NWR Virtual Healthcare Conference

Gary Phillips, CEO

25 March 2026

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** – 43% institutional.

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

Funded into 2027 with **near term data to drive value** over the next 12-18 months. (Proforma Dec 25; $12.3m)

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

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.

$11.5m in non-dilutive grant funding awarded in last 3 years.

POSITIVE 52 WEEK TOP LINE DATA FROM PHASE 2 BLOOD CANCER TRIAL

Safety and tolerability of amsulostat, together with the increasing size and durability of clinical benefit seen beyond 24 weeks, compares very favourably with other drugs in development

SYNTARA BOARD

Significant international pharmaceutical experience

Dr Kathleen Metters
Chair

- Former Senior Vice President and Head of Worldwide Basic Research for Merck & Co. with oversight of the company's global research projects.
- In a subsequent role at Merck & Co she led work on External Discovery and Preclinical Sciences 1a).
- Former CEO of biopharmaceutical company Lycera Corp.

Dr Simon Green
Non-Executive Director

- Experienced senior global pharma executive with 30 years' of experience in the biotechnology industry.
- Actively involved in CSL's global expansion over a 17-year period where he held roles as Senior Vice President, Global Plasma R&D and General Manager of CSL's manufacturing plants in Germany and Australia.
- Prior to joining CSL he worked in the USA at leading biotechnology companies Genentech Inc and Chiron Corporation.

Gary Phillips
Chief Executive Officer

- 30+ years' of operational management experience in the pharmaceutical and healthcare industry in Europe, Asia and Australia.
- Joined Syntara in 2003 and was appointed Chief Executive Officer in March 2013 at which time he was Chief Operating Officer.
- Previously held country and regional management roles at Novartis – Hungary, Asia Pacific and Australia.

Hashan De Silva
Non-Executive Director

- Experienced life sciences investment professional with extensive knowledge of the biotech, pharmaceutical and medical technology sectors.
- Worked as associate healthcare analyst at Macquarie Group and lead healthcare analyst at CLSA Australia before joining Karst Peak Capital in February 2021 as head of healthcare research.
- Prior to moving into life science investment Hashan worked at Eli Lilly in various roles focused on the commercialisation of new and existing pharmaceuticals.

SHAREHOLDERS & CASH

Financial Information (ASX: SNT)	
Share price – 10 March 2026	$0.030
Market cap	A$49m
Cash balance – 31 December 2025	A$12.3m
Enterprise value	A$36.7m

Institutional Ownership	31 Dec 25
D&A Income Limited	18%
Platinum Investment Management Limited	10%
Total Institutional Ownership	**> 43.4%**

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

THE YEAR AHEAD - *POISED TO DELIVER NEAR TERM VALUE*

TARGET	DRUG	INDICATION	PARTNERS	PHASE 1	PHASE 2	NEWS FLOW	
				HEALTHY PARTICIPANTS	PATIENTS	H1 2026	H2 2026
Pan-LOX	Amsulostat (SNT-5505)	Myelofibrosis		→		FDA approved development plan and partner engagement	
		High Risk MDS AZALOX trial	Deutsche Krebshilfe	→		Interim safety and efficacy data	Phase 2 initiation
		Low / Int Risk MDS MESSAGE trial	ALLG	→			Interim safety and efficacy data
		Pancreatic cancer FALCON trial	Garvan Institute of Medical Research	→			Trial initiation
Topical Pan-LOX	SNT-9465	Hypertrophic scarring		→		Recruit hypertrophic scar Phase 1b trial	Top Line safety and efficacy data
	SNT-6302	Keloid scarring	The University of Western Australia, Rona Wood Foundation	→		Interim safety and efficacy data	
Dual SSAO & MAO-B	SNT-4728	IRBD / Parkinson's Disease	In partnership with Parkinson's UK	→		Phase 2 Top Line data	

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MDS: Myelodysplastic Syndrome
IRBD: Isolated REM sleep Behaviour Disorder

