



Business Update

October 2014

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Peter Manley – CFO

Disclaimer

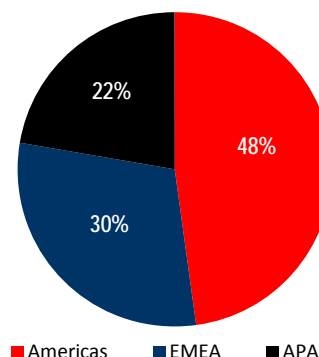
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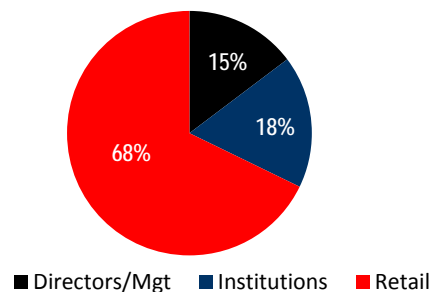
Investment Summary

- ASX Code: **ACG**
- Ordinary Shares on Issue: **157.4m**
- Market Capitalisation @ \$0.09: **\$14.2m**
- Options on Issue: **21.3m** (price range \$0.075 - \$0.165)
- 2014 share price range: **\$0.08 - \$0.17**
- Average Monthly Volume (Yr Rolling): **10.3m**
- Cash 30 Sept: **\$2.0m**

FY14 Revenue Mix by Geography (ex-pharma)



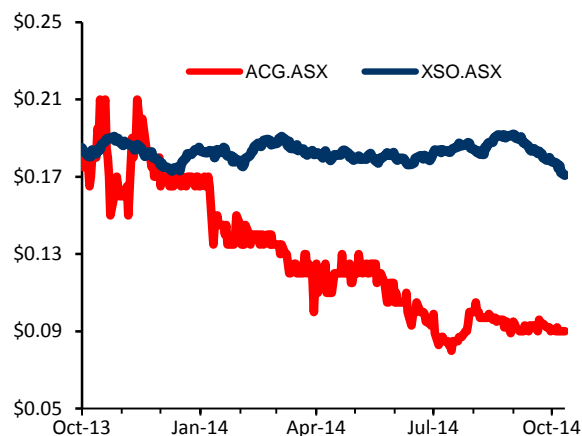
Shareholder Register by Investor Type



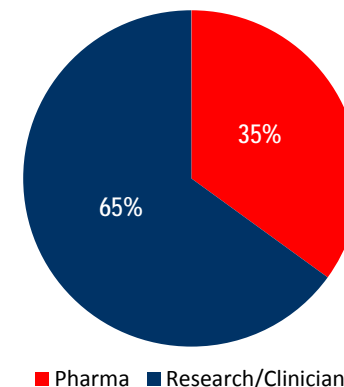
Substantial Shareholders (%)

| | |
|-------------------------------|-------------|
| CB Co Pty Ltd (Curran family) | 13.1 |
| Directors & staff | 14.7 |
| Top 20 | 45.6 |

ACG v ASX Small Ordinaries (12 month)



FY14 Revenue Mix by Segment



Product range

Gold standard technology, strong innovation, low cost development



SphygmoCor EM series

Primary focus is research market. Provides central pressures, pulse wave velocity & heart rate variability.



SphygmoCor XCEL series

Main markets are clinical practice and pharmaceutical trials. Provides brachial blood pressure, central pressures and pulse wave velocity.



Oscar 2 with SphygmoCor Inside

24 hour ambulatory blood pressure monitor w/central pressures. Largest market is pharmaceutical trials followed by clinical practice and research.

CE **FDA**
JUL, 2008 AUG, 2007

CE **FDA**
APR, 2012 NOV, 2012

CE **FDA**
Est. 4Q 2014 1Q 2015

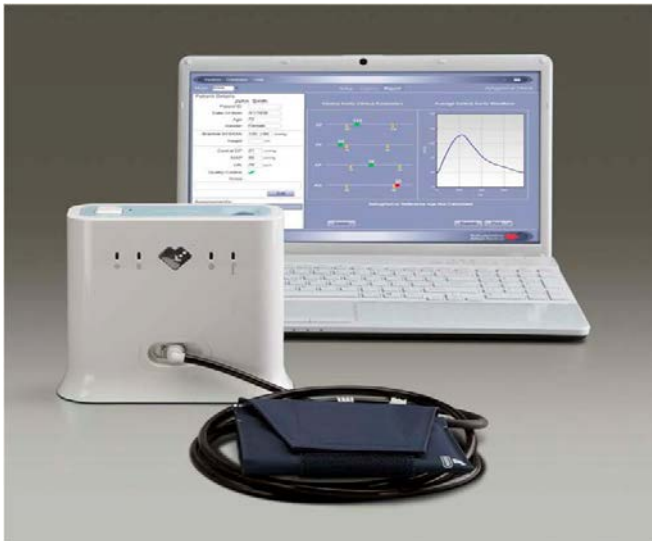
2005

Cumulative Product Development/Regulatory Expenditure of \$17m

2015

The SphygmoCor® Product

What does SphygmoCor do?



- Addresses the key cardiovascular risks:
 - Heart failure, Heart attack, Stroke
- Provides key heart function parameters of cardiovascular function and risk :
 - Blood pressure at the heart
 - Load on the heart
 - Coronary artery pressure
 - Detailed central aortic wave form
 - Timing of the heart pumping cycle, and
 - Measures of arterial stiffening
 - Reference standard aortic pulse wave velocity

