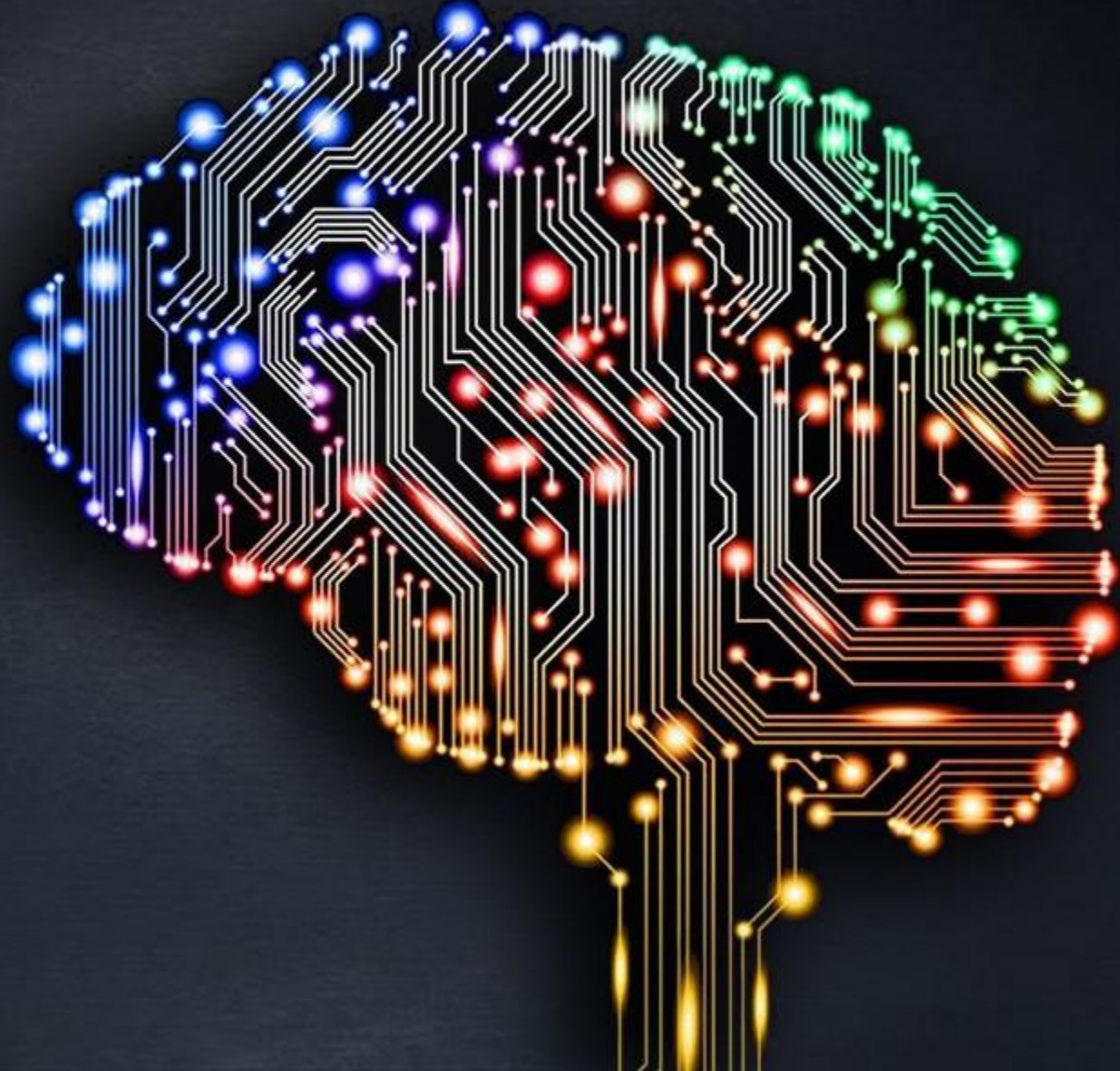




APRIL 2024



INVESTOR PRESENTATION
COGNOS THERAPEUTICS, INC.

FORWARD LOOKING STATEMENTS



All statements, projections and estimates of future performance of the Cognos Therapeutics, Inc. (the "Company") or various elements of the Company's business contained in this presentation, other than those relating to historical facts, are "forward-looking statements." Forward-looking statements can generally be identified by their use of terms such as "may," "will," "should," "could," "aims," "seeks," "expects," "plans," "anticipates," "intends," "believes," "estimates," "predicts," "potential," "targets" and "continue," and similar terms and phrases, including references to assumptions. Forward-looking statements are not guarantees of future performance and are subject to a number of assumptions, risks and uncertainties, many of which are beyond the Company's control, which could cause actual results to differ materially from such statements. Investors should expect that anticipated events and circumstances may not occur, that unanticipated events and circumstances will occur and that actual results will likely vary from the forward-looking circumstances.

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AT A GLANCE

COGNOS THERAPEUTICS (“**COGNOS**”) is a medical technology company focused on creating advanced implantable pump devices for neurological and oncological indications intended to adjust the course of therapeutics for the treatment and mitigation of disease models where current technology does not provide an effective solution.

Our flagship product, the **SINNAIS™** Implantable Smart Pump (ISP), is a fully implantable pump that is designed to metronomically administer therapeutics directly to the central nervous system (CNS), bypassing the blood-brain barrier (BBB) with potential to enable stable, continuous drug delivery for improved outcomes for brain cancers and other CNS diseases.

COGNOS is also working on developing a **Smart Drug Optical Sensor (SOS)** which can collect important data from the disease target site and transmit that data to the cloud (big data, IA, and IoT) for further data analysis to customize drug dose (personalized medicine) and patient disease progression monitoring, which is intended to be part of the second generation **SINNAIS™** pump – to bring virtual physician concept to reality.

Our mission is to develop and commercialize medical products that combine diagnostic, therapeutic, and sensing technologies with state-of-the-art drug delivery to advance healthcare through improved patient outcomes

FOUNDATION

2006 FOUNDED DELAWARE CORP
AS PHARMACO-KINESIS

CAPITAL RAISED

\$22.8 Million*

2015 COMPANY SPINOFF
AS COGNOS THERAPEUTICS

HISTORY

YEARS OF R&D EXPERTISE

Cognos Therapeutics, Inc.	2015 to Present
Pre-Spin Off - Pharmaco-Kinesis Corp.	2006 to 2015

INTELLECTUAL PROPERTY

(US & International)

Issued Patents 30+

Non-Provisional Patent Applications Pending 57

*Includes \$1.6 million in convertible bridge note and \$2.5 million from a revenue share agreement with Tako Ventures, LLC, a Larry Ellison controlled venture capital fund, that will convert into a 25% ownership interest.

