Non-deal Roadshow

Gary Phillips, CEO

May 2025

Forward looking statement

This document contains forward-looking statements, including statements concerning Syntara's future financial position, plans, and the potential of its products and product candidates, which are based on information and assumptions available to Syntara as of the date of this document. Actual results, performance or achievements could be significantly different from those expressed in, or implied by, these forward-looking statements. All statements, other than statements of historical facts, are forward-looking statements.

These forward-looking statements are not guarantees or predictions of future results, levels of performance, and involve known and unknown risks, uncertainties and other factors, many of which are beyond our control, and which may cause actual results to differ materially from those expressed in the statements contained in this document. For example, despite our efforts there is no certainty that we will be successful in developing or partnering any of the products in our pipeline on commercially acceptable terms, in a timely fashion or at all. Except as required by law we undertake no obligation to update these forward-looking statements as a result of new information, future events or otherwise.

Investment Highlights

Australian-founded **clinical stage drug developer**.

Backed **by specialist healthcare investors** – 52% institutional.

Focus on first-in-class and best-in-class drugs backed by **in house long-life patent portfolio**.

Funded to mid-2026 with **near term data to drive value** over the next 12-18 months.

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

Experienced team with **proven track record** in licensing deals – $100m raised.

Three Phase 2 studies in **blood cancer indications** with addressable market value >$4.5 bn.

$8.5m in non-dilutive grant funding awarded in last 3 years.

Interim data update from ongoing phase 2 blood cancer trial scheduled for June 2025:

Positive interim data reported December 2024 from Phase 2 clinical trial of SNT-5505 in treatment of blood cancer myelofibrosis, to be updated at 2025 European Hematology Association Meeting, June 2025

Shareholders & cash

Financial Information (ASX: SNT)	
Share price – 6 May 2025	$0.061
Market cap	A$99.1m
Cash balance (31 Mar 2025)	A$18.0m
Enterprise value	A$81.1m

Institutional Ownership	31 Mar 25
D&A Income Limited	18%
Platinum Investment Management Limited	13%
BVF Partners LP	6%
Total Institutional Ownership	**> 51.8%**

Share Price & Volume - YTD

Syntara Board

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.

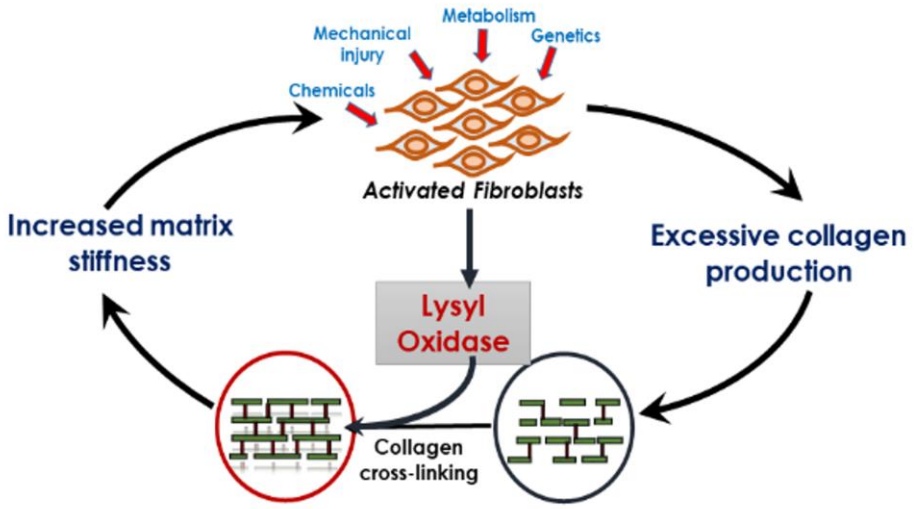
Hashan De Silva
Non-Executive Director

- 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 three drugs now in phase 1c/2 studies

Lysyl oxidases mediate the final stage in fibrosis



Lysyl oxidase inhibition directly addresses 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 collagen fibrosis grade in 42% 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 2022 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 and JAK2V617F female mice

Pancreatic Cancer

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

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

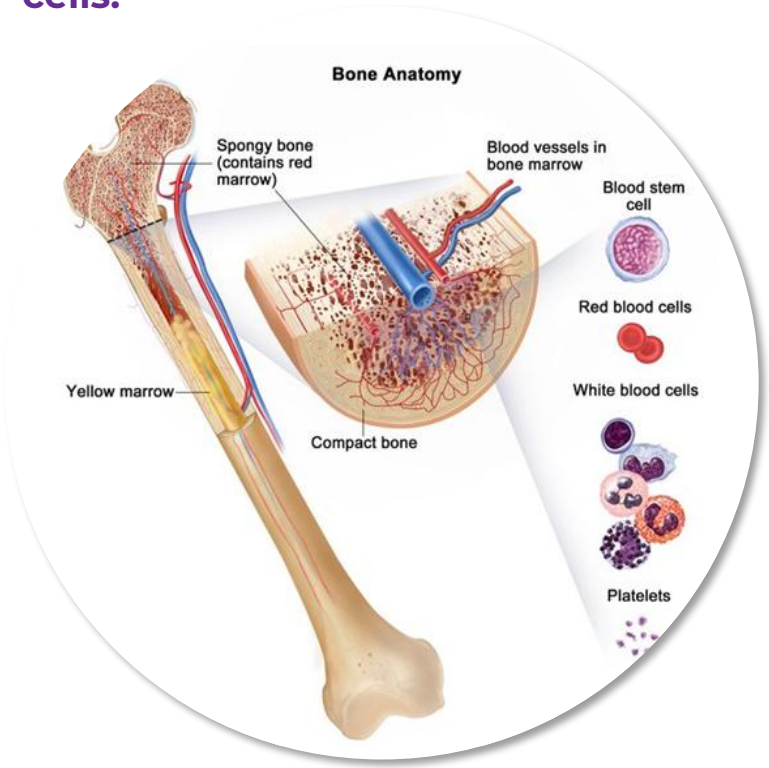
Myelofibrosis

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

Key Facts

- Orphan disease affects ~15 in 1m people worldwide (USA ~ 20,000 patients)
- Age of onset typically from age 50; 5 years median survival
- 11% transformation to leukemia
- Reduced red blood cells can cause extreme tiredness (fatigue) or shortness of breath
- Reduced white blood cells can lead to an increased number of infections
- Reduced platelets can promote bleeding and/or bruising
- Enlarged spleen due to insufficient healthy blood cell production from the bone marrow
- 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$1.9b per annum
- Recent biotech exits after Phase 3 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 reducing growth factor activity; thus enabling increased production of healthy blood cells