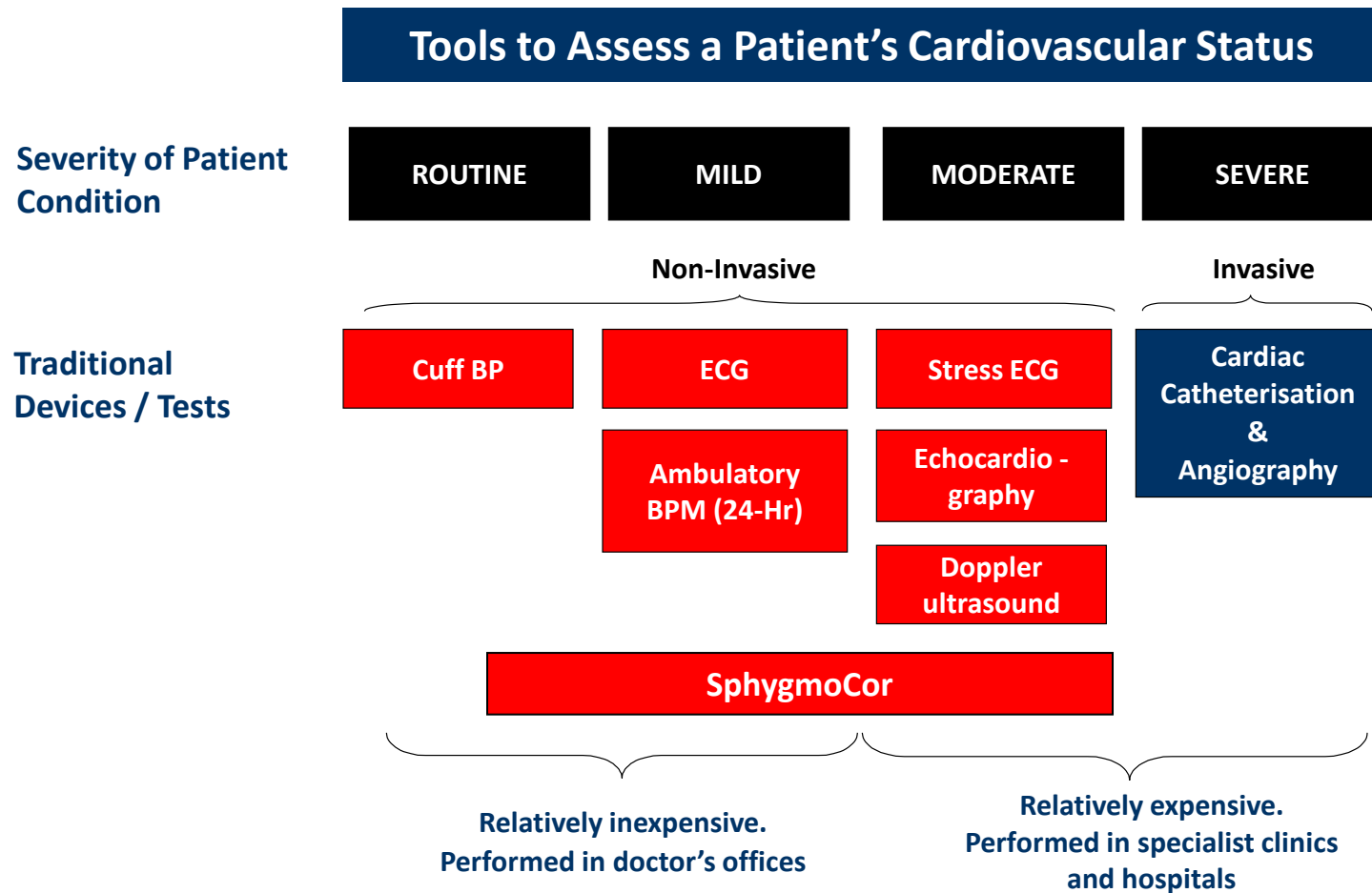
Such central data is only otherwise available via an invasive catheter into the ascending aorta of the heart

So why are Central Pressures of Such Importance Clinically?

- Clinical evidence is now well established that central pressure is a stronger predictor of future cardiovascular events than traditional brachial (cuff) pressures and drug effects can be dramatically different centrally.
 - Majority of the clinical evidence generated is the direct result of clinical studies undertaken using AtCor's SphygmoCor device across longitudinal studies and randomised controlled trials which to date encapsulates **tens of thousands of patients**
 - SphygmoCor detects cardiovascular diseases earlier and substantially improves patient management
 - Competitor products all lack this kind of clinical evidence, which constrains adoption in favour of the industry standard (SphygmoCor)

The SphygmoCor® Product

Where does it fit in clinical practice?



Key milestones achieved FY 2014

- **Risk diversification of Pharmaceutical sales funnel**
 - **US\$15.0m in opportunities** under management with **8 pharmaceutical companies**
 - Opportunities cover **6 distinct therapeutic areas** (hypertension, heart failure, COPD –respiratory, diabetology, nephrology-kidney, inflammatory disorders)
 - More pharmas take note - competitors publish their findings & use of central pressures expands in clinical practice
- **US Renal Physicians Association confirms intent to file for CPT 1 reimbursement code CY 2014**
 - Covers SphygmoCor test & success would launch code from January 2016
 - Would substantially eliminate any remaining risk to AtCor business model & unleash demand
 - Over 400 US clinicians now using SphygmoCor to manage patients in clinical practice
- **Growth initiatives in Asia Pacific provide revenue diversification**
 - Sales in region up 13% to prior year
 - Focused programs to grow business more rapidly in China, Korea and Japan
- **Effective Partnering & Business Development**
 - “Oscar 2 with SphygmoCor inside” launched with partner SunTech Medical in June at European Society of Hypertension Meeting - new product/market segment for AtCor
 - Trial nearing completion with Fortune 500 device company using SphygmoCor for pacemaker optimisation

Financial Performance – FY2014

Profit & Loss (A\$m)

