SCITECH DEVELOPMENT, LLC

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Breakthrough Nanoparticle Drug Delivery Platform Enabling Lead Compound nanoFenretinide (ST-001)

EARLE HOLSAPPLE, President

SciTech Development LLC

Fenretinide, a proven clinically effective anticancer agent

Version for Reading

Proprietary Nanoparticle Drug Delivery Breakthrough

SciTech Delivery Vehicle (SDV)
A Platform for Formulating Lipid Soluble Drugs into Potent Therapeutics

- Biocompatible delivery platform for lipid soluble drugs
- Delivery system incorporating FDA approved phospholipids
- Engineered for high therapeutic potency
- Multilamellar nanoparticles possess high drug carrying capacity
- Triglyceride free formulation
  - Avoids delivery system related side effects
- Designed for outpatient infusions vs. inpatient treatment
- Applicable to a broad range of therapeutic agents
- Enables the reformulation of a highly studied anti-cancer agent

Fenretinide – A Proven Anti-Cancer Drug

Oncolytic/IO Formulations Promises Potent Therapeutic

- Direct & immune effect on cancer cells (2 MOAs)
- De-risked initial program built on extensively studied therapeutic agent
  - Clinical safety & efficacy established by Johnson & Johnson + others
- SDV ⟶ New potent therapeutic
  - Solves absorption & bioavailability challenges
  - High potency, avoids delivery side effects, triglyceride free
- **Disruptive Products**
- Targeting T-cell lymphoma & small cell lung cancer (SCLC)
- Topical application in development, IND soon
- Stand-alone product & based on safety profile, may be used in combination therapy including CAR-T
  - Prevent relapses & metastases

Unique Investment Opportunity

$15M Series A Round

- ✓ Intellectual Property runway extended to ~2036 – new IP
  USE OF FERENTINIDE NANOPATICLES FOR IMMUNOTHERAPEUTIC CANCER TREATMENT
- ✓ ST-001 market potential $5B - $25B
  - Targeting Fenretinide-responsive cancers
- ✓ Confirmatory not Exploratory studies
- ✓ Low Cost of Goods, considerable margin
- ✓ Orphan Drug Designation granted, others to follow
- ✓ FDA IND review 11/15/18;
  - Pending quick reconfirmation of clinical mfg. data
  - Short Time to Market: 2-3 years
  - Example - Astra Zeneca's Tagrisso®
  - FDA guidance on receiving NDA quickly

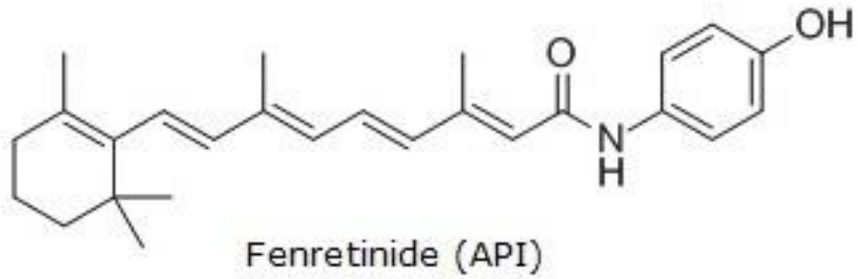
Independent 3rd Party Corroboration

A Key Opinion Leader (KOL) who is a true world-class expert for ST-001 (fenretinide expertise) provided SciTech the highest scores possible in all 8 review categories for an independent third party investor.

Independent 3rd Party Review Summary

- ST-001 has immense potential to have a major impact on translational and clinical research for the treatment of cancers for which there is presently no cure.
- SciTech's nanoparticle fenretinide formulation is highly original and novel.
- This is strong science.
- Clear and rapid path to clinical trials and market.
- SciTech has an excellent team with extensive experience.
- High likelihood of regulatory success for NDA from FDA.
- Optimistic about market success: (1) fenretinide known to be safe with many mechanisms of action; (2) new drug products still needed to treat large number of incurable cancers, ST-001 is applicable and pertinent to curing these cancers.

Realizing the Fenretinide Therapeutic Promise



Fenretinide (API)

For 30+ years, big pharma and the National Cancer Institute (NCI) spearheaded Fenretinide's development but failed to find a safe and effective delivery system

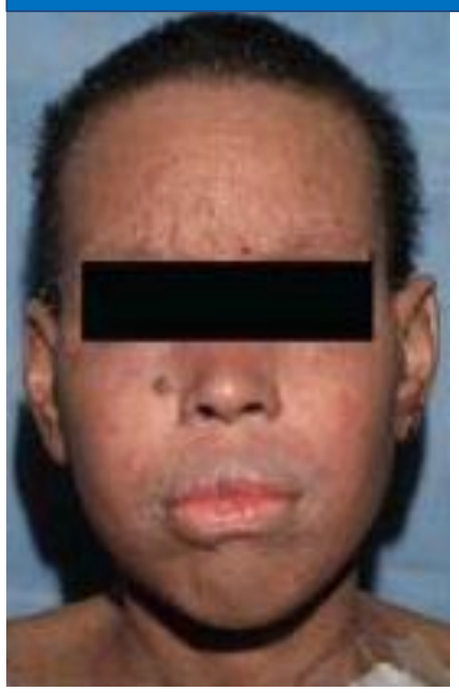
Strong case for a new formulation of Fenretinide
» Synthetic vitamin A analog (retinoid) anticancer agent
» Exceeds the capabilities of other retinoids
» First developed by McNeil Laboratories (J&J)
» Proven safe in a 3,000 patient breast cancer prevention study
» Although effective, beaten to market by Tamoxifen
» NCI attempted to develop as a cancer therapeutic
» Result: clinical proof-of-concept studies
» No studies overcome the bioavailability shortcomings while administering the drug safely

Recent Anticancer Successes & Current Challenges

Efficacy achieved with intravenous Fenretinide emulsion
Current embodiment makes the emulsion impractical

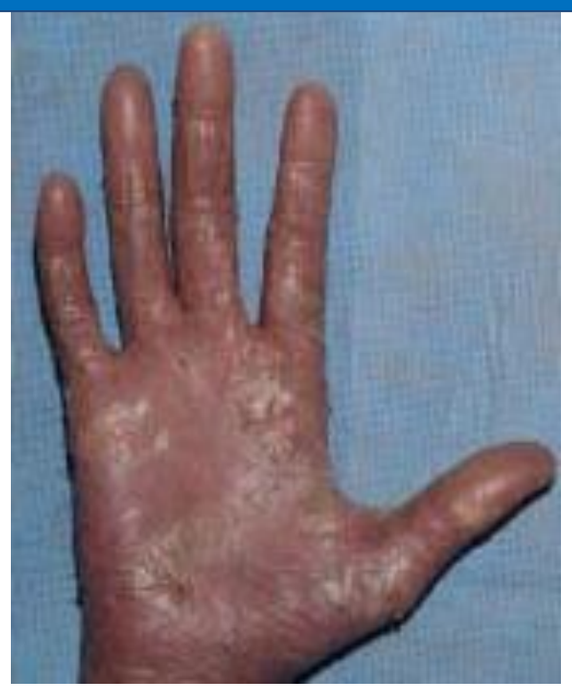
- Proven human efficacy or activity in six cancers*
  - Solid tumors: SCLC, neuroblastoma & ovarian cancers
  - Blood disorders: AITL, CTCL & B-cell lymphoma

A complete response (CR) after all other therapies failed

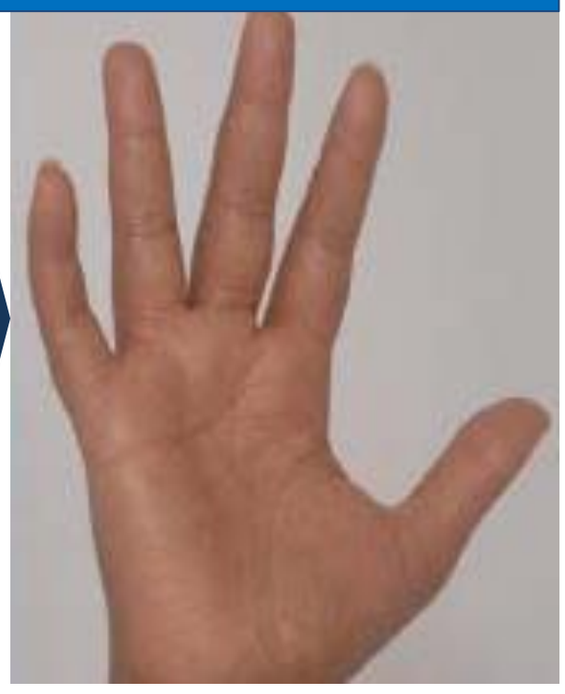


Before

After



Before

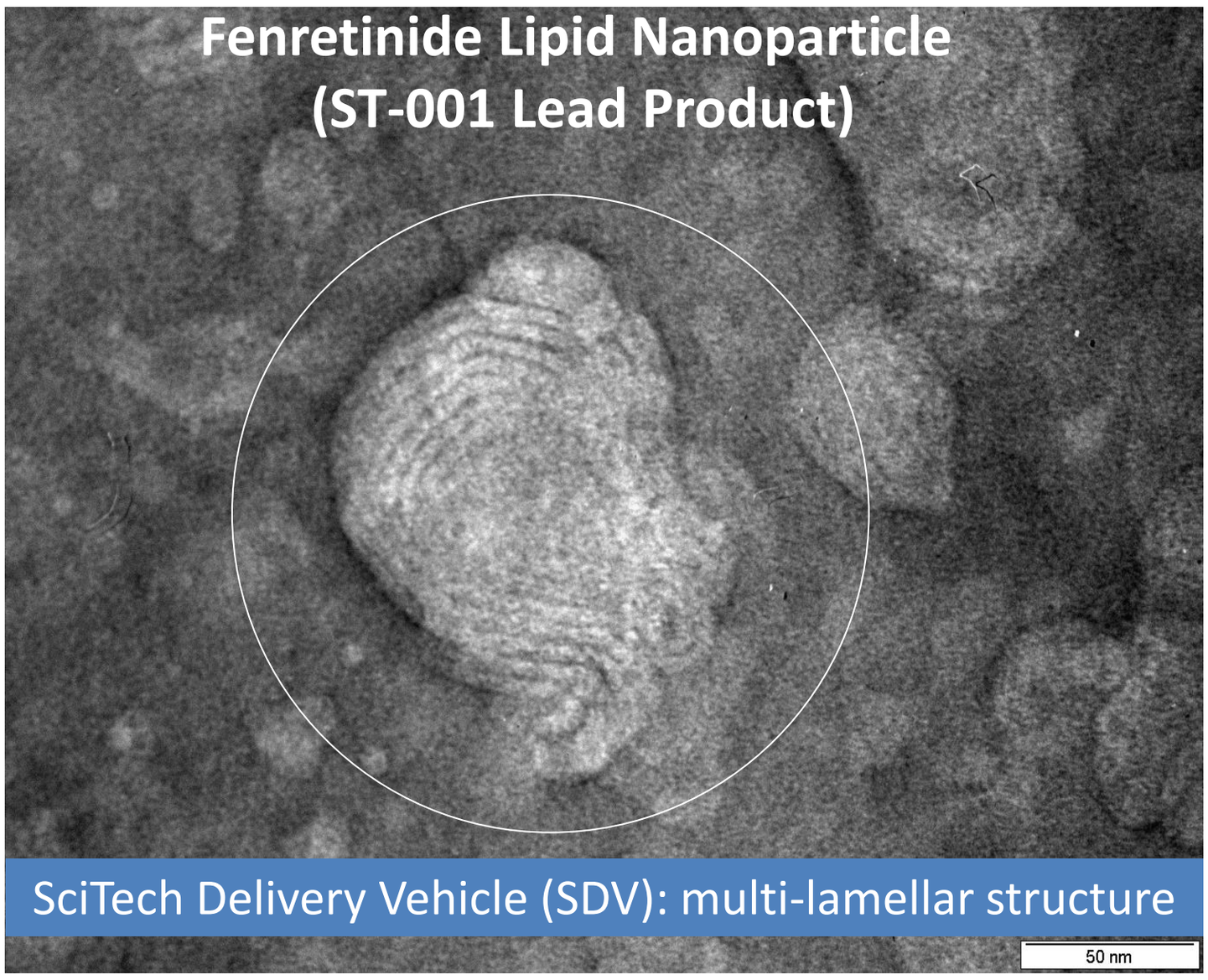


After

*Cooper JB, et al. 2017, Experimental Biology and Medicine 242: 1178-1184, Mohrbacher AM, et al. 2017, Clinical Cancer Research 23(16): 4550-4555

