

Aroa Biosurgery (ARX) - MASTRR Interim Analysis

... UNLOCKING REGENERATIVE HEALING FOR EVERYBODY

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Introduction



Bioscaffolds have an established history of use

But

- Dearth of high quality large scale data
- Limited clinical evidence for specific product use in a wide range of procedures & patients
- Unmet clinical needs
- Opportunity to provide more robust evidence
- Mixed view of clinical value
- Latent market opportunity



CHIEF SCIENTIFIC OFFICER

Barnaby C. H. May, Ph.D.

Myriad™ Augmented Soft Tissue Reconstruction Registry (MASTRR)

A Registry of prospective Myriad data

Goals:

- Demonstrate safety and efficacy of Myriad Matrix and Myriad Morcells across a range of soft tissue reconstruction procedures
- Utilize a prospective single arm registry study design with relatively broad inclusion/exclusion criteria – ‘real-world’
- Data set can be analyzed across ALL procedure types AND sub-group analyses based on procedure types or sites
- Use a decentralized approach
- Establish a body of clinical evidence to support the efficacy of Myriad

Prospective Data in Soft Tissue Reconstruction

Advantages of a Registry Study design

Feature	Registry Study	Traditional RCT
Primary purpose	Evaluate real-world safety, performance, utilization, and outcomes	Determine comparative efficacy/effectiveness between predefined interventions
Eligibility criteria	Typically broad inclusion/exclusion criteria	Typically narrower criteria to reduce variability and create more comparable cohorts
Patient population	Heterogeneous and reflective of routine clinical practice	More selected and homogeneous
Clinical settings	Multiple sites, surgeons, specialties, and practice environments	More standardized study sites and procedures
Treatment approach	Reflects routine clinical decision-making	Treatment dictated by protocol and randomization
Generalisability	High — designed to reflect real-world practice	Often lower because of selective enrolment and controlled conditions
Sample size	Often large	Usually smaller because of cost and complexity
Follow-up	Can support long-term surveillance and detection of uncommon events	Usually predefined and finite
Learning about subgroup performance	Strong — useful for exploring different indications, surgeons, and patient types	Limited if subgroup sizes are small
Best question answered	“How does this technology perform in the real world?”	“Does treatment A perform better than treatment B under controlled conditions?”

