

Nyrada
inc

ASX SMIDCaps Conference

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Managing Director and CEO

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ASX:NYR

Authorised by Mr. John Moore, Non-Executive Chair,
on behalf of the Board.



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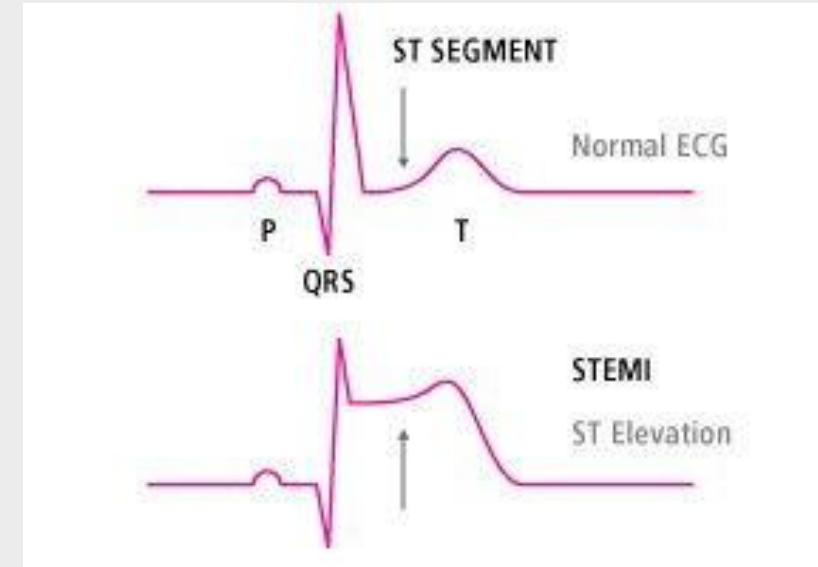
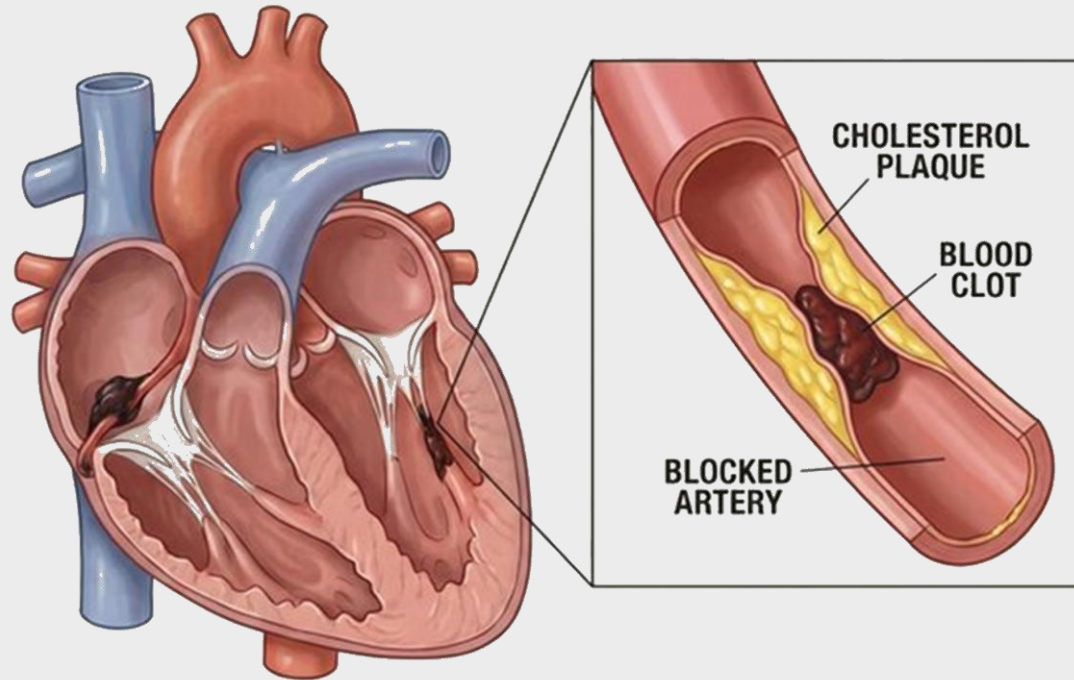
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Heart Attack (STEMI)

