



ASX ANNOUNCEMENT

Actinogen presents at BIO-Europe partnering conference in Vienna

Sydney, 3 November 2025. Actinogen Medical ASX: ACW (“ACW” or “the Company”) is pleased to announce that its Chief Executive Officer, Dr Steven Gourlay, and Chief Commercial Officer, Mr Andy Udell, will be attending the BIO¹ Europe partnering conference (BIO-Europe 2025) in Vienna, Austria this week.

BIO-Europe 2025, running from November 3 to 5, is Europe’s largest partnering event and brings together global business leaders including senior executives and business development teams from leading biotech and pharmaceutical companies, investors and other industry experts.

Dr Gourlay and Mr Udell will engage with international investors and potential biopharma partners throughout the conference to discuss Actinogen’s late-stage clinical trial program in Alzheimer’s disease (AD) and the enormous market potential for Xanmem®.

Actinogen is currently conducting a pivotal phase 2b/3 AD trial, the results of which could be transformational for the Company, and this is reflected in the meetings scheduled at the conference. The search for innovative therapies that could be used either alone or in combination for the treatment of Alzheimer’s is a significant priority for the pharma/biotech industry.

The presentation slides are attached to this announcement and a brief video commentary from Dr Gourlay is shown with this announcement on our InvestorHub.

Actinogen CCO Mr Andy Udell commented:

“We are delighted to share our progress at BIO-Europe 2025. Following a successful meeting with the FDA on Xanmem’s path to approval and completion of screening in our phase 2b/3 pivotal trial for Alzheimer’s disease, we’ve now entered the final stages of development -- with interim results due early next year and topline final results mid-Q4 2026. We look forward to a full slate of meetings with industry leaders and potential industry partners with a focus on exploring value-add regional collaborations to accelerate our progress.”

View this announcement on our InvestorHub: <https://investors.actinogen.com.au/link/PQ5jbP>

ENDS

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¹ The Biotechnology Innovation Organization (BIO) is the world’s largest advocacy association for biotechnology and the producer of the convention.

® Xanmem is a registered trademark of Actinogen Medical Limited.

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 and Depression and hopes to 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 220 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. The trial will be fully enrolled by the end of 2025 with initial results from an interim analysis in late January 2026 and final topline results in mid Q4 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 will evaluate safety and a limited number of efficacy endpoints such as the CDR-SB. The trial will commence in Q1 2026 and be 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, 11 β -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 video, [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 11 β -HSD1 inhibition by Xanamem in approximately 400 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.

Disclaimer

This announcement and attachments may contain certain "forward-looking statements" that are not historical facts; are based on subjective estimates, assumptions and qualifications; and relate to circumstances and events that have not taken place and may not take place. Such forward looking statements should be considered "at-risk statements" - not to be relied upon as they are subject to known and unknown risks, uncertainties and other factors (such as significant business, economic and competitive uncertainties / contingencies and regulatory and clinical development risks, future outcomes and uncertainties) that may lead to actual results being materially different from any forward looking statement or the performance expressed or implied by such forward looking statements. You are cautioned not to place undue reliance on these forward-looking statements that speak only as of the date hereof. Actinogen Medical does not undertake any obligation to revise such statements to reflect events or any change in circumstances arising after the date hereof, or to reflect the occurrence of or non-occurrence of any future events. Past performance is not a reliable indicator of future performance. Actinogen Medical does not make any guarantee, representation or warranty as to the likelihood of achievement or reasonableness of any forward-looking statements and there can be no assurance or guarantee that any forward-looking statements will be realised.

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



Oral Xanamem® (emestedastat)

*Controlling brain cortisol to slow progression in Alzheimer's disease
and treat depression*

Corporate Presentation (Bio-Europe)
November 2025

Disclaimer



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Overview



Xanamem: Clear pathway to Alzheimer's approval

Phase 2b/3 pivotal trial on track, FDA agreement streamlines development



- FDA confirms development pathway to US marketing approval using one additional pivotal trial of 10 mg vs. placebo and open-label safety studies
- Clear guidance on minimal ancillary nonclinical and clinical pharmacology work
- Agreement on key manufacturing items
- Ongoing XanaMIA clinical trial:
 - Brisk enrolment at 35 clinical centers in US and Australia – screening now closed
 - Excellent safety profile maintained
 - Interim analysis of safety and efficacy futility in Jan 2026
 - On-track for topline final results in mid Q4 2026 (n~240)
 - Open-label extension phase to open Q1 2026
- Phase 3 planning commencing in parallel with discussions re potential partnerships

First-in-class therapy with strong IP and large market potential



Novel 11 β -HSD1 cortisol control mechanism, oral, attractive safety profile

- Brain cortisol has been proposed as pathogenic mechanism in Alzheimer's & major depressive disorder
- Unique brain-penetrant tissue cortisol synthesis inhibitor that leaves adrenal cortisol synthesis unaffected



Large clinical and commercial opportunities

- No other brain-penetrant cortisol control drugs in development
- Multiple clinical trials showing treatment benefits
- First to be awarded INN and USAN names¹
- 2025 estimated 7.2 million Alzheimer's patients in the US alone with the cost to treat \$384 billion²



Patent/data protection and advanced manufacturing

- Composition of matter protection to 2036 in all major markets, newer patents to 2044
- Data exclusivity protects Xanamem data from use by others for 5 to 10 years from approval
- Manufacturing process scaled up and patented, tablets manufactured in US by Catalent

1. Xanamem's International Nonproprietary Name (INN), emestedastat, was awarded by a naming committee of the World Health Organization: "-stedastat" chosen for the first time for all 11 β -HSD1 inhibitors; USAN (United States Adopted Name)
2. U.S. burden of Alzheimer's disease, related dementias to double by 2060 | CDC Online Newsroom | CDC and The Cost of Dementia in 2025 - April 23, 2025 - USC Schaeffer

Experienced board and management team

Board of Directors



Dr. Geoff Brooke
Chairman
MBBS; MBA



Dr. Steven Gourlay
CEO & MD
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. Steven Gourlay
CEO & MD



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 IR & Comms
B.Ec (Hons), CPA, FFIN



What Actinogen is looking for in a regional partner



- Strong interest in a new oral disease-modifying therapy for Alzheimer's
- Track record of successful collaborations
- Regional commercial, clinical development and regulatory capabilities
- Openness to exploring other indications after pivotal trial XanaMIA results
- Customary deal structure with upfront, milestones and royalties
- Sublicensing rights to be negotiated
- Willingness to close a deal in the coming months

