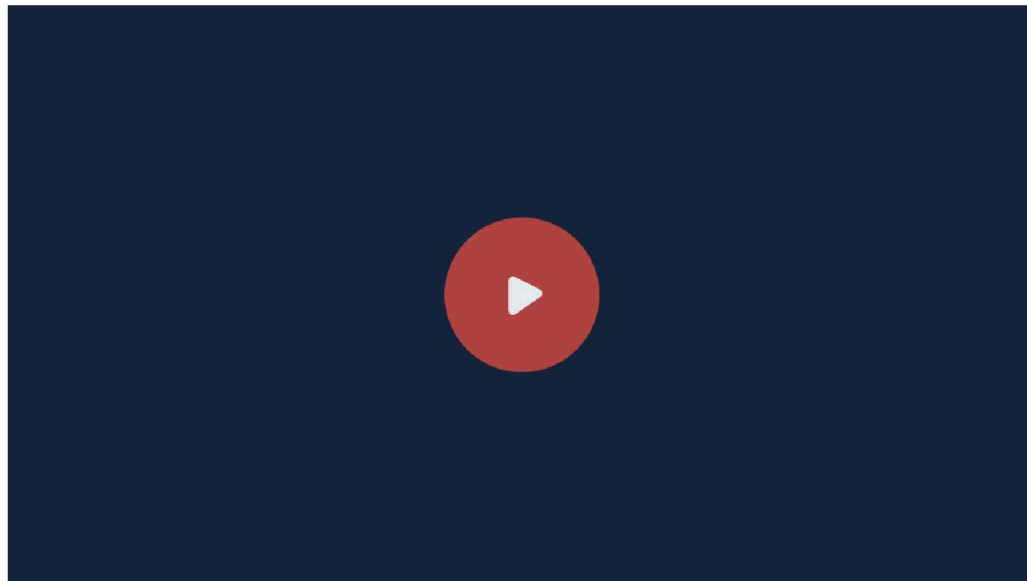


Developing The First Disease Modifying Drug to Regenerate Peripheral Nerves



winsantor.com

San Diego California



Technology

B2B

Healthcare

Science & R&D

LEAD INVESTOR



Kevin Burke

WinSanTor has a drug in FDA trials that shows significant promise in combating neuropathy. Neuropathy causes debilitating loss of feeling, particularly in digits that can impede simple function and even walking. It's generally caused by diabetes, chemotherapy, or nervous system disease. This is a significant global market opportunity without similar competing compounds. The drug has been in use in western countries for 30 years which should be helpful to its approval process. In addition, WinSanTor has transitioned this compound from tablet form to topical. This reformulation may be an additional opportunity for the company for other ingestible tablets that may be converted to topical use.

Invested \$150,000 this round

Highlights

- 1 Aiming to be the first drug to REGENERATE peripheral nerves & solve peripheral neuropathy
- 2 Final phase (PH3) of clinical studies for DPN (>50% of all diabetics) w/ de-risked repurposed API
- 3 Unmet need ignored/neglected by industry - "too big, too complex" - resulting in few competitors
- 4 Most development was funded by peer-reviewed gov't programs to solve problem (eg vaccines)
- 5 Exclusively licensed (Japan) for upfront & milestone payments (>\$200M) and royalties
- 6 CEO's first two companies acquired by Qualcomm and Apple, technologies now standards on most phones
- 7 Advisors/Board are icons who changed their industry, now wanting change in healthcare via WST

Our Team



Nigel Calcutt Co-Founder

Prof. of Pathology- UC San Diego, Lead Preclinical Contractor- NIH NIDDK-RAID, Expert in Neuropathy

WinSanTor was not started as a typical company. Similar to the COVID story (infectious diseases), peripheral neuropathy was neglected by industry (and investors). The leading stakeholders gathered and funded the top researchers in DPN to find solutions. We were lucky. They just happened to discover a way to regenerate nerves, thus WST.



Paul Fernyhough Co-Founder

Professor in Pharmacology & Therapeutics at University of Manitoba, 20+ years in diabetic neuropathy



Lakshmi P. Kotra Co-Founder

Director at Center for Molecular Design and Preformulations at UHN, Expertise in drug development



Angela Hansen Vice President, Program Management and Regulatory

20+ years in drug development and clinical studies



Andrew Albertson Controller

12+ years of corporate finance and accounting experience



Stanley Kim Founder

Worked with some of the most iconic scientists. Last 2 companies were acquired by Qualcomm and Apple, technologies now standards in their industry.