MASTRR Registry

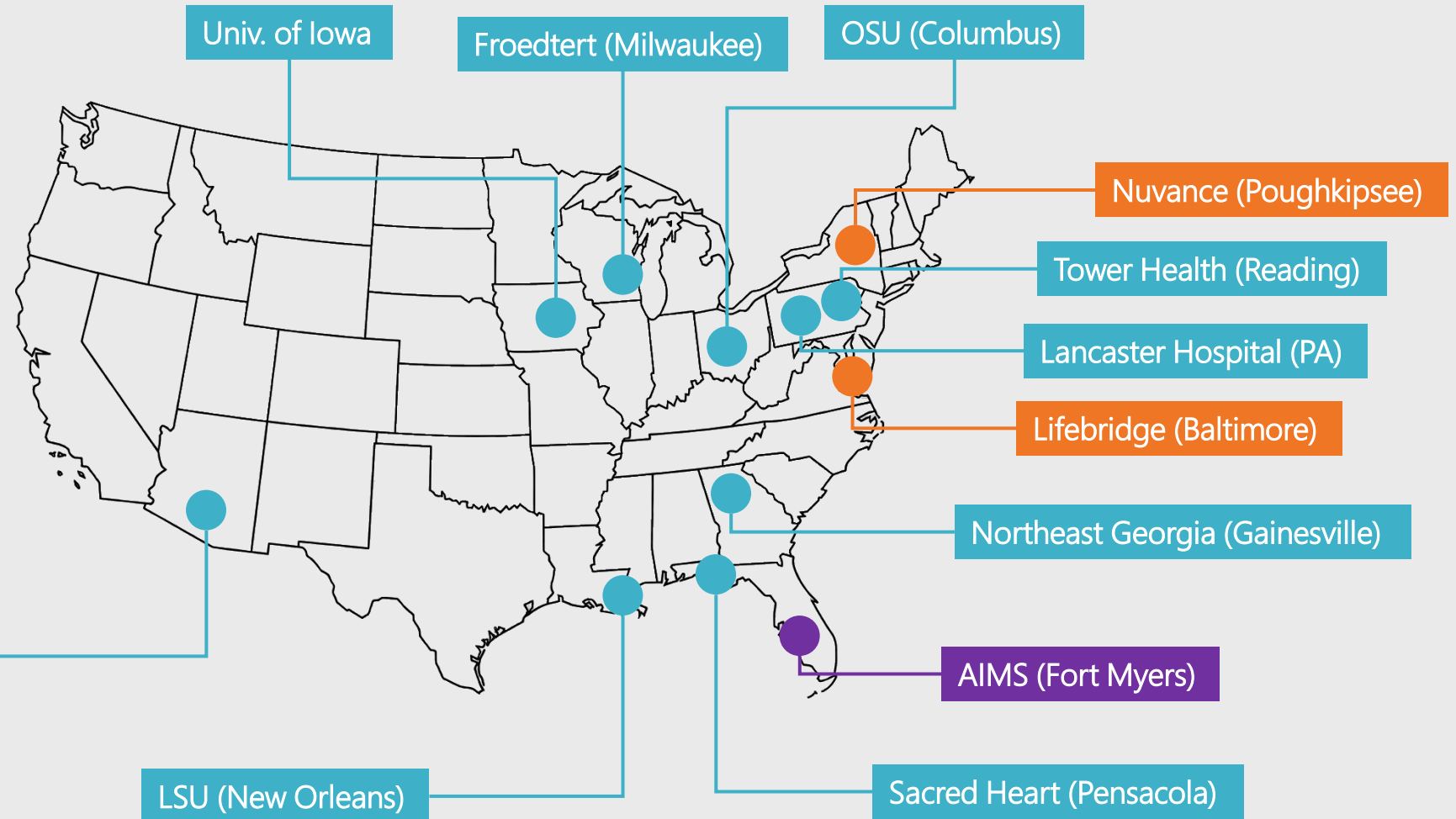
Current metrics

12/15 Sites

550/800
Subjects

Site Focus Area:

- Trauma/Burn
- Colorectal
- Lower Extremity



MASTRR Registry

Research Outputs

1

Lawlor et al

Complex lower extremity reconstruction

2

Cormican et al

Trauma and acute care

3

Nasseri et al

Comparative pilonidal sinus reconstruction

4

Trinh et al

Enterocutaneous fistula

5

Trinh et al

Pressure injury reconstruction

6

Kennedy et al

Partial thickness burns

7

Short et al

Interim safety analysis

MASTRR Prospective Registry Outputs

Limb salvage ¹

- n=130 complex lower extremity reconstruction
- Median 30.0 days to tissue coverage/fill
- Median 127.0 days to closure
- Median 1 product application

Burns ²

- n=32 deep partial thickness burns
- Median 107cm² defect size
- Median 18 days to healing
- Median 1 product application

Trauma ³

- n=61 trauma and ACS defects
- Median 22.5 days to tissue coverage/fill
- Median 70 days to closure
- Median 1 product application

Flap Closure ⁴

- n=46 OFM implant beneath local tissue flaps for pilonidal sinus reconstruction
- Compared to n=48 controls
- OFM implant significantly reduced dehiscence

1. Lawlor et al. 2024. PRS GO. Dec 20;12(12):e6406.

2. Kennedy et al. 2026. Cureus. 18(3): e105987.

3. Cormican, M.T., et al. 2025. J Trauma and Injury. 39(1):42–51.

4. Nasseri et al. 2025. Cureus. Nov 13;17(11):e96775.



STUDY CHAIR - MASTRR REGISTRY

Dr. Tracee Short

Safety of Ovine Forestomach Matrix Across 474 Soft Tissue Defects: Interim Results from the Prospective Multicenter MASTRR Registry

Short T, Lawlor J, Martyka P, Wolf JH, Felton JM, Smith AA, Nasserri YY, Barnajian M, Vassy WM, Cormican M, Kumar P, Choi JJ, Lau L, Loftus JH, Bernal NP, Butts CA, Dillingham CS, Leneweaver KJ, Simon J, Bosque BA, Young DA, May BCH.