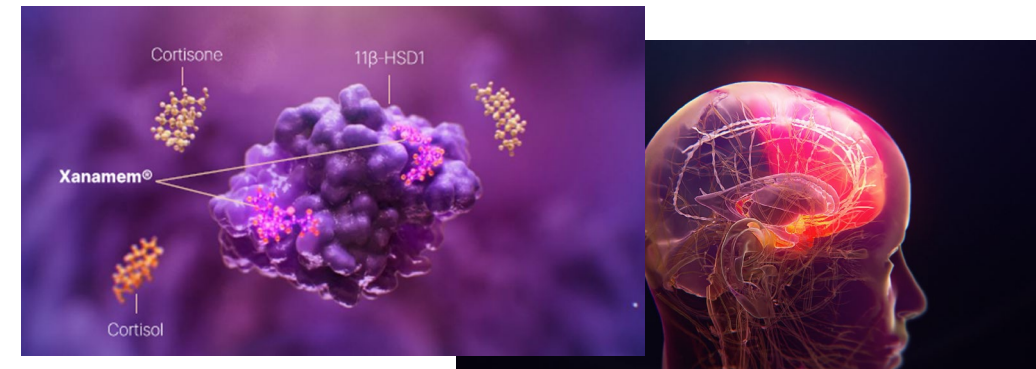
Xanamem



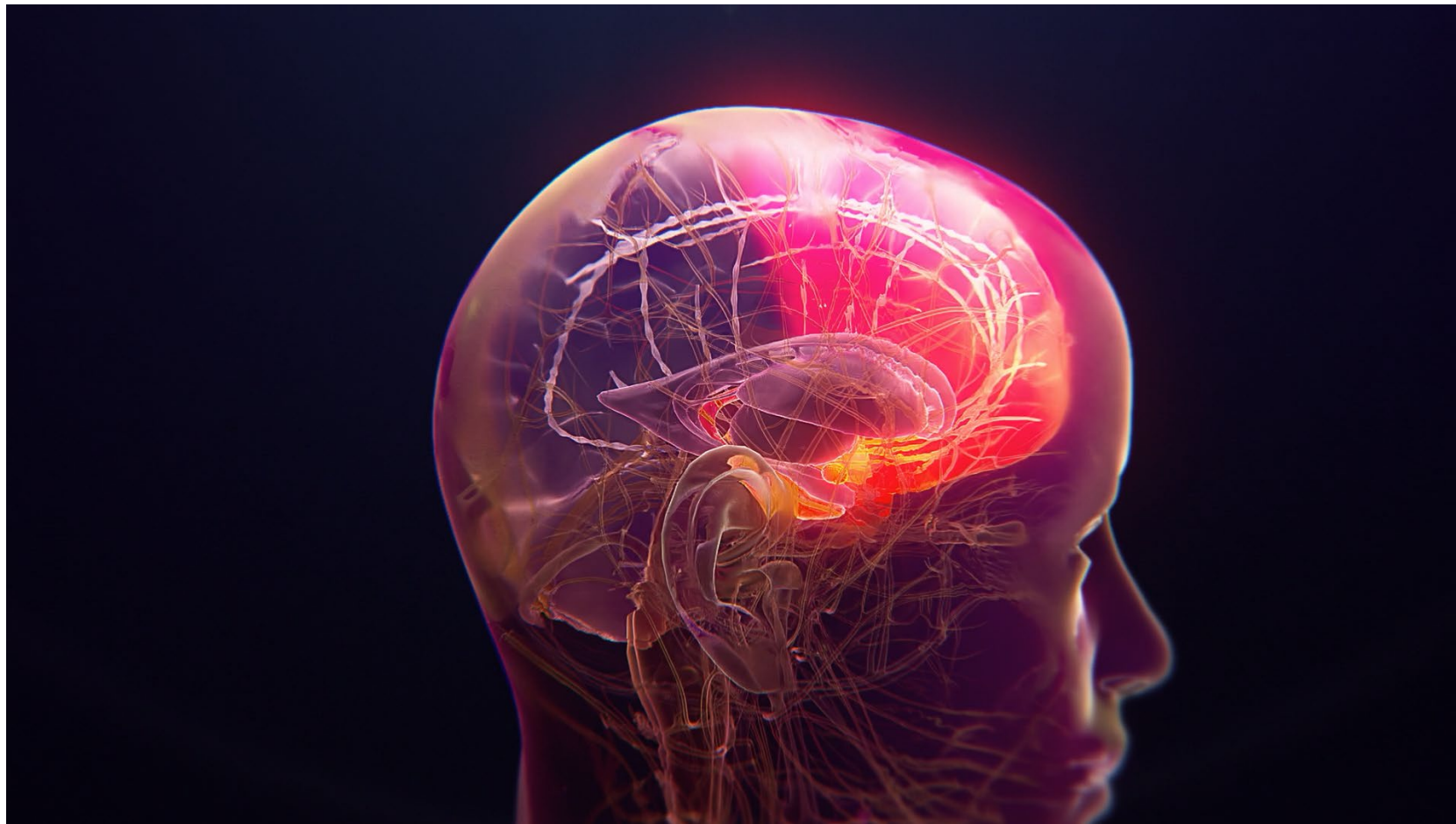
Clinically validated and differentiated Alzheimer's program



- ✓ Mouse experimental studies, brain cortisol levels & human clinical trials validate cortisol as a target for the treatment of AD
- ✓ Excellent safety profile, 400+ patients treated, no related serious adverse events
- ✓ Fully brain-penetrant oral therapy clearly demonstrated on brain PET scan imaging
- ✓ Positive clinical data demonstrated in phase 2 trials in patients with biomarker-elevated Alzheimer's and moderately severe depression
- ✓ Differentiated from antibody drugs: oral pill, suitable for general practice use, no invasive monitoring
- ✓ Open INDs and collaborative FDA engagement



Xanamem's unique mechanism of action animation



[Click here for animation video](#)

Xanamem controls cortisol by inhibition of 11 β -HSD1¹

Controlling brain cortisol² has potential durable benefits

Reduction of “stress response” in brain

RAPID changes in kinases, cell function, neurotransmitters over hours to days lead to short-term “low stress” settings



“Lower stress” shorter term e.g.

- Reducing inflammation
- Improving neurotransmitter balance
- Decreasing cell death

SLOW changes in gene expression and protein synthesis over days to weeks lead to durable “low stress” settings

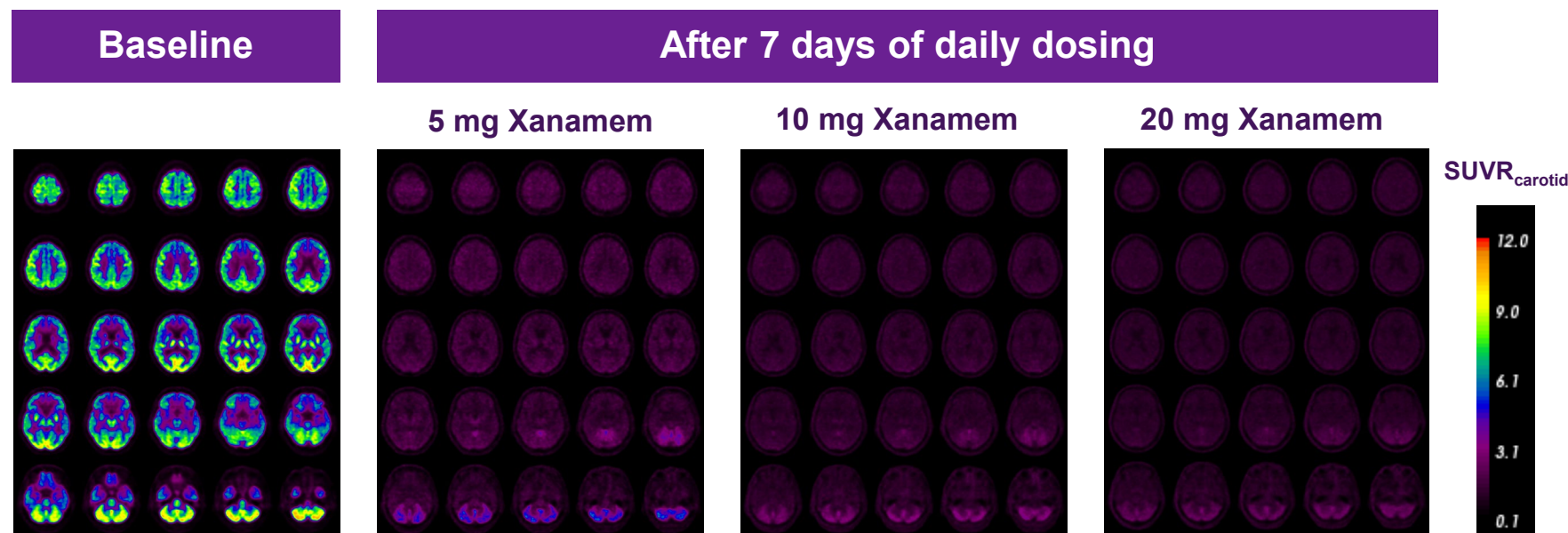


“Lower stress” longer term e.g.