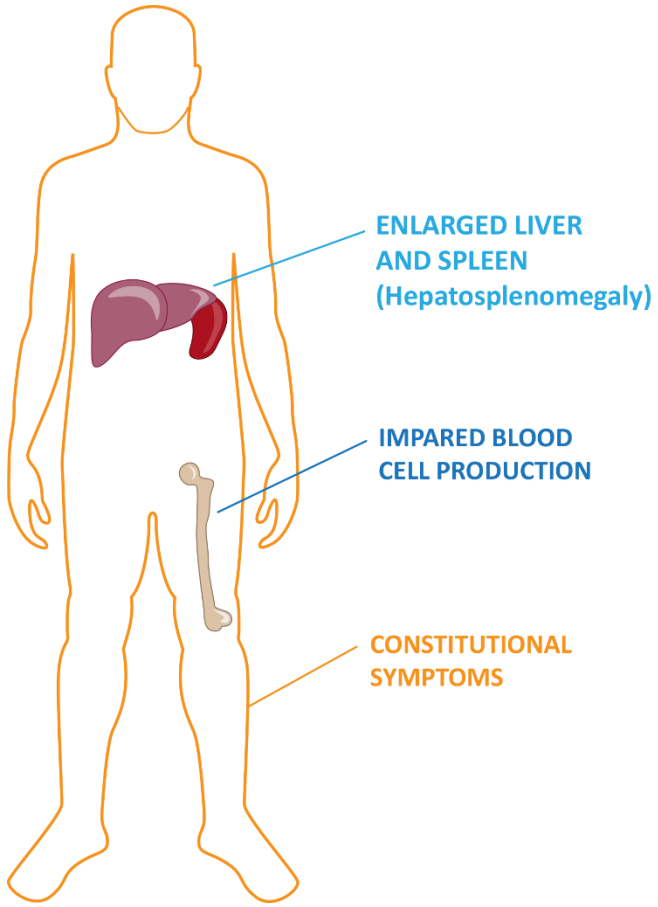
MYELOFIBROSIS

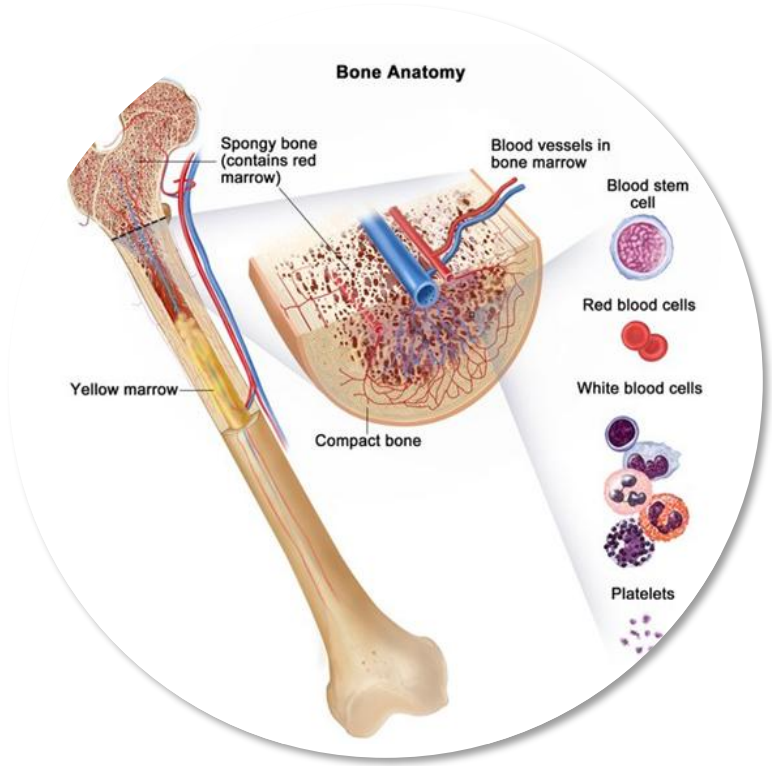
KEY FACTS

- 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

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

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



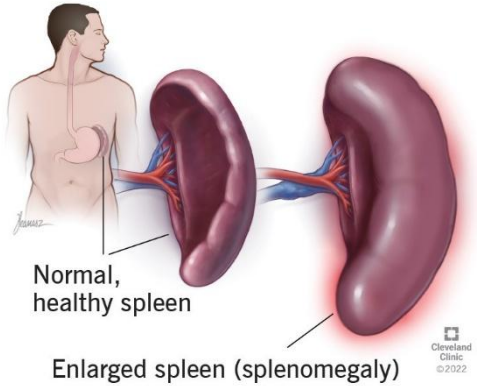


MYELOFIBROSIS

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

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
- ➢ Potential for disease modification and treatment of earlier stage disease.

Commercial Opportunity

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

LYSYL OXIDASES IN MYELOFIBROSIS

Amsulostat designed to improve the bone marrow microenvironment

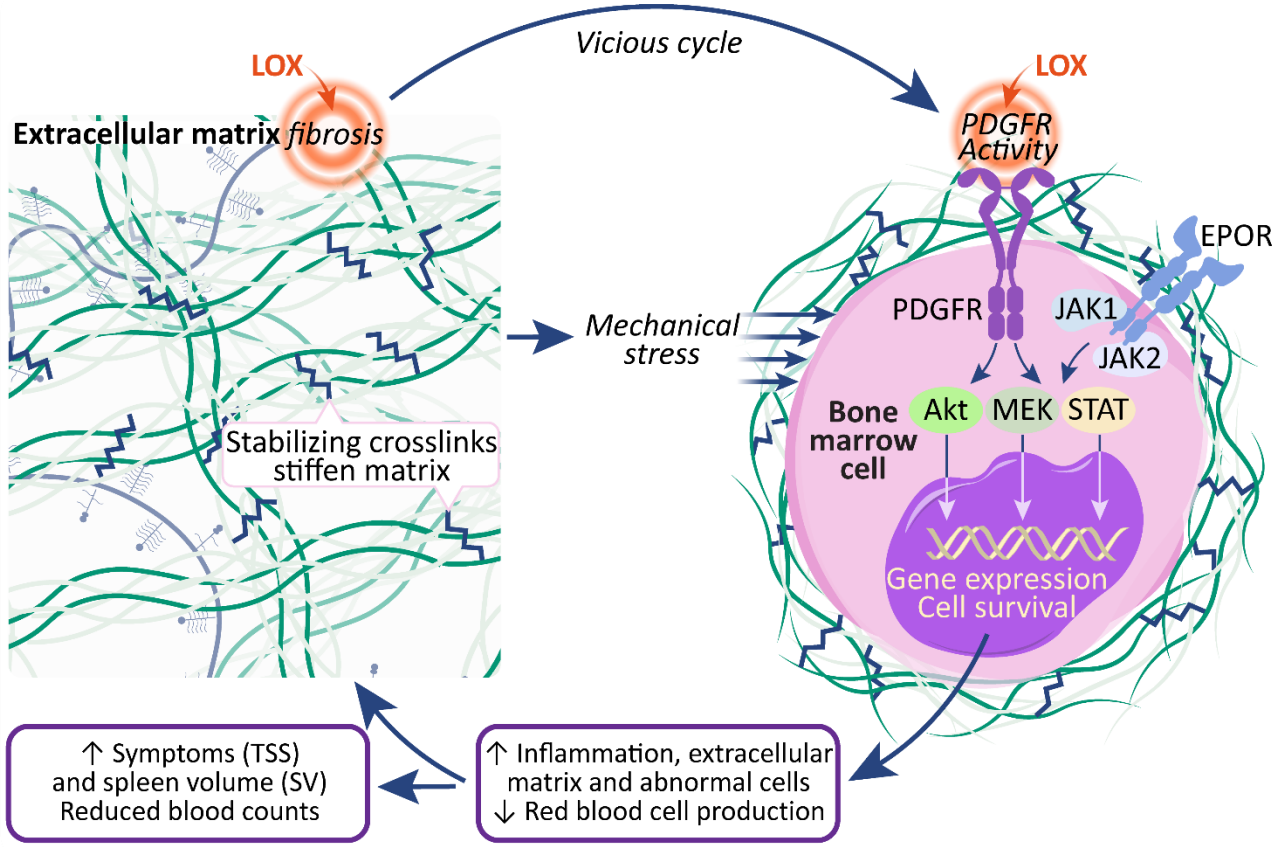
Lysyl oxidase (LOX) gene family upregulated in the bone marrow (BM) of myelofibrosis patients

→ Increased LOX activity adversely impacts BM health in several ways*

Structural Effects

Increased LOX activity catalyzes excessive crosslink formation

Stiffened bone marrow exerts mechanical stress which fosters abnormal cell development



Signalling Effects

LOX activity also boosts growth factor-induced cell division

Stimulate fibroblast proliferation
Activate immune cells

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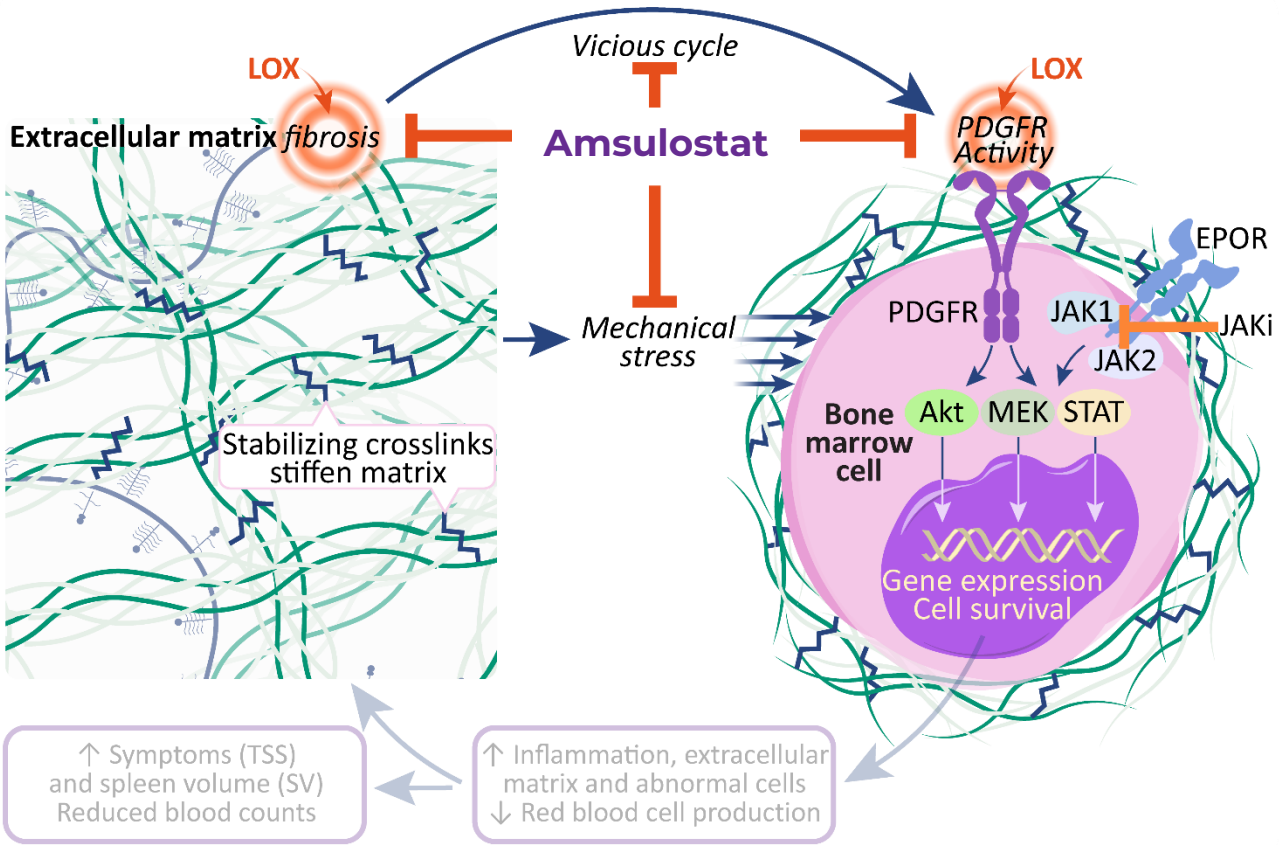
** The role of lysyl oxidases in MF reviewed by Leiva et al. Am. J. Hematol. 2018 DOI: 10.1002/ajh.25008*

