sharing for A-Posteriori
Access Control in DOSNs
SO 2015 IEEE CONFERENCE ON COLLABORATION AND INTERNET COMPUTING (CIC)
LA English
DT Proceedings Paper
CT IEEE Conference Collaboration Internet Computing
CY OCT 28-30, 2015
CL Hangzhou, PEOPLES R CHINA
SP IEEE, IEEE Comp Soc, Zhejiang Univ, ADTIME
DE Collaborative audit; DOSNs; A-posteriori access control; Data
accountability; Collaborative data sharing
ID TRUST

AB Accountability and transparency have been commonly accepted to deter bad acts and to encourage compliance to rules. For this, auditing has been largely, and since ancient times, adopted to ensure the well running of systems and businesses within which duties are governed by set rules. Recently, an a-posteriori approach to data access control has been investigated for information systems as well across number of critical domains (e.g, healthcare systems). Besides, privacy advocates started calling for the necessity of accountability and transparency in managing users' privacy in nowadays connected and proliferated web data. Following this line of thought, we suggest a system for collaborative a-posteriori access control to data dissemination in decentralized online social networks based on reporting and auditing. We demonstrate the usability of our suggested model using a real OSN graph.

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NR 23

TC 2

Z9 2

U1 3

U2 3

PU IEEE

PI NEW YORK

PA 345 E 47TH ST, NEW YORK, NY 10017 USA

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WC Computer Science, Theory & Methods

SC Computer Science
GA BF1HK
UT WOS:000380397300005
DA 2019-08-06
ER

PT S

AU Hu, Y
Peng, C
Bai, GH

AF Hu, Yan
Peng, Cong
Bai, Guohua

GP IEEE

TI SHARING HEALTH DATA THROUGH HYBRID CLOUD FOR SELF-MANAGEMENT

SO 2015 IEEE INTERNATIONAL CONFERENCE ON MULTIMEDIA & EXPO WORKSHOPS
(ICMEW)

SE IEEE International Conference on Multimedia and Expo Workshops

LA English

DT Proceedings Paper

CT IEEE International Conference on Multimedia & Expo Workshops (ICMEW)

CY JUN 29-JUL 03, 2015

CL Turin, ITALY

DE Chronic disease; information sharing; self-management; cloud computing;
hybrid cloud

AB Nowadays, patient self-management is encouraged in home-based healthcare, especially for chronic disease care. Sharing health information could improve the quality of patient self-management. In this paper, we introduce cloud computing as a potential technology to provide a more sustainable long-term solution compared with other technologies. A hybrid cloud is identified as a suitable way to enable patients to share health information for promoting the treatment of chronic diseases. And then a prototype on the case of type 2 diabetes is implemented to prove the feasibility of the proposed solution.
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NR 13

TC 2

Z9 2

U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 2330-7927
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J9 IEEE INT CONF MULTI
PY 2015
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WC Computer Science, Hardware & Architecture; Computer Science, Information Systems; Engineering, Electrical & Electronic
SC Computer Science; Engineering
GA BF3DZ
UT WOS:000380531100012
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ER

PT S
AU Melillo, P
 Jovic, A
 De Luca, N
 Morgan, SP
 Pecchia, L
AF Melillo, Paolo
 Jovic, Alan
 De Luca, Nicola
 Morgan, Stephen P.
 Pecchia, Leandro
BE Lackovic, I
 Vasic, D
TI Automatic Prediction of Falls via Heart Rate Variability and Data Mining in Hypertensive Patients: The SHARE Project Experience
SO 6TH EUROPEAN CONFERENCE OF THE INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING
SE IFMBE Proceedings
LA English
DT Proceedings Paper
CT 6th European Conference of the International-Federation-for-Medical-and-Biological-Engineering (MBEC)
CY SEP 07-11, 2014
CL Dubrovnik, CROATIA
SP Croatian Med & Biol Engn Soc, Int Federat Med & Biol Engn, Minist Sci Educ & Sports Republ Croatia, Minist Hlth Republ Croatia, Univ Zagreb, Fac Elect Engn & Comp, European Alliance Med & Biol Engn & Sci, European Cooperat Sci & Technol
DE heart rate variability (HRV); accidental falls; fall risk factors; falls prediction; data mining
ID APPROXIMATE ENTROPY; PHYSICAL-ACTIVITY; RISK-ASSESSMENT; HEALTH-CARE; QUANTIFICATION; FEATURES; HRV
AB Accidental falls in elderly is a major problem. This paper presents the preliminary results of a retrospective study investigating association between Heart Rate Variability (HRV) measures and risk of falling, analyzing 168 clinical 24-hour ECG recording from hypertensive patients, 47 of them experienced at least one fall in the three months before/after the registration. Several HRV patterns, based on 68 linear and non-linear HRV measures, were analyzed in relation to falls using advanced statistical and data mining methods. The results demonstrated that there is a significant association between a depressed HRV and the risk of falling, suggesting that a depressed HRV could be

a new independent risk factor for falls with an odds ratio of 5.12 (CI 95% 1.42-18.41; $p < 0.01$).

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Leandro/0000-0002-7900-5415; DE LUCA, Nicola/0000-0002-9606-6586;
Morgan, Stephen/0000-0003-4069-3801
CR Acharya UR, 2006, MED BIOL ENG COMPUT, V44, P1031, DOI 10.1007/s11517-006-0119-0
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PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY
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VL 45
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WC Engineering, Biomedical; Medical Informatics; Neurosciences
SC Engineering; Medical Informatics; Neurosciences & Neurology
GA BC0RY
UT WOS:000349454200011
DA 2019-08-06
ER

PT J
AU Hayden, EC
AF Hayden, Erika Check
TI Cancer-gene data sharing boosted
SO NATURE
LA English
DT News Item
NR 0
TC 2
Z9 3
U1 0
U2 9
PU NATURE PUBLISHING GROUP
PI LONDON
PA MACMILLAN BUILDING, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
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J9 NATURE
JI Nature
PD JUN 12
PY 2014
VL 510
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BP 198
EP 198
DI 10.1038/510198a
PG 1
WC Multidisciplinary Sciences
SC Science & Technology - Other Topics
GA AI7AT
UT WOS:000337032400007
PM 24919902
OA Bronze
DA 2019-08-06

ER

PT S

AU Ammar, N
Malik, Z
Rezgui, A
Alodib, M

AF Ammar, Nariman
Malik, Zaki
Rezgui, Abdelmounaam
Alodib, Mohammed

BE Shakshuki, EM

TI MobiDyC: Private Mobile-Based Health Data Sharing Through Dynamic
Context Handling

SO 9TH INTERNATIONAL CONFERENCE ON FUTURE NETWORKS AND COMMUNICATIONS
(FNC'14) / THE 11TH INTERNATIONAL CONFERENCE ON MOBILE SYSTEMS AND
PERVASIVE COMPUTING (MOBISPC'14) / AFFILIATED WORKSHOPS

SE Procedia Computer Science

LA English

DT Proceedings Paper

CT 11th International Conference on Mobile Systems and Pervasive Computing
(MobiSPC)

CY AUG 17-20, 2014

CL Niagara Falls, CANADA

DE Privacy; Context; Web service; Cloud; Mobile

AB With the adoption of mobile healthcare applications and the success of cloud
service models, we propose a privacy management framework for mobile health care
applications with support for dynamic privacy management of health data sharing.
Our solution extends the XACML policy language by incorporating user access
context into the privacy policy rule enforcement. We provide an implementation
of our approach that builds on top of the Google App Engine cloud platform. We
also provide a preliminary evaluation that indicates that the overhead incurred
by our approach is minimal. (c) 2014 Elsevier B.V.

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Anh D.T.T., 2014, JOURNAL OF SYSTEMS A
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Mont M.C., 2006, INTERNATIONAL CONFER
Pallapa G., 2012, INTERNATIONAL SYMPOS
Truong H.L., 2009, BREACHES AFFECTING 5

NR 11

TC 2

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U2 0

PU ELSEVIER SCIENCE BV

PI AMSTERDAM

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PY 2014
VL 34
BP 426
EP 433
DI 10.1016/j.procs.2014.07.049
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WC Computer Science, Information Systems; Computer Science, Theory & Methods; Telecommunications
SC Computer Science; Telecommunications
GA BC1CK
UT WOS:000349979900052
OA Other Gold
DA 2019-08-06
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PT B
AU Zheng, YX
 Li, LL
 Zhang, L
AF Zheng, Yixin
 Li, Linglong
 Zhang, Lin
GP IEEE
TI Poster Abstract: PiMi Air Community: Getting Fresher Indoor Air by Sharing Data and Know-hows
SO PROCEEDINGS OF THE 13TH INTERNATIONAL SYMPOSIUM ON INFORMATION PROCESSING IN SENSOR NETWORKS (IPSN' 14)
LA English
DT Proceedings Paper
CT 13th IEEE/ACM International Symposium on Information Processing in Sensor Networks (IPSN)
CY APR 15-17, 2014
CL Berlin, GERMANY
SP Assoc Comp Machinery, IEEE, ACM SIGBED, IEEE Comp Soc, Carl Ossietzky Univ Oldenburg
DE participatory sensing; indoor air quality; human factors
AB PiMiair.org is a participatory indoor air quality data sharing project we launched in January 2014. Over 200 PiMi air boxes, a low-cost indoor air quality monitor, were given out to volunteer users across China. The PiMi air boxes measure the approximate indoor particulate matter concentration, and the ambient temperature and humidity. When a user accesses the PiMi air box for his personal air quality data on his smartphone, the data is relayed to the backend PiMi cloud server for analysis. Accumulating large amount of indoor air quality data under different circumstances, the PiMi cloud server is able to use statistical learning methodologies to detect point of interests (POIs) in the data series, and asks users to label their activities or events at the POIs. Together with the user-reported physicality information on the indoor environments, PiMiair.org is able to quantitatively evaluate the impacts of the environment physicality and human behaviors on the indoor air quality, and mine the knowledges on how to alleviate indoor air pollution. We believe that by sharing these knowledge among the community, healthier breathing environments could be nurtured for the well-being of the public.
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PI NEW YORK

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WC Computer Science, Information Systems; Remote Sensing

SC Computer Science; Remote Sensing

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ER

PT J

AU Yu, H

Wang, HH

Wang, C

AF Yu, Hao

Wang, Haihang

Wang, Cheng

TI A Sharing Data Model for Wireless Body Sensor Networks in Different
Application Scenarios of Heterogeneous Platforms

SO AD HOC & SENSOR WIRELESS NETWORKS

LA English

DT Article

DE Body sensor networks; heterogeneous platform; data sharing

ID M-HEALTH

AB Body sensor networks (BSNs) represent an emerging technology which has attracted much attention recently due to its enormous potential to enable remote, real-time, continuous and non-invasive monitoring of people in health-care, entertainment, fitness, sport, and social interaction. At present, the semantic expressions of BSNs data depend on the specific application scenarios, then have no unified standard. Such a lack of compatibility in the standard will lead to a subsequent bottleneck in data sharing of BSNs. This paper presents a model that addresses the issue, from low-layer data encapsulation to higher layer data storage, to top-layer application scenarios in BSNs. The physiological data from BSNs are encapsulated with some metadata, including BSNs context, sensor position, time and human health state in the model. The proposed model is cross-platform in terms of sharing physiological data. The results of experiments validate the effectiveness of data sharing in BSNs under the proposed model.
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Zhang ZB, 2011, PROC EUR TEST SYMP, P13, DOI 10.1109/ETS.2011.18

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JI Ad Hoc Sens. Wirl. Netw.

PY 2014

VL 22

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WC Computer Science, Information Systems; Telecommunications

SC Computer Science; Telecommunications

GA AL1TL

UT WOS:000338909000008

DA 2019-08-06

ER

PT S

AU Singanamalli, A

Wang, HB

Lee, G
Shih, N
Rosen, M
Master, S
Tomasewski, J
Feldman, M
Madabhushi, A
AF Singanamalli, Asha
Wang, Haibo
Lee, George
Shih, Natalie
Rosen, Mark
Master, Stephen
Tomasewski, John
Feldman, Michael
Madabhushi, Anant
BE Molthen, RC
Weaver, JB
TI Supervised Multi-View Canonical Correlation Analysis: Fused Multimodal Prediction of Disease Diagnosis and Prognosis
Cancer Synergistic Idea Development Award (PC120857); the QED award from the University City Science Center and Rutgers University, the Ohio Third Frontier Technology development Grant. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. In addition, data collection and sharing for the Alzheimer's Disease Dataset was funded by the Alzheimer's Disease Neuroimaging Initiative (ADNI) (National Institutes of Health Grant U01 AG024904) and DOD ADNI (Department of Defense award number W81XWH-12-2-0012).ADNI is funded by the National Institute on Aging, the National Institute of Biomedical Imaging and Bioengineering, and through generous contributions from a number of associations and companies .Research reported in this publication was supported by the National Cancer Institute of the National Institutes of Health under award numbers R01CA136535-01, R01CA140772-01, and R21CA167811-01; the National Institute of Diabetes and Digestive and Kidney Diseases under award number R01DK098503-02, the DOD Prostate
SO MEDICAL IMAGING 2014: BIOMEDICAL APPLICATIONS IN MOLECULAR, STRUCTURAL, AND FUNCTIONAL IMAGING
SE Proceedings of SPIE
LA English
DT Proceedings Paper
CT Conference on Medical Imaging - Biomedical Applications in Molecular, Structural, and Functional Imaging
CY FEB 16-18, 2014
CL San Diego, CA
SP SPIE, Modus Med Devices Inc, XIFIN Inc, Ventana Med Syst Inc, Intrace Med
ID ALZHEIMERS-DISEASE; PROSTATE-CANCER; BIOMARKER; CLASSIFICATION; SEGMENTATION; SETS
AB While the plethora of information from multiple imaging and non-imaging data streams presents an opportunity for discovery of fused multimodal, multiscale biomarkers, they also introduce multiple independent sources of noise that hinder their collective utility. The goal of this work is to create fused predictors of disease diagnosis and prognosis by combining multiple data streams, which we hypothesize will provide improved performance as compared to predictors from individual data streams. To achieve this goal, we introduce supervised multiview canonical correlation analysis (sMVCCA), a novel data fusion method that attempts to find a common representation for multiscale, multimodal data where class separation is maximized while noise is minimized. In doing so,

sMVCCA assumes that the different sources of information are complementary and thereby act synergistically when combined. Although this method can be applied to any number of modalities and to any disease domain, we demonstrate its utility using three datasets. We fuse (i) 1.5 Tesla (T) magnetic resonance imaging (MRI) features with cerebrospinal fluid (CSF) proteomic measurements for early diagnosis of Alzheimer's disease (n = 30), (ii) 3T Dynamic Contrast Enhanced (DCE) MRI and T2w MRI for in vivo prediction of prostate cancer grade on a per slice basis (n = 33) and (iii) quantitative histomorphometric features of glands and proteomic measurements from mass spectrometry for prediction of 5 year biochemical recurrence postradical prostatectomy (n = 40). Random Forest classifier applied to the sMVCCA fused subspace, as compared to that of MVCCA, PCA and LDA, yielded the highest classification AUC of 0.82 +/- 0.05, 0.76 +/- 0.01, 0.70 +/- 0.07, respectively for the aforementioned datasets. In addition, sMVCCA fused subspace provided 13.6%, 7.6% and 15.3% increase in AUC as compared with that of the best performing individual view in each of the three datasets, respectively. For the biochemical recurrence dataset, Kaplan-Meier curves generated from classifier prediction in the fused subspace reached the significance threshold (p = 0.05) for distinguishing between patients with and without 5 year biochemical recurrence, unlike those generated from classifier predictions of the individual modalities.

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FU National Cancer Institute of the National Institutes of Health

[R01CA136535-01, R01CA140772-01, R21CA167811-01]; National Institute of Diabetes and Digestive and Kidney Diseases [R01DK098503-02]; DOD Prostate Cancer Synergistic Idea Development Award [PC120857]; QED award from the University City Science Center and Rutgers University; Ohio Third Frontier Technology development Grant; Alzheimer's Disease Neuroimaging Initiative (ADNI) (National Institutes of Health Grant) [U01 AG024904]; DOD ADNI (Department of Defense) [W81XWH-12-2-0012]; National Institute on Aging; National Institute of Biomedical Imaging and Bioengineering

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PU SPIE-INT SOC OPTICAL ENGINEERING

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SC Optics; Radiology, Nuclear Medicine & Medical Imaging

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ER

PT J
AU Jousten, A
Lefebvre, M
AF Jousten, Alain
Lefebvre, Mathieu
TI Retirement Incentives in Belgium: Estimations and Simulations Using
SHARE Data
SO ECONOMIST-NETHERLANDS
LA English
DT Article
DE Pensions; Social security; Disability; Early retirement; Unemployment;
Labor force participation
AB The paper studies retirement behavior of wage-earners in Belgium-for the
first time using a rich survey dataset to analyze retirement incentives as faced
by individuals. Specifically, we use SHARE data to estimate a model A la Stock
and Wise (Econom Econ Soc 58(5):1151-1180, 1990). Exploring the data on
individual life-histories from SHARELIFE, we construct a measure of financial
incentive to retire. Our analysis explicitly takes into account the different
take-up rates of the various early retirement exit paths across time and ages.
The results show that financial incentives play a strong role. Health and
education also matter, as do regional differences. Against the general
background of the 2020 strategy, we perform a set of policy simulations and
illustrate the scope but also the limits associated with selective parametric
reforms.
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PA VAN GODEWIJCKSTRAAT 30, 3311 GZ DORDRECHT, NETHERLANDS
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PT J
AU Park, KT
 Bensen, R
 Lu, B
 Nanda, P
 Esquivel, C
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AF Park, K. T.
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TI Geographical Rural Status and Health Outcomes in Pediatric Liver
Transplantation: An Analysis of 6 Years of National United Network of
Organ Sharing Data

SO JOURNAL OF PEDIATRICS

LA English

DT Article

ID QUALITY-OF-LIFE; MEDICATION ADHERENCE; FOLLOW-UP; CARE; REGIONALIZATION;
ACCESS; CHILDREN; DISPARITIES; RESIDENCE; SERVICES

AB Objective To determine whether children in rural areas have worse health than
children in urban areas after liver transplantation (LT).

Study design We used urban influence codes published by the US Department of
Agriculture to categorize 3307 pediatric patients undergoing LT in the United
Network of Organ Sharing database between 2004 and 2009 as urban or rural.
Allograft rejection, patient death, and graft failure were used as primary
outcome measures of post-LT health. Pediatric end-stage liver disease/model of
end-stage liver disease scores >20 was used to measure worse pre-LT health.

Results In a multivariate analysis, we found greater rates of allograft
rejection within 6 months of LT (OR 1.27; 95% CI 1.05-1.53) and a lower
occurrence of posttransplantation lymphoproliferative disorder (OR 0.64; 95% CI
0.41-0.99) in patients in rural areas. The difference in allograft rejection was
eliminated at 1 year of LT (OR 1.18; 95% CI 0.98-1.42). Rural location did not
impact other outcome measures.

Conclusion We conclude that rural location makes a negative impact on patient
health within the first 6 months of LT by increasing the risk for allograft
rejection, although patients in rural areas may have lower rates of developing
posttransplantation lymphoproliferative disorder. Long-term adverse health
effects were not seen. (J Pediatr 2013;162:313-8).

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FX Supported by a grant from the Child Health Research Institute of
Stanford University. The authors declare no conflicts of interest.
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NR 60
TC 2
Z9 3
U1 0
U2 2
PU MOSBY-ELSEVIER
PI NEW YORK
PA 360 PARK AVENUE SOUTH, NEW YORK, NY 10010-1710 USA
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J9 J PEDIATR-US
JI J. Pediatr.
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WC Pediatrics
SC Pediatrics
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PT J

AU Yardley, S

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TI Sharing methodology: A worked example of theoretical integration with qualitative data to clarify practical understanding of learning and generate new theoretical development

SO MEDICAL TEACHER

LA English

DT Article

ID MEDICAL-EDUCATION RESEARCH; INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS; HEALTH PSYCHOLOGY; FOCUS GROUPS; EXPERIENCE; STUDENTS; IDENTITY; SCIENCE; ETHICS

AB Background: Theoretical integration is a necessary element of study design if clarification of experiential learning is to be achieved. There are few published examples demonstrating how this can be achieved.

Aims: This methodological article provides a worked example of research methodology that achieved clarification of authentic early experiences (AEEs) through a bi-directional approach to theory and data.

Methods: Bi-directional refers to our simultaneous use of theory to guide and interrogate empirical data and the use of empirical data to refine theory. We explain the five steps of our methodological approach: (1) understanding the context; (2) critique on existing applications of socio-cultural models to inform study design; (3) data generation; (4) analysis and interpretation and (5) theoretical development through a novel application of Metis.

Results: These steps resulted in understanding of how and why different outcomes arose from students participating in AEE. Our approach offers a mechanism for clarification without which evidence-based effective ways to maximise constructive learning cannot be developed. In our example it also contributed to greater theoretical understanding of the influence of social interactions.

Conclusion: By sharing this example of research undertaken to develop both theory and educational practice we hope to assist others seeking to conduct similar research.

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TI A Data Model Based on Semantically Enhanced HL7 RIM for Sharing Patient
Data of Breast Cancer Clinical Trials

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HEALTH INFORMATICS, PTS 1 AND 2

SE Studies in Health Technology and Informatics
LA English

DT Proceedings Paper

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DE Semantic Interoperability; Clinical Trials; HL7; INTEGRATE project;
Breast Cancer; Data repository

AB Breast cancer clinical trial researchers have to handle heterogeneous data coming from different data sources, overloading biomedical researchers when they need to query data for retrospective analysis. This paper presents the Common Data Model (CDM) proposed within the INTEGRATE EU project to homogenize data coming from different clinical partners. This CDM is based on the Reference Information Model (RIM) from the Health Level 7 (HL7) version 3. Semantic capabilities through an SPARQL endpoint were also required to ensure the sustainability of the platform. For the SPARQL endpoint implementation, a comparison has been carried out between a Relational SQL database + D2R and a RDF database. The results show that the first option can store all clinical data received from institutions participating in the project with a better

performance. It has been also evaluated by the EU Commission within a patient recruitment demonstrator.

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ER

PT J

AU Harmon, SHE

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AF Harmon, Shawn H. E.

Chen, Kuan-Hsun

TI MEDICAL RESEARCH DATA-SHARING: THE 'PUBLIC GOOD' AND VULNERABLE GROUPS

SO MEDICAL LAW REVIEW

LA English

DT Article

DE regulation; medical research; aging; elderly; data-sharing; open science

ID HEALTH-CARE; ALTRUISM; AGE; BIOBANKS; BARRIERS; GENETICS; CONSENT;

SCIENCE; PART

AB One of the moral tests of governments is how they treat those in the twilight of life (the elderly). As such, it is important not only to take care of the needs of the elderly, but also to place their reality in the forefront of deliberations and actions. Now that we are in the so-called century of biology, we must ensure that the newly transformed and increasingly relied on biosciences not only respond to the needs of the elderly but also reflect the reality of the elderly. While many arguments can be made in support of increased data-sharing in biomedical research (and indeed within and across healthcare systems more generally), there are some persuasive age-based arguments that might serve to encourage science regulators, through both funding structures and the law, to fundamentally reshape the research environment so as to enhance its potential to achieve public goods such as improved health and more effective healthcare systems. In this paper, after noting the new research model arising from

population genomics, with its intense data needs, we advance three age-based arguments, in favour of increased and improved data-sharing, and we conclude with some brief observations about how increased data-sharing might be achieved. C1 [Harmon, Shawn H. E.; Chen, Kuan-Hsun] Univ Edinburgh, Sch Law, Edinburgh EH8 9YL, Midlothian, Scotland.

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TI Missing genetic information in case-control family data with general
semi-parametric shared frailty model

SO LIFETIME DATA ANALYSIS

LA English

DT Article

DE Case-control family study; Missing genotypes; Multivariate survival
analysis; Frailty model

ID MULTIVARIATE SURVIVAL ANALYSIS; REGRESSION-MODELS; BREAST-CANCER;
LIFE-TABLES; LIKELIHOOD; ASSOCIATION; DESIGNS; DISTRIBUTIONS;
AGGREGATION; MUTATIONS

AB Case-control family data are now widely used to examine the role of gene-
environment interactions in the etiology of complex diseases. In these types of
studies, exposure levels are obtained retrospectively and, frequently,
information on most risk factors of interest is available on the probands but
not on their relatives. In this work we consider correlated failure time data
arising from population-based case-control family studies with missing genotypes
of relatives. We present a new method for estimating the age-dependent
marginalized hazard function. The proposed technique has two major advantages:
(1) it is based on the pseudo full likelihood function rather than a pseudo

composite likelihood function, which usually suffers from substantial efficiency loss; (2) the cumulative baseline hazard function is estimated using a two-stage estimator instead of an iterative process. We assess the performance of the proposed methodology with simulation studies, and illustrate its utility on a real data example.

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JI Lifetime Data Anal.

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TI Period Analysis for More Up-to-Date Graft and Patient Survival Estimates
in Transplantation: An Evaluation Using United Network for Organ Sharing
Data

SO TRANSPLANTATION

LA English

DT Article

DE Transplantation; Survival analysis; Methodology; Period analysis

ID LONG-TERM SURVIVAL; CANCER SURVIVAL; EMPIRICAL-EVALUATION; RATES;
REGISTRY; FINLAND; EUROPE; SYSTEM

AB Background. Traditional, cohort-based survival analysis approaches may provide outdated graft and patient survival estimates in times when clinical progress is rapid. Period analysis, a survival analysis method that uses left truncation and was shown to provide more up-to-date survival estimates than traditional, cohort-based methods in other medical fields, may improve the timeliness of survival monitoring in transplantation.

Methods. Using United Network for Organ Sharing/Organ Procurement and Transplantation Network data, we evaluated, through a series of comparisons, how well most up-to-date 5-year survival estimates potentially derivable by two commonly used cohort-based methods and the period method would have been able to predict the later observed survival of corresponding most recent transplants in the dataset between 1992 to 1994 and 2001 to 2003.

Results. In the analysis of overall survival, period analysis provided a best prediction for 93 of the 100 evaluated point estimates, whereas among 350 evaluated point estimates of age-specific survival, period analysis provided a best estimate on 254 occasions (72.6%), compared with 49 (14.0%) and 82 (23.4%) occasions for the cohort-based approaches. Mean average absolute differences between period estimates and the later observed survival were meaningfully lower than those obtained by traditional methods, indicating that period estimates may provide much better survival predictions for recently transplanted grafts and patients than estimates derivable at the same time by traditional survival analysis approaches.

Conclusion. The timeliness of survival monitoring can be meaningfully improved by the application of period analysis. The use of period analysis for providing more up-to-date survival estimates in transplantation may be encouraged.

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TI Genomewide association studies data sharing: National institutes of
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TI CompetitiveBike: Competitive Analysis and Popularity Prediction of
Bike-Sharing Apps Using Multi-Source Data

SO IEEE TRANSACTIONS ON MOBILE COMPUTING

LA English

DT Article

DE Bike-sharing app; mobile app; popularity prediction; competitive
analysis; event storyline

ID EMERGENCE; DEMAND

AB In recent years, bike-sharing systems have been widely deployed in many big cities, which provide an economical and healthy lifestyle. With the prevalence of bike-sharing systems, a lot of companies join the bike-sharing market, leading to increasingly fierce competition. To be competitive, bike-sharing companies and app developers need to make strategic decisions and predict the popularity of bike-sharing apps. However, existing works mostly focus on predicting the popularity of a single app, the popularity contest among different apps has not been explored yet. In this paper, we aim to forecast the popularity contest between Mobike and Ofo, two most popular bike-sharing apps in China. We develop CompetitiveBike, a system to predict the popularity contest among bike-sharing apps leveraging multi-source data. We extract two novel types of features: coarse-grained and fine-grained competitive features, and utilize Random Forest model to forecast the future competitiveness. In addition, we view mobile apps competition as a long-term event and generate the event storyline to enrich our competitive analysis. We collect data about two bike-sharing apps and two food ordering & delivery apps from 11 app stores and Sina Weibo, implement extensive experimental studies, and the results demonstrate the effectiveness and generality of our approach.

