

# DICOM INTERNATIONAL CONFERENCE & SEMINAR

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## De-identification Revisited

## DICOM Supplement 142

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- **Multi-center Clinical Trial**

- patients enrolled in a clinical trial and undergoing clinical care
- consented to have their clinical images submitted for analysis by a third party
- without revealing their real identity
- analysis results can be linked to the subject
- physical characteristics can be used in the analysis (e.g., sex, age, height, weight)
- limited or broad dissemination (re-use)

- **Teaching File Submission**

- patients undergoing clinical care
- have images and clinical data of particular value for teaching or testing students and staff
- all real identifiers to be removed for privacy
- limited physical characteristics need to be preserved to interpret the case correctly
- disseminated broadly, even publicly

- **Remote Equipment Servicing**
  - patients undergoing clinical imaging
  - site staff see quality problems in images
  - remote service staff have no need or right to see real patient identity information
  - given remote access only to images without real identity

- **De-identification**
  - removing real patient identifiers
- **Pseudonymization**
  - de-identification and replacement of identifiers with a pseudonym that is unique to the individual and known within a specified context but not linked to the individual in the external world
- **Anonymization**
  - de-identification and further removal or ambiguation of information to reduce the probability of re-identification of the image despite access to other information sources

*Adapted from Drug Information Association (DIA) Medical Imaging Standardization Technical Document 1.0 2007/10/10*

- **DICOM Sup 55 (2002/09/05)**
  - first attempt to standardize a list of attributes that potentially contain identifying information that needs to be removed, and define a “profile”
- **IHE Teaching File & Clinical Trial Export (TCE) Profile (2005/04/22)**
  - specifies use cases, defines actors and transactions to do it, helpful hints based on experience, profile with options (pixel data, remap identifiers (pseudonymization))
- **DICOM Sup 142 (Ballot 2010/08/26)**
  - more comprehensive list of attributes, addresses additional concerns beyond attributes, what attributes to retain for specific use cases, grouped into options

- **De-identification is hard**
  - choosing what to remove (to protect privacy, reduce risk)
  - and what to keep (to satisfy use case)
  - requires significant expertise
  - technical, statistical, legal
- **Local policy and national regulations**
  - describe requirements in general terms
  - are not image or DICOM-specific
- **Define simple profile and options**
  - easier for ethics committee to understand and agree to
  - simpler and less error-prone for site staff to deploy
  - than individually configuring every attribute manually

- **Remove/replace all attributes at risk**
  - long table of known risky “header” attributes
  - all person names & identifiers (patient & staff)
  - all institution, department, equipment identity
  - all free text comments and descriptions
  - all UIDs
  - all private attributes (since risky if unknown)





- **Whether to remove or replace**
  - requires preserving integrity of object with respect to DICOM compliance
  - Type 1 – replace with dummy value
  - Type 2 – zero length (empty)
  - Type 3 – remove completely
  - includes recursive handling of sequences

- **Standard Extended objects**

- DICOM allows insertion of standard attributes in images objects that were intended for other purposes
- these must be removed or replaced as well
- are listed in the table and identified as such

- **Retired Attributes**

- no longer described or maintained in standard
- may be present, may be risky, therefore listed in the table and need to be removed

