



**ASX : TYP**

# Advancing Psychedelic Science for Disorders in Neuropsychiatry

**Bioshares Biotech Summit – August 2025**

This presentation has been authorised for release by the Board of Tryptamine Therapeutics Limited



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**Psilocybin.** Psilocybin is currently a Schedule III drug under the Controlled Drugs and Substances Act, S.C. 1996, c. 19 (the “CDSA”) and it is a criminal offence to possess substances under the CDSA without a prescription. Health Canada has not approved psilocybin as a drug. While the Company is focused on developing products using psilocybin, the Company does not have any direct or indirect involvement with the illegal selling, production or distribution of any substances. The Company does not currently manufacture, store or otherwise handle psilocybin directly and will only do so through agents within laboratory and clinical trial settings conducted within approved regulatory frameworks. The Company’s products that contain psilocybin or other psychedelic compounds will not be commercialized prior to applicable regulatory approval, which will only be granted if clinical evidence of safety and efficacy for the intended uses is successfully developed.

All medicines carry risks and specialist prescribers, such as registered psychiatrists are best placed to assess the suitability of a new medication against a patient’s individual circumstances and medical history before proceeding.

Adverse effects of psilocybin and its derivatives can include temporary increase in blood pressure and a raised heart rate. There may be some risk of psychosis in predisposed individuals. These effects of psilocybin and its derivatives are unlikely at low doses and in the treatment regimens used in psychedelic-assisted psychotherapy and appropriately managed in a controlled environment with direct medical supervision.

# TRYPTAMINE THERAPEUTICS – THE BEST KEPT SECRET ON THE ASX

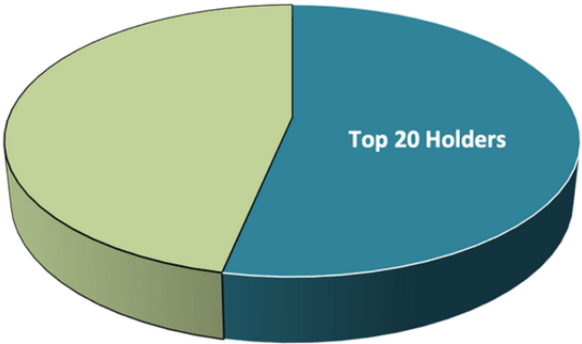


## Corporate Snapshot

ASX code:	TYP
Shares on issue:	1.439Bn
Market capitalisation: (at \$0.03 per share)	AU\$43.2m
Cash at bank: (as at 30 June 2025)	AU\$3.0m*
Debt:	Nil

## Board of Directors

Non-Executive Chairman	Mr. Herwig Janssen
Chief Executive Officer	Mr. Jason Carroll
Executive Director	Mr. Chris Ntoumenopoulos
Non-Executive Director	Dr. Daniel Tillett
Non-Executive Director	Mr. Gage Jull



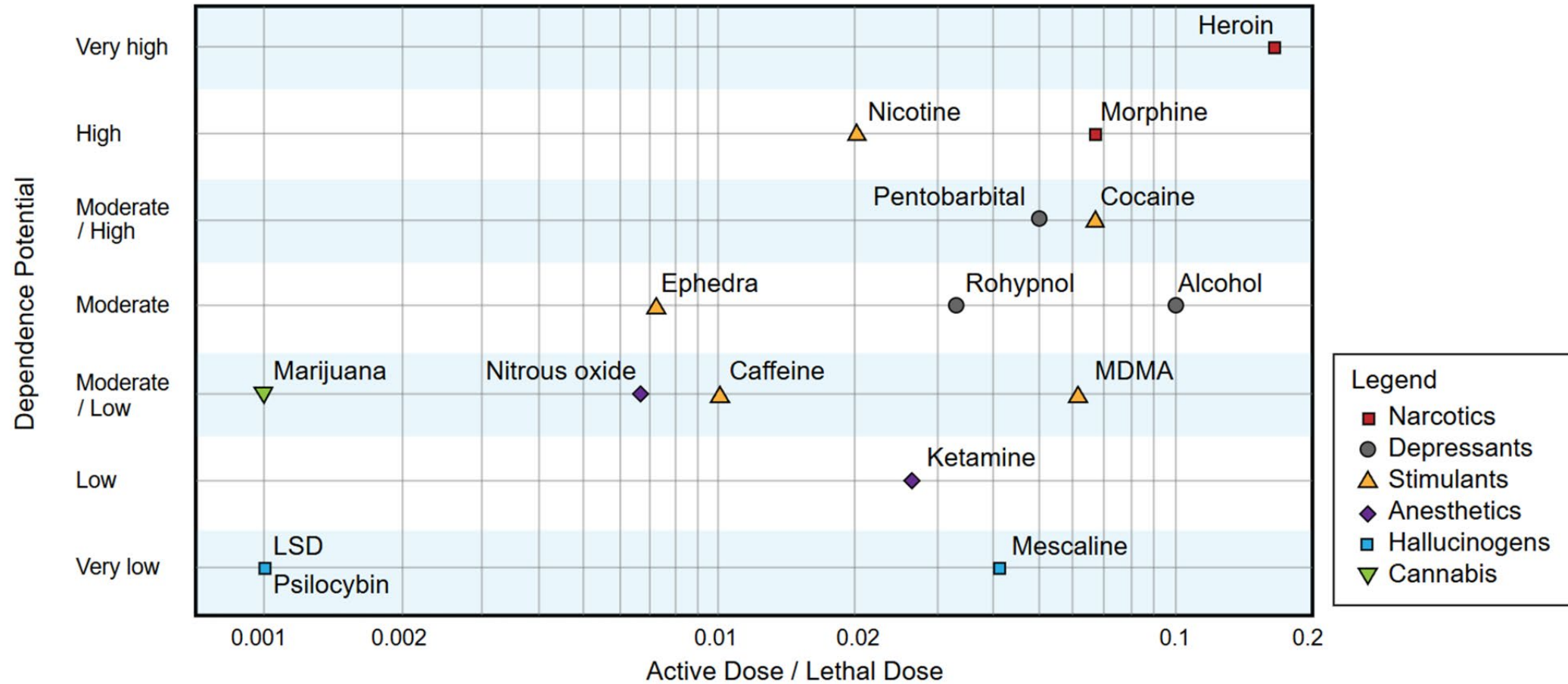
## Shareholders (at 31 July 2025)

Dr. William James Garner ( <i>Co-founder</i> )	14.3%
Dr. Daniel Tillett ( <i>NED</i> )	4.3%
Mr. Jason Carroll ( <i>CEO</i> )	3.6%
Mr. Herwig Janssen ( <i>Chair</i> )	2.3%
Mr. Chris Ntoumenopoulos ( <i>ED</i> )	0.7%
<b>Top 10:</b>	42.8% (+1.5%)*
<b>Top 20:</b>	53.3% (+1.6%)*
<b>Top 100:</b>	81.5% (+0.3%)*

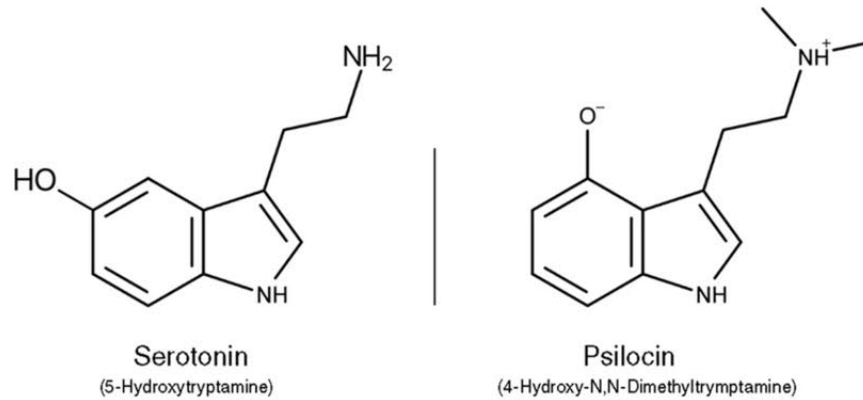
\* Cash balance 30 June 2025 excludes expected R&D Tax Rebate Incentive [AU\$0.8M]

