Destroying Cancer at the Speed of Light

December 8, 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.

United States Securities Laws

This presentation does not constitute an offer to sell or the solicitation of an offer to buy, nor shall there be any sale of the securities in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of such jurisdiction. The Company's securities have not been and will not be registered under the United States Securities Act of 1933, as amended ("**U.S. Securities Act**"), or any state securities laws and may not be offered or sold within the United States or to, or for the account or benefit of, "U.S. persons" as such term is defined in Regulation S under the U.S. Securities Act, unless an exemption from such registration is available.

Company

Scientific Research

Patented light-activated photodynamic compounds researched and developed over the last 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 (63 patients) demonstrates:

67% Complete Response ("**CR**") for the primary objective[6]

35% CR duration for the secondary objective[6]

Very high safety profile for the tertiary objective (n=63 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® Release's 3Q2023 Interim Financial Statements - November 29, 2023
7) Press Release - Theralase® Granted FDA Fast Track Designation for NMIBC Phase II Clinical Study – November 23, 2020

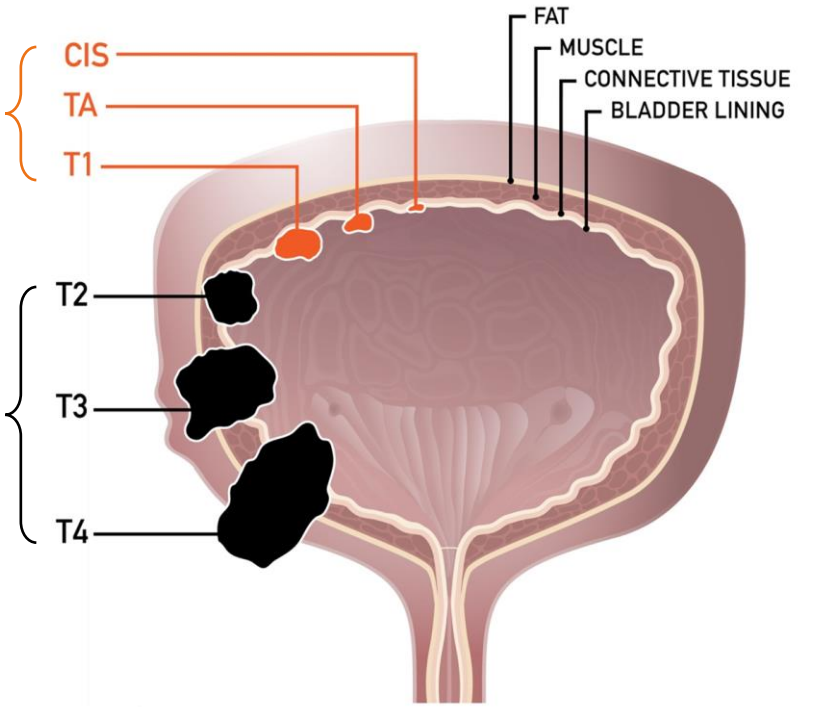
Bladder Cancer

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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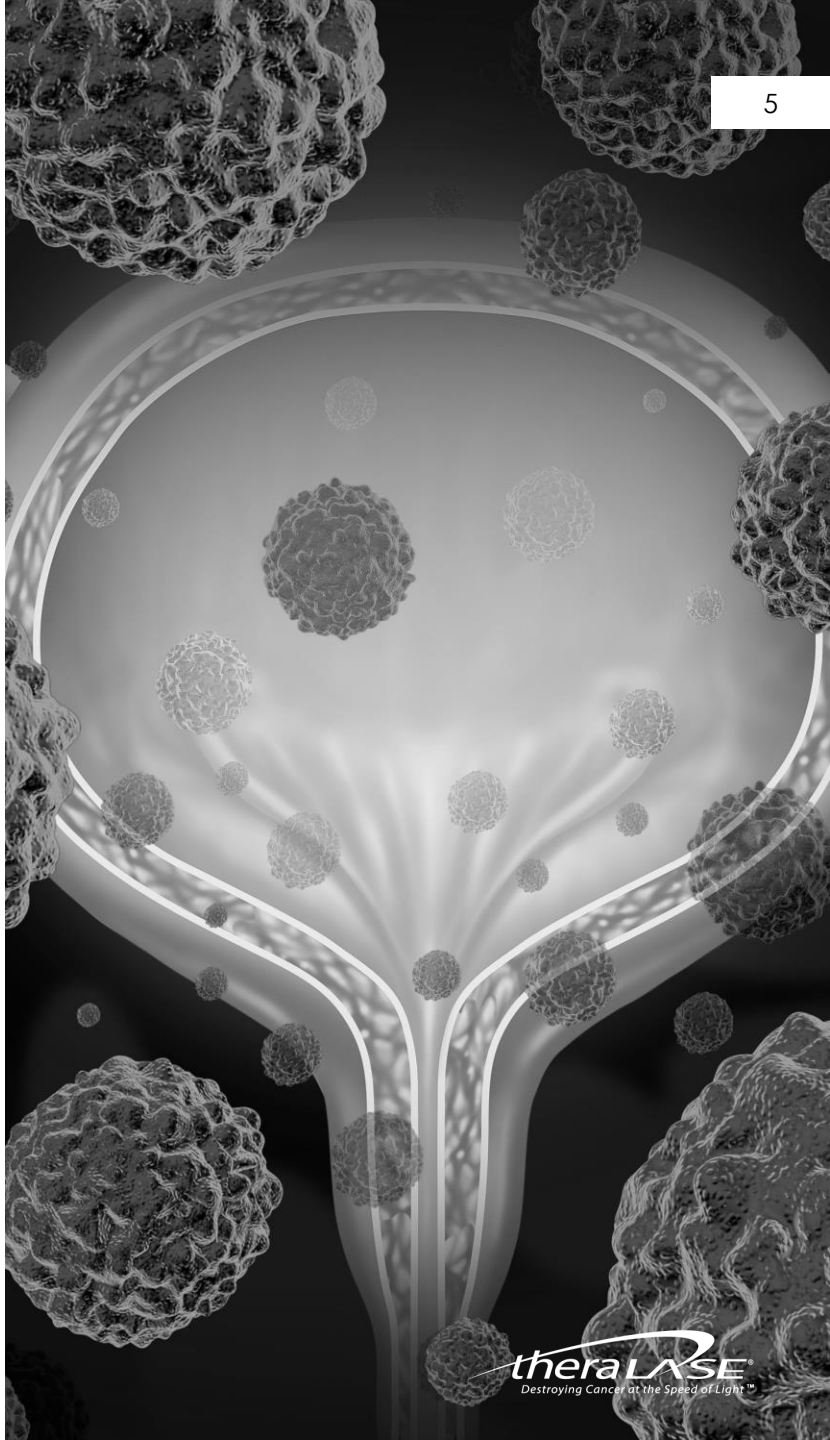
Current Treatment Landscape

