theraLASE®
Destroying Cancer at the Speed of Light™

# Destroying Cancer with Light-Activated Compounds

**October 23, 2023**

TSXV:TLT | OTCQB:TLTFF

# Forward-Looking Statements

Forward-Looking Statements ("**FLS**") contained in this presentation deal with the future revenue potential, business opportunities and/or strategic initiatives of Theralase® Technologies Inc. ("**Theralase®**" or the "**Company**"); including, information, analyses and/or projections as to future corporate developments that reflect the current expectations of the Company's management.

Such FLS, refer to the Company's ongoing technologically complex preclinical, clinical and/or medical device research and development efforts; including, but not limited to assumptions about Theralase®'s: business operations, continued performance on a basis consistent with prior years; ability to access financing from time to time on favourable terms, or at all; ability to retain executive management, senior management, key personnel and/or key consultants or the non-disruptive replacement of them on reasonable terms; reasonably stable operating and/or general administrative expenses; future success of current or proposed research and development initiatives, achievement of commercialization activities and/or milestones; market success of its products over its competition; successful and timely achievement of regulatory and/or certification approvals; uncontested protection over its intellectual property in the markets in which it does business; market acceptance and/or revenue generation of its products; operation in stable economic environments (Canada, the United States and internationally); ability to access currency, exchange rates, interest rates and/or commodity prices at reasonable rates.

No conclusions as to the successful outcome of the ongoing and planned research and development initiatives in which the Company is involved are intended or implied; nor can they be foreseen or predicted prior to definitive corporate announcements as to their outcome. Any statements that refer to expectations, projections, future events or achievement of strategic initiatives are FLS. Although Theralase®'s management believes that the expectations reflected in any FLS made in this presentation are reasonable, such statements are based on a number of assumptions, which may prove to be incorrect; including, but not limited to assumptions related to the risks and factors set out in the Company's current Annual Information Form ("**AIF**") and documentation available on SEDAR under the Company's profile at www.sedar.com. Accordingly, no assurances can be given that any of the events or circumstances contemplated by such FLS will transpire or occur or, if any of them transpire or occur, what impact they will have on Theralase®'s results of operations or financial condition. Furthermore, the FLS contained in this presentation are made as of the date hereof for the purpose of providing, potential investors with information regarding the Company's future plans for its business and expected milestones. The Company does not undertake any obligation to update publicly or to revise any of the included FLS, whether as a result of new information, future events or otherwise, unless as required by applicable laws. The FLS contained in this presentation are expressly qualified by this cautionary statement.

The Company's financial disclosure includes non-International Financial Reporting Standards ("**IFRS**") financial measures as supplemental indicators of the Company's financial and operating performance. The Company believes these supplemental financial measures reflect the Company's on-going business in a manner that allows for meaningful period-to-period comparisons and analyses of trends in its business. Accordingly, the Company believes that such financial measures may also be useful to potential investors in enhancing their understanding of the Company's operating or future performance. These non-IFRS measures are not recognized under IFRS and do not have standardized meanings prescribed by IFRS; therefore, it is unlikely that these measures will be comparable to similarly titled measures reported by other issuers. Non-IFRS financial measures should be considered in the context of the Company's IFRS results. The Company cautions readers to consider these non-IFRS financial measures, in addition to, and not as an alternative for, measures calculated in accordance with IFRS. The financial statements of the Company are prepared in accordance with IFRS and are reported in Canadian dollars. All currency amounts in this presentation and all references incorporated are expressed in Canadian dollars, unless otherwise indicated.



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# Company

## Scientific Research

Patented light-activated Photo Dynamic Compounds ("**PDCs**") researched and developed over 20 years

Optimized to destroy cancer, bacteria and viruses[1]

## Pipeline

**Primary**
Non-Muscle Invasive Bladder Cancer ("**NMIBC**")[2]

**Secondary**
Non-Small Cell Lung Cancer ("**NSCLC**")[3]

GlioBlastoma Multiforme ("**GBM**")[4]

Vaccine for various enveloped viruses[5]

## Clinical Stage

Phase II NMIBC registration clinical study interim clinical data demonstrates:

65% Complete Response ("**CR**") for the primary objective[6]

33% CR duration for the secondary objective[6]

Very high safety profile for the tertiary objective (n=62 patients)[6]

FDA Fast Track Designation Granted[7]

## Management Team

Extensive preclinical and clinical research, pharmaceutical drug, laser design, manufacturing and commercialization experience[1]

Partnered with leading scientific and clinical researchers from renowned research hospitals[1]

## Intellectual Property

28 issued patents and 17 patents pending for PDC and laser technology in the United States, Canada and internationally[1]

Composition of matter patent expires in US in 2033 (Potentially 2038 with extension

1) Annual Information Form – September 20, 2023
2) Press Release - Theralase Commences Phase II NMIBC Clinical Study – April 25, 2019
3) Press Release - Theralase® Advances Anti-Cancer Technology in Destruction of Human Lung Cancer– March 5, 2018
4) Press Release - Theralase® Demonstrates Significant Advantage in Treatment of Brain Tumours – June 11, 2018
5) Press Release - February 7, 2022 – Theralase® Demonstrates Proof-of-Concept for Canadian-Made COVID-19 Vaccine
6) Press Release - Theralase® Provides Update on Bladder Cancer Clinical Study – October 16, 2023
7) Press Release - Theralase® Granted FDA Fast Track Designation for NMIBC Phase II Clinical Study – November 23, 2020

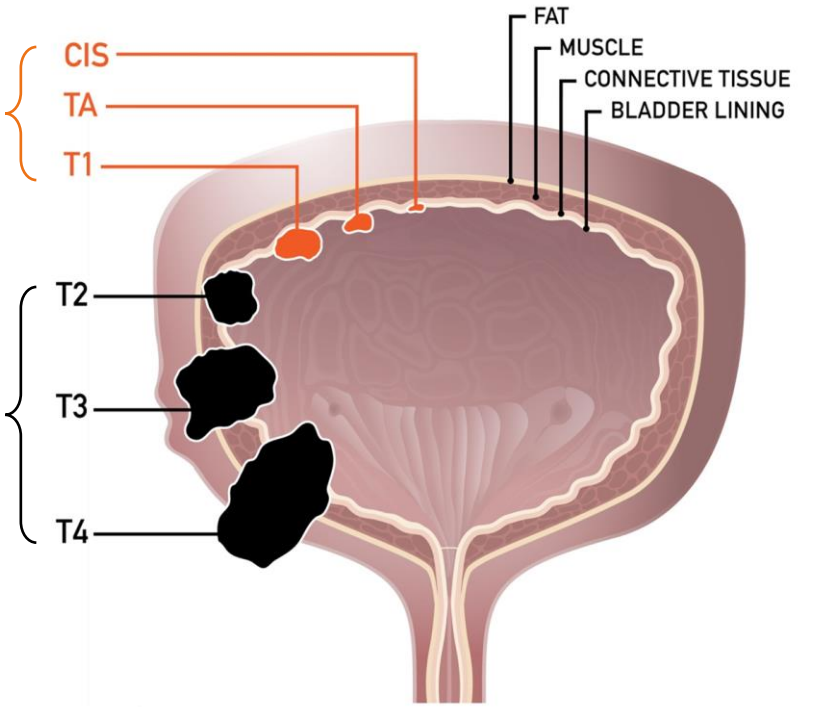
# Bladder Cancer

**10th Most Common Cancer Worldwide**

6th and 17th most common cancer in men and women, respectively[1]

**Non-Muscle Invasive Bladder Cancer ("NMIBC")**

**Muscle Invasive Bladder Cancer ("MIBC")**




Annually 573,000 new cases of bladder cancer internationally in 2020[1]

Annually 82,290 in US, 13,300 in Canada, 151,000 in Europe[2,3]

