## Impact of Skin Pigmentation On The Performance of Biomedical **Optics Devices**

## Abstract

Epidermal melanin can impact signals detected by a wide range of existing and emerging biomedical optics technologies used to perform trans-dermal measurements. We review the mechanisms and effects of melanin on six different clinical device types so as to enhance awareness of the need for additional research and regulatory practices to avoid racial disparities in medical devices.

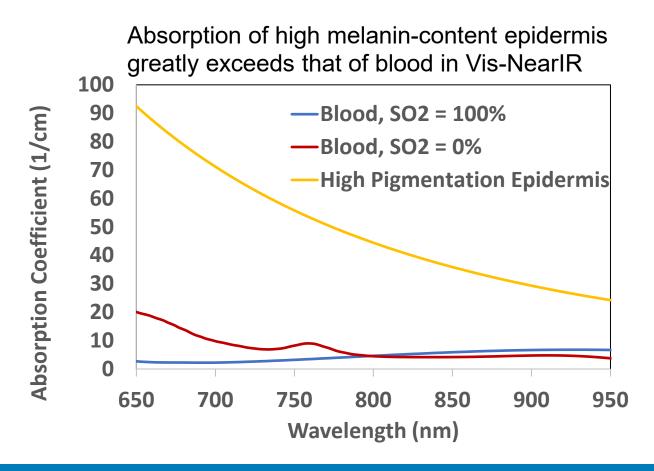
## Introduction

Is there evidence that other infrared medical devices [besides pulse oximeters] that interact with a patient's skin pigment... also vary in efficacy by the patient's race and ethnicity?

--Sens. Warren and Wyden in Jan 25, 2021 Congressional Inquiry to FDA

We have performed an initial literature review on the impact of skin pigmentation in optical diagnostic devices. Epidermal melanin can be particularly challenging to device performance because:

- Absorption coefficient is much larger than any other dermal constituent
- Absorption level changes rapidly across the visible to near-infrared range
- Concentration can vary by more than an order of magnitude across the population
- Fluorescence yield is greater than most tissues



## Methods

Top used search terms:

- [Device] AND Melanin
- [Device] AND Pigmentation
- [Device] AND Skin Pigmentation
- [Device] AND Pigmentation Influence OR Impact
- [Device] AND Melanin Correction
- [Device] AND Pigmentation Correction



## **Applications**

- Cerebral Oximeters are based on near-infrared spectroscopy (NIRS) • Non-invasive monitor of bulk tissue oxygenation (StO<sub>2</sub>) in ICUs/NICUs and during surgery, for rapid detection of hypoxia
- Impact of Pigmentation With increasing pigmentation, Vis-NIR reflectance spectra show decrease in overall intensity, as well as reduced signals at shorter
- wavelengths (Mendenhall et al., 2015) • Clinical study showed negative StO<sub>2</sub> bias in adults with high pigmentation in some commercial oximeters (P<0.001) (Bickler et al., 2013) • African ethnicity / darker pigmentation is associated with lower
- preoperative intracerebral StO<sub>2</sub>, yet this apparent bias did not worsen the ability to predict mortality (Sun et al., 2014) • Tissue-simulating phantom testing in CDRH showed a negative bias of
- 5-10% with increasing pigmentation (Afshari et al., 2022) • Not all cerebral oximeters show a significant pigmentation bias (Couch
- et al., 2015) • High melanin levels increased loss of signal (Wassenaar et al., 2005)
- Mechanism of StO<sub>2</sub> negative bias is not well understood **Mitigation Procedures**
- Stronger light sources, higher detector sensitivity and narrower probe spacing may be used to minimize the effect of attenuation from

**Applications** 

- Impact of Pigmentation
- Reduced modulation and waveform amplitude due to higher pigmentation levels may cause inaccurate pulse rate measurements
- Fallow et al. (2013) reported that Type V (medium-dark) skin had lowest mean modulation.
- Manufacturer website: 'Skin tone can have an effect as the melanin in the skin absorbs some of the light...the sensor may have to work harder to find a pulse....'
- **Mitigation Procedures**

