AGM PRESENTATION

Perth, Australia; 23 November 2026 - Argenica Therapeutics Limited (ASX: AGN) ("Argenica" or the "Company"), is pleased to provide a copy of the Managing Director Presentation given at its Annual General Meeting held at 2.00PM (WST) on 19 November 2026 which was inadvertently missed being attached to Chair's AGM Address announcement on the day.

This announcement has been approved for release by the Board of the Company.

For more information please contact: info@argenica.com.au

ABOUT ARGENICA

Argenica Therapeutics Limited (ASX: AGN) is a clinical-stage biotechnology company developing innovative neuroprotective therapeutics to improve outcomes for patients following stroke and other acute neurological injuries. The Company's lead drug candidate, xaranetide, is designed to protect vulnerable brain tissue by reducing cell death and limiting secondary damage after an ischaemic event. With a strong scientific foundation and a clear clinical development pathway, Argenica is focused on advancing novel treatments that have the potential to significantly improve patient recovery and transform the standard of care in acute neurology.

argenica THERAPEUTICS

Precision Neuroprotection for Severe Brain Injury

Targeting patients where brain injury – and value – is greatest

AGM PRESENTATION
ASX:AGN

NOVEMBER 2026

DR LIZ DALLIMORE - MANAGING DIRECTOR PRESENTATION



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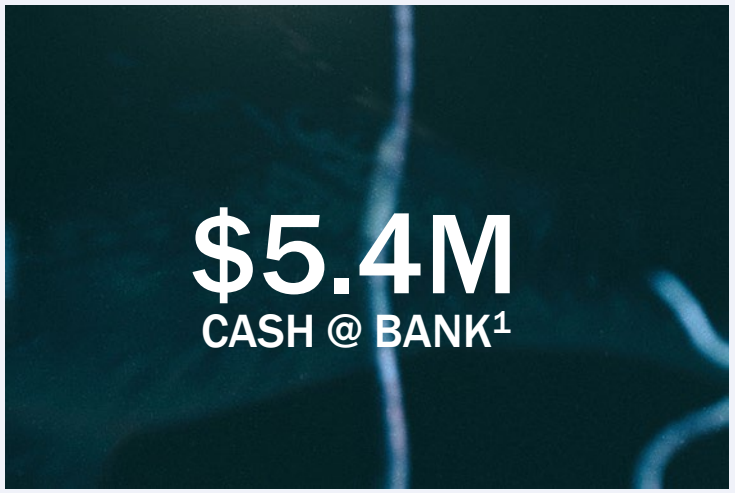
ARGENICA THERAPEUTICS

