



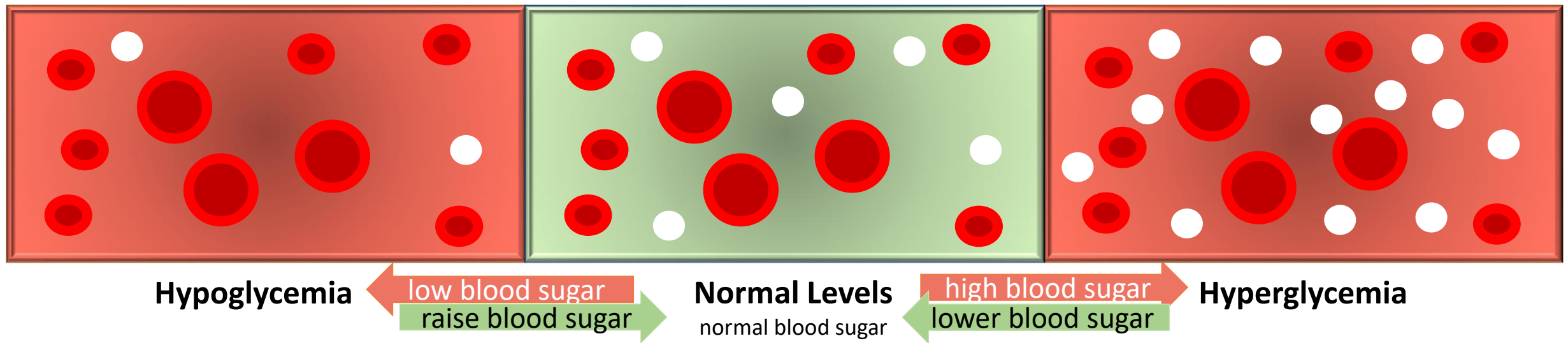
# Exploring Non-invasive Features for Continuous Glucose Monitoring: Master's Thesis Defense

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# What is Diabetes?

- Chronic condition that is characterized by abnormal levels of blood sugar [1].
- Diabetes has been estimated to effect 450 million worldwide [2]



- Management requires tracking glycemia

[1] CDC, 11-Jun-2020. [Online]. Available: <https://www.cdc.gov/diabetes/basics/diabetes.html>.

[2] W.V. Gonzalez et al., Sensors. 19(4), 1–45 (2019).

# Types of Diabetes

- Type 1: Insulin dependent (Juvenile)
- Type 2: Non-insulin dependent (Adult On-set)
- Gestational diabetes
- Impaired Glucose Intolerance
  - Includes up to 30 other disorders including prediabetes [1]
- All of these can result in long term complications

# Complications caused by Diabetes

- Possible complications [1]
  - Ketosis
  - Cardiovascular Disease
  - Nerve Damage
  - Renal Failure
  - Skin Conditions

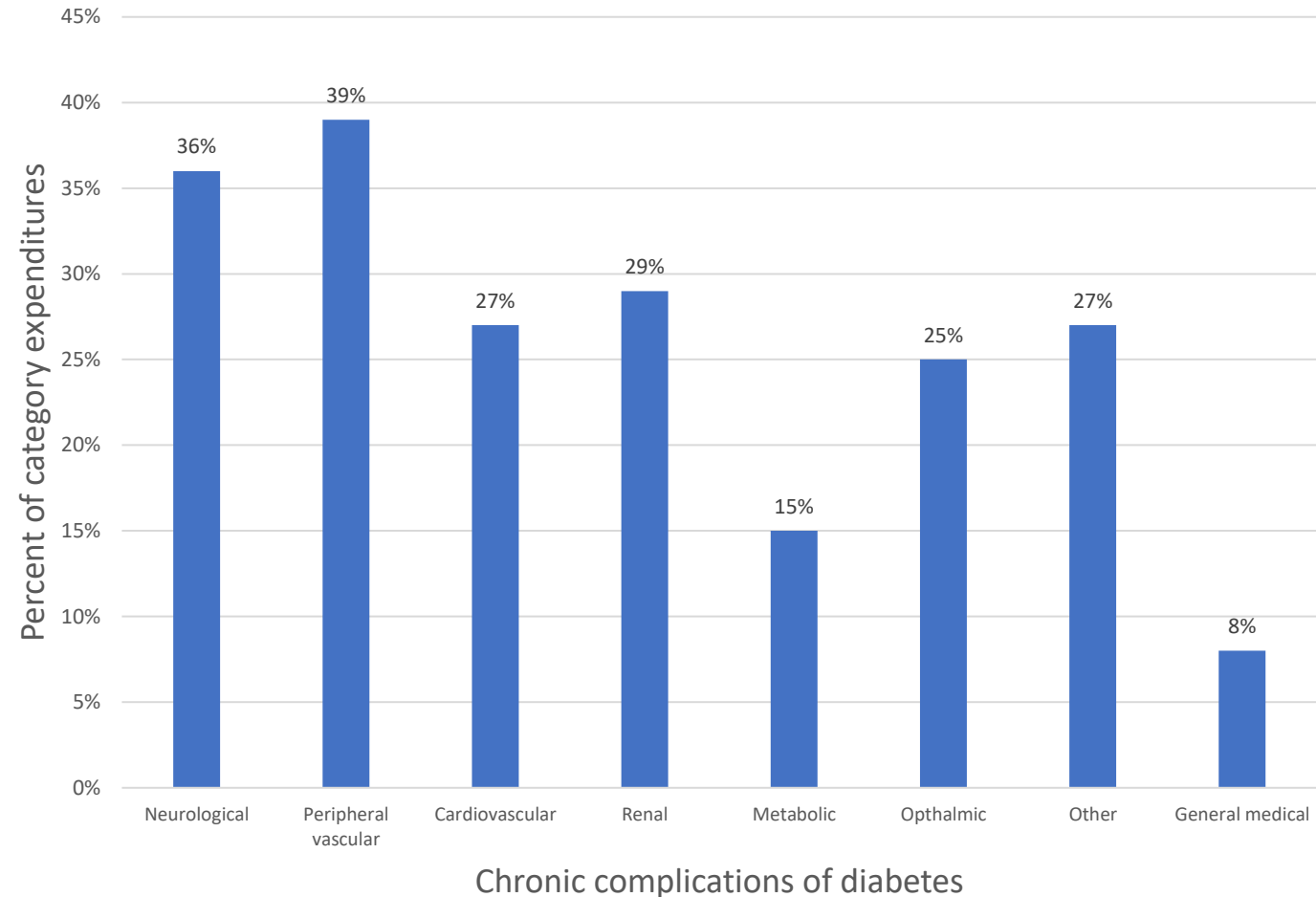


Figure: Cost of Complications [2]

[1] Diabetes Complications | ADA. Available: <https://www.diabetes.org/diabetes/complications>.

[2] W. Yang et al, Diabetes Care. 41(5), 917-928 (2017).

# The Cost of Diabetes to the U.S. Economy

- Estimated ~24.7 million in the U.S. as of 2017 (**9.7%** of adults)
- \$9,601 per year per patient
- Costs the economy ~\$327 billion
  - **\$237** billion from direct medical costs
  - \$90 billion in lost productivity
  - Medical costs are 2.3 times for those with Diabetes
- 26% increase from 2012 to 2017

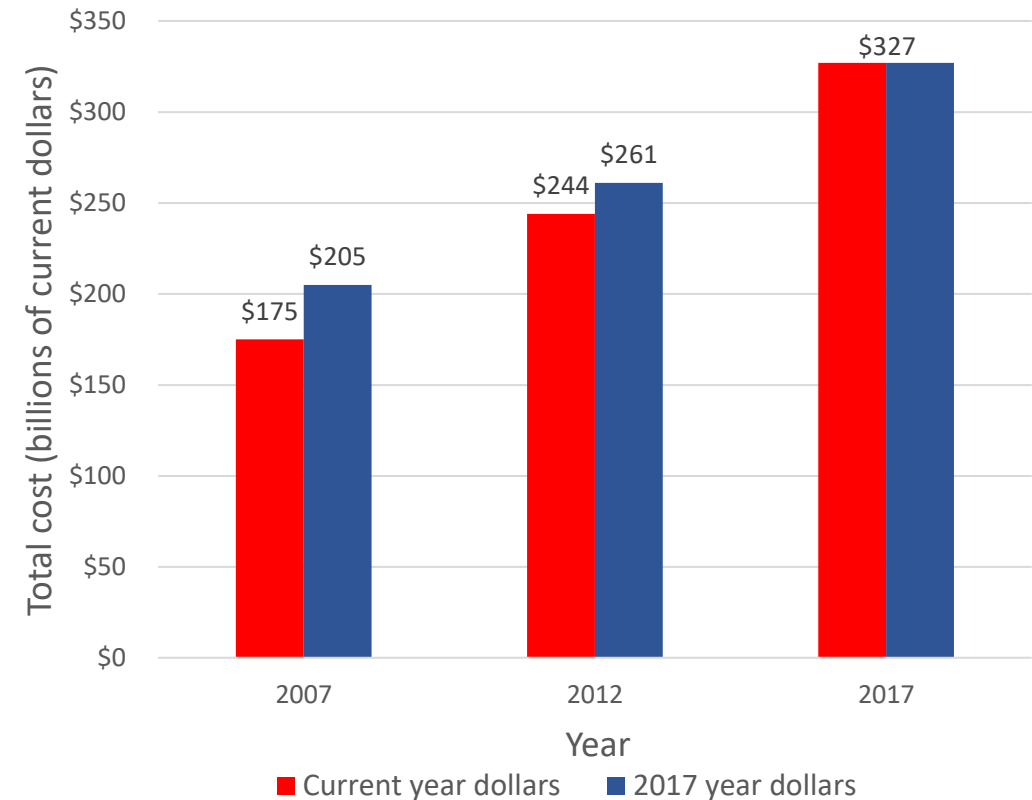
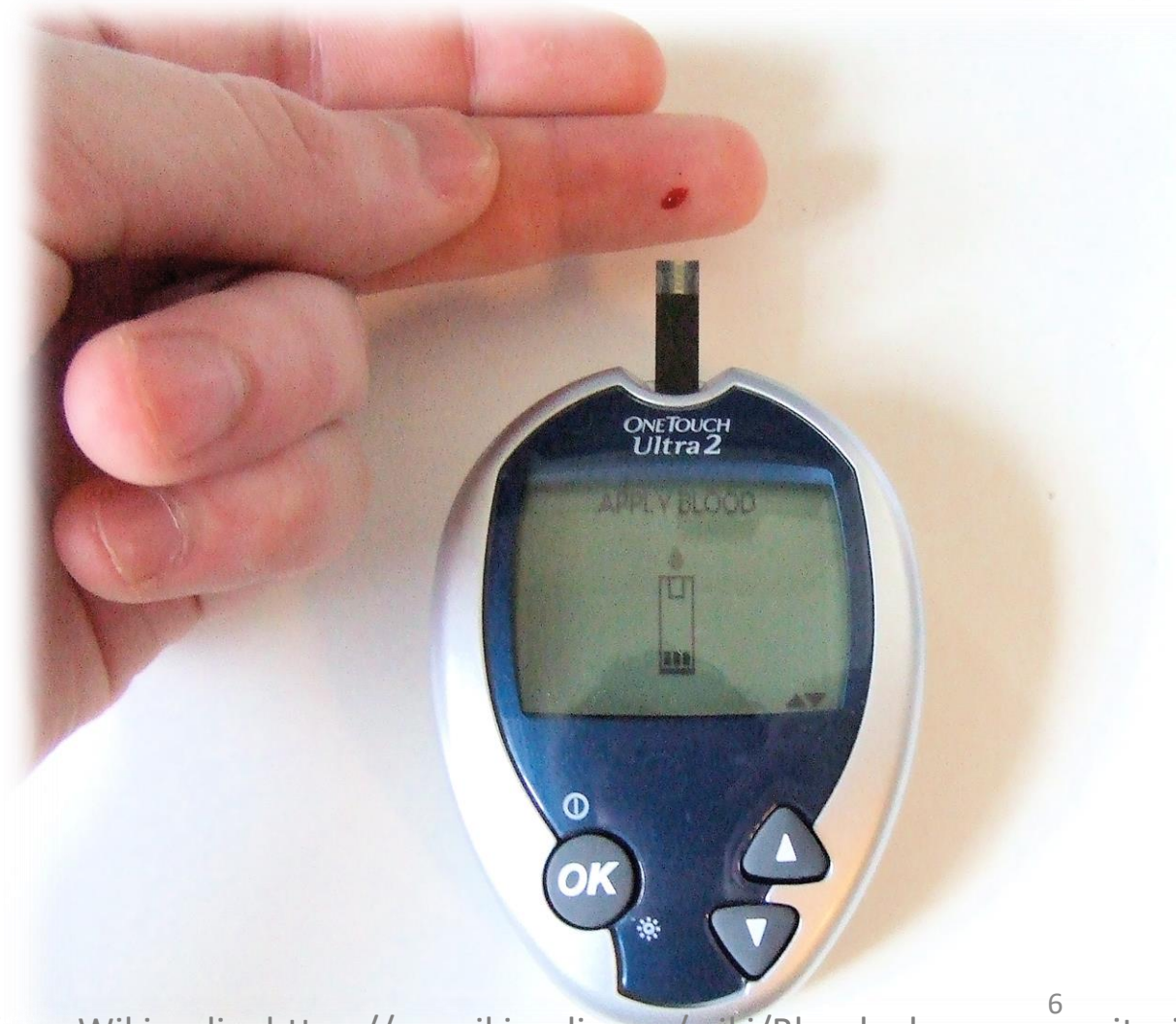


