
Data-Driven Robust Control for a Closed-Loop Artificial Pancreas

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Type 1 diabetes (T1D)

Main types of diabetes



TYPE 1 DIABETES

Body does not produce enough insulin



TYPE 2 DIABETES

Body produces insulin but can't use it well

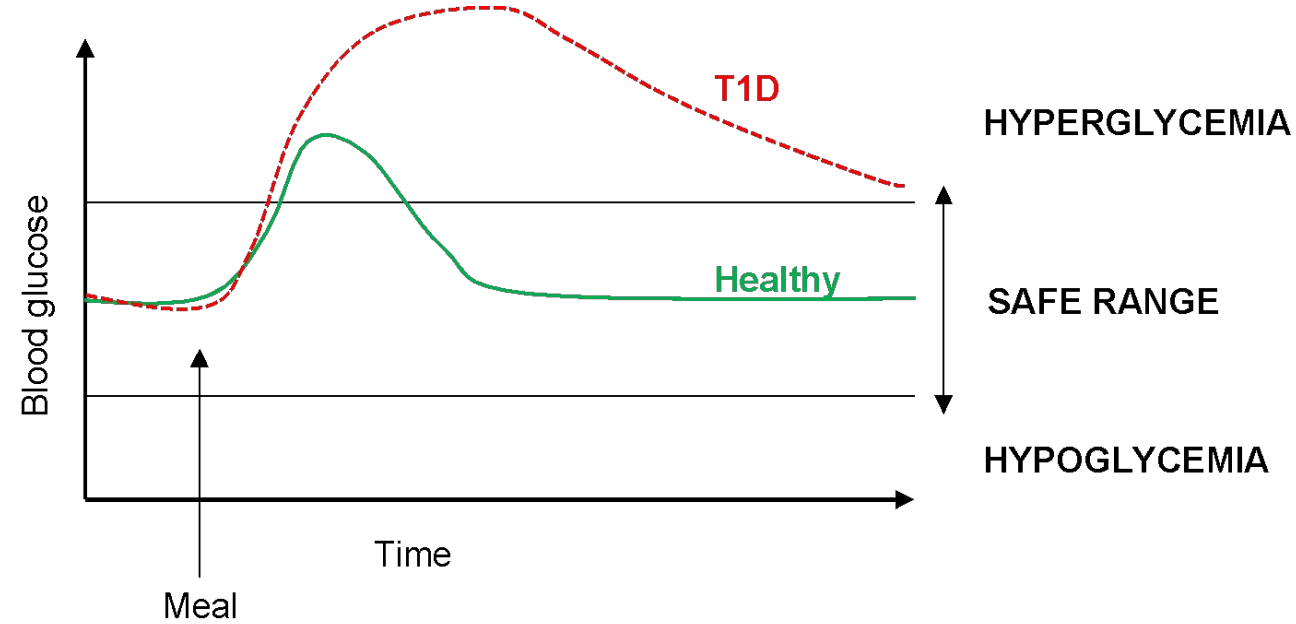
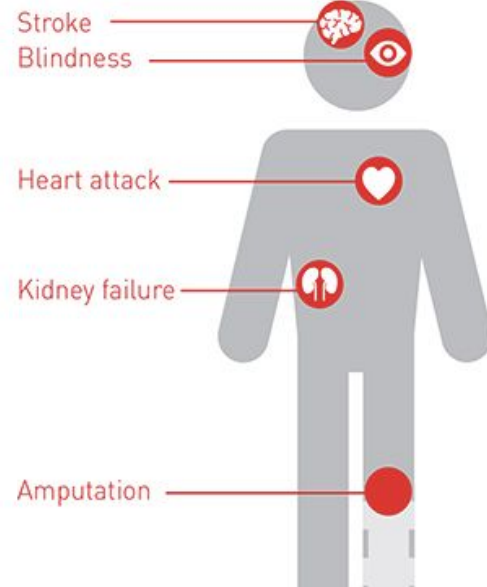


GESTATIONAL

A temporary condition in pregnancy

Consequences

Diabetes can lead to complications in many parts of the body and increase the risk of dying prematurely.