Origins . . . . Discovery and Opportunity

A patented, biocompatible, phospholipid nanoparticle platform designed for high drug loads



SciTech Delivery Vehicle (SDV): multi-lamellar structure

- **SciTech's invention**
  - Nanoparticle drug delivery vehicle
  - Composed of FDA accepted phospholipids
  - Selected to incorporate water insoluble drug compounds
  - No triglycerides
  - Fenretinide first lead compound
- **Why is that important?**
  - High payload (carrying) capacity for lipid soluble drugs
  - Biocompatible and well tolerated

ST-001: nanoFenretinide Therapeutic Profile

Multiple Mechanisms of Action (MoA) Including Modulation of Tumor Immunity

Clinical Hypothesis in CTCL: 2-prong MoA that Restores Tumor Immunity

- treats deficient adaptive immunity
  → reverse cytokine suppression of CD8+ CTL TILs (likely RAR & RXR)
- treats lack of innate immunity by NK cells
  → upregulates NKR ligands (likely RXR)
- plus direct action on malignant cells (RAR & DES-1/ceramide apoptosis)
- minimal side effects may be due to immune homeostasis in healthy tissues
- proven clinical activity in the treatment and prevention settings

Implications

- personalized immuno-Rx → w/o need to identify individual patient's antigens (unlike immuno-targeted therapeutics)
- multiple MoA's offer advantages over first-generation retinoids (RA's)

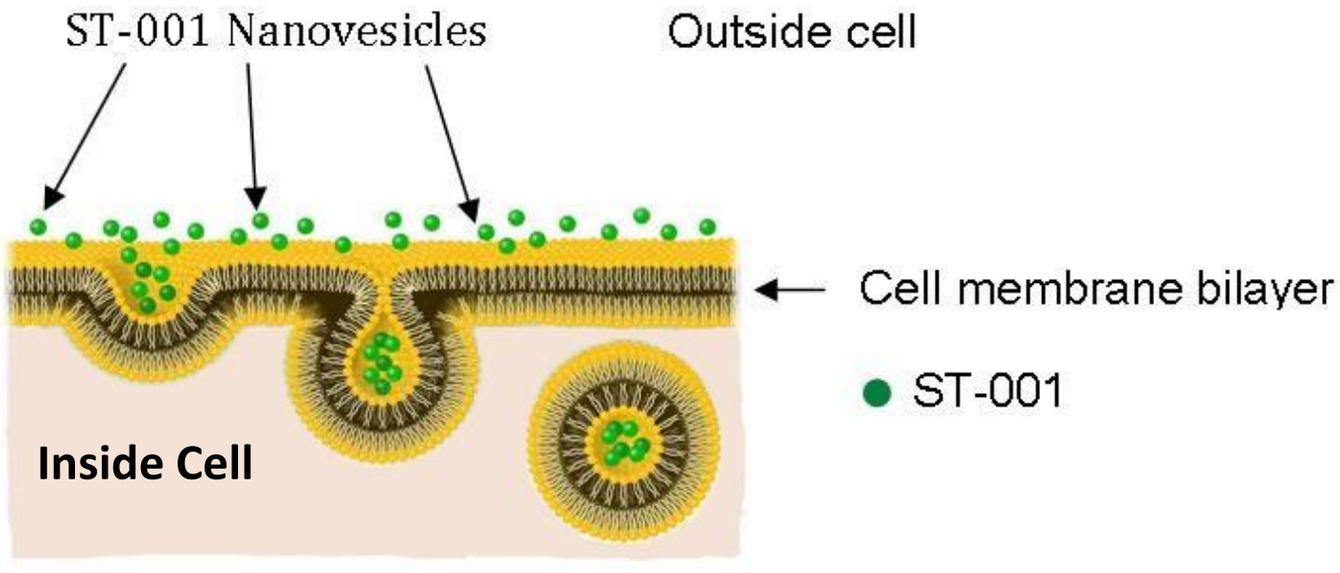
ST-001 Delivery and Direct Mechanism of Action

Once inside the cancer cell Fenretinide affects multiple biochemical pathways ultimately causing cell death via apoptosis

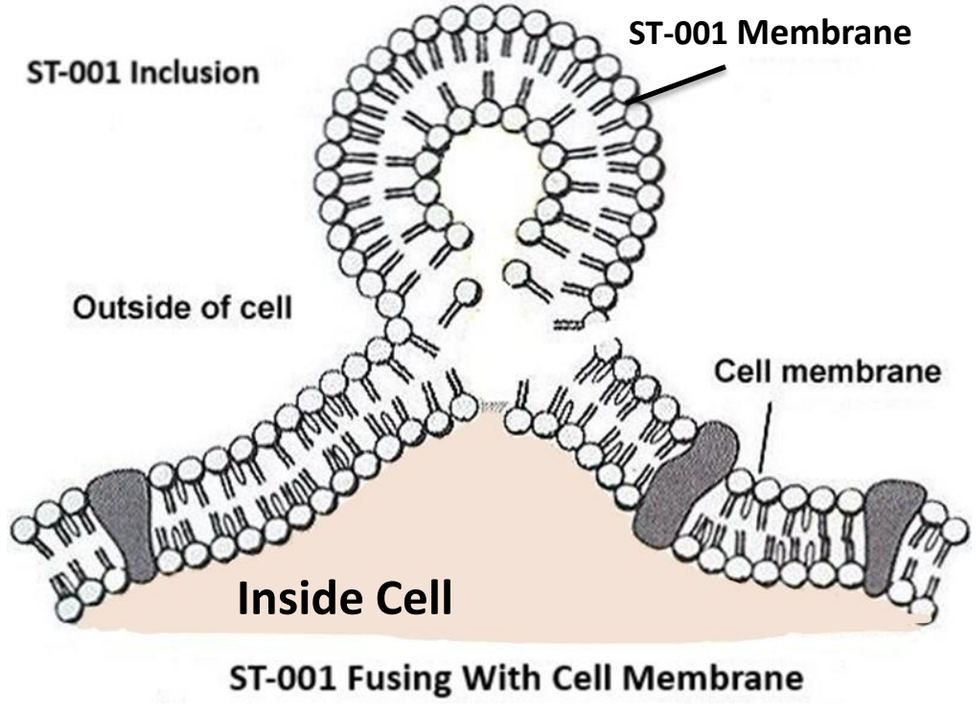
*These pathways include retinoid receptors, oxygen radicals and inhibition of ceramide (unlike retinoic acid)**

[YouTube Video: https://www.youtube.com/watch?v=tsx8jNVZbO8&feature=youtu.be]

Direct Targets: RAR/RARE, DES-1, Mitochondrial OXPHOS



Membrane Fusion

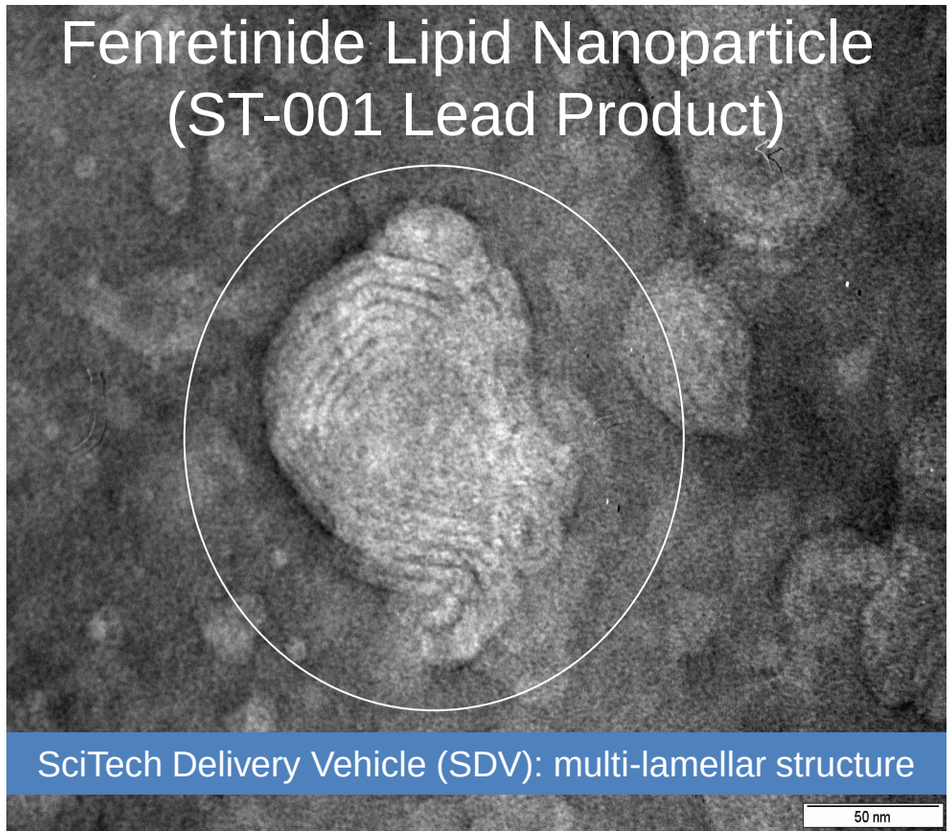


Systemic ST-001 nanoparticles may enter cells like Exosomes and Ectosomes

*Kalemkerian, G.P., et al., Growth inhibition and induction of apoptosis by fenretinide in small-cell lung cancer cell lines. J Natl Cancer Inst, 1995. 87(22): p. 1674-80.

New Compositions of Matter & Use Patent

Strong IP: Co-Owned with & Licensed from Wayne State University



SciTech Delivery Vehicle (SDV): multi-lamellar structure

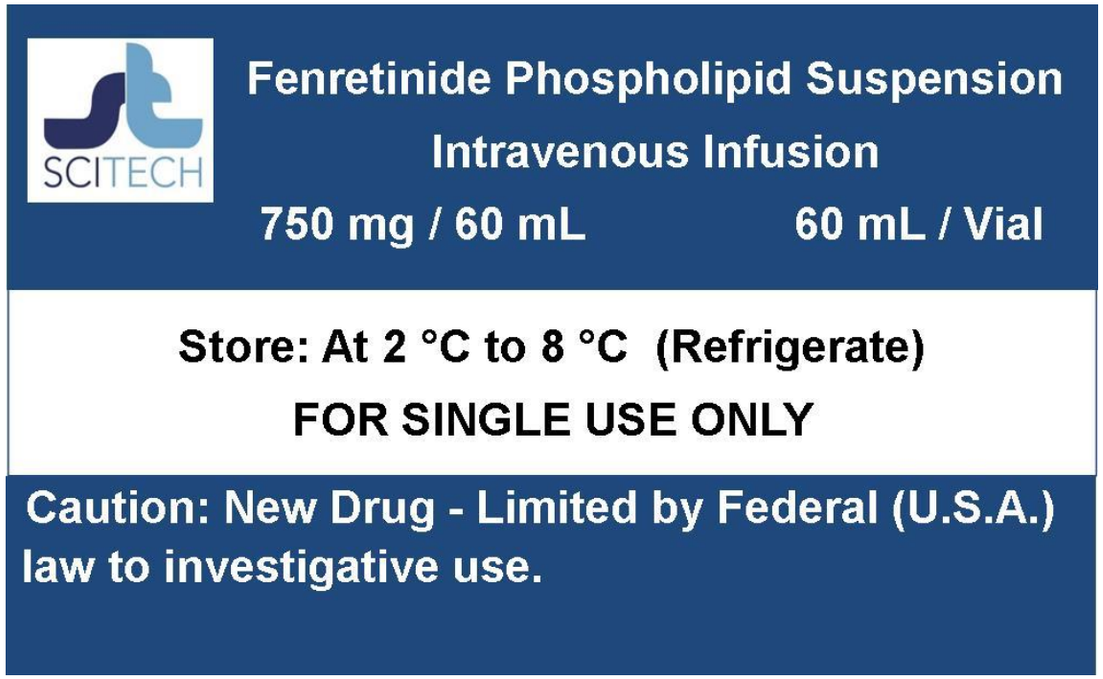
- US 8,709,379 issued Apr 29, 2014
- Expires Feb 6, 2030 (1,045 day USPTO extension)
- Patent coverage extends to the EU, Canada, Australia and New Zealand
- Patent protects drug substances incorporated with phospholipids into nanoparticles
- Fenretinide as a key example:
  - high-strength Fenretinide (Claims 1, 14-16)
  - both IV and topical uses (Claims 24, 33)
  - combination drug products (Claim 20)