A critical blockage requiring immediate treatment



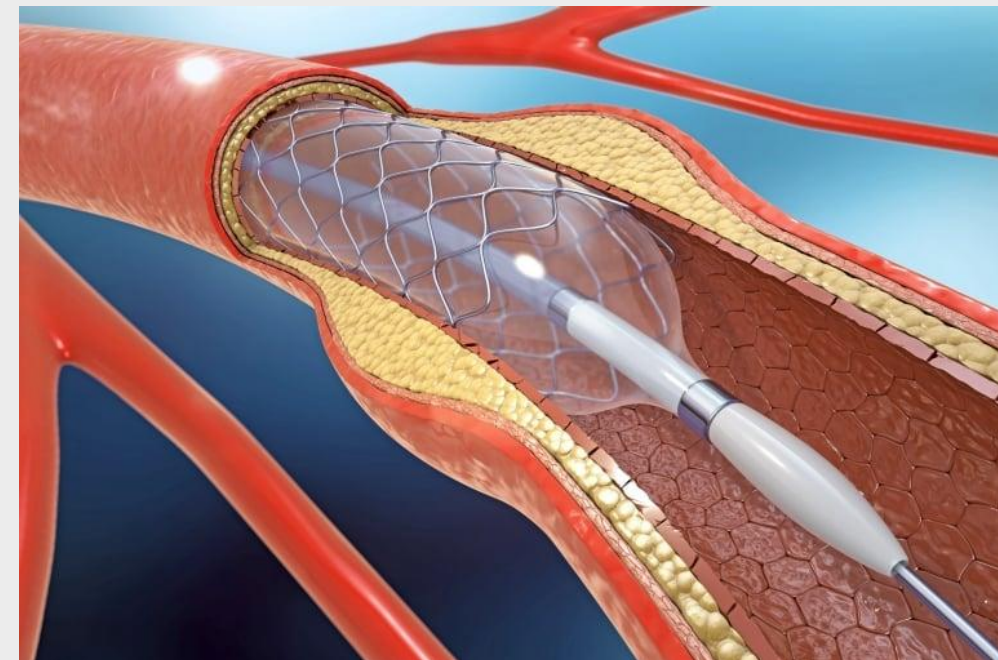
- Heart attack caused by restricted blood flow → myocardial ischemia
- STEMI (ST-elevation myocardial infarction) is a complete blockage
- Globally, ~7 million acute coronary syndrome (ACS) cases annually, ~30% are STEMI*
- Requires immediate intervention (typically PCI) to restore blood flow

* Acute ST-Segment Elevation Myocardial Infarction (STEMI) - <https://www.ncbi.nlm.nih.gov/books/NBK532281>

Standard Treatment and Reperfusion Injury

Restoring blood flow following heart attack saves lives but causes additional injury

- PCI (balloon angioplasty plus stenting):
 - First angioplasty procedure in 1977
 - Standard of care for STEMI by early 2000s
 - Global PCI procedures: ~4M per year*
- Reperfusion injury occurs when restoring blood flow after a heart attack triggers additional damage to the heart muscle
- A substantial portion of heart muscle damage occurs during reperfusion



- Problem:**
- Risk of reperfusion injury with every PCI
 - This injury drives heart failure and mortality
 - No approved therapies currently address reperfusion injury

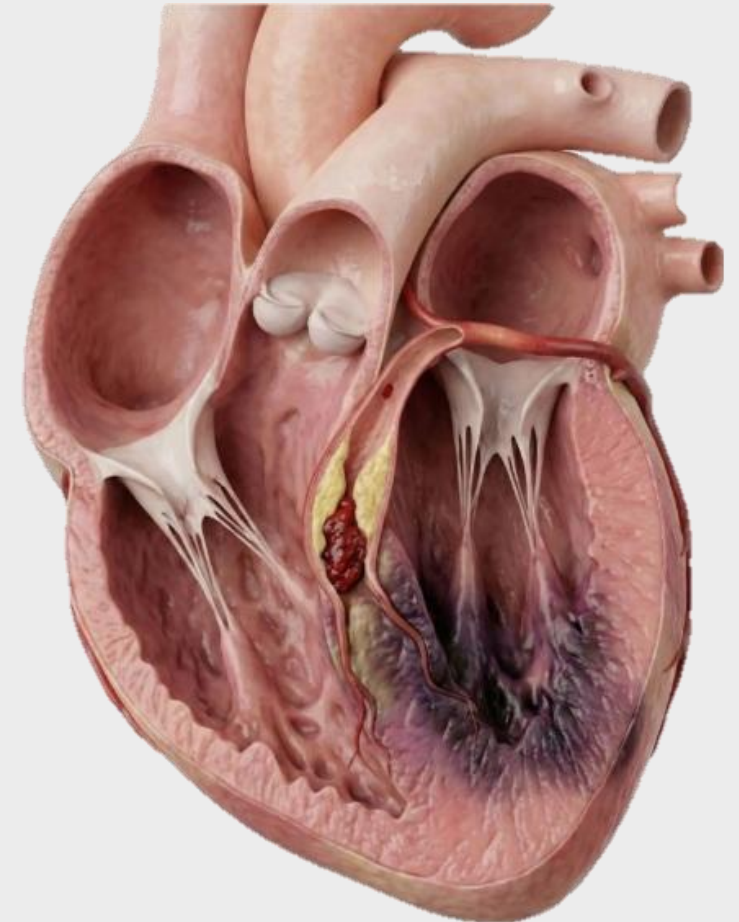
Clinical Consequence of Reperfusion Injury



