ASX ANNOUNCEMENT

Actinogen CEO presents corporate overview at Bell Potter Healthcare Conference 2023

Sydney, 15 November 2023. Actinogen Medical ASX: ACW ("ACW" or "the Company") is pleased to announce that its CEO, Dr Steven Gourlay will present an updated corporate overview at the Bell Potter Healthcare Conference today.

The presentation emphasises the two major upcoming clinical milestones for the Company's Phase 2 clinical programs:

1. The XanaCIDD Phase 2a trial of 160 patients with cognitive impairment and depression with results on track for Q2 CY2024
2. The XanaMIA Phase 2b trial of 220 patients with biomarker-positive mild to moderate Alzheimer's disease with initial results anticipated in H1 CY2025

Each of these programs has been de-risked to a significant extent by the clinical data generated for Xanamem® in four high quality clinical trials. For example, the XanaCIDD trial uses the same computerized testing battery shown to be a sensitive method of measuring Xanamem benefit in two trials of healthy, older volunteers. In the XanaMIA trial, previous Phase 2a data was used to closely simulate the trial's inclusion criteria and key endpoints and thereby increase its likelihood of success.

A copy of the presentation is attached to this announcement.

ENDS

Investors

Dr. Steven Gourlay
CEO & Managing Director
P: +61 2 8964 7401
E. steven.gourlay@actinogen.com.au

Michael Roberts
Investor Relations
M: +61 423 866 231
E. michael.roberts@actinogen.com.au

Announcement authorised by the Board of Directors of Actinogen Medical

® Xanamem is a registered trademark of Actinogen Medical Limited

About Actinogen Medical

Actinogen Medical (ACW) is an ASX-listed, biotechnology company developing a novel therapy for neurological and neuropsychiatric diseases associated with dysregulated brain cortisol. There is a strong association between cortisol and detrimental changes in the brain, affecting cognitive function, harm to brain cells and long-term cognitive health.

Cognitive function means how a person understands, remembers and thinks clearly. Cognitive functions include memory, attention, reasoning, awareness and decision-making.

Actinogen is currently developing its lead compound, Xanamem,® as a promising new therapy for Alzheimer's Disease and Depression and hopes to study Fragile X Syndrome and other neurological and psychiatric diseases in the future. Reducing cortisol inside brain cells could have a positive impact in these and many other diseases. The cognitive dysfunction, behavioural abnormalities, and neuropsychological burden associated with these conditions is debilitating for patients, and there is a substantial unmet medical need for new and improved treatments.

Current and Upcoming Clinical Trials

The **XanaCIDD Phase 2a depression trial** is a double-blind, six-week proof-of-concept, placebo-controlled, parallel group design trial in 160 patients. Patients are evenly randomized to receive Xanamem 10 mg once daily or placebo, in some cases in addition to their existing antidepressant therapy, and effects on cognition and depression are assessed.

The **XanaMIA Phase 2b Alzheimer's disease trial** is a double-blind, 36-week treatment, placebo-controlled, parallel group design trial in 220 patients with mild to moderate AD and progressive disease, determined by clinical criteria and confirmed by an elevated level of the pTau181 protein biomarker in blood. Patients receive Xanamem 10 mg or placebo, once daily, and effects on cognition, function and progression of Alzheimer's disease are assessed. Thus, Xanamem is being assessed in this trial for its potential effects as a both a cognitive enhancer and a disease course modifier.

About Xanamem

Xanamem's novel mechanism of action is to block the production of cortisol inside cells through the inhibition of the 11β-HSD1 enzyme in the brain. Xanamem is designed to get into the brain after it is absorbed in the intestines upon swallowing.

Chronically elevated cortisol is associated with cognitive decline in Alzheimer's Disease and excess cortisol is known to be toxic to brain cells. Cognitive impairment is also a feature in Depression and many other diseases. Cortisol itself is also associated with depressive symptoms and when targeted via other mechanisms has shown some promise in prior clinical trials.

The Company has studied 11β-HSD1 inhibition by Xanamem in more than 300 volunteers and patients, so far finding a statistically significant improvement in working memory and attention, compared with placebo, in healthy, older volunteers in two consecutive trials and clinically significant improvements in functional and cognitive ability in patients with biomarker-positive mild AD. Previously, high levels of target engagement in the brain with doses as low as 5 mg daily have been demonstrated in a human PET imaging study. A series of Phase 2 studies in multiple diseases is being conducted to further confirm and characterize Xanamem's therapeutic potential.

Xanamem is an investigational product and is not approved for use outside of a clinical trial by the FDA or by any global regulatory authority. Xanamem® is a trademark of Actinogen Medical.

Disclaimer

This announcement and attachments may contain certain "forward-looking statements" that are not historical facts; are based on subjective estimates, assumptions and qualifications; and relate to circumstances and events that have not taken place and may not take place. Such forward looking statements should be considered "at-risk statements" - not to be relied upon as they are subject to known and unknown risks, uncertainties and other factors (such as significant business, economic and competitive uncertainties / contingencies and regulatory and clinical development risks, future outcomes and uncertainties) that may lead to actual results being materially different from any forward looking statement or the performance expressed or implied by such forward looking statements. You are cautioned not to place undue reliance on these forward-looking statements that speak only as of the date hereof. Actinogen Medical does not undertake any

® Xanamem is a registered trademark of Actinogen Medical Limited

obligation to revise such statements to reflect events or any change in circumstances arising after the date hereof, or to reflect the occurrence of or non-occurrence of any future events. Past performance is not a reliable indicator of future performance. Actinogen Medical does not make any guarantee, representation or warranty as to the likelihood of achievement or reasonableness of any forward-looking statements and there can be no assurance or guarantee that any forward-looking statements will be realised.

ACTINOGEN MEDICAL ENCOURAGES ALL CURRENT INVESTORS TO GO PAPERLESS BY REGISTERING THEIR DETAILS WITH THE DESIGNATED REGISTRY SERVICE PROVIDER, AUTOMIC GROUP.

Actinogen

Two near-term major Phase 2 readouts in Alzheimer's Disease & Depression in 2024 and 2025

Xanamem® is a low-dose oral therapy targeting reduced tissue cortisol in the brain

Bell Potter Healthcare conference 15 November 2023

Non-confidential

Disclaimer

This presentation has been prepared by Actinogen Medical Limited. (“Actinogen” or the “Company”) based on information available to it as at the date of this presentation. The information in this presentation is provided in summary form and does not contain all information necessary to make an investment decision.