LYSYL OXIDASES IN MYELOFIBROSIS

Amsulostat designed to improve the bone marrow microenvironment

Amsulostat inhibits lysyl oxidase (LOX) activity and has a multi-faceted mode of action



- ✓Inhibits cross-link formation
- ✓Reduces mechanical stress
- ✓Inhibits signalling of a growth factor that has the potential to impact JAK inhibitor efficacy

MF-101 ADD-ON TO JAK INHIBITOR RUXOLITNIB

Heterogenous population with a high disease burden

STUDY DESIGN

- **Multi-national Phase 2a open label study to evaluate safety, PK/PD, and efficacy**
- **Int-2/high risk primary MF or post-ET/PV MF**
- **Symptomatic (TSS > 10) with > 12 weeks RUX treatment**
- **Amsulostat 200 mg BID + stable dose of RUX**
- **Treatment for 52 weeks**

PATIENTS TREATED

- **16 patients recruited**
  - **11 patients completed 6 months**
  - **7 patients completed 12 months**
  - **Withdrawal rate consistent with MF studies in patients with similar disease severity**
- **Average prior RUX therapy was over 3 years**
- **High disease burden despite RUX treatment; average TSS of 23**

ENDPOINTS

PRIMARY

- Safety TEAEs

SECONDARY

- Symptom score*
- Spleen Volume Response (SVR)
- Platelet response
- RUX dose modifications
- PK/PD
- Changes in BMF Grade**
- IWG Response

✓Excellent safety and tolerability profile; no drug related serious adverse events

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* MFSAF v4.0 (Myelofibrosis Symptom Assessment Form v4.0; 7-day recall), assessed at baseline (BL), weeks 12, 24, 38 and 52
** Bone marrow biopsy within 3 months prior to Day 1 treatment; bone marrow biopsies scheduled at baseline, weeks 12, 24 and 52

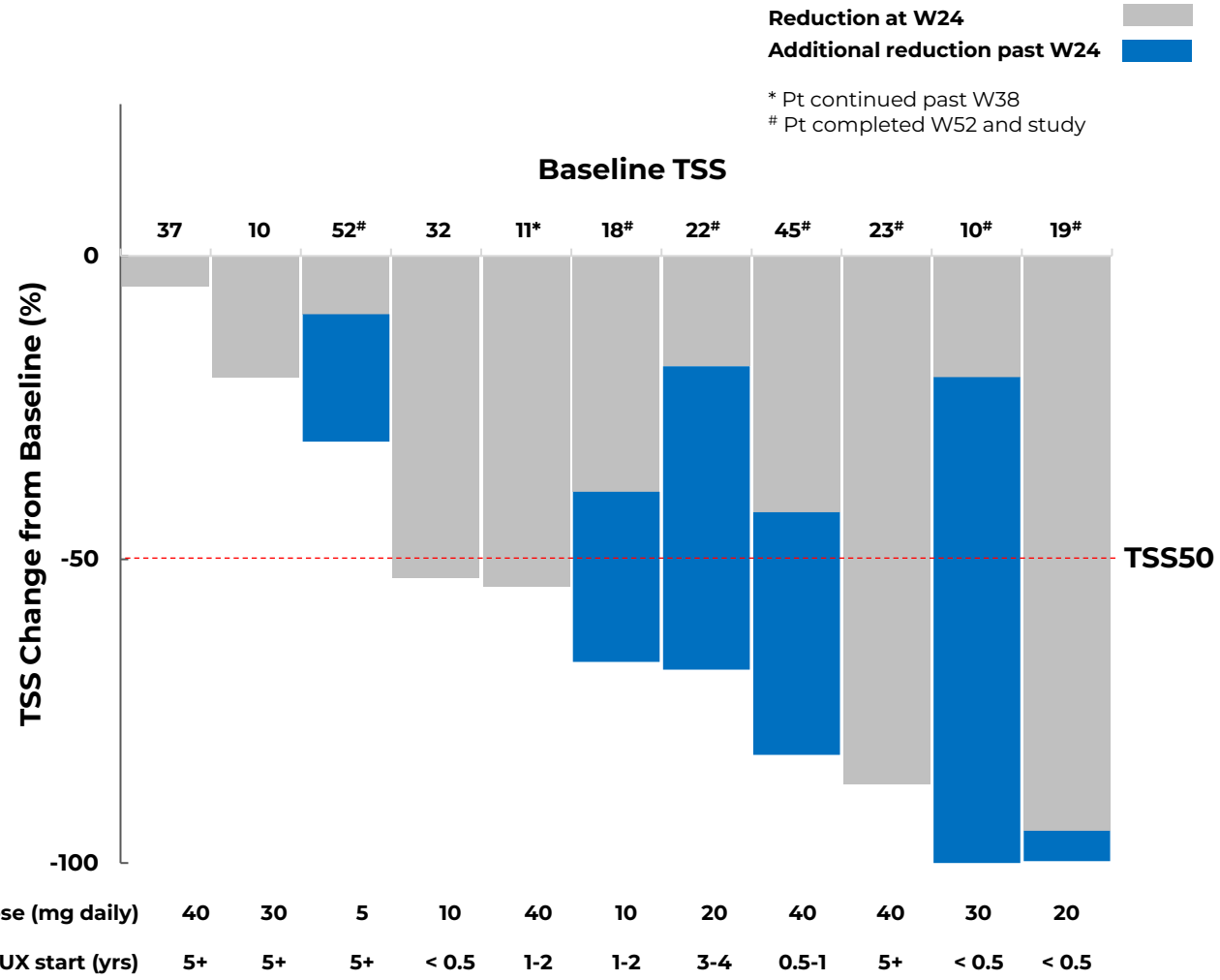
TOTAL SYMPTOM SCORE

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

Symptom relief continues for patients:

- 73% (8/11) patients* achieved TSS50 at Week 24 or beyond
- Mean TSS reduction from baseline to Week 38 (n=8) was 56%
- Mean TSS reduction from baseline to Week 52 (n=7) was 68%

