# Polymorphic Encryption and Pseudonymisation (PEP)

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Outline

Introduction

A PEP crash course Polymorphic encryption Polymorpic pseudonymisation

Formal description, mathematically ElGamal crypto Basic protocols

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## Where we are, sofar

## Introduction

Parkinson disease





- Nijmegen neurologist Bas Bloem, Parkinson expert ►
- Founder of ParkinsonNet, organisation for specialised care its efficiency has national impact, international attention
- Part of trade mission to US, in june 2015, with Royal family joint meeting with CEO Andy Conrad of Verily - Google's biotech branch — start of plans for joint research project

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Verily: under Alphabet, besides Google



Interested in Parkinson-style diseases Sergey Brin has increased likelihood to develop Parkinson

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- Has top-equipment & scientists
- Impressed by well-organised patient access of ParkinsonNet in NL

Wishes to avoid (privacy) controversies

- Many IT-giants are expanding into healthcare EU market is especially challenging for US companies — because of strict data protection regulation
- Google's proximity makes everything super-sensitive
- high exposure & high pressure to get things right
- but also more follow-up opportunities



## **Cooperation outline**

- RadboudUMC (hospital) has contract with Verily to do (joint) Parkinson research
  - medical data collected from 650 NL Parkinson patients •
  - behaviour data from smart watched provided by Verily
  - Verily contributes both in cash and in kind
  - NL co-funding, e.g. from top sector Life Sciences other NL-UMCs may join
- Radbound University (Digital Security group) designs and builds secure PEP database for this project
  - external funding (760K) from Province of Gelderland •
  - no Verily/Google funding but Verily will use PEP ٠
  - PEP is built as open source possibly with dual licence •
  - PEP-deployement foreseen with external partners



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## Which medical data will be collected?

- Clinical data, via e-forms
- biospecimens, via samples
  - analysed separately by RadboudUMC and by Verily
    results will be shared via PEP
- MRI & ECG
- images taken by Donders; large files
- Genetic data
   also large
- Behavioural data, via wearables, and possibly apps

These "sources" will each use different  $\ensuremath{\mathsf{pseudonyms}}$  of the same subject; data will be combined in the PEP database.

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## Holy grail of personalised medicine

- New development in healthcare: fine-grained personalised treatment based on statistical outcomes of large scale analysis of patient data
- In personalised healthcare one has to deal with:
  - identifyable medical data for the diagnosis and treatment of individual patients;
  - pseudonymised patient data for large scale medical research; multiple sources of patient data, including in particular
  - (wearable) self-measurement devices and apps.
  - the need to ensure confidentiality of patient data and integrity, authenticity and availability too;
- The PEP framework is designed for this situation; it offers:
   privacy-protection by design via encryption and pseudonymisation
- support for the basic data-access functionality for research, and potentially treatment too, in personalised healthcare.

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#### Timeline

Oct '16	Project start
May'17	<ul> <li>Beta version of PEP must be up-and-running</li> <li>this is when enrolments of study participants starts</li> <li>clinical and biospecimen data has highest priority</li> <li>wearable data must also be uploadable — via Verily</li> </ul>
June'19	<ul> <li>Enrolment of last of 650 patients</li> <li>PEP database must be fully functioning, for both upand down-load of all datagroups</li> <li>possibly other (inter)national research groups have joined by then</li> </ul>
Oct'21	Project end — but successive one-year extension are possible

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#### Legal essentials

- Radbound UMC is data controller, Verily is processor
   the contract is under NL law
  - Google infrastructure may be used, in subprocessor role
- Data storage and exchange will be done only via PEP
   pseudonymisation and encryption are intrinsic
- De-pseudonymisation attemps are forbidden
- Study participation is based on explicit consent
- Raw & sanitised data are shared via PEP, but "inventions" are separate

External legal experts of *Project Moore* and *Considerati* have drafted the contract and helped with the negotiations.

