

Motivation

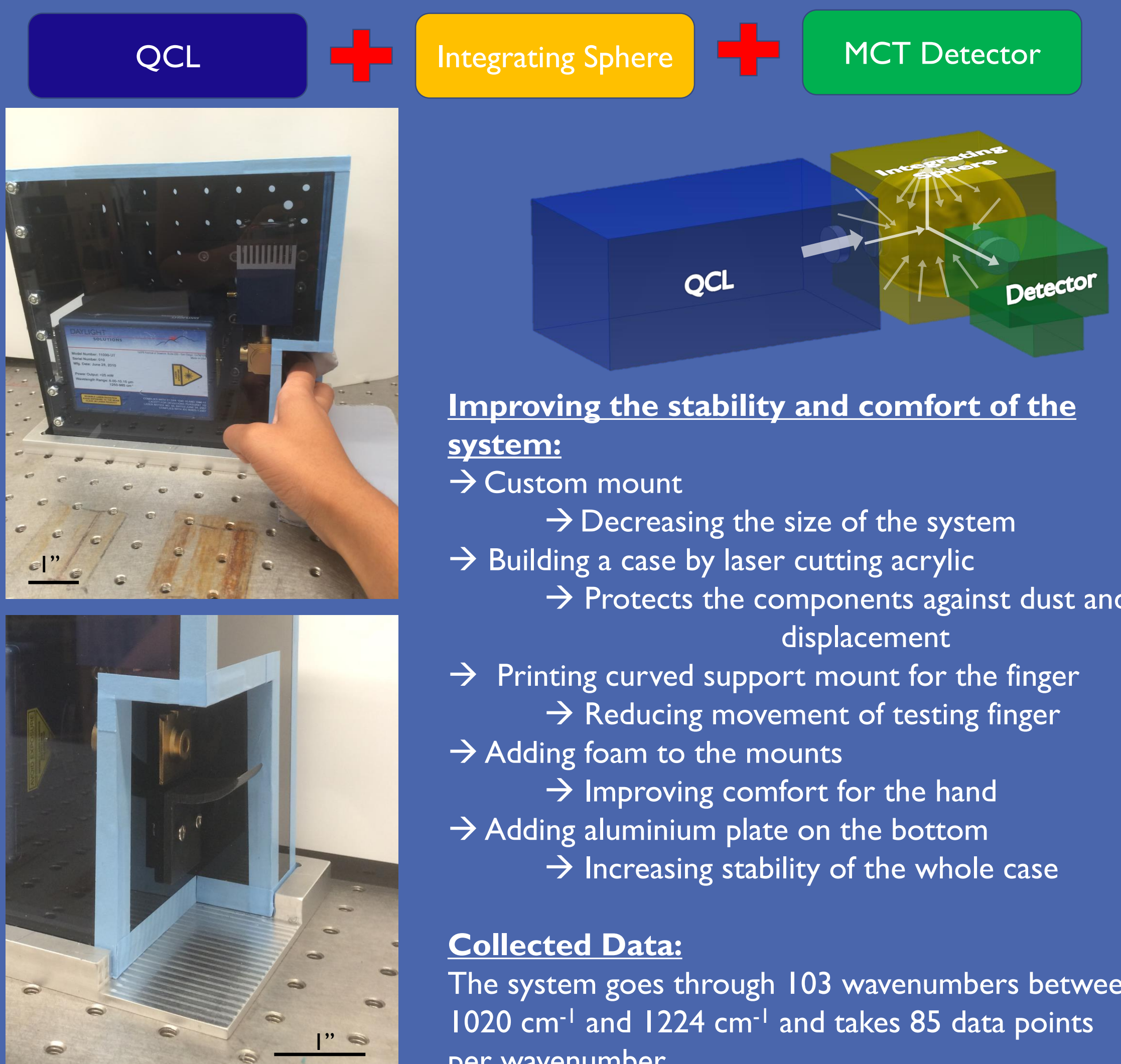
Over 420 million people in the world have diabetes. Right now, they have to prick the finger several times a day to control their glucose concentration in the blood using a glucose meter:



By building a non-invasive glucose sensing system, the comfort of the diabetics will be increased. The system radiates mid-infrared light into the finger and predicts the glucose concentration with the backscattered light.

