Forward-looking Statements

FORWARD-LOOKING STATEMENTS

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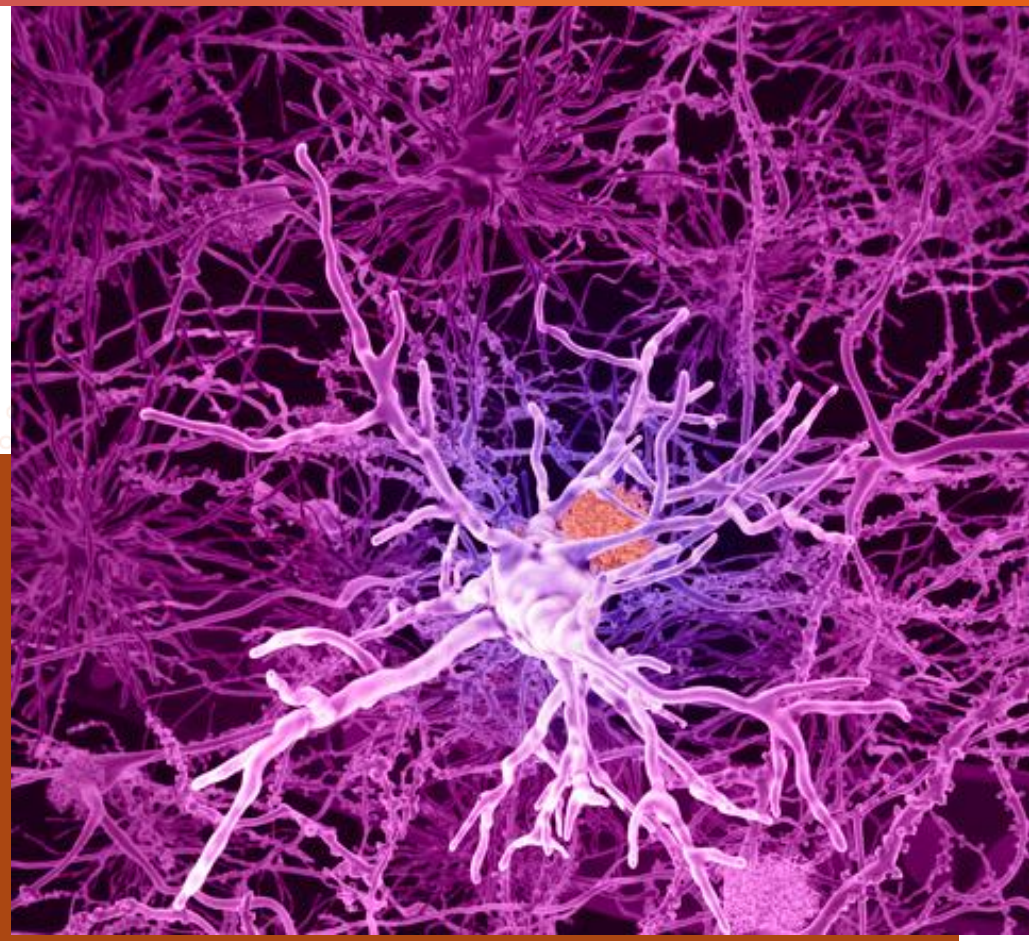
COGNITION™ Therapeutics

Topline Results

Phase 2 Study of CT1812 in Mild-to-Moderate Dementia with Lewy Bodies

December 18, 2024



James E. Galvin, MD, MPH

Director of the Comprehensive Center for Brain Health
University of Miami Miller School of Medicine

Director at Large of the LBDA Board of Directors and member of the Scientific Advisory Council

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Dementia with Lewy Bodies (DLB)

- 2nd most common cause of dementia after Alzheimer's disease
- Characterized by cognitive impairment that precedes development of motor symptoms
- More common in men
- Patients may have faster decline than Alzheimer's
- Patients often require several physician visits over 18 months before being correctly diagnosed

Core Symptoms of DLB:

- Fluctuating cognition and alertness
- Neuropsychiatric symptoms such as visual hallucinations, anxiety, depression and delusions
- Decline in cognition, attention, executive function
- Spontaneous parkinsonism
- REM sleep behavior disorder

Four Symptom Domains Drive Lewy Body Disease Burden

"A multifactorial disease with a buffet of symptoms"

	Behavior	Cognition	Function	Movement
Patient symptom	hallucinations, anxiety, delusions	Memory and problem solving	Bathing, toileting, shopping, meal preparation	Standing, maintaining balance
Assessment tool	Neuropsychiatric Inventory (NPI) Care Partner's NPI of "Distress"	Cognitive Drug Research (CDR) System Montreal Cognitive Assessment (MoCA) Clinician Assessment of Fluctuation (CAF)	ADCS-Activities of Daily Living (ADL)	MDS-Unified Parkinson's Disease Rating Scale (UPDRS)

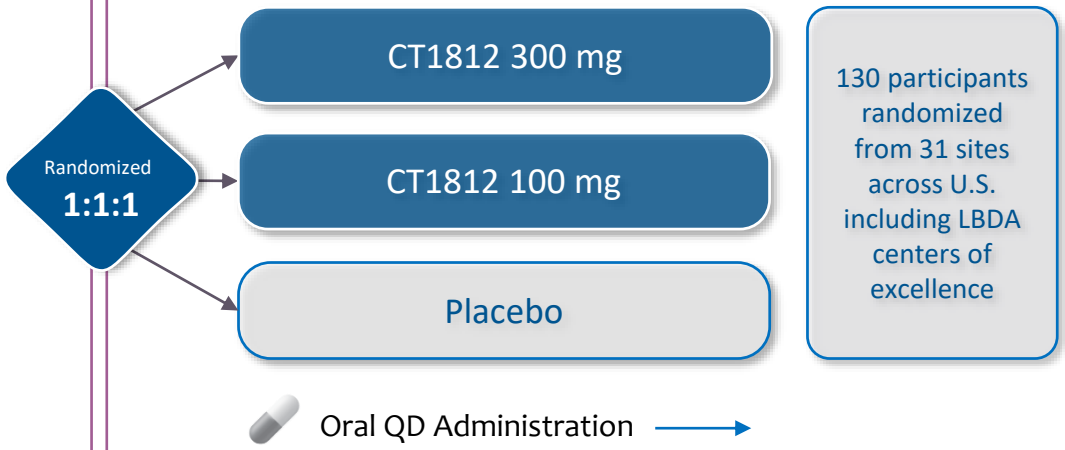
SHIMMER Study Designed to Assess Multifactorial Burden

Conducted in Collaboration with LBDA Centers of Excellence, Academic Centers and Industry

Key Enrollment Criteria

- Age 50-85
- DLB diagnosis
- MRI
- MMSE: 18-27

Treatment Period
6 months



130 participants randomized from 31 sites across U.S. including LBDA centers of excellence

Assessments

- Safety/tolerability
- Behavior:
  - NPI
- Cognition
  - MoCA, CDR, CAF
- Function:
  - ADCS-ADL
- Motor
  - UPDRS III
- Epworth Sleep
- Global CGIC
- Biomarkers

Study Objectives

- ✓ Confirm safety and tolerability profile
- ✓ Explore impact on behavior, movement, cognition and function
- ✓ Identify dose(s) for Phase 3

