

Aroa Biosurgery (ARX) – Investor Event

• • • UNLOCKING REGENERATIVE HEALING FOR EVERY*BODY*

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Agenda – H1 FY27 Sydney Investor Event

10:00 – 10:10am	Welcome
10:10 – 10:30am	Commercial Update
10:30 – 10:45am	Reimbursement Overview
10:45 - 11:00am	Symphony™ Update
11:00 – 11:15am	Break
11:15 – 11:45am	Myriad™ MASTRR Registry Research Outputs
11:45am – 12:00pm	TELA Bio Update
12:00 – 12:15pm	Questions & Answers
12:15 - 12:30pm	Closing Remarks
12:30pm	Finish



CHIEF COMMERCIAL OFFICER

Michael Lynskey

10:10 - 10:30AM

Commercial Update

Commercial capability expanded

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LEADERSHIP

Michael Lynskey
Chief Commercial Officer
Leads global commercial growth

Mike Falcon
GM, US Commercial
Leads the US commercial organisation

GLOBAL DISTRiBUTION

Global scalability
Global marketing
Partners/Distributors

LEADERSHIP EXPECTATIONS

Operating discipline
Accountability
US scalability

FUNCTIONAL ALIGNMENT

Sales
Marketing
Training
Medical affairs
Strategic accounts
Market access

GROWTH DRIVERS

New accounts
Active surgeon users
Repeat utilisation
Account depth
New-cohort ramp

AROA Commercial Framework

PURPOSE

Regenerative healing for everybody – a bioscaffold from New Zealand, at a price health systems can afford

1

Protect and grow Myriad in acute care

Be the default for complex soft-tissue reconstruction

2

Win the Symphony reimbursement reset

Growth in 2026 and 2027, evidence-led and coverage-ready for the LCD relaunch

3

Build a strong OUS business

Focus on top 6 markets, reset our distributor book. Myriad Ultra launch plan

4

Improve the economics

Sales productivity, margin and channel discipline, leveraging partnerships

Enablers: people and leadership · commercial dashboard and data · brand and the NZ science story

Three Commercial Priorities

Accelerate the growth engine

- Myriad leading market growth in acute surgical reconstruction
- Meshed launch, and contract expansions
- A value story grounded in measured hospital savings

Capture opportunity windows

- Market disruption creating opportunities to win share, accounts and talent
- Distribution growth on our terms, partnering where we lack the channel
- Enterprise partners to grow outpatient reach

Build protected beachheads

- Use Symphony evidence to win coverage decisions
- The New Zealand provenance brand story
- Aroa and Myriad expansion internationally

Myriad drives growth today, while we build Symphony and OUS markets for the next phase

Commercial Momentum in H1 FY27

Myriad leads growth and an improved commercial engine is being built to enable us to scale

57% increase

Myriad revenue growth on PCP

NZ$56m

H1 total revenue, 24% growth on PCP

474

Total US hospital accounts

2026 EXECUTION PROGRESS

- A disciplined commercial operating system: business planning, funnel management, forecasting and coaching
- Marketing brought under Commercial Team, with a New Zealand brand story and customer journey focus
- A value story built on measured hospital cost savings

PARTNERING FOR GROWTH

- Exclusive US co-promotion agreement with Mölnlycke for Endoform in post-acute settings (October 2026)
- Aroa keeps Endoform ownership, manufacturing and supply
- Frees our direct team to focus on Myriad in surgery and Symphony in outpatient wound care

AROA BIOSURGERY

Questions & Answers





DIRECTOR – MARKET ACCESS

Zachary Bridges

10:30 – 10:45AM

Reimbursement Overview

Inpatient Reimbursement | Myriad Matrix & Morcells

Medicare pays the hospital for the overall stay—not separately for each product used.

1

Patient admitted

Clinical diagnosis, procedures and severity determine the MS-DRG

2

Hospital treats wound

Myriad is used as part of inpatient care; its cost is a hospital supply expense

3

Medicare pays hospital

A case-based MS-DRG payment covers the inpatient stay, subject to adjustments

KEY TAKEAWAY **No change to Myriad's inpatient payment framework**

Source: CMS, FY 2027 IPPS Final Rule; CMS Medicare Payment Systems; CMS Acute Inpatient PPS.

Outpatient Reimbursement | Symphony

Separate product and application payments in both outpatient settings

CY 2026 MEDICARE PAYMENT FRAMEWORK

PHYSICIAN OFFICE | MPFS	HOSPITAL OUTPATIENT | OPPS
$127.14 / cm²	**$127.14 / cm²**
Symphony product payment	**Symphony product payment**
Separate payment for eligible application procedure	Separate payment for eligible application procedure
Replaces ASP-based product pricing	Replaces bundled high-/low-cost product payment

INVESTOR TAKEAWAY | Standardized product reimbursement across outpatient sites of care

Source: CMS, FY 2027 IPPS Final Rule; CMS Medicare Payment Systems; CMS Acute Inpatient PPS.

Traditional Medicare and Medicare Advantage:
Coverage is the next gate to access

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Traditional Medicare

CMS national rules + applicable regional guidelines establish coverage criteria.

Where no coverage guideline applies, claims are assessed under broader medical-necessity rules.

Medicare Advantage

Provided by private insurers; designed to mirror Medicare benefits.

Plans must follow applicable regional Medicare coverage guidelines

Where Medicare criteria are not fully established, plans may use publicly accessible evidence-based internal criteria.

An applicable guideline is a coverage framework – not automatic approval of every product or every claim.

Source: CMS, FY 2027 IPPS Final Rule; CMS Medicare Payment Systems; CMS Acute Inpatient PPS.

A national coverage guideline and private-payer outreach are complimentary

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1

National Medicare policy will create consistency

Could reduce geographic variation and establish more consistent clinical evidence expectations across Medicare and Medicare Advantage.

2

Engage major private insurers

Some of the largest payers managing non-Medicare patients also own a significant portion of the Medicare Advantage market

UnitedHealth Group (30%), Humana (19%), CVS (Aetna) (12%), Elevance Health (5%), 6. Centene (4%), Cigna (2%), Blue Cross Blue Shield of Michigan (2%), Highmark (1%), SCAN (1%).

