



Enabling the Nervous System to Repair Itself

Corporate Presentation

November 2024

Financial Disclosure Statement

Not an offer or solicitation: This document is provided for general information purposes only and does not constitute an offer to sell or a solicitation of an offer to buy any security in any jurisdiction. The contents of this document have not been approved or disapproved by any securities commission or regulatory authority in Canada, the U.S. or any other jurisdiction. It is neither sufficient for, nor intended to be used in connection with, any decision relating to the purchase or sale of any existing or future securities. Investors considering the purchase or sale of any securities should consult with independent professional advisors.

Forward-looking statements: Certain statements in this document about the Company's current and future plans, expectations and intentions, results, levels of activity, performance, goals or achievements, or any other future events or developments constitute forward-looking statements, including, without limitation, statements regarding the advancement of NVG-291 in clinical development, the timing of human trials and regulatory approval, the potential efficacy of the Company's products and technology, and the potential to identify, evaluate and develop other drug candidates. The words "may", "will", "would", "should", "could", "expect", "plan", "intend", "trend", "indication", "anticipate", "believe", "estimate", "predict", "likely" or "potential", or the negative or other variations of these words or other comparable words or phrases, are intended to identify forward-looking statements. Forward-looking statements are based on estimates and assumptions made by the Company in light of management's experience and perception of historical trends, current conditions and expected future developments, as well as other factors that the Company believes are appropriate and reasonable in the circumstances. Many factors could cause the Company's actual results, level of activity, performance or achievements or future events or developments to differ materially from those expressed or implied by the forward-looking statements, including those described in the "Risk Factors" section of the Company's Annual Information Form, Prospectus Supplement, financial statements and Management Discussion and Analysis which can be found on SEDARplus.ca. All clinical development plans are subject to additional funding. Readers should not place undue reliance on forward-looking statements made in this document. Furthermore, unless otherwise stated, the forward-looking statements contained in this document are made as of the date of this document, and the Company has no intention and undertakes no obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by applicable law. The forward-looking statements contained in this document are expressly qualified by this cautionary statement.

NervGen Highlights

NVG-291, demonstrated improvement in **axonal repair, plasticity, and function (motor, sensory and cognitive) in multiple preclinical models from multiple independent labs**

Q2 2025 – Phase 1b/2a proof-of-concept readout in people living with chronic SCI

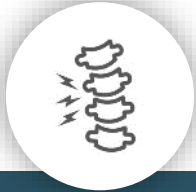
Q1 2025 – NVG-300 preclinical data readout in models of **ischemic stroke, ALS and SCI**

Multiple Preclinical Studies Using NVG-291-R* Report Improved CNS/PNS Repair

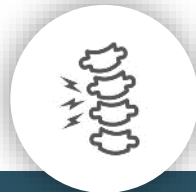
Enhanced Plasticity, Repair (Axonal, Myelination), and Recovery of Function

Conditions Modeled

ACUTE SPINAL CORD INJURY



CHRONIC SPINAL CORD INJURY



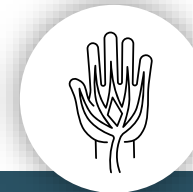
STROKE
(Ischemic, Hemorrhagic)



MULTIPLE SCLEROSIS (EAE)



PERIPHERAL NERVE INJURY



OPTIC NERVE DEMYELINATION



Functional Endpoints

Motor
Sensory
Bladder

Motor

Motor
Sensory
Object recognition

Motor

Motor
Sensory

Visual
Behavioral

1. Lang, B.T. et al., Nature, 518, 404–408. (2015).
2. Rink, S. et al., Experimental Neurology, 309, 148–159. (2018).
3. Ham, T.R. et al., Ann Biomed Eng, 47, 744–753. (2019).
4. Ham, T.R. et al., Materials Science and Engineering: C, 110, 110656. (2020).
5. Wang, H et al., Molecular Neurobiology, s12035-024-04304-3 (2024)

1. Milton et al, Journal of Neurotrauma, (2023) doi:[10.1089/neu.2023.0117](https://doi.org/10.1089/neu.2023.0117)

1. Luo et al., Cell Reports Volume 40, Issue 4, 111137, (2022)
2. Yao et al., Journal of Neuroinflammation 19:207, (2022)
3. Wang, R et al., Experimental Neurology, 114564, (2023)
4. Zheng, W. et al., Chemical Engineering Journal 483:149225, (2024)

