

# A Framework for Staging Personal Health Trains in the Cloud\*

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**Keywords:** Personal Health Train, Cloud, Staging Station, Data Station, Privacy Preservation.

**Abstract:** Data analysis can be quite valuable for the progress of science in general, but more specifically in the healthcare domain, in which it can generate medical advances and improve healthcare services. The Personal Health Train (PHT) is an approach based on distributed learning that allows analytics to be brought to the (personal health) data rather than the other way around, allowing data privacy and control to be preserved, and ethical and legal concerns to be observed. Since computational resources are necessary whenever processing is expected to be done, a sandboxed environment should be available within the healthcare organization. This environment should allow the received algorithms to be executed without interfering with the organization's regular processing. However, the IT infrastructure of a healthcare organization may not be powerful enough to perform a requested analysis task. This paper reports on our efforts to extend the PHT approach to allow data to be processed in the cloud, augmenting the processing power of the IT infrastructure of healthcare organizations. Our solution not only fulfills the functional requirements of the PHT approach, but it also complies with privacy regulations, particularly the General Data Protection Rules (GDPR). The paper describes the design and implementation of our solution, also demonstrating its suitability with a simple and yet representative case study.


## 1 INTRODUCTION


In the last decades, people and organizations worldwide generated vast amounts of structured and unstructured data (Yang et al., 2017). These data can be quite valuable for the progress of science in general, but more specifically in the healthcare domain, in which these data can generate medical advances and improve healthcare services, by offering disease surveillance, clinical decision support and population health management, to mention just a few benefits (Kumar and Singh, 2019).


Traditional data analysis requires data to be copied and moved to a central location, but this approach is


not always suitable anymore. From a technical perspective, it is unlikely that a single organization or individual can afford to collect all the data needed for analysis and to maintain the necessary infrastructure. Furthermore, all these potentially massive amounts of data would have to be moved to a central location in order to be processed. From a social perspective, ethical and legal restrictions to the sharing of privacy-sensitive data have been imposed by regulations such as the EU General Data Protection Rules (GDPR), which protect the access of personal data and have an impact on the way data can be stored and processed (Choudhury et al., 2020). Therefore, to comply with these regulations and harness the massive amount of data available nowadays, a distributed data analysis approach is necessary.


Distributed learning allows distributed data to be analyzed at different data source locations (Rieke et al., 2020). Data source organizations are in control of the entire analysis execution and can return only the results, without having to give away the original data, so that sensitive data privacy is guar-

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anteed (Beyan et al., 2020). In healthcare, the *Personal Health Train* (PHT) is an approach based on distributed learning that allows analytics to be brought to the (personal health) data rather than the other way around. This approach allows analysis to be performed on scattered data, including sensitive data, without the data leaving their organizational boundaries, so that data privacy and control can be preserved, and ethical and legal concerns are observed (Beyan et al., 2020). The PHT gives data owners the authority to decide which data they want to share and to monitor their usage. Regarding privacy and security, its main benefit is that data processing happens within the data owner's administrative realm, while analysts should be able to get valuable information from different sources without directly accessing the data (Karim et al., 2018). Therefore, the PHT enables algorithms to visit the data at their original location, where they are executed to process the available data.

Since computational resources are necessary whenever processing is expected to be done, an isolated and controlled environment should be available within the healthcare organization, which should allow the received algorithms to be executed without interfering with the organization's regular processing. However, the IT infrastructure of a healthcare organization may not be powerful enough to perform a requested analysis task, so that opportunities to reuse valuable data may be missed. In this case, a mechanism should be devised to allow more powerful processing environments to be dynamically staged for executing the algorithms, for example in the cloud, while keeping the data under control of the data owners and sensitive data protected.

This paper reports on our efforts to extend the PHT approach to allow data to be processed in the cloud, augmenting the processing power of the IT infrastructure of healthcare organizations. Our solution not only fulfills the functional requirements of the PHT approach, but it also complies with privacy regulations, particularly the GDPR. The paper describes the design and implementation of our solution, and demonstrates its suitability with a simple yet representative case study.

This paper is further structured as follows: Section 2 introduces the PHT approach, Section 3 describes the architecture of our extension to the PHT approach, Section 4 discusses the implementation of the main components of our solution, Section 5 evaluates our solution with a case study and Section 6 presents our main conclusions and recommendations for future work.

## 2 PERSONAL HEALTH TRAIN

The Personal Health Train initiative started in 2016, when the Dutch Techcenter for Life Sciences, in collaboration with a number of Dutch research institutions produced an animation video<sup>1</sup> depicting the idea of an infrastructure addressing technological and legal issues to support distributed reuse of sensitive data. In this infrastructure, algorithms primarily move to the data instead of the other way around.

The PHT approach applies the metaphor of a Train system with the following main concepts:

**Data Station.** Software product that provides access to data. It makes data sets available by providing interaction mechanisms and metadata to describe a number of different aspects about these data sets. The Data Station requires computational capacity to execute analytic tasks.

**Train.** Component that accesses the data at the Data Stations. These components carry the algorithms and/or data queries from the data consumer to the Data Station.

**Train Handler.** Software product that is responsible for searching for data in a Station Directory and dispatching Trains to the discovered Stations.

**Station Directory.** Metadata registry for all Stations in the system, including the metadata of all data sets accessible through each Data Station. It allows users to discover data and the Data Station that holds these data.

The PHT approach rapidly gained international attention with a growing number of individuals, research and commercial groups and institutions working towards the realization of the vision described in the seminal video (Choudhury et al., 2020; Karim et al., 2018).