STRATEGIC COLLABORATORS



Developing **proprietary** bonding technique



Developing propriety piezoelectric micropump



Center where Cognos conducted animal survival study in sheep



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD
UNIVERSITY

Signed NDA and in discussion to do joint study for use of **SINNAIS™** to deliver drug to brain



USC University of
Southern California

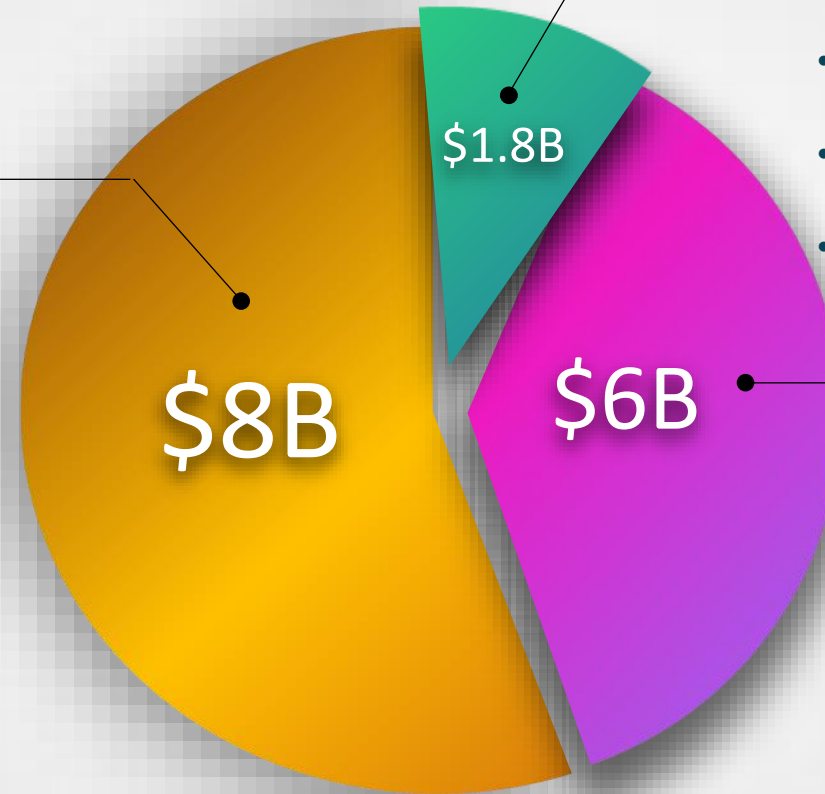
Conducted a small study to demonstrate local delivery of a combination of Avastin® and Campto® improves survival rate in mice

CORPORATE HIGHLIGHTS

- **Disruptive smart pump technology designed to offer metronomic drug delivery**
 - A next-generation piezoelectric micropump technology for precise, metronomic dosing
 - The only pump under development to deliver drug intraventricularly, thereby bypassing the blood-brain barrier (BBB)
 - Development of biosensor capability for a second-generation pump to provide cloud-enabled physician monitoring and precision dosing
- **Technology may enable broad applicability across multiple indications and therapeutics**
 - Potential for use with small molecule therapeutics and biologics (i.e., large molecule, cell therapies, etc.)
- **Technology validated through multiple small and large animal model studies**
- **Addressing large market opportunities in multiple neurological and other disease indications including cancer**
- **Delivery of approved drugs which offers a regulatory pathway that can lower risk and therefore gain engagement of drug companies**
- **Multiple potential milestones within ~24 months of business combination, including:**
 - PMA submission to FDA for **SINNAIS™** as a Class III pump indicated for infusion of Infumorph, potentially using FDA's 6-Year Rule which would allow PMA approval without conducting new human clinical trials
 - Investigational New Drug (IND) application submission for the initiation of Phase II human clinical trial of **SINNAIS™** as a combination product for metronomic delivery of methotrexate (MTX) for the treatment of Leptomeningeal Carcinomatosis (LC)
 - CE-Mark submission in EU for **SINNAIS™** as device alone based upon data with the first drug: methotrexate
- **Strong intellectual property portfolio covering the pump design, smart pump delivery, and method of use**
- **Experienced management, board, and clinical advisors**

PANCREATIC CANCER

- Accounts for ~3% of all diagnosed cancers.
- Accounts for 7% of all cancer deaths.
- Global incidence doubled between 1990 and 2017.
- Majority of cases are detected once resection is no longer feasible, resulting in a 5-year relative survival rate of 10.8%.
- While the rate of new cases in the US is increasing, the death rate remains flat due in part to the emergence of better diagnostic methods.



GLIOBLASTOMA MULTIFORME (GBM)

- Most common malignant brain/CNS tumor, representing 16% of all such neoplasms.
- Increased incidence in recent years, possibly due to more sophisticated neuroimaging.
- Prognosis is poor with a median five-year survival rate of less than 5%.
- Survival rates have not improved during the last three decades.

LEPTOMENINGEAL CARCINOMATOSIS (LC)