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CA BIC Steering Comm

TI Lessons learned from two decades of BRCA1 and BRCA2 genetic testing: the evolution of data sharing and variant classification

SO GENETICS IN MEDICINE

LA English

DT Editorial Material

ID UNKNOWN CLINICAL-SIGNIFICANCE; BREAST-CANCER INFORMATION; SEQUENCE VARIANTS; RECOMMENDATIONS

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TI Establishing the Japan-Store house of animal radiobiology experiments
(J-SHARE), a large-scale necropsy and histopathology archive providing
international access to important radiobiology data

SO INTERNATIONAL JOURNAL OF RADIATION BIOLOGY

LA English

DT Article; Early Access

DE Animal experiments; archive; tissue specimen; database; pathology

ID RADIATION; EXPOSURE; GENES; AGE

AB Purpose: Projects evaluating the effects of radiation, within the National
Institutes of Quantum and Radiological Science and Technology (QST), National
Institute of Radiological Sciences (NIRS), have focused on risk analyses for
life shortening and cancer prevalence using laboratory animals. Genetic and
epigenetic alterations in radiation-induced tumors have been also analyzed with
the aim of better understanding mechanisms of radiation carcinogenesis. As well

as the economic and practical limitations of repeating such large-scale experiments, ethical considerations make it vital that we store and share the pathological data and samples of the animal experiments for future use. We are now constructing such an archive called the Japan-Storehouse of Animal Radiobiology Experiments (J-SHARE). Methods: J-SHARE records include information such as detailed experimental protocols, necropsy records and photographs of organs at necropsy. For each animal organs and tumor tissues are dissected, and parts are stored as frozen samples at -80 degrees C. Samples fixed with formalin are also embedded in paraffin blocks for histopathological analyses. Digital copies of stained tissues are being systematically saved using a virtual slide system linked to original records by barcodes. Embedded and frozen tissues are available for molecular analysis. Conclusion: Similar archive systems for radiation biology have also been under construction in the USA and Europe, the Northwestern University Radiation Archive (NURA), and STORE at the BfS, respectively. The J-SHARE will be linked with the sister-archives and made available for collaborative research to institutions and universities all over the world.

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TI Utilizing public health core competencies to share data effectively with
community organizations to promote health equity
SO CANADIAN JOURNAL OF PUBLIC HEALTH-REVUE CANADIENNE DE SANTE PUBLIQUE
LA English
DT Article
DE Data sharing; Health equity; Community partners; Deliberative dialogue;
Core competencies
ID DELIBERATIVE DIALOGUES
AB Objectives This article utilizes an adapted model for research transfer to
highlight the important role of Local Public Health Agencies (LPHAs) to share
data more effectively with local community organizations to advance health
equity.

Methods A literature review related to public health data sharing with local
community partners was conducted using Medline, Embase, and CINAHL databases and
grey literature sources with 12 articles included for analysis. Six LPHAs
distributed an online survey to 405 local community organizations to define
their current data uses and needs. Survey and literature review findings
informed a one-day deliberative dialogue event with 19 participants who brought
multiple perspectives together on the barriers and potential solutions for data
sharing.

Results Results are discussed utilizing the three stages of data sharing: awareness, communication, and collaboration. Awareness of the barriers and needs of community partners related to data, and the public health core competency of assessment and analysis is the first stage. More effective is the second stage, where LPHAs proactively communicate to understand and meet the needs of community partners. Data sharing is the most effective when LPHAs use the third stage of collaboration to work with community partners to mutually benefit from data sharing.

Conclusion When LPHAs utilize their core competencies of assessment and analysis, communication, and collaboration to share data with community partners, they are able to share data more effectively. This allows community partners to modify programs to better serve priority populations and improve population health.

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AF Zhang, Haoran
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 Xia, Tianqi
 Fang, Kai
 Zheng, Jianqin
 Huang, Dou
 Shibasaki, Ryosuke
 Liang, Yongtu
TI Mobile phone GPS data in urban bicycle-sharing: Layout optimization and emissions reduction analysis
SO APPLIED ENERGY
LA English
DT Article; Proceedings Paper
CT CUE Conference
CY JUN 05-07, 2018
CL Shanghai, PEOPLES R CHINA
DE Bicycle-sharing; Geometry-based probability model; Particle swarm optimization; Rebalancing optimization; Potential emission reduction
ID PARTICLE SWARM; REBALANCING PROBLEM; FRAMEWORK; BENEFITS; LOCATION; BEHAVIOR; SYSTEMS; IMPACT
AB As a representation of smart and sustainable city development, bicycle-sharing system is one of the hottest topics in the domains of transportation,

public health, urban planning, and so on. In this paper, a model is proposed for analyzing the potential reduction in emissions associated with the adoption of a bicycle-sharing system. Methods are proposed for extracting human travel modes from mobile phone GPS trajectories, together with a geometry based probability model, to support particle swarm optimization. A comparison study is implemented to analyze the model's computational efficiency. Based on the resulting optimal layout for the network of bicycle docking stations, and considering demand uncertainty, a multi-scenario integer linear programming model is proposed to optimize rebalancing procedures (i.e., moving bicycles between docking stations according to demand), to determine the detailed design-scale information required. Mobile phone GPS trajectories from approximately 3.7 million local mobilities are used to construct a case study for Setagaya Ward, Tokyo. The results show that, compared with the previous methods, the optimal layout solved by the proposed method could reduce emissions by a further 6.4% and 4.4%. With an increase from 30 to 90 bicycle stations, the adoption of bicycle-sharing can reduce CO2 emissions by approximately 3.1-3.8 thousand tonnes. However, emission reduction will maximally decrease by 21.26% after offset by bicycles production and rebalancing-generated emission.

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WC Energy & Fuels; Engineering, Chemical
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TI Sharing data for future research-engaging participants' views about data governance beyond the original project: a DIRECT Study

SO GENETICS IN MEDICINE

LA English

DT Article

DE data sharing; data governance; type II diabetes; patient involvement; ethics

ID BIOBANK RESEARCH; DATA ACCESS; PUBLIC-ATTITUDES; CONSENT; PRINCIPLES; OVERSIGHT; OPINIONS; PATIENT; ETHICS

AB Purpose: Biomedical data governance strategies should ensure that data are collected, stored, and used ethically and lawfully. However, research participants' preferences for how data should be governed is least studied. The Diabetes Research on Patient Stratification (DIRECT) project collected substantial amounts of health and genetic information from patients at risk of, and with type II diabetes. We conducted a survey to understand participants' future data governance preferences. Results will inform the postproject data governance strategy.

Methods: A survey was distributed in Denmark, Sweden, The Netherlands, and the United Kingdom.

Results: In total 855 surveys were returned. Ninety-seven percent were supportive of sharing data postproject, and 90% were happy to share data with universities, and 56% with commercial companies. The top three priorities for data sharing were highly secure database, DIRECT researchers to monitor data used by other researchers, and researchers cannot identify participants. Respondents frequently suggested that a postproject Data Access Committee should involve a DIRECT researcher, diabetes clinician, patient representative, and a DIRECT participant.

Conclusion: Preferences of how data should be governed, and what data could be shared and with whom varied between countries. Researchers are considered as key custodians of participant data. Engaging participants aids in designing governance to support their choices.

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NR 39
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AF Waithira, Naomi
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TI Data management and sharing policy: the first step towards promoting
data sharing
SO BMC MEDICINE
LA English
DT Article
DE Data sharing; Data management; Data sharing policy; Broad consent;
Ethical
ID HEALTH RESEARCH; CONSENT; MALARIA; VIEWS
AB Background: Health-related research funders, regulators and journals expect
that de-identified individual-level health data be shared widely, with as few
restrictions as possible; yet, in reality, the volume of shared data remains low.

Main body: Health researchers and other data producers are reluctant to share their data unless they are confident that their datasets are of high quality and reliable, and that they are used in accordance with the values and aims of their institutions. We argue that having an institutional, departmental or group data management and sharing policy is the first step towards encouraging researchers and healthcare professionals to share their data more widely. Our paper outlines the elements of a data management and sharing policy, which should include aims consistent with those of the institution as well as with data management procedures, models of data sharing, request procedures, consent models and cost recovery mechanisms. A policy would help an institution, department or group maximise the use of its data and protect the interests of the institution and its members. We base our recommendations on our experience collecting and curating data for large clinical trials conducted in low- and middle-income countries, facilitating the sharing of datasets with secondary users, whilst teaching data management and conducting empirical research on data sharing. Although the fundamentals of a policy are general, the paper is focused on the low- and middle-income country context.

Conclusion: We argue that having an institutional, departmental or group data management and sharing policy is the first step in promoting data sharing.
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NR 24
TC 1
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PU BMC
PI LONDON
PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
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AU Nicholas, J
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TI The Role of Data Type and Recipient in Individuals' Perspectives on
Sharing Passively Collected Smartphone Data for Mental Health:
Cross-Sectional Questionnaire Study
SO JMIR MHEALTH AND UHEALTH
LA English
DT Article
DE mHealth; privacy; personal sensing; digital mental health; depression;
anxiety; mobile phone
ID SCREENING INSTRUMENT; DISORDER; PRIVACY; VALIDATION

AB Background: The growing field of personal sensing harnesses sensor data collected from individuals' smartphones to understand their behaviors and experiences. Such data could be a powerful tool within mental health care. However, it is important to note that the nature of these data differs from the information usually available to, or discussed with, health care professionals. To design digital mental health tools that are acceptable to users, understanding how personal sensing data can be used and shared is critical.

Objective: This study aimed to investigate individuals' perspectives about sharing different types of sensor data beyond the research context, specifically with doctors, electronic health record (EHR) systems, and family members.

Methods: A questionnaire assessed participants' comfort with sharing six types of sensed data: physical activity, mood, sleep, communication logs, location, and social activity. Participants were asked about their comfort with sharing these data with three different recipients: doctors, EHR systems, and family members. A series of principal component analyses (one for each data recipient) was performed to identify clusters of sensor data types according to participants' comfort with sharing them. Relationships between recipients and sensor clusters were then explored using generalized estimating equation logistic regression models.

Results: A total of 211 participants completed the questionnaire. The majority were female (171/211, 81.0%), and the mean age was 38 years (SD 10.32). Principal component analyses consistently identified two clusters of sensed data across the three data recipients: "health information," including sleep, mood, and physical activity, and "personal data," including communication logs, location, and social activity. Overall, participants were significantly more comfortable sharing any type of sensed data with their doctor than with the EHR system or family members ($P < .001$) and more comfortable sharing "health information" than "personal data" ($P < .001$). Participant characteristics such as age or presence of depression or anxiety did not influence participants' comfort with sharing sensed data.

Conclusions: The comfort level in sharing sensed data was dependent on both data type and recipient, but not individual characteristics. Given the identified differences in comfort with sensed data sharing, contextual factors of data type and recipient appear to be critically important as we design systems that harness sensor data for mental health treatment and support.
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TI Projecting Global Urban Area Growth Through 2100 Based on Historical Time Series Data and Future Shared Socioeconomic Pathways

SO EARTHS FUTURE

LA English

DT Article

DE urban area; urbanization; population; GDP; SDG; SSP

ID CONSTRAINED CELLULAR-AUTOMATA; EARTH SYSTEM MODEL; LAND-COVER CHANGE; SPATIALLY EXPLICIT; DYNAMICS; SCENARIOS; IMPACTS; URBANIZATION; BIODIVERSITY; POPULATION

AB Improved understanding of the potential growth of urban areas at the national and global levels is needed for sustainable urban development. Current panel data analysis and local scale modeling are limited in projecting global urban area growth with large spatial heterogeneities. In this study, we developed country-specific urban area growth models using the time series data set of global urban extents (1992-2013) and projected the future growth of urban areas under five Shared Socioeconomic Pathways (SSPs). Our results indicate the global urban area would increase roughly 40-67% under five SSPs until 2050 relative to the base year of 2013, and this trend would continue to a growth ratio of more than 200% by 2100. The growth of urban areas under relatively unsustainable development pathways (e.g., regional rivalry SSP3 and inequality SSP4) is smaller compared to other SSPs. Although developing countries would remain as leading contributors to the increase of global urban areas in the future, they may exhibit different temporal patterns, that is, plateaued or monotonically increasing trends. This variation is primarily attributed to the compounding effect of the growth in population and gross domestic product. Our urban area data set presents a first country-level urban area projection under the five SSPs, spanning from 2013 to 2100. This data set has a great potential to support various global change studies, for example, urban sprawl simulation, integrated assessment modeling for sustainable development goals, and investigation of the impact of urbanization on atmospheric emissions, air quality, and human health. C1 [Li, Xuecao; Zhou, Yuyu] Iowa State Univ, Dept Geol & Atmospher Sci, Ames, IA 50011 USA.

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FU U.S. Department of Energy, Office of Science, as part of research in Multi-Sector Dynamics, Earth and Environmental System Modeling Program; NASA ROSES LULC Program [NNH11ZDA001N-LCLUC]; NASA ROSES INCA Program [NNH14ZDA001N-INCA]; Ministry of Environment of Korea through the Climate Change Correspondence Program [2004001300002]
FX We acknowledge funding support from the U.S. Department of Energy, Office of Science, as part of research in Multi-Sector Dynamics, Earth and Environmental System Modeling Program, the NASA ROSES LULC Program "NNH11ZDA001N-LCLUC," and the NASA ROSES INCA Program "NNH14ZDA001N-INCA," with additional support for Jiyong Eom from the Ministry of Environment of Korea through the Climate Change Correspondence Program (2004001300002). The historical and future population and GDP data are available in the World Bank Database (<http://databank.worldbank.org/>) and the Shared Socioeconomic Pathways (SSP) Database (<https://tntcat.iiasa.ac.at/SspDb>), respectively. The projected global urban area growth under five SSPs by 2100 is available at figshare website (<https://doi.org/10.6084/m9.figshare.7817624.v1>). We would like to thank two anonymous reviewers for their constructive comments and suggestions. The views and opinions expressed in this paper are those of the authors alone.

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Z9 1
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SC Environmental Sciences & Ecology; Geology; Meteorology & Atmospheric Sciences

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TI Responsible data sharing in international health research: a systematic review of principles and norms

SO BMC MEDICAL ETHICS

LA English

DT Review

DE Big data; Data sharing; Secondary use; Research ethics; Ethical governance

ID POLICY; GOVERNANCE; ETHICS

AB BackgroundLarge-scale linkage of international clinical datasets could lead to unique insights into disease aetiology and facilitate treatment evaluation and drug development. Hereto, multi-stakeholder consortia are currently designing several disease-specific translational research platforms to enable international health data sharing. Despite the recent adoption of the EU General Data Protection Regulation (GDPR), the procedures for how to govern responsible data sharing in such projects are not at all spelled out yet. In search of a first, basic outline of an ethical governance framework, we set out to explore relevant ethical principles and norms.MethodsWe performed a systematic review of literature and ethical guidelines for principles and norms pertaining to data sharing for international health research.ResultsWe observed an abundance of principles and norms with considerable convergence at the aggregate level of four overarching themes: societal benefits and value; distribution of risks, benefits and burdens; respect for individuals and groups; and public trust and engagement. However, at the level of principles and norms we identified substantial variation in the phrasing and level of detail, the number and content of norms considered necessary to protect a principle, and the contextual approaches in which principles and norms are used.ConclusionsWhile providing some helpful leads for further work on a coherent governance framework for data sharing, the current collection of principles and norms prompts important questions about how to streamline terminology regarding de-identification and how to harmonise the identified principles and norms into a coherent governance framework that promotes data sharing while securing public trust.

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TI Data sharing practices of medicines related apps and the mobile
ecosystem: traffic, content, and network analysis

SO BMJ-BRITISH MEDICAL JOURNAL

LA English

DT Article

ID PRIVACY; HEALTH; SECURITY

AB OBJECTIVES

To investigate whether and how user data are shared by top rated medicines related mobile applications (apps) and to characterise privacy risks to app users, both clinicians and consumers.

DESIGN

Traffic, content, and network analysis.

SETTING

Top rated medicines related apps for the Android mobile platform available in the Medical store category of Google Play in the United Kingdom, United States, Canada, and Australia.

PARTICIPANTS

24 of 821 apps identified by an app store crawling program. Included apps pertained to medicines information, dispensing, administration, prescribing, or use, and were interactive.

INTERVENTIONS

Laboratory based traffic analysis of each app downloaded onto a smartphone, simulating real world use with four dummy scripts. The app's baseline traffic related to 28 different types of user data was observed. To identify privacy leaks, one source of user data was modified and deviations in the resulting traffic observed.

MAIN OUTCOME MEASURES

Identities and characterisation of entities directly receiving user data from sampled apps. Secondary content analysis of company websites and privacy policies identified data recipients' main activities; network analysis characterised their data sharing relations.

RESULTS

19/24 (79%) of sampled apps shared user data. 55 unique entities, owned by 46 parent companies, received or processed app user data, including developers and parent companies (first parties) and service providers (third parties). 18 (33%) provided infrastructure related services such as cloud services. 37 (67%) provided services related to the collection and analysis of user data, including analytics or advertising, suggesting heightened privacy risks. Network analysis revealed that first and third parties received a median of 3 (interquartile range 1-6, range 1-24) unique transmissions of user data. Third parties advertised the ability to share user data with 216 "fourth parties"; within this network (n= 237), entities had access to a median of 3 (interquartile range 1-11, range 1-140) unique transmissions of user data. Several companies occupied central positions within the network with the ability to aggregate and reidentify user data.

CONCLUSIONS

Sharing of user data is routine, yet far from transparent. Clinicians should be conscious of privacy risks in their own use of apps and, when recommending apps, explain the potential for loss of privacy as part of informed consent. Privacy regulation should emphasise the accountabilities of those who control and process user data. Developers should disclose all data sharing practices and allow users to choose precisely what data are shared and with whom.

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TI More staff=better quality of life for people with dementia? results of a secondary data analysis in German shared-housing arrangements

SO ISRAEL JOURNAL OF HEALTH POLICY RESEARCH

LA English

DT Article

DE Dementia care; Quality of life; Shared-housing arrangements; Staffing
ID CARE; RESIDENTS; OUTCOMES; RELIABILITY; INSTRUMENT

AB BackgroundShared-housing arrangements (SHAs) in Germany are an alternative care arrangement for people with dementia. They are disconnected from traditional nursing homes and are often situated in ordinary apartment buildings. Community health care providers serve persons with dementia in SHAs, and there is no official regulation regarding the staff-resident ratio. The association between the staff-resident ratio and the quality of life (QoL) of persons with dementia has not yet been investigated in SHAs. MethodA cross-sectional study was performed in SHAs in Berlin, Germany, using ANCOVA models to analyse whether residents' QoL (QUALIDEM), as assessed by staff in SHAs, can be explained by the staff-resident ratio, adjusted for residents' sex, age, length of stay, challenging behaviour (CMAI), cognitive impairment (GDS) and level of care dependency according to the German statutory health care insurance. ResultsIn this study, 58 SHAs with 396 residents (mean age 78.4years, 69.4% female) participated. The staff-resident ratio was 0.2 and 0.6 for registered nurses and certified nursing assistants, respectively. Associations with QoL were found predominantly for challenging behaviour and cognitive impairment. The analysis showed that there was no significant effect of the total staff-resident ratio ($p>0.05$) in explaining the variation in residents' QoL (total and subdomains). In general, the proportion of explained variance was weak ($R^2<0.216$). ConclusionsThe present study did not show a significant association between staffing and residents' QoL in SHAs. However, further investigation is required regarding the direct interaction between staff and residents. A main focus should be to educate users about the benefits and disadvantages of shared-housing arrangements.

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TI Uncovering General, Shared, and Unique Temporal Patterns in Ambulatory Assessment Data

SO PSYCHOLOGICAL METHODS

LA English

DT Article

DE time series analysis; idiographic methods; structural equation modeling; daily diary data

ID BORDERLINE PERSONALITY-DISORDER; AFFECTIVE INSTABILITY; MOOD CHANGE; DAILY-LIFE; CONNECTIVITY; MODEL; NETWORKS; DYNAMICS; SEARCH; FMRI

AB Intensive longitudinal data provide psychological researchers with the potential to better understand individual-level temporal processes. While the collection of such data has become increasingly common, there are a comparatively small number of methods well-suited for analyzing these data, and many methods assume homogeneity across individuals. A recent development rooted in structural equation and vector autoregressive modeling, Subgrouping Group Iterative Multiple Model Estimation (S-GIMME), provides one method for arriving at individual-level models composed of processes shared by the sample, a subset of the sample, and a given individual. As this algorithm was motivated and validated for use with neuroimaging data, its performance is less understood in the context of ambulatory assessment data. Here, we evaluate the performance of the S-GIMME algorithm across various conditions frequently encountered with daily diary (compared to neuroimaging) data; namely, a smaller number of variables, a lower number of time points, and smaller autoregressive effects. We demonstrate, for the first time, the importance of the autoregressive effects in recovering data-generating connections and directions, and the ability to use S-GIMME with lengths of data commonly seen in daily diary studies. We demonstrate the use of S-GIMME with an empirical example evaluating the general, shared, and unique temporal processes associated with a sample of individuals with borderline personality disorder (BPD). Finally, we underscore the need for methods such as S-GIMME moving forward given the increasing use of intensive longitudinal data in psychological research, and the potential for these data to provide novel insights into human behavior and mental health.

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CA Clinical Genome Resource Educ Work

TI Development of a consent resource for genomic data sharing in the
clinical setting

SO GENETICS IN MEDICINE

LA English

DT Article

DE Broad consent; Data sharing; Genetic testing; Informed consent; ClinGen
ID CLINVAR PUBLIC ARCHIVE; SEQUENCE VARIATION; COMMON RULE; LABORATORIES

AB Purpose: Data sharing between clinicians, laboratories, and patients is
essential for improvements in genomic medicine, but obtaining consent for
individual-level data sharing is often hindered by a lack of time and resources.
To address this issue, the Clinical Genome Resource (ClinGen) developed tools to
facilitate consent, including a one-page consent form and online supplemental
video with information on key topics, such as risks and benefits of data sharing.

Methods: To determine whether the consent form and video accurately conveyed
key data sharing concepts, we surveyed 5,162 members of the general public. We
measured comprehension at baseline, after reading the form and watching the
video. Additionally, we assessed participants' attitudes toward genomic data
sharing.

Results: Participants' performance on comprehension questions significantly
improved over baseline after reading the form and continued to improve after
watching the video.

Conclusion: Results suggest reading the form alone provided participants with
important knowledge regarding broad data sharing, and watching the video allowed
for broader comprehension. These materials are now available at
<http://www.clinicalgenome.org/share>. These resources will provide patients a
straightforward way to share their genetic and health information, and improve
the scientific community's access to data generated through routine healthcare.
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TI The Bermuda Triangle: The Pragmatics, Policies, and Principles for Data Sharing in the History of the Human Genome Project

SO JOURNAL OF THE HISTORY OF BIOLOGY

LA English

DT Article

DE Bayh-Dole Act; Bermuda Principles; Big science; Bioinformatics; Biotechnology; C. elegans; Celera Genomics; Co-production; Community resource projects; Data hoarding; Data release; Data sharing; Databases; DNA Databank of Japan (DDBJ); Department of Energy (DOE); DNA sequencing; Ethical Legal and Social Implications (ELSI); European Bioinformatics Institute (EBI); GenBank; Gene patenting; Genetics; Genetic mapping; Genome commons; Genomics; Human Genome Project (HGP); Intellectual property; Medical genetics; Model organisms; Molecular biology; Moral economy of science; National Center for Human Genome Research (NCHGR); National Human Genome Research Institute (NHGRI); National Institutes of Health (NIH); Nematode worm; Open science; Patents; Physical mapping; Post-genomics; Public domain; Reference sequence; Science policy; Wellcome Trust

ID EXPRESSED SEQUENCE TAGS; BREAST-CANCER SUSCEPTIBILITY; COMPREHENSIVE GENETIC-MAP; PROTEOMICS DATA RELEASE; DNA-SEQUENCE; MOLECULAR-BIOLOGY; PHYSICAL MAP; BIG SCIENCE; MENDELIAN-INHERITANCE; INTERNATIONAL SUMMIT

AB The Bermuda Principles for DNA sequence data sharing are an enduring legacy of the Human Genome Project (HGP). They were adopted by the HGP at a strategy meeting in Bermuda in February of 1996 and implemented in formal policies by early 1998, mandating daily release of HGP-funded DNA sequences into the public domain. The idea of daily sharing, we argue, emanated directly from strategies for large, goal-directed molecular biology projects first tested within the community of C. elegans researchers, and were introduced and defended for the HGP by the nematode biologists John Sulston and Robert Waterston. In the C. elegans community, and subsequently in the HGP, daily sharing served the pragmatic goals of quality control and project coordination. Yet in the HGP human genome, we also argue, the Bermuda Principles addressed concerns about gene patents impeding scientific advancement, and were aspirational and flexible in implementation and justification. They endured as an archetype for how rapid data sharing could be realized and rationalized, and permitted adaptation to the needs of various scientific communities. Yet in addition to the support of Sulston and Waterston, their adoption also depended on the clout of administrators at the US National Institutes of Health (NIH) and the UK nonprofit charity the Wellcome Trust, which together funded 90% of the HGP human sequencing effort. The other nations wishing to remain in the HGP consortium had to accommodate to the Bermuda Principles, requiring exceptions from incompatible existing or pending data access policies for publicly funded research in Germany, Japan, and France. We begin this story in 1963, with the biologist Sydney Brenner's proposal for a nematode research program at the Laboratory of Molecular Biology (LMB) at the University of Cambridge. We continue through 2003, with the completion of the HGP human reference genome, and conclude with observations about policy and the historiography of molecular biology.

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NR 531

TC 1

Z9 1

U1 5

U2 16

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EI 1573-0387

J9 J HIST BIOL

JI J. Hist. Biol.

PD DEC

PY 2018

VL 51

IS 4

SI SI

BP 693

EP 805

DI 10.1007/s10739-018-9538-7

PG 113

WC Biology; History & Philosophy Of Science

SC Life Sciences & Biomedicine - Other Topics; History & Philosophy of
Science
GA HC2QC
UT WOS:000451646000004
PM 30390178
OA Other Gold
DA 2019-08-06
ER

PT J
AU Tang, CL
Plasek, JM
Bates, DW
AF Tang, Chunlei
Plasek, Joseph M.
Bates, David W.
TI Rethinking Data Sharing at the Dawn of a Health Data Economy: A
Viewpoint
SO JOURNAL OF MEDICAL INTERNET RESEARCH
LA English
DT Article
DE economics; hospital; machine learning; models; economic; precision
medicine
AB A health data economy has begun to form, but its rise has been tempered by
the profound lack of sharing of both data and data products such as models,
intermediate results, and annotated training corpora, and this severely limits
the potential for triggering economic cluster effects. Economic cluster effects
represent a means to elicit benefit from economies of scale from internal data
innovations and are beneficial because they may mitigate challenges from
external sources. Within institutions, data product sharing is needed to spark
data entrepreneurship and data innovation, and cross-institutional sharing is
also critical, especially for rare conditions.
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CR [Anonymous], 2018, ECONOMIST
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NR 9
TC 1
Z9 1
U1 3
U2 3

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 NOV 22
PY 2018
VL 20
IS 11
AR e11519
DI 10.2196/11519
PG 3
WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA HC4LL
UT WOS:000451775000001
PM 30467103
OA DOAJ Gold, Green Published
DA 2019-08-06
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PT J
AU Cheah, PY
 Jatupornpimol, N
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 Khirikoekkong, N
 Jittamala, P
 Pukrittayakamee, S
 Day, NPJ
 Parker, M
 Bull, S

AF Cheah, Phaik Yeong
 Jatupornpimol, Nattapat
 Hanboonkunupakarn, Borimas
 Khirikoekkong, Napat
 Jittamala, Podjane
 Pukrittayakamee, Sasithon
 Day, Nicholas P. J.
 Parker, Michael
 Bull, Susan

TI Challenges arising when seeking broad consent for health research data sharing: a qualitative study of perspectives in Thailand

SO BMC MEDICAL ETHICS

LA English

DT Article

DE Data sharing; Secondary use; Broad consent; Thailand; Research ethics; Research

ID PLASMODIUM-FALCIPARUM MALARIA; COMMUNITY ADVISORY BOARDS;
INFORMED-CONSENT; RESEARCH STAKEHOLDERS; DYNAMIC CONSENT;
CLINICAL-TRIALS; VIEWS; PARTICIPANTS; EXPERIENCES; ENGAGEMENT

AB BackgroundResearch funders, regulatory agencies, and journals are increasingly expecting that individual-level data from health research will be shared. Broad consent to such sharing is considered appropriate, feasible and acceptable in low- and middle-income settings, but to date limited empirical research has been conducted to inform the design of such processes. We examined stakeholder perspectives about how best to seek broad consent to sharing data from the Mahidol Oxford Tropical Medicine Research Unit, which implemented a

data sharing policy and broad consent to data sharing in January 2016. Methods Between February and August 2017 qualitative data were collected at two sites, Bangkok and the Thai-Myanmar border town of Mae Sot. We conducted eighteen semi-structured interviews. We also conducted four focus group discussions with a total of nineteen people. Descriptive and thematic coding informed analysis of aspects of data sharing that are considered most important to inform participants about, and the best ways to explain complex and abstract topics relating to data sharing. Results The findings demonstrated that clinical trial participants prioritise information about the potential benefits and harms of data sharing. Stakeholders made multiple suggestions for clarifying information provided about data sharing on such topics. There was significant variation amongst stakeholders' perspectives about how much information should be provided about data sharing, and it was clear that effective information provision should be responsive to the study, the study population, the individual research participant and the research context. Conclusions Effectively communicating about data sharing with research participants is challenging in practice, highlighting the importance of robust and effective data sharing governance in this context. Broad consent should incorporate effective and efficient explanations of data sharing to promote informed decision-making, without impeding research participants' understandings of key aspects of the research from which data will be shared. Further work is required to refine both the development of core information about data sharing to be provided to all research participants, and appropriate solutions for context specific-challenges arising when explaining data sharing.

