

Developing Xanamem™

Presented by
Dr. Bill Ketelbey
CEO & Managing Director



Actinogen
Medical

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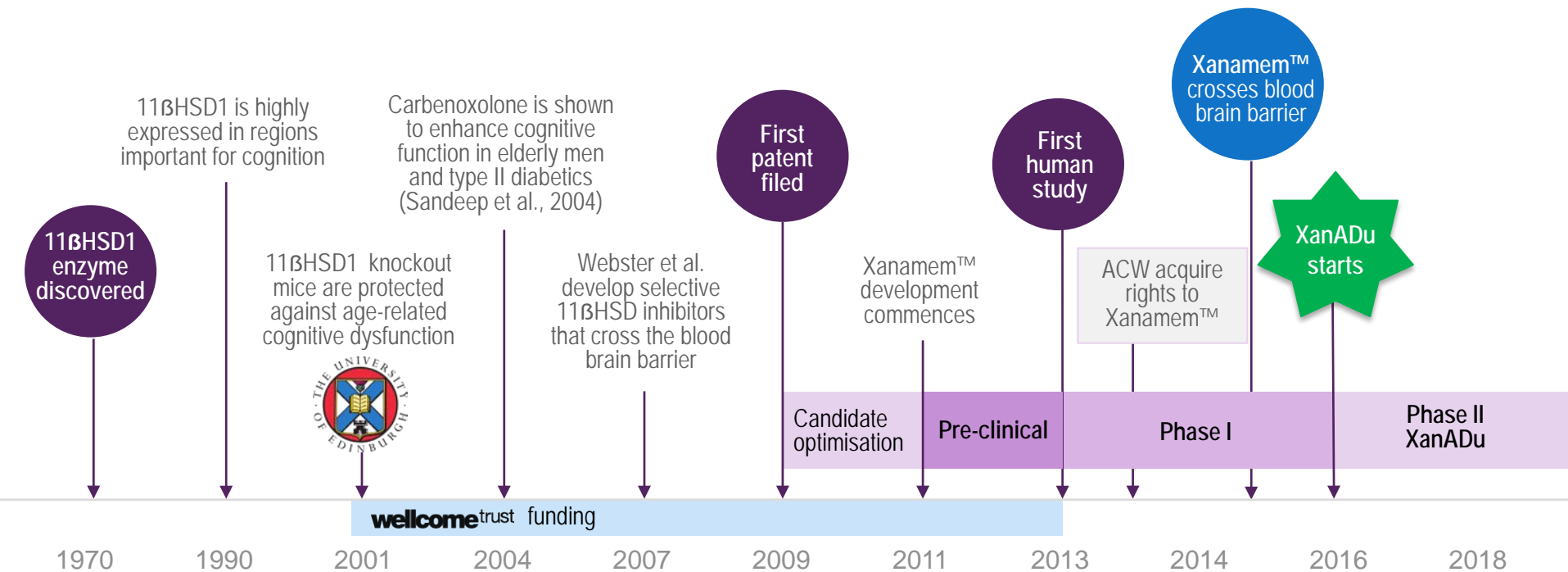
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Medical

Focusing on an innovative approach, through the inhibition of cortisol production, for treating **cognitive impairment** in chronic neurodegenerative and metabolic diseases.

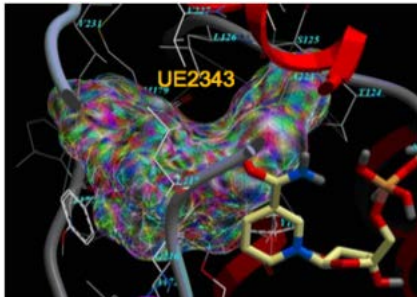
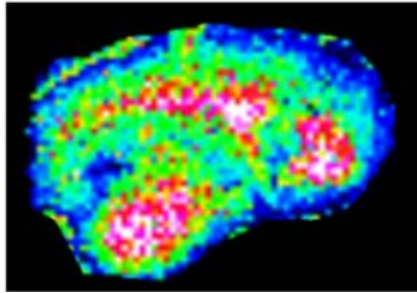
Xanamem™: A prime investment opportunity

- Alzheimer's - a significant unmet need in a huge and growing global market
- Xanamem™'s innovative, differentiated mechanism of action targeting the stress hormone cortisol
- Evidence Xanamem™ is **both symptomatic and disease modifying**
- Phase II study **fully funded through to completion**
- Patent protected to 2031 – composition of matter
- Value enhancing additional indications in substantive markets of interest to big pharmaceutical companies

Actinogen's journey of discovery



Xanamem™ unique value proposition



- High potency at low oral doses
- Highly selective and specific enzyme binding
- Safe and well tolerated in humans
- Delivered to the brain to target site of action
- Established proof of principle in models of Alzheimer's Disease

Leadership Team



Dr. Bill Ketelbey
CEO & MD



Dr. Jason Loveridge
Non-Executive Director



Martin Rogers
Executive Chairman



Dr. Anton Uvarov
Non-Executive Director



Clinical Advisory Board:

world renowned neuroscience leaders



Professor Craig Ritchie

- Chair, Xanagem™ Clinical Advisory Board
- Professor of Psychiatry of Aging, University of Edinburgh, UK.
- Senior Investigator in over 30 Alzheimer's clinical trials.
- Published extensively on dementia.



