

*Hong Kong Exchanges and Clearing Limited and The Stock Exchange of Hong Kong Limited take no responsibility for the contents of this announcement, make no representation as to its accuracy or completeness and expressly disclaim any liability whatsoever for any loss howsoever arising from or in reliance upon the whole or any part of the contents of this announcement.*



*(Incorporated in the Cayman Islands with limited liability)*

**(Stock Code: 575)**

## **Voluntary Operational Update**

### **New Peer-Reviewed Study Finds Deep Longevity's Blood-Based Biological Age Gap Predicts Mortality and Hospitalization Risk**

This announcement is made on a voluntary basis by the board (the “**Board**”) of directors (the “**Director(s)**”) of Regent Pacific Group Limited (the “**Company**”) to inform its shareholders and potential investors of the following update in respect of its wholly-owned subsidiary, Deep Longevity, Inc, and its subsidiary (collectively, “**Deep Longevity**”).

**Research published in *Aging and Disease* shows that Deep Longevity's BloodAge model, used in a nearly decade-long study of over 2,500 adults, identifies a measurable “age gap” linked to a significantly elevated risk of death and hospital admission.**

A new peer-reviewed study published in *Aging and Disease* on 17 May 2026 has found that the difference between a person's biological age and their chronological age — calculated using only routine blood test results — is a significant, independent predictor of long-term mortality and hospitalization risk.

The study, conducted using data from the Executive Screening Program at Sheba Medical Center, a leading academic tertiary hospital, followed 2,597 adults aged 21–92 over a median of 9.2 years (2006–2025), generating approximately 23,892 person-years of observation across 6,772 repeated clinical assessments.

#### **Key Findings**

Researchers used the BloodAge model, available through Deep Longevity's SenoClock platform, to estimate each participant's biological age from 36 standard blood biomarkers spanning metabolic, hepatic, renal, hematologic, and inflammatory function. They then examined “Agediff” — the gap between biological age and chronological age — as a predictor of two hard clinical outcomes: death and hospital admission.

The results showed:

- **Each one-year increase in Agediff was associated with a 15% higher risk of death** (hazard ratio 1.15; 95% CI 1.10–1.21), after adjusting for sex, baseline age, BMI, smoking, and hypertension.
- **Each one-year increase in Agediff was associated with a 6% higher rate of hospitalization** (incidence rate ratio 1.06; 95% CI 1.03–1.09).

- Participants whose biological age exceeded their chronological age by **3 years or more** had substantially higher cumulative mortality over the study period — 23.0% versus 8.7% for those below that threshold — a statistically significant difference (log-rank  $p = 3.14 \times 10^{-7}$ ).
- The association between Agediff and mortality held up across multiple independent statistical approaches, including Bayesian survival modeling and sensitivity analyses adjusting for baseline comorbidities such as diabetes and cardiovascular disease.

The researchers noted that biological age estimated by the BloodAge model correlated closely with chronological age in this cohort ( $r = 0.966$ ), and that the Agediff measure could be recalculated at any routine clinical visit using standard laboratory results already collected as part of normal care — without the need for specialised or costly testing such as DNA methylation panels or other multi-omic assays.

## Why It Matters

Chronological age alone is a limited predictor of an individual's true health risk: people of the same age can age at very different biological rates. The study's authors note that more comprehensive biological age estimators — based on epigenetics, proteomics, or other multi-omic data — are often too costly or impractical for routine clinical use. By contrast, using Deep Longevity's BloodAge approach uses bloodwork already collected in standard care, offering what the researchers describe as a more accessible way to flag individuals who may be biologically aging faster than their birth date would suggest.

The authors propose that a 3-year Agediff gap may serve as a practical, exploratory reference point for identifying patients who could benefit from closer monitoring or risk-mitigation strategies — though they emphasise this threshold requires further validation in independent cohorts before clinical adoption.

## About the Research

The study, “Difference between Biological Age and Chronological Age Predicts Mortality and Hospitalization in a Longitudinal Adult Cohort,” was led by Dr. Abigail Goshen of the Sheba Longevity Center, Sheba Medical Center, together with co-authors Evelyne Bischof, Edward H. Livingston, Daphna Katz, Chaim Haber, Nitsan Halabi, Michal Cohen Shelly, Shlomo Segev, Yael Mintz, and Tzipora Strauss, representing Sheba Medical Center, Tel Aviv University, Bar-Ilan University, Shanghai University of Medicine & Health Sciences, and the University of California, Los Angeles.

The BloodAge model is a modular ensemble of 21 deep neural networks trained on more than 60,000 blood biochemistry and cell count samples. It is developed and made available by Deep Longevity, a Hong Kong-based AI-driven biological aging intelligence company and a subsidiary of the Company.

The study was approved by the Institutional Review Board (Helsinki Committee) of Sheba Medical Center, conducted in accordance with the Declaration of Helsinki, and reported following the STROBE guideline for observational cohort studies. Informed consent was waived for this retrospective analysis of de-identified data. The authors report no disclosures.

## Limitations

The study's authors note several important caveats: Agediff is a surrogate marker associated with — but not proven to cause — adverse outcomes; the BloodAge model was applied in this study without local retraining or formal validation in an Israeli population; hospitalizations outside Sheba's own health system were not captured; and the study cohort, drawn from a voluntary executive health-screening program, was generally healthier and more male-skewed than the general population, which may limit how broadly the findings apply.

Reference: Goshen A, Bischof E, Livingston EH, Katz D, Haber C, Halabi N, Cohen Shelly M, Segev S, Mintz Y, Strauss T. Difference between Biological Age and Chronological Age Predicts Mortality and Hospitalization in a Longitudinal Adult Cohort. *Aging and Disease*. 2026. <https://doi.org/10.14336/AD.2026.0260>

## About Deep Longevity

Deep Longevity is an AI-powered biological aging intelligence company dedicated to making healthy aging measurable and actionable. Its proprietary aging clock technology — validated through peer-reviewed science and published in leading international journals — measures biological and cognitive aging across multiple physiological systems, enabling healthcare and consumer health organisations to integrate personalised aging intelligence into their products and services. For more information, visit [www.deeplongevity.com](http://www.deeplongevity.com).

**Shareholders of the Company and potential investors are advised to exercise caution when dealing in the shares of the Company.**

By Order of the Board  
**Regent Pacific Group Limited**  
**Jamie Gibson**  
*Executive Director*

Hong Kong, 30 June 2026

As at the date of this announcement, the Board comprises six Directors:

*Executive Director:*

Jamie Gibson (*Chief Executive Officer*)

*Non-Executive Directors:*

James Mellon (*Chairman*)

Jayne Sutcliffe

*Independent Non-Executive Directors:*

Mark Searle

Adrian Chan

Ihsan Al Chalabi