

Nemaura Medical

Better Diagnostics for Life NASDAQ: NMRD

Management of Type 2 Diabetes using non-invasive CGM

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Summary of Presentation

There is compelling evidence suggesting Type 2 diabetes may be managed by use of a Continuous Gucose Monitor (CGM) on non consecutive days, leading to clinically significant outcomes.

Invasive CGMs are generally designed for wear periods of up to 14 consecutive days, with the associated cost. The additional costs are not justified where significant clinical outcomes can potentially be achieved by substantially reduced CGM usage frequency e.g. monitoring on non consecutive days a or a few (3 to 4) consecutive days per month. **sugarBEAT**® is ideally positioned to cater for the Type 2 Diabetic population given it allows monitoring on any day the user chooses, making it an affordable solution.

sugarBEAT® accuracy appears comparable to at least one major incumbent invasive CGM.

Clinical Need...

<u>Obesity</u> and <u>Diabetes</u> are two of the major drivers of the chronic disease epidemic.

There are over 463 million people living with diabetes worldwide, and over \$760 Billion was spent in the U.S. alone in 2019 for diabetes related healthcare expenditure¹.

The total addressable market exceeds <u>\$150</u> <u>Billion^{2,3,4}</u>.



Why CGM?





Volunteer User-Feedback Objectives For this Report



Primary objective: To establish whether use of continuous glucose monitoring (CGM) a few days a week or month could lead to the same long term clinical outcome in terms of reduction in HbA1C and improved quality of life, as continuous wear of a CGM for up to 14 consecutive days at a time. The study would verify anecdotal evidence in literature based on intensive but intermittent glucose monitoring using finger prick testing. [Outcome from this portion will be reported periodically over the course of the next 12 months].

Secondary objective: To determine sugarBEAT® accuracy in real life settings compared to the incumbent invasive CGMs such as the Dexcom® and Abbott Libre® which are known to exhibit high levels of accuracy. [Preliminary outcome reported in this presentation].

Rationale: If we can achieve the same long term clinical outcome using a CGM on non consecutive days, we can dramatically reduce the cost of managing Type 2 diabetes, as well as increasing the number of people that can be treated and managed.

The Benefits of using CGM in Type 2 Diabetes on intermittent or non consecutive days



Currently there are no known devices other than sugarBEAT® that allow nonconsecutive day use of a CGM. Invasive CGMs such as the Abbott Libre® and Dexcom[®] can be used by persons with Type 2 diabetes though the sensor wear time is up to 14 days and therefore the costs are currently commensurate with the 10-14 day sensor life. sugarBEAT® is a daily wear sensor and so the cost per use is limited to the cost of a single day sensor.

The use of intensive finger stick testing on non consecutive days is considered to resemble the use of a CGM on non consecutive days. It is on this basis that it is postulated that sugarBEAT® has the potential to provide a superior mode of measurement, and tool with which to manage Type 2 diabetes, a condition which constitutes approximately 90% of the total population with diabetes. The market opportunity is therefore substantial and use of CGM on non consecutive days will potentially lead to a dramatic reduction in the costs associated with CGM usage in this population. Furthermore users need not suffer the inconvenience of piercing their arm with a sensor filament, nor be troubled with having to keep a device on their body for long periods of up to 2 weeks at a time.



Evidence for intensive Finger stick testing in Type 2 diabetes leading to positive long term outcomes



2

6 point glucose profiles two days per week. Counselling provided on diet and exercise^[1].

Outcome: Significantly greater reduction in HbA1c. Marked improvement in general well being, with significant improvements in depression and those with a lack of well being. 4 point glucose profiles every 2 weeks. All patients instructed on lifestyle interventions^[2].

Outcome: Significantly higher rates of regression and remission in experimental subjects. Significantly greater reductions in median HbA1c and BMI. Significantly improved lifestyle score. Treatment changes occurred earlier and more frequently.



7 point glucose profiles every 4 weeks. Patients received guidance for diet and exercise adjustments based on Self Monitoring Blood Glucose (SMBG) SMBG)^[3]

Outcome: Significant reductions in HbA1c, weight, BMI, systolic BP, diastolic BP, and LDL Cholesterol



Evidence for intensive Finger stick testing in Type 2 diabetes leading to positive long term outcomes



5

7 point glucose profiles over 3 consecutive days per month. Education on device use and data collection using a paper tool. Basic education on use of SMBG to alter diet and physical activity[4].

Outcome: Significant reductions in HbA1c and mean, fasting, and postprandial glucose. 7 point glucose profiles over 3 consecutive days per month. Treatment adjustments made by clinicians based on SMBG^[5].

Outcome: Significant reductions in HbA1c.



7 point glucose profiles over 3 consecutive days, every 3 months [6].

Outcome: Significantly improved HbA1c. Treatment changes occurred earlier and more frequently.