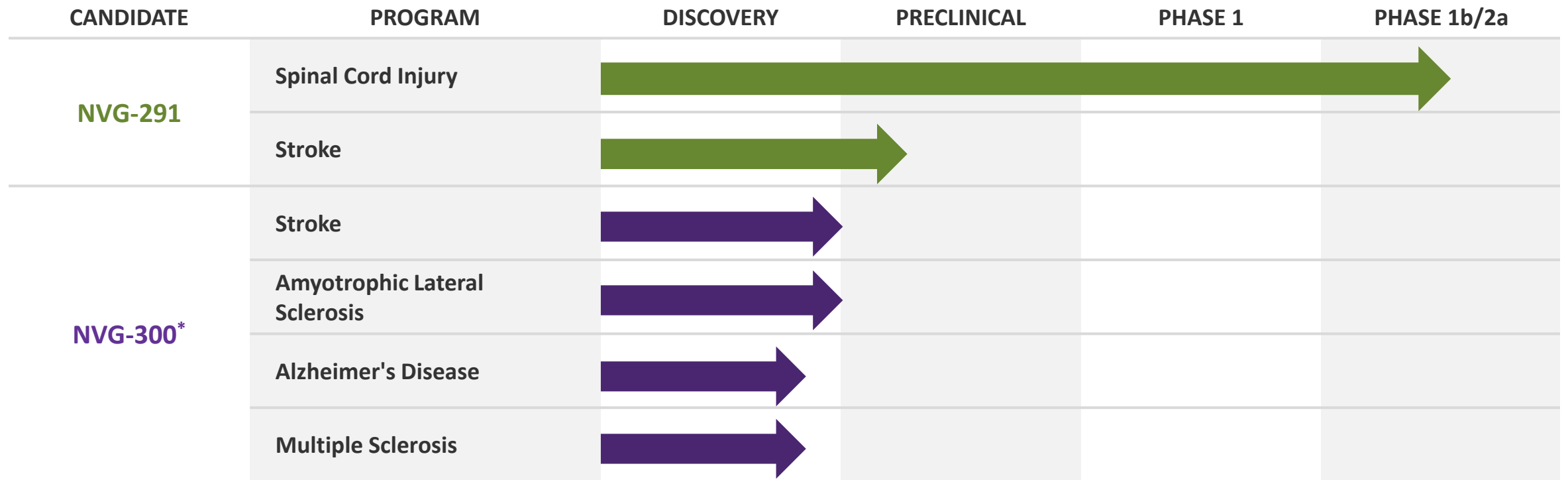
1. Luo, F. et al., Nature Communications, 9, 1–16. (2018).

1. Li, H. et al., Scientific Reports, 5, 1–14. (2015).
2. Yao, M. et al., Neuropharmacology, 144, 208–218. (2019).
3. Lv, S. et al., Neural Regeneration Research 16, no. 8:1598, (2021)

1. Niknam, P. et al., Molecular and Cellular Neuroscience, 99, 103391. (2019).

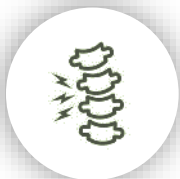
Product Pipeline

Multiple development opportunities



Nervous System Damage Markets and Opportunity

Significant medical costs and morbidity



	SCI	Ischemic Stroke	ALS	MS	AD
Incidence*	18,000	~690,000	~7,000	10,000	500,000
Prevalence*	291,000	9.4M	~25K-30K	~1M	6.7M
Lifetime Cost*	\$1M-\$4M+	\$140,000+	\$1.4M	\$4M+	\$400,000
System Cost*	\$50B+	\$57B	\$250M-\$1.0B	\$85B	\$320B-\$345B
Current Treatment*	Decompressive surgery and rehabilitation	TPA must be given within hours of stroke; rehabilitation	Disease modifying agents (e.g. riluzole, edaravone) to slow progression – none stop progression	Immunomodulatory/ immunosuppressive therapies to reduce relapses and/or slow progression	Symptomatic therapies (e.g. cholinesterase inhibitors) to temporarily improve cognition; anti-beta mAbs to slow progression
Unmet Needs*	Effective treatments to enhance recovery	Effective treatments to enhance recovery	Treatment that improve function	Treatments to remyelinate axons and improve function	Treatments to effect enduring improvements

* US only

█ Depicts current market opportunity of lead indication



SCI Demographics

- Average age: ~43
- Male (78%), female (22%)
- Cause: vehicle (38%); fall (33%); violence (15%); sports (8%)
- Annual hospitalization (30%): UTI, pneumonia, decubitus ulcer
- Duration of hospitalization and rehabilitation: 2 to 3 months
- Chance of depression: 25%
- Significant urinary and sexual dysfunction

