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DESCRIPTION

[0001] The invention was made with Government support under Contract No. DK085633 awarded by the National Institutes of Health. The Government has certain rights in the invention.

BACKGROUND

[0002] Standard-of-care insulin therapies for regulating blood glucose in diabetes typically involve either multiple daily subcutaneous injections or subcutaneous infusion with an insulin pump. Typically, combinations of basal and bolus insulin are administered to meet the subject's basal metabolic insulin requirement; correction bolus doses are administered to regulate hyperglycemia; and additional meal bolus doses are added to provide insulin for food consumption. In current usual care, a correction bolus of insulin that is typically administered to treat a hyperglycemic state is based on an estimate of the individual's so-called "correction factor(s)", which relate how much insulin is estimated by the user to adequately compensate for different levels of hyperglycemia. Correction factors are heuristically estimated on an individual basis and are modified (essentially by trial-and-error) from time to time. This is similar to how basal rates of insulin are heuristically estimated on an individual basis to provide basal metabolic insulin requirements.

[0003] Similarly, meal bolus insulin doses taken around food consumption are also typically estimated heuristically on an individual basis based on the quantity and content (carbohydrate and other) of the food, in conjunction with a heuristic estimate of the individual's so-called "insulin-to-carbohydrate ratio(s)", among other factors such as the time of the day, physical activity, health state, emotional state, etc. The right correction bolus doses, insulin basal rates, and meal bolus doses alike, are all essentially determined by trial-and-error experience and could vary significantly among individuals as well as for an individual over time; yet, they are all critical determinants of how well an individual is able to control their blood glucose. Dosing requirements are also subject to factors such as the time of the day, physical activity, health state, emotional state, etc., and could vary over periods of hours, days, or weeks due to transient changes (e.g. due to circadian hormonal fluctuations, current illness, physical activity, or emotional state) and/or periods of months or years due to developmental changes (e.g. due to hormonal changes that occur during puberty or menopause).

[0004] US 2014/0031786 A1 discloses a system and method for automatically adjusting parameters for predicting blood glucose levels and/or controlling the dispensing of insulin. US 2012/246106 A1 discloses a monitoring system for the management of insulin delivery with a control unit including an unsupervised learning controller configured to receive and process raw log data and determine at least one global insulin pump setting of basal rate, correction factor, carbohydrate ratio and insulin activity curve parameters.

SUMMARY

[0005] The invention is set out in the appended set of claims.

[0006] Disclosed herein is a glucose level control system for calculating and delivering doses of insulin or insulin-like agents and/or a counter-regulatory agent such as glucagon or glucagon-like agents, infused into a subject via any of several routes including subcutaneously, intramuscularly, intraperitoneally, or intravenously. The glucose level control system adapts to an individual user and does not require inputs such as "correction factors" and "insulin-to-carbohydrate" factors.

[0007] The glucose level control system includes a controller that has periods of online operation when the controller is operating to control the delivery of correction boluses of insulin automatically in response to regular glucose levels provided by a sensor at regular intervals (e.g., on the order of 1-15 minutes apart), also referred to as "sampling intervals". Online operation of the controller refers to sampling intervals when there are a glucose measurements provided by the sensor and offline operation refers to sampling intervals when there are no glucose measurements provided by the sensor. The controller further has offline operation when the controller responds automatically to isolated glucose measurements (e.g., provided by the subject to the controller), using information that was gathered autonomously by the control system during preceding periods of online operation.

[0008] The glucose level control system may additionally be operative to automatically calculate and administer meal bolus doses in response to meal announcements during periods of offline operation based on information that was gathered autonomously by the control system during preceding periods of online operation.

[0009] The glucose level control system is operative to autonomously generate relevant control parameters that are tailored to the individual and are continually converged upon and potentially modulated during periods of online operation. The control parameters are then employed in real time during periods of offline operation in order to regulate glucose levels without the need for the user to provide corresponding control parameters (e.g. insulin-to-carbohydrate ratios, or insulin correction factors). The operation of the glucose level control system may be supplemented by analogous control for delivery of a counter-regulatory agent during offline operation, as described more below.

BRIEF DESCRIPTION OF THE DRAWINGS

[0010] The foregoing and other objects, features and advantages will be apparent from the following description of particular embodiments of the invention, as illustrated in the accompanying drawings in which like reference characters refer to the same parts throughout

the different views.

Figure 1 is a block diagram of a glucose control system;

Figure 2 is a block diagram of a controller;

Figure 3 is a flow diagram of a first mode of operation of the system;

Figure 4 is a graph depicting results of simulation of operation as a baseline for comparison with other simulations;

Figures 5-8 are graphs depicting results of simulations of operation according to the mode of operation of Figure 3;

Figure 9 is a flow diagram of a second mode of operation of the system usable in combination with the first mode of operation;

Figure 10 is a graph depicting results of a simulation of operation according to the mode of operation of Figure 9;

Figure 11 is a graph depicting results of simulation of operation according to both the modes of operation of Figure 3 and Figure 9; and

Figure 12 is a graph depicting results of simulation of operation incorporating use of a counter-regulatory agent.

DETAILED DESCRIPTION

[0011] Figure 1 illustrates an automated control system 10 for regulating the glucose level of an animal subject (subject) 12, which may be a human. The subject 12 receives doses of insulin from one or more delivery devices 14, for example infusion pump(s) coupled by catheter(s) to a subcutaneous space of the subject 12. As described below, the delivery devices 14 may also deliver a counter-regulatory agent such as glucagon for control of glucose level under certain circumstances. For the delivery of both insulin and glucagon, the delivery devices 14 are preferably mechanically driven infusion mechanisms having dual cartridges for insulin and glucagon respectively. In the present description, reference is made to glucagon specifically, but it is to be understood that this is for convenience only and that other counter-regulatory agents may be used. Similarly, the term "insulin" herein is to be understood as encompassing all forms of insulin-like substances including natural human or animal insulin as well as synthetic insulin in any of a variety of forms (commonly referred to as "insulin analogs").

[0012] For online or autonomous operation, a glucose sensor 16 is operatively coupled to the subject 12 to continually sample a glucose level of the subject 12. Sensing may be accomplished in a variety of ways, generally involving some form of physical coupling 21

between the subject 12 and the glucose sensor 16. A controller 18 controls operation of the delivery device(s) 14 as a function of a glucose level signal 19 from the glucose sensor 16 and subject to programmed input parameters (PARAMS) 20 which may be provided by a user such as the subject 12. One input parameter for automatic operation is the weight of the subject 12. One feature of the disclosed technique is its ability to provide effective automated control without receiving explicit information regarding either meals that the subject 12 has ingested or any other "feedforward" information, which is achieved in part by an adaptive aspect to operation of the controller 18.

[0013] The controller 18 is an electrical device with control circuitry that provides operating functionality as described herein. In one embodiment, the controller 18 may be realized as a computerized device having computer instruction processing circuitry that executes one or more computer programs each including respective sets of computer instructions. In this case the processing circuitry will generally include one or more processors along with memory and input/output circuitry coupled to the processor(s), where the memory stores computer program instructions and data and the input/output circuitry provides interface(s) to external devices such as the glucose sensor 16 and delivery device(s) 14.

[0014] The control system 10 is also able to operate in an offline manner in which it is used to provide delivery of insulin (and potentially glucagon as well) but not based on glucose levels reported by the sensor 16. Thus, overall operation may be divided between online periods each including a succession of sampling intervals when a glucose signal (level) 19 is available, and offline periods each including a succession of sampling intervals when the glucose signal (level) 19 is either completely or only intermittently unavailable. The description below uses the terms "online" and "offline" for these periods. Also, offline operation may be user-selected for some reason even when a glucose level signal 19 is available for use.

[0015] User control inputs (USER CNTLs 23) may be provided via a local or remote user interface of some type. In one embodiment, the user interface may resemble that of conventional insulin pumps or similar devices, e.g., by including control buttons for commanding the delivery of a bolus and perhaps a small display. In other embodiments, the system may have a wired or wireless interface to a remote device that may incorporate a fuller-function user interface, such as a smartphone or analogous personal computing device. In offline mode, the glucose sensor 16 may be absent, non-functioning, or not coupled to the subject 12, with the result that the blood glucose signal 19 is not available to control automatic operation.

[0016] The description herein refers to a "user" as the source of the user control inputs 23. In one typical use, the glucose level control system 10 is a personal device worn by a subject 12 for continual glucose control. In this case the user and subject 12 are the same person. In other uses, there may be another person involved in the care of the subject 12 and providing control input, and in such a case that other person has the role of user.