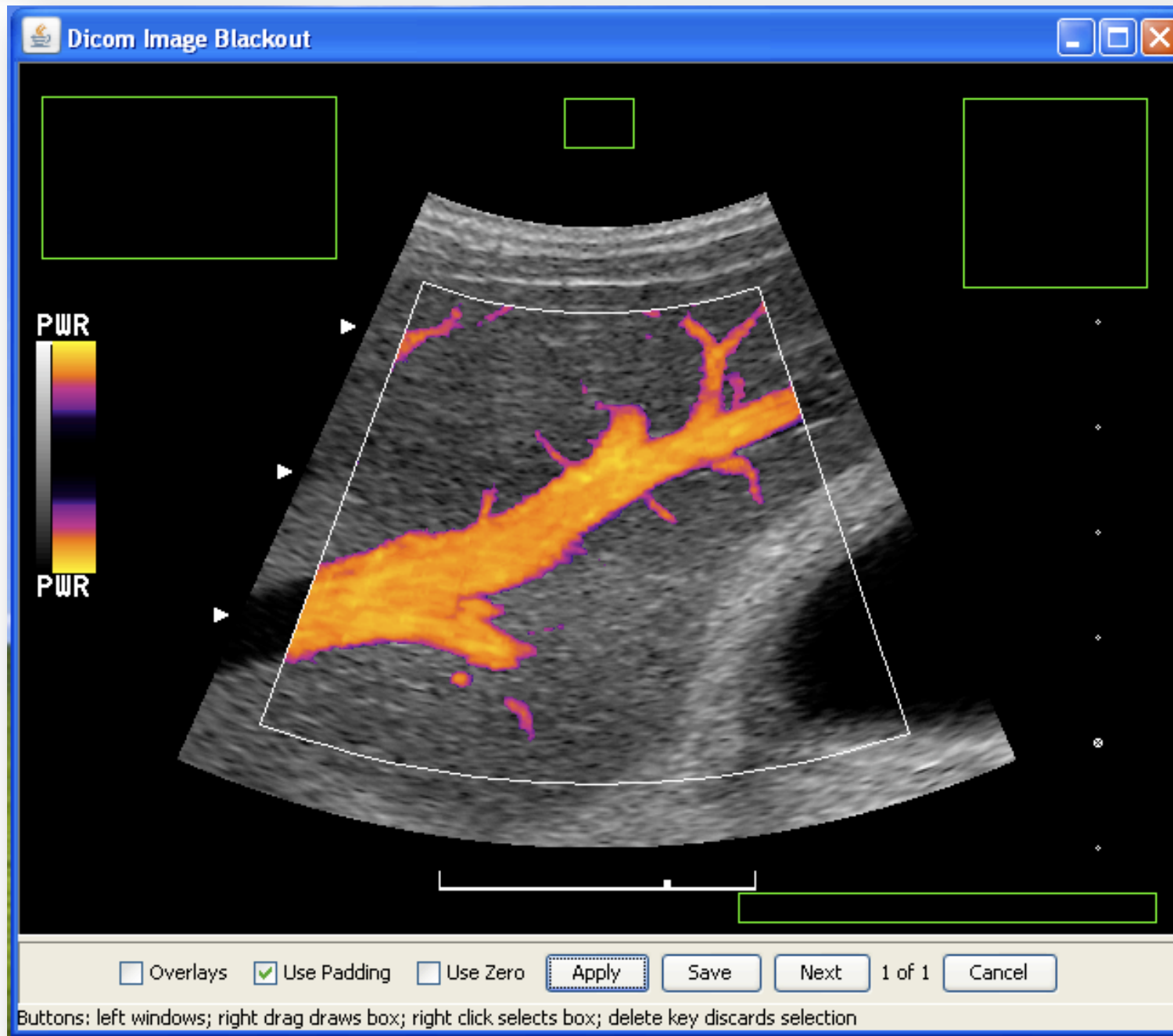
# Two Types of Options

- **Remove more**
  - not in basic profile because too hard
  - *and* usually unnecessary
  - depend on specific type of object
  - non-images
  - specific subject matter (anatomy, modality)
- **Retain more (remove less)**
  - small potential for re-identification (low risk)
  - *and* required for use case

- **Remove more**
  - Clean Pixel Data Option
  - Clean Recognizable Visual Features Option
  - Clean Graphics Option
  - Clean Structured Content Option
  - Clean Descriptors Option
- **Retain more (remove less)**
  - Retain Longitudinal Option
  - Retain Patient Characteristics Option
  - Retain Device Information Option
  - Retain UIDs
  - Retain Safe Private Option

- **Text identifiers in the “picture” (pixel data)**
  - secondary capture
    - screen shots (e.g., analysis result screens)
    - video
    - scanned film or paper prints
    - scanned documents (requests or reports)
  - ultrasound (historically was video capture)
  - angiography or fluoroscopy (occasionally)
- **Clean Pixel Data option requires removal**
  - manual
  - automatic (desirable, hard, may remove other stuff)