Surgery
(decompression)

TREATMENT

Rehabilitation
(regain function)

No FDA approved drugs to enable sustained functional recovery

SCI Facts and Figures

Incidence and Prevalence

~18,000

Spinal cord injuries every year in the US¹

~300,000

People living in the US who have suffered a spinal cord injury in 2019¹

up to
500,000

Worldwide, the estimated **annual incidence** of spinal cord injury²

Economic Impact

Individuals with SCI face a difficult and expensive journey through the healthcare system; that journey begins with **2-3 months in rehabilitation** and **costs \$200,000 or more per patient**³

Each individual with SCI faces an expected **lifetime cost of care between \$1M and \$4M**, depending on severity and age at injury⁴

In addition to the enormous economic costs, individuals with SCI face a **shorter expected lifespan, higher unemployment, higher chance of bankruptcy**⁵

(1) NSCSC: SCI Facts and Figures at a Glance; 2019 SCI Data Sheet Accessed May 11, 2023. (2) World Health Organization, Key Facts on Spinal Cord Injury, 2013; <https://www.who.int/news-room/fact-sheets/detail/spinal-cord-injury>. (3) DeVivo MJ, et. Al. Costs of Care Following Spinal Cord Injury, Top. Spinal Cord Inj. Rehab. 2011;16(4):1-9. (4) Cao Y, Chen Y, DeVivo MJ, Lifetime Direct Costs After Spinal Cord Injury, Top. Spinal Cord Inj. Rehab. 2011;16(4):10-16 (5) Merritt CH, Taylor MA, Yelton CJ, Ray SK Economic impact of traumatic spinal cord injuries in the US, Neuroimmunol. Neuroinflammation 2019;6:9

