

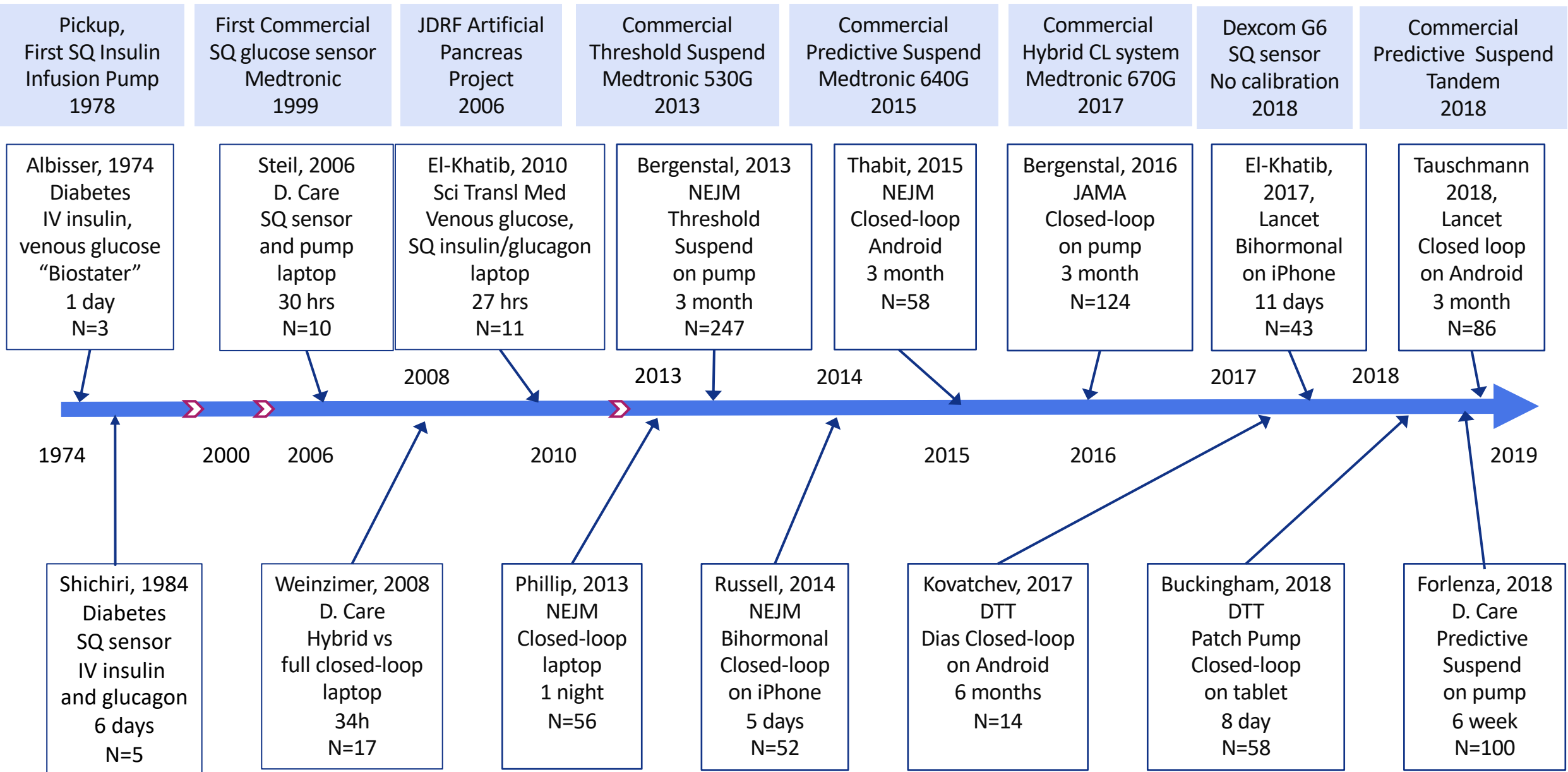
Closing the Loop: Building an Artificial Pancreas

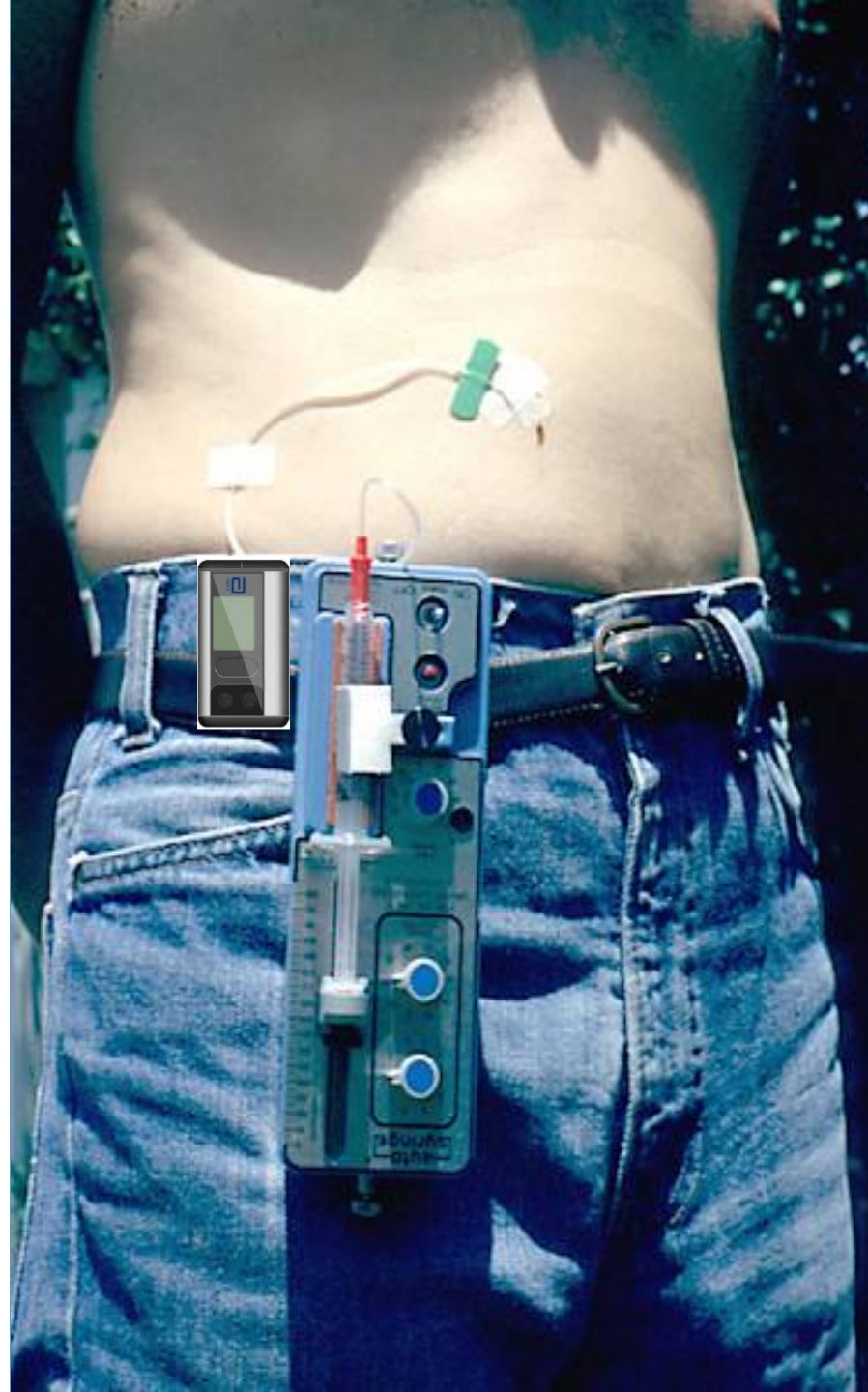
Bruce Buckingham, MD
buckingham@Stanford.edu

Basics to Building a Closed-loop

- Pump
- Sensor
- Algorithm

Timeline of Selected Closed-Loop Advances





Pump Therapy 1979



Patch Pumps



Infusion Sets

- The weak link in insulin pump delivery

Acute Infusion site Reactions

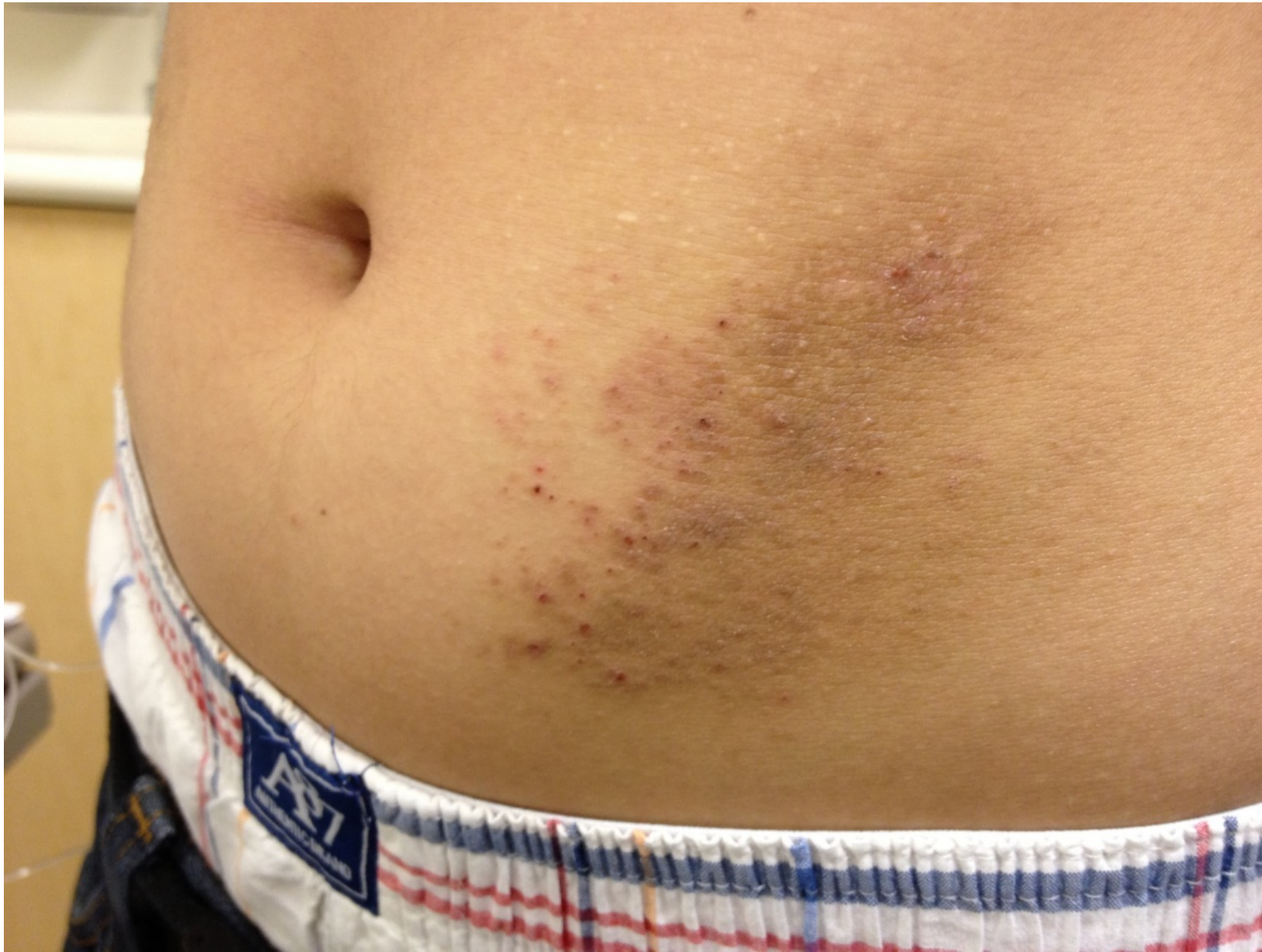




Scarring and Hyperpigmentation



Acute and Chronic Changes – Tape reaction



Slight Desquamation at Infusion Set and Tape Reaction 3/31



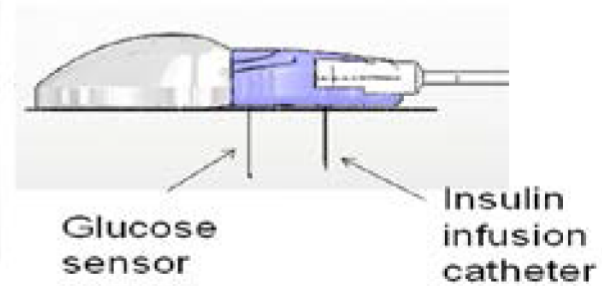
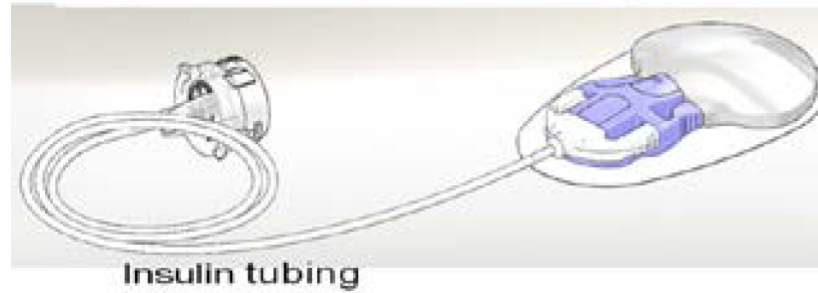
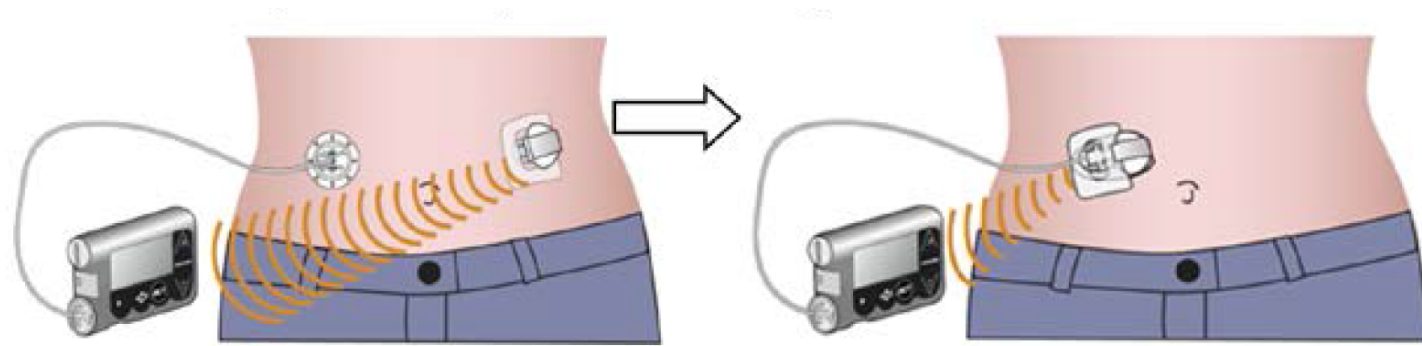
Infusion Set Infection



Lipohypertrophy



Integrated Sensor and Infusion Set

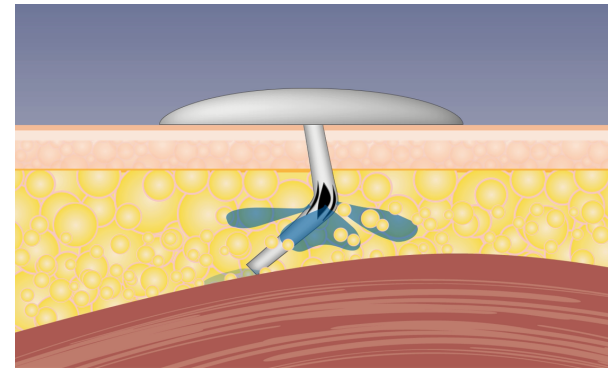
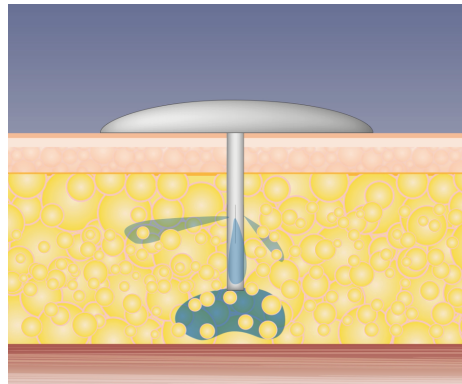
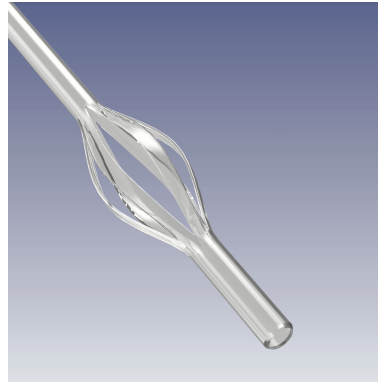


Summary of 353 Weeks of Testing for 7 days of Infusion Set Wear

Mean Duration of Wear	5.0 ± 1.8 days
Percent Lasting 7 days	40%
Removal for unexplained hyperglycemia	26%
Removal for pain, infection or erythema	17%
Removal for other – eg. pulled out adhesive failure, unknown	20%

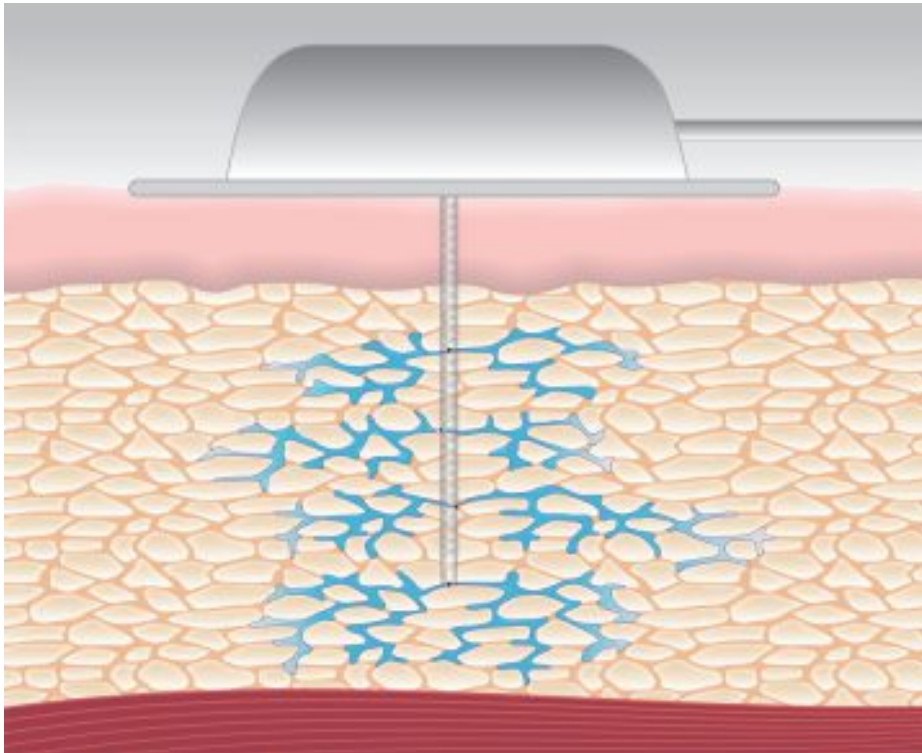
“Lantern” Infusion Set

16 subjects have completed study to date for 10 day wear;
90% wore set for 7 days