[0017] Figure 2 shows the structure of the controller 18. It includes four separate controllers,

namely a glucagon controller 22, basal insulin controller 24, corrective insulin controller 26, and priming insulin controller 28. The basal insulin controller 24 includes a nominal rate controller 30 and a modulating controller 32. As shown, the glucagon controller 22 generates a glucagon dose control signal 34 provided to a glucagon delivery device 14-1. Respective outputs 36 - 40 from the controllers 24 -28 are combined to form an overall insulin dose control signal 42 provided to insulin delivery device(s) 14-2. As shown, the output signal 36 from the basal insulin controller 24 is formed by a combination of respective outputs of the nominal rate controller 30 and modulating controller 32. The insulin delivery device(s) 14-2 may include devices tailored to deliver different types and/or quantities of insulin, with the exact configuration being known to and under the control of the controllers 24 - 28. For ease of description the collection of one or more insulin delivery devices 14-2 is referred below to in the singular as an insulin delivery device 14-2.

[0018] Also shown in Figure 2 are input/output signals of the various controllers, including the glucose level signal 19, parameters 20 and user inputs 23 as well as a set of inter-controller signals 44. The inter-controller signals 44 enable communication of information from one controller, where the information is developed or generated, to another controller where the information is used for that controller's control function.

[0019] The controllers 22 - 28 may be operated in either the online/automatic mode or in the offline mode. In the automated mode, the corrective controller 26 regulates glucose level using a control scheme such as described in US 2008/0208113 A1. The basal controller 24 and priming insulin controller 28 may perform adaptive automated control as described in international patent application publication WO 2012/058694 A2. The controllers 22-28 generally employ control algorithms that include control parameters that are mathematically combined with reported glucose values to generate an output value that is converted (either directly or via additional conditioning) into the dose control signals 34, 42. For example, the control scheme described in US 2008/0208113 A1 includes a generalized predictive control (GPC) that incorporates a variety of control parameters. The control algorithms are generally adaptive, meaning that control parameters are dynamically adjusted during operation to reflect changing operating circumstances and a "learning" aspect - by monitoring its own operation, the algorithm adjusts its operation to be more specifically tailored to the individual user, enhancing the algorithm's effectiveness and reducing or avoiding a need for additional explicit input information about the user. It should be noted that the input parameters 20 form part of the control parameters used by the control algorithm; other control parameters are internal parameters according to the specifics of the algorithm, and selected ones of those internal control parameters are dynamically adjusted to realize the adaptation of the control algorithm.

[0020] One feature of operation is the ability of the controllers to learn from recent past periods of online operation and to use that learning during offline operation. Specifically, described below are two operation modes, with the first operation mode being usable independently of or together with the second operation mode in offline operation. In the first operation mode, the controller automatically calculates the correct size of a correction bolus of insulin at a time of receiving an isolated glucose measurement, the correction bolus then being administered by

the system in response to a user control input. In the second operation mode, the control system may optionally additionally automatically calculate the correct size of a meal bolus of insulin and administer it in response to a user control input. Both operation modes utilize information obtained during past periods of online operation to automatically calculate correct values, freeing the user of a need to make the calculation or provide a correction factor.

I. Automatically calculated correction bolus during periods of offline operation

[0021] Automatically calculating a correction bolus dose in real time during offline operation is achieved by invoking an online control algorithm individually on isolated glucose measurements as they are provided to the control system 10 during offline operation. These isolated glucose measurements may be blood glucose (BG) measurements from a glucose meter of any kind or glucose measurements obtained from another glucose monitor of any kind, provided to the control system 10 via the user controls 23. The automatic calculation of the correction bolus doses follows the same operation described for continuous online control in the above-referenced US 2008/0208113 A1, treating each isolated glucose measurement provided during offline operation as if it were a glucose value obtained from the glucose level signal 19. Effectively, each correction bolus operation is a brief resumption of online control. Time gaps in glucose data are taken into account by the online algorithm in its calculations of the effective rate of change of glucose as well as the overall outstanding insulin accumulation when the online algorithm is invoked in real time around the isolated glucose measurements. In particular, during offline operation the algorithm continues to mark the passage of time as a succession of sampling intervals in which it does not receive glucose sensor input and it does not generate regular correction doses of insulin. It continues to model the diminishing of on-board insulin level in the subject 12 over time, so that at any given time it has an accurate estimate of the future effect of previously administered insulin. When the controller 18 receives an isolated glucose measurement from the user along with an instruction to generate a correction dose, the algorithm performs an interpolation between the current glucose measurement and the most recent glucose sample value (from a preceding period of online control or isolated glucose measurement) to obtain estimated glucose values for recent sampling intervals as needed for the algorithm's computations.

[0022] In one embodiment the system may request user confirmation before delivering the automatically calculated correction bolus, while in other embodiments it may not request confirmation or there may be a configuration setting to control whether confirmation is requested. Similarly, the system may or may not disclose the dosing amount to the user, and/or may allow the user to modify the dosing amount (these behaviors also being configurable in one embodiment).

[0023] Figure 3 illustrates high-level operation of the controller 18 for automatically calculating a correction bolus dose. At 50, during online operation the controller 18 employs a control algorithm that includes (i) regularly administering correction doses of insulin based on control parameters of the control algorithm and regular periodic sampling of glucose levels via the

glucose sensor, and (ii) autonomously adjusting the control parameters to tailor the control parameters to the subject. As mentioned, this operation may be in accordance with the above-referenced US 2008/0208113 A1.

[0024] At 52, the controller 18 engages in offline operation that includes (iii) evolving a state of the control algorithm over time without sampling of glucose levels and without automatic administration of the correction doses of insulin, and (iv) correction bolus operations each including administering a correction bolus of that is calculated by the controller based on the isolated glucose measurement, the control parameters, and a state of the control algorithm as evolved at the time of the correction bolus operation. In this description, the term "correction bolus operation" is used for convenience; this operation may alternatively be referred to using the more general term "correction dosing operation."

[0025] Additional details of the operation of the controller 18 for automatically calculating a correction bolus dose during offline operation and its effects are now provided with reference to data generated by simulations of operation based on assumed characteristics of a subject or user.

[0026] Figures 4 - 7 show results of simulations illustrating the proposed automatic normalized correction bolus dose action when the controller 18 is offline, using arbitrary parameters in the control system 10. In addition to illustrating the proposed approach, these simulations also demonstrate the stability and added safety of this operation mode, as it removes the vulnerability of the system that could arise from subjective dosing estimation by the user during isolated periods when the controller 18 is offline. As an enabling example, the simulations in these figures use controller, glucose data, and blood-glucose (BG) data that may resemble data from an experiment in a clinical study.

[0027] Figure 4 shows a scenario in which regular online operation is occurring up to a time that a user provides a BG value BG1 as an input that is ignored by the control system 10, and then the control system 10 is taken offline. This simulation provides a reference online insulin response for comparison with responses when the control system 10 uses BG1 to automatically calculate a correction bolus of insulin. In this simulation, the control system 10 administers a total bolus insulin of 13.25 U to counter the hyperglycemic excursion that is occurring at the time of the BG1. In these figures the euglycemic band between 70 and 120 is indicated by shading.

[0028] Figures 5 - 7 show insulin responses when the operation mode of Figure 3 is used, specifically in these cases to respond to the user-entered BG1 value. Such an automated BG-based correction bolus response replaces the conventional practice in which the user calculates insulin correction bolus doses during isolated offline periods based on what the user estimates to be their "correction factor". However, such a correction factor can be subjectively selected, and in not even be known to a newly diagnosed user. Moreover, its use may put the control system 10 in jeopardy or in a vulnerable state if inappropriately estimated by the user, particularly if the value is excessive. Note that user action is only required to obtain and enter

BG values, an activity that is always necessary to determine correction doses if there is no automated sensing of glucose levels (e.g., during offline operation).

[0029] Figure 5 shows one simulation in which a correction bolus of insulin is automatically calculated by the control system 10 in response to user-entered BG1 after an offline period of 30 minutes. The total correction insulin over the hyperglycemic excursion leading to BG1 is 7.15 U, which is more conservative than the pure online response of Figure 4. A more realistic simulation might account for the period of offline operation prior to BG1 by having the BG level drift higher. However, it is estimated that even if BG1 were greater than 400, total correction insulin that would be delivered is only 12.65 U, which is still more conservative than the pure online response in Figure 4 and therefore safer, particularly because it inevitably comes later with BG already in severe hyperglycemia. It should be noted that the control system 10 may enforce an upper limit on the value of a BG measurement it will use, such as 400. The user interface might enforce this limit.

[0030] Figures 4 and 5 also show automatic glucagon correction doses in response to BG2 and BG3. This provides added safety by the system and is a response that is not available in usual care. Note how the control system 10 responds with glucagon correction doses to BG2, even though it is near the high end of normal range - this is because BG2 indicates a downward trend in glucose from BG1. This trend is verified by BG3 being near the low end of normal range, which triggers further glucagon correction doses.

[0031] Figures 6 and 7 show the correction bolus of insulin automatically calculated by the control system 10 in response to user-entered BG1 after offline periods of 60 and 90 minutes, respectively. The latter case in essence shows the response when the hyperglycemic excursion occurs entirely while the control system 10 is offline. The total bolus insulin over the hyperglycemic excursion leading to BG1 is 6.15 U and 4.1 U respectively, which in both cases is more conservative than the purely controller-based insulin response in Figure 4. As above, a more realistic simulation would show a higher BG value at the time of the BG1 sample. However, it is estimated that even if BG1 were greater than 400, total correction insulin would be only 11.15 U and 10.05 U, respectively, which in both cases is more conservative than the pure online response. These figures also show automatic glucagon correction doses in response to BG2 and BG3, similar to the responses in Figures 4 and 5.