NVG-291-R

Promotes Recovery in Acute SCI

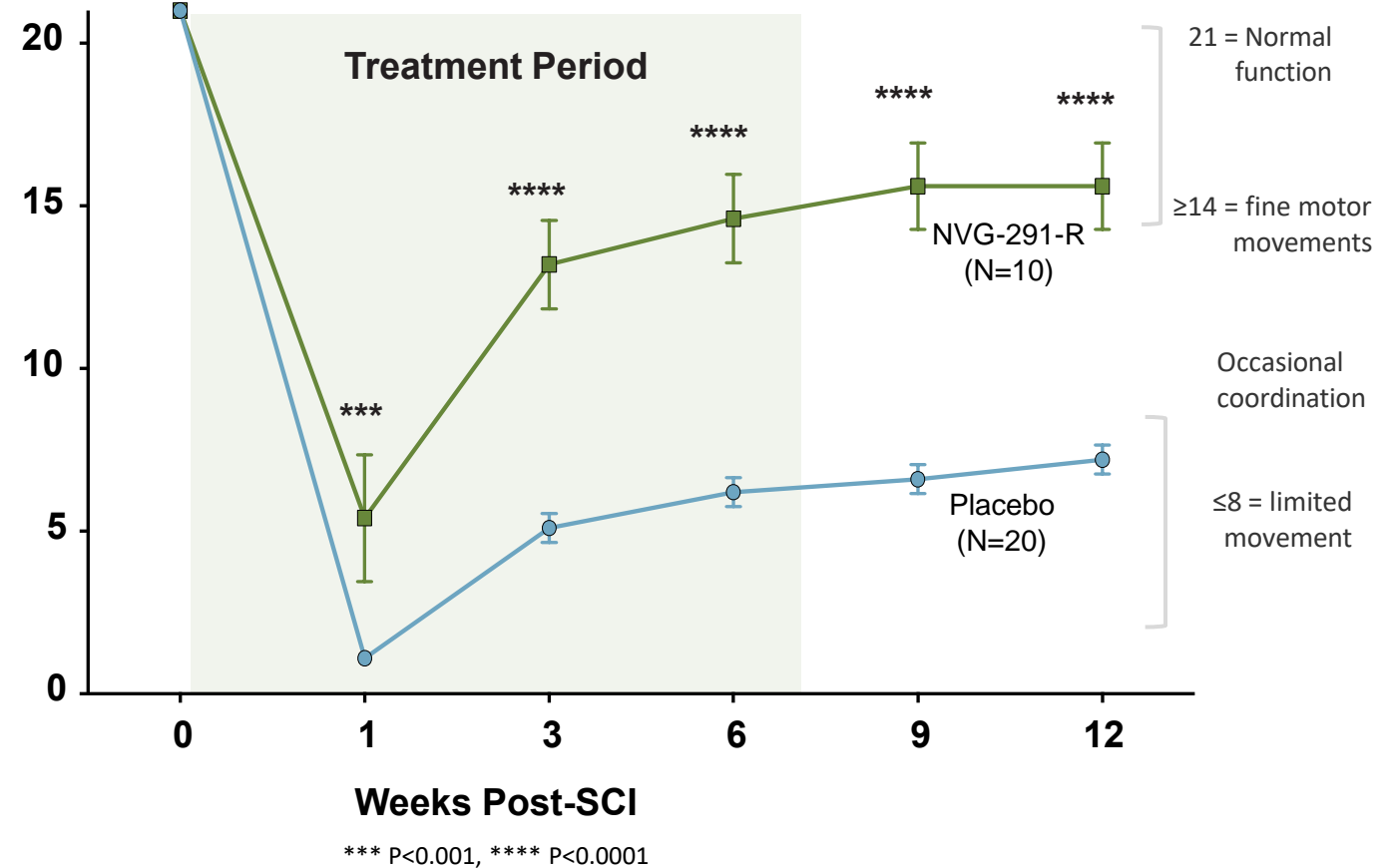
Overview

- T8 compression injury
- 500 µg/day x 7 weeks
- Treatment began 1 day post-injury

Results

- Significant recovery of locomotor and bladder function
- Functional improvements persist after treatment
- Enhanced neuroplasticity (i.e. axonal sprouting) near and far from injury

Hindlimb function (BBB Score)



NVG-291-R: Severe Spinal Cord Injury Model

Representative of Placebo Group

(Back Legs and Tail Dragging)



[Click here to play video](#)

Representative of NVG-291-R Group

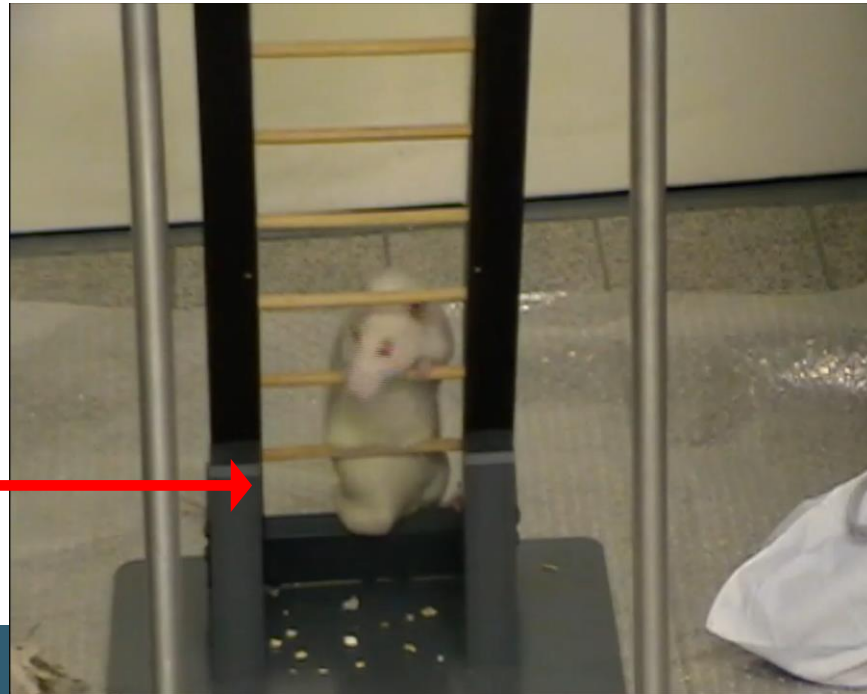
(Back Legs and Tail Active)



Remarkable and robust repair across multiple models

NVG-291-R: Severe Spinal Cord Injury Model

Representative of Placebo Group



Hind legs are immobile



Click here to play video

Representative of NVG-291 Group



Significant motor recovery: consistent coordination, toe clearance, tail held high consistently

