



NYSE American: CYBN  
NEO: CYBN

*Cybin*<sup>®</sup>

# Psychedelics to Therapeutics<sup>®</sup>

August 2022

[WWW.CYBIN.COM](http://WWW.CYBIN.COM)

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## RISK FACTORS

There are a number of risk factors that could cause future results to differ materially from those described herein. A discussion of the principal risk factors relating to the Company's operations and business appear in the Company's most recently filed management's discussion and analysis and the annual information form, which are available under the Company's profile on [www.sedar.com](http://www.sedar.com) and with the United States Securities and Exchange Commission on EDGAR at [www.sec.gov](http://www.sec.gov). Additional risks and uncertainties, including those that the Company is not aware of currently, or that it currently deems immaterial, may also adversely affect the Company's business or any investment therein. All of the forward-looking statements made in this presentation are qualified by these cautionary statements and other cautionary statements or other factors contained herein. Although management believes that the expectations conveyed by forward-looking statements herein are reasonable based on information available on the date such forward-looking statements are made, there can be no assurance that forward-looking statements will prove to be accurate, as actual results and future events could differ materially from those anticipated in such statements. The Company undertakes no obligation to update forward-looking statements if circumstances or management's estimates or opinions should change except as required by applicable securities laws. The forward-looking statements contained herein are presented for the purposes of assisting readers in understanding the Company's plan, objectives and goals and may not be appropriate for other purposes. The reader is cautioned not to place undue reliance on forward-looking statements.

# Cautionary Statement

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## CAUTIONARY NOTE REGARDING REGULATORY MATTERS

The Company conducts research and development and is focused on developing and commercializing psychedelic-inspired regulated medicines. The Canadian, United States and Ireland federal governments regulate drugs. Psilocybin is currently a Schedule III drug under the Controlled Drugs and Substances Act (Canada), a Schedule I drug under the Controlled Substances Act (United States) and a Schedule I controlled substance in Ireland under the Misuse of Drugs Act, 1977, 1984 and 2015, the Misuse of Drugs Regulations 2017 and the Criminal Justice (Psychoactive Substances) Act 2010. Health Canada, the Food and Drug Administration in the United States and such similar regulatory authority in Ireland have not approved psilocybin as a drug for any indication. The Company does not deal with psychedelic substances except indirectly within laboratory and clinical trial settings conducted within approved regulatory frameworks in order to identify and develop potential treatments for medical conditions and, further, does not have any direct or indirect involvement with illegal selling, production or distribution of any substances in jurisdictions in which it operates. No product will be commercialized prior to applicable legal or regulatory approval. For these reasons, the Company may be (a) subject to heightened scrutiny by regulators, stock exchanges, clearing agencies and other authorities, (b) susceptible to regulatory changes or other changes in law, and (c) subject to risks related to drug development, among other things. There are a number of risks associated with the business of the Company. The Company makes no medical, treatment or health benefit claims about the Company’s proposed products. Health Canada, the Food and Drug Administration or other similar regulatory authorities have not evaluated claims regarding psilocybin products. The efficacy of such products have not been confirmed by approved research. There is no assurance that the use of psilocybin can diagnose, treat, cure or prevent any disease or condition. Vigorous scientific research and clinical trials are needed. The Company has not conducted clinical trials for the use of its proposed products. Any references to quality, consistency, efficacy and safety of potential products do not imply that the Company verified such in clinical trials or that the Company will complete such trials. If the Company cannot obtain the approvals or research necessary to commercialize its business, it may have a material adverse effect on the Company’s performance and operations.

## DRUG DEVELOPMENT

Drug development involves long lead times, is very expensive and involves many variables of uncertainty. Anticipated timelines regarding drug development are based on reasonable assumptions informed by current knowledge and information available to the Company. Every patient treated on future studies can change those assumptions either positively (to indicate a faster timeline to new drug applications and other approvals) or negatively (to indicate a slower timeline to new drug applications and other approvals). This presentation contains certain forward-looking statements regarding anticipated or possible drug development timelines. Such statements are informed by, among other things, regulatory guidelines for developing a drug with safety studies, proof of concept studies, and pivotal studies for new drug application submission and approval, and assumes the success of implementation and results of such studies on timelines indicated as possible by such guidelines, other industry examples, and the Company’s development efforts to date.

