

NASDAQ: CNSP
September 2025



CNS
Pharmaceuticals

Forward Looking Statements

This presentation incorporates information from materials filed with the SEC and contains forward-looking statements. All statements contained herein other than statements of historical fact, including statements regarding our future results of operations and financial position, our business strategy and plans, and our objectives for future operations, are forward-looking statements. The words “believe,” “may,” “will,” “estimate,” “continue,” “anticipate,” “intend,” “expect,” and similar expressions are intended to identify forward looking statements. We have based these forward-looking statements largely on our current expectations and projections about future events and trends that we believe may affect our financial condition, results of operations, business strategy, short-term and long-term business operations and objectives, and financial needs.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including those described in the “Risk Factors” section of most recent Form 10-K as updated by any subsequent Form 10-Q filings. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the future events and trends discussed in this presentation may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward looking statements.

Overview

Developing Anti-Cancer Drug Candidates for the Treatment of Primary and Metastatic Brain Cancers

Strong Financial Position – over \$12M at Q2 close

Proven Clinical Development "Engine" with Global Trial Site Network in Place to Accelerate Complex CNS Focused Trials

Advancing Lead Product Candidate, TPI 287 for treatment of Glioblastoma Multiforme (GBM)

- Late-stage, novel, blood brain-barrier permeable taxane-derivative (abeotaxane)
- Studies in over 350 patients to date, include clinical trials as monotherapy and combination with bevacizumab

Reported Primary Analysis of Berubicin Monotherapy in 2nd line GBM

- Ongoing analysis of outcomes ongoing to determine next steps

A Focused and Targeted CNS Oncology Pipeline

Program	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Highlights
TPI 287	Glioblastoma Multiforme (GBM)					• Studied in over 350 patients to date • Plan to engage with regulators to design potential registration study in 2025

A Much Bigger Story Beyond GBM

Potential Future Indications

Primary Brain Tumors

15,000
Patients

High Grade Gliomas in Pediatrics

6,000
Patients

Brain Metastases - Combo with Radiation Therapy

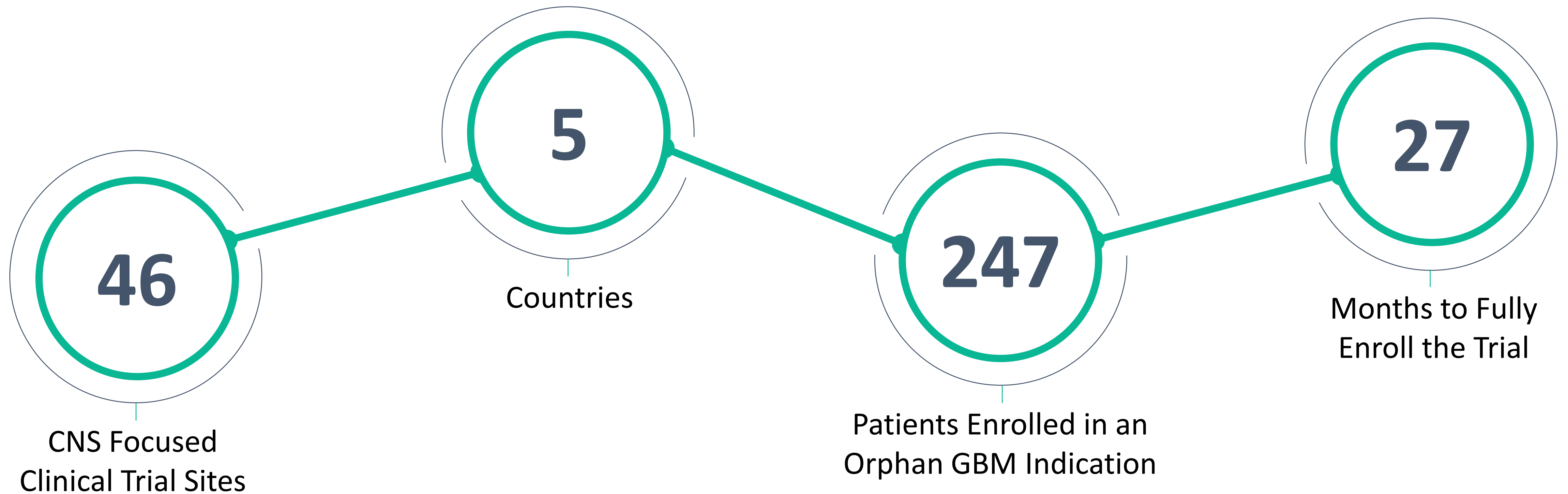
45,000
Patients

Primary CNS Lymphoma (PCSNL)

1,200
Patients

Established "Engine" to Execute Global CNS Clinical Trials

Key Learnings and Established Network From Berubicin Monotherapy Potentially Pivotal Trial



Successfully Built CNS Trial Network and Enrolled Patients in Record Time, All During a Global Pandemic

Proven Clinical Development Infrastructure Optimized for Brain Cancer Drug Development

Relationships

- Deliberate establishment of a global, CNS focused network
- Commitment to work in this disease
- Deep understanding of the landscape of clinical trials in GBM

