



Canaccord Drug & Device Conference

Gary Phillips, CEO

October 13th 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** –
44% institutional



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



Funded into FY28 with **near
term data to drive value**
over the next
12-18 months.
(June 26 proforma; \$18.2m)



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 favourably with other drugs in clinical development

SHAREHOLDERS & CASH

Financial Information (ASX: SNT)

Share price – 9 th October 2026	\$0.025
Market cap	A\$49.1m
Cash balance (30 Jun 2026 proforma ¹)	A\$18.2m
Enterprise value	A\$30.9m

Institutional Ownership 30 Jun 26

D&A Income Limited	18%
Platinum Investment Management Limited	12%

Total Institutional Ownership > 44%

Research Coverage

Canaccord Genuity	Euroz Hartleys
Bell Potter	Evolution Capital

¹ \$4.7m R&D tax incentive received September 2026

Share Price & Volume - YTD



THREE ASSETS CREATE MULTIPLE PATHS TO VALUE

A diversified clinical-stage pipeline across blood cancers, fibrosis and neurodegenerative disease

ASSET	INDICATION	TOTAL ADDRESSABLE MARKET	DEVELOPMENT STATUS
 amsulostat	Haematological malignancies	Myelofibrosis: ~US\$2.8b p.a. Myelodysplastic syndrome: ~US\$3.2b p.a.	• Phase 2a clinical proof of concept in MF - complete • FDA-aligned planned Phase 2b pathway – Q4 26 start • AZALOX and MESSAGE MDS studies – preliminary data Q4 26
 SNT-9465	Fibrosis and skin scarring	Global scar-treatment market projected to reach US\$50–55b by 2030.	• Hypertrophic-scar Phase 1b program – recruiting • Top-line safety and efficacy data targeted in H2 2026.
 SNT-4728	Parkinson's disease and iRBD	Global Parkinson's disease market expected to reach US\$7.6b by 2030.	• Phase 2 iRBD/Parkinson's program – preliminary data reported • Final study results in Q3 2026.

AMSULOSTAT:

LEAD ASSET AND A KEY DRIVER OF VALUE

- FDA IND and orphan drug designation in myelofibrosis
- First and best in class pan-LOX inhibitor
- Long patent life
- Multiple Nature publications
- Final Phase 2a trial data in combination with ruxolitinib presented at ASH 2025
- Clearly differentiated and competitive safety and efficacy profile with potential for breakthrough therapy in myelofibrosis patients with an inadequate response to standard of care
- FDA review of Phase 2b trial protocol potentially triggers next stage of clinical development / partner engagement

