

Advanced 3D Monte Carlo Algorithms for Biophotonic and Medical Applications

Lewis McMillan



University of
St Andrews

This thesis is submitted in partial fulfilment for the degree of
PhD
at the
University of St Andrews

March 2019

Declaration

I, Lewis McMillan, hereby certify that this thesis, which is approximately ***** words in length, has been written by me, that it is the record of work carried out by me, or principally by myself in collaboration with others as acknowledged, and that it has not been submitted in any previous application for a higher degree.

I was admitted as a research student in September 2015 and as a candidate for the degree of PhD in September 2015; the higher study for which this is a record was carried out in the University of St Andrews between 2015 and 2019.

Date Signature of candidate

I hereby certify that the candidate has fulfilled the conditions of the Resolution and Regulations appropriate for the degree of PhD in the University of St Andrews and that the candidate is qualified to submit this thesis in application for that degree.

Date Signature of supervisor

Date Signature of supervisor

Abstract

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Ut purus elit, vestibulum ut, placerat ac, adipiscing vitae, felis. Curabitur dictum gravida mauris. Nam arcu libero, nonummy eget, consectetur id, vulputate a, magna. Donec vehicula augue eu neque. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Mauris ut leo. Cras viverra metus rhoncus sem. Nulla et lectus vestibulum urna fringilla ultrices. Phasellus eu tellus sit amet tortor gravida placerat. Integer sapien est, iaculis in, pretium quis, viverra ac, nunc. Praesent eget sem vel leo ultrices bibendum. Aenean faucibus. Morbi dolor nulla, malesuada eu, pulvinar at, mollis ac, nulla. Curabitur auctor semper nulla. Donec varius orci eget risus. Duis nibh mi, congue eu, accumsan eleifend, sagittis quis, diam. Duis eget orci sit amet orci dignissim rutrum.

Nam dui ligula, fringilla a, euismod sodales, sollicitudin vel, wisi. Morbi auctor lorem non justo. Nam lacus libero, pretium at, lobortis vitae, ultricies et, tellus. Donec aliquet, tortor sed accumsan bibendum, erat ligula aliquet magna, vitae ornare odio metus a mi. Morbi ac orci et nisl hendrerit mollis. Suspendisse ut massa. Cras nec ante. Pellentesque a nulla. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Aliquam tincidunt urna. Nulla ullamcorper vestibulum turpis. Pellentesque cursus luctus mauris.

Acknowledgements

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Ut purus elit, vestibulum ut, placerat ac, adipiscing vitae, felis. Curabitur dictum gravida mauris. Nam arcu libero, nonummy eget, consectetur id, vulputate a, magna. Donec vehicula augue eu neque. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Mauris ut leo. Cras viverra metus rhoncus sem. Nulla et lectus vestibulum urna fringilla ultrices. Phasellus eu tellus sit amet tortor gravida placerat. Integer sapien est, iaculis in, pretium quis, viverra ac, nunc. Praesent eget sem vel leo ultrices bibendum. Aenean faucibus. Morbi dolor nulla, malesuada eu, pulvinar at, mollis ac, nulla. Curabitur auctor semper nulla. Donec varius orci eget risus. Duis nibh mi, congue eu, accumsan eleifend, sagittis quis, diam. Duis eget orci sit amet orci dignissim rutrum.

Nam dui ligula, fringilla a, euismod sodales, sollicitudin vel, wisi. Morbi auctor lorem non justo. Nam lacus libero, pretium at, lobortis vitae, ultricies et, tellus. Donec aliquet, tortor sed accumsan bibendum, erat ligula aliquet magna, vitae ornare odio metus a mi. Morbi ac orci et nisl hendrerit mollis. Suspendisse ut massa. Cras nec ante. Pellentesque a nulla. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Aliquam tincidunt urna. Nulla ullamcorper vestibulum turpis. Pellentesque cursus luctus mauris.

Contents

Declaration	iii
Abstract	v
Acknowledgements	vii
Abbreviations	ix
List of Figures	xi
1 Modelling Autofluorescence in Skin for Novel Biomarkers of Cardiovascular Diseases	1
1.1 Introduction	1
1.2 Skin Model	2
1.3 Modelling Fluorescence	9
1.4 Nelder-Mead Method	13
1.5 Validation	15
1.6 Results	19
1.7 Discussion	26
1.8 Conclusion	27

Abbreviations

CVD cardiovascular disease.

CVDs cardiovascular diseases.

EEM excitation emission matrix.

MCRT Monte Carlo radiation transfer.

NM Nelder-Mead.

OBS optical biopsy system.

PORH post occlusive reactive hyperemia.

List of Figures

- 1.1 Simplified schematic showing the roles of NADH and FAD in various different metabolic pathways. The star boxes indicate fluorescing forms of NADH and FAD. Taken from Croce *et al.* [16].
- 1.2 Illustration of our five layer skin model.
- 1.3 Absorption coefficients for the various chromophores found in our skin model.
- 1.4 Absorption coefficients for the different layers in our skin model.
- 1.5 Figure shows the reduced scattering coefficient for the different layers of our skin model.
- 1.6 Top) Shows the fluorescent emission for the various different fluorophores. Bottom) Extinction coefficients for a selection fluorophores found in the skin [34–41].
- 1.7 Jablonski diagram for PPIX. a) excitation of the ground state via absorption of a photon, b) non-radiative transition, and c) fluorescence.
- 1.8 Optical properties of Coproporphyrin III. The figure on the left shows the absorption coefficient as a function of wavelength. The figure on the right shows the emission spectrum as a function of wavelength.
- 1.9 Validation of florescence modelling technique as described above. Figure shows that the MCRT method matches closely to the experimental results.
- 1.10 Operations that can be preformed on a simplex for $n = 2$.
- 1.11 Nelder-Mead decision tree.
- 1.12 Contour plots of test functions with Nelder-Mead simplexes over plotted. Top left is the Ackely function, top right is the sphere function, bottom left is the Himmelblau's function, and the bottom right is the Rosenbrock function. Blue simplex is the initial simplex, and the large black dots represent the Global minima.
- 1.13 Example of toy model spectrum for testing NM method. The two peaks correspond to the fictitious fluorophore, and NADH.
- 1.14 Illustration of how the Savitzky-Golay filter works on noisy data and recovers the roughly the same signal on the same dataset with less noise. Left image shows the raw signal for a simulation run with less photons and more photons. Right image shows the dataset after the Savitzky-Golay filter is applied. A window size of 101, and polynomial of order 2 were used as the filter settings.
- 1.15 Figure shows the search space for the 2D toy problem outlined above. A line of best fit is fitted to the concentrations found by the Nelder-Mead (NM) method. Note also the valley of good fit where the line of best fit lies. The search space is also fairly smooth.
- 1.16 Figure shows the line of best fit for the case where $n = 3$. Figure also shows the simplices path over their whole lifetime, from initial guess to final simplex.

- 1.17 Example of a PORH test whilst measuring autofluorescence and perfusion. The perfusion of blood in the skin decrease once the cuff is inflated, and then rapidly reaches a maximum once the cuff is removed. The inverse of this can be seen in the autofluorescent response of NADH in the tissue.
- 1.18 Figure shows an example of a raw spectrum taken by S. Smirni *et al.*. Figure illustrates how the spectrum is red-shifted, along with some of the artifacts, backscatter, and autofluorescence peaks. There is also an third peak in the red end of the spectrum. The cause of this is unknown, but most likely due to an unidentified fluorophore.
- 1.19 Penetration of UV radiation as a function of depth.
- 1.20 Detected fluence for FAD, NADH, and elastin fluorescence. Inset show zoom in of top layers of the skin, note the inset is a linear scale.
- 1.21 Amount of packets escaping as a function of depth for FAD and NADH fluorescence.
- 1.22 NADH and FAD absorption and emission spectra.
- 1.23 Excitation-emission matrix for NADH. Figure shows that the fluorescent signal from NADH is strongest in the papillary dermis.
- 1.24 Excitation-emission matrix for FAD. Figure shows that the fluorescent signal from FAD is strongest in the reticular dermis.
- 1.25 Figure shows the diagnostic information output by the NM method. Top left) shows the size of the simplex as it evolves. Top right) shows the best point in the simplex as it evolves. Bottom left) shows the average fitness of the simplex. Bottom right) shows the number of calls to the MCRT code per iteration of the simplex. The more call to the MCRT the simplex requires the higher the run time.
- 1.26 Figure shows the best result from the NM operating on the experimental data from S. Smirni *et al.*. The spectrum has a fitness of ~ 3 . The figure also shows the makeup of the final spectrum by the individual fluorophores.

Chapter 1

Modelling Autofluorescence in Skin for Novel Biomarkers of Cardiovascular Diseases

1.1 Introduction

Cardiovascular diseases (CVDs) are the leading cause of death in the world [1]. It is estimated that around 18 million people died in 2016 from CVDs, accounting for 31% of global deaths [1]. Despite decreasing burden of CVDs in the UK, it was still the number two cause of death in the UK in 2014 [2].

Currently risk factors are used to try to determine if a patient has cardiovascular disease (CVD). However, these risk factors are only a “causal pathway leading to the disease” [3].

The risk factors such as high blood pressure, smoking, diabetes, physical inactivity, and dyslipidemia do not fully explain incidence of disease [4, 5]. Therefore research has moved to examining more novel biomarkers for detecting the disease. Among these novel biomarkers, the autofluorescence response of tissue is of much interest.

Autofluorescence is the natural fluorescence released by biological structures upon excitation by light. Autofluorescence is particularly attractive as a biomarker as it requires no exogenous dyes, which can be toxic, non-specific, or interfere with biological function [6]. In tissue there are several fluorophores responsible for this autofluorescent response, including: NADH (nicotinamide adenine dinucleotide), structural proteins like collagen and elastin, aromatic amino acids (tyrosine and tryptophan), porphyrins, and FAD (flavin adenine nucleotide) [7]. Changes in the autofluorescent response of tissue has been linked to cancer, Alzheimers, diabetes and CVDs [8–12]. Autofluorescence can be linked to these diseases as the fluorophores responsible for the autofluorescence either originate in the mitochondria, or are involved in important biochemical pathways that regulate apoptosis, free-radical generation, oxidative stress and biomolecular sensing of glucose, oxygen and nitric oxide.

NADH has recently been the subject of interest in particular as a biomarker for CVDs [13–15]. NADH is a intracellular co-enzyme that is a biomarker for metabolic activity, and mitochondrial anomalies. It is involved in mitochondrial function, energy metabolism, calcium homoeostasis, gene expression, oxidative stress, ageing, apoptosis and glycolysis (see Fig. 1.1). Therefore if there is dysfunction, then the autofluorescent signal from NADH will be affected, thus it can be used as biomarker for disease.

Despite their appeal using autofluorescence to diagnose and assess disease risk more research needs to be carried out on various unknowns: information on the location of fluorescence, which fluorophores contribute to the signal and how much, how much the optics of tissue affect the signal, and the variability of the signal over different locations on the body. This chapter aims to determine how much the tissue optics affects the autofluorescent signal, which fluorophores contribute to the signal, and from which layer of the skin do they contribute from. Finally we introduce our ameboMCRT algorithm, created to determine the relative concentrations of the intrinsic fluorophores in the skin to assess clinical outcomes.

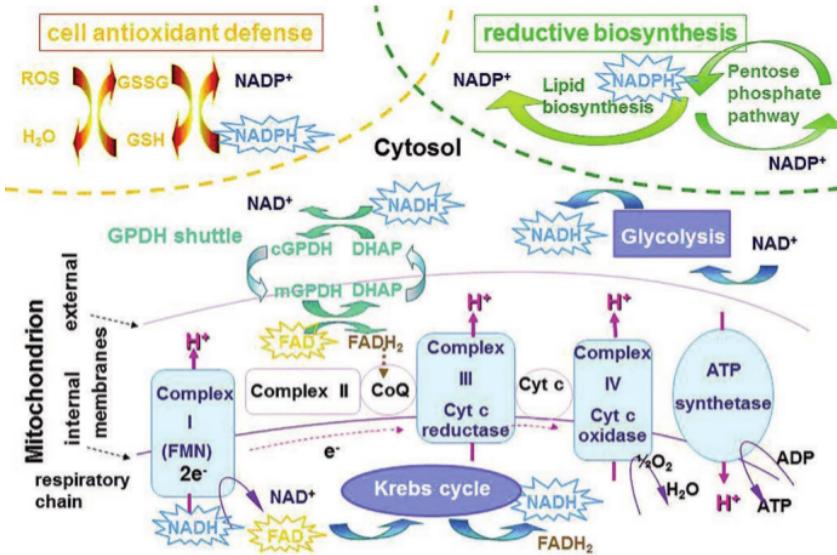


Figure 1.1: Simplified schematic showing the roles of NADH and FAD in various different metabolic pathways. The star boxes indicate fluorescing forms of NADH and FAD. Taken from Croce et al. [16].