Andrew Albertson

WINSANTOR



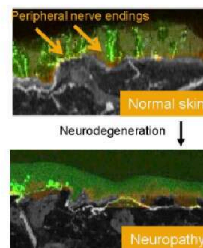
DEVELOPING THE FIRST CURE FOR PERIPHERAL NEUROPATHY: A NEURODEGENERATIVE DISEASE THAT AFFECTS OVER **300M PEOPLE GLOBALLY**

OPPORTUNITY

NEURODEGENERATION OF THE **OTHER** NERVOUS SYSTEMPeripheral
Neuropathy 101
(PN)Insufficient Current
Standard of CareWST-057: A Novel &
Proprietary MOAMassive Opportunity *and*
Expansion Potentiality

SYMPTOMS

- The damage or dysfunction of one or more peripheral nerves (nerves outside brain/spine (CNS)) typically results in numbness, tingling, muscle weakness and pain in the affected area
- Debilitating neurodegenerative disease
- Neuropathies frequently start in the hands and feet, but can affect other non-CNS regions
- PN goes largely untreated, leading to poor QoL, pain, limb amputations and widespread morbidity
- Higher depression and suicide rates – “hopeless”
- Pain affects only a subset (20%) of symptoms



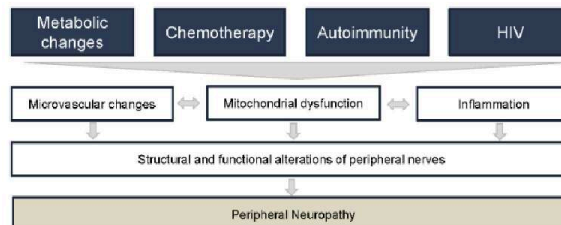
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OPPORTUNITY

UNDERSTANDING THE DISEASE

Peripheral
Neuropathy 101Insufficient Current
Standard of CareWST-057: A Novel &
Proprietary MOAMassive Opportunity *and*
Expansion Potentiality

- While peripheral neuropathies can be initiated by diverse events (diabetes, HIV, chemotherapy, etc.), it is believed that most display some degree of mitochondrial dysfunction
- Mitochondrial damage results in a chronic axonal energy deficit that is the proximate cause of the symptoms of neuropathy

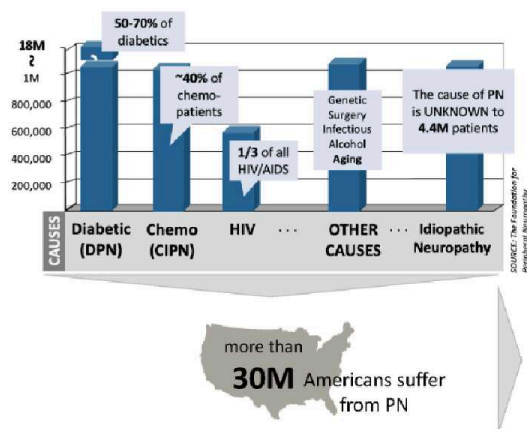
Source: [Bennett et al. 2016](#)

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OPPORTUNITY

PREVALENCE = OPPORTUNITY



5% U.S. market alone would make WST-057 one of the top grossing drugs globally

Indication	DPN	CIPN	Idiopathic
Prevalence	18M	7M	4.4M
Price (annual)		\$3000	
% Penetration		5% of just U.S. market	
Total Sales	\$4.5B	\$1.7B	\$1.1B
% Penetrations	100% of just U.S. market		
Total Sales	\$90B	\$35B	\$2.2B

