

The Genomics Revolution: Innovation Dream or Privacy Nightmare?

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TL;DR

Progress in Genomics:

Enables advances in medicine and healthcare

Genetic testing for the masses

Prompts a greater good vs privacy tension

Genomic Data is:

Sensitive

Hard to anonymize / de-identify



WGS Progress

Some dates

1970s: DNA sequencing starts

1990: The "Human Genome Project" starts

2003: First human genome fully sequenced

2012: UK announces sequencing of 100K genomes

Some numbers

\$3B: Human Genome Project

\$250K: Illumina (2008)

\$5K: Complete Genomics (2009), Illumina (2011)

\$1K: Illumina (2014)

How to read the genome?



Sequencing

Determining the full nucleotide order of an organism's genome



Genotyping

Testing for genetic differences using a set of markers

New Approaches to Fighting Cancer

1/05/2011 @ 4:57PM | 30,076 views

The First Child Saved By DNA Sequencing

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In Treatment for Leukemia, Glimpses of the Future



LETTER

doi:10.1038/nature13394

Genome sequencing identifies major causes of severe intellectual disability

Christian Gilissen¹*, Jayne Y. Hehir-Kwa¹*, Djie Tjwan Thung¹, Maartje van de Vorst¹, Bregje W. M. van Bon¹, Marjolein H. Willemsen¹, Michael Kwint¹, Irene M. Janssen¹, Alexander Hoischen¹, Annette Schenck¹, Richard Leach², Robert Klein², Rick Tearle², Tan Bo^{1,3}, Rolph Pfundt¹, Helger G. Yntema¹, Bert B. A. de Vries¹, Tjitske Kleefstra¹, Han G. Brunner^{1,4}*, Lisenka E. L. M. Vissers¹* & Joris A. Veltman^{1,4}*



