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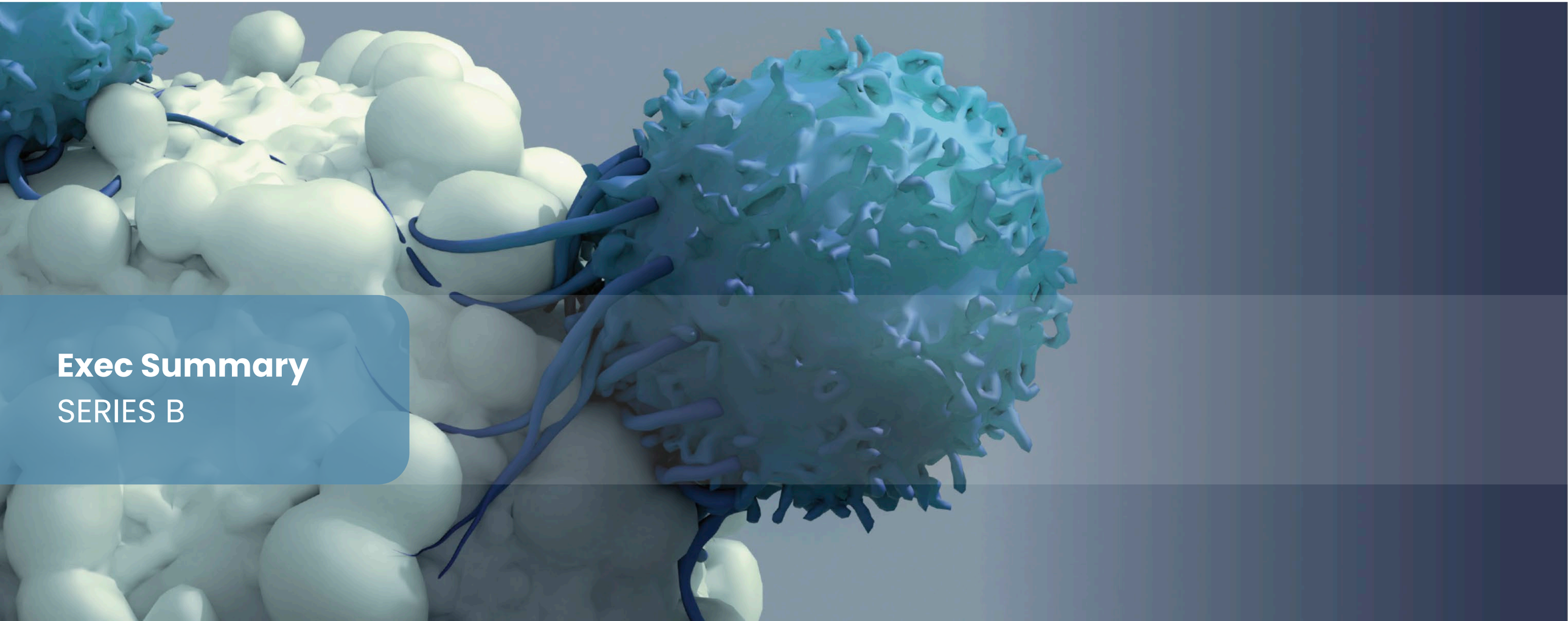
DEEP TECH | GLOBAL | INVESTMENT BANKERS