[0032] Figure 8 provides data from a simulation using different controller and BG data, which is also used for illustration of the meal bolus operation mode in the next section below, as well as for the superposition of the two operation modes also described below. Also, a longer overall period is shown. Specifically, Figure 8 shows a sample simulation illustrating the operation mode of automatically calculating correction bolus doses in real time during offline operation (in this example, from 17:30 to 16:30 across two consecutive days) individually based on isolated glucose measurements that are provided to the control system 10 during online operation (e.g. blood glucose measurements from a glucose meter or glucose measurements obtained from another glucose monitor). The top panel shows the glucose trace (as black circles) during online operation and times of meals (indicated by black triangles), with additional glucose

measurements (indicated by gray stars) that were provided by the user to the control system 10 during offline operation. The bottom panel shows automatically generated correction insulin doses as slender gray bars. Also shown are meal bolus doses indicated by isolated gray strikes with arrowheads - these are described in a separate section below.

[0033] During online periods in the simulation of Figure 8, insulin doses include bolus and basal doses generated by the online algorithm as well as (potential) meal bolus doses, whereas during offline operation, insulin doses include algorithm-generated basal doses as well as automatically calculated correction bolus doses. Each correction bolus dose during offline operation is automatically calculated by invoking the online control algorithm individually on the isolated glucose measurements in real time as they are provided to the control system 10, as described above. In real operation, both online and offline periods are generally different from the arbitrarily chosen spans in this example, and each can contain intermittent segments of the other within its span.

II. Automatically calculated meal bolus dose during periods of offline control

[0034] An operation mode is also described for automatically calculating a meal bolus dose in real time during offline operation by an online control algorithm based on the prandial and post-prandial response(s) during preceding period(s) of online operation when a meal bolus was administered for a meal or snack of the corresponding kind and/or time interval of day (breakfast, lunch, or dinner). According to an embodiment, the operation mode for automatically calculating a meal bolus may be used in addition to the operation mode for automatically calculating correction bolus. The automatic calculation from preceding period(s) of online operation could include multiple incidents of each kind of meal bolus dose (e.g. multiple days having occasions of breakfast, lunch, or dinner). The automatic calculation of the meal bolus doses during offline operation may follow the same operation mode described in the above-referenced international patent application publication WO 2012/058694 A2 for its implementation during online operation, i.e. meal bolus doses are adapted based on online operation and in this case are issued in the same way during offline operation as they are during continual online operation.

[0035] Figure 9 illustrates high-level operation of the operation mode for automatically calculating a meal bolus dose during offline operation. At 60, during online operation the controller 18 employs a control algorithm that (i) administers meal bolus doses of insulin in response to a meal bolus control input and automatically calculated by the controller 18 based on preceding meal bolus doses and corresponding prandial and post-prandial responses of the subject 12 as reflected in sampling of glucose levels via the glucose sensor and (ii) autonomously adjusts control parameters used to determine meal bolus dose size to tailor the control parameters to the subject.

[0036] At 62, offline operation includes (iii) evolving a state of the control algorithm over time without sampling of glucose levels, and (iv) meal bolus operations each including

administration of a meal bolus of insulin in response to the meal bolus control input and calculated by the controller based on the isolated glucose measurement, the control parameters, and a state of the control algorithm as evolved at the time of the meal bolus operation. The meal bolus may be administered in one continuous ejection or discharge from the insulin pump, or it may be administered as multiple ejections over a short period (e.g., split over consecutive sampling intervals). Some pumps enforce a limit for a single ejection, so if the bolus to be delivered exceeds that limit then it may be delivered using multiple ejections over a short period (e.g., split over consecutive sampling intervals). In this description, the term "meal bolus operation" is used for convenience; this operation may alternatively be referred to using the more general term "meal dosing operation."

[0037] Figure 10 provides a sample illustration of the described operation mode. This uses the controller and BG data that was also used for illustration of the correction bolus operation mode in Figure 8. Note that the inherent learning and adjusting of meal bolus doses in this operation mode can continually undergo online adjustments with more periods of online control. The system may or may not request user confirmation before delivering the automatically calculated meal bolus, may or may not disclose the dosing amount to the user, and may or may not allow the user to modify the dosing amount.

[0038] More specifically, Figure 10 shows a sample simulation illustrating the operation mode of automatically calculating meal bolus doses in real time during offline operation (in this example, from 17:30 to 16:30 across two consecutive days) based on meal bolus doses and their corresponding prandial and post-prandial responses during preceding online operation (in this example, from a preceding period of 18:00 to 17:30 across two consecutive days). The top panel shows the glucose trace (as black circles) during online operation and times of meals (indicated by black triangles). The bottom panel shows automatically generated insulin doses as slender gray bars, with meal bolus doses (as they are triggered or announced by the user) indicated by isolated gray strikes with arrowheads. During online operation, insulin doses include correction boluses and basal doses generated by the online algorithm as well as meal bolus doses, whereas during offline operation, insulin doses include algorithm-generated basal doses and automatically calculated meal bolus doses. Each meal bolus dose during offline operation was automatically calculated by the online algorithm based on the prandial and post-prandial response(s) during preceding period(s) of online operation when a meal bolus was administered for a meal or snack of the corresponding kind and/or time interval of day (breakfast, lunch, or dinner). The automatic calculation from preceding period(s) of online operation could include multiple incidents of each kind of meal bolus dose (e.g. multiple days having multiple occasions of breakfast, lunch, or dinner). The inherent learning and adjusting of meal bolus doses in this operation mode can continually undergo offline adjustments with more periods of online control. Also, both online and offline periods can vary in span from their arbitrarily chosen spans in this example, and each can contain intermittent segments of the other within its span.

[0039] Note that the user may choose not to utilize the meal bolus dose option when in online operation, as the control algorithm is able to automatically respond to prandial or post-prandial

glucose excursions when in online operation. However, such an automatic online response will be absent or ineffective if the prandial or post-prandial period occurs when in offline operation. Therefore, good glycemic control generally requires using the meal bolus dose option around the times of food consumption during offline operation. Since the meal bolus dose is effectively adapted during online operation, it follows that in order to get optimal control when using it during offline operation, the user should occasionally, if not regularly, use the meal bolus dose option in online operation. Occasional utilization could be on the order of once per week for a couple of weeks for each kind and/or time interval of day (breakfast, lunch, or dinner), but could also be more or less frequent than that, and/or altogether on an irregular time basis. Such occasional online usage over time allows for repeated adaptations of the meal bolus dose, which essentially updates the meal bolus dose magnitude(s) to better suit the user's needs based on their own determinations of the relative size of meals. In summary, while the meal bolus dose option may or may not be necessary for effective control under online operation, using it (at least occasionally) during online operation allows adapting the meal bolus dose magnitude(s) so as to be more effective when used in offline operation.

Superposition of the two operation modes

[0040] Figure 11 shows an example in which both the operation modes of (1) automatically calculating correction bolus doses of insulin and (2) automatically calculating meal bolus of insulin in real time during online operation are used together. This simulation uses the controller and BG data that was also used for illustrations of the correction bolus and meal bolus operation modes described above.

Other control aspects

[0041] The control system 10 can, in a similar manner, automatically calculate in real time a correction bolus dose of a counter-regulatory agent (such as glucagon) during online operation. With a counter-regulatory agent being available for use by the control system 10, offline operation action around an isolated glucose measurement could include real-time doses of the counter-regulatory agent. The system can still issue a correction bolus of insulin in an independent manner, so that it can exercise both correction bolus kinds (insulin and glucagon) or one kind without the other.

[0042] Figure 12 shows an example, using glucagon as the counter-regulatory agent, in which the system automatically calculates both kinds of correction bolus doses (insulin and glucagon). The correction bolus doses of insulin are arbitrarily chosen to be at the same times as those in Figure 8, and correction bolus action of glucagon is illustrated in the simulation at around 00:30 on the second day, where a glucose measurement that is near the low end of normal range was provided to the control system 10. The system could also respond with counter-regulatory correction bolus action for higher or lower glucose measurement,

depending on each individual situation and the control algorithm used. The automatic calculation of the counter-regulatory correction bolus doses may follow the same method described for continuous online control in the above-referenced US 2008/0208113 A1, treating the correction and meal bolus operations as brief resumption of online control as described above. Additionally, the system may include an ability to readily deliver a (default) preset counter-regulatory correction bolus (e.g. in cases of emergency). With these methods all superimposed as they are in Figure 12 (along with invoking automated basal insulin infusion during online operation, as per the disclosure in US 2013/0245547 A1), periods of online operation include algorithm-generated correction bolus doses of insulin and glucagon, meal bolus doses of insulin, and basal doses of insulin, all automatically calculated by the controller 18.

