



World Orphan Drug Congress

USA 2023

Dwain Irvin, PHD, MPH

CEO

May 24th, 2023, 12:30PM

Acceleration Through Innovation

Confidential and Proprietary. Copyright 2022 NovAccess Global, Inc. All Rights Reserved.

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, glioblastoma



Orphan drug-designation, all malignant brain tumors, TLR-AD1



Glioblastoma, 2027, US, 2.9 Billion Market Size (GlobalData Inc. 2019)

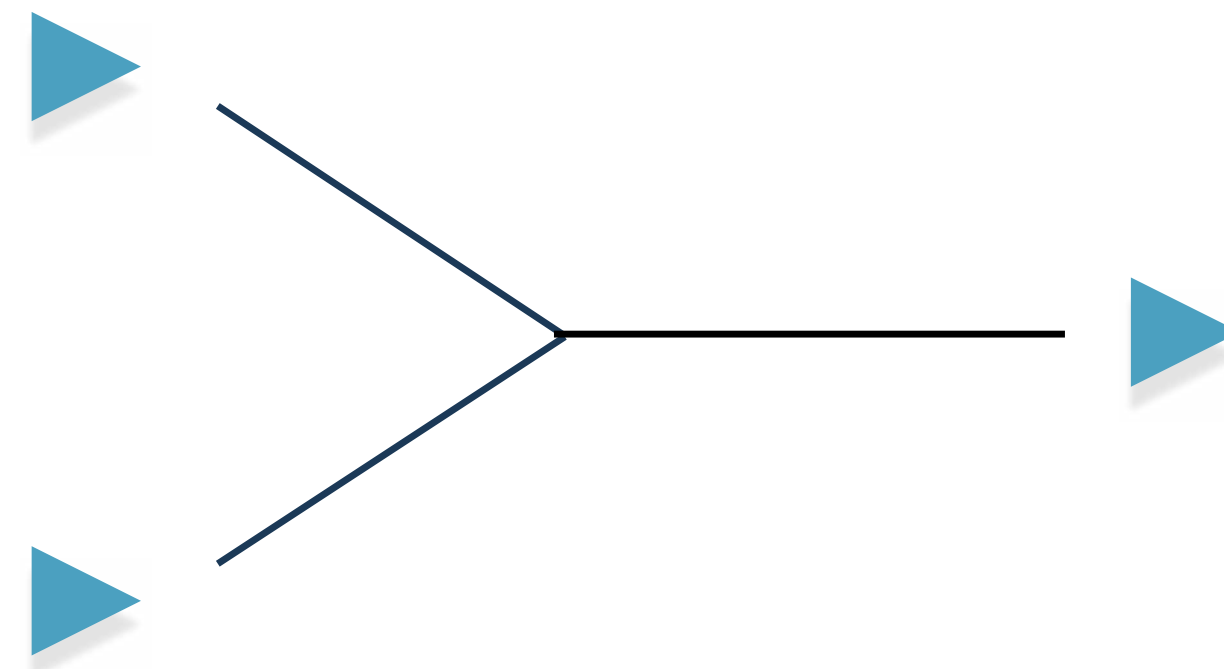


An expert scientific and managerial team focused on bringing novel cancer therapeutics to market through innovation

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

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: *No brain cancer immunotherapy in market, to date*

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

Opportunities:

- 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

Immunotherapy for Glioblastoma

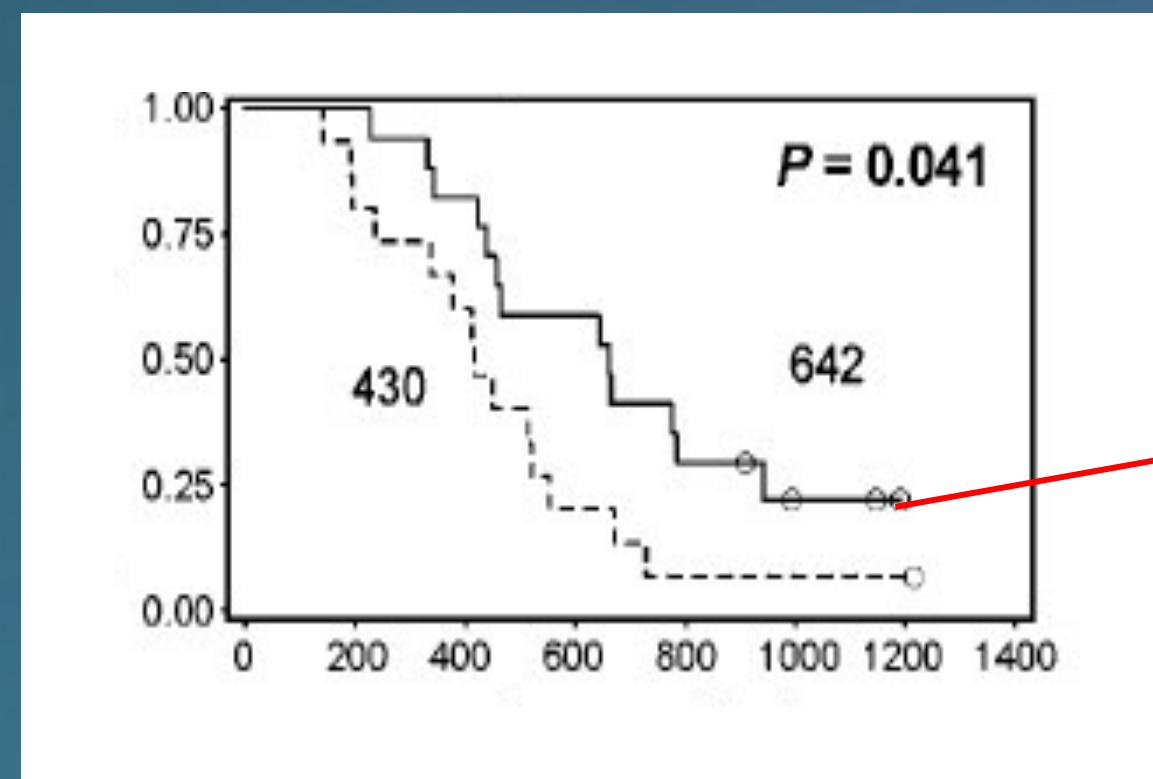
Dendritic Cell Vaccine (1st Generation)

