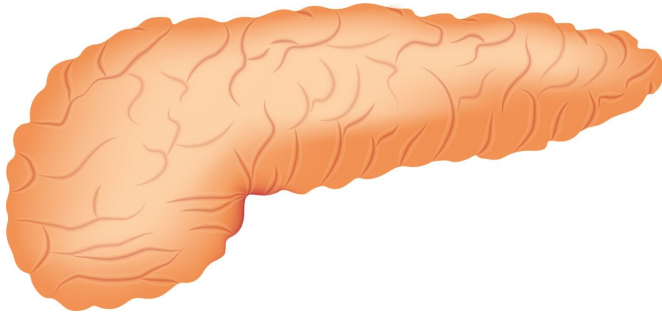


# 'Artificial pancreas dashboard' to standardize hybrid closed-loop reporting

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A standardized 'Artificial Pancreas (AP) Dashboard' should provide easy to use single-page hybrid closed-loop system (HCL) reporting for insulin requiring patients with diabetes. The AP Dashboard will help standardize HCL reporting similar to standardized CGM reporting and an electrocardiogram (EKG) and will be likely to help improve glycemic control and reduce hypoglycemia. It is described in the peer-reviewed journal *Diabetes Technology & Therapeutics (DTT)*.

The developers of the AP Dashboard concept propose a single-page report comprised of seven main components. These provide detailed information and visualization of [glucose](#), insulin, and HCL-specific metrics. They include glucose metrics, hypoglycemia, insulin, [user experience](#), hyperglycemia, glucose modal-day profile, and insight. Each main component may be divided into subcomponents. For example, glucose metrics include four variables: mean glucose; [standard deviation](#); glucose management indicator; and a visual graph displaying the recommended continuous glucose monitor metrics, such as time-in-range, time-above-range, and time-below-range. The recommendations also include the optimal sampling duration for HCL data download and color coding for visualization ease.

"Successful use of an HCL system requires interpretation of the glucose and insulin metrics and optimization of HCL settings," state coauthors Viral Shah, MD and Satish Garg, MD, University of Colorado Anschutz Medical Campus. "We believe it is time to standardize the terminology and reporting of different HCL systems. We recommend various HCL metrics and visualizations for a standardized HCL reporting similar to an EKG. We realize that this is only a starting point and fully understand that this can and will be improved with others' input."

**More information:** Viral N. Shah et al. Standardized Hybrid Closed-Loop System Reporting, *Diabetes Technology & Therapeutics* (2020). [DOI: 10.1089/dia.2020.0622](https://doi.org/10.1089/dia.2020.0622)

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