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A Computer Science Perspective on Data-Driven Healthcare

Outline

- 1 Introduction
- 2 KISSKI
- 3 ML in Medicine
- 4 Secure HPC
- 5 Data Management
- 6 Conclusions

Data-Driven Healthcare - Personal Perspective

■ Big data analytics and AI models

- ▶ Models for prediction/prescription aiding patients, expert systems for doctors
- ▶ May want to run many models at the same time to get full picture/opinions
- ▶ Personal wish: personalized health monitor
a-priori indicator, e.g., Likely to get a stroke the next week, do X
Make my health quantitatively objective to me - like a HUD in a 3D shooter

■ **More data** will lead to better analysis - more instruments/sources captured

- ▶ Clinical measurements, imaging data (MRI), other instruments
- ▶ Subjective assessment, medical reports
- ▶ Sensors in house, cooking devices, smart wear, ...
- ▶ Incorporate external influences, e.g. weather, air, ...

■ We could also aim to simulate a human ... with HPC and AI

- ▶ Use physical/chemical models to predict system behavior / overall health
- ▶ Multi-scale, from genetic information, statistics, to e.g. cardiovascular systems

Simulation and Big Data Analytics

Digital Twin for a human and personalized medicine

- Conduct what if simulations on yourself
- Simulate 1000 virtual humans with 50 years of smoking or vegan food

Compute and data requirements will rise

- Storing/analyzing a single MRI data set e.g. 250 MiB
- Storing time series, e.g., annual MRI scans of regions, statistics
- Data for Million people is necessary to built comprehensive models

Ethical questions

- How much would your health be worth for you?
 - ▶ Pay X% of income for +Y years of live time? Healthier life?
- How much can society afford for the health treatment?
- For me: it's not ethical to not salvage and exploit the data treasure

Importance of Data Management and Visualization

Concerns of users

- Employing AI analysis into workloads - key for data-driven science
- Utilizing data analysis (e.g., via visual analytics - interactively)
- Ensuring reproducibility - confidence
- Documenting procedures (lab notebook)
- Performant data access
- Managing large number of data sets
organization, data lifecycle management
- Usability - ease of use, tight integration of compute + storage
- Data sharing (with FAIR principles)
- Complex system software stack and landscape

AI Workflow Challenges

- Single model: Repeat many steps (until accuracy/loss is good enough)
 - ▶ Create a random subset of the data
 - ▶ Compute “error” of the data on the current model
 - ▶ Update weights in the model based on the error
- Challenge: 100k very small files, latency matters
Need to package data together into suitable format/container
- Challenge: 100k large files, causing bandwidth issues
Need smarter data selection and storage systems
- Challenge: creating big models with 100M parameters
Need a scalable infrastructure to train models
- Challenge: Too little data available (e.g. rare disease)

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The four BMBF-funded, national AI service centres

The KISSKI - AI Service Centre



<https://www.bmbf.de/bmbf/shareddocs/kurzmeldungen/de/2022/11/foerderung-von-4-ki-zentren-gestartet.html>

AI Service Centre for Sensitive and Critical Infrastructures

The KISSKI - AI Service Centre



<https://kisski.de>

- Aim of the research project: Exploring how to establish an AI service centre
 - ▶ Meeting the **requirements** of critical infrastructures:
Security, privacy, reliability
 - ▶ Services for **pilot projects** throughout Germany:
Accessible AI infrastructure and expertise,
Freely usable by researchers and industry, incl. Start-Ups & SMEs
 - ▶ **Research** to further improve the services:
Scalability, **data management**, portability
- Aim at continuing the service centre after the funding period
- Funded with 19 million euros for 3 years

Projekt Partners

The KISSKI - AI Service Centre



Entry-level Consulting for Energy and Health Sectors

Target group

- Companies (of any size) and research institutes from the fields of health and energy without previous experience in data-driven solutions and business models.

Your requirements

- Thorough survey of use case and needs
- Identification of initial possibilities for using the existing data
- Referral to suitable consultants from the consortium for further elaboration

Our offer

We offer entry-level consulting as well as support for companies and research institutes in the fields of health and energy that do not yet have practical experience with the design and implementation of data-driven solutions and business models. We focus on the application areas of health and energy, and define the desired use case as precisely as possible in a joint dialogue. To this end, we discuss the available data sources and models based on them in relation to the use case in terms of applicability and benefit. After consultation and a positive assessment, further KISSKI services (infrastructure, consulting or development) are applied and the project is forwarded to the appropriate expert within the KISSKI consortium.

