SYNTARA™

Non Deal Roadshow

Gary Phillips, CEO
April/May 2024

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.

Global leaders in lysyl oxidase enzymes with three Nature publications and a pipeline of clinical stage drugs in fibrosis and inflammation

Q4 2023 sale of Pharmaxis mannitol business secured $14m savings per annum and long term royalty stream

Recent A$10.0m Equity Raising via institutional placement strongly supported by healthcare specialist funds provides runway to mid-2025

Prioritising Myelofibrosis (MF)

- Market opportunities in excess of US$1b per annum and recent history of biotech exits in excess of US$1.7b
- SNT-5505 Monotherapy study reported positive data Q3 23
- Follow on Phase 2 MF combination trial with JAK inhibitor 60% recruited; interim data Dec 2024

Four phase 2 studies to deliver results by mid 2025:

SNT-5505 Myelofibrosis combination clinical trial

- Phase 2 study to deliver final results H1 2025 and trigger FDA discussions on pivotal study design and interest from strategics

SNT-5505 Myelodysplastic syndrome clinical trial

- Additional haematology indication with grant funded Phase 1c/2 study to deliver initial results H1 2025

iRBD/Parkinson's and scar trials

- Phase 2 trials in areas of high unmet need to deliver clinical proof of concept data by H1 2025

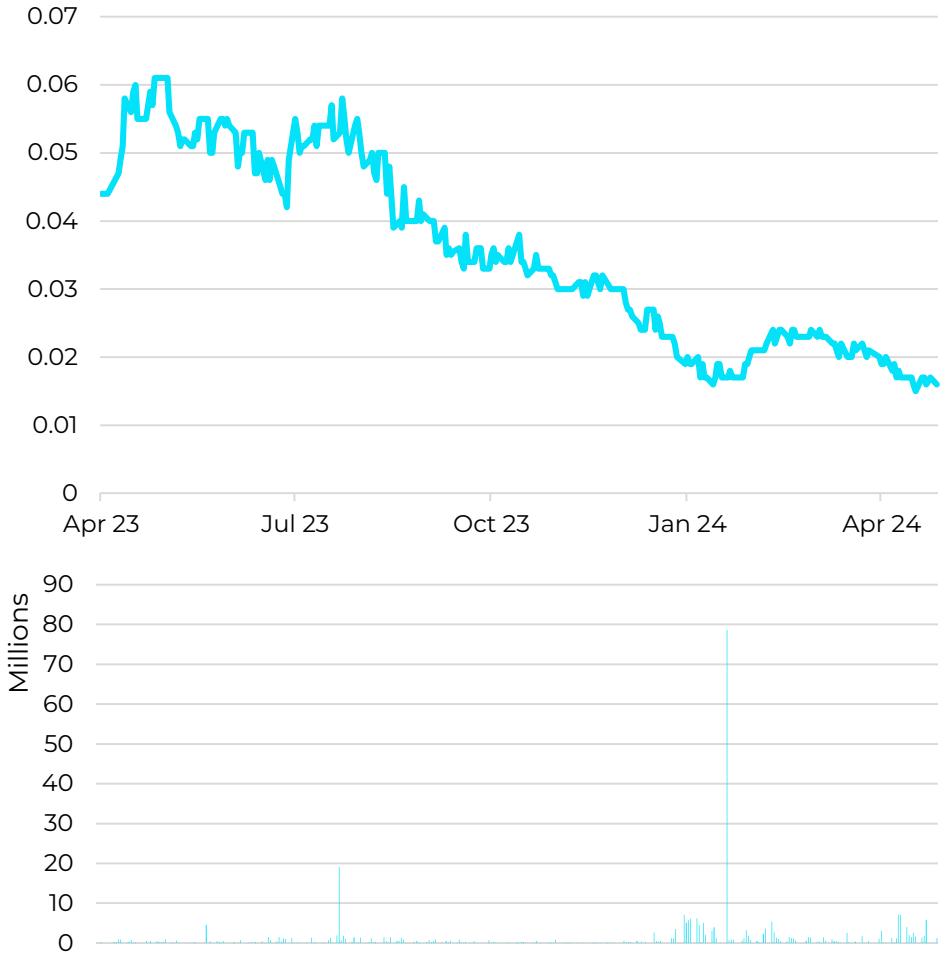
Shareholders & cash

Financial Information (ASX: SNT)	28 April 24
Share price	$0.017
Market Cap	A$20m
Cash balance (31 March 2024)[1]	A$7m
Enterprise value	A$13m