This presentation does not constitute an offer, invitation, solicitation or recommendation with respect to the purchase or sale of any security in Actinogen, nor does it constitute financial product advice or take into account any individual’s investment objectives, taxation situation, financial situation or needs. An investor must not act on the basis of any matter contained in this presentation but must make its own assessment of Actinogen and conduct its own investigations. Before making an investment decision, investors should consider the appropriateness of the information having regard to their own objectives, financial situation and needs, and seek legal, taxation and financial advice appropriate to their jurisdiction and circumstances. Actinogen is not licensed to provide financial product advice in respect of its securities or any other financial products. Cooling off rights do not apply to the acquisition of Actinogen securities.

Although reasonable care has been taken to ensure that the facts stated in this presentation are accurate and that the opinions expressed are fair and reasonable, no representation or warranty, express or implied, is made as to the fairness, accuracy, completeness or correctness of the information, opinions and conclusions contained in this presentation. To the maximum extent permitted by law, none of Actinogen its officers, directors, employees and agents, nor any other person, accepts any responsibility and liability for the content of this presentation including, without limitation, any liability arising from fault or negligence, for any loss arising from the use of or reliance on any of the information contained in this presentation or otherwise arising in connection with it.

The information presented in this presentation is subject to change without notice and Actinogen does not have any responsibility or obligation to inform you of any matter arising or coming to their notice, after the date of this presentation, which may affect any matter referred to in this presentation.

This presentation is not for general distribution or third party reliance or use.

This presentation contains certain budget information, forecasts and forward looking statements that are based on the Company’s management’s beliefs, assumptions and expectations and on information currently available to management in respect of which there is NO guarantee of future performance. Such budget information, forecasts and forward looking statements involve known and unknown risks, uncertainties, and other factors which may cause the actual results or performance of Actinogen to be materially different from the results or performance expressed or implied by such forward looking statements. These risks and uncertainties include, but are not limited to the performance of Actinogen in its clinical trials including whether it's technology proves to be a safe and effective treatment, market penetration, competition from any other similar products, intellectual property risks (including securing rights in technology and patents) and global economic conditions. Furthermore, Actinogen's research, product development, testing, pricing, marketing and other operations are subject to extensive regulation by domestic and foreign government regulatory authorities. There is no guarantee that Actinogen will obtain the required approvals, licences and registrations from the relevant authorities in jurisdictions in which it operates. Actinogen or others could identify product and efficacy issues relating to the safety of our technology. Accordingly, all forward looking statements are based on numerous assumptions regarding the Company’s present and future business strategies and the political and economic environment in which Actinogen will operate in the future, which are subject to change without notice. Past performance is not necessarily a guide to future performance and no representation or warranty is made as to the likelihood of achievement or reasonableness of any forward looking statements or other forecast. There is no guarantee that Actinogen will achieve its stated objectives/milestones, that any of its forecasts will be met or that forward looking statements will be realised. You are cautioned not to place undue reliance on these forward-looking statements that speak only as of the date hereof, and we do not undertake any obligation to revise and disseminate forward-looking statements to reflect events or circumstances after the date hereof, or to reflect the occurrence of or non-occurrence of any events.

Neither Actinogen nor any other entity or person in or associated with Actinogen guarantee any return (whether capital or income) or generally the performance of Actinogen or the price at which its securities may trade. Any investment in Actinogen is subject to investment risks including the possibility of loss of capital invested and no return of income or payment of any dividends.

To the maximum extent permitted at law, Actinogen and all of its representatives, directors, officers, partners, employees or professional advisers (Parties) exclude all direct and indirect liability arising out of or in connection with any use or reliance of the information contained or described within this presentation. Other than to the extent required by law (and only to that extent), the Parties do not make any representation or give any assurance, guarantee or warranty (express or implied) as to, nor assume any responsibility or liability for, the authenticity, origin, validity, accuracy, suitability or completeness of, or any errors in or omissions from, any information, statement or opinion contained in this presentation or any accompanying, previous or subsequent material or presentation.

Xanamem: oral, once-a-day treatment with a unique, non-amyloid/non-tau mechanism

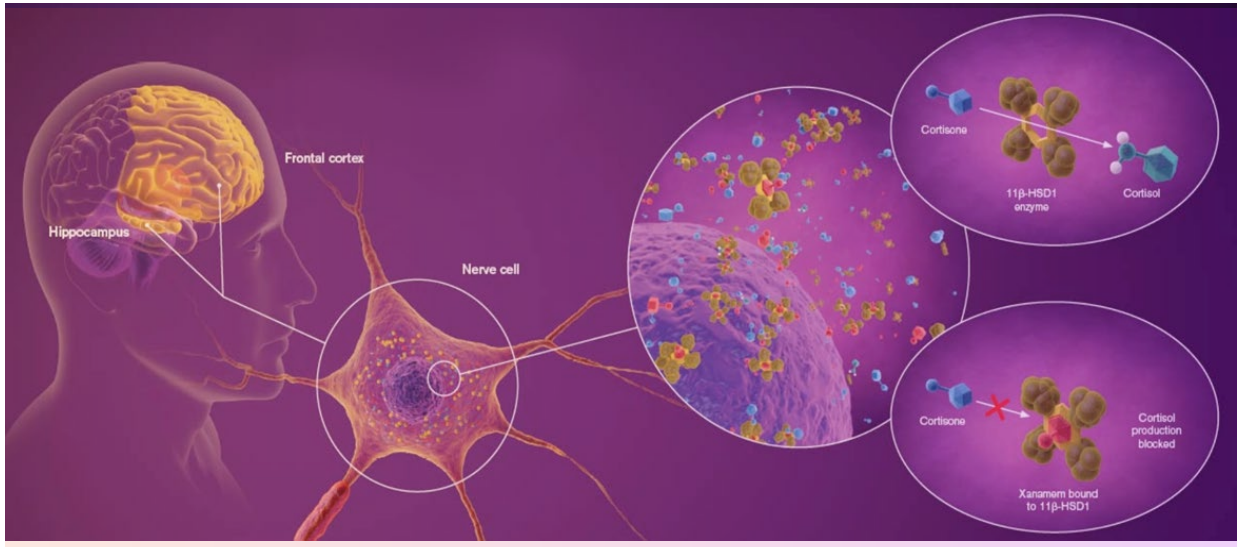
Mouse experimental studies & clinical trials validate cortisol as a target for the treatment of AD[1-4]

Inflammation and glucose/lipid dysregulation emerging as causal mechanisms in AD[5]

Brain penetrant 11β-HSD1 small molecule enzyme inhibitor **reduces cortisol inside brain** cells[3,4]

Potential to be:

- **Anti-inflammatory**
- **Insulin sensitizing**
- Rapidly **cognitive enhancing**
- **Disease-modifying** (slowing progression)[1,3]
- **Anti-depressant**



