

Media Release

7 October 2026

Additional data from SNT-4728 Phase 2 study shows significant improvement in clinician assessed motor signs

- **Secondary clinical endpoint results from Syntara's interventional study of SNT-4728 in participants with isolated REM Sleep Behaviour Disorder (iRBD) complement previously reported reduction in neuroinflammation.**
- **Converging evidence of biological activity and improvement in motor function supports further clinical development of SNT-4728 as a potential disease-modifying therapy in prodromal and early Parkinson's Disease.**
 - **Primary imaging endpoint (reported 6 July 2026) – statistically significant reduction in brain inflammation was observed unilaterally in the putamen (p-value 0.0145), with 20 out of 30 patients on active treatment recording a reduction from baseline.**
 - **Statistically significant difference (p=0.021) in clinician assessed motor signs as measured by the MDS-UPDRS Part III¹ at Week 24 (12 weeks after completion of treatment) for SNT-4728 versus placebo.**
 - **Clinician assessed improvements supported by directional changes in participant derived composite scores from smartphone based measures of motor symptoms.**
- **Results to be presented by Principal Investigator Professor Simon Lewis today at the Clinical Breakthroughs Plenary Session at the International Congress of Parkinson's Disease and Movement Disorders in Seoul, South Korea.**

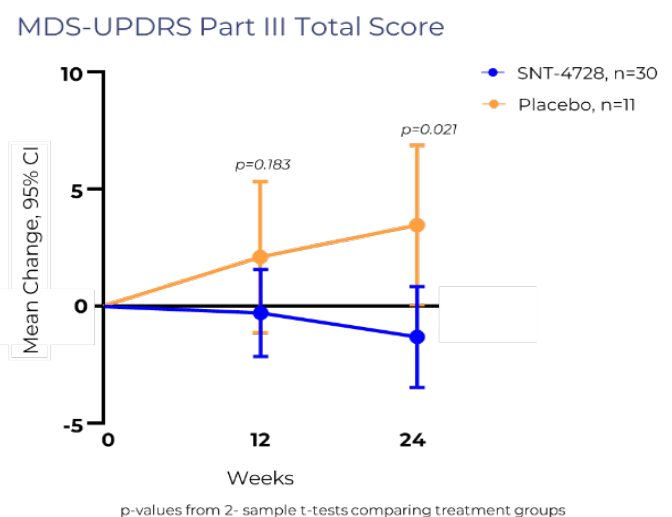
Syntara Limited (ASX: SNT), a clinical-stage drug development company, is pleased to announce further results from its randomised, double-blind, placebo-controlled Phase 2 study of SNT-4728 in participants with iRBD, a sleep disorder associated with a high risk of progression to Parkinson's Disease (PD) and related synucleinopathies. The study evaluated the safety, tolerability and exploratory efficacy of SNT-4728, Syntara's first-in-class neuro-targeted anti-inflammatory therapy, in 41 participants with iRBD, randomised 3:1 to receive SNT-4728 or placebo. Positive data from the primary imaging endpoint was reported 6 July 2026.

New positive data

The completed clinical dataset shows a progressive between-group difference in clinician-assessed motor signs at Week 12 and 24, which is statistically significant 12 weeks after treatment ceased, as measured by the Movement Disorder Society- Unified Parkinson's Disease Rating Scale Part III (MDS-UPDRS Part III; $p=0.021$). MDS-UPDRS is a widely used multidomain clinical outcome assessment in Parkinson's disease clinical trials. Part III evaluates motor features of Parkinsonism including bradykinesia (slowness of movement), rigidity, tremor, gait and postural stability.

Participants treated with SNT-4728 showed slightly improved motor function according to their MDS-UPDRS Part III total score after the 12 week treatment period whereas participants receiving placebo showed a worsening in motor scores. At week 24, after 12 weeks off treatment, the motor scores of participants who had been treated with SNT-4728 showed further improvement whilst the motor scores of participants in the placebo group continued to deteriorate.

The deterioration in motor scores for participants on placebo is consistent with the expected direction for this iRBD population as observed in published studies. The stabilisation in motor scores observed in participants on SNT-4728 both during and 12 weeks post treatment suggests a persistent clinical response from the anti-inflammatory and anti-oxidant effect of inhibiting both MAOB and SSAO enzymes in the brain.



The clinician-assessed motor symptom finding was also directionally consistent with the exploratory motor composite score derived from measurement of participant performed tasks on a smartphone, although there was no statistically significant difference between treatment groups.

These results complement the previously reported² statistically significant reduction in brain inflammation unilaterally in the putamen following 12 weeks of SNT-4728 treatment as measured by translocator protein positron-emission tomography (TSPO PET) imaging ($p=0.0145$), with 67% of participants recording a reduction from baseline. The putamen is a region involved in motor control and is affected in PD and related synucleinopathies. TSPO signal was also significantly reduced in other areas related to motor and cognitive function including regions in the temporal lobe.

SNT-4728 continued to demonstrate a very favourable safety and tolerability profile. No treatment-related serious adverse events were reported, and all adverse events previously reported across treatment arms were mild or moderate.

