



ARGENICA THERAPEUTICS

INVESTOR PRESENTATION ASX: AGN

MAY 2022



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COMPANY SNAPSHOT

OUR VISION

Commercialise “best in class” novel neuroprotective therapeutics to reduce brain cell death following stroke and other brain injuries

LEAD DRUG CANDIDATE

ARG-007

Neuroprotective peptide that could offer protection to the brain following stroke and other acute central nervous system injuries

TIER 1 PARTNERS



STRONG IP

GRANTED PATENTS

Granted in the EU, Japan, China, and the US

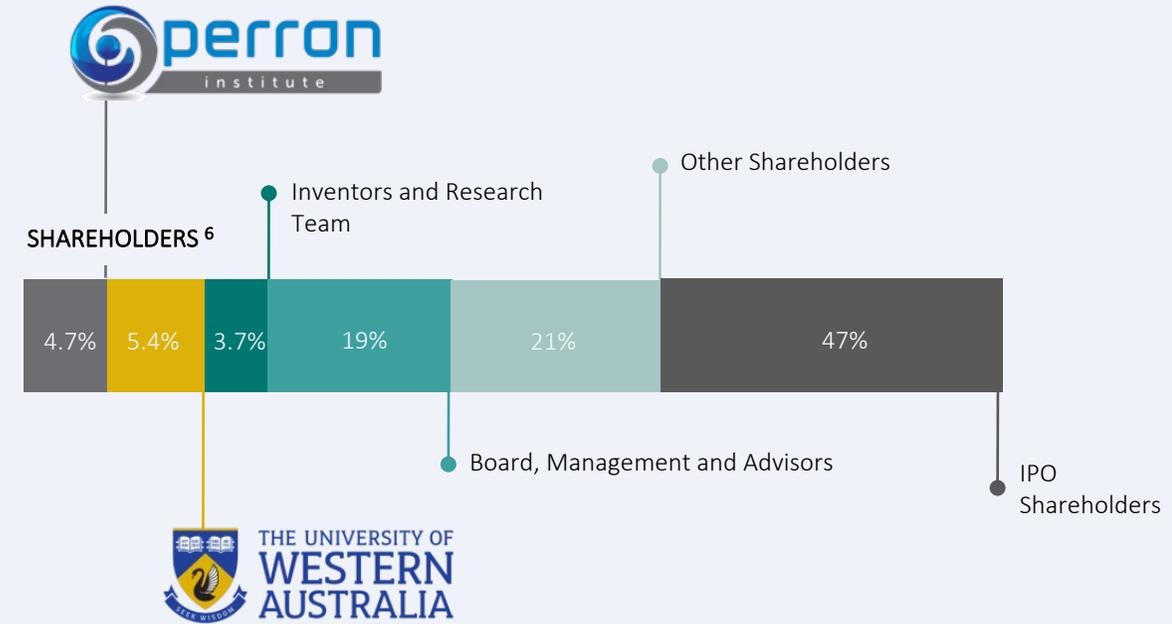
FREE OF ENCUMBRANCES

IP 100% owned by Argenica and free of royalties or other encumbrances



CAPITAL STRUCTURE

Total Shares on issue	73,172,250
Shares subject to escrow for 24 months ¹	22,625,752
Options on issue (escrow for 24 months) ^{1 & 2}	8,300,000
Options on issue (not escrowed) ³	300,000
Cash Balance ⁴	Circa \$4.37M
Market Capitalisation @ \$0.425 ⁵	Circa \$31.1M
Enterprise Value (EV) @ \$0.425 ⁵	Circa \$26.7M



1. 24 months from the date of commencement of Official Quotation on ASX – 11th June 2023
 2. Option Terms – Exercise price \$0.30, expiry 30 Sept 2024
 3. Option Terms – Exercise price \$1.10, expiry 1 Apr 2025
 4. As @ 31 March 2022
 5. Closing price as @ 10 May 2022
 6. Percentages are estimates only and subject to slight variation