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Council for International Organisations of Medical Sciences, INT ETH GUID

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NR 42

TC 1

Z9 1

U1 0

U2 3

PU BMC

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J9 BMC MED ETHICS

JI BMC Med. Ethics

PD NOV 7

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VL 19

AR 86

DI 10.1186/s12910-018-0326-x

PG 11

WC Ethics; Medical Ethics; Social Sciences, Biomedical

SC Social Sciences - Other Topics; Medical Ethics; Biomedical Social Sciences

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TI Disparities in Hypertension Control Across and Within Three Health Systems Participating in a Data-Sharing Collaborative

SO JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

LA English

DT Article; Proceedings Paper

CT Annual Meeting of the North-American-Primary-Care-Research-Group

CY NOV 17-21, 2017

CL Montreal, CANADA

SP N Amer Primary Care Res Grp

DE Blood Pressure; Hypertension; Multivariate Analysis; Primary Health Care; Retrospective Studies Quality Improvement

ID NUTRITION EXAMINATION SURVEY; BLOOD-PRESSURE CONTROL; NATIONAL-HEALTH; ADULTS; DISEASE

AB Introduction: We aimed to standardize data collection from 3 health systems (HS1, HS2, HS3) participating in the San Francisco Bay Collaborative Research Network, and compare rates and predictors of uncontrolled blood pressure among hypertensive adults to identify opportunities for regional collaboration in quality improvement.

Methods: Retrospective cohort study using deidentified electronic health record data from all primary care patients with at least 1 visit in a 2-year period, using standard data definitions in a common data repository. Primary outcome was uncontrolled blood pressure at the most recent primary care visit.

Results: Of 169,793 adults aged 18 to 85 years, 53,133 (31.3%) had a diagnosis of hypertension. Of these, 18,751 (35%) had uncontrolled blood pressure at their last visit, with the proportion varying by system (29%, HS1; 31%, HS2; and 44%, HS3) and by clinical site within each system. In multivariate analyses, differences between health systems persisted, with HS2 and HS3 patients having a 1.15 times (95% CI, 1.11 to 1.19) and 1.46 times (95% CI, 1.42 to 1.50) greater relative risk of uncontrolled blood pressure compared with HS1. Across health systems, hypertensive patients were more likely to have uncontrolled blood pressure if they were uninsured, African Americans, current

smokers, obese, or had fewer than 2 primary care visits during the 2-year measurement period.

Conclusions: After controlling for standard individual predictors of hypertension control, significant and substantial differences in hypertension control persisted between health systems, possibly due to local quality improvement programs among other factors. There may be opportunities to share best practices and address common disparities across health systems.

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FX This research was supported by the National Center for Advancing Translational Sciences, National Institutes of Health (UL1 TR001872). Dr. Selby was supported by the Swiss Cancer Research Foundation (BIL KFS-3720-08-2015).

CR AAFP, AAFP DEC NOT END AHA

[ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA 12], 2018, J AM COLL CARDIOL

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NR 13

TC 1

Z9 1

U1 1

U2 3

PU AMER BOARD FAMILY MEDICINE

PI LEXINGTON

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SN 1557-2625

EI 1558-7118

J9 J AM BOARD FAM MED

JI J. Am. Board Fam. Med.

PD NOV-DEC

PY 2018

VL 31
IS 6
BP 897
EP 904
DI 10.3122/jabfm.2018.06.180166
PG 8
WC Primary Health Care; Medicine, General & Internal
SC General & Internal Medicine
GA HA0FK
UT WOS:000449883000008
PM 30413545
OA Green Accepted, Bronze
DA 2019-08-06
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PT J
AU Savatt, JM
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Rehm, HL
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Martin, Christa Lese

TI ClinGen's GenomeConnect registry enables patient-centered data sharing
SO HUMAN MUTATION
LA English
DT Article
DE ClinGen; ClinVar; genomic data sharing; matchmaking; patient registry;
variant interpretation
ID HUMAN PHENOTYPE ONTOLOGY; CLINVAR PUBLIC ARCHIVE; VARIANT
INTERPRETATIONS; CLINICAL LABORATORIES; MEDICAL GENETICS;

AMERICAN-COLLEGE; STANDARDS; GENOMICS; CARE

AB GenomeConnect, the NIH-funded Clinical Genome Resource (ClinGen) patient registry, engages patients in data sharing to support the goal of creating a genomic knowledge base to inform clinical care and research. Participant self-reported health information and genomic variants from genetic testing reports are curated and shared with public databases, such as ClinVar. There are four primary benefits of GenomeConnect: (1) sharing novel genomic data-47.9% of variants were new to ClinVar, highlighting patients as a genomic data source; (2) contributing additional phenotypic information-of the 52.1% of variants already in ClinVar, GenomeConnect provided enhanced case-level data; (3) providing a way for patients to receive variant classification updates if the reporting laboratory submits to ClinVar-97.3% of responding participants opted to receive such information and 13 updates have been identified; and (4) supporting connections with others, including other participants, clinicians, and researchers to enable the exchange of information and support-60.4% of participants have opted to partake in participant matching. Moving forward, ClinGen plans to increase patient-centric data sharing by partnering with other existing patient groups. By engaging patients, more information is contributed to the public knowledge base, benefiting both patients and the genomics community.

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FX National Human Genome Research Institute, Grant/Award Number: U41HG006834; U.S. National Library of Medicine; Intramural Research Funding

CR American Medical Association, 2013, GEN AN VAR ID POL D

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NR 20
TC 1
Z9 1
U1 0
U2 1
PU WILEY
PI HOBOKEN
PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
SN 1059-7794
EI 1098-1004
J9 HUM MUTAT
JI Hum. Mutat.
PD NOV
PY 2018
VL 39
IS 11
SI SI
BP 1668
EP 1676
DI 10.1002/humu.23633
PG 9
WC Genetics & Heredity
SC Genetics & Heredity
GA GW7HX
UT WOS:000447138900020
PM 30311371
DA 2019-08-06
ER

PT J
AU Grant, AR
Hemphill, SE
Vincent, LM
Rehm, HL
AF Grant, Andrew R.
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Vincent, Lisa M.
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TI Reclassification of the BRAF p.Ile208Val variant by case-level data
sharing
SO COLD SPRING HARBOR MOLECULAR CASE STUDIES
LA English
DT Article
ID NOONAN-SYNDROME; MUTATIONS; SPECTRUM; MELANOMA
AB The ClinVar database is a useful tool for patients and physicians to view
variant interpretations submitted by clinical and nonclinical labs. However,

variants of uncertain significance (VUS) in ClinVar can pose a significant burden on patients. If possible, it is important to resolve discrepancies and uncertainties surrounding interpreted variants. Here we highlight a case of a family who received a report of a variant (c.622A>G, p.Ile208Val) in BRAF following prenatal RASopathy testing. The variant had been previously classified by our laboratory as a VUS, so the mother contacted our laboratory via ClinVar for further information, which prompted reevaluation of the variant. Multiple sources of case-level data as well as the presence of the variant in the general population yielded sufficient evidence to reclassify the variant as likely benign. This reclassification alleviated significant concern for the family, and the child was born healthy with no clinical manifestations of Noonan syndrome or a RASopathy.

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AU Alshagathrh, F
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TI Building a cloud-based data sharing model for the Saudi national registry for implantable medical devices: Results of a readiness assessment

SO INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS

LA English

DT Article

DE Implantable devices; Medical registries; Readiness assessment; Data sharing; Saudi Food and Drug Authority (SFDA); Saudi Arabia

ID AMERICAN-HEART-ASSOCIATION; DISEASE; STENTS; UPDATE

AB Background: Implantable medical device registries are used as a medium to conduct post-marketing surveillance. Little information is available on the development and implementation of implantable biomedical device registries in general and specifically in Saudi Arabia and the Middle East.

Objectives: This study presents the experiences of building an implantable medical device registry in the Kingdom of Saudi Arabia. The work specifically addresses the early experiences of the Saudi Food and Drug Authority in the planning and development of a data sharing model for the implementation of a medical device registry at different hospital sites within the country.

Methods: A two-year case study in which 60 health professionals from 5 hospitals in Saudi Arabia participated in a readiness assessment survey. The readiness assessment examined system-level capacity, hospital workflow and operations, clinical staff-level engagement, and technological assessment as they relate to the implementation of the Implantable Medical Device Registry (IMDR). Both subjective and objective data were collected as part of the readiness assessment survey at each hospital site. Data was collected from participants either individually or as part of a group at each hospital site. Using Microsoft Excel, Microsoft Word, flip charts, and back-and-forth discussion, the data was descriptively summarized and synthesized to provide an overview of hospital readiness for IMDR implementation.

Results: Results show that there are large differences among Saudi hospitals in terms of their readiness for IMDR implementation due to a variety of factors relating to differences in hospital-wide organizational systems, clinical practice, technological infrastructure, and data sharing capabilities. Each of the hospitals surveyed in this study had differences in how clinical biomedical implantation policies and procedures were utilized. Manual entry into the cloud-based IMDR was recommended as the most optimal data sharing model that would mitigate the differences between hospital readiness for IMDR implementation.

Conclusion: Registries play a major role in monitoring the effectiveness of implantable biomedical devices. National standardized policies, enforced regulations, and information technology infrastructure are needed to achieve this goal. Furthermore, due to differences in hospital readiness, building a cloud-based registry system through manual data entry into the IMDR was found to be the most appropriate data sharing model that can be implemented at the national level.

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PT J

AU Holmgren, AJ

Ford, EW

AF Holmgren, A. Jay

Ford, Eric W.

TI Assessing the impact of health system organizational structure on hospital electronic data sharing

SO JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION

LA English

DT Article

DE electronic health records; hospitals; health information exchange

ID INFORMATION EXCHANGE; US HOSPITALS; INTEROPERABILITY; CONSOLIDATION; ENGAGEMENT; NETWORKS; TAXONOMY; ADOPTION

AB Objective: Horizontal consolidation in the hospital industry has gained momentum in the United States despite concerns over rising costs and lower quality. Hospital systems frequently point to potential gains in interoperability and electronic exchange of patient information as consolidation benefits. We sought to assess whether hospitals in different health system structures varied in their interoperable data sharing.

Materials and methods: We created a cross-sectional national hospital sample from the 2014 AHA Annual Survey and 2015 IT Supplement. We combined the existing taxonomy of health system organizational forms and the ONC's functionality-based, technology-agnostic definition of interoperability. We used logistic regression models to assess the relationship between health systems' organizational forms and interoperability engagement, controlling for hospital characteristics.

Results: We found that interoperability engagement varied greatly across hospitals in different health system structures, with facilities in more centralized health systems more likely to be interoperable. Hospitals in one system type, featuring centralized insurance product development but diverse service offerings across member organizations, had significantly higher odds of being engaged in interoperable data sharing in our multivariate regression results.

Discussion: The heterogeneity in health system interoperability engagement indicates that incentives to share data vary greatly across organizational strategies and structures. Our results suggest that horizontal consolidation in the hospital industry may not bring significant gains in interoperability progress unless that consolidation takes a specific business alignment form.

Conclusion: Policymakers should be wary of claims that horizontal consolidation will lead to interoperability gains. Future research should explore the specific mechanisms that lead to greater interoperability in certain health system organizational structures.

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WC Computer Science, Information Systems; Computer Science,
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PT J
AU Chen, YX
Song, LQ
AF Chen, Yongxi
Song, Lingqiao
TI China: concurring regulation of cross-border genomic data sharing for
statist control and individual protection
SO HUMAN GENETICS
LA English
DT Review
AB This paper reviews the major legal instruments and self-regulations that bear
heavily on the cross-border sharing of genomic data in China. It first maps out
three overlapping frameworks on genomic data and analyzes their underpinning
policy goals. Subsequent sections examine the regulatory approaches with respect
to five aspects of responsible use and sharing of genomic data, namely, consent,
privacy, security, compatible processing, and oversight. It argues that
substantial centralised control exerted by the state is, and would probably
remain, the dominant feature of genomic data governance in China, though
concerns of individual protection are gaining momentum. Rather than revolving
around a simplistic antinomy between privacy preservation and open science, the
regulatory landscape is mainly shaped by the tension between government desires
for national security, state competitiveness, and public health benefits.
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PT J
AU Townend, D
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TI Conclusion: harmonisation in genomic and health data sharing for
research: an impossible dream?
SO HUMAN GENETICS
LA English
DT Review
ID PRIVACY

AB There are clear benefits from genomics and health data sharing in research and in therapy for individuals across societies. At the same time, citizens have different expectations and fears about that data sharing. International legislation in relation with research ethics and practice and, particularly, data protection create a particular environment that, as is seen in the articles in part two of this special issue, are crying out for harmonisation both at a procedural but at fundamental conceptual levels. The law of data sharing is pulling in different directions. This paper poses the question, 'harmonisation, an impossible dream?' and the answer is a qualified no'. The paper reflects on what can be seen in the papers in part two of the special issue. It then identifies three major areas of conceptual uncertainty in the new EU General Data Protection Regulation (not because it has superiority over other jurisdictions, but because it is a recent revision of data protection law that leaves universal conceptual questions unclear). Thereafter, the potential for Artificial Intelligence to meet some of the shortcomings is discussed. The paper ends with a consideration of the conditions under which data sharing harmonisation might be achieved: an understanding of a human rights approach and citizen sensitivities in considering the public interest'; social liberalism as a basis of solidarity; and the profession of researcher'.

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AU DuGoff, EH

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Fernandes-Taylor, Sara
Weissman, Gary E.
Huntley, Joseph H.
Pollack, Craig Evan

TI A scoping review of patient-sharing network studies using administrative data

SO TRANSLATIONAL BEHAVIORAL MEDICINE

LA English

DT Review

DE Social networks; Patient-sharing; Care coordination; Social contagion; Diffusion of innovation; Scoping review

ID PHYSICIAN SOCIAL NETWORKS; QUALITY-OF-CARE; COLLABORATION NETWORK; CANCER-TREATMENT; PUBLIC-HEALTH; CLAIMS-DATA; OUTCOMES; COORDINATION; COMMUNITIES; CONSISTENCY

AB There is a robust literature examining social networks and health, which draws on the network traditions in sociology and statistics. However, the application of social network approaches to understand the organization of health care is less well understood. The objective of this work was to examine approaches to conceptualizing, measuring, and analyzing provider patient-sharing networks. These networks are constructed using administrative data in which pairs of physicians are considered connected if they both deliver care to the same patient. A scoping review of English language peer-reviewed articles in PubMed and Embase was conducted from inception to June 2017. Two reviewers evaluated article eligibility based upon inclusion criteria and abstracted relevant data into a database. The literature search identified 10,855 titles, of which 63 full-text articles were examined. Nine additional papers identified by reviewing article references and authors were examined. Of the 49 papers that met criteria for study inclusion, 39 used a cross-sectional study design, 6 used a cohort design, and 4 were longitudinal. We found that studies most commonly theorized that networks reflected aspects of collaboration or coordination. Less commonly, studies drew on the strength of weak ties or diffusion of innovation frameworks. A total of 180 social network measures were used to describe the networks of individual providers, provider pairs and triads, the network as a whole, and patients. The literature on patient-sharing relationships between providers is marked by a diversity of measures and approaches. We highlight key considerations in network identification including the definition of network ties, setting geographic boundaries, and identifying clusters of providers, and discuss gaps for future study.

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U2 5
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PA GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND
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JI Transl. Behav. Med.
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SI SI
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SC Public, Environmental & Occupational Health
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AU Kim, H
Kim, SY
Joly, Y

AF Kim, Hannah
Kim, So Yoon
Joly, Yann

TI South Korea: in the midst of a privacy reform centered on data sharing
SO HUMAN GENETICS

LA English

DT Review

ID BROAD CONSENT; CHILDREN; POLICY

AB With rapid developments in genomic and digital technologies, genomic data sharing has become a key issue for the achievement of precision medicine in South Korea. The legal and administrative framework for data sharing and protection in this country is currently under intense scrutiny from national and international stakeholders. Policymakers are assessing the relevance of specific restrictions in national laws and guidelines for better alignment with international approaches. This manuscript will consider key issues in international genome data sharing in South Korea, including consent, privacy, security measures, compatible adequacy and oversight, and map out an approach to genomic data sharing that recognizes the importance of patient engagement and responsible use of data in South Korea.

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PA 233 SPRING ST, NEW YORK, NY 10013 USA
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J9 HUM GENET
JI Hum. Genet.
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AU Kostkova, P

AF Kostkova, Patty

TI Disease surveillance data sharing for public health: the next ethical frontiers

SO LIFE SCIENCES SOCIETY AND POLICY

LA English

DT Article

AB In the recent years, we have been witnessing a digital revolution in public and global health creating unprecedented opportunities for epidemic intelligence and public health emergencies. However, these opportunities created a double edge sword as access to data, quality monitoring and assurance, as well as governance and regulation frameworks for data privacy are lagging behind technological achievements.

In this paper we identify three ethical challenges: sharing data across various early warning tools to support risk assessment. Secondly, define the challenges to be addressed by the legal frameworks for public health data sharing to unlock the potential of population-level datasets for research with no impact on citizens privacy. The third challenge lies with stricter regulation of the IT industry with regards to manipulating user data - such an initiative, GDPR, comes to force in the EU in May 2018.

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AF Portellano-Ortiz, C.
Garre-Olmo, J.
Calvo-Perxas, L.
Conde-Sala, J. L.
TI Depression and variables associated with quality of life in people over
65 in Spain and Europe. Data from SHARE 2013
SO EUROPEAN JOURNAL OF PSYCHIATRY

LA English

DT Article

DE Aging; Quality of life; SHARE; CASP-12; EURO-D

ID EARLY OLD-AGE; WELFARE-STATE REGIMES; PSYCHOMETRIC PROPERTIES;
SOCIOECONOMIC-STATUS; MULTILEVEL ANALYSIS; D SCALE; ADULTS; HEALTH;
SATISFACTION; SYMPTOMS

AB Background and objectives: The perception of quality of life (QoL) in people over 65 years of age can be affected by individual clinical and sociodemographic characteristics, and also by the nature of the welfare models in place in particular countries. The objective of this study was to compare the association between clinical/sociodemographic variables and QoL in people ≥ 65 in samples from Spain and from Central-Northern European countries, using data from the SHARE (Survey of Health, Ageing and Retirement in Europe) study.

Methods: Data from 22,189 participants in Wave 5 (2013) of the SHARE study were obtained. Instruments: CASP-12 (quality of life) and EURO-D (depression). Statistical analysis: Bivariate and multiple linear regression and correlations.

Results: In the regression analysis, the variables most closely associated with a lower QoL (CASP-12) in both groups (Spain, $r(2) = 0.586$ and Central-Northern Europe, $r(2) = 0.453$) were high depression ($\beta = 0.444$ vs. 0.361), poor physical health, economic difficulties, and deficits in activities of daily living (ADL); low level of education was relevant only in the Spanish sample. The mean QoL score in Spain was lower than in the other countries (34.8 ± 6.8 vs. 38.5 ± 5.8 , $p < 0.001$; $d = 0.58$) and depression was more frequent (34.9% vs 27.4% , $p < 0.001$; $V = 0.06$).

Conclusions: In all countries, low QoL was associated with high rates of depression and poor physical health. The Spanish sample had lower QoL than their Central-Northern European counterparts. A high rate of depression was the most relevant differential variable. (c) 2017 Asociacion Universitaria de Zaragoza para el Progreso de la Psiquiatria y la Salud Mental. Published by Elsevier Espana, S. L. U. All rights reserved.

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FU 7th Framework Program of the European Commission (SHAREM4) [261982]; Project: SHARE (Survey of Health, Ageing and Retirement in Europe)

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NR 67

TC 1

Z9 1

U1 4

U2 6

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AU Freundlich, RE

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TI A Call for Electronic Health Record-based Data Sharing for Clinical
Trials in Critical Care

SO JOURNAL OF MEDICAL SYSTEMS

LA English

DT Editorial Material

ID BALANCED CRYSTALLOIDS; ILL ADULTS; SALINE

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TC 1

Z9 1

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U2 3

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WC Health Care Sciences & Services; Medical Informatics

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ER

PT J

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TI Understanding bike share cyclist route choice using GPS data: Comparing dominant routes and shortest paths

SO JOURNAL OF TRANSPORT GEOGRAPHY

LA English

DT Article

DE Active travel; Bike share; Cycling; Dominant; Route choice; Shortest path

ID STATED PREFERENCE SURVEY; PHYSICAL-ACTIVITY; ACTIVE TRAVEL; HEALTH; COMMUTER; WORK; TRANSPORTATION; ADULTS; MODEL

AB This paper investigates cyclist route choices using global positioning system (GPS) data collected from 750 bicycles in Hamilton, Ontario's bike share system - SoBi (Social Bicycles) Hamilton. A dataset containing 161,426 GPS trajectories describing observed routes of cyclists using SoBi bikes over a 12-month period (April 1, 2015 to March 31, 2016) is used for analysis. This study groups trips by origin-destination hub pairs and uses a GIS (geographic information system)-based map-matching algorithm to generate routes along with attributes such as length, number of intersections, number of turns, and unique road segments. Unique routes and their use frequencies are extracted from all the hub-to-hub trips using a GIS-based link signature extraction tool developed for this research. The most popular routes between hubs taken by cyclists are then identified as dominant routes and their attributes are compared to those of corresponding shortest path routes derived by minimizing distance traveled. The comparison finds significant differences in multiple attributes, and demonstrates that dominant routes are significantly longer than their shortest distance counterparts, suggesting that cyclists are willing to detour for routes characterized by positive features such as bicycle facilities and low traffic volumes. Detouring does, however, come at a cost increases in number of turns and number of intersections. This research not only enhances our understanding of cyclist route preferences within a bike share system, it also presents a GIS-based approach for identifying potential locations for future bike facilities based on such preferences.

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NR 40
TC 1
Z9 1
U1 7
U2 15
PU ELSEVIER SCI LTD
PI OXFORD
PA THE BOULEVARD, LANGFORD LANE, KIDLINGTON, OXFORD OX5 1GB, OXON, ENGLAND
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J9 J TRANSP GEOGR
JI J. Transp. Geogr.
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PT J
AU Kawahara, T
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AF Kawahara, Takuya
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TI Meta-analysis of randomized clinical trials in the era of individual patient data sharing

SO INTERNATIONAL JOURNAL OF CLINICAL ONCOLOGY

LA English

DT Article

DE Data sharing; Individual patient data; Meta-analysis

ID GASTRIC-CANCER; INTERNATIONAL COMMITTEE; ADJUVANT THERAPY; PARTICIPANT DATA; OPEN ACCESS; LEVEL DATA; CHEMOTHERAPY; EFFICACY

AB Individual patient data (IPD) meta-analysis is considered to be a gold standard when the results of several randomized trials are combined. Recent initiatives on sharing IPD from clinical trials offer unprecedented opportunities for using such data in IPD meta-analyses.

First, we discuss the evidence generated and the benefits obtained by a long-established prospective IPD meta-analysis in early breast cancer. Next, we discuss a data-sharing system that has been adopted by several pharmaceutical sponsors. We review a number of retrospective IPD meta-analyses that have already been proposed using this data-sharing system. Finally, we discuss the role of data sharing in IPD meta-analysis in the future.

Treatment effects can be more reliably estimated in both types of IPD meta-analyses than with summary statistics extracted from published papers. Specifically, with rich covariate information available on each patient, prognostic and predictive factors can be identified or confirmed. Also, when several endpoints are available, surrogate endpoints can be assessed statistically.

Although there are difficulties in conducting, analyzing, and interpreting retrospective IPD meta-analysis utilizing the currently available data-sharing systems, data sharing will play an important role in IPD meta-analysis in the future.

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TC 1

Z9 1

U1 0

U2 0

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JI Int. J. Clin. Oncol.

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Haringhuizen, George B.

Koopmans, Marion P.

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TI How ownership rights over microorganisms affect infectious disease control and innovation: A root-cause analysis of barriers to data sharing as experienced by key stakeholders

SO PLOS ONE

LA English

DT Article

ID OPINION-LEADER ANALYSIS; PROPERTY-RIGHTS; CHALLENGES; OUTBREAK; HEALTH

AB Background

Genetic information of pathogens is an essential input for infectious disease control, public health and for research. Efficiency in preventing and responding to global outbreaks relies on timely access to such information. Still, ownership barriers stand in the way of timely sharing of genetic data from pathogens, frustrating efficient public health responses and ultimately the potential use of such resources in innovations. Under a One Health approach,

stakeholders, their interests and ownership issues are manifold and need to be investigated. We interviewed key actors from governmental and non-governmental bodies to identify overlapping and conflicting interests, and the overall challenges for sharing pathogen data, to provide essential inputs to the further development of political and practical strategies for improved data sharing practices.

Methods & findings

To identify and prioritize barriers, 52 Key Opinion Leaders were interviewed. A root-cause analysis was performed to identify causal relations between barriers. Finally, barriers were mapped to the innovation cycle reflecting how they affect the range of surveillance, innovation, and sharing activities. Four main barrier categories were found: compliance to regulations, negative consequences, self-interest, and insufficient incentives for compliance. When grouped in sectors (research institutes, public health organizations, supra-national organizations and industry) stakeholders appear to have similar interests, more than when grouped in domains (human, veterinary and food). Considering the innovation process, most of barriers could be mapped to the initial stages of the innovation cycle as sampling and sequencing phases. These are stages of primary importance to outbreak control and public health response. A minority of barriers applied to later stages in the innovation cycle, which are of more importance to product development.

Conclusion

Overall, barriers are complex and entangled, due to the diversity of causal factors and their crosscutting features. Therefore, barriers must be addressed in a comprehensive and integrated manner. Stakeholders have different interests highlighting the diversity in motivations for sharing pathogen data: prioritization of public health, basic research, economic welfare and/or innovative capacity. Broad inter-sectorial discussions should start with the alignment of these interests within sectors. The improved sharing of pathogen data, especially in upstream phases of the innovation process, will generate substantial public health benefits through increased availability of data to inform surveillance systems, as well as to allow the (re-) use of data for the development of medical countermeasures to control infectious diseases.

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JI PLoS One
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PT J
AU Evans, BJ
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Jarvik, Gail P.
TI Impact of HIPAA's minimum necessary standard on genomic data sharing
SO GENETICS IN MEDICINE
LA English
DT Article
DE genomic data sharing; HIPAA Privacy Rule; minimum necessary standard;
research; treatment uses
AB This article provides a brief introduction to the Health Insurance
Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's minimum
necessary standard, which applies to sharing of genomic data, particularly
clinical data, following 2013 Privacy Rule revisions. This research used the
Thomson Reuters Westlaw database and law library resources in its legal analysis
of the HIPAA privacy tiers and the impact of the minimum necessary standard on
genomic data sharing. We considered relevant example cases of genomic data-
sharing needs. In a climate of stepped-up HIPAA enforcement, this standard is of
concern to laboratories that generate, use, and share genomic information. How
data-sharing activities are characterized-whether for research, public health,
or clinical interpretation and medical practice support-affects how data access
and use. There is no clear regulatory guidance on how to apply HIPAA's minimum
necessary standard when considering the sharing of information in the data-rich
environment of genomic testing. Laboratories that perform genomic testing should
engage with policy makers to foster sound, well-informed policies and
appropriate characterization of data-sharing activities to minimize adverse
impacts on day-to-day workflows.
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Health Statistics, but the views expressed here are her own and do not
reflect views of the Committee.
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PT J
AU Howe, N
Giles, E
Newbury-Birch, D
McColl, E
AF Howe, Nicola
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Newbury-Birch, Dorothy
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TI Systematic review of participants' attitudes towards data sharing: a
thematic synthesis
SO JOURNAL OF HEALTH SERVICES RESEARCH & POLICY
LA English
DT Review
DE attitude; data sharing; research participant
ID HEALTH INFORMATION; INFORMED-CONSENT; VIEWS; TRUST; EXPERIENCES;
OPINIONS; PRIVACY; LINKAGE

AB Objectives Data sharing is well established in biological research, but evidence on sharing of clinical trial or public health research study data remains limited, in particular studies of research participants' perspectives of data sharing. This study systematically reviewed international evidence of research participants' attitudes towards the sharing of data for secondary research use.

Methods Systematic search of seven databases, and author-, citation- and bibliography-follow up to identify studies examining research participants' attitudes towards data sharing. Studies were thematically analysed using NVivo v10 to identify recurring themes.

Results Nine studies were eligible for inclusion. Thematic analysis identified four key themes: (1) benefits of data sharing, including benefit to participants or immediate community, benefits to the public and benefits to science or research; (2) fears and harms, such as fear of exploitation, stigmatization or repercussions, alongside concerns about confidentiality and misuse of data; (3) data sharing processes, in particular the role of consent in the process; and (4) the relationship between participants and research such as trust in different types of research or organization and the relationship with the original research team.

Conclusions The available literature on attitudes towards sharing data from clinical trials or public health interventions remains scant. This study has identified four themes regarding research participants' attitudes and preferences, which should be considered by policy makers, and explored with further research.