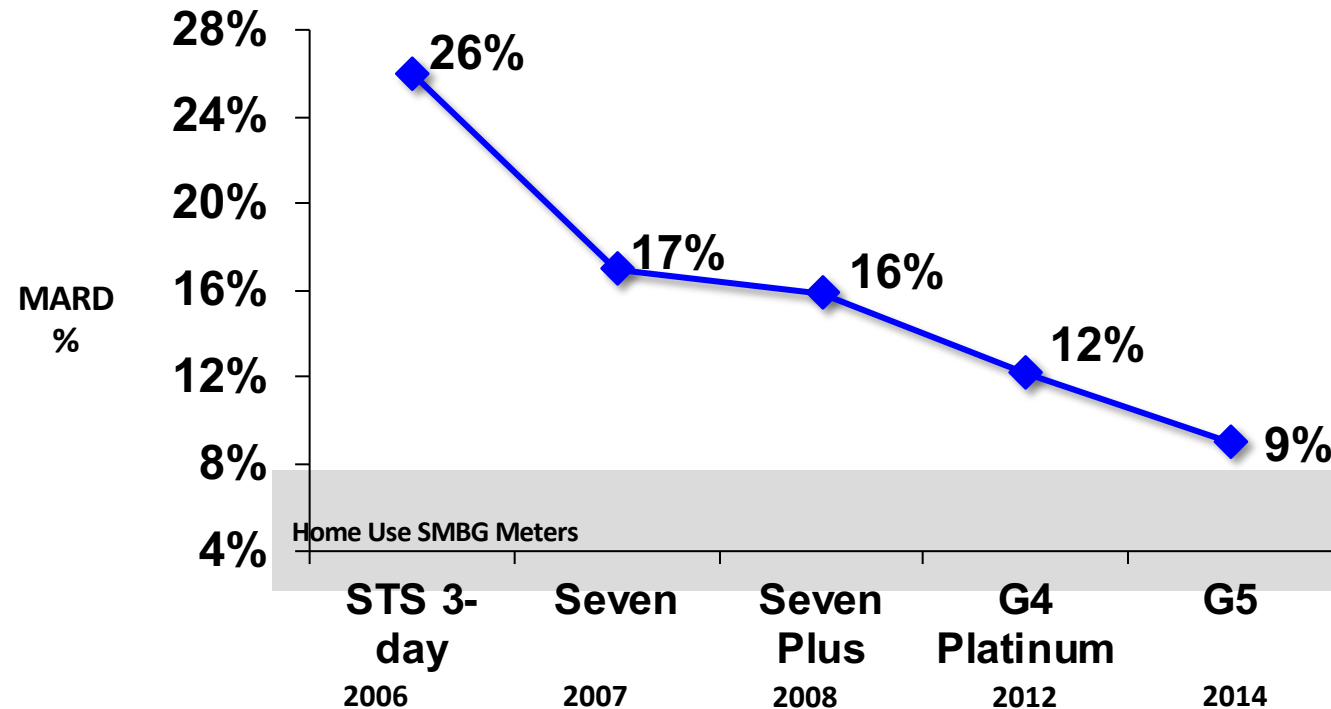
Steadiset

Capillary Biomedical



- Does not Kink
- Multiple holes distribute insulin over a larger area
- Consistent absorption

Evolution of Dexcom CGM Accuracy



Dexcom G6

- MARD 9% (% error)
- Approved down to age 2
- No calibration
- 10 Day Wear
- New Inserter –One button
- No acetaminophen cross-reactivity
- iCGM



The Eversense System



Sensor



Smart Transmitter



Mobile App

Sensor that lasts up to 180 days
No weekly sensor insertion
No open wound

Removable and rechargeable
On-body vibrate alerts
Gentle-on-skin adhesive

No extra device to carry
iOS and Android platform
Alarm settings & reports

Sensor Performance Comparison

	Matched Pairs	Percent of System Readings Within		MARD (%)
		15/15% of Reference	20/20% of Reference	
Eversense PRECISE II Trial	15,753	87%	94%	8.5
PRECISION Trial	15,170	85%	93%	9.6
Dexcom G5*	2,263	86%	93%	9.0
Dexcom G6**	25,101		92%	9.8
Libre*	5,772	82%	91%	9.7
Medtronic Enlite 3* 3-4 Cal / Day	12,090	83%	91%	9.6

* Summary of Safety and Effectiveness Data (SSED) Medical Device Databases – <http://www.fda.gov>,
 **Dexcom G6 User Manual – accessed 6.24.18

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Closed-loop systems

Dr. Arnold Kadish

Am J Med Electronics 3:82-86, 1964

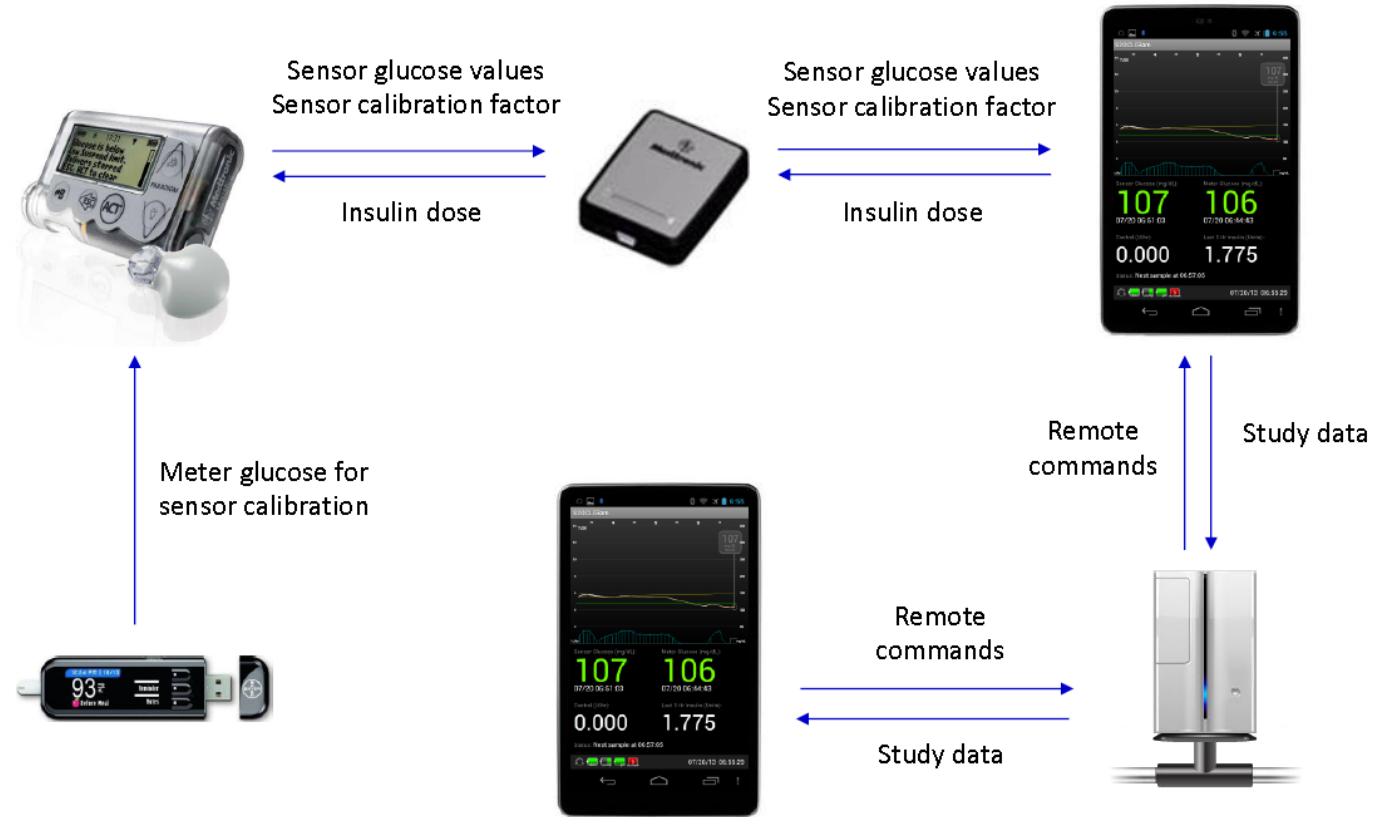


- 1964
- Measured Venous blood every 15 seconds with 7 min lag time
- Delivered insulin at 0.1 U/min if >150 mg/dl (8.3 mmol/L)
- Delivered glucagon at 0.05 mg/min if < 50 mg/dl (2.8 mmol/L)

Medtronic Inpatient Studies - 2009



Medtronic Android-based PID-IFB System 2013 - 2014



Medtronic 670G



Glucometer

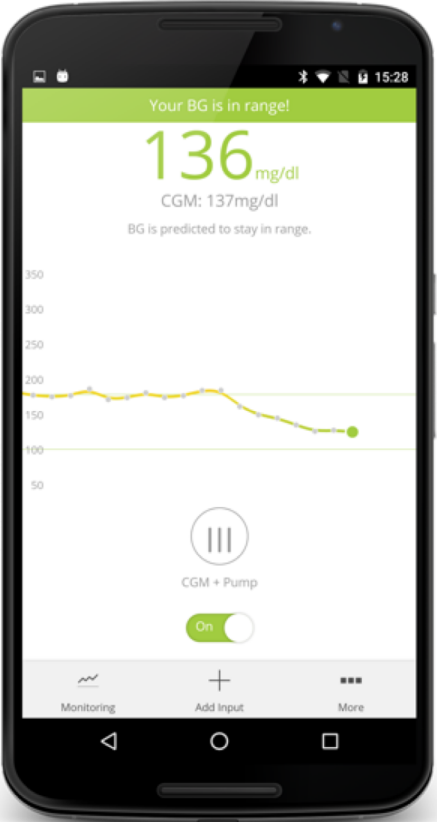


Enlite 3 sensor

DiAs (UVA) System - 2014



Type 0 InControl



Tandem Control IQ

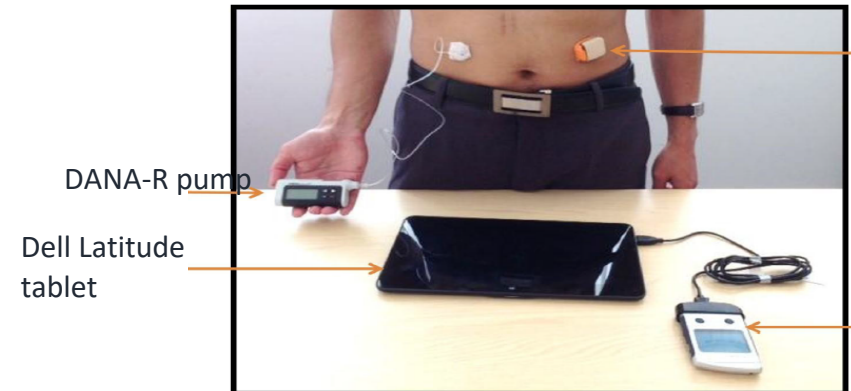


FlorenceD2A closed-loop system

Adults



Children and adolescents



Nexus 4 LG smartphone

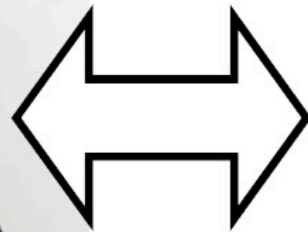
Nav 2 CGM receiver and translator

Thabit, Tauschmann, Hovorka et. al. on behalf of APCam consortium and AP@home consortium, NEJM Sep 2015

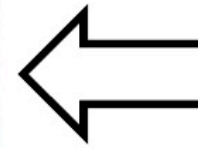
Automated Closed-Loop System for Hovorka Studies



Android phone with enclosure



640G pump



Enlite 3
sensor

Bionic Pancreas - 2014



The iLet -2018 Gen3



Gen 4 iLet – 2019

57% smaller than Gen 3



Bigfoot Biomedical



Insulet



Omnipod Platform for Algorithm Development

Omnipod Hybrid Closed – Loop System



Modified Omnipod insulin pump BLE relay

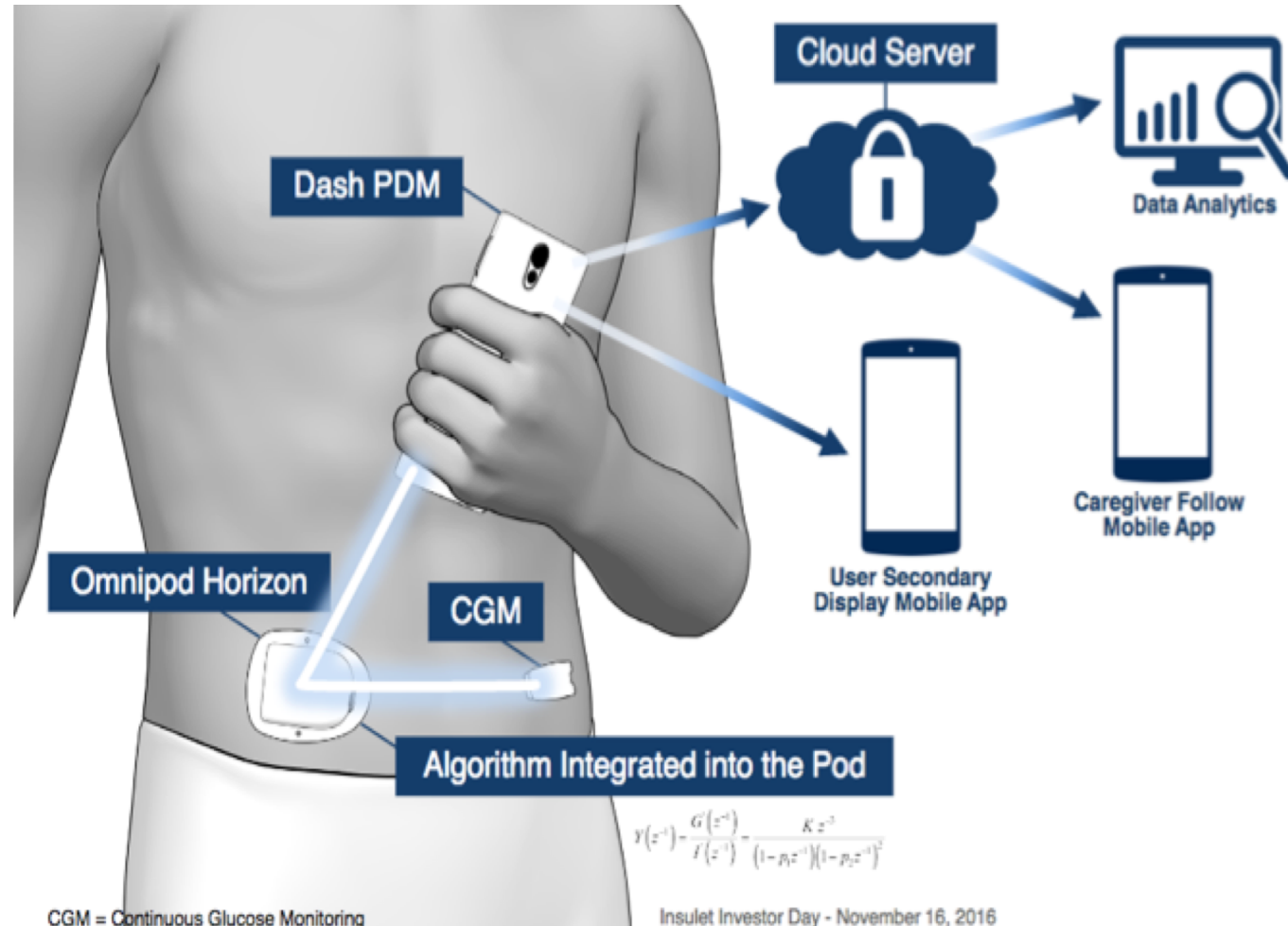


MPC algorithm running on pAPS platform



Dexcom G4 (505) sensor with Share receiver

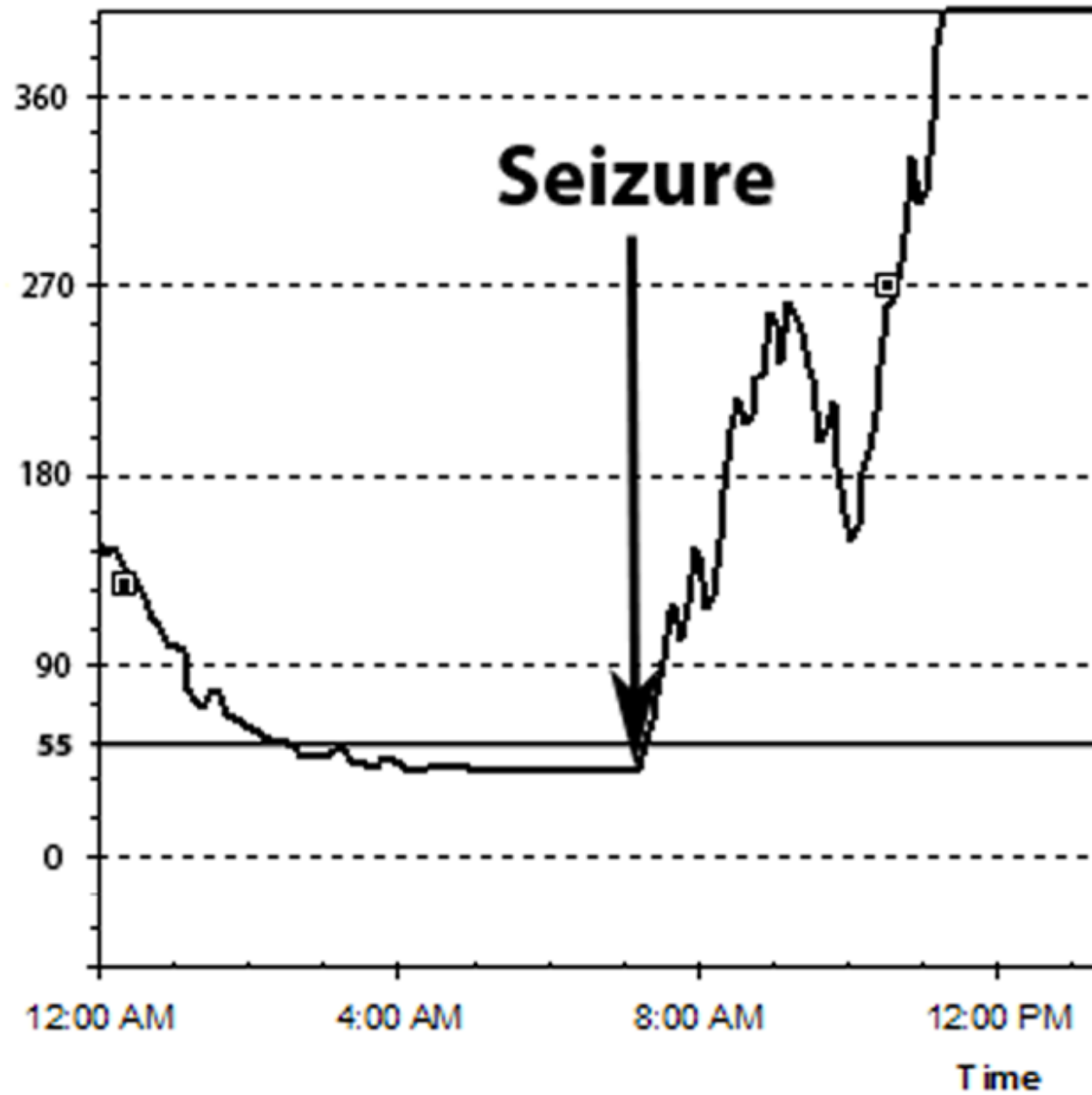
Insulet Horizon



$$Y(z^{-1}) = \frac{G(z^{-1})}{F(z^{-1})} = \frac{Kz^{-2}}{(1-p_1z^{-1})(1-p_2z^{-1})^2}$$

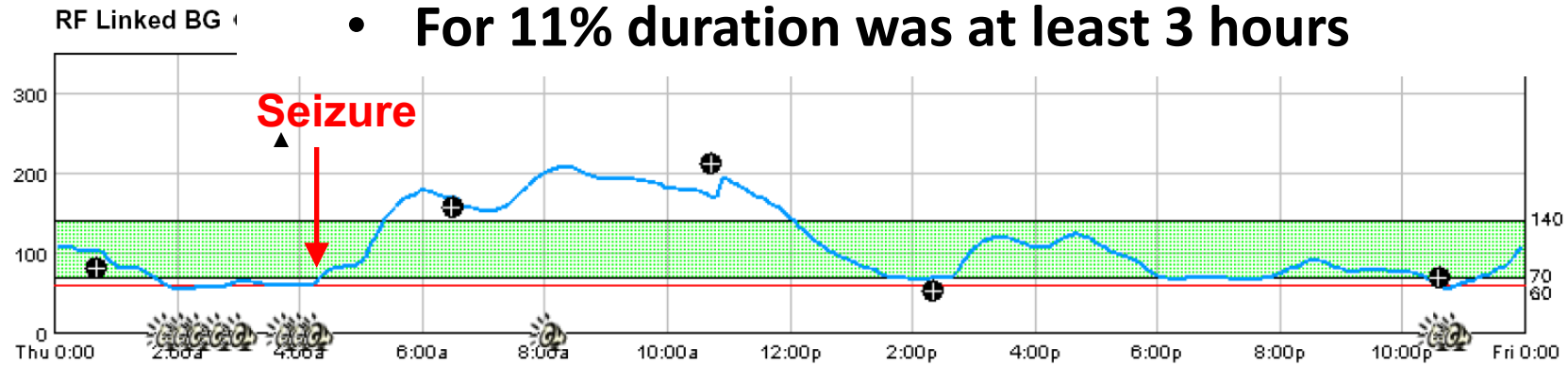
Suspending Insulin Delivery to Prevent Hypoglycemia