Figure: Total direct cost of diabetes '07-'17 [1]

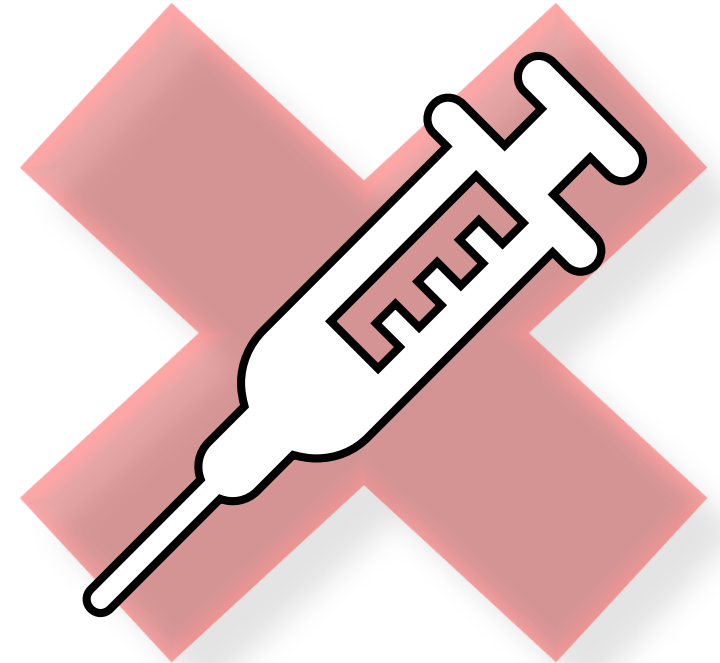
# Diabetes Management via Glucometers

- Market Gold standard for accuracy
- Requires invasive samples
- Few measurements per day
- Single use disposable sensors



# The Need for Non-invasive Continuous Glucose Monitoring (NICGM)?

- Current Methods are inconvenient [1]
  - Invasive
  - Painful
  - Costly
  - Discrete
- A Purpose:
  - The need for a NI-CGM System



# Development of Continuous Glucose Monitoring through the last decade

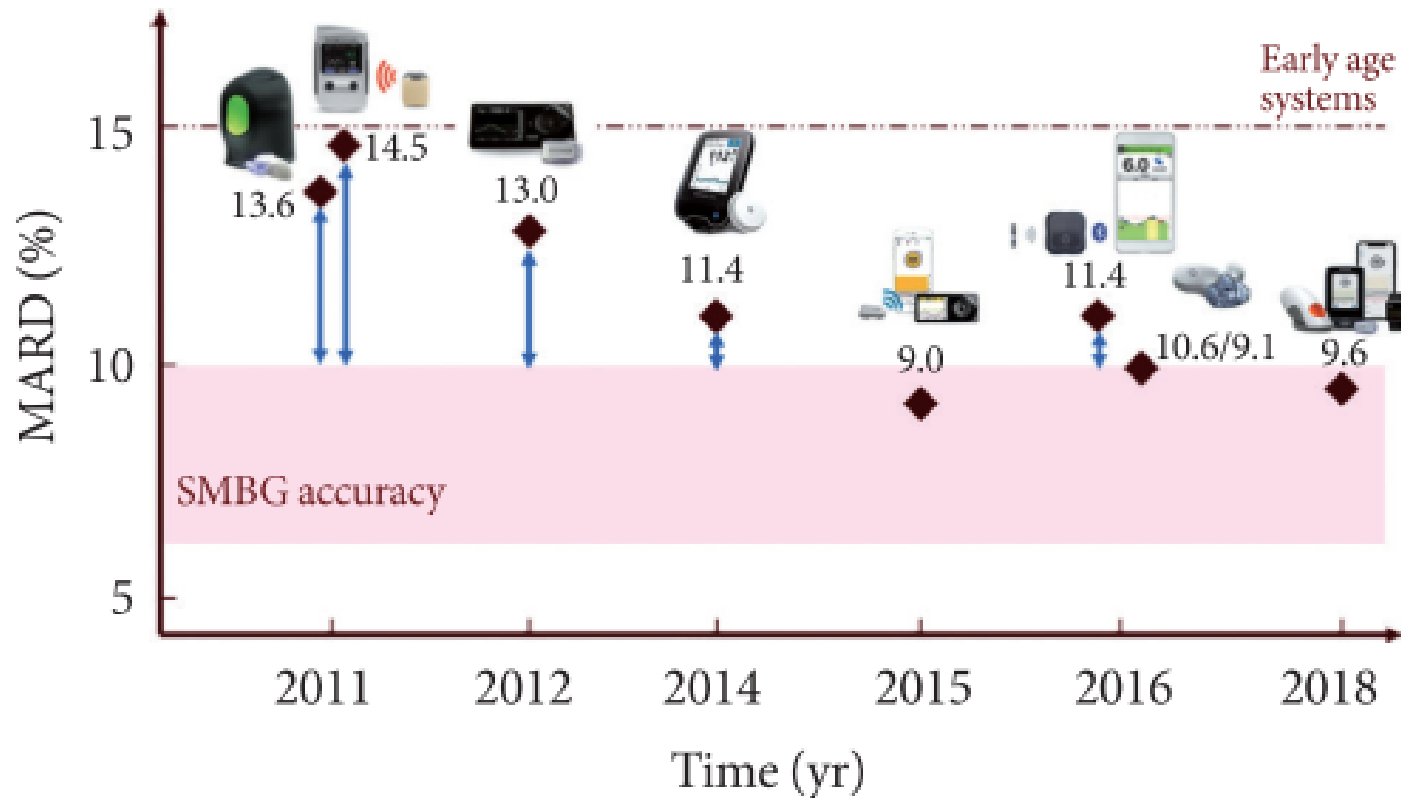


Figure: Accuracy evolution of CGM from [1]

SMBG: Self monitoring Blood Glucose Devices

MARD: Mean Absolute Relative Difference

[1] G. Cappon et al., Diabetes Metab. J. 43(4), 383–397 (2019).

- Principal based on: Glucose-oxidase-platinum-electrode needle
- Reads interstitial fluid
- Several commercial devices
- Minimally Invasive
- Sensor must be replaced



## Leader in Market: Freestyle Libre II

- Can be used with data logger or app
- 14-day life cycle
- Rolling memory for up to 8 hours
- Sampling Frequency: 15/minute (or manual measurements up to every 1 minute)

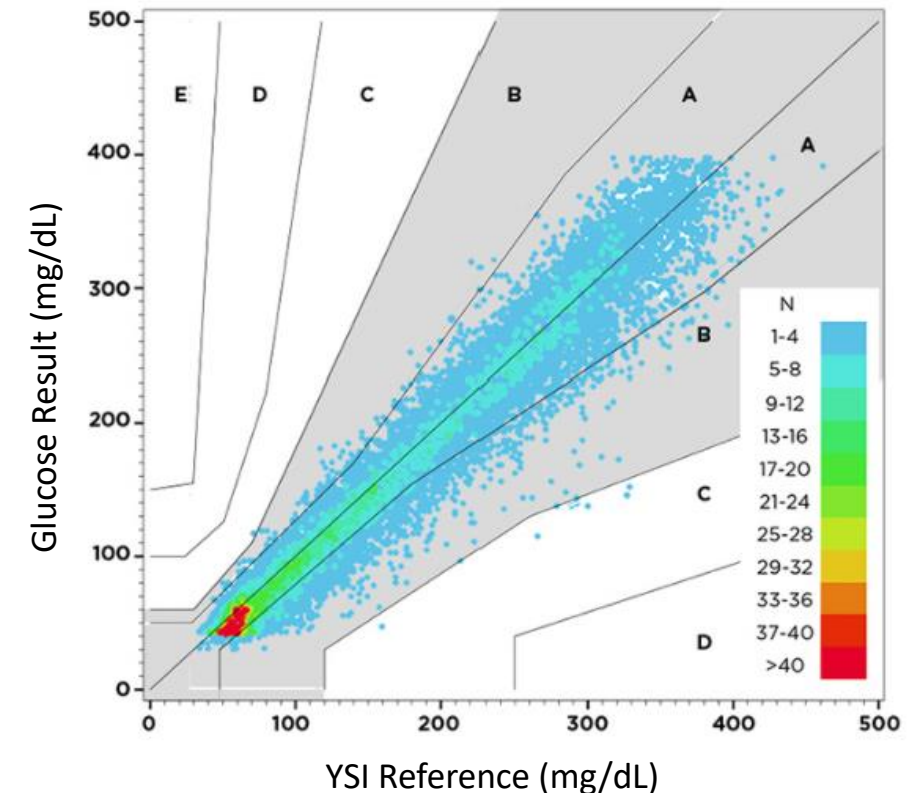


Figure: Consensus Error Grid of Freestyle Libre II [1]

# True NICGM based on Impedance Spectroscopy

- ☐ Principle based on:  
bioimpedance at different depths  
to estimate BGL
- ☐ Simple equivalent circuit based  
on Cole Model
- ☒ Cost-effective
- ☒ Completely Non-invasive and  
Continuous

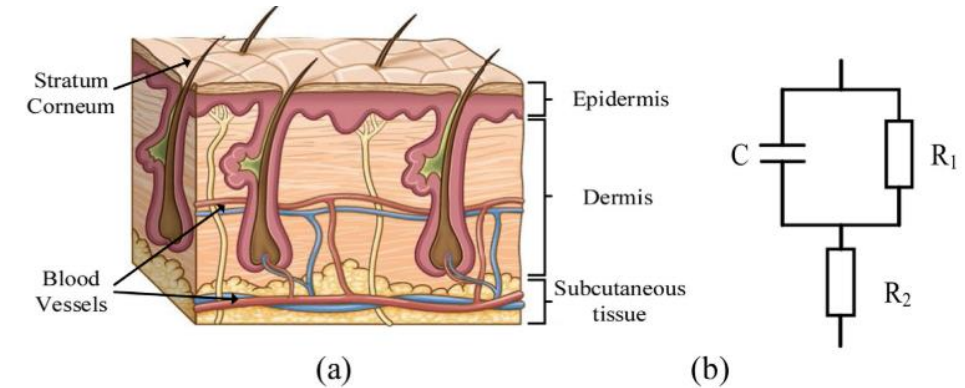


Figure 1: (a) Cross section of skin (b) Cole model of electrode-skin impedance. [1]

