



Precision Neuroprotection for Severe Brain Injury

Targeting patients where brain injury – and value – is greatest

TECHKNOW INVESTOR PRESENTATION

ASX:AGN

JULY 2026

DR LIZ DALLIMORE - MANAGING DIRECTOR PRESENTATION



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INVESTMENT OVERVIEW

PRECISION NEUROPROTECTION APPROACH TO SEVERE BRAIN INJURY

SCIENTIFICALLY VALIDATED FIRST-IN-CLASS NEUROPROTECTIVE DRUG

Xaranetide (ARG-007) is a neuroprotective therapy targeting acute and secondary brain injury, with extensive preclinical efficacy data published on the ability of xaranetide (ARG-007) to reduce excitotoxicity following brain injury after stroke and other insults.

CLINICAL EFFICACY IN MODERATE TO SEVERE STROKE PATIENTS

Phase 2 study identified a severity-dependent treatment effect in acute ischaemic stroke patients undergoing endovascular thrombectomy (clot retrieval), with more severe stroke patients showing a treatment benefit with ARG-007.

VALIDATED FUNCTIONAL ENDPOINTS

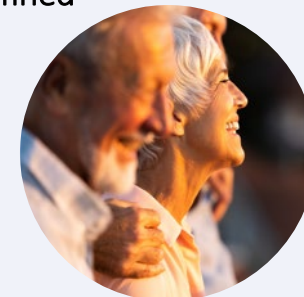
Statistically significant improvements in FDA validated functional outcomes (mRS 0–3) observed in patients with larger infarct cores (eASPECTS <8), these patients typically have the worst outcomes post stroke and will benefit the most.

PROGRESSING TO TARGETED PHASE 2B TRIAL

Phase 2 data supports a targeted Phase 2b trial in moderate to severe stroke patients using a prospectively defined population and mRS endpoint, establishing world leading clinical advisory committee to progress trial design.

BROAD OPPORTUNITY ACROSS A RANGE OF NEUROLOGICAL CONDITIONS

Significant efficacy in preclinical studies in traumatic brain injury and hypoxic ischaemic encephalopathy, Increasing the optionality in the ARG-007 asset.





KEY COMPANY METRICS

\$6.4M
CASH @ BANK¹

\$20M
MARKET CAP²

FY26
R&D Tax Rebate Expected H2

128.5M
SHARES ON ISSUE

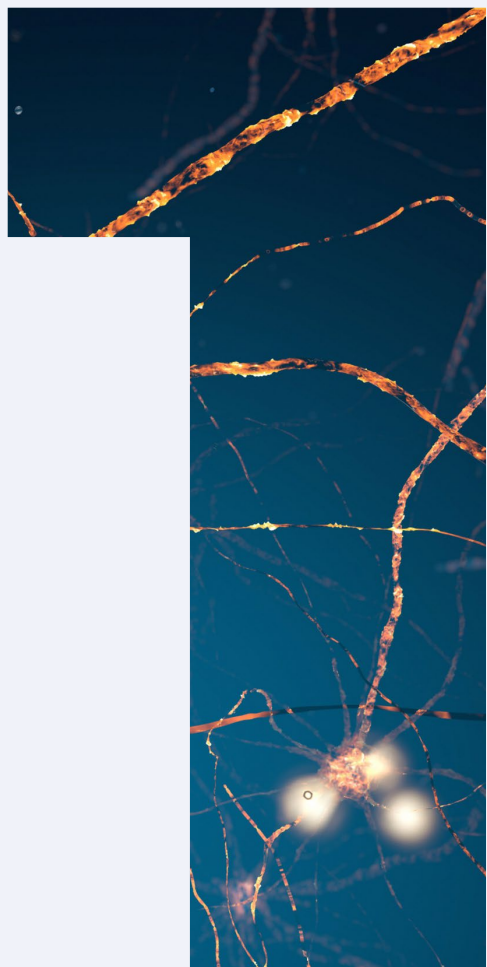
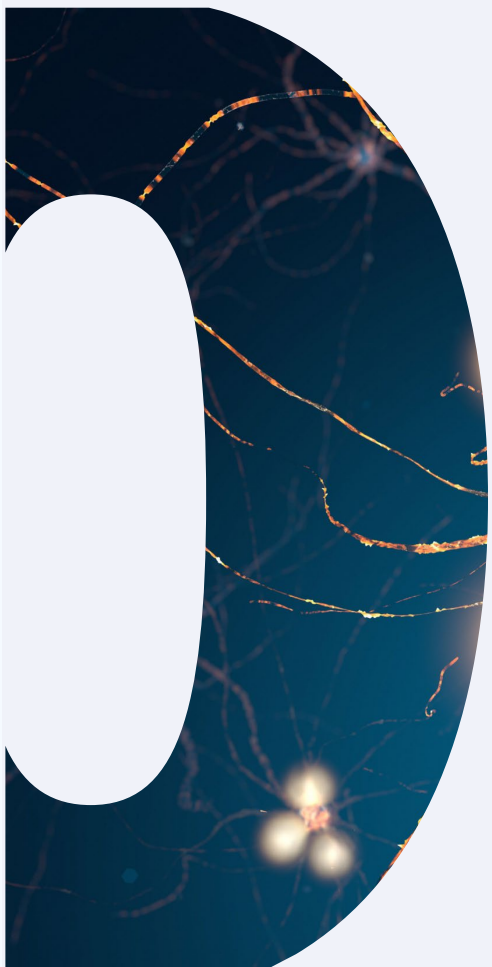
37%
SHARES HELD BY TOP 20