Method and System Components

The System consists of:



Improving the stability and comfort of the system:

- Custom mount
 - Decreasing the size of the system
- Building a case by laser cutting acrylic
 - Protects the components against dust and displacement
- Printing curved support mount for the finger
 - Reducing movement of testing finger
- Adding foam to the mounts
 - Improving comfort for the hand
- Adding aluminium plate on the bottom
 - Increasing stability of the whole case

Collected Data:
The system goes through 103 wavenumbers between 1020 cm⁻¹ and 1224 cm⁻¹ and takes 85 data points per wavenumber. This process takes about 3 minutes.

Fundamental Physics

Quantum Cascade Laser:

- Semiconductor laser in the mid-infrared
- Intersubband transitions between multiple quantum well grown by layers of GaAs and AlGaAs

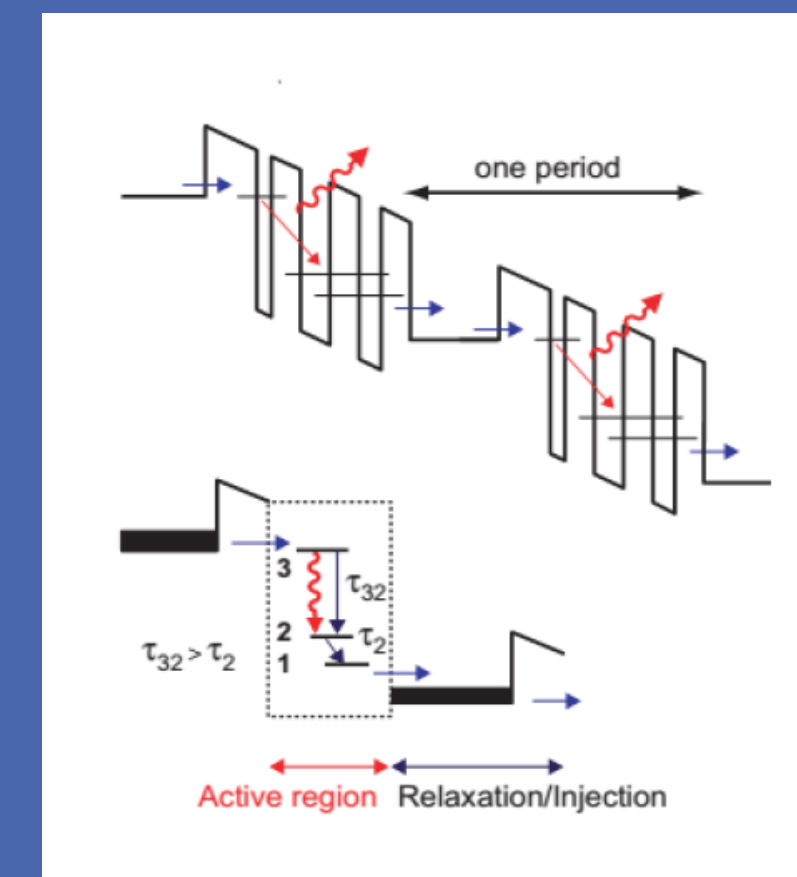


Figure 1: Transitions in the QCL
A) Electron undergoes intersubband transitions and emit a photon. The electron tunnels through the barrier and the process repeats.
B) Photon emission between energy level 3 and 2, LO phonon emission between energy level 2 and 1 and Electron tunneling after energy level 1.

Concentration detection:

- Lambert-Beer law $\rightarrow A(\lambda) = \epsilon(\lambda) * c * l$
- $A(\lambda)$... Absorbance, $\epsilon(\lambda)$... attenuation coefficient, l ... path lengths
- Parameters differ for each person → Machine learning