\* Increase in collective holdings over the last month

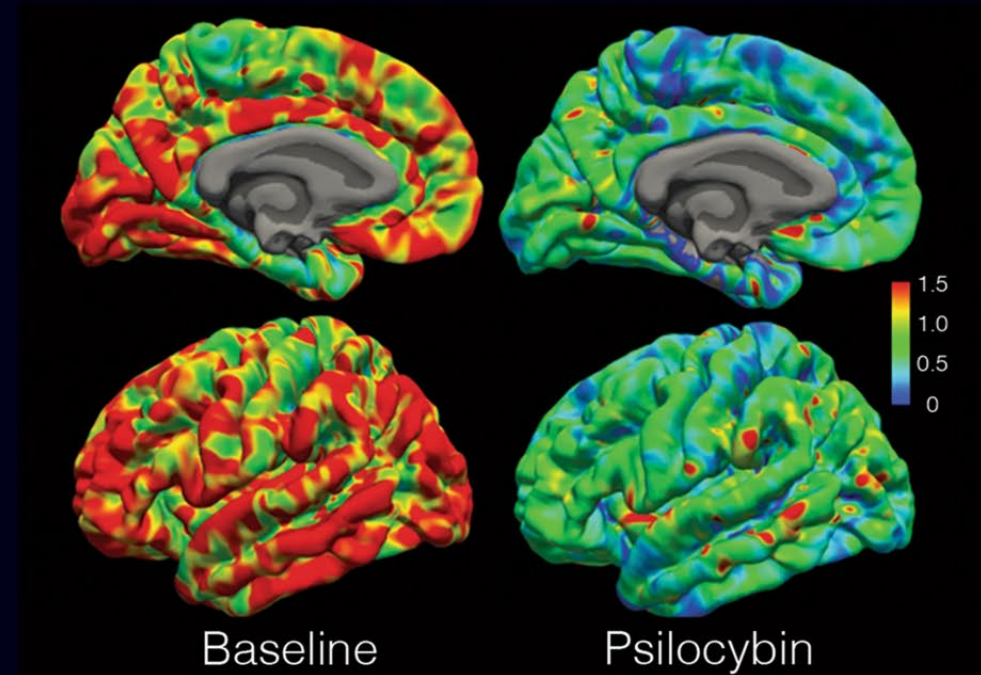
# DISPELLING MYTHS REGARDING PHARMACEUTICAL SAFETY OF PSILOCYBIN



# UNPARALLELED ABILITY OF PSILOCIN TO TARGET SEROTONIN 5-HT2A RECEPTORS



Psilocin molecules activate the serotonin 5HT2A receptor due to structural similarity between psilocin & serotonin.



Psilocin occupancy of 5-HT2A Receptors

# THE CLINICAL POTENTIAL OF PSILOCYBIN TREATMENT IS VERY REAL

Significant improvement in symptoms within 1 – 7 days is typical

Durability of clinical response of 6 months from one treatment

Treatment Resistant Depression [TRD]

Major Depressive Disorder [MDD]

Post-partum Depression [PPD]

Post-Traumatic Stress Disorder [PTSD]

Obsessive Compulsive Disorder [OCD]

Depression in Bipolar-2 Disorder

Generalised Anxiety Disorder [GAD]

Body Dysmorphic Disorder [BDD]

Anorexia Nervosa [AN]

**Binge Eating Disorder [BED]**

**Fibromyalgia Syndrome [FMS]**

**Irritable Bowel Syndrome [IBS]**

Phantom Limb Pain

Migraine

Cluster Headache

Concussion/Traumatic Brain Injury [TBI]

Methamphetamine Use Disorder

Cocaine Use Disorder

Alcohol Use Disorder [AUD]

Gambling Addiction

Smoking Cessation/Nicotine Addiction

Demoralisation

Cancer-related mood & anxiety disorders

Parkinson's Disease

But how does one harness the clear clinical potential of Psilocybin without the 'life-changing' anecdotes and obligatory retreat visits?



# THE CLINICAL DRAWBACKS OF ORAL PSILOCYBIN TREATMENT



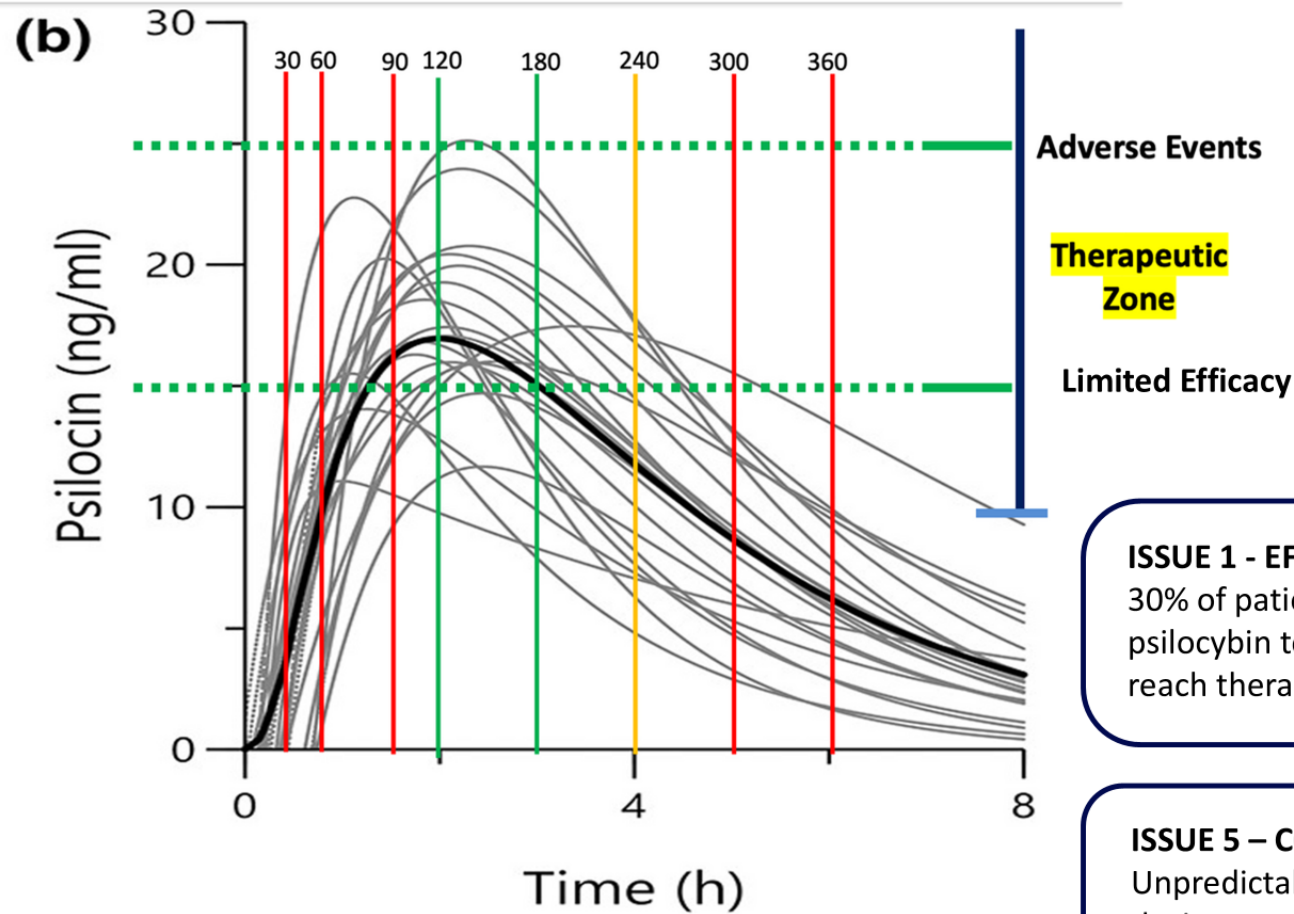
## Blood level of Psilocin after taking a standard 25mg capsule of Psilocybin