Adv Ther. 2026 Sep 3. doi: 10.1007/s12325-026-03768-0.

Adv Ther
<https://doi.org/10.1007/s12325-026-03768-0>



ORIGINAL RESEARCH

Safety of Ovine Forestomach Matrix Across 474 Soft Tissue Defects: Interim Results from the Prospective Multicenter MASTRR Registry

Tracee Short · John Lawlor · Patrick Martyka · Joshua H. Wolf · Jessica M. Felton · Alison A. Smith · Yosef Y. Nasserri · Moshe Barnajian · W. Matthew Vassy · Michael Cormican · Pranat Kumar · John J. Choi · Lung Lau · John H. Loftus · Nicole P. Bernal · Christopher A. Butts · Claire S. Dillingham · Kyle J. Leneweaver · Jessica Simon · Brandon A. Bosque · D. Adam Young · Barnaby C. H. May

Received: June 24, 2026 / Accepted: August 7, 2026
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ABSTRACT

Introduction: Well-powered, prospective, registry-based clinical studies present the opportunity for broad safety surveillance of bioscaffolds

Prior Presentations: Portions of this manuscript were previously presented at the 2026 John A. Boswick Burn and Wound Care Symposium in Maui, HI on January 24–29, 2026.

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s12325-026-03768-0>.

T. Short
Short Consulting Group, 9618 Jefferson Hwy Suite D149, Baton Rouge, LA 70809, USA

J. Lawlor · P. Martyka
Associates in Medicine and Surgery, 50 Bellmont St Suite 2, Labelle, FL 33935, USA

J. H. Wolf · J. M. Felton
LifeBridge Health, Colon and Rectal Surgery, 2435 W Belvedere Ave Suite 46, Baltimore, MD 21215, USA

A. A. Smith
Department of Surgery, Louisiana State University Health Sciences Center, 2021 Perdido St, New Orleans, LA 70112, USA

A. A. Smith
University Medical Center, 2000 Canal St, New Orleans, LA 70112, USA

used in soft tissue reconstruction but remain limited in the field. The Myriad™ Augmented Soft Tissue Reconstruction Registry (“MASTRR Registry”) was established as an ongoing multicenter prospective registry to evaluate the real-world safety and performance of ovine forestomach matrix (OFM)-based devices in complex soft tissue reconstruction.

Methods: The interim safety analysis included prospective subject data from the first 411 subjects and 474 defects undergoing reconstruction with OFM-based devices from 10 participating sites. The analysis included subjects from

Y. Y. Nasserri · M. Barnajian
Surgery Group of LA, Colon and Rectal Surgery, 8635 W 3rd Suite 880W, Los Angeles, CA 90048, USA

W. M. Vassy · M. Cormican
Northeast Georgia Physicians Group, Trauma Surgery, 1439 Jesse Jewell Parkway Northeast Suite 302, Gainesville, GA 30501, USA

P. Kumar · J. J. Choi · L. Lau
NuVance Health Vassar Brothers Medical Center, Colon and Rectal Surgery, 21 Reade Pl Suite 3100, Poughkeepsie, NY 12601, USA

J. H. Loftus · N. P. Bernal
Ohio State University Wexner Medical Center, Trauma Surgery and Burn Care, 1581 Dodd Dr, Columbus, OH 43221, USA



