

# Effectiveness of noninvasive continuous glucose monitoring using OCT angiography-purified blood scattering signals

<b>Submission date</b> 15/08/2023	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 16/08/2023	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 16/08/2023	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Diabetes is a chronic metabolic disease associated with severe complications such as heart disease, kidney problems, and strokes. Monitoring blood glucose levels is crucial for patients' overall well-being. Glucose levels are typically assessed in two compartments: blood and interstitial fluid (ISF). Blood glucose concentration (BGC) is commonly measured using enzymatic-based electrochemical devices which may lead to discomfort, infection risks, and poor compliance. ISF glucose concentration (IGC) can be continuously monitored using subcutaneous needle sensors, which is less accurate than blood glucose monitoring due to delayed ISF glucose level response. The development of a noninvasive and precise continuous glucose monitoring (CGM) technique holds significant potential.

Optical techniques utilizing near-infrared light scattering are promising for noninvasive glucose monitoring. The accuracy of CGM based on near-infrared scattering is challenged by mixed scattering signals from different compartments, where glucose can have opposite effects on the scattering. OCT angiography (OCTA), an extension of OCT, enables 3D mapping of blood perfusion down to the capillary level. OCTA vascular mapping has facilitated highly sensitive measurement of glucose-induced scattering changes in specific blood or ISF compartments, demonstrating a strong correlation between the blood optical scattering coefficient (BOC) and BGC in mouse retinas. Further investigation is needed to validate this correlation in humans and assess its practical utility for blood glucose monitoring.

The aim of this study is to explore the potential of using OCTA-purified blood scattering signals to achieve high accuracy in CGM.

### Who can participate?

Healthy volunteers above 18 years old

### What does the study involve?

Participants were enlisted to take part in both experimental and control study trials. In the experimental trial, each test comprised a 10-minute baseline period, succeeded by a 5-minute intake of a glucose solution and an 85-minute recovery phase to revert to baseline levels. Throughout the trial, OCTA imaging occurred every 5 minutes in the same region of interest on

the finger. Concurrently, the blood glucose concentrations were measured by a portable blood glucose meter every 10 minutes. The control trial followed a comparable protocol, with water replacing the glucose solution.

What are the possible benefits and risks of participating?

The risks to the participants are minimal. The only possible "risk" is slight bruising on the site where the finger is pricked to take blood for glucose testing. There are no direct benefits to the participants.

Where is the study run from?

Zhejiang University (China)

When is the study starting and how long is it expected to run for?

January 2022 to April 2023

Who is funding the study?

The National Natural Science Foundation of China

Who is the main contact?

Mr Peng Li, peng\_li@zju.edu.cn

## Contact information

### Type(s)

Scientific

### Contact name

Prof Peng Li

### Contact details

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## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### ClinicalTrials.gov (NCT)

Nil known

### Protocol serial number

No. 2022-044

# Study information

## Scientific Title

A pilot study on noninvasive continuous glucose monitoring in healthy subjects using OCT angiography-purified blood scattering signals

## Acronym

OCTACGM

## Study objectives

Test the feasibility of a new technology (OCT angiography) for continuous noninvasive glucose monitoring:

1. Verify the correlation between the OCTA-purified blood scattering signals and the blood glucose levels in human skin in vivo
2. Develop a calibration method to calculate BGC based on the OCTA-purified blood scattering signals
3. Test the accuracy and reproducibility of the OCTA-based continuous glucose monitoring (CGM)

## Ethics approval required

Ethics approval required

## Ethics approval(s)

approved 29/09/2022, Ethics Committee of the College of Biomedical Engineering & Instrument Science, Zhejiang University (38 Zheda Road, Hangzhou, 310027, China; +86 (0)571 87951249; zjuethic@zju.edu.cn), ref: No. 2022-044

## Study design

Single-centre pilot observational trial

## Primary study design

Observational

## Study type(s)

Diagnostic

## Health condition(s) or problem(s) studied

Continuous glucose monitoring

## Interventions

Experimental group:

Each test involved a 10-minute baseline period, followed by the ingestion of a glucose solution for 5 minutes and an 85-minute recovery period to return to baseline levels. OCTA imaging was performed at the same region of interest on the finger every 5 minutes during the trial. A fingertip blood sample was taken every 10 minutes, using a portable blood glucose meter to measure the BGC.

