

OTC Markets Group

Joining us a day is Jerry Katzman the CEO, President, and Chairman of RetinalGeniX Technologies that trades on our OTCQB Venture Market under the ticker RTGN. Based in Petaluma California, RetinalGenix Technologies is an R&D company specializing in the eyecare imaging and patient home monitoring space. Jerry, thanks so much for joining us today.

Jerry Katzman

Thank you! It's so great pleasure to be here.

OTC Markets Group:

So Jerry to start tell us about your background in the life sciences industry and how you got involved with RetinalGeniX

Jerry Katzman

Well I will there are 2 parts to that question for my background I graduated with a degree in biomedical engineering I decided to go to medical school I went to medical school and the story of why I went to medical school is an interesting story but I'm not gonna go through it. But basically that was my interest in the sciences. It turned out I was going to be a cardiovascular surgeon and that required a lot of standup surgery for hours and my back wasn't that good so that was a reason I decided to open up my concept of different specialties. And it turned out the best specialty of all was ophthalmology because in ophthalmology you see neonates ,you see geriatric patients and you do little things that are very rewarding and great things that are extremely rewarding. It could be as easy as giving a pair of glasses to somebody. A contact lens or as great as doing a corneal transplant on a baby so there was nothing more exciting than being in the ophthalmology background field and that led to me in my residency that instead of going to cardiology I went to de general medicine and then I went into ophthalmology. And I was accepted into the Albert Einstein program and I served my residency basically in Fort Apache which is a place in the South Bronx and and it was really a great experience because of all the patients that I that I worked on were kind of I worked in the clinics where instead of being in a university setting where it's very controlled. There's an attending and the attending operates and works on these patients, I had a chance to really generate patients on my own and then you know work with the attendings on those patients. So it's almost like being in mini practice during my training. It was terrific. It was really great so you know after doing that I ended up going to and again I don't want to elaborate too much on it. But I ended up going to Florida, and why Florida? well if you take a look around. There's more cataracts in Florida than probably anywhere in the

country. And you know it was a kind of a layup to do that and I had a lot of friends that were in Florida and they kind of said hey you know you should come to Florida and I and I said you know I looked at it and I said , that would be great and I got a great position in an up and coming group that did not have an ophthalmology department and. Basically it allowed me the ability to develop my own ophthalmology department in this practice doing about 12 doctors different specialties, neurology, ent, you name it so that was a great experience for me to do that and you know again giving you the background of how this all came about that during that time because of my engineering background, it was a time in when hmos and these different systems were coming up as a health care solution and the only way I could find out if those things were real was to contract with as many of the companies as I could as a practicing. Ophthalmologist to see whether in that it's it was a good program and frankly at that time it was basically a band-aid on the health care system and I didn't feel good about it and I said I got to do something better and I developed a company as a founder with a couple of other people which was a. Kind of a benefits program on a discounted fee for service basis and I was able to amass 13000 locations across the United States and some around the world where patients could get access to ophthalmic care and I and by the way up until that point there were're only. There were never national organizations. There were small icare organizations and that was like the start of really getting involved politically speaking in terms of ophthalmology and benefiting patients to do that and it was really good and I and I worked in that endeavor in in addition to my private practice for 22 years, so I didn't leave the project I stayed with what I was doing and and through a lot of events. It turned out that you know I was recognized as 1 of the first physicians in the country to establish this fee for service basis on a national level with patients. So across the country and it was really quite exciting and that company ended up getting bought out basically by a hedge fund and that kind of got me more involved in wall street and that's , just a whole lot of things that went on there but at the end of the day. Guys moving forward and with the things I've done and I've done presentations on done presentations. The hospitals insurance carriers and all these things so I'm comfortable in my skin when it comes to that. But at the at the end of the day I ended up becoming the Chairman, President, CEO of this mettech company based in Petaluma California and they the technology was just fabulous and it was first in market best in market and then I developed this patent on home monitoring little did I know and this was prior to covid little did I know how big a deal it was going to be now. That was not my thought my thought was I was gonna be working on a screening device for diabetes two hundred degree field of view and all of a sudden I said wait a minute you know, putting out 1 product is 1 thing but putting out 2 products is to actually trying to say blindness it's all about blindness is not about money. We want to make money everyone makes money

you want to do right in the world but it's about the passion to basically try to save vision because vision is priceless if someone goes blind the effect on the person their family their community the country. Their work anything. You could think of it can be adversely affected and so that I'm very passionate about that and I'm trying to do it on it. A worldwide basis which is which is a little different. But the question is like asking you know why? and how and how I got involved in it and so that's that is where I am and knowing. How equipment works knowing what we need to do. It's very clear to me that most companies are there to sell a lot of equipment and lease a lot of equipment and be profitable in a lot of equipment and they make a lot of claims. But at the end of the day. Some of these devices aren't worth anything or some of them are just not practical to get to the masses they have to be economical. They have to be lightweight. They can be portable and that's what the mission was and that puts the scientific part of me at work and applying it now is very exciting in what I'm doing. So that was a long answer to who I am what I'm doing where I'm going and what I'm passionate about I think you could feel it.