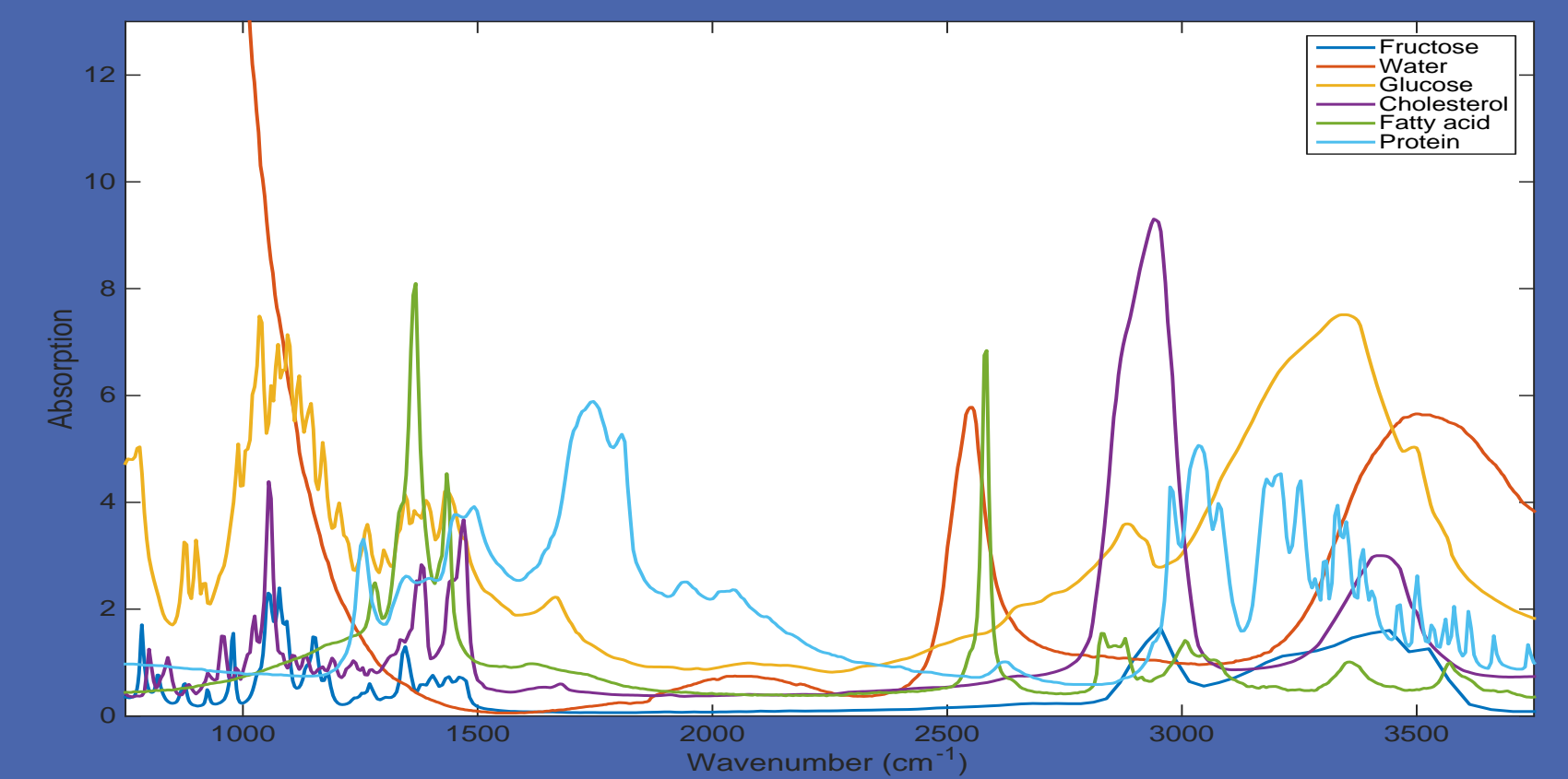
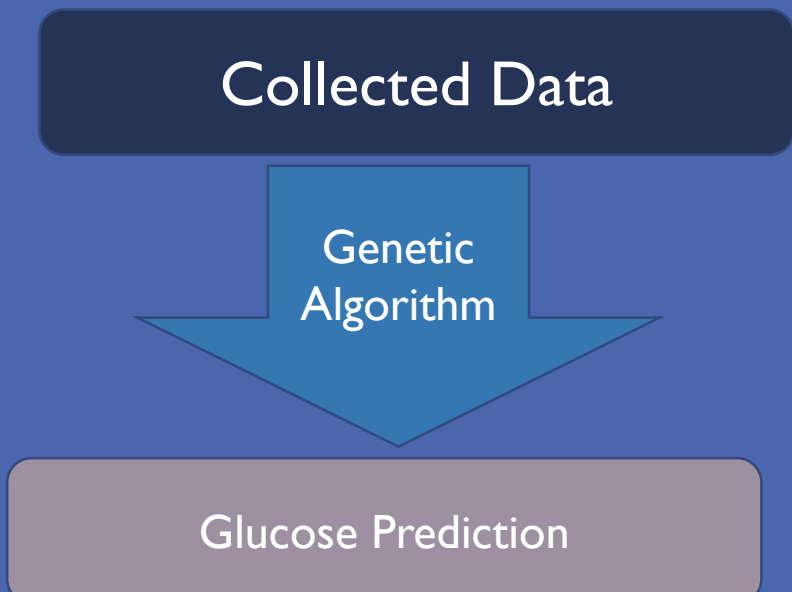