+ve DATA
IN PHASE 2 STROKE TRIAL

1. Cash balance as @ 30 June 2026

2. Calculated with closing price on @ 23rd July 2026 being \$0.155

3. Various ASX Announcements dated 20 January 2023, 22 March 2023, 30 March 2023, 12 September 2023

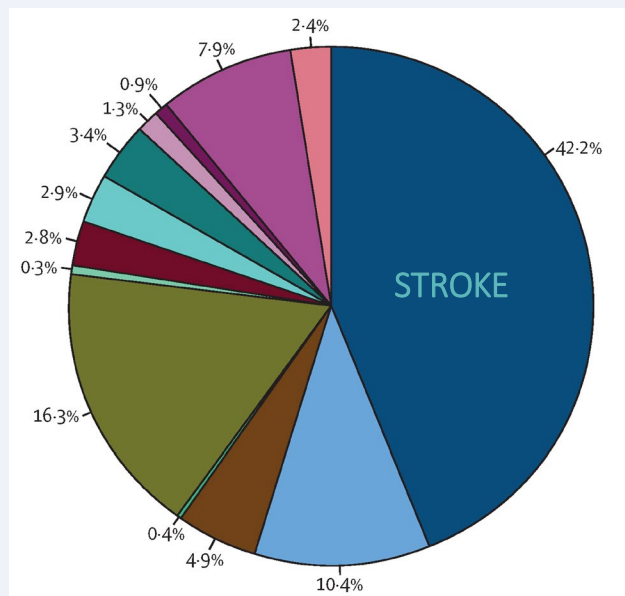


ISCHAEMIC STROKE OPPORTUNITY

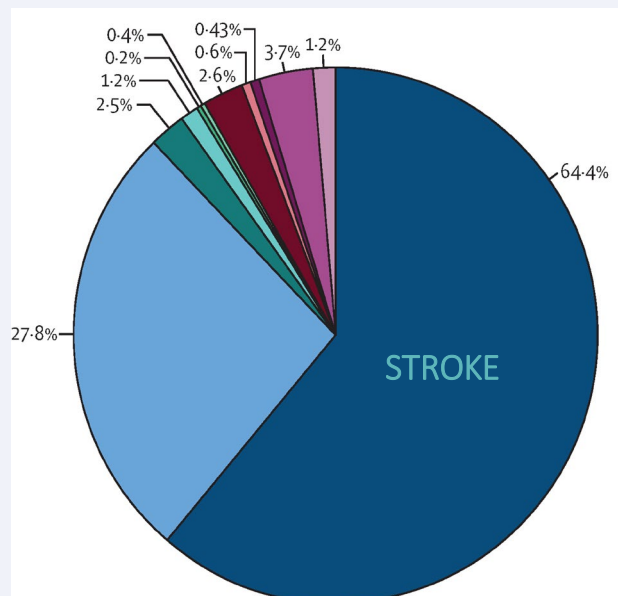
STROKE HAS THE GREATEST INCIDENCE OF DISABILITY AND DEATH OF ALL NEUROLOGICAL CONDITIONS¹