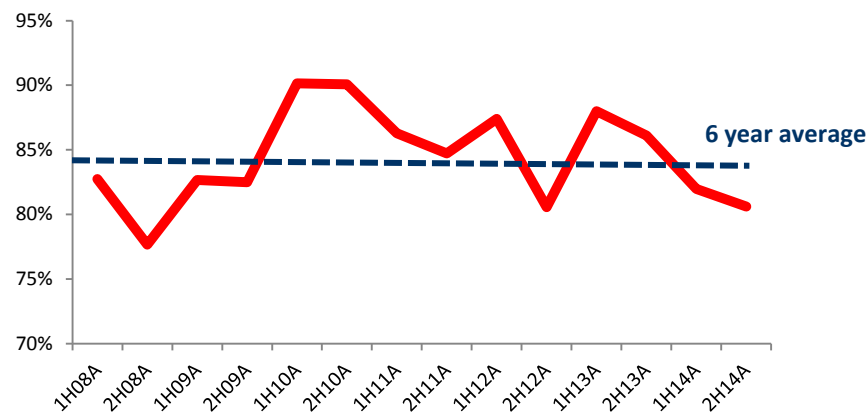
Summary Financials

| Period | FY13A | FY14A | Change (%) |
|--|-------|-------|------------|
| Revenue | 9.1 | 5.1 | -44.0% |
| Gross Profit | 7.8 | 4.1 | -47.4% |
| Other Income (govt. grants, R&D tax rebates) | 1.7 | 0.5 | -70.6% |
| Sales & Marketing | (3.2) | (3.7) | 15.6% |
| Other Expenses | (3.5) | (3.4) | -2.9% |
| D&A | 0.1 | 0.15 | 50.0% |
| EBIT | 2.7 | (2.6) | N/A |
| NPAT | 2.7 | (2.7) | N/A |
| EPS (c) | 1.8 | (1.7) | N/A |
| PER (x) | 4.7 | N/A | |
| EV/Sales (x) | 1.1 | 2.4 | |
| EV/EBITDA (x) | 4.5 | N/A | |
| NTA per Share (c) | 3.2 | 2.1 | |

Drivers of Change from Prior Period

- ✓ Expenses contained
 - no increase in constant currency vs. pcp
- ✓ Product Development down 4.2% vs. pcp new product investment with SunTech (Oscar 2) and associated reg. work
- ✗ Sales lower – pharma contract delays v pcp
- ✗ Lower government grant revenue and R&D Tax Rebate

Gross Margins Remain Strong at >80%



Financial Performance – FY2014

Cash Flows (A\$m)

| Summary Cash Flows | | | |
|--|------------|--------------|---------------|
| Period | FY13A | FY14A | Change (%) |
| Operating Cash Flows | | | |
| Receipts from Customers | 8.6 | 6.2 | -27.9% |
| Payments to Suppliers | (8.0) | (8.1) | 1.3% |
| Other (govt. grants, R&D tax rebates) | 1.2 | 0.5 | -58.3% |
| | 1.8 | (1.4) | N/A |
| Investing Cash Flows | | | |
| Payments for P,P&E | 0.06 | 0.04 | -33.3% |
| | | | |
| Financing Cash Flows | | | |
| Share issue & option proceeds | 0.0 | 0.7 | N/A |
| | | | |
| Net Increase (Decrease) in Cash | 1.7 | (0.7) | |
| Cash at beginning of period | 1.1 | 2.9 | 163.6% |
| Effect of FX rate changes | 0.05 | 0.04 | -20.0% |
| Cash at end of period | 2.9 | 2.2 | -24.1% |

Drivers of Cash Flow: Change from Prior Period

- ✓ Share issue and option exercise added \$0.7m to cash
- ✓ Cash burn contained despite reduced revenue
- ✓ Burn reduced, with minimal 1Q15 burn recorded
 - Cash balance at 30 September \$2.0m v \$2.1m at 30 June
- ✗ Lower receipt collections, driven by delay in pharma contracting cycle over the period vs. pcg
- ✗ Lower government grants and R&D Tax Rebate received

Conservative Balance Sheet

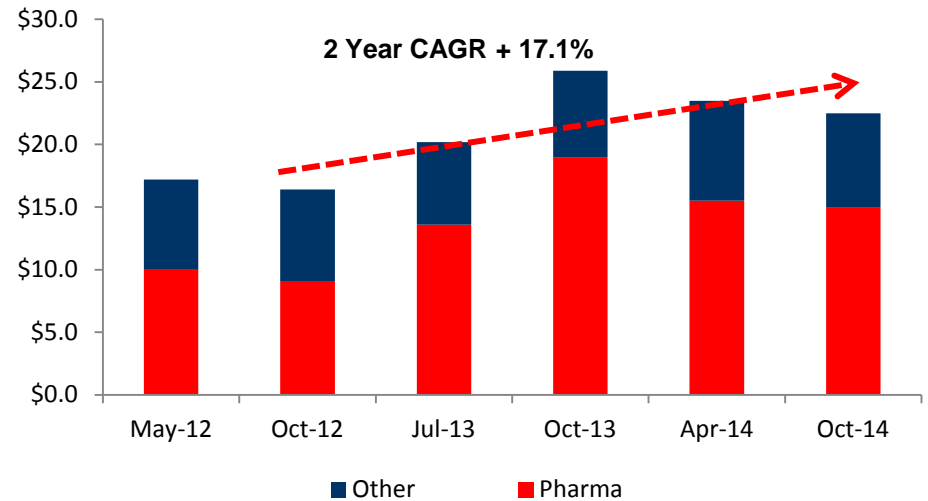
- ✓ No Intangibles – all R&D, product development fully expensed
- ✓ Debt Free

Financial Performance – FY2014

FY14 NPAT Loss the Result of a Sig. Decline in Product Sales

- NPAT Loss of \$2.7m driven by a 44% decline (50% on a constant currency basis) in product sales and services on the pcp.
- Several large clinical trials, which had been expected to commence utilising SphygmoCor were delayed (not cancelled) by the pharma companies.
- Sales opportunities under management, which represent AtCor's reasonable expectation of future contracts it may secure has remained strong throughout FY14 and into 1H15
- Current value of all opportunities exceeds US\$22m
- Expansion into new disease indications, where the central pressure thematic is attracting new interest ,will diversify future revenues