Program Development Infrastructure & Efficiencies

- Seamless transition to our next asset
- Built to last
- Set up for success

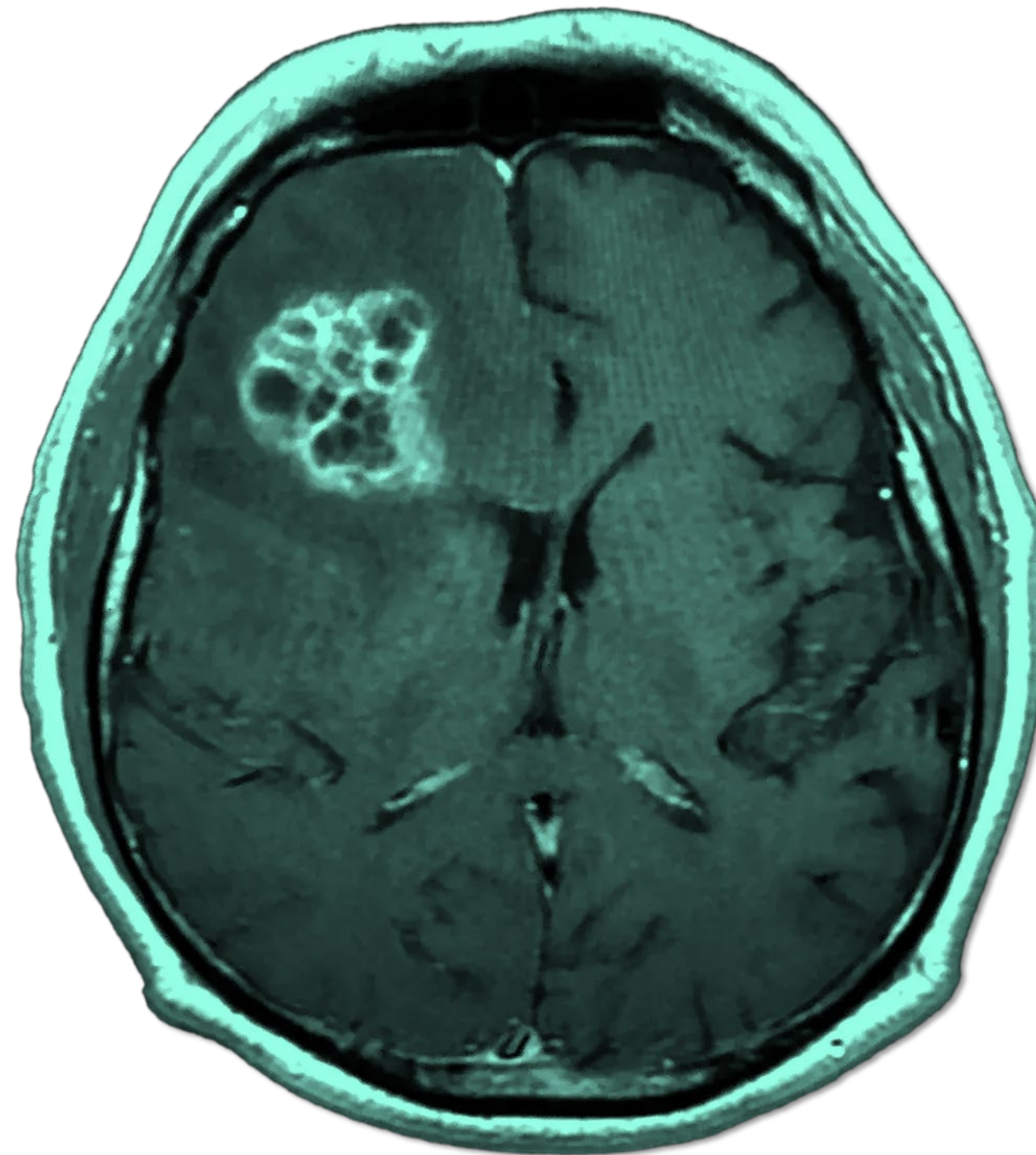


Glioblastoma Multiforme (GBM)

One of the most aggressive, deadly and treatment-resistant cancers that forms in the brain

Current standard of care ineffective in ~60% of patients

Can affect cognition, mood, behavior and organ function



12 – 18 MONTHS

Average Life Expectancy¹

>50,000

New Cases in the 8 Major Markets² Each Year³

>151,000

Forecast of Annual New Cases in the 8 Major Markets² by 2027³

~48%

Of All Primary Malignant Brain Tumors¹

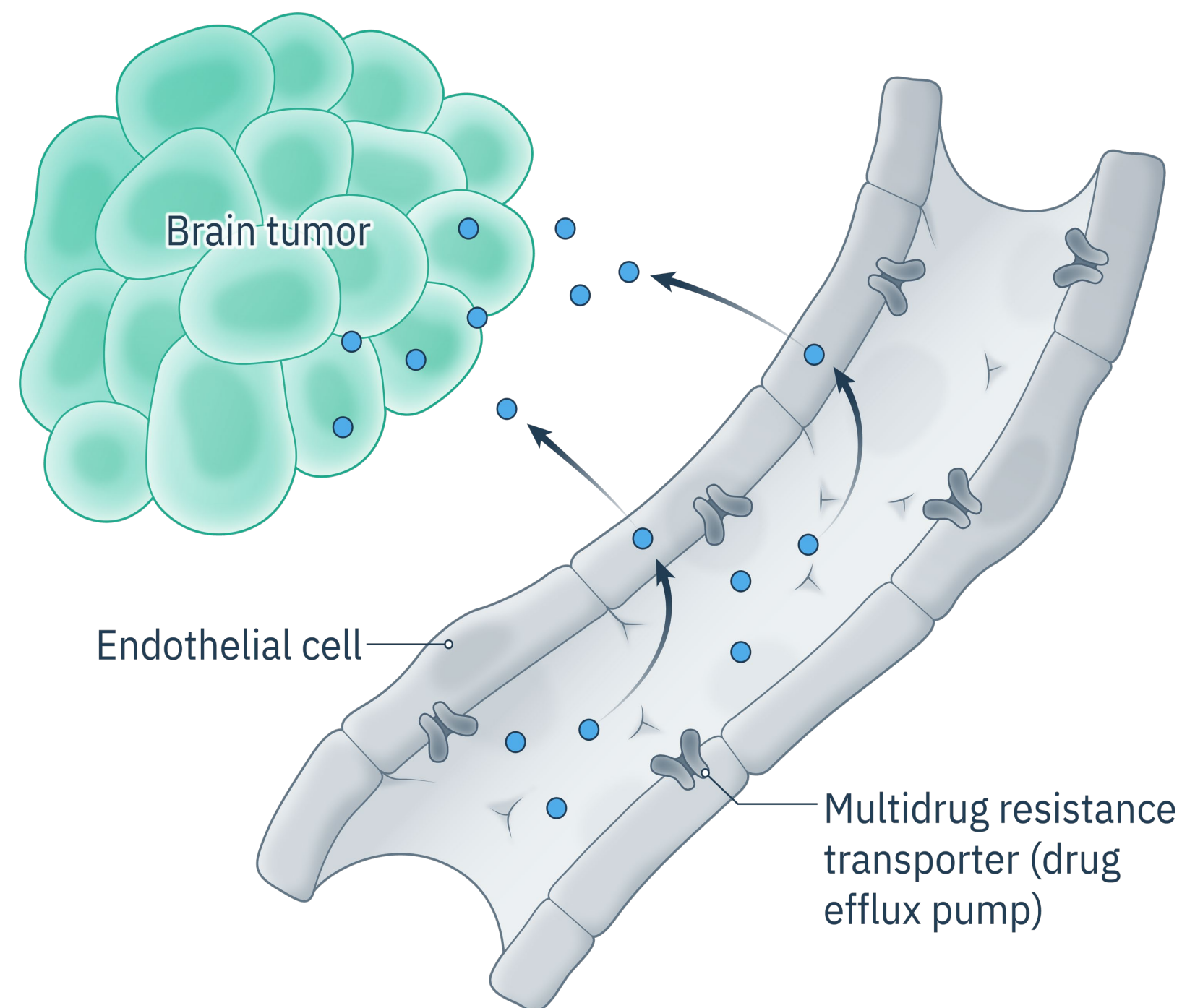
1: <https://braintumor.org/take-action/about-gbm/>

2: 8 Major Markets includes USA, France, Germany, Italy, Spain, UK, Japan and urban China

3: Global Data, "Glioblastoma Multiforme (GBM): Opportunity Analysis and Forecasts to 2027" (2017)

The Blood Brain Barrier (BBB)

