# Improving research transparency in Epidemiology via synthetic datasets when analysing sensitive or confidential data

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Disclosure: No synthetic participants were harmed in the making of this presentation





METHOD ARTICLE

# Releasing synthetic data from the Avon Longitudinal Study of Parents and Children (ALSPAC): Guidelines and applied examples [version 1; peer review: awaiting peer review]

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#### Science is broken!

# **Science** Fictions

Stuart Ritchie

Essay

# Why Most Published Research Findings Are False

John P. A. Ioannidis

#### The Hardest Science

Everything is fucked: The syllabus

PUBLISHED ON August 11, 2016

PSY 607: Everything is Fucked

Prof. Sanjay Srivastava





Exposing Fraud, Bias, Negligence and Hype in Science





https://thehardestscience.com/2016/08/11/everything-is-fucked-the-syllabus/

## How to improve science?

- Need open data to see whether results are reproducible (Munafo et al., 2017; Smaldino et al., 2019)
  - Many papers don't openly share data
    - And even if data available, analyses sometimes not reproducible (Minocher et al., 2021)
  - Can help spot any errors in analyses
  - (Can also help readers test and understand new/advanced analysis methods)
- If data (and code, importantly!) are available, this increases trust in results and conclusions
  - Open data does not solve all problems, but is part of solution (including preregistration/registered reports, better stats training, altering academic incentive structures, etc.)





#### Prevalence and predictors of data and code sharing in the medical and health sciences





Medical researchers do not commonly share their data or code. Although the number of researchers declaring that their data are publicly available is increasing, declared availability does not necessarily guarantee actual availability

Study design



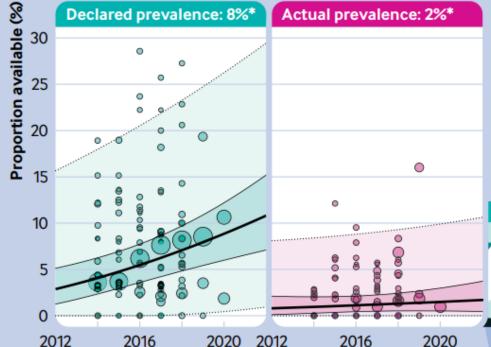
Systematic review with meta-analysis of individual participant data

Data sources

105 meta-research studies 2 121 580 medical publications ⚠ Risk of bias:

8% Low, 87% high, 6% unclear

#### Outcomes Declared availability v actual availability



Data sharing prevalence by publication year with fitted meta-regression lines

- 95% confidence interval
- ...... 95% prediction interval
- Circles are scaled relative to the natural log of the sample size

#### Prevalence and predictors of data and code sharing in the medical and health sciences: systematic review with meta-analysis of individual participant data

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For public code sharing, both the prevalence of declared and actual availability were estimated to be <0.5% since 2016.



\*Since 2016

Publication year

#### But sharing data is not always possible

- Potential concerns over:
  - 1) Data confidentiality/anonymity/sensitivity
  - 2) Ensuring that only legitimate researchers are able to access the resource
- Especially challenging for longitudinal population-based studies
  - E.g., ALSPAC has data on ~15,000 mothers, their partners and offspring, with over 100,000 variables in total
  - Hence why ALSPAC has policy of not allowing data to be released alongside published articles
- Policy is there for a reason, but is difficult to square with open science best practices of data sharing...

#### Synthetic data – A potential solution?

- Synthetic data are modelled on the original observed data
  - Maintains distributions of variables (means, variances, cell counts, etc.)
  - Maintains relationships between variables
  - But importantly observations are entirely simulated so do not correspond to real-life individuals
- Synthetic datasets keep the important features and structures of the observed data, while preserving anonymity
  - (Although correspondence between observed and synthetic data will not be perfect)

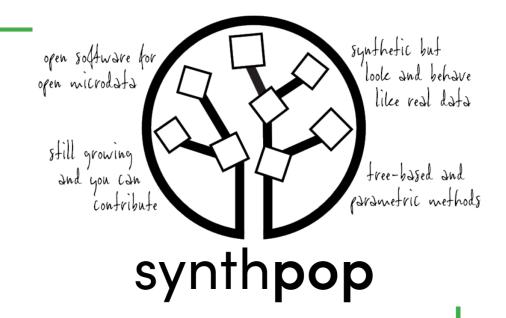
#### Synthetic data – A potential solution?

