

# Data Provenance Standards and Recommendations for FAIR Data

Malte-Levin JAUER<sup>a,1</sup> and Thomas M. DESERNO<sup>a</sup>

<sup>a</sup>*Peter L. Reichertz Institute for Medical Informatics of TU Braunschweig and Hannover Medical School, Braunschweig, Germany*

**Abstract.** This article reviews the main characteristics of five widely used data provenance models and recommendations. We suggest a set of six provenance properties that should be satisfied by any provenance model as a basis for further implementation of provenance mechanisms, supporting the findable, accessible, interoperable and reusable (FAIR) principles for both, research and health data.

**Keywords.** Data provenance, FAIR data, Metadata, Research data, Health data

## 1. Introduction

In health research, data capture and data quality varies strongly. Therefore, information on data provenance is needed along the whole processing pipeline [1]. This includes the generation of persistent identifiers (PIDs) to make the data findable and accessible and is crucial to reuse data. Therefore, providing data provenance information is a mandatory step towards findable, accessible, interoperable and reusable (FAIR) data [2].

## 2. Methods

We consider five provenance standards identified within the FAIR4Health project [3]. A widely used provenance model is the W3C PROV-DM data model [4]: an acyclic directed graph, consisting of nodes “entity”, “activity”, and “agent”. Recommending specific provenance items, the DataCite International Consortium developed a metadata scheme in 2009 [5]. It stresses assignment of digital object identifiers (DOIs) and includes six domain-agnostic mandatory properties. In 2016, a domain-specific extension to the DataCite metadata schema for health was presented: the ECRIN Clinical Research Metadata Schema [6]. It includes information on the source study, associated consent and access details. The Research Data Alliance endorsed 14 recommendations of the Working Group Data Citation (WGDC) [7] targeting reproducibility of data used in experiments and studies. Therefore, persistent identifiers have to be generated in a query-based manner, so that data views can be cited and retrieved by re-executing the query. As a result of the Data Quality Collaborative (DQC), Kahn et al. [8] proposed 20 data quality and provenance recommendations. They especially highlight that each transformation of the source data has to be documented, including data cleansing values.

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<sup>1</sup> Corresponding Author: Malte-Levin Jauer, Peter L. Reichertz Institute for Medical Informatics, Mühlenpfordtstr. 23, 38106 Braunschweig, Germany; E-mail: malte-levin.jauer@plri.de.

### 3. Results

We extracted the following list as minimal “fit for use” requirements for provenance model (Table 1). Check-marks indicate, which recommendation(s) support these items.

**Table 1.** Comparison of the different provenance recommendation sets.

Criteria	DataCite	ECRIN	WGDC	DQC
<i>Persistent identifier (PID)</i> : Each data object is assigned a unique, persistently stored identifier. Ideally, a DOI is assigned.	✓	✓	✓	✗
<i>Data origin</i> : The project or event that generated the data.	✓	✓	✗	✓
<i>Data creator</i> : A person or institution to be credited for.	✓	✓	✗	✓
<i>Data timestamp</i> : The time of dataset creation/modification.	✓	✓	✓	✗
<i>Data versioning</i> : Each transformation result of the data object is stored. Earlier versions are retrievable.	✓	✓	✓	✓
<i>Query PID</i> : If (sub-)sets of data are generated or cited, the query is stored with a persistent ID for reproducibility.	✗	✗	✓	✓

### 4. Discussion

The present work has identified six minimal criteria from the given provenance overview, implementable using the PROV-DM data model. The feasibility of these items will be investigated in the FAIR4Health project’s demonstrators.

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### References

- [1] Baum B, Bauer CR, Franke T, Kusch H, Parciak M, Rottmann T, et al. Opinion paper: data provenance challenges in biomedical research. *it - Information Technology*. 2017;59(4):191–196.
- [2] Wilkinson MD, Dumontier M, Aalbersberg IJ, Appleton G, Axton M, Baak A, et al. The FAIR guiding principles for scientific data management and stewardship. *Sci Data*. 2016 Mar;3:160018.
- [3] FAIR4Health. D2.2. Functional design of the FAIR4Health platform and agents. Internal report. 2019.
- [4] Moreau L, Missier P, editors. PROV-DM: the PROV data model [Online]. 2013 Apr 30 [cited 2019 Dec 21]. Available from: <https://www.w3.org/TR/2013/REC-prov-dm-20130430/>
- [5] DataCite Metadata Working Group. DataCite metadata schema documentation for the publication and citation of research data v4.3 [Online]. Version 4.3. 2019 [cited 2019 Dec 21]. Available from: <https://schema.datacite.org/meta/kernel-4.3/>
- [6] Canham S, Ohmann C. A metadata schema for data objects in clinical research. *Trials*. 2016 Nov;17(1):557.
- [7] Rauber A, Asmi A, van Uytvanck D, Proell S. Data citation of evolving data: recommendations of the working group on data citation (WGDC) [pdf]. RDA WG Data Citation. 2015 Oct [cited 2019 Dec 21]. Available from: [https://www.rd-alliance.org/system/files/RDA-DC-Recommendations\\_151020.pdf](https://www.rd-alliance.org/system/files/RDA-DC-Recommendations_151020.pdf)
- [8] Kahn MG, Brown JS, Chun AT, Davidson BN, Meeker D, Ryan PB, et al. Transparent reporting of data quality in distributed data networks. *EGEMS (Wash DC)*. 2015 Mar;3(1):7.