ALRT's Internet-Based Glucose Monitoring Platform Compares Favorably with Medtronic's Continuous Glucose Monitoring System

The Associated Press

This weekend, ALR Technologies (OTCBB: ALRT) announced at the American Diabetes Association meeting in Chicago that the A1c reduction in insulin-requiring patients with type 2 diabetes mellitus who managed their blood glucose using ALRT's Internet-Based Glucose Monitoring (IBGMS) platform, "Health-e-Connect", demonstrated comparable results to patients using Medtronic's "Guardian REAL-Time Continuous Glucose Monitoring System" (RT-CGM). This result is significant because IBGMS is significantly less costly and less invasive than RT-CGM technology. Health plans and employers are aggressively seeking more cost effective methods to manage the blood glucose levels of patients living with diabetes.

Here is a summary of the results as presented at the ADA: "Baseline parameters were not significantly different. After a 6-month follow up, both IBGMS and RT-CGM demonstrated significant within-group improvements in A1c. IBGMS and RT-CGM did not show significantly different A1c levels between groups at baseline and 6 months ($p > 0.05$). Daily insulin dosages for both within and between group data after 6 months were not found to be significantly different from baseline. The use of both IBGMS and RT-CGM significantly improved A1c levels in patients with T2DM treated with insulin in a randomized trial over a six-month period.

It is worthy to note that at 6 months there was no difference in the two groups in spite of the fact that RT-CGM provides immediate feedback to the user in five-minute intervals, 24 hours a day. In addition, frequency of self-monitoring for patients on RT-CGM was higher than in IBGMS as indicated by the strip count. RT-CGM used approximately 95 more strips per patient than IBGMS over the course of the six months, adding to the overall cost of treatment. This observation was surprising and likely due to patients double checking or calibrating their sensors. RT-CGM, though effective, proved to be invasive and costly. Severe hypoglycemia in both groups was negligible with no serious events."

ALRT CEO Sidney Chan placed the results in context: "We are very gratified that patients now have a less costly remote monitoring option that has demonstrated comparable results to the more expensive RT-CGM technology. We hope that IBGMS platforms will achieve greater interest from patients, physicians, employers and health plans because of this clinical trial. However, I want to emphasize that RT-CGM technology represents an important breakthrough technology for some patients who require intensive monitoring. Only a patient and their physician can decide which technology is appropriate."

The results of this latest clinical trial will be published in a peer-reviewed article in

the July 2013 edition of Canadian Diabetes Journal. In a previous clinical trial, insulin-dependent patients using ALRT's IBGMS as part of an intensive blood glucose monitoring program saw their A1c levels drop from an average of 8.8% to 7.6% over a six-month period. According to the Centers for Disease Control and Prevention: "In general, every percentage drop in A1c blood test results (e.g. from 8% to 7%) can reduce the risk of micro-vascular complications (eye, kidney and nerve diseases) by 40%".

The results of this previous trial were published in Diabetes Care and can be found here: http://care.diabetesjournals.org/content/33/8/1738.abstract?sid=42835339-9186-4339-8759-7b6b5caf67fe

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