argenica
THERAPEUTICS

INVESTOR PRESENTATION
ASX: AGN

BIOSHARES 2025

MANAGING DIRECTOR PRESENTATION

ARGENICA THERAPEUTICS

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NEUROPROTECTION
THE THERAPEUTIC OPPORTUNITY

BREAKTHROUGH NEUROPROTECTIVE THERAPY

MISSION

Commercialise neuroprotective treatments that minimises brain damage and fosters recovery following stroke & other neurological conditions

VISION

Redefine the standard of care for stroke and other neurological conditions by reducing brain injury

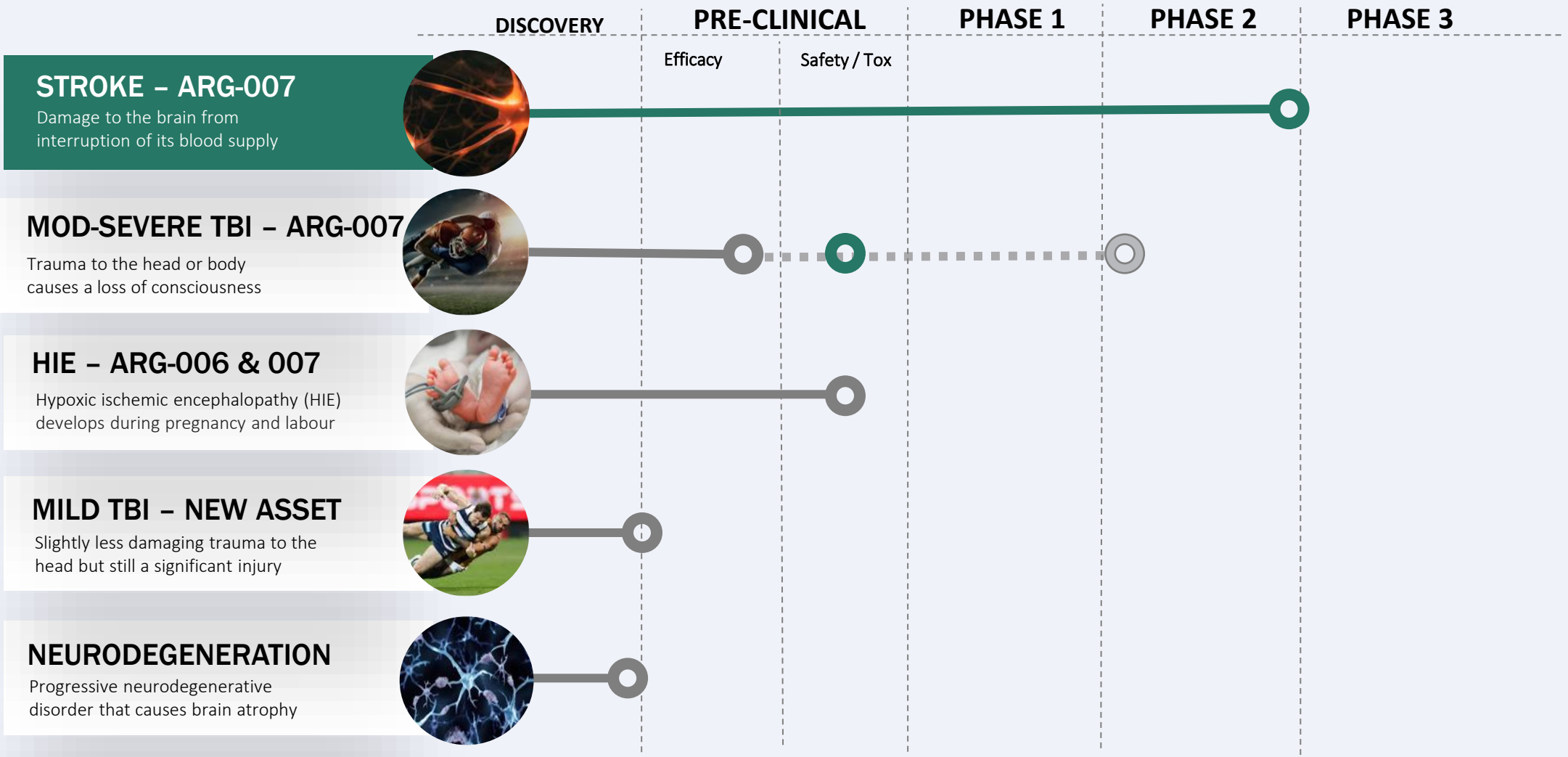
IMPACT

Create positive, life-altering impact for millions suffering from neurological conditions, offering new hope

