NASDAQ: CNSP

April 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.

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Overview

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

Strong Financial Position

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

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1. Did not a statistically significant difference in overall survival, the primary endpoint

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	High Grade Gliomas in Pediatrics	Brain Metastases - Combo with Radiation Therapy	Primary CNS Lymphoma (PCSNL)
15,000 Patients	6,000 Patients	45,000 Patients	1,200 Patients

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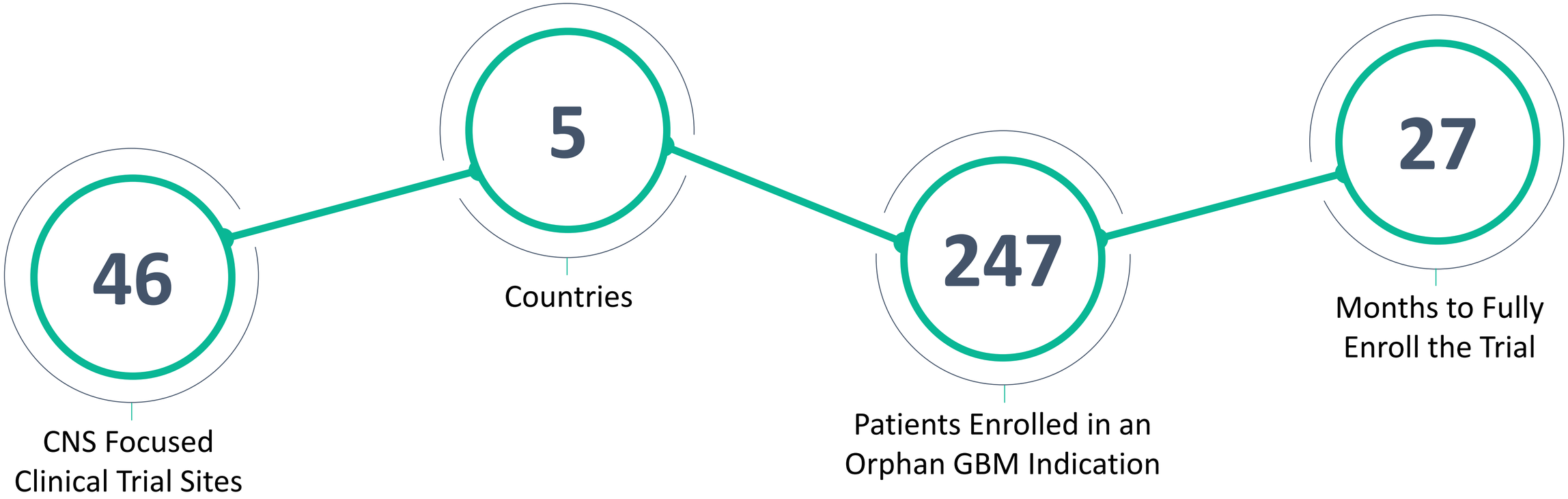
Established "Engine" to Execute Global CNS Clinical Trials

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

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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