2026

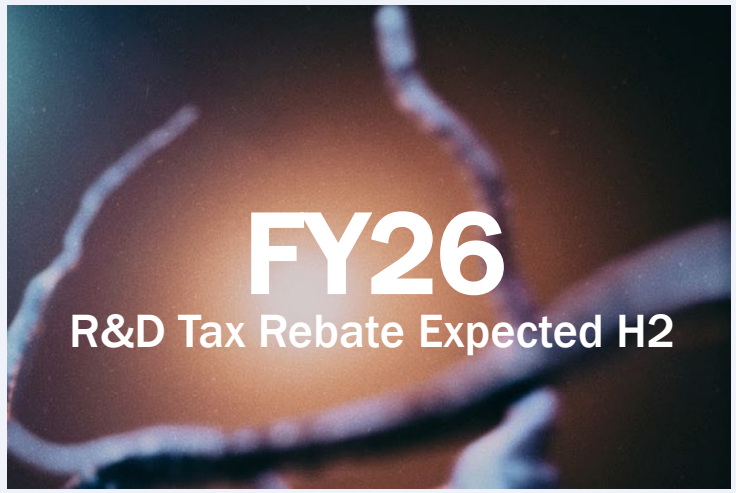
ACHIEVEMENTS

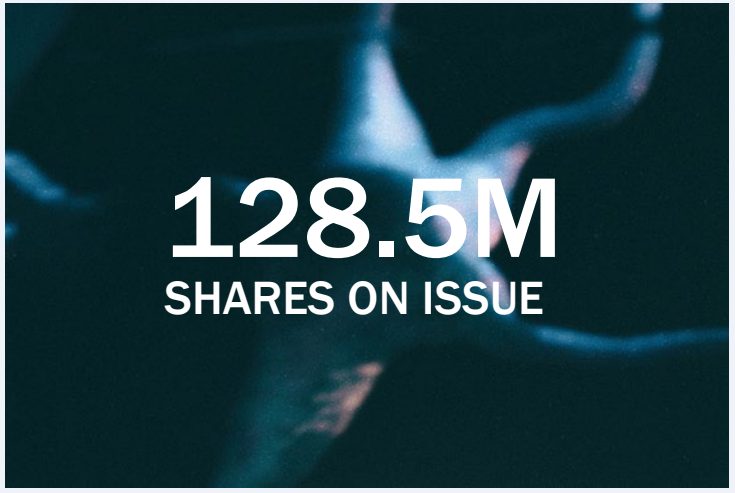
- **ALL THREE FDA-REQUESTED SAFETY ASSAYS COMPLETE** WITH A CLEAN SAFETY PROFILE
- **BRAINOMIX AI ANALYSIS** SHOWS **STATISTICALLY SIGNIFICANT FUNCTIONAL BENEFIT** IN MORE SEVERE STROKE PATIENTS
- PHASE 2 DATA SELECTED FOR **ORAL PRESENTATION AT ESOC 2026**
- **WORLD-LEADING CLINICAL ADVISORY COMMITTEE** ESTABLISHED
- **EMA PAEDIATRIC WAIVER GRANTED**, STRENGTHENING THE EUROPEAN PATHWAY
- WHO NAME **XARANETIDE** CONFIRMED FOR ARG-007
- **SIGNIFICANT NEUROPROTECTION** IN ANIMAL MODEL OF **CONCUSSION**

KEY COMPANY METRICS













1. Cash balance as @ 30 September 2026
2. Calculated with share price on @ 11th November 2026 being $0.13
3. Various ASX Announcements dated 20 January 2023, 22 March 2023, 30 March 2023, 12 September 2023

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 x**aranetide (**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.

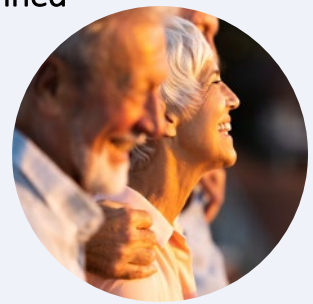
VALIDATED FUNCTIONAL ENDPOINTS

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.



PHASE 2 TRIAL RESULTS

PRAGMATIC PHASE 2 TRIAL DESIGN IN AIS

PATIENT HAS A STROKE



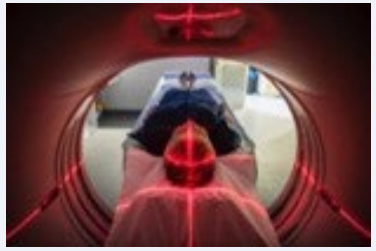
PATIENT IN AMBULANCE



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 ± 1 day)

Potential benefits only. ARG-007 is under development and subject to clinical validation.