** Results for TSS50 at Week 24 or beyond are for the 11 patients reaching Week 24*



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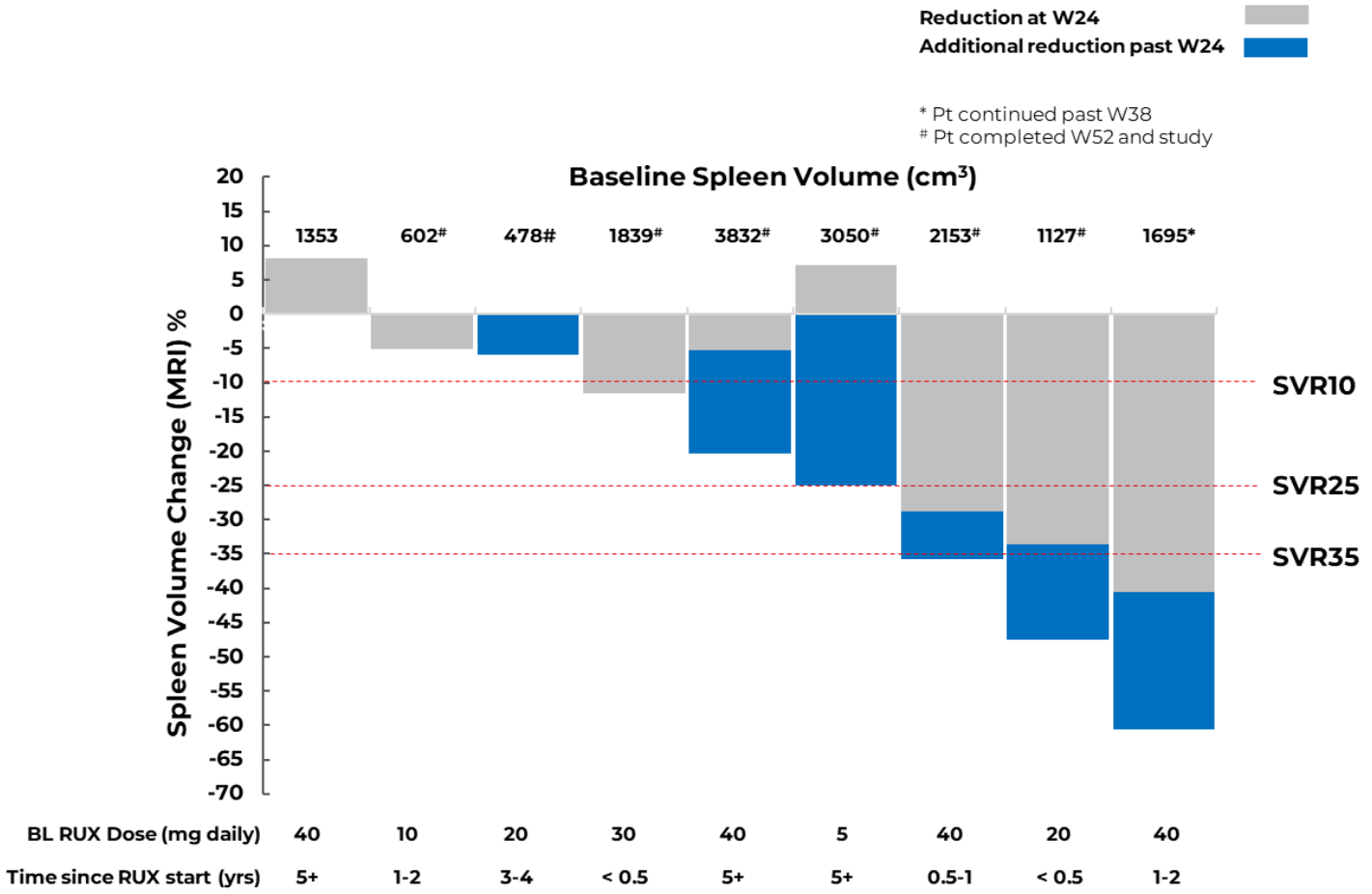
SPLEEN VOLUME REDUCTION

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

Improved spleen volume reduction:

- At Week 24, 7/9 (78%) evaluable patients* experienced stable or reduced spleen volume with no increases in RUX dose.
- 4/9 (44%) evaluable patients achieved SVR25 at Week 24 or beyond
- Of the 2 patients that reached 52 weeks (in addition to the 5 reported at EHA**) one patient retained SVR25 at Week 52



** Evaluable patients are those who had spleen volume ≥ 450 cm³ at baseline and with ≥ 80% RUX use*
*** Watson et al. HemaSphere, 2025;9:(S1) PS1832*

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POSITIVE TOP LINE PHASE 2A DATA HIGHLIGHTS AMSULOSTAT'S POTENTIAL IN MYELOFIBROSIS

Improvements of 50% or more in total symptom score (TSS50)

were observed quickly (as early as 12 weeks) and were sustained, with 73% (8/11) of patients achieving TSS50 at Week 24 or beyond

Meaningful spleen volume reductions (SVR) were observed

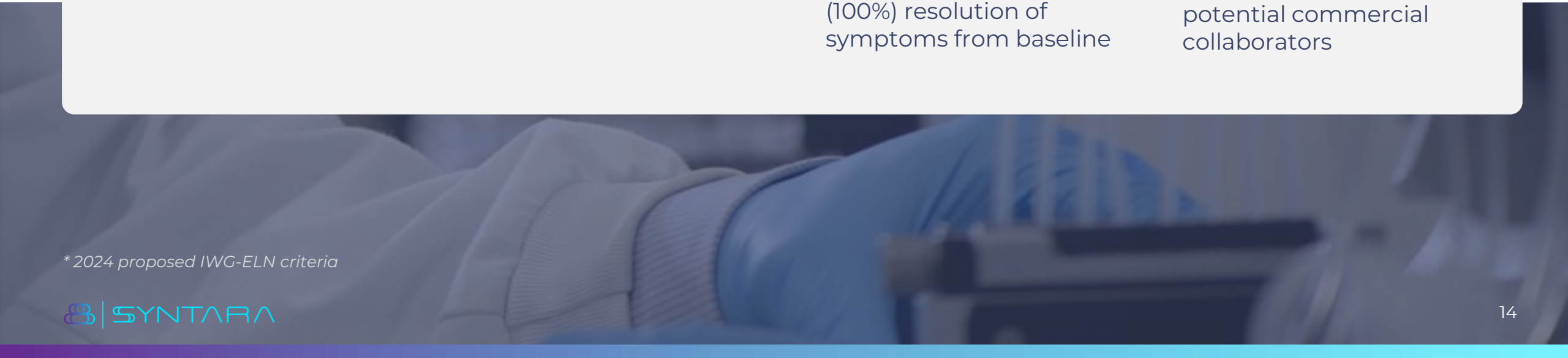
at 24 weeks and maintained thereafter, with 44% (4/9) of patients achieving SVR25 at Week 24 or beyond

Of the 7 patients that completed 52 weeks of treatment

- 6 chose to continue on amsulostat through named patient supply
- 3 of these patients had a minor anaemia response*
- 2 achieved a complete (100%) resolution of symptoms from baseline

Next stage of amsulostat clinical and commercial development triggered

- Drug development activities to support late stage clinical trials
- Ongoing discussions with global regulators to finalise trial protocol
- Engagement with potential commercial collaborators



** 2024 proposed IWG-ELN criteria*

SYNTARA APPOINTS GLOBAL MYELOFIBROSIS EXPERTS TO SUPPORT AMSULOSTAT DEVELOPMENT

Strategic Advisors to Syntara Board, Haematology

- **Dr Adam Craig**
  Former CEO of CTI BioPharma Corp, responsible for taking the JAK inhibitor Vonjo (pacritinib) through clinical development, FDA approval and subsequent commercialisation. In 2022 CTI was acquired by SOBI in a deal worth US$1.7 billion.
- **Dr Kevin Lynch**
  Former Chief Medical Officer, Antengene and VP Clinical Development and Medical Affairs in Asia, Celgene; involved in early and late-stage development of haematology oncology drugs.