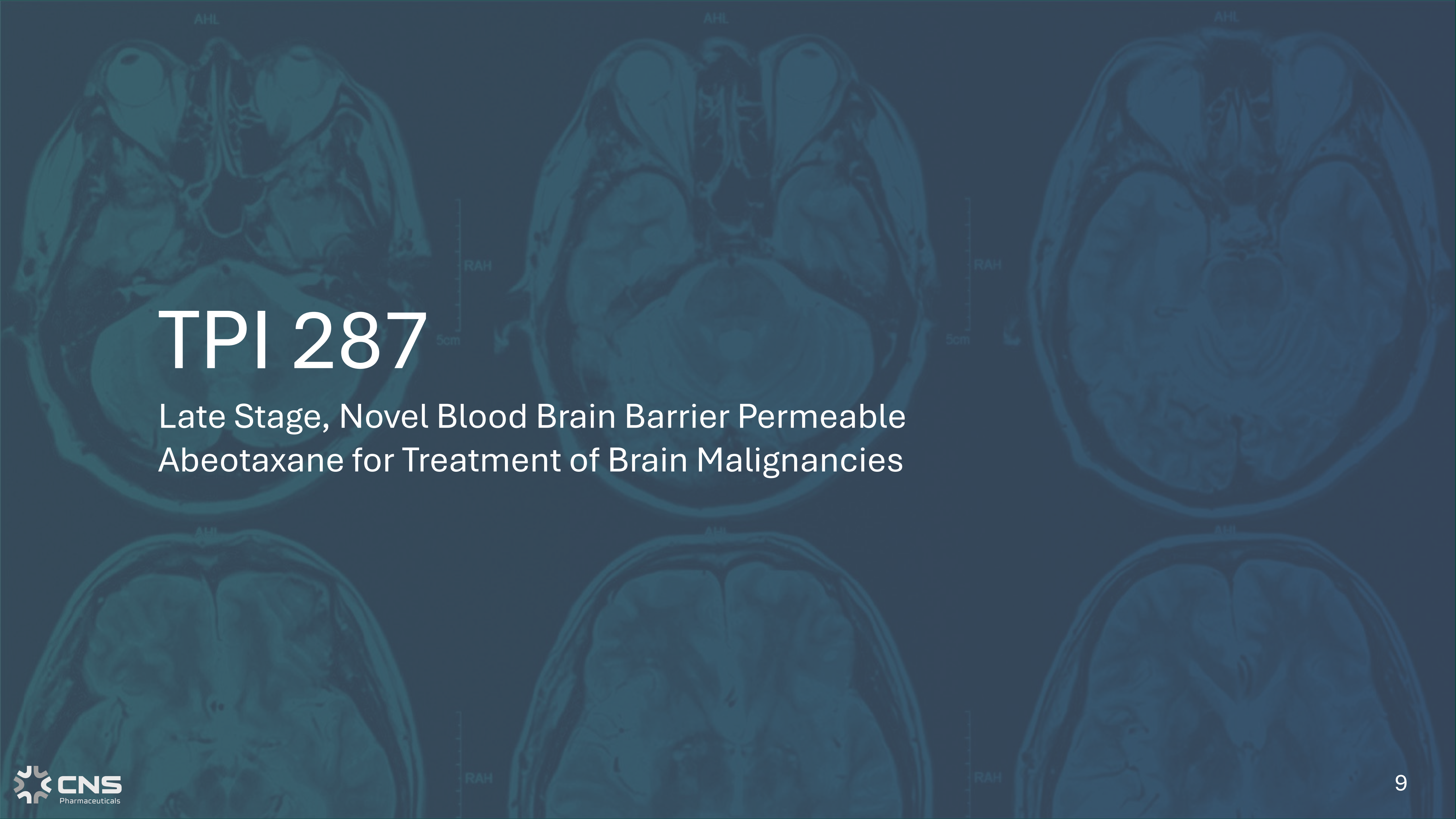
Highly Selective, Semi-Permeable Barrier that Separates the Circulating Blood from the Brain



Key Functions

- **Protection:**
 - Blocks toxins, pathogens and potentially harmful molecules from entering the brain by transporters that bind to these substances and deliver them back to the bloodstream
- **Selective Permeability:**
 - Allows essential nutrients like glucose and amino acids to pass through while restricting larger or harmful molecules
- **Maintaining Homeostasis:**
 - Ensures a controlled environment for proper neuronal function

Drug Delivery to the Brain is Challenging Due to the BBB's Selective Nature, Limiting the Access and Effectiveness of Cancer Therapies in the Brain



TPI 287

Late Stage, Novel Blood Brain Barrier Permeable
Abeotaxane for Treatment of Brain Malignancies

