



June 7th, 2022

Forward-Looking Statements

This information package contains forward-looking statements, which includes forecasts and timelines. Often, but not always, forward-looking statements can be identified by the use of words such as “plans”, “will”, “proposes”, “expects”, “estimates”, “intends”, “anticipates” or “believes”, or variations of such words and phrases or state that certain actions, events or results “may”, “could”, “would”, “might” or “will” be taken, occur or be achieved. Forward looking statements involve known and unknown risks, uncertainties and other factors which may cause the business to have actual results, performance, or developments, to be materially different from any future results, performance or developments expressed or implied by the forward-looking statements. Although the company has attempted to identify important factors that could cause actual results, performance, or developments, to differ materially from those described in forward-looking statements, there may be other factors that cause results, performance or developments not to be as anticipated, estimated or intended. There can be no assurance that forward-looking statements will prove to be accurate, as actual results, performance, or developments, could differ materially from those anticipated in such statements. All nominal figures will be presented in **USD amounts**.

Accordingly, readers should not place undue reliance on forward looking statements, as the company can make no guarantee of future results.

About Us



IND stage biopharmaceutical company developing next-generation immunotherapies to treat Brain Cancer



An SEC-registered, Pink – OTC Markets public company seeking FDA approval for a Phase I or IIa Human clinical trial



An expert scientific and managerial team focused on bringing novel cancer therapeutics to market through innovation

Our Focused Mission

1

Acquisition of cutting-edge assets in oncology

2

Utilization of our expert advisory board to accelerate going to market

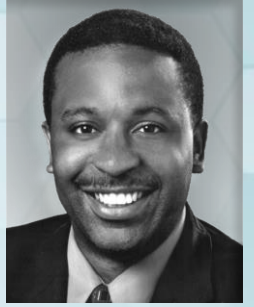


Enhance and accelerate bringing to market novel brain tumor immunotherapies



Dwain Irvin, Chief Executive Officer

Educational Background



PhD, UCLA School of Medicine, Molecular & Medical Pharmacology, 2002

MPH, UCLA School of Public Health, Environmental Sciences, 1995

BA, The Johns Hopkins University, 1988

Asst. Professor, Research Scientist, Cedars-Sinai Medical Center, Neurosurgery Department, 2005-2014

Adjunct Professor, Occidental College, Biology Department, 2015-2018

Post-Doctoral Fellow at Wallenberg Neuroscience Center, Lund University, Sweden, 2002-2005

Published over 25 peer-reviewed medical journals and book chapters

Dwain Irvin, Chief Executive Officer

Ventures



Co-Founder of 2 start-up companies in Biotechnology and Stem Cell Biology.

- **CEO, NovAccess Global Inc.**
 - Accelerating and Investing in cancer Therapeutics and Diagnostics
- **President, Biotech Division, Innovest Global Inc. 2018 – 2020**
 - Acquire biotech companies in cancer therapeutics and accelerate research and development.
- **Founder, Chief Executive Officer , Global Stem Care Laboratory Inc. 2015 - present**
 - 2 patents pending in Cosmetic and Nutrition formulation
 - Subsidiary company in Nanjing China (Fuxi, Inc.)
- **Founder, Chief Scientific Officer, StemVax Inc. (Immunotherapy for Brain Cancer) 2015 - present**
 - **Patents in brain cancer therapeutics, (Glioblastoma Multiforme)**
 - Developed and Licensed, Cedars-Sinai Department of Neurosurgery

