GlucOS: Security, correctness, and simplicity for automated insulin delivery

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/ˈbīōˌhakər/

Noun

- 1. A person who manipulates their metabolic state using sensors, injected hormones, nutrients, physical activity, computer systems, and AI
- 2. An enthusiastic and curious person who learns about their own biology and metabolism through experimentation on themself
- 3. A person who uses computers to gain access to someone's metabolic state





@lakeboww 10 years ago

Tim you rock! He has the balls to be the pioneer in this field and experiment! I absolutely agree that there are no limitations. Keep going Tim.

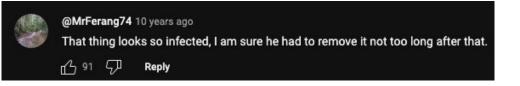




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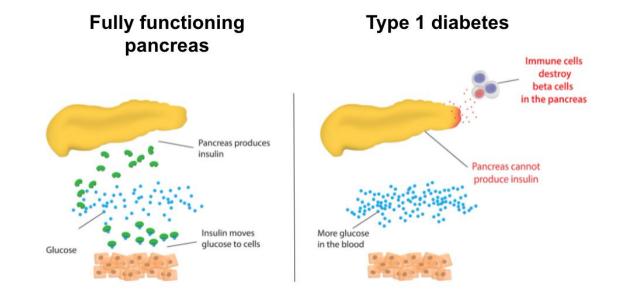


8.4 million people live with type 1 diabetes and they're the most hardcore Biohackers

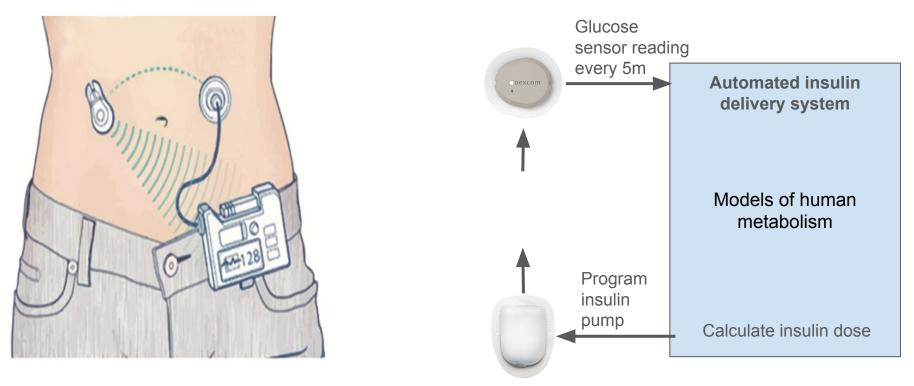
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Overview of type 1 diabetes



Automated insulin delivery systems



ML to calculate insulin doses?

| • • | <mark>Google</mark> Scholar | Al type 1 diabetes |
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| | ort by relevance ort by date | [HTML] An artificial intelligence decision support system for the management of type 1 diabetes NS Tyler, CM Mosquera-Lopez, LM Wilson Nature, 2020 - nature.com |
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Current automated insulin delivery systems do NOT use the most advanced ML, like deep neural networks!...

ML will always make mistakes in ways that are difficult to anticipate

DIGITS

Google Mistakenly Tags Black People as 'Gorillas,' Showing Limits of Algorithms In 2016, Microsoft's Racist Chatbot Revealed the Dangers of Online Conversation > The bot learned language

ARTIFICIAL INTELLIGENCE LinkedIn's job-matching AI was biased. The company's solution? More AI.

> Chatbots May 'Hallucinate' More Often Than Many Realize

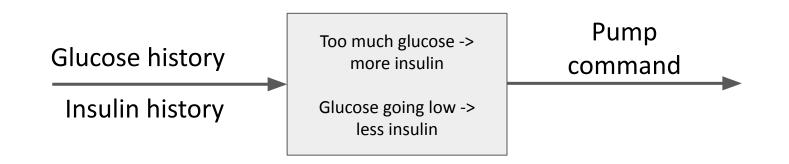
GlucOS: End-to-end system for trustworthy insulin delivery

- Algorithmic security
- Driver security
- End-to-end security incorporating formal methods
- Keeping humans in the loop

Design, implement, and deploy a system on real humans to help manage their Type 1 Diabetes

Algorithmic Security

Reactive models



- Pros: Simple and safe
- Cons: Slow and thus poor control

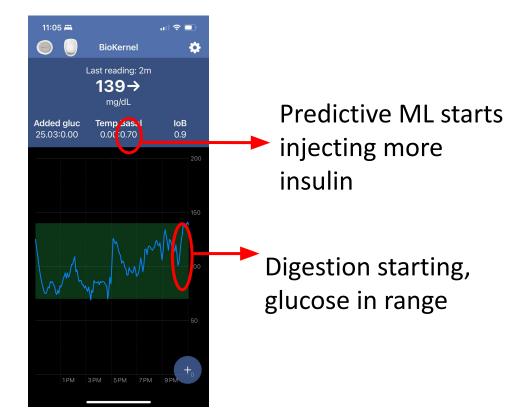
Scenario from a real user who ate a snack at around 9pm but doesn't have enough insulin on board for full digestion