OPPORTUNITY

UNMET NEED = OPPORTUNITY

Peripheral Neuropathy 101

Insufficient Current Standard of Care

WST-057: A Novel & Proprietary MOA

Massive Opportunity *and* Expansion Potentiality

0

Number of approved drugs to prevent or reverse peripheral neuropathy

Current solutions, at best, mask the problem, and at worst, cause more damage

Lifestyle adjustments

- Diet, physical therapy, healthy living



Only slows down nerve damage

Change or modify treatments

- Lower or change chemotherapy



Less effective chemo

Drugs or mechanical aids to treat symptoms

- Mask pain
- Damage continues
- Gabapentin, Lyrica, opiates



Addiction or side effects

SOLUTION

BREAKTHROUGH SCIENCE IN REGENERATING PERIPHERAL NERVES

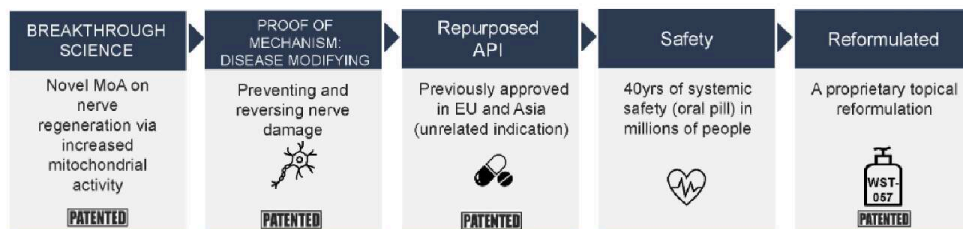
Peripheral Neuropathy 101

Insufficient Current Standard of Care

WST-057: A Novel & Proprietary MOA

Massive Opportunity *and* Expansion Potentiality

WinSanTor = leading scientists gathered and funded (>\$40M) to solve problem – now in PHASE 3



* Employing in vitro and in vivo models of diabetic PN and chemotherapy-induced PN

SOLUTION

MULTIPLE PHASE 2 STUDIES COMPLETED (OVERVIEW)

Peripheral Neuropathy 101

Insufficient Current Standard of Care

WST-057: A Novel & Proprietary MOA

Massive Opportunity *and* Expansion Potentiality

Completed Q4 2022

P1 multiple dose, safety, tolerability, and PK study

Completed Q4 2021

P2a safety, tolerability, exploratory efficacy study

Completed Q2 2022

P2a proof-of-concept study

Trial

Randomized double-blind placebo-controlled

Randomized double-blind placebo-controlled

Randomized double-blind placebo-controlled

Key conclusion	Randomized, double-blind, placebo-controlled Healthy volunteers (n=24) 14 days, QD	T2DM patients with painful PN (n=46) 6 months, QD (low / high dose)	T2DM patients with painful PN (n=49) 3 months
	✓ No appreciable differences between subjects treated with WST-057 and placebo	✓ Dose dependent nerve (IENF) growth when compared to both baseline, as well as placebo (** p<0.001)	✓ WST-057 shows significant reduction in scores for physical examination endpoints specific to early sensory predominant polyneuropathy
	✓ All doses were safe and well tolerated with no SAEs nor drug discontinuation due to AEs	✓ Increased Sural Nerve Velocity (nerve health/function) ✓ All doses were safe and well tolerated with no SAEs	✓ All doses were safe and well tolerated with no SAEs

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PHASE 2 RESULTS: (FIRST)

- Nerve growth and repair (dose dependent)
- Improved sensitivity & strength
- quality of life improvement
- reduction of symptoms, including pain
- Increased activity and sleep
- Placebo group degenerated

No adverse affects observed.


PHASE 3 (initiated)

Proceeding as FIRST:

- Disease-modifying treatment
- Regenerating/Repairing nerve damage
- Preventing/Reversing peripheral neuropathy

SOLUTION

RESULTS - REGENERATING PERIPHERAL NERVES IN HUMANS



Click **IMAGE** to watch interview

If video does not work, please go to this URL:
<https://vimeo.com/452771493/ef1ec8758f>

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SOLUTION

TESTIMONIALS

had her punch biopsy test for Small Fiber Neuropathy last month and the results came back normal. She no longer has SFN. That is truly unheard of and we attribute that to your medication. She is dying to talk with you and I'd love to set up a conversation.

Here's a good one for ya, we are going for our 1st nighttime walk in 6 years

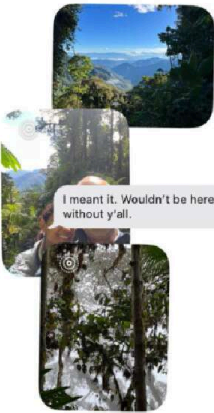
Jul 12, 2021

didn't use the cream consistently as she lost hope, but today she's feeling something for the first time in 5 years! She's going to keep going consistently now.