### ISSUE 3 - IMPRECISION

Time to reach a therapeutic psilocin level in any patient is 1 – 3 hours with highly unpredictable outcome

### ISSUE 4 - APPREHENSION

Treatment is uncontrolled and irreversible once begun - it's a physician's nightmare



### ISSUE 2 – SIDE EFFECTS

Attempts to dose escalate to lift patients into an ideal therapeutic zone simply leads to significantly increased adverse events

### ISSUE 1 - EFFICACY

30% of patients metabolising psilocybin to psilocin fail to reach therapeutic levels

### ISSUE 5 – COMMERCIAL MODEL

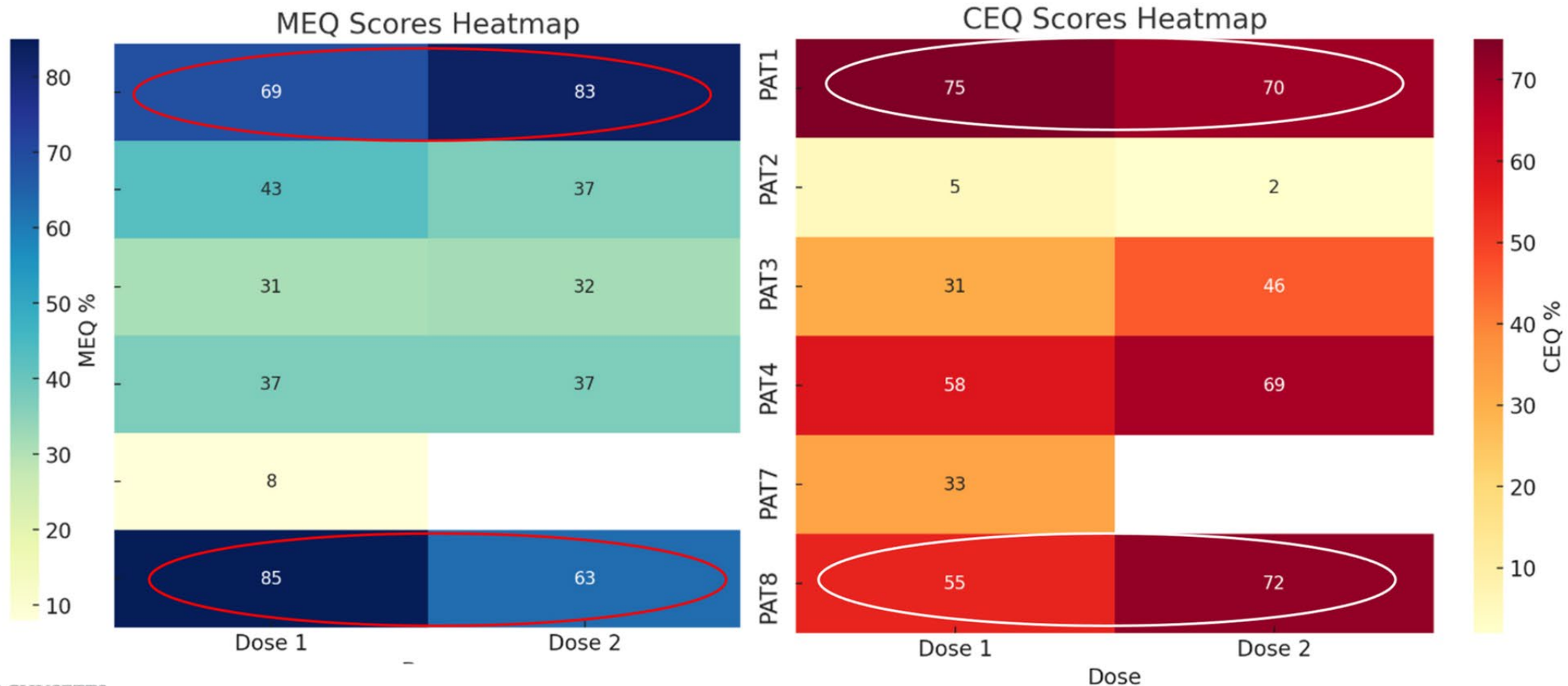
Unpredictable efficacy and uncontrolled dosing provides limited time within the therapeutic zone and extends treatment for each patient to 8+ hours

# INTERPATIENT VARIABILITY WITH ORAL PSILOCYBIN DOSING IN PRACTICE

TYP – Phase 2a IBS study with MGH/Harvard (TRP-8802)



**“It’s like I’m treating patients with two completely different drugs” Dr. Erin Mauney**



MASSACHUSETTS  
GENERAL HOSPITAL

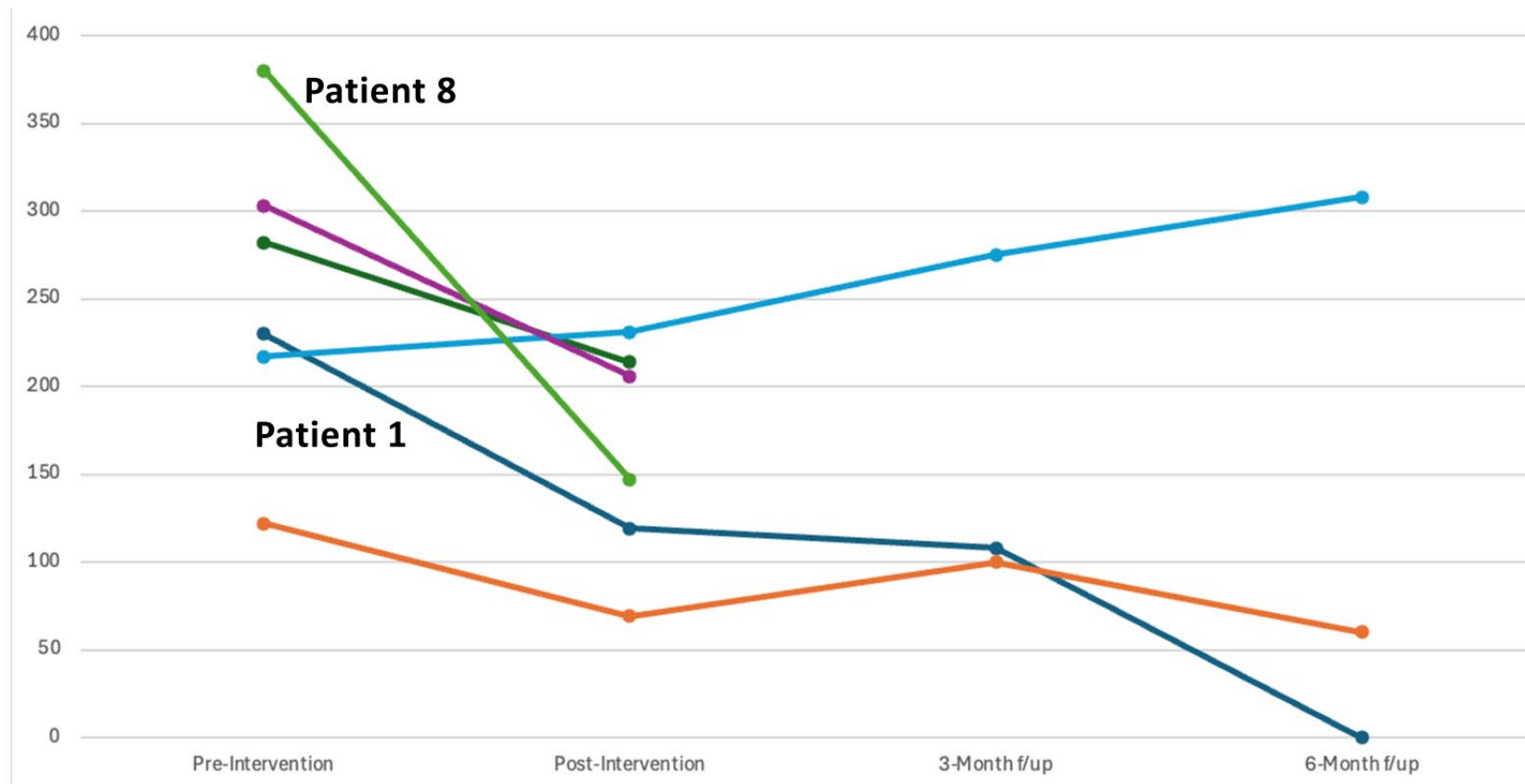
CENTER FOR THE NEUROSCIENCE  
OF PSYCHEDELICS