Our Team

Each Contributor, an Expert in their Field – Highly Focused, yet Adaptable

Management



Dwain Irvin PhD, MPH
Chief Executive Officer



Neil Laird
Chief Financial Officer



Christopher Wheeler PHD
President, StemVax Therapeutics
Co-Founder T-Neuro

Executive Board



John Cassarini
Portfolio Management
Executive



Jason Anderson
Life Sciences Executive and
Innovator

Scientific Advisory Board



Renard Currie MBA
Manages product portfolio
for \$11BN company



Laina King PHD
FDA/CDER, FDA/OEA
NIH Director's Office



Lachlan Thompson PHD
Professor of Neuroscience



Andrew Norris PHD
Co-Founder, Midvale Group
Co-Founder, BCN Biosciences

Immunotherapy for Glioblastoma

- **More than 21,000 brain tumors diagnoses were estimated for 2021 in the U.S.**
- **Glioblastoma is the most common primary adult brain tumor**
- **Five-year survival rates are less than 5% for GBM**
- **Despite advances in Radiation and Chemotherapy no change in GBM patient survival in over 40 years**

Immunotherapy for Glioblastoma

Market Analysis

- + 2018, Global, \$700 Million Market size, CAGR 9.3% (GlobalData Inc. 2019)
- + 2026, US, 2.9 Billion Market Size (GlobalData Inc. 2019)
- + No current immunotherapy for brain tumors
- + Expect 5% market penetration within first 5 years in market



Immunotherapy for Glioblastoma

Problem:

- Standard of Care: Surgical resection followed by radiation and chemotherapy
- 15-month median survival
- No Cures, additional GBM therapies needed

Solution:

- Immunotherapy: 3 Major Types
 1. **Administration of antigen-pulsed dendritic cell (DC) immunotherapy**
 2. Cytokine-transfected tumor cells **immunotherapy**
 3. Adoptive transfer of tumor-activated T cells **immunotherapy**
- All immunotherapy approaches have been associated with enhanced immunity against cancer
- No brain cancer immunotherapy in market to date

Immunotherapy for Glioblastoma

History of Technology

- + Licensed from Cedars-Sinai Medical Center, Department of Neurosurgery
- + Cedars-Sinai Medical Center ranked 8th in US; Neurosurgery Department ranked 12th in US (US World New and Reports, 2020)
- + NovAccess Global technology is **3rd Generation immunotherapy** against GBM from Cedars-Sinai Medical Center, Neurosurgical Department
- + **3rd Generation Animal data shows significant enhanced survival over 1st and 2nd* generations in animal models of brain cancer**

* 2nd generation increased dosage, resulting in no improvement over 1st generation

