

Preface

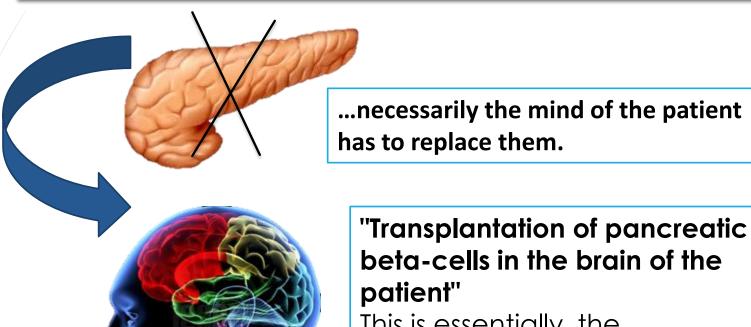
- Our project
- Preliminary business plan
- Project Team

Why it should be so hard for diabetics to manage their own insulin therapy?



We absolutely need an innovative idea

When beta-cells fail...



This is essentially the therapeutic education of diabetic.

But control of his own diabetes with insulin is a cumbersome and danger process

Always remember: this device is a weapon!

Not only Therapeutic

But also potentially lethal!





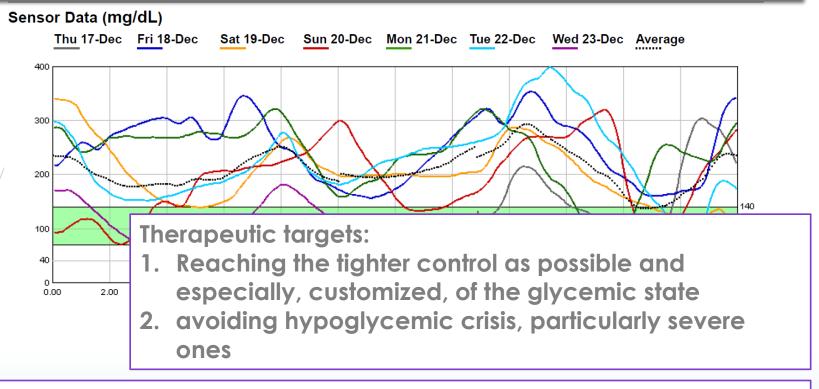
Today we can give a response to this unmet need thanks to...





Telehealth project for insulin-treated diabetics via web and app on smartphone

The therapeutic target is hard to reach...



Toxicity of diabetic disease:

- CHRONIC HYPERGLYCEMIA AND HIGH VARIABILITY → micro- and macrovascular complications
- HYPOGLICEMIA: → Acute complications, especially in T2DM with comorbidities

Evidence: DCCT/EDIC study

Tight glycemic control

achieved with intensive glucose lowering treatment reduces the risk of long-term complications of diabetes

but

it is counter-balanced by an increased incidence of **hypoglycemia**.

"DCCT paradox":
the best glycated hemoglobins
can be reached only by increasing
frequency of hypoglycemia

Evidence: ACCORD study

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

JUNE 12, 2008

VOL. 358 NO. 24

Effects of Intensive Glucose Lowering in Type 2 Diabetes

The use of intensive therapy with insulin to target normal glycated hemoglobin levels increased mortality and did not significantly reduce major cardiovascular events

Moreover in 2010 it was published by **Kelly** a meta-analysis of intervention studies performed on type 2 diabetes:

NNT (Number Needed to Treat) to prevent one cardiovascular event varies between 60 and 110 while the NNH (Number Needed to Harm) for hypoglycemia is about 25.

HYPOS-1 (an Italian study)

ECONOMIC IMPACT OF HYPOGLICEMIA

in type 1 diabetes: hypoglycemia causes more hospital admissions (ER) and lost working days.

whereas

in type 2 diabetes hypoglycemia is associated with longer hospital stay and caregivers' involvement.