- Improves survival in responders (Phase I and II)
- Reduces chance of Glioblastoma recurrence
- 3rd gen in development – improvement in survival & outcome

TLR-AD1 3rd Gen vs. 1st Gen Vaccine

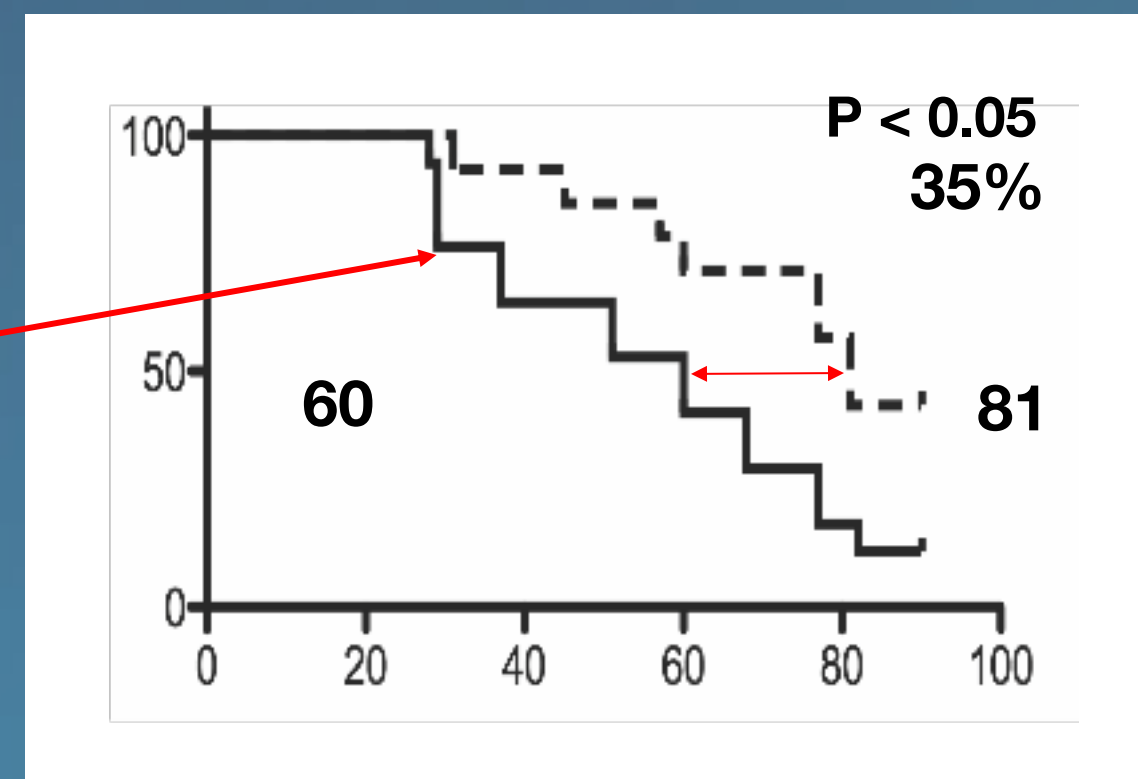
Preclinical Survival Optimization of 3rd Gen TLR-AD1 Vaccine

Human Clinical trial on 1st Gen



*Wheeler et.al. Cancer Res. 2008;68(14):5955-64.

TLR-AD1 vs 1st gen



Preclinical study (not yet published).