  No known claims on IP or revisions

- Orphan Drug Designation – Granted for CTCL 12/2017
  - 7 years market exclusivity
  - Development tax rebates
  - More diseases to follow

Origins …. Discovery and Opportunity

IP to be enhanced & extended with claims derived from data collected during clinical trials and new product innovation



ST-001 Investigative Drug Label

Provisional immunotherapy patent application filed in November 2018

- Optimize value by enhancing and extending the IP runway and prolonging protection of the SciTech product line
- Innovation derived from ST-001 clinical use
  - Expanded indications
  - Combination therapies
  - Product improvements
  - New mechanisms of action
- Innovation derived from new products
  - Specific combinations with other promising poorly water-soluble drugs
  - IND: topical product in CTCL, AK, other cancers, and skin conditions
  - Other medically important compounds (vitamin deficiencies due to rare diseases)

Orphan Drug Designation

Advantages to Utilizing Orphan Drug Status

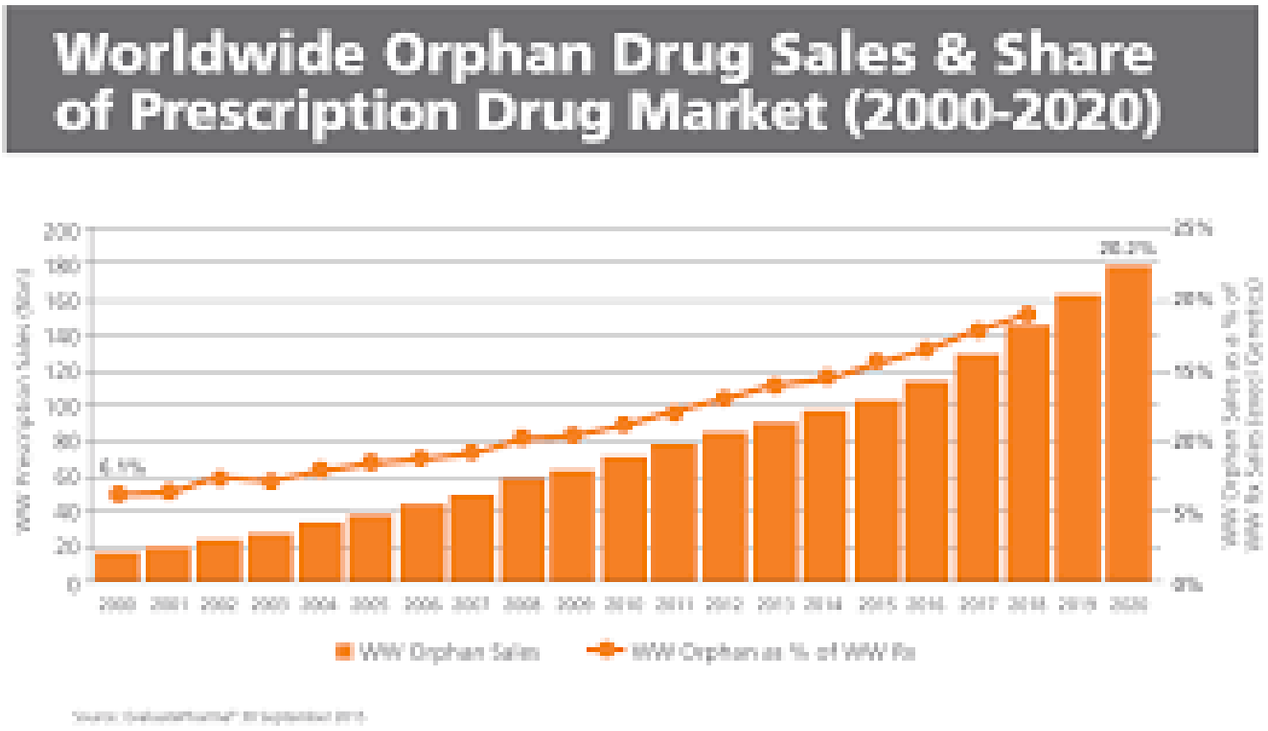
- Granted to SciTech by FDA, 12/2017 for T-Cell Lymphoma Indication

Includes:

- 7 year market exclusivity post NDA (10 years EU)
  - Exclusivity can run concurrent for multiple indications
- Development tax rebates

Additional Applicable Orphan Indications for SciTech

- Small Cell Lung Cancer (SCLC)
- Cervical
- Colo-rectal
- Head and Neck
- Ovarian
- Pancreatic



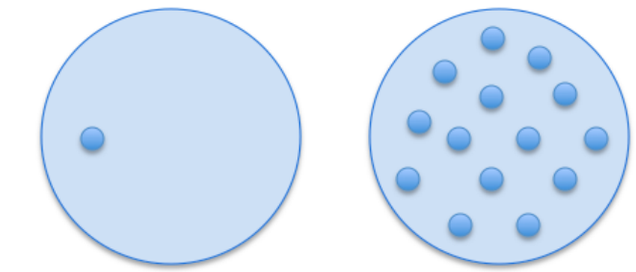
Analysis Of The Competition

Competitive risk is low because of ST-001's superior technology

One Active Competitor

Comparative drug to lipid ratio for:

- CerRx Emulsion = 1:110 (.9%)
- ST-001 = 1:7.5 (13.3%)



CerRx Emulsion SciTech ST-001
[Depiction of relative fenretinide concentrations]

Ease of Use of ST-001 (nanoFenretinide IV) The practical solution for administering intravenous Fenretinide							
Product	**Dose Level (mg/m^2)**	**Dose for 2 m^2 (mg)**	**Formulation Strength**	**Volume Administered**	**Infusion Time @ 50 cc/hr**	**Lipid Dose (g)**	**Triglyceride Dose (g)**
ST-001[1]	1,200	2,400	12.5 mg per cc	192 cc	< 4 hours	18	0
comparator product[2,3]	1,200	2,400	2 mg per cc	1,200 cc	24 hours	264	240

[1]SciTech Development nanomedicine, US Patent No 8,709,379 (claims 15, 17)

[2]CerRx Inc, Fenretinide Injection, US Patent No 7,169,819 (claim 7)

[3]Tomáš Frgala, PhD Thesis (2007), Masaryk Memorial Cancer Institute, Brno, Czech Republic

Share of Initial Global Target Market ~ $2B

There is significant market potential associated with cancers already shown to respond to Fenretinide

Short Term Addressable Mkt: $2.0 Billion		
Initial Targeted Diseases	**Mkt. Potential**	**# of Patients**
T-Cell Subsets:		
Mycosis Fungoides & Sézary Syndrome	$175 M	~2,600
AITL	$75 M	~1,100
Solid Tumors:		
SCLC	$1.1 B	~16,000
Breast (Metastatic)	$ 612 M	~9,000

- Fenretinide has been previously proven remarkably safe
  - Only significant side effect = temporary loss of night vision (reversible)
  - Data from ~3000 patients & ~ 40 clinical trials

Future $5B - $25B Global Market Potential

ST-001 is anticipated to target many other cancers

Scientific & clinical data: Unparalleled data covering Fenretinide

Market potential: Studies make the case for treating the following cancers:

Targeted Cancers	~ US Deaths/Year	US New Patients*
Breast	40,500	252,710
Cervical	4,170	13,240
Colo-rectal	50,630	97,220
Head and neck	13,360	63,030
Leukemia	24,370	60,300
Ovarian	14,070	22,240
Pancreatic	40,330	55,440
Prostate	29,340	164,609
Total	216,770	728,789

Unmet medical needs

* NCI web site

Use Of Funds & Value Inflection Points

$750K Convertible Note Round + $15M Series A Round

$13.4M Phase I CTCL Clinical Trial + $1.6M toward SCLC Trial

Fenretinide

1

FDA Investigational New Drug Application

Protocol Accepted

NDA Guidance in Hand

Certificate of Analysis in Final review

$.75M Convertible Note

Mfg. of clinical batch

Capital raise

Scale Up Team

2

T-CELL PHASE I TRIAL

Clinical Proof-of-Concept

$7.25M for Phase I (a)

$6.15M for Phase I (b)

3

SCLC PHASE I TRIAL

$1.6M for Phase I(a &b)

4

4

PHASE I(b) + $5.0M

FUTURE + $6.5M Per Cancer Type Studied

RECONFIRMATION OF EFFICACY

FDA Regulatory Strategy

FDA Approvals sought for ST-001 formulation of IV nanoFenretinide

Use of *Expedited Review Programs*

- Expedited time to market approval
- Phase 1 trial designed to Reconfirm, not Explore, clinical activity
- NDA approval guidance previously given by FDA
- IND filed; negotiated; Protocol approved
  - Approval anticipated within weeks
- FDA Orphan Drug Designation received:
  - T-cell lymphoma (12-23-2017)
- Fast Track Application drafted; file upon IND approval

Optimized & Expedited Clinical Trials Plan

Approval should be in 2-3 years - by targeting diseases with limited therapeutic Options & by using FDA Fast Track protocols & FDA Expedited Review programs

1 IND APPROVAL Mfg.	2 **PHASE 1** (a) clinical trials	3 **PHASE 1** (b) clinical trials	4 **REGISTRATION PHASE** clinical trials
Pre-clinical tasks: • Mfg. clinical batch • Fast Track Designation @ IND • Application completed • Finish recruiting clinical trial sites • Pharma collaborations	Dose escalation in: • CTCL cohort • Solid Tumor For either site: • Expansion cohort(s) for efficacy signals or • Completion of dose escalation	Focused efficacy trials targeting: • Diseases without therapeutic options • Lead to expedited NDA approval (CTCL) • FDA Fast Track/expedited programs	Confirm efficacy for NDA approval: • Diseases without therapeutic options • Studies sponsored by industry • NDA in CTCL • Expand Indications via Phase 2 Trials

ST-001 Clinical Development Plan in Place

Manufacturing Site:

CAMPBELL UNIVERSITY

Pilot Production Plant
cGMP Compliant Manufacturing & Scale-up at Campbell
Evaluating future large scale sites

Lead Clinical Trial Site:

RUSH UNIVERSITY MEDICAL CENTER

Source of API:

NATIONAL® CANCER INSTITUTE

Fenretinide supplied gratis

ST-001 Other Clinical Sites

SciTech has held dialogs with several institutions expressing an interest in participating in the clinical trials

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

USC University of Southern California

Columbia University

Stanford University

Northwestern University

UC Irvine

Yale University

Memorial Sloan Kettering Cancer Center

University of Michigan

Management Team

Expertise in cancer developmental therapeutics and clinical trials
biotech/oncology product development & commercialization and launch

Earle Holsapple, **President & Co-Founder**; CEO/COO of medium sized companies, managed incubator for Karmanos Cancer Institute, serial entrepreneur, raised funding for other biotech startups, i.e., *Softvue* (~$17M)

Ralph Parchment, **PhD, CSO, Inventor, Co-Founder;** Managing Director, Laboratory Program, National Cancer Institute at Frederick, Oncology drug national leader

Ayad Al-Katib, **MD, CMO;** Professor WSU School of Medicine, Cancer Center Medical Director (ret.)