[0043] All of the control systems described above could be used in in-patient (e.g. critical care units or general wards, where the route of drug administration could vary and where dextrose is an example of a counter-regulatory agent) or out-patient settings and could be used in the context of an autonomous or semi-autonomous online glucose control system 10 (e.g. sensor-augmented infusion system). The control systems could also be applied in online operation separately or in conjunction in various combinations. When employed in online operation, these control systems could ultimately render obsolete notions of requiring the user (or care provider) to know and set control parameters such as insulin-to-carbohydrate ratios, correction factors (for both insulin or insulin-like agent and a counter-regulatory agent), as well as basal rates of insulin infusion. The scope of the invention is defined by the appended claims.

REFERENCES CITED IN THE DESCRIPTION

Cited references

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Patentkrav

1. Glucoseniveaustyringssystem (10) omfattende:

5 en glucosesensor (16), der kan arbejde for kontinuerligt at måle et glucoseniveau hos et individ (12) og generere et tilsvarende glucoseniveausignal;

en insulinafgivelsesindretning (14-2), der kan arbejde som reaktion på et insulindoseringsstyresignal for at tilføre insulin til individet (12); og

10 en styreenhed (18) med onlinedrift til at generere insulindoseringsstyresignalet til opnåelse og opretholdelse af euglykæmi hos individet (12), onlinedrift, der anvender en styrealgoritme inklusive (i) regelmæssig indgivelse af korrigeringsdoser af insulin baseret på styreparametre af styrealgoritmen og regelmæssig periodisk prøvetagning af glucoseniveauer ved hjælp af glucosesensoren (16) og (ii) autonom justering af styreparametrene til tilpasning af styreparametrene til individet (12),

15 **kendetegnet ved, at** styreenheden (18) har offlinedrift til generering af insulindoseringsstyresignalet for at opnå og opretholde euglykæmi hos individet (12), offlinedrift inklusive (iii) udvikling af en tilstand af styrealgoritmen over tid uden prøvetagning af glucoseniveauer og uden automatisk indgivelse af korrigeringsdoserne af insulin, idet styrealgorithmens tilstand udvikles under offlinedriften ved at opdatere tidseffekter af insulin, der tidligere er blevet indgivet i
20 individet (12), for at skabe en model af en reduktion af et iboende insulinniveau hos individet (12) under offlinedriften, og (iv) korrigeringsdoseringshandling, der hver især indbefatter brugerstyret indgivelse af en korrigeringsdosis af insulin som reaktion på en isoleret glucosemåling, der tilvejebringes til styreenheden (18), idet korrigeringsdosen beregnes af styreenheden (18) baseret på
25 den isolerede glucosemåling, styreparametrene og styrealgorithmens tilstand som udviklet på tidspunktet for korrigeringsdoseringshandlingen.

30 **2. Glucoseniveaustyringssystem (10) ifølge krav 1, hvor den isolerede glucosemåling tilvejebringes til styreenheden (18) via en brugergrænseflade af individet (12), og hvor hver korrigeringsdoseringshandling indbefatter anvendelse af en eller flere brugergrænsefladefunktioner, der er valgt fra (i) individet (12), der bekræfter, at korrigeringsdosen skal afgives, (ii) visning af værdien af korrigeringsdosen til individet (12) og (iii) accept af en modificeret værdi fra individet (12) til anvendelse som korrigeringsdosen i stedet for korrigeringsdosen,**
35

der beregnes af styreenheden (18).

5 **3.** Glucoseniveaustyringssystem (10) ifølge krav 1, hvor onlinedrift af styrealgoritmen endvidere indbefatter regelmæssig indgivelse af korrigeringsdoser af et modregulerende middel baseret på styrealgorithmens styreparametre og den regelmæssige periodiske prøvetagning af glucoseniveauer, og hvor offlinedriften endvidere indbefatter doseringshandlinger af modregulerende middel, der hver især indbefatter indgivelse af en dosis af et modregulerende middel som reaktion på en isoleret glucosemåling, der tilvejebringes til styreenheden (18)
10 og beregnes af styreenheden (18) baseret på den isolerede glucosemåling, styreparametrene og styrealgorithmens tilstand som udviklet på tidspunktet for doseringshandlingen af modregulerende middel.

15 **4.** Glucoseniveaustyringssystem (10) ifølge krav 1, hvor styrealgoritmen både i online- og offlinedrift gør det muligt for individet (12) at udsende en mikroudstødning eller en redningsdosis af modregulerende middel, idet en værdi af mikroudstødningen eller redningsdosen beregnes af styreenheden (18).

20 **5.** Glucoseniveaustyringssystem (10) ifølge krav 1, hvor onlinedriften af styrealgoritmen indbefatter (v) indgivelse af måltidsdoser af insulin som reaktion på et måltidsdosisstyringsinput og automatisk beregnet af styreenheden (18) baseret på forudgående måltidsdoser og tilsvarende prandiale og post-prandiale reaktioner hos individet (12) som reflekteret i prøvetagningen af glucoseniveauer ved hjælp af glucosesensoren (16) og (vi) autonom justering af styreparametre, der anvendes til at bestemme måltidsdosisstørrelser til tilpasning af styreparametrene til individet (12), og hvor offlinedrift indbefatter måltidsdoseringshandlinger, der hver især indbefatter indgivelse af en måltidsdosis af insulin som reaktion på måltidsdosisstyringsinputtet, og beregnet af styreenheden (18) baseret på den isolerede glucosemåling, styreparametrene og styrealgorithmens tilstand som udviklet på tidspunktet for måltidsdoseringshandlingen.
25
30

