argenica
THERAPEUTICS

INVESTOR PRESENTATION
ASX: AGN

MANAGING DIRECTOR PRESENTATION
BIOSHARES JULY 2024

ARGENICA THERAPEUTICS

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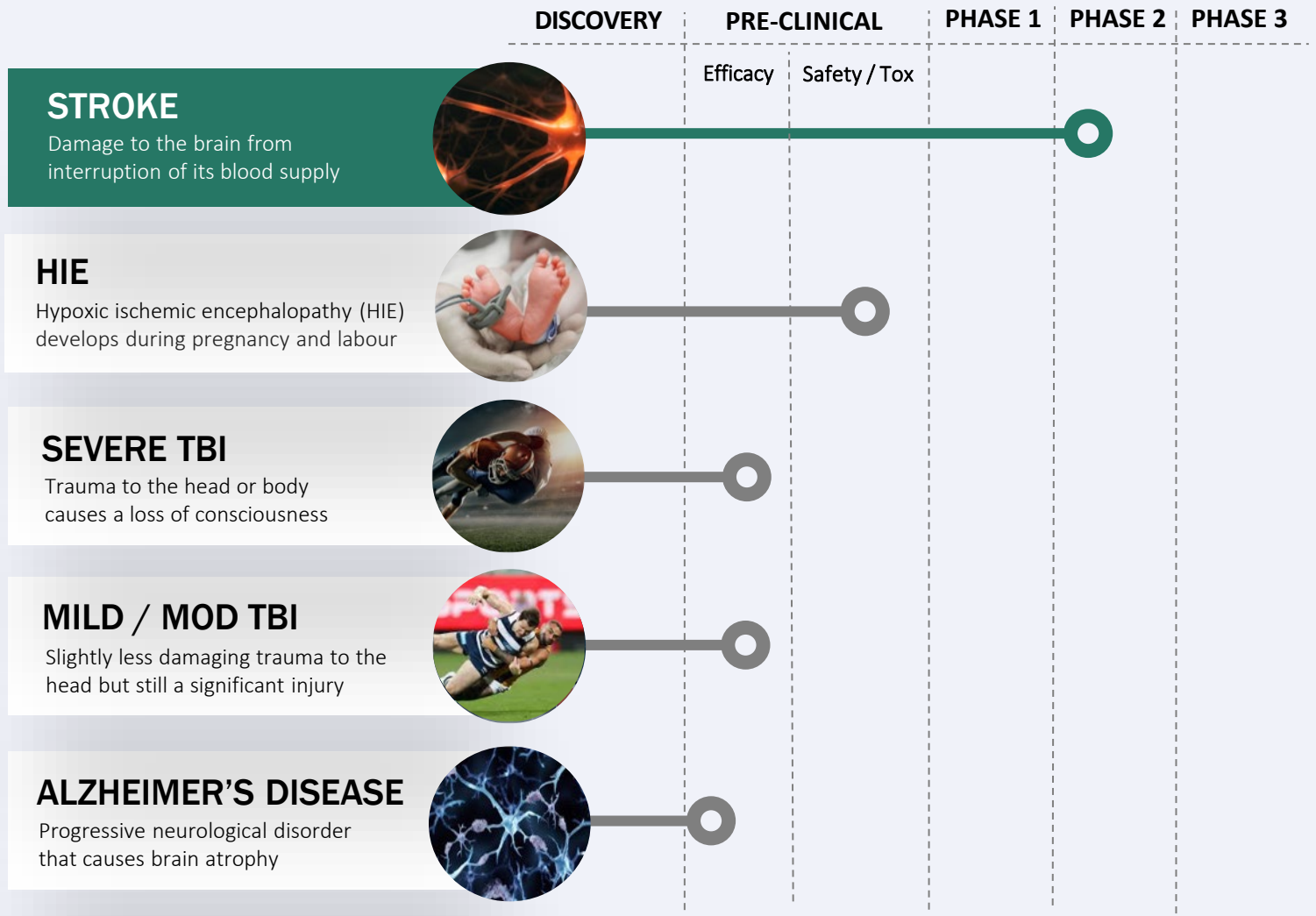
NEUROPROTECTION
THE THERAPEUTIC OPPORTUNITY

