Skin Pigmentation Impacts in Established and Emerging Optical Diagnostic Devices: A Review of Mechanisms and Effects



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Abstract

Melanin has long been recognized as a major dermal chromophore, and the same optical characteristics that make melanin the chief determinant of visually identifiable pigmentation also have the potential to adversely impact the performance of medical devices based on light. This work encompasses an extensive review of literature of the impact of skin pigmentation on optical diagnostic technologies including pulse oximeters, PPG wearables, cerebral oximeters, photoacoustic imagers, bilirubinometers, hyperspectral imaging systems, and Raman spectroscopy devices.

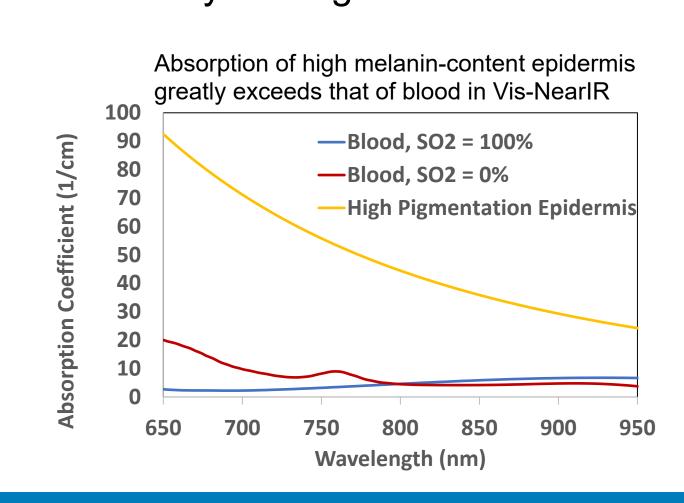
Introduction

Is there evidence that other infrared medical devices [besides pulse oximeters] that interact with a patient's skin pigment... also vary in efficacy by the patient's race and ethnicity?

--Sens. Warren and Wyden in Jan 25, 2021 Congressional Inquiry to FDA

We have performed an initial literature review on the impact of skin pigmentation in optical diagnostic devices. Epidermal melanin can be particularly challenging to device performance because:

- Absorption coefficient is much larger than any other dermal constituent
- Absorption level changes rapidly across the visible to near-infrared range
- Concentration can vary by more than an order of magnitude across the population
- Fluorescence yield is greater than most tissues



Methods

Top used search terms:

- [Device] AND Melanin
- [Device] AND Pigmentation
- [Device] AND Skin Pigmentation

- [Device] AND Pigmentation Correction

 [Device] AND Pigmentation Influence OR Impact [Device] AND Melanin Correction

Results and Discussion

Cerebral/Tissue Oximeters

Wearables/PPGs (Photoplethysmography)

Light wavelength

 36.4 ± 16.1

 37.2 ± 11.7

 23.6 ± 4.4

* p < 0.001 versus other wavelength; "p < 0.05 versus other skin types

US8945017B2 2014

81.2 ± 25.2*

 $69.9 \pm 32.3*$

77.7 ± 22.7*

 $49.0 \pm 46.8*$

Wavelengths: 675-950 nm (visible/near-infrared); 2-5 wavelengths

- Cerebral Oximeters are based on near-infrared spectroscopy (NIRS)
- Non-invasive monitor of bulk tissue oxygenation (StO₂) in ICUs/NICUs and during surgery, for rapid detection of hypoxia Impact of Pigmentation
- With increasing pigmentation, Vis-NIR reflectance spectra show decrease in overall intensity, as well as reduced signals at shorter wavelengths (Mendenhall et al., 2015)
- Clinical study showed negative StO₂ bias in adults with high pigmentation in some commercial oximeters (P<0.001) (Bickler et al., 2013)
- African ethnicity / darker pigmentation is associated with lower preoperative intracerebral StO₂, yet this apparent bias did not worsen the ability to predict mortality (Sun et al., 2014)
- Tissue-simulating phantom testing in CDRH showed a negative bias of 5-10% with increasing pigmentation (Afshari et al., 2019)
- Not all cerebral oximeters show a significant pigmentation bias (Couch
- Mechanism of StO₂ negative bias is not well understood • High melanin levels increased loss of signal (Wassenaar et al., 2005)
- **Mitigation Procedures** • Stronger light sources, higher detector sensitivity and narrower probe spacing may be used to minimize the effect of attenuation from
- Multiple source-detector separation distances and processing algorithms are used to minimize impact of superficial tissue layers

melanin and prevent signal loss (Wassenaar et al., 2005)