No results found





Else et al., SPIE Poster, 2021

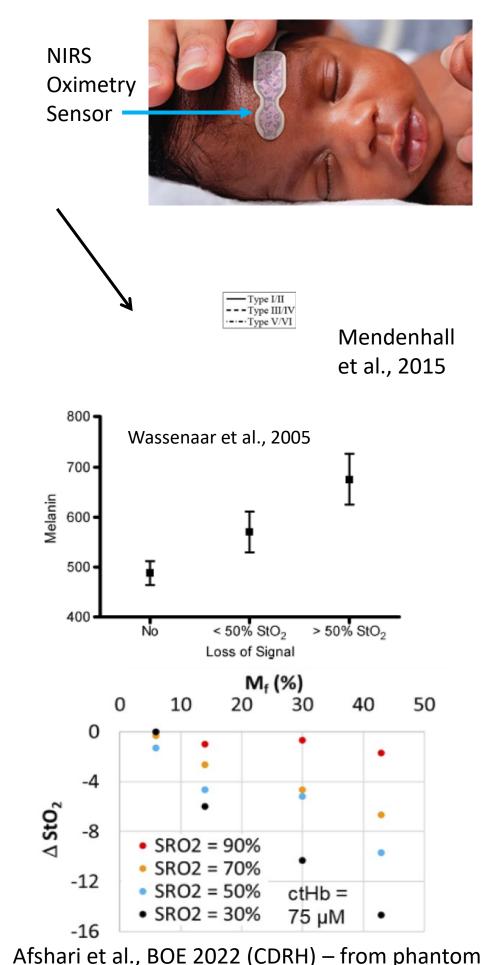
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## **Results and Discussion**

## **Cerebral/Tissue Oximeters**

Wavelengths: 675-950 nm (visible/near-infrared); 2-5 wavelengths

- melanin and prevent signal loss (Wassenaar et al., 2005)
- Multiple source-detector separation distances and processing algorithms are used to minimize impact of superficial tissue layers



## Wearables/PPGs (Photoplethysmography)

Securement Method: Hook and Loop Clasp Band Shape Memory

— Skin

Fitbit Inc., Patent

US8945017B2 2014

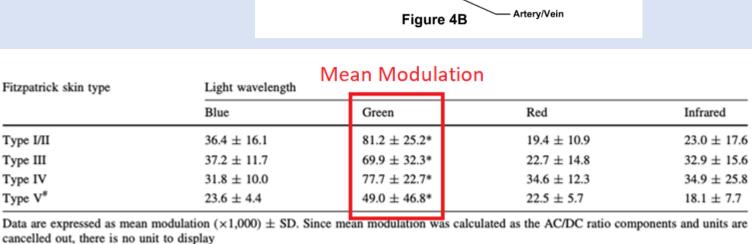
Wavelengths: 450-900 nm (Vis and NIR); 2 or more wavelengths

• Real time physiological monitoring of parameters such as heart rate and energy expenditure

- Some studies have found no significant correlation between skin type and device error/accuracy (Bent et al., 2020)