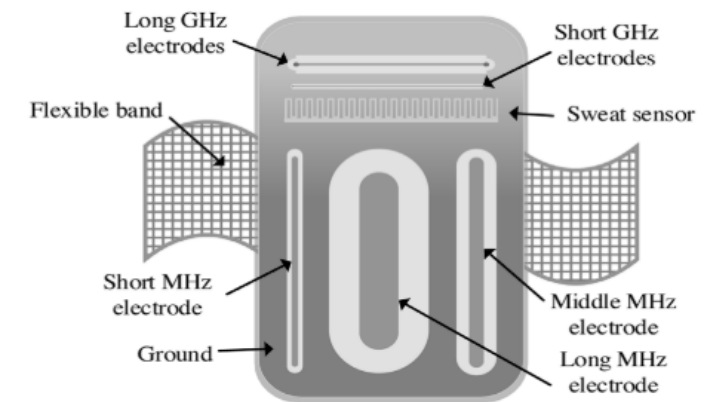


Figure 2: NI-CGM device proposed by Caduff, et al. from [1]

# PENDRA Commercial Prototype of Impedance Spectroscopy

- ☐ PENDRA (2003)
- ☒ Completely Non-invasive and Continuous
- ☒ Failed due to inaccuracy, and pulled off market [1]
- ☒ Struggles due to interference of bad sensor to skin attachment
- ☒ Currently no commercial devices implement this method



Figure: PENDRA device from [2]

[1] S. Weinzimer, Diabetes Technology and Therapeutics, 6(4), 442-444 (2004).

[2] J. Huang et al., Elsevier, 311, 1-9 (2020).

# True NICGM based on Metabolic Heat Confirmation

- ☐ Principal based on:  
multiwavelength spectroscopy to  
measure blood flow rate,  
hemoglobin and oxyhemoglobin
- ☐ Array of electrical and optical  
sensors to measure ambient  
features and thermal properties  
of the skin
- ☐ Applies regression methods to  
relate features to BGL
- ☒ System was not continuous and  
limited to finger
- ☒ Does not have commercial  
equivalent

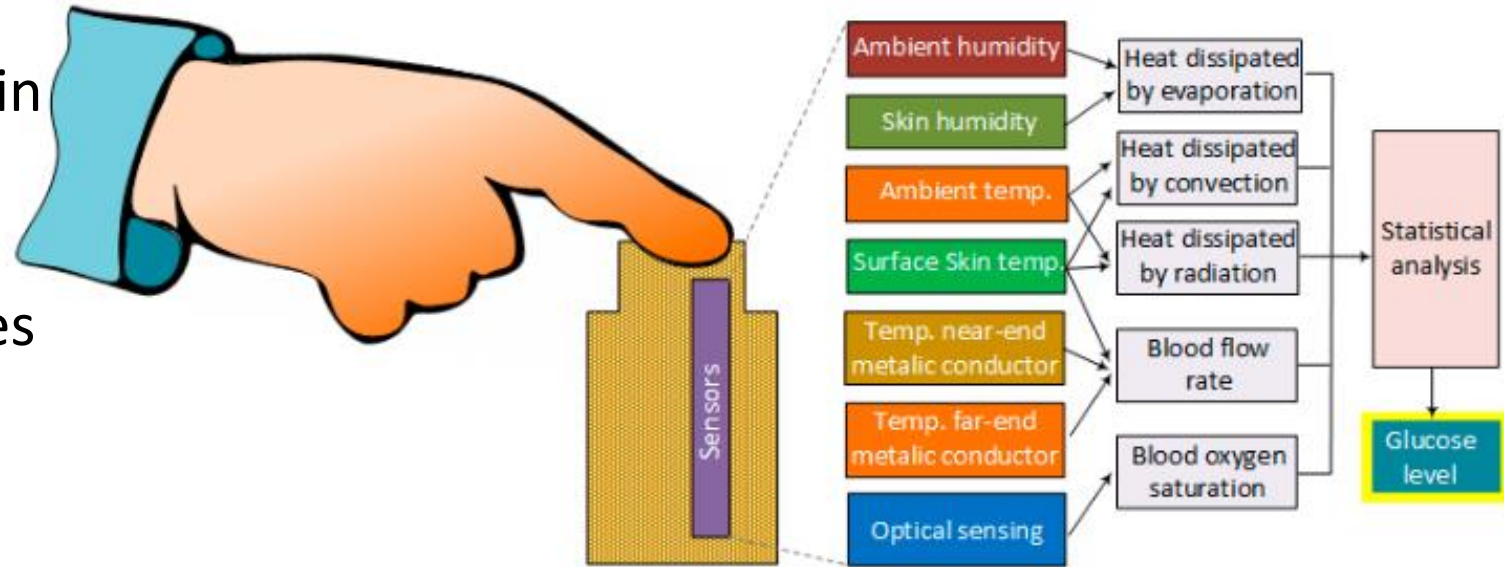


Figure: MHC flowchart [1]

# Glucotrack Commercial Prototype of Combining Sensors

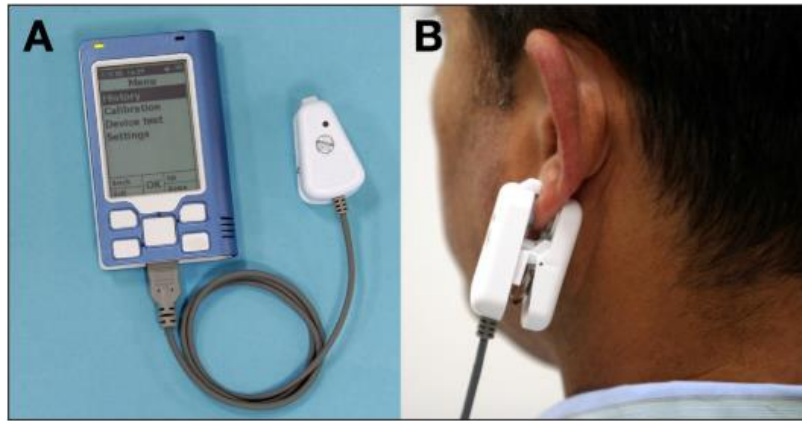


Figure 1: GlucoTrack device from [1].

- ☒ Completely Non-Invasive (NI)
- ☐ Combines 3 Different Methods
  1. Electromagnetic (i.e. Impedance Spectroscopy)
  2. Thermal (i.e. MHC)
  3. Ultrasound
- ☒ Spot Check device for Ear
- ☒ Not Continuous

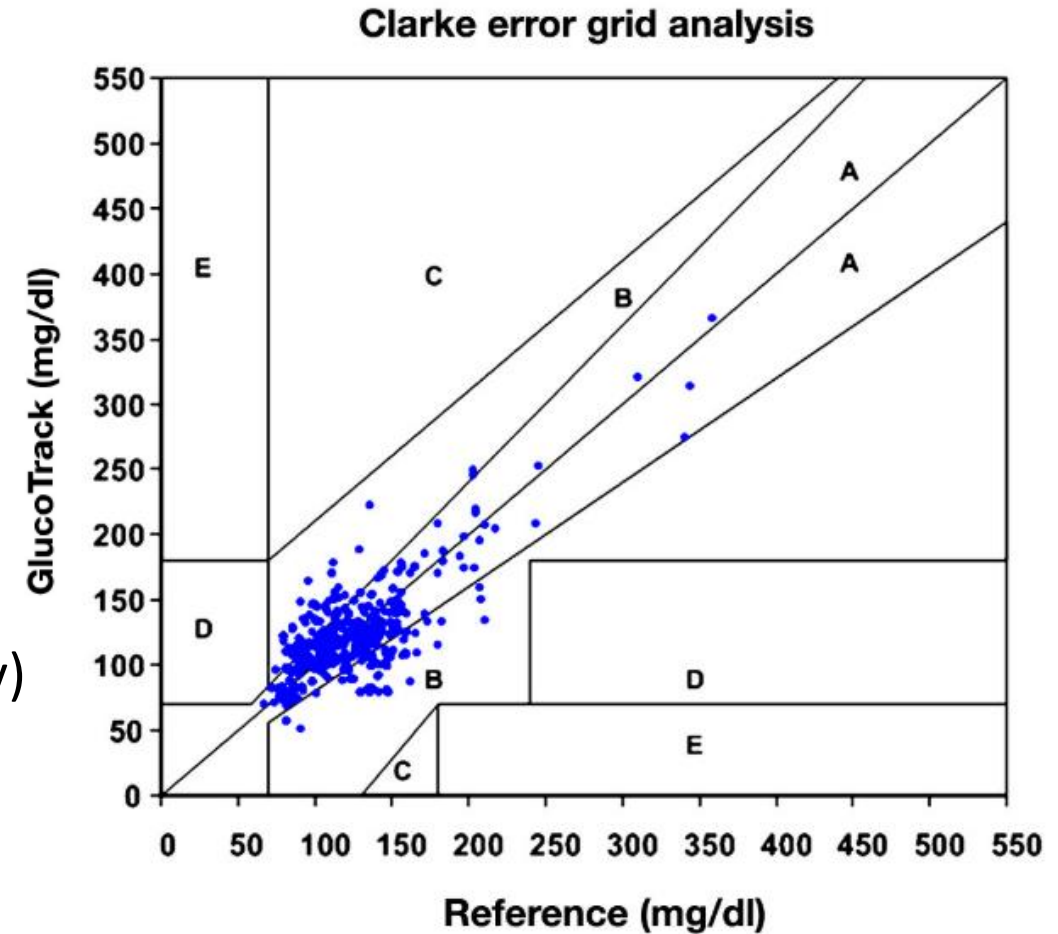


Figure 2: Clarke Error Grid of GlucoTrack[1].