OTC Markets Group

No problem. Loved it all. Okay, so let's see it down to the company. What is mass retinal screening and RetinalGeniX's role in this process.

Jerry Katzman

Okay, so there's 2 products. The first product started out was the mass screening product for diabetes you know in diabetes. Basically this 30000000 people the United States that have diabetes about 23000000 have been diagnosed and 7000000 are walking around and don't have a clue. Okay there's not enough eye care providers to basically do this even if you had diabetes and was diagnosed. You have to be seen every six months and we don't have enough so the idea of having you know people screened and seen. Doctors are very expensive. You go to the ophthalmologist it's going to be \$200 you go to an optometrist, still going to cost you a lot of money and the marketplace is not the known diabetics. There's ninety five million prediabetics that no one knows anything about that's the market you want to get to someone before they have a heart attack. Once they have the heart attack I could put an ekg on there and say oh you got electro cardio graphic evidence that you had a heart attack. You could categorize that patient but you can't categorize someone that doesn't know they don't have it and they not even have a clue of how they would have it and how it would be diagnosed so the issue here is that's an incredible product. Okay, it's an incredible product but it requires a lot of factors and then what it just came to me the idea that why out and that and by the way. But if you don't get to a doctor you could lose vision because you didn't get to the doctor so that device was the first product we're

thinking about and again it requires a lot of bells and whistles and a lot of things but the bar there is you have the patient's eyes have to be dilated. You have to go to a specialist nobody likes doing that it takes hours to do it. Nobody wants to really do that kind of thing. So you need a faster easier way to screen these patients and this device is exactly what we're planning to do. It's a device that will without dilation look at the two hundred degree field of view which is the money shot. That's where you make the diagnosis earliest and if you can detect diabetes and the earliest levels you can prevent blindness because you can blunt bleeds, you can blunt strokes and all kinds of things that can happen in the eye. The eye is the mirror to the soul and the eye has the smallest blood vessels in the body and if those changes will occur in those vessels before anywhere else in the body, so if you have high blood pressure, you'll see it if you have diabetes you'll see it if you have cancer and stroke you'll see it if you have any kind of mental disorder, alzheimer's you can see it but you have to access it. You have to be able to get to it and there was no way to do that. No economical way to do that. And that was the goal on that first product now, as a practical matter the concept was I said Well you know patients are also losing vision because at the same time. Let's assume you had kidney disease let's assume you have stroke or let's just say you had another medical problem, cancer. The idea is when you go to your doctor, they're not thinking about your eyes. okay they're not thinking about your eyes they're thinking about oh you could lose you know your arm you can't move. You know you're gonna be observing things about you but the truth of the matter is these are all signs that potentially you could lose your vision and no one realized that, and that is the key here because if you want to say vision, every patient that's at risk for some disorder could be at risk for blindness but you need to know about it. The patient needs to be told and so I had this dream about it and said you know what we need to monitor these patients because if we could get to these patients. We in fact, could save their vision. So the second product is a home monitoring device that works in real time now. What do what do I mean by that. it's an imaging system that Mr Jones wakes up at two o'clock in the morning she doesn't know what's going on with a eye. Maybe she has a sty. Maybe she just have redness. Maybe it's just scratchy or maybe there's something else going on. She doesn't know but she sits down at a desk and she looks in this device. It's a home device and presses a button and that sends an immediate alert to the doctor now. Depending on her age and depending on you know what involvement is you know with this device. The fact is it sends streaming video and information to the doctor's office immediately and that could be a two oclock in the morning it's like real time and the nurse who's prepared for this gets the information and she's got the patient's records already. Because that this patient signed up for this program, so they have the records and they can compare the records to see whether or not Mrs Jones is having an event having a

problem and the nurse will say well, "Mrs Jones it looks fine. Nothing's changed. Come back in a month we'll see you" or "Mrs Jones gonna say. I think you're having an acute glaucoma attack and you're at risk." you know for a problem you have pain you need to go to the emergency room or the nurse will say you know Mrs Jones hold on 1 moment. She presses a button and transfers that live image to the doctor who's in his bedroom at 2 in the morning and the doctor will then say. "Mrs Jones I've taken a look at here I agree. There's something going on here. I either want you to the emergency room now or I want you to come into my office first thing tomorrow morning and that's precisely how you say vision because Mrs Jones who would come to my office comes in and I say Mrs Jones you know you've lost vision and you're right eye." Why did it take you so long to come into the office. She was oh Dr Katzman I've been trying to get into a many doctor's office, I just can't get it I it's weeks the months, and it's not her fault. The system is the fault and we're not equipped to do this so we need to be able to get to the masses. To where if something is going to happen to get to it beforehand, and will prevent blindness. It's no different I'm sure you've heard of a situation where if someone's having a stroke you have 6 hours to get to the emergency room because they can inject you with these you know I think it's tpa. It's a special fibrinogen factor that can break up the clot in your brain before it extends, so you could prevent a stroke and you could limit the stroke if you get intervention early, but this is the only way that you can get intervention early by being able to have the patient be responsible for their carer, meaning if they wake up and have a problem at that moment check in with the doctor and then it you can you can now at that point say you're contributing greatly to them being prevented from blindness, so that that ties in with my mission and I found that that the monitoring system the imaging system in the monitoring system is not as broad as a two hundred degree field as the diabetic device but it is a subset of the diabetic device. So of the 2 products we went to the go to product which was the easiest in that sense and that was the monitoring device and the monitoring device did not need a five ten k and the other device did, so from a timing point of view timing is everything in life and the timing was now and ready and that's why we're so excited about it.