# Clean Pixel Data Option



# Clean Recognizable Visual Features Option

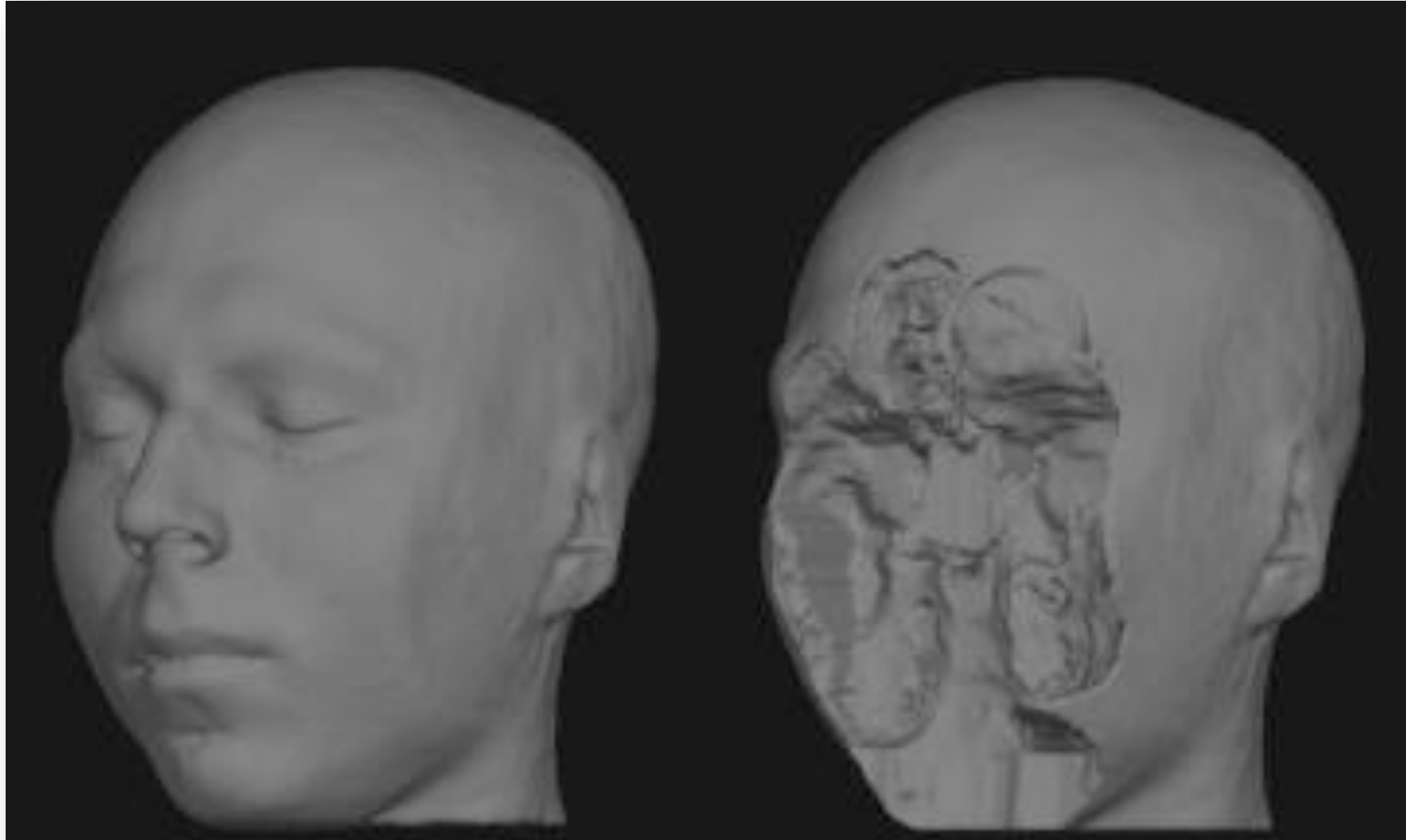
- **Visible Light**
  - photographs of faces
  - traditionally blacked out in publications
- **Cross-sectional thin slice CT or MR**
  - theoretically can reconstruct a “face”
  - arguable whether these are “recognizable” (Chen J et al. SIIM 2007)
  - can add noise to facial region to disrupt
  - renders images useless for some purposes



