# ASX ANNOUNCEMENT

**29 May 2023**

**Annual General Meeting**
**Chairman's Address and Chief Executive Officer Presentation**

**BRISBANE**, 29 May 2023: Anteris Technologies Ltd (ASX: AVR) is pleased to provide the attached Chairman's Address and Chief Executive Officer Presentation to the Annual General Meeting being held today.

**ENDS**

**About Anteris Technologies Ltd (ASX: AVR)**

Anteris Technologies Ltd is a structural heart company that delivers clinically superior and durable solutions through better science and better design.

Its focus is developing next-generation technologies that help healthcare professionals deliver consistent life-changing outcomes for patients.

Anteris' DurAVR™ 3D single-piece aortic heart valve replacement addresses the needs of today's younger and more active aortic stenosis patients by delivering superior performance and durability through innovations designed to last the remainder of a patient's lifetime.

The proven benefits of its patented ADAPT® tissue technology, paired with the unique design of our DurAVR™ 3D single-piece aortic heart valve, have the potential to deliver a game-changing treatment to aortic stenosis patients worldwide and provide a much-needed solution to the challenges facing doctors today.

**Authorisation and Additional information**

This announcement was authorised by Mr Stephen Denaro, Company Secretary.

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Address by the Chairman Mr John Seaberg

Again, welcome on behalf of my fellow Directors, Steve Denaro, Wenyi Gu and of course our CEO, Wayne Paterson. Also, a sincere thank-you for your continued support as we continue this incredible Anteris journey together.

Before turning the meeting over to Wayne, I have a few brief comments regarding where our company stands at this moment in time and based on that assessment, why I strongly believe we are highly investable going forward. My investment thesis if you will is based not only on my 8 years as a director at Anteris but also on my 40 year experience in the cardiac space as a sales rep, marketing director, VP of Sales for a Fortune 500 medtech company, company founder and director on numerous Boards both private and public.

Here are four key questions that make up my investment thesis:

1. **Is the company focused on high value markets?** Historically no. Wayne and I joined the board when we were focused on 2 lower value markets that required 2 different sales forces and huge volume to reach profitability. By comparison, today we're focused on arguably the highest value market in Cardiology: Structural Heart specifically TAVR.

2. **Is the product line competitive?** Yes, extremely so. As TAVR matures as a market it needs to show viability with younger patients who exercise more and have longer life expectancies. Our DurAVR hemodynamics as shown not just in bench and animal testing but now with numerous human reports shows us to be a gamechanger. And our anti calcific tissue processing lends credibility to the fact that not only will we work better but we will also last longer!

3. **Do the markets value new technology?** Emphatically yes! When you deal with lifesaving technologies like heart valves doctors and patients and companies want the best.

4. **What are the value inflection points going forward?** Recently we received additional patent coverage which is always key in med tech and specifically TAVR. Our most recent human data, which was excellent by the way, was shared by one of our world class advisory board doctors at the recent EuroPCR meeting and soon we'll start enrolling patients in our FDA approved Early Feasibility Trial where we have sites in the US already ramping up readiness to do first cases. All of these and more will act as catalysts to increase our share price.

So, in summary, we are laser focused on structural heart, we have a best-in-class product line, we serve a marketplace that not only values but demands new and better technology because people's lives are on the line and there are numerous catalysts to share price growth as we confidently move forward.

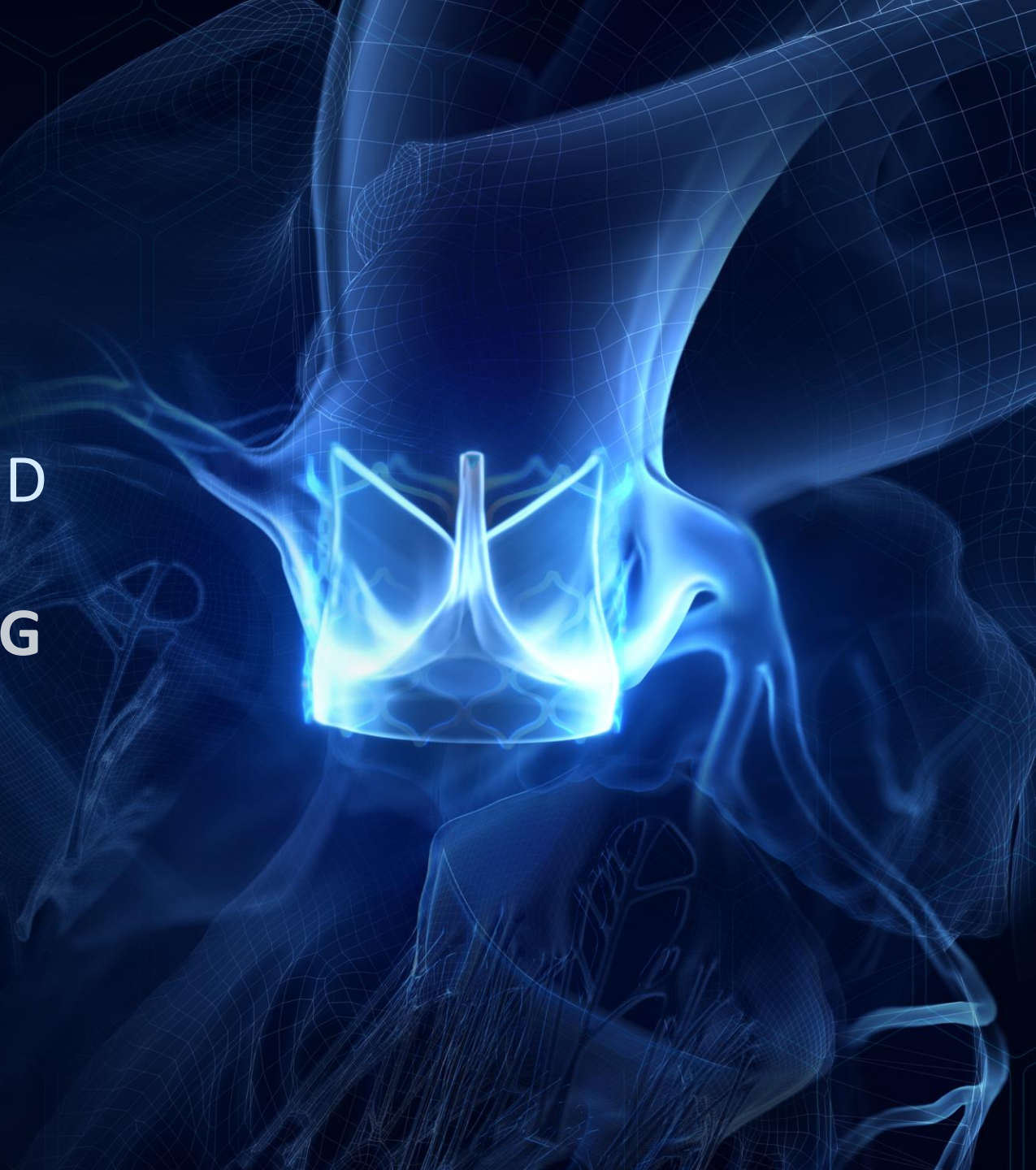
Oh, and one final thought: …none of this happens without strong, smart leadership and with that in mind, I'll turn it over to Wayne Paterson!

ANTERIS

29 MAY 2023

# ANTERIS TECHNOLOGIES LTD

# ANNUAL GENERAL MEETING



# Anteris 2022 AGM

## CEO PRESENTATION

May 29th 2023

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ADAPT for life

# Agenda

- The year in review
- Financials
- Business potential
- One year patient update
- New patients
- What are the experts saying
- Valve in Valve
- What else are we up to?
- Taking the clinical discussion forward
- Collaborations that add value
- Where to from here?
- Questions

# DISCLAIMER

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Financial data

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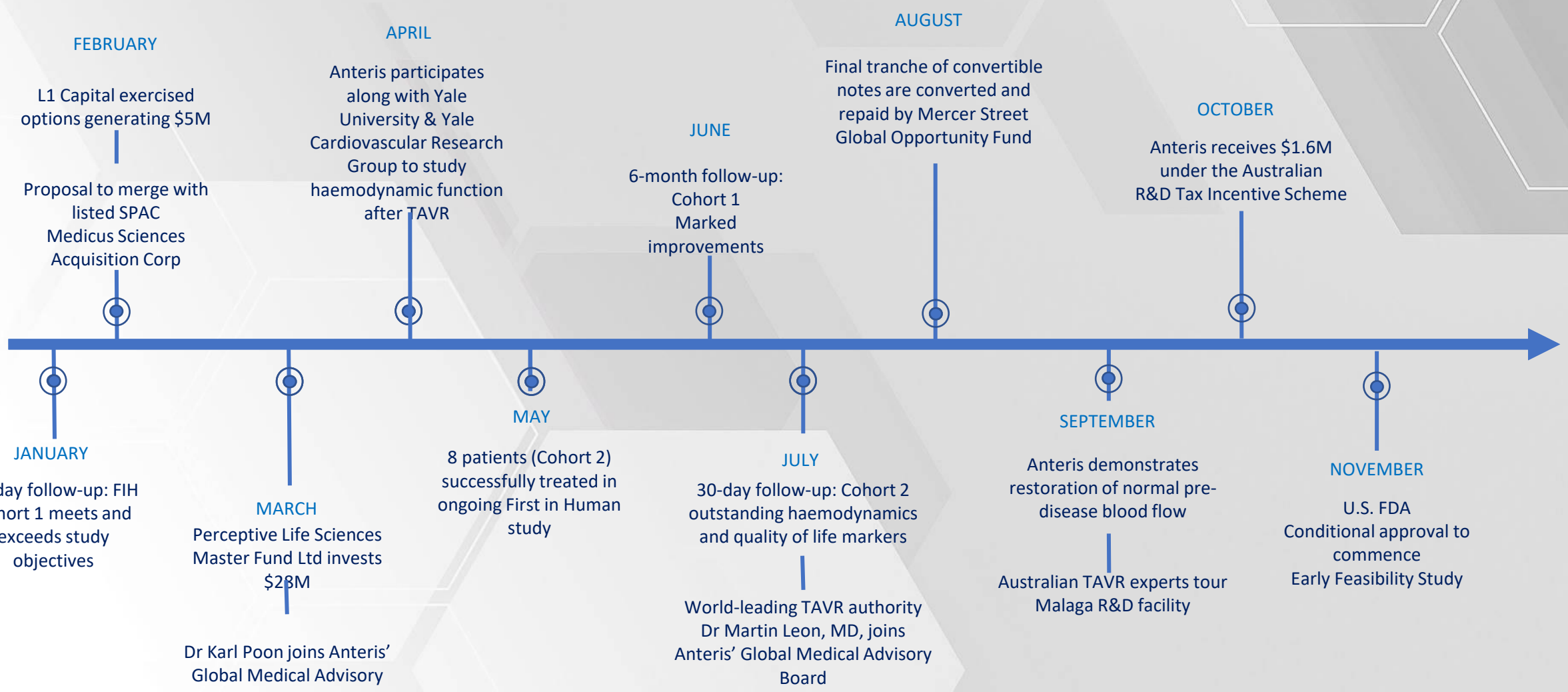
# A Year of Achievements


# 2022 Financials

# Major milestones were achieved in 2022



# Financial highlights 2022


* 31 December

# Financial highlights 2022

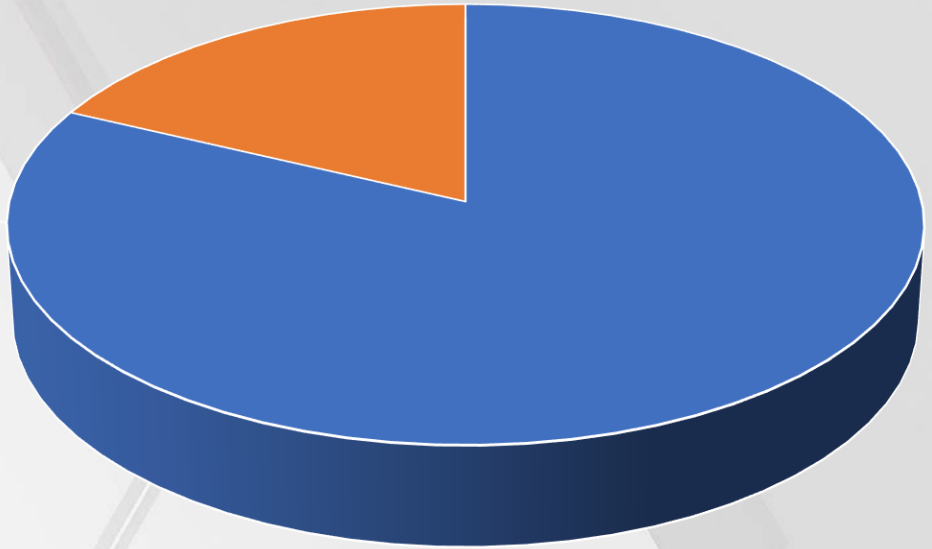
| Key Financial Metrics | | FY2021 Actual | FY2022 Actual |
|---|---|---|---|
| Market capitalisation (31 Dec) | ($m) | 143.8 | 308.6 |
| Market capitalisation increase on prior year | (%) | 516% | 115% |
| Share price (31 Dec) | ($/share) | 12.96 | 22.20 |
| Share price increase on prior year | (%) | 246% | 71% |
| Cash position (31 Dec) | ($m) | 21.3 | 13.8 |
| Capital raised (gross) | ($m) | 41.8 | 34.9 |
| Net loss after tax | ($m) | 22.9 | 44.3 |

- 115% increase in market capitalisation
- 71% increase in share price (246% in prior year)
- Increase in expenses primarily reflects increased R&D expenditure including costs of First-in-human and Early Feasibility Study preparations

# Focused investment in R&D has accelerated progress

Projects $40.1M

- DurAVR™ valve development program
- EFS approval
- Tbilisi first-in-human trials
- Valve science program
- Upscaling manufacturing capabilities



Corporate $8.8M

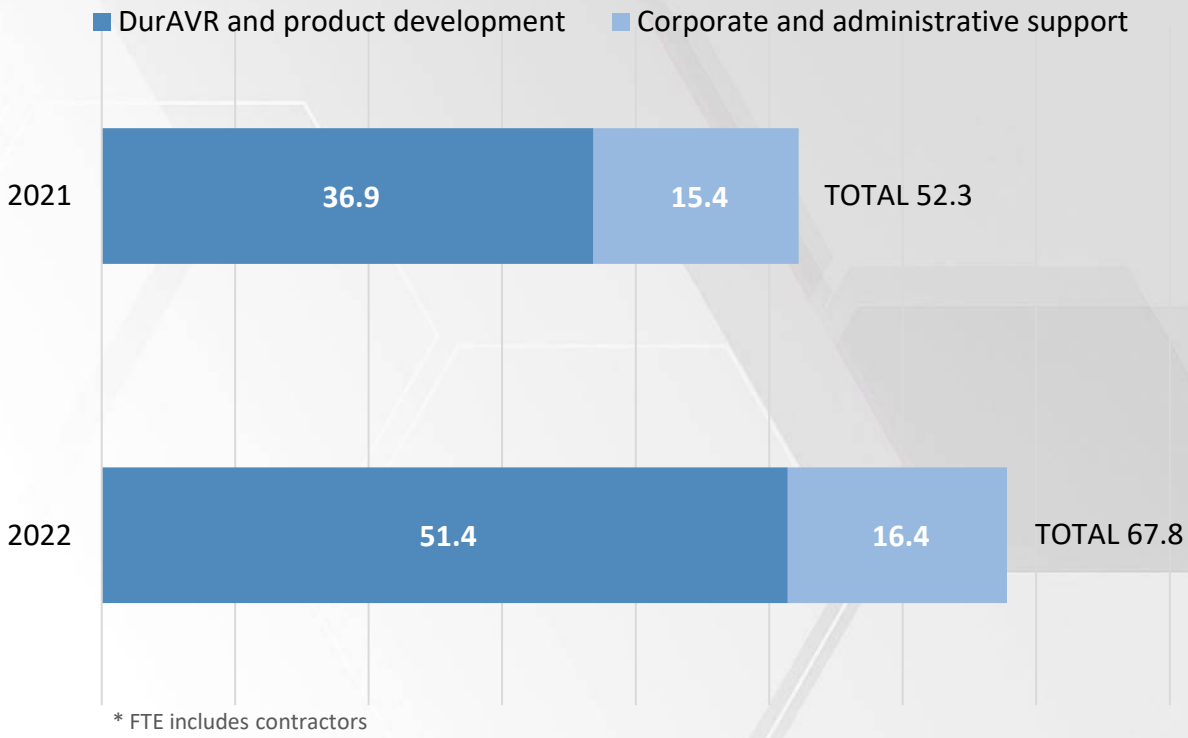
- Capital raising costs
- Company compliance costs
- Insurance
- Net financing costs
- Nasdaq preparations
- Office administration
- IT support
- Net of R&D tax refund and FX

# Increased project costs linked to development activities


- Increased Projects costs to accelerate development activities and upscale manufacturing capabilities
- Spend linked to preparations for EFS approval and enrolment of further patients in first-in-human trials
- Corporate costs remain tightly controlled

# Highly productive, Highly diverse workforce

## FTE* by Function



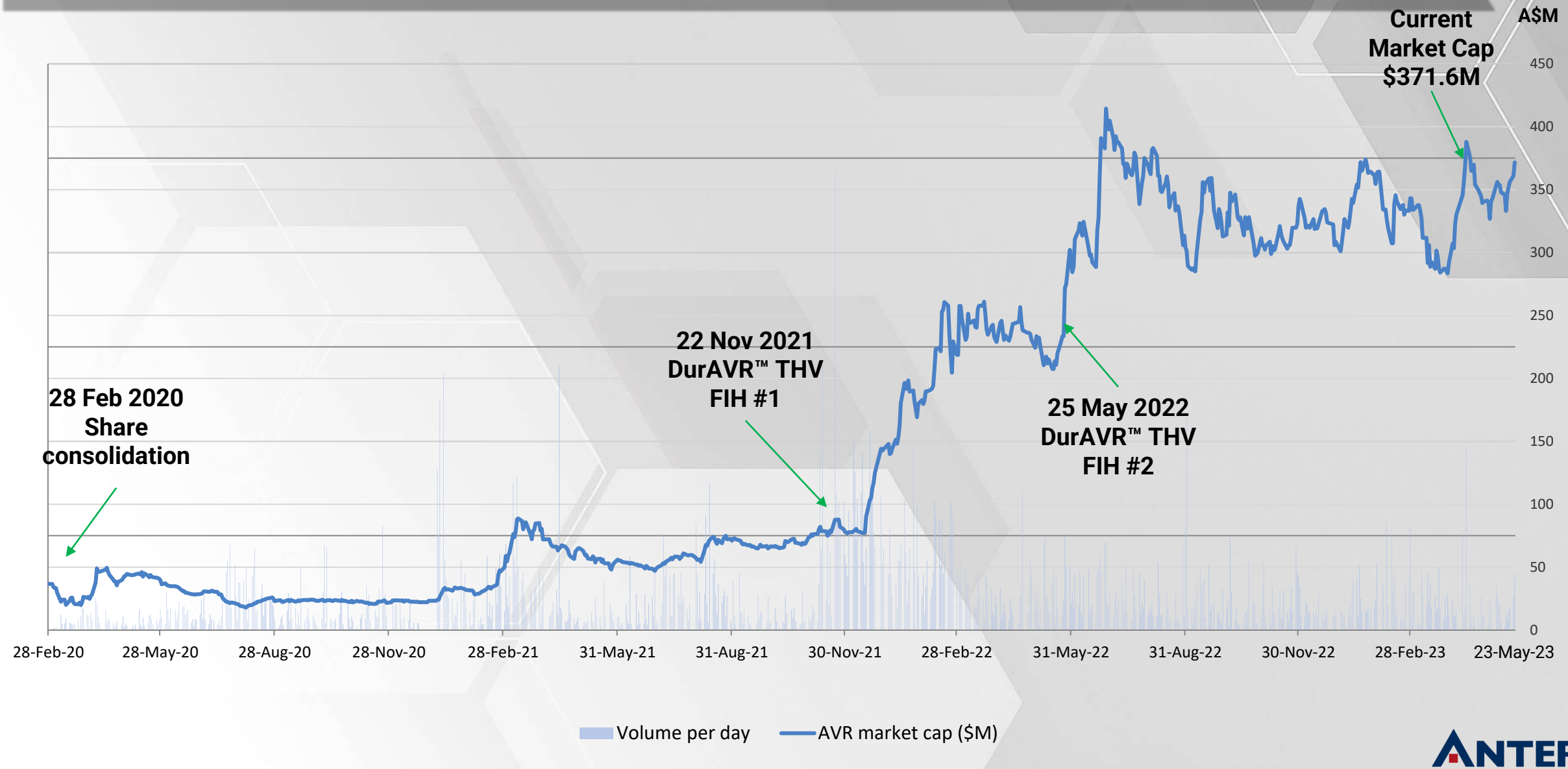

* FTE includes contractors

Growing team focused on the development of our innovative Anteris products

DurAVR™ and product development personnel FTE increased by 39% in 2022

## Multicultural Workforce

# Market capitalisation post share consolidation

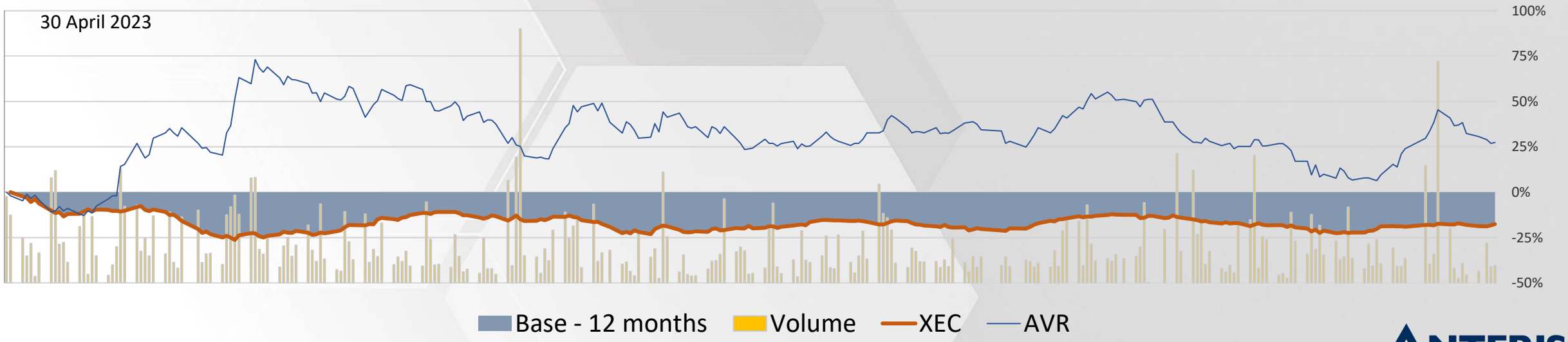


# AVR has returned 220% since the CardioCel™ divestiture

- The S&P/ASX Emerging Companies Index (XEC) is a benchmark consisting of 200 Australian microcap companies ranked anywhere between 350 to 600 by market capitalisation
- The below graph compares the performance of the AVR share price vs XEC index over a rolling 12 months

| | AVR return | XEC return |
|---|---|---|
| Rolling 12 months | 27% | -18% |
| Post CardioCel divestiture | 220% | 37% |

Rolling 12 months (incl daily trade volumes)