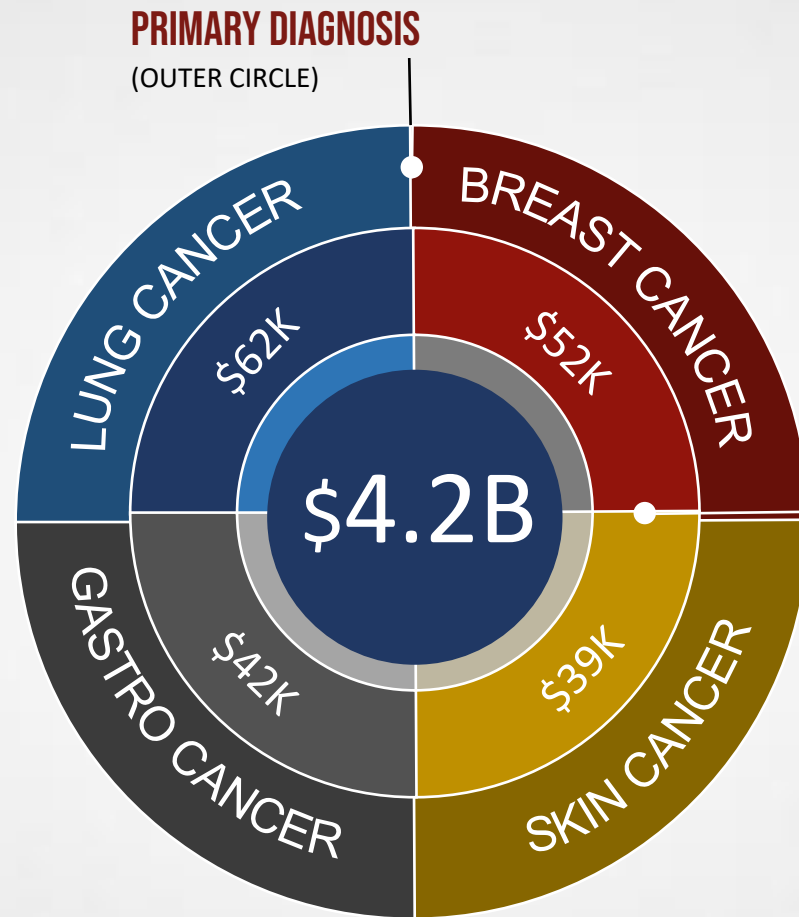
- Complication in which primary tumor metastasizes to leptomeninges (tissue covering the brain and spinal cord).
- Approximately 5% to 10% of solid tumors progress into LC, although many are underdiagnosed.
- Majority of cases arise in patients with breast cancer, lung cancer, or melanoma.
- Average survival rate from diagnosis is 3-4 months.

FIRST-TIER MARKETS - \$15.8B

Source: MCRA (a Leading CRO Consulting Company) - Cognos Market Opportunity Assessment Key Findings Report Date: 11/2021

\$6 BILLION

Treatment of all LC cases in the US grosses approximately \$6 billion USD annually with most of the revenue generated treating breast and lung cancer patients



ESTIMATED PER-PATIENT ANNUAL EXPENDITURE FOR TOP CANCERS LEADING TO LC (MIDDLE CIRCLE)

Est. total annual expenditure on LC treatment for all other primary indications

\$1.7B

LEAD INDICATION - LEPTOMENINGEAL CARCINOMATOSIS (LC)

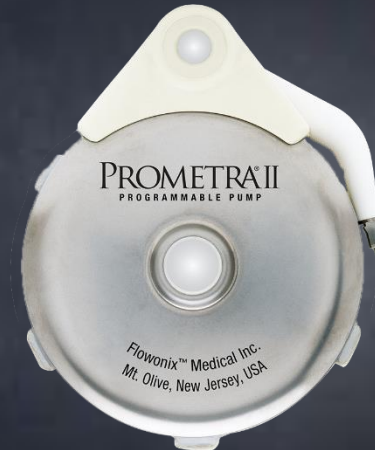
Source: MCRA (a Leading CRO Consulting Company) - Cognos Market Opportunity Assessment Key Findings Report Date: 11/2021

CHALLENGES OF CURRENT PUMP TECHNOLOGY

All of the current commercially available pumps are based on technology and architecture that is more than three decades old and pose the following problems:

- No intraventricular delivery – Drug cannot bypass blood-brain barrier (BBB).
- No metronomic delivery
- Do not automatically respond to situational changes in the patient's condition.
- Have a limited ability to receive delivery commands (no microprocessors)
- Crude dose delivery
- Can not provide a metronomic delivery of drugs, which provides programmable scheduled dosing within a therapeutic range vs bolus injection.
- Are not able to provide real-time biofeedback and communication.
- Usually receive FDA approval for one size drug molecule
- Do not have connectivity to cloud
- Are not MRI-compatible.
- Cannot meet many of the new safety regulatory requirements set by the FDA to deliver therapeutics to the brain.
- Due to crude dose size (1ml +) and not being able to provide information about level toxicity after drug administered in brain, are not suitable to deliver drug to brain.

Source: MCRA (a Leading CRO Consulting Company)
A Market Opportunity Assessment Key Findings, a report dated: 11/21/2022



INTRODUCING SINNAIS™

Metronomic drug delivery directly into the brain, bypassing the Blood-Brain-Barrier (BBB). Some key features/attributes include:

- **SINNAIS™** is believed to be the world's first implantable pump with SMART that delivers drugs locally and metronomically under development
- Intended to provide direct delivery of therapeutics into the brain ventricle, bypassing the blood-brain barrier
- Potential to deliver neuroleptics locally to treat brain cancers, neurodegenerative diseases, and mental illnesses such as Alzheimer's, Parkinson's, and MS
- Biocompatible and fully MRI compatible
- Precise programmable schedules
- Micro-dose adjustment control based on a patient's reaction and tolerance
- Enables delivery of multiple drugs*
- Secure high-level encrypted wireless communication through the cloud from anywhere in the world
- Refilling

Next Generation SINNAIS™ Additional Features Under Development:

- Biofeedback capability in real-time
- Customizes and optimizes dosage to patients' specific pharmacokinetic and pharmacodynamic needs – Personalized Medicine
- SMART shunt and smart optical sensor (SOS) can monitor drug toxicity and concentration in real-time using a wireless connection to the cloud
- Can be refilled and recharged transcutaneously

*SINNAIS™ piezoelectric micropump is made of titanium and silicon therefore the chemistry of material in pump does not interact with drugs regardless of drug biological and chemistry composition.