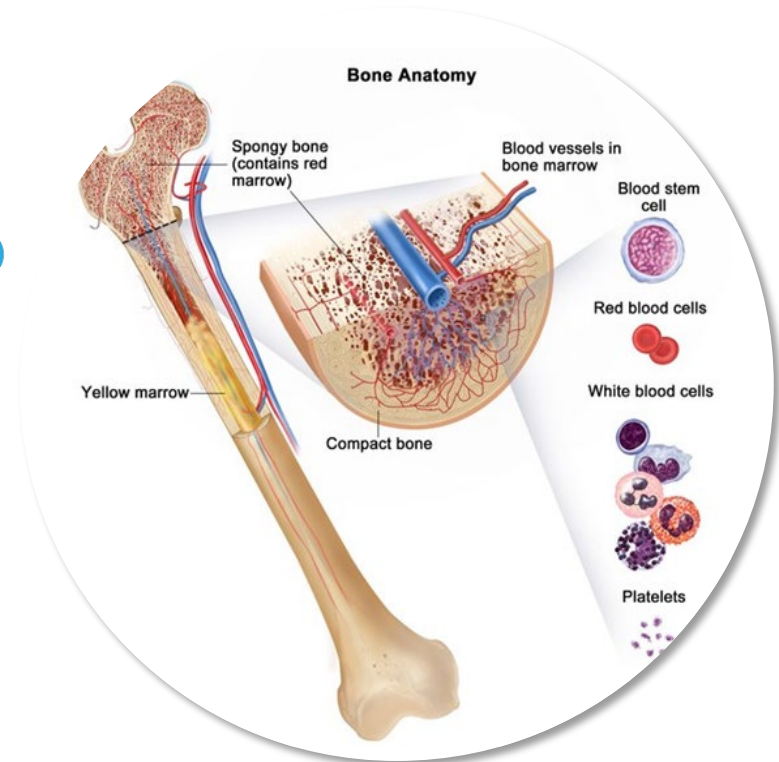
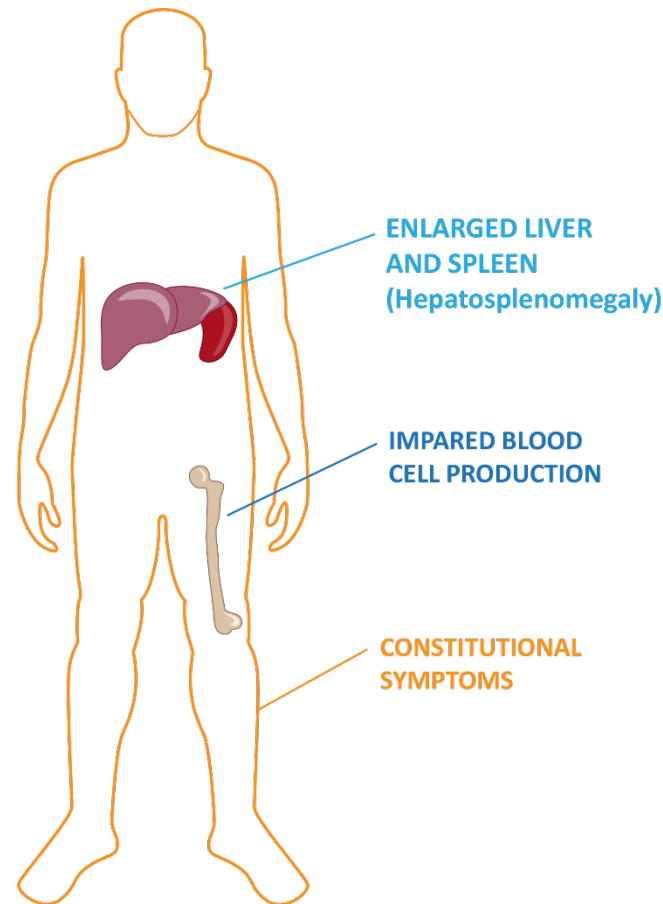
MYELOFIBROSIS

KEY FACTS

- Orphan disease affects ~55k people in 7MM (USA, Japan, 5EU); 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

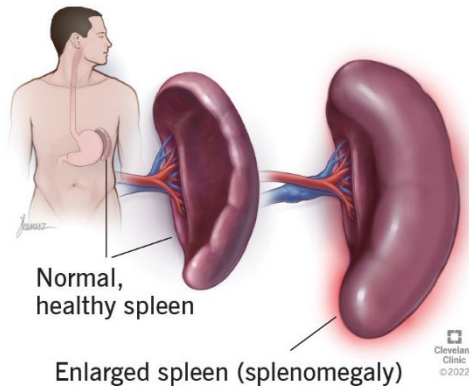


MYELOFIBROSIS

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, inhibiting the family of lysyl oxidase enzymes that cause increased bone marrow fibrosis and growth factor activity; both of which have detrimental effects on the 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

AMSULOSTAT SHOWS COMPETITIVE EFFICACY

Comparison of open-label Phase 2 studies in suboptimal patient populations

Drug	Latest Program Status	Phase 2 Open Label Trial Results in Suboptimal Patient Population				
		N	Baseline Characteristics (median, range)	TSS50	SVR25	SVR35
Pelabresib ¹	Second P3 naïve MF due to start ³	86	Not reported (Pts with significant cardiac history excluded)	37% (30/81) at W24	27% (22/81) at W24	20% (16/81) at W24
	Not pursuing suboptimal indication			Not reported at W48	Not reported at W48	20% (16/80) at W48
Navtemadlin ²	P3 suboptimal recruiting	28	RUX duration: 21.6 mths (7-129) SV: 2039 mL (650-3549) TSS: 15 (2.2-49.1)	32% (6/19) at W24	42% (8/19) at W24	32% (6/19) at W24
Nuvisertib ⁴	P1/2 recruiting	18	Arm 3: nuvisertib + momelotinib JAKi duration: Not reported SV: 1370 mL (614-4250) TSS: 29 (9-37)	60% (3/5) at W24	40% (2/5) at W24	Not reported
Amsulostat	P2a suboptimal complete	16	RUX duration: 38 mths (5-89) SV: 1553 mL (258-9781) TSS: 23 (10-52)	73% (8/11) at W24 and beyond	44% (4/9#) at W24 and beyond	33% (3/9#) at W24 and beyond