Payers targeted in current AROA outreach efforts include national and large regional plans covering 85% of the US covered lives

Source: CMS, FY 2027 IPPS Final Rule; CMS Medicare Payment Systems; CMS Acute Inpatient PPS.

What this all means for AROA and Symphony in the outpatient setting

Reimbursement uncertainty

- In the face of increasing scrutiny providers are looking for greater reimbursement certainty ("will my patient's claim be approved?")
- The fear of CMS audits have further put the pressure on providers who want to use skin substitutes

How Symphony Reduces the Uncertainty

- Symphony has a unique product-specific billing code: A2009
- Strong signals from CMS/MACs and private payors that robust RCT evidence will be a pre-requisite for coverage. Symphony has an RCT.

Many products have left the market due to high cost, or the absence of a product-specific billing code and/or RCT evidence

Source: CMS, FY 2027 IPPS Final Rule; CMS Medicare Payment Systems; CMS Acute Inpatient PPS.

Symphony: An evidence-led path

Evidence is what unlocks the market

DONE → **Jan 2026**

CMS moves skin substitutes to a flat rate of US$127.14/cm² of wound treated

DONE → **Mar 2026**

Symphony DFU RCT meets its primary endpoint

NEXT → **Nov 2026**

Clinical evidence submitted to Medicare contractors

AHEAD → **2027**

Private payer listings and outpatient volume through partners

AHEAD → **2028**

Differentiated reimbursement opportunity

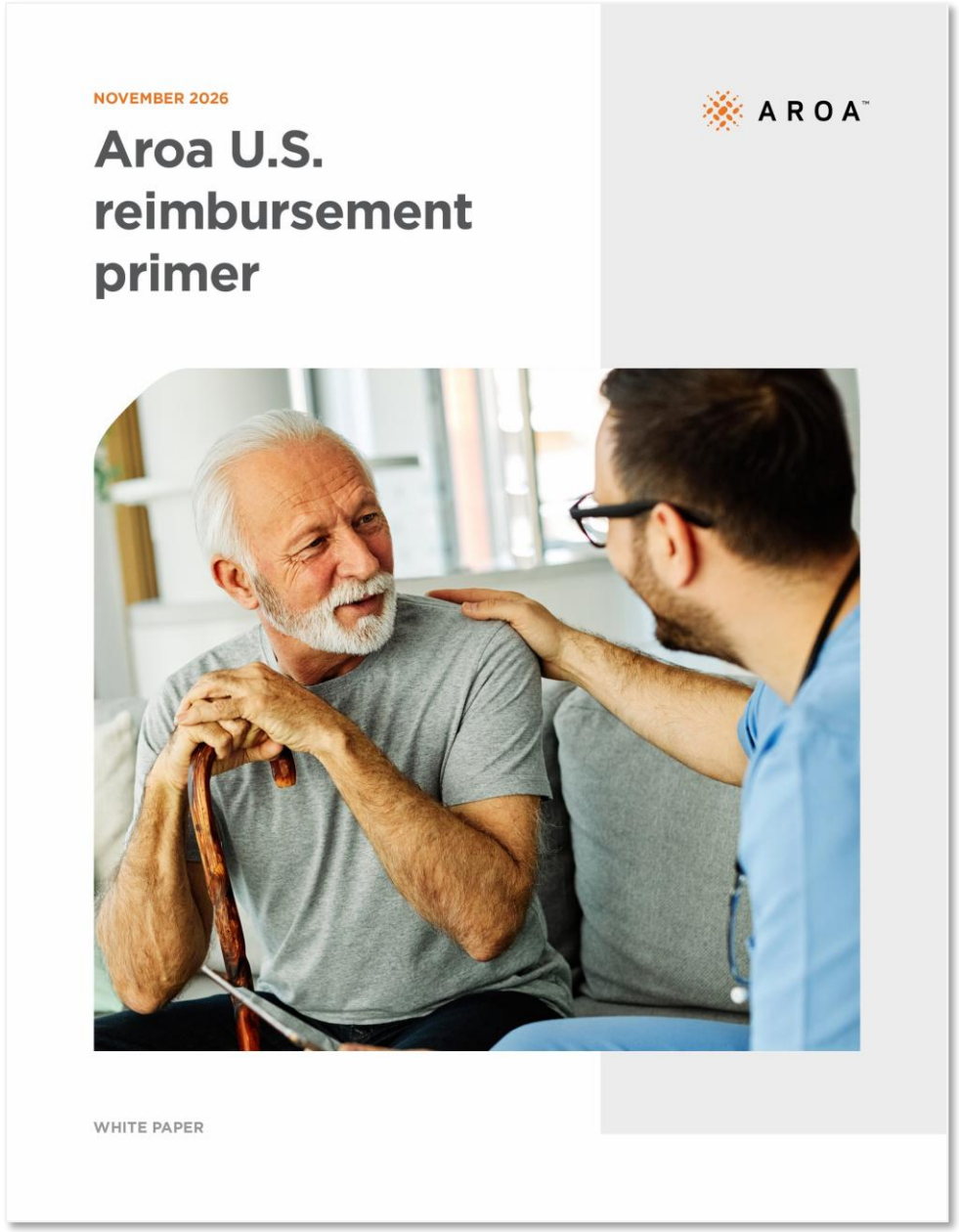
MEDICARE

With a flat payment rate, evidence rather than price will now decide coverage. We are submitting Symphony's RCT data to each Medicare contractor.

PRIVATE PAYERS

We are using the DFU RCT to seek positive coverage listings with the largest US commercial payers.

Channel partnerships supporting growth through 2027 in preparation for LCD relaunch



This paper covers the reimbursement pathways for Myriad Matrix and Myriad Morcells used in inpatient care, and Symphony in outpatient care.

It is intended to help investors understand how these arrangements affect purchasing decisions and product adoption.

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Scan the QR code to access the Aroa U.S. reimbursement primer.

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Questions & Answers



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CHIEF SCIENTIFIC OFFICER

Barnaby C. H. May
Ph.D.