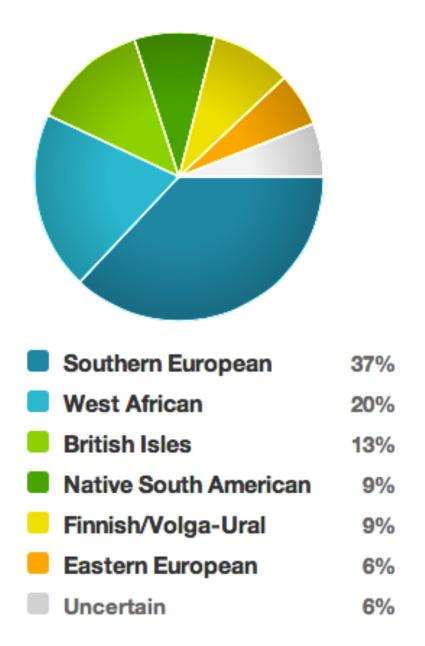


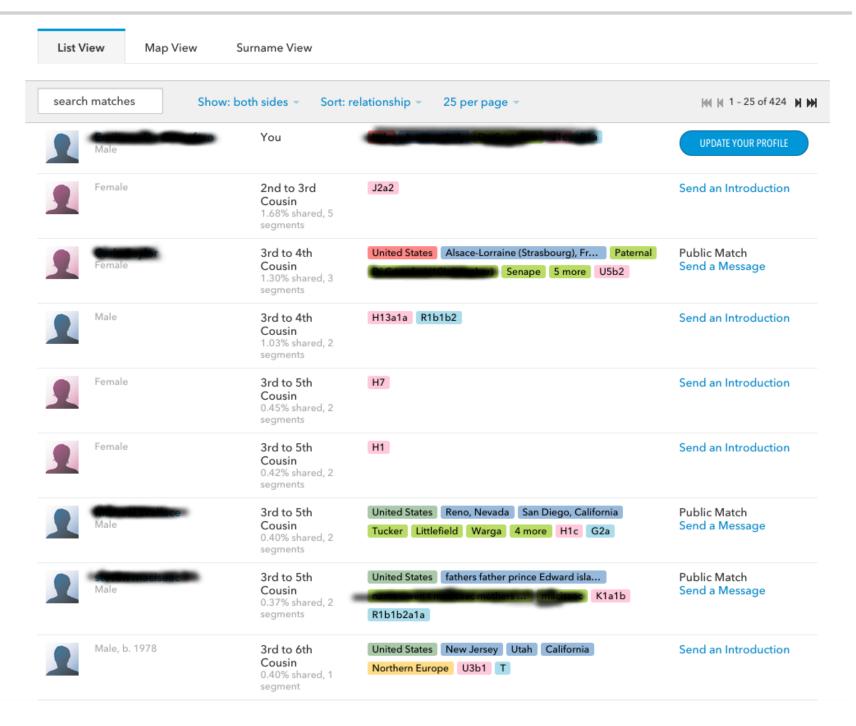
health overview

Show results for		•	See new and recently upo	dated reports
23andWe Discoveries were	made possible by	23andMe members	who took surveys.	
Disease Risks (114, 2	locked reports	0	Carrier Status (27, 1 locked report)	0
★ Elevated Risks	Your Risk	Average Risk	Hemochromatosis	Variant Presen
Psoriasis	22.4%	11.4%	Alpha-1 Antitrypsin Deficiency	Variant Absen
Celiac Disease	0.5%	0.1%	Bloom's Syndrome	Variant Abser
Bipolar Disorder	0.2%	0.1%	Canavan Disease	Variant Absor
Primary Biliary Cirrhosis	0.10%	0.08%	Congenital Disorder of Glycosylation Type 1a (PMM2-CDG) new	Variant Abser
Scleroderma (Limited Cutaneous Type)	0.06%	0.07%	Cystic Fibrosis	Variant Abser
See all 114 risk reports			Familial Dysautonomia	Variant Abser
			Factor XI Deficiency	Variant Abser
			See all	27 carrier status
raits (52) 🕜			Drug Response (20)	
Alcohol Flush Reaction	ction Does Not Flush		Warfarin (Coumadin®) Sensitivity	Increase
Bitter Taste Perception	otion Can Taste		Abacavir Hypersensitivity	Typica
Earwax Type Wet		Alcohol Consumption, Smoking and Risk of	Typica	
Eye Color	Likely Blue		Esophageal Cancer	200
Hair Curl 🔆	Slightly Curlie	or Hair on Average	Clopidogrel (Plavix®) Efficacy	Typica
			Fluorouracil Toxicity	Typica

The genotyping services of 23andMe are performed in LabCorp's CLIA-certified laboratory. The tests have not been cleared or approved by the FDA but have been analytically validated according to CLIA standards. The information on this page is intended for research and educational purposes only, and is not for disposality ties.