1:22 PM

Today 8:14 AM

just want to say thanks again for the help with my daughter's neuropathy. It's about 95% back. Been kinda stuck there for a while, maybe this is the way it's going to be. Haha. That topical must have worked. 🙏🙏🙏🙏



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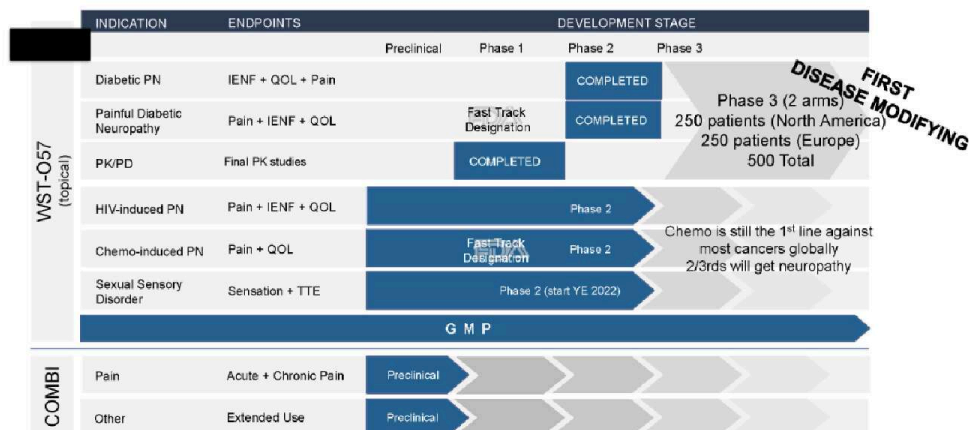
SOLUTION

SECTION 1: BROAD OPPORTUNITY INTRODUCTION

Peripheral Neuropathy 101	Insufficient Current Standard of Care	WST-057: A Novel & Proprietary MOA	Massive Opportunity <i>and</i> Expansion Potential (Globally)	
<ul style="list-style-type: none"> Our market is global >100 different types of PN Affecting 100s of Millions globally Painful diabetic neuropathy (PDN) only affects ~20% of DPN patients Affects all ages; mostly (>8%) 65+ years old report some degree of neuropathy One of the few drugs being 	<p>Metabolic diseases</p> <p>>250M WW 50-70% of S37M diabetics</p> <p>Genetic diseases</p> <p>>2.5M WW Charcot-Marie-Tooth</p>	<p>Drugs & Toxins</p> <p>>6M WW 10M annual chemo patients ~2/3 will get neuropathy ~1/3 permanent neuropathy</p> <p>Sexual Sensory Disorder</p> <p>~13.2% of all adults WW ~100% of all SSRi patients</p>	<p>Infections</p> <p>~12M WW 30 of 40M global HIV patients</p> <p>Idiopathic Causes</p> <p>~10M US Unknown cause 1/3 of all PN patients</p>	>>300M & Growing Globally

PIPELINE (PROGRESS)

MULTIPLE INDICATIONS AND DEVELOPMENT OF NEW DRUGS



STRATEGY

INTELLECTUAL PROPERTY

Patents

Other Intellectual Property



- Compositions Formulations Combinations **PENDING** 2038+
- New Entities Biologics/Chemicals **R&D**
- Compositions for PN Novel Uses **ISSUED** 2031+
- Methods And Compositions For Treatment Of Peripheral Neuropathies
 - Pub# 20170027957
 - Filed: December 17, 2014
- Therapeutic Compositions For Diabetic Symmetrical Polyneuropathy
 - Pub# 20130267506
 - Filed: October 24, 2011
- Topical Formulations For Treatment Of Peripheral Neuropathies
 - Pub# 20220273671
 - Filed: March 24, 2020
- Compositions And Methods For Improving Sexual Sensory Disorders
 - App# 2023010665
 - Filed: January 16, 2022

STRATEGY (R.O.W)

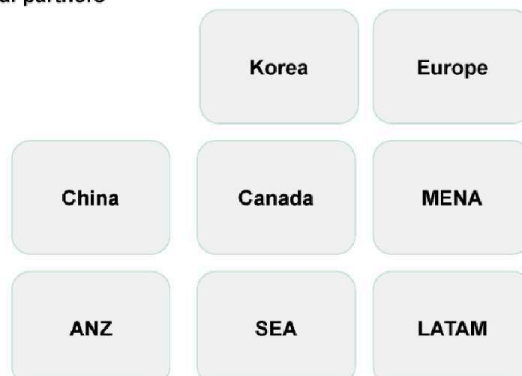
BUSINESS MODEL – PARTNERSHIP REVENUE (R.O.W.)

