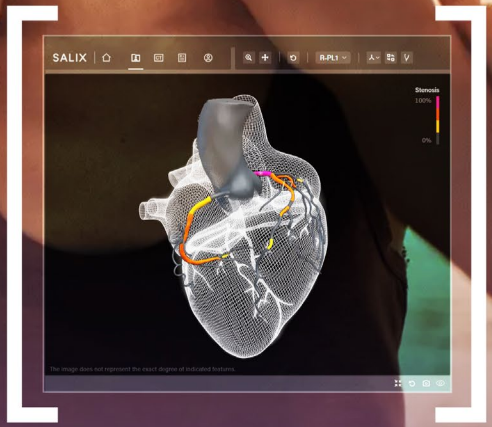
ARTRYA®

(ASX: AYA)

# FY26 Financial Results & Operational Update

FINANCIAL YEAR ENDED 30 JUNE 2026

Scaling the Future of Heart Care




John Konstantopoulos, CEO & Co-Founder
Clayton Hatch, CFO
01 September 2026

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Our Purpose is to save lives through faster and more accurate detection of coronary artery disease

ARTRYA

# Artrya – AI technology platform for coronary artery disease

## Salix® is the only real-time, point of care platform globally improving patient care and streamlining workflow

**1 Global health issue**
- **More people die from heart disease than all cancers combined**[2]
- Every 40 seconds in the U.S., someone suffers a heart attack[1]

**2 Differentiated product**
- Artrya's **cloud-based, AI-driven** Salix® platform is a **single unified reporting platform**
- Salix® analyses CCTA scans and delivers **real-time** insights into the heart health, high-risk plaque and coronary flow

**3 Attractive market**
- **US$4.4B target addressable U.S. market** with 6.2% projected growth in cardiac CCTA scans to 2028[3]
- Attractive US CPT 1 reimbursement supports fees per scan

**4 U.S. FDA clearances**
- **Salix® Coronary Anatomy** and **Salix® Coronary Plaque** - 2025
- **Salix® Coronary Flow** targeted clearance end of 2026

**5 Commercial traction**
- **Three commercial U.S. customers secured -** Tanner Health live and generating revenue, Northeast Georgia Health System **'live' early FY27,** Cone progressing toward deployment.
- Strong balance sheet **with $74.0m cash (30 June 2026)** – supporting U.S. infrastructure and growing sales pipeline

**6 SAPPHIRE Study**
- Building **clinical validation** and access to **potential commercial customers**
- **Six large U.S. systems**: Mass General Brigham, Piedmont, HCA Midwest, Dignity Health, Ascension, Huntsville

**7 Substantial shareholders**

REGAL FUNDS MANAGEMENT

PARADICE INVESTMENT MANAGEMENT

Wilson Asset Management

1. Center for Disease Control and Prevention (CDC) - Heart Disease Facts – Heart Disease in the United States
2. American Heart Association (AHA) – Heart disease remains leading cause of death as key health risk factors continue to rise
3. https://www.dicardiology.com/article/rising-demand-cardiac-ct-positions-market-major-growth

# Results & Highlights

Financial Year ended 30 June 2026

# 2026 Highlights & Achievements

This year we successfully executed our commercial launch – enabling us to grow revenues and deliver scale into the future

## 3 U.S. customers secured

Tanner Health, Cone Health,
Northeast Georgia Health System

## SAPPHIRE Study launched

6 major U.S. healthcare systems

## U.S. Customer Success Team

Supporting the customer journey

## 1st U.S. revenues

Subscriptions: Salix® Coronary Anatomy
Fee-per-scan: Salix® Coronary Plaque

## FDA clearance received

Salix® Coronary Plaque, August 2025

## $80M capital raised

Funding our future

## 1st Hospital-wide integration

5 Tanner Health hospitals

## Leadership expanded

Clinical Advisory Board
Board & senior management

## ASX All Ordinaries & All Tech Index

Expanding institutional access & market awareness



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# Financial Summary – FY2026

Commercial revenue base established in FY26, with minimum contracted revenue secured across three foundation customers

Cash[1]
**$74.0m**

Debt[1]
**Nil**

Market cap[2]
**$780m**

Funding secured[3]
**$80.0m**

1. As at 30 June 2026
2. As at 26 August 2026
3. FY26 funding, Annual Report

1. **Contracts Signed**
Tanner, NGHS, Cone Health

2. **Deployment / Integration**
Platform live across sites

3. **Clinical Use Begins**
Scans performed at point of care

**Secured and executed with three foundation customers in FY26***

4. **Payer Pre-Authorisation**
Coverage confirmed

5. **Claim Adjudicated**
Payer processes & approves

**New workflows designed to accelerate reimbursement and revenue conversion**

6. **Cash Received**
Reported in Quarterly 4C

*NGHS went live clinically in July 2026, Cone will go live shortly



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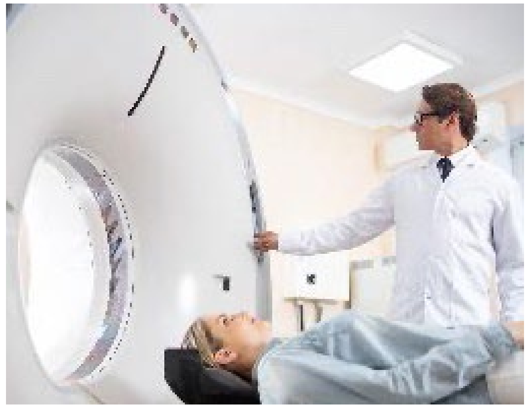
# CCTA is transforming how coronary artery disease is diagnosed

## CT-first adoption has shifted the bottleneck downstream

**CAD is deadly and common**


→

**CCTA is becoming the front-line test**



for diagnosing suspected CAD

→

**One scan. Many insights**

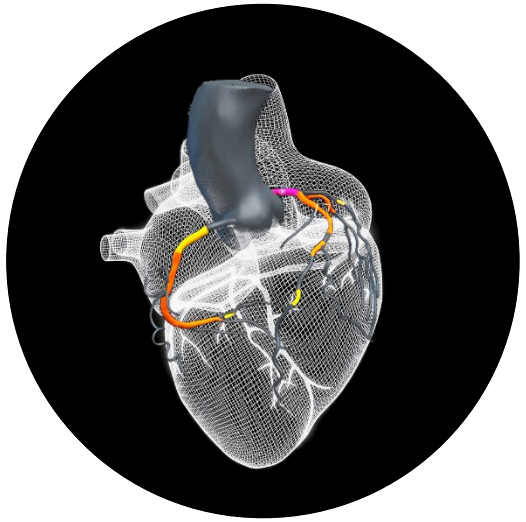
**ANATOMY**
Where is the disease?