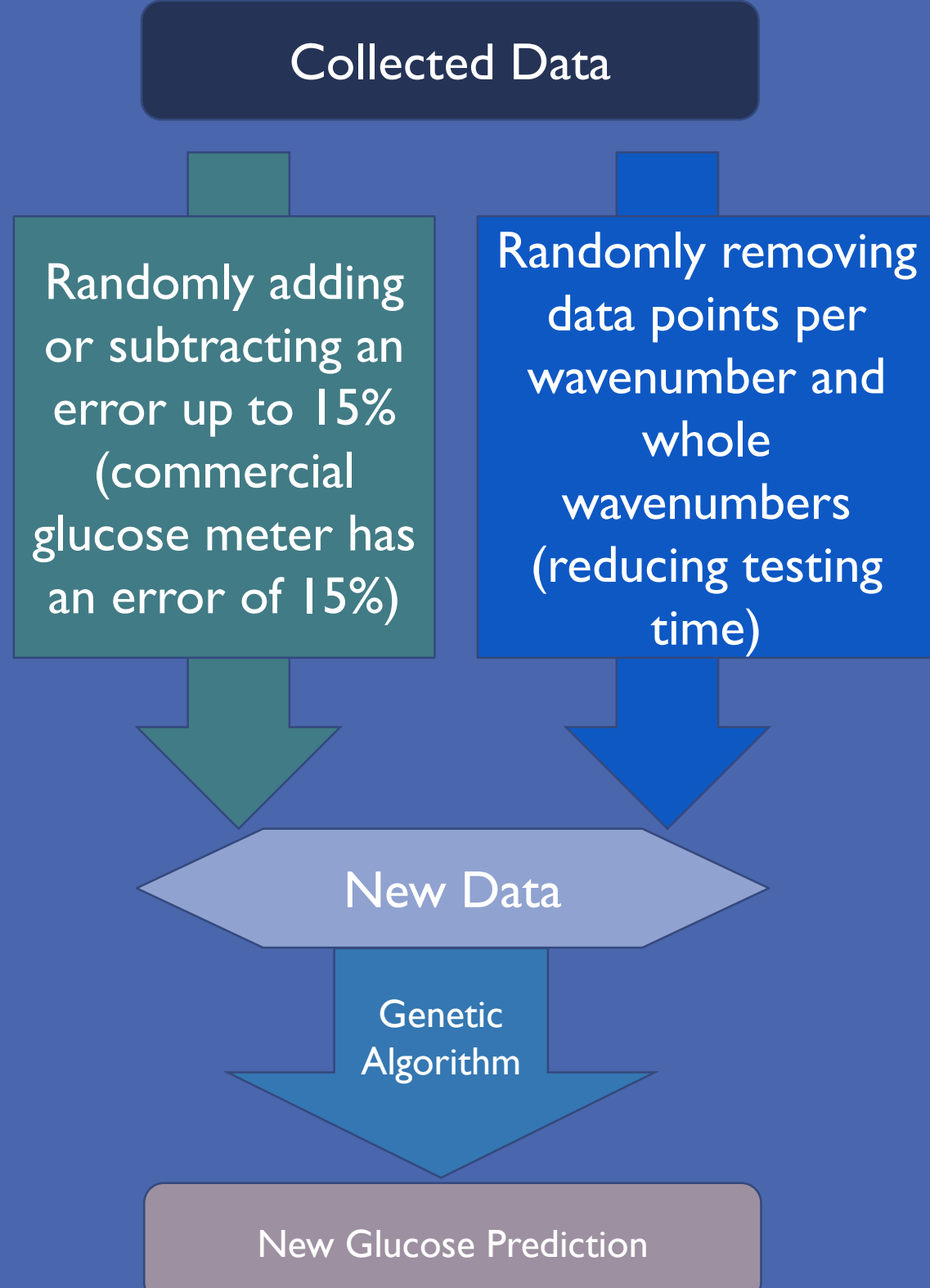
Figure 2: Absorption in the skin:
Good glucose absorption between 1000 cm⁻¹ and 1200 cm⁻¹.