1) World Cancer Research Fund International. Bladder cancer statistics. www.wcrf.org/cancer-trends/bladder-cancer-statistic
2) National Cancer Institute. Surveillance, Epidemiology and End Results Program. Cancer Stat Facts: Bladder Cancer. https://seer.cancer.gov/statfacts/html/urinb.html
3) Key Statistics for Bladder Cancer – American Cancer Society (2023); Canadian Cancer Society (2022) and Bladder Cancer – European Cancer Patient Coalition (2019)

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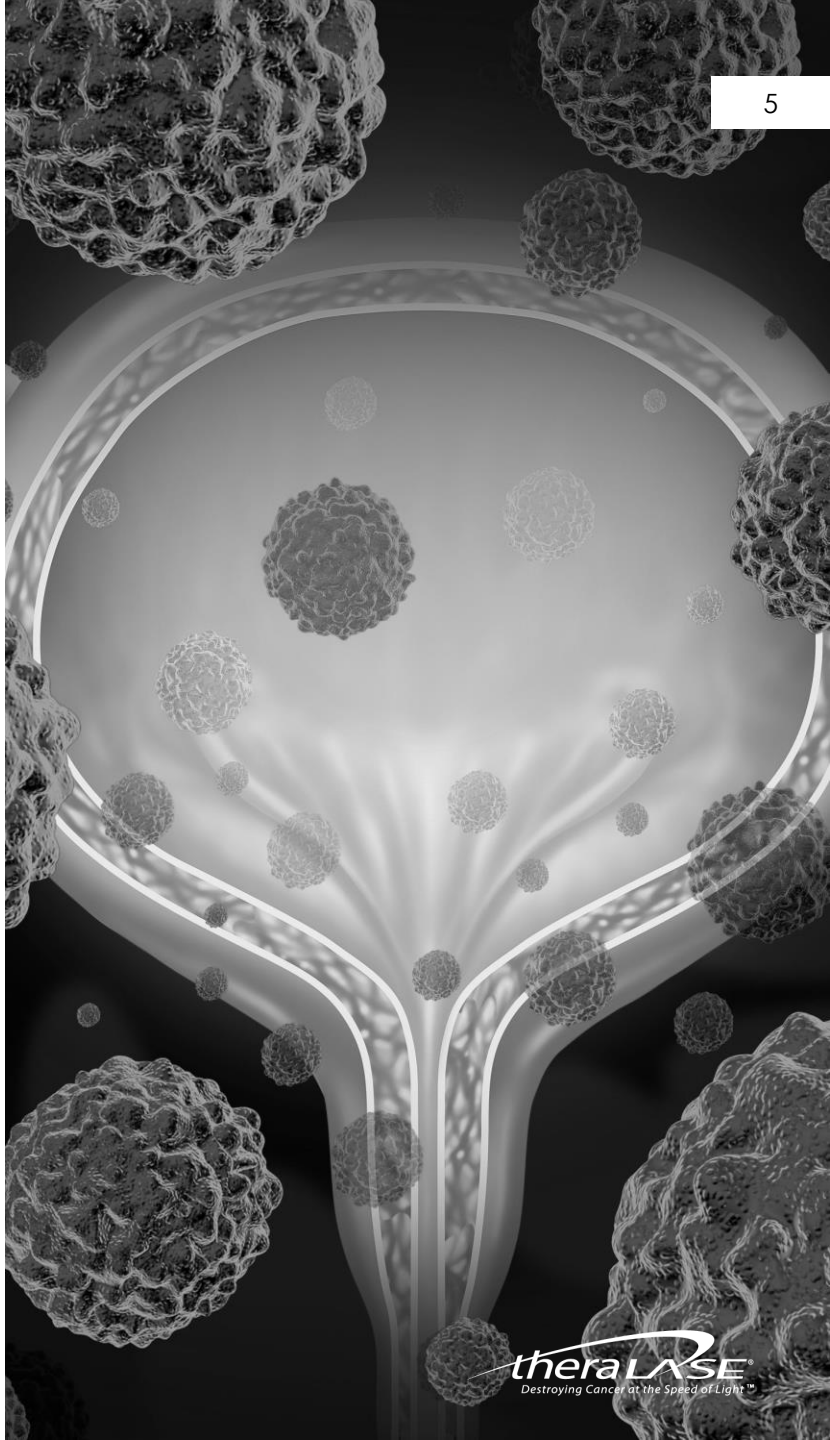
# Current Treatment Landscape

- Intravesical Bacillus Calmette Guérin ("**BCG**") is the current standard of care treatment for NMIBC with 75% of bladder cancers classified as NMIBC[1] and 5% of bladder cancers classified as Carcinoma In-Situ ("**CIS**")[2]
- High initial efficacy BCG up to 75%[2,3] (25% failure rate)
- Unfortunately, BCG is not durable[4,5] with 50% of BCG treated patients recurring within 1 year[6] (BCG-Unresponsive[5])
- 20 to 40% patients progress from BCG-Unresponsive CIS to MIBC within 5 years[7,8,9,10]
- 50% of patients who progress develop metastatic disease, resulting in death in nearly all cases
- Radical cystectomy is the current standard of care for BCG-Unresponsive CIS

**There is a critical need for effective bladder-sparing therapies for BCG-Unresponsive NMIBC [11]**




1) Ripoll, J., Ramos, M., Montaño, J. et al. Cancer-specific survival by stage of bladder cancer and factors collected by Mallorca Cancer Registry associated to survival. BMC Cancer 21, 676 (2021). https://doi.org/10.1186/s12885-021-08418-yhttps://seer.cancer.gov/statfacts/html/urinb.html(accessed 04-Dec-2019)

2) Librenjak D, Novaković ZS, Milostić K. Carcinoma in situ of urinary bladder: incidence, treatment and clinical outcomes during ten-year follow-up. Acta Clin Croat. 2012 Jun;51(2):201-7. PMID: 23115943.

3) Chang SS. AUA/SUO guideline [manuscript]. 2016 (Number shown includes patients with CIS only. Publications do not report the percentage of patients with concomitant CIS±Ta, T1)

4) Steinberg RL, et al. Bladder Cancer 2015;1:105-126

5) Nepple KG et al. J Urol. 2010 Nov; 184:1915-1919

6) Hussain MHA. J Clin Oncol. 2009;27:5680-5684

7) Chanåg SS. AUA/SUO guideline [manuscript]. 2016

8) Hussain MHA. J Clin Oncol. 2009;27:5680-5684

9) van den Bosch S. Eur Urol. 2011;60:493-500

10)Kamat AM, et al. Lancet 2016;388:2976-2810

11) Li R, Sundi D, Zhang J, Kim Y, Sylvester RJ, Spiess PE, Poch MA, Sexton WJ, Black PC, McKiernan JM, Steinberg GD, Kamat AM, Gilbert SM. Systematic Review of the Therapeutic Efficacy of Bladder-preserving Treatments for Non-muscle-invasive Bladder Cancer Following Intravesical Bacillus Calmette-Guérin. Eur Urol. 2020 Sep;78(3):387-399. doi: 10.1016/j.eururo.2020.02.012. Epub 2020 Mar 4. PMID: 32143924; PMCID: PMC7771323.