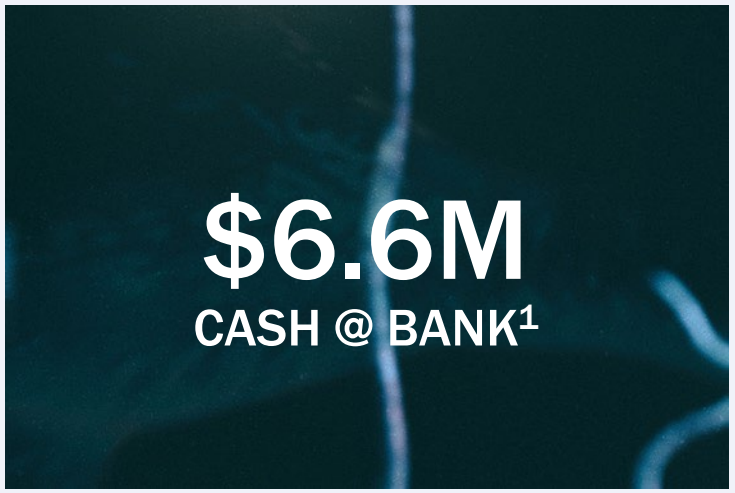
OUR LEAD DRUG CANDIDATE

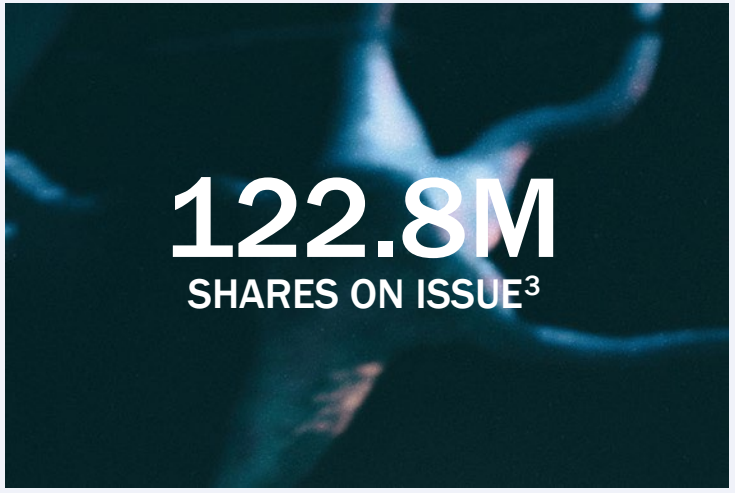
ABOUT ARG-007

- 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



KEY COMPANY METRICS





ARGENICA THERAPEUTICS

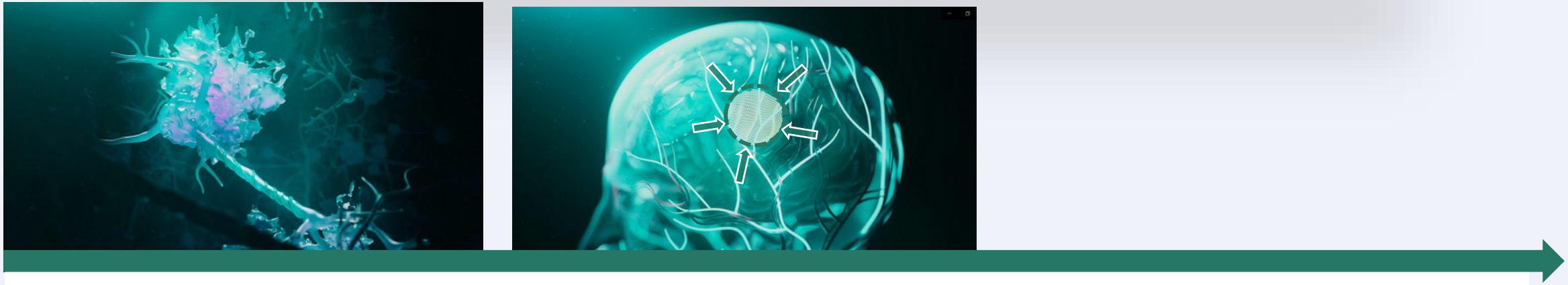
1. Cash balance as @ 31 March 2023
2. Various ASX Announcements dated 20 January 2023, 22 March 2023, 30 March 2023, 12 September 2023
3. Includes shares to be issued from 12th April 2024 Placement
4. Calculated with closing price on @ 12th July 2024 being $0.90

