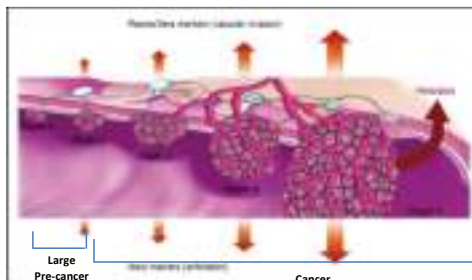


Smart e-Health Systems - Prima parte

15:10	15:30	Analisi dati di stili di vita alimentari	Francesca Cordero, <i>Alessandro Mazzei, Luca Anselma, Rossano Schifanella</i>
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16:00	16:10	Privacy-preserving data management and analytics	<i>Ruggero Pensa</i>

Diet and lifestyle characteristics

Colorectal Cancer



Results of miRNA and gut microbiome analyses will be further evaluated in relation to diet and lifestyle factors collected by the questionnaire in the study.

Characteristics	All (n=48)	Controls (n=24)	Polyps (n=9)	Inflammations (n=12)	CRC (n=3)
Alcohol consumption					
No	18	10	2	5	1
Yes	28	13	7	6	2
Alcohol consumption (wine, glass per week)					
Low (< 3)	6	1	2	3	0
Medium (3-6)	4	3	1	0	0
High (>6)	18	9	4	3	2
Wine consumption (glass per week)					
No	20	10	3	6	1
Moderate (<5)	9	5	3	1	0
Frequent (>5)	17	8	3	4	2
Coffee consumption (Yes/No)					
No	6	1	1	3	1
Yes	40	22	8	8	2
Coffee consumption					
1	10	4	3	3	0
2-3	22	12	3	5	2
>3	8	7	1	0	0
Milk consumption					
No	28	14	4	7	3
yes	18	9	5	4	0
Sugar (number of teaspoon for day)					
No	9	3	4	2	0
Yes	37	20	5	9	3
1	7	3	2	1	1
2-4	20	11	1	7	1
>5	10	6	2	1	1

Characteristics	All (n=48)	Controls (n=24)	Polyps (n=9)	Inflammations (n=12)	CRC (n=3)
Fruit consumption					
Yes/No	46/2	22/2	9/0	12/0	3/0
Fruit intake					
Portions/week	6	8	6	7	
Vegetables consumption (raw+cooked)					
Yes/No	48/0	24/0	9/0	12/0	3/0
Vegetables intake (raw+cooked)					
Portions/week	2,22	3,5	1,9	3,6	
Pasta/Bread consumption					
Yes/No	47/1	24/0	9/0	12/0	2/1
Pasta/bread intake					
Portions/week	4,8	5,3	3,7	2,7	
Cheese					
Yes/No	45/3	23/1	9/0	9/3	3/0
Cheese intake					
Portions/week	0	3,1	3,8	3,7	
Total Meat consumption					
Yes/No	47/1	24/0	9/0	11/1	3/0
Meat intake					
Portions/week	6	5	4	5	
Fish consumption					
Yes/No	37/11	5/3	6/3	8/4	3/0
Fish intake					
Portions/week	1	1	1	2	
Yogurt					
Yes/No	26/22	23/11	6/3	7/5	1/2



Benvenuti nel sistema AcQUE!

AcQUE permette di creare, compilare e visualizzare questionari su diverse tematiche epidemiologiche inerenti al progetto di ricerca all'IIGM.



Dr Alessio Naccarati
Dr Mario Trompetto
Dr Carlo Senore



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MADiMan: Multimedia Application for Diet Management

Intelligenza artificiale per la gestione della dieta

Luca Anselma -> anselma@di.unito.it

Alessandro Mazzei -> mazzei@di.unito.it



The diet

-> In a diet it is necessary to consider **total energy** requirements and the specific required amounts of macronutrients such as **proteins**, **carbohydrates** and **lipids**.

-> In the literature systems of Dietary Reference Values (**DRVs**) recommended to be followed for significant amounts of time

The diet transgression problem



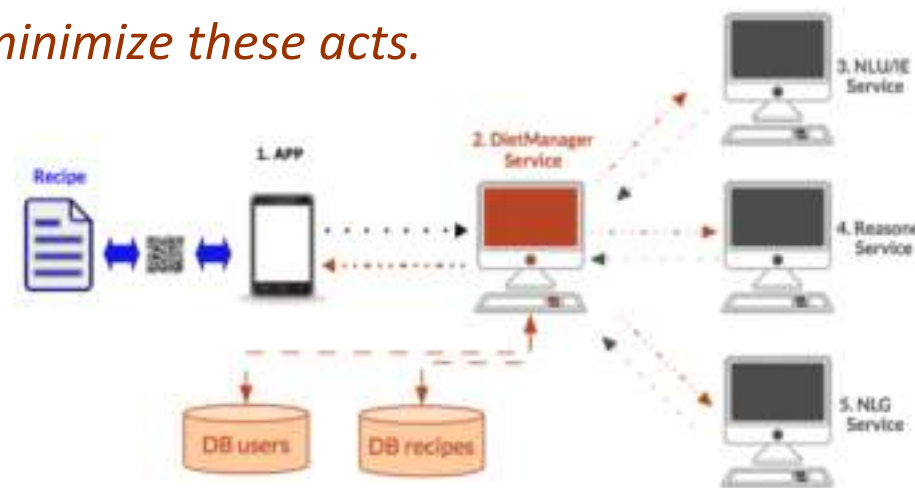
What are the consequences of diet transgressions over the week?

Anselma, L., Mazzei, A., and Michieli, F. D. (2017). **An artificial intelligence framework for compensating transgressions and its application to diet management.** Journal of Biomedical Informatics, 68:58–70.



MADiMan: Multimedia Application for Diet Management

... a virtual dietitian that is able: (1) to recover the nutritional information directly from a specific recipe, (2) to reason over recipes and diets with flexibility, i.e. by allowing some forms of diet disobedience, (3) to support users in compensating such acts of disobedience, and (4) to persuade the user to minimize these acts.



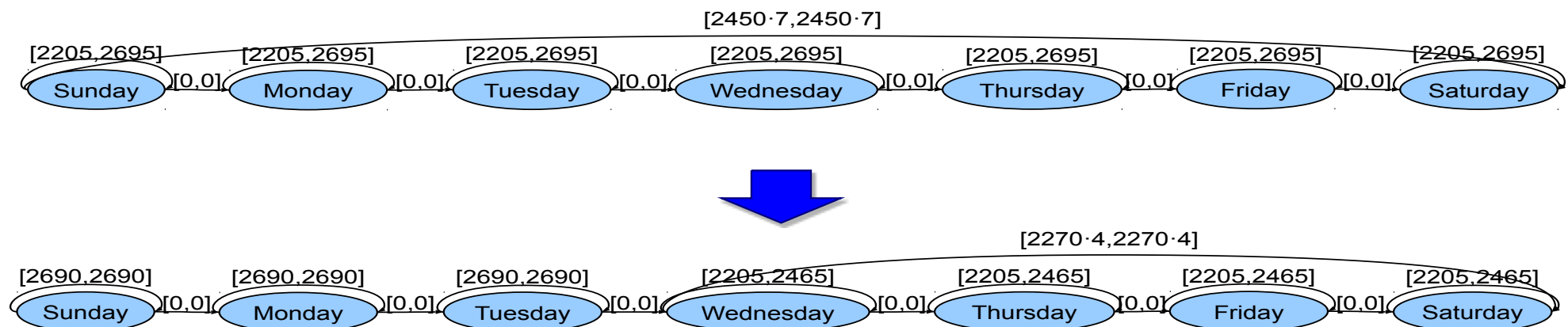
MADiMan has been partially funded by Regione Piemonte, Innovation Hub for ICT, 2011-2014, POR-FESR 07-13

Mazzei, A. et al (2015). **Mobile computing and artificial intelligence for diet management**. In - ICIAP 2015 Workshop: MADiMa, Genoa, Italy, September 7-8, 2015, Proceedings, number 9281 in Lecture Notes in Computer Science, pages 342–349. Springer.

Reasoning about the diet with Simple Temporal Problems (STP)



- > Let us assume that John ate 2690 kcal on Sunday, Monday and Tuesday
- > We add to the STP such new information and propagate the constraints



Anselma, L., Mazzei, A., and Michieli, F. D. (2017). **An artificial intelligence framework for compensating transgressions and its application to diet management.** Journal of Biomedical Informatics, 68:58–70.