CytoAgents

Rebalancing Immunity in Cancer, Cell Therapy, and Chronic Disease



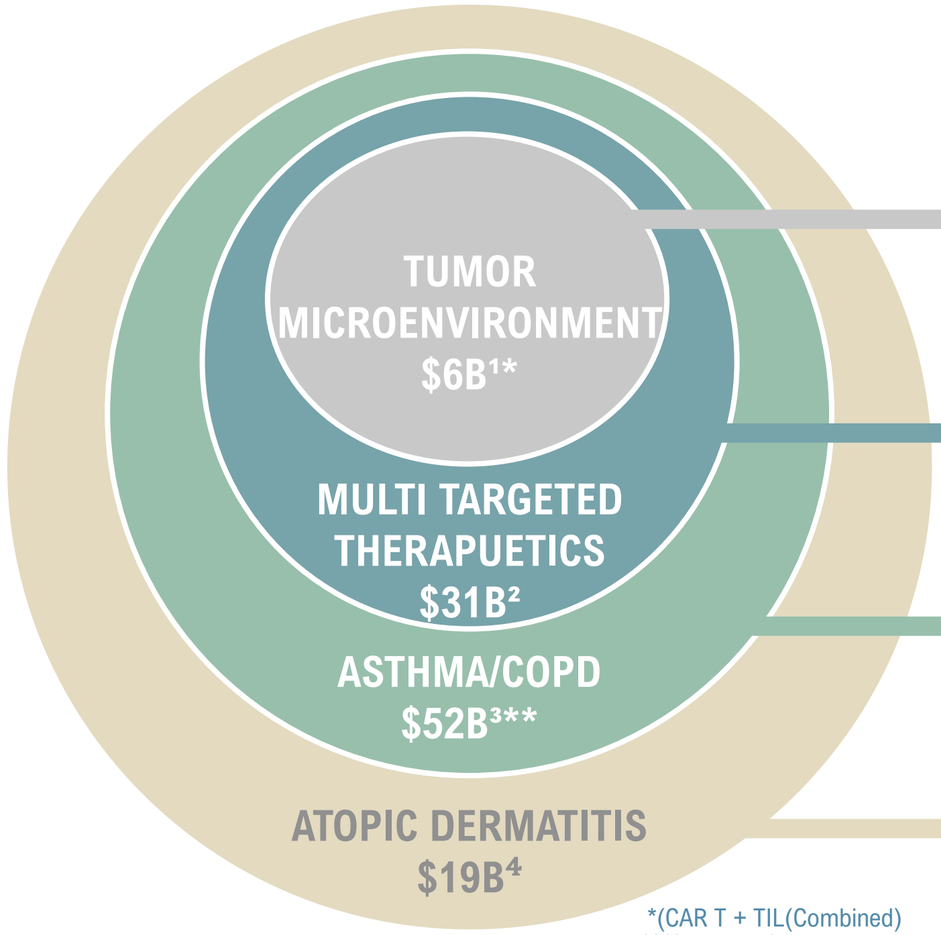
Exec Summary

SERIES B

STATUS UPDATE: NEW COMPELLING DATA

- Hiring of CSO in Summer of ’25
- Establish role of PGE2 and tumor microenvironment and cytokine storm
- Expansion of indications into broader I&I leveraging existing data in Q2
- Expansion of Scientific Advisory Board
- NIH Grant award enabling expansion into Multiple Myeloma
- Cohort 2 ongoing for CRS

CTO1681 | TARGETING THE IMMUNE ACTIVATION AND DYSREGULATION IN ONCOLOGY AND INFLAMMATION



*(CAR T + TIL(Combined)
**(Combined)

IMMUNE HYPERACTIVATION DRIVES DISEASE PATHOGENESIS AND COMPLICATIONS

Immune dysregulation in the Tumor Microenvironment limits effectiveness of immunotherapy.

Multi-targeted therapeutics redirect and activate immune cells triggering excessive cytokine signaling

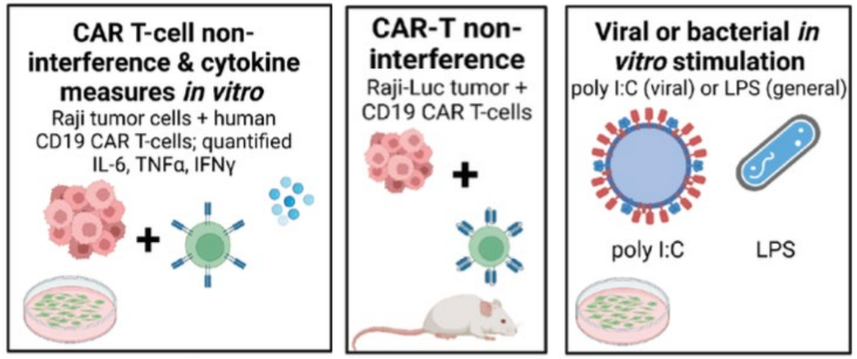
Viral infections trigger > 60% of acute exacerbations leading to epithelial damage and cytokine release