**Plaque**
How much disease?

**Flow**
Does it restrict blood flow?

→

**More complete view of CAD**



One non-invasive pathway

**The Impact:** ▶ More CCTA's are being performed ▶ More information from every scan. More information to manage treatment more effectively ▶ Creating a greater demand for fast, scalable analysis



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# Adoption of CCTA is outpacing the ability of Hospital Systems to respond

CT-first adoption is accelerating faster than hospital capacity can absorb

## Rising Demand

- **Guideline shifts:** CCTA is now first-line for chest pain
- **Reimbursement tailwinds:** Reimbursement is accelerating adoption
- **Disease burden:** CAD remains the leading cause of mortality in the U.S.

**Volume is increasing rapidly**

## Health System Constraints

- **Growing volumes:** scan volumes are growing faster than existing staffing and infrastructure
- **Bottlenecks:** clinical demand is outpacing reporting capacity
- **Tooling limits:** existing solutions delay reporting, increasing backlogs and slowing care

**Health systems cannot scale**

**CT-first works clinically but today's health systems weren't designed for this level of volume**



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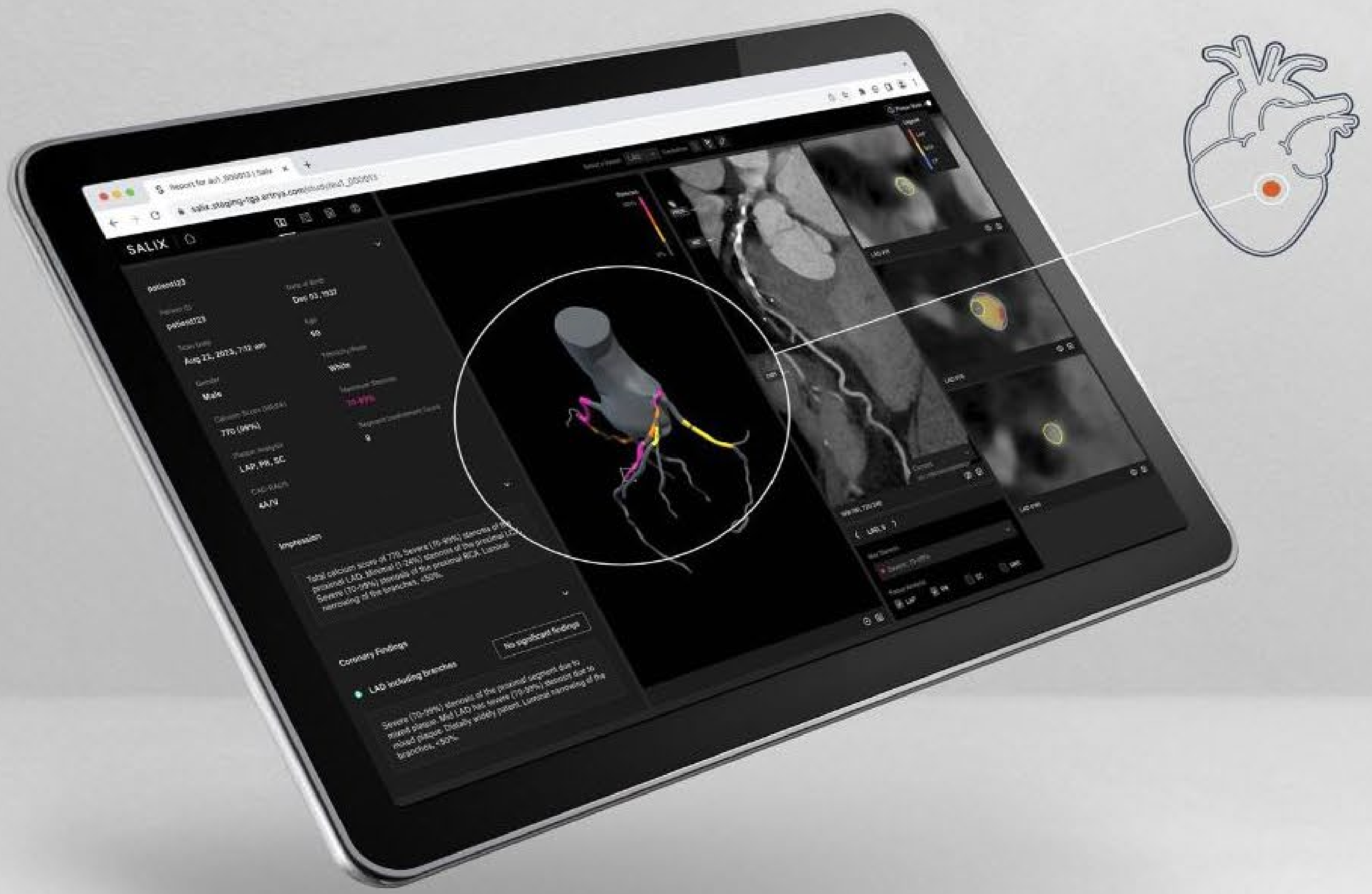
# Salix®: The Operating Platform for Cardiac CT

Clear clinical insights into actionable decisions in minutes




## One Reporting Platform for CAD

Centralised CCTA reporting, analysis, and workflow. Reduces physician fatigue and reporting costs

## More Clinical Capacity

Improved efficiency and care, transforms CCTA into a scalable, high-margin service line

## Better Clinical Decisions, Faster Patient Care

Real-time assessment of high-risk plaque and FFRCT* for improved treatment

* Salix Coronary Flow not yet cleared by FDA



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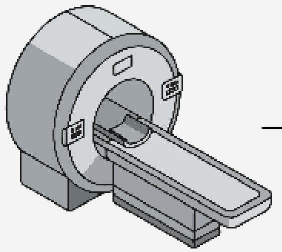
# From off-site workflows to 10-minute decision

Salix® fits directly into the existing clinical workflow; no portals, no off-site vendors