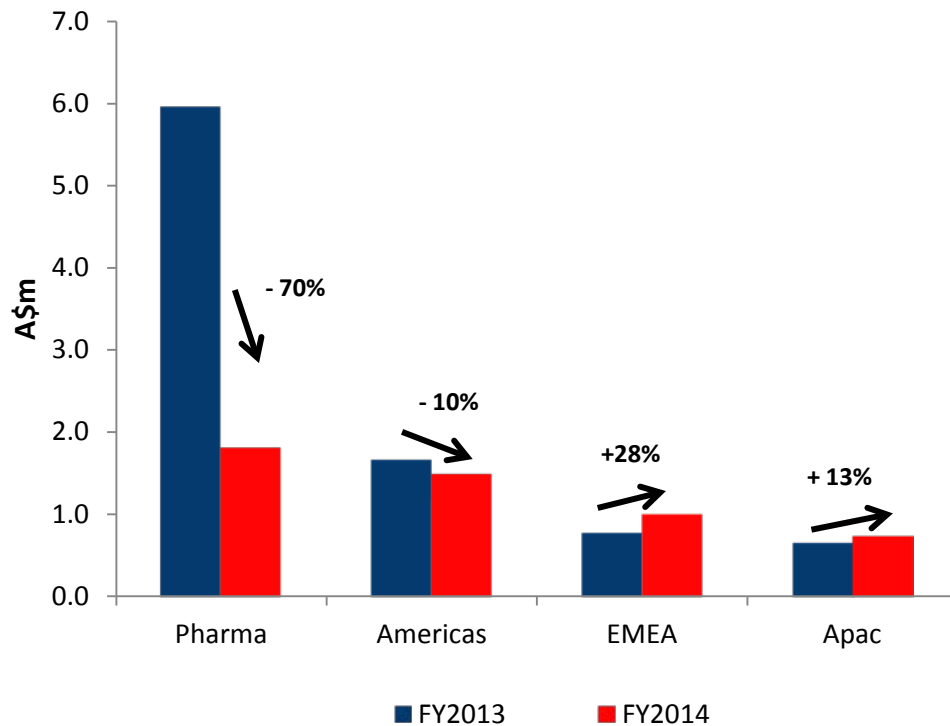
Sales Opportunities Under Management (US\$22.5m)* trending upwards



* Sales Opportunities Under Management is an internally developed management assessment of contracts under negotiation with pharmaceutical companies and other sales opportunities related to SphygmoCor that have a reasonable chance of conversion into sales. I.e. Have moved beyond a mere product inquiry are engaged in the sales process (meetings, action plans and mutually defined next steps).

Geographic split of revenue

Sales by Region



Pharma Delays Impacted, Mixed Regional Performance

Pharma

- FY2014 impacted by the deferral/delay of new contract signings and a record FY2013
- No new contract potential lost

Americas

- Clinical growth 21% on pcp aided by USD strength
- Large US Government order FY2013 not repeated FY2014

EMEA

- EMEA up 28% or 9% in constant currency terms
- Average sell price maintained
- Profitable region for second consecutive year

APac

- APac up 13% on the pcp
- Driven by strong domestic sales & China launch

Four Distinct Market Segments

.....Annual global market potential US\$500m

Clinical Specialist

- Cardiologists, Hypertension, Nephrologists (kidneys), Endocrinologists (diabetes)
- Academic-based specialists
- Only **2%** of potential market converted
- Intense area of focus following US CPT I filing in 2H CY14

Pharmaceutical trials

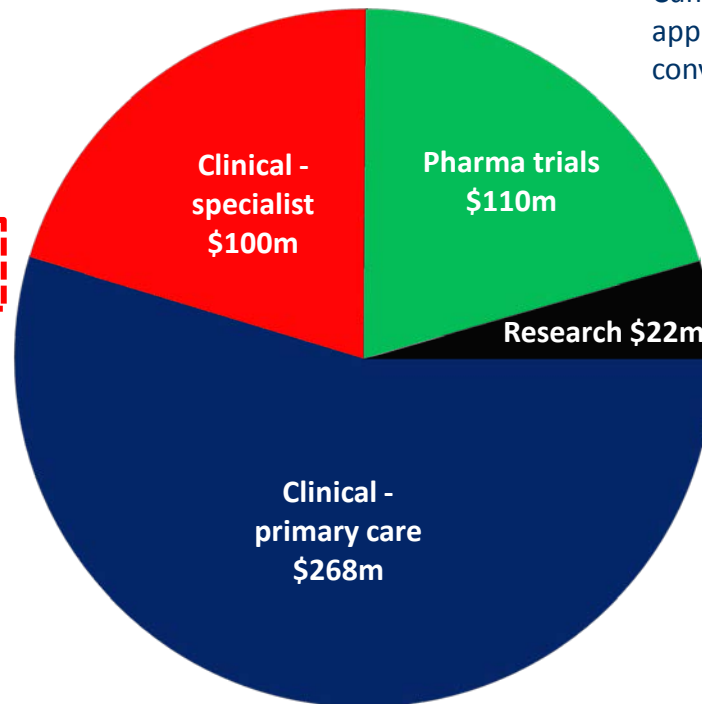
- Cumulative 5 year sales \$20m or approx. **5%** of potential market converted

Research - Academia

- Universities & Hosp. Affiliated
- **15%** of potential market converted

Clinical - Primary Care

- GP's, internists, executive health, wellness centres, etc.
- Future market opportunity (**0%** converted)



Current served market –
US\$232m *

Early Days - Big Runway Ahead

* i.e. all sectors except "Clinical – Primary Care"

Key Areas of Focus

Diversify risk and smooth year to year performance

Clinical Specialist Sales

- Build on early success globally, focus on US and APac markets
- Support and complement RPA initiative to file for US category I CPT CY 2014

Pharmaceutical Sales

- Harvest deals while replacing US\$15m sales funnel
- Continued diversification – increasing range of global companies & therapeutic areas

