E&P 4th Annual Small Cap Healthcare Conference

Gary Phillips – CEO

9th September 2025

Forward looking statement

This document contains forward-looking statements, including statements concerning Syntara's future financial position, plans, and the potential of its products and product candidates, which are based on information and assumptions available to Syntara as of the date of this document. Actual results, performance or achievements could be significantly different from those expressed in, or implied by, these forward-looking statements. All statements, other than statements of historical facts, are forward-looking statements.

These forward-looking statements are not guarantees or predictions of future results, levels of performance, and involve known and unknown risks, uncertainties and other factors, many of which are beyond our control, and which may cause actual results to differ materially from those expressed in the statements contained in this document. For example, despite our efforts there is no certainty that we will be successful in developing or partnering any of the products in our pipeline on commercially acceptable terms, in a timely fashion or at all. Except as required by law we undertake no obligation to update these forward-looking statements as a result of new information, future events or otherwise.

Investment Highlights

Australian-founded **clinical stage drug developer**.

Backed **by specialist healthcare investors** – 47% institutional.

Focus on first-in-class and best-in-class drugs backed by **in house long-life patent portfolio**.

Funded into 2027 with **near term data to drive value** over the next 12-18 months.

Multiple shots on goal from additional Phase 2, Phase 1 and preclinical assets.

Experienced team with **proven track record** in licensing deals – $100m raised.

Three Phase 2 studies in **blood cancer indications** with addressable market value >$4.5 bn.

$8.5m in non-dilutive grant funding awarded in last 3 years.

Positive Interim data update from ongoing phase 2 blood cancer trial reported in June 2025

Interim data reported June 2025 from Phase 2 clinical trial of amsulostat (SNT-5505) in treatment of blood cancer myelofibrosis, at 2025 European Hematology Association Meeting.

Shareholders & Cash

Financial Information (ASX: SNT)	
Share price – 5 September 2025	$0.025
Market cap	A$40.8m
Cash balance (30 Jun 2025)	A$15.1m
Enterprise value	A$25.7m
Institutional Ownership	**27 Aug 25**
D&A Income Limited	18%
Platinum Investment Management Limited	10%
Total Institutional Ownership	**> 46.8%**

Research Coverage	
Canaccord Genuity	Euroz Hartleys
Bell Potter	Evolution Capital

Share Price & Volume - YTD

* 21 May 2025 recorded volume was 303,525,200 due to internal crossing of stock by substantial holder (maintains same beneficial owner)
** 19 June 2025 recorded volume was 127,701,110 due to block trade of shares between institutions
*** 11 August 2025 recorded volume was 119,820,710 following announcement of FDA guidance for amsulostat

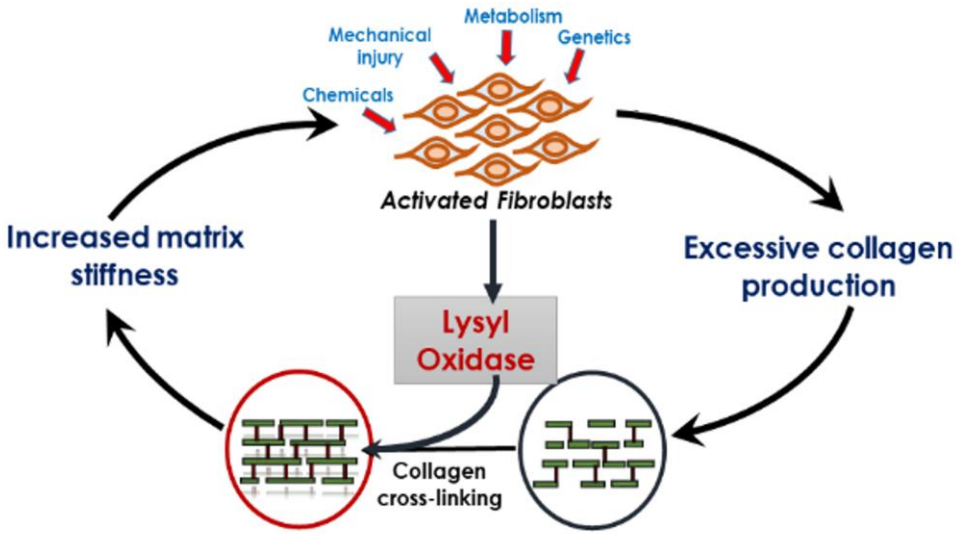
Pipeline Poised To Deliver Near Term Value