Immunotherapy for Glioblastoma

Third Generation Immunotherapy

3rd Generation

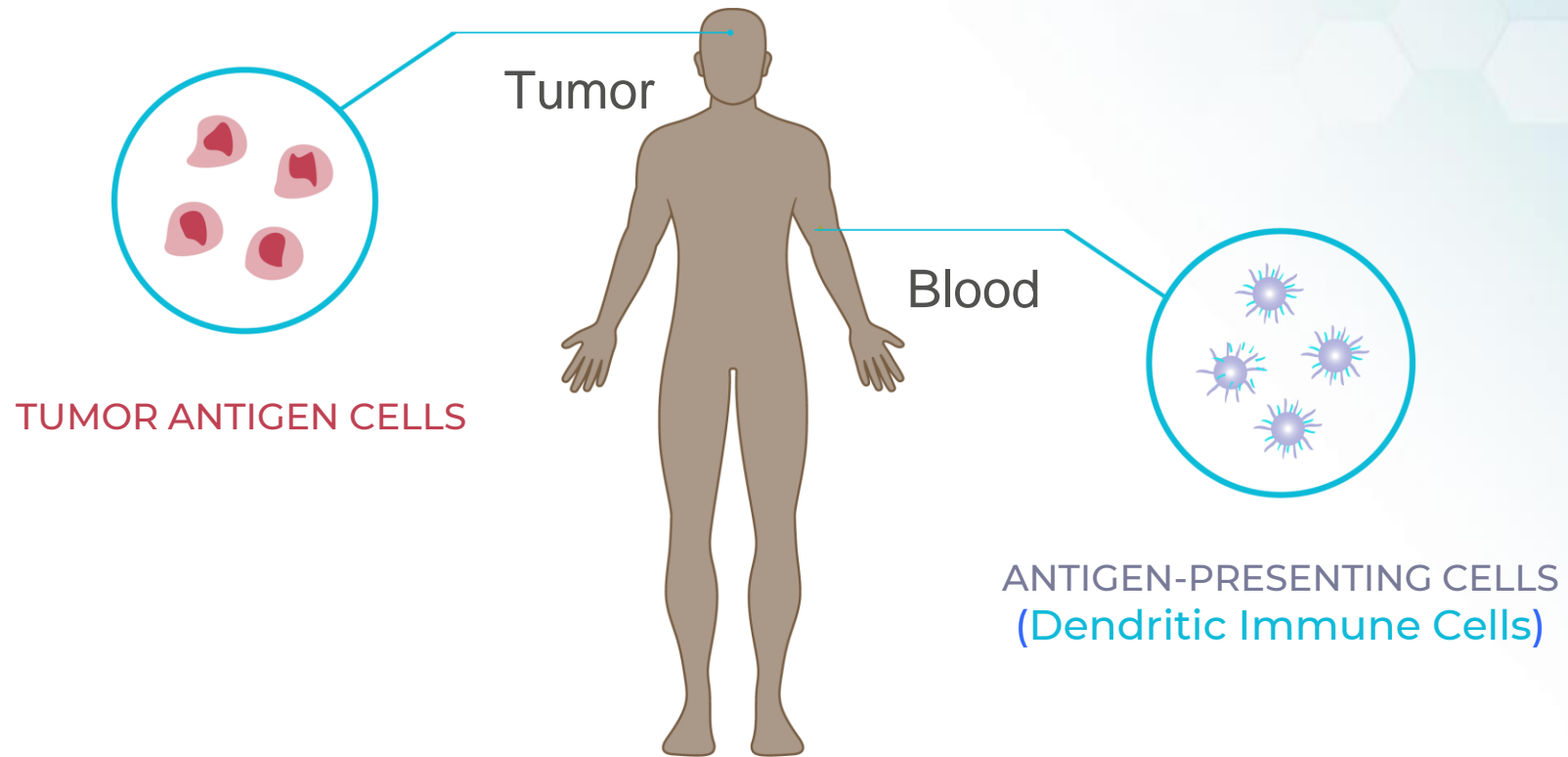
35% improvement over 1st generation in animals

1st and 2nd Generation

Improves survival in GBM responders (Phase I, II)