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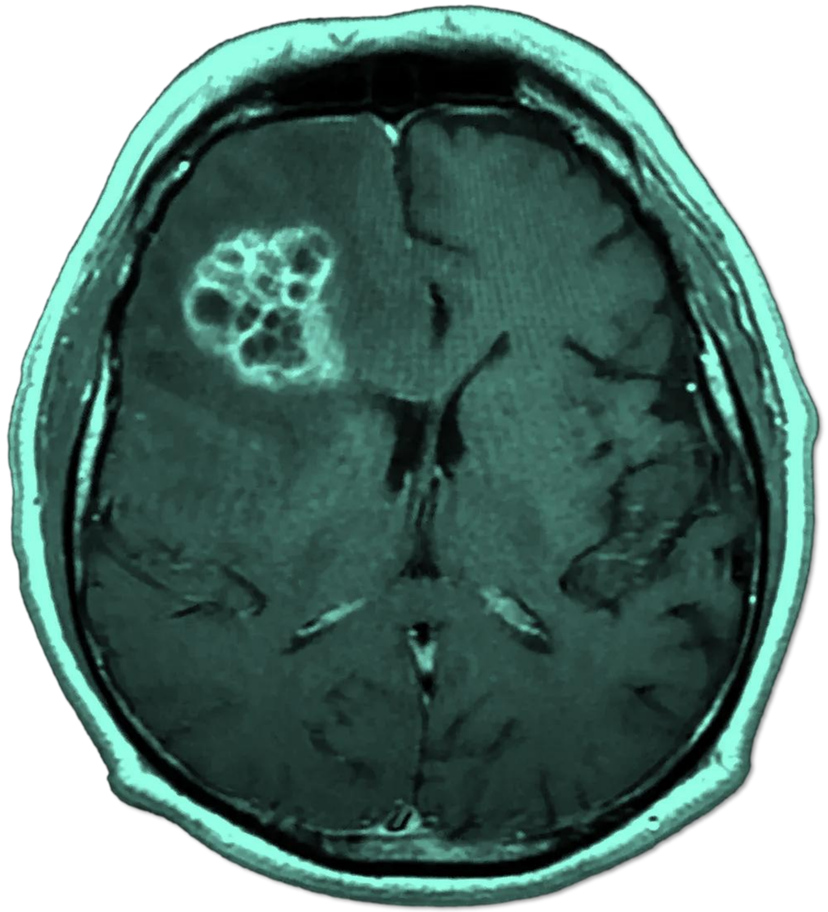
Glioblastoma Multiforme (GBM)

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 Expectancy[1]

>50,000
New Cases in the 8 Major Markets[2] Each Year[3]

>151,000
Forecast of Annual New Cases in the 8 Major Markets[2] by 2027[3]

~48%
Of All Primary Malignant Brain Tumors[1]

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)

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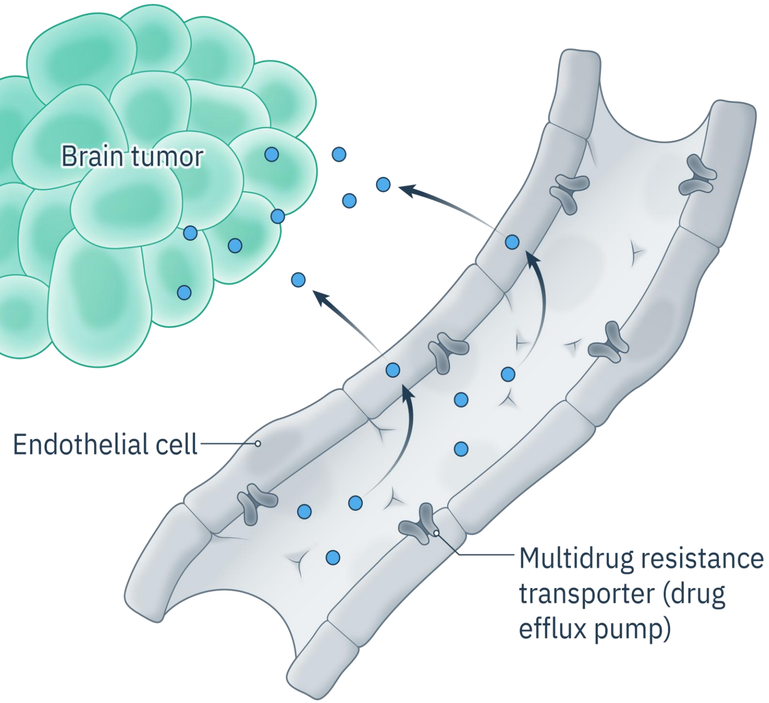
The Blood Brain Barrier (BBB)