- Improving neural circuitry
- Generating new brain cells
- Ideal receptor configurations

Human PET study shows full target engagement

Other 11 β -HSD1 enzyme inhibitors have not achieved adequate brain levels



Xanamem extensively binds to the 11 β -HSD1 enzyme throughout the brain, with high post-treatment effects (absence of color) after 7 days at all doses, slightly less at a 5 mg dose.

This is consistent with full hormonal pharmacodynamic activity seen in clinical trials with doses as low as 5 mg.

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

Alzheimer's disease program

Alzheimer's disease market is large and growing

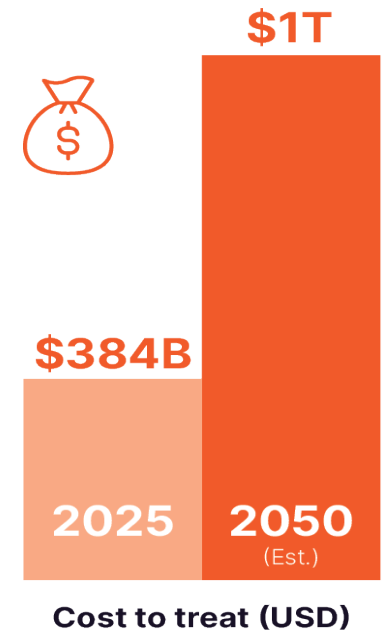
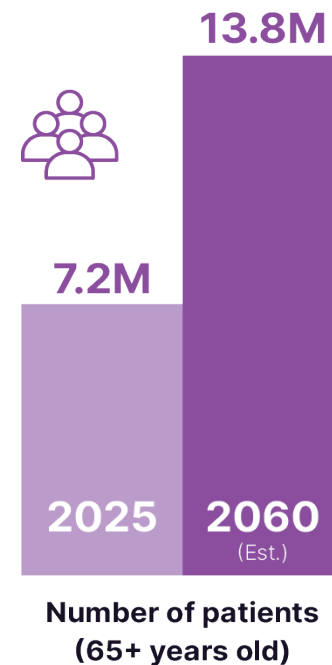
Strong cortisol control scientific rationale to address huge unmet medical need

Rationale

- Cortisol levels elevated in brain fluid in early AD
- Chronic corticosteroid treatment leads to hippocampal atrophy and cognitive impairment
- Elevated cortisol levels are associated with clinical progression
- Alzheimer's disease mouse model: 30–60% inhibition of 11 β -HSD1 provides full neuroprotection
- AD phase 2a trial shows slowed disease progression in biomarker-positive patients
- ***Safe & effective oral therapy is “holy grail”***

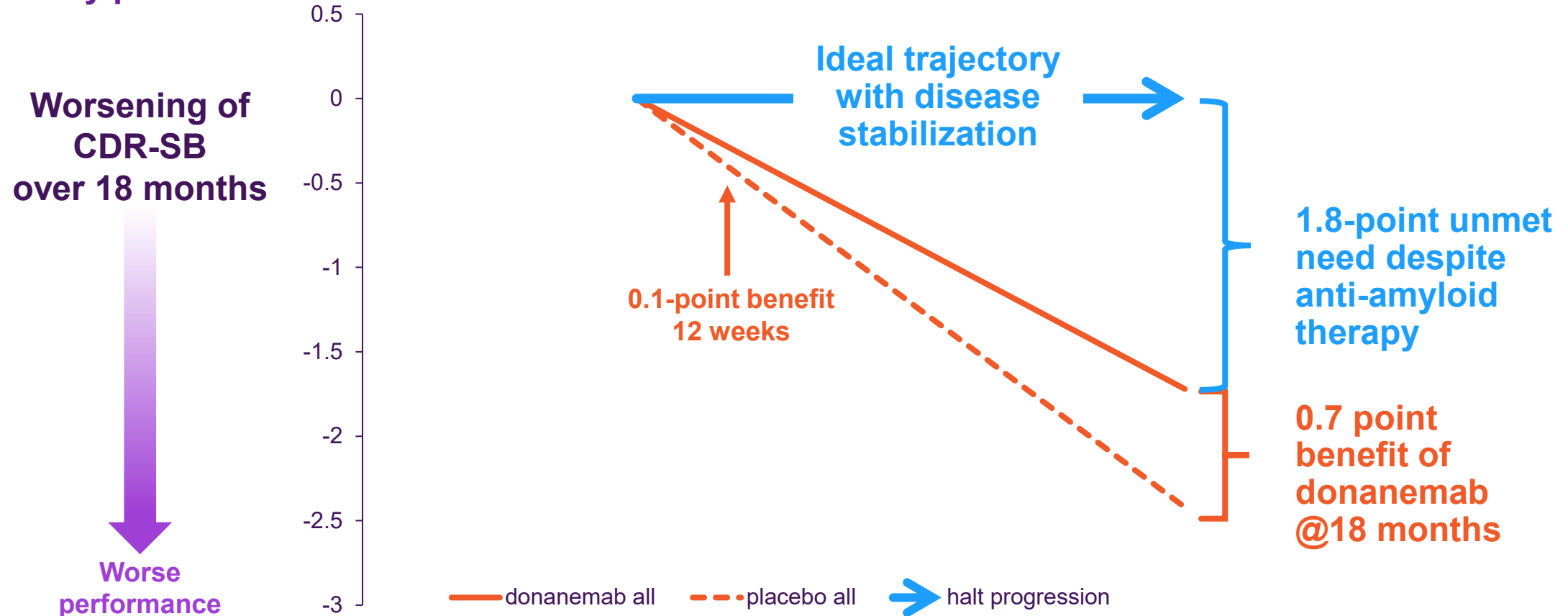
Growing Alzheimer's Disease market – U.S.