SHIMMER COG1201 study (NCT05225415) partially funded by $30M NIA grant R01AG071643

DLB, Dementia with Lewy Bodies; MMSE, Mini-Mental State Examination; MRI, magnetic resonance imaging; QD, daily; NIA, National Institute on Aging; LBDA, Lewy Body Dementia Association; ADCS-CGIC, Clinicians Global Impression of Change

Up to 91% Percent Slowing on Assessments

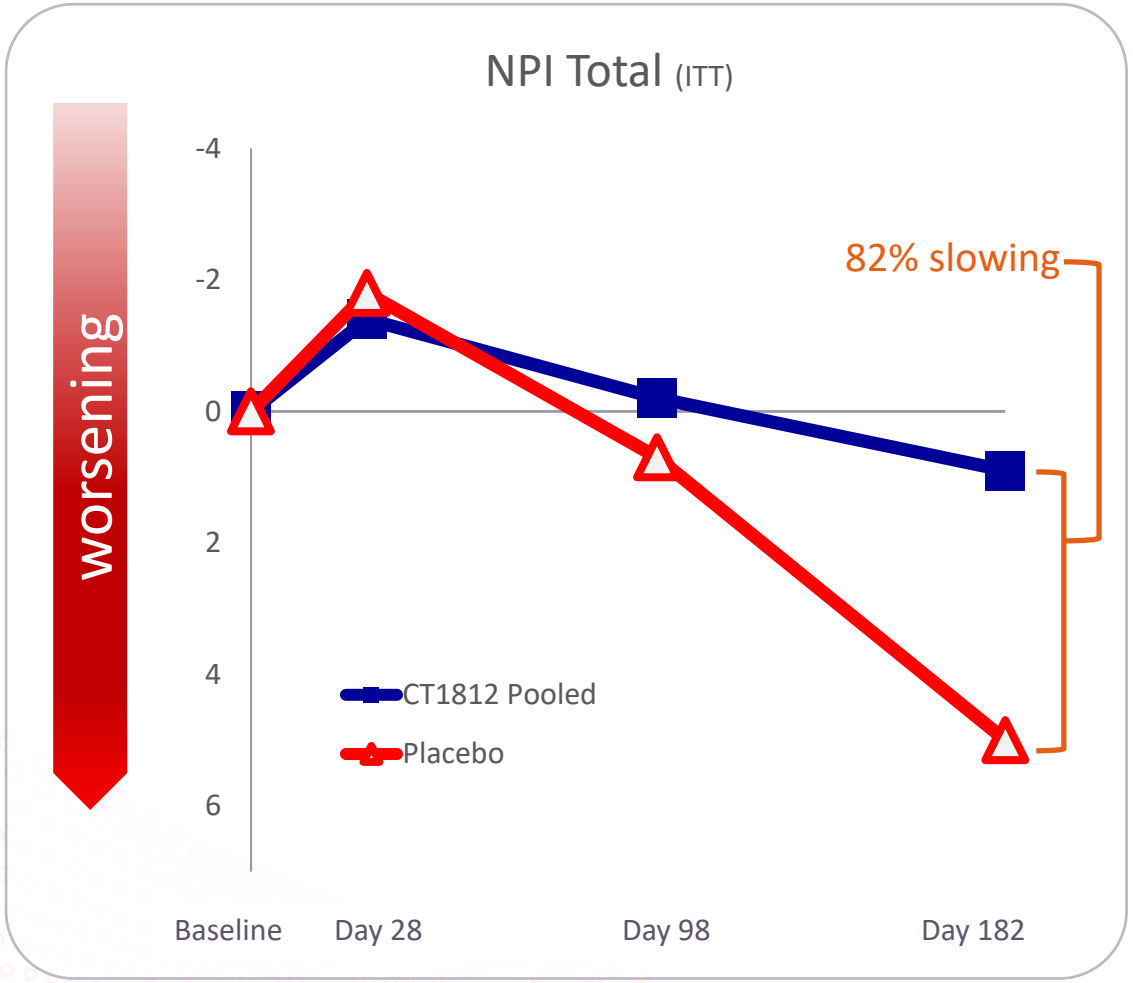
Strong clinical signals across major DLB symptoms relative to placebo

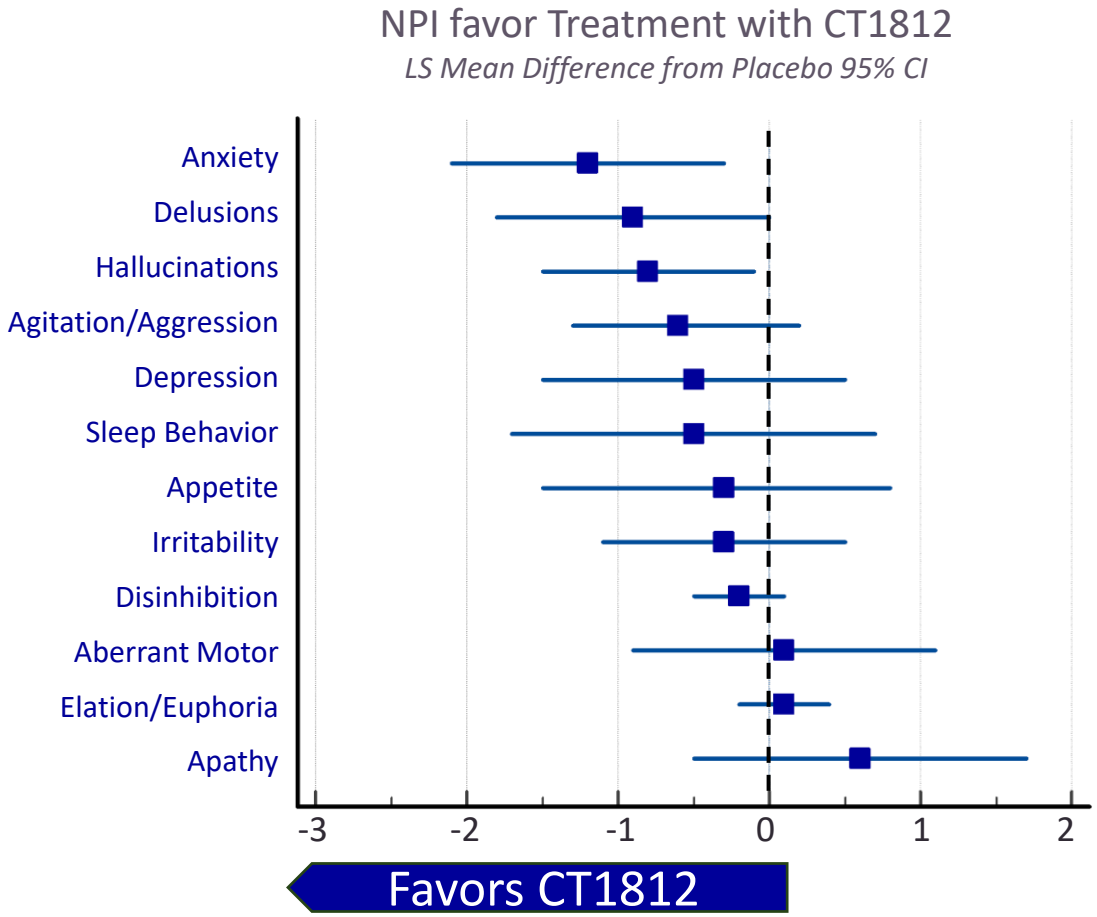
	Behavior		Cognition			Function	Movement
	NPI (total)	NPI (distress)	CDR (episodic memory)	MoCA	CAF	ADCS-ADL	UPDRS
CT1812 Pooled (100/300mg)	82%	114%*	85%	60%	91%	52%	62%