THE SOLUTION

BENEFITS TO STAKEHOLDERS



The SINNAIS™ Implantable pump is expected to provide many key benefits across the healthcare spectrum to patients, healthcare providers and drug manufacturing companies

FOR PATIENTS

- Improved quality of life and mobility
- Lower side effects
- Shorter hospital stays
- Lower health insurance premium
- Lower hospitalization cost
- Increases postoperative longevity

FOR HEALTHCARE PROVIDERS

- Reduced costs
- Access to the patient's "Big Data" using AI to apply triage and better diagnostics

FOR PHARMACEUTICAL COMPANIES

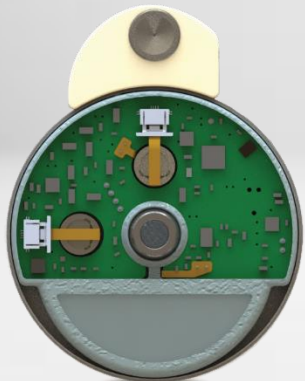
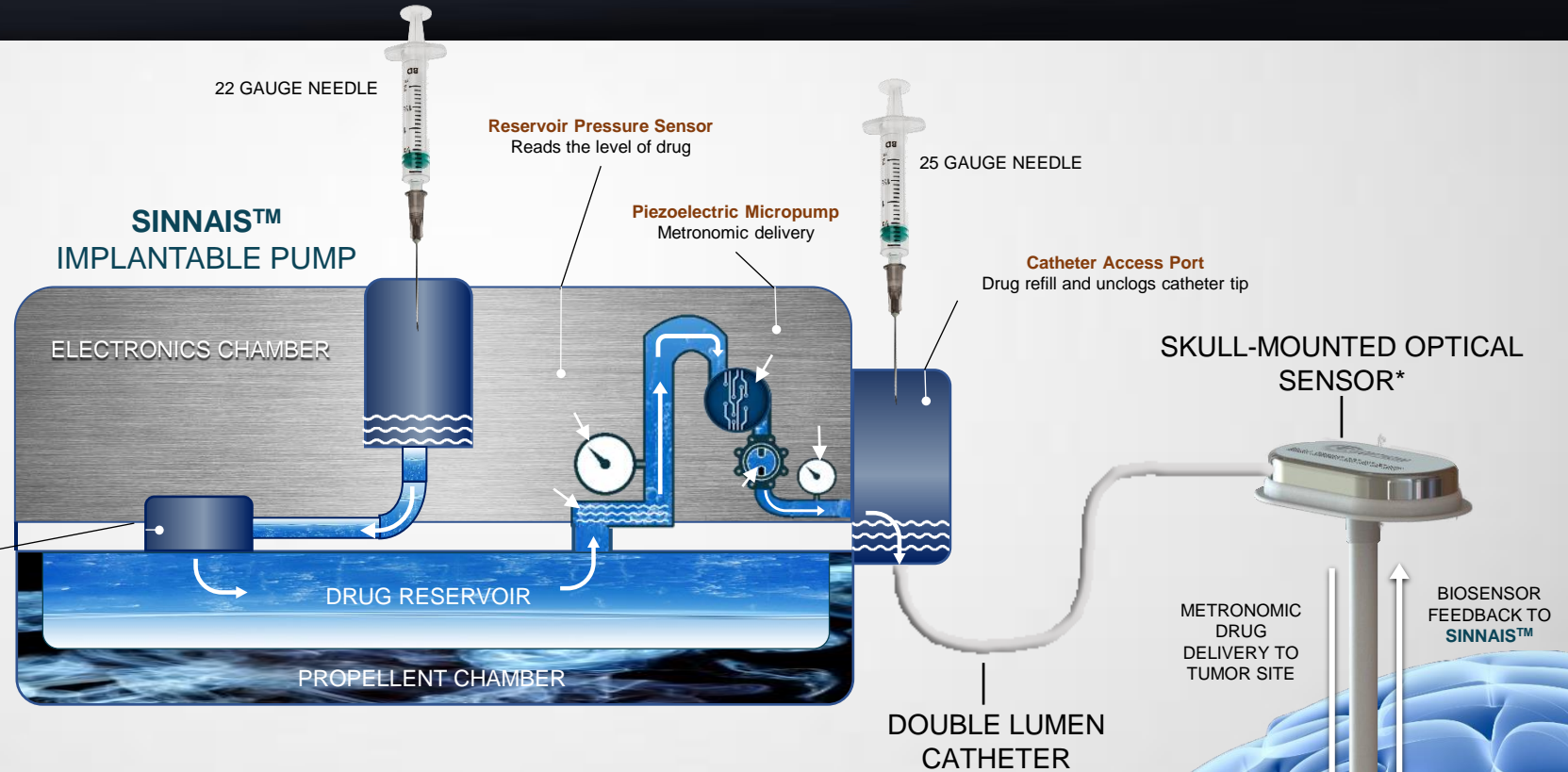
- Converts a generic drug into a proprietary BRANDED drug
- Reduces cost of development for improved drug efficacy
- Increases the life of a drug's intellectual property
- Ability to adapt the system to various disease models and drugs

THE DIFFERENCE: NOVEL DESIGN TO ADDRESS MULTIPLE CHALLENGES

Unique Features of SINNAIS™

- **Inlet Safety Valve** – Prevents over pressurizing reservoir during refill
- **Reservoir Pressure Sensor** – Reads the level of the drug
- **Piezoelectric Micropump** – Metronomic delivery
- **Catheter Access Port** – Drug refill and unclogs catheter tip

Inlet Safety Valve
Prevents access drug pass-through from pump to patient body

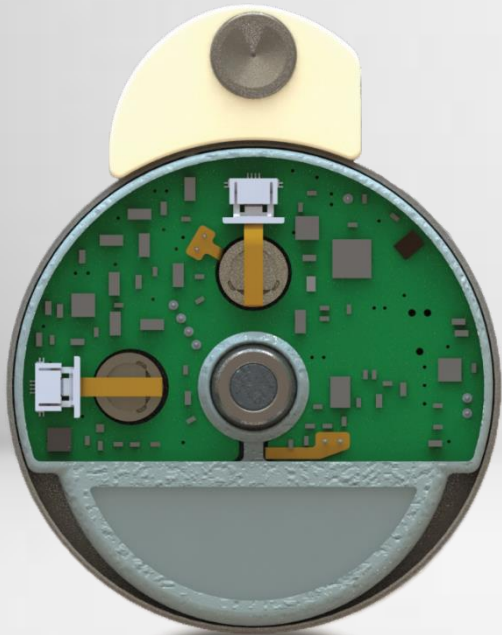


SINNAIS™ IMPLANTABLE PUMP BASIC FLOW DIAGRAM

*Skull-Mounted Optical Sensor is in development as part of the SINNAIS™ second-generation configuration. The current version of SINNAIS™ does not include this sensor

