Evans & Partners Small Cap Healthcare Conference

Building the Future of TRPC-based Therapies

16 September 2026

ASX:NYR

Authorised by Mr. John Moore, Non-Executive Chair, on behalf of the Board

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Investment Highlights

Advancing first-in-class TRPC inhibitor with multiple near-term value catalysts

Platform asset with data supporting multiple indications

- Lead asset Xolatryp® targeting TRPC 3/6/7 ion channels with broad applicability across cardioprotection, neuroprotection and oncology
- Preclinical efficacy demonstrated in cardiac reperfusion injury, ischemic stroke, traumatic brain injury (TBI), anthracycline-induced cardiomyopathy and anti-tumour models
- Multiple development pathways across high unmet-need indications supported by a common and clinically validated target

Positive Phase I safety and pharmacokinetic data

- Phase I trial successfully completed in 48 healthy volunteers with all doses safe and well-tolerated
- No dose-limiting toxicities or serious adverse events observed
- Linear and predictable pharmacokinetics with rapid therapeutic exposure achieved within 10 minutes
- Supports launch of Phase II trials across multiple indications

Near term Phase IIa safety and efficacy data

- PROTECT-MI Phase IIa trial underway in cardiac reperfusion injury in STEMI patients undergoing PCI
- Three clinical trial sites currently activated in Australia
- Expanding the clinical site network to support recruitment. Six additional clinical trial sites committed across ANZ, with three currently onboarding and activation pending.
- Further site expansion opportunities are being evaluated to broaden recruitment reach.
- Safety review for first 8 patients expected in H2 CY26

High unmet need opportunity in reperfusion injury with large addressable market

- ~4 million PCI procedures performed globally each year with no approved cardioprotective therapies targeting reperfusion injury[1]
- Reperfusion injury may account for up to ~50% of total heart muscle damage (infarct size) following STEMI heart attack
- Potential to reduce infarct size and lower risk of heart failure, arrythmia, hospitalisation, and mortality
- US market is an estimated US$3bn opportunity

Strong IP & Uniquely Experienced Team

- Composition of matter patent protection supporting Xolatryp® platform development
- Leadership team with extensive and international experience across translational research and clinical drug development including at Neuren Pharmaceuticals, and other global clinical programs
- Board with proven track record across biotechnology, pharmaceuticals, commercialisation and capital markets

Multiple near-term catalysts

- Ongoing PROTECT-MI Phase IIa site activation and recruitment updates through CY26
- FDA engagement Q3 CY26
- PROTECT-MI Phase IIa safety review of first 8 patients expected H2 CY26
- PROTECT-MI Phase II topline data anticipated in Q3/Q4 CY27
- Advancement of oncology, ischemic stroke and TBI programs

(1) Complex Percutaneous Coronary Intervention Market Outlook 2025-2034 - https://dataintelo.com/report/complex-percutaneous-coronary-intervention-market-report

Nyrada and the Xolatryp® Program

Nyrada is a world leading developer of TRPC-targeted therapies, providing exposure to an emerging and increasingly recognised therapeutic frontier

- Nyrada Inc (ASX:NYR) is a clinical-stage biotechnology company developing a first-in-class small molecule Transient Receptor Potential Canonical (TRPC) ion channel inhibitor
- Lead drug candidate Xolatryp® targets TRPC 3/6/7 channels, a differentiated combination not currently being advanced by other clinical-stage companies
- Most current therapies target downstream consequences of disease, whereas Xolatryp® is designed to address the upstream calcium dysregulation that drives injury
- Validated mechanism, supported by extensive preclinical and Phase I data, creates platform potential across multiple high-value disease areas from a single asset
- Currently targeting applications across indications of high unmet-need in Cardioprotection, Oncology and Neuroprotection
- Xolatryp® currently in Phase IIa trial in Cardiac Reperfusion Injury post ST-elevation myocardial infarction (STEMI)
- Commercially focused business model, experienced leadership team and board with a demonstrated track-record
- Composition of Matter patent for Xolatryp® in US extends to 2044 (Notice of Allowance received, pending formal grant)

Management

Experienced leadership across drug development and commercialisation

Leadership Team

James Bonnar

Managing Director & CEO

Mr Bonnar has served as Managing Director and CEO of Nyrada since February 2018 and is responsible for the overall management and strategic direction of Nyrada.

Mr Bonnar has over 20 years of global experience in the life sciences industry, including pre-clinical research, operations management, CMC (Chemistry, Manufacturing and Controls), Regulatory Affairs, and Quality Assurance.

Mr Bonnar was previously at Neuren for 11 years, where he was Director of Clinical Operations and oversaw clinical development for drugs in the areas of traumatic brain injury and neurodevelopmental orders.

At Neuren, Mr Bonnar played a key role in the development of Trofinetide, which became the first FDA approved treatment for Rett syndrome, sold under the brand name DAYBUE®.

Benny Evison Ph.D

Chief Scientific Officer

Dr Evison has served as Chief Scientific Officer since March 2019 and is responsible for advancing drug development programs from discovery to clinical evaluation.

Dr Evison has over 25 years of experience in drug development across oncology research, DNA repair mechanisms and the progression of novel compounds into human clinical trials.

Prior to joining Nyrada, Dr Evison completed a postdoctoral research fellowship at St Jude Children's Research Hospital in the US.

Alex Suchowerska Ph.D

Director of Clinical Operations and Regulatory Affairs

Dr Suchowerska has served as Director of Clinical Operations and Regulatory Affairs since November 2024 and is responsible for leading clinical operations and oversees the progression of clinical programs.

Prior to her current role, Dr Suchowerska drove the planning and execution of the regulatory package for Xolatryp®.

Dr Suchowerska brings over 10 years experience in preclinical drug development and translational research, with a strong focus on advancing novel therapeutics toward clinical applications.

Jasneet Parmar Ph.D

Director of Research and Development

Dr Parmar has served as Director of Research and Development since December 2024 and is responsible for leading Nyrada's research and development strategy, overseeing the progression of its lead clinical asset, Xolatryp®, from translational research through to clinical development.

Dr Parmar brings over 10 years' experience in ion channel biology and preclinical drug development with deep expertise in TRPC channel biology.

Dr Parmar has played a central role in advancing Nyrada's TRPC inhibitor program from early discovery through preclinical validation and into clinical-stage development.

Dimitri Burshtein

Director of Investor Relations and Corporate Development

Mr Burshtein has served as Director of Investor Relations and Corporate Development since June 2023, leading the Company's investor engagement and corporate development initiatives.

