2026 Annual General Meeting
CEO Presentation

Gary Phillips, CEO

19th November 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 CY28 with **near term events to drive value** over the next 12 months. (Sept 26; $14.1m)

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 4 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 – 18th November 2026	$0.014
Market cap	A$27.5m
Cash balance	A$14.1m
Enterprise value	A$13.4m

Institutional Ownership	30 Sep 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

Share Price & Volume - YTD



ASSETS WITH CLINICAL PROOF OF CONCEPT

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

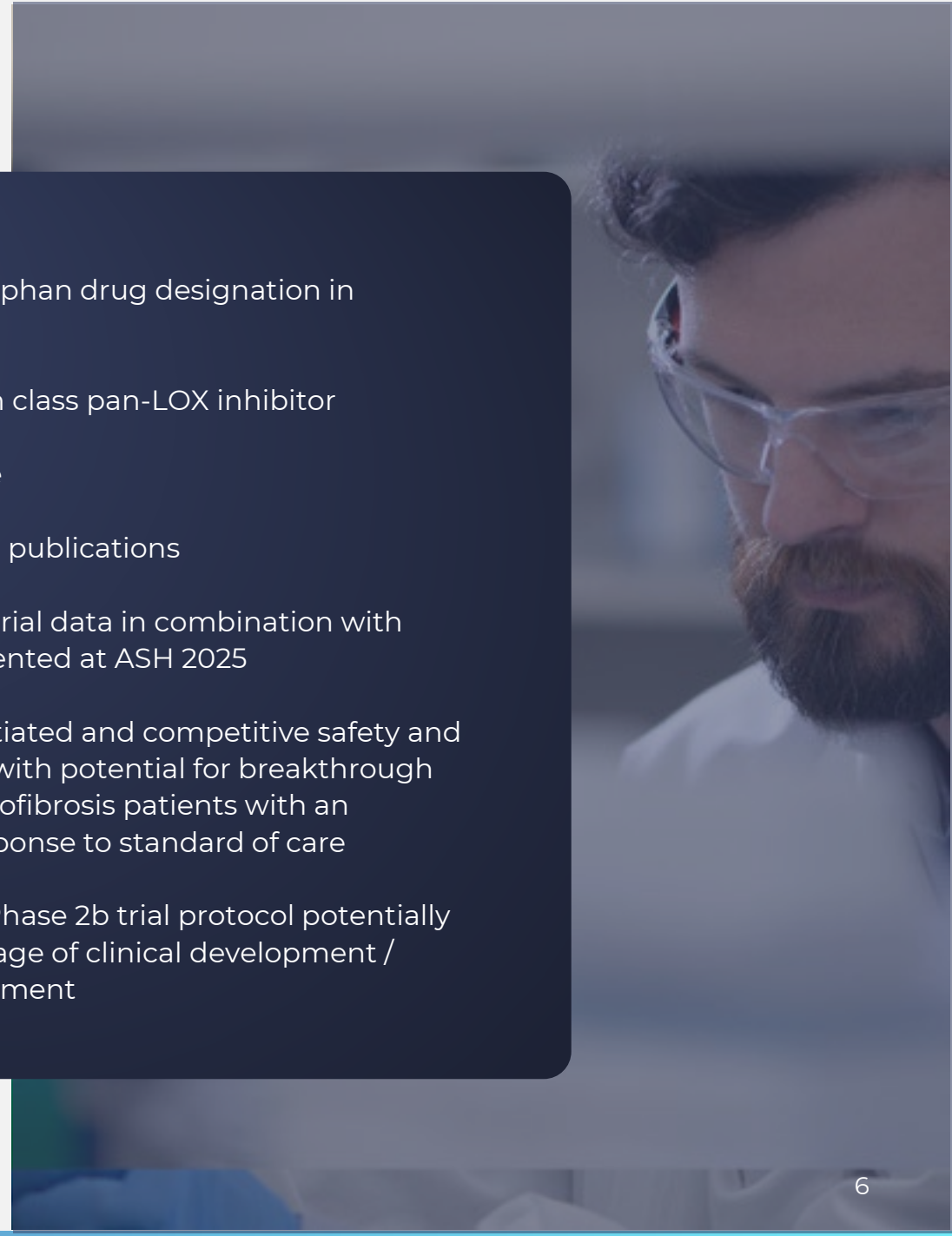
ASSET	INDICATION	TOTAL ADDRESSABLE MARKET	DEVELOPMENT STATUS
 **amsulostat**	**Haematological malignancies**	Myelofibrosis: ~US$2.8b p.a. Myelodysplastic syndrome: ~US$3.2b p.a.	• Phase 2a clinical proof of concept in MF - complete • FDA-aligned planned Phase 2b pathway – H1 27 start • AZALOX and MESSAGE MDS studies – preliminary data H1 27
 **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.