Target	Drug	Indication	Preclinical	Phase 1		Phase 2	Milestone(s)	Funding and Clinical Partners
				Healthy participants	Patients			
Pan-LOX	Amsulostat (SNT-5505)	Myelofibrosis					Top Line Data Q3 2025	
		High Risk MDS					Interim Data H1 2026	Deutsche Krebshilfe HELFEN. FORSCHEN. INFORMIEREN.
		Low / Int Risk MDS					Interim Data H1 2026	ALLG Australasian Leukaemia & Lymphoma Group
Topical Pan-LOX	SNT-9465	Hypertrophic scarring					Safety Q4 2025 Efficacy H2 2026	
	SNT-6302	Keloid scarring					Interim data 1H 2026	Fiona Wood Foundation; The University of Western Australia
Dual SSAO & MAO-B	SNT-4728	IRBD / Parkinson's Disease					Top Line Data Q2 2026	In partnership with Parkinson's UK

Global Leader in Lysyl Oxidases

Multi year research program leveraged with international scientific collaborations has delivered three drugs in Phase 1c/2 trials

Lysyl oxidases mediate the final stage in fibrosis



Lysyl oxidase inhibition directly addresses the tissue stiffening that occurs due to increases in collagen and number of cross-links.

Amsulostat (SNT-5505) in Oncology

- Clinical PoC: reduction of bone marrow collagen fibrosis grade in 42% of evaluable myelofibrosis patients in 6-month monotherapy Phase 2 study
- Excellent clinical safety and tolerability with a complementary mode of action to current standard of care
- Based on preclinical work published in Nature, second blood cancer indication, MDS, also being investigated clinically
- Patent priority date of 2018 provides extended IP coverage

Topical pan-LOX inhibitors in Skin Scarring

- Clinical PoC: significant reduction of collagen and good safety in 3-month placebo-controlled Phase 1c study in patients with established scars
- Next generation compounds to support studies in multiple scar types (prevention of scar formation and modification of existing scars)
- Strong preclinical evidence in models of skin fibrosis and scarring; Nature publication
- Patent priority date of 2022 provides extended IP coverage