* Measure of the distress experienced by the care partners of SHIMMER participants

CT1812 Showed Dramatic 82% Impact on Neuropsychiatric Measures

NPI captures a variety of patient disturbances, including hallucinations, anxiety, and delusions





NPI: Neuropsychiatric inventory

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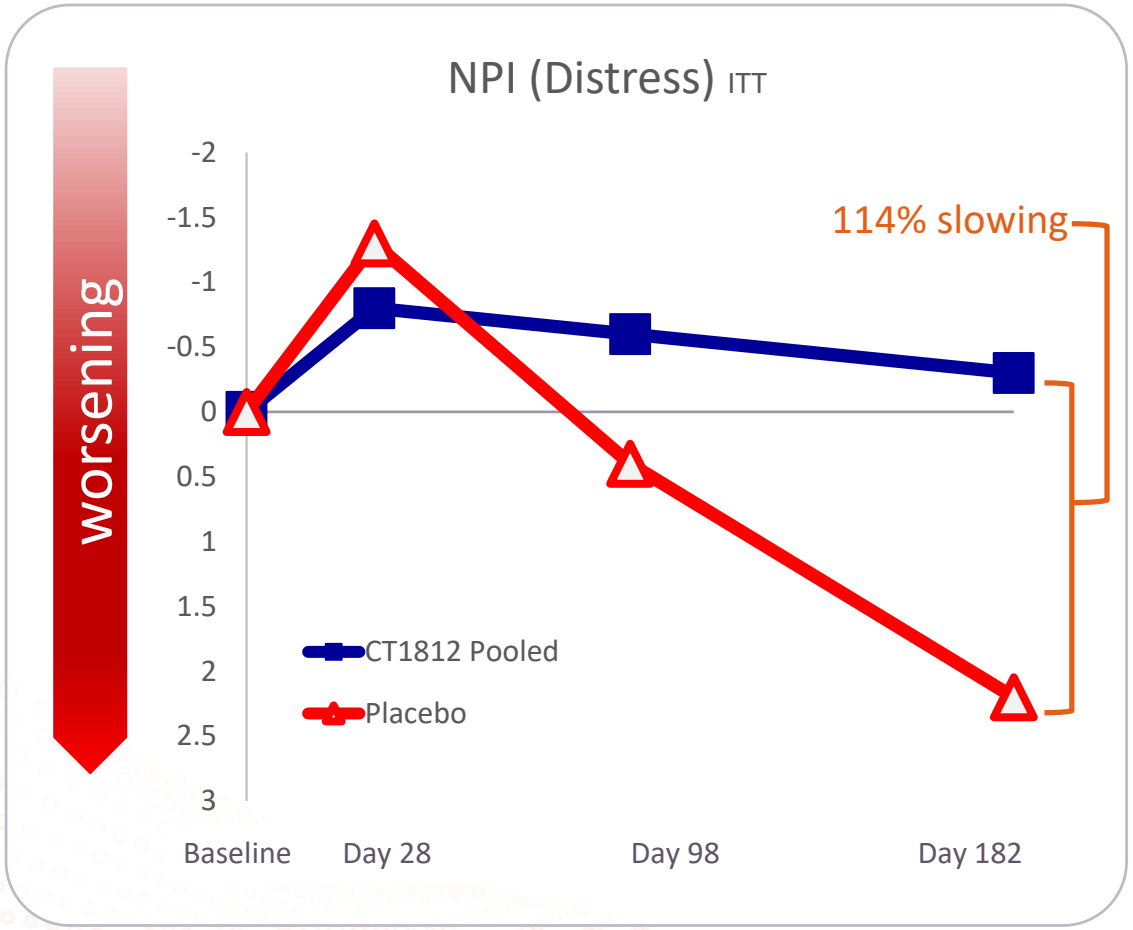
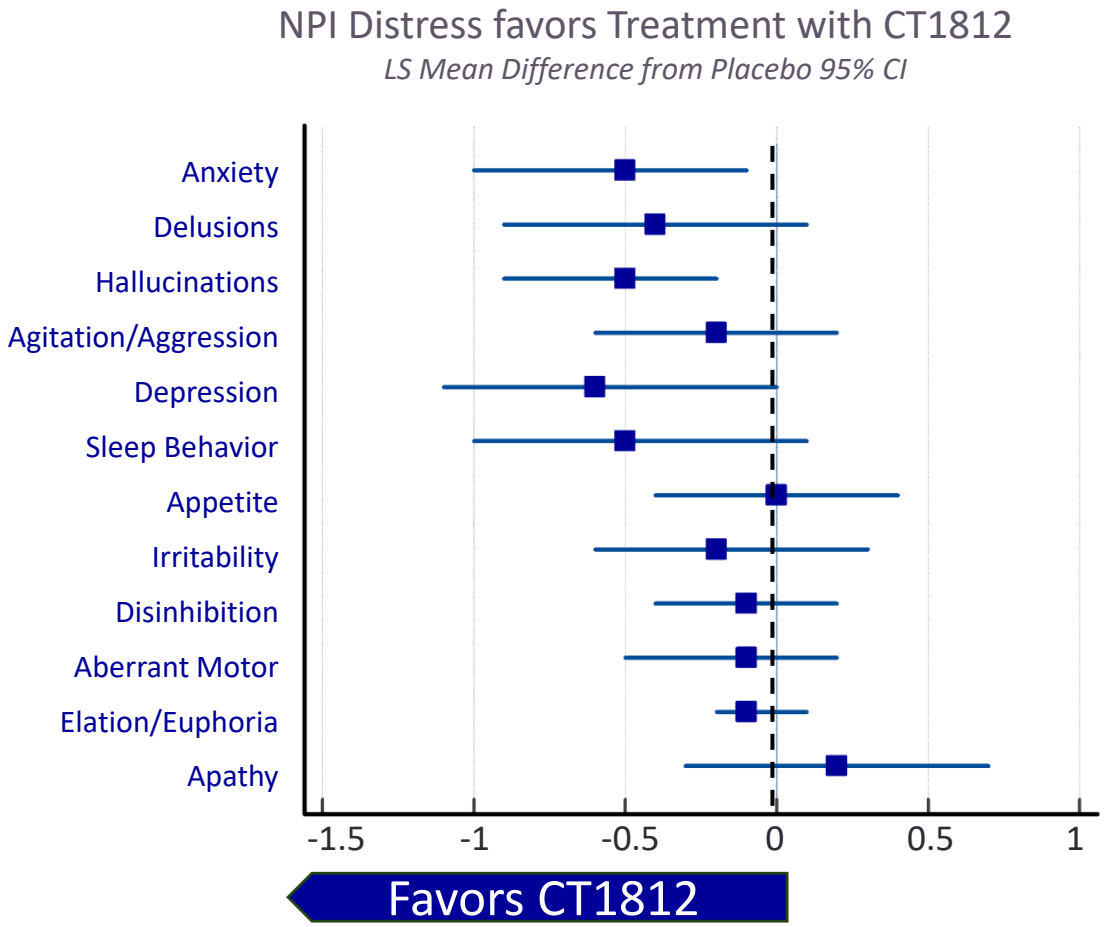
Because Participants Improved in Hallucinations, Delusions & Anxiety, Caregivers were Notably Better

