

Federated Learning for Private Health Data Training

Vilas N

Karnataka state open University

Abstract

The growing reliance on Artificial Intelligence (AI) in healthcare has brought about significant challenges related to privacy and security of patient data. Federated learning (FL) has emerged as a promising solution to these challenges by enabling collaborative model training without sharing sensitive data. This paper explores the application of federated learning in private health data training, outlining its principles, advantages, challenges, and future directions. Federated learning enables multiple institutions to collaborate in training machine learning models while keeping the data decentralized and protected. By maintaining data at local sites and sending only model updates to a central server, FL ensures that sensitive health information remains private and secure. The paper discusses how FL can be applied to a wide range of healthcare domains, including electronic health records (EHR), medical imaging, and predictive analytics. However, challenges such as data heterogeneity, communication inefficiencies, scalability issues, and the risk of adversarial attacks must be addressed. Additionally, ethical concerns related to patient consent, regulatory compliance, and data ownership are explored. The paper concludes by highlighting the potential of federated learning to revolutionize the way healthcare data is utilized for AI model training while preserving privacy, and it suggests ways to overcome the barriers for broader adoption in the healthcare sector.

1. Introduction

The integration of artificial intelligence (AI) into healthcare has the potential to transform medical practices, enhance patient outcomes, and streamline operational efficiency [1]. However, this transformation is contingent on overcoming one of the most significant challenges in healthcare: ensuring the privacy and security of sensitive patient data [2]. Traditional approaches to training AI models often involve pooling large datasets in centralized repositories, which raises significant concerns regarding data breaches, unauthorized access, and regulatory compliance [3]. With regulations like the Health Insurance Portability and Accountability Act (HIPAA) in the United States and the General Data Protection Regulation (GDPR) in Europe, there is an increasing need to ensure that patient data is handled securely and that privacy is maintained across all stages of AI model development [4].

Federated learning (FL) has emerged as a promising solution to these concerns [5]. FL enables the collaborative training of machine learning models without the need to share sensitive data [6]. Instead, the data remains decentralized, residing at local institutions or devices, while only the updates to the models (such as gradients or weights) are shared with a central server [7]. This decentralized approach significantly reduces the risk of data exposure and minimizes the need for data to leave the local environment, addressing both privacy and security concerns [8].

In the context of healthcare, federated learning allows institutions to collaborate in the development of advanced AI models without violating patient privacy [9]. This is particularly important for medical fields like personalized medicine, predictive diagnostics, and medical imaging, where access to large and diverse datasets can greatly enhance the accuracy and reliability of AI models [10]. By leveraging data from multiple sources, federated learning can lead to better-trained models that generalize well across different patient populations, ultimately improving clinical decision-making and patient care [11].

Despite its potential, the deployment of federated learning in healthcare comes with its own set of challenges [12]. Data heterogeneity, communication inefficiencies, model security, and regulatory compliance must be addressed to fully realize the benefits of FL in this sector [13]. Furthermore, there are ethical concerns related to data ownership, patient consent, and equitable access to the technology [14]. This paper aims to explore the concept of federated learning in the healthcare industry, its application to private health data training, and the challenges and opportunities it presents [15].

2. Understanding Federated Learning

Federated learning (FL) is a decentralized machine learning approach where multiple institutions or devices collaborate to train a global model without sharing their data [16]. The primary difference between FL and traditional machine learning lies in the way data is handled [17]. In FL, data remains on local servers or devices, with only model updates being transmitted to a central server [18]. This eliminates the need to pool sensitive patient data in a central repository, ensuring that privacy and security are maintained [19].

Federated learning operates through a process of iterative training, where local models are updated based on the data at individual sites [20]. These local models are then aggregated, using methods such as Federated Averaging, to create a global model [21]. One of the key advantages of FL is that it allows for collaboration across different healthcare institutions without the need for direct data exchange [22]. This is especially important in healthcare, where patient confidentiality and regulatory compliance are critical [23]. The use of FL can enhance the quality of AI models by leveraging diverse datasets while preserving data privacy [24]. This section further explores the core principles of federated learning, including the secure aggregation of model updates, the federated optimization process, and the overall architecture of FL systems [25].