- Can release this synthetic data with the published paper so readers can:
  - Explore the raw (synthetic) data
  - Understand the analyses better
  - Reproduce analyses themselves
- While synthetic data will not be exactly the same as the observed data, it does add a further level of openness, accountability and transparency
  - Research is 'quasi-reproducible' (Shepherd et al., 2017)



## 'Synthpop' package

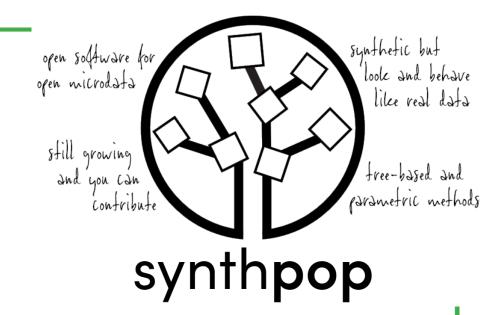
 R package 'synthpop' can be used to generate synthetic datasets (https://www.synthpop.org.uk/)



- Example based on open subset of ALSPAC data (<a href="https://osf.io/8sgze">https://osf.io/8sgze</a>)
  - RQ: Are maternal postnatal depressive symptoms associated with offspring depression in adolescence?

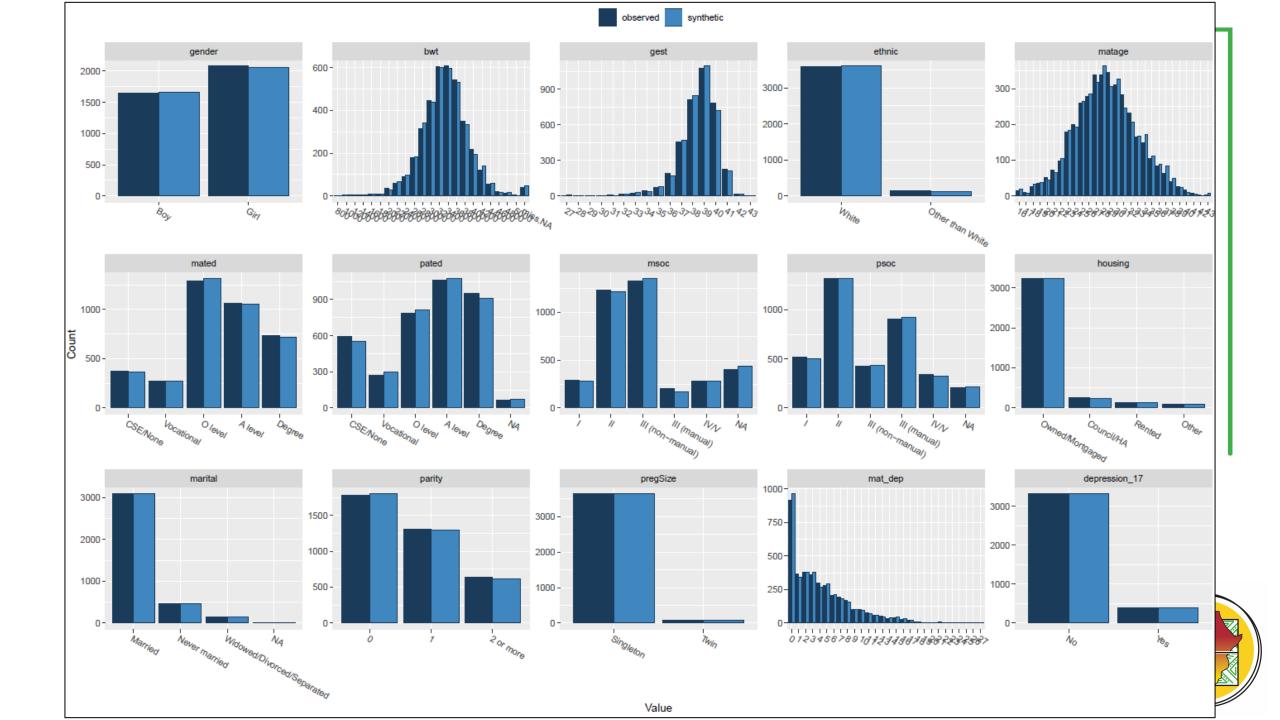


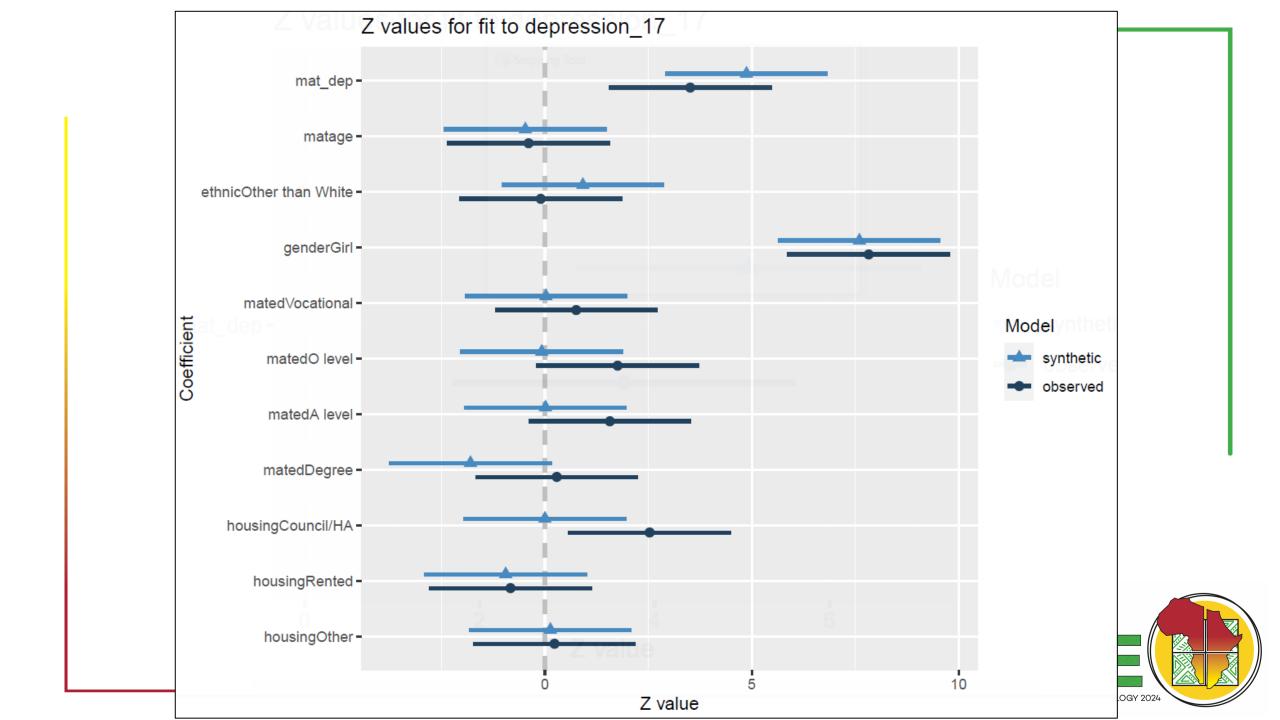
# 'Synthpop' package



- 3. Compare variable distributions between observed and synthetic data compare(dat\_syn, dat, stat = "count")
- 4. Compare relationships between observed and synthetic data model.syn <- glm.synds(depression 17 ~ mat dep + matage +







#### Some caveats

- Synthetic datasets should not be used for research purposes
- Hopefully obvious, but release the original/observed data if possible
  - Synthetic data should be a last resort, not default!
- While non-disclosive, ask the original data owner about sharing synthetic data
  - E.g., co-developed guidelines for sharing synthetic ALSPAC data
- 'Synthpop' designed for datasets with independent observations
  - May not be suitable (or work as well) for more complex datasets (e.g., hierarchical/multi-level data, social networks)

#### Take-home message

• In summary: Share your data! (but if you can't, share synthetic data)



#### • Thanks:

- All the wonderful co-authors and collaborators on the Beliefs, Behaviours and Health Research Group
- John Templeton Foundation for funding
- ALSPAC for having such amazing participants & data!

#### More information:

- Paper in Wellcome Open Research (https://wellcomeopenresearch.org/articles/9-57/v1)
- GitHub repo for code and synthetic data (https://github.com/djsmith-90/synthetic-data)
  - (Plus other repos with synthetic ALSPAC data)
- Openly-available subset of ALSPAC data (https://osf.io/8sgze)

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#### References/Useful links

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