



# **CEO's presentation**

**Dr David Stamler**

**21 November 2025**



# Forward looking statements

This presentation may contain some statements that may be considered “Forward-Looking Statements”, within the meaning of the US Securities Laws. Thus, any forward-looking statement relating to financial projections or other statements relating to the Company’s plans, objectives, expectations or intentions involve risks and uncertainties that may cause actual results to differ materially. For a discussion of such risks and uncertainties as they relate to us, please refer to our 2025 Form 20-F, filed with US Securities and Exchange Commission, in particular Item 3, Section D, titled “Risk Factors.”



# Investment highlights



## **Positive Phase 2 data in Multiple system atrophy (MSA), an aggressive Parkinsonian disorder**

Robust efficacy on functional endpoint in double-blind study



## **Large market potential in neurodegenerative diseases**

ATH434 has Orphan Drug designation for MSA treatment

Potential to treat Parkinson's disease and related disorders



## **Oral administration preferred over competition**

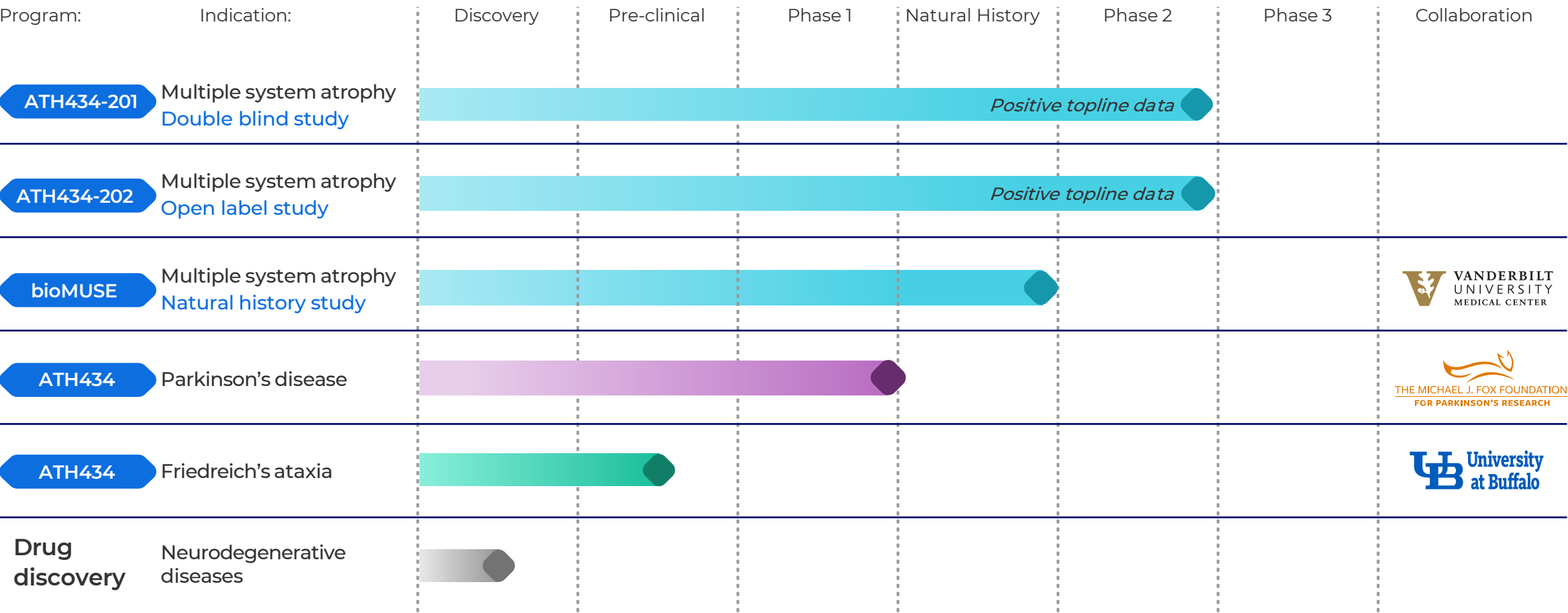
Patient friendly administration



## **Highly experienced leadership team in movement disorders**

Three FDA approvals in neurology

# Promising portfolio in neurodegenerative diseases



# Multiple System Atrophy (MSA): Parkinsonian disorder with no approved treatment

**Rapidly progressive**

Highly debilitating

**Up to 50,000**

patients in U.S.