Note:
1. Additional funds expected from acquiror of MBU (~$6m) and returned security deposit ($1m).
2. Clinical development program supported by:
   a. R&D tax credits (FY 2023: $5.2 million)
   b. Strategy of partnering deals with pipeline assets
3. There are reduced future cash expenditures arising from the sale of the MBU - $14m pa

Institutional Ownership	31 Mar 24
D&A Income Limited	20%
Platinum Investment Management Limited	20%
BVF Partners LP	9%
Total Institutional Ownership	**59%**

Share Price & Volume



Syntara Board under new leadership and downsized

Significant international pharmaceutical experience

Dr Kathleen Metters
Chair

- Former Senior Vice President and Head of Worldwide Basic Research for Merck & Co. with oversight of the company's global research projects.
- In a subsequent role at Merck & Co she led work on External Discovery and Preclinical Sciences 1a).
- Former CEO of biopharmaceutical company Lycera Corp.

Dr Simon Green
Non-Executive Director

- Experienced senior global pharma executive with 30 years' of experience in the biotechnology industry.
- Actively involved in CSL's global expansion over a 17-year period where he held roles as Senior Vice President, Global Plasma R&D and General Manager of CSL's manufacturing plants in Germany and Australia.
- Prior to joining CSL he worked in the USA at leading biotechnology companies Genentech Inc and Chiron Corporation.

Gary Phillips
Chief Executive Officer

- 30+ years' of operational management experience in the pharmaceutical and healthcare industry in Europe, Asia and Australia.
- Joined Syntara in 2003 and was appointed Chief Executive Officer in March 2013 at which time he was Chief Operating Officer.
- Previously held country and regional management roles at Novartis – Hungary, Asia Pacific and Australia.

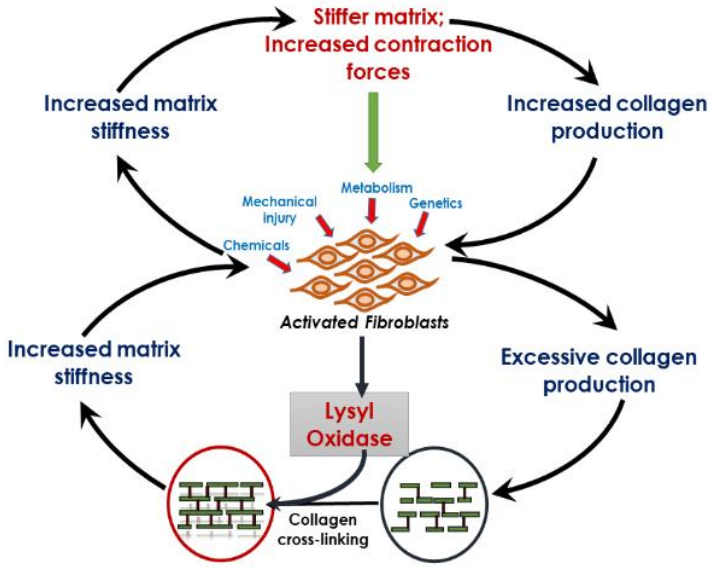
Hashan De Silva
Non-Executive Director

- Experienced life sciences investment professional with extensive knowledge of the biotech, pharmaceutical and medical technology sectors.
- Worked as associate healthcare analyst at Macquarie Group and lead healthcare analyst at CLSA Australia before joining Karst Peak Capital in February 2021 as head of healthcare research.
- Prior to moving into life science investment Hashan worked at Eli Lilly in various roles focused on the commercialisation of new and existing pharmaceuticals.