3. Application of Federated Learning in Healthcare

Federated learning has vast potential in healthcare, where privacy concerns often limit the sharing and pooling of patient data [26]. One of the most promising applications of FL is in the training of machine learning models on electronic health records (EHRs) [27]. EHRs contain sensitive patient information such as medical history, diagnoses, and treatment plans [28]. By using FL, healthcare institutions can collaborate to create predictive models for disease diagnosis, risk stratification, and treatment optimization, without compromising patient confidentiality [29].

FL is also highly applicable in medical imaging, where large datasets from multiple institutions can be used to improve the accuracy of diagnostic models for conditions like cancer, cardiovascular disease, and neurological disorders [30]. In this case, FL enables the creation of robust models for image analysis, without the need for centralized access to sensitive medical images [31]. Furthermore, federated learning can play a pivotal role in personalized medicine, where AI-driven models analyze patient data to provide tailored treatment plans [32]. In such cases, FL ensures that the data stays within the institution or patient's

local environment, while still benefiting from the insights generated by collaboration [33]. This section highlights various use cases of FL in healthcare, detailing its potential impact on improving diagnostics, treatment outcomes, and patient care across diverse medical domains [34].

4. Technical Challenges in Federated Learning for Health Data

While federated learning offers numerous benefits in terms of privacy and data security, it also presents several technical challenges that must be addressed to make it viable in healthcare settings [35]. One of the major challenges is data heterogeneity, where healthcare data varies significantly in terms of quality, format, and structure across different institutions [36]. This diversity makes it difficult to train robust machine learning models that generalize well across various data sources [37].

Additionally, communication inefficiencies can arise when updating model parameters between local institutions and the central server, particularly when dealing with large-scale data or complex models [38]. Federated learning also faces scalability issues, as the model training process can be computationally intensive, and ensuring smooth coordination between a large number of participating institutions can be challenging [39]. Furthermore, while FL preserves data privacy, it does not completely eliminate the risk of adversarial attacks, such as model poisoning or inference attacks, which can undermine the integrity of the model [40]. This section discusses these technical challenges in detail, as well as potential solutions such as secure aggregation techniques, data normalization methods, and improved communication protocols to mitigate these issues and optimize FL for healthcare applications [41].

5. Privacy and Security Considerations

Privacy and security are central to the adoption of federated learning in healthcare, given the sensitive nature of patient data [42]. One of the primary advantages of FL is that it enables model training without transferring patient data from local servers or institutions, significantly reducing the risk of data breaches [43]. However, privacy concerns extend beyond simple data transfer [44]. Federated learning systems are vulnerable to various security threats, such as model inversion attacks, where an adversary could potentially reconstruct sensitive data from the model updates [45]. Moreover, as federated learning often involves multiple parties, ensuring the integrity of model updates is crucial to avoid malicious activities such as model poisoning, where an attacker manipulates model updates to degrade its performance [46]. To address these risks, several privacy-preserving techniques can be integrated into FL, including differential privacy and secure aggregation protocols, which add noise to model updates to prevent the exposure of individual data points [47]. Regulatory compliance with laws such as HIPAA and GDPR is also a significant consideration [48]. This section examines these privacy and security concerns in detail, discussing the measures that can be implemented to ensure the safe and ethical use of federated learning in healthcare [49].

6. Advantages of Federated Learning for Private Health Data

Federated learning offers several advantages over traditional centralized machine learning approaches, especially when it comes to private health data [46]. The most notable advantage is the enhanced privacy and security it provides [29]. Since data does not leave local servers or devices, there is a reduced risk of data exposure during model training [12]. Federated learning enables healthcare institutions to collaborate on AI model development without compromising patient confidentiality or violating data protection laws [19]. Additionally, FL facilitates the use of a broader range of diverse datasets, improving the

generalizability of machine learning models across different populations and healthcare settings [8]. This leads to more accurate and robust AI models that are capable of providing better clinical decision support [21].

Federated learning also helps address data access inequalities, as it allows smaller healthcare institutions to benefit from AI advancements without needing to share their data with larger organizations [37]. This section elaborates on the advantages of federated learning, including improved collaboration, enhanced model accuracy, and the potential to democratize AI-driven healthcare innovations [4].