- Bacillus Calmette Guérin ("**BCG**") is the standard of care treatment for NMIBC
- 75% of bladder cancers classified as NMIBC[1] and 5 to 10% of bladder cancers classified as Carcinoma In-Situ ("**CIS**")[2]
- High initial efficacy BCG up to 75%[2,3] (25% failure rate)
- BCG is not durable[4,5] with ½ of BCG treated patients recurring within 1 year[6] (BCG-Unresponsive[5])
- Up to 40% patients progress from BCG-Unresponsive CIS to MIBC within 5 years[7,8,9,10]
- ½ 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 50k to $USD 150k per Quality Adjusted Life Year ("**QALY**") for treatment

(2 Years = $USD 100k to $USD 300k (Average = $USD 200k)[1]

Innovation Demand

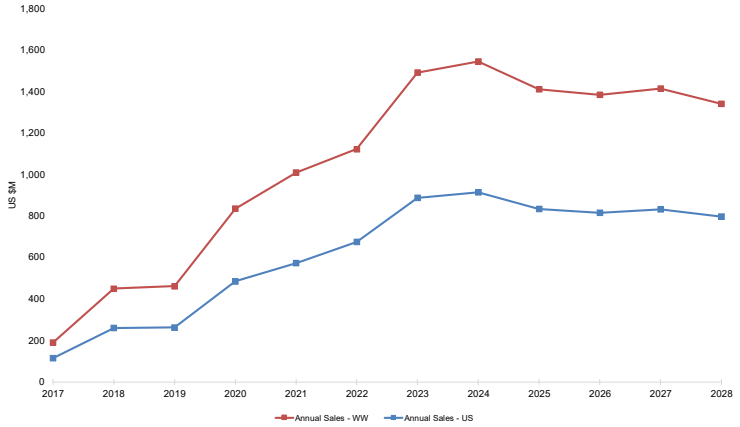
Bladder cancer patients face low Quality Of Life after radical cystectomy, high morbidity and high mortality[2]

Financial Demand

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

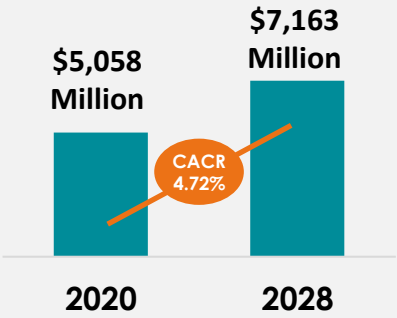
Bladder cancer has the highest lifetime treatment costs per patient of all cancers[4]

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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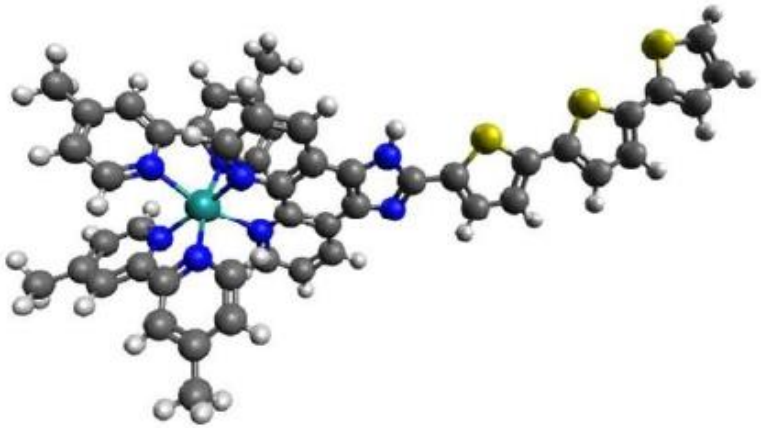
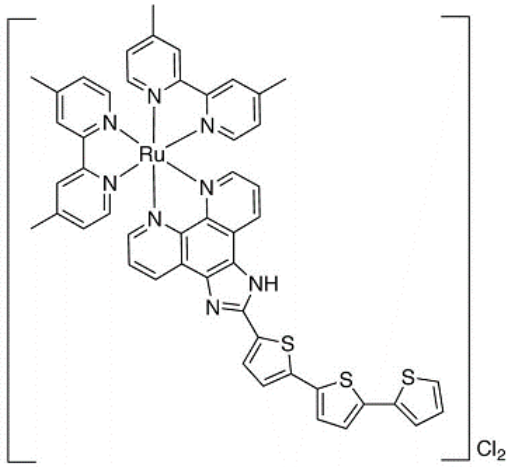
Ruvidar ™ (TLD-1433)