# Market Opportunity

**$1.1[5] Billion Annually**

**7,706[7] x $200,000[1] = $1.54 Billion Annually**

## Social Demand

Patients willing to pay between $USD 50,000 to $USD 150,000 per Quality Adjusted Life Year ("**QALY**") for treatment (2 Years = $USD 100,000 to $USD 300,000 (Average = $USD 200,000)[1]

## Innovation Demand

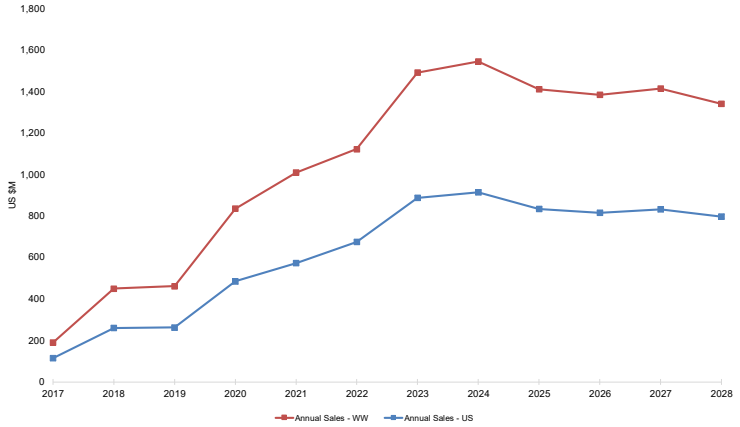
Bladder cancer patients face low Quality Of Life after radical cystectomy[2]

## Financial Demand

From diagnosis to death, it costs between $USD 89,000 to $200,000 to treat a bladder cancer patient[3]

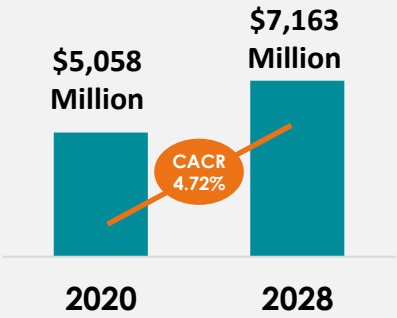
Bladder cancer has the highest lifetime treatment costs per patient of all cancers[4]

## KEYTRUDA Sales - Bladder Cancer[8]




**Market Opportunity Estimated Between $1.1 to $7.2 Billion Annually**

## Global Bladder Cancer Market[6]




1) Willingness to pay per QALY for competitor drug, Pembrolizumab. Source: Cost-effectiveness of Pembrolizumab in Second-line Advanced Bladder Cancer, July 2018
2) Tyson MD 2nd, Barocas DA. Quality of Life After Radical Cystectomy. Urol Clin North Am. 2018 May;45(2):249-256. doi: 10.1016/j.ucl.2017.12.008. Epub 2018 Feb 21. PMID: 29650140.
3) Sievert KD, Amend B, Nagele U, et al. Economic aspects of bladder cancer: what are the benefits and costs?. World J Urol. 2009;27(3):295–300. doi:10.1007/s00345-009-0395-z
4) Ida K, Miyake M, Murakami K et al. Bacillus Calmette-Guérin-unresponsive non-muscle invasive bladder cancer outcomes in patients without radical cystectomy. Int J Clin Oncol. 2021 Nov;26(11):2104-2112. doi: 10.1007/s10147-021-01988-8. Epub 2021 Jul 27. PMID: 34313904
5) 2025 estimated bladder cancer market (US, France, Germany, Italy, Spain, UK & Japan). Source: Global Data: Bladder cancer market size to more than triple to over $1.1 billion by 2025, April 2017
6) Global Bladder Cancer Market Size By Type (Diagnosis, Treatment), By Cancer Type (Transitional Bladder Cancer, Invasive Bladder Cancer, Superficial Bladder Cancer), By Geographic Scope And Forecast, Mar 2022
7) Key Statistics for Bladder Cancer – American Cancer Society (2023); Canadian Cancer Society (2022) and Bladder Cancer – European Cancer Patient Coalition (246,590 x 5% CIS x (25% Initial Failure Rate + (75% x 50% recurrence)) = 7,706)
8) Evaluate Pharma – Revenue Data – December 1, 2022

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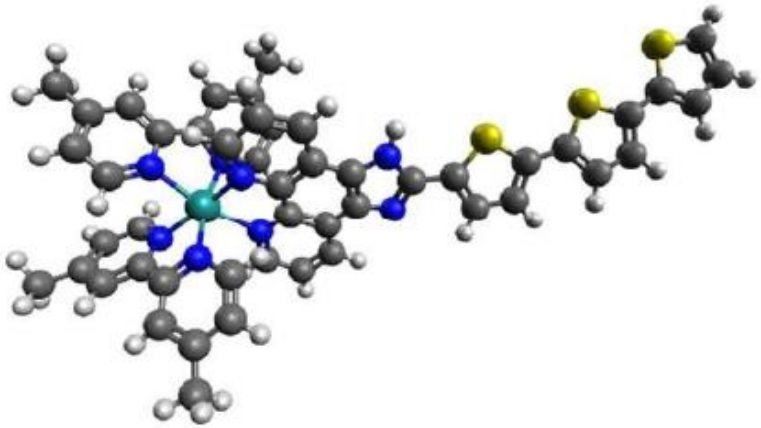
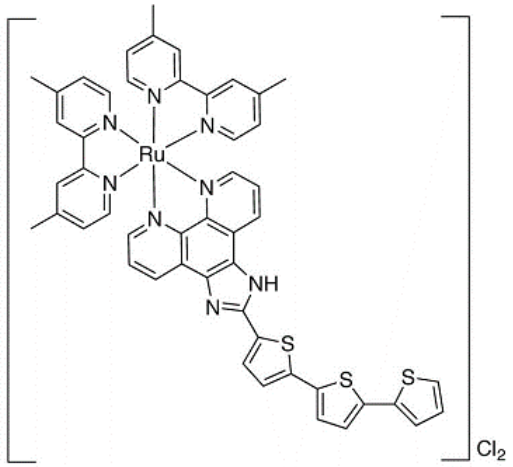
# Ruvidar ™ (TLD-1433)