## Disease characteristics:

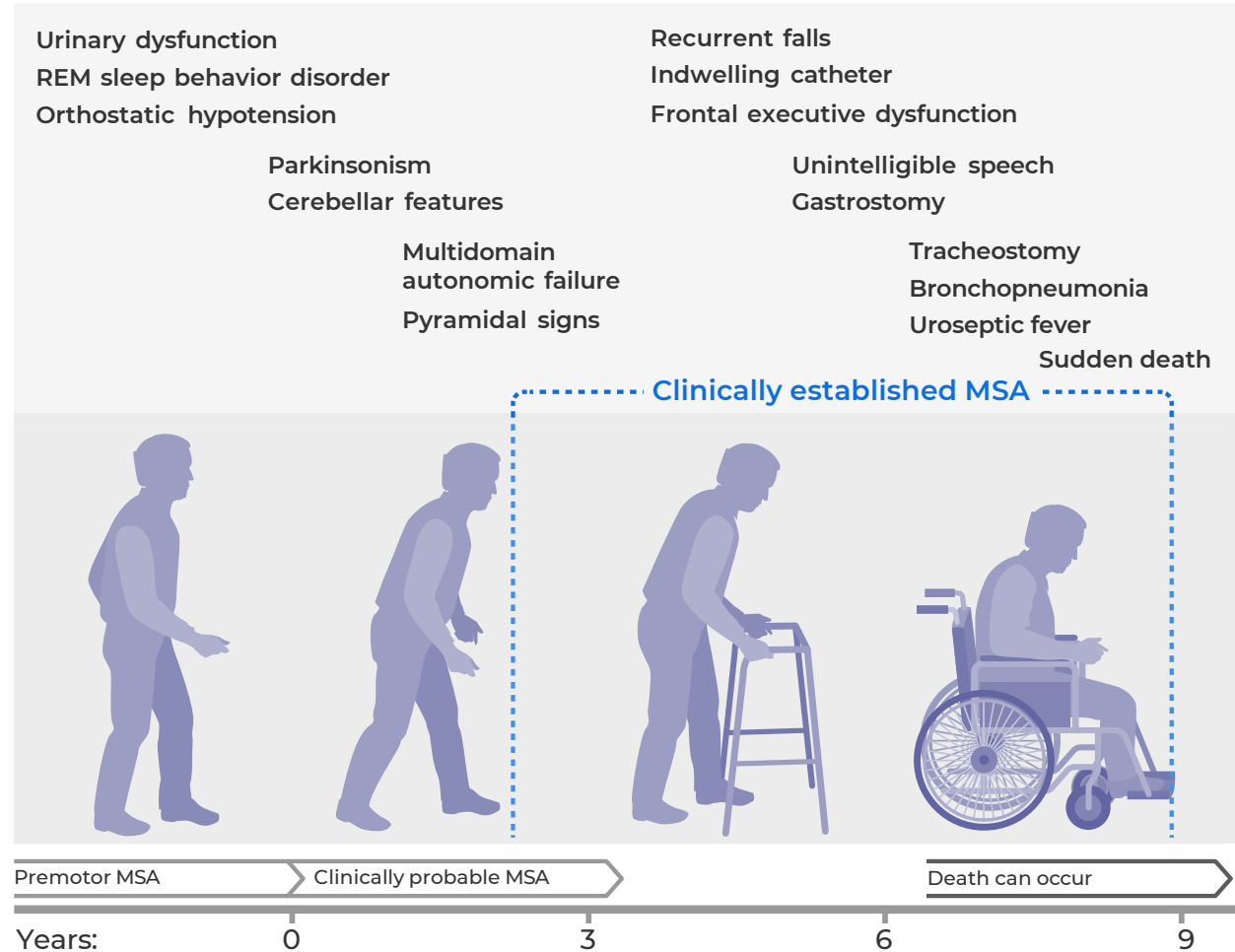
- Motor: Parkinsonism, uncoordinated movements, balance problems, falls
- Autonomic dysfunction: blood pressure maintenance, bladder control, bowel function
- Atrophy and  $\alpha$ -synuclein accumulation in multiple brain regions

**Over 50%**

require wheelchair  
in 5 years

**7.5 years**

median survival  
after symptom onset



# ATH434: Small molecule drug candidate



Oral administration

Preferred by patients and doctors vs infusions (IV, intrathecal) or injections



Blood-brain barrier penetrant

Acts intracellularly to address underlying pathology



Efficacy in animal models of disease

Efficacy shown in animals with experimental Parkinson's disease and MSA



Broad treatment potential

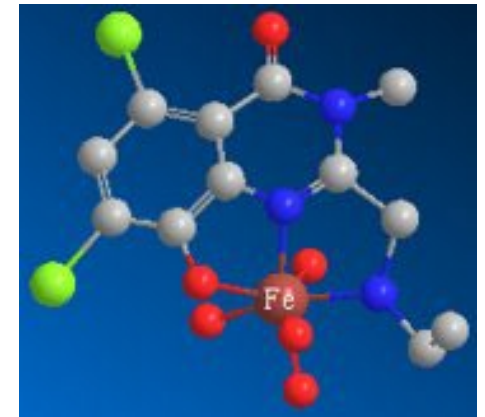
Potential to treat many neurodegenerative diseases (e.g., Parkinson's, Frederich Ataxia)



Orphan & Fast Track designations

US FDA Fast Track Designation and Orphan drug designation in U.S. and EU

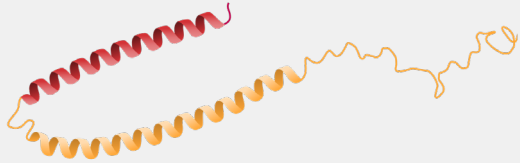
**ATH434 binding to labile iron**



# Targeting the pathology of MSA

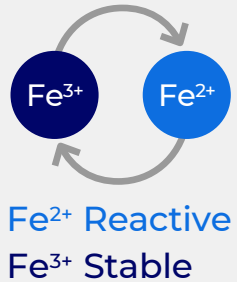


# Key players in MSA pathology



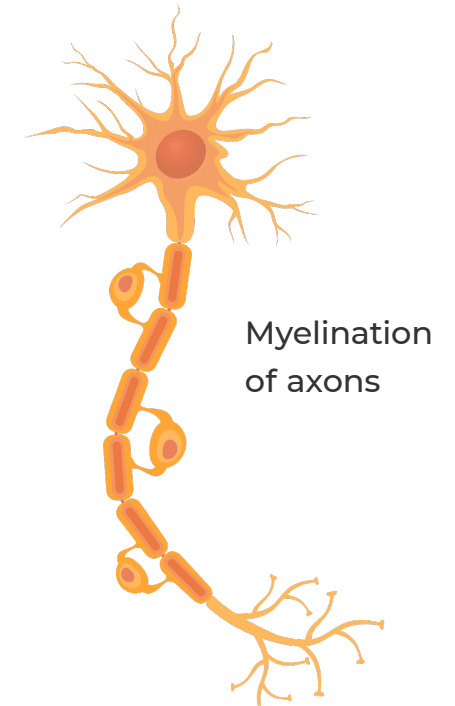
## $\alpha$ -Synuclein protein:

- Present in all neurons
- Regulates neurotransmitter release
- Facilitates neuronal communication



## Two forms of iron required for cellular function:

- Energy production and activity of many enzymes
- Neurotransmitter synthesis (e.g., dopamine)
- Myelin synthesis

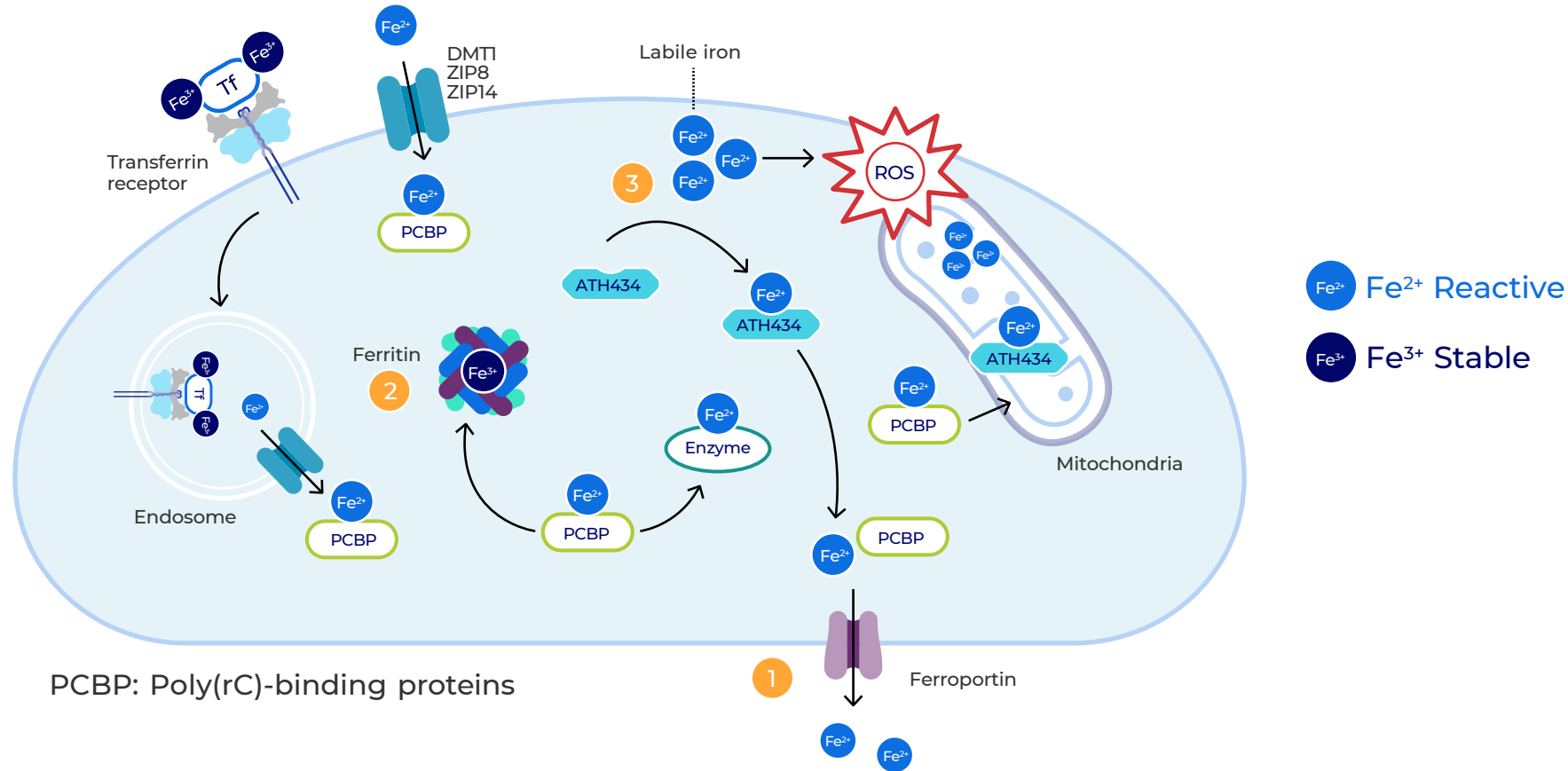


Alpha-synuclein and iron balance vital for normal CNS function



# ATH434 mechanism of action: Iron chaperone

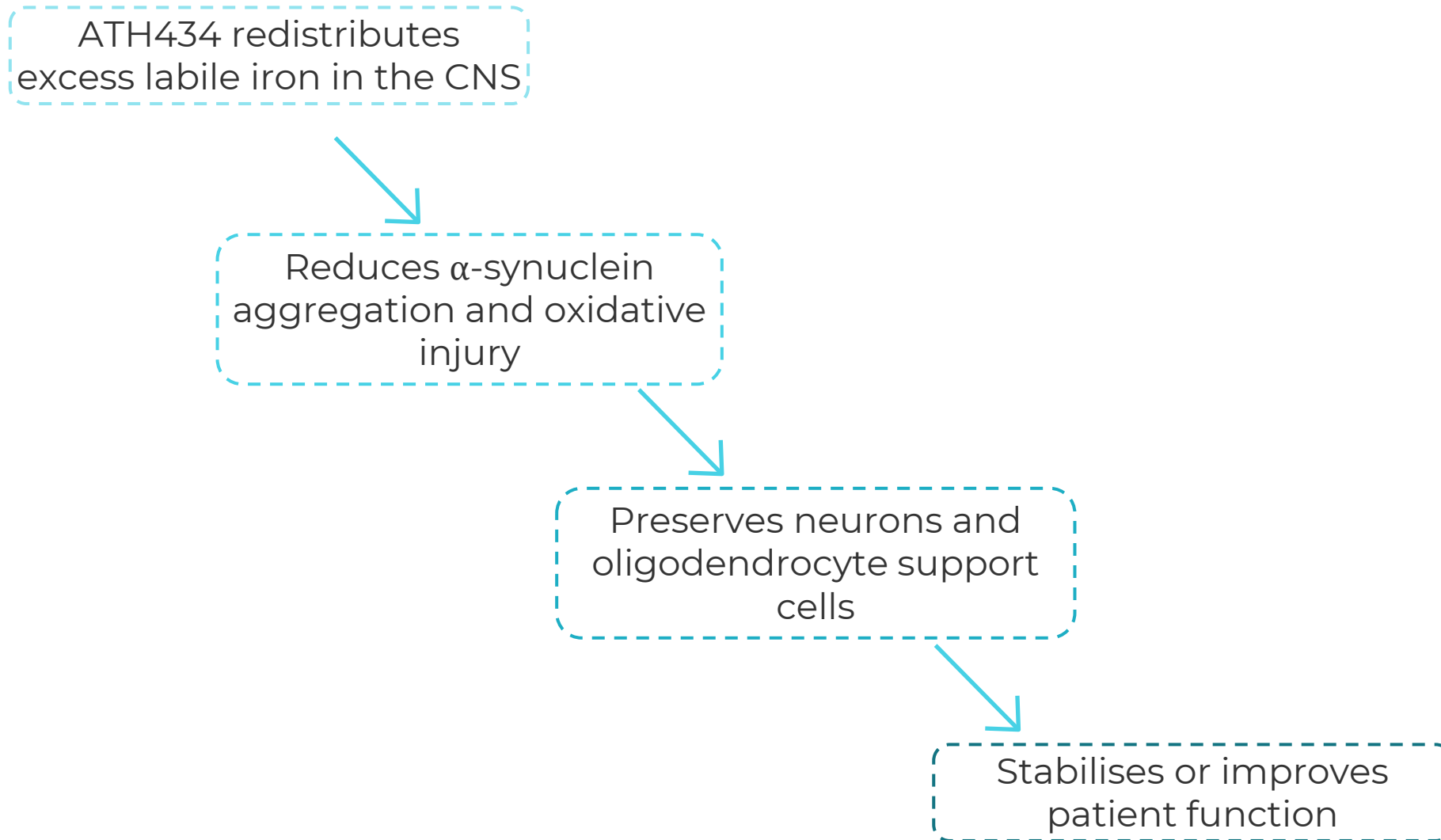
**ATH434 redistributes excess labile (reactive) iron to reduce neuronal injury**



## Redistribution mechanisms:

- 1 Efflux iron from cell (ferroportin)
- 2 Increase iron storage (ferritin)
- 3 Buffering Fe<sup>2+</sup> in labile iron pool