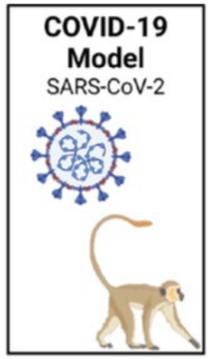
Microbial invasion drives epithelial damage, recruitment of inflammatory cells, and cytokine release

Total Addressable Market (TAM): $108B

[1] Research Nester, September 2025, [2] Fortune Business Insights, October 2024, [3] Precedence Research, November 2025 (Asthma) + April 2025 (COPD), [4] Straits Research, July 2025

CT01681 | DESIGNED TO HARNESS A WELL-KNOWN ANTI-INFLAMMATORY MECHANISM WITH IMPROVED SPECIFICITY AND SAFETY





CytoAgents Data on File

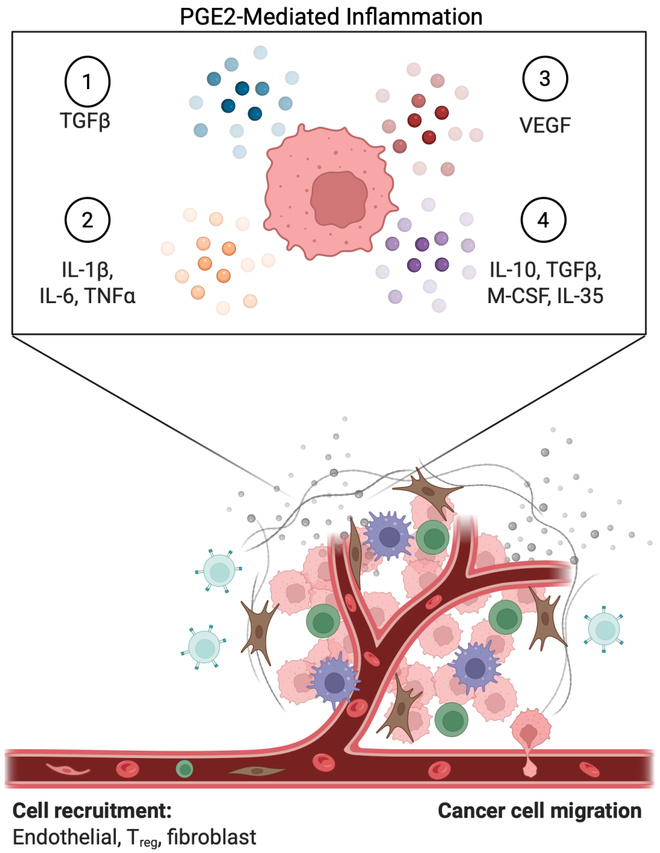
CytoAgents

Cytokine Triggering Disease	CAR T CRS	ASTHMA EXACERBATION	ATOPIC DERMATITIS	CT01681 Impact on Cytokines
IL-1	↑	↑	↑	↓
IL-2	↑	↑	↑	↓
IL-4		↑	↑	↓
IL-5		↑	↑	↓
IL-6	↑	↑	↑	↓
IL-8	↑	↑	↑	↓
IL-9		↑		↓
IL-10	↑	↑	↑	↓
IL-12				↓
IL-15	↑	↑	↑	↓
IL-17		↑		↓
IL-18			↑	↓
IFNχ	↑	↑	↑	↓
TNFα	↑	↑	↑	↓
CXCL9 (MIG)	↑			↓
CXCL-10 (IP-10)	↑	↑	↑	↓
CCL2 (MCP-1)	↑	↑	↑	↓
CCL3 (MIP-1)	↑		↑	↓
CCL5 (RANTES)		↑	↑	↓
bFGF				↓
GCSF	↑			
GM-CSF	↑	↑		↓
PDGF				↓