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PT J

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AF Read, Kevin B.
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Logan, Ayaba
Plutchak, T. Scott
Akers, Katherine G.
TI Practicing what we preach: developing a data sharing policy for the
Journal of the Medical Library Association
SO JOURNAL OF THE MEDICAL LIBRARY ASSOCIATION
LA English
DT Editorial Material
AB Providing access to the data underlying research results in published
literature allows others to reproduce those results or analyze the data in new
ways. Health sciences librarians and information professionals have long been
advocates of data sharing. It is time for us to practice what we preach and
share the data associated with our published research. This editorial describes
the activity of a working group charged with developing a research data sharing
policy for the Journal of the Medical Library Association.
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FU National Library of Medicine (NLM), National Institutes of Health
FX We thank the authors of JMLA articles who shared their data or concerns
about data sharing with our data sharing policy working group. The
contributions to this work by Liz Amos were provided with the support of
the National Library of Medicine (NLM), National Institutes of Health.
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PT J
AU Wise, J
AF Wise, Jacqui
TI Sharing of patient data didn't breach rules, says public health agency
SO BMJ-BRITISH MEDICAL JOURNAL
LA English
DT News Item
CR [Anonymous], 2018, TELEGRAPH
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PU BMJ PUBLISHING GROUP
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PA BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND
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JI BMJ-British Medical Journal
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WC Medicine, General & Internal

SC General & Internal Medicine
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PT B
AU Thwin, TT
Vasupongayya, S
AF Thwin, Thein Than
Vasupongayya, Sangsuree
GP IEEE
TI Blockchain Based Secret-Data Sharing Model for Personal Health Record
System
SO 2018 5TH INTERNATIONAL CONFERENCE ON ADVANCED INFORMATICS: CONCEPTS,
THEORY AND APPLICATIONS (ICAICTA 2018)
LA English
DT Proceedings Paper
CT 5th International Conference on Advanced Informatics - Concepts, Theory
and Applications (ICAICTA)
CY AUG 14-17, 2018
CL Krabi, THAILAND
SP IEEE, IEEE Thailand Sect, IEEE Xplore Digital Lib, Toyohashi Univ Technol,
Inst Teknologi Bandung, Univ Sains Malaysia, Sirindhorn Int Inst Technol,
Burapha Univ, Fac Informat
DE PHRs; proxy re-encryption; cryptography; hyperledger; data sharing
AB The blockchain systems are analyzed under the context of the personal health
record system (PHRs) requirements. The transparent property of blockchain may
cause the privacy and confidentiality concerns for PHRs. The append-only storage
of blockchain can be a barrier for implementing the revocability of consent in
PHRs. Moreover, the health care data can be very large exceeding the practical
storage capabilities of the current blockchain usages. The most important issues
of blockchain include the limited storage, privacy, consent revocation,
performance, energy consumption and scalability. A blockchain based secret-data
sharing model is proposed by using a proxy re-encryption technique to support
the PHRs in this work. Some potential attacks which can attempt on the proposed
model and how the model can handle such attempts is also discussed.
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FU Higher Education Research Promotion and the Thailand's Education Hub for
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FX The Higher Education Research Promotion and the Thailand's Education Hub
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WC Computer Science, Information Systems; Computer Science, Theory & Methods
SC Computer Science
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PT J
AU Guo, BY
Deng, XF
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Tian, J
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AF Guo, Bingyi
Deng, Xiaofang
Guan, Quansheng
Tian, Jie
Zheng, Xiangwei
TI An Incentive Mechanism for Cross-Organization Data Sharing Based on Data Competitiveness
SO IEEE ACCESS
LA English
DT Article
DE Incentive mechanism; data sharing; data competitiveness; Stackelberg game
ID HEALTH-CARE DATA; NETWORKS; PRIVACY
AB In the era of big data and artificial intelligence, data sharing is desirable for vigorous development of data-driven services, which improves our daily life. Although data sharing is supported to a certain extent by current mechanisms and technologies, organizations especially with potential competitive relationships might refuse to share their data due to the worry that data sharing improves competitors' competitiveness. To address this problem, this paper focuses on the competitiveness-driven target of win-win, and provides incentives to encourage potentially competing organizations to share their data. By introducing the concept of data competitiveness as a data transaction driving force, an incentive mechanism based on data competitiveness is established, which is formulated as a Stackelberg game. A gradient-based iteration algorithm is proposed to obtain the Stackelberg equilibrium solution to the data sharing incentive problem. Simulation results substantiate that performance of data sharing can be improved significantly by the proposed scheme.
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Z9 1
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PT J
AU Huang, QL
Yue, W
He, Y
Yang, YX
AF Huang, Qinlong
Yue, Wei
He, Yue
Yang, Yixian

TI Secure Identity-Based Data Sharing and Profile Matching for Mobile
Healthcare Social Networks in Cloud Computing

SO IEEE ACCESS

LA English

DT Article

DE Conditional proxy re-encryption; data security; encryption; health
information management; profile matching

ID PROXY RE-ENCRYPTION; PUBLIC-KEY ENCRYPTION; EQUALITY TEST; EFFICIENT

AB Cloud computing and social networks are changing the way of healthcare by providing real-time data sharing in a cost-effective manner. However, data security issue is one of the main obstacles to the wide application of mobile healthcare social networks (MHSNs), since health information is considered to be highly sensitive. In this paper, we introduce a secure data sharing and profile matching scheme for the MHSN in cloud computing. The patients can outsource their encrypted health records to cloud storage with an identity-based broadcast encryption technique, and share them with a group of doctors in a secure and efficient manner. We then present an attribute-based conditional data re-encryption construction which permits the doctors who satisfy the pre-defined conditions in the ciphertext to authorize the cloud platform to convert a ciphertext into a new ciphertext of an identity-based encryption scheme for specialist without leaking any sensitive information. Furthermore, we provide a profile matching mechanism in the MHSN based on identity-based encryption with an equality test, which helps patients to find friends in a privacy-preserving way and achieves flexible authorization on the encrypted health records with resisting the keywords guessing attack. Moreover, this mechanism reduces the computation cost on the patient side. The security analysis and experimental evaluation show that our scheme is practical for protecting the data security and privacy in the MHSN.

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NR 33
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Z9 1
U1 2
U2 5
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PT J
AU Wang, HQ
AF Wang, Huaqun
TI Anonymous Data Sharing Scheme in Public Cloud and Its Application in E-Health Record
SO IEEE ACCESS
LA English
DT Article
DE Attribute-based encryption; cloud computing; data sharing; searchable encryption
ID ATTRIBUTE-BASED ENCRYPTION; PRIVACY; SECURITY
AB In the past few years, cloud computing develops very quickly. A large amount of data are uploaded and stored in remote public cloud servers which cannot fully be trusted by users. Especially, more and more enterprises would like to manage their data by the aid of the cloud servers. However, when the data outsourced in the cloud are sensitive, the challenges of security and privacy becomes urgent for wide deployment of the cloud systems. This paper proposes a secure data sharing scheme to ensure the privacy of data owner and the security of the outsourced cloud data. The proposed scheme provides flexible utility of data while solving the privacy and security challenges for data sharing. The security and efficiency analysis demonstrate that the designed scheme is feasible and efficient. At last, we discuss its application in electronic health record.
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NR 45

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PT J
AU Jee, H
Lee, HD
Lee, SY
AF Jee, Hyunseok
Lee, Hae-Dong
Lee, Sae Yong
TI Evidence-Based Cutoff Threshold Values from Receiver Operating
Characteristic Curve Analysis for Knee Osteoarthritis in the 50-Year-Old
Korean Population: Analysis of Big Data from the National Health
Insurance Sharing Service

SO BIOMED RESEARCH INTERNATIONAL

LA English

DT Article

ID MUSCLE STRENGTH; GLUCOSAMINE; SULFATE

AB We aimed to investigate the characteristics of patients with osteoarthritis (OA), using the data of all Koreans registered in the National Health Insurance Sharing Service Database (NHISS DB), and to provide ideal alternative cutoff thresholds for alleviating OA symptoms. Patients with OA (codes M17 and M17.1-M17.9 in the Korean Standard Classification of Disease and Causes of Death) were analyzed using SAS software. Optimal cutoff thresholds were determined using receiver operating characteristic curve analysis. The 50-year age group was the most OA pathogenic group (among 40 similar to 70 years, $n = 2088$). All exercise types affected the change of body mass index ($p < 0.05$) and the sex difference in blood pressure (BP) ($p < 0.01$). All types of exercise positively affected the loss of waist circumference and the balance test (standing time on one leg in seconds) ($p < 0.01$). The cutoff threshold for the time in seconds from standing up from a chair to walking 3 m and returning to the same chair was 8.25 (80% sensitivity and 100% specificity). By using the exercise modalities, categorized multiple variables, and the cutoff threshold, an optimal alternative exercise program can be designed for alleviating OA symptoms in the 50-year age group.
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NR 14
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AU Wen, CH
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Tan, HZ
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Liu, Chen-Feng
Shen, Yan-Bo
You, Na
Cai, Wei-Hong
Shen, Wen-Jun
Wang, Xue-Qin
Tan, Hai-Zhu

TI B-CAN: a resource sharing platform to improve the operation,
visualization and integrated analysis of TCGA breast cancer data

SO ONCOTARGET

LA English

DT Article

DE TCGA; breast cancer; data customization; data visualization; private
data center

ID GENOMICS

AB Breast cancer is a high-risk heterogeneous disease with myriad subtypes and complicated biological features. The Cancer Genome Atlas (TCGA) breast cancer database provides researchers with the large-scale genome and clinical data via web portals and FTP services. Researchers are able to gain new insights into their related fields, and evaluate experimental discoveries with TCGA. However, it is difficult for researchers who have little experience with database and bioinformatics to access and operate on because of TCGA's complex data format and diverse files. For ease of use, we build the breast cancer (B-CAN) platform, which enables data customization, data visualization, and private data center. The B-CAN platform runs on Apache server and interacts with the backstage of MySQL database by PHP. Users can customize data based on their needs by combining tables from original TCGA database and selecting variables from each table. The private data center is applicable for private data and two types of customized data. A key feature of the B-CAN is that it provides single table display and multiple table display. Customized data with one barcode corresponding to many records and processed customized data are allowed in Multiple Tables Display. The B-CAN is an intuitive and high-efficient data-sharing platform.

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TI A Qualitative Analysis of Real-Time Continuous Glucose Monitoring Data
Sharing with Care Partners: To Share or Not to Share?

SO DIABETES TECHNOLOGY & THERAPEUTICS

LA English

DT Article

DE Type 1 diabetes; Blog; Real-time continuous glucose monitor; Data
sharing; Care partner

ID DIABETES MANAGEMENT; SPOUSAL SUPPORT; OLDER-ADULTS; HEALTH;
HYPOGLYCEMIA; INVOLVEMENT; OUTCOMES; IMPACT

AB Background: Little research exists regarding how real-time continuous glucose monitoring (RT-CGM) data sharing plays a role in the relationship between patients and their care partners. Objective: To (1) identify the benefits and challenges related to RT-CGM data sharing from the patient and care partner perspective and (2) to explore the number and type of individuals who share and follow RT-CGM data. Methods: This qualitative content analysis was conducted by examining publicly available blogs focused on RT-CGM and data sharing. A thematic analysis of blogs and associated comments was conducted. Results: A systematic appraisal of personal blogs examined 39 blogs with 206 corresponding comments. The results of the study provided insight about the benefits and challenges related to individuals with diabetes sharing their RT-CGM data with a care partner(s). The analysis resulted in three themes: (1) RT-CGM data sharing enhances feelings of safety, (2) the need to communicate boundaries to avoid judgment, and (3) choice about sharing and following RT-CGM data. RT-CGM data sharing occurred within dyads (n=46), triads (n=15), and tetrads (n=2). Conclusions: Adults and children with type 1 diabetes and their care partners are empowered by the ability to share and follow RT-CGM data. Our findings suggest that RT-CGM data sharing between an individual with diabetes and their care partner can complicate relationships. Healthcare providers need to engage

patients and care partners in discussions about best practices related to RT-CGM sharing and following to avoid frustrations within the relationship.

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TI Proposing hierarchy-similarity based access control framework: A
multilevel Electronic Health Record data sharing approach for
interoperable environment
SO JOURNAL OF KING SAUD UNIVERSITY-COMPUTER AND INFORMATION SCIENCES
LA English
DT Article
DE Access control policies; Electronic Health Records (EHR); Hierarchical
Similarity Analyzer (HSA); Interoperable healthcare environment;
Security

ID VERIFICATION
AB Interoperability in healthcare environment deals with sharing of patient's
Electronic Health Records (EHR) with fellow professionals in inter as well as
intra departments or organizations. Healthcare environment experiences frequent
shifting of doctors, paramedical staff in inter as well as intra departments or
hospitals. The system exhibits dynamic attributes of users and resources managed
through access control policies defined for that environment. Rules obtained on
merging of such policies often generate policy-conflicts thereby resulting in
undue data leakages to unintended users. This paper proposes an access control
framework that applies a Hierarchy Similarity Analyzer (HSA) on the policies
need to be merged. It calculates a Security_Level (SL) and assigns it to the
users sharing data. The SL determines the authorized amount of data that can be
shared on successful collaboration of two policies. The proposed framework
allows integration of independent policies and identifies the possible policy-
conflicts arising due to attribute disparities in defined rules. The framework
is implemented on XACML policies and compared with other access models designed
using centralized and decentralized approaches. Conditional constraints and
properties are defined that generate policy-conflicts as prevalent in the
policies. (C) 2015 The Authors. Production and hosting by Elsevier B.V. on
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TI Systematic review of studies generating individual participant data on the efficacy of drugs for treating soil-transmitted helminthiases and the case for data-sharing

SO PLOS NEGLECTED TROPICAL DISEASES

LA English

DT Review

ID LUMBRICOIDES INFECTION INTENSITY; ANTHELMINTIC RESISTANCE; MEBENDAZOLE TREATMENT; SCHISTOSOMA-MANSONI; NEMATODE INFECTIONS; NECATOR-AMERICANUS; HUMAN VOLUNTEERS; PUBLIC-HEALTH; EGG COUNTS; KATO-KATZ

AB Background

Preventive chemotherapy and transmission control (PCT) by mass drug administration is the cornerstone of the World Health Organization (WHO)'s policy to control soil-transmitted helminthiases (STHs) caused by *Ascaris lumbricoides* (roundworm), *Trichuris trichiura* (whipworm) and hookworm species (*Necator americanus* and *Ancylostoma duodenale*) which affect over 1 billion people globally. Despite consensus that drug efficacies should be monitored for signs of decline that could jeopardise the effectiveness of PCT, systematic monitoring and evaluation is seldom implemented. Drug trials mostly report aggregate efficacies in groups of participants, but heterogeneities in design complicate classical meta analyses of these data. Individual participant data (IPD) permit more detailed analysis of drug efficacies, offering increased sensitivity to identify atypical responses potentially caused by emerging drug resistance.

Methodology

We performed a systematic literature review to identify studies concluding after 2000 that collected IPD suitable for estimating drug efficacy against STH. We included studies that administered a variety of anthelmintics with follow ups less than 60 days after treatment. We estimated the number of IPD and extracted cohort- and study-level meta-data.

Principal findings

We estimate that there exist individual data on approximately 35,000 participants from 129 studies conducted in 39 countries, including 34 out of 103 countries where PCT is recommended. We find significant heterogeneity in diagnostic methods, times of outcome assessment, and the reported measure of efficacy. We also quantify cohorts comprising pre-school age children, pregnant women, and co-infected participants, including with HIV.

Conclusions

We argue that establishing a global IPD repository would improve the capacity to monitor and evaluate the efficacy of anthelmintic drugs, respond to changes and safeguard the ongoing effectiveness of PCT. Establishing a fair, transparent

data governance policy will be key for the engagement of the global STH community.

Author summary

Soil-transmitted helminthiases (STHs) caused by roundworm, whipworm or hookworm-affect over one billion of the world's poorest people mostly living in low and middle income countries, exerting a major health and economic toll. These infections are controlled by regular mass drug distribution to affected populations. But with very few alternative medicines, the effectiveness of treatment programmes is vulnerable to the potential emergence of drug resistance. Despite a recent scale-up of mass drug distribution, systematic monitoring and evaluation of the efficacy of treatment is too rarely undertaken and our knowledge of how the drugs are performing largely based on information from clinical trials. However, the design and reporting of information from these trials is very variable which makes it difficult to form a comprehensive picture of the status and trends in drug efficacy. Here, we present a systematic review of published studies completed since 2000, characterise variation in their design, implementation and reporting and estimate the abundance of individual participant data. We argue that the co-ordinated sharing of these individual data would greatly increase the capacity of the global health community to monitor effectively drug efficacy, to respond accordingly to changes, and thereby to safeguard the effectiveness of STH control.

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NR 59
TC 1
Z9 1
U1 0
U2 4
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 OCT
PY 2017
VL 11
IS 10
AR e0006053
DI 10.1371/journal.pntd.0006053
PG 20
WC Infectious Diseases; Parasitology; Tropical Medicine
SC Infectious Diseases; Parasitology; Tropical Medicine
GA FL5JJ
UT WOS:000414271400083
PM 29088274
OA DOAJ Gold, Green Published, Green Accepted
DA 2019-08-06
ER

PT J
AU Baier, AW
Snyder, DJ
Leahy, IC
Patak, LS
Brustowicz, RM
AF Baier, Amanda W.
Snyder, Daniel J.
Leahy, Izabela C.
Patak, Lance S.
Brustowicz, Robert M.
TI A Shared Opportunity for Improving Electronic Medical Record Data
SO ANESTHESIA AND ANALGESIA
LA English
DT Article
ID HEALTH INFORMATION-TECHNOLOGY; CLINICAL-RESEARCH; PRIMARY-CARE;
CHALLENGES; DATABASES; REUSE
AB With the recent rapid adoption of electronic medical records (EMRs), studies reporting results based on EMR data have become increasingly common. While analyzing data extracted from our EMR for a retrospective study, we identified various types of erroneous data entries. This report investigates the root causes of the incompleteness, inconsistency, and inaccuracy of the medical records analyzed in our study. While experienced health information management professionals are well aware of the many shortcomings with EMR data, the aims of

this case study are to highlight the significance of the negative impact of erroneous EMR data, to provide fundamental principles for managing EMRs, and to provide recommendations to help facilitate the successful use of electronic health data, whether to inform clinical decisions or for clinical research.

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NR 37

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Z9 1
U1 1
U2 10
PU LIPPINCOTT WILLIAMS & WILKINS
PI PHILADELPHIA
PA TWO COMMERCE SQ, 2001 MARKET ST, PHILADELPHIA, PA 19103 USA
SN 0003-2999
J9 ANESTH ANALG
JI Anesth. Analg.
PD SEP
PY 2017
VL 125
IS 3
BP 952
EP 957
DI 10.1213/ANE.0000000000002134
PG 6
WC Anesthesiology
SC Anesthesiology
GA FE1PN
UT WOS:000407990200034
PM 28632540
DA 2019-08-06
ER

PT J
AU Learned, K
 Durbin, A
 Currie, R
 Beale, H
 Lam, DL
 Goldstein, T
 Salama, SR
 Haussler, D
 Morozova, O
 Bjork, I
AF Learned, Katrina
 Durbin, Ann
 Currie, Robert
 Beale, Holly
 Du Linh Lam
 Goldstein, Theodore
 Salama, Sofie R.
 Haussler, David
 Morozova, Olena
 Bjork, Isabel

TI A critical evaluation of genomic data sharing: Barriers to accessing
pediatric cancer genomic datasets: a Treehouse Childhood Cancer
Initiative experience

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 1
Z9 1
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 2017
VL 77
SU 13
MA LB-338
DI 10.1158/1538-7445.AM2017-LB-338
PG 2
WC Oncology
SC Oncology
GA GR3MV
UT WOS:000442496700450
DA 2019-08-06
ER

PT J
AU Nadauld, L
 Haslem, D
 Tittel, PD
 Tameishi, M
 James, TB
 Ford, J
AF Nadauld, Lincoln
 Haslem, Derrick
 Tittel, Paul D.
 Tameishi, Mariko
 Brown, Thomas
 Ford, James

TI OPeN: the oncology precision network data sharing consortium
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 1
Z9 1
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 2017
VL 77
SU 13
MA 998
DI 10.1158/1538-7445.AM2017-998
PG 2
WC Oncology
SC Oncology
GA GR3MV
UT WOS:000442496702438
DA 2019-08-06
ER

PT J
AU Mahlmann, L
Halfmann, SSG
von Wyl, A
Brand, A
AF Mahlmann, Laura
Halfmann, Sebastian Schee Gen.
von Wyl, Agnes
Brand, Angela

TI Attitudes towards Personal Genomics and Sharing of Genetic Data among
Older Swiss Adults: A Qualitative Study

SO PUBLIC HEALTH GENOMICS

LA English

DT Article

DE Altruism; Citizen science; Data protection; Data sharing;
Direct-to-consumer personal genomics; Older adults; Personalized
medicine; Privacy; Research participation

ID TO-CONSUMER GENOMICS; RESEARCH PARTICIPANTS PERSPECTIVES; HEALTH-CARE;
INFORMED-CONSENT; CLINICAL UTILITY; MEDICINE; TESTS; IMPACT; CHALLENGES;
MOTIVATION

AB Objective: To assess the willingness of older Swiss adults to share genetic data for research purposes and to investigate factors that might impact their willingness to share data. Methods: Semi-structured interviews were conducted among 40 participants (19 male and 21 female) aged between 67 and 92 years, between December 2013 and April 2014 attending the Seniorenuniversitat Zurich, Switzerland. All interviews were audio-recorded, transcribed verbatim, and anonymized. For the analysis of the interviews, an initial coding scheme was developed, refined over time, and applied afterwards to all interviews. Results: The majority of participants were in favor of placing genetic data to research's disposal. Participant's motivations to share data were mainly driven by altruistic reasons and by contributing to the greater good. Furthermore, several factors which might impact the willingness to share data such as sharing data with private companies, generational differences, differences between sharing genetic data or health data, and sharing due to financial incentives were highlighted. Last, some participants indicated concerns regarding data sharing such as misuse of data, the fear of becoming a transparent citizen, and data safety. However, 20% of the participants express confidence in data protection. Even participants who were skeptical in the beginning of the interviews admitted the benefits of data sharing. Discussion: Overall, this study suggests older citizens are willing to share their data for research purposes. However, most of them will only contribute if their data is appropriately protected and if they trust the research institution to use the shared data responsibly. More transparency and detailed information regarding the data usage are urgently needed. There is a great need to increase the engagement of older adults in

research since they present a large segment of our society-one which is often underexamined in research. Conclusion: Increased focus on general public engagement, especially of older adults, in scientific research activities known as "citizen science" is needed to further strengthen the uptake of personalized medicine. (c) 2018 S. Karger AG, Basel

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NR 56

TC 1

Z9 1

U1 1

U2 2

PU KARGER

PI BASEL

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SN 1662-4246

EI 1662-8063

J9 PUBLIC HEALTH GENOM

JI Pub. Health Genomics

PY 2017

VL 20

IS 5

BP 293

EP +

DI 10.1159/000486588

PG 14

WC Genetics & Heredity; Public, Environmental & Occupational Health

SC Genetics & Heredity; Public, Environmental & Occupational Health

GA GD5PW

UT WOS:000430559900004

PM 29414817

DA 2019-08-06

ER

PT S

AU Galletta, A

Bonanno, L

Celesti, A

Marino, S

Bramanti, P

Villari, M

AF Galletta, Antonino

Bonanno, Lilla

Celesti, Antonio
Marino, Silvia
Bramanti, Placido
Villari, Massimo

GP IEEE

TI An Approach to Share MRI Data Over the Cloud Preserving Patients' Privacy

SO 2017 IEEE SYMPOSIUM ON COMPUTERS AND COMMUNICATIONS (ISCC)

SE IEEE Symposium on Computers and Communications ISCC

LA English

DT Proceedings Paper

CT IEEE Symposium on Computers and Communications (ISCC)

CY JUL 03-07, 2017

CL Heraklion, GREECE

DE Clinical data; Cloud; storage; patient; security; privacy

AB Patients' data security and privacy is fundamental in the perspective of moving clinical data over the Cloud. Indeed, this concern has slowed down the adoption of Cloud services in the healthcare context. In fact, clinical operators are reluctant to open Hospital Information Systems (HIS) to external Cloud services. In this paper, we discuss system developed at the IRCCS "Bonino Pulejo" clinical and research centre (Italy) that is able to solve this concern. Such a system is based on two software components that are anonymizer and splitter. The first collects and anonymize clinical data, whereas the second obfuscates and stores data in multiple Cloud storage providers. Thus, only authorized clinical operators can access data over the Cloud. A case of study considering real Magnetic Resonance Imaging (MRI) data is analysed in order to assess the performance of the whole system.

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RI Bonanno, Lilla/K-3937-2016

OI Bonanno, Lilla/0000-0002-0282-405X; Galletta, Antonino/0000-0003-4688-0894

FU FP7 Project frontierCities [632853]

FX This work was partially supported by the FP7 Project frontierCities under grant agreement no. 632853.

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NR 13
TC 1
Z9 1
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
SN 1530-1346
BN 978-1-5386-1629-1
J9 IEEE SYMP COMP COMMU
PY 2017
BP 94
EP 99
PG 6
WC Computer Science, Information Systems; Engineering, Electrical &
Electronic; Telecommunications
SC Computer Science; Engineering; Telecommunications
GA BJ6OR
UT WOS:000426895800017
DA 2019-08-06
ER

PT S
AU Michalalas, A
Weingarten, N
AF Michalalas, Antonis
Weingarten, Noam
BE Bamidis, PD
Konstantinidis, ST
Rodrigues, PP
TI HealthShare: Using Attribute-Based Encryption for Secure Data Sharing
Between Multiple Clouds
SO 2017 IEEE 30TH INTERNATIONAL SYMPOSIUM ON COMPUTER-BASED MEDICAL SYSTEMS
(CBMS)
SE IEEE International Symposium on Computer-Based Medical Systems
LA English
DT Proceedings Paper
CT 30th IEEE International Symposium on Computer-Based Medical Systems
(IEEE CBMS)
CY JUN 22-24, 2017
CL Aristotle Univ Thessaloniki, Thessaloniki, GREECE
SP IEEE, Aristotle Univ Thessaloniki Res Comm, Univ Nottingham, ePBLnet,
SmokeFreeBrain, LLM Care Hlth & Social Care Ecosystem, Open Knowledge Fdn
Chapter Greece, MEDical Curriculum INnovat, Widening Access Virtual Educ
Scenarios, Intelligent Parkinson Early Detect Guiding Novel Support Intervent,
Ubiquitous iNteroperable Care Ageing People
HO Aristotle Univ Thessaloniki
DE eHealth; Security; Cloud Computing; EHR Protection; Access Control;
Policies; Attribute-Based Encryption
AB In this invited paper, we propose HealthShare - a forward-looking approach
for secure ehealth data sharing between multiple organizations that are hosting
patients' data in different clouds. The proposed protocol is based on a

Revocable Key-Policy Attribute-Based Encryption scheme and allows users to share encrypted health records based on a policy that has been defined by the data owner (i.e. patient, a member of the hospital, etc). Furthermore, access to a malicious or compromised user/organization can be easily revoked without the need to generate fresh encryption keys.

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TC 1

Z9 1

U1 0

U2 2

PU IEEE

PI NEW YORK

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PY 2017

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SC Computer Science; Engineering; Medical Informatics

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UT WOS:000424864800160
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ER

PT J

AU Montgomery, J

AF Montgomery, Jonathan

TI Data Sharing and the Idea of Ownership

SO NEW BIOETHICS-A MULTIDISCIPLINARY JOURNAL OF BIOTECHNOLOGY AND THE BODY

LA English

DT Article

DE health data; property; ownership; personalised medicine; commons;
privacy

ID INFORMATION

AB Ideas about ownership are sometimes used in discussions of data sharing in personalised medicine. Personal health data are thought by many to be 'theirs'. Paradoxically, personalised medicine (at least in the context of genomics) relies on the aggregation of private data into a dataset that is held as a form of knowledge commons. When the notions of private and common property that lie behind this discourse are made explicit we can use thinking about the justifications and jurisprudence of property both to clarify the persuasiveness and limits of such claims, and also how they differ from other principles that are at stake in the interplay between individual and collective goods in the delivery of personalised medicine. This shows that ownership might more plausibly lie with health professionals than patients. In a socialised medicine system, such as the NHS, such professionals are agents of the state and ownership would lie with the commons rather than any individual. Common rather than private ownership of genomic information may be more appropriate.

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NR 12

TC 1

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U2 3

PU TAYLOR & FRANCIS LTD

PI ABINGDON

PA 2-4 PARK SQUARE, MILTON PARK, ABINGDON OR14 4RN, OXON, ENGLAND

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J9 NEW BIOETH

JI New Bioeth.
PY 2017
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IS 1
SI SI
BP 81
EP 86
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WC Ethics
SC Social Sciences - Other Topics
GA FV9PM
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PT J

AU An, XB
Hu, JH
Do, KA

AF An, Xuebei
Hu, Jianhua
Do, Kim-Anh

TI SIFORM: shared informative factor models for integration of
multi-platform bioinformatic data

SO BIOINFORMATICS

LA English

DT Article

ID CELL LUNG-CANCER; NONCONCAVE PENALIZED LIKELIHOOD;
ESTROGEN-RECEPTOR-ALPHA; PROGNOSTIC-SIGNIFICANCE; VARIABLE SELECTION;
CYCLIN B1; NETWORK ANALYSIS; NEVER SMOKERS; EXPRESSION; 4E-BP1

AB Motivation: High-dimensional omic data derived from different technological platforms have been extensively used to facilitate comprehensive understanding of disease mechanisms and to determine personalized health treatments. Numerous studies have integrated multi-platform omic data; however, few have efficiently and simultaneously addressed the problems that arise from high dimensionality and complex correlations.