Phase 3 preparation → engaging regional partners

- Result-oriented licensing model
- Outcome-based financing (NDA & Sales)
- Payment of local clinical trials
- Sharing of results

Established licensing partners:

✓ **Japan** Exclusive License
Milestone Fees + royalties
(>\$20M upfront fees)



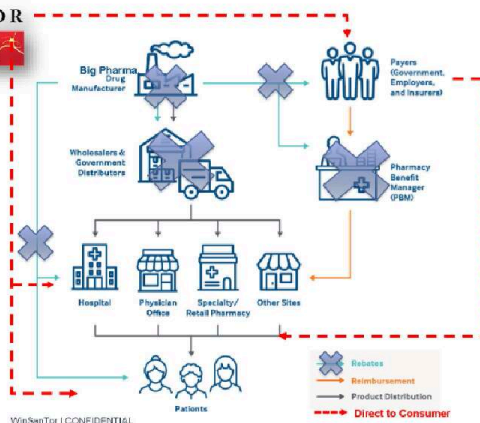
STRATEGY (United States)

BUSINESS MODEL – DIRECT TO PATIENTS (U.S. ONLY)

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From pharmacies to hospitals to insurance companies to distributors, many entities are involved in getting a medicine from the pharmaceutical company to the patient. Together, they make up the pharmaceutical supply chain. This chart depicts a typical route a medicine takes from drug manufacturer to patient, including the roles of multiple players that make up the process.

WinSanTor believes the future lies in more **transparent direct-to-patient** relationships (under prescription), bypassing middle-men at **reasonable** cost to system and patients.



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LEADERSHIP

EXPERIENCED MANAGEMENT FOCUSED ON DRUG APPROVAL



Stanley Kim
CEO



Andrew Albertson
CFO



Andrew Mizisin PhD
CSO



Harry Powell, MD
CMO



Angela Hansen BSc
SVP

Team		
Stanley Kim CEO / COB	Previous companies – SoftMax, (acq. Qualcomm) Emotient (acq. Apple)	Companies/Team developed technologies now standards on most cellphones
Andrew Albertson CFO / Controller	Played integral role in IPO of ServiceNow	14 years of experience in accounting & finance in tech, biotech and manufacturing
Harry Powell, MD CMO	Emeritus Professor - Pathology UCSD School of Medicine	Renowned authority in experimental neuropathology Pioneer in developing diagnostics in peripheral neuropathy
Andrew Mizisin, PhD CSO	Emeritus Professor - Pathology UCSD School of Medicine	Renowned researcher in peripheral nerve degeneration Heads preclinical development for WinSanTor
Angela Hansen, BSc SVP Program/Regulatory	Previously with several companies developing neuroscience products	Spent 20 years in pharmaceutical/drug development operations

LEADERSHIP

THE LEADING ACADEMIC KEY OPINION LEADERS



Vera Brill, MD, FRCP
University of Toronto
Professor
Medicine (Neurology)



Carolina Casellini, MD
East Virginia Medical School
Assistant Professor
Internal Medicine



Rayaz Malik, MBChB, PhD
Weill Cornell Medicine – Qatar
Professor
Medicine



Ahmet Hoke, MD
Johns Hopkins University
(Medicine)
Professor
Neurology/Neuroscience



Nigel Calcutt, PhD
UCSD
Professor
Pathology



Angela Hansen, BSc
WinSanTor
SVP
Regulatory/Programs



Paul Fernyhough, PhD
University of Manitoba
Professor
Pharmacology/Therapeutics



Edward Clark Cullen, MD
Sunstone Primary Care
Physician
Internal Medicine



Nikhil Iyengar, MD
Scottsdale Osborn Medical
Center Cardiologist



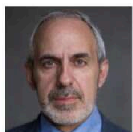
Jonathan Scheff, MD
Anthem Health
Former CMO



