ASX ANNOUNCEMENT

Actinogen senior management presentation to key stakeholders at the Alzheimer's Association International Conference and internationally

Sydney, 8 July 2026. Actinogen Medical ASX: ACW ("ACW" or "the Company") will conduct a series of key stakeholder meetings over the coming weeks with potential global and regional commercialization partners in Alzheimer's disease, key opinion leaders and international biotech experts. Many of these meetings will be conducted at the Alzheimer's Association International Conference (AAIC) in London, UK, from July 12-15, 2026.

The presentation focuses on the Company's strong scientific rationale and prior clinical data supporting the XanaMIA pivotal trial of Xanamem® (emestedastat) in patients with mild to moderate Alzheimer's disease. Topline final results from the trial are expected in November 2026.

A copy of the presentation is attached to this announcement.

View this announcement on our InvestorHub: https://investors.actinogen.com.au/link/eY0kLy

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Announcement authorised by the Disclosure Committee 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. It has also conducted a phase 2 trial in patients with cognitive impairment and depression and may 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.

Clinical Trials

The XanaMIA Phase 2b/3 Alzheimer's disease trial is a double-blind, 36-week treatment, placebo-controlled, parallel group design trial in 247 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 its ability to slow progression of Alzheimer's disease is assessed with a variety of endpoints. The primary endpoint of the trial is the internationally-recognized CDR-SB (Clinical Dementia Rating scale – Sum of Boxes). The trial is being conducted in Australia and the US and is now closed to participant recruitment. It has passed an independent Data Monitoring Committee safety and efficacy futility review and final topline results are expected in November 2026.

The XanaMIA-OLE Alzheimer's disease open-label extension is an open-label phase of up to 25 months treatment where all participants will receive active Xanamem 10 mg once daily. The trial evaluates safety and a limited number of efficacy endpoints such as the CDR-SB. The trial commenced in March 2026 and is open to all former and current participants in the XanaMIA Phase 2b/3 trial.

The XanaCIDD Phase 2a depression trial was a double-blind, six-week proof-of-concept, placebo-controlled, parallel group design trial in 167 patients with moderate, treatment-resistant depression and a degree of baseline cognitive impairment. Participants were evenly randomized to receive Xanamem 10 mg once daily or placebo, in most cases in addition to their existing antidepressant therapy, and effects on cognition and depression were assessed. Trial results were reported in August 2024 and showed clinically and statistically significant benefits on depression symptoms with positive effects on the MADRS scale (a validated scale of depression symptom measurement) and the PGI-S (a valid patient reported assessment of depression severity). Cognition improved markedly and to a similar extent in both Xanamem and placebo groups.

About Xanamem (emestedastat)

Xanamem's novel mechanism is to control elevated levels of cortisol (aka the "stress hormone") in the brain through the inhibition of the cortisol synthesis enzyme, 11β-HSD1, without affecting production of cortisol by the adrenal glands which is essential for the body's normal functioning. Xanamem is a first-in-class, once-a-day pill designed to deliver high levels of cortisol control in key areas of the brain related to Alzheimer's and other diseases such as the hippocampus and frontal cortex. To view Xanamem's two-minute Mechanism of Action animation, click here.

Chronically elevated cortisol is associated with progression in Alzheimer's Disease and excess cortisol is known to be toxic to brain cells. Cortisol itself is also associated with depressive symptoms and when targeted via other mechanisms has shown some promise in prior clinical trials. The recent XanaCIDD trial demonstrated clinically and sometimes statistically significant benefits on depressive symptoms, further validating the cortisol control mechanism for the Xanamem 10 mg oral daily dose.

The Company has studied 11β-HSD1 inhibition by Xanamem in more than 500 volunteers and patients in eight clinical trials. Xanamem has a promising safety profile and has demonstrated clinical activity in patients with depression, patients with biomarker-positive Alzheimer's disease and cognitively normal volunteers. 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.

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.

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

Actinogen

Advancing oral Xanamem® in Alzheimer's Disease

Fully enrolled phase 2b/3 pivotal trial | Topline data November 2026

Potentially game-changing product profile

Corporate Presentation

July 2026

Disclaimer

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Corporate and Xanamem highlights

Potentially game-changing oral therapy for CNS diseases in late-stage trials

Validated mechanism with differentiated oral profile

- Xanamem is a novel oral therapy targeting elevated brain cortisol, a well-established risk factor for Alzheimer's disease and depression
- Oral administration and favorable safety profile support broad use

NEXT MAJOR VALUE INFLECTION
Pivotal trial topline results
November 2026

Biomarker-enriched pivotal trial with independent validation

- XanaMIA phase 2b/3 pivotal trial (n=247) fully enrolled; open-label extension commenced; topline results November 2026
- January 2026 independent Data Monitoring Committee recommended the trial continue unchanged following unblinded interim review of safety and efficacy futility

Regulatory clarity in the US and EU

- Current pivotal trial expected to form part of registrational package for Alzheimer's disease
- FDA and EMA guidance support a streamlined marketing approval path requiring only one additional pivotal trial following positive XanaMIA results

Strong capital position

- Company funded into 2027
- Resources focused on execution of the XanaMIA trial and preparation for 2027

Experienced leadership

Proven experience in clinical development, manufacturing, regulatory & commercialization

Board of Directors

Dr. Geoff Brooke
Chairman
MBBS; MBA

Dr. Steven Gourlay
CEO & Managing Director
MBBS; FRACP; PhD; MBA

Mr. Malcolm McComas
Non-Executive Director
BEc, LLB; FAICD; SF Fin

Dr. George Morstyn
Non-Executive Director
MBBS; PhD; FRACP CD

Dr. Nicki Vasquez
Non-Executive Director
PhD

Management Team

Dr. Dana Hilt
Chief Medical Officer
MD

Will Souter
Chief Financial Officer
BComm, LLB

Andrew Udell
Chief Commercial Officer
MBA

Cheryl Townsend
VP Clinical Operations
RN, M Health Law

Fujun Li
Head of Manufacturing
PhD

Michael Roberts
Head of Comms
B.Ec (Hons), CPA, FFIN

Recent milestones

Clear regulatory pathway to approval in US and EU

Regulatory guidance from FDA & EMA supports streamlined late-stage development

Current trial

- XanaMIA pivotal trial (n=247) expected to form key part of registrational package
- Open-label phase has commenced with high uptake from main trial participants

Regulatory engagement

- FDA guidance September 2025, EMA May 2026
- Both aligned on clinical, manufacturing and ancillary studies

Remaining clinical requirements

- One additional single-dose phase 3 trial (10 mg vs placebo) required[1]
- Open-label safety trials
- Limited number of clinical pharmacology and nonclinical studies

1. FDA and EMA may accept a single pivotal trial plus adequate supportive evidence for approvals under certain circumstances

Positive interim safety, efficacy futility reviews

Independent Data Monitoring Committee chaired by expert Dr Hans Moebius

Recommendation:

- Jan 2026 “non-futile” recommendation to continue the XanaMIA trial without modification
- Jun 2026 positive safety review without futility assessment

Formal interim review process in January:

- The Committee was not authorized to recommend early stopping for efficacy in order to preserve the trial’s statistical integrity and alpha
- The Committee confidentially reviewed treatment group data on:
  - ✓ Safety data from all enrolled participants (n=247)
  - ✓ Approximately 37% of the expected final dataset across scheduled timepoints including 52 participants with Week 36 (end of treatment) data

Independent DMC reviews deliver positive continuation decisions, clearing safety and futility criteria ahead of November 2026 topline results

Open-label extension commenced March 2026

Long-term safety and efficacy durability extension to Phase 2b/3

Design

- All participants offered active Xanamem 10mg after completion of double-blind phase
- Initiated March 2026 with high initial enrolment (>80% continuation from main trial)