Wavelengths: 450-900 nm (Vis and NIR); 2 or more wavelengths

Reduced modulation and waveform amplitude due to higher

• Fallow et al. (2013) reported that Type V (medium-dark) skin had

• Manufacturer website: 'Skin tone can have an effect as the melanin

• Some studies have found no significant correlation between skin

in the skin absorbs some of the light...the sensor may have to work

pigmentation levels may cause inaccurate pulse rate

type and device error/accuracy (Bent et al., 2020)

• Real time physiological monitoring of parameters such as heart rate

Applications

and energy expenditure

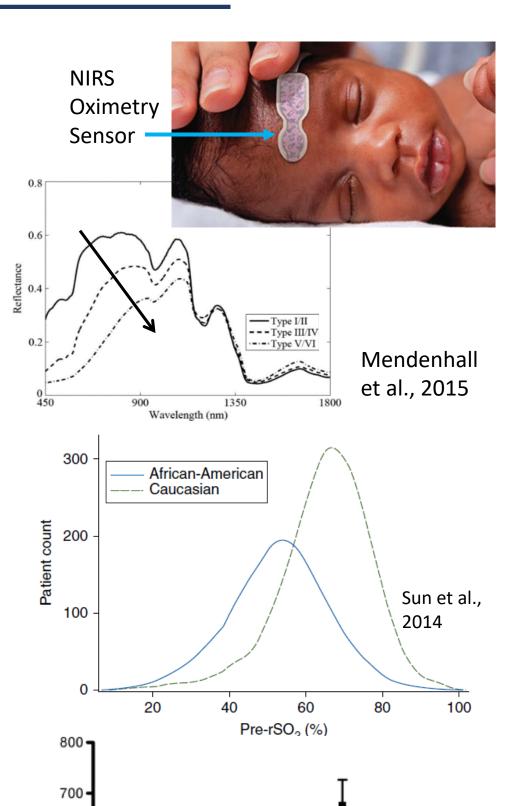
lowest mean modulation.

harder to find a pulse....'

Mitigation Procedures

No results found

Impact of Pigmentation



Hyperspectral Imagers

Wavelengths: 400-1000 nm (Vis-NIR); Continuous (or Multi-spectral imaging, 4-5 wavelengths) **Applications**

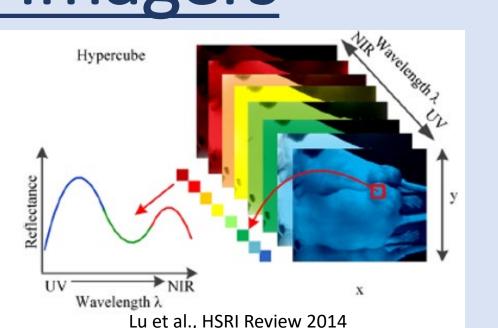
 Hyper/Multi-spectral reflectance imaging (HRI) has many clinical application: surgical guidance, detection of cancers, heart and circulatory pathologies, diabetic foot ulcers

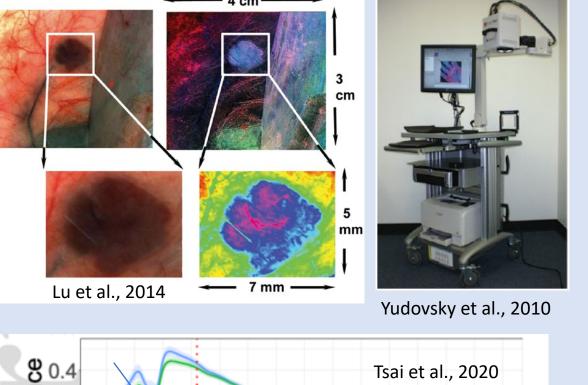
Impact of Pigmentation

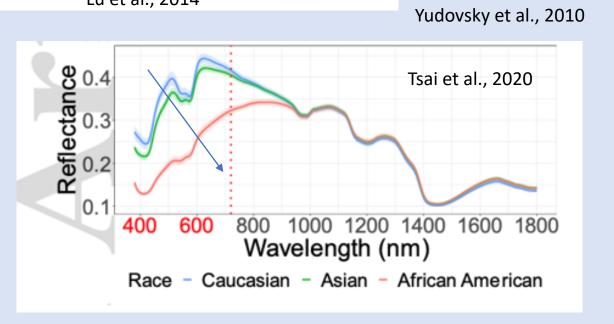
- Increased pigmentation levels is associated with increased absorbance (decreased reflectance) as well as spectral shifts in detected reflectance distributions (Tsai et al., 2020)
- HRI of highly pigmented patients may give a reading or give inaccurate readings of parameters such as oxygen saturation