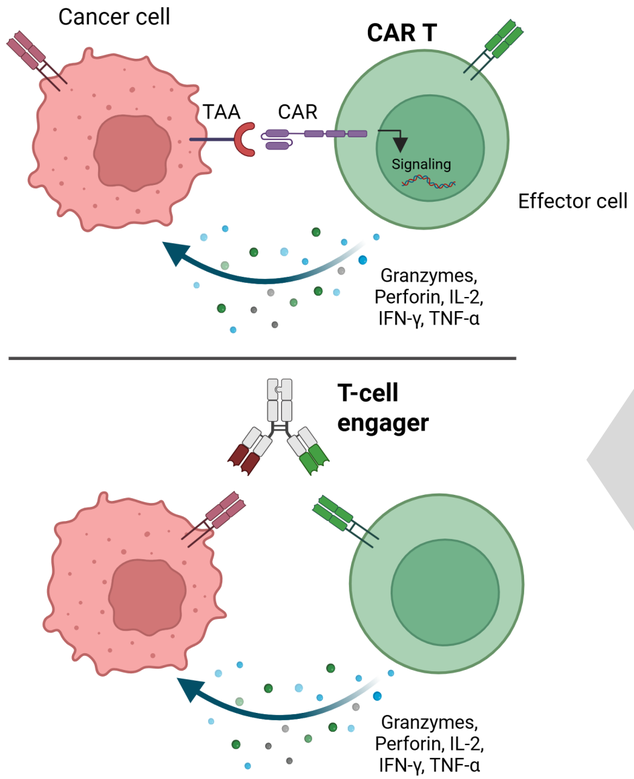
ORAL EP4 AGONIST WITH BEST-IN-CLASS POTENTIAL

IMMUNE DYSREGULATION IN THE TUMOR MICROENVIRONMENT LIMITS EFFECTIVENESS OF IMMUNOTHERAPY AND CAUSES SEVERE TOXICITY

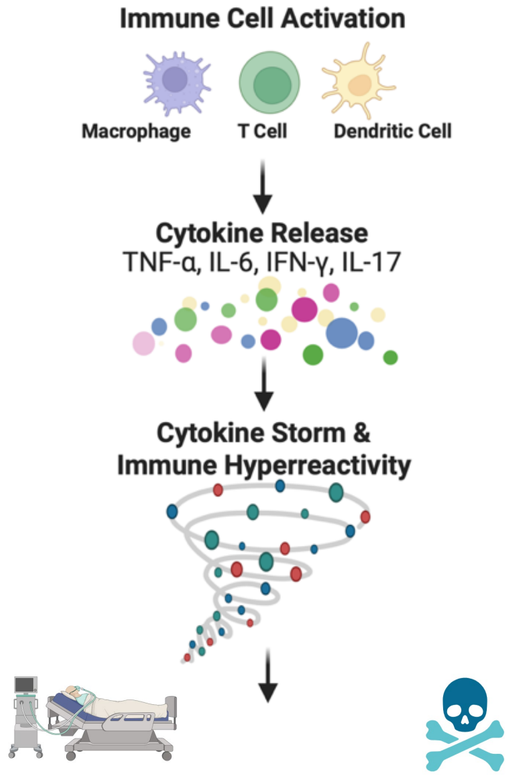
PGE2 Drives Tumor Progression



CART/T-Cell Engagers Treat Cancer



Up To 95% of Patients Develop CRS
Up To 50% Develop ICANS



CRS / ICANS requires **hospitalization, often 14+ days,** ballooning costs and **restricting access** to therapy