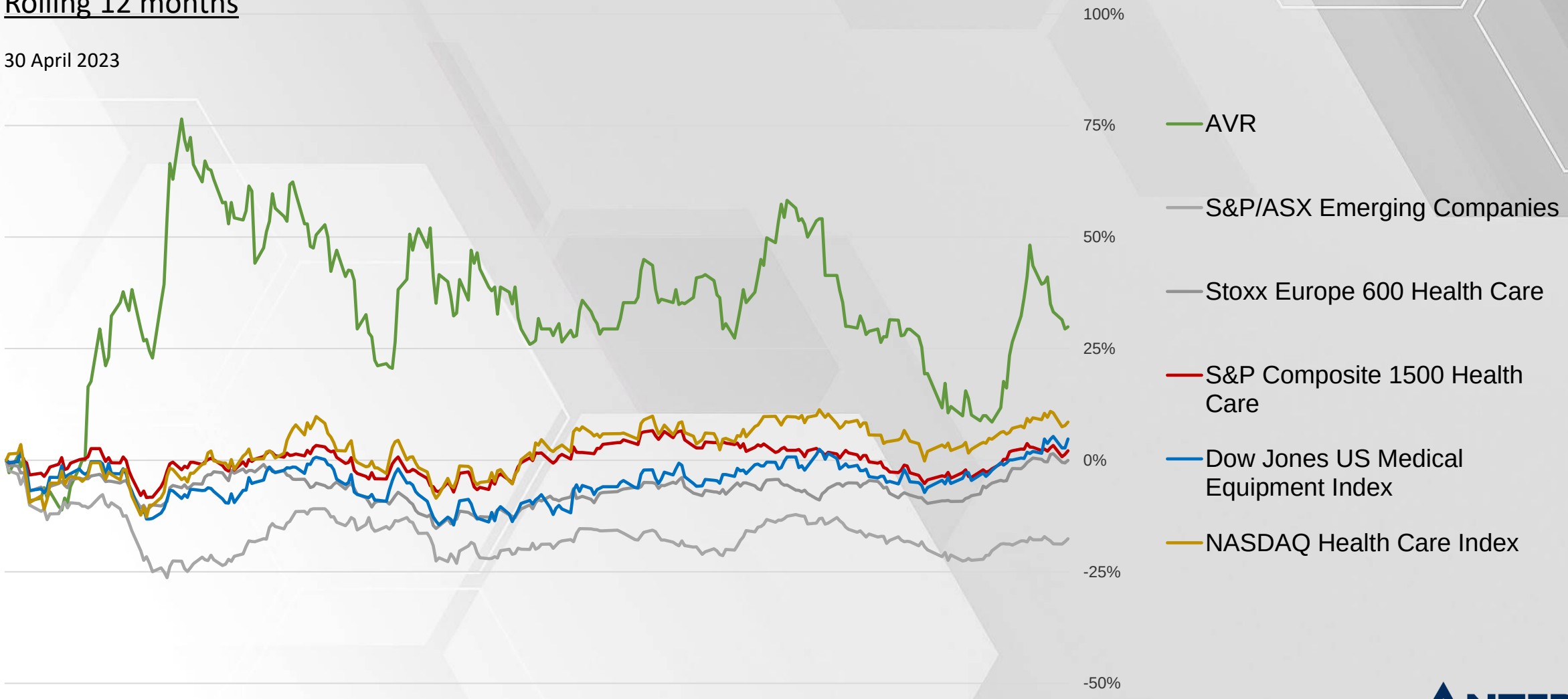


# Strong share price and Company valuation

# AVR continues to outperform all major health care indices

Rolling 12 months

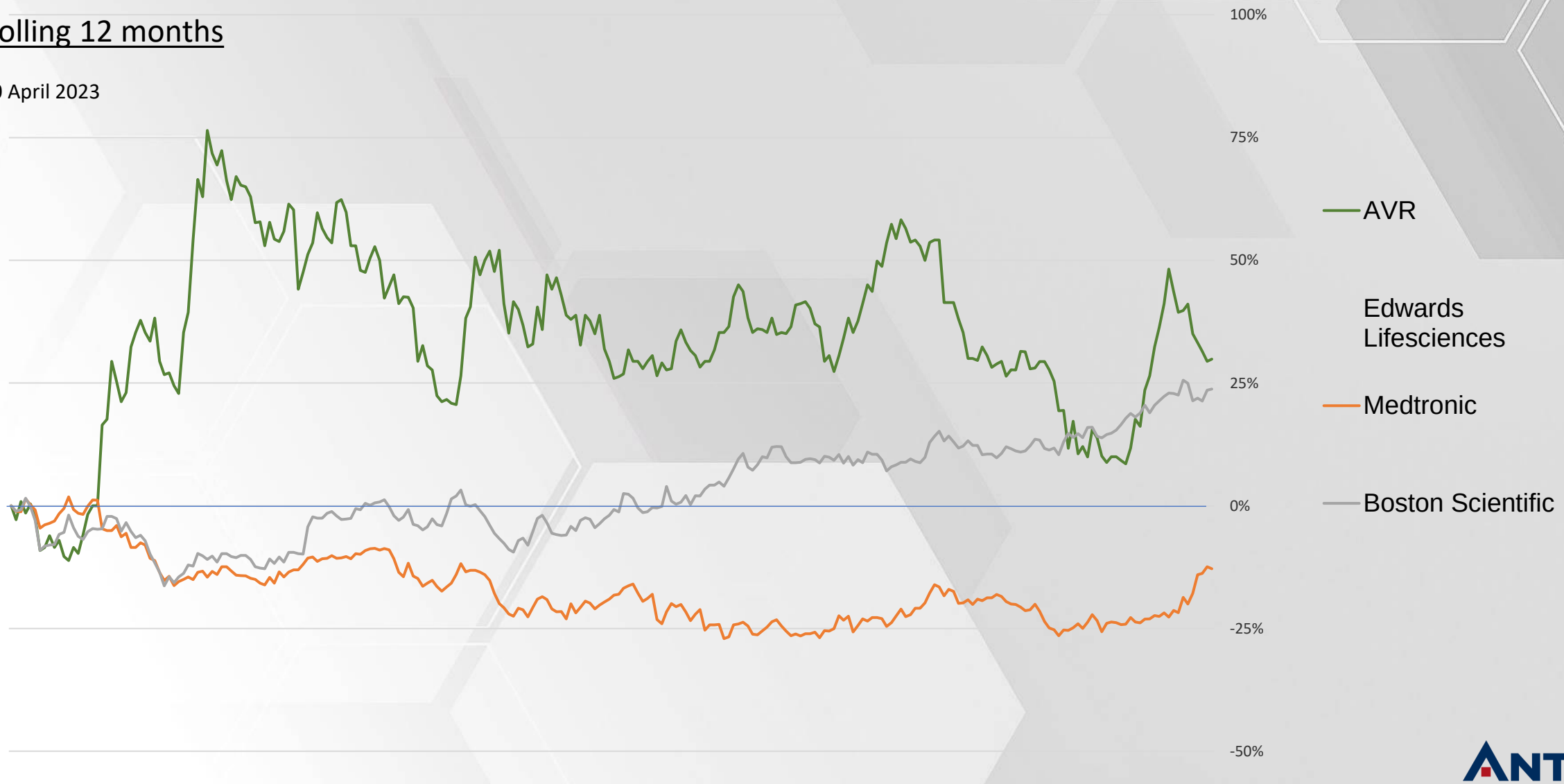
30 April 2023



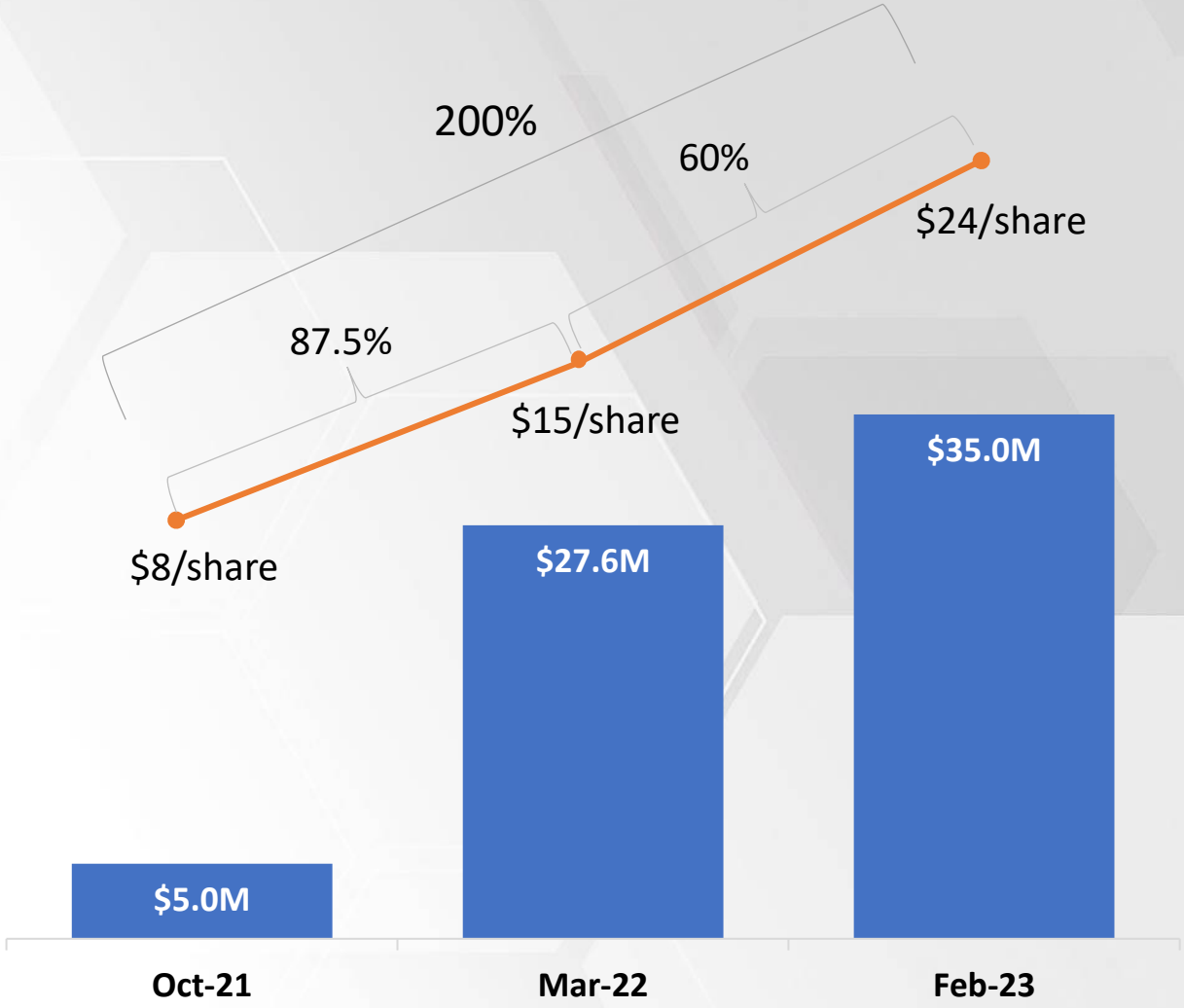
# AVR outperformed major competitors

Rolling 12 months

30 April 2023



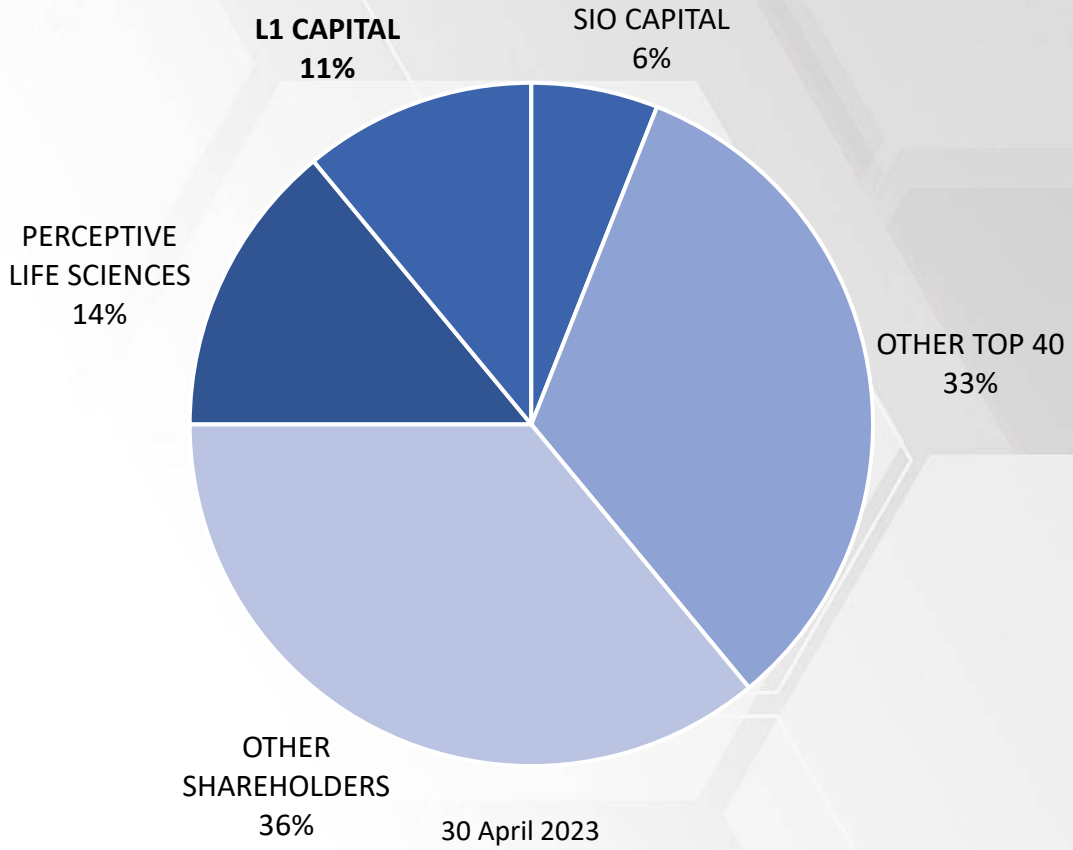
# Capital raising at ever increasing price points



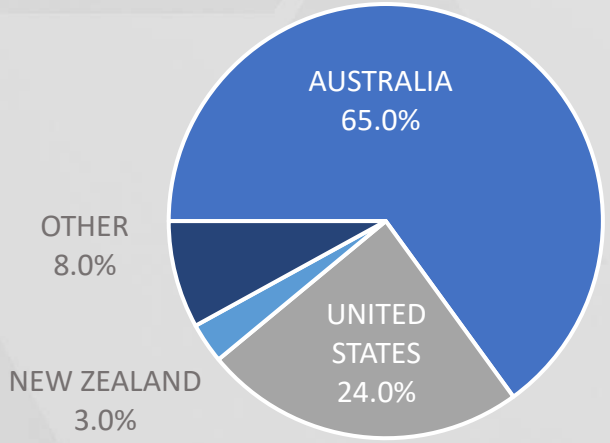

- Each capital raise has been accompanied by the achievement of significant milestones
- The value associated with those raises increased by 200% reflecting the change from $8/share to $24/share
- This demonstrates the increasing value proposition of Anteris to the market as it now enters into the EFS stage for DurAVR™ THV and continues to deliver on its strategy

# Top 40 investors hold 64% of the Company

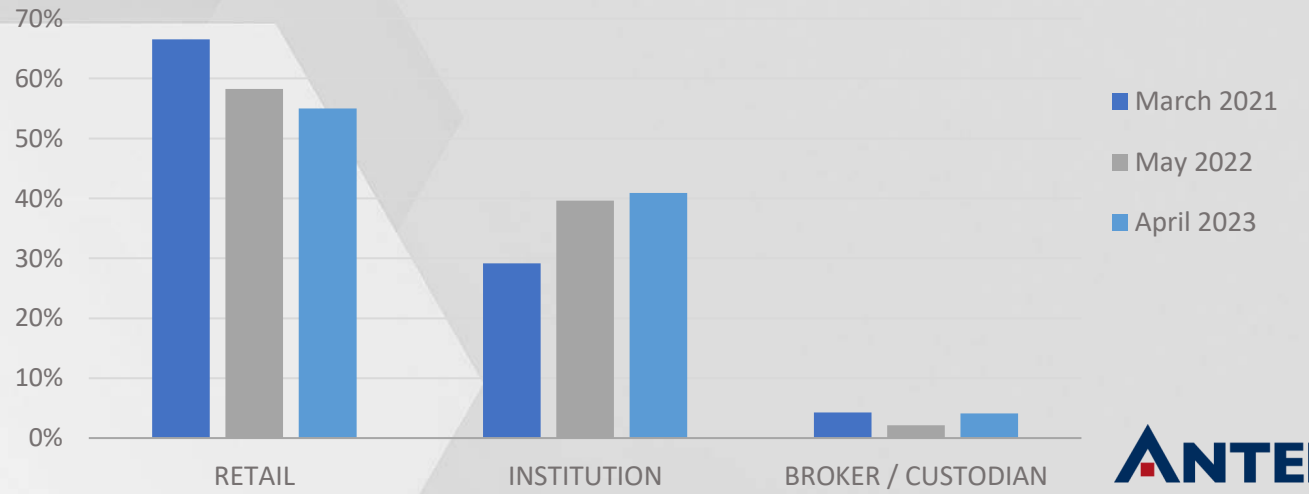
## SHAREHOLDER MIX




## OWNERSHIP COUNTRY




## INVESTOR TYPE HISTORY

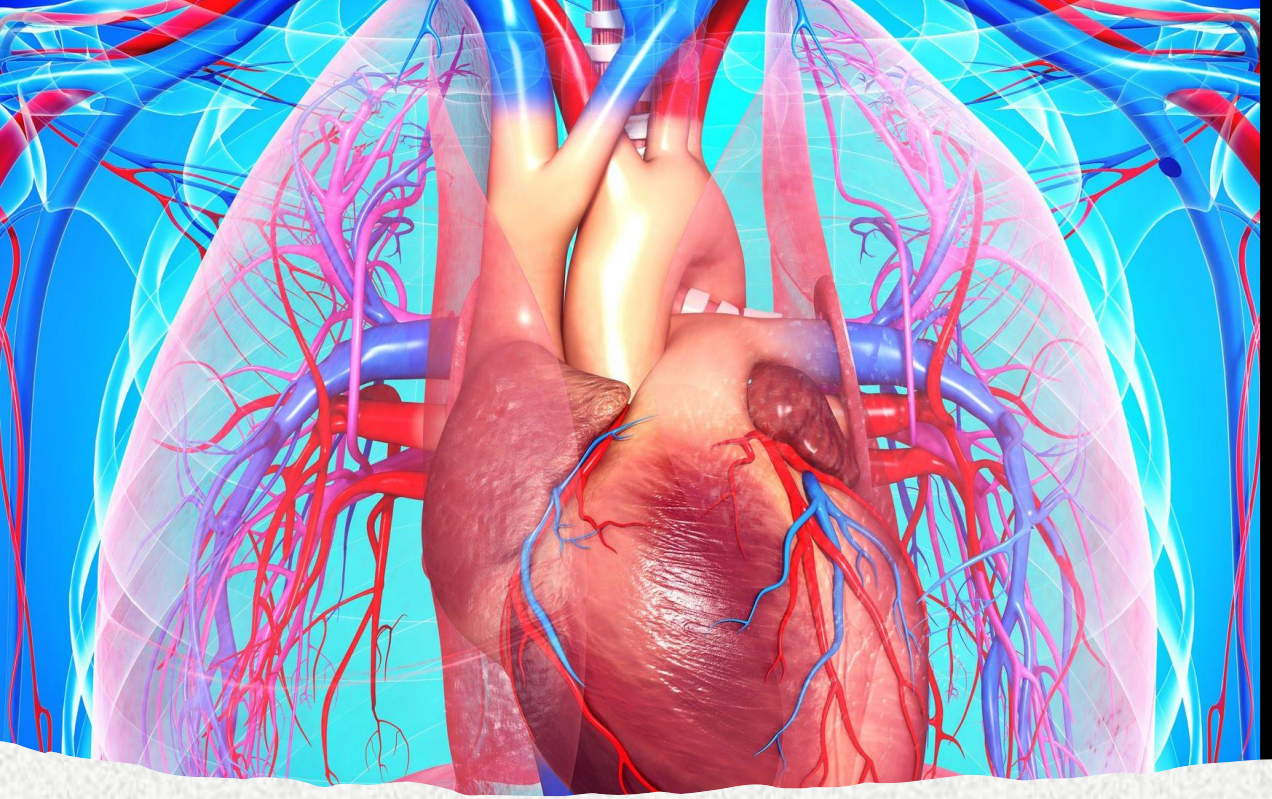


# Top 20 investors hold 57% of the Company

30 April 2023

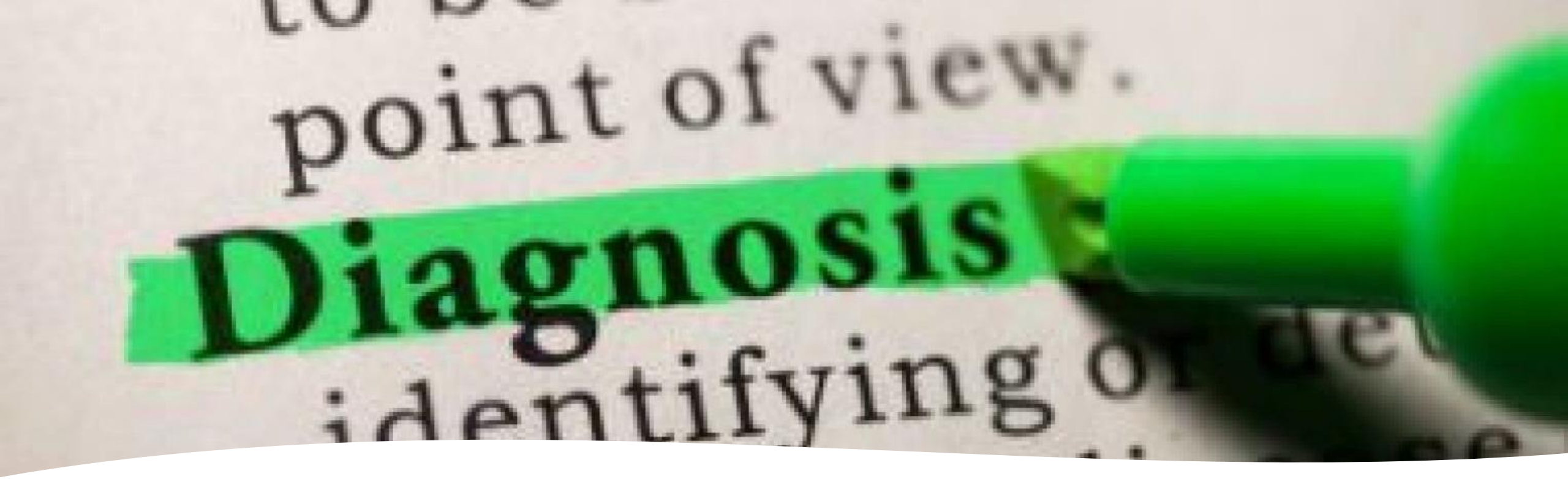
| Rank | Investors – beneficial interest | No. of shares | % Share of total | % Change from prior AGM | Investor Type | Country |
|---|---|---|---|---|---|---|
| 1 | Perceptive Advisors LLC | 2,140,000 | 13.9% | 16% | Institution | United States |
| 2 | L1 Capital Pty Ltd. | 1,702,994 | 11.0% | 53% | Institution | Australia |
| 3 | Sio Capital Management LLC | 993,966 | 6.4% | -22% | Institution | United States |
| 4 | Evolution Capital Advisors | 660,183 | 4.3% | 24% | Institution | Australia |
| 5 | Chiew Family | 508,861 | 3.3% | 18% | Retail | Australia |
| 6 | Regal Funds Management Pty Ltd. | 370,718 | 2.4% | 90% | Institution | Australia |
| 7 | Neumann, Rick | 359,020 | 2.3% | 35% | Retail | Australia |
| 8 | Cameron, Janet H | 335,689 | 2.2% | 38% | Retail | Australia |
| 9 | Chew, Patrick | 316,776 | 2.1% | 10% | Retail | Australia |
| 10 | Skandinaviska Enskilda Banken AB | 234,151 | 1.5% | 100% | Broker | Sweden |
| 11 | McEwin, Iain & Dianne | 231,000 | 1.5% | -1% | Retail | Australia |
| 12 | Lamm, David | 125,000 | 0.8% | 100% | Retail | Israel |
| 13 | Silver, Stephen | 124,805 | 0.8% | 105% | Retail | Australia |
| 14 | Amzalak, Menachem | 119,210 | 0.8% | 16% | Retail | Australia |
| 15 | Rooke, Gary | 119,000 | 0.8% | 6% | Retail | Australia |
| 16 | Morgan Stanley & Co. International Plc | 112,431 | 0.7% | 100% | Lending / Borrowing | United Kingdom |
| 17 | Clough, Daniel | 100,000 | 0.6% | 0% | Retail | Australia |
| 18 | Kumova, Tolga | 98,175 | 0.6% | 11% | Retail | Australia |
| 19 | Barrett, Sean | 96,000 | 0.6% | 4% | Retail | Australia |
| 20 | Affinity Asset Advisors, LLC | 90,000 | 0.6% | 100% | Institution | United States |