1.2 Skin Model

So far in this thesis all tissue models have been simplified, by assuming that tissue is a homogeneous structure with uniform optical properties. However, this is not the case in reality. Tissue is un-homogeneous with non-uniform optical properties. However, to create a one to one model of tissue in a simulation is impractical due to the resolution required to resolve all the constituent parts of the tissue down to the cell level. Therefore, we need to make a compromise between reality and what is possible to model efficiently. This section presents a five layer model of human skin.

Dermatologists split the skin into several layers based upon the morphology, function, and contents of each layer [17,18]. The layers are named from outer layer to inner most layer: stratum corneum, stratum lucidum, stratum granulosum, stratum spinosum, stratum basale, papillary dermis, reticular dermis, and hypodermis. As not all these layers are optically distinct, are too small to model or not present in a given location on the body. Therefore, we simplify this into just 5 layers: stratum corneum, epidermis, papillary dermis, reticular dermis, and hypodermis, with the epidermis comprising of stratum lucidum, stratum granulosum, stratum spinosum,

stratum basale. Figure 1.2 shows the geometry of this model.

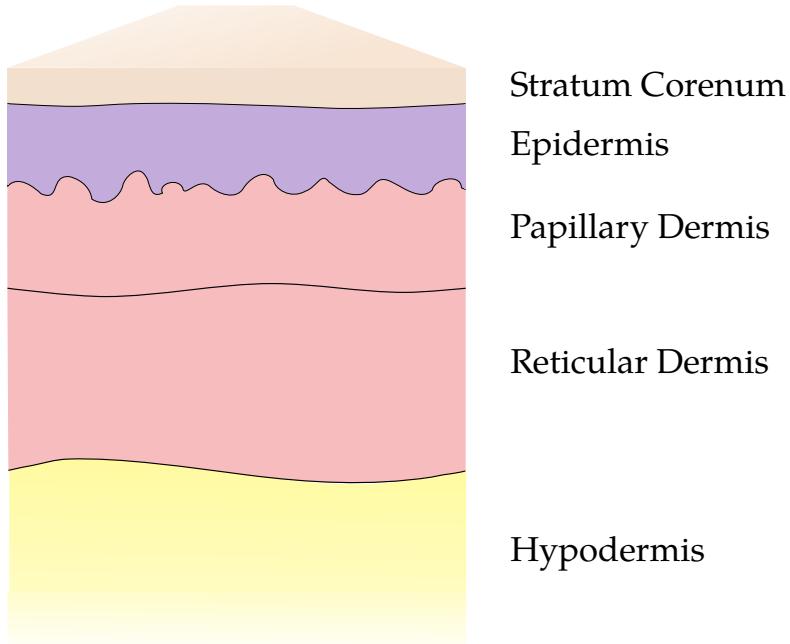


Figure 1.2: Illustration of our five layer skin model.

Each of these layers have various amounts of chromophores and scatterers. To accurately model these various chromophores and scatterers, and therefore the skin, we must discuss the biological make up and spatial structure of the skin.

Stratum Corenum

The outer most layer of the skin is the stratum corenum. This layer mostly consists of dead skin cells (keratinocytes). Keratinocytes, which make up approximately 80 percent of the cells in the epidermis, are born in the stratum basale and live for approximately 14 days. During this period they move upwards to the surface of the skin undergoing a series of complex morphological and metabolic events, which ends with the cells undergoing apoptosis by the time they reach the stratum corenum. The keratinocytes are flat in shape, cornified and stacked on top each other in this layer. The function of this layer is to be a protection barrier to prevent damage, infection and diffusion of unwanted chemicals further into the skin. The stratum corenum also prevents water loss and provides some UV protection [17,18].

Epidermis

Below the Stratum corenum is the epidermis. The epidermis consist of several layers that are optically similar so we restrict our model to modelling this as one whole layer. The layers that make up the epidermis are the stratum basale, stratum spinosum, stratum granulosum, and stratum lucidum*. Each of these layers are distinct from one another, in the fact that

*The stratum lucidum only appears in areas of the body where skin is thick, e.g the palm or the sole of the foot.

the keratinocytes in each layer are different from one another. In the stratum lucidum the keratinocytes are dead, and fairly flat. The stratum granulosum the keratinocytes are grainy and becoming fairly flat in comparison to the layers below. In the Stratum spinosum the keratinocytes appear spiny (hence the name of the layer), and are polyhedral in shape. It is in the stratum spinosum that the cells begin to become keratinized and start the process of dying as they move upwards. Finally the last layer of the epidermis, the stratum basale, is the layer where the keratinocytes are born. Here the keratinocytes are columnar or cuboid in shape.

The purpose of the epidermis is as before to provide a protective barrier to the underlying layers. In the stratum basale there is also melanocytes which produce the pigment melanin which is responsible for the color of the skin, and providing some protection from harmful UV light. Other types of cells found in the epidermis are Langerhans cells and Merkel cells which are part of the immune system and nervous system respectively. Overall the epidermis provides protection from mechanical stress, flexibility to the skin, UV protection, retains water, and stops foreign bodies or chemicals from entering the skin [17, 18].

Dermis

The dermis is the layer of skin below the epidermis, and makes up the majority of the skin by size. The cellular makeup of the dermis is different from that of the epidermis, as the dermis is mostly made up of filamentous or fibrous proteins such as elastin or collagen. The dermis also contains various nerves and blood vessels. The dermis is split into three layers; the papillary dermis, the reticular dermis, and the hypodermis. The boundary between the papillary and reticular layers is demarcated by the subpapillary plexus, which is a horizontal plane of blood vessels. The boundary between the reticular and the hypodermis is marked by a abrupt change from fibrous to adipose tissue. The function of the dermis is to protect from mechanical injury, thermal regulation, contains receptors of sensory stimuli, giving the skin pliability, elasticity and tensile strength [17, 18].

Optical Properties

With a discussion of what makes up the skin and what molecules contribute to the skins optical properties, this section gives an account of how our skin model models the optical properties of skin. First we will discuss the absorbers that are found in the skin and what their absorption properties are as a function of wavelength. Scattering properties of the several layers of tissue will then be discussed followed by a quick discussion on refractive indices and anisotropy values. Finally a discussion on the fluorophores found in the skin will be presented.

The first chromophore we will examine is blood. To model blood we first split blood into its deoxygenated and oxygenated components. This is done as the absorption coefficient differs between the two types of blood. We mix these two groups using the tissue oxygenation coefficient S . Blood absorption spectra are taken from S. Prahl [19]. Equations (1.1) and (1.2) give the absorption coefficients for oxygenated, deoxygenated, and whole blood.

$$\mu_{a,Oxy/DeOxy} = 150 \ln 10 \frac{\epsilon}{64458} \quad (1.1)$$

$$\mu_{a,blood}(\lambda) = S\mu_{a,Oxy} + (1 - S)\mu_{a,DeOxy} \quad (1.2)$$

Where:

ϵ is the extinction coefficient of hemoglobin [cm^{-1}];

64458 is the molecular weight of hemoglobin [$g mol^{-1}$];

150 is the normal concentration of hemoglobin in blood [$g L^{-1}$]; and $\mu_{a,Oxy}$, $\mu_{a,DeOxy}$, and $\mu_{a,blood}$ are the absorption coefficients for oxygenated, deoxygenated and blood respectively [cm^{-1}].

We also include water in our skin model. Water's absorption spectrum is taken from the work of Wieliczka *et al* and Segelstein [20, 21].

The next chromophores are bilirubin and β -carotene. These chromophores are yellow/orange pigments. Bilirubin is usually responsible for the yellow skin colour seen in people with jaundice [22]. The spectra are taken from S. Prahl's compilation of PhotochemCAD data [23, 24]. Equations (1.3) and (1.4) give the absorption coefficients of bilirubin and β -carotene:

$$\mu_{a,Bilirubin}(\lambda) = \frac{\epsilon_{Bilirubin}}{585} \ln 10 C_{Bilirubin} \quad (1.3)$$

$$\mu_{a,\beta-Caro}(\lambda) = \frac{\epsilon_{\beta-Caro}}{537} \ln 10 C_{\beta-Caro} \quad (1.4)$$

Where:

$\epsilon_{Bilirubin}$ and $\epsilon_{\beta-Caro}$ are the extinction coefficients for bilirubin and β -carotene respectively [cm^{-1}];

585, and 537 are the molecular weights of bilirubin and β -carotene [g];

finally, $C_{Bilirubin}$, and $C_{\beta-Caro}$ are the concentrations of bilirubin and β -carotene in the skin [$g L^{-1}$].

Melanin is the next chromophore we model. To model melanin's absorption coefficient we use Eqs. (1.5) and (1.6), taken from [25].

$$\mu_{a,eumel}(\lambda) = 6.66 \times 10^{11} \times \lambda^{-3.33} \quad (1.5)$$

$$\mu_{a,phomel}(\lambda) = 2.9 \times 10^{15} \times \lambda^{-4.75} \quad (1.6)$$

Finally we use a base absorption coefficient to model the absorption due to the other parts of the skin that contribute to its optical properties, but individually do not have a large effect. The equation for modelling this was taken from I. Sahdi [26].

$$\mu_{a,base} = 7.84 \times 10^8 \times \lambda^{-3.255} \quad (1.7)$$

Figure 1.3 shows the absorption spectra for the above chromophores as a function of wavelength.

To create the five layer skin model we mix different amounts of the chromophores found in each layer, as described above. Equations (1.8) to (1.11) show the respective equations for the total absorption coefficient for each layer. These equations were adapted from [25, 27, 28].

$$\mu_{a,strat} = ((0.1 - 0.3 \times 10^{-4} \cdot \lambda) + (0.125(\lambda/10.)) \times \mu_{a,b}(\lambda)) \times (1. - W) + W \cdot \mu_{H_2O}(\lambda) \quad (1.8)$$

$$\begin{aligned} \mu_{a,epi} = & (\nu_m \cdot (\mu_{phomel}(\lambda) + \mu_{eumel}(\lambda)) + (\mu_{a,b}(\lambda) + \ln 10 \cdot \mu_{a,\beta-caro}(\lambda) \cdot C_{caro}) \\ & \times (1. - \nu_m)) \times (1. - W) + W \cdot \mu_{H_2O}(\lambda) \end{aligned} \quad (1.9)$$

$$\begin{aligned} \mu_{a,pap/ret} = & ((S \cdot \mu_{a,oxy}(\lambda) + (1. - S) \cdot \mu_{a,deoxy}(\lambda) + \ln 10 \cdot \mu_{a,\beta-caro}(\lambda) \cdot C_{caro} + \\ & \ln 10 \cdot \mu_{a,bili}(\lambda) \cdot C_{bili}) \cdot B + (1. - B) \cdot \mu_{a,b}(\lambda)) \times (1. - W) + W \cdot \mu_{H_2O}(\lambda) \end{aligned} \quad (1.10)$$

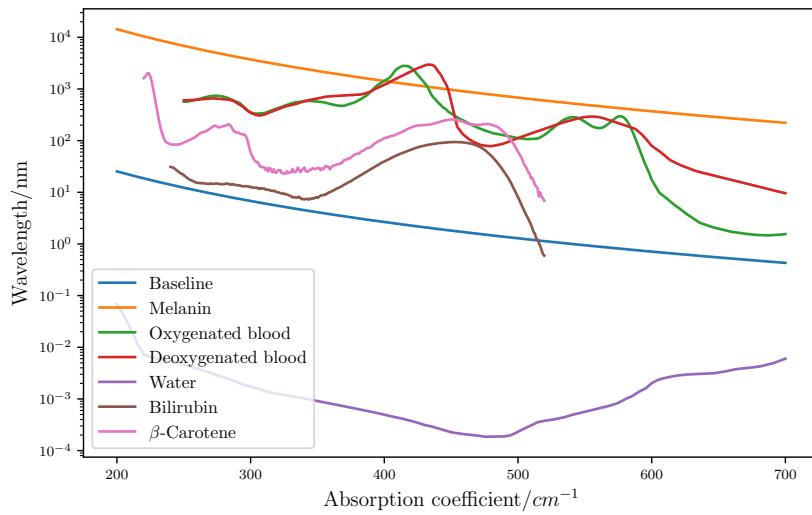


Figure 1.3: Absorption coefficients for the various chromophores found in our skin model.

$$\mu_{a,hypo} = ((S \cdot \mu_{a,oxy}(\lambda) + (1 - S) \cdot \mu_{a,deoxy}(\lambda)) \times B + \mu_{a,b}(\lambda) \cdot (1 - B)) \times (1 - W) + W \cdot \mu_{a,H_2O}(\lambda) \quad (1.11)$$

Where:

W is the volume fraction of water in a layer [-];

ν_m is the volume fraction of melanin in a layer [-];

B is the volume fraction of blood in each layer [-];

and all the other symbols have the same meanings as described above.