Mitigation Procedures

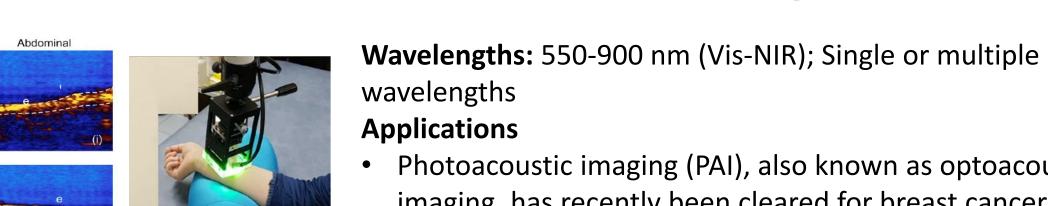
- Some HRI devices utilize weighted subtractions in order to minimize melanin content influence over the desired measurement
- Melanin content is assessed at 595-692 nm (red) and used to correct blood absorption measurements over 530-560 nm (green) to improve saturation measurements (He et al., 2019)







Photoacoustic Imagers

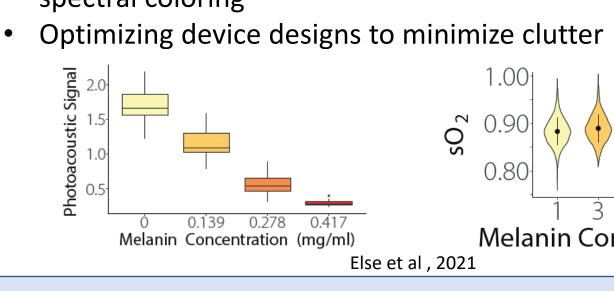


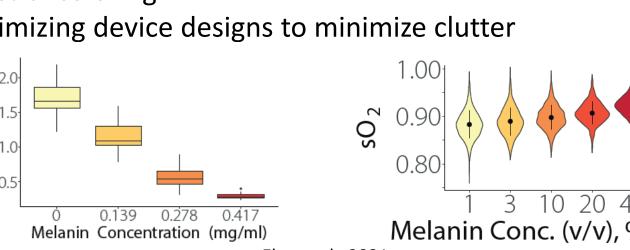
Kratkiewicz et al., 2019

 Photoacoustic imaging (PAI), also known as optoacoustic imaging, has recently been cleared for breast cancer imaging and can visualize microvasculature and measure blood oxygenation. A wide range of applications are in clinical trials.

Impact of Pigmentation

- Increasing melanin content is associated with higher pressure amplitudes near surface, which may increase superficial clutter/noise
- Darker pigmentation results in lower signal to noise ratio in the dermis
- Epidermal melanin absorption can alter saturation estimates via 'spectral coloring' (based on simulations) **Mitigation Procedures**
- Fluence correction algorithms may compensate for spectral coloring





Transcutaneous Bilirubinometers

Wavelengths: 380-760 nm (Vis); continuous or 2+ wavelengths

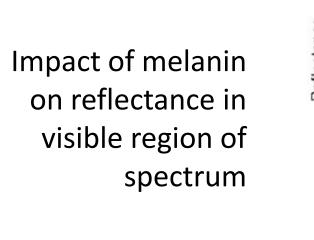
Applications

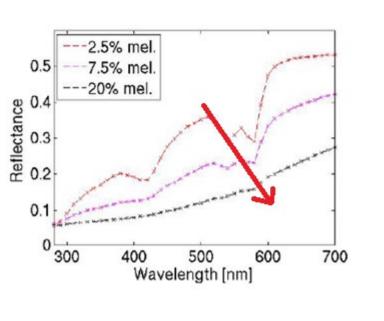
 Detect and monitor hyperbilirubinemia in neonates by non-invasively measuring serum bilirubin values **Impact of Pigmentation**