800 million people are over 65



2% - 5% of people over 65 have aortic stenosis

This increases to 12% - 15% over 75

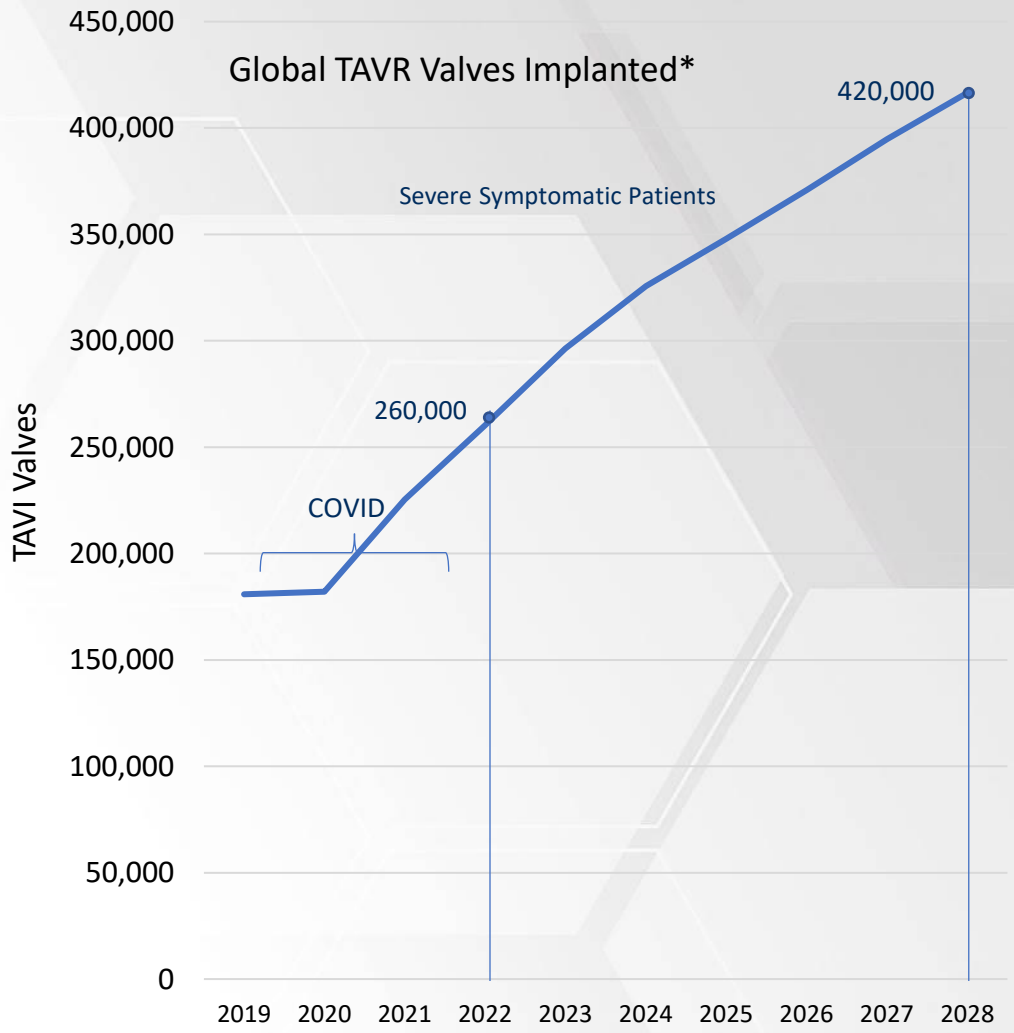



# Aortic stenosis is under treated

- The population above 65 globally is 10% or 800 million people (according to world bank)
- The world population continues to age rapidly and the incidence of aortic stenosis and severe aortic stenosis is growing with the population
- The available global patient pool is 10-20 million people
- At today's value 1% of this market is 3,500,000,000 -7,000,000,000
- 10% is 35-70 billion

# TAVR Global Market out to 2028 (15 billion AUD)

## Significant Organic Growth, with A LOT of Upside with Expanded Indications




TAVR Market has the Potential to grow even more

### 3 Trials Currently in Progress

**Evolut™ EXPAND TAVR**

**THE EARLY TAVR TRIAL**

- **Asymptomatic** patients who still have **severe AS**
- Currently **enrolling**

**THE PROGRESS TRIAL**

- Patients with moderate AS who have **not yet progressed to severe**
- Enrollment has begun

These 3 Trials focus on Asymptomatic and Moderate Aortic Stenosis.

Once completed in approx. 2025 time frame, they have the potential to increase 2x the TAVR Market size.

**2028 Market Potential over 800,000 TAVR Globally**

* 2020 Clarivate Market Data and Anteris inhouse Data

# Today we are only scratching the surface

# 21 patients now implanted with DurAVR™

# Clinical study update

1-Year Interim Analysis

# Cohort 1 & 2 are difficult to treat small annulus patients

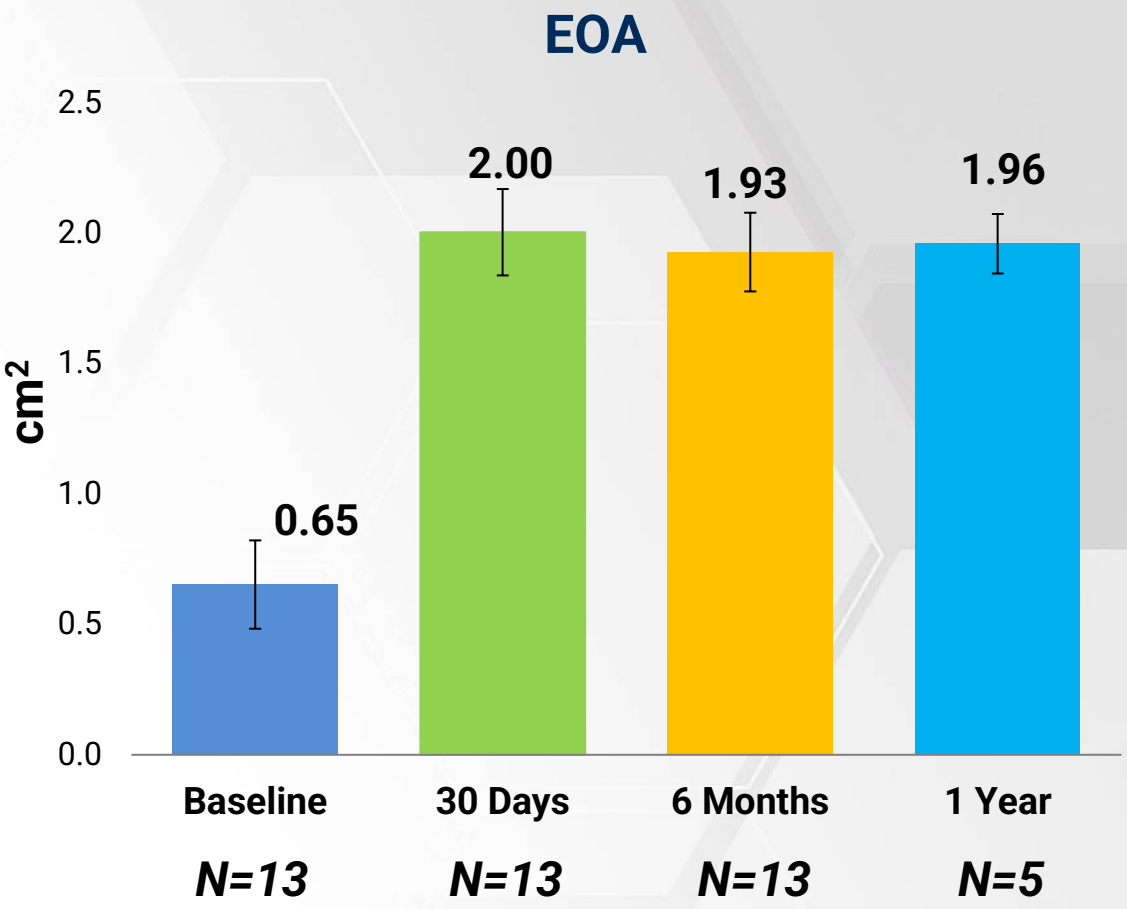
Cohort 1 and 2

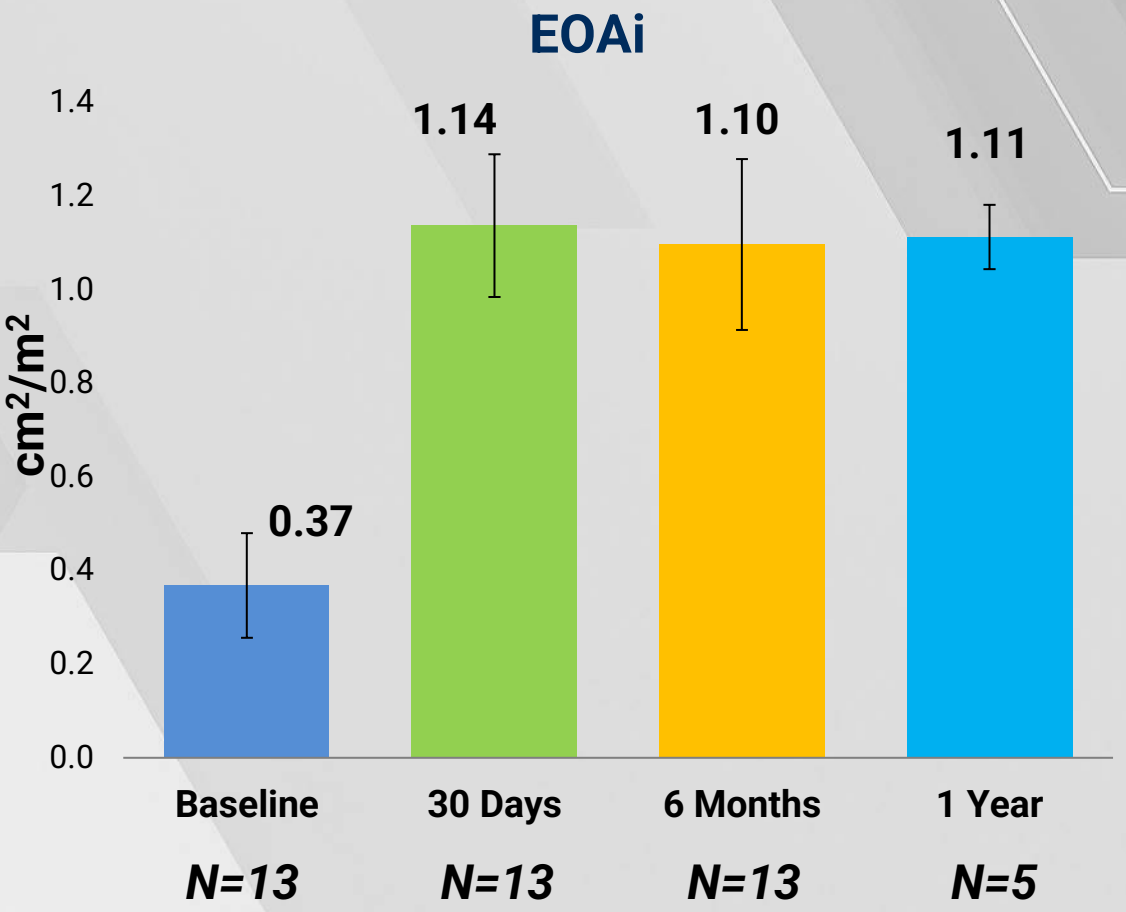
| Baseline characteristics | n = 13 |
|---|---|
| Age (years) | 73.92 ± 6.4 |
| Gender (female) | 77% |
| STS Prom (%) | 2.34 ± 1.07 |
| Area-derived annulus diameter (mm) | 22.95 ± 1.09 |
| NYHA Class<br>II<br>III | <br>85%<br>15% |
| Implant timeframe | Nov-2021 and May-2022 |

# Excellent results maintained over 1 year

Cohort 1 & 2

**Mean annulus size: 22.95 mm**
(N=13)



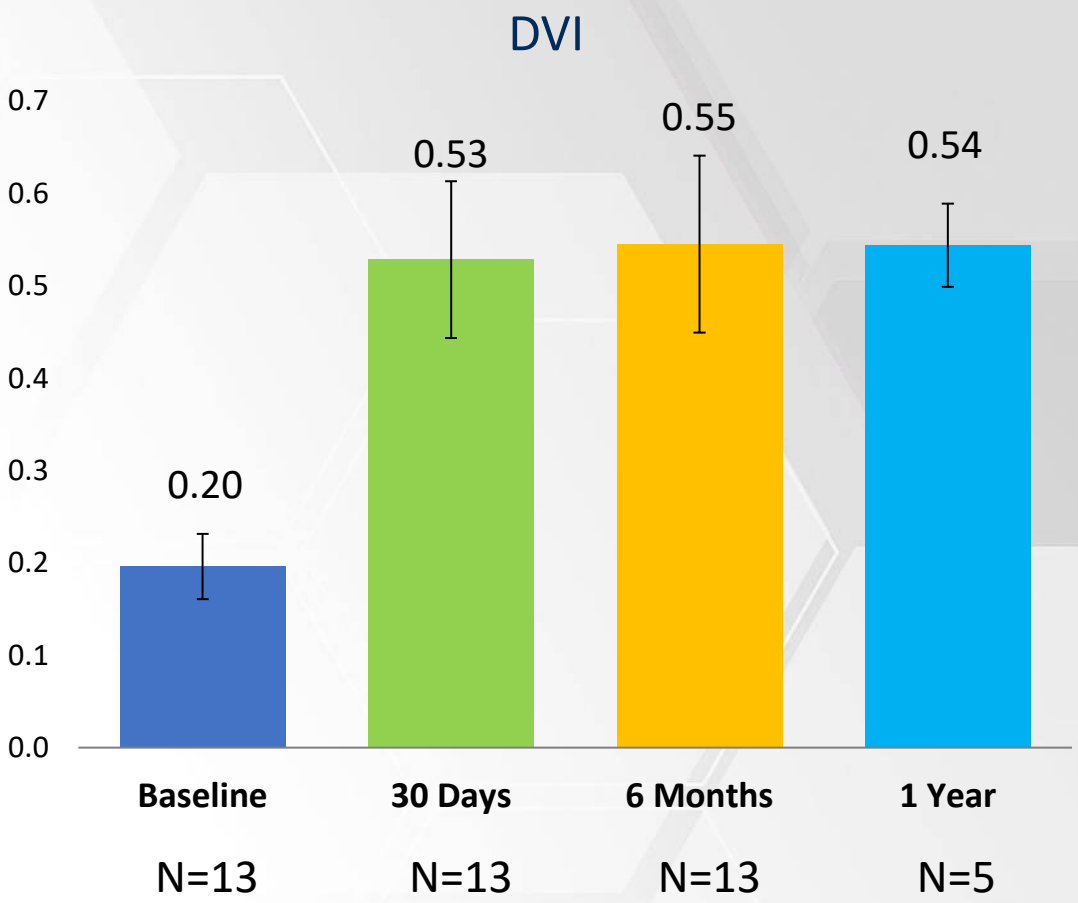

*1-year transthoracic echocardiogram (TTE) available only for the first 5 subjects at the time of this analysis*

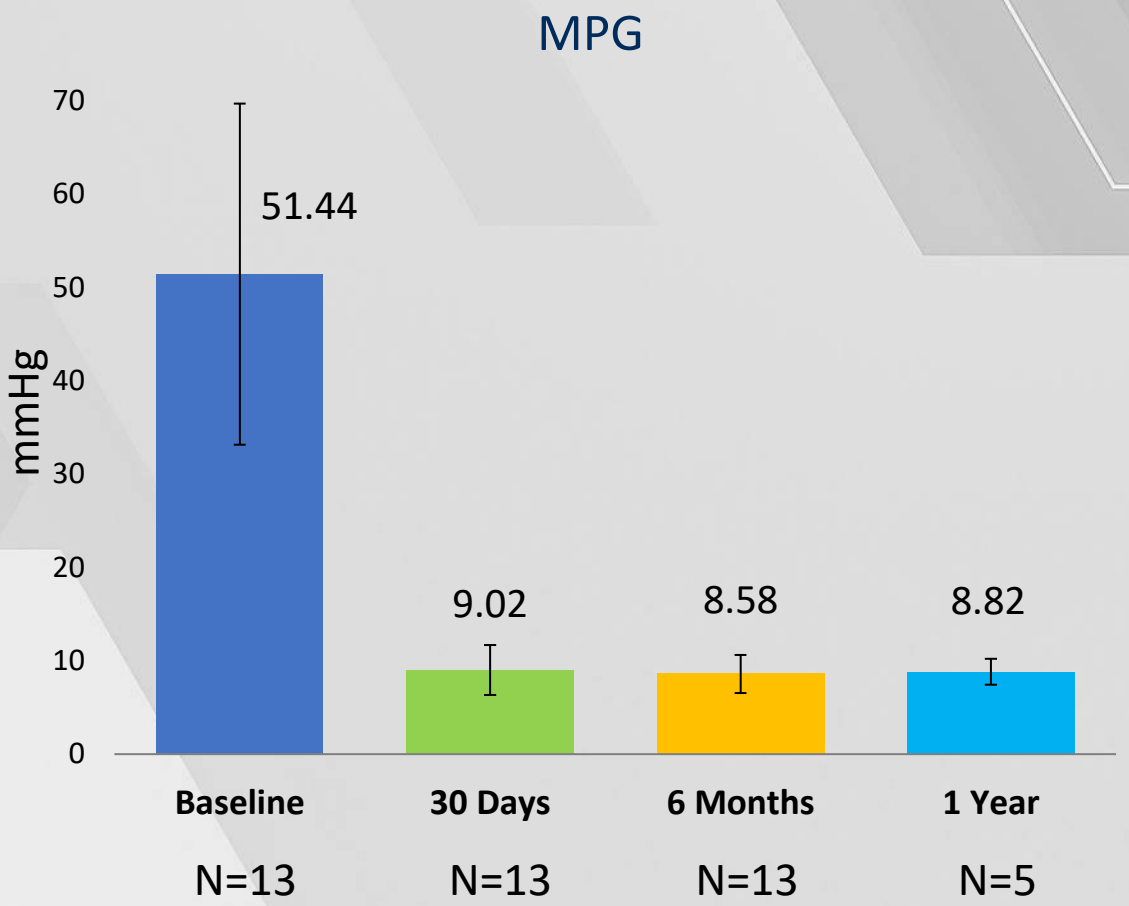
EOA: Effective Orifice Area | EOAi: Effective Orifice Area indexed

# Outstanding 1-Year Haemodynamics

## Cohort 1 & 2

Mean annulus size: 22.95 mm
(N=13)



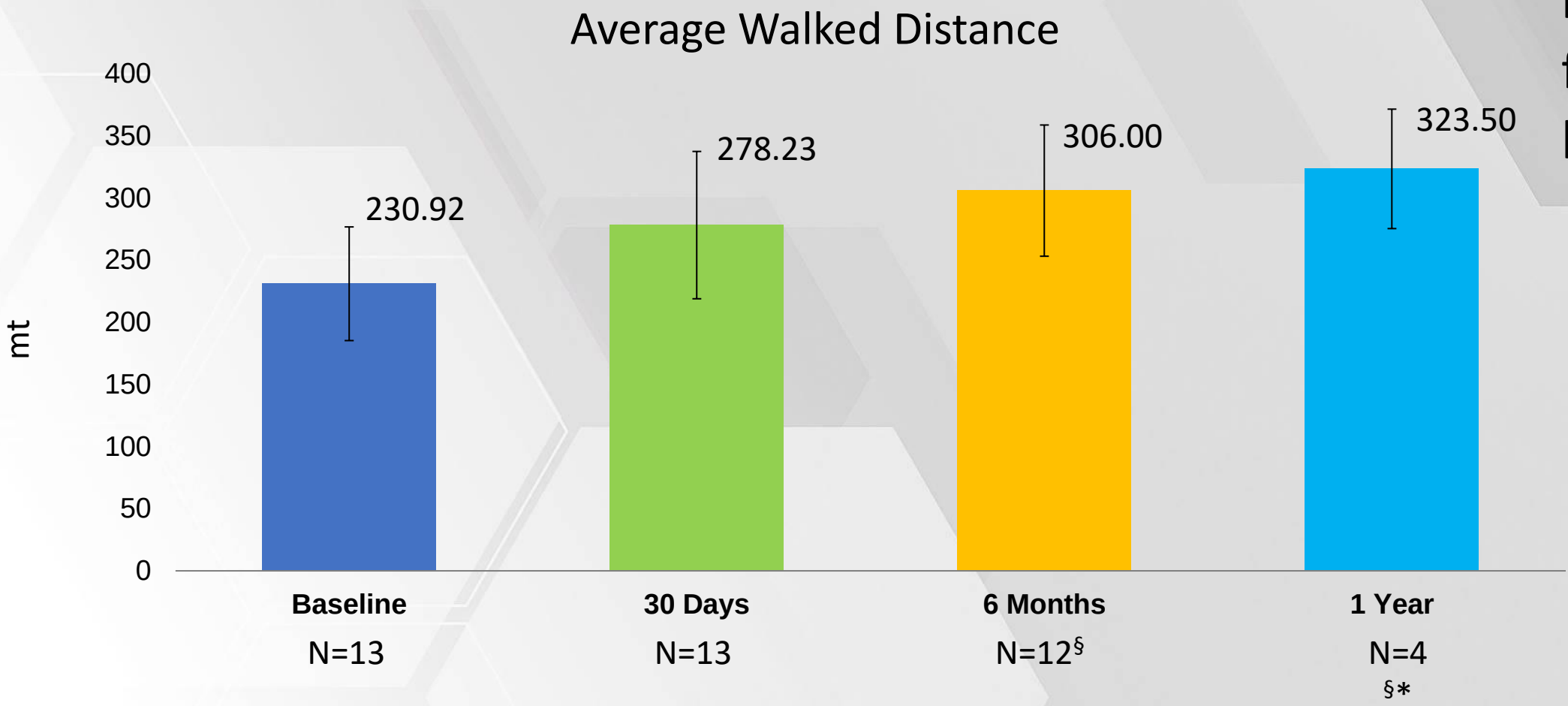




1-year transthoracic echocardiogram (TTE) available only for the first 5 subjects at the time of this analysis