Mike Burns, PhD, SVP Product Development; Retired President, Ferndale Pharma Group

Louis Scarmoutzos, PhD, SVP Operations; contractor to the NIH CAP Program

Christine Copple, **PhD, CStO;** serial bio-entrepreneur, founder Microfluidics

Michael W. Young; Principal, biomedwoRx: life sciences consulting, former executive

Andrew Stumpf, Acting CFO; Partner, Storm Lake Capital, Auditor, Ernst & Young

Elizabeth Kraus, **Esq, General Counsel;** Immix Law Group, former CEO – pharma startup

Technical Board

Advisors

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Steve Munk, PhD
Deputy Director, The Biodesign Institute, Arizona State University

Potential Exit Events

Strategic Partnering, Product Licensing & Value Creation Events

- ✓ Corporate discussions already ongoing

- ✓ Monetize nanoparticle delivery platform
- ✓ Company divestment
- ✓ Series B & C, Regulation A+, Tier 2 capital raises
- ✓ IPO
- ✓ Broad applicability across many therapeutic sectors
- ✓ Letter of interest from Johnson & Johnson

THANK YOU

Additional Supplementary Material Available Upon Request

CONTACT:
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E: eth@SciTechDevelopment.com

ST-001
(in a flask)

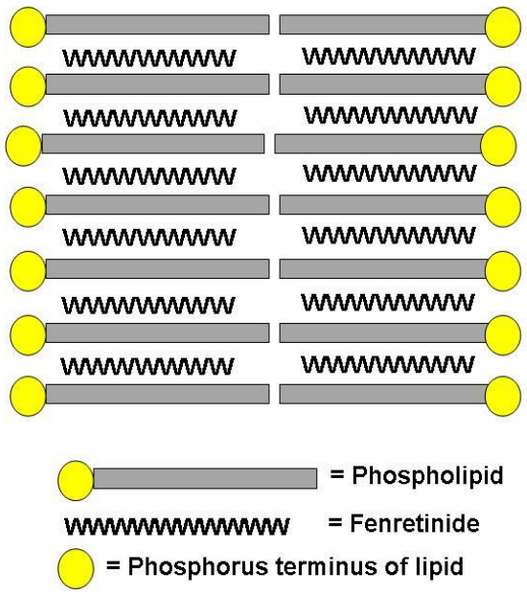
Supplementary Materials

ST-001
(in a flask)

ST-001: SciTech Delivery Vehicle (SDV) + Fenretinide

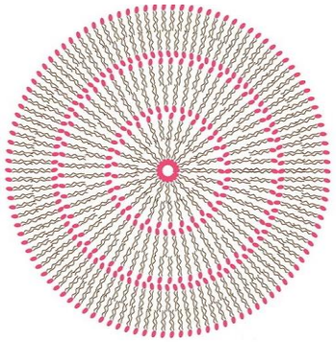
ST-001 a multi-lamellar phospholipid nanoparticle containing Fenretinide
THIS IS HOW IT WORKS

Single Bilayer:

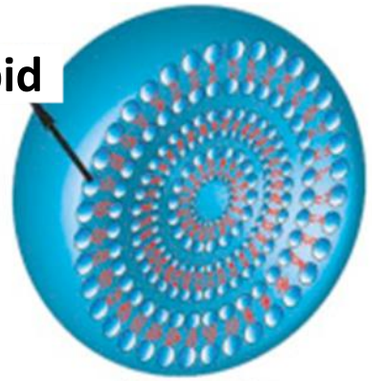


Phospholipid bilayers

Multiple concentric phospholipid bilayers (lamellae)

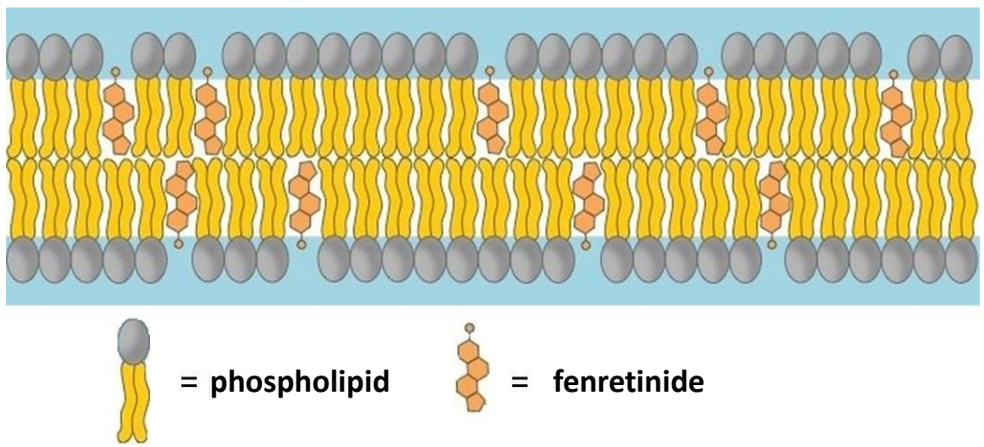


Forming spherical particles



Multi-lamellar Nanoparticles (50 - 180 nanometers in size)

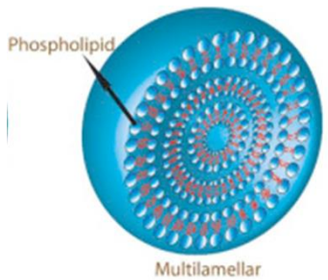
ST-001: Fenretinide incorporated into the phospholipid bilayers



Comparison of ST-001 SDV & Biological Lipid Particles

ST-001 is similar to other biological lipid nanoparticles
The distinguishing feature is the multiple phospholipid bilayers that make high dose delivery possible

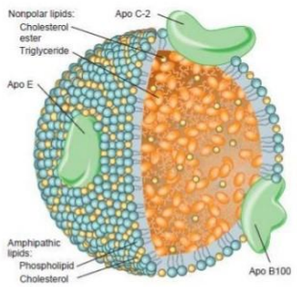
SCI's SDV



Multiple Phospholipid bilayers
Interior core = empty
Size = 50 nm – 180 nm
SDV for Drug Delivery
ST-001 = SDV + fenretinide

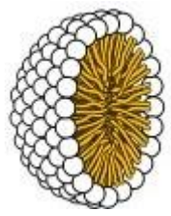
Compared with:

Chylomicron



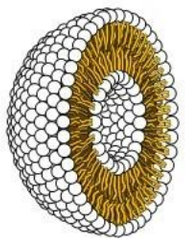
Single Phospholipid monolayer
Lipoprotein particle consisting of triglycerides, phospholipids, cholesterol, and proteins
Size = 80 nm – 600 nm
Transports dietary lipids from intestine to other locations in body

Micelle (emulsion)



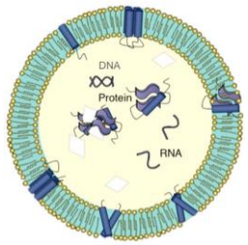
Single Phospholipid monolayer
Interior core = oily
Size = 5 nm – 1000 nm
Oil solubilizing vehicle for aqueous media

Liposome



Single Phospholipid bilayer
Interior core = water
Size = 20 nm – 3000 nm
Vehicle for delivery of nutrients & drugs

Exosome



Single Phospholipid bilayer
Interior core = intracellular fluid/matrix
Size = 40 nm – 140 nm
Intercellular Communication

Uniquely Designed Multi-Lamellar Nanoparticles

ST-001: Custom Designed Phospholipid Drug Delivery

Deliberately Selected Suite of Phospholipids

- Generating a stable nanoparticle IV formulation
- Using all non-triglyceride lipids
  - Removing possibility of triglyceride toxicity
- Ideal for dissolving Fenretinide in a custom lipid protection vehicle
  - Intrinsically protecting Fenretinide from aqueous degradation in the bloodstream
- Key phospholipid combination seamlessly maximizes Fenretinide loading
  - Vastly improving the ratio of Fenretinide to carrier phospholipids
- Prospectively allowing much reduced therapeutic volumes vs conventional formulations
  - Thereby promising substitution of long-term IV inpatient treatments with short-term outpatient regimen.
    - Prospectively leading to competitive advantage driven by economies in cost of care

Uniquely Designed Multi-Lamellar Nanoparticles

ST-001: Custom Designed Phospholipid Drug Delivery

Deliberately Selected Suite of Phospholipids Based Upon:

- Pharmacology and chemistry expertise within the SciTech team
- 30+ years of medical research
- Collaboration with university and medical center laboratories
- Key *in vitro* and *in vivo* published studies

BARBARA ANN Karmanos CANCER INSTITUTE
Wayne State University

NATIONAL CANCER INSTITUTE

WAYNE STATE UNIVERSITY

ST-001: SDV + Fenretinide

Phospholipid Selection
The foundation of the unique qualities of ST-001

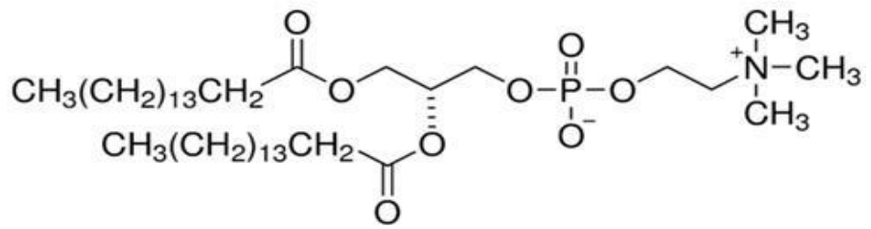
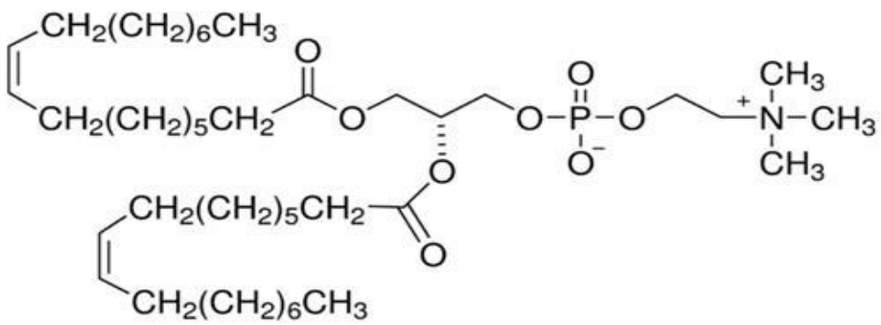
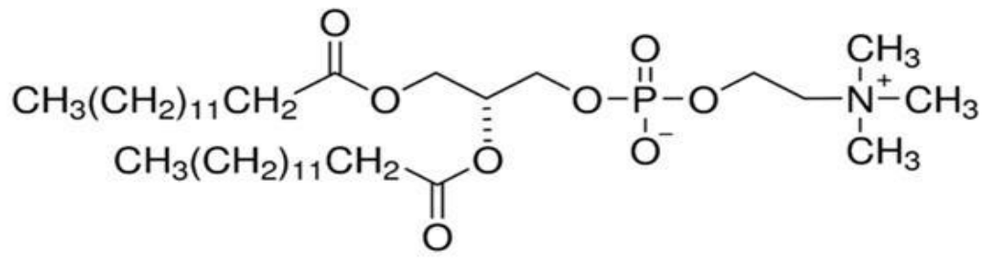
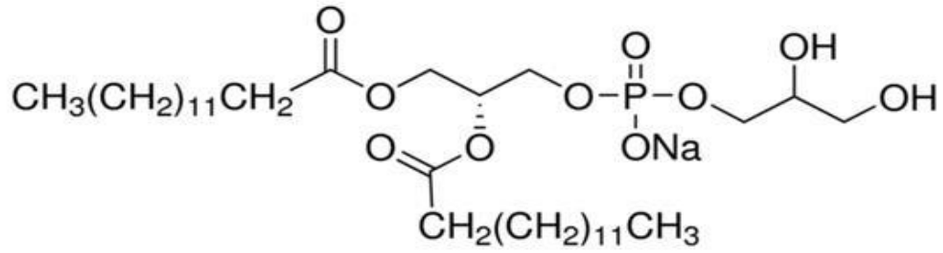
- All previously used in human studies (see FDA UNII identifiers below)
- All are commercially available
- Unique selection ensures incorporation of exceptionally high concentrations of Fenretinide

Phospholipid	Amount	% of Total Phospholipids	FDA UNII*
DPPC	64 mg/mL	68.16 %	319X2NFW0A
DPPC is the API in the drugs colfosceril palmitate, Survanta® and Exosurf Neonatal® (pulmonary surfactant drugs).			
DOPC	25 mg/mL	26.62 %	H026DM5V6U
DepoCyt® (cytarabine liposome injection) and DepoDur™ (morphine sulfate) contain DOPC.			
DMPC	4.14 mg/mL	4.41 %	52QK2NZ2T0
Abelcet® (amphotericin B) contains both DMPC and DMPG.			
DMPG	0.76 mg/mL	0.81 %	L34S99KZCX
Abelcet® (amphotericin B) contains both DMPC and DMPG.			
Total Phospholipids	93.9 mg/mL	100.00%	
Fenretinide	12.5 mg/mL	-	-

*FDA Substance Registration System - Unique Ingredient Identifier (UNII).

