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112 No medical advice 0. Introduction 113 V.2.6 Exploring Full Closed Loop potential of-autoISF 114 115 Disclaimer – Important to read and understand 116 Authors are no medical professionals but T1 diabetics (or parents of a T1D child) who report their -117 limited - understanding and experience, in an effort to contribute to a growing body of knowledge, 118 and to facilitate development of patient centered solutions. 119 Nothing in this site is medical advice, but meant to stimulate patient-driven self-responsible re-120 search, and is meant also to stimulate product developments by the medical industry. Anything you 121 try to conclude for yourself you do on own risk. This is by no means a medical product but what 122 is offered is a toolset for participating in development. 123 Never copy what others report to use, but investigate and adjust to your data. Neglecting safety 124 instructions, and just using the "buttons" that are made available in a supposed "learning by doing" 125 mode, would be very dangerous with the early development stage tools this research paper is 126 about. 127 In case you choose to get deeper involved, run the system disconnected, parallel to your current 128 glucose management, to learn its behavior before eventually considering (on own risk) to go any 129 further. Please stay connected and share experiences, too. 130 131 Introduction Full Closed Loop using Automations is represented in AAPS Master and in the related 132 133 readthedocs since autumn 2023. (https://androidaps.readthedocs.io/en/latest/Usage/Full-134 ClosedLoop.html.). Pre-requisites and the principal function of a Full Closed Loop, without the user ever giving a bolus 135 136 and without entering any carb info are explained, also in a couple of other languages, there. 137 The essential points are summarized also below, in section 1. 138 139 autoISF is being developed as a much more sophisticated alternative for FCL, aiming at 140 higher %TIR performance and/or higher degree of daily "freedom" than simpler approaches to FCL could provide. 141 142 However, this demands much higher degree of involvement by the user. Setting up your FCL is a 143 very serious multi-week project, and it is important that you follow us through the material in

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the sequence of suggested steps.

Of note, parts of this paper marked in green color, notably sections 5.3 and 6.4 describing functions of the "improved FCL cockpit" are not implemented at launch because development focus had to be on more core functions. For most of these "missing elements", work arounds are described, often involving a similarly ease to use (but requiring some extra work in your set-up) DIY FCL cockpit (see section 5.2 and 6.3 and case studies 5.2 and 6.2)

With autoISF, and especially with the intention to use it for Full Closed Loop, you are in the early development area. It is therefore important to observe the disclaimer given above, and the warnings given in the e-book sections, as well as the hints given by the developers in the respective manuals and readme files on their Github pages:

• For autoISF with **AAPS**, the main ones are https://github.com/ga-zelle/autoISF/).

• Note there is no FCL solution for iOS Loop because their algorithm depends very much on carb inputs. However, the oref(1) algorithm (UAM+SMB as in AAPS) has been developed also for i-Phone based systems on the so-called iAPS platform. And autoISF has also been ported into an early development branch of iAPS: https://github.com/mountrcg/iAPS.
Unless you are ready to read a lot, re-set some things about your HCL iAPS first, and do a rather disciplined, well structured, several weeks if not months long project to get FCL running, please stay with what you have. Trial and error won't get you anywhere, with this complicated program!
Besides lacking mandatory "education" by "Objectives", iAPS users also are disadvantaged re. FCL because of the lack of an Automation feature (and also because of partially different other feature

First of all, a tip: If the following "e-book" looks too complicated for you - and it's not just about understanding, but also about time requirements and discipline during experimentation and data analysis - you would be well advised to first try the **Full Closed Loop in a simpler form** with Automations (reference see above, and <u>section 13.1</u>): Depending on the quality of their HCL tuning they are starting from, their expectations for %TIR, and on rapid carb contents of their diet, an increasing number of people succeed in making a respectable start the first time they try using AAPS in that much simpler Full Closed Loop mode.

details, or nomenclature, in iAPS, compared to AAPS).

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See also the first published medical study that included 16 patients using AAPS, who found, on average, comparable %TIR performance when using a basic Full Closed Loop mode: https://pub-med.ncbi.nlm.nih.gov/36826996/

Alternatively you can use some techniques used in hybrid closed loop, such as using a pre-bolus with autoISF, or explore other early-DEV-variants mentioned in <u>section 13.3</u>, which also undergo permanent further development (Boost, AIMI, EatingNow, Tsunami).