DVI: Doppler Velocity Index | MPG: Mean Pressure Gradient

# Huge improvements in exercise capacity

40% increase from baseline

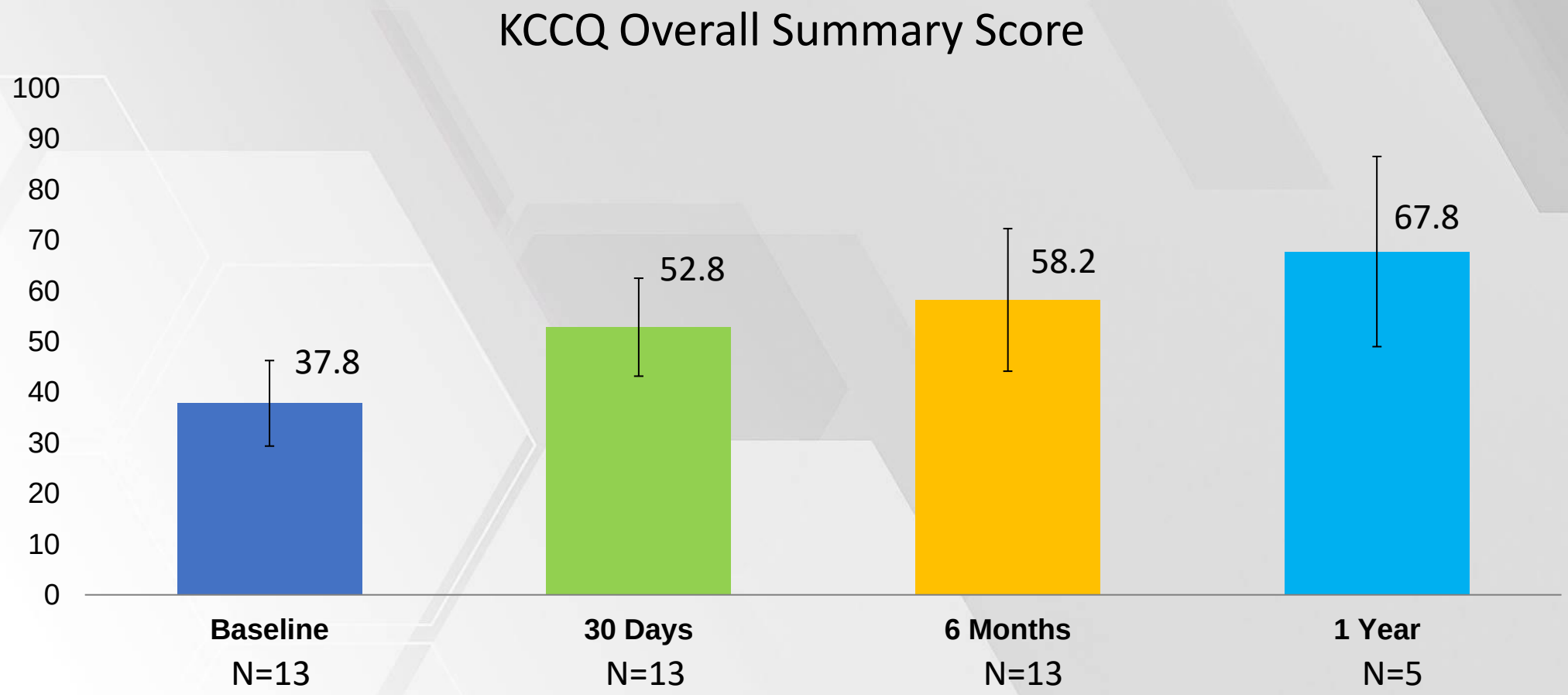



§ One subject performed the baseline and 30-day 6MWT with the support of an assistive device and was unable to complete the assessment at 6-month and 1-year follow-up due to hip replacement.

* 1-year 6MWT available only for the first 4 subjects at the time of this analysis

# Significant improvements in QOL score over 12 months

## Cohort 1 & 2




1-year KCCQ available only for the first 5 subjects at the time of this analysis

# Cohort 3

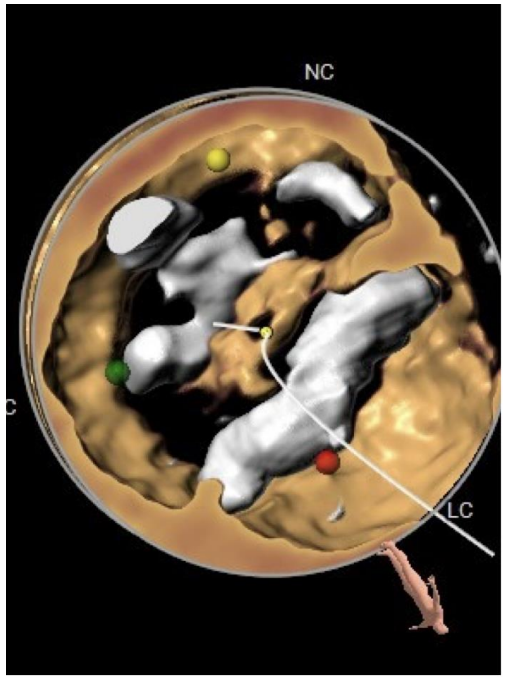
7 new patients + 1 compassionate use patient

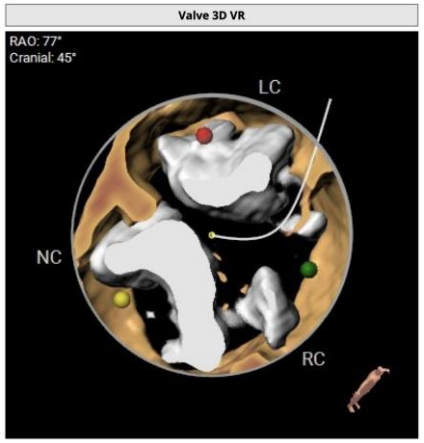
# Cohort 3 Objectives

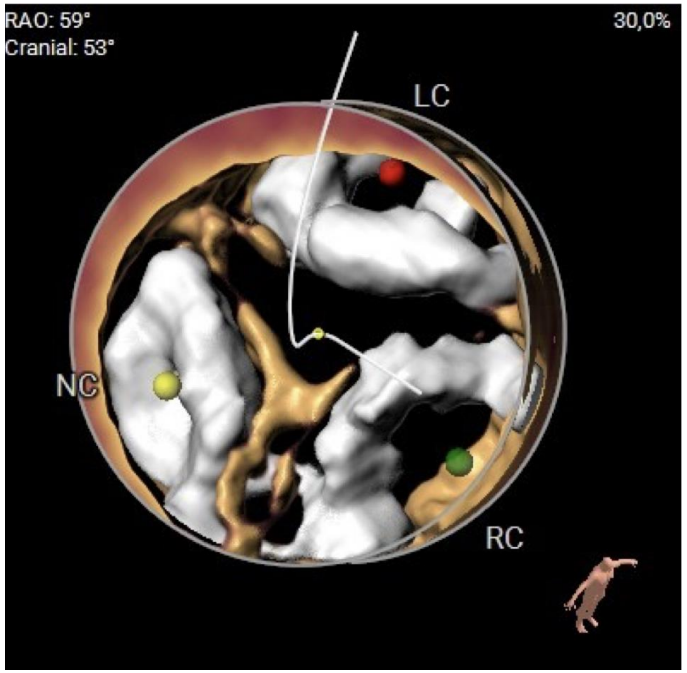
## Great clinical results while defining device limitations in prep for EFS

- Verify improvements in balloon function
- Clinical experience for EFS
- Push the upper and lower bounds of the valve sizing range
- Depth of implant optimization
- Volume based sizing
- Test Crimper

# Difficult to treat anatomies



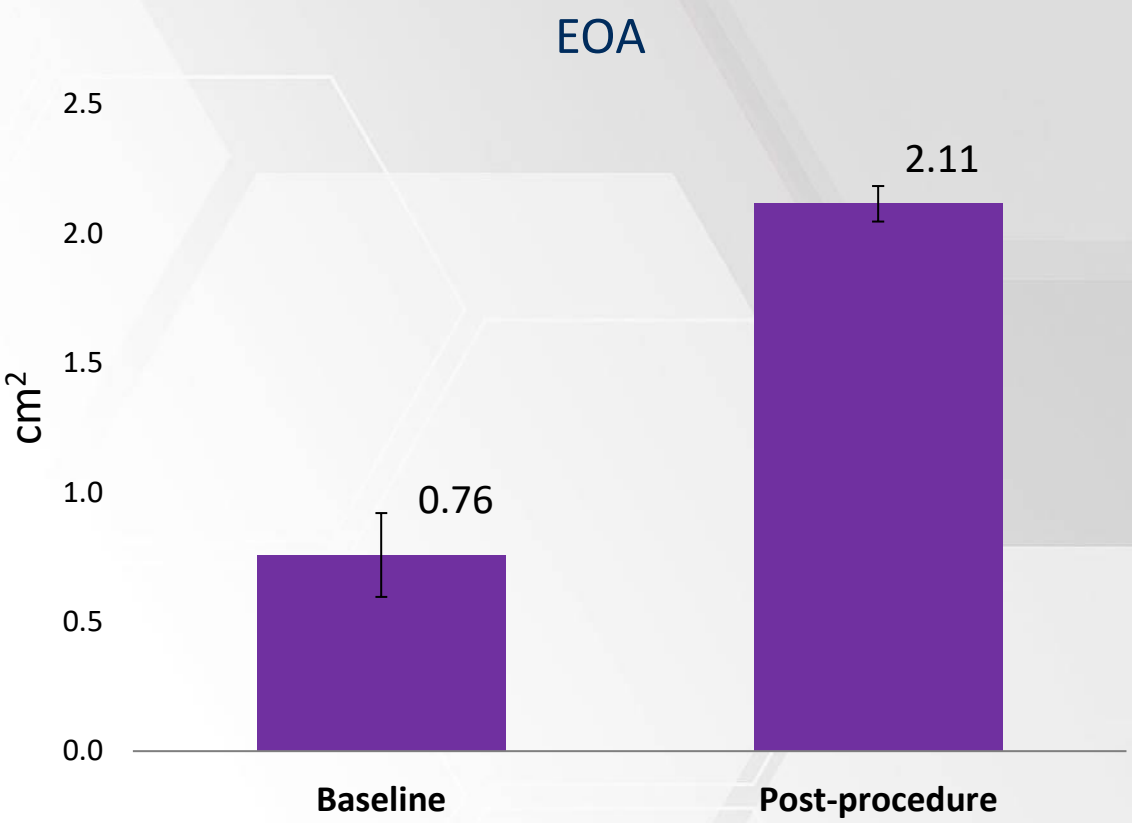
# Baseline Characteristics

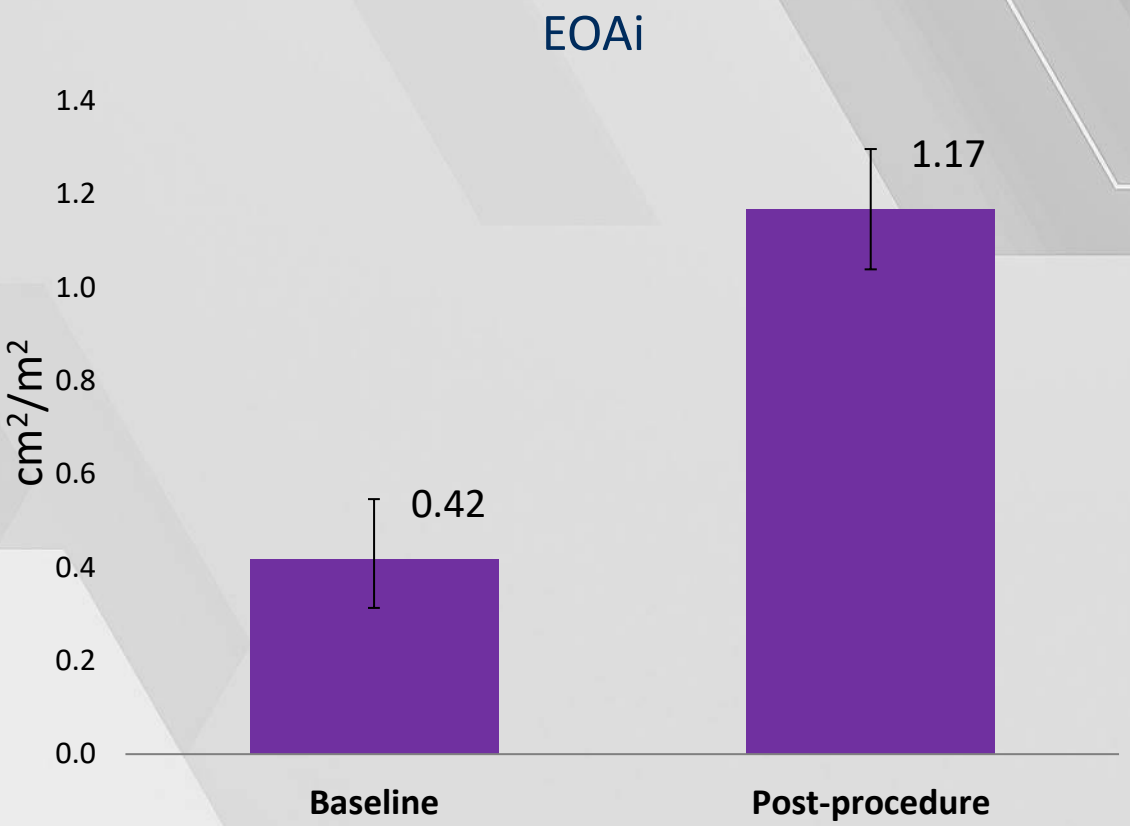
| Baseline characteristics | n = 7 |
|---|---|
| Age (years) | 74.86 ± 4.60 |
| Gender (female) | 86% |
| STS Prom (%) | 2.07 ± 0.47 |
| Area-derived annulus diameter (mm) | 22.33 ± 1.51 |
| NYHA Class<br>II<br>III | <br>71%<br>29% |
| Implant timeframe | April 2023 |

# Post-procedure (48h) Haemodynamics

## Cohort 3

Mean annulus size: 22.33 mm

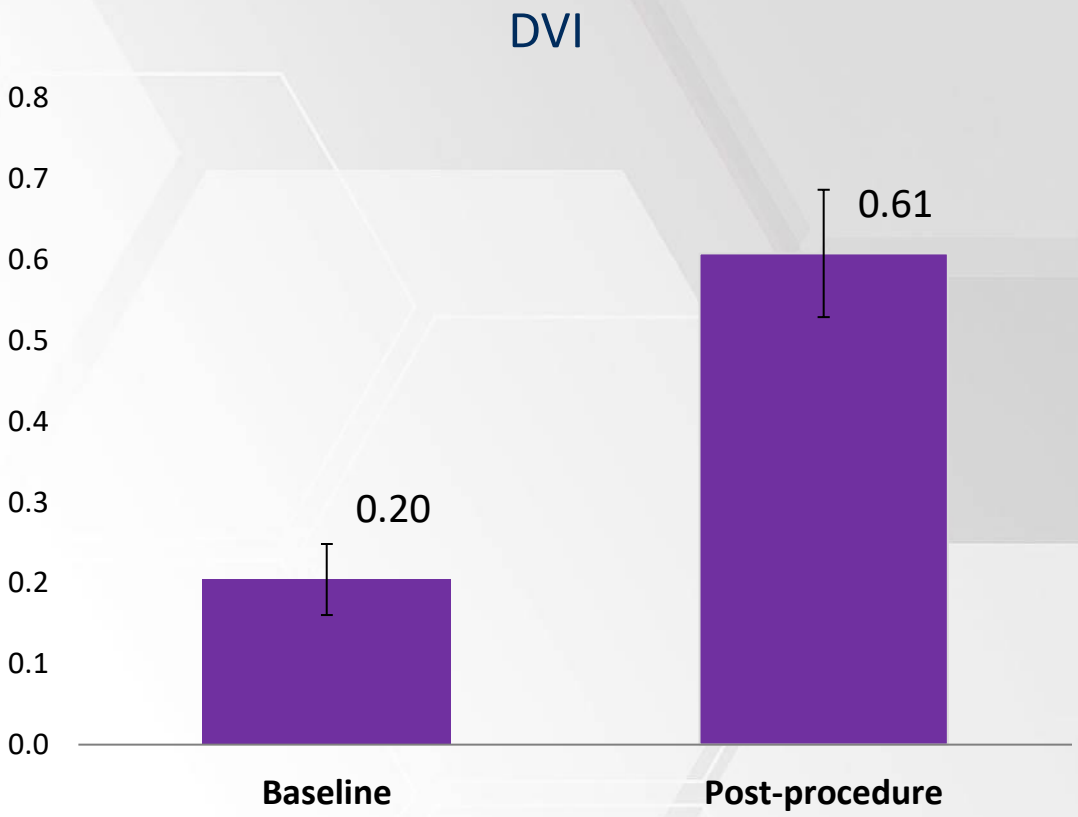


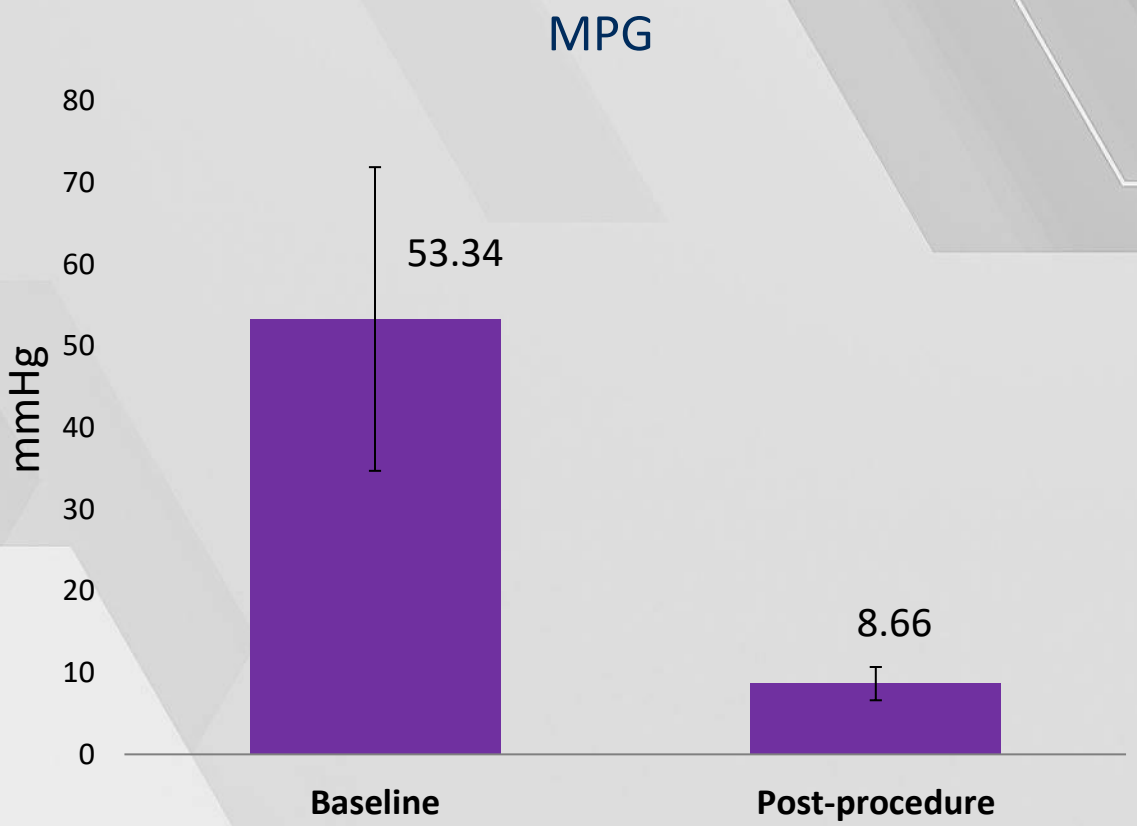




EOA: Effective Orifice Area | EOAi: Effective Orifice Area indexed

# Post-procedure (48h) Haemodynamics all patients

Mean annulus size: 22.73 mm



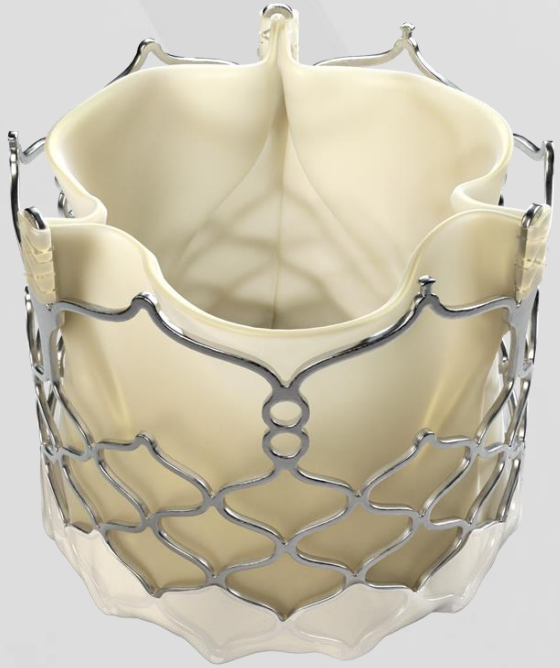




DVI: Doppler Velocity Index | MPG: Mean Pressure Gradient

# High-Level Results

8/8 Successful Cases

- 7 FIH, 1 Compassionate Use
- Mean annulus 22.3
- Percutaneous Closure in all
- Intraop TEE- 7 trace/zero, 1 mild PVL
- ZERO Central leak
- No pacer at d/c



# Compassionate use case

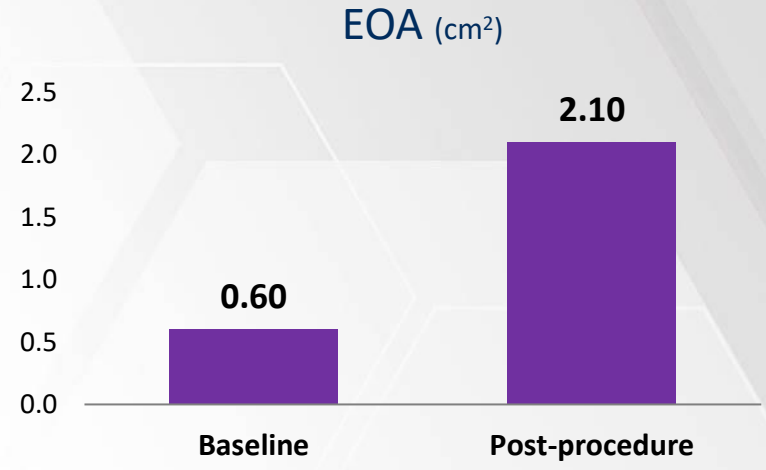
# Baseline Characteristics

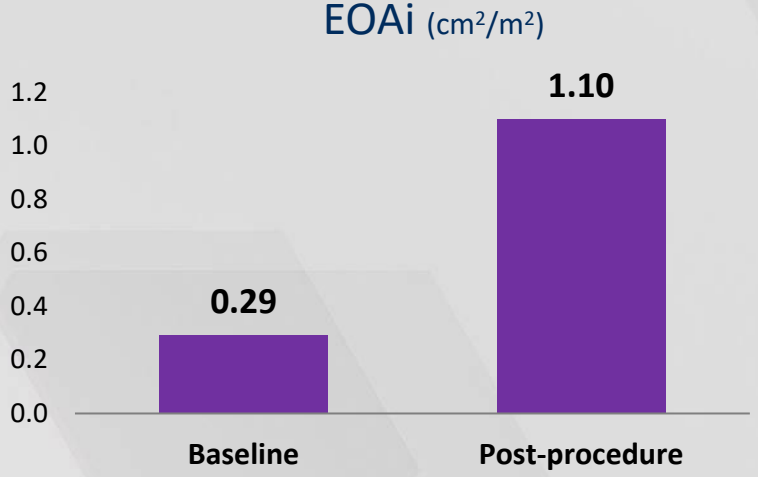
Compassionate case – 24 April 2023

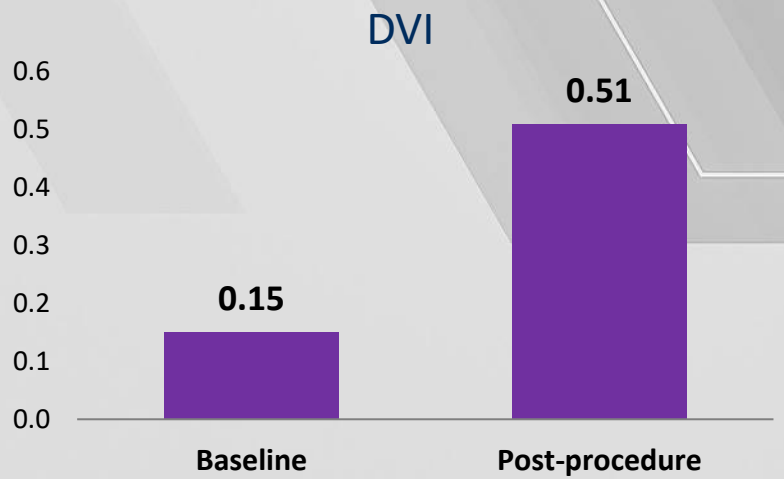
| Baseline characteristics | |
|---|---|
| Age (years) | 66 |
| Gender | Female |
| STS Prom | 1.12 % |
| Area-derived annulus diameter | 24 mm |
| NYHA Class | 3 |
| AV morphology | Bicuspid |
| LV Ejection Fraction | 33 % |
| Comorbidities and risk factors | systemic hypertension, mild-moderate mitral insufficiency, low LV EF, risk of coronary obstruction. |