Large, unsatisfied and growing market



Anti-amyloid therapy modestly slows AD progression

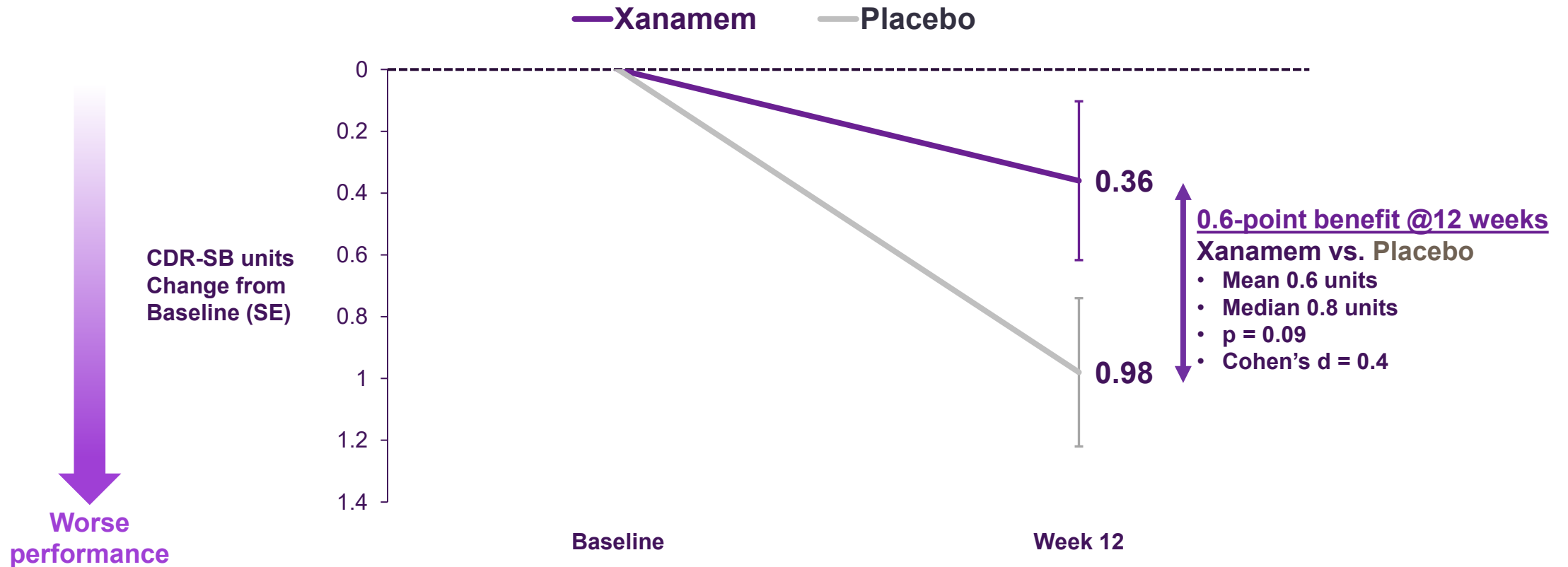
Ideally patients with AD would not worsen on treatment at all



Drugs targeting other mechanisms like Xanemem are needed

Large Xanamem benefit in high pTau181 patients

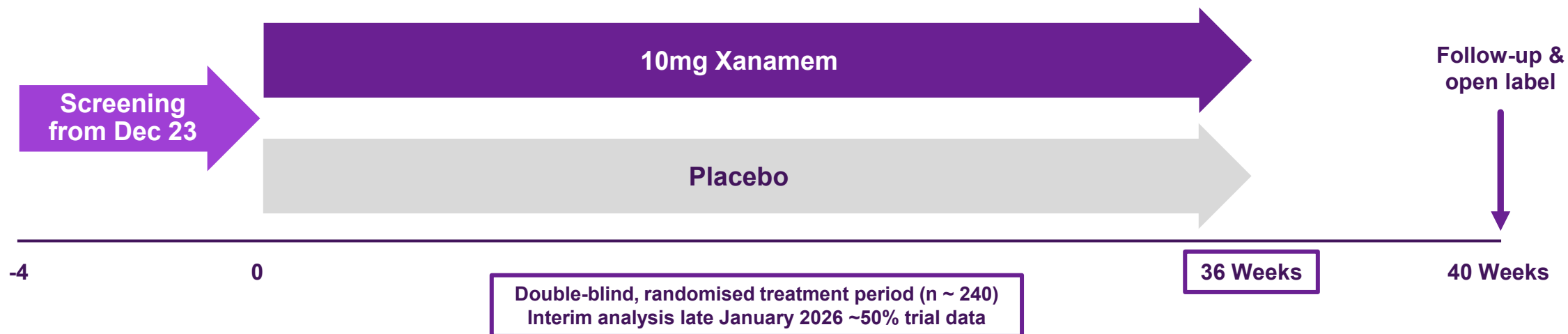
Phase 2a biomarker study: major slowing of CDR-SB decline over 12 weeks (n=34)



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

XanaMIA phase 2b/3 trial in Alzheimer's disease

Interim analysis late January 2026, topline final results mid Q4 2026



Key Inclusion Criteria	Primary Endpoint	Key Secondary Endpoints	Implementation
- Blood pTau biomarker positive - Mild-moderate Alzheimer's by NIA-AA criteria	CDR-SB (functional and cognitive measure) @36 weeks	- Cognitive Test Battery (7 cognitive measures well-validated in the Alzheimer's field) - Amsterdam Activity of Daily Living (functional measure)	- Enrolment at 15 Australian & 20 US sites - Likely final enrolment ~240 (was 220) Q4 2025 - Interim analysis late Jan 2026 for safety & efficacy futility - Open-label extension Q1 2026

Commercial readiness



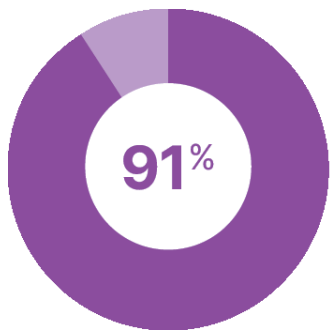
Direct insights from the front line of Alzheimer's care



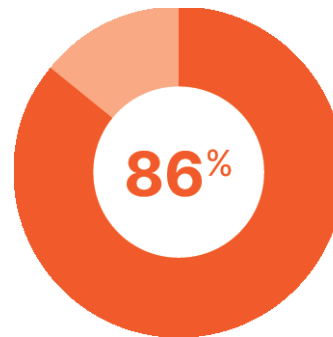
Physician perspectives on current practice, unmet needs, and future therapies*

- Market research with over 100 general neurologists and dementia/geriatric specialists
- Representative of the AD-treating physician population as it relates to geography and practice type, and:
 - 18 mean years in practice
 - 94% of time in clinical practice setting
 - Mean of 222 Alzheimer's patients (median: 175) under personal care (per physician)

Current Market Perceptions:



of neurologists agree there is a **high unmet need** for **DMTs** for **early AD**



of neurologists expect their **approach to treating early AD** will **change over the next 5 years** as **novel DMTs** launch

*"I think eventually what will happen is that we're **not going to be just treating patients with an amyloid remover**, but also **anti-neuroinflammation, mitochondrial enhancers, synaptic enhancers** and so on and so on, in order to actually stop or substantially **slow down the progression of the disease**."*

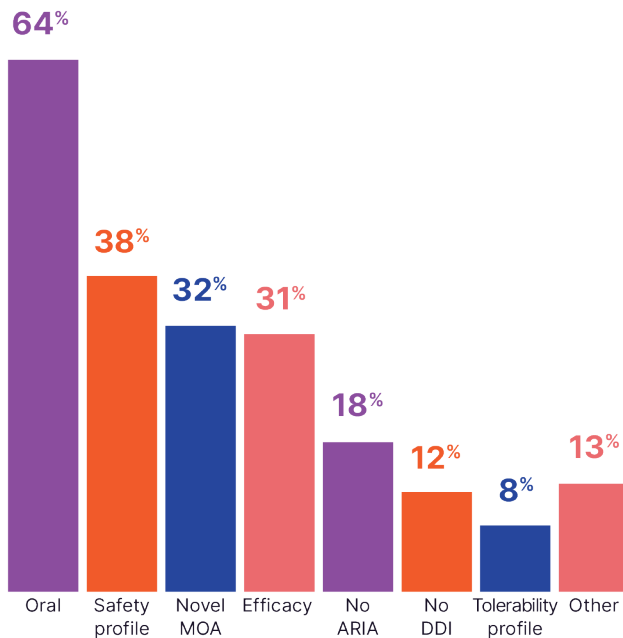
Strong physician response to Xanamem's target profile