- Stroke is the leading neurological cause of long-term disability and death, significantly greater than other leading neurological conditions.
- Stroke-related costs in the United States came to nearly \$56.5 billion between 2018 and 2019¹. This total includes the cost of health care services, medicines to treat stroke, and missed days of work.
- Around half of thrombectomy-treated stroke patients remain disabled or worse at 90 days, with the poorest outcomes seen in patients with more severe strokes.

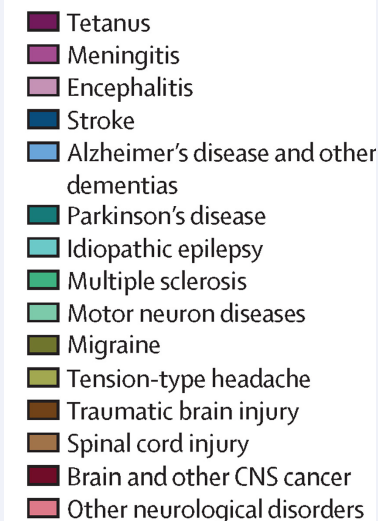
A. DISABILITY²



B. DEATH²

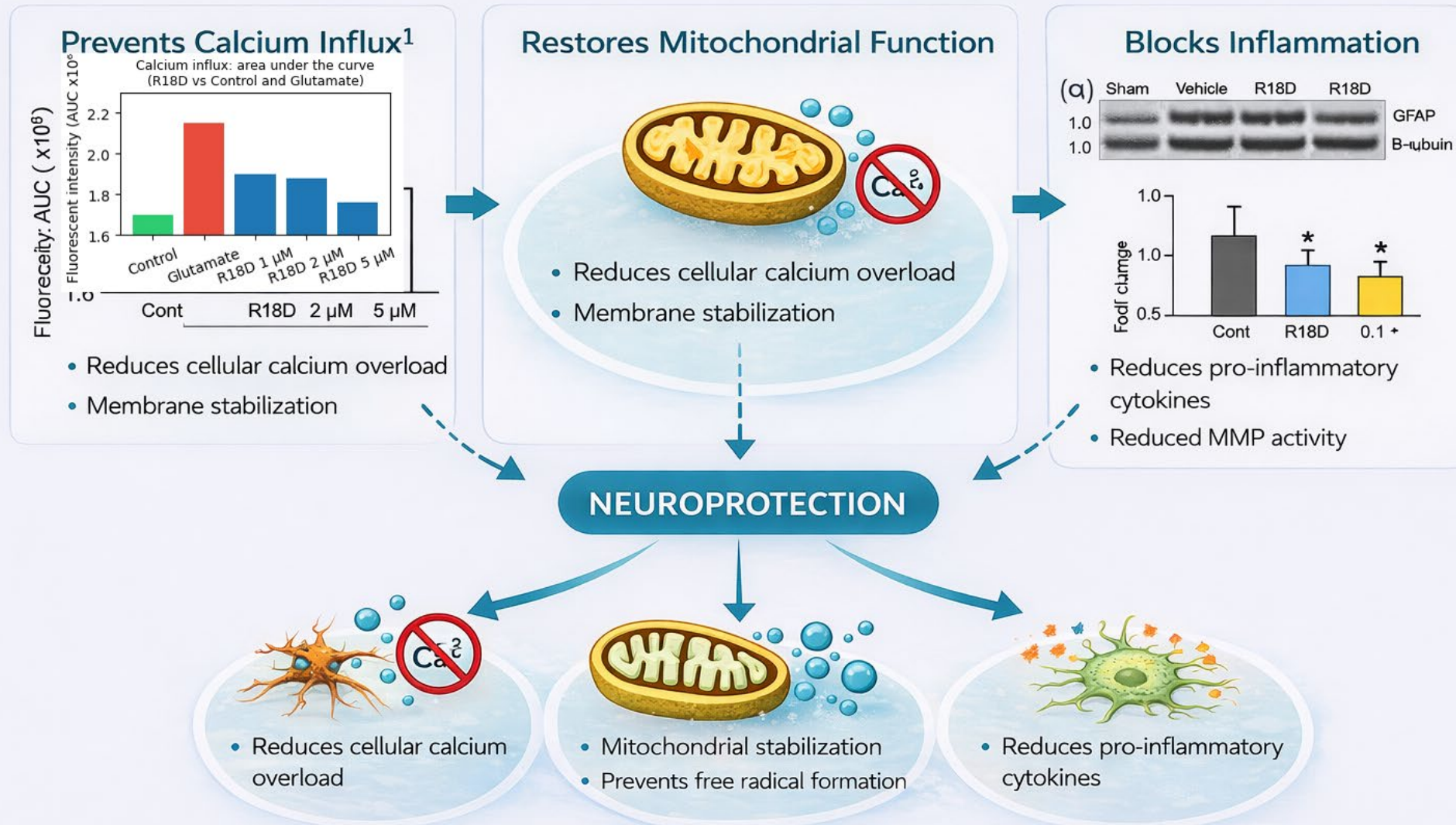


NEUROLOGICAL CONDITION





XARANETIDE'S UNIQUE MECHANISM OF ACTION TO REDUCE MULTIPLE CAUSES OF BRAIN INJURY





KEY BENEFITS OF XARANETIDE PEPTIDE DRUG PRODUCT

CONVENIENT & STABLE



- Powdered peptide reconstituted in saline and stable for up to 2 years*
- Easy to store at 4°C (fridge) in 10mL vials
- Simple to inject into IV bag when ready to use

FITS CLINICAL WORKFLOW



- Immediately available at point of care
- Quick 10-minute infusion via established IV line
- No disruption to clinical workflow, critical for acute care setting
- Rapid onset of action

COMMERCIAL BENEFITS



- Stability and storage simplifies hospital inventory management
- Uses standard hospital consumables and workflow
- No additional pharmacy or nursing burden
- Standard cold chain logistics





PHASE 2 TRIAL RESULTS

PRAGMATIC PHASE 2 TRIAL DESIGN IN AIS

PATIENT HAS A
STROKE