Data contribution

- ≥14 months additional safety exposure
- Longitudinal assessment of CDR-SB, cognition, and activities of daily living
- Observational comparison of early vs delayed treatment initiation
- Potential to show durability of benefit

Strategic impact

- Expands cumulative safety database
- Supports regulatory engagement
- Informs durability of clinical effect

Positioned to meet a huge unmet medical need in Alzheimer's disease

Strong physician interest and demand for Xanamem

Global Alzheimer's therapeutic market expected to exceed $20B by 2030

Quantitative survey of 91 U.S. neurologists treating Alzheimer's disease (June 2025)

Respondents each manage ~250 AD patients on average

Rapid adoption expected

~80% expect to prescribe within 6 months

- 13% within first month
- 41% within three months

Early uptake anticipated among high-volume AD prescribers

Significant market share potential

~50% projected peak share

- 43% estimate 31–50% peak share
- 14% estimate >50% peak share

Broad eligibility supports substantial utilization

Expected role in management

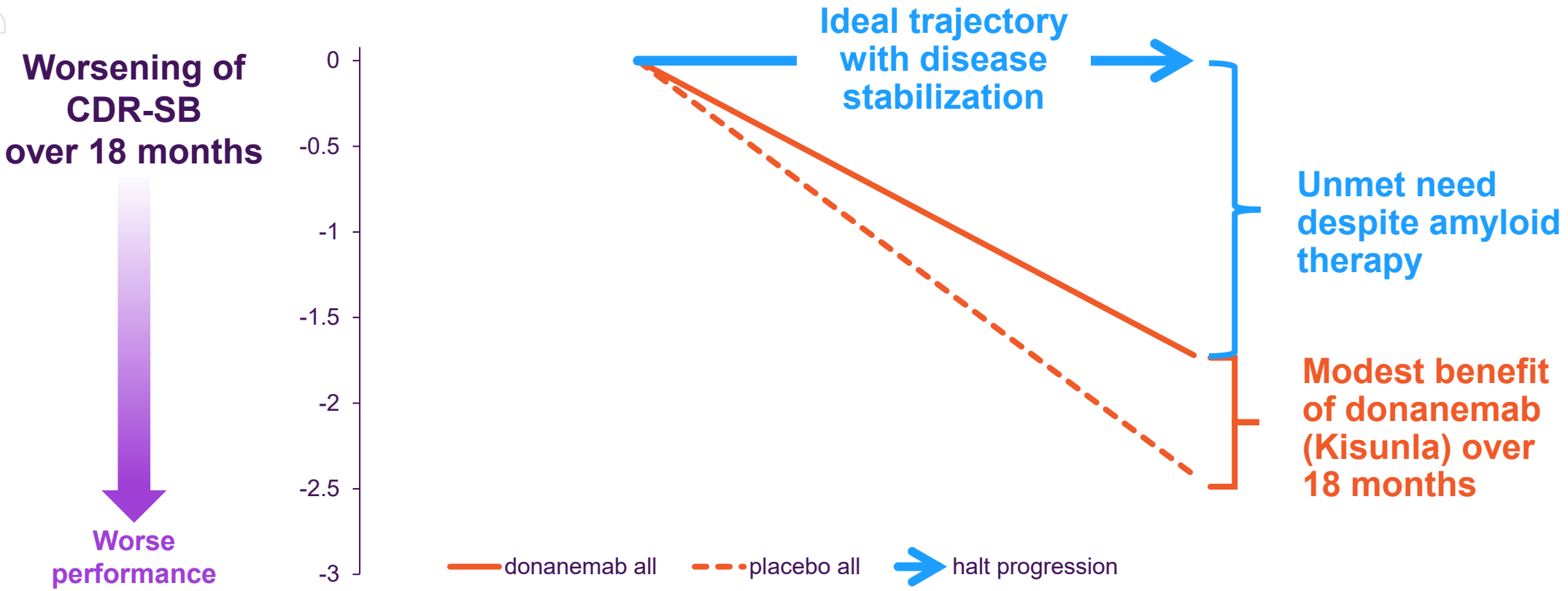
92% anticipate leading / definite role

- 30% expect top-two agent
- 0% indicate no role

Oral profile and safety drive enthusiasm

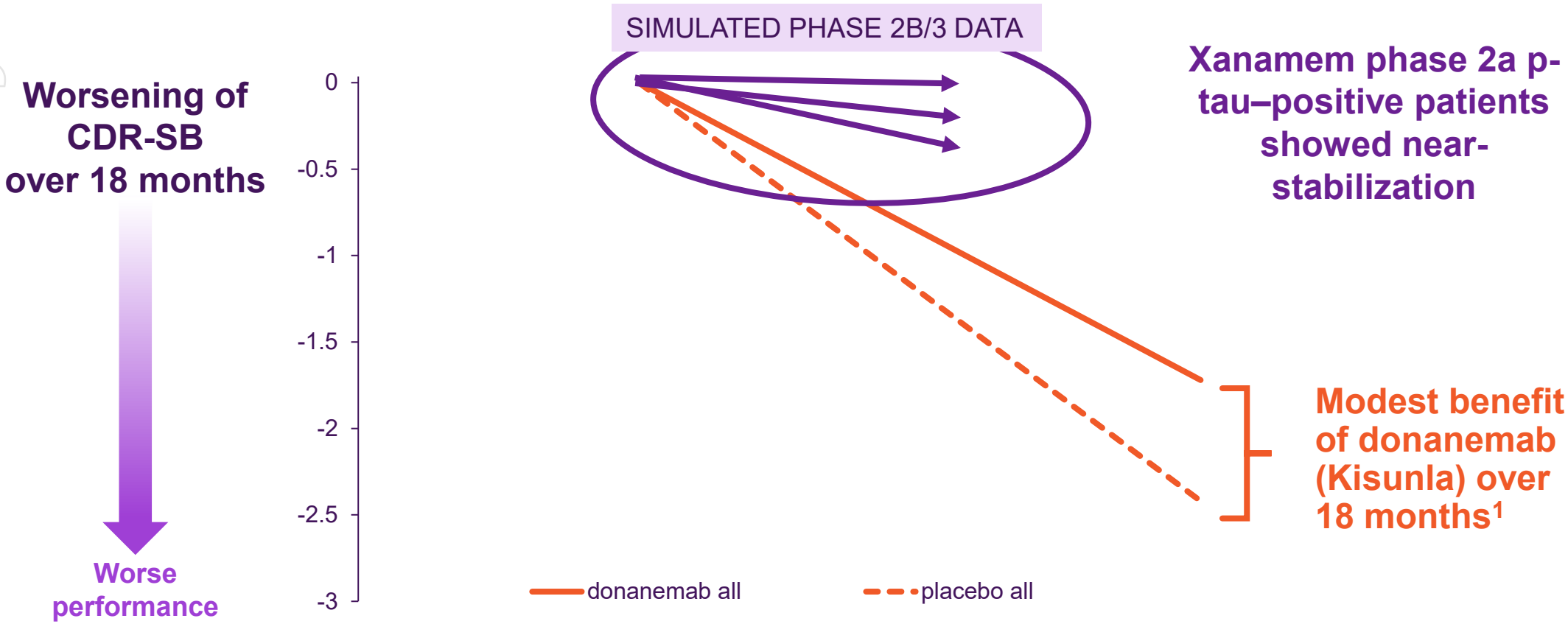
Anti-amyloid therapies only modestly slow decline