Technologies for diabetics

In order to address these challenges for a long time the manufacturers of pharmaceuticals and medical devices, have sought solutions of two types:

- Technologies for insulin administration
- Technologies for glycemic control

Technologies for insulin administration

- 1. Pens
- 2. Increasingly performing insulins (very long-acting and flat profile basals; ultra-rapid insulins)
- 3. CSII
- 4. Others

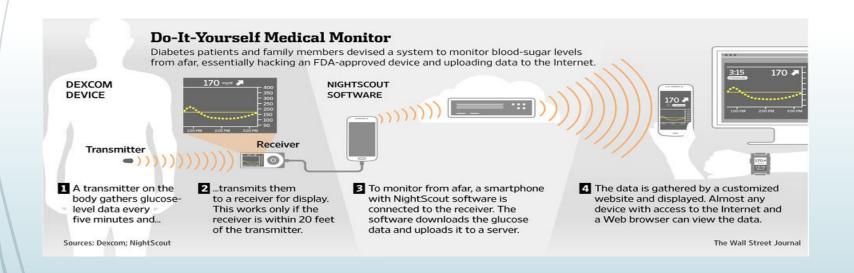
Warning: "FINANCIAL SUSTAINABILITY"

Technologies for glycemic control

- 1. Glucometers
- 2. Abbott's FreeStyle Libre
- 3. The sensors with or without the CSII

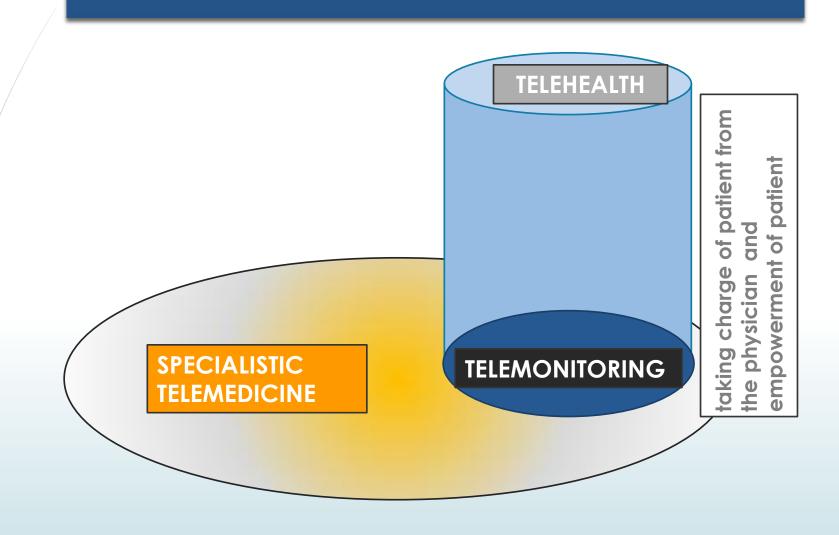
The control systems from remote via cloud

- + Nightscout (associated with the DexCom sensor)
- Others system of glucose telemonitoring

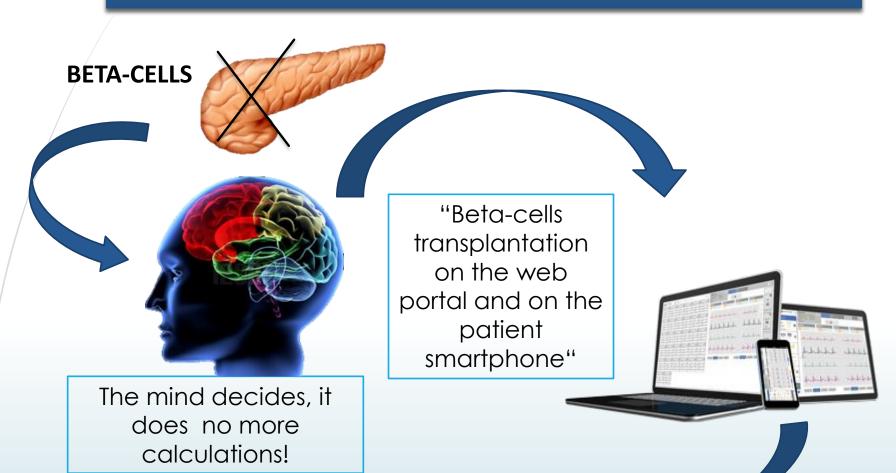


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Why a telehealth project?



