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Such results, studies or data may not be duplicable in the future. Certain expressions of results, studies or past discoveries may also be anecdotal and non-reproducible in future studies designed specifically to test the robustness, strength or veracity of such results, studies or data. No representation herein is designed to convey any claim regarding the safety or efficacy of any compound owned or licensed by the Company. Moreover, we operate in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the future events and trends may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements.



# **Company Overview**



WPD Pharmaceuticals is a diverse biotech company with 10 novel drug candidates, including 4 in clinical development stage. Licensed drug candidates were discovered and studied at premier USA research institutions, such as: MD Anderson Cancer Center, Mayo Clinic, Emory University, Wake Forest Comprehensive Cancer Center and leading Institutes, hospitals and academic centers in Poland.

### **Funding**

Alongside total of \$100 million USD have been applied by licensors to WPD's drug development pipeline with focus on antiviral drugs and anticancer drugs targeting, among others, primary and metastatic brain cancers \$14 million USD in grants was recently awarded to WPD from the National Center for Research and Development in Poland (NCBiR) for preclinical and clinical development of drugs targeting highly resistant cancers.

### **Position**

With a groundswell of grant support and a diverse portfolio of breakthrough drug technologies, WPD strategically positions itself in two ways: (1) as drug developer and (2) as development partner for non-European pharmaceuticals companies.











# **Investment Highlights**



### Experienced Management & Advisors

Team of scientists with extensive pharmaceutical experience



### Robust Drug Portfolio

10 novel drug candidates across 5 indications



### Strategic Partnerships

Wake Forest University Health Sciences, Moleculin Biotech Inc. and CNS Pharmaceuticals, Inc.



## **Rapidly Growing Operations**

4 drugs in clinical development



## Tightly Held Share Structure

Management and Insiders hold ~ 36%



### **Attractive Valuation**

Discount to industry peers









MARIUSZ OLEJNICZAK

CEO & CO-FOUNDER

Experienced professional in clinical development - from planning and scientific advice through supervision to the closure and finalization of the project.

Founder of several start-ups and member of the board and supervisory board of R&D companies.

Co-responsible for the acquisition of Bioscience SA. (CRO operating in Poland) by the Neuca group.



**MAREK SIPOWICZ** 

CMC

20 years of experience in clinical research in oncology (haematology and solid tumours), neuropsychiatry, diabetes and cardiovascular fields.

20 years in Director level roles at Servier, an international pharmaceutical company headquartered in France. During his time at Servier, Marek served as Director, Clinical Operations (Oncology) in France, and Director, Clinical Research in Australia.



**MIKE MALANA** 

CFO

15 years experience as CFO, Corporate Controller and/or Corporate Secretary for a range of Canadian public companies listed on the TSX, TSXV and CSE.



**BEATA PAJĄK** 

CSC

PhD in biotechnology with experience in the field of medical biology, including: oncology, virology.

Expert in the field of signal pathways, mechanisms of programmed cell death, chemo- and immunoresistance of cancer cells.



**AGNIESZKA BUCZYŃSKA** 

COO

Biologist experienced in medical biology, immunology, and cardiovascular medicine. Investigator in several research projects.

Team member in several clinical trial phase I-III as in such fields as oncology, rheumatology, cardiology, urology, diabetes, psychiatry, and vascular surgery.

Author and co-author of scientific publications and conference reports.



WALTER KLEMP

BOARD MEMBER

Mr. Klemp has 29 years of experience in start-up and high-growth companies, the past nine of which have been spent developing FDA-approved dermatology therapy devices and topical compounds.





**PETER NOVAK** 

BOARD MEMBER

Mr. Novak is 30-year veteran of the insurance and financial services industry. He is currently the General Agent of one of Mass Mutual's largest agencies with \$4.8 billion in assets under management.



LIAM CORCORAN
BOARD MEMBER, CANADIAN
VICE PRESIDENT OF LEGAL.

CORPORATE SECRETARY

Partner of multi disciplinary legal practice with an emphasis on property insurance and related litigation.

Formerly an associate at large Vancouver based law firm.

Juris Doctor from Thompson Rivers University Law School in 2014 and holds an undergraduate degree from McGill University.



