



# ALRT<sup>+</sup>

Smarter Diabetes  
Management

Stock Ticker: ALRTF

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**Investor Presentation**

Q1 2024

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# ALR Technologies SG Ltd

Revolutionizing Diabetes Management



## WHAT WE DO

We combine cutting edge blood sugar testing hardware with our patented diabetes management platform to solve problems in diabetes management

## OPPORTUNITY

Our total addressable market is over 3 million diabetic cats and dogs and a massive 537 million humans living with diabetes.

## FIRST MOVER: ANIMAL HEALTH

The **GluCurve Pet CGM** is the first and only Continuous Glucose Monitor (CGM) and diabetes management platform for cats and dogs.

## FIRST MOVER: HUMAN HEALTH

The **ALRT Diabetes Solution** is clinically proven to reduce A1C by 1.2% and is the first and only FDA cleared platform to address adherence to care with active patient management utilizing our patented Predictive A1C.

## INVESTMENT

We plan to uplist onto a major stock exchange, but currently ALRTF is listed on the OTC.QB market which presents an opportunity to invest before Wall Street does.

# Diabetes Monitoring Systems

## BGM vs CGM

### Blood Glucose Meter (BGM)

- Humans use a lancet to draw blood from a finger, pets typically require a veterinarian to draw blood from a vein using a syringe.
- The blood is then placed on test strip and inserted into a Blood Glucose Meter to display the current glucose level.
- BGM testing is not optimal for humans and not realistic for pet parents.



### Continuous Glucose Monitor (CGM)

- A small wearable sensor that detects glucose levels in the interstitial fluid and sends the readings to a smart device (phone) using Bluetooth.
- Depending on model, captures glucose levels every 1-5 minutes for 14 days
- Provides large amounts of glucose readings (data) to better manage care
- Convenient, effortless, and considered to be the future of diabetes monitoring.

# ALRT Divisions

Animal & Human

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1. Animal Health
2. Human Health

# Why GluCurve?

Sold to vets, designed for pets

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97% of veterinarians surveyed\* said they would use the GluCurve Pet CGM.

## Why?

Because the only other two options are:

1. **Use a human CGM off label** which means writing a prescription for the pet parent to pick up at a pharmacy, no veterinary software, no support from the manufacturer, and hardware that typically requires glue to stay on and isn't designed for pets.
2. **Conduct an in-clinic Glucose** which consists of dropping the pet off at a clinic for 10-12 hours to have blood drawn with a syringe every 2-hours and tested in a BGM to provide 6 data points (glucose levels).

Both options are problematic and typically more expensive

\*Conducted by SmartPharma LLC, April 2021

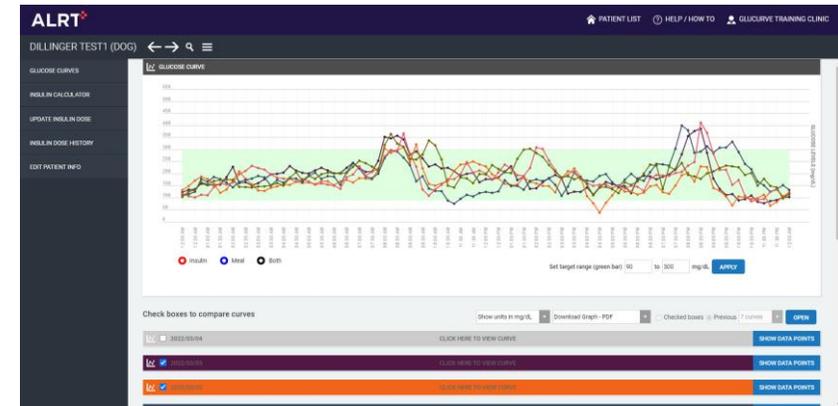
# The GluCurve Pet CGM

Revolutionizing diabetes management



GluCurve Advantages	Benefits
✓ Sold directly to clinics	Financially favorable, kept on-hand
✓ 14 day memory	No lost data
✓ Applied with a button	No discomfort during application
✓ Pet friendly adhesive pad	No glue needed
✓ Readings every 1 minute	20,000+ data points over 14 days
✓ Free veterinary web portal	Customized for veterinary needs
✓ Free pet owner app	Customized for pet owner needs