Calipso Project OBJECTIVES



Who Calipso takes care of...

All insulin-treated diabetics

especially

- with glycometabolic imbalance (A1c >9)
- not eligible for insulin pump therapy or patients who reject it

Actors and technological means



CALIPSO PLATFORM



DOCTOR INTERFACE

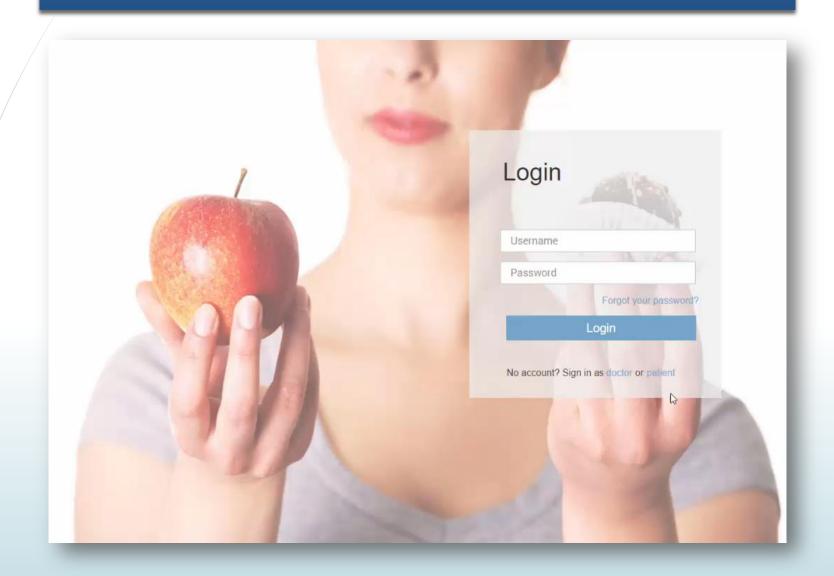


- Sign up to the platform
- Makes glucose self-monitoring
- Follows the suggested insulin boluses and the others advise
- Interacts with his doctor through messaging and video conferencing
- Learn the educational contents

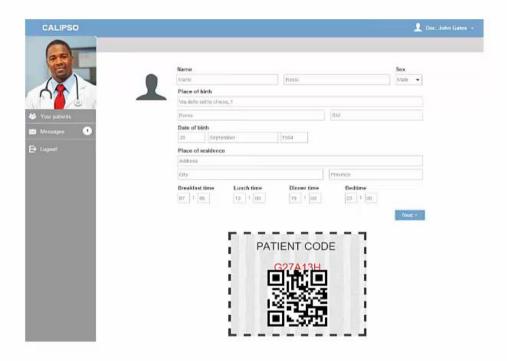
- Processes the patient data
- Compiles statistics
- Suggests insulin boluses
- Compiles a daily logbook
- Teaches carb counting
- Supports training and disease management

- Sign up to the platform
- Sets the parameters required by the expert system
- Supports the patient for therapy adjustments
- Interacts with his patients through messaging and video conferencing

Calipso-Physician interface



Calipso-Patient interface



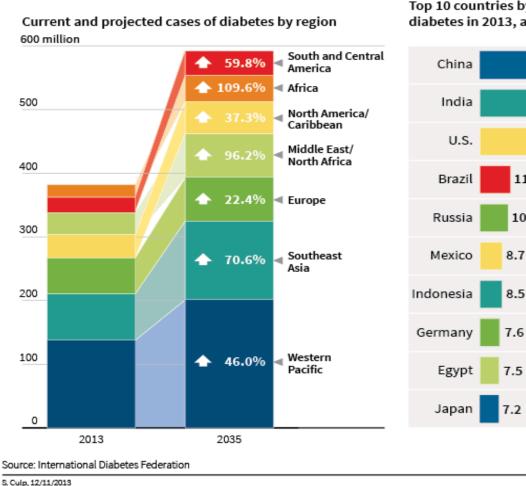
Mario Rossi lives in Rome. He has a Type 2 diabete, with medium risk factor and 30 as Insuline Sensivity value.