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

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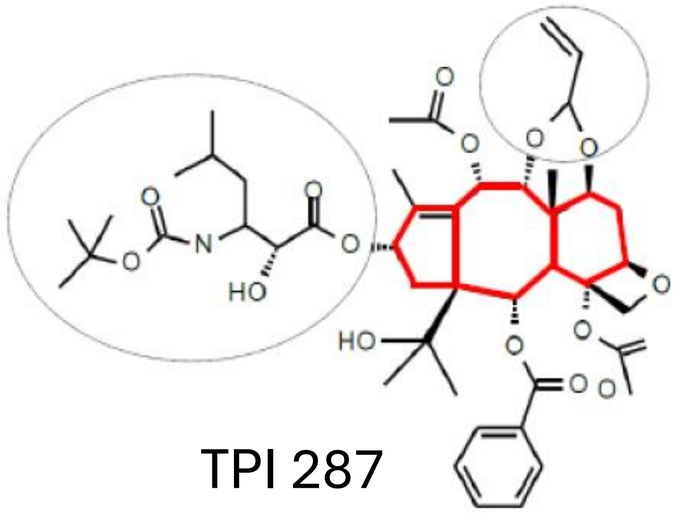
TPI 287

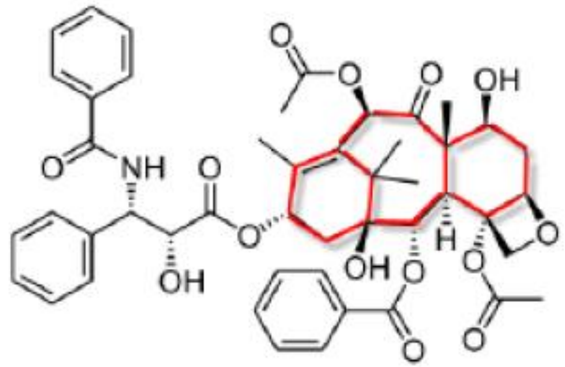
Late Stage, Novel Blood Brain Barrier Permeable Abeotaxane for Treatment of Brain Malignancies

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



TPI 287



Paclitaxel

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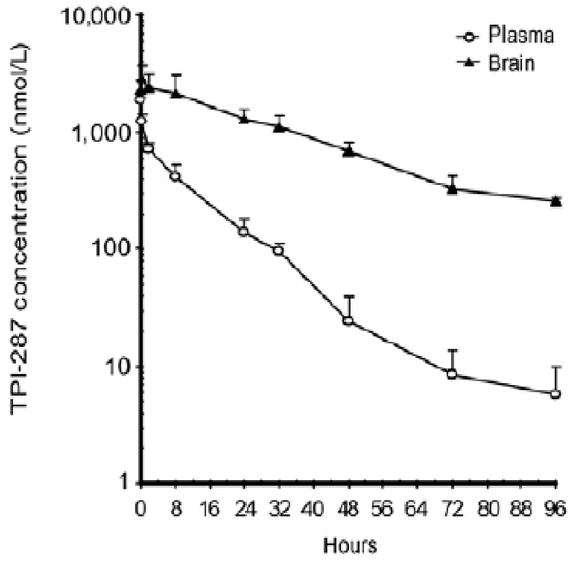
Readily Penetrates the Blood Brain Barrier in Animal Models

	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.