STROKE IS A GLOBAL ISSUE



15 MILLION PEOPLE HAVE A STROKE EACH YEAR¹

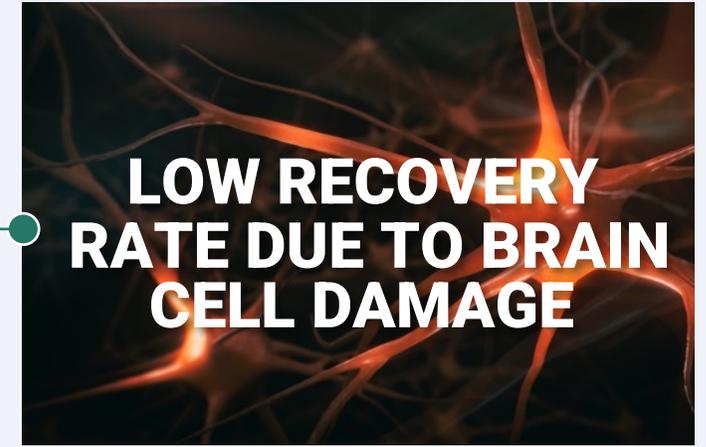
● ● **One in four** people will have a stroke in their lifetime²

 **Every 19 minutes** an Australian suffers a stroke²



ONLY 10 PERCENT WILL RECOVER ALMOST COMPLETELY³

- Long term disability
- Lasting brain damage
- **High death rate**
- Substantial economic costs



LOW RECOVERY RATE DUE TO BRAIN CELL DAMAGE

 Reduction in blood flow leads to 1.9 million brain cells dying **per minute⁴**

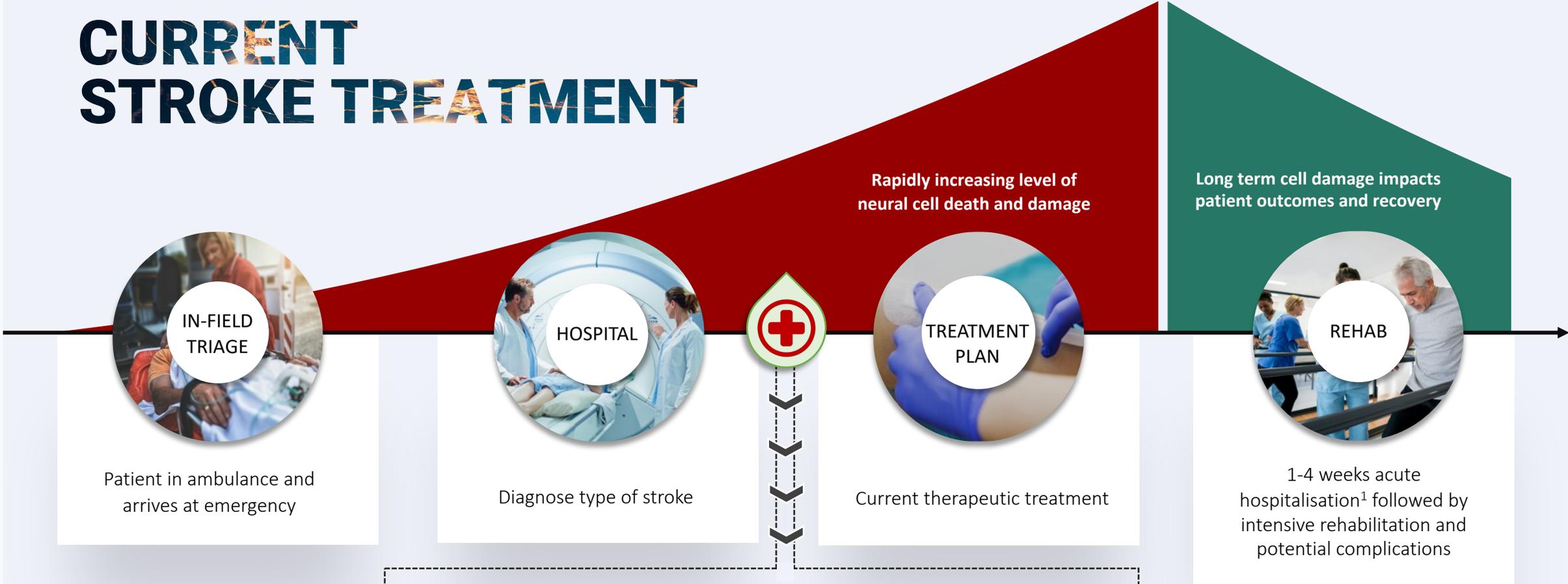
 The brain ages 3.6 years **every hour** stroke treatment is delayed⁴

There are no universally available drugs that protect brain cells following stroke.