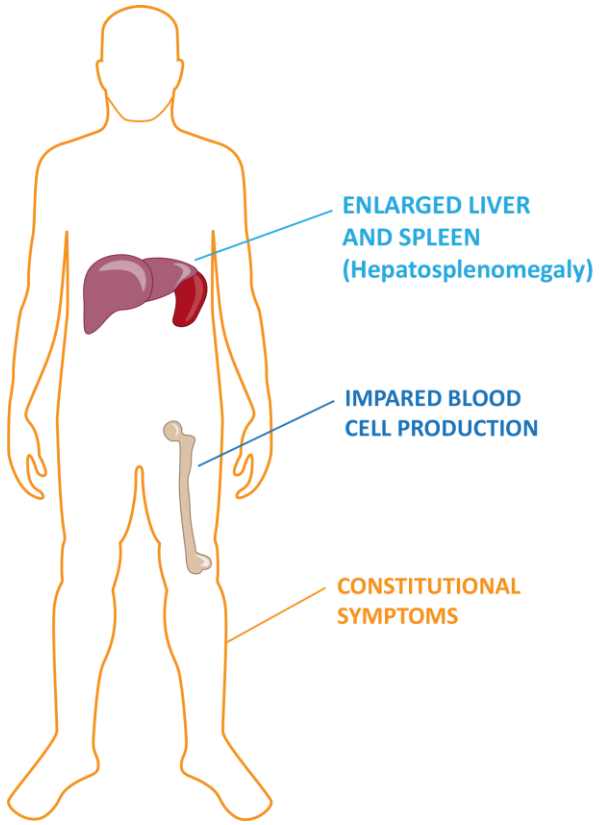
Myelofibrosis

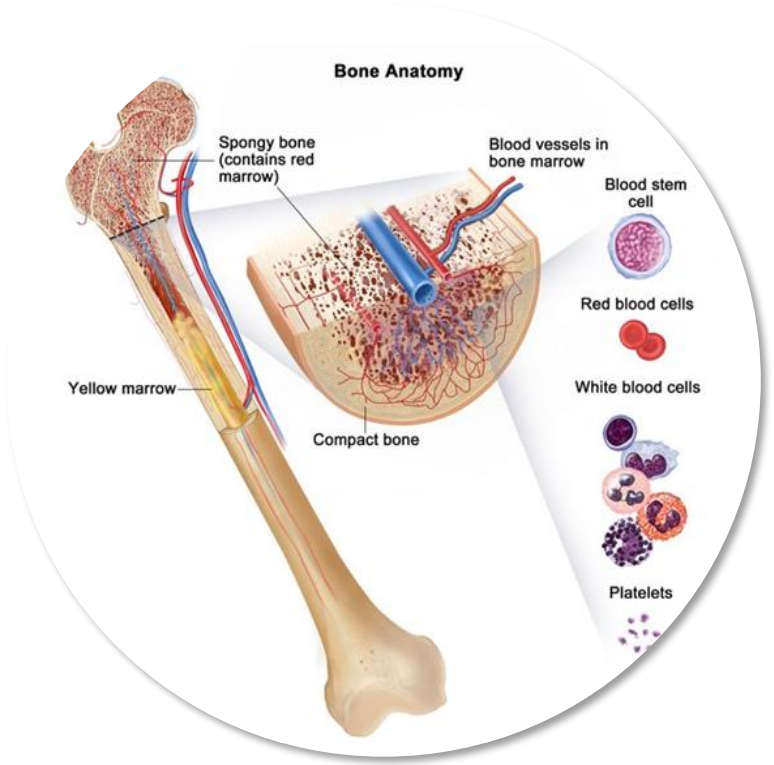
A rare type of bone marrow cancer that disrupts the body's normal production of blood cells

Key Facts

- Orphan disease affects ~15 in 1m people worldwide (USA ~ 20,000 patients)
- Age of onset typically from age 50; 5 years median survival
- 11% transformation to leukemia
- Reduced red blood cells can cause extreme tiredness (fatigue) or shortness of breath
- Reduced white blood cells can lead to an increased number of infections
- Reduced platelets can promote bleeding and/or bruising
- Enlarged spleen due to insufficient healthy blood cell production from the bone marrow causing abdominal pain
- Other common symptoms include fever, night sweats, and bone pain

Myelofibrosis characterised by a build up of scar tissue (fibrosis) in bone marrow and abnormal proliferation of blood precursor cells reducing the production of blood cells



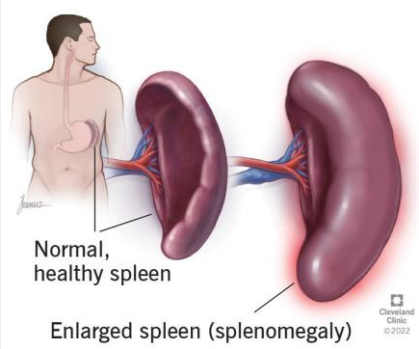


Myelofibrosis

Limited treatment options currently

Current standard of care (SoC): JAK inhibitors

- Class of drugs used in the management of splenomegaly (enlarged spleen) and other constitutional symptoms



- Symptom improvement assessed using patient reported questionnaire that provides **Total Symptom Score (TSS)**
- CT or MRI scan used to measure **spleen volume reduction (SVR)**

JAK inhibitors have significant limitations

- Offer limited survival benefits and are associated with significant dose-limiting tolerability issues including cytopenias and increased risk of infection
- 75% discontinuation at 5 years
- Median overall survival only 14 – 16 months after discontinuation

Amsulostat (SNT-5505)

In contrast to SoC, amsulostat intervenes at the source, clearing fibrosis from the bone marrow and reducing growth factor activity; thus enabling increased production of healthy blood cells

Clinical positioning:

- ✓ Distinct mode of action
- ✓ Improved tolerability
- ✓ Profile suitable for combination with SoC
- ➢ In addition to symptomatic relief, potential for disease modification.