Disease stabilization represents an important therapeutic aspiration



Additional therapeutic mechanisms remain an important area of investigation

Potential for greater magnitude of effect on CDR-SB



Xanamem may stabilize or slow CDR-SB progression more than other therapies

1. Sims et al. JAMA 2023 336(6):512-527

Summary: commercial and partnering implications

Structural Limitations of Anti-Amyloid

Infusion burden, ARIA risk, and cost limit broad adoption

Differentiated Oral Profile

Xanamem is positioned with a favorable risk-benefit and ease-of-use profile

Potential for Meaningful Stabilization

Targeting elevated brain cortisol may enable functional impact beyond modest slowing

XanaMIA as a Value Catalyst

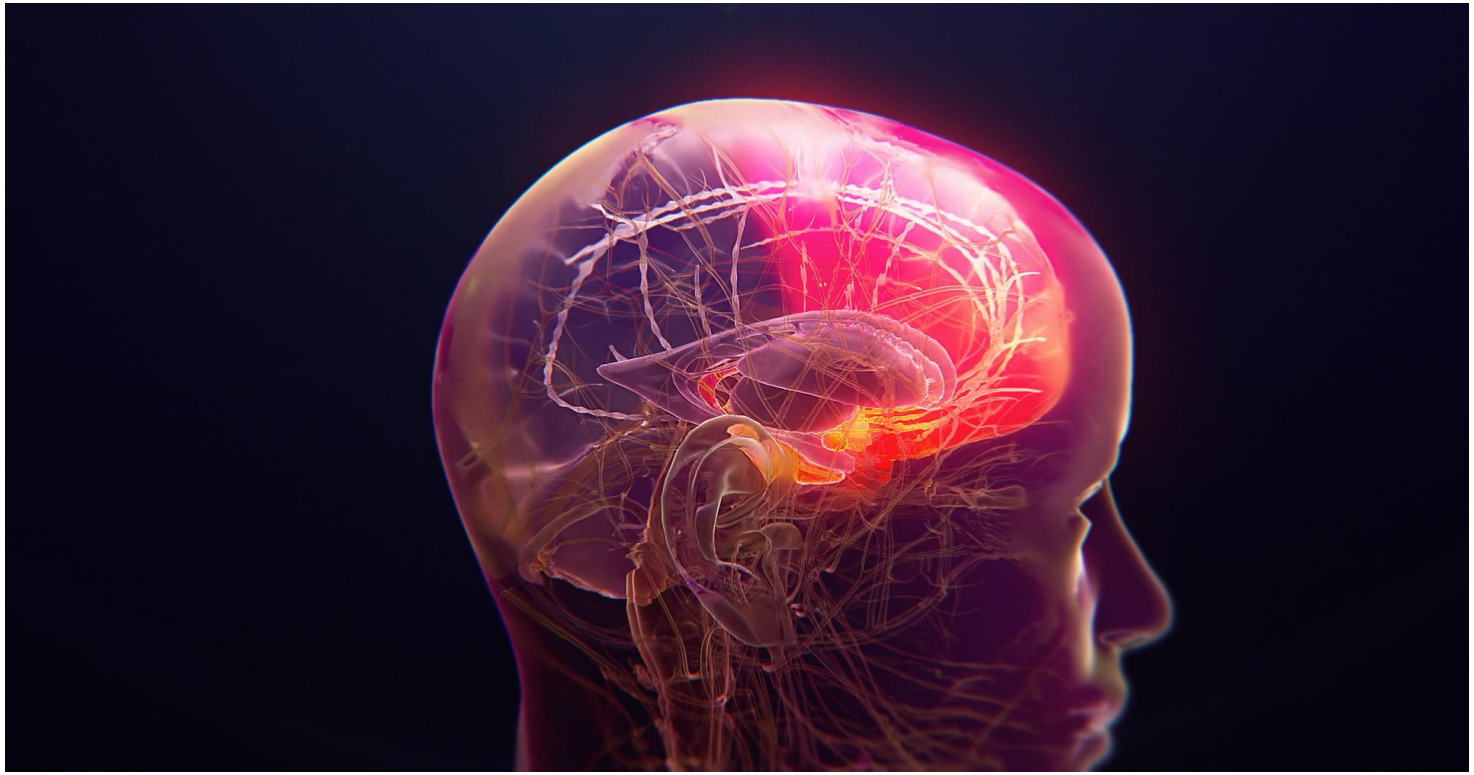
Phase 2b/3 readout is positioned to accelerate commercial and strategic partnering activity

Positioned for clinical success

Targeting elevated brain cortisol in Alzheimer's disease

Xanamem selectively inhibits brain 11β-HSD1 while preserving adrenal cortisol function

Elevated brain cortisol is associated with cognitive decline and neurodegeneration

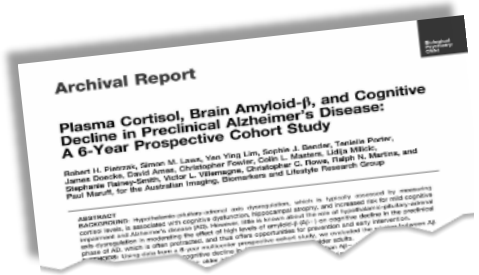


Watch MOA animation

Elevated brain cortisol and Alzheimer's progression

Human observational and biomarker data support cortisol as a disease driver

- Higher plasma cortisol associated with increased AD risk (AIBL study)
- Cortisol accelerates cognitive decline and interacts with Aβ pathology
- APOE-ε4 carriers exhibit higher CSF cortisol levels
- Elevated CSF cortisol correlates with more rapid clinical worsening

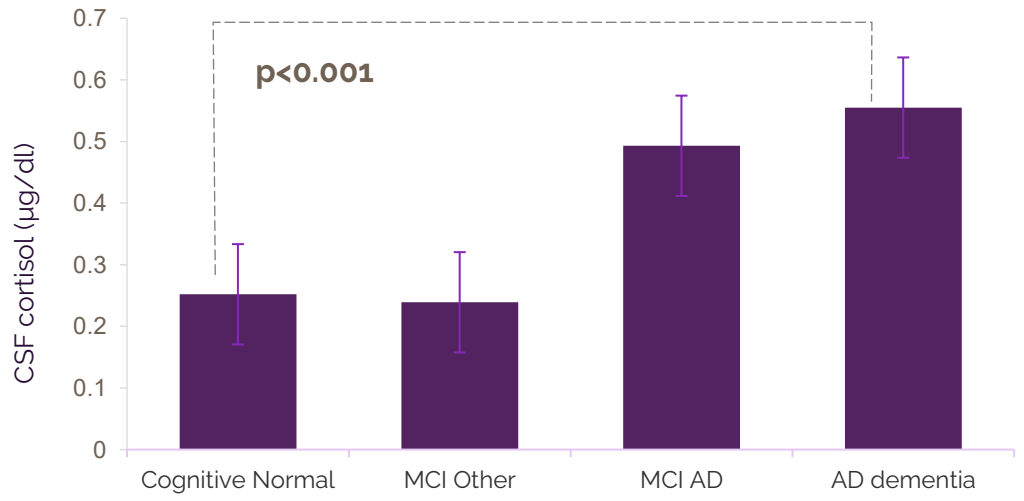

Archival Report

Plasma Cortisol, Brain Amyloid-β, and Cognitive Decline in Preclinical Alzheimer's Disease: A 6-Year Prospective Cohort Study

