Biotech Daily

Friday August 14, 2026

Daily news on ASX-listed biotechnology companies

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MARKET REPORT

The Australian stock market fell 0.80 percent on Friday August 14, 2026, with the ASX200 down 73.3 points to 9,115.2 points. Six of the Biotech Daily Top 40 companies were up, 23 fell, 10 traded unchanged and one was untraded.

Impedimed was the best, up 0.1 cents or 20 percent to 0.6 cents, with 1.8 million shares traded. Prescient climbed 3.6 percent; Artrya, Emvision and Polynovo rose more than two percent; Aroa was up 1.7 percent; with Resmed up by 0.7 percent.

Atomo led the falls, down 0.2 cents or 10.5 percent to 1.7 cents, with 65,661 shares traded.

Mesoblast lost 7.1 percent; 4D Medical, Clarity and Nova Eye were down more than six percent; Optiscan was down 5.6 percent; Lumos fell 4.35 percent; Avita, Micro-X, Proteomics, Saluda and Telix were down more than three percent; Orthocell and Pro Medicus shed more than two percent; Alcidion, Actinogen, Cyclopharm, EBR, Imugene and Medical Developments were down one percent or more; with Clinuvel, Cochlear, CSL, Imricor, Neuren and Racura down by less than one percent.

DR BOREHAM'S CRUCIBLE: AMPLIA THERAPEUTICS

By TIM BOREHAM

ASX code: ATX

Share price: 14.5 cents

Shares on issue: 513,312,014

Market cap: $74.4 million

Chief executive officer: Dr Chris Burns (co-founder)

Board: Jane Bell (chair), Dr Burns, Dr Warwick Tong, Dr Robert Peach, Brett Carter

Financials (June quarter 2026): receipts nil, net cash outflows $3.9 million, cash balance $24 million, quarters of available funding 6.2

Major identifiable holders: Platinum Investment Management 7.8%, Acorn Capital 8.1%, Pengana Capital 5.6%, Blueflag Holdings (Allan Moss) 4%

As with the rag trade, drug developers are subject to the whims of fashion and the latest trend is for them to diversify their clinical programs.

Given the number of unsuccessful late-stage drug trials, that's an understandable 'fashion statement': more so than paying a fortune for ripped jeans or pants that stop at the ankle.

Pancreatic cancer drug developer Amplia is the latest party to hedge its bets beyond its original remit, this month inking a collaboration with Eli Lilly.

A collaborative study will combine Amplia's lead compound narmafotinib (AMP-945) with an Eli Lilly Kras inhibitor, which are all the - er - fashion at the moment (see below). The company is also carrying out an ovarian cancer study via a third party.

Pancreatic cancer remains Amplia's lead program.

We would like to say that there's been huge strides in treating the disease. But unlike with many other cancers, the dial hasn't moved. Pancreatic cancer still remains the deadliest of tumors, partly because it is usually detected late.

Around 70,000 US patients and 5,000 Australians are diagnosed each year. This week, legendary Australian entertainer Johnny Young succumbed to the disease, aged 79.

Only 12 percent of patients will survive five years, compared to 21 percent for liver cancer and 23 percent for lung cancer.

"Patients clearly need better treatments," says Amplia co-founder Dr Chris Burns.

Highly promising, as a matter of FAK

Amplia is all about its pipeline of focal kinase inhibitors (FAKs) for cancer and fibrosis.

AMP945 was discovered at the former Cancer Therapeutics Cooperative Research Centre and works by suppressing the FAK protein, as over-expressed in several cancers. The suppression makes the tumors more responsive to chemotherapy.

Amplia dubs AMP945 as a “highly potent and selective inhibitor of FAK”.

Dr Burns describes a “one-two punch” effect: “There's a punch on the area around the tumor … and there's a punch on the cancer cell itself.

“When you combine that with chemotherapy, you get this profound effect where the cells die and the tumor shrinks.”

Amplia stems from Innate Immunotherapeutics, which developed a multiple sclerosis drug but stumbled at phase II stage.

Innate eventually acquired the FAK program via Amplia, owned by parties including Telix Pharmaceuticals founder Dr Chris Behrenbruch and Dr Burns.

Innate changed its name to Amplia in 2020 and Dr Burns became its CEO in December 2022.

On trial

In mid-2025, investor interest in Amplia was piqued by the first of several stellar results of the company’s Ib/IIa ‘Accent’ trial, at local and South Korean sites.