TERESA RZEPCZYK

BOARD MEMBER

15 years of experience working with junior resources companies, with particular focus on accounting and fi- nance.

Ms. Rzepczyk has experience as Controller of First Merit Group and is the former Chief Financial Officer and former Director of Cannex Capital Holdings Inc. (formerly, Arco Resources Corp.).

Ms. Rzepczyk is also fluent in Polish, which will assist the Company in its integration of WPD's business.

# **Scientific Advisory Board**



Dr. Waldemar Priebe **FOUNDER CHAIRMAN OF SCIENTIFIC ADVISORY BOARD** 

Dr. Waldemar Priebe, Ph.D., is a world renowned medicinal chemist and entrepreneur. Dr. Priebe is a **Professor of Medicinal Chemistry** in the Department of Experimental Therapeutics at MD Anderson Cancer Center, Houston, TX.

Dr. Priebe is the inventor of more than 50 patents, the author of more than 200 scientific publications, and discoverer of five drugs that have reached clinical studies in humans.

As the founder or founding scientist of 6 pharmaceutical companies, including three listed on Nasdaq, Dr. Priebe has been integral in advancing multiple drugs through the preclinical pipeline and clinical development.

Dr. Priebe was one of the founding scientists of Reata Pharmaceuticals, which has grown into a \$5.5 Billion, Nasdaq listed, pharmaceutical powerhouse.



Dr. Sigmund Hsu **SCIENTIFIC ADVISORY BOARD MEMBER** 

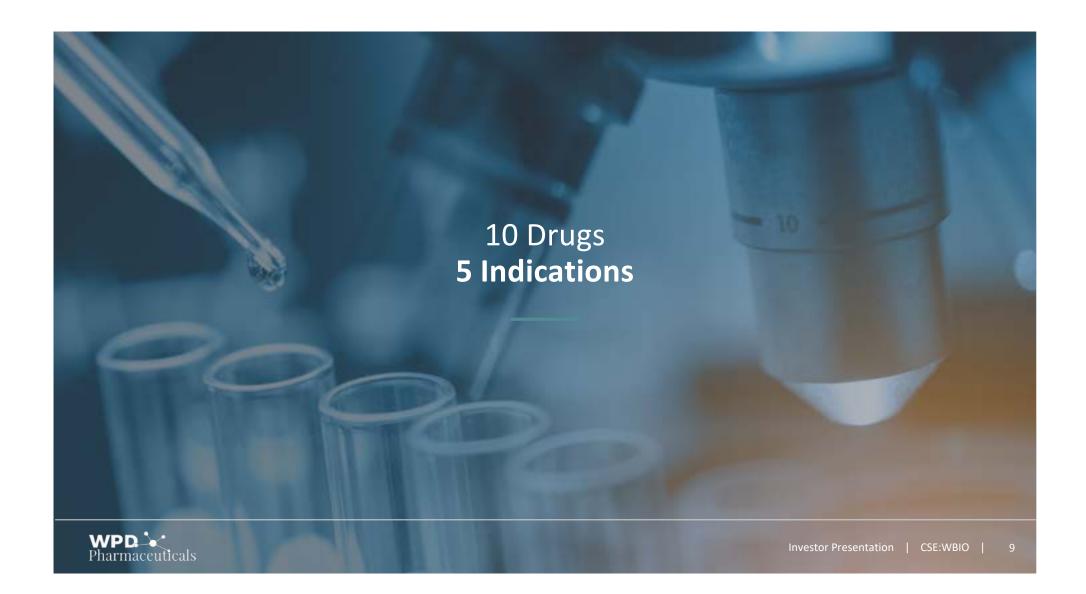


Dr. Donald Picker SCIENTIFIC ADVISORY BOARD MEMBER



Dr. Sandra L. Silberman SCIENTIFIC ADVISORY BOARD MEMBER





	Discovery	Pre-Clinical	Regulatory	Clinical I / II
Brain Cancers		WPD101		Berubicin
				WP1066
Pancreatic Cancers		WPD1122	WP1066	
		WPD1234	WP1732	
Other Cancers	WPD103			Annamycin
				WPD1220
Melanoma	WPD102			



## **Berubicin - Indications to Treat Glioblastoma**

### **OVERVIEW**

A new anthracycline proven to be able to reach brain tumors by crossing the blood brain barrier (BBB) and developed in the treatment of glioma.