STRONG INTEREST IN MF ASSETS FROM STRATEGICS

Target / Acquiror



DATE OF ANNOUNCEMENT*	JULY-2026	APRIL-2026	MARCH-2026	DEC-2024	FEB-2024
Drug Name	Navtemadlin	AJ1-11095	Rovadicitinib	Elritercept	Pelabresib
Lead Indication / Phase (at transaction)	Myelofibrosis (ongoing Phase 3)	Myelofibrosis (ongoing Phase 1)	Myelofibrosis (completed Phase 2)	MDS and MF (ongoing Phase 2 trials)	Myelofibrosis (successful Phase 3 studies)
Deal Type	Acquisition	Acquisition	License	License	Acquisition
Upfront / Milestones (US\$)	US\$450M / US\$1.3B	Total deal value US\$2.3B	US\$135M / US\$1.395B	US\$200M / US\$1.1B	US\$2.9B
Earnout Payments / Royalty Rate (%)	Not disclosed	Not disclosed	Not disclosed	Not disclosed	Subject to regulatory approvals

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

BRIDGE-MF: STUDY DESIGN

Study designed to strengthen confidence in both efficacy and disease-modifying relevance

Trial Design

Main Cohort A

- Patients with MF on ruxolitinib for min 3 months
- Current inadequate response to ruxolitinib (TSS and spleen size)
- Historical inadequate response to ruxolitinib (spleen response)

Optional Cohort B

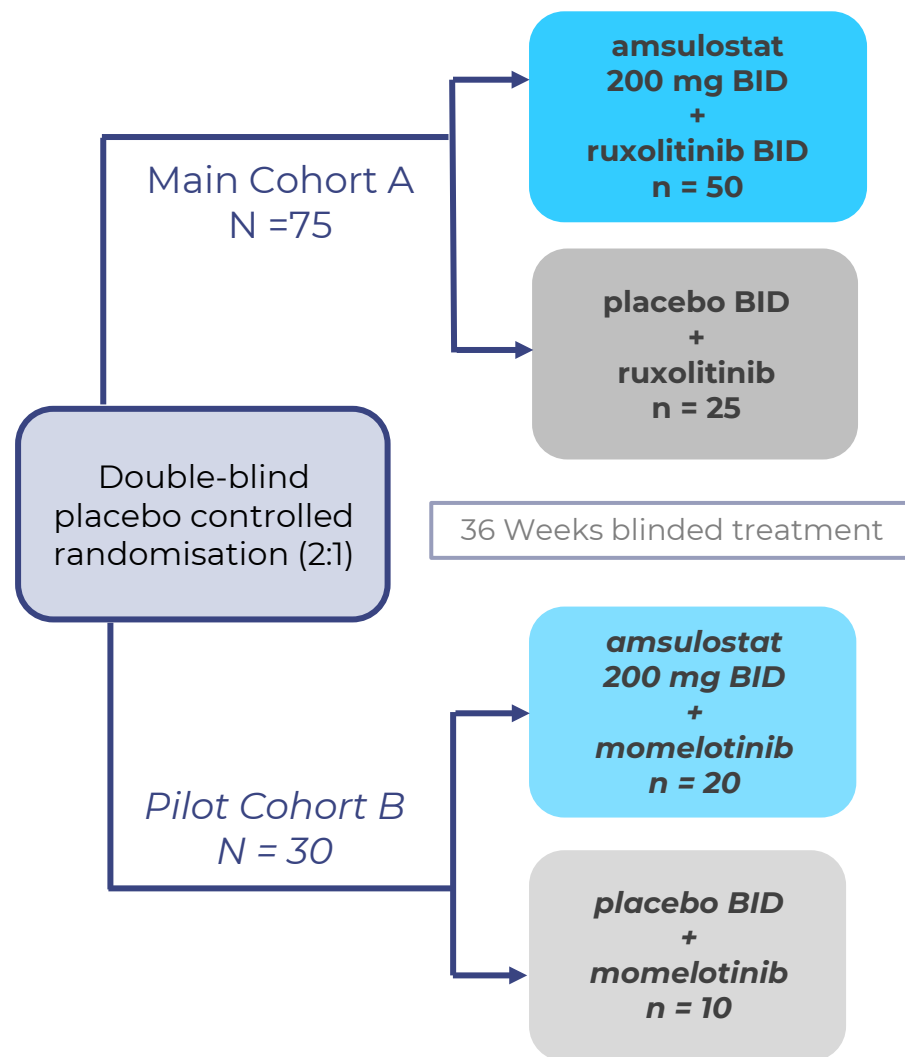
- Patients with MF with inadequate response to momelotinib