The PHT approach encourages the reuse of data by having Trains entering the Data Stations to access the necessary data and completing their task, without giving direct data access to end-users. Because in the PHT data analysis is performed at the data source, appropriate definitions are necessary to determine where to *find* the data, how to *access* the data, how to *interpret* the data, and how to *reuse* the data. Hence, the PHT infrastructure relies on the FAIR (Findable, Accessible, Interoperable, Reusable) principles (Wilkinson et al., 2016), which should apply to both the Train and Data Station, focusing on the reusability of distributed data with distributed analytics.

The personal health data stored in healthcare organizations can be explored for both clinical and research purposes. PHT enables data providers and data

<sup>1</sup><https://vimeo.com/143245835>

users to match FAIR data to FAIR analytics (Deist et al., 2020) so that they can make informed decisions about their participation in specific applications. FAIR principles also become relevant for analytic tasks, so that interoperability and accessibility can be provided by applying FAIR principles to the analytic tasks and the system components that perform these tasks. The PHT allows analytic tasks to be discovered, exchanged and executed with minimal human intervention.

In accordance with the architectural designs presented in (Choudhury et al., 2020) and (Karim et al., 2018), Fig. 1 shows the entities involved in the PHT workflow<sup>2</sup>. The architecture identifies four main roles (with their responsibilities) to be played by stakeholders, which are represented as blue boxes in Figure 1:

**Curator.** Stakeholder who has authority over the data. This role can be played by the data owner or by any other actor who controls the data.

**Station Owner.** Stakeholder responsible for the operations of a Data Station. This role can be played, e.g., by a healthcare organization such as a hospital.

**Train Owner.** Stakeholder responsible for its Trains and for representing the data consumer. This role can be played, e.g., by a scientific organization. A given Train accesses data in a Data Station on behalf of the Train Owner.

**Dispatcher.** Stakeholder responsible for dispatching Trains on behalf of their Train Owners to the appropriate Data Stations. The Dispatcher interacts with the Station Directory to discover which Stations provide access to the required data, plans the Train run and dispatches the Trains to the target Stations.

The Train acts on behalf of its Train Owner, and accesses and processes data in Data Stations. A Train is dispatched to a Station by its Dispatcher using the related Train Handler. There can be different types of Trains depending on the interaction mechanism they use, such as message exchange, container execution, script execution, Application Programming Interface (API) calls and data queries. Figure 2 depicts the Train classification and the types of trains identified so far. It also shows that a Train is composed of two main elements, namely the *Train Metadata* and the *Train Payload*.

The Train Metadata is applicable to any type of Train, and contains information that describes the

Train. This metadata include properties such as the Train Owner, the Train Dispatcher, the Train type (message, API call, query or container), the required input data, the expected output data and its purpose. The Train Payload depends on the kind of Train, as follows: Container Trains have the identifier of the container image as their payload, API Trains use API calls, Message and Script Trains contain a message and a script as payload, respectively, and Query Trains have a query as payload.

### 3 EXTENDED PHT ARCHITECTURE

This section describes the architectural design of our solution to extend the PHT Data Station to stage a Train in the cloud in case the Data Station lacks the necessary resources to run this Train. In this case, we say that the Data Station is staged in the cloud by a *Staging Data Station*, which is the system we developed.

#### 3.1 Initial Assumptions

The first steps to develop a Staging Data Station have been to define the privacy requirements and to identify architectural elements for our system.

##### 3.1.1 Privacy Requirements

Sharing privacy-sensitive data outside the organizational boundaries is a critical issue in health applications. Hence, data sharing regulation compliance has been considered as part of the non-functional requirements of our system. GDPR has been identified as the main regulation for our system (Voigt and Von dem Bussche, 2017). In GDPR, *data controller* and *data processor* have been defined as two essential roles for personal data processing accountability, in that both roles are responsible for implementing appropriate security measures and demonstrating that processing operations comply with the regulation's principles. Considering the PHT architecture, we assigned the data controller role to the Data Station Owner, since this stakeholder is responsible for the Data Station and its data. Unlike the data controller, a data processor role may not be assigned to an actor yet until a decision is made on where the processing should be done. In case the Data Station lacks the resources necessary to run a Train, a Staging Data Station is required and the cloud provider plays the data processor role. By defining clear roles we can build a compliant architecture and look for the most

<sup>2</sup>The architecture models in this paper are represented using the ArchiMate Enterprise Architecture modeling language.

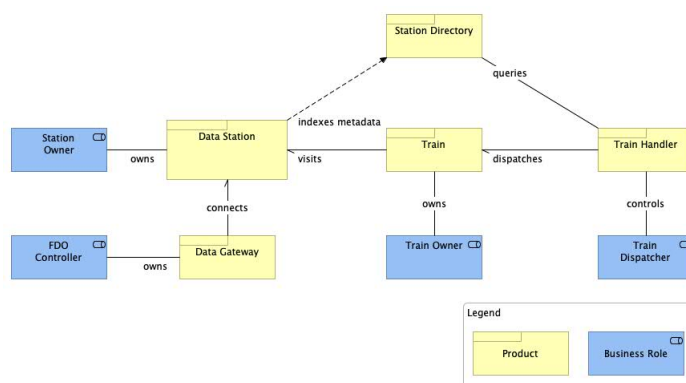


Figure 1: High-level PHT architecture.