 Accuracy of the commercial bilirubinometer, Bilicheck, was significantly lower in non-white infants compared to white infant (P=0.02). (Szabo et al., 2004)

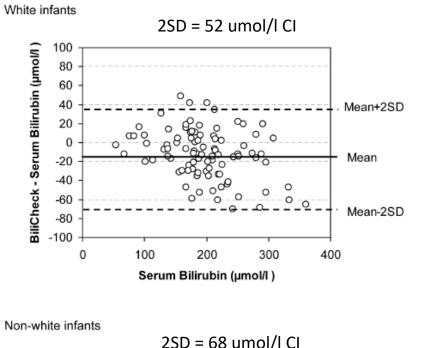
Mitigation Procedures

 Multiple wavelengths in 400 -760 nm used to correct for skin pigmentation (Cheng et al., BOE 2019)

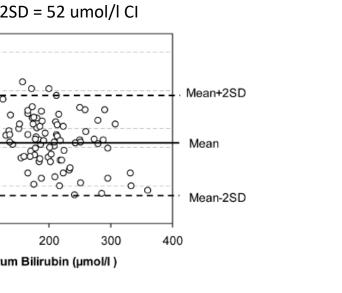


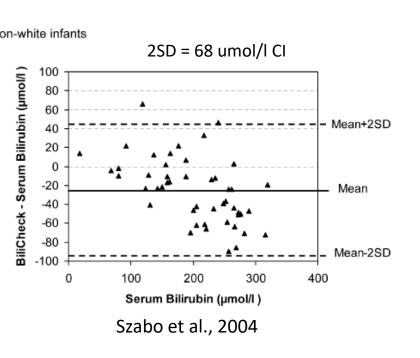














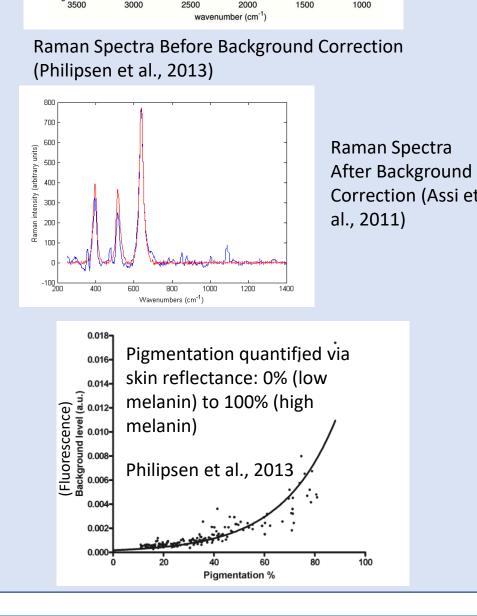
 Raman spectroscopy has been studied for noninvasive glucose sensing, cancer detection, psoriasis, atopic dermatitis, and other conditions **Impact of Pigmentation**

 Primary mechanism is optically distinct from reflectance and absorption based technologies.

- Endogenous fluorescence from melanin produces high background compared to the weak Raman scattering signals (Knudsen et al., 2002; Philipsen et al., 2013)
- Background correction approaches are typically very effective at removing fluorescence contributions, so there is typically minimal effect on major Raman peaks

Mitigation Procedures

 Numerical background correction approaches are used to remove influence of melanin fluorescence



Conclusions

Although skin pigmentation may not be the only cause of disparities in device performance, it is a significant confounding factor for many optical diagnostic technologies. Signals detected by all of the device types reviewed were reported to be impacted by melanin concentration through several different mechanisms. Devices often employ approaches to mitigate the impact of pigmentation on final outputs, yet significant disparities remain.

This research was funded in part by FDA's Office of Minority Health and Health Equity.

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Infrared

 32.9 ± 15.6

 34.9 ± 25.8

 18.1 ± 7.7

 19.4 ± 10.9

 34.6 ± 12.3

Fallow et al., Skin Type Reflectance 2013

 22.5 ± 5.7

OSEL Accelerating patient access to innovative, safe, and effective medical devices through best-in-the-world regulatory science

Li et al., Journal of Biophotonics, 12(9), 2019