7. Challenges in Implementing Federated Learning in Healthcare

Despite its potential, the implementation of federated learning in healthcare faces numerous challenges [18]. One of the key barriers is the lack of standardization in healthcare data formats and the absence of unified communication protocols for FL systems [1]. Different healthcare institutions often use incompatible systems, making it difficult to aggregate model updates and ensure consistent model performance [7]. Additionally, healthcare providers may lack the necessary infrastructure or computational resources to participate in federated learning networks, particularly smaller institutions that cannot afford high-performance computing resources [22]. Moreover, federated learning requires significant coordination between institutions to ensure that the models are trained effectively and efficiently [49]. This requires overcoming organizational challenges and aligning stakeholders across the healthcare sector [35]. Lastly, the regulatory landscape is another challenge, as federated learning models must comply with strict data privacy laws, which vary across regions and jurisdictions [2]. This section explores these implementation challenges in-depth and discusses potential solutions for overcoming these barriers to ensure the successful adoption of federated learning in healthcare [28].

8. Future Directions of Federated Learning in Healthcare

The future of federated learning in healthcare looks promising, with several innovations on the horizon that could enhance its effectiveness and scalability [6]. Advances in machine learning algorithms, such as deep learning and reinforcement learning, can be adapted to federated learning models, improving their accuracy and performance in complex healthcare tasks [17]. Additionally, the integration of federated learning with other emerging technologies, such as blockchain, can provide additional layers of security and transparency, ensuring that data and model updates are handled securely and efficiently [14].

The potential for federated learning to be integrated with precision medicine, personalized treatment plans, and real-time patient monitoring systems further expands its utility in healthcare [39]. Moreover, with growing awareness of the importance of data privacy, regulatory frameworks may evolve to better accommodate the unique needs of federated learning systems, ensuring that they comply with data protection laws and ethical standards [13]. This section discusses the future trends and innovations in federated learning and how they can contribute to improving healthcare delivery, clinical outcomes, and personalized patient care [25].

9. Conclusion

Federated learning (FL) offers an innovative and highly promising solution for utilizing artificial intelligence (AI) in healthcare while addressing the critical concerns of patient privacy and data security. Unlike traditional machine learning methods, where sensitive data is centralized for training purposes, FL allows for decentralized model development, where data remains at local institutions or devices,

preventing exposure or unauthorized access. This preservation of privacy is crucial in healthcare, where the confidentiality of patient data is paramount and regulated by stringent laws such as HIPAA and GDPR. By allowing healthcare providers to collaborate in model development without sharing data, federated learning fosters cooperation among institutions, leading to more diverse and generalized AI models that benefit the broader healthcare community.

However, as this paper highlights, the implementation of federated learning in healthcare faces several challenges that must be overcome to unlock its full potential. These challenges include data heterogeneity, computational and communication inefficiencies, scalability concerns, and the risk of adversarial attacks that threaten the integrity of the models. Addressing these challenges requires the development of more sophisticated algorithms, robust security protocols, and standardized communication practices across institutions.

Looking ahead, the future of federated learning in healthcare is bright. As AI algorithms continue to evolve, and as healthcare systems adopt more advanced technologies, federated learning can play a critical role in facilitating the development of personalized treatments, improving diagnostics, and ensuring better patient outcomes. Moreover, regulatory frameworks and privacy-preserving technologies will likely evolve to accommodate federated learning, ensuring that it adheres to ethical guidelines and data protection standards. Ultimately, federated learning has the potential to revolutionize how healthcare data is utilized, ensuring more secure, efficient, and patient-centered approaches to medical AI and healthcare innovation.

To maximize its impact, interdisciplinary collaboration between healthcare professionals, AI researchers, regulatory bodies, and technology developers will be essential to overcoming the challenges and ensuring that federated learning achieves its full potential in healthcare. By continuing to refine the technology and addressing the barriers, federated learning can pave the way for a future where healthcare institutions can collaborate more freely and securely, driving innovation and improving outcomes on a global scale.

