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SNT-4728 iRBD phase 2a trial preliminary results Webinar

Gary Phillips, CEO

6th July 2026

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SNT-4728 Phase 2a Study – Webinar

Participants

Professor Simon Lewis
Trial Principal Investigator

- Neurologist sub-specialised in degenerative diseases of the brain including Parkinson's Disease, Dementia with Lewy Bodies and related conditions.
- Works as a Clinical Academic seeing patients and conducting research to improve our understanding and treatment of these brain disorders.
- Currently conducting a series of disease modifying drug trials in patients who have been diagnosed with degenerative brain disease.

Gary Phillips
CEO

- More than 30 years of operational management experience in the pharmaceutical and healthcare industry in Europe, Asia and Australia.
- Joined Pharmaxis 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.

Jana Baskar
Chief Medical Officer

- 20+ years' experience both in clinical medicine and the biopharmaceutical industry
- Broad therapeutic knowledge and significant clinical research expertise having worked in several different specialties
- Former Medical Director at Novartis Oncology in Australia; former Medical Director for IQVIA in Australia and New Zealand

iRBD AND PARKINSON'S

KEY FACTS

- Patients with isolated REM sleep behaviour disorder (iRBD) act out their dreams, often violently.
- IRBD can represent a prodromal stage of Parkinson's.
- Prodromal symptoms precede the onset of motor cognitive dysfunction.
- > 70 % of iRBD patients go on to develop Parkinson's and the related α-synuclein deposition disorders, dementia with Lewy bodies (DLB) and multiple system atrophy (MSA).
- Annual conversion rate from iRBD to overt neurodegenerative condition is 6.25%[1]
- > 8% of 70 – 89 year olds have iRBD.
- Unmet medical need as there is currently no approved treatment; current standard of care is melatonin.

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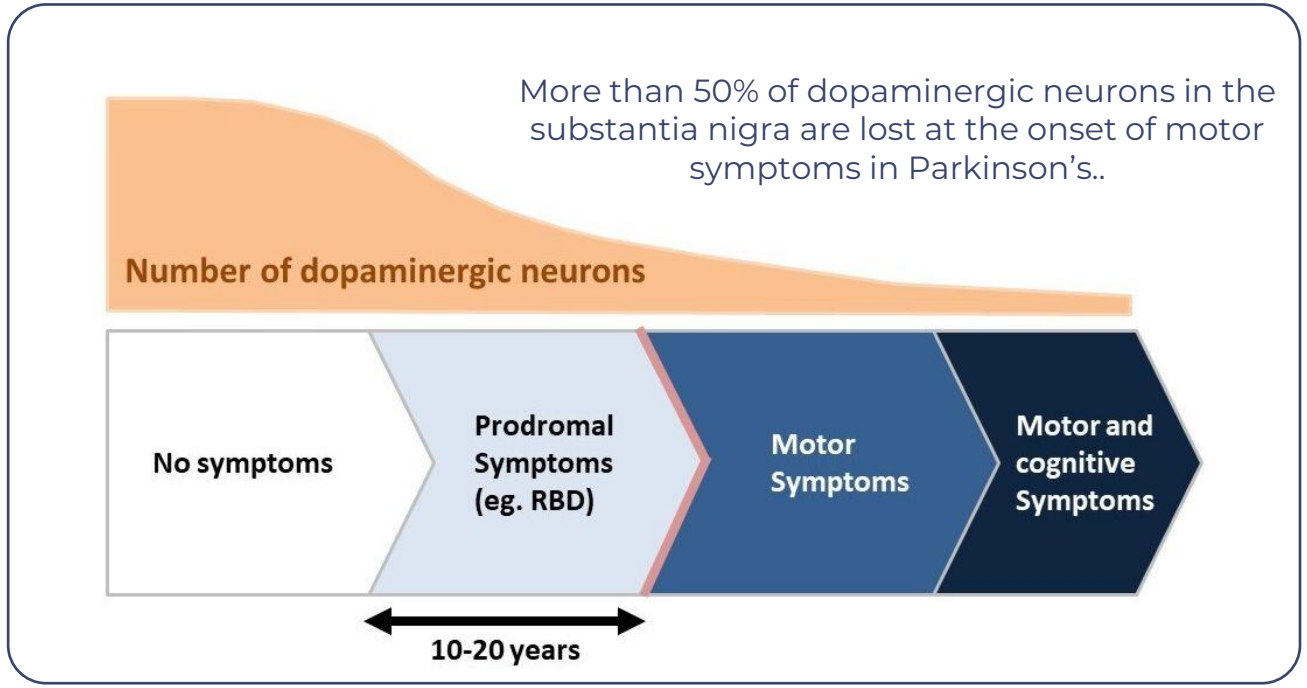
Using a sleep disorder to target Parkinson's.