## Treatment approach: Address underlying pathology



**Based on its mechanism of action, ATH434 is a potential disease modifying therapy**



# ATH434 clinical development program in MSA

# Diligent approach to de-risk development program

## Natural History Study

### bioMUSE

- Observational study in individuals with MSA
- Designed to de-risk clinical development program
- Identify biomarkers to improve accuracy of patient selection

## Phase 2

### ATH434-201

#### Randomized double-blind placebo-controlled trial

**Results:** clinically meaningful efficacy on MSA rating scale, measures of orthostatic hypotension, disease severity

### ATH434-202

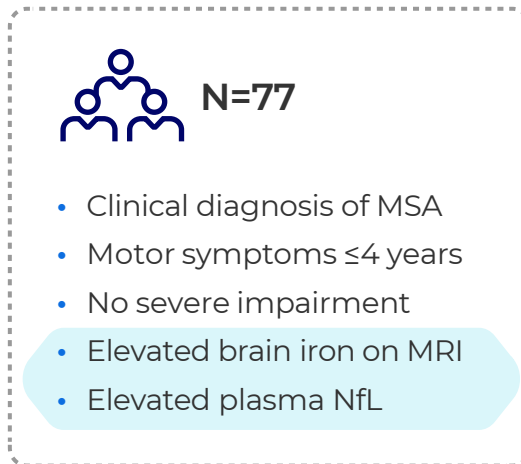
#### Open label trial in advanced MSA patients

**Results:** showed improved neurological symptoms in more advanced patients and favorable safety

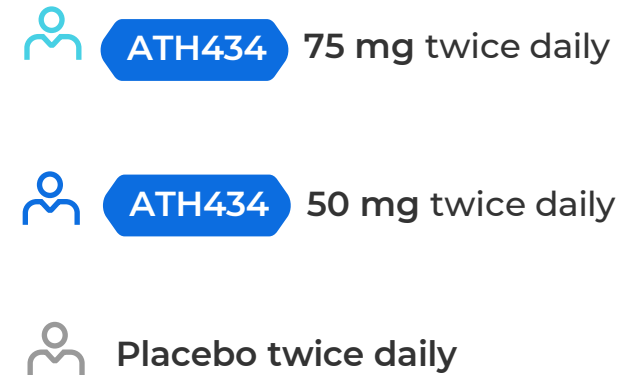
# ATH434-201: Randomized, double-blind, placebo-controlled study