DRAWINGS

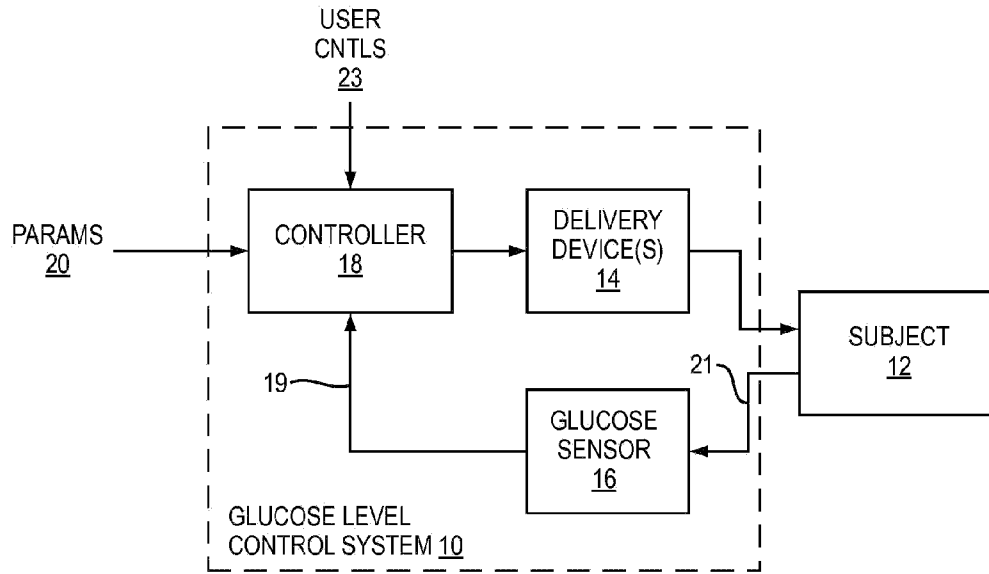


FIG. 1

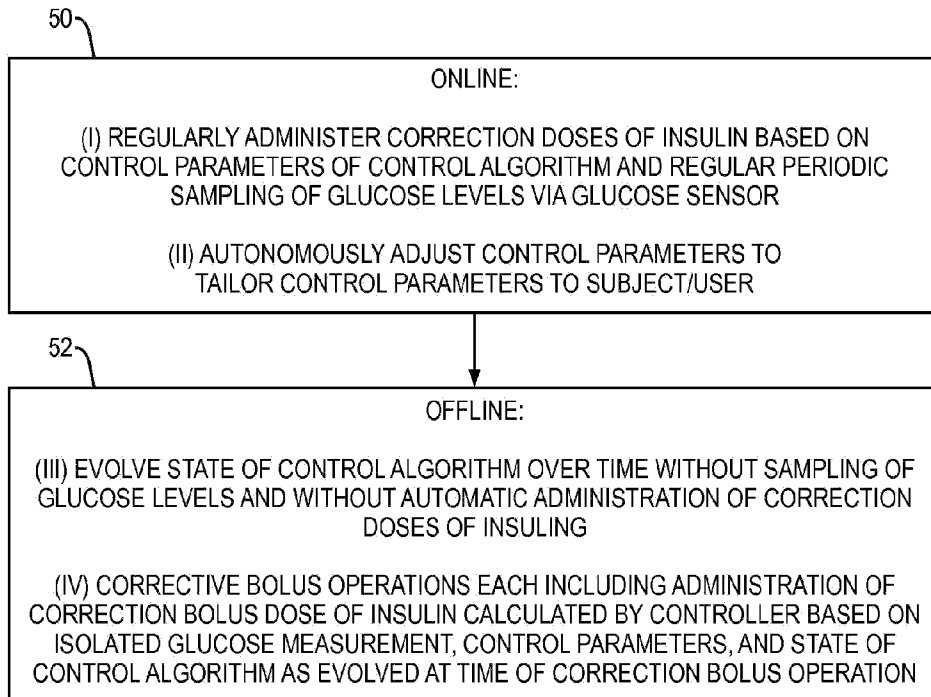


FIG. 3

GLUCOSE LEVEL 19,
 PARAMS 20,
 USER CNTLS 23