ABOUT ARG-007

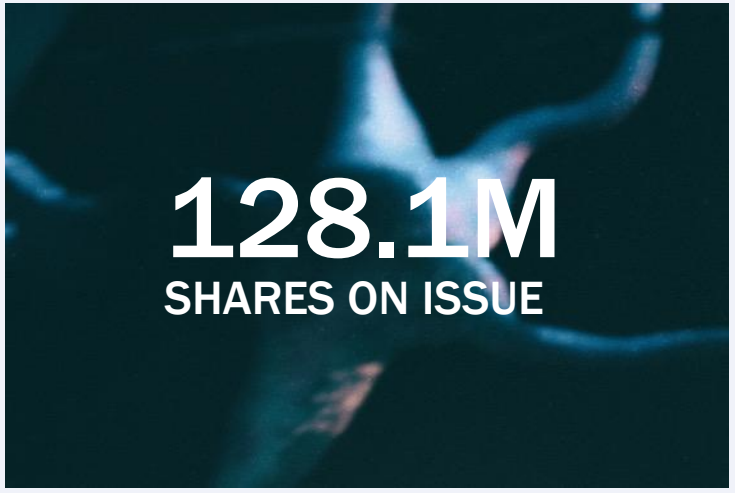
- Cationic poly-arginine peptide
- Multiple mechanisms of action working across multiple conditions
- Granted patents & strong IP
- Significant pre-clinical efficacy
- 25+ peer reviewed papers
- Proven safe for healthy humans

OUR LEAD INDICATIONS



Single dose of ARG-007 in severe TBI can move straight from preclinical into Phase 2 clinical trial, do not need to repeat a Phase 1 or safety & tox studies.

KEY COMPANY METRICS



ARGENICA THERAPEUTICS

1. Cash balance as @ 30 June 2025
2. Calculated with closing price on @29th July 2025 being $0.68
3. Various ASX Announcements dated 20 January 2023, 22 March 2023, 30 March 2023, 12 September 2023

02

ISCHAEMIC STROKE TRIAL UPDATE

SO WHY ARE WE TARGETING STROKE FIRST?

INCIDENCE

45 SECONDS

How often someone suffers an ischaemic stroke in the US[1]

SOCIETAL IMPLICATIONS

ONLY 10%

will recover almost completely, due to the extent of brain cell damage[2]