Source: Dr. Erin Mauney & Dr. Franklin King as presented at Psychedelic Science 2025, Denver, CO, USA, 20 June 2025

# IBS ALL-SYMPTOM IMPROVEMENT IN 5 OF 6 PATIENTS AFTER DOSING (83%)

Largest improvement apparent in patients with highest intensity (at same dose)

Treatment Durability may extend past 6 months



# TYP – PHASE 2A FM STUDY WITH UNIVERSITY OF MICHIGAN (TRP-8802)

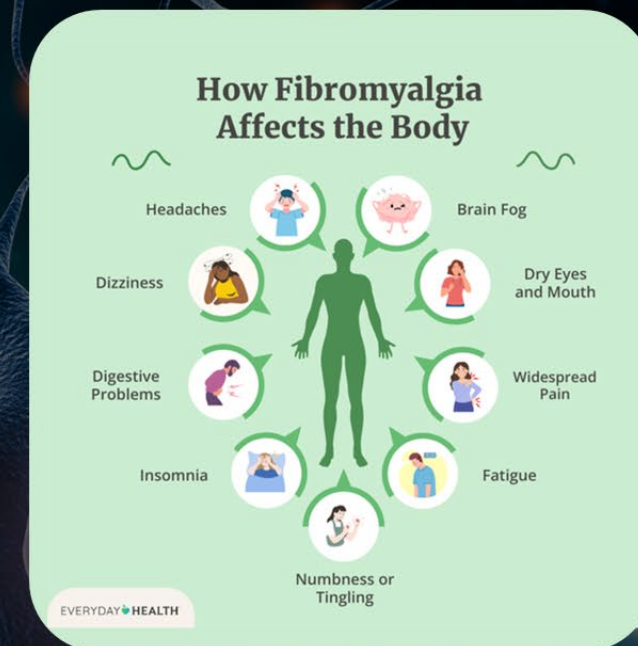
FMS characterised by widespread musculoskeletal pain, profound fatigue, sleep disturbances, and numerous other symptoms<sup>1</sup>

Symptoms of fibromyalgia often begin after physical or emotional trauma, such as an illness, surgery, infection, life event or injury<sup>2</sup>

While fibromyalgia pain feels like it's coming from a specific area of your body, it's actually originating in your brain, specifically from the nervous system<sup>2</sup>

Many drugs have a limited effect on Fibromyalgia Pain<sup>1</sup>

Co-morbidities include depression and health-related anxiety, sleep disturbances and increased suicide risk<sup>2</sup>



PRODUCT	NO. OF PATIENTS	COLLABORATOR	DESIGN	DATA READ OUT	NEXT STEPS
TRP-8802	5	 UNIVERSITY OF MICHIGAN	Open label with psychotherapy	Initial Data Available	Full Clinical Study Data Release & 3 month follow up

**First patient dosed in December 2023 with Data presented August 2024**

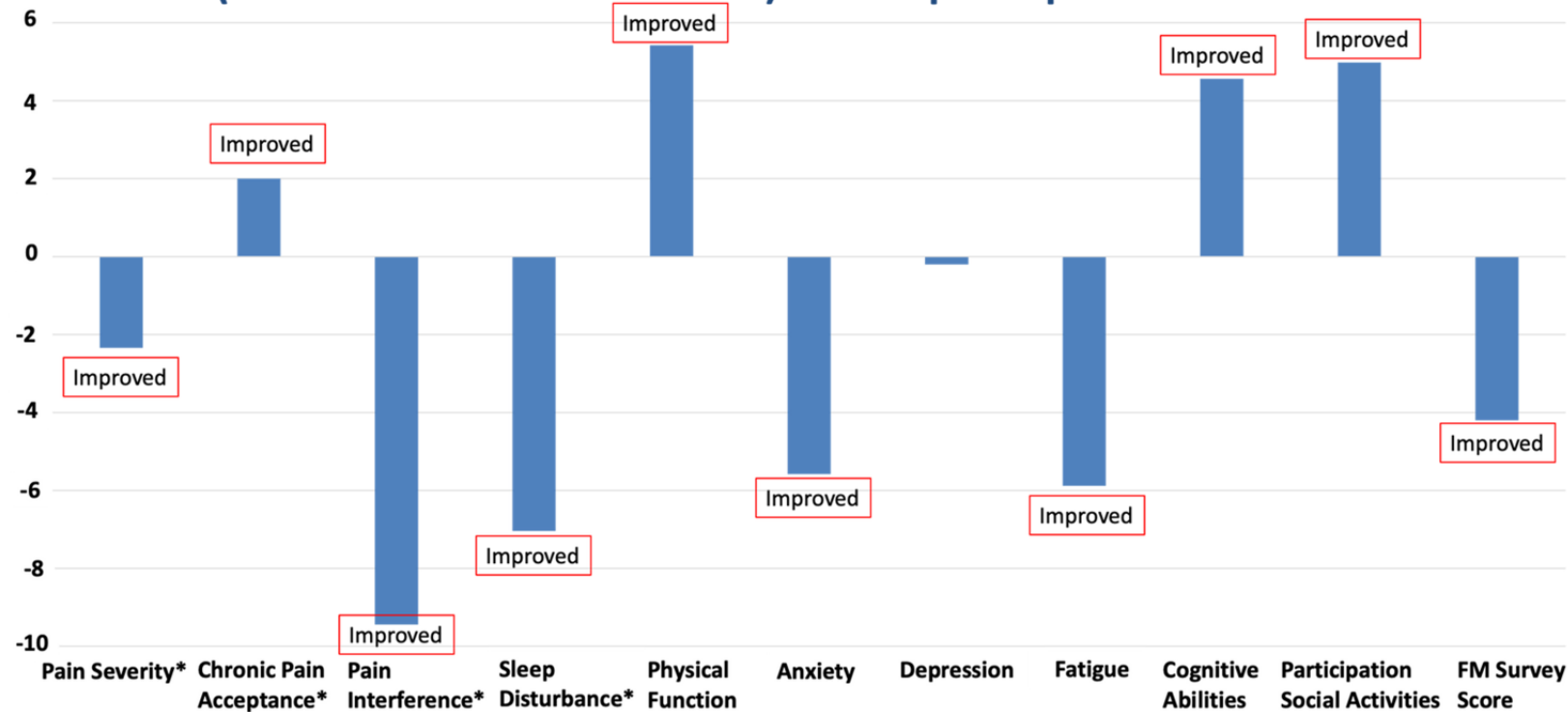
1. Giorgi et.al.; Current Pain & Headache Reports; 23 July 2024; Pharmacological Treatment of Fibromyalgia Syndrome: A Practice-Based Review

2. Marks, J.; What is Fibromyalgia? Symptoms, Causes, Diagnosis, Treatment & Prevention; Everydayhealth.com/fibromyalgia/guide; Dec 15 2022

# CHANGE IN FIBROMYALGIA SYMPTOMS AFTER TRP-8802



Change in symptoms after psilocybin assisted therapy  
(Baseline vs. end of treatment) for n=5 participants



For T-scores, **changes of 2-6 points are considered a meaningful change**. For **pain severity, a 2-point difference is considered clinically significant**.