Median Survival

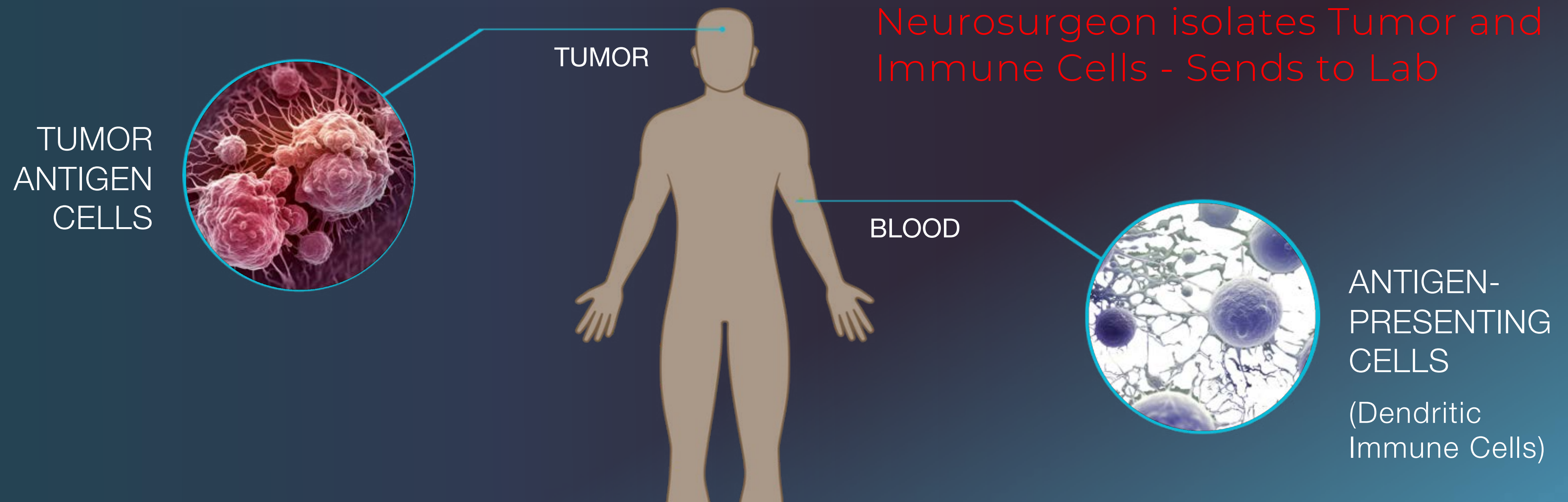
- **1st/2nd Gen: 6-7 months longer life**
- **3rd Gen TLR-AD: 13-25 months longer life!**

For illustrative purposes only. Past performance is not indicative of future results. An Investment in the Company's securities is speculative, illiquid and there may be a total risk of loss. There is no guarantee that any specific outcome will be achieved.

Confidential 2022

TLR-AD1 Immunotherapy for Glioblastoma

Clinical Procedure:

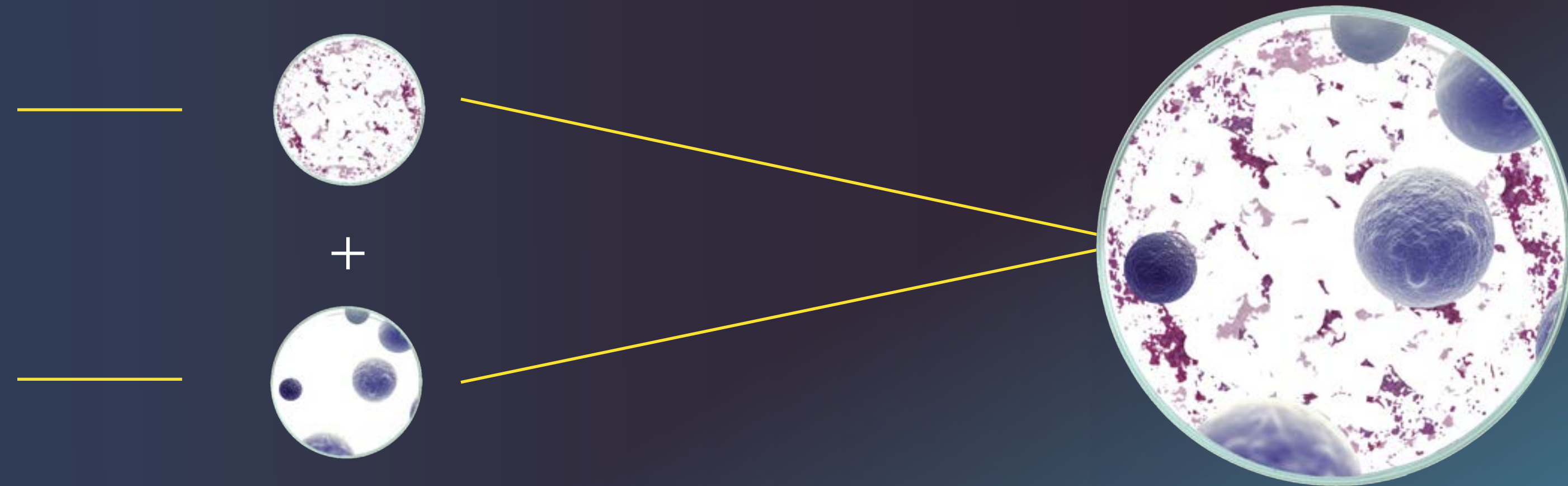


TLR-AD1 Immunotherapy for Glioblastoma

Generation 1

TUMOR CELL FRAGMENTS
(Bulk Tumor Lysate Antigen)