New tool created to measure caregiver burden in DLB





NPI Distress: Neuropsychiatric inventory (Care Partner Distress)

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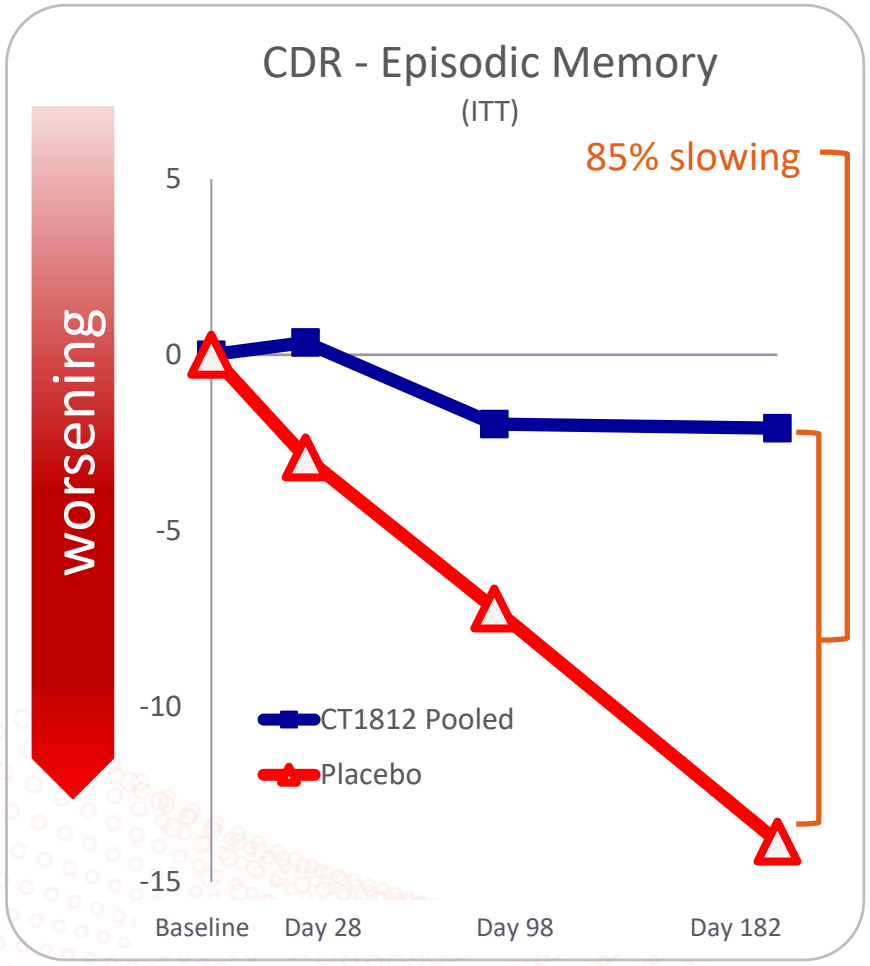
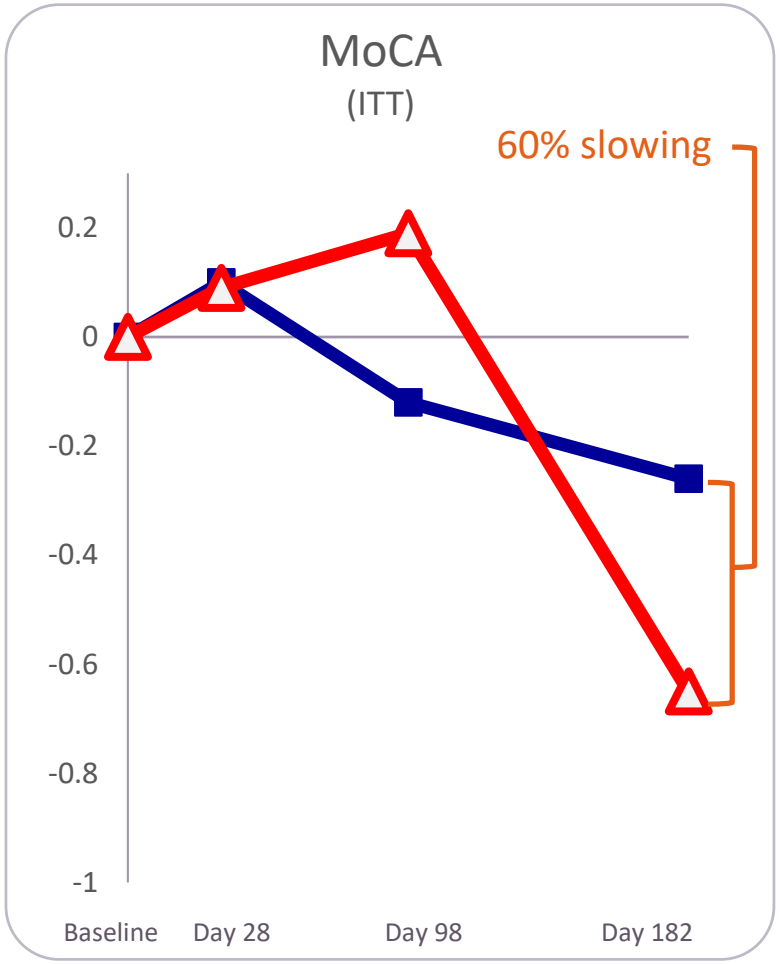
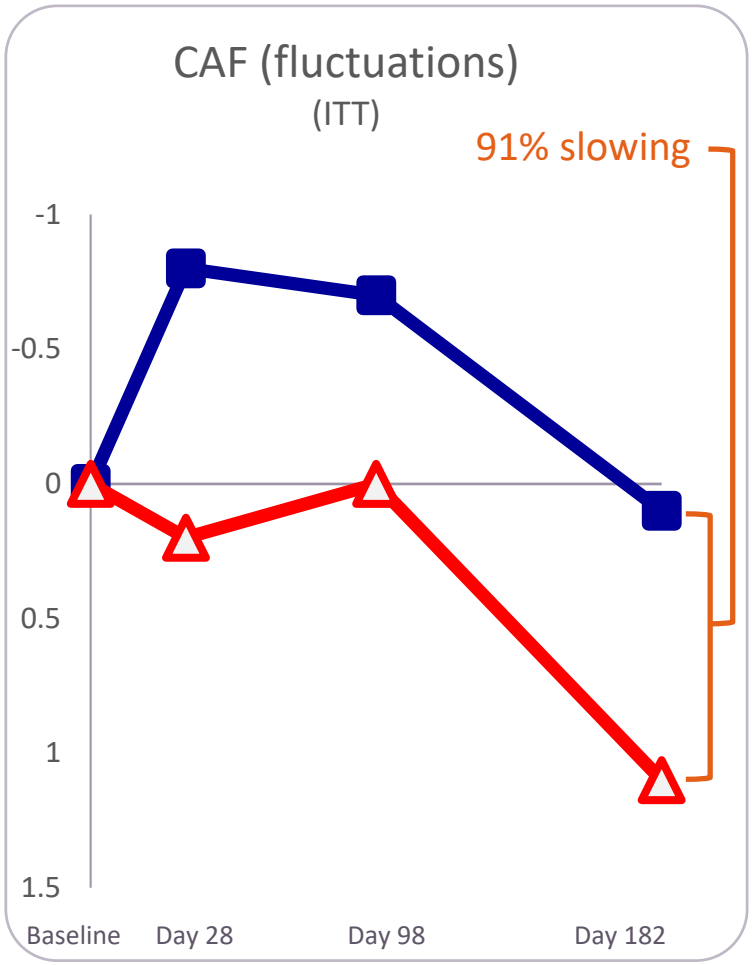
Up to 91% Slowing of Cognitive Decline Across Assessments