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## New EU privacy regulation, and PEP

- Europe has recently (May 2016) adapted the GDPR
   GDPR = General Data Protection Regulation
  - effective after a 2-year transition period
- It demands data protection by design and default
   mandatory DPIA = data protection impact assessment
   hefty fines for non-compliance
- The GDPR encourages innovation, as long as organisations implement appropriate safeguards
  - it allows for subsequent processing that is "compatible"

Don't whine about the GDPR, but check what modern crypto can do for you!

#### This is where PEP comes in.

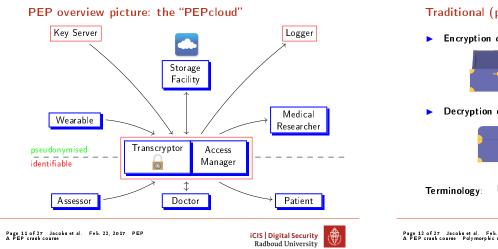


# Where we are, sofar

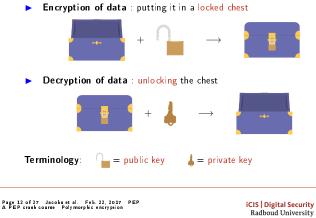
ntroduction

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Formal description, mathematically



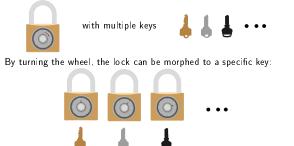
# Traditional (public key) encryption, pictorially



## Polymorphic locks

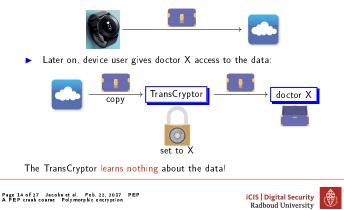
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- Traditionally, only the owner of the private key is can decrypt
- In polymorphic encryption we use malleable locks:



Polymorphic encryption scenario (no pseudonyms yet)

Sensitive device data are stored under polymorphic encryption



#### Basic idea in polymorphic pseudonymisation

- Each user/patient A has a unique identifier pid<sub>A</sub> (= patient identifier)
  - e.g. social security number, like BSN in NL
- This pid can be "morphed" into pseudonyms, different per data handler
- We call the pseudonym for data handler X, generated from pid<sub>A</sub>, the local pseudonym of pid<sub>A</sub> at X
  - The central TransCryptor can create these local pseudonyms again in a blind manner

# Polymorphic pseudonyms, pictorially

• An encrypted pseudonym is a pid in a chest with an extra wheel:



- ► This second wheel changes the content, in a blind manner
- ▶ The TransCryptor can set both wheels coherently, so that participant X can decrypt and find the local pseudonym of pid at X
- There are now two chests:
- (1) one data-chest, as for polymorphic encryption **[11]**
- (2) one pseudonym-chest, with an extra wheel



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# Storage scenario, with pseudonyms

▶ The user (device) puts medical data in the data-chest, and his/her pid in the pseudonym chest, and sends both to the TransCryptor:



The TransCryptor adjusts both wheels on the pseudonym-box — but does nothing with the data box!

TransCryptor		. 🦰 💻
TransCryptor	data pseudonym	∽ <b></b> * ₀ `
	(transcribed)	

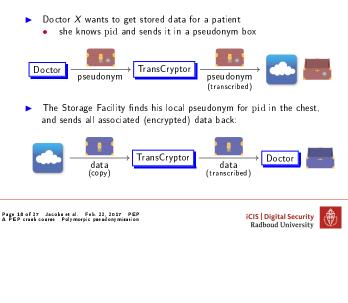
 The encrypted data are stored under the local pseudonym of pid for the Storage Facility
 the same happens with data from other sources