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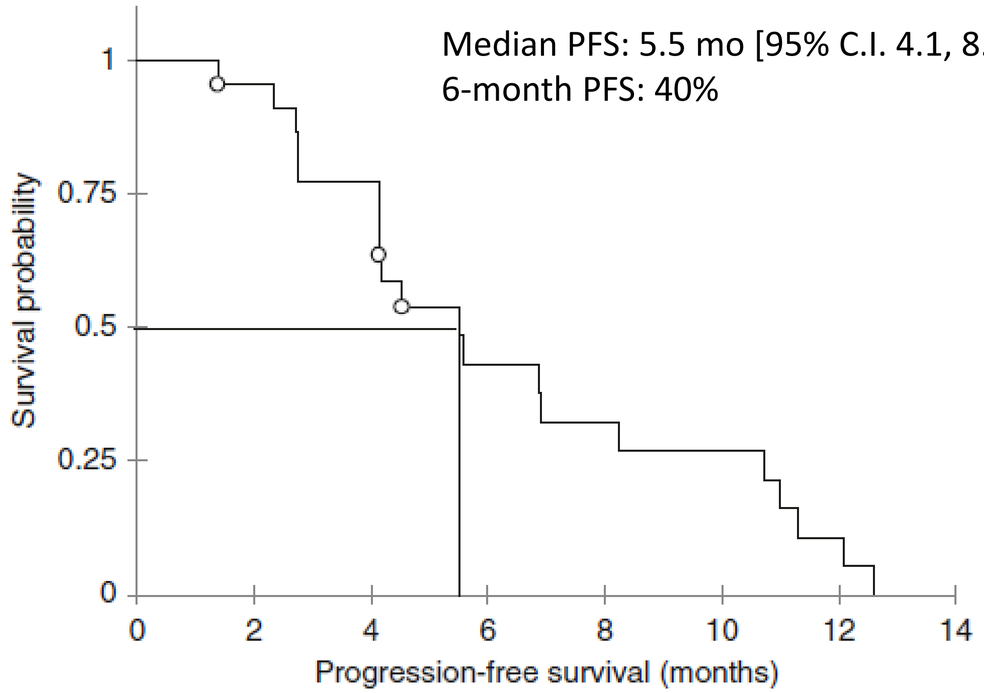
Clinical Trials with TPI 287

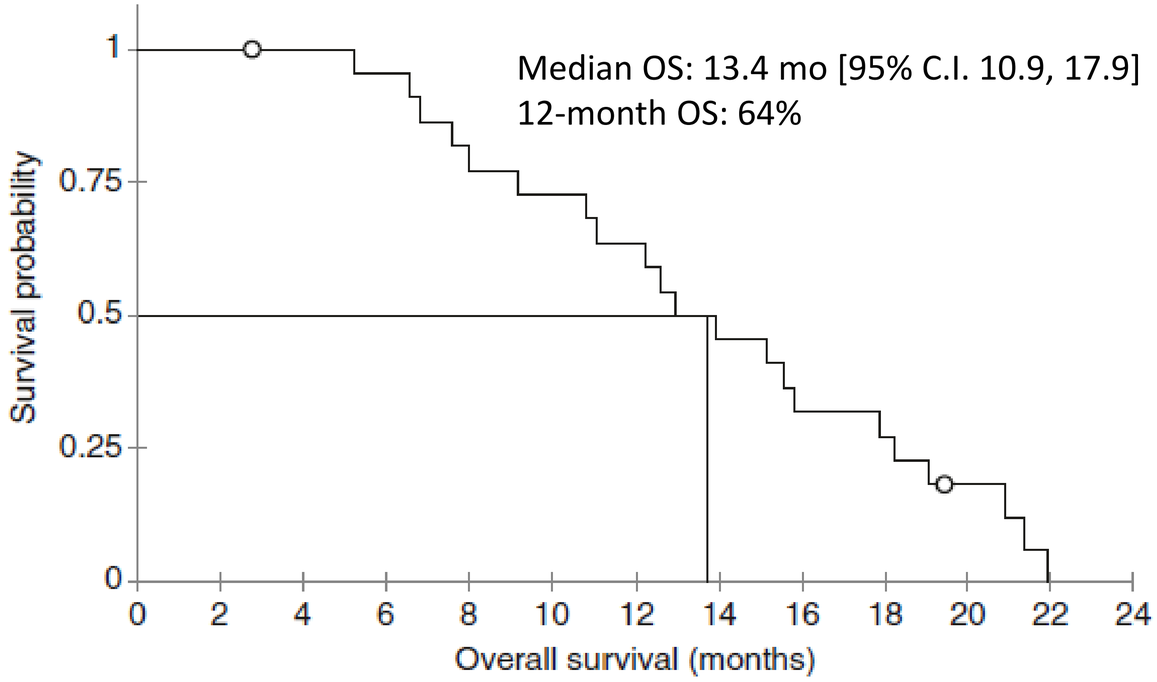
Evaluated in multiple Phase 1 and Phase 2 studies	Engaging with regulators to advance into registrational study
Fast Track Designation	Orphan Drug Designation with 7 years market exclusivity in the U.S.

