O. Introduction V. 3.1

Exploring Full Closed Loop potential of-autoISF

Dicelaimer	– Important t	o road	and	understand
DISCIAIITIEL	<u> </u>	<u>.u reau</u>	anu	unuerstanu

- 4 Authors are no medical professionals but T1 diabetics (or parents of a T1D
- 5 child) who report their -limited understanding and experience, in an effort to contribute to a grow-

No medical advice

- 6 ing body of knowledge, and to facilitate development of patient centered solutions.
- 7 **Nothing in this site is medical advice**, but meant to stimulate patient-driven self-responsible re-
- 8 search, and is meant also to stimulate product developments by the medical industry. Anything you
- 9 try to conclude for yourself you do on own risk. This is by no means a medical product but what
- 10 is offered is a toolset for participating in development.
- 11 Never copy what others report to use, but **investigate and adjust to your data**. Neglecting safety
- instructions, and just using the "buttons" that are made available in a supposed "learning by doing"
- mode, would be very dangerous with the early development stage tools this research paper is
- 14 about.

18

26

1

2

3

- 15 In case you choose to get deeper involved, **run the system disconnected**, parallel to your current
- 16 glucose management, to learn its behavior before eventually considering (on own risk) to go any
- 17 further. Please stay connected and share experiences, too.

19 Introduction

- 20 **Full Closed Loop using Automations** is represented in AAPS Master and in the related
- 21 readthedocs since autumn 2023. (https://androidaps.readthedocs.io/en/latest/Usage/Full-
- 22 ClosedLoop.html.).
- 23 Pre-requisites and the principal function of a Full Closed Loop, without the user ever giving a bolus
- 24 and without entering any carb info are explained, also in a couple of other languages, there (and
- 25 also in our <u>section 1.)</u>
- 27 **autoISF** is being developed as a much more **sophisticated alternative for FCL**, **aiming at**
- 28 **higher %TIR performance and/or higher degree of daily "freedom"** than simpler approaches to
- 29 FCL could provide.
- 30 However, this demands much higher degree of involvement by the user. Setting up your FCL is a
- 31 very serious multi-week project, and it is important that you follow us through the material in
- 32 the sequence of suggested steps.

33 34 35 36	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:
37	
38 39	• For autoISF with AAPS , the main ones are https://github.com/ga-zelle/autoISF/ and https://github.com/T-o-b-i-a-s/AndroidAPS/tree/3.2.0.4-ai3.0.1
40 41 42 43	 Note there is no comparable FCL solution for iOS Loop because their algorithm depends very much on carb inputs.
44 45	 However, the oref(1) algorithm (UAM+SMB as in AAPS) has been developed also for i-Phone based systems:
46 47	on the Trio platform https://discord.gg/Rr37aAzWz9 , " TAI " (for Trio + autoISF) dev variant with autoISF see https://github.com/mountrcg/Trio#autoisf
48 49 50	on the iAPS platform, with autoISF ported into rapidly evolving early development branches of iAPS: https://github.com/mountrcg/iAPS/ readme.md. dev_autoISF3.x_newUI is the default branch there for autoISF.
51 52 53 54 55 56	Note that setting up an autoISF FCL on i-Phone platform may be especially hard. iAPS/Trio users are disadvantaged vs AAPS because 1) lack of some technical features (Automations, emulator) 2) there is no e-book variant exactly for their system 3) many users did not go through the mandatory "education" via Objectives as in AAPS, and might not have a good "vanilla HCL" starting point ("blueprint for your FCL", as I call it in section 4.1)
57	
58 59 60 61 62	Unless you are ready to do a lot of reading and loop data analysis to get your FCL running, please stay away. Trial and error won't get you far: Yes; with 18 (!) additional parameters on bord, you always can "trick" your loop to get one situation (e.g. pizza) look pretty good. But to find settings that cover also other situations well (say, a salad with chicken) is not easy. It is possible, though, if you "build" your FCL following the suggestions, notably in $\underline{\text{sections 2}}$ and $\underline{\text{4}}$).
63	
64	
65	

67 If you currently can't commit yourself, or lack an important pre-requisite, you might want to con-68 sider one of the following "easier" options: 69 You could first try the Full Closed Loop in a simpler form with Automations (see AAPS 70 readthedocs and section 13.1): 71 Depending on the quality of their HCL tuning they are starting from, their expectations for 72 %TIR, and on rapid carb contents of their diet, an increasing number of people succeed in 73 making a respectable start the first time they try using AAPS in that much simpler Full 74 Closed Loop mode. 75 See also the first published medical study that included 16 patients using AAPS, who found, 76 on average, comparable %TIR performance when using a basic Full Closed Loop mode: 77 https://pubmed.ncbi.nlm.nih.gov/36826996/ 78 Note that Trio and iAPS lack Automations, This makes it much more complicated if you try 79 similar implementations via so-called middleware. 80 You could also opt for a Meal Announcement method, which is a significant step from HCL towards FCL, but still involves a pre-bolus. 81 82 o For autoISF, this method is sketched in section 7. 83 Other early-DEV-variants of AAPS are mentioned in section 13.3, which also un-84 dergo permanent further development (Boost, AIMI, EatingNow, Tsunami). 85 o AIMI was also ported into Trio as an option, see https://github.com/mountrcg/Trio#aimi-b30 86 87 Note that all these "Meal Announcement" methods are far less well described than the two FCL 88 options, but they are easier to set up and give some of the benefits you may seek (notably, no 89 carb counting). 90 91

92