**Current approach**

*Fragmented & off-site*



4–8-week backlogs Volume outpaces capacity

**Onsite -** Manual CCTA Assessment

CCTA Visualisation Software

Review & Prepare Scan for Reporting

Clinician Reports CCTA

Techs prep scan and reporting can take hours or days

Clinician Orders Plaque and/or Flow Assessment

**Offsite** – 'Human in the loop'

Heartflow

cleerly

elucid

Review, Prepare & Report
**24hrs-48hrs**

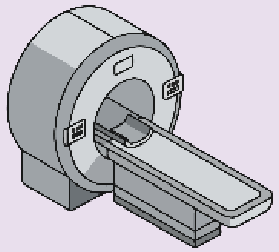
Clinician Receives results and finalizes CCTA report and clinical decision

24-48hrs offsite analysis for Plaque and Flow. Introduces latency and compounds backlog, Can take weeks for result if clinician disagrees

**Currently**

- Inefficient workflow
- Downstream treatment delays

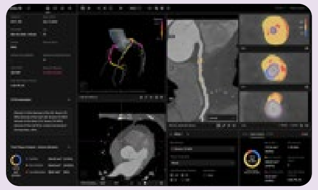
**Streamlined approach with Salix®**



Reduced backlogs

**Point of Care**

SALIX®



CCTA Report, Plaque, FFRCT
**in <10mins**

Real-time at point of care within 10mins

Clinician Finalizes CCTA Report and clinical decision

Reporting within 5-10mins

**With Salix®**

- Faster throughput
- Faster time to treatment



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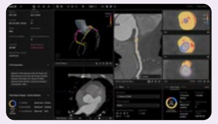
# Salix® patients have Symptomatic or Acute chest pain

U.S. treatment guidelines specify patients with CCTA who require coronary plaque and / or flow analysis

**Symptomatic Patients with Suspected CAD** → **CCTA Performed** → 



**Salix® Platform Read**

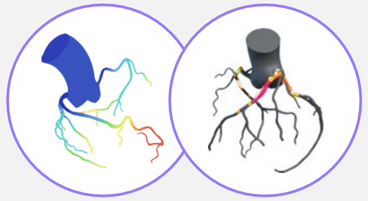
**No Plaque Detected on CCTA**[1] (~30% of CCTAs) → **No CAD**

**Plaque Detected on CCTA**[1] *(~70% of CCTAs)*

**1-39% Stenosis** →

**Plaque Analysis**

**40-69% Stenosis** →



**CT-FFR & Plaque Analyses**

**70-90% Stenosis** →

**CT-FFR Analyses**

1.Bittner et al. JACC Cardiovasc Imaging 2020. (PROMISE) doi: 10.1016/j. jcmg.2019.09.012;

# Salix® Revenue model - a single platform solution built for scale

## Attractive revenue model of subscription and fees per scan - analysing CCTA scans for coronary artery disease

Increasing clinical utility and revenue opportunity[2]

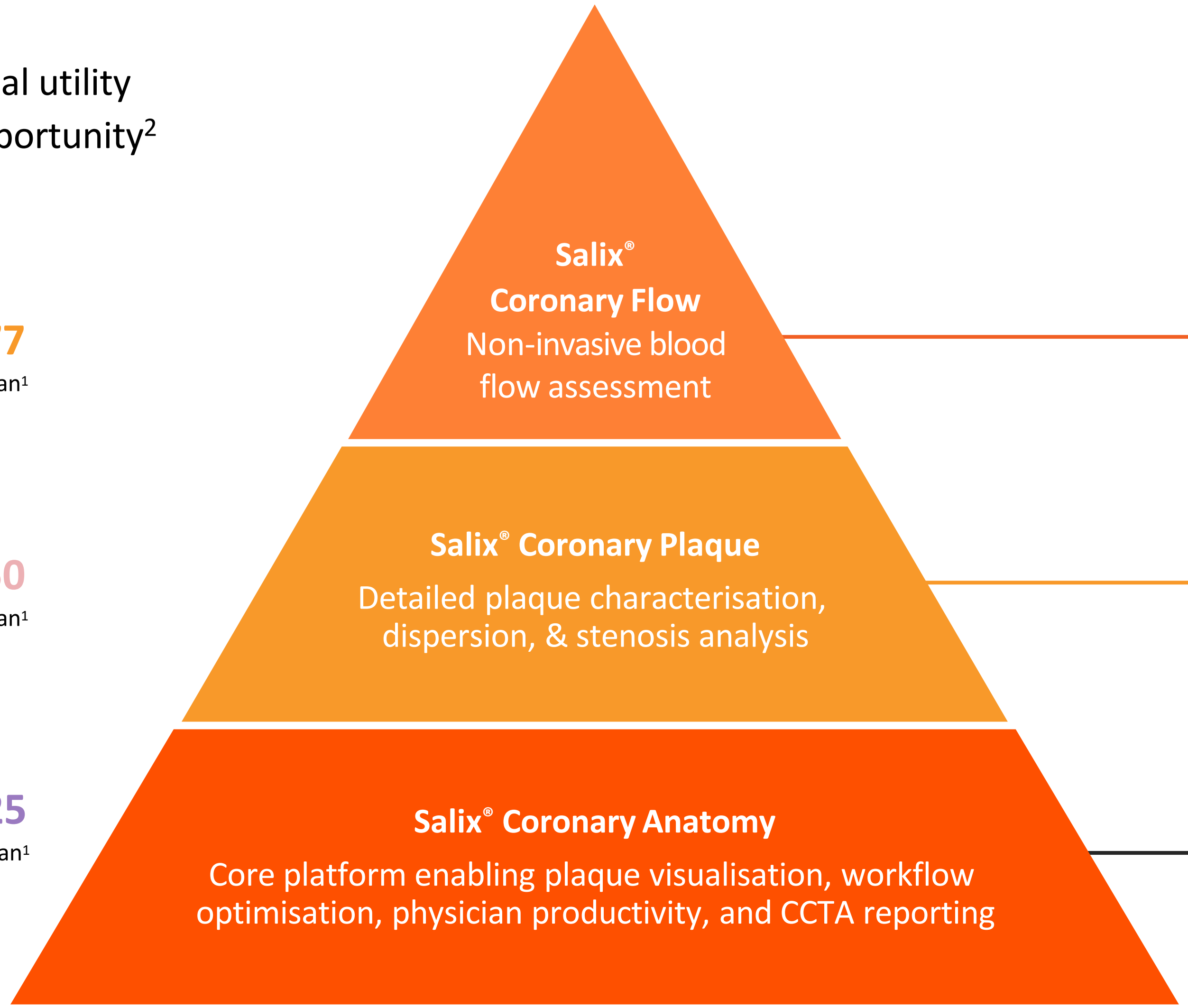
**US$877**
CPT1 Per scan[1]

+

**US$950**
CPT1 Per scan[1]

+

**US$325**
CPT1 Per scan[1]




**Final validation stage - FDA clearance targeted by end of 2026**
Avoids unnecessary invasive angiograms

**FDA cleared – automatically enabled on SCA**
Quantifies and characterises plaque within the coronary arteries

**FDA cleared – launched commercially in the U.S.**
Core Platform for real-time, whole-heart characterisation

2. CPT (Current Procedural Terminology) codes set the rate Medicare and insurers reimburse the hospital for each scan. Artrya does not receive this amount directly – it earns a monthly subscription fee (Coronary Anatomy) plus a contracted per-scan share (Plaque, and Flow once cleared) of this hospital-side reimbursement.

1. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc



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# Go-to-Market Strategy

Focus on Foundation Customers and SAPPHIRE

# 2026 commercial launch - Go to Market strategy

## Our three-part commercial strategy is focused and clear to deliver value

### 01 Foundation Customers

Partner with early adopters to validate commercial assumptions, generate case studies, and establish scalable foundation

### 02 SAPPHIRE Study

Conduct a targeted clinical study to enhance credibility, boost awareness, and accelerate customer conversions

### 03 Key Opinion Leaders

Mobilise influential clinicians to drive adoption, credibility, and expand strategic relationships



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# U.S. Foundation partners converted to commercial customers

## Successful deployment of Salix® in the first U.S. hospital systems

TANNER HEALTH SYSTEM

5-year commercial contract

- **5 hospitals fully integrated**
- **Scans using Salix® Coronary Plaque**

- Non-profit health system serving communities across west Georgia and east Alabama
- Network spanning 5 hospitals, 5 cardiovascular centres, and 30 physician practices

Northeast Georgia Health System

3-year commercial contract

- **1 hospital fully integrated**
- Live at all hospitals expected by 2QFY27

- Not-for-profit health network with 5 Hospitals, 3 heart centres, plus outpatient centres, physician practices, and 1.6M+ patient visits annually
- Georgia Heart Institute - one of the largest cardiology programs in the state

CONE HEALTH

5-year commercial contract

- Integration underway
- Full integration expected by 2QFY27

- Not-for-profit health system based in North Carolina
- Network comprises 5 hospitals 6 ambulatory care centres, 3 outpatient surgery centres, 120+ physician practices



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# First U.S. Customer – Tanner Health

Significant cardiologist reporting time savings demonstrated in U.S. clinical use

## Seamless deployment

Deployed across clinical, imaging, EMR and cybersecurity systems

## Single platform – Ease of Use

Ease of use of a single platform, single portal is a key driver to adopt Salix® for all CCTA scans

## Strong clinical adoption

Cardiologists, radiologists and CT technologists - improved workflow consistency and confidence

## Cardiologists 50-80% time savings

Materially cuts after-hours and weekend reporting for cardiologists

## Improves Chest pain management

Main reason for presenting to ER – Salix® supports faster triage and better treatment

## Improved payer 'PA' workflows

Artrya proprietary real time pre-authorisation approval processes – to confirm faster payer support



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# Commercial footprint to support leading health systems

Foundation customers, SAPPHIRE sites, and our Atlanta support pod working together to drive U.S. growth

**1 MASS. GENERAL BRIGHAM**
**Massachusetts**
12 hospitals
32 Cardiology Centres

**2 DIGNITY HEALTH (COMMONSPIRIT)**
**HQ: Chicago**
**– Across the U.S.**
137 hospitals

**3 HUNTSVILLE HOSPITAL HEALTH SYSTEM**
**Alabama & Tennessee**
14 hospitals
19 Heart Centres

**4 PIEDMONT HEALTHCARE**
**Georgia & Alabama**
25 hospitals
75 Cardiology Centres

**5 HCA HEALTHCARE**
**HQ: Nashville**
**– Across the U.S.**
190 hospitals
2,400 Care Centres

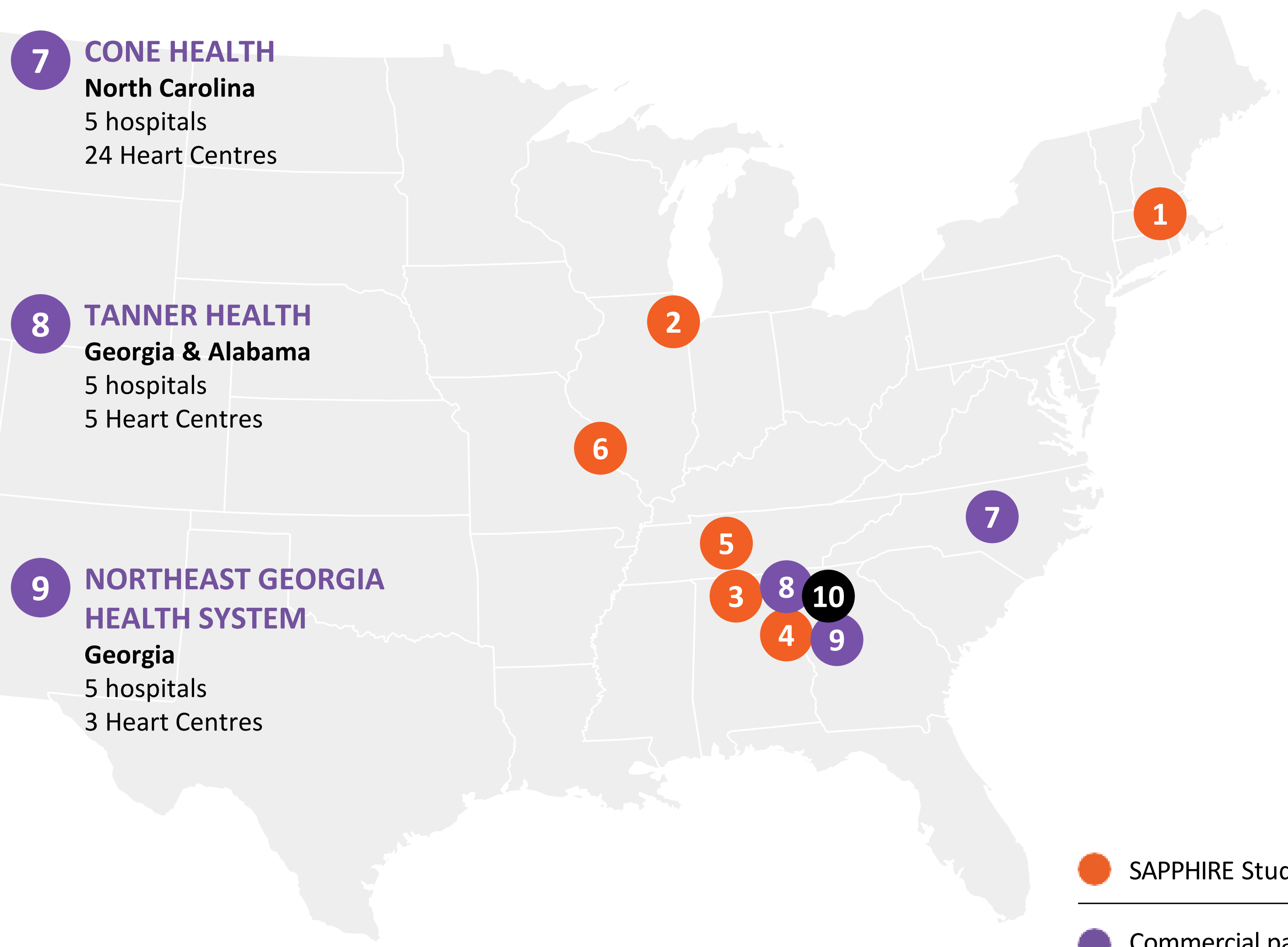
**6 ASCENSION**
**HQ: Missouri**
**– Across the U.S.**
142 hospitals
2,600 Healthcare Centres