Professor Simon Lewis, Principal Investigator at the Macquarie University Brain Institute and Clinic said: *"This study provides convergent exploratory evidence that SNT-4728 has biological activity in people with iRBD, together with an improvement in clinician-assessed motor function that was maintained after treatment ceased. These findings are particularly encouraging because iRBD*

represents a population at high risk of progression to Parkinson's disease and related synucleinopathies.

"Together with the previously reported TSPO PET imaging findings, these results provide a rationale to evaluate SNT-4728 further in appropriately designed studies, potentially including patients in the early stages of Parkinson's disease."

Additional secondary endpoints

No marked changes over time were observed in other MDS-UPDRS measures or in overall cognitive, quality-of-life and iRBD questionnaire measures, including the Montreal Cognitive Assessment (MoCA), 36-Item Short Form Health Survey (SF-36) and REM Sleep Behaviour Disorder Questionnaire (RBDQ). Given the exploratory nature of these assessments, the small study size and the relatively short 12-week treatment period, the study was not designed to detect changes across all clinical and participant-reported measures.

Further analysis of the digital endpoint data, alongside clinical, biological and imaging biomarkers, remain outstanding and are expected to be the subject of a future scientific presentation or publication.

Syntara Chief Executive Officer Gary Phillips said: *"I'm delighted that the results from this study continue to support SNT-4728's potential benefit for iRBD and Parkinson's patients. There remains a large unmet need for drugs that will go beyond symptomatic control, so the convergence of the biological and clinical outcomes from this study and consequent opportunity to impact disease progression are very encouraging.*

"This study, which we believe is the first interventional study of its kind in iRBD, has been made possible through funding from Parkinson's Research Ventures, the dedication of our Principal Investigators, Professor Simon Lewis in Sydney and Professor Michele Hu in Oxford, the clinical site teams and, most importantly, the participants. We look forward to presenting these findings to the Parkinson's community and to completing the remaining analyses from this important study."

¹ Movement Disorder Society-Unified Parkinson's Disease Rating Scale Part III

² <https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-03108038-2A1682481>

#ENDS#

About Parkinson's Research Ventures

Advancing the next generation of Parkinson's therapeutics

Parkinson's Research Ventures is a specialised global programme that aims to accelerate the development of transformative treatments for Parkinson's. This Parkinson's UK-led initiative, run in partnership with the Parkinson's Foundation, is powered by the Parkinson's community to ensure that the research we fund aligns with real-world needs.

We provide Pre-Seed, Seed, and Series A funding to high-potential pre-clinical and clinical programs that aim to modify disease progression or significantly improve the management of specific symptoms.

By funding critical milestones, we significantly decrease the risk profile of novel assets, making them highly attractive for downstream acquisition or late-stage venture participation.

About Syntara

Syntara Limited (ABN: 75 082 811 630) is a clinical stage drug development company targeting extracellular matrix dysfunction with its world-leading expertise in amine oxidase chemistry and other technologies to develop novel medicines for blood cancers and conditions linked to inflammation and fibrosis.

Lead candidate amsulostat (also known as SNT-5505 and previously as PXS-5505) is for the bone marrow cancer myelofibrosis which causes a build-up of scar tissue that leads to loss of red and white blood cells and platelets. Amsulostat has been granted Fast Track Designation, having already achieved FDA Orphan Drug Designation and clearance under an Investigational New Drug Application for development in myelofibrosis. Amsulostat has now completed a Phase 2a trial in myelofibrosis in which it was dosed as monotherapy and in combination with a JAK inhibitor. Two Phase 1c/2 studies with amsulostat in patients with a blood cancer called myelodysplastic syndrome has been initiated.

Syntara is also advancing topical pan-LOX inhibitors with SNT-9465 in a Phase 1a/b study of hypertrophic scars and continuing the ongoing collaboration with Professor Fiona Wood and the University of Western Australia studying SNT-6302 in keloid scars. SNT-4728 is being studied in collaboration with Parkinson's UK as a best-in-class SSAO/MAO-B inhibitor to treat sleep disorders and slow progression of neurodegenerative diseases like Parkinson's by reducing neuroinflammation.

Other Syntara drug candidates target fibrotic and inflammatory diseases such as kidney fibrosis, MASH, pulmonary fibrosis and cardiac fibrosis.

Syntara developed two respiratory products available in world markets (Bronchitol® for cystic fibrosis and Aridol® - a lung function test), which it sold in October 2023.

Syntara is listed on the Australian Securities Exchange, code SNT. The company's management and scientific discovery team are based in Sydney, Australia. www.syntaraTX.com.au.

Forward-Looking Statements

Forward-looking statements in this media release include statements regarding our expectations, beliefs, hopes, goals, intentions, initiatives or strategies, including statements regarding the potential of products and drug candidates. All forward-looking statements included in this media release are based upon information available to us as of the date hereof. Actual results, performance or achievements could be significantly different from those expressed in, or implied by, these 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 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.

SOURCE:

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