Control group:

Similar experiments were conducted with the glucose solution replaced by water to serve as the control group.

## **Intervention Type**

Other

### **Primary outcome(s)**

1. 3D OCT structure images and 3D OCT angiography (OCTA) images of skin. The 3D OCT structure images of human skin were acquired by the swept source OCT system, and 3D OCTA images were generated by applying the inverse signal-to-noise ratio and decorrelation OCTA (ID-OCTA) algorithm on the 3D OCT structure at -10, -5, 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85 and 90 min
2. Reference blood glucose concentrations (BGC) were measured every 10 minutes using a portable blood glucose meter on a sample taken from the finger at -10, 0, 10, 20, 30, 40, 50, 60, 70, 80 and 90 min

### **Key secondary outcome(s)**

1. Blood optical scattering coefficient (BOC) extracted from the depth attenuation of backscattered light in OCT and then spatially purified under the guidance of a 3D OCTA vascular map in human skin at -10, -5, 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85 and 90 min
2. Correlation between BOC and reference blood glucose concentrations (BGC), linearly fitted based on the least squares criterion at -10, 0, 10, 20, 30, 40, 50, 60, 70, 80 and 90 min
3. Optical BGC, calculated from the BOC through a linear calibration at -10, 0, 10, 20, 30, 40, 50, 60, 70, 80 and 90 min
4. Accuracy of glucose measurements based on OCT angiography (OCTA), evaluated using Parke's error grid, ISO 15197 standards, and mean absolute relative difference at -10, 0, 10, 20, 30, 40, 50, 60, 70, 80 and 90 min
5. Tissue optical scattering coefficient (TOC), extracted from the depth attenuation of backscattered light in OCT and then spatially purified under the guidance of a 3D OCTA vascular map in the dermis layer of the skin at -10, -5, 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85 and 90 min
6. Correlation between TOC and reference blood glucose concentrations (BGC), linearly fitted based on the least squares criterion at -10, 0, 10, 20, 30, 40, 50, 60, 70, 80 and 90 min
7. Optical interstitial fluid glucose concentration (IGC), calculated from the TOC through a linear calibration at -10, 0, 10, 20, 30, 40, 50, 60, 70, 80 and 90 min
8. Lag time between IGC and BGC, assessed as the temporal delay between optical IGC and the reference BGC at -10, -5, 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85 and 90 min

## **Completion date**

30/04/2023

## **Eligibility**

### **Key inclusion criteria**

1. Adults (18 years old or above)
2. In good health
3. Not taking any medication
4. Able to consent to participate

### **Participant type(s)**

Healthy volunteer

### **Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

10

**Key exclusion criteria**

1. Children and young adults (younger than 18 years old)
2. Having chronic disease
3. Unable to consent to participate

**Date of first enrolment**

01/12/2022

**Date of final enrolment**

30/04/2023

## **Locations**

**Countries of recruitment**

China

**Study participating centre**

**Zhejiang University**

State Key Lab of Modern Optical Instrumentation

College of Optical Science and Engineering

38 Zheda Road

Hangzhou

China

310027

## **Sponsor information**

**Organisation**

Zhejiang University

# Funder(s)

## Funder type

Government

## Funder Name

National Natural Science Foundation of China

## Alternative Name(s)

Chinese National Science Foundation, Natural Science Foundation of China, National Science Foundation of China, NNSF of China, NSF of China, National Nature Science Foundation of China, Guójiā Zìrán Kēxué Jījīn Wěiyuánhùi, , NSFC, NNSF, NNSFC

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

China

# Results and Publications

## Individual participant data (IPD) sharing plan

The current data sharing plans for this study are unknown and will be available at a later date

## IPD sharing plan summary

Data sharing statement to be made available at a later date

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Protocol file</a>			16/08/2023	No	No