OTC Markets Group

So how would you describe your strategic advantage and the highly competitive medical device space.

Jerry Katzman

Well you know you hate to say this but most companies they don't have the marketplace because they're not looking at it. And number 2, the technology this is all about you know, great resolution. It's not about taking your iphone and just.

Podcast

You know, looking in the iPhone and taking a picture and say oh look what I got and now it's very so sophisticated and you know with diabetes and obesity and all these things occurring and our foods are contaminated. Our airways are contaminated. Our water is contaminated. This subject is extremely important I went. When it comes to that. But no, one's tackling it and we're initiating it with the top people in the world. So I'm excited about where we are.

OTC Markets Group

Tell us about how the COVID-19 pandemic has changed your industry and company outlook.

Jerry Katzman

Wow I get to again I called in my first presentations "a tale of 2 cities" and what that was is that as we're talking about diabetes the highest group at risk for patients with COVID were diabetics. They knew that if you had diabetes you had a chance and you could have stroke but you know in France the largest assemblage of eye care hospital actually, I don't have the numbers in front of me, but they had an audit number of people that ended up going to the emergency room and of those people that went and these were diabetics by the way. And if those patients that went to the emergency room. It was like 10% or more ended up on a respirator and of those a small percentage you know had were treated and got out but we then at that moment knew that the COVID was more than just kind of a factor. It was a determining factor because if the patient actually at the end of the day had COVID and they had respiratory issues, they could die because they had this risk, so looking in the eyes we were able to look in the eyes and see those factors in the in the periphery of the eye and recognize that was a risk factor. And that changed everything even more because as I spoke to people it's no COVID's bad but you can grade COVID by where and how the patient's been affected, and if it's infected in their eyes it's more ominous and it's even more urgent to get to that patient. So that's how COVID made such a difference.

OTC Markets Group:

And so Jerry, what can we expect from RetinalGeniX in 2022 and beyond?

Jerry Katzman

Well we're again, the most important thing right now is we're working on the home monitoring device. We we're in the closing stages of completing the prototype. Unfortunately I thought it would have been done six months ago but because of the pandemic because the sensors were shut down because of China and the boats and the whole world changed, it just changed. So I've had to just be patient.

It affects everyone in the same way and you know as a result of that, we've dealt with it and dealing with it. But I'm happy to say that you know we're rocking and rolling now. On the monitoring device. The secondary device is still nine months off because it's this is a subset of that but I'm concentrating on the home device because it has great value and it has value to more than just the patient. It's I've been contacted by emergency rooms and . 600 bed independent living facilities and nursing homes and universities and you know I can't even tell you how many people have contacted me in this interest because doctors don't want to go to the emergency room because of covid they don't want to go there. Patients would prefer not to go there. Nursing homes don't want to wrap their patients and put them in an ambulance send them to an er for them to sit 9 hours, the cost is untold of what it is so all of this has changed the landscape and has made this you know, really an exciting time.

OTC Markets Group

So you just recently began trading on the OTCQB, why was it important for the company and your investors to upgrade to a premier market tier in the U.S.

Jerry Katzman

Well, again, you need money to do it I've raised millions myself and this is this is a great marketplace to do it, people want to be with a winner OTC Markets QB, is a winner. You know again, it's to be real. You have to do that and the requirements are stiff and it's credible and as a result people respect it and so that's why it's important it leads to the ability to raise equity in many forms and people investing in the company and you know it may it may lead to other things and in even more exchanges. But we're very excited and pleased that we qualified and we're able to do it and it adds great credibility to everything we're doing.

OTC Markets Group

Well Jerry it's been a pleasure speaking with you today.

Jerry Katzman

Oh its but I and I know I've been very verbose and probably extremely passionate about it but I can't help it every time I think about what we're doing and why we're doing it and who's doing it that is the thing that makes a difference in what we're doing. We're just not just any company, we've amassed one of the greatest board advisory boards that we have in the country every one of them is luminary every one of them is a decision maker every one of them is at the highest level in my profession and because of that you know, I couldn't be prouder and it's a legacy

to me until the company and look for great things to come. Especially after the monitoring devices followed by the two hundred degree field of view device that hopefully will be affordable and will make a difference in people's lives to prevent blindness.

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RetinalGeniX Technologies trades under the symbol RTGN on our OTCQB Venture Market.

**This is an autogenerated transcript and may contain typos.*