

# Parameter estimation in the Medtronic Virtual Patient using Physics Informed Neural Networks

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## 0 Motivation

Replacing clinical experiments on **Type 1 diabetes** with *in-vitu* experiments on virtual patients, such as the **Medtronic Virtual Patient (MVP)**, is becoming an increasingly popular choice. However finding patient-specific parameters remains an issue [1,2]. Here we attempt to estimate parameters in the MVP using **Physics Informed Neural Networks (PINNs)**.

## 2 Nondimensionalization of ODEs

The MVP-model consists of 7 coupled ODEs describing 7 virtual compartments. Each compartment takes wildly different values, which hinders network learning, thus **non-dimensionalization** [3] was implemented to help normalize the ODE's.

## 3 SoftAdapt

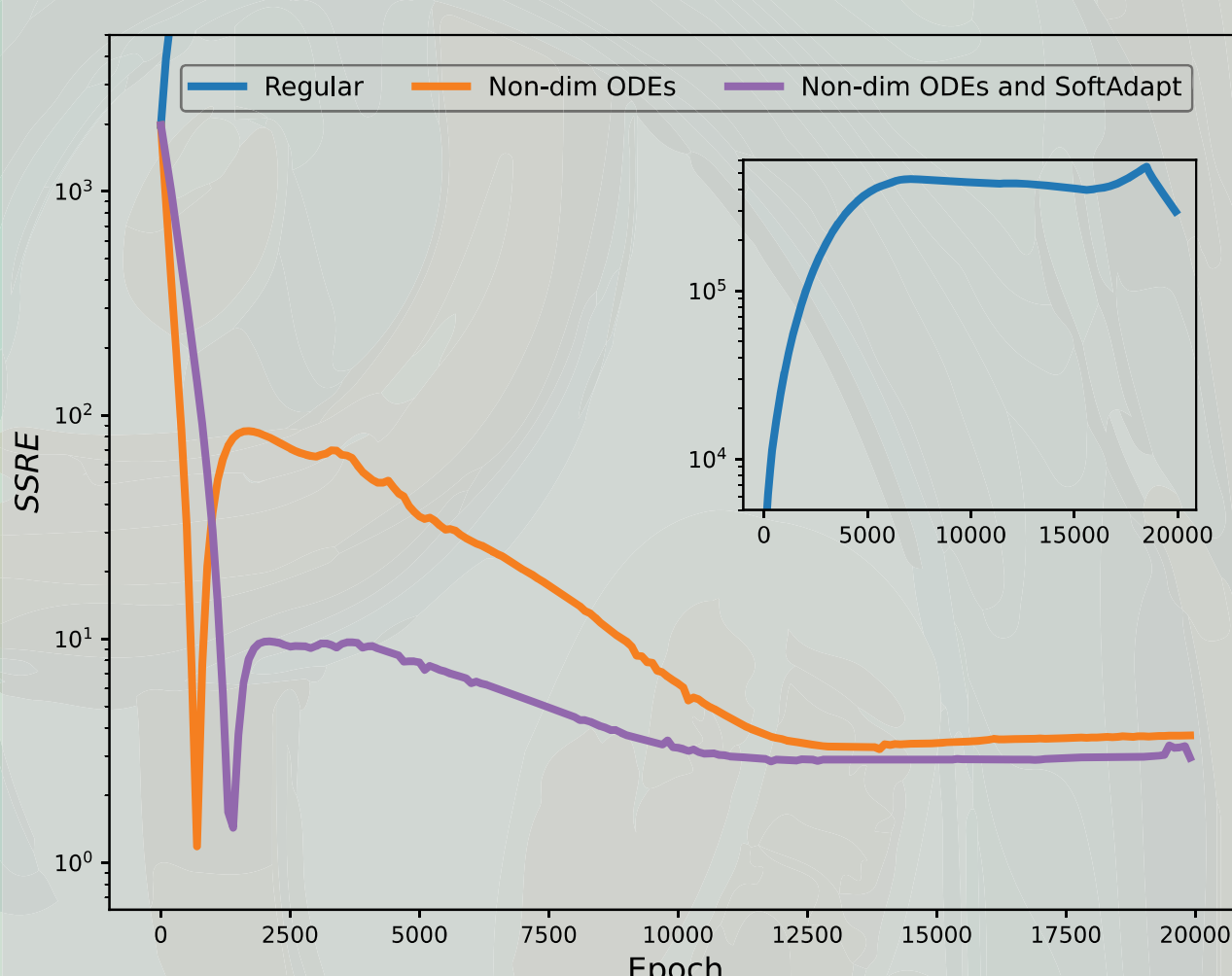
**SoftAdapt** allows for **dynamic weighting** of  $k$ -component loss functions [5]. Loss components are given a weighting  $\alpha_k$  based on its rate of loss change,  $S_k$ , and a scaling parameter  $\beta = 0.1$ .