Clinical positioning

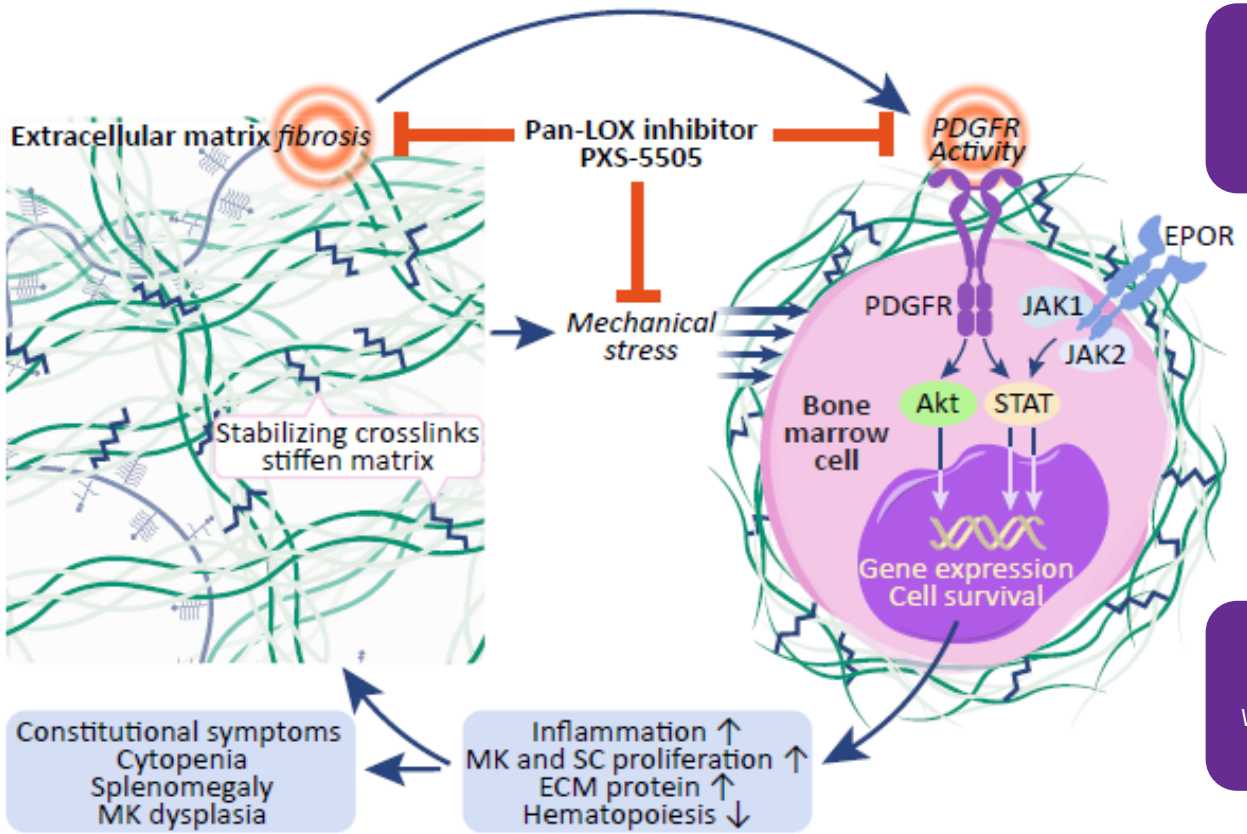
- Distinct mode of action, improved tolerability and a profile suitable for combination with SoC
- In addition to symptomatic relief, potential for disease modification.

The role of lysyl oxidases in myelofibrosis

SNT-5505 designed to improve the bone marrow microenvironment

- Lysyl oxidase gene family upregulated in the bone marrow (BM) of myelofibrosis patients[1]
- Increased lysyl oxidase activity adversely impacts BM health in several ways[1]:

Increased lysyl oxidase activity catalyzes excessive crosslink formation.



Lysyl oxidase activity also boosts growth factor-induced cell division.

Stiffened bone marrow exerts mechanical stress which fosters abnormal cell development.

[1] The role of lysyl oxidases in MF reviewed by Leiva et al. *Am. J. Hematol*. 2018 DOI: 10.1002/ajh.25008

SNT-5505 Phase 2a trial part 1; Monotherapy in JAK inhibitor treatment failures

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

Study Design	Endpoints	Trial Outlooks
• IND approved Q3 2020 • Open label Phase 2a • 200mg BD dose (>90% inhibition of LOX enzyme) • 21 trial sites in Australia, South Korea, Taiwan and USA • Recruited 24 patients who were non responsive or inappropriate for JAKi treatment • 13 patients completed 24 weeks of treatment	• SNT-5505 has been well tolerated • Majority of AEs were mild and not related to treatment • 11 patients dropped out of the study, none due to treatment related AEs	• 5/12 evaluable patients had improved bone marrow fibrosis scores of ≥1 grade • 8/13 had an improvement in symptom score of ≥20% • 8/13 had stable/improved hemoglobin (Hb) counts • 10/13 had stable/improved platelet counts • No spleen volume response (SVR35) was identified