Short et al. 2025 | MASTRR Registry Interim Safety Analysis

Subject and defect level populations



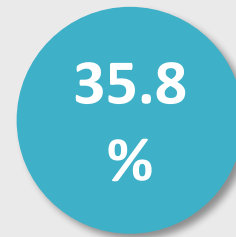
Subjects



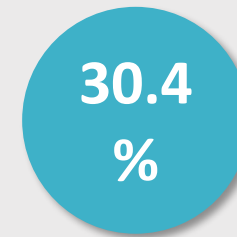
Sites



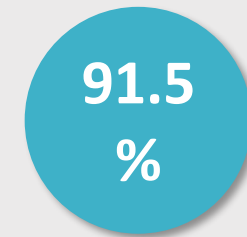
Median BMI



Diabetic



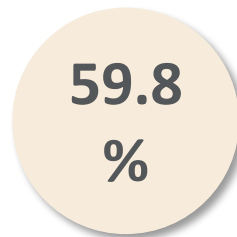
Vascular
Disease



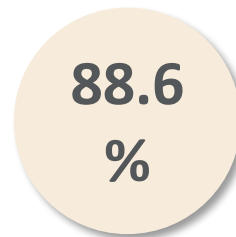
ASA Grade
II or higher



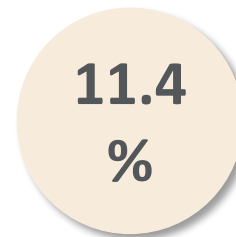
Defects



> 1 month old



CDC Grade II
or higher



Exposed structures



Osteomyelitis



Mean area
(IQR: 7.8, 10.0,
cm2)



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Clinical utility: A broad range of surgical applications

Broad range of surgical procedures from trauma and acute care, colorectal and burns

1

Median product application

65.2
%

Dermal reconstruction (topical)

9.7
%

Fistula augmentation

25.1
%

Implantation

22.6
%

DFU

16.5
%

Traumatic

11.2
%

Ostomy takedown

10.8
%

Pilonidal

9.7
%

Pressure injury

9.7
%

Fistulae



Short et al. 2025 | MASTRR Registry Interim Safety Analysis

Standardized adverse event reporting

- If a subject is enrolled in a clinical study **ANY** adverse event **related or unrelated** to the intervention must be reported within the study
- Structured and standardized reporting is defined as part of the protocol
- **Severity**
 - How severe is the adverse event?
- **Causality**
 - Is the adverse event related to the study intervention (i.e. Myriad)?