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Global Digital Snapshot



World diabetes cases expected to jump 55 percent by 2035



Top 10 countries by number of people with diabetes in 2013, ages 20 to 79

24.4

11.9

10.9

8.7

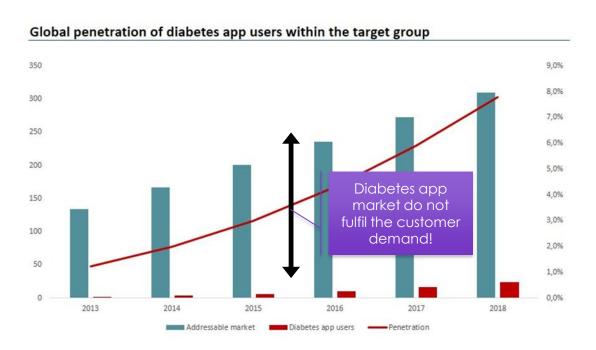


98.4 million

65.1

Market analysis

Diabetes apps will be used by 7,8% of diabetics that have a capable device in 2018

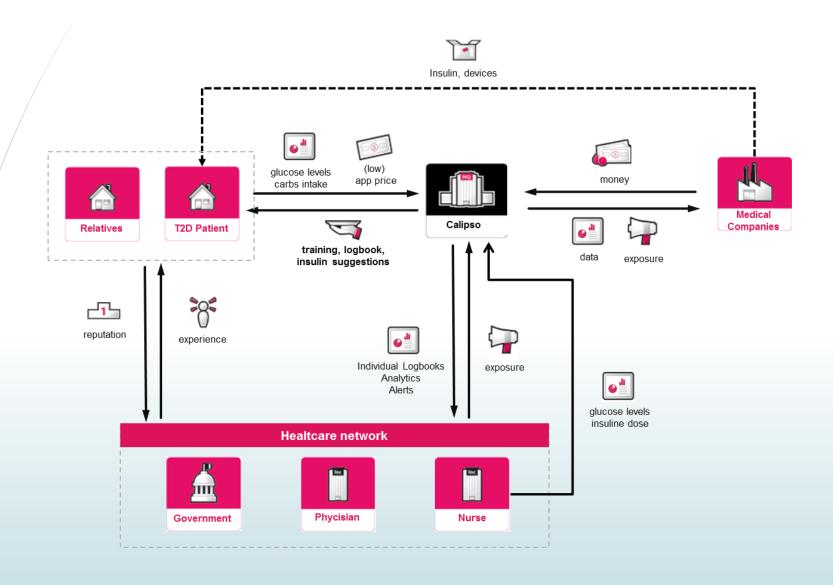


Comment: The chart is based on the results of the "Diabetes App Market Report 2014". Addressable market includes people with diabetes (20-79y) that have a smartphone or tablet.

Source: IDF Diabetes Atlas, 6th edition, research2guidance, 2014 www.research2guidance.com

Only **1.2 percent** of diabetics that have a mobile device globally (1.6 million people) currently use a diabetes app to manage their health condition

Business Model Blocks



Business Model Canvas

Key Partners

Who are our Key Partners? Who are our key sunnliers? hich Key Resources are we acquairing from partners? Which Key Activities do partners perform

Pharmaceutical and biomedical companies

- Insulin producers
- CGM suppliers
- · Pens and pumps
- · Biosensors and new sensing devices producers

They produces items required A therapy protocol can be set-up that includes:

- Calipso app
- · smart sensors / CGM for initial continuous monitorina
- Insulin, pens and glucometers supply for day-by-day therapy

They provides an initial funding and advertise the protocol on Physicians network.

In-app purchases and advertising allows a quick ROI.

Academies and Hospitals

Provides scientific validation for the protocol

Key Activities



What Key Activities do our Value Propositions require? Our Customer Relationships? Revenue streams?

- App development
- Scientific Validation of the protocol that enliahts long term HbA1c reduction
- Medical protocol definition
- Training and advertising

Key Resources



What Key Resources do our Value Propositions require? Our Distribution Channels? Customer Relationships? Revenue Streams?