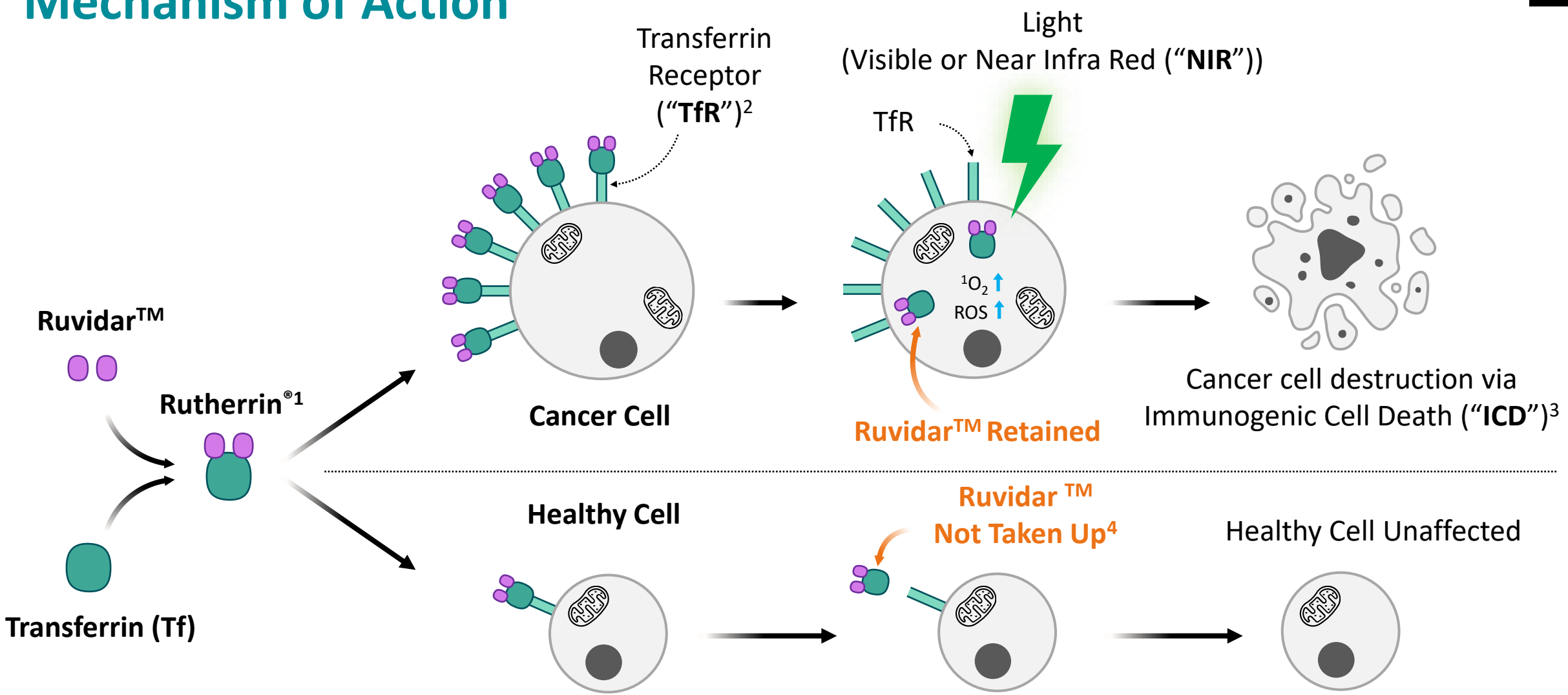




- Ruthenium based PDC
- Designed to destroy solid core tumours (bladder, brain, lung and breast) when absorbed by the cancer cell and then light activated[1]
- GMP manufactured in kilogram batches with high yield and high purity (98%)
- < 0.5 grams used for NMIBC Study Treatment
- 1 kg of drug is potentially equivalent to $USD 400 M in revenue, upon successful FDA approval

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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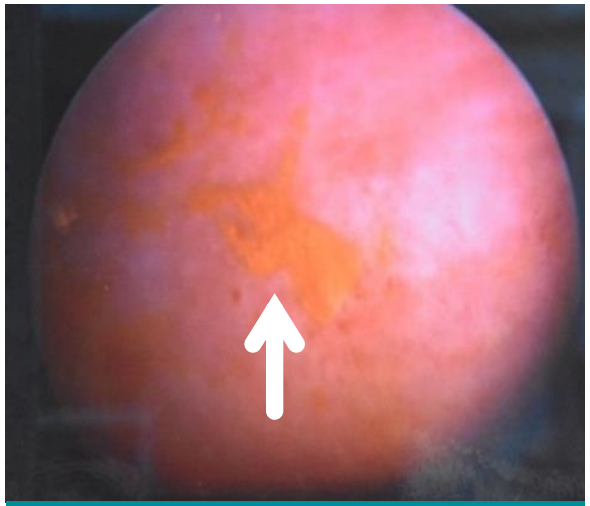
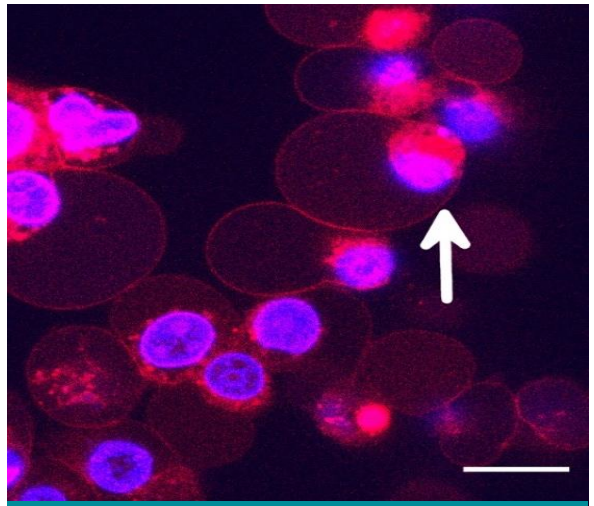
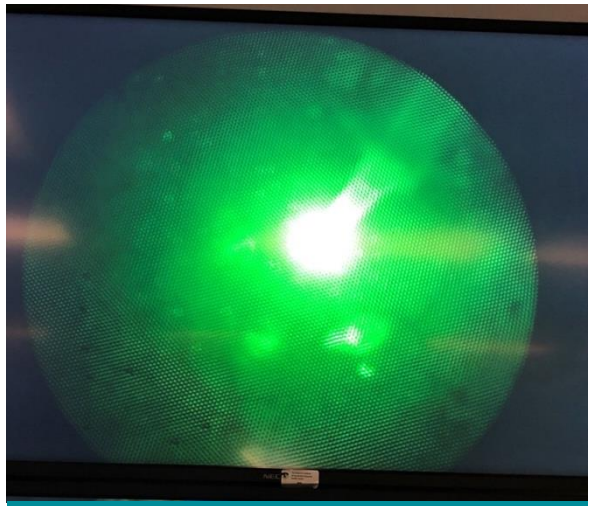
Study Treatment



