NovAccess Global

Acceleration Through Innovation

MARKET SYMBOL : XSNX

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.

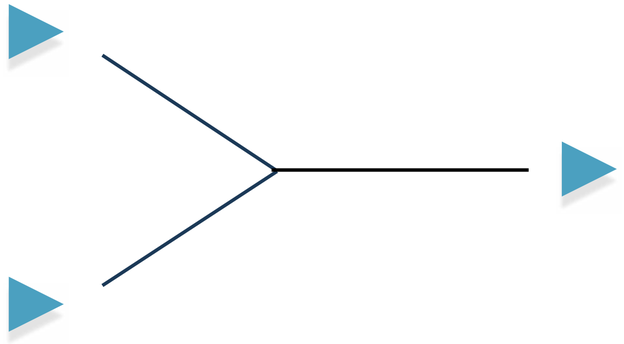
About Us

- Pre-IND stage biotech company developing novel, personalized immunotherapies for brain cancers
- Orphan drug-designated, platform technology - TLR-AD1
- 2026, US, 2.9 Billion Market Size (GlobalData Inc. 2019)
- An expert scientific and managerial team focused on bringing novel cancer therapeutics to market through innovation

Our Focused Mission

Growth by acquisition of cutting-edge assets

Utilization of our expert executive and scientific advisory board



Enhance and accelerate bringing to market novel brain tumor immunotherapies

Our Team

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

Management

Dwain Irvin Ph.D., MPH
Chief Executive Officer

Neil Laird
Chief Financial Officer

Christopher Wheeler, Ph.D.
President, StemVax Therapeutics
Co-Founder, T-Neuro

Board of Directors

John Cassarini
Portfolio Management Executive, XSNX Board Chairman

Dwain Irvin Ph.D., MPH

Jason Anderson
Life Sciences Executive and Innovator

Scientific Advisory Board

Renard Currie MBA
Manages product portfolio for $11BN company

Andrew Norris Ph.D.
Co-Founder, Midvale Group
Co-Founder, BCN Biosciences

Laina King Ph.D.
FDA/CDER, FDA/OEA
NIH Director's Office

Kim Seroogy, Ph.D.
Professor of Neurology, University of Cincinnati

Lachlan Thompson Ph.D.
Professor of Neuroscience

Glioblastoma Facts

- More than 21,000 brain tumors diagnoses are estimated annually in the U.S.
- Glioblastoma is the most common primary adult brain tumor (e.g. Ted Kennedy, John McCain)
- Five-year survival rates are less than 5% for Glioblastoma
- Despite 40-year advances in Chemotherapy and Radiation, no change in patient survival

Immunotherapy for Glioblastoma

Problem:

- Standard of Care: Surgical resection followed by radiation and chemotherapy
- 15-month median survival
- No Cures: Significant unmet need

Solution:

- Immunotherapy: 3 Major Types
  1. Dendritic Cell (DC)
  2. Checkpoint Inhibitors
  3. T-Cell

▷ All immunotherapy approaches have been associated with enhanced immunity against cancer - *No brain cancer immunotherapy in market, to date*

Immunotherapy for Glioblastoma

Dendritic Cell Vaccine (1st Generation)

