

## Data Classification Using Anatomized Training Data

### The Problem

#### Anatomized Learning Problem

Given some  $L$ -diverse data in the anatomy model, can we learn accurate data mining models?

- What is the anatomy model?
- What is  $L$ -diverse?
- Under which assumptions?

#### Anatomy Model

Separate data table ( $D$ ) into two tables, identifier ( $IT$ ) and sensitive table ( $ST$ ) instead of generalizing records in the same group:

- Divide  $D$  in  $m$  groups  $G_j$ , group id ( $GID$ )  $j$
- $IT$  attributes ( $A_{id}$ ):  $A_1, \dots, A_d$
- $ST$  attribute:  $A_s$
- Publish  $IT$  and  $ST$  instead of  $D$
- $L$ -diverse
- Xiao et al. (2006), Nergiz et al. (2011, 2013)
- Patient Data Example (HIPAA 2002)

Patient (P)	Age (A)	Address (AD)	GID (G)	SEQ (S)	H(SEQ)	GID (G)	Disease (D)
Ike	41	Dayton	1	1	H <sub>k2</sub> (1)	1	Cold
Eric	22	Richmond	1	2	H <sub>k2</sub> (2)	1	Fever
Olga	30	Lafayette	2	3	H <sub>k2</sub> (3)	2	Flu
Kelly	35	Lafayette	2	4	H <sub>k2</sub> (4)	2	Cough
Faye	24	Richmond	3	5	H <sub>k2</sub> (5)	3	Flu
Mike	47	Richmond	3	6	H <sub>k2</sub> (6)	3	Fever
Jason	45	Lafayette	4	7	H <sub>k2</sub> (7)	4	Cough
Max	31	Lafayette	4	8	H <sub>k2</sub> (8)	4	Flu

Identifier table (IT)

Sensitive table (ST)

#### $L$ -diverse: Privacy Standard

Every instance in  $IT$  can be associated with  $L$  different instances in  $ST$

- Patient Data Example:  $L=2$
- $\forall G_j, v \in \pi_{A_s}(G_j), \frac{freq(v, G_j)}{|G_j|} \leq \frac{1}{L}$
- Machanavajjhala et al. (2007)

### Approaches

#### Learning Problem Assumptions

- Training set of  $n_{tr}$  instances in anatomy model and test set of  $n_{te}$  instances without any anonymization (Inan et al. (2009))
- No background knowledge for  $IT$
- **Can't predict the sensitive attribute  $A_s$ . If we could, we would be violating privacy!**
- Prediction task of  $A_i$  or  $C$  (binary!):
  - **Type 1:**  $A_i \in \{A_1, \dots, A_d\}$
  - **Type 2:**  $C \in \{A_1, \dots, A_d\} \wedge C \neq A_s$
- No  $IT$  and  $ST$  linking
- Data must remain  $L$ -diverse
- No involvement of  $D$ 's publisher
- Relaxed Assumptions (some models):
  - Minimal involvement of  $D$ 's publisher, limited sources of  $D$ 's publisher
  - Link  $IT$  and  $ST$  on small subsets
  - "Distributed data mining" between third party (server) and data publisher (client)

#### Collaborative Decision Tree Analysis:

- Type 1 prediction task with relaxed assumptions
- **Advantages:**
  1. Preserves privacy with reasonable accuracy
  2. Big part of the decision tree is learnt by the third party, a desired situation in cloud server/client architecture
- **Limitations:**
  1. Hard to give any bound on the model performance, in particular on the conditional risk (error rate) of the classification.
  2. What about the execution time guarantees in a cloud client/server architecture?
- **Need of a more justified model with the conditional risk guarantees!**