CT1812 improved patients' attentiveness and problem solving







CDR: Cognitive Drug Research (CDR) Battery; MoCA: Montreal Cognitive Assessment; CAF: Clinician Assessment of Fluctuation

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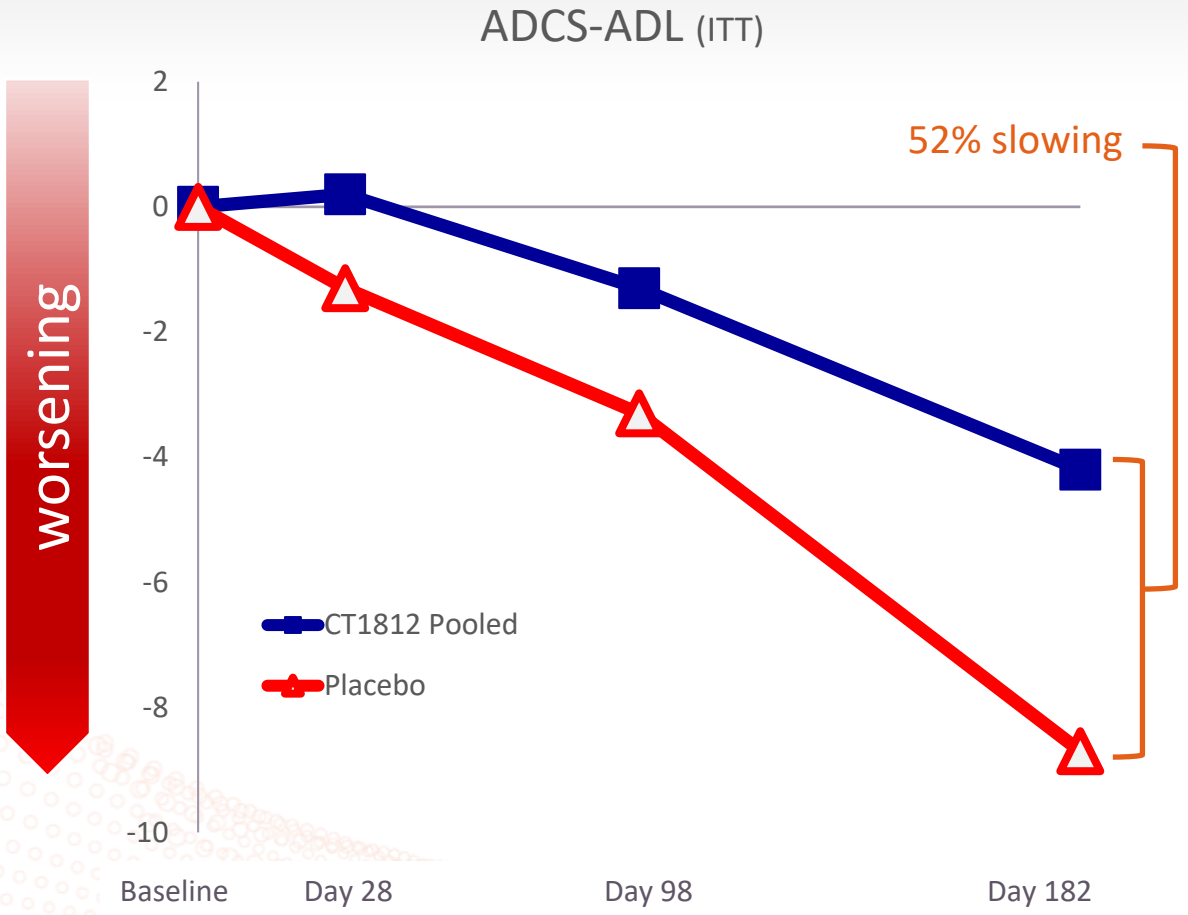
People on CT1812 Maintained Self-care

52% preservation in activities of daily living (ADL) measures



Components of ADL Score

- Bathing
- Dressing
- Grooming
- Feeding
- Toileting
- Conversing
- Shopping
- Writing

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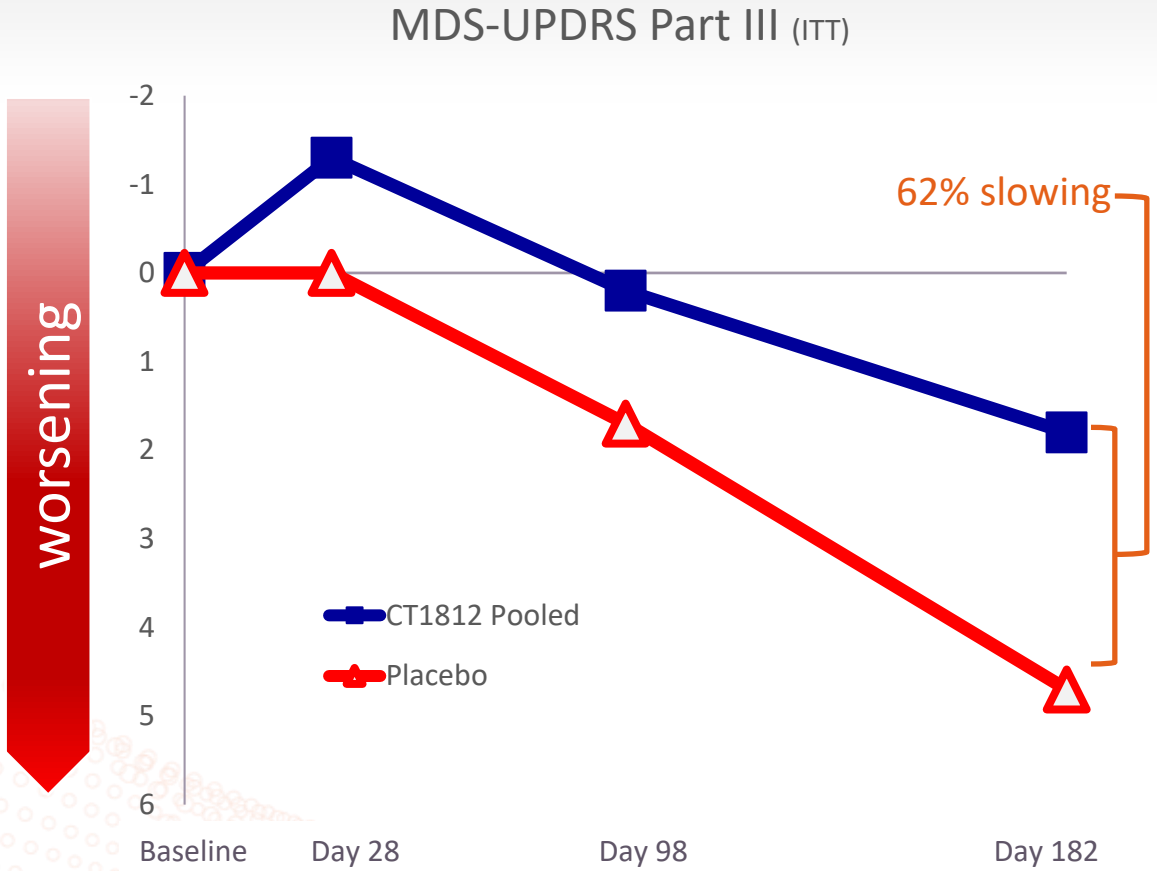
People Treated with CT1812 Maintained Motor Function