Professor Colin Masters

- Xanagem™ Clinical Advisory Board
- Professor, University of Melbourne, Australia.
- Executive Director of Mental Health Research Institute.
- Senior Deputy Director: Florey Inst. of Neuroscience & Mental Health.

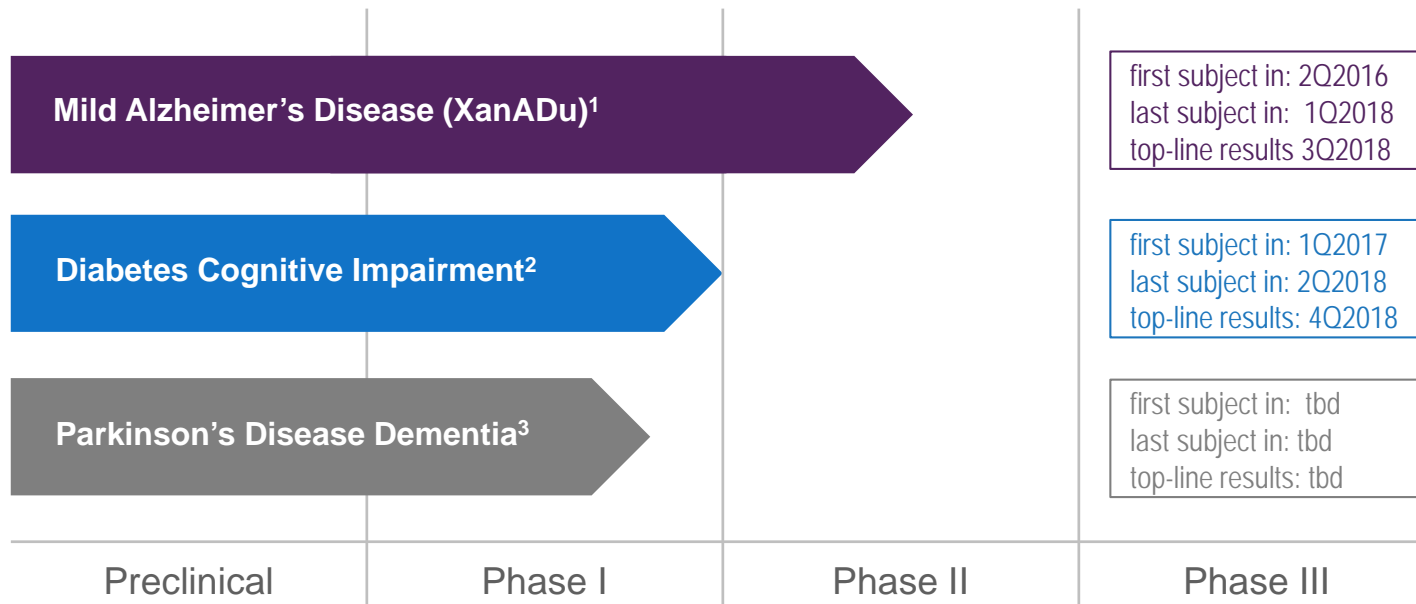


Professor Jeffrey Cummings

- Xanagem™ Clinical Advisory Board
- Professor of Medicine (Neurology), Cleveland Clinic, USA.
- Chair of the Neurological Institute of Cleveland Clinic.
- Edited 39 books and published over 650 papers.

Xanamem™ research pipeline

milestone timelines are estimates

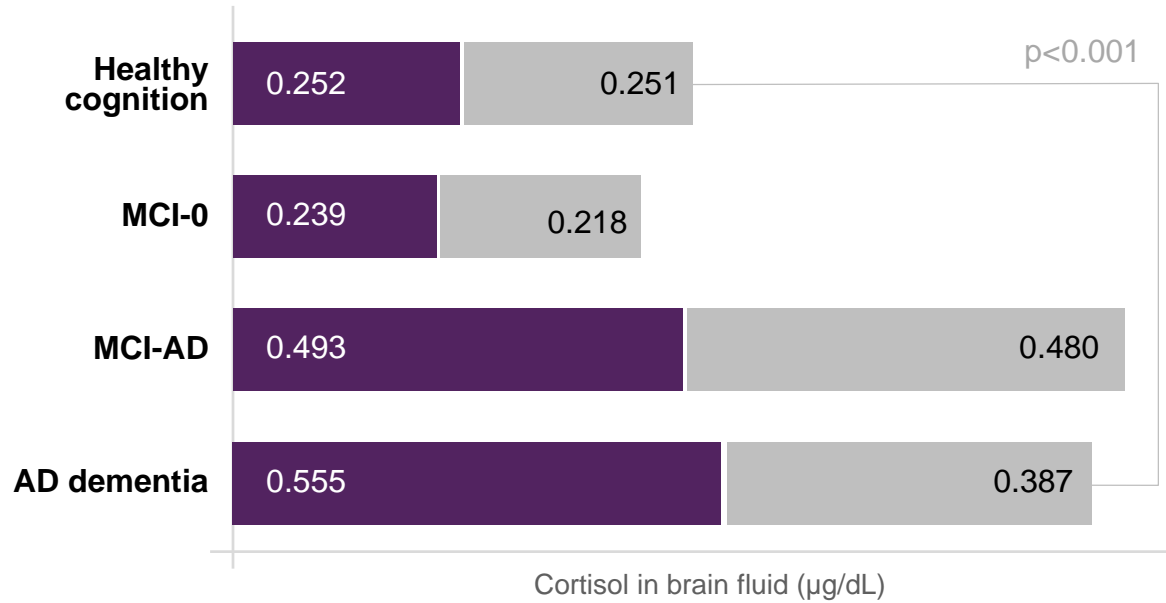


¹ Trial commenced March 2016.