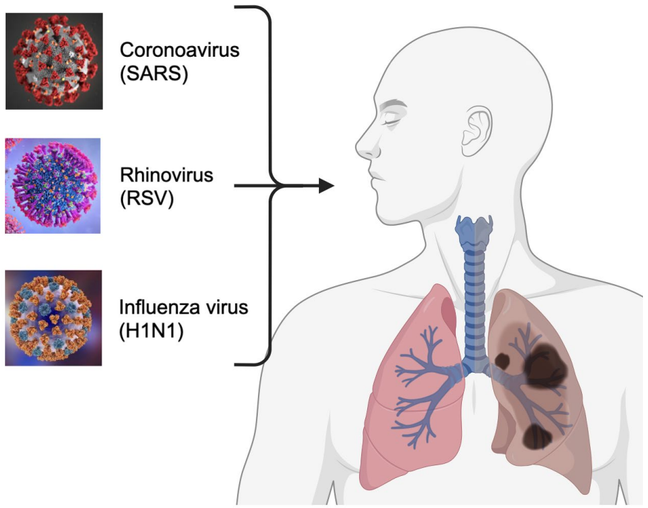
Severe CRS / ICANS may lead to **organ failure or death** in rare cases

CytoAgents **CTO1681**

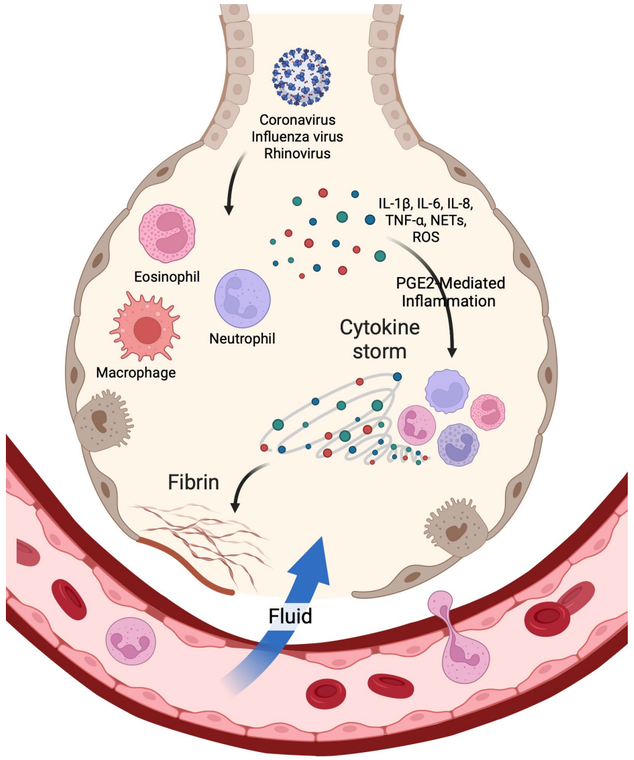
Novel treatment downregulates 20+ inflammation-driving cytokines and suppresses PGE2 signaling, reducing inflammation within the tumor microenvironment supporting improved cell-therapy expansion and preventing toxicity.

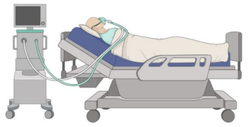
ACUTE EXACERBATIONS IN PULMONARY DISEASE

VIRALLY INDUCED EXACERBATIONS



Viral infections trigger acute exacerbations in >60% of COPD and >80% of asthma patients





Acute exacerbation leads to **hospitalization, ICU admittance, and** ballooning costs

Hyper-Inflammation may lead to **respiratory failure or death**

CURRENT STANDARD OF CARE IS INADEQUATE

✗ **Anti-Th2 Targeting Therapies**

Inhibits 1 or 2 key cytokines in acute exacerbations

✗ **Inhaled Corticosteroids**

Broad immunosuppression with high dose steroids increases already vulnerable patients' risk of severe infection and increases risk of severe cytopenia