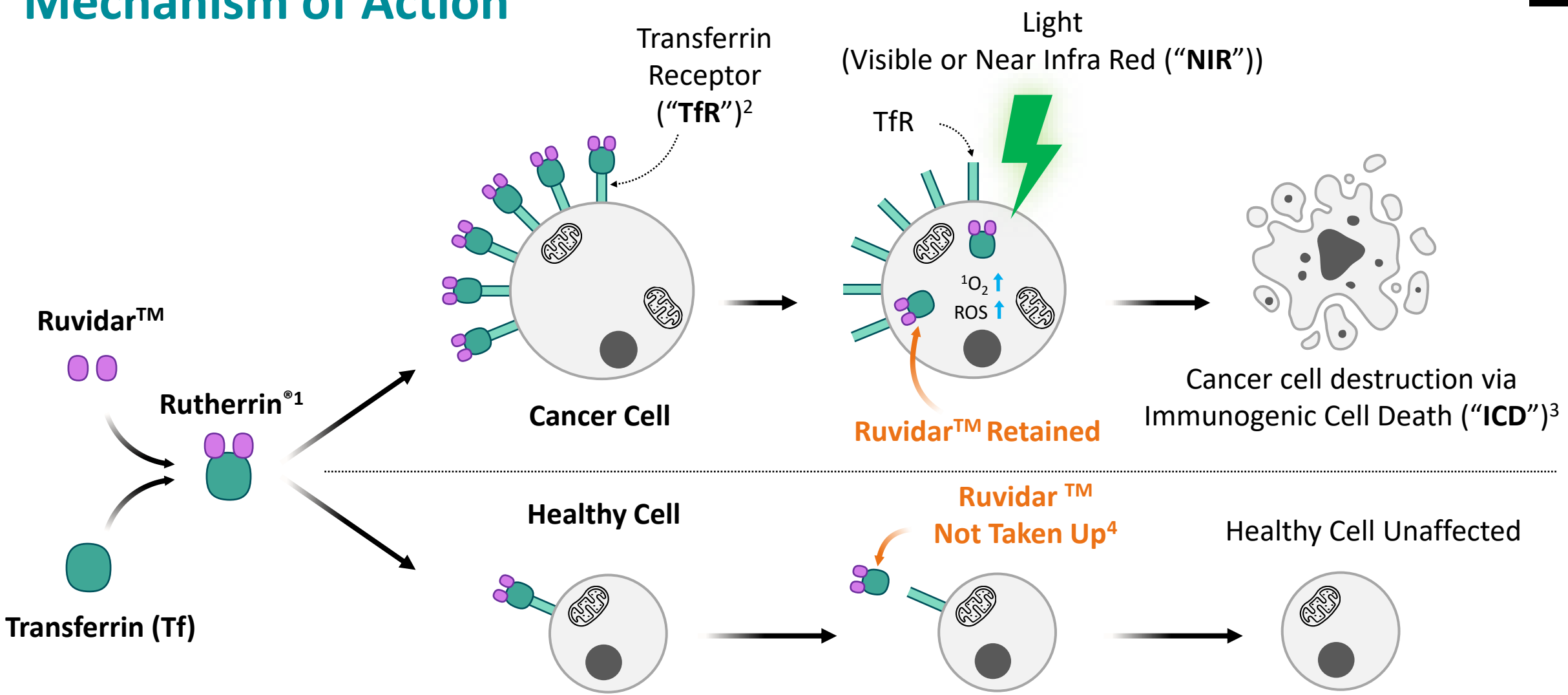





- Ruthenium based PDC
- Designed to destroy solid core tumours, such as bladder, brain, lung and breast when absorbed by the cancer cell and then light activated[1]
- High yield and high purity drug (98%)
- GMP manufactured in kilogram batches
- < 0.5 grams used for NMIBC Study Treatment

1) Kaspler P, Lazic S, Forward S, Arenas Y, Mandel A, Lilge L. A ruthenium(ii)based photosensitizer and transferrin complexes enhance photo-physical properties, cell uptake, and photodynamic therapy safety and efficacy. Photochem Photobiol Sci. 2016 Apr;15(4):481-95. doi: 10.1039/c5pp00450k. Epub 2016 Mar 7. PubMed PMID: 26947517

# Mechanism of Action




1) Kaspler P, Lazic S, Forward S, Arenas Y, Mandel A, Lilge L. A ruthenium(ii)based photosensitizer and transferrin complexes enhance photo-physical properties, cell uptake, and photodynamic therapy safety and efficacy. Photochem Photobiol Sci. 2016 Apr;15(4):481-95. doi: 10.1039/c5pp00450k. Epub 2016 Mar 7. PubMed PMID: 26947517
2) Jeong SM, Hwang S, Seong RH. Transferrin receptor regulates pancreatic cancer growth by modulating mitochondrial respiration and ROS generation. https://doi.org/10.1016/j.bbrc.2016.02.023
3) Kawamoto M., Horibe T., Kohno M., Kawakami K. A novel transferrin receptor-targeted hybrid peptide disintegrates cancer cell membrane to induce rapid killing of cancer cells. BMC Cancer. 2011; 11: 359
4) Seymour GJ, Walsh MD, Lavin MF, Strutton G, Gardiner RA. Transferrin receptor expression by human bladder transitional cell carcinomas. Urol Res. 1987;15(6):341-4. doi: 10.1007/BF00265663. PMID: 3324443.

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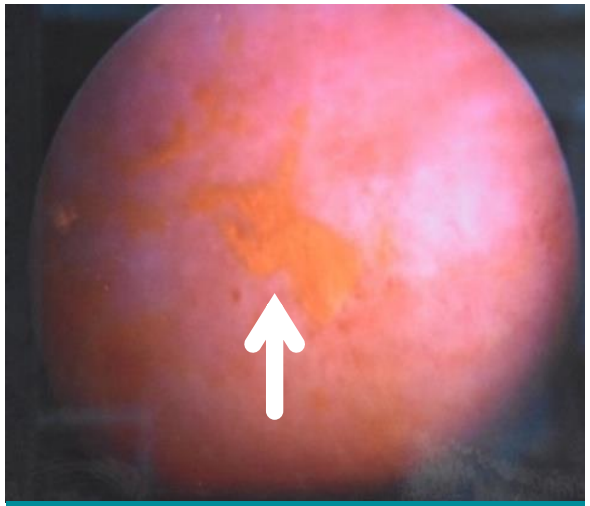
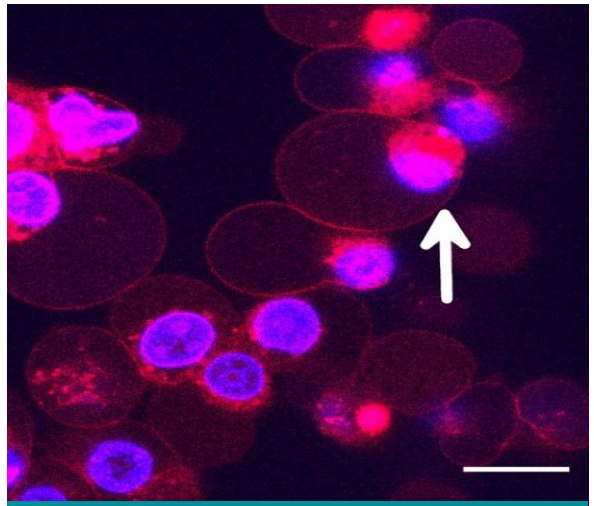
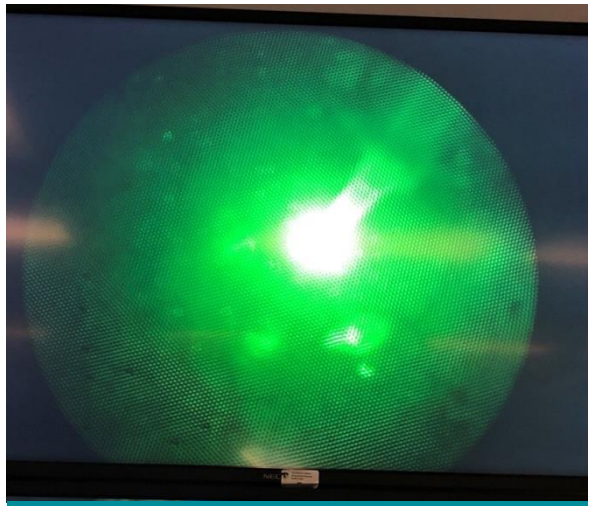
# Study Treatment



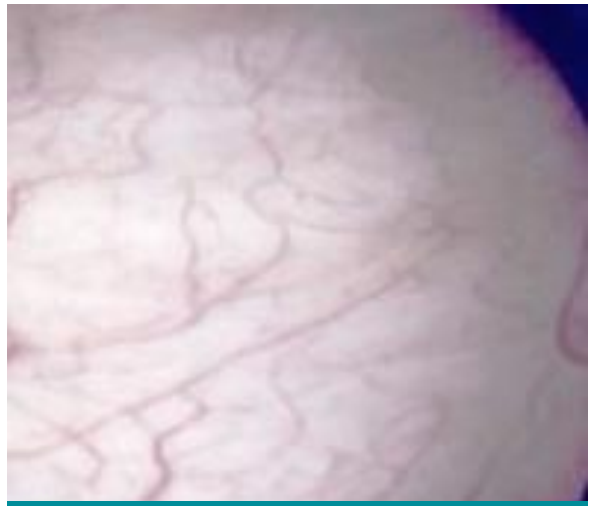
Ruvidar™ instilled in bladder via catheter demonstrating absorption into CIS[1]



Ruvidar™ localizes preferentially inside bladder cancer cells[2,3]