The open-label study combined narmafotinib with the common chemotherapies gemcitabine and Abraxane.

The company presented the “mature” data to the American Association of Cancer Research in April this year.

The highlight was five out of 64 patients – 7.8 percent – achieving a ‘complete response’ compared with just 0.2 percent for chemo alone.

(A complete response means all visible and detectable signs of the disease have disappeared).

The overall response rate was 36 percent, or 42 percent including unconfirmed responses.

Amplia also reported a two-month improvement in both median overall survival and progression-free survival, to 11.1 months and 7. 7 months respectively. This compared with 8.5 months and 5.5 months for chemotherapy alone.

What's next?

Narmafotinib was administered for only 12 days of each 28-day cycle.

To build on the "compelling" data, Amplia has initiated a trial dubbed 'Accent Mini', examining daily dosing for advanced pancreatic cancer patients.

A safety lead-in to a planned phase IIb effort, the trial is enrolling 12 newly diagnosed patients in two equal dosing cohorts, at up-to four Australian sites.

"Designed in alignment with FDA feedback, the study will form the first stage of a registrational study in this indication, given the high existing unmet need for innovative treatments," the company says.

As well as assessing safety and all that jazz, the study will look for efficacy and measure biomarkers and fibrosis. The first patient is due to be dosed in September.

"To date narmafotinib has shown no significant tolerability burden over chemotherapy alone, and we have observed a range of compelling efficacy signals across responses and survival," Dr Burns says. "This has been achieved with only an intermittent dosing schedule, giving us confidence that moving into daily dosing may further enhance the therapeutic potential of narmafotinib."

Due to start by July 2027, the follow-on phase IIb trial will hone the optimum dosage for a pivotal phase III study.

Amplicity trial is now on mute

Amplia was running a separate trial called Amplicity, combining AMP945 with the chemotherapy cocktail regime Folfirinox (folinic acid or leucovorin, fluorouracil or 5-FU, irinotecan and oxaliplatin). But no longer.

In April, the company halted recruitment after three "dose limiting toxicities" emerged.

Crucially, these problems related to Folfirinox and not AMP945. But investors still wiped 44 percent off Amplia's share price.

The company said five patients remained on the study and would continue to get the combination treatment.

Folfirinox is one of the main chemotherapy regimes for pancreatic cancer.

While widely used in the US and Europe, it's an "aggressive", toxic drug and thus more suited to fitter patients. Dr Burns said other therapies such as Kras inhibitors (see below) have emerged since Amplia started the trial.

"Where does that leave a highly toxic chemotherapy?" asks Dr Burns.

Ovarian cancer collaboration

In alliance with the Australia New Zealand Gynaecological Oncology Group (ANZGOG), Amplia has launched an ovarian cancer trial called Prrose.

This unwieldy acronym derives from the terms ‘platinum resistant/poor response’ and ‘ovarian serous [relating to a serum] surgery’.

“Ovarian cancer is another cancer that's highly fibrotic, with a clear involvement of the signaling pathways that we block,” Dr Burns says.

The investigator-led study road-tests the narmafotinib-chemotherapy combination on patients with high-grade serous ovarian cancer, who have responded poorly to initial chemotherapy.

The small study will enroll about 20 patients across Australian and New Zealand sites.

Amplia funds the trial on what Dr Burns dubs as “mates’ rates”.

The trial is led by Monash Health’s medical oncologist Dr Gwo Yaw Ho.

It will assess whether adding narmafotinib to the mix can improve response rates and increase the number of patients eligible for life-saving surgery (by shrinking the tumors).

“There is a compelling biological rationale for FAK inhibitors in ovarian cancer and the company has pre-clinical data further supporting the clinical potential in this indication.”

In May last year, the FDA granted accelerated approval for the Nasdaq-listed Varastem Inc’s ovarian cancer treatment, based on a FAK inhibitor.

Nothing Kras about these inhibitors

On August 4, Amplia announced a collaboration with Eli Lilly, to evaluate narmafotinib (AMP945) in combination with the latter’s Kras inhibitor called olomorasib.

Kras stands for – wait for it - Kirsten rat sarcoma viral oncogene homolog.

Kras-es are a hot area of cancer research but clinicians suspect they become less effective as patients develop resistance.

A Kras mutation is a genetic error that locks the Kras protein in a permanent "on" position, driving uncontrolled cell growth.