² Phase II trial design complete. Final operational planning underway. Trial expected to start late 2016.

³ Planning ongoing for Phase II trial design

Cortisol and Alzheimer's disease



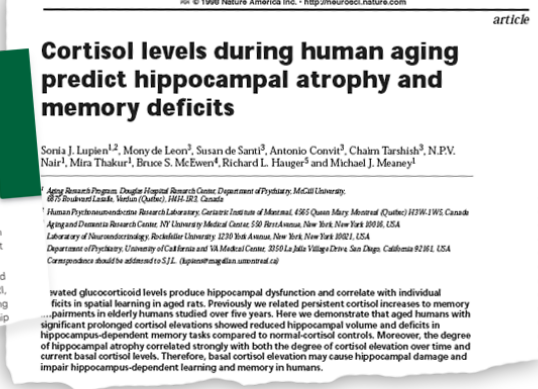
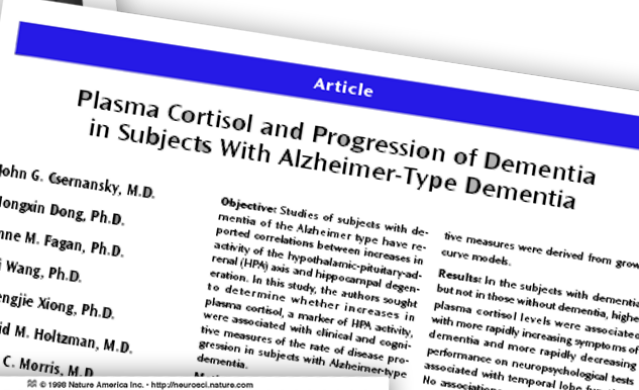
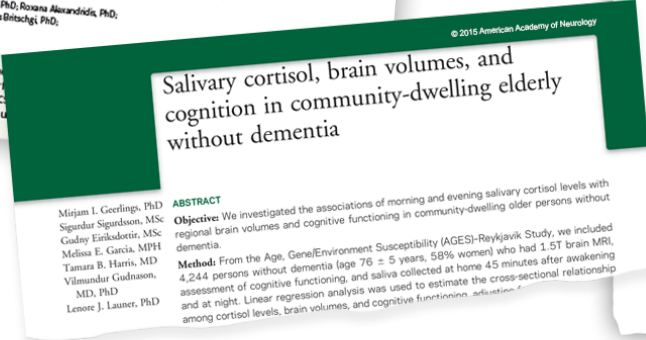
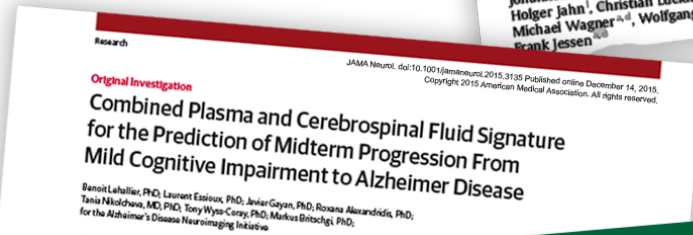
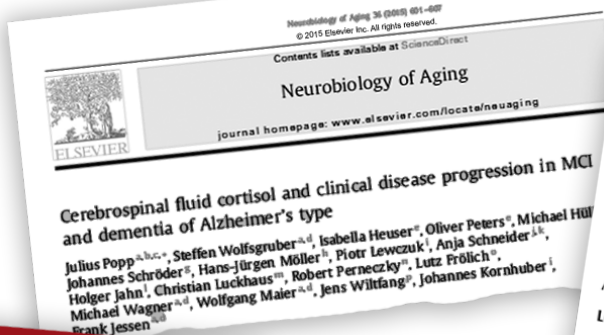
Neuroendocrine dysfunction leading to elevated cortisol precedes disease state in AD dementia

