Nyrada inc

ASX SMIDCaps Conference

James Bonnar
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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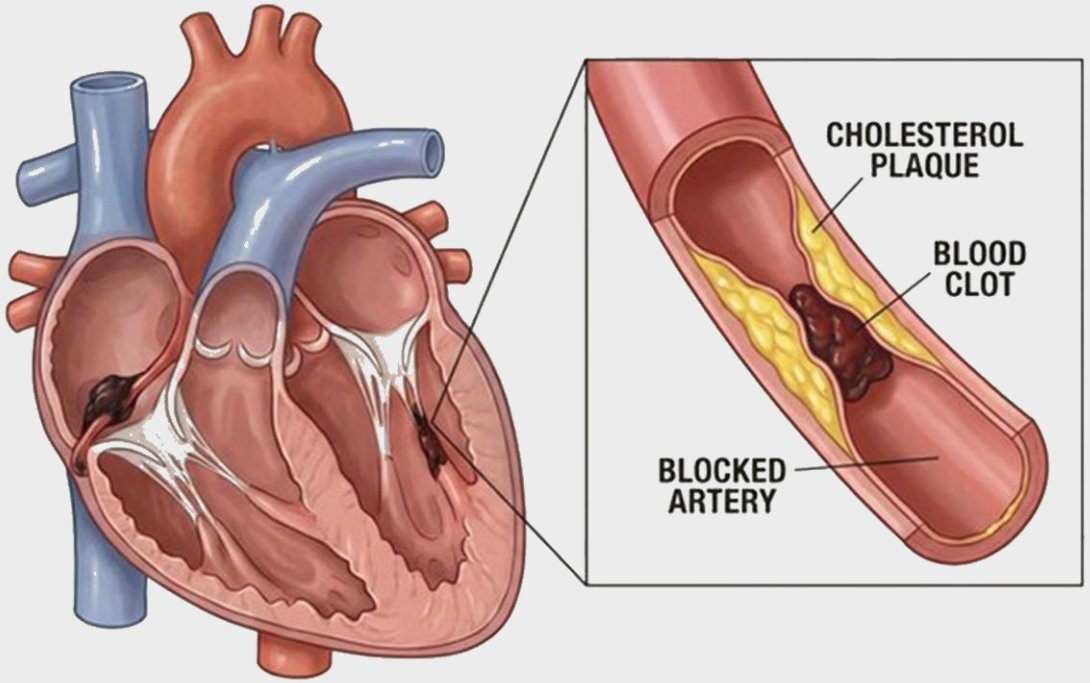
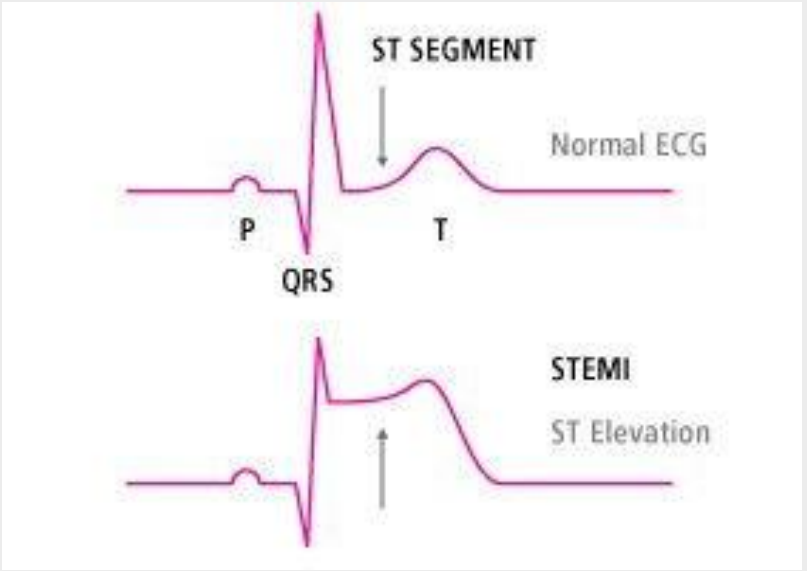
Heart Attack (STEMI)