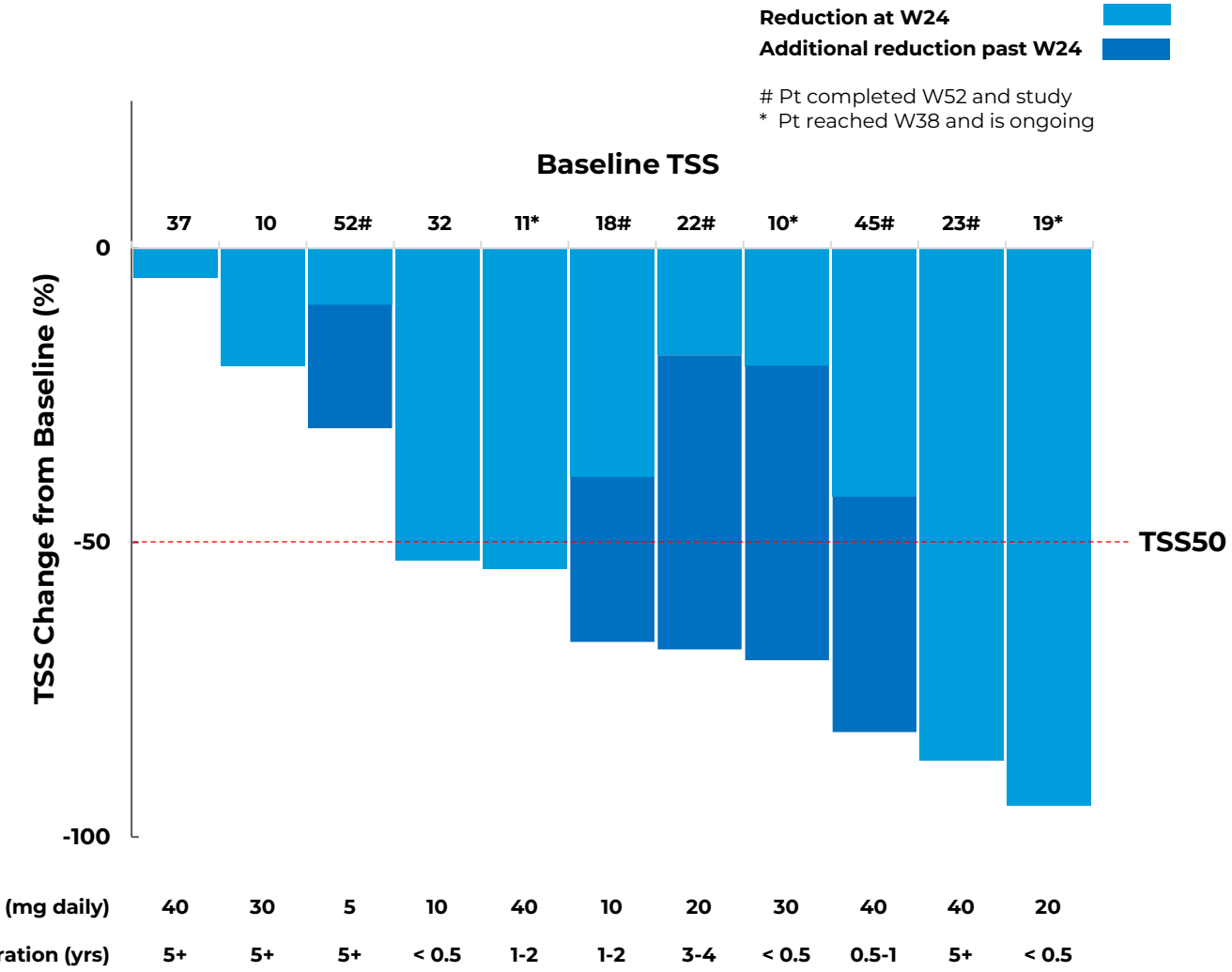
Commercial Opportunity

- Current SoC; revenue ~US$1.9b per annum
- Recent biotech exits after Phase 3 in excess of US$1.7b