1. Sooy et al. 2015 showing effects on amyloid plaque reduction in an aged mouse model after 28 days associated with increases in insulin degrading enzyme – at 13 month cognitive protection was independent of continued amyloid deposition; 2. Popoli et al. 2011 microglial cell modulation in rats, effects on glutamate, cannabinoid and other signalling pathways; 3. Hilt, D. Oral symposium AD/PD International Conference 2023; Actinogen website: Actinogen – News; 4. based on human PET scan evidence (data on file), Webster et al. 2017 Selection and early clinical evaluation of the brain-penetrant 11β-hydroxysteroid dehydrogenase type 1 (11β-HSD1) inhibitor UE2343 (Xanamem™); 5. CTAD conference Oct 2023

Two large clinical opportunities

Rapidly acting oral therapy with dual action on cognitive impairment / depression

Depression market size ~$17 billion in 2032

Cognitively enhancing and disease modifying oral therapy for all stages of Alzheimer's disease

Alzheimer's market ~$14 billion in 2030

1. https://www.futuremarketinsights.com/reports/depression-treatment-market 3 Nov 2023
2. Global Data report 7 June 2023

Actinogen Phase 2 trials underway

Phase 2a proof-of-concept trial in Depression/Cognitive Impairment (n=160)

→ **Results Q2 2024**

Phase 2b confirmatory trial in mild-moderate Alzheimer's disease (n=220)

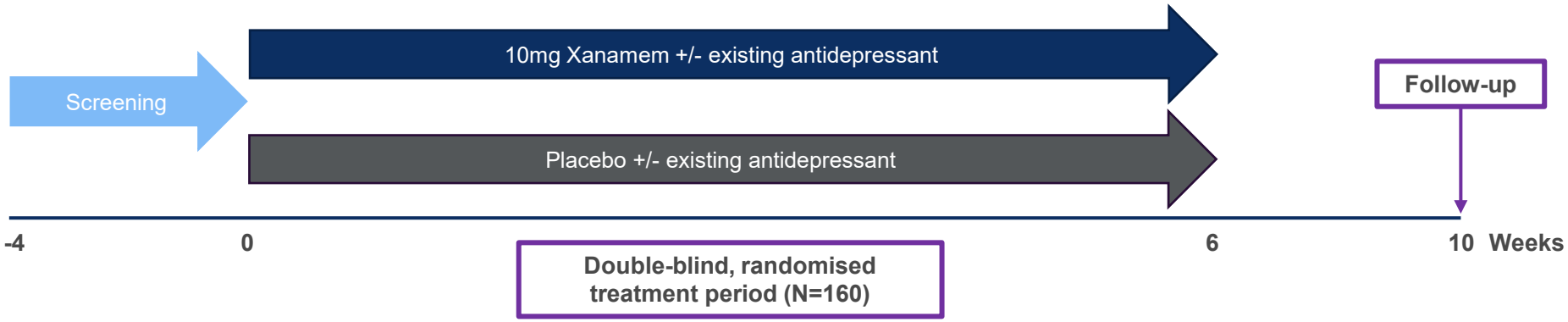
→ **Initial results H1 2025**

Why targeting brain cortisol with Xanamem is a promising strategy in depression

- ✓ 80-90% of patients report neurocognitive symptoms[1]
- ✓ Cognitive symptoms often persist during remission[1]
- ✓ Elevated cortisol associated with severe, melancholic depression[2]
- ✓ Cortisol levels associated with treatment outcomes, relapse, & cognition[3]
- ✓ Positive effects with GR receptor antagonism with mifepristone[4]
- ✓ Meta-analysis of clinical cortisol approaches[5]
- ✓ **Xanamem has improved human cognition in a number of trials[6]**

1. 3-year prospective study and review, Conradi et al. 2011
2. Quantitative summary of four decades of research, Stetler & Miller 2011
3. Depression literature review, Malhi & Mann 2018; HPA axis in major depression, Keller et al. 2016
4. GR, **glucocorticoid receptor;** Combined analysis of mifepristone for psychotic depression, Block et al. 2018; mifepristone effects on depression in biopolar disorder, Young et al. 2004; Evidence from clinical studies with CRH_1 receptor antagonists, Holsboer & Ising 2008
5. Meta-analysis of prior trials aimed at reducing cortisol, Ding et. al 2021
6. Xanamem placebo-controlled trial working memory & attention (Actinogen data on file)

XanaCIDD proof-of-concept Phase 2a trial in Depression



Key inclusion/exclusion criteria	Primary Endpoints	Key Secondary Endpoints	Key Implementation Features
• Primary diagnosis of **MDD** • **Persistent depressive symptoms despite existing therapy or no therapy** • **Cognitive impairment** relative to demographic norms	• **Cogstate Cognitive Test Battery Attentional Composite** (attention and working memory)*	• Montgomery-Åsberg Depression Rating Scale (**MADRS**) • Executive Function Cognitive Composite • Memory Function Cognitive Composite	• **Australia, UK & US** trial sites • **Actinogen "hands-on" operational model** • **~40% enrolled** at Oct 16, 2023 • **Final Results Q2 CY24**

* Same attention and working memory tests shown to demonstrate Xanamem effect in the XanaHES and XanaMIA Part A trials (see Slide 7)

Actinogen

The answers to Alzheimer's Disease are starting to emerge in the clinic…

Alzheimer's proteins are the pathology – not the cause…

Other causal processes are involved like inflammation, lipids and glucose handling…

Why targeting brain cortisol with Xanamem is a promising strategy in Alzheimer's disease