NVG-291-R

Promotes Recovery in Chronic SCI

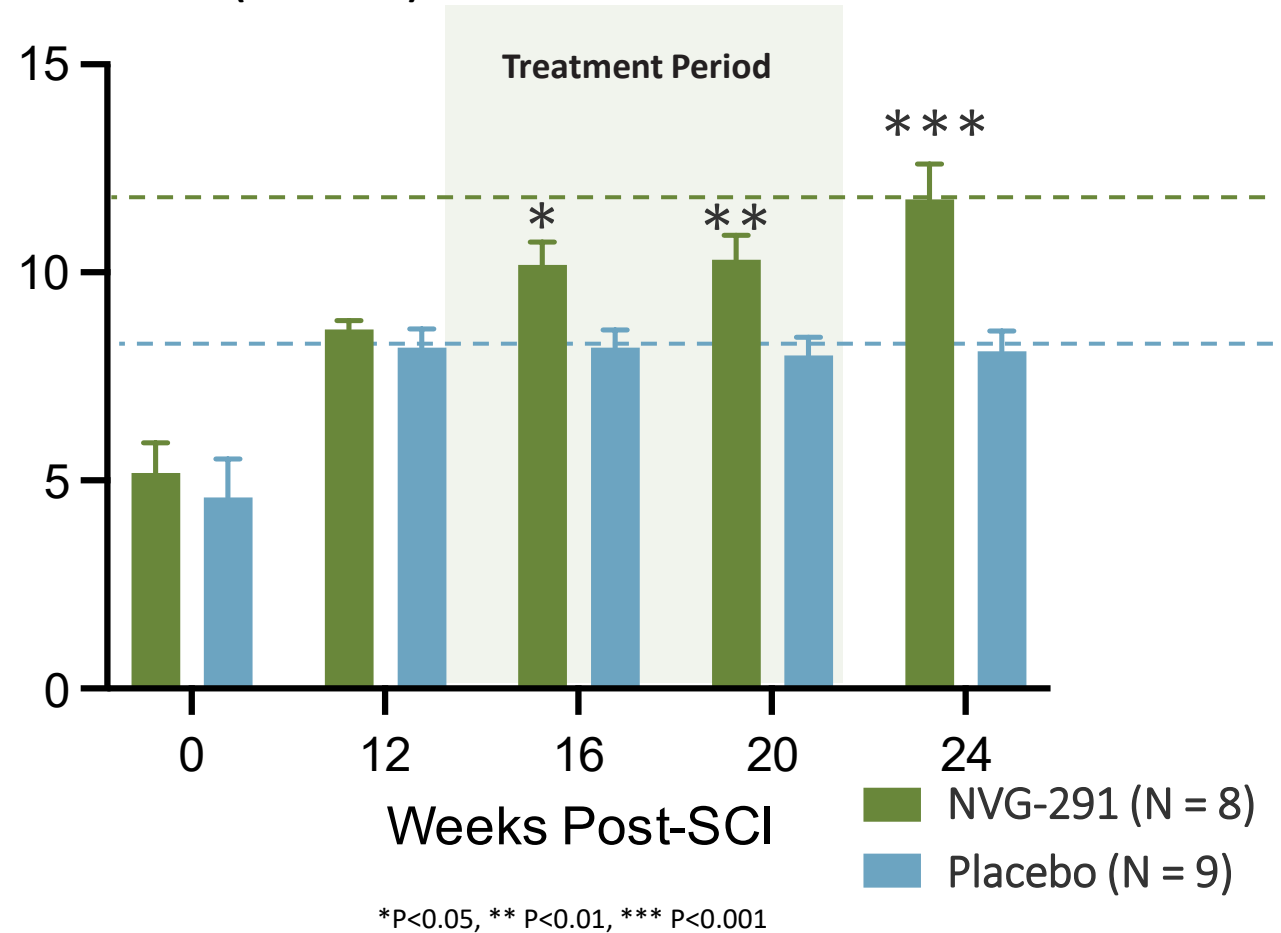
Overview

- C2 lateral hemisection
- 500 µg/day x 8.5 weeks
- Treatment began 12 weeks post-injury