Data Processing

How does the Glucose Concentration Prediction work?



Data Processing to improve the machine learning algorithm



The processed data is plotted in the Clarke Error Grid.

Results

The **Clarke Error Grid** correlates the predicted glucose concentration with the reference concentration:
A... within 20% accuracy and clinically accurate
B... benign action
C... unnecessary insulin intake
D... harmful inaction
E... catastrophic insulin intake

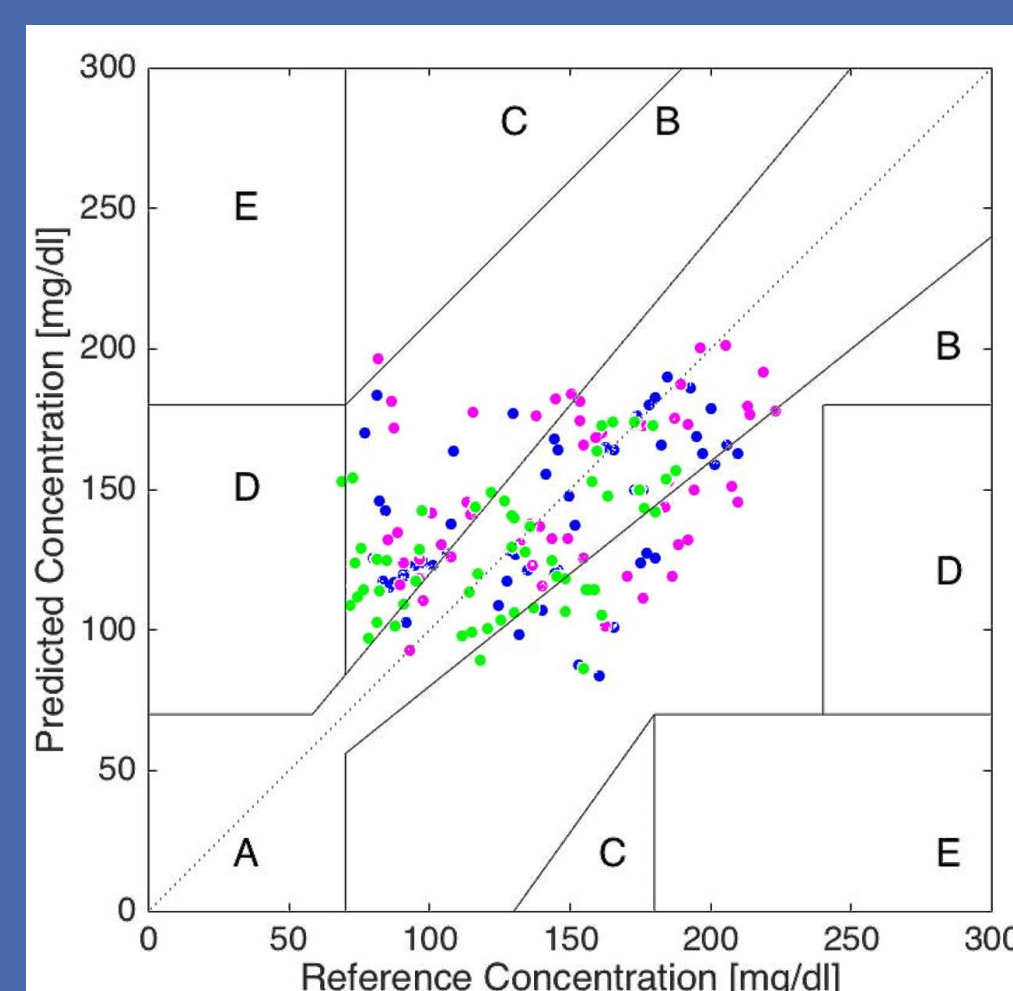


Figure 3: Up to 15% Error:
3 different runs → No Spread

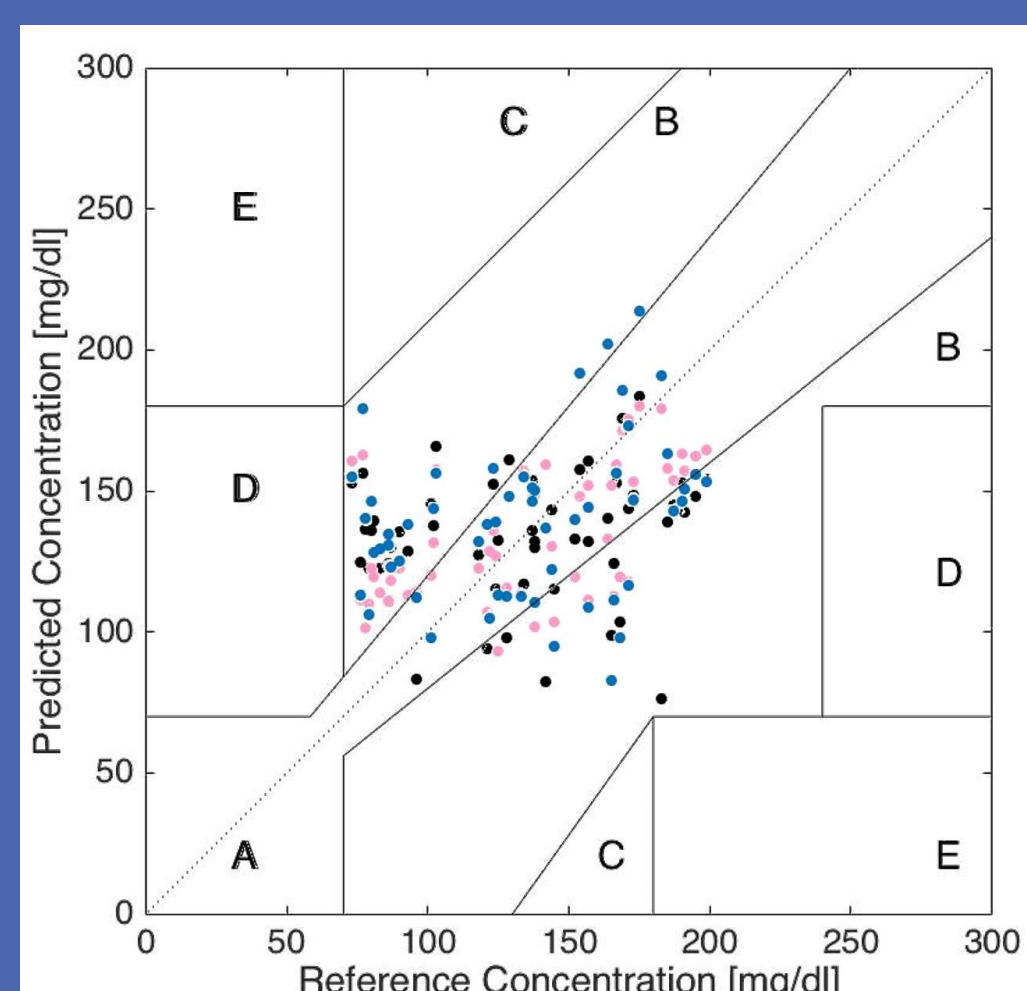


Figure 4: Removed Wavenumbers:
5 Removed (pink), 45 Removed (blue), 20 Removed (black), 40 Removed (blue), 85 Removed (black) → Spread in Data Points