Elevated cortisol was associated with progressive cognitive decline

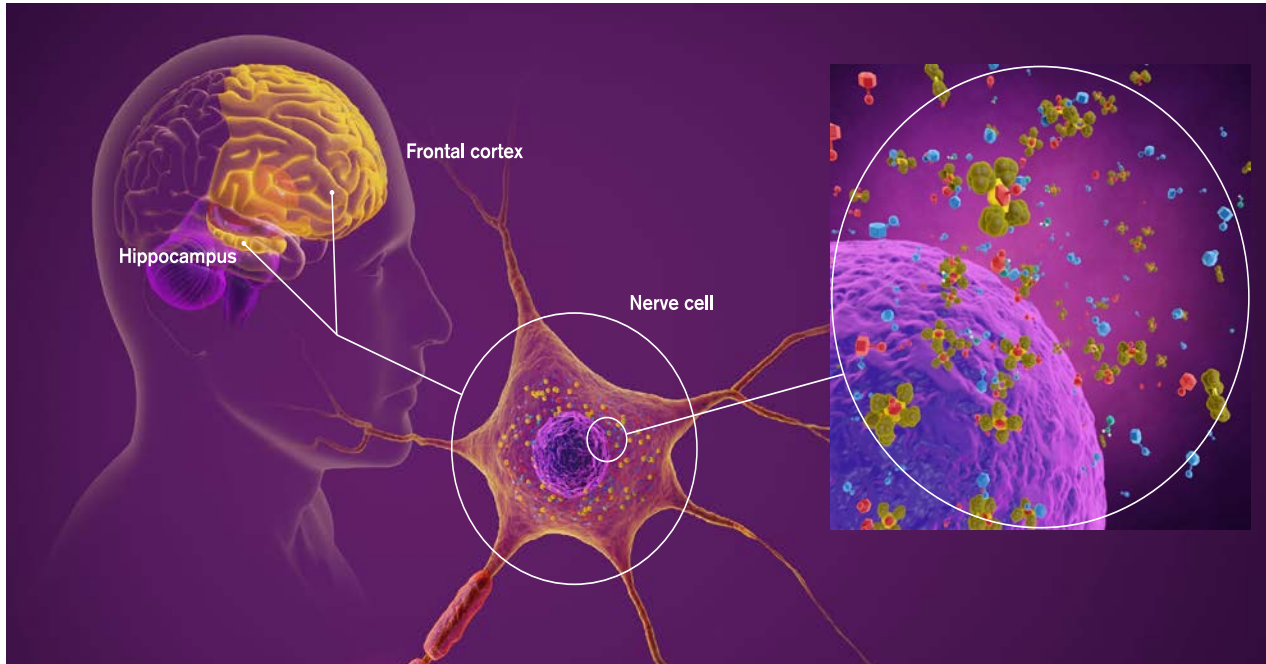
The transitional stage between 'normal' functional ability and a full-blown clinical picture of dementia is described as mild cognitive impairment (MCI). The term MCI refers to decrease in cognitive function, from a formerly normal level towards a mildly impaired level. (Kornhuber et al., 2009).

Source: Popp et al., 2015
MCI-AD = MCI of Alzheimer's type
MCI-O = MCI of other type

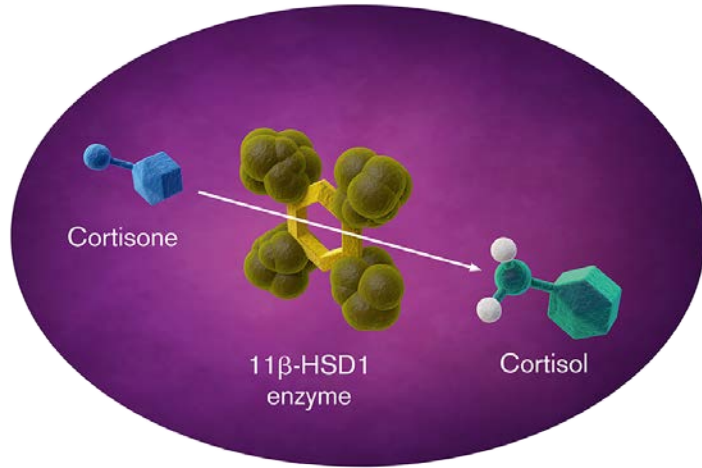
Publications confirm links to cortisol and AD



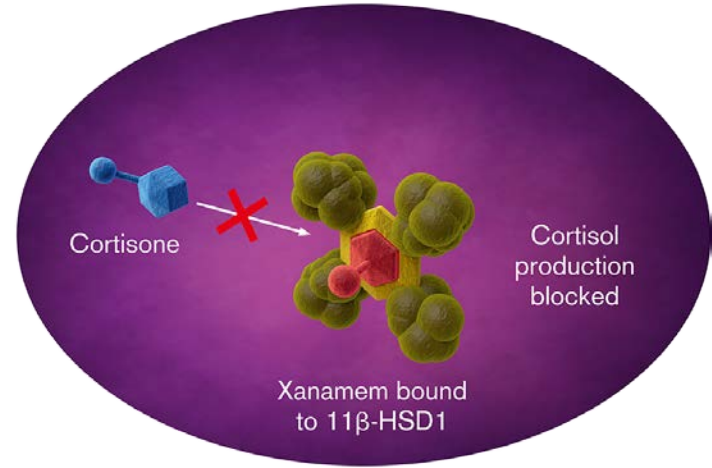
Targeting elevated cortisol at the site of action