Many parts of the program have been de-risked

Epidemiology, cortisol and animal experiments

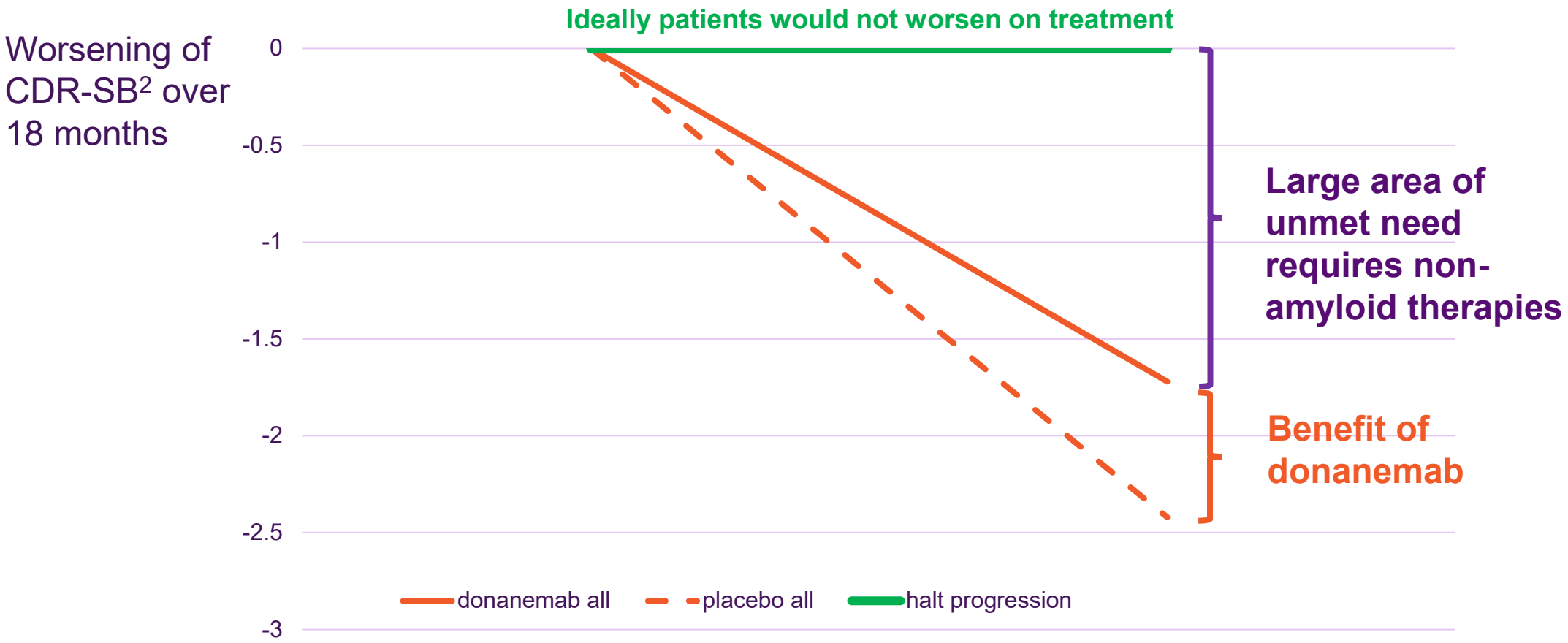
- ✓ Cortisol levels are elevated in brain fluid in early Alzheimer's[1,2]
- ✓ Chronic corticosteroid treatment leads to hippocampal atrophy and cognitive impairment[3]
- ✓ Elevated cortisol levels are associated with clinical progression[4-7]
- ✓ Animal models of 11β-HSD1 inhibition show neuroprotection independent of amyloid

Clinical trials of Xanamem

- ✓ Inhibits brain 11β-HSD1 target to a high degree in PET study[8]
- ✓ Improves attention & working memory (2 trials)[9]
- ✓ Slows progression in CDR-SB and cognition in biomarker-positive patients with mild AD (1 trial)[10]
- ✓ Safety demonstrated in > 300 people (5 trials)

1. Geerlings et al., 2015, Neurology 85: 1-8; 2. Lupien et al., 1998, Nat Neurosci 1:69–73; 3. Shorey et al. 2023 https://doi.org/10.1016/j.brainres.2022.148157; 4. Lehallier et al., 2016, JAMA Neurology 73(2), 203-212; 5. Ennis et al., 2017, Neurology 88(4):371-378; 6. Pietrzak et al., 2017, Biol Psychiatry: Cognitive Neuroscience and Neuroimagery, 2:45-52; 7. Csernansky et al., 2006, Am J Psychiatry 163:2164-2169; 8. Rowe et al. submitted; 9. Actinogen data on file; 10. Taylor et. al. Plasma p-tau181 Predicts Clinical Progression In A Phase 2 Randomized Controlled Trial of the 11β-HSD1 Inhibitor Xanamem® for Mild Alzheimer's Disease (submitted)

Newer anti-amyloid "immunotherapy" antibodies shown to slow but not halt progression of AD[1]

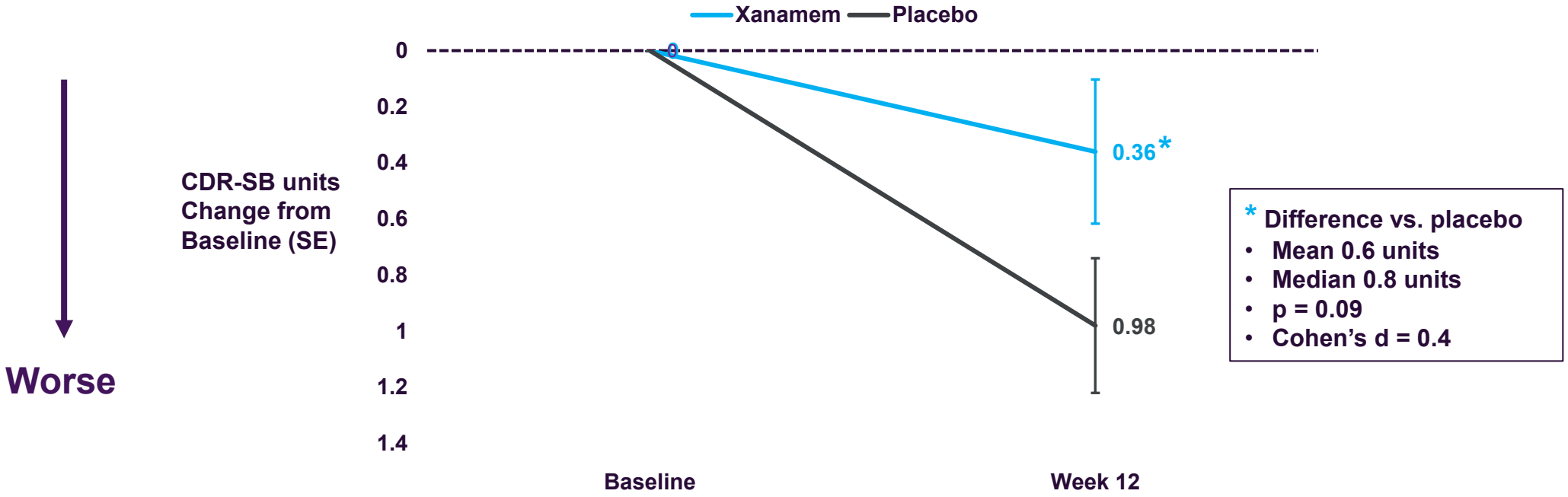


Drugs targeting other mechanisms like Xanamem are needed

1. Donamemab is an anti-amyloid antibody given as an intravenous infusion every 4 weeks until amyloid clearance (Sims JR at al. *JAMA*. Published online July 17, 2023. doi:10.1001/jama.2023.13239 Data shown are for whole population studied with absolute difference to placebo of 0.7 points, intermediate tau population difference also 0.7 points
2. CDR-SB is an 18-point scale measuring functional status on an 18 point scale, patients in the donanemab trial had an average baseline score of 4 ± 2 points