**10 ARTRYA**
**U.S. Customer Success**
*Atlanta, Georgia*
Supporting foundation customers and Eastern + Southern U.S. operations

**7 CONE HEALTH**
**North Carolina**
5 hospitals
24 Heart Centres

**8 TANNER HEALTH**
**Georgia & Alabama**
5 hospitals
5 Heart Centres

**9 NORTHEAST GEORGIA HEALTH SYSTEM**
**Georgia**
5 hospitals
3 Heart Centres




SAPPHIRE Study partners
Commercial partners



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# Flagship Novel Plaque Study – SAPPHIRE underway

Validating the novel Salix® Plaque Dispersion Score to identify patients at risk of heart attack

## Overview

- Evaluate Salix® Plaque Dispersion Score assessing cardiovascular risk
- Specific focus on CAD in women
- 6 high volume U.S. Centres
- Multicentre, retrospective study
- **HCA, Dignity Health, Mass General**, **Ascension**, **Piedmont Healthcare**, and **Huntsville** confirmed as participants

Mass General Brigham

Piedmont HEALTHCARE

HCA MIDWEST HEALTH

Ascension

Health HUNTSVILLE HOSPITAL HEALTH SYSTEM

Dignity Health. A member of CommonSpirit

## Key Phases

**PHASE 1**

Identify patients at risk using Salix® Plaque analysis compared to current standard of care. ~ 12 months

**PHASE 2**

Leverage Salix® Plaque Dispersion Score to further risk stratify patients and change treatment. ~ 12 months

## Key Benefits

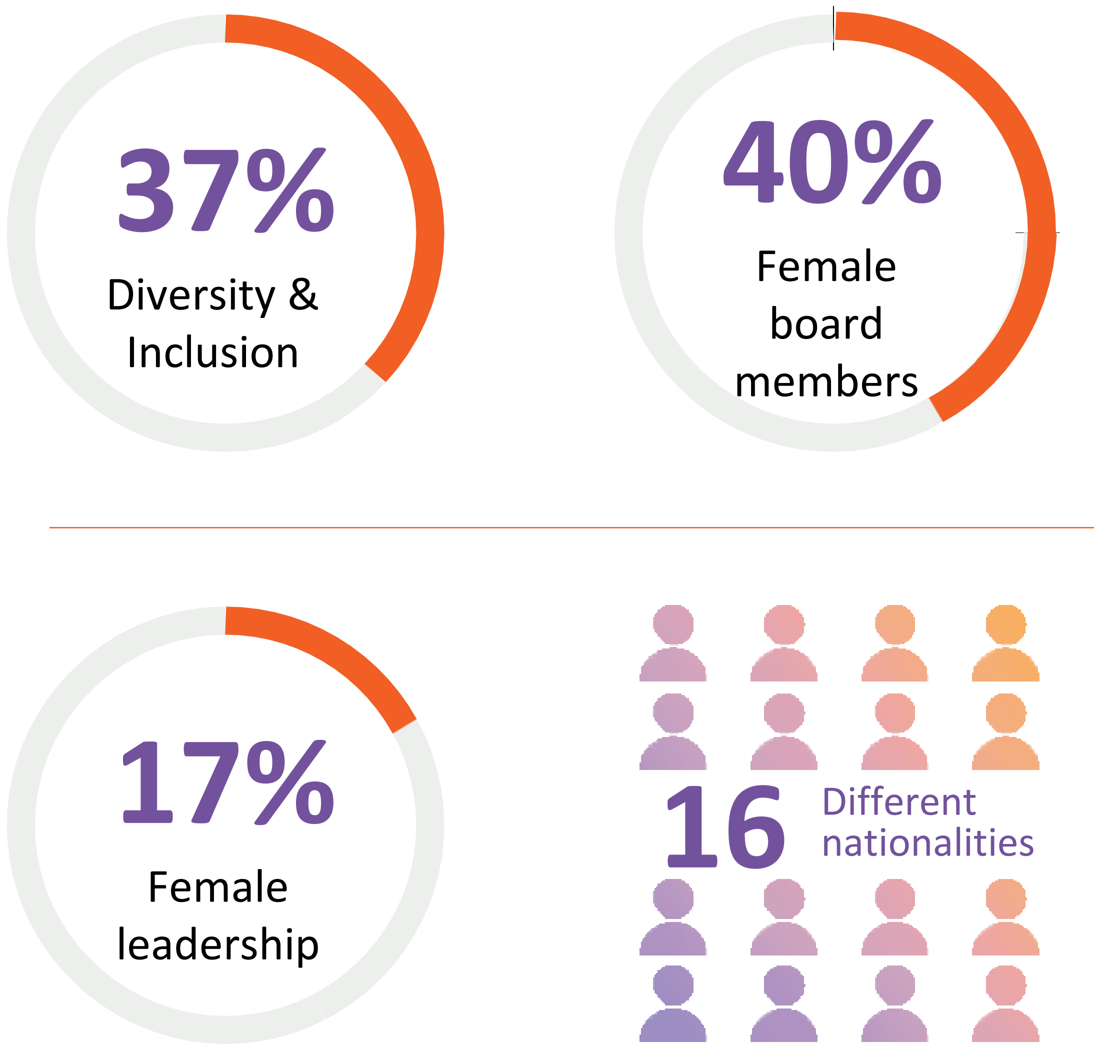
1. Predict future adverse events and improve treatment
2. Build clinical awareness and credibility in U.S.
3. Accelerate commercial adoption in US hospitals