"SNT-5505 was well tolerated and reached steady state concentrations by Day 28. Over the 24-week treatment period preliminary indications of clinical efficacy, including a reduction in BM collagen, were evident. Overall, these data support continued investigation of SNT-5505" [1]

Note 1: Haematologica publication, "A phase I / IIa trial of PXS-5505, a novel pan-lysyl oxidase inhibitor, in advanced myelofibrosis"; https://doi.org/10.3324/haematol.2024.287231

Multicenter, Open-Label Phase 1/2a Study of PXS-5505 and Ruxolitinib in Patients With Primary, Post-Polycythemia Vera (PV) or Post-Essential Thrombocythemia (ET) Myelofibrosis

(NCT04676529)

Oral Presentation #1001

presented on Monday 9th December at ASH 2024

Contributing Investigators:

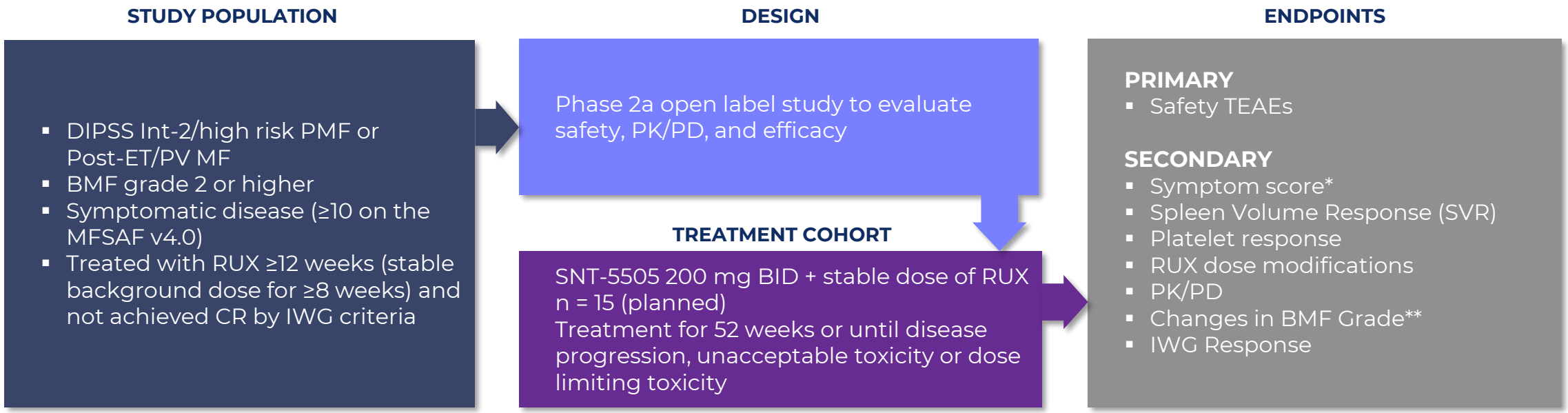
Peter Tan[1], Ross Baker[2], Sung-Eun Lee[3], Anne-Marie Watson[4], Stanley Cheung[5], Shang-Ju Wu[6], Chih-Cheng Chen[7], Shuhying Tan[8], Pankit Vachhani[9], Tsai-Yun Chen[10], Jae Hoon Lee[11], Hui-Hua Hsiao[12], Ji Yun Lee[13], Won Sik Lee[14], Lucia Masarova[15], Jana Baskar[16], Wolfgang Jarolimek[16], Joanna Leadbetter[16]

[1]One Clinical Research Pty Ltd, Nedlands, Australia; [2]Perth Blood Institute, Murdoch University, Perth, Australia;[3]Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, Korea, Republic of (South); [4]Liverpool Hospital SW Area Pathology Service, Liverpool, NSW, AUS; [5]ICON Cancer Care, Kurralta Park, Australia; [6]Department of Internal Medicine, National Taiwan University Hospital and National Taiwan University College of Medicine, Taipei, Taiwan; [7]Chang Gung Memorial Hospital-Chiayi, Taichung, Taiwan, Taiwan; [8]Department of Haematology, St Vincent's Hospital, Melbourne, Australia; [9]Division of Hematology/Oncology, O'Neal Comprehensive Cancer Center, University of Alabama at Birmingham, Birmingham, AL; [10]Division of Hematology, Department of Internal Medicine, National Cheng Kung University Hospital, Tainan, Taiwan; [11]Gachon University Gil Medical Center, Incheon, Korea, Republic of (South); [12]Kaohsiung Medical University, Kaohsiung, Taiwan; [13]Department of Internal Medicine, Seoul National University Bundang Hospital, Seongnam, Korea, Republic of(South); [14]Internal Medicine, Hemato-Oncology, Inje University Busan Paik Hospital, Busan, Korea, Republic of (South); [15]Department of Leukemia, The University of Texas MD Anderson Cancer Center, Houston, TX; [16]Syntara Limited, Frenchs Forest, NSW, Australia

Aims/Methods

SNT-5505-MF-101 Add-on to RUX (study in progress)[1]

- This add-on phase aims to further evaluate the safety and efficacy of SNT-5505 (200 mg BID) in patients with MF on **stable background regimens of ruxolitinib** (RUX) over a 52-week period



*MFSAF v4.0 (Myelofibrosis Symptom Assessment Form v4.0; 7-day recall)
**Bone marrow biopsy within 3 months prior to Day 1 treatment; bone marrow biopsies scheduled at baseline, weeks 12, 24 and 52

[1] Tan et al ASH 2024

Baseline characteristics

Heterogenous population with a high disease burden[1]

- Study is ongoing – data extracted 14 Nov 2024
  - 13 patients (pts) reached 12 week visit
  - 8 pts reached 24 week visit
  - 5 pts reached 38 week visit
- 12/16 pts continue on SNT-5505
- 4 pts have discontinued
  - 2 due to physician decision
  - 1 due to patient decision
  - 1 due to unrelated SAE, pneumonia
- Total exposure in the add-on phase to date is 390 weeks, median 24 weeks (range 5–48)