THE IMPORTANCE OF TIME

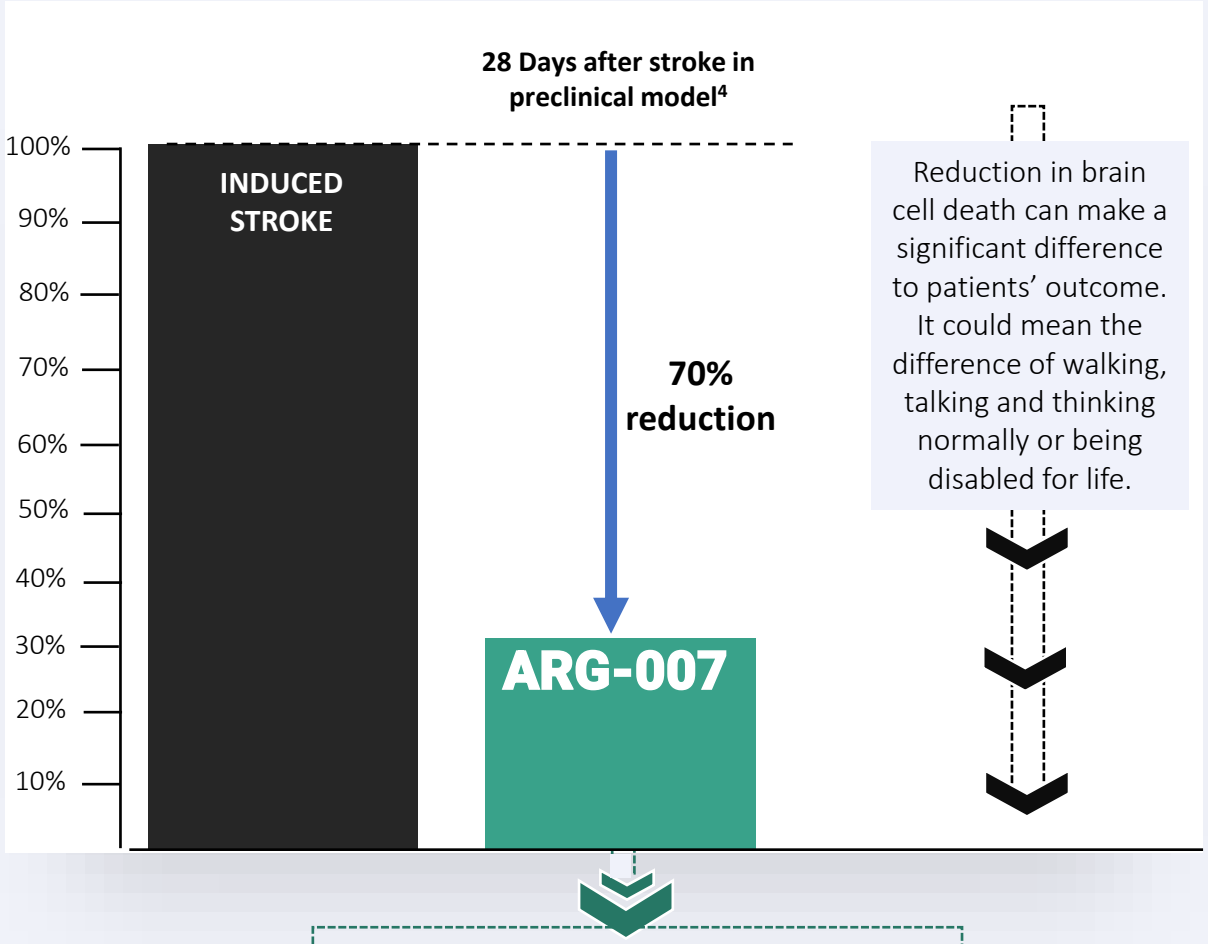
1.9 MILLION

brain cells are attacked each minute during a stroke[3]

FIRST IN CLASS DRUG ADDRESSING LARGE UNMET NEED

1. *US Centers for Disease Control and Prevention (CDC)*
2. *Stoke Foundation*
3. *Saver, JL (2006). "Time is Brain". Stroke, 37 (1), pp 236-266*

ENCOURAGING STROKE RESULTS TO DATE



This protective effect remained significant (70%), showing a significant reduction in brain tissue death for at least 28 days post stroke following a single i.v. injection of ARG-007

PRECLINICAL & CLINICAL DATA

PHASE 2 IN ISCHAEMIC STROKE PATIENT

These findings are preliminary in nature. A larger dataset will be required for clinical validation.

1. Liddle, L. et al (2019). *PloS one*, *14*(11), e0224870.
2. *ASX Announcement 'Study shows arg-007 does not degrade when co-administered with ischemic stroke therapeutics' 12 July 2021*
3. *ASX Announcement 'Final Phase 1 Clinical Trial Report Confirms Argenica Successfully Passes Critical Milestone' 15 May 2023*
4. Meloni, B. P. et al (2020) *Neurotherapeutics : the journal of the American Society for Experimental NeuroTherapeutics*, *17*(2), 627–634

