

Securing Patient Data in Picture Archiving and Communication Systems (PACS): A Proposed Framework

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ABSTRACT

With the increasing reliance on digital systems in the healthcare industry, protecting patients' sensitive data has become a critical concern. This paper focuses on addressing the vulnerabilities in Picture Archiving and Communication Systems (PACS) that expose patients' data and images on the internet. The research methodology is divided into two phases, consisting of four major tasks: exploring techniques to access DICOM files, proposing a system architecture, implementing and testing the system, and analyzing the system's output. The first phase investigates attack modeling on PACS images, revealing the security risks associated with DICOM files. The proposed system architecture emphasizes secure transmission and storage of DICOM files, ensuring authorized access. Encryption using Advanced Encryption Standard (AES) and Linear Feedback Shift Register (LFSR) is employed to protect the DICOM files. Key management is achieved using the RSA asymmetric cryptographic scheme. The encrypted DICOM files and keys are securely stored and transferred using Base64 encoding. The system's performance is evaluated based on key generation time, encryption and decryption times, file transfer rates, response rates, algorithm complexity analysis, avalanche effect, and approximate entropy tests. The results demonstrate the effectiveness of the proposed system in safeguarding patients' data and images in PACS, providing a secure framework for medical image management.

Keywords: DICOM, PACS, LFSR, Algorithm.

1. INTRODUCTION

The digitalization of healthcare systems has brought numerous benefits, but it has also raised concerns about the security and privacy of patients' data. Picture Archiving and Communication Systems (PACS) are widely used in medical imaging to store and transmit medical images. However, vulnerabilities in PACS can expose patients' data on the internet [37] (Ujgare & Baviskar, 2013; Tsui & Chan, 2012). This paper presents a research methodology and framework to address these security risks and provide a secure environment for managing medical images.

2. RESEARCH METHODOLOGY

The research methodology is divided into two phases, comprising four major tasks (Figure 1). The first phase involves exploring techniques to access DICOM files and understand the vulnerabilities in PACS. The second phase focuses on proposing a secure system architecture, implementing and testing the system, and analyzing the system's output. The second phase is iterative, aiming to achieve the desired evaluation results.

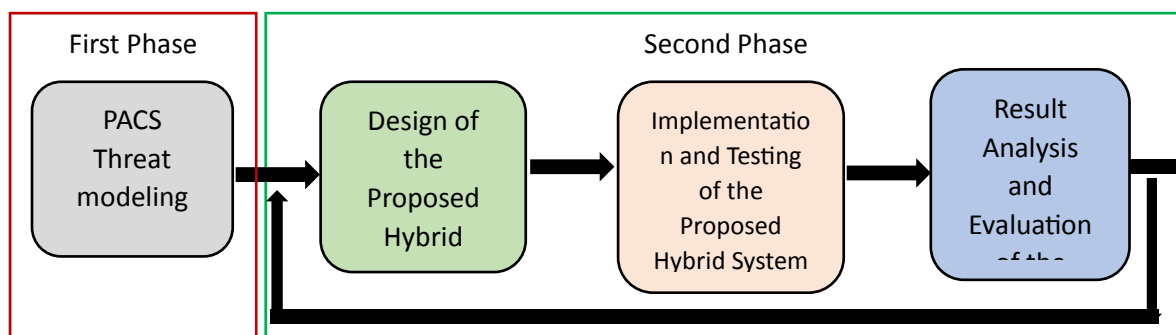


Figure 1: Research Methodology and Workflow

3. PACS IMAGE ATTACK MODELING

PACS images, particularly those stored in DICOM format, are vulnerable to attacks that expose both the images and patients' data (Ujgare & Baviskar, 2013; Tsui & Chan, 2012). The DICOM file format contains important information for picture production and [37]patient data. However, the security requirements for image transmission and storage specified in the DICOM standards are often not followed by vendors and system developers. This exposes DICOM files to reverse engineering attacks, allowing attackers to extract patient information from the pixel array data using various algorithms [37] (Ujgare & Baviskar, 2013).

The DICOM format contains some information that can be relevant for picture production, such as the image's position and orientation in relation to the data acquisition equipment and patient information in terms of voxel size. The DICOM file format design considerations include pixel depth, photometric interpretation, metadata, and pixel data.