WHO Global report on diabetes, 2016

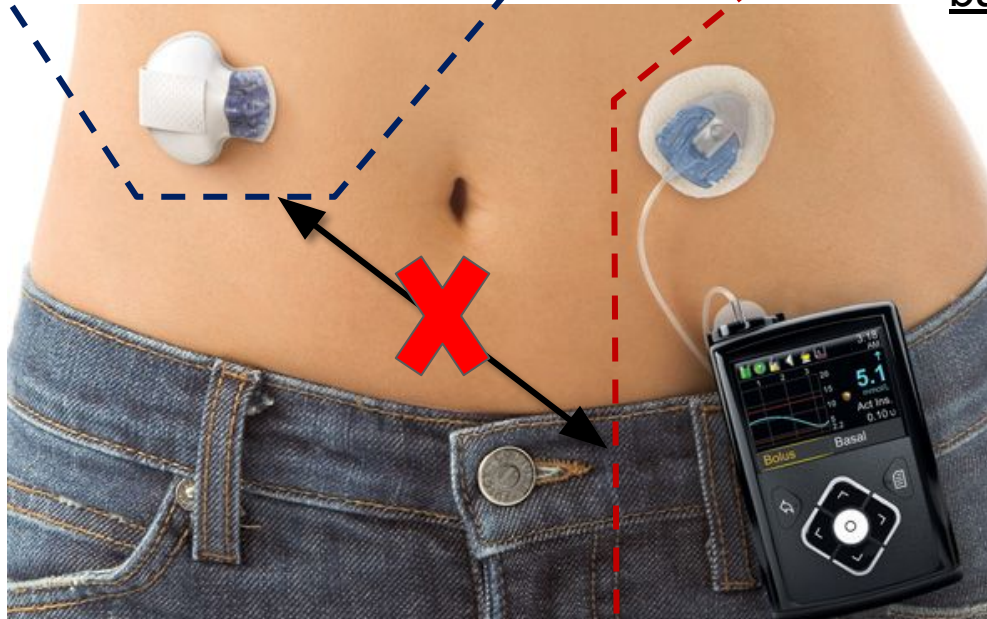
T1D therapy

Glucose monitor (CGM)

Detects sugars levels under the skin

Insulin pump

Delivers bolus insulin (to cover meals) and basal insulin (to cover demand outside meals)

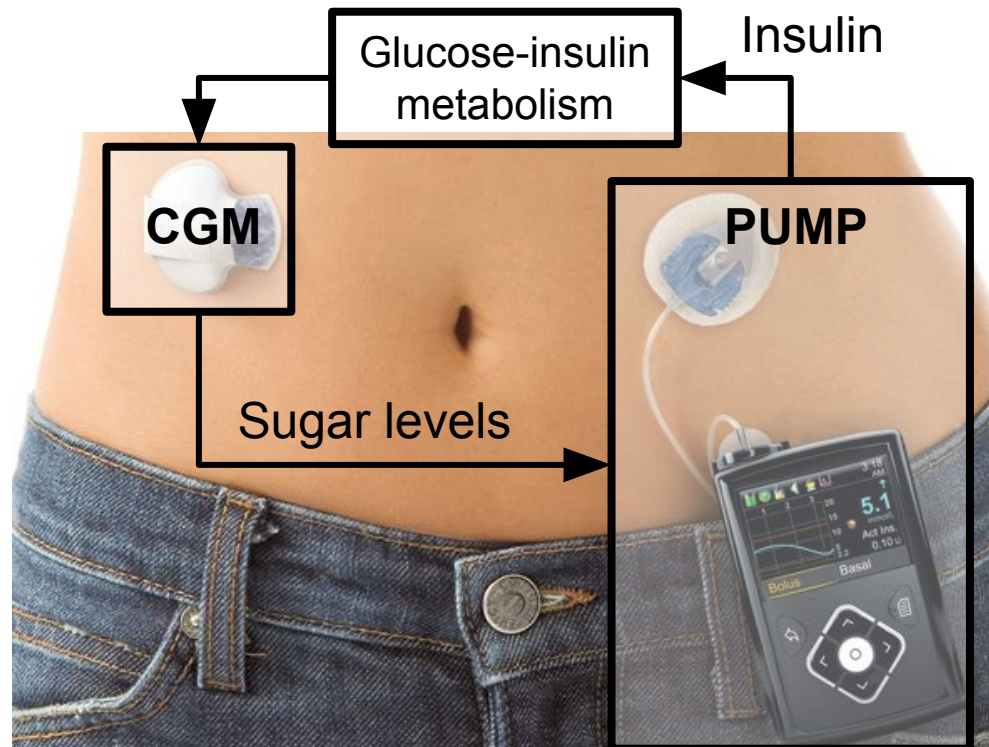


LIMITATIONS

- Pump and CGM don't communicate with each other
- Bolus is manually set by the patient with meal announcements → **danger of wrong dosing**