Myelofibrosis Clinical Advisory Board

- **Professor Claire Harrison**
  Professor of Myeloproliferative Neoplasms and Deputy Chief Medical Officer at Guy's and St Thomas' NHS Foundation Trust
- **Dr Gaby Hobbs**
  Associate Professor of Medicine, Harvard Medical School and Clinical Director, Leukemia, Massachusetts General Hospital.
- **Professor John Mascarenhas**
  Professor of Medicine at the Icahn School of Medicine at Mount Sinai, Director of the Center of Excellence for Blood Cancers and Myeloid Disorders, and a member of The Tisch Cancer Institute.
- **Dr Haifa Kathrin Al-Ali**
  Medical Faculty, Martin Luther University Halle-Wittenberg

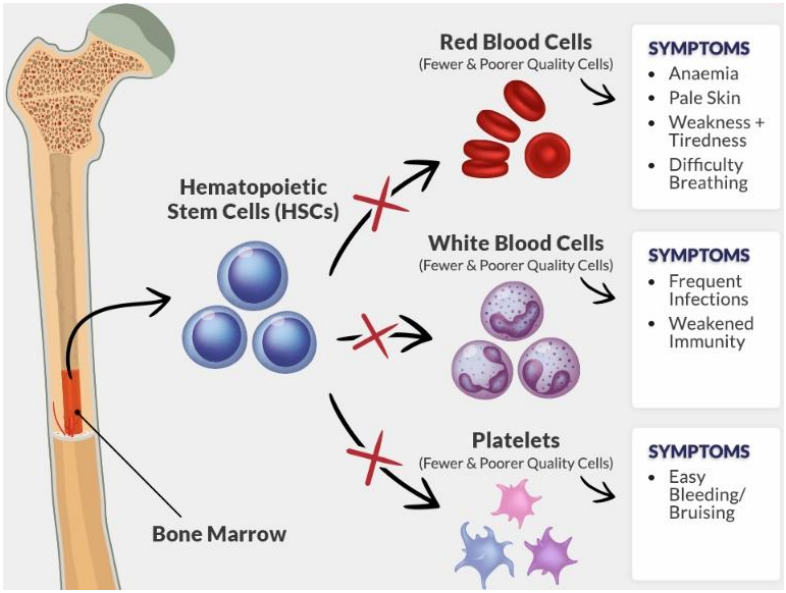
STRONG INTEREST IN MF ASSETS FROM STRATEGICS

Target / Acquiror	KEROS / Takeda	morphosys / NOVARTIS	CTI / sobi	SIERRA ONCOLOGY / 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

MDS IS A BLOOD CANCER

Diverse bone marrow disorders characterized by inadequate production of healthy blood cells



- 12–20k new cases are reported every year in the US (87k p.a. worldwide)
- 25–30% have high-risk MDS with average survival of ~1 year
- 1 out of 3 MDS patients progress to acute myeloid leukemia (AML)

High unmet need with current standard of care

- Therapy for low-risk MDS patients is aimed at improving cytopenia(s) to prevent complications
- In intermediate to high-risk MDS, SoC is hypomethylating agents (HMAs) such as azacytidine (5-AZA) or decitabine
- Only ~50% of patients respond to HMAs and most responders eventually progress; median overall survival 4–6 months

Market Opportunity

~US$3.2b p.a.

Competition:

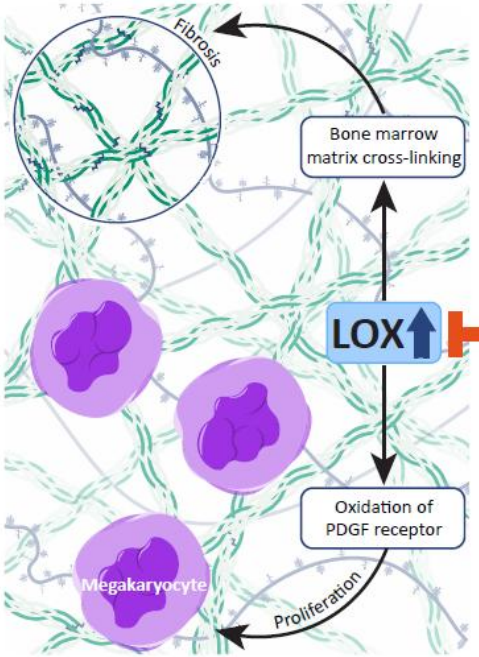
- Encouraging results from drugs in development in combination with 5-AZA are significantly offset by toxicity (e.g. neutropenia, thrombocytopenia, anemia) likely to result in frequent dose interruptions and treatment discontinuation.

AML: acute myeloid leukemia; HMA: hypomethylating agent; MDS: Myelodysplastic Syndrome.
Platzbecker U, 2021, Leukemia 2021. Figure https://cfch.com.sg/myelodysplastic-syndromes-mds/.

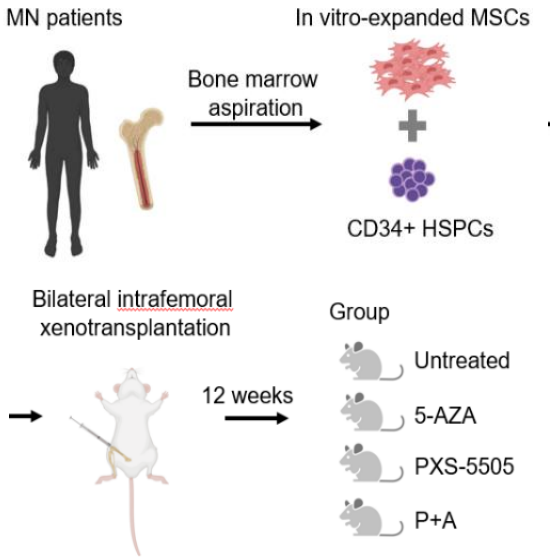
LYSYL OXIDASES AND MDS

UMM UNIVERSITÄTSMEDIZIN MANNHEIM
Medizinische Fakultät Mannheim der Universität Heidelberg
Universitätsklinikum Mannheim

Lysyl oxidase activity is increased in bone marrow aspirates from MDS patients.



HYPOTHESIS:
Correction of elevated lysyl oxidase activity in bone marrow microenvironment could be of therapeutic value in MDS.