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

Progression-Free Survival



Overall Survival



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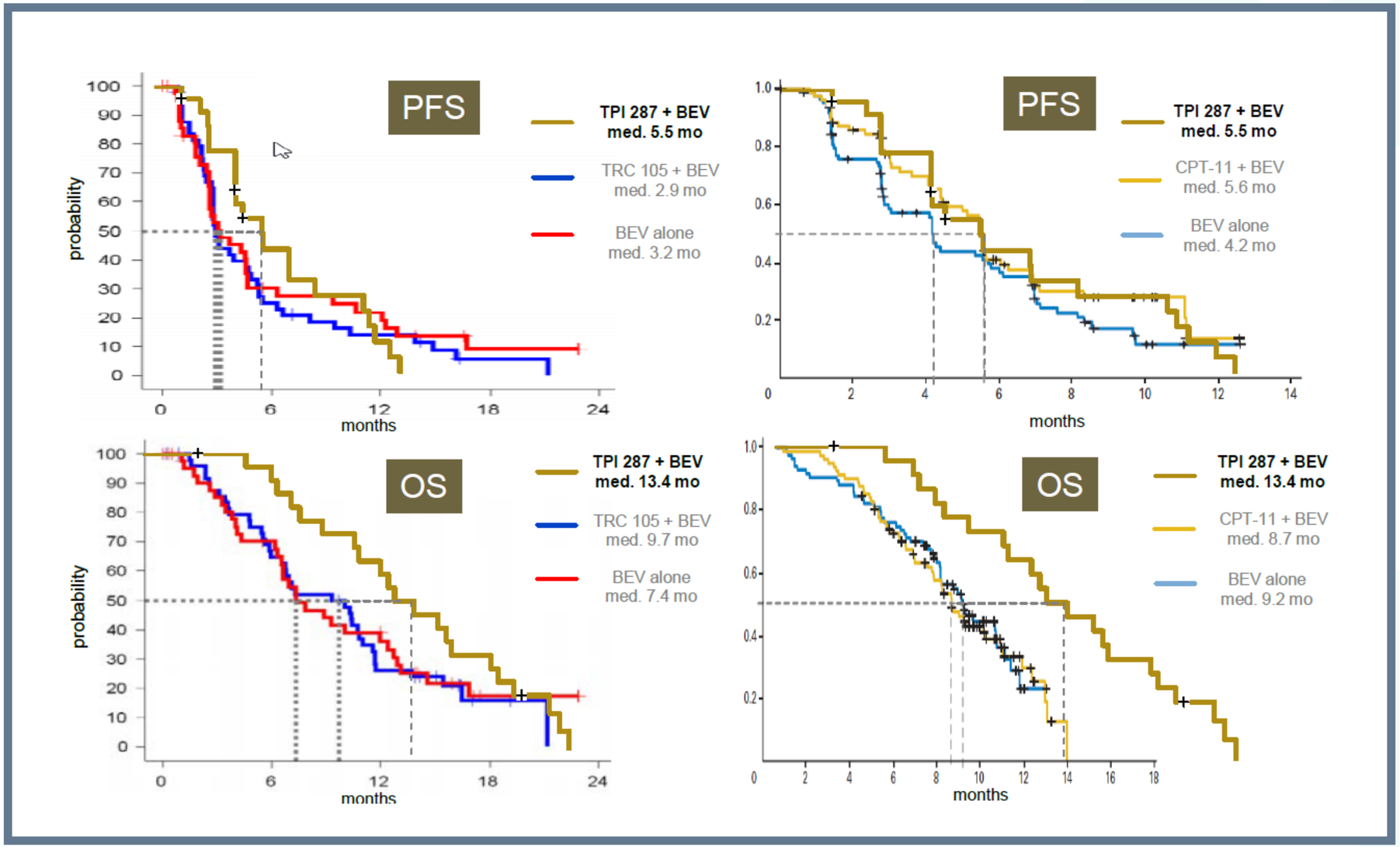
Improved GBM Survival in Combination with Bevacizumab