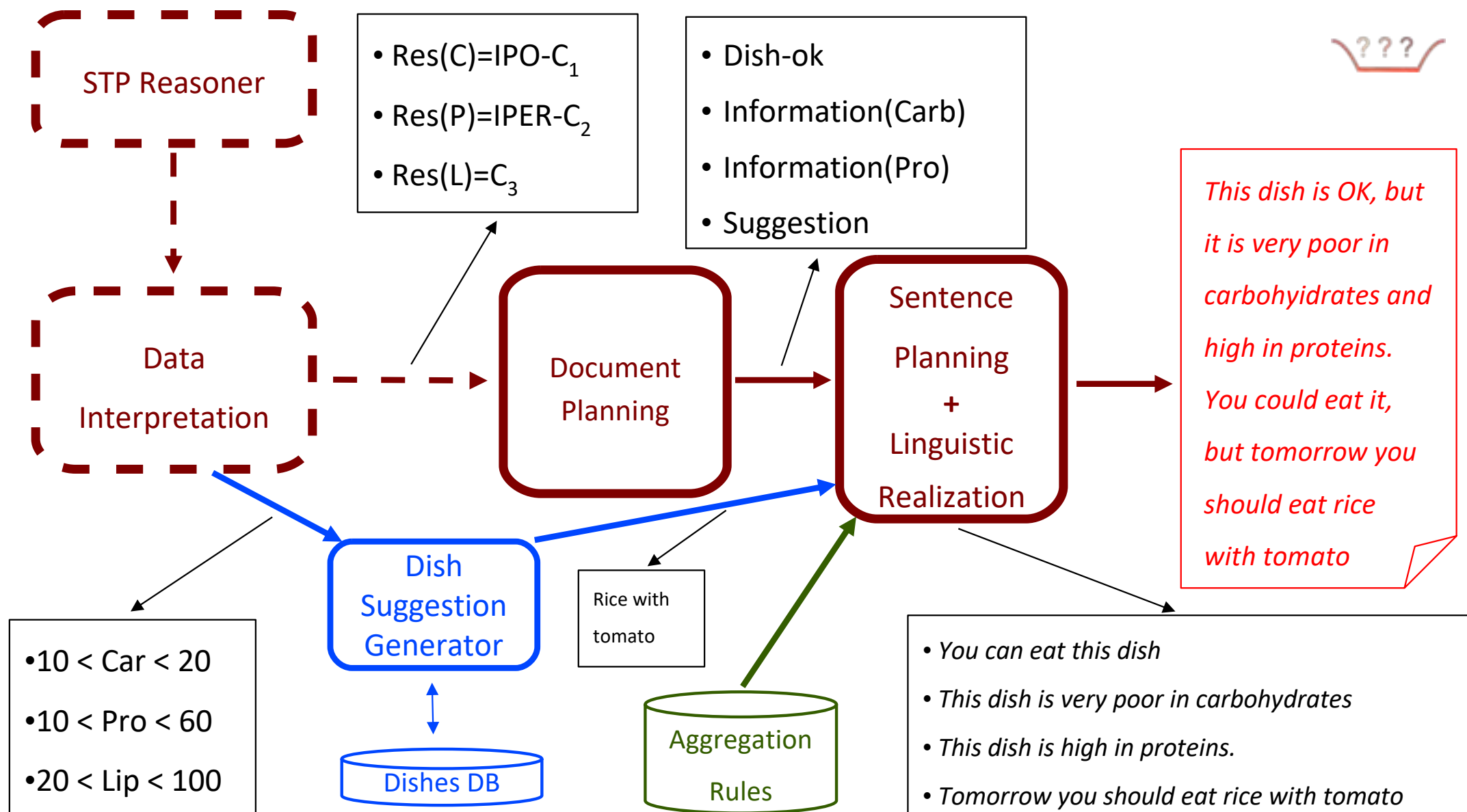


Natural Language Generation

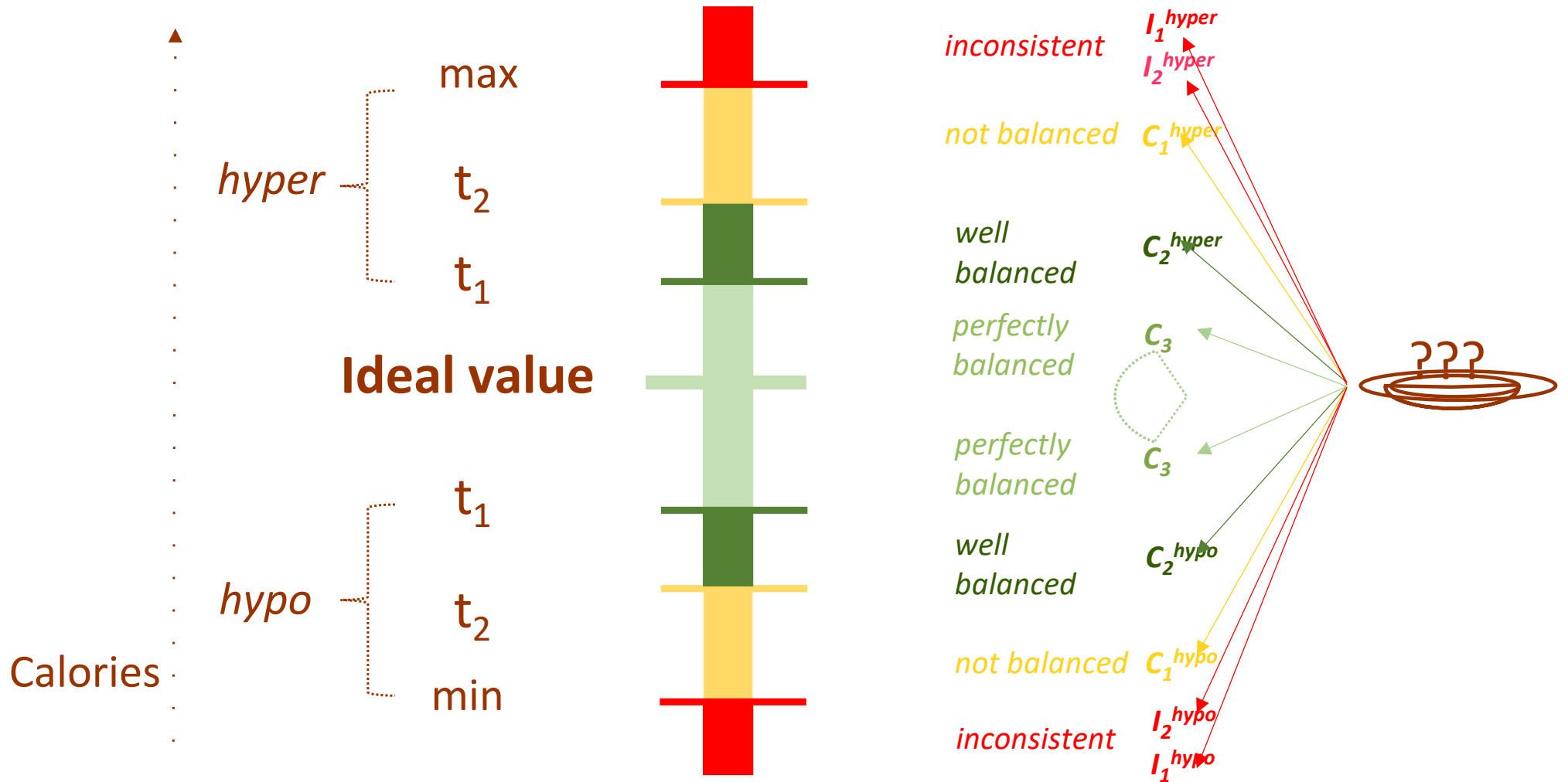
answer +
explanation +
suggestion =

Message

Anselma, L. and Mazzei, A. (2017). **An approach for explaining reasoning on the diet domain**. In Proc. of the 1st Workshop on Natural Language for Artificial Intelligence co-located with 16th International Conference of the Italian Association for Artificial Intelligence (AI*IA 2017)



Symbolic interpretation of numerical reasoning ???





Templates with 1 macro-nutrient

-> **I₁ Inconsistent** : *This dish is not good at all, it's too poor in proteins!*

-> **I₂ Inconsistent** : *You cannot have this dish now because it doesn't provide enough proteins, but if you eat a nice dish of beans Sunday, you can have it on Monday.*



Templates with 1 macro-nutrient

-> **C₁ Not balanced** : *This dish is good, but it's poor in proteins. In the next days you'll have to eat far more proteins.*

-> **C₂ Well balanced** : *This dish is OK, but it's a bit poor in proteins. In the next days you'll need more proteins! :)*

-> **C₃ Perfectly balanced** : *Great choice! This dish is perfect for the proteins in your diet :)*

Work in Progress

-> Reasoning

Mediterranean diet

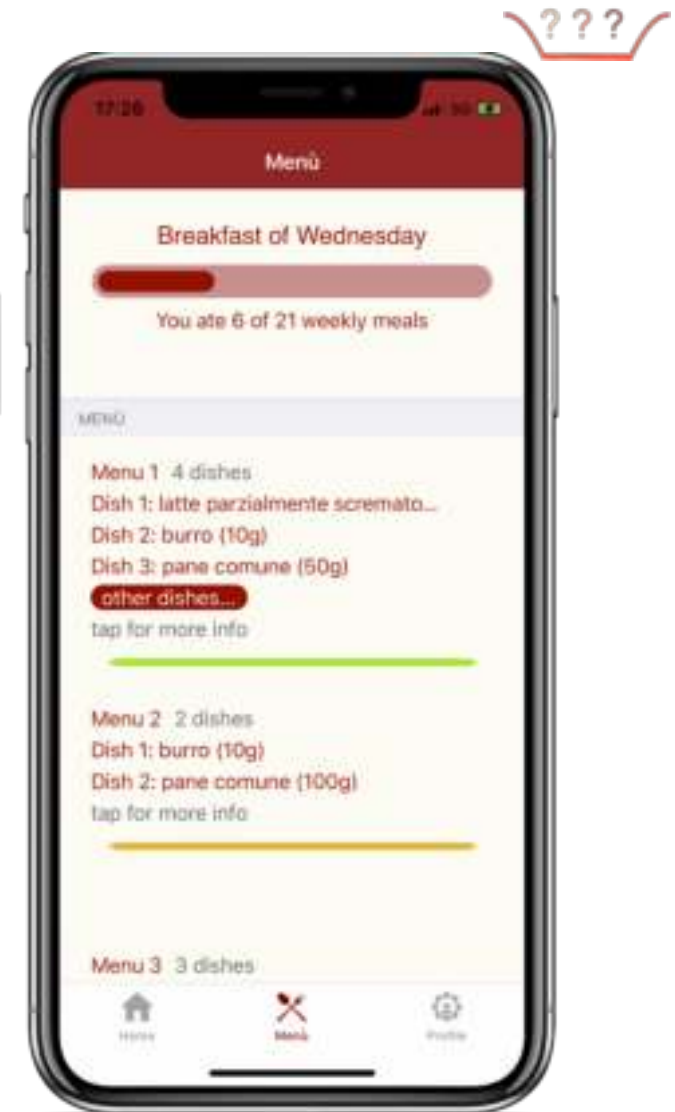
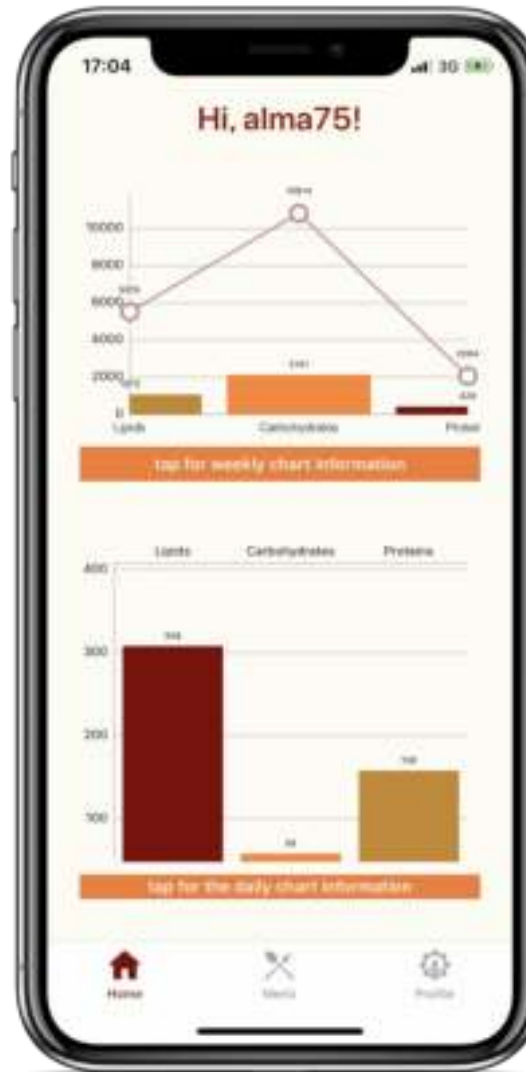
-> NLG

Causal Explanation

Time, Agrovoc Ontology

-> Evaluation

iOS app for dietitians





Thanks for your time!