Early intervention to demonstrate neuroprotection – rather than late treatment when most neurons have already been lost (for example in PD) – is where disease-modifying, slowing therapies are likely to have their greatest impact.



[1] *Risk and predictors of dementia and parkinsonism in idiopathic REM sleep behaviour disorder: a multicentre study;* doi: https://doi.org/10.1093/brain/awz030

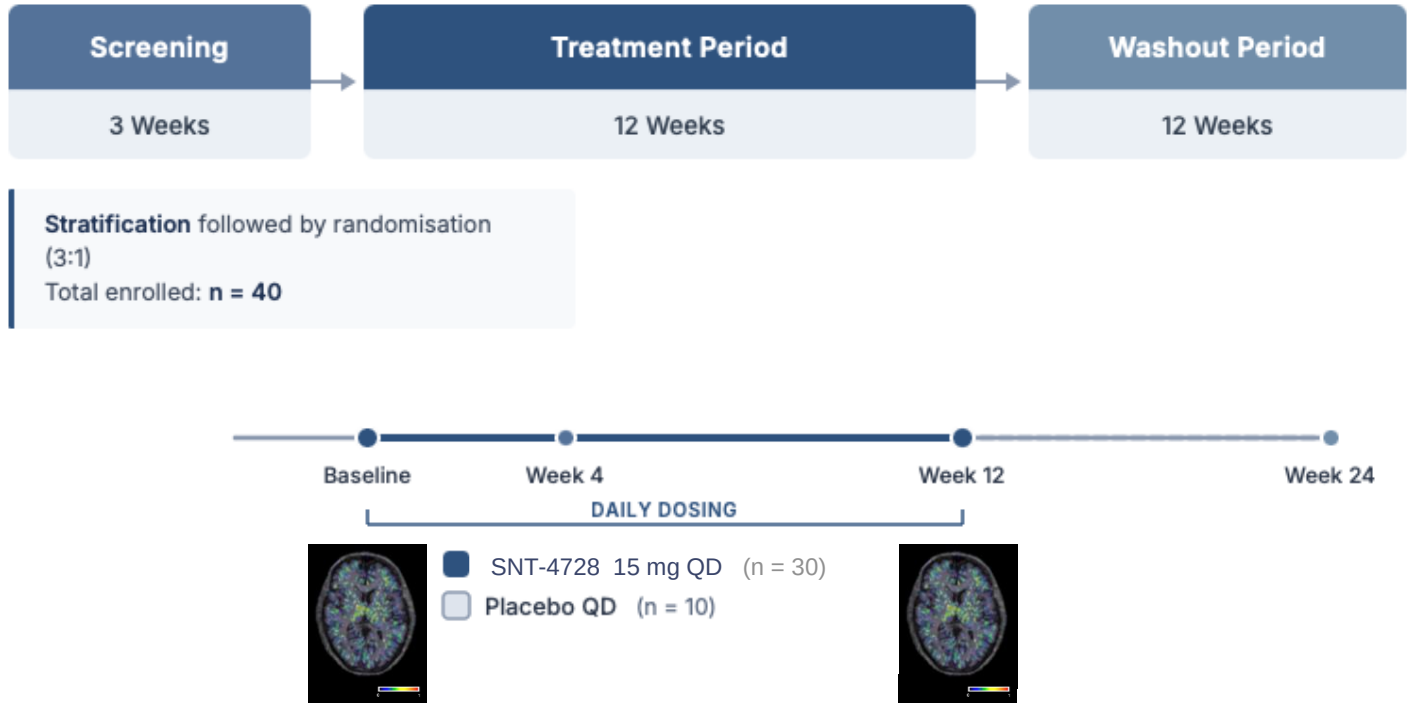
SNT-4728: CLINICAL TRIAL

Phase 2 multi-centre, placebo-controlled study assessing effect of SNT-4728 on brain inflammation in patients with iRBD

- 40 patients (3:1 drug to placebo randomisation), drug treatment duration 12 weeks, 15 mg oral, once daily.
- Key inclusion criteria: definitive iRBD, mild (sub-clinical) parkinsonism and either/both hyposmia or reduced colour discrimination.
- Follow-up period of 12 weeks.