Impressive preclinical results published in Nature

- Amsulostat on top of 5-AZA translates to significantly increased blood cell production in xenograft animal models (closest mimic of human disease)
- Response to 5-AZA (29%) is potently augmented by concomitant lysyl oxidase inhibition with amsulostat (65%)

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5-AZA: 5-azacytidine; MDS: Myelodysplastic Syndrome.
Papadantonakis et al. 2012, *Blood;* Nowak at al. 2023, *Nat. Commun.*

RECRUITMENT ONGOING FOR TWO STUDIES IN MDS

AZALOX: Phase 1b/2a open label study to evaluate safety, PK/PD and efficacy

- **High risk MDS** *or* intermediate-2 to high risk CMML
- Amsulostat in combination with 5-AZA
  - 1b: 3-12 patients treated for 24 weeks
  - 2a: 30 patients treated for 24 weeks
- Study running in Germany with support from Deutsche Krebshilfe

PRIMARY ENDPOINT

- Safety, TEAEs

SECONDARY ENDPOINTS

- Including haematological response, disease progression and survival

MESSAGE: Phase 1b/2a open label study to evaluate safety, PK/PD and efficacy

- Transfusion-dependent **low/intermediate risk MDS**
- Amsulostat in combination with oral decitabine
  - 1b: 3-12 patients treated for 24 weeks
  - 2a: 18 patients treated for 24 weeks
- Study running in Australia with support from ALLG

PRIMARY ENDPOINT

- Safety, TEAEs

SECONDARY ENDPOINTS

- Including transfusion independence, haematological response, quality of life and survival

SYNTARA

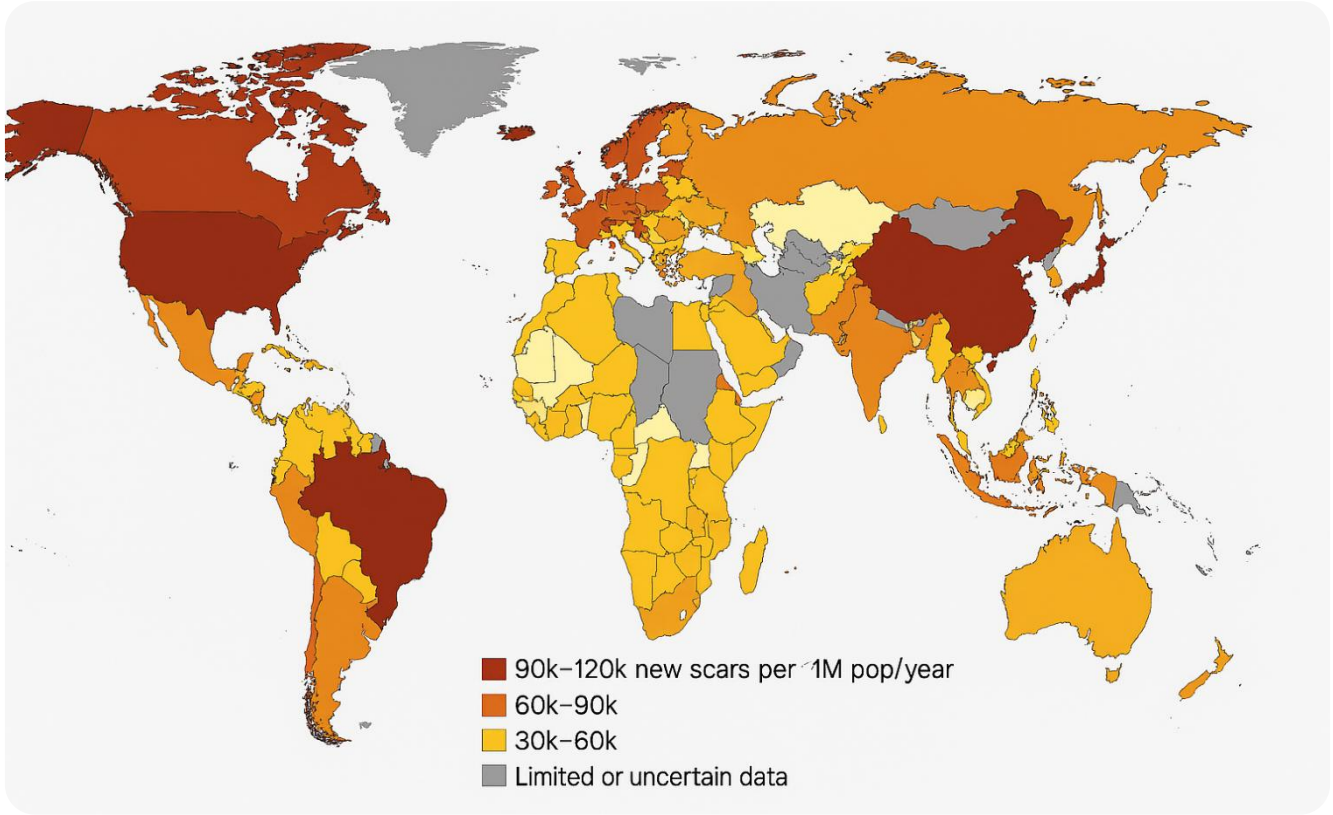
ALLG: Australasian Australasian Leukaemia & Lymphoma Group; 5-AZA: 5-azacytidine; CMML: chronic myelomonocytic leukaemia; MDS: Myelodysplastic Syndrome; TEAE: treatment emergent adverse event.

SKIN SCARRING

Skin Scarring as a Global Disease

- 100 million new scars annually post surgery in the developed world alone
- Surgical, traumatic, burn, acne, cosmetic, obstetric etc
- A lifelong condition with functional + psychological impact
- No FDA-approved therapies for scar treatment & remodeling

The global scar treatment market projected to reach $50–55 billion by 2030



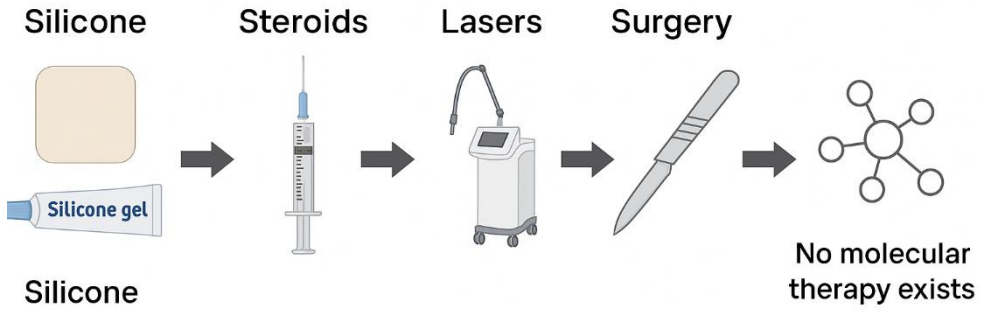
STANDARD OF CARE

Fragmented, Ineffective and Outdated

THE WHITESPACE OPPORTUNITY:

A Downstream, Mechanically-Targeted Therapy

- Silicone sheeting (none to v limited effect)
- Steroid injections (temporary; high relapse)
- Laser therapy (expensive; operator dependent)
- Surgery (expensive, recurrence common, especially in keloids)



- Only LOX inhibition addresses matrix stiffness
- LOX crosslinking is a shared downstream driver of fibrosis across organs; a biological bottleneck with almost no therapeutic competition
- Pan-LOX inhibitors have already shown ECM remodeling in humans

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

nature communications

Article

https://doi.org/10.1038/s41467-022-33148-5

Topical application of an irreversible small molecule inhibitor of lysyl oxidases ameliorates skin scarring and fibrosis