PHASE 2 TRIAL DESIGN IN ACUTE ISCHAEMIC STROKE

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

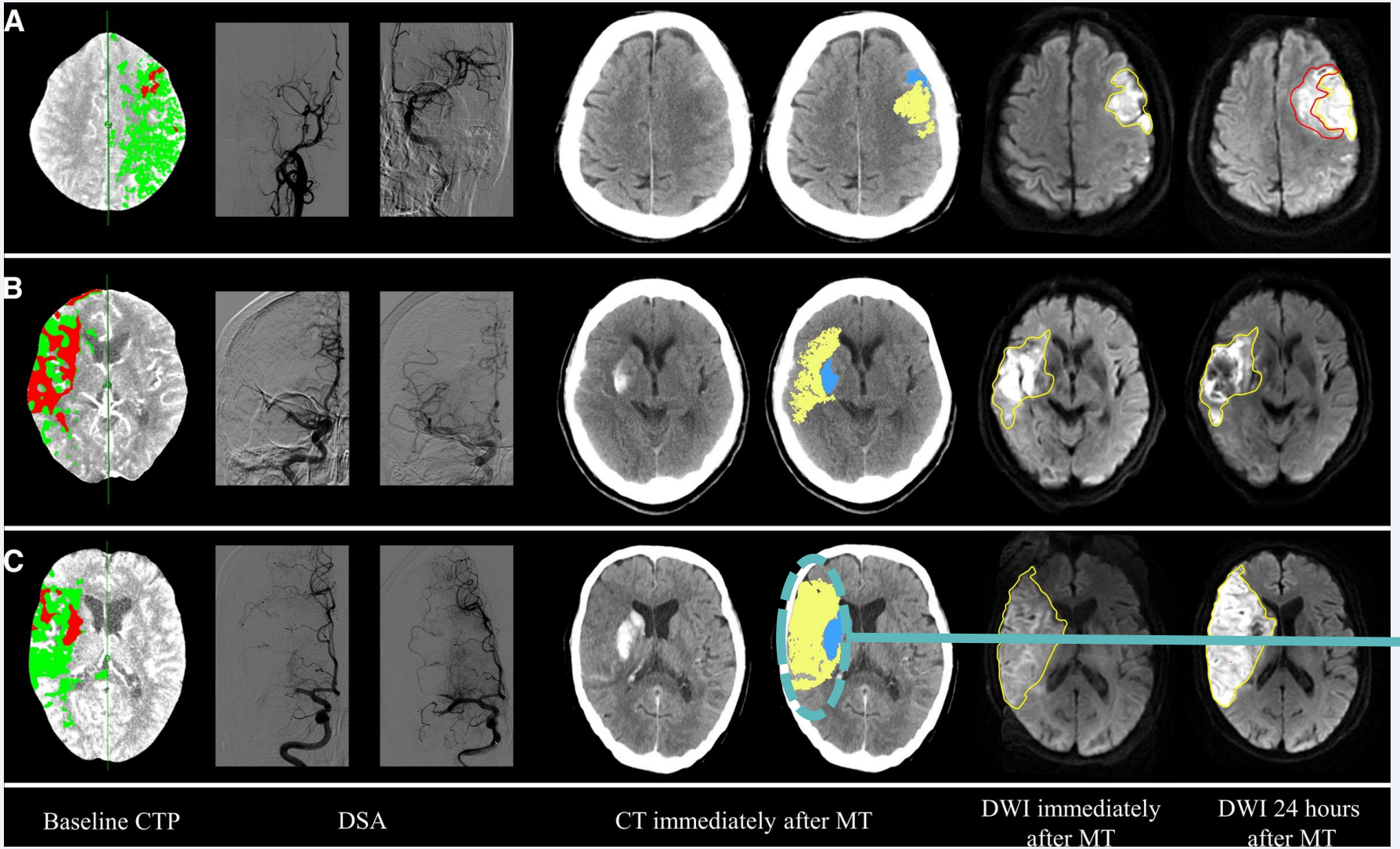
Endpoints

- **PRIMARY:** 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
- **SECONDARY: 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.

EXAMPLE OF WHAT PHASE 2 TRIAL HOPES TO ACHIEVE:

REDUCING INFARCT VOLUME (i.e. BRAIN DEATH) FOLLOWING STROKE & THROMBECTOMY



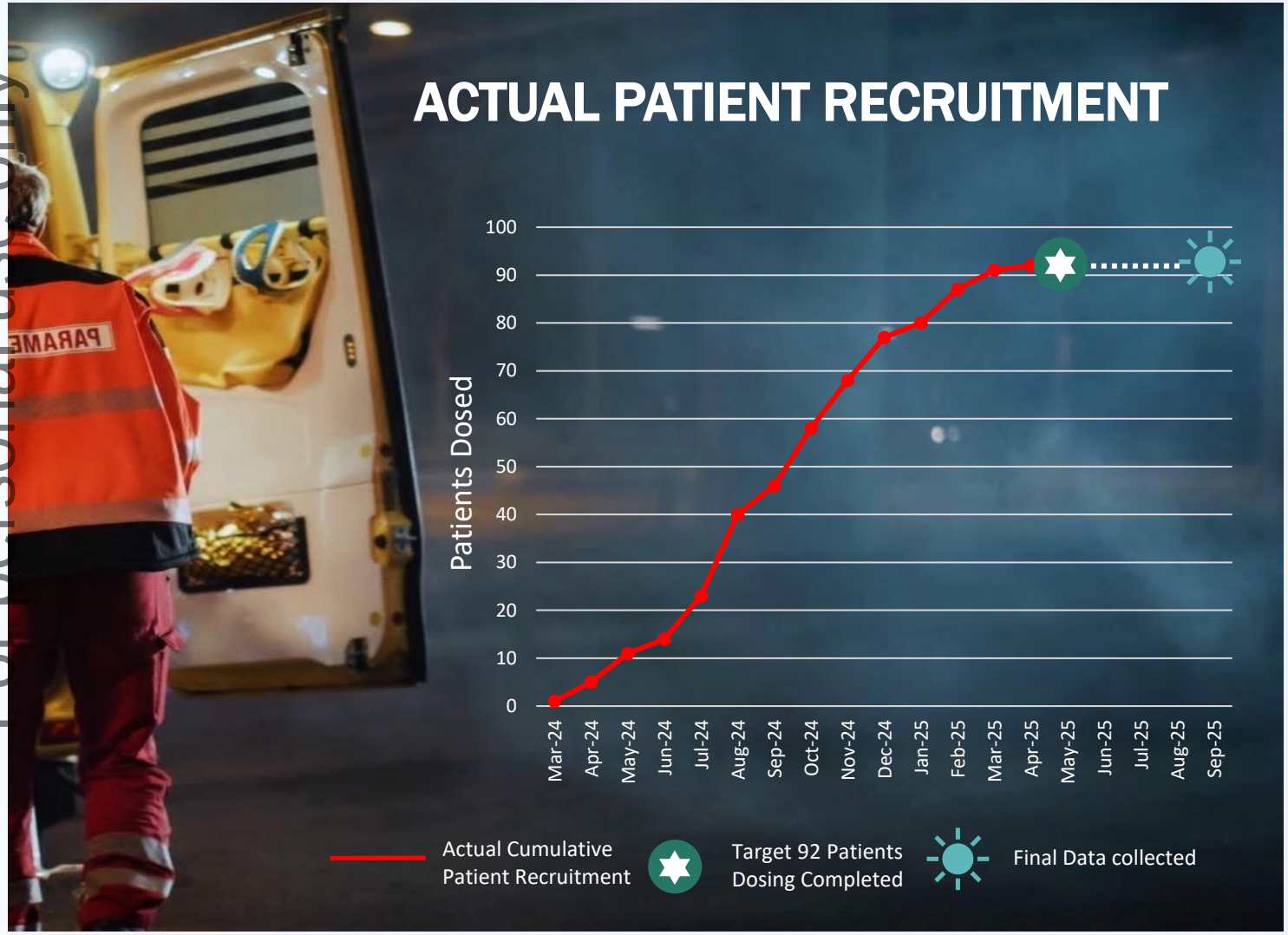
Infarct core: permanent brain cell death (i.e. cannot be saved)