Over half of their current AD patients fall within Xanamem's addressable market

Positive reaction to Xanamem's potential advantages per clinician feedback

Advantages of Xanamem (Unaided) % of respondents



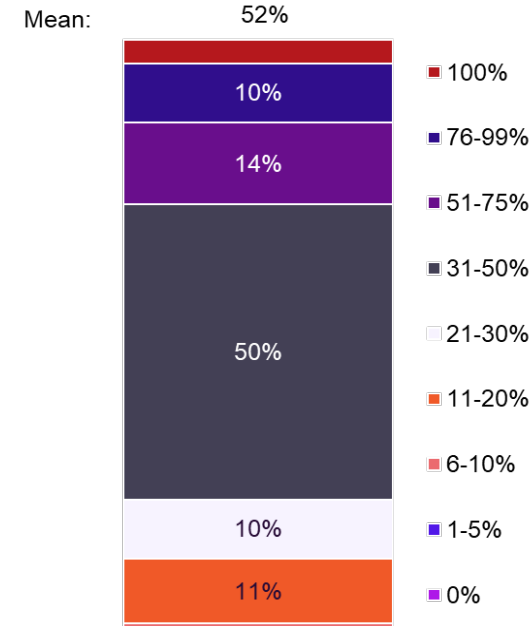
"Oral agent with distinctive mechanism of action, no safety concern."

"More efficacious, oral, no concern for ARIA, can be used in more advanced AD."

"It appears to be quite safe. There is little work to be done on the part of the clinician or the patient (dosing, labs, titration, etc.)"

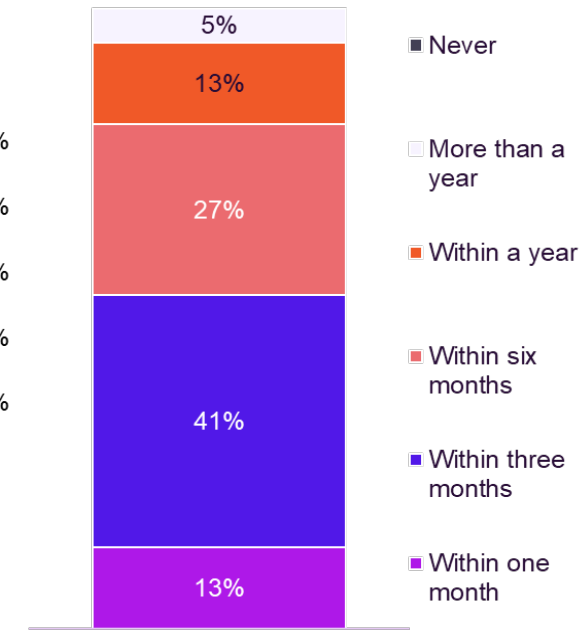
Xanamem Patient Candidacy

% of respondents



Anticipated Timeline to Prescribe

% of respondents



Above and right: Spherix Global Insights: Market Dynamix Early Alzheimer's Disease (US) Q2 2025 (n=101) and Custom Quantitative Analysis (US) July/August 2025 (n=91)

DMTs: Disease modifying therapies

ARIA: Amyloid-related imaging abnormalities

Driving awareness of Xanamem and cortisol biology



Expanding education, engagement and visibility

- **Educational need identified:** Qualitative research and advisory boards revealed limited physician understanding of the role of cortisol in the brain and its link to Alzheimer's pathology
- **Action taken:** Developed a concise two-minute animation explaining Xanamem's unique "cortisol control" mechanism of action
- **Scientific presence:** Active participation at major Alzheimer's conferences, including a booth at AAIC and presence at CTAD and other key global meetings
- **KOL engagement:** Ongoing collaboration with leading neurologists and psychiatrists through advisory boards, 1:1 discussions, and planning for future review papers and publications
- **Broader awareness:** Continuing to elevate Xanamem's visibility and differentiation through consistent medical, scientific, and educational initiative

Depression program



There remains significant unmet need in depression

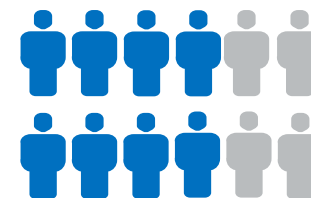
Xanmem's unique mechanism and safety differentiate it from older drugs

Scientific rationale

- More than 50 years of research associates cortisol with depression
- Elevated CSF and plasma cortisol levels associated with diagnosis, treatment outcomes and relapse
- Positive effects of cortisol receptor antagonism reported with mifepristone³
- ***Now positive phase 2a data on depressive symptoms for Xanmem (MADRS, PGI-S)***

U.S. Depression market large unmet need

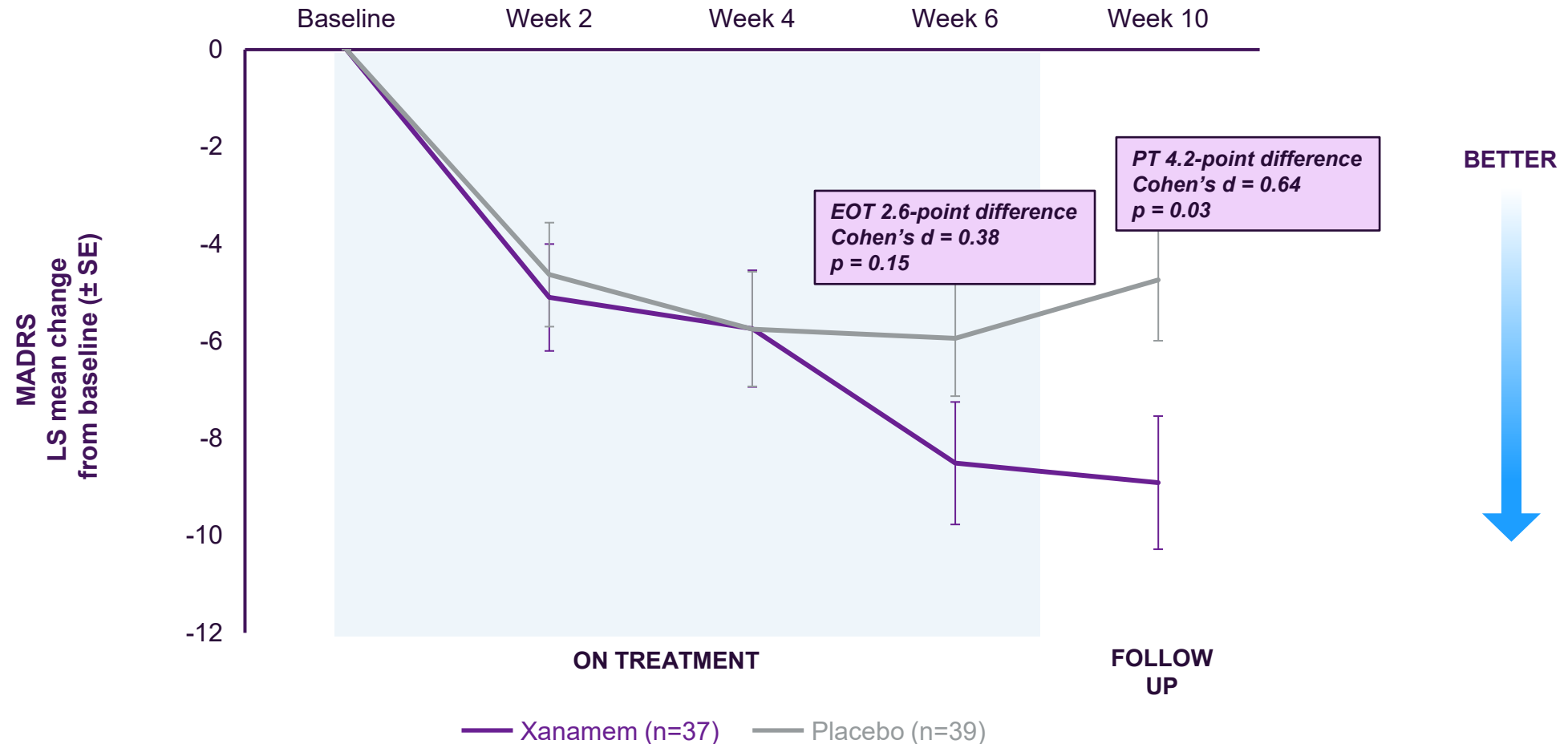
- 21M patients have had ≥ 1 MDD episode



- Two-thirds with an episode **with severe impairment** in the past year
- 61% of all adults with MDD episodes receive treatment
- ≥ 365 M prescriptions per year