Xanamem dramatically slows the rate of functional decline (CDR-SB) in patients with mild AD*

Patients with elevated plasma pTau181 indicating progressive, amyloid-positive disease (n=34)

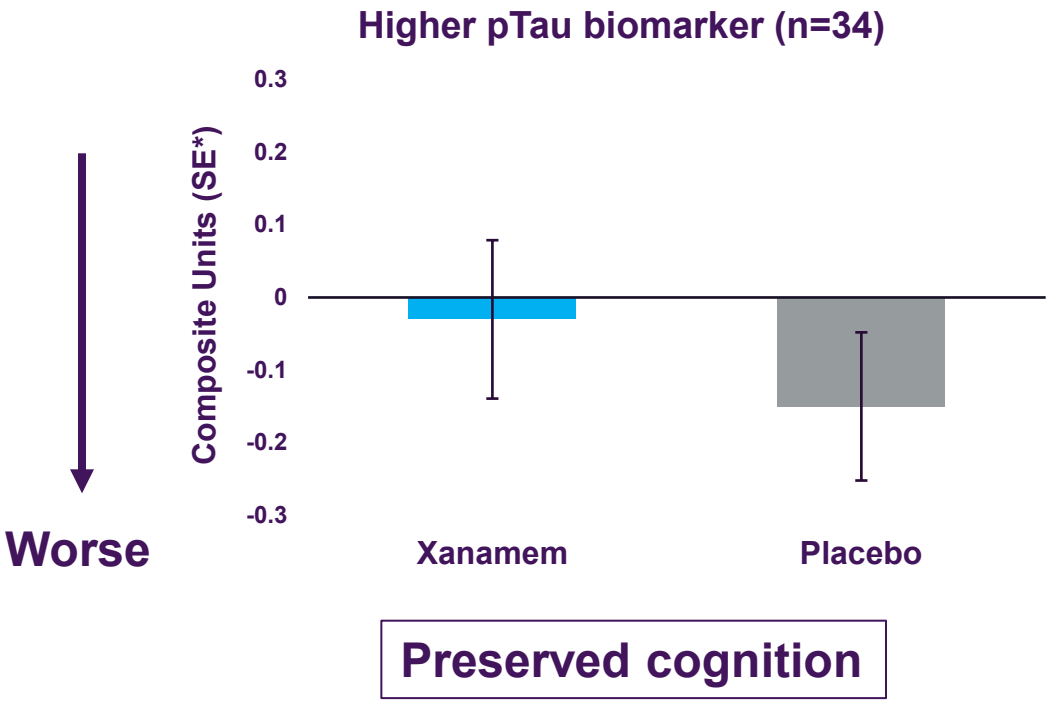


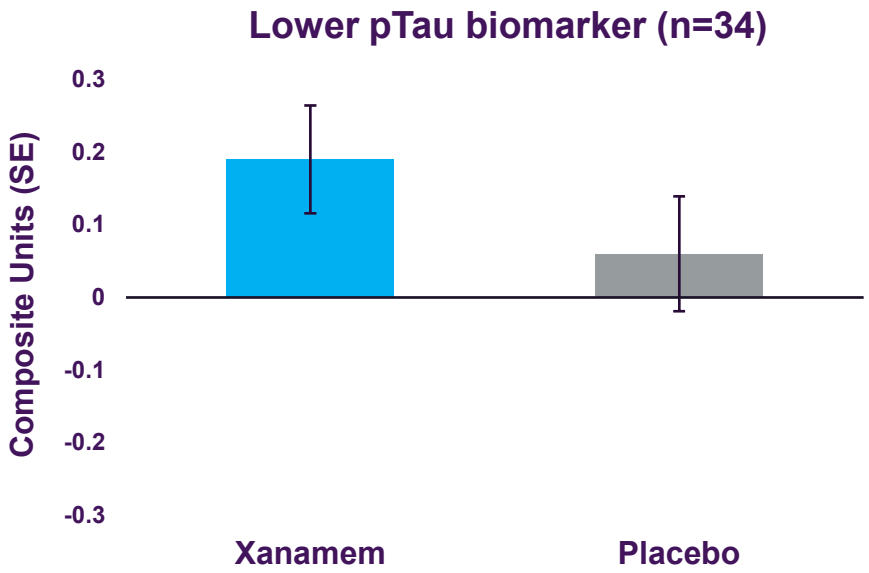
Extrapolated to 18 months effect size would be very large

* CDR-SB Clinical Demetia Rating Scale – Sum of Boxes is a measure of patient function and is an endpoint used by the FDA; Patients with a pre-treatment plasma pTau181 level greater than the pre-specified median of 6.74 pg/mL to indicate AD pathology and likelihood of progressive disease; similar effect size for pTau >10.2 pg/mL cutoff; extrapolated effect size 8-10 times greater than 0.4-0.45 reported for lecanemab (USPI Leqembi 2023 & van Dyck et al. 2022; DOI: 10.1056/NEJMoa2212948) if extrapolated to 18 months; no treatment effect detected in ADASCog-14 or ADCOMS

Cognitive scores suggest potential clinical benefit across dementia patient sub-types*