Primary Endpoint

- TSS50 at Week 36

Secondary Endpoints

- Spleen size (SVR 25 and 35)
- Other symptom assessments
- Haematological response
- BMF assessment by biopsy and MRI
- Biomarkers of inflammation and ECM remodelling
- Overall Survival
- Safety, PK/PD



Timeline of Activities

Preparation Phase

- Protocol finalisation
- CRO selection
- Trial site negotiations
- Formulation development and clinical trial supplies

Trial progression

- Commencement: Q4 2026
- Recruitment: 18 months
- Treatment duration: 9 months

Trial Budget

- US\$20-25m
- GSK likely to support with free momelotinib

SNT-4728: BRIEF HISTORY

Safe and efficacious, small molecule enzyme inhibitor that crosses the blood brain barrier

- Syntara discovered and wholly owned asset
- Drug extensively de-risked from earlier collaboration with Boehringer Ingelheim
- Once daily dosing achieves consistent, dose-dependent inhibition of two enzyme targets; SSAO and MAO-B.

SNT-4728 FOR NEUROINFLAMMATION

A novel approach

- Strong preclinical and clinical data support the role of SSAO and MAO-B as **drivers of neuroinflammation**
- **Dual SSAO & MAO-B** inhibition provides an opportunity for anti-inflammatory and neuroprotective treatments through the combination of proven and safe mechanisms.