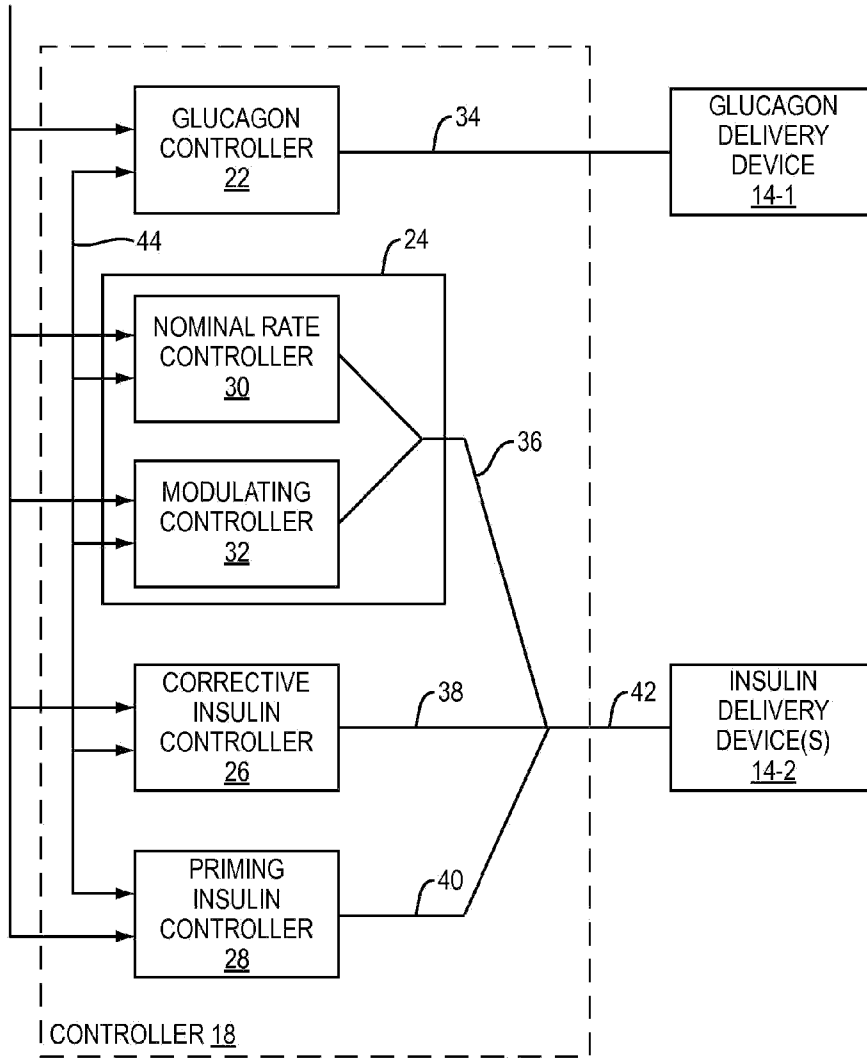


FIG. 2

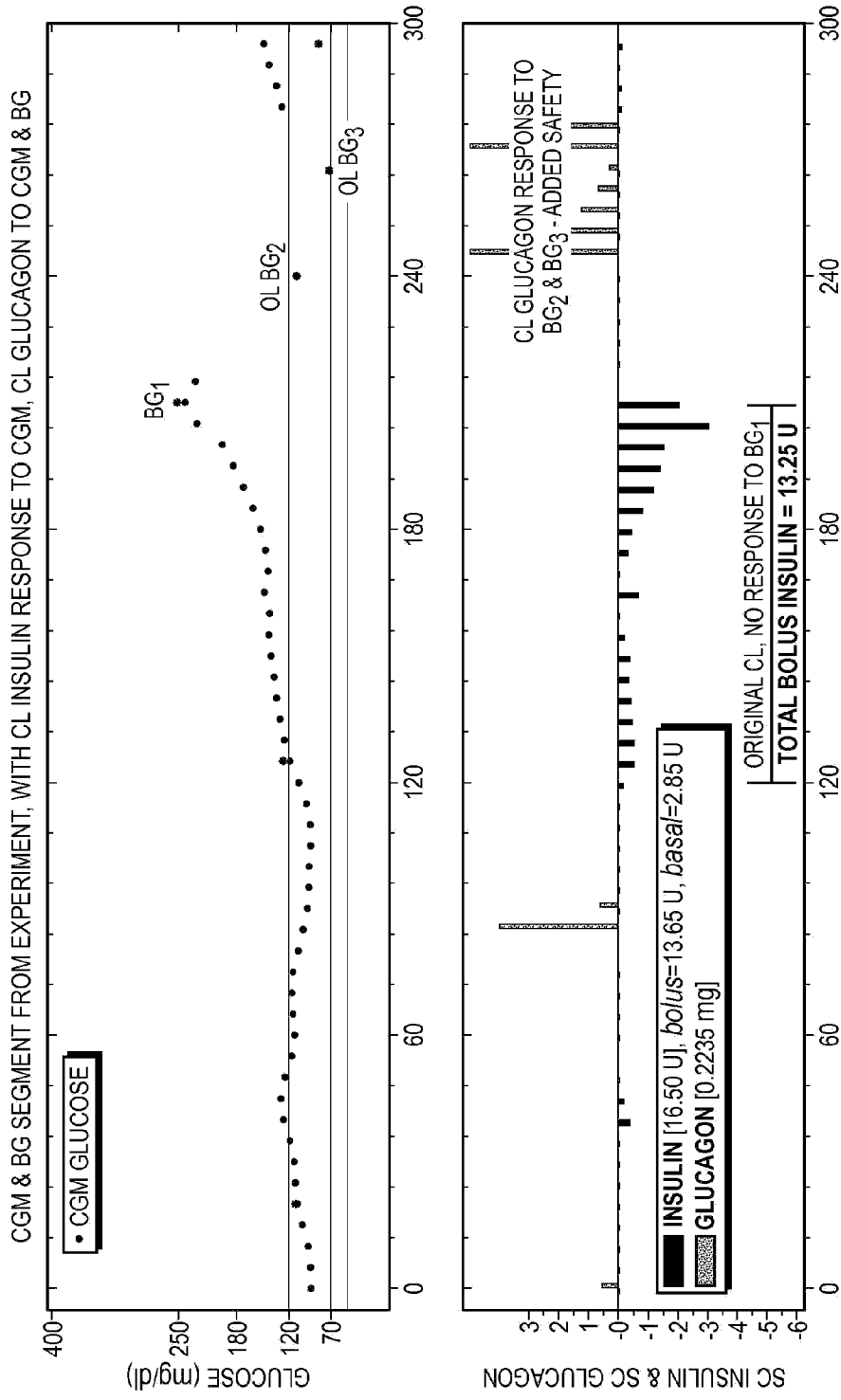


FIG. 4

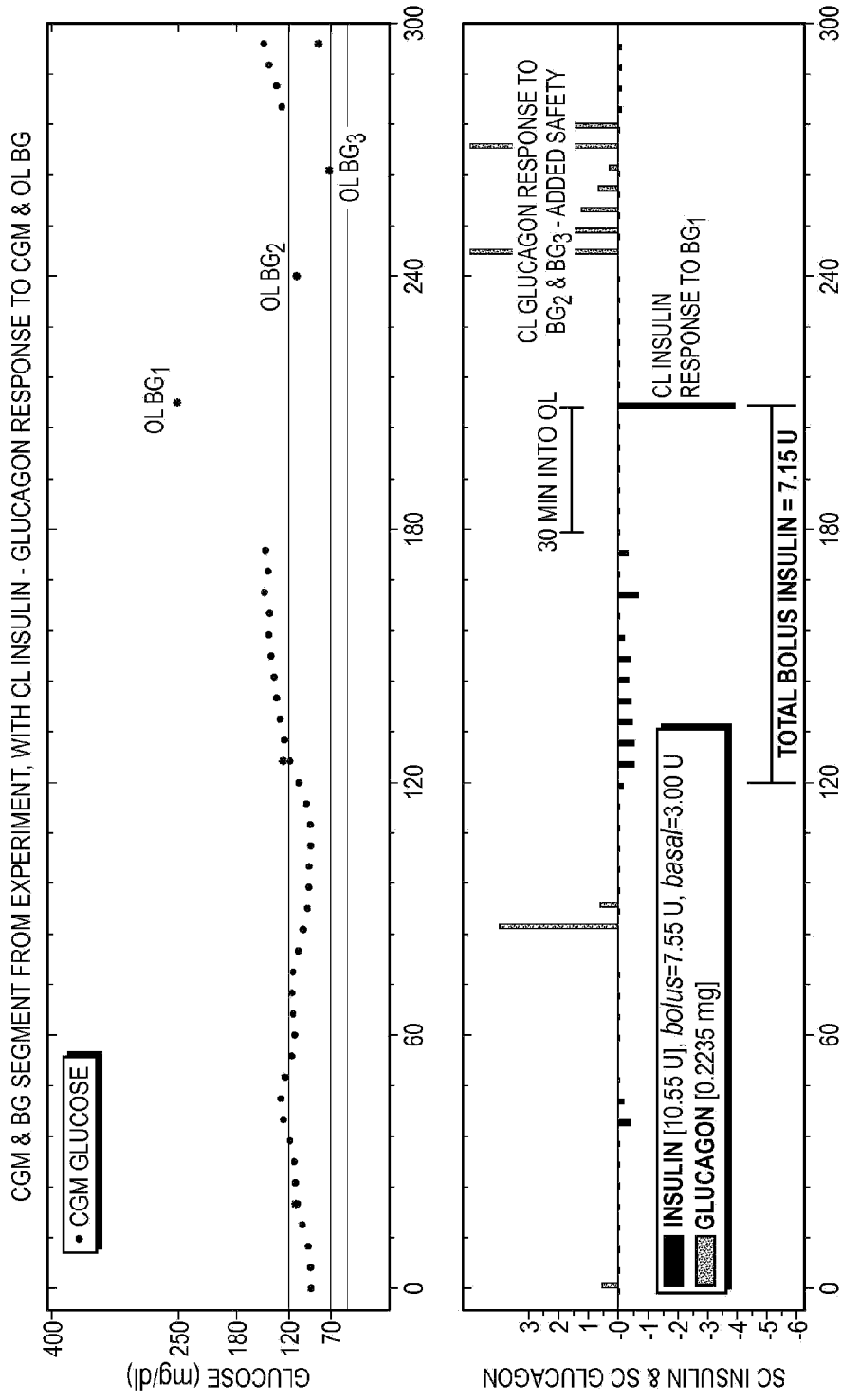


FIG. 5

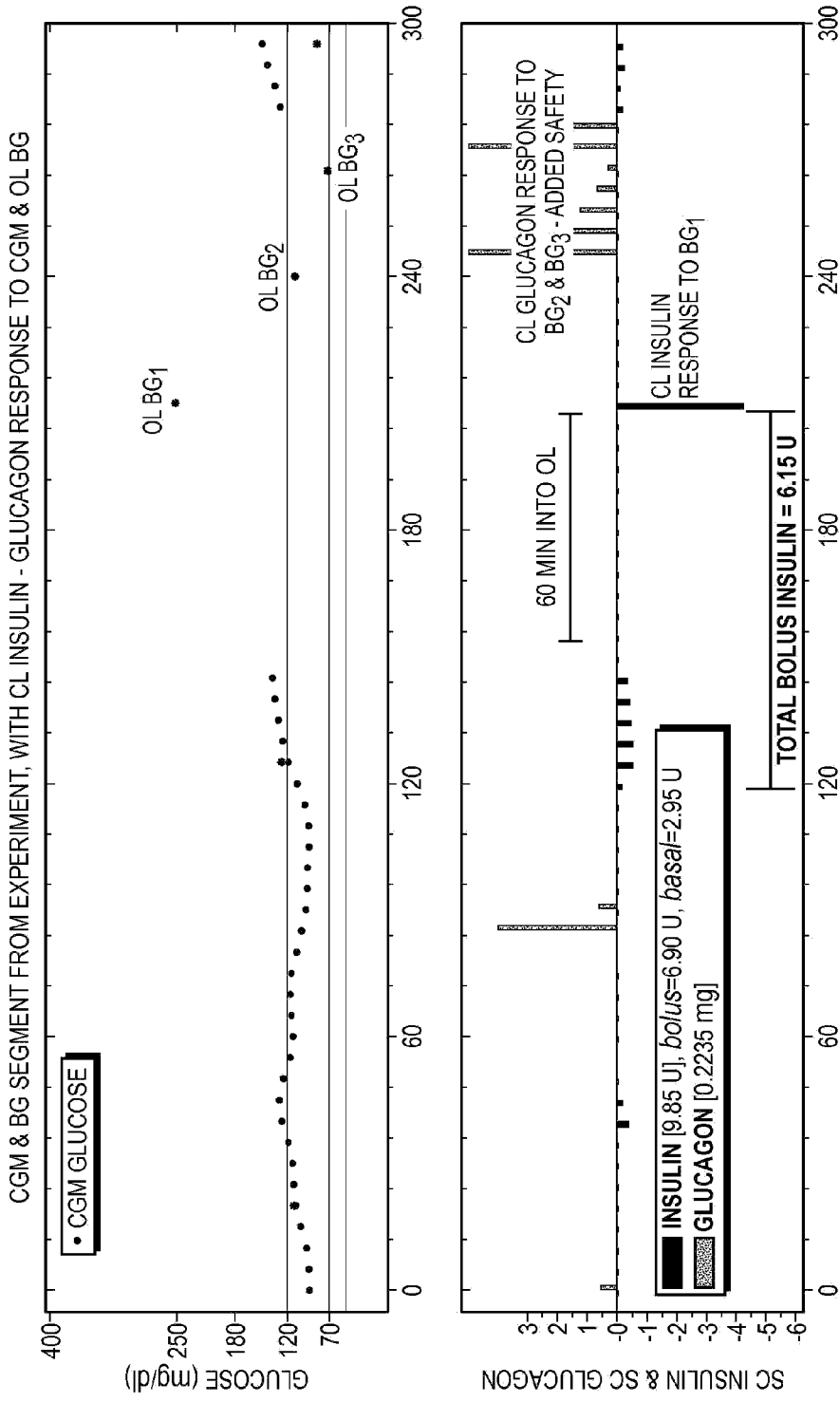