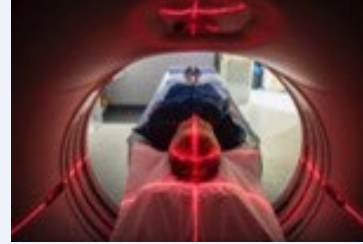
PATIENT IN
AMBULANCE



ARRIVES AT
HOSPITAL



DIAGNOSE
STROKE TYPE



THROMBECTOMY



REHAB
BEGINS



- Initial screening of patients to meet inclusion criteria
- Consent for thrombectomy & ARG-007 trial

- Administration of **0.3mg/kg ARG-007** or saline placebo
- All patients receive thrombectomy

Endpoints

- Mortality rate and frequency of **Adverse and Serious Adverse Events**; timepoints of Day 1, Day 2, Day 3, Day 6 or Discharge, Day 30 and Day 90
- Infarct volume reduction** between ARG-007 and placebo at 48 hours (Day 3 $\pm$ 1 day)



The Phase 2 trial identified a treatment effect in more severe stroke patients, paving the way for a precision-designed Phase 2b trial

PHASE 2 POST HOC RESULTS

- Whilst no overall effect was seen across the broader patient group due to baseline stroke severity imbalance and inaccuracy in site determine ASPECT, standardised imaging analysis revealed a treatment effect in more severe stroke patients.
- ARG-007 delivered **statistically significant** improvement in follow up infarct volume and functional outcomes in patients with a confirmed ASPECTS of 8 and below.
- ARG-007's strongest benefit confirmed in more severe stroke patients who have the greatest need for neuroprotection, unlocking a significant commercial opportunity.



*Post-hoc data analysis correcting for inaccurate ASPECT scores. Image from Brainomix.com showing the Stoke 360 tool used in Argenica's Phase 2 post-hoc analysis.