aibl

The Australian Imaging, Biomarkers and Lifestyle Flagship Study of Ageing

MEAN CSF CORTISOL LEVELS

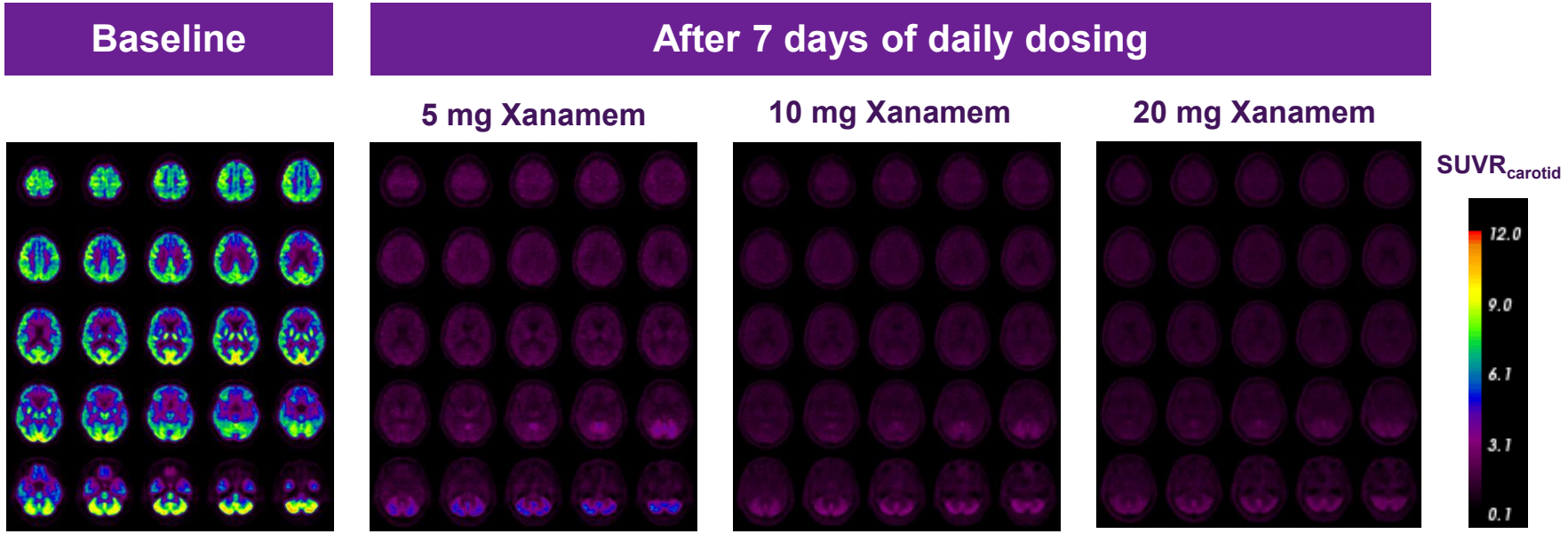


Popp et al, 2015

[1] Pietrzak et al., 2017, Biol Psychiatry: Cognitive Neuroscience and Neuroimagery, [2] Lupien et al., 1998, Nat Neurosci 1:69–73; [3] Geerlings et al., 2015, Neurology 85: 1-8; [4] Lehallier et al., 2016, JAMA Neurology 73(2), 203-212; [5] Popp et al., 2015, Neurobiol. Aging 36:601–607; [6] Ennis et al., 2017, Neurology 88(4):371-378; 2:45-52; [6] Lupien et al., 2009, Nat Rev Neurosci 10:434–445; [7] Hinterberger et al., J Am Ger Soc 2013 61(4):648-651; [8] Cernansky et al., 2006, Am J Psychiatry 163:2164-2169; [9] Kornhuber & Jensen, 2015, Neurobiol Aging 36:601-607;

Xanamem achieves high brain target occupancy

Human PET imaging confirms brain 11β-HSD1 engagement



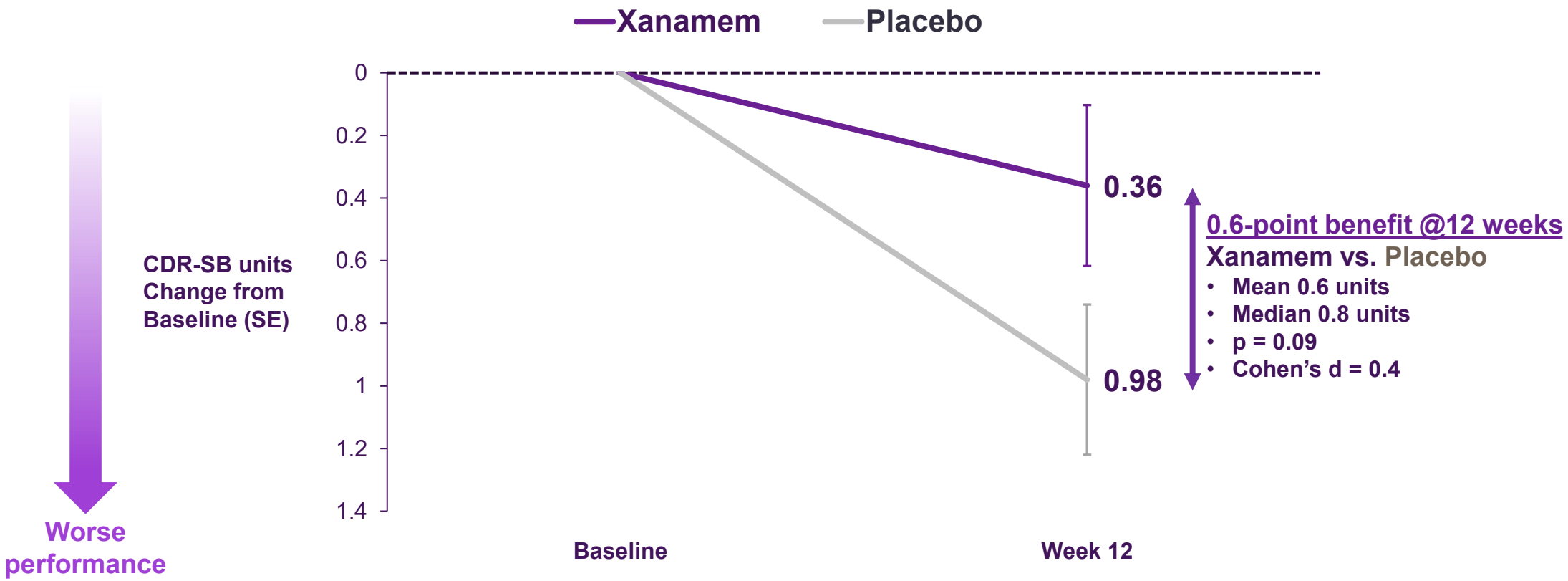
Reduction in tracer signal (loss of color) indicates high 11β-HSD1 occupancy -

Strong occupancy observed across evaluated clinical doses

Journal of Alzheimer's Disease 97 (2024) 1463–1475
Brain 11-Hydroxysteroid Dehydrogenase Type 1 Occupancy by Xanamem™ Assessed by PET in Alzheimer's Disease and Cognitively Normal Individuals
Victor L. Villemagne, Vincent Dor, Lee Chong, Michael Kassiou, Rachel Mulligan, Azadeh Feizpour, Jack Taylor, Miriam Roesner, Tamara Miller and Christopher C. Rowe