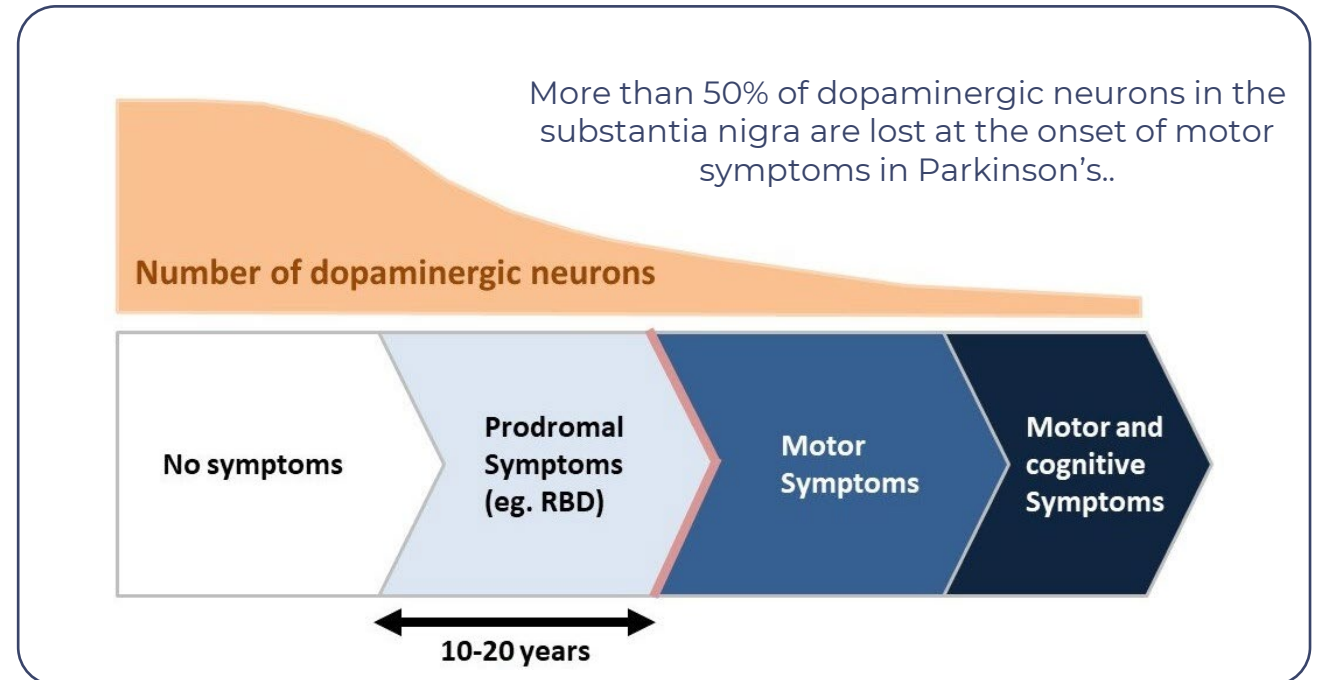
iRBD AND PARKINSON'S

KEY FACTS

- Patients with isolated REM sleep behaviour disorder (iRBD) act out their dreams, often violently.
- IRBD can represent a prodromal stage of Parkinson's
- Prodromal symptoms precede the onset of motor cognitive dysfunction.
- > 70 % of iRBD patients go on to develop Parkinson's and the related α -synuclein deposition disorders, dementia with Lewy bodies (DLB) and multiple system atrophy (MSA)
- Annual conversion rate from iRBD to overt neurodegenerative condition is 6.25%¹
- > 8% of 70 – 89 year olds have iRBD.
- Unmet medical need as there is currently no approved treatment; current standard of care is melatonin.

Using a sleep disorder to target Parkinson's.

Early intervention to demonstrate neuroprotection – rather than late treatment when most neurons have already been lost (for example in PD) – is where disease-modifying, slowing therapies are likely to have their greatest impact.



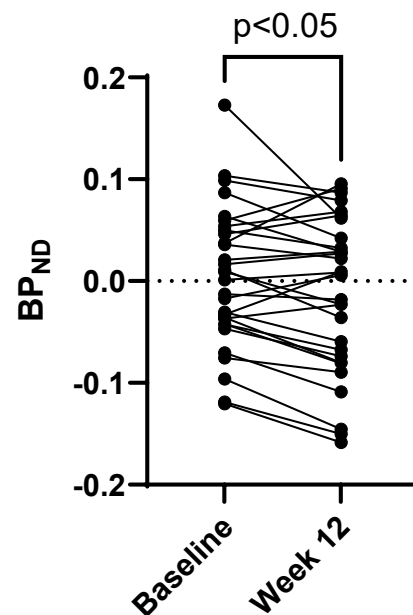
¹ Risk and predictors of dementia and parkinsonism in idiopathic REM sleep behaviour disorder: a multicentre study; doi: <https://doi.org/10.1093/brain/awz030>

REDUCTION IN INFLAMMATION

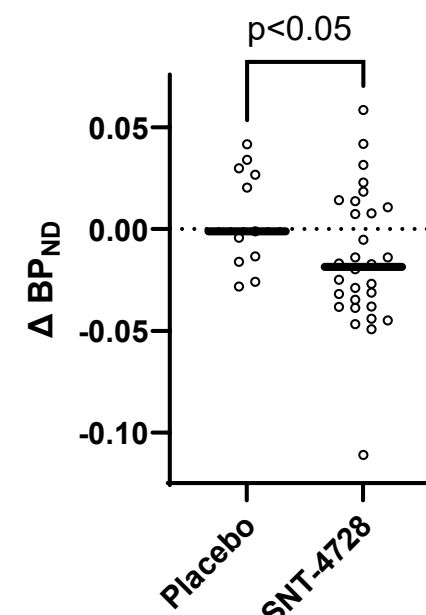
Statistically significant reduction in brain inflammation observed unilaterally in the putamen (p-value 0.0145)

- The putamen is a key region underlying the hallmark motor symptoms of Parkinson's disease.
- 20 out of 30 pts on active treatment (SNT-4728) recorded a reduction in inflammation from baseline.
- No statistically significant change in inflammation was detected in other predefined regions of interest.
- No significant reduction in brain inflammation in any region for placebo group.