Positive trends in both high and low plasma pTau biomarker groups





Preserved cognition

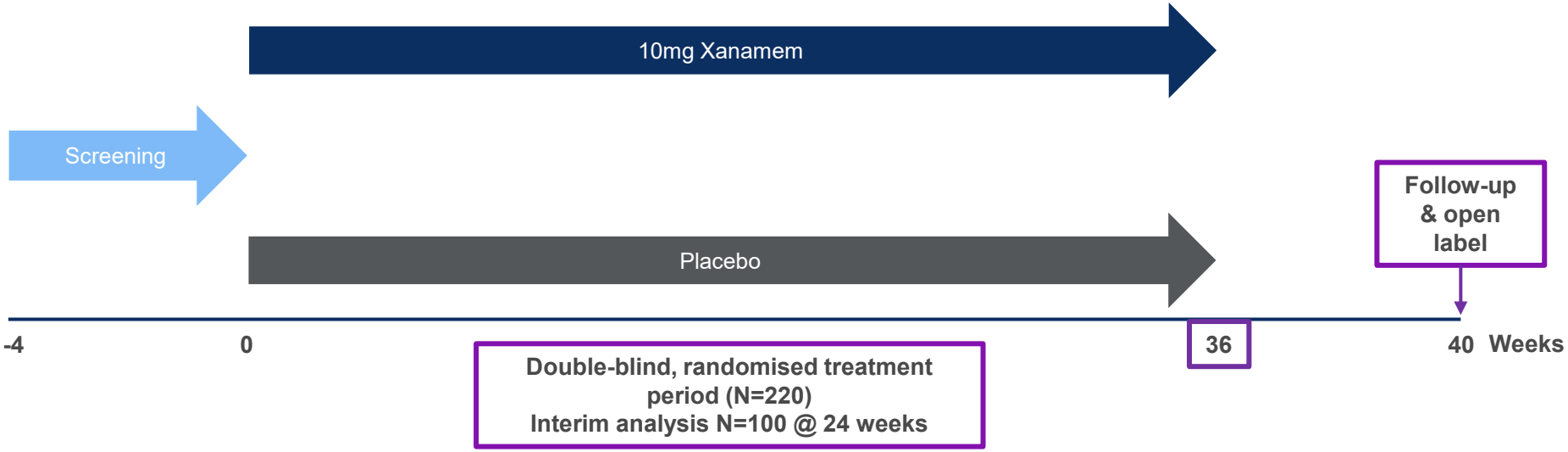
Cognitive enhancement

Consistent with Xanamem activity as a cognitive enhancer & disease-modifier

* Post hoc analysis of composite of word recall & recognition, CFT & COWAT tests (p=NS), error bars show Standard Error of the Mean; low pTau patients less likely to have amyloid-positive disease, results consistent with volunteer data shown in Slide 7

XanaMIA Phase 2b trial in Alzheimer's Disease

Matching patients and endpoints used in the positive Ph 2a analysis



Key inclusion/exclusion criteria	Primary Endpoints	Key Secondary Endpoints	Key Implementation Features
• Clinical diagnosis of **mild to moderate dementia** due to AD (NIA-AA, MMSE 18-26) • Blood **p-tau181** to confirm progressive AD diagnosis • Cognitive impairment test	• **Cognitive Test Battery (cognitive measures)**	• **CDR-SB (functional measure)** • **Amsterdam Activity of Daily Living** scale • Executive Function & Episodic Memory Function Composites • Care Giver questionnaire / Patient Global Improvement	• **Initial 100 patients in Australia** • **Expand to global** trial sites including US, Asia, EU and other • **Actinogen "hands-on" operational model** • **Administrative interim analysis H1CY25**

NIA-AA=National Institute of Aging - Alzheimer's Association; CDR-SB Clinical Dementia Rating Scale – Sum of Boxes

Dr Howard Fillit,
Founder Alzheimer's Drug Discovery Foundation in 2022[1]

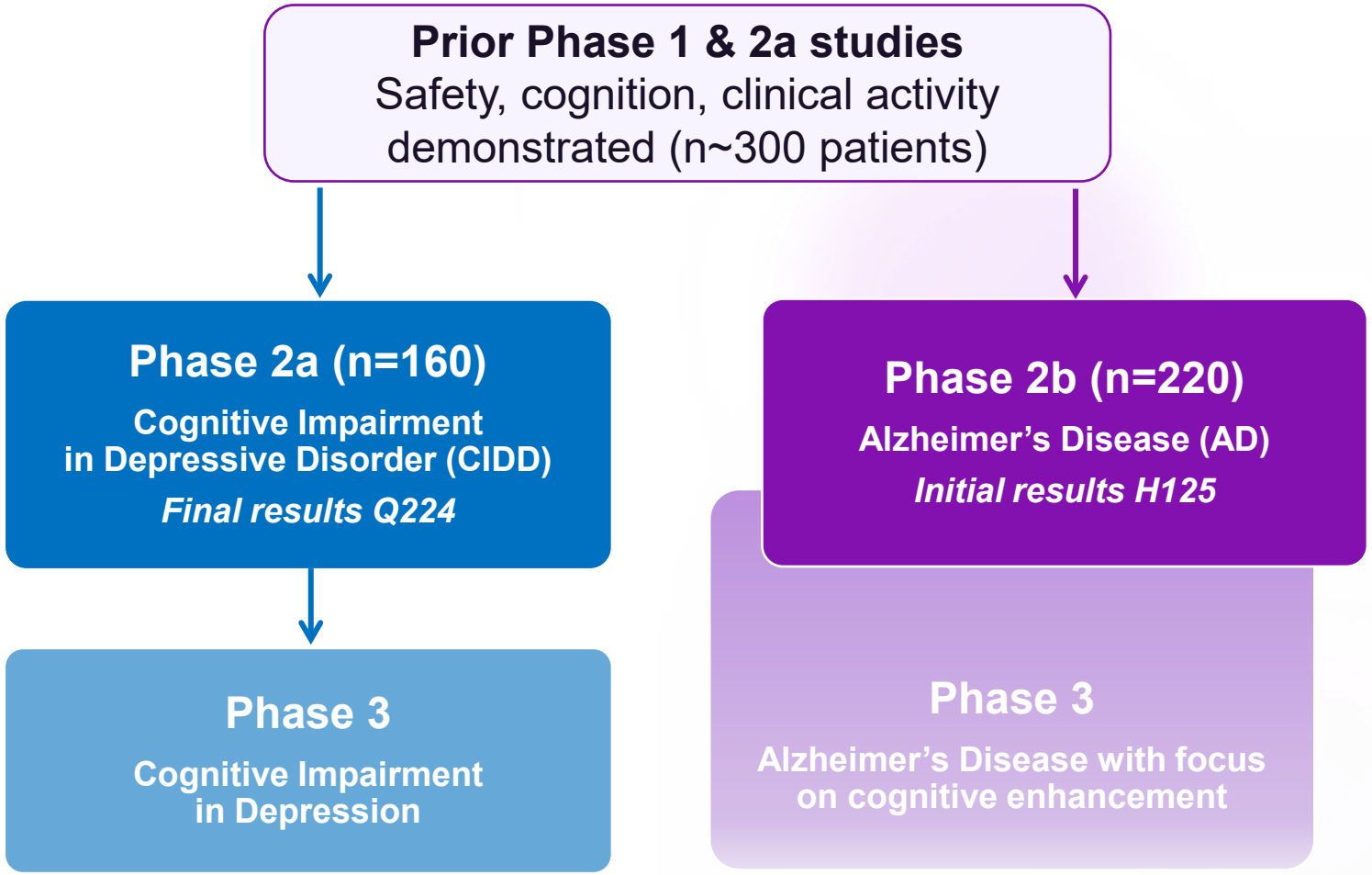
"Seventy-five percent, I think it is now, of all drugs in clinical development are non-amyloid, non-tau drugs.

Multiple targets are being addressed now, which is great for the field because I think the way we're going to have to go is combination therapy, addressing all the multiple pathways that are involved in Alzheimer's."

