Michael Roberts (00:09):

Welcome to the Health Connective Show. I'm your host Michael Roberts, joined by our company President Scott Zeitzer. Today we're talking to Marc Jones, the CEO of Altoida. Their NeuroMarker platform is designed to detect early cognitive decline, empowering healthcare providers to intervene sooner when treatment is most effective. We wanted to have Marc on to talk about Altoida's solution, how it compares to the current standard of care and what earlier treatment means to patients. So, Marc, after trying to connect for a while, we're here. We've got all of us together. Thank you so much for joining us today.

Marc Jones (00:42):

Thank you for having me. I'm excited to have the conversation.

Michael Roberts (00:46):

Absolutely. Okay, so let's start off with, can you just tell us about what the NeuroMarker platform is and how it works?

Marc Jones (00:53):

Sure. I'm really excited to be CEO of Altoida. First of all, a lot of people might be like, "Altoida? What actually is that?" The company was founded in Europe. Our founder was Greek. He had a really interesting decision to make when he founded the company. And one was, what do we call this thing? And it's the combination of two root words, alter, which means age and oda, which means to know or to be wise. And what we're ultimately trying to do with our platform is to understand brain health and the trajectory of brain health. So we don't, we wanna be wise or know the age of an individual's brain. And that's what really started the idea of Altoida. We are defining, and I think that I can say that we are defining, 'cause we have a unique and novel platform, a new category in how to handle neurological care.

Marc Jones (01:38):

It's a first of kind, it's a multimodal, I'll talk a little bit about what multimodal means. A clinical grade application that's designed to identify cognitive and functional impairment in people. We do that through the use of a tablet. So think of an iPad in 10 minutes. We combine backend AI, so machine learning and, and artificial intelligence to analyze a whole bunch of data that we get from that 10 minute assessment. And that 10 minute assessment really provides a precise view of an individual's cognitive health. So we look at things like motoric tasks, tapping and drawing. We look at things like augmented reality where with the device in the room that you're in, you're placing objects and you're retrieving objects under a certain level of distraction. And then we look at speech and language. So we put images up and we ask you to describe the image as fully and completely as you possibly can.

Marc Jones (02:28):

And then we move you on to another task. And then later on we ask you to recall that image and describe it as much as you can. And within that, these tasks evaluate multimodal brain health metrics. So within that 10 minutes, we're looking at things like micro movements. We have all of the telemetry and indel sensors of the device itself in addition to literally hundreds and hundreds of thousands of raw data points that we capture during a 10 minute assessment. And so we do look at things like, how are you moving? How quickly are you reacting to the input of an instruction? And how fast are you processing the connection of that input? Through augmented reality, we look at things like spatial

navigation structures, how are you moving around in your space? And these results contribute to determine the likelihood of impairment of, in cognitive function.

Marc Jones (03:12):

In addition, we go a step beyond that and we don't just say the likelihood of impairment, but we also go to the level of the cognitive domains and sub-domains to provide more granularity on the profile of any impairment. Uh, this is a product and a platform that has been developed over the last nearly decade. It has undergone scrutiny through multiple peer review publications, independent research, and we've supported large scale pharma studies as both a screening tool to enrich a cohort within phase two trials, as well as a monitory tool to assess disease trajectory and, and treatment response as an exploratory endpoint. And we're now at a phase where we're excited to be moving toward clinical validation with FDA to get a clearance so we can move into frontline healthcare. I'm sure that we'll get into that conversation about what this means for people that, uh, are concerned about their cognitive health. But I believe that that's the next big step. We now have disease modifying treatments, FDA has approved, but now we've gotta get the right person into the right treatment at the right time. And, and that's what we're purpose built to do.

Michael Roberts (04:10):

That's awesome. And there's so much that you covered there that I wanna just kind of pick apart just a little bit as as we get going here. I will say that, you know, one of the things that caused me actually to kind of follow up with you at one point was I actually just had a conversation with a family member in the last month or two, and the conversation was, man, it's just so scary not knowing, you know, not knowing what's coming, not knowing where you're at, not knowing if you have something like lurking in your brain and, and like, what all's going on. So when I saw you post something on LinkedIn, it was like, oh yeah, this is one of the companies that are out there trying to change that status quo. Like, this is the way that things are now, and it can be different. Let me get geeky a little bit, and I'm not asking for trade secrets here, but just wanted to kind of dig into the device itself. So the tablet itself, it's not just anybody's iPad or whatever, but this is like, you've got these different sensors that are tracking this kind of movement depending on how people are actually handling the device. Is that right?