Syntara is the global leader in lysyl oxidase chemistry and biology

Multi year research program leveraged with extensive scientific collaborations worldwide has delivered **3** drugs now in phase 1c/2 studies

Lysyl oxidases mediate the final stage in fibrosis



Lysyl oxidase inhibition provides a true anti-fibrotic therapy, directly addressing the tissue stiffening that occurs due to increases in collagen and number of cross-links.

SNT-5505 in Oncology

- Clinical PoC: reduction of bone marrow fibrosis grade in 50% of evaluable myelofibrosis patients in 6-month Phase 2 study
- Excellent clinical safety and tolerability with a complementary mode of action to current standard of care
- INDs approved for myelofibrosis and hepatocellular carcinoma
- Potential in haematological indications such as MDS as well as solid tumours; two Nature publications
- Patent priority date of 2018 provides extended IP coverage

Topical pan-LOX inhibitors in Skin Scarring

- Clinical PoC: significant reduction of collagen and good safety in 3-month placebo-controlled Phase 1c study in patients with established scars
- Lead and back up compounds to support studies in multiple scar types (prevention of scar formation and modification of existing scars) in topical and oral dosage form
- Strong preclinical evidence in models of skin fibrosis and scarring; Nature publication
- Patent priority date of 2019 provides extended IP coverage

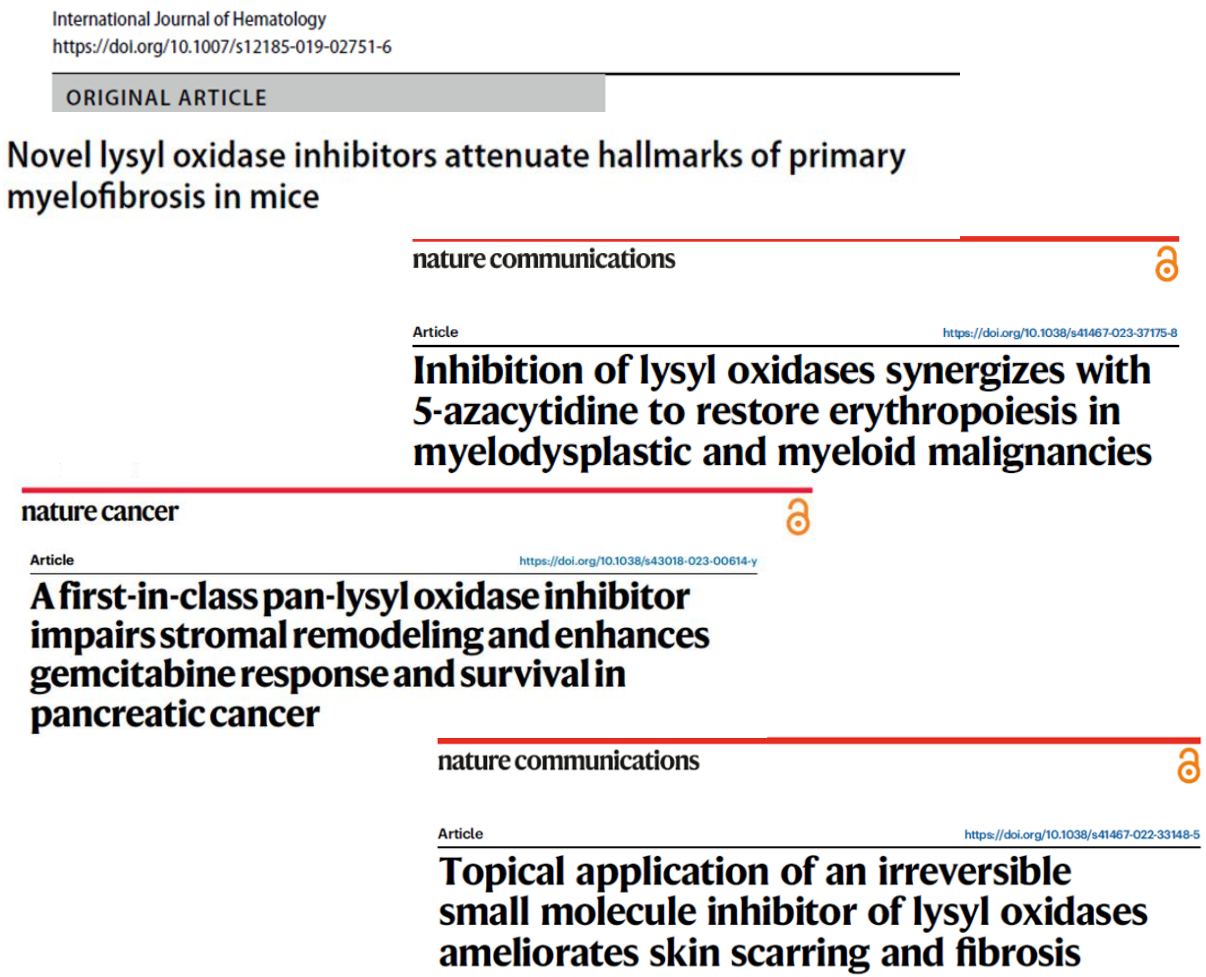
Preclinical science and collaborations validated in high impact publications