✓ CytoAgents CTO1681

Novel treatment downregulates 20+ key cytokines that drive respiratory distress

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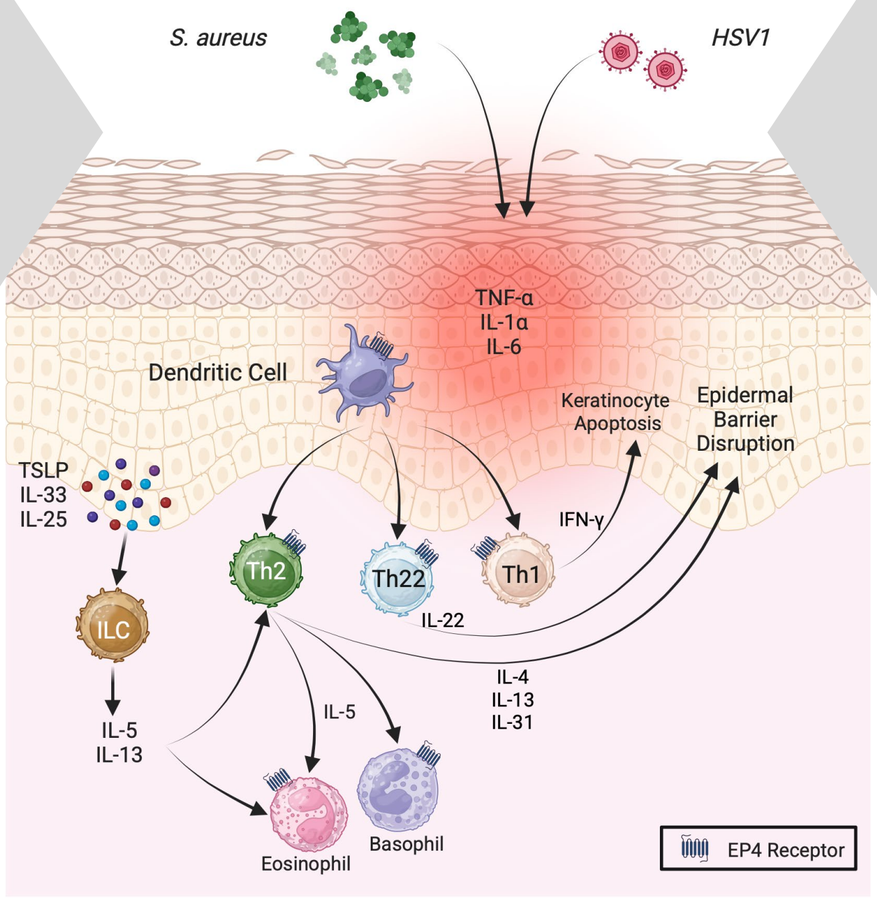
ATOPIC DERMATITIS

CHRONIC INFLAMMATION

- Chronic inflammatory skin disease affecting >25 million in the US
- Characterized by cycles of intense itching & scratching
- Combination of impaired protective barrier and deficient innate immune response lead to increased microbial invasion
- >90% of AD patients are colonized with Staphylococcus aureus
- Up to 20% of patients have viral and fungal infections

MICROBIALLY DRIVEN DISEASE PATHOGENESIS



CURRENT STANDARD OF CARE IS INADEQUATE

Anti-Th2 Targeting Therapies

Targeting IL-4 and/or IL-13 is effective in ~40% of moderate to severe patients

Corticosteroids

Broad immunosuppression with high dose steroids increases already vulnerable patients' risk of severe infection and increases risk of severe cytopenia

CytoAgents CTO1681

Novel treatment downregulates 20+ key cytokines that drive epidermal inflammation