Marc Jones (05:06):

Actually, no. We built this off of a bring your own device mentality. A number of these studies have actually been done in both Android and iOS devices, phones, tablets. Now we have centered and focused our development on iOS and for our studies we recommend tablets, uh, so iPads. But some of the research, I draw your attention to our website, altoida.com, if you click on Publications, you'll see a RADAR-AD publication, December of 2023 in Nature Digital. And, uh, it was, uh, independent, separate from us. It was a head-to-head Altoida versus traditional neuropsych evaluation. It was a bring your own device across Android and iOS. So I think that's one of the benefits of this. This is not a new piece of equipment that's gotta go somewhere. And in fact, over the last eight years, we have done nearly 50,000 assessments and nearly 20,000 participants and only a third of those have been remote. And we can talk about the, the benefit of remote assessment. Uh, there's some obvious benefits, but I'm happy to get into that if it makes sense as we, as we continue the discussion.

Michael Roberts (06:04):

Yeah, absolutely. And then let me just ask a few more just geeky questions and then we'll get back to some of that as well. You're talking about the different kinds of data that you're collecting, like is that

including like video of the patient? Is it, you know, I'm just curious like what all kind of goes into that, again, without getting into trade secrets at all.

Marc Jones (06:21):

Yeah, we're, we're not presently collecting video. We did some research into eye tracking utilizing the front facing camera of an iPad. And I think that there's some promise there. You know, obviously we have to be cautious with the various GDPR and, and other, uh, privacy considerations. We do ingest voice data. So, you know, we listen to the, to the, we analyze, I should say the wave form, how people are speaking, but we also look at the complexity of the lexicon and try to understand what words are being used. So for example, in those, in those images, when you say describe this image, we listen to how some describes it. Not just the words they use, but the cadence that they follow and the pauses. So those are the things that we do beyond that, you know, if you think about your device every day, you're carrying it and it's taking all kinds of information about where you are. When you're holding your phone and an app crashes, there's inbuilt software that can understand what you did immediately prior to that crash. Where you, your phone, was it upright, was it flat? Like all those sensors are built in and we're just leveraging what's inbuilt in the system beyond the things that we've engineered into the application itself to give us insights.

Michael Roberts (07:30):

That's so cool.

Scott Zeitzer (07:31):

It is remarkable. I'm excited by the fact that it's just an iPad, and I don't mean just an iPad, but hey, it won't be hard to get one or an Android device. And I was kind of wondering, not device wise, but just if somebody has a feeling that a family member or themselves, there's a certain standard of care now, how does it compare with your product? Like what, it seems like it's almost paradigm changing.

Marc Jones (07:56):

Well, it is, uh, and I'm a biased CEO, um, but I think if you spend 10 minutes on, uh, your favorite search engine or AI based agent, you'll be able to get very quickly published data supporting what I'm about to tell you. First of all, I wanna highlight that there's published data that tell us that 90% of mild cognitive impairment, I'll refer to that as MCI, 90% of those cases go undiagnosed. There are millions of people, and I'm just speaking in the US right now, walking around with mild cognitive impairment and they're not being diagnosed. And there's a couple of really interesting published data points that make that a real problem. The first is 80% of those patients, uh, the Alzheimer's Association published this data earlier this year. 80% of those patients are likely eligible for new Alzheimer's treatments, but they're not diagnosed. Of those people walking around with undiagnosed Alzheimer's, it's estimated, again, published data, that 40% of those may have modifiable forms of MCI.

Marc Jones (08:57):

So if they looked at diet and exercise, kind of lifestyle changes. There's a study called the Finger Study that I'd encourage your listeners to potentially dig into it if they're interested in this. Talking about the non-pharmacological interventions that you can look at to potentially help you in slowing progression of these types of diseases. And so if you're not finding these people, that's a real problem. So let's talk about the standard for just a second. And I'm gonna be a little bit aggressive here just to make a point. I don't think I'm that aggressive, but experts in the field may raise their eyebrows and I'm being

hyperbolic on purpose. Imagine in oncology, if we could only detect cancer at stage four. Think about the impact, but that's akin to where we are with cognitive impairment. Now that doesn't mean that we're missing everyone always, but the standards that were developed, neuropsych evaluation tools, the MMSC, the mini mental state exam was developed in 1975.