- > Anselma, L., Mazzei, A., Piovesan, L., and De Michieli, F. (2014). **Adopting STP for diet management**. In Proc. of IEEE International Conference on Healthcare Informatics.
- > Mazzei, A. et al (2015). **Mobile computing and artificial intelligence for diet management**. In - ICIAP 2015 Workshop: MADiMa, Genoa, Italy, September 7-8, 2015, Proceedings, number 9281 in Lecture Notes in Computer Science, pages 342–349. Springer.
- > Anselma, L. and Mazzei, A. (2015). **Towards diet management with automatic reasoning and persuasive natural language generation**. In Progress in Artificial Intelligence - 17th Portuguese Conference on Artificial Intelligence, EPIA 2015,
- > Mazzei, A. (2015). **Generare messaggi persuasivi per una dieta salutare**. In Proc. of CLiC-it 2015, Second Italian Conference on Computational Linguistics.
- > Anselma, L., Mazzei, A., and Michieli, F. D. (2017). **An artificial intelligence framework for compensating transgressions and its application to diet management**. Journal of Biomedical Informatics, 68:58–70.
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Healthy City

Large-scale Study of Food Consumption and Health Outcomes

Rossano Schifanella

Contact: rossano.schifanella@unito.it

Recent & ongoing activities

Who?

UniTO

NOKIA Bell Labs

TESCO

ISI

ISI Foundation
& ISI Global Science
Foundation

What?

Relationship between
spatial environment, life
style (food) and health

Health surveillance

Data-driven prevention
and intervention strategies

How?

Large-scale data analytics

Machine learning

Spatial analysis and modeling

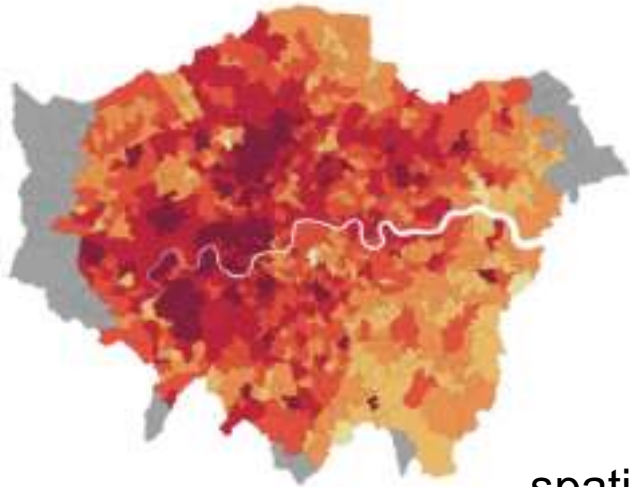
Network science

Modeling Food Consumption

- **Motivation: nutritional routine is a major factor that impacts well-being**
- Tesco dataset:
 - 1.6B food items
 - 1.6M loyalty card owners
 - fine-grained spatial granularity (ZIP code)
 - fine-grained temporal granularity (2015)
- Food consumption footprint at different levels:
 - ingredients
 - macronutrients (e.g., carbohydrates, proteins, fats)
 - micronutrients
 - calories and other indicators of food healthiness

Spatio-temporal and socio-economic dimensions

fibers



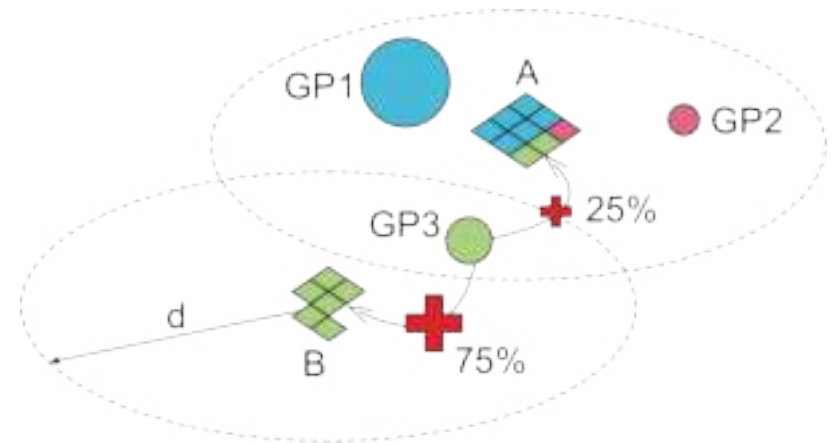
nutrients diversity



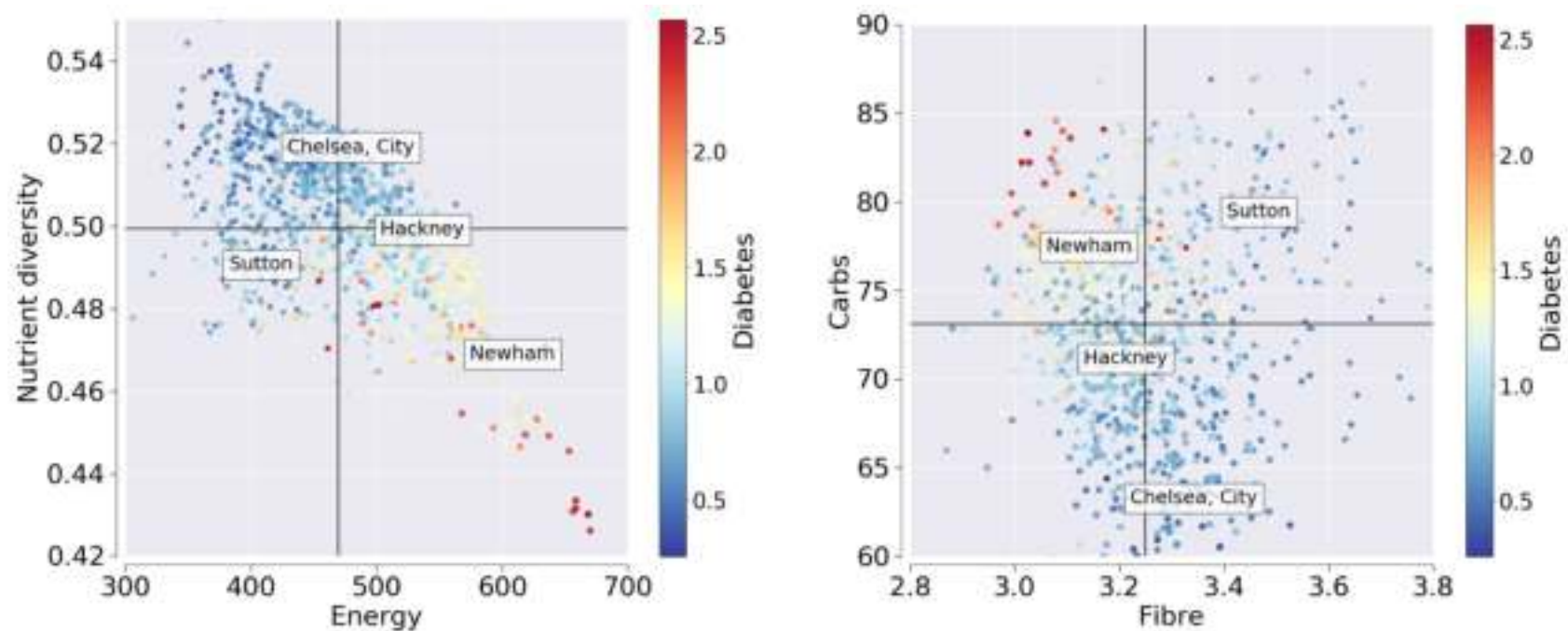
spatial autocorrelation
hot-cold spots
temporal trends
socio-economic factors

Modeling Drugs Prescriptions at scale

- NHS UK prescriptions (2010-2017)
1.1B per year
GP (General Practice) granularity
LSOA patients origin, age/gender
- OpenPrescribing
- Focus on metabolic syndrome
diabetes, cholesterol, hypertension
- Focus on
antibiotics resistance determinants
opioids epidemics



Spatio-temporal and socio-economic dimensions

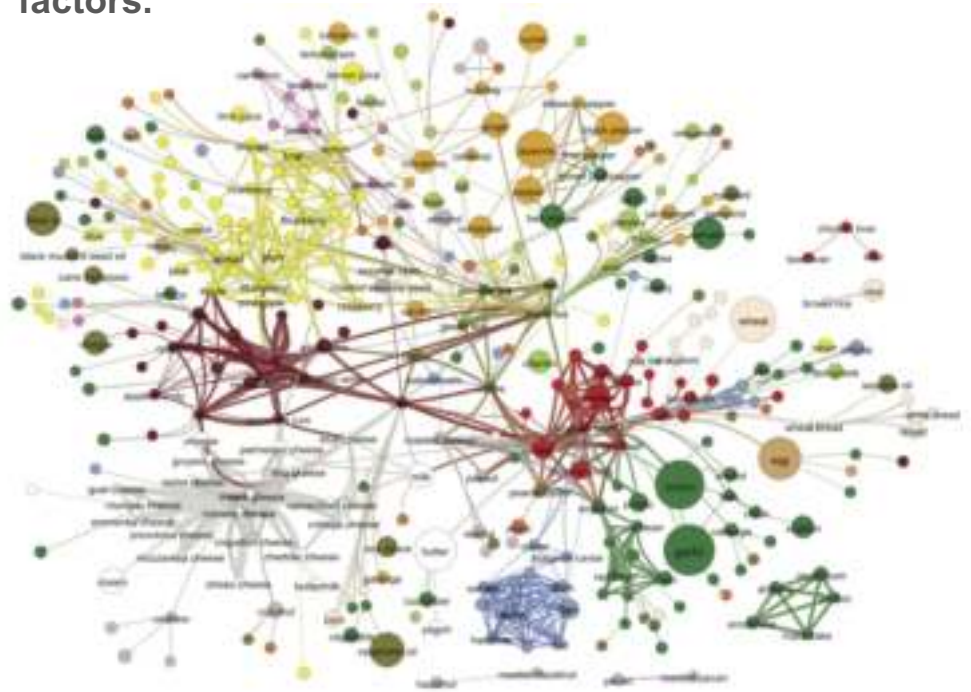


output Regression models to explain health outcomes as a function of food daily habits
Predictive framework of unhealthy areas of a city

Modeling Daily Habits and Diets

- Network science
- Hypothesis: structural properties are connected with health indicators.
- Promote healthy diets
- Recommender systems based on explorative approaches

Diets evolve over time, being influenced by income, individual preferences, cultural traditions, environmental, geographical, social and economic factors.