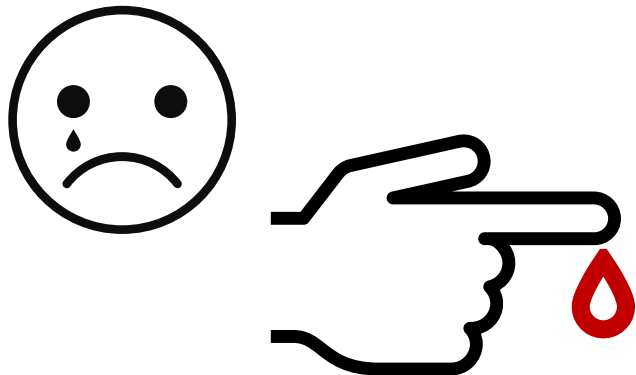
# Our Proposal for a multiarray sensor NICGM

- This thesis will explore multiple off-the-shelf wearable sensors that could be implemented in smartwatches and create a feature set sufficient for prediction.
- Hypothesis:
  - The following sensors will provide sufficient features to accurately predict blood glucose levels within healthy individuals
- Non-invasive Sensors combined with Machine Learning:
  - G-Skin Heat Flux, Empatica E4 wristband (EDA and Skin Temp.), Delfin MoistureMeterD, Viatom Checkme O2, Adafruit DHT11, Omron 3 Series Upper Arm Blood Pressure Monitor

# Comparison of Management Methodology

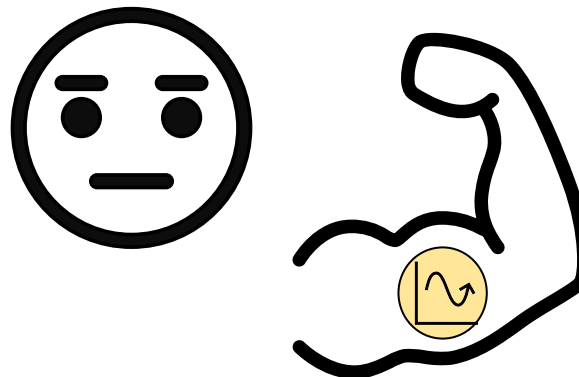
## Traditional Glucometers

- ✓ Accurate
- ✗ Painful and inconvenient
- ✗ Poor monitoring habits
- ✗ “Snapshot”
- ✗ Disposable sensors



## Glucose Oxidase Needle

- ✓ Continuous
- ✓ “full picture”
- ✗ Disposable sensors
- ✗ Minimally Invasive



## Proposed

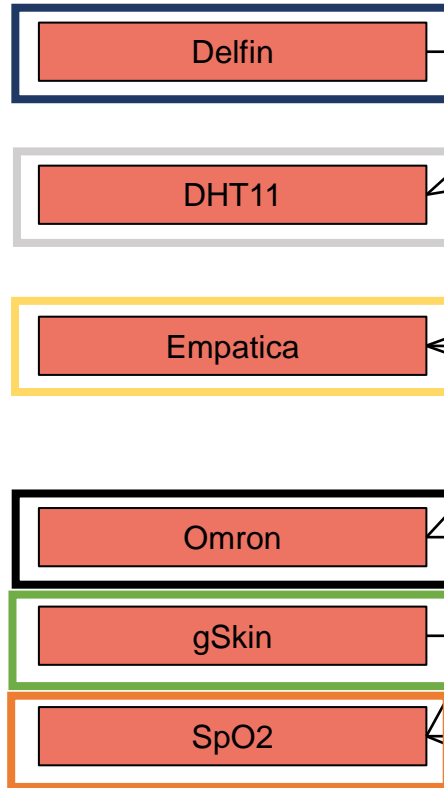
- ✓ Non-invasive
- ✓ More frequent measurements
- ✓ “full picture”
- ✓ No additional cost



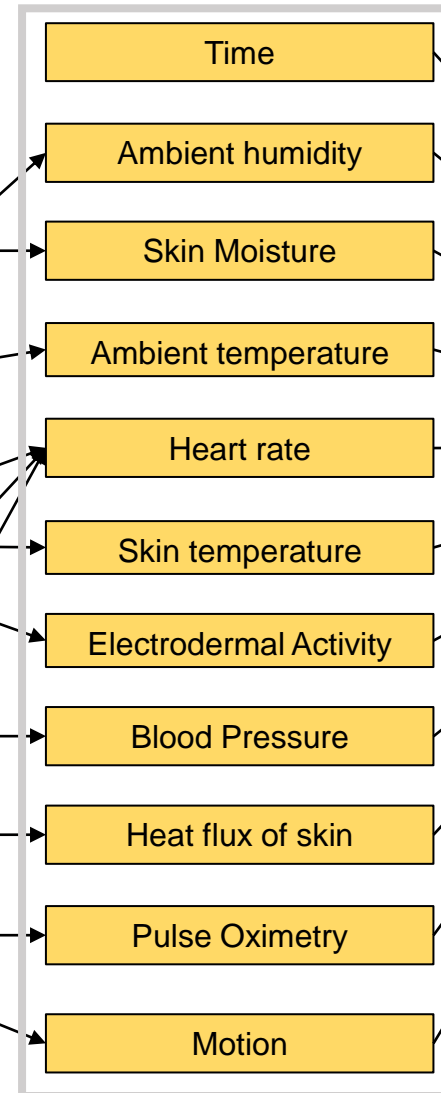


# Flowchart for our proposal

## Input Sensors



## Features



## Target

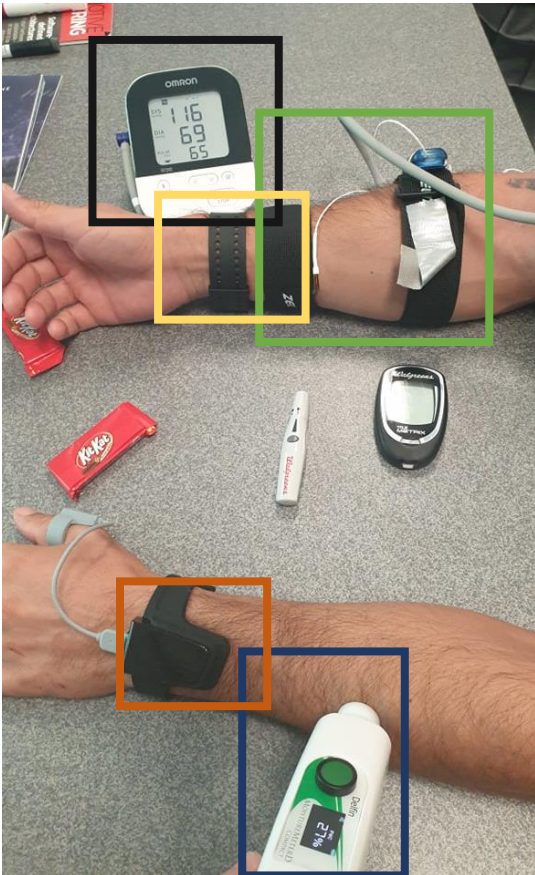
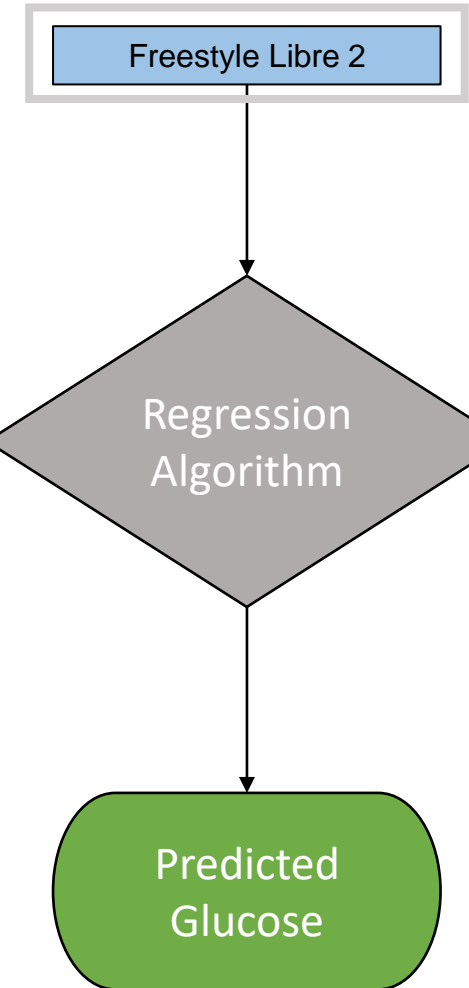


Figure: Sensors used  
UofM dataset



# Preliminary investigation into non-invasive sensors to track BGL in Diabetics Patients

- OhioT1DM Dataset
- 2 Subjects selected based on variance of target variable: 559 (70.35 mg/dL) and 563 (50.50 mg/dL)
- Original features
- Relevant features: Blood Glucose, Ambient Temperature, Galvanic Skin Response (GSR), Heartrate, Skin Temperature

Original Features

		Time	test_glucose	test_ambTemp	test_gsr	test_heartrate	test_skinTemp
0	07-Dec-2021 12:55:00		240	81.68	0.000087	103	84.92
1	07-Dec-2021 13:00:00		229	84.38	0.000101	68	87.98
2	07-Dec-2021 13:05:00		223	85.46	0.000147	68	88.88
3	07-Dec-2021 13:10:00		214	86.18	0.000643	70	89.24
4	07-Dec-2021 13:15:00		210	86.18	0.000133	71	89.78
...	...		...	...	...	...	...
12427	27-Jan-2022 17:10:00		125	83.53	0.000073	77	83.30
12428	27-Jan-2022 17:15:00		125	83.53	0.000073	60	84.88
12429	27-Jan-2022 17:40:00		144	84.92	0.000074	75	85.82
12430	27-Jan-2022 17:45:00		146	83.48	0.000075	80	86.36
12431	27-Jan-2022 17:50:00		151	79.70	0.000071	118	80.96

12432 rows x 6 columns

Figure: Example of the Ohio dataset

Ambient Temperature

Step count

## Subject 559 - Description of Dataset

Value	Glucose	Ambient Temp	GSR	Heart Rate	Skin Temp	log(GSR)
Mean	167.23	84.28	0.40	73.89	87.66	-3.31
Std. Dev.	70.36	4.38	2.04	15.94	3.44	1.37
Min.	40.00	63.86	0.00	46.00	72.32	-4.17
25%	110.00	81.32	0.00	62.00	85.10	-4.11
50%	158.00	83.66	0.00	69.00	87.44	-3.99
75%	210.00	87.62	0.00	83.00	90.50	-3.25
Max	400.00	96.98	23.02	189.00	95.90	1.36
Count	12,432	12,432	12,432	12,432	12,432	12,432

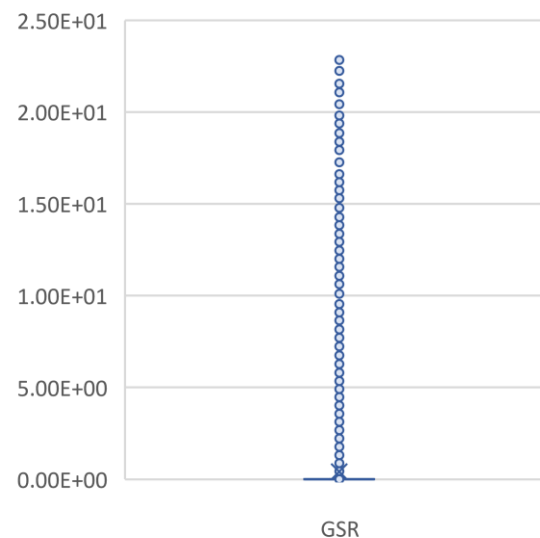


Figure: Boxplot of GSR

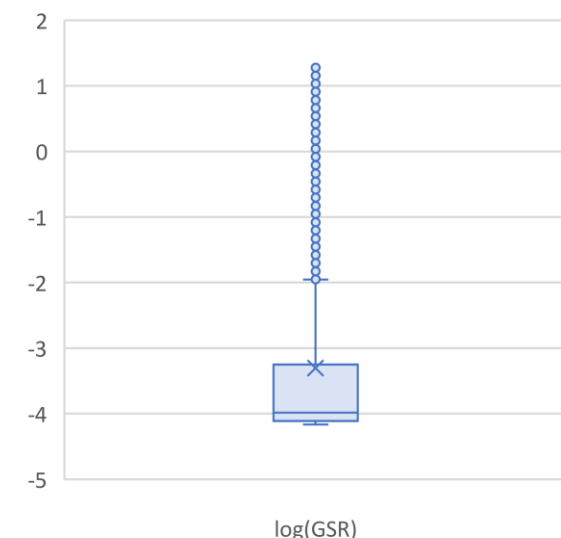


Figure: Boxplot of log(GSR)