62% preservation in measures of movement



Components of UPDRS:

- Balance
- Speech
- Rigidity
- Facial expression
- Tremor
- Gait

MDS-UPDRS: Unified Parkinson's Disease Rating Scale

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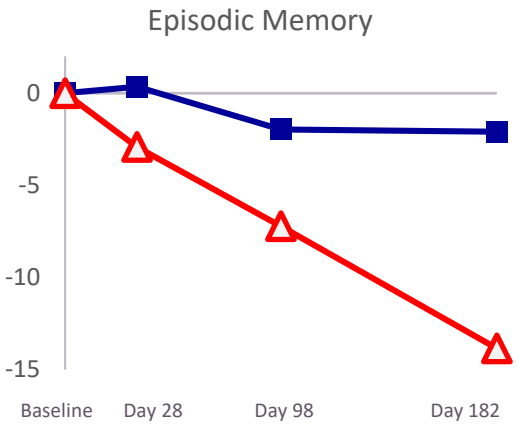
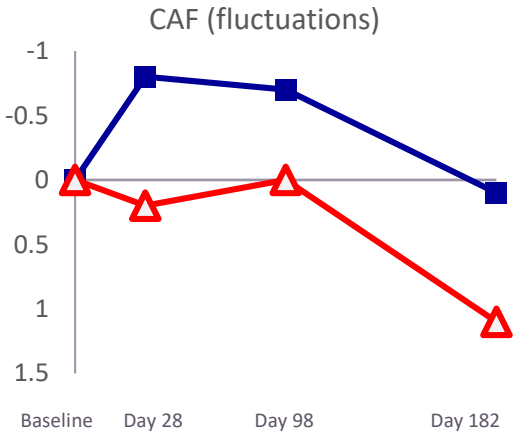
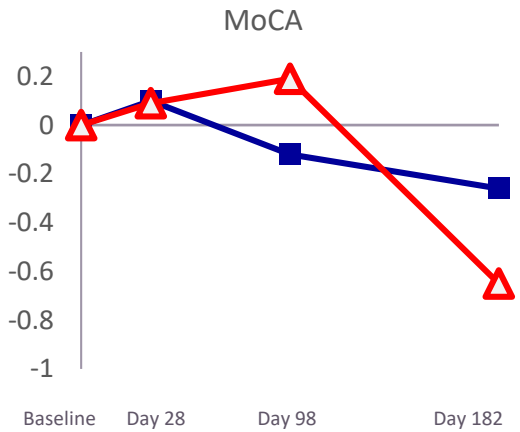
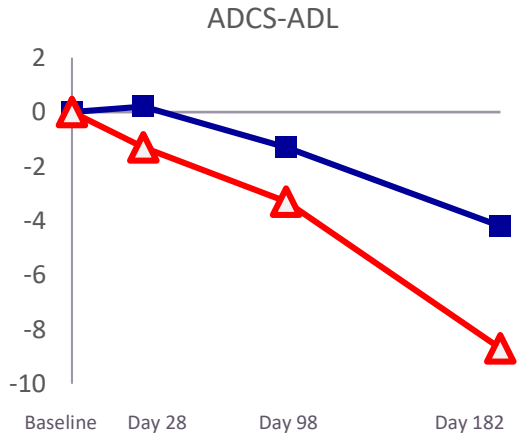
Behavior, Cognition, Movement, Function all Improved with CT1812

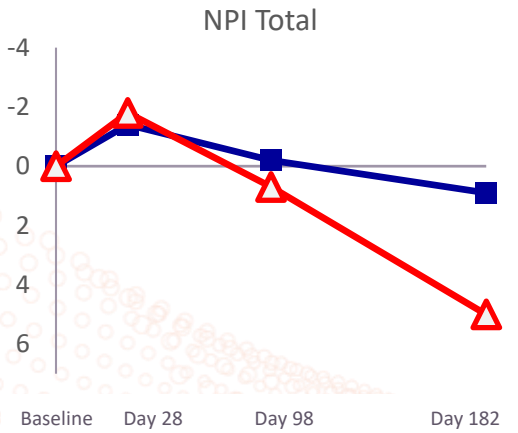
Oral once-daily therapy has potential to change the course of disease for patients and families