CDR-SB slowed in pTau-positive Alzheimer's

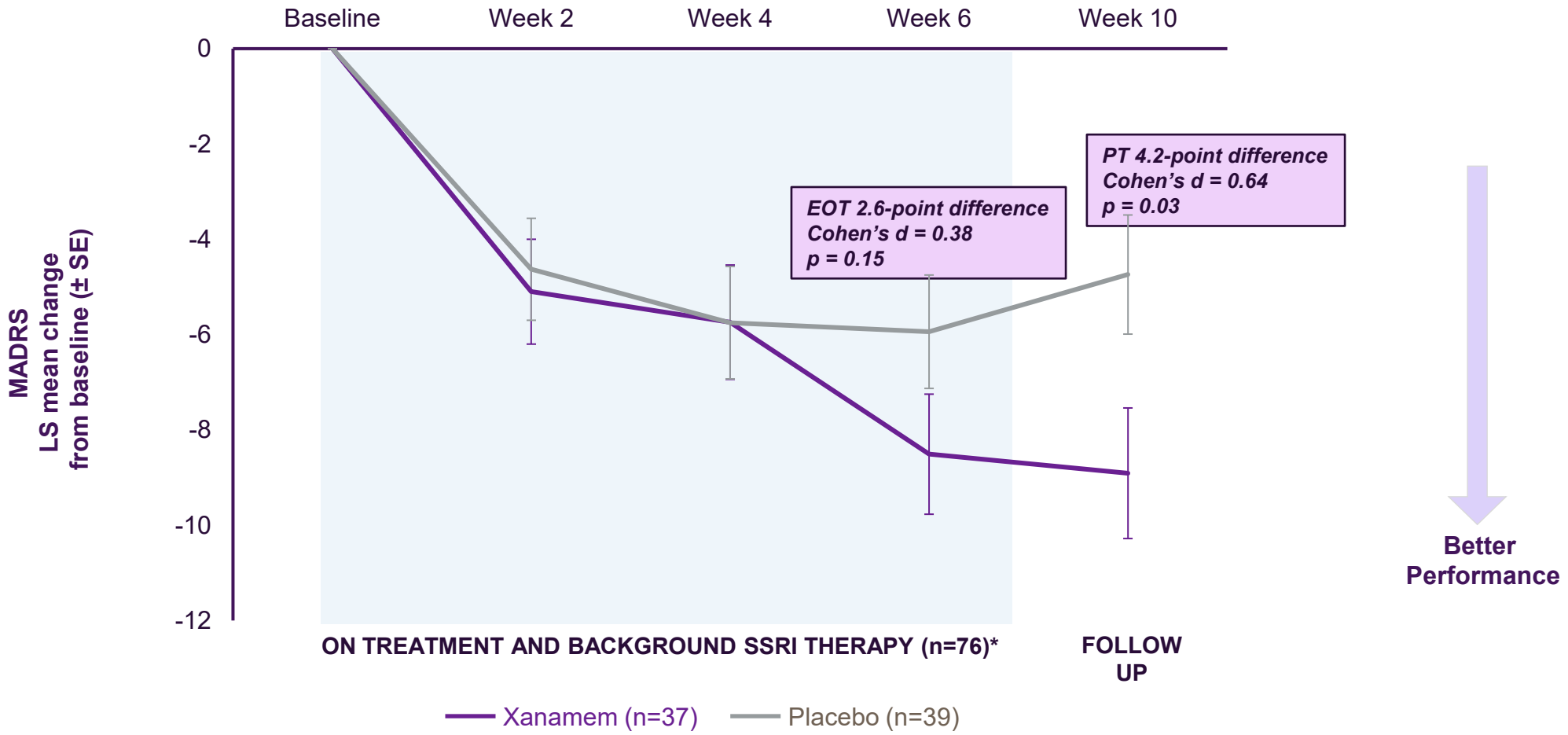
Phase 2a trial showed slowing of decline over 12 weeks (n=34)



Journal of Alzheimer's Disease 100 (2024) 139–150
Plasma pTau181 Predicts Clinical Progression in a Phase 2 Randomized Controlled Trial of the 11-HSD1 Inhibitor Xanamem® for Mild Alzheimer's Disease
Jack Taylor, Mark Jaros, Christopher Chen, John Harrison and Dana Hilt

Durable activity in phase 2 depression trial

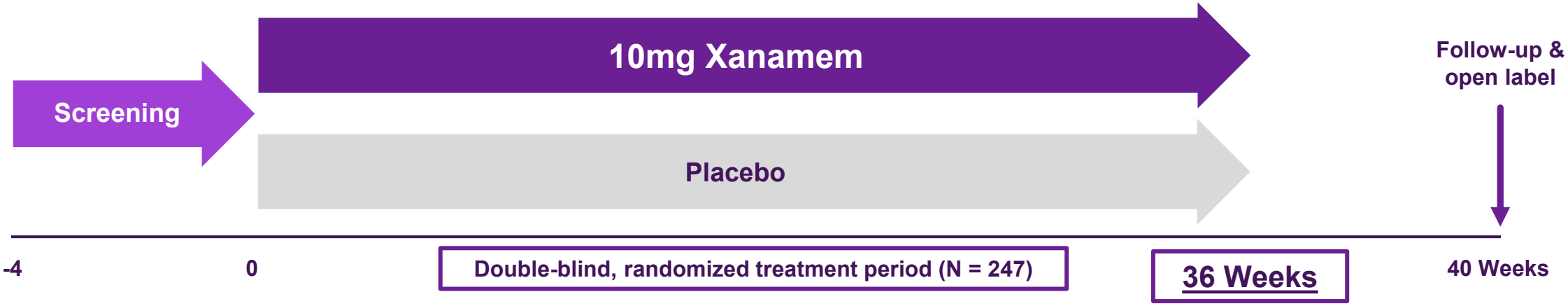
10 mg demonstrated separation from placebo overall and on background SSRI therapy



Abbreviations: SSRI, selective serotonin reuptake inhibitor.
*Planned phase 3 population

Rigorous pivotal trial positioned for success

Fully enrolled (n=247) across U.S. and Australia; topline results November 2026



Population	Primary Endpoint	Key Secondary Endpoints	Execution
• Blood pTau biomarker positive • Mild-moderate AD (NIA-AA criteria)	• CDR-SB at 36 weeks (functional and cognitive measure)	• Cognitive Test Battery • Amsterdam Activity of Daily Living	• **Fully enrolled (n=247)** • Independent DMC interim review recommended trial continuation • Open-label ext. commenced • **Topline results November 2026**

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

Well-established safety, industry-standard endpoints being used in current pivotal trial

Safety

- Well-tolerated across clinical program
- No serious adverse events related to Xanamem reported to date (n ~ 500)[1]
- No ARIA signal observed

Robust XanaMIA endpoints

- CDR-SB at 36 weeks is primary endpoint
- Cognition (validated cognitive measures)
- “Amsterdam” activities of daily living instrument (functional measures)

1. No serious adverse events related to Xanamem have been reported across all clinical trials to date; various other safety data are reported in peer reviewed publications (see Actinogen – Xanamem® (emestedastat)/)

Summary: positioned for phase 2b/3 success

Actinogen

Clear Biological Rationale	Demonstrated Brain Target Engagement	Clinical Signal in Enriched Alzheimer's Population	Consistent CNS Activity Across Indications	Rigorous, Fully Enrolled Pivotal Trial
Elevated brain cortisol implicated in cognitive decline and neuronal injury	High 11β-HSD1 occupancy confirmed by human PET imaging	CDR-SB slowing in pTau positive patients over 12 weeks	Durable separation from placebo in Phase 2 depression trial	247 patients; interim continuation; November 2026 readout

Summary

XanaMIA trial positioned as a game-changer

Operational execution and regulatory alignment ahead of pivotal Alzheimer's data

- **On-track with XanaMIA pivotal trial in patients with mild-to-moderate AD**
  - ✓ Full enrolment of 247 participants achieved
  - ✓ Positive interim analysis Jan 2026 followed by positive June safety review
  - ✓ Topline results expected Nov 2026
  - ✓ Structured as a registrational trial aligned with FDA & EMA guidance

- **Executing on streamlined development path for Alzheimer's disease**
  - ✓ Open-label extension XanaMIA trial phase opened in March 2026
  - ✓ Next pivotal trial in planning - to commence mid 2027
  - ✓ Manufacturing and pre-commercialization activities on-track
  - ✓ Ancillary clinical pharmacology and nonclinical studies to start in 2027

