ABSTRACT SUBMISSION AUTHOR GUIDELINES

FOR BIOTECH SHOWCASE SESSIONS

A. GENERALITIES

This online abstract submission will close on **September 3, 2026**. No late abstracts will be accepted. Presenting authors will be notified of the Scientific Committee's decision regarding acceptance of their abstracts.

Only abstracts submitted via the online system will be considered. Please do not send abstracts by email, as they will not be considered.

Please note that abstracts submitted for a Biotech Showcase will not be considered in another category. **Do not submit abstracts twice in two different categories. Double submissions will be discarded from the system.**

Biotech Showcase can only be presented in-person in Boston, MA (USA). If you are planning on attending remotely, please select another submission category.

B. STEP-BY-STEP ONLINE SUBMISSION GUIDELINES

Step 1: In the scroll-down menu for type of presentation, select “ORAL COMMUNICATION presented in-person.”

Step 2: In the scroll-down menu for topics, make sure you select the topic below.

13. **Biotech Showcase: Company-led scientific and development presentations.**

Step 3: Enter the name and affiliation of the presenting author.

- Enter names and affiliations of co-authors as needed. A maximum of 15 co-authors is allowed.
- **A picture of the presenting author is required.** You will be asked to upload the picture in .jpeg or .png format (this will be used for the online app).
- **A bio of the presenting author is required.** You will be asked to enter the bio after the abstract text. Attention: the bio text is limited to 200 words.

Step 4: Enter all the different elements of your abstract in the dedicated abstract box, following the structure below.

Company Therapeutic Area

One line. Indicate the disease area or pathology addressed, and its relevance to Alzheimer's disease and neurodegenerative diseases (e.g., co-pathology, biomarker, drug target, digital health, etc.).

Company & Pipeline Description (200 words maximum)

Briefly describe the company, its mission, and the investment highlights, including pipeline and key technology platforms. Focus on what the company does and where it stands in development, rather than abstract-style background/methods/results.

Describe the Innovation, Product, or Device to Be Presented (400 words maximum)

Describe the specific and differentiating innovation, product, or device featured in this presentation. Explain what it does, what stage of development or validation it has reached, and why it is clinically or

scientifically relevant to the ADRD and neurodegenerative diseases field. Supporting publications should be listed here, in standard citation format with PMID/DOI where available.

Highlight the Underlying Scientific Data to Be Presented (400 words maximum)

Summarize the key data supporting the innovation described above. Specify the study design or model used (e.g., preclinical, Phase 1/2/3, real-world cohort), the primary endpoints or outcome measures, and the headline results, including relevant statistics where available (effect size, p-values, sensitivity/specificity). Indicate the sample size and population studied. If data are preliminary or unpublished, state this explicitly. Focus on results most relevant to differentiating the product within the ADRD field, rather than full methodological detail.

Name, Title, and Email of Presenter

Full name, credentials, title/role at the company, and email address.

C. AUTHOR INSTRUCTIONS

- ***Data presented:*** Abstracts submitted at CTAD must be new data or updated data. Encore abstracts are not accepted and will not be selected for presentation and/or publication.
- ***Abstract selection:*** Abstracts are selected on a peer-review basis by the CTAD Scientific Committee.
- ***Abstract publication:*** Abstracts accepted for presentation at CTAD 2026 will be published in a supplement of the Journal of Prevention of Alzheimer's Disease after the event. It is essential to follow the instructions above in preparing your abstract. Abstracts submitted in an inappropriate format will not be considered for presentation and/or publication.
- ***Disclosures:*** All authors are responsible for recognizing and disclosing any conflict of interest that could be perceived to bias their work, making known all financial support, grants, and any other personal connections. Biographical descriptions should be avoided, but transparency is required, delivered in a concise and full sentence.
  - ***Additional material:*** Tables, graphs, and figures are not permitted.
  - ***Copyright:*** In submitting your abstract via the CTAD online submission system, you agree to the transfer of copyright to Serdi and Elsevier, publishers of the Journal of Prevention of Alzheimer's Disease.
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D. ABSTRACT TEXT SAMPLE

Company Name: NeuroSignal Therapeutics

Company Therapeutic Area:

Blood-based biomarkers for early detection of amyloid and tau pathology in Alzheimer's disease, supporting earlier diagnosis and trial enrollment stratification.