ARG-007 significantly reduces growth of damaged brain in moderate to severe stroke patients

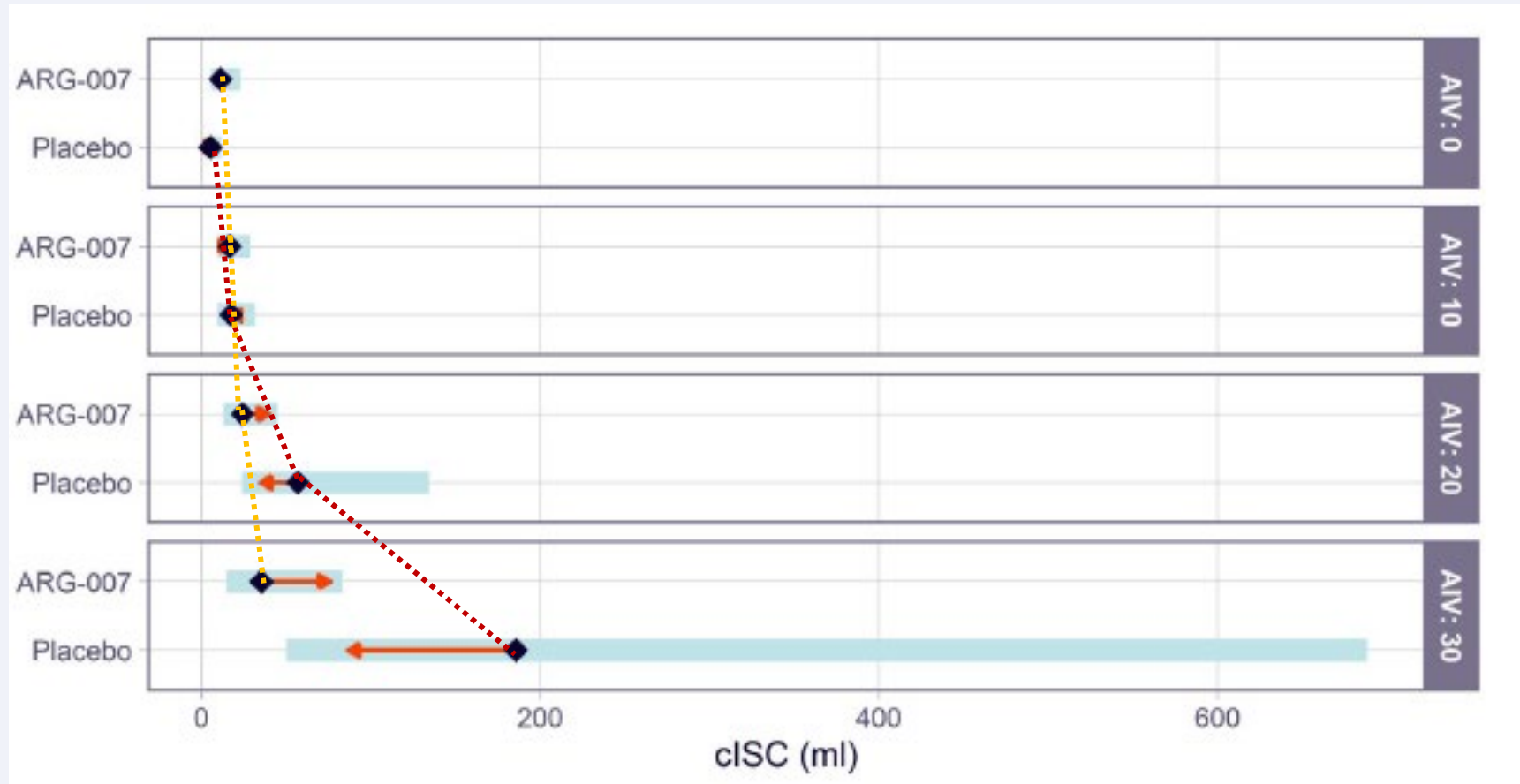


Figure 1: Total corrected ischaemic lesion volumes (cISC) in ml as predicted from the corresponding multivariate model across different baseline AIV values (0ml, 10ml, 20ml; 30 ml). The estimate corresponds to the estimated marginal means, and represents the predicted difference between groups, after adjusting for the other covariates. Compared to placebo cISC were significantly smaller for larger volume (AIV 30ml, p-value 0.034), whilst no significant difference was observed for smaller volumes (AIV 0ml, p-value: 0.132). Red arrows show difference between ARG-007 and Placebo mean, which becomes bigger in more severe baseline strokes.