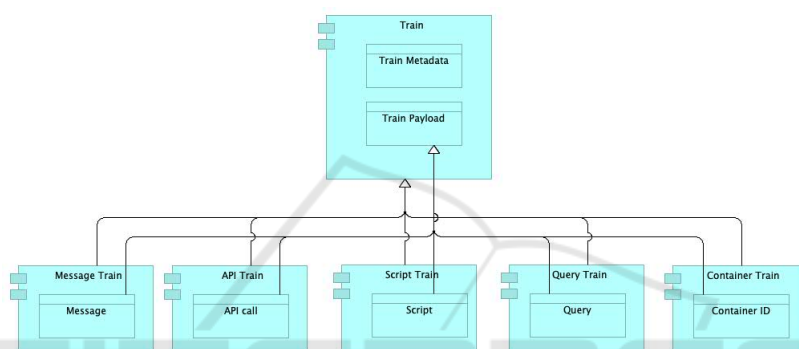


Figure 2: Train architecture.

suitable cloud provider. GDPR articles 3, 5, 25 and 32 have been identified as the most crucial in our case (Voigt and Von dem Bussche, 2017), thus becoming non-functional requirements for when the data processor role is assigned to a cloud provider.

### 3.1.2 Architectural Elements

Cloud and automation tools allow the dynamic deployment of infrastructures, facilitating the development of an architecture that complies with and extends the PHT approach (Morris, 2016). For this reason, we leveraged the cloud and Infrastructure as Code (IaC) technologies to design and deploy the Staging Data Station. An essential aspect of the Staging Data Station deployment is the automation of data processing. Our solution aims at providing autonomous data processing, so that instead of having human operators mediating between the workflow steps, these steps can be performed automatically. We identified four architectural elements that we found indispensable to design and deploy a Staging Data Station:

**Dynamic Platform.** Main building block of the Infrastructure, responsible for setting up the infrastructure resources of the Staging system. The dy-

amic platform should be compatible with an IaC provisioning tool to achieve dynamic deployment and system management. The dynamic platform can be a cloud platform or a software tool that can provide computing and storage resources (Morris, 2016).

**Provisioning Tool.** IaC tool that allows the user to describe the desired infrastructure resources. The provisioning tool has to support the selected dynamic platform (Morris, 2016).

**APIs.** REST APIs that allow Trains and tools to communicate and exchange information with the underlying infrastructure resources (Jin et al., 2018).

**Event-driven Services.** Services that allow infrastructure components to communicate by exchanging event notifications. An event is any occurrence of interest, such as a state change in some resource. The affected component issues a notification that describes the observed event, and a target resource triggers an action based on this notification. Event-based services can work with resources inside or outside the dynamic platform, facilitating the separation between communication and computation (Christudas, 2019).



## 3.2 Architectural Design

Depending on the computing resources available at the main Data Station and the Train requirements, the Data Station platform would run the Train locally or use a Staging Data Station in the cloud. Each of the main components of our architecture are discussed in the sequel.

### 3.2.1 Data Station

The infrastructure required to run a Train can be either internal or external to the Data Station. When necessary, the Data Station can use a temporary setup in a cloud environment that a Train can use to process data, which is the Staging Data Station. Consequently, this enables scalability and flexibility, using local resources and extending the infrastructure resources with the Staging Data Station when required. Figure 3 depicts the proposed Data Station architecture.

The Data Interaction component provides functionality that allows external clients to access the data available at the Data Station. The Data Interaction Component also performs validation on the incoming Trains, via the Train Validation function, to assess that they behave according to the Station's requirements and the Train description defined in the Train's metadata. Whenever the data required by a Train have access restriction, the Data Interaction Component also enforces the required access control. The Data Station Metadata Component provides access to the Data Station's metadata and metadata of all data sets made available through this Station. External applications willing to retrieve metadata from the Data Station invoke these metadata Services to accomplish the task.

Figure 4 depicts the proposed communication system between the Data Station, Train, and the Staging Data Station. In the *Describe* API call, the Data Station queries the metadata of the arriving Train. A *Train Description* with the computing requirements is returned from the Train to the Data Station as a *response*. If the Data Station does not have the required resources, it performs the *Query* call to get the data needed for the analysis. The resulting query returns a *query response*, which declares that the required data are ready for being processed. The Data Station then enters the *Stage* phase through an API call, deploying the Staging Data Station in the cloud. The Staging Data Station runs the Train and the Train execution result is stored in the cloud to be retrieved later. If the Data Station has the resources to run the Train, it performs a local execution.

Figure 3 shows that we added the Staging Data Station to the architecture, which communicates with

the leading Data Station through an API, represented by the Staging Interface. This interface defines the Stage phase depicted in Figure 4. We assume that the role responsible for this new component is the *Station Owner*, as the staging process should be transparent for the Train Owner. However, the use of an external platform can incur an extra cost. For this reason, we defined a Billing component, which can be used at the Station Owner's convenience.

### 3.2.2 Staging Data Station

This is an extension of the Data Station, and it behaves like the original Data Station but with some additional features. Figure 5 depicts the Staging Data Station architecture, which is composed of the following services:

**Access Control:** offers access control to the cloud environment, but only to the Data Station Owner. However, if needed, more users can be added and get specific permissions and policies to execute particular tasks. Communication between the components in the cloud is denied by default to provide a proper secure environment. The Identity Management Service can later provide roles to allow or deny access to the other resources deployed and used by the Staging Data Station, such as storage and computing instances.

**Data Storage:** It stores the input and output data. The input data are selected at the healthcare Data Station based on the Train needs and moved to the Staging Data Station in the cloud. The output data result from the Train execution given in the Run Response, and they are sent to the Healthcare Data Station as exported files.