NOT a cure – Reduces chance of GBM recurrence

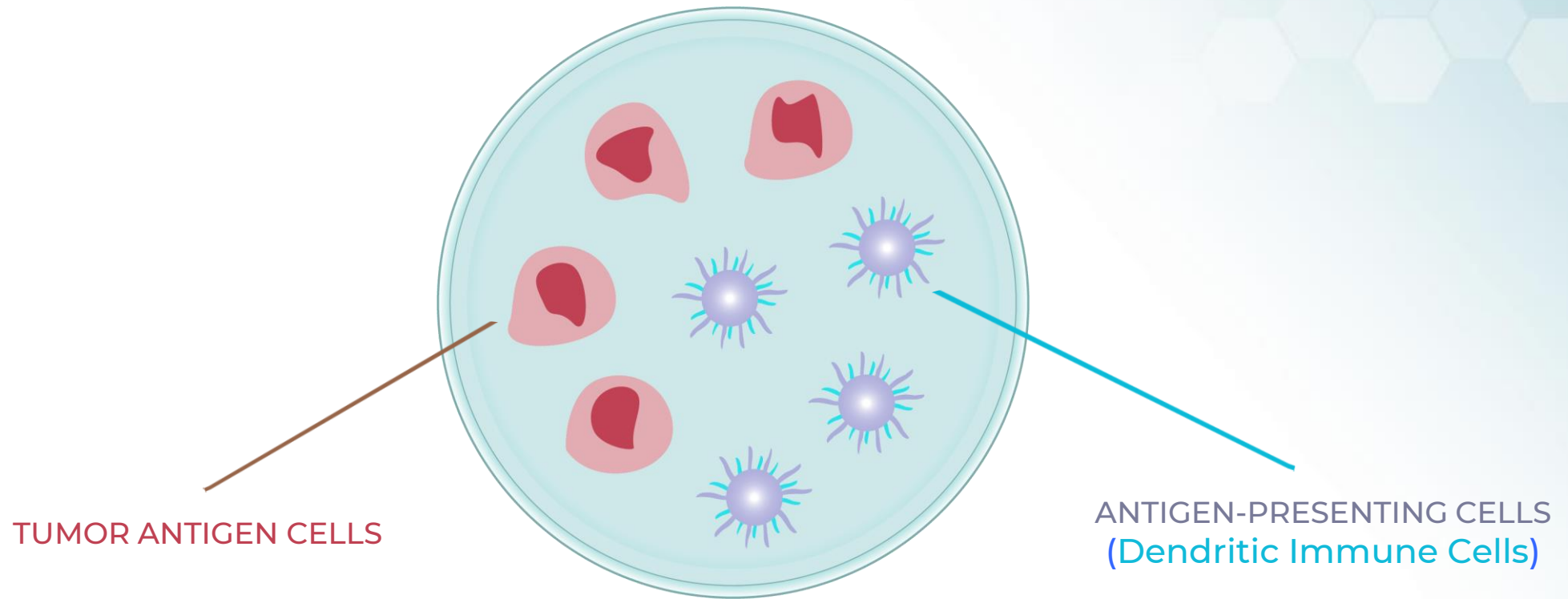
Immunotherapy for Glioblastoma



STEP 1

Neurosurgeon Isolates Tumor and Immune Cells - Sends to Lab

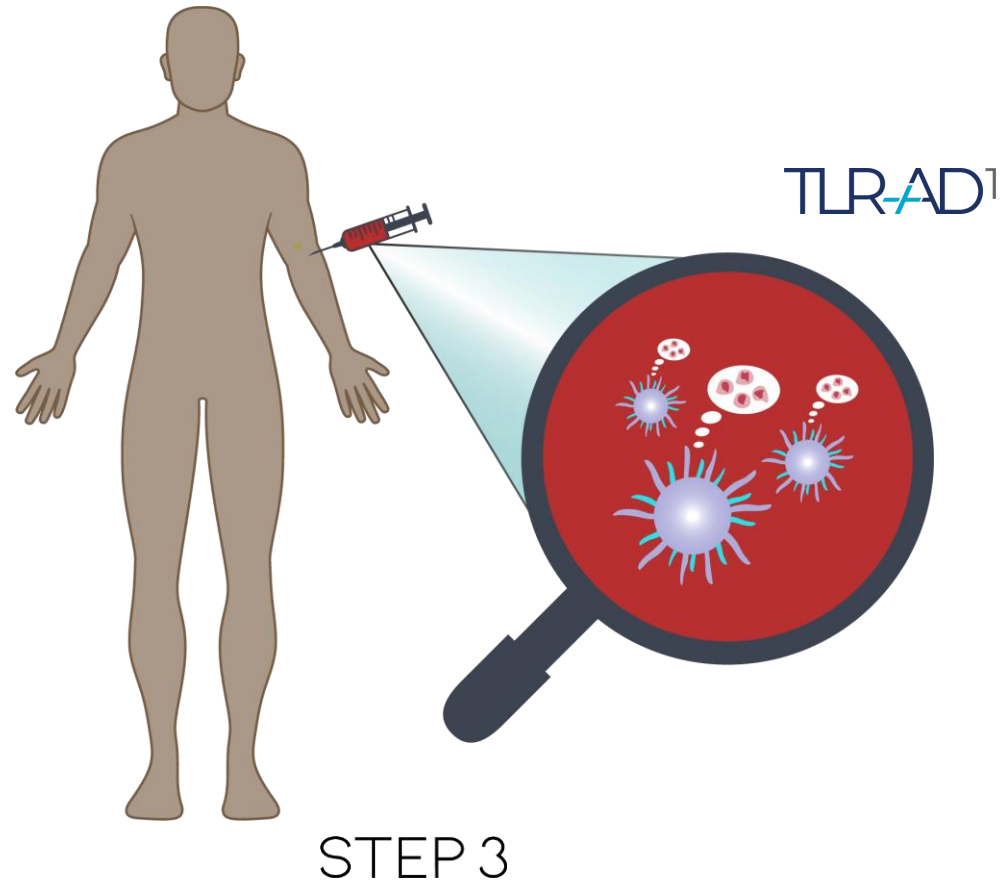
Immunotherapy for Glioblastoma



STEP 2

Immune Cells Process Tumor Antigens Utilizing TLR-AD1 Technology

Immunotherapy for Glioblastoma



- + Glioma Tumor Cell Lysate
 - + Freeze-Thaw Method Used to Activate Immune Response
- + 'Intelligence-Briefed' Immune Cells Introduced into Bloodstream