Green laser light activates Ruvidar™ through fiber optics

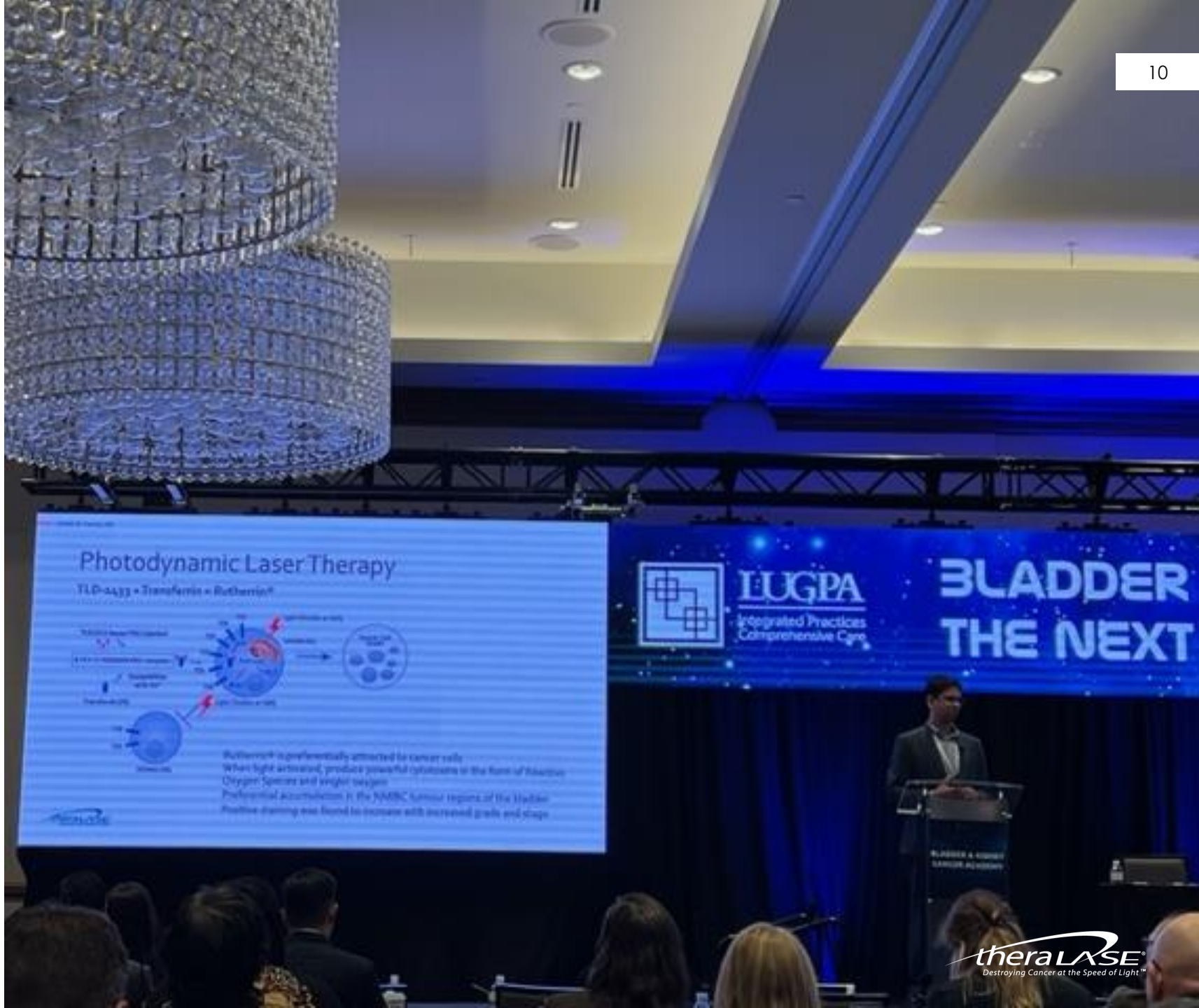


Bladder cancer cells destroyed by the production of singlet oxygen and / or Reactive Oxygen Species ("**ROS**")[2]

1) Phase Ib NMIBC clinical study patient cystoscopy photograph, after instillation of Study Drug, prior to TLC-3200 Light Activation, showing TLD-1433 localization to bladder cancer tumours
2) Kalinina S, Breymayer J, Reeß K, Lilge L, Mandel A, Rück A. Correlation of intracellular oxygen and cell metabolism by simultaneous PLIM of phosphorescent TLD1433 and FLIM of NAD(P)H. J Biophotonics. 2018 Oct;11(10):e201800085. doi:10.1002/jbio.201800085. Epub 2018 Jul 9. PubMed PMID: 29877627.
3) Seymour GJ, Walsh MD, Lavin MF, Strutton G, Gardiner RA. Transferrin receptor expression by human bladder transitional cell carcinomas. Urol Res. 1987;15(6):341-4

# Clinical Target

- 50% initial CRR, 30% CRR at 12 months and 25% CRR at 18 months (International Bladder Cancer Group ("**IBCG**"))[1]




1) Kamat AM et al. J Clin Oncol. 2016; 34: 1935-1944

# Phase II NMIBC Clinical Study[1]

**Study design consistent with FDA Guidance:**

"In BCG-Unresponsive NMIBC, a single-arm clinical trial with Complete Response Rate ("**CRR**") and duration of response as the primary endpoint can provide primary evidence of effectiveness to support a marketing application"[2]

## Primary Objective

### Initial Efficacy

(CR achieved at any point in time)

1) Negative cystoscopy and negative cytology
2) Positive cystoscopy (low grade disease) and negative cytology
3) Negative cystoscopy and positive cytology (if random bladder biopsies are negative)

## Secondary Objective

### Duration of Efficacy

(12 months duration of CR after diagnosis of initial CR)

15 months from primary Study Treatment

## Tertiary Objective

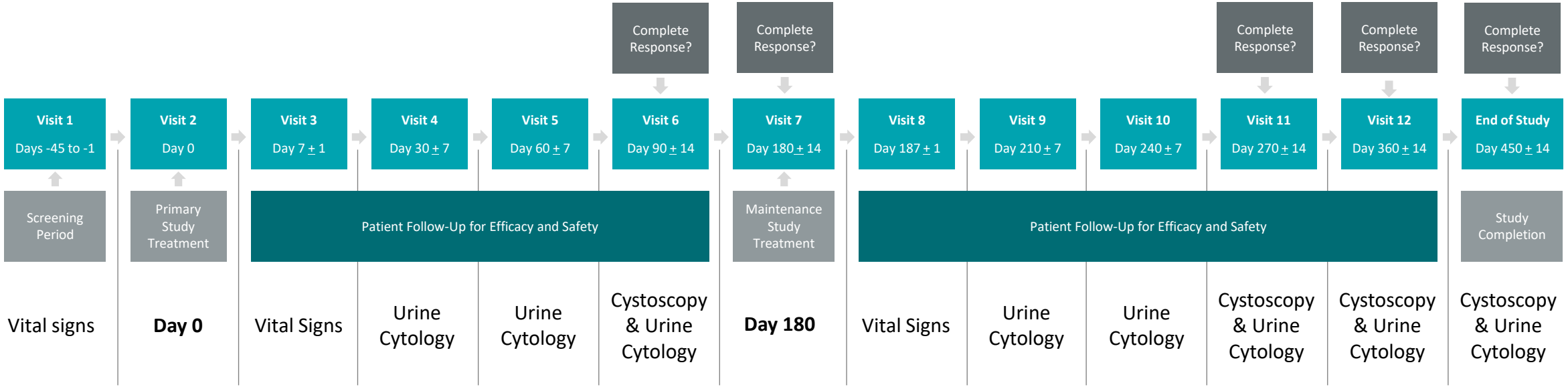
### Safety

Incidence and severity of Adverse Events ("**AEs**") > Grade 3, directly related to the Study Drug or Study Device, that do not resolve within 450 days post primary study treatment

**Grade 1** = Mild
**Grade 2** = Moderate
**Grade 3** = Severe
**Grade 4** = Life-threatening
**Grade 5** = Death

1) Clinical Protocol TLD-1433-2 (Version 11.0). July 21, 2020
2) "BCG-Unresponsive Nonmuscle Invasive Bladder Cancer: Developing Drugs and Biologics for Treatment – Guidance for Industry". February 2018. www.fda.gov/media/101468/download