Results

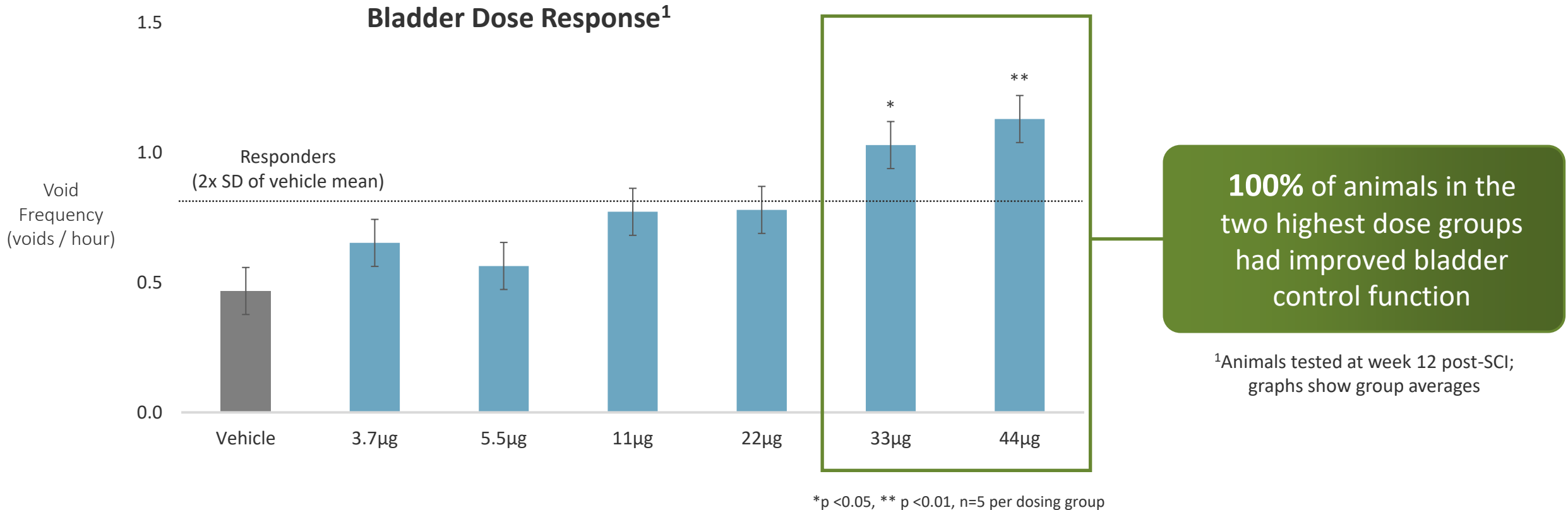
- Significant recovery of forelimb locomotor function
- Functional improvements persist after treatment

Forelimb function (FLS score)



Spinal Cord Injury

Bladder function improved following NVG-291-R treatment in preclinical animal studies



Bladder function is a key quality of life measure in the paralyzed population

NVG-291 Phase 1 Clinical Trial Results

Study Design

Single Dose

- 37 subjects
- 6 dose levels
- Assessed through Day 8

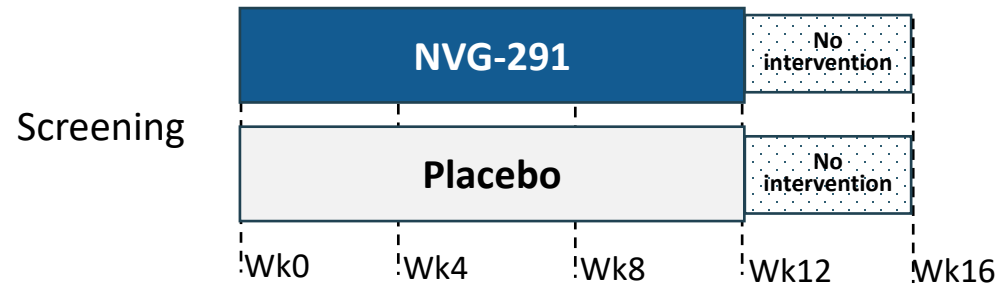
Multiple Dose

- 33 subjects
- 4 dose levels
- Subjects dosed subcutaneously once/day for 14 days
- Assessed through Day 21

Safety Results

- Well tolerated across all doses
 - Maximum tolerated dose (MTD) not reached
- No treatment discontinuations
- No serious/severe adverse events (AE) in NVG-291 group
- Most common AE was injection site related (ISR)
- No clinically significant effects related to NVG-291 treatment across all study parameters

Phase 1b/2a Trial: Study NVG-291-201



Over 16 weeks:

- Daily SQ injections (12 weeks)
- Electrophysiological assessments
- Clinical assessments
- Exercise/training: ~5 days per week