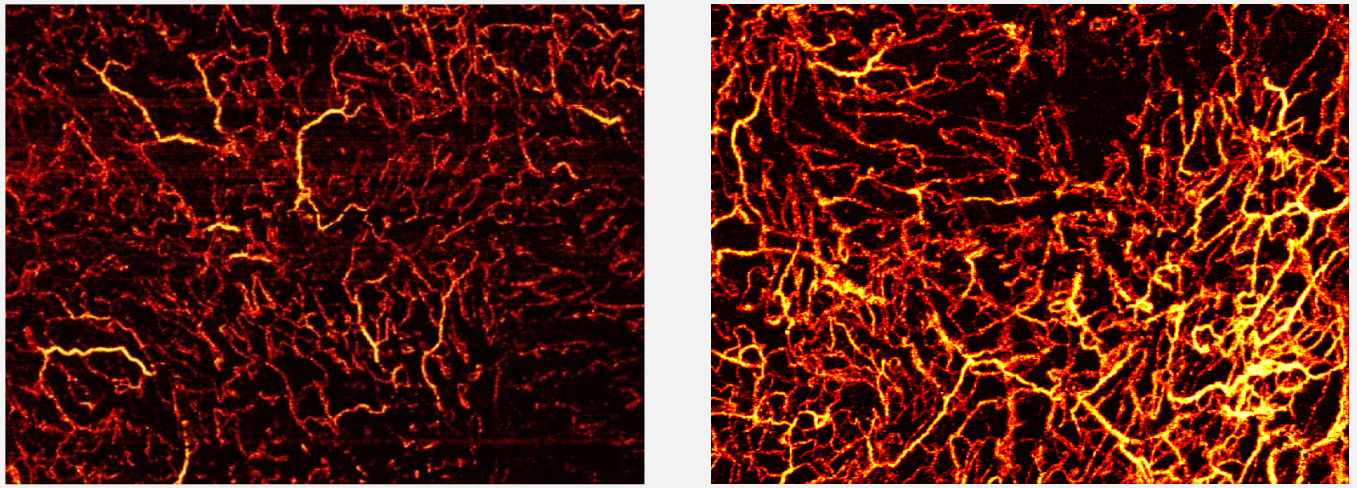
Completed clinical studies

- Solaria 1; SNT-6302 healthy volunteers
- Solaria 2; SNT-6302 mature scars

Ongoing studies

- SATELLITE study in keloid scars
- Next generation topical pan-LOX inhibitor SNT-9465 in Phase 1a/b study

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.

- Patients in the active arm had a mean reduction in collagen1 of 30% compared to placebo after three months treatment. ($p<0.01$).
- 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

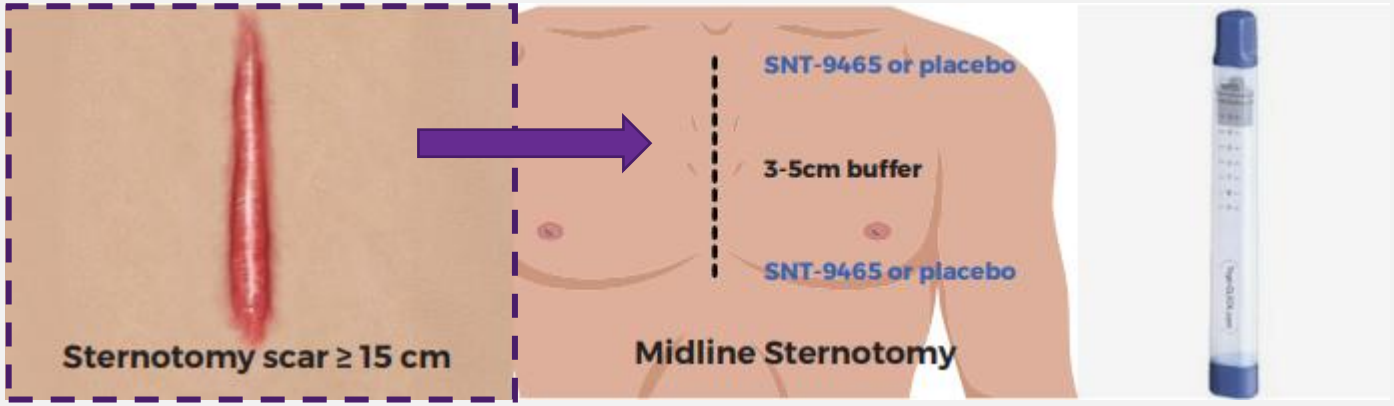
PHASE 1 FIRST IN HUMAN INTEGRATED PATIENT STUDY

Healthy Volunteer Phase 1a Single Ascending Dose

✓ Dose-dependent target engagement confirmed

Hypertrophic scars Phase 1b Multiple Daily Dose

Randomized, Double-blinded,
Placebo-controlled Split-scar Study in Adult Participants with Hypertrophic Sternotomy Scars (N=20)



*"We now understand the biology well enough to **target stiffness directly** rather than just calming inflammation around it. LOXL activity sits at the **mechanical root** of scar persistence, and its involvement is consistent across scar types. When we **inhibit LOXL, we see meaningful structural reversal** in human studies"*

Professor Ardeshir Bayat
Director Medical Research Council of South Africa Wound Healing Unit, University of Cape Town.

PHASE 1 FIRST IN HUMAN INTEGRATED PATIENT STUDY

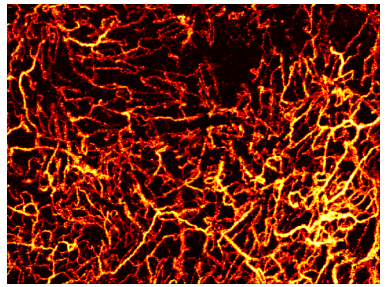
Trial design optimised for inclusion criteria and endpoints

PRIMARY ENDPOINT

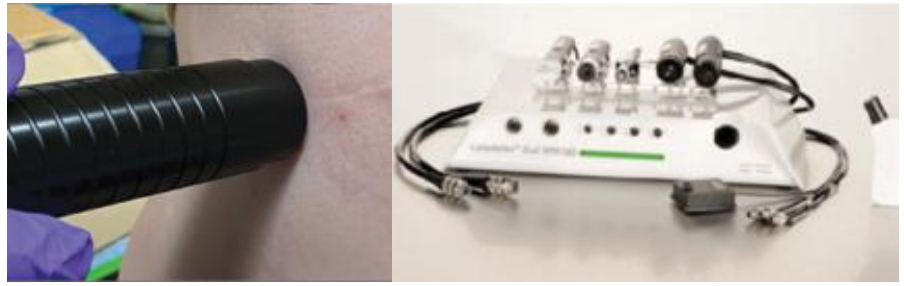
- Safety TEAEs

SECONDARY ENDPOINTS

- Pharmacokinetics / Pharmacodynamics
- Scar rating (multiple blinded raters)
- 3D imaging (scar volume)
- Optical Coherence Tomography (OCT)
- Elastography
- Patient and Observer Scar Assessment Scale (POSAS)



OCT imaging technology (as used in SOLARIA2) employed to look at matrix remodeling and vascularization.