ENHANCING STROKE RECOVERY WITH ARG-007

ISCHEMIC STROKE EXAMPLE

HOW ARG-007 WORKS IN STROKE

INITIAL INFARCTION SETS OFF A CASCADE OF CELL DEATH THAT**WILL CONTINUE SPREADING FROM LOCATION**



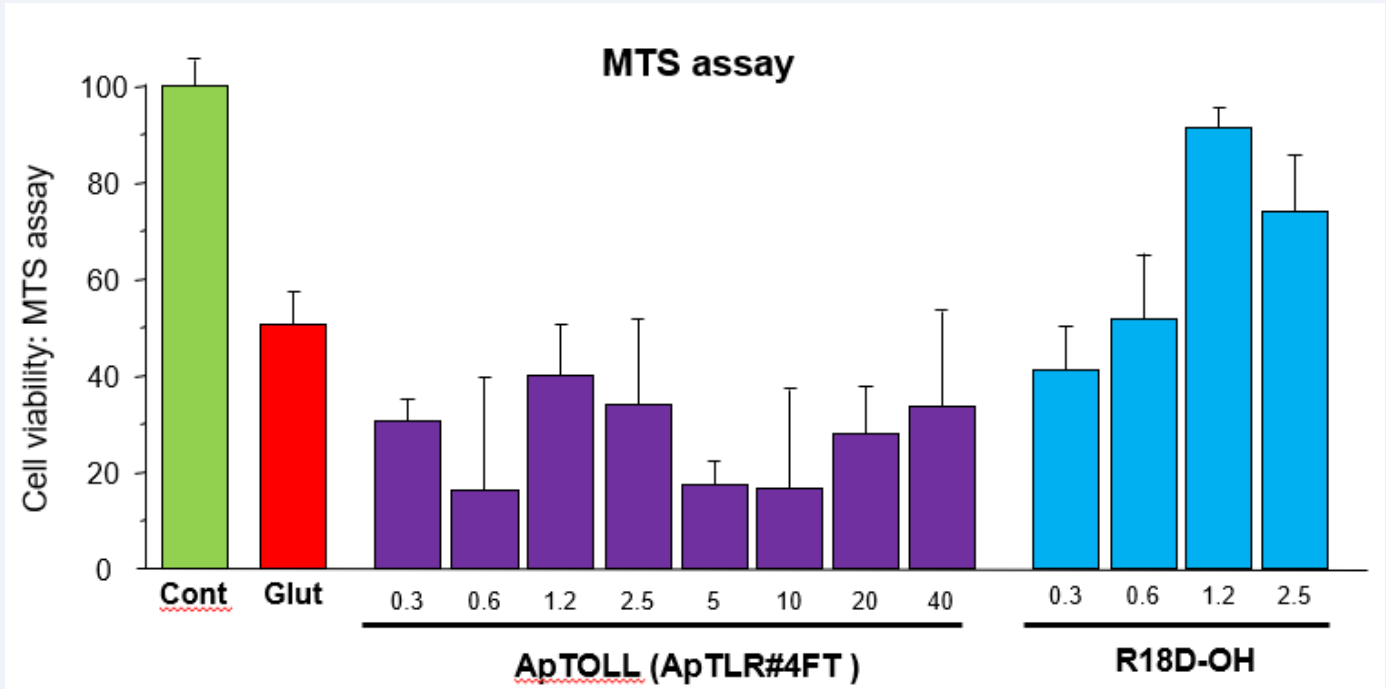
ARG-007 STOPS THE CASCADE OF CELL DEATH & PROVIDES A PROTECTION BARRIER AROUND ITHE INITIAL INFARCTION

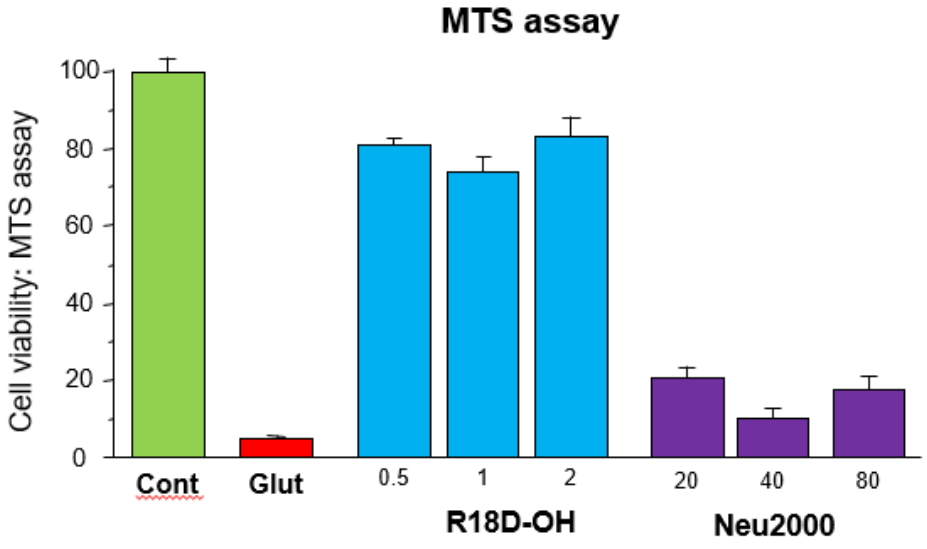
ARG-007 is under development and subject to clinical validation.