Future works

- **Health surveillance and predictive analytics**
- **Prevention strategies**
 - Public authorities** (inform policies)
 - Education** (new educational programs that inform people about the dangers of not eating well)
 - Food companies** (the food industry could reformulate their offering and elaborate plans to improve nutrition)
 - Technology companies** (predictive analytics and wearable sensors will transform how people manage their health)
- **Design interventions**

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Personal Informatics & Assistive Technologies

Federica Cena - Amon Rapp

SIOS Research Group

Responsabile: Luca Console

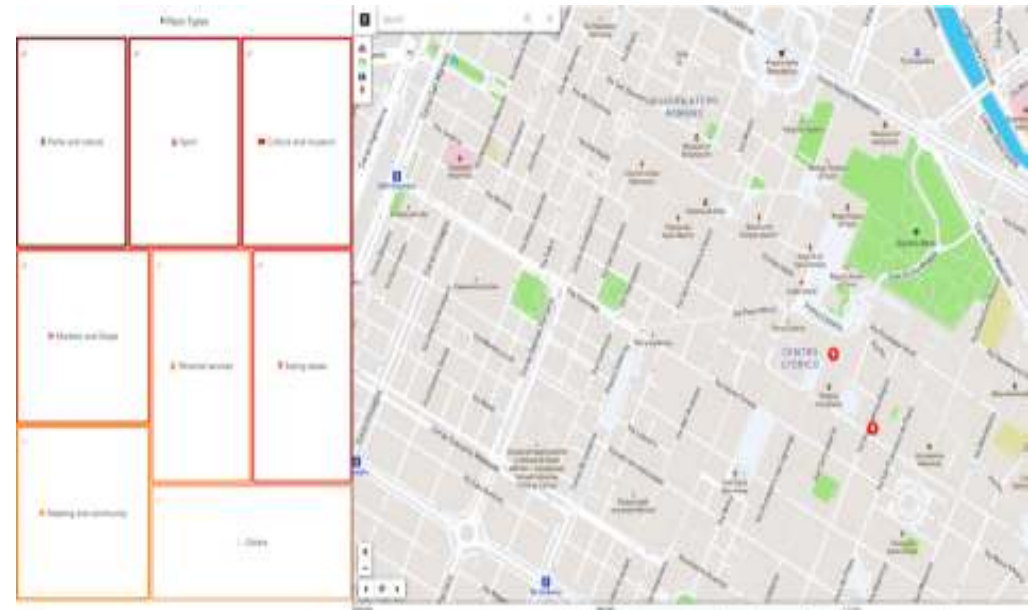
- Il gruppo di ricerca SIOS (Smart Interactive Objects and Systems) è attivo dal 1987
- Il gruppo ha competenze in Interazione Uomo-Macchina e sistemi di raccomandazione e modellazione dell'utente.



Progetto: Personalized Interactive Maps for Autism

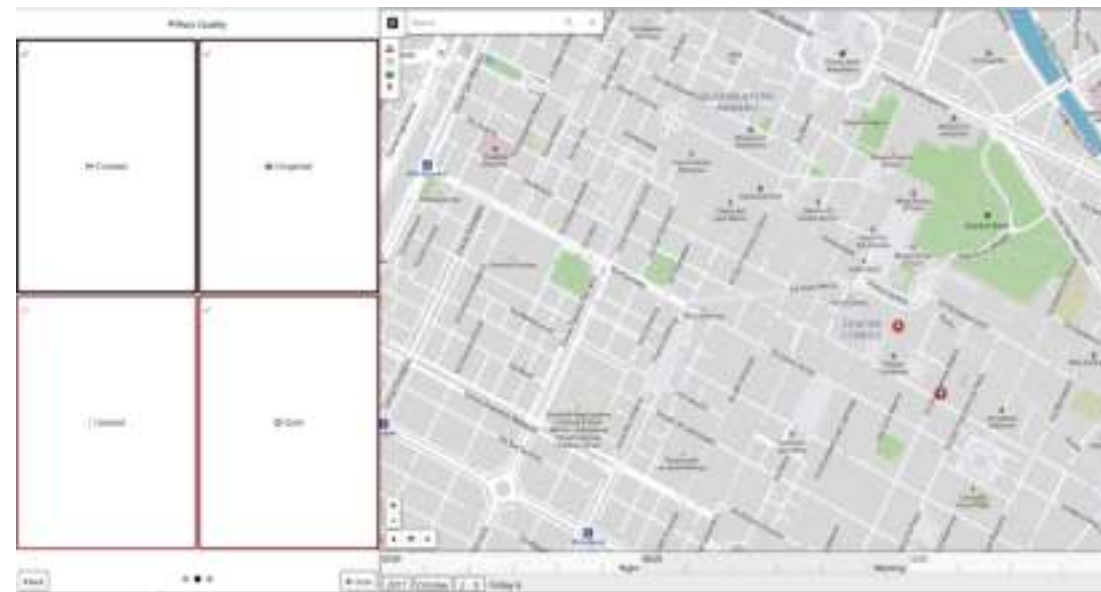
Progetto: in corso con **Compagnia San Paolo** e **ASL Città di Torino**, **Ambulatorio Disturbi dello Spettro Autistico in età adulta (2016-2019)**

- **Problema:** problemi di persone con autismo in relazione allo spazio
- **Obt:** analisi delle caratteristiche in relazione all'orientamento spaziale e progettazione di strumenti personalizzati per supportarne gli spostamenti e l'esecuzione di attività quotidiane nella città



Progetto: Personalized Interactive Maps for Autism

- **Strumenti:** utilizzo di dispositivi personali e indossabili per raccogliere dati sulla persona e ricavare abitudini, idiosincrasie, interessi, livello di arousal ed utilizzarli per adattare il servizio
- **Sviluppi:** malati di Alzheimer, e individui affetti da agnosia spaziale.



Tema di ricerca: Self-Tracking for health

- Diffusione del **self-tracking** di dati personali grazie a strumenti non invasivi (wearable e app) finalizzati al costante monitoraggio di parametri fisiologici.
- **Obiettivo:** studio di nuove tecnologie per tracciamento / analisi / gestione / visualizzazione dati, in modo da migliorare la continuità, la motivazione, efficacia al tracciamento



Tema di ricerca: Self-Tracking for health

- **Progetti:** TIM (2014-ad ora); tracciamento per il wellness in ottica preventiva (num di passi, calorie, per diminuire i rischi della sedentarietà)
- **Sviluppi:** malattie croniche (ad es. diabete, ipertensione, parametri fisiologici e ai farmaci assunti), malattie di difficile diagnosi (ad es. monitoraggio del dolore/sintomi/fattori contestuali per emicrania)



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GLARE (GuideLine Acquisition, Representation and Execution)

Paolo Terenziani, Alessio Bottrighi, Luca Piovesan
DiSIT, Università del Piemonte Orientale, Alessandria, Italy

Luca Anselma
Dip. di Informatica, Università di Torino

Progetto iniziato nel 1997 in collaborazione con
Gianpaolo Molino, Mauro Torchio
Laboratorio di Informatica Clinica, Azienda Ospedaliero
Universitaria S. Giovanni Battista, Torino

Paolo Terenziani, Gianpaolo Molino, Mauro Torchio:

A modular approach for representing and executing clinical guidelines. *Artificial Intelligence in Medicine* 23(3): 249-276 (2001)

Linee Guida Cliniche

USA Institute of Medicine: “systematically developed statements to assist practitioner and patient decisions about appropriate health care in specific clinical circumstances”.

Vantaggiose per pazienti, medici, ospedali ed organizzazioni sanitarie

Sviluppate migliaia di linee guida (es. ~6500 nella G-I-N Network <http://www.g-i-n.net>)

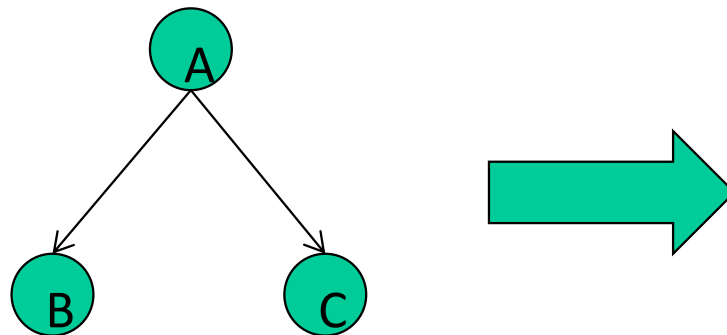
Tuttavia, le linee guida non hanno talvolta ottenuto tutti gli effetti desiderati. Due cause importanti:

Linee Guida Cliniche: problemi

(1) Difficili da interpretare (problemi di formalizzazione)

Il testo (in linguaggio naturale) è non formale, ed ambiguo

Persino i flussi di controllo grafici possono essere ambigui

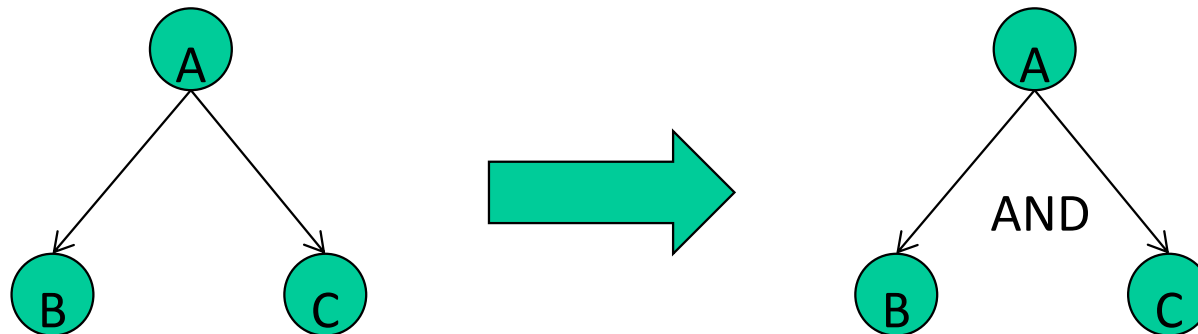


Linee Guida Cliniche: problemi

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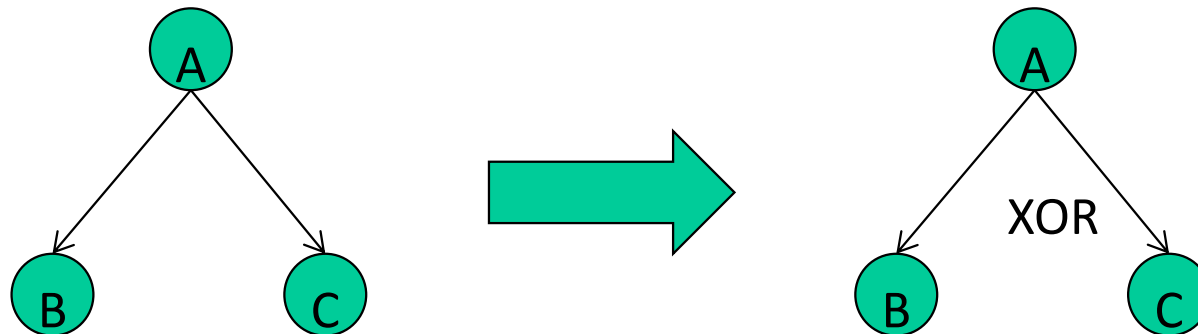