**Event-based Services:** The Staging Platform provides Event-based services to automate the execution steps. For instance, when the data are entirely moved to the cloud, the Staging Data Station notifies the cloud computing instance in which the Train can be executed. Further, the leading Data Station may subscribe to be notified when the Train execution finishes, to harvest the output files promptly. Events and trigger actions are achieved through the *event handler* and *event dispatcher*, which respectively listens to the events issued by infrastructure components to create rules and trigger actions, and executes the actions provided by the Event Handler.

**Logging:** logs the data access interactions, enabling regulatory compliance and security, but also operational tasks. It identifies which actions were taken by whom, what resources were acted upon,

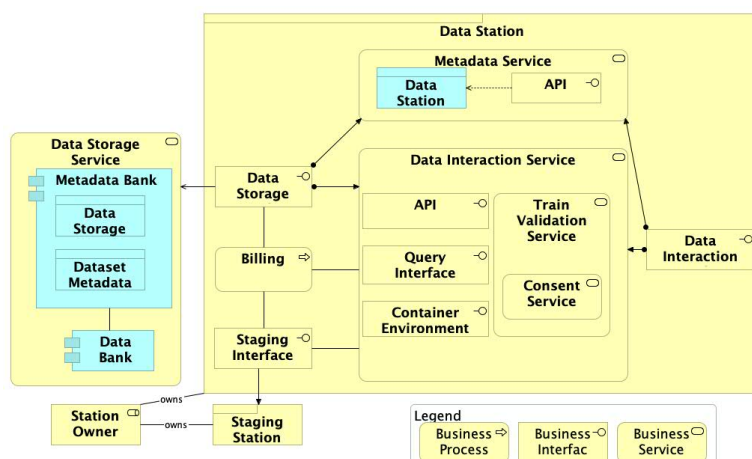


Figure 3: Data Station Architecture.

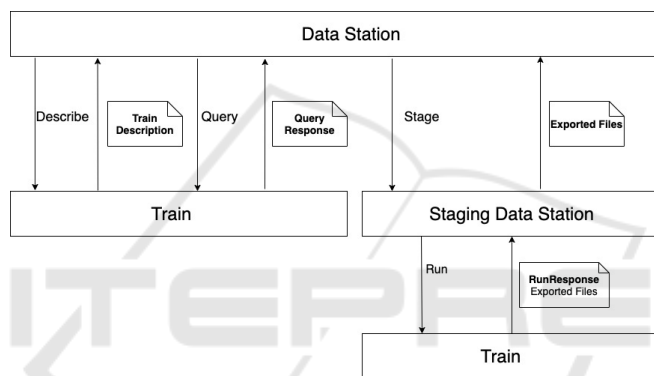


Figure 4: Proposed communication structure.

who accessed which data when the event occurred, and other details to help analyze and respond to an activity. This is a requirement for GDPR compliance, but it is also used to communicate with the Event-based services to launch tasks when an event occurs.

## 4 SOLUTION IMPLEMENTATION

In this section, we present our implementation of the proposed Staging Data Station architecture that has been developed to process a Container Train. We begin by discussing the selection of tools, followed by the implementation in the dynamic infrastructure platform.

### 4.1 Technologies

For the dynamic platform we chose Amazon Web Services (AWS), due to its GDPR compliance (Amazon, 2020), free-tier resources for testing, plenty of options for infrastructure resources (Mathew, 2021)

and its global infrastructure, with multiple locations worldwide and especially in Europe. For the provisioning tool we chose Terraform, since it is open source, supports multiple dynamic platforms and has declarative configuration. In addition, most alternatives are vendor-specific solutions. The extensive integration and support offered by Terraform confirmed our choice for AWS as dynamic platform.

Terraform is convenient because it allows many infrastructure components to be implemented through a piece of code, and they can be deployed at the same time. Terraform provisions the resources of a dynamic platform, and a Terraform provider is used to interact with the APIs and expose the resources from the corresponding dynamic platform. In our implementation, the Amazon Web Services (AWS) provider is used for provisioning all the required resources. Besides, we choose the closest AWS region, Frankfurt, to comply with GDPR. Terraform has been installed in the machine that runs the Data Station.

The implementation comprises two parts: the *Data Station*, which runs in a laptop, and the *Staging Data Station*, which runs in AWS. Since we used

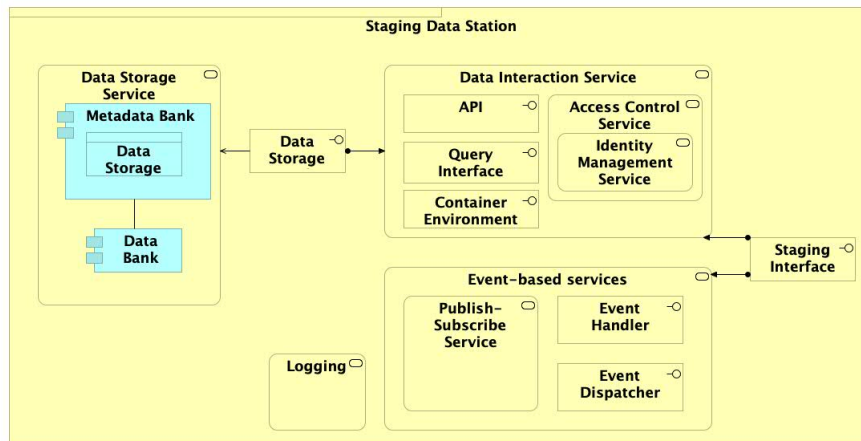


Figure 5: Staging Data Station Architecture.

a *Container Train*, once the Train is set up to run in a *Data Station*, the Station takes the container identifier from the Train’s payload and retrieves the container image from its *Train Registry*. In our prototype, we used the Amazon Elastic Container Registry (ECR) service, which supports *Docker images*, as the Train Registry. Figure 6 depicts the interaction diagram that shows the interactions between our implementation components to support the deployment and execution of the Train.