SNT-9465 Skin Scarring
After receiving reports of mild to moderate skin irritation in some patients, recruitment in the phase 1b study of hypertrophic scars has been paused to allow a thorough review of unblinded data from completed and ongoing patients. Subsequent to this review, a decision on recommencing recruitment or discontinuing the study will be taken.

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



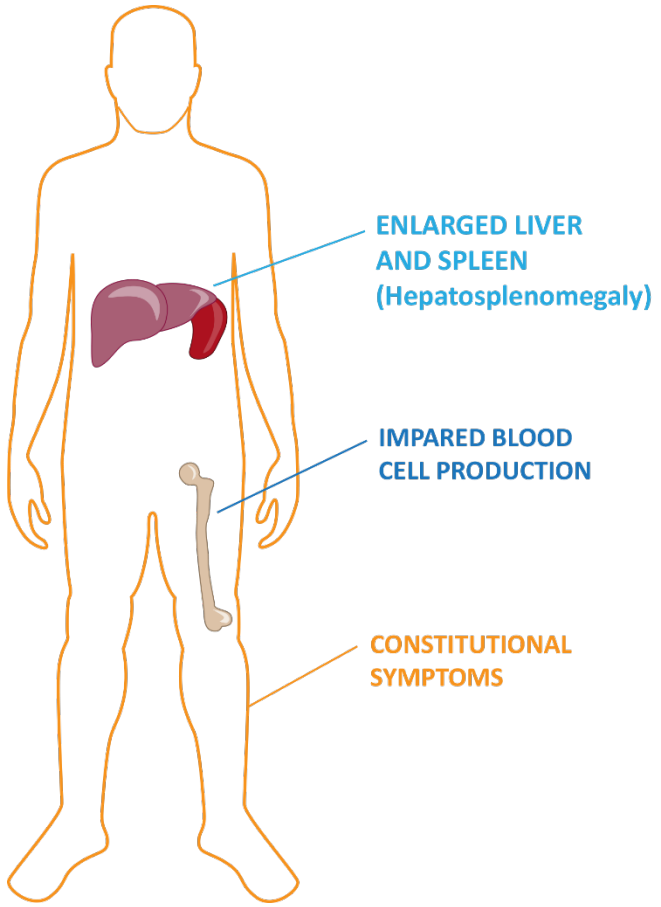
MYELOFIBROSIS

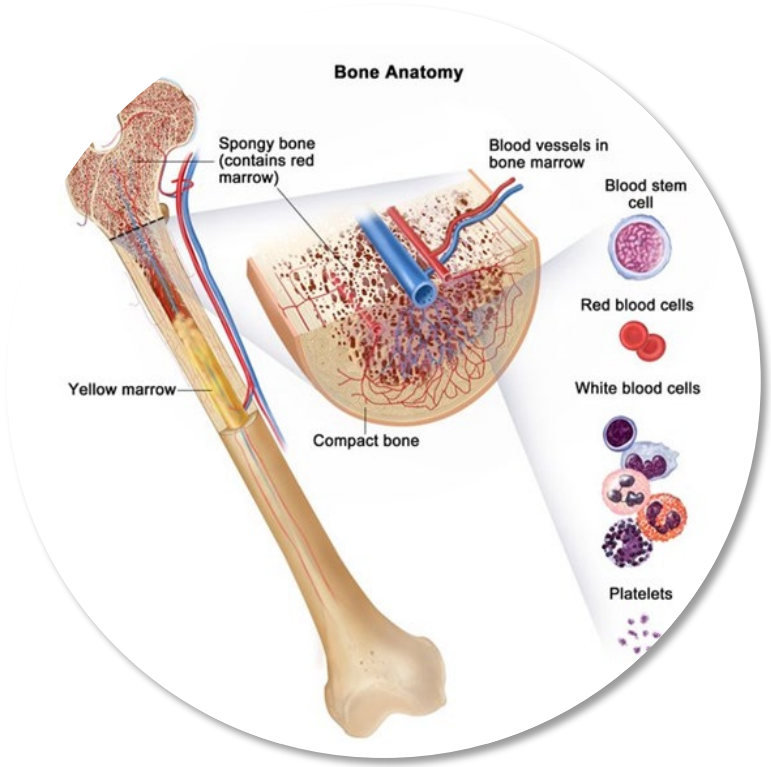
KEY FACTS

- 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



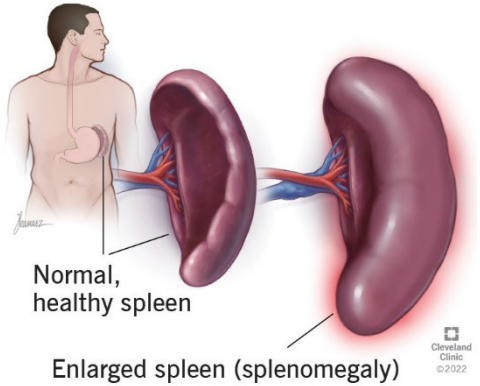


MYELOFIBROSIS

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] Not pursuing suboptimal indication	86	Not reported (Pts with significant cardiac history excluded)	37% (30/81) at W24 Not reported at W48	27% (22/81) at W24 Not reported at W48	20% (16/81) at W24 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**

SV: spleen volume; TSS: total symptom score; GI: gastrointestinal; Rux: ruxolitinib; AE: adverse event; SAE: serious adverse event.
* Thrombocytopenia includes events of platelet decrease. # only patients with SV ≥ 450mL at baseline and > 80% RUX compliance at W24 included.
[1] EHA and ASH 2022 abstracts; [2] EHA 2023 article; [3] Rampal et al 2025 Nature Med, P3 Naïve W24, initial concerns blast phase progression; [4] ASH 2025 abstract

STRONG INTEREST IN MF ASSETS FROM STRATEGICS

Target / Acquiror	KARTOS THERAPEUTICS / IPSEN	Ajax THERAPEUTICS / Lilly	中国生物制药有限公司 SINO BIOPHARMACEUTICAL LIMITED / sanofi	KEROS THERAPEUTICS / Takeda	morphosys / NOVARTIS
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

SYNTARA

*** Prior to 2024:**
SOBI acquisition of Pacritinib from CTI for US$1.7B
GSK acquisition of Momelotinib from Sierra Oncology for US$1.9B

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 ruxolinitib (spleen response)