Vulnerable Penumbra: Surrounding tissue that is vulnerable to dying (i.e. still alive, but likely to die without protection)

ARG-007 aims to <u>reduce infarct volume</u> (i.e. brain death) by protecting the Vulnerable Penumbra from dying following stroke & thrombectomy

Zhou Y, et al, Reperfusion Injury Is Associated With Poor Outcome in Patients With Recanalization After Thrombectomy. Stroke. 2023 Jan;54(1):96-104.

PHASE 2 CLINICAL TRIAL IN STROKE

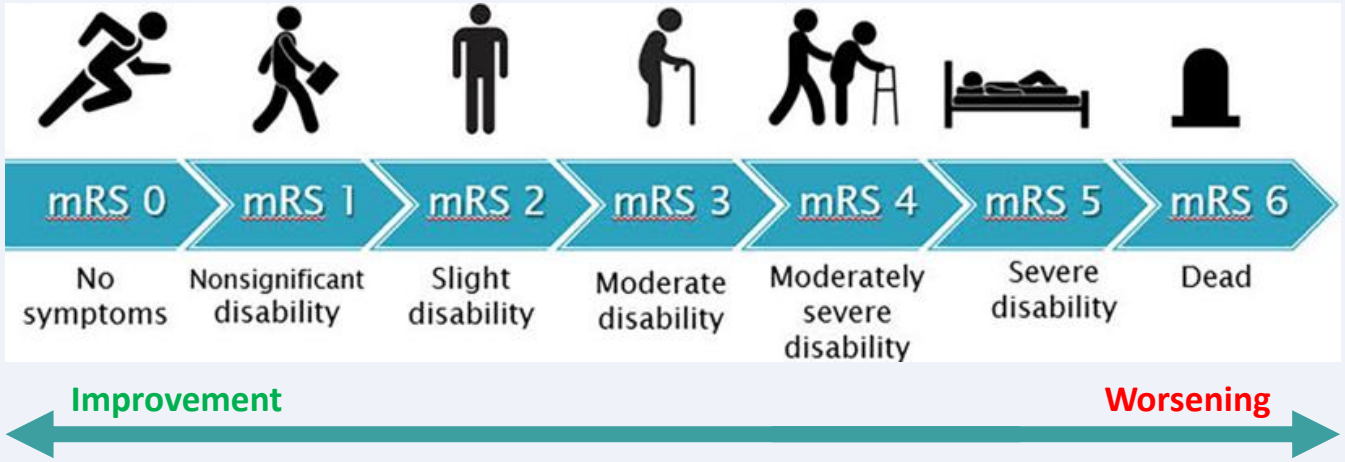


- 92 patients dosed at 8 Australian hospitals
- Exceptional recruitment rate due to ease of use of ARG-007 administration in acute emergency setting
- Easy consent for patients due to clinician confidence in extensive preclinical data package
- Objectives;
  1. Safety
  2. Tolerability
  3. Pharmacokinetics
  4. Preliminary Efficacy
- TOPLINE DATA DUE EARLY SEPTEMBER 2025.