Genetic Ethnicity





```
ex1.sam > No Selection
   @HD VN:1.0 SO:coordinate
 @SQ SN:seq1 LN:5000
3 @SO SN:seg2 LN:5000
4 @CO Example of SAM/BAM file format.
   B7_591:4:96:693:509 73 seq1
   EAS54 65:7:152:368:113 73 seq1
   EAS51 64:8:5:734:57 137 seq1
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1 99 36M * 0 0 CACTAGTGGCTCATTGTAAATGTGTGGTTTAACTCG <<<<<<<<<;;;<;7 MF:i:18 Ag:i:73 NM:i:0 UO:i:0 H0:i:1 H1:i:0 3 99 35M * 0 0 CTAGTGGCTCATTGTAAATGTGTGGTTTAACTCGT 5 99 35M * 0 0 AGTGGCTCATTGTAAATGTGTGGTTTAACTCGTCC <<<<<<<7;71<<;<;<7;<<3;);3*8/5 MF:i:18 Aq:i:66 NM:i:0 UQ:i:0 H0:i:1 H1:i:0</pre> B7 591:1:289:587:906 137 seq1 6 0 0 GTGGCTCATTGTAATTTTTTGTTTTAACTCTTCTCT 63 36M * &----,---)-)-),'--)---',+-,),''*, MF:i:130 Aq:i:63 NM:i:5 UQ:i:38 H0:i:0 H1:i:0 EAS56_59:8:30.071:758 137 seq1 99 **35M** * GOTCATTGTAAATGTGTGGTTTAACTCGTCCATGG <<<<<<<<<<<<<<<<<<<<<<<<<<<>>M: 1:18 AQ 1 7 NM 1: UU:::0 0:i:1 H::i/U EAS56_61:6: 8:467:2 1 73 seq1 <<<<<<;<<<8<<<<;8:;6/686&;(16666 MF:1:18 Ag:1:39 NM:1:1 UU:1:5 H0:1:0 H1:1:1 EAS114 28:5:296:340:699 137 seq1 13 99 36M * ATTGTAAATGTGTGGTTTAACTCGTCCATGGCCCAG <<<<;<<;<;<;<;<<<<<<<<<<<<<<<<<<<<<<< 48<3<8;<;<0; MF:i:1B Aq:i:73 NM:i:0 UQ:i 0 H0:i:1 H1:i:0 B7 597:6:194:894:408 TAAATOTO GIT TAACTCGTCCATTGCCCAGC 1 U:1:9 H0:1:0 H1:1:1 89 seq1 18 75 35M * 0 0 AATGTGTGTTTAACTCGTCCATGGCCCAGCATT EAS188 4:8:12:628:973 ==;=:;:;;:====;=;========;==;== MF:i:64 Aq:i:0 NM:i:0 UQ:i:0 H0:i:1 H1:i:0 EAS51_66:7:68:402:50 137 seq1 22 99 35M * 0 0 GTGTGGTTTAACTCGTCCATGGCCCAGCATTTGGG <-<-<<-<-: UQ:i:5 H0:i:1 H1:i:0 EAS114 30:6:298:115:564 137 seq1 22 99 35M * 0 0 GTGTGGTTTAACTCGTCCATGGCCCAGCATTAGGG <<<<<<<;<<;<<;<<;<;;5;; MF:i:18 Aq:i:72 NM:i:0 UQ:i:0 H0:i:1 H1:i:0 B7 591:3:188:662:155 73 seq1 24 99 36M * 0 0 GTGGTTTAACTCGTCCATGGCCCAGCATTAGGGAGC <<<<<<<<<<<<<<<4<+<<14991:4 MF:i:18 Ag:i:71 NM:i:0 UQ:i:0 H0:i:1 H1:i:0 EAS56 59:2:225:608:291 73 seq1 28 99 35M * 0 0 TTTAACTCGTCCATGGCCCAGCATTAGGGATCTGT <<<<<<<<<8&<<<;6<9;;+2++(%59(< MF:i:18 Aq:i:58 NM:i:1 UQ:i:4 H0:i:1 H1:i:0 EAS51 66:7:328:397:316 73 seq1 29 99 35M * 0 0 TTAACTCGTCCATGGCCCAGCATTAGGGAGCTGTG <<<<<<<<<<<<<<<<<<<<<+<15:'<;;4 MF:i:18 Aq:i:69 NM:i:0 UQ:i:0 H0:i:1 H1:i:0 EAS51 64:5:257:960:682 73 seq1 31 75 35M * 0 0 AACTCGTCCATGGCCCAGCATTAGGGAGCTGTGGA <<<<<<<;<<<<<<<<<<<<<<<<<;;9< MF:i:64 Aq:i:0 NM:i:0 UQ:i:0 H0:i:1 H1:i:0 EAS54 61:4:143:69:578 99 seq1 36 98 35M = 185 184 GTACATGGCCCAGCATTAGGGAGCTGTGGACCCCG ===;====48=844;=;+=5==*57,2+5&,5+5 MF:i:18 Aq:i:35 NM:i:2 UQ:i:38 H0:i:0 H1:i:1



Security Researcher's Perspective

Genome = the ultimate identifier

Hard to anonymize / de-identify

Treasure trove of sensitive information

Ethnic heritage, predisposition to diseases

Sensitivity is perpetual

Cannot be "revoked"

Leaking one's genome ≈ leaking relatives' genome

The Greater Good vs Privacy?

The rise of a new research community

Studying privacy issues



Exploring techniques to protect privacy



Aggregation

Re-identification of aggregated data

Statistics from allele frequencies can be used to identify genetic trial participants [1]

Presence of an individual in a group can be determined by using allele frequencies and his DNA profile [2]

[1] R. Wang et al. "Learning Your Identity and Disease from Research Papers: Information Leaks in Genome Wide Association Study." ACM CCS, 2009

[2] N. Homer et al. Resolving individuals contributing trace amounts of DNA to highly complex mixtures using high-density SNP genotyping microarrays. PLoS Genetics, 4, Aug. 2008