Myelofibrosis

- Treatment with lysyl oxidase inhibitor *significantly reduced reticulin fibrosis and megakaryocyte cell number* in GATA-1^{low} mice

Pancreatic Cancer

- SNT-5505 anti-fibrotic effects *normalise the stroma*, providing increased gemcitabine penetration and *increased overall survival in pancreatic cancer*


International Journal of Hematology
https://doi.org/10.1007/s12185-019-02751-6

ORIGINAL ARTICLE

Novel lysyl oxidase inhibitors attenuate hallmarks of primary myelofibrosis in mice

nature communications

Article https://doi.org/10.1038/s41467-023-37175-8

Inhibition of lysyl oxidases synergizes with 5-azacytidine to restore erythropoiesis in myelodysplastic and myeloid malignancies

nature cancer

Article https://doi.org/10.1038/s43018-023-00614-y

A first-in-class pan-lysyl oxidase inhibitor impairs stromal remodeling and enhances gemcitabine response and survival in pancreatic cancer

nature communications

Article https://doi.org/10.1038/s41467-022-33148-5

Topical application of an irreversible small molecule inhibitor of lysyl oxidases ameliorates skin scarring and fibrosis

Myelodysplastic Syndrome

- In xenograft mouse model that closely resembles human disease, SNT-5505 on top of 5-Azacytidine *increased erythroid differentiation and reduced spleen size*

Skin Scarring

- Topical application of SNT-6302 *improves scar appearance with no reduction in tissue strength* in porcine models of excision and burn injury

Myelofibrosis (MF)