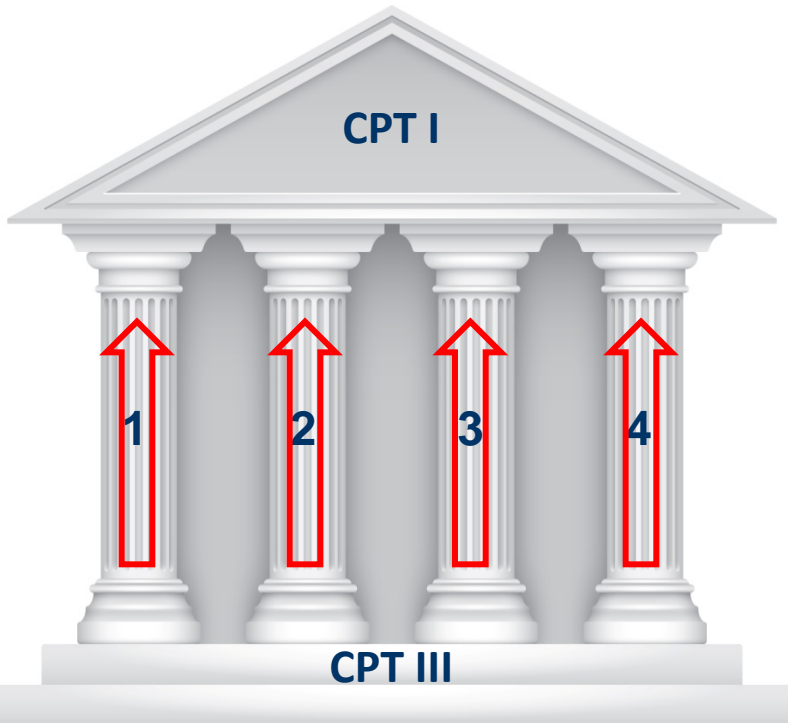
Strategic Alliances & Business Development

- Complete regulatory product launch with SunTech Medical (EUR –4Q CY14 & US Q1-CY15) *Oscar 2 with "SphygmoCor Inside"*
- Complete current study with global device company in cardiac pacemaker optimisation
- Continue work in cerebral vascular & cognitive function applications (Alzheimer's, Dementia, Stroke)
- Complete study in cardiac output - intensive care application

Reimbursement - CPT I Coding in the USA

CPT (Current Procedural Terminology) codes are numbers assigned to every task and service a medical practitioner may provide to a patient including medical, surgical and diagnostic services. Insurers use such codes to determine the amount of reimbursement that a practitioner will receive when they perform that service. The CPT I code is the gold standard (and hardest to obtain). Such codes are maintained by the American Medical Association (AMA).

Four Pillars Required For CPT I Success



SphygmoCor Uniquely Positioned

1. FDA clearance

- First generation SphygmoCor cleared for sale via 510(k) in the US since 2002

2. Distinct service performed by many physicians/practitioners across the United States

- 200 clinical systems used by more than 400 clinicians across 197 distinct practices to date
- "Many" is a qualitative barometer- too many drives concern of high cost to healthcare system, over utilization
- CPT I codes have been approved with less than 100 clinical users

3. The clinical efficacy of the service/procedure is well established and documented in the U.S peer reviewed literature

- More than 800 peer reviewed publications
- Tens of thousands of patients trialed

4. The suggested service/procedure is neither a fragmentation of an existing procedure/service nor currently reportable by one or more existing codes

- Separate distinct service as part of Category III award & descriptor
- AMA advised AtCor in late 2006 that new specific code was needed

Reimbursement

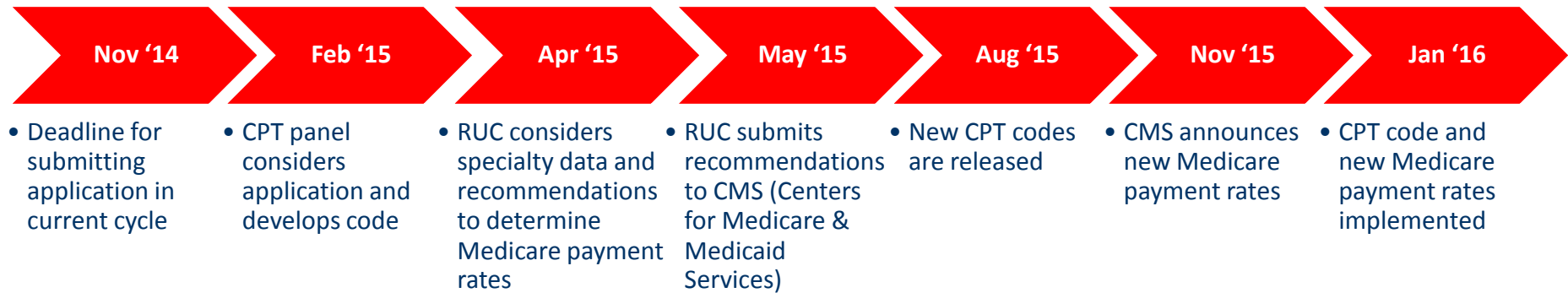
Moving from CPT III to CPT I

In March 2012, the Renal Physicians Association (RPA) received a CPT III code (0311T) “to report non-invasive calculation and analysis of central arterial waveforms with interpretation and report”. The Code became effective 1 January 2013

■ CPT III

- **The first critical step in moving to CPT I code - Gain CPT III**
 - Virtually 100% of new services must now pass through CPT III before being considered-moving to CPT I
 - Private payers review submitted claims by physician on a one off basis. ~30-50% of SphygmoCor claims are paid.
 - Medicare tends to deny claims under CPT III; requires clinician to submit lengthy appeal (process >1 year)
 - Many clinicians will not purchase under CPT III as they want assurance of reimbursement that CPT I provides
 - BUT critical foundation & building payer awareness for move to CPT I
- **Increased Number of Key Opinion Leaders (KOL's) Utilising in Clinical Practice**
 - Fiscal 2012-2014: US clinical installed base has **increased 44% to 201 systems**
 - Focus has been on hypertension specialists ~50% from cardiology and 50% from nephrology (kidney)
 - KOL's critical to encourage respective medical societies for code change to CPT I
- **Balanced Approach - Medicare and Private Payers**
 - Medicare with over 49m patients, 65% with hypertension or related disorders - high potential yield on covered lives
 - 8 separate cases by clinicians at some level of appeals process. Significant delays, if at court level some over year old
 - BUT once CPT I is implemented, Medicare pays immediately on CPT I from 1 January of effective year
 - Privates follow Medicare's lead and will negotiate national reimbursement rate - though not obligated to cover
- **CPT Application by Credible Medical Society**
 - US Renal Physicians Association (RPA) successful gaining CPT III, now will file for CPT I
 - Track record of trust and integrity with CPT Panel
 - This is their process—not specific to AtCor/SphygmoCor