Image from:
<https://www.medtronic-diabetes.com.au/pump-therapy/what-is-insulin-pump-therapy>

Closed-loop control, aka Artificial Pancreas (AP)



Challenges

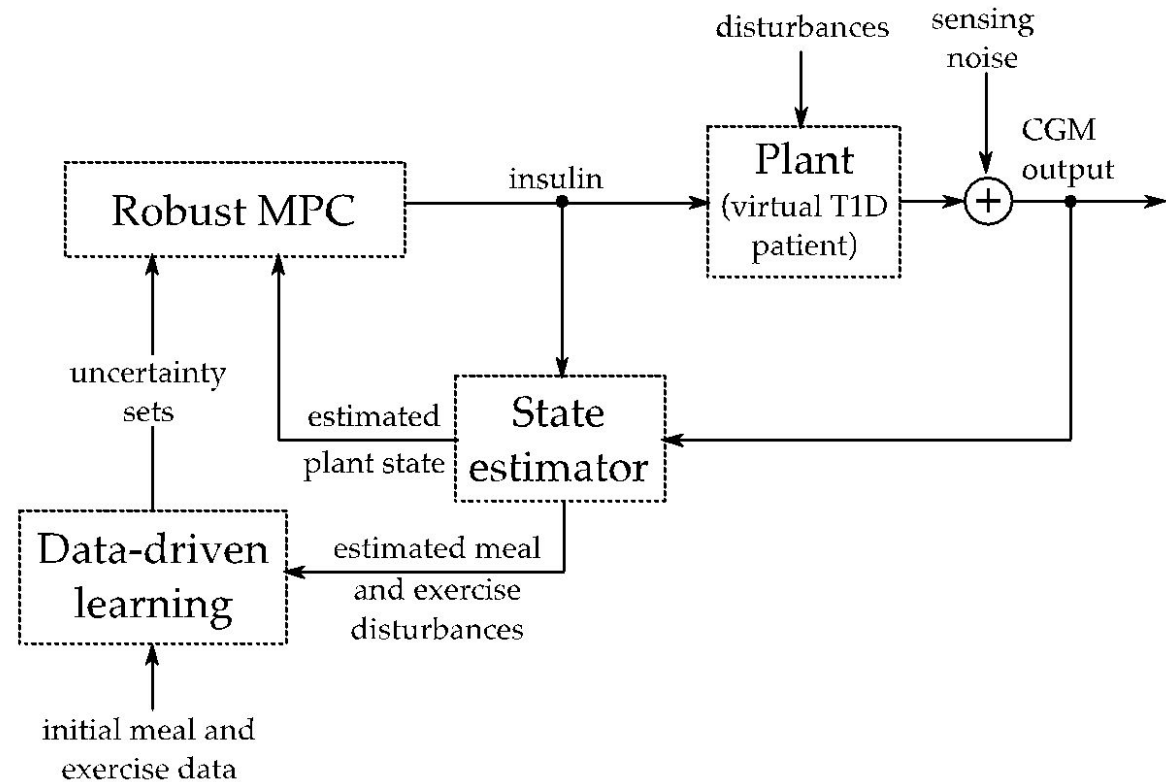
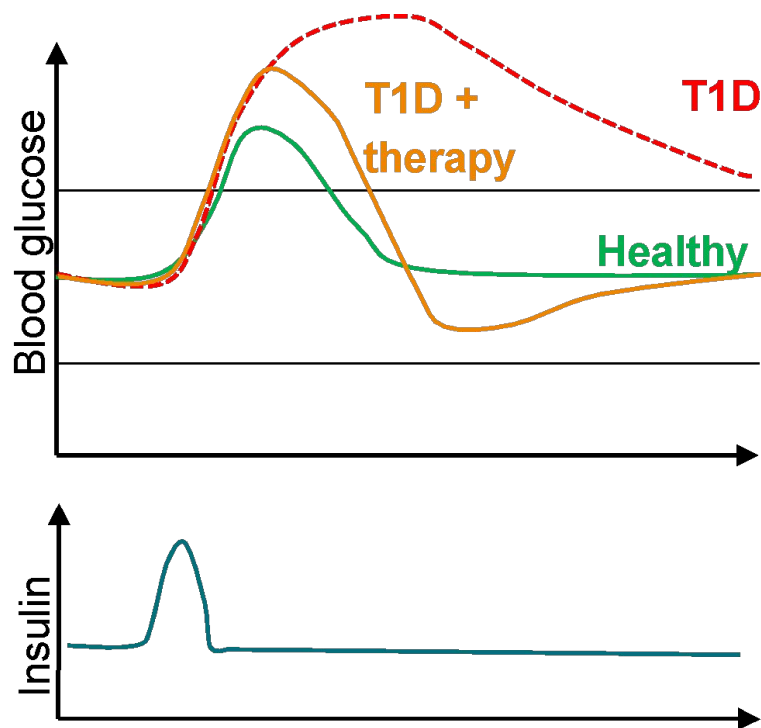
- CGM is a “derived” measure of BG (noisy and delayed)
- **Disturbances** related to patient behavior (Meals and Exercise)

