



Gary Phillips, CEO  
October 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.



# Investment Highlights



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



Backed **by specialist healthcare investors** – 54% institutional.



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



Funded to mid-2025 with **near term data to drive value** over 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.

# Shareholders & cash

## Financial Information (ASX: SNT)

Share price – 14 October 2024	\$0.040
Market Cap	A\$54.9m
Proforma cash balance (30 June 2024) <sup>1</sup>	A\$13.0m
Enterprise value	A\$27.0m

### Note:

- Proforma cash of \$13.0m includes: cash (\$3.5m); 2024 R&D tax credit (\$3.6m); placement announced 30 July 2024 (\$5.0M) and expected return of security deposit (\$0.9m). Excludes additional funds receivable from acquiror of MBU (~\$5.1m).
- Clinical development program supported by:
  - R&D tax credits (FY 2024: \$3.6 million)
  - Strategy of partnering deals with pipeline assets

## Institutional Ownership

30 June 24

D&A Income Limited	20%
Platinum Investment Management Limited	17%
BVF Partners LP	9%
<b>Total Institutional Ownership</b>	<b>54%</b>

## Share Price & Volume - YTD



\*22 January volume 78.66m — crossing of stock between institutions after closure of fund

# 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.



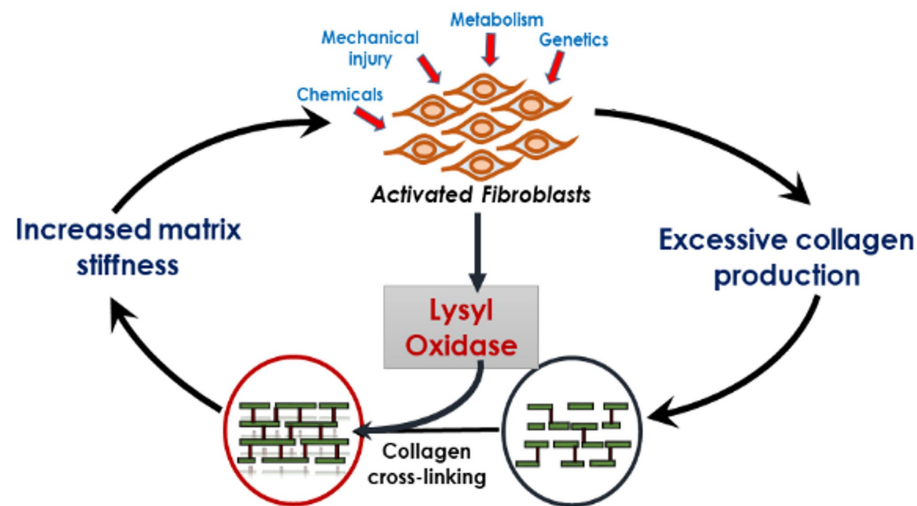
**Hashan De Silva**  
Non-Executive Director

- 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 **three 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 collagen fibrosis grade in 45% 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<sup>low</sup> 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