Marc Jones (09:51):

I was in Basel, Switzerland recently speaking to hundreds of clinical trial operators, and it was called the Clinical Trial Innovation Summit. And I was standing there in front of them and I was thinking I was amusing. It's interesting to me, we're at a clinical trials innovation summit. We're talking about the latest and greatest in molecules, the latest in science. We use things like PET imagery, like amazing technological advancements. But to get people in your trial and then to monitor the performance of your drug, you're utilizing a 50-year-old tool. And I said, by the way, I turned 50 this year. You're using a tool as old as me. And we all chuckled over that. But that's the state of the state and beyond just the age of the tool, it wasn't designed for use that's needed today. This is a tool that if you look at, there's a, there's a well understood chart that shows the phases of Alzheimer's and it ranges from preclinical to prevalent dementia, kinda left to right.

Marc Jones (10:40):

It's a 20 year period with the zero barrier being where traditional tools diagnose. And that's at late MCI, early dementia. Think about that. The zero barrier is the zero barrier because the tool that we have only sees reliably late into dementia, late into MCI and early dementia. We need to be to the left of that. We need to be early, we need to be preclinical, we need to be before overt symptoms start to take over. Because again, the published data suggests that that's where these treatments are most effective. Like any disease state, early detection matters. And by the way, these assessments take a long time. They take one and a half to four hours depending upon the assessment. So it's not like they're super fast. Early disease, as I've mentioned, is invisible to these tools. So we've got tools that aren't acceptable, they're bad measures.

Marc Jones (11:27):

The disease state that we wanna find, we can't really reliably see. And they're done by neurologist specialists. And there's been published data talking about how there are 20 US states that were defined as dementia neurology deserts because there's not accessibility to neurologists. And right now, again, at the Alzheimer's Association, 2024, there was a other state that said that wait times to see neurologists today exceed 12 months. And unless we adopt things like digital biomarkers and blood biomarkers, they're projected to reach 70 plus months by 2033. 70 months may be okay for a car payment, but in the world of impairment and the potential progression to dementia, that could be a lifetime sentence. So we could do better than that.

Scott Zeitzer (12:08):

Yes. Uh, uh, is it your goal to have this device with primary care providers as well as neurologists, uh, in the hands of PAs, et cetera?

Marc Jones (12:17):

Yeah, so let's think about how traditional detection occurs. Someone goes to a primary care and says, hey, you know what, I'm, I got a problem. I'm forgetting where I put my keys. I'm, I'm forgetting names. And, and by the way, this is an average. Okay? This isn't always the case. You'll have clinicians probably

that say that, that's not how I I treat. But the average is, alright, well is this really an impairment? Is this stress? For women, is it menopause? Cause you can have, you know, cognitive function challenges in menopause. So let's keep our eyes on this and come back in a few months and we'll see. And then the person comes back in a few months and it's like, yes, this is getting serious. Okay, well let me refer you to a neurologist and we'll get a neuropsych evaluation and that can take six to nine months.

Marc Jones (12:57):

And then you get to the neurologist and the neurologist does a neuropsych evaluation and they identify MCI, uh, myocognitive impairment. Now we have to do, we have to understand if there's biology associated with that. Again, this is before blood biomarkers. It would be an MRI or a PET imagery, maybe cerebral spinal fluid tap and ANA analysis to identify amyloid plaque in the blood, in the cerebral spinal fluid. And now you're talking 12 to 18 months to a treatment decision. And that's a problem. That's a real problem. So that's the kind of the standard that we're trying to unseat. Now, there's been some amazing evolutions. I am in an industry where we have peer companies that have really dramatically altered that they have digitized the paper-based cognitive assessments that have accelerated use by clinicians, which is fabulous. We think the world of those folks, and they're paving the way for what I call third wave platforms like Altoida that are multimodal, that don't index on memory and executive function. But look at all of the core areas of the brain. A very, very exciting evolution is the onset and kind of the acceptance of blood biomarkers. So FDA just recently cleared Fujirebio's Lumipulse platform.

Scott Zeitzer (14:03):

Yeah, I read that.