Evidence for intensive Finger stick testing in Type 2 diabetes leading to positive long term outcomes

The above independent study outcomes provide compelling evidence for the use of a CGM on non consecutive days or a few consecutive days per month, to provide clinically significant outcomes in the management and / or reversal of Type 2 diabetes. With sugarBEAT® it may be possible to provide a CGM to the majority of persons with Type 2 diabetes at an affordable cost point.

This has the potential to change the paradigm for the management of Type 2 diabetes on a global scale.



Synopsis of accuracy of sugarBEAT® in a real-life setting

Comparison of accuracy in terms of %MARD shown over 10-14 hours use per day. Finger prick taken with Accu-chek® blood glucose meter, on a minimum of 8 times and maximum 12 times per wear period/day.

Results indicate accuracy of sugarBEAT® comparable to one of the major incumbent CGMs.

Calibration

sugarBEAT®: Calibrated once each day using a single finger stick measurement.

Invasive CGM: Factory calibrated

Example*	Invasive CGM (MARD)	sugarBEAT® (MARD)
1	17.28	16.43
2	9.39	8.35
3	12.94	11.23
4	9.24	9.69
5	11.02	15.85
6	13.59	12.18
7	7.28	12.0
8	10.40	15.86
9	9.72	10.13
10	9.11	12.10
11	7.41	8.90
12	8.18	10.71

* Total 12 days of wear of sugarBEAT® and an invasive CGM on the same day, over a period of 6 weeks.



INDEPENDENT HOME STUDY of CGM's Interim Comparative MARD - Compared with sugarBEAT®

Device	Number of Subjects	Paired Data Points with BGM	Nominal MARD	Reference BGM	Daily Finger Stick Calibrations
Senseonics Eversense*	23	829	14.80%	Nova Biomedical StatStrip Xpress	2
Dexcom G5*	23	829	16.30%	Nova Biomedical StatStrip Xpress	2
Abbott Libre Pro*	23	829	18.00%	Nova Biomedical StatStrip Xpress	Factory calibrated
sugarBEAT®	25	126	16.30%	Abbott Freestyle Optimum Neo	1

*http:// www.diabetesincontrol.com /accuracy comparison of the dexcom g5 abbott freestyle libre pro and senseonics eversense/

Synopsis of accuracy of sugarBEAT® in a real-life setting



Volunteer data compared with BGM and Invasive CGM



Blue: Finger Prick BGM (Blood glucose meter) Red: Invasive CGM



sugarBEAT[®]

Raw data presented (prior to algorithmic conversion, demonstrating tight correlation)

Conclusions



There is compelling evidence from a number of studies suggesting Type 2 diabetes may be managed by CGM usage on non consecutive days, leading to clinically significant outcomes.

sugarBEAT® is ideally positioned to cater for the Type 2 Diabetic population given it allows monitoring on non consecutive days, making it an affordable solution.

sugarBEAT® accuracy in real life use appears comparable to at least one major incumbent invasive CGM (as per the example given).

Examples of sugarBEAT® Profiles





sugarBEAT® MARD: 16.43% Invasive CGM MARD: 17.28%

> sugarBEAT® MARD: 10.71% Invasive CGM MARD: 8.18%



References



- 1. SchwedesU, SieboldsM, MertesG:Meal-related structured self-monitoring of blood glucose: effect on diabetes control in noninsulin-treated type 2 diabetic patients.Diabetes Care2002;25:1928–1932
- DuránA, Martín P, Runklel, Pérez N, Abad R, FernándezM, Del Valle L, SanzMF, Calle-PascualAL:Benefits of self-monitoring blood glucose in the management of new-onset type 2 diabetes mellitus: the St Carlos Study, a prospective randomized clinicbased interventional study with parallel groups.J Diabetes2010;2:203–211
- 3. KempfK, Kruse J, Martin S:ROSSO-in-praxi: a self-monitoring of blood glucose-structured 12-week lifestyle intervention significantly improves glucometaboliccontrol of patients with type 2 diabetes mellitus.Diabetes TechnolTher2010;12:547–553
- 4. KhamsehME, Ansari M, MalekM, ShafieeG, BaradaranH:Effects of a structured self-monitoring of blood glucose method on patient self-management behavior and metabolic outcomes in type 2 diabetes mellitus.J Diabetes SciTechnol2011;5:388–393
- 5. Kato NK, Kato M:Use of structured SMBG helps reduce A1c levels in insulin-treated diabetic patients [abstract].Diabetes2011;60(Suppl1):A239
- 6. PolonskyWH, Fisher L, SchikmanCH, HinnenDA, ParkinCG, JelsovskyZ, Axel-Schweitzer M, Petersen B, Wagner RS:A structured self-monitoring of blood glucose approach in type 2 diabetes encourages more frequent, intensive, and effective physician interventions: results from the STePstudy.Diabetes TechnolTher2011;13:797–802