10:45 - 11:00AM

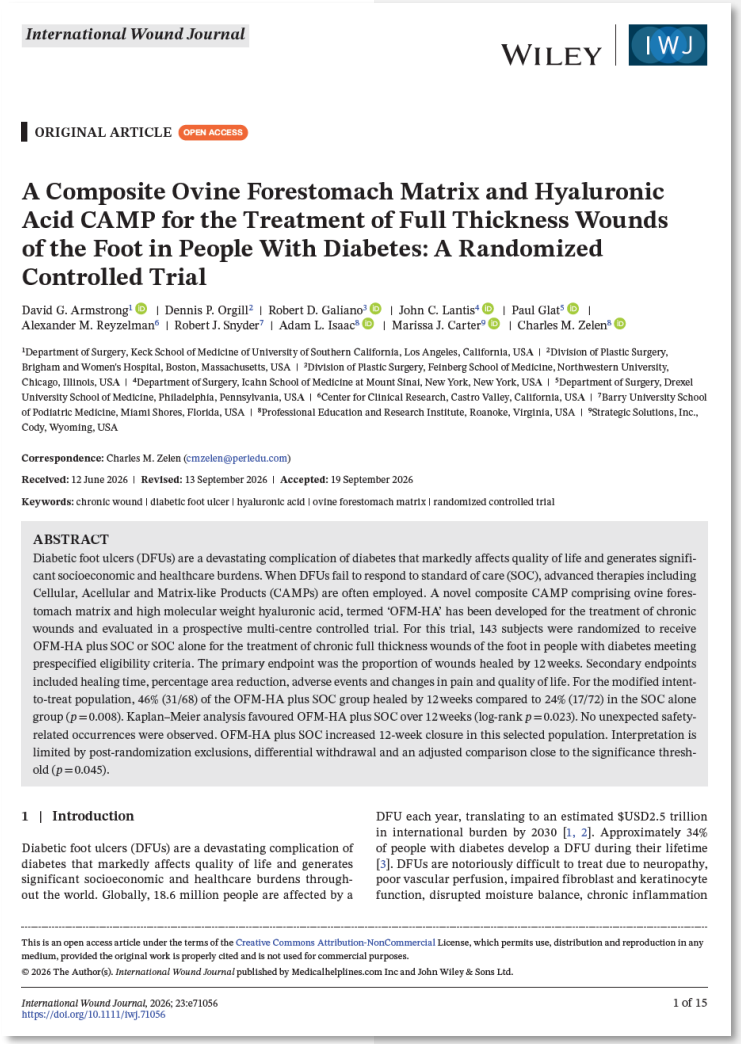
Symphony Update

SYMPHONY

Armstrong et al | RCT

A Composite Ovine Forestomach Matrix and Hyaluronic Acid CAMP for the Treatment of Wagner Grade 1 and 2 Diabetic Foot Ulcers: A Randomized Controlled Trial

David G. Armstrong, Dennis P. Orgill, Robert D. Galiano, John C. Lantis, Alexander M. Reyzelman, Robert J. Snyder, Adam L. Isaac, Marissa J. Carter, Charles M. Zelen



International Wound Journal

WILEY | IWJ

ORIGINAL ARTICLE OPEN ACCESS

A Composite Ovine Forestomach Matrix and Hyaluronic Acid CAMP for the Treatment of Full Thickness Wounds of the Foot in People With Diabetes: A Randomized Controlled Trial

David G. Armstrong[1] | Dennis P. Orgill[2] | Robert D. Galiano[3] | John C. Lantis[4] | Paul Glat[5] | Alexander M. Reyzelman[6] | Robert J. Snyder[7] | Adam L. Isaac[8] | Marissa J. Carter[9] | Charles M. Zelen[8]

[1]Department of Surgery, Keck School of Medicine of University of Southern California, Los Angeles, California, USA | [2]Division of Plastic Surgery, Brigham and Women's Hospital, Boston, Massachusetts, USA | [3]Division of Plastic Surgery, Feinberg School of Medicine, Northwestern University, Chicago, Illinois, USA | [4]Department of Surgery, Icahn School of Medicine at Mount Sinai, New York, New York, USA | [5]Department of Surgery, Drexel University School of Medicine, Philadelphia, Pennsylvania, USA | [6]Center for Clinical Research, Castro Valley, California, USA | [7]Barry University School of Podiatric Medicine, Miami Shores, Florida, USA | [8]Professional Education and Research Institute, Roanoke, Virginia, USA | [9]Strategic Solutions, Inc., Cody, Wyoming, USA

Correspondence: Charles M. Zelen (cmzelen@perfedu.com)

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Keywords: chronic wound | diabetic foot ulcer | hyaluronic acid | ovine forestomach matrix | randomized controlled trial

ABSTRACT

Diabetic foot ulcers (DFUs) are a devastating complication of diabetes that markedly affects quality of life and generates significant socioeconomic and healthcare burdens. When DFUs fail to respond to standard of care (SOC), advanced therapies including Cellular, Acellular and Matrix-like Products (CAMPs) are often employed. A novel composite CAMP comprising ovine forestomach matrix and high molecular weight hyaluronic acid, termed 'OFM-HA' has been developed for the treatment of chronic wounds and evaluated in a prospective multi-centre controlled trial. For this trial, 143 subjects were randomized to receive OFM-HA plus SOC or SOC alone for the treatment of chronic full thickness wounds of the foot in people with diabetes meeting prespecified eligibility criteria. The primary endpoint was the proportion of wounds healed by 12 weeks. Secondary endpoints included healing time, percentage area reduction, adverse events and changes in pain and quality of life. For the modified intent-to-treat population, 46% (31/68) of the OFM-HA plus SOC group healed by 12 weeks compared to 24% (17/72) in the SOC alone group ($p = 0.008$). Kaplan–Meier analysis favoured OFM-HA plus SOC over 12 weeks (log-rank $p = 0.023$). No unexpected safety-related occurrences were observed. OFM-HA plus SOC increased 12-week closure in this selected population. Interpretation is limited by post-randomization exclusions, differential withdrawal and an adjusted comparison close to the significance threshold ($p = 0.045$).