Digestion starting, glucose in range





Insight for ML security

All correct insulin dosing algorithms will dose the same amount over a long enough time

Insight for ML security

All correct insulin dosing algorithms will dose the same amount over a long enough time

But the timing of when you inject matters A LOT

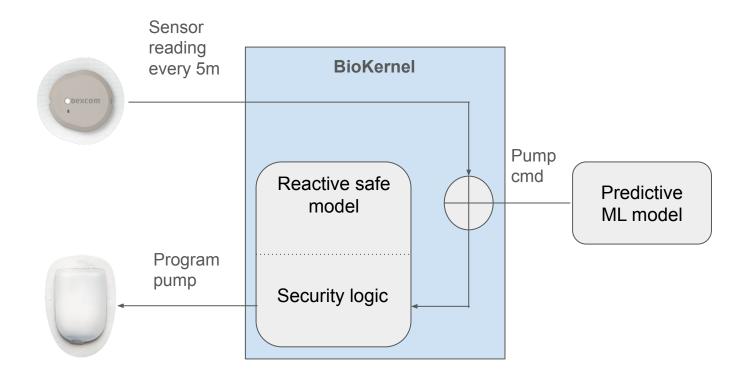
Insight for ML security

All correct insulin dosing algorithms will dose the same amount over a long enough time