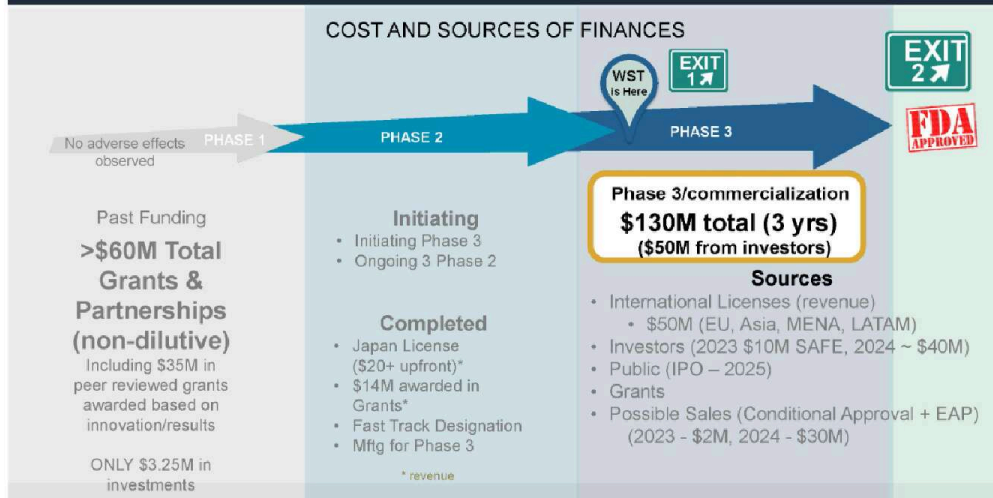
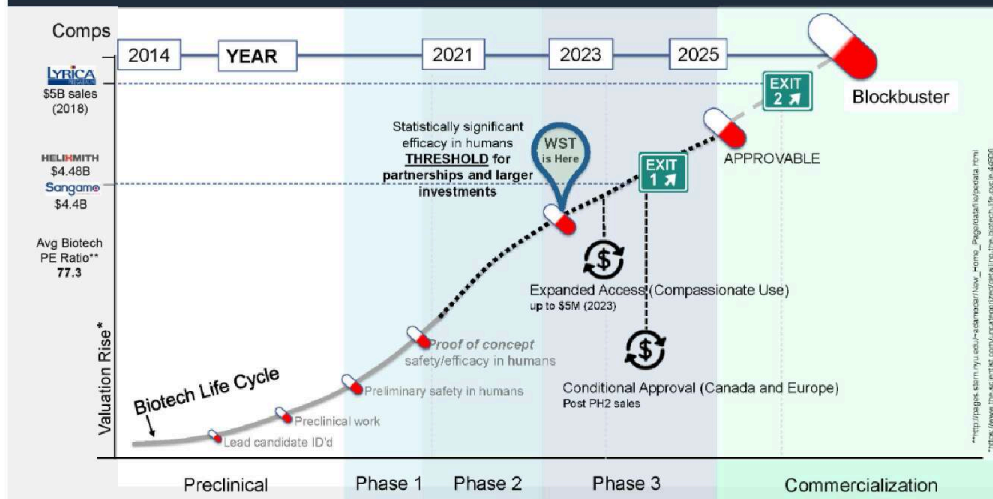
Henri K. Parson, PhD
East Virginia Medical School
Associate Professor
Internal Medicine

LEADERSHIP

BOARD OF DIRECTORS – LEADERS IN DISRUPTION



Bill Molloie
Taxes/Finance
Retired China Head
Technology/Life Science



\$2.1B IPO Acetyrin (2023)
\$4.4B NPV Sangamo
\$4.8B IPO Helixmith

• Europe & Canada

FINANCIALS

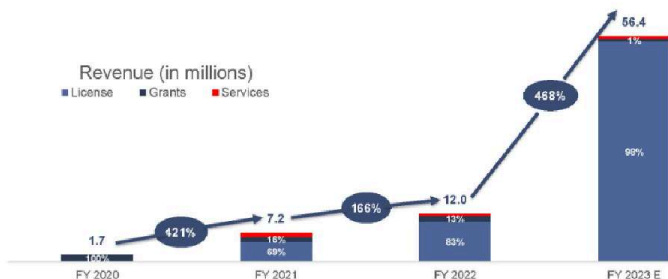
BUSINESS GROWTH

Close Strategic License Deals in 2023 & 2024 to fund Phase 3 trials

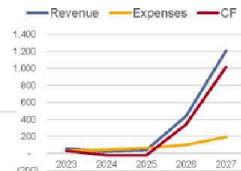
Public or Private Raise of \$50-75M in 2024-2025 to fund rest of Phase 3 and commercialization along with potential investor liquidation