Characteristic	N=16
Age, median (range), years	71 (46-82)
Sex, male, n (%)	7 (44)
Time since MF diagnosis, median (range), months	60 (7–134)
Diagnosis, n (%)	
Primary MF	7 (44)
Post-PV MF	7 (44)
Post-ET MF	2 (13)
Prior RUX therapy (months), median (range)	**38 (5–89)**
Daily RUX dose (mg), median (range)	20 (5–40)
MF-SAF v4.0 TSS score, median (range)	**23 (10–52)**
IPSS, n (%)	
Intermediate-2	12 (75)
High-risk	4 (25)
JAK2 V617F mutation, n(%)	10 (63)
≥1 High Molecular Risk (HMR) mutation, n (%)	**7 (44)**
Transfusion dependent (TD), n (%)	2 (13)
Hb, median g/L (range)	93 (66-132)
Platelet count, $x10^9$/L, median (range)	116 (18 - 355)

Of the 16 enrolled patients, 12 patients were continuing to receive treatment as of the ASH data cut off. Subsequent to the data cut off, a further three patients discontinued after receiving 6 months of therapy. No discontinuations for adverse events were considered related to SNT-5505 treatment. This level of discontinuations in clinical trials is consistent with a patient group with a high disease burden.

[1] Tan et al ASH 2024

Safety

SNT-5505 has been well tolerated with no treatment related SAEs[1]

- Majority of AEs were mild, 44/61 (72%) ≤ Grade 2
- 82% of AEs considered not related to treatment
- 11 possibly related AEs*
- 1 death due to unrelated SAE (congestive heart failure)
- 7 other non-hematological SAEs reported (all unrelated to SNT-5505*)

** Investigator's assessment of relatedness*

Pts with Grade 3/4 AEs Regardless of Causality#

Adverse Event	Grade 3 N=16	Grade 4 N=16
Anemia	4	
Platelet decrease		1
Urinary Tract Infection	2	
Ear Nose & Throat infection	1	
Odema Peripheral	1	
Pneumonia	1	
Sialoadenitis	1	

#Number of patients with events shown; for patients with multiple events of same Preferred Term, worst grade is shown

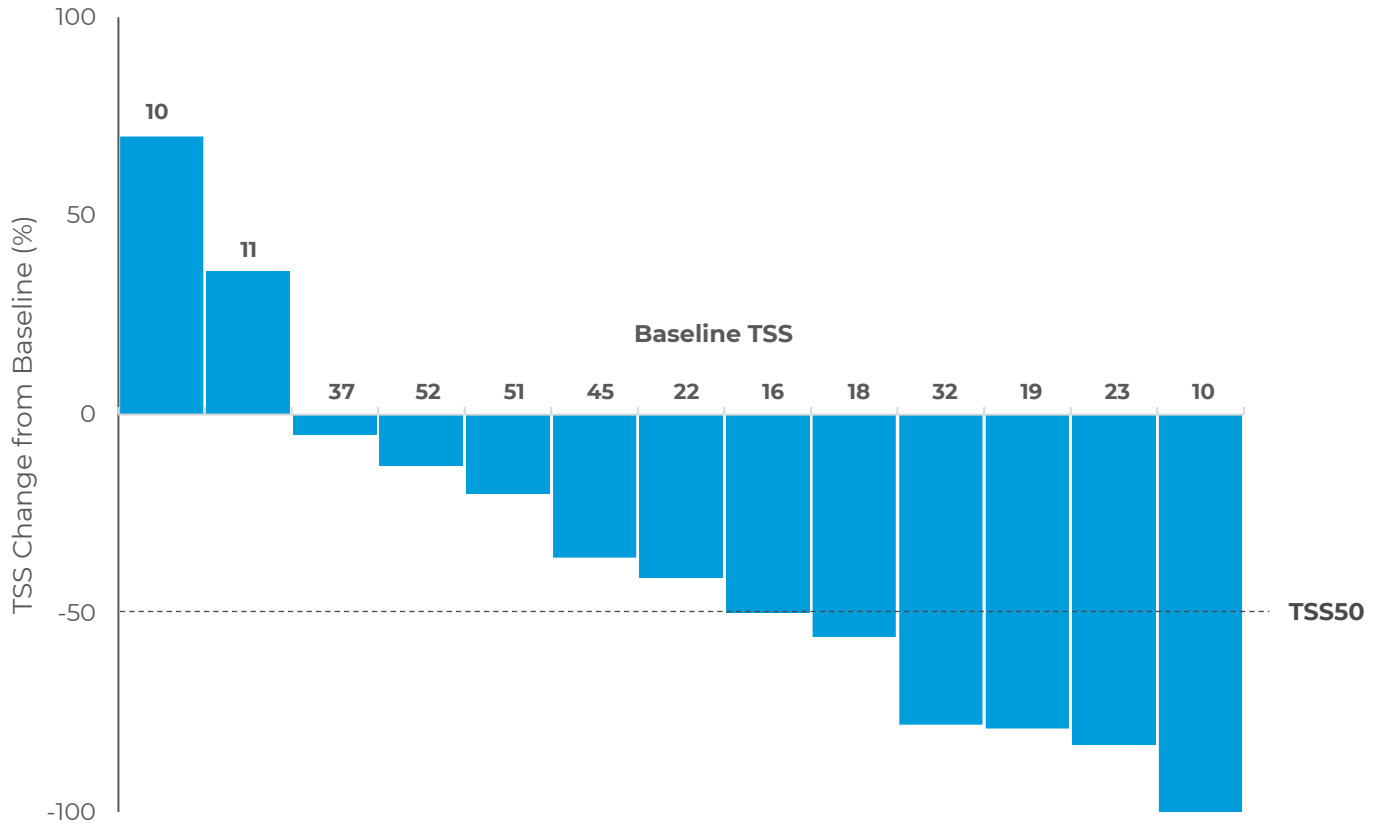
Good safety and tolerability is a highly valued quality in MF drugs and a key differentiator for SNT-5505