De-Anonymization

TECH

4/25/2013 @ 3:47PM | 17,111 views

Harvard Professor Re-Identifies Anonymous Volunteers In DNA Study

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A Harvard professor has re-identified the names of more than 40% of a sample of anonymous participants in a high-profile DNA study, highlighting the dangers that ever greater amounts of personal data available in the Internet era could unravel personal secrets.



Harvard Professor Latanya Sweeney

From the onset, the <u>Personal Genome Project</u>,

Melissa Gymrek et al. "Identifying Personal Genomes by Surname Inference." Science Vol. 339, No. 6117, 2013

Kin Privacy

Quantifying how much privacy do relatives lose when one's genome is leaked?



Also read: "Routes for breaching genetic privacy" Y. Erlich and A. Narayanan, Nature Review Genetics Vol. 15, No. 6, 2014

M. Humbert et al., "Addressing the Concerns of the Lacks Family: Quantification of Kin Genomic Privacy." Proceedings of ACM CCS, 2013

With genetic testing, I gave my parents the gift of divorce

Updated by George Doe on September 9, 2014, 7:50 a.m. ET





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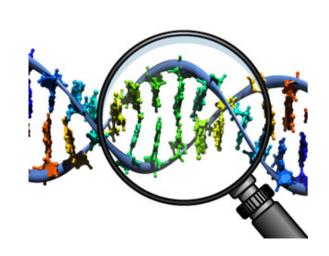


A new theory for why the bees are v



The rise of a new research community

Studying privacy issues

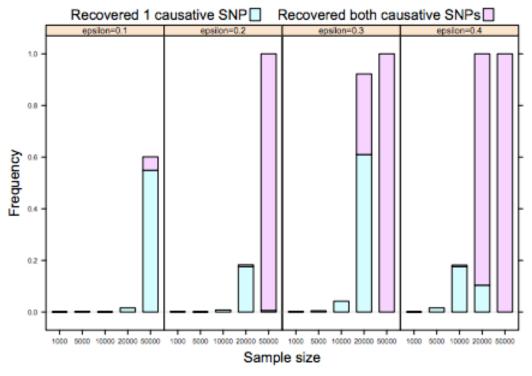


Exploring techniques to protect privacy



Differential Privacy

Privacy in Genome Wide Association Studies (GWAS)



Computing number/location of SNPs associated to disease Significance/correlation between a SNP and a disease

Privacy-Preserving Genomic Tests

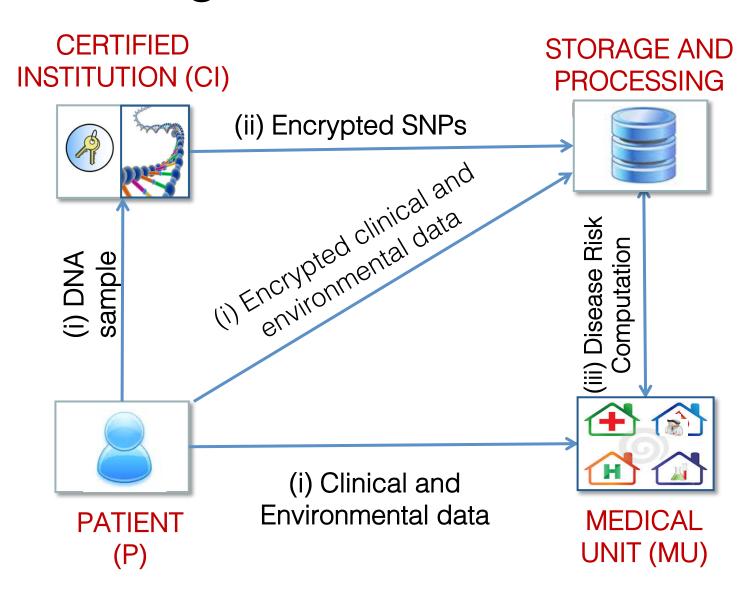
Individuals retain control of their sequenced genome