<https://www.healthmeasures.net/score-and-interpret/interpret-scores/promis/meaningful-change>

\*Indicates secondary Outcome. CPAQ: Chronic Pain Acceptance Questionnaire. Pain Severity reported as change in aggregate pain score from the 7 days prior to the intervention to the end of the intervention. Sleep disturbance, pain interference, physical function, anxiety, depression, fatigue, participation in social activities, and cognitive abilities are all reported as T-scores per PROMIS scoring. Negative change scores indicate improvement for pain severity, pain interference, sleep disturbance, FM score, anxiety, depression, and fatigue. Positive change scores indicate improvement for CPAQ, physical function, participation in social activities, and cognitive abilities.

# TYP – BINGE EATING DISORDER STUDY WITH UNIVERSITY OF FLORIDA: TRP 8802



Recurring episodes of eating large quantities of food and a loss of control over eating  
25-50% of obese patients who seek weight-loss treatment suffer from problems with Binge Eating<sup>1</sup>  
Limited treatments available for Binge Eating Disorder

## Patients suffering from BED have multiple co-morbidities<sup>2</sup>:

- 94% have lifetime Psychiatric disorders
- 70% Mood disorders
- 59% Depression
- 32% PTSD
- 23% of BED sufferers have attempted suicide

PRODUCT	NO. OF PATIENTS	COLLABORATOR	DESIGN	DATA READ OUT	NEXT STEPS
TRP-8802	6		Open label with psychotherapy	Data announced Q1 2023	Scientific paper publication

**Positive interim data announced in January 2023, including mean reduction >80% for Binge Eating Score confirmed as viable target for future studies using TRP-8803**

1. Bruce et.al.; Journal of the ADA, [Volume 96, Issue 1](#), Jan 1996, PP 58-61, Binge Eating Among the Overweight Population: A Serious and Prevalent Problem

2. Keski-Rahkonen: Current Opinion in Psychiatry [34\(6\):p 525-531, November 2021](#). Epidemiology of Binge Eating Disorder: prevalence, course, comorbidity & risk factors

# EARLY CLINICAL PROMISE WITH TRP-8802 IN BED DERISKS TRP-8803 PROGRAM

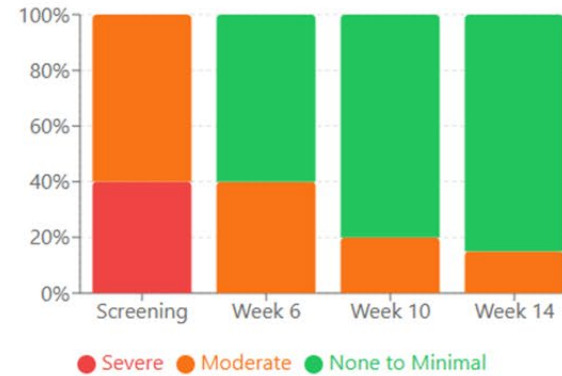


***“These results from a single dose of psilocybin combined with therapy are clinically meaningful and highly promising. The magnitude of changes for most participants in binge eating, anxiety, and depression are dramatic.”***

Professor Jessie Dallery, Ph.D.

University of Florida, Lead Psychologist

Binge Eating Scale Severity by Category



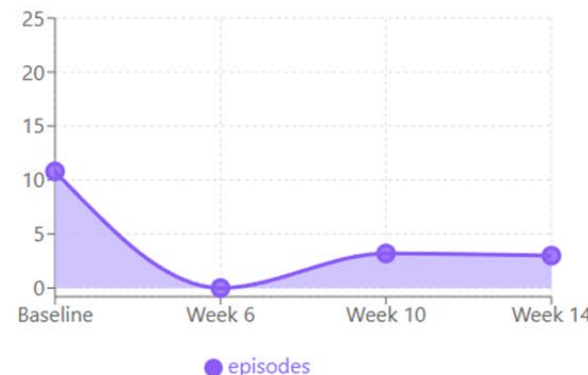
Patients in 'Severe' category reduced from ~40% to near 0% by Week 6.

Mean Binge Eating Scale Scores



Mean BES scores reduced by ~60% from 27.4 to 11.2 by Week 14.

Mean Binge Episodes / 28 Days



Mean binge episodes reduced by 100% from 10.8 to 0 by Week 6, remaining low.

HADS Depression Scores



Mean HADS Depression scores reduced by ~50% from 9.0 to 4.5 by Week 14.

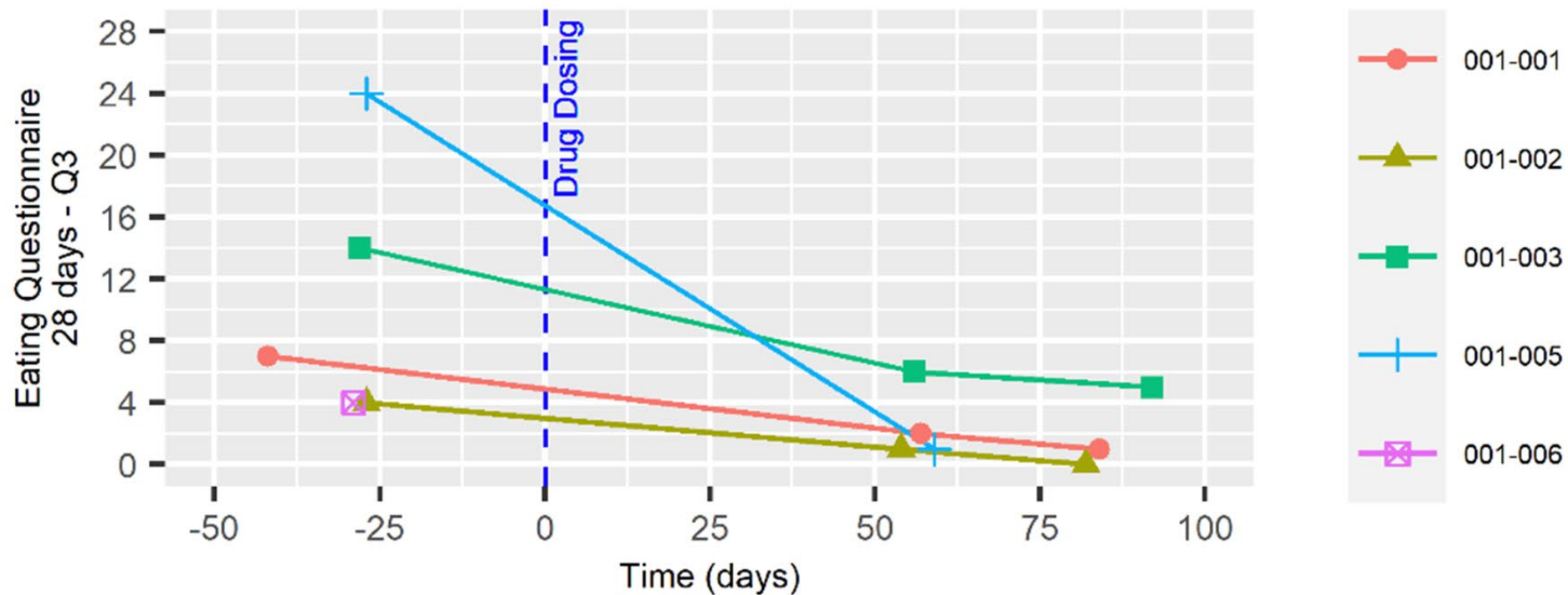
# TYP – PHASE 2A BED STUDY WITH UNIVERSITY OF FLORIDA (TRP-8802)

Durable efficacy over 14 weeks post-treatment after single dose (Oral psilocybin 25mg)



Question 3:

Over the past 28 days, on how many DAYS have such episodes of overeating occurred (i.e. you have eaten an unusually large amount of food and have had a sense of loss of control at the time)?