Linee Guida Cliniche: problemi

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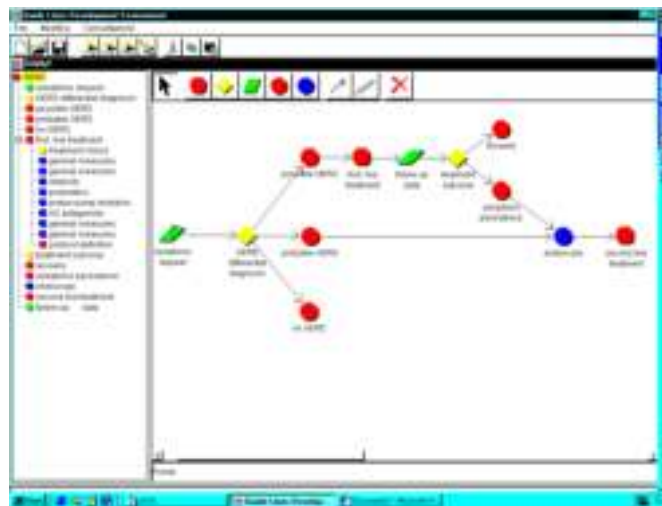
Persino i flussi di controllo grafici possono essere ambigui



GLARE

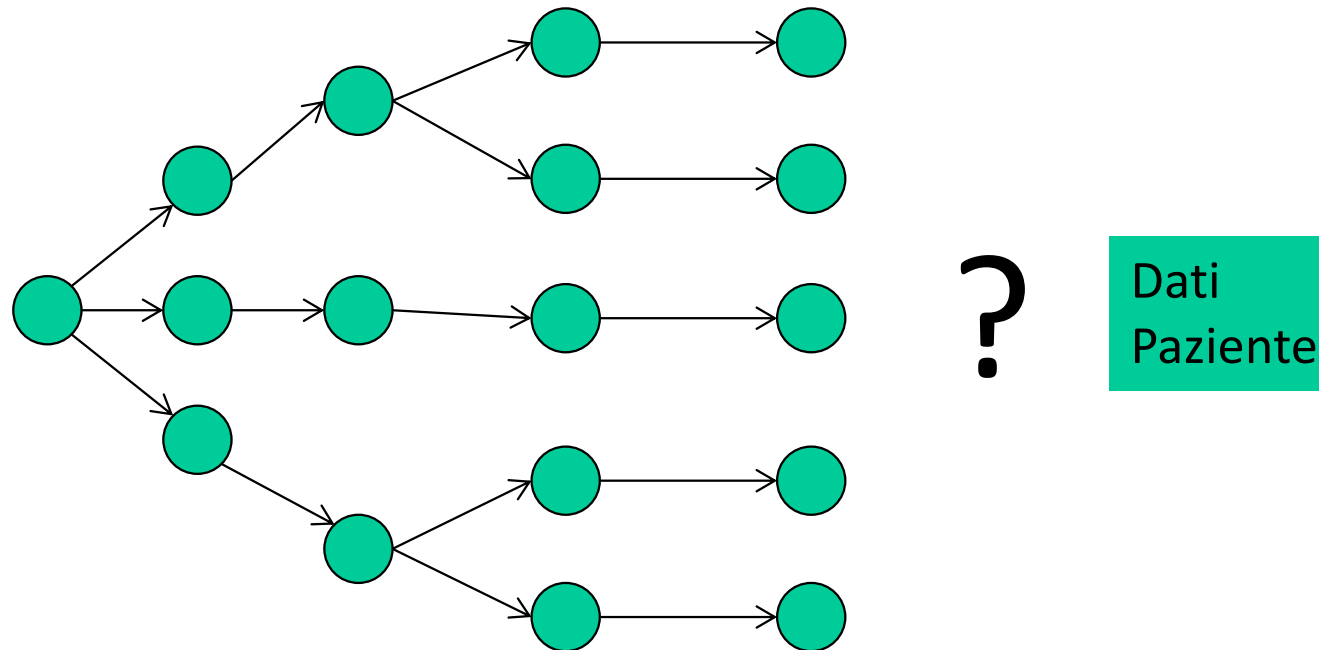
L'adozione di GLARE aiuta a risolvere questo problema

- (1) Acquisizione: GLARE fornisce una interfaccia grafica “user-friendly” per acquisire dagli esperti una rappresentazione non ambigua (formale) delle linee guida



Linee Guida Cliniche: problemi

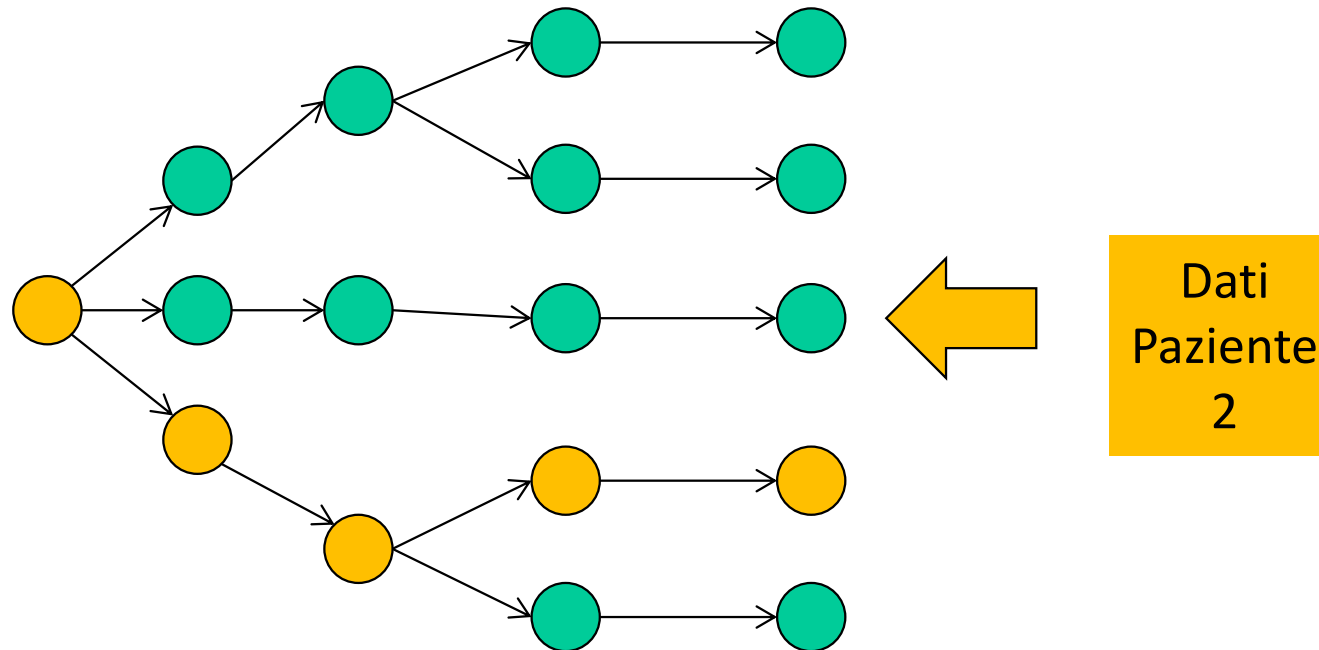
(2) Difficili da applicare allo specifico paziente



The diagram illustrates a directed graph with 15 nodes and 18 edges. The nodes are arranged in four columns. The first column contains one yellow node. The second column contains two yellow nodes. The third column contains four teal nodes. The fourth column contains eight teal nodes. The edges are as follows: the first yellow node connects to the two yellow nodes in the second column; the top yellow node in the second column connects to the top two teal nodes in the third column; the bottom yellow node in the second column connects to the bottom two teal nodes in the third column; the top teal node in the third column connects to the top two teal nodes in the fourth column; the second teal node in the third column connects to the third teal node in the fourth column; the third teal node in the third column connects to the fourth teal node in the fourth column; the bottom teal node in the third column connects to the bottom two teal nodes in the fourth column. A large yellow arrow points from the right towards the graph, with the text "Dati Paziente 1" (Patient 1 Data) next to it.

GLARE

(2) Esecuzione: GLARE fornisce ai medici strumenti per applicare la linea guida allo specifico paziente (sulla base dei dati del paziente), e di supporto alla decisione



GLARE

CARATTERISTICHE GENERALI

INDIPENDENTE DAL DOMINIO:

(e.s., cancro alla vescica, reflusso gastro-esofageo, insufficienza cardiaca, ictus ischemico, disturbi legati all'alcol)

VANTAGGIOSO: un unico strumento (ed un unico tipo di rappresentazione) per acquisire ed eseguire linee guida differenti

→ Libreria “omogenea” di linee guida standardizzate

GLARE

CARATTERISTICHE GENERALI

“ORIENTATO AI MEDICI”

Le specifiche di GLARE sono state fornite dai medici del progetto

- Interfaccia grafica
- Meccanismi di supporto alla decisione (es. analisi “what if”)
- Formalismo di rappresentazione (7 tipi di entità e 2 tipi di archi)

REPERIMENTO AUTOMATIZZATO DEI DATI DALLA CARTELLA CLINICA DEL PAZIENTE

(progetto DAISY, DBMS Caché)

ANCORA PRESENTE LA “PREDISPOSIZIONE” alla connessione alle cartelle cliniche

GLARE STATO CORRENTE



ASPETTI SCIENTIFICI

- Parte di OpenClinical (www.openclinical.org)
- Progetti (es. RoPHS –coord. Prof. Renato Balduzzi)
- Oltre 50 pubblicazioni scientifiche
- Relazioni invitate, best paper awards

ASPETTI IMPLEMENTATIVI

- Prototipo in Java del “nucleo” del sistema (studenti)
- In corso una nuova implementazione del software (META-GLARE)

GLARE: estensioni in corso e future

Trattamento di “eccezioni” e/o comorbidita’ (pazienti “atipici”)

Giorgio Leonardi, Alessio Bottrighi, Gabriele Galliani, Paolo Terenziani, Antonio Messina, Francesco Della Corte: Exceptions Handling within GLARE Clinical Guideline Framework. American Medical Informatics Association Symposium, Washington, DC, November 2012. [Distinguished Paper Award](#).

Luca Piovesan, Paolo Terenziani: A Constraint-Based Approach for the Conciliation of Clinical Guidelines. Proc. of the 15th Ibero-American Conference on AI (IBERAMIA'16), San José, Costa Rica, November 2016, 77-88, [Best Paper Award](#).

GLARE: estensioni in corso e future

Analisi di conformità

Matteo Spiotta, Paolo Terenziani, Daniele Theseider Dupré:
Temporal Conformance Analysis and Explanation of Clinical Guidelines Execution: An Answer Set Programming Approach. IEEE Trans. Knowl. Data Eng. 29(11): 2567-2580 (2017)

Supporto al coordinamento di agenti multipli in contesti eterogenei

Alessio Bottrighi, Luca Piovesan, Paolo Terenziani:
Supporting Multiple Agents in the Execution of Clinical Guidelines. Proc. HEALTHINF 2018, Madeira, January 2018, 208-219.