Allow doctors/labs to run genetics tests, but:

- 1. Genome never disclosed, only test output is
- 2. Pharmas can keep test specifics confidential

... two main approaches ...

1. Using Semi-Trusted Parties



1. Using Semi-Trusted Parties

Ayday et al. (WPES'13)

Data is encrypted and stored at a "Storage Process Unit" Disease susceptibility testing

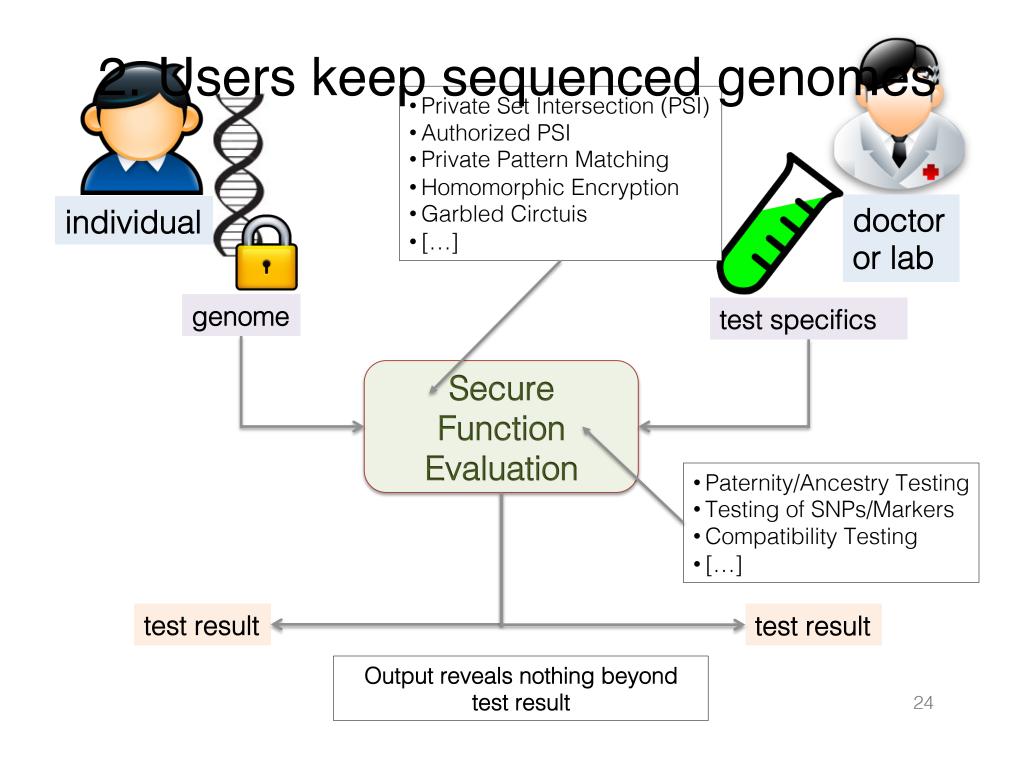
Ayday et al. (DPM'13)

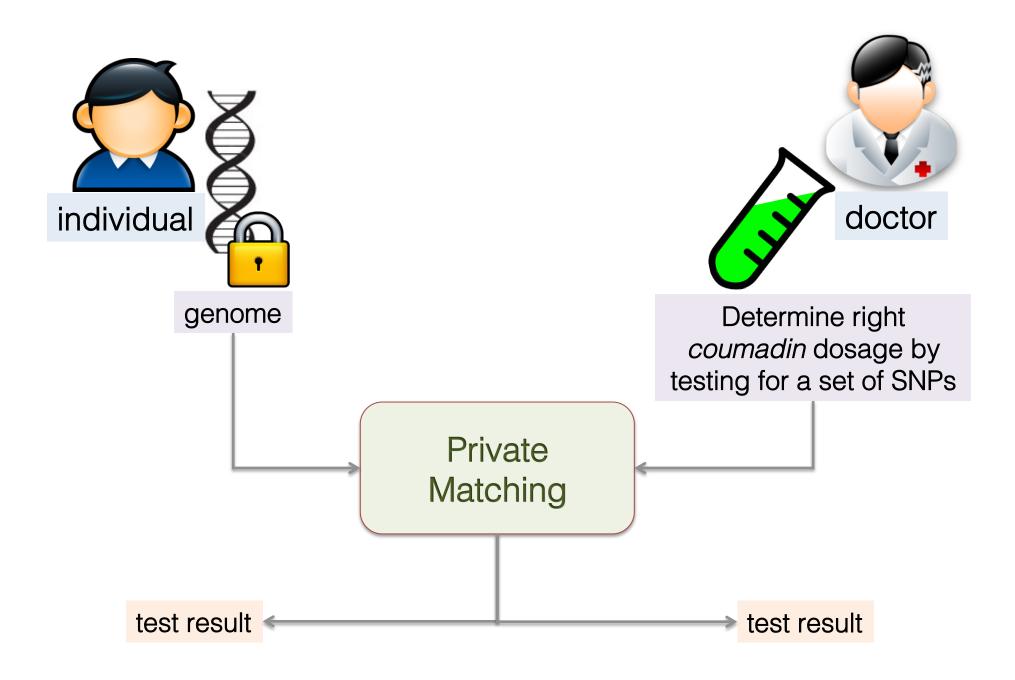
Encrypting raw genomic data (short reads)

Allowing medical unit to privately retrieve them

Danezis and De Cristofaro (WPES'14)

Regression for disease susceptibility





2. Users keep sequenced genomes

Baldi et al. (CCS'11)

Privacy-preserving version of a few genetic tests, based on private set operations

Paternity test, Personalized Medicine, Compatibility Tests (First work to consider fully sequenced genomes)

De Cristofaro et al. (WPES'12), extends the above

Framework and prototype deployment on Android Adds Ancestry/Genealogy Testing

Open Problems

Where do we store genomes?

Encryption can't guarantee security past 30-50 yrs

Reliability and availability issues?

Cryptography

Efficiency overhead

Data representation assumptions

How much understanding required from users?

Why do we even care about genome privacy?

We all leave biological cells behind...

Hair, saliva, etc., can be collected and sequenced?

Compare this "attack" to re-identifying millions of DNA donors or hacking into 23andme databases

The former: expensive, prone to mistakes, only works against a handful of targeted victims

The latter: very "scalable"

Thank you!

Special thanks to

E. Ayday, P. Baldi, R. Baronio, G. Danezis, S. Faber, P. Gasti, J-P. Hubaux, B. Malin, G. Tsudik.