## No linear relationship between these features and glucose in Ohio Dataset

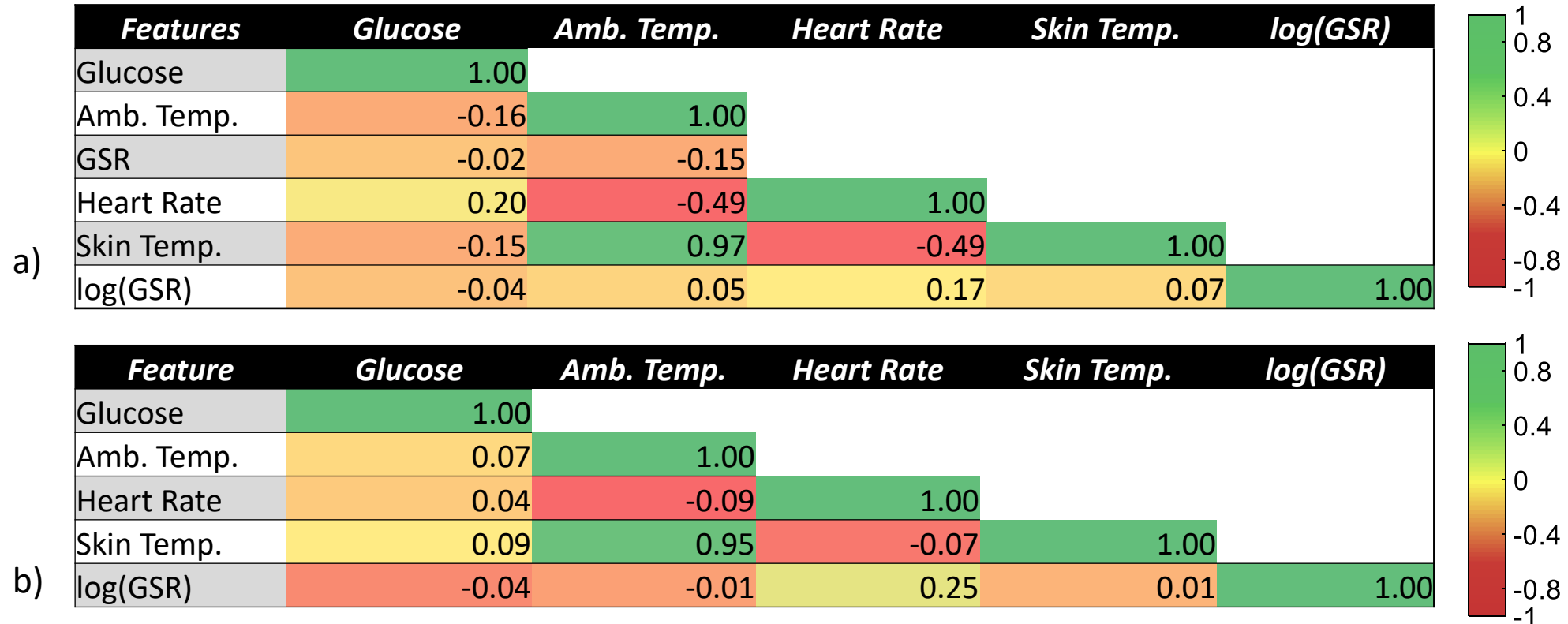
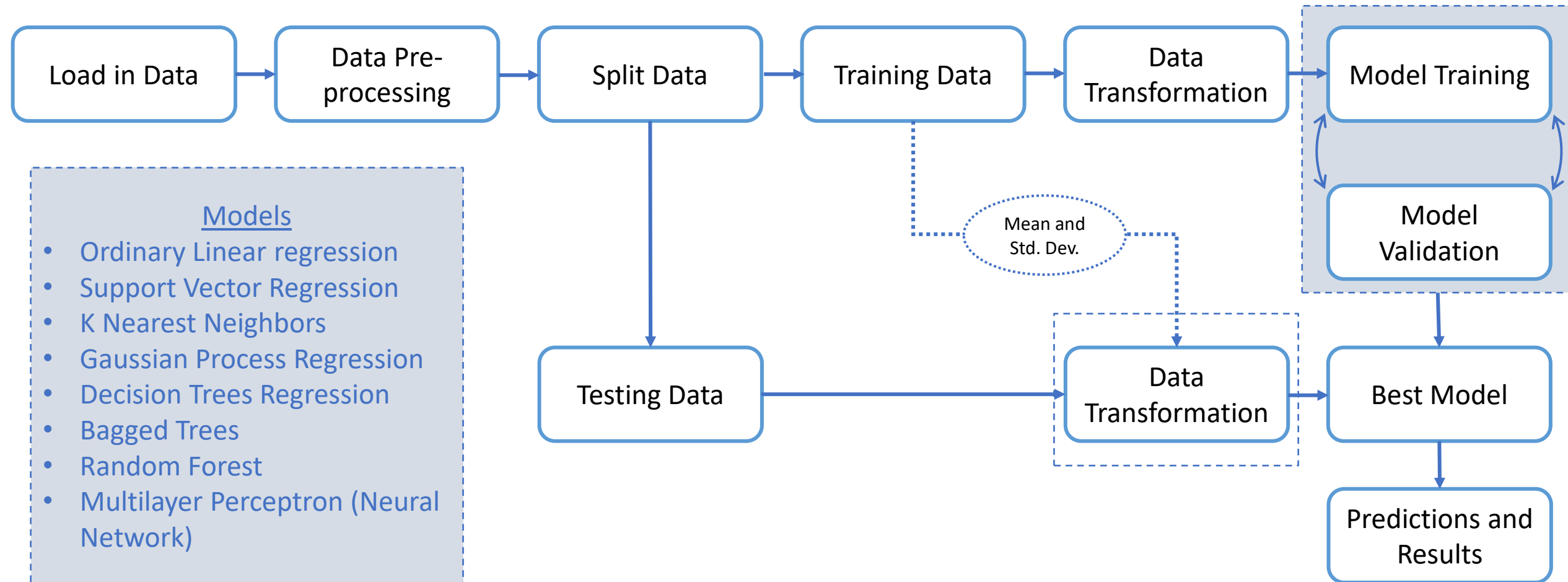
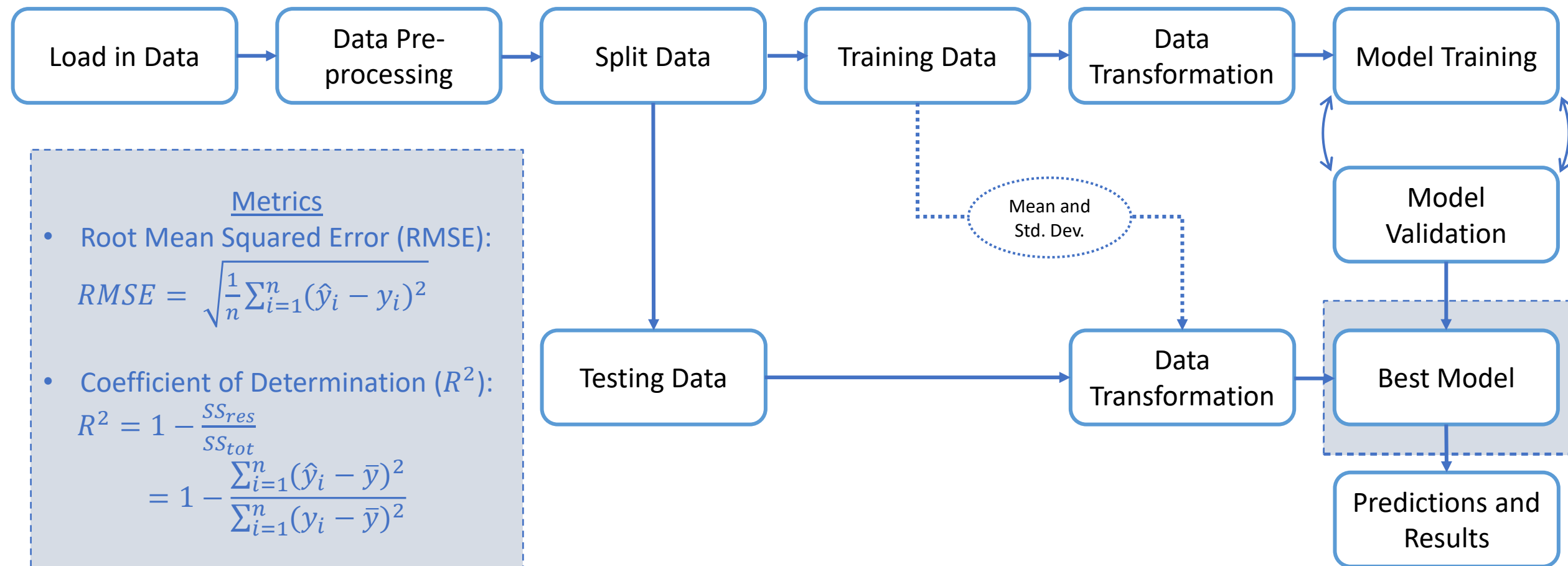


Table: Correlation Coefficient Matrix for (a) Subject 559 and (b) Subject 563

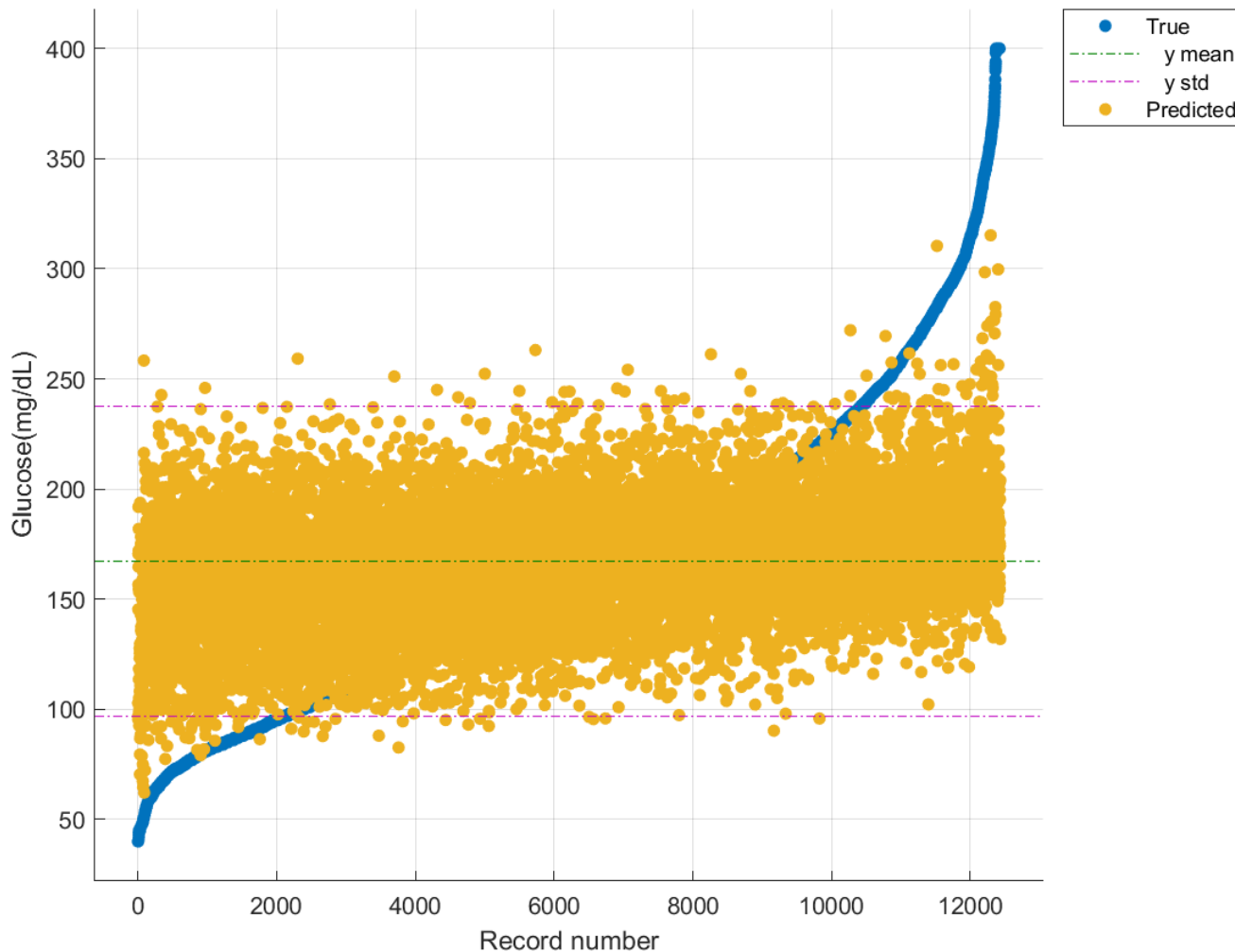
# Machine Learning Pipeline Diagram



# Machine Learning Pipeline Diagram



## Poor performance tracking glucose using Ohio dataset features



- Very poor performance
- Centers around mean and rarely predicts outside the one standard deviation of the true target data
- Features have no predictive power
- Best model: Bagged trees