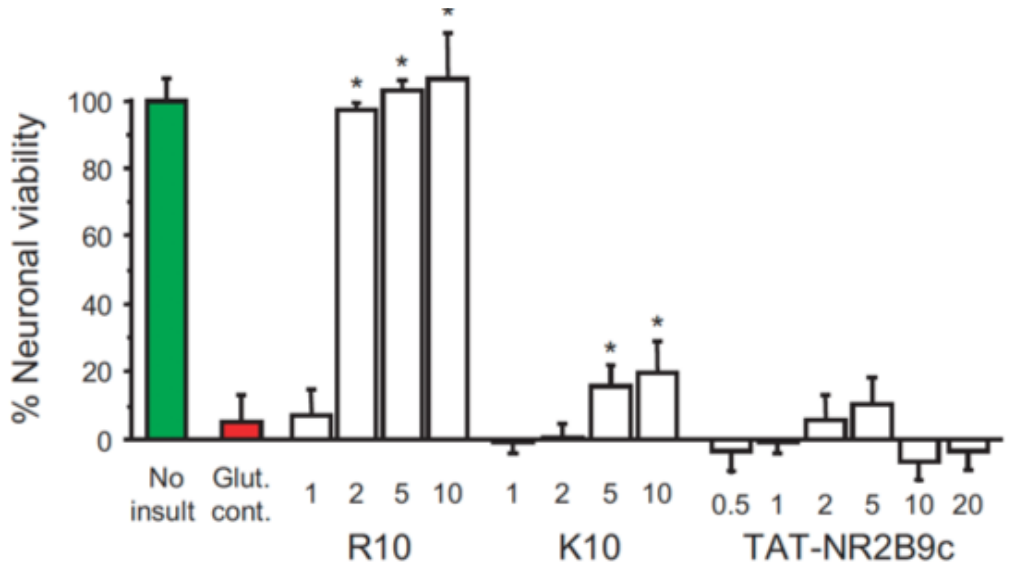
COMPETITORS – ASSESSMENT IN EXCITOTOXICITY MODEL

Neurons are bathed in glutamate to reflect excitotoxicity seen in stroke. The MTS assay measures cell viability follow glutamate exposure and drug treatment. Note R18-OH is ARG-007 and R10 is the smaller polyarginine, but similar to ARG-007.