Australian Patient



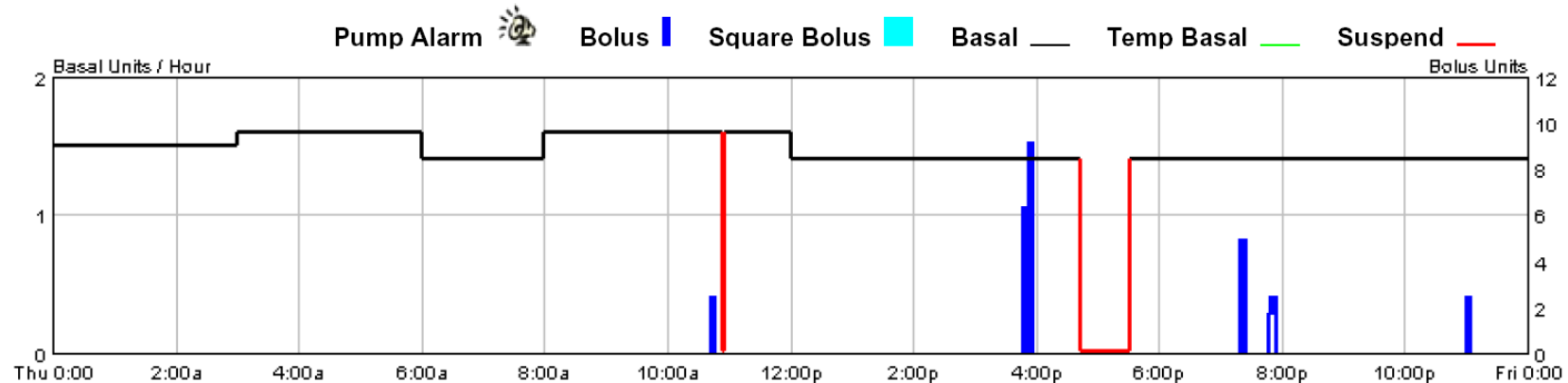
- 36,000 nights in JDRF RCT, 176 subjects
- Hypoglycemia occurred 8.5% of nights
 - (2 consecutive CGM readings < 60 mg/dl)
- Mean duration 81 minutes

Glucose (mg/dL)



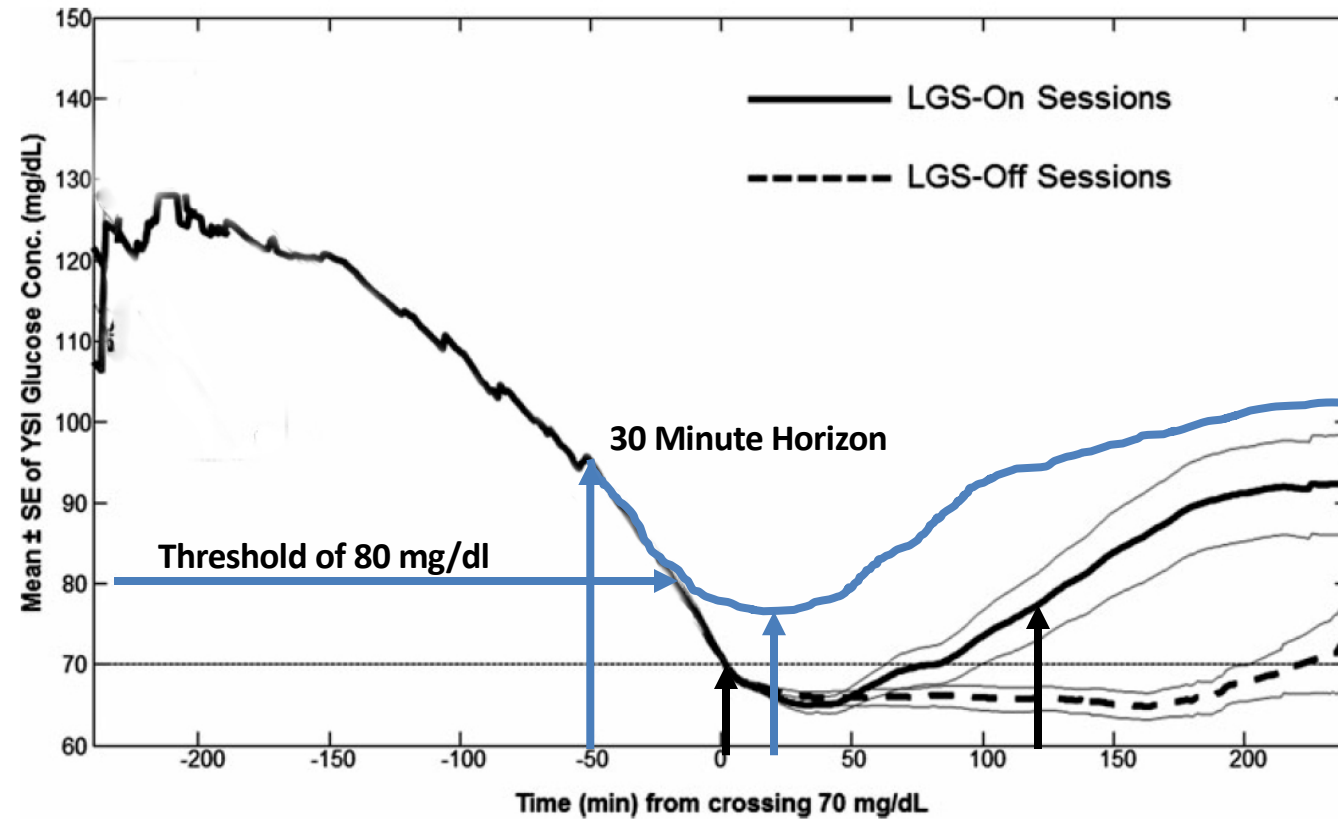
- For 23% duration was at least 2 hours
- For 11% duration was at least 3 hours

Insulin Delivery



Low Glucose Suspend with Exercise Induced Hypoglycemia (50 subjects)

DTT (2012) 14:205



Predictive Low Glucose Suspend

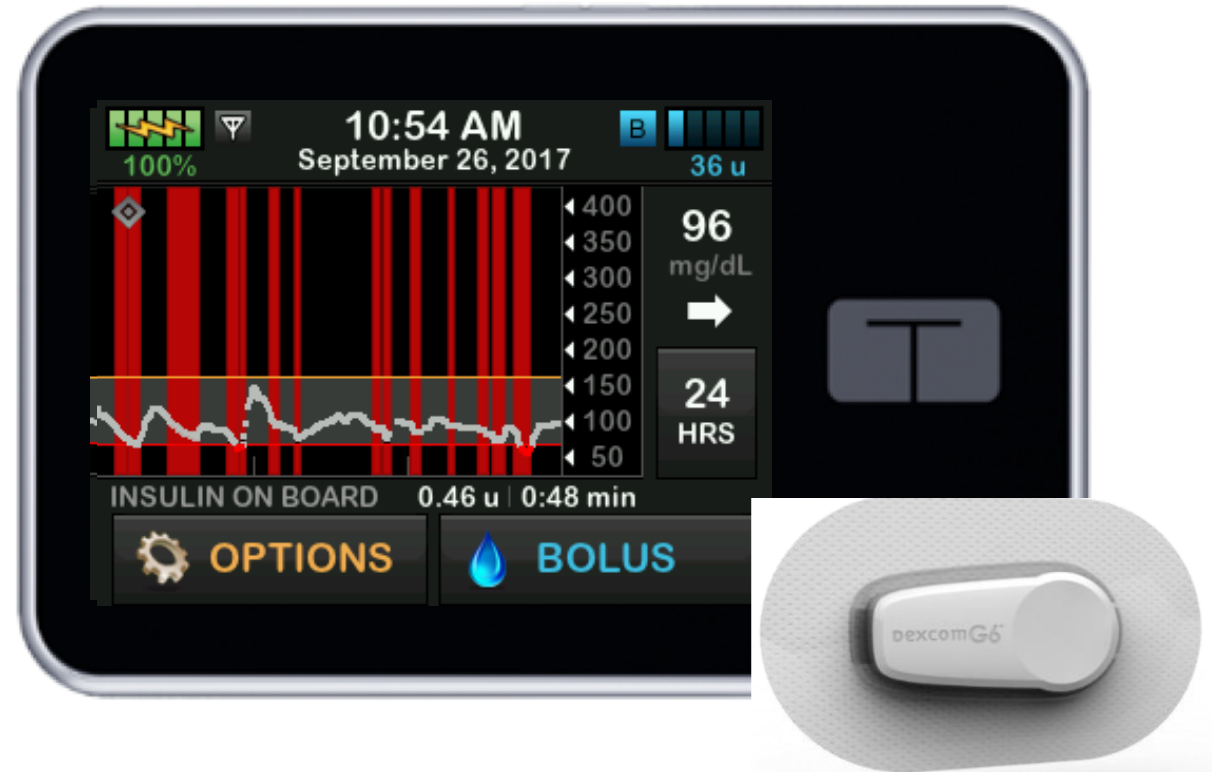
(5,332 randomized nights of testing)

	4 – 10 Year Olds		p	11 -14 Year Olds		p	15-45 Year Olds		p
	Control	System Active		Control	System Active		Control	System Active	
# nights	755	769		941	955		970	942	
% nights <60 mg/dl for 120 min	5%	1%	<0.001	8%	3%	< 0.001	11%	3%	<0.001

- Maahs, Diabetes Care 2014; 37:1885-1891
- Buckingham, Diabetes Care 2015; 38: 1197-1204

Tandem Predictive Low Glucose Suspend System

- Tandem t:slim X2 pump with Basal-IQ
- Integrated with Dexcom G6 sensor and PLGS algorithm
- No Alarms with suspensions
- Released 8/17/18
- Free download to Tandem t:slim X2 pump users



DiAs (UVA) System - 2014



Type Zero



Ski Camp Study: April 2018

Stanford at Lake Tahoe, Kirkwood

- 12 kids tested the UVA artificial pancreas system in extremes of exercise, weather, and altitude.
- Participants are randomized 1:1 to wear either their own pump with a real-time continuous glucose monitor or the experimental artificial pancreas system



Tandem Control IQ

- For start up:
 - Basal rates, Correction Factors, Carb ratios, Target BG
 - Weight and Total Daily Insulin
- Sleep Start and Stop times
 - Can have patterns for different days of the week

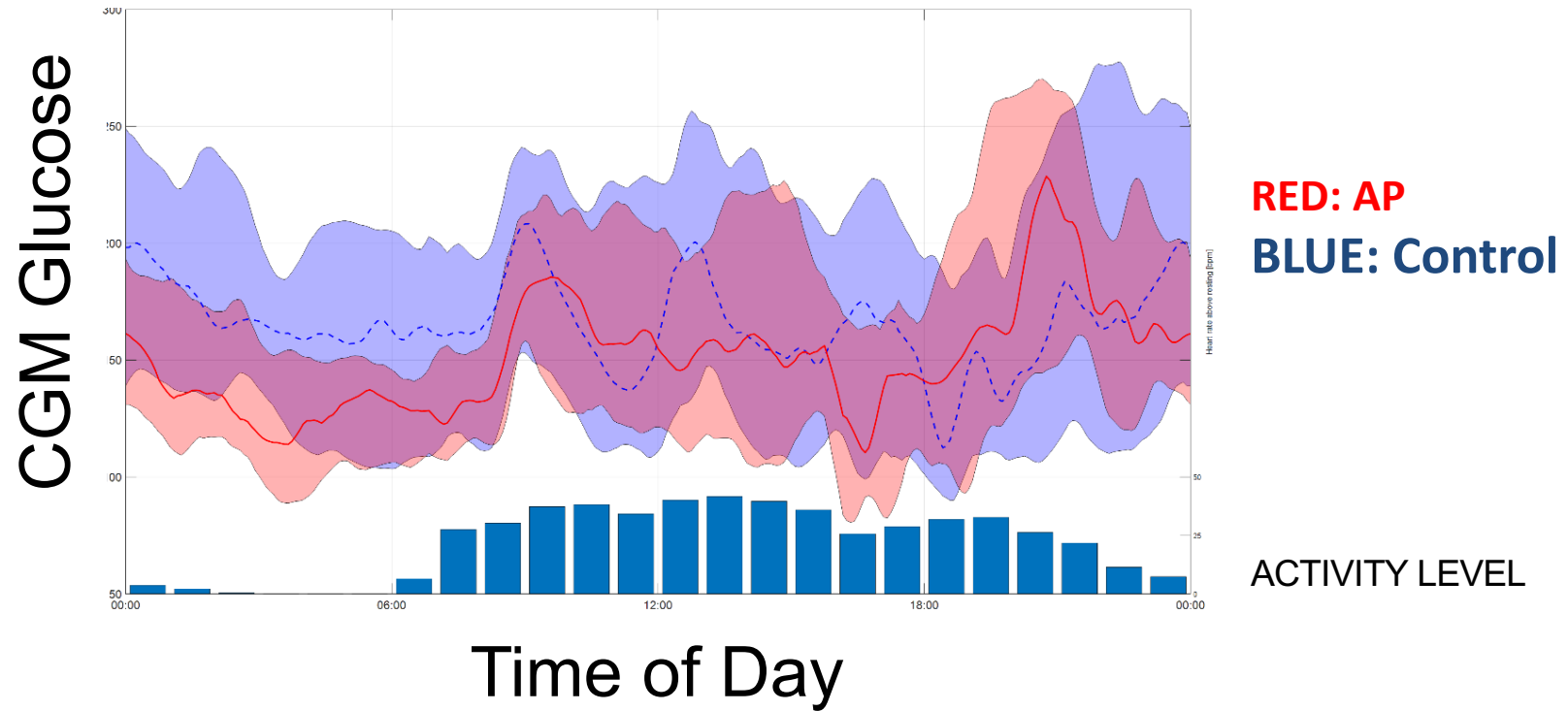
Control IQ Algorithm – Targets

- Wake – 112.6 to 160 mg/dl
- Sleep – gradually lowers target to 112.5 to 120 mg/dl
 - Should be reached in 5 hours
 - Does not give automatic correction doses during sleep mode
- Uses 30 minute prediction to adjust basal delivery
 - Decreases if prediction is <112.5
 - Stops if prediction is <70 mg/dl
 - Increases if prediction is >160 mg/dl

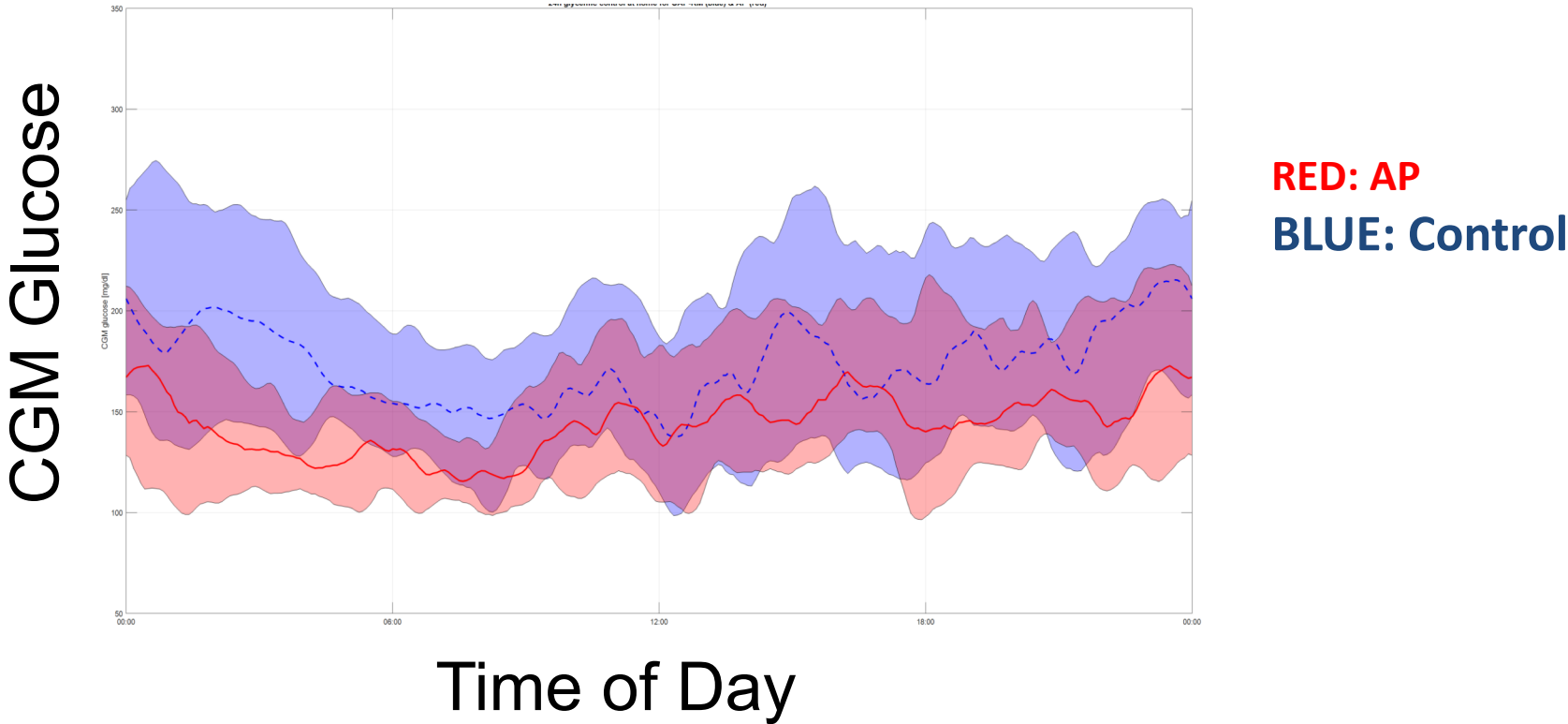
Control IQ Algorithm – Auto Correction

- Occurs hourly
- When 30 minute predicted CGM is >180 mg/dl
- Delivers 60% of correction dose to target of 110 mg/dl

24-hour glycemic control at ski camp



24-hour glycemic control during home use



Stanford Ski Camp Tandem Control IQ



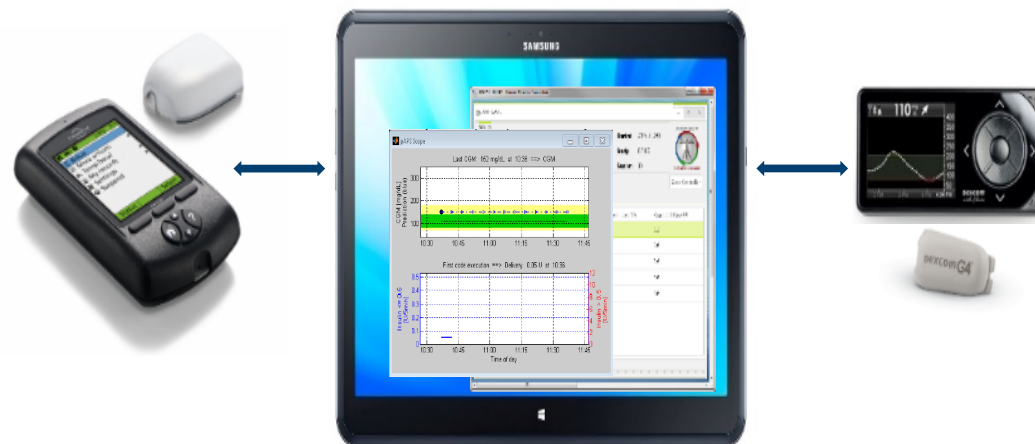
International Diabetes Closed-Loop Trial (iDCL)

- 7 centers
- t:slim X2 with Control-IQ and Dexcom G6 system
- A randomized (2:1) controlled trial
- 6 month at home with a 3 month extension phase
- Ages 14-75
- 168 subjects



