

# Improving HIV treatment choice with multi-party computation

---

Mark Abspoel

13 September 2021

CWI, Cryptology Group

Based on TKI project with TNO, CWI, UvA/IAS, Philips.

Joint work with: Thomas Attema (CWI/TNO), Ronald Cramer (CWI), Serge Fehr (CWI), Jan de Gier (TNO), Maran van Heesch (TNO), Pia Kempker (TNO), Emiliano Mancini (UvA/IAS), Peter Sloot (UvA/IAS), Gabriele Spini (CWI), Thijs Veugen (CWI/TNO), Daniël Worm (TNO).

Affiliations at the time of the project (2017–2018).

## Context: TKI project

- Private/public collaboration between:
  - TNO
  - CWI, Cryptology group
  - University of Amsterdam, Institute of Advanced Studies
  - Philips Research
- Project duration: 1 year, start mid 2017
- Goal: innovative application of MPC techniques to practical use cases

### Results

- Identified two use cases in the medical domain
- Developed solution using MPC
- Proof of concept implementations

# Choosing HIV treatment

- Treating HIV is not straightforward: multiple possible treatments, many different viruses
- Virus mutates as it replicates. Bad treatment leads to more replication, which means:
  - Treatment failure
  - Accumulation of drug resistances
  - Faster progression to AIDS
- Even with optimal treatment, virus will eventually mutate

# Doctors' decisions

Doctors have  $\approx 5$  minutes per patient to take decisions based on

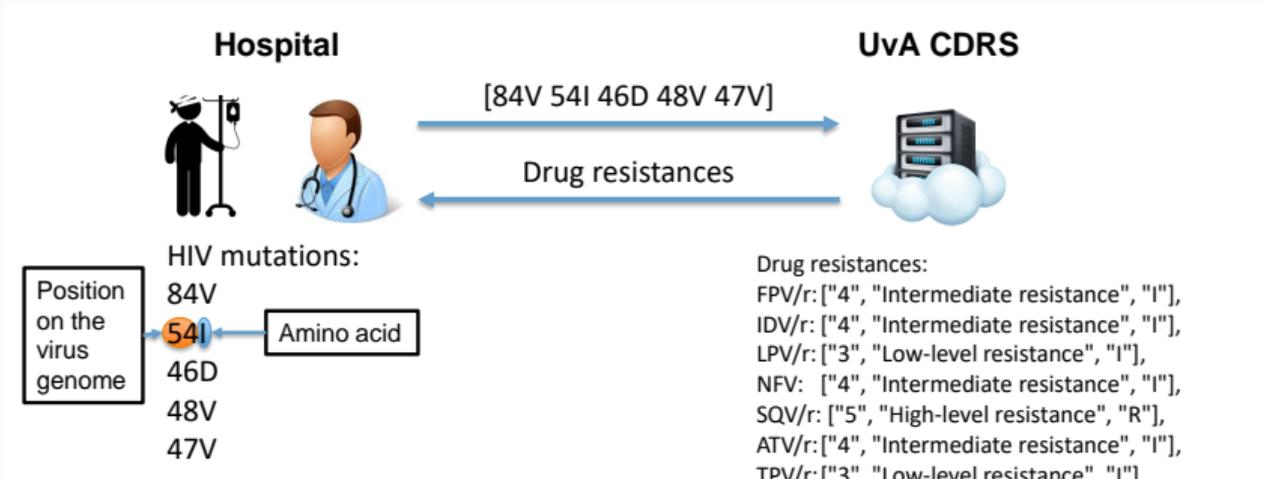
- Guidelines based on medical research
- Knowledge
- Experience

# Doctors' decisions

Doctors have  $\approx$  5 minutes per patient to take decisions based on

- Guidelines based on medical research
- Knowledge
- Experience

UvA developed Comparative Drug Ranking System (CDRS) to assist doctors.



## Using treatment data

CDRS is based on current research / clinical trials.

Every time a patient needs new treatment → feedback on prior treatment.

Can we use this data?

## Using treatment data

CDRS is based on current research / clinical trials.

Every time a patient needs new treatment → feedback on prior treatment.

Can we use this data?

Two problems:

1. Doctors do not want to publish decisions for liability concerns
2. Patient's HIV genotype is privacy-sensitive

# Using treatment data

CDRS is based on current research / clinical trials.

Every time a patient needs new treatment → feedback on prior treatment.

Can we use this data?

Two problems:

1. Doctors do not want to publish decisions for liability concerns
2. Patient's HIV genotype is privacy-sensitive

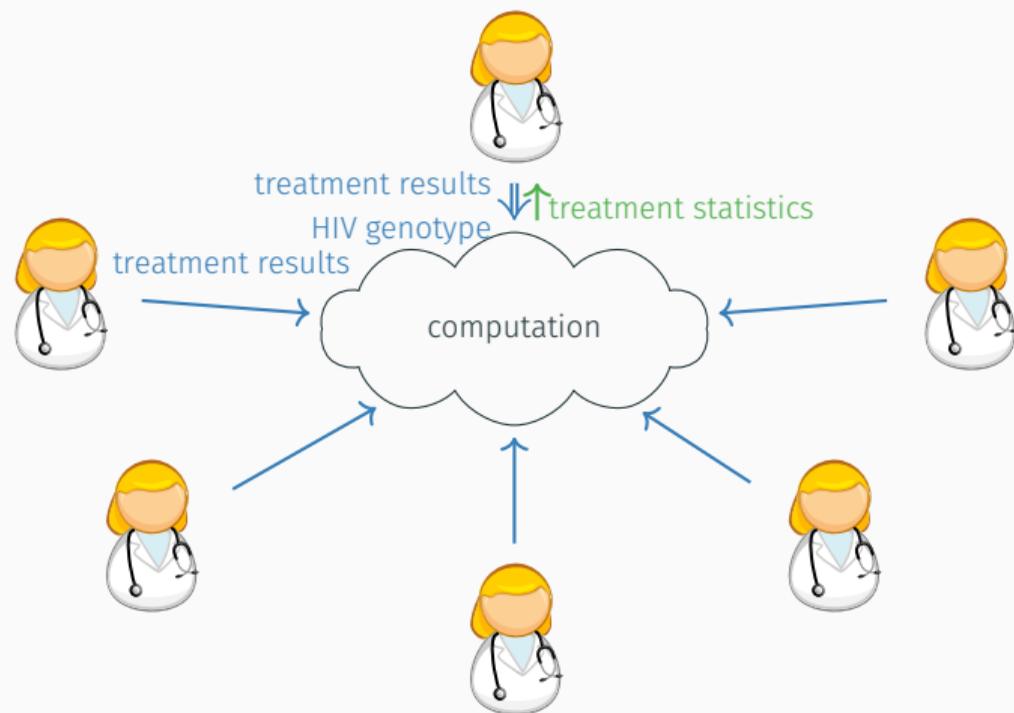
**Solution: multi-party computation!**

## Protocol to run each time

Given a patient's HIV genotype, for each treatment compute **average time to failure for patients with similar HIV virus**

## Protocol to run each time

Given a patient's HIV genotype, for each treatment compute **average time to failure for patients with similar HIV virus**



## Secret-shared database

Long running computation  $\rightarrow$  computation parties maintain an encrypted (secret-shared) database:

(HIV genotype, treatment, time to failure)

Genotype is encoded as vector of relevant mutations (length =  $\ell$ ).

## Secret-shared database

Long running computation  $\rightarrow$  computation parties maintain an encrypted (secret-shared) database:

(HIV genotype, treatment, time to failure)

Genotype is encoded as vector of relevant mutations (length =  $\ell$ ).

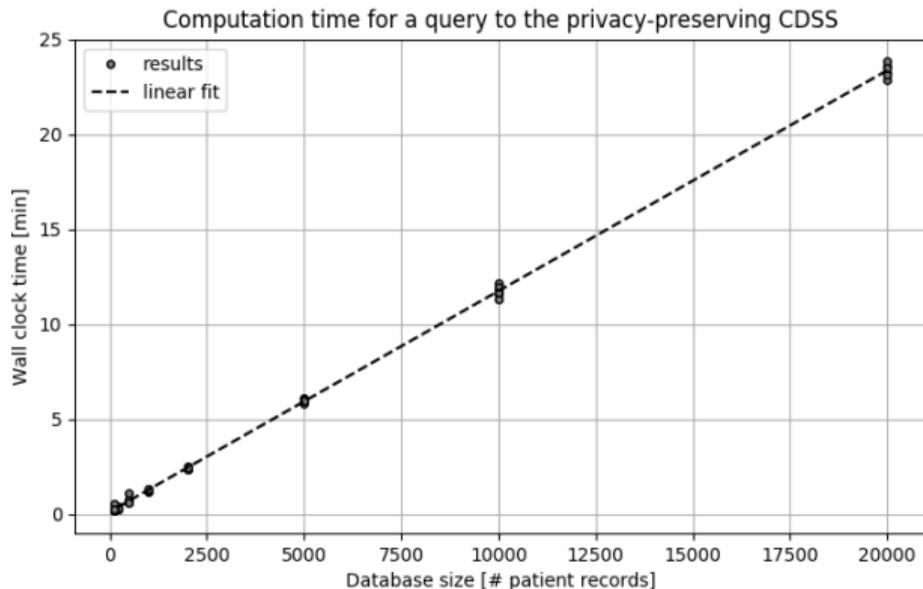
To query database, we need to check against each row!

$\implies$  Computation scales linearly in:

- The number of treatments  $Q$
- The length  $\ell$
- The number of rows  $N$

# Implementation

- Encode genotype as binary vector of relevant mutations,  $Q = 100, \ell = 200, N \leq 20\,000$ .
- Implementation using Bristol-SPDZ framework (predecessor of MP-SPDZ / SCALE-MAMBA), 2 machines connected through LAN, “Low Gear”



## Lessons learned

- Identifying a good use case can be hard.  
Initial use case: search CDRS without leaking patient genotype.

## Lessons learned

- Identifying a good use case can be hard.

Initial use case: search CDRS without leaking patient genotype.

Computation could be done locally without MPC! But we run into other organizational challenges (frequent updates, fast machines).

When to use MPC: *mutual privacy requirement*

## Lessons learned

- Identifying a good use case can be hard.  
Initial use case: search CDRS without leaking patient genotype.  
Computation could be done locally without MPC! But we run into other organizational challenges (frequent updates, fast machines).  
When to use MPC: *mutual privacy requirement*
- MPC enables new solutions

## Lessons learned

- Identifying a good use case can be hard.  
Initial use case: search CDRS without leaking patient genotype.  
Computation could be done locally without MPC! But we run into other organizational challenges (frequent updates, fast machines).  
When to use MPC: *mutual privacy requirement*
- MPC enables new solutions
- Performance of MPC can be good enough for practical applications