1 | Introduction

Diabetic foot ulcers (DFUs) are a devastating complication of diabetes that markedly affects quality of life and generates significant socioeconomic and healthcare burdens throughout the world. Globally, 18.6 million people are affected by a DFU each year, translating to an estimated $USD2.5 trillion in international burden by 2030 [1, 2]. Approximately 34% of people with diabetes develop a DFU during their lifetime [3]. DFUs are notoriously difficult to treat due to neuropathy, poor vascular perfusion, impaired fibroblast and keratinocyte function, disrupted moisture balance, chronic inflammation

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SYMPHONY PROLIFERATIVE BIOSCAFFOLD

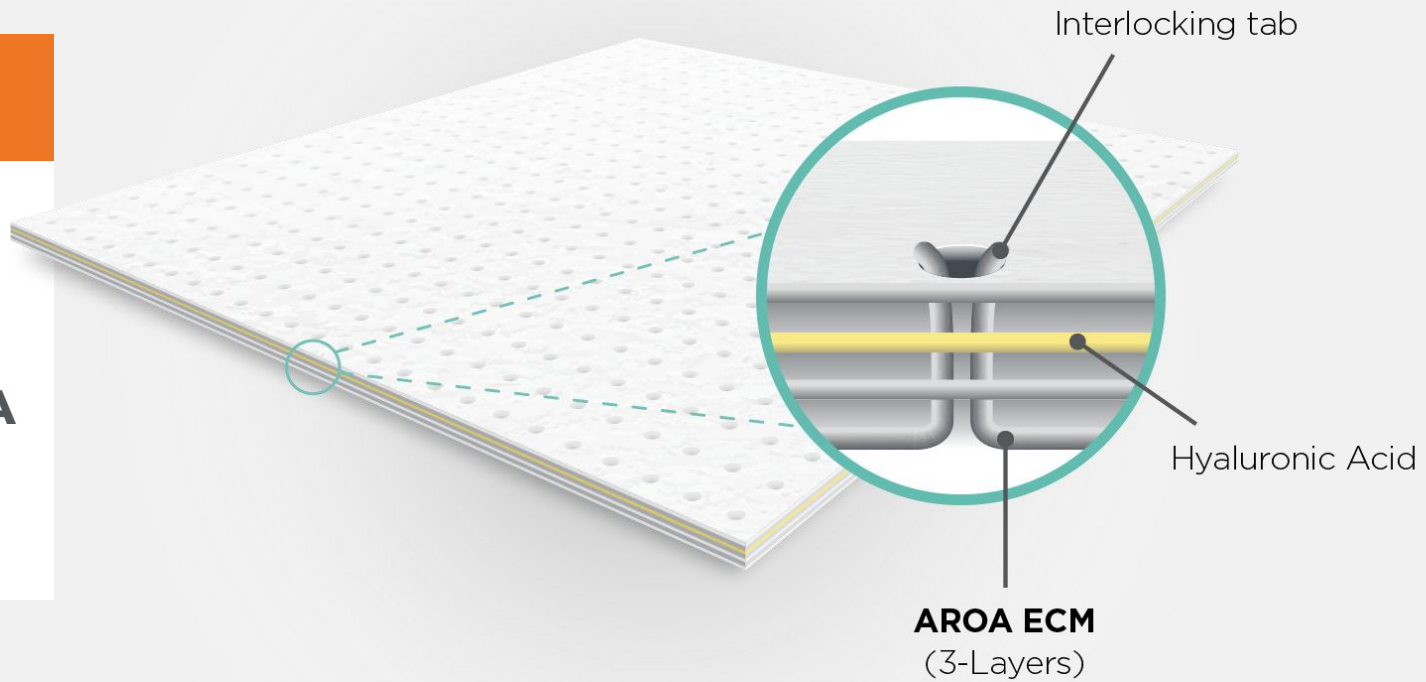
For advanced wound closure

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What is Symphony?

Symphony is an **advanced composite cellular and tissue product** (CTP), comprising **layers of AROA ECM**, with a **layer of hyaluronic** acid





ARMSTRONG ET AL | RCT

Study snapshot

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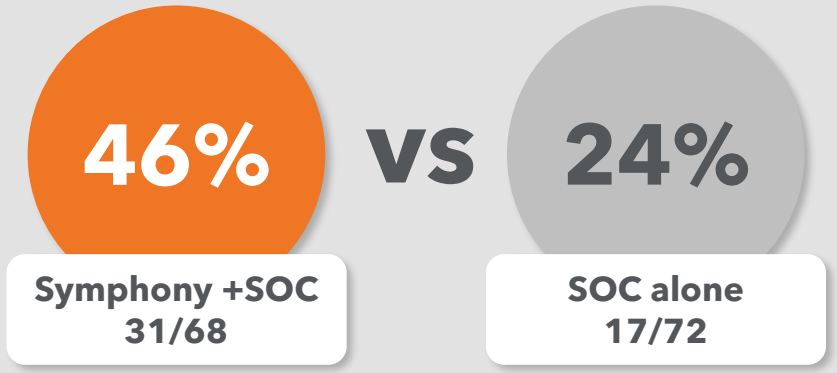
Design	Population	Control	Intervention	Endpoints
Prospective, multicenter, parallel-group **Randomized Controlled Trial**	Adults with chronic **Wagner Grade 1 and 2** DFUs	**Standard of care (SOC) alone**	**Symphony + SOC**	**Proportion of patients healed after 12-weeks** Time to heal, PAR, AEs, QoL

Endpoints

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Incidence of closure at 12-weeks

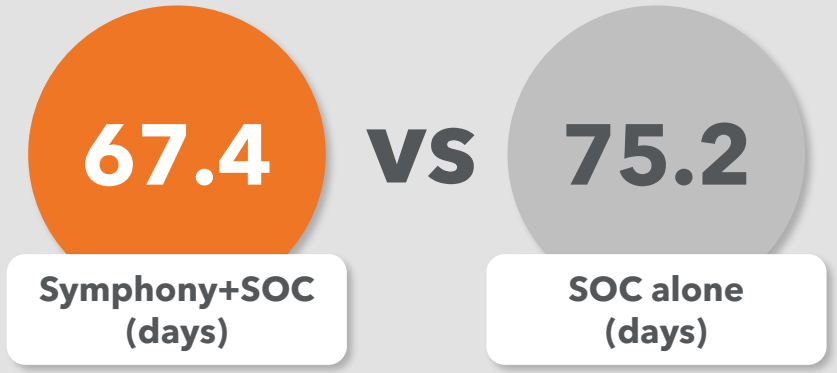
mITT: p=0.008



Significantly **increased incidence of wound closure** – 57% more DFUs closed with **Symphony + SOC** vs SOC alone