Requirements

- Basic understanding of your own data structure(s).
- (At best) basic idea about the target image of the use case

Success stories


[FAQ](#)

[Support](#)

[Buchen](#)

Service type

Consulting

Contact person

Till Ole Diesterhöft
Felix Kegel

Planned start date


2023 Q3



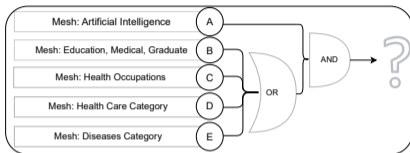
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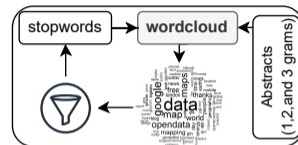
Surveying Usage of ML in Medicine

- We wanted to get an overview of ML/AI usage
 - ▶ Which diseases, models, data
- DB  to gather large data set (46k abstracts)
- Using AI methods to analyze the data set
 - ▶ Iterative filtering text based on methods
 - ▶ Using Wordclouds to investigate results

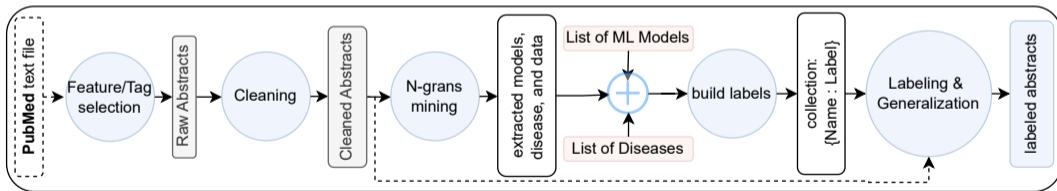
Survey Strategy



General Query



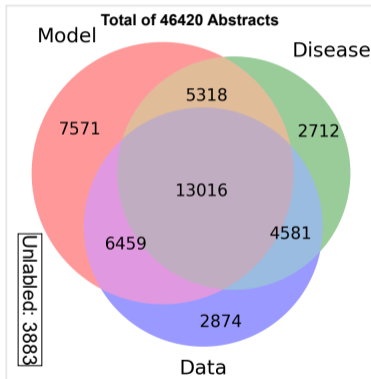
Iterative wordcloud filtering



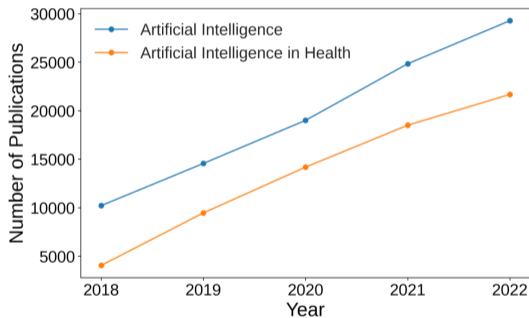
Steps applied on PubMed data to generated abstracts with labeled words.

Resulting Data Sets

■ Defined categories: Model, Data, and Diseases



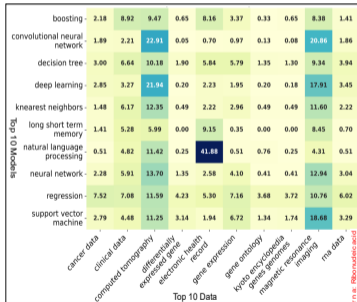
Venn Diagram of Abstracts Labeled by Model, Disease, and Data



The number of Publications in Pubmed for AI vs AI in Medicine (2018-2023)

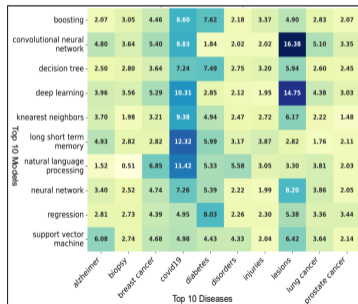
Correlation Analysis: Top Models vs Data and Diseases

- **Structured:** 'Electronic Health Records' and 'NLP'
- **Image:** 'MRI' and 'CT Scans' with 'CNN', 'DL'.
- **Gene and RNA:** A constant preference across all models.
- **Unstructured:** 'Clinical Data' with 'Boosting' and 'Regression'.