**Commercial opportunity** ▶ **Large high-volume systems** ▶ **Sales Pipeline of SAPPHIRE partners**

# Building Ethical & Sustainable Growth

## Artrya continues to develop its ESG framework and disclosures guided by four main pillars

1. **Environmental sustainability** – Reducing our environmental impact through sustainable operations and responsible innovation
2. **Social responsibility** – Ensuring equitable access to our technology and fostering an inclusive, supportive environment
3. **People and Culture** – Supporting our people and communities with a culture of wellbeing, inclusion and respect
4. **Ethics and Governance** – Maintaining strong integrity, transparency and accountability across all business practices

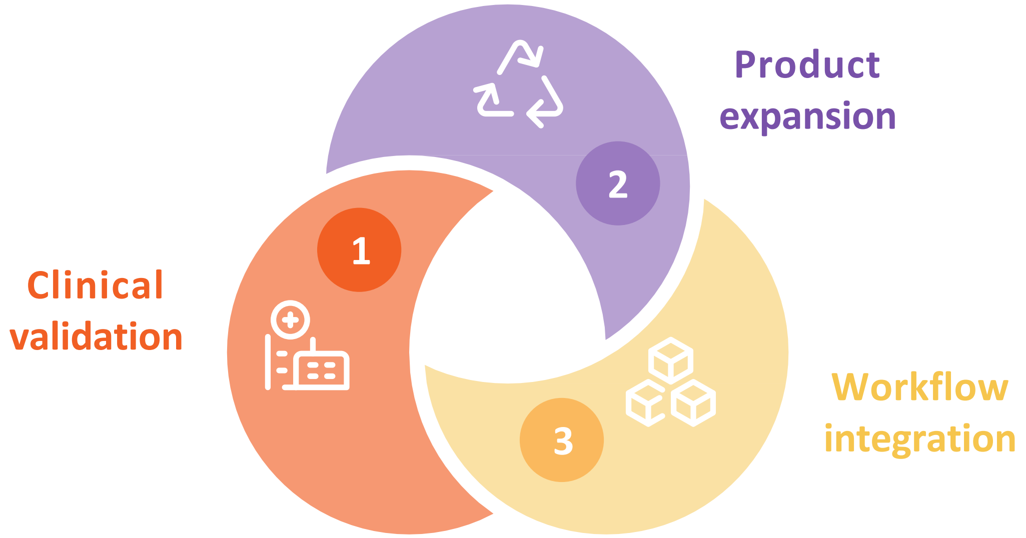


# Building commercial momentum

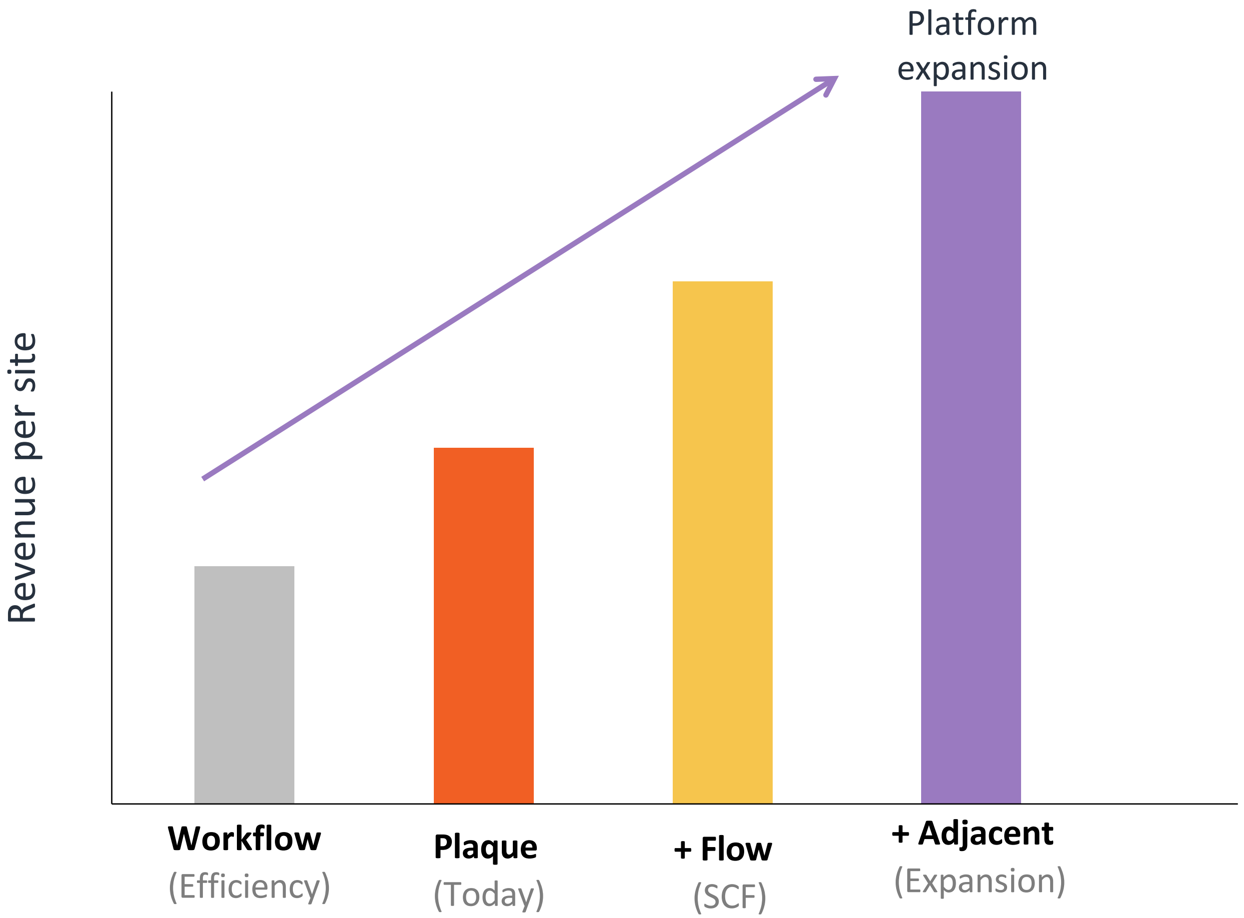
A clear path forward

# Our strategy is to build revenues within our hospital clients

We aim to create value as we shift from initial deployment to increasing usage and revenues