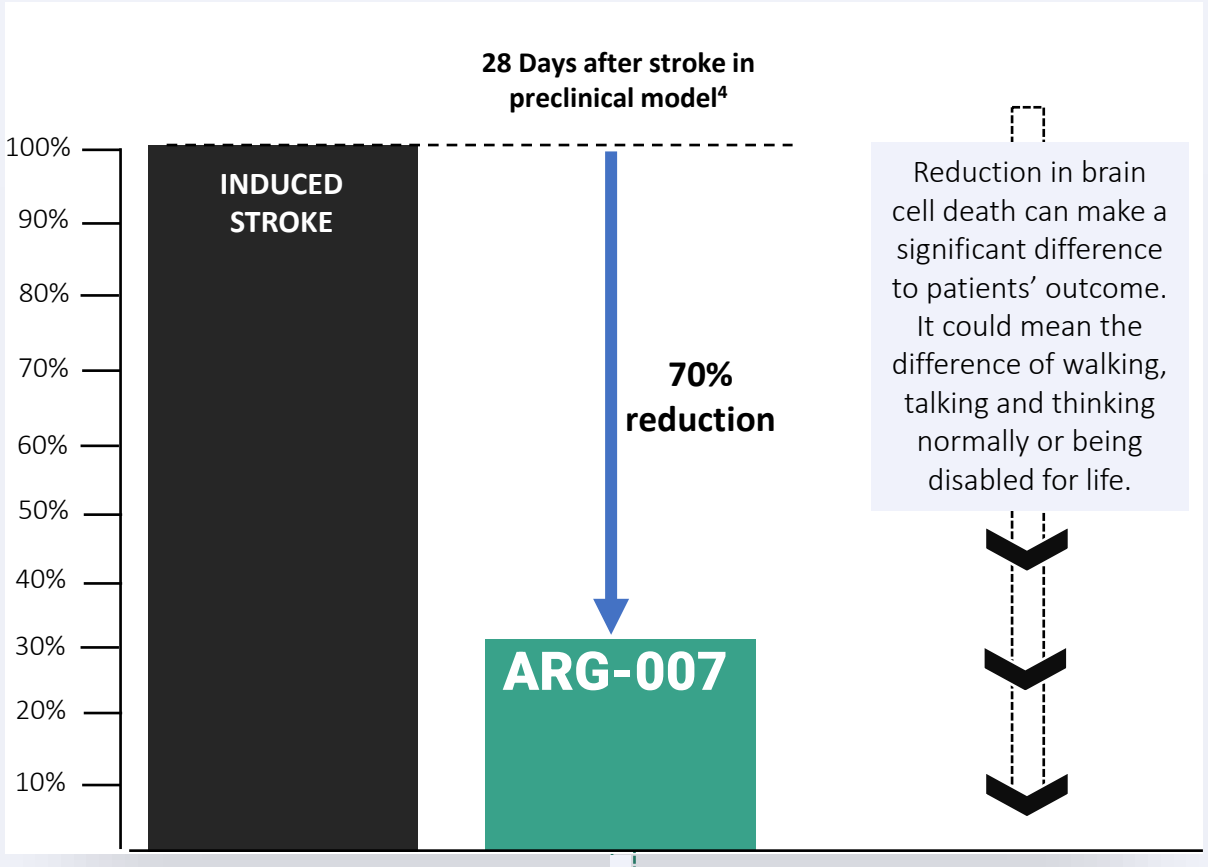
The polyarginine peptide (incl. ARG-007) is more effective at protecting brain cells following glutamate exposure compared to competitor drugs.