Marc Jones (14:04):

And what this does is bring a non-invasive annual physical, I get blood drawn for blood tests. So that's normative, right? So let's just draw a little bit extra blood and let's run it through the Lumipulse or Quanterix or C2N, Alzpath. There's a number of great companies out there that have blood biomarkers and, and I think that they're all on pace to, to get approved by FDA. We now can identify pathology easily and in a way that is highly correlated to the best, which is a PET imaging. Okay? But here's the challenge. In Alzheimer's, unlike using our analogy of cancer, if we do a PET scan and we see body riddled with metastasized cancer tumors, we know we've got a problem that we have to address. But there's not a direct correlation with amyloid plaque in the brain with cognitive or functional impairment.

Marc Jones (14:51):

So we need to get a neuropsych evaluation, we need to get a diagnosis of cognitive impairment. And so that's, you can have a blood biomarker in a primary care visit, but today, unless you go through a neuropsych evaluation, you're not gonna get that diagnosis that puts you on a disease modifying treatment. So the idea is, and this is what our goal is, it's to get through our pivotal study with FDA, get a diagnostic claim. This is not an objective tool. This is an actual diagnostic for people 50 years and older with, uh, complaints. And you pair the Altoida, cognitive assessment with a blood biomarker. And it's theoretically possible. I don't think this is gonna happen outta the day, uh, outta the gate. I think this is gonna be a evolution more than a revolution. But in that single patient visit, you can diagnose impairment and then do the sample, draw the blood sample. And if you have a central lab in your clinic, you may even in a single visit be able to diagnose pathology, which are the two things necessary to move to a treatment decision.

Scott Zeitzer (15:47):

Heck, I'll take a couple of days through Quest, et cetera, so

Marc Jones (15:50):

It it, that's right. It's a far cry from 12 plus months today.

Scott Zeitzer (15:54):

Oh, without a doubt. And you're also moving it, it's not a knock on the neurologist. At some point they're gonna have to see the neurologist, but you're moving it into the primary care provider's office, so they're getting faster access to this possible thing. And then look, all neurologists, triage, that's it is a desert out there. And so if they're told, no, no, no, this one's got MCI, you need to see them sooner, not test, see them sooner. That's a whole different thing. And I can also envision a lot of neurology groups hiring more PAs with an iPad and saying, we've got a center, we've got people trained on it. Come on in. You know, and to your point, they might even have blood drawing there in the future.

Marc Jones (16:35):

You guys, this is self administered. It doesn't require a clinician to analyze and interpret. You give the iPad to the patient. And maybe to go a step further, well, I don't anticipate this to be in our initial label. Where I do envision the platform going is, imagine a world where you call up your primary care clinician and say, I've been forgetting things. I got lost on the way from the grocery store. I need to see you. And they say, okay, we want you to download the Altoida app under your phone or your iPad. Do a couple of estimates. We'll see you next Thursday. And now you've brought care to the home. Which by the way, I don't know about you, but every time I go to the doctor for some reason, my blood pressure's higher and my heart rate's higher. You know, it's that white coat effect.

Marc Jones (17:14):

And there is what's called ecological validity. There's a benefit of being able to assess people in their home setting because it does help reduce some of the noise and focus on signal. So we, we ultimately wanna be in that spot. And then if you think about the long term, that patient that we identify, maybe the first test is from home and they come in for a confirmatory self-administered test in the clinic, moves that triage process that you talk through in a, in a neurologist decides I wanna put this patient on a disease modifying treatment. Now we have a platform where we can do high frequency monitoring utilizing Altoida to see what the disease trajectory looks like on that patient that's on that disease modifying treatment. That's completely game changing.

Michael Roberts (17:54):

Yeah. Is Altoida doing anything to maybe like, help quantify, like, hey, if we can move some of this triage work kind of out of the neurologist office, this is what we think could happen. You know, in terms of we can bring down that 12 month wait. We can bring down some of those kinds of numbers.

Marc Jones (18:11):

Well, certainly kind of implicit in our business model is this notion that, and by the way, supported by market research, not Marc Jones' opinion, that there's a lot of care that's not able to happen in primary care because people aren't trained on, they don't know how to handle it, and they're loathe to take the responsibility of, of a potential, uh, case like this because of that. And so in our research, it, it appears

that if you're able to deliver a platform like ours with FDA clearance with clinically relevant sensitivity and specificity, particularly making sure that you're reducing false positives, excuse me, false negatives as much as possible. There's an adoption benefit. And the feedback we got from neurologists, primary care doctors, and geriatricians is we actually think that we'd see an increase in our patient population because being able to offer that where people live and not have to refer them to a neurologist, that could be, you know, a ways down the road would be beneficial.

