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BrainAurora Medical Technology Limited

脑动极光医疗科技有限公司

(Incorporated in the Cayman Islands with limited liability)

(Stock Code: 6681)

VOLUNTARY ANNOUNCEMENT AWARDED RUNNER-UP IN THE 3RD XIONGAN VERTICAL LARGE MODEL APPLICATION COMPETITION AND LATEST CLINICAL RESEARCH RESULTS PUBLISHED IN AN INTERNATIONALLY AUTHORITATIVE JOURNAL

This announcement is made by BrainAurora Medical Technology Limited 脑动极光医疗科技有限公司 (the “**Company**”, together with its subsidiaries, the “**Group**”) on a voluntary basis for the purpose of keeping the investors informed of the latest update on the business developments of the Group.

The board of directors (the “**Board**”) of the Company is pleased to announce that the Group has recently achieved a number of significant breakthroughs in vertical large model technology R&D and clinical scientific research, the details of which are announced as follows:

I. Awarded Runner-up in the 3rd Xiongan Vertical Large Model (Intelligent Agent) Application Competition

The final of the 3rd Collection of Future City in Xiongan – Xiongan Vertical Large Model (Intelligent Agent) Application Competition was held in early July at the Xiongan Science and Technology Innovation Park. The Competition was organized by the Xiongan Future City Scenario Collection Organizing Committee, attracting over 700 artificial intelligence projects from home and abroad, with more than 90 high-quality projects advancing to the final, where 52 top teams from across the country competed on the same stage.

The Group’s submission, the project entitled *Exploration and Application of Personalized Intervention Technology Based on Cognitive Deep Reasoning Large Models in the Medical Field*, was awarded the runner-up in the “Artificial Intelligence +” New Scenario Track by virtue of the self-developed BrainAuGPT cognitive deep reasoning large model. Based on the BrainAuGPT cognitive deep reasoning large model, the team has built an industry-unique “cloud-edge-end” intelligent assessment system and a “precise prescription tailored to each individual” personalized AI intervention system, relying on three original technologies: fully mining graph-structured behavioural data, proposing a LLM fine-tuning technique based on second-order knowledge representation, a spatio-temporal uncertainty Monte Carlo tree search decoding technique, and a cross-layer entropy-enhanced large model de-hallucination technique, forming a closed loop of “perception-reasoning-decision-feedback-optimization”.

Meanwhile, the project entitled *Exploration and Application of Intelligent Agent Based on Temporal Knowledge Graphs and Cognitive Large Models in the Medical Field* submitted by Beijing Zhijingling Technology Co., Ltd. (北京智精靈科技有限公司), a wholly-owned subsidiary of the Group, was also successfully selected as a “Typical Case of Artificial Intelligence Empowering Scenario Application (2026)” at the 2026 Global Digital Economy Conference this month.

II. Latest Clinical Research Results Published in Alzheimer’s Research & Therapy

Recently, the clinical study entitled *Neural changes after computerized cognitive training in coronary heart disease with mild cognitive impairment: secondary analysis of a randomized clinical trial*, led by Professor Zeng Yong’s team from Beijing Anzhen Hospital affiliated to Capital Medical University* (首都醫科大學附屬北京安貞醫院), with the active involvement of the Group, was published in the internationally authoritative academic journal *Alzheimer’s Research & Therapy* (Impact Factor: 8.9, JCR Q1).

This study is a pre-specified secondary analysis of a multicenter, double-blind, active-controlled randomized clinical trial (NCT05735041), enrolling 185 patients with coronary heart disease and mild cognitive impairment. Through multimodal magnetic resonance imaging, the study systematically explored the remodelling effects of multi-domain difficulty-adaptive computerized cognitive training on the structural and functional plasticity of brain networks, and examined the mechanism of action of the “brain-heart axis” in non-pharmacological cognitive rehabilitation. After 12 weeks of multi-domain difficulty-adaptive computerized cognitive training with the Group’s core product, the functional connectivity of the parietal memory network (PMN) (left PMN, $p = 0.028$) and the contextual association network (CAN) (left CAN, $p = 0.045$; right CAN, $p = 0.031$) was significantly increased in patients with coronary heart disease and mild cognitive impairment. The grey matter volume of the right precuneus ($p = 0.048$) and the right parahippocampal cortex ($p = 0.032$) was significantly increased, and the structural connectivity between the white matter pathways of the right “precuneus-inferior parietal lobe” ($p = 0.016$) and “parahippocampus-superior frontal gyrus” ($p = 0.044$) was significantly enhanced. In addition, the study revealed a close connection between changes in brain network connectivity and patients’ cognitive improvement and blood pressure/pulse pressure reduction, finding that increased functional connectivity of the right PMN with the cingulo-opercular network (CON) and other network pathways was significantly negatively correlated with changes in systolic blood pressure and pulse pressure. Mediation effect analysis further showed that changes in functional connectivity between the right PMN and CON significantly mediated the therapeutic effect of cognitive intervention on pulse pressure reduction in patients (indirect effect = 0.62, $p = 0.040$).

Study conclusion: multi-domain adaptive computerized cognitive training can promote functional and structural neuroplasticity of memory-related circuits in patients with coronary heart disease and mild cognitive impairment. Changes in functional connectivity are associated with cognitive improvement and may mediate blood pressure reduction, indicating that multi-domain adaptive computerized cognitive training may be involved in the interaction of the brain-heart axis.

Reference

Ye Y, Han JY, Wang DY, et al. *Neural changes after computerized cognitive training in coronary heart disease with mild cognitive impairment: secondary analysis of a randomized clinical trial. Alzheimer’s Research & Therapy*. 2026. DOI: 10.1186/s13195-026-02116-2.

III. Significance of the Above Achievements to the Group

The above awards and research results collectively demonstrate the comprehensive competitiveness of the Group: the self-developed BrainAuGPT cognitive deep reasoning large model was awarded the runner-up in the 3rd Xiongan Vertical Large Model (Intelligent Agent) Application Competition, and was also selected as a typical case of artificial intelligence empowering scenario application at the 2026 Global Digital Economy Conference, marking that the Group's technological innovation and clinical implementation effectiveness in the field of medical vertical large models have received authoritative recognition from national-level platforms. The theoretical breakthrough of the "brain-heart axis" provides high-level evidence-based evidence for the dual benefits of digital therapeutics in patients with cardio-cerebrovascular comorbidities, verifying the synergistic intervention potential of digital therapeutics at the "brain-heart axis" level, and providing new clinical insights for active health management and non-pharmacological precision intervention in patients with cardio-cerebrovascular comorbidities.

The Board believes that the above achievements that align with the Group's long-term development strategy will further consolidate the Group's leading position in the industry of cognitive impairment digital therapeutics and medical vertical large models, creating long-term value for shareholders.

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By order of the Board
BrainAurora Medical Technology Limited
脑动极光医疗科技有限公司
Tan Zheng
Chairman and Executive Director

Hong Kong, July 13, 2026

As at the date of this announcement, the Board comprises: (i) Mr. Tan as executive director; (ii) Mr. Yang Fan, Ms. Wang Jingbo and Mr. Deng Feng as non-executive directors; and (iii) Mr. Lam Yiu Por, Dr. Duan Tao and Mr. Tu Lei as independent non-executive directors.

* *English names are for identification purpose only.*