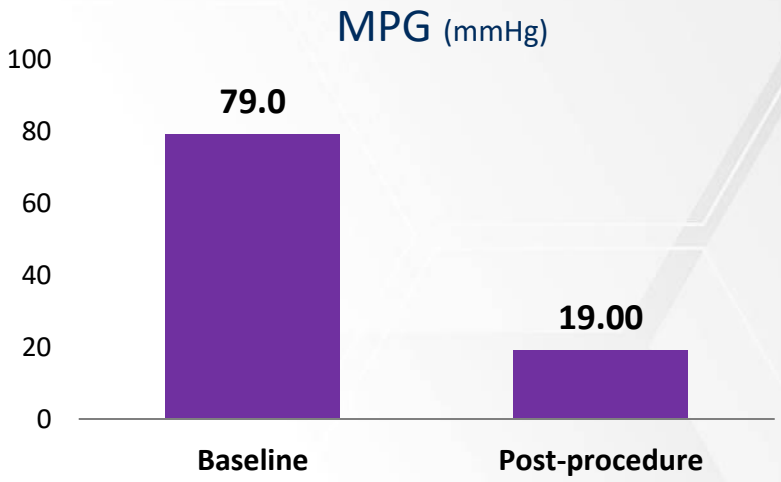
# Excellent haemodynamics results in severe bicuspid anatomy

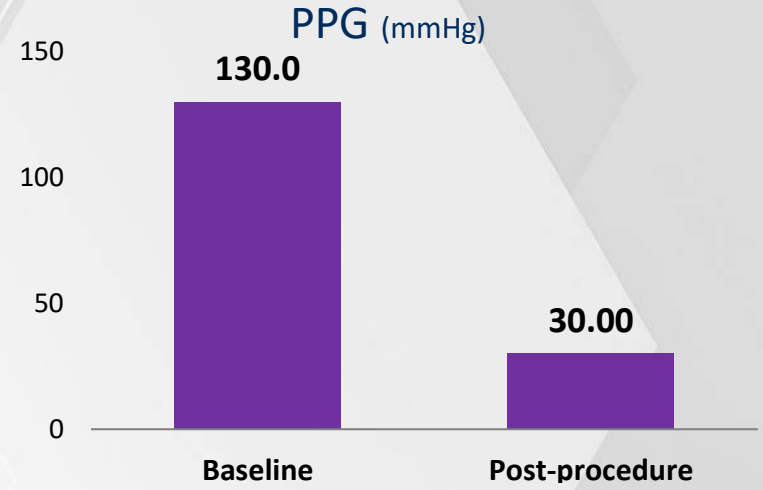
Compassionate case – 24 April 2023



All Subjects
Post-procedure (48h) Interim Analysis

# Baseline Characteristics

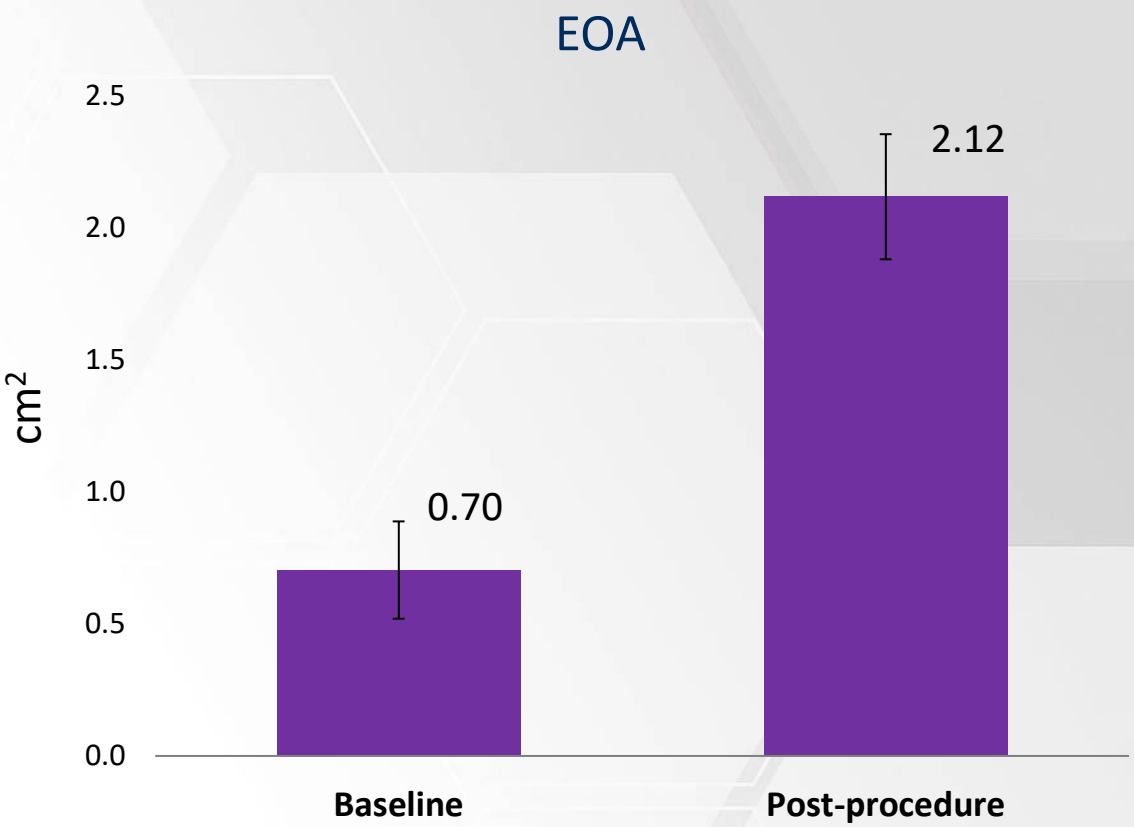
## All Subjects

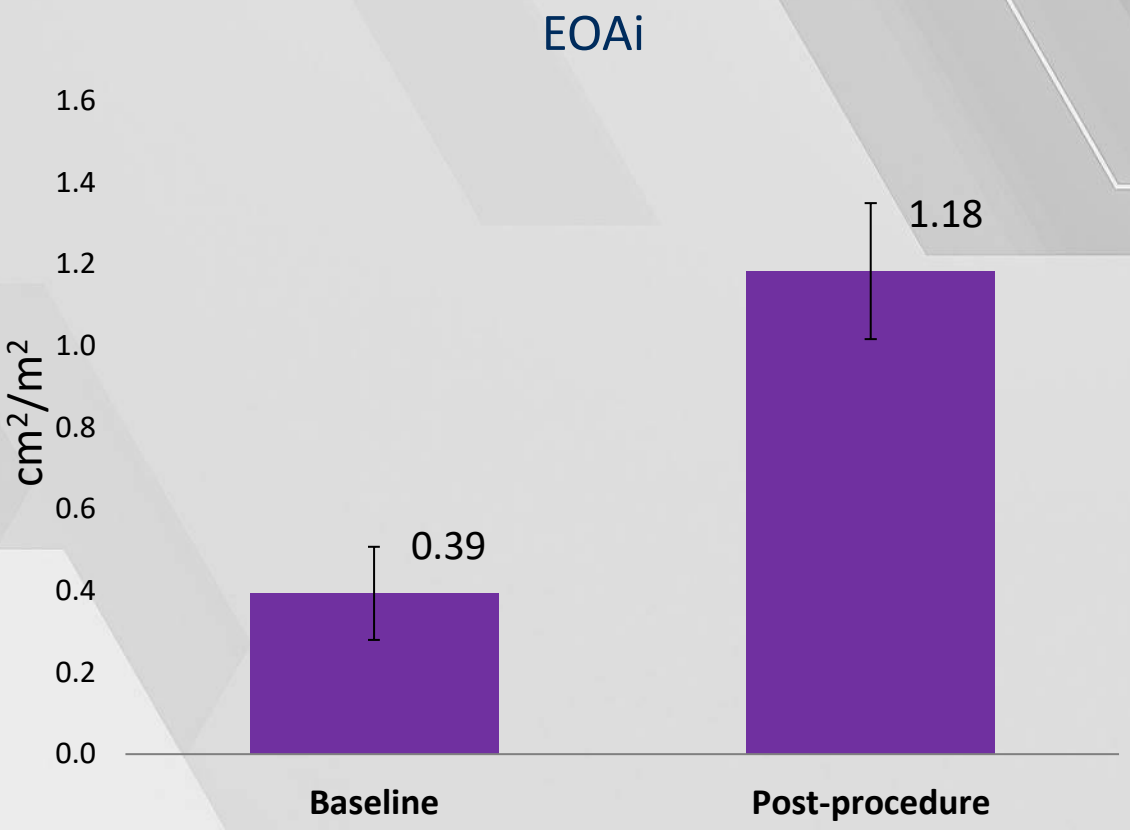
| Baseline characteristics | n = 20 |
|---|---|
| Age (years) | 74.25 ± 5.72 |
| Gender (female) | 80% |
| STS Prom (%) | 2.25 ± 0.90 |
| Area-derived annulus diameter (mm) | 22.73 ± 1.25 |
| NYHA Class<br>II<br>III | <br>80%<br>20% |
| Implant timeframe | Nov-2021, May-2022, Apr-2023 |

# Post-procedure (48h) Haemodynamics

## All Subjects

Mean annulus size: 22.73 mm



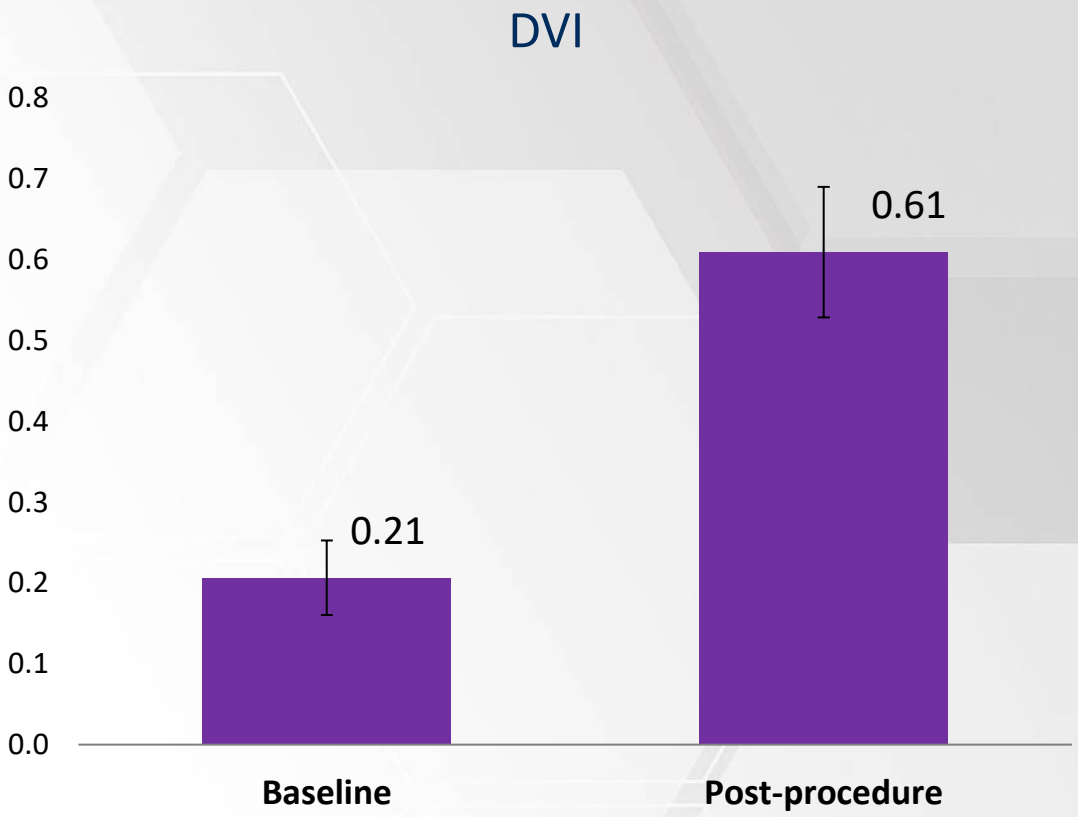



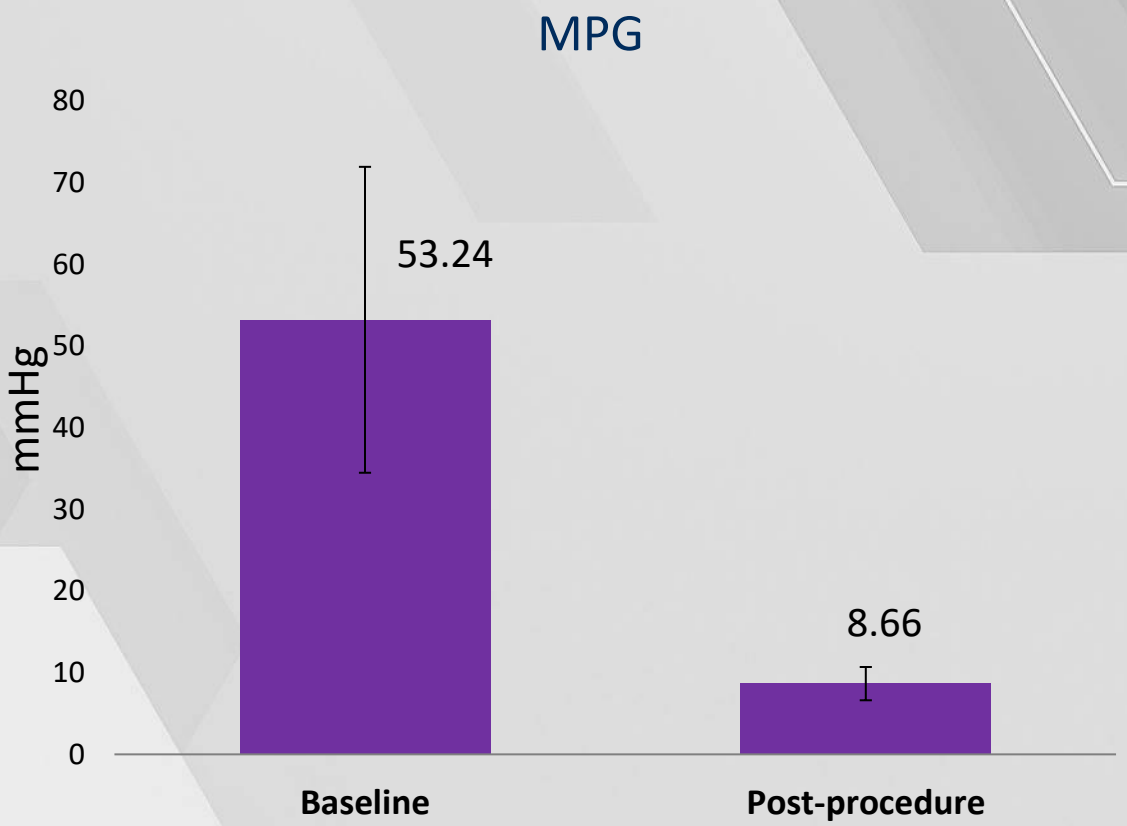

EOA: Effective Orifice Area | EOAi: Effective Orifice Area indexed

# Post-procedure (48h) Haemodynamics

## All Subjects

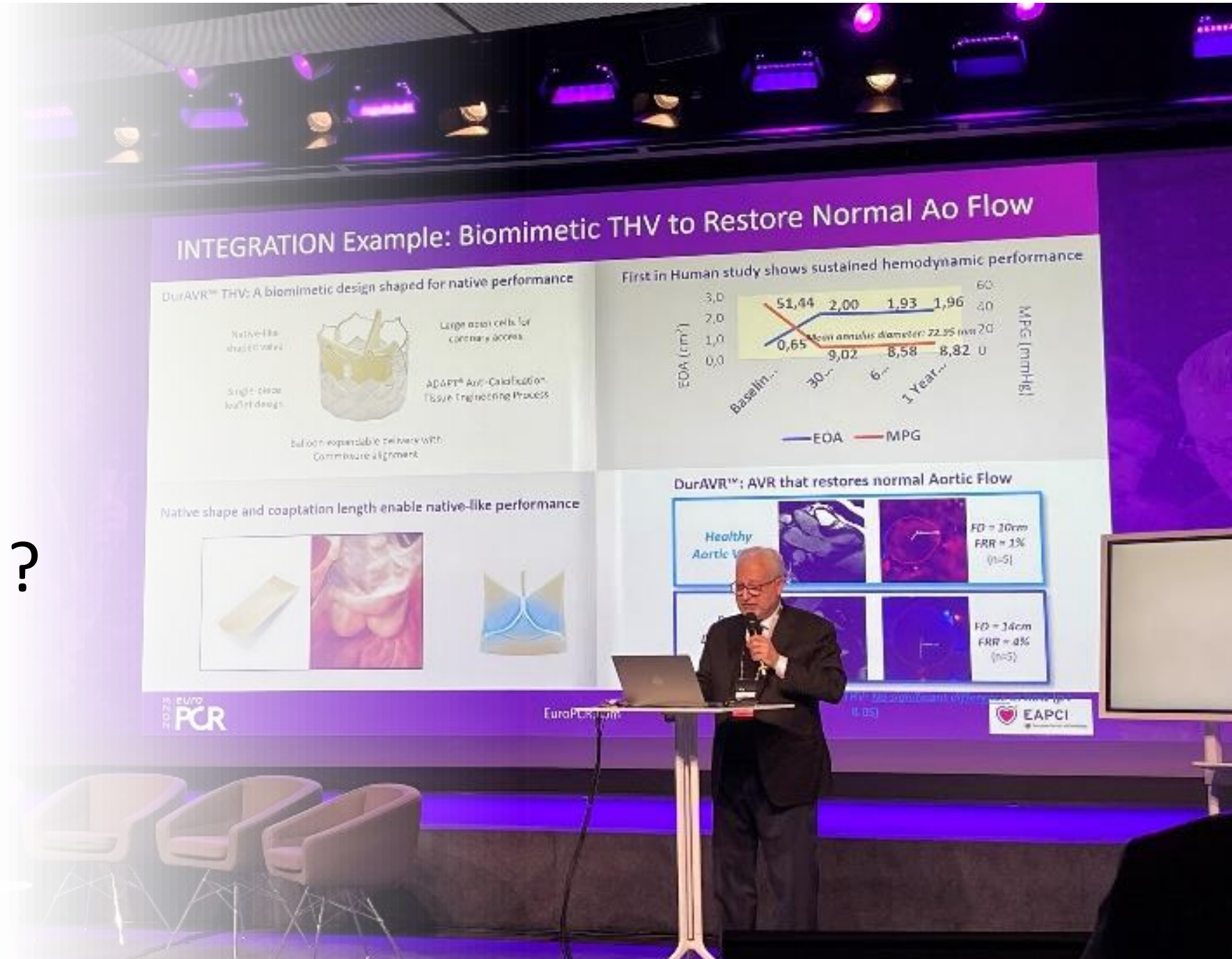
Mean annulus size: 22.73 mm




DVI: Doppler Velocity Index | MPG: Mean Pressure Gradient

# What are the experts saying about DurAVR™ ?



ANTERIS TECHNOLOGIES

A Structural Heart Company

EXPERT INTERVIEW WITH

# CEO WAYNE PATERSON

AND

# REBECCA T. HAHN, MD

# 2 products , 2 indications 2 pathways

- Aortic Stenosis (at the current rate will be AUD 15 billion by 2028)
- Valve in Valve (up to 30% of existing patients)