Subject 559	
Metrics	
RMSE	66.321
R <sup>2</sup>	0.11
Mean of true	167.23
Std. Dev. of true	70.36

# Clarke Error Grid Analysis (CEGA)

- Scatterplot of the reference values plotted against the true values to determine the accuracy of the prediction
- 5 regions denoted A, B, C, D, E:
  - A. Values fall within 20% of reference
  - B. Falls outside 20%, but would not lead to inappropriate action
  - C. Could cause the patient to make inappropriate actions.
  - D. Could lead to harmful action due to lack of detection of hyper- and hypoglycemia
  - E. Confuses hyperglycemic for hypoglycemia and vice-versa

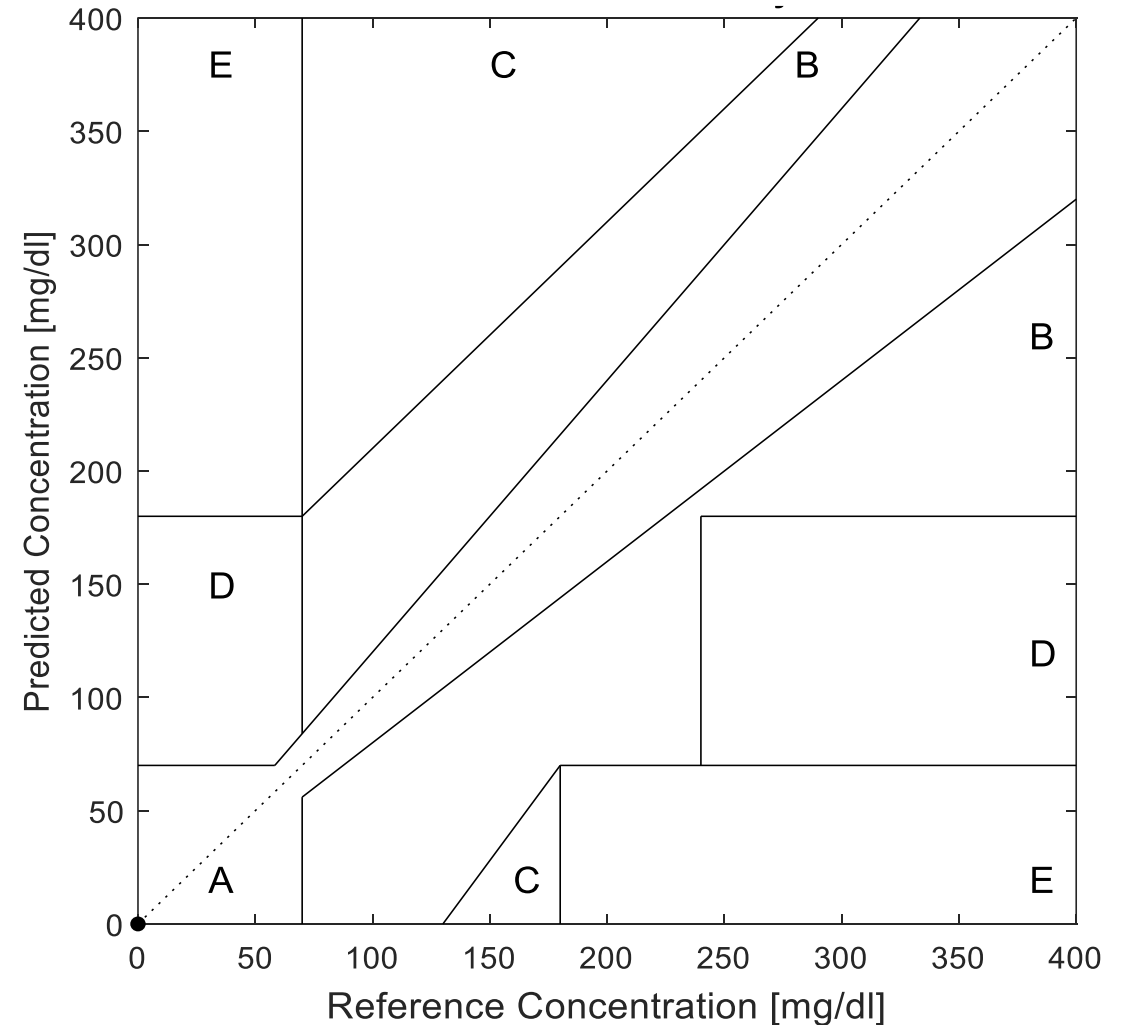


Figure: Example Error Clarke Grid

## Aim 1: Ohio Data – Subject 559 – Results

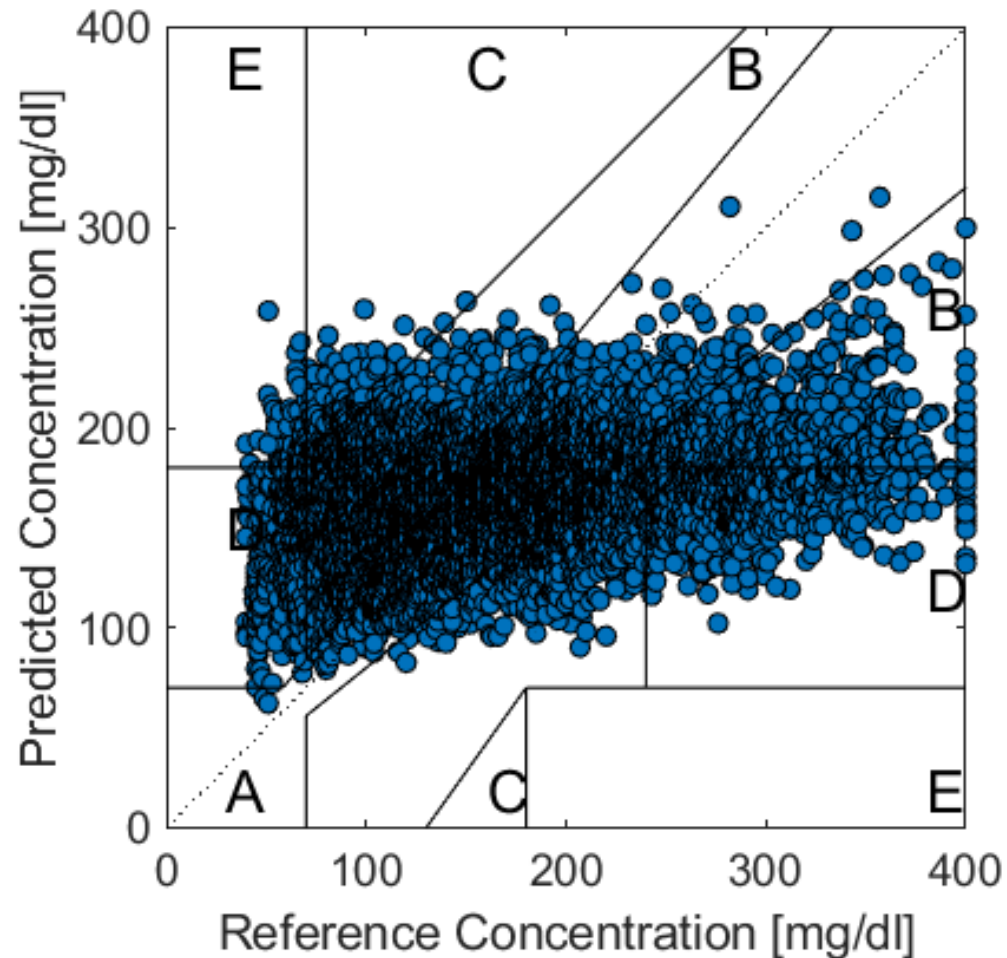


Figure: Error Clarke Grid for Subject 559

- Far too many predictions result in dangerous treatment
- $R^2$  value is too low to say the prediction represents the data

Metric	Subject 559
A	37.89%
B	49.02%
C	1.67%
D	10.80%
E	0.62%
Total	12432
RMSE	66.32
$R^2$	0.11



## Aim 1: Ohio Data – Subject 563 –MATLAB APP Results

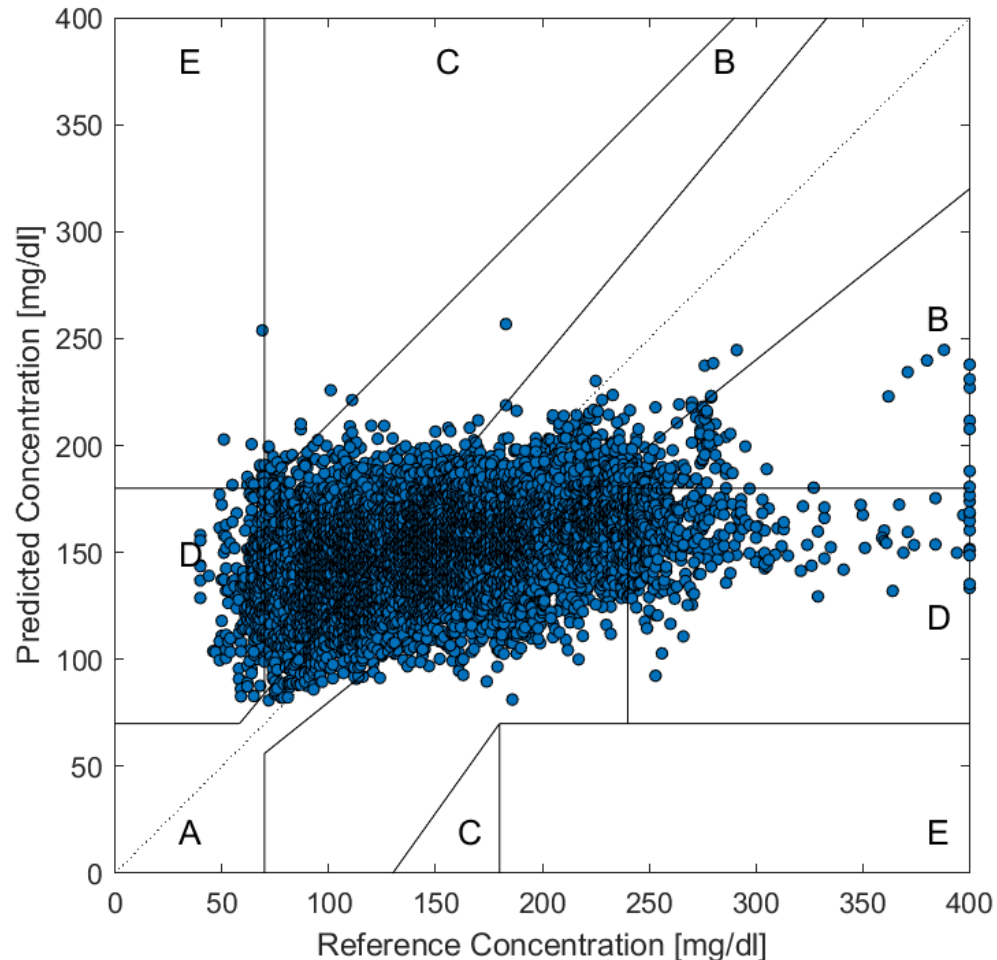


Figure: Error Clarke Grid for Subject 563

- Not surprisingly we see the same happen for Subject 563
- Lower RMSE resulting from lower variance