Increased heart damage worsens outcomes, drives heart failure and mortality

Clinical studies* show that reducing heart muscle damage lowers risk of heart failure hospitalisation

- 5% reduction in infarct size → ~17% lower risk of heart failure hospitalisation
- 10% reduction in infarct size → ~31% lower risk of heart failure hospitalisation
- Patients with the largest infarcts have >7× higher risk of death or hospitalisation



* Relationship Between Infarct Size and Outcomes at 12 Months Following Primary PCI: Patient-Level Analysis From 10 Randomized Trials [www.ncbi.nlm.nih.gov/pubmed/27056772/](https://www.ncbi.nlm.nih.gov/pubmed/27056772)

Xolatryp® - Cardioprotective Therapy

Targeting TRPC channels to reduce heart damage following heart attack

- › Lead clinical candidate – Xolatryp®
 - › Targets TRPC channels involved in the biological pathways driving reperfusion injury
 - › Strong efficacy in reducing injury demonstrated in multiple preclinical models (myocardial ischemia, stroke, traumatic brain injury)
 - › Designed for IV administration during reperfusion
 - › Composition of matter patent pending
- › Clinical Development Status
 - › Phase I completed (safety, tolerability, PK)
 - › Phase IIa in acute myocardial infarction targeting ischemia reperfusion injury



Preclinical Evidence of Cardioprotection

Two studies showed Xolatryp markedly limits cardiovascular damage from myocardial ischemia-reperfusion injury

A 24-hr dosing study showed:

Cardioprotection

- **86%** smaller infarct (**42%** in 3-hr dosing study)
- Decreases in a panel of injury blood biomarker levels
- Troponin reduced by **32%**

Functional Improvement

- **43%** increase in left ventricular ejection fraction
- **50%** increase in fractional shortening

Reduction in arrhythmias

- **90%** decrease in arrhythmias (3-hr dosing study)

Reperfusion + drug Reperfusion + vehicle



Sham



Phase IIa Clinical Trial

Xolatrip to be assessed for safety and preliminary efficacy in patients with STEMI who undergo primary Percutaneous Coronary Intervention (PCI)

Primary End Point – Safety and tolerability

Further End Points – Preliminary efficacy:

- Cardiac injury size
- Biomarkers, including Troponin I levels
- Cardiac function
- Incidence of arrhythmias of interest

Scope (subject to change)

- 100 evaluable patients dosed (50 placebo, 50 drug)
- 9 to 18 months (indicative)
- 7 sites (initially)
- First patient screened – April 2026