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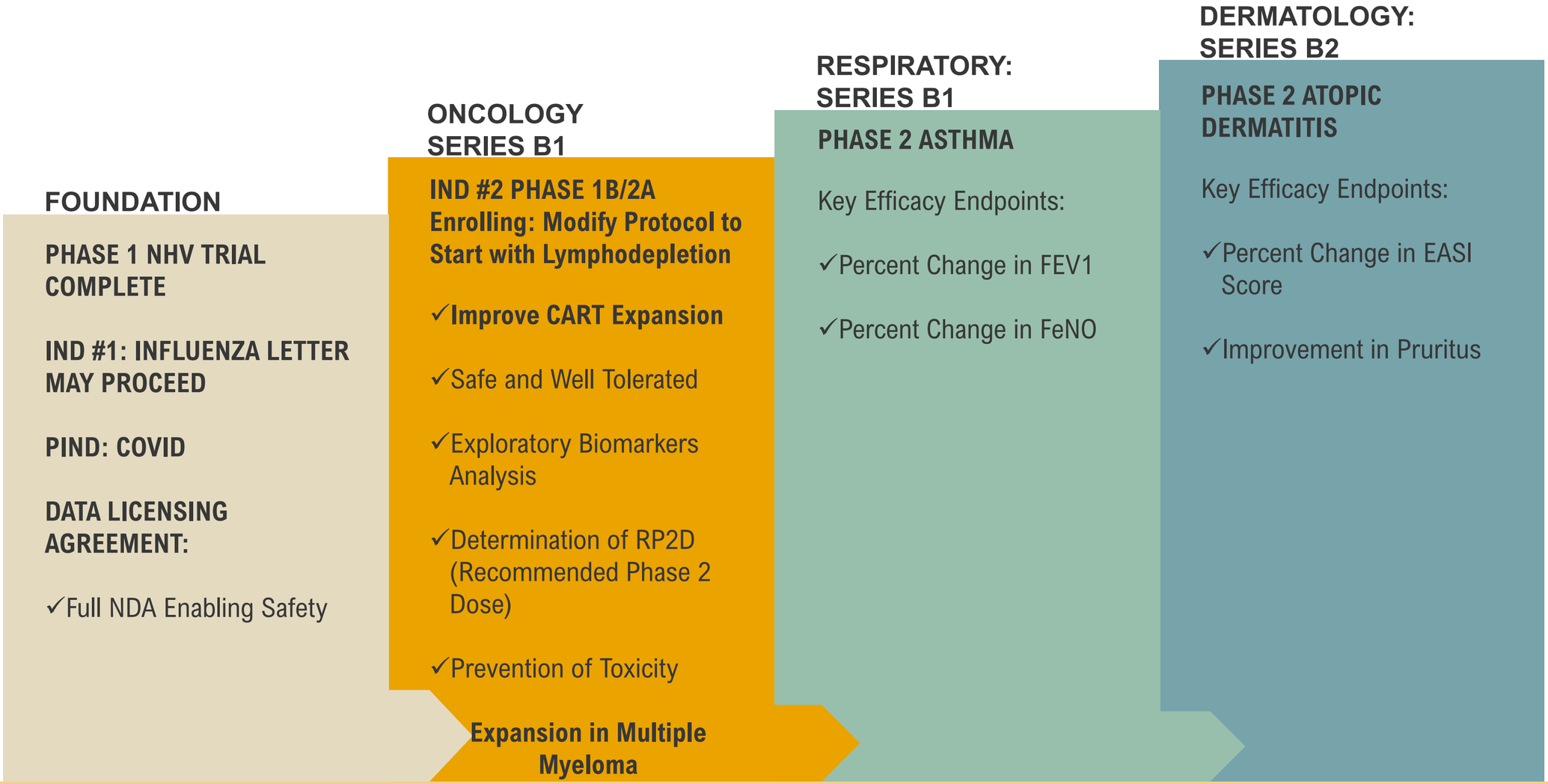
CTO1681 | BROAD PIPELINE OF INDICATIONS, LEAD ASSET IN PHASE 1B/2A

Indication	Pre-Clinical	Phase I	Phase II	Phase III
CAR T-Cell Therapy Related Inflammation		1a Complete / 1b Enrolling	Series B	
Multiple Myeloma			NIH Grant	
Bi-specific T-cell Engagers			Partnership	
Asthma			Series B	
Atopic Dermatitis			Series B	

Series B Value Inflection Points:

- Current Phase 1b/2a in CAR T-Cell Therapy Related Inflammation
  - ✓ CAR T Enhanced Expansion/Efficacy
  - ✓ Determines RP2D for Oncology Broadly
  - ✓ Critical Biomarker Data: Foundational for all Indications
  - ✓ Prevention/Treatment of CRS and ICANS
  - ✓ Data Coincides with CART Pipeline Readout
  - ✓ Expansion into Multiple Myeloma Patient Population
- Phase 2 Clinical Trial: Asthma: Proof of Concept
- Phase 2 Clinical Trial: Atopic Dermatitis: Proof of Concept

SINGLE ASSET: MULTIPLE I&I INDICATIONS



EXPERIENCED TEAM & STRONG ADVISORS

Management

Teresa Whalen, RPh
Chief Executive Officer

Michael Howell, PhD
Chief Science Officer

Johannes Wolff, MD, PhD
Chief Medical Officer

Denise Gottfried
Head of Regulatory

Roy Prieb
Chief Financial Officer

Key Advisors

Stanley M. Marks, MD
Advisor
Chairman of the Board

Robert Ferris, MD, PhD
Advisor
Board Member

Matthew Frigault, MD
Advisor

Jorg Dietrich, MD, PhD, MMsc
Advisor

Key Partners

$5M+ in grants, incl.
$2M for lymphoma trial

6 top academic cancer centers for trials

Series B Summary

Series B Round Details

- Raising $30M Series B Preferred Equity
- 1x Liquidation Preference
- $7M of Convertible Notes + Warrants (total round: $37M)

Key Milestones To Be Achieved:

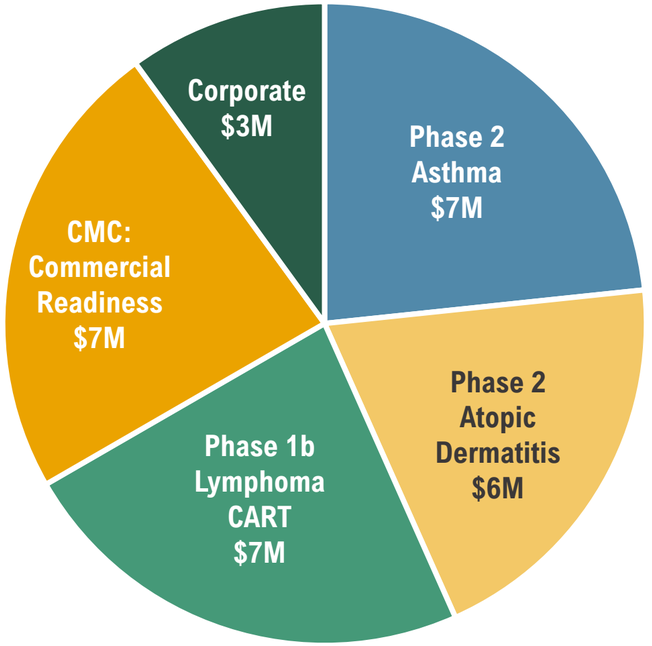
✓ **Current Phase 1b/2a CAR T-Cell Therapy Related Inflammation**
- CART Enhanced Expansion/Efficacy
- Determines RP2D for Oncology Broadly
- Critical Biomarker Data: Foundational for all Indications
- File for Registrational Trial
- Data Coincides with CART Pipeline Readout
- Expansion into Multiple Myeloma

✓ **Phase 2 Clinical Trial: Asthma: Proof of Concept**

✓ **Phase 2 Clinical Trial: Atopic Dermatitis: Proof of Concept**

✓ **CMC Commercial Readiness**
- Clinical IR Batch
- Modified Release
- Commercial Stability Program

Uses of Proceeds



Opportunity Summary

- Proven MOA and data showing downregulations of 20+ cytokines
- Access to a broad I&I platform / roadmap
- Registrational trial-ready asset(s) in oncology (MM, Lymphoma)
- PoC data from Phase II Asthma and Atopic Dermatitis trials
- $8B+ annual product revenue opportunity
- **Sets up company for exit within 18 months w/ multi-indication platform**

Establishes Foundation for Indication Expansion and Significant Value Inflection Points and Exit Within 18 Months

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