Parkinson's UK

Study funded by Parkinson's UK Virtual Biotech and is being run at sites in Sydney, Australia and Oxford, UK



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PET: positron emission tomography; TEAE: treatment emergent adverse event; QD: once daily.

STUDY ENDPOINTS

Primary endpoint

- Changes observed in TSPO ligand binding on PET imaging in striato-cortical ROIs comparing Baseline to Week 12 in the active arm.
- Incidence and severity of AEs, TEAEs, and SAEs together with completion rates and treatment compliance over the entire study duration.

Secondary endpoints

- Change in TSPO ligand binding on PET imaging across subcortical and cortical ROIs in the active arm from Baseline to Week 12.
- Change in TSPO ligand binding on PET imaging across the total distribution volume (whole brain, specifically global grey matter) in the active arm from Baseline to Week 12.

Exploratory endpoints

- Changes in clinical measurements relevant to iRBD from Baseline to Week 12 and from Week 12 to Week 24.
- Any change in digital and liquid biomarkers relevant to iRBD or brain inflammation.

AE: adverse event; PET: positron emission tomography; ROI: region of interest; SAE: serious adverse events; TEAE: treatment-emergent adverse events; TSPO: translocator protein.

BASELINE CHARACTERISTICS

Study successfully recruited an enriched iRBD population at high risk for phenoconversion to Parkinson's and related diseases

- Median age of study participants was 68 yrs and 93% were male.
- 90% of participants were hyposmic/anosmic (reduced or loss of sense of smell).
- 46% of participants had low colour discrimination.
- 95% had misfolded alpha-synuclein detected in cerebrospinal fluid.

EXPOSURE AND SAFETY

In keeping with the excellent safety profile observed in prior Phase 2 studies, SNT-4728 was safe and well tolerated

- All 41 patients completed randomised treatment period.
- Baseline and safety data not unblinded as study ongoing.
- Across the treatment arms, 125 TEAEs in 27 patients – all Grade 1 or 2; none serious.
- Only 14 TEAEs considered related in 5 patients.
- Most common TEAEs were headache (19.5% of patients), nasopharyngitis (9.8%), muscle spasms (7.3%), constipation (7.3%), dizziness (7.3%).

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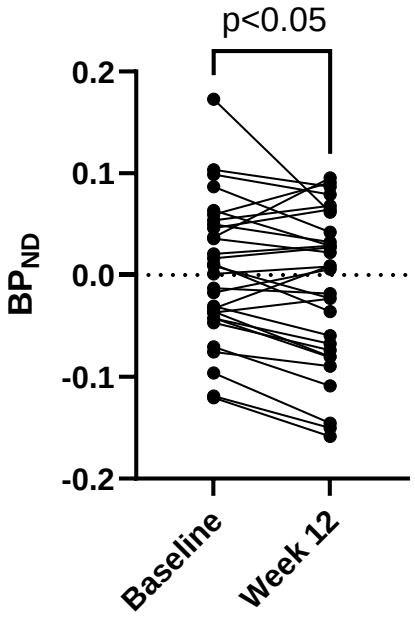
TEAE: treatment-emergent adverse events.