[1] Tan et al ASH 2024

Total symptom score

Improvements seen in TSS from Baseline to Week 12[1]

- 6/13 pts (46%) achieved TSS50
- Median absolute change was -10
- Median % change was -41%



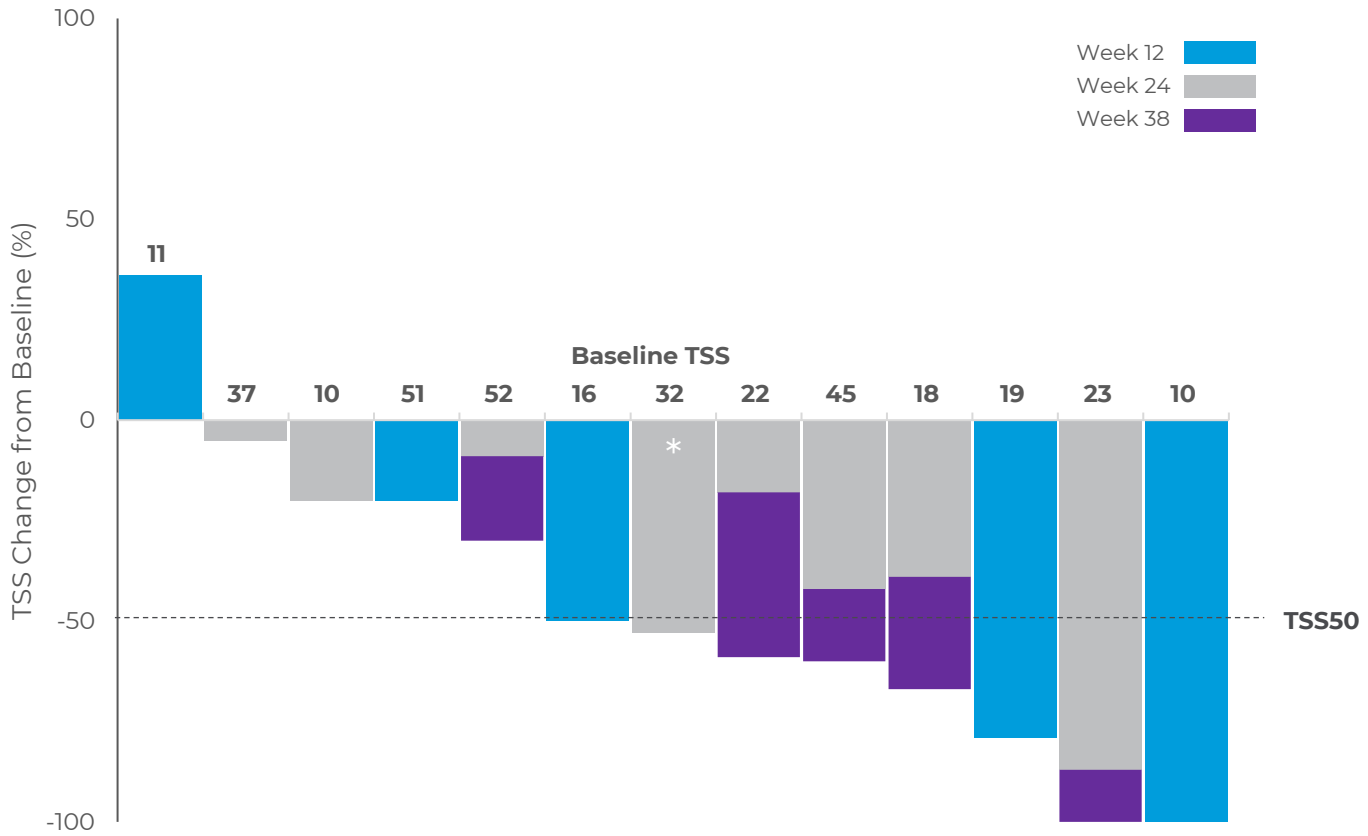
TSS50 is widely used in clinical trials and by regulators as a threshold for a meaningful response to treatment

[1] Tan et al ASH 2024

Total symptom score over time

Substantial reduction in TSS observed in the majority of patients[1]

- 8/13 pts (62%) reached TSS50 up to Week 38
- Improvement in TSS continue over time
- TSS improvement despite a prior RUX duration of 2+ years and low doses (≤20 mg per day)
- No changes in RUX dose



Week 12 data shown where subsequent visits have not yet occurred
**RUX dosing interrupted from Week 4 – 12 due to SAE / surgical procedure*