- + T-Cells Trained to Identify Tumor and Anti-Tumor Response Initiated

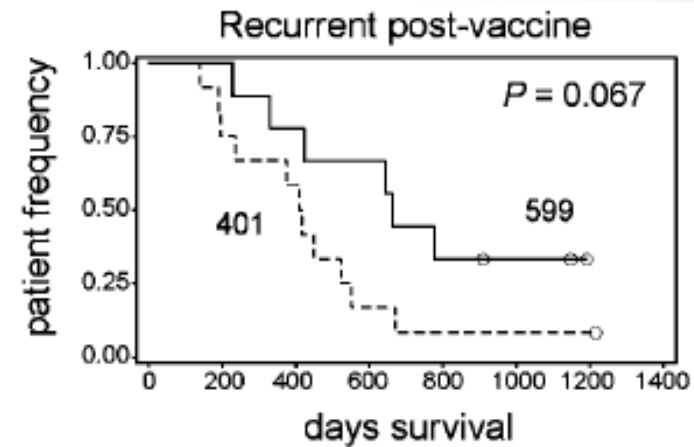
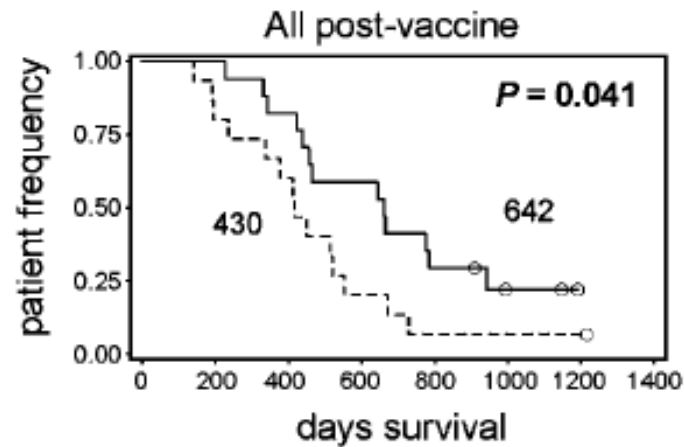
TLR-AD1 Glioblastoma Vaccine Administered

Dendritic Cell Vaccine (1st Generation)

- + Improves survival in responders (Phase I and II)
- + Not a cure - Reduces chance of GBM recurrence
- + Needs improvement-survival rates, outcomes

1st Generation Vaccine-Bulk Tumor Lysate

..... GBM vaccine non-responders
— GBM vaccine responders



TTS (time from surgical resection immediately preceding vaccination to time of death)