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

TLR-AD1 Immunotherapy for Glioblastoma

3rd Generation Immunotherapy: TLR-AD1

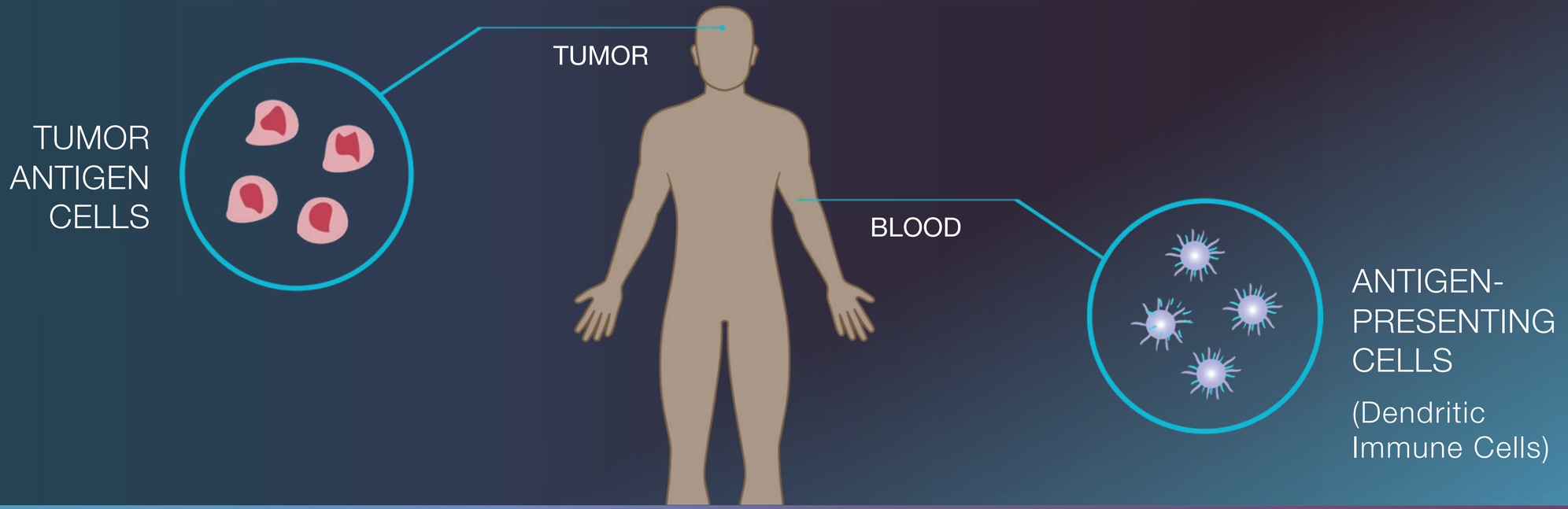
- **3rd Generation**
  - 35% improvement over 1st generation in animals
- **1st and 2nd Generation**
  - Improves survival in Glioblastoma responders (Phase I, II)

* **NOT a cure – Reduces chance of Glioblastoma recurrence**

TLR-AD1 Immunotherapy for Glioblastoma

Step 1:

Neurosurgeon isolates Tumor and Immune Cells - Sends to Lab



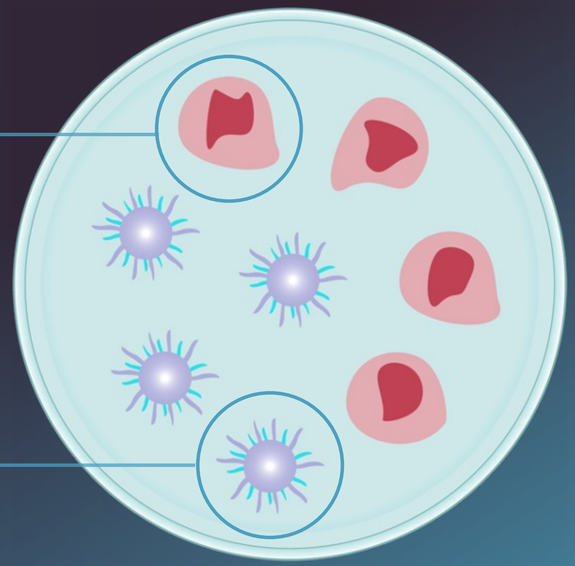
TLR-AD1 Immunotherapy for Glioblastoma

Step 2:

Immune Cells Process Tumor Antigens Utilizing TLR-AD1 Technology

TUMOR ANTIGEN CELLS
(Bulk Tumor Lysate)

ANTIGEN-PRESENTING CELLS
(Dendritic Immune Cells)