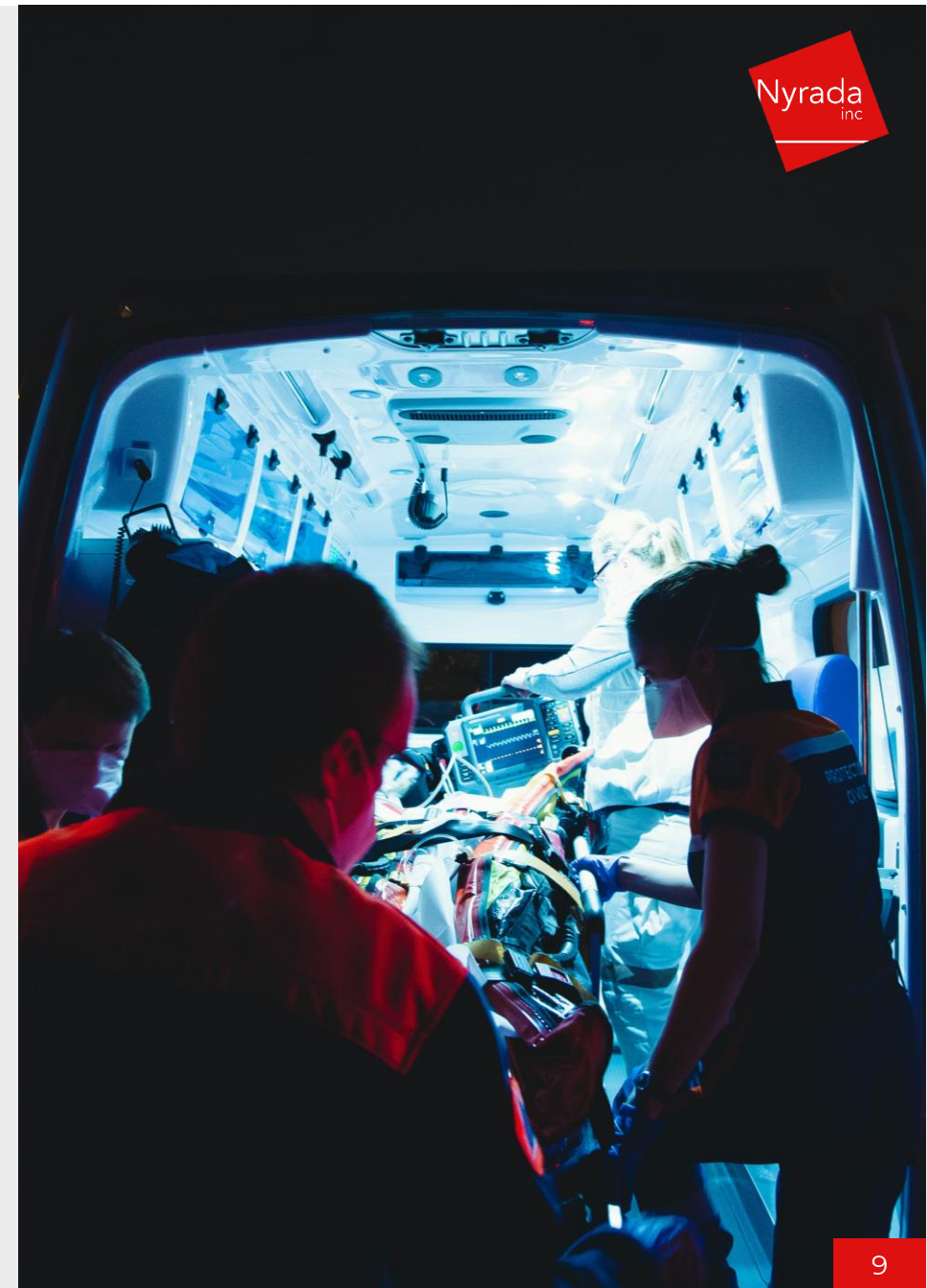
Large Market Opportunity

Even modest penetration in the PCI population represents a multi-billion-dollar opportunity

- Treatment of reperfusion injury is the last frontier in acute heart attack management
- Xolatryp – novel therapy targeting unmet clinical need
 - First therapy targeting reperfusion injury
- ~7 million acute coronary syndrome (ACS) globally, ~30% are STEMI*
- Global PCI procedures: ~4M per year** (Total Addressable Market)
- **Xolatryp** could potentially be used in most PCI-treated heart attack patients

* Acute ST-Segment Elevation Myocardial Infarction (STEMI) - <https://www.ncbi.nlm.nih.gov/books/NBK532281>

** Coronary Balloon Catheters and the Global Market – <https://idataresearch.com/analyst-qa-coronary-balloon-catheters-and-the-global-market>



Corporate & Investment Highlights

› **Nyrada – the company**

- › Pioneering TRPC channel inhibitor therapies to treat a range of medical conditions
- › AU\$7.12 million cash position at end December 2025
- › AU\$2.16 million R&D rebated expected
- › AU\$0.51 million option exercise capital 3QFY2026 YTD

› **Xolatryp – the lead drug asset**

- › Solid scientific foundations, well-understood mechanism
- › Strong preclinical neuroprotection (ischemic stroke, traumatic brain injury) and cardioprotection in acute myocardial ischemia (AMI)
- › First therapy targeting reperfusion injury
- › Phase IIa (safety and efficacy) clinical trial commencing
- › Preclinical oncology studies in progress

Key Links

Program

- PROTECT-MI website – <https://www.protect-mi.com>
- Phase IIa factsheet – <https://bit.ly/4bcDIKj>
- Phase I results – <https://bit.ly/3Nt0GzH>
- GLP study results – <https://bit.ly/4d8VYkX>
- Preclinical cardioprotection study 1a – <https://bit.ly/4sigwMZ>
- Preclinical cardioprotection study 1b – <https://bit.ly/4rmOsXn>
- Preclinical cardioprotection study 2 – <https://bit.ly/40jHpUg>
- Preclinical traumatic brain injury study – <https://bit.ly/40fhrRT>
- Preclinical stroke study – <https://bit.ly/4sygHmH>