# Clean Recognizable Visual Features Option



# Clean Recognizable Visual Features Option



*MRI Defacer - [http://www.nitrc.org/projects/mri\\_deface/](http://www.nitrc.org/projects/mri_deface/)*

- **“Header” may contain graphics**
  - overlays
  - curves
  - graphics in presentation states
  - presentation state mechanisms used in images (standard extended)
- **Basic profile requires complete removal**
  - may discard useful info (lesions, measurements)
- **Clean Graphics option**
  - selective “cleaning” (manual or automatic)

# Clean Structured Content Option



- **DICOM Structured Reports**
  - tree of content items in sequences
  - identifying information depends on coded concepts defined in DICOM PS 3.16
  - beyond the scope of Sup 142 to enumerate
- **Basic profile**
  - addresses only the “header” and not the tree
- **Clean Structured Content option**
  - commitment to clean the tree as necessary

- **“Header” may contain free text**
  - comments and descriptions
  - patient, study, series, image, protocol
  - copied from work list (relatively safe)
  - entered by operator (very dangerous)
- **Basic profile requires complete removal**
  - may discard useful info (procedure, anatomy)
- **Clean Descriptors option**
  - selective “cleaning” (manual or automatic)

- **Example – Study Description**
  - “CT chest abdomen pelvis – 55F Dr. Smith”
  - retain only “CT chest abdomen pelvis”
  - extract SNOMED codes for anatomic region
- **Example – Multiple Language support**
  - “Buik” for abdomen in Dutch
  - “λεκάνη” for pelvis in Greek
- **Example – person names are keywords**
  - “Dr. Hand” or “M. Genou”

# Retain Longitudinal Options

- **“Header” contains many dates & times**
  - constrain the number of possible individuals that could be the subject
- **Basic profile**
  - requires removal
- **Retain Longitudinal options**
  - Full Dates – just keep them
  - Modified Dates – adjust them consistently

# Retain Patient Characteristics Option



- **Information about the patient**
  - as distinct from name, medical record number
  - e.g., sex, age, height, weight
  - critical for PET SUV, DEXA, MRI measures of body composition (normalized to body size)
- **Basic profile**
  - requires removal
- **Retain Patient Characteristics option**
  - keep them



- **Scanner identification & characteristics**
  - characteristics – important when a particular class of scanner is required (e.g., Acme 3T)
  - identification – important when a particular scanner has been qualified (e.g., by phantom)
- **Basic profile**
  - requires removal
- **Retain Device options**
  - Retain Device Characteristics Option
  - Retain Device Identity Option

- **Unique Identifiers (UIDs)**
  - patients do not have unique identifiers
  - but studies, series, instances and other entities do
  - all cross-references between objects are by UIDs
  - replacement jeopardizes audit trail, repeated submission duplicate detection, long term consistency
- **Basic profile requires**
  - replacement of all UIDs
  - such that they are “internally consistent with a set”
- **Retain UIDs option**
  - just keep them without change

- **Private Attributes**

- are vendor proprietary & often undocumented
- could contain anything
- some contain vital information
- e.g., Philips Private SUV Scale Factor

- **Basic profile**

- requires removal of all private attributes

- **Retain Safe Private option**

- keep those known to be safe
- a partial list of these will be maintained in PS 3.15

- **Currently Sup 142 is out for ballot**
- **Prototype implementations of concepts**
  - MIRC Clinical Trial Processor (CTP)
    - highly configurable – now has Sup 142 templates
    - [http://mircwiki.rsna.org/index.php?title=CTP-The RSNA Clinical Trial Processor](http://mircwiki.rsna.org/index.php?title=CTP-The_RSNA_Clinical_Trial_Processor)
  - Pixelmed DicomCleaner
    - turnkey – gives users choices like Sup 142 options
    - <http://www.dclunie.com/pixelmed/software/webstart/DicomCleanerUsage.html>