We implemented the Data Station in our prototype on a computer with 1.8GHz Dual-Core Intel Core i5 and 8GB memory. We implemented an API that plays the Data Station role and interacts with the Staging Data Station. In addition to Terraform, the technologies used in the implementation and installed in the computer are Docker client, AWS SDK for Python, NodeJS, and Express. The Data Station API is configured in NodeJS and exposed to the Internet via the *localtunnel npm* tool. Figure 7 depicts the high-level Data Station workflow.

Our implementation supports the functionality triggered after the decision that the Train cannot run at the original Data Station because there are not enough computing resources. In addition, it assumes that the data necessary to run the Train were already queried and stored in a specific path in the local Data Storage in the Data Station.

## 4.2 Interactions

In Figure 6, the **GET** request corresponds to the *Stage* API call in Figure 4, which launches the Staging Data Station as described in the Terraform definition files. This allows to provision the infrastructure components in the AWS cloud all at the same time. During deployment, the Data Station subscribes

to receive a notification that indicates when the Train execution is completed, in which case the data are moved to the cloud storage. Once the required data have been transferred to the Staging Data Station, the event-based service immediately launches the computing resources via a task that pulls the Train from the Train Registry, deploys it in the Staging Data Station and executes it. Once the Train execution is completed, the resulting data are copied to the output storage. The event-based service then detects a change in the computation state and announces it to the Publish-Subscribe service. Finally, the Publish-Subscribe service sends a notification message to the Data Station via a **POST** request, which downloads the result files from the Output storage.

## 4.3 AWS Services

Figure 8 illustrates the Staging Data Station implementation we deployed in the AWS cloud in accordance with the interaction diagram of Fig. 6.

Table 1 shows the AWS services we used in our implementation, as well as which PHT component from Figure 5 each service implements.

### 4.3.1 Authentication

In order to create an environment, we first need an Amazon Web Service Account and a special authentication method. We used Multi Factor Authentication (MFA) to access the AWS console. We use an Admin role that represents the healthcare organization, having a name and two keys, namely, the *public* assess key and the *secret* key. In this way, the desired connection to the environment is done in an absolutely reliable and secure way.

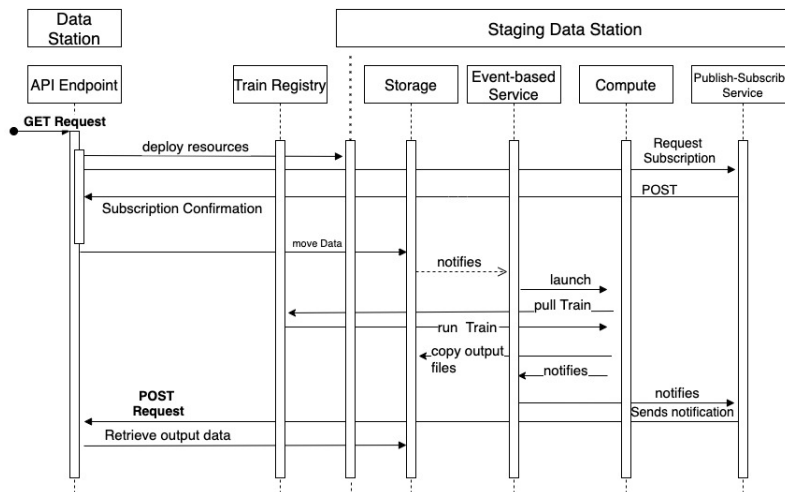


Figure 6: Interaction Diagram.

Table 1: PHT components and AWS services.

PHT Component	Service	Description
Data Storage	Simple Storage Service (S3)	Provides object storage through a web service interface.
Event Handler, Event Dispatcher	CloudWatch	Monitoring service that provides data and actionable insights for AWS infrastructure resources.
Publish-Subscribe Service	Simple Notification Service (SNS)	Using SNS topics, publisher systems can fanout messages to many subscriber systems, including HTTP endpoints.
Container Environment	Elastic Container Service (ECS) Fargate	Computation runtime environment based on serverless technology that facilitates deployment, so that we do not need to be concerned about how many resources assign in advance.
Access Control	Identity and Access Management (IAM)	Manages access to AWS services and resources securely.
Networking	Virtual Private Cloud (VPC)	Creates a custom networking environment.
Train Registry	Elastic Container Registry (ECR)	Fully-managed Docker container registry.

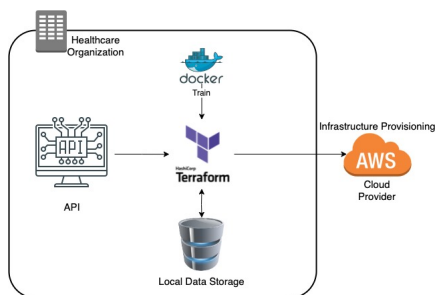


Figure 7: Data Station Implementation.

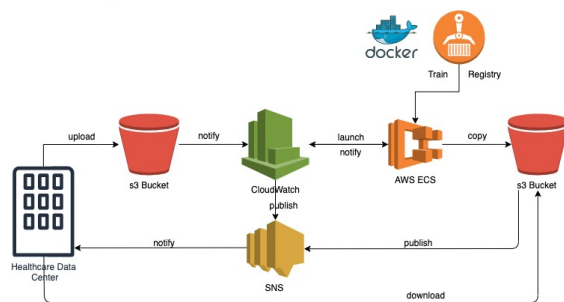


Figure 8: Implementation in AWS.