By combining header size and pixel data, the DICOM file format is generated. The following are the mathematical equations:

$$DICOM \text{ File Format} = \text{Header Size} + \text{Pixel Data Size} \quad (1)$$

$$\text{Pixel Data Size} = \text{Rows} \times \text{Columns} \times \text{Pixel Depth} \times \text{Number of Frames} \quad (2)$$

The attack model in **Figure 2** illustrates image exposure attacks that commonly happen on the internet. In the investigations of [37] Ujgare and Baviskar (2013) and [38] Tsui and Chan (2012), a similar model was used to demonstrate how an assault might retrieve medical photos online, either in transit or in storage, and expose patients' information. The model's main feature is the decoding of DICOM file objects into identity tags that generate pixel data and the separation of tags that generate plain text patient data.

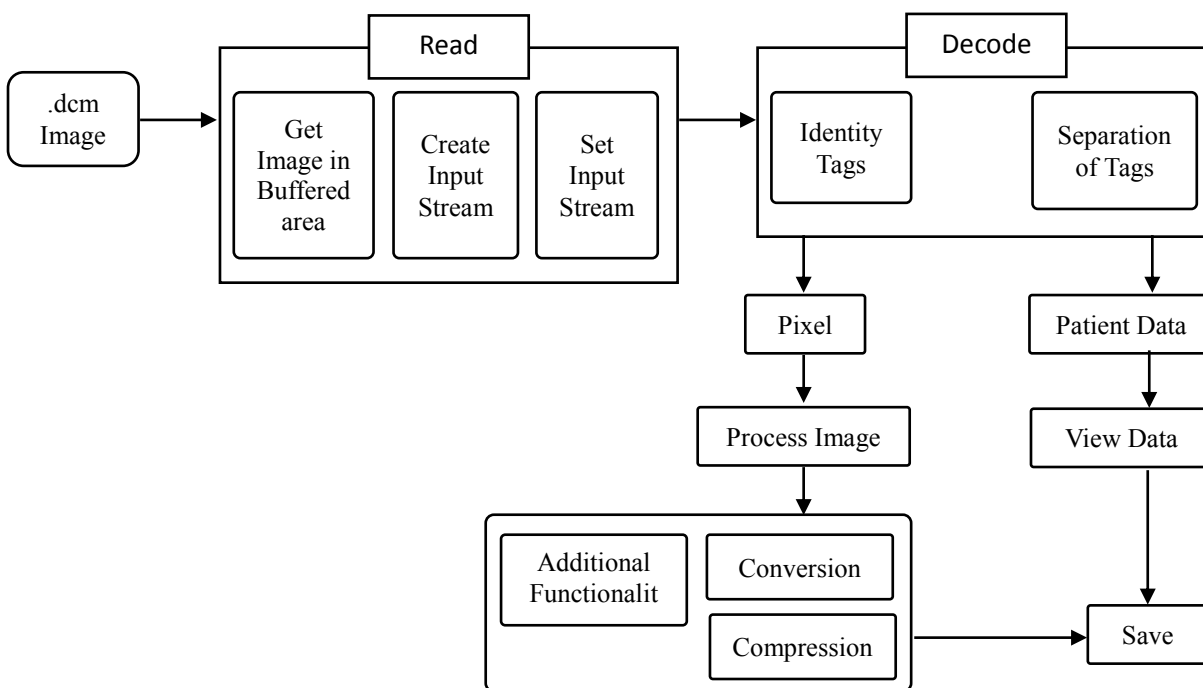


Figure 2: DICOM Image Exposure Attack Model

In order to generate the real image from the DICOM file, the pixel data inform of array is passed into an inverse Fourier transform (IFT) shown in Equation 1 as:

$$f(x, y) = \sum_{U=0}^{M-1} \sum_{V=0}^{N-1} F(U, V) e^{j2\pi(\frac{Ux}{M} + \frac{Vy}{N})} \quad \text{Equation 1}$$

Where the $f(x, y)$ denotes the image, the inverse 2D Fourier transform takes a grid of COMPLEX values as input, of size $M \times N$ and returns a grid of REAL values as output, also of size $M \times N$. The amplitude of the frequency (U) represented by the complex value can be derived by treating these components as a vector and getting the length. Also, the phase (V), angle that the frequency starts at, can be derived by treating it like a vector and getting the angle it represents.