Table 1.1 shows the amount of each chromophore included in each layer, and the size adopted for each layer as well as the refractive index for each individual layer. Figure 1.4 shows the total absorption coefficient as a function of wavelength for the five layers.

Layer	Thickness/cm	Refractive index	Blood volume/%	Melanin volume/%	Bilirubin/gL ⁻¹	β -Carotene/gL ⁻¹	Water volume/%
Stratum Corneum	0.02	1.50	0.0	0.0	0.0	0.0	0.05
Epidermis	0.08	1.34	0.0	1.0	0.0	2.1e-4	20.0
Papillary Dermis	0.18	1.40	6.0	0.0	0.05	7e-5	50.0
Reticular Dermis	1.82	1.395	4.5	0.0	0.05	7e-5	70.0
Hypodermis	5.90	1.41	5.0	0.0	0.0	0.0	70.0

Table 1.1: Table of values used for the various concentrations and volumes fraction of the chromophores in the five layer skin model. Values taken from [25, 27, 29, 30].

With the absorption properties of the various chromophores in the skin defined we can now discuss the scattering properties of the skin. As the scattering properties do not vary from layer to layer by too much we use the same equation to describe the scattering coefficient [25, 28, 31].

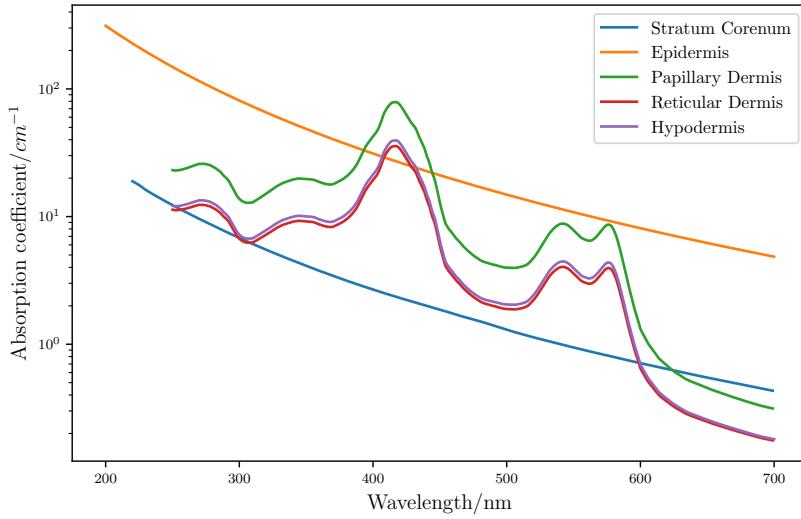


Figure 1.4: Absorption coefficients for the different layers in our skin model.

$$\mu'_s(\lambda) = a' \left(f_{ray} \left(\frac{\lambda}{500(nm)} \right)^4 + (1 - f_{ray}) \left(\frac{\lambda}{500(nm)} \right)^{-b_{mie}} \right) \quad (1.12)$$

$$\mu'_s(\lambda) = 1050.60 \times \lambda^{-0.68} \quad (1.13)$$

Where:

μ'_s is the reduced scattering coefficient [cm^{-1}];

a' is a scaling factor [cm^{-1}];

f_{ray} is the fraction of Rayleigh scattering [-];

λ is the wavelength of light [nm];

and b_{mie} is the “scattering power” [-].

This equation mixes both Mie and Rayleigh scattering into one equation. The first term represents the Rayleigh scattering terms, whilst the second represents the Mie scattering term. Figure 1.5 shows the reduced scattering coefficients for the different layers of the skin. Table 1.2 show the values used in the model for the scattering equation for the different layers.

Layer	a'/cm^{-1}	f_{ray}	b_{mie}
Epidermis	66.7	0.29	0.69
Dermis	43.6	0.41	0.35

Table 1.2: Values of the constants for the scattering equations for the different layers of our skin model. Here epidermis represents the stratum corneum and the epidermis, and dermis represents the papillary, reticular and hypodermis in our model.

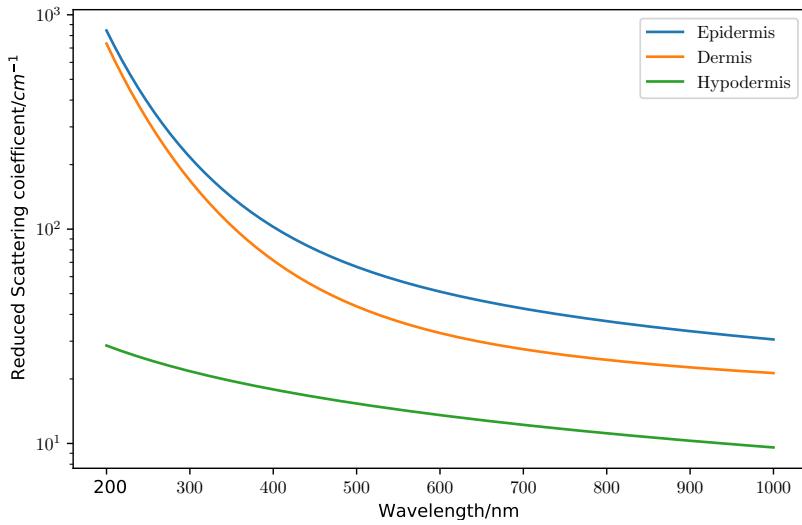


Figure 1.5: Figure shows the reduced scattering coefficient for the different layers of our skin model.

Finally we discuss the anisotropy values and refractive indices of our model. First, the anisotropy g value is dependent on wavelength [31, 32].

$$g(\lambda) = 0.62 + 0.29\lambda \times 10^{-3} \quad (1.14)$$

Where:

g is the anisotropy value [—];
 λ is the wavelength [nm].

The refractive indices of each layer is broadly the same and does not vary form layer to layer by a large amount. Table 1.3 shows the refractive indices adopted for our skin model.

Layer	Refractive index
Stratum corenum	1.5
Epidermis	1.34
Papillary dermis	1.40
Reticular dermis	1.395
Hypodermis	1.41

Table 1.3: Refractive indices used for the five layer skin model. Values are taken from [27].

As information on wavelength dependent refractive indices is not readily available, we assume that the refractive indices are the same for all wavelength used in this chapter.

Fluorophores in the Skin

The final optical property that makes up the five layer model is fluorescence. As mentioned in the introduction there are various molecules and proteins responsible for the autofluorescent response of the skin. These include NADH (nicotinamide adenine dinucleotide), structural proteins like collagen and elastin, aromatic amino acids (tyrosine and tryptophan), porphyrins, and FAD

(flavin adenine nucleotide). Figure 1.6 shows the emission and absorption spectra for these fluorophores. As NADH and FAD are found in cells, both are typically found in all layers of the skin. Elastin and collagen are only found in the dermis [33]. Tyrosine and tryptophan are found in all layers of the skin [33].

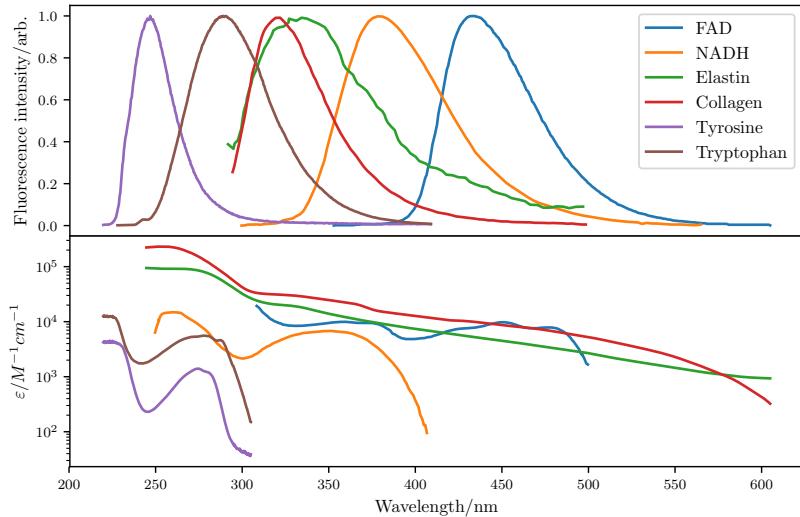


Figure 1.6: Top) Shows the fluorescent emission for the various different fluorophores. Bottom) Extinction coefficients for a selection fluorophores found in the skin [34–41].

1.3 Modelling Fluorescence

Fluorescence is the process in which light of a certain wavelength is incident on a molecule, the molecule absorbs the light and re-emits the light at a new longer wavelength. This process can be illustrated by a Jablonski diagram. A Jablonski diagram shows the electronic states of a molecule and the possible transitions between them. This allows the illustration of various radiative and nonradiative transitions that are possible for a give molecule, including fluorescence and phosphorescence. Figure 1.7 shows an example of Jablonski diagram for a molecule that absorbs light and re-emits it as fluorescence.

To model fluorescence from multiple fluorophores requires a change of the Monte Carlo radiation transfer (MCRT) code presented thus far. This change is to the interaction portion of the algorithm, so that it will now include the option for a packet to undergo fluorescence. To calculate whether a packet absorbs, scatters, or fluoresces, first the probability of each of these events must be calculated. Discussion of scattering and absorption (by the bulk medium) was described in ???. To calculate the probability of fluorescence we first assume that the quantum yield of the molecule is unity. This is physically unrealistic however, it does not affect the simulations accuracy as modelling a realistic quantum yield would mean that more packets would be discarded, and thus the signal to noise ratio would be worse than if we assume a quantum yield of unity. Furthermore, information on the fluorophores, used in this work, quantum yield's is not readily available. To calculate the probability of fluorescence the absorption coefficient of the fluorescent molecule must be calculated. This is shown in Eq. (1.15):

$$\mu_f = \ln(10) \varepsilon C \quad (1.15)$$

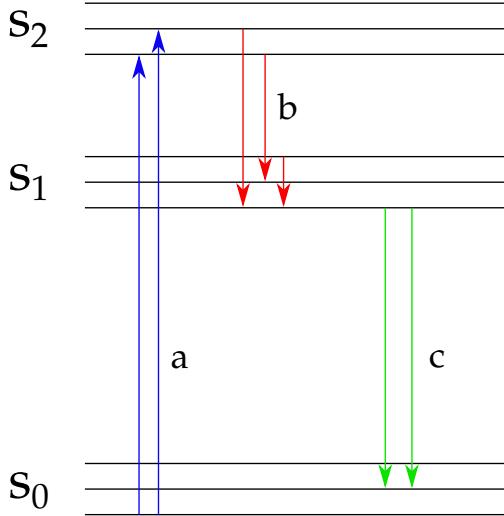


Figure 1.7: Jablonski diagram for PPIX. a) excitation of the ground state via absorption of a photon, b) non-radiative transition, and c) fluorescence.

Where C is the concentration of the fluorophore, ε is the extinction coefficient of the fluorophore, and $\ln(10)$ is the natural logarithm of 10^{\dagger} .

The next step is to calculate the total attenuation coefficient for a given species as in Eq. (1.16)

$$\mu_{t,i} = \mu_{s,i} + \mu_{a,i} + \mu_{f,i} \quad (1.16)$$

Where as usual μ_a and μ_s are the absorption and scattering coefficients, and μ_f is the fluorescence coefficient as defined in Eq. (1.15). As the absorption coefficient of fluorophores are small in comparison to the medium, and that the absorption coefficient of fluorescent molecules are generally much larger than that of their scattering coefficient, we assume that the scattering coefficient is negligible. Finally we calculate the probability of interacting with a given species using Eq. (1.17)

$$P_i = \frac{\mu_{t,i}}{\sum_{i=1}^N \mu_{t,i}} \quad (1.17)$$

Where P_i is the probability of interacting with the i^{th} species, the numerator is the attenuation coefficient for i^{th} species, and the denominator is the total attenuation coefficient for all the species.