* Graphs represent aggregate data from multiple studies

Berubicin

Evaluation of Strategic Options
May Provide Potential for Upside

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Berubicin

Reported Primary Analysis of Berubicin in 2nd line GBM

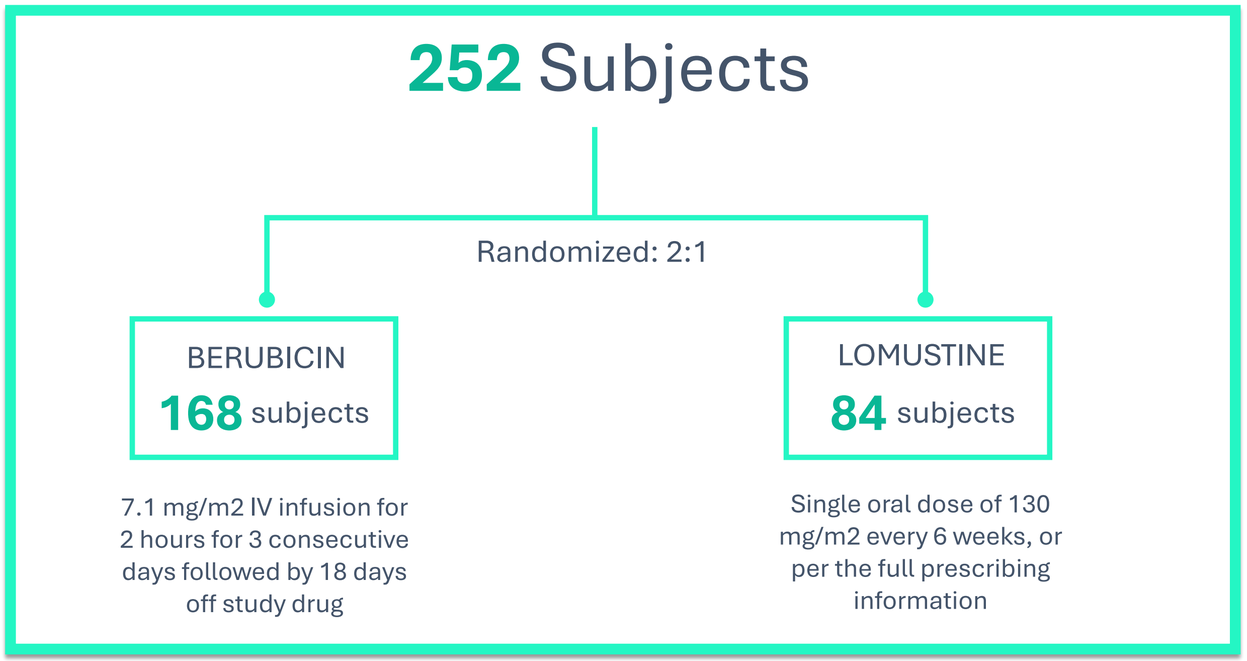
Ongoing analysts of outcomes ongoing to determine next steps

Summary of Primary Analysis

Showed clinically relevant outcomes comparable to Lomustine across multiple endpoints[1]