ATH434-201

## Patient criteria:



## Study design:



12 months treatment

## Endpoints:

- ✓ **Key clinical endpoint:** modified UMSARS Part 1
- ✓ **Additional secondary endpoints:** CGI-S, OHSA, Wearable Sensors, Safety
- ✓ **Key biomarker endpoint:** brain iron content by MRI

# Importance of the Unified MSA Rating Scale Part I (UMSARS I)

ATH434-201

## UMSARS Part I Items:

- |                                    |                                            |
|------------------------------------|--------------------------------------------|
| <input type="radio"/> Speech       | <input type="radio"/> Walking              |
| <input type="radio"/> Swallowing   | <input type="radio"/> Falling              |
| <input type="radio"/> Handwriting  | <input type="radio"/> Orthostatic symptoms |
| <input type="radio"/> Cutting food | <input type="radio"/> Urinary function     |
| <input type="radio"/> Dressing     | <input type="radio"/> Bowel function       |
| <input type="radio"/> Hygiene      | <input type="radio"/> Sexual function^     |

Rated from 0 to 48  
higher scores worse

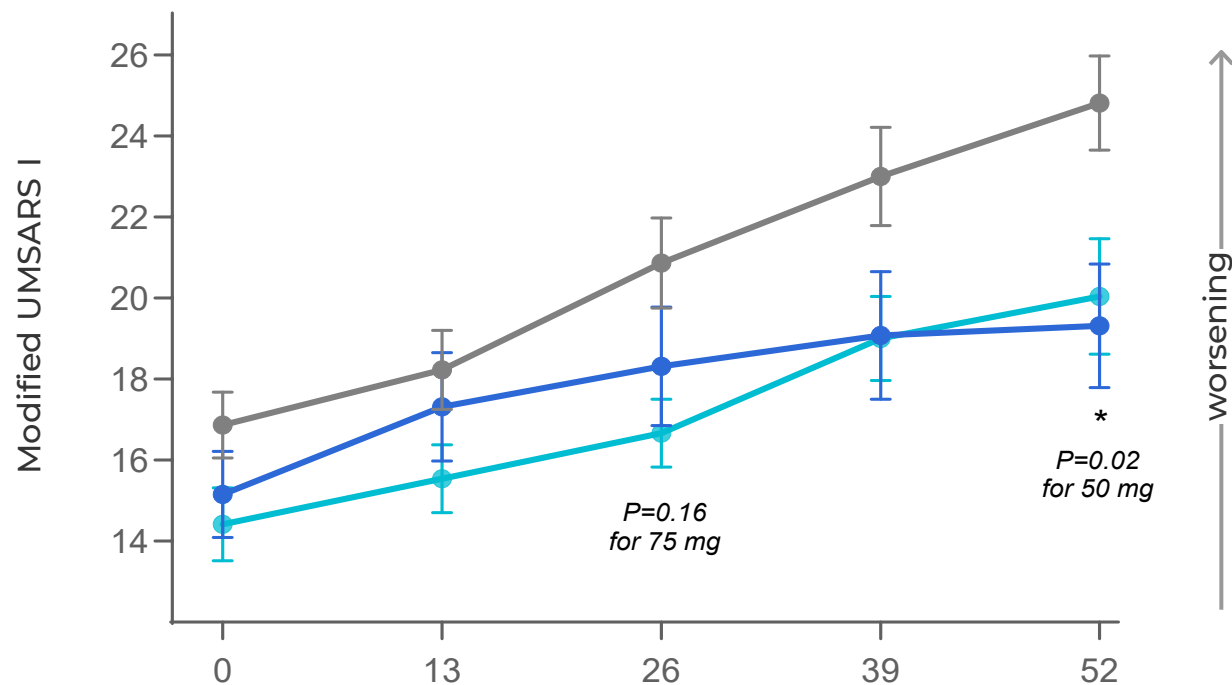
**UMSARS is the  
FDA endorsed  
clinical endpoint  
to support  
approval for the  
treatment of MSA**

**Validated rating scale to assess MSA disease severity**  
**Rates functional impairment in domains affected in MSA**

# Clinically significant efficacy on modified UMSARS Part I

## Change from baseline to week 52

ATH434-201



Placebo N=22	Difference vs. placebo LS mean (SE)	Relative treatment effect
ATH434 50 mg N=25	- 3.8 (1.6)	48%
ATH434 75 mg N=24	- 2.4 (1.7)	30%
ATH434 75 mg N=24	- 2.8 (1.7)	35% P-value 0.11

*Effect of ATH434 75 mg strengthens when correcting for important Baseline differences\**

\* Baseline ortho SBP change as covariate given imbalance of severe OH at baseline