Total Symptom Score

73% (8/11) of patients achieved TSS50 at Week 24 or beyond

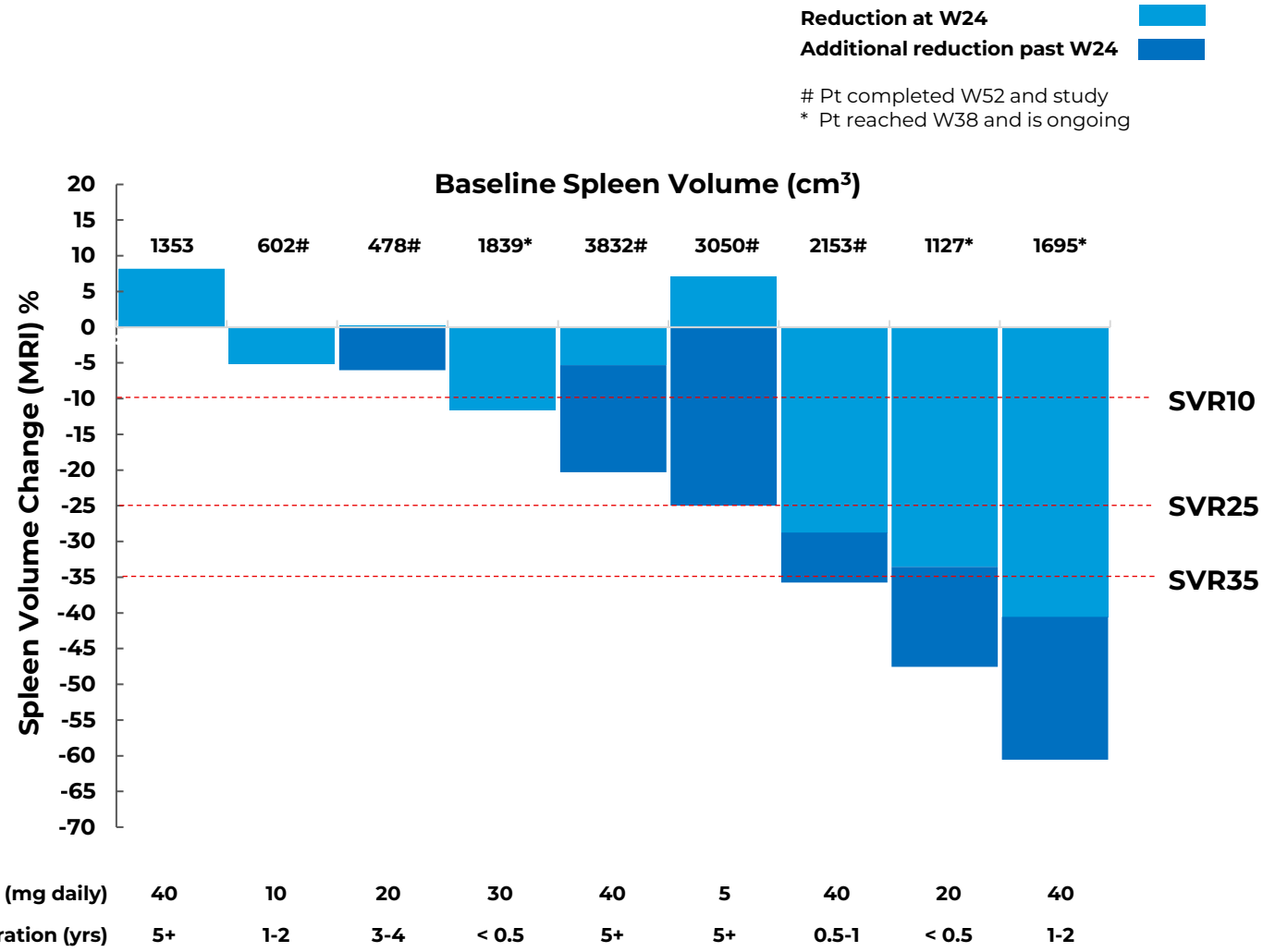
- At Week 24
  - Median absolute change -6 (range -2 to -20)
  - Median % change -39% (range -5% to -95%)
  - 4/11 pts achieved TSS50
- In the 8 pts continuing past Week 24
  - 3 pts already achieved TSS50 at Week 24
  - 4 additional pts achieved TSS50
  - 1 pt had further improvements past Week 24 (but < 50% reduction overall)