EU/Canada Go-to-Market in 2025

US Go-to-market by Q1 2026



- Forecast \$50M in license revenue in 2023 prior to start of Phase 3



FINANCIALS

USE OF FUNDS (2023-2025) (in thousands)

Forecasted Annual Spend by Category (\$ in Thousands)				
Category	2023	2024	2025	Total
R&D Staff	2,643	5,178	5,951	13,972
Clinical	7,939	37,422	34,981	80,342
Regulatory	962	280	1,665	2,907
Toxicology	2,006	1,769	2,507	6,283
Drug Manufacturing	3,202	3,897	7,543	14,641
Total R&D Spend	16,952	48,547	52,648	118,146
G&A	3,670	5,862	5,993	15,725
Total Spend	20,621	54,409	58,641	133,871

Percent of Total Annual Spend by Category				
Category	2023	2024	2025	Total
R&D Staff	14%	10%	10%	10%
Clinical	38%	69%	60%	60%
Regulatory	5%	1%	3%	2%
Toxicology	10%	3%	4%	5%
Drug Manufacturing	15%	7%	13%	11%
Total R&D Spend	81%	89%	90%	88%
G&A	19%	11%	10%	12%
Total Spend	100%	100%	100%	100%

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Value proposition

WST-057 is potentially the first and only disease modifying treatment:

- ✓ A novel proprietary MoA for nerve repair and regrowth
- ✓ The first and only drug clinically showing prevention & reversal of peripheral nerve damage
- ✓ The API is a repurposed drug with ~40 years of systemic safety
- ✓ API was previously sold in EU and Asia (potential for accelerated approval in same countries)
- ✓ An established safety profile in millions of people
- ✓ A proprietary topical reformulation
- ✓ P3-ready in diabetic PN (and multiple P2 in secondary indications)
- ✓ FDA fast track designation for painful diabetic neuropathy
- ✓ Affordable – Opportunity to develop for global market



Sources: Gloscience.com

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physician and a pharmacist as well as an entrepreneur. I have been exposed to this disease as well as the millions of patients who suffer from this. I would like to be part of the team who may be on the cutting edge of improvement of this illness. Excited and eager for what this company may unfold

My wife developed chronic regional pain syndrome after trauma from a nerve block. I saw how much pain she was in, and hope that you are successful in creating this treatment.

Thank you for extraordinary efforts into the area of peripheral neuropathy. I currently suffer from this issue. I am an healthy individual but this nerve pain in my thigh has affected my quality of life. I am looking forward to a successful drug approval in US that I can use one day and making money from this investment at the same time. Wish you all the best. Thanks P

Hella Daintust, Unfortunately 18.5 years ago I was driven into the back of a cement truck in South Africa. Because I survived I have lived with constant neuropathy that has brought me nothing but pain. The more active I am the more pain I experience. I hope Winsantor (us) is able to not only bring a product to market successfully that eliminates the suffering of millions of neuropathy sufferers like me, improving our quality of life and overall health while making us all a nice healthy profit. Keep up the good work and if I can be a lab rat let me know.

WINSANTOR



Dear Winsantor Team, I'm suffering from diabetes myself. Really hope your research for this treatment will be successful. Thank you for giving us a hope for DPN.

Hello, My name is Tony. My wife and I are excited to follow the progress of this new company! I also have neuropathy [sic].

experienced neuropathy during chemo to treat osteosarcoma. Fortunately it ceased and she is done with her chemo. I am hopeful you will be successful in getting this to market. My career has focused on strategy and growing businesses, however the bulk of my work is in financial services. Happy to help in any way possible beyond my modest investment. Best wishes, Kyle

Hi, I'm Vince. I want to let you know that I am onboard with you on this journey with your passion and caring hearts to bring relief to the millions of innocent Americans and others worldwide suffering from the dangerous disease. Thank you. My thumbs up to you and I know you will make it.

Hiels I'm Marie and I'm happy to be an investor in such a worthwhile cause as relieving the suffering of millions in DPN.

InvestorRelations@winsantor.com