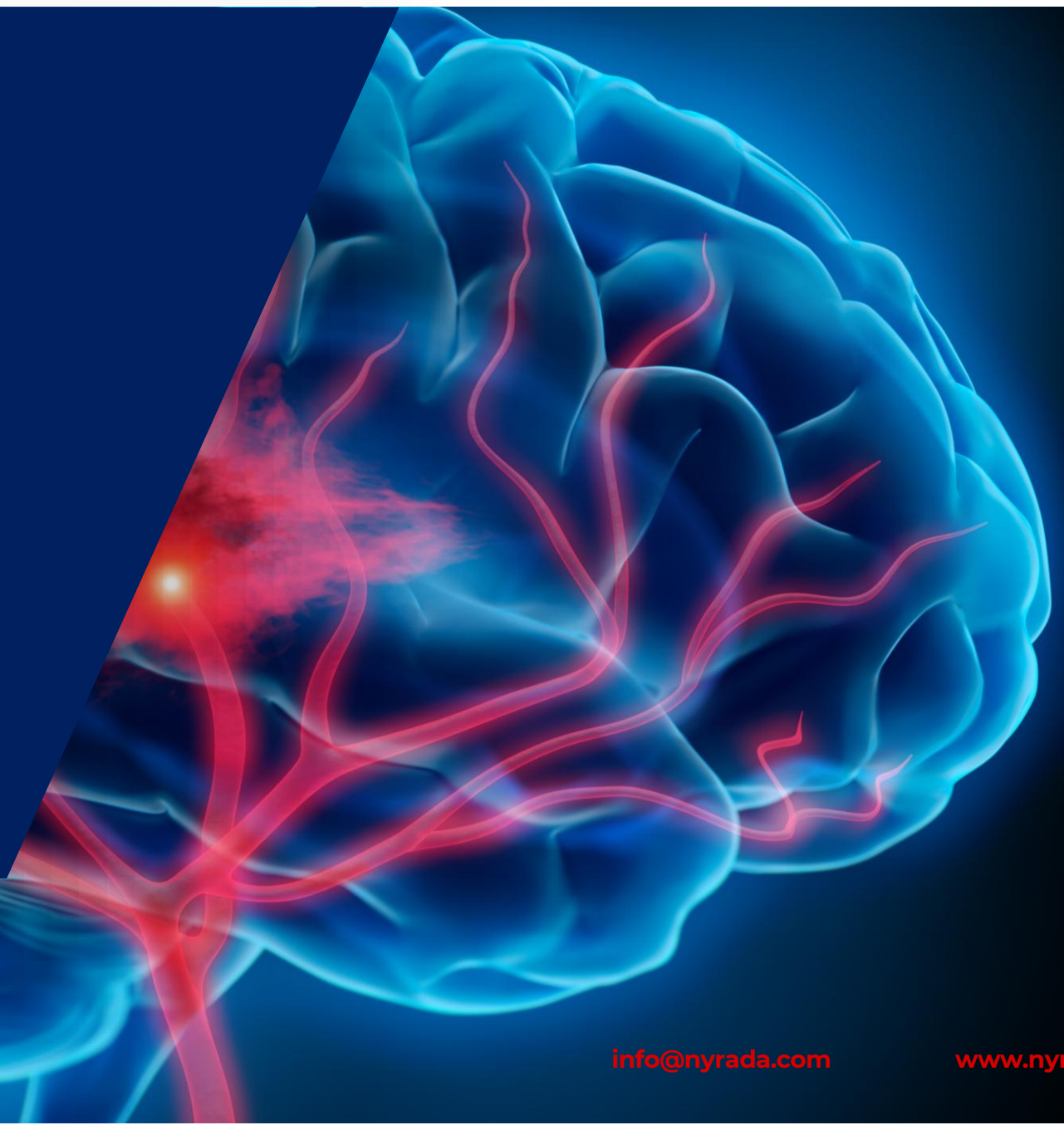
Corporate

- Company website – <https://www.nyrada.com>
- Company factsheet – <https://bit.ly/3Nbrl3O>
- Governing Board – <https://bit.ly/4rZ8ckL>
- Half Year FY2026 results – <https://bit.ly/4lBwbo5>
- February 2026 top 20 holders – <https://bit.ly/4ugMBpt>

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