ST-001: FDA Approved Phospholipid Structures

"Due to the history of safe use of DPPC, DOPC, DMPC and DMPG in already approved FDA injectable drugs (alone or in dual combination)… the applicant expects no safety issues associated with the ST-001 formulation…" (IND 135475)

Name (Abbreviation)	Molecular Structure	CAS Number
1,2-Dipalmitoyl-sn-Glycero-3-Phosphocholine (DPPC)		63-89-8
1,2-Dioleoyl-sn-Glycero-3-Phosphocholine (DOPC)		4235-95-4
1,2-Dimyristoyl-sn-Glycero-3-Phosphocholine (DMPC)		18194-24-6
1,2-Dimyristoyl-sn-Glycero-3-[Phospho-rac-(1-glycerol)] (sodium salt) (DMPG)		200880-40-6

Competitive Analysis
Enabling Lead Compound Fenretinide

ST-001 is designed to be more practical clinically and economically

Significance of the Recent Phase 1 Clinical Trial of Fenretinide Emulsion*

- Continuous intravenous delivery obtained high plasma drug levels
- High drug levels evidenced antitumor activity in peripheral T-cell lymphomas
- Dose limiting toxicity attributed to hypertriglyceridemia from the emulsion vehicle
- Toxicity severely limited dosing to sub-therapeutic levels
- Low strength formulation required in-patient infusions for 24 hrs. for 5 days

ST-001

- Comprised of nanosized phospholipid bilayers
- Triglyceride-free, high active pharmaceutical ingredient (API) concentration
- Low lipid to API ratio; high delivery of Fenretinide (animal studies)
- Designed to be practical: 4-hr. infusions for 5 days translates into out-patient care

*Mohrbacher, A.M., *et al* "Phase I Study of Fenretinide Delivered Intravenously in Patients with Relapsed or Refractory Hematologic Malignancies: A California Cancer Consortium Trial", Clin Cancer Res. 2017 Aug 15;23(16):4550-4555. doi: 10.1158/1078-0432.CCR-17-0234. Epub 2017 Apr 18.

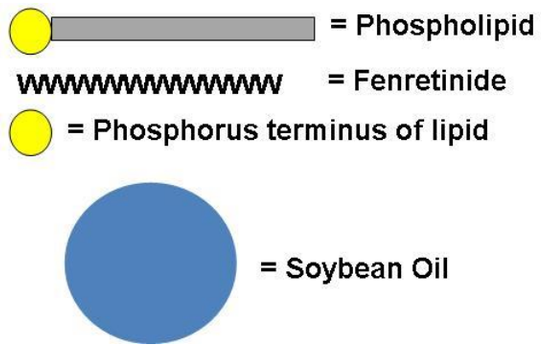
Fenretinide IV Products

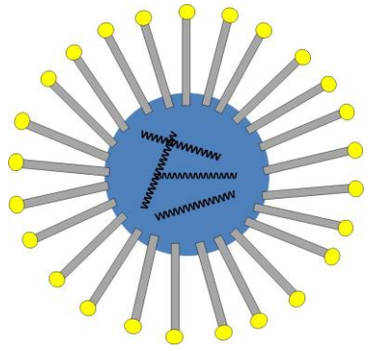
ST-001 delivers therapeutically effective drug doses while avoiding dose limiting toxicities found with inappropriate inactive ingredients

Intravenous (IV) Fenretinide

CerRx Fenretinide Emulsion (Entering Phase 2)

- An oil in water emulsion comprised of micelles
- API dissolved in triglyceride-rich oily compartment (soy oil)
- Limited API available in micelle oil compartment

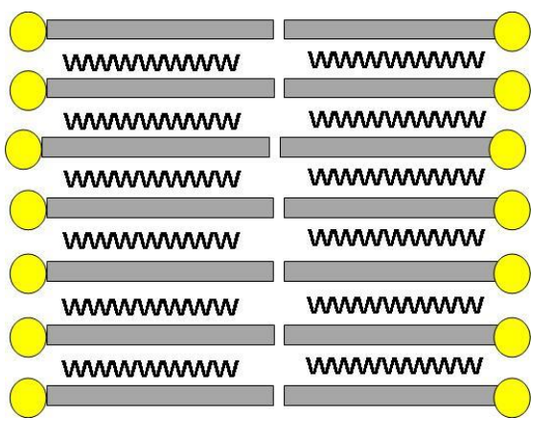


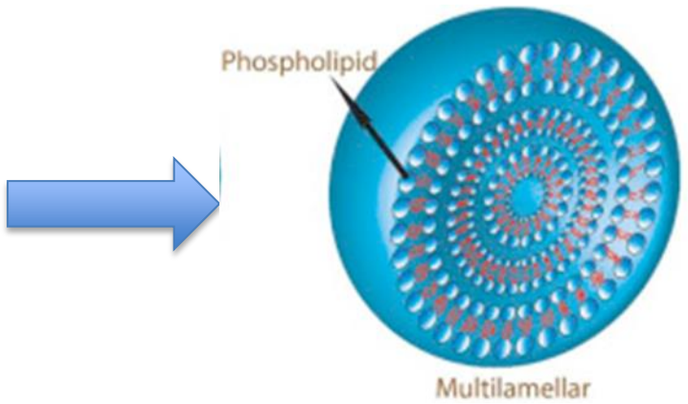


Micelle

ST-001 (Entering Phase 1)

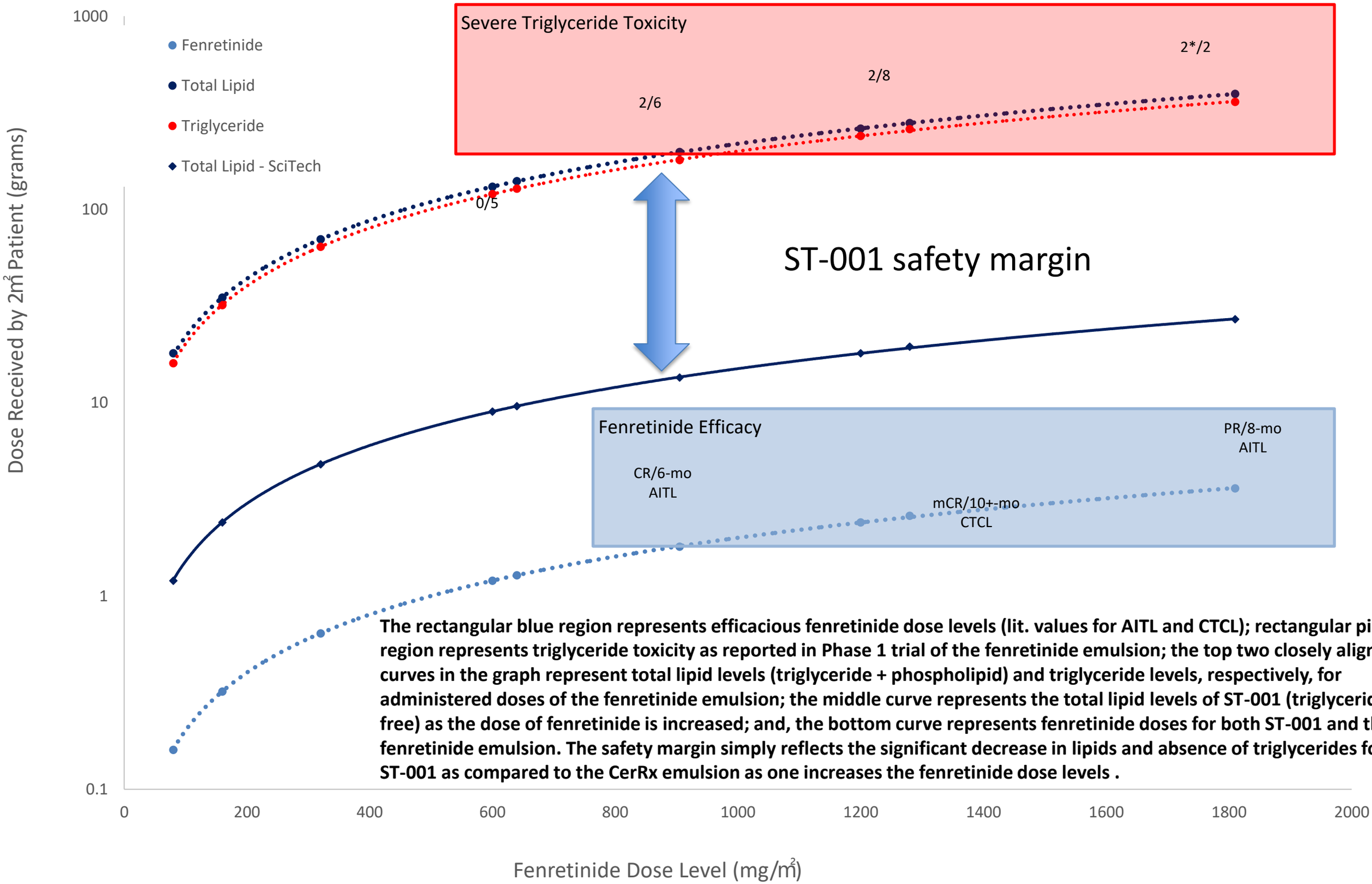
- Oil-free, phospholipid bilayers (similar to cell membranes)
- API incorporated into bilayers (similar to cell membrane bound cholesterol)
- Multiple concentric spherical bilayers (lamellae) incorporate large quantities of API (≥15x as compared to CerRx)





ST-001

Safety Margin with ST-001



The rectangular blue region represents efficacious fenretinide dose levels (lit. values for AITL and CTCL); rectangular pink region represents triglyceride toxicity as reported in Phase 1 trial of the fenretinide emulsion; the top two closely aligned curves in the graph represent total lipid levels (triglyceride + phospholipid) and triglyceride levels, respectively, for administered doses of the fenretinide emulsion; the middle curve represents the total lipid levels of ST-001 (triglyceride-free) as the dose of fenretinide is increased; and, the bottom curve represents fenretinide doses for both ST-001 and the fenretinide emulsion. The safety margin simply reflects the significant decrease in lipids and absence of triglycerides for ST-001 as compared to the CerRx emulsion as one increases the fenretinide dose levels .

FDA Approved Products for CTCL & Other T-cell Lymphomas

Currently approved products provide inadequate therapeutic outcomes

- **Chemotherapeutics**

  temozolomide (Temodar, Temodal and Temcad), cyclophosphamide, chlorambucil gemcitabine (Gemzar®), deoxycoformycin (Pentostatin), methotrexate, fludarabine etoposide (VePesid®, Toposar®, Etophos®)

- **Retinoid Subgroup**

  bexarotene (Targretin®)

- **Histone Deacetylase (HDAC) Inhibitors**

  vorinostat (Zolinza®), romidepsin (Istodax®), belinostat (Beleodaq®)

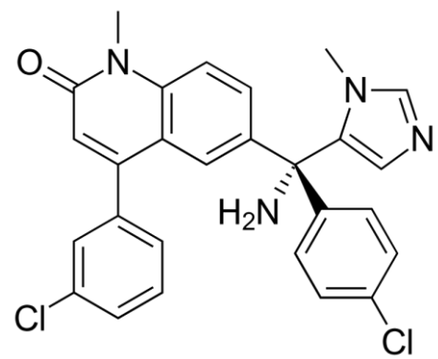
- **Therapeutic Antibodies**

  brentuximab vedotin (Adcetris®) targeting CD30+ disease
  mogamulizumab (Poteligeo®) targeting CCR5

Emerging Competition

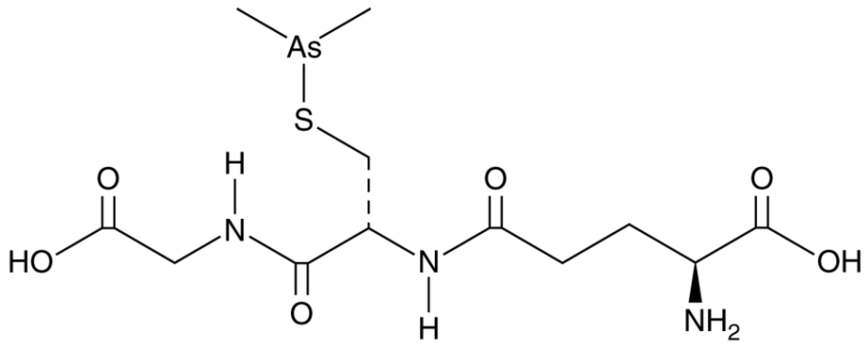
In addition to the CerRx, Inc. fenretinide emulsion, the following emerging technologies are currently undergoing PTCL clinical trials

Zarnestra (Tipifarnib)



- Kura Oncology, Inc. (San Diego, CA).
- Ongoing Phase 2 clinical trial .
- Oral, nonpeptidomimetic farnesyl transferase inhibitor.
- To date, objective response rate (ORR) = 53%; treatment-related adverse events (grade ≥3) were hematology-related, including thrombocytopenia, neutropenia, leukopenia, anemia, febrile neutropenia and lymphopenia.