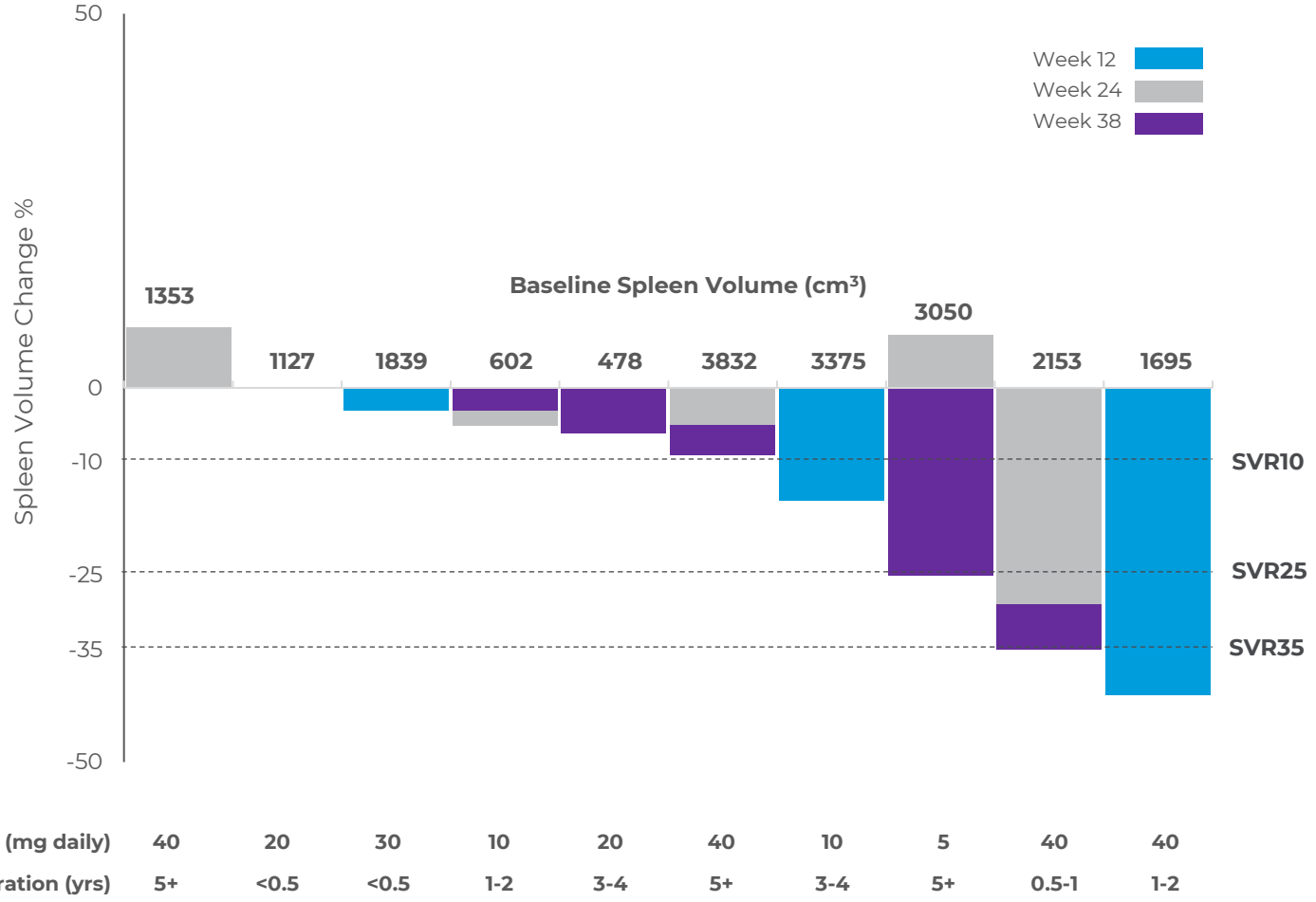
[1] Tan et al ASH 2024

62% of patients achieving TSS50 up to week 38 after long treatment periods on RUX is a clinically important finding

Spleen volume over time

Additional reductions seen with longer treatment[1]

- 11/13 pts had spleen volumes at baseline > 450 cm^3
- 9/11 pts (82%) had either stable or reduced spleen volume
- Additional improvements at Weeks 24 and 38 without changes to RUX
- Spleen volume reduction observed despite prior RUX duration of 2+ years and low doses (≤20 mg per day)



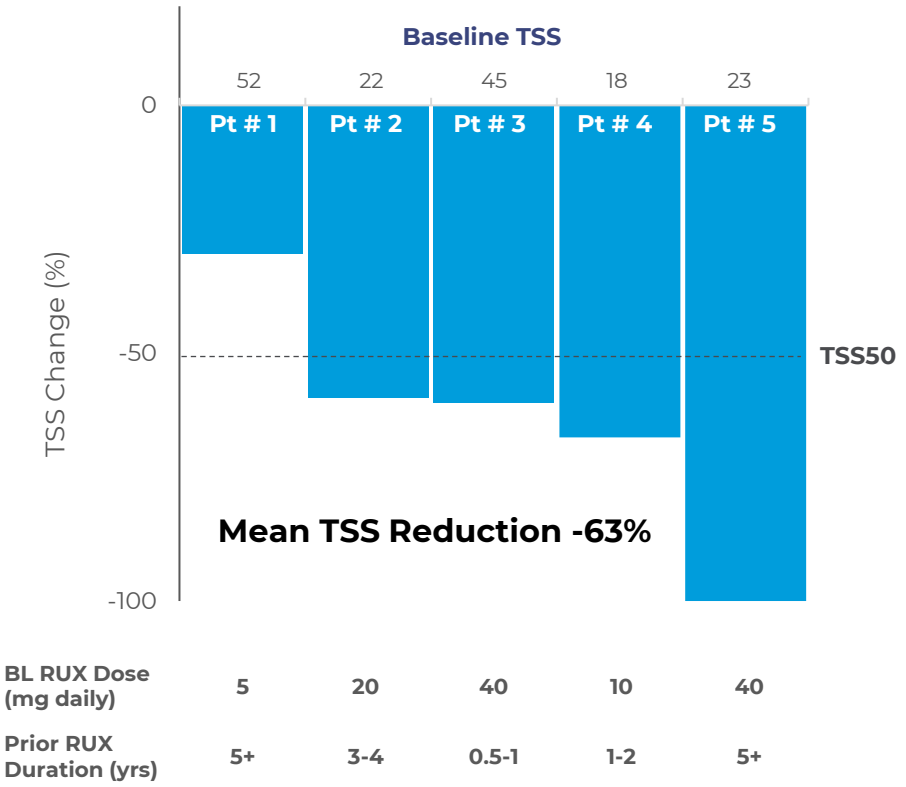
N.B: 2 pts with spleen volume < 450 cm^3 at baseline omitted from plot
1 pt who interrupted RUX dosing from Weeks 4–12 and from Week 15 onwards omitted from plot