Commercial and strategic strength ahead of readout

Leadership, market validation, lifecycle protection, and financial readiness

- **Experienced leadership team with proven track records across development, approval, commercialization, and strategic transactions**
- **Strong physician demand across ~100 U.S. Alzheimer's specialists**
  - ✓ ~80% indicate intent to prescribe within first 6 months of launch
- **Composition of matter protection to 2036 in most markets**[1]
  - ✓ Additional patents extend protection into the 2040s
  - ✓ Regulatory data exclusivity of at least 5 to 6 years from marketing approval dates support protection from generic competition in major markets
- **Increasing strategic interest and engagement as results approach**
- **Funded beyond November 2026 topline Alzheimer's readout**
- **Anti-depressant activity** a good feature for Alzheimer's prescribing information

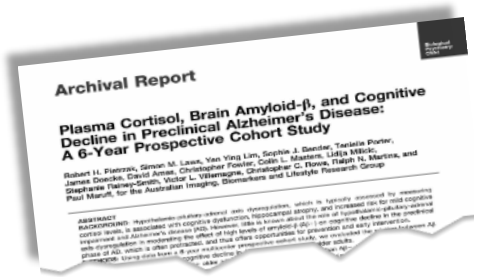
1. Patent protection extensions for the initial composition of matter patent (2031) of between 5 and 10 years apply in nearly all countries

Appendix

Elevated brain cortisol and Alzheimer's progression

Human observational and biomarker data support cortisol as a disease driver

- Higher plasma cortisol associated with increased AD risk (AIBL study)
- Cortisol accelerates cognitive decline and interacts with Aβ pathology
- APOE-ε4 carriers exhibit higher CSF cortisol levels
- Elevated CSF cortisol correlates with more rapid clinical worsening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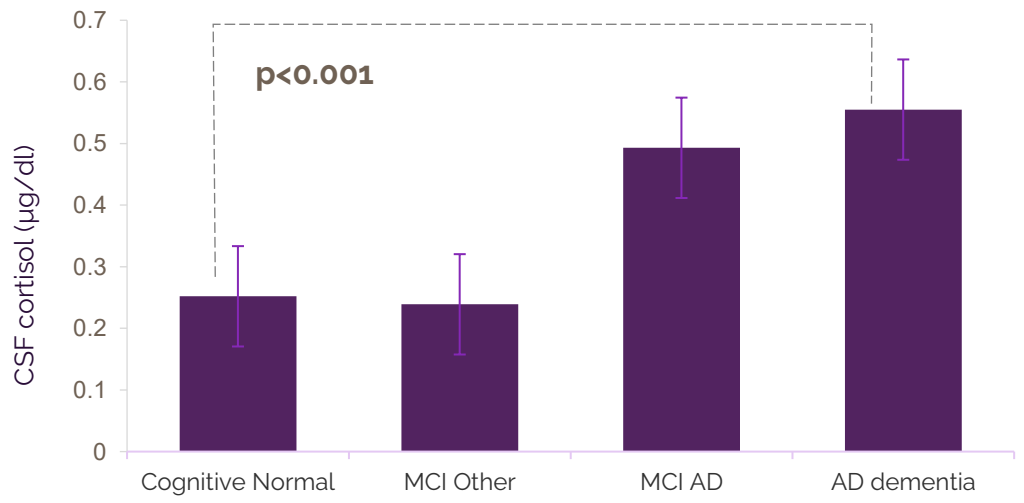
The Australian Imaging, Biomarkers and Lifestyle Flagship Study of Ageing

MEAN CSF CORTISOL LEVELS



Popp et al, 2015

[1] Pietrzak et al., 2017, Biol Psychiatry: Cognitive Neuroscience and Neuroimagery, [2] Lupien et al., 1998, Nat Neurosci 1:69–73; [3] Geerlings et al., 2015, Neurology 85: 1-8; [4] Lehallier et al., 2016, JAMA Neurology 73(2), 203-212; [5] Popp et al., 2015, Neurobiol. Aging 36:601–607; [6] Ennis et al., 2017, Neurology 88(4):371-378; 2:45-52; [6] Lupien et al., 2009, Nat Rev Neurosci 10:434–445; [7] Hinterberger et al., J Am Ger Soc 2013 61(4):648-651; [8] Cernansky et al., 2006, Am J Psychiatry 163:2164-2169; [9] Kornhuber & Jensen, 2015, Neurobiol Aging 36:601-607;

2026 catalysts leading to November Alzheimer's results

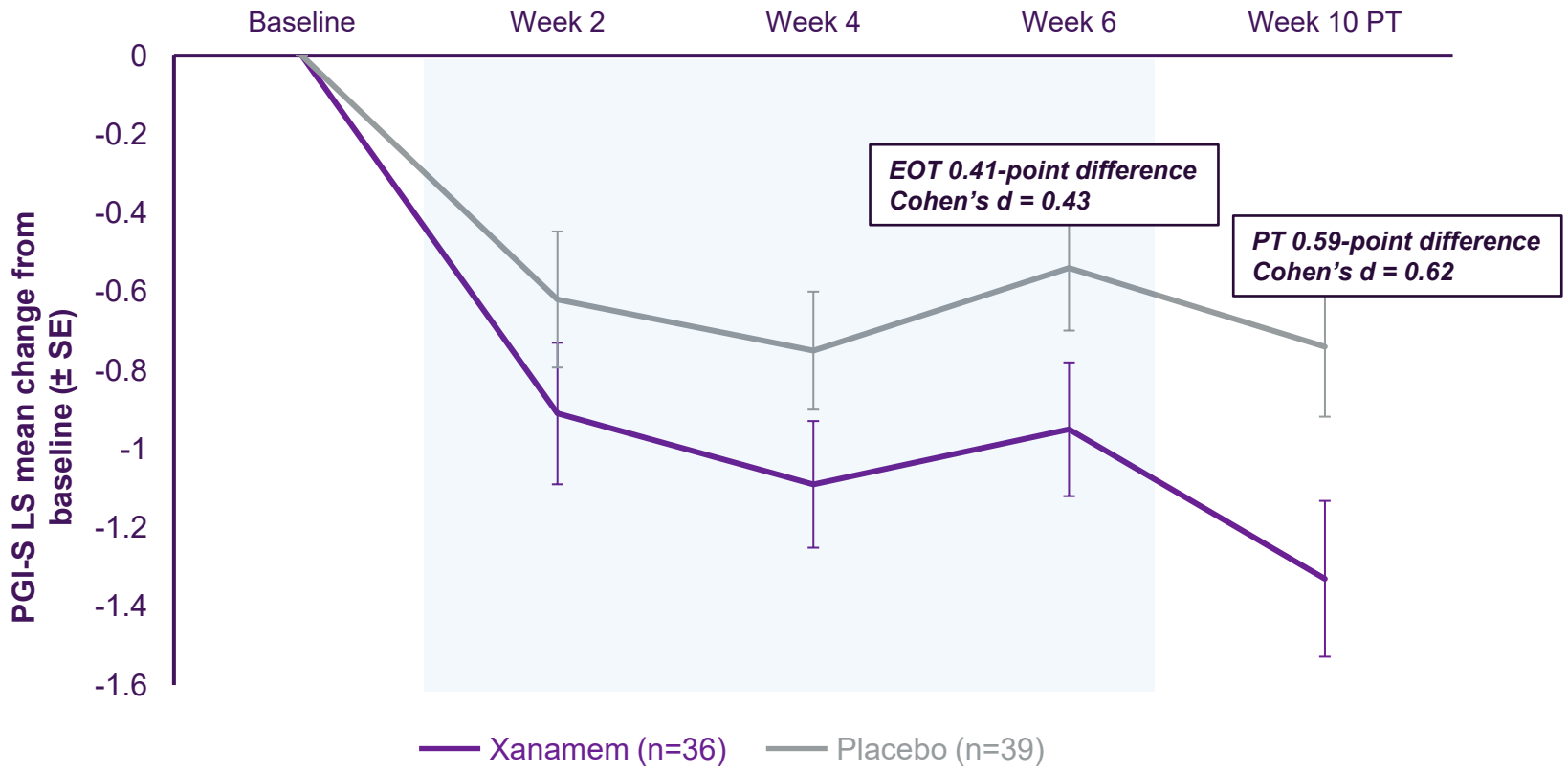
Milestone	Likely Timing
Positive interim analysis XanaMIA AD trial of all available data (weeks 12, 24 & 36)	Completed
XanaMIA AD open-label extension (OLE) commences & reports initial enrolment data	Completed
EMA Scientific Advice meeting for AD	Completed
Third Independent Data Monitoring Committee safety review	Completed
XanaCIDD MDD peer-reviewed journal publication	Pending
Clinical Trials Science Forum – the future of Alzheimer's treatment	Q3 2026
AAIC AD conference in London – BD and KOL meetings	Q3 2026
Bioshares conference Queenstown, NZ	Q3 2026
Canaccord Australian biotech conference	Q4 2026
Last participant assessment visit in XanaMIA pivotal trial	Sept 2026
Final topline results, XanaMIA pivotal AD trial	Nov 2026
Topline results presentation at major AD scientific meeting	TBD