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

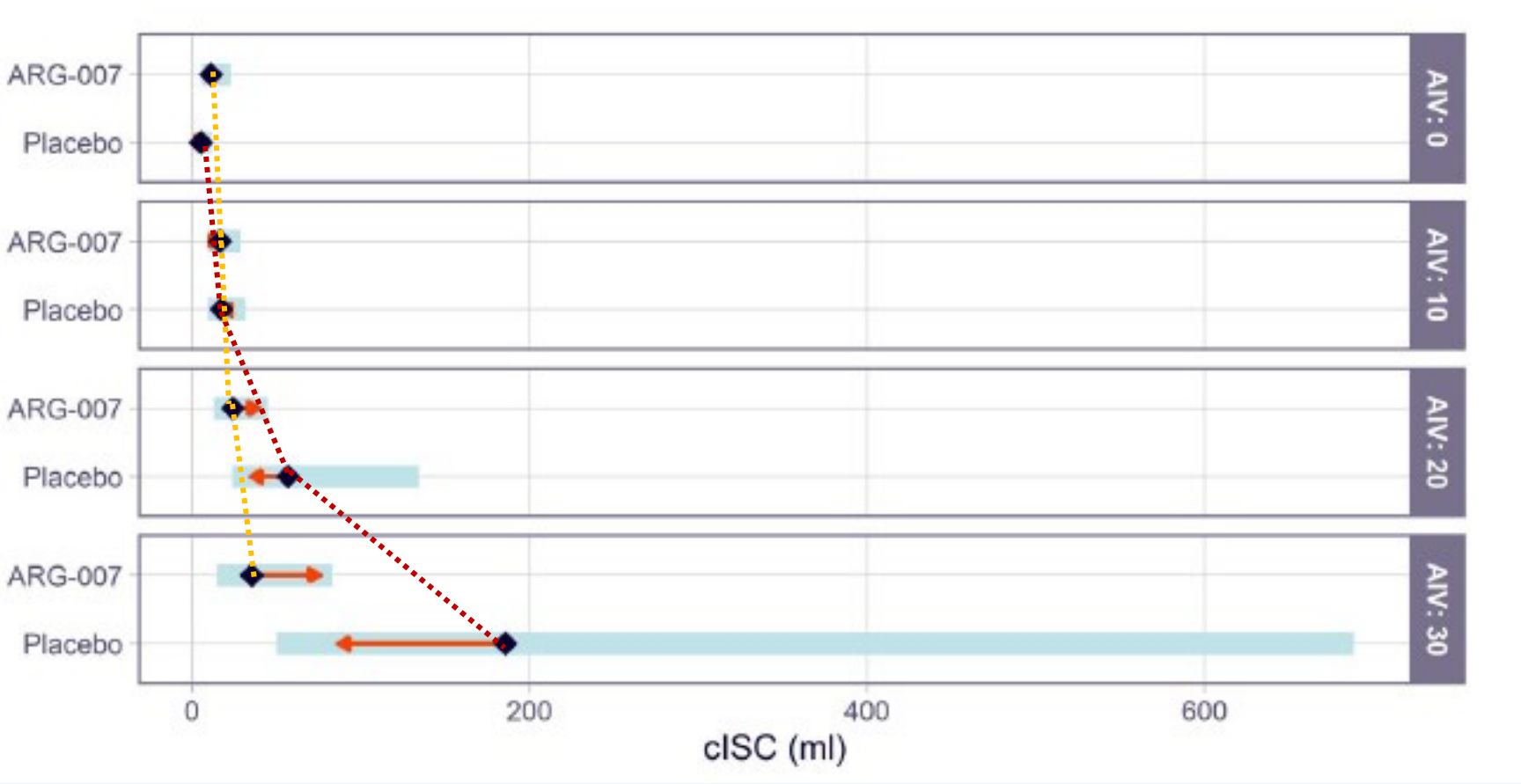


Figure 1: *Total corrected ischaemic lesion volumes (cISC) in ml as predicted from the corresponding multivariate model across different baseline AIV values (0ml, 10ml, 20ml; 30 ml). The estimate corresponds to the estimated marginal means, and represents the predicted difference between groups, after 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