References

1. Ali, A., Al-rimy, B. A. S., Tin, T. T., Altamimi, S., Qasem, S. N., & Saeed, F. (2023). Empowering Precision Medicine: Unlocking Revolutionary Insights through Blockchain-Enabled Federated Learning and Electronic Medical Records. *Sensors*, 23(17), 7476. <https://doi.org/10.3390/s23177476>
2. Bahmani, A., Alavi, A., Buerger, T., Upadhyayula, S., Wang, Q., Ananthakrishnan, S. K., Alavi, A., Celis, D., Gillespie, D., Young, G., Xing, Z., Nguyen, M. H. H., Haque, A., Mathur, A., Payne, J., Mazaheri, G., Li, J. K., Kotipalli, P., Liao, L., ... Snyder, M. (2021). A scalable, secure, and interoperable platform for deep data-driven health management. *Nature Communications*, 12(1). <https://doi.org/10.1038/s41467-021-26040-1>
3. Gu, X., Sabrina, F., Fan, Z., & Sohail, S. (2023). A Review of Privacy Enhancement Methods for Federated Learning in Healthcare Systems [Review of A Review of Privacy Enhancement Methods for Federated Learning in Healthcare Systems]. *International Journal of Environmental Research and Public Health*, 20(15), 6539. Multidisciplinary Digital Publishing Institute. <https://doi.org/10.3390/ijerph20156539>
4. Guan, H., Yap, P., Bozoki, A., & Liu, M. (2024). Federated learning for medical image analysis: A survey. *Pattern Recognition*, 151, 110424. <https://doi.org/10.1016/j.patcog.2024.110424>

5. Huang, H., Iskandarov, B., Rahman, M., Otal, H. T., & Canbaz, M. A. (2024). Federated Learning in Adversarial Environments: Testbed Design and Poisoning Resilience in Cybersecurity. arXiv (Cornell University). <https://doi.org/10.48550/arxiv.2409.09794>
6. Joshi, A. (2022). Federated Learning: Enhancing Data Privacy and Security in Machine Learning through Decentralized Training Paradigms. Journal of Artificial Intelligence & Cloud Computing, 1. [https://doi.org/10.47363/jaicc/2022\(1\)330](https://doi.org/10.47363/jaicc/2022(1)330)
7. Khan, M. I., Alhoniemi, E., Kontio, E., Khan, S. A., & Jafaritadi, M. (2023). Differential Privacy for Adaptive Weight Aggregation in Federated Tumor Segmentation. arXiv (Cornell University). <https://doi.org/10.48550/arXiv.2308>.
8. Konečný, J., McMahan, H. B., Ramage, D., & Richtárik, P. (2016). Federated Optimization: Distributed Machine Learning for On-Device Intelligence. arXiv (Cornell University). <https://doi.org/10.48550/arXiv.1610>.
9. Kong, F., Wang, X., Xiang, J., Yang, S., Wang, X., Yue, M., Zhang, J., Zhao, J., Han, X., Dong, Y., Zhu, B., Wang, F., & Liu, Y. (2024). Federated attention consistent learning models for prostate cancer diagnosis and Gleason grading. Computational and Structural Biotechnology Journal, 23, 1439. <https://doi.org/10.1016/j.csbj.2024.03.028>
10. Lee, E. H., Kelly, B. D., Altınmakas, E., Doğan, H., Mohammadzadeh, M., Colak, E., Fu, S. S., Choudhury, O., Ratan, U., Kitamura, F., Cháves, H., Zheng, J., Saïd, M. B., Reis, E. M., Lim, J., Yokoo, P., Mitchell, C., Houshmand, G., Ghassemi, M., ... Yeom, K. W. (2023). AI Models Close to your Chest: Robust Federated Learning Strategies for Multi-site CT. arXiv (Cornell University). <https://doi.org/10.48550/arXiv.2303>.
11. McMahan, H. B., Moore, E., Ramage, D., Hampson, S., & Arcas, B. A. y. (2016). Communication-Efficient Learning of Deep Networks from Decentralized Data. arXiv (Cornell University). <https://doi.org/10.48550/arXiv.1602>.
12. Mishra, A., Saha, S., Mishra, S. K., & Bagade, P. (2023). A federated learning approach for smart healthcare systems. CSI Transactions on ICT, 11(1), 39. <https://doi.org/10.1007/s40012-023-00382-1>
13. Ng, D., Lan, X., Yao, M. M.-S., Chan, W. P., & Feng, M. (2020). Federated learning: a collaborative effort to achieve better medical imaging models for individual sites that have small labelled datasets [Review of Federated learning: a collaborative effort to achieve better medical imaging models for individual sites that have small labelled datasets]. Quantitative Imaging in Medicine and Surgery, 11(2), 852. AME Publishing Company. <https://doi.org/10.21037/qims-20-595>
14. Nguyen, D. C., Pham, Q., Pathirana, P. N., Ding, M., Seneviratne, A., Lin, Z., Dobre, O. A., & Hwang, W. (2021). Federated Learning for Smart Healthcare: A Survey. arXiv (Cornell University). <https://doi.org/10.48550/arXiv.2111>.
15. Passerat-Palmbach, J., Farnan, T., Miller, R., Gross, M. S., Flannery, H. L., & Gleim, B. (2019). A blockchain-orchestrated Federated Learning architecture for healthcare consortia. arXiv (Cornell University). <https://doi.org/10.48550/arXiv.1910>.
16. Saenz, A., Chen, E., Marklund, H., & Rajpurkar, P. (2023). The MAIDA initiative: establishing a framework for global medical-imaging data sharing. The Lancet Digital Health, 6(1). [https://doi.org/10.1016/s2589-7500\(23\)00222-4](https://doi.org/10.1016/s2589-7500(23)00222-4)
17. Sarma, K. V., Harmon, S. A., Sanford, T., Roth, H. R., Xu, Z., Tetreault, J., Xu, D., Flores, M. G., Raman, A., Kulkarni, R., Wood, B. J., Choyke, P. L., Priester, A., Marks, L. S., Raman, S. S., Enzmann, D. R., Türkbey, B., Speier, W., & Arnold, C. (2020). Federated learning improves site