## GluCurve Veterinary Web Portal



- Large scale patient management software
- Compares/overlays daily glucose curves
- Insulin dose calculators & guidelines
- Enables remote care
- Glucose reports
- Insulin prescription tracking

# Market Opportunity

Population and Demand

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1 in 175 cats\* and 1 in 300 dogs\*\* have diabetes, resulting in over  
**3 million diabetic pets** worldwide.

ALRT is the **only company** that provides pet CGMs (and diabetic management software) and there is a significant barrier to entry.

Thus providing ALRT and its shareholders a **lucrative opportunity** by producing significant earnings and revenue from filling an unmet need in animal health.

Cats approx. 0.58% or 1 in 175

\*O'Neill, D G et al. "Epidemiology of Diabetes Mellitus among 193,435 Cats Attending Primary-Care Veterinary Practices in England." Journal of veterinary internal medicine vol. 30,4 (2016): 964-72. doi:10.1111/jvim.14365

Dogs approx. 0.36 or 1 in 300

\*\*Yoon, Samuel et al. "Epidemiological study of dogs with diabetes mellitus attending primary care veterinary clinics in Australia." The Veterinary record vol. 187,3 (2020): e22. doi:10.1136/vr.105467

# ALRT Divisions

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-  2. Human Health

# The Diabetes Challenge

Current methods

The problem with current diabetes management can be summarized in two words:

## Clinical Inertia

The failure to advance therapy on a timely basis

- A Cleveland Clinic study across 7,389 patients showed the following patients received no intensification over a year's time:
  - 72% patients with A1C between 7-7.9% received no intensification
  - 53% patients with A1C between 8-8.9% received no intensification
  - 44% patients with A1C ≥9% received no intensification

Diabetes Care e1



### Clinical Inertia in Type 2 Diabetes Management: Evidence From a Large, Real-World Data Set

<https://doi.org/10.2337/dc18-0116>

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Despite clinical practice guidelines that recommend frequent monitoring of HbA<sub>1c</sub> (every 3 months) and aggressive escalation of antihyperglycemic therapies until glycemic targets are reached (1,2), the intensification of therapy in patients with uncontrolled type 2 diabetes (T2D) is often inappropriately delayed. The failure of clinicians to intensify therapy when clinically indicated has been termed "clinical inertia." A recently published systematic review found that the median time to treatment intensification after an HbA<sub>1c</sub> measurement above target was longer than 1 year (range 0.3 to >7.2 years) (3). We have previously reported a rather high rate of clinical inertia in patients uncontrolled on metformin monotherapy (4). Treatment was not intensified early (within 6 months of metformin monotherapy failure) in 38%, 31%, and 28% of patients when poor glycemic control was defined as an HbA<sub>1c</sub> ≥7% (≥53 mmol/mol), ≥7.5% (≥58 mmol/mol), and ≥8% (≥64 mmol/mol), respectively. Using the electronic health record system at Cleveland Clinic (2005–2016), we identified a cohort of 7,389 patients with T2D who had an HbA<sub>1c</sub> value ≥7% (≥53 mmol/mol) ("Index HbA<sub>1c</sub>") despite having been on a stable regimen of two

oral antihyperglycemic drugs (OADs) for at least 6 months prior to the index HbA<sub>1c</sub>. This HbA<sub>1c</sub> threshold would generally be expected to trigger treatment intensification based on current guidelines. Patient records were reviewed for the 6-month period following the index HbA<sub>1c</sub>, and changes in diabetes therapy were evaluated for evidence of "intensification" (e.g., increase in OAD dose, addition of another OAD, addition of a glucagon-like peptide 1 receptor agonist, or addition of insulin). As shown in Fig. 1, almost two-thirds of patients had no evidence of intensification in their antihyperglycemic therapy during the 6 months following the index HbA<sub>1c</sub> ≥7% (≥53 mmol/mol), suggestive of poor glycemic control. Most alarming was the finding that even among patients in the highest index HbA<sub>1c</sub> category (≥9%