- **Single-center** study – Shirley Ryan AbilityLab (Chicago, IL, USA)
 - Uniform assessments and training regimen – reduces variability of results
 - Electrophysiological measurements easily standardized- same assessors, equipment, technique
- **Two cohorts** planned (~N=20 each)
 - Randomized 1:1 to NVG-291 (fixed dose) or placebo
 - Weeks 1-12: blinded treatment

clinicaltrials.gov NCT05965700

Shirley Ryan
Abilitylab



Study Population

Cohorts of motor incomplete cervical SCI

1. **Chronic:** 1-10 years post-injury
2. **Subacute:** 20-90¹ days post-injury

Key Inclusion Criteria	Key Exclusion Criteria
<ul style="list-style-type: none"> • Age 18-75 	<ul style="list-style-type: none"> • Non-traumatic SCI
<ul style="list-style-type: none"> • Traumatic SCI 	<ul style="list-style-type: none"> • SCI from gunshot or penetrating/stab injury
<ul style="list-style-type: none"> • Neurological level of injury C7 or higher 	<ul style="list-style-type: none"> • Two or more (non-contiguous) spinal cord lesions
<ul style="list-style-type: none"> • Motor incomplete with minimal/maximal level of motor function in upper and lower extremities 	<ul style="list-style-type: none"> • Ventilator dependence
<ul style="list-style-type: none"> • <i>Intact motor evoked potential (MEP)² in two qualifying muscle groups:</i> <ul style="list-style-type: none"> • At least 1 tibialis anterior (TA) • At least 1 first dorsal interosseus (FDI) 	

¹Pending protocol amendment

²Intact MEP = amplitude of at least 50 µV is observed in at least 5 out of 10 trials

Primary Objective and Endpoint

- Primary Objective
 - To evaluate the effect of NVG-291 compared to placebo on relative percentage change in corticospinal connectivity to *qualifying* muscle groups
- Co-Primary Endpoints
 - Relative percentage change from baseline to Week 12 in the normalized MEP amplitudes (corticospinal contribution) in the *qualifying* **FDI** and **TA** muscle groups

Ten Muscle Groups Assessed	
Upper extremity	Lower extremity
Biceps brachii	Quadriceps
Triceps brachii	Hamstrings
First dorsal interosseous (FDI)^Q	Tibialis anterior (TA)^Q
Flexor carpi radialis	Soleus
Extensor carpi radialis	Abductor hallucis

^Q *Qualifying* muscle group

Assuming a treatment effect on and variability of MEPs similar to that observed with electrical stimulation studies¹, with **8 subjects per arm** this study will have **≥80% power** to detect a difference ($\alpha = 0.025$, Student t-test 2-sided)

¹Jo and Perez, 2020 (Brain 143:1368–1382), Corticospinal-motor neuronal plasticity promotes exercise-mediated recovery in humans with spinal cord injury.

Secondary Endpoints (Clinical)

1. Change from baseline to Week 12 in **10mWT** time
2. Change from baseline to Week 12 in **9-HPT** time
3. Change from baseline to Week 12 in **pinch** dynamometry force
4. Change from baseline to Week 12 in **GRASSP** version 2 scores
5. Change from baseline to Week 12 in *lower* extremity **motor scores**
6. Change from baseline to Week 12 in *upper* extremity **motor scores**

Other secondary objectives:

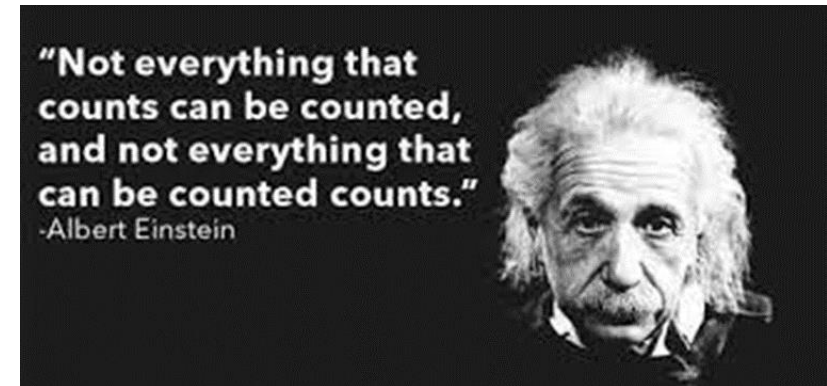
- Changes in other electrophysiological parameters
 - Change in MEP amplitudes (corticospinal) of non-qualifying muscle groups
 - Change in reticulospinal MEP amplitudes
 - Change in MEP latencies
 - Change in maximal voluntary contractions
- Safety/tolerability of NVG-291; pharmacokinetics of NVG-291