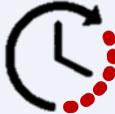


CURRENT STROKE TREATMENT

ARGENICA THERAPEUTICS



THERAPEUTICS ARE ADMINISTERED AFTER DIAGNOSING THE PATIENT IS HAVING A STROKE



Treatment interventions occur **many hours** after the initial stroke



Does not prevent or reverse further neuronal damage and cell death



ARGENICA'S SOLUTION

ARGENICA THERAPEUTICS



IN-FIELD TRIAGE

Patient in ambulance and arrives at emergency



HOSPITAL

Diagnose type of stroke



TREATMENT PLAN

Current therapeutic treatment



REHAB

1-4 weeks acute hospitalisation¹ followed by intensive rehabilitation and potential complications

Reduction in neural cell death and damage

Reduction in patient recovery time

ARG-007 TO BE ADMINISTERED BY FIRST RESPONDERS IN THE FIELD TO MINIMISE A PATIENT'S BRAIN CELL DAMAGE

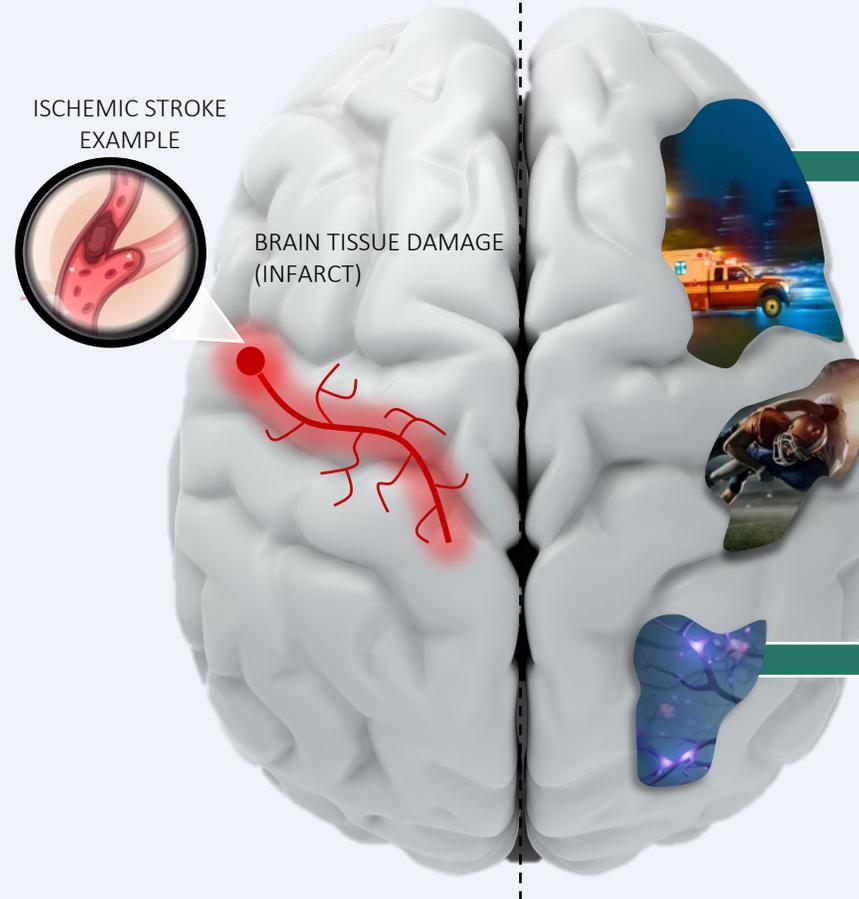


ARG-007

HOW IT WORKS

APPLICATIONS

- Cell death in the brain, or infarction, results from inadequate blood supply to the affected area.
- Initial infarction sets off a cascade of cell death.
- While no drug can stop the initial infarct injury, ARG-007 has **multiple mechanisms** of action to stop the cascade of cell death that happens after the initial injury.
- In animal models of stroke, ARG-007 **slows** the progression of neuronal cell death and preserve still viable brain tissue.
- This increases the amount of available salvageable brain tissue.