Elastography (cutometer assessment) used to measure skin elasticity[1]

POSAS will measure characteristics of the scar from the perspective of the observer and patients.[1]

[1] Standardizing Dimensionless Cutometer Parameters to Determine In Vivo Elasticity of Human Skin | Advances in Wound Care
[2] About POSAS – POSAS

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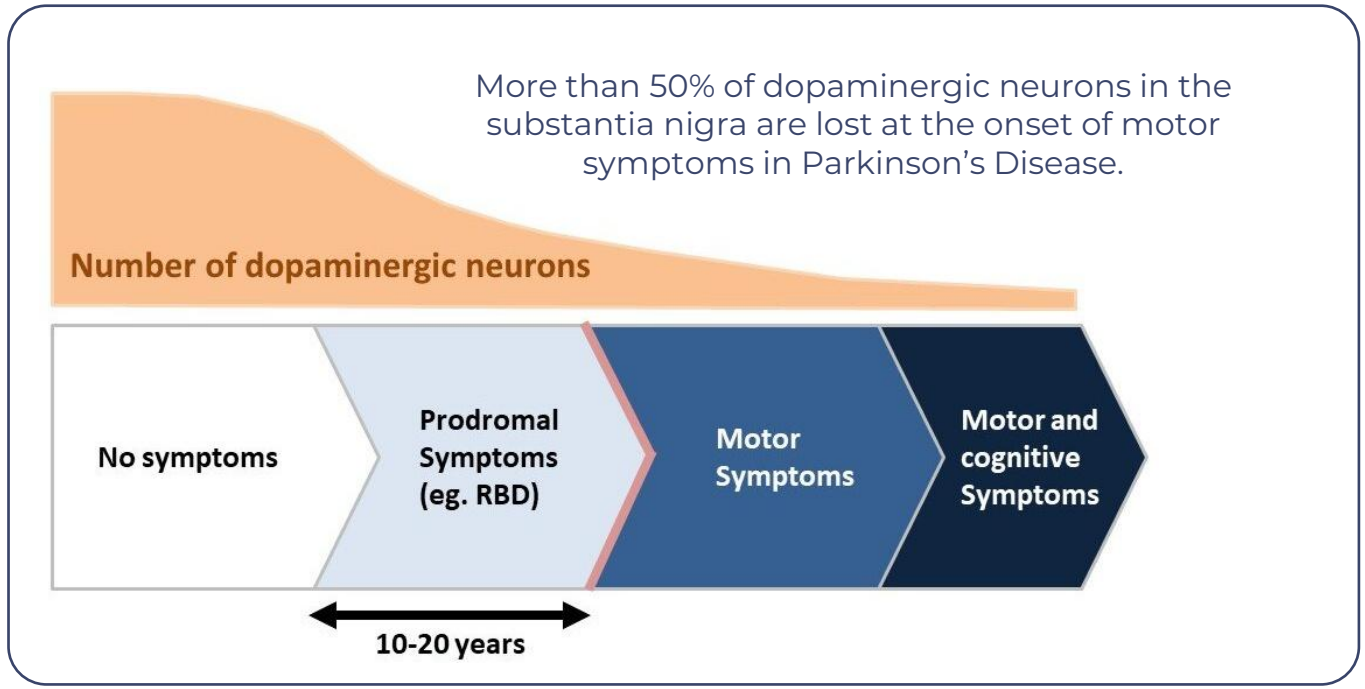
NEUROINFLAMMATION

SNT-4728 is a dual SSAO & MAO-B inhibitor, representing a novel anti-inflammatory and neuroprotective approach

Parkinson's Disease and IRBD

- Prodromal symptoms, such as isolating REM sleep behavior disorder (iRBD), proceed the onset of motor cognitive dysfunction by 10-20 years.
- 70% of iRBD patients transition to a neurodegenerative disease such as Parkinson's disease and Dementia with Lewy Bodies



USING A SLEEP DISORDER TO TARGET PARKINSON'S DISEASE

Patients with iRBD represent a prodromal stage of PD, where disease modifying (slowing) therapies might have their greatest impact.

- Unmet medical need as there is currently no approved treatment; current standard of care is melatonin.
- Early intervention to demonstrate neuroprotection (rather than late treatment when most neurons have died, eg. PD)

Global PD market size expected to reach US$7.58b by 2030[2]

- > 8% of 70 – 89 year olds have iRBD
- > 70 % of iRBD patients go on to develop Parkinson's disease and the related α-synuclein deposition disorders, dementia with Lewy bodies (DLB) and multiple system atrophy (MSA).

[1] Figure adapted from REM Sleep Behavior Disorder (RBD) - Neuropedia
[2] Parkinson's Disease Treatment Market | Industry Report 2030

PARKINSON'S UK FUNDED TRIAL

Phase 2 multi-centre, placebo-controlled study assessing effect of SNT-4728 on microglia activation in patients with iRBD

40 patients (3:1 randomization), drug treatment duration 12 weeks, 15 mg oral, QD

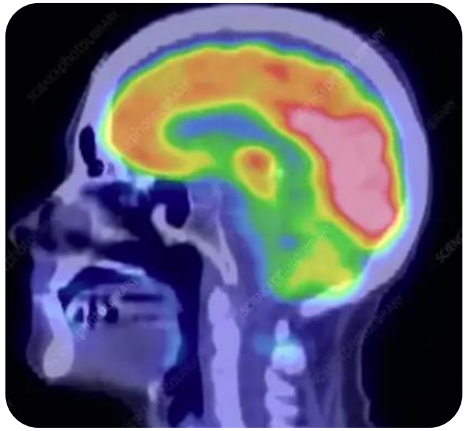
PRIMARY ENDPOINT

- Safety TEAEs
- Changes in PET ligand binding in Brain regions of interest

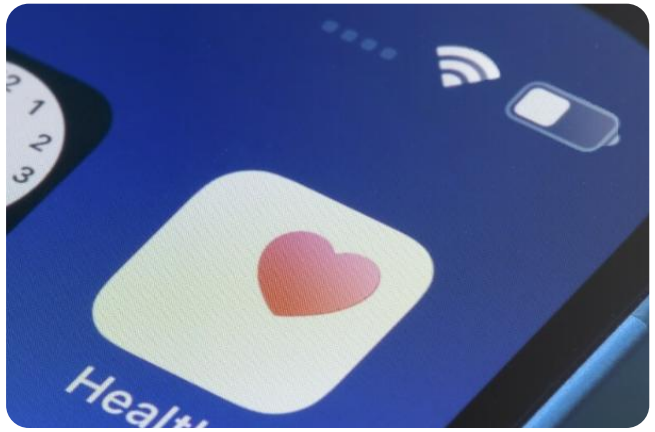
SECONDARY ENDPOINTS

- Including cognitive and smartphone motor assessment, sleep questionnaire and biological response biomarkers

Study funded by Parkinson's UK and is being run at sites in Sydney, Australia and Oxford, UK



PET imaging technology used to measure microglial activation.



Exploratory secondary endpoints measuring sleep quality and patient well being

THE YEAR AHEAD - *POISED TO DELIVER NEAR TERM VALUE*

TARGET	DRUG	INDICATION	PARTNERS	PHASE 1	PHASE 2	NEWS FLOW	
				HEALTHY PARTICIPANTS	PATIENTS	H1 2026	H2 2026
Pan-LOX	Amsulostat (SNT-5505)	Myelofibrosis		→	→	FDA approved development plan and partner engagement	
		High Risk MDS AZALOX trial	Deutsche Krebshilfe	→	→	Interim safety and efficacy data	Phase 2 initiation
		Low / Int Risk MDS MESSAGE trial	ALLG	→	→		Interim safety and efficacy data
		Pancreatic cancer FALCON trial	Garvan Institute of Medical Research	→	→		Trial initiation
Topical Pan-LOX	SNT-9465	Hypertrophic scarring		→	→	Recruit hypertrophic scar Phase 1b trial	Top Line safety and efficacy data
	SNT-6302	Keloid scarring	The University of Western Australia, Rona Wood Foundation	→	→	Interim safety and efficacy data	
Dual SSAO & MAO-B	SNT-4728	IRBD / Parkinson's Disease	In partnership with Parkinson's UK	→	→	Phase 2 Top Line data	

SYNTARA

MDS: Myelodysplastic Syndrome
IRBD: Isolated REM sleep Behaviour Disorder

SYNTARA

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