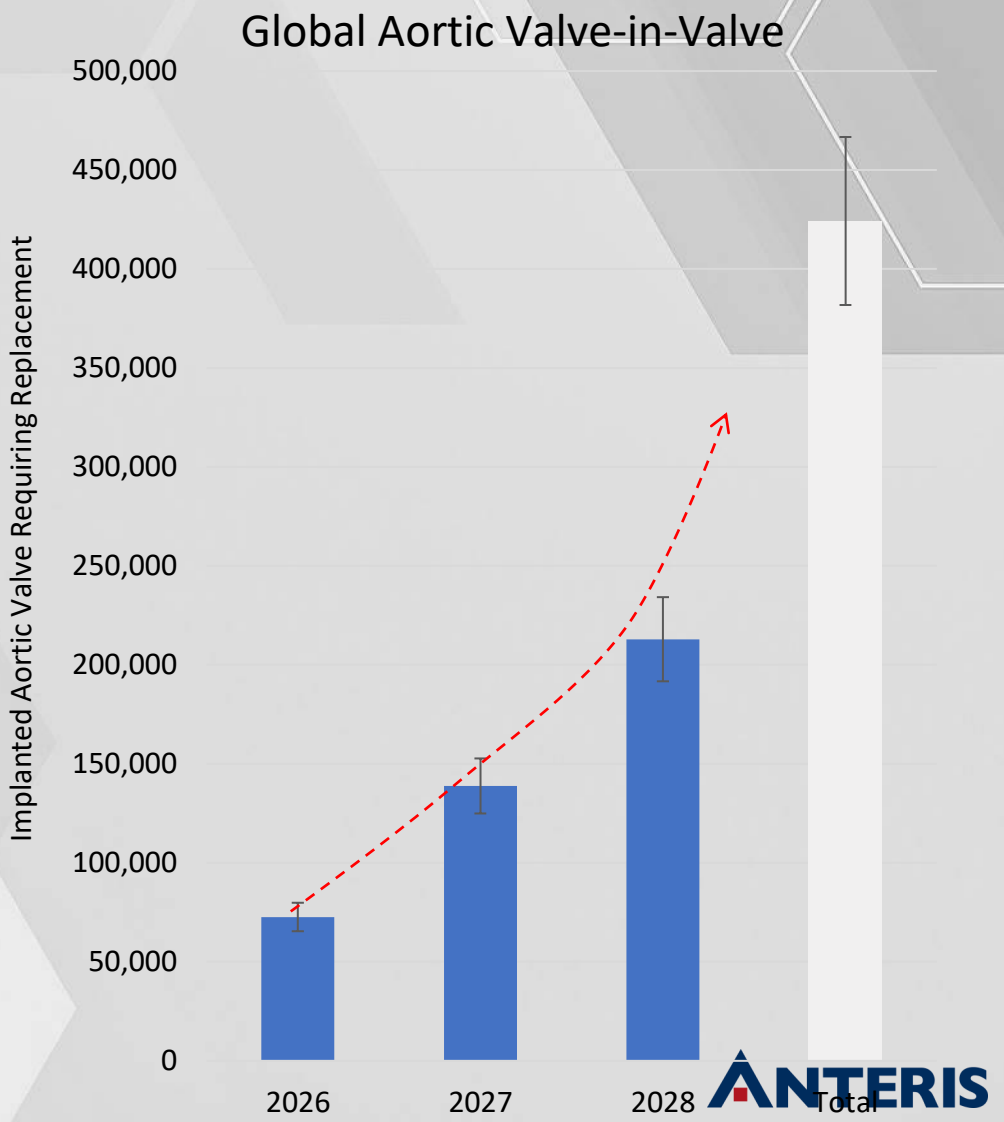

POWER OF TW

# Valve-in-Valve

## An Evolving New Market for Repeat SAVR & TAVI Procedures

### Valve-in-Valve Represents a Large Growing Market for DurAVR™ THV

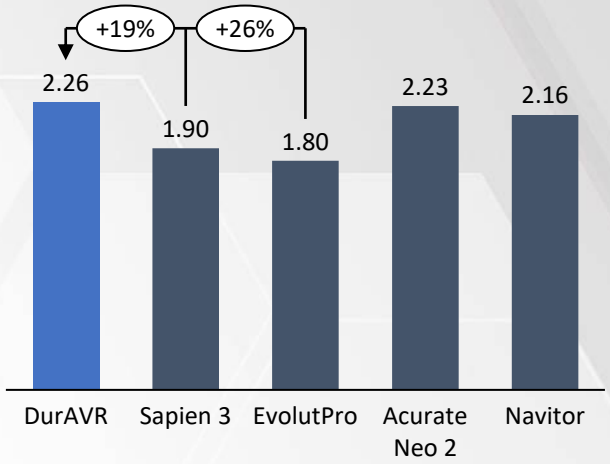
- Between 5 to 7 years after implantation of a bioprosthetic heart valve - they begin to fail
- 5% of current TAVR Procedures are ViV, projected to be 20% by 2026
- Younger and more active patients are now being treated, who will require several repeat valve procedures over their lifetime
- Growing demand by physicians & patients to have a Valve for Life the first time and if a replace of a failed first TAVI/SAVR



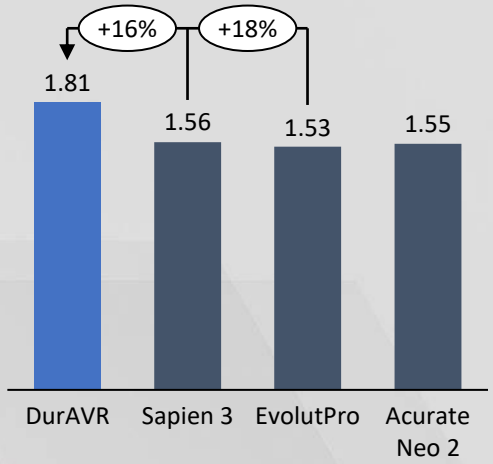

* 2020 Clarivate Market Data and Anteris inhouse Data

# TAV in 21mm SAV hydrodynamic results

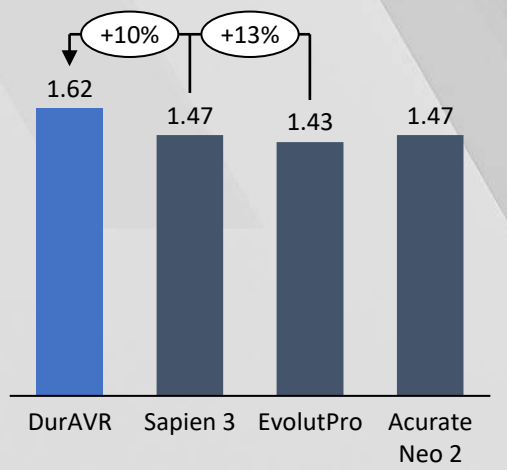
## Magna Ease 21mm




## Mosaic AV 21mm



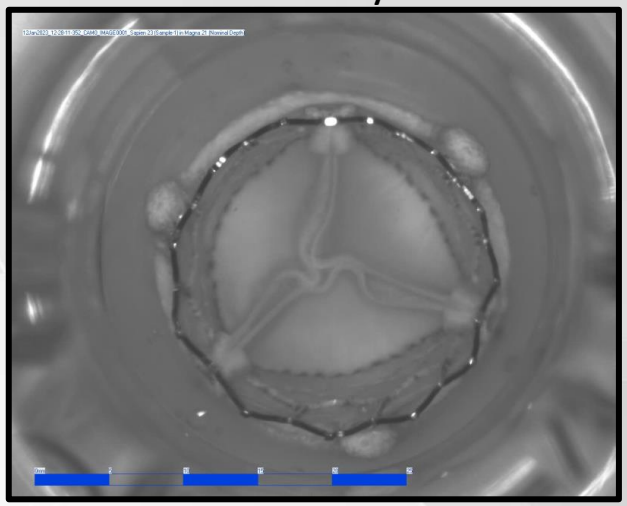

## Hancock AV 21mm




Note: Navitor too large according to ViV sizing app for Mosaic 21 and Hancock 21

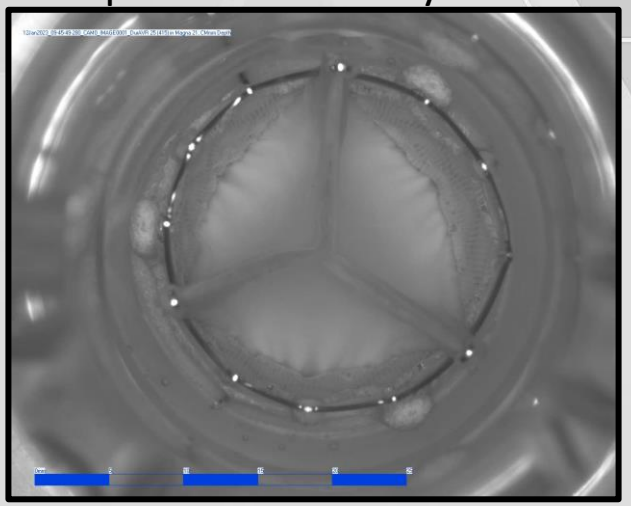
# DurAVR™ can address current challenges

## Poor Haemodynamics



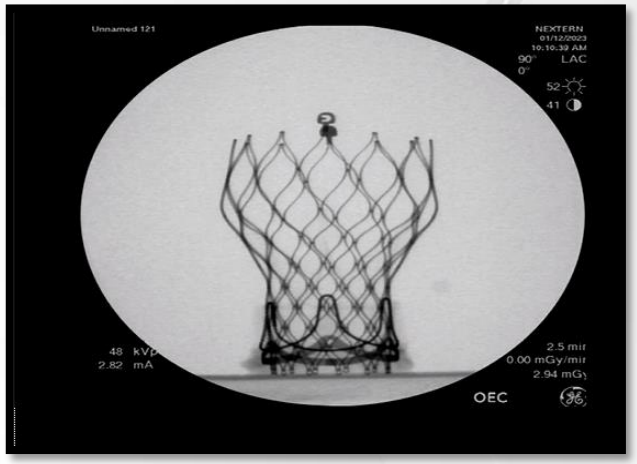
Sapien 23
EOA 1.9
MG 11.7
Moderate pinwheeling

## Improved Haemodynamics



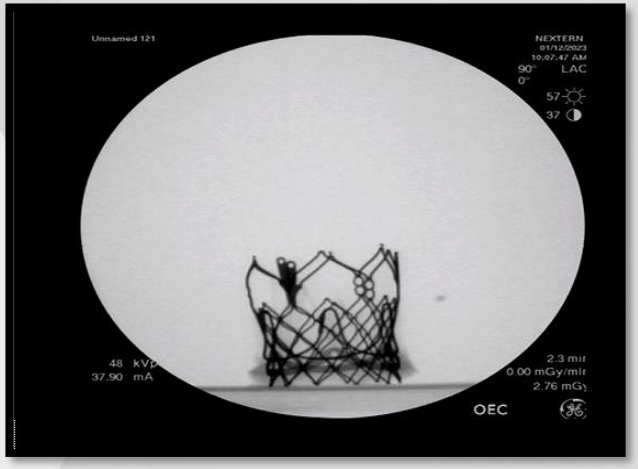
DurAVR™
EOA 2.26 (+19%)
MG 8.8 (-25%)
No pinwheeling

## Poor Coronary Access




Evolut 23
Tall frame prevents coronary access

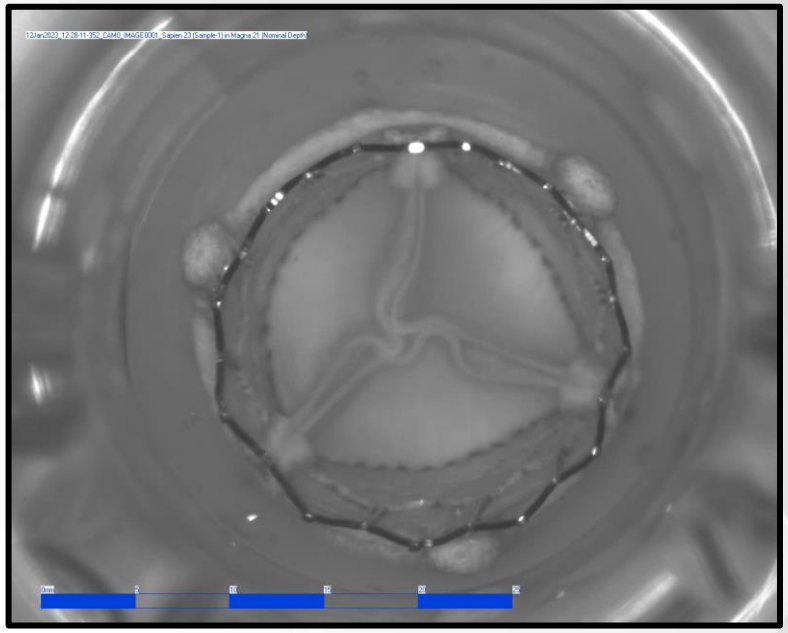
## Ease of Coronary Access




DurAVR™
Short frame
Large open cells
Easy coronary access

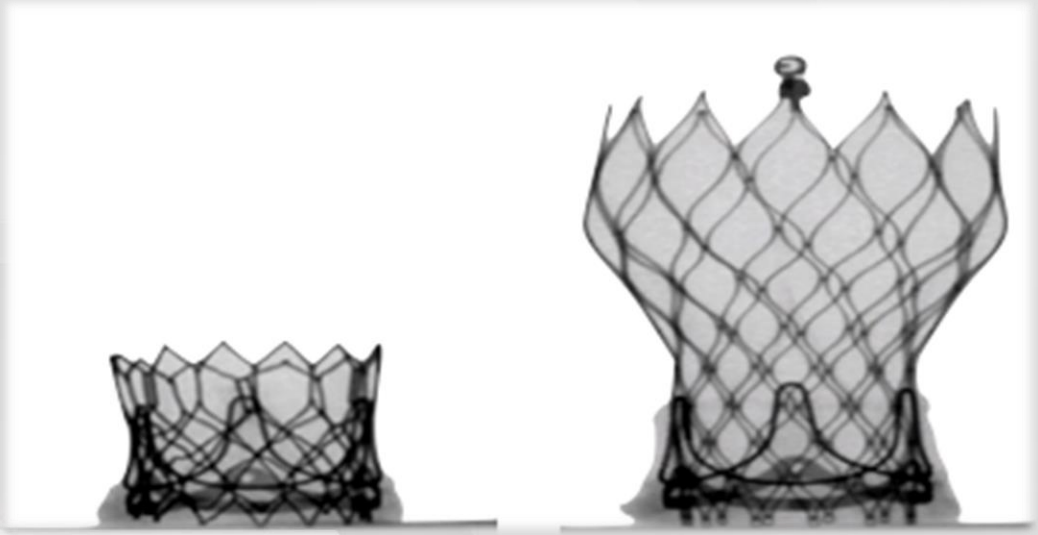
# Current valves: Result in clinical compromises

- Poor Haemodynamics



Sapien 23
64% severe PPM

## Coronary Access Issues



ViV - in 21 mm Magna Ease SAVR

Evolut 23:
Tall frame prevents coronary access

### Current valves do not address all these challenges

- Balloon expandable (BE) TAVR have poor haemodynamics in small SAVR
- Self expanding (SE) TAVR have moderate haemodynamics, but higher rates of limited future coronary access
- Physicians most often trade off coronary access for haemodynamics

# Yesterday's TAVR's Were Not Imagined For Today's Patients

## 1st and 2nd Generation TAVR's designed to solve different problems for today's patients

"Patients need a safe alternative to open heart surgery"

1st and 2nd Generation TAVRs

~85yrs

2011 – 2013 average patient age was 84(1)

"Patients need a valve that restores an active lifestyle for the rest of their life"

3rd Generation DurAVR™

~65yrs

From 2019 the average patient age is 73 and declining(2)

DurAVR™ was designed for younger and more active patients

Sources:

(1) STS-ACC TVT Registry of Transcatheter Aortic Valve Replacement. J Am Coll Cardiol (2020);76:2492-2516.

(2) N Engl J Med 2019; 380:1695-1705.

DurAVR™ THV IS NOT AVAILABLE FOR SALE, FOR CLINICAL INVESTIGATIONAL USE ONLY.

# Patients Need New Solutions that Last Longer and Work Better

## Valve Science Must Progress Beyond 3 Piece Designs

Younger patients now eligible


Guidelines
TAVR as class for ages 65-80


Indications:
- Moderate
- Asymptomatic

EXPAND TAVR

THE EARLY TAVR TRIAL

What Does this Mean?

| | PATIENT AGE | KEY CONSIDERATIONS |
|---|---|---|
| ~85 years old |  | Life Expectancy |
| ~65 years old |  | Exercise Capacity |
| | Need to Avoid Valve-in-Valve | Need More “Normal” Haemodynamics |

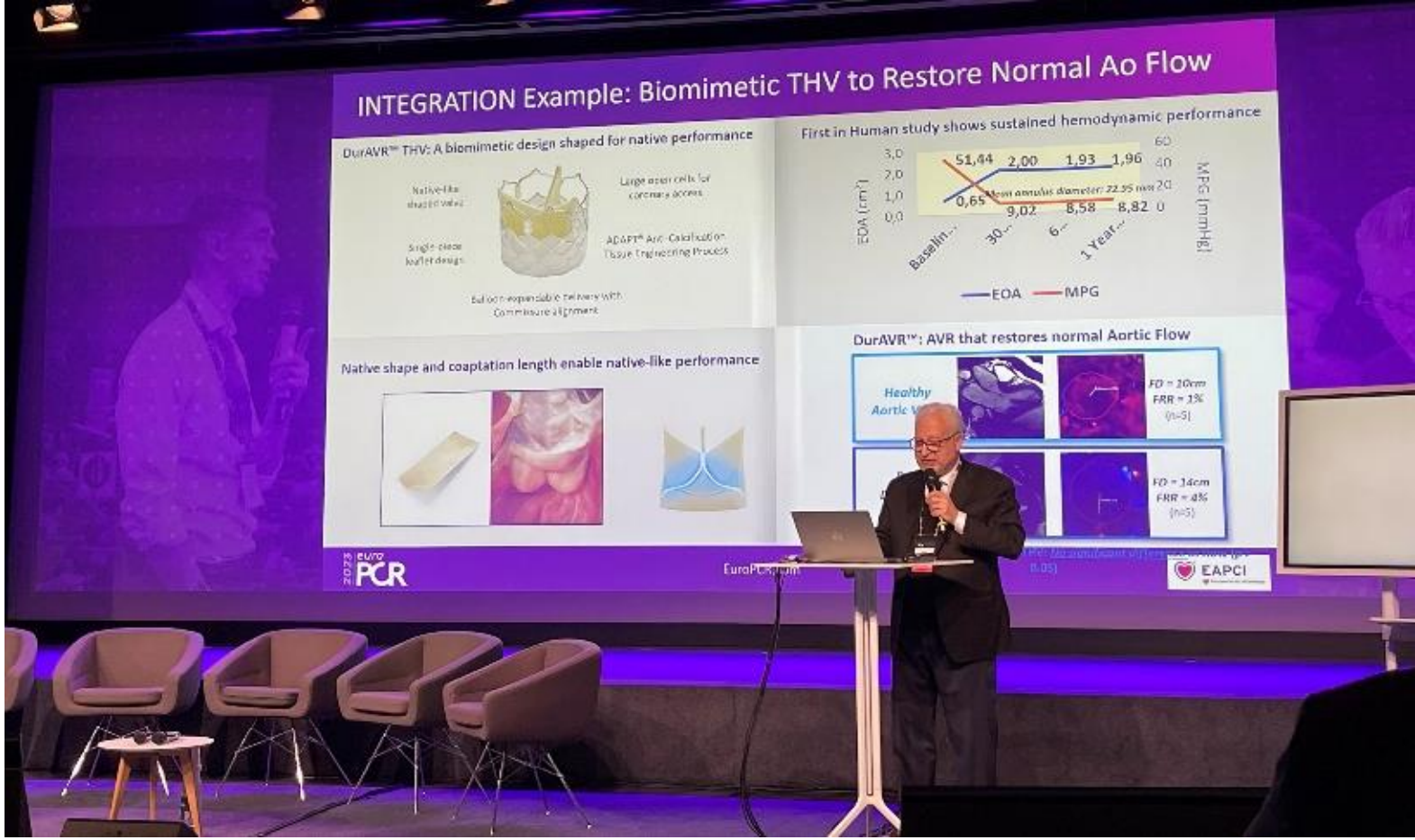
Otto, et al. ACC/AHA Guideline, JACC,2021, 77, e25-197 Bagur R, et al. Heart. 2017;103:1756-1759
Carroll, et al STS ACC TVT Registry JACC

ANTERIS

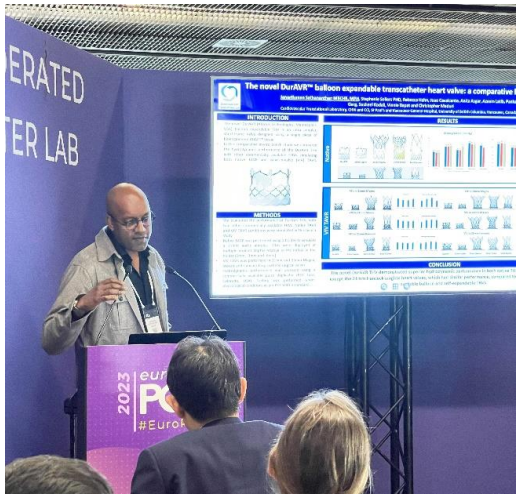
# What else are we up to ?

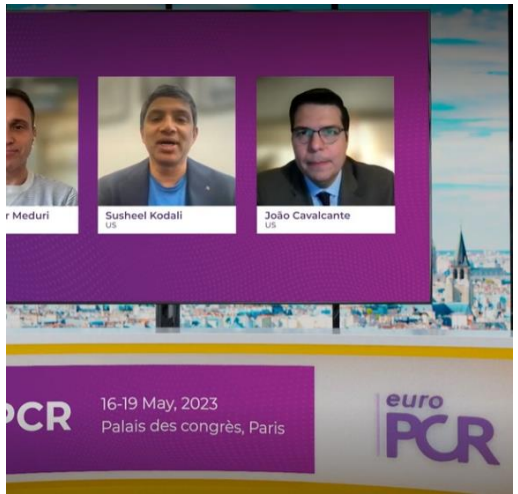
ANTERIS

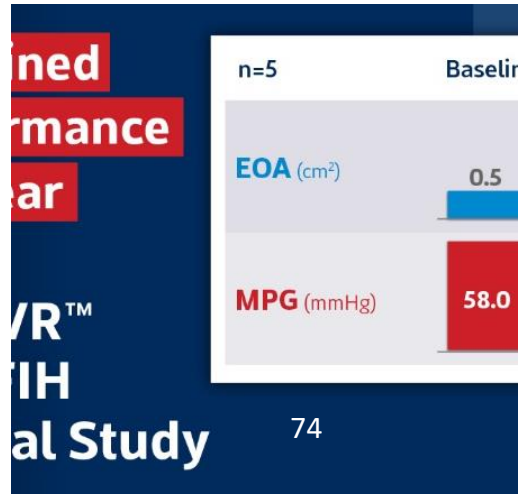

DurAVR™: A First-in-class Biomimetic Transcatheter Aortic Valve
DurAVR™ THV System
DurAVR™ THV
Biomimetic valve
Native-like shaped valve
ADAPT® Anti-Calcification Tissue Engineering Process
Single-piece leaflet design
Balloon-expandable large cells
Commissure alignment
PVL skirt
ComASUR™ TF Delivery System
EuroPCR.com
EAPCI


INTEGRATION Example: Biomimetic THV to Restore Normal Ao Flow
DurAVR™ THV: A biomimetic design shaped for native performance
First in Human study shows sustained hemodynamic performance
EOA
MPG
Native shape and coaptation length enable native-like performance
DurAVR™: AVR that restores normal Aortic Flow
EAPCI