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**



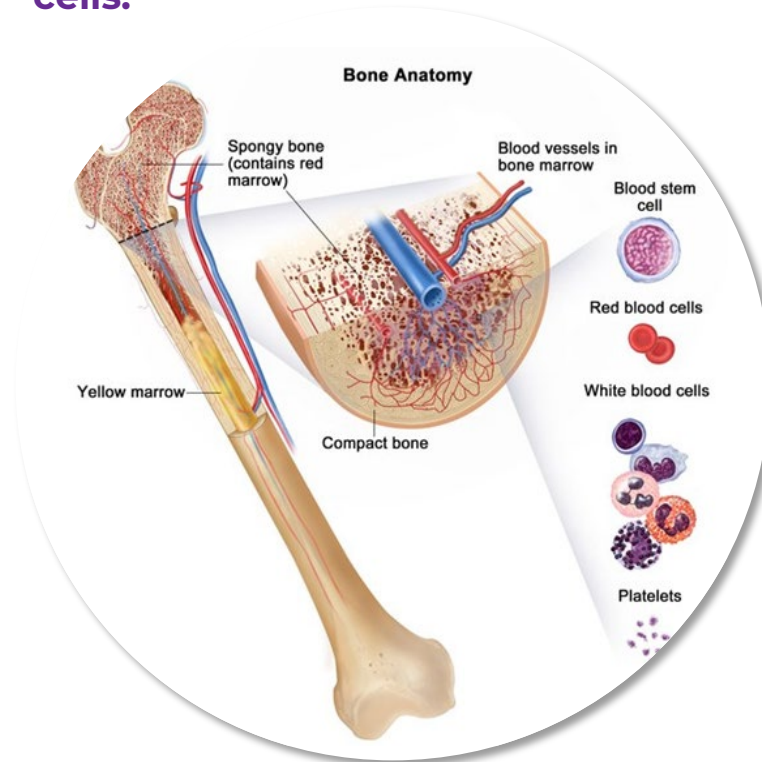
# Myelofibrosis

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 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
<ul style="list-style-type: none"> <li>• IND approved Q3 2020</li> <li>• Open label Phase 2a</li> <li>• 200mg BD dose (&gt;90% inhibition of LOX enzyme)</li> <li>• 21 trial sites in Australia, South Korea, Taiwan and USA</li> <li>• Recruited 24 patients who were non responsive or inappropriate for JAKi treatment</li> <li>• 13 patients completed 24 weeks of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• SNT-5505 has been well tolerated</li> <li>• Majority of AEs were mild and not related to treatment</li> <li>• 11 patients dropped out of the study, none due to treatment related AEs</li> </ul>	<ul style="list-style-type: none"> <li>• 5/11 evaluable patients had improved bone marrow fibrosis scores of <math>\geq 1</math> grade</li> <li>• 5/13 had an improvement in symptom score of &gt;20%</li> <li>• 9/13 had stable/improved hemoglobin (Hb) counts</li> <li>• 10/13 had stable/improved platelet counts</li> <li>• No spleen volume response (SVR35) was identified</li> </ul>

# PXS-5505 Phase 2 Trial (MF-101) monotherapy; Expert review

- “PXS-5505 continues to show not only an excellent safety profile but also promising clinical activity. The effect on bone marrow fibrosis is particularly exciting for a disease like myelofibrosis, where despite numerous years of research, we do not have any effective anti-fibrotic drugs.”
- “It is encouraging to see that majority of 10 patients who completed 24 weeks of therapy also had improvements of symptoms and more importantly, stable or improved blood counts; including in those patients with severe thrombocytopenia.”
- “These results support plans to continue clinical investigation of the agent, including combinations with JAK inhibitors where the lack of overlapping hematological toxicity would make PXS-5505 an ideal add-on candidate.”



**Dr. Lucia Masarova**

Assistant Professor, Department  
of Leukemia at MD Anderson  
Cancer Center, Houston

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

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

Design	Treatment Cohort	Endpoints
<p>FDA reviewed interim monotherapy data and combination therapy protocol Q3 2023</p> <p>Open label Phase 2a</p> <p>52 week treatment period</p> <p>15 patients</p> <p>SNT-5505 200mg BID + stable dose of RUX</p>	<p>Int-2/high risk PMF or post-ET/PV MF</p> <p>Treated with RUX <math>\geq 12</math> weeks (stable dose for <math>\geq 8</math> weeks) and not achieved complete remission per IWG criteria</p> <p>Population enriched with patients who reach predetermined thresholds in bone marrow fibrosis and symptom score</p>	<p><b>PRIMARY</b> Safety</p> <p><b>SECONDARY</b> PK/PD BMF Grade IWG Response SVR Hematology Symptom score Platelet response RUX dose modifications</p>

**ClinicalTrials.gov ID NCT04676529**

## Safety Monitoring Committee (SMC) – 30 May 2024

- SMC consists of all Study Investigators, CRO Medical Monitor and Sponsor representative.
- 10 patients reviewed, 5/10 at 3 months
- Unanimous agreement from all voting members to continue the study

\* JAKi – Janus Kinase inhibitor, RUX – Ruxolitinib, MF myelofibrosis, ET Essential Thrombocythaemia, PV polycythaemia vera, INT intermediate, BMF bone marrow fibrosis, 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
- **Fully recruited (August 2024)**

**Interim 6 months data targeted for Dec 2024 at American Society of Hematology**

- Top line data expected mid 2025

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

# Strong interest in myelofibrosis assets from strategics

Target / Acquiror



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

# Potential to deliver near term value

Pipeline creates multiple opportunities in high value markets

Drug Candidate	Indication	Phase	Anticipated Upcoming Milestones	Addressable market (US\$)
<b>SNT-5505</b>	Myelofibrosis	Phase 2	Interim 6 month data December 2024	<b>~\$1 billion<sup>1</sup></b>
	Myelodysplastic Syndrome Low & intermediate Risk + High risk trials	Phase 1c/2	Low/Int Risk Data H2 25 High Risk – Grant Pending	<b>~\$3.2 billion<sup>2</sup></b>
<b>Oral and Topical Pan-LOX inhibitors</b>	Scar prevention	Phase 2	Data H2 2025	<b>~\$3.5 billion<sup>3</sup></b>
	Modification of scarring process	Phase 1c	Pilot study in keloid scars planned	<b>~\$3.5 billion<sup>4</sup></b>
<b>SNT-4728</b>	IRBD and Parkinson's Disease	Phase 2	Data H2 2025	<b>~\$3.5 billion<sup>5</sup></b>