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Complex Networks to model epidemics and fake news spreading

The problem of misinformation





The Spread of Online Misinformation



source: California Dept. of Public Health



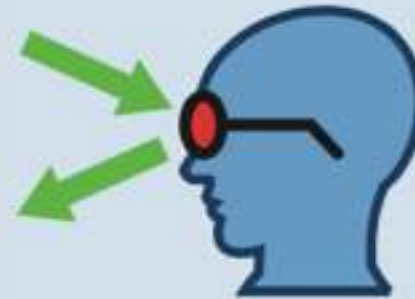
DEBUNKING SERVICES



Fact-checking may
be effective ...

... or fact-checking may fail

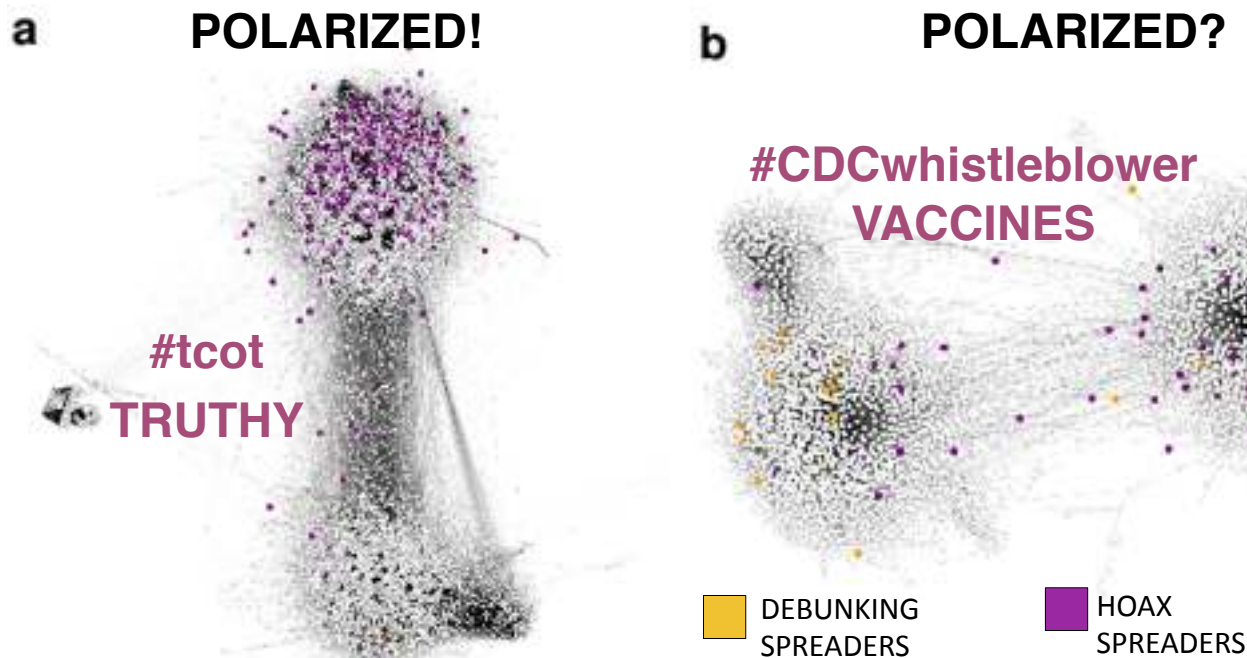
BACKFIRE EFFECT
(Nyham - Lewandowsky, 2012)



CONFIRMATION BIAS
*cherry-picking data
to support personal
beliefs or expectations*



Role of segregation: not clear!

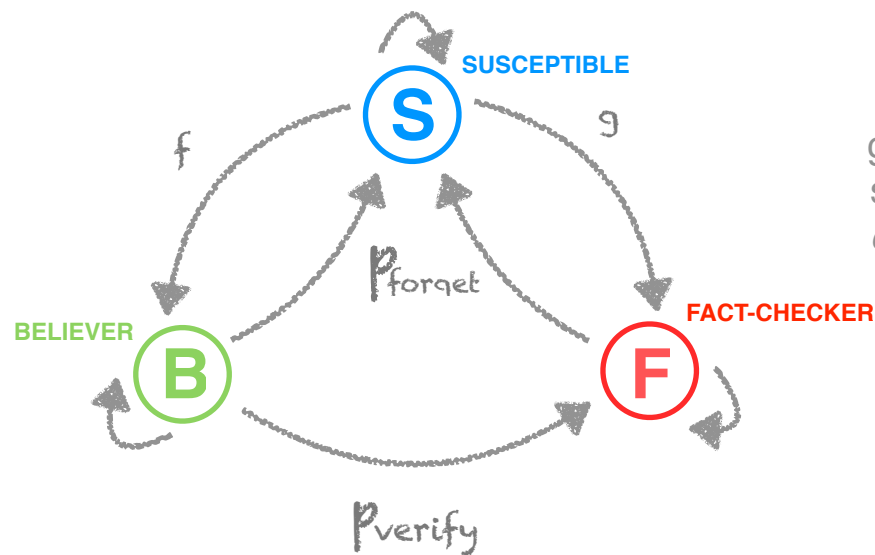


**DOES SEGREGATION HELP OR LIMIT
THE MISINFORMATION SPREAD?**

SBFC MODEL (2015)



Competition **hoax** VS **debunking**,
forgetting and **fact-checking** mechanisms



CHALLENGING VALIDATION
gauging the exposition is not trivial,
since ***belief does not necessarily***
correspond to the online activity

Tambuscio, M., Ruffo, G., Flammini, A., & Menczer, F. (2015, May). Fact-checking effect on viral hoaxes: A model of misinformation spread in social networks. In Proceedings of the 24th International Conference on World Wide Web (pp. 977-982). ACM.

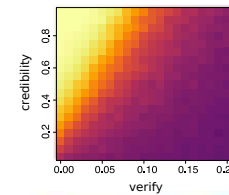
Dipartimento Informatica nel Parco della Salute, della Ricerca e dell'Innovazione - *Ruffo Giancarlo*

AGENTS SIMULATIONS (Barabasi-Albert nets)

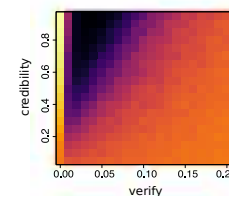
higher credibility
↓
larger diffusion
(less susceptible)

verifying probability is the
most important parameter

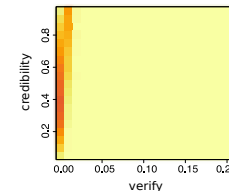
$\text{verify} \approx 0 \rightarrow$ hoax survives
 $\text{verify} > 0 \rightarrow$ hoax dies out



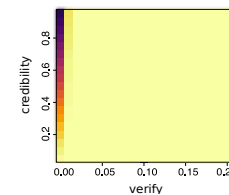
SUSCEPTIBLE



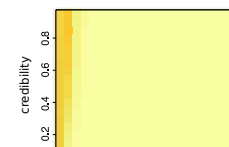
INACTIVE
FACT-CHECKERS



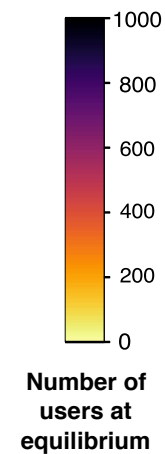
ACTIVE
FACT-CHECKERS



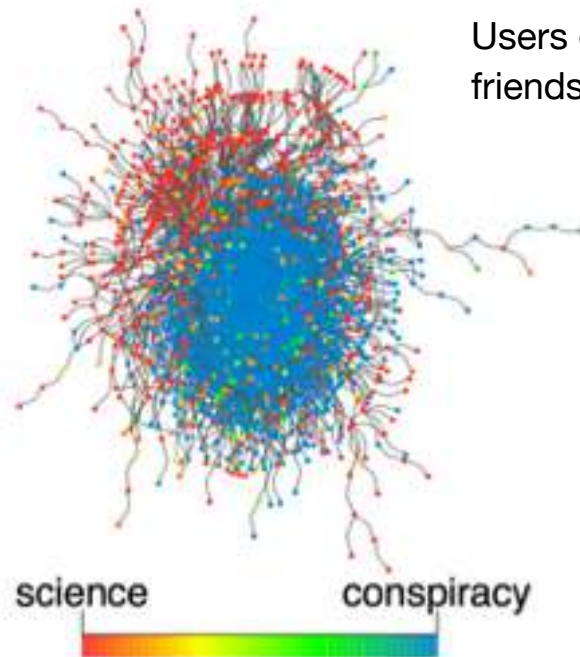
ACTIVE
BELIEVERS



INACTIVE
BELIEVERS



Misinformation tend to polarize



“Viral Misinformation: The Role of Homophily and Polarization” (Bessi et al. 2015)

Users engagement correlates with the number of friends having similar consumption patterns

homophily!



GULLIBLE USERS
(never verify)

**what happens if skeptic
interact with gullible?**

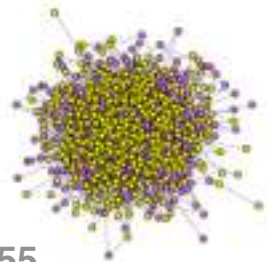
Gullible Communities

SKEPTIC



verify > 0

$s=0.55$
 $\omega=500$



SIZE ($0 < \omega < N$)

#nodes in gullible community

SEGREGATION ($0.5 < s < 1$)
fraction of edges within same
community [Gu-Gu, Sk-Sk]