### **STRATEGY**

Phase I clinical studies **showed promising therapeutic effects in the GBM patients** with one complete response. These properties allow to consider BER as candidate **for pediatric therapy when long-term effects of chemotherapeutic agents are of key importance**.

### **CLINICAL DEVELOPMENT**

- WPD Pharmaceuticals conducts research related to the development of the WPD104 molecule berubicin, as a novel drug in glioblastoma multiforme (GBM) therapy for children and adult patients.
- Within the next 3 months WPD plans to start the Phase I/II clinical trials, including the FIH trial with pediatric patients.

### **FUNDING**

• WPD has been awarded a grant from the European Union's Regional Development Fund ("EURDF") under the Smart Growth Operational Program 2014-2020.

### **LICENSE**

• Sublicensed from CNS Pharmaceuticals, Inc.



## WPD101 - Indications to Treat Brain Cancers, including Glioblastoma

### **OVERVIEW**

Interluekin-13 receptor alpha 2 (IL13RA2) is a glioblastoma receptor overexpressed in >75% of GBMs and reported in >50% of GBM cases. EphA2 is cancer-specific receptor recognized by ephrin A1 cytokine. Its overexpression is also a hallmark of GBM cells, thus EphA2 receptors are proposed targets. It is assumed that > 90% of GBM overexpressed at least of the receptors.

### **STRATEGY**

- The drug solution is based on the GBM targeted therapy against IL-13RA2 and EphA2.
- WPD101 is a unique drug cocktail composed of two immunotoxins targeting simultaneously IL-13RA2 and EphA2 receptors. This strategy guarantees specific drug administration to the majority of GBM cells.

### **CLINICAL DEVELOPMENT**

• The drug is currently in the advanced preclinical stage of development. Its consistent anticancer properties are demonstrated and validated in dogs with spontaneous GBM closely resembling GBM in human patients. Results indicate significant potential of WPD101, demonstrating the same effective treatment of GBM in humans.

### **FUNDING**

• WPD has been awarded a grant from the European Union's Regional Development Fund ("EURDF") under the Smart Growth Operational Program 2014-2020.

### **LICENSE**

• Sublicensed from the Wake Forest University of Health Sciences (WFUHS).



## WP1122 - Indications to Treat SARS-CoV-2 Infection

### **OVERVIEW**

**SARS-CoV-2** upregulates glycolysis process in infected cells to generate ATP necessary for fast virus replication, therefore inhibition of glycolysis could be an effective antiviral strategy. 2-deoxy-D-glucose (2-DG) is a synthetic analogue of glucose that causes depletion of ATP as well as of glucose derivatives required for protein glycosylation. Recent results indicate that 2-DG inhibits SARS-CoV-2 replication.

### **STRATEGY**

WP1122 is a 2-DG derivative that enables achievement of high concentration of 2-DG inside cells and effective inhibition of glycolysis.

### **CLINICAL DEVELOPMENT**

- Results showed that **WP1122 generates significantly higher amount of 2-DG in plasma and organs than 2-DG alone**. Animal studies with WP1122 do not indicate a potential for side effects.
- Preliminary results confirmed antiviral WP1122 activity against SARS-CoV-2.
- Scientific advice at European Medicines Agency in progress.

### **PARTNERS**

WPD will collaborate with Moleculin on the development.



# Annamycin - Indications to treat AML, metastasis to lungs

### **OVERVIEW**

A derivative of doxorubicin, which facilitates the rapid penetration of the drug and the effective delivery of Annamycin to cancer cells, effectively limiting adverse effects on myocardial cells.

### **STRATEGY**

*In vitro* and *in vivo* preclinical studies have shown high cytotoxicity of Annamycin against many cancer types: breast, cervix, melanoma, acute myeloid leukemia (AML).

### **CLINICAL DEVELOPMENT**

- The drug has been tested in 6 prior clinical trials on 114 patients. Low incidence of side effects, especially cardiotoxicity, is observed with L-ANN (Annamycin liposomal formulation) administration. This is a unique feature among anthracyclines.
- The drug is in the Phase I trial for AML in both Poland and the USA. It is reported in dose escalation studies evaluating safety and activity.