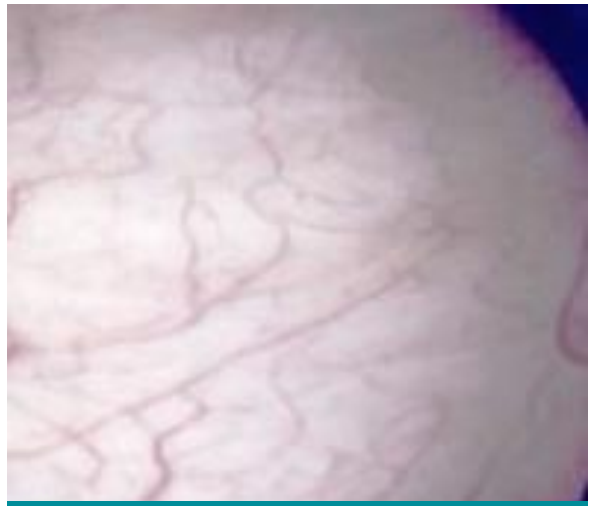
Ruvidar™ instilled in bladder via catheter demonstrating absorption into CIS[1]



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



Green laser light activates Ruvidar™ through fiber optics

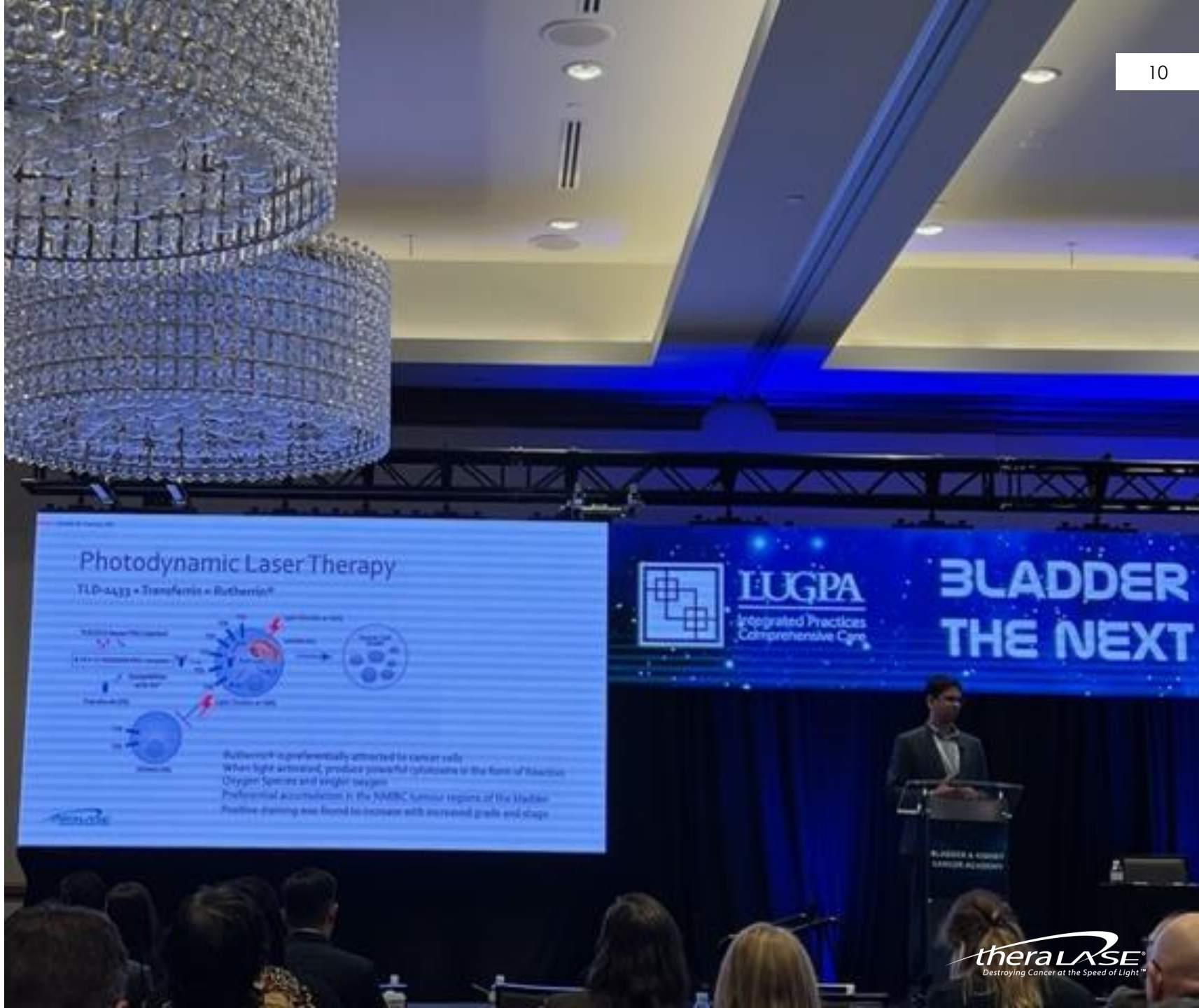


Bladder cancer cells destroyed by the production of singlet oxygen and / or Reactive Oxygen Species ("**ROS**")[2]

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

- A clinically meaningful initial complete response rate (CIS) or recurrence-free rate (for papillary tumors) of at least 50% at 6 months, 30% at 12 months, and 25% at 18 months is recommended. (International Bladder Cancer Group ("**IBCG**"))[1]
- The interim clinical data presented today meets or exceeds these IBCG guidelines.