Marc Jones (19:05):

So the part of that work's being done. The other part is kind of the health economics benefit of this. So yes, we do think that this obviously drives better outcomes because again, if you think of a disease that progresses, the earlier you identify, the earlier you treat, the better off outcomes. And, and we need to do research and studies longitudinally to prove that out. But the notion is that the health outcomes are there. So question is, are the economics there? And, and our view, again, this is based off of research, based off of conversations with providers and payers, is that it is there. Because to something, Scott, you said earlier, at worst what we're doing is referring a qualified patient to a neurologist. With two FDA clear diagnostics, a digital biomarker platform, and a blood biomarker. And so at worst, that will simply accelerate the path to neurologists. And we're not gumming up the referral network with, with someone who's just had a really stressful six months. And this is the results of stress, not the results of embedded cognitive impairment. So we'll do more of that work, but I believe that it'll be self-evident when it's all said and done.

Scott Zeitzer (20:08):

I think the other part of it too is, you know, I'm, I'm thinking about you brought up the whole stage four cancer part and where cancer treatment was say, I don't know, I'll say 50 to a hundred years ago where you didn't wanna talk about it, there was nothing you could do anyway. So what, what am I gonna do? And while you're walking me through this, I'm thinking of all the people out there who say, you know what, I don't want to think about that. Because if I have it, there's nothing I can do anyway. And it's like, actually there is. And so I think part of the rollout and part of the momentum that'll be gained after this product is launched, will yes, it would be a easier and more efficient way to diagnose. But you'll start seeing studies that are coming out like you just mentioned, where no, there is hope. You should get tested. Cause there are a lot of people just say, no, no, no, I don't wanna know. It's like, no, no. You do wanna know. It's a good idea to know, and there's things we can do. So don't think that way.

Marc Jones (21:08):

Yeah. Hundred percent. Hundred percent. Now listen, I'm not gonna break news today because I'm not ready to break news, but what I will tell you is, we have an amazing person joining our clinical advisory board who has Alzheimer's. They're a high functioning executive who's living with it, who's providing the voice of the patient, uh, in our platform, in our platform development. Really, really compelling person. And that's exactly what this person told me. You know, if you just listen to the news or read the black and white, it seems like there's a cliff. These drugs only provide so much benefit and then you drop off and you immediately have full scale dementia. And he is like, that's not the case. And this is, you know, I'm talking to someone who's living with the disease and it's really been compelling for us. So much so that, you know, we even changed the nomenclature we use.

Marc Jones (21:54):

And when we talk about things, we talk about detecting versus diagnosing, we talk about Alzheimer's disease versus dementia because we're trying to destigmatize in collaboration with some of these other folks so that with social psychosocial issues, don't get in the way of people and don't stop people from pursuing. 'Cause remember what I said early on, there's published data that say that up to 40% of these cases have modifiable MCI. So those people really should want to know because through exercise, through eating, through social interaction, getting outside and getting vitamin D, there are things that you can help your chances. And we wanna make sure that everybody has the best chance.

Scott Zeitzer (22:32):

Yeah, I think I'm gonna, after this show, like hop off, get some cod liver oil, just <laugh>

Marc Jones (22:38):

Read a book, do some Sudoku, and make sure that you're getting out in community and, and, um, and having fun with people,

Scott Zeitzer (22:44):

Which is all healthy. Yeah. For anyone listening, I we all know that.

Michael Roberts (22:49):

Yeah, absolutely. Let me deviate a little bit from the path we've been on and kind of talk some about the company itself. I mean, you're already talking about some of the, the group that's helping you through all this process. You know, I see you a lot posting on LinkedIn. I see the company posting a lot on LinkedIn. Hey, we're at this part, we're at this conference, we're going to this thing over in Europe, we're going to this thing here. Are you really on fundraising efforts right now? Like, what is going on with the state of the company and like, what are you looking forward to? I mean, we've already talked about potential clearance coming up, but you know, how is that whole process going?

Marc Jones (23:20):

Yeah, thank you for the question. And it means that our strategy is working because you're noticing that we're,

Michael Roberts (23:25):

I'm seeing it <laugh>. There you go.