### **LICENSE**

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# Other drug candidates – current status

### WPD1066

In the Phase I trial at MD Anderson Cancer Center for GBM and melanoma metastasized to the brain, in the third cohort of dose escalation evaluating safety and activity. WPD plans surgical expansion to assess tumor tissue directly after administration of WP1066 at the maximum tolerated dose (MTD) for direct confirmation of target inhibition.

### WPD1022

The first pSTAT3-targeted drug used in monotherapy of Cutaneous T-cell Lymphoma (CTCL). In February 2020, data form the Phase I clinical study in Poland was released. Evidence of decreased scores for most patients based on standard guidelines performed by a dermatologist and verified by dermatologist, confirmed remissions for patients in stages I-II. No major toxicities were associated with WP1220. Planned Phase II study for evaluation of larger patient population with longer treatment.

### WPD102 family

Targeted therapy against IL-13RA2 by genetically modified IL-13 conjugated to a cytotoxic load ("Warhead"). In development.

### WPD103 family

Radiopharmaceuticals based on the expression of tumor-specific receptors, such as IL-13RA2 and EphA2, which are not detected in normal cells, which express mainly IL-13RA1 and Eph-RA1 proteins. In development.

### WPD1732

Preclinical evidence suggests injectable new molecule's capability of inhibition of oncogenic transcription factors. In development.



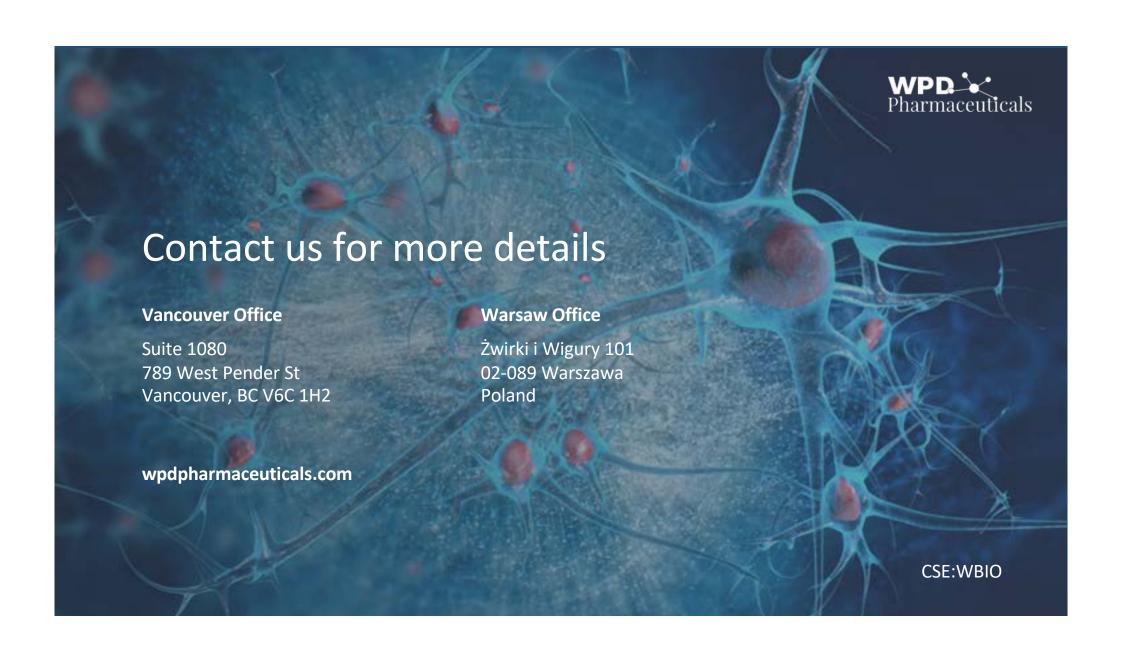
# **Corporate Overview**

WPD Pharmaceuticals Inc.

CSE: WBIO

Capital Structure				
Issued and Outstanding	111,520,388			
Warrants	3,949,997			
Fully Diluted	115,470,385			
Management and Insider holdings	36%			





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