# Study Design




- 100 patients with BCG-Unresponsive NMIBC
- 11 Clinical Study Sites ("**CSSs**") currently enrolling patients in North America

THE UNIVERSITY OF CHICAGO
MidLantic UROLOGY
WISCONSIN UNIVERSITY OF WISCONSIN–MADISON
UHN
nova scotia health authority
THE UNIVERSITY OF BRITISH COLUMBIA
UROLOGY ASSOCIATES, P.C.
CURC Carolina Urologic Research Center, LLC
UROLOGY SAN ANTONIO
McGill University Health Centre
London Health Sciences Centre
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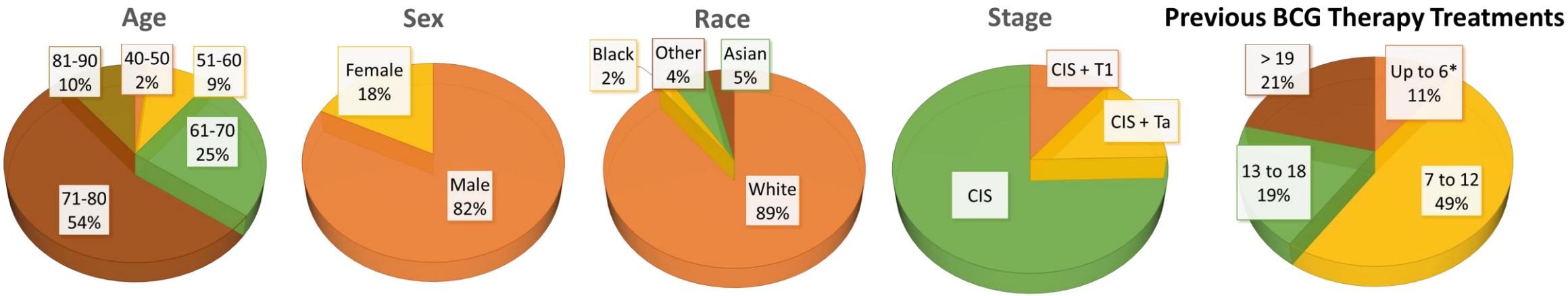
# Phase II NMIBC Interim Clinical Data[1]

## Patient Demographics

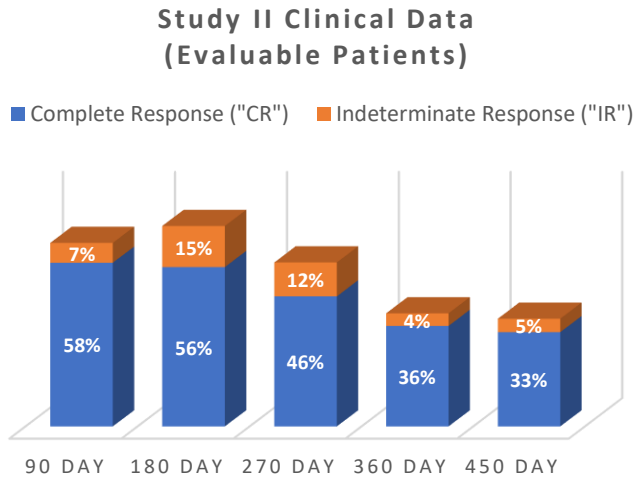



1) Press Release - Theralase® Provides Update on Bladder Cancer Clinical Study – October 16, 2023

# Phase II NMIBC Interim Clinical Data[1]

| | Achieved Primary Objective (n) | Achieved Primary Objective (%) | Achieved Secondary Objective (n) | Achieved Secondary Objective (%) | Achieved Tertiary Objective (n) | Achieved Tertiary Objective (%) |
|---|---|---|---|---|---|---|
| Complete Response ("CR") | 37 | 65% | 14 | 33% | 57 | 100% |
| Indeterminate Response ("IR") | 5 | 9% | 2 | 5% | 0 | 0% |
| Total Response (CR and IR) | 42 | 74% | 16 | 38% | 57 | 100% |
| Evaluable Patients | 57 | | 42 | | 57 | |

| TLD 1433-2 Clinical Study (Evaluable Patients) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Assessment | 90 Day | 90 Day | 180 Day | 180 Day | 270 Day | 270 Day | 360 Day | 360 Day | 450 Day | 450 Day |
| | # | % | # | % | # | % | # | % | # | % |
| Complete Response ("CR") | 33 | 58% | 31 | 56% | 23 | 46% | 16 | 36% | 14 | 33% |
| Indeterminate Response ("IR") | 4 | 7% | 8 | 15% | 6 | 12% | 2 | 4% | 2 | 5% |
| Total Responders (CR and IR) | 37 | 65% | 39 | 71% | 29 | 58% | 18 | 40% | 16 | 38% |
| Total Evaluated | 57 | | 55 | | 50 | | 45 | | 42 | |




**Note:** The data analysis is only a representation of the data accrued to date and does not intend to represent a tendency or portray any conclusion as to the effectiveness, duration or safety of the investigational treatment.

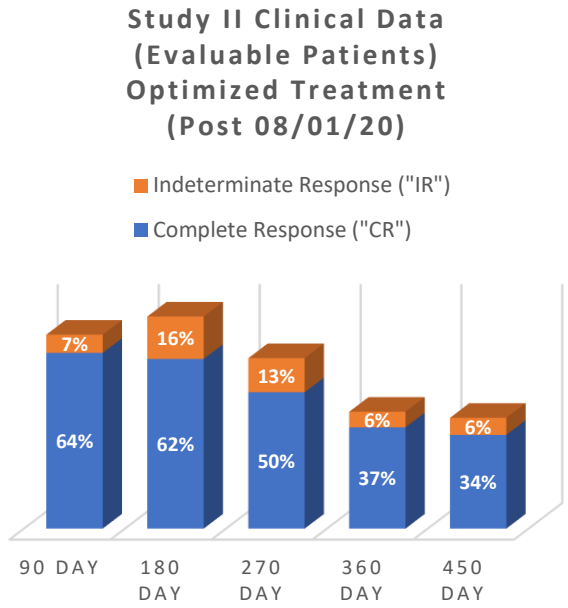
**Note:** Indeterminate Response ("**IR**") is defined as negative cystoscopy (no evidence of Urothelial Cell Carcinoma ("**UCC**") in the bladder) and positive urine cytology (detection of cancer in the urine, without a negative confirmatory bladder biopsy, suggesting UCC in the renal system other than the bladder)

1) Press Release - Theralase® Provides Update on Bladder Cancer Clinical Study – October 16, 2023

# Phase II NMIBC Interim Clinical Data[1]

On August 1, 2020, the Company optimized the Study II Treatment. For patients that received the optimized Study II Treatment the CR, IR and Total Responders are detailed below by assessment visit.

| TLD 1433-2 Clinical Study (Evaluable Patients) (Optimized: Post August 1, 2020) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Assessment | 90 Day | 90 Day | 180 Day | 180 Day | 270 Day | 270 Day | 360 Day | 360 Day | 450 Day | 450 Day |
| | # | % | # | % | # | % | # | % | # | % |
| Complete Response ("CR") | 29 | 64% | 28 | 62% | 20 | 50% | 13 | 37% | 11 | 34% |
| Indeterminate Response ("IR") | 3 | 7% | 7 | 16% | 5 | 13% | 2 | 6% | 2 | 6% |
| Total Responders (CR and IR) | 32 | 71% | 35 | 78% | 25 | 63% | 15 | 43% | 13 | 41% |
| Total Evaluated | 45 | | 45 | | 40 | | 35 | | 32 | |

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**Note:** Indeterminate Response ("**IR**") is defined as negative cystoscopy (no evidence of Urothelial Cell Carcinoma ("**UCC**") in the bladder) and positive urine cytology (detection of cancer in the urine, suggesting UCC in the renal system other than the bladder)