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>

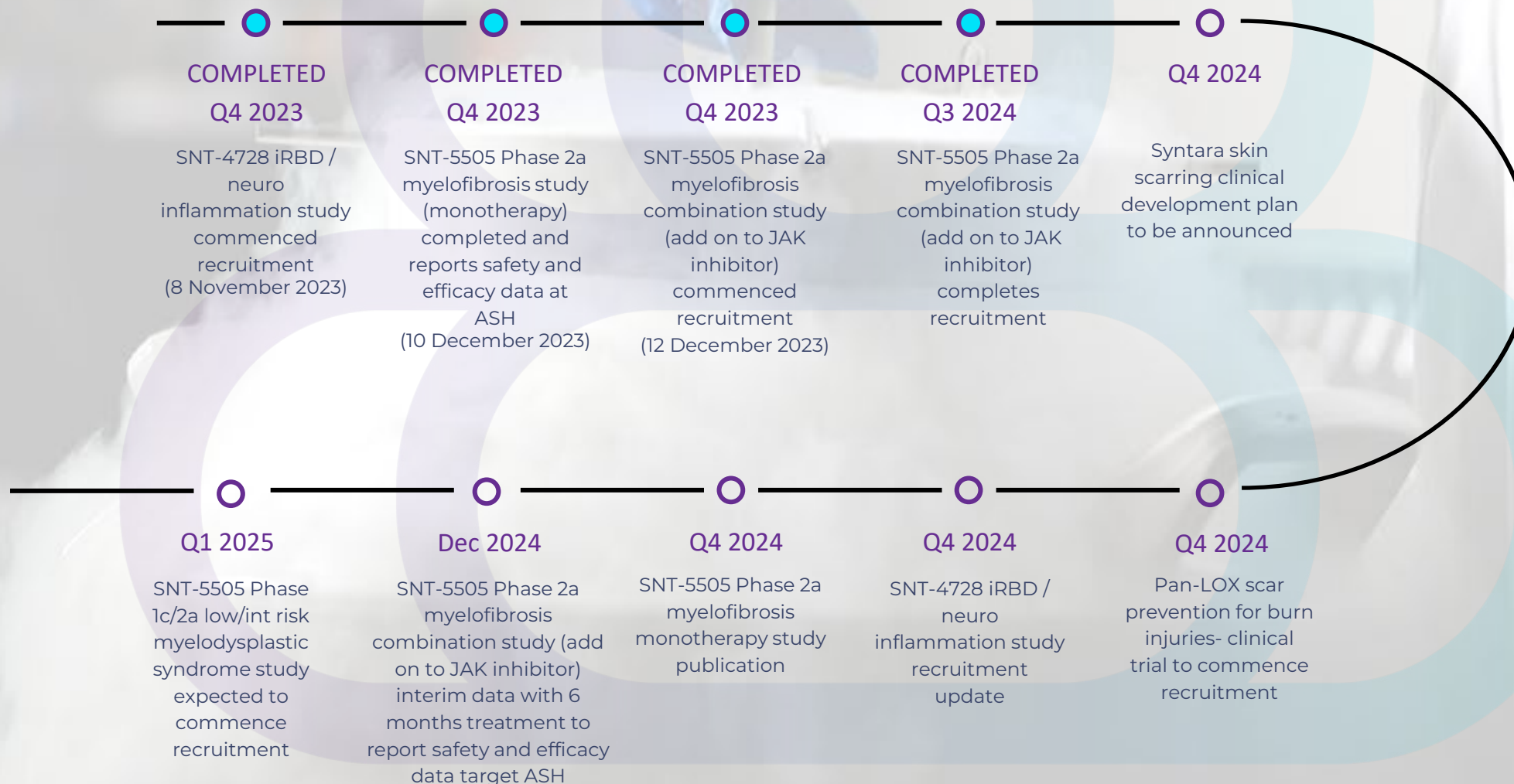
3) Scar Prevention: Global Scar Market 2020 page 40 and 71; Total scar treatment market in 2019 exceeded US\$19b. Keloid and hypertrophic scar segment ~US\$3.5b

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 & anticipated news flow

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







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