But the timing of when you inject matters A LOT

Rather than getting rid of the reactive safe model, we repurpose it for security

ML security architecture

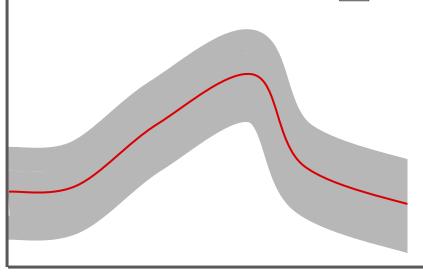


Bound ML predictions with reactive safe model

Reactive safe model

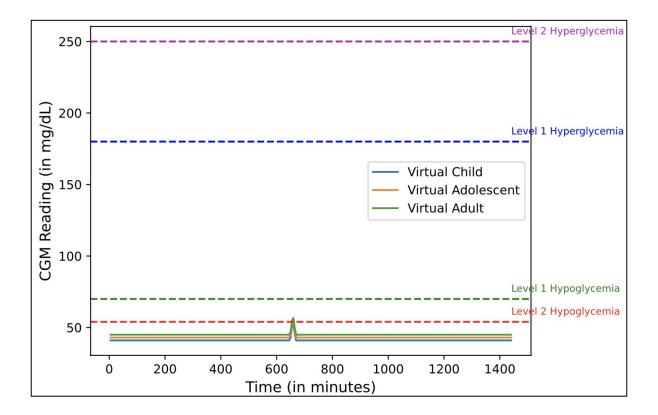
Bounds for predictive ML

Insulin

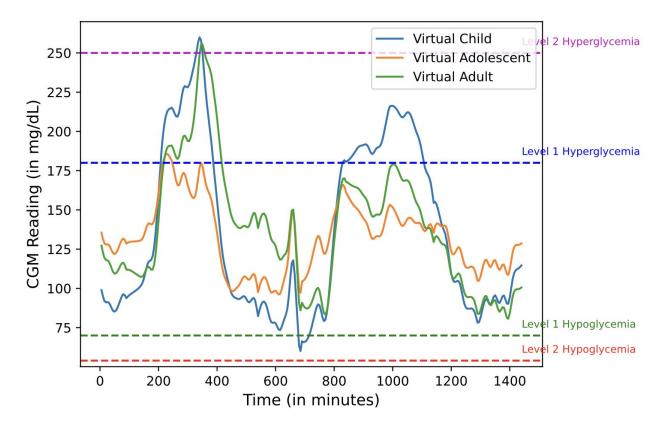


Time

Malicious model killed several virtual humans

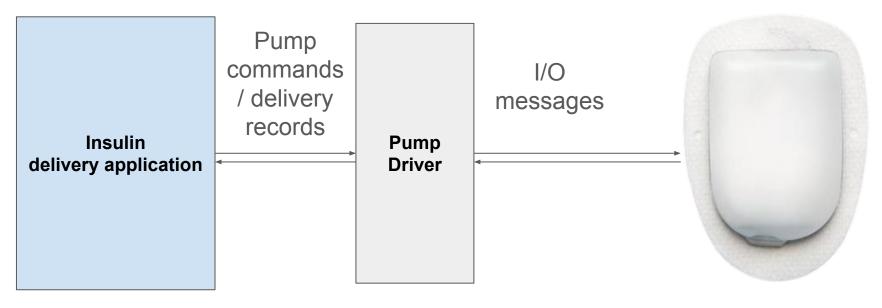


Even with a fully malicious predictive model, GlucOS keeps individuals in range



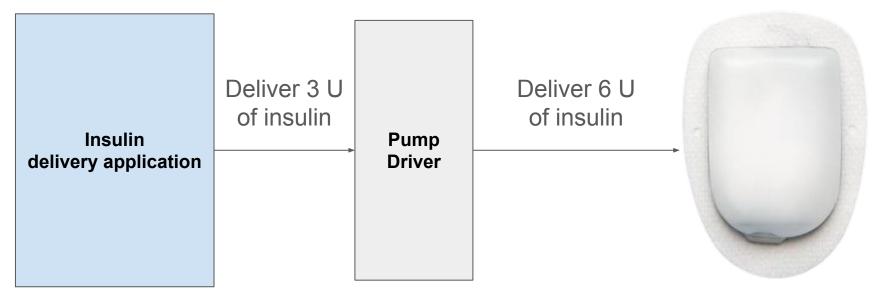
Driver Security

Insulin pump drivers



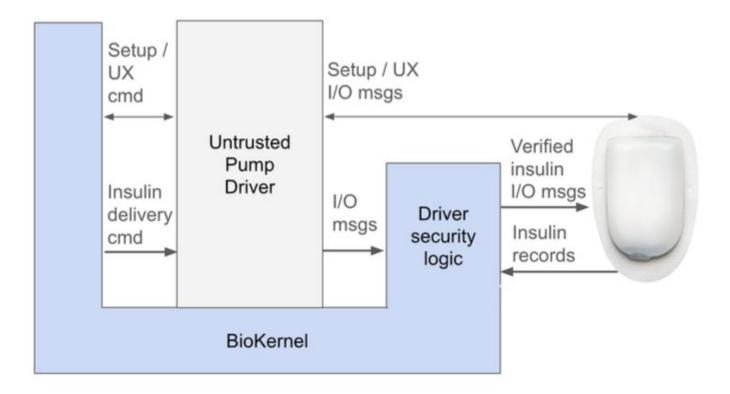
Insulin pump

Buggy / malicious pump drivers



Insulin pump

Driver security mechanism



Simulators do not model pump drivers



End-to-end Security: Biological invariant

Biological invariant

$|g_{\text{measured}} - g_{\text{predicted}}| < 30 \text{mg/dl}$

Biological invariant

$|g_{\text{measured}} - g_{\text{predicted}}| < 30 \text{mg/dl}$

$$|g_{
m measured} - g_{
m actual}| < 5 {
m mg/dl}$$

Biological invariant

$$|g_{
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m mg/dl}$$

$$|g_{\text{measured}} - g_{\text{actual}}| < 5 \text{mg/dl}$$

 $|g_{\text{measured}} - g_{\text{predicted}}| < 35 \text{mg/dl}$

Real-world vs. simulation

• Current simulators do not capture fluctuations to insulin sensitivity

• On an individual using GlucOS, we observed violations to the biological invariant occurring 1.6k times over a 2 month period

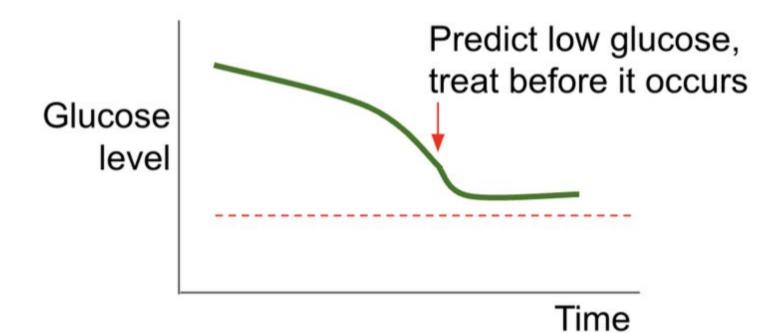
Keeping humans in the loop

Humans form the last level of defense

• Certain situations require humans to intervene

• E.g., humans have to eat food to lift up their glucose levels if they're too low

Predictive alerting and personalization



Should alerting be incorporat ed within our TCB?

 We initially chose to keep alerting outside our TCB for simplicity

 However, communication channels provided by iOS introduced complications, where individuals did not receive alerts when they lost connectivity

• We incorporate alerting within the TCB in our current implementation but highlight the need for additional communication channels for health

Impact on real humans

- Individual using GlucOS had their tightest ever control
 Matched that of non-diabetics
 - Matched that of non-diabetics
- They also faced significantly lower cognitive load
- We also report tighter control across all participants in our user study

• All participants also reported significantly lowered cognitive load

Conclusion

• People with T1D can live longer than their peers

• Biohacking software grounded in security first principles can pave the way for increased longevity for all individuals

Thank you.

Please email your questions to:

hvenugopalan@ucdavis.ed

<u>u</u>

or <u>smvijay@ucdavis.edu</u>