### 4.3.2 Publish-subscribe Service

Amazon SNS sends an HTTP POST request when it confirms a subscription, and it sends a notification message or it confirms a request to unsubscribe. The

POST message contains SNS header values that allow us to identify the type of message and run specific jobs in the Data Station API, as shown in Figure 6.



Table 2: Buckets.

Bucket	Use
<b>Input</b>	stores the data from the healthcare organization needed by the Train.
<b>Log</b>	stores event history log files of the AWS account activity in the region, besides helping the event-based service launch other resources dynamically.
<b>Output</b>	stores the results of the Train execution. The main Data Station retrieves files from this Bucket at the end of the Train execution.

### 4.3.3 Storage

The Data Storage component is implemented with Amazon S3, so from now on it is referred to as the *bucket*. We used three buckets by design, to store input data, output data and log files, respectively. The use of several buckets provides more granular security and facilitates automation, triggering different actions on each of them: the availability of input data triggers the Train execution, while the availability of output data triggers the download and faster data retrieval at the end of the execution. Table 2 shows our Buckets and their use.

The implementation supports *client-side encryption* and *server-side encryption* for protecting data stored in the cloud and in transit against unauthenticated and unauthorized access, while ensuring that they remain intact and available. Client-side encryption is used to protect data in transit by encrypting data before sending it to AWS S3. HTTPS is used to guarantee secure connections. If the healthcare organization has a Virtual Private Network (VPN) infrastructure, we recommend to establish a private connection to the cloud. For the server-side encryption, a unique encryption key is generated for each object, and data are encrypted by using the 256-bits Advanced Encryption Standard 256 (AES-256). After that, a securely stored and regularly rotated master key encrypts the encryption key itself. Users can choose between mutually exclusive possibilities to manage the encryption keys. The input and output Buckets use unique Amazon S3-Managed Keys (SSE-S3) with strong multifactor encryption.

### 4.3.4 Data Transfer

Data transfer is also configured with the Terraform files. We used the *depends\_on* meta-argument provided by Terraform to express dependencies between components. In this case, the data are transferred once the remaining resources are created in the cloud. As

a consequence, we can move data without concerns. Furthermore, we verify the integrity of the uploaded data with Message Digest (MD5) checksum in order to detect file corruption.

### 4.3.5 Event-based Services

Usually, AWS Services generate notifications when an event occurs, and these events are used to trigger an action. However, these actions have to be stored somewhere and rules and targets should be defined based on them so we use Log Bucket to store all the input bucket actions. We create a CloudTrail that reports the activities of objects in the input bucket, which are seen as events by the CloudWatch service. After that, we configure an *upload S3 event* rule in CloudWatch. Once a rule condition is fulfilled, the CloudWatch target triggers an action. Accordingly, when data are completely uploaded to the Input Bucket, our system launches a compute engine for containers using ECS, and in this way the Train is executed.

### 4.3.6 Computing

Computing resources created by Terraform are quite critical. Amazon ECS makes it easy to launch containers and scale rapidly to meet changing demands, but one of the challenges during execution is the provision and management of computing and memory resources. There are several mechanisms to predict the resources required and scale when appropriate. However, the Staging Data Station is a temporary deployment that has the main task of providing the appropriate computing resources for the Train. ECS Fargate is a serverless solution that allocates the required amount of computing capabilities, avoiding the need to choose instances in advance and scaling cluster capacity required by the application.

We use an entity called a *task definition* to describe to ECS how to run the container. The ECS task definition can be thought of as a prototype for running an actual task, and allows for one or more containers to be specified. In our implementation, each Train is mapped onto one task definition, which describes that the Train should be pulled from the Train Registry when the CloudWatch rule matches the uploading event. Unlike Virtual Machines in the cloud, ECS Fargate is charged by vCPU and memory, and not by the hour.

### 4.3.7 Security

Beyond authentication and encryption mechanisms, an appropriate strategy for increasing security is to

classify, split, and divide everything, by using roles, permissions, regions, networks or firewalls. In a cloud environment, we can implement security at different levels. In our solution, we created a Virtual Private Cloud to isolate our components from other customers in AWS. However, the resources cannot interact with each other if we do not configure a policy to allow them to interact. Therefore, we provide security via an Identity and Access Management service with access control through user definitions, roles and permissions to users in each step of the workflow. For instance, the ECS Cluster has read access to the S3 input bucket, but it does not have write permission as it only requires to get data from it. In contrast, ECS has write-access to the S3 output bucket.

The implementation uses a collection of network access rules to limit traffic types that can interact with a resource. This collection of rules is called a *security group*, and each resource can have one or more assigned security groups. The rules in a security group control the traffic allowed to an instance. If incoming traffic does not match a rule from the group, access is denied by default.

## 5 CASE STUDY

We evaluated the design proposed in this research with a simple analysis of COVID-19 with information stored in data sets of various sizes representing different workloads. This allowed us to evaluate the system behavior, mainly in terms of the consumed network and computing resources. We used our implementation to build a Container Train with an algorithm to process and analyze COVID-19 patients' information. We used data sets created in the literature (Walonoski et al., 2020), where the authors generated synthetic data using the open-source Synthea tool, resulting in data sets containing synthetic Electronic Health Records (EHR). The experiment aimed at calculating all matching patients diagnosed with COVID-19 and evaluate our system using 10K and 100K bundles. For the patients diagnosed with COVID-19, we got summary statistics of patients who recovered and died and the care plan of the people infected.

