



17 September 2026

PATRYS ESTABLISHES CLINICAL ADVISORY COMMITTEE TO ADVANCE RLS-2202 DEVELOPMENT

HIGHLIGHTS

- Patrys has established an international Clinical Advisory Committee (CAC) to guide the ongoing clinical development of RLS-2202, its injectable formulation of quetiapine for the treatment of delirium in acute-care settings.
- The CAC brings together acute and critical care expertise from Australia, the United States and Europe, including internationally recognised specialists in delirium research, clinical guidelines and trial design.
- With the RLS-2202 Phase 1 program now underway, the CAC will provide expert input into the design of subsequent clinical studies in patients with delirium, including patient selection, endpoints, trial design and clinical practice considerations.

Patrys Limited (ASX: **PAB**) (**Patrys**, or the **Company**) is pleased to announce the establishment of a Clinical Advisory Committee (CAC) to guide the clinical development of RLS-2202, the Company's injectable formulation of quetiapine for the treatment of delirium in acute-care settings.

The establishment of the CAC comes as Patrys progresses its Phase 1 program of RLS-2202 in healthy volunteers and begins planning for subsequent clinical evaluation in patients with delirium.

The CAC will provide expert input into clinical trial design, patient selection and endpoints, current and emerging treatment standards, and real-world clinical practice. The Committee will also help connect Patrys with leading clinical centres and thought leaders to support later stages of the RLS-2202 development program.

The CAC brings together senior clinicians and researchers with deep expertise in delirium prevention, detection and management, acute and critical care medicine, clinical trial design, clinical guidelines, use and health system adoption across Australia, the United States and Europe. This combination of perspectives is intended to help Patrys design future RLS-2202 studies that are clinically robust, practical to conduct in acute-care settings and informed by clinical practice across the Company's key target markets.

([Click here](#) to view this announcement in the Patrys InvestorHub)

CEO, Dr Samantha South, said:

"We are delighted to welcome Dr Iliff, Professor Devlin and Professor van den Boogaard to our Clinical Advisory Committee. Their collective expertise will be instrumental as we advance RLS-2202 through clinical development, helping to ensure our trials are designed and executed to the highest scientific and clinical standards."

These appointments reflect Patrys's continued focus on strengthening its clinical and academic leadership in critical care, delirium research and education. With our Phase 1 program now underway,



their guidance will also be important as we look ahead to the design of subsequent clinical studies in patients with delirium.

Together, their expertise will deepen our engagement with the international ICU and delirium community and support the Company's work to develop RLS-2202 as a potential treatment for delirium in acute-care settings."

Clinical Advisory Committee Members

Dr Johnny Iliff — Chair, Clinical Strategy Lead (Australia)

BA, MB BCH BAO, FRCEM, FACEM, GradCertHPE, DOWH, CCPU, MACadMED.

Dr Iliff is an Emergency Physician at Royal Perth Hospital and St John of God Murdoch Hospital, and an Aeromedical Consultant for the Royal Flying Doctor Service, with a special interest in trauma care and blood management.

As a senior critical-care clinician, Dr Iliff will chair the CAC and play a central role in shaping Patrys' clinical development strategy. His input will focus on ensuring that recommendations for the RLS-2202 program are feasible, safe and aligned with how delirium is prevented, detected and managed in critically ill patients in acute-care settings.

In addition to his role on the RLS-2202 program, Dr Iliff's remit extends across Patrys' broader pipeline, providing clinical input as further development opportunities are identified and progressed.

Dr Iliff said:

"Delirium remains a significant challenge in acute and critical care, and developing new treatment options requires clinical studies that reflect the complexities of treating these patients in real-world settings. I look forward to working with Patrys and the Committee to help shape a clinical development program for RLS-2202 that is both scientifically robust and practical to implement."

Prof. John W. Devlin, PharmD — Member (United States)

PharmD, BCCCP, MCCM, FCCP.

Professor Devlin is a Professor of Pharmacy at Northeastern University, Associate Scientist in Pulmonary and Critical Care Medicine at Brigham and Women's Hospital, and Instructor of Medicine at Harvard Medical School. He is an internationally recognised investigator in delirium, with a research portfolio spanning the detection, prevention, and treatment of delirium, including the efficacy and safety of antipsychotics; disrupted sleep in the ICU; and the pharmacoepidemiology of delirium in critically ill adults.

His research has advanced understanding of delirium pathophysiology in intensive care and informed strategies for earlier recognition and more targeted therapeutic intervention.