Not just medical but also a CPS challenge

Artificial Pancreas, a control problem

OUR SOLUTION: Data-driven robust model predictive control (MPC) for the AP:

- Closed-loop control of **both basal and bolus insulin**
- Handles uncertainty by **learning from data**
- Accurate **state estimation from CGM measurements**



Data-driven uncertainty sets

- Learn from data **uncertainty sets** that **capture realizations of random disturbances** (meal and exercise)
- Method that provides **uncertainty sets with probabilistic guarantees** [Bertsimas et al., *Mathematical Programming* 167(2), 235–292, 2018]:

Meal/exercise data

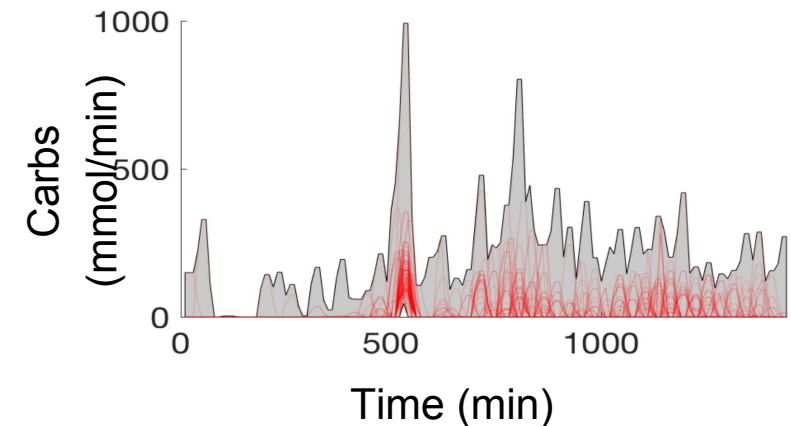
(questionnaires, surveys, sensors, ...)



National Health and Nutrition Examination Survey

	Breakfast		
Days	Start Time	Food1	Food2
1st Day	12:49PM	150g Greek Yogurt	3 pieces of toast
2nd Day	9:00AM	1 glass whole milk	150g plain yogurt
3rd Day	9:20AM	1 egg	3 slices of toast

Uncertainty Sets



Insulin control and state estimation, formally

Robust MPC:

- Find the insulin therapy that minimizes the worst case performance w.r.t. unknown disturbances
- Performance: distance of predicted glucose from target + step-wise discrepancy of control strategy

$$\min_{u^t, \dots, u^{t+N_c-1}} \max_{\mathbf{d}^t, \dots, \mathbf{d}^{t+N_p-1}} \sum_{k=1}^{N_p} d(\tilde{\mathbf{x}}(t+k)) + \beta \cdot \sum_{k=0}^{N_c-1} (\Delta u^{t+k})^2$$

Moving Horizon Estimator (MHE), “Estimation a la MPC”:

- Uses a model to minimize distance between predicted and actual measurements, and between predicted and estimated states over a moving window of length N
- It works also as a **meal estimator**: estimates the most-likely uncertainty parameter values

$$\min_{\substack{\mathbf{x}(t-N), \dots, \mathbf{x}(t), \\ \delta^{t-N}, \dots, \delta^{t-1}}} \mu \cdot \|\mathbf{x}(t-N) - \hat{\mathbf{x}}(t-N)\|^2 + \sum_{k=0}^{N-1} \frac{\|v^{t-k}\|^2}{q^{t-k}}$$