#### Nearest Neighbor Rule in Anatomy Model

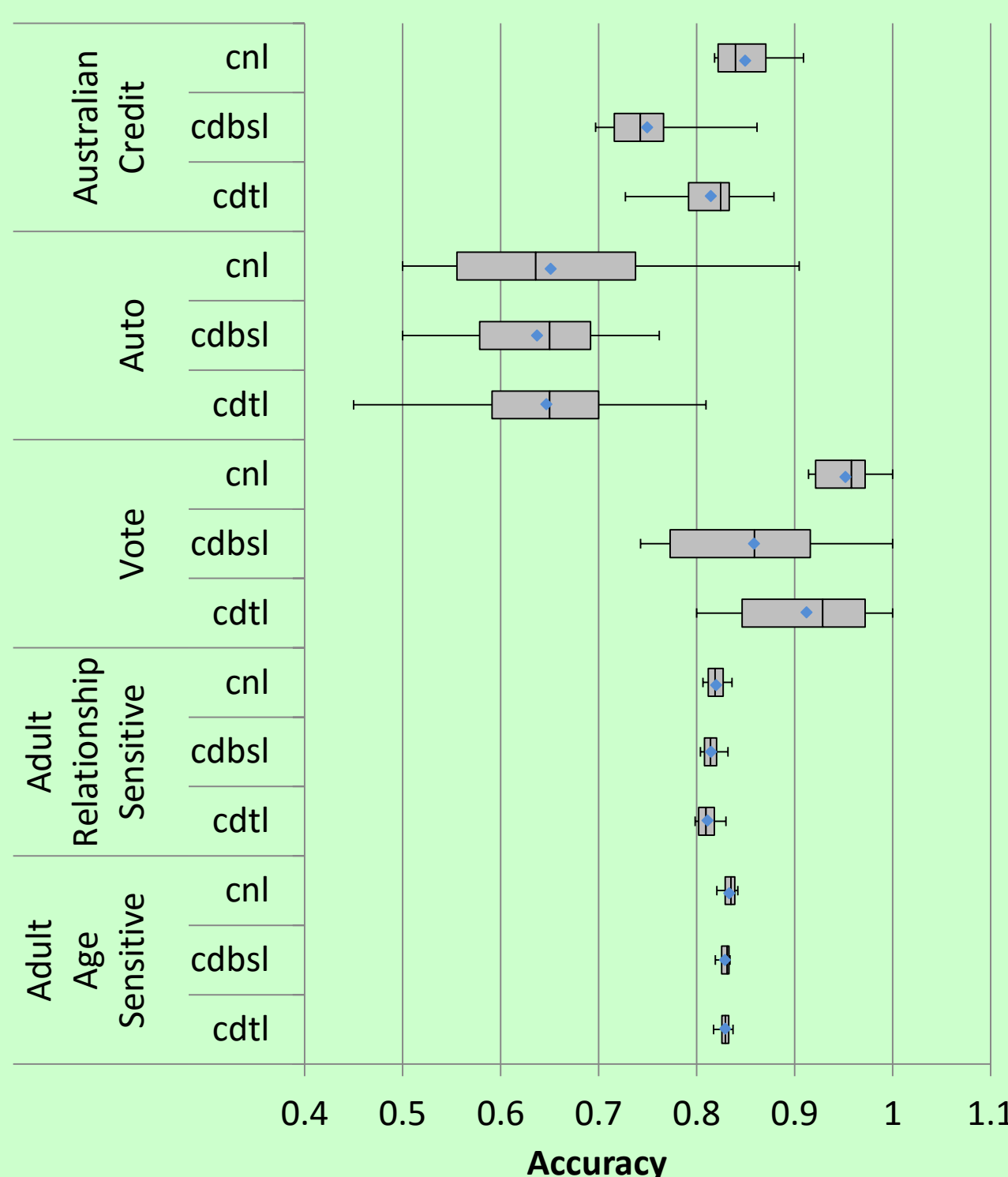
- Type 2 prediction task without relaxed assumptions.
- **Anatomized Training Data ( $D_A$ ):**  $IT \times IT.GID = ST.GID^{ST}$
- **Augmentation of nearest neighbor rule (Cover and Hart 1967):** Expand the training set such that the expanded version has size  $n_{tr}^l$ 
  - For all fixed  $l$ , the conditional risk is the corollary of Cover and Hart when  $n_{tr} \rightarrow \infty$
- **One Critical Question:** "How does the Bayes Risk change?"