STROKE

ARG-007 has shown significant efficacy and published in 9 peer reviewed publications in animal models of stroke and 5 *in vitro* publications.

TRAUMATIC BRAIN INJURY (TBI)

Preclinical studies show that ARG-007 reduces neuronal injury after TBI.

HYPOXIC ISCHEMIC ENCEPHALOPATHY (HIE)

Preclinical studies have shown Argenica's ARG-007 provides neuroprotection for HIE.



ENCOURAGING RESULTS TO DATE



REDUCES BRAIN TISSUE DEATH

ARG-007 showed a **67% reduction in brain tissue death** (infarct volume) for at least 28 days after stroke¹.



POTENTIAL TO ADMINISTER IN THE FIELD

Pre-clinical studies showed ARG-007 does not exacerbate bleeding in hemorrhagic stroke model, meaning it could be **safe to administer in the field** by first responders².



SAFE WITH NO ADVERSE EFFECTS

No adverse effects were observed in preliminary PK and toxicology animal studies, indicating that ARG-007 is potentially safe and well-tolerated at the relevant doses³.

OFFERS NEUROPROTECTION EVEN WHEN CO-ADMINISTERED WITH CLOT DISSOLVING DRUGS ⁴

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

[1] Preclinical animal stroke model

[2] Preclinical study

[3] ASX Announcement 'Argenica completes pilot pre-clinical pharmacokinetics study' 01 July 2021

[4] ASX Announcement 'Study shows arg-007 does not degrade when co-administered with ischemic stroke therapeutics' 12 July 2021



NEAR-TERM CLINICAL TRIAL CATALYSIS



GLP* SAFETY & TOXICOLOGY STUDIES

ANIMAL STUDY

Characterise the safety profile of **ARG-007** by identifying its impact on organ structure and / or functionality at a range of doses, including maximum tolerated dose.

COMPLETED



FINAL PHARMACOKINETIC STUDIES

ANIMAL STUDY

Determines how **ARG-007** is absorbed, distributed, metabolised, and excreted by the body, and is essential for establishing dosing regimes for the Phase 1 clinical trial.

Q2 CY22

PRE-STUDY ACTIVITIES

Completion of preliminary study activities, including clinical site management setup, preparation of ethics submission and healthy volunteer patient recruitment.

Q4 CY21 – Q2 CY22



PHASE 1 CLINICAL TRIAL

IN-HUMAN STUDY

Ethics submission & approval, initiate volunteer recruitment, dosing of all cohorts, confirmation of safety in healthy volunteers.

ETHICS Q2 CY22



PHASE 1 OBJECTIVES

1. IMPROVE THE **UNDERSTANDING** OF HOW **ARG-007** EFFECTS THE BODY
2. EVALUATE THE **SAFETY OF ARG-007** WHEN ADMINISTERED
3. DETERMINE THE **IDEAL SAFE DOSAGE**
4. IDENTIFY ANY POSSIBLE **ADVERSE REACTIONS**



PROPOSED TRIAL DESIGN*

PARTICIPANTS

4 cohorts, with each cohort receiving a different dose of **ARG-007** (8 participants in each cohort, 2 placebo and 6 receiving **ARG-007**).

LOCATION

Single site study conducted at the Linear Clinical Research facility in Western Australia.

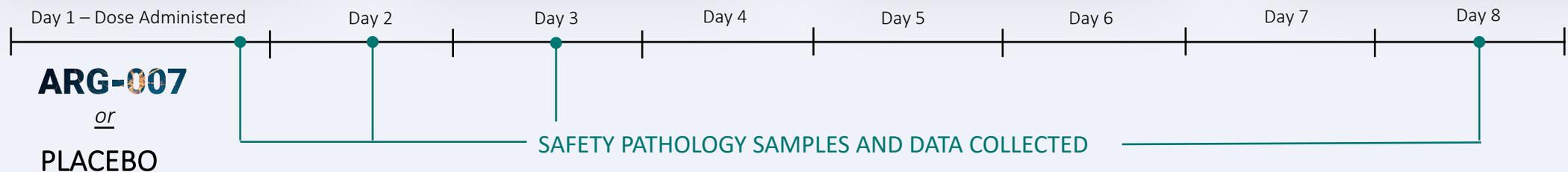
DURATION

Estimated 6 months, with preliminary findings expected following completion of volunteer dosing.