Putamen	Binding Potential (BP _{ND})		Mean change	P-value (Paired t-test)
	Mean at baseline	Mean at 12 weeks		
Right	0.002918	-0.012073	-0.016 (0.033)	0.0145
Left	-0.001209	0.001692	0.003 (0.029)	0.6219



20/30 pts had reduced inflammation after 12 weeks treatment.



At week 12, inflammation significantly reduced compared to placebo.

BP_{ND} is a dimensionless number expressing the distribution volume ratio of specifically bound radioligand to that of non-displaceable radioligand.

CLINICAL MEASURES

Significant difference between SNT-4728 and placebo in motor signs

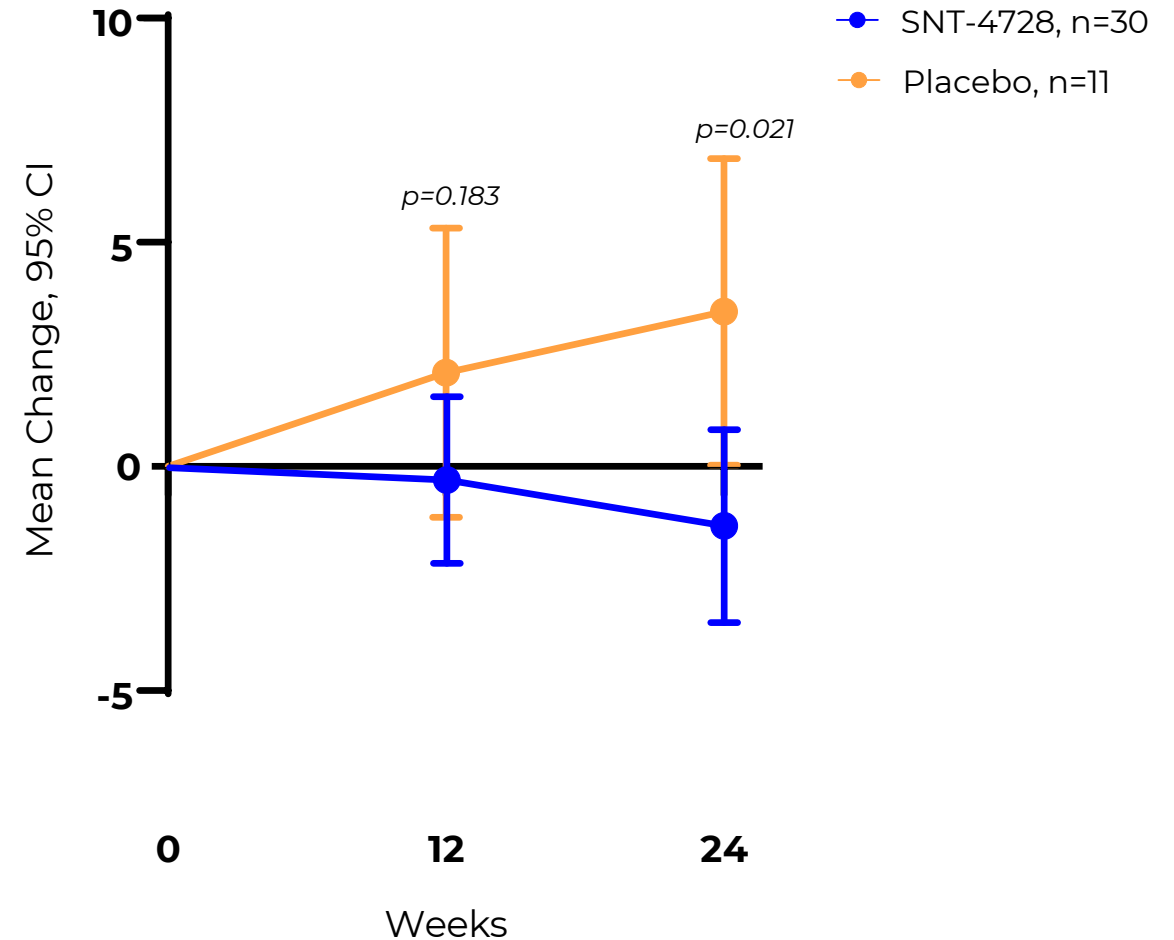
MDS-UPDRS

- Small decrease over time (**even after treatment cessation**) in the Part III total score within the SNT-4728 group; increase in placebo group ($p=0.021$ between group difference at Week 24).
- No marked changes in other parts of the UPDRS in either treatment group.

