



## Cognition Therapeutics KOL Event Provided Platform for Valuable Discussion of Current Therapeutic Options and Need for Additional Options to Treat Alzheimer's Disease

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PURCHASE, N.Y., April 22, 2024 (GLOBE NEWSWIRE) -- [Cognition Therapeutics, Inc.](#), (the "Company" or "Cognition") (NASDAQ: CGTX), a clinical stage company developing drugs that treat neurodegenerative disorders, provided a recap of the virtual KOL event hosted on April 12, 2024 featuring Martin J. Sadowski, MD, PhD, DSci of the NYU School of Medicine; Anton Porsteinsson, MD of the University of Rochester Alzheimer's Disease Care, Research and Education Program; and Everard (Jort) Vijverberg, MD, PhD of the Alzheimer Center Amsterdam and Neuroscience Amsterdam.

"The KOL roundtable we conducted featured a panel of Alzheimer's disease expert clinicians and researchers who highlighted the need to find Alzheimer's disease treatments that are less burdensome for patients and their care partners," said [Lisa Ricciardi, Cognition's president and CEO](#). "They reinforced the importance of removing toxic oligomers as an important step in slowing the progress of Alzheimer's disease and highlighted the need for new treatment modalities to use alone or in conjunction with the currently approved treatments."

The KOLs shared their perspectives on the currently approved immunotherapies for early Alzheimer's disease, including perception of their effectiveness in targeting plaque, impact of amyloid related imaging abnormalities (ARIA) on commercial uptake, and the clinical meaningfulness of the reported changes in disease progression. Dr. Sadowski explained that "removal of the plaques in patients with Alzheimer's disease ... changes things a lot, but it's not enough." He continued, suggesting that improved outcomes from beta amyloid (A $\beta$ ) antibodies may be achievable, but "we would need to have some other agents that can be given in tandem with beta amyloid therapies or as a sequel to beta amyloid therapies."

Dr. Porsteinsson agreed, noting "a pretty remarkable clearance of A $\beta$  plaques with [the currently approved therapies]." However, he explained, "even if the humanized monoclonal antibodies targeting beta amyloid plaques become well established, they won't meet the need of all patients with early symptomatic Alzheimer's disease."

In addition to the direct engagement of A $\beta$  plaque, other processes that were discussed in the KOL event were neurodegeneration, neuroinflammation and neuro-regeneration, which are biological processes associated with Alzheimer's disease progression. In order to improve upon the outcomes observed with monoclonal antibody monotherapy, options may include drugs that address these secondary biological processes, which are driven by toxic aggregated A $\beta$  oligomers, oxidative stress and inflammation. Dr. Porsteinsson pointed to one such candidate, Cognition's CT1812, which he observed displaces "oligomers or prevents them from binding to neurons, clears them to the cerebrospinal fluid and through that prevents the synaptic toxicity and ... the impact on neuronal function. In fact, in preclinical models of Alzheimer's disease, it was able to restore cognitive deficits."

CT1812 is currently in Phase 2 [clinical trials](#) for Alzheimer's disease, including the START study for adults with MCI and early Alzheimer's, and the SHINE study for people with mild-to-moderate disease. The SHINE study enrolled participants in the U.S. and several countries in Europe including The Netherlands. Dr. Vijverberg, the primary investigator at UMC Amsterdam, explained his experience with CT1812 in both the SHINE study, which has completed enrollment, and the [SEQUEL study](#), which concluded in 2023.

Dr. Vijverberg reviewed the design of the SHINE study and the results of the preliminary analysis of the first 24 patients who finished six months of treatment. "We see in the 24 patients that we already analyzed that there was a three-point difference on the ADAS Cog 11." He continued, "Of course, it's preliminary, however together with the SEQUEL where we saw quick response in synaptic health, it's exciting to see cognition [going] in the right direction in this group of patients."

Cognition expects to report topline results from the SHINE study in mid-2024.

An archive of the KOL roundtable discussion is available on the [News & Events](#) page of the Investors section of the Cognition website or may be accessed directly at the following URL: <https://lifescievents.com/event/cognition/>.

### About CT1812

CT1812 is an experimental orally delivered small molecule sigma-2 ( $\sigma$ -2) receptor modulator designed to penetrate the blood-retinal barrier and bind selectively and saturably to the  $\sigma$ -2 receptor complex. The  $\sigma$ -2 receptor complex is involved in the regulation of key cellular processes such as membrane trafficking and autophagy that are damaged by toxic interaction with soluble beta amyloid (A $\beta$ ) oligomers, oxidative stress and other stressors. Cognition's clinical program will assess if regulating these processes by modulating the  $\sigma$ -2 receptor with CT1812 can maintain homeostatic function.

### About Cognition Therapeutics, Inc.

Cognition Therapeutics, Inc. is a clinical-stage biopharmaceutical company engaged in the discovery and development of innovative, small molecule therapeutics targeting age-related degenerative disorders of the central nervous system and retina. We are currently investigating our lead candidate CT1812 in [clinical programs](#) in Alzheimer's disease, dementia with Lewy bodies (DLB) and dry age-related macular degeneration (dry AMD). We believe CT1812 and our pipeline of  $\sigma$ -2 receptor modulators can regulate pathways that are impaired in these diseases. We believe that targeting the  $\sigma$ -2 receptor with CT1812 represents a mechanism functionally distinct from other current approaches in clinical development for the treatment of degenerative diseases. More about Cognition Therapeutics and its [pipeline](#) can be found at <https://cogrx.com>

### Forward-Looking Statements

*This press release contains forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. All statements*

contained in this press release, other than statements of historical facts or statements that relate to present facts or current conditions, including but not limited to, statements regarding our product candidates, including CT1812, the timing and expected results of our clinical trials and any expected or implied benefits or results, including that initial clinical results observed with respect to CT1812 will be replicated in later trials and our clinical development plans, are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “may,” “might,” “will,” “should,” “expect,” “plan,” “aim,” “seek,” “anticipate,” “could,” “intend,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “forecast,” “potential” or “continue” or the negative of these terms or other similar expressions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition, and results of operations. These forward-looking statements speak only as of the date of this press release and are subject to a number of risks, uncertainties and assumptions, some of which cannot be predicted or quantified and some of which are beyond our control. Factors that may cause actual results to differ materially from current expectations include, but are not limited to: competition; our ability to secure new (and retain existing) grant funding; our ability to grow and manage growth, maintain relationships with suppliers and retain our management and key employees; our ability to successfully advance our current and future product candidates through development activities, preclinical studies and clinical trials and costs related thereto; uncertainties inherent in the results of preliminary data, pre-clinical studies and earlier-stage clinical trials being predictive of the results of early or later-stage clinical trials; the timing, scope and likelihood of regulatory filings and approvals, including regulatory approval of our product candidates; changes in applicable laws or regulations; the possibility that we may be adversely affected by other economic, business or competitive factors, including ongoing economic uncertainty; our estimates of expenses and profitability; the evolution of the markets in which we compete; our ability to implement our strategic initiatives and continue to innovate our existing products; our ability to defend our intellectual property; impacts of ongoing global and regional conflicts; the impact of the COVID-19 pandemic on our business, supply chain and labor force; and the risks and uncertainties described more fully in the “Risk Factors” section of our annual and quarterly reports filed with the Securities Exchange Commission and are available at [www.sec.gov](http://www.sec.gov). These risks are not exhaustive and we face both known and unknown risks. You should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements. Moreover, we operate in a dynamic industry and economy. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that we may face. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

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