Algorithm 1 shows the process used to determine which species to interact with.

[†]This factor appears as historically ε was measured in base 10 [28].

```

set  $\mu_{t_i}$ ;
set all  $P_i$ 's;
set  $\xi_1$ ;
if  $\xi_1 \leq P_1$  then
    set  $\xi_2$ ;
    if  $\xi_2 \leq a_m$  then
        | Scatter in medium;
    else
        | Absorb in medium;
    end
else if  $\xi_1 \leq P_1 + P_2$  then
    | Species 1 fluoresces;
else if  $\xi_1 \leq P_1 + P_2 + P_3$  then
    | Species 2 fluoresces;
else if  $\xi_1 \leq P_1 + P_2 + P_3 + \dots + P_n$  then
    | Species n fluoresces;
else
    | Error, no interaction;
end

```

Algorithm 1: An algorithm to determine which species to interact with. P_1 is the probability of interacting with the bulk medium, P_2 to P_n is the probability of interacting with a fluorescent species, a_m is the albedo of the bulk medium, ξ_i is a random number, and μ_{tot} is the total attenuation coefficient of all the species summed. The error condition should never be met.

This method allows an arbitrary number of fluorophores to be modelled. To ensure that this method works as intended, the method is compared to experimental data taken by C.L. Campbell *et al.* [31].

C.L Campbell *et al.* filled a cuvette with Intralipid 20% diluted with water, and a fluorescent agent Coproporphyrin III. The total volume of this mixture was 6 ml, consisting of 1 ml of Coproporphyrin III, 4.99 ml of water, and 0.01 ml of Intralipid 20%, of which 2 ml was pipetted into the cuvette. 405 nm light was shone on a cuvette of area $10\text{ mm} \times 10\text{ mm}$, and collected via the same fiber, of diameter $600\text{ }\mu\text{m}$, and NA of 0.22. The signal was recorded by an optical biopsy system (OBS). The OBS uses a 405 nm laser diode ($\sim 1\text{ mW}$ output). The light was delivered by the aforementioned fiber, and fluorescent light was also collected by the same fiber.

The simulation is setup to mimic the experimental setup. A medium of 10 mm^3 is used with 1 voxel to increase the speed of computation. As before Intralipid is assumed to be wholly scattering with no absorption, so an albedo of 1 is used. Conversely the Coproporphyrin III is wholly absorbing with no scattering. Coproporphyrin III absorption spectrum is as shown alongside its emission spectrum in Fig. 1.8. If a photon packet leaves the top face of the simulated medium, within the radius of the fiber at an angle the fiber could accept, then the packet is recorded. The simulation is run with 10^7 photons which yielded Fig. 1.9. The algorithm presented above gave a good fit to the experimental data.

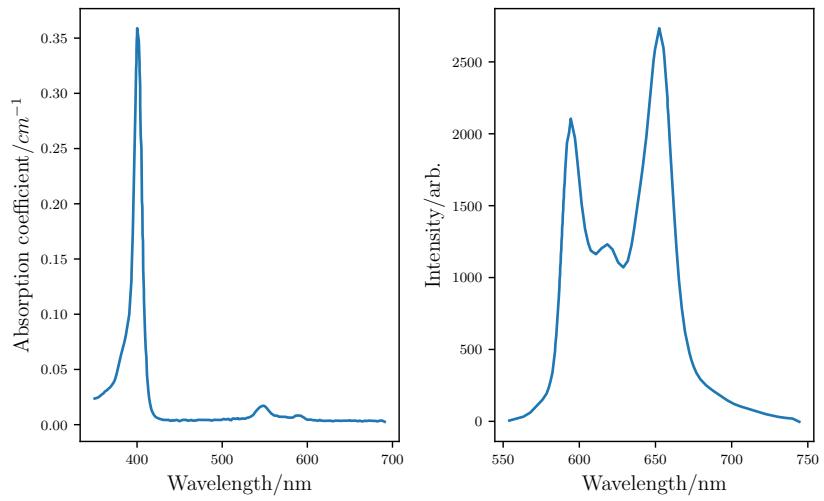


Figure 1.8: Optical properties of Coproporphyrin III. The figure on the left shows the absorption coefficient as a function of wavelength. The figure on the right shows the emission spectrum as a function of wavelength.

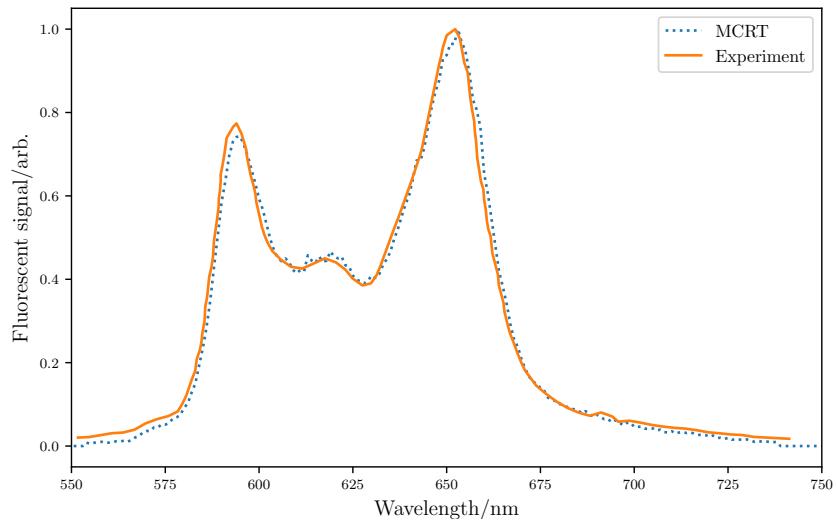


Figure 1.9: Validation of florescence modelling technique as described above. Figure shows that the MCRT method matches closely to the experimental results.

1.4 Nelder-Mead Method

To determine the contribution of individual fluorophores and their concentrations, emission profiles of these fluorophores cannot simply be fitted to autofluorescence signals. This is due to the non-linear effect that tissue optics have on the emission profiles. Therefore, MCRT can be used to compute this effect. This leaves the problem as an optimisation problem. The Nelder-Mead method is an algorithm for unconstrained optimisation. The algorithm is based upon iteratively updating a simplex. A simplex is a structure in n -dimensional space, consisting of $n + 1$ points. Therefore in 1D, the simplex is a line, in 2D a triangle, in 3D a tetrahedron, etc. The Nelder-Mead method is a gradient free method, meaning that it does not require derivatives to be calculated and that the search space does not need to be smooth. This makes it ideal for problems where derivatives are not able to be computed easily, or the search space is not smooth. However, the NM method can also get stuck at local minima so care must be taken to avoid this. Genetic algorithms, which don't easily get stuck in local minima, were trialled but the computational cost of using them made it infeasible.

The NM algorithm works by removing the worst vertex of the simplex and replacing it with a “better” vertex calculated via a number of different operations. These operations can be seen in Fig. 1.10.

The first step of the NM method is to sort the initial vertices according to their fitness. For $n = 2$, we define x_w as the “worst” point, x_l and the “lousy” point, and x_b the “best” point, such that $f(x_b) \leq f(x_l) \leq f(x_w)$, where $f(x)$ is evaluating the ‘fitness’ of a point x . The fitness function varies from problem to problem, and usually takes the form of the function that is being optimised.

With the vertices sorted, the centroid of the simplex is calculated as in Eq. (1.18). The centroid is the mean of all the vertices bar the “worst” point.

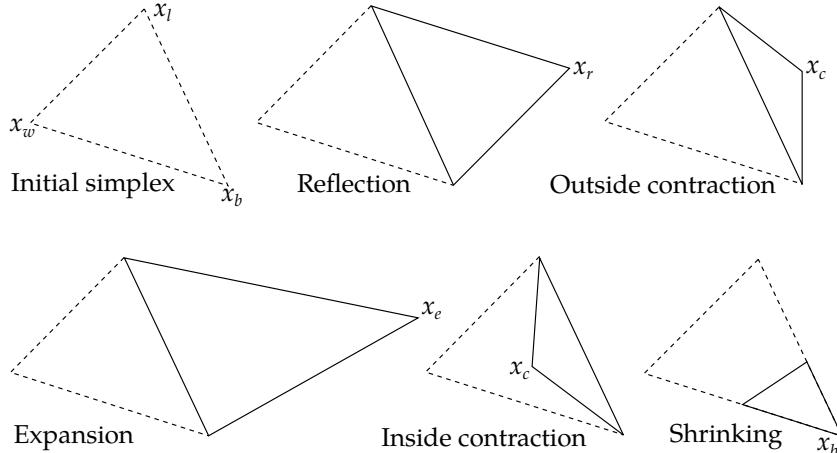


Figure 1.10: Operations that can be preformed on a simplex for $n = 2$.

The next step is to move the simplex via a reflection. To calculate the new vertex via reflection Eq. (1.19) is used, where α is the reflection factor. If this new point, x_r , is better[‡] than the current “best” point then we calculate a new point in the same direction but further using the expansion operation Eq. (1.20), where γ is the expansion factor. If this new point, x_e ,

[‡]Here better means the point has a lower fitness score.

is better than the “best” point then we replace x_w with x_e and start the process again. However, if x_e is not better than the “best” point, then we discard it and replace the worst point with x_r the reflected point.

If when calculating x_r , we find that is worse than the “best” point, we then check if x_r is better than the ‘lousy’ point. If x_r is better than x_l then we replace the “worst” point and start the process again. However, if the x_r is worse than x_l , we then compare it to the “worst” point. If x_r is better than the “worst” point then we preform and inside contraction Eq. (1.22), where β is the contraction factor. If this new point, x_{ic} , is better than the “worst” point then we keep it, otherwise we preform the shrink operation, shrinking the whole simplex around the “best” point.

If x_r is not worse than the “worst” point then we preform an outside contraction Eq. (1.21). This computes a new point x_{oc} . If x_{oc} is better than x_w , then we keep it, otherwise again we shrink around the “best” point. The process described above is summarised in Fig. 1.11.

$$c = \frac{1}{n} \sum_{i=1, i \neq w}^{n+1} x_i \quad (1.18)$$

$$x_r = c + \alpha(c - x_w) \quad (1.19)$$

$$x_e = c + \gamma(x_r - c) \quad (1.20)$$

$$x_{oc} = c + \beta(x_r - c) \quad (1.21)$$

$$x_{ic} = c + \beta(x_w - c) \quad (1.22)$$

Standard values for the factors are: $\alpha = 1$, $\beta = \frac{1}{2}$, and $\gamma = 2$. Though in practice these values are adjusted for the problem at hand. For higher dimensions, i.e. where $n > 2$ F. Gao *et al.* suggest that the parameters should be changed based upon how many dimensions are used for the simplex [42]. The values F. Gao *et al* suggest are: $\alpha = 1$, $\beta = 1 + \frac{2}{n}$, $\gamma = 0.75 - \frac{1}{2n}$, and $\delta = 1 - \frac{1}{n}$. Where n is the order of dimensions.

As the Nelder-Mead method has no inbuilt convergence criteria, this must be added. We use two different criteria based upon simplex size, and vertex fitness. The size of the simplex is calculated using Eq. (1.23):

$$\text{size} = \sum_{i=1}^{n+1} |p_i - p_{i+1}| \quad (1.23)$$

Where p_i and p_{i+1} are vertices in the simplex that are connected by an edge. If the size of the simplex falls below a pre-set value, then we preform a factorial test to see if the simplex should be restarted or if the algorithm should terminate. The factorial test checks the space around the current simplex to ensure that we have converged to a global minima. If the check fails then the algorithm is restarted with the current best point kept, and new vertices generated.

The other convergence criteria is a check to see if the best point is “good enough”. The current best point is compared to a pre-set fitness value. If the best point is better than the pre-set value then the algorithm terminates.

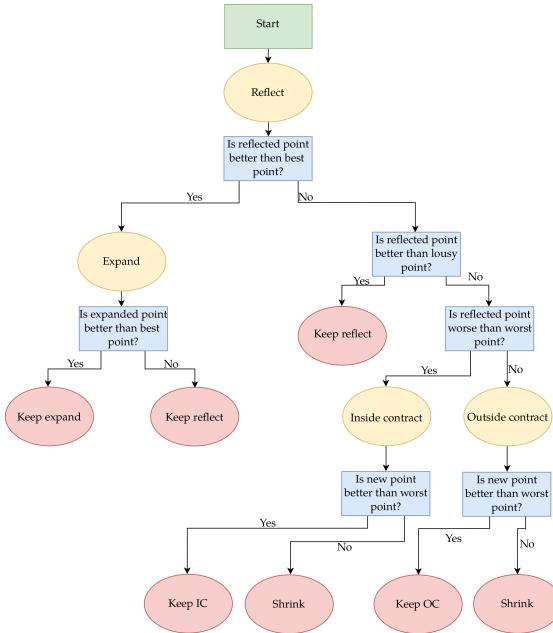


Figure 1.11: Nelder-Mead decision tree.