Omnipod Platform for Algorithm Development

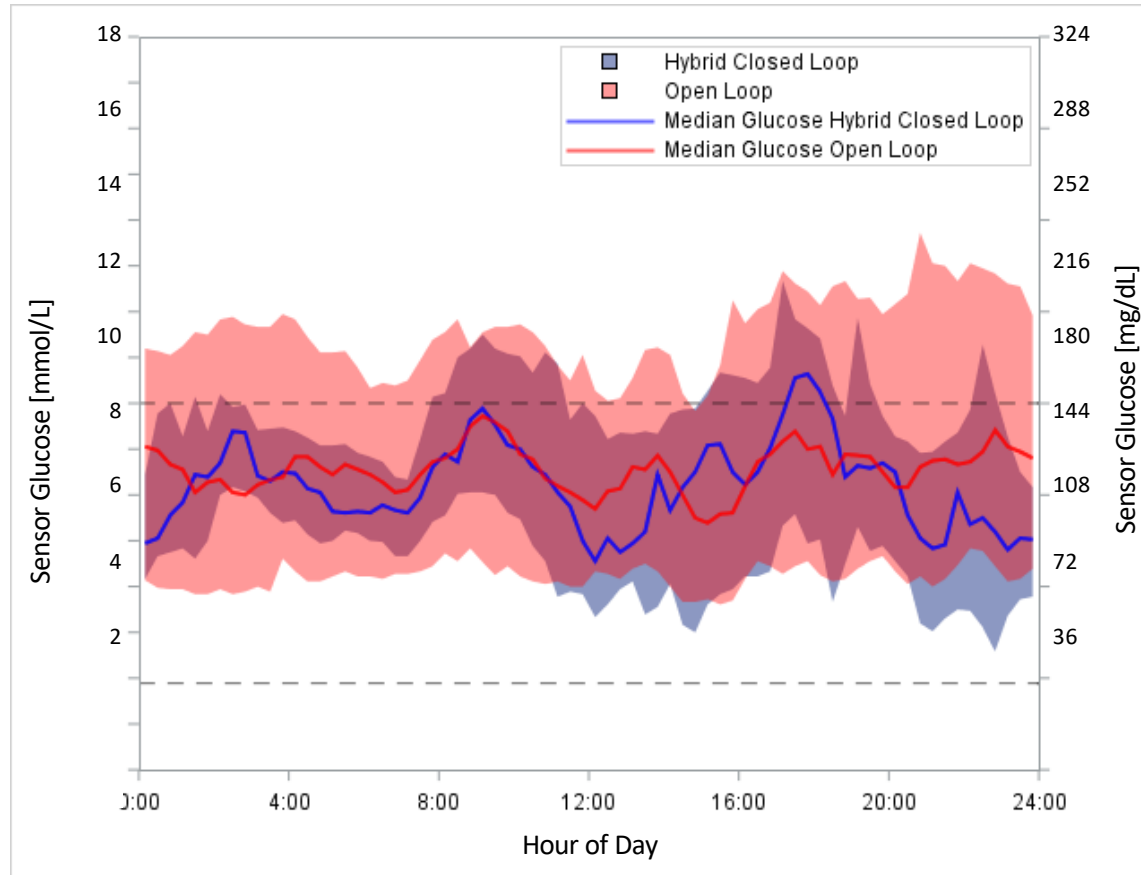
- Feasibility studies in patients with type 1 diabetes have been completed to assess the Omnipod Horizon™ personalized Model Predictive Control (MPC) algorithm
 - 36-hour inpatient study in adults, adolescent and pediatrics
 - 54-hour meal bolus challenges reflective of real life conditions
 - 5 day / 4 night study across age groups including MDI patients



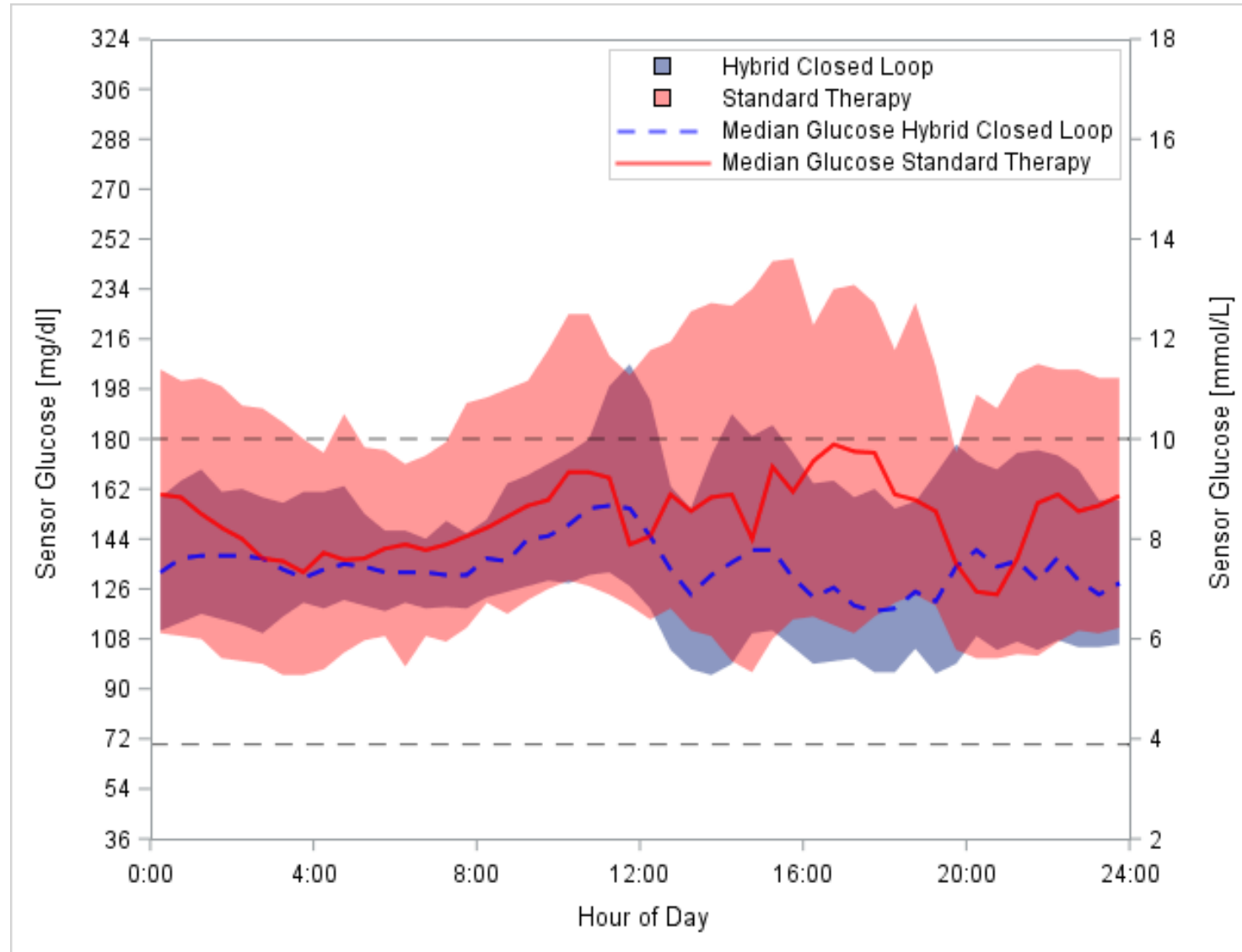
Investigational Device. Limited by Federal (or United States) law to investigational use.

Adolescents - Sensor Glucose over 24 hours

n=12, 100% meal bolus



Children - Sensor Glucose over 24 hours



Glycemic Outcomes in Adolescents

Glycemic Outcomes	Overall (36 h)	Overnight 23:00-07:00
Mean glucose (mg/dL)	153.4 ± 21.6	149.3 ± 24.4
Time in range, %		
<70 mg/dL	2.0 ± 2.4	0.2 ± 0.6
70-180 mg/dL	72.6 ± 15.5	84.7 ± 25.1
≥250 mg/dL	4.9 ± 6.3	1.5 ± 4.9

N=12; 100% meal bolus

Data are mean±SD

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Buckingham B et al. *Diabetes Technol & Thera.* 2018; in press.

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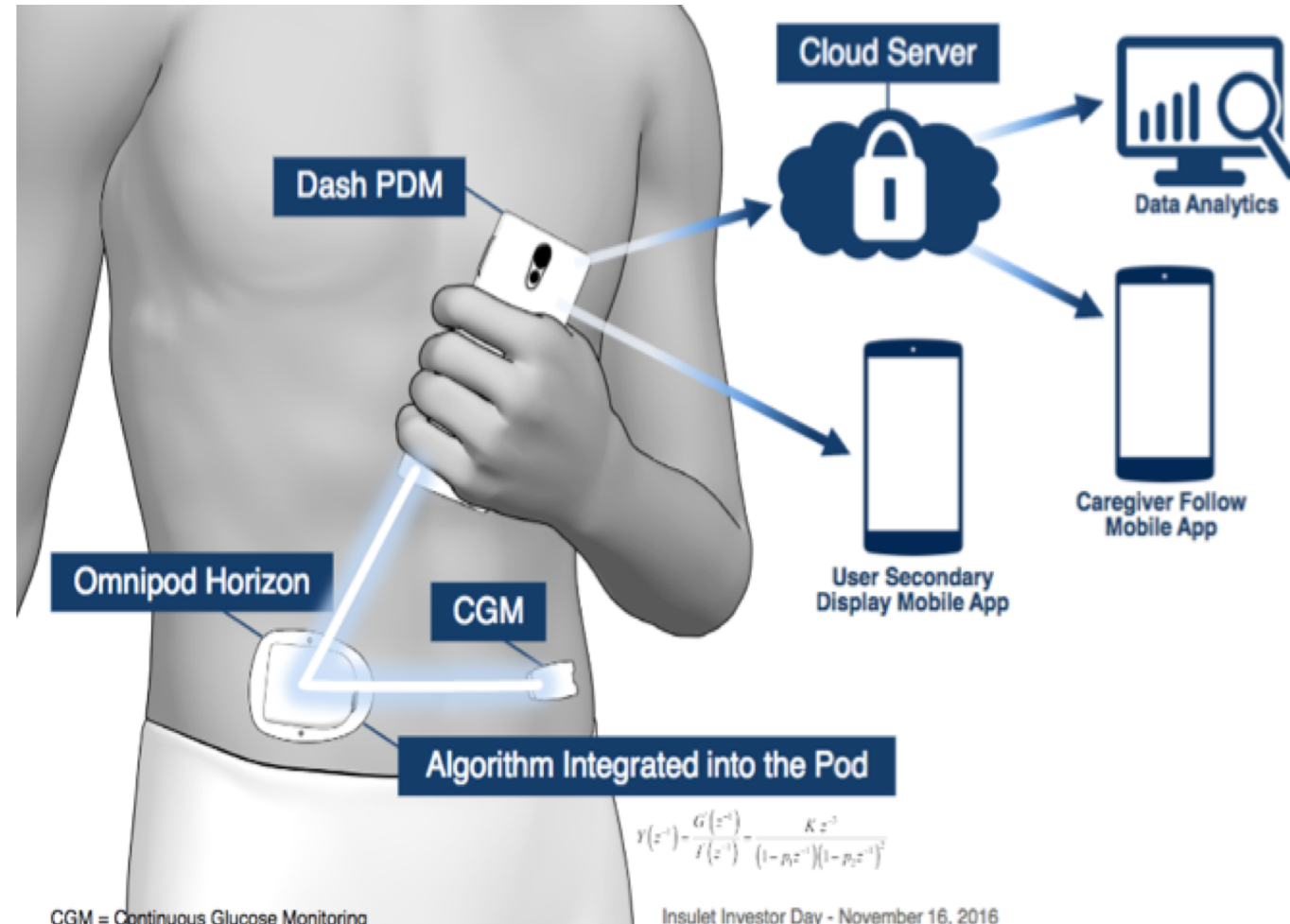
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Insulet Toddler Studies 2018



Insulet Horizon



$$Y(z^{-1}) = \frac{G(z^{-1})}{F(z^{-1})} = \frac{Kz^{-2}}{(1-p_1z^{-1})(1-p_2z^{-1})^2}$$

Bionic Pancreas

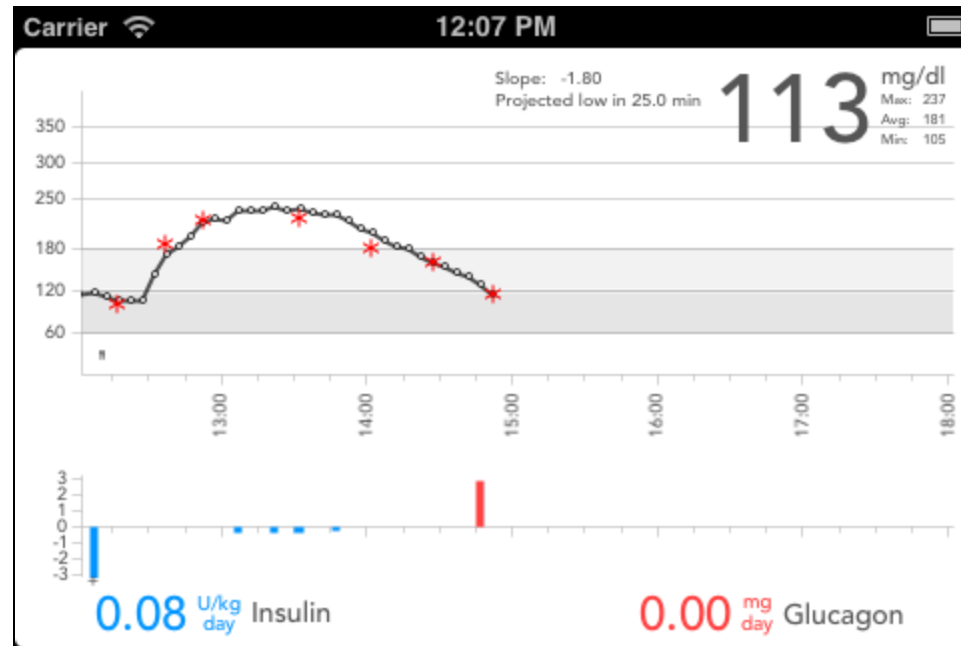
The Iphone Based System



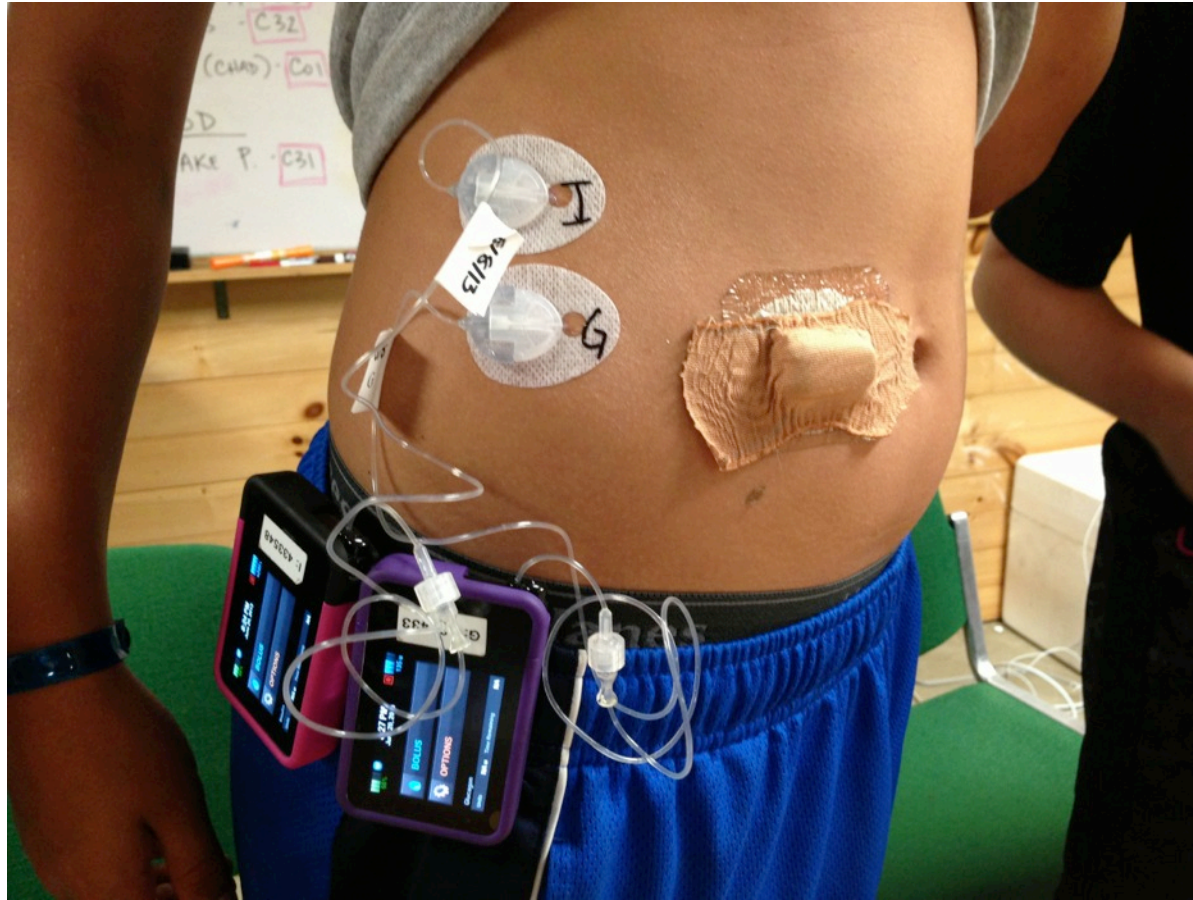
Bionic Pancreas Control Algorithm

- Only patient weight for initialization
- Operation solely based on glucose
- Adapts to individual insulin needs over ~18 hours
- Predicts pending insulin action with model for absorption and clearance to avoid stacking (MPC controller)
- Glucagon dosing: A proportional-derivative control algorithm

User Interface

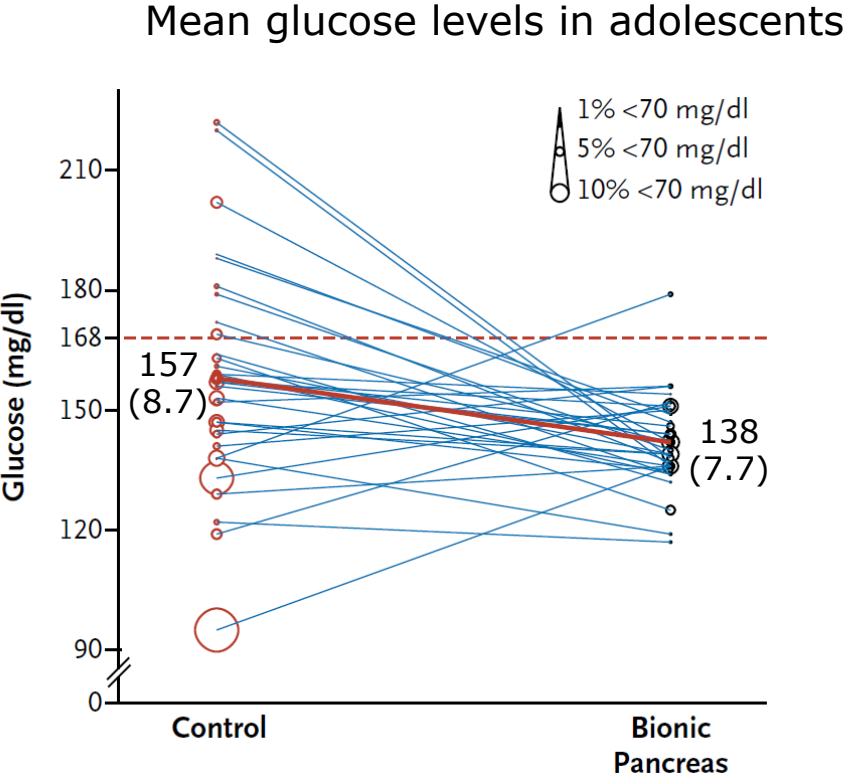
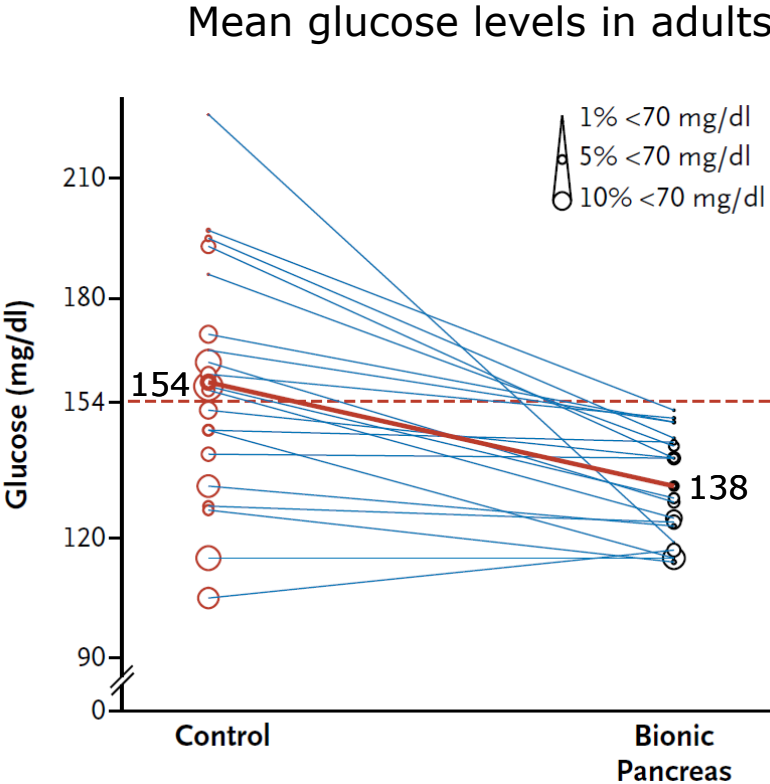