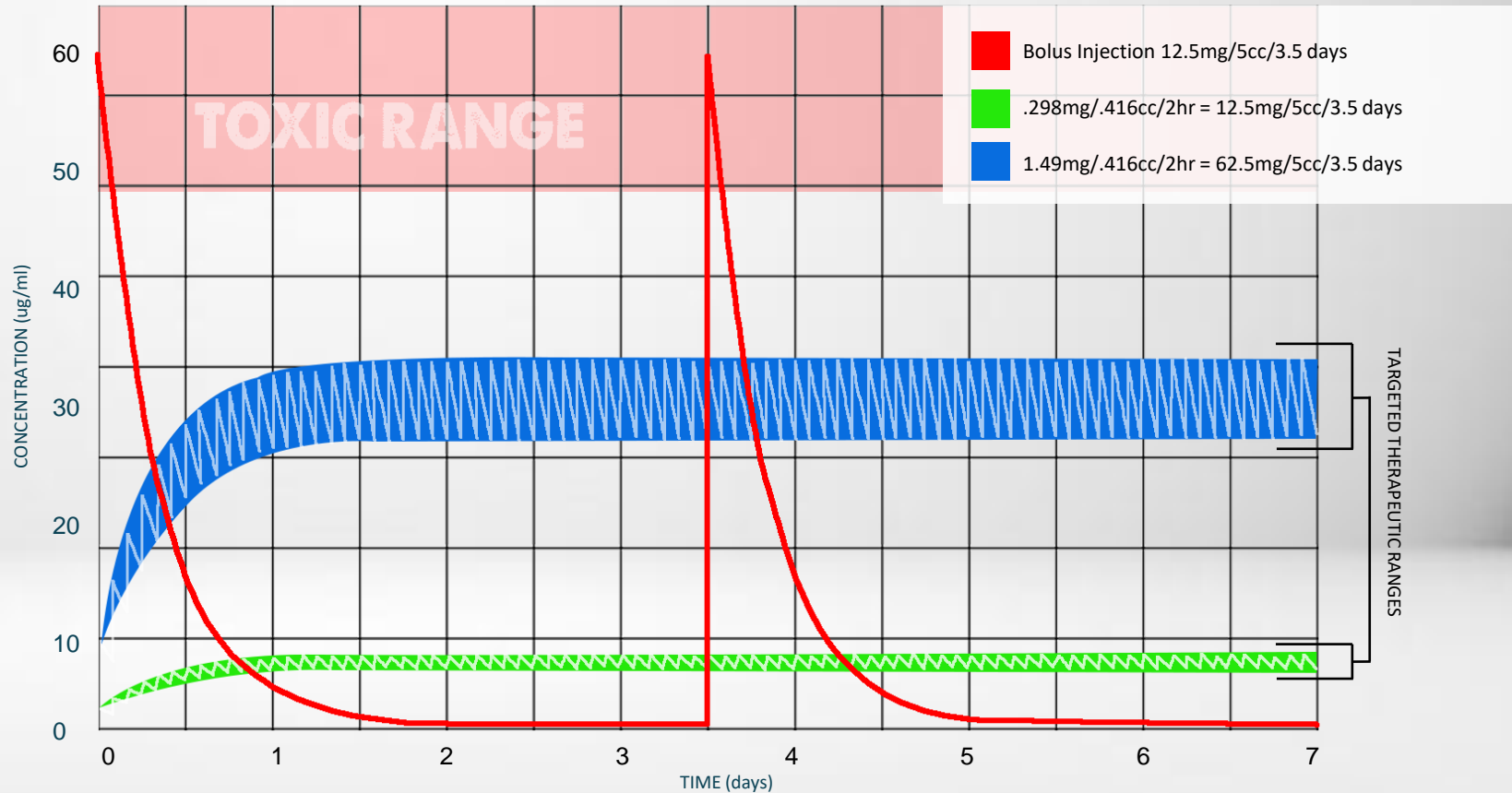
THE DIFFERENCE: METRONOMIC DELIVERY

Metronomic delivery has been shown to minimize peak toxicity levels associated with current systemic delivery models. In addition to keeping therapeutic drug levels within acceptable ranges, metronomic delivery has also been shown to provide longer efficacy of the therapeutic in the beneficial therapeutic range.









The chart below shows that metronomic delivery allowed a therapeutic to stay within acceptable toxicity ranges while also maintaining the targeted therapeutic range set by the physician. This study was based on delivering the standard dosage amount of methotrexate (MTX) for treating GBM.¹

The Bolus injection below represents the current gold standard of delivery with implantable pumps



THE COMPARISON

SINNAIS™ offers one of the most advanced micro-pump technology in the industry today. Its unique design is a significant departure and advancement for controlled therapeutic drug delivery to the brain and central nervous system.

	DEVICE	METRONOMIC/ BIOFEEDBACK	DOSE RATE	UNCLOGGING CATHETER TIP	COMPATIBLE DRUGS	MRI COMPATIBILITY	MECHANISM OF OPERATION	ROUTE OF DELIVERY	POWER SOURCE
	SINNAIS™ Implantable Smart Pump*	YES	1ul	YES	Small Molecule and Biologics	MRI Safe	Piezoelectric Plus	Intraventricular	Battery Power
	SynchroMed™ II	NO	0.048-24 mL/day	NO	Infumorph®, Prialt®, Lioresal® chemo (pipeline)	MRI Conditional	Peristaltic Action	Intrathecal	Battery Power
	Integra™ Reservoir	NO	2 mL volume	NO	Chemotherapy, Antimicrobials, Antineoplastic, Analgesic, etc.	MRI Safe	Gravity Drip	Intratumor	Gravity Power
	Reprogrammable Prometra***	NO	0-28.8 mL/day	NO	Morphine, Baclofen Valproate	MRI Conditional	Valve-gate Action	Intrathecal	Battery Power
	PTM-101*	NO	~1.5 mg/day	NO	Paclitaxel	MRI Safe	Diaphragm Action	Intratumor	Electrolysis Power
	MiNDS Pump*	NO	N/A**	NO	I-dopa, Prozac, chemo (pipeline)	MRI Conditional	Diaphragm Action	Intrathecal	Diaphragm

*Product is not yet on the market and subject to FDA approval

**Dose rate for the MiNDS pump was not available on the MIT website

*** Algorithm Sciences acquired Flowonix in June 2023






Source: MCRA (www.mcra.com) "Findings and Recommendations for Cognos Therapeutics, Inc **SINNAIS™ ISP**, dated: 12/2021
 Technical Specification and data are shown in this table for SynchroMed II, Integra, MIT, MiNDS, and Flowonix pumps have been
 compiled from each company's website and the product brochures respectively

DEVELOPMENT

HISTORY

COGNOS pursued a strategic path of *in vivo* research in animal studies utilizing supporting clinical data that were generated from Dr. Shinoura's clinical work that was conducted in 2008 demonstrating that local delivery improves the incidences of cure in patients with Glioblastoma Multiform (GBM).