1.5 Validation

The NM method was coded in modern Fortran, so that it could be easily interfaced with the MCRT code developed as part of this thesis. To test that the NM method works as intended a number of trial optimisation functions were tested, see Table 1.4. This was achieved by selecting an initial simplex, and the method allowed to iterate until it converged. The results of this are shown in Fig. 1.12.

Name	Formula	Global Minimum
Sphere	$x^2 + y^2$	$f(0, 0) = 0.$
Rosenbrock	$(a - x)^2 + b(y - x^2)^2$	$f(1, 1) = 0.$
Ackely	$-20 \exp \left[-0.2 \sqrt{0.5(x^2 + y^2)} \right] - \exp [0.5(\cos 2\pi x + \cos 2\pi y)] + e + 20$	$f(0, 0) = 0.$
Himmelblau's	$(x^2 + y - 11)^2 + (x + y^2 - 7)^2$	$f(3, 2) = 0.,$ $f(-2.805118, 3.131312) = 0.,$ $f(-3.779310, -3.283186) = 0.,$ $f(3.584428, -1.848126) = 0.$

Table 1.4: Table of standard test functions for numerical optimisation.

Some of these functions (Sphere, and Rosenbrock's) can also be extended to arbitrary dimensions. These functions were used to check that the NM method works as intended in these higher dimensions where the NM method will primarily be used in this thesis.

To ensure that the NM method can be used to find the unknown concentrations of the autofluophores, we test the method with a two different toy models. The first model is a 2D model, with two different fluorophores evenly distributed over all 5 layers of our skin model. The

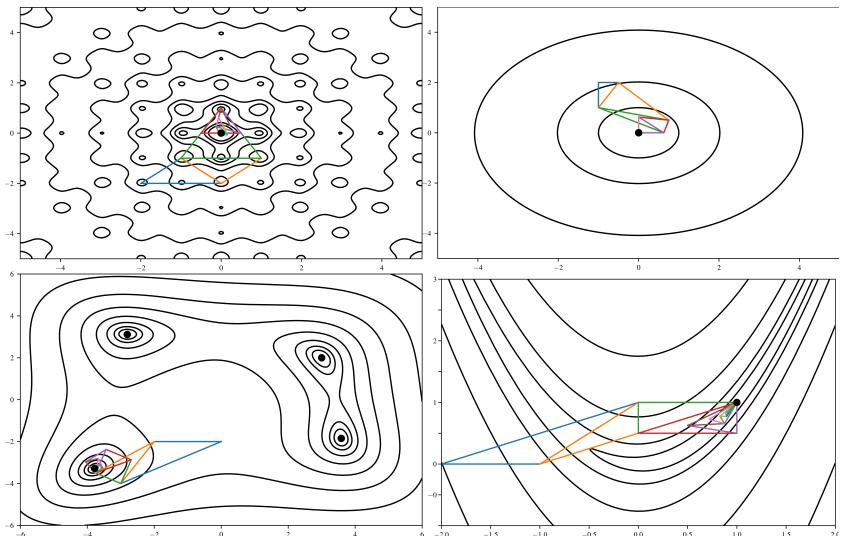


Figure 1.12: Contour plots of test functions with Nelder-Mead simplexes over plotted. Top left is the Ackley function, top right is the sphere function, bottom left is the Himmelblau's function, and the bottom right is the Rosenbrock function. Blue simplex is the initial simplex, and the large black dots represent the Global minima.

two different fluorophores are NADH, and a fictitious fluorophore that has similar properties to FAD and tryptophan, such that the excitation spectrum is that of FAD and the emission spectrum is that of tryptophan. The concentration in these layers is such that the bulk optical properties are not affected: NADH has a concentration of $1.0 \mu M$, and the fictitious fluorophore has a concentration of $2.5 \mu M$. To generate a spectrum to which the NM method can compare to, the MCRT code is run with the above configuration of fluorophores. This generated Fig. 1.13.

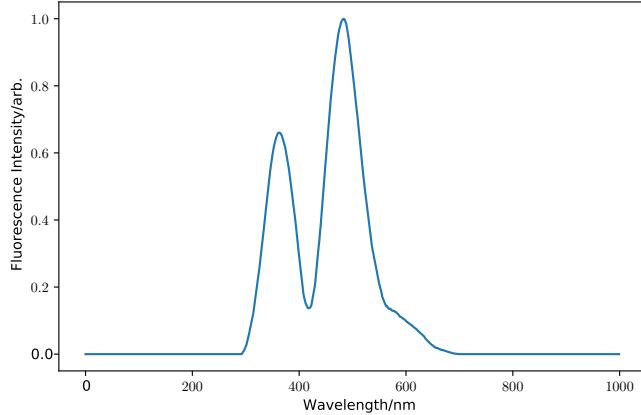


Figure 1.13: Example of toy model spectrum for testing NM method. The two peaks correspond to the fictitious fluorophore, and NADH.

The fitness function chosen to check whether the NM method is converging to the generated spectrum is as:

$$fitness = \sum_{i=1}^n (x_i - m_i)^2 \quad (1.24)$$

Where x_i is a data point at a wavelength λ_i produced by the MCRT, and m_i is a data point in the model at a wavelength λ_i .

As the NM can get stuck in local minima, we run the method for several different initial simplices to ensure that this does not occur. As the MCRT code is called multiple times per simplex iteration, and the fluorophore concentration is low meaning that many packets need to be run to achieve a good signal to noise ratio. These two conditions result in a computational load that is infeasible to run. Therefore the MCRT algorithm has to be computationally efficient in order to arrive at an answer within a reasonable time. To this end the 3D skin model is shrunk to a 1D model in the z direction so that the optical integration routine can efficiently move the packet through the simulated medium. The optical properties of the incident wavelength are also stored so that when a new packet is started the optical properties can easily be adjusted without need for any calculation. Finally a filter is employed on the output fluorescence spectrum to smooth the noise out. The filter used is a Savitzky-Golay filter. This filter fits multiple low-degree polynomials to subsets of the data, thus smoothing the data [43]. Figure 1.14 shows the use of the Savitzky-Golay filter on sample output data from the MCRT simulation.

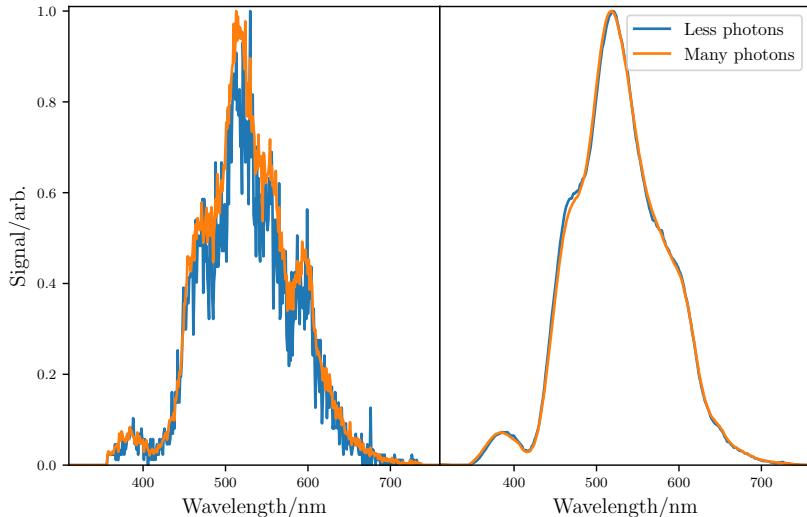


Figure 1.14: Illustration of how the Savitzky-Golay filter works on noisy data and recovers the roughly the same signal on the same dataset with less noise. Left image shows the raw signal for a simulation run with less photons and more photons. Right image shows the dataset after the Savitzky-Golay filter is applied. A window size of 101, and polynomial of order 2 were used as the filter settings.

Using the above set-up with the Savitzky-Golay filter on the output spectrum, allowed the NM method to efficiently run many model of various different concentrations and “find” a set of concentration that resulted in a close match with the target spectrum. However, as the detected fluorescence spectra are normalised to their peak values we cannot use this method to determine the original concentration, but rather the ratio between the two concentration. Figure 1.15 shows the search space and the spread of the concentration values calculated by the NM method compared to the original target concentration. The spread of the concentrations calculated by

the NM method follow a linear relationship as would be expected. Therefore, a line of best fit was fitted to the concentrations. This yielded a line ($y = m x$) with $m = 2.49 \pm 0.05$. The expected relation between the concentration is where $m = 2.5$ therefore, the NM method can be used to determine the relative difference in concentrations within one standard deviation.

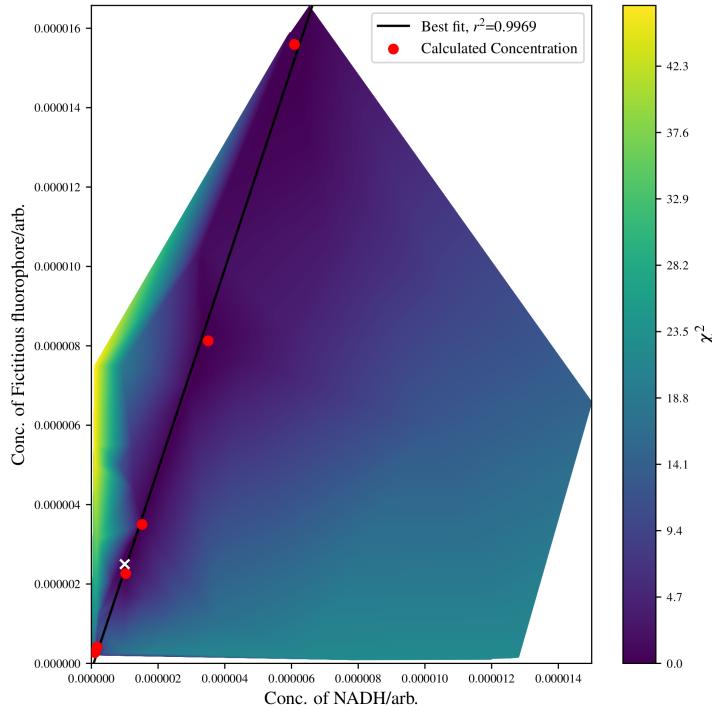


Figure 1.15: Figure shows the search space for the 2D toy problem outlined above. A line of best fit is fitted to the concentrations found by the NM method. Note also the valley of good fit where the line of best fit lies. The search space is also fairly smooth.

The NM method was also tested on a toy model for $n = 3$. Here the fluorophores used were: NADH, FAD, and a fictitious fluorophore with the absorption properties of NADH and the emission properties of Tyrosine. The fluorophores had concentrations of $1.05\mu M$, $525\mu M$, and $125\mu M$ respectively. The set-up is the same for the above $n = 2$ case, with the same filter and computational speed ups used. Figure 1.16 shows various concentrations as calculated by the NM method compared to the original concentration. Again a line of best fit was fitted to the calculated points [§]. As there is no closed form solution for the equation of a line in $n > 2$ dimensions, the equation of a line in 3D can be represented by Eq. (1.25):

$$\vec{r} = \vec{r}_0 + t \vec{v} \quad (1.25)$$

Where \vec{r} and \vec{r}_0 are position vectors for P and P_0 respectively, \vec{v} is a vector parallel to the line we are examining, and t is some real number. This equation also holds for an arbitrary number of dimensions. The line of best fit yielded $\vec{v} = [0.0013, 0.9858, 0.1682]$. Where as the “real” \vec{v} is equal to $[0.0019, 0.9728, 0.2316]$. This again shows that the NM method can be used

[§]The line of best fit was calculated using the singular value decomposition (SVD) method of solving the least squares.

to find the relative concentrations of the fluorophores in the skin, even in dimensions higher than 2.