CPT I Process



A CPT I code gives physicians an easier path to being paid for tests, therefore they are motivated to invest in a technology

RPA on track to file in November 2014

CPT - Current Procedural Technology

RUC – Relative Value Scale Update Committee

Reimbursement: Favourable Metrics for Adoption

Sensitivity of Payback Period for Clinicians: Rapid

| | | Reimbursement per test | | | |
|----------------|----|--------------------------------|------|------|------|
| | | \$20 | \$30 | \$40 | \$50 |
| | | <i>Payback period - months</i> | | | |
| Tests per week | 10 | 18 | 12 | 9 | 7 |
| | 15 | 12 | 8 | 6 | 5 |
| | 20 | 9 | 6 | 5 | 4 |

- US\$15,000 purchase price for base clinical system
- Device useful life: 48-60 months.
- Payback period in months, depending on throughput and reimbursement
- Current clinical accounts receiving reimbursement from low of \$19 to high of \$210 based on charges of \$150-\$300
- WISDOM system allows flexibility to provide market cost per test rental as demand expands in clinical sector
- Drives “annuity” style revenues w/out the capital cost for smaller centres/private practice

Clinical data

Critical for driving/supporting physician uptake post CPT I

- **Critical Clinical publications in last 12 months**
 - BP Guide – use of central pressure to manage hypertension patients, improves patient care and reduces costs (286 subjects – $p < 0.05$).
 - Optimum blood pressure control with fewer drugs and side affects
 - Critical win for patients and payers
 - Follow-on paper to enumerate savings to Australian Healthcare system
 - Aortic pulse wave velocity (PWV) improves cardiovascular event prediction: an individual participant meta-analysis of prospective observational data from (17,635 subjects - $p < 0.001$)
 - Found that aortic stiffness, as measured by PWV, predicts future CV events and mortality
 - Joint Heart Failure study with the Mayo Clinic and Uni Arizona. Aim is to demonstrate improved heart function and reduced care costs (50 subjects – $p < 0.05$).
 - Found more effective use of drug therapies with no increased risk to patients
 - Increased exercise capacity (peak O_2 consumption) on par with an implantable pacemaker

- **Key clinical publications expected in next 6 months**
 - Central vs. brachial pressure in CV risk assessment, Meta-Analysis. >22,000 patients
 - Reinforces clinical utility of central pressures from major studies over past 10 years
 - Anticipated by regulators evaluating more widespread adoption in drug safety
 - US society position papers & statements on central pressures and arterial stiffness
 - Drives visibility and clinical up-take in market

** Such large data sets are rarely seen in microcap device companies = clinical utility established far earlier in the product cycle **

New Independent Studies

Momentum Building

- Over **56** new studies involving SphygmoCor have reported in the last 90 days
 - Broad range of research into areas including diabetes, diet, cardiovascular disease, exercise & sports medicine etc.
 - Now over 800 studies in total have been conducted
 - “Primed” for clinical acceptance following stronger US reimbursement
- Highlights the continued interest in SphygmoCor as a vital tool in the detection and management of cardiovascular disease, globally
- Critical in building clinician awareness and brand recognition prior to more widespread reimbursement following CPT 1 coding in the US
- Supports clinical adoption

A Word On Oscar 2 with SphygmoCor Inside

Launch Preparations Well Advanced

- Oscar 2 with SphygmoCor inside is part of a multi-year strategic alliance between AtCor and SunTech Medical (part of Halma plc group)
- New 24 hour ambulatory blood pressure monitor (ABPM), with “SphygmoCor Inside” technology on a chip – brand new application of proprietary platform
- Oscar 2 to be jointly marketed by SunTech Medical and AtCor Medical
 - True top to bottom alliance with shared contribution margin
 - AtCor targeting pharmaceutical clinical trials market (50% of current global ABPM sales)
 - SunTech clinical practice and research markets
- Launch activities at recent European Society of Hypertension and cardiology meetings saw strong interest, especially from Pharma
- APBM market currently estimated at 45,000 units p.a.
- Suntech was acquired by Halma plc (LSE:HLMA) in June 2012 for £29.7m upfront + £3.9m in deferred consideration
- European approval (CE Mark) expected 4Q CY14, US clearance (510k) expected 1Q CY15



SunTech Medical
Brilliant Blood Pressure Solutions™

ASX Device Comparables

the market re-rates sig. on CPT I success

| Company | Ticker | Market Cap. (\$m) | Cash (\$m) | EV (\$m) | FY14 Sales (\$m) | EV/Sales (x) | Market Cap./Sales (x) | EPS (c) |
|----------------------|------------|-------------------|------------|-------------|------------------|--------------|-----------------------|--------------|
| Ellex Medical Lasers | ELX | 35 | -3.4 | 38.4 | 54.3 | 0.7 | 0.6 | 0.73 |
| Uscom | UCM | 18 | 1.6 | 16.4 | 1.1 | 14.9 | 16.4 | (2.0) |
| LBT Innovations | LBT | 13.2 | 1.8 | 11.4 | 3.9 | 2.9 | 3.4 | 0.33 |
| Azure Healthcare | AZV | 190 | 0.3 | 189.7 | 31.3 | 6.1 | 6.1 | 2.05 |
| Impedimed | IPD | 109 | 10.8 | 98.2 | 3.3 | 29.8 | 33 | (4.0) |
| Nanosonics | NAN | 240.5 | 21.2 | 219.3 | 21.5 | 10.2 | 11.2 | (1.0) |
| Somnomed | SOM | 108.6 | 2.9 | 105.7 | 25.9 | 4.1 | 4.2 | 0.92 |
| AtCor Medical | ACG | 14.2 | 2.1 | 12.1 | 5.1 | 2.4 | 2.8 | (1.7) |
| AVERAGE | | 91.1 | | 86.4 | 18.3 | 8.9 | 9.7 | |