					
TYPE	HUMAN (20 subjects)	SMALL ANIMAL 1 (30 mice)	SMALL ANIMAL 2 (30 mice)	LARGE ANIMAL 1 (5 pigs)	LARGE ANIMAL 2 (9 sheep)
DATE	2008	2009*	2010*	2011*	2020
BY	Dr. Nobusada Shinoura	COGNOS	COGNOS	COGNOS	COGNOS
PURPOSE	Prove viability of convection enhanced delivery (CED) to the brain for treating LC	Prove viability of local delivery of Genentech's Avastin for the treatment of LC	Prove viability of local delivery of Velcade for the treatment of glioma	Prove the viability of the MBP to deliver MTX to the brain and to provide a relevant sampling of cerebrospinal fluid (CSF)	Prove viability of SINNAIS™ to deliver MTX to the brain in micro-dose levels that could be controlled and monitored remotely
METHOD	20 patient study using an extremal pump and a catheter to deliver Methotrexate directly into the brain	An Alzet mini-osmotic pump was implanted in a group of mice with LC for local delivery of Avastin with a second group receiving same-dose systemic delivery and third control group with no treatment	An Alzet mini-osmotic pump was implanted in a group of mice with gliomas for local delivery of Velcade with a second group receiving same-dose systemic delivery and a third control group with no treatment	Test pigs had the SINNAIS™ and catheter implanted over a course of four studies where both contrast dye and MTX were metronomically delivered and CSF sampling was performed	9 sheep (Group 1 (3), Group 2 (6)) were implanted with the SINNAIS™ pump and an Ommaya reservoir where MTX was then delivered at various micro-dose levels and intervals over both an 8-week term for group one and 12-week term for group two
RESULT	The study showed that patients who received local delivery survived significantly longer than those who did not	The study showed that the mice who received local delivery had survival rates 20% longer than those receiving systemic delivery	The study showed that the mice who received local delivery had longer survival rates than those receiving systemic delivery	The studies showed that the pump delivered therapeutics that were well tolerated, and wireless communication through animal skin was successful confirming the antenna in SINNAIS™ receiving signals successfully	The study showed that the test animals tolerated the pump and therapeutic; and that control and monitoring of the pump could be done remotely

* Study conducted by Pharmaco-Kinesis Corp. (Cognos pre-spin-off)

VALIDATION STUDIES – SHEEP MODEL

OBJECTIVES

- Validate the pump's ability to deliver metronomic dosing of a therapeutic to the brain in a large animal model
- Test the ability of the pump's wireless data and system control to allow for remote dose adjustment (metronomic delivery) and the flow delivery data to be received and monitored

1ST PILOT STUDY

- Three animal non-GLP (Good Laboratory Practices) studies using sheep
- Eight-week survival study
- Studied verified:
 - Wireless communication
 - Pump delivery capabilities
 - Ability to safely refill the implanted pump

2ND PILOT STUDY

- Six animal non-GLP study using sheep
- Twelve-week survival study
- Study verified:
 - Metronomic pumping at micro-dose levels
 - Delivery of Methotrexate (MTX) to the brain
 - Durability and biocompatibility of the pump

RESULTS

- Provided insight to continue to refine the pump's accuracy and biocompatibility in providing adjustable, controlled micro-dose delivery of a therapeutic
- Provided insight to develop the protocols for control of the system, CSF sampling, and data monitoring via wireless communication to a remote computer or an app-enabled smartphone



Dr. Wu checks communication protocols between the **SINNAIS™** pump and several smartphones being used in the trial.



SINNAIS™ pump is connected to catheter prior to implantation in a test animal.



An Omamya reservoir connected to the **SINNAIS™** pump is implanted in the test animal's brain.