Active green light sensors



Sensor Charg Protrusion Mati

\* p < 0.001 versus other wavelength; " p < 0.05 versus other skin types

Fallow et al., Skin Type Reflectance 2013

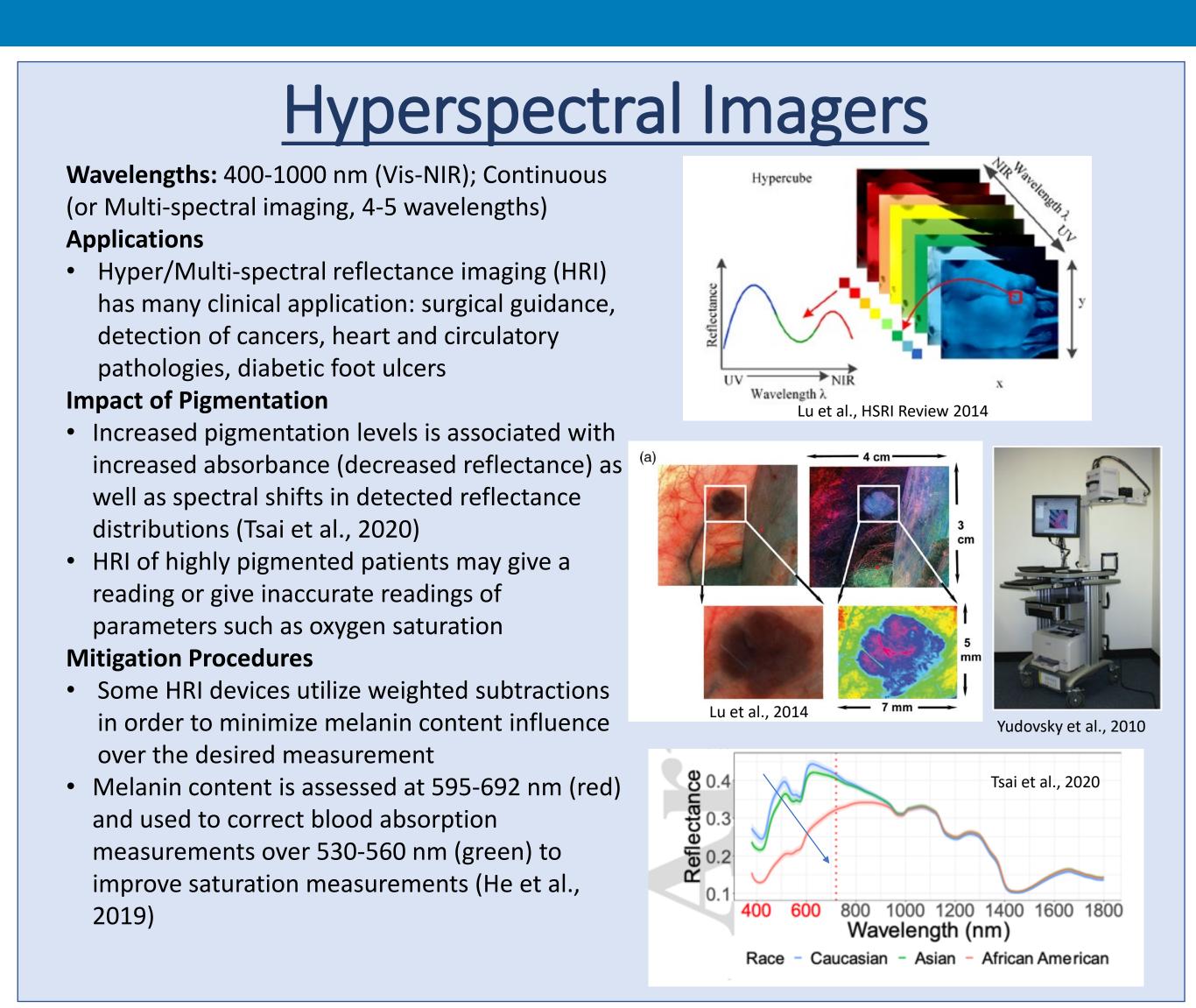
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- Li et al., Journal of Biophotonics, 12(9), 2019

Lu et al., Journal of Biomedical Optics, 19(1), 010901, 2014 Maslov et al., Inverse Problems, 23, S113-S122, 2007 Smith et al., Ophthalmic Technologies XI, 4245, 2001 Tsai et al., JEADV, 35, e306-e352, 2021

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## **Transcutaneous Bilirubinometers**

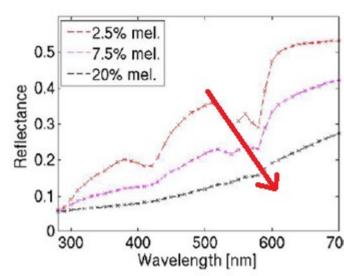
Wavelengths: 380-760 nm (Vis); continuous or 2+ wavelengths

