

Optimizing Alzheimer’s disease pathways: a multi-modal ecosystem for early detection and expedited specialty care

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THE OUTCOME FOR PATIENTS

5–7 months

to treatment, down from **5–7 years** — reaching patients while early intervention can still change the course of disease

700+

Individuals screened in <6 months

27%

Flagged with elevated P-tau217

15

Already started on disease-modifying therapy

39%

Non-white — reaching under-served patients

OUR SOLUTION — A REIMAGINED PATIENT JOURNEY

From first concern to expert care — without the years of waiting

DETECTION

1

Online test request

Demographics, cognitive screening questions, board-certified review of eligibility

2

At-home blood draw

Self-collected capillary sample with video & picture guides

3

Online cognitive test

In-depth digital evaluation plus lifestyle questionnaire

AT HOME



TRIAGING

4

CLIA/CAP P-tau217 test

Certified-lab assay with secure cloud-based results

5

Neurologist review

Customers with increased risk of AD pathology are invited to schedule an appointment

CERTIFIED LAB + EXPERT



INTERVENTION

6

Telehealth + referral to specialty care

Educational visit, biomarker disclosure, and a warm referral into the Neurogen Diamond Network

01 — THE PROBLEM

Patients are found too late to treat

Dementia “whispers” for roughly a decade before it “screams.” By the time it is diagnosed, **92% of patients are too late to benefit** from treatment. Disease-modifying therapies now exist - but the path to reach them in time, is not clear.

~10 yr

Silent “whisper” period before diagnosis

3 sec

Someone develops dementia — most never diagnosed in time

02 — WHY NOW

Treatments exist — access doesn’t

FDA-approved therapies (Leqembi, Kisunla) and effective lifestyle optimizations have created unprecedented urgency — yet patients are rarely reached during the early window when intervention can still change outcomes.

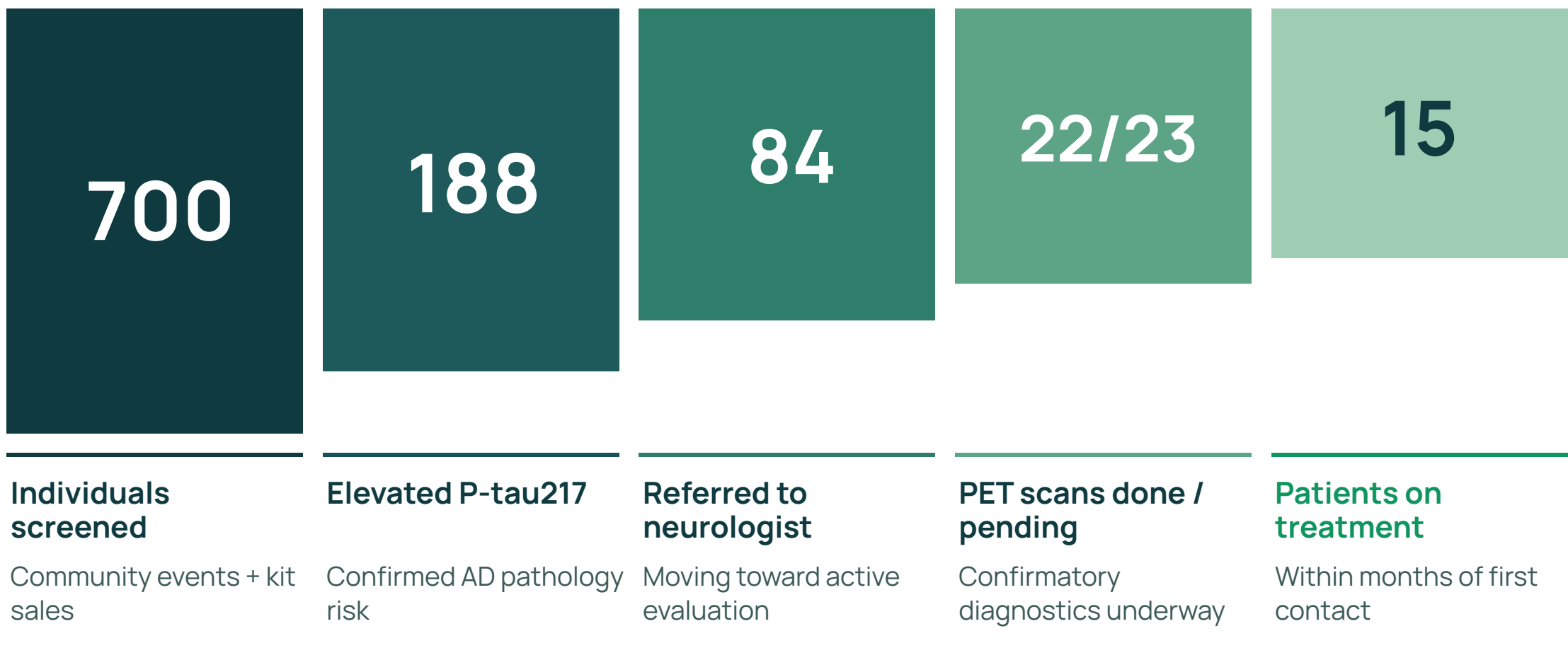
- Purpose-built for **accessible early detection**
- Proprietary **IP in at-home sampling**
- Global **scientific advisory committee** safeguards clinical validity
- Proven **lab → clinician → pharma** integration