MOCA, SF-36 and RBDQ

- No marked changes in overall scores over time in either treatment group.

MDS-UPDRS Part III Total Score



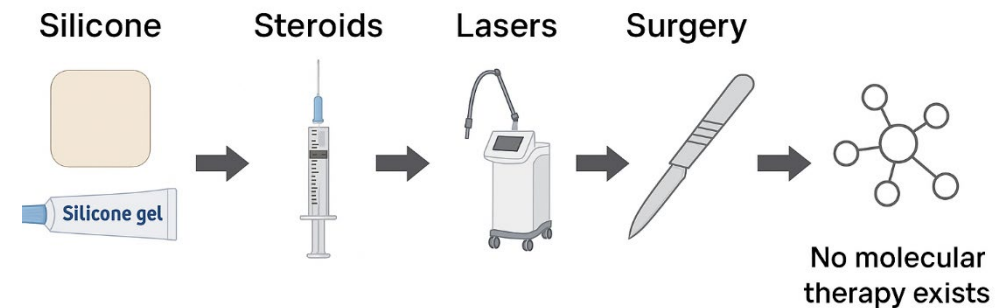
SKIN SCARRING

Leverage expertise in LOX inhibition

- Skin Scarring is 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 billion by 2030

Standard of Care: Fragmented, Ineffective and Outdated

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



Opportunity: A Downstream, Mechanically Targeted Therapy

- 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

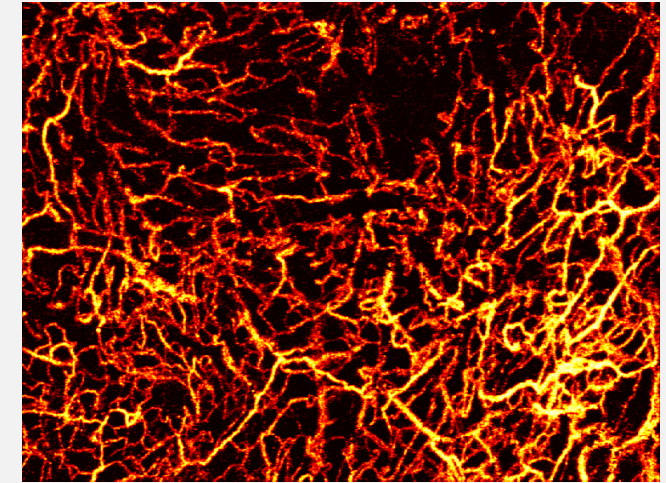
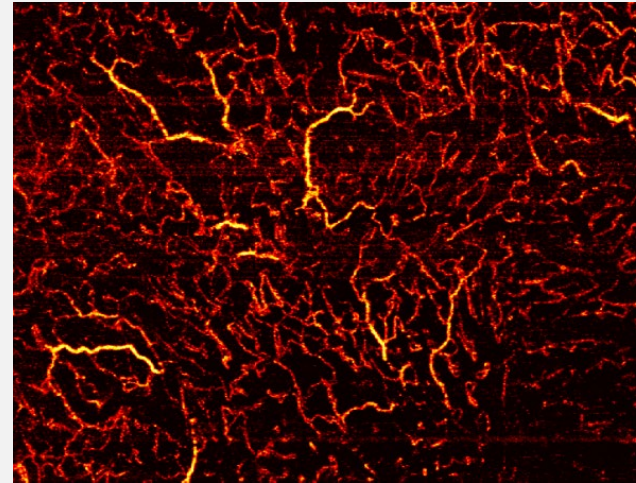
CLINICAL PROOF OF CONCEPT ALREADY ACHIEVED

Placebo controlled study with first generation topical pan LOX inhibitor significantly de risks program

SOLARIA2 Findings*

*“We now understand the biology well enough to **target stiffness directly** rather than just calming inflammation around it. LOX activity sits at the **mechanical root** of scar persistence, and its involvement is consistent across scar types. When we **inhibit LOX**, 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.