Company & Pipeline Description (200 words maximum):

NeuroSignal Therapeutics is a clinical-stage diagnostics company developing blood-based biomarker panels to enable earlier and more accessible detection of Alzheimer's disease pathology. Founded in 2021 and based in Cambridge, MA, the company's lead program, NS-p217, combines plasma p-tau217 and GFAP measurements into a single assay designed to reduce reliance on PET imaging and lumbar

puncture for trial screening and clinical decision-making. NeuroSignal has raised $48 million across Series A and B financing, with investors including two specialist life sciences funds focused on neurodegeneration. The company's technology platform is built on a proprietary immunoassay chemistry licensed from a Boston-area academic medical center, with three issued patents and four pending applications covering assay composition and analysis methods. NS-p217 has completed analytical validation and is currently undergoing clinical validation in two independent cohorts totaling over 1,800 participants. NeuroSignal's near-term goal is regulatory submission for a trial-enrichment indication in 2027, with a longer-term ambition to support primary-care-accessible screening as treatment access expands.

Describe the Innovation, Product, or Device to Be Presented (400 words maximum):

This presentation will introduce NS-p217, a dual-analyte blood test combining plasma p-tau217 and glial fibrillary acidic protein (GFAP) into a composite score for identifying amyloid and tau pathology consistent with Alzheimer's disease. Unlike single-analyte plasma tests currently in use, NS-p217 is designed to capture both amyloid-associated and neurodegeneration-associated signal in one draw, with the aim of improving discrimination in early and prodromal disease stages where single markers can underperform.

The assay runs on a standard automated immunoassay platform already present in most central laboratories, avoiding the need for specialized equipment and supporting scalable deployment across multi-site trials. Sample stability has been validated for up to 72 hours at room temperature and 12 months at minus 80 degrees Celsius, addressing a common logistical barrier in multi-country trial enrollment.

NS-p217 has reached the clinical validation stage, with analytical validation complete (intra-assay CV under 8 percent, inter-assay CV under 12 percent) and clinical validation ongoing in two cohorts. Relevance to the ADRD field centers on trial enrollment efficiency: as anti-amyloid and anti-tau therapeutics move toward earlier intervention windows, sponsors increasingly need affordable, scalable pre-screening tools to reduce costly PET- and CSF-based screen failures. NS-p217 is positioned as a pre-screening layer ahead of confirmatory imaging or CSF testing, with the goal of reducing screen-fail rates and overall trial screening costs.

Supporting publications: Chen L, et al. Alzheimers Dement. 2024;20(3):1842-1851. https://doi.org/10.1002/alz.13642; Okafor R, et al. J Prev Alzheimers Dis. 2025;12(1):45-53. PMID: 39812345.

Highlight the Underlying Scientific Data to Be Presented (400 words maximum):

Data to be presented are drawn from an ongoing clinical validation study (NS-VAL-02), a cross-sectional, multi-site cohort of 612 participants spanning cognitively unimpaired older adults, mild cognitive impairment, and mild-to-moderate Alzheimer's disease, with amyloid PET and CSF biomarker confirmation in a subset of 340 participants. The primary endpoint is concordance between the NS-p217 composite score and amyloid PET positivity.

Preliminary results (unpublished, interim analysis as of June 2026) show an area under the curve of 0.91 (95% CI: 0.88-0.94) for distinguishing amyloid-positive from amyloid-negative participants, with sensitivity of 89 percent and specificity of 85 percent at the pre-specified cutoff. Performance was consistent across age, sex, and APOE4 carrier status subgroups, though the company notes that further validation in more diverse populations is ongoing. A secondary analysis in the mild cognitive impairment subgroup (n=187) showed the composite score outperformed p-tau217 alone (AUC 0.91 vs. 0.84, p=0.01) in predicting amyloid PET status, suggesting added value from the dual-analyte approach in earlier disease stages.

Final validation cohort results, including comparison against CSF biomarkers and longitudinal follow-up data, are expected in late 2026. These data will be presented alongside a discussion of planned regulatory strategy and potential trial-sponsor partnership models.

Name, Title, and Email of Presenter:

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