Time to closure

mITT: p=0.023



Significantly **reduced time to wound closure** – closure reduced by 7.8 days

What this means

Confidence
from RCT study design, CRO & authors

Demonstrates efficacy
which is important for adoption

Audit Defensibility
product choice is clinical and not financial

Supports Payor Coverage
CMS/MACs & private payors

Supports Value Analysis Committee Processes
enabling hospital adoption

Unlocks Sales

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CHIEF SCIENTIFIC OFFICER

Barnaby C. H. May
Ph.D.

11:15AM – 11:45AM

Myriad MASTRR Registry Research outputs

MYRIAD AUGMENTED SOFT TISSUE RECONSTRUCTION REGISTRY (MASTRR)

A Registry of prospective Myriad data

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WHY MASTRR?

- Build clinical evidence on the safety and performance of Myriad Matrix and Myriad Morcells across soft tissue reconstruction.
- Support clinician confidence and adoption with evidence that reflects the patients and procedures seen in everyday practice.

ADVANTAGES OF THE REGISTRY

Reflects real clinical practice

Broad eligibility captures diverse patients and procedures.

Generates multiple evidence outputs

Pooled data and subgroup analyses by procedure, site or patient type.

Builds evidence over time

Prospective follow-up supports outcome assessment and safety surveillance.

MASTRR REGISTRY

Current metrics

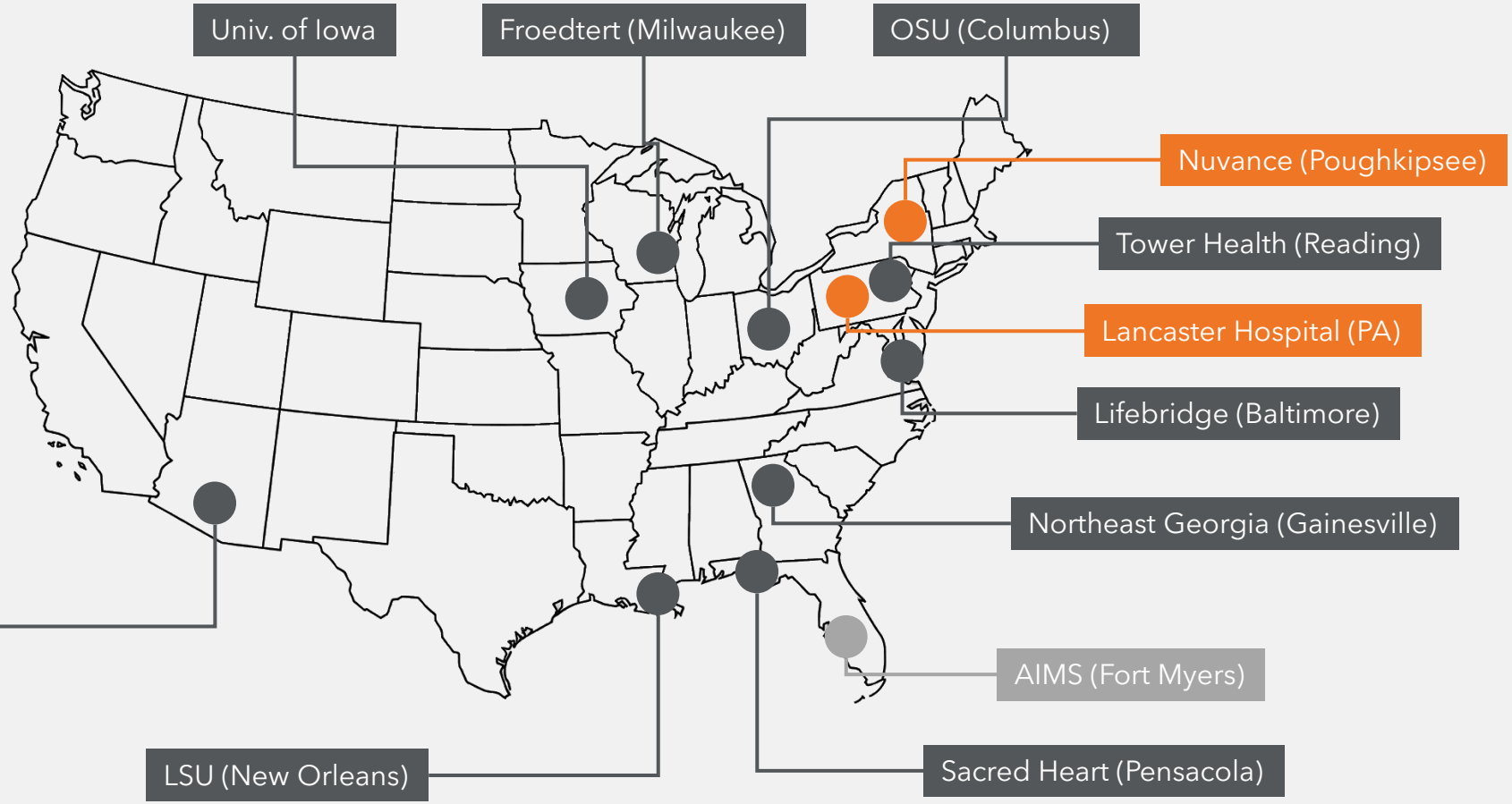
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12/15 Sites

578/800 Subjects

Site Focus Area:

- Trauma/Burn
- Colorectal
- Lower Extremity



Research Outputs

1. **Lawlor et al**
   Complex lower extremity reconstruction
2. **Cormican et al**
   Trauma and acute care
3. **Nasseri et al**
   Comparative pilonidal sinus reconstruction
4. **Trinh et al**
   Enterocutaneous fistula
5. **Trinh et al**
   Pressure injury reconstruction
6. **Kennedy et al**
   Partial thickness burns
7. **Short et al**
   Interim safety analysis

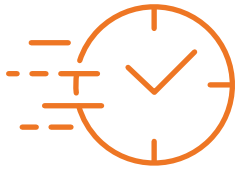
Limb reconstruction in a high-risk population

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120
patients

130
lower-extremity defects

- **91%** had diabetes.
- **89%** had vascular disease.
- **94%** of defects were contaminated (CDC class III).