A safe, durably effective and combinable small molecule is a very attractive product profile for depression AND Alzheimer's

Major depressive disorder phase 2a: benefit also seen in patients taking background SSRI anti-depressant (n=76)



Phase 2a depression symptom benefits (2024) - major scientific and drug development achievement

Data support further MDD development and are also positive for Alzheimer's



- ***Clinically and statistically significant treatment benefits on depressive symptoms***
- Predominantly co-treated population with moderate MDD
- Consistent depression efficacy across subgroups
- Xanamem was safe and well tolerated (n=165 treated) with no observed suicide risk or withdrawal syndrome
- The trial was well-conducted with no major differences between Australia and the UK or at high enrolling clinical sites
- Benefits on depression are a desirable feature for an Alzheimer's drug
- Funding for the next depression trial being investigated with potential partners and/or granting bodies

Conclusion



On track to deliver transformative Alzheimer's data

Multiple catalysts ahead as Xanamem advances towards pivotal results



- ***On-track with XanaMIA trial in patients with mild-moderate Alzheimer's disease***
 - ✓ FDA confirms development pathway to US marketing approval
 - ✓ Full enrolment of 220 (now ~240) participants in Q4 2025
 - ✓ Interim analysis of safety & efficacy futility late Jan 2026, topline final results Q4 2026
- ***Positive phase 2a depression data validates Xanamem clinical activity in the brain***
 - ✓ Clinical benefit of unique “cortisol control” mechanism of action and 10 mg dose
 - ✓ Reinforces the likelihood of seeing a disease-modifying effect in Alzheimer's disease
 - ✓ Peer-reviewed journal publication pending
- ***Company funded to at least mid 2026***
- ***On-going partnership discussions***
- ***Other trial, regulatory, publication and presentation milestones***

Appendix



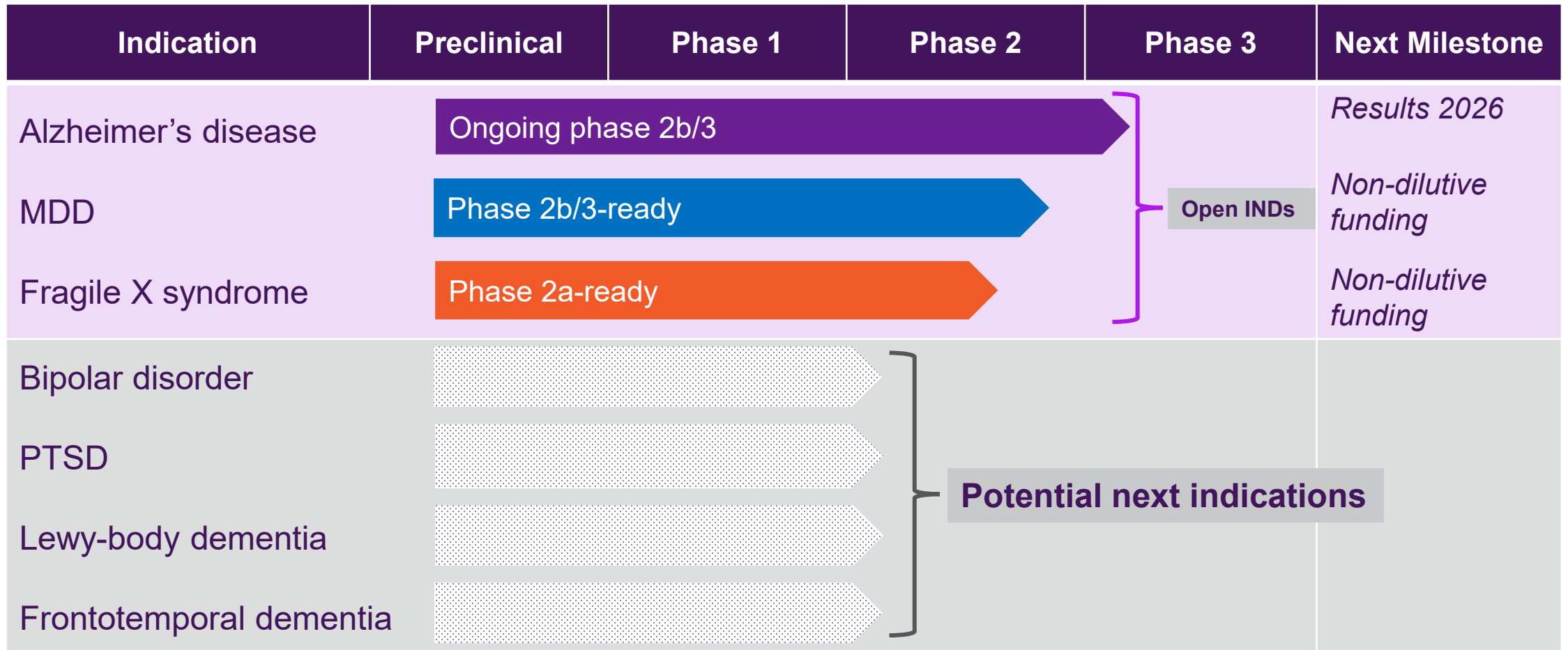
Multiple near-term milestones in coming year

Milestone	Likely Timing
Screening activities close, XanaMIA AD trial	Q4 25
Full enrolment, 220 patients with AD, XanaMIA AD trial	Q4 25
XanaCIDD MDD peer-reviewed journal publication	Q4 25 / Q1 26
CTAD conference AD presentation in San Diego	Q4 25
Meetings at JP Morgan Healthcare conference week, San Francisco	Mid Jan 26
Interim analysis XanaMIA AD trial	Late Jan 26
ADPD conference AD presentation in Copenhagen	Q1 26
EMA Scientific Advice meeting for AD	Q2 26
Clinical Trials Science Forum – focus on commercial planning	Q2 26
BIO conference in San Diego	Q2 26
AAIC AD conference in London	Q3 26
Final results, XanaMIA AD trial	Mid Q4 26

Xanamem – Pipeline focused on Alzheimer's as lead



Depression phase 2a results support further development



Corporate snapshot



ASX-listed company founded in 2014

- Market Cap ~\$100 million
- **Cash runway to at least mid 2026**
- Seasoned Board and Management team with a track-record of success



Key shareholders

- **CEO Steve Gourlay ~5% (including via ~\$2 million invested personally)**
- Top 20 ex-Gourlay ~23%