Optional Cohort B

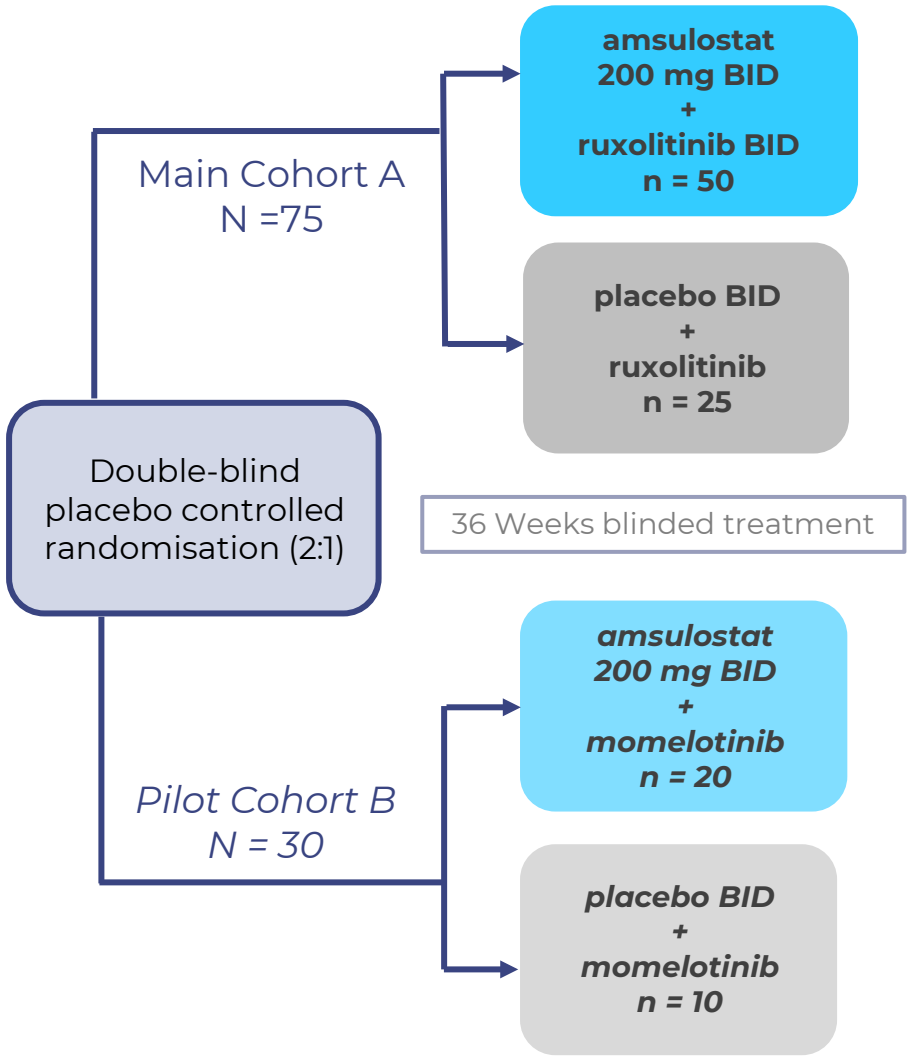
- Patients with MF with inadequate response to momelotinib

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: H1 2027
- 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.



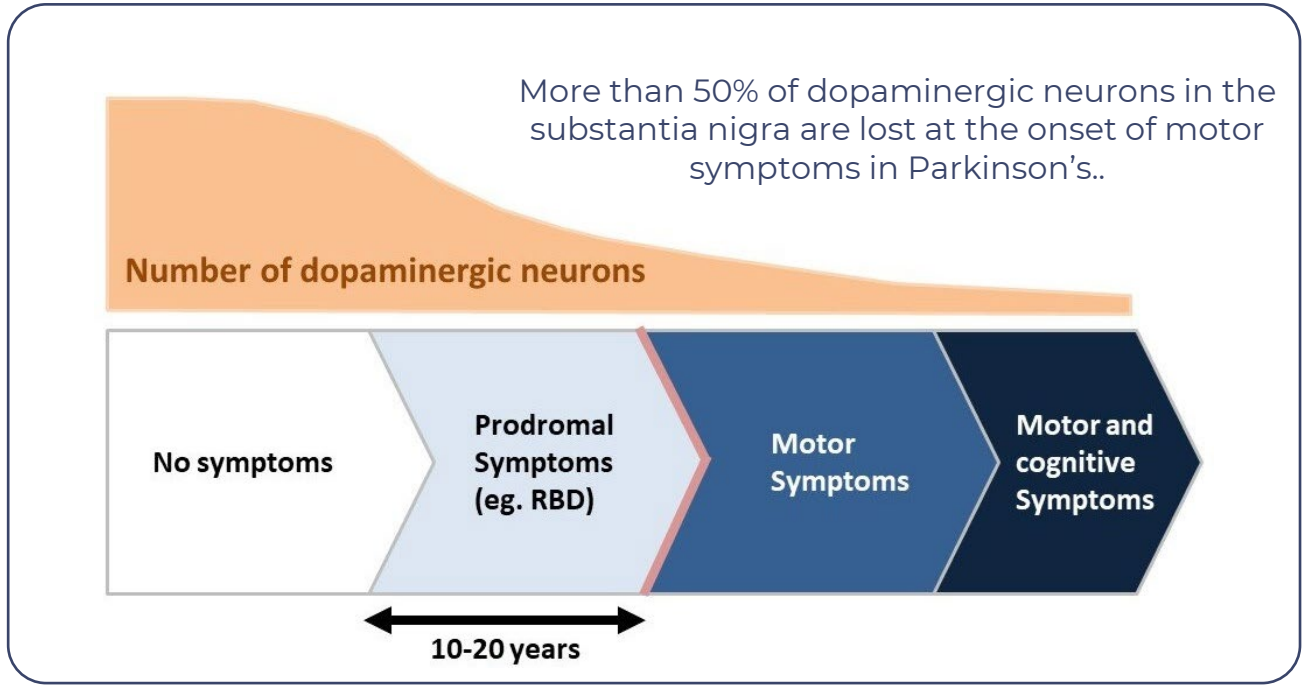
iRBD AND PARKINSON'S

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.