The attacker can explore further to perform the extraction of any patient information (text) from the image file using the algorithm presented in Algorithm 1. The steps include opening the original image file and checking the number of pixels in the original file; while this is greater than the pixel count, we would like to iterate through the image and convert the pixel to a 16-bit integer. A bitwise XOR operation needs to be performed between the original values of a pixel and the integrated text in the image pixel, if the value of the result is zero, the while loop can be terminated, or else the original pixel can be extracted.

Algorithm 1: Extraction of patient information (text) from the image file

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Init IMG,
While  $P_{C_{imgf}} \leq P_{img}$ 
    Conversion:  $C := P_{C_{imgf}} \rightarrow V_{16bits}$ 
    Integrate:  $G_i := (txt \rightarrow P_{C_{imgf}}) \rightarrow C$ 
     $A = P_{img} \text{ Bitwise\_XOR } G_i$ 
    if  $A := 0$ 
        break
    else:
         $E_{txt} := A$ 
        Extract:  $P_{pixel} := A_{i+1}$ 
        Integrate:  $G_i := G_{i+1}$ 
EndWhile
    
```

The notations used in the algorithm

- IMG* – the original image and Integration of text in to Image Pixel
- $P_{C_{imgf}}$ – Number of Pixel Count in image file
- P_{img} – Number of pixels in the image
- V_{16bits} – 16-bit integer value
- E_{txt} – Extracted text
- P_{pixel} – Extracted original Pixel
- G_i – Integration of text in to Image Pixel

Finally, this section demonstrates that DICOM standards are simply reference documents against which related systems such as PACS can be evaluated, but in practice, those specifications, particularly the security requirements for image transmission and storage, have not been followed by vendors and system developers. The implication is that an attacker can use some algorithms to reverse engineer a medical binary file, such as DICOM, and separate the plain text of patient information from the pixel array data, then perform an inverse Fourier transform algorithm on the latter to obtain the true medical image, as well as extract the patient information embedded or watermarked on the image.

4. PROPOSED SYSTEM ARCHITECTURE

The proposed system architecture (Figure 3) aims to ensure secure transmission and storage of DICOM files, allowing only authorized users to access the files. The architecture consists of four major sections: encryption, storage, key management, and decryption. The DICOM files are encrypted using the AES algorithm with a key generated by the LFSR subsystem. The encrypted LFSR key is securely shared between the sender and the client using RSA encryption. The encrypted DICOM files and keys are stored in a database, and the decryption process retrieves the original DICOM files using the decrypted LFSR key.

The goal of the system is to ensure secure transmission and storage of the file, and to ensure that only authorized users have access to the file upon request. To meet this goal, the architecture is divided into four major sections namely encryption, storage, key management, and decryption.

- i. The encryption section (blue box) comprises DICOM file from scanner, and linear feedback shift registers (LFSR) subsystem that generate a random key used by the AES subsystem for the encryption of the image file.