The Kras inhibitors are thought to be ‘keys’ that overcomes these obstacles.

The phase Ib/IIb first-line trial will target non-small cell lung cancer (NSCLC).

Amplia will carry out the study at local and US sites, with an expected kick-off in 2026.

Eli Lilly currently is undertaking two second-line phase III studies in NSCLC.

Amplia notes that around 50 Kras trials are in progress globally and a handful of Kras drugs have been approved.

However, the drugs can have severe side effects and “treatment-emergent resistance is commonplace”.

Dr Burns says the Eli Lilly collaboration is about proving that narmafotinib can make a Kras inhibitor work better.

“That doesn't necessarily mean that we're shifting gears to lung cancer,” he says.

“Hopefully it’s showing the combination can work in lung cancer.”

“But the mechanisms of resistance are the same in pancreatic cancer and the same in colo-rectal cancer.”

Amplia funds the circa 55-patient trial, partly from resources diverted from the Amplicity study.

Eli Lilly supplies their drug and know-how.

Finances and performance

Amplia recorded net cash outflows of $3.9 million, with $3 million of expenditure on research and development (mainly via a contract research organization).

The company finished the quarter with cash of $24 million.

Dr Burns said the company was eyeing an Asia-Pacific licence to bring in extra funding.

“Running a phase III study in pancreatic cancer is not going to be cheap so we're … trying to identify the best path forward and the most efficient way to get critical data.”

The trial is likely to cost somewhere between $50 million and $100 million.

In July Amplia raised $27.5 million in an institutional placement and share purchase plan, at 23 cents apiece (a 19 percent discount).

Over the last 12 months Amplia shares have ranged between 26.5 cents on April 1, 2026 and 10.5 cents on June 16.

Amplia shares peaked at 35 cents on July 11, 2025, having hit a low of five cents on May 30 of that year.

The initial news of the Accent complete responses spurred the dramatic rise.

Amplia underwent a 10-to-one share consolidation in 2018.

Amplia has enjoyed strong institutional support, led by Platinum Investment Management with a nine percent holding.

Former Macquarie Bank supremo Allan Moss also graces the register.

Dr Boreham's diagnosis:

Dr Burns said the pancreatic cancer complete responses "got a lot of people interested in the work we are doing".

He said two other drug developers had therapies with a similar mechanism of action.

"Neither of them is working in pancreatic cancer, but one of them had their drug approved in a rare form of ovarian cancer," he said.

"So, the target's validated from a clinical perspective and also by the [the FDA]."

While pancreatic cancer remains the company's lead program, ovarian cancer and Kras inhibitors for broader indications are potentially bigger markets.

Amplia reckons pancreatic cancer is worth $US3.2 billion a year, compared to $US5.8 billion for ovarian cancer and $US7.8 billion for Kras inhibitors (by 2035).

In the high-stakes drug development game, investors can skew the odds in their favor by backing someone who has done it before.

Dr Burns co-developed the myelofibrosis drug Ojjaara (momelotinib or CYT387) with Professor Andrew Wilks (now of Synthesis Bioventures).

Ojjaara ended up in the hands of Glaxosmithkline in 2022, in a $US1.9 billion deal.

The FDA approved Ojjaara in 2023 – only the third time the agency approved an Australian grown drug.

(Stop scratching your heads: the others were Hatchtech's Xeglyze for head lice and Biota's influenza drug Relenza).

In the drug development Game of Thrones, stick with the people who know what they're doing.

Disclosure: Dr Boreham is not a qualified medical practitioner and does not possess a doctorate of any sort. As to whether or not he knows what he's doing, that's for others to judge

ATMO BIOSCIENCES

Atmo says it has raised $12 million of a hoped for $35 million and says the series B capital raise is open to raising up to $16.5 million.

In April, Atmo said it hoped to raise $35 million in a series B funding round to commercialize its ingestible gas-sensing capsules for suspected gastro-intestinal motility disorders (BD: Apr 29, 2026).

Today, Atmo chief executive officer Mal Hebblewhite told Biotech Daily that the capital raise was likely to be at 36 cents a share subject to ratification by shareholders at a meeting next week.

Mr Hebblewhite confirmed that the company had been revalued from $70 million to $25 million but said that Atmo had US approval and sales.

Last year, Atmo said it had US Food and Drug Administration 510(k) clearance to market and sell the capsule and in April said the gas-sensing capsule was eligible for reimbursement under a category 1 current procedural terminology (CPT) code, with a national average reimbursement of $US1,768 ($A2,469) per test (BD: Jun 27, 2025).