### Empirical Results

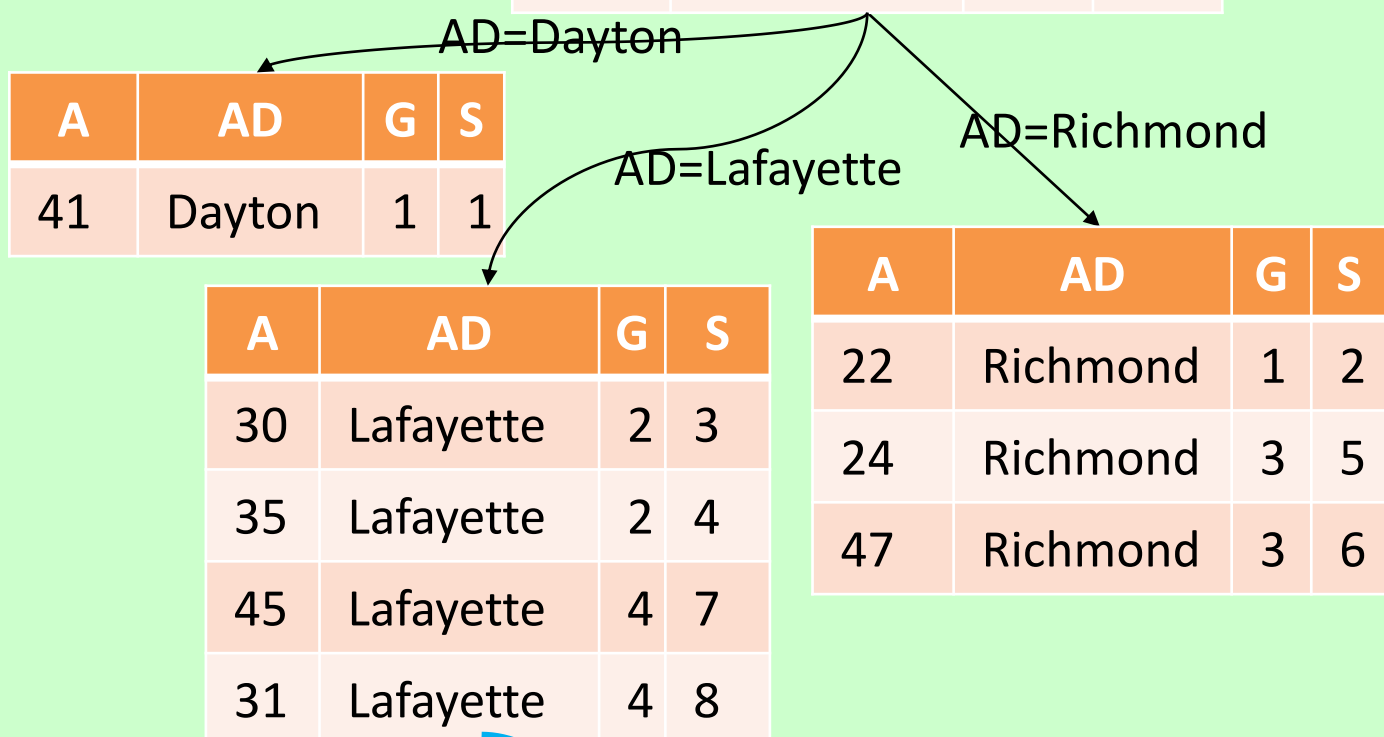
#### Collaborative Decision Tree Learning

1. Distributed Data Mining in the cloud (Client/server architecture)
2. On-the-fly encrypted subtrees (Mancuhan and al. 2014)
3. Experiments with four datasets from the UCI collection: adult, vote, autos and Australian credit
4. 10 fold cross validation on each dataset measuring accuracy