- ii. Sharing of the LFSR key between the sender (scanner) and the client is shown in key management section (red box).
- iii. This is achieved by encrypting the LFSR key using the Public key of a RSA. The storage section stores the encrypted LFSR key and the base64 string of the image file.

- iv. Finally, the decryption section decrypts the encrypted LFSR key using the secret key to generate the plain LFSR key. This is used to XOR the reversed image base64 string to generate the original DICOM file.

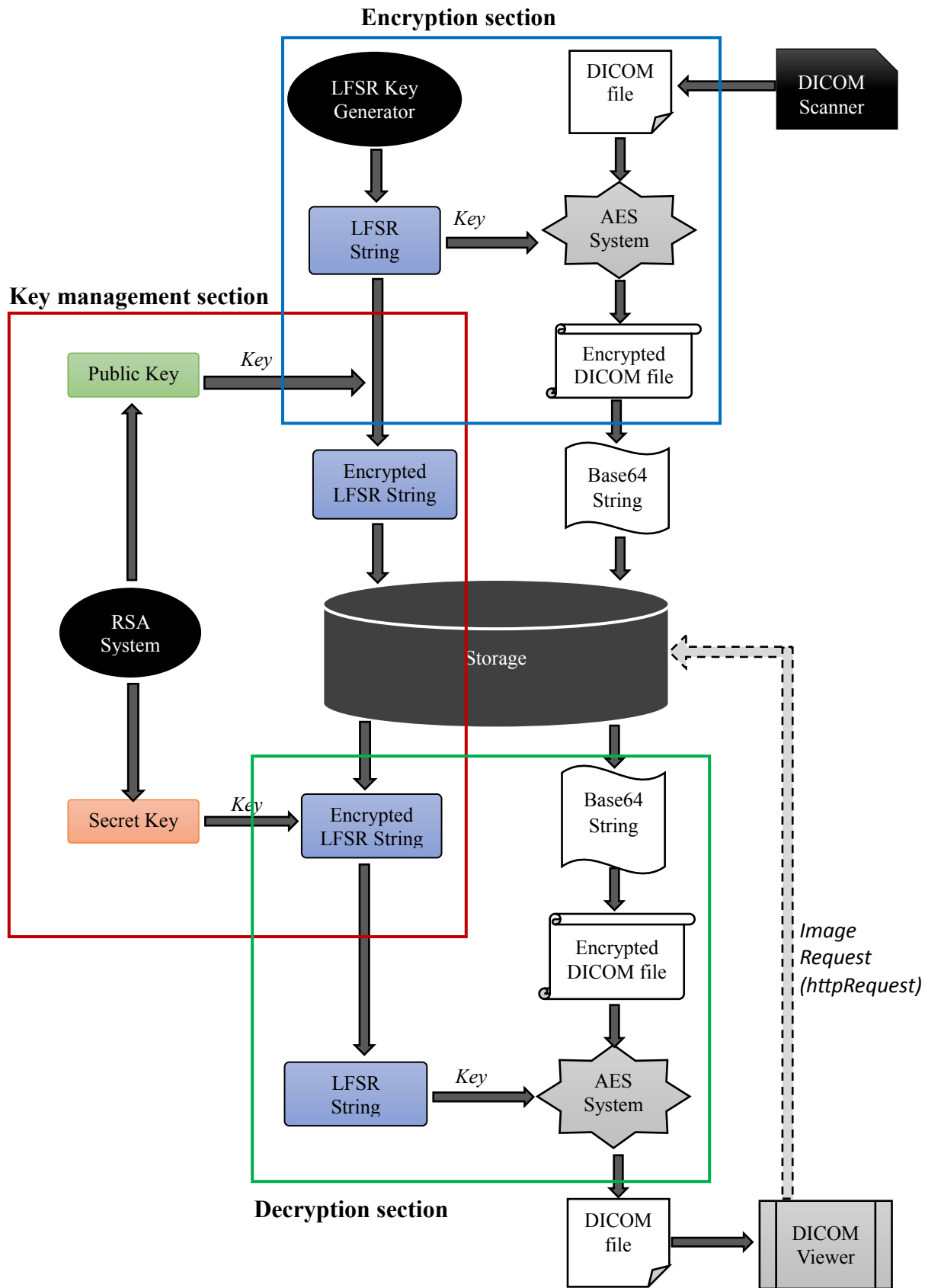


Figure 3. Proposed System Architecture Showing Encryption (blue box), Decryption (green box), and Key Management (red box) Sections.

5. FILE ENCRYPTION USING AES AND LFSR

File Encryption Using AES and LFSR The LFSR algorithm is used to generate a pseudorandom key for encryption. The LFSR is a register that manipulates its contents using feedback, generating a sequence of unique values[52] (William et al., 2023; Espinosa et al., 2022; Masoodi et al., 2012). To enhance the cryptographic strength, a combination of Fibonacci and Galois LFSR methods is employed. The generated LFSR key is used in conjunction with the AES algorithm to encrypt the DICOM files, ensuring their confidentiality.

A linear feedback shift register (LFSR) is an acceptable means of generating a pseudorandom used in various security mechanism. It is a register that manipulates its contents, using feedback, elevates the bits from current location to the next most-significant location, on each rising edge of the clock. The register is initialized with seed $S = (s_n, s_{n-1}, s_{n-2}, \dots, s_1)$ value which is combined with selected sequence known as taps $T = (t_n, t_{n-1}, t_{n-2}, \dots, t_1)$, in an exclusive-OR (or exclusive-NOR) fashion to form a feedback mechanism, which causes the value in the shift register to iterate endlessly through a sequence of unique values.

Mathematically, the register update function is defined as:

$$S_n \equiv s_{n-1}t_{n-1} + \dots + s_1t_1 + s_0t_0 \pmod 2 \tag{2}$$

Similarly, the next output is:

$$S_{n+1} \equiv s_nt_{n-1} + \dots + s_2t_1 + s_1t_0 \pmod 2 \tag{3}$$

Finally, the general output can be shown as:

$$S_{n+1} \equiv \sum_{j=0}^{n-1} t_j \cdot S_i + j \pmod 2 \tag{4}$$

An LFSR of any given size n (number of registers) is capable of producing every possible state during the period $N = 2^n - 1$ excluding the all-zero state, such a sequence is called maximal sequence (abbreviated as $m - sequence$).

The mechanism of LFSR has been discussed in many research with two popular types namely Fibonacci and Galois LFSR [52](William et al., 2023; Espinosa et al., 2022; Masoodi et al., 2012). Fibonacci uses all register (tap) cells to form the input bit in each clock cycle as shown in Figure 4. The taps sequence T are XORed sequentially with the output bit of shift register initialized by seed value S (any value except all zeroes), clocked, and fed back into the leftmost bit.

The output will be a pseudo random sequence and is given by the linear recurrence:

$$s_x = \sum_{i=1}^n t_i s_{x-i} \quad \text{for } x \geq n \tag{5}$$