Moderate to severe stroke patients have reduced disability following ARG-007 treatment

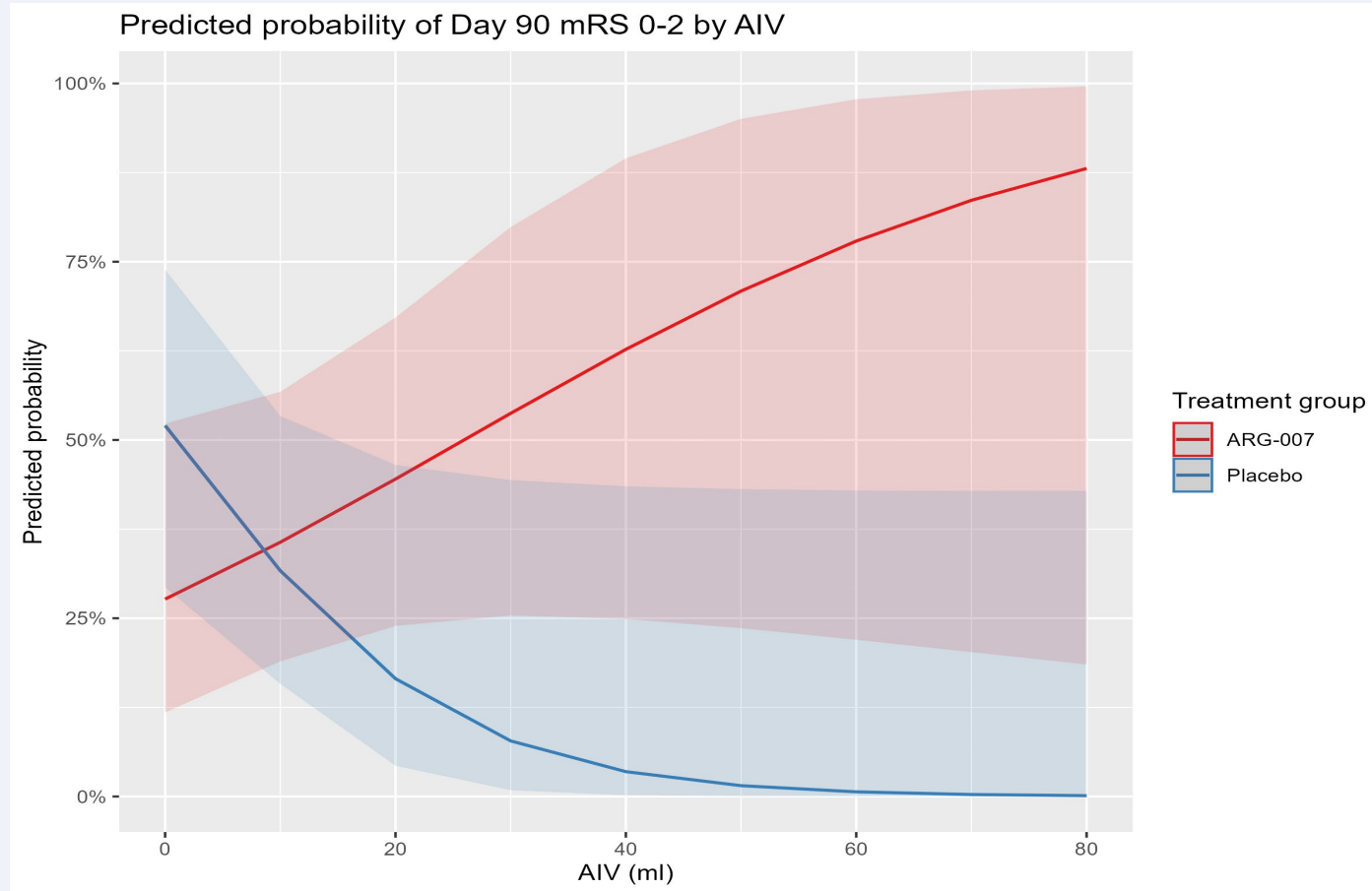


Figure 2: In multivariate analysis there was a significant interaction between infarct core size and treatment effect on clinical outcomes, specifically the modified rankin scale. Patients with larger infarct cores treated with ARG-007 had better three month functional outcomes (shift:OR=0.9 [0.84-0.95] $p=0.01$).