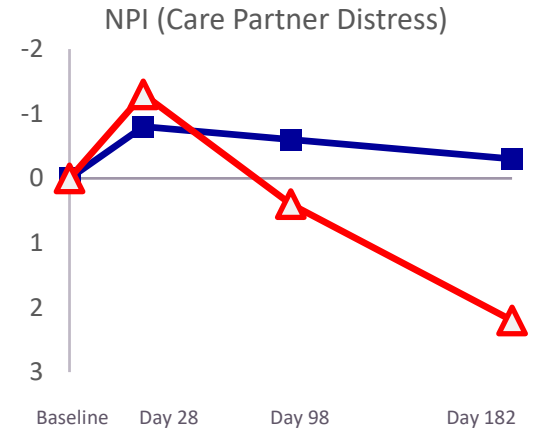


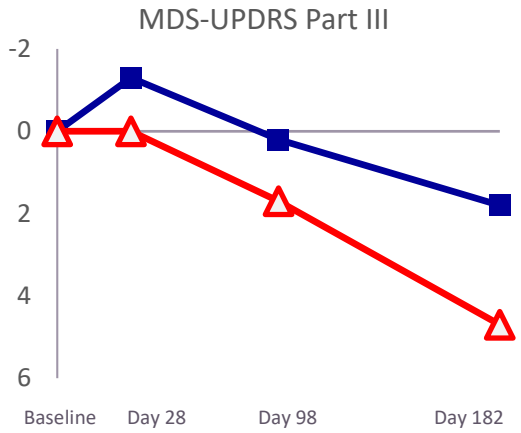


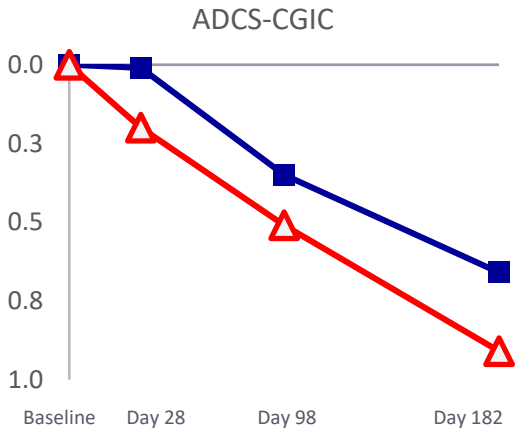












CT1812 (pooled)
Placebo

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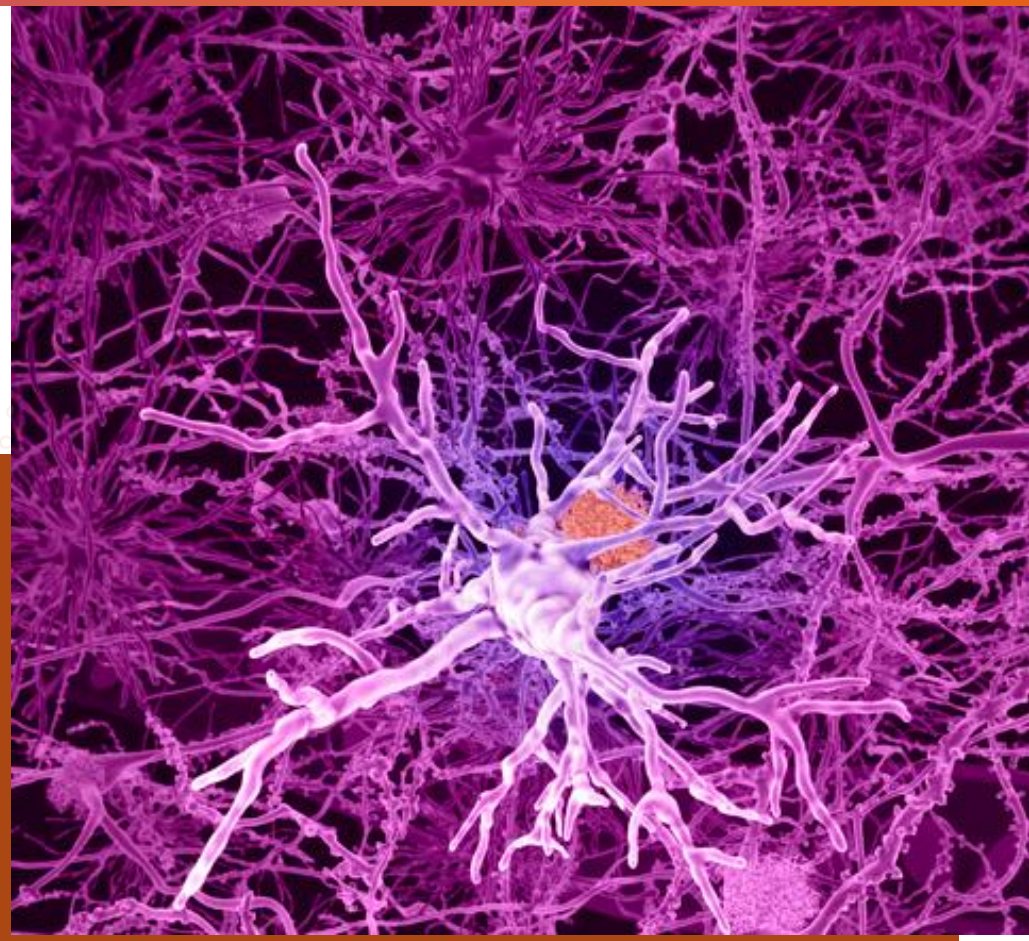
Study Conduct, Disposition and Safety

Anthony O Caggiano, MD, PhD



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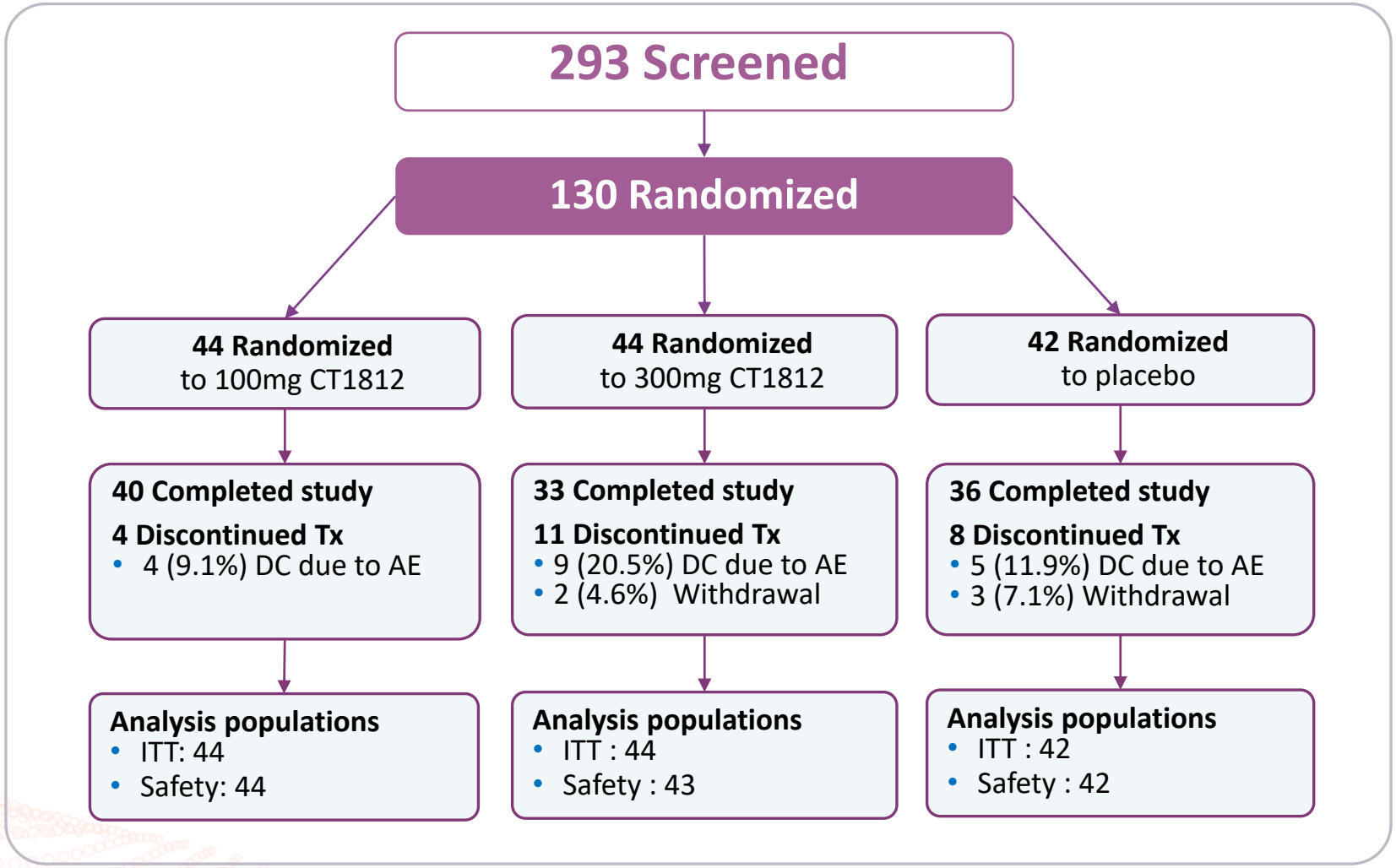
Partnership with LBDA, academic and industry leaders led to successful trial execution

Collectively overcame enrollment hurdles due to COVID-19 lag and limited DLB awareness