Galois uses the output bit to update all register (tap) cells during shifting as shown in Figure 3.5. Precisely, with each clock cycle, bits that are not taps are shifted one position to the right unchanged. The taps on the other hand, are XORed with the output bit before they are stored in the next bit. The shift register is initially loaded with bits seeds S (any value except all zeroes) and then clocked. If t_1, t_2, \dots, t_n are the feedback multipliers then the recurrence equations are as follows:

$$s'_i = s_{i+1} + t_{i+1}s_0 \quad \text{for } 0 \leq i \leq r - 2$$

$$s_{n-1} = t_n s_0 \tag{6}$$

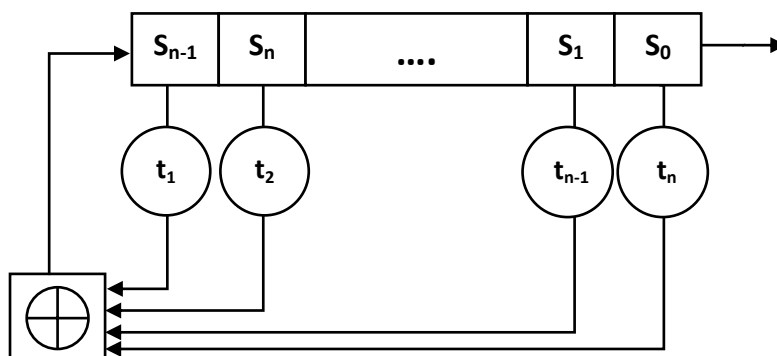


Figure 4: Fibonacci configuration of LFSR

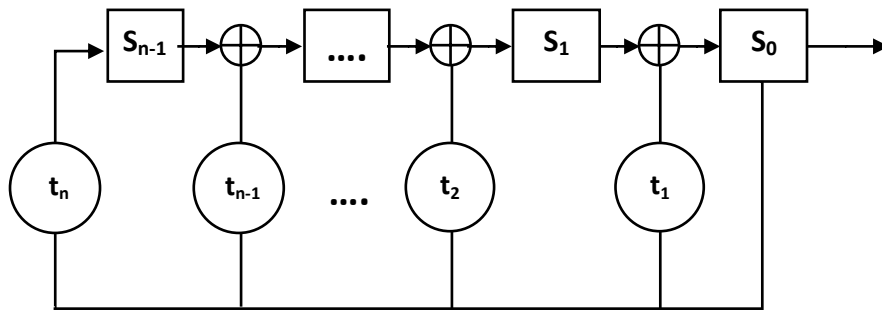


Figure 5: Galois configuration of LFSR

Due to the inherent linearity, LFSR based pseudorandom may be susceptible to various attacks which include fast correlation attack, algebraic attack, and many more. One of the contribution of this work is the generation of a cryptographically strong pseudo-random sequences by combining two techniques in serial for achieving non-linearity. These are:

- (i) Method combination function
- (ii) Non linear combination function

Let P_f be the pseudorandom sequence generated using fibonacci method and P_g be another one generated using Galois method, method combination function is defined as:

$$f(P_f, P_g) \rightarrow Q$$

Where Q represents a new sequence generated by applying a function comprising bit operations such as XOR, to eliminate linearity.

Furthermore,

The function g is called the combining function and maps one or more binary input variables to a binary output variable. The Boolean function must have a high algebraic degree, high nonlinearity and preferably a high order of correlation immunity. The keystream generated Z is given by

$$Z = g(q_1, q_2, \dots, q_n)$$

where q_1, q_2, \dots, q_n are the outputs of Q – sub generators.

Advanced Encryption Standard (AES) is a symmetric encryption that is based on block cipher approach. A symmetry encryption uses same key to encrypt and decrypt a message. The AES encryption algorithm encrypts and decrypts data in blocks of 128 bits often referred to as AES-128. It can do this using 128-bit, 192-bit, or 256-bit keys and so on.

The final key stream (K) which is 256-bit variable created by LFSR subsystem is used with AES to encrypt function (E) the DICOM file (P) as shown below

$$C = E(P, K) \quad (7)$$

Internally, AES encryption algorithm performs a series of mathematic transformations using the plaintext and the secret key as a starting point [55](Zodpe & Sapkal, 2020; Qiang et al., 2015) which is described in Algorithm 2 below:

Algorithm 2: AES operations

Input: DICOM file (P), 256 – bit LFSR key (K)

Output: Cipher DICOM file (C)

Process:

Key_expansion: $New_key \leftarrow Round_key(K)$

Mixing: $P' \leftarrow Round_key(K) XOR P$

Substitute(P')

Shift_rows: Shift_right(32 – bit by 32 – bit)

Mix_columns: Mix(32 – bit by 32 – bit)

The number of rounds performed depends on the key length used. In the case of this research, with 256 – bit key, it uses fourteen rounds. Each added round reduces the chance of a shortcut attack of the kind that was used to attack AES-128 back 2011. As already noted as a consequence of this attack an additional four rounds were added to AES-128 in order to improve its safety margins.

6. KEY MANAGEMENT USING RSA