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TLR-AD1 Immunotherapy for Glioblastoma

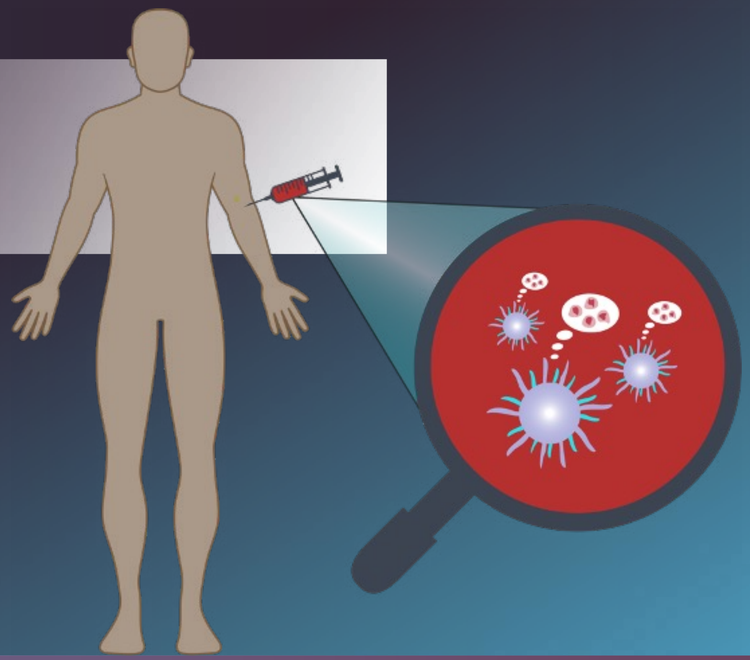
Step 3:

TLR-AD1 Glioblastoma Vaccine Administered

Glioma Tumor Cell Lysate
Antigen specific or antigens derived from bulk lysate combined with Toll-like receptor (TLR) adjuvants

‘Intelligence-Briefed’ Immune Cells Introduced into Bloodstream

T-Cells Trained to Identify Tumor and Anti-Tumor Response Initiated



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TLR-AD1 Summary

- Parent immunotherapy shows improvement in patient survival over standard of care (chemotherapy and radiation) in Phase I and II Human Clinical trials.
- TLR-AD1 out-performs parent immunotherapies in pre-clinical animal trials.
- FDA provides Orphan Drug designation for TLR-AD1, covering all malignant brain tumors.

Immunotherapy for Glioblastoma

Market Analysis:

- 2018, Global, $700M Glioblastoma Treatment Market, CAGR 9.3% (GlobalData Inc. 2019)
- 2027, US, $2.9B Glioblastoma Treatment Market (GlobalData Inc. 2019)
- Unmet need - No current immunotherapy for brain tumors
- Presumed significant market opportunity after registration

Company Highlights

2023	• Filing IND application to obtain FDA approval for human clinical trial • Uplist to Nasdaq
YE 2022	Partnering with manufacturing company
Q4 2022	FDA provides Orphan Drug Designation for TLR-AD1
Q3 2022	Uplisted on OTC Markets (OTCQB)
Q2 2022	Filed 1st S1 registration statement with SEC

Milestones Achieved

2022	Initiated recapitalization of company; expected to be completed with diversification of shareholder base as XSNX shares are distributed to Innovest shareholders
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 clinical trial submission
2020	StemVax acquired by NovAccess Global, an active OTC traded company
2017	Immunotherapy patent issued by USPTO
2008	Patent filed with USPTO
2005 - 2013	(Pre-clinical studies, animal studies)

Investor Highlights

- Orphan Drug-Designation in October 2022
- Announce Manufacturing Partner 2023
- Complete Manufacturing Data for IND Application 2023
- File IND application with FDA in 2023
- Glioblastoma Treatment Market Predicted to be Valued over $2.9B annually by 2027

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Thank You!

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