### 5.1 Evaluation Metrics

*Performance* is the most suitable quality attribute to evaluate the architecture using dynamic analysis. We used two sets of measurements for this quality attribute, based on the ISO 25010 standard (ISO, 2011) and the validation technique presented in (Erder and Pureur, 2016):

Table 3: Average execution time.

	10K	100K
Provision	3 min. 54 seg.	4 min. 14 seg.
Deprovision	17 seg.	20 seg.

Table 4: Average resource utilization.

Resource	10K	100K
Network	62 Mb	70 Mb
CPU	53.5%	85.6%
RAM	12%	16%

**Time Behaviour** is the degree to which the response and processing time and throughput rates of a system meet requirements when performing its functions. For this we measured the execution times from when the GET method is invoked until resources are destroyed.

**Resource Utilization** is the degree to which the amounts and types of resources used by a system meet requirements when performing its functions. For this we measured the CPU Average use and RAM average use in the cloud. Moreover, we measured network traffic in the Data Station during the execution process.

### 5.2 Validation

We ran the execution of the system five times per bundle. After these executions, we got an average calculation for the analysis of the system. This prevents any data disturbance caused by isolated events from having significant effects on the results. We used the tool *iftop* on the computer that plays the Data Station to collect network traffic information. Besides, we harnessed the CloudWatch monitoring tool in AWS to get the CPU and memory utilization.

Table 3 shows the execution time for the provision and de-provisioning process for both bundles. The provisioning process comprises the Terraform files execution, data transfer, Train routing, Train processing in the cloud, and downloading the results. The de-provision process covers just the deletion of the entire cloud resources created by Terraform. We can observe that the difference between the two bundles' execution time is around 15%. Table 4 shows that this behavior can be justified by considering the average resource utilization.

Table 4 shows the network traffic during the provisioning process in the Data Station. The 100K bundle consumes on average around 70 Mb while the 10K consumes around 62 Mb. The slight difference in consumption is because in the 100K bundle case

Table 5: Mortality rate.

COVID-19	Recovered	Deceased	Ventilated
(n=8820)	0.9606	0.0404	0.0325

the multi-upload option was used due to the bundle’s size. Multi-upload divides the bundle into several chunks consuming more networking resources but in less time. Consequently, the transmission times were different but not ten times bigger than the amount of data, like it could be expected.

Table 4 also depicts the CPU and RAM average utilization, which are resources consumed in the cloud. We can observe the CPU average utilization for the 100K bundle was 85.6%, almost 30% more than the 10K bundle. Consequently, the cloud processing time was very similar among both bundles, but the 100K bundle consumed more resources. In general, the average memory utilization in both bundles did not consume much memory, and both used less than 20%. The two bundles’ overall execution times were very similar despite the size difference because the system consumes more network and computing resources when processing the biggest bundle.

We can conclude that the Data Station network and cloud computing instance play a crucial role in the performance of our system, more than the amount of data. The scalability of the computing resources is achieved in the cloud, however, the network consumption depends on the network capabilities of each healthcare organization. If we want to increase transfer data speed, we can use multithreading techniques, although in this case many more network resources would be consumed.

Table 5 presents the results from the analysis of the 10K data sets. With 8820 infections, 96% of the people recovered, which is a high rate, demonstrating that COVID-19 is highly contagious but not highly fatal.

The care plan in this data set has two values, namely ‘home isolation’ and ‘hospitalized’. Table 6 summarizes the statistics of patients who recovered at home and hospitals. The hospitalization rate is considered high for the period these data were gathered. However, still, the vast majority of people followed a ‘home isolation’ care plan, i.e., they stayed and were treated at home. Table 7 shows that the Intensive Care Unit (ICU) Admission rate was high, and almost everyone at the ICU required ventilation. The death rate for people in the ICU was high, and nearly all patients required ventilation. From these data, we can conclude that patients admitted to the ICU and who use ventilation have a high probability of dying.

These results demonstrate that our architecture implementation can run a Train to perform data anal-

Table 6: Care plan.

Care Plan	Rate
Home Isolation	0.7952
Hospitalised	0.2116

Table 7: ICU Admission Rate.

	ICU Admission	Ventilation
Ventilation Req.	0.7653	1.0
Recovered	0.3573	0.1637
Death	0.6453	0.8362

ysis in the cloud. Our deployment enables analysis against privacy-sensitive data sources and successive evaluation of that analysis in a secure enclave. We could deploy the Staging Data Station, the Train analyzed the data and got a final file with the information provided in Table 5, Table 6 and Table 7 directly in the Data Station. This also demonstrates that the standardization of the data structures alongside a proper architecture facilitates data analysis in any environment.

## 6 FINAL REMARKS

In this work, we presented a reference architecture of a Staging Data Station in the cloud that supports Train executions when a Data Station does not have enough resources to perform computation on-premise. We employed Infrastructure as Code, APIs, and event-based systems to realize a dynamic deployment in the cloud. We implemented the architecture proposal using novel technologies and AWS. We evaluated the proposal with a dynamic analysis through a case study, analyzing data sets of ten thousand patients and one hundred thousand patients.