Xanamem™ - inhibiting action of 11βHSD1



11βHSD1 enzyme activates
cortisone producing cortisol

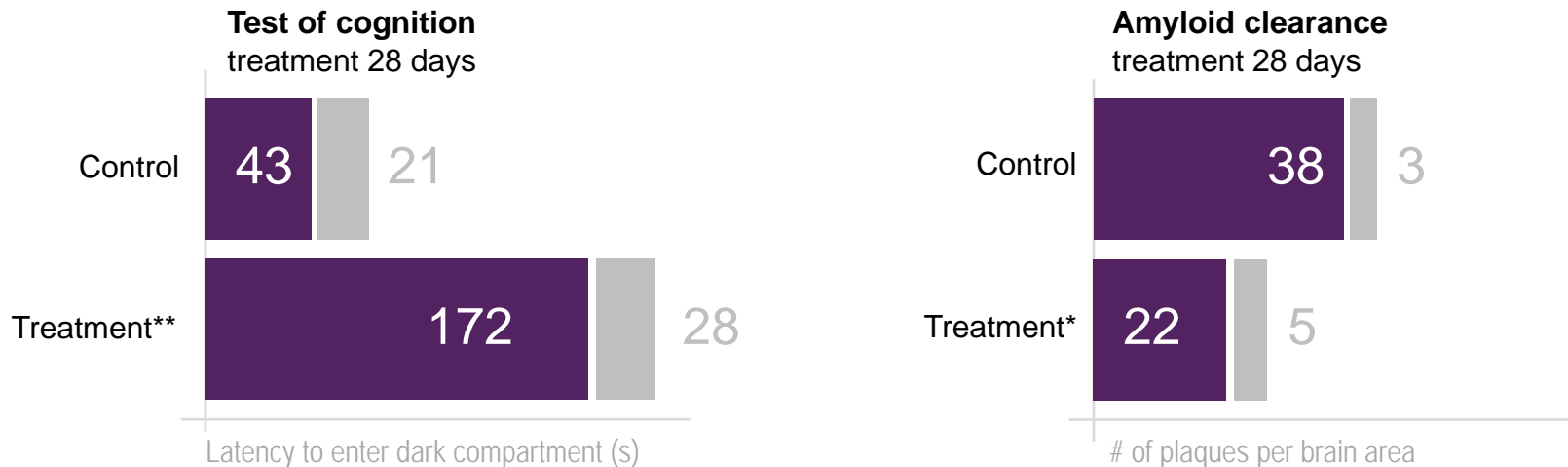


Xanamem™ binds to 11βHSD1,
blocking cortisol production

*11β-HSD1 =11β-hydroxysteroid dehydrogenase type 1

Xanamem™

Symptomatic and disease modifying effects in mouse models



Significant improvement in cognition in only 28 days treatment which continues out to 41 weeks.

UE 2316 The mean plus the SEM. ** = P< 0.004, * = P<0.01 Tg2576 rodent model of Alzheimer's disease. Source: Sooy et al., 2015. *Endocrinology* 156(12):4592-4603.

Xanamem™ development – Phase II

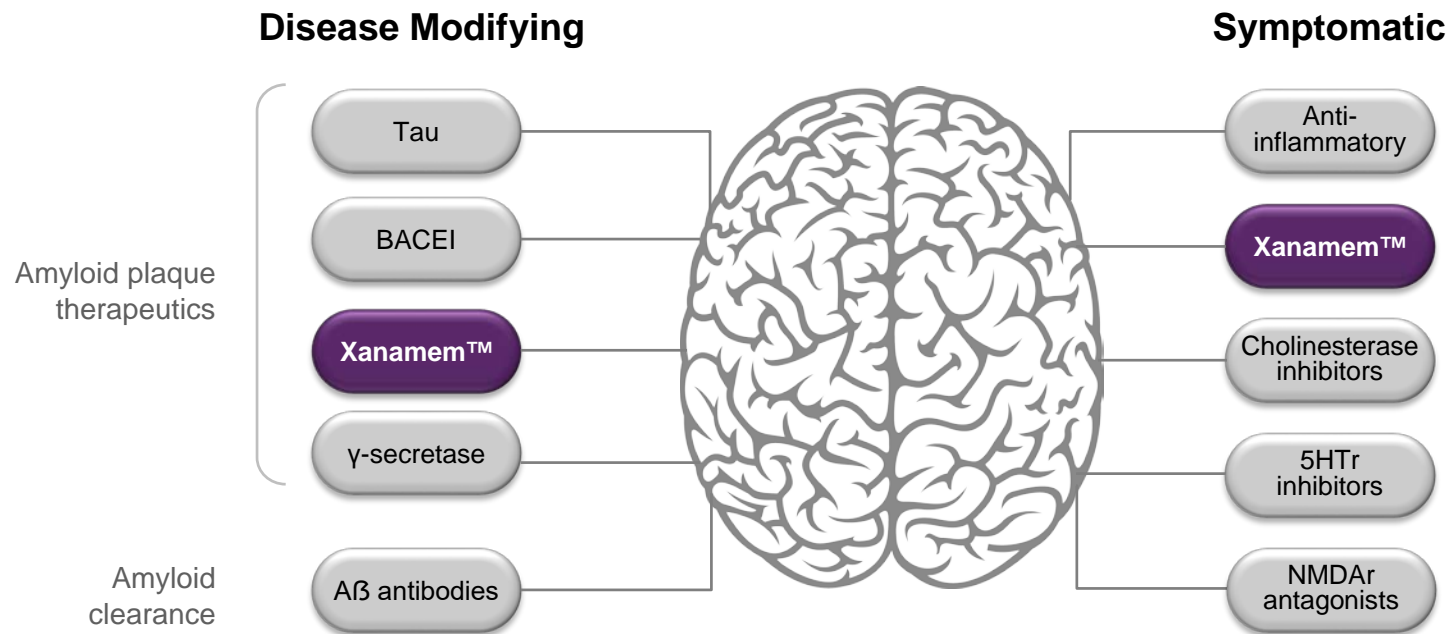
XanADu – Phase II double blind, randomised, placebo controlled study to assess the efficacy of Xanamem™ in participants with mild AD