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

Patient followed for up to 36 months to show duration of response

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 CIS
- 11 clinical study sites currently enrolling patients in Canada and the United States
- Patient provided Study Treatment on Day 0 (1 hour of drug instillation, 1 to 1.5 hours of light activation)
- Patient gets to go home same day
- Patient has option to receive up to 2 more Study Treatments, if they have residual disease
- Patient followed up quarterly for up to 2 years and then semi-annually for up to 3 years

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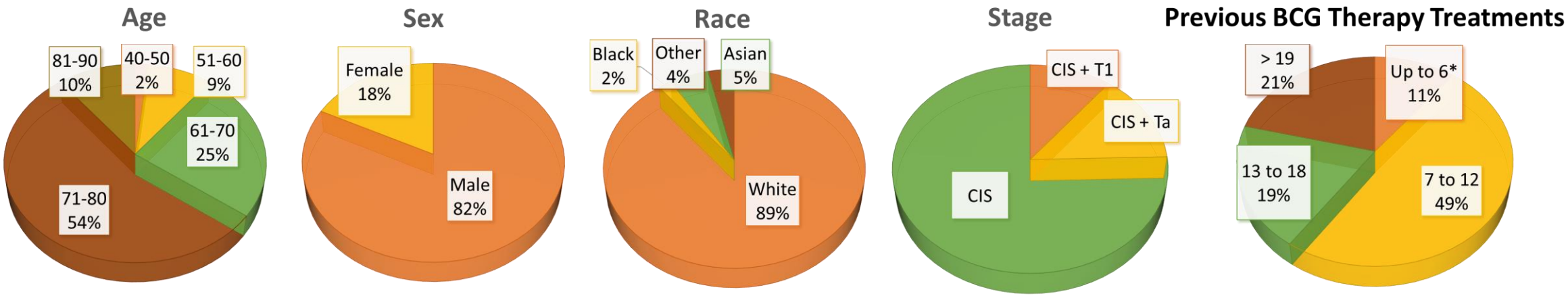
Phase II NMIBC Interim Clinical Data[1]

Patient Demographics

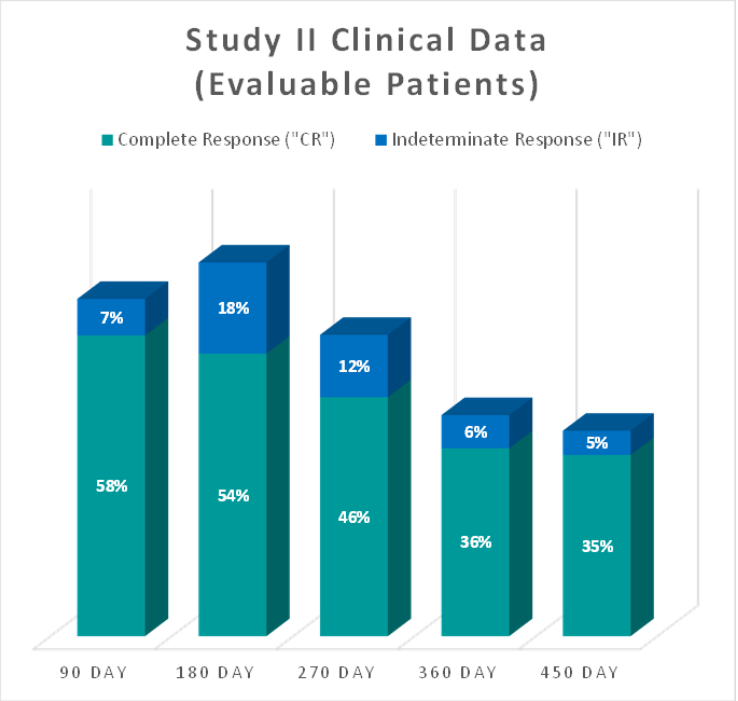


1) Press Release - Theralase® Release's 3Q2023 Interim Financial Statements - November 29, 2023

Phase II NMIBC Interim Clinical Data[1]

Assessment	Achieved		Achieved		Achieved	
	#	%	#	%	#	#
Complete Response ("**CR**")	38	67%	15	35%	57	100%
Indeterminate Response ("**IR**")	5	9%	2	5%	-	-
Total Responders (**CR and IR**)	43	75%	17	40%	57	100%
Evaluable Patients	57		43		57	

Assessment	Patient Assessment Visit									
	90 Days		180 Days		270 Days		360 Days		450 Days	
	#	%	#	%	#	%	#	%	#	%
Complete Response ("**CR**")	33	58%	31	54%	23	46%	17	36%	15	35%
Indeterminate Response ("**IR**")	4	7%	10	18%	6	12%	3	6%	2	5%
Total Responders (**CR and IR**)	37	65%	41	72%	29	58%	20	43%	17	40%
Evaluable Patients	57		57		50		47		43	



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.