Professor Devlin chaired the Society of Critical Care Medicine's 2018 international Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption (PADIS) guidelines, a cornerstone framework for ICU delirium management. He has also helped lead the Society of Critical Care Medicine (SCCM) ICU Liberation quality-improvement collaborative, which supported implementation of US PADIS recommendations across health systems and adoption of evidence-based delirium practices. These activities position him at the intersection of guideline authorship, implementation science, and real-world critical care practice.



Professor Devlin is a past president of the American Delirium Society, serves on an American Thoracic Society task force setting research priorities for ICU sleep, and sits on the editorial boards of Critical Care Medicine and Pharmacotherapy. He also co-directs the NIH-funded Network for Investigation of Delirium: Unifying Scientists (NIDUS), an NIH-supported collaborative, multidisciplinary network dedicated to the acceleration of scientific discovery in delirium research.

His experience provides the CAC with significant expertise across delirium research, clinical trial design, clinical guidelines and their implementation in real-world critical-care practice.

Professor Devlin said:

"Despite the significant burden of delirium in critically ill patients, treatment options remain limited and there continues to be a need for well-designed clinical research in this area. I am pleased to join Patrys' Clinical Advisory Committee and contribute my experience in delirium research and clinical practice as the RLS-2202 program progresses into its next stages of clinical development."

Prof. Mark van den Boogaard — Member (Europe)

Professor van den Boogaard is Professor of Nursing Science in Acute and Intensive Care at the Department of Intensive Care at Radboudumc in Nijmegen, the Netherlands. He is an Associate Editor of Intensive and Critical Care Nursing (ICCN), an unpaid Board Member of the NICE (National Intensive Care Evaluation) Foundation and an Advisory Board Member of NIDUS.

Professor van den Boogaard developed the widely used (E-)PRE-DELIRIC delirium prediction model and co-leads the large multicenter prospective longitudinal MONITOR-IC cohort study following long-term outcomes in over 20,000 ICU survivors across eight Dutch hospitals.

He is an Executive Board Member of the European Delirium Association (EDA) and has contributed to both US (PADIS 2018) and Dutch (PADIS 2024) ICU clinical guidelines, providing significant experience across delirium research, intensive-care clinical practice and the development and implementation of clinical guidelines. His experience provides the CAC with a European perspective on intensive-care practice, delirium research, clinical trial considerations and the implementation of evidence-based care.

Professor van den Boogaard said:

"Delirium is a complex condition and careful consideration of patient selection, clinically meaningful endpoints and the realities of intensive-care practice will be important in designing future studies. I look forward to contributing a European clinical and research perspective to the development of RLS-2202."

Integrating International Perspectives

By bringing together expertise from Australia, the United States and Europe, the CAC is intended to provide Patrys with perspectives on the different clinical practice, trial and health-system environments relevant to the development of RLS-2202.

- Dr Iliff (Australia) provides acute and critical care expertise relevant to the Company's home jurisdiction, with a focus on ensuring the clinical development program remains practical and implementable in real-world acute-care settings.



- Prof. Devlin (United States) contributes expertise in clinical trial development evaluating sedatives, including antipsychotics, US clinical guideline developments, large-scale implementation of delirium reduction protocols, and the delirium research landscape relevant to Patrys' FDA regulatory strategy and any future US clinical trial and adoption pathways for RLS-2202, informed by his clinical trial experience and his leadership of the PADIS guidelines, the American Delirium Society and NIDUS.
- Prof. van den Boogaard (Europe) contributes expertise in European intensive-care practice, clinical trial considerations and delirium research networks, relevant to future clinical development, regulatory and adoption considerations in European markets.

Together, the CAC will provide Patrys with an internationally informed perspective across the regulatory, adoption/reimbursement, and clinical trial environments of its key target jurisdictions, supporting robust decision-making on trial design, endpoints, patient selection and the overall clinical strategy for RLS-2202 as the program advances internationally.

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This announcement is authorised for release by the Board of Directors of Patrys Limited.

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About Patrys Limited

Patrys (ASX:PAB) is a clinical-stage company developing an injectable therapy for delirium alongside a differentiated deoxymab platform targeting immune-mediated inflammatory diseases. More information can be found at www.patrys.com.

Forward Looking Statements

This announcement may contain certain "forward-looking statements". Forward looking statements can generally be identified by the use of forward-looking words such as, "expect", "should", "could", "may", "predict", "plan", "will", "believe", "forecast", "estimate", "target" and other similar expressions. Indications of, and guidance on, future earnings and financial position and performance are also forward-looking statements. Forward-looking statements, opinions and estimates provided in this presentation are based on assumptions and contingencies which are subject to change without notice, as are statements about market and industry trends, which are based on interpretations of current market conditions. Forward-looking statements including projections, guidance on future earnings and estimates are provided as a general guide only and should not be relied upon as an indication or guarantee of future performance.