

## PhD position – INSERM U1136 CIPHOD team, Paris

### Federated causal discovery and causal representation in a high dimensional setting with applications to epidemiology

**Project summary:** Access to causal graphs is essential for estimating causal effects [Greenland et al., 1999, Savitz and Wellenius, 2016]. These graphs represent qualitative cause-and-effect relationships between exposures, health outcomes, and other variables. When there is no hidden confounding factor, causal graphs are directed acyclic graphs (DAGs), where each node is independent of its nondescendants conditionally on its parents (causal Markov condition). However, in many applications, it is challenging for a practitioner to provide such a graph.

Causal discovery [Spirtes et al., 2000] is an active research field focused on discovering a causal graph from observational data. New methods are regularly proposed, but no single method stands out in all situations. Indeed, they all rely on assumptions that may or may not be appropriate for a particular dataset [Assaad et al., 2022]. In many cases, the results of causal discovery methods are still unsatisfactory in real-world applications [Aït-Bachir et al., 2023]. Nevertheless, it has been shown that multiple datasets from different environments can improve causal discovery [Mooij et al., 2020, Huang et al., 2020]. However, the French regulatory context, characterized by the extremely strict application of the General Data Protection Regulation (GDPR) to preserve data confidentiality, makes creating a causal graph from multiple datasets challenging. Therefore, it is important to start developing a federated causal discovery method that preserves privacy. Federated in the sense that we need to learn a causal graph (or an abstraction) from many datasets representing all these datasets and preserving confidentiality in the sense that we cannot compromise patient privacy [Mian et al., 2023]. Federated causal discovery is crucial in the current context, especially in the healthcare field. This is particularly relevant when considering the existence of a causal graph representing complex relationships, not recoverable solely from data from a single environment but recoverable by combining data from multiple environments. Consider multiple hospitals where the probability of encountering patients with a rare disease is high in one hospital (let's call it hospital A) compared to other hospitals. If we collect all the data and group them into a central server and then apply a non-federated causal discovery approach, then a hacker could easily access this sensitive information by accessing the central server and subsequently categorize patients from hospital A as individuals suffering from this rare disease. This situation poses a major problem in terms of data confidentiality, potentially violating the GDPR. Moreover, a naive approach to federated causal discovery, where each hospital would use an algorithm to discover a local causal graph and then send these local graphs to a central server, could also pose risks to confidentiality. By comparing the differences between local graphs, a hacker could potentially deduce patient profiles, thus compromising their privacy. It is therefore imperative to develop federated causal discovery methods specifically designed to preserve individuals' privacy and comply with GDPR standards. These methods must ensure that patients' sensitive information cannot be compromised, even in a distributed and collaborative environment.

The epidemiological context, and in particular the increasingly common use of medico-administrative databases (for example, the EDS of the AP-HP or the National Health Data System – SNDS), adds difficulties due to the high dimensionality of the data, including a temporal dimension; the use of variables that are often only proxies for the variables of real interest, and the absence of documentation of possible confounding factors. In such cases, causal discovery is at risk of failure, especially because they rarely consider hidden confounding factors. The use of prior knowledge, or the inclusion of human intervention to guide algorithms, can improve the outcome of discovery [Biswas et al., 2022, Meyer-Vitali and Mulder, 2023]. For example, it has already been shown that large language models (LLMs) can be useful for extracting prior knowledge about causality (qualitative) from texts [Jin et al., 2023, Zečević et al., 2023], e.g., from epidemiology articles. Another research approach that could be relevant in this context is causal representation [Schölkopf et al., 2021], which involves discovering confounding factors between observed variables and detecting causal relationships between these hidden factors. However, the assumptions required for causal representation are even more stringent than those needed for causal discovery [Yao et al., 2022, Sturma et al., 2023], and it is still not clear to what extent these assumptions are relevant in the healthcare domain.

Therefore, the objectives of this project are the following:

- Propose a federated causal discovery method that preserves patient privacy and is applicable to high-dimensional data;
- Propose a collaborative causal discovery framework that enables the use of causal discovery methods with LLMs (Large Language Models);
- Investigate the applicability of causal representation methods to discover causal relationships between hidden variables that cause observed proxy variables using medico-administrative databases.

**Lab location and description:** The Pierre Louis Institute of Epidemiology and Public Health (co-accredited by Inserm and Sorbonne University) is located at the Sorbonne University Faculty of Medicine - Hôpital Saint Antoine in Paris. It is composed of six teams, in addition to the recently established CIPHOD "Causal Inference in Public Health using large Observational health Databases" team. The general research objectives of CIPHOD are to put forth novel theoretical findings and develop innovative methodologies in the realm of causal inference, with a focus on their applicability and utility for epidemiologists.

**Contract:** The thesis contract will start in September 2024, for a duration of 36 months and after registration with the ED393 Doctoral School Pierre Louis of Public Health: Epidemiology and biomedical information sciences. The monthly doctoral allowance will be €2,131 gross, subject to annual revaluation.

The doctoral student will co-supervised by Dr. Charles Assaad (CIPHOD team) and Pr. Pierre-Yves Boëlle (SUMO team). The student will also collaborate with other teams in IPLESP and will have access to the resources and infrastructure available at INSERM/IPLESP and Sorbonne Université.

**Candidat profile:** Highly motivated candidate with an M2 degree and strong background in probability, machine learning, and causal inference, along with a keen interest in epidemiology. Proficiency in programming is also required.

**Contact:** Candidates are requested to send their CV (including a list of publications, research experiences, and references) to Charles Assaad (charles.assaad@inserm.fr) by June 13 2024. For additional details, please reach out to the same email address.

## References

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