Results: We propose a statistical framework of shared informative factor models that can jointly analyze multi-platform omic data and explore their associations with a disease phenotype. The common disease-associated sample characteristics across different data types can be captured through the shared structure space, while the corresponding weights of genetic variables directly index the strengths of their association with the phenotype. Extensive simulation studies demonstrate the performance of the proposed method in terms of biomarker detection accuracy via comparisons with three popular regularized regression methods. We also apply the proposed method to The Cancer Genome Atlas lung adenocarcinoma dataset to jointly explore associations of mRNA expression and protein expression with smoking status. Many of the identified biomarkers belong to key pathways for lung tumorigenesis, some of which are known to show differential expression across smoking levels. We discover potential biomarkers that reveal different mechanisms of lung tumorigenesis between light smokers and heavy smokers.

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TC 1

Z9 1

U1 0

U2 7

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Computer Science, Interdisciplinary Applications; Mathematical &
Computational Biology; Statistics & Probability

SC Biochemistry & Molecular Biology; Biotechnology & Applied Microbiology;
Computer Science; Mathematical & Computational Biology; Mathematics

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PT J

AU Askenazi, M

Fenyo, D

AF Askenazi, Manor
Fenyo, David

TI OpenSlice: Quantitative data sharing from HyperPeaks to global ion chromatograms (GICs)

SO PROTEOMICS

LA English

DT Article

DE Bioinformatics; Databases; Data mining; Data processing and analysis

ID DATA FORMAT; PROTEOMICS; CANCER

AB Data sharing in the field of MS has advanced greatly thanks to innovations such as the standardized formats, data repositories, and publications guidelines. However, there is currently no data sharing mechanism that enables real-time data browsing and deep linking on a large scale: unrestricted data access (particularly at the quantitative level) ultimately requires the user to download a local copy of the relevant data files (e.g., in order to generate extracted ion chromatograms [XICs]). In this technical resource, we present a set of technologies (collectively termed OpenSlice) that enable the user to quantitatively query hundreds of hours of proteomics discovery data (i.e., nontargeted acquisition) in real time: the user is able to effectively generate XICs for arbitrary masses on the fly and across the entire dataset (so-called global ion chromatograms), interacting with the results through a very intuitive browser-based interface. A key design consideration underlying the OpenSlice approach is the notion that every aspect of the acquired data must be accessible through a RESTful uniform resource locator based application programming interface, up to and including individual chromatographic peaks (hence HyperPeaks). A publicly accessible demonstration of this technology based on the Clinical Proteomics Tumor Analysis Consortium CompRef dataset is made available at <http://compref.fenyolab.org>.

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TC 1

Z9 1
U1 0
U2 2
PU WILEY-BLACKWELL
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PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
SN 1615-9853
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J9 PROTEOMICS
JI Proteomics
PD SEP
PY 2016
VL 16
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SI SI
BP 2495
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PG 7
WC Biochemical Research Methods; Biochemistry & Molecular Biology
SC Biochemistry & Molecular Biology
GA DZ4FJ
UT WOS:000385813600009
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ER

PT J
AU Kuchinke, W
 Krauth, C
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TI Legal assessment tool (LAT): an interactive tool to address privacy and
 data protection issues for data sharing
SO BMC MEDICAL INFORMATICS AND DECISION MAKING
LA English
DT Article
ID CONDUCT; MODEL; CODE
AB Background: In an unprecedented rate data in the life sciences is generated
and stored in many different databases. An ever increasing part of this data is
human health data and therefore falls under data protected by legal regulations.
As part of the BioMedBridges project, which created infrastructures that connect
more than 10 ESFRI research infrastructures (RI), the legal and ethical

prerequisites of data sharing were examined employing a novel and pragmatic approach.

Methods: We employed concepts from computer science to create legal requirement clusters that enable legal interoperability between databases for the areas of data protection, data security, Intellectual Property (IP) and security of biosample data. We analysed and extracted access rules and constraints from all data providers (databases) involved in the building of data bridges covering many of Europe's most important databases. These requirement clusters were applied to five usage scenarios representing the data flow in different data bridges: Image bridge, Phenotype data bridge, Personalised medicine data bridge, Structural data bridge, and Biosample data bridge. A matrix was built to relate the important concepts from data protection regulations (e.g. pseudonymisation, identifyability, access control, consent management) with the results of the requirement clusters. An interactive user interface for querying the matrix for requirements necessary for compliant data sharing was created.

Results: To guide researchers without the need for legal expert knowledge through legal requirements, an interactive tool, the Legal Assessment Tool (LAT), was developed. LAT provides researchers interactively with a selection process to characterise the involved types of data and databases and provides suitable requirements and recommendations for concrete data access and sharing situations. The results provided by LAT are based on an analysis of the data access and sharing conditions for different kinds of data of major databases in Europe.

Conclusions: Data sharing for research purposes must be opened for human health data and LAT is one of the means to achieve this aim. In summary, LAT provides requirements in an interactive way for compliant data access and sharing with appropriate safeguards, restrictions and responsibilities by introducing a culture of responsibility and data governance when dealing with human data.

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PU BMC
PI LONDON
PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
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J9 BMC MED INFORM DECIS
JI BMC Med. Inform. Decis. Mak.
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PT J

AU Carter, JG
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AF Carter, James G.
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TI United Kingdom health research analyses and the benefits of shared data
SO HEALTH RESEARCH POLICY AND SYSTEMS

LA English

DT Article

ID BURDEN

AB Background: To allow research organisations to co-ordinate activity to the benefit of national and international funding strategies requires assessment of the funding landscape; this, in turn, relies on a consistent approach for comparing expenditure on research. Here, we discuss the impact and benefits of the United Kingdom's Health Research Classification System (HRCS) in national landscaping analysis of health research and the pros and cons of performing large-scale funding analyses.

Methods: The first United Kingdom health research analysis (2004/2005) brought together the 11 largest public and charity funders of health research to develop the HRCS and use this categorisation to examine United Kingdom health research. The analysis was revisited in 2009/2010 and again in 2014. The most recent quinquennial analysis in 2014 compiled data from 64 United Kingdom research organisations, accounting for 91% of all public/charitable health research funding in the United Kingdom. The three analyses summarise the United Kingdom's health research expenditure in 2004/2005, 2009/2010 and 2014, and can be used to identify changes in research activity and disease focus over this 10 year period.

Results: The 2004/2005 analysis provided a baseline for future reporting and evidence for a United Kingdom Government review that recommended the co-ordination of United Kingdom health research should be strengthened to accelerate the translation of basic research into clinical and economic benefits. Through the second and third analyses, we observed strategic prioritisation of certain health research activities and disease areas, with a strong trend toward increased funding for more translational research, and increases in specific areas such as research on prevention.

Conclusions: The use of HRCS in the United Kingdom to analyse the research landscape has provided benefit both to individual participatory funders and in coordinating initiatives at a national level. A modest amount of data for each project is sufficient for a nationwide assessment of health research funding, but achieving coverage of the United Kingdom portfolio relies on sourcing these details from a large number of individual funding agencies. The effort needed to compile this data could be minimised if funders routinely shared or published this information in a standard and accessible way. The United Kingdom approach to landscaping analyses could be readily adapted to suit other groups or nations, and global availability of research funding data would support better national and international coordination of health research.

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NR 25
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Z9 1
U1 0
U2 2
PU BIOMED CENTRAL LTD
PI LONDON
PA 236 GRAYS INN RD, FLOOR 6, LONDON WC1X 8HL, ENGLAND
SN 1478-4505
J9 HEALTH RES POLICY SY
JI Health Res. Policy Syst.
PD JUN 24
PY 2016
VL 14
AR 48
DI 10.1186/s12961-016-0116-1
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WC Health Policy & Services
SC Health Care Sciences & Services
GA DQ6HG
UT WOS:000379304600001
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OA DOAJ Gold, Green Published
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ER

PT J
AU Lewin, JH
Vis, DJ
Voest, EE
Liao, R
Nederlof, PM
Conley, BA

Solit, DB
Corless, CL
Campregher, PV
Tyrell, V
Chong, G
Watson, M
Rha, SY
Maughan, T
Caulfield, M
Lazar, V
Esserman, L
Sawyers, CL
Siu, LL
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Nederlof, Petra M.
Conley, Barbara A.
Solit, David B.
Corless, Christopher L.
Campregher, Paulo V.
Tyrell, Vanessa
Chong, George
Watson, Michael
Rha, Sun Young
Maughan, Tim
Caulfield, Mark
Lazar, Vladimir
Esserman, Laura
Sawyers, Charles L.
Siu, Lillian L.
Lawler, Mark

TI Determining barriers to effective data sharing in cancer genomic sequencing initiatives: A Global Alliance for Genomics and Health (GA4GH) survey.

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

C1 Princess Margaret Canc Ctr, Toronto, ON, Canada.
Netherlands Canc Inst, Amsterdam, Netherlands.
Global Alliance Genom & Hlth, Cambridge, MA USA.
Antoni Van Leeuwenhoek Hosp, Netherlands Canc Inst, Amsterdam, Netherlands.
Natl Canc Inst, Rockville, MD USA.
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Childrens Canc Inst, Sydney, NSW, Australia.
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Amer Coll Med Genet & Genom, Bethesda, MD USA.
Yonsei Univ Severance Hosp, Seoul, South Korea.
Univ Oxford, Oxford, England.

Queen Mary Univ London, London, England.
Worldwide Innovat Network Personalized Canc Thera, WIN Consortium, Paris,
France.

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Queens Univ Belfast, Belfast, Antrim, North Ireland.

NR 0
TC 1
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PU AMER SOC CLINICAL ONCOLOGY
PI ALEXANDRIA
PA 2318 MILL ROAD, STE 800, ALEXANDRIA, VA 22314 USA
SN 0732-183X
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J9 J CLIN ONCOL
JI J. Clin. Oncol.
PD MAY 20
PY 2016
VL 34
IS 15
SU S
MA 11502
DI 10.1200/JCO.2016.34.15_suppl.11502
PG 2
WC Oncology
SC Oncology
GA EZ4WF
UT WOS:000404712500508
DA 2019-08-06
ER

PT J
AU [Anonymous]
AF [Anonymous]
TI Don't wait to share data on Zika
SO NATURE MICROBIOLOGY
LA English
DT Editorial Material
AB During public health emergencies, such as the current increase in
microcephaly and neurological syndromes potentially associated with the Zika
virus outbreak, a rapid and coordinated response necessitates the immediate
sharing of data. Nature Microbiology policy is fully aligned with this
imperative.
CR [Anonymous], 2015, NATURE GENET, V47, P1101
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U1 0
U2 0
PU NATURE PUBLISHING GROUP
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PA MACMILLAN BUILDING, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
EI 2058-5276
J9 NAT MICROBIOL
JI NAT. MICROBIOL
PD MAR
PY 2016
VL 1
IS 3
AR 16028
DI 10.1038/NMICROBIOL.2016.28
PG 1
WC Microbiology
SC Microbiology
GA DW4HU
UT WOS:000383604600017
PM 27572177
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PT J
AU Prey, JE
 Polubriaginof, F
 Kuperman, GJ
 Tiase, V
 Collins, SA
 Vawdrey, DK
AF Prey, Jennifer E.
 Polubriaginof, Fernanda
 Kuperman, Gilad J.
 Tiase, Victoria
 Collins, Sarah A.
 Vawdrey, David K.

TI International perspectives on sharing clinical data with patients
SO INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS
LA English
DT Article
DE Personal health records; Consumer health information; Health information
 technology; Patients; International perspectives
ID CARE; HEALTH; OUTCOMES; SUPPORT
AB Objective: 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. We investigated, on an international scale, the
current state of approaches for providing patients with access to their own
clinical information.
 Methods: Individuals from 28 countries were invited to participate in a
cross-sectional semi-structured interview. 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.

Results: Interviews were conducted with individuals from 16 countries representing six continents. Respondents reported substantive initiatives for providing information to patients in the majority of countries interviewed. These initiatives were diverse in nature and stage of implementation. Discussion: Enabling patient access to data is occurring on an international scale. There is considerable variability in the level of maturity, the degree of government involvement, the technical infrastructure, and the plans for future development across the world. As informaticians, we are still in the early stages of deploying patient engagement technologies and have yet to identify optimal strategies in this arena.

Conclusion: 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. (C) 2015 Elsevier Ireland Ltd. All rights reserved.

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J9 INT J MED INFORM
JI Int. J. Med. Inform.
PD FEB
PY 2016
VL 86
BP 135
EP 141
DI 10.1016/j.ijmedinf.2015.11.007
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WC Computer Science, Information Systems; Health Care Sciences & Services;
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SC Computer Science; Health Care Sciences & Services; Medical Informatics
GA CZ8NS
UT WOS:000367357000016
PM 26631956
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ER

PT J
AU Rappert, B
Bezuidenhout, L
AF Rappert, Brian
Bezuidenhout, Louise
TI Data sharing in low-resourced research environments
SO PROMETHEUS
LA English
DT Article
ID MIDDLE-INCOME SETTINGS; PUBLIC-HEALTH RESEARCH; OPEN ACCESS;
CREDIBILITY; SCIENCE

AB 'Open data' has recently emerged as a label for renewed attempts to promote scientific exchange. As part of such efforts, the posting of data online is often portrayed as commonly beneficial: individual scientists accrue greater prominence while at the same time fostering communal knowledge. Yet, how scientists in non-Western research settings assess such calls for openness has been the subject of little empirical study. Based on extended fieldwork with biochemistry laboratories in sub-Saharan Africa, this paper examines a variety of reasons why scientists opt for closure over openness with regard to their own data. We argue that the heterogeneity of research environments calls into question many of the presumptions made as part of open data. Inequalities in research environments can mean that moves towards sharing create binds and dilemmas. These observations suggest that those promoting openness must critically examine current research governance and funding systems that continue to perpetuate disparities. The paper proposes an innovative approach to facilitating openness: coupling the sharing of data with enabling scientists to redress their day-to-day research environment demands. Such a starting basis provides an alternative but vital link between the aspirations for science aired today as part of international discussions and the daily challenges of undertaking research in low-resourced environments.

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FU Leverhulme Trust [RPG-2013-153]
FX The research for this paper was supported by the Leverhulme Trust under the award entitled 'Beyond the digital divide' [grant number RPG-2013-153].
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NR 50
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Z9 1
U1 1
U2 3
PU ROUTLEDGE JOURNALS, TAYLOR & FRANCIS LTD
PI ABINGDON
PA 2-4 PARK SQUARE, MILTON PARK, ABINGDON OX14 4RN, OXON, ENGLAND
SN 0810-9028
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J9 PROMETHEUS
JI Prometheus
PY 2016
VL 34
IS 3-4
BP 207
EP 224
DI 10.1080/08109028.2017.1325142
PG 18
WC Social Sciences, Interdisciplinary
SC Social Sciences - Other Topics
GA FP5QM
UT WOS:000417674000004
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ER

PT S
AU Chen, CL
 Hu, JX
 Fan, CL
 Wang, KH
AF Chen, Chin-Ling
 Hu, Jin-Xin
 Fan, Chun-Long
 Wang, Kun-hao
GP IEEE
TI Design of a secure medical data sharing system via an authorized
mechanism
SO 2016 IEEE INTERNATIONAL CONFERENCE ON SYSTEMS, MAN, AND CYBERNETICS
(SMC)
SE IEEE International Conference on Systems Man and Cybernetics Conference
Proceedings
LA English
DT Proceedings Paper
CT IEEE International Conference on Systems, Man, and Cybernetics (SMC)
CY OCT 09-12, 2016
CL Budapest, HUNGARY
SP IEEE
DE authentication; security; cloud; medical; digital envelope
AB In recent years, the electronic medical records can be easily stored with the
rapid development of health care technology and cloud computing. However, the

patient's medical information security is currently concern issue. Despite of many literatures discussed about it, these literatures still face many security challenges. Therefore, we propose an authentication scheme based on cloud environment. In our scheme, we allow people to use the digital develop mechanism to achieve the sharing medical data. By the way, the biometric fingerprint feature and digital signature are used to ensure the security of medical information in our scheme.

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FU Ministry of Science and Technology, Taiwan, R.O.C. [MOST 104-2221-E-324-012, MOST 105-2622-E-212-008 -CC2, MOST103-2632-E-324-001-MY3]

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WC Computer Science, Cybernetics; Computer Science, Information Systems

SC Computer Science

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ER

PT J

AU Lee, JE

Sung, JH

Barnett, ME
Norris, K

AF Lee, Jae Eun
Sung, Jung Hye
Barnett, M. Edwina
Norris, Keith

TI User-Friendly Data-Sharing Practices for Fostering Collaboration within
a Research Network: Roles of a Vanguard Center for a Community-Based
Study

SO INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH

LA English

DT Article

DE data-sharing practice; research network; role of coordinating center
ID AFRICAN-AMERICANS; PUBLIC-HEALTH; JACKSON; QUALITY; IMPACT; FIELD; CARE
AB Although various attempts have been made to build collaborative cultures for
data sharing, their effectiveness is still questionable. The Jackson Heart Study
(JHS) Vanguard Center (JHSVC) at the NIH-funded Research Centers in Minority
Institutions (RCMI) Translational Research Network (RTRN) Data Coordinating
Center (DCC) may be a new concept in that the data are being shared with a
research network where a plethora of scientists/researchers are working together
to achieve their common goal. This study describes the current practices to
share the JHS data through the mechanism of JHSVC. The JHS is the largest
single-site cohort study to prospectively investigate the determinants of
cardiovascular disease among African-Americans. It has adopted a formal screened
access method through a formalized JHSVC mechanism, in which only a qualified
scientist(s) can access the data. The role of the DCC was to help RTRN
researchers explore hypothesis-driven ideas to enhance the output and impact of
JHS data through customized services, such as feasibility tests, data querying,
manuscript proposal development and data analyses for publication. DCC has
implemented these various programs to facilitate data utility. A total of 300
investigators attended workshops and/ or received training booklets. DCC
provided two online and five onsite workshops and developed/distributed more
than 250 copies of the booklet to help potential data users understand the
structure of and access to the data. Information on data use was also provided
through the RTRN website. The DCC efforts led to the production of five active
manuscript proposals, seven completed publications, 11 presentations and four
NIH grant proposals. These outcomes resulted from activities during the first
four years; over the last couple of years, there were few new requests. Our
study suggested that DCC-customized services enhanced the accessibility of JHS
data and their utility by RTRN researchers and helped to achieve the principal
goal of JHSVC of scientific productivity. In order to achieve long-term success,
the following, but not limited to these, should be addressed in the current data
sharing practices: preparation of new promotional strategies in response to
changes in technology and users' needs, collaboration with the Network
statisticians, harmonization of the JHS data with the other local-based heart
datasets to meet the needs of the potential users from the broader geographical
areas, adoption of the RTRN comprehensive data-sharing policy to broaden the
variety of research topics and implementation of an ongoing monitoring program
to evaluate its success.

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FU National Institute on Minority Health and Health Disparities, National Institutes of Health [U54MD008149]; NIH [UL1TR000124, P30-AG021684]

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NR 46
TC 1
Z9 1
U1 0
U2 4
PU MDPI
PI BASEL
PA ST ALBAN-ANLAGE 66, CH-4052 BASEL, SWITZERLAND
SN 1660-4601
J9 INT J ENV RES PUB HE
JI Int. J. Environ. Res. Public Health
PD JAN
PY 2016
VL 13
IS 1
DI 10.3390/ijerph13010034
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WC Environmental Sciences; Public, Environmental & Occupational Health
SC Environmental Sciences & Ecology; Public, Environmental & Occupational Health
GA DJ400
UT WOS:000374186100072
PM 26703645
OA DOAJ Gold, Green Published
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ER

PT J
AU Hahn, C
Kwon, H
Hur, J
AF Hahn, Changhee
Kwon, Hyunsoo
Hur, Junbeom
TI Efficient Attribute-Based Secure Data Sharing with Hidden Policies and Traceability in Mobile Health Networks
SO MOBILE INFORMATION SYSTEMS
LA English
DT Article
ID ENCRYPTION; ACCESS; SYSTEM
AB Mobile health (also written as mHealth) provisions the practice of public health supported by mobile devices. mHealth systems let patients and healthcare providers collect and share sensitive information, such as electronic and personal health records (EHRs) at any time, allowing more rapid convergence to optimal treatment. Key to achieving this is securely sharing data by providing enhanced access control and reliability. Typically, such sharing follows policies that depend on patient and physician preferences defined by a set of

attributes. In mHealth systems, not only the data but also the policies for sharing it may be sensitive since they directly contain sensitive information which can reveal the underlying data protected by the policy. Also, since the policies usually incur linearly increasing communication costs, mHealth is inapplicable to resource-constrained environments. Lastly, access privileges may be publicly known to users, so a malicious user could illegally share his access privileges without the risk of being traced. In this paper, we propose an efficient attribute-based secure data sharing scheme in mHealth. The proposed scheme guarantees a hidden policy, constant-sized ciphertexts, and traces, with security analyses. The computation cost to the user is reduced by delegating approximately 50% of the decryption operations to the more powerful storage systems.

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NR 32

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U2 9

PU HINDAWI LTD

PI LONDON

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J9 MOB INF SYST

JI Mob. Inf. Syst.

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WC Computer Science, Information Systems; Telecommunications

SC Computer Science; Telecommunications

GA DS3RZ

UT WOS:000380701700001

OA DOAJ Gold

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ER

PT J

AU Naci, H

Cooper, J

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AF Naci, Huseyin

Cooper, Jacob

Mossialos, Elias

TI Timely publication and sharing of trial data: opportunities and
challenges for comparative effectiveness research in cardiovascular
disease

SO EUROPEAN HEART JOURNAL-QUALITY OF CARE AND CLINICAL OUTCOMES

LA English

DT Review

DE Transparency; Open access; Data sharing; Comparative effectiveness
research; network meta-analysis

AB There is growing enthusiasm for the timely publication and sharing of
clinical trial data. The rationale for open access includes greater transparency,
reproducibility, and efficiency of the research enterprise. In cardiovascular
diseases, routinely sharing clinical trial data would create opportunities for

undertaking comparative effectiveness research, providing much needed evidence on how different interventions compare to each other on key outcomes. Access to individual patient-level data would strengthen the validity of such research. Novel methodological approaches like network meta-analyses using individual patient-level data could reliably compare interventions that have not been compared with each other in head-to-head trials. However, there are significant practical, methodological, financial, and legal challenges to this utopian open access that need to be continually addressed. Sharing clinical trial data openly will only occur when the previously tolerated process of clinical research involving direct ownership and secrecy is abandoned for a new culture in which medical science is open to all of its stakeholders. With this new culture, data will be accessible, reanalysis will be considered commonplace, and comparative effectiveness research through novel synthesis approaches, such as network meta-analyses, can thrive-as long as measures are taken to adequately ensure the goal remains to promote public health.

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NR 79

TC 1

Z9 1

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PU OXFORD UNIV PRESS

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J9 EUR HEART J-QUAL CAR

JI Eur. Heart J.

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PG 8

WC Cardiac & Cardiovascular Systems

SC Cardiovascular System & Cardiology

GA VC8GO

UT WOS:000434728800003

PM 29474595

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ER

PT J

AU Howard, S

Lang, A

Youle, C

Vyas, H

Sharples, S

Shaw, D

AF Howard, Sam

Lang, Alexandra

Youle, Caroline

Vyas, Harish

Sharples, Sarah

Shaw, Dominick

TI Exploring the attitudes of adolescents with asthma towards monitoring
and sharing of data on their inhaler use

SO EUROPEAN RESPIRATORY JOURNAL

LA English

DT Meeting Abstract

DE Adolescents; Asthma - management; E-health

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NR 0

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PU EUROPEAN RESPIRATORY SOC JOURNALS LTD
PI SHEFFIELD
PA 442 GLOSSOP RD, SHEFFIELD S10 2PX, ENGLAND
SN 0903-1936
EI 1399-3003
J9 EUR RESPIR J
JI Eur. Resp. J.
PD SEP 1
PY 2015
VL 46
SU 59
MA OA4773
DI 10.1183/13993003.congress-2015.OA4773
PG 2
WC Respiratory System
SC Respiratory System
GA VH2QW
UT WOS:000451979400418
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ER

PT J
AU Morozova, O
Newton, Y
Cline, M
Zhu, JC
Learned, K
Stuart, J
Salama, S
Arceci, R
Haussler, D

AF Morozova, Olena
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Cline, Melissa
Zhu, Jingchun
Learned, Katrina
Stuart, Josh
Salama, Sofie
Arceci, Robert
Haussler, David

TI Treehouse Childhood Cancer Project: a resource for sharing and multiple cohort analysis of pediatric cancer genomics data

SO CANCER RESEARCH

LA English

DT Meeting Abstract

CT 106th Annual Meeting of the American-Association-for-Cancer-Research (AACR)

CY APR 18-22, 2015

CL Philadelphia, PA

SP Amer Assoc Canc Res

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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 AUG 1
PY 2015
VL 75
SU 15
MA LB-212
DI 10.1158/1538-7445.AM2015-LB-212
PG 2
WC Oncology
SC Oncology
GA DF8HA
UT WOS:000371597100309
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ER

PT J
AU Wang, ZQ
AF Wang, Zhiqiang
TI Data sharing in Indigenous health research: guidelines needed
SO MEDICAL JOURNAL OF AUSTRALIA
LA English
DT Editorial Material
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FU NHMRC [APP1042343]
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JI Med. J. Aust.
PD JUL 6
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VL 203
IS 1
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DI 10.5694/mja14.01707
PG 3
WC Medicine, General & Internal
SC General & Internal Medicine
GA VA9BU
UT WOS:000410608700005
PM 26126555
OA Bronze
DA 2019-08-06
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PT J
AU Werbelow, SE
AF Werbelow, Shaun E.
TI RULE OF REASON WITHOUT A RHYME: USING "BIG DATA" TO BETTER ANALYZE
ACCOUNTABLE CARE ORGANIZATIONS UNDER THE MEDICARE SHARED SAVINGS PROGRAM
SO NEW YORK UNIVERSITY LAW REVIEW

LA English
DT Article

ID HEALTH-CARE; ANTITRUST; HOSPITALS; EFFICIENCY; WELFARE; MERGERS; PROFIT;
REFORM; GOALS; LAW

AB Accountable Care Organizations (ACOs), a major component of the Affordable Care Act, seek to provide patients with better quality health care at a lower cost and have been praised for their ability to help repair our country's broken health care system. Despite their potential benefits, however, ACOs also raise significant antitrust concerns that may pit consumer surplus and total surplus against one another. In an attempt to address these concerns, the Department of Justice and Fair Trade Commission announced that they will use market share screens and rule of reason treatment to evaluate ACOs participating in the Medicare Shared Savings Program. The use of market share screens and rule of reason treatment allows the antitrust agencies to avoid prioritizing either consumer surplus, or total surplus in the first instance but leaves open two critical questions: What will the rule of reason treatment afforded to ACOs look like? And how will the antitrust agencies ultimately determine whether ACOs benefit or harm consumers? In order to address these questions, this Note proposes that the antitrust agencies use the "big data" collected under the Affordable Care Act to conduct a structured rule of reason review of ACOs that takes into account both the consumer surplus and total surplus through a burden-shifting framework.

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AU Beier, M
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 Siewert, R
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 Krefting, D

AF Beier, Maximilian
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TI Multicenter Data Sharing for Collaboration in Sleep Medicine
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DE sleep; biosignal; polysomnography; XNAT; Cloud; OpenStack; REST

ID EXCHANGE; FORMAT

AB Clinical Sleep Research is an inherent multidisciplinary field, as many health issues may affect a person's sleep conditions and sleep disorders may cause several health problems. Many patients with chronic sleep disorders suffer from different further medical conditions - called multimorbidity. Due to the high variety of the reasons and the courses of sleep disorders, individual cases are difficult to compare. Therefore there is a high demand for sleep researchers to collaborate with each other to reach necessary participant numbers and multidisciplinary expertise. To date, inter-institutional sleep research is poorly supported by IT systems. In particular the heterogeneity and the quality variations within the acquired biosignal data - caused by different biosignal recorders or different measurement procedures - are impeding common biosignal data processing. In this manuscript we introduce a virtual research platform supporting inter-institutional data sharing and processing. The infrastructure is based on XNAT - a free and open-source neuroimaging research platform - a loosely coupled service oriented architecture and scalable virtualization in the backend. The system is capable of local pseudonymization of biosignal data,

mapping to a standardized set of parameters and automatic quality assessment. Terms and quality measures are derived from the "Manual for the Scoring of Sleep and Associated Events" of the American Academy of Sleep Medicine, the de-facto standard for diagnostic biosignal analysis in sleep medicine.