\$32B

Goldman Sachs total addressable market — people aged 50+ with cognitive concerns currently locked out of early detection

CLINICAL PROOF OF CONCEPT

Screening to treatment, in months



From the same cohort, an additional **~45 patients** are expected to start treatment within 4 months — each gaining years of earlier intervention.

A YOUNGER, MORE DIVERSE COHORT

67

Mean age (SD 9.5)

66%

Female participants

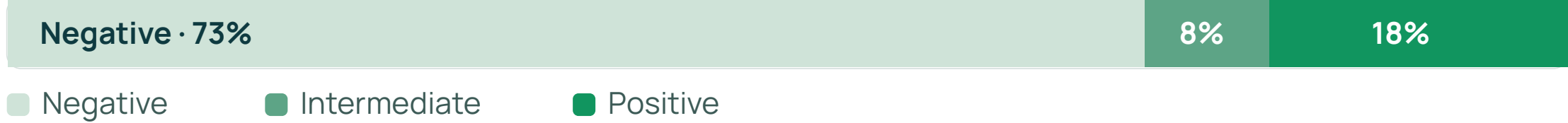
50%

Higher education

39%

Non-white participants

P-TAU217 RESULT ACROSS THE COHORT (N=700)

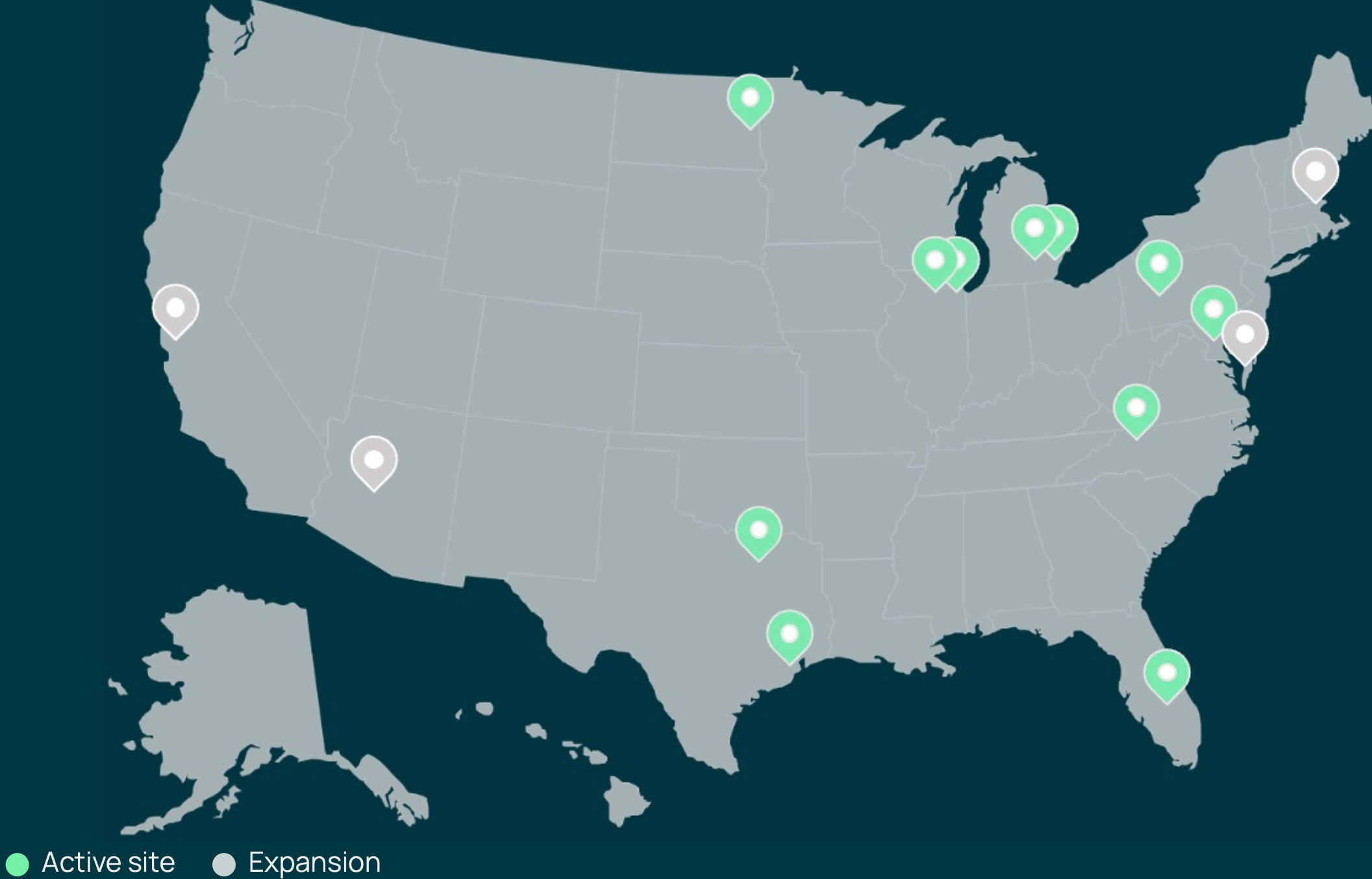


Community recruitment — spanning downtown, inner-city and rural sites — reaches a broad socioeconomic and ethnic spectrum, bringing earlier diagnosis to patients health systems rarely reach.

THE NEUROGEN DIAMOND NETWORK

11

high-quality neurology sites that route patients to trusted prescribers, with access to confirmatory testing, treatment, clinical-trials, and caregiver support.



EXAMPLE SCENARIO | 10-WEEK RESULTS · ONE DMT-NAÏVE SITE

12 PET complete · 16 pending · **10 Leqembi + 1 Kisunla** prescriptions — from a first-time DMT prescriber activated by Neurogen.

WHAT THIS UNLOCKS

Patients

Earlier diagnosis, an earlier choice to act, better outcomes

Clinicians

A simpler pathway, data-driven decisions

Pharma / Dx

Direct access to treatment-ready patients

CONCLUSION

Detection at the point of first concern — so patients get an early choice to act

By moving detection upstream together with the moment of first concern, Neurogen compresses time-to-treatment from years to months and routes patients into expert specialty care — while the same ecosystem approach gives clinicians and pharma direct access to the patients they could never reach in time.

→ Time-to-treatment cut from 5–7 years to 5–7 months

→ 39% non-white cohort — early access for under-served patients

→ Early detection → early intervention → better outcomes

GUIDED BY LEADING EXPERTS

The Neurogen Scientific Advisory Committee includes Rudolph Tanzi (Harvard Medical School), Nicholas Ashton (Banner Health), Inge Verberk (Amsterdam UMC), Michelle Mielke (Wake Forest), Cara Leahy (Memorial Healthcare), Jeffrey Dage (Indiana University), and Thomas Karikari (University of Pittsburgh).

DISCLOSURES

Authors affiliated with Neurogen Biomarking are employees or contributors of the company. Figures reflect internal program data as of June 2026.