$$\alpha_k = \frac{e^{\beta S_k}}{\sum_{j=1}^n e^{\beta S_j}}$$

SoftAdapt was used on each ODE-loss and  $L_{Data}$ . Notably not using SoftAdapt on  $L_{\lambda^*}$  performed better than the alternative. Additionally we used the normalized SoftAdapt where  $\|S_k\|_2 = 1$ . The weighted loss passed to the optimizer is

$$Loss_w = L_{\lambda^*} + \alpha_1 L_{Data} + \alpha_2 L_{ODE_1} + \dots + \alpha_8 L_{ODE_7}$$

(Figure b) SSRE on the predicted parameters as a function of epoch. **Blue)** for a naive model. **Orange)** for a model with non-dimensionalisation. **Purple)** With non-dimensionalisation and SoftAdapt.



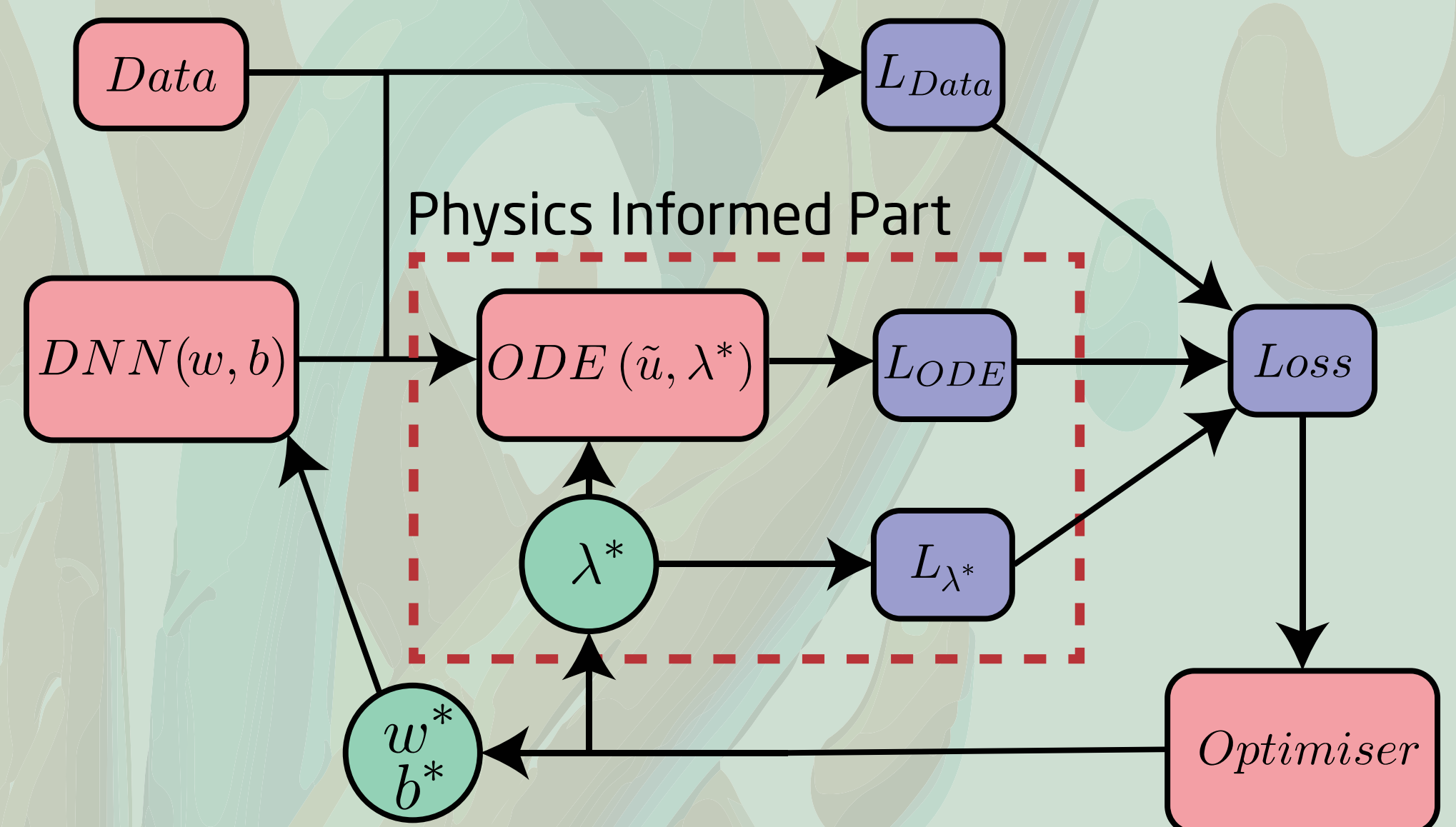
## Summary

We have used PINNs to estimate parameters in the MVP using simulated blood glucose curves. By applying SoftAdapt and non-dimensionalisation we have successfully improved the networks parameter estimations. The method shows potential for higher accuracy on key parameters compared to current methods. The model still needs work, specifically estimation of  $S_i$ ,  $GEZI$  and  $EGP_0$  are still difficult, and we have not yet extended into Stochastic ODEs, and simulating noise in blood glucose measurements.

## 1 The driving principles of PINNs

PINNs build on **Deep Neural Networks**, by encoding physical laws into the loss function, by using **Automatic Differentiation** to approximate derivatives of the ODEs.

PINNs exploit these derivatives to turn the ODEs into a supplementary loss function. By allowing the network to tune parameters in the ODEs, the network can **estimate unknown parameters** [4].