Key management plays a crucial role in the security of cryptographic systems. In this paper, RSA is used as an asymmetric cryptographic scheme for key generation and distribution. A user's identity is uniquely identified by their username, and the RSA scheme generates a pair of keys: a public key and a secret (private) key. The public key is used to encrypt the LFSR key, which is then securely transmitted to the receiver. The receiver can decrypt the encrypted LFSR key using their private key, enabling them to access the DICOM files.

Key management is covered in two stages:

- a. user identity which uniquely identifies a receiver by his username (U);
- b. key generation and distribution is achieved using Rivest-Shamir-Adleman (RSA), an asymmetry cryptographic scheme that generate a pair of key, public (P) & secret (S), and map it to a user (U). The key generation of the RSA involves public and private (secret) keys for every registered user on the system. The public key is an open key that can be seen in the public domain. The idea is to use the key that belongs to a user to encrypt the LFSR key which will be transmitted to the user. Secret key on the other is private and not be revealed to anyone except the owner.

Applying the basic principle behind RSA,

$$C^S \equiv (M^P)^S \equiv M \pmod{N} \quad (8)$$

The cipher key is represented by C , M is the raw LFSR key, and the public key is represented by the P mapped to a user U , and the private key is S . There is a relationship between the public key P and the private key S .

7. ENCRYPTED DICOM FILE AND KEY STORAGE

The encrypted DICOM files are stored in a secure manner to prevent unauthorized access. Base64 encoding is used to encode the encrypted DICOM files into ASCII format, allowing them to be stored and transferred across different systems [48] (Nurdiyanto et al., 2018). The Base64 encoding and decoding algorithms convert the binary data into a string format and vice versa. The encrypted LFSR keys are also securely stored, ensuring the confidentiality of the encryption keys. PACS storage defines how DICOM file is stored and accessed. Some studies opined that this should be a FileSystem rather than a database system. A FileSystem stores file directly on a physical disk and the management is handled by the operating system while database stores data as records that is managed by the database management system. Technically, files can be saved using a filesystem while the file path including the name is stored in the database. In that case querying the database will only retrieve the file path which the calling program will then use to locate the file itself. This method isn't adopted in various PACS implementations [57] (Khaleel et al., 2019; Cawthra et al., 2020). However, directory traversal attack is one of the popular attacks associated with this types of storage whereby attackers access restricted directories and execute commands outside of the web server's root directory. This enables attackers to access DICOM images from server and if the file is not encrypted the attacker can view the patient information including the image.

This research also make contribution in this area by proposing a complete secure storage of encrypted DICOM file as well as the encrypted LFSR key. In this method, the encrypted DICOM file is encoded using a base64 algorithm to generate string that would be stored in a database. The Base64 algorithm is one of the algorithms for encoding and decoding an object into ASCII format, which is meant for the base number 64 or one of the methods used to encode the binary data [48] (Nurdiyanto et al., 2018). Base64 commonly used in various applications such as e-mail via MME, XML data, or for URL encoding purposes.