-Wheeler et al, 2008, Cancer Research

2nd Generation Vaccine

6 Common Antigens (ICT-107)

ICT-107 - Targets Cancer Stem Cells Lead Indication in GBM

Antigen	Treats
gp100	melanoma, brain
MAGE-1	melanoma, brain, ovarian
IL-13Ra2	brain, ovarian
Her-2/neu	breast, ovarian
AIM-2	breast, colon, brain
Trp-2	melanoma, brain

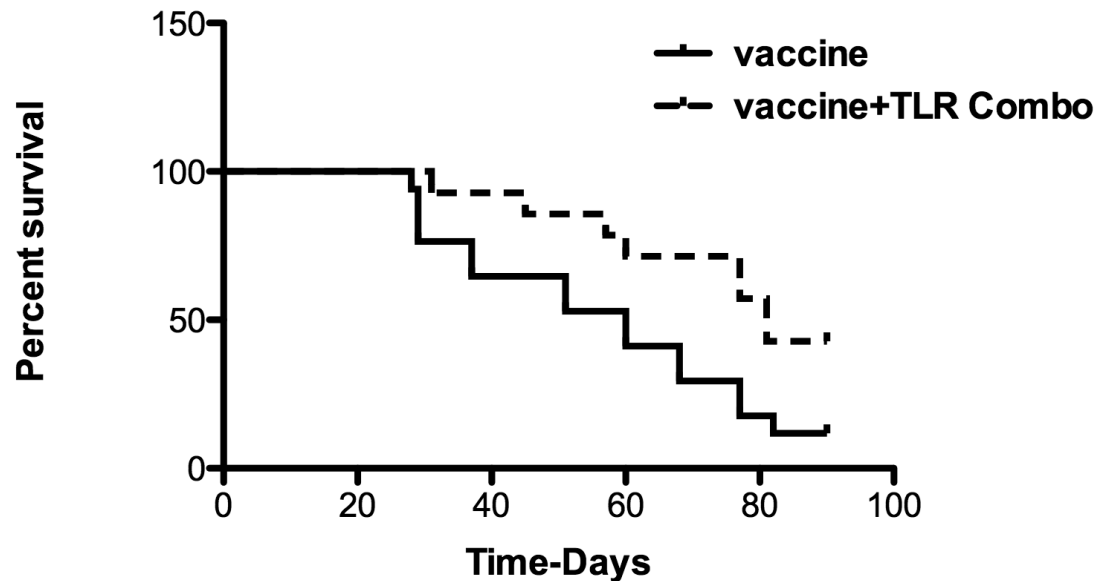
3rd Generation Vaccine

TLR-AD¹

- + 2nd Generation Vaccine Phase II data not encouraging
- + Antigen specific or antigens derived from bulk lysate combined with Toll-like receptor (TLR) adjuvants
- + Pre-clinical mouse model data show significant improvements in survival and dendritic cell activation and function

3rd Gen vs. 1st Gen

Pre-Clinical (Animal Study) Kaplan-Mier Survival Analysis of Vaccinated Glioma Bearing Mice (Controls)



Median Survival

- 1st Gen: 60 days
- 3rd Gen + TLR Combos: 81 days

Company Highlights

- + NovAccess Global, IND stage biopharmaceutical company developing next-generation immunotherapy products to treat Brain Cancer
- + Applying to uplist in OTC Markets (OTC-QB), Q2, 2022
- + Filing Orphan Drug status in Q3 2022
- + File Phase I or IIa IND application by Q4 2022

Milestones Achieved (Brief)

Q2 2022	Preparing to Up-List on OTC Markets (OTCQB)
Q3 2021	FDA pre-IND interaction: FDA states that XSNX is not required to do additional pre-clinical R&D studies and provides a road map for an IND Phase IIa application submission
Q3 2020	StemVax acquired by NovAccess Global, an active OTC Pink traded company
2017	Immunotherapy patent issued by USPTO
2008	Patent filed with USPTO
2005-2013	(Pre-clinical studies, animal studies)





Thank You!



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