Impedimed Re-Rating Highlights Upside

- Prior to CPT I Award in 4Q CY13, EV of ~\$18m
- 12 months post, EV ~\$100m representing a 455% re-rating of “technology value”
- Not predicated on near term sales effects, with FY14 sales up 14% on the pcp (CPT I activated Jan 2015)
- Market prepared to pay a high multiple for future growth prospects, under a CPT I scenario
- IPD addressable market \$3 billion +, ACG market \$2billion (not including emerging markets such as dementia).

* Market cap. data as at 9th Oct, cash and sales data per company reports

Attractively Priced v ASX Comps

Milestones

- **Improved performance in pharma-predictability of results**
 - Large sales funnel
 - Diversification with new clients
 - Majority of deals will close in H2
- **Reimbursement**
 - RPA to file in 2H CY2014
 - CPT I coding decision FY2015
 - Firm go to market plans post CPT I
- **Clinical studies & evidence**
 - Central Pressures meta analysis to be completed and published
 - Position papers & statements on Central pressures and arterial stiffness from relevant US Societies
- **Launch new products and market segment presence**
 - Joint development with SunTech – CE Mark and FDA during FY15
 - Sales into new market segments & disease states
- **Advance new business & IP development**
 - Complete pilot studies in cardiac rhythm management, plan steps to market launch
 - Complete cerebral vascular feasibility studies with European partner

Summary

- ✓ Well Managed Business- significant upside
- ✓ Strong operating leverage - profitable at sales of \$9.0m and above (current fx)
- ✓ Core Focus - Clinical Specialist & Pharma Markets
- ✓ Key Alliance Partners for Core Markets & OEM
- ✓ True Platform Technology
- ✓ US\$500m Annual Market Opportunity - Massive Runway
- ✓ CPT I Success would be Major Rating Event

SphygmoCor
AtCor Medical



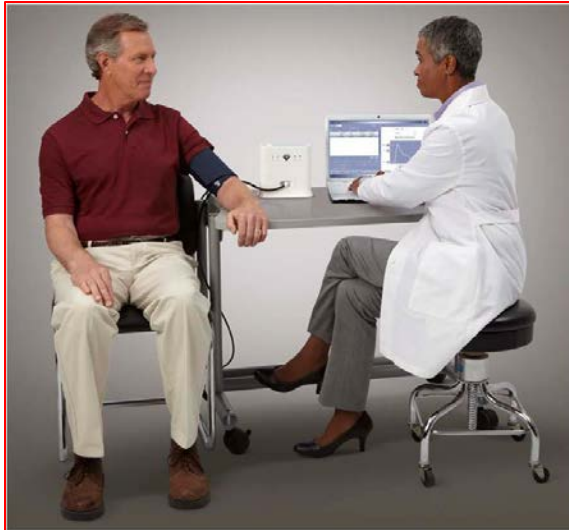




Appendices

The SphygmoCor® Product

How does it work?



SphygmoCor Central Pressures

- Records the **blood pressure pulse waveform at the arm**, non-invasively
- Using this recording, it **derives the blood pressure pulse waveform at the heart**
- From this pressure pulse waveform at the heart, **SphygmoCor then calculates:**
 - *central aortic blood pressures*
 - *certain key heart function parameters*
- Compares these patient parameters against population "normal's" to **assess CV status**



Pulse Wave Velocity

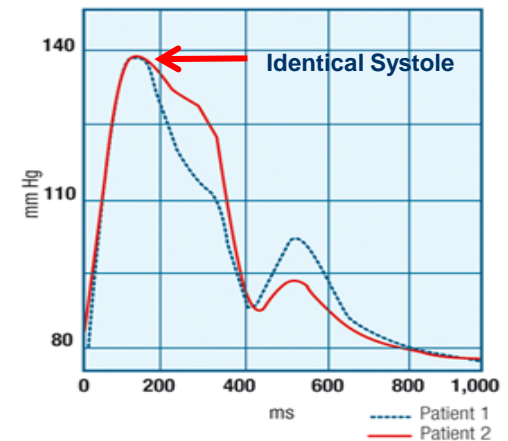
- Considered gold standard measure of arterial stiffness
- Based on the pulse transit time from carotid to femoral artery
- SphygmoCor is the reference device, most widely used and published

The SphygmoCor® Product

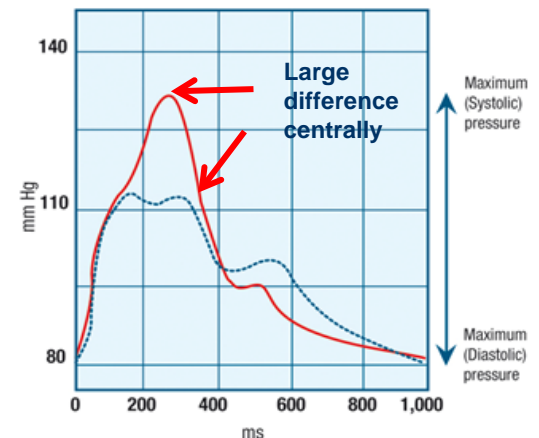
Why are central pressures important?