DurAVR
ANTERIS



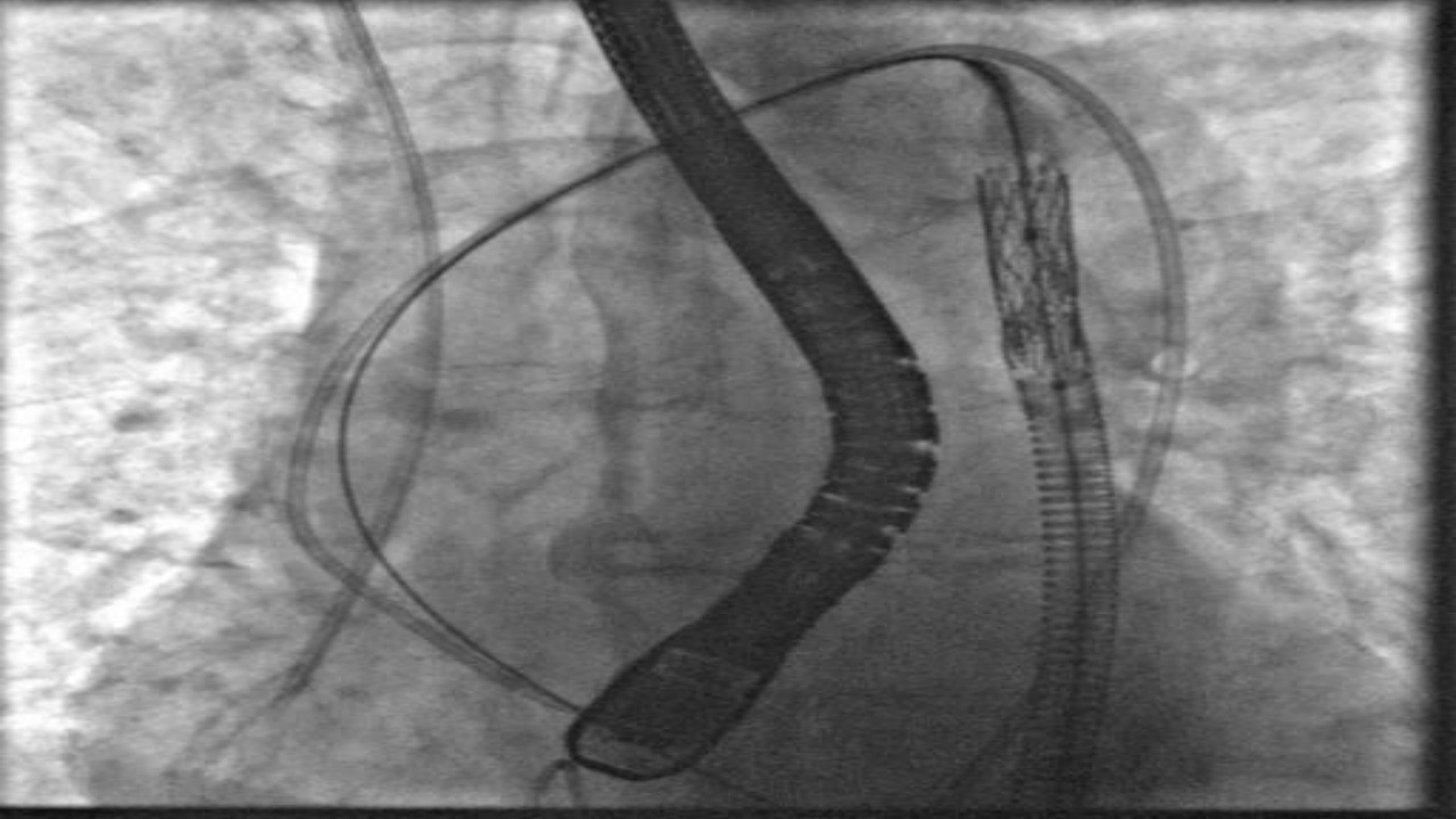

Susheel Kodali
US
João Cavalcante
US
16-19 May, 2023
Palais des congrès, Paris

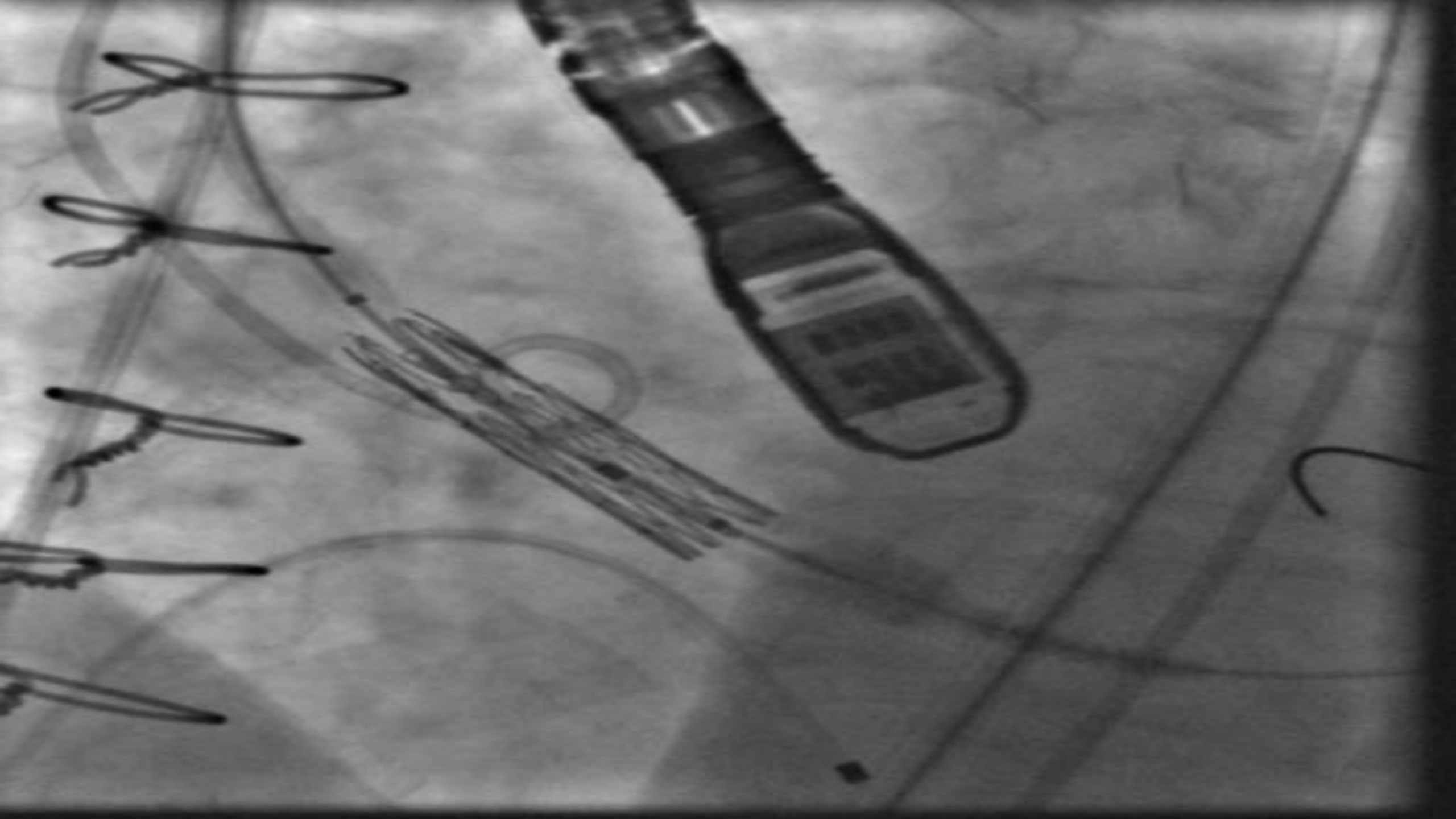

n=5
EOA (cm²)
0.5
MPG (mmHg)
58.0

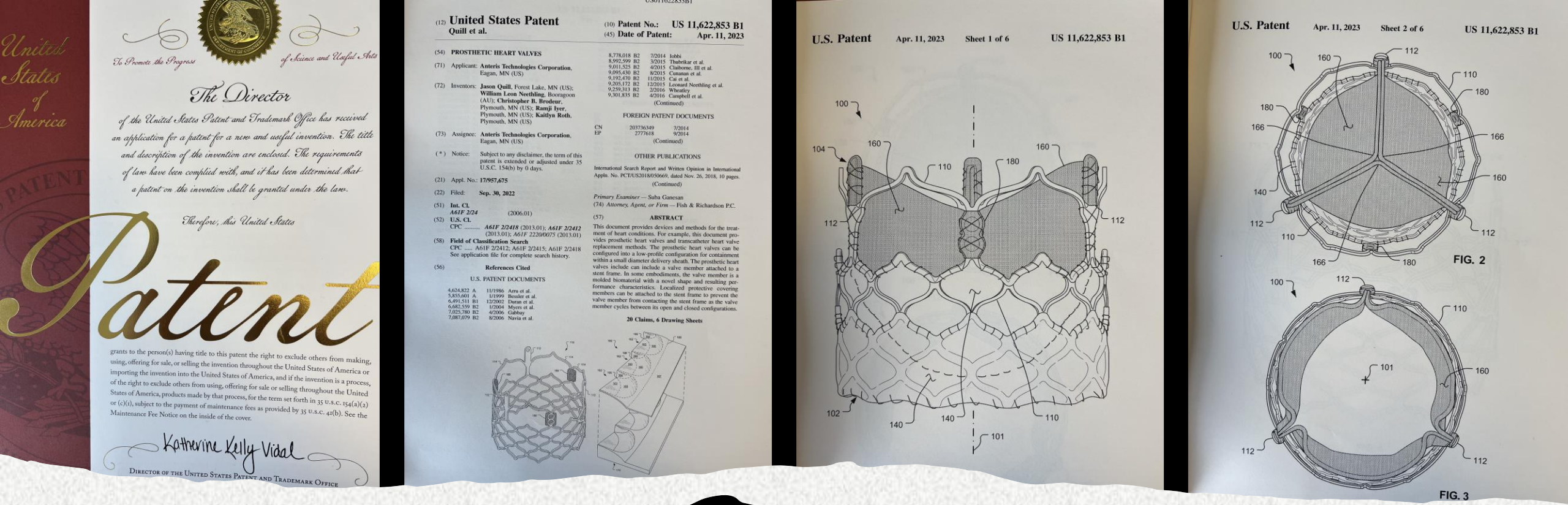

ANTERIS

ComASUR™

TRANSFEMORAL DELIVERY SYSTEM








# New Patents issued that change the landscape

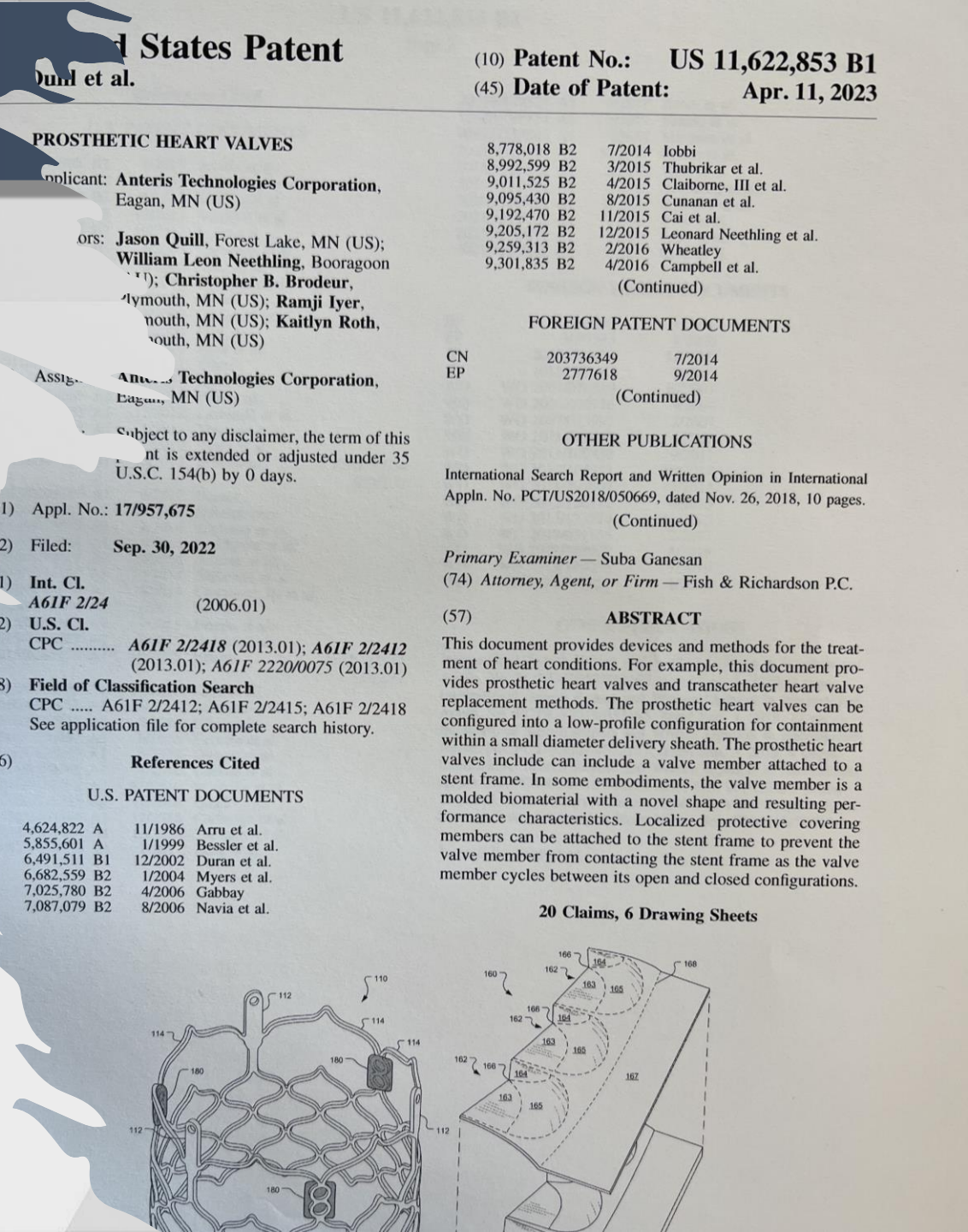
# Patents that change the landscape

US Patent 11,648,107 provides Anteris with exclusivity to protect the following key features of the DurAVR™ THV:

- The single-piece 3-dimensionally molded biomimetic valve for high performance and fatigue resistance

US Patent 11,622,853 provides Anteris with exclusivity to protect the following key features of the DurAVR™ THV:

- The specific geometry of the biomimetic valve's molded shape for superior haemodynamics
- The structure of the stent framework with large cells and smaller cells
- The protective materials on the stent framework in locations that eliminate direct contact between the valve and stent for enhanced durability



d States Patent
uml et al.

(10) Patent No.: US 11,622,853 B1
(45) Date of Patent: Apr. 11, 2023

PROSTHETIC HEART VALVES

pplicant: Anteris Technologies Corporation, Eagan, MN (US)

ors: Jason Quill, Forest Lake, MN (US); William Leon Neethling, Booragoon ); Christopher B. Brodeur, lymouth, MN (US); Ramji Iyer, nouth, MN (US); Kaitlyn Roth, outh, MN (US)

Assig. Ant. Technologies Corporation, Eagan, MN (US)

ubject to any disclaimer, the term of this nt is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

(21) Appl. No.: 17/957,675

(22) Filed: Sep. 30, 2022

(51) Int. Cl.
A61F 2/24 (2006.01)

(52) U.S. Cl.
CPC ..... A61F 2/2418 (2013.01); A61F 2/2412 (2013.01); A61F 2220/0075 (2013.01)

(58) Field of Classification Search
CPC ..... A61F 2/2412; A61F 2/2415; A61F 2/2418
See application file for complete search history.

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| EP | 2777618 | 9/2014 |

(Continued)

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International Search Report and Written Opinion in International Appln. No. PCT/US2018/050669, dated Nov. 26, 2018, 10 pages.

(Continued)

*Primary Examiner* — Suba Ganesan
(74) *Attorney, Agent, or Firm* — Fish & Richardson P.C.

(57) ABSTRACT

This document provides devices and methods for the treatment of heart conditions. For example, this document provides prosthetic heart valves and transcatheter heart valve replacement methods. The prosthetic heart valves can be configured into a low-profile configuration for containment within a small diameter delivery sheath. The prosthetic heart valves include can include a valve member attached to a stent frame. In some embodiments, the valve member is a molded biomaterial with a novel shape and resulting performance characteristics. Localized protective covering members can be attached to the stent frame to prevent the valve member from contacting the stent frame as the valve member cycles between its open and closed configurations.

**20 Claims, 6 Drawing Sheets**



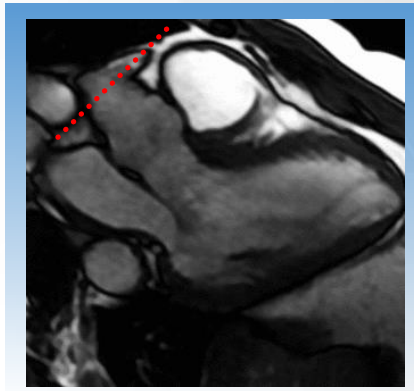
# US facilities validated and online

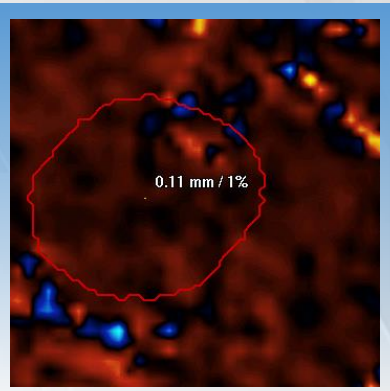
# Taking the clinical discussion forward

# DurAVR™: First AVR Shown to Restore Normal Aortic Flow

## Normal Valve Flow vs DurAVR™ : No Significant Difference in Flow (p=0.45)

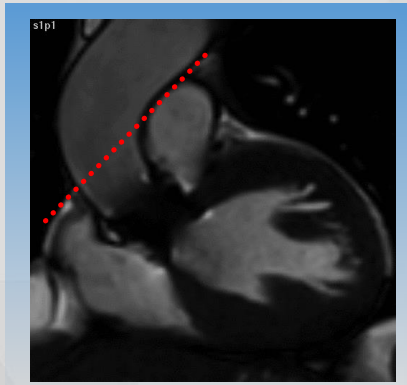
### Healthy Aortic Valve

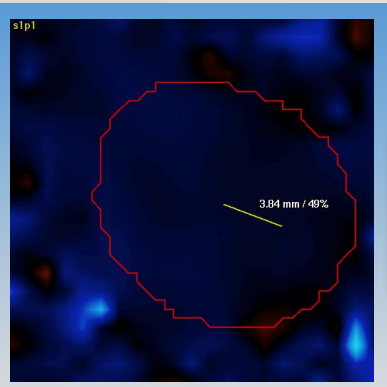





Flow Displacement (FD) = 12%
Flow Reversal Ratio (FRR) = 0%

### Post DurAVR™ HV

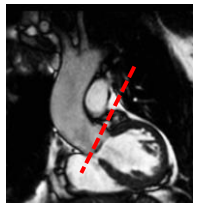




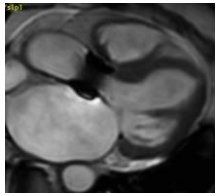

Flow Displacement (FD) = 14%
Flow Reversal Ratio (FRR) = 4%

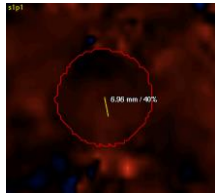
### Impaired Aortic Flow

Severe AS
FD = 46%
FRR = 23%

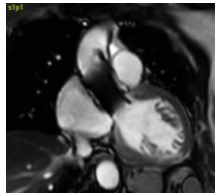


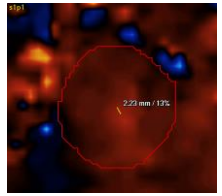
Edwards' Sapien 3
FD = 48%
FRR = 35%



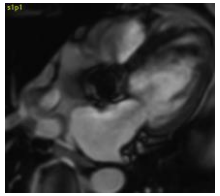


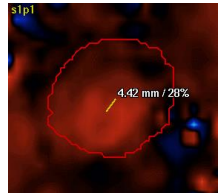
Medtronic's Evolut R
FD = 25%
FRR = 4%





Edward's CEP Magna Ease
FD = 27%
FRR = 30%






Severe AS

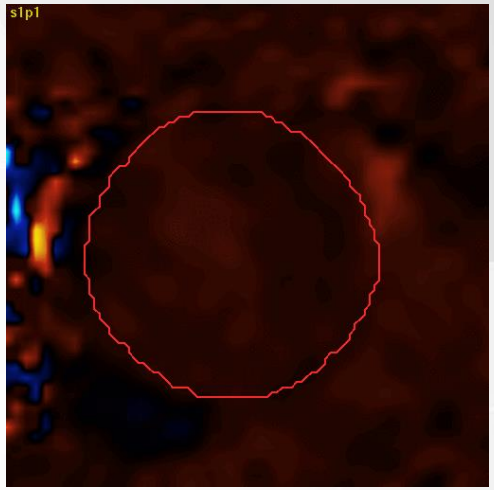
Normal Valve Flow vs TAVR: p<0.05

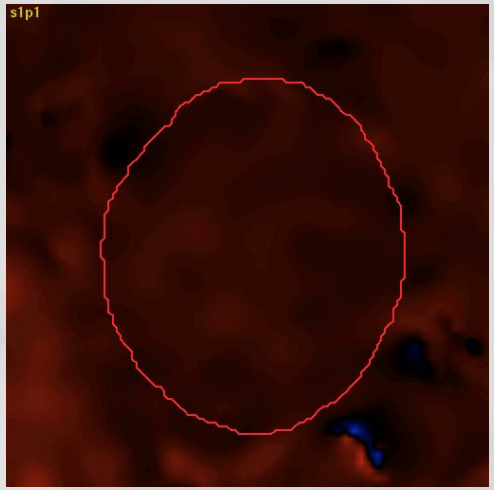
Normal Valve Flow vs SAVR: p<0.001

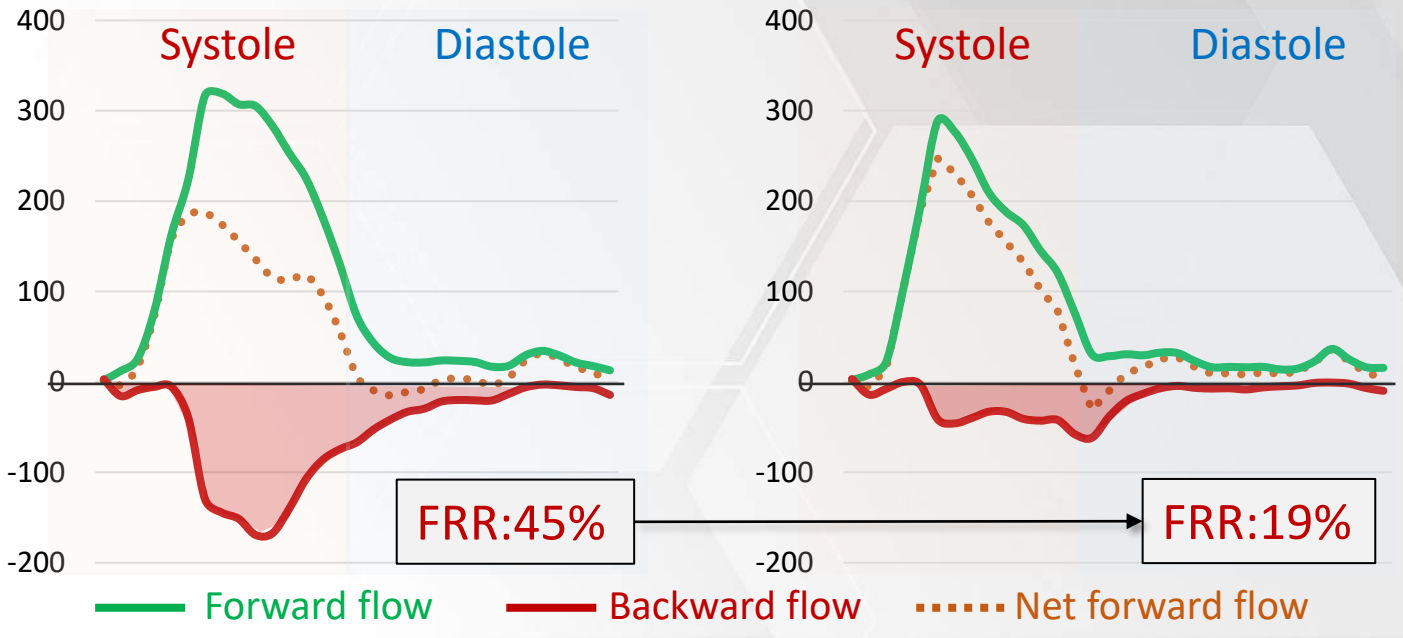
DurAVR™ THV IS NOT AVAILABLE FOR SALE, FOR CLINICAL INVESTIGATIONAL USE ONLY.