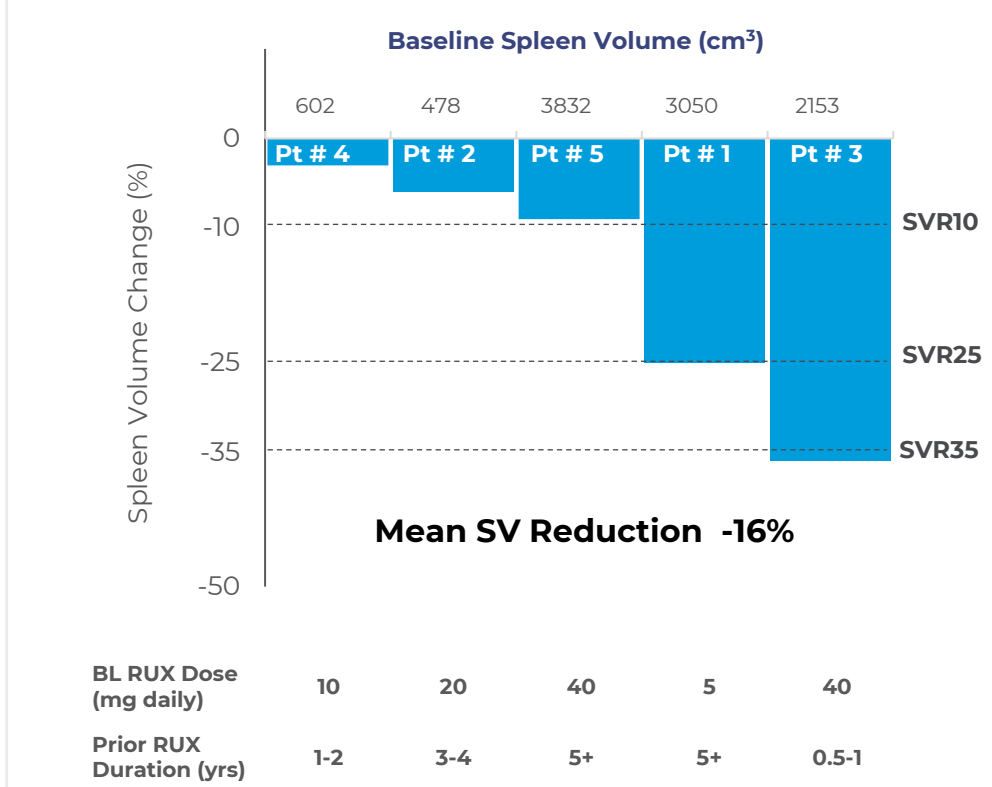
[1] Tan et al ASH 2024

SVR25 in a suboptimal patient population is considered a significant marker of efficacy by clinicians and regulators

Efficacy outcomes at Week 38

Longer duration of therapy leads to additional improvements[1]





TSS improvements that are sustained or even improving with longer treatment periods is a key differentiating point from existing treatments

[1] Tan et al ASH 2024

Competitive landscape

Data from comparative open label phase 2 studies for drugs currently under late stage development in MF

Drug	Latest Program Status	Phase 2 Open Label Trial results in suboptimal patient population				
		N	Baseline characteristics (median, range)	Safety Grade 3/4 events ≥ 10%	TSS50	SVR35
Pelabresib[1]	P3 naïve MF completed Not pursuing suboptimal indication	86	Not reported	Thrombocytopenia 33% Anemia 19% Increased blast phase progression[4] All grade diarrhea (35%), constipation (25%), nausea (24%), abdominal pain (23%). Managed with standard prophylaxis	37% (30/81) at W24 not reported at W48	20% (19/81) at W24 20% (16/80) at W48
Navtemadlin[2]	P3 suboptimal recruiting	28	Rux duration: 21.6 mths (7-129) SV: 2039 ml (650-3549) TSS: 15 (2.2-49.1)	Thrombocytopenia 28% Anemia 18% All grade diarrhea (64%) and nausea (68%); require anti-diarrheal and anti-emetic prophylaxis in P3	32% (6/19) at W24	32% (6/19) at W24
Navitoclax[3]	P3 suboptimal completed accrual	34	Rux duration: 19 mths (4.4-71) SV: 1695 ml (465-5047) TSS: Not reported	Thrombocytopenia 56% Anemia 32% Pneumonia 12% Dose reduced 76% (Navitoclax), 68% (Rux) mainly due to AEs	26% (9/34) at W24	30% (6/20) at W24
SNT-5505	P2 suboptimal Trial ongoing **interim** results	16	Rux duration: 38 mths (5-89) SV: 1553 ml (258-9781) TSS: 23 (10-52)	Anemia 25% (not drug related) Urinary Tract Infection 12.5% Majority of AEs, mild (72% ≤ Grade 2) No treatment related SAEs No prophylaxis required for AEs	46% (6/13) at W12 80% (4/5) at W38	9% (1/11) by W12 20% (2/10) by W38

1 EHA and ASH 2022 abstracts; 2 EHA 2023 press release; 3 Harrison et al 2022 JCO publication; 4 OncLive 2024

SV spleen volume, TSS total symptom score, GI gastrointestinal, Rux ruxolitinib; AE adverse event; SAE serious adverse event

Interim data suggests that SNT-5505 has a well differentiated and competitive profile compared to existing drugs and those in late stage development

Strong interest in myelofibrosis assets from strategics

Target / Acquiror	morphosys	NOVARTIS	CTI / sobi	SIERRA ONCOLOGY / GSK
Date of Announcement	**Feb-2024**	**June-2023**	**July-2022**
Drug Name	Pelabresib	Pacritinib	Momelotinib
Lead Indication / Phase (at transaction)	Myelofibrosis (Successful Phase 3 studies)	Myelofibrosis (Marketed)	Myelofibrosis (FDA Filed – June)
Deal Type	Acquisition	Acquisition	Acquisition
Upfront / Milestones (USD)	US$2.9B	US$1.7B	US$1.9B
Earnout Payments / Royalty Rate (%)	Subject to regulatory approvals	None	None