SP-02 (Darinaparsin)

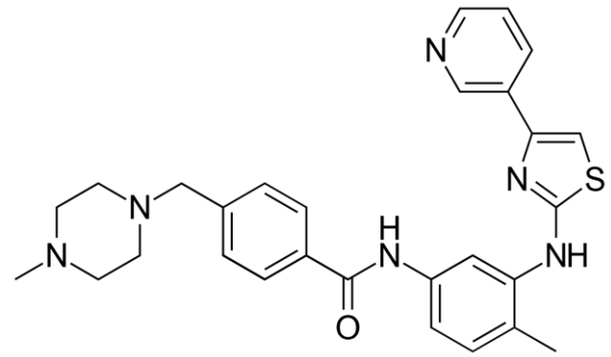


- Solasia Pharma K.K. (Tokyo, Japan).
- Asian multinational phase II clinical trial.
- Intravenous, organic arsenical (S-dimethylarsino-glutathione arsenic).
- Dose-limiting toxicity of 300 mg/m2/day; treatment-related adverse events (grade ≥3) included occurrence of diffuse large B-cell lymphoma (1 patient), anemia (1), leukopenia (1), neutropenia (2), febrile neutropenia (1), lymphopenia (2), thrombocytopenia (2), hepatic dysfunction (1), nausea (1) and activated partial thromboplastin time (APTT) prolonged in 1.

Emerging Competition

In addition to the CerRx, Inc. fenretinide emulsion, the following emerging technologies are currently undergoing PTCL clinical trials

Masitinib (AB1010; masitinib mesylate)



- AB Science (Paris, France).
- Ongoing Phase 2/3 clinical trial.
- Oral, tyrosine kinase inhibitor.
- Combination study with gemcitabine (chemotherapeutic) and dexamethasone (steroid).

Fenretinide drug safety profile significantly better than emerging technologies currently undergoing clinical trials; PTCL remains incurable

The Cutaneous T Cell Lymphoma (CTCL) Strategy
Rapid Time-to-Market with Market Protection

The time-to-market short (2-3 years)
Why: 1) recent clinical trial precedents, 2) expected ST-001 results, 3) new FDA guidance on study design and 4) cohort expansion

- HDAC inhibitors Zolinza™, Istodax® and Beleodaq® received US market approval based on open-label, non-randomized Phase 2 trials because they were clinically active in CTCL in Phase 1 - no Phase 3 trials were required
  - HDACi shortened pathway will apply to ST-001
- Why: T-cell/CTCL activity is expected with the ST-001 Phase 1 trial
- New FDA Draft Guidance validates time to market assumptions*

*Expansion Cohorts: Use in First-In-Human Clinical Trials to Expedite Development of Oncology Drugs and Biologics, Guidance for Industry, FDA Draft Guidance, August 2018

Origins …. Discovery & Opportunity …. Investment History

The Milestones allowing SciTech to move to the Next Development

Type of Funding	Amount	Trigger	Milestones
SBIR Phase 1 grant (NCI)	$200K + gratis NCI fenretinide	multiple potential solutions to move to IV dosing	discovery of feasibility of lipid nanoparticles
SBIR Phase 2 grant (NCI)	$1.5M + gratis NCI Fenretinide	superiority of lipid nanoparticle approach	developed ST-001 validated cGMP process
LLC members and friends (“SBIR Phase 3”)		end of SBIR Phase 2	patent application filed clinical protocol in CTCL study PI onboard (Tim Kuzel) clinical batch of ST-001 IND application filed
→convertible note	$1M +gratis NCI Fenretinide	patents issued IND allowed	prepare and activate T-cell trial manufacture study drug optimize value by extending IP runway
→Series A	$10M +gratis NCI Fenretinide	clinical batch ready T-cell trial activated (Rush)	clinical activity in CTCL and others Staggered start to SCLC trial plan Phase 2 registration trial w/FDA
2nd round	TBD	confirm clinical activity (1b)	Pharma partner/licensing Fenretinide manufacturer

SciTech Delivery Vehicle (SDV) Pre-Clinical Data

Preclinical Testing of SDV Platform Evaluating Lipid Soluble Fenretinide Formulated into a Potent Therapeutic

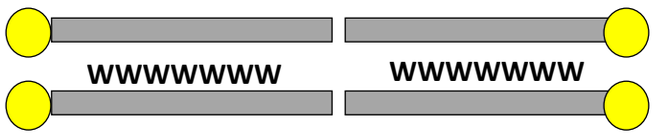
- Bioavailability in Rats - Oral Fenretinide vs. Intravenous ST-001
- Antitumor Activity of ST-001 in Xenografts of the DLCL2 Human B-cell Lymphoma in a Mouse Model
- ST-001 Activity Against T- and B- cell Lines In Vitro

SDV PLATFORM TECHNOLOGY

New drug products [ST-00X] are possible for IV and topical administration by changing the phospholipids to accommodate different drug properties leading to robust structural integrity enabling high dose delivery

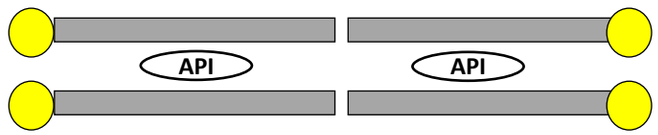
Varying Phospholipids To Fit Other APIs

ST-001



ST-001 = Fenretinide Bilayer Matrix

ST-00X



ST-00X = API Bilayer Matrix

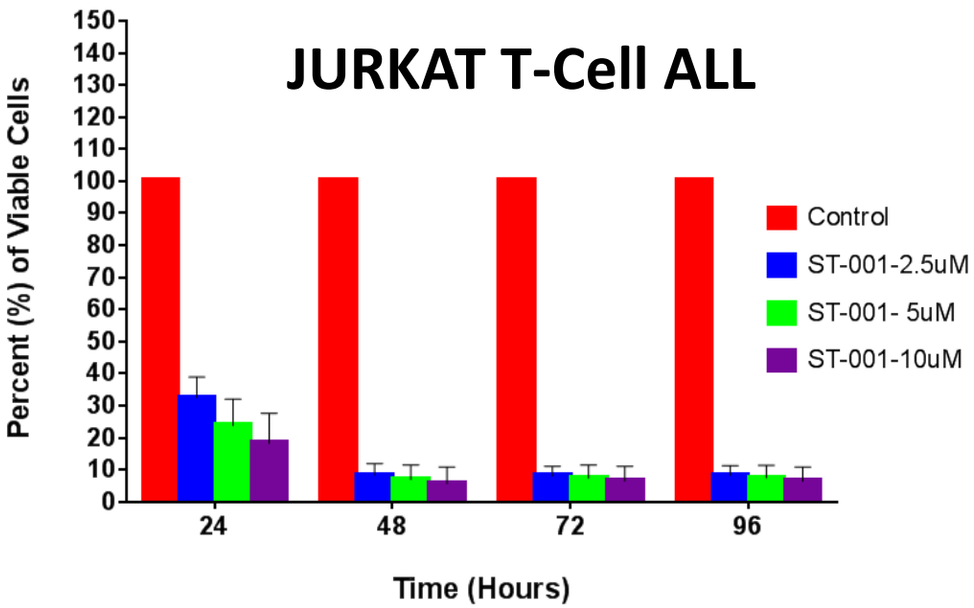
ST-001 Pre-Clinical Studies

Compelling animal data validated the clinical potential of ST-001
Clinical data from dozens of human trials reinforced therapeutic potential
Accordingly, FDA has accepted SciTech's IND and clinical trial protocol*

- Increased Fenretinide bioavailability demonstrated in animal model (rat)
- Fenretinide plasma concentrations maintained for at least 25 hours
- Inhibited tumor growth demonstrated with *in vivo* animal grafts (mouse) (human DLCL2 cell line xenograft)
- Demonstrated *in vitro* cytotoxicity in non-Hodgkin's lymphoma (NHL) human cell types

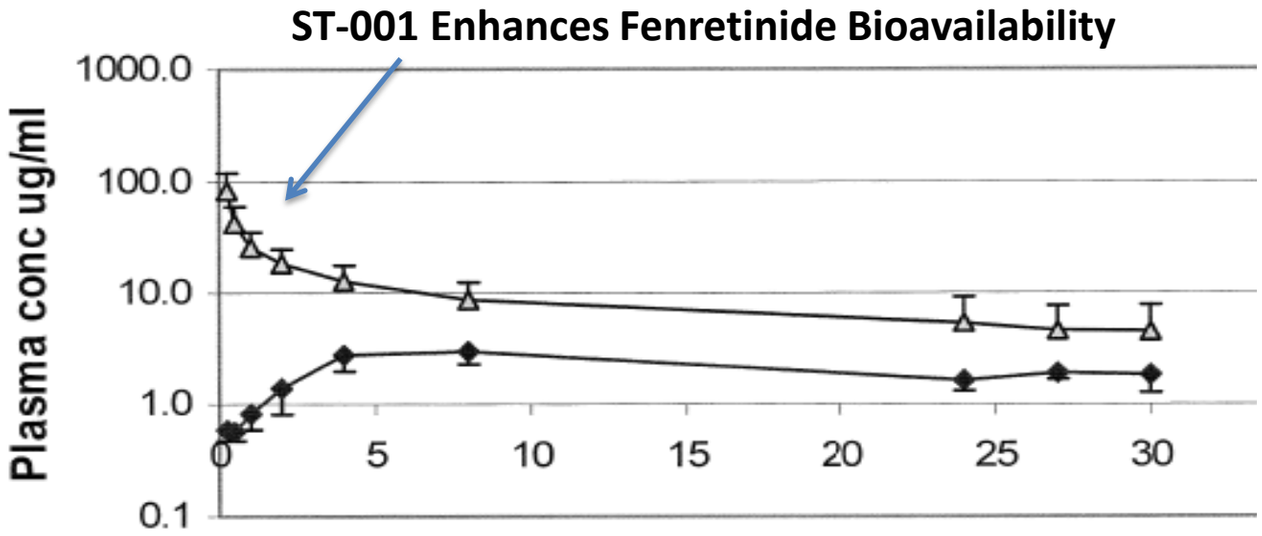
ST-001 *In Vitro* Activity

JURKAT cells are an immortalized line of human T-cells derived from acute lymphoblastic leukemia (ALL)