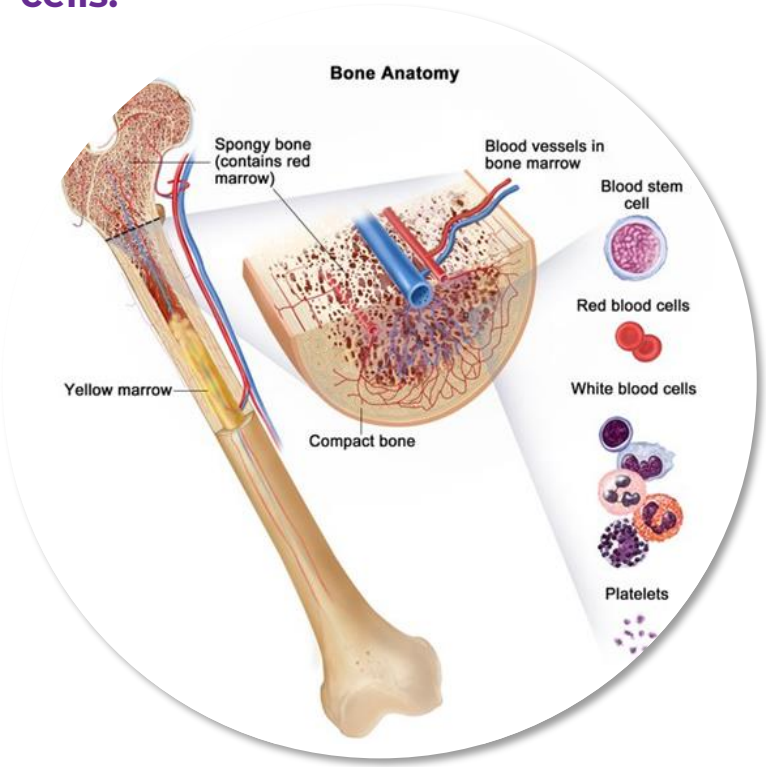
Myelofibrosis

A rare type of bone marrow cancer that disrupts the body's normal production of blood cells

Key Facts

- Affects ~15 in 1m people worldwide
- 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
- Spleen increases blood cell production and becomes enlarged
- Other common symptoms include fever, night sweats, and bone pain.

Primary Myelofibrosis is characterised by a build up of scar tissue (fibrosis) in bone marrow reducing the production of blood cells.



Current standard of care (SoC): JAK inhibition

- Symptomatic relief plus some limited survival improvement.
- 75% discontinuation at 5 years
- Median overall survival is 14 – 16 months after discontinuation

Commercial Opportunity

- Current SoC; revenue ~US$1b per annum
- Recent history of biotech exits in excess of US$1.7b

SNT-5505

In contrast to SoC SNT-5505 intervenes at the source, clearing fibrosis from the bone marrow and enabling the production of healthy blood cells to resume

Clinical positioning

- Distinct mode of action, improved tolerability and a profile suitable for combination with SoC
- In addition to symptomatic relief, potential for disease modification.

SNT-5505 Phase 2a trial (INTERIM results)

Demonstrates improvements in fibrosis grade, excellent safety profile and promising signs of clinical activity

Study status

- 100% of target (24 pts) enrolled
- 11 patients having completed 24 weeks of treatment

Safety

- SNT-5505 has been well tolerated with no serious treatment related adverse events reported
- Majority of AEs were mild and not related to treatment
- 11 patients have dropped out of the study, none treatment related

Efficacy

- 5/ 10 evaluable patients* had improved bone marrow fibrosis scores of ≥1 grade
  - 4 out of 5 fibrosis responders demonstrating stable/improved haematological parameters
  - 3 out of 5 patients reporting symptomatic improvement
- 4 had an improvement in symptom score of >20%
- 7 had stable/improved hemoglobin (Hb) counts
- 8 had stable/improved platelet counts;
  3 of these 8 patients entered the study with Grade 4 (potentially life-threatening) thrombocytopenia
- No spleen volume response (SVR35) was identified
  - Patients had a relatively smaller spleen size# at baseline
  - Majority of patients stopped JAKi treatment less than 1 month before commencing treatment

*One of the 10 patients who completed the 6 months treatment could not be evaluated for bone marrow fibrosis grade due to an insufficient sample at baseline
#Median spleen volume of 1495ml versus COMFORT-1 (ruxolitinib) of 2598ml

Phase 2a study; SNT-5505 in patients on a stable dose of JAK inhibitor

Fastest route to meaningful data with no dose escalation and utilizing existing trial infrastructure

	Design	Treatment Cohort	Endpoints
• DIPSS Int-2/high risk PMF or post-ET/PV MF • BMF grade 2 or higher • Symptomatic disease (≥ 10 on the MFSAF v4.0) • Treated with RUX ≥12 weeks (stable background dose for ≥8 weeks) and not achieved CR by IWG criteria	Phase 2a open label study to evaluate safety, PK/PD, and efficacy	SNT-5505 200mg BID + stable dose of RUX n = 15 subjects 52 weeks	**PRIMARY** Safety TEAEs **SECONDARY** PK/PD BMF Grade IWG Response SVR Hematology Symptom score Platelet response RUX dose modifications