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 collagen 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

INNOVATIVE TRIAL DESIGN TO EVALUATE COMMERCIAL VIABILITY

Placebo controlled scar remodeling study with multiple efficacy readouts in H2 2026

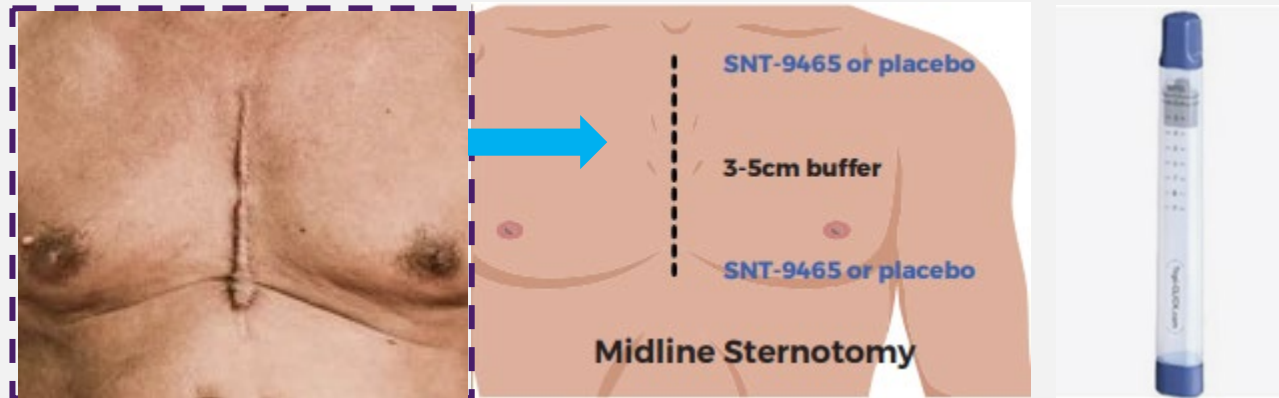
Healthy Volunteer Phase 1a Single Ascending Dose

- ✓ 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)



Trial design optimised for inclusion criteria and endpoints

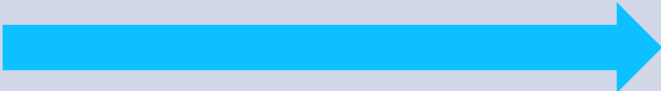
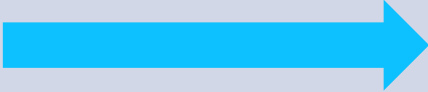
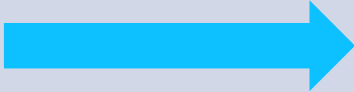
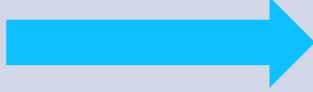
PRIMARY ENDPOINT

- 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)

THE YEAR AHEAD - POISED TO DELIVER NEAR TERM VALUE

TARGET	DRUG	INDICATION	PARTNERS	PHASE 1		PHASE 2	ANTICIPATED NEWS FLOW	
				HEALTHY PARTICIPANTS	PATIENTS		H2 2026	H1 2027
Pan-LOX	Amsulostat (SNT-5505)	Myelofibrosis					FDA approved development plan and partner engagement	Trial Progression
		High Risk MDS AZALOX trial					Interim safety and efficacy data Phase 2 initiation	
		Low / Int Risk MDS MESSAGE trial						Interim safety and efficacy data
		Pancreatic cancer FALCON trial						Investigator Study TBD
Topical Pan-LOX	SNT-9465	Hypertrophic scarring					Recruit hypertrophic scar Phase 1b trial	Top line safety and efficacy data
	SNT-6302	Keloid scarring						Interim safety and efficacy data
Dual SSAO & MAO-B	SNT-4728	IRBD / Parkinson's Disease	In partnership with 				Phase 2 Full Results	Partner engagement & trial funding discussions

<http://syntaratx.com.au>



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

Alison Findlay
Head Business Development & Licensing
alison.findlay@syntaratx.com.au