FIG. 6

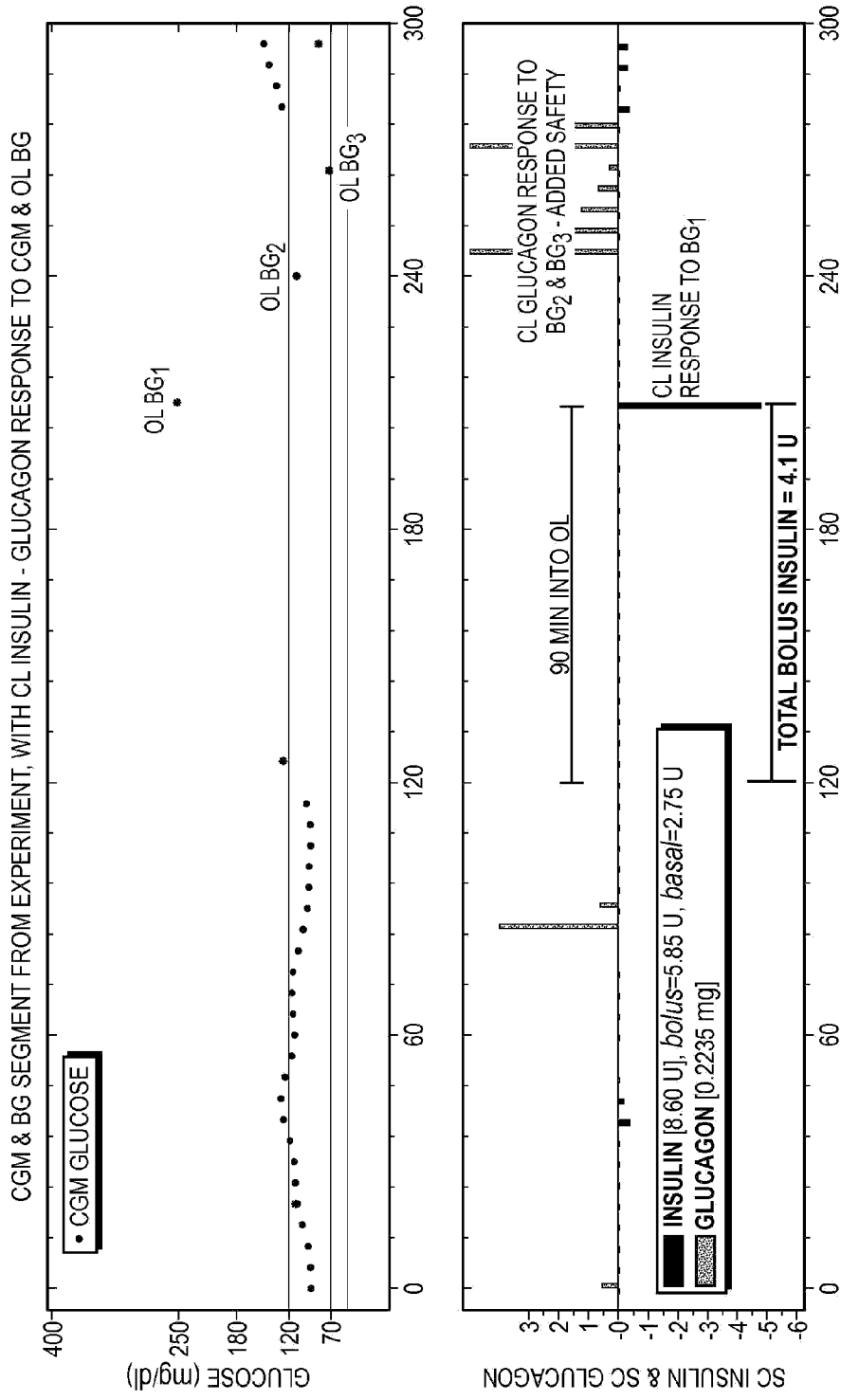


FIG. 7

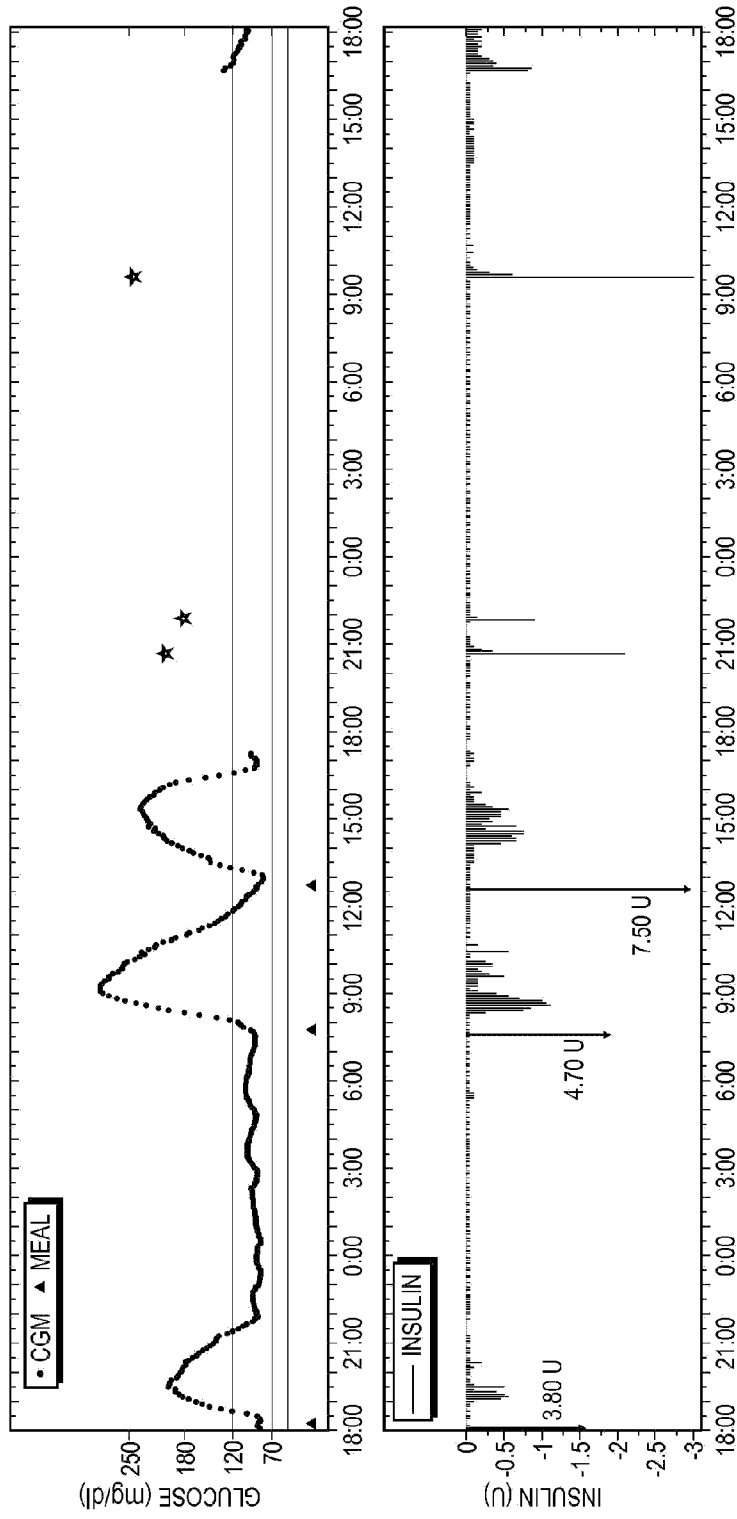


FIG. 8

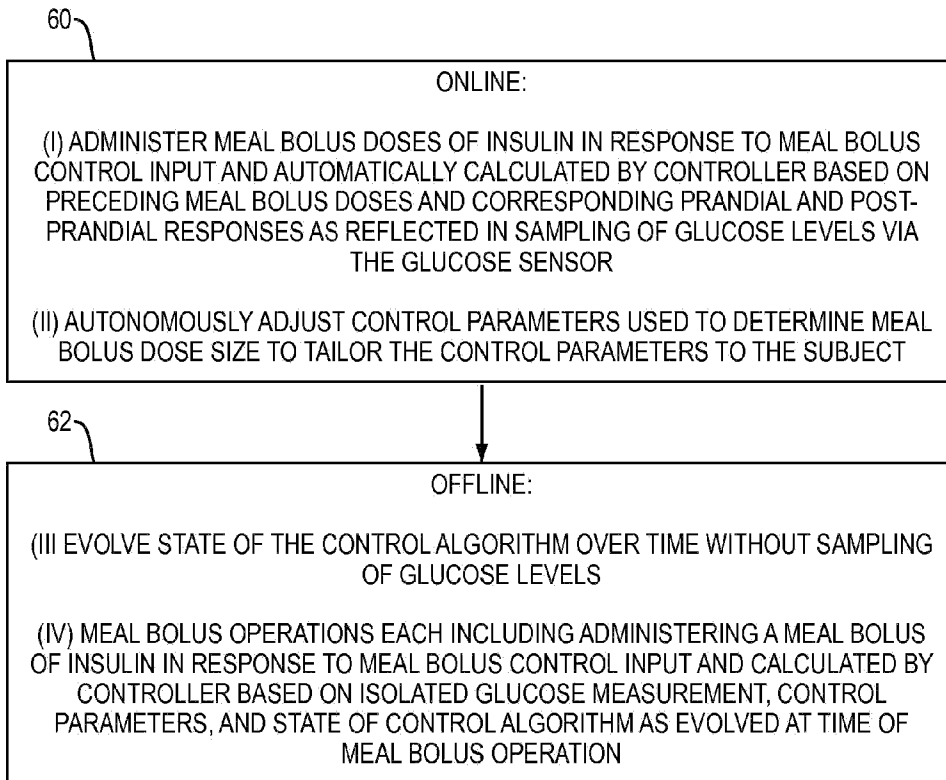