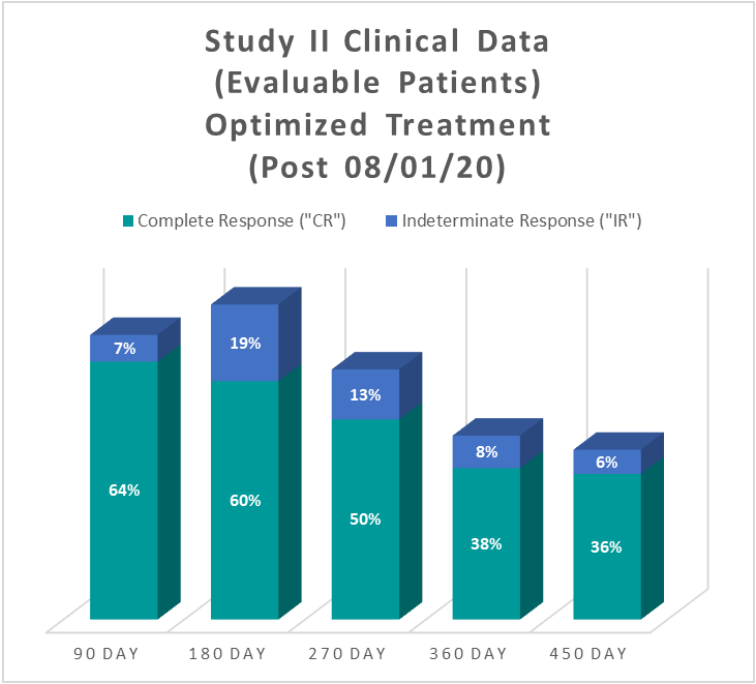
Note: Indeterminate Response ("**IR**") is defined as negative cystoscopy (no evidence of Urothelial Cell Carcinoma ("**UCC**") in the bladder) and positive urine cytology (detection of cancer in the urine, without a negative confirmatory bladder biopsy, suggesting UCC in the renal system other than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

1) Press Release - Theralase® Release's 3Q2023 Interim Financial Statements - November 29, 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.

Assessment	Patient Assessment Visit (Optimized Treatment - Post August 1, 2020)									
	90 Days		180 Days		270 Days		360 Days		450 Days	
	#	%	#	%	#	%	#	%	#	%
Complete Response ("**CR**")	29	64%	28	60%	20	50%	14	38%	12	36%
Indeterminate Response ("**IR**")	3	7%	9	19%	5	13%	3	8%	2	6%
Total Responders (**CR and IR**)	32	71%	37	79%	25	63%	17	46%	14	42%
Evaluable Patients	45		47		40		37		33	



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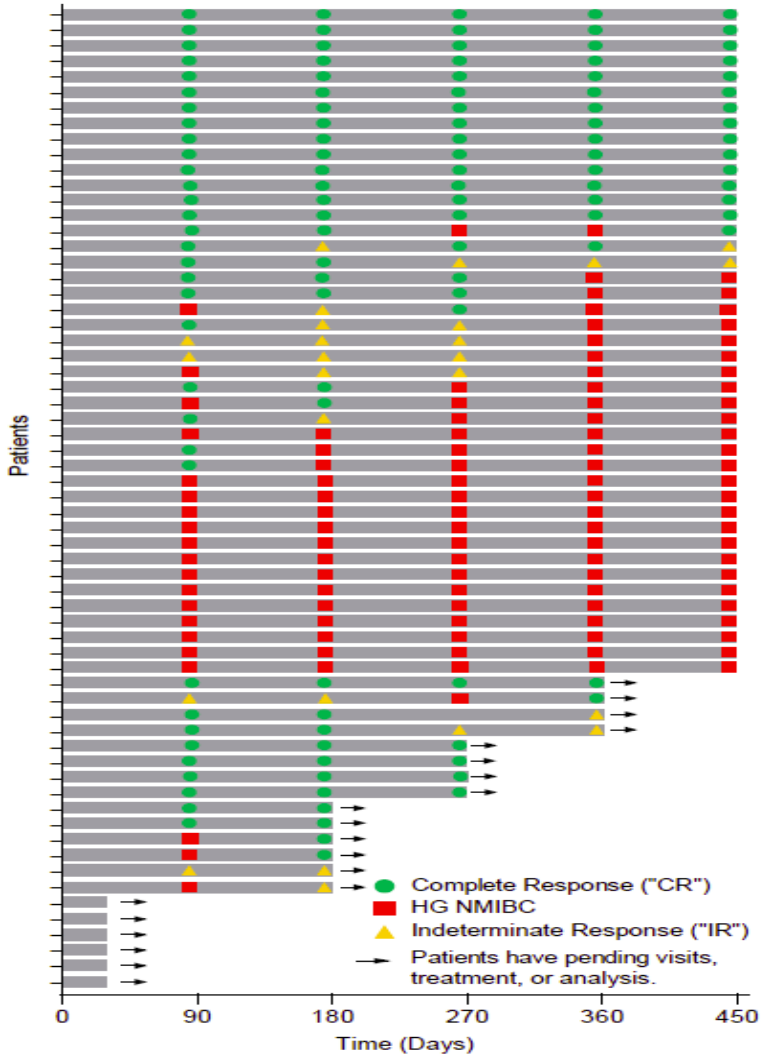
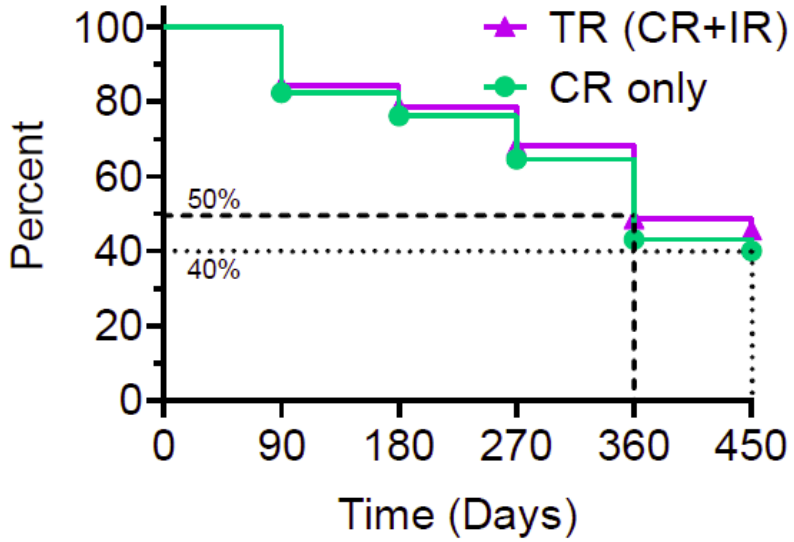
1) Press Release - Theralase® Release's 3Q2023 Interim Financial Statements - November 29, 2023