The encoding principle, shown in Algorithm 3 is to select a collection of 64 printable characters, so data can be stored and transferred across media designed to handle text data, another use of Base64 encoding is to obfuscate or randomize data to convert binary value (Base64 index) into the Base64 value.

Algorithm 3. : Base64 encoding of DICOM file

Input: DICOM file

Output: Base64 string

Process:

split the string into separate letter L_i

for each letter L do:

replace with binary value

end for

concatenate all group binary values together

split the resulting string into groups of 6 characters each $\rightarrow G_6$

for each G_6 do:

convert six – bit bytes into eight – bit bytes by prepend the prefix “00” $\rightarrow G_8$

end for

convert each G_6 from binary to decimal \rightarrow Base64_indices

convert each Base64_index to corresponding letters L

concatenate all L to get the Base64 string

The Base64 decode algorithm converts plain text into original data. Technically, it can be said that it converts six-bit bytes into eight-bit bytes. Algorithm 4 shows how the decoding algorithm works.

Algorithm 4: Base64 decoding of DICOM file

Input: Base64 strings

Output: DICOM file

Process:

split the Base64 string into separate letter L_i

for each letter L do:

convert each L to its Base64_index $\rightarrow G_i$

end for

for each G do:

convert from decimal to binary

remove prefix “00”

end for

concatenate all group binary values together

split the resulting string into groups of 8 characters each $\rightarrow G_8$

for each G_8 do:

convert each value into ASCII characters

end for

concatenate all ASCII characters to get the original file

8. DECRYPTION

The decryption process involves recovering the original DICOM files from the encrypted files. The receiver sends a request to the server using their identity, and the encrypted DICOM files and keys are retrieved from the database. The receiver decrypts the encrypted LFSR key using their private key and uses it to decrypt the encrypted DICOM files. The decrypted DICOM files can then be accessed and viewed by the authorized user.

9. SYSTEM EVALUATION METHODS

The proposed system is evaluated based on various metrics to assess its performance and effectiveness. Key generation time, encryption and decryption times, file transfer rates, response rates, algorithm complexity analysis, avalanche effect, and approximate entropy tests are conducted. These evaluations provide insights into the system's efficiency, security, and resilience against attacks.

10. CONCLUSION

This paper presents a research methodology and framework for securing patient data in PACS. The proposed system architecture, based on encryption using AES and LFSR, key management using RSA, and secure storage and transmission using Base64 encoding, provides a robust and secure environment for managing medical images. The evaluation results demonstrate the effectiveness of the proposed system in protecting patients' data and images, highlighting its potential for real-world implementation.

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