$s=0.8$
 $\omega=500$

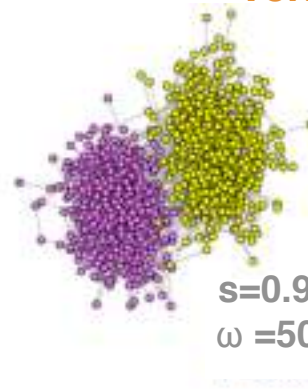


GULLIBLE



verify = 0

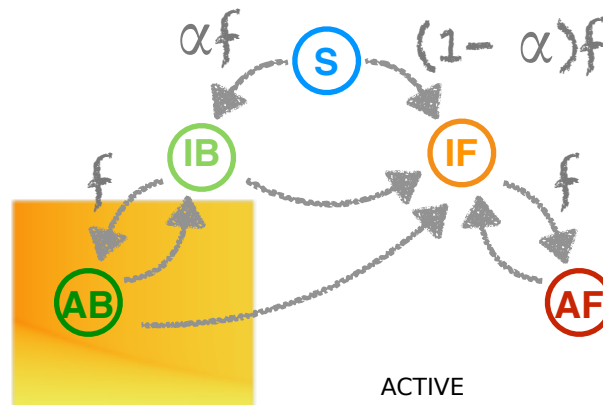
$s=0.95$
 $\omega=500$



GULLIBLE



SKEPTIC



ACTIVE
FACT-CHECKERS

ACTIVE
BELIEVERS

AGENTS SIMULATIONS

credibility
1.0
0.8
0.6
0.4
0.2
0

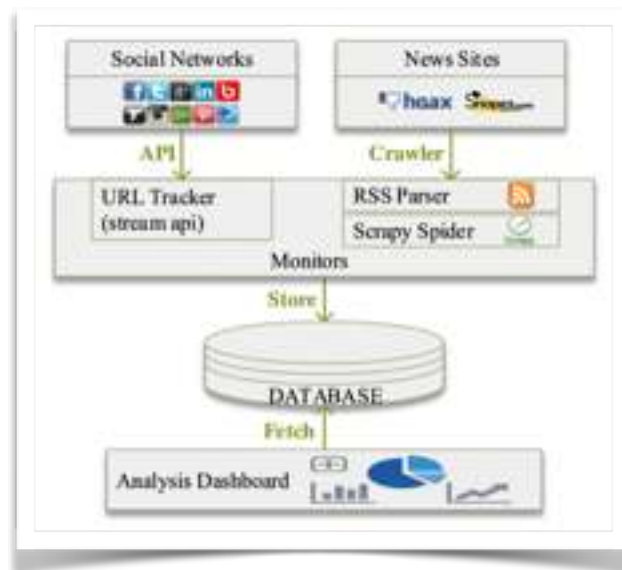
Higher segregation

more Active Believers
(weak effect)

Number of
users at

Dipartimento Informatica nel Parco della Salute, della Ricerca e dell'Innovazione - Ruffo Giancarlo

Validation: Hoaxy



<http://hoaxy.iuni.iu.edu/>



“Hoaxy: A platform for tracking online misinformation” (Shao et al., 2016)

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Validation: data collection



We collected 31 stories
that produced
more than 1000 tweets



FAKE NEWS TWEETS
(containing fake news URLs)
compared to Active Believers



Validation: data collection



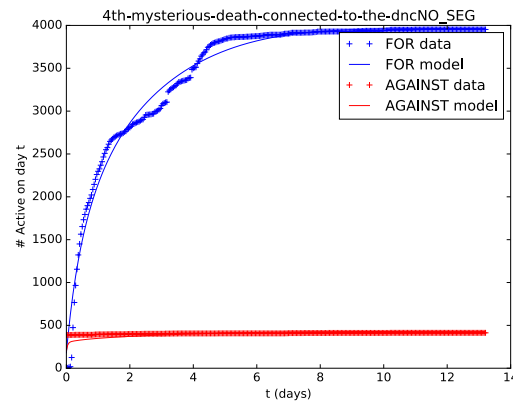
We collected 31 stories
that produced
more than 1000 tweets

FAKE NEWS TWEETS
(containing fake news URLs)
compared to Active Believers

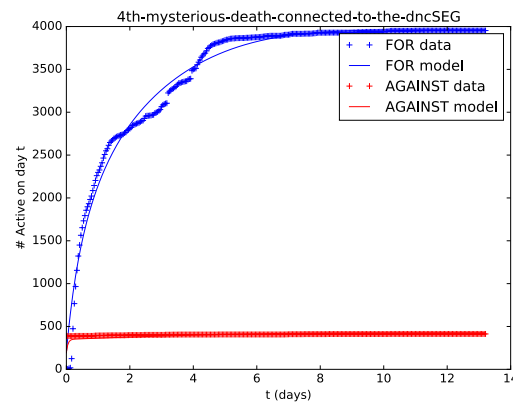
FACT-CHECK TWEETS
(containing Snopes URLs)
compared to Active Fact-checkers



Validation results



Both models fit well
data collected with
Hoaxy platform!





**Marcella
Tambuscio**



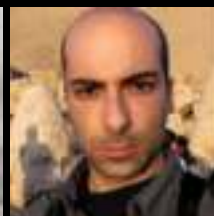
**Giancarlo
Ruffo**

University of Turin

arcs.di.unito.it



**Chengcheng
Shao**



**Giovanni L
Ciampaglia**



**Diego
Fregolente**



**Alessandro
Flammini**



**Filippo
Menczer**

Indiana University

cnets.indiana.edu

QUESTIONS?



**Daniela
Paolotti**



**Ciro
Cattuto**

ISI Foundation

<https://www.isi.it>



**Alessandro
Vespignani**

Northeastern University

<https://cos.northeastern.edu>

Smart e-Health Systems - Prima parte

15:10	15:30	Analisi dati di stili di vita alimentari	<i>Francesca Cordero, Alessandro Mazzei, Luca Anselma, Rossano Schifanella</i>
15:30	15:40	Personal Informatics & Assistive Technologies	<i>Federica Cena / Amon Rapp</i>
15:40	15:50	GLARE: AI per le linee guida cliniche	<i>Paolo Terenziani/ Luca Anselma</i>
15:50	16:00	Social network analysis per la modellazione della diffusione di fake news di contenuto medico	<i>Marco Beccuti/ Giancarlo Ruffo</i>
16:00	16:10	Privacy-preserving data management and analytics	<i>Ruggero Pensa</i>

Privacy-preserving data management and analytics

Anonymization, differential privacy and privacy metrics for Privacy-by-Design compliant services

Ruggero G. Pensa (pensa@di.unito.it)



Anonymization of sequential data

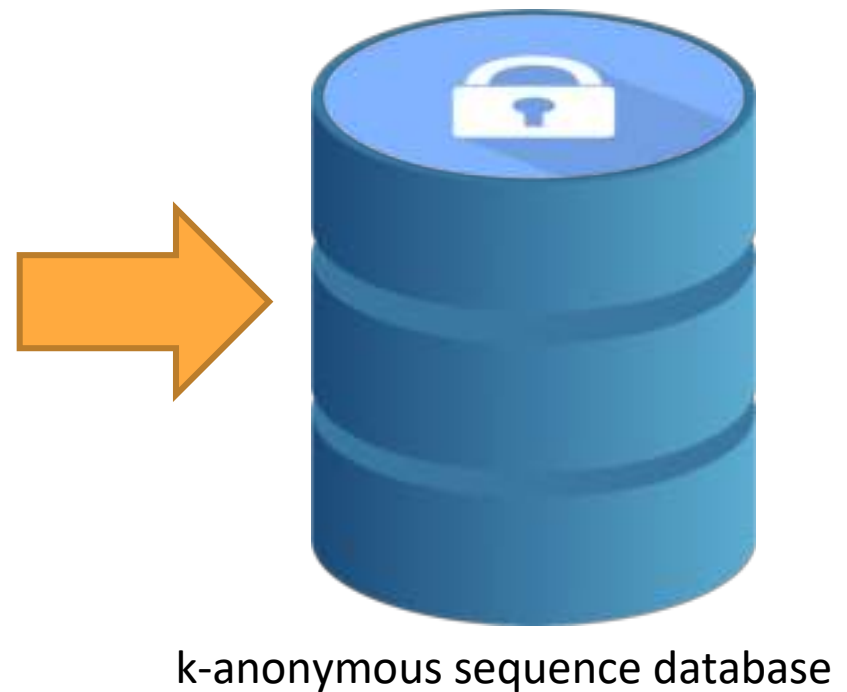


Web logs

time	action	url
11:14:40	request get	http://www.yoursite.com/robots.txt
11:14:41	response ok (200)	http://www.yoursite.com/robots.txt 496 bytes
11:14:46	request get	http://www.yoursite.com/
11:14:47	response ok (200)	http://www.yoursite.com/ 19,124 bytes
11:14:47	request denied excluded	http://www.yoursite.com/

Process logs

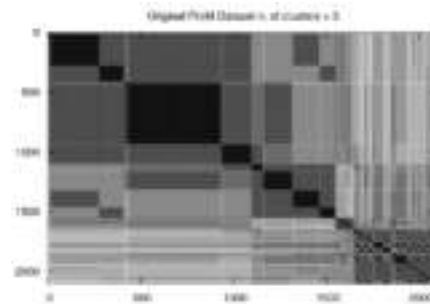
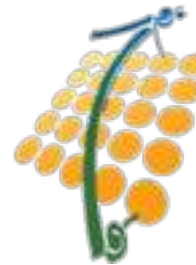
Type	Date	Time	Source	Category	Event	User	Computer
Information	1/21/2010	10:34:15	ESent	General	100	N/A	VIDYAWASU
Error	1/18/2010	10:34:20	crypt32	None	8	N/A	VIDYAWASU
Error	1/18/2010	10:34:20	crypt32	None	8	N/A	VIDYAWASU
Error	1/18/2010	10:34:20	crypt32	None	8	N/A	VIDYAWASU
Error	1/18/2010	10:34:25	crypt32	None	8	N/A	VIDYAWASU
Error	1/18/2010	10:34:28	crypt32	None	8	N/A	VIDYAWASU
Error	1/18/2010	10:34:30	crypt32	None	8	N/A	VIDYAWASU



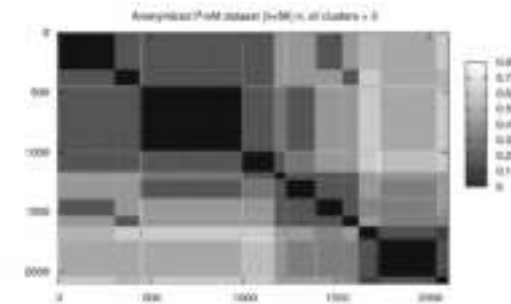
A. Monreale, D. Pedreschi, **R.G. Pensa**, F. Pinelli. Anonymity Preserving Sequential Pattern Mining. Artificial Intelligence and Law. Vol. 22(2) **2014**. pp 141-173. Springer.

Anonymization of sequential data

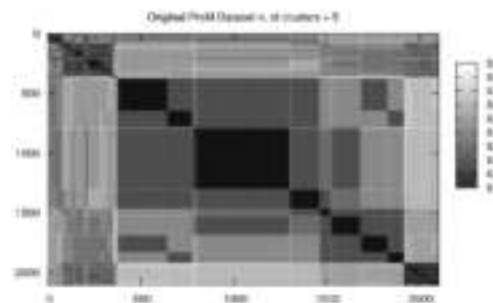
Clustering results on GPS tracks in Milan area



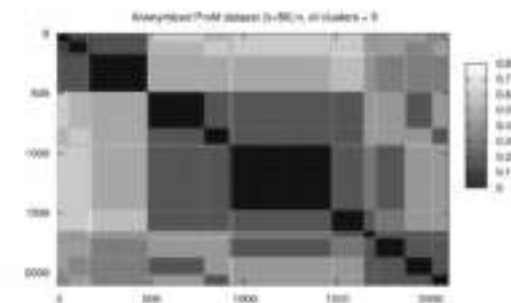
(a) Original data (3 clusters)



(b) $k=50$ (3 clusters)



(d) Original data (5 clusters)



(e) $k=50$ (5 clusters)

Metrics for measuring user privacy leakage risk

- Web-service users have a privacy budget (fully-charged battery)
- Each risky action or private data disclosure consumes the budget (discharging battery)



Our privacy score is based on **psychometric** theories, **computational social science** and **machine learning** methods

R.G. Pensa, G. Di Blasi. A privacy self-assessment framework for online social networks. Expert Systems with Applications. Vol. 86 **2017**. pp. 18-31. Elsevier.