Phase II NMIBC Interim Clinical Data[1]

Swimmer's Plot:



Kaplan-Meier Curve



- > 80% of patients remained in Study II after 90 days, following the initial Study II Treatment.
- 46% of Total Response patients have a duration of response ≥ 450 days.
- 40% of Complete Response patients have a duration of response ≥ 450 days.

1) Press Release - Theralase® Release's 3Q2023 Interim Financial Statements - November 29, 2023

Phase II NMIBC Interim Clinical Data[1]

Serious Adverse Events

For 63 patients treated in Study II, there have been 11 Serious Adverse Events ("**SAEs**") reported:

- 2 – Grade 2 (resolved within 1 and 1 days, respectively)
- 6 – Grade 3 (resolved within 2, 3, 4, 4, 5, 82 and unknown days, respectively)
- 2 – Grade 4 (resolved within 6 and 8 days, respectively)
- 1 – Grade 5

Theralase® believes all SAEs reported to date are unrelated to the Study II Drug or Study II Device, as reviewed and confirmed by the independent Data Safety Monitoring Board ("**DSMB**").

Note: A SAE is defined as any untoward medical occurrence that at any dose: Is serious or life-threatening, requires inpatient hospitalization or prolongation of existing hospitalization, results in persistent or significant disability/incapacity, is a congenital anomaly/birth defect or results in death.

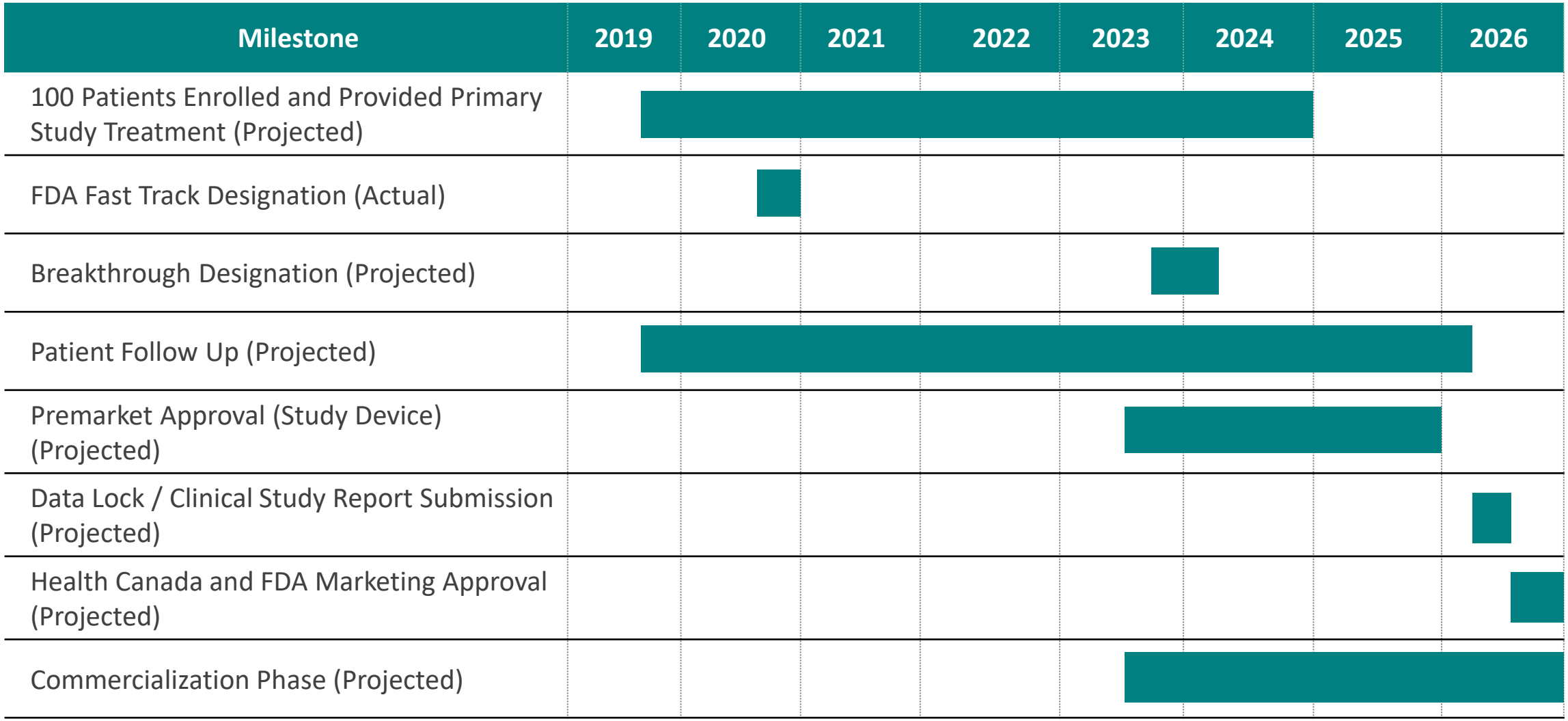
1) Press Release - Theralase® Release's 3Q2023 Interim Financial Statements - November 29, 2023