WHAT DOES A REDUCTION IN INFARCT MEAN FOR PATIENTS?

***Reducing infarct volume** after an ischemic stroke is a crucial measure because data suggests it is the **strongest predictor of better outcomes**, including improved neurological function, independence, and lower mortality.*[1]

mRS Scale (i.e. a measure of a patient's disability)

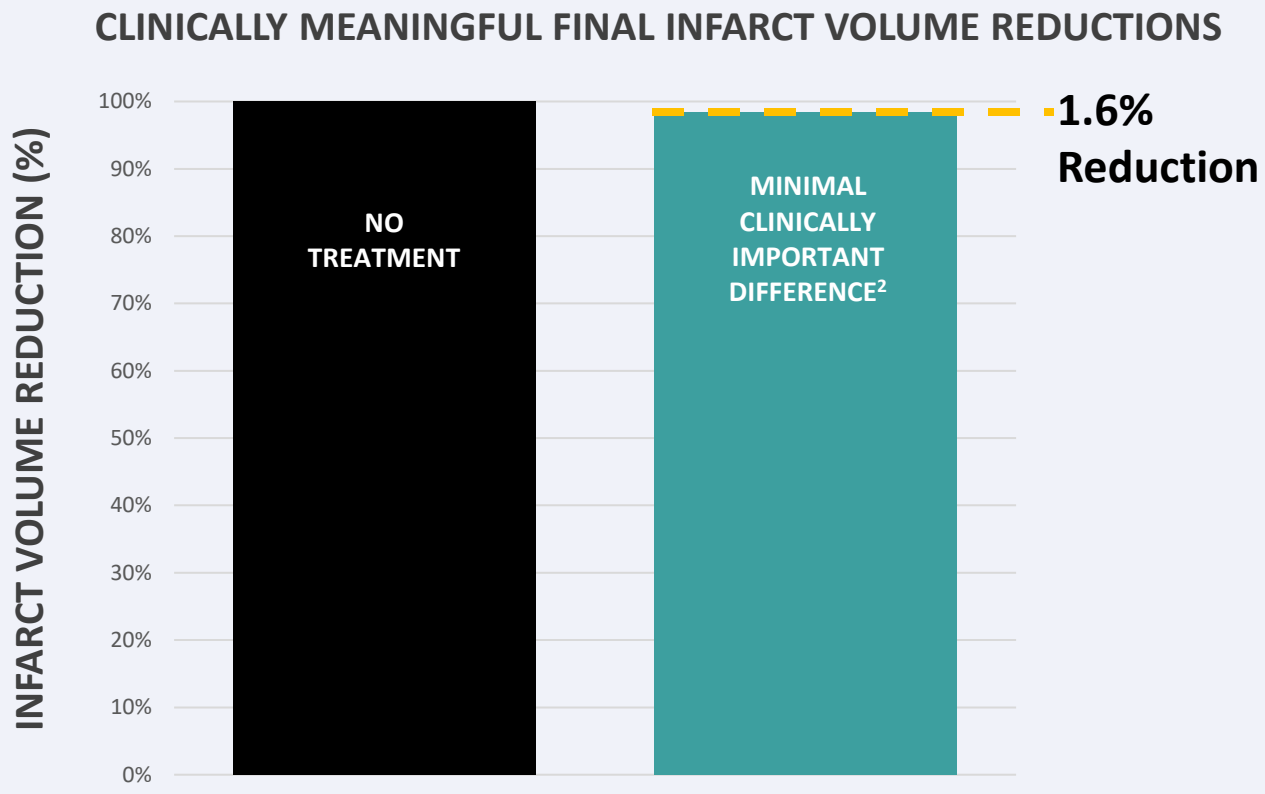


Ultimately, ARG-007 needs to move more people to the left on the mRS (into 0-2). If the Phase 2 trial shows a reduction in infarct volume, there will be a greater chance of seeing improved mRS in a larger pivotal trial (i.e. Phase III)

Greater independence = greater savings to healthcare system

1. Abraham S, et al. Automatically quantified follow-up imaging biomarkers predict clinical outcomes after acute ischemic stroke. Front Neurol. 2025 Mar 19;16:1483138

HOW MUCH BRAIN DO YOU NEED TO SAVE?



- A 1.6% decrease in infarct volume (decrease in brain cell death) is **the minimum amount** of decrease deemed to be clinically important[1]. This decrease, on average, results in **1.3 more patients** out of 100 achieving functional independence (mRS 0-2).

- Studies have shown a decrease of **5%, 11.5% and 17%** would result in **5, 10 and 15** more patients out of **100**, respectively, achieving functional independence (mRS of 0-2). This means 5, 10 and 15 more patients per 100 who would move from being severely or moderately disabled to having no or only a slight disability[1].