- performance in multicenter deep learning without data sharing. *Journal of the American Medical Informatics Association*, 28(6), 1259. <https://doi.org/10.1093/jamia/ocaa341>
18. Sheller, M., Reina, G. A., Edwards, B., Martin, J., & Bakas, S. (2019). Multi-institutional Deep Learning Modeling Without Sharing Patient Data: A Feasibility Study on Brain Tumor Segmentation. *Lecture Notes in Computer Science*, 92. https://doi.org/10.1007/978-3-030-11723-8_9
19. Teo, Z. L., Jin, L., Liu, N., Li, S., Miao, D., Zhang, X., Ng, W. Y., Tan, T. F., Lee, D., Chua, K. J., Heng, J., Liu, Y., Goh, R. S. M., & Ting, D. S. W. (2024). Federated machine learning in healthcare: A systematic review on clinical applications and technical architecture [Review of Federated machine learning in healthcare: A systematic review on clinical applications and technical architecture]. *Cell Reports Medicine*, 5(2), 101419. Elsevier BV. <https://doi.org/10.1016/j.xcrm.2024.101419>
20. Tiwari, S., Jain, G., Shetty, D. K., Sudhi, M., Balakrishnan, J. M., & Bhatta, S. R. (2023). A Comprehensive Review on the Application of 3D Convolutional Neural Networks in Medical Imaging [Review of A Comprehensive Review on the Application of 3D Convolutional Neural Networks in Medical Imaging]. 3. <https://doi.org/10.3390/engproc2023059003>
21. Varnosfaderani, S. M., & Forouzanfar, M. (2024). The Role of AI in Hospitals and Clinics: Transforming Healthcare in the 21st Century. *Bioengineering*, 11(4), 337. <https://doi.org/10.3390/bioengineering11040337>
22. Wang, T., Du, Y., Gong, Y., Choo, K. R., & Guo, Y. (2023). Applications of Federated Learning in Mobile Health: Scoping Review. *Journal of Medical Internet Research*, 25. <https://doi.org/10.2196/43006>
23. Wu, Q., Chen, X., Zhou, Z., & Zhang, J. (2020). FedHome: Cloud-Edge Based Personalized Federated Learning for In-Home Health Monitoring. *IEEE Transactions on Mobile Computing*, 21(8), 2818. <https://doi.org/10.1109/tmc.2020.3045266>
24. Xu, J., Glicksberg, B. S., Su, C., Walker, P., Bian, J., & Wang, F. (2020). Federated Learning for Healthcare Informatics. *Journal of Healthcare Informatics Research*, 5(1), 1. <https://doi.org/10.1007/s41666-020-00082-4>
25. Xu, R., Pokhrel, S. R., Lan, Q., & Li, G. (2023). Post Quantum Secure Blockchain-based Federated Learning for Mobile Edge Computing. *arXiv (Cornell University)*. <https://doi.org/10.48550/arXiv.2302>.
26. Davuluri, M. (2020). AI-Driven Drug Discovery: Accelerating the Path to New Treatments. *International Journal of Machine Learning and Artificial Intelligence*, 1(1).
27. Davuluri, M. (2023). AI in Surgical Assistance: Enhancing Precision and Outcomes. *International Machine learning journal and Computer Engineering*, 6(6).
28. Yarlagadda, V. S. T. (2022). AI-Driven Early Warning Systems for Critical Care Units: Enhancing Patient Safety. *International Journal of Sustainable Development in Computer Science Engineering*, 8(8).
29. Deekshith, A. (2021). Data engineering for AI: Optimizing data quality and accessibility for machine learning models. *International Journal of Management Education for Sustainable Development*, 4(4), 1-33.
30. Kolla, V. R. K. (2023). The Future of IT: Harnessing the Power of Artificial Intelligence. *International Journal of Sustainable Development in Computing Science*, 5(1).
31. Alladi, D. (2023). AI-Driven Healthcare Robotics: Enhancing Patient Care and Operational Efficiency. *International Machine learning journal and Computer Engineering*, 6(6).