# DESIGN THE APPROACH TO REMOVE THE BARRIERS TO THERAPY

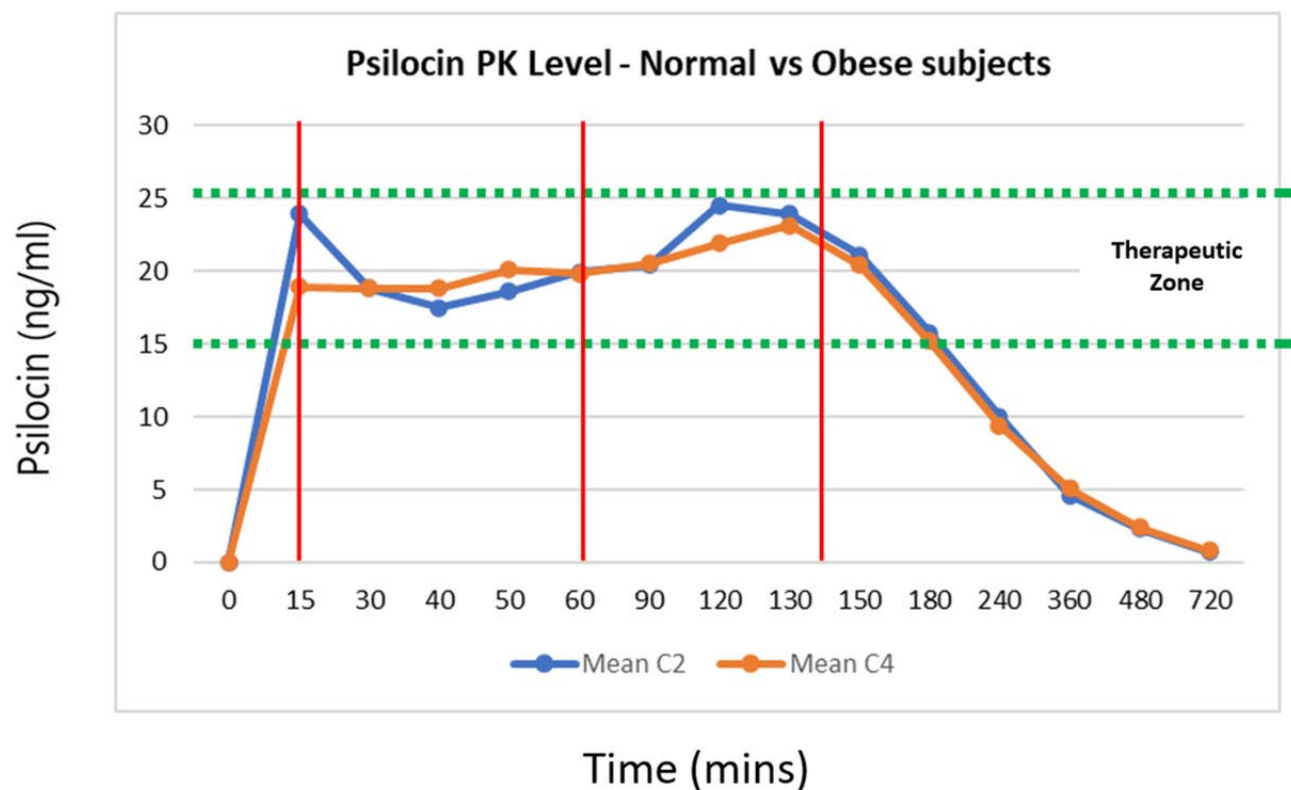
## TRP-8803 : A Precision approach in Neuropsychiatry

	IV-infused Psilocin	Oral Psilocybin *
Short treatment duration of 1-2 hours	✓	✗ ~8-10 hours
Quick onset of psychedelic state (~15 minutes)	✓	✗ 1-2 hours
Precision targeting of drug blood levels in patients	✓	✗ highly variable
Patient safety - quickly reversible in emergency	✓	✗
Strong IP positioning	✓	✗
Commercially scalable	✓	?

\* Companies developing oral psilocybin include: Compass Pathways, Cybin, USONA amongst many others

# RESULTS PHASE I TRP-8803 CLINICAL SAFETY AND DOSE RANGING STUDY

TRP-8803 achieves consistent blood levels within a target therapeutic zone across diverse cohorts

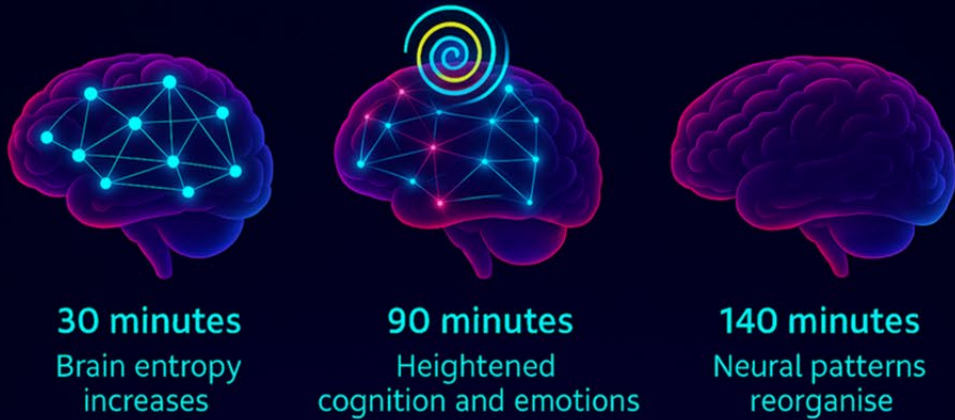


- Established Safety of TRP-8803 IV-infusion
- Confirmed achievement of target blood levels of psilocin within the Therapeutic Zone
- Confirmed reversibility of TRP-8803
- Achieved desired PK profile that improves adverse event profile
- Achieved dosing intensity of 9-10 within 15 minutes across target therapeutic dose cohorts
- Eliminates the need for weight-based dosing and removes significant interpatient variability
- Established doses and infusion rates to be utilised in upcoming patient studies

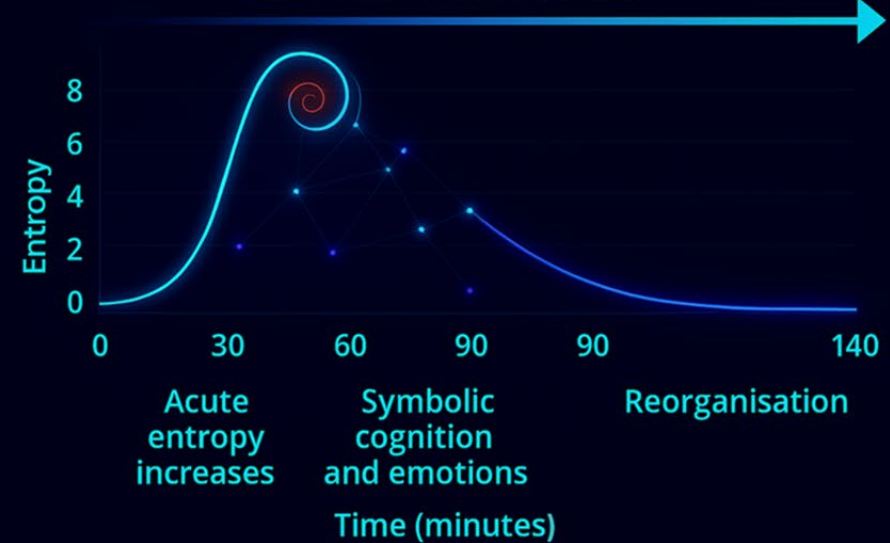
# WHAT HAPPENS TO A PATIENT UNDERGOING IV-INFUSION OF TRP-8803?