Marc Jones (23:27):

You know, I joined the company two and a half years ago and, you know, amazing platform, but we weren't ready for prime time. And internally we all looked at each other and said, let's just be humble farmers right now. Let's put our heads down, let's focus on data generation, real world evidence. Let's focus on making our models more robust, more generalizable. You know, I often say the parallel here is, imagine you are, you know, this is in relation to machine learning and, and AI. Imagine you're at, uh, you sell t-shirts, that's your business. But the problem is you only have mediums. They're amazing t-shirts, but, and every person that comes in that's a medium can find a plethora of T-shirts. But if you're not a medium, you're not gonna find a t-shirt. Well, in the same vein, you need to make sure when you're using AI and machine learning that your models aren't over-fit to the medium.

Marc Jones (24:11):

You wanna make sure that regardless of size someone comes in, your models are gonna be, uh, reliable. And so the last 18 months we've really been heads down, we've been focusing on the science, we've been focusing on the medicine and the underlying clinical relevancy of what we're doing. And earlier this year through a number of studies, we did a large scale study last year, we called the Four Runner study. You're gonna see some, uh, an abstract at the clinical trials in Alzheimer's disease, a conference later this year, you're gonna see a publication come out in a high impact journal that was a multi-site study, uh, 800 participants where it was really to confirm, I call it a pre-validation study, to confirm our models are robust, they're generalizable, they're convergent, uh, in their validity to some of the existing neuropsych scales. And we're now ready to talk about it.

Marc Jones (24:56):

We're ready to talk about what Altoida is doing and why we're doing it, and couldn't be a better time with the intercept of these blood biomarkers being cleared by FDA. You know, I was so excited. We don't pick winners. We want all the pharma companies to have great drugs, because the winner is the patient. But I was very excited to see Lily's revised label on their dosing of Kisunla, which reduces some of the risk because that means more clinicians may be comfortable prescribing that treatment. And, and I'll tell you what, I can't wait till they get to subcutaneous versus IV infusion and to pill form. That's only good for people that have concerns and want to get care. And the other thing too is you're gonna see more data at the Movement Disorder Society. We've got an abstract, uh, with some early work on Parkinson's where we've got, you know, I can't share that, those data right now, but takes further confirmation that this is a platform. What Altoida is really doing is translating how the brain networks function. And so yes, it obviously plays in Alzheimer's, but anywhere. If you want to talk about oncology treatments and the cognitive impacts of chemo, we can play there. There's a whole host of areas, infectious disease, uh, treatments and how that impacts cognitive function or delirium after surgery. So these are things that showcase the breadth of our platform, and you'll see more data coming out from us in the, in the coming months.

Scott Zeitzer (26:16):

Fantastic. I was just saying it's how exciting a tool this could potentially be to have this in the back pocket of not just the primary care physician, but as you were speaking, for the tertiary care providers, the, the hospitalists, the neurologists, et cetera, for so many different disease states. Not simply this. It's uh, it's terrific.

Marc Jones (26:37):

The answer, direct answer to your question, we're all raising capital. You know, we've got a platform that can do so much, we have to stay focused, but with more resource, we can go farther. And you'll see us talk more about our platform development in the coming months. It is robust and it is exciting and it is game changing. And so we're looking for investors that share our passion, uh, that don't just bring capital but bring connection that brings strategic alignment. And the good news is we're talking to a bunch of them right now and there's eagerness in what we're doing. This, the time is right. We've got drugs, we've got blood biomarkers, we've got a platform like Altoida, and we have millions of people now that need access to this. So this is a great time to invest.

Michael Roberts (27:22):

Yeah, as I'm thinking back to the different investor meetings and stuff that I've been to and, and sat through, the TAM is very high. The total addressable market is definitely, uh, high and getting higher all the time for sure. So, and that's the thing, like for each of the things that you talked about, I'm like, these are people that I know, relatives that I have, like people that, obviously everybody gets impacted.

Scott Zeitzer (27:45):

We all have.

Michael Roberts (27:45):

Yeah, yeah, absolutely. So we've covered a lot. Is there anything that we haven't covered that you would like to plug or like to make sure that we include as we're talking through all of this?