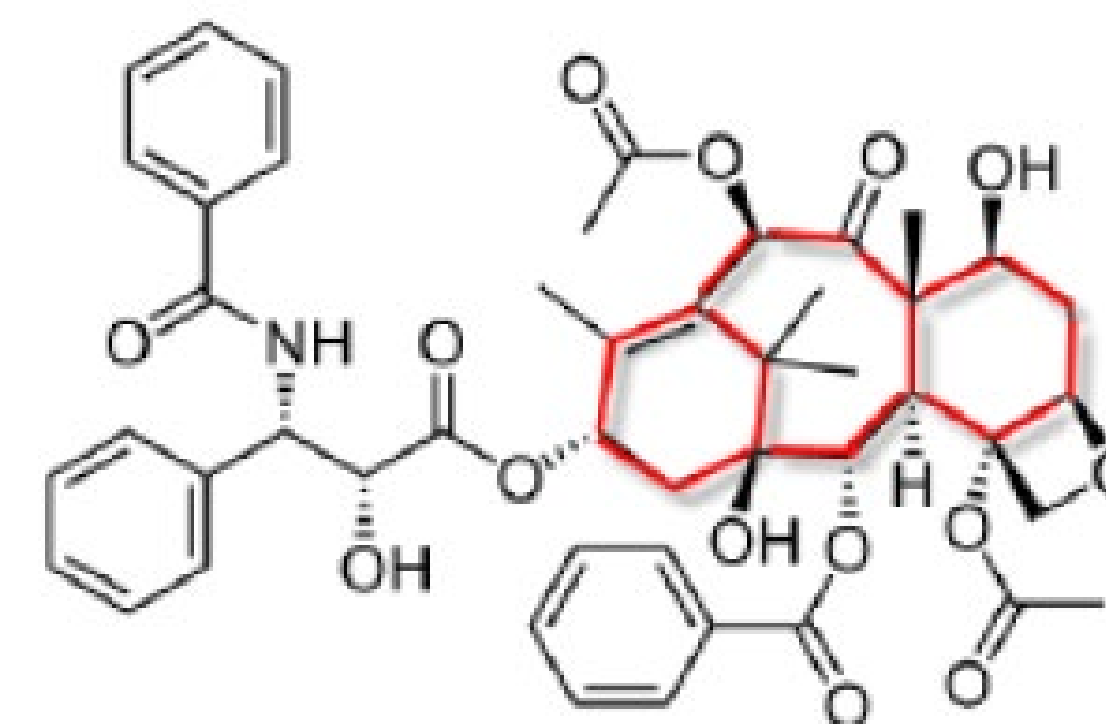
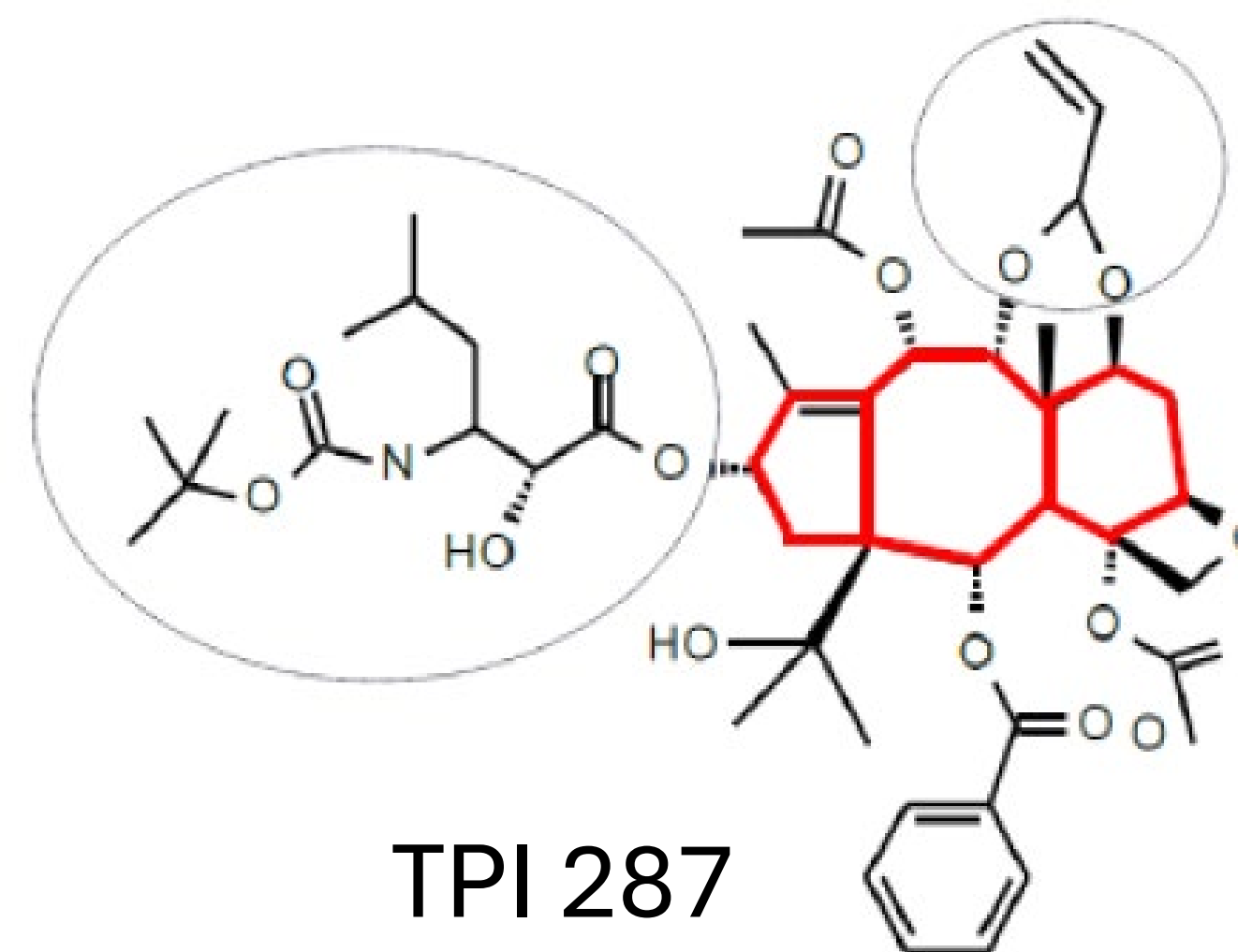
TPI 287: A Novel Taxane Derivative

- **Taxanes**

- A class of chemotherapy that binds to microtubules and prevents them from functioning normally, which stops cancer cells from dividing
- A substrate for P-glycoprotein (Pgp), which is upregulated in cells that become taxane-resistant, and is part of the BBB

- **TPI 287**

- A derivative of taxane (abietotaxane) that is not a substrate for Pgp
- Effective in taxane-resistance and able to cross the BBB



Readily Penetrates the Blood Brain Barrier in Animal Models

	COMPOUND	Blood ug*hr/ml	Brain ug*hr/g	Brain:Blood
Wild-type	paclitaxel	3.2	1.6	0.5
	docetaxel	8.7	2.5	0.3
	TPI 287	16.8	65.9	3.9
Pgp knock-out	paclitaxel	4.7	18.6	4.0
	docetaxel	9.0	15.4	1.7
	TPI 287	N/A	N/A	

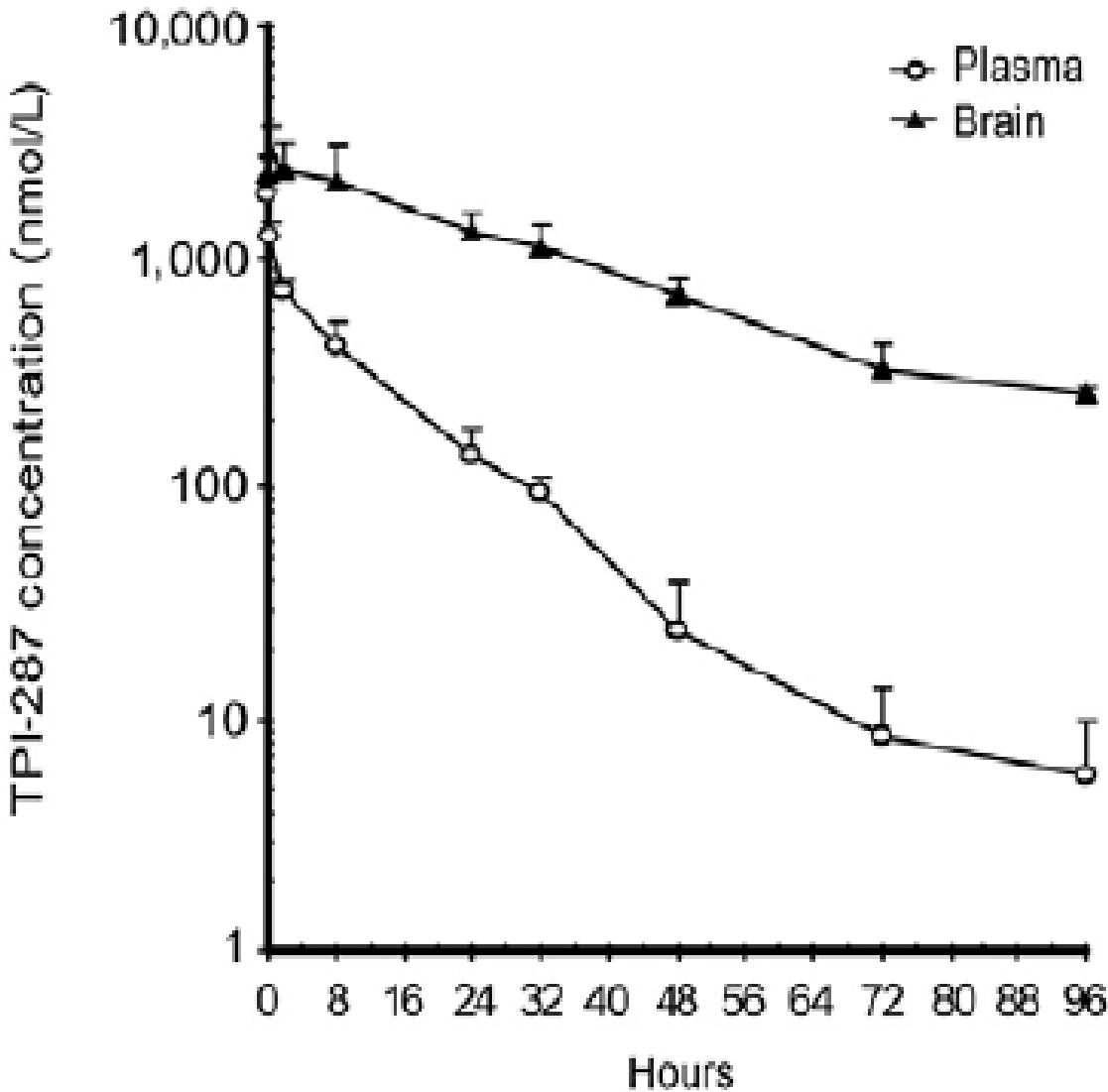
Single-dose IV bolus:

paclitaxel dosed 10 mg/kg AUC cal. 0-8 hr blood, 0-12 hr. brain (*Clin Can Research*. 9:2849. 2003).

docetaxel dosed 33 mg/kg AUC cal. 0-8 hr blood, 0-12 hr. brain (*Eur J Can*. 40:1269. 2004).

TPI 287 dosed 20 mg/kg AUC cal. 0-96 hr blood and brain (*Mol Can Ther*. 11:1959. 2012).

~ 64x greater concentration in brain vs plasma 4 days after single dose in mouse.



Clinical Trials with TPI 287



Evaluated in multiple Phase 1
and Phase 2 studies



Engaging with regulators to
advance into registrational study



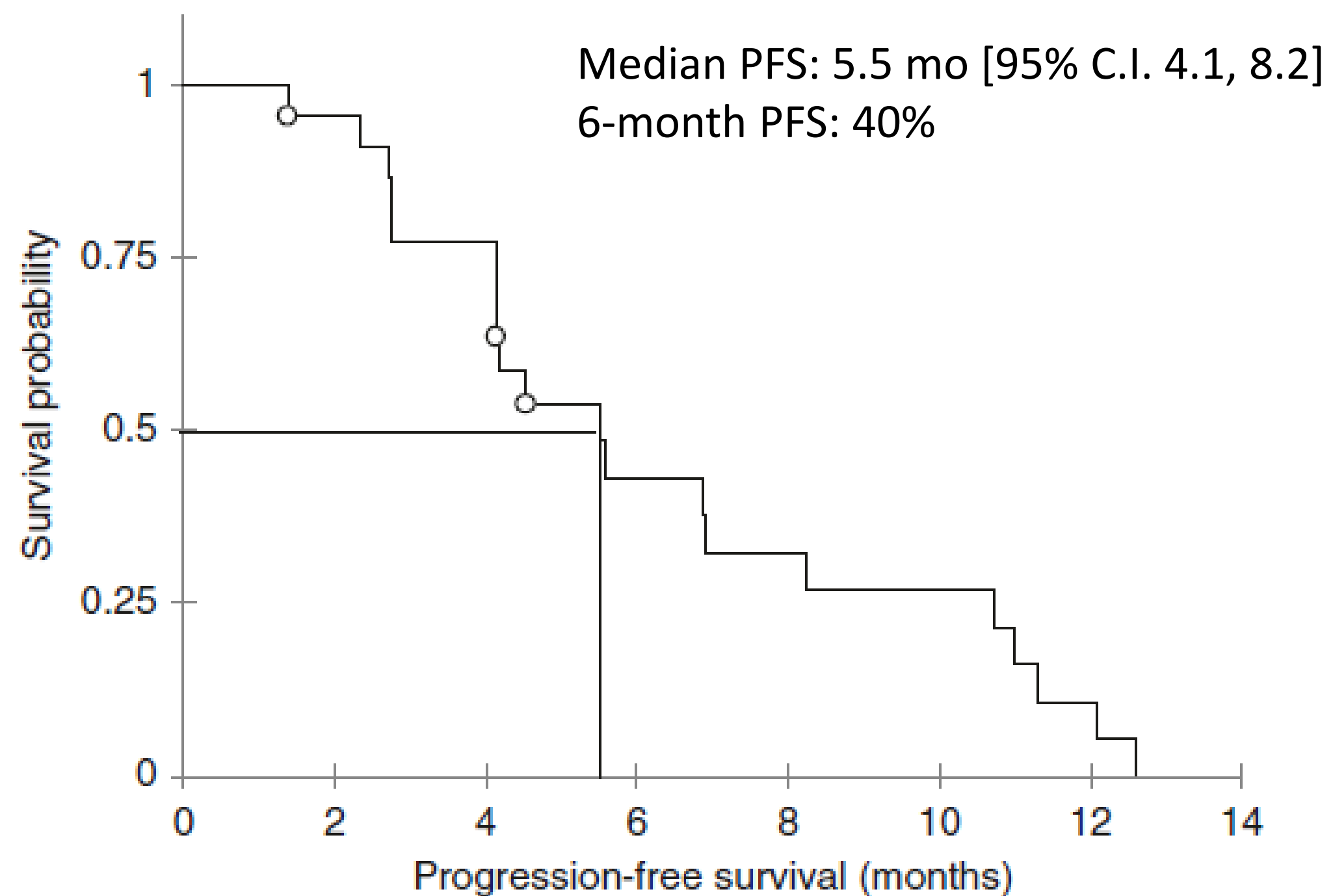
Fast Track
Designation



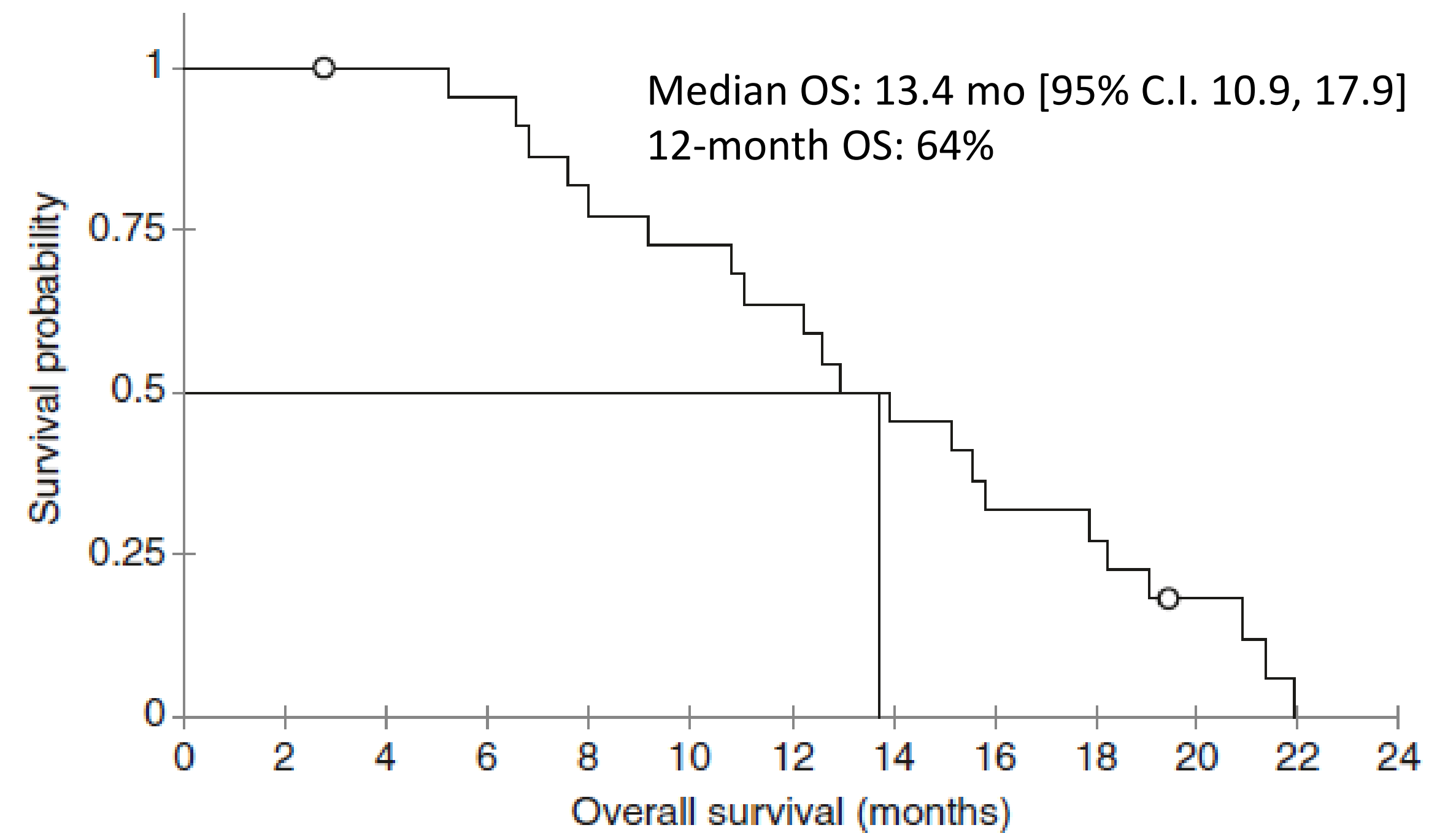
Orphan Drug Designation
with 7 years market
exclusivity in the U.S.

TPI 287 in Combination with Bevacizumab for the Treatment of Recurrent Glioblastoma