In April, Mr Hebblewhite said the capsule was indicated for managing and diagnosing motility conditions, or the rate food travels through the gastro-intestinal tract, including gastroparesis, slow-transit constipation and others.

He said Atmo's gas-sensing capsule had been used in more than 20 studies with a total of about 1,500 patients, and that "no device-related adverse events have been reported".

Mr Hebblewhite said the capsule had a temperature sensor, accelerometer and antenna that transmitted its location to a reader to establish transit times, as well as stomach and bowel contractions.

Mr Hebblewhite said the company had planned an additional FDA 510(k) filing for the use of the device's accelerometer, with further development including trials in indications such as irritable bowel syndrome and small intestinal bacterial overgrowth (SIBO).

In May, Atmo said the commercial opportunity for its gas-sensing capsule was expanding with the increasingly widespread use of glucagon-like peptide-1 (GLP-1) receptor agonists, such as semaglutide, marketed by Novo Nordisk as Ozempic, or tirzepatide, marketed by Eli Lilly as Mounjaro (BD: May 4, 2025).

"These GLP-1 inhibitors slow motility and delay gastric emptying", Mr Hebblewhite said in May. "We are already seeing more patients presenting to our customers with gut motility disorders related to GLP-1 [agonist] use."

To contact the company about the capital raise email chief financial officer Carl Runde: carl.runde@atmobiosciences.com or mal.hebblewhite@atmobiosciences.com.

Atmo is a public-unlisted company.

AUSTCO HEALTHCARE

Austco says it has completed its $2.88 million acquisition of Adelaide's Medical Communications Systems, a reseller of its nurse call software and systems.

On Monday, Austco said it would acquire Medical Communications Systems on a cash-free and debt-free basis for about $2.88 million, with $2.24 million in up-front cash and the remainder in performance-based cash earnout (BD: Aug 10, 2026).

Today, the company said the acquisition was part of its merger and acquisition strategy "to bring established resellers in-house, strengthen direct sales capability and deepen customer relationships in the Australian healthcare market".

Austco said it had paid the up-front cash consideration of $2,236,325 from existing cash reserves, with the earnout expected to be about $640,000.

Austco was up half a cent or 2.2 percent to 23.5 cents.

IMMUNOBIOTA THERAPEUTICS PTY LTD

Melbourne's Immunobiota says it hopes to raise $5 million to fund a 107-patient, phase Ib/IIa trial of oral IBT-100 for children with type 1 diabetes "in late 2027".

Immunobiota said it was founded in 2022 by Monash University immunologist Dr Eliana Marino to develop and commercialize a first-in-class, oral, non-immuno-suppressive therapy IBT-100 for type 1 diabetes.

A spokesperson for the company told Biotech Daily that Immunobiota was raising $5 million in seed funding this year to fund the development of IBT-100.

The spokesperson said that Immunobiota was planning a series A raising for $25 million when it was ready to file its investigational new drug application.

The spokesperson said Dr Marino was the company's chief executive officer, with Paradigm director Amos Meltzer as its chair and Frank Manti as chief financial officer.

The spokesperson said that the planned phase Ib/IIa trial would be randomized, with regulatory and ethics approvals expected by the end of 2027 and the first patient to be dosed by April 2028.

The company said the phase Ib/IIa trial followed "encouraging first-in-human clinical data" from a pilot study in 18 adults with type 1 diabetes which showed IBT-100 was "safe and well-tolerated over a six-week dosing period with 12 weeks of follow-up, with biological activity consistent with its proposed mechanism-of-action".

Immunobiota said IBT-100 used "a proprietary microbiome, controlled-release platform to deliver immune-modulating metabolites directly to the colon, where they restore immune tolerance, addressing the underlying auto-immune process rather than managing its downstream consequences".

The company said that pre-clinical data showed "disease modification from early-stage prevention through to sustained long-term remission".

Immunobiota said therapies to date used intra-venous delivery and immuno-suppressive profiles which were unsuitable for long-term use, with its IBT-100 an oral, non-immuno-suppressive therapy that patients could take home, with no infusion clinic required.

The company said that results from its first-in-human study, titled 'Metabolite-based dietary supplementation in human type 1 diabetes is associated with microbiota and immune modulation' was published in Microbiome, with an abstract available at: https://bit.ly/4wq0f9S.