FDA granted orphan drug designation July 2020 and IND approved August 2020

Targeting 19 sites across 4 countries to enhance trial recruitment (USA, South Korea, Taiwan, Australia)

No dose escalation step required

ClinicalTrials.gov ID NCT04676529

*Unsuitable = ineligible for JAKi treatment, intolerant of JAKi treatment, relapsed during JAKi treatment, or refractory to JAKi treatment. JAKi – Janus Kinase inhibitor, RUX – Ruxolitinib, MF myelofibrosis, ET Essential Thrombocythaemia, PV polycythaemia vera, INT intermediate, BMF bone marrow fibrosis, RP2D recommended phase 2 dose, TEAE treatment emergent adverse event, PK pharmacokinetics, PD pharmacodynamics, SVR spleen volume response, IWG International Working Group Myeloproliferative Neoplasms

Study Plan

- 19 clinical trial sites
- Recruitment started 13 Dec 2023
- **60% recruited April 30th**
- Full recruitment scheduled for H1 2024
- **Interim data for 15 patients with 6 months data scheduled for Q4 2024**
- Full data set by mid 2025

Interim data to drive FDA discussion on pivotal study design and partnering interest

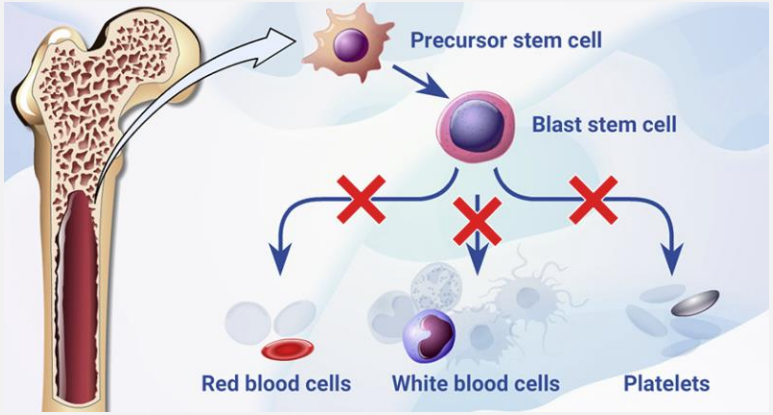
Myelodysplastic Syndromes (MDS)

Myelodysplastic syndrome (MDS) is a blood cancer

Diverse bone marrow disorders characterized by inadequate production of healthy blood cells

Key Facts

12–20k new cases are reported every year in the US (87k p.a. worldwide)



- Prognosis and overall survival depend upon multiple factors including the severity of cytopenias (low blood counts)
- Therapy for low-risk MDS patients is aimed at improving cytopenia(s) to prevent complications
- 25–30% have high-risk MDS with average survival of ~ 1 year
- 1 out of 3 MDS patients progress to acute myeloid leukemia (AML)

Treatment of MDS

Current standard of care (SoC): Hypomethylating agents (HMAs)

- First line therapy: agents such as azacytidine (5-AZA) or decitabine,
- Adverse effects of HMAs include low blood counts, risk of infections, nausea, vomiting, diarrhea or constipation, weakness and fatigue
- Only ~50% of patients respond to HMAs and most responders eventually progress; median overall survival 4–6 months

Market Opportunity in ~US$3.2bn p.a.

Drugs in development

- Other investigational products in Phase 3 trials (eg. venetoclax, sabatolimab, magrolimab) have demonstrated encouraging response rates in combination with 5-AZA in Phase 1b studies[1]
- However, these results are offset by greater toxicity (e.g. neutropenia, thrombocytopenia, anemia) that are likely to result in frequent dose interruptions and treatment discontinuation.