ARG-007 significantly improved disability outcomes in patients with more severe strokes

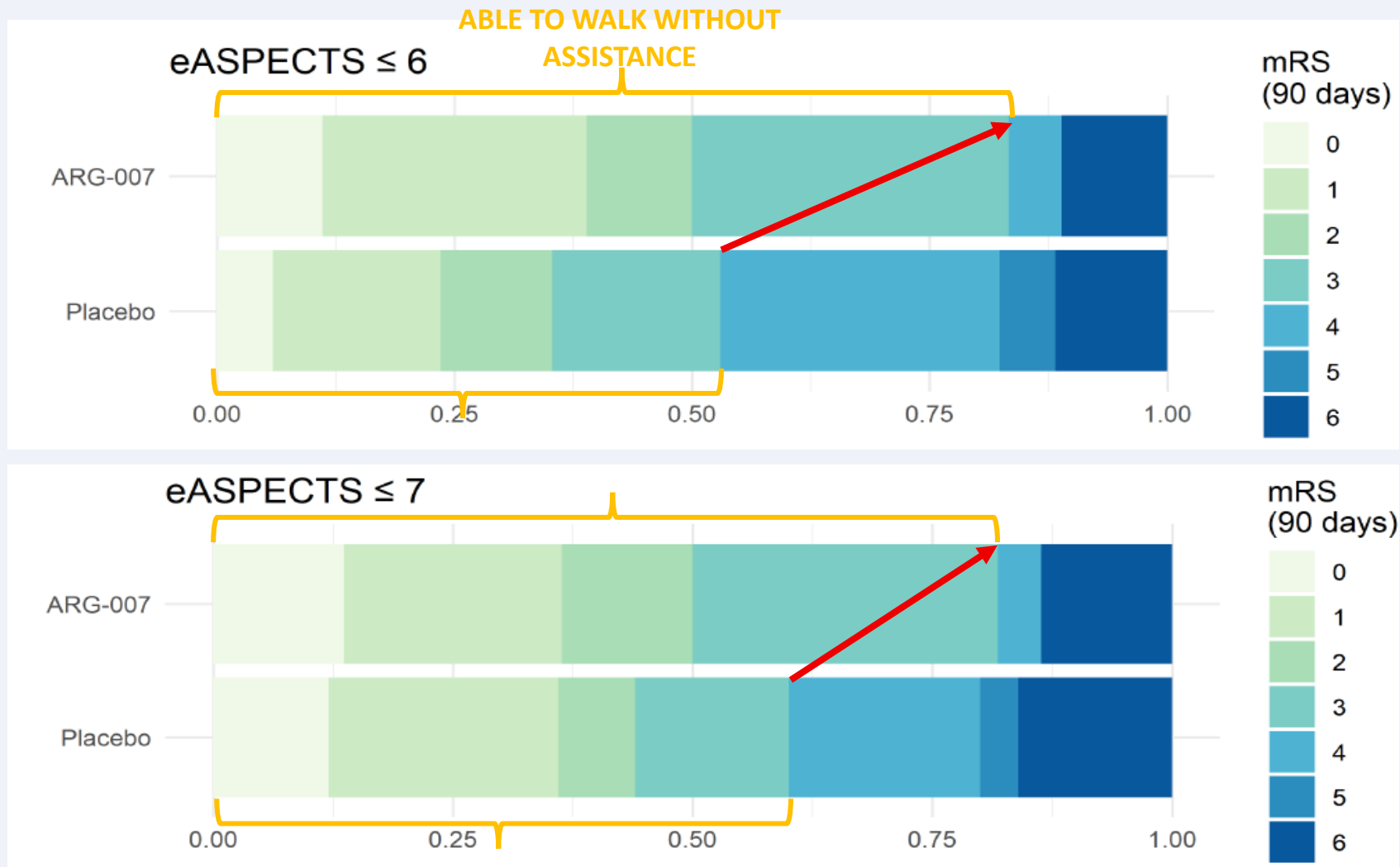


Figure 3: Distribution of the mRS at 90 days across treatment arms using e-ASPECTS or AIV to exclude patients with small infarct cores alongside patients with very large cores. Significantly more patients with e-ASPECTS 6 or lower achieved an mRS 0-3 when treated with ARG-007 compared with placebo ($p=0.0400$). A similar trend was observed in patients with e-ASPECTS of 7 or lower ($p=0.0669$).