30
DAYS

Median time to vascularized tissue coverage



0
REPORTED

Deep tissue infections or amputations during study follow-up



1

Median product application

Comparative cost analysis suggests Myriad could reduce the overall cost of care

Lawlor et al. PRS Global Open (2024), 12:e6406. doi:10.1097/GOX.0000000000006406.

Evidence relevant to challenging limb-salvage reconstruction

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FOR SURGEONS AND PATIENTS

Gives further confidence for the use of Myriad in complex contaminated lower extremity reconstructions

Relatively low rate of post-operative complications reduces surgical complexity and patient burden

FOR AROA

Further strengthens Myriad's clinical evidence in complex limb-salvage procedure

Overlap into orthopaedic and trauma procedures

Lawlor et al. PRS Global Open (2024), 12:e6406. doi:10.1097/GOX.0000000000006406.

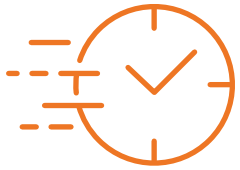
Healing and scar outcomes in deep partial-thickness burns

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22
Patients

49
Burns

- Median burn area: **129 cm²**
- Median burned body surface area: **9%**



16
DAYS

Median time to closure



5 / 5

Median patient scar satisfaction

Higher scores are more favorable



1

Median product application

Kennedy et al. Cureus (2026), 18:e105987. doi:10.7759/cureus.105987.

A burn-care proposition beyond wound closure

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FOR BURN TEAMS AND PATIENTS

Complication free healing of deep partial thickness burns

Healing and patient-rated scar satisfaction provide a broader basis for evaluating treatment

FOR AROA

Adds specialty-specific evidence for burn-center adoption

First prospective quantification of aesthetic outcomes provides a basis for discussion of tissue quality after healing

Opens potential burns market opportunity

Kennedy et al. Cureus (2026), 18:e105987. doi:10.7759/cureus.105987.

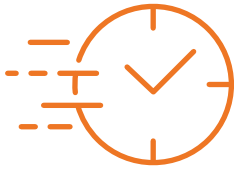
Vascularized tissue coverage in complex surgical defects

AROA™

49
patients

61
defects across four level I trauma centers

- Median area: **100 cm².**
- **Exposed bone or tendon in 20% of defects.**



22.5
DAYS

Median time to vascularized coverage or tissue fill



1
APPLICATION

Median product use per defect

Four superficial infections. No deep infections or graft loss reported.

Cormican et al. J Trauma Inj (2026), 39:42-51. doi:10.20408/jti.2025.0090.

Myriad fits several routes to definitive closure

FOR TRAUMA AND ACUTE-CARE TEAMS AND PATIENTS

Confidence to use in complex contaminated volumetric defects

Demonstrates low complication rate and rapid tissue coverage

FOR AROA

Further builds Myriad evidence in trauma/acute care

Supports both Matrix and Morcells use in trauma care, including combined use for irregular or tunneling defects

Cormican et al. J Trauma Inj (2026), 39:42-51. doi:10.20408/jti.2025.0090.

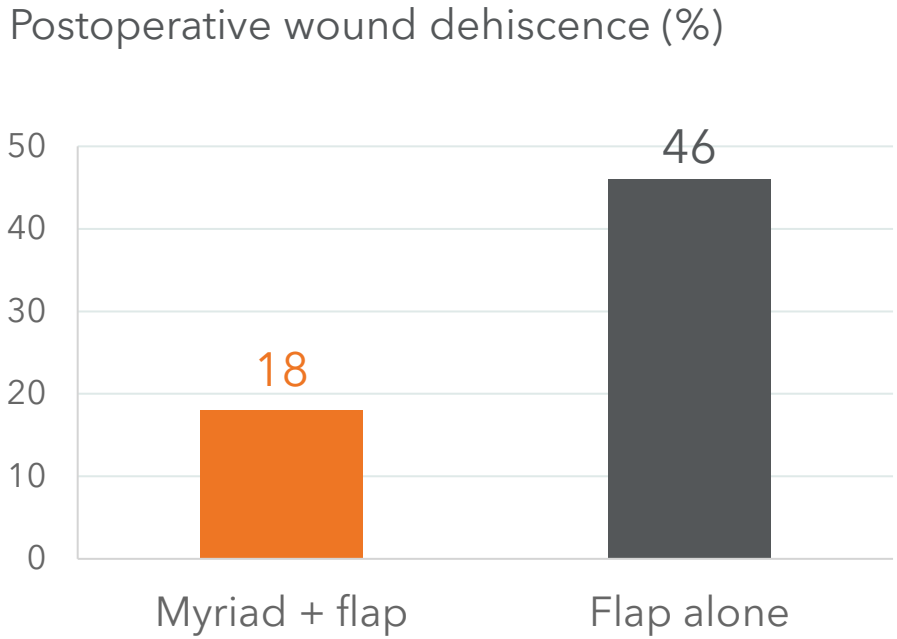
Less wound breakdown after flap reconstruction

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46
patients enrolled with Myriad

vs

48
historical controls



28

percentage-point difference

8/45 vs 22/48
Cox analysis p=0.005

Nasseri et al. Cureus (2025), 17:e96775. doi:10.7759/cureus.96775.

A clinical case for supporting flap closure

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FOR SURGEONS, HOSPITALS AND PATIENT

Myriad Matrix is indicated for implantation to reinforce soft tissue – providing greater product utility to surgeons

Lower observed dehiscence addresses a complication that can prolong recovery, postoperative wound care and patient burden

FOR AROA

Evidences the surgical utility of Myriad beneath a surgical tissue flap

Supports the larger opportunity in closed surgical incisions were surgical dead space presents a common challenge

Nasseri et al. Cureus (2025), 17:e96775. doi:10.7759/cureus.96775.