#### **Applications**

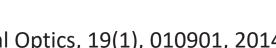
- Detect and monitor hyperbilirubinemia in neonates by non-invasively measuring serum bilirubin values Impact of Pigmentation
- Accuracy of the commercial bilirubinometer, Bilicheck, was significantly lower in non-white infants compared to white infant (P=0.02). (Szabo et al., 2004)

#### **Mitigation Procedures**

• Multiple wavelengths in 400 -760 nm used to correct for skin pigmentation (Cheng et al., BOE 2019)



Impact of melanin on reflectance in visible region of spectrum



- Philipsen et al., Photochemical and Photobiological Sciences, 12, 770-776, 2013
- Sun et al., British Journal of Anesthesia, 114(2), 276-280, 2015
- Szabo et al., European Journal of Pediatrics, 163, 722-727, 2004
- Viator et al., Journal of Investigative Dermatology, 122(6), 1432-1439, 2004 Wassenaar et al., Journal of Clinical Monitoring and Computing, 19, 195-199, 2005
- Yudovsky et al., Journal of Diabetes Science and Technology, 4(5), 1099-1113, 2010

# Human Services.

2SD = 52 umol/l C

40 ------ Mean+2SD

300

100 200

Non-white infants

80 ----

40 - -

20 -

< 0 +---- **A** 

60 +

Serum Bilirubin (µmol/l )

2SD = 68 umol/l Cl

\*\* \*\* ·

300

200

Serum Bilirubin (µmol/l)

Szabo et al., 2004

100





#### Photoacoustic Imagers Wavelengths: 550-900 nm (Vis-NIR); Single or multiple wavelengths **Applications** • Photoacoustic imaging (PAI), also known as optoacoustic imaging, has recently been cleared for breast cancer imaging and can visualize microvasculature and measure (ii) Li et al., 2018 blood oxygenation. A wide range of applications are in -6 0 Kratkiewicz et al., 2019 clinical trials. Impact of Pigmentation • Produces strong pressure transients in epidermis, increasing near-surface clutter/noise .5 -0.5 • Lower signal to noise ratio in the dermis TYPE IV • Alteration in blood oxygenation estimates via 'spectral coloring' **Mitigation Procedures** • Fluence correction algorithms may compensate for Viator et al., 2004 spectral coloring Revise illumination-detection design to minimize clutter Pulse Ox. Photoacoustics Ultrasound + O<sub>2</sub> Saturation Vogt et al., SPIE 2023 (CDRH) PAI phantom Fitz. 4 Fitz. 6 Raman Spectroscopy Devices Wavelengths: 550-1100 nm (Vis-NIR); Single Skin Type IV Skin Type V Skin Type VI Skin Type III Skin Type II Skin Type I wavelength excitation, broadband detection **Applications** • Raman spectroscopy has been studied for noninvasive glucose sensing, cancer detection, psoriasis, atopic dermatitis, and other conditions Impact of Pigmentation 2500 2000 1500 • Melanin has the potential to absorb both Raman Spectra Before Background Correction (Philipsen et al., 2013) excitation light and Raman scattering • Additionally, endogenous fluorescence from melanin produces high background compared to Raman Spectra After Background the weak Raman scattering signals (Knudsen et Correction (Assi et al., 2002; Philipsen et al., 2013) al., 2011) **Mitigation Procedures** 0 - Wing bol by Departiculation of the second • Numerical background correction approaches are used to remove influence of melanin fluorescence 0.016 Pigmentation is correlated Background correction approaches are typically with increasing background highly effective at removing fluorescence ୍ ଞୁ <sub>0.012</sub> fluorescence contributions from detected Raman spectra Philipsen et al., 201 0 20 40 60 80 10 Pigmentation %

## Conclusions

Although skin pigmentation may not be the only cause of disparities in device performance, melanin represents a significant confounding factor for many optical diagnostic technologies, through different physical mechanisms. Devices often employ approaches to mitigate the impact of pigmentation on final outputs, yet significant effects can remain. CDRH research scientists are developing regulatory science tools to evaluate device robustness to skin pigmentation.

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