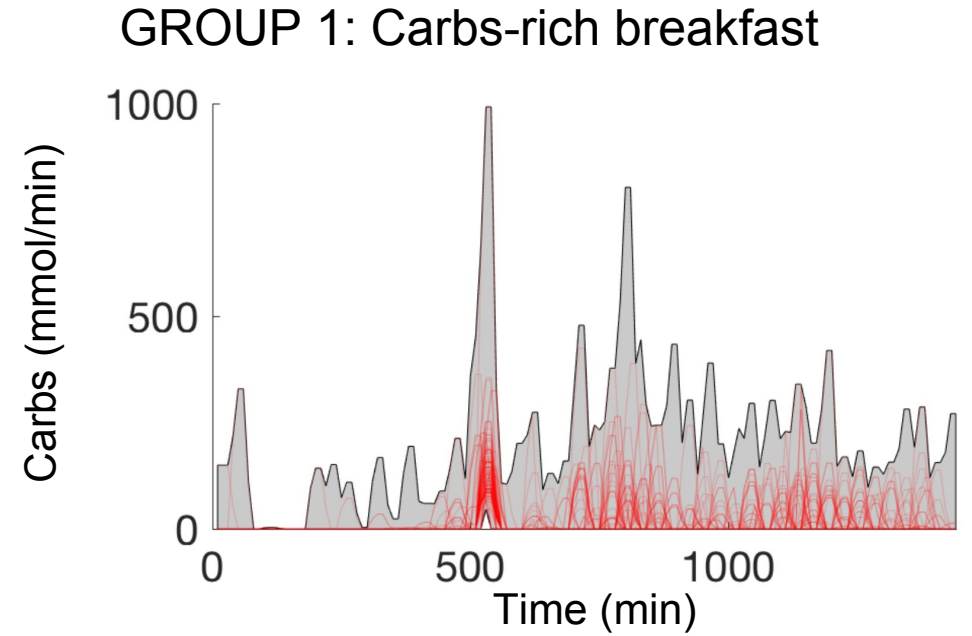
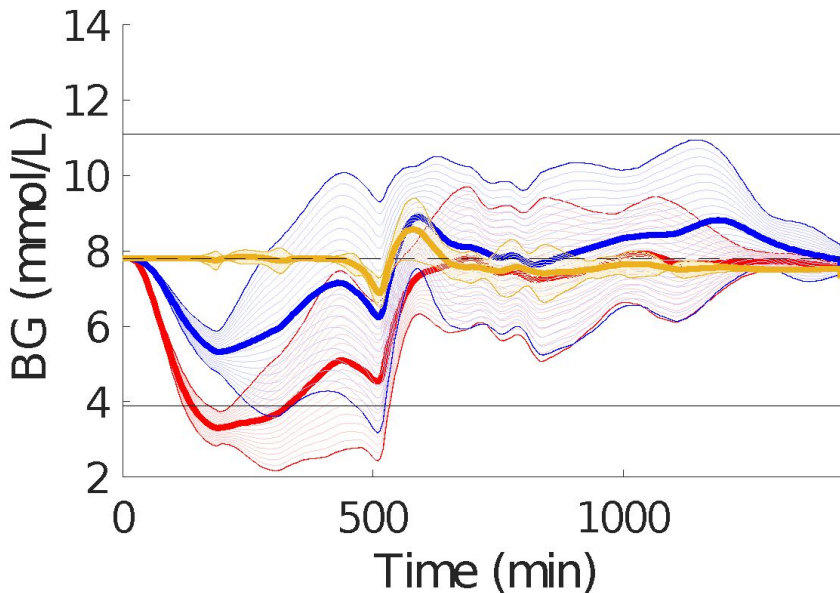
Virtual patient learnt from NHANES database

- We learn patient models from CDC's NHANES



National Health and Nutrition Examination Survey

- Meal data from **8,611 participants**
- Data clustered into 10 main groups



	T hypo	T in range	T hyper
Perfect	0%	100%	0%
Non-robust	18.5%	80.97%	0.53%
Robust	2.02%	93.45%	4.52%

Summary

- Data-driven robust MPC approach for insulin therapy
- In-silico evaluation on real and synthetic data
- Towards fully closed-loop diabetes therapy

Ongoing and future work

- Formal synthesis of robust PID controllers [HVC'17] [ICCAD'18, submitted]
- “Human-in-the-loop” control
- Evaluation on real devices and patients