FIG. 9

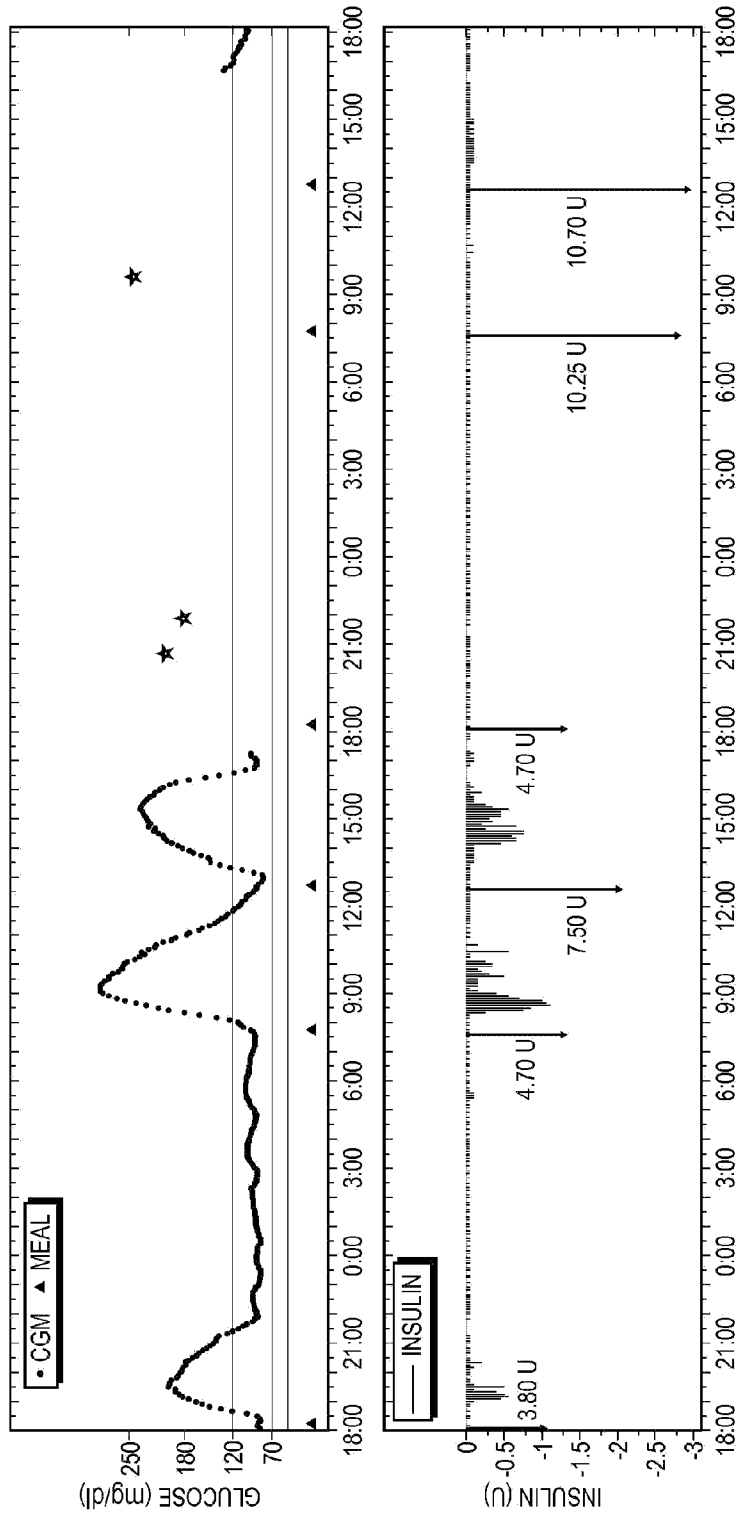


FIG. 10

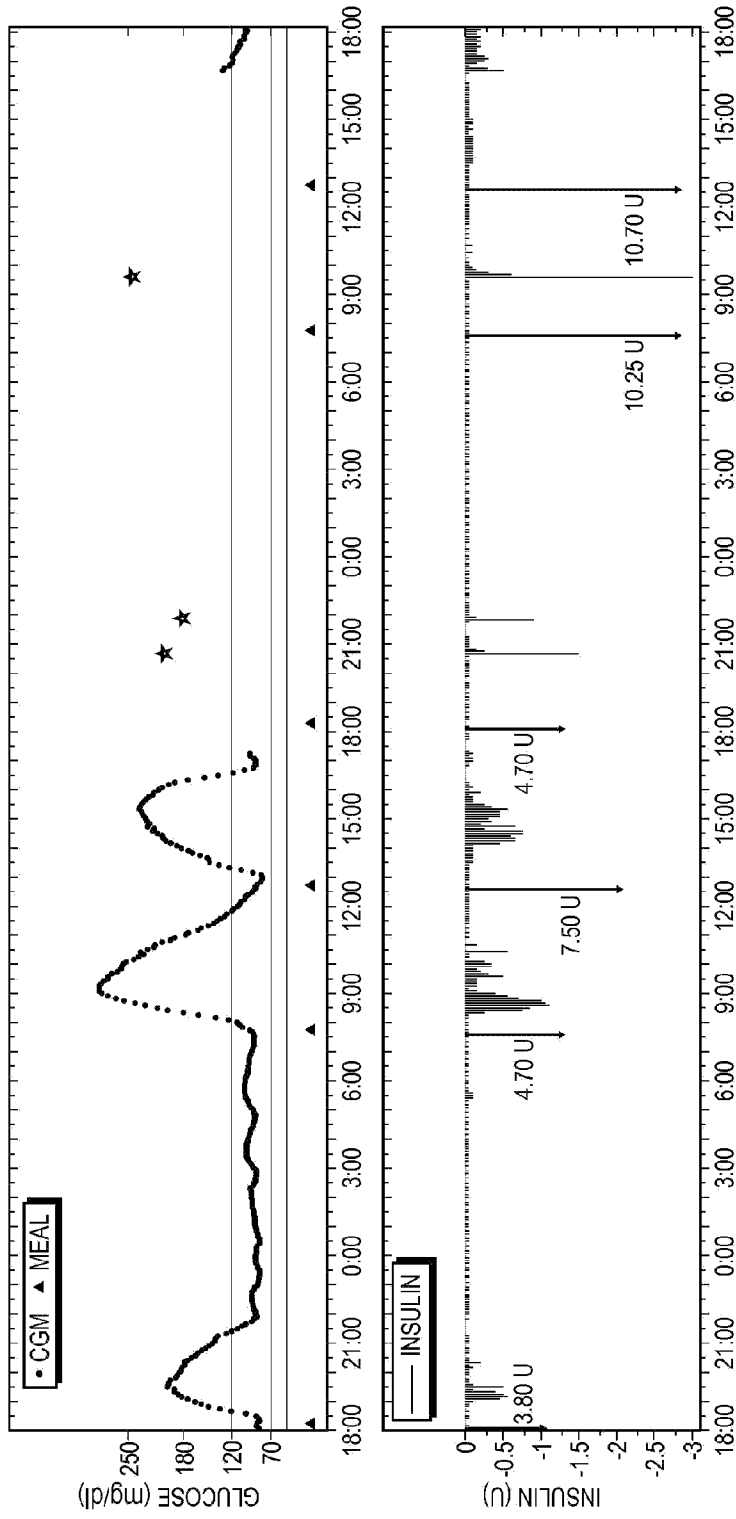


FIG. 11

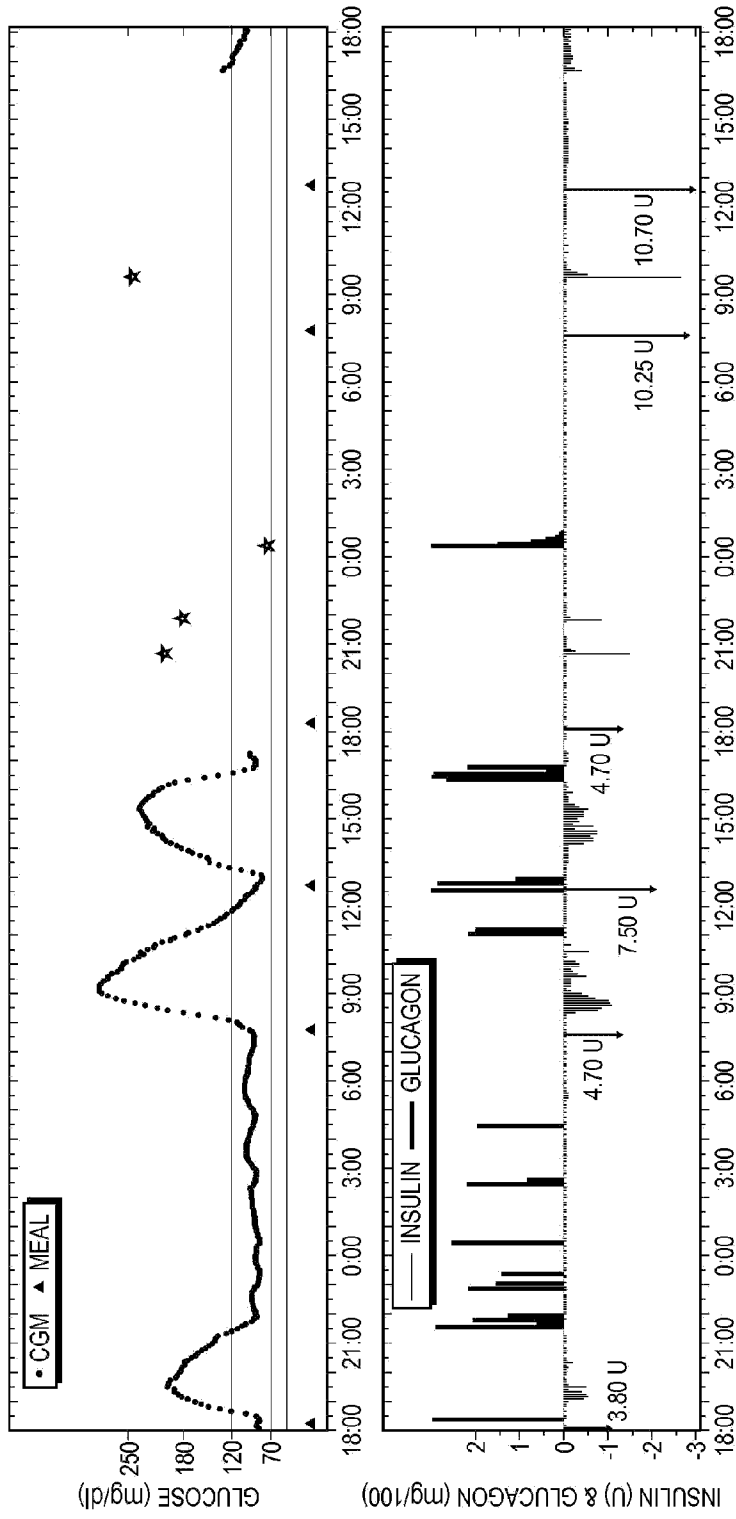


FIG. 12