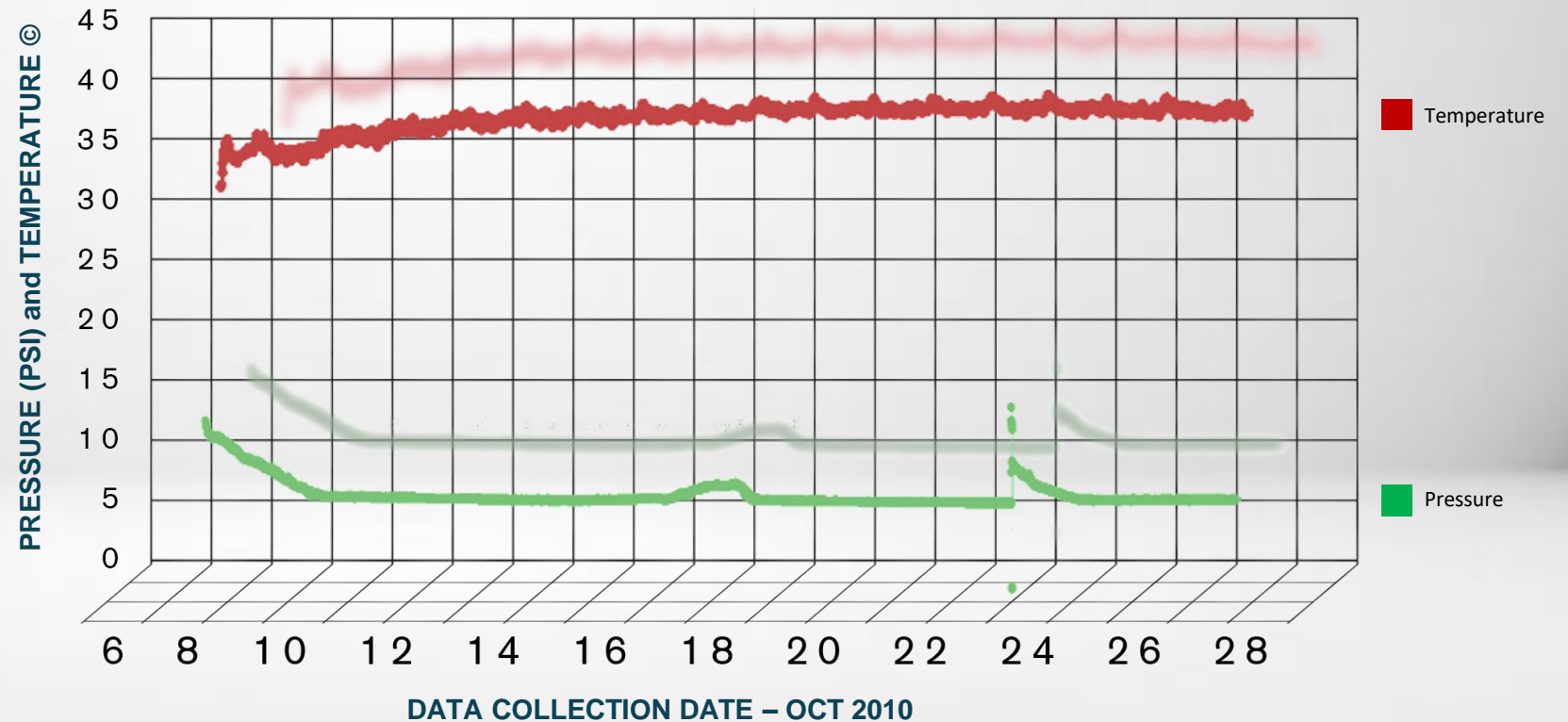


The research team monitors the **SINNAIS™** pump's function after the implantation.

VALIDATION STUDIES – SHEEP MODEL

The chart below shows a sample of the pressure and temperature readings taken from a test animal in the second phase of the large animal trial. As can be seen, using both the pressure and the temperature remain extremely stable which shows the pump’s ability to provide consistent metronomic delivery in a manner that has no adverse effect on the test subject.

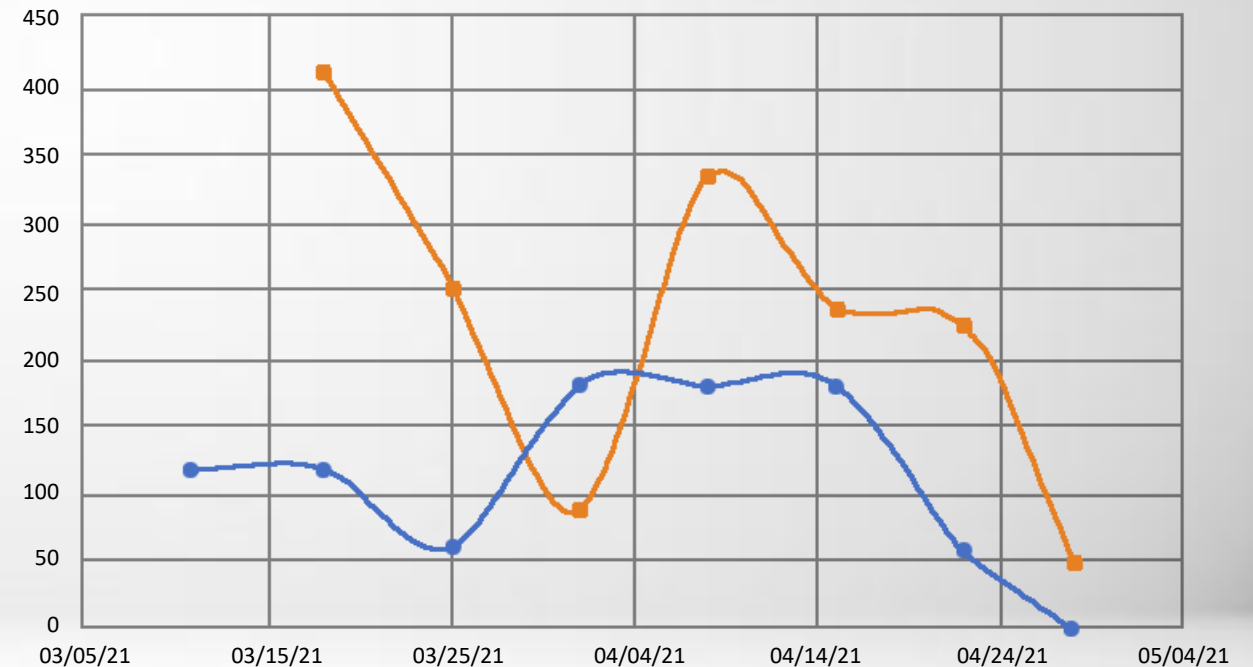
PUMP INLET PRESSURE AND TEMPERATURE READINGS FROM TEST ANIMAL 2



VALIDATION METRONOMIC DELIVERY – SHEEP MODEL

- Sheep 90-0(38D2) produced a sufficient quantity of CSF. The chart shows that the MTX concentration level in CSF samples tracked well with the changes in the delivery rate.
- Sheep 134-R (FB90) generally produced a sufficient quantity of CSF except on 04/08/21 and 04/15/21. We received a smaller quantity of CSF on those two days. FB90 was set to deliver about half the rate of 38D2 so we expected to find the MTX concentration level to be about half of 38D2.
- The data supports the metronomic pump's successful delivery of MTX into the ventricle CSF at different rates and, following a lag, and taking into account dilution/ADME (absorption, distribution, metabolism, and excretion), the CSF MTX concentration is rate responsive.
- The data shows the implanted **SINNAIS™** pump is working *in vivo* and the delivered drug concentration is responsive to changes in pump rate.

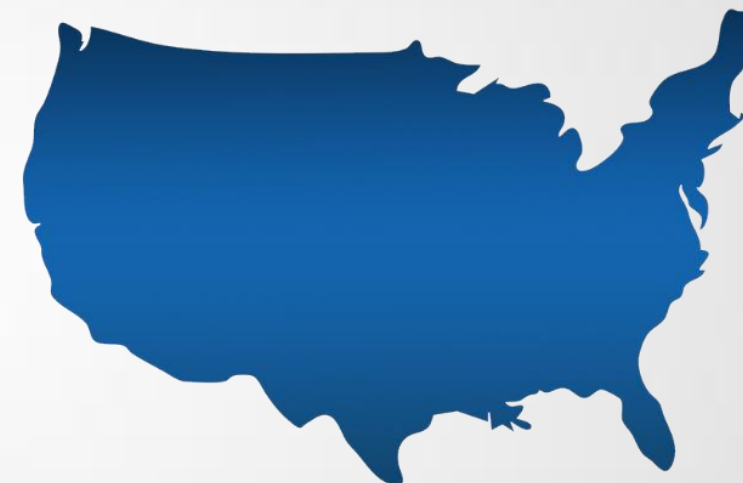
MTX Concentration in CSF Samples from Sheep 90-0 Compared with Delivery Rate



- metronomic pump's strokes/hr given into sheep 90-O's ventricle. The pump rate was wirelessly changed over time to develop a MTX protocol to identify the maximum tolerated dose for a future GLP study
- micromolar (mM) concentration of MTX in the CSF at that specific time/day in sheep 90-O

U.S.