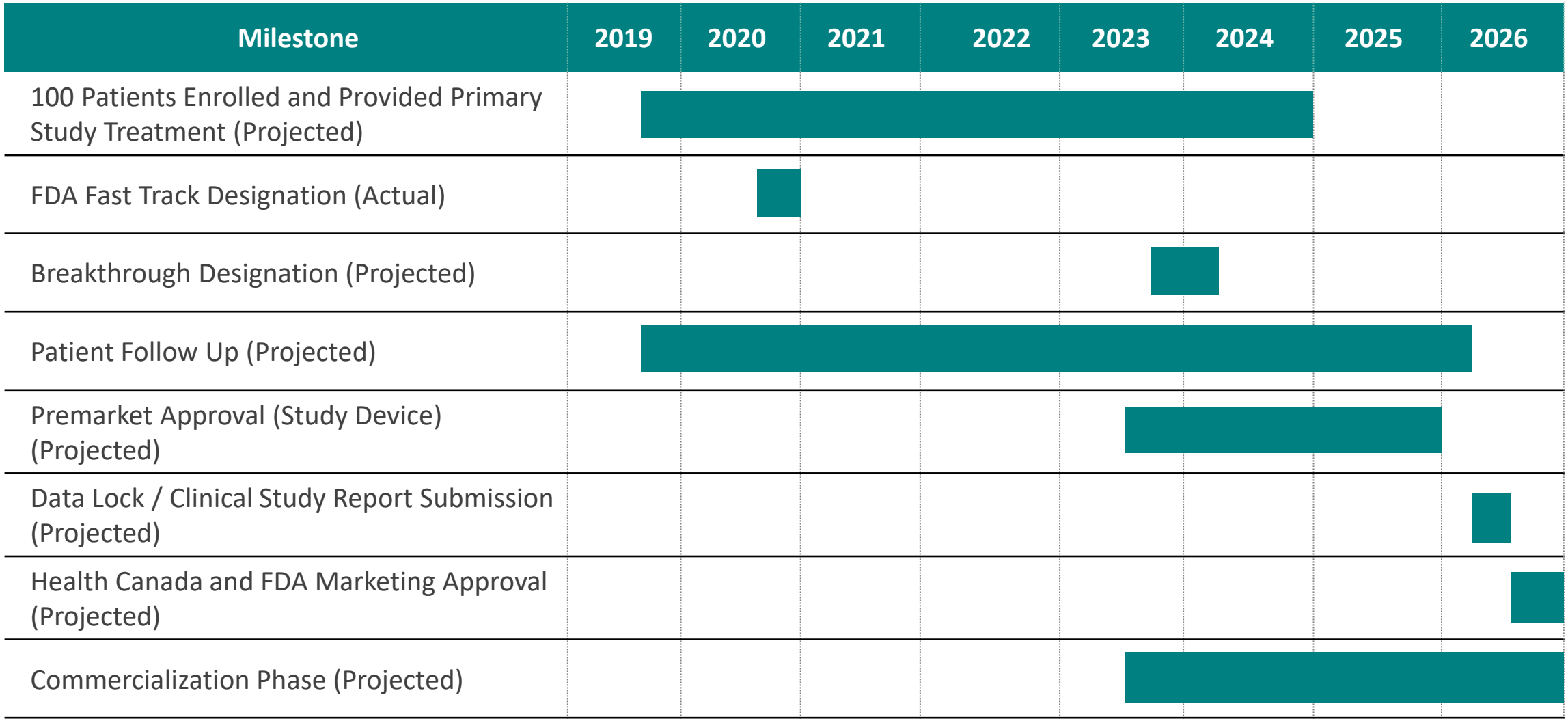
1) Press Release - Theralase® Provides Update on Bladder Cancer Clinical Study – October 16, 2023

# FDA Approved Drugs Versus Ruvidar™

| FDA Approved Drug | Number of Patients | Initial Complete Response Rate ("CRR") | Durable CRR (12 months) | Durable CRR (15 months) | Safety | Limitations | Cost |
|---|---|---|---|---|---|---|---|
| **Valrubicin[1, 2]** | 90 | 21.1% | 7.7% | Not Reported | Study treatment related SAEs | Not a BCG-Unresponsive population. Not recommended by US uro-oncologists | $USD 43,950 to $65,925 |
| **Pembrolizumab (Keytruda*)[3,4]** | 96 | 40.2% | 18.9% | Not Reported | Study treatment related SAEs | Patients must have PD-L1 expression to generate a response. | $USD 12,500 / monthly up to $USD 300,000 for 24 months of treatment |
| **Adstiladrin[5]** | 98 | 51% | 23.5% | Not Reported | Study treatment related SAEs | Limited population treated with CIS | $USD 158,600 to $262,000 |
| | | | **Not FDA Approved** | | | | |
| **Ruvidar™ [6]** | 62 | 65% | 36% | 33% | No study drug or study device related SAEs | Not FDA Approved (In Progress) | $USD 200,000 for a single treatment (To Be Determined Pending Successful Regulatory Approval) |

1) Steinberg G, Bahnson R, Brosman S, Middleton R, Wajsman Z, Wehle M. Efficacy and safety of valrubicin for the treatment of Bacillus Calmette-Guerin refractory carcinoma in situ of the bladder. The Valrubicin Study Group. J Urol. 2000 Mar;163(3):761-7. Erratum in: J Urol. 2008 Jan;179(1):386. PMID: 10687972.
2) Dinney CPN et al. Intravesical valrubicin in patients with bladder carcinoma in situ and contraindication to or failure after bacillus Calmette-Guérin. Urol Oncol. 2013 Nov;31(8):1635-42
3) Balar, A.V., et al., Pembrolizumab monotherapy for the treatment of high-risk non-muscle-invasive bladder cancer unresponsive to BCG (KEYNOTE-057): an open-label, single-arm, multicentre, phase 2 study. Lancet Oncol, 2021. **22**(7): p. 919-930.
4) Press Release – Merck's KEYTRUDA® (pembrolizumab) Showed a Complete Response Rate of Nearly 40 Percent in Patients with High-Risk Non-Muscle Invasive Bladder Cancer (NMIBC) Unresponsive to Standard of Care – October 20, 2018
5) FDA Press Announcement. FDA Approves First Gene Therapy for the Treatment of High-Risk, Non-Muscle-Invasive Bladder Cancer.
6) Press Release - Theralase® Provides Update on Bladder Cancer Clinical Study – October 16, 2023

# Regulatory Timeline




Regulatory Strategy: Study Drug (IND / NDA) - Study Device (PMA) – Drug / Device Combination

theraLASE® Destroying Cancer at the Speed of Light™

# Capital Structure

| TSXV:TLT | | | 10/23/2023 |
|---|---|---|---|
| **Common share price** | $CAN 0.26 | Warrants | 82,458,050 |
| **Market Capital** | $CAN 58.0 M | Options | 18,510,000 |
| **Shares Outstanding** | 223,142,675 | Insider Ownership | ~ 12.8% Fully Diluted |
| **Analyst Coverage** | RESEARCH CAPITAL CORPORATION | | |