REDUCTION IN INFLAMMATION

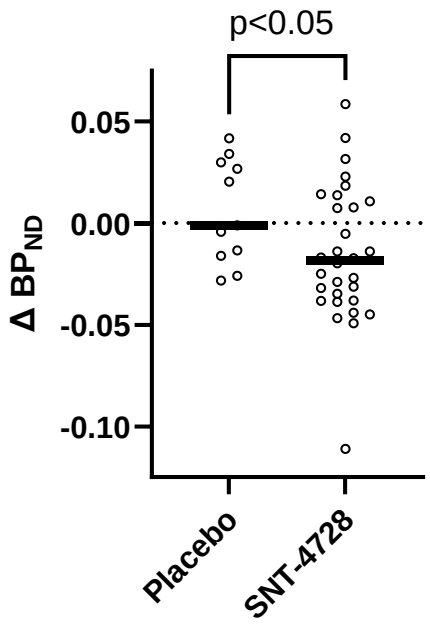
Statistically significant reduction in brain inflammation observed unilaterally in the putamen (p-value 0.0145)

- The putamen is a key region underlying the hallmark motor symptoms of Parkinson's disease.
- 20 out of 30 pts on active treatment (SNT-4728) recorded a reduction in inflammation from baseline.
- No statistically significant change in inflammation was detected in other predefined regions of interest.
- No significant reduction in brain inflammation in any region for placebo group.

Putamen	Binding Potential (BP_{ND})		Mean change	P-value (Paired t-test)
	Mean at baseline	Mean at 12 weeks		
Right	0.002918	-0.012073	**-0.016 (0.033)**	**0.0145**
Left	-0.001209	0.001692	0.003 (0.029)	0.6219



20/30 pts had reduced inflammation after 12 weeks treatment.



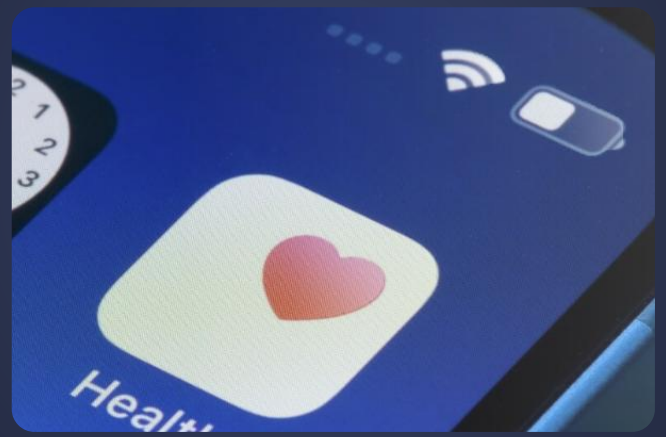
At week 12, inflammation significantly reduced compared to placebo.

BP_{ND} is a dimensionless number expressing the distribution volume ratio of specifically bound radioligand to that of non-displaceable radioligand.

NEXT STEPS IN THIS STUDY

Digital biomarkers

Exploratory endpoints measuring cognitive, motor function and actigraphy



Expected: Q3, 2026

Biological markers

Exploratory endpoints measuring inflammation and neurodegeneration in the blood and CSF

Expected: Q3, 2026

Data integration

- AI-driven integration of imaging data with liquid and digital biomarkers
- Correlation of clinical data with digital biomarkers
- Analysis of drug-induced changes with patient status at baseline to define future trial designs

Two outcomes

- Deeper understanding of iRBD disease biology
- Characterisation of SNT-4728 effects on brain inflammation

SNT-4728 iRBD phase 2a study; Key outcomes

- First interventional study to directly target neuroinflammation in patients with iRBD and interrogate the disease biology underlying patient progression to Parkinson's disease.
- Statistically significant reduction in brain inflammation was observed unilaterally in the putamen (p-value 0.0145), with 20 out of 30 patients on active treatment (SNT-4728) recording a reduction from baseline.
- Full results from the study, including further digital and biological markers, will be available in Q3 2026.
- Based on activity as a first-in-class neuro-targeted anti-inflammatory therapy in iRBD, a new provisional patent application has been filed.

"SNT-4728 is being evaluated in a prodromal Parkinson's population where progression to symptomatic disease is very slow and can take over a decade. Therefore, any measurable change over only three months of treatment is notable, and seeing a statistically significant reduction in TSPO signal in the putamen, a region central to motor symptoms, is encouraging and suggests the drug may be modulating disease relevant neuroinflammatory pathways. The further imaging and biomarker analyses still to come from this study will help our understanding of the durability and clinical significance of this effect."

Prof Simon Lewis, Director of the Parkinson's Disease Research Clinic at Macquarie University

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