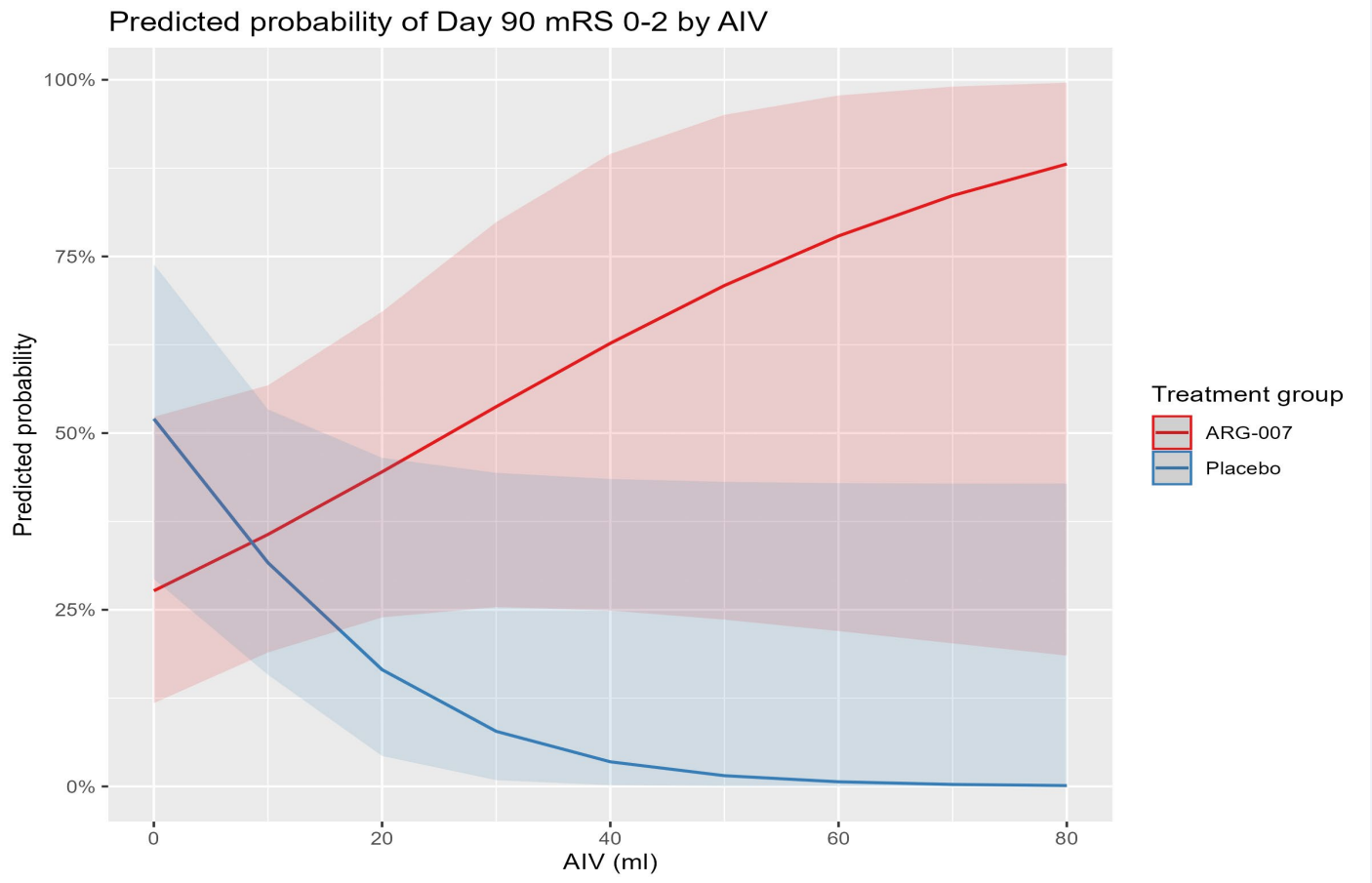


Figure 2: *In multivariate analysis there was a significant interaction between infarct core size and treatment effect on clinical outcomes, specifically the modified rankin scale. Patients with larger infarct cores treated with ARG-007 had better three month functional outcomes (shift:OR=0.9 [0.84-0.95]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

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 submitted in September, hold remains.

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 Information Requested

Activity	Status	Outcome
Neurotox Rat Study	NOT COMMENCED	FDA now requires for NMDA channel blockers, not previously requested
Reduced dose	UNDER REVIEW	The FDA has taken a narrow view of the exposure limit in rats, this requires discussion with the FDA

PHASE 2B TRIAL: DESIGNED TO PROVE EFFICACY IN MODERATE TO SEVERE STROKES

PATIENT POPULATION

- Moderate to severe stroke (ASPECTS LESS THAN 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



argenica
THERAPEUTICS

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