

Anonymization of Clinical Radiotherapy Data

HIPPA, FOIP, and HIA
Compliance Limits Systems
Troubleshooting and Clinical
Advancement

Charles M. Able, MS
Wake Forest University



Anonymization of Clinical Data

[The Problem]

- Transfer of patient specific data required by the vendor for troubleshooting of systems is not currently possible
- Cooperative development of treatment techniques for difficult or unique cases between different vendor TPS is not possible
- Patient data required for Clinical Trials QA and storage requires standardization in DICOM RT format

Anonymization Standards

[The Solution]

- Pseudonymization standards for DICOM RT data from radiotherapy systems (Treatment Planning, Treatment Management, Imaging Modalities, PACS) needs to be developed
- Secure encrypted electronic transfer of data using a range of export avenues (SFTP, removable storage, etc.) must be available

Customized Data Transfer

[The Solution]

- A feature that allows the user to customize the list of Default DICOM tags that require anonymization should be available
- User defined data (or data subsets) for export - images, structures, treatment plan, dose, DVH, DRR, treatment record/course, etc.
- Storage of user definable data transfer templates is needed

Advancement of Clinical Practice

[The Benefit]

- Vendors will be able to support client systems efficiently by evaluating system development & operational problems involving patient data.
- Thousands of facilities will be able to cooperatively work on a wide range of clinical challenges!