Mr Burshtein brings over 25 years of years of experience across finance, strategy, corporate development, investor relations, and communication.

Prior to joining Nyrada, Mr Burshtein served as Head of Corporate Development and Investor at Spacetalk, Group Executive of Corporate and Strategic Business Development at FEX Global, and General Manager of Corporate Finance and Investor Relations at ASX Ltd.

Board of Directors

Experienced leadership across drug development and commercialisation

Board Members

John Moore
Non-Executive Chairman

Mr Moore has served as Non-Executive Chairman of Nyrada Inc, since August 2019.

Mr Moore is a seasoned executive with extensive leadership experience across multiple industries across Life Sciences, Medical Equipment and Pharmaceuticals.

Mr Moore currently serves on the boards of two private and three public companies including Director at Cormetech, Inc, and Chair of the Board at Scientific Industries, Inc.

Christopher Cox
Non-Executive Director

Mr Cox has served as a Non-Executive Director of Nyrada Inc, and subsequently the Company since November 2019.

Mr Cox has served as Co-Founder and General Partner of Population Health Partners, L.P. Previously, he served as Partner, Chairman of the Corporate Department, and management committee member at Cadwalader, Wickersham & Taft LLP, and as Executive Vice President and Chief Corporate Development Officer of The Medicines Company.

Marcus Frampton
Non-Executive Director

Mr Frampton has served as a Non-Executive Director of Nyrada Inc, since January 2020.

Mr Frampton currently serves as the Chief Investment Officer of the Alaska Permanent Fund Corporation (APFC), an US$86b sovereign wealth fund.

Dr Rüdiger Weseloh
Non-Executive Director

Dr Weseloh has served as a Non-Executive Director of Nyrada Inc, since June 2019.

Dr Weseloh currently serves as Executive Director of Business Development at EMD Serono, Inc,. a biopharmaceutical division wholly owned by Merck KGaA.

Dr Ian Dixon
Non-Executive Director

Dr Dixon has served as a Non-Executive Director of Nyrada Inc, since 2016

In 2011, Dr Dixon co-founded Cynata Inc, a subsidiary of ASX-listed Cynata Therapeutics Ltd (ASX:CYP). In 2018.

Dr Dixon co-founded Cardio Therapeutics Pty Ltd in 2014 which was acquired by Nyrada Inc, in 2019.

James Bonnar
Managing Director & CEO

Refer to Management slide

TRPC Channels: Clinical Landscape & Validation

Growing industry investment supports the emergence of TRPC therapeutics

- Genetic validation and strong preclinical data have led to advancing clinical programs across cardiovascular, kidney, neurological and fibrotic diseases
- Both large pharma and biotech are now advancing TRPC-targeted therapies into Phase II/III trials, confirming clinical actionability

Clinical Landscape for TRPC Targeted Therapies

Company	Program/ Target	Indication	Phase	Status/Milestones
Boehringer Ingelheim	Apecotrep (BI 764198) TRPC6 inhibitor	Primary FSGS (kidney disease)	Phase III	• Phase II results published in The Lancet (Jan 2026). • 40% proteinuria reduction vs. placebo. Phase II. • (NCT07220083) now recruiting. • Phase II expansion to other proteinuric diseases underway.
Boehringer Ingelheim	BI 1358894 TRPC4/5 inhibitor	Major Depressive Disorder (MDD)	Phase II Completed	• Phase II dose-ranging trial completed (J Clin Psychiatry, Sept 2025). • Efficacy not demonstrated; drug well-tolerated. • Further development path under evaluation.
Bristol Myers Squibb	TRPC4/5 inhibitor program	Mood and anxiety disorder	Phase I	• Phase I SAD/MAD completed (2023). No publicly disclosed Phase II advancement to date.
Nyrada inc	Xolatryp® pan-TRPC 3/6/7 inhibitor	Cardioprotection, Neuroprotection, Oncology	Phase II Recruiting	• PROTECT-MI Phase IIa trial recruiting STEMI patients. Interim safety review for first 8 patients expected Q3/Q4 CY26.

First TRPC Program to Reach Phase III

- Boehringer Ingelheim's Apecotrep is a first-in-class, oral, selective TRPC6 inhibitor in primary FSGS - a rare, progressive kidney disease with no approved targeted therapies. The Phase II trial (NCT05213624) enrolled 67 patients across 31 centres in 10 countries.
- **Study:** Phase II RCT, double-blind, placebo-controlled (NCT05213624)
- **Population:** Adults with primary FSGS or genetic TRPC6-mutation FSGS
- **Primary Endpoint**: ≥25% reduction in urine protein: creatinine ratio (UPCR)
- **Key Result:** 40% reduction in proteinuria (20mg dose) vs. placebo (p=0.002); published in The Lancet, January 2026
- **Next Step:** Phase III trial (NCT07220083) now recruiting (286 patients, 104-week study). Phase II expansion to other proteinuric kidney diseases also initiated.

This represents the most advanced clinical program targeting a TRPC channel and is a major near-term catalyst validating the class

Broad Therapeutic Potential Across TRPC Subtypes

Cardiovascular	Renal	Neurological / CNS	Oncology
Ischemia-reperfusion injury, heart failure, arrhythmias (TRPC3/6/7)	FSGS, diabetic kidney disease, proteinuric glomerular diseases (TRPC6)	MDD, anxiety, stroke, TBI, neurodegeneration (TRPC 3/4/5/6/7)	Cardioprotection and antiproliferative cancer treatment (TRPC 3,6,7)