Safety evidence across multiple surgical specialties

411
patients

474
defects

10
US sites

- **89%** of defects were clean-contaminated or contaminated.

0.7%

Deep tissue infections

3 events across
411 patients

2.9%

Superficial infections

12 events across
411 patients

One probably device-related adverse event. None definitely device-related.

Short et al. Advances in Therapy (2026). doi:10.1007/s12325-026-03768-0.

A broader basis for hospital adoption

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FOR SURGEONS AND HOSPITAL TEAMS

Prospective safety data across complex cases can help address concerns about post-operative complications

FOR AROA

Largest in-patient safety analysis of a bioscaffold in complex reconstruction

Evidences the value of Myriad in the context of costly post-operative complications

Short et al. Advances in Therapy (2026). doi:10.1007/s12325-026-03768-0.

What this means

Confidence
(in contaminated and complex cases)

Competitive differentiation

Unlocks the conservative/sceptical early majority

Supports case for hospital value-analysis approvals

Potential health-economic impact

Shorter sales cycles



FOUNDER AND CHIEF EXECUTIVE OFFICER

Brian Ward

BVSc MBA

11:45AM - 12:00PM

TELA Bio Update

OVITEX

Reinforced tissue matrix designed for hernia & soft tissue reinforcement

- Short term reinforcement (PGA)
- Permanent reinforcement (PP)

- **Functional tissue restoration driven by AROA ECM**

- Range of sizes and shapes
- Laparoscopic or open procedures



Extensive clinical experience with long term follow-up exceeding 8 years

22
Published studies

1300+
Published subjects

Types of abdominal wall reinforcement

19	Ventral hernia
2	Inguinal hernia
2	Hiatal hernia

Types of research studies

2	Meta-analysis
2	Prospective single arm
6	Retrospective comparative

OVITEX

Extensive clinical experience with long term follow-up exceeding 8 years

Lower hernia recurrence: A meta-analysis of four comparative studies found OviTex was associated with a 55% lower risk of recurrence versus synthetic or other biologic meshes.[1]

Durable repair and improved quality of life: BRAVO reported an estimated 2.6% recurrence risk at two years, alongside sustained improvements in patient-reported quality of life.[2]

Comparable outcomes in higher-risk patients: OviTex achieved similar complication and recurrence rates to synthetic mesh despite use in patients with substantially greater risk and wound contamination.[3]

Resilience to infection: In a complex abdominal reconstruction study, no patients required mesh removal for persistent infection, despite infections reaching the mesh in 16 patients.[4]

1. Lima DL, Morais MC, Graziani E Sousa A, da Silva de Almeida LM, Graciolli L, Parra-Davila E, Morales-Conde S, Malcher F. Efficacy and safety of ovine reinforced tissue matrix for ventral hernia repair: a systematic review and meta-analysis. Hernia. 2026 Sep 5;30(1):341. 2. DeNoto G 3rd, Ceppa EP, Pacella SJ, Sawyer M, Slayden G, Takata M, Tuma G, Yunis J. 24-Month results of the BRAVO study: A prospective, multi-center study evaluating the clinical outcomes of a ventral hernia cohort treated with OviTex® 1S permanent reinforced tissue matrix. Ann Med Surg (Lond). 2022 Sep 27;83:104745. 3. Parker MJ, Kim RC, Barrio M, Socas J, Reed LR, Nakeeb A, House MG, Ceppa EP. A novel biosynthetic scaffold mesh reinforcement affords the lowest hernia recurrence in the highest-risk patients. Surg Endosc. 2021 Sep;35(9):5173-5178. 4. Timmer AS, Claessen JJM, Brouwer de Koning IM, Haenen SM, Belt EJT, Bastiaansen AJNM, Verdaasdonk EGG, Wolffenbuttel CP, Schreurs WH, Draaisma WA, Boermeester MA. Clinical outcomes of open abdominal wall reconstruction with the use of a polypropylene reinforced tissue matrix: a multicenter retrospective study. Hernia. 2022 Oct;26(5):1241-1250.

OVITEX PRS

Early clinical experience promising

3

Published studies

~200

Published subjects

Comparable reconstruction outcomes: OviTex showed similar complication rates and reconstruction success to AlloDerm and Cortiva.[1]

Lower product costs: OviTex cost 38% less than AlloDerm and 24% less than Cortiva, supporting its value proposition for hospitals.[1]

Improved implant softness after revision surgery: 97% of OviTex-treated breasts achieved a soft, natural-feeling result, versus 73% with Strattice, following treatment for severe scar tightening around implants.[2]