A critical blockage requiring immediate treatment





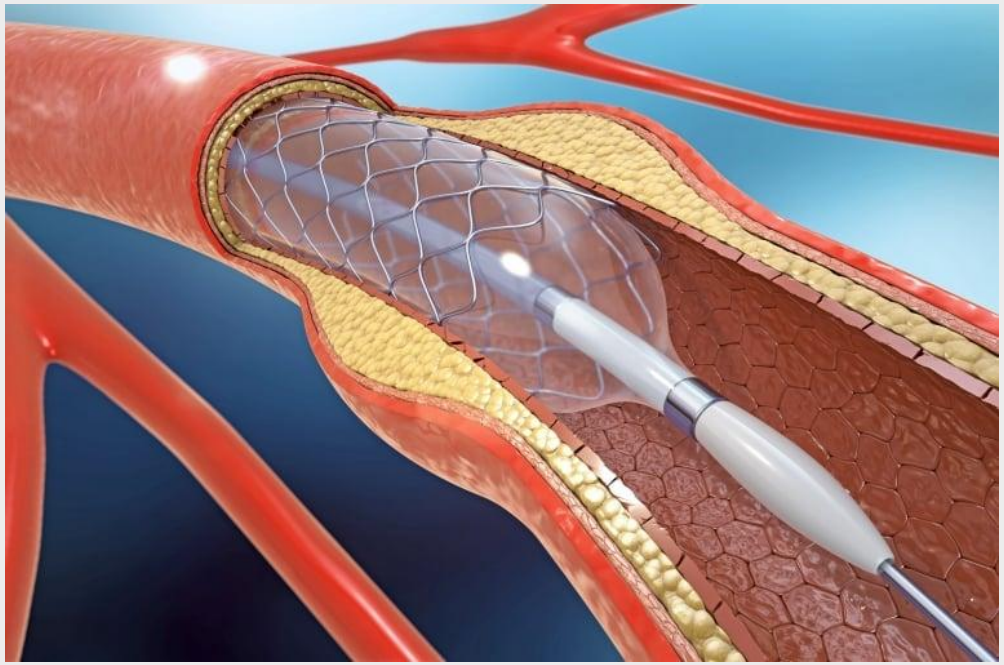
- Heart attack caused by restricted blood flow → myocardial ischemia
- STEMI (ST-elevation myocardial infarction) is a complete blockage
- Globally, ~7 million acute coronary syndrome (ACS) cases annually, ~30% are STEMI*
- Requires immediate intervention (typically PCI) to restore blood flow

* 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

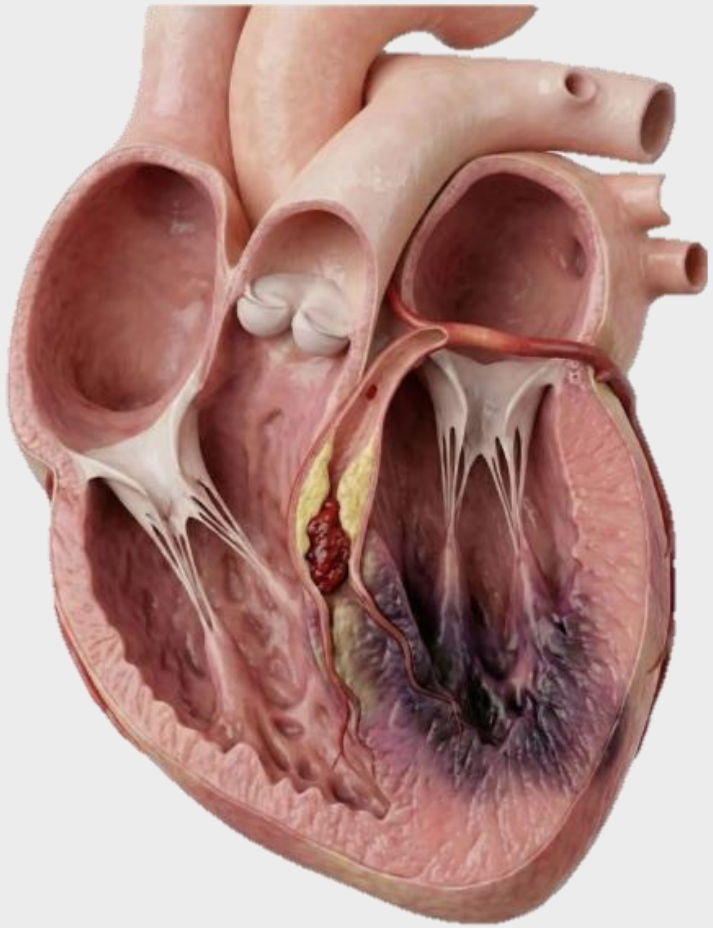
* Coronary Balloon Catheters and the Global Market - https://idataresearch.com/analyst-qa-coronary-balloon-catheters-and-the-global-market