IMMUNE CELLS
(Dendritic, APC Cells)



TLR-AD1 Immunotherapy for Glioblastoma

Step 3:

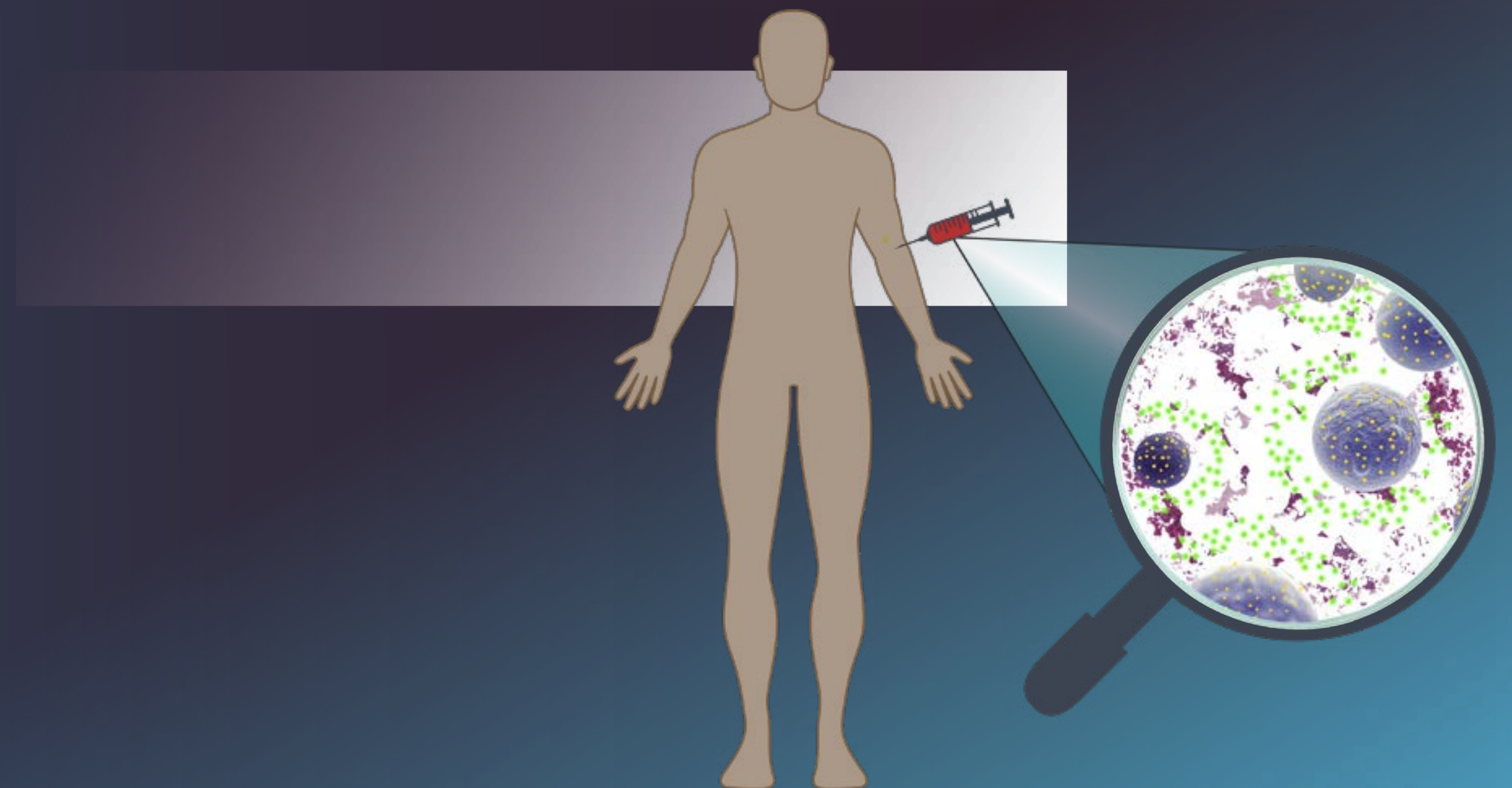
1st Generation Glioblastoma Vaccine Administered

Glioma Tumor Cell Lysate

Antigen specific or antigens derived from bulk lysate combined.