AD treatment landscape: meaningful limitations persist

Recent advances have not eliminated meaningful clinical and practical barriers

Mechanistic	Admin	Comments
Older drugs - boosting acetylcholine or glutamate	Oral	• Symptomatic benefit only • Gastrointestinal tolerability limitations
Anti-amyloid protein immunotherapies	IV/SubQ	• Modest slowing of decline • ARIA risk and MRI monitoring; variable reimbursement
Second-gen anti-amyloid with “brain shuttle”	IV/SubQ	• Late-stage trials aimed at improved vascular safety
Xanamem (emestedastat) control of elevated brain cortisol	**Oral**	• **Phase 2b/3 pivotal trial (n=247)** • **Oral, once-daily; no ARIA observed** • **Combination-compatible**
Blarcamesine SIGMAR1 antagonist to block autophagy	Oral	• Phase 2b/3 trial; EMA rejection • CNS tolerability concerns reported
Anti-amyloid formation or toxicity	Oral	• High historic attrition • Subgroup strategies under evaluation
Anti-tau protein immunotherapy	IV/SubQ	• Multiple trial failures to date • Development ongoing
PDE-5 inhibitor (AriBio/Fosun)	Oral	• Failed phase 2, now phase 3 in different population with different endpoints, due to read out Sept 2026

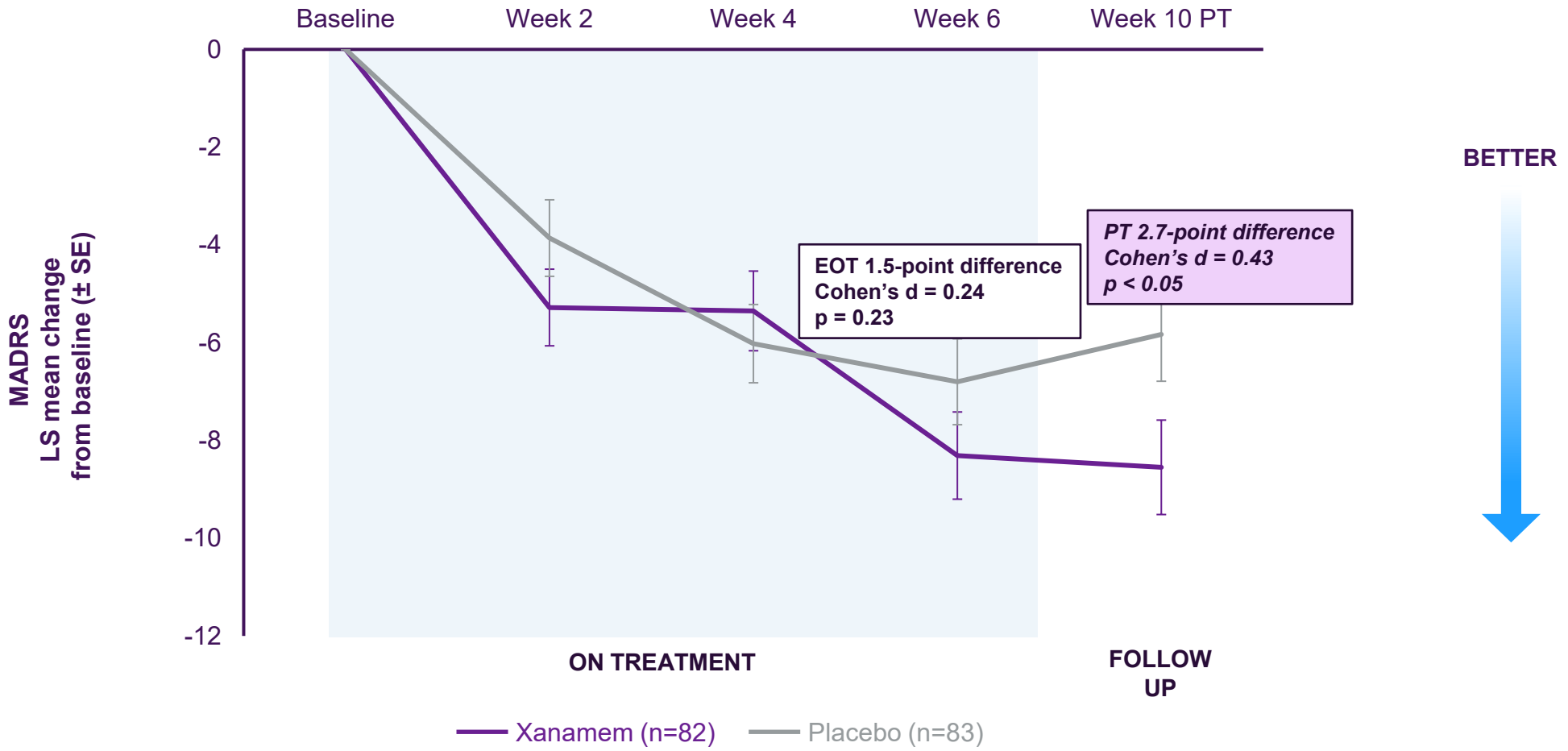
PGI-S benefit in patients taking SSRI (n=75)



Abbreviations: PGI-S = Patient Global Impression of Severity – a patient-reported outcome

Xanamem MADRS improvement from Week 6 (n=165)