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



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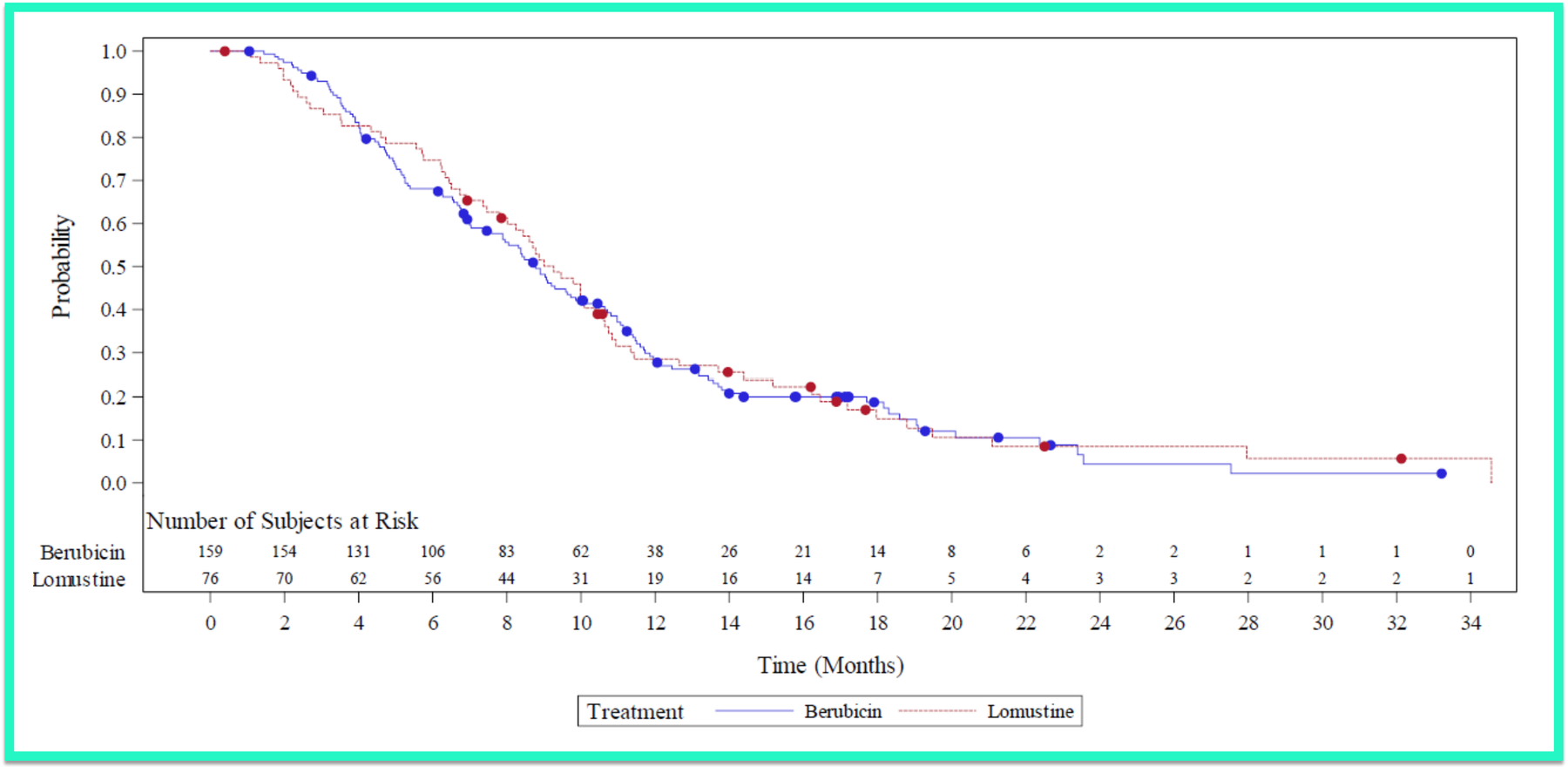
1. Did not a statistically significant difference in overall survival, the primary endpoint

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



Intellectual Property

Orphan Drug

Orphan Drug Designation gives marketing exclusivity in US market for 7-years from approval

New Chemical Entity

CNS is exploring potential new patent filings covering manufacturing and other areas and additional Orphan indications

Upcoming filing after final data in the E.U. for Orphan Drug Designation may provide 10-years of protection in Europe

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Financial Snapshot
NASDAQ: CNSP

Strong Financial Position with Sufficient Capital to Fund Operations Into the First Quarter of 2025

$6.5 Million	~50K	~$4 Million
Cash	Volume	Market Cap
As of December 31, 2024	Average 3 months	As of April 1, 2025

~$9.9 Million

Cash Position Does Not Include Subsequent Sale of Shares After Dec. 31, 2024 with Net Proceeds of $9.9 Million

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The number of shares of the registrant's common stock outstanding as of March 31, 2025 was 2,944,381

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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