First patient
enrolment
expected **Q2**
2016

Treatment course 12 weeks	200 Mild Alzheimer's patients	Co-primary end points ADCOMS + ADAS-Cog
Xanamem™ twice daily dosage 35mg	Being trialled in AUS, USA and UK	Secondary end-points Multiple: MMSE CDR-SOB, RAVLT, NPI, NTP & CSF A β and Tau

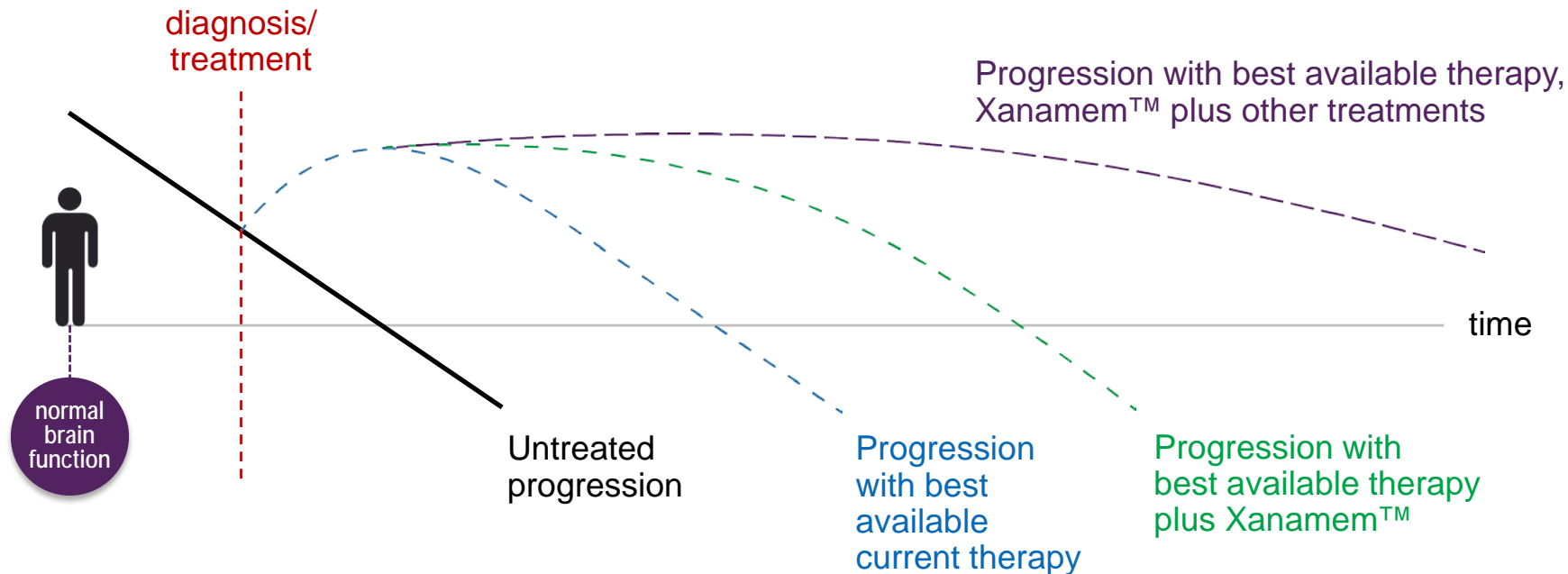
ADCOMS: AD Composite Score. Wang et al., 2016. *J. Neurol. Neurosurg. Psychiatry* 0:1-7. Clinicaltrials.gov: NCT02727699.