DESIGN

Double-blind, randomised study where participants either receive a dose of **ARG-007** or a placebo.

PROCEDURE OUTLINE FOR EACH PARTICIPANT



**the trial design is subject to approval by a Human Research Ethics Committee (HREC). Trial design documentation and preclinical safety and toxicology data will be submitted to a HREC in Q1 CY22.*



PHASE 2 STUDIES



Data collected from the Phase 1 clinical trial will be critical to progress into Phase 2 trials, where **ARG-007** will be administered to stroke patients.



While stroke is the current corporate and commercial focus, safety data from the Phase 1 clinical trial can potentially be used to move directly into other Phase 2 trials in other types of brain injury, including;

- **Hypoxic ischemic encephalopathy (HIE)** - A type of brain dysfunction that occurs when the brain doesn't receive enough oxygen or blood flow for a period of time.
- **Traumatic brain injury (TBI) & concussion** - An injury resulting from a violent blow or jolt to the head or body.
- **Surgically induced stroke** – including strokes sustained during endovascular aneurysm repair and transcatheter aortic valve implantation.

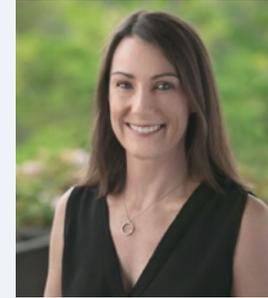


CREDENTIALLED & EXPERIENCED TEAM



Geoff Pocock
Non-Executive Chairman

- 20 years' experience in commercialisation of emerging technologies and capital markets
- Non-Executive Director of EMVision Medical Devices Ltd (ASX:EMV)
- Co-Founder / Former Managing Director of Hazer Group (ASX: HZR)



Dr Liz Dallimore
CEO

- Over 20 years' experience in R&D, technology commercialisation and management consulting, including at KPMG, EY and PWC
- Extensive background in stroke and spinal cord regeneration research at the Australian Neuromuscular Research Institute, UWA and Oxford University
- PhD in Neuroscience (UWA) and an MBA (AGSM)



Dr Samantha South
Executive Director

- Extensive background in CNS medical research at Weill Medical College at Cornell University (NY), The University of Queensland and The Garvan Institute
- 10 years of Director experience at multiple companies
- Over 13 years' experience in technology transfer in medtech / biotech sector, at UQ, QUT and UWA.



Liddy McCall
Non-Executive Director

- Over 25 years' experience of senior Board and Management roles and has a strong history of success with early-stage Biotechnology companies
- Co-founded 3 biotechnology companies which have successfully achieved 3 FDA drug registrations and 1 FDA/CE Mark medical device approval
- Co-founder of iCeutica Inc group (acquired in 2011 achieving a ten-fold uplift on the valuation) and Dimerix Limited (ASX:DXB)



Emma Waldon
Company Secretary

- Experienced Company Secretary with ASX listed and private companies
- Over 18 years' corporate advisory, capital markets and corporate governance experience
- Current co-sec of medical device developer EMVision (ASX: EMV) and previous co-sec of Hazer Group (ASX: HZR)



Terry Budge
Non-Executive Director

- 25 years with National Australia Bank in senior executive roles before serving as managing Director of Bankwest from 1997 to 2004
- Previously a member of the Fundraising Committee of the Perron Institute, and is currently an independent director for Westoz Investment Company (ASX:WIC)



INVESTMENT HIGHLIGHTS

1# CLEAR PATHWAY TO TRIALS

Clear clinical pathway and robust capital position to execute Phase 1 clinical trials.

2# UNMET CLINICAL NEED

There is an urgent unmet need and priority to search for widely applicable and effective neuroprotective solution.

3# PRE-CLINICAL DATA

Positive pre-clinical results provide encouraging dataset leading into in-human trials.

4# EXCEPTIONAL TEAM

An exceptional team with expertise in drug development commercialisation and capital markets.

5# NEAR TERM CATALYSIS

Value enhancing milestones expected in the near term including, results required before the beginning of Phase 1 trials.



ARGENICA THERAPEUTICS

For further information please contact:

Dr Liz Dallimore

CEO

E: info@argenica.com.au