Attractive commercial outcomes for drugs with phase 3 data expected to drive interest in SNT-5505 phase 2 data

Conclusions

Interim data[1] suggests SNT-5505 combined with ruxolitinib may deliver deep and long lasting benefit to patients who are sub-optimally controlled on ruxolitinib alone

Consistent with monotherapy data[2], SNT-5505 is safe and well tolerated in combination with RUX in a broad population with high disease burden

Despite the relatively small sample size the absolute improvement in symptom score and the number of patients who achieve a TSS50 is very encouraging

Reductions in symptoms and spleen volume that continue to improve over time is a novel finding that indicates SNT-5505 has the potential to provide a significantly different and well tolerated treatment option for patients on a JAK inhibitor

Additional data from patients at 52 weeks will help inform clinical and regulatory discussions on the further development of SNT-5505 in MF in H1 2025

FDA guidance on progression to pivotal study sought by Q3 2025

Encouraging interim phase 2a data sets SNT-5505 on a clear clinical and regulatory pathway to commercial value

[1] Tan et al ASH 2024 [2]Vachhani P, et al. Blood 142 (2023) 625–627

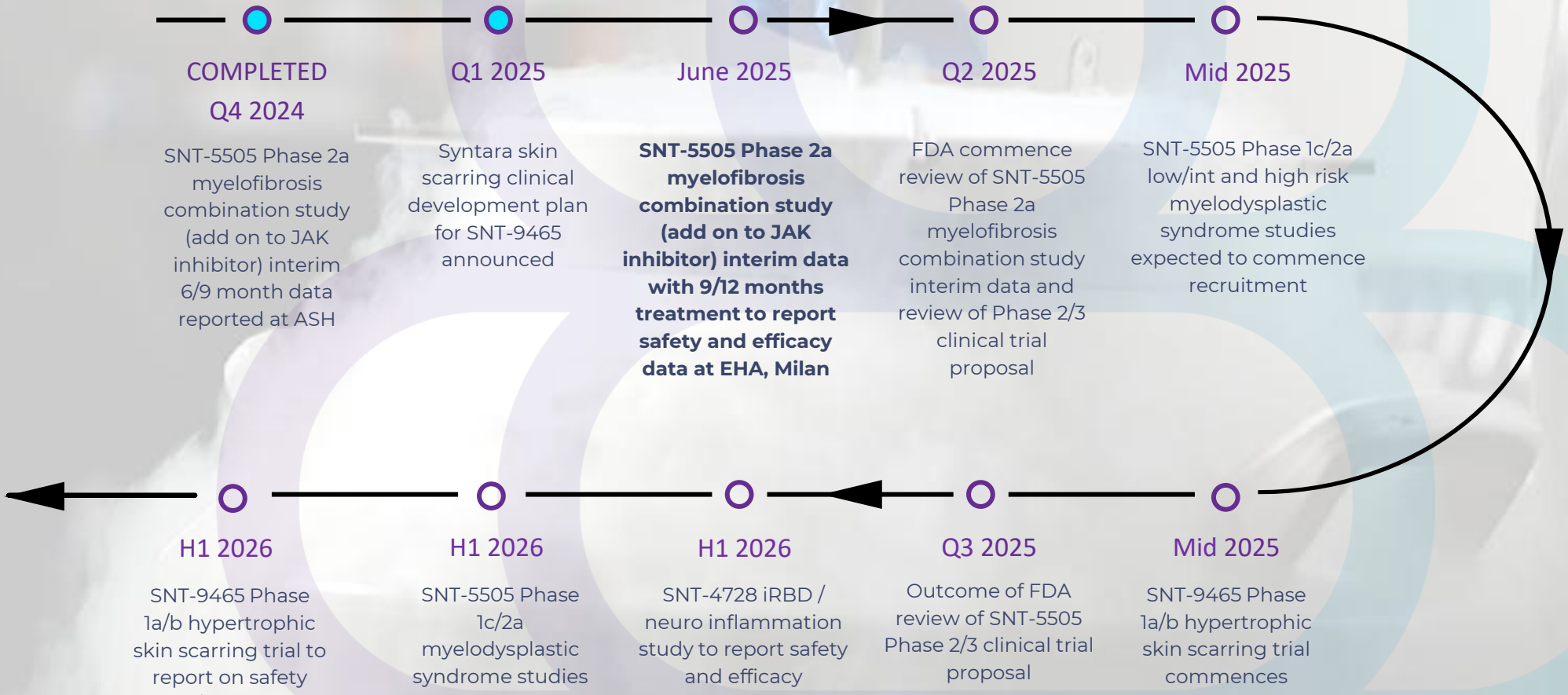
Targeting multiple near term opportunities in high value markets

Drug Candidate	Indication	Phase	Anticipated Upcoming Milestones	Addressable market (US$)
SNT-5505	Myelofibrosis	Phase 2	Interim 12 month data June 2025	**~$1 billion[1]**
	Myelodysplastic Syndrome Low & intermediate Risk + High risk trials	Phase 1c/2	Interim Data H1 2026	**~$3.2 billion[2]**
SNT-9465	Hypertrophic Scars	Phase 1a/b	Data H1 2026	**~$3.5 billion[3]**
SNT-6302	Keloid Scars	Phase 1c	Pilot study in keloid scars planned	**~$3.5 billion[3]**
SNT-4728	IRBD and Parkinson's Disease	Phase 2	Data H1 2026	**~$3.5 billion[4]**

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 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
4) 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 & anticipated news flow

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



Key Event

- Latest phase 2a 9/12 month myelofibrosis data
- EHA2025 Congress; 12-15 June 2025, Milan, Italy
- Poster Session 2 at 18:30 - 19:30 CEST, Saturday 14 June (02:30 – 03:30 AEST, Sunday 15 June)

SYNTARA

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