'Intelligence-Briefed' Immune Cells Introduced into Bloodstream

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



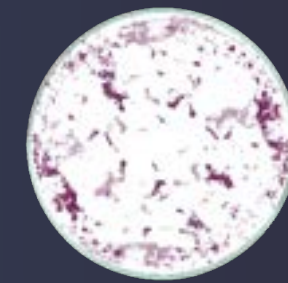
TLR-AD1 Immunotherapy for Glioblastoma

Generation 3

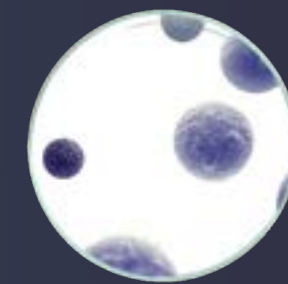
TUMOR CELL FRAGMENTS
(Bulk Tumor Lysate Antigen)

IMMUNE CELLS
(Dendritic, APC Cells)

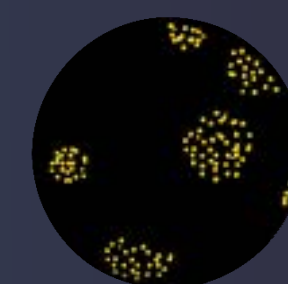
IMMUNE BOOSTERS
(Proprietary TLR-AD1)



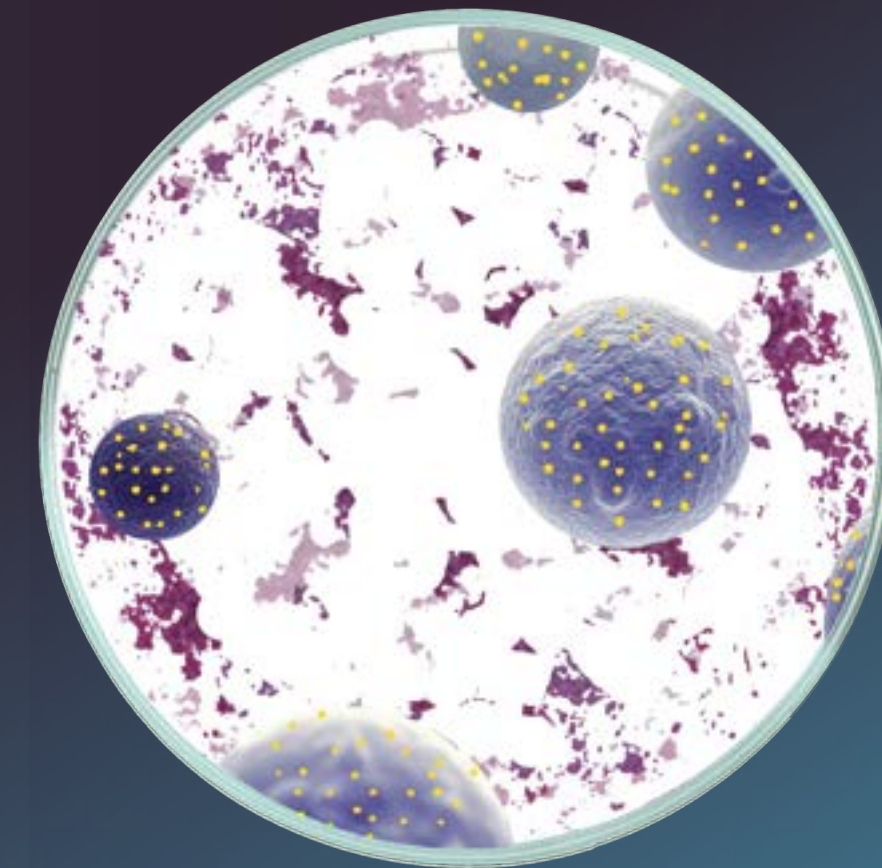
+



+



TLR-AD1



TLR-AD1 Immunotherapy for Glioblastoma

Step 3:

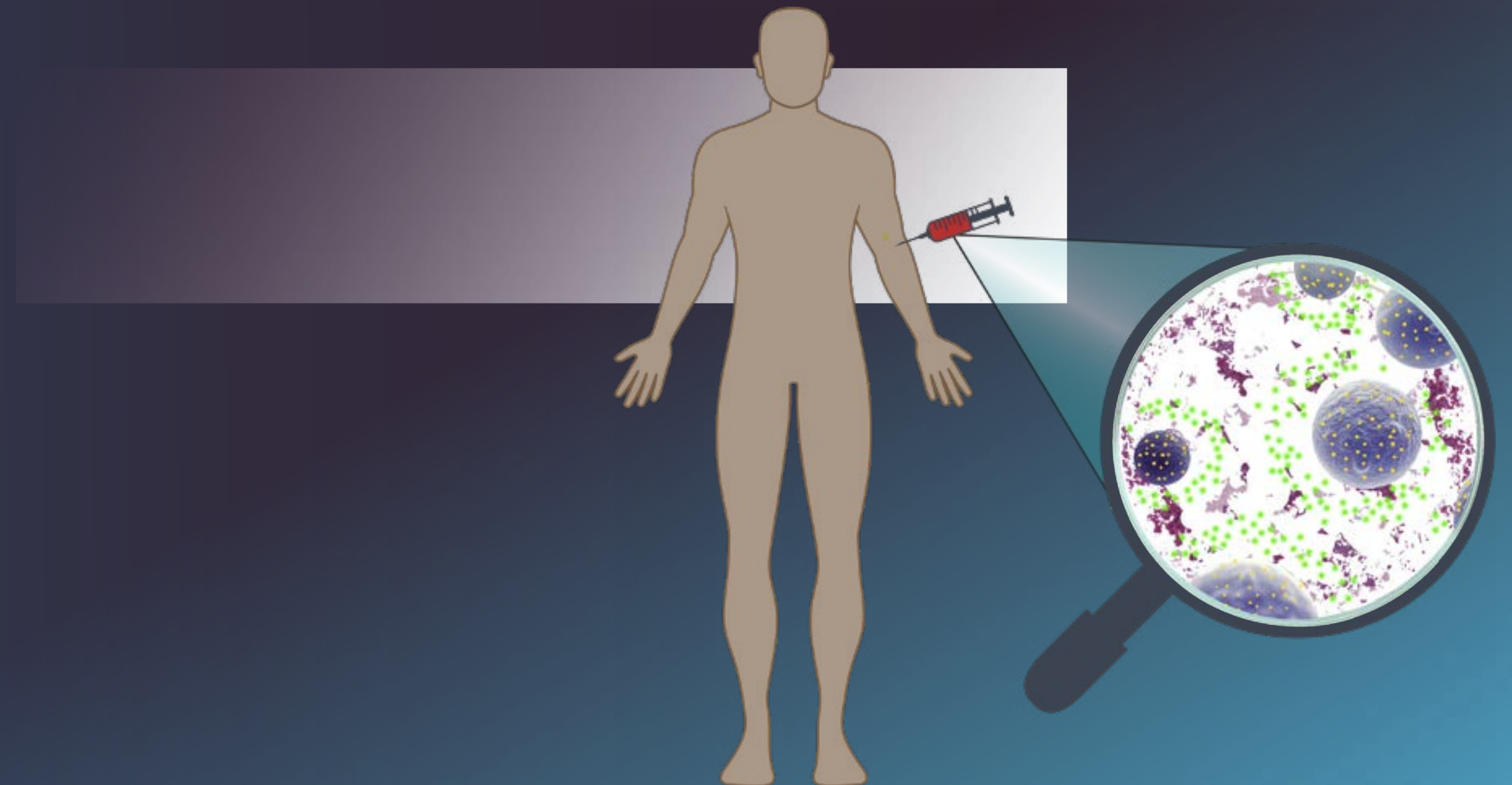
TLR-AD1 Glioblastoma Vaccine Administered

