# DPath: Decentralized Pathology AI for Global Health Equity

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# TL;DR

DPath is a decentralized AI platform tackling global cancer diagnostic disparities by leveraging **synthetic data and NFTs** to enable hospitals and pathology labs to securely share pathology data while retaining full ownership. Focusing first on prostate and endometrial cancers, it trains equitable AI models exclusively on **privacy-preserving synthetic biopsies**, reducing diagnostic errors by  $\geq$ **30%** and turnaround times from weeks to days.

Contributors—hospitals/labs, data annotators, and model developers—earn royalties through smart contracts, while synthetic data generation, zero-knowledge proofs, and bias audits ensure ethical deployment. By 2030, DPath aims to empower **1,000+ hospitals/labs** with **10+ cancer diagnostics AI** globally.

# 1. Introduction

## 1.1 Privacy-Centric Diagnostic Gaps

Low- and Middle-Income Countries (LMICs) face two critical barriers:

- 1. **Data Privacy Risks**: 78% of LMIC hospitals avoid sharing patient data due to privacy concerns and regulatory gaps **[1]**.
- 2. **Diagnostic Delays**: Prostate cancer misdiagnosis rates exceed 40% in regions with pathologists per 100,000 people **[2]**.

## 1.2 Synthetic-First Architecture

## DPath's privacy-by-design approach:

- Hospitals/labs never share raw patient data.
- Locally trained diffusion models generate synthetic biopsies that preserve diagnostic features but eliminate patient-specific identifiers [3].
- Synthetic data is tokenized as NFTs for annotation, AI training, and global sharing.

# 2. Core Components

#### 2.1 Synthetic Data Workflow

#### 1. Local Synthetic Training:

- a. Hospitals use lightweight diffusion models (e.g., Stable Diffusion LoRA) trained on their raw data to generate synthetic H&E slides [4].
- b. Validated to retain >95% diagnostic accuracy vs. real biopsies [5].

#### 2. Synthetic NFT Minting:

a. Synthetic slides are tokenized on Ethereum, embedding metadata (e.g., cancer subtype, stain type).

#### 3. Downstream Use:

- a. Annotators label synthetic NFTs.
- b. Al developers train models on synthetic datasets.

#### Case Example:

A Malaysian hospital generated 1,000 synthetic prostate biopsies from 50 real cases. The synthetic NFTs achieved 98% diagnostic concordance in external validation, with zero patient data exposure **[6]**.

Role	Actions	Ownership & Earnings
Hospitals/Labs	Generate synthetic NFTs from local data.	Own 100% of raw data + 50% NFT royalties.
Data Annotators	Label synthetic NFTs (e.g., Gleason grades).	Earn 10% NFT royalties + cash/token rewards.
Model Developers	Train AI on synthetic NFT datasets.	30% model ownership; 70% to NFT contributors.

#### 2.2 Contributor Roles & Incentives

# 3. Technology Stack

#### 3.1 Privacy-Preserving Synthetic Pipeline

- **Diffusion Models**: Generate synthetic biopsies locally by training diffusion-based synthetic image models on-site.
- **NFT Provenance**: Zero-knowledge proofs (ZKPs) verify synthetic data lineage without exposing raw data sources [8].
- **Evaluation**: Al models are tested on local hospital data to ensure synthetic-to-real generalizability [9].

#### 3.2 Al Marketplace

- **Synthetic Data Pools**: Global repository of prostate/endometrial synthetic NFTs, tagged by subtype and demographics.
- **Royalty Automation**: Smart contracts split subscription fees:
  - 42% to contributors (35% hospitals/labs, 7% annotators),
  - 30% to developers,
  - 28% pooled for platform sustainability.

## 4. Medical Impact

#### 4.1 Prostate Cancer Diagnostics

- Error Reduction: Synthetic-trained AI reduced diagnostic errors by **32%** in Nigeria (1,500 patients) vs. traditional workflows **[10]**.
- **Privacy Assurance**: No raw patient data left hospital servers; annotations used synthetic NFTs only.

#### 4.2 Endometrial Cancer Workflow

- **Turnaround Time**: Synthetic-augmented AI cut report delays from 21 days to **48 hours** in India **[11]**.
- **Bias Mitigation**: Synthetic datasets balanced for ethnic diversity (e.g., 40% Asian, 30% African cases) reduced subtype misclassification by 25% **[12]**.

# 5. Roadmap

Year	Milestone	Key Metric
2025	Launch prostate/endometrial Al pilots	95% sensitivity on synthetic-to-real validation.
2026	Scale synthetic pipelines to 20+ hospitals/labs	50% cost reduction in synthetic data generation.
2027	Expand to lung, cervical cancers	10,000+ synthetic NFT datasets.
2030	Global scale: 1,000+ hospitals/labs	10+ cancer diagnostic Als

# 6. Ethics & Compliance

- **Privacy Guarantee**: Raw patient data never leaves hospitals; synthetic NFTs are non-reversible to original data [13].
- **Bias Audits**: Synthetic datasets engineered to match WHO demographic guidelines (age, sex, ethnicity) **[14]**.
- **Regulatory Alignment**: Complies with GDPR, HIPAA, and LMIC data sovereignty laws via synthetic-first design [15].

# References

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