- A traditional blood pressure device provides limited clinical information other than the systolic and diastolic pressure experienced by a patient in their arm.
- Brachial measures are a poor surrogate for central (aortic) pressures, which are always lower but the magnitude of the difference differs significantly between individuals, resulting in misdiagnosis and over/under treatment regimens
- Clinical evidence is now well established that central pressure is a stronger predictor of future cardiovascular events than traditional brachial (cuff) pressures and drug effects are many times different centrally.
 - Majority of the clinical evidence generated is the direct result of clinical studies undertaken using AtCor's SphygmoCor device.
 - Clinical evidence encompasses both major longitudinal studies and randomised controlled trials which to date encapsulates tens of thousands patients.
 - Competitor devices lack the depth and breadth of AtCor's evidence
- Important implications for how hypertension is both diagnosed and managed clinically
 - SphygmoCor detects cardiovascular diseases earlier and substantially improves patient management

Brachial

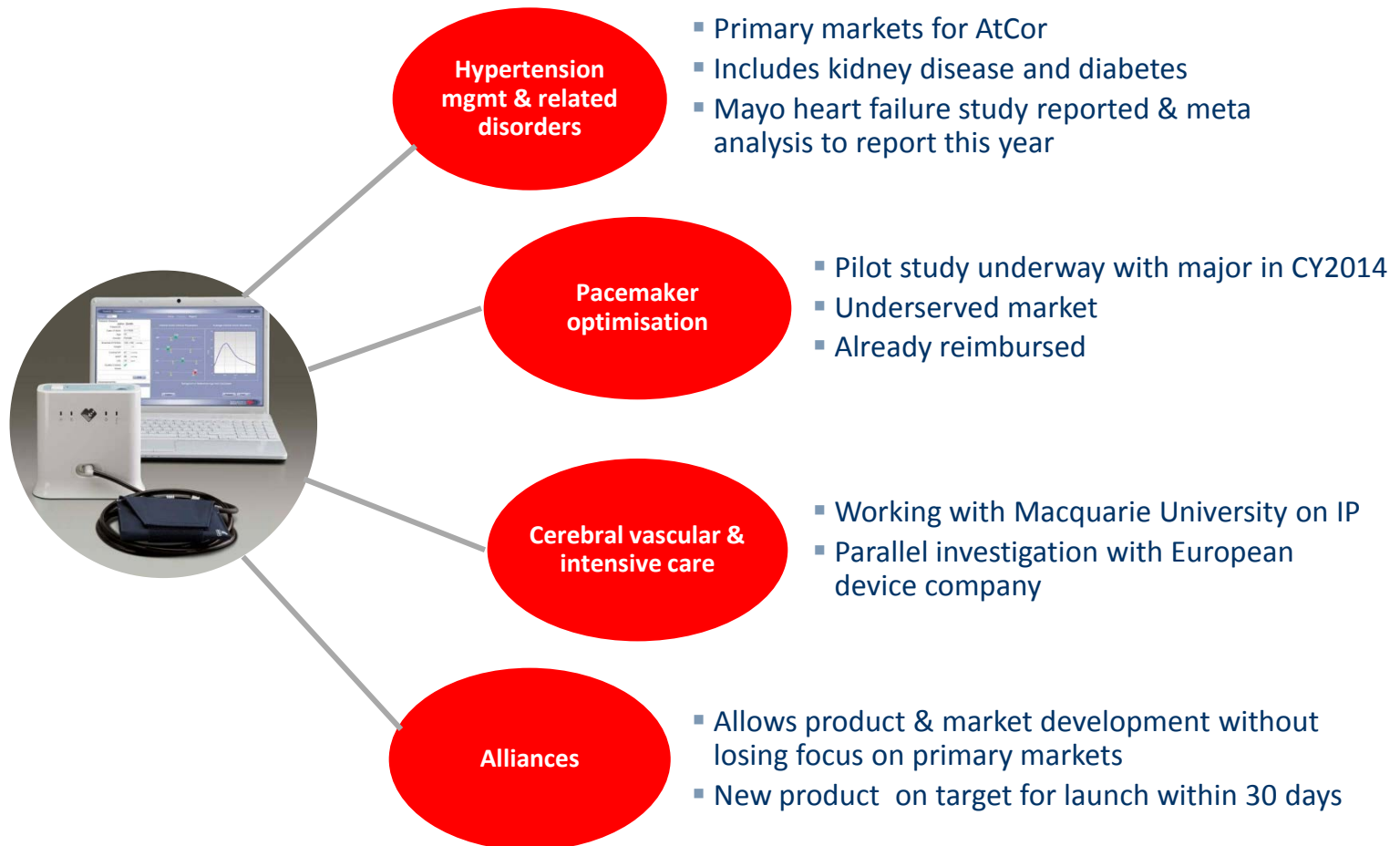


Central



Leverage Technology and IP-Partnering

SphygmoCor is a platform technology



Current Target Disease States

US Statistics

Hypertension

- Also known as high blood pressure
- 67m US adults and only 50% have condition under control
- Nearly 1 in 3 Americans have pre-hypertension or “high-normal” BP – a key target area for SphygmoCor measurements
- Economic cost – US\$47.5b p.a.

Diabetes

- 29m US citizens suffer from diabetes
- 1.7m new cases were diagnosed in 2012
- Management of the disease is closely linked to reducing cardiovascular disease risk factors
- Economic cost – US\$245b p.a.

Chronic Kidney Disease

- A condition where the kidneys are damaged and cannot filter blood as effectively as a healthy kidney
- Est. 10% of US adults may have CKD
- 1 in 5 of those with CKD also have hypertension and this is a leading cause of CKD.

Stroke

- 795,000 strokes occur each year and of these approx. 130,000 deaths result.
- 35% of strokes are in people younger than 65
- High blood pressure is a major factor.
- Economic cost – US\$36.5b p.a.

Heart Failure

- Describes a condition where the heart cannot pump enough blood around the body.
- 5.1mill adults suffer from this.
- Half those who develop HF will die within 5 years.
- Economic cost – US\$32b p.a.

Cognitive Impairment

- More than 16m Americans living with the disease.
- Currently no cure though research underway to look at hypertension and arterial stiffness as contributing, modifiable factors.
- Economic cost Alzheimer's alone US\$214b p.a.