**Expanding the Customer value for Artrya**




**Customer Revenue increases as Salix® platform capability scales**



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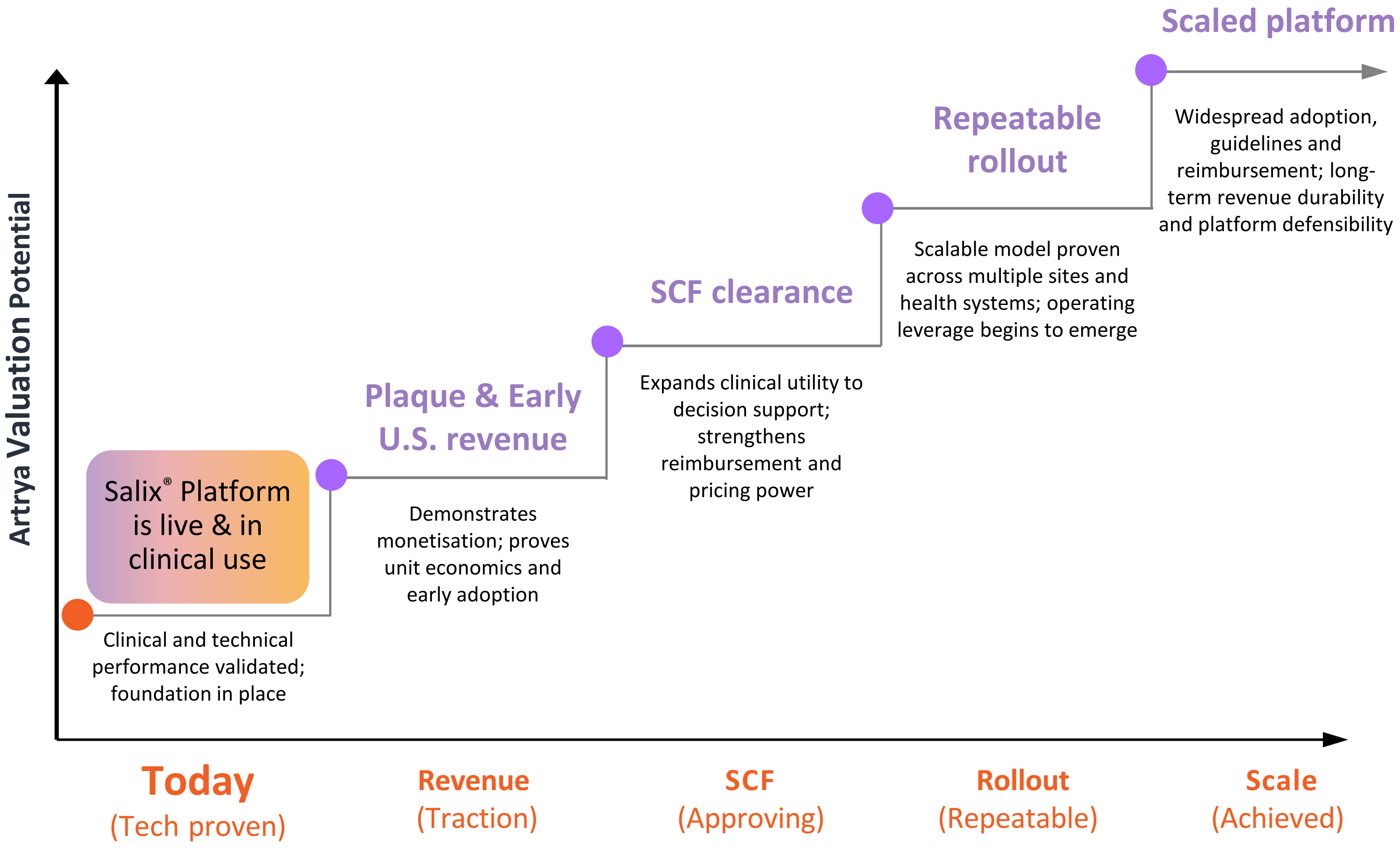
# Our pathway to creating future value for shareholders

## Clearly identified value inflection points that drive towards repeatable adoption and a scaled Salix® platform

1. **Commercial execution will shift from early wins to repeatable US rollout**
2. **SAPPHIRE is the primary commercial adoption engine not just a validation study**
3. **SCF clearance provides a step-change in clinical relevance and commercial potential**






ARTRYA

# Artrya’s moat extends well beyond the AI model

Artrya’s competitive advantage is built across four reinforcing pillars – each harder to replicate and strengthening with scale

SALIX® Platform

## 1 One Integrated Platform

Anatomy + Plaque + Flow through one platform, with architecture designed to support additional modules.

**BARRIER:** Each new module increases platform value and customer stickiness — without adding another vendor

## 2 Real-Time, Point-of-Care Delivery

~8–10 minute automated analysis delivered within the clinical decision window.

**BARRIER:** Enables Salix to operate within the clinical workflow rather than as a delayed downstream service

## 3 Embedded in Clinical Workflow

Integrated into existing imaging, clinical, reporting and reimbursement workflows.

**BARRIER:** Salix is embedded in how CCTA is delivered, increasing workflow dependence and switching costs

## 4 Streamlined Reimbursement Workflow

Automates prior-authorisation workflows to reduce manual intervention and accelerate reimbursement.