Severity

1=mild
2=moderate
3=severe
4=life threatening
5=death

Causality

Unrelated
Unlikely
Possible
Probable
Causal



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Safety outcomes

Zero

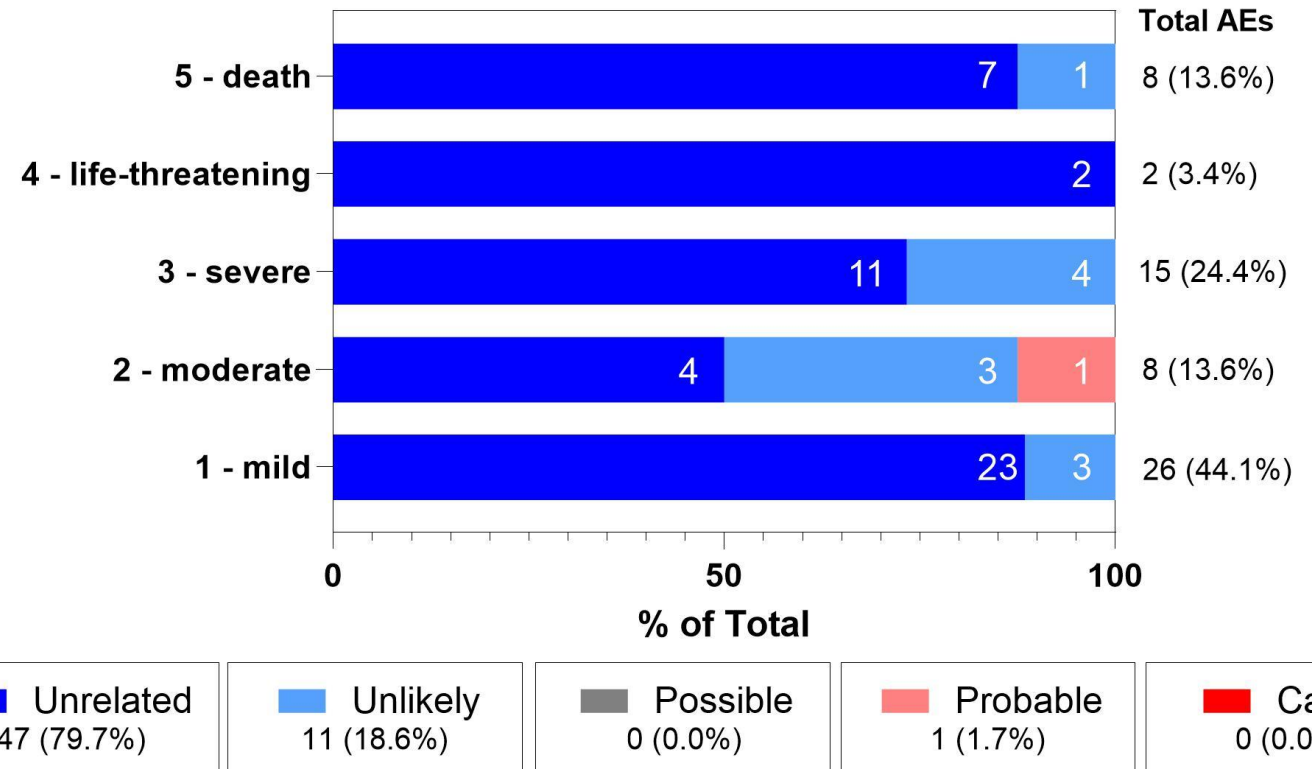
Definitively device-related AEs

1

Probable device related AEs

27.1

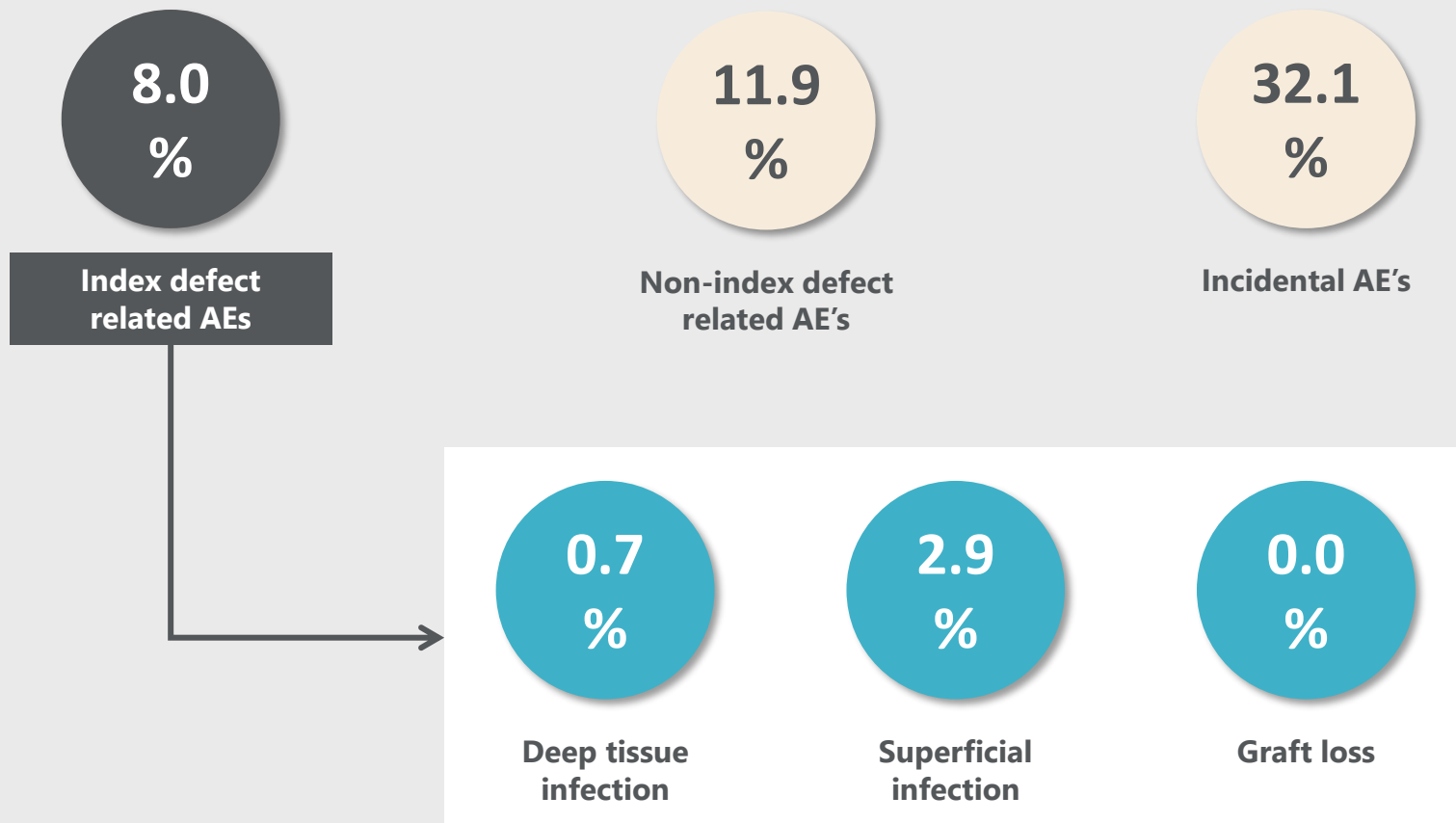
Median follow-up period (weeks)