Correlation Heatmap: Top Models and Data (2018-2022).

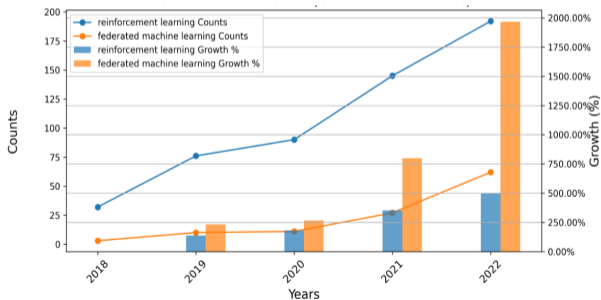
- **High Correlation:** Lesions: CNN and DL. Covid19: LSTM and NLP.
- **Medium Correlation:** Diabetes, Cancers, Alzheimer: all models
- **Minimum correlation:** Injuries and biopsy: all models
- **Unique phenomenon:** 'Covid19 high association with all ML models: exploration process.



Correlation Heatmap: Top Models and Diseases (2018-2022).

The Potential Impact of Federated learning and Reinforcement learning in Healthcare

- The trend data from 2018 to 2022 shows that FL and RL have grown in popularity in healthcare.
- RL: from 32 in 2018 to 193 in 2022 (a more than 6-fold rise)
- FL: from 3 in 2018 to 62 in 2022 (a 20-fold increase).
- The annual growth of two approaches shows that they will be soon among the most popular techniques in healthcare
- The growth of privacy concerns leads to more interests toward FL in near future.



The number of yearly utilized FL and RL models (Line plot), and their yearly growth with respect to 2019 (Bar plot).

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Motivation

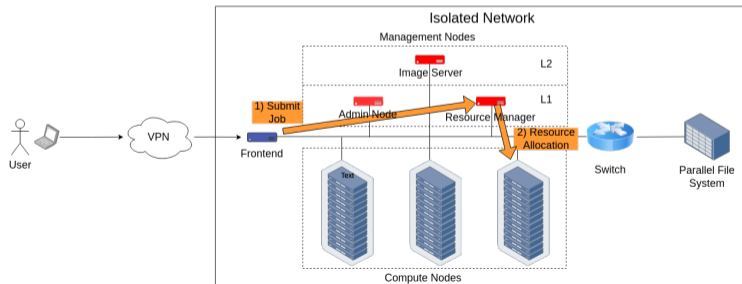
- As motivated, there are lots of opportunities to use processed health data
- However: Health data is **highly protected** by GDPR
- Consequence: Service providers must ensure full data sovereignty to users
 - ▶ No unauthorized data access from
 - other users,
 - attackers with root privileges,
 - and even admins
- To fulfill these high privacy requirements, GWDG offers a special service:
 - ▶ **SecureHPC**: A special, isolated Batch partition to process data of Risk Class D

Attack Scenarios

- Users on HPC systems get direct access to the host operating system
 - ▶ Therefore attackers can immediately exploit any local vulnerabilities
- Software dependencies, e.g. Lustre client, Slurm, often prevent fast updates
- Thus: Basic scenario is an attacker with root privileges
 - ▶ Root has immediate access to all files, shared, global and local filesystems
 - ▶ Root can manipulate the software stack, local OS or global module system
 - ▶ Network manipulations, ingestion of management packages

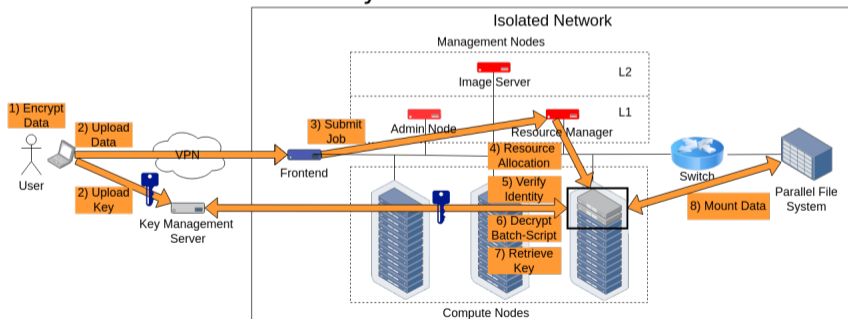
Unsecure/Normal Job Execution

- Users log in to the frontend nodes, authentication is only done at this time
- Root can directly mimic other users, e.g. `sudo -u ...`
- Slurm relies on signed messages, i.e., the munge key
 - ▶ Munge key is only protected by Linux permissions
- **Can't provide secure partition**