Marc Jones (27:55):

Sure. You know, I would say that there's a virtuous cycle here that I think is unique to platforms like Altoida. And I think that we're unique among those platforms. Of course, the challenges that we see that we've discussed at length in frontline healthcare are mirrored in drug discovery and development. If we think, again, published data show that since 1998, almost 98% of Alzheimer's trials have failed. In fact, at that conference I mentioned in Basel, I put a slide up there showing I think five or six failed drugs in the last six to nine months. And I'm just not a believer that those are all failed treatments. I think that if you look at the data and if you listen to some of their presentations, they'll say, well, we don't see a statistically significant change. There is a change and patient reported outcomes are suggesting that they're feeling better. And I'm just here to say, if you're using the wrong screen and you're getting the wrong people in the trial, and this is a huge cost to pharma, the screen failure rates are massive, massive, massive, massive. You would be surprised at how high the screen failure rates are. And then once you get people into the trial, the tools that they're using are not subtle enough to pick up the disease trajectory change.

Scott Zeitzer (29:08):

That's what I was thinking Mark, when you were saying that was, you know, again, you brought up stage four cancer and again, way back, most of the treatment thoughts were how do we attack stage four? I can't see it before that. Right? And so a lot of those trials, I'd love to see A, just like you said, with a better way to test a better system for that. And then B, what if you rolled that drug out to stage one just to stay with the same paradigm with the, with the cancer term, but like to the early onset, how would that make you

Marc Jones (29:45):

Chronological by the way? They want people at the earliest stages because they know that that's where the drugs are gonna show up better. There's a great brain health curve, everyone as we get older, we're gonna see it tail off, uh, in every aspect of our physiology. And one of those is brain function, but what we're seeing is a much sharper curve. And so, you know, if you ask me what is the mission of Altoida, it's very simply to push the arc of that unhealthy brain as close to normative brain aging as possible. And we think while our core business is focusing on the end market, it's being a diagnostic, man, can we make an impact? If we can support as many pharma companies as possible to make sure that we're failing fewer drugs, that that drugs that actually do work, we can empirically show that they work.

Marc Jones (30:32):

Because at the end of the day, it's about getting the right patient into the right treatment or combination of treatments at the right time. So we've got a lot of work on drug discovery and development. We've got a lot of work on frontline healthcare and it's not just about giving them a diagnosis. You then also need to help. 'Cause again, if you're going to a market, and our math would suggest that there's 125 to 130,000 frontline healthcare offices with five or more clinical, you know, medical doctors where that's a great population to start with. If a large portion of those folks aren't practically today treating patients in this category, it's not like overnight they're gonna feel comfortable. We gotta show them care pathways and then how to optimize those care pathways to

Scott Zeitzer (31:14):

Train them, et cetera. Yeah, absolutely.

Marc Jones (31:15):

That's right. That's right. So that's, it's an end to end strategy that we have and I'm very proud of the team that we've pulled together and, and the success that we've had. There's a lot of work left to do. At the end of the day, we always say internally keep the patient, it's patient first, scientifically and clinically guided in everything that we do. And I think that that's yielded the product that we have the platform opportunity in front of us and the performance that that we're showing. And, and I look forward to that moment where we can publish pivotal data in an FDA clearance because that'll be the starting line for a new paradigm for patients in their, the cost. Like if you spend any time researching the just horrendous effects, not just the patient that's affected by this disease, but the knock on effects of the caregivers, the family, it is incredibly, incredibly painful financially, emotionally, and I happen to believe that we can bend that arc in a more positive direction.

Scott Zeitzer (32:09):

Absolutely. That's wonderful.

Michael Roberts (32:10):

Yeah. Marc, thank you so much. Like, this was so exciting when we got to talk about it in Boston and we had a chance to kind of sit down together and this was definitely a story I wanted to get out there further. So thank you for the time. It's very exciting to get the chance to hear, hear the full picture of it. So thank you.

Scott Zeitzer (32:26):

Thank you Marc.

Marc Jones (32:27):

Scott, Michael, and to the whole Health Connective team, thank you for inviting us and hopefully we can have many more of these conversations.

Michael Roberts (32:34):

Yeah, absolutely. Looking forward to it.

Scott Zeitzer (32:36):

Looking forward to it.

Marc Jones (32:36):

Thank you very much.

Michael Roberts (32:39):

In our interview, Marc explained Altoida's technology and its value in early detection of cognitive disorders. To learn more about Altoida, check out altoida.com. Thank you to our viewers and listeners for joining us for this episode. For more on the Health Connective show, please visit hc.show for previous episodes and Health Connective as a company.