Phase 2b/3-stage clinical programs are in the “sweet spot” for partnering

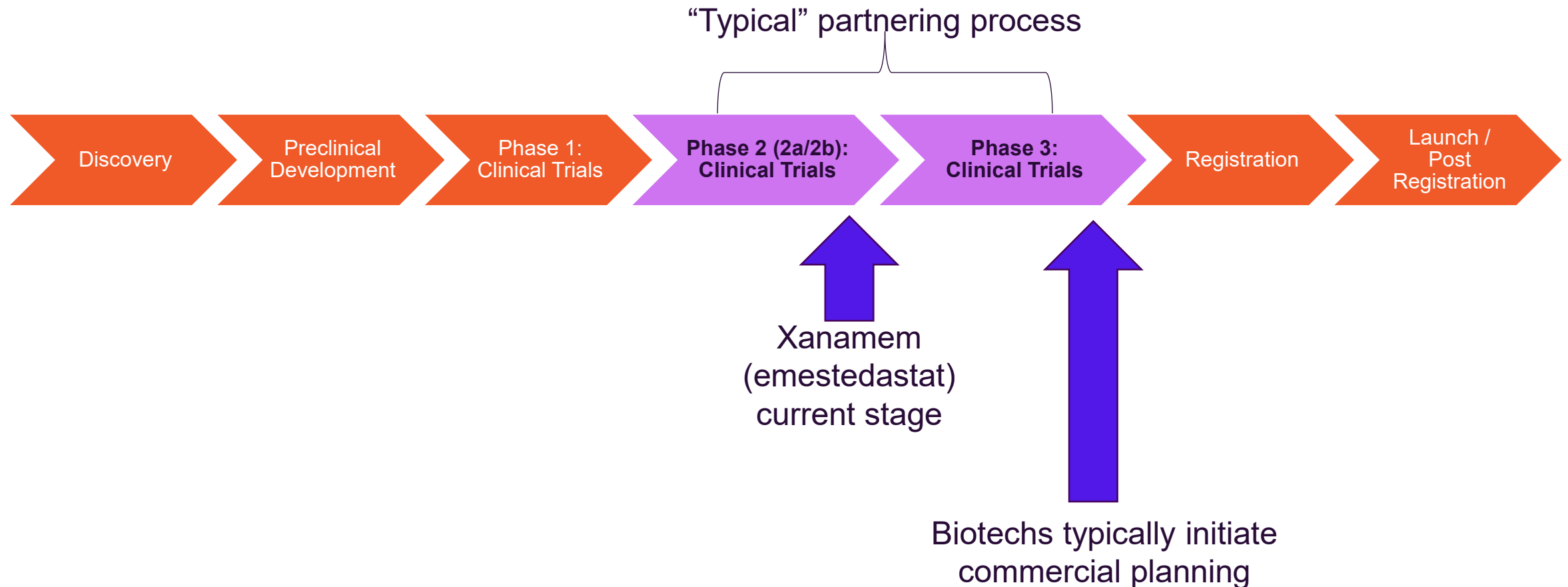
- **Alzheimer’s disease phase 2b/3 ongoing – interim analysis late Jan 2026, topline final results mid Q4 2026**
- **Positive depression trial phase 2a completed, peer-review publication pending**
- Active in partnering diligence with focus on regional collaborations in the short term



Fundraising history

- Merger of U Edinburgh spinout Corticrine with Actinogen ASX-listed shell (2014)
- Equity raises on ASX and Australian R&D tax incentive cash rebates (e.g. \$18 million received in 2024/5)
- Option exercise funds (2024-25)

Early commercial planning drives strategy and impact



Current Alzheimer's treatments

Significant unmet need persists despite two approved anti-amyloid mAbs

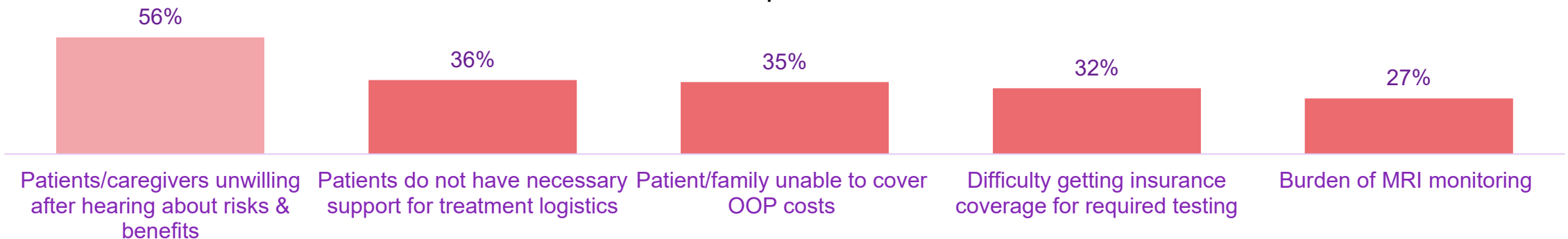


Though acknowledging advance of current DMTs, neurologists remain cautious.

- Neurologists are conscious of the advances current DMTs offer in a field that has seen sparse innovation for decades and they acknowledge the potential benefits these DMTs offer.
- However, both neurologists and patients/caregivers remain cautious about the current generation of DMTs, leaving ample opportunity for new entrants to capture both prescribers and brand share.

Top Barriers to Prescribing Anti-Amyloid DMTs

% of respondents



AD Pipeline: Opportunity for differentiated therapies



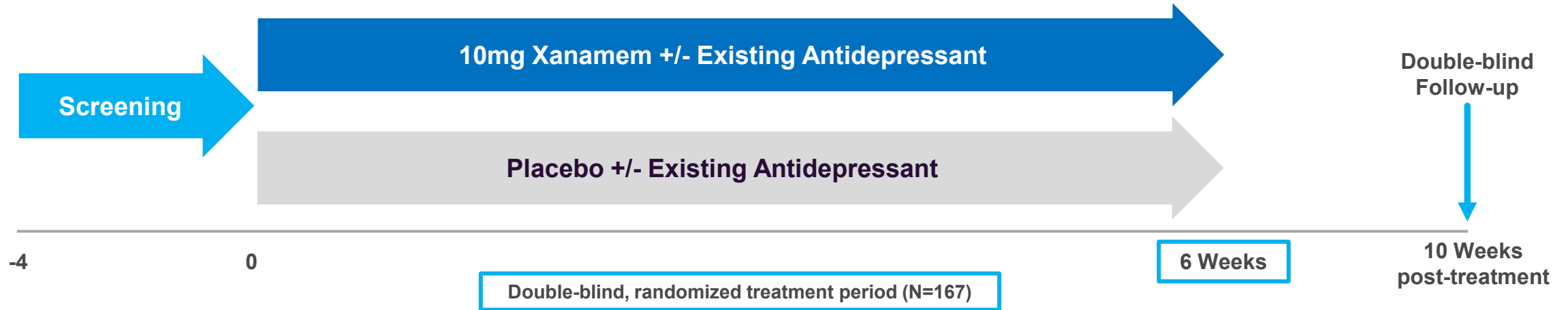
Combination approaches likely needed for meaningful impact

- Amyloid-targeting therapies: Demonstrated limited efficacy; market differentiation remains modest
- Anti-Tau programs: Many early candidates have not achieved clinical success, highlighting development challenges
- GLP-1 therapies: Upcoming Q4 2025 trial results are highly anticipated; physician feedback has been mixed, though success could broaden interest in novel MoAs aligned with Xanomem
- Pipeline outlook: No single “silver bullet” anticipated; as with other chronic diseases, effective treatment may require complementary therapies