- **There are currently no approved drugs to reduce brain death following stroke, therefore <u>any statistically significant reduction in infarct volume beyond 1.6%</u> would be seen as a positive outcome.**

EVEN A SMALL REDUCTION IN INFARCT VOLUME INCREASES THE CHANCE A PATIENT WILL WALK, TALK & CARE FOR THEMSELVES

1. *Liao NC, Bahr Hosseini M, Saver JL. Clinically important effect sizes for clinical trials using infarct growth reduction as the primary outcome: a systematic review. J Neurointerv Surg. 2023 Oct 31 – average final infarct volume across all studies is 38.4mL.*
2. *From Liao et al 2023 - Minimal clinically important difference-outcome specific is defined as the smallest change in a treatment outcome measure that a patient would consider of value, if the treatment producing the outcome was simply implemented, safe and inexpensive.*

POST PHASE 2 STRATEGY AND COMMMERCIAL OPPORTUNITIES

THE STROKE OPPORTUNITY

Category	Australia	United States
Number of strokes per year	~45,000 annually[1]	~795,000 annually[2]
Cost of stroke to healthcare system per year	**AUD$5.5 billion** in healthcare costs in 2023[1]	**USD$71.55 billion in 2012** expected to increase to **USD$184.13 billion by 2030[3]**
Estimated costs associated with stroke per year	**AUD$9+ billion annually** (including healthcare and indirect costs)[1]	**USD$67 billion in 2020** expected to increase to **USD$423 billion by 2050[4]**

THOMBOLYTIC DRUG AS A COMPARABLE MARKET

ONLY 9% OF ACUTE ISCHAEMIC STROKE PATIENTS ARE ELIGIBLE FOR THOMBOLYTICS[5]

THROMBOLYIC DRUGS CAN SELL FOR = USD$10k – 12k PER ADMINISRATION[6]

GLOBAL MARKET IN 2022 = USD 1.1B[7]

PROJECTED MARKET IN 2030 = USD 3.8B[7]

ARG-007 TARGETS OVER 30% OF ISCHAEMICA STROKE PATIENTS, THEREBY CREATING APPROX 3X CURRENT MARKET SIZE

IF AGN IS SUCCESSFUL = MULTI BILLION DOLLAR OPPORTUNITY

1. *https://strokefoundation.org.au/media-centre/media-releases/2024/09/new-report-highlights-number-of-strokes-hits-all-time-high*
2. *US Centers for Disease Control and Prevention (CDC)*
3. *https://www.ahajournals.org/doi/10.1161/str.0b013e31829734f2*
4. *https://www.precedenceresearch.com/stroke-diagnostic-and-therapeutic-market*
5. *Gaukel et al. Utilization rates of intravenous thrombolysis for acute ischemic stroke in Asian countries:: A systematic review and meta-analysis. Medicine (Baltimore). 2023 Oct 20;102(42)*
6. *Kleindorfer D et al. Cost of Alteplase Has More Than Doubled Over the Past Decade. Stroke. 2017 Jul;48(7):2000-2002.*
7. *https://www.verifiedmarketresearch.com/product/thrombolytic-drug-market/*

POST PHASE 2 STRATEGY

LICENSING OR PARTNERING:
If the Phase 2 trial shows promising results, Argenica may license ARG-007 for stroke to a larger pharmaceutical group that has the global channels to commercialise in acute ischaemic stroke.