Glioma Tumor Cell Lysate

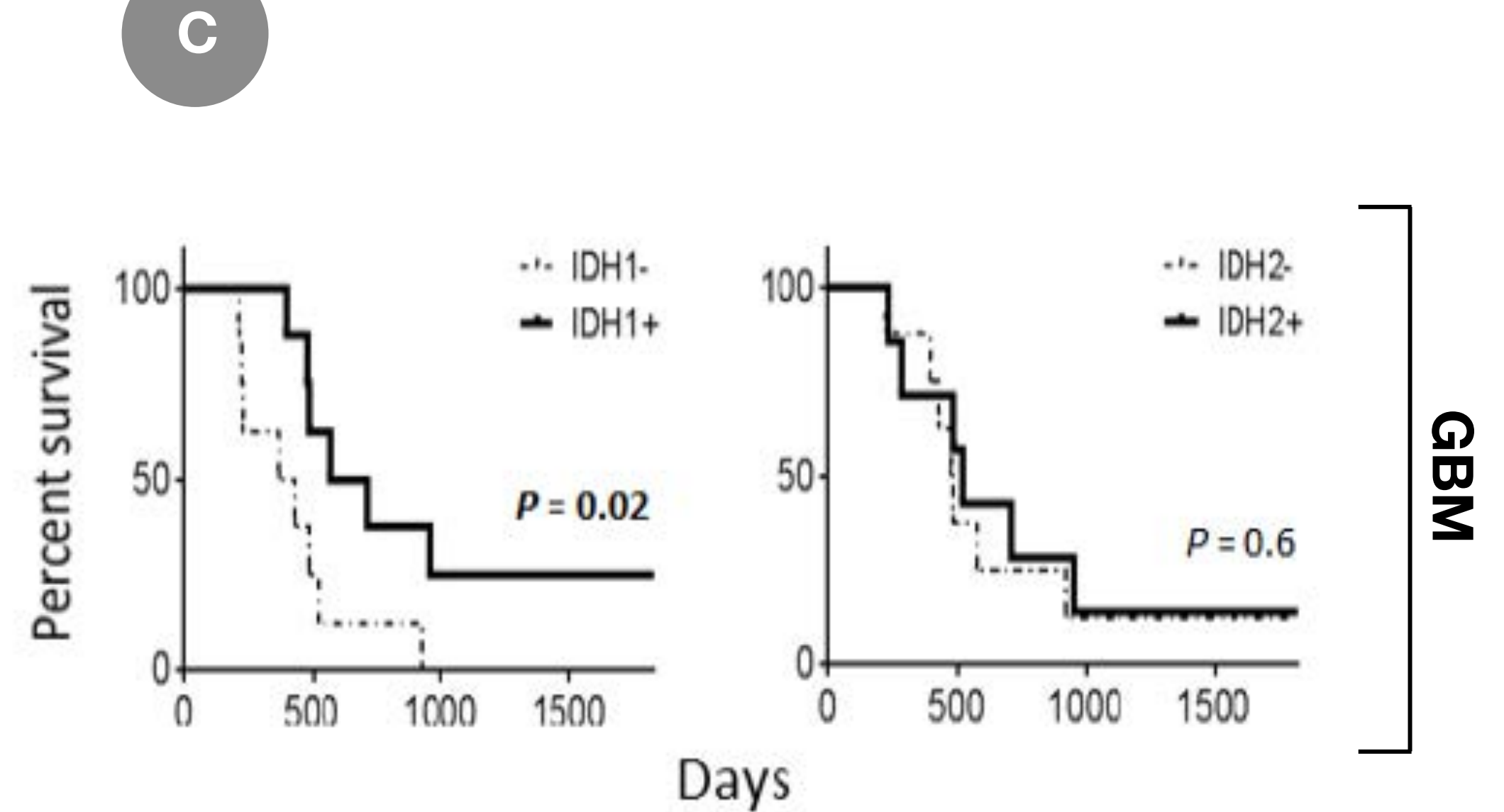
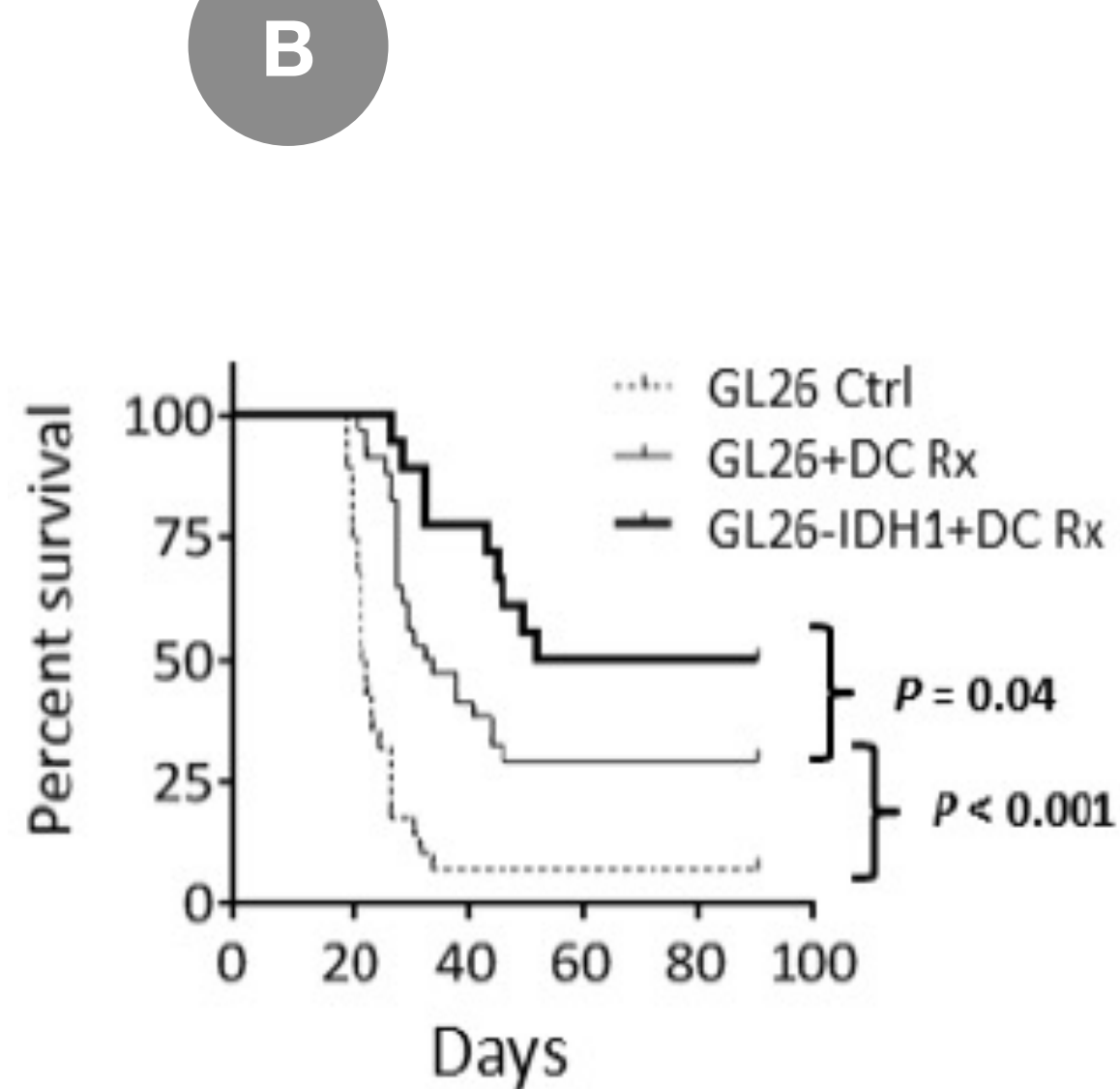
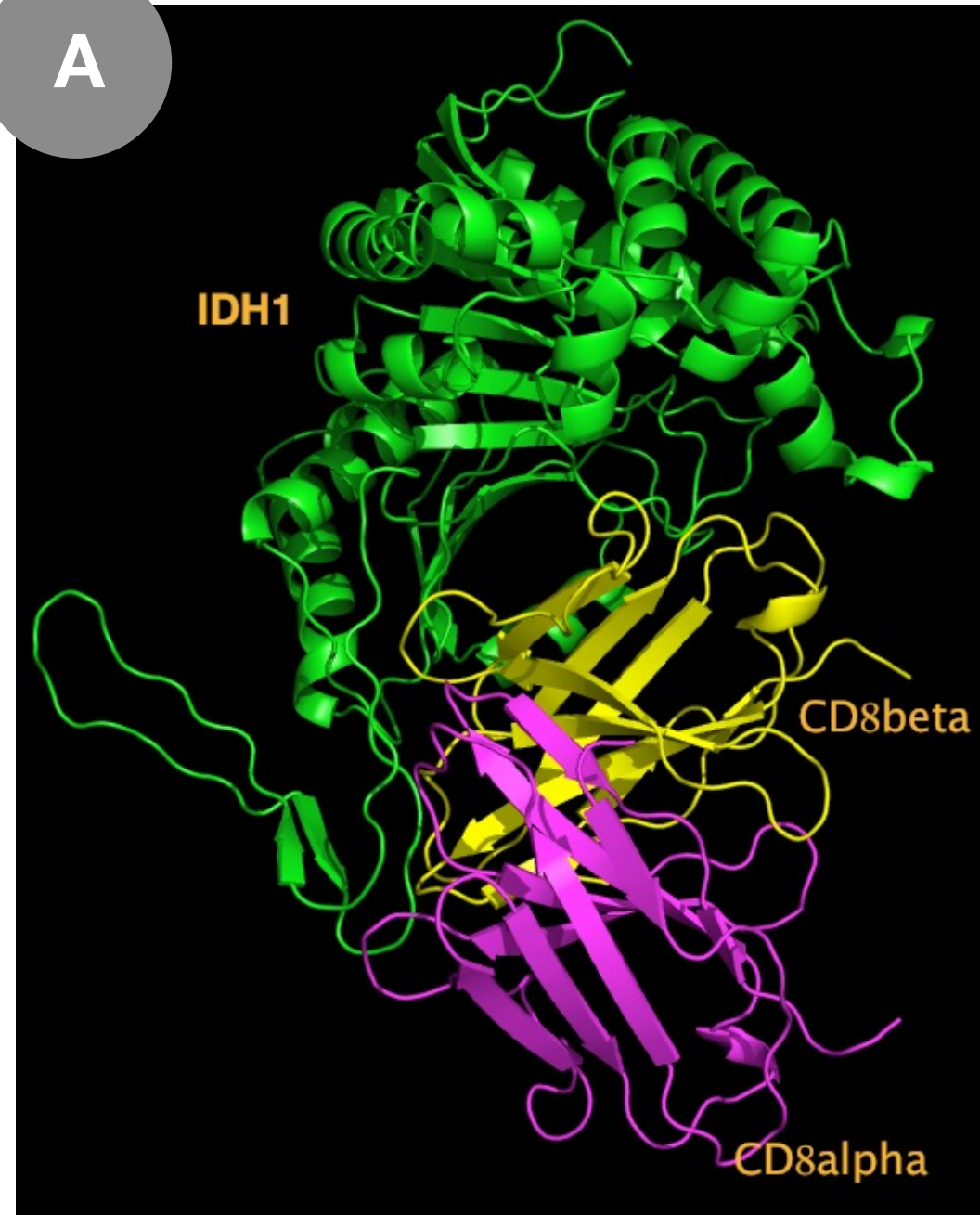
Antigen specific or antigens derived from bulk lysate combined with Toll-like receptor (TLR) adjuvants

'Intelligence-Briefed' Immune Cells Introduced into Bloodstream

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



TLR-AD1



- IDH1 binds to and enzymatically modifies the CD8 coreceptor on T cells (A), enhancing their killing of tumors.
- IDH1 overexpression by a mouse glioma increases and IDH1 mutation decreases its sensitivity to vaccine treatment (B).
- The level of IDH1 in glioblastoma tumor tissue discriminates patients who survive longer after vaccine treatment (C).
- IDH1 is released from killed tumor cells and enhances responsiveness on the T cell side; expected to complement enhancement to the DC side.

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.

Confidential 2022

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

Confidential 2022

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

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



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



Lachlan Thompson Ph.D.
Professor of Neuroscience



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



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



MARKET
SYMBOL : XSNX

Thank You!

Confidential and Proprietary. Copyright 2022 NovAccess Global, Inc. All Rights Reserved.

Acceleration Through Innovation

novaccessglobal.com