1. https://www.neurologylive.com/view/looking-ahead-development-alzheimer-disease-howard-fillit; at recent October 2023 CTAD conference 78% of programs reported as non amyloid

Xanamem AD & Depression programs

Building on three independent Phase 1 and 2 studies showing safety and procognitive activity



Experienced Leadership and Management

Extensive drug development and commercial experience

Experienced Board of Directors...

Dr. Geoff Brooke

Chairman

MBBS; MBA

- **30+ years experience** in the healthcare investment industry
- Founder and MD of Medvest Inc and GBS Ventures, Chairman of Cynata Therapeutics, Board Member of Acrux

Dr. George Morstyn

Non-Executive Director

MBBS; PhD; FRACP; MAICD

- **25+ years experience** in biotech investment and drug development
- Board member of Cancer Therapeutics and Symbio

Mr. Malcolm McComas

Non-Executive Director

BEc, LLB; FAICD; SF Fin

- **25+ years experience** in the financial services industry
- Chairman of Pharmaxis and Fitzroy River Corporation

Dr. Nicki Vasquez

Non-Executive Director

PhD

- **25+ years experience** in biopharmaceutical discovery research and development
- Chief Portfolio Strategy & Alliance Officer at Sutro Biopharma

…with a talented management team in place

Dr. Steven Gourlay

CEO & MD

MBBS; FRACP; PhD; MBA

- **30+ years experience** in development of novel therapeutics
- Former founding CMO at US-based Principia Biopharma Inc

Jeff Carter

Chief Financial Officer

B. Fin Admin; M. App. Fin; CA

Cheryl Townsend

VP Clinical Operations

RN, M Health Law

Dana Hilt

Chief Medical Officer

MD

Fujun Li

Head of Manufacturing

PhD

Michael Roberts

Head of Investor Relations and Communications

B.Ec (Hons), CPA, F FIN

Note: All logos and brands are registered trademarks of their respective owners.

Actinogen summary

Actinogen Medical (ASX:ACW) is conducting Phase 2 trials of oral Xanamem in patients with cognitive impairment associated with depression and Alzheimer's disease. Results due in 2024 and 2025.

Attractive disease indications and rationale

- ✓ **Strong cortisol rationale for treatment of multiple diseases**: Alzheimer's disease & other dementias, depression & related cognitive impairment; cognitive impairment in schizophrenia; many others

Favourable pharmaceutical properties

- ✓ Demonstrated target engagement in brain and HPA axis[1] in human trials
- ✓ **Low dose and cost of goods, ≤10mg**
- ✓ **Low drug-drug interaction potential** suitable for combination therapy

Substantial clinical data

- ✓ **>300 subjects or patients safely treated**
- ✓ Cognitive enhancement **activity in three placebo-controlled trials**
- ✓ **Clinical benefit** in biomarker-positive AD patients (Phase 2a data)

Protected and funded

- ✓ Molecule in-licensed from U Edinburgh in 2014 to ASX-listed shell company
- ✓ Key patents in place[2] ~A$110m funding for Xanamem program to date
- ✓ **Cash ~A$13.1m & mkt cap. ~A$45m (30 Sept 2023)**

High functioning semi-virtual company model

- ✓ Core team of 15 highly skilled employees based in Australia & US
- ✓ Leveraging senior consultants in various fields in Australia, Asia, UK and USA
- ✓ **Our Australian-based projects gain 48% as R&D cash rebate**

1. Hypothalamic-Pituitary-Adrenal axis (body's system to regulate blood levels of cortisol)
2. Composition of matter to 2031 plus 5-year extension in most countries, new patents published and in process including use and manufacturing

Appendix

International Cognition Clinical Advisory Board

Preeminent global thought-leaders in clinical trials for assessment of cognition

Prof. John Harrison

Metis Cognition Ltd

- Expert psychologist with a special interest in cognition
- Chartered psychologist with two PhDs and author/co-author of more than 80 books and scientific articles
- Principal Consultant at Metis Cognition, which advises on selection and integration of cognitive testing into therapeutic development programs

Dr Dana C. Hilt (CMO)

FREQUENCY THERAPEUTICS

- 25+ years of drug development experience, primarily of Central Nervous System (CNS) drugs
- Deep experience in Phases 1 to 4 drug development
- CMO at Frequency Therapeutics and has held senior management positions as Chief Medical Officer at various pharmaceutical companies

Dr Christina Kurre Olsen

ORPHAZYME

- 20+ years research expertise in neuroscience, neuropsychopharmacology, CNS therapeutics and monoclonal antibody immunotherapy
- Strong hands-on knowledge across drug development value chain and a passion for cognition
- Medical Director at Orphazyme A/S

Prof. Paul Maruff

Cogstate

- Chief Innovation Officer at Cogstate Ltd
- Professor in Neuroscience at the Florey Institute of Neuroscience and in Psychology Monash University, Melbourne Australia
- Senior management committee of the Australian Imaging, Biomarkers and Lifestyle (AIBL) study of Alzheimer's Disease
- Involved in the development and approval of 13 new drugs that affect cognition including most recently esketamine for treatment resistant depression

A/Prof Christopher Chen

NUS National University of Singapore

- Senior Clinician-Scientist, Associate Professor at the Departments of Pharmacology and Psychological Medicine, Yong Loo Lin School of Medicine, National University of Singapore, and Director of the Memory Aging and Cognition Centre, National University Healthcare System.
- Major research and clinical interests are in neuroimaging, molecular biology and treatment of stroke and dementia.
- President of the Asian Society Against Dementia, Secretary-Treasurer of the Asian & Oceanian Association of Neurology.

International Scientific Advisory Boards

Preeminent thought-leader academics involved in the development of Xanamem

Alzheimer's Disease Clinical Advisory Board

Prof. Craig Ritchie

Chair

THE UNIVERSITY of EDINBURGH

- World-leading authority on dementia; senior investigator on 30+ drug trials
- Chair of the Scottish Dementia Research Consortium; Professor of the Psychiatry of Ageing' Director of the Centre for Dementia Prevention (University of Edinburgh)

Prof. Colin Masters

AO

THE FLOREY INSTITUTE OF NEUROSCIENCE & MENTAL HEALTH

THE UNIVERSITY OF MELBOURNE

The Royal Melbourne Hospital

- 35+ years research on Alzheimer's Disease and other neurodegenerative diseases
- Laureate Professor of Dementia Research and Head, Neurodegeneration Division at The Florey Institute (UniMelb)

Prof. Jeffrey Cummings

Cleveland Clinic

- World-renowned Alzheimer's researcher and leader of clinical trials
- MD, ScD; Founding Director of the Cleveland Clinic Lou Ruvo Center for Brain Health
- Recognised for his work through various awards