Bionic Pancreas Clinical Studies



Outpatient bionic pancreas – 5 day randomized cross-over of 20 adults and 32 adolescents

Russell SJ et al. *N Engl J Med* 371:313-25, 2014



THE LANCET

Home use of a bihormonal bionic pancreas versus insulin pump therapy in adults with type 1 diabetes: a multicentre randomised crossover trial

Forty three Adults (>18) with type 1 diabetes

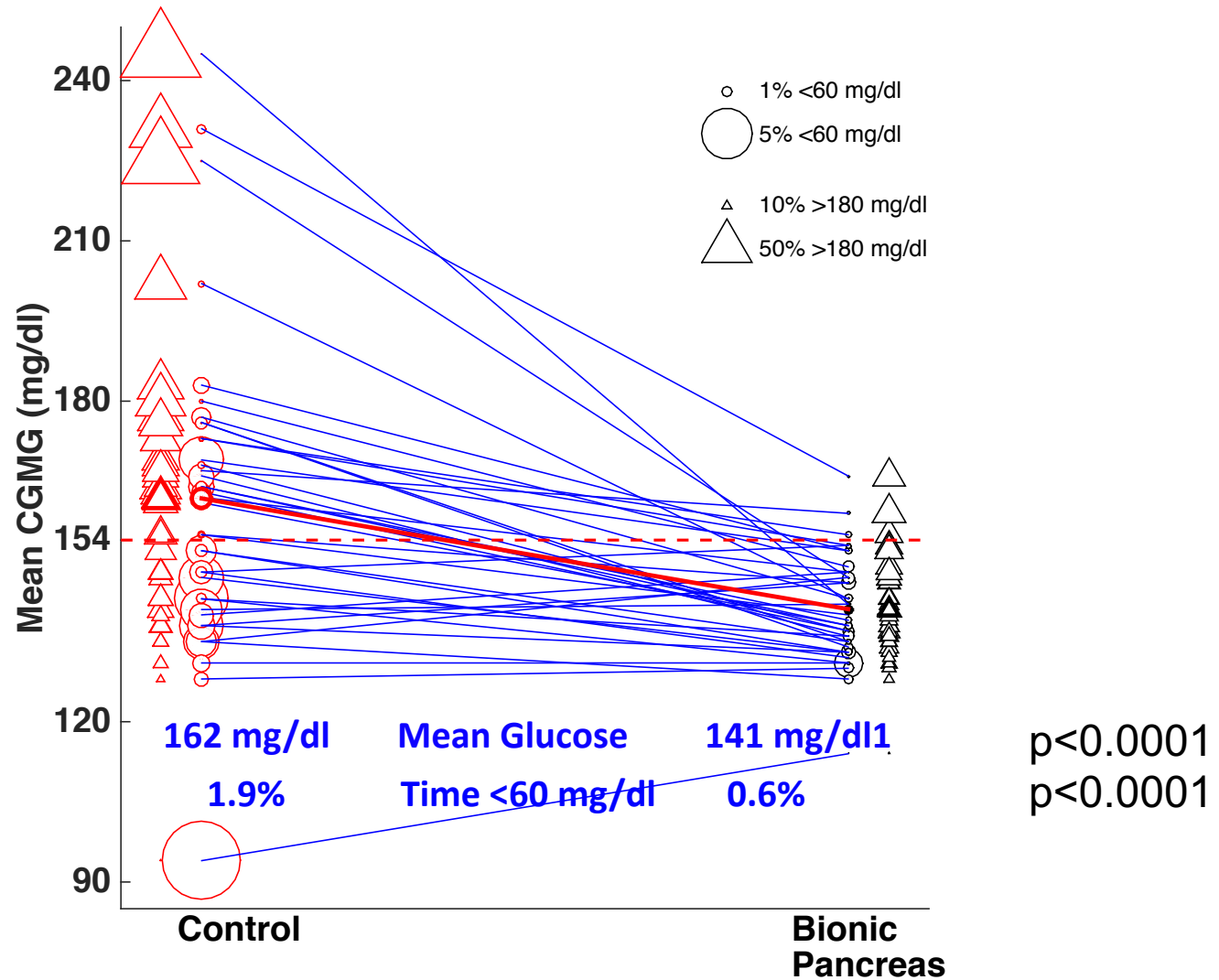
Random order cross-over

bionic pancreas vs. usual care

Patients who were lived/worked near on one of four campuses

MGH, UNC Chapel Hill, **Stanford**, UMass Medical Center

Bionic Pancreas vs. Usual Care



0.66 u/kg

Insulin TDD

0.63 u/kg

P= 0.01

Glucagon TDD

0.51 mg/day

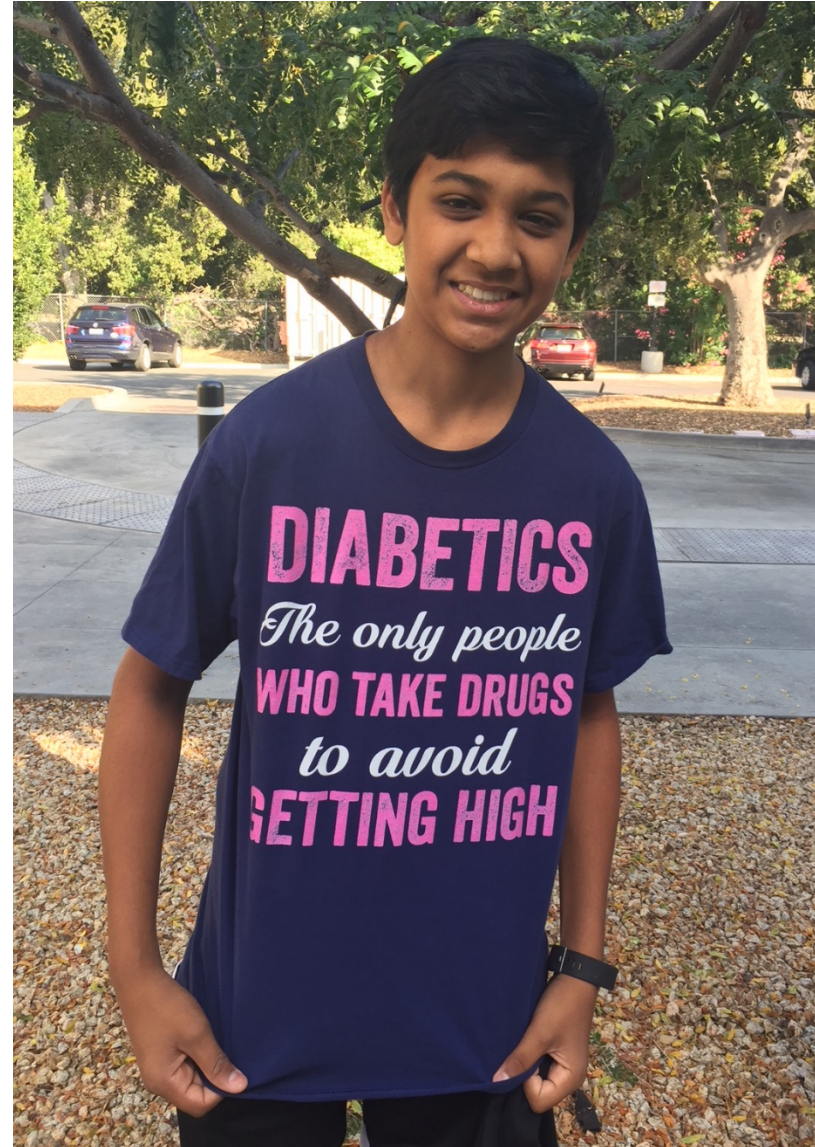
Bionic Pancreas Bihormonal Features Translatable to an Insulin Only (BPIO) System

- Initialize with weight only – no prior insulin or glucose data
- Rapid adaptation to insulin requirements
- No Carbohydrate counting
- Meal Adaptation

ILet Gen 3

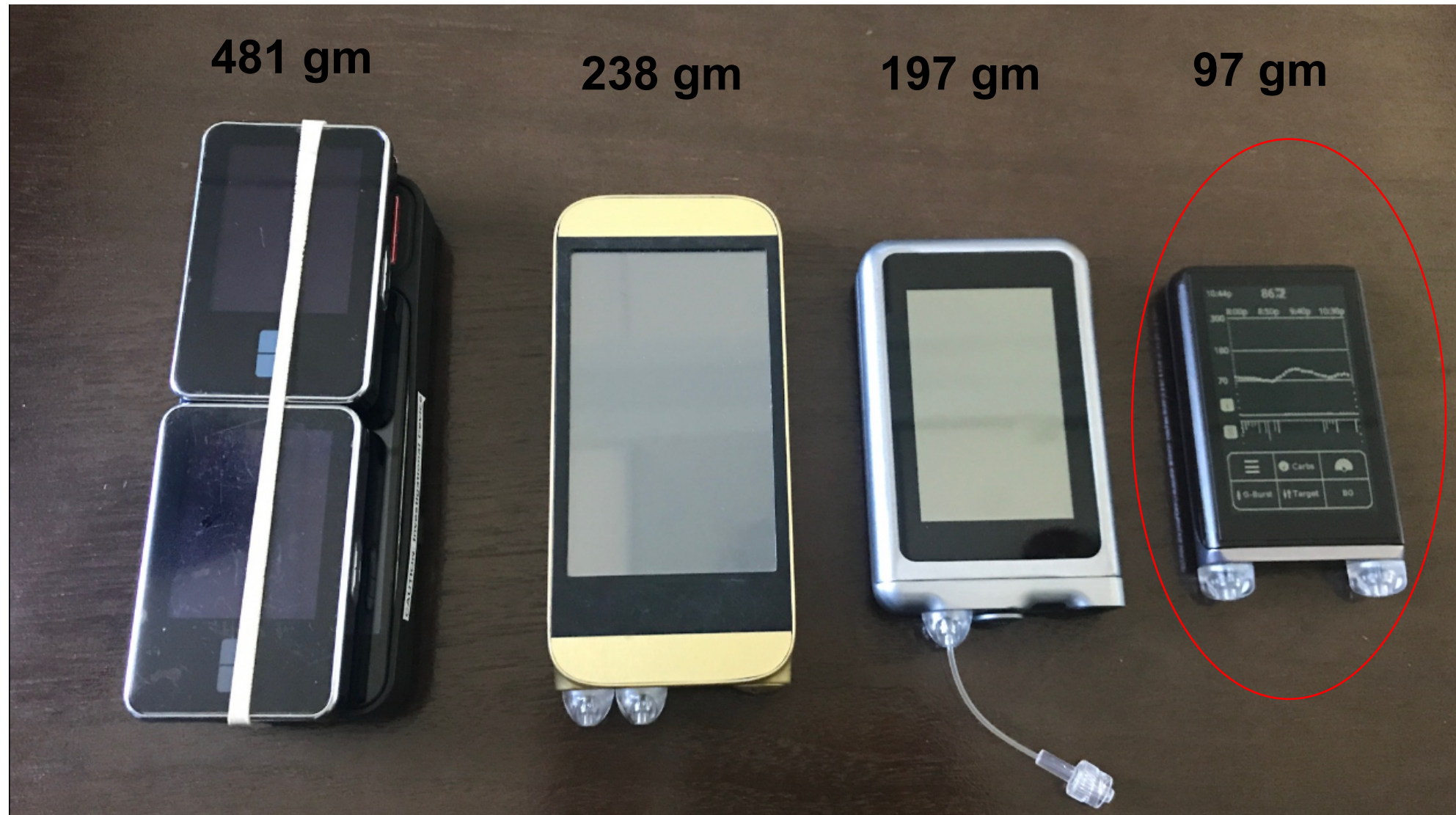


iLet studies – Insulin Only 2018





Future studies with iLet Gen 4



Bigfoot Biomedical



Medtronic 670G – 2014



Glucometer



Tunable parameters

- Carbohydrate to insulin ratios
 - Can have multiple ratios throughout the day
- Duration of insulin action
- Insulin Bolus Speed

Controller Adaptability

- The controller gain (how aggressive it is), maximum basal insulin delivery limit, insulin sensitivity factor, and “safe basal” rates are adapted daily
 - Based on glucose levels overnight and total daily insulin dose

Correction Bolus with 670G

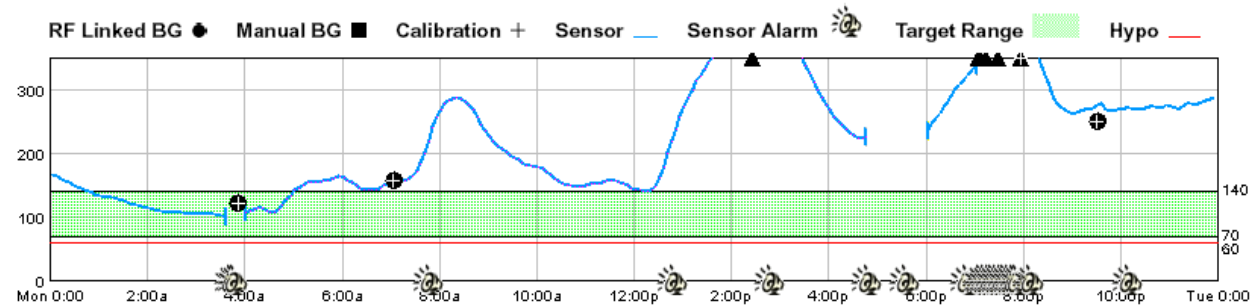
- If meter BG is >150 mg/dl

Reasons for transitioning from Auto Mode to Safe Basal

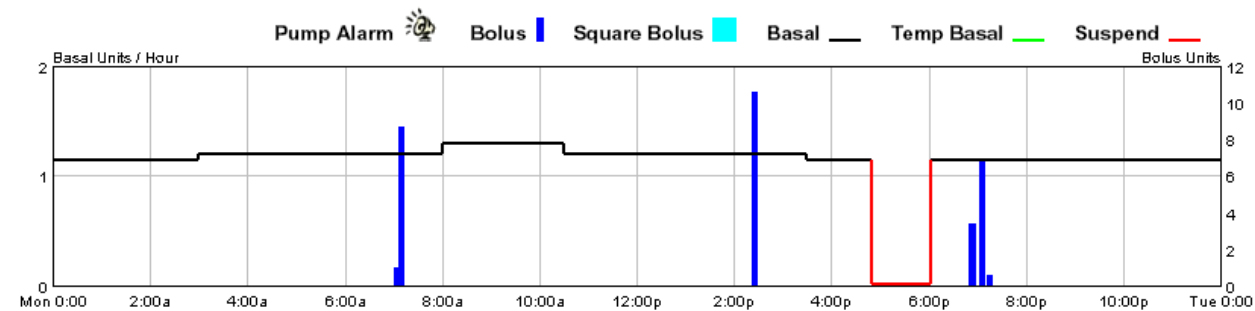
- Minimal insulin deliver for 2 ½ hours
 - Concern for sensor failure
- Maximum insulin for 4 hours
 - Concern for infusion set failure
- Sensor glucose of >300 for 1 hour, or >250 for 2 hours,
 - Concern for infusion set failure
- Lost sensor

13 y.o. male, A1c=8.8, Daily Summary

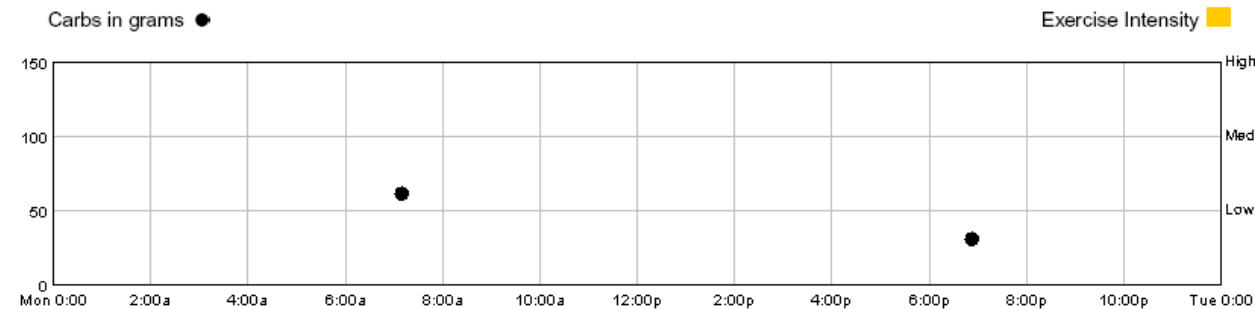
Glucose (mg/dL)