- Initial funding for app development
- Promotion to physician network
- Academic sponsorship for validation

Value Propositions



What bundles of products and services are we offering to each Customer Segment?
Which customer needs are we satisfying?

Diabete management app for patient and family network

- Adaptive insulin calculator, based on predictive algorithm
- Glycemic and CHO intake loabook
- Family and Nurses monitoring and collaboration on therapy · User friendly interface
- Training through gamification
- Reminders
- Support community

Diabete management app for healthcare network

- Physician monitoring and therapy setup
- Nurses for therapy logging and information sharing

Customer Relationships



What type of relationship does each of our Customer Segments expect us to establish and maintain with them?

Which ones have we established? How are they integrated with the rest of our business How costly are they?

For patients and family:

- Gamification
- Social Communities
- Sponsored by physicians

For Healthcare operators:

Sponsored by key partners

Channels



Through which Channels do our Customer Segments want to ne reacheur How are we reaching them now? How are our Channels integrated? Which ones work best

Which ones are most cost-efficient? How are we integrating them with customer routines?

- Indicated to patients as therapy by their physicians
- Requested to nurses by patient or his family
- Promoted to physicians through key partners network
- Training to physicians and nurses offered online by Calipso

Customer Segments

Who are our most important customers?

T2D Patients

Usual profile:

- > 45 years
- · Low technological skills
- Low info on diabetes
- Low education profile

Family Network

- Relatives
- areater education level and technological skills

Healthcare operators

- Physicians
- Nurses
- Public Healt Ministry

Cost Structure

What are the most important costs inherent in our business model? Which Key Resources are most expensive?

- App development
- Academic support for scientific validation
- · Marketing materials
- · Training materials
- Business startup consultancy



Revenue Streams

How are they currently paying? How would they prefer to pay?

- Initial founding from key pharmaceutical and bio-medical key partners
- · App store revenues (huge patient market!)







High Level Time Plan

Business start-up

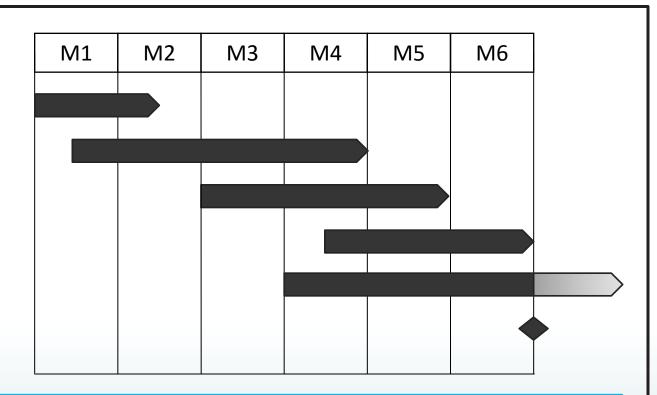
App Development

Marketing materials

Training materials

Scientific Validation

Go to Market



It's a challenging plan, but feasible with appropriate funding and key resources.

Challenging milestones represent the only way to hit the market at the right time!

Support needed!

We need:

- Initial funding
- Advertising on physicians network

We offer back:

- Brand advertising
- Company shares
- On long term, increasing numbers of T2D patients treated with insulin
- More safety and better results in diabetes treatment (ethical value!)

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«Calipso Project» Team



Michelangelo Menduni Computer programmer and teacher at ITC in Canosa



Davide Malerba
Computer programmer,
working for "DELTA X
MULTIMEDIA" in Trani



Francesco Gargiuolo
Information Systems
specialist, working at
"Tecnica Trani" in Trani



Ludovico Di GioiaGraduating Medicine student , Bari University



Roberto Paolillo IT Consultant at Everis Italia SpA in Rome



Giuseppe Gargiuolo IT Consultant at Everis Italia SpA in Milan



Antonio Sasso

M.D., Trani Hospital (ASL BAT), Division of Internal Medicine - Project Team Coodinator

Thanks for your attention!