Metric	Subject 563
A	49.91%
B	43.83%
C	0.12%
D	6.03%
E	0.12%
Total	13008
RMSE	46.38
R <sup>2</sup>	0.16

# Can we monitor glucose in the healthy range?

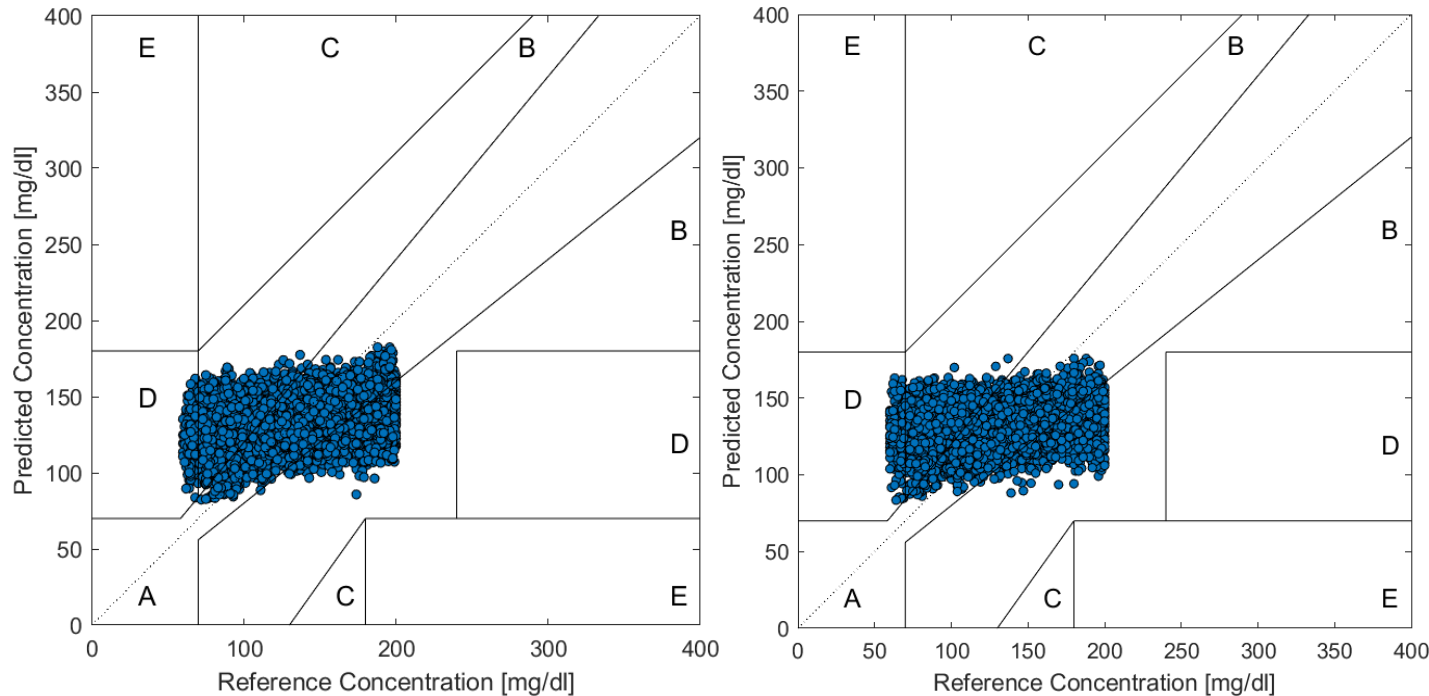


Figure: Error Clarke Grid for Reduced range (a) Subject 559 and (b) Subject 563

- Features are not sufficient even for those with a healthy range of blood glucose levels
- Further highlights why predictions don't have value

Metrics	Subject 559	Subject 563
RMSE	37.168	32.756
R <sup>2</sup>	0.06	0.13

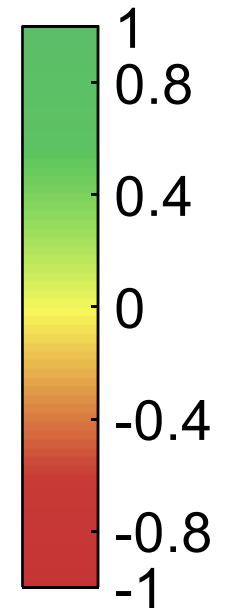
## Aim 2: UofM Dataset

- Significantly more features than Ohio dataset
- 3 Subjects
  - Subject ID: 1,2,3
- Up to 15 vs 4 features

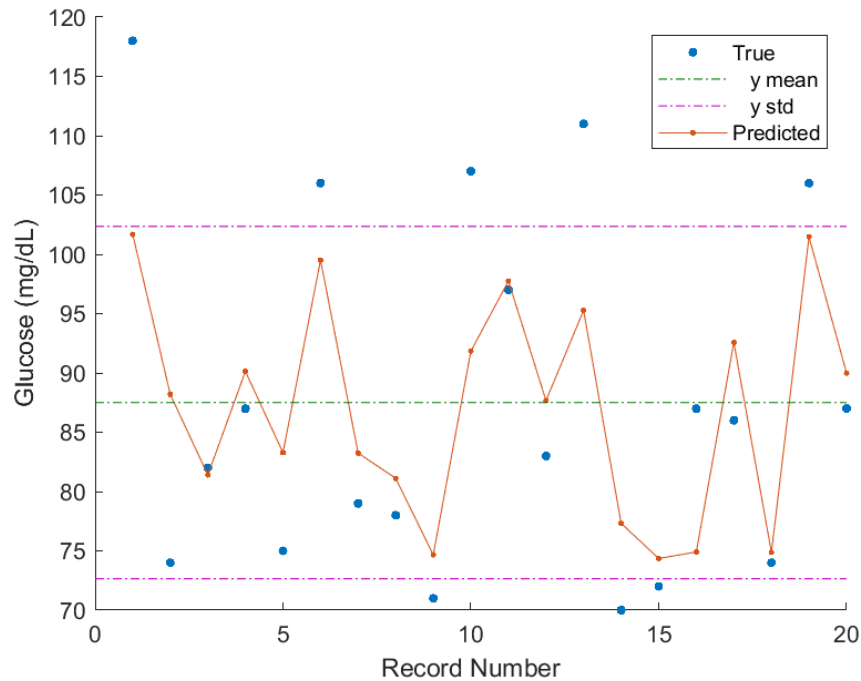
[illegible]

# Subject 1 - Description of Dataset

Features	Glucose	SpO2(%)	Heart rate	Motion	Amb. Humidity	Amb. Temp.	Moisture(%) Ventral	Moisture(%) Dorsal	Heat Flux (W/m)	BVP	IBI	Skin Temp	EDA	Systolic	Diastolic
Glucose	1.00														
SpO2(%)	-0.02	1.00													
Heart rate	-0.32	-0.07	1.00												
Motion	-0.24	0.06	0.48	1.00											
Ambient Humidity	-0.08	0.18	0.02	-0.17	1.00										
Ambient Temp.	-0.10	0.13	-0.05	-0.18	0.86	1.00									
Moisture(%) Ventral	-0.24	0.05	0.22	-0.04	0.79	0.62	1.00								
Moisture(%) Dorsal	-0.19	-0.19	0.42	0.14	-0.10	-0.21	0.16	1.00							
Heat Flux (W/m)	-0.45	0.08	0.35	0.44	-0.10	-0.30	0.03	0.09	1.00						
Empatica: BVP	-0.04	-0.12	0.15	-0.02	-0.07	-0.05	-0.03	0.09	-0.02	1.00					
Empatica: IBI	0.05	-0.04	0.06	-0.07	-0.08	-0.23	0.06	0.27	0.06	0.09	1.00				
Empatica: TEMP	-0.05	0.23	-0.10	-0.30	0.16	0.25	0.10	0.04	-0.43	-0.01	-0.04	1.00			
Empatica: EDA	-0.45	-0.10	0.71	0.47	-0.04	-0.17	0.30	0.57	0.49	0.10	0.21	-0.05	1.00		
Systolic	-0.09	-0.02	0.71	0.46	-0.17	-0.38	0.12	0.49	0.32	0.10	0.24	-0.15	0.61	1.00	
Diastolic	-0.08	-0.09	0.39	0.14	-0.07	-0.27	0.10	0.42	0.30	-0.01	0.29	-0.12	0.48	0.47	1.00

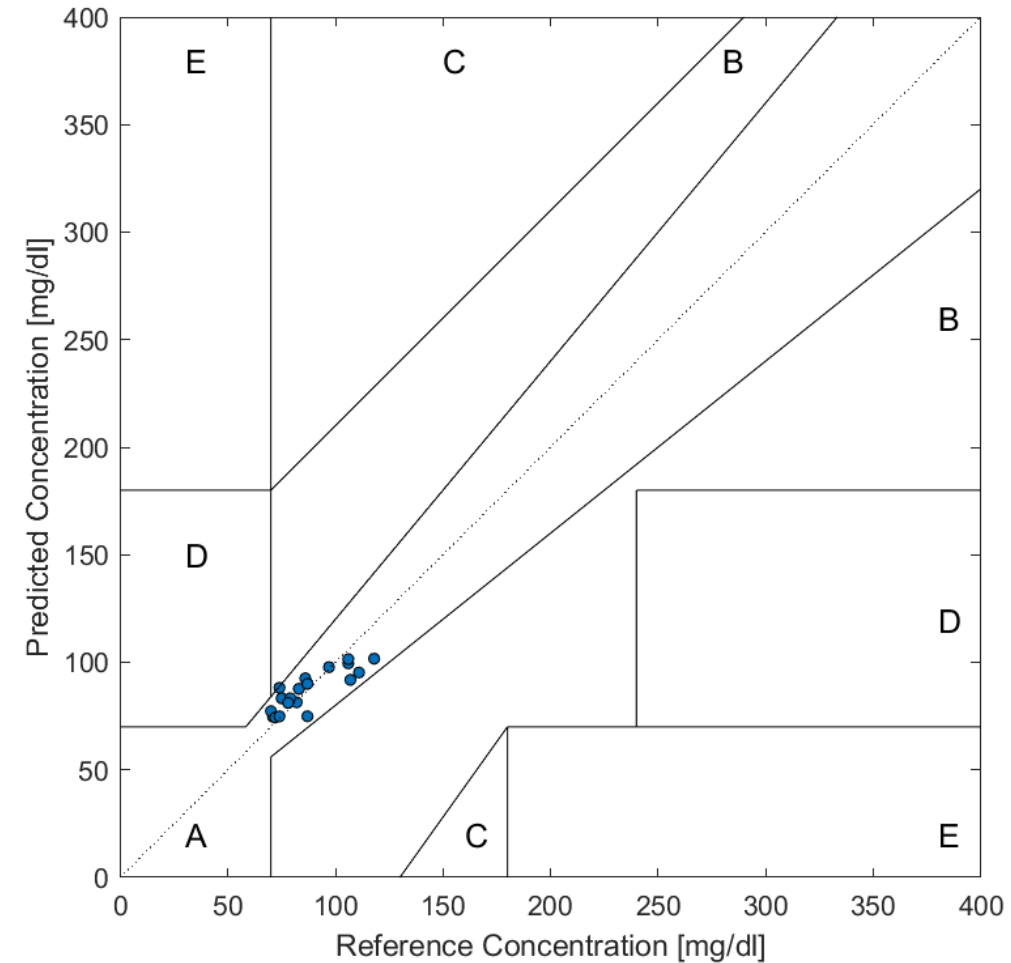


# Results of Trained Model on Unseen data (Subject 1)



Metric	Subject 1
A	100.00%
B	0.00%
C	0.00%
D	0.00%
E	0.00%
Total	20
RMSE	8.39
R <sup>2</sup>	0.71