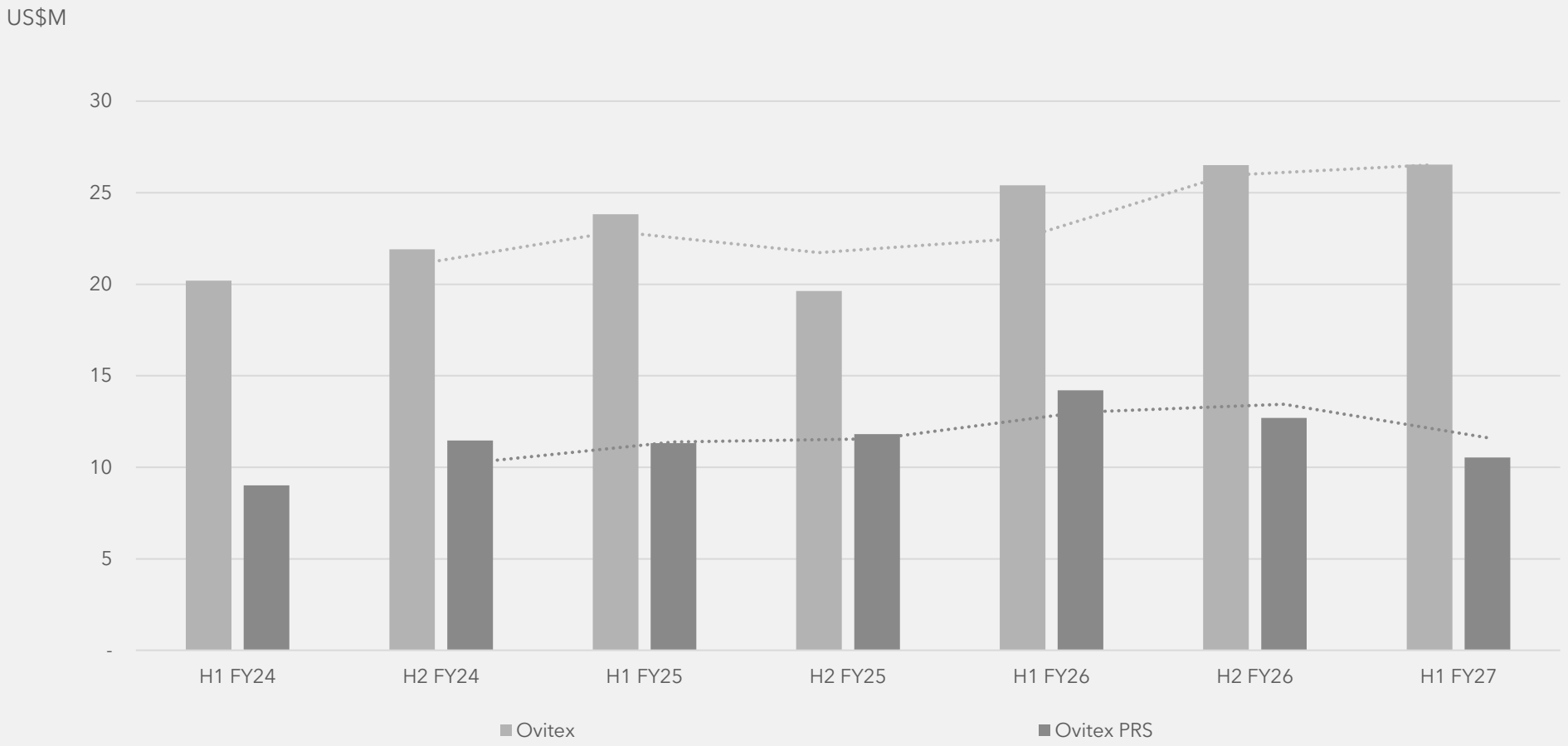
Additional cost advantage: OviTex material costs approximately 19% lower per cm^2 than Strattice.[2]

Low complication rates: Among 134 OviTex-treated breasts, fluid collections occurred in 3% and no hematomas were reported.[3]

An encouraging early evidence base: The studies support potential clinical and cost advantages across reconstruction and revision surgeries.

1. Sweitzer K, Arias-Camison R, Cafro C, Langstein H. The Use of Reinforced Ovine Mesh in Implant Breast Reconstruction: Equivalent Outcomes to Human Acellular Dermal Matrices and More Cost-effective. Ann Plast Surg. 2024 Dec 1;93(6):664-667. 2 Harfouche CJ, Brucker MJ, Pacella SJ. A Comparison of Ovine-Reinforced Hybrid Mesh (OviTex PRS) With Porcine Acellular Dermal Matrix (STRATTICE) in the Treatment of Advanced Breast Implant Capsular Contracture. Aesthet Surg J Open Forum. 2024 Aug 20;6:ojae068. 3. Paliwoda ED, Shihadeh H, Awad AN, Roth MZ. Clinical Outcomes of Ovine-Reinforced Hybrid Mesh (OviTex) in Alloplastic Breast Reconstruction. Ann Plast Surg. 2026 May 1;96(Suppl 5):S348-S352.

Ovitex sales



OVITEX

Six months of material change

AROA™

30 APR

Board reset

EW Healthcare influence increases

AUG

CEO transition

Antony Koblish, Founder & CEO exits
Heather Getz appointed CEO

31 AUG

Cost programme

~20% headcount reduction
~US$17m annualised savings target

SEP-OCT

Covenant relief

Revenue covenant waivers for Sep and Dec quarters

NEXT 6-12 months

Mode change

Set-up for longer cash runway & operational gains

OVITEX

CY Q3 performance

AROA™

Q3 REVENUE

US$19.0m -8% YoY

US HERNIA REVENUE

Up sequentially Q3 trend

INTERNATIONAL REVENUE

+18% YoY Q3 trend

CASH AT 30 SEP

US$22.7m US$7.7m Q/Q use

CURRENT DEBT

US$60m at 30 Sep

Investor read-through

Commercially, hernia and international trends are positive, while PRS requires stabilization.
Need a durable solution for debt covenant obligations.
The cost reset is now visible and has materially improved the runway.

Supply revenue with risk

The relationship provides attractive supply economics

AROA ECM™

Underlying biomaterial platform, IP and know-how

MANUFACTURE

New Zealand production and high-margin supply

TELA BIO

Commercialisation, contracting and field execution

SURGEON ADOPTION

OviTex / OviTex PRS procedures and clinical outcomes

Protected value

AROA retains the core technology, manufacturing capability and economic participation in OviTex sales.

At-risk value

Near-term revenue depends on TELA orders, inventory movement, pricing and field execution.

OVITEX

Three plausible future scenarios

A – OPERATING RECOVERY	TELA converts the completed cost reset into sequential quarterly growth, trades through 2027 and raises further capital
B – RECAPITALISATION / STRATEGIC INVESTMENT	TELA secures a debt amendment, refinancing or strategic capital while operating as a leaner company.
C – SALE, ASSET TRANSFER OR DEEPER RESTRUCTURING	A strategic buyer, lender-led process or asset transaction changes control of the commercial channel.

Aroa planning for all three scenarios.

AROA BIOSURGERY

Questions & Answers



Closing Remarks

01 Myriad is the growth engine

02 Symphony is a growth option

03 TelaBio supplier revenue stabilising





Thank you for attending

investor@aroa.com

Visit
www.aroa.com

www.linkedin.com/company/aroa-biosurgery-limited/

64 Richard Pearse Drive,
Auckland 2022, New Zealand

PO Box 107111, Auckland Airport,
Auckland 2150, New Zealand