



ALRT⁺

Smarter Diabetes
Management

Stock Ticker: ALRTF

Investor Presentation

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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

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

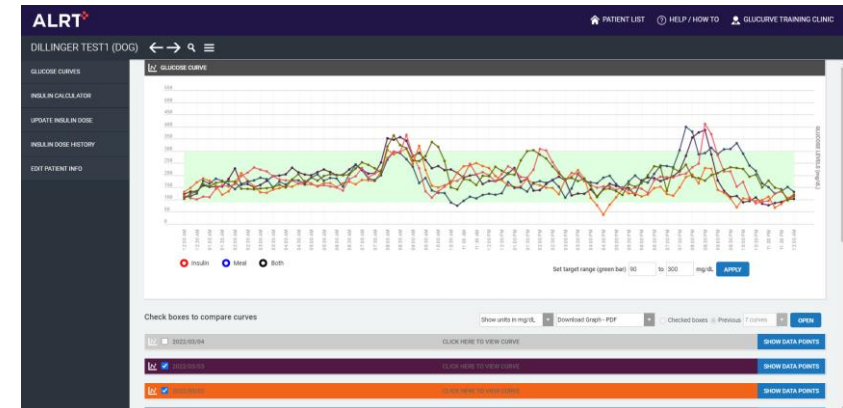
The GluCurve Pet CGM

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 $\geq 9\%$ 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_{1c} (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_{1c} 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_{1c} $\geq 7\%$ (≥ 53 mmol/mol), $\geq 7.5\%$ (≥ 58 mmol/mol), and $\geq 8\%$ (≥ 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_{1c} value $\geq 7\%$ (≥ 53 mmol/mol) ("Index HbA_{1c}") despite having been on a stable regimen of two

oral antihyperglycemic drugs (OADs) for at least 6 months prior to the index HbA_{1c}. This HbA_{1c} 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_{1c}, 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_{1c} $\geq 7\%$ (≥ 53 mmol/mol), suggestive of poor glycemic control. Most alarming was the finding that even among patients in the highest index HbA_{1c} category ($\geq 9\%$

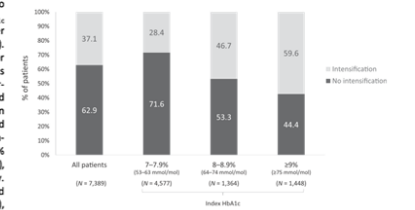


Figure 1—Rates of intensification and nonintensification of antihyperglycemic therapy observed among 7,389 patients with T2D during a 6-month period following an HbA_{1c} $\geq 7\%$ (≥ 53 mmol/mol). All patients had been using a stable regimen of two OADs for at least 6 months preceding the index HbA_{1c}.

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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

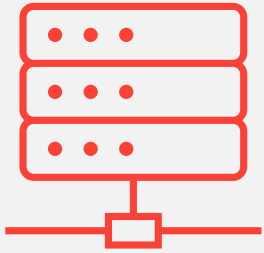
- According to the CDC, "In general, every percentage drop in A1C blood test results (e.g. from 8% to 7%) can reduce the risk of microvascular complications (eye, kidney and nerve diseases) by 40%^{***}"
- ALRT's Diabetes Solution has shown to reduce A1C by 1.22% (from 8.8%) in various clinical studies

*2011 National Diabetes Fact Sheet, Centers for Disease Control and Prevention, Page 10, www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf

Our Process

The ALRT Diabetes Management Solution

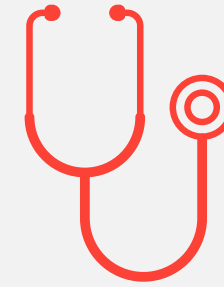
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Mass data collection through low-cost BGM or CGM



Our powerful AI, Predictive A1C[®], combs through millions of data points to suggest treatment plans



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

The Future for ALRT Human Health

Low-cost human CGMs

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

Thank you!

Have any questions?

For more information or investment opportunities please contact ir@alrt.com

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