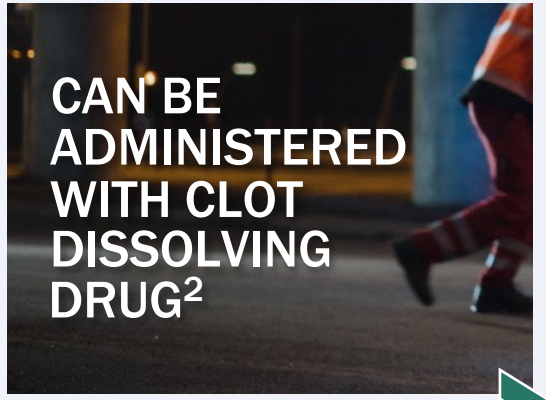


ENCOURAGING STROKE RESULTS TO DATE



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

“SEANCON” PHASE 2 CLINICAL TRIAL IN STROKE

OVERVIEW

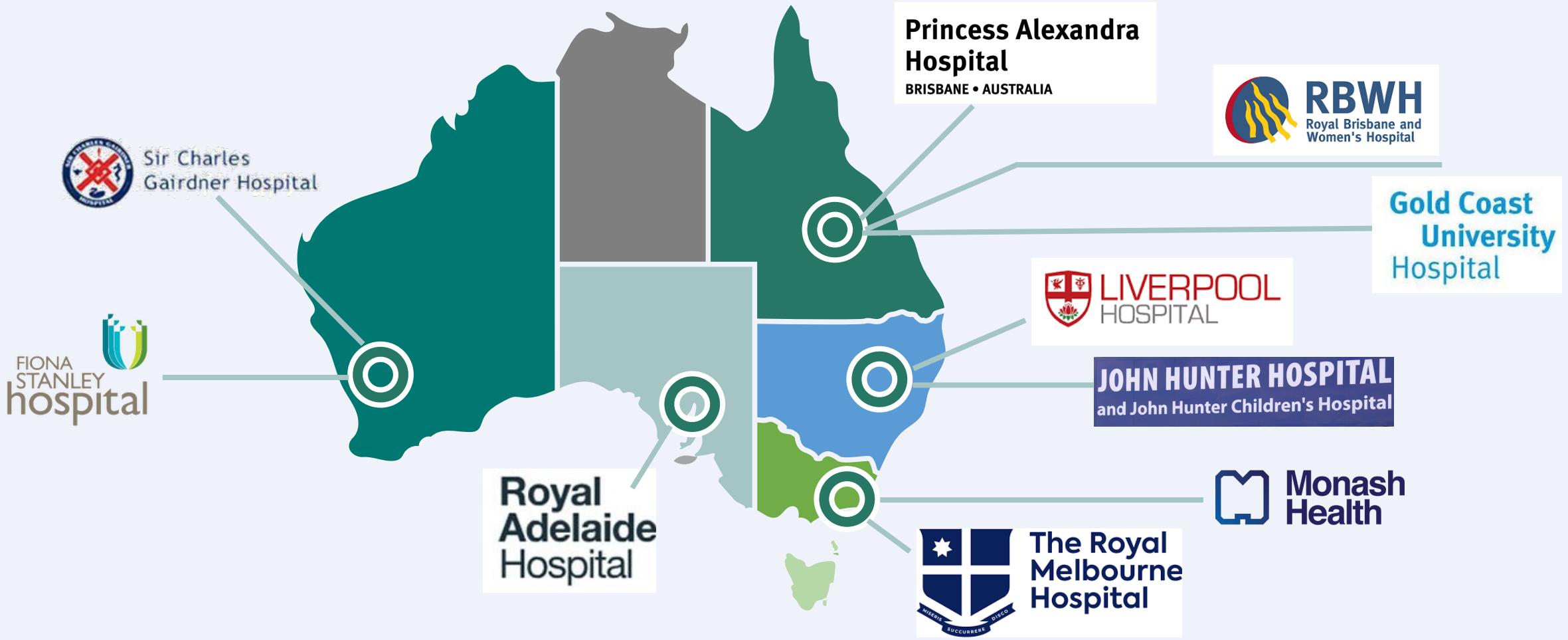
- 10 Australian hospitals recruiting 92 patients – based on preclinical & clinical studies
- Double-blinded, randomised, placebo-controlled study with 0.3mg/kg dose of ARG-007
- ARG-007 will be given to patients that have suffered a diagnosed **acute ischemic stroke eligible for thrombectomy**
- Objectives;
  1. Safety
  2. Tolerability
  3. Pharmacokinetics
  4. Preliminary Efficacy

- Highest dose from Phase 1 trial taken into Phase 2
- Study size selected based on preclinical NHP[1] data and similar Phase 3 trial
- 7 Australian hospitals have now been activated
- Data Safety Monitoring Board confirmed trial safe to continue after first 5 patients
- Patient recruitment continues across activated sites, with broad range of patients recruited

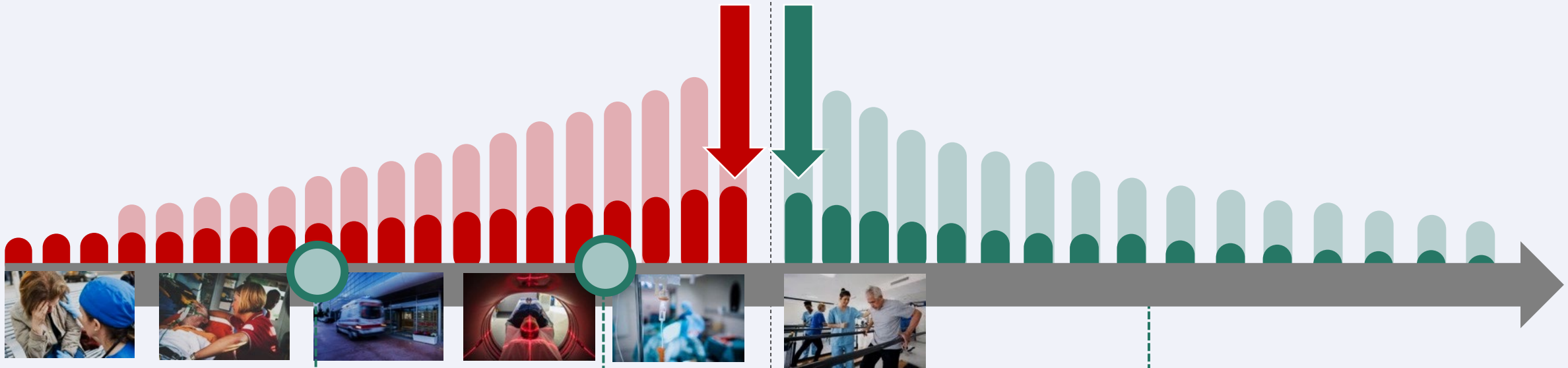
1. NHP – Non-Human Primate

PHASE 2 ENROLMENT

92 participants to be enrolled across 10 stroke centres in Australia:



PHASE 2 TRIAL DESIGN IN ACUTE ISCHAEMIC STROKE



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

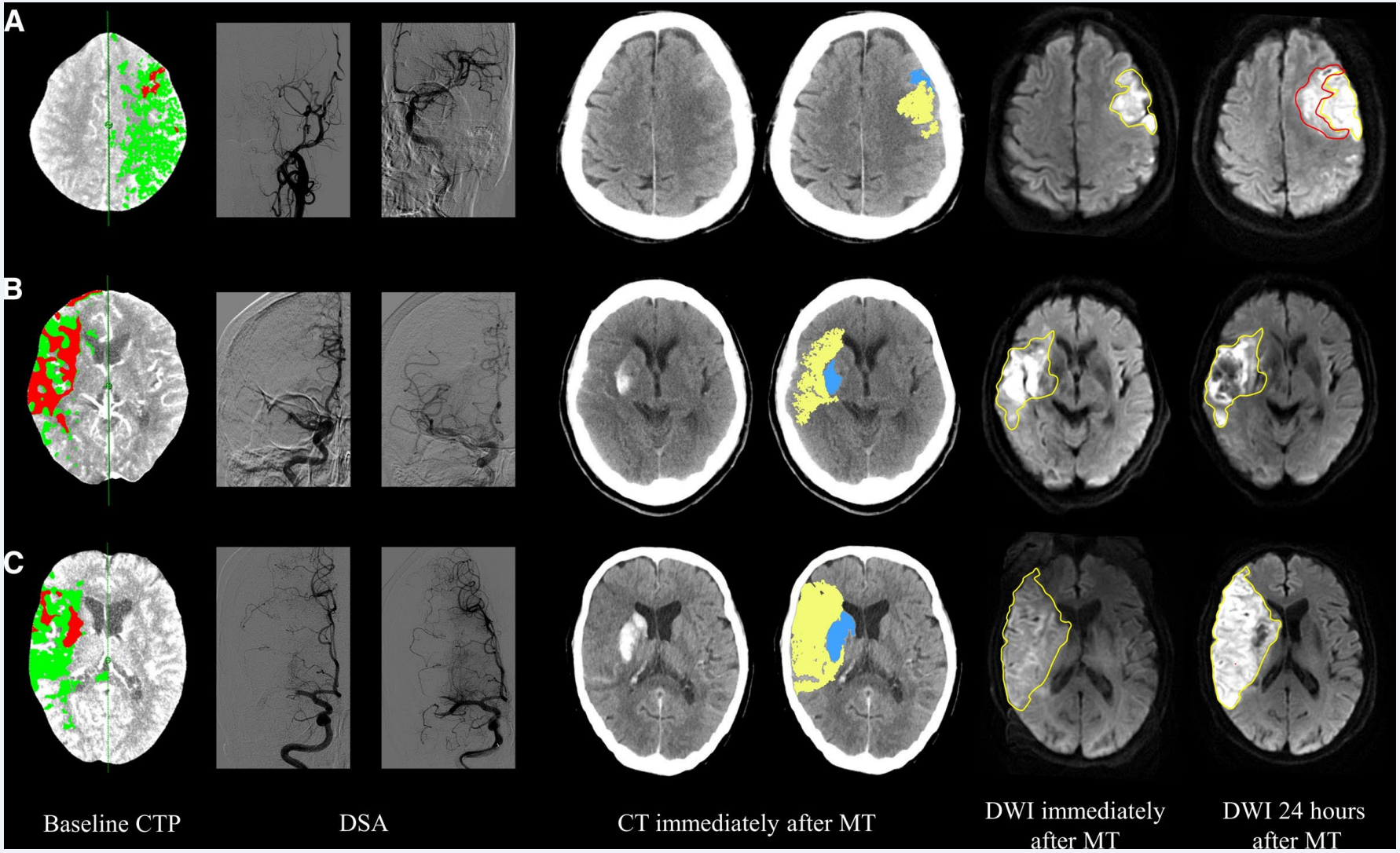
- Administration of 0.3mg/kg ARG-007 or saline placebo
- All patients receive thrombectomy

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)