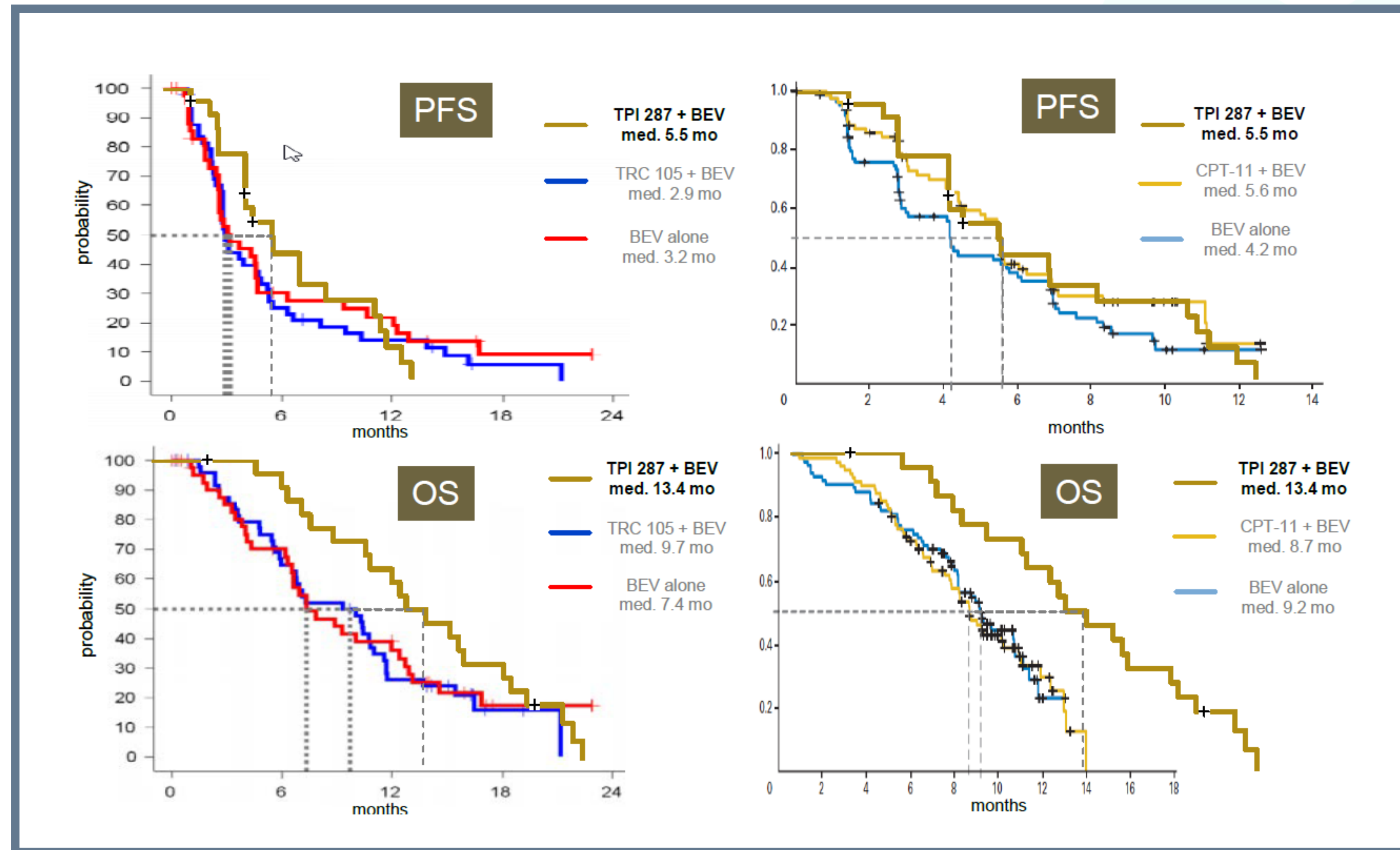
Progression-Free Survival



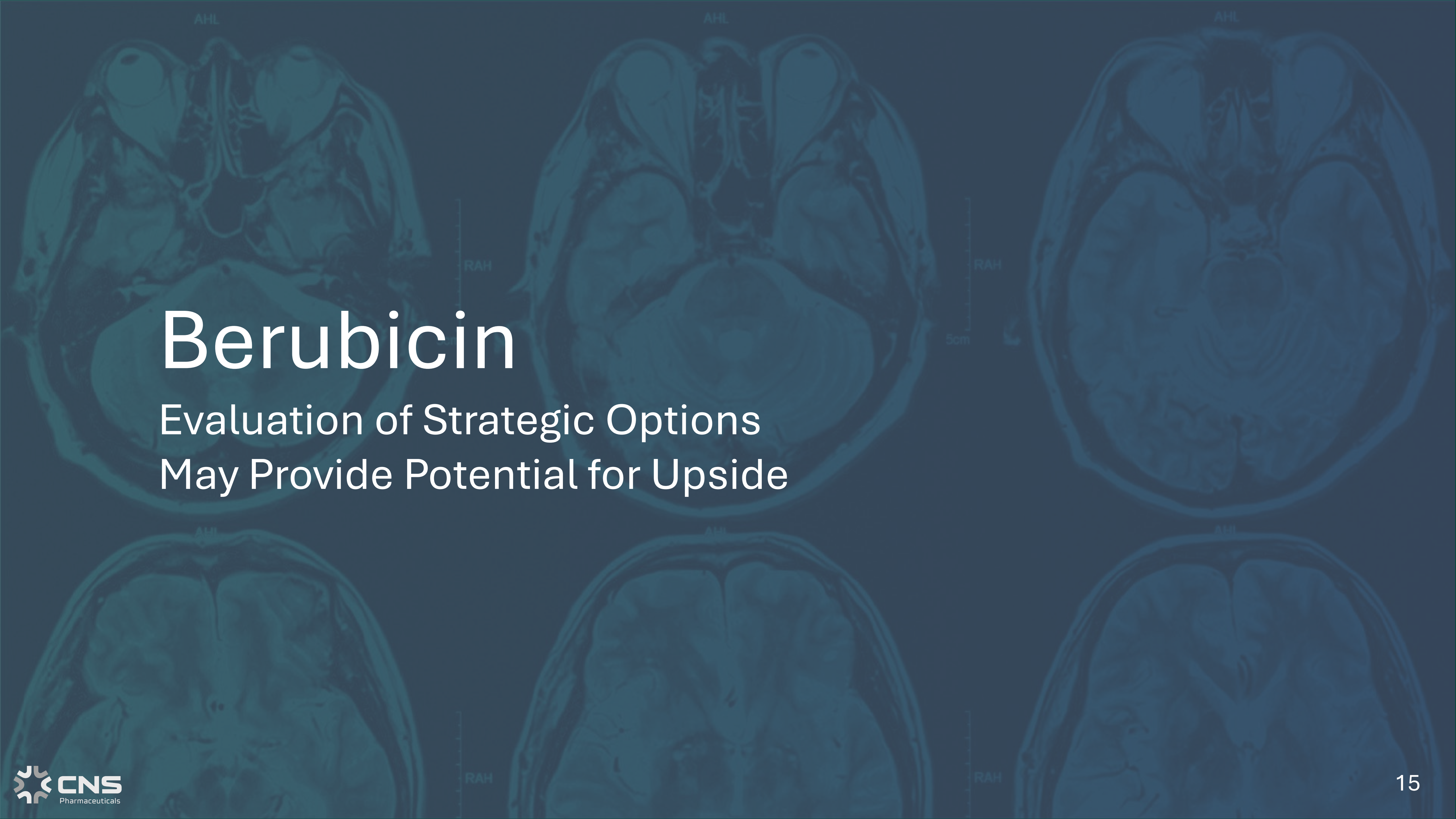
Overall Survival



Improved GBM Survival in Combination with Bevacizumab



* Graphs represent aggregate data from multiple studies