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.pubmed.ncbi.nlm.nih.gov/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:

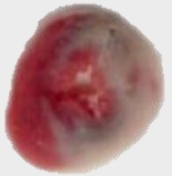
Cardioprotection
- **86%** smaller infarct (**42%** in 3-hr dosing study)
- Decreases in a panel of injury blood biomarker levels
- Troponin reduced by **32%**

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

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

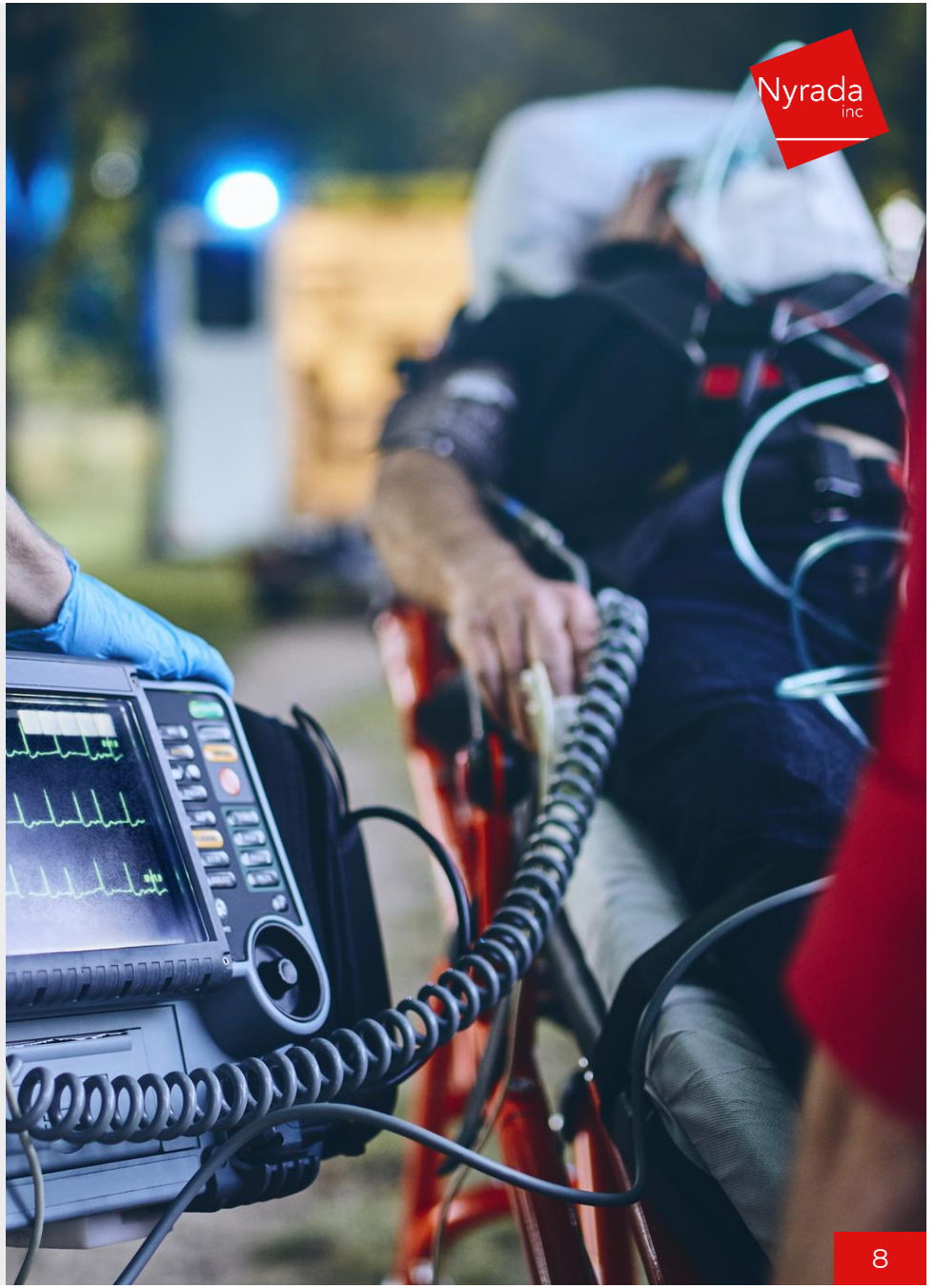
Primary End Point – Safety and tolerability