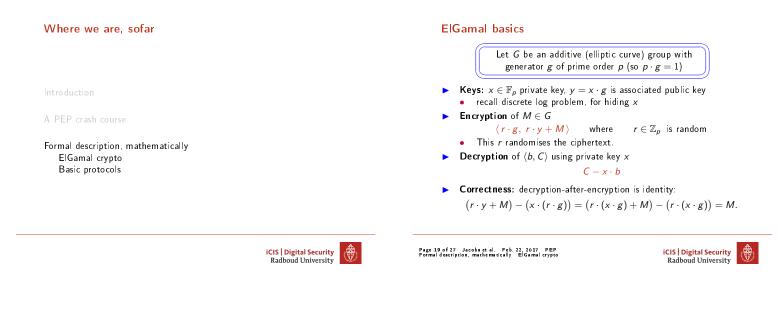
• the same happens with data from other

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#### Retrieval scenario, with pseudonyms





## **ElGamal manipulations**

We introduce explicit notation, retaining the public key y

$$\mathcal{EG}(r, M, y) = \langle r \cdot g, r \cdot y + M, y \rangle$$

We describe three operations on ElGamal ciphertexts:

- (1) re-randomise: to change the appearance, but not the content
- (2) re-key: to change the target, who can read the ciphertext (
- (3) re-shuffle: to raise the plaintext to a certain power (

These operations will be defined as three functions  $\mathcal{RR}, \mathcal{RK}, \mathcal{RS}$  each of type, independent of any encryptions

 $G^3 \times \mathbb{F}_p \longrightarrow G^3.$ 

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# (1) Re-randomisation

Definition (of $\mathcal{RR}\colon \mathcal{G}^3 imes \mathbb{F}_{p} o \mathcal{G}^3)$
Define re-randomisation with $s\in \mathbb{F}_p$ as:
$\mathcal{RR}(\langle b, C, y \rangle, s) \stackrel{\text{def}}{=} \langle s \cdot g + b, s \cdot y + C, y \rangle$
Lemma
This re-randomising is an encryption of M with random $s + r$ , that is:
$\mathcal{RR}(\mathcal{EG}(r,M,y),s) = \mathcal{EG}(s+r,M,y)$
$Proof: \ \mathcal{RR}\big(\mathcal{EG}(r,M,y),s\big) = \mathcal{RR}\big(\langle  r \cdot g, r \cdot y + M, y\rangle,s\big)$
$=\langle s \cdot g + r \cdot g,  s \cdot y + r \cdot y + M,  y  \rangle$
$=\langle(s+r)\cdot g,(s+r)\cdot y+M,y\rangle$
$= \mathcal{EG}(s+r,M,y).$

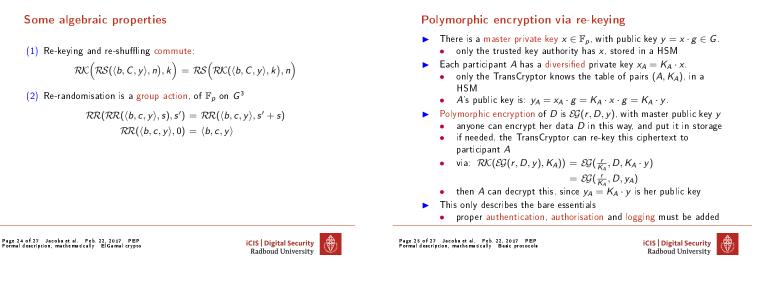
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# (2) Re-keying (wheel on lock

Define re-keying with $k\in \mathbb{F}_{ ho}$ as:	
$\mathcal{RK}(\langle b, C, y \rangle, k) \stackrel{def}{=} \langle \cdot \rangle$	$\frac{1}{k} \cdot b, C, k \cdot y \rangle$
where $rac{1}{k}\in \mathbb{F}_{ ho}$ is the inverse of $k$ .	
Lemma	
This re-keying is an encryption of M with	public key $k \cdot y$ , that is:
$\mathcal{RK}(\mathcal{EG}(r, M, y), k) =$	$\mathcal{EG}(\frac{r}{k}, M, k \cdot y)$
It can be decrypted with adapted private	key k·x.
<b>Proof:</b> $\mathcal{RK}(\mathcal{EG}(r, M, y), k) = \mathcal{RK}(\langle r \cdot g, r \cdot g, r \cdot y + M, k \cdot y)$	
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## (3) Re-suffling (wheel on chest