ST-001 *In Vivo* Activity

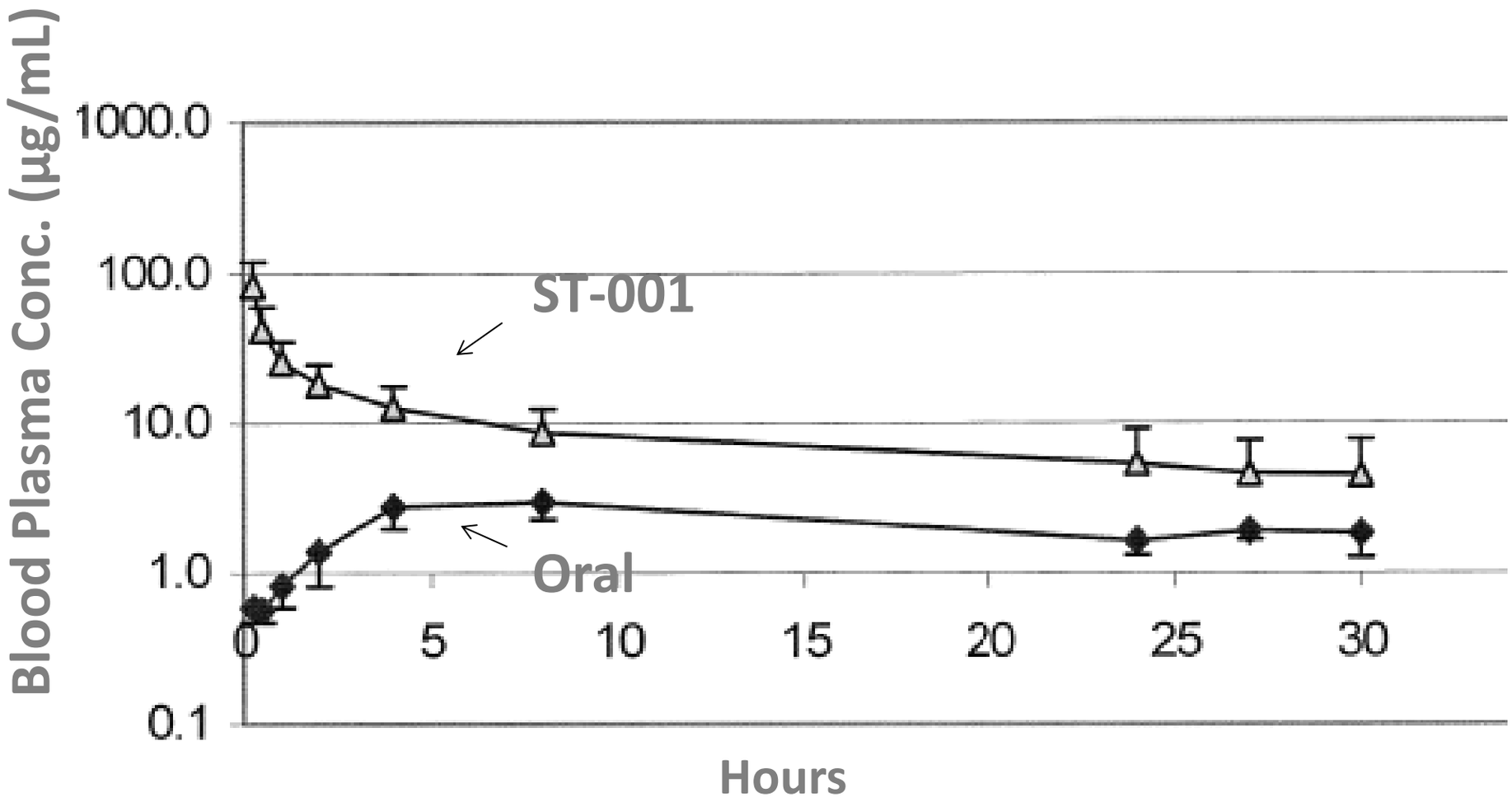
Rat Model Studies
Oral Fenretinide vs. ST--001



*A summary of SCIs preclinical data is available upon request (IND 135475)

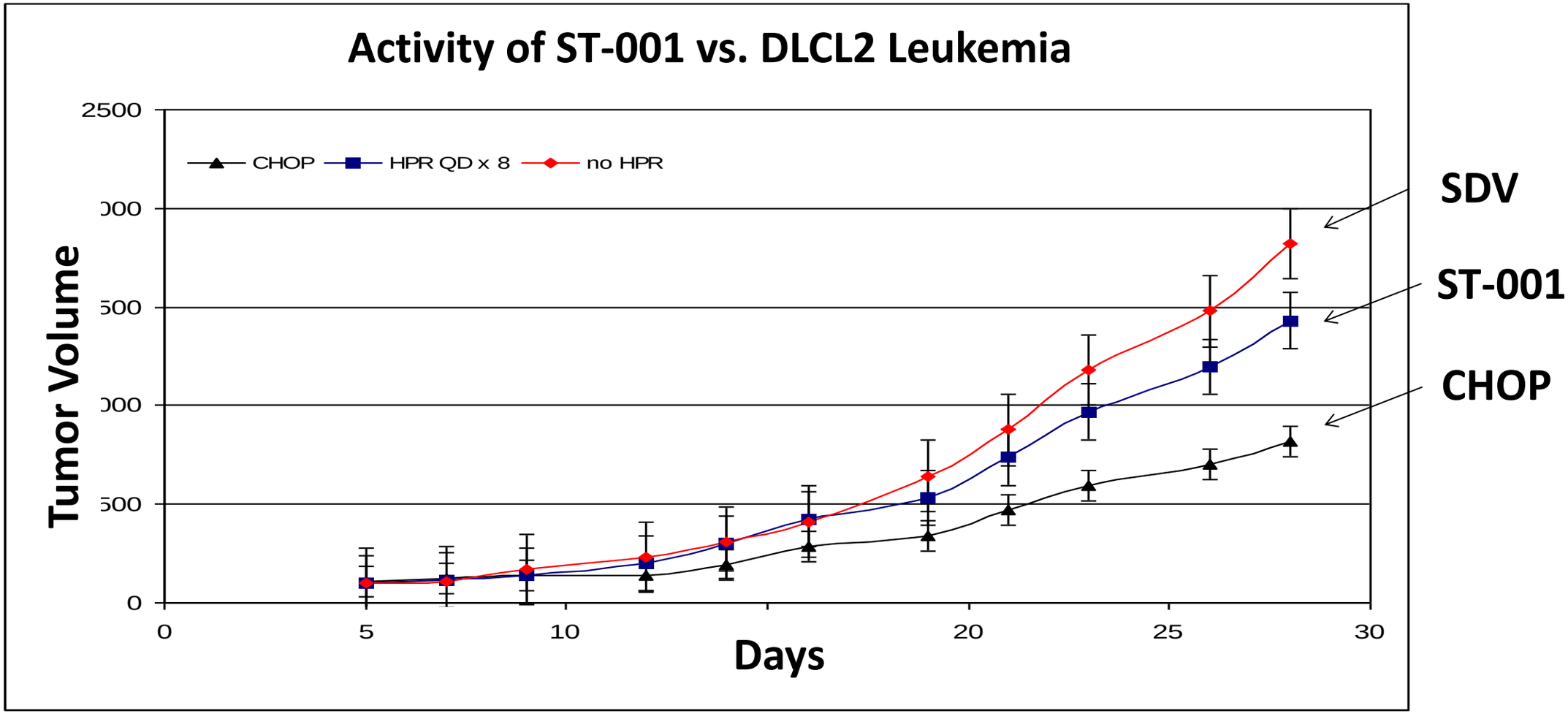
Bioavailability in Rats
Oral Fenretinide vs. Intravenous ST-001

ST-001 Enhances Fenretinide Bioavailability



Filled diamonds represent fenretinide as a corn oil suspension administered orally at 200mg/kg body weight (n=7). Open triangles represent ST-001 administered i.v. at 74mg of fenretinide/kg (n=6).

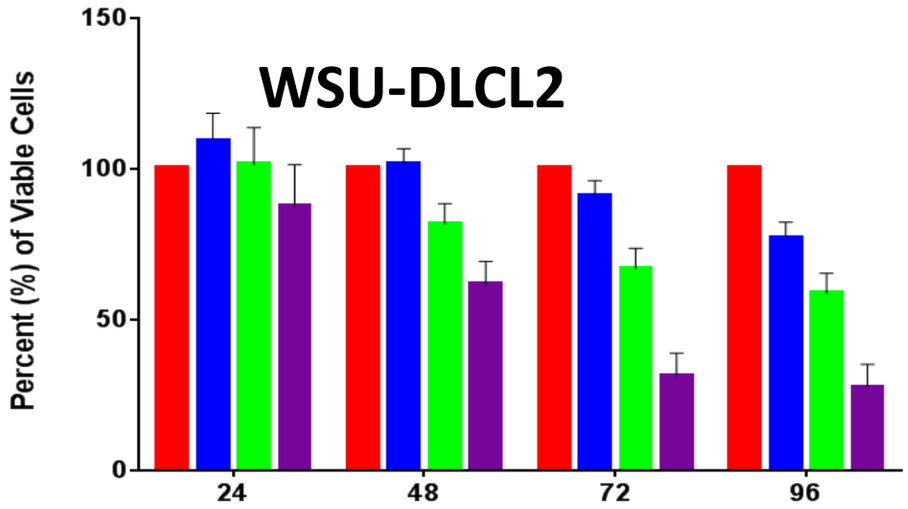
Antitumor Activity of ST-001 in Xenografts of the DLCL2 Human B-cell Lymphoma in a Mouse Model

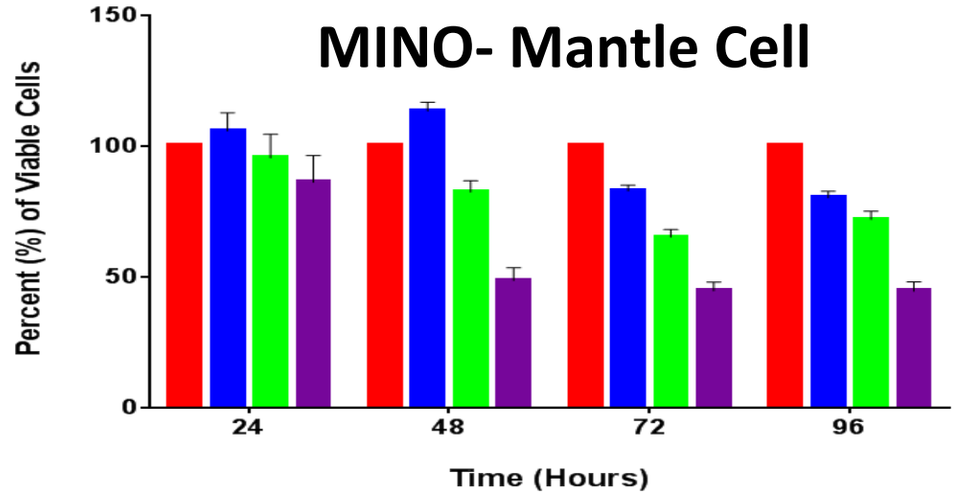


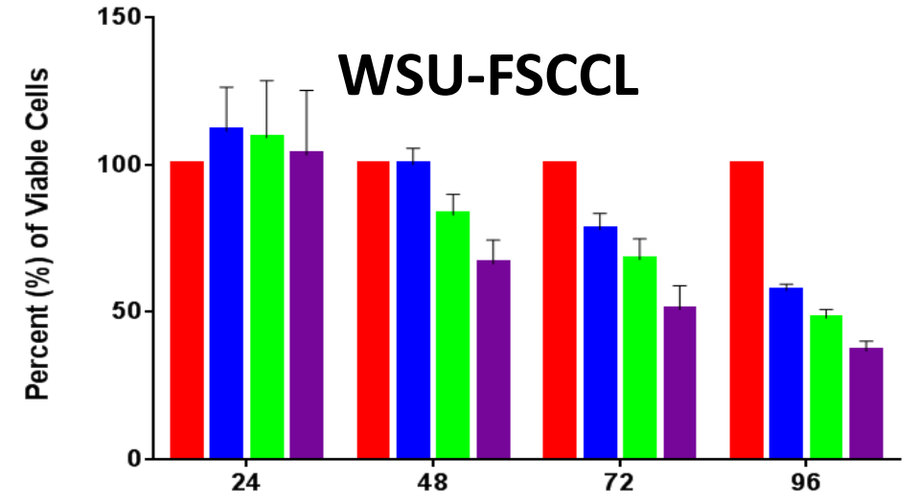
ST-001 is effective in slowing the growth of the DLCL2 human non-Hodgkin's lymphoma compared to SDV (no fenretinide).