- Limited physician and site knowledge, experience in DLB
- Supported by $30M grant from NIA - R01AG071643
- Conducted at 34 sites in the United States
  - 14 - LBDA Centers of Excellence
  - 7 - Academic
  - 13 - Industry sites
- First patient in (FPI): March 2022 (slow start emerging from covid)
- Last patient out (LPO): November 2024
- Oversight by Data Safety Monitoring Board (DSMB)

Participant Disposition



Patient Characteristics Consistent with Typical DLB Population

Well balanced between treatment and placebo arms

	Pooled CT1812 (n=88)	Placebo (n=42)	Total (n=130)
Age – years*	72.3 (6.89)	73.7 (6.25)	72.8 (6.69)
Gender: % Male	83.0	78.6	81.5
Race: % White	92.0	90.5	91.5
Non-Hispanic or Latino %	98.9	92.9	96.9
MMSE*	24.1 (2.65)	23.8 (2.69)	24.0 (2.66)
MoCA*	18.7 (4.96)	17.9 (4.62)	18.4 (4.85)
CAF*	5.3 (3.62)	4.2 (3.41)	5.0 (3.58)
ESS*	8.5 (4.25)	8.2 (5.24)	8.4 (4.57)
MDS-UPDRS III*	27.3 (13.51)	28.1 (13.41)	27.6 (13.43)
ADCS-ADL*	61.7 (11.62)	63.3 (9.77)	62.2 (11.04)

**Means (SD)*

COG1201 (SHIMMER): Safety Summary

Favorable safety and tolerability profile

Subjects with:	CT1812		Placebo (N=42)	Total (N=129)
	100 mg (N=44)	300 mg (N=43)		
At least one TEAE	42 (95.5%)	40 (93.0%)	37 (88.1%)	119 (92.2%)
At least one TEAE related to treatment	14 (31.8%)	21 (48.8%)	16 (38.1%)	51 (39.5%)
At least one TEAE leading to discontinuation of treatment	4 (9.1%)	9 (20.9%)	5 (11.9%)	18 (14.0%)
At least one TEAE leading to discontinuation of study	4 (9.1%)	9 (20.9%)	2 (4.8%)	15 (11.6%)
AEs leading to death	0	2 (4.7%)	1 (2.4%)	3 (2.3%)
At least one SAE	4 (9.1%)	5 (11.6%)	8 (19.0%)	17 (13.2%)
At least one SAE related to treatment	0	1 (2.3%)	0	1 (0.8%)
AE of Special Interest: LFTs ≥ 3x ULN (AST or ALT)	3 (6.8%)	6 (14.0%)	0	9 (7.0%)
AE Severity - subjects with:				
Mild	25 (56.8%)	14 (32.6%)	15 (35.7%)	54 (41.9%)
Moderate	16 (36.4%)	22 (51.2%)	17 (40.5%)	55 (42.6%)
Severe	1 (2.3%)	4 (9.3%)	5 (11.9%)	10 (7.8%)

The SAE that was related to IP was for subject 125-0003 (CT1812 300mg). The Preferred Term was 'Metabolic encephalopathy'. Severity was moderate, drug was interrupted, it was rated as "probably related", and the outcome was recovered/resolved. It emerged on Day 120 and ended on Day 190.

AST: aspartate aminotransferase; ALT: alanine transaminase

Most Common Treatment-Emergent Adverse Events (TEAEs)

Nature and severity of adverse event (AE) profile is similar to prior CT1812 trials

Preferred Term n (%)	CT1812		Placebo (N=42)	Total (N=129)
	100 mg (N=44)	300 mg (N=43)		
Fall	7 (15.9%)	14 (32.6%)	10 (23.8%)	31 (24.0%)
Headache	4 (9.1%)	7 (16.3%)	8 (19.0%)	19 (14.7%)
Lipase increase	5 (11.4%)	7 (16.3%)	6 (14.3%)	18 (14.0%)
Urinary tract infection	3 (6.8%)	3 (7.0%)	8 (19.0%)	14 (10.9%)
Dizziness	3 (6.8%)	4 (9.3%)	5 (11.9%)	12 (9.3%)
COVID-19	3 (6.8%)	5 (11.6%)	3 (7.1%)	11 (8.5%)
Diarrhoea	4 (9.1%)	5 (11.6%)	2 (4.8%)	11 (8.5%)
Fatigue	4 (9.1%)	4 (9.3%)	3 (7.1%)	11 (8.5%)
ALT Increase	3 (6.8%)	7 (16.3%)	0	10 (7.8%)
Constipation	2 (4.5%)	4 (9.3%)	4 (9.5%)	10 (7.8%)
Anxiety	3 (6.8%)	3 (7.0%)	3 (7.1%)	9 (7.0%)
AST Increase	4 (9.1%)	5 (11.6%)	0	9 (7.0%)
Confustional state	1 (2.3%)	5 (11.6%)	3 (7.1%)	9 (7.0%)
Abdominal discomfort	1 (2.3%)	5 (11.6%)	0	6 (4.7%)

TEAEs by Preferred Term occurring in 5% of the total safety population, or those in at least 10% of CT1812 treated participants and at least twice the rate of placebo

Summary of SHIMMER Safety and Tolerability findings

Favorable safety profile vs placebo, AEs well balanced between arms

- Total AE frequency was similar in CT1812 and placebo
- Most AEs were mild or moderate
- Fewer Serious AE occurred in the CT1812 treated group compared to placebo treated
- There were no deaths related to study drug
- Study Discontinuations due to AEs not related to LFTs:
  - Placebo – 4.8%
  - 100mg CT1812 – 4.5%
  - 300 mg CT1812 – 9.3%
- Participants with LFT elevations ≥ 3x ULN
  - 100mg CT1812 – 3
  - 300mg CT1812 – 6
  - Placebo – 0
- Most common AEs* (other than increased LFTs) in the CT1812 group were diarrhea and abdominal discomfort

Adverse Events	
CT1812	Placebo
94.3%	88.1%

Serious AEs	
CT1812	Placebo
10.3%	19.0%

Deaths†	
CT1812	Placebo
2	1

† not considered treatment related

** occurring in a CT1812 treatment group at a rate >10% and at a rate >2X the placebo rate*

Planning a Path Forward in Neurological Disease

- Podium presentation at ILBDC – January 2025
- Convene advisors to provide protocol input
- Engage with regulatory experts
- Conduct commercial research
- Prepare for end-of-Phase 2 meetings

COGNITION Therapeutics

SHIMMER Met and Exceeded Objectives and Expectations

Identified consistent signals of efficacy and a safe and tolerable dose range

- COG1201 SHIMMER was a phase 2a safety and tolerability study seeking signals of efficacy in people with dementia with Lewy bodies
- The safety and tolerability profile was similar to past experience with CT182
- Clear signals of efficacy were observed
  - Across Behavioral, Cognitive, Functional and Motor domains
  - Treatment differences increased over 6 months
- These data provide support for advancement of CT1812 as a treatment for dementia with Lewy bodies

Acknowledgements

Cognition Therapeutics is grateful to everyone involved in the COG1201 SHIMMER Trial

- ***Most importantly – each study participant and their care partners***
- University of Miami and Dr. James Galvin
- NIH and NIA for providing funding
- Site investigators and personnel
- Our collaborators with the Lewy Body Dementia Association
- Cognition colleagues and our CRO partners

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