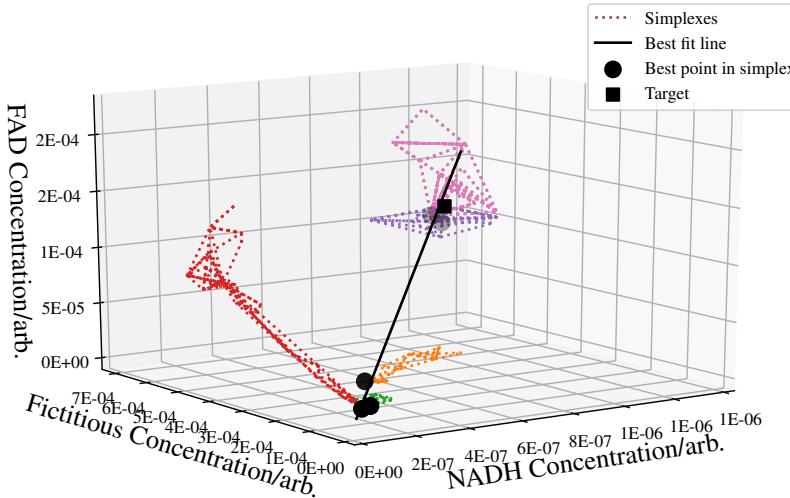


Figure 1.16: Figure shows the line of best fit for the case where $n = 3$. Figure also shows the simplices path over their whole lifetime, from initial guess to final simplex.

1.6 Results

Experimental Work

Experimental work discussed in this section was carried out by my collaborators S. Smirni *et al.* at the University of Dundee and Ninewells Hospital.

S. Smirni *et al.* took autofluorescence spectra from the volar forearms of volunteers using the LAKK-M multi-functional laser non-invasive diagnostic system (MLNDS). The LAKK-M system combines laser-Doppler flowmetry, tissue reflectance oximetry, pulse oximetry, and laser fluorescent diagnostics in one machine. The LAKK-M system delivers and collects light via the same optical fiber package. The fiber package has seven optical fibers, one for each probing wavelength (365 nm, 430 nm, 532 nm, 635 nm), two detectors, and a spectrometer. The fibers radii are 0.4 mm, and the separation between the fibers is around 1 mm. S. Smirni *et al.* took autofluorescence spectra from volunteers as they underwent a post occlusive reactive hyperemia (PORH) test. A PORH test is used to investigate and asses microvascular function. It achieves this by usually inflating a cuff on an arm of a patient for a period of time and then letting it deflate. Whilst this is happening laser Doppler flowmetry is used to asses the flow of blood before inflation, during inflation and after inflation. How the micro-vascular system responds to this test can be indicative of various CVDs. Figure 1.17 shows an example of the data collected during a PORH test.

S. Smirni collected around 27 spectra at the rate of 1 per minute over a period of 27 minutes as the PORH test was undertaken. 11 for a baseline before inflation of the cuff, 5 during occlusion and 11 post occlusion. Spectra were taken at each of the possible wavelengths (635 nm, 532 nm, and 365 nm) that the LAKK-M provides, yielding a total of 81 autofluorescence spectra per volunteer. S. Smirni also collected laser Doppler flowmetry data during this period, however as

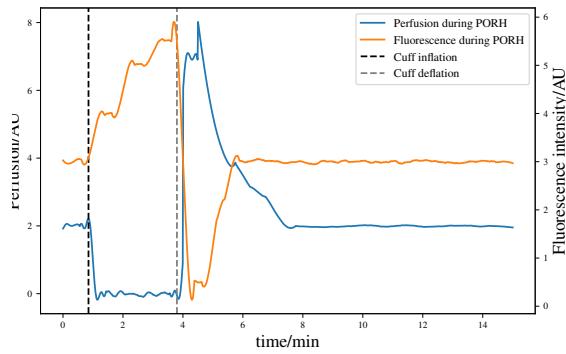


Figure 1.17: Example of a PORH test whilst measuring autofluorescence and perfusion. The perfusion of blood in the skin decrease once the cuff is inflated, and then rapidly reaches a maximum once the cuff is removed. The inverse of this can be seen in the autofluorescent response of NADH in the tissue.

this work only concerns the modelling of autofluorescence, we restrict the analysis to that of the UV (365 nm) autofluorescence spectra. Figure 1.18 shows an example of a raw spectrum taken during the baseline portion of the experiment.

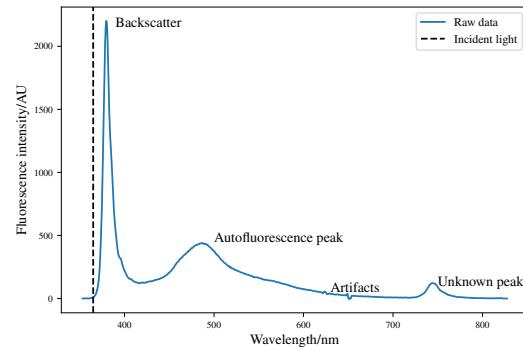


Figure 1.18: Figure shows an example of a raw spectrum taken by S. Smirni et al.. Figure illustrates how the spectrum is red-shifted, along with some of the artifacts, backscatter, and autofluorescence peaks. There is also an third peak in the red end of the spectrum. The cause of this is unknown, but most likely due to an unidentified fluorophore.

Effect of Tissue Optics on Fluorescent Signal

As mentioned in the introduction to this chapter information about how tissue optics affects the fluorescent signal, which fluorophores contribute to the signal, the variability of the signal in different test sites, and location of the fluorescent signal are not well elucidated. Therefore, before running the NM method on the experimental data, the fluence of the input fluorescence light is analysed alongside the location as a function of depth of the fluorescent light. We also present results on how the excitation wavelength affects the signal.

Figure 1.19 shows the fluence as a function of depth for the incident UV light. The figure shows that most of the incident light is contained within the top three layers, with little getting to the Reticular dermis, with none reaching the Hypodermis. The fluence drops to 50% of its

peak value 0.026 cm into the tissue which equates to inside epidermis, and 10% of its peak value by 0.058 cm into the tissue which again is in the epidermis.

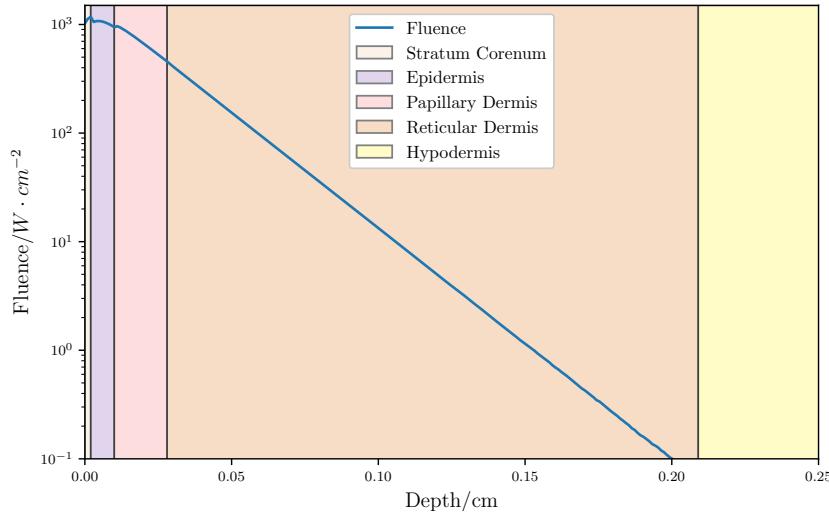


Figure 1.19: Penetration of UV radiation as a function of depth.

Figure 1.20 shows the fluence of detected fluorescent light (see ?? for discussion of how this is tracked.). The figure shows the fluence of light for each fluorophore that is detected. The figure shows that the fluence is highest in the Papillary dermis and a number of peaks at the boundaries of the layers. First the refractive indices of the layers are different, this can lead to light getting “trapped” in a layer as it maybe reflected off the layer boundary, thus leading to increased fluence. Second, fluorescent light is emitted isotropically which means that fluorescent light emitted in the upper layers of the skin, may be emitted in the direction of the Papillary dermis, that and light emitted from below the papillary dermis has to travel though the papillary dermis in order to be detected. Finally the optical properties also have an effect on the detected light fluence. The dermal layers have a minimum in their absorption spectra at the range of wavelengths that NADH and FAD emit at, thus light is more likely to “survive” though the dermal layers than the other layers such as the epidermis. Finally the geometry of the layers most likely has an effect as well. The stratum corneum’s and the epidermis’s thickness is small in comparison to that of the dermal layers, thus there will be less fluorescent light emitted from these layers when the concentration are the same.

Figure 1.21 shows the location of where the fluorescent light is emitted from. For both NADH, and FAD there peaks depth is just inside the epidermis. However, the vast majority of emitted Fluorescent light originates in the papillary dermis. This occurs as enough light gets to this layer, which allows more light to undergo fluorescence.

Finally, we analyse the effect of excitation wavelength has on the detected signal of NADH and FAD. To achieve this we run several models in order to create an excitation emission matrix (EEM). A EEM is a way of investigating and displaying the effect of excitation wavelength has on the fluorescent output of a sample. Using the same setup as above, we vary the fluorophore concentration in each layer, such that only one layer at a time has any fluorophores in it. We then excite the model over a range of wavelengths. For NADH we use wavelength in the range of 250 to 400 nm, and for FAD we use 250 to 500 nm. Figures 1.23 and 1.24 show the EEM for NADH and FAD. The EEM for NADH shows that the strongest signal comes from the papillary dermis

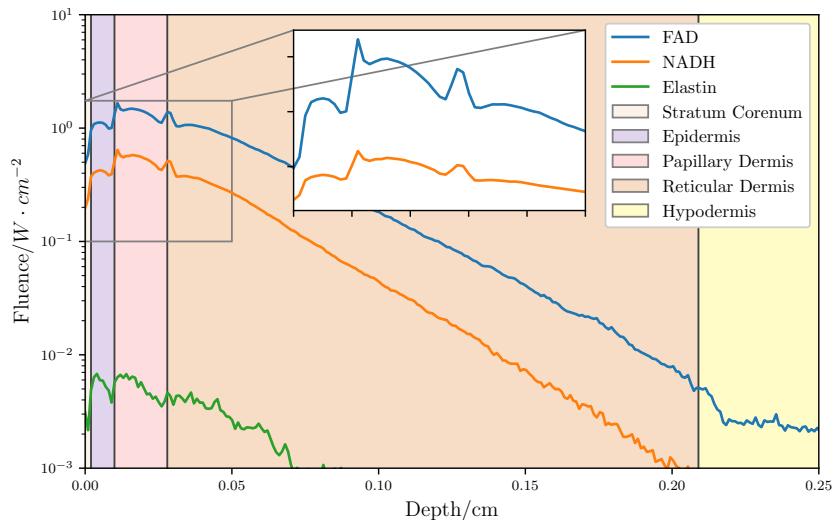


Figure 1.20: Detected fluence for FAD, NADH, and elastin fluorescence. Inset show zoom in of top layers of the skin, note the inset is a linear scale.

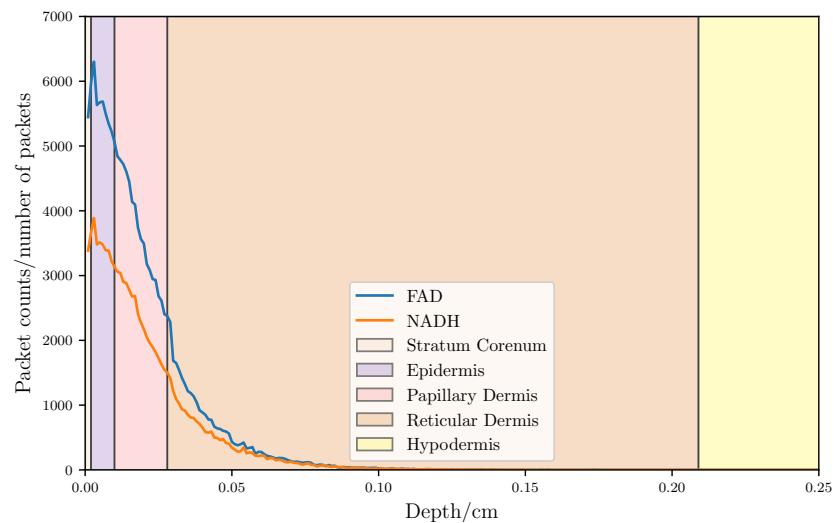


Figure 1.21: Amount of packets escaping as a function of depth for FAD and NADH fluorescence.

when compared to other layers. The EEM also shows a maximum of emission for excitation wavelengths corresponding to around 260 nm and 320-380 nm. For FAD the layer that yields the most fluorescence is the reticular dermis. The EEM shows that for excitation wavelengths of around the range 450-500 nm gives the most fluorescence.