The research showed that we could deploy a more powerful computation environment when required using the cloud and automation tools, complying with the PHT principles while providing a fitting and secure site. Although our design requires moving the data to the cloud, the data are still within the data source realm and control, keeping their privacy. Moreover, our proposal complies with the main regulation for processing personal data in the cloud to keep the information as secure and private as possible, assuming that the cloud environment does not misbehave nor has been hacked. The case study showed that the instantiation and processing times of the Staging Data Station depend on the network in the Data Station and the computing resources consumed in the cloud. The simulation showed similar execution times with different workloads sizes, but a significant dif-

ference in the network and computing consumption, which can cause a bottleneck in the Data Station network. The case study worked adequately with a simple aggregation algorithm, so we believe that our system can alleviate the IT infrastructure constraints that the healthcare organizations can have to ensure the PHT execution while respecting the principles of the PHT approach.

Future research should be performed to test our solution with other use cases, by including machine learning algorithms in the Train or dependent transactions, for instance, to experience idle moments waiting for input data. Other Trains with different interaction mechanisms such as APIs, queries, and messages should be created and then tested with extensions of our system. We also propose some future work to assess the solution developed in this research, integrating the implementation to existing proof of concepts developed by organizations in the PHT project. Some of these implementations already have deployed a vast majority of the PHT workflow and have elaborated more robust case studies. It would be beneficial to combine these efforts and evaluate how our solution behaves as well as other metrics like performance and execution time from when the end-user dispatches the Train until the results are made available.

## REFERENCES

- Amazon (2020). Navigating GDPR Compliance on AWS. <https://docs.aws.amazon.com/whitepapers/latest/navigating-gdpr-compliance/welcome.html>. Accessed: 2021-09-09.
- Beyan, O., Choudhury, A., van Soest, J., Kohlbacher, O., Zimmermann, L., Stenzhorn, H., Karim, M. R., Dumontier, M., Decker, S., da Silva Santos, L. O. B., et al. (2020). Distributed analytics on sensitive medical data: The personal health train. *Data Intelligence*, 2(1-2):96–107.
- Choudhury, A., van Soest, J., Nayak, S., and Dekker, A. (2020). Personal health train on fhir: A privacy preserving federated approach for analyzing fair data in healthcare. In Bhattacharjee, A., Borgohain, S. K., Soni, B., Verma, G., and Gao, X.-Z., editors, *Machine Learning, Image Processing, Network Security and Data Sciences*, pages 85–95, Singapore. Springer Singapore.
- Christudas, B. (2019). *Practical Microservices Architectural Patterns: Event-Based Java Microservices with Spring Boot and Spring Cloud*. Apress.
- Deist, T. M., Dankers, F. J., Ojha, P., Marshall, M. S., Janssen, T., Faivre-Finn, C., Masciocchi, C., Valentini, V., Wang, J., Chen, J., et al. (2020). Distributed learning on 20 000+ lung cancer patients—the personal health train. *Radiotherapy and Oncology*, 144:189–200.
- Erder, M. and Pureur, P. (2016). Chapter 3 - getting started with continuous architecture: Requirements management. In Erder, M. and Pureur, P., editors, *Continuous Architecture*, pages 39–62. Morgan Kaufmann, Boston.
- ISO (2011). *ISO/IEC 25010:2011, Systems and software engineering — Systems and software Quality Requirements and Evaluation (SQuaRE) — System and software quality models*.
- Jin, B., Sahni, S., and Shevat, A. (2018). *Designing Web APIs: Building APIs That Developers Love*. O’Reilly Media, Inc.
- Karim, M., Nguyen, B.-P., Zimmermann, L., Kirsten, T., Löbe, M., Meineke, F., Stenzhorn, H., Kohlbacher, O., Decker, S., Beyan, O., et al. (2018). A distributed analytics platform to execute fhir-based phenotyping algorithms. In *Proceedings of the 11th International Conference Semantic Web Applications and Tools for Life Sciences (SWAT4HCLS 2018)*. <http://ceur-ws.org/Vol-2275/>.
- Kumar, S. and Singh, M. (2019). Big data analytics for healthcare industry: impact, applications, and tools. *Big Data Mining and Analytics*, 2(1):48–57.
- Mathew, S. (2021). Overview of Amazon Web Services. <https://docs.aws.amazon.com/whitepapers/latest/aws-overview/introduction.html>. Accessed: 2021-09-09.
- Morris, K. (2016). *Infrastructure as code: managing servers in the cloud*. O’Reilly Media, Inc.
- Rieke, N., Hancox, J., Li, W., Milletari, F., Roth, H., Albarqouni, S., Bakas, S., Galtier, M. N., Landman, B., Maier-Hein, K., et al. (2020). The future of digital health with federated learning. *arXiv preprint arXiv:2003.08119*.
- Voigt, P. and Von dem Bussche, A. (2017). The eu general data protection regulation (gdpr). *A Practical Guide, 1st Ed., Cham: Springer International Publishing*.
- Walonoski, J., Klaus, S., Granger, E., Hall, D., Gregorowicz, A., Neyarapally, G., Watson, A., and Eastman, J. (2020). Synthea™ novel coronavirus (covid-19) model and synthetic data set. *Intelligence-based medicine*, 1:100007.
- Wilkinson, M. D., Dumontier, M., Aalbersberg, I. J., Appleton, G., Axton, M., Baak, A., Blomberg, N., Boiten, J.-W., da Silva Santos, L. B., Bourne, P. E., et al. (2016). The FAIR guiding principles for scientific data management and stewardship. *Scientific data*, 3(1):1–9.
- Yang, C., Huang, Q., Li, Z., Liu, K., and Hu, F. (2017). Big data and cloud computing: innovation opportunities and challenges. *International Journal of Digital Earth*, 10(1):13–53.