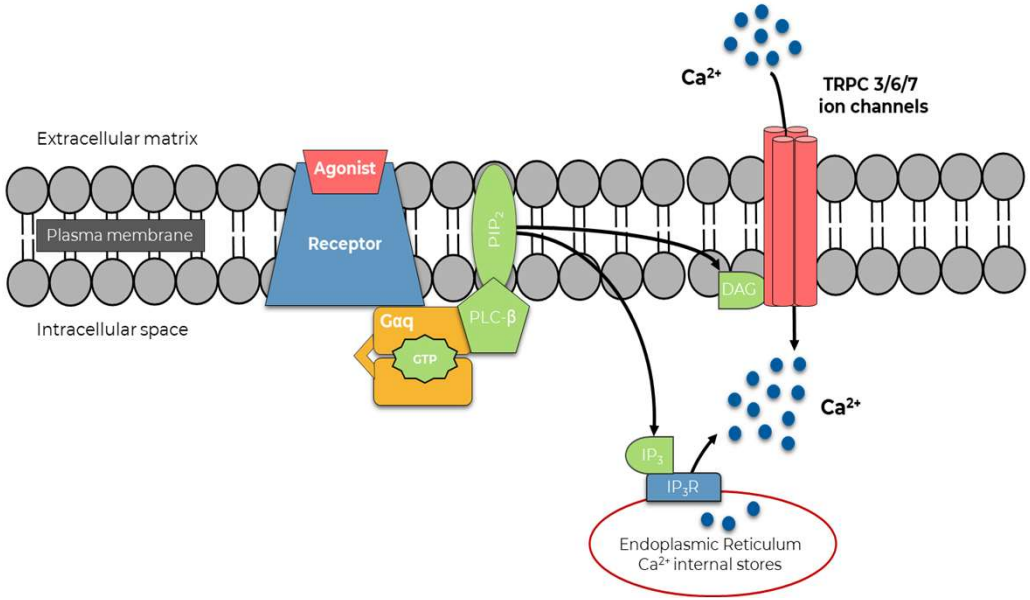
Strong clinical validation: Boehringer Ingelheim's Apecotrep has become the first TRPC inhibitor to reach Phase III (FSGS, Jan 2026), validating TRPC6 as a disease target. Blue-chip pharma investment across multiple TRPC subtypes confirms the class as clinically actionable. Nyrada's Xolatryp® is the only program targeting TRPC 3/6/7 in cardioprotection, oncology and neuroprotection.

Xolatryp® Mechanism of Action

Nyrada's lead candidate Xolatryp® is a novel gatekeeper of calcium influx with broad therapeutic potential

Overview

- Xolatryp® is a third generation TRPC 3/6/7 channel inhibitor
- Highly differentiated, proven target with well understood mechanism-of-action
- TRPC ion channels act as an upstream control point for pathological Ca^{2+} influx, offering broad therapeutic potential relative to downstream pathway targets
- In normal state, TRPC maintains physiological ion channel equilibrium in brain, heart, kidney, lung and immune systems



Cardioprotection

TRPC3 TRPC6 TRPC7

- ↓ Cell death (preserve function)
- ↓ Oxidative stress
- ↓ Arrhythmia
- ↓ Fibrosis & Cardiovascular scarring
- ↓ Cardiac remodelling

Neuroprotection

TRPC3 TRPC6 TRPC7

- ↓ Cell death (preserve function)
- ↓ Inflammation (impaired regulation)
- ↓ Swelling
- ↓ Immune response

Oncology

TRPC3 TRPC6 TRPC7

- ↓ Cell proliferation & migration (metastatic spread)
- ↓ Drug resistance
- ↓ Cell invasion
- ↓ Tumour progression

Xolatryp® as a Platform Therapy

Highly focused multi-indication therapy addressing high unmet need in well-defined markets

1
Candidate

3
Current Applications

4
Current Target Markets

Xolatryp®

Cardioprotection

Cardiac Reperfusion Injury

- **Phase IIa recruiting**
- **Up to 50% of heart injury** may be caused by reperfusion
- **No approved pharmacotherapies to treat reperfusion injury**
- ~4m PCI procedures performed globally and ~900k p.a. in the US[1]
- **Well characterised market** – acute setting, clinician-dosed, no compliance risk

Oncology

Adjunct in Anthracycline-treated Cancers

- Potential for dual therapeutic action in anthracycline-treated patients
- Demonstrated additive effect in tumour volume reduction in preclinical model with 1st line chemotherapy
- **41% reduction in tumour volume** (Xolatryp® + Doxorubicin) vs Doxorubicin alone in a liver cancer cell model
- Significant protection demonstrated in preclinical model from anthracycline-induced cardiotoxicity
- Potential for Phase Ib/II in patients receiving doxorubicin-based therapy

Neuroprotection

(secondary brain injury)

Traumatic Brain Injury (TBI)

- **Phase II ready** in the prevention of secondary brain injury following primary TBI
- Statistically significant preclinical neuroprotection confirmed
- **No approved pharmacotherapies**
- ~220,000 TBI-related ED visits p.a. (US) - per CDC[2]
- ~70,000 TBI-related deaths (US) - per CDC[2]

Ischemic Stroke

- **Phase II eligible** following single additional preclinical model
- Statistically significant preclinical neuroprotection confirmed
- ~700,000 Ischemic strokes in US p.a. - per CDC[3]
- **Existing treatment (TPAs) suitable for <15% of cases**

Note: Landscape includes publicly disclosed programs. Other early-stage programs also exist.
(1) Percutaneous Coronary Intervention (PCI) - https://www.yalemedicine.org/conditions/percutaneous-coronary-intervention-pci?utm
(2) TBI Data - https://www.cdc.gov/traumatic-brain-injury/data-research/index.html
(3) Stroke Facts - https://www.cdc.gov/stroke/data-research/facts-stats/index.html

Diversified Pipeline

Multiple compelling TRPC opportunities in indications of high unmet need

Applications	Target Indication	Pre-clinical	Phase I	Phase II	Phase III	Strategy and Upcoming Catalysts
Cardioprotection	Cardiac Reperfusion Injury Post STEMI			*Phase IIa Recruiting*		• Safety review in H2 CY26 • Topline data in Q3/Q4 CY27, positioning program to be 'deal ready'
Oncology	Adjunct Anthracycline + Anti-tumour Treatment	*Proof of concept demonstrated*	*Phase Ib ready*			• Phase Ib ready • Potential dual therapeutic action • Orphan drug potential – TRPC6 gain-of-function mutation
	Chemotherapy Induced Cardiomyopathy	*Proof of concept demonstrated*	*Phase Ib ready*			
Neuroprotection	Ischemic Stroke	*Preclinical efficacy demonstrated*	*Phase II ready subject to 2nd preclinical study*			• Additional preclinical model for Phase II ready
	Traumatic Brain Injury (TBI)			*Phase II ready*		• Phase II ready • Potential to pursue US Government non-dilutive funding and co-development

(1) Gain-of-Function Variant TRPC6 - https://www.ahajournals.org/doi/10.1161/CIRCGEN.125.005334

Xolatryp® Phase I Clinical Trial

Primary endpoint met with all doses safe and well-tolerated, with no dose-limiting, or dose-related safety issues

Trial Overview

- Double-blinded, randomised, placebo-controlled Phase I study in 48 healthy volunteers
- 36 received Xolatryp®, 12 received placebo across 6 ascending dose cohorts
- Positive final review received in August 2025