For the case of NADH the optimal excitation wavelengths coincide with maximums in the absorption spectrum of NADH (see Fig. 1.22). However, for FAD the maximum in fluorescence does not coincide with the largest maxima in its absorption spectrum (see Fig. 1.22), but rather it falls within a smaller maxima. This is due to the fact that light at the maximal absorption peak (~ 300 nm) is highly absorbed by tissue, especially in layers such as the epidermis. Therefore, light at a longer wavelength is more likely to escape the tissue due to the tissue optical properties.

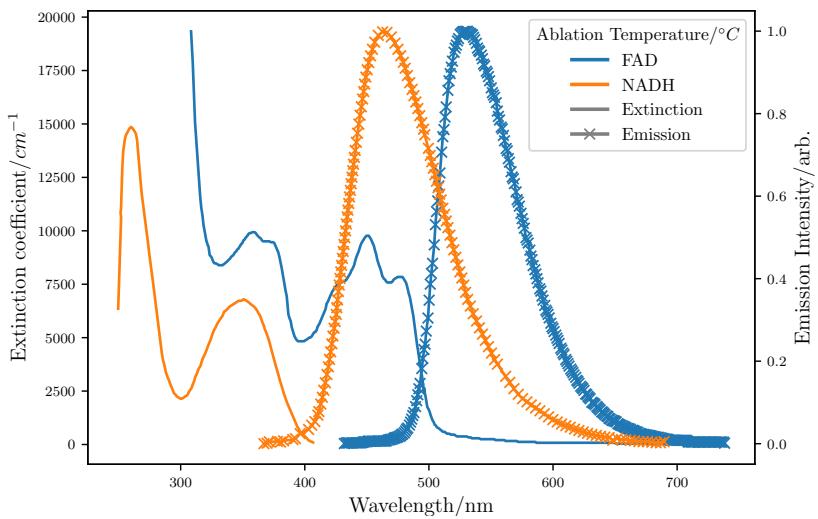


Figure 1.22: NADH and FAD absorption and emission spectra.

Using the NM method

We model the experimental setup by S. Smirni *et al.* as described in a previous section. The computational speed ups described in the validation sections are also used. The 5 layers skin model is setup with NADH, FAD and collagen distributed in different layers. NADH and FAD are initially in all layers bar the hypodermis, and collagen is contained in just the papillary and reticular dermis[¶]. Each layer has its own concentration of the fluorophores giving n for the NM method of 10. An initial guess of the concentration of the fluorophores is made, and the NM method is allowed to run until it stagnates. The target spectrum for the NM is taken from S. Smirni experimental data. Before the target spectrum could be used it was first “cleaned up”. This “cleaning” process was required as the spectrum was red shifted by 20 nm. The cause of this redshift is unknown. As a backscatter peak is included within the spectrum, the spectrum can be moved to its correct position. The next step in the “cleaning” process is to filter out spectra that are “defective”. Several of the autofluorescence spectra have artificial peaks caused by various experimental errors or machine faults. The final stage of the “cleaning” process, is to

[¶]We omit any fluorophores from the hypodermis as they are not expected to contribute to the signal at all, or by very much. This also simplifies the problem from $n=13$ to $n=10$.

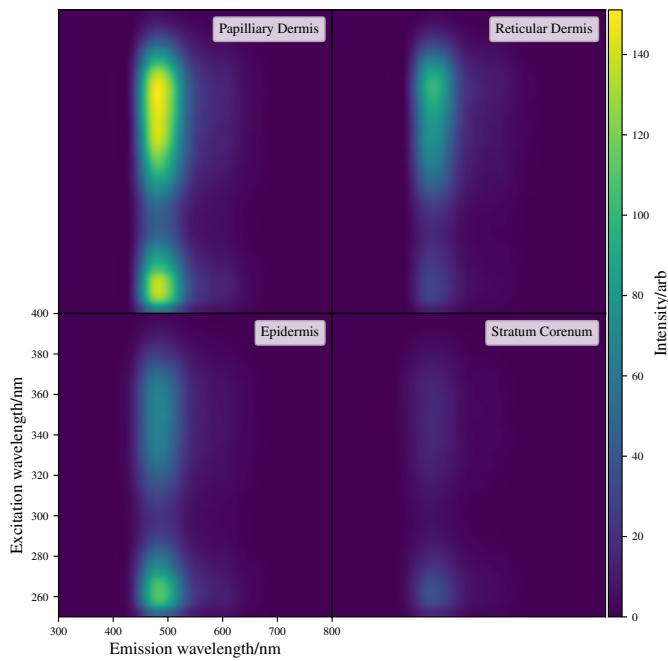


Figure 1.23: Excitation-emission matrix for NADH. Figure shows that the fluorescent signal from NADH is strongest in the papillary dermis.

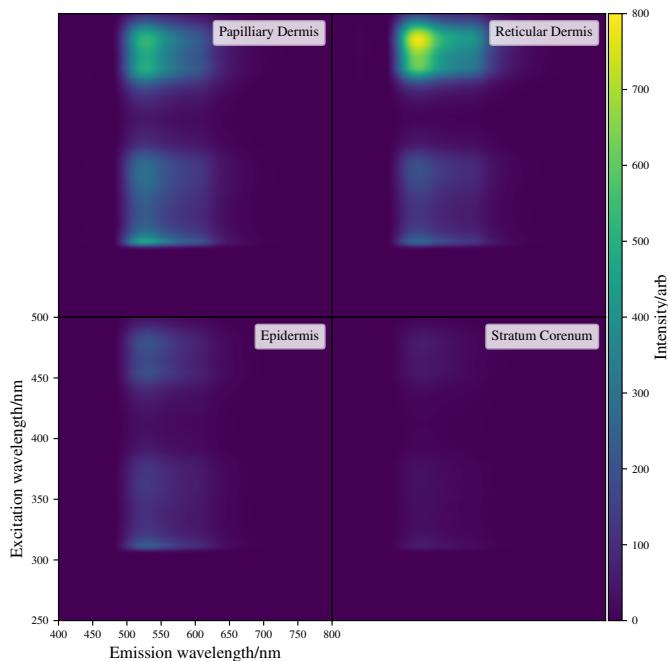


Figure 1.24: Excitation-emission matrix for FAD. Figure shows that the fluorescent signal from FAD is strongest in the reticular dermis.

smooth the data out and remove the backscatter peak. Now the spectra can be used as a target spectrum for the NM method.

Figure 1.25 shows the output of the NM method during a run with the above parameters. The figure shows that as the simplex iterates, the average fitness improves, the average number of calls to the MCRT algorithm tends to ~ 1.4 . This suggests that the NM keeps the reflected point more often than not. The size of the simplex fluctuates as the simplex tries to find the global minima. This happens as the simplex moves over the search space it sometimes needs to grow in size, then when it finds a minima it shrinks around it. The size of the simplex will then grow when the algorithm is restarted.

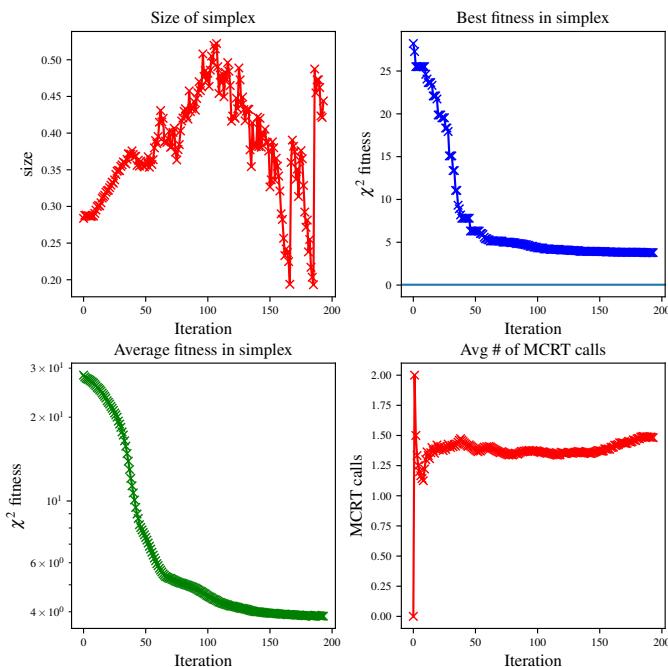


Figure 1.25: Figure shows the diagnostic information output by the NM method. Top left) shows the size of the simplex as it evolves. Top right) shows the best point in the simplex as it evolves. Bottom left) shows the average fitness of the simplex. Bottom right) shows the number of calls to the MCRT code per iteration of the simplex. The more call to the MCRT the simplex requires the higher the run time.

Figure 1.26 shows the output of the NM. The “best” fitness achieved by the algorithm was ~ 3 , which is a fairly poor fit when compared to the validation examples above. The figure also shows the contribution of the individual fluorophores to the overall autofluorescence signal. As expected the main contribution is from NADH, with a little contribution by FAD. However, collagen contributes to the main peak and is multi-peaked, with peaks at ~ 380 nm and ~ 465 nm. This is unusual as the peak of emission for collagen used in this work is around 395 nm, therefore it was not expected to contribute to the signal around the NADH peak. The reason that the collagen signal is multi-peaked is due to the tissue optics. There is a large peak at around 400-410 nm in the absorption spectra in the dermal layers. This causes a dip in the emission of collagen, giving it the multi-peaked profile.

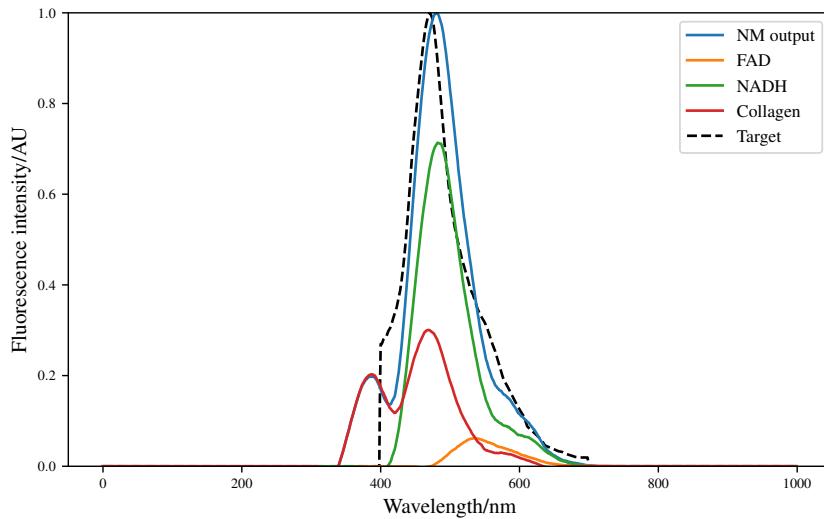


Figure 1.26: Figure shows the best result from the NM operating on the experimental data from S. Smirni et al.. The spectrum has a fitness of ~ 3 . The figure also shows the makeup of the final spectrum by the individual fluorophores.

1.7 Discussion

There are several probable reasons why the spectrum generated by the MCRT and NM does not match the experimental data exactly. A first possible reason for the mismatch, is that the optical properties of the fluorophores are not 100% correct. Optical properties of the fluorophores used in the work are not readily available. There are various sources that have measured them, but they are usually confined to several wavelengths of the authors interest and not a full spectrum. The extinction coefficients for the fluorophores are measured in various buffer solutions, and not taken from *in-vivo* tissue. This could give rise to a discrepancy between the computed results and the experimental results. Also the emission spectra for the fluorophores could also be incorrect. These are also measured in various buffer solutions, which again may be different from what they are *in-vivo*. Finally the emission spectra are measured for a single excitation wavelength. As the spectra were not readily available for the excitation wavelength used in this work, the emission spectra were taken from the nearest possible excitation wavelength found in the literature. This again may introduce a difference from the experimental work. However, what optical properties that have been published are pretty consistent from author to author therefore, this is an unlikely problem.

The mismatch in the target spectrum and the calculated spectrum could be due to missing fluorophores. The model presented here only included NADH, FAD, and collagen which are thought to be the three main contributers to the autofluorescence signal. However, the inclusion of riboflavin (peak at 529 nm), β -carotene (395 nm), elastin(425 nm), and different types of collagen (420, 370, 395 nm) may be able to correct this.

A final possible reason for the mismatch is that the LAKK-M device creators seem to have mis-calibrated their machines for finding the peaks of various fluorophores. Table 1.5 shows a comparison between the literature and the values used by the LAKK-M team.