Spleen Volume Reduction

44% (4/9) of patients achieved SVR25 at Week 24 or beyond

- At Week 24
  - 2/11 pts not evaluable for SVR (SV < 450 cm^3, RUX discontinued)
  - 3/9 evaluable pts (33%) achieved SVR25
  - 1 pt discontinued just after Week 24
- In the 8 pts continuing past Week 24
  - 3 pts with SVR25 at Week 24 had further reductions, achieving SVR35
  - 2/8 pts with no or small reduction at Week 24 had larger reduction
  - 1/8 pts had increase in SV at Week 24 but achieved SVR25 after Week 24



Note: 1 pt with spleen volume < 450 cm^3 at baseline omitted from plot
1 pt who interrupted RUX dosing from Weeks 4–12 and from Week 15 onwards omitted from plot

Conclusions

Interim data[1] suggests that amsulostat combined with ruxolitinib may deliver deep and long-lasting benefit to patients who are sub-optimally controlled on ruxolitinib alone

Consistent with monotherapy data[2], amsulostat is safe and well tolerated in combination with RUX in a broad population with high disease burden.

Despite the relatively small sample size the absolute improvement in symptom score and the number of patients who achieve a TSS50 is very encouraging.

Reductions in symptoms and spleen volume that continue to improve over time is a novel finding that indicates amsulostat has the potential to provide a significantly different and well tolerated treatment option for patients on a JAK inhibitor.

Remaining 3 patients in study scheduled to complete 12 months treatment in Q3 2025.

Next Step:

Phase 2b study with control arm to acquire additional safety and efficacy data to facilitate optimised Phase 3 trial design.

Encouraging interim Phase 2a data differentiates amsulostat from competitors and sets it on a clear pathway to commercial value

[1] Watson et al EHA 2025 and Tan et al ASH 2024. [2] Vachhani P, et al. Blood 142 (2023) 625–627

FDA Guidance and Implications

FDA Guidance

- Conduct placebo controlled Phase 2b study prior to pivotal Phase 3 study
- Collect safety & efficacy data in well characterised MF patients who are not well controlled on a JAK inhibitor
- Use Phase 2b data to pinpoint the safety and efficacy profile of amsulostat and optimise the design of a subsequent Phase 3 study

Implications

- Doesn't diminish the potential value of amsulostat in MF
- Clear pathway forward
- Opportunity to re-engage with FDA on clinical development plan
- Reduced cash requirement for Phase 2b vs Phase 3 clinical study
- Phase 2b significantly de-risks Phase 3 study and allows more efficient Phase 3 design (time and cost)
- Endorsed clinical development pathway creates multiple potential commercial exit points:

  Prior to Phase 2b ➡ Post Phase 2b ➡ Post Phase 3

Strong interest in MF assets from strategics

Target / Acquiror	KEROS / Takeda	morphosys / NOVARTIS	CTI / sobi	SIERRA / GSK
Date of Announcement	**Dec-2024**	**Feb-2024**	**June-2023**	**July-2022**
Drug Name	Elritercept	Pelabresib	Pacritinib	Momelotinib
Lead Indication / Phase (at transaction)	MDS and MF (ongoing Phase 2 trials)	Myelofibrosis (successful Phase 3 studies)	Myelofibrosis (Marketed)	Myelofibrosis (NDA Filed)
Deal Type	License	Acquisition	Acquisition	Acquisition
Upfront / Milestones (US$)	US$200M / US$1.1B	US$2.9B	US$1.7B	US$1.9B
Earnout Payments / Royalty Rate (%)	Not disclosed	Subject to regulatory approvals	None	None

Attractive commercial outcomes for drugs with Phase 2 and 3 data expected to drive interest in amsulostat Phase 2 data

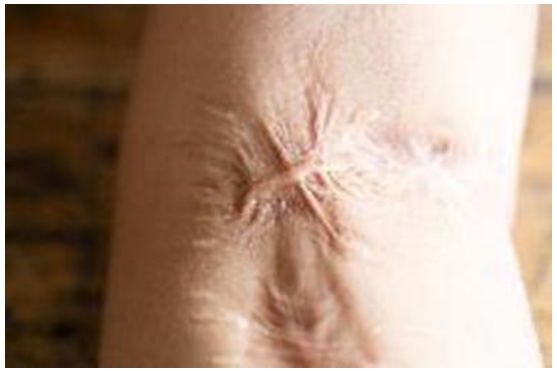
Skin Scarring

Cutaneous scarring following skin trauma or a wound is a major cause of morbidity and disfigurement