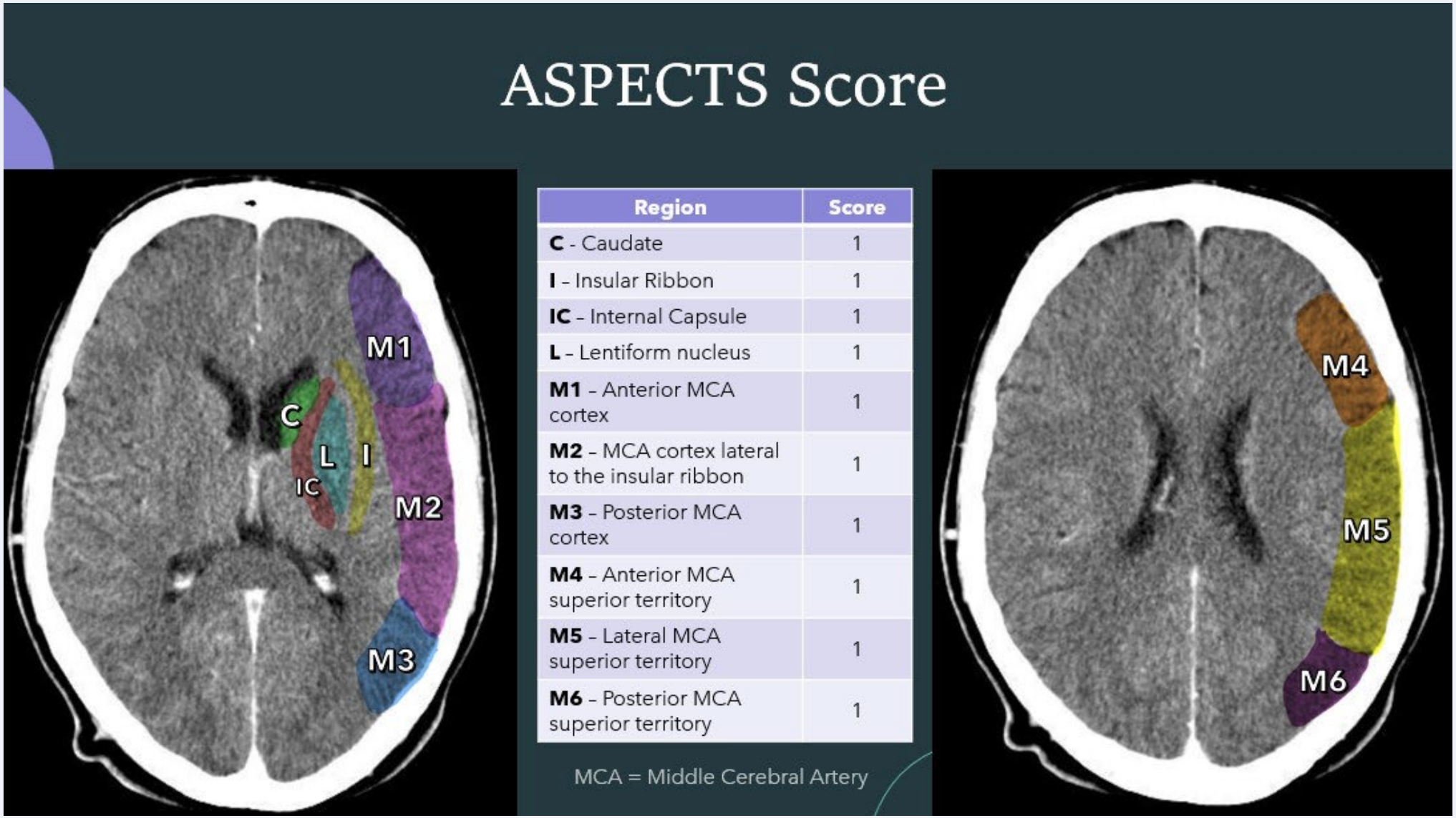
Potential benefits only. ARG-007 is under development and subject to clinical validation.

PROTECTING STILL SALVAGABLE BRAIN TISSUE (PNUMBRA)



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

KEY EXCLUSION CRITERIA – ASPECTS 0 - 5



Sourced from - https://epos.myesr.org/posterimage/esr/ecr2023/163394/mediagallery/948704?deliveroriginal=1

NEAR-TERM CATALYSTS

- **Quarterly**
  Phase 2 Trial Updates
- **Q4 CY24**
  Investigational New Drug Application to be submitted to the FDA
- **Q1-Q3 CY25**
  Prepare Fast Track Regulatory Submissions
- **Q3 CY24 – Q4 CY25**
  Preclinical data for HIE, TBI and AD

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# CLEAR NEAR-TERM CATALYSTS

A number of clinical and preclinical data points will be generated over the next 12 months, providing significant upside to investors.

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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