(Figure a) The structure of our PINN. The parts outside the Physics Informed Part is a regular DNN, which fits to the Data. The Physics Informed part seeks to satisfy our ODEs, as well as a constraint that the parameters in  $\lambda^*$  should be positive.

## 4 Parameter estimations

To compare PINNs we employed the sum of squared residual errors of the estimated parameters, compared to their ground truths.

$$SSRE = \sum_{i=1}^n \left( \frac{\lambda_i^{est} - \lambda_i^{true}}{\lambda_i^{true}} \right)^2$$

Figure b shows how SSRE evolves over training for a base model, a model with non-dimensionalisation and a model using both non-dimensionalisation and SoftAdapt.

Table a shows parameter estimations from the best model and their RE to the ground truth. To compare are presented RE of current estimates using maximum likelihood by Bagterp et. al.

(Table a) True values of parameters. Estimates using PINN and relative errors from Bagterp et.al.

Parameters		PINN		Bagterp et al.
Parameter	True Value	Estimate	RE(%)	RE(%)
$\tau_1$	49.0000	48.2967	1.44	40.8
$\tau_2$	47.0000	50.5698	7.60	46.8
$C_i$	20.1000	19.8929	1.03	32.7
$p_2$	0.0106	0.0032	69.8	36.1
$GEZI$	0.0022	-0.0000	101.97	12.9
$S_i$	0.0081	0.0009	88.9	435.5
$EGP_0$	1.3300	0.0000	100.0	55.3
$V_g$	253.0000	280.4632	10.86	5.2
$\tau_m$	47.0000	54.2197	15.36	5.4
$\tau_{sc}$	5.0000	4.4335	11.33	N/A

## References

- [1] J. Bagterp: j.ifacol.2016.07.279 (2016)
- [2] S. Kanderian: JDST. ;3(5):1047-1057 (2009)
- [3] M. Conesa: Nonlinear Dyn (2016) 84:91-105
- [4] M. Raissi: arXiv:1711.10561 (2017)
- [5] A. Heydari: arXiv:1912.12355 (2019)