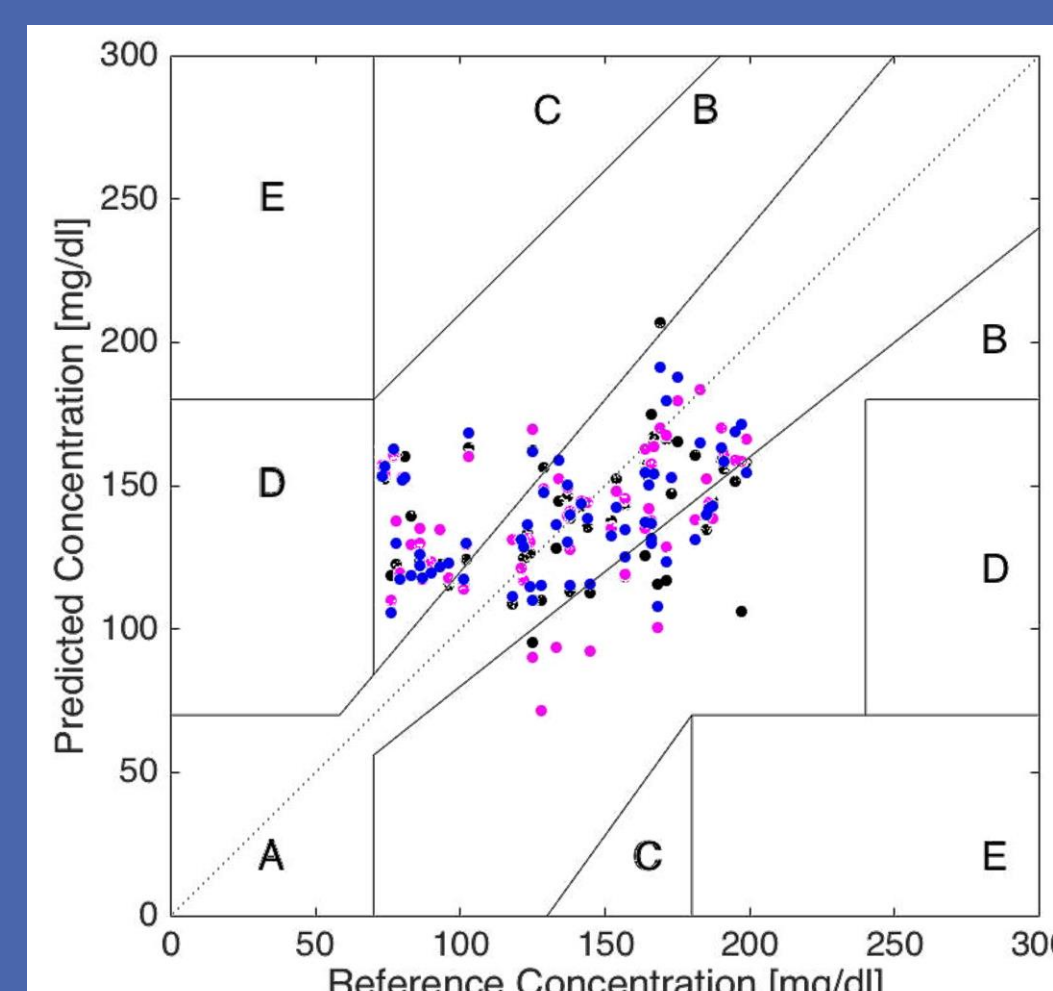


Figure 5: Removed points per Wavenumber:
20 Removed (black), 40 Removed (blue), 60 Removed (pink) → No Spread

Conclusion

Clarke Error Grid for 15% Error shows no significant difference.
→ Calibration errors **do not significantly effect** the algorithm.

Clarke Error Grid for deleted wavenumbers shows a spread of data points.
→ Reduction of recorded data leads to **inaccurate predictions**.

Clarke Error Grid for deleted data points per wavenumbers shows no spread of data points.
→ Reduction of recorded data points will not affect the outcome. The running time can then be reduced.

Future Work

- 1) Running the algorithm only on significant parts of the spectra by comparing it with the absorption spectra of glucose.
→ Determine which regions are important to keep
- 2) Test other machine learning algorithms like neural network algorithm or boosted decision to see whether the same or a better prediction is possible.
- 3) Taking data in San Diego with Diabetics.
→ More data, more possibilities to improve the algorithm