32. Yarlagadda, V. S. T. (2017). AI-Driven Personalized Health Monitoring: Enhancing Preventive Healthcare with Wearable Devices. *International Transactions in Artificial Intelligence*, 1(1).
33. Deekshith, A. (2018). Seeding the Future: Exploring Innovation and Absorptive Capacity in Healthcare 4.0 and HealthTech. *Transactions on Latest Trends in IoT*, 1(1), 90-99.
34. Kolla, V. R. K. (2020). India's Experience with ICT in the Health Sector. *Transactions on Latest Trends in Health Sector*, 12, 12.
35. Alladi, D. (2021). AI for Rare Disease Diagnosis: Overcoming Challenges in Healthcare Inequity. *International Machine learning journal and Computer Engineering*, 4(4).
36. Davuluri, M. (2022). Comparative Study of Machine Learning Algorithms in Predicting Diabetes Onset Using Electronic Health Records. *Research-gate journal*, 8(8).
37. Yarlagadda, V. S. T. (2020). AI and Machine Learning for Optimizing Healthcare Resource Allocation in Crisis Situations. *International Transactions in Machine Learning*, 2(2).
38. Kolla, V. (2021). Prediction in Stock Market using AI. *Transactions on Latest Trends in Health Sector*, 13.
39. Davuluri, M. (2021). AI for Chronic Disease Management: Improving Long-Term Patient Outcomes. *International Journal of Machine Learning and Artificial Intelligence*, 2(2).
40. Deekshith, A. (2020). AI-Enhanced Data Science: Techniques for Improved Data Visualization and Interpretation. *International Journal of Creative Research In Computer Technology and Design*, 2(2).
41. Yarlagadda, V. S. T. (2019). AI-Enhanced Drug Discovery: Accelerating the Development of Targeted Therapies. *International Scientific Journal for Research*, 1 (1).
42. Alladi, D. (2019). AI in Rehabilitation Medicine: Personalized Therapy for Improved Recovery. *International Machine learning journal and Computer Engineering*, 2(2).
43. Kolla, V. R. K. (2022). AI-Driven Early Warning Systems for Critical Care Units: Enhancing Patient Safety. *International Journal of Sustainable Development in Computer Science Engineering*, 8(8).
44. Davuluri, M. (2018). Revolutionizing Healthcare: The Role of AI in Diagnostics, Treatment, and Patient Care Integration. *International Transactions in Artificial Intelligence*, 2(2).
45. Deekshith, A. (2021). AI-Driven Sentiment Analysis for Enhancing Customer Experience in E-Commerce. *International Journal of Machine Learning for Sustainable Development*, 3(2).
46. Yarlagadda, V. S. T. (2022). AI and Machine Learning for Improving Healthcare Predictive Analytics: A Case Study on Heart Disease Risk Assessment. *Transactions on Recent Developments in Artificial Intelligence and Machine Learning*, 14(14).
47. Alladi, D. (2021). Revolutionizing Emergency Care with AI: Predictive Models for Critical Interventions. *International Numeric Journal of Machine Learning and Robots*, 5(5).
48. Davuluri, M. (2020). AI-Driven Predictive Analytics in Patient Outcome Forecasting for Critical Care. *Research-gate journal*, 6(6).
49. Kolla, V. R. K. (2021). Cyber security operations centre ML framework for the needs of the users. *International Journal of Machine Learning for Sustainable Development*, 3(3), 11-20.