Xanamem™ potential for dual mechanism of action



Clinical goal for Xanamem™

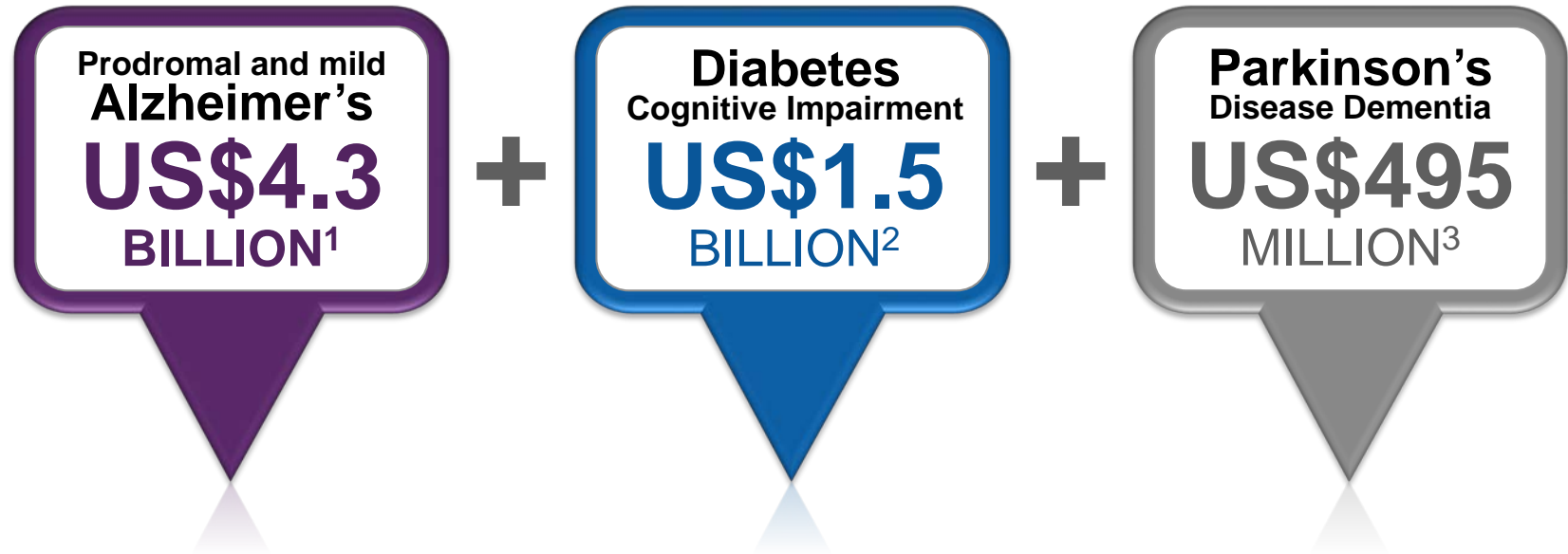
Filling an unmet need in the market



Hypothetical Results

Xanamem's™ estimated market share

Global peak sales in 2031



¹ Reference Baker Young Initiation Coverage, August 2015.

² Price comparator Aricept, assumes 10% market share at peak sales, optimistic scenario.

³ Price comparator Exelon patch, assumes 10% market share at peak sales, optimistic scenario.

Target clinical positioning

An oral agent that provides durable symptomatic and disease modifying benefits in mild Alzheimer's disease by direct inhibition of excess cortisol production.

Xanamem™ is a novel agent likely to be used in combination with other AD therapies.



Xanamem™: A prime investment opportunity

- Alzheimer's - a significant unmet need in a huge and growing global market
- Xanamem™'s innovative, differentiated mechanism of action targeting the stress hormone cortisol
- Evidence Xanamem™ is **both symptomatic and disease modifying**
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- Patent protected to 2031 – composition of matter
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ACW financials

Key Corporate Data	
Market Cap*	~\$60 million
Entity	Public company listed on the Australia Stock Exchange (ACW)
Share Price*	0.10
Shares on issue^	~606 million
Cash position**	AU\$7.87 million
Ownership by top 20	55%

*market cap and share price data as at 26 April 2016

> post placement and SPP

**As at 31st December, 2015, Appendix 4D.

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THANK YOU



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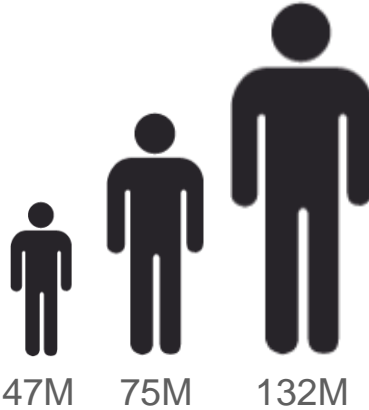
Supplemental Slides

Alzheimer's disease is emerging as the most significant health challenge of our time



One person every 3 seconds

Globally there were ~10M new cases of dementia in 2015



Numbers will double every 20 years



Total cost rise to US\$2 trillion by 2030

Dementia will become a trillion dollar disease by 2018

The World Alzheimer's Report was independently researched by King's College London and supported by BupaC.

Alzheimer's cannot currently be prevented, cured, or even slowed

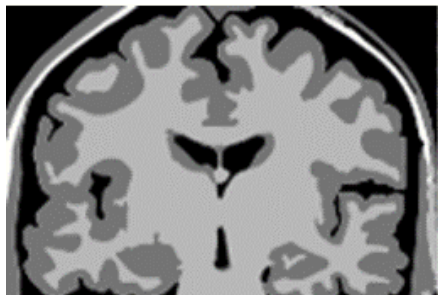


50% of 85 year olds
have Alzheimer's Disease

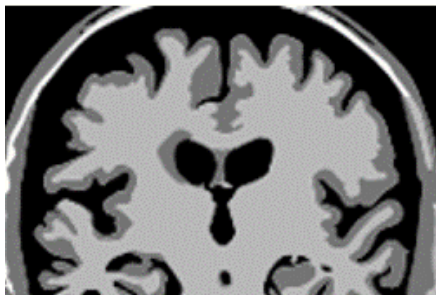
1 in 3 seniors will die with Alzheimer's
disease or other dementia

The Alzheimer's Association Facts and Figures, 2014.