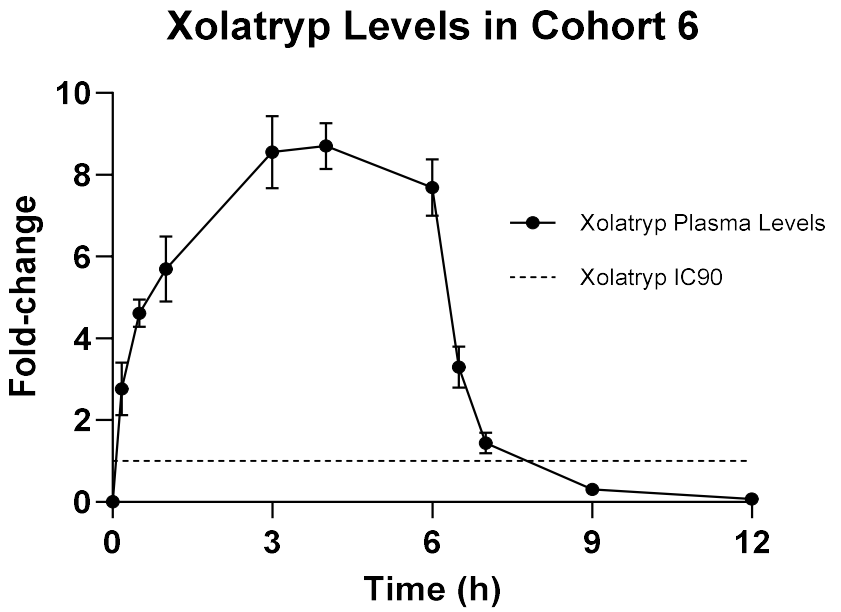
Safety Outcome

- No dose-limiting toxicities, no safety signals, no serious adverse events (SAEs)
- All reported adverse events were mild or moderate

Pharmacokinetics

- Linear, predictable PK with consistent clearance and stable volume of distribution
- Therapeutic levels within 10 min; maintained well above IC90 for longer than 6 hours

Supports launch of Phase II trials across multiple indications



<10 min
to reach therapeutic levels

>6 hours
well above IC90

Xolatryp® in Cardiac Reperfusion Injury

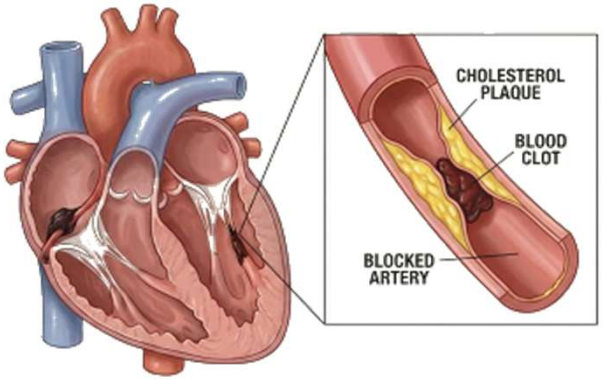
Well defined and uncontested $US3bn market opportunity

Heart Attack (STEMI)

STEMI results in a hyper-activation of TRPC channels

Overview

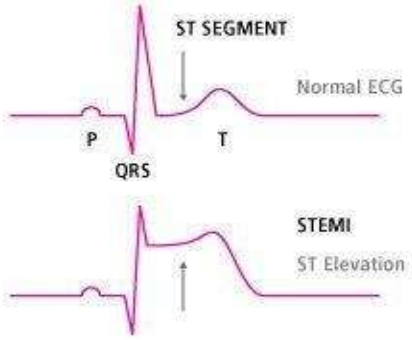
- Atherosclerotic plaque restricts blood flow to a region of the heart muscle resulting in Myocardial Infarction (MI) “Heart attack”
- Myocardium oxygen demand exceeds supply
  - **Within seconds**: Cells Shift towards emergency source of energy (anaerobic glycolysis)
  - **Within minutes**: Ion pumps fail, Ca^{2+} floods cardiac tissue → contractile dysfunction begins
  - **Within 20-40 minutes**: Irreversible cardiac cell tissue necrosis begins in the most oxygen deprived zones
- Release of cardiac biomarkers into the bloodstream (troponin I/T, CK-MB)
- Inflammatory response drives activation of fibroblast-drive scar tissue
- Compensatory hypertrophy of surviving tissue → driver of heart failure



Fatty cholesterol plaque builds up inside a coronary artery (the vessels supplying the heart with blood), forming a clot that completely blocks flow - starving heart muscle of oxygen.

STEMI

- STEMI (ST-elevation myocardial infarction) is a blockage
- Elevated ST segment on ECG
- Urgent reperfusion via Percutaneous Coronary Intervention (PCI) **required within ~90 minutes**
- ~30% of all MI cases; carry higher acute mortality
- ~7 million acute coronary syndrome (ACS) cases p.a. globally
- Compensatory hypertrophy of surviving tissue → driver of heart failure



An ECG (electrocardiogram) records the heart's electrical activity. In a normal heartbeat the ST segment is flat. In STEMI, the ST segment is elevated - signalling a complete blockage requiring immediate treatment.

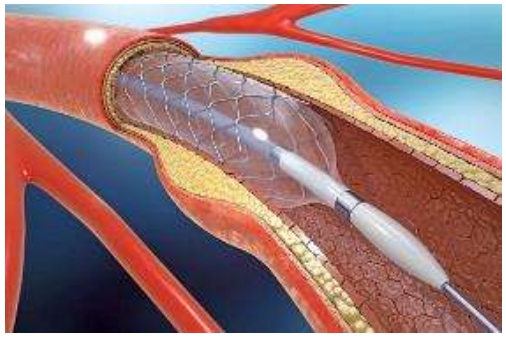
Acute ST-Segment Elevation Myocardial Infarction (STEMI) - https://www.ncbi.nlm.nih.gov/books/NBK532281

Current Standard Treatment for STEMI Heart Attack

Up to ~50% of heart injury may be caused by reperfusion, representing a major remaining therapeutic challenge

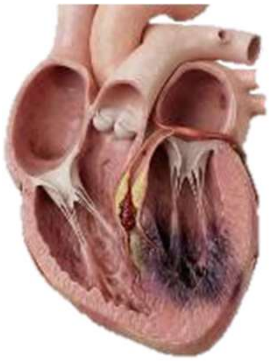
Current Standard of Care for STEMI patients

- Percutaneous Coronary Intervention (PCI) is the standard of care for STEMI patients by early 2000s
- ~4 million PCI procedures p.a. globally[1]