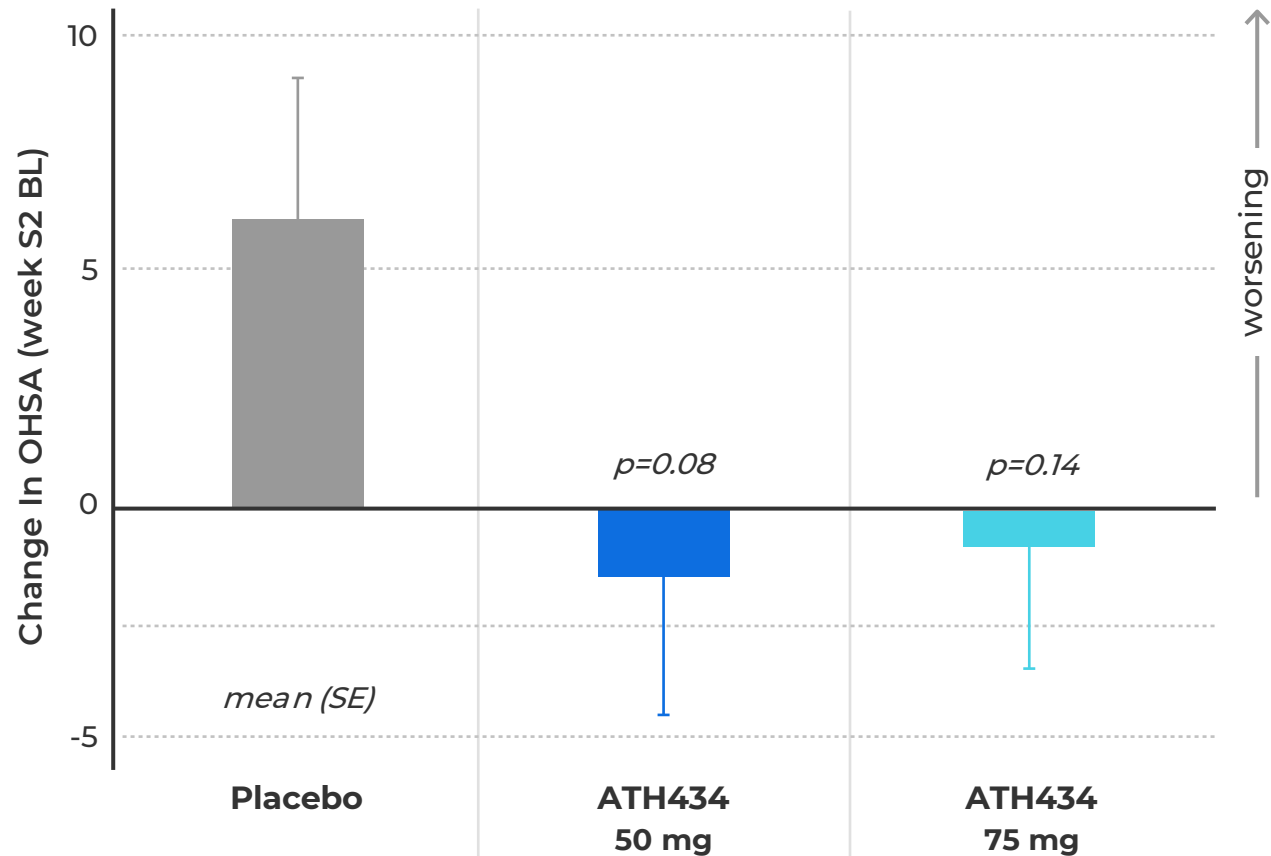
Relative Treatment Effect  

$$\frac{\text{Change}_{\text{ATH434}} - \text{Change}_{\text{Placebo}}}{\text{Change}_{\text{Placebo}}}$$

# Orthostatic Hypotension Symptom Assessment (OHSA)

## Change from baseline to week 52

ATH434-201



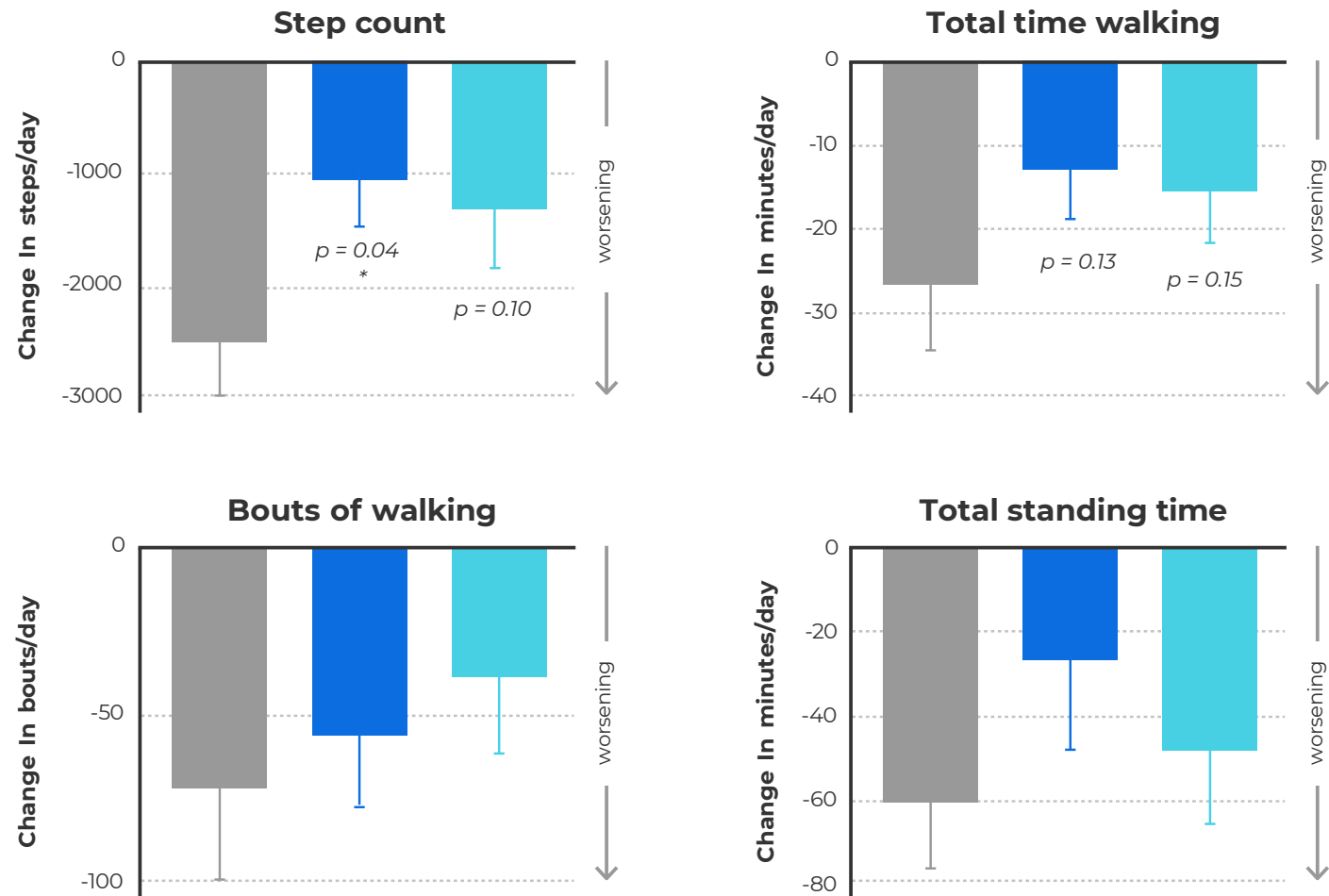
- Assesses symptoms of low blood pressure when going from sitting to standing (e.g., dizziness / feeling faint / lightheadedness)
- Patient reported outcome