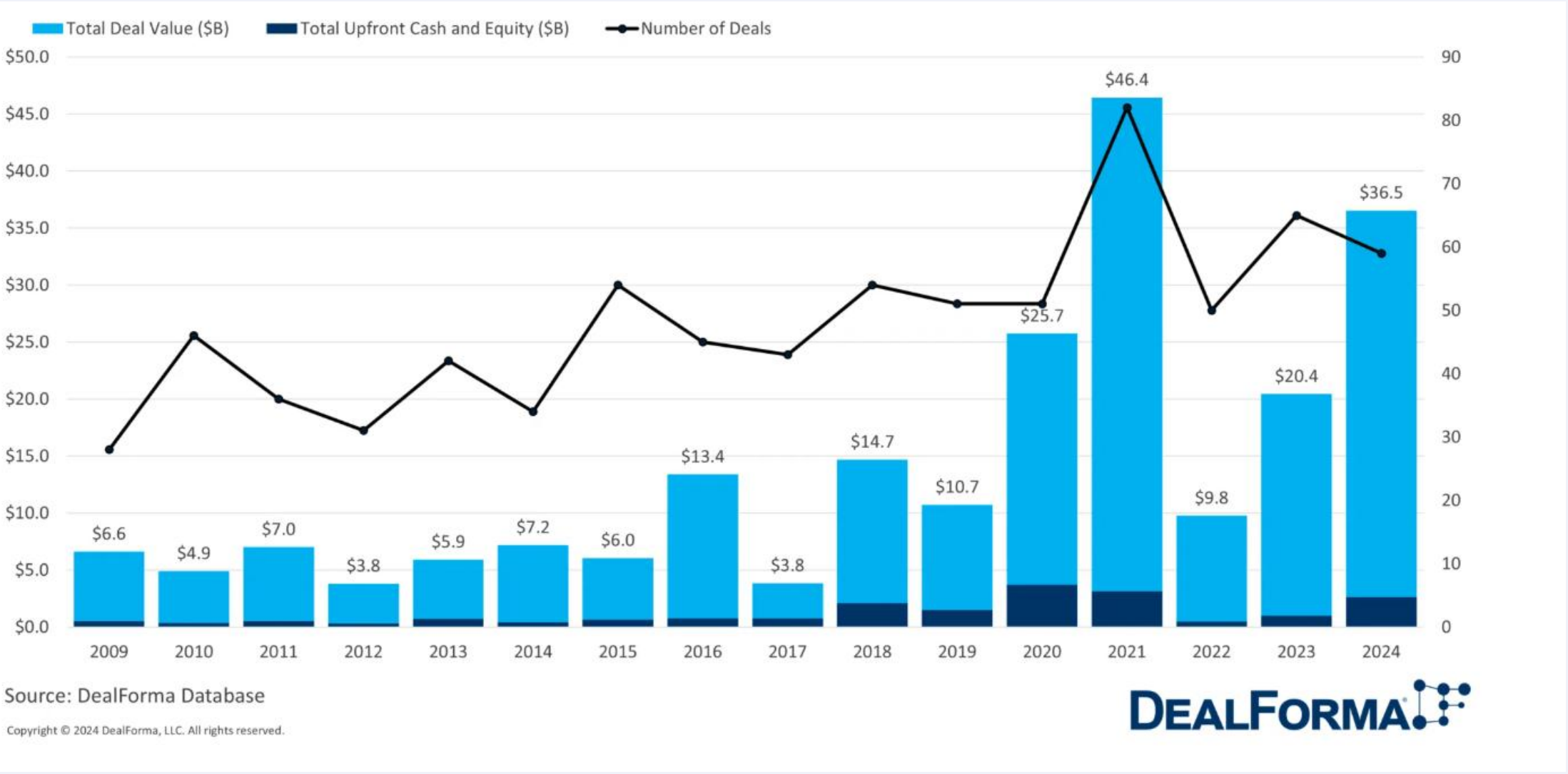
MERGER & ACQUISITION:
Successful Phase 2 results could make Argenica an attractive target for acquisition by larger pharmaceutical companies looking to bolster their pipeline across all of Argenica's indications.

CO-DEVELOPMENT:
Co-development in a stroke Phase 3 clinical trial involves collaboration between drug companies to jointly develop and potentially market a drug, pooling resources, expertise, and risks.

OR…

CREATE GREATER SHAREHOLDER VALUE BY MOVING TO PHASE 3 ALONE AND DOING A DEAL ON INTERIM DATA

NEURO DEALS ON THE RISE



INVESTMENT HIGHLIGHTS

1# SOLVING LARGE UNMET NEEDS

Nervous system disorders are the biggest cause of poor health globally[1]. **Currently there are no marketed safe, early intervention therapeutics capable of protecting the brain** from damage following stroke[2]. Argenica is one of the furthest progressed clinical drug development companies globally focused on this indication.

2# SIGNIFICANT PRE-CLINICAL DATA

ARG-007 (R18D) has amassed a huge amount of preclinical data scientifically validating the efficacy, safety and mechanism of action of the drug. There are over 25 peer reviewed publication, as well as the Phase 1 clinical trial data, derisking ARG-007.

3# NEAR-TERM CATALYSTS

Phase 2 acute ischaemic stroke trial results imminent. Further regulatory and preclinical milestones in the next 12 months.

4# PARTNERING OPPORTUNITIES

Given the focus on neurology assets and blockbuster indications by pharmaceutical companies, Argenica is well positioned to partner post Phase 2.

1 - Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. The Lancet Neurology, published online March 2024. https://doi.org/10.1016/S1474-4422(24)00038-3
2 - Stroke Foundation; accessed 3 May 2021, <https://strokefoundation.org.au/en/About-Stroke/Learn/Treatment-for-stroke/Early-treatment-after-a-stroke>

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