SNT-5505; potential for well tolerated combination therapy with HMAs

- Research reported in Nature communications demonstrated superior in vitro erythroid differentiation in cells of patients in 20/31 cases (65%) treated with PXS-5505 and 5-AZA versus 9/31 cases (29%) treated with 5-AZA alone.
- This response was confirmed in an in vivo xenograft model (closest mimic of human disease) that additionally demonstrated an enforced reduction of dominant clones as well as significant attenuation of disease expansion and normalization of spleen sizes.

1. Platzbecker U, 2021, Leukemia 2021

Phase 1c/2a study; SNT-5505 in MDS patients

Grant funded investigator study backed by ALLG with initial results due mid 2025

Patients	Design	Treatment Cohort	Endpoints	
• Low/intermediate risk MDS patients • Transfusion dependent	Phase 1c/2a open label study to evaluate safety, PK/PD, and efficacy	**Dose escalation:** SNT-5505 200mg BID + two different doses of a hypomethylating agent n = 9 subjects; 3 months **Dose expansion:** SNT-5505 200mg BID + hypomethylating agent n = 30 subjects; 6 months	**PRIMARY** Safety TEAEs	**SECONDARY** PK/PD Reduction in transfusion dependency Haematological parameters Quality of life

*MDS Myelodysplastic Syndrome, TEAE treatment emergent adverse event, PK pharmacokinetics, PD pharmacodynamics,

Study organisation

- $0.83m grant from the Australian Medical Research Future Fund (MRFF).
- Investigator study run by University of Newcastle and the Australasian Leukaemia and Lymphoma Group (ALLG)

Study Plan

- 10 Australian clinical trial sites
- Recruitment to commence 2H 2024
- **Interim data for ~9 patients with 3 months dose escalation data scheduled for Mid 2025**

Skin Scarring

Hypertrophic and keloid scarring

Cutaneous scarring following skin trauma or a wound is a major cause of morbidity and disfigurement

Key Facts

01 100m patients develop scars in the developed world alone each year as a result of elective operations and operations after trauma

02 Hypertrophic scars and keloids are fibroproliferative disorders that may arise after any deep cutaneous injury caused by trauma, burns, surgery, etc.

03 Hypertrophic scars and keloids are cosmetically and functionally problematic significantly affecting patients' quality of life

"In (preclinical) models of scarring we found that topical application of SNT-6302 reduces collagen deposition and cross-linking and improves scar appearance without reducing tissue strength. This is a unique way of modulating a critical stage in scar formation and maintenance and holds out great promise for the treatment of scars."

Dr Mark Fear
UWA

- **Mechanisms underlying scar formation are not well established; prophylactic and treatment strategies remain unsatisfactory**
- **Current standard of care includes:**
  - Corticosteroids
  - Surgical revision
  - Cryotherapy
  - Laser therapy
  - 5-fluorouracil

Commercial Opportunity

- Total scar treatment market in 2019 exceeded US$19b.
- Keloid and hypertrophic scar segment ~US$3.5b

- **Pre clinical evidence**
  - Treatment with SNT-6302 monotherapy demonstrates cosmetic and functional improvements to scarring in pre clinical models1
- **Clinical evidence**
  - 1 month phase 1c in healthy volunteers demonstrates good tolerability and-strong inhibition of LOX in skin.
  - 3 month phase 1c placebo controlled study in patients with established scars demonstrates unprecedented reduction in scar collagen content.

1. Chaudhari et al, Topical application of an irreversible small molecule inhibitor of lysyl oxidases ameliorates skin scarring and fibrosis, Nature communications 2022 https://doi.org/10.1038/s41467-022-33148-5

SNT-6302 Phase 1c Trial in established skin scars (Solaria 2); Top line results

SNT-6302 well tolerated and demonstrated a good safety profile.

- No serious adverse events reported
- Two patients withdrew from the study; reversible rash

Mean inhibition of LOX activity 66% compared to baseline and placebo (p<0.001)

- LOX inhibition measured 2 days post final dose
- LOX is responsible for the cross linking of collagen fibres implicated in adverse scarring.