Define re-shuffling with $n\in \mathbb{F}_p$ as:	
$\mathcal{RS}(\langle b, C, y \rangle, n) \stackrel{\text{def}}{=} \langle n \rangle$	$\cdot b, n \cdot C, y \rangle$
Lemma	
This re-shuffling with n is an encryption o	f n · M with random n · r
$\mathcal{RS}(\mathcal{EG}(r, M, y), n) = \mathcal{EG}(r, M, y)$	$\mathcal{G}(n \cdot r, n \cdot M, y)$
$Proof: \ \mathcal{RS}(\mathcal{EG}(r, M, y), n) = \mathcal{RS}(\langle r \cdot g \rangle)$	$, \mathbf{r} \cdot \mathbf{y} + \mathbf{M}, \mathbf{y} \rangle, \mathbf{n}$
( (	$, r \cdot y + M, y \rangle, n$ $n \cdot (r \cdot y + M), y \rangle$
$= \langle \mathbf{n} \cdot \mathbf{r} \cdot \mathbf{g},$	
	$n \cdot (r \cdot y + M), y \rangle$ $r, (n \cdot r) \cdot y + n \cdot M, y \rangle$
$= \langle n \cdot r \cdot g,$ $= \langle (n \cdot r) \cdot g$	$n \cdot (r \cdot y + M), y \rangle$ $r, (n \cdot r) \cdot y + n \cdot M, y \rangle$



#### Polymorphic pseudonymisation via re-shuffling

- Each patient *B* has personal identifier  $pid_B \in G$
- B's local pseudonym at A is pid<sub>B</sub>@A = S<sub>A</sub> · pid<sub>B</sub>
   only the TransCryptor knows these pairs (A, S<sub>A</sub>)
- B is polymorphic pseudonym is  $\mathcal{EG}(r, \operatorname{pid}_B, y)$
- All B's data (for storage) is sent to the TransCryptor with this PP
   the TransCryptor re-shuffles and re-keys PP to the local
- $\begin{array}{l} & \textbf{pseudonym } \operatorname{pid}_{\mathcal{B}} \mathbb{Q}SF = S_{SF} \cdot \operatorname{pid}_{\mathcal{B}} \text{ of the Storage Facility} \\ \bullet \quad \mathsf{Via:} \quad \mathcal{RK}(\mathcal{RS}(\mathcal{EG}(r,\operatorname{pid}_{\mathcal{B}},y),S_{SF}),K_{SF}) \end{array}$
- $= \mathcal{EG}(\frac{S_{SF} \cdot r}{K_{SF}}, S_{SF} \cdot \text{pid}_{B}, K_{SF} \cdot y) = \mathcal{EG}(S_{SF} \cdot r, \text{pid}_{B}@SF, y_{SF})$  SF decrypts and uses this local pseudonym pid\_B@SF as database
- key to store the (polymorphically encrypted) data of *B* lf doctor *A* wants to retrieve *B*'s data:
- A sends PP EG(r, pid<sub>B</sub>, y) to the TransCryptor, who re-keys and re-shuffles it to SF, who obtains his local pseudonym of B, and looks up and returns the requested data, which gets re-keyed to A



## Conclusion

- Privacy and security are a license to operate in medical (big data) research
- PEP will be a strategic high-profile open source project, potentially also with high-impact, via a broad range of users
- It provides essential infrastructure for (academic) medical research
   it will be tested first in a large Parkinson study with Radboud UMC and Verily
  - PEP will be integrated with DRE (Digital Research Environment)
     applications in other areas are exist, but are postponed
- See https://pep.cs.ru.nl for more info and documentation.
  - PES)
- For more privacy-friendly technology: https://privacybydesign.foundation

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