**BARRIER:** Embeds Salix into the revenue cycle — reducing friction and helping health systems get to revenue faster

# Roadmap for FY27: Scaling Salix® in the U.S.

Building the foundation for sustainable commercial growth through revenue, clinical validation, and operational readiness

Increase scan volumes and recurring revenue
across all foundation customers

## Drive Adoption & Scale Commercial Revenues

1. **Salix® platform and plaque fully deployed in all Foundation customers** - Increase scan volumes and revenue
2. **Begin converting SAPPHIRE participants to commercial customers** - Build revenue opportunity
3. **Accelerate sales pipeline** - Targeting multiple new live sites

## Clinical & Operational Excellence

1. **Salix® Coronary Flow** FDA cleared - targeted by end CY2026
2. **SAPPHIRE** Study – **all 6 hospital systems active** in Phase 1
3. **Clinical credibility -** papers published and conferences presented

## Build for Scale and Credibility

1. **Support Salix® Coronary Flow rollout** - Training & adoption once FDA cleared
2. **Enhance CX & Support framework** – in line with operational need
3. **U.S. organisation operational** - Support current and new customers



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# Five Key Takeaways

Salix® is the best-in-class solution enhancing clinician decision making and patient outcomes

1. Commercial launch established and positioned to scale — 3 multi-year U.S. customers contracted
2. Salix® platform live in Tanner and NGHS and revenue generating – Cone Health deployment underway
3. Salix® platform and Plaque module FDA cleared - Flow module targeted to be cleared by end 2026
4. Multiple growth catalysts underway in FY27 - Additional U.S. sites targeted, SAPPHIRE study progressing across six high-volume centres – research and future customers
5. Strong balance sheet supports commercial scale

# Appendices

FY26 Financial Statements

# Investment supporting U.S. commercialisation and final Coronary Flow validation

## FY26 investment reflects deliberate expansion of U.S. commercial capability and completion of key product and regulatory programs

| A$'000 | Note | 2024 | 2025 | 2026 |
|---|---|---|---|---|
| **Revenue** | | **0** | **28** | **177** |
| Accounting adjustments | 1 | 0 | 0 | (149) |
| **Statutory revenue** | | **0** | **28** | **28** |
| Other income | 2 | 3,689 | 5,464 | 5,647 |
| **Expenses** | | | | |
| Contractors and consultants | 3 | (5,795) | (6,608) | (8,569) |
| Employee benefits expense | 4 | (6,993) | (8,377) | (10,859) |
| Administrative, corporate and other expenses | 5 | (1,834) | (1,790) | (2,372) |
| Other costs | | (1,205) | (2,002) | (2,865) |
| **Total expenses** | | **(15,827)** | **(18,777)** | **(24,665)** |
| **Operating EBITDA** | | **(12,138)** | **(13,285)** | **(18,990)** |
| **Non-operating income & costs** | | | | |
| Finance income & FX gains/(losses) | 6 | 385 | 241 | 2,410 |
| Depreciation and amortisation expense | | (1,995) | (1,193) | (1,255) |
| Share-based payments expense | | (225) | (2,140) | (1,402) |
| Other non-cash expense | | 0 | 0 | (5,945) |
| **Total non-operating income & costs** | | **(1,835)** | **(3,092)** | **(6,192)** |
| **Operating loss before income tax expense** | | **(13,973)** | **(16,377)** | **(25,182)** |
| Income tax expense | | (27) | (29) | (1) |
| **NPAT** | | **(14,000)** | **(16,406)** | **(25,183)** |

1. Revenues adjusted non-cash impact of foundation partner options
2. R&D Rebate received and accrued at year end
3. Contractors and consultants increased with development of Salix® modules and regulatory submission
4. Employee benefits reflects the growing headcount to support expansion into the U.S.
5. Other costs includes increases to legal expenses due to U.S. patent protection, and integration-driven AWS costs with scan data sitting in the cloud
6. Interest income on $30m term deposits following capital raise during the year
7. Other non-cash expense refers to the conversion of U.S. foundation partners to commercial customers which triggered accounting for the vesting of affiliate options, creating non-cash charges to revenue and expenses over four years without affecting cash receipts



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# Statutory accounts – FY26

| Profit & Loss | 2024 | 2025 | 2026 |
|---|---|---|---|
| Revenue | 0 | 28 | 28 |
| Other income | 3,689 | 5,464 | 5,647 |
| **Total income** | **3,689** | **5,492** | **5,675** |
| Contractors and consultants | (5,795) | (6,608) | (8,569) |
| Employee benefits expense | (6,993) | (8,377) | (10,859) |
| Depreciation and amortisation expense | (1,995) | (1,193) | (1,255) |
| Share-based payments expense | (225) | (2,140) | (1,402) |
| Other non-cash expense | 0 | 0 | (5,945) |
| Other costs | (3,081) | (3,792) | (5,245) |
| **Total expenses** | **(18,089)** | **(22,110)** | **(33,275)** |
| **Operating loss** | **(14,400)** | **(16,618)** | **(27,600)** |
| **Finance charges** | | | |
| Finance income | 458 | 270 | 2,434 |
| Finance costs | (31) | (29) | (16) |
| **Total finance charges** | **427** | **241** | **2,418** |
| **PBT** | **(13,973)** | **(16,377)** | **(25,182)** |
| Income tax expense | (27) | (29) | (1) |
| **NPAT** | **(14,000)** | **(16,406)** | **(25,183)** |

| Balance Sheet | 2024 | 2025 | 2026 |
|---|---|---|---|
| **Assets** | | | |
| **Current assets** | | | |
| Cash and cash equivalents | 7,134 | 11,332 | 44,025 |
| Trade and other receivables | 3,874 | 5,382 | 5,355 |
| Other investments | 149 | 149 | 30,149 |
| Prepayments | 381 | 271 | 243 |
| **Total current assets** | **11,538** | **17,134** | **79,772** |
| **Non-current assets** | | | |
| Property, plant and equipment | 1,336 | 1,191 | 860 |
| Intangible assets | 5,730 | 5,092 | 4,629 |
| Right-of-use asset | 408 | 259 | 89 |
| **Total non-current assets** | **7,474** | **6,542** | **5,578** |
| **Total assets** | **19,012** | **23,676** | **85,350** |
| **Liabilities** | | | |
| **Current liabilities** | | | |
| Trade and other payables | 917 | 1,278 | 1,461 |
| Lease liabilities | 325 | 348 | 247 |
| Employee benefits | 330 | 445 | 577 |
| Refund liabilities | 0 | 0 | 2,790 |
| **Total current liabilities** | **1,572** | **2,071** | **5,075** |
| **Non-current liabilities** | | | |
| Lease liabilities | 624 | 276 | 0 |
| Employee benefits | 12 | 40 | 91 |
| Refund liabilities | 0 | 0 | 1,890 |
| **Total non-current liabilities** | **636** | **316** | **1,981** |
| **Total liabilities** | **2,208** | **2,387** | **7,056** |
| **Net assets** | **16,804** | **21,289** | **78,294** |
| **Equity** | | | |
| Issued capital | 56,448 | 75,045 | 154,394 |
| Reserves | 8,228 | 10,522 | 13,361 |
| Accumulated losses | (47,872) | (64,278) | (89,461) |
| **Total equity** | **16,804** | **21,289** | **78,294** |



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# Thank you

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