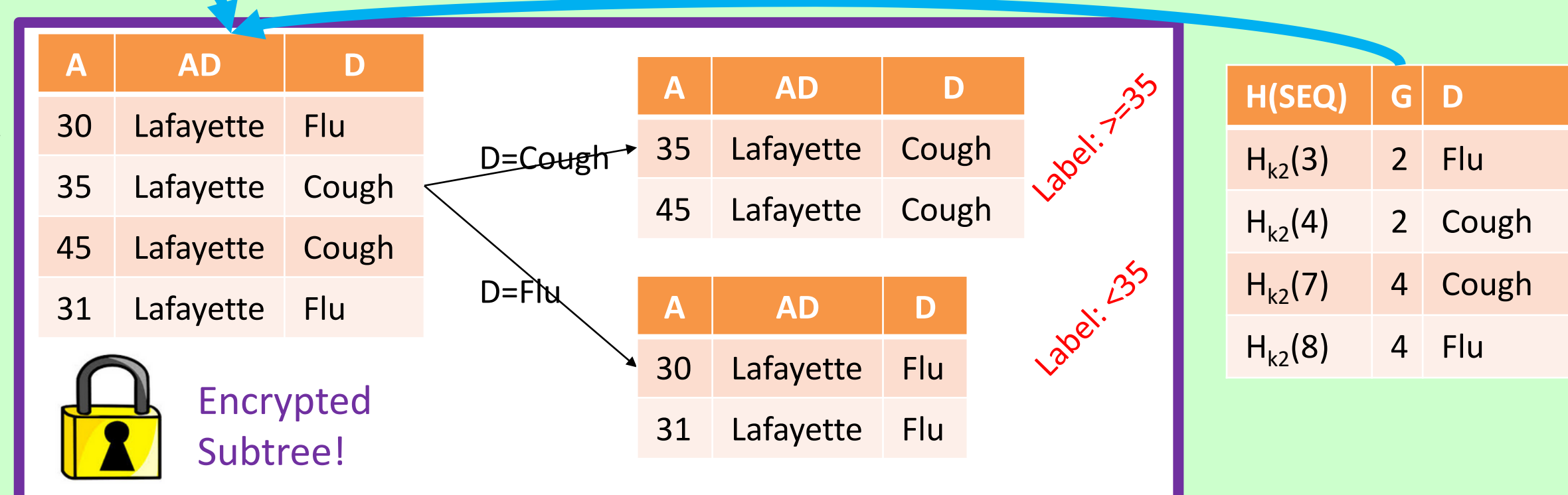
A	AD	G	S
41	Dayton	1	1
22	Richmond	1	2
30	Lafayette	2	3
35	Lafayette	2	4
24	Richmond	3	5
47	Richmond	3	6
45	Lafayette	4	7
31	Lafayette	4	8



Third Party (Server)



$D$ 's Publisher (Client)



### Theoretical Results

**Theorem:** Let  $M \in \mathbb{R}^{d+1}$  be a metric space,  $D$  be the training data and  $D_A$  be the anatomized training data. Let  $P_{A_1}(X)$  and  $P_{A_2}(X)$  be the smooth probability density functions of  $X$ . Let  $P_{A_1}(X)$  and  $P_{A_2}(X)$  be the class priors such that  $P_A(X) = P_{A_1}P_{A_1}(X) + P_{A_2}P_{A_2}(X)$ . Similarly, let  $P_1(X)$  and  $P_2(X)$  be the smooth probability density functions of  $X$  such that  $P(X) = P_1P_1(X) + P_2P_2(X)$  with class priors  $P_1$  and  $P_2$ . Let  $h_A(X) = -\ln(P_{A_1}(X)/P_{A_2}(X))$  and  $h(X) = -\ln(P_1(X)/P_2(X))$  be the classifiers with biases  $\Delta h_A(X)$  and  $\Delta h(X)$  respectively. Let  $t = \ln(P_1/P_2)$  be the decision threshold with threshold bias  $\Delta t$ . Let  $\epsilon_A > 0$  be the small changes on  $P_1(X)$  and  $P_2(X)$  resulting in  $P_{A_1}(X)$  and  $P_{A_2}(X)$ ; and  $R_A^*$ ,  $R^*$  be the Bayesian error estimations with respective biases  $\Delta R_A^*$ ,  $\Delta R^*$ . Let  $\hat{P}_{A_1}(X)$  and  $\hat{P}_1(X)$  be the Parzen density estimations; and  $K(*)$  be the kernel function for  $D$  with shape matrix  $A$  and size/volume parameter  $r$ . Last, let's assume that 1)  $A_{id}$  and  $A_s$  are independent in the training data  $D$  and the anatomized training data  $D_A$  2)  $R_A^* = R^*$  hold 3)  $\Delta t < 1$ . Therefore, the estimated Bayes risk is:

$$\hat{R}_A^* \cong a_1 r^2 + a_2 r^4 + a_3 \frac{r^{-d-1}}{N} + \epsilon_A a_4 r^2 + \epsilon_A a_5 r^4 - \epsilon_A a_6 \frac{r^{-d-1}}{N}$$

where  $\epsilon_A a_6 \frac{r^{-d-1}}{N} > 0$  always holds.

- **Another critical question:** "How does the convergence rate to the asymptotical conditional risk change?"
  - $O(1/([N]^d)^{d+1})$  versus  $O(1/[N]^{d+1})$
  - Faster convergence to the asymptotical conditional risk using anatomized training data.
- How is the asymptotical conditional risk?
  - Depends on the Bayes risk (Theorem above)

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### Current Work

- Experimentation of the nearest neighbor classifier using real data
- SVM classification generalization: How to adjust the right margin for the good generalization property when the training data is anatomized?
- Real-world case study: How this could inform data retention policies

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