For whatever reason, they seem to be consistently off by around 25 to 30 nm. From this chapters work on how tissue optics affects the fluorescent signal, tissue optics cannot account for the

Fluorophore	LAKK-M peak/nm	Literature peak/nm
FAD	550	525
NADH	490	465
Elastin	450	425
Collagen	420	370(IV), 395(I,V), 600(VII)

Table 1.5: Comparison of LAKK-M emission peaks and that found in the literature. AS there are different types of collagen multiple types were included in the literature comparison. LAKK-M data from [44–47]. Literature values taken from [38, 41, 48, 49].

discrepancy. One possible cause for this is that the UV light they use to probe autofluorescence is an LED. LED light sources are not monochromatic, but rather have a range of wavelengths they emit, on the order of 25 nm FWHM. There they could be exciting with a different range of wavelengths, which could possibly contribute towards the difference in what they measure and the literature values.

1.8 Conclusion

In conclusion, this section has introduced a five layer skin model, that has the ability to vary the various constitute parts to tailor model for a generic or specific patient. We have also shown in this chapter a method of coupling an optimisation technique to MCRT. This was done in order to investigate the concentrations of naturally occurring fluorophores in the skin. Differing levels of the fluorophores can indicate various diseases such as diabetes and CVDs. We validated this technique against a toy model in various dimensions, with good agreement. Before experimental data was analysed, the effect of tissue optics on the autofluorescent signal was tested. We then used our numerical model on experimental data. We found good, but not excellent agreement with the data. A discussion of why our model does not fit the experimental data, with several possible reasons presented. Future work would involve taking known “good” data that would be worthwhile to validate against. Finally, if the model can be validated against this data the model could be used in future to explore the relationship between various diseases and autofluorescence.

Bibliography

- [1] World Health Organisation. *Cardiovascular diseases (CVDs)*, 17 May 2017 (accessed June 16, 2019). [https://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/en/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)).
- [2] P. Bhatnagar, K. Wickramasinghe, E. Wilkins, and N. Townsend. Trends in the epidemiology of cardiovascular disease in the uk. *Heart*, 102(24):1945–1952, 2016.
- [3] R.S. Vasan. Biomarkers of cardiovascular disease: molecular basis and practical considerations. *Circulation*, 113(19):2335–2362, 2006.
- [4] M.H. Olsen. Assessment of cardiovascular risk â the impact and future of non-traditional cardiovascular risk markers. 2010.
- [5] A.R. Folsom. Classical and novel biomarkers for cardiovascular risk prediction in the united states. *Journal of epidemiology*, page JE20120157, 2013.
- [6] N. Kollias, R.J. Gillies, M. Moran, I.E. Kochevar, and R.R. Anderson. Endogenous skin fluorescence includes bands that may serve as quantitative markers of aging and photoaging. *Journal of investigative dermatology*, 111(5):776–780, 1998.
- [7] M. Monici. Cell and tissue autofluorescence research and diagnostic applications. *Biotechnology annual review*, 11:227–256, 2005.
- [8] E. Drakaki, E. Kaselouris, M. Makropoulou, A.A. Serafetinides, A. Tsenga, A.J. Stratigos, A.D. Katsambas, and Ch. Antoniou. Laser-induced fluorescence and reflectance spectroscopy for the discrimination of basal cell carcinoma from the surrounding normal skin tissue. *Skin pharmacology and physiology*, 22(3):158, 2009.
- [9] Y. Pu, W. Wang, Y. Yang, and R.R. Alfano. Native fluorescence spectra of human cancerous and normal breast tissues analyzed with non-negative constraint methods. *Applied optics*, 52(6):1293–1301, 2013.
- [10] N. Ramanujam. Fluorescence spectroscopy of neoplastic and non-neoplastic tissues. *Neoplasia*, 2(1-2):89–117, 2000.
- [11] M. Tarnawska, K. Dorniak, M. Kaszubowski, M. Dudziak, and M. Hellmann. A pilot study with flow mediated skin fluorescence: A novel device to assess microvascular endothelial function in coronary artery disease. *Cardiology journal*, 25(1):120–127, 2018.
- [12] R.P. van Waateringe, B.T. Fokkens, S.N. Slagter, M.M. van der Klauw, J.V. van Vliet-Ostaptchouk, R. Graaff, A.D. Paterson, A.J. Smit, H.L. Lutgers, and B.H.R. Wolffenbuttel. Skin autofluorescence predicts incident type 2 diabetes, cardiovascular disease and mortality in the general population. *Diabetologia*, 62(2):269–280, 2019.

- [13] N. Akbar, S. Sokolovski, A. Dunaev, J.J.F. Belch, E. Rafailov, and F. Khan. In vivo noninvasive measurement of skin autofluorescence biomarkers relate to cardiovascular disease in mice. *Journal of microscopy*, 255(1):42–48, 2014.
- [14] M.M. Elahi, Y.X. Kong, and B.M. Matata. Oxidative stress as a mediator of cardiovascular disease. *Oxidative medicine and cellular longevity*, 2(5):259–269, 2009.
- [15] T.S. Blacker and M.R. Duchen. Investigating mitochondrial redox state using nadh and nadph autofluorescence. *Free Radical Biology and Medicine*, 100:53–65, 2016.
- [16] A.C. Croce and G. Bottioli. Autofluorescence spectroscopy and imaging: a tool for biomedical research and diagnosis. *European journal of histochemistry: EJH*, 58(4), 2014.
- [17] I.M. Freedberg and T.B. Fitzpatrick. *Fitzpatrick's Dermatology in General Medicine*. Number v. 2 in Fitzpatrick's Dermatology in General Medicine. McGraw-Hill, Health Professions Division, 1999.
- [18] Z. Zaidi and S.W. Lanigan. *Dermatology in Clinical Practice*. Springer London, 2010.
- [19] S. Prahl. *Tabulated Molar Extinction Coefficient for Hemoglobin in Water*, 1999 (accessed June 15, 2019). <https://omlc.org/spectra/hemoglobin/summary.html>.
- [20] D.M. Wieliczka, S. Weng, and M.R. Querry. Wedge shaped cell for highly absorbent liquids: infrared optical constants of water. *Applied optics*, 28(9):1714–1719, 1989.
- [21] D.J. Segelstein. *The complex refractive index of water*. PhD thesis, University of Missouri-Kansas City, 1981.
- [22] S.L. Jacques, I.S. Saidi, A. Ladner, and D. Oelberg. Developing an optical fiber reflectance spectrometer to monitor bilirubinemia in neonates. In *Laser-Tissue Interaction VIII*, volume 2975, pages 115–125. International Society for Optics and Photonics, 1997.
- [23] S. Prahl. *Tabulated Molar Extinction Coefficient for Bilirubin in chloroform*, 2017 (accessed June 15, 2019). <https://omlc.org/spectra/PhotochemCAD/html/119.html>.
- [24] S. Prahl. *Tabulated Molar Extinction Coefficient for Beta-carotene in hexane*, 2017 (accessed June 15, 2019). <https://omlc.org/spectra/PhotochemCAD/html/041.html>.
- [25] Jose A Iglesias-Guitian, Carlos Aliaga, Adrian Jarabo, and Diego Gutierrez. A biophysically-based model of the optical properties of skin aging. In *Computer Graphics Forum*, volume 34, pages 45–55. Wiley Online Library, 2015.
- [26] Iyad Salam Saidi et al. *Transcutaneous optical measurement of hyperbilirubinemia in neonates*. PhD thesis, Rice University, 1992.
- [27] I.V. Meglinski and S.J. Matcher. Quantitative assessment of skin layers absorption and skin reflectance spectra simulation in the visible and near-infrared spectral regions. *Physiological Measurement*, 23(4):741, 2002.
- [28] Steven L Jacques. Optical properties of biological tissues: a review. *Physics in Medicine & Biology*, 58(11):R37, 2013.
- [29] A. Krishnaswamy and G.V.G. Baranowski. A biophysically-based spectral model of light interaction with human skin. In *Computer Graphics Forum*, volume 23, pages 331–340. Wiley Online Library, 2004.

- [30] C.L Campbell, C. Christison, C.T.A Brown, K. Wood, R.M. Valentine, and H. Moseley. 3d monte carlo radiation transfer modelling of photodynamic therapy. In *Biophotonics South America*, volume 9531, page 95311H. International Society for Optics and Photonics, 2015.
- [31] C. Campbell. *Under the skin: Monte Carlo radiation transfer modelling of photodynamic therapy*. PhD thesis, School of Physics and Astronomy, University of St Andrews, 2016.
- [32] M.J.C Van Gemert, S.L Jacques, H.J.C.M Sterenborg, and W.M. Star. Skin optics. *IEEE Transactions on biomedical engineering*, 36(12):1146–1154, 1989.
- [33] R. Gillies, G. Zonios, R.R Anderson, and N. Kollias. Fluorescence excitation spectroscopy provides information about human skin in vivo. *Journal of Investigative Dermatology*, 115(4):704–707, 2000.
- [34] S. Prahl. *Tabulated Molar Extinction Coefficient for Tyrosine in water, 0.1 M phosphate buffer, pH 7*, 2017 (accessed June 16, 2019). <https://omlc.org/spectra/PhotochemCAD/html/092.html>.
- [35] S. Prahl. *Tabulated Molar Extinction Coefficient for Tryptophan in water, 0.1 M phosphate buffer, pH 7*, 2017 (accessed June 16, 2019). <https://omlc.org/spectra/PhotochemCAD/html/091.html>.
- [36] Si Soltani, A. Ojaghi, and F.E Robles. Deep uv dispersion and absorption spectroscopy of biomolecules. *Biomedical optics express*, 10(2):487–499, 2019.
- [37] Y. Sun, Y. Pu, Y. Yang, and R.R. Alfano. Biomarkers spectral subspace for cancer detection. *Journal of biomedical optics*, 17(10):107005, 2012.
- [38] M. Islam, M. Honma, T. Nakabayashi, M. Kinjo, and N. Ohta. ph dependence of the fluorescence lifetime of fad in solution and in cells. *International journal of molecular sciences*, 14(1):1952–1963, 2013.
- [39] E.W Evans, C.A Dodson, K. Maeda, T. Biskup, C.J. Wedge, and C.R. Timmel. Magnetic field effects in flavoproteins and related systems. *Interface focus*, 3(5):20130037, 2013.
- [40] A. Von Ketteler, D.P Herten, and W. Petrich. Fluorescence properties of carba nicotinamide adenine dinucleotide for glucose sensing. *ChemPhysChem*, 13(5):1302–1306, 2012.
- [41] Ralph S DaCosta, Helene Andersson, and Brian C Wilson. Molecular fluorescence excitation–emission matrices relevant to tissue spectroscopy. *Photochemistry and photobiology*, 78(4):384–392, 2003.
- [42] F. Gao and L. Han. Implementing the nelder-mead simplex algorithm with adaptive parameters. *Computational Optimization and Applications*, 51(1):259–277, 2012.
- [43] W.H. Press and S.A. Teukolsky. Savitzky-golay smoothing filters. *Computers in Physics*, 4(6):669–672, 1990.
- [44] Scott Palmer, Karina Litvinova, Andrey Dunaev, Stewart Fleming, David McGloin, and Ghulam Nabi. Changes in autofluorescence based organoid model of muscle invasive urinary bladder cancer. *Biomedical optics express*, 7(4):1193–1200, 2016.
- [45] Andrey V Dunaev, Victor V Dremin, Evgeny A Zhrebtssov, Ilya E Rafailov, Karina S Litvinova, Scott G Palmer, Neil A Stewart, Sergei G Sokolovski, and Edik U Rafailov. Individual variability analysis of fluorescence parameters measured in skin with different levels of nutritive blood flow. *Medical engineering & physics*, 37(6):574–583, 2015.

- [46] OD Smirnova, DA Rogatkin, and KS Litvinova. Collagen as in vivo quantitative fluorescent biomarkers of abnormal tissue changes. *Journal of Innovative Optical Health Sciences*, 5(02):1250010, 2012.
- [47] Scott Gordon Palmer. *Development of Non-invasive Techniques for Bladder Cancer Diagnosis and Therapy*. PhD thesis, University of Dundee, 2016.
- [48] Yong-Le Pan. Detection and characterization of biological and other organic-carbon aerosol particles in atmosphere using fluorescence. *Journal of Quantitative Spectroscopy and Radiative Transfer*, 150:12–35, 2015.
- [49] George H Patterson, Susan M Knobel, Per Arkhammar, Ole Thastrup, and David W Piston. Separation of the glucose-stimulated cytoplasmic and mitochondrial nad (p) h responses in pancreatic islet β cells. *Proceedings of the National Academy of Sciences*, 97(10):5203–5207, 2000.