The Clinical Paradox from PCI

- Although timely PCI restores coronary blood flow and limits ischemic injury, reperfusion itself can trigger additional myocardial damage
- The abrupt restoration of blood flow drives rapid Ca^{2+} overload, oxidative stress, mitochondrial dysfunction and inflammatory signalling
- **Reperfusion injury may account for up to ~50% of final infarct size** in STEMI patients following PCI[2]
- Despite strong mechanistic rationale, no approved pharmacological therapy currently exists to directly reduce reperfusion injury



Infarct size as a driver of heart failure risk and mortality

Review of multiple clinical studies show that reducing heart muscle damage lowers risk of heart failure hospitalisation[3]

- 5% reduction in infarct size → ~17% lower risk of heart failure hospitalisation
- 10% reduction in infarct size → ~31% lower risk of heart failure hospitalisation
- Patients with the largest infarcts have >7× higher risk of death or hospitalisation

Potential for Xolatryp® to reduce infarct size → clinically significant reduction in adverse cardiac events and improved quality of life

(1) Analyst Q&A: Coronary Balloon Catheters and the Global Market - https://idataresearch.com/analyst-qa-coronary-balloon-catheters-and-the-global-market
(2) Reducing myocardial infarct size: challenges and future opportunities - https://heart.bmj.com/content/102/5/341
(3) Relationship Between Infarct Size and Outcomes at 12 Months Following Primary PCI: Patient-Level Analysis From 10 Randomized Trials www.pubmed.ncbi.nlm.nih.gov/27056772/

STEMI Heart Attack – Large Uncontested Market Opportunity

US$3bn STEMI opportunity

US Market Opportunity

~750K
STEMI[1]
Annual STEMI incidence in the US

>80% ×

~600K
STEMI related PCI[1]
Estimated PCI procedures related to STEMI

×

US$5,000
Illustrative price[2]
Illustrative price per procedure

=

US$3bn
Total addressable market in the US

Potential future expansion into broader 4m global PCI procedure market
(~900k PCI's in the US alone)[3]

(1) Continuous quality improvement for prehospital STEMI improved triage rates and achievement of gold standard <90-min EMS-to-balloon time - https://pmc.ncbi.nlm.nih.gov/articles/PMC11905686/
(2) Based on TNKase (Tenecteplase) cost of ~US$5-10k
(3) Percutaneous Coronary Intervention (PCI) - https://www.yalemedicine.org/conditions/percutaneous-coronary-intervention-pci?utm

Xolatryp® Cardioprotective Function

Strong, consistent Cardioprotection across models of myocardial infarction

Two preclinical studies evaluated Xolatryp® in myocardial ischemia-reperfusion (I/R) injury models. One assessed early arrhythmia events and biomarkers over **3 hours**, the other assessed infarct size and heart function over **24 hours**.

24-hour Infarct size study

Assessed after 24 hours

Cardioprotection following Ischemic-Reperfusion (I/R) Injury

Xolatryp® showed strong efficacy limiting cardiovascular damage resulting from myocardial ischemia-reperfusion (IR) injury

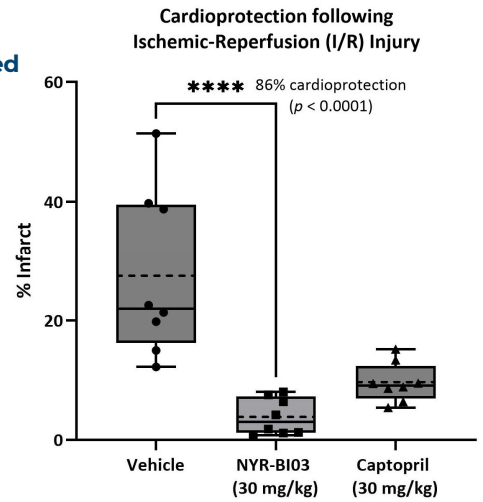
- **86%** Cardioprotection (Infarct volume)
- **43%** Increase in left ventricular ejection fraction
- **50%** Increase in fractional shortening

Key blood biomarker markers assessed

- **42%** Decrease in AST levels
- **45%** Decrease in LDH levels
- **32%** Decrease in Cardiac Troponin I

Superior efficacy compared to FDA-approved, Captopril

24-hour study measured infarct size and heart function after ischemia-reperfusion injury. Results show reduced heart muscle damage and improved cardiac performance.



3-hour Arrythmia & Biomarker Study

Assessed over 3 hours

Myocardial Infarction

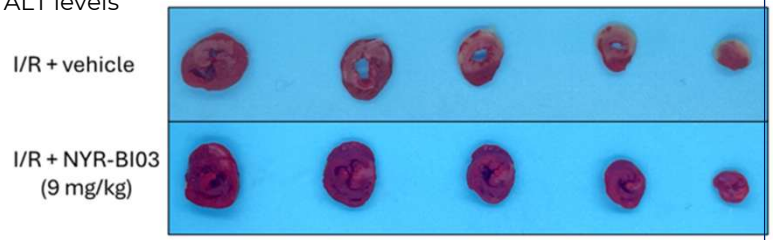
Xolatryp® showed strong efficacy limiting cardiovascular damage resulting from myocardial ischemia-reperfusion injury when administered as a short-duration intravenous infusion.

- **42%** Cardioprotection (indicated by infarct volume)
- **88%** Decrease in arrhythmias at 1 hour
- **90%** Decrease in arrhythmias at 3 hours

Key blood biomarker markers assessed

- **32%** decrease in Cardiac Troponin I
- **21%** decrease in ALT levels

3-hour study focused on early arrhythmias and biomarker response. Results show rapid protection alongside reduced heart muscle damage and improved cardiac function



Together, these studies demonstrate that Xolatryp® provides both early and sustained cardioprotection in preclinical models.