SecureHPC Overview

- Users encrypt **everything** on a secure, local system,
 - ▶ including: data, software, and batch script
- Batch script has to have a detached signature
- On especially isolated compute nodes Slurmd Prolog checks signature (2FA)
- Out-of-band transmission of keys between client and isolated nodes



Security Assessment

■ Privilege Escalation

- ▶ Data is encrypted
- ▶ Root can't submit jobs with false uid due to 2FA on the secured node
- ▶ ssh to secure nodes is not possible

■ IP-Spoofing

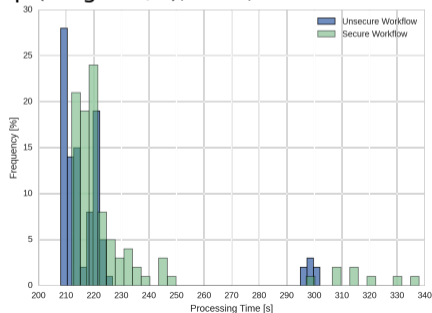
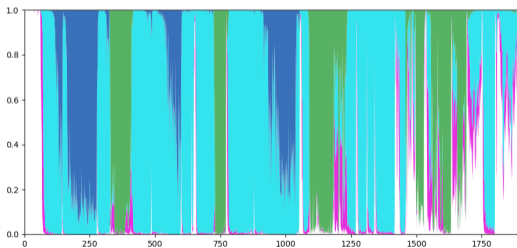
- ▶ If a KMS token gets leaked, it can only be used from an IP of a secure node
- ▶ Spoofed requests will cause an response only to valid **secure nodes**
- ▶ Will trigger security auditing systems

■ Private key of secure node

- ▶ Can't be immediately exploited
- ▶ Consequences are monitored

Use Case: Classification of Sleep Stages

- Analysis of nocturnal polysomnography data (EEG,EOG,EMG,ECG)
- Normally these data have to be analyzed manually
 - ▶ Data set is chunked into 30s and classified according to the depth of sleep
- We used the trained model “Stanford Stages” to automate this process
 - ▶ 15s intervals were classified
 - ▶ awake, light sleep (stages 1/2), deep sleep (stages 3/4), REM, unscored



Use Case: MRI Image Processing

- Quantitative, volumetric analysis of brain tissue
- Can detect even an early onset of dementia
- In production in clinical workflow at UMG, provides classification

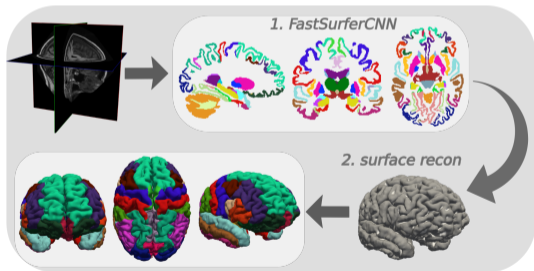


Abbildung: <https://github.com/Deep-MI/FastSurfer>

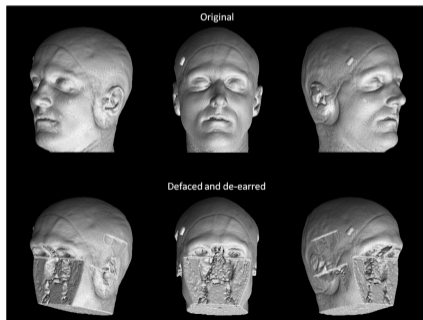
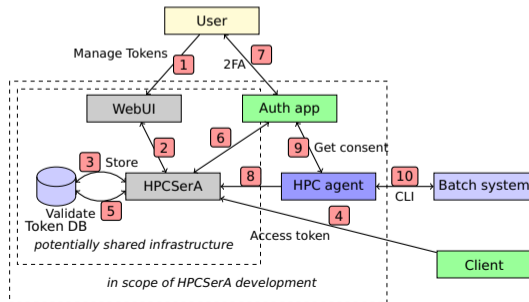