Meaningful changes in the composition of the scars

- Patients in the active arm had a mean reduction in collagen[1] of 30% compared to placebo after three months treatment. (p<0.01).

Longer study required to show appearance and physical improvements

- No significant differences in the overall POSAS[2] score were seen between active and placebo groups after three months of treatment.

"SNT-6302 leads directly to an unprecedented change to the scar composition that we have not seen with any other form of treatment."

Professor Fiona Wood
Burns Service of Western Australia
Director of the Burn Injury Research Unit
University of Western Australia

1. Collagen content quantified via hydroxyproline assay
2. POSAS: Patient and Observer Scar Assessment Scale

Potential to deliver near term value

Pipeline creates multiple opportunities in high value markets

Drug Candidate	Indication	Phase	Upcoming Milestones	Addressable market (US$)
SNT-5505	Myelofibrosis (MF)	Phase 2	Interim 6 month data Q4 2024	**~$1 billion[1]**
	Myelodysplastic Syndrome (MDS)	Phase 1c/2	Data H1 2025	**~$3.2 billion[2]**
Oral and Topical Pan-LOX inhibitors	Scar prevention	Phase 2	Data H1 2025	**~$3.5 billion[3]**
	Modification of scarring process	Phase 1 /Preclinical	Plan update mid 2024	**~$3.5 billion[4]**
SNT-4728	IRBD and Parkinson's Disease	Phase 2	Data H1 2025	**~$3.5 billion[5]**

1) MF: Addressable market, The Myelofibrosis market size across the 8MM was valued at $2.39 billion in 2021 : https://www.globaldata.com/store/report/myelofibrosis-market-analysis/
2) MDS: Addressable market, MYELODYSPLASTIC SYNDROME TREATMENT MARKET ANALYSIS, https://www.coherentmarketinsights.com/market-insight/myelodysplastic-syndrome-treatment-market-775
3) Scar Prevention: Global Scar Market 2020 page 40 and 71; Total scar treatment market in 2019 exceeded US$19b. Keloid and hypertrophic scar segment ~US$3.5b
4) Scar modification: Addressable market, Global Scar Market 2020 page 40 and 71. Total scar treatment market in 2019 exceeded US$19b. Keloid and hypertrophic scar segment ~US$3.5b
5) IRBD / Parkinson's Addressable market, Parkinson's Disease market size across the 7MM was valued at $3.4 billion in 2019 and is expected to achieve a CAGR of more than 6% during 2019-2029. https://www.globaldata.com/store/report/parkinsons-disease-major-market-analysis/

Recent & upcoming news flow

Strong and growing pipeline with advancement in studies expected to provide value inflection points

COMPLETED Q4 2023
SNT-4728 iRBD / neuro inflammation study commenced recruitment (8 November 2023)

COMPLETED Q4 2023
SNT-5505 phase 2a myelofibrosis study (monotherapy) completed and reports safety and efficacy data at ASH (10 December 2023)

COMPLETED Q4 2023
SNT-5505 phase 2a myelofibrosis combination study (add on to JAK inhibitor) commenced recruitment (12 December 2023)

Q2 2024
Pan-LOX scar prevention for burn injuries- clinical trial commences recruitment

Mid 2024
SNT-5505 phase 2a myelofibrosis combination study (add on to JAK inhibitor) completes recruitment

Mid 2024
Syntara skin scarring clinical development plan announced

Mid 2024
SNT-4728 iRBD / neuro inflammation study recruitment update

H2 2024
SNT-5505 phase 1c/2a myelodysplastic syndrome study to commence recruitment

H2 2024
SNT-5505 phase 2a myelofibrosis monotherapy study publication

Dec 2024
SNT-5505 phase 2a myelofibrosis combination study (add on to JAK inhibitor) interim data with 6 months treatment reports safety and efficacy data target ASH

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