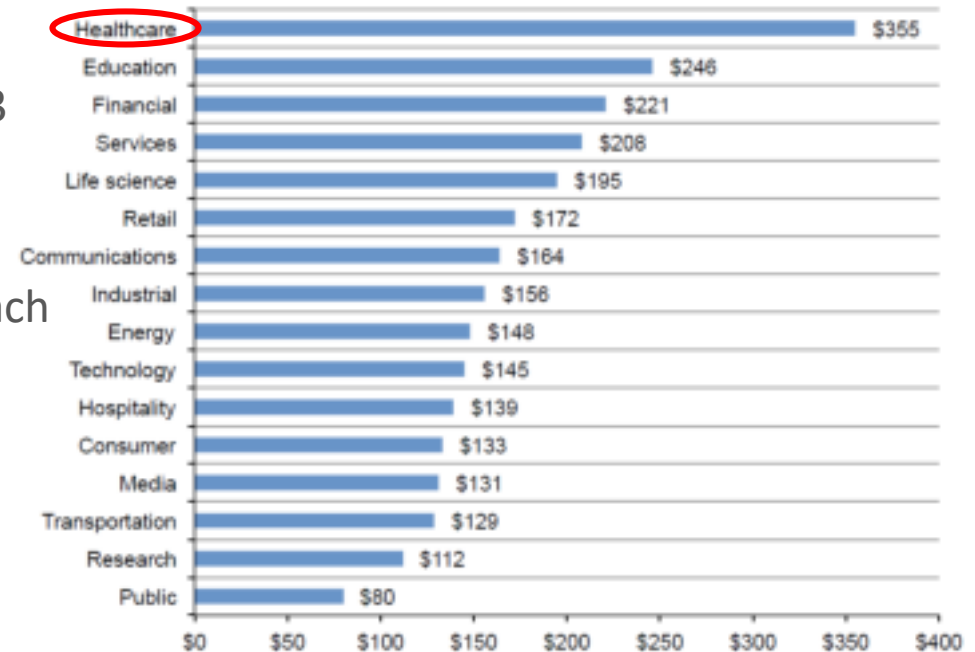
The cost of data breach (2016)

Study involving 383 companies in 12 countries

- \$4 million is the average total cost of data breach
- 29% increase in total cost of data breach since 2013
- \$158 is the average cost per lost or stolen record
- 15% percent increase in per capita cost since 2013

In Italy (24 companies participated):

- €2.35 million is the average total cost of data breach
- 17.1% increase in total cost of data breach
- €112 is the average cost per lost or stolen record
- 6.3% increase in cost per lost or stolen record



Privacy-by-Design and by Default (GDPR)

All healthcare management and analytical services/processes should be designed and implemented according to privacy-by-design principles

Cybersecurity measures are not sufficient to protect user privacy

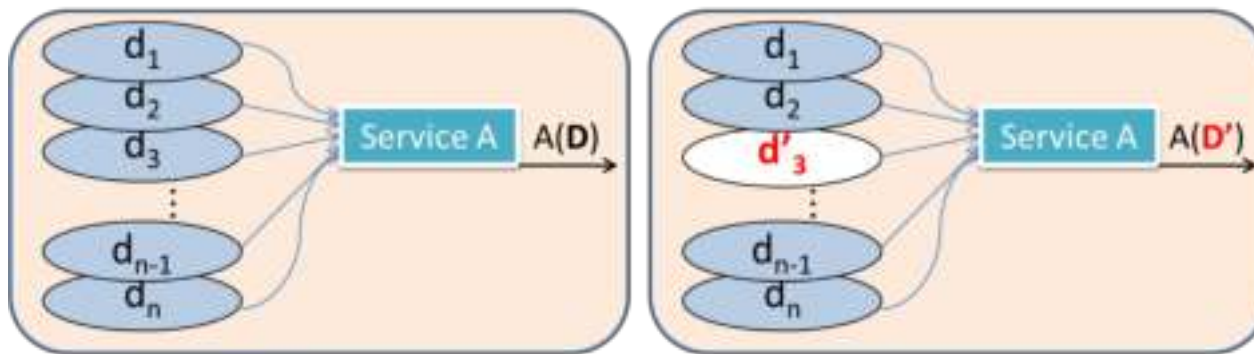
- Anonymized research data could be linked to external data and disclose identities (e.g., 1997's Governor of Massachusetts reidentification from medical records)
- Health and clinical analytical services could be misused to perform privacy breach
- Genome data are extremely sensitive

How to manage/store/analyze data without putting patients' privacy at risk?



Future research perspectives (1)

Differentially-private health/clinical data management and analytics



Intuition: Users learn roughly the same thing about me whether or not my data is in the database

A randomized service A is **ϵ -differentially private** if

- for all databases D, D' that differ in one element
- for all sets of answers S

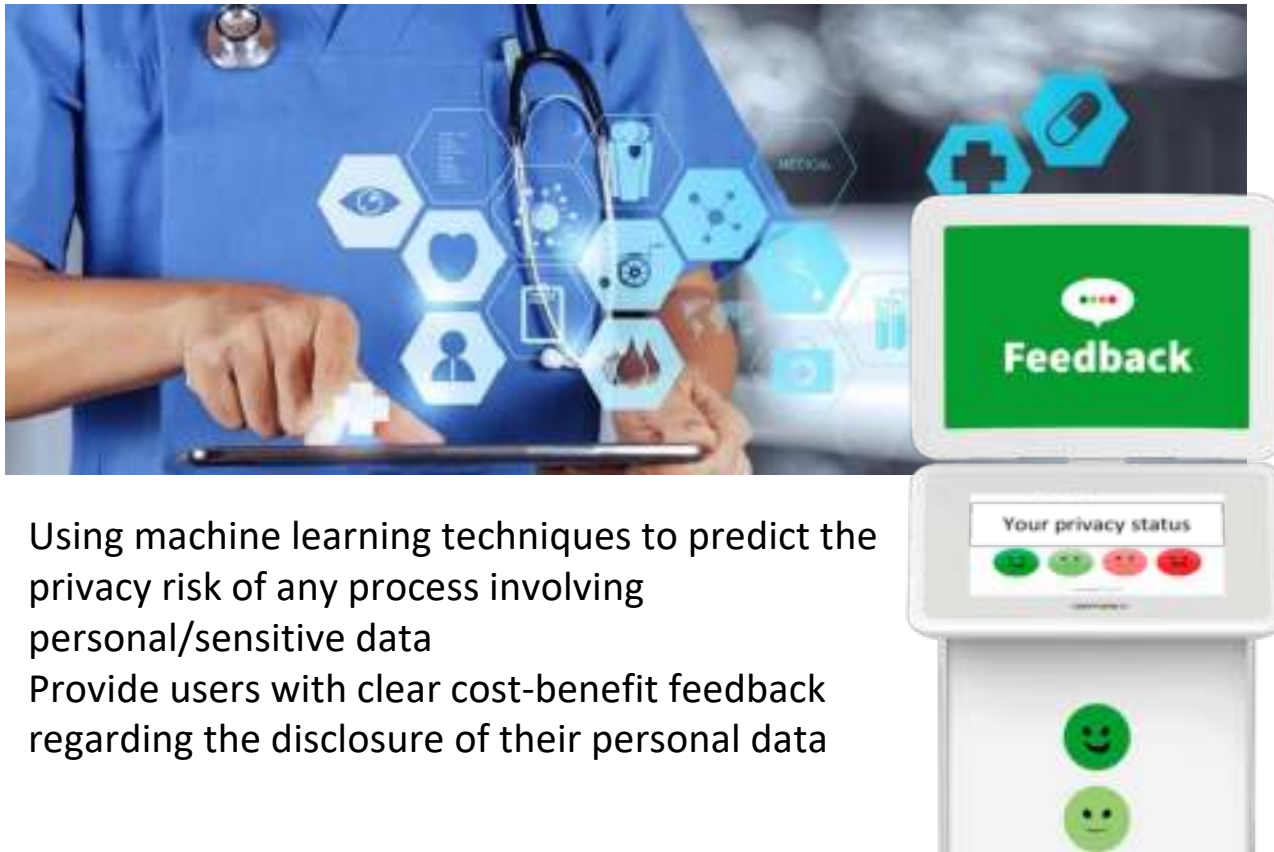
$$\Pr[A(D) \in S] / \Pr[A(D') \in S] \leq e^\epsilon$$

Examples of services:

- provide common genome properties in specific groups of patients without revealing the full genome profiles
- provide clinical profiles of specific groups of patients without revealing too specific patterns
- alert specific medical staff to emergencies based on geo-localization without disclosing the actual position
- ...

Future research perspectives (2)

Provide users/staff/patients with feedbacks on their privacy



- Using machine learning techniques to predict the privacy risk of any process involving personal/sensitive data
- Provide users with clear cost-benefit feedback regarding the disclosure of their personal data

Examples of services:

- provide feedbacks to users involved in clinical studies
- identify potential new participants in studies based on data with privacy guarantees (information about data processing, exchange, outcomes)
- predict emergency/outbreak based on historical data with privacy guarantees
- ...

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- ❑ L. Bioglio, R.G. Pensa. Impact of Neighbors on the Privacy of Individuals in Online Social Networks. *Procedia Computer Science*, Vol. 108 2017 (Proceedings of the 2017 International Conference on Computational Science ICCS 2017, June 12-14, 2017, Zurich, Switzerland), pp. 28-37.
- ❑ L. Bioglio, R.G. Pensa. Modeling the Impact of Privacy on Information Diffusion in Social Networks. In *Proceedings of the 8th Conference on Complex Networks CompleNet 2017*, March 21-24, 2017, Dubrovnik, Croatia. pp. 95-107. Springer Proceedings in Complexity.
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- ❑ R.G. Pensa, G. Di Blasi. A Semi-supervised Approach to Measuring User Privacy in Online Social Networks. In *Proceedings of the 19th International Conference on Discovery Science DS 2016*, October 19-21, 2016, Bari, Italy. LNCS 9956, pp. 392-407.
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- ❑ R.G. Pensa, A. Monreale, F. Pinelli, D. Pedreschi. Pattern-Preserving k-Anonymization of Sequences and its Application to Mobility Data Mining. *Proceedings of the International Workshop on Privacy in Location-Based Applications PiLBA'08 in conjunction with ESORICS 2008*. October 9, 2008, Malaga, Spain.