XanaCIDD trial design and methods – completed CY2024



Phase 2, double-blind, proof-of-concept controlled trial to assess safety and efficacy



Primary Endpoint

- **Cogstate Cognitive Test Battery Attention Composite** (attention and working memory)

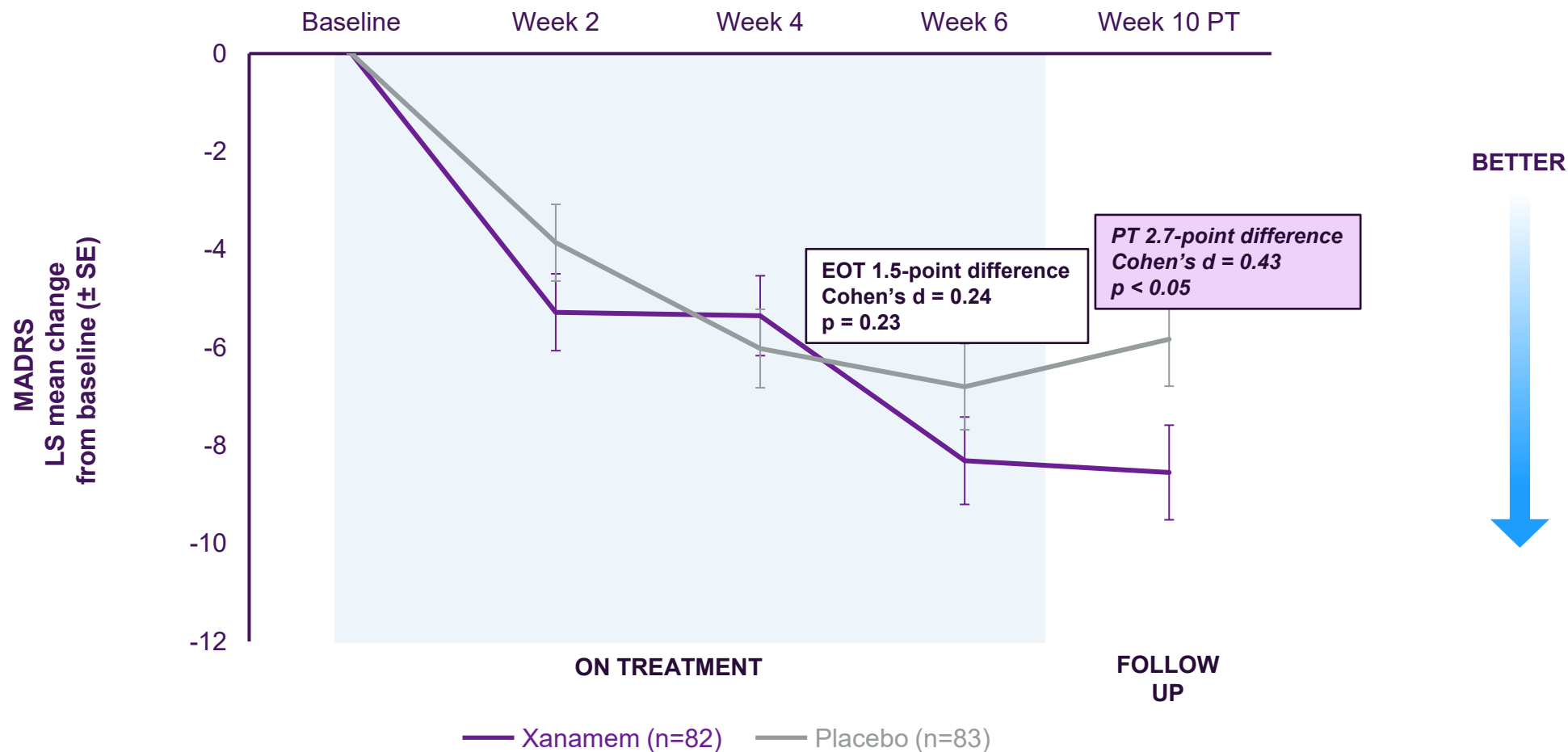
Key Secondary Endpoints

- Montgomery-Åsberg Depression Rating Scale (**MADRS**)
- Patient Global Impression-Severity (**PGI-S**)
- Other MDD and cognitive measures

Xanamem MADRS improvement from Week 6 (n=165)



All randomized participants



Key references

Other references see also <https://actinogen.com.au/xanamem>



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Xanamem clinical trials

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Currencies

- Currencies are in Australian dollars unless otherwise stated

Selected Glossary 1

- **11 β -HSD1** – 11 beta HydroxySteroid Dehydrogenase-1 enzyme. Selectively expressed in brain, liver, adipose.
- **A β** – Amyloid beta – a type of amyloid protein associated with Alzheimer's Disease, 42 and 40 are different forms
- **ACTH** – Adrenocorticotrophic hormone that regulates blood levels of cortisol
- **AD** – Alzheimer's disease
- **ADAS-Cog** – Alzheimer's Disease Assessment Score - Cognition
- **ApoE4** – Apoprotein genotype associated with genetic risk of Alzheimer's Disease
- **ATN** – Amyloid, Tau, Neurodegeneration
- **Clinical Scales** – Measure how a patient feels, performs and functions
- **CDR-SB** – Clinical Dementia Rating "Sum of Boxes" scale measuring cognition and function on an 18-point scale (high worse)
- **CNS** – Central nervous system
- **CSF** – Cerebrospinal fluid
- **CTAD** – Clinical Trials on Alzheimer's Disease (conference)
- **CTB** – Cognitive Test Battery of computerized tests
- **Double-blind** – Investigators, participants and company do not know who has active vs placebo treatment during a trial
- **EMA** – European Medicines Agency
- **FDA** – US Food & Drug Administration
- **Filamen A** – A protein believed to relate to amyloid toxicity
- **GFAP** – Glial Fibrillary Acidic Protein – a marker of microglial cell activation in the brain
- **IDSST** – International Digit Symbol Substitution Test of cognition

Selected Glossary 2

- **IQCODE** – Informant Questionnaire on Cognitive Decline in the Elderly
- **MCI** – Mild Cognitive Impairment – memory, executive function deterioration with retained functional abilities
- **MDD** – Major Depressive Disorder
- **MMSE** – Mini Mental State Examination – a 30-point scale of simple questions to assess mental abilities
- **NfL** – Neurofilament Light – a nerve protein in the brain and rest of the body too
- **NIA-AA** – National Institutes of Aging and Alzheimer’s Association
- **NMDA** – A type of receptor for glutamate in the brain
- **NPI** – Neuropsychiatric Inventory to assess psychiatric symptoms
- **NTB** – A Neurologic Test Battery, in this presentation one designed to measure executive function aspects of cognition
- **PET** – Positron Emission Tomography – a type of body scan
- **Placebo controlled** – Non-active treatment for double-blind design
- **p-Tau181 or 217 AD** – Biomarker of phosphorylated Tau protein
- **QPCT** – Glutaminyl-peptide cyclotransferase is an enzyme proposed to create toxic amyloid species
- **RAVLT** – Rey Auditory Visual Learning Test
- **RBANS** – Repeatable Battery for the Assessment of Neuropsychological Status (a test of mental abilities)
- **ROC AUC** – Receiver Operating Curve Area Under the Curve (1.0 ideal) – a type of statistical test to compared two methods of measurement
- **SSRI** – selective serotonin reuptake inhibitor
- **Tau** – A brain protein
- **Ttau** – Total tau levels including both phosphorylated and non-phosphorylated tau

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