Further End Points – Preliminary efficacy:

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

Scope (subject to change)

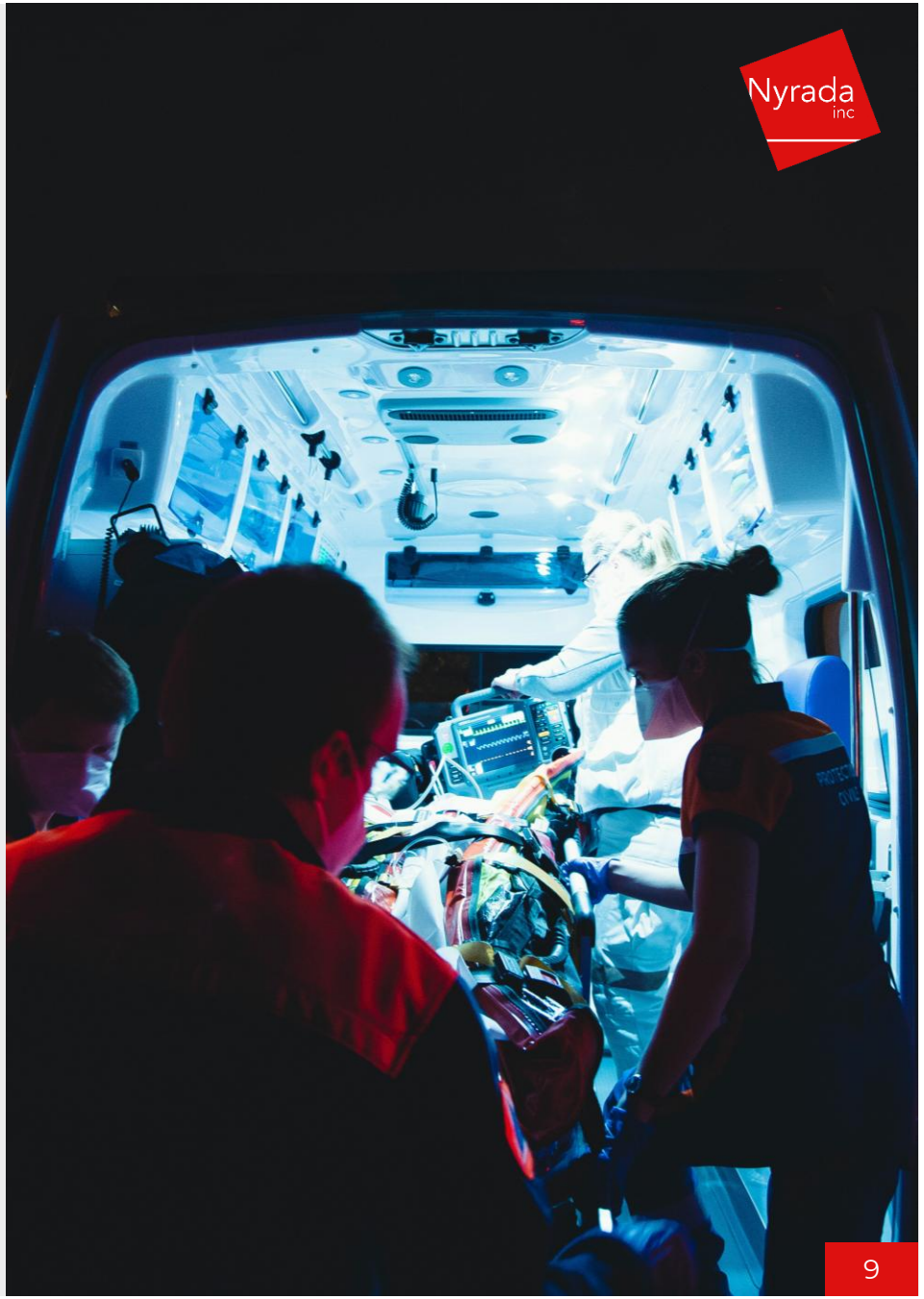
- 100 evaluable patients dosed (50 placebo, 50 drug)
- 9 to 18 months (indicative)
- 7 sites (initially)
- First patient screened – April 2026



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



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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

Contact

- Email – info@nyrada.com

@nyrada_inc

@nyrada_inc

info@nyrada.com

www.nyrada.com