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AU Li, Y
Liu, Q
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TI Research on data-sharing and intelligent CNC machining system
SO 2015 IEEE INTERNATIONAL CONFERENCE ON MECHATRONICS AND AUTOMATION
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SP Beijing Inst Tech, Tianjian Univ Technol, HIT, Robot Soc Japan, JSME, SICE, UEC, CAA, Chinese Mech Engn Soc, CIE Life Elect Soc
DE data; sharing; intelligent; machining; CNC
AB Intelligent manufacturing deeply fused with information technology is the core of traditional manufacturing revolution. Facing challenges, Chinese government puts forward "China Manufacturing 2025" project. CNC machining is a general manufacturing method. To improve efficiency, reduce cost, ensure quality effectively, researchers on CNC machining have focused on virtual machine tool, cloud manufacturing, wireless manufacturing. However, low level of information shared among different systems is a common disadvantage. Intelligent CNC machining is an intelligent application orienting to equipment, production and service. It is an important aspect for network industry to transform and innovate from consumption domain to industry domain. Intelligent CNC machining system integrates traditional processing technology and information technology. A shared CNC machining database has been established to ensure machining data shared among different platforms, and it also is the bridge across data -wide gap. Combined with open and high performance CNC system, CNC machining online monitoring module, intelligent CNC machining optimization module, intelligent CNC machining efficiency simulation platform and machine tool health diagnosis platform, cyber physical system for CNC machining has been formed. Finally, a prototype system has been developed. The application proves that the data - sharing and intelligent CNC machining system is reliable and effective.
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PT B
AU Rohloff, K
Polyakov, Y
AF Rohloff, Kurt
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TI An End-to-End Security Architecture to Collect, Process and Share
Wearable Medical Device Data
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CT 17th International Conference on E-health Networking, Application &
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CL Boston, MA
AB Embedded medical devices, such as wearable devices, are becoming increasingly
common, but data from these devices is both very private and highly vulnerable
to theft. Data needs to be collected from multiple devices to improve the
effectiveness of treatment. The medical devices, data processing sites and
intended care givers are often geographically distributed, and operate on
different time scales with collected data being aggregated for days or months
before analysis and usage. Current approaches to data security do not provide a
framework for end-to-end protection, where data can always be encrypted but
still used effectively. We present a security architecture with end-to-end
encryption that supports 1) secure collection of data from embedded medical
devices, 2) protected computing on this data in low-cost commodity cloud
environment and 3) restricts the delegation of access to this data to designated
recipients. The basis of the architecture comes from recent advances in lattice
encryption technologies. This approach leverages recent breakthroughs in
Homomorphic Encryption (HE) and Proxy Re-Encryption (PRE) that would practically
support specific data aggregation, processing and distribution needs of a secure

medical data architecture. This architecture lowers health care data system costs by securely outsourcing computation to cloud computing environments while simultaneously reducing vulnerabilities to some of the most problematic security challenges such as insider attacks and enables additional cost savings with lower-cost embedded medical devices.

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AU Masud, M
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TI Synchronizing Data through Update Queries in Interoperable E-Health and
Technology Enhanced Learning Data Sharing Systems

SO JOURNAL OF UNIVERSAL COMPUTER SCIENCE

LA English

DT Article

DE e-health; collaborative environment; data synchronization; query update

AB Data interoperability and synchronization among heterogeneous data providers
in collaborative e-health systems are challenging research issues. Efficient
data management techniques promote an efficient way of sharing data. This paper
describes existing approaches to data interoperability (platform independency)
for exchanging and synchronizing data between heterogeneous data sources or
various platforms. We also illustrate an update query execution protocol, which
can reduce query execution cost and query response time. We further perform
different experiments to validate the effectiveness of the proposed approaches.
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AU Ientilucci, EJ
AF Ientilucci, Emmett J.
BE VelezReyes, M
Kruse, FA
TI Target Detection Assessment of the SHARE 2010/2012 Hyperspectral Data
Collection Campaign
SO ALGORITHMS AND TECHNOLOGIES FOR MULTISPECTRAL, HYPERSPECTRAL, AND
ULTRASPECTRAL IMAGERY XXI
SE Proceedings of SPIE
LA English
DT Proceedings Paper
CT Conference on Algorithms and Technologies for Multispectral,
Hyperspectral, and Ultraspectral Imagery XXI
CY APR 21-23, 2015
CL Baltimore, MD
SP SPIE
DE Target detection; Hyperspectral imaging; Atmospheric Propagation;
Radiance; LADAR
AB It has been over four years since the first SpectIR Hyperspectral Airborne
Rochester Experiment (SHARE) was conducted in 2010. As such, a second SHARE
experiment was performed in 2012 using the same deployed target panels and HSI
sensor (i.e., specifically related to the "target detection experiment"). A
suite of sensors were flown over the target areas including multi-and

hyperspectral imagers, as well as a LADAR sensor. Experiments were conducted to examine topics such as pixel unmixing, subpixel detection, forest health, and in-water target detection, to name a few. This paper's focus is on target detection of different colored panels deployed on different backgrounds viewed under different illumination conditions collected two years apart. Additionally, the calibration and reflectance retrieval of the data is also examined. Detection is on the standard reflectance product provided by the acquisition company. Results are illustrated in the form of ROC curves. Analysis was performed on (many) red and blue panels on backgrounds such as grass, gravel, and roof tar paper. The targets were in the open (i.e., fully illuminated), as well as heavy and light shadow, which were harder to discover than their open counterparts. Calibration of the 2012 data is good with some issues related to the 2010 data. Adjustments and corrections are discussed. Finally, discussion of where to obtain the free HSI and co-registered LADAR data set is discussed.

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CR Albano JA, 2013, PROC SPIE, V8743, DOI 10.1117/12.2015587

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Z9 1

U1 1

U2 5

PU SPIE-INT SOC OPTICAL ENGINEERING

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WC Engineering, Electrical & Electronic; Optics; Physics, Applied

SC Engineering; Optics; Physics

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ER

PT S

AU Caradonna, G

Figorito, B

Tarantino, E

AF Caradonna, Grazia

Figorito, Benedetto
Tarantino, Eufemia
BE Gervasi, O
Murgante, B
Misra, S
Gavrilova, ML
Rocha, AMAC
Torre, C
Taniar, D
Apduhan, BO
TI Sharing Environmental Geospatial Data Through an Open Source WebGIS
SO COMPUTATIONAL SCIENCE AND ITS APPLICATIONS - ICCSA 2015, PT III
SE Lecture Notes in Computer Science
LA English
DT Proceedings Paper
CT 15th International Conference on Computational Science and Its
Applications (ICCSA)
CY JUN 22-25, 2015
CL Banff, CANADA
SP Univ Calgary, Univ Perugia, Univ Basilicata, Monash Univ, Kyushu Sangyo Univ,
Univ Minho
DE WebGIS; MapServer; Pmapper; Open data; Shared information
ID GIS
AB In recent years, people's need to participate to decision making, especially
when it concerns inalienable human rights such as health and living in a healthy
environment, has become increasingly manifest. In order to meet the request for
environmental information sharing on the web and to make citizens feel
"partakers" in the development of environmental policies, the Physical Agents
Simple Operative Unit of ARPA Puglia, developed an open source WebGIS as a
communication, participation and working tool for both Citizens and Technicians.
This paper proposes an efficient approach to customize and integrate an open
source WebGIS system based on MapServer and Pmapper. The layout of the WebGIS
was customized by filling pages in Cascading Style Sheets (CSS) to make it
intuitive and easy to use. The features offered are those commonly provided by a
WebGIS system, in particular: geographical navigation (pan, zoom, zoom to
selection), query time and multiple layers, transparency level options, printing
and exporting of current image views or pdf files. Environmental data results
from a query can be downloaded in pdf, kml and shp formats. The possibility to
download files is a key component of the system as it allows the average expert
user to find data in an easily and processable format.
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CR Borga G., 2007, URBAN DATA MANAGEMEN, P333
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37087-8_14
NR 18
TC 1
Z9 1
U1 0
U2 7
PU SPRINGER-VERLAG BERLIN
PI BERLIN
PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY
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WC Computer Science, Theory & Methods
SC Computer Science
GA BD9NQ
UT WOS:000364989000040
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ER

PT J
AU Fiedler, BA
AF Fiedler, Beth Ann
TI Constructing legal authority to facilitate multi-level interagency
health data sharing in the United States
SO INTERNATIONAL JOURNAL OF PHARMACEUTICAL AND HEALTHCARE MARKETING
LA English
DT Article
DE Data security; Data sharing; International Classification of Diseases;
National health policy; National security; Public health law
AB Purpose - The purpose of this paper is to forward specific policy proposals
permitting greater sharing of health data across multi-level government agencies
with the purpose of improving rapid identification of bioterrorist attack or
disease epidemics while protecting patient privacy.

Design/methodology/approach - A systematic literature review searched the following keyword phrases: knowledge sharing in the public sector, raw data sharing, interagency information systems, federal data sharing technology network and network theory on five primary databases.

Findings - The volunteer nature of data sharing must evolve through public health policy to permit interagency data access agreements while minimizing privacy infringement. A multi-level information infrastructure network linking agencies tasked to develop medical countermeasures is recommended.

Originality/value - This study optimizes the health data collection process to create a medical countermeasure network, demonstrates the utility of operationalizing data metrics for a US federal agency and advances meaningful use of electronic medical records.

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TC 1
Z9 1
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U2 4
PU EMERALD GROUP PUBLISHING LTD
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JI Int. J. Pharm. Healthc. Mark.
PY 2015
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IS 2
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WC Health Policy & Services
SC Health Care Sciences & Services
GA V05PZ
UT WOS:000213885800006
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ER

PT J
AU Wang, ZQ
Dong, B
Adegbija, O
Sina, M
Arnold, L
Pan, T
Hu, J
AF Wang, Zhiqiang
Dong, Bin

Adegbija, Odewumi
Sina, Maryam
Arnold, Luke
Pan, Tania
Hu, Jie

TI Data sharing: a decade since the publication of the first cohort profile
SO INTERNATIONAL JOURNAL OF EPIDEMIOLOGY

LA English

DT Letter

ID HEALTH

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JI Int. J. Epidemiol.

PD DEC

PY 2014

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BP 1986

EP 1987

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WC Public, Environmental & Occupational Health

SC Public, Environmental & Occupational Health

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PT J

AU Lafay, L

Bousquet, PJ
Viguier, J
AF Lafay, L.
Bousquet, Ph-J
Viguier, J.
TI Leading policy to fight cancer based on strong and shared data (part V)
SO ONCOLOGIE
LA French
DT Article
DE Surveillance; Observation; Cancer; Registries; France; Cancer Plan
2014-2019
AB In France, since the mid-70's, cancer monitoring and observation are based on
generalized and specialized registries. The 2003-2008 Cancer Plan increased
their coverage up to 20 % of the French territory. The 2009-2013 Cancer Plan
consolidated the system and promoted the record and production of new variables
and indicators. With the use of medico administrative databases, and their merge
with registries' databases, the implementation of the cancer communication file
and the "cancer cohort", the 2014-2019 Cancer Plan should achieve a more
operational, efficient and shared monitoring and observation system.
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NR 10
TC 1
Z9 1
U1 0
U2 0
PU SPRINGER FRANCE
PI PARIS
PA 22 RUE DE PALESTRO, PARIS, 75002, FRANCE
SN 1292-3818
EI 1765-2839
J9 ONCOLOGIE
JI Oncologie
PD SEP
PY 2014
VL 16
SU 1
BP HS69
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WC Oncology

SC Oncology
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PT J
AU Guthrie, DM
 Pitman, R
 Fletcher, PC
 Hirdes, JP
 Stolee, P
 Poss, JW
 Papaioannou, A
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 Ezekiel, HJ
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 Hirdes, John P.
 Stolee, Paul
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 Papaioannou, Alexandra
 Berg, Katherine
 Ezekiel, Helen Janzen

TI Data sharing between home care professionals: a feasibility study using
the RAI Home Care instrument

SO BMC GERIATRICS

LA English

DT Article

DE Home care; Rehabilitation; InterRAI; Standardized assessment;
Information sharing

ID MINIMUM DATA SET; PEOPLE; FALLS

AB Background: Across Ontario, home care professionals collect standardized information on each client using the Resident Assessment for Home Care (RAI-HC). However, this information is not consistently shared with those professionals who provide services in the client's home. In this pilot study, we examined the feasibility of sharing data, from the RAI-HC, between care coordinators and service providers.

Methods: All participants were involved in a one-day training session on the RAI-HC. The care coordinators shared specific outputs from the RAI-HC, including the embedded health index scales, with their contracted physiotherapy and occupational therapy service providers. Two focus groups were held, one with care coordinators (n = 4) and one with contracted service providers (n = 6). They were asked for their opinions on the positive aspects of the project and areas for improvement.

Results: The focus groups revealed a number of positive outcomes related to the project including the use of a falls prevention brochure and an increased level of communication between professionals. The participants also cited multiple areas for improvement related to data sharing (e. g., time constraints, data being sent in a timely fashion) and to their standard practices in the community (e. g., busy workloads, difficulties in data sharing, duplication of assessments between professionals).

Conclusions: Home care professionals were able to share select pieces of information generated from the RAI-HC system and this project enhanced the level of communication between the two groups of professionals. However, a single information session was not adequate training for the rehabilitation professionals, who do not use the RAI-HC as part of normal practice. Better

education, ongoing support and timely access to the RAI-HC data are some ways to improve the usefulness of this information for busy home care providers.

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FU Canadian Institutes for Health Research (Institute of Aging); Ontario Ministry of Health and Long Term Care; Ontario Home Care Research

FX This project was a true collaboration between a number of parties. The authors would like to thank the participating staff of the Waterloo Wellington CCAC who was instrumental in designing this project and seeing it through to completion. We also gratefully acknowledge the staff who participated from the following therapy providers: Red Cross Care Partners, PACE, Community Rehab and CBI Home Health. We are also grateful to Dr. Margaret Schneider for facilitating the focus groups and Ms. Nancy Curtin-Telegdi for assistance with conducting the education session. We also gratefully acknowledge the financial support provided by the Canadian Institutes for Health Research (Institute of Aging). John Hirdes' participation was supported through the Ontario Home Care Research and Knowledge Exchange Chair funded by the Ontario Ministry of Health and Long Term Care.

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TC 1

Z9 1

U1 0

U2 14

PU BMC

PI LONDON

PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND

SN 1471-2318

J9 BMC GERIATR

JI BMC Geriatr.

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WC Geriatrics & Gerontology; Gerontology

SC Geriatrics & Gerontology

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ER

PT J

AU McCarthy, M

AF McCarthy, Michael

TI US website is launched to share cancer trial data

SO BMJ-BRITISH MEDICAL JOURNAL

LA English

DT News Item

NR 0

TC 1

Z9 1

U1 0

U2 0

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
PD APR 11
PY 2014
VL 348
AR g2742
DI 10.1136/bmj.g2742
PG 1
WC Medicine, General & Internal
SC General & Internal Medicine
GA AE9SI
UT WOS:000334349200005
PM 24727302
DA 2019-08-06
ER

PT B
AU Goudar, V
Potkonjak, M
AF Goudar, Vishwa
Potkonjak, Miodrag
GP IEEE
TI On Admitting Sensor Fault Tolerance while Achieving Secure Biosignal
Data Sharing
SO 2014 IEEE INTERNATIONAL CONFERENCE ON HEALTHCARE INFORMATICS (ICHI)
LA English
DT Proceedings Paper
CT IEEE International Conference on Healthcare Informatics (ICHI)
CY SEP 15-17, 2014
CL Verona, ITALY
SP IEEE, IEEE Comp Soc
DE Body Area Networks; Watermarking; Fault Tolerance; Medical Data Sharing;
Medical Data Security
AB Remote health monitoring BASNs promise substantive improvements in the
quality of healthcare by providing access to diagnostically rich patient data in
real-time. However, adoption is hindered by the threat of compromise of the
diagnostic quality of the data by faults. Simultaneously, unresolved issues
exist with the secure sharing of the sensitive medical data measured by
automated BASNs, stemming from 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. We address these issues with a robust watermarking approach constrained
to leave primary data semantic metrics unaffected and secondary metrics affected
minimally. Further, the approach is coordinated with a fault tolerant sensor
partitioning technique to afford high semantic accuracy together with recovery
of biosignal semantics in the presence of sensor faults, while preserving the
robustness of the watermark so that it 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.
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CR Anemaet WK, 1999, TOP GERIATR REHABIL, V15, P66
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NR 11
TC 1
Z9 1
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-4799-5701-9
PY 2014
BP 266
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DI 10.1109/ICHI.2014.44
PG 10
WC Computer Science, Information Systems; Computer Science,
Interdisciplinary Applications
SC Computer Science
GA BF1ML
UT WOS:000380410000034
DA 2019-08-06
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PT S
AU Craswell, A
Moxham, L
Broadbent, M
AF Craswell, Alison
Moxham, Lorna
Broadbent, Marc
BE Grain, H
MartinSanchez, F
Schaper, LK
TI Shared responsibility for electronic records: Governance in perinatal
data entry
SO INVESTING IN E-HEALTH: PEOPLE, KNOWLEDGE AND TECHNOLOGY FOR A HEALTHY
FUTURE
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 22nd Australian Health Informatics Conference (HIC) on Investing in
E-Health - People, Knowledge and Technology for a Healthy Future
CY AUG 11-14, 2014
CL Melbourne, AUSTRALIA
DE Data quality; attitude to computers; midwifery; collaborative
documentation; e-health; qualitative research
ID HEALTH-CARE; INFORMATION; NURSES
AB This paper presents research undertaken as part of a larger research project
to examine the factors that influence midwives when entering perinatal data. A

grounded theory methodology was used to undertake qualitative interviews with 15 participants from 12 different hospitals across Queensland, Australia using three different systems for perinatal data collection. The findings surrounding accountability are presented revealing that a shift in governance relating to responsibility and accountability is not occurring in midwifery units across Queensland. Without assignation of responsibility for entries and accountability for mistakes or omissions, perinatal data records can be left incomplete or inaccurate. Increasing use of electronic health records and creation of digital hospitals indicates these issues are highly relevant in planning for these services.

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NR 22

TC 1

Z9 1

U1 0

U2 1

PU IOS PRESS

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PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS

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J9 STUD HEALTH TECHNOL

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WC Computer Science, Information Systems; Computer Science,
Interdisciplinary Applications; Health Care Sciences & Services

SC Computer Science; Health Care Sciences & Services

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PM 25087522

DA 2019-08-06

ER

PT J

AU Portwood, SG

Nelson, EB

AF Portwood, Sharon G.

Nelson, Elissa B.

TI Data Sharing to Inform School-Based Asthma Services

SO JOURNAL OF SCHOOL HEALTH

LA English

DT Article

DE asthma; data systems; university-community partnerships

ID MANAGEMENT; PROGRAM; HEALTH; EDUCATION; OUTCOMES; CHILDREN

AB BACKGROUNDThis article examines results and lessons learned from a collaborative project involving a large urban school district, its county health department, multiple community partners, and the local university to establish an effective system for data sharing to inform monitoring and evaluation of the Charlotte Mecklenburg Schools (CMS) Asthma Education Program (AEP).

METHODSDatabases maintained by nurses, program staff, and school personnel were integrated into a single AEP Evaluation Database.

RESULTSThere were a number of positive findings, including evidence that students with an elevated level of need received priority from AEP. A series of dependent group t tests analyzing changes across time in students' grade-point averages and absences, as well as their implications, also demonstrated some improvements. Additional outcome analyses for the 296 students who received case management services demonstrated further program benefits in the areas of attendance, academic performance, behavior, and quality of life.

CONCLUSIONSEnhancing the ability of school-based programs to merge data across project partners will facilitate efforts not only to evaluate services but also to demonstrate program impact on a wide variety of health and academic outcomes for students.

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FU US Department of Health and Human Services, Centers for Disease Control and Prevention to Charlotte-Mecklenburg Schools [1U87DP001233]

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DEP STAT HLTH SE, VE05-12889
NR 14
TC 1
Z9 1
U1 0
U2 0
PU WILEY-BLACKWELL
PI HOBOKEN
PA 111 RIVER ST, HOBOKEN 07030-5774, NJ USA
SN 0022-4391
EI 1746-1561
J9 J SCHOOL HEALTH
JI J. Sch. Health
PD DEC
PY 2013
VL 83
IS 12
BP 851
EP 858
DI 10.1111/josh.12103
PG 8
WC Education & Educational Research; Education, Scientific Disciplines;
Health Care Sciences & Services; Public, Environmental & Occupational
Health
SC Education & Educational Research; Health Care Sciences & Services;
Public, Environmental & Occupational Health
GA 255PD
UT WOS:000327251400003
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ER

PT J
AU Mauguen, A
Collette, S
Pignon, JP
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AF Mauguen, Audrey
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Pignon, Jean-Pierre
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TI Concordance measures in shared frailty models: application to clustered data in cancer prognosis

SO STATISTICS IN MEDICINE

LA English

DT Article

DE prognostic model; concordance; frailty model; clustered data; cancer
ID BREAST-CONSERVING THERAPY; SURVIVAL-DATA; NO BOOST; LIKELIHOOD; TRIAL; EVENTS; RISK

AB Frailty models are gaining interest in prognostic studies, especially because of the spread of multicenter studies. However, little research has been performed to extend prognostic tools to frailty models, including discrimination measures. As previously performed for the Harrell's c-index, we extended two different discrimination measures (the model-based concordance probability estimation of Gonen and Heller and the nonparametric Uno's c-index) to take into account cluster membership. We calculate measures at three levels: between-group, where only patients with different frailties are compared, within-group, where only patients sharing the same frailty are compared, and overall. We performed simulations to study the impact of group size and the number of groups on these measures. Results showed that the two measures can be extended to frailty models while remaining independent from censoring distribution, provided that the group size is sufficient. We apply the extended measures to two real datasets, a meta-analysis and a large multicenter trial. Copyright (c) 2013 John Wiley & Sons, Ltd.

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FU Institut National du Cancer; Association pour la Recherche sur le Cancer; Programme Hospitalier de Recherche Clinique; Ligue Nationale Contre le Cancer; Sanofi-Aventis

FX We thank the Institut National du Cancer for funding this research. We thank the European Organisation for Research and Treatment of Cancer for sharing the data of the boost versus no boost trial and especially Laurence Collette for her insightful comments. We thank the meta-analysis of chemotherapy in head and neck cancer (MACH-NC) trialists who agreed to share and update their data and the following institutions for funding the investigators' meeting or the meta-analysis project: Association pour la Recherche sur le Cancer, Programme Hospitalier de Recherche Clinique, Ligue Nationale Contre le Cancer, and Sanofi-Aventis (unrestricted grants).

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NR 35

TC 1

Z9 1

U1 0

U2 7

PU WILEY-BLACKWELL

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SN 0277-6715

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J9 STAT MED

JI Stat. Med.

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VL 32

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BP 4803

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PG 18

WC Mathematical & Computational Biology; Public, Environmental & Occupational Health; Medical Informatics; Medicine, Research & Experimental; Statistics & Probability

SC Mathematical & Computational Biology; Public, Environmental & Occupational Health; Medical Informatics; Research & Experimental

Medicine; Mathematics

GA 238QT

UT WOS:000325963300009

PM 23729305

DA 2019-08-06

ER

PT J

AU Cole, A

AF Cole, Andrew

TI Public has fewer worries about sharing health information than other personal data

SO BMJ-BRITISH MEDICAL JOURNAL

LA English

DT News Item

CR Wellcome Trust, 2013, SUMM REP QUAL RES PU

NR 1

TC 1

Z9 1

U1 0

U2 0

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PA BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND

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JI BMJ-British Medical Journal

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PG 1

WC Medicine, General & Internal

SC General & Internal Medicine

GA 193BO

UT WOS:000322532000008

PM 23887051

DA 2019-08-06

ER

PT J

AU Keyes, GR

Nahai, F

Iverson, RE

Singer, R

AF Keyes, Geoffrey R.

Nahai, Foad

Iverson, Ronald E.

Singer, Robert

TI Evidence-based Medicine and Data Sharing in Outpatient Plastic Surgery

SO CLINICS IN PLASTIC SURGERY

LA English

DT Article

DE Evidence-based medicine; Data sharing; Outpatient surgery; Plastic surgery; Patient outcomes; EBM implementation

ID RANDOMIZED CONTROLLED-TRIALS; AESTHETIC SURGERY; RECONSTRUCTIVE-SURGERY; PUBLICATION BIAS; QUALITY; RECOMMENDATIONS; IMPROVEMENT; HEALTH; LEVEL

AB The Authors discuss the importance of evidence based medicine (EBM) as related particularly to outpatient surgery. They discuss the five core steps in current EBM and take the reader through each of the steps, listing methods the surgeon can follow to achieve a thorough and relevant evidence based plan. Challenges of EBM such as reporting bias and evidence grading are discussed along with solutions and tools to meet those challenges. The article concludes with a look at data sharing as a means of enabling surgeons to access outcomes and specific aspects of care for a surgical procedure.

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American Society of Plastic Surgeons, EV BAS CLIN PRACT GU

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EFF MED TRE
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United States Food and Drug Administration, PATHW GLOB PROD SAF
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NR 55
TC 1
Z9 1
U1 0
U2 2
PU W B SAUNDERS CO-ELSEVIER INC
PI PHILADELPHIA
PA 1600 JOHN F KENNEDY BOULEVARD, STE 1800, PHILADELPHIA, PA 19103-2899 USA
SN 0094-1298
J9 CLIN PLAST SURG
JI Clin. Plast. Surg.
PD JUL
PY 2013
VL 40
IS 3
BP 453
EP +
DI 10.1016/j.cps.2013.04.008
PG 12
WC Surgery
SC Surgery
GA 197JK
UT WOS:000322847300012
PM 23830754
DA 2019-08-06
ER

PT S

AU Benkner, S

Bisbal, J

Engelbrecht, G

Hose, RD

Kaniovskyi, Y

Koehler, M

Pedrinaci, C

Wood, S

AF Benkner, Siegfried

Bisbal, Jesus

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Hose, Rod D.

Kaniovskyi, Yuriy

Koehler, Martin

Pedrinaci, Carlos

Wood, Steven

BE Alexander, M

DAmbra, P

Belloum, A

Bosilca, G

Cannataro, M

Danelutto, M

DiMartino, B

Gerndt, M

Jeannot, E

Namyst, R

Roman, J

Scott, SL

Traff, JL

Vallee, G

Weidendorfer, J

TI Towards Collaborative Data Management in the VPH-Share Project

SO EURO-PAR 2011: PARALLEL PROCESSING WORKSHOPS, PT I

SE Lecture Notes in Computer Science

LA English

DT Proceedings Paper

CT 17th International Euro-Par Conference on Parallel Processing

CY AUG 29-SEP 02, 2011

CL Bordeaux, FRANCE

SP French Natl Inst Res Comp Sci & Control, Bordeaux Sud Ouest Ctr, Comp Sci Lab
Bordeaux

DE virtual physiological human; healthcare infrastructure

ID INFRASTRUCTURE; SERVICES; IMPLEMENTATION

AB The goal of the Virtual Physiological Human Initiative is to provide a systematic framework for understanding physiological processes in the human body in terms of anatomical structure and biophysical mechanisms across multiple length and time scales. In the long term it will transform the delivery of European healthcare into a more personalised, predictive, and integrative process, with significant impact on healthcare and on disease prevention. This paper outlines how the recently funded project VPH-Share contributes to this vision. The project is motivated by the needs of the whole VPH community to harness ICT technology to improve health services for the individual. VPH-Share will provide the organisational fabric (the infostructure), realised as a series of services, offered in an integrated framework, to expose and to manage data, information and tools, to enable the composition and operation of new VPH

workflows and to facilitate collaborations between the members of the VPH community.