FDA CLINICAL HOLD UPDATE

The three safety assays requested by the FDA are now complete, with ARG-007 showing a clean safety profile across all three assays. Comprehensive clinical hold response to be submitted to FDA within weeks.

FDA-Requested Assay	Status	Outcome
Tenecteplase (TNK) Drug-Drug Interaction Assay	COMPLETE	No interaction identified
Genotoxicity Assay	COMPLETE	No genotoxicity signal observed
hERG Cardiac Safety Assay	COMPLETE	No hERG liability identified

Additional Documentation to be included in Clinical Hold Response

Activity	Status	Outcome
Acute Toxicology Study	COMPLETE	Further safety data on confirmed NOAEL and MTD
Updated Phase 2b Protocol	In preparation	A refined Phase 2b protocol utilising AI and selecting for moderate to severe strokes
Investigational Brochure	In preparation	Will reflect updated protocol

LATE-STAGE TRIAL: DESIGNED TO PROVE EFFICACY IN MODERATE TO SEVERE STROKES

PATIENT POPULATION



- Moderate to severe stroke (ASPECTS 3-8, AI assisted interpretation)
- Large Vessel Occlusion undergoing thrombectomy
- With or without thrombolysis

ENDPOINT



- mRS shift 90 days
- mRS 0-3
- infarct volume

DESIGN



- Randomised
- Placebo controlled
- Dose response
- Interim analysis





TRAUMATIC BRAIN INJURY **UPDATE**

PROGRESS TOWARDS PHASE 1B TRIAL IN MODERATE TO SEVERE TBI

ESTABLISHING PARTNERSHIPS WITH LEADING AUSTRALIAN INSTITUTIONS

Argenica is in the final stages of engaging a number of hospital and academic institutions to establish collaboration agreements to execute the Phase 1b clinical trial.

ACCESSING NON-DILUTIVE FUNDING

The huge unmet medical need in traumatic brain injury (TBI) lends itself to being able to attract non-dilutive funding for this groundbreaking Phase 1b trial. Argenica is currently working on a number of submissions to access various sources of non-dilutive funding.

DRAFTING OF CLINICAL TRIAL PROTOCOL

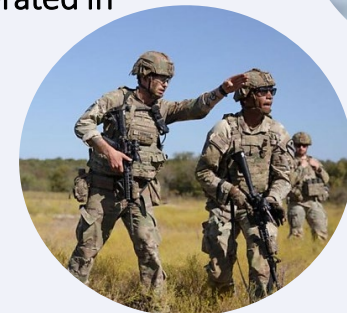
Argenica has gathered a team of leading TBI neurologists to provide input into the Phase 1b protocol, including appropriate biomarker endpoints and TBI severity inclusion criteria.

FINALISING PRECLINICAL DATA PUBLICATION

Argenica is working with Adelaide and Curtin Universities to compile the comprehensive preclinical data generated in moderate TBI for publication in a leading journal.

EXCITING PRECLINICAL DATA IN CONCUSSION

Argenica has recently completed a study with leading concussion researchers showing significant neuroprotection in an animal model of mild TBI or concussion.



POTENTIAL CATALYSTS FOR 2026

**H2
2026**



- Complete responses to IND Clinical Hold
- US IND Approval for ARG-007 in Stroke
- HREC Approval for ARG-007 in Stroke
- Completion of large-scale manufacturing of clinical trial batches for clinical trials in stroke and TBI
- Stroke Phase 2b Trial Site identification/selection
- HREC Approval for Phase 1b TBI trial
- Additional preclinical data in other neurological indications

**H1
2027**



- First site activation for Phase 2b stroke trial in Australia
- Site engagement for Phase 2b stroke trial in US
- Commence recruitment in Phase 2b stroke trial
- Commence recruitment in Phase 1b TBI trial
- Phase 1b TBI trial updates



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