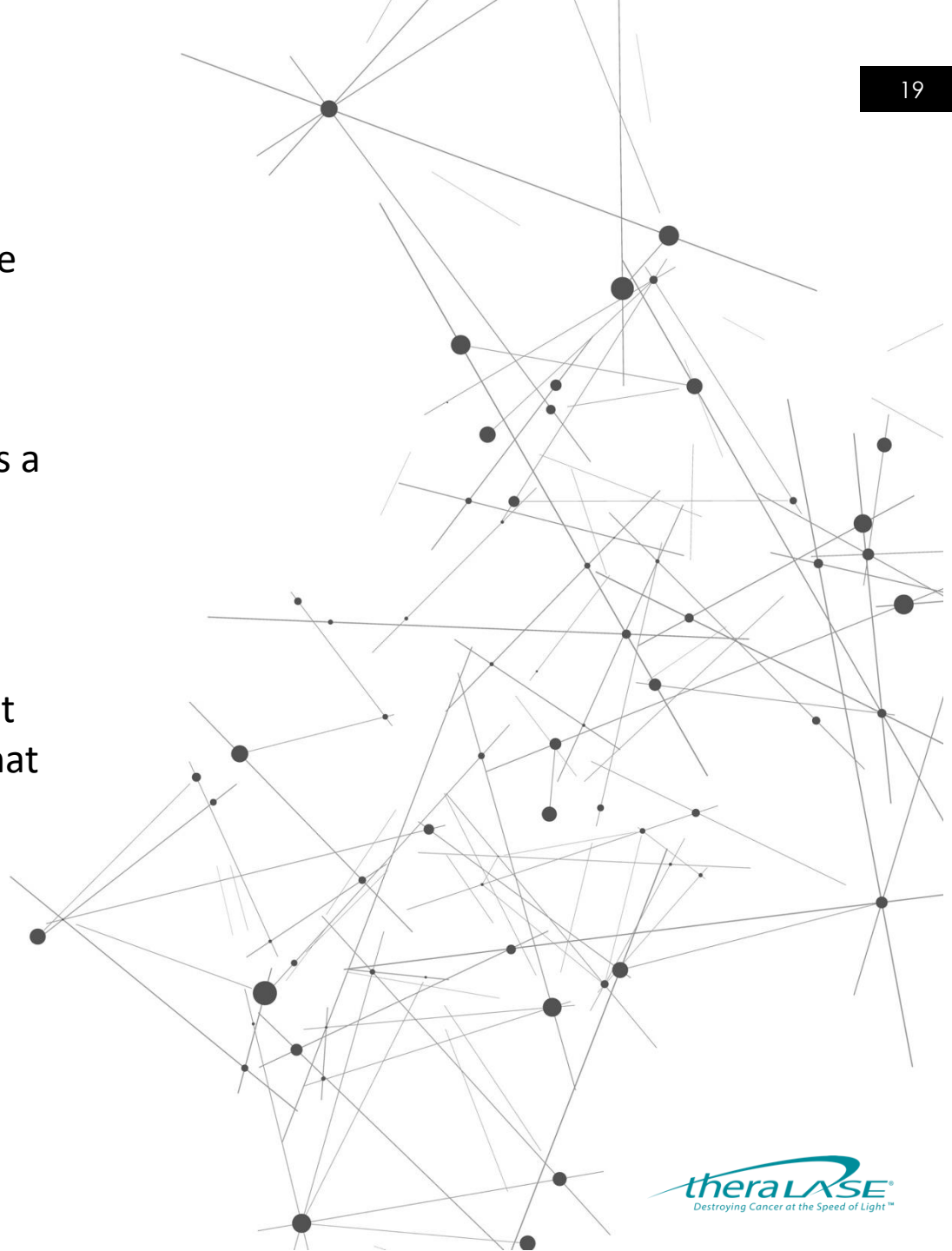
# Investment Highlights

- Theralase® is focused on providing the next standard of care treatment for bladder cancer. The 10th most common cancer in the world (6th in men).

- Theralase® provides a unique value proposition combining a patented light-sensitive drug and proprietary laser system that has a primary response of directly destroying bladder cancer, leaving healthy bladder cells intact and providing a secondary response through activation of the the immune system.

- Theralase® has enrolled and provided the primary study treatment for 62 / 100 patients in a FDA Phase II registration clinical study, that if approved will grant Theralase commercial access to cancer markets worth between an estimated $1 to $7 B annually.

- Interim data to date trending better than FDA approved Keytruda (Pembrolizumab) (61.7% improvement in CR and 90.5% improvement in duration of CR) and Adstiladrin (27.5% improvement in CR and 53.2% improvement in duration of CR)



theraLASE®
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# Statutory Rights of Action

In certain circumstances, purchasers resident in certain provinces of Canada, are provided with a remedy for rescission or damages, or both, in addition to any other right they may have at law, where an offering memorandum (such as this Presentation) and any amendment to it contains a misrepresentation. Where used herein, "misrepresentation" means an untrue statement of a material fact or an omission to state a material fact that is required to be stated or that is necessary to make any statement not misleading in light of the circumstances in which it was made. These remedies, or notice with respect to these remedies, must be exercised or delivered, as the case may be, by the purchaser within the time limits prescribed by applicable securities legislation.

The following summary is subject to the express provisions of the applicable securities laws, regulations and rules, and reference is made thereto for the complete text of such provisions. Such provisions may contain limitations and statutory defenses not described here on which the Company and other applicable parties may rely. Purchasers should refer to the applicable provisions of the securities legislation of their province for the particulars of these rights or consult with a legal advisor.

**Ontario, New Brunswick, Nova Scotia and Saskatchewan**

The following is a summary of rights of rescission or damages, or both, available to purchasers resident in the province of Ontario, New Brunswick, Nova Scotia and Saskatchewan. If there is a misrepresentation herein and you are a purchaser under securities legislation in Ontario, New Brunswick, Nova Scotia and Saskatchewan you have, without regard to whether you relied upon the misrepresentation, a statutory right of action for damages, or while still the owner of the securities, for rescission against the Company. This statutory right of action is subject to the following: (a) if you elect to exercise the right of action for rescission, you will have no right of action for damages against the Company; (b) except with respect to purchasers resident in Nova Scotia, no action shall be commenced to enforce a right of action for rescission after 180 days from the date of the transaction that gave rise to the cause of action; (c) no action shall be commenced to enforce a right of action for damages after the earlier of (i) 180 days (with respect to purchasers resident in Ontario) or one year (with respect to purchasers resident in Saskatchewan and New Brunswick) after you first had knowledge of the facts giving rise to the cause of action, and (ii) three years (with respect to purchasers resident in Ontario) or six years (with respect to purchasers resident in Saskatchewan and New Brunswick) after the date of the transaction that gave rise to the cause of action; (d) with respect to purchasers resident in Nova Scotia, no action shall be commenced to enforce a right of action for rescission or damages after 120 days from the date on which payment for the securities was made by you; (e) the Company will not be liable if it proves that you purchased the securities with knowledge of the misrepresentation; (f) in the case of an action for damages, the Company will not be liable for all or any portion of the damages that it proves do not represent the depreciation in value of the securities as a result of the misrepresentations; and (g) in no case will the amount recoverable in such action exceed the price at which the securities were sold to you. The foregoing is a summary only and is subject to the express provisions of the Securities Act (Ontario), the Securities Act (New Brunswick), the Securities Act (Nova Scotia) and the Securities Act (Saskatchewan), and the rules, regulations and other instruments thereunder, and reference is made to the complete text of such provisions contained therein. Such provisions may contain limitations and statutory defenses on which the Company may rely.

**Manitoba, Newfoundland and Labrador, PEI, Yukon Territory, Nunavut and the Northwest Territories**

In Manitoba, the Securities Act (Manitoba), in Newfoundland and Labrador the Securities Act (Newfoundland and Labrador), in Prince Edward Island the Securities Act (PEI), in Yukon, the Securities Act (Yukon), in Nunavut, the Securities Act (Nunavut) and in the Northwest Territories, the Securities Act (Northwest Territories) provide a statutory right of action for damages or rescission to purchasers resident in Manitoba, Newfoundland, PEI, Yukon, Nunavut and Northwest Territories respectively, in circumstances where this Presentation or an amendment hereto contains a misrepresentation, which rights are similar, but not identical, to the rights available to Ontario purchasers.

The statutory right of action described above is in addition to and without derogation from any other right or remedy at law.

# Contact Information


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