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RI Benkner, Siegfried/B-5484-2016

OI Benkner, Siegfried/0000-0002-6520-2047

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NR 16

TC 1

Z9 1

U1 0

U2 3

PU SPRINGER-VERLAG BERLIN

PI BERLIN

PA HEIDELBERGER PLATZ 3, D-14197 BERLIN, GERMANY

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BN 978-3-642-29737-3; 978-3-642-29736-6

J9 LECT NOTES COMPUT SC

PY 2012

VL 7155

BP 54

EP 63

PG 10

WC Computer Science, Hardware & Architecture; Computer Science, Information Systems; Computer Science, Software Engineering; Computer Science, Theory & Methods

SC Computer Science

GA BE3WA

UT WOS:000371303500007

DA 2019-08-06

ER

PT S
AU Zvarova, J
Lhotska, L
Seidl, L
Zvara, K
AF Zvarova, Jana
Lhotska, Lenka
Seidl, Libor
Zvara, Karel
BE Mantas, J
Andersen, SK
Mazzoleni, MC
Blobel, B
Quaglioni, S
Moen, A
TI Health Data Collecting and Sharing: Case Studies of Czech e-Health Applications
SO QUALITY OF LIFE THROUGH QUALITY OF INFORMATION
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 24th Medical Informatics in Europe Conference (MIE)
CY AUG 26-29, 2012
CL Pisa, ITALY
SP European Federat Med Informat, Italian Med Informat Assoc, Italian E Hlth Community
DE e-hhealth; electronic health record; home care; health documentation
ID RECORD
AB The paper shows the importance of e-health applications for electronic healthcare development. It describes several e-health applications for health data collecting and sharing that are running in the Czech Republic. These are IZIP system, electronic health record MUDR and K4CARE project applications. The e3-health concept is considered as a tool for judging e-health applications in different healthcare settings.
C1 [Zvarova, Jana; Seidl, Libor; Zvara, Karel] Charles Univ Prague, Fac Med 1, EuroMISE Ctr, Prague, Czech Republic.
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RI Zvarova, Jana/B-5196-2014
OI Zvarova, Jana/0000-0001-9485-8822
FU Charles University in Prague and the research [264513]; MSM [6840770012]; CTU in Prague; Czech Republic
FX The work was supported by the specific research project no. 264513 of Charles University in Prague and the research program MSM 6840770012 of the CTU in Prague, Czech Republic.
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NR 23
TC 1
Z9 1
U1 2
U2 5
PU IOS PRESS
PI AMSTERDAM
PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
SN 0926-9630
BN 978-1-61499-101-4
J9 STUD HEALTH TECHNOL
PY 2012
VL 180
BP 672
EP 676
DI 10.3233/978-1-61499-101-4-672
PG 5
WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA BA3ZL
UT WOS:000335219500131
PM 22874276
DA 2019-08-06
ER

PT J
AU Boyle, AA
Snelling, K
AF Boyle, Adrian A.
Snelling, Katrina
TI Data sharing to reduce violence Incentives are needed to facilitate data
sharing and reduce violence
SO BRITISH MEDICAL JOURNAL
LA English
DT Letter
ID PREVENTING VIOLENCE; HEALTH
EM adrian.boyle@addenbrookes.nhs.uk
OI Boyle, Adrian/0000-0002-9009-5423
CR Butchart A, 2011, BRIT MED J, V342, DOI 10.1136/bmj.d2882

Florence C, 2011, BRIT MED J, V342, DOI 10.1136/bmj.d3313

NR 2

TC 1

Z9 1

U1 0

U2 0

PU B M J PUBLISHING GROUP

PI LONDON

PA BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND

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J9 BRIT MED J

JI Br. Med. J.

PD JUL 19

PY 2011

VL 343

AR d4452

DI 10.1136/bmj.d4452

PG 2

WC Medicine, General & Internal

SC General & Internal Medicine

GA 797ZG

UT WOS:000293168500020

PM 21771838

DA 2019-08-06

ER

PT J

AU Moser, RP

Hesse, BW

Shaikh, AR

Courtney, P

Morgan, G

Auguston, E

Levin, K

Helba, C

Garner, D

Dunn, M

AF Moser, Richard P.

Hesse, Bradford W.

Shaikh, Abdul R.

Courtney, Paul

Morgan, Glen

Auguston, Erik

Levin, Kerry

Helba, Cynthia

Garner, David

Dunn, Marsha

TI PROMOTING THE USE OF HARMONIZED MEASURES AND SHARING DATA TO CATALYZE

PROGRESS IN BEHAVIORAL SCIENCE: THE NATIONAL CANCER INSTITUTE'S

GRID-ENABLED MEASURES (GEM) PORTAL

SO ANNALS OF BEHAVIORAL MEDICINE

LA English

DT Meeting Abstract

C1 [Moser, Richard P.; Hesse, Bradford W.; Shaikh, Abdul R.; Morgan, Glen; Auguston, Erik] NCI, Bethesda, MD 20892 USA.

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NR 0
TC 1
Z9 1
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
JI Ann. Behav. Med.
PD APR
PY 2011
VL 41
SU 1
BP S145
EP S145
PG 1
WC Psychology, Multidisciplinary
SC Psychology
GA 747CK
UT WOS:000289297701054
DA 2019-08-06
ER

PT B
AU Benzschawel, S
Da Silveira, M
AF Benzschawel, Stefan
Da Silveira, Marcos
BE VanGemertPijnen, L
Ossebaard, HC
Hamalainen, P
TI Protecting Patient Privacy when Sharing Medical Data
SO PROCEEDINGS OF THE THIRD INTERNATIONAL CONFERENCE ON EHEALTH,
TELEMEDICINE, AND SOCIAL MEDICINE (ETELEMED 2011)
LA English
DT Proceedings Paper
CT 3rd International Conference on eHealth, Telemedicine, and Social
Medicine (eTELEMED)
CY FEB 23-28, 2011
CL Gosier, FRANCE
SP IARIA
DE eHealth; Patient Privacy; Electronic Health Records; Secure Patient Data
Storage

AB This paper describes a national eHealth platform concept with a multi-level privacy protection in order to improve the security and privacy of medical information on their storage locations as well as during the exchanging/sharing processes. The key idea is to classify and split-up data into different servers. A Trusted Third Party server manages personal identifying data together with the related pseudonyms while the medical information server manages the related medical data assigned to pseudonyms. The well known IHE-XDS profiles are enriched by Public Key Infrastructure, symmetric and asymmetric encryption together with pseudonymization methods. IHE-XDS promote the interoperability level and the extensions increase the security level.

C1 [Benzschawel, Stefan; Da Silveira, Marcos] CR SANTEC Publ Res Ctr Henri Tudor, Luxembourg, Luxembourg.

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CR [Anonymous], 2007, TECHNICAL REPORT
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NR 8
TC 1
Z9 1
U1 0
U2 0
PU IARIA XPS PRESS
PI WILMINGTON
PA PO BOX 7827, WILMINGTON, DE 19803 USA
BN 978-1-61208-119-9
PY 2011
BP 108
EP 113
PG 6
WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA BH0GK
UT WOS:000394896700017
DA 2019-08-06
ER

PT S
AU Germanus, D
Dionysiou, I
Gjermundrod, H
Khelil, A
Suri, N
Bakken, DE
Hauser, C
AF Germanus, Daniel
Dionysiou, Ioanna
Gjermundrod, Harald
Khelil, Abdelmajid
Suri, Neeraj
Bakken, David E.
Hauser, Carl
GP IEEE
TI Leveraging the Next-Generation Power Grid: Data Sharing and Associated Partnerships
SO 2010 IEEE PES CONFERENCE ON INNOVATIVE SMART GRID TECHNOLOGIES EUROPE (ISGT EUROPE)
SE IEEE PES Innovative Smart Grid Technologies Conference Europe
LA English
DT Proceedings Paper
CT IEEE-PES Conference on Innovative Smart Grid Technologies Europe (ISGT Europe)

CY OCT 11-13, 2010

CL Gothenburg, SWEDEN

SP IEEE Power & Energy Soc, IEEE, Chalmers Univ Technol

DE power grid; communication models; trusted partnerships

AB Data delivery in the power grid today is, for the most part, hard-coded, tedious to implement and change, and does not provide any real end-to-end guarantees. Applications have started to emerge that require real-time data delivery in order to provide a wide-area assessment of the health of the power grid. This paper presents two novel communication infrastructures that facilitate the delivery of power data to intended recipients, each based on a different communication paradigm. The necessity of forming and managing trusted partnerships in either framework is further discussed.

C1 [Dionysiou, Ioanna; Gjermundrod, Harald] Univ Nicosia, Dept Comp Sci, Nicosia, Cyprus.

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FU CT-CS: Trustworthy Cyber Infrastructure for the Power Grid(TCIP) [CNS 05-24695]; US NSF [CCR-0326006]; EU INSPIRE, CASED; EU CoMiFin

FX The GridStat research has been supported in part by Grants CNS 05-24695 (CT-CS: Trustworthy Cyber Infrastructure for the Power Grid(TCIP)) and CCR-0326006 from the US NSF. The INSPIRE research is supported in part by EU INSPIRE, CASED (www.cased.de), and EU CoMiFin.

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NR 22

TC 1

Z9 1

U1 0

U2 0

PU IEEE

PI NEW YORK

PA 345 E 47TH ST, NEW YORK, NY 10017 USA

SN 2165-4816

BN 978-1-4244-8510-9

J9 IEEE PES INNOV SMART

PY 2010

PG 8

WC Energy & Fuels; Engineering, Electrical & Electronic

SC Energy & Fuels; Engineering

GA BI2RS

UT WOS:000409970400135

DA 2019-08-06

ER

PT B

AU Uthmani, O

Buchanan, W

Lawson, A

Thuemmler, C

Fan, L

Scott, R

Lavery, A

Mooney, C

AF Uthmani, Omair

Buchanan, William

Lawson, Alistair

Thuemmler, Christoph

Fan, Lu

Scott, Russell

Lavery, Anne

Mooney, Chris

BE Demergis, J

TI Novel Information Sharing Syntax for Data Sharing Between Police and
Community Partners, Using Role-Based Security

SO PROCEEDINGS OF THE 9TH EUROPEAN CONFERENCE ON INFORMATION WARFARE AND
SECURITY

LA English

DT Proceedings Paper

CT 9th European Conference on Information Warfare and Security

CY JUL 01-02, 2010

CL Univ Macedonia, Thessaloniki, GREECE

HO Univ Macedonia

DE information sharing syntax; intelligence model; security policy
implementation; role-based security; police and public services;
community risks

AB The exchange of information between the police and community partners forms a
central aspect of effective community service provision. In the context of
policing, a robust and timely communications mechanism is required between
police agencies and community partner domains, including: Primary healthcare

(such as a Family Physician or a General Practitioner); Secondary healthcare (such as hospitals); Social Services; Education; and Fire and Rescue services. Analyses of numerous criminal investigations have frequently highlighted the requirement for a robust information-sharing framework. This paper presents a novel syntax that supports information-sharing requests, within strict data-sharing policy definitions. Such requests may form the basis for any information-sharing agreement that can exist between the police and their community partners. It defines a role-based architecture, with partner domains, with a syntax for the effective and efficient information sharing, using SPoC (Single Point-of-Contact) agents to control information exchange. The application of policy definitions using rules within these SPoCs is inspired by network firewall rules and thus define information exchange permissions. These rules can be implemented by software filtering agents that act as information gateways between partner domains. Roles are exposed from each domain to give the rights to exchange information as defined within the policy definition. This work involves collaboration with the Scottish Police, as part of the Scottish Institute for Policing Research (SIPR), and aims to improve the safety of individuals by reducing risks to the community using enhanced information-sharing mechanisms.

C1 [Uthmani, Omair; Buchanan, William; Lawson, Alistair; Thuemmler, Christoph; Fan, Lu] Edinburgh Napier Univ, Edinburgh, Midlothian, Scotland.

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RI Buchanan, William/F-2240-2015

OI Buchanan, William/0000-0003-0809-3523

CR Association of Chief Police Officers in Scotland (ACPOS), 2008, ACPOS GUID MAN POL I

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Willem A, 2007, J PUBL ADM RES THEOR, V17, P581, DOI 10.1093/jopart/mul021

NR 15

TC 1

Z9 1

U1 0

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PU ACAD CONFERENCES LTD

PI NR READING

PA CURTIS FARM, KIDMORE END, NR READING, RG4 9AY, ENGLAND

BN 978-1-906638-66-5

PY 2010

BP 394
EP 402
PG 9
WC Computer Science, Information Systems; Political Science
SC Computer Science; Government & Law
GA BSE07
UT WOS:000284258200048
DA 2019-08-06
ER

PT B
AU Russell, D
Power, D
Slaymaker, M
Mostefaoui, GK
Ma, XQ
Simpson, A
AF Russell, Douglas
Power, David
Slaymaker, Mark
Mostefaoui, Ghita Kouadri
Ma, Xiaoqi
Simpson, Andrew
GP IEEE Computer Society
TI On the secure sharing of legacy data
SO PROCEEDINGS OF THE 2009 SIXTH INTERNATIONAL CONFERENCE ON INFORMATION
TECHNOLOGY: NEW GENERATIONS, VOLS 1-3
LA English
DT Proceedings Paper
CT 6th International Conference on Information Technology - New Generations
(ITNG 2009)
CY APR 27-29, 2009
CL Las Vegas, NV
SP IEEE Comp Soc
ID HEALTH-CARE
AB We describe a framework for the secure sharing and aggregation of legacy data. The framework, *sif* (for service-oriented interoperability framework), has two key principles at its core: that it should be possible to expose data from any legacy data source, irrespective of the underlying technologies or data models, and that data owners should be afforded the opportunity for expressive access control policies. *sif* abstracts issues such as secure transport and heterogeneous federation from application developers via a Java API. Our particular focus in this paper is *sif*'s plug-in mechanism, which gives rise to a simple and elegant means of facilitating interoperability.
C1 [Russell, Douglas; Power, David; Slaymaker, Mark; Mostefaoui, Ghita Kouadri; Ma, Xiaoqi; Simpson, Andrew] Univ Oxford, Comp Lab, Oxford OX1 3QD, England.
RP Russell, D (reprint author), Univ Oxford, Comp Lab, Wolfson Bldg, Parks Rd, Oxford OX1 3QD, England.
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CR Power DJ, 2005, SOFTWARE PRACT EXPER, V35, P857, DOI 10.1002/spe.692
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Slaymaker M, 2008, LECT NOTES COMPUT SC, V5159, P169, DOI 10.1007/978-3-540-85259-9_11
Tromans C., 2008, P MICCAI GRID 2008

NR 6
TC 1
Z9 1
U1 0
U2 0
PU IEEE
PI NEW YORK
PA 345 E 47TH ST, NEW YORK, NY 10017 USA
BN 978-1-4244-3770-2
PY 2009
BP 1676
EP 1679
DI 10.1109/ITNG.2009.21
PG 4
WC Computer Science, Artificial Intelligence; Computer Science, Information Systems; Computer Science, Software Engineering; Computer Science, Theory & Methods
SC Computer Science
GA BLQ66
UT WOS:000270815100316
DA 2019-08-06
ER

PT J
AU Yoshida, A
Kim, YS
AF Yoshida, Atsushi
Kim, Young-Sook
TI Sharing health risk and income risk within households: evidence from Japanese data
SO APPLIED ECONOMICS
LA English
DT Article
ID DECISION-MAKING; DEMAND
AB The question of which household members should consume medical services, and in what quantities, is examined by using Japanese household-level data. Two key concepts are employed, health risk and income risk, and whether family heads or dependants bear these risks investigated. Health risk is the risk that a household member falls ill, while income risk is the risk that future household income decreases. It is found that both heads and dependants make fewer visits to doctors as household size increases. It is also found that only dependants visited doctors less frequently following the reform of the public health insurance system, which raised the co-payment rate of family heads from 10% to 20%. These findings imply that heads and dependants share health risk but dependants bear income risk.
C1 [Yoshida, Atsushi; Kim, Young-Sook] Univ Tsukuba, Tsukuba, Ibaraki 3058573, Japan.
RP Yoshida, A (reprint author), Univ Tsukuba, 1-1-1 Ten Noudai, Tsukuba, Ibaraki 3058573, Japan.
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CR BECKER GS, 1974, J POLIT ECON, V82, P1063, DOI 10.1086/260265
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NR 10

TC 1

Z9 1

U1 0

U2 0

PU ROUTLEDGE JOURNALS, TAYLOR & FRANCIS LTD

PI ABINGDON

PA 4 PARK SQUARE, MILTON PARK, ABINGDON OX14 4RN, OXFORDSHIRE, ENGLAND

SN 0003-6846

J9 APPL ECON

JI Appl. Econ.

PY 2008

VL 40

IS 13

BP 1723

EP 1735

DI 10.1080/00036840600895798

PG 13

WC Economics

SC Business & Economics

GA 323IA

UT WOS:000257438600008

DA 2019-08-06

ER

PT S

AU Devlies, J

De Moor, G

De Clercq, E

Vandenbergh, A

AF Devlies, Jos

De Moor, Georges

De Clercq, Etienne

Vandenbergh, Andre

BA Bellon, J

Foulon, M

VanDerLei, J

BF Bellon, J

Foulon, M

VanDerLei, J

BE DeClercq, E

DeMoor, G

TI Health Data Exchange, Health Data Sharing and Decentralised Clinical
Data Collections - Recommendations from a Belgian expert group

SO COLLABORATIVE PATIENT CENTRED EHEALTH

SE Studies in Health Technology and Informatics

LA English

DT Proceedings Paper

CT HIT at HealthCare Congress 2008

CY OCT 10, 2008

CL Brussels, BELGIUM

DE Health information policy; eHealth

AB The Belgian Federal Health Authorities are willing to redefine their eHealth
vision and to reformulate their strategy in consensus with healthcare
professionals and other domain experts. The National Health Insurance Institute

ordered end 2007 a study to a group of experts(1), representing the majority of the eHealth stakeholders. The aim of the study was to define the strategy to be followed regarding health data exchange, data sharing, decentralised clinical data collections and Electronic Health Records. The experts issued, June 2008, a description of the current standing regarding nationally available (or to be made available) services as well as a set of priorities (structural and technological ones) for the coming years. This paper presents the experts' recommendations and some translated excerpts of their report.

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CR *GROEP EXP MIM ADV, 2008, ZIEK BETR MED BER DE

NR 1

TC 1

Z9 1

U1 0

U2 0

PU IOS PRESS

PI AMSTERDAM

PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS

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J9 STUD HEALTH TECHNOL

PY 2008

VL 141

BP 162

EP +

DI 10.3233/978-1-58603-922-6-162

PG 2

WC Health Care Sciences & Services; Medical Informatics

SC Health Care Sciences & Services; Medical Informatics

GA BMR84

UT WOS:000273427800018

PM 18953136

DA 2019-08-06

ER

PT S

AU Passell, HD

Solodukhin, V

Khazekhber, S

Pozniak, VL

Vasiliev, IA

Alekhina, V

Djuraev, A

Salikhbaev, US

Radyuk, RI

Suozzi, D

Barber, DS

AF Passell, H. D.

Solodukhin, V.

Khazekhber, S.

Pozniak, V. L.

Vasiliev, I. A.

Alekhina, V.

Djuraev, A.

Salikhbaev, U. S.
Radyuk, R. I.
Suozzi, D.
Barber, D. S.

BE Salbu, B
Skipperud, L

TI The Navruz Project: Cooperative, transboundary monitoring, data sharing
and modeling of water resources in Central Asia

SO NUCLEAR RISKS IN CENTRAL ASIA

SE NATO Science for Peace and Security Series C-Environmental Security

LA English

DT Proceedings Paper

CT NATO Advanced Research Workshop on Nuclear Risk in Central Asia

CY JUN 20-22, 2006

CL Almaty, KAZAKHSTAN

SP NATO

DE sustainable water resources management; radionuclides and metals; Syr
Darya and Amu Darya River

ID RIVERS

AB The Navruz Project engages scientists from nuclear physics research
institutes and water science institutions in the Central Asia Republics of
Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan, and Sandia National
Laboratories. The project uses standardized methods to monitor basic water
quality parameters, radionuclides, and metals in the Syr Darya and Amu Darya
rivers. Phase I of the project was initiated in 2000 with 15 sampling points in
each of the four countries with sample analysis performed for over 100
parameters. Phase II of the project began in 2003 and expanded sampling to
include at least 30 points in each country in an effort to characterize "hot
spots" and to identify sources. Phase III of the project began in 2006 and will
integrate decision support modeling with the existing monitoring. Overall, the
project addresses four main goals: to create collaboration among Central Asian
scientists and countries; to help increase capabilities in Central Asian nations
for sustainable water resources management; to provide a scientific basis for
supporting nuclear transparency and nonproliferation in the region; and to help
reduce the threat of conflict in Central Asia over water resources.
Contamination of these rivers is a result of growing population, urbanization,
and agricultural activities, as well as radioactive contamination from a legacy
of uranium mining and related activities of the former Soviet Union. The project
focuses on waterborne radionuclides and metals because of the importance of these
contaminants to public health and political stability in Central Asia.

C1 [Passell, H. D.; Suozzi, D.] Sandia Natl Labs, Geosci & Environm Ctr,
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[Vasiliev, I. A.; Alekhina, V.] Chui Prospect, Inst Phys, Bishkek 720071,
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RP Passell, HD (reprint author), Sandia Natl Labs, Geosci & Environm Ctr,
Monitoring Ctr, POB 5800, Albuquerque, NM 87185 USA.

FU Sandia National Laboratories; U.S. Department of Energy National Nuclear
Security Agency's Office of Nonproliferation Policy; International
Science and Technology Center (ISTC); Science and Technology Center of
the Ukraine (STCU); home institutions and governments of all the Navruz
Project partners; NATO Science for Peace Subprogramme; United States
Department of Energy [DE-AC04-94AL85000]

FX We gratefully acknowledge the support and assistance from Sandia
National Laboratories, the U.S. Department of Energy National Nuclear

Security Agency's Office of Nonproliferation Policy, the International Science and Technology Center (ISTC), and the Science and Technology Center of the Ukraine (STCU), the home institutions and governments of all the Navruz Project partners, and the NATO Science for Peace Subprogramme. Sandia National Laboratories is a multiprogram laboratory operated by Sandia Corporation, a Lockheed-Martin Company, for the United States Department of Energy under contract DE-AC04-94AL85000.

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NR 9

TC 1

Z9 2

U1 1

U2 9

PU SPRINGER

PI DORDRECHT

PA PO BOX 17, 3300 AA DORDRECHT, NETHERLANDS

SN 1871-4668

BN 978-1-4020-8315-0

J9 NATO SCI PEACE SECUR

JI NATO Sci. Peace Secur. Ser. C- Environ. Secur.

PY 2008

BP 191

EP +

DI 10.1007/978-1-4020-8317-4_18

PG 4

WC Ecology; Environmental Sciences; Geosciences, Multidisciplinary; Physics, Nuclear

SC Environmental Sciences & Ecology; Geology; Physics

GA BHQ21

UT WOS:000255383400018

DA 2019-08-06

ER

PT S

AU Fan, XU
Yu, P

AF Fan, Xiue
Yu, Ping

BE Kuhn, KA
Warren, JR
Leong, TY

TI A Discussion about the Importance of Laws and Policies for Data Sharing for Public Health in the People's Republic of China

SO MEDINFO 2007: PROCEEDINGS OF THE 12TH WORLD CONGRESS ON HEALTH (MEDICAL) INFORMATICS, PTS 1 AND 2: BUILDING SUSTAINABLE HEALTH SYSTEMS

SE Studies in Health Technology and Informatics

LA English

DT Proceedings Paper
CT 12th World Congress on Health (Medical) Informatics
CY AUG 20-24, 2007
CL Brisbane, AUSTRALIA
SP Hlth Informat Soc Australia
DE data; data sharing; public health; law; policy; implementation
ID STATE
AB This paper introduces the current status of data sharing in the People Republic of China. It discusses barriers to data sharing and proposes three key solutions to overcome these barriers in China. The establishment of national laws and policies for data sharing is considered the key prerequisite to ensuring the successful implementation of resource sharing activities in public health. Driven by established laws and policies, the relevant operational models should be developed. It is also important to have strategies in place to ensure the established films and policies are implemented by various organizations in different jurisdictions. These discussions are supported by relevant local and international evidence.
C1 [Fan, Xiue] Chinese Ctr Dis Control & Prevent, Dept Hlth, Beijing 100050, Peoples R China.
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OI Yu, Ping/0000-0002-7910-9396
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CHAPMAN R, 2003, PUBLIC HLTH INFORM I, P408
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HEALTHCONNECT
NR 18
TC 1
Z9 1
U1 0
U2 0
PU IOS PRESS
PI AMSTERDAM
PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
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J9 STUD HEALTH TECHNOL
PY 2007

VL 129
BP 316
EP +
PG 2
WC Computer Science, Interdisciplinary Applications; Health Care Sciences & Services; Medical Informatics
SC Computer Science; Health Care Sciences & Services; Medical Informatics
GA BMF03
UT WOS:000272064000064
PM 17911730
DA 2019-08-06
ER

PT S
AU Grandison, T
Ganta, SR
Braun, U
Kaufman, J
AF Grandison, Tyrone
Ganta, Srivatsava Ranjit
Braun, Uri
Kaufman, James
BE Kuhn, KA
Warren, JR
Leong, TY
TI Protecting Privacy while Sharing Medical Data Between Regional Healthcare Entities
SO MEDINFO 2007: PROCEEDINGS OF THE 12TH WORLD CONGRESS ON HEALTH (MEDICAL) INFORMATICS, PTS 1 AND 2: BUILDING SUSTAINABLE HEALTH SYSTEMS
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 12th World Congress on Health (Medical) Informatics
CY AUG 20-24, 2007
CL Brisbane, AUSTRALIA
SP Hlth Informat Soc Australia
DE privacy; healthcare systems; collaboration
AB Economics of scale, corporate partnerships and a need to increase the efficiency of Information Technology in the Healthcare sector are leading to the construction of Regional Health Information Organizations (RHIOs) across the United States. RHIOs are normally aligned by service provision given by particular healthcare payers (e.g. Blue Cross-Blue Shield, PacifiCare etc.) in particular geographies. Globalization has created a transient workforce that may require their healthcare provider access their patient data across several sovereign RHIOs. The barrier to enabling RHIO to RHIO collaboration lies in the need to respect the data disclosure policy of each RHIO, to adhere to the geography-specific healthcare legislation and also to not violate the express privacy wishes of the patient(s) involved In this paper, we propose a data-level control called Stick), Policy Enforcement which allows sharing to occur across RHIOs, while adhering to the concerns mentioned.
C1 [Grandison, Tyrone; Kaufman, James] IBM Almaden Res, 650 Harry Rd, San Jose, CA 95120 USA.
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RP Grandison, T (reprint author), IBM Almaden Res, 650 Harry Rd, San Jose, CA 95120 USA.
OI Kaufman, James/0000-0002-7049-7134
CR DOLIN RH, 2006, J AM MED INF ASS JAM

GANTA SR, 2006, 5 INT C HEALTHC TECH
He Q., 2004, P 2004 ACM WORKSH PR
*IBM ALM RES, HIPPI DAT ACT ENF US
LEFEVRE K, 2004, P 30 INT C VER LARG
RIVEST RL, SDSI SIMPLE DISTRIBU
*TCG, TCG SPEC ARCH OV REV
GOALS STRATEGIC NETW

NR 8
TC 1
Z9 1
U1 1
U2 3
PU IOS PRESS
PI AMSTERDAM
PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
SN 0926-9630
BN 978-1-58603-774-1
J9 STUD HEALTH TECHNOL
PY 2007
VL 129
BP 483
EP +
PG 2
WC Computer Science, Interdisciplinary Applications; Health Care Sciences &
Services; Medical Informatics
SC Computer Science; Health Care Sciences & Services; Medical Informatics
GA BMF03
UT WOS:000272064000098
PM 17911764
DA 2019-08-06
ER

PT S
AU Stut, W
Wartena, F
van Steen, M
AF Stut, Wim
Wartena, Frank
van Steen, Maarten
BE Hasman, A
Haux, R
VanderLei, J
DeClercq, E
France, FHR
TI A distributed shared data space for personal health systems
SO UBIQUITY: TECHNOLOGIES FOR BETTER HEALTH IN AGING SOCIETIES
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 20th International Congress of the
European-Federation-for-Medical-Informatics
CY AUG 27-30, 2006
CL Univ Hamburg, Maastricht, NETHERLANDS
SP European Federat Med Informat
HO Univ Hamburg
DE Medical Informatics; Ubiquitous Computing; Sensor Networks; Body Area
Networks; Intermittent Connectivity; Middleware

AB Ubiquitous computing is a promising paradigm to support health care outside traditional care institutes. Sensor-based systems may continuously collect data on a person's health status and context, and provide immediate feedback or contact a remote physician. This paper presents a novel programming model to facilitate the development of such systems. The model, which has been inspired by tuple spaces, offers robustness for ad hoc mobile environments and explicit support for data streams

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CR GELERNTER D, 1985, ACM T PROGR LANG SYS, V7, P80, DOI 10.1145/2363.2433

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Picco G. P., 2000, Proceedings of the 2000 International Conference on Software Engineering. ICSE 2000 the New Millennium, P766, DOI 10.1109/ICSE.2000.870491

NR 5

TC 1

Z9 1

U1 0

U2 0

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PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS

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J9 STUD HEALTH TECHNOL

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VL 124

BP 57

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PG 2

WC Health Care Sciences & Services; Medical Informatics

SC Health Care Sciences & Services; Medical Informatics

GA BQJ13

UT WOS:000281143200007

PM 17108504

DA 2019-08-06

ER

PT S

AU Wozak, F

Ammenwerth, E

Breu, M

Penz, R

Schabetsberger, T

Vogl, R

Wurz, M

AF Wozak, Florian

Ammenwerth, Elske

Breu, Micheal

Penz, Robert

Schabetsberger, Thomas

Vogl, Raimund

Wurz, Manfred
BE Hasman, A
Haux, R
VanderLei, J
DeClercq, E
France, FHR
TI Medical Data GRIDs as Approach towards Secure Cross Enterprise Document
Sharing (Based on IHE XDS)
SO UBIQUITY: TECHNOLOGIES FOR BETTER HEALTH IN AGING SOCIETIES
SE Studies in Health Technology and Informatics
LA English
DT Proceedings Paper
CT 20th International Congress of the
European-Federation-for-Medical-Informatics
CY AUG 27-30, 2006
CL Univ Hamburg, Maastricht, NETHERLANDS
SP European Federat Med Informat
HO Univ Hamburg
AB Quality and efficiency of health care services is expected to be improved by
the electronic processing and trans-institutional availability of medical data.
A prototype architecture based on the IHE-XDS profile is currently being
developed. Due to legal and organizational requirements specific adaptations to
the IHE-XDS profile have been made. In this work the services of the health@net
reference architecture are described in details, which have been developed with
focus on compliance to both, the IHE-XDS profile and the legal situation in
Austria. We expect to gain knowledge about the development of a shared
electronic health record using Medical Data Grids as an Open Source reference
implementation and how proprietary Hospital Information systems can be
integrated in this environment.
C1 [Wozak, Florian; Ammenwerth, Elske; Schabetsberger, Thomas] Univ Hlth Sci Med
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CR *ADV, 2005, AUSTR E HLTH STRAT T
*BGBI, 2005, 1792004 BGBI
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Maglaveras N, 2002, METHOD INFORM MED, V41, P393
*OASIS OP, 2005, OASIS WEB SERV SEC
SCHABETSBERGER T, 2005, EUROPEAN NOTES MED I, V1, P1861
SCHABETSBERGER T, IJMI IN PRESS
NR 11
TC 1
Z9 1
U1 0
U2 0
PU IOS PRESS
PI AMSTERDAM
PA NIEUWE HEMWEG 6B, 1013 BG AMSTERDAM, NETHERLANDS
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J9 STUD HEALTH TECHNOL
PY 2006
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PG 3
WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA BQJ13
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PM 17108551
DA 2019-08-06
ER

PT B
AU Lopez-Alonso, V
Sanchez, JP
Liebana, L
Hermosilla, I
Martin-Sanchez, F
AF Lopez-Alonso, V
Sanchez, JP
Liebana, L
Hermosilla, I
Martin-Sanchez, F

GP IEEE Comp Soc
TI INBIOMED: a platform for the integration and sharing of genetic,
clinical and epidemiological data oriented to biomedical research
SO BIBE 2004: FOURTH IEEE SYMPOSIUM ON BIOINFORMATICS AND BIOENGINEERING,
PROCEEDINGS
LA English
DT Proceedings Paper
CT 4TH IEEE Symposium on Bioinformatics and Bioengineering (BIBE 2004)
CY MAY 19-21, 2004
CL Tai Chung, TAIWAN

SP IEEE Comp Soc, IEEE Neural Networks Soc, Taichung Healthcare & Management
Univ, Minist Educ, Natl Sci Council, Inst Informat Ind
AB INBIOMED is a Biomedical Informatics Network that coordinates biomedical
informatics and biomedical research groups working on diverse approaches
(pharmacogenetics, genetic epidemiology and image-based diagnosis). The INBIOMED
informatics platform is designed to facilitate the integration and sharing of
clinical, genetic and epidemiological data, as well as to provide tools to
analyze experimental data, predict and simulate biomedical knowledge.