Berubicin

Evaluation of Strategic Options
May Provide Potential for Upside

Berubicin

Reported Primary Analysis of Berubicin in 2nd line GBM

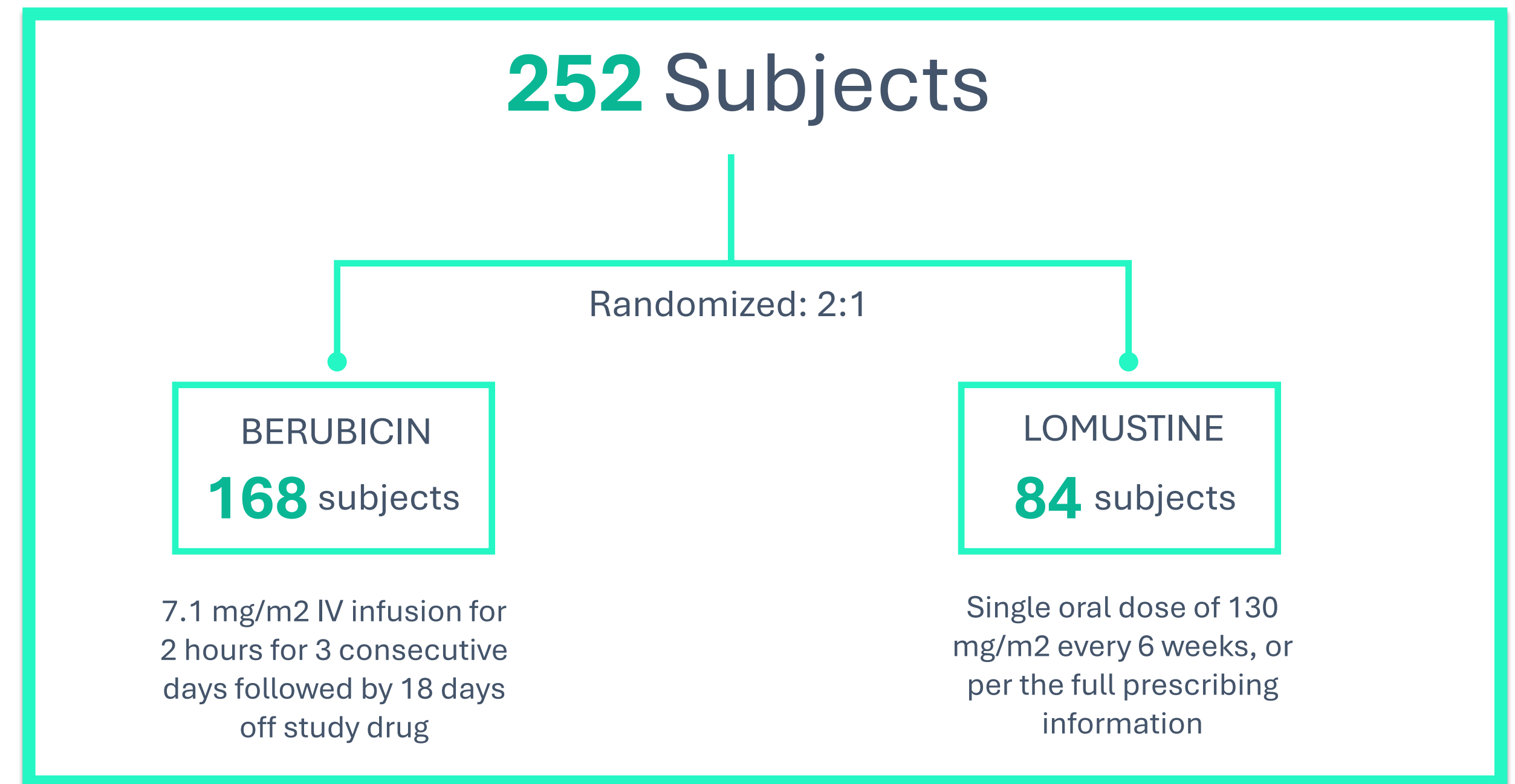
Ongoing analysts of outcomes ongoing to determine next steps