Abbildung: Theyers, Athena E., et al. "Multisite comparison of MRI defacing software across multiple cohorts." *Frontiers in psychiatry* 12

Solution for Remote HPC Access - with HPCSerA

- How to connect a service (e.g. Webpage) to HPC securely?
- A secure ReST API which offers a FaaS interface for HPC systems
- Fine-grained token-based scopes defined to isolate endpoints
- This enables the inclusion of DMS for HPC workloads
 - ▶ No private key has to be uploaded to some external server
 - ▶ Instead OAuth flow is triggered to provide access to the resource



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Strategy: moving HPC data management to the next level

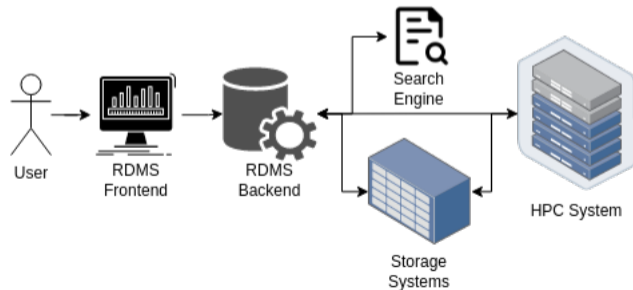
- Require users to include data management plans for non-trivial HPC usage
 - ▶ Requirements for experimental description increase with storage costs
 - ▶ Data center/system decides how to map steps to available storage resources
- Providing a data centric (DMS-centric) interaction paradigm
 - ▶ Build on top of FAIR principles
 - ▶ Web frontend to manage projects, data and HPC workloads
 - ▶ Integration into Python (Lab notebooks)
 - ▶ Tracking data products during HPC jobs and ensuring compliance
 - ▶ Integration with data repositories for sharing (DOI, PID)
- Providing semantic storage
 - ▶ Do not mix purpose and requirements (e.g. performance)
 - ▶ Ease procurement by knowing the intended usage of the storage

Data Management Plan

- Scientists define an experimental description at the beginning, containing
 - ▶ a high-level workflow description linking data with tasks
 - ▶ a data management plan for all input/output data
- Moving from a DMP as an abstract plan towards an enforced entity
 - ▶ Requires a machine-readable DMP, where users can specify
 - the data flow
 - the data sets
 - access and backup policies
 - the data life cycle
 - IO intensity (if known)
 - ▶ Each task, e.g. Slurm job, has to be linked to a workflow step

DMS-Centric Interaction Paradigms

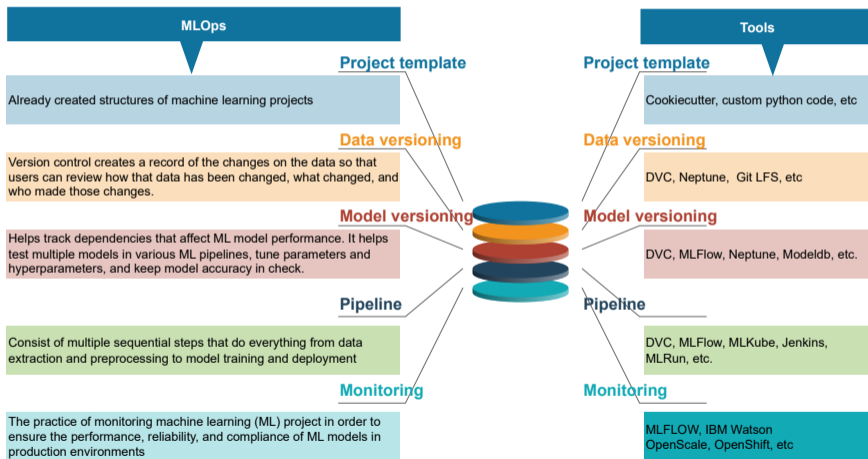
- Web frontend is used to
 - ▶ query and select input data
 - ▶ define a compute task
 - ▶ and submit it to the HPC system
- Users expect efficient and transparent data transfers
 - ▶ Data placement should also be transparently handled