# ATH434 preserved walking in outpatient setting

## Change from baseline to week 52

ATH434-201



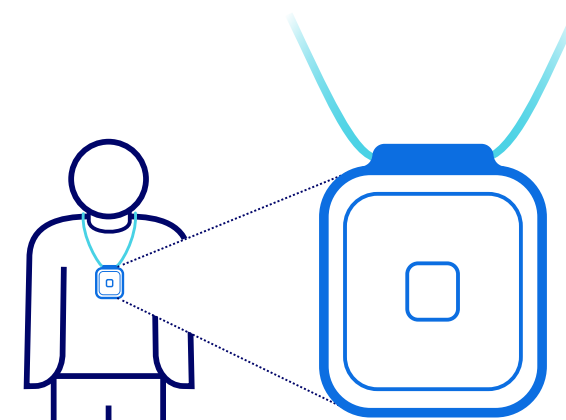
Placebo

ATH434-201  
50 mg




ATH434-201  
75 mg

Pendant

Wearable movement sensor



# Adverse Events



	<div>Placebo</div> <div>twice daily</div> <div> N=26</div>	<div>ATH434-201</div> <div>50 mg</div> <div> N=25</div>	<div>ATH434-201</div> <div>75 mg</div> <div> N=26</div>
<b>N (%) of subjects <sup>1</sup></b>			
<b>Any Adverse Event (AE)</b>	24 (92.3%)	21 (84.0%)	25 (96.2%)
UTI	14 (53.8%)	10 (40.0%)	7 (26.9%)
Fall	8 (30.8%)	7 (28.0%)	8 (30.8%)
Covid-19	1 (3.8%)	6 (24.0%)	4 (15.4%)
Fatigue	2 (7.7%)	1 (4.0%)	5 (19.2%)
Back pain	1 (3.8%)	3 (12.0%)	2 (7.7%)
<b>Severe AEs <sup>2</sup></b>	8 (30.8%)	3 (12.0%)	6 (23.1%)
<b>Serious AEs <sup>2</sup></b>	10 (38.5%)	5 (20.0%)	7 (26.9%)

- Similar rates of AEs in ATH434 and placebo participants
- No severe or serious AEs related to study drug
- No hematologic side effects

1 - Reporting one or more event  
2 - None related to Study Drug

# ATH434-202: Open label study in advanced MSA

Design	Single arm, open-label
Population	Advanced MSA (n=10)
Treatment	ATH434 75 mg BID x 12 months
Brain MRI Biomarkers	Iron, volume
Clinical Measures	UMSARS I, clinical/patient global impressions of change

Parameter	ATH434-202 75 mg BID  N=10	ATH434-201 75mg BID  N=24
Age (yr)	64.5 (7.5)	63.9 (6.7)
Duration of motor symptoms (yr)	3.9 (1.8)	2.3 (0.9)
Modified UMSARS I <sup>1</sup>	19.2 (5.3)	14.4 (4.4)
Motor score of Parkinson Plus Scale2	57.5 (20.4)	48.9 (16.8)
Plasma NfL (pg/mL)	42.1 (14.1)	32.3 (9.0)
OH Symptom Assessment	16.7 (14.8)	15.0 (12.2)
Severe Orthostatic Hypotension	40.0%	29.2%



Mean (SD)

Key objective was to assess efficacy and safety of ATH434 75 mg dose for comparison to 75 mg dose in 201 double-blind study

<sup>1</sup>MSA affected areas by MSA-atrophy index. Trujillo, P. et al Annals of Clin and Trans Neuro, 2025

# ATH434-202: Key data at 75 mg dose

## Comparison to double blind study at 12 mo

Change over 12 Months	ATH434-202 75 mg BID  N=10	ATH434-201 75mg BID  N=24
Modified UMSARS I	3.5 (4.7)	5.6 (5.6)
Clinical global impression of change (% stable)	30%	21%
Patient global impression of change (% stable)	30%	26.4%
Brain volume <sup>1</sup>	-0.44 (0.14)	-0.42 (0.29)
	Mean (SD)	