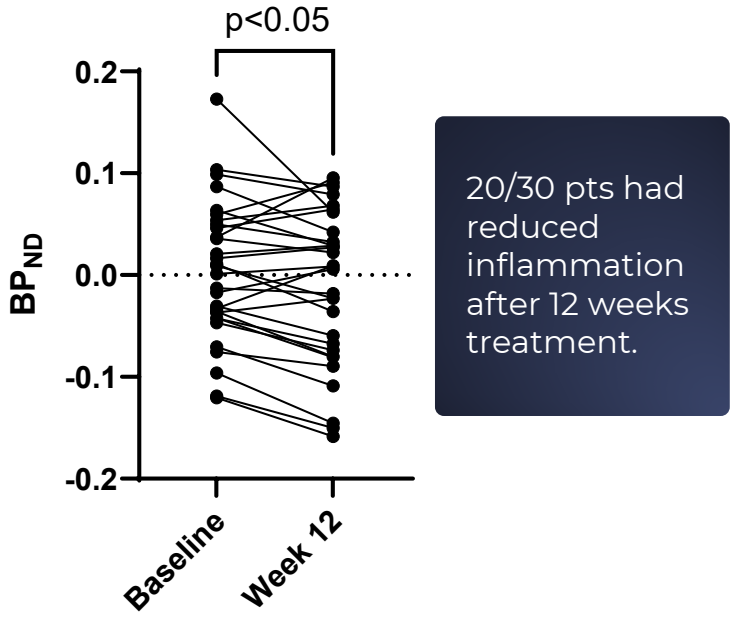
[1] *Risk and predictors of dementia and parkinsonism in idiopathic REM sleep behaviour disorder: a multicentre study;* doi: https://doi.org/10.1093/brain/awz030

REDUCTION IN INFLAMMATION

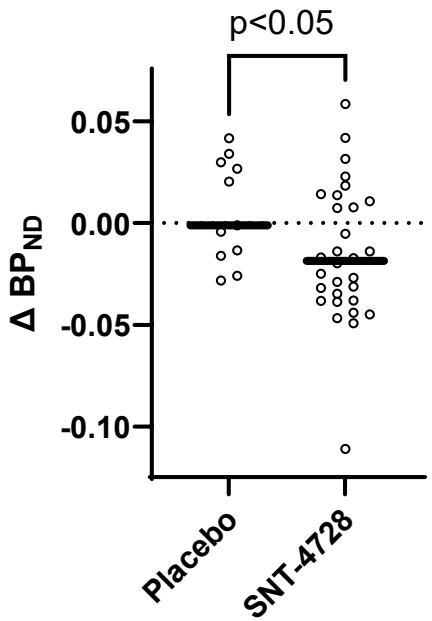
Statistically significant reduction in brain inflammation observed unilaterally in the putamen (p-value 0.0145)