FDA Approved Drugs Versus Ruvidar™

FDA Approved Drug	Number of Patients	Initial Complete Response ("CR")	Durable CR (15 months)	Limitations	Cost
Valrubicin[1, 2] (1981)	90	21%	7.7%	Not a BCG-Unresponsive population. Not recommended by US uro-oncologists	$USD 43,950 to $65,925
Pembrolizumab (Keytruda*)[3,4] (2020)	96	40%	18.9%	Patients must have PD-L1 expression to generate a response. 20 to 40% of patient population.	$USD 300,000 for 24 months of treatment
Adstiladrin[5] (2023)	98	51%	23.5%	Response of 3.9% CR at 24 months.	$USD 158,600 to $262,000
Ruvidar™ [6] (Estimated for 2026)	63	67%	35%	Not FDA Approved (In Progress)	$USD 200,000 for a single treatment (To Be Determined Pending 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® Release's 3Q2023 Interim Financial Statements - November 29, 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			12/07/2023
Common share price	$CAN 0.195	Warrants	84,619,714
Market Capital	$CAN 44.6 M	Options	18,510,000
Shares Outstanding	228,460,858	Insider Ownership	~ 10% Fully Diluted

Investment Highlights

- Potential next standard of care treatment for bladder cancer
  (10th most common cancer in the world (6th in men))

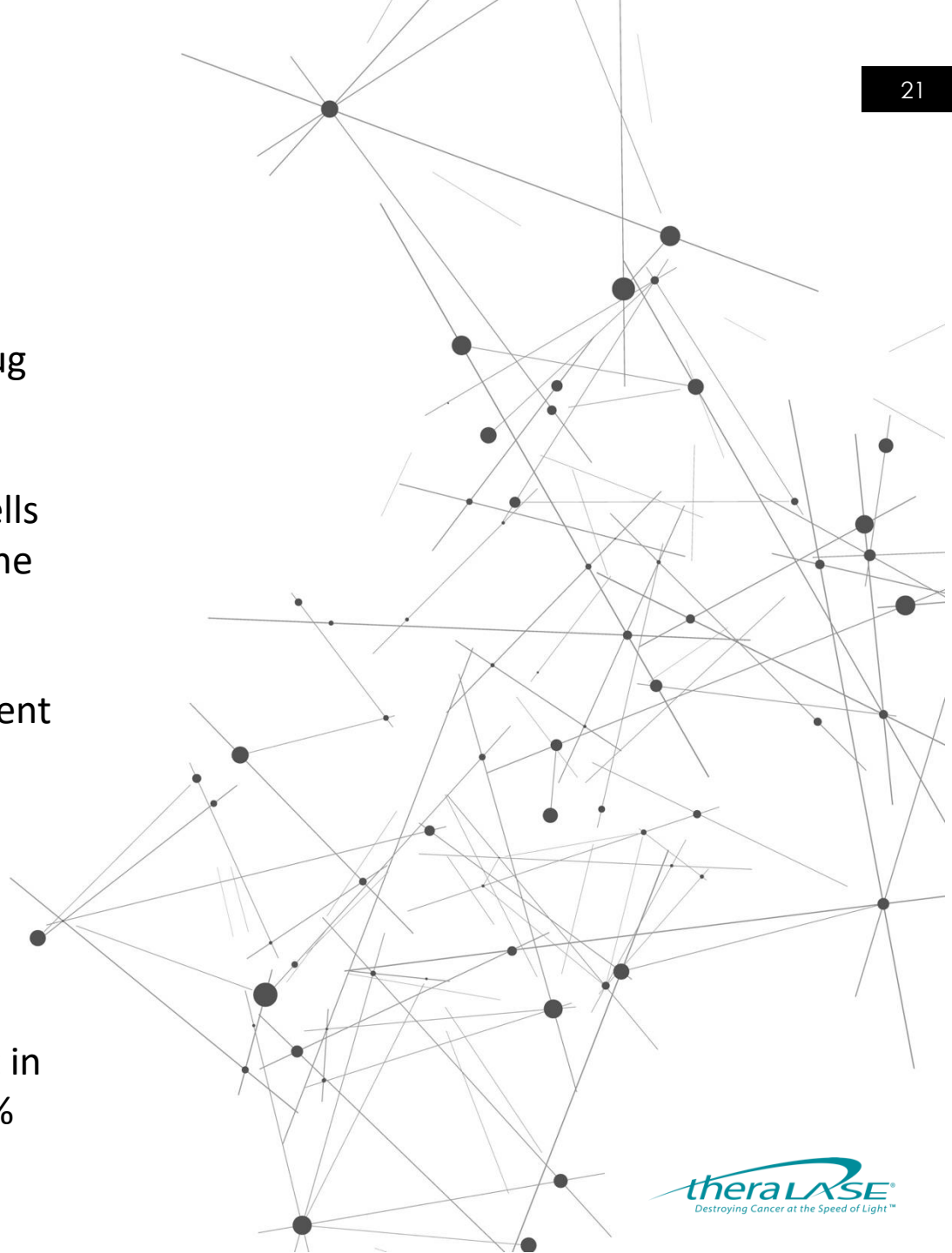
- Unique value proposition combining a patented light-sensitive drug and proprietary laser system

- Able to directly destroy bladder cancer, leaving healthy bladder cells intact and providing a secondary response through activation of the immune system

- 63 / 100 patients enrolled and provided the primary study treatment in a FDA Phase II registration clinical study

- If FDA approved, Theralase® will gain access to cancer markets estimated to be $1 to $7 B annually.

- Interim data to date better than FDA approved Keytruda® (Pembrolizumab) (68% improvement in CR and 85% improvement in duration of CR) and Adstiladrin® (31% improvement in CR and 49% improvement in duration of CR)



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Destroying Cancer at the Speed of Light™

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