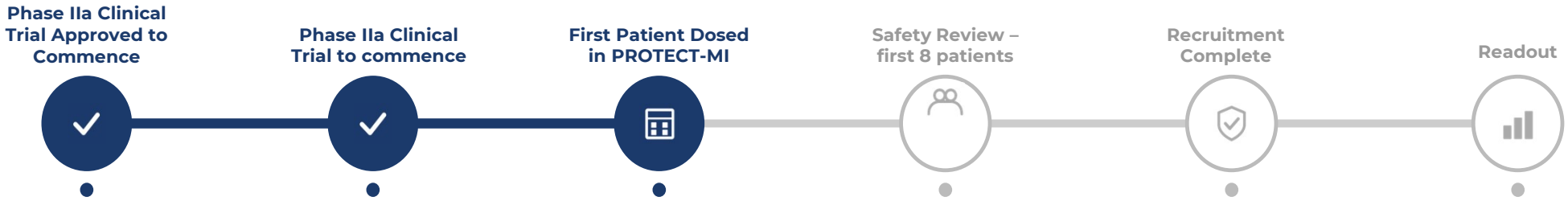
PROTECT-MI: Phase IIa Trial Design

Phase IIa Cardiac Reperfusion Injury clinical trial currently recruiting

PROTECT-MI is a Phase IIa randomised, double-blind, placebo-controlled study evaluating Xolatryp® in STEMI patients undergoing PCI

- The trial is designed to assess safety, tolerability and preliminary efficacy in reducing myocardial infarction reperfusion injury, with topline data expected in Q3/Q4 CY27.
- Phase IIa study targeting a significant unmet need in STEMI reperfusion injury
- Designed to generate early efficacy and safety data to support future pivotal development
- Australian multicentre rollout underway with recruitment initiated
- Key catalysts:
  - Site activation updates
  - Recruitment progress
  - Interim safety review
  - Topline data in Q3/Q4 CY27 Potential validation of Xolatryp® across broader cardiovascular indications

Size	100 evaluable patients (placebo and drug randomisation – 1:1)
Timeline	~12 months following first site activation (indicative)
Sites	9 sites currently selected across ANZ with 3 active and 3 pending activation. 2 undergoing RGO process and NZ HDEC in process.. Further site expansion planned.
First patient dosed	July 2026
Top-line data timing	Q3/Q4 CY27
Primary endpoint	Safety and tolerability
Efficacy endpoints	• Cardiac MRI infarct size • Biomarkers, including Troponin I levels • Cardiac function • Incidence of arrhythmias of interest



Other Indications across Oncology & Neuroprotection

Oncology – Antiproliferative

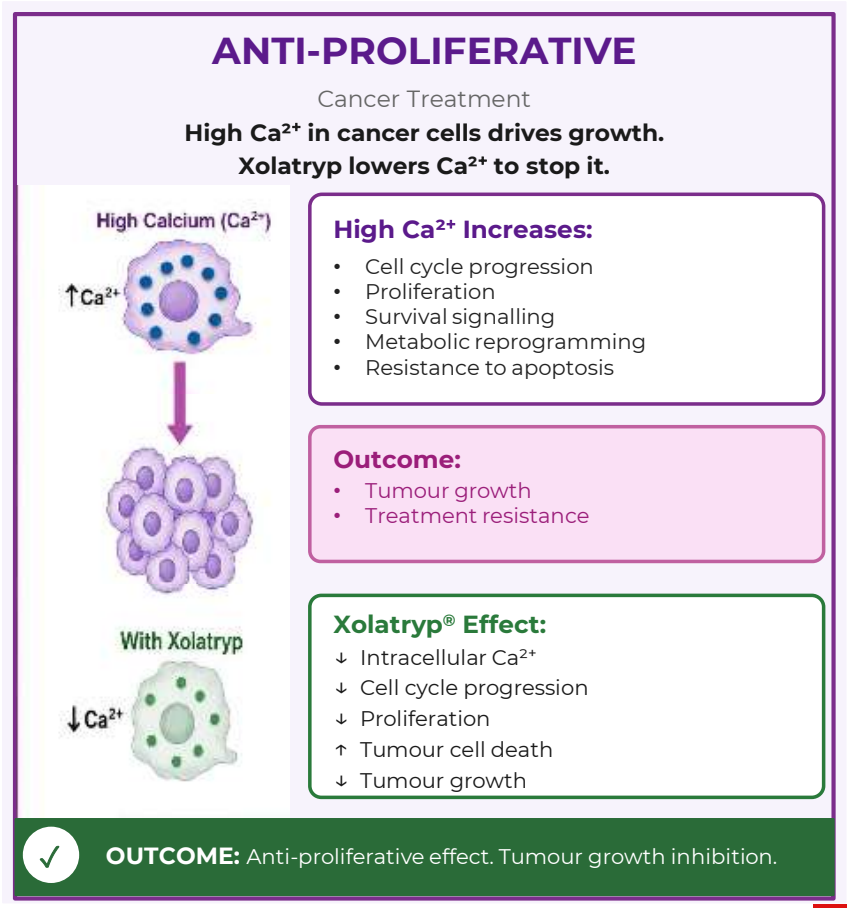
Xolatryp® enhances anthracycline anti-tumour efficacy as a novel adjunct oncology therapy

Xolatryp® Enhances Standard Chemotherapy Efficacy and Safety

- Novel TRPC3/6/7 inhibitor targeting calcium-dependent tumour growth pathways
- Anthracyclines remain a cornerstone of cancer treatment, but efficacy is limited by dose-dependent toxicity
- No approved adjunct therapies are specifically designed to enhance anthracycline anti-tumour activity
- Demonstrated additive anti-tumour activity with doxorubicin in a preclinical liver cancer model
- 57% reduction in tumour volume vs vehicle control and ~39% greater anti-tumour effect compared with doxorubicin alone
- Combination treatment demonstrated earlier tumour suppression than doxorubicin alone
- Potential to enhance standard-of-care chemotherapy efficacy without increasing chemotherapy dose intensity
- Anthracyclines are a cornerstone of cancer treatment, administered to approximately 1 million patients annually worldwide
- Existing Phase I human safety and PK data support a clear pathway to clinical validation in a Phase Ib combination study

Key Takeaways

- Xolatryp® enhanced the efficacy of standard-of-care chemotherapy, delivering greater tumour growth inhibition than chemotherapy alone in a preclinical liver cancer model
- Potential to improve anthracycline therapeutic response without increasing chemotherapy dose intensity
- Clear pathway to rapid clinical validation in Phase Ib combination study