- Model: Bagged Trees
- Split data into testing and training sets
- Performance on completely unseen data
- All values fall with the A
- Only 20 samples



## Results of Subject 2

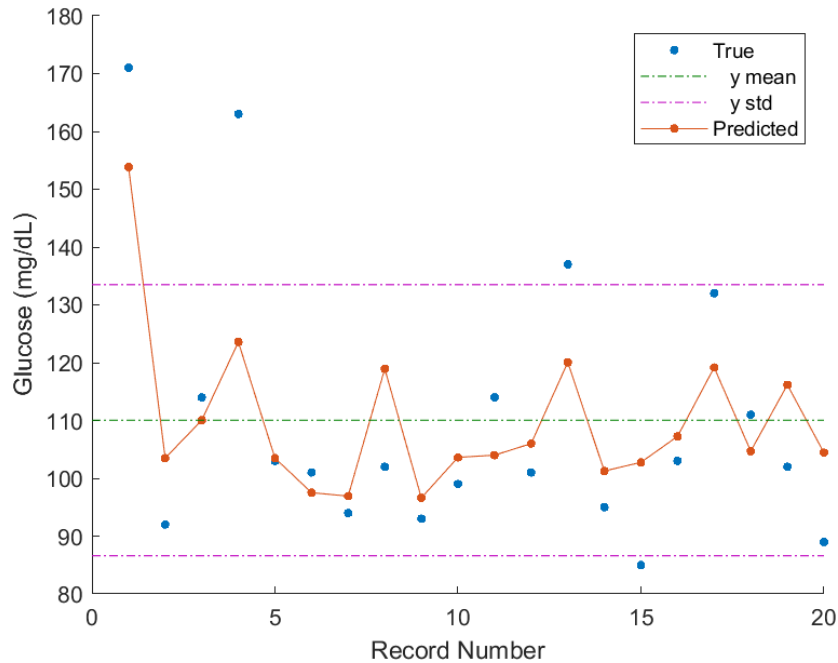


Figure: Plot of predictions, Subject 2

Metric	Subject 2
A	90.00%
B	10.00%
C	0.00%
D	0.00%
E	0.00%
Total	20
RMSE	13.72
R <sup>2</sup>	0.72

- Model: Gaussian process regression (Rational Quadratic)
- Performance on completely unseen data
- All within A and B

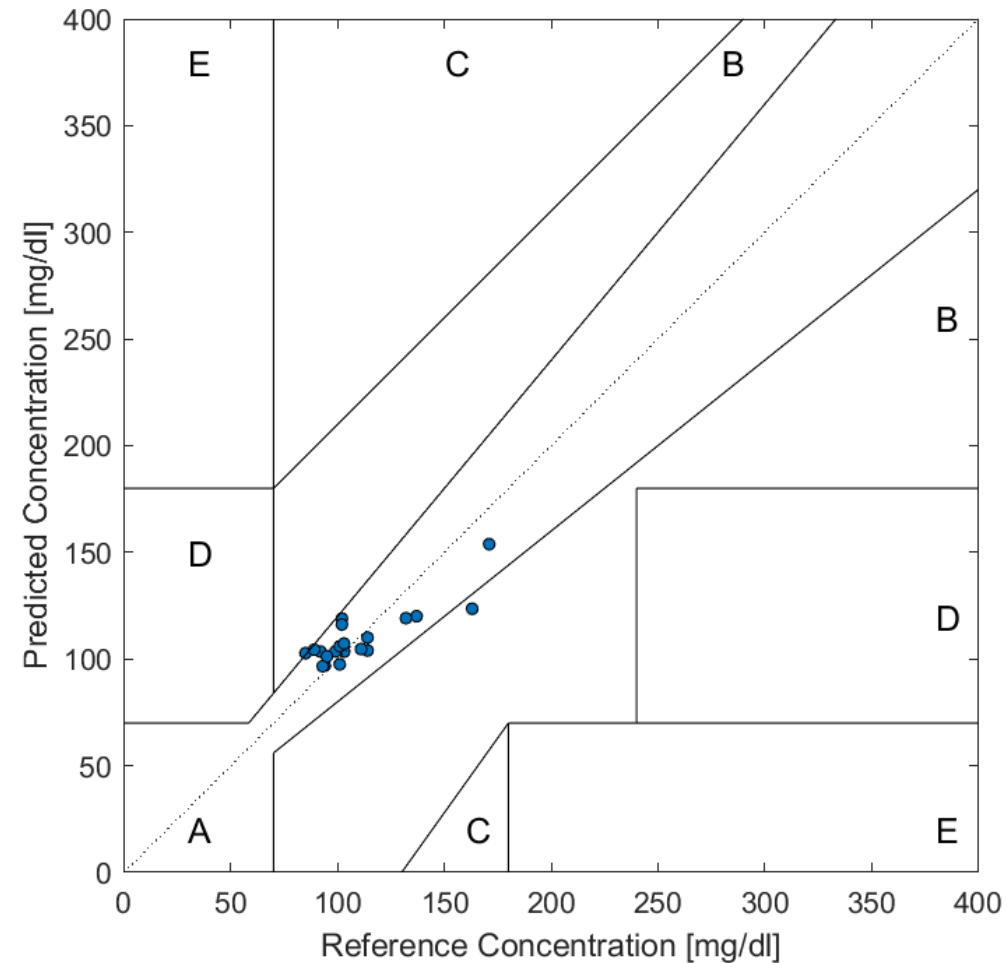
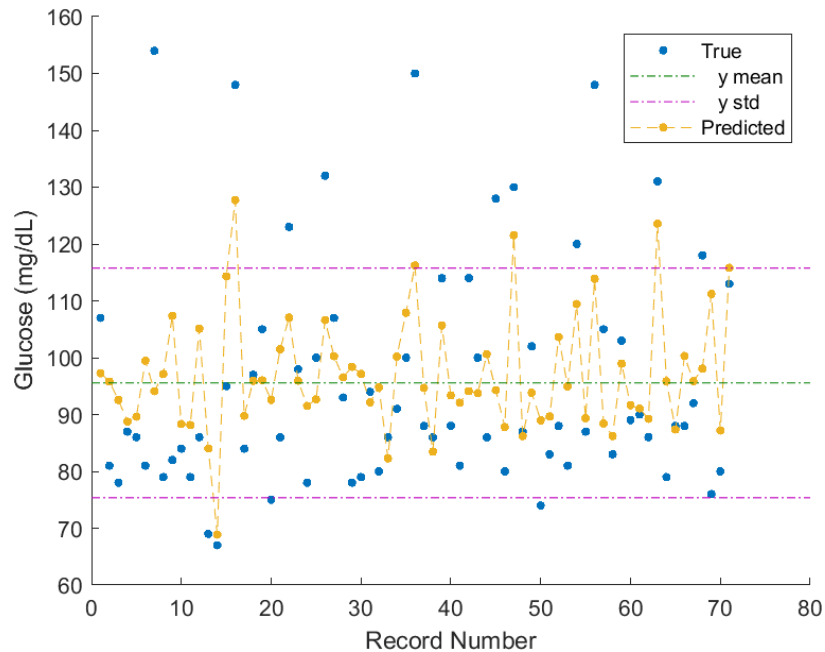


Figure: CEGA for Subject 2

# Results from an Automated data collection



Metric	Subject 3
A	77.46%
B	21.13%
C	0.00%
D	1.41%
E	0.00%
Total	71
RMSE	15.84
R <sup>2</sup>	0.40

Figure: Plot of predictions, Subject 3

- Model: Gaussian process regression (Matern 5/2)
- Some features were removed
- More relaxed data collection procedure
- Scalability of the features chosen

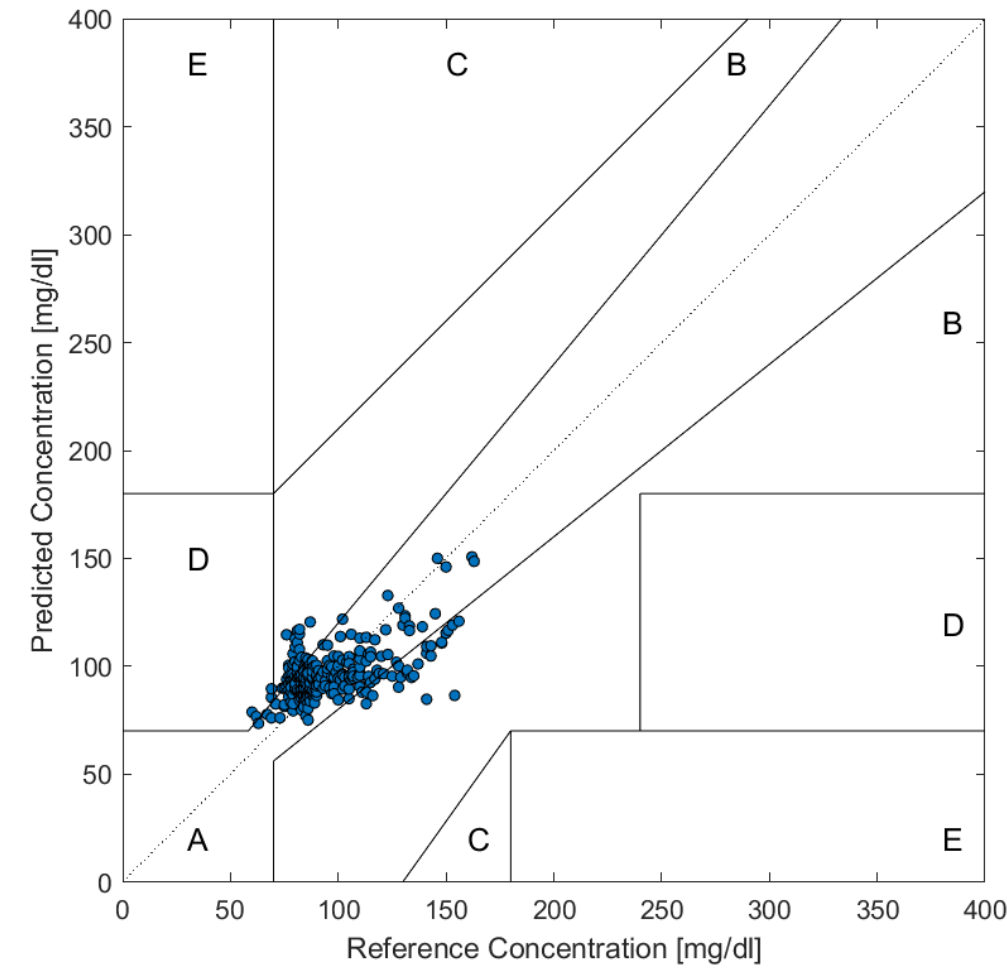


Figure: CEGA for Subject 3

## Conclusions

- Tested this hypothesis on 2 datasets
- Ohio had many samples but only 4 features
  - Not good enough for BGL predictions
  - Regardless of range
- Our dataset contains up to 15 features
- Features appear to increase predictive power when compared to the OhioT1DM dataset features
- Insufficient data to make any hard conclusions



## Potential Pitfalls and Future Works

- Scalability of features
- Dataset is too small
- Curse of Dimensionality
- Variance of target data is too low
- Feature Extraction and Engineering
  - Heart Rate Variability and GSR
- Hyperparameter tuning
- More continuous target variable
- Add more output variables (e.g., blood pressure, blood iron)
- Explore generalization of Personal to Global Models (USAID)

Q & A