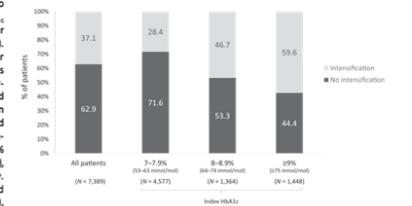


Figure 1—Rates of intensification and nonintensification of antihyperglycemic therapy observed among 7,389 patients with T2D during a 6-month period following an HbA<sub>1c</sub> ≥7% (≥53 mmol/mol). All patients had been using a stable regimen of two OADs for at least 6 months preceding the index HbA<sub>1c</sub>.

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# The ALRT Approach



Our unique diabetes management solution

## ALRT addresses clinical inertia by:

- Shifting diabetes care from **patient self-management** to **active patient management** by the healthcare provider
- Providing artificial intelligence (AI) assisted management of large patient populations
- Patented **Predictive A1C** to track progression, and an FDA cleared **Insulin Dose Adjustment** feature that facilitates healthcare providers to optimize insulin dosing on a timely basis
- Providing the only available **preventive** option to contain the progression of diabetes
- Ensuring all patients receive diabetes care based on **best practice guidelines**
- Tracking performance of both patients and health care providers

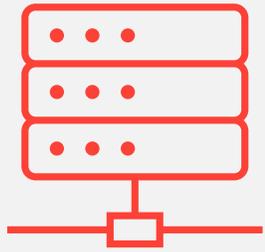
## Reducing A1C

- According to the CDC, "In general, every percentage drop in A1C blood test results (e.g. from 8% to 7%) can reduce the risk of microvascular complications (eye, kidney and nerve diseases) by 40%""\*
- ALRT's Diabetes Solution has shown to reduce A1C by 1.22% (from 8.8%) in various clinical studies

\*2011 National Diabetes Fact Sheet, Centers for Disease Control and Prevention, Page 10, [www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2011.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf)

# Our Process

The ALRT Diabetes Management Solution



Mass data collection through low-cost BGM or CGM



Our powerful AI, Predictive A1C<sup>®</sup>, combs through millions of data points to suggest treatment plans



Findings are delivered via our patient management portal directly to the healthcare provider

### Continuous Glucose Monitor (CGM) use rate

- According to the CDC, over 37 million Americans have diabetes, and approximately 90-95% of them have type 2 diabetes
- However, according to a 2021 market analysis by Seagrove Partners, only 2.4 million Americans used CGMs. Furthermore, as high as 70% of CGM use is by type 1 diabetics with only 3-4% of type 2 diabetics utilizing CGMs despite established benefits.

## Why the discrepancy?

We at ALRT believe the primary barrier to CGM use is cost. We are developing an ultra-low-cost CGM that will be paired with our Diabetes Solution software at a monthly price that is competitive to meter and strips (BGM).

More information will be provided in the future

# Events and Objectives

## Timeline

- GluCurve Canada product launch (preorder) **Completed**
- VET Conference, Ontario Canada **Completed**
- Western Veterinary Conference, Las Vegas (WVC) February 19<sup>th</sup>-21<sup>st</sup>
- GluCurve clinic study with major organization Q2, 2024
- GluCurve USA product relaunch Q2-Q3, 2024
- Achieve positive cashflow Q2-Q3, 2024
- Pursue major exchange uplisting Q2-Q3, 2024
- Pharmaceutical/nutritional partnership Q2-Q3, 2024
- GluCurve EU launch Q2-Q3, 2024
- Human CGM testing Q2-Q3, 2024

For planning purposes only, management cannot guarantee completion of any items and items may be subject to change without notice.

# Thank you!

Have any questions?

For more information or investment opportunities please contact [ir@alrt.com](mailto:ir@alrt.com)

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