## Brain Changes During Psilocin IV Infusion



## Phase Changes in Entropy During Psilocin IV Infusion



## WHAT IS BRAIN ENTROPY?

# BRAIN ENTROPY quantifies the variability and richness of neural signals, reflecting cognitive flexibility, consciousness level, and brain network dynamics



## 1.Deep Sleep (NREM):

- The brain is quiet and synchronized, like a slow, steady heartbeat

## 2.Resting Wakefulness:

- Thoughts drift inward while the brain follows familiar patterns

## 3.Focused Attention:

- The brain sharpens its signals to concentrate on one clear task

## 4.Light Sleep / REM:

- Dreaming begins as the brain plays vivid, emotional simulations

## 5.Active Wakefulness:

- The brain adapts quickly to the world, blending sights, sounds, and decisions








## 6.Exercise / Flow State:

- Movement and thought merge into smooth, effortless focus

## 7.Psychedelic State:

- The brain breaks usual boundaries, generating symbolic and unexpected patterns

### BRAIN STATES BY ENTROPY LEVEL

BRAIN STATE	RELATIVE ENTROPY	DESCRIPTION
 Deep Sleep (NREM)	Very Low (~0,1–0,3)	Highly synchronized, repetitive neural activity. Minimal sensory processing
 Resting Wakefulness	Low (~0,3–0,5)	Default mode network dominates. Predictable. Internally focused thought
 Focused Attention	Moderate (~0,4–0,6)	Task positive networks engaged. Structured cognition, reduced variability
 Light Sleep / REM	Moderate-High (~0,6–0,8)	Dreaming state. Increased neural variability, vivid imagery, emotional salience
 Active Wakefulness	High (~0,7–0,9)	Sensory-rich, dynamic engagement with environment. Flexible cognition
 Exercise / Flow	High (~0,8–0,9)	Integrated sensorimotor and cognitive processing. Adaptive, embodied awareness
 Psychedelic State	Very High (~0,9–1,0+)	Disintegration of default mode network. Expanded connectivity and symbolic flux

“The quality of any conscious state depends on the system's entropy measured via key parameters of brain function”

Professor Robin Carhart-Harris

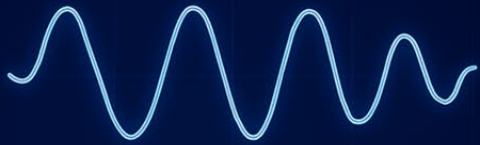
# EEG MEASUREMENT OF BRAIN ENTROPY & ITS POTENTIAL IN NEUROPSYCHIATRY



Delta



Theta



Alpha



Beta



Gamma



## EEG: The Brain's Electrical Language

Non-invasive, high resolution, real-time brain signaling

EEG captures the brain's electrical language by recording voltage fluctuations from neuronal activity across the scalp.

These signals reflect synchronized firing of cortical neurons, revealing patterns like oscillations, rhythms, and transient bursts that encode perception, attention, emotion, and cognition.

Visual  
Cortex

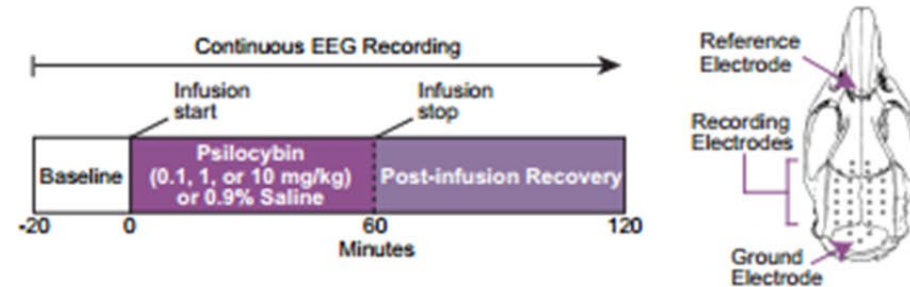
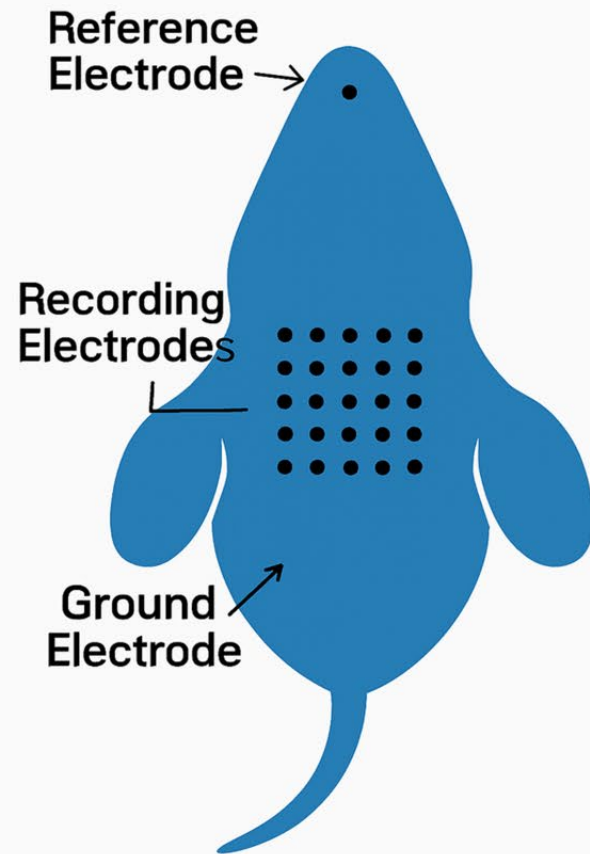