Oncology – Cardioprotective

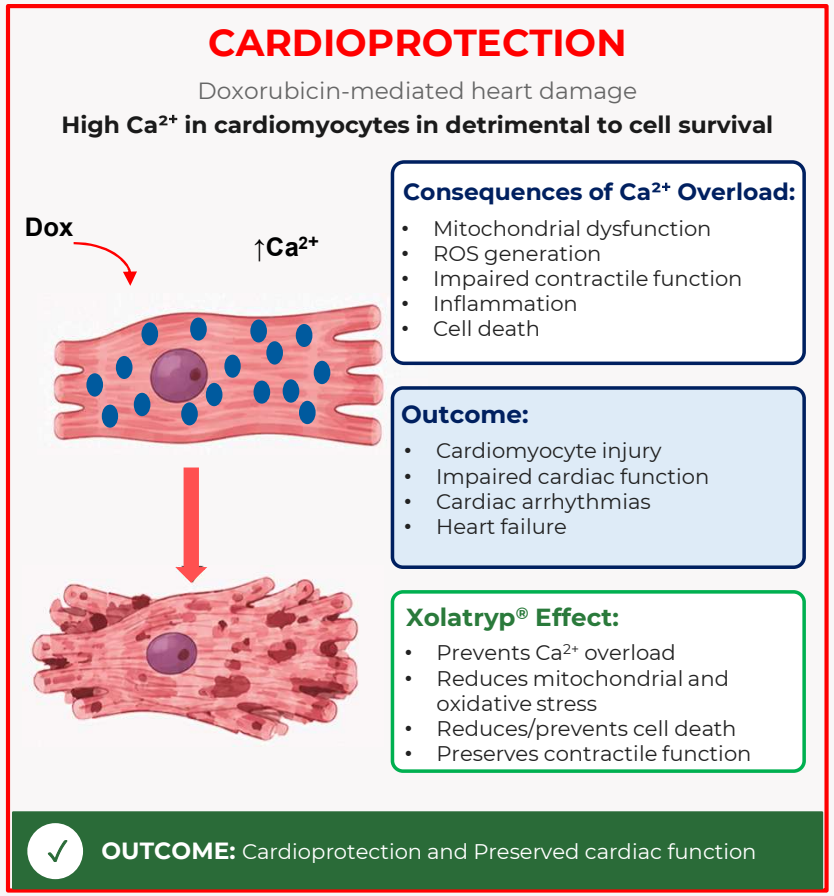
Xolatryp® demonstrates cardioprotection during anthracycline treatment

Xolatryp® Enhances Standard Chemotherapy Efficacy and Safety

- Novel TRPC3/6/7 inhibitor targeting calcium dysregulation implicated in anthracycline-induced cardiac injury
- Anthracyclines remain a cornerstone of cancer treatment, but cumulative dose-dependent cardiotoxicity can limit treatment and increase long-term cardiovascular risk
- Significant unmet need for a cardioprotective therapy that can be administered alongside anthracycline chemotherapy
- Xolatryp® demonstrated sustained preservation of cardiac function in a 5-week doxorubicin-induced cardiomyopathy model
- Significant protection across key echocardiographic measures of cardiac function, including ejection fraction and fractional shortening
- Xolatryp® reduced the doxorubicin-induced deterioration in ventricular function and remodelling
- 19% reduction in baseline-adjusted cardiac troponin I versus doxorubicin alone, supporting reduced cardiac injury
- Existing Phase I human safety data supports clinical translation

Key Takeaways

- Xolatryp® demonstrated significant and sustained protection of cardiac function in a preclinical model of doxorubicin-induced cardiomyopathy
- Potential to reduce anthracycline-induced cardiac injury while supporting continued cancer treatment
- Existing Phase I human safety data provides a clear pathway to clinical evaluation in combination with anthracycline therapy
- Orphan Drug potential in anthracycline-induced cardiomyopathy in patients with TRPC6 gain-of-function mutations



Neuroprotection

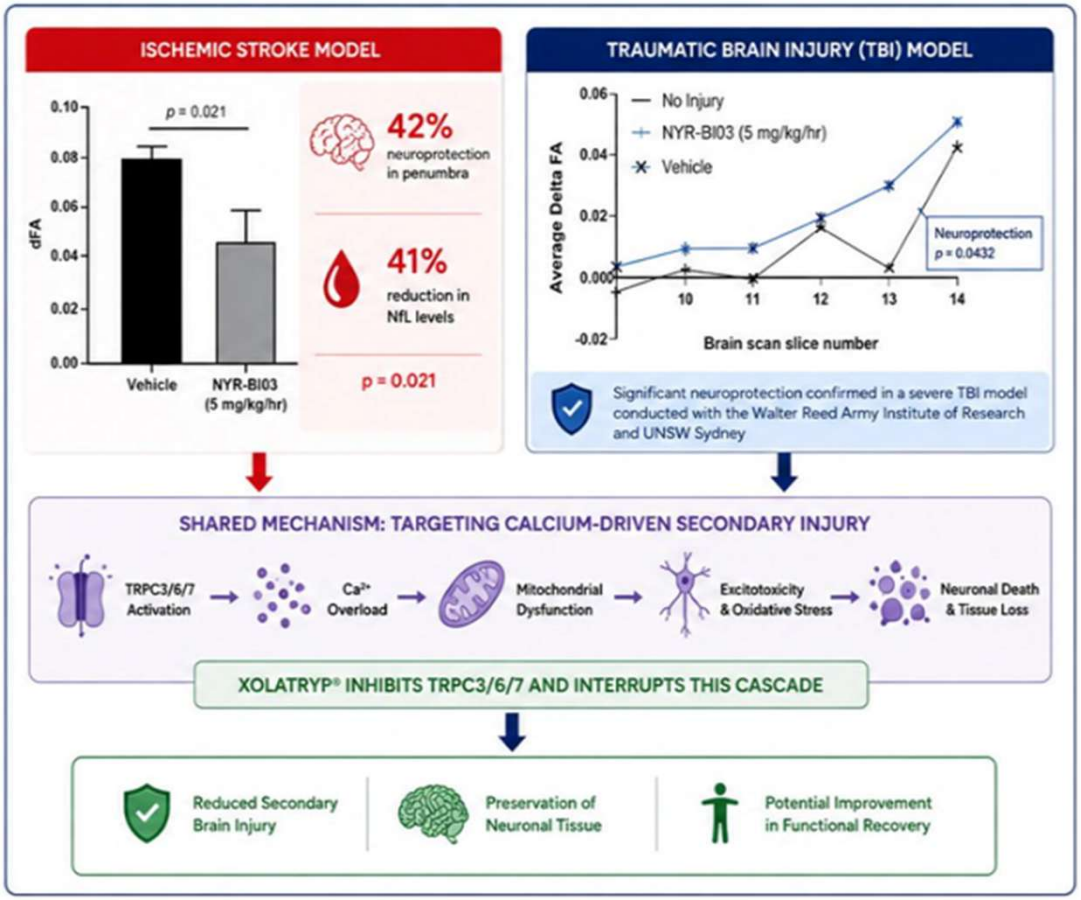
Xolatryp® targets secondary injury following Ischemic Stroke and Traumatic Brain Injury