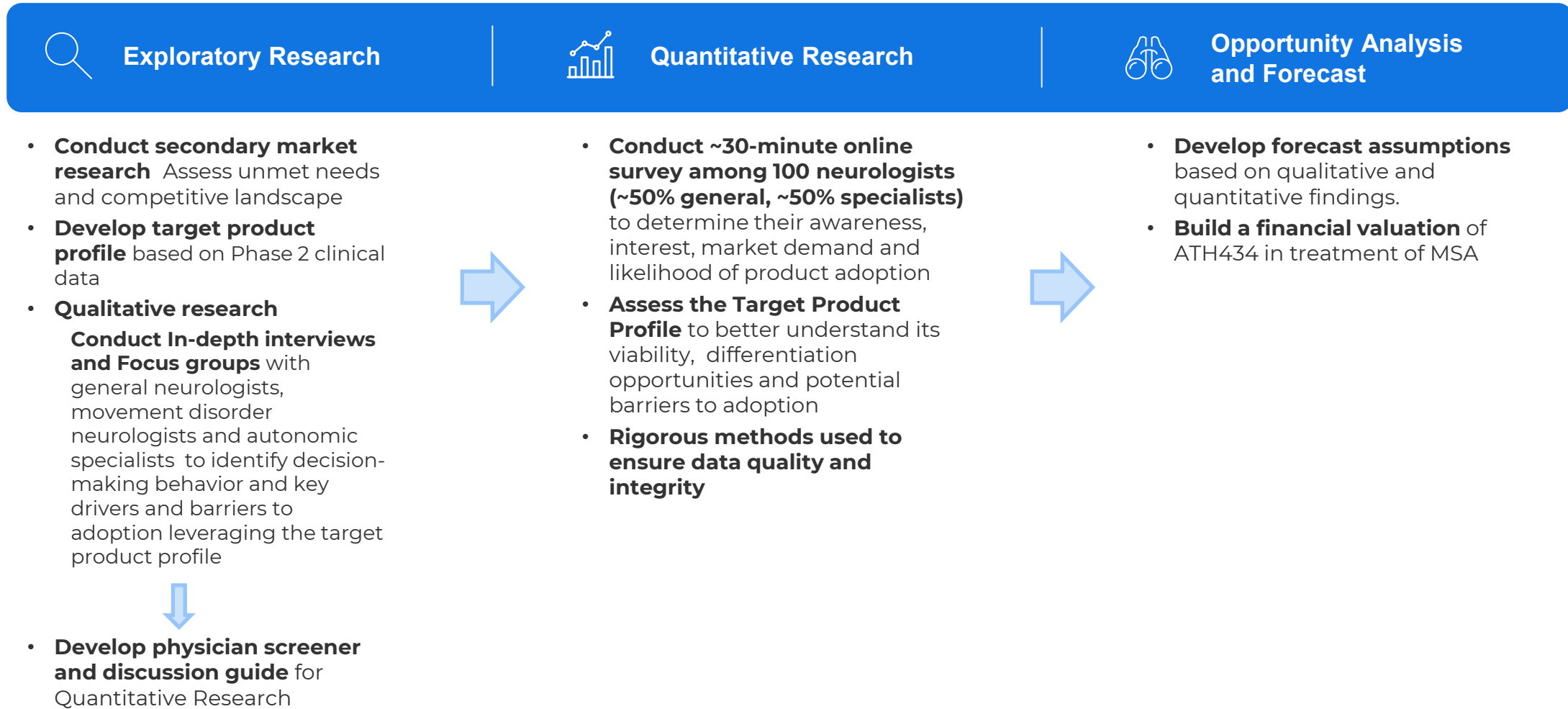
The 75 mg dose demonstrated comparable efficacy to that observed in the double-blind study

- No serious AEs related to study drug
- AEs consistent with underlying disease

<sup>1</sup>In MSA affected areas by MSA-atrophy index. Trujillo, P. et al. Annals of Clin and Trans Neuro, 2025

# Approach to commercial assessment

## Conducted by independent marketing research and forecasting group



# Commercial opportunity in MSA

## Key attributes of ATH434 drive significant value



### Substantial Unmet Need

Severely debilitating illness with no approved treatment ripe for new entrants

Critical need for a tolerable, disease modifying therapy



### Targeted Mechanism of Action

Importance of inhibiting  $\alpha$ -synuclein aggregation to address the underlying pathology of disease



### Efficacy is the Key Driver

Slowing disease progression is key driver of physician interest

Stabilizing orthostatic hypotension<sup>^</sup>, one of the most challenging symptoms in MSA, strongly positions ATH434



### Strong Intent to Prescribe

Over 70% of neurologists were “extremely likely” or “very likely” to prescribe ATH434 based on its profile

**USD \$2.4 Billion**

Potential worldwide annual peak sales for ATH434 in MSA

# 2025: Strengthening the Foundation for the Future

1

Robust efficacy in Phase 2 double-blind trial on key FDA endpoint

2

Open label trial confirms ATH434's safety and efficacy profile

3

Lead indication MSA is an Orphan Disease with no approved treatment

4

Accomplished team with multiple FDA approvals in neurology

5

Cash Balance:  
A \$54.5M as of 30 September

## Key Data Readouts, FDA Interactions & Medical Community Engagement

ATH434-201 Positive Topline Data

FDA Fast Track Designation in MSA

ATH434-202 Positive Topline Data

Phase 3 Trial Planning Ongoing with FDA End-of-Phase 2 expected in mid-2026

Data presentations and publications:

- ✓ *Annals of Clinical and Translational Neurology*: Publication on MSA Atrophy Index
- ✓ American Academy of Neurology (Platform Presentation)
- ✓ American Autonomic Society (Oral Presentation)
- ✓ American Neurological Association
- ✓ International Congress of Parkinson's Disease & Movement Disorders (Platform presentation)
- ✓ International MSA Congress (Oral Presentation)
- ✓ MSA Trust Symposium (Oral Presentation)

ASX: ATH  
NASDAQ: ATHE