- 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

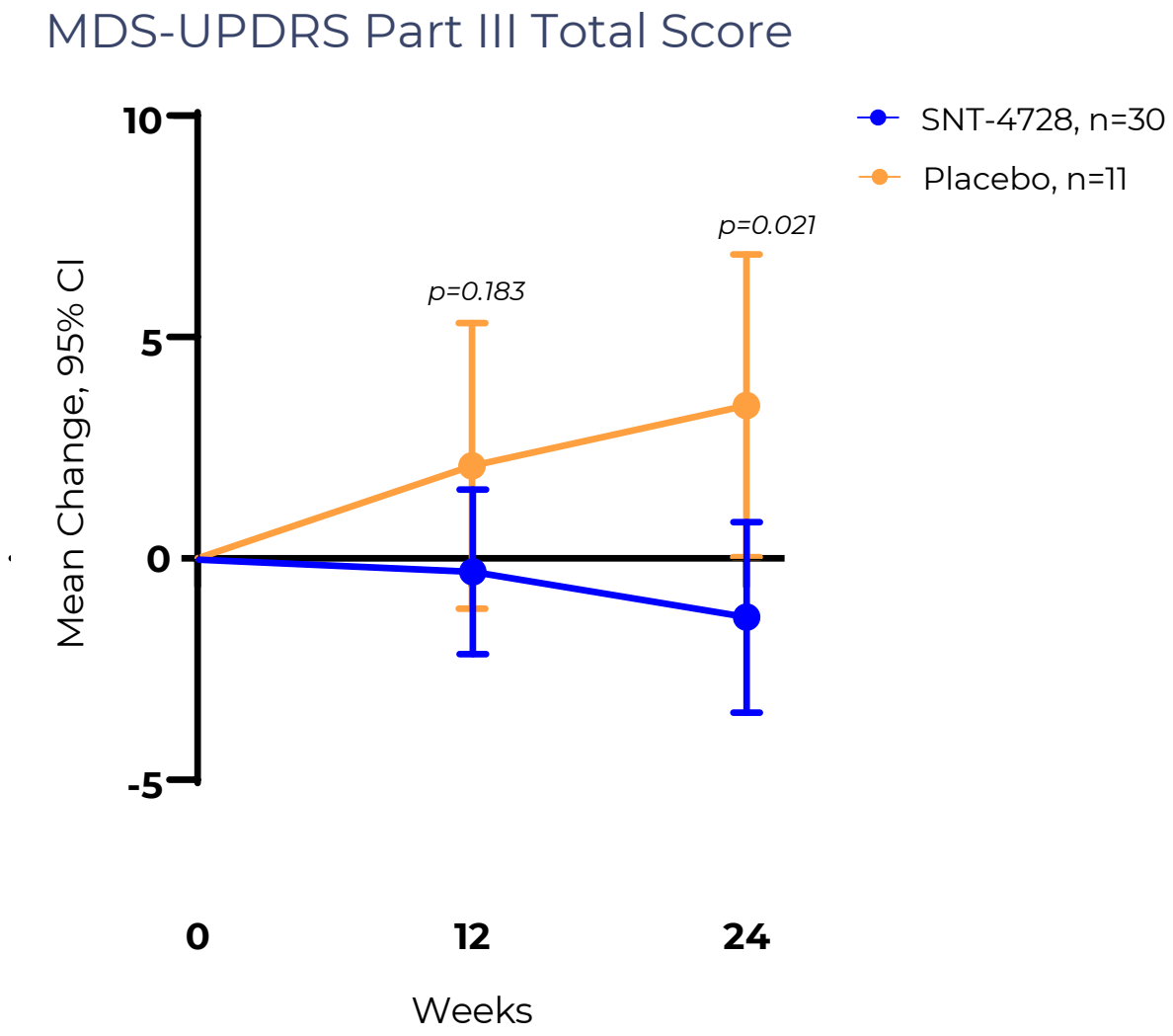
MDS-UPDRS

- 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.



p-values from 2- sample t-tests comparing treatment groups.

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	Partner engagement & trial funding discussions
		High Risk MDS AZALOX trial	Deutsche Krebshilfe	→	→			Interim safety and efficacy data Phase 2 initiation
		Low / Int Risk MDS MESSAGE trial	ALLG	→	→			Interim safety and efficacy data
		Pancreatic cancer FALCON trial	Garvan Institute of Medical Research	→	→			Investigator Study TBD
Topical Pan-LOX	SNT-9465	Hypertrophic scarring		→	→		Review of tolerability issues	
	SNT-6302	Keloid scarring	The University of Western Australia, Fiona Wood Foundation	→	→			Further UWA data publication expected.
Dual SSAO & MAO-B	SNT-4728	IRBD / Parkinson's Disease	In partnership with Parkinson's UK	→	→	→	Phase 2 Full Results	Partner engagement & trial funding discussions

SYNTARA

MDS: Myelodysplastic Syndrome; Int: Intermediate; IRBD: Isolated REM sleep Behaviour Disorder

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

http://syntaratx.com.au