- Q4 2021** – Filed pre-submission with FDA for PMA submission for **SINNAIS™**
- Q1 2022** – Received FDA's written pre-sub feedback, which will inform application for **SINNAIS™**
- ~24 Months*** – Submit PMA application to FDA approval for **SINNAIS™** as a Class III pump indicated for infusion of Infumorph, potentially using FDA's 6-year Rule which would allow PMA approval without conducting new human clinical trials as a device alone (from Device Center (CDRH) and Drug Center (CDER))
 - Initiate Phase II human clinical trial of **SINNAIS™** the following quarter as a combination product for metronomic delivery of MTX for treatment of LC under IND from CDER



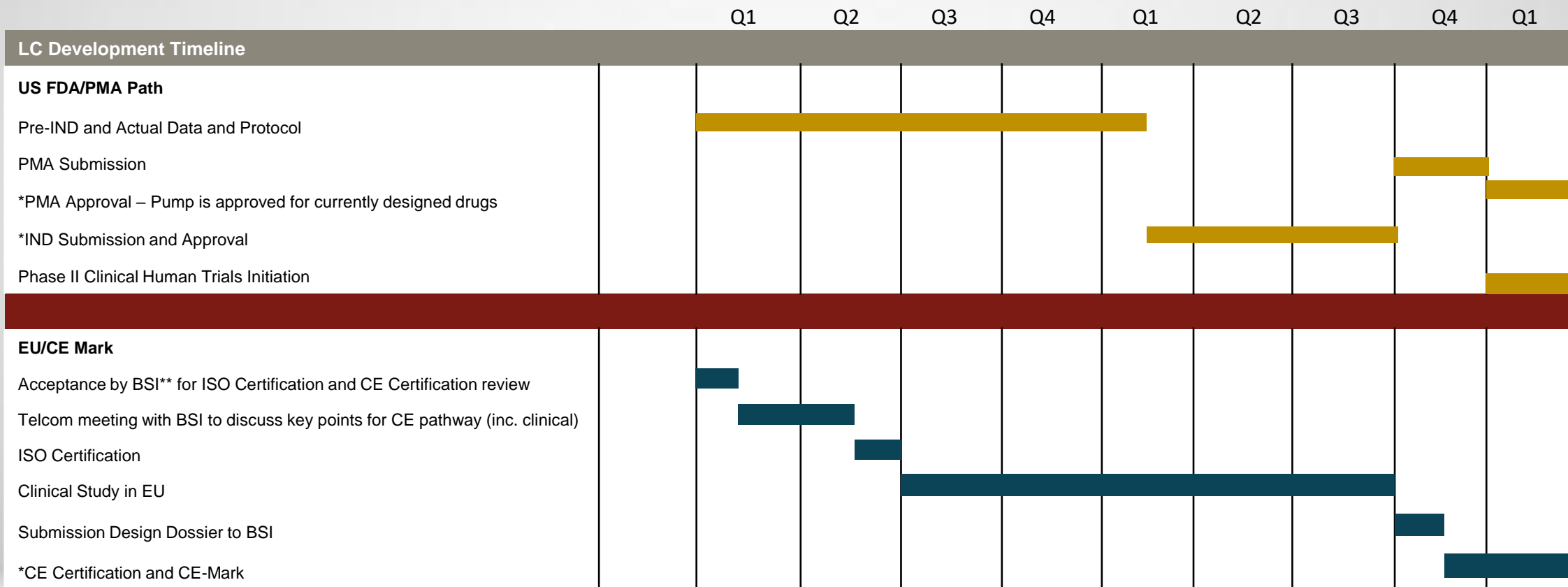
E.U.

- ~24 Months*** – CE-Mark submission for **SINNAIS™** as device alone based upon data with the first drug: methotrexate.

After **SINNAIS™** receives CE-Mark in EU market, **SINNAIS™** will be allowed to be used with any approved drug in the European market without requiring to go through additional regulatory approvals



SINNAIS™ ~24 MONTHS DEVELOPMENT TIMELINE



* Expected timing of FDA decision for PMA and IND submissions, and CE-mark in E.U.

** BSI is a European medical device regulatory agency that issues CE-Marks for products in the EU. BSI performs a similar role to the FDA in the U.S.

*** Expected development timeline from closing of a business combination

COGNOS has always pursued an aggressive strategy of identifying and protecting its Intellectual Property assets through global patent protection



COMPREHENSIVE IP PORTFOLIO

COGNOS IP Portfolio by the Numbers:

ISSUED – Over 30 Patents issued in the U.S. and Internationally

PENDING – 57 Patent Applications pending in the U.S. and Internationally

IP PORTFOLIO COVERS



- Implantable pump for detection of spine issues
- Implantable piezoelectric pump for delivery of therapeutics to the spine
- A method for Cerebral Microdialysis to treat neurological disease
- A method for creation and manufacture of a hermetic seal for use in an implantable metronomic drug pump
- Creation of a MRI compatible drug pump with overpressure protection
- Method for the intratumoral delivery of Bortezomib
- Development of a Magnetic Breather Pump for tumor treatment
- An implantable pump for the local delivery of intrathecal chemotherapy for Leptomeningeal Carcinomatosis
- Development of a Multipurpose Cerebrospinal Fluid Sensor
- Development of a Skull-Mounted Drug And Pressure Sensor
- Implantable piezoelectric pump for delivery of biological response modifiers
- Artificial Tooth Medicating device for local delivery of therapeutics
- An implantable magnetic breather pump for local delivery of bevacizumab into a brain tumor

COGNOS THERAPEUTICS FOUNDERS & MANAGEMENT TEAM



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