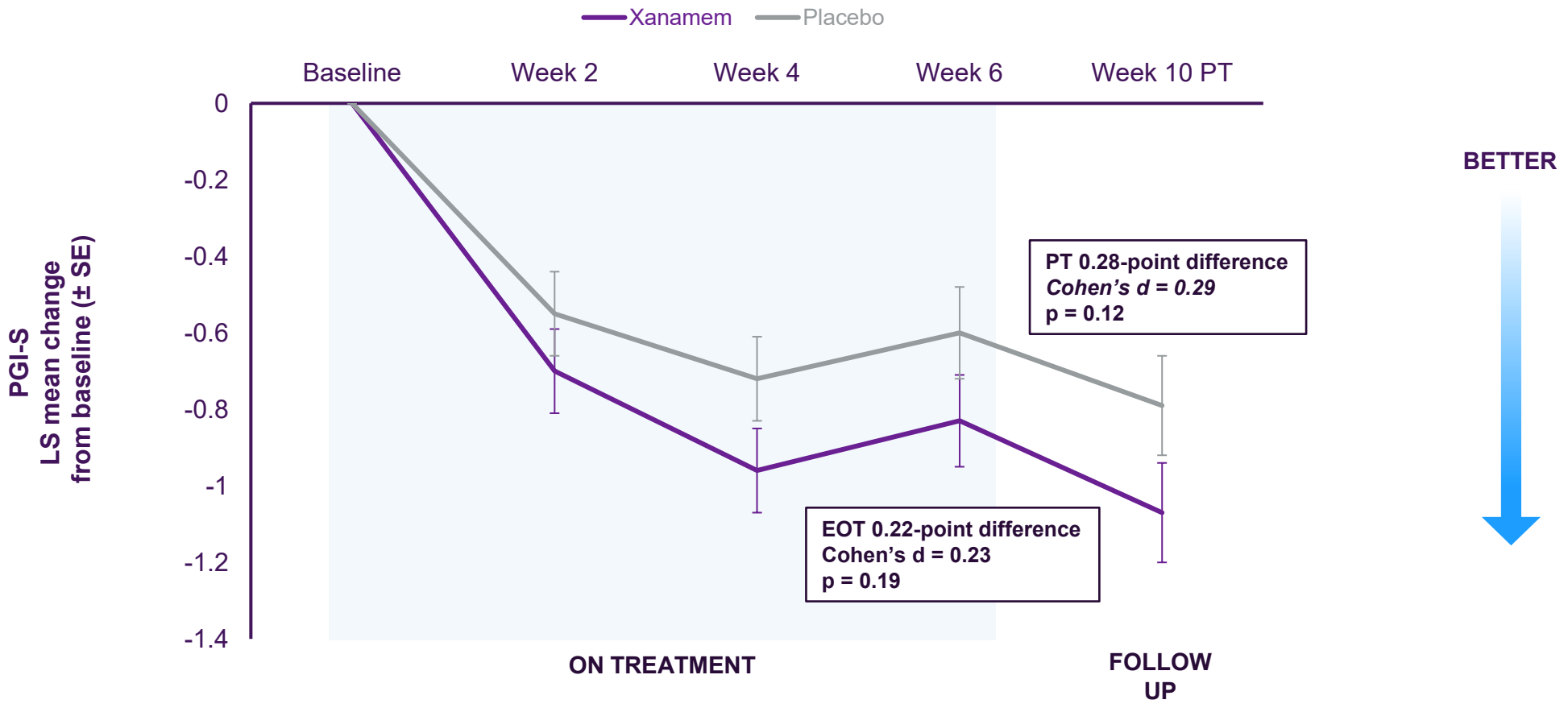
All randomized participants



Abbreviations: MADRS = Montgomery-Åsberg Depression Rating Scale – a structured interview to assess depression severity

Xanamem PGI-S separation from Week 2 (n=165)

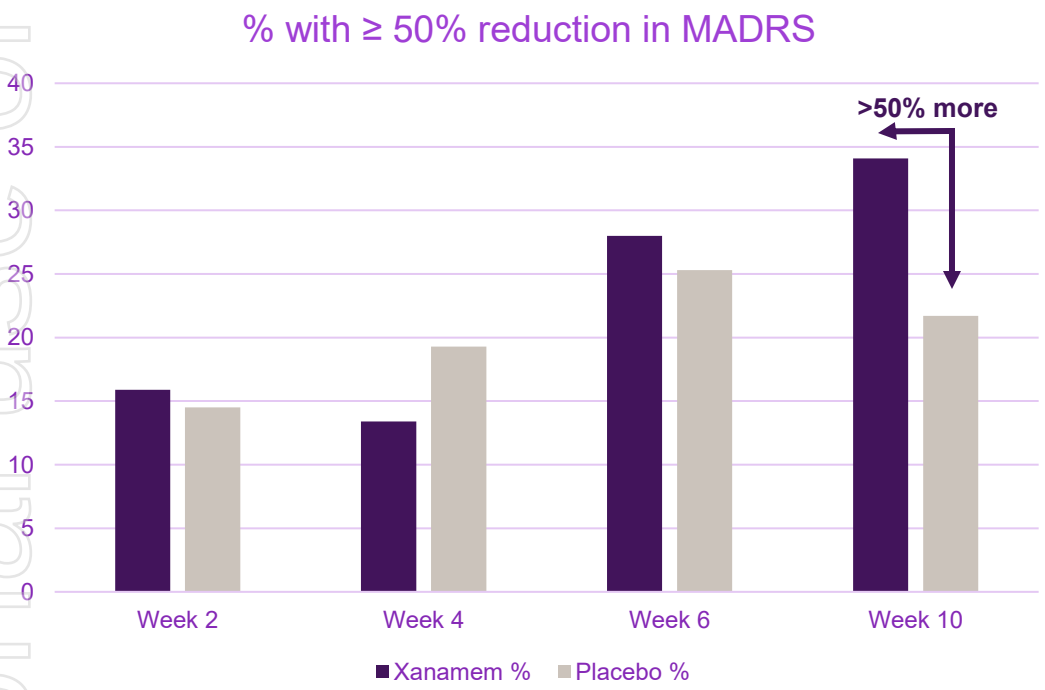
All randomized participants

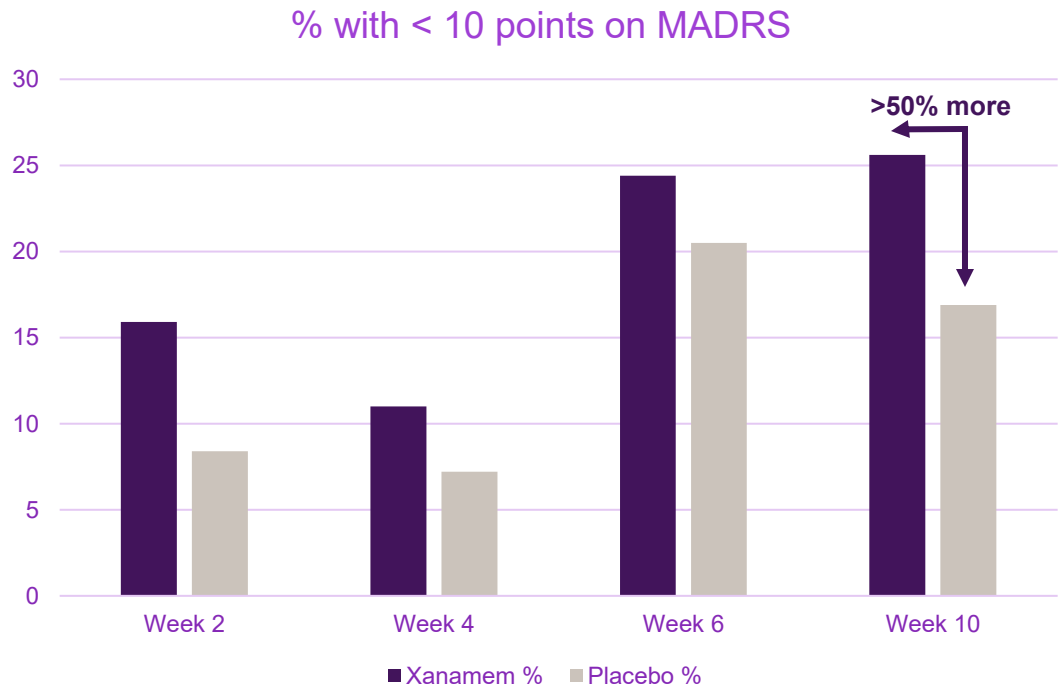


Abbreviations: PGI-S = Patient Global Impression of Severity – a patient-reported outcome

Xanamem improves MADRS response rates (n=165)

Increased rates of remission (MADRS < 10) and large (50%) improvements





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