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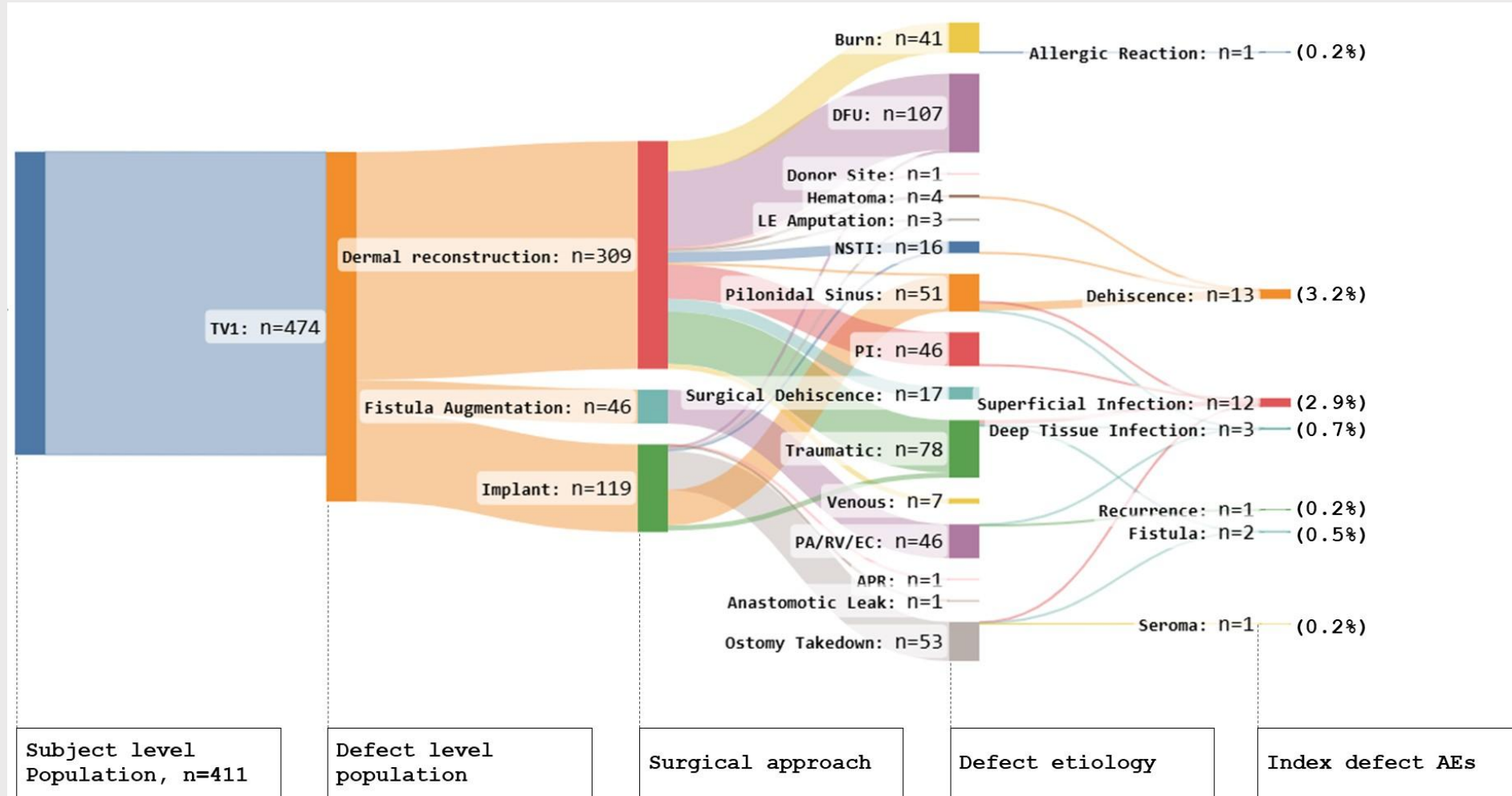
Safety outcomes





Short et al. 2025 | MASTRR Registry Interim Safety Analysis

Safety outcomes





Short et al. 2025 | MASTRR Registry Interim Safety Analysis

Comparative outcomes

How does the deep tissue infection rate for Myriad compare?

Product	Reference	Study type	Defect type	Sample size	Reported deep tissue infection rate
Myriad	Short T. et al. Adv in Therapy, 2026	Prospective registry	Various	474	0.7%
Polyurethane bioscaffold	Shadid OH, et al. Plast Reconstr Surg Glob Open. 2026 Feb 2;14(2):e7461.	Systematic review and meta-analysis	Various	208	25.8%
Polyurethane bioscaffold	He M, et al. Burns. 2025 Dec;51(9):107754.	Systematic review and meta-analysis	Burns	299	26.24%
Collagen-GAG bioscaffold	Gonzalez SR, et al Plast Reconstr Surg Glob Open. 2020 Jul 15;8(7):e2869.	Systematic review and meta-analysis	Various	602	16.9%
Collagen-GAG bioscaffold	He M, et al. Burns. 2025 Dec;51(9):107754.	Systematic review and meta-analysis	Burns	1384	18.79%

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Questions & Answers



What this means

As the largest prospective evidence base in this category, the MASTRR registry is becoming a commercial asset

How

- Surgeon confidence (in contaminated and complex cases)
- Unlocks the conservative/sceptical early majority
- Competitive differentiation
- Supports case for hospital value-analysis approvals
- Potential health-economic impact
- Shorter sales cycles

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Questions & Answers



Thank you for attending



investor@aroa.com



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/aroa-biosurgery-limited/](https://www.linkedin.com/company/aroa-biosurgery-limited/)



64 Richard Pearse Drive,
Auckland 2022, New Zealand

PO Box 107111, Auckland Airport,
Auckland 2150, New Zealand