Exploratory objectives:

- Changes in spasticity (modified Ashworth, pendulum test), SCAR, ISNCSCI sensory scores, autonomic function (ISAFSCI), mobility/ADLs (SCIM III), quality of life (SCI-QOL), advanced MRI imaging, blood biomarkers

Additional Data: Qualitative Review of Subject Experience

- Incorporating qualitative semi-structured subject interviews
- Exploring subjects' experiences of potential beneficial treatment
- Aligns with FDA Patient-Focused Drug Development Guidance



Advancing NVG-300: Diversifies pipeline and partnering opportunity

- A new proprietary molecule discovered at NervGen in 2022
- Demonstrated promising efficacy during initial preclinical evaluation in SCI
 - Severe injury model characterized by heightened spinal cord damage and impaired spontaneous recovery
- Demonstrated favorable pharmaceutical properties (solubility, metabolic stability)
- Eligible for the BLA development path
- Composition of matter IP protection expected to extend beyond 2040

Next steps

- Formulation development
- Initiating evaluation in preclinical models of ischemic stroke and ALS, confirmatory SCI study

Leadership



Mike Kelly, MBA
Chief Executive Officer

Mike has over 30 years of pharmaceutical experience. Most recently, as President of US Operations for Adapt Pharma, Inc., which developed and commercialized NARCAN (naloxone HCl) Nasal Spray in the US and Canada and was sold to Emergent BioSolutions for US\$735 million.



Bill Adams, CPA, CA
Chief Financial Officer

Bill has over 25 years of strategic financial management experience that includes mergers and acquisitions, operations and capital markets in Canada and the US.



Dan Mikol, MD, PhD
Chief Medical Officer

Dan has over 25 years of pharmaceutical experience as a practicing physician conducting clinical research in the field of neurology. Most recently, at Amgen he served as the Head of clinical development in neuroscience and nephrology and was instrumental in the approval of Aimovig. Dan was also the development lead for Tysabri at Biogen and supported the Japan approval of Tysabri for relapsing multiple sclerosis.



Chuck Olson, DSc
Sr. VP, Technical Operations

Chuck has over 40 years of experience as a biotechnology industry professional with a broad scientific and operational experience in process development, manufacturing and CMC associated quality and regulatory activities for many clinical and commercial products.



Liz Eberhardt, BSc
Sr. VP, Project Management

Liz has over 25 years of biotech experience in product leadership and program management. Throughout her career, Liz has taken multiple compounds through all stages of development including preclinical and commercialization.



Matvey Lukashev, PhD
VP, Research & Preclinical Dev.

Matvey has over 30 years of experience in academia, industry and biotech settings focused on translational research and drug discovery.



Board of Directors



Glenn Ives

Chairman
Former Partner, Deloitte LLP



Mike Kelly

President & CEO, NervGen



Adam Rogers, MD

Former CEO & Co-Founder, Hemera



Harold Punnett, DMD

Co-Founder



Neil Klompas

President & CEO, Augurex



John Ruffolo

Founder & Managing Partner, Maverix



Brian Bayley

Director, Earlston Investments



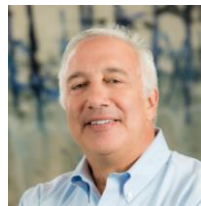
Krista McKerracher

Former Global Franchise Head, Novartis



Craig Thompson

CEO, Cerevance



Randall Kaye, MD

CMO, Longboard Pharmaceuticals

Upcoming Milestones

Q4 2024 – Initiating subacute cohort in Phase 1b/2a proof-of-concept in people living with SCI

Q2 2025 – Phase 1b/2a proof-of-concept readout in people living with chronic SCI

Q1 2025 – NVG-300 preclinical data readout in models of **ischemic stroke, ALS and SCI**

Share and Capital Structure

Exchange/Market: Ticker	TSX: NGEN.V	OTCQB: NGENF
Recent Share Price (October 29, 2024)	CA \$2.38	US \$1.77
Shares Outstanding	70.3 million	
Fully Diluted	92.6 million (~12.2 million options & retention securities, ~10.1 million warrants*)	
Insider Ownership	21.1%	
Cash & Cash Equivalents (June 30, 2024)	CA \$26.6 million	US \$19.4 million

*Warrant exercise prices between US\$1.75 to CA\$3.00



Enabling the Nervous System to Repair Itself

www.nervgen.com

Certain images in this presentation are sourced from Flaticon
All trademarks are the property of their respective Company owners