Closed-Eye  
Geometric Visuals

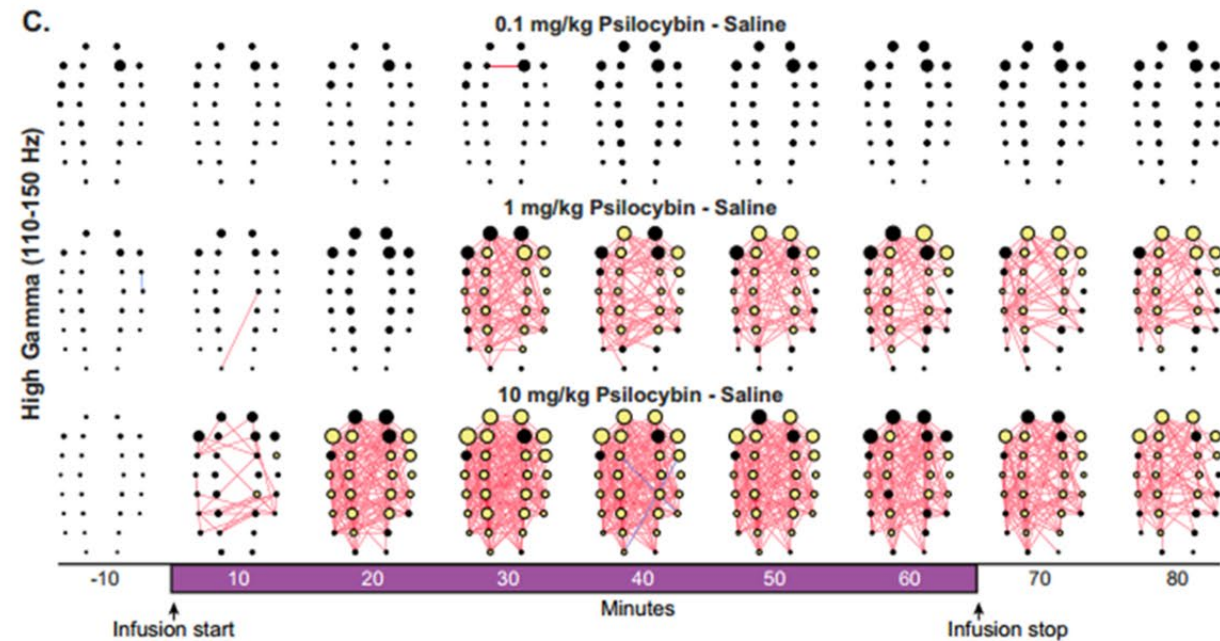
# SIGNIFICANT CONNECTIVE NETWORK REORGANISATION IN ANIMAL MODELS



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↑ Frontal High-Gamma & Posterior Theta Connectivity = Neuroplasticity



# DEVELOPMENT OF THE FIRST MEASURABLE BIOMARKER IN NEUROPSYCHIATRY (TRP-8803 EEG PHASE 1B HUMAN DATA)

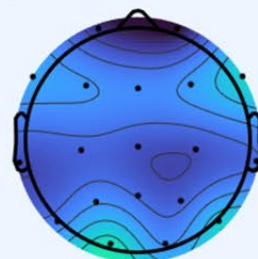


## CORTICAL ENTROPY



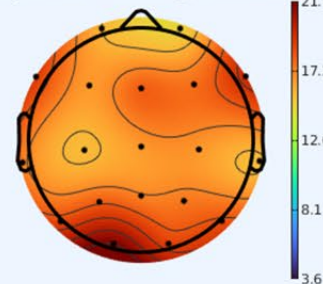
### Baseline

Spectrum - Baseline, 30-80Hz

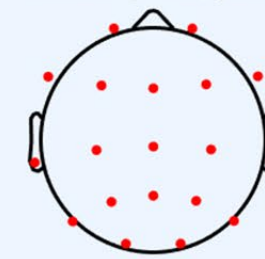


### Loading

Spectrum - Loading, 30-80Hz

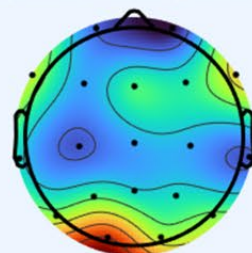


condition ( $p < 0.05$ ) param



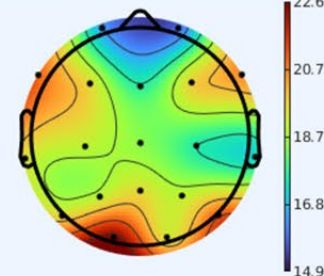
### Loading

Spectrum - Loading, 30-80Hz

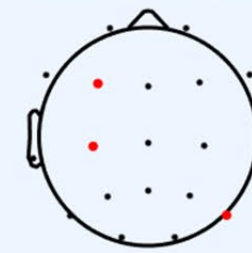


### Maintenance

Spectrum - Maintenance, 30-80Hz



condition ( $p < 0.05$ ) param



**Spectral power was significantly higher at all electrode points for loading dose phase vs baseline**

Source: Data on File – Phase 1b real-time Electroencephalography [EEG] measurements throughout precision IV-infusion treatment with TRP-8803

# BRAIN ENTROPY: THE FIRST MEASURABLE BIOMARKER IN NEUROPSYCHIATRY

## MORE TO FOLLOW SOON...



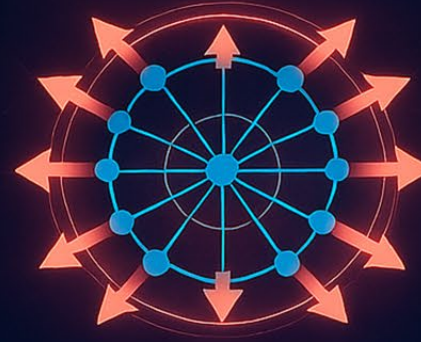
## Interpreting Psilocin-Induced Entropy Dynamics

### Baseline



Dominated by low-entropy Default Mode Network (DMN) activity – marked by rigidity, repetition and constrained thought loops

### Loading (0–20 mins)



Psilocin infusion disrupts theta-gamma wave coupling, triggering widespread gamma activation. The brain enters a high-entropy state, exploring novel connectivity patterns and forming new synaptic links

### Maintenance



Entropy stabilises at a higher set-point. Patient undergoes introspective integration within newly reorganized networks. Neural connectivity is now richer and more distributed

The elevated entropy profile reflects enhanced adaptability, emotional openness and cognitive flexibility – transforming a rigid system into a more dynamic one that's better able to navigate a rapidly changing environment

# GLOBAL INTELLECTUAL PROPERTY PORTFOLIO



Patent applications and trade secrets based on novel methods for manufacturing, formulation, dosing and treatment of specific disease indications have been filed for all major global pharmaceutical markets

- Provisional patent filed in March 2021 (US 63/161,070) covering TRP-8803 (**IV-infused Psilocin**); converted to PCT filing March 2022; published September 22, 2022
- Provisional patent application covering the use of psilocybin and derivatives in the treatment of Binge Eating Disorder (BED) filed June 2022
- Provisional patent application for the treatment of fibromyalgia filed September 2022
- Provisional patent application for salt & co-formers of TRP-8803 filed September 2022
- Provisional patent for IBS filed January 2, 2023
- New patent family filed July 2025 (measurement)

Allens > Linklaters

# HISTORICAL MILESTONES & PENDING CATALYSTS\*



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Milestone	Timing	Status
Completion of Tryp Therapeutics Inc. acquisition and \$6.5m capital raise	H1 CY24	✓
Recommencement of trading of on ASX	H1 CY24	✓
Appointments to strengthen Scientific Advisory Board	H1 CY24	✓
Start of TRP-8803 Phase 1 trial (Australia)	H1 CY24	✓
TRP-8802 Fibromyalgia Phase 2a patient enrolment (in collaboration with University of Michigan)	H1 CY24	✓
TRP-8802 IBS Phase 2a trial commencement (in collaboration with Harvard)	H2 CY24	✓
Completion of TRP-8803 Phase 1 trial and interim results	H2 CY24	✓
TRP-8802 IBS Phase 2a interim data	H2 CY24	✓
TRP-8803 Phase 2 trial authorisations	H1 CY25	✓
TRP-8803 Phase 2 trial eating disorder trial commencement (Australia)	H1 CY25	✓
TRP-8802 IBS Phase 2a final data	H2 CY25	Pending
TRP-8803 initial BED data	H2 CY25	Pending
TRP-8802 fibromyalgia Phase 2a final data	H2 CY25	Pending
Commencement of new & significant TRP-8803 clinical study (TBA)	H2 CY25	Pending
Completion of TRP-8803 BED study (final data)	H1 CY26	Pending

\*The timetable is indicative only and is subject to change (Calendar year is used)



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