Immunobiota said it held exclusive licencing and intellectual property rights for IBT-100 from Monash University, with two patent families protecting IBT-100 and its therapeutic use in type 1 diabetes.

The company said patents had been granted in Australia, Europe and Japan, with applications progressing in the US, Canada and other jurisdictions.

Immunobiota founding chief executive officer Dr Eliana Marino said "for decades we've treated the consequences of type 1 diabetes".

"We're trying to intervene where the disease begins," Dr Marino said.

"Our approach is fundamentally different because we're developing an oral, non-immuno-suppressive therapy designed for long-term use," Dr Marino said.

"We believe no other therapy in clinical development for type 1 diabetes combines all three: oral administration, a non-immuno-suppressive mechanism, and human proof-of-concept," Dr Marino said.

"With no oral disease-modifying therapy currently available for type 1 diabetes, Immunobiota's IBT-100 has the potential to address a significant unmet medical need while offering a more convenient treatment option for patients," said Dr Marino.

If interested contact: eliana.marino@immunobiota.com or david.bibby@immunobiota.com.

Immunobiota is a private company.

KYNETYKA TECHNOLOGIES PTY LTD

Adelaide's Kynetyka says with Flinders University it has "designed, developed and delivered" a prototype wireless DVTect sensor for deep vein thrombosis testing.
Kynetyka said the DVTect technology was designed "to provide a rapid, non-invasive method of assessing patients for deep vein thrombosis, a potentially life-threatening condition that can lead to pulmonary embolism if left undetected".
Kynetyka managing-director Craig Newton told Biotech Daily the company received $500,000 from Aushealth last year and was "looking to raise further capital to support final product development, to be followed by pivotal clinical studies in Australia and [the] US".
Mr Newton said following the development of the wireless prototype it would assess the technology and then proceed "to develop the final sensor, supported by full documentation, ready for pivotal clinical studies and high-volume manufacturing".
Mr Newton said the company planned a regulatory submission in 2028.
The company said the sensor was "designed to effectively capture the movement data in a patient's leg and transmit that data wirelessly to the … DVTect software for analysis"; with the sensor "a critical component of the DVTect system, accurately recording the bio-mechanical signals … used by the software to assess the presence of DVT".
Kynetyka said Vivazome director Craig Newton was managing-director, Vivazome managing-director Xenia Sango as chair and Peter Bradley chief operating officer.
The company said the sensor design project was funded with an undisclosed Federal Government grant and that Flinders University engineers designed and developed the sensor's electronics, firmware and wireless features.
Kynetyka managing-director Craig Newton said the development of the DVTect sensor was "a major milestone for the company and an important step towards improving [deep vein thrombosis] detection and healthcare delivery".
"It enables us to optimize the quality and performance of a critical component of the DVTect platform while strengthening our pathway to commercialization," Mr Newton said.
Kynetyka is a private company.

AUSTRALIA NEW ZEALAND GYNAECOLOGICAL ONCOLOGY GROUP (ANZGOG)

The Australia New Zealand Gynaecological Oncology Group (ANZGOG) says it has opened applications for $270,000 worth of research grants.
ANZGOG said the four grants included $55,000 for an endometrial cancer surgical study, $65,000 for a leiomyosarcoma project, $100,000 for an endometrial cancer project and $50,000 for a clinical or pre-clinical ovarian carcino-sarcoma project.
The organization said the funds supported "researchers to investigate promising ideas and generate the evidence needed to progress larger studies and future clinical trials".
ANZGOG said the program was open to its members, with early career researchers particularly encouraged to apply, "providing an opportunity to develop research experience, test new ideas and contribute to the evidence base that will underpin future research and clinical practice".
The organization said applications were open until September 28, 2026 and that successful applicants would be notified by February 2027, with further information and applications available at: https://www.anzgog.org.au/research/fund-for-new-research/.
ANZGOG research manager John Andrews said the fund provided "an important opportunity to help promising research take its next step".
"The fund for new research supports that critical stage of research development, helping investigators generate the evidence and insights needed to build a larger research project and, ultimately, where appropriate, progress towards a clinical trial," Mr Andrews said.