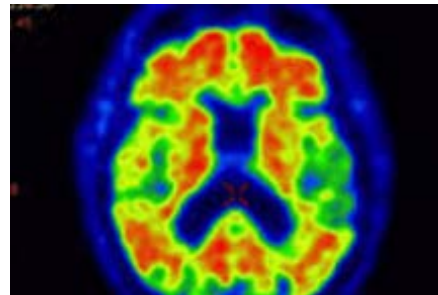
Hallmarks of Alzheimer's Disease



Normal brain
(volumetric MRI)



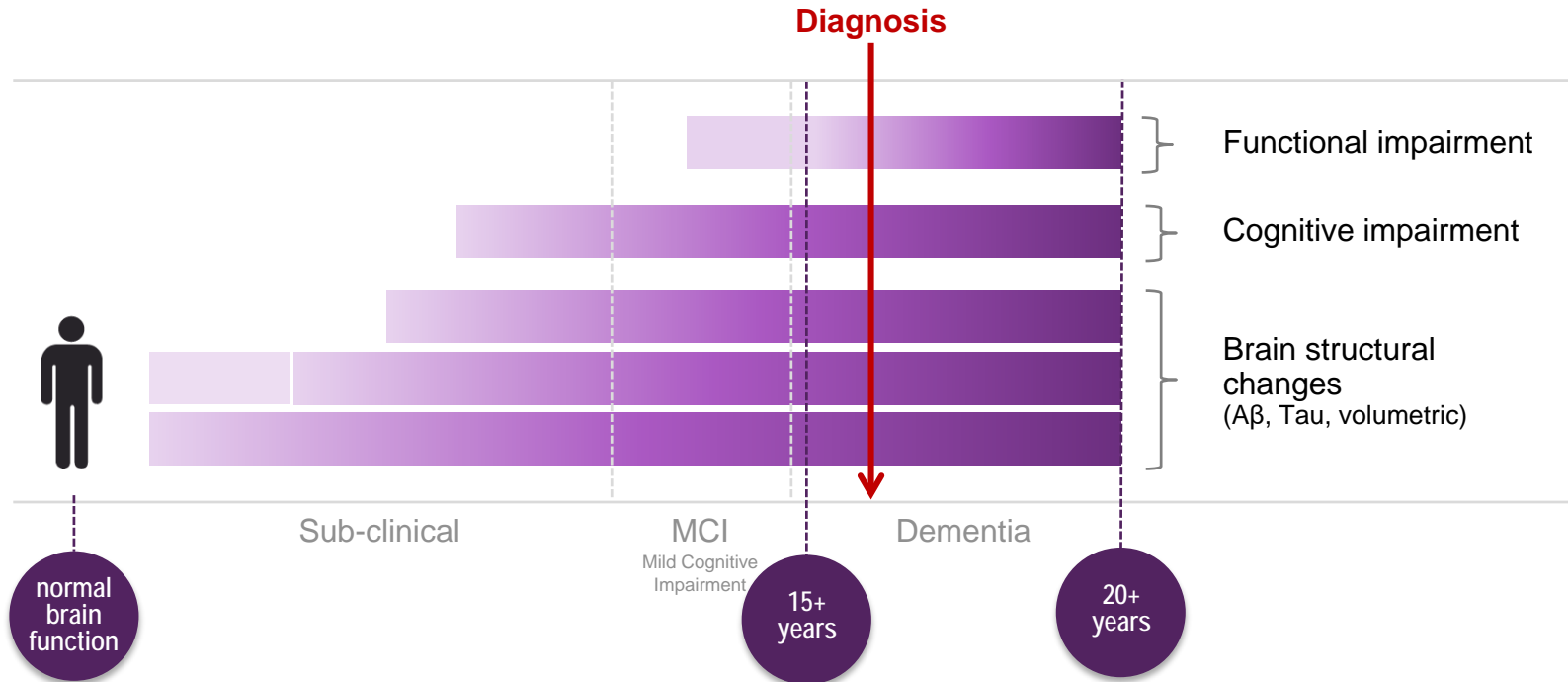
Neural death and brain
shrinkage



Abnormal β -amyloid
plaque build up (red)

Alzheimer's research aspiration - earlier detection
and treatment to slow disease progression

Disease progression and diagnosis



Source: adapted from <http://www.re-cognitionhealth.com>

Focusing on markets with high risk of progressive cognitive decline



Alzheimer's



Diabetes



Parkinson's

Unmet need in Diabetes Cognitive Impairment



422M¹

Suffer from
Diabetes globally



**Twice the risk
of dementia**

14.77M² suffer
from dementia



**Treatment
inertia**

No-one is looking
for a solution

¹ WHO Diabetes Fact Sheet March, 2016.

² Biessels et al., 2006.

Unmet need in Parkinson's Disease Dementia



7-10M¹

Living with
Parkinson's
Disease



31%

Progress from MCI to
dementia
100% penetrance
after 10 years



**symptomatic
relief**

Treatments are
short term

¹ Parkinson's Disease Foundation http://www.pdf.org/en/parkinson_statistics_Medtrack Report, 2015.