Overview

- Ischemic stroke and traumatic brain injury (TBI) trigger secondary injury pathways that drive ongoing neuronal damage
- Excess intracellular Ca^{2+} is a key mediator of excitotoxicity, mitochondrial dysfunction and neuronal cell death
- TRPC3/6/7 channels contribute to pathological calcium influx following acute brain injury
- No approved therapies directly target calcium-driven secondary injury mechanisms
- Xolatryp® is designed to inhibit TRPC3/6/7-mediated Ca^{2+} overload and interrupt the secondary injury cascade
- Demonstrated statistically significant neuroprotection in both ischemic stroke and severe TBI preclinical models
- 42% neuroprotection observed in the stroke penumbra with a 41% reduction in NfL levels
- Significant neuroprotection confirmed in a severe TBI model conducted with the Walter Reed Army Institute of Research and UNSW Sydney

Key Takeaways

- Xolatryp® targets a common upstream driver of neuronal injury across both stroke and TBI
- Preclinical studies demonstrate significant neuroprotection across multiple brain injury models
- Existing human Phase I safety data provides a foundation for future clinical development in acute neuroprotection



Catalysts

Multiple near-term milestones over the next 18 months

2H CY26

- PROTECT-MI Phase IIa execution: ongoing patient recruitment and site activations across Australian PCI-capable hospitals
- PROTECT-MI Phase IIa safety review committee assessment and data from first 8 patients
- New Zealand HDEC approval for PROTECTI-MI study
- Expansion of PROTECT-MI Phase IIa trial site network, adding hospitals in Australia and New Zealand
- PROTECT-MI Phase IIa FDA IND engagement (pIND feedback due September 2026)
- Ongoing updates from preclinical oncology and cardioprotection studies

1H CY27

- PROTECT-MI Phase IIa execution: ongoing patient recruitment and site activation
- Further preclinical translational oncology studies: Xolatryp in combination with standard of care cancer treatments
- Assessment of orphan drug potential in TRPC gain-of-function mutations

2H CY27

- Phase IIa PROTECT-MI topline data readout
  - Positive data from Phase IIa PROTECT-MI would support partnering, larger Phase IIb/III planning, and broader platform validation for TRPC inhibition
- Development of Xolatryp commercial dose form

Appendices

Corporate Overview & Financial Snapshot

Key Details

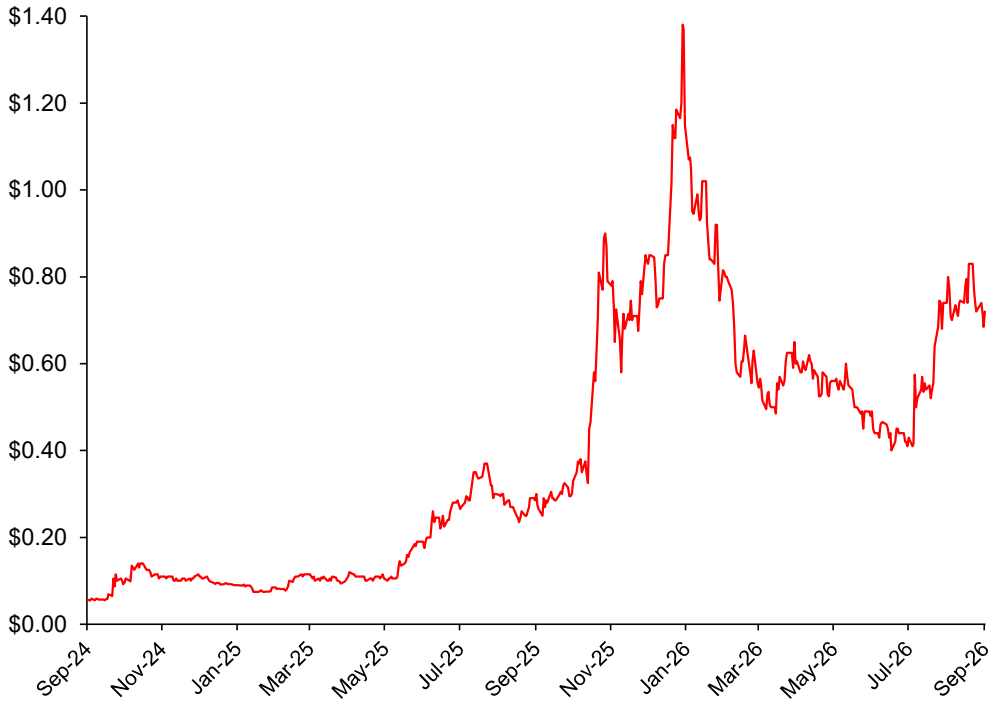
Stock Code	ASX:NYR
CDI Price (10 September 2026)	A$0.72
Number of CDIs on Issue	~247.6m
Market Capitalisation (10 September 2026)	~A$178.3m
Cash Balance (30 June 2026)	A$8.4m
Numbers of CDI Holders	~2,400
Board & Management Ownership	11.6%

Modest Overheads – majority of capital deployed towards R&D

Item	FY26 (A$ million)	FY25 (A$ million)	FY24 (A$ million)
R&D Costs	3.2	4.4	2.0
Corporate and admin expenses	1.2	1.1	0.6
Professional services expense	0.3	0.4	0.5
Employment benefits expense	1.4	1.2	1.1

S&P Capital IQ as of 10 September 2026

CDI Price Chart – Last 24 months



Key Links

- Cardioprotection
  - PROTECT-MI website - https://www.protect-mi.com
  - PROTECT-MI NIH Entry - https://bit.ly/4cB2fF9
  - Phase IIa factsheet - https://bit.ly/4bcDlKj
  - Preclinical cardioprotection study 1a - https://bit.ly/4sigwMZ
  - Preclinical cardioprotection study 1b - https://bit.ly/4rmOsXn
  - Preclinical cardioprotection study 2 - https://bit.ly/40jHpUg
- Oncology
  - Preclinical cardiomyopathy study - https://bit.ly/4yR9BgD
  - Preclinical cardiomyopathy pilot study - https://bit.ly/4xJH3Fj
  - Preclinical anti-tumour study - https://bit.ly/49rWOa0
- Neuroprotection
  - Preclinical traumatic brain injury study - https://bit.ly/40fhrRT
  - Preclinical stroke study - https://bit.ly/4sygHmH
- Foundations
  - Phase I results - https://bit.ly/3Nt0GzH
  - Preclinical mitochondria stabilisation study - https://bit.ly/4yiZUHa
  - GLP study results - https://bit.ly/4d8VYkX
  - CSANZ Conference Poster - https://bit.ly/4A9ROmf