Key Facts

- 100m patients develop scars in the developed world alone each year as a result of elective operations and operations after trauma
- Hypertrophic scars and keloids are fibroproliferative disorders that may arise after any deep cutaneous injury caused by trauma, burns, surgery, etc.
- Mechanisms underlying scar formation are not well established; prophylactic and treatment strategies remain unsatisfactory

Hypertrophic scars and keloids are cosmetically and functionally problematic, significantly affecting patients' quality of life



Current standard of care (SoC):

- Laser therapy
- Corticosteroids
- Surgical revision
- Cryotherapy
- 5-fluorouracil

Commercial Opportunity

- Total scar treatment market in 2019 exceeded US$19b.
- Keloid and hypertrophic scar segment ~US$3.5b

Potential for pan-LOX inhibition

"In (preclinical) models of scarring we found that topical application of SNT-6302 reduces collagen deposition and cross-linking and improves scar appearance without reducing tissue strength. This is a unique way of modulating a critical stage in scar formation and maintenance and holds out great promise for the treatment of scars."

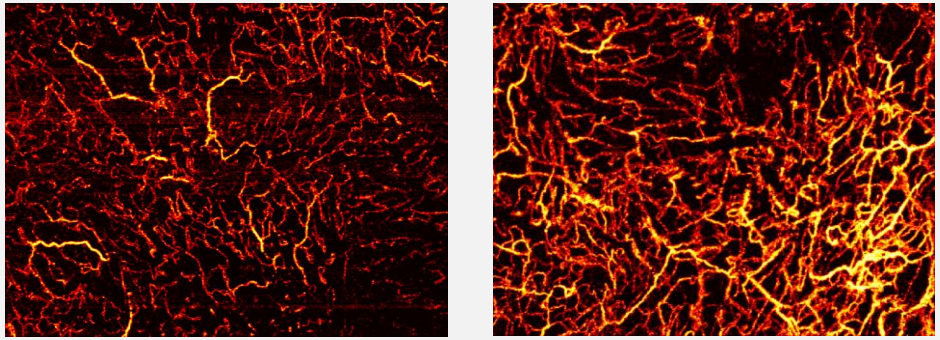
- Dr Mark Fear, UWA

Syntara, UWA and Fiona Wood Foundation

Long-term collaboration driving translation of basic science into the clinic and patient benefit

- Multi-year pre-clinical program
- Completed clinical studies
  - Solaria 1; SNT-6302 healthy volunteers
  - Solaria 2; SNT-6302 mature scars
- Ongoing studies
  - SATELLITE study in keloid scars

SOLARIA2 Findings



Images at day one (L) and day 90 (R) show a significant increase in blood vessel density following SNT-6302 treatment, that is similar to normal uninjured skin.

- Advanced non-invasive imaging technology reveals pan-LOX inhibition leads to extracellular matrix remodelling and significant improvement in scar vascularisation
- SNT-6302 treated scars become structurally and biologically closer to normal uninjured skin
- No changes observed for placebo-treated patients

SNT-9465: Next generation topical inhibitor

SNT-6302 / SOLARIA2 provided proof of concept

- Incidences of skin redness suggested potential development limitations for SNT-6302
- Need to optimise trial design for inclusion criteria and endpoints

Next generation inhibitor, SNT-9465, identified

- Rapid advancement of backup compound facilitated by in house drug discovery capability