WALTER AND ELIZA HALL INSTITUTE OF MEDICAL RESEARCH

The Walter and Eliza Hall Institute says a vaccination "can prime the immune system to fight malaria parasites … with mosquito bites acting as boosters", in mice.
WEHI said "the approach protected mice against malaria for the study period, a rare outcome that could inform the development of next-generation prevention strategies for one of the world's deadliest infectious diseases".
The Institute said a pre-clinical study used a novel immunization strategy that paired mosquito-delivered malaria parasites with an investigational class of anti-malarial drug compounds, developed with Merck & Co.
WEHI said "the compounds blocked the parasite's development at a critical stage of the malaria lifecycle, preventing disease and triggering a robust immune response that provided durable protection against malaria".
The Institute said subsequent mosquito bites reinforced the immunity and protection.
WEHI said the study, titled 'Chemo-vaccination with a late liver-stage anti-malarial induces durable immunity against malaria' was published in the journal Science, with an abstract available at: https://www.science.org/doi/10.1126/science.aea7605.
The Institute said the compounds were able to trap malaria parasites at the end of liver-stage development before they enter the bloodstream and caused disease, with no drug currently capable of trapping the parasite in this way.
WEHI said the anti-malarial drug candidates used in the study were WM382 and MK-7602, both dual inhibitors of plasmepsin IX and X, "two 'master regulators' that are crucial for parasite survival".
The Institute said researchers were able to achieve the strong immunity seen in the pre-clinical study by combining the drug compounds with small doses of malaria parasites transmitted by mosquito bites.
WEHI said researchers hoped the drug compounds could lead to "a 'vaccinate and boost naturally' approach, where progressive long-term immunity is learned and sustained through repeated natural mosquito bites in endemic areas".

QUEENSLAND INSTITUTE OF MEDICAL RESEARCH (QIMR) BERGHOFER

QIMR Berghofer says it has "the most detailed map yet of the chemical signals that control heart function" which may lead to ways to diagnose, treat and prevent heart disease.
The Queensland Institute of Medical Research said the online 'Cardiopedia-Ligand' catalogued human heart tissue responses to more than 80 biological signals, "creating an unprecedented reference tool for cardiac researchers, clinicians and industry".
The Institute said that a study validating the map used miniature human heart tissues grown in a laboratory, known as human cardiac organoids, to test 87 signaling molecules that interacted with receptors found on heart cells.
QIMR said the study, titled 'Cardiopedia-Ligand: A ligand-receptor perturbation atlas of human cardiac organoid function and transcriptional state' was published in Cell Stem Cell and available at: https://www.sciencedirect.com/science/article/pii/S193459092600264X.
The Institute said that for each treatment, researchers measured how strongly the tissue contracted and which genes were switched on or off, generating a comprehensive dataset that linked biological signaling with heart function and gene activity.
QIMR said the work was the first phase of a broader initiative supported by the Snow Medical Foundation, with the next stage to screen about 2,000 drug compounds to build a more comprehensive map of heart biology and responses to potential therapies.
QIMR's Cardiac Bioengineering Laboratory head Prof James Hudson said that "the long-term goal was to help support more personalized treatment for heart disease".

IMPEDIMED

Impedimed says it has taken steps to maintain compliance with ASX Listing Rule 7.16.
Impedimed said ASX Listing Rule 7.16 required “that the number of convertible securities on issue must not exceed the number of ordinary securities on issue”.
The company said that on June 16, the number of convertible securities on issue exceeded the number of ordinary shares on issue by approximately 25,842,829 securities and on July 30, a further 2,125,000 employee options lapsed.
Impedimed said that from the lapsing of those options, the number of convertible securities on issue did not exceed the number of ordinary shares on issue and it returned to compliance with ASX Listing Rule 7.16.
The company said it had undertaken a review and had “implemented … measures to support ongoing ASX Listing Rule compliance … [including] adding a step on its compliance checklist requiring verification of ASX Listing Rule 7.16 capacity before any future issue of options or other convertible securities and enhancing its compliance calendar to monitor and ensure timely lodgment of all required ASX notifications”.
Impedimed was up 0.1 cents or 20 percent to 0.6 cents with 1.8 million shares traded.

CLINUVEL PHARMACEUTICALS

Vanguard Group says it has become a substantial shareholder in Clinuvel with 2,523,018 shares, or 5.003 percent of the company.
The Philadelphia, Pennsylvania-based Vanguard said that between June 9 and 23, 2026 it sold shares at prices ranging from $8.86 to $10.30 a share, and between April 10 and August 4, 2026 it bought shares at prices ranging from $8.81 to $10.45 a share.
Clinuvel fell four cents or 0.4 percent to $9.55.