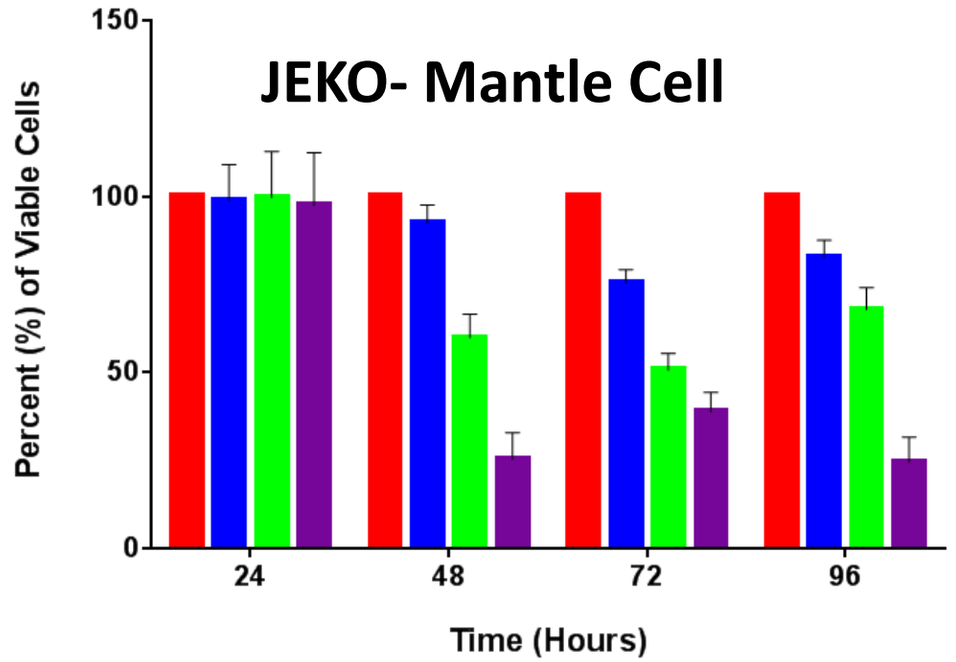
The standard first line clinical therapy for this lymphoma is the combination of cyclophosphamide, doxorubicin (hydroxydaunomycin), vincristine (Oncovin®), and prednisone (CHOP) which strongly inhibits the growth of the DLCL2 tumor under the conditions of this mouse model experiment.

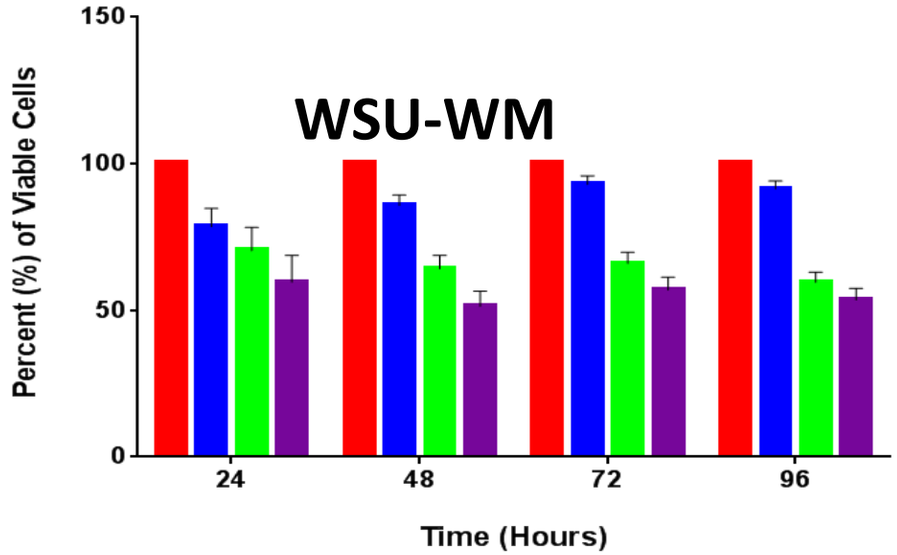
ST-001 In Vitro Activity Against B-Lymphoma Cell Lines

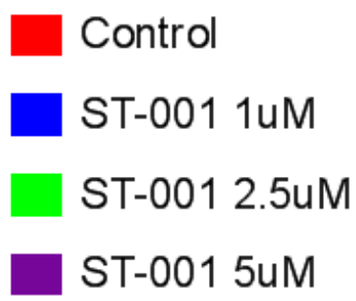




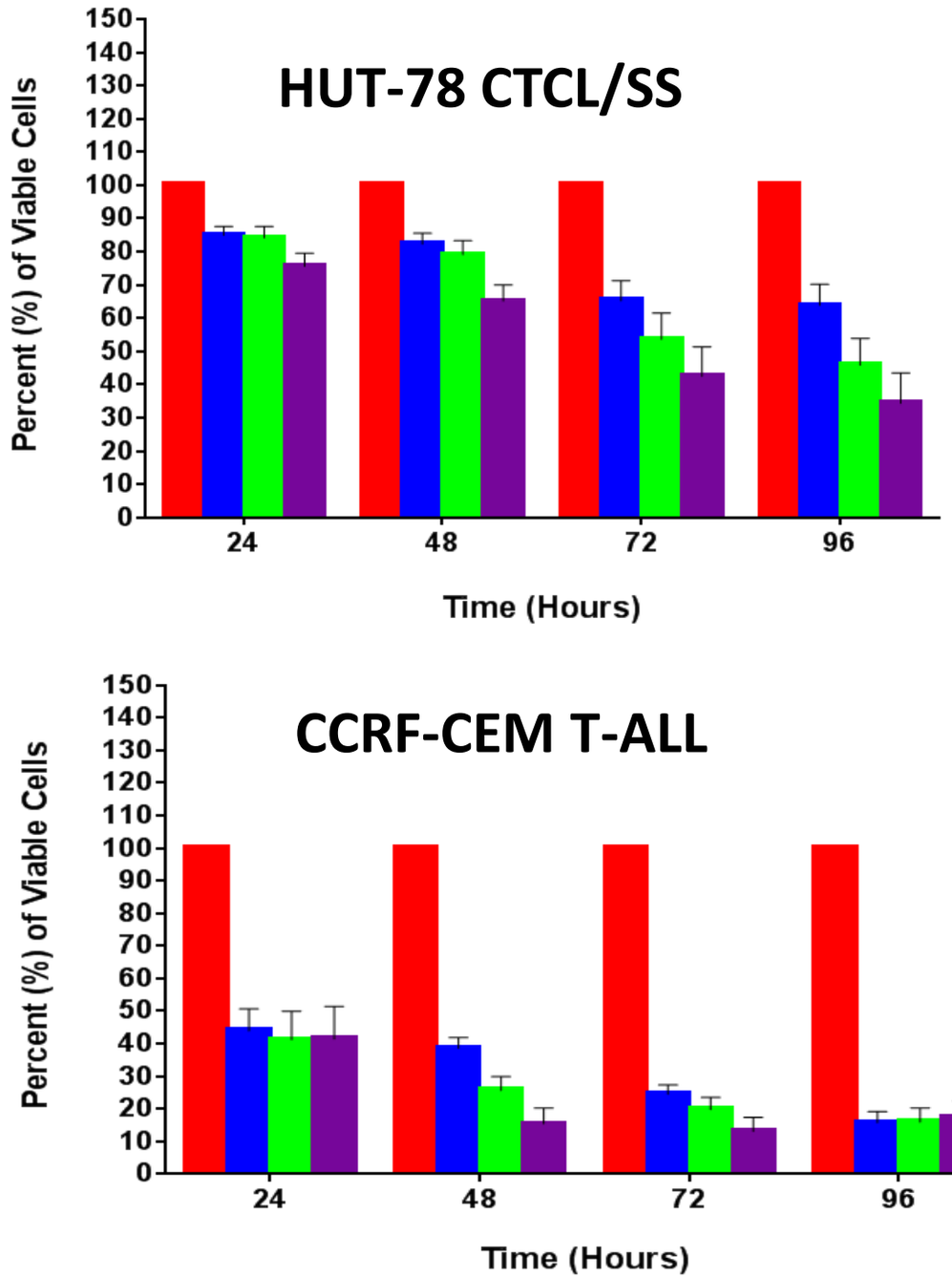


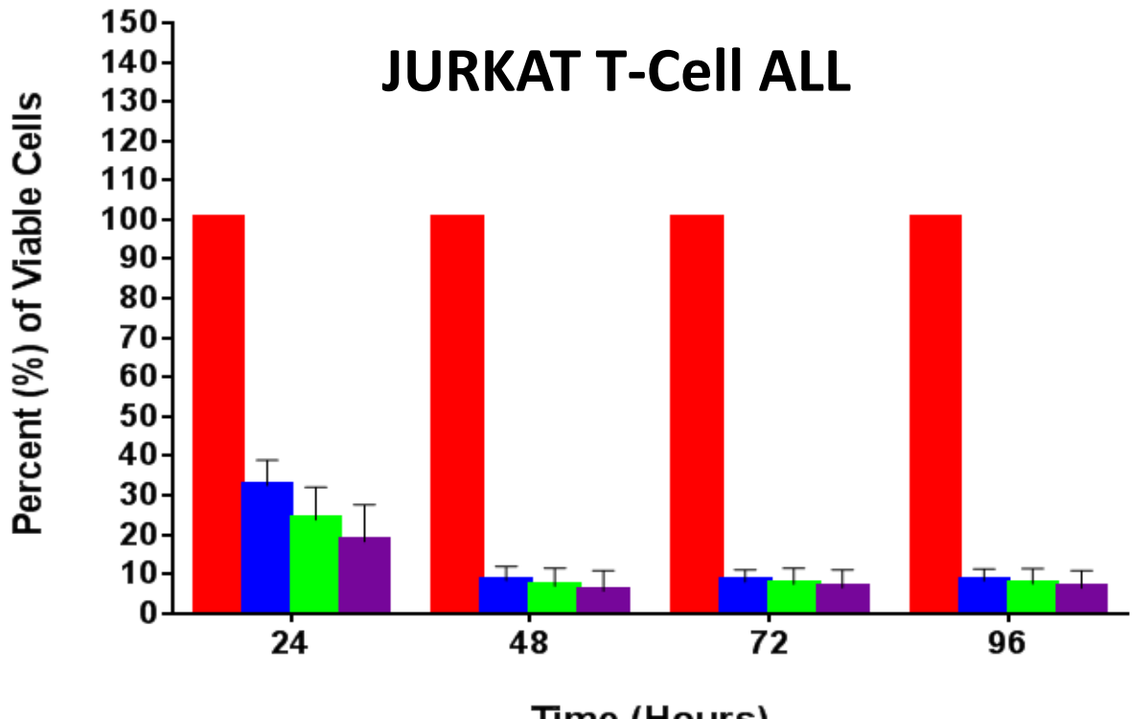


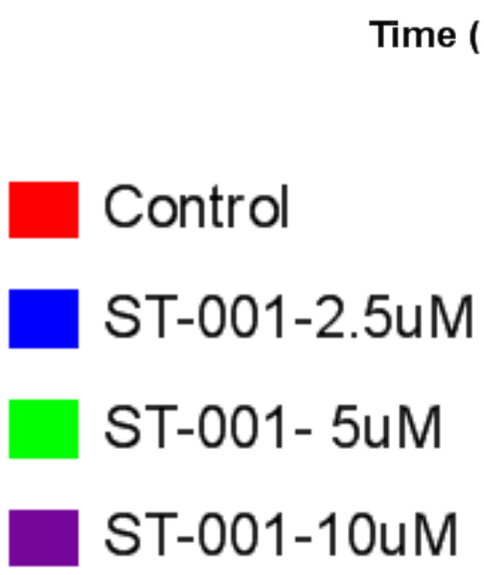




ST-001 In Vitro Activity Against T-Cell Lines







HUT-78, CCRF-CEM & JURKAT are names of cell lines; ALL: Acute Lymphoblastic leukemia
CTCL/SS: Cutaneous T-cell lymphoma/Sézary Syndrome

Organization Chart

MANAGEMENT

Earle Holsapple, President & Co-Founder

Elizabeth Kraus, Esq, General Counsel

Ralph Parchment, PhD, CSO & Co-Founder

Ayad Al-Katib, MD, Chief Medical Officer

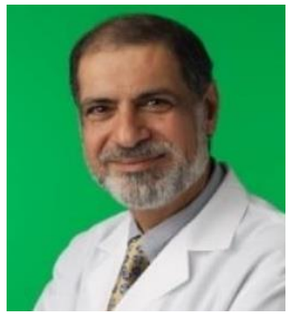
Mike Burns, PhD, SVP Product Development

Lou Scarmoutzos, PhD, SVP Operations

Christine Copple, PhD, Chief Strategy Officer

Michael Young, Consultant

Andrew Stumpf, Acting CFO



- Future hires include CFO, consultants (CRO, regulatory, drug logistics) & scientific staff
- Management anticipates changes to the organization upon milestone and exit events