Key improvements demonstrated

- Optimised for daily use with potential for improved tolerability and efficacy

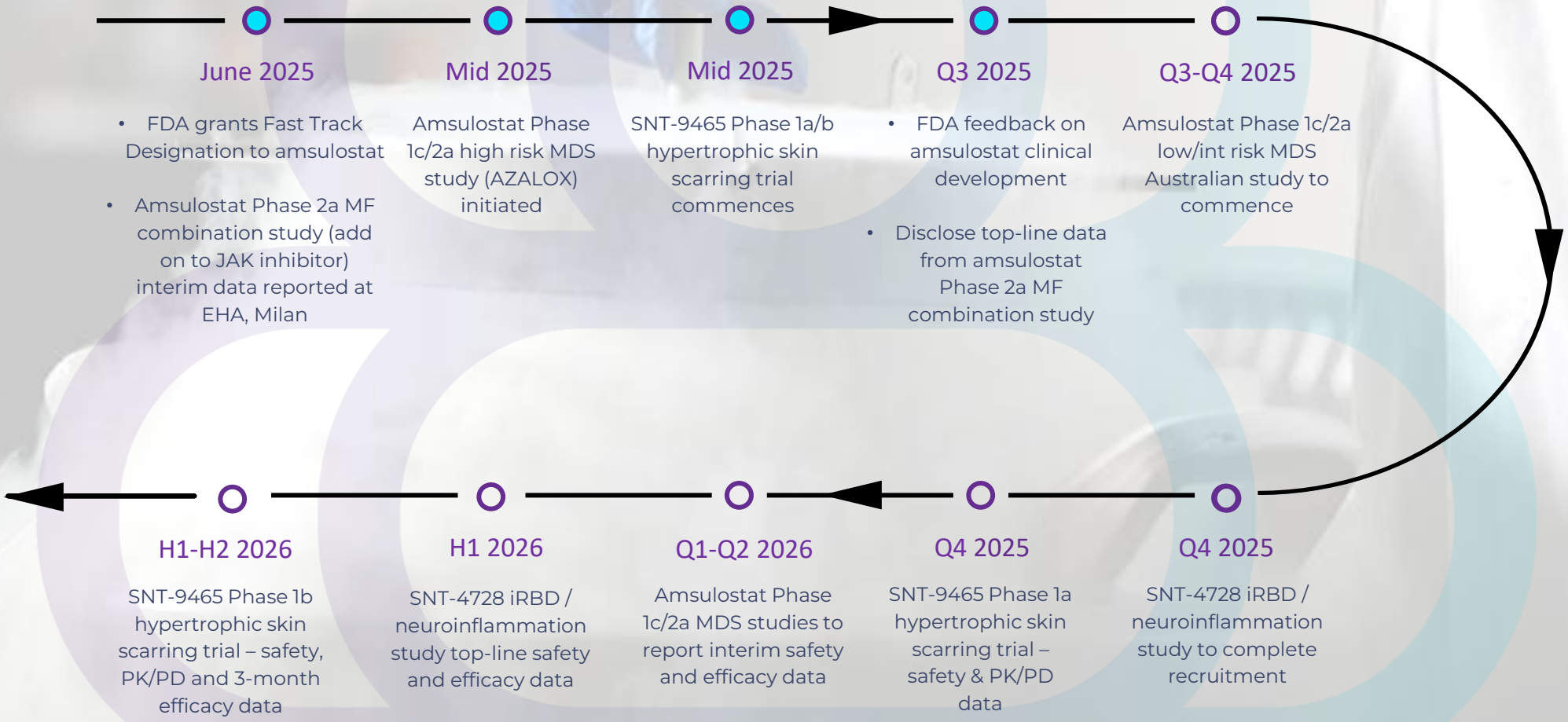
SNT-9465 Phase 1a/b study design

- Phase 1a Single Ascending Dose
  - Healthy volunteer, (N=24)
  - 3 doses of SNT-9465 + placebo
- Phase 1b Multiple Ascending Dose – cohort 1
  - Healthy Volunteer, (N=8)
  - Selected doses SNT-9465 + placebo
  - Duration = 28 days
- Phase 1b patients with scars – cohort 2
  - Healthy Subjects with hypertrophic scars < 24 months
  - Selected dose SNT-9465, open label, (N=10)
  - Duration = 3 months
  - Endpoints: Physical and visual skin and scar assessments
- Trial currently ongoing with results expected H1 2026

SNT-9465 retains the features of SNT-6302 necessary to achieve potent anti-scarring efficacy combined with an improved tolerability profile suitable for daily use in a range of clinical applications.

Recent & Anticipated News Flow

Strong and growing pipeline with advancement in studies expected to provide value inflection points



SYNTARA

Syntara Limited ABN 75 082 811 630

Gary Phillips
Chief Executive Officer
gary.phillips@syntaraTX.com.au

www.syntaraTX.com.au