Scientific Advisory Board

Prof. Jonathan Seckl

THE UNIVERSITY of EDINBURGH

- Undertaken extensive research in endocrinology
- Senior VP at the university of Edinburgh; Chaired Panels for MRC, Innovate UK and Wellcome Trust
- MBBS UCL, PhD (London)

Prof. Brian Walker

Newcastle University

- 20+ years research in the area of disease
- Extensive experience advising for pharmaceutical R&D
- Pro Vice Chancellor for Research Strategy & Resources at Newcastle University, UK

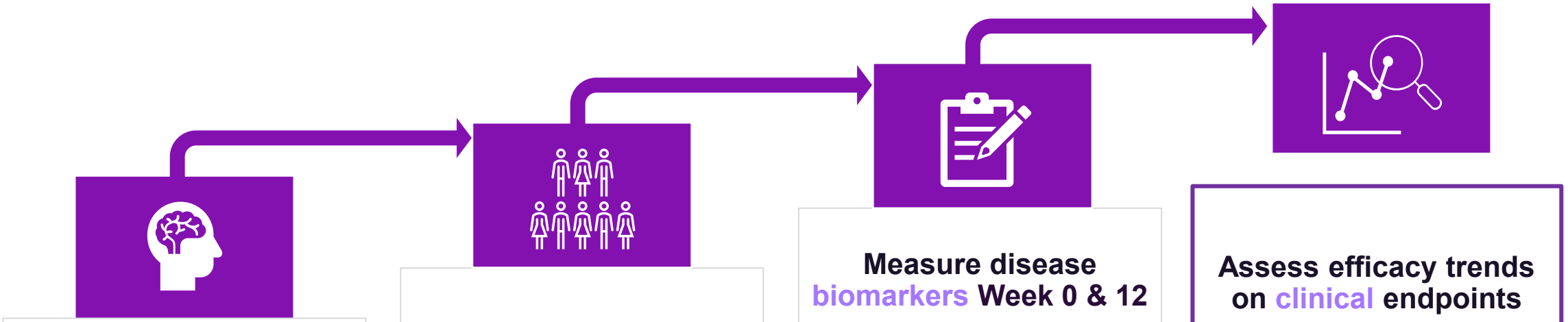
Prof. Scott Webster

THE UNIVERSITY of EDINBURGH

- Chair of Medicines at the Centre of Cardiovascular Science, University of Edinburgh
- Former positions across both biotech and academia
- Founder and Chief Scientific Officer at Kynos Therapeutics

Methods for double-blind, prospective assessment of biomarker-positive mild AD patients in Phase 2a[1]

A simulation of the Phase 2b XanaMIA trial



Phase 2a trial (XanADu[2])

- 185 people with mild AD treated for 12 weeks with 10 mg or placebo

72 patients with stored blood samples

- Blinded laboratory and company staff
- N=34 with elevated pTau

Measure disease biomarkers Week 0 & 12

- pTau181
- Amyloid 42/40 ratio
- GFAP
- Assess change over time

Assess efficacy trends on clinical endpoints

- Effects in biomarker-positive patients
- Endpoints including CDR-SB, executive function, ADAS-Cog
- Cohen's d to measure clinical effect size

1. Used a pre-specified protocol and statistical analysis plan, blinded laboratory and company personnel
2. Prior phase 2a trial completed in 2019 https://clinicaltrials.gov/ct2/show/results/NCT02727699?term=actinogen&draw=2&rank=3

Clinical Dementia Rating – Sum of Boxes (CDR-SB) functional endpoint to assess dementia in MCI/early-stage AD

Test domain	Impairment				
	None	Questionable	Mild	Moderate	Severe
	0	0.5	1	2	3
Memory					
Orientation					
Judgment & Problem Solving					
Community Affairs					
Home & Hobbies					
Personal Care					

Score is sum of each line i.e. score between 0 and 18 (0 = normal)

Selected glossary 1

11β-HSD1 11 beta HydroxySteroid Dehydrogenase-1 enzyme

Aβ Amyloid beta – a type of amyloid protein associated with Alzheimer's Disease, 42 and 40 are different forms

ACTH Adrenocorticotropic hormone that regulates blood levels of cortisol

ADAS-Cog Alzheimer's Disease Assessment Score - Cognition

ApoE4 Apoprotein genotype associated with genetic risk of Alzheimer's Disease

ATN Amyloid, Tau, Neurodegeneration

Clinical scales Measure how a patient feels, performs and functions

CDR-SB Clinical Dementia Rating "Sum of Boxes" scale measuring cognition and function on an 18-point scale (high worse)

CNS Central nervous system

CSF Cerebrospinal fluid

CTAD Clinical Trials on Alzheimer's Disease (conference)

CTB Cognitive Test Battery of computerized tests

Double-blind Investigators, participants and company do not know who has active vs placebo treatment during a trial

EMA European Medicines Agency

FDA US Food & Drug Administration

Filamen A a protein believed to relate to amyloid toxicity

GFAP Glial Fibrilliary Acidic Protein – a marker of microglial cell activation in the brain

IDSST International Digit Symbol Substitution Test of cognition

Selected glossary 2

IQCODE Informant Questionnaire on Cognitive Decline in the Elderly

MCI Mild Cognitive Impairment – memory, executive function deterioration with retained functional abilities

MDD Major Depressive Disorder

MMSE Mini Mental State Examination – a 30-point scale of simple questions to assess mental abilities

NfL Neurofilament Light – a nerve protein in the brain and rest of the body too

NIA-AA National Institutes of Aging and Alzheimer's Association

NMDA a type of receptor for glutamate in the brain

NPI Neuropsychiatric Inventory to assess psychiatric symptoms

NTB a Neurologic Test Battery, in this presentation one designed to measure executive function aspects of cognition

PET Positron Emission Tomography – a type of body scan

Placebo controlled Non-active treatment for double-blind design

p-Tau181 or 217 AD biomarker of phosphorylated Tau protein

QPCT Glutaminyl-peptide cyclotransferase is an enzyme proposed to create toxic amyloid species

RAVLT Rey Auditory Visual Learning Test

RBANS Repeatable Battery for the Assessment of Neuropsychological Status (a test of mental abilities)

ROC AUC Receiver Operating Curve Area Under the Curve (1.0 ideal) – a type of statistical test to compared two methods of measurement

Tau – a brain protein

Ttau – total tau levels including both phosphorylated and non-phosphorylated tau

Contacts

Michael Roberts
Investor Relations
P: +61 2 8964 7401
M: +61 423 866 231
E. michael.roberts@actinogen.com.au

Steven Gourlay
CEO & Managing Director
P: +61 2 8964 7401
E. steven.gourlay@actinogen.com.au