Data management in Federated Learning

- Key aspects of data management in federated learning
 - ▶ **Secure Aggregation:** Secure aggregation techniques are used to protect the privacy of the updates sent from different devices.
 - ▶ **Data Sampling and Distribution:** Selecting clients in a way that maintains diversity, generocity, and performance.
 - ▶ **Model Synchronization:** Managing the synchronization of models across distributed devices or servers.
 - ▶ **Communication Efficiency:** Reducing communication overhead using techniques like compression, quantization, and client selection.
 - ▶ **Quality Control and Bias Mitigation:** Applying of techniques such as weighting updates based on the reliability of devices.
 - ▶ **Fault Tolerance and Robustness:** Implementing mechanisms to handle device failures, dropouts, or unreliable connections.

Machine learning operations (MLOPs) and Tools



MLops principles apply to federated learning

- How MLops principles apply to federated learning
 - ▶ **Infrastructure Management:** Provisioning and maintaining resources across the decentralized devices or servers participating in the learning process.
 - ▶ **Versioning and Experiment Tracking:** MLops principles help in keeping track of different model versions, iterations.
 - ▶ **Automated Pipelines:** MLops facilitates the creation of such pipelines to streamline the entire process.
 - ▶ **Monitoring and Logging:** Monitoring the performance of individual devices, tracking model convergence, and logging system metrics.
 - ▶ **Model Deployment and Updates:** This involves managing updates, handling compatibility issues, and monitoring the performance of deployed models in real-time.
 - ▶ **Scaling and Resource Optimization:** This includes optimizing resource usage, managing compute resources, and handling scalability challenges.

GWDG ML Project management plan

Web-interface

Remote Storage

Project Catalog

MLops

Project Content

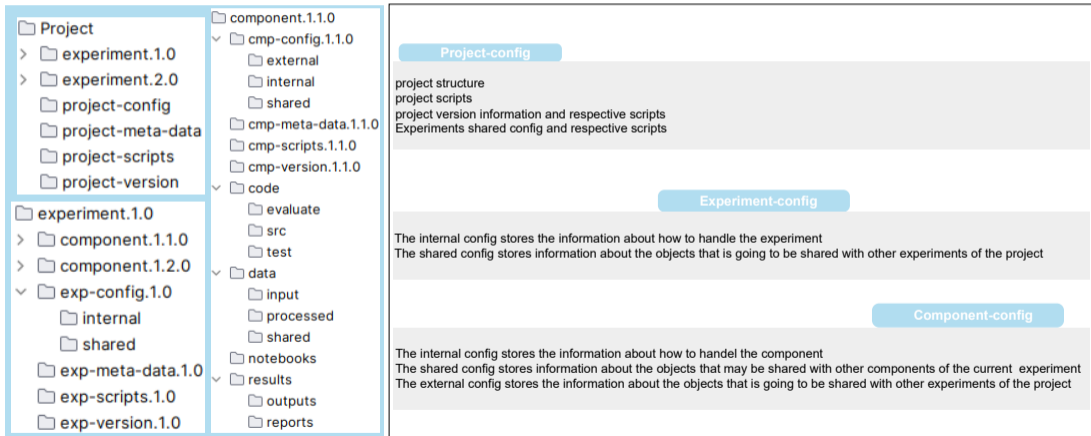
Project Registration

1. Register the data to [Remote Storage](#)
2. Create/select the project template using [Web-interface](#)
3. Register the project and data to [Catalog](#)

Activities

Clone the project to local/remote machine
Load the raw data
Version the data
Version the Features
Version the Model
Switch the versions
Synchronize the modification between the project content and the catalog
Version the meta-data, config, and current project structure
Catalog the versioning informations (model,data, and project)
Catalog the project structure
Catalog the project config files
Add/delete/modify experiment/component/file
Add/delete/modify scripts
Add/delete/modify meta-data (project, experiment, or component)
Add/delete/modify config file (project, experiment, or components)

Example Project Structure



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Conclusions

- Data-Driven healthcare bears high potential
- The ai-service center KISSKI supports researchers/industry
Services and infrastructure are bookable via the webpage!
- Systematic literature research shows AI methods are on the rise
Human analysis is barely possible (about 20k AI med pubs in 2022)
- Data management concepts are needed to handle data quantities/volume
We are researching strategies to provide best-practices and blueprints
- Secure HPC is a workflow meeting highest security requirements