Summary of Primary Analysis

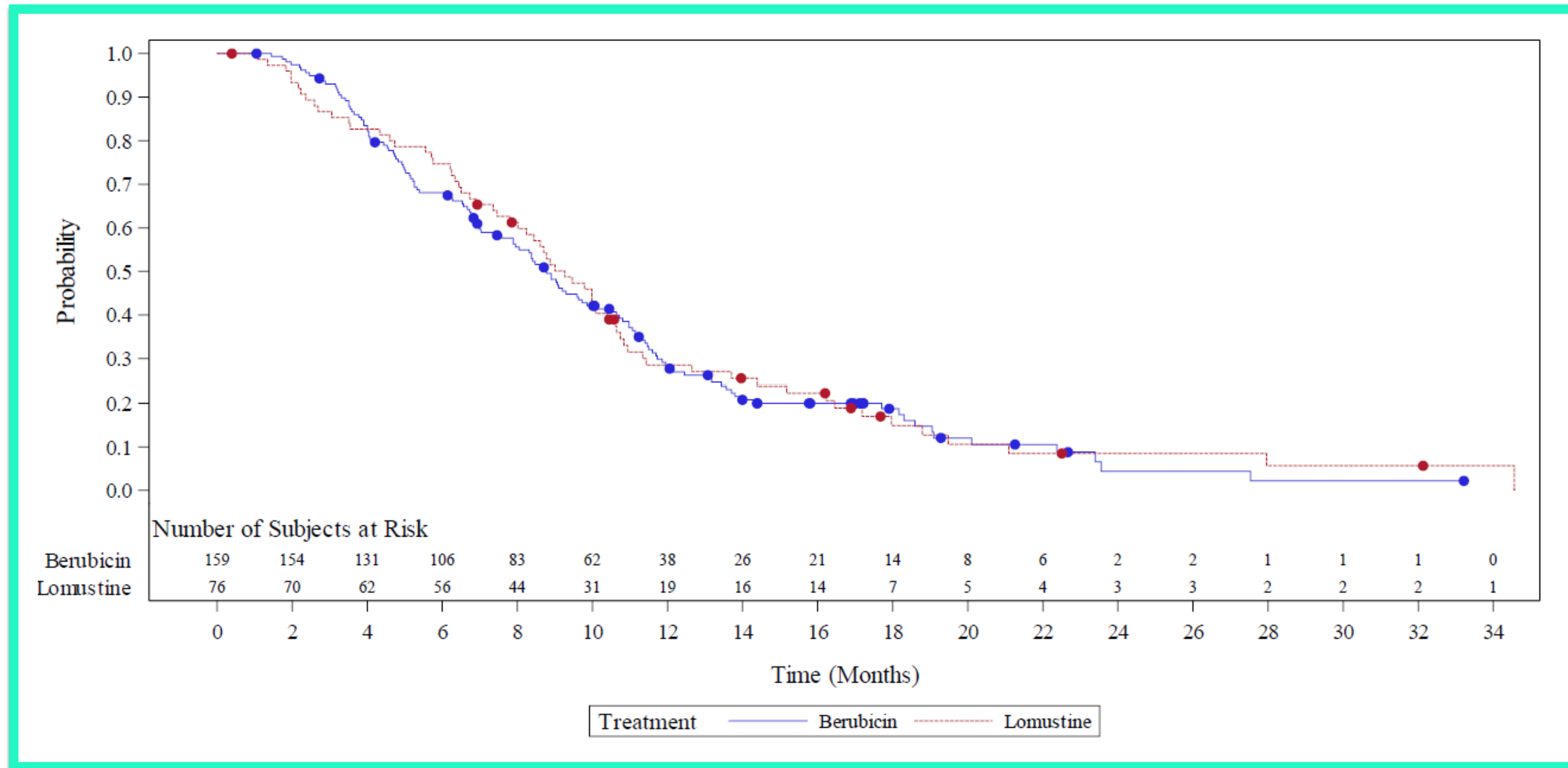
Showed clinically relevant outcomes comparable to Lomustine across multiple endpoints¹

Safety profile continues to be favorable, including the absence of anthracycline related cardiotoxicity

Analysis of outcomes are ongoing, including advanced imaging review, PK, and clinical endpoints



Berubicin Demonstrated Comparable Overall Survival Compared to Standard of Care, Lomustine



Financial Snapshot

NASDAQ: CNSP

Cash Expected to Fund Operations Into the Second Half of 2026

\$12.1 Million

Cash*

As of June 30, 2025

~42k

Volume

Average 3 months

~\$3.6 Million

Market Cap

As of September 2, 2025

~\$4.5 Million

**Cash Position Includes Net Proceeds of \$4.5 Million
Raised in May 2025*

Management Team



John M. Climaco, Esq PRESIDENT & CHIEF EXECUTIVE OFFICER

Twenty-one years experience managing the operations, strategies and finances of public and private lifescience companies.



Christopher S. Downs, CPA CHIEF FINANCIAL OFFICER

Nearly 20 years of finance and investment banking experience primarily in the healthcare industry



Sandra L. Silberman, MD, PhD CHIEF MEDICAL OFFICER

Board certified hematologist/medical oncologist with extensive experience in clinical development of novel therapies for the treatment of cancer. Frm Head Global Clinical Development at Novartis.



Donald Picker, PhD CHIEF SCIENTIFIC OFFICER

Over 35 years of drug development experience and responsible for the development of Carboplatin, one of the world's leading cancer drugs, acquired by Bristol-Myers Squibb and with annual sales of over \$500 million.





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