The INBIOMED platform integrates information from heterogeneous data sources,
based on the available standards, facilitating the application of information
analysis to study a concrete pathology.

The integration of biomedical data will allow to obtain significant results
to use in clinical and biomedical research as, for example in the development of
diagnostic systems based on molecular and genetic classifications that could be
applied in the study of tumors, the development of pharmacogenetics treatments,
and the development of applications to improve public health research by means
of the development of genomic epidemiology.

This paper also presents the motivation for, and the initial stages in
planning the application of grid technology for the INBIOMED Network.

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NR 10

TC 1

Z9 1

U1 0

U2 0

PU IEEE COMPUTER SOC

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SC Biochemistry & Molecular Biology; Computer Science; Research & Experimental Medicine

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PT J

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Chitra, D.

TI Data Access Control and Secured Data Sharing Approach for Health Care Data in Cloud Environment

SO JOURNAL OF MEDICAL SYSTEMS

LA English

DT Article

DE Cloud security; Access control; Encryption; Secured key sharing; Access policy limitation

AB One of the vital hitches in today's world of research is ensuring the security of the Cloud. This security can be ensured by inventing new techniques that may possibly help in safeguarding and assuring the optimal status of information in the cloud. Contents that are stored in the Cloud are majorly affected by the attempts made by illegitimate sources that are trying to access it. The security level of the contents that are stored in the cloud can be

guaranteed by focusing on a task that helps in both securing and verifying the data. In order to manage the security level, (SE-KAC) which is also known as Scalable and Enhanced Key-Aggregate Cryptosystem was initiated in current research method. But this method of securing and sharing secret keys cannot be used in the stage of decryption. However this problem can be resolved in proposed method since it introduces sharing of the data securely using a method called Improved Diffie Hellman Key Exchange Algorithm (IDHKE). By introducing the Improved Diffie Hellman Key Exchange Algorithm, securely sharing the secret keys to the receivers of the data has been achieved. The secret key details can be exchanged securely using this method. By this means it makes sure its affirmations. Here the key is safely generated using one random prime number, a master secret key and parameter value. Intended for the secured and consistent access control limitation, an encryption which is attribute-based is used. The proposed method thus ensures the protected data transmission with exact and trustworthy validation.

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TC 0

Z9 0

U1 0

U2 0

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J9 J MED SYST

JI J. Med. Syst.

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WC Health Care Sciences & Services; Medical Informatics
SC Health Care Sciences & Services; Medical Informatics
GA IH4DM
UT WOS:000474441900001
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ER

PT J

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TI Share and protect our health data: an evidence based approach to rare disease patients' perspectives on data sharing and data protection - quantitative survey and recommendations

SO ORPHANET JOURNAL OF RARE DISEASES

LA English

DT Article

DE Rare diseases; quantitative survey; Data sharing; Data protection; Patient engagement; Recommendations; Evidence-based approach; Patient organisation; Public trust; Healthcare; Research

ID RD-CONNECT

AB BackgroundThe needs and benefits of sharing health data to advance scientific research and improve clinical benefits have been well documented in recent years, specifically in the field of rare diseases where knowledge and expertise are limited and patient populations are geographically dispersed. Understanding what patients want and need from rare disease research and data sharing is important to ensure their participation and engagement in the process, and to ensure that these wishes and needs are embedded within research design. EURORDIS-Rare Diseases Europe regularly surveys the rare disease community to identify its perspectives and needs on a number of issues in order to represent rare disease patients and be their voice within European and International initiatives and policy developments. Here, we present key findings from a large quantitative survey conducted with patients with rare diseases and family members as part of a continuous evidence-based advocacy process developed at EURORDIS. The aim of this survey was to explore patient and family perspectives on data sharing and data protection in research and healthcare settings and develop relevant recommendations to support shaping of future data sharing initiatives in rare disease research. This survey, translated into 23 languages, was carried out via the Rare Barometer Programme and was designed to be accessible to a diverse population with a wide range of education backgrounds. It was widely disseminated via patient organisations worldwide to ensure that a wide range of voices and experiences were represented. Main findings Rare disease patients, regardless of the severity of their disease and their socio-demographic profile, are clearly supportive of data sharing to foster research and improve healthcare. However, rare disease patients' willingness to share their data does come with specific requirements in order to respect their privacy, choices and needs for information regarding the use of their data. Conclusions To ensure sustainability and success of international data sharing initiatives in health and research for rare diseases, appropriate legislations need to be implemented and multi-

stakeholder efforts need to be pursued to foster cultural and technological changes enabling the systematic integration of patients' preferences regarding sharing of their own health data.

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U1 0
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PU BMC
PI LONDON
PA CAMPUS, 4 CRINAN ST, LONDON N1 9XW, ENGLAND
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J9 ORPHANET J RARE DIS
JI Orphanet J. Rare Dis.
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PT J
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TI Impact of Drug Safety Warnings and Cost-Sharing Policies on Osteoporosis
Drug Utilization in Spain: A Major Reduction But With the Persistence of
Over and Underuse. Data From the ESOSVAL Cohort From 2009 to 2015
SO FRONTIERS IN PHARMACOLOGY
LA English
DT Article
DE osteoporosis; bisphosphonates; drug labeling; cost-sharing;
appropriateness; utilization
ID HIP FRACTURE; MANAGEMENT; TRENDS; BISPHOSPHONATES; WOMEN;
RECOMMENDATIONS; PROBABILITY; MEDICATIONS; POPULATION; PREVALENCE
AB Background: Recent studies in several countries show a significant decrease
in the consumption of osteoporosis drugs from a peak around 2009, mainly
attributed to bisphosphonate safety warnings issued by regulatory agencies on
jaw osteonecrosis, atypical fractures, and esophageal cancer, but no studies
have assessed the impact of these warnings by risk of fracture strata.
Aim: The aim of this work is to assess changes in the utilization of
osteoporosis drugs in the region of Valencia (Spain) after safety warnings from
regulatory agencies and cost-sharing changes, according to patient socio-
demographic and risk of fracture characteristics.
Patients and Methods: We constructed a monthly series of osteoporosis drug
consumption for 2009-2015 from the ESOSVAL cohort (n = 11,035; women: 48%; mean
age: 65 years old) and used interrupted time series and segmented linear

regression models to assess changes in osteoporosis drug utilization while controlling for previous levels and trends after three natural intervention dates: the issue of the Spanish Agency for Drugs and Medical Products (AEMPS) Osteonecrosis Jaw Warning (Sept 2009), the AEMPS Atypical femur Fracture Warning (Apr 2011), and the modification of the cost-sharing scheme (Jul 2012).

Results: The AEMPS Osteonecrosis Jaw Warning was not associated with a decline in the consumption of osteoporosis drugs, while the warning on atypical fracture (a downward trend of 0.11% fewer people treated each month) and the increase in the cost-sharing scheme (immediate change level of -1.07% in the proportion of people treated) were associated with a strong decline in the proportion of patients treated, so that by the end of 2015 osteoporosis drug consumption was around half that of 2009. The relative decline was similar in people with both a high and low risk of fracture.

Conclusion: The AEMPS Atypical femur Fracture Warning of Apr 2010 was associated with a significant decrease in the number of people treated, reinforced by the increase in the pharmaceutical cost-sharing in 2012. Decreases in treatment affected patients both at a low and higher risk of fracture.

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(2010-2013), to conduct training and real-world research into musculoskeletal disorders and osteoporosis. None of the sponsors played any role in the design of the ESOSVAL studies, the collection, analysis or interpretation of data, the writing of the manuscript, or in the decision to submit it for publication.

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TC 0
Z9 0
U1 0
U2 0
PU FRONTIERS MEDIA SA
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J9 FRONT PHARMACOL
JI Front. Pharmacol.
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SC Pharmacology & Pharmacy
GA IH8LG
UT WOS:000474756100001
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OA DOAJ Gold
DA 2019-08-06
ER

PT J
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TI Emerging technologies towards enhancing privacy in genomic data sharing
SO GENOME BIOLOGY

LA English

DT Editorial Material

AB As the scale of genomic and health-related data explodes and our understanding of these data matures, the privacy of the individuals behind the data is increasingly at stake. Traditional approaches to protect privacy have fundamental limitations. Here we discuss emerging privacy-enhancing technologies that can enable broader data sharing and collaboration in genomics research.

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NR 12

TC 0

Z9 0

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U2 0

PU BMC

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J9 GENOME BIOL

JI Genome Biol.

PD JUL 2

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PG 3

WC Biotechnology & Applied Microbiology; Genetics & Heredity

SC Biotechnology & Applied Microbiology; Genetics & Heredity

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TI Individual or Common Good? Voluntary Data Sharing to Inform Disease
Surveillance Systems in Food Animals

SO FRONTIERS IN VETERINARY SCIENCE

LA English

DT Article

DE porcine reproductive and respiratory syndrome; epidemiology;
surveillance; data sharing; US

ID RESPIRATORY SYNDROME VIRUS; PRODUCTION LOSSES; ECONOMIC-IMPACT; HERDS;
TIME; STABILITY

AB Livestock producers have traditionally been reluctant to share information related to their business, including data on health status of their animals, which, sometimes, has impaired the ability to implement surveillance programs. However, during the last decade, swine producers in the United States (US) and other countries have voluntarily begun to share data for the control and elimination of specific infectious diseases, such as the porcine reproductive and respiratory syndrome virus (PRRSv). Those surveillance programs have played a pivotal role in bringing producers and veterinarians together for the benefit of the industry. Examples of situations in which producers have decided to voluntarily share data for extended periods of time to support applied research and, ultimately, disease control in the absence of a regulatory framework have rarely been documented in the peer-reviewed literature. Here, we provide evidence of a national program for voluntary sharing of disease status data that has helped the implementation of surveillance activities that, ultimately, allowed the generation of critically important scientific information to better support disease control activities. Altogether, this effort has supported, and is supporting, the design and implementation of prevention and control approaches for the most economically devastating swine disease affecting the US. The program, which has been voluntarily sustained and supported over an extended period of time by the swine industry in the absence of any regulatory framework and that includes data on approximately 50% of the sow population in the US, represents a unique example of a livestock industry self-organized surveillance program to generate scientific-driven solutions for emerging swine health issues in North America.

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National Pork Board (NPB). This paper is dedicated to the memory of Dr.
Robert Morrison who initiated and led the program and whose vision is
helping emerging disease preparedness.

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ER

PT J
AU Andrea, M
David, S
Simone, EB
AF Andrea, Martani
David, Shaw
Simone, Elger Bernice
TI Stay fit or get bit - ethical issues in sharing health data with
insurers' apps
SO SWISS MEDICAL WEEKLY
LA English
DT Review

DE digital health; health data; ethics; app; insurance
ID CASUISTRY; CARE; RESPONSIBILITY; SOLIDARITY; BEHAVIORS; INSURANCE
AB In the framework of digital health, mobile applications with health-related content are increasing in number and importance. Many of these apps are targeted at the general public and, although they differ in features and purposes, their functions are often based on the promotion of health and the monitoring of customers' lifestyle data. Apps of this type have also recently been developed by health insurance companies. In many cases, insurers' apps do not simply offer health-related recommendations to the users, but also provide economic incentives to those customers who agree to share their behavioural data through the applications. Although such apps may contribute to the adoption of a health-conscious lifestyle, the fact that they require the sharing of dense individual data with the companies responsible for insurance coverage raises some relevant ethical issues.

This paper investigates the phenomenon of insurers' apps permitting customers to share their data in exchange for monetary rewards currently available in Switzerland. After describing the features and functioning of the apps, we present some ethically relevant aspects related to their use. More specifically, we discuss the issues of transparency of data-sharing purposes, potential discrimination amongst insured people, "quantification" of the users and, finally, the potential tension generated between solidarity and responsibility. We conclude by emphasising that these apps are becoming a new paradigm for insurers in many countries and that a thorough assessment of their ethical and societal implications is required.

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AU Zheng, XC

Sun, SJ
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AF Zheng, Xiaochen
Sun, Shengjing
Mukkamala, Raghava Rao
Vatrapu, Ravi
Ordieres-Mere, Joaquin
TI Accelerating Health Data Sharing: A Solution Based on the Internet of Things and Distributed Ledger Technologies
SO JOURNAL OF MEDICAL INTERNET RESEARCH
LA English
DT Article
DE Internet of Things; distributed ledger technologies; data sharing; health information interoperability; IOTA Tangle; masked authenticated messaging; blockchain; intelligent healthcare
ID CARE
AB Background: Huge amounts of health-related data are generated every moment with the rapid development of Internet of Things (IoT) and wearable technologies. These big health data contain great value and can bring benefit to all stakeholders in the health care ecosystem. Currently, most of these data are siloed and fragmented in different health care systems or public and private databases. It prevents the fulfillment of intelligent health care inspired by these big data. Security and privacy concerns and the lack of ensured authenticity trails of data bring even more obstacles to health data sharing. With a decentralized and consensus-driven nature, distributed ledger technologies (DLTs) provide reliable solutions such as blockchain, Ethereum, and IOTA Tangle to facilitate the health care data sharing.
Objective: This study aimed to develop a health-related data sharing system by integrating IoT and DLT to enable secure, fee-less, tamper-resistant, highly-scalable, and granularly-controllable health data exchange, as well as build a prototype and conduct experiments to verify the feasibility of the proposed solution.
Methods: The health-related data are generated by 2 types of IoT devices: wearable devices and stationary air quality sensors. The data sharing mechanism is enabled by IOTA's distributed ledger, the Tangle, which is a directed acyclic graph. Masked Authenticated Messaging (MAM) is adopted to facilitate data communications among different parties. Merkle Hash Tree is used for data encryption and verification.
Results: A prototype system was built according to the proposed solution. It uses a smartwatch and multiple air sensors as the sensing layer; a smartphone and a single-board computer (Raspberry Pi) as the gateway; and a local server for data publishing. The prototype was applied to the remote diagnosis of tremor disease. The results proved that the solution could enable costless data integrity and flexible access management during data sharing.
Conclusions: DLT integrated with IoT technologies could greatly improve the health-related data sharing. The proposed solution based on IOTA Tangle and MAM could overcome many challenges faced by other traditional blockchain-based solutions in terms of cost, efficiency, scalability, and flexibility in data access management. This study also showed the possibility of fully decentralized health data sharing by replacing the local server with edge computing devices.
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PT J
AU Schmit, C
 Kelly, K
 Bernstein, J
AF Schmit, Cason
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 Bernstein, Jennifer
TI Cross Sector Data Sharing: Necessity, Challenge, and Hope
SO JOURNAL OF LAW MEDICINE & ETHICS
LA English
DT Article; Proceedings Paper
CT National Public Health Law Conference on Health Justice - Empowering
 Public Health and Advancing Health Equity
CY OCT, 2018
CL Phoenix, AZ
SP Network Publ Hlth Law, Ammer Soc Law, Med & Eth, Robert Wood Johnson Fdn
AB Existing data sources have tremendous potential to inform public health
activities. However, a patchwork of data protection laws impede data sharing
efforts. Nevertheless, a data-sharing initiative in Peoria, IL was able to
overcome challenges to set up a cross-sectoral data system to coordinate mental
health, law enforcement, and healthcare services.
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 World Health Organization, 2017, WHO GUID ETH ISS PUB

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TI Sharing individual participant data from clinical studies: a
cross-sectional online survey among Italian patient and citizen groups

SO BMJ OPEN

LA English

DT Article

ID PERSPECTIVES; BENEFITS

AB Objectives To gather knowledge on the current debate, opinions and attitudes
of Italian patient and citizen groups on individual participant data (IPD)
sharing from clinical studies.

Design Cross-sectional online survey.

Setting and participants A 22-item online questionnaire was sent by email to
2003 contacts of patient and citizen groups in Italy. We received 311 responses,
checked for duplicate respondents (16); 295 single groups responded, 280
providing questionnaires eligible for analysis (response rate 15%). Ninety
(32.1%) dealt with oncology and palliative care, 175 (46.2%) operated locally or
regionally and 136 (48.6%) were involved in clinical research.

Outcome measure Data on Italian patient and citizen groups' self-reported
knowledge, attitudes and opinions on IPD sharing, mechanisms for IPD access,
advantages and risks.

Results Half the respondents (144 out of 280, 51%) had some knowledge about
the IPD sharing debate, and 60 (42%) stated they had an official position (35 in
favour, 19 in favour with restrictions, 2 against, 1 neither for nor against, 3

missing). Nineteen discussed the topic encouraged by this survey; 39% approved broad access by researchers and other professions and identified information to participants, data de-identification, secure archives, access agreements and sanctions for misuse as important aspects of IPD sharing models. Respondents highlighted re-identification, privacy and re-use of data for purposes that participants do not agree on, as main risks, advancement of innovation and reducing waste in research as main advantages. Around half believed IPD sharing would not discourage study participation.

Conclusions Half the respondents were aware of the debate. Those who had an official position were mainly in favour of IPD sharing. Many supported broad access, asking for conditions important for building trust in entities that handle IPD sharing. Although limited by the low response rate, these findings reinforce the demand for reliable and transparent processes where accountabilities are clear.

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TI A multi-site study on walkability, data sharing and privacy perception using mobile sensing data gathered from the m(k)-sense platform
SO JOURNAL OF AMBIENT INTELLIGENCE AND HUMANIZED COMPUTING
LA English
DT Article
DE Smartphone; Sensing campaign; Data sharing; Privacy concern; Completeness data
ID HEALTH

AB Walking is a fundamental part of a physically active lifestyle, it is one of everyday activities that positively impacts health and wellbeing. In this paper we describe the challenges and experiences of conducting a sensing campaign in the wild. We make use of m(k)-sense; a software platform to facilitate the deployment of collaborative sensing campaigns. We elaborate on two cross-cultural studies conducted in four different countries (Mexico, Turkey, Spain, and Switzerland) with a total of 77 participants. We present a detailed description of the data collected from one of the studies aimed at measuring walkability around three different university campuses. The analysis of the data shows that walkability can be assessed using information from the sensors in the smartphones and results from surveys answered by participants. In addition, we analyze issues about data sharing and privacy awareness.

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PI HEIDELBERG
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WC Computer Science, Artificial Intelligence; Computer Science, Information
Systems; Telecommunications
SC Computer Science; Telecommunications
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PT J
AU Oliveira, JL
Trifan, A
Silva, LAB
AF Oliveira, Jose Luis
Trifan, Alina
Bastiao Silva, Luis A.
TI EMIF Catalogue: A collaborative platform for sharing and reusing
biomedical data
SO INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS
LA English
DT Article
DE Biomedical data integration; Data discovery; Data sharing; Data
catalogue; Research study; Data reuse
ID INTEGRATION; QUALITY
AB Objective: The collaboration and knowledge exchange between researchers are
often hindered by the nonexistence of accurate information about which databases
may support research studies. Even though a considerable amount of patient
health information does exist, it is usually distributed and hidden in many
institutions. The goal of this project is to provide, for any research community,
a holistic view of biomedical datasets of interests, from which researchers can
explore several distinct levels of granularity.
Methods: We developed a community-centered approach to facilitate data
sharing while ensuring privacy. A dynamic schema allows exposing any metadata
model about existing repositories. The framework was developed following a
modular plugin-based architecture that facilitates the integration of internal
and external tools.
Results: The EMIF Catalogue, a web platform for sharing and reusing
biomedical data. Through this system, data custodians can publish and share
different levels of information, while the researchers can search for databases
that fulfill research requirements.
Conclusions: The EMIF Catalogue currently fosters several distinct research
communities, with different levels of data governance, combining, for instance,
data available in pan-European EHR and Alzheimer cohorts.
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AU Weng, CH
Friedman, C
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Hurdle, JF
AF Weng, Chunhua
Friedman, Carol
Rommel, Casey A.
Hurdle, John F.
TI A two-site survey of medical center personnel's willingness to share

clinical data for research: implications for reproducible health NLP
research

SO BMC MEDICAL INFORMATICS AND DECISION MAKING

LA English

DT Article

ID DE-IDENTIFICATION; SCIENCE; PRIVACY

AB BackgroundA shareable repository of clinical notes is critical for advancing natural language processing (NLP) research, and therefore a goal of many NLP researchers is to create a shareable repository of clinical notes, that has breadth (from multiple institutions) as well as depth (as much individual data as possible).MethodsWe aimed to assess the degree to which individuals would be willing to contribute their health data to such a repository. A compact e-survey probed willingness to share demographic and clinical data categories. Participants were faculty, staff, and students in two geographically diverse major medical centers (Utah and New York). Such a sample could be expected to respond like a typical potential participant from the general public who is given complete and fully informed consent about the pros and cons of participating in a research study.ResultsTwo thousand one hundred forty respondents completed the surveys. 56% of respondents were somewhat/definitely willing to share clinical data with identifiers, while 89% of respondents were somewhat (17%)/definitely willing (72%) to share without identifiers. Results were consistent across gender, age, and education, but there were some differences by geographical region. Individuals were most reluctant (50-74%) sharing mental health, substance abuse, and domestic violence data.ConclusionsWe conclude that a substantial fraction of potential patient participants, once educated about risks and benefits, would be willing to donate de-identified clinical data to a shared research repository. A slight majority even would be willing to share absent de-identification, suggesting that perceptions about data misuse are not a major concern. Such a repository of clinical notes should be invaluable for clinical NLP research and advancement.

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TI Global perspectives of research data sharing: A systematic literature
review
SO LIBRARY & INFORMATION SCIENCE RESEARCH
LA English
DT Review
ID RESEARCH DATA-MANAGEMENT; BIODIVERSITY DATA; HEALTH DATA; SCIENCE;
CHALLENGES; KNOWLEDGE; ACCESS; TRENDS; ETHICS
AB Studies investigating data sharing from a world perspective are seemingly
rare. By employing a quantitative design, this systematic review investigates and
presents a comprehensive account of factors hampering data sharing at three
levels of the global research hierarchy (individual, institutional and
international). The study analyses secondary data extracted from 105
publications (n=105). Journal publishers and research grant organisations are
key players in promoting data sharing activities by formulating, adopting and
implementing policies on data sharing. Despite concerted efforts to promote data
sharing, various factors frustrate these initiatives; they include lack of time
and data misappropriation (individual level); data sharing training, absence of

compensation and unfavourable internal policies (institutional level); and weak policies, ethical and legal norms, lack of data infrastructure and interoperability issues (international level). To counter these challenges, there is a need for research stakeholders to recognise researchers who share data through data citations, acknowledgement and incentives; invest in infrastructure, conduct training and advocacy programs; formulate stringent and fair policies. Data sharing will only become a success if research stakeholders apply equal efforts in managing data to that of research publications in general. The study offers a unique and comprehensive account of factors hampering data sharing from a global perspective. Solutions suggested could be adopted by research stakeholders in their efforts to enhance data sharing activities at various research levels.

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TI Caring for trafficked and unidentified patients in the EHR shadows:
Shining a light by sharing the data

SO PLOS ONE

LA English

DT Article

ID HEALTH-CARE; GENOMICS; IDENTIFICATION; INCLUSION; DIVERSITY; MEDICINE

AB Objective

Healthcare providers have key roles in the prevention of, detection of, and interventions for human trafficking. Yet caring for trafficked persons is particularly challenging: patients whose identities are unknown, unreliable, or false could receive subpar care from providers delivering care in a vacuum of relevant information. The application of precision medicine principles and integration of biometric data (including genetic information) could facilitate patient identification, enable longitudinal medical records, and improve continuity and quality of care for this vulnerable patient population. Scant empirical data exist regarding healthcare system preparedness and care for the needs of this vulnerable population nor data on perspectives on the use and risks of biometrics or genetic information for trafficked patients.

Methods

To address this gap, we conducted mixed-methods research involving semi-structured interviews with key informants, which informed a subsequent broad survey of physicians and registered nurses.

Results

Our findings support the perception that trafficked persons obtain care yet remain unnoticed or undocumented in the electronic health record. Our survey findings further reveal that healthcare providers remain largely unaware of human trafficking issues and are inadequately prepared to provide patient-centered care for trafficked and unidentified patients.

Conclusion

Meaningful efforts to design and implement precision medicine initiatives in an inclusive way that optimizes impacts are unlikely to succeed without concurrent efforts to increase general awareness of and preparedness to care for trafficked persons. Additional research is needed to examine properly the potential utility for biometrics to improve the delivery of care for trafficked patients.

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TI DEMOCRATIZING DATA: WHAT HAPPENS WHEN MEMBERS OF AN ONLINE NETWORK SHARE

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TI Determining the Comparative Value of Pharmaceutical Risk-Sharing
Policies in Non-Small Cell Lung Cancer Using Real-World Data
SO VALUE IN HEALTH
LA English
DT Article
ID PERFORMANCE; ARRANGEMENTS; UNCERTAINTY; FRAMEWORK; SCHEMES
AB Background: Risk-sharing arrangements (RSAs) can be used to mitigate uncertainty about the value of a drug by sharing the financial risk between payer and pharmaceutical company. We evaluated the projected impact of alternative RSAs for non-small cell lung cancer (NSCLC) therapies based on real-world data. Methods: Data on treatment patterns of Dutch NSCLC patients from four different hospitals were used to perform "what-if" analyses, evaluating the costs and benefits likely associated with various RSAs. In the scenarios, drug costs or refunds were based on response evaluation criteria in solid tumors (RECIST) response, survival compared to the pivotal trial, treatment duration, or a fixed cost per patient. Analyses were done for erlotinib, gemcitabine/cisplatin, and pemetrexed/platinum for metastatic NSCLC, and

gemcitabine/cisplatin, pemetrexed/cisplatin, and vinorelbine/cisplatin for nonmetastatic NSCLC. Results: Money-back guarantees led to moderate cost reductions to the payer. For conditional treatment continuation schemes, costs and outcomes associated with the different treatments were dispersed. When price was linked to the outcome, the payer's drug costs reduced by 2.5% to 26.7%. Discounted treatment initiation schemes yielded large cost reductions. Utilization caps mainly reduced the costs of erlotinib treatment (by 16%). Given a fixed cost per patient based on projected average use of the drug, risk sharing was unfavorable to the payer because of the lower than projected use. The impact of RSAs on a national scale was dispersed. Conclusions: For erlotinib and pemetrexed/platinum, large cost reductions were observed with risk sharing. RSAs can mitigate uncertainty around the incremental cost-effectiveness or budget impact of drugs, but only when the type of arrangement matches the setting and type of uncertainty. Copyright (c) 2019, ISPOR-The Professional Society for Health Economics and Outcomes Research. Published by Elsevier Inc. C1 [Holleman, Marscha S.; Uyl-de Groot, Carin A.] Erasmus Univ, Inst Med Technol Assessment, Erasmus Sch Hlth Policy & Management, Rotterdam, Netherlands.

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