## INDUSTRY INFORMATION

This presentation also contains or references certain market, industry and peer group data which is based upon information from independent industry publications, market research, analyst reports and surveys and other publicly available sources. Although the Company believes these sources to be generally reliable, such information is subject to interpretation and cannot be verified with complete certainty due to limits on the availability and reliability of data, the voluntary nature of the data gathering process and other inherent limitations and uncertainties. The Company has not independently verified any of the data from third party sources referred to in this presentation and accordingly, the accuracy and completeness of such data is not guaranteed.

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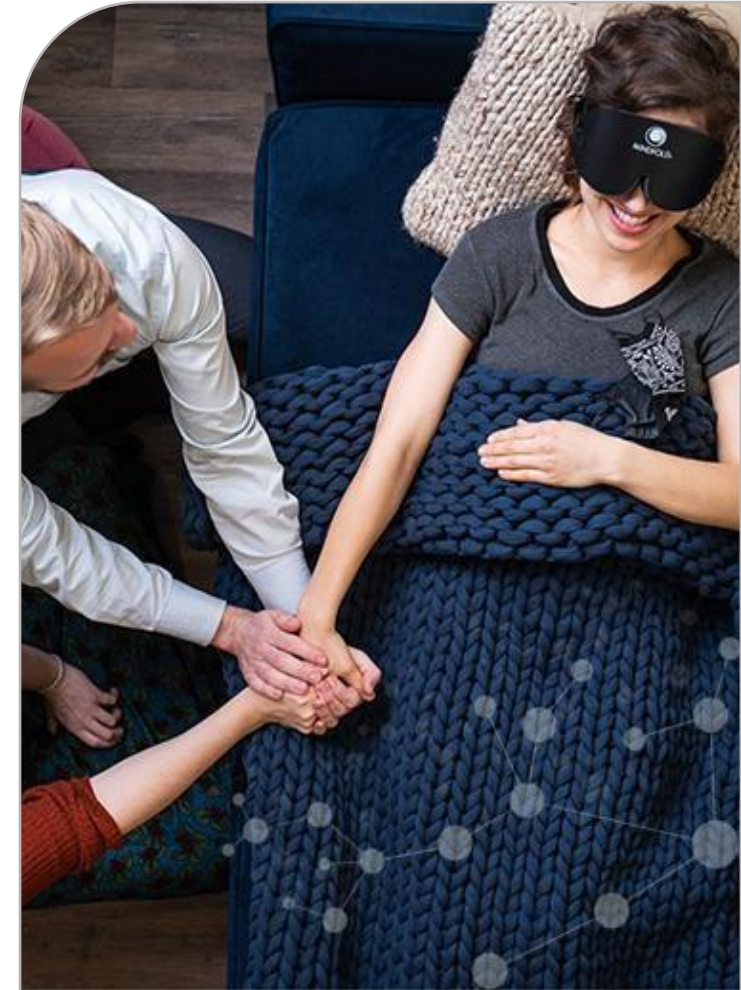
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# Psychedelics to Therapeutics<sup>®</sup> (1)

At Cybin, we are on a mission to engineer transformative psychedelic therapeutics to improve patients' mental health and clinical outcomes

Leveraging decades of human psychedelic research to develop therapeutics that benefit patients, providers and payers, with the goal of achieving:

1. Fast onset – less downtime for provider and patient
2. Short duration – less clinic time and resources needed
3. Low variability – more predictable responses projected
4. Lower dosing – efficacy with potential for reduced side effects



(1) Forward-looking statements are subject to risks and assumptions. See "Cautionary Statement" on pages 2 and 3 of this presentation.

# Strong Leadership Team

Our team has deep-rooted psychedelic, pharmaceutical, regulatory and academic research expertise with more than 400 years of combined experience in drug development

Corporate



R&D



Clinical



Academic



Advisors



- Successfully helped develop drugs such as: Allegra, Sabril, Anzemet, Vaniqa, Zyprexa, Cymbalta, Neupro & Vimpat
- Overseen 60+ IND programs with FDA
- Worked on the development for the first FDA-approved psychedelic compound which is covered by healthcare insurance.

# Corporate and Financial Highlights



- Over **C\$120M** raised to date and well-funded to progress clinical trials, M&A and IP strategies
- **Strategic shareholders** including long-term U.S. institutional funds
- Cash and equivalents of C\$42.5m as of June 30, 2022
- Covered by **8 research firms** and inclusion in 3 psychedelic **ETFs**