Pre-intervention

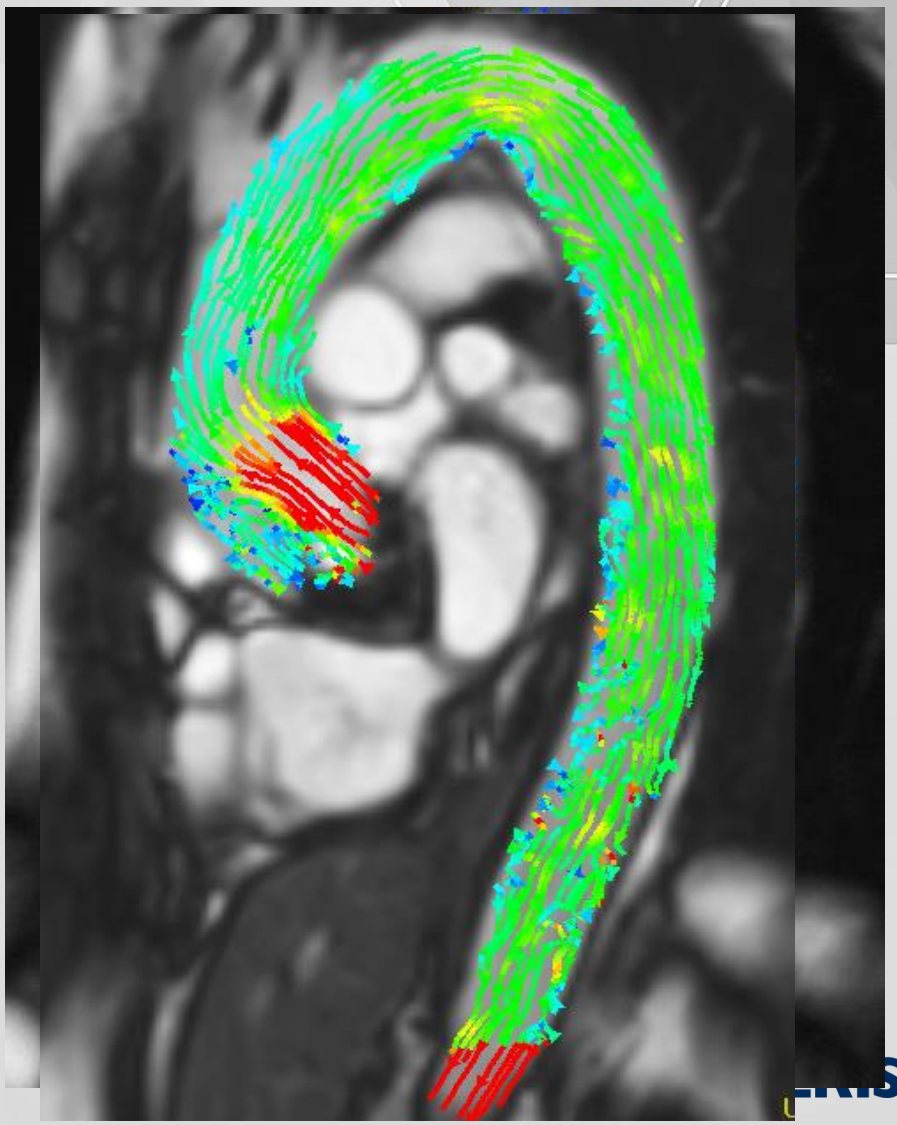
Post DurAVR™ implantation at 12 months



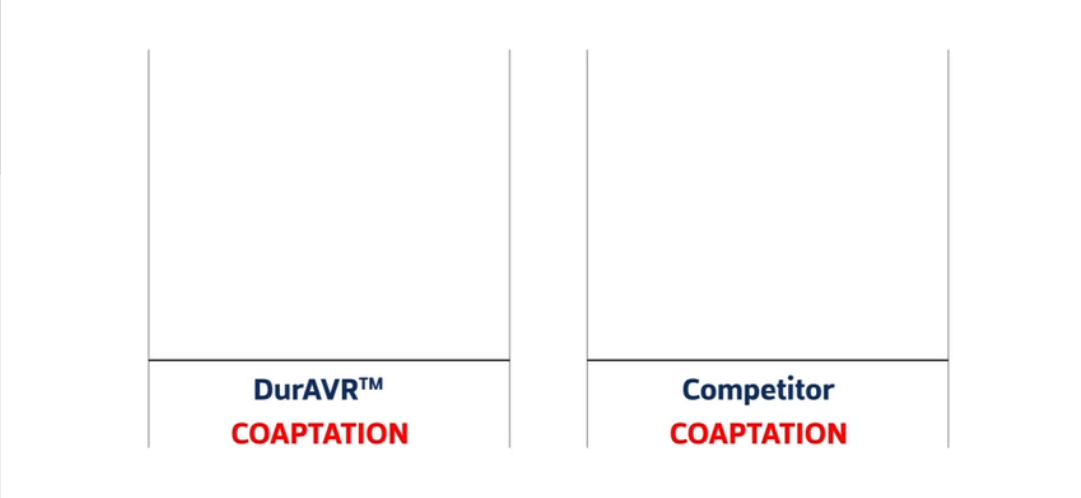

Flow streamlines at peak systole demonstrating restoration of normal flow patterns



# DurAVR™ Shaped to Perform like Native Aortic Valve

Optimizes flow dynamics, restoring haemodynamic performance


Single Piece Three Piece




Graphical representation of the 3D single-piece geometry of DurAVR™ THV (left), and standard balloon-expandable TAVI devices (right).

VD 2004 (PMID: 15473482)

DurAVR™ THV IS NOT AVAILABLE FOR SALE, FOR CLINICAL INVESTIGATIONAL USE ONLY.


# Collaborations that drive value

# Research Collaboration

## Anteris – Ear Science Institute

# Next Gen DurAVR™ that can be injection molded

ESIA

- Novel Protein + Polyurethane/Glycerol Scaffold
- Scaffold development
- Prototype manufacturing & optimization

Anteris

- Scaffold testing
- Valve Design & Engineering Concepts
- Prototype - performance testing

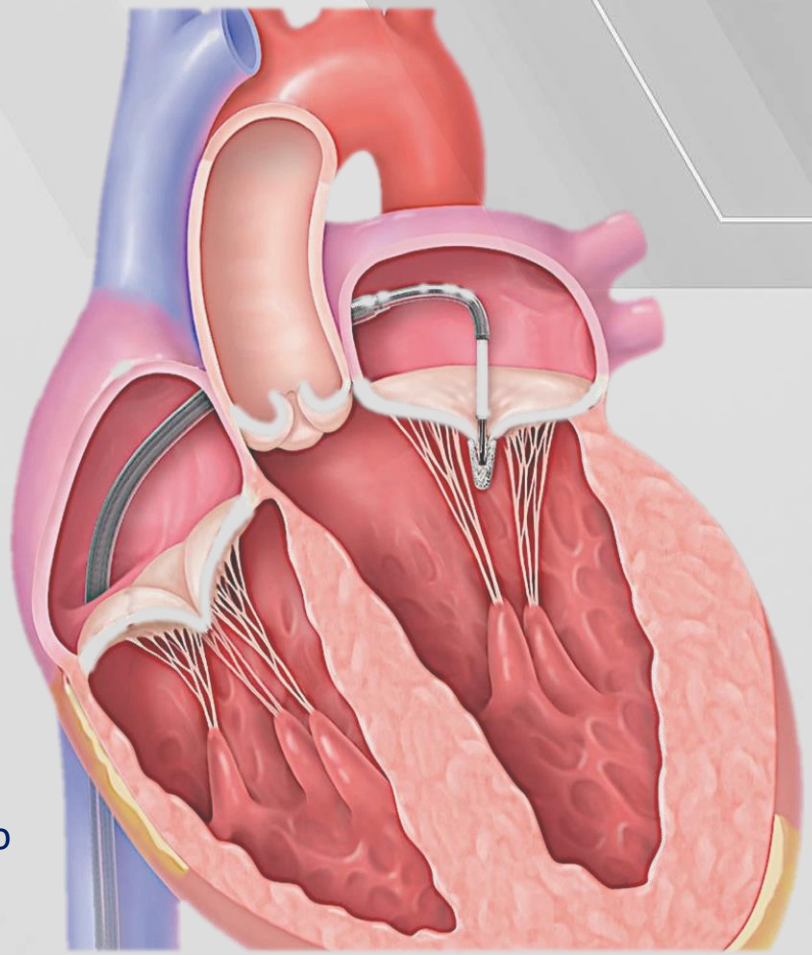
First Single Piece Heart Valve Prototype - POC

# V2V Medtech

## The next big thing in mitral valve repair

# V2Vmedtech – Innovative mitral valve TEER device

- Development of a minimally invasive device for the treatment of mitral and tricuspid valve regurgitation
- Anteris will partner with leading physicians including Dr. Vinayak Bapat (v2v CMO and primary developer)
- Market is expected to be A$4.1B by 2028[1]
- Adjacent to the DurAVR™ TAVR market
- Anteris will contribute cash and in-kind contributions providing engineering, clinical, regulatory, marketing and executive management resources
- Anteris holds two of three Board positions in addition to CEO / CFO
- Ownership interest of 30%.  Potential to increase to between 58% and 60% linked to contributions and milestones. Upon achievement of FIH, Anteris can potentially increase to 100%



[1] Wallace (2020) Heart Valve Devices Market insights – US: DRG Clarivate

# Capitalizing on a culture of Dr driven innovation

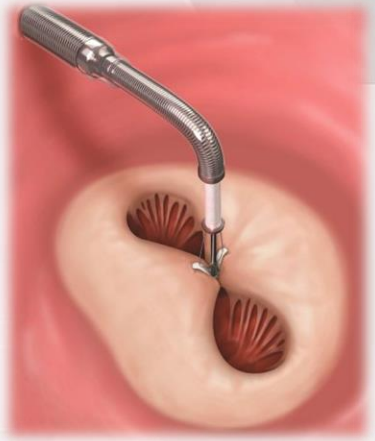
"Fixed" TEER devices lack the ability to treat a range of mitral anatomies

V-Clip is a versatile TEER device that can address anatomical configurations – uniquely expanding TEER therapy to more patients that otherwise would be sent to surgery

**Fixed Clip**

**MitraClip**

**Pascal**

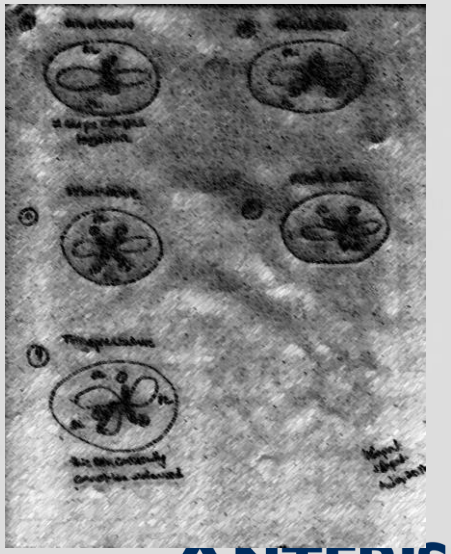


**Versatile Clip**

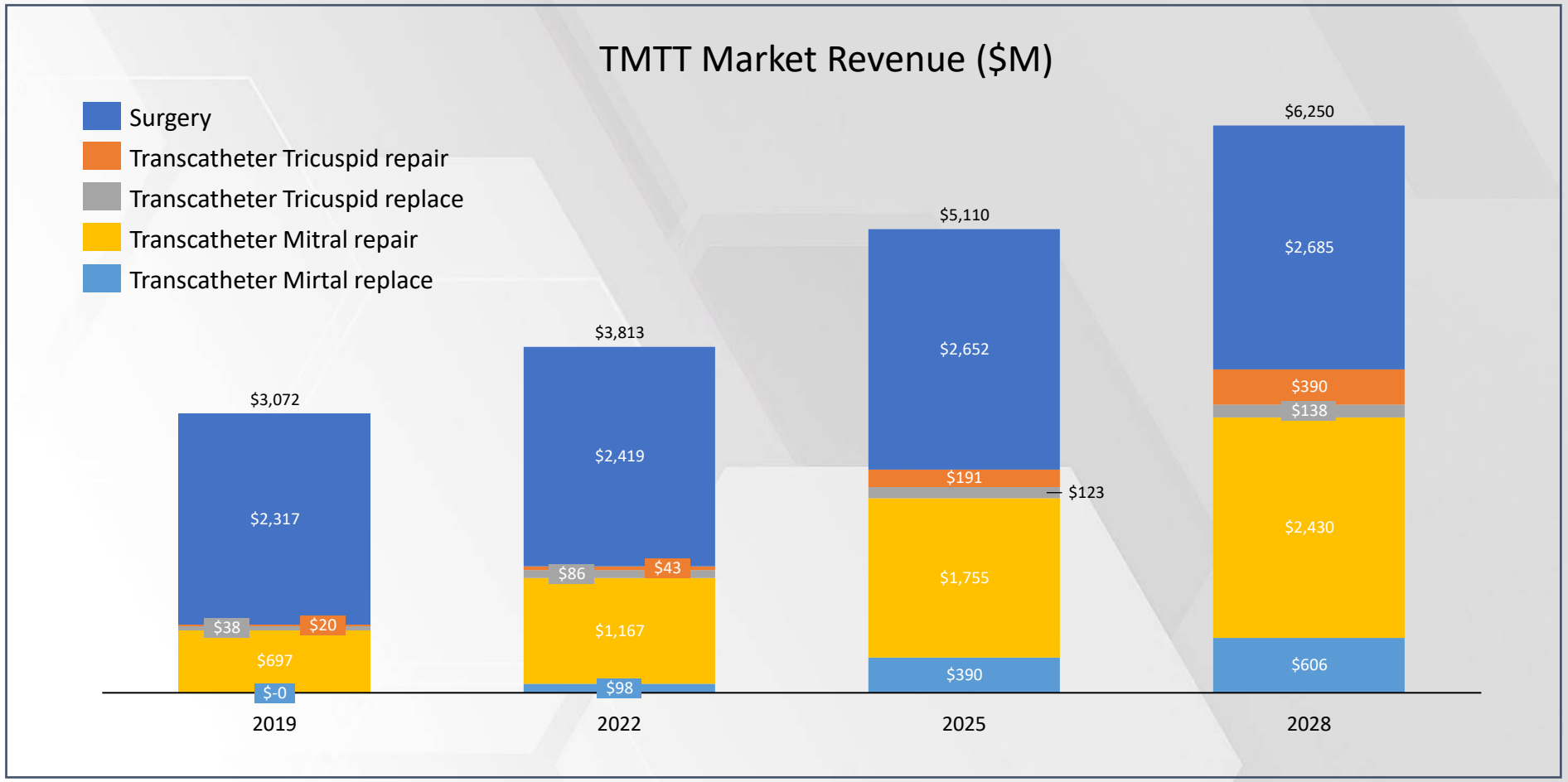
**V-Clip**

Independent clips to individually clasp the anterior and posterior leaflets

Clips are cinched together to complete the anterior and posterior leaflet coaptation



# 13.9% CAGR resulting in 2028 Market of ~US$2.8B




In 2022 Surgery is the Gold Standard Treatment for Mitral valve disease.

By 2028 Surgery is still the prevalent treatment for TMV and TTV Repair.

But TMV and TTV Repair with ASP of US$25k makes up 45% of revenue share.

* Clarivate Market Data 2021

Assume TMV/ TTV Repair ~ASP US$25,000

# Anteris Institutional Partnerships

ADAPT for life

## Partnering to Define a New Paradigm in Aortic Valve Science

Cardiovascular Research Foundation®

CHU Hôpitaux de Bordeaux

Cleveland Clinic

CLINIQUE Pasteur TOULOUSE

Columbia University Medical Center

Erasmus MC University Medical Center Rotterdam

HOUSTON Methodist LEADING MEDICINE

Karolinska Institutet

Minneapolis Heart Institute

AllinaHealth ABBOTT NORTHWESTERN HOSPITAL

Montefiore HEALTH SYSTEM

NHS Guy's and St Thomas' NHS Foundation Trust

ST. PAUL'S HOSPITAL PROVIDENCE HEALTH CARE

universitäts klinikum bonn

HEALTH SYSTEM UNIVERSITY OF MICHIGAN

UZ LEUVEN

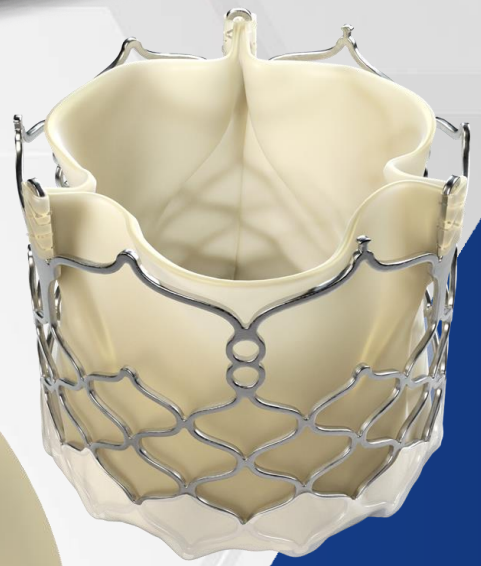
Washington University in St. Louis SCHOOL OF MEDICINE

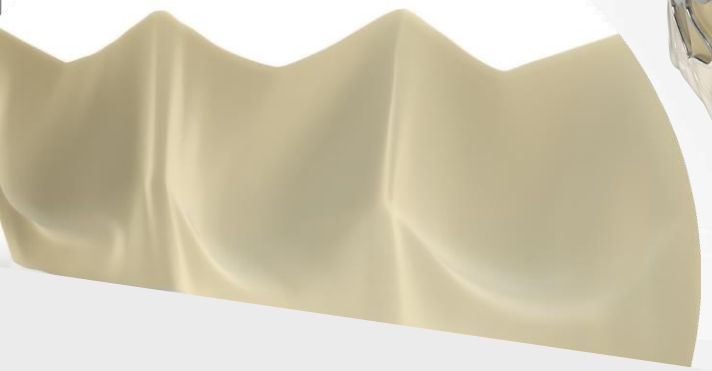
Yale Cardiovascular Research Center

ANTERIS


The sky really is the limit

# Anteris Has Addressed Unmet Medical Needs With A New Class Of Product



By combining….

- Tissue science (ADAPT®)
- Valve design (DurAVR™)
- Physician developed delivery system (ComASUR™)

Anteris has created a more “human like” aortic valve replacement with results that reflect pre-disease states

DurAVR™ THV IS NOT AVAILABLE FOR SALE, FOR CLINICAL INVESTIGATIONAL USE ONLY.

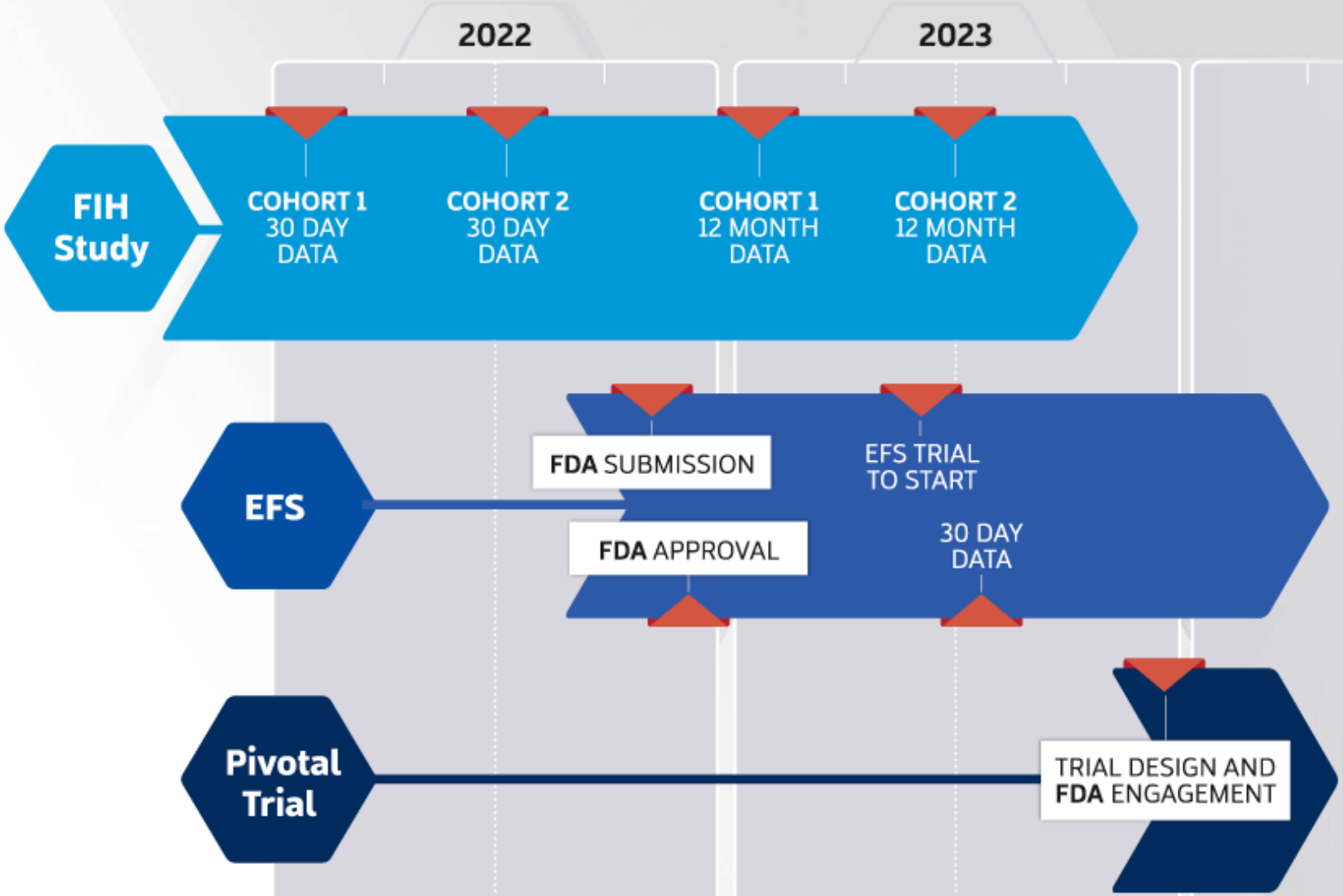
# Milestones

- ADAPT® Commercial Use - Global
- ADAPT® vs. AOA Anti-Calcification Study
- DurAVR™ THV Design Validation
- ComASUR™ Design Validation
- Bench and Pre-clinical Studies
- DurAVR™ THV FIH Valve Study - Ethics Submission
- Patent Grant (ComASUR™ Transcatheter System)
- Key Partnerships with IQVIA & CRF
- DurAVR™ THV First in Human Trial - Cohort 1 (5 pats)
- ComASUR™ Alignment used in DurAVR Patients
- DurAVR™ THV First in Human Trial - Cohort 2 (8 pats)
- US FDA EFS Approval
- DurAVR™ THV First in Human Trial - Cohort 3 (8 pats)

We are past the POC stage !

- Early Feasibility Study (USA)
- Global Pivotal Study
- US Regulatory Approval

# Path to Commercialisation




M&A
Go alone
Partnership

# Anteris investment thesis

Anteris has introduced the first new valve design in over 20 years

- Anteris has demonstrated significant clinical benefits for patients and therefore commercial viability and potential market leadership (>51%) in a USD $10bn market
- Anteris is supported by Global Tier 1 Physicians, Scientists and Institutions
- Anteris' key investors are mostly physician led and based between New York and Australia
- Due to its clinical results, Anteris is a potential acquisition target as it will disrupt current incumbents' market share
- Anteris also has the ability to commercialize alone and is therefore a credible threat to established players in a USD $10bn market by 2028

# Key account focus enables self funding commercial rollout upon launch

- Anteris anticipates >5%  (USD 250-300 million) market share in the first 12 months post launch based on currently proven clinical results (best in class)
- TAVR procedures continue to be concentrated in high volume centers.
- 65% volume comes from top 20% of centers
- Anteris is well covered in these centers currently via its Medical Advisory Board physicians.
- Regulatory approval (clinical trials) and early commercialization costs are within the scope of our capital management strategy.
- 5% share in US  = 50% share in top 10 centers or 25% share in top 35 centers