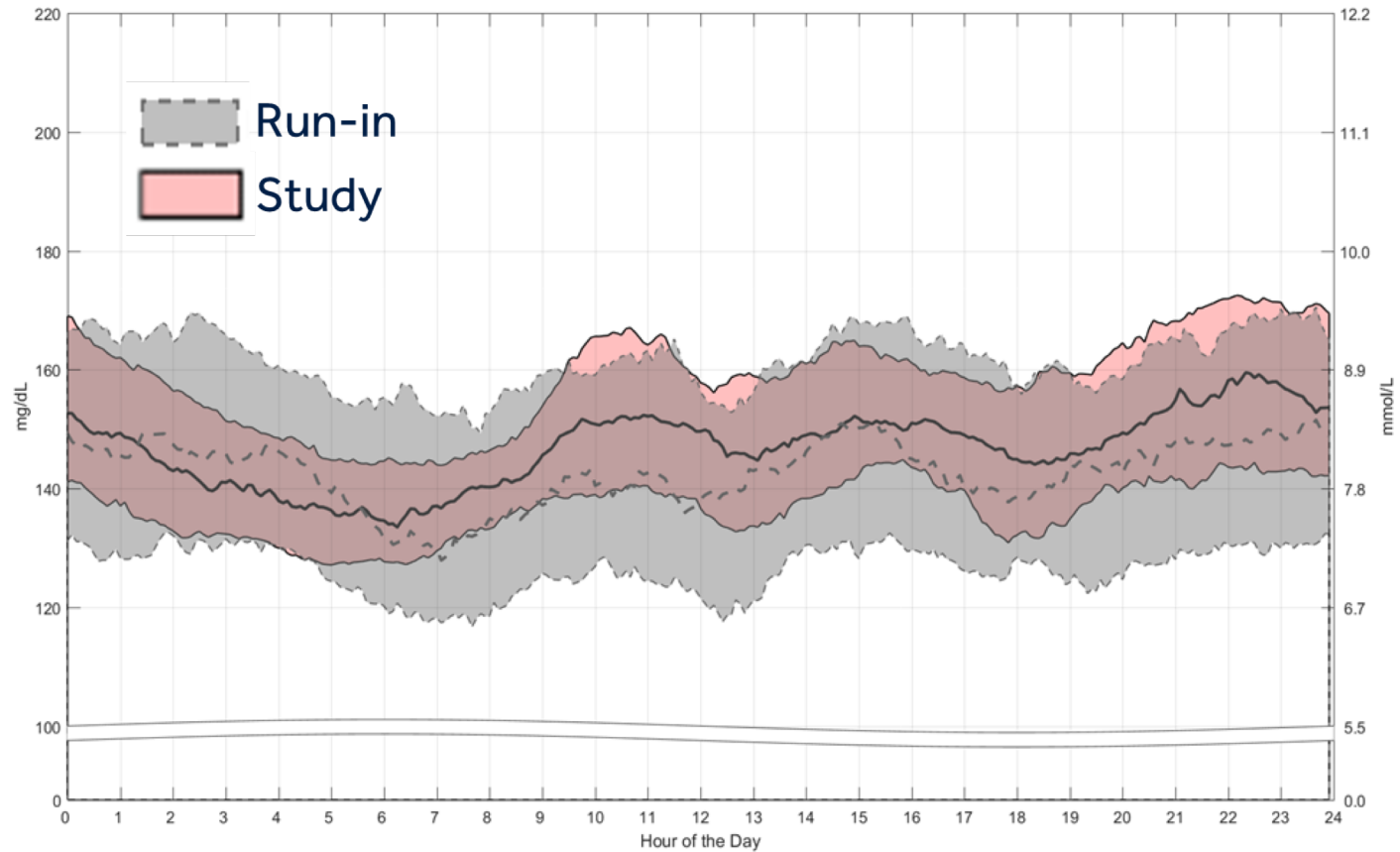
Insulin Delivery



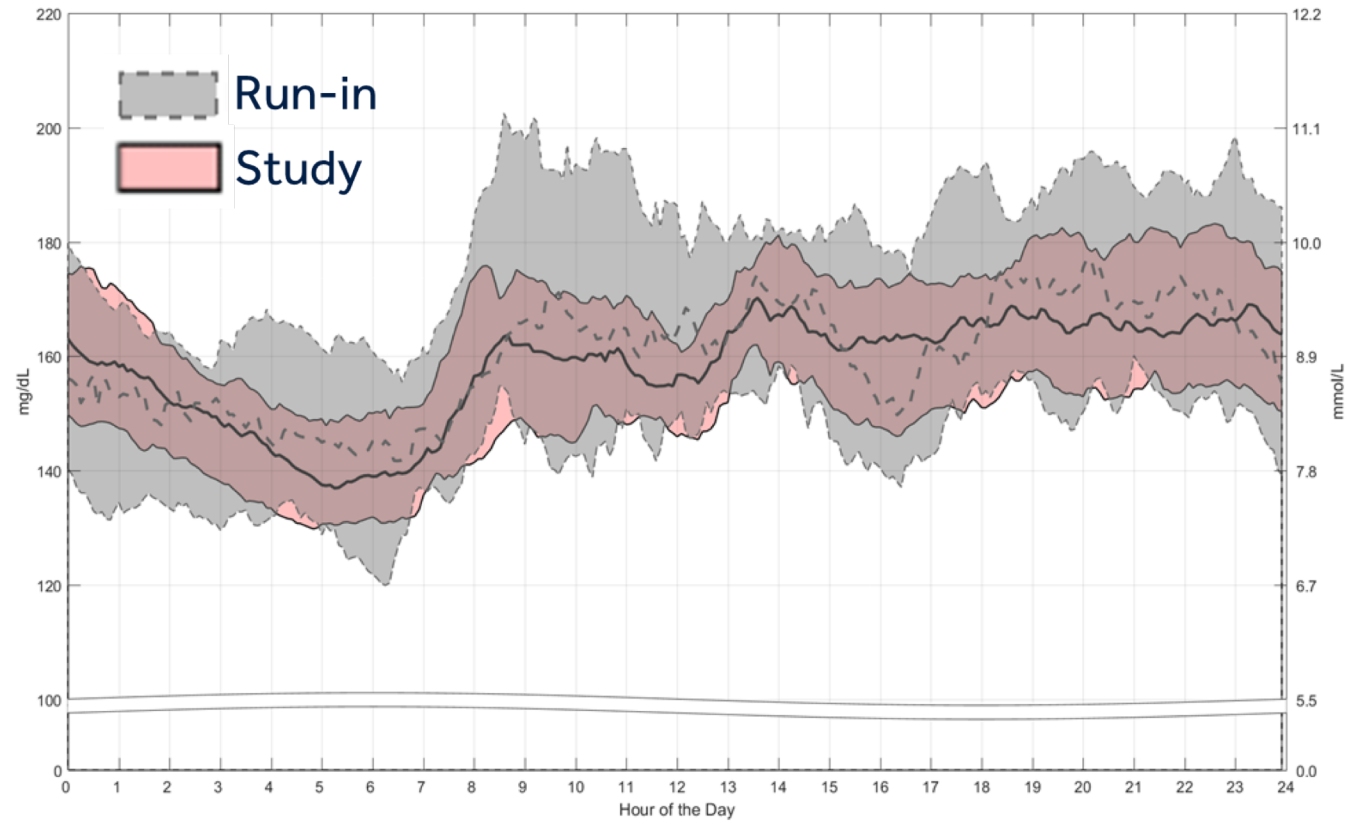
Carbohydrates and Exercise



Adults: 22-75 years old, N=94

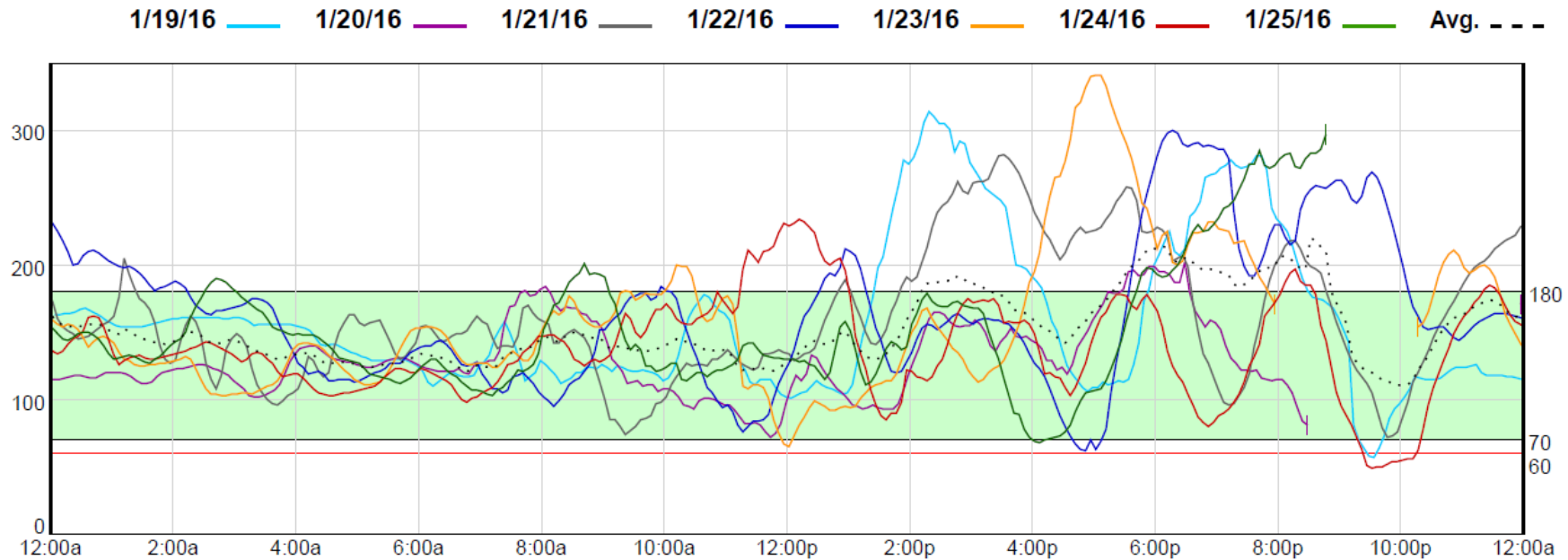


Adolescents: 14-21 years old N=30



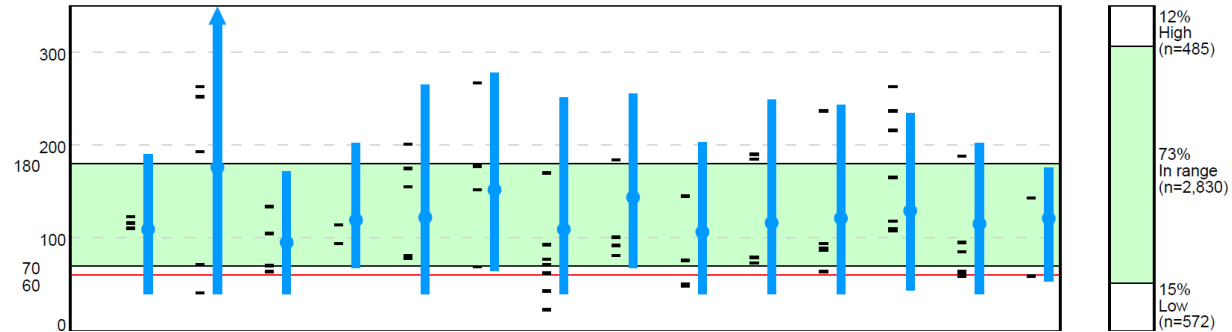
670G Study Subject Download

Sensor Data (mg/dL)



Average glucose = 153 (eA1c = 7.5%), 1% of readings < 70 mg/dl

Adolescent male, 78 kg



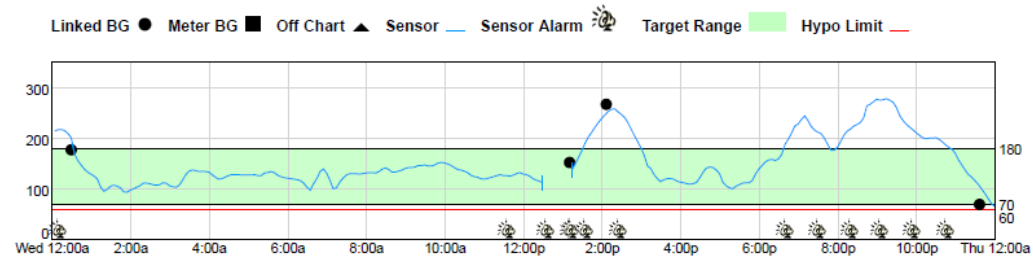
Carbohydrates vary from 160 to 971 grams a day

Insulin varies from 73 to 267 units a day

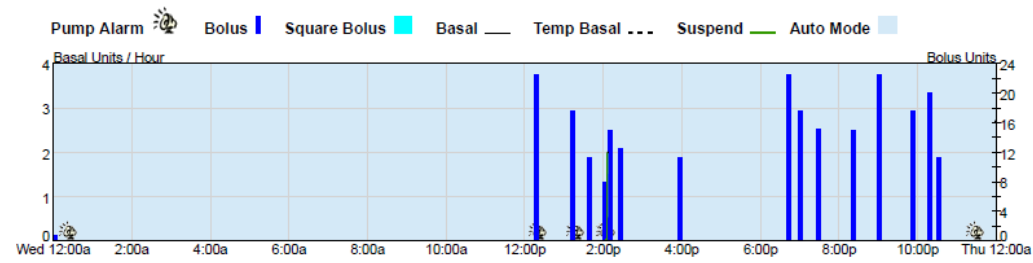
Mean Glucose = 124 ± 52 mg/dl

Day of 971 grams of CHO

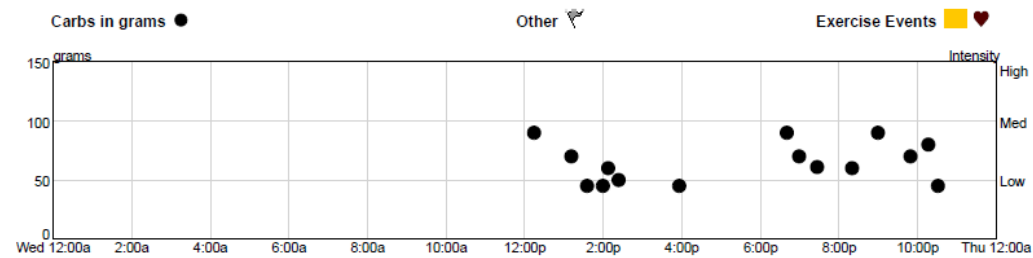
Glucose (mg/dL)



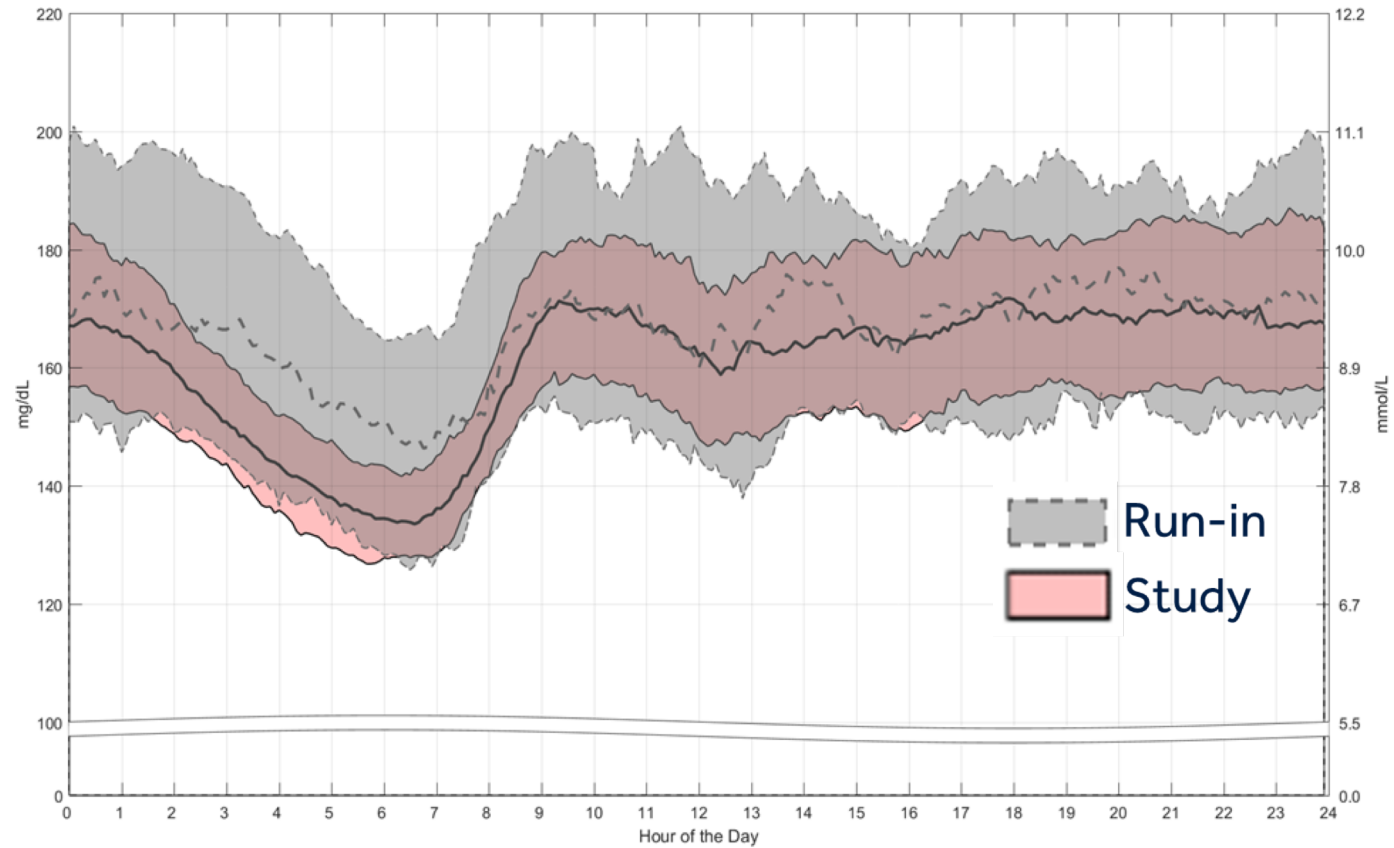
Insulin Delivery



Carbohydrates and Exercise



Pediatrics: 7-13 years old, N=105



Statistics for All Subjects in 670G 94 Adults, 30 Adolescents

	Run In (Baseline)	3 month Data	p
HbA1c	7.4 ± 0.9	6.9 ± 0.6	<0.001
% <70 mg/dl	6.4 ± 5.3	3.3 ± 2.0	<0.001
% 71-180	66.7 ± 12.2	72.2 ± 8.8	< 0.001
TDI	47 ± 22	51 ± 27	< 0.001

Statistics for All Subjects in 670G

94 Adults, 30 Adolescents

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Statistics for All Subjects in 670G

94 Adults, 30 Adolescents

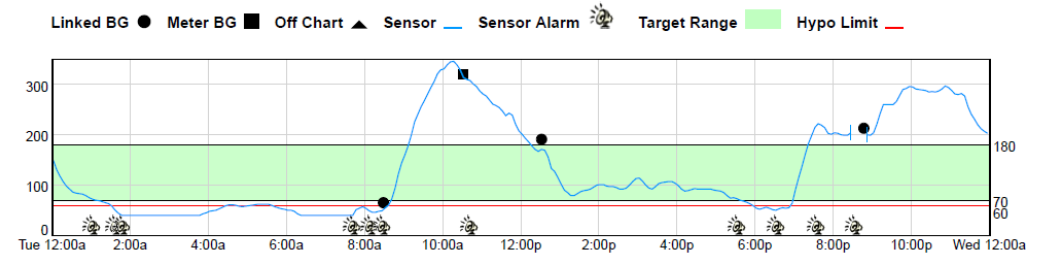
	Run In (Baseline)	3 month Data	p
HbA1c	7.4 ± 0.9	6.9 ± 0.6	<0.001
% <70 mg/dl	6.4 ± 5.3	3.3 ± 2.0	<0.001
% 71-180	66.7 ± 12.2	72.2 ± 8.8	< 0.001
TDI	47 ± 22	51 ± 27	< 0.001

670G and Severe Hypoglycemia

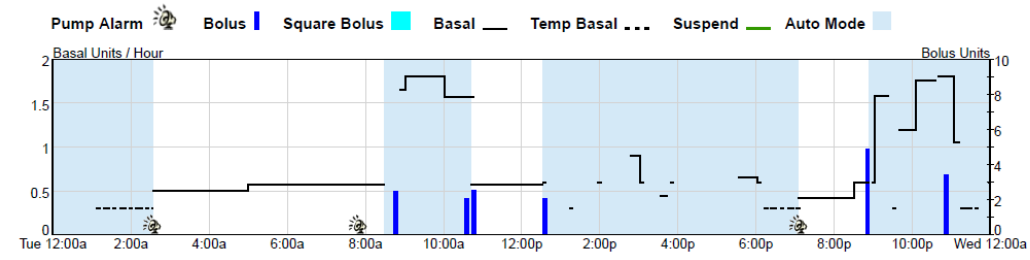
- **65,000 days and nights of 670G wear**
- **This represents 178 patient years**
- **From T1D Exchange data there should have been at least 12 severe hypoglycemic events with seizure or loss of consciousness**
- **Actual number of severe hypoglycemic events = 0**

7 Hours of Nocturnal Hypoglycemia

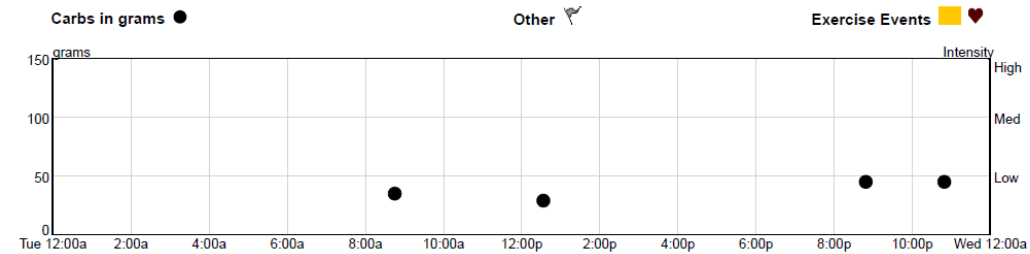
Glucose (mg/dL)



Insulin Delivery

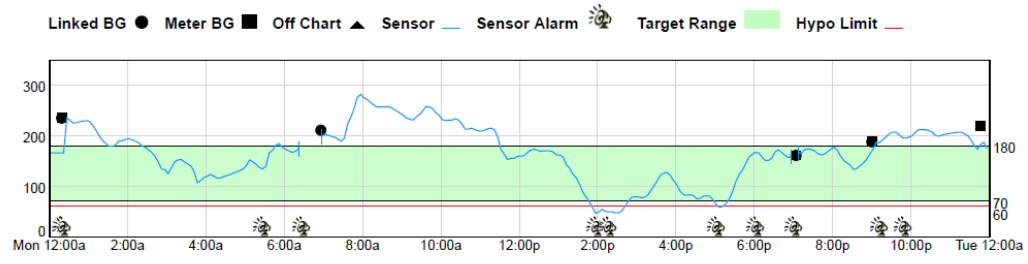


Carbohydrates and Exercise

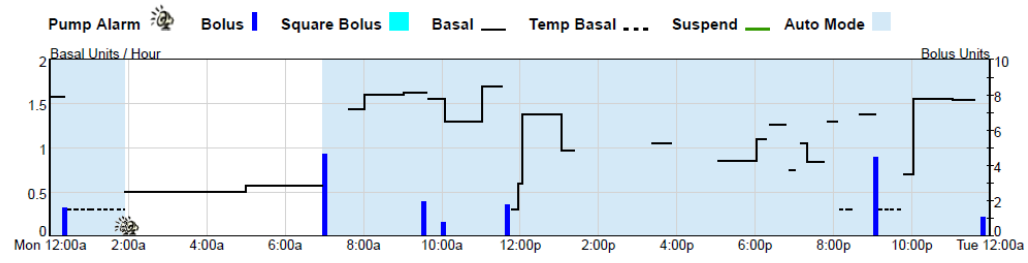


The Night Before

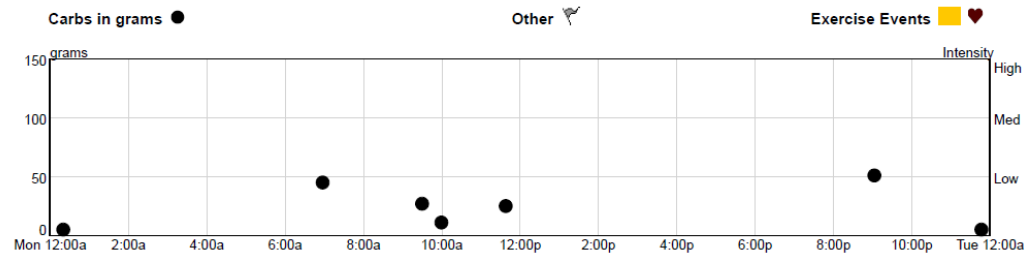
Glucose (mg/dL)



Insulin Delivery

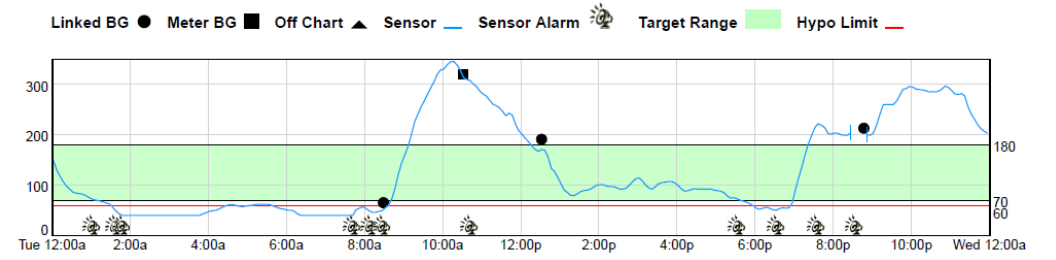


Carbohydrates and Exercise

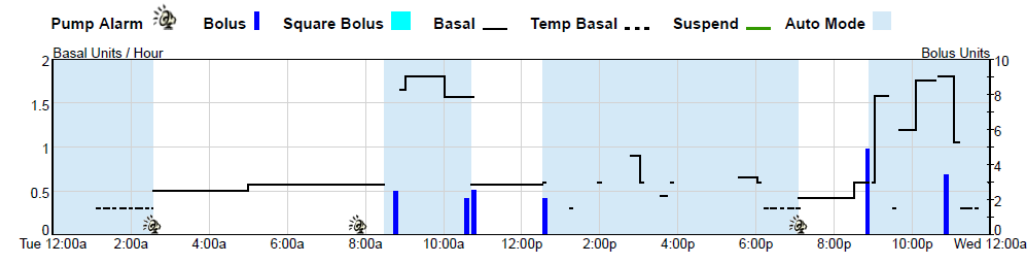


7 Hours of Nocturnal Hypoglycemia

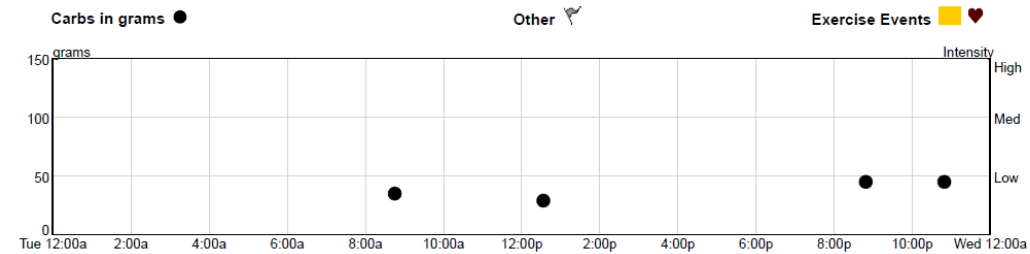
Glucose (mg/dL)



Insulin Delivery



Carbohydrates and Exercise

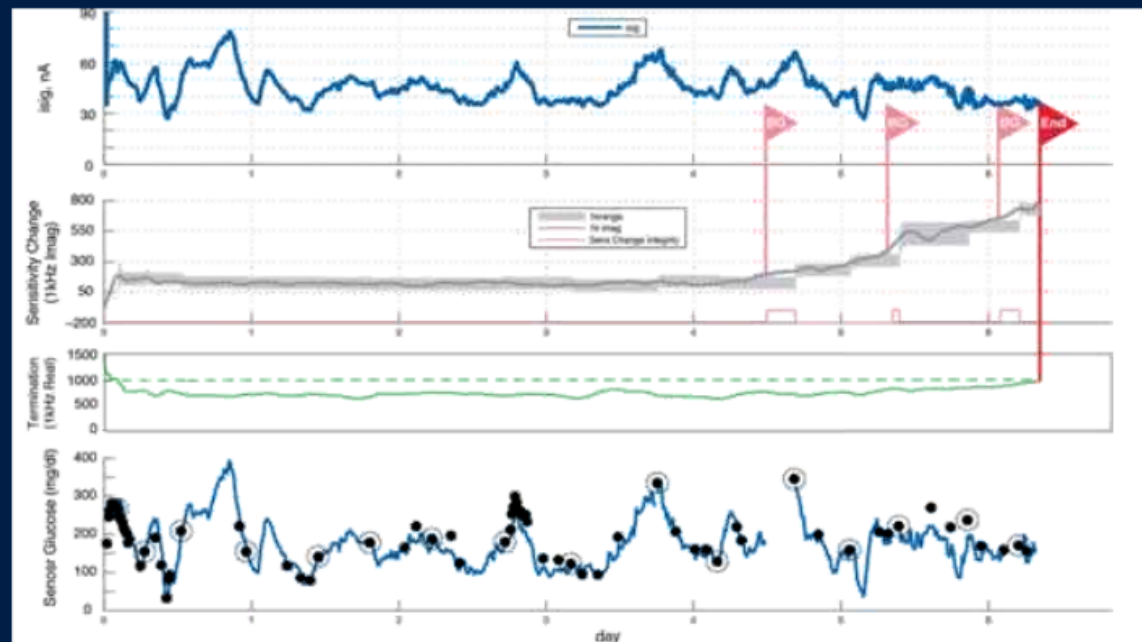


Sensor Alerts to Recalibrate

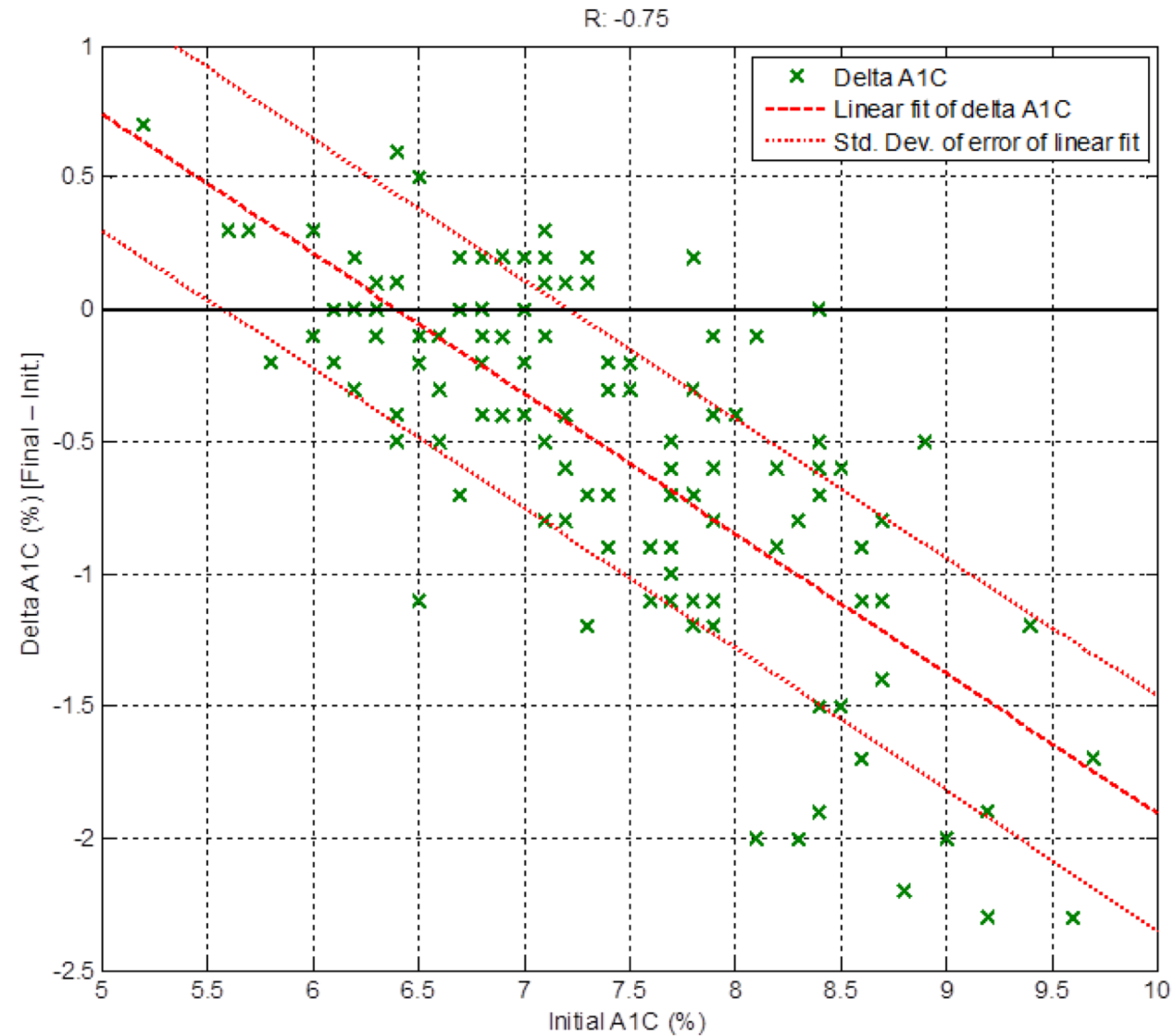
- Wait at least ½ hour before recalibrating

On-Demand Calibrations

Uses advanced background diagnostics to detect changes in sensor and environment and proactively request calibrations when necessary



Does A1c determine who is a good candidate?



670G

- Greatly improves overnight control
- Start the day with a good glucose
- Improved sensor MARD 10.3%
- Need to optimize meal coverage -
insulin:carbohydrate ratio
- Understand the fail-safe modes – limits on insulin delivery, glucose extremes, and sensor performance

670G Toddler Studies 2018



670G Toddler Study 2018



DIY Closed Loop

OpenAPS – Pump Hardware



x12



x15



x22



x23 (FW \leq 2.4A)



x54 - European (FW \leq 2.6A)

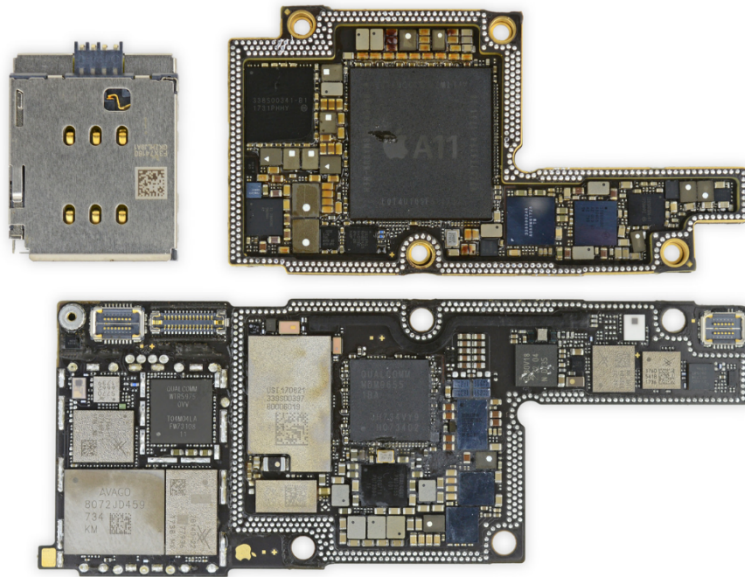
x54 – Canadian (FW \leq 2.7A)

OpenAPS – Hardware Controller

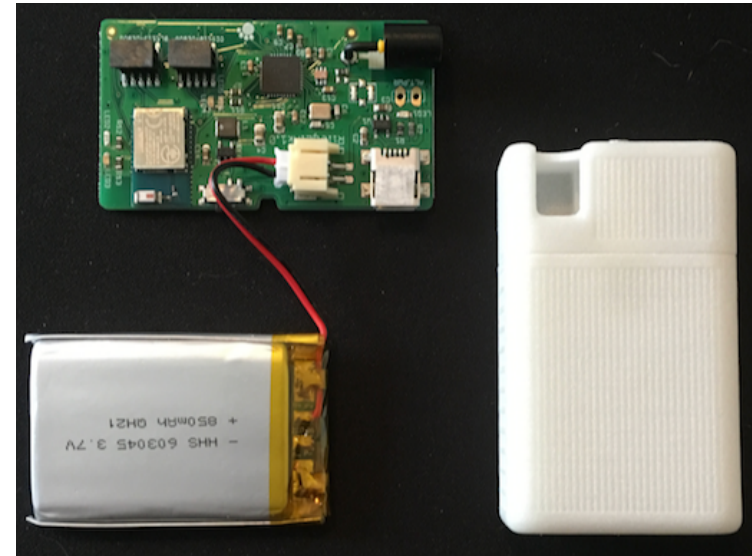


Microcontroller
(Edison or Pi) +
900MHz Explorer
Board ±
Display

Loop – iOS with Bluetooth + RileyLink



Microcontroller (iPhone)
(RileyLink)



Bluetooth -> 900MHz bridge

Loop – Pump Hardware





Customizable Settings

- All the standard pump settings
- Insulin duration/action models
- Easy 1 button temporary targets

The central 'Settings' screen displays the following configuration options:

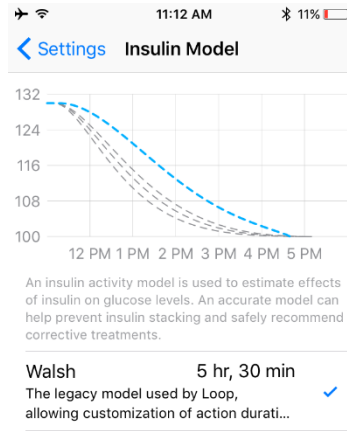
- CONFIGURATION
- Correction Range 100 - 100 mg/dL >
- Suspend Threshold 60 mg/dL >
- Insulin Model Rapid-Acting - Adu... >
- Basal Rates 25.55 U >
- Carb Ratios 9.25 g/U >
- Insulin Sensitivities 31.6 mg/dL/U >
- Maximum Basal Rate 12 U/hour >
- Maximum Bolus 9 U >
- SERVICES

The three detailed sub-screens are:

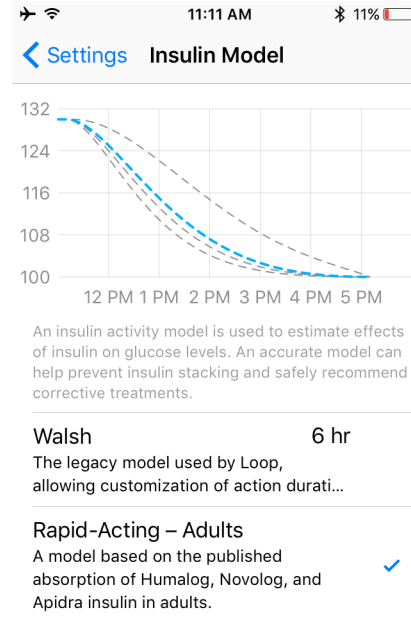
- Carb Ratios:** 12:00 AM 9.0 g/U, 6:00 PM 10.0 g/U
- Insulin Sensitivities:** 12:00 AM 35 mg/dL/U, 6:30 AM 30 mg/dL/U, 10:00 PM 33 mg/dL/U
- Correction Range:** 12:00 AM 90-90 mg/dL, 8:00 AM 100-100 mg/dL, 11:00 PM 95-95 mg/dL. Overrides: Pre-Meal 80-80 mg/dL, Workout 140-140 mg/dL

Insulin Models

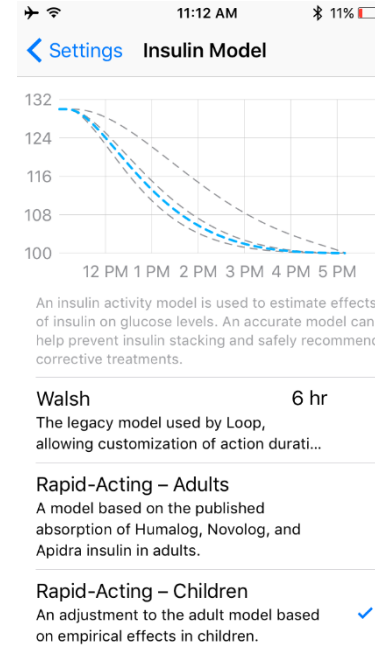
screenshots taken approximately on the hour to show duration of insulin action by model



- Used by Loop until mid 2017
- Only model with an adjustable duration of insulin action time
- Most users set the model to 3.5-4 hours



- New model introduced mid 2017
- Standardized insulin curve (not adjustable)
- Most common model in use in adults



- New model introduced mid 2017
- Standardized insulin curve (not adjustable)
- Most common model in use in children



- Fiasp model, based upon published data and not adjustable

Nightscout reporting

[Day to day](#) [Daily Stats](#) [Distribution](#) [Hourly stats](#) [Percentile Chart](#) [Weekly success](#) [Calibrations](#) [Treatments](#)

From: 2017-02-21 To: 2017-03-06 [Today](#) [Last 2 days](#) [Last 3 days](#) [Last week](#) [Last 2 weeks](#) [Last month](#) [Last 3 months](#)

Notes contain:

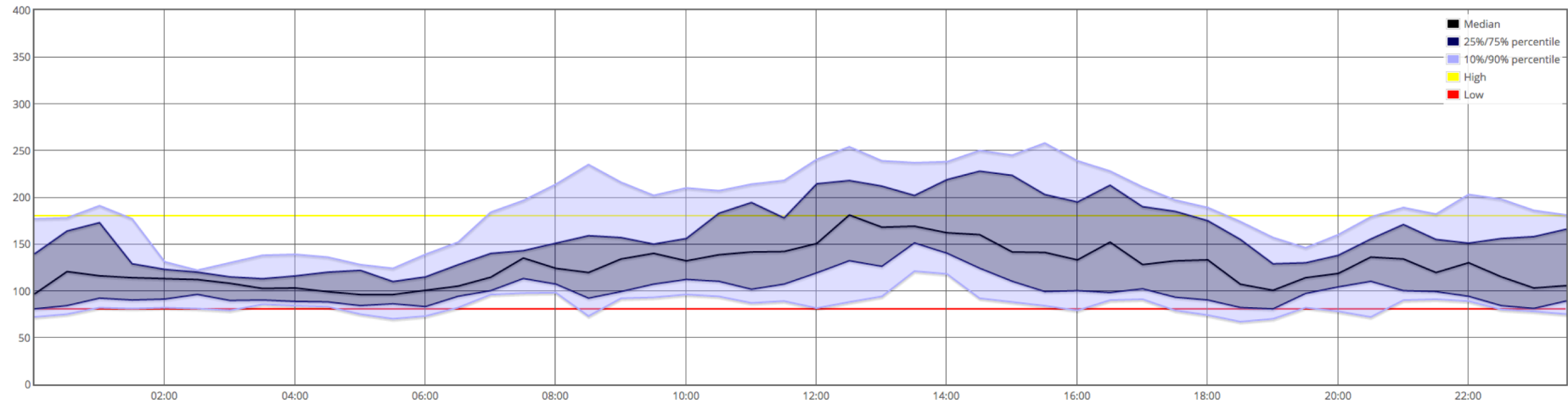
Event Type:

Mo Tu We Th Fr Sa Su

Target bg range bottom: 80 top: 180

Order: oldest on top newest on top

Glucose Percentile report

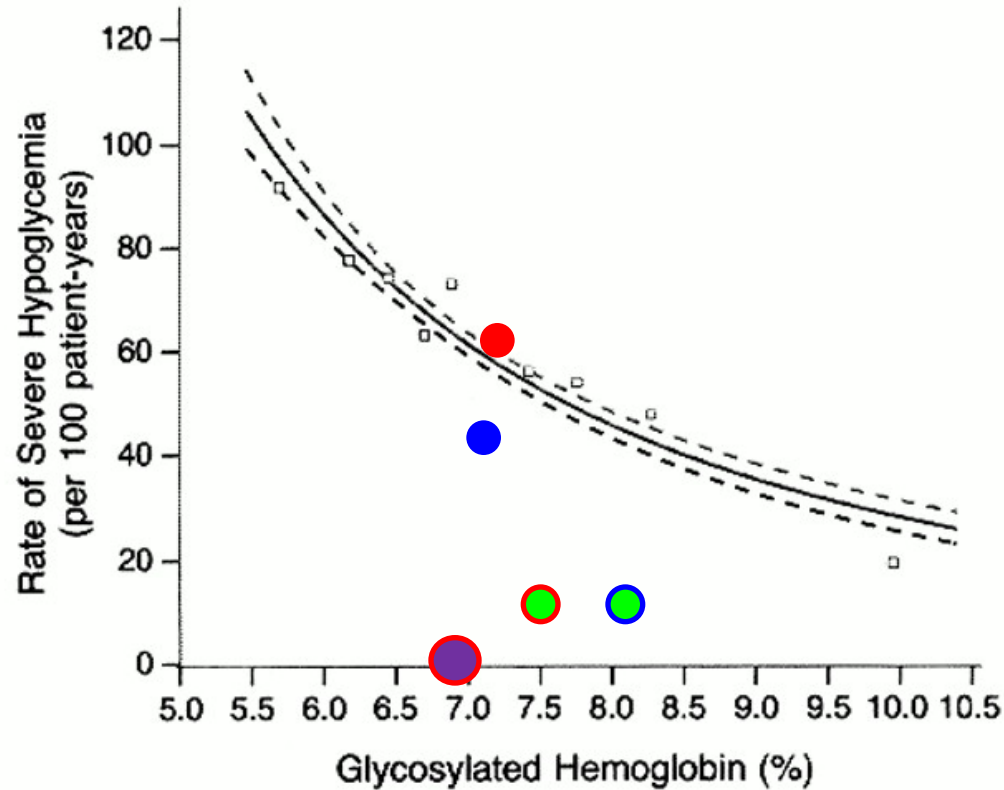


Authentication status:
Not authorized ([Authenticate](#))

We are not waiting – Do It Yourself

- At the cutting edge
- User interfaces designed by users

Severe Hypoglycemia and A1C: DCCT¹⁵ (1993), JDRF² (2008), and STAR 3¹⁶ (2010) Studies 670G (2017)



DCCT (intensive therapy):
● 62 per 100 pt-yrs,
 A1C(6.5 yr): 9.0% → 7.2%

JDRF CGM (adults, 1 subject excluded):
● **20.0 per 100 pt-yrs;**
 A1C (6 mo): 7.5% → 7.1%

STAR 3 MDI (all ages):
● 13.5 per 100 pt-yrs;
 A1C (1 yr): 8.3% → 8.1%

STAR 3 SAP (all ages):
● 13.3 per 100 pt-yrs;
 A1C (1 yr): 8.3% → 7.5%

670G Pivotal and Extension
● **A1c 6.9% No Severe Hypo**

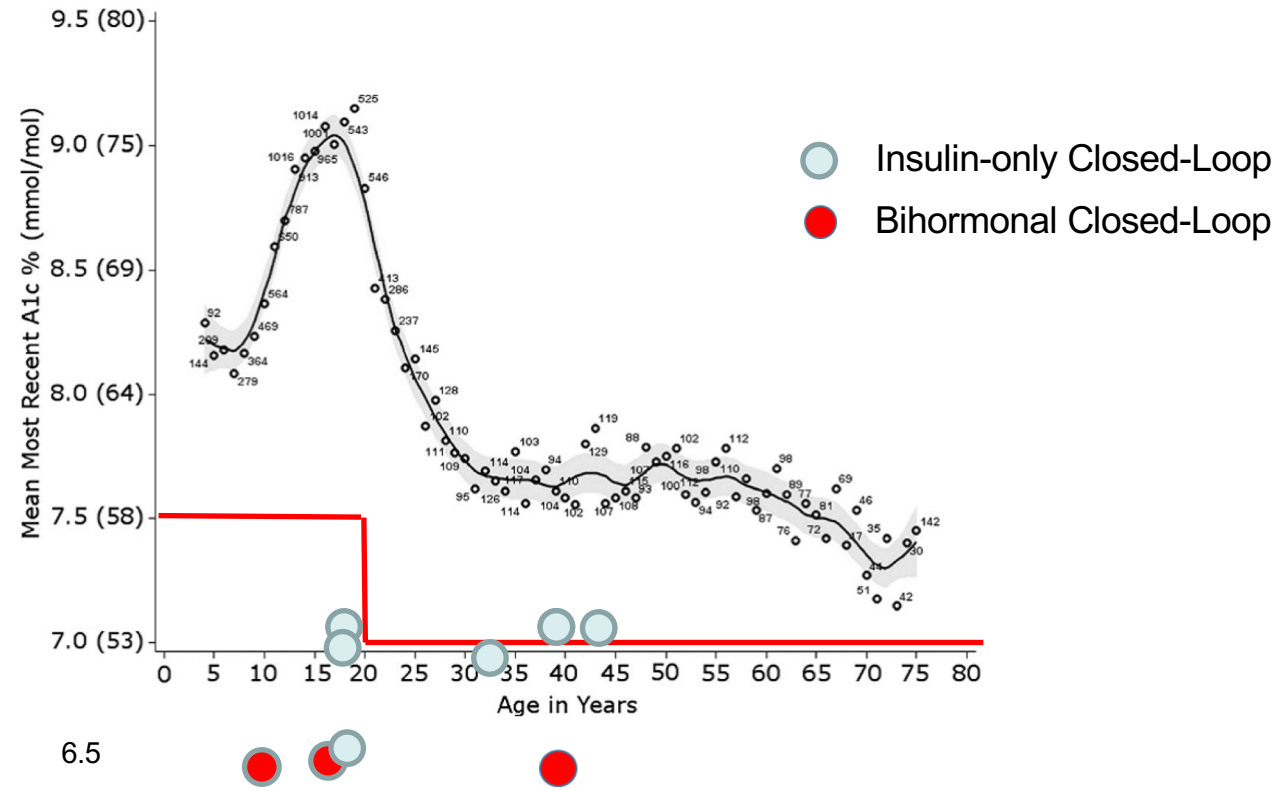
15. Adapted from Figure 5B of: DCCT. *N Engl J Med.* 1993;329:977-986.

2. JDRF data from: JDRF CGM Study Group. *N Engl J Med.* 2008;359:1465-1476.

16. Bergenstal RM, Tamborlane WV, Ahmann A, et al. [published online ahead of print June 29, 2010]. *N Engl J Med.* doi: 10.1056/NEJMoa1002853.

Current State of Type 1 Diabetes Updated T1D Exchange - 2015

K. Miller , Diabetes Care 38: 971



Full Closed Loop (no meal or correction boluses)

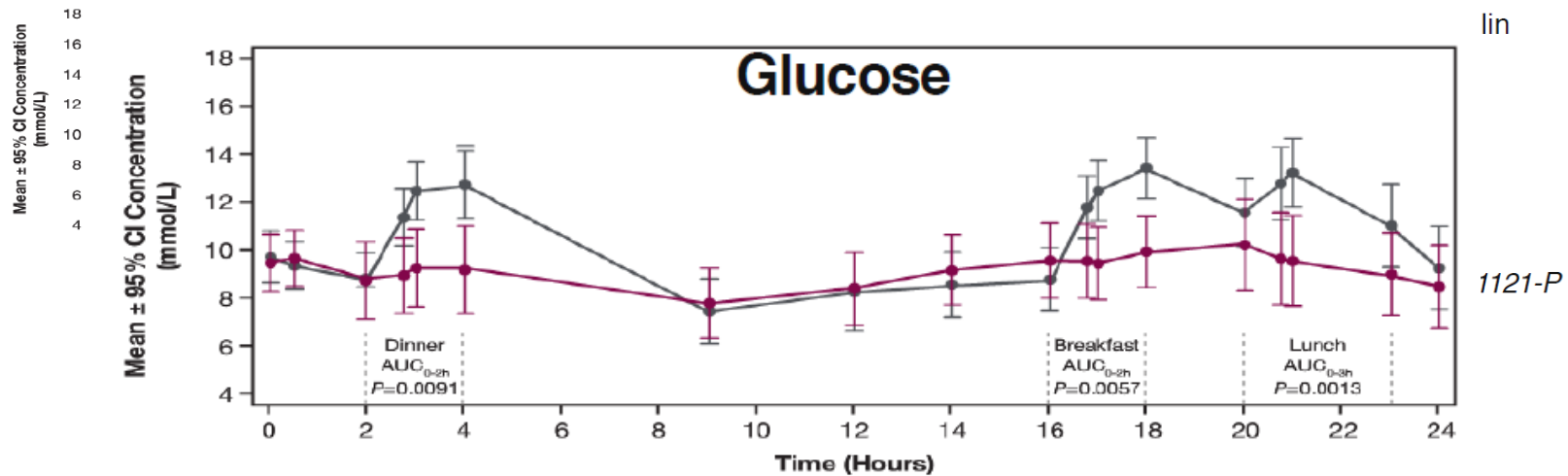
- Faster acting insulins
- Co-formulations with insulin and amylin (pramlintide)
- Insulin and GLP-1 agonists
- Automated early detection of eating
- Automated detection of meal composition (high fat meals)

24 Hour Co-Infusion of Pramlintide and Human Insulin

Haider, et.al. ADA 2017 Poster 1121

32 T1D subjects - 9 μ g pram/U hInsulin

● Pramlintide + Insulin
● Placebo + Insulin

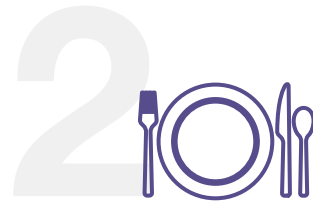


klue



Open Loop

Bolus Reminders



Hybrid Closed Loop

Prompted Meal Announcements



Meal-aware Closed Loop

Fully Automated Insulin Delivery



Bolus Reminder App Demo



Living with Type 1?

Get mealtime insulin reminders



6:35

KLUE

Eating?

Yes, bolused

Snooze



Living with Type 1?

Get mealtime insulin reminders

Snooze to get a second reminder

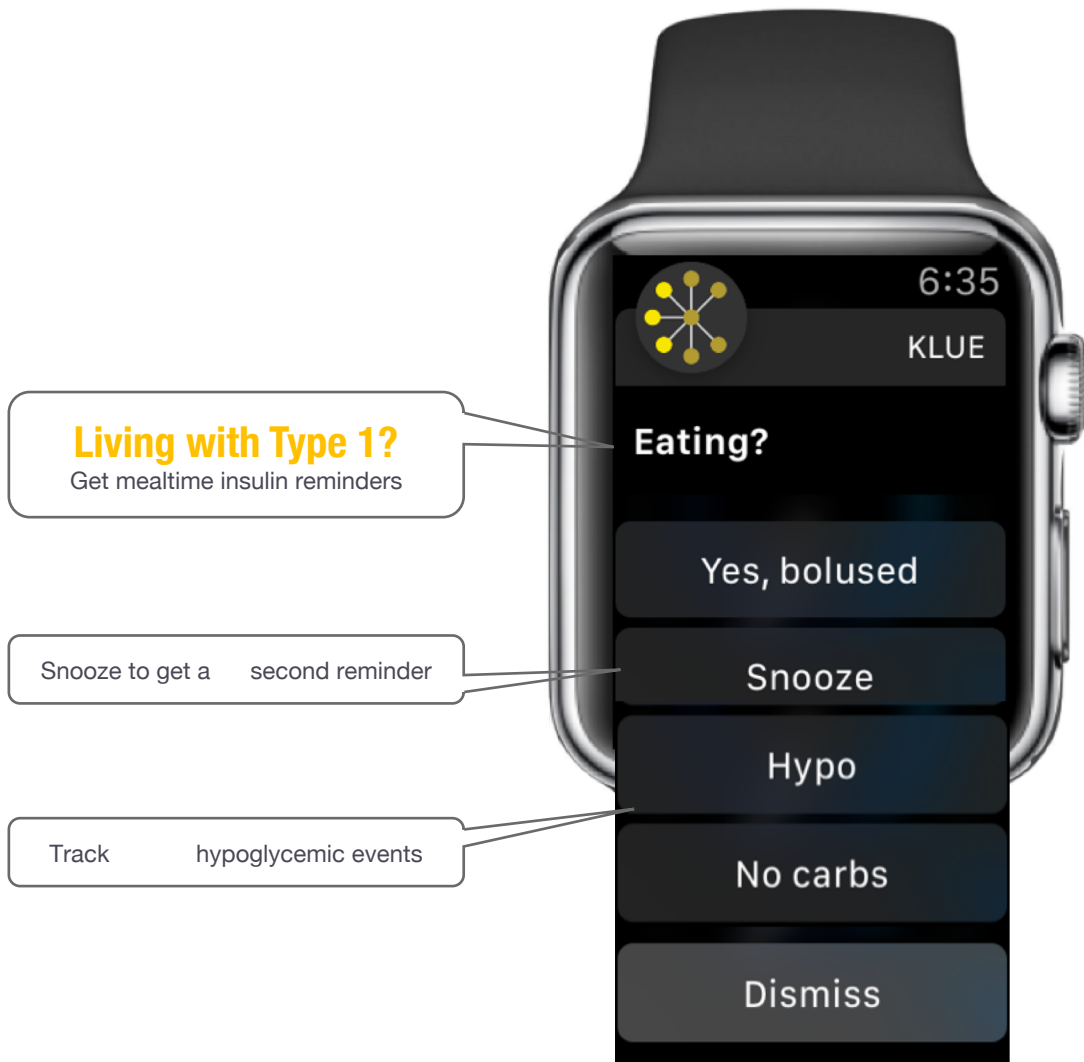


Living with Type 1?

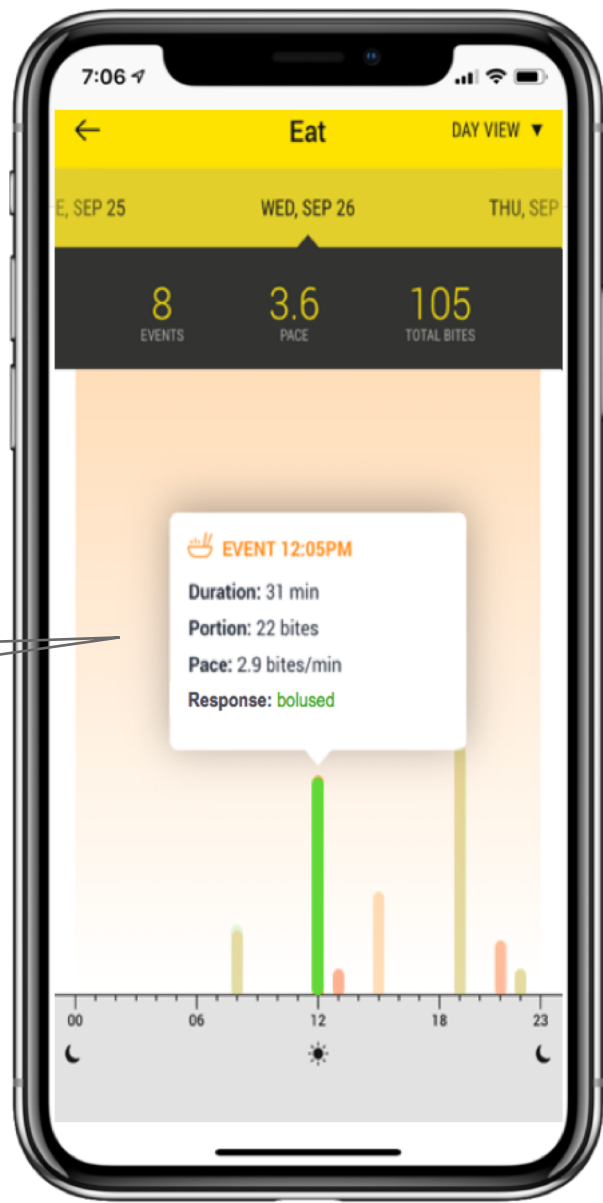
Get mealtime insulin reminders

Snooze to get a second reminder

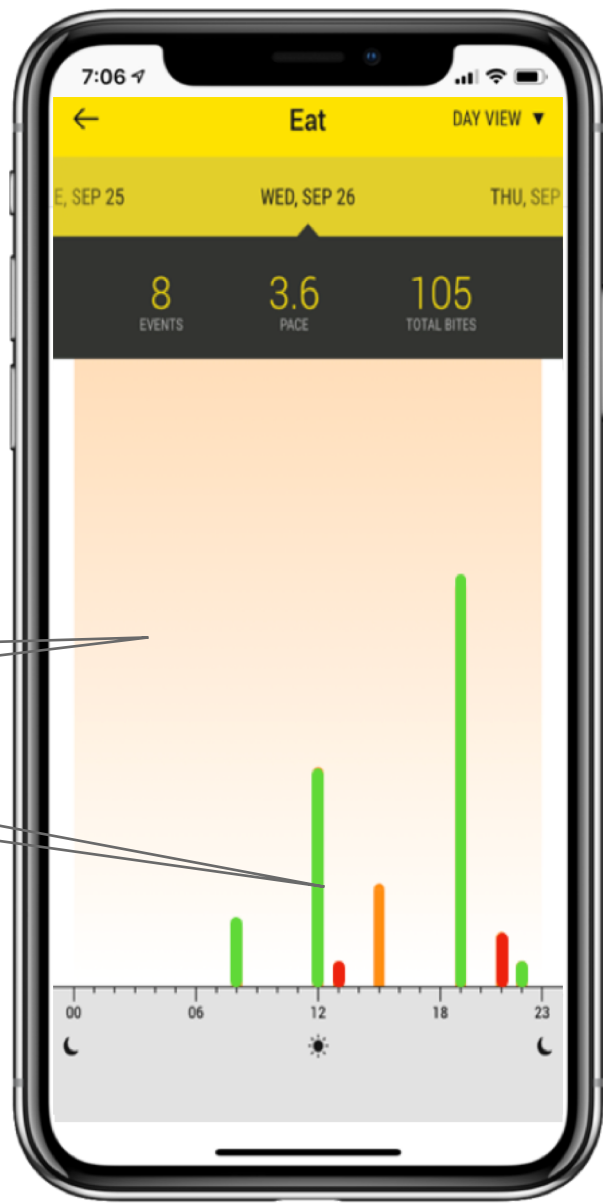
Track hypoglycemic events



Caring for a loved one?
Find peace of mind with automatic text messaging



Your meals at a glance



Your meals at a glance

Spot hypoglycemic patterns

REALLY helpful”

Intrigued and would like to give it a try?

Join our pilot program for free today!

goklue.com/t1d



The Future

- Adaptability
 - Basal requirements
 - Meal requirements
 - Weekday/weekend patterns
 - Corrections
 - Exercise
- Adaptable to how you want to manage your diabetes
 - To the amount of control you want to give over to automated insulin delivery
 - It will do much better at night

The Future

- Use of Accelerometers and Heart Rate Monitors
 - Detect and adjust automatically for activity
 - Allows detection of sleep to modify algorithm
- Integration into Consumer Devices
 - Apple/Apple Watch
 - Google Android

The Future

- Improved infusion sets
 - Longer duration of wear
 - Combined with sensors
- Improved Sensors
 - MARD less than 10%
 - Duration of wear 2 weeks
 - Factory Calibration

The Future

- Full Closed-Loop
- No CHO counting, no premeal bolus
- Less than perfect, but may be good enough





Irl Hirsch – 2017
Stanford = 30, Washington = 22



Thank you

Stanford Closed-loop Team



Thank You

Bruce Buckingham, MD
buckingham@Stanford.edu

Exercise Adjustment with 670G

- Set Temp Target
- 150 mg/dl
- Duration 30 min to 12 hours

Tandem Control IQ – Exercise Mode

- Manually Start and Stop

Exercise adjustment with Tandem Control IQ

- Target is 140-160 mg/dl based on 30 minute horizon
- Basal rate set to “0” if prediction is <80 mg/dl
- Maximum insulin delivery limits are unchanged during exercise
- Corrections are less aggressive than during usual Wake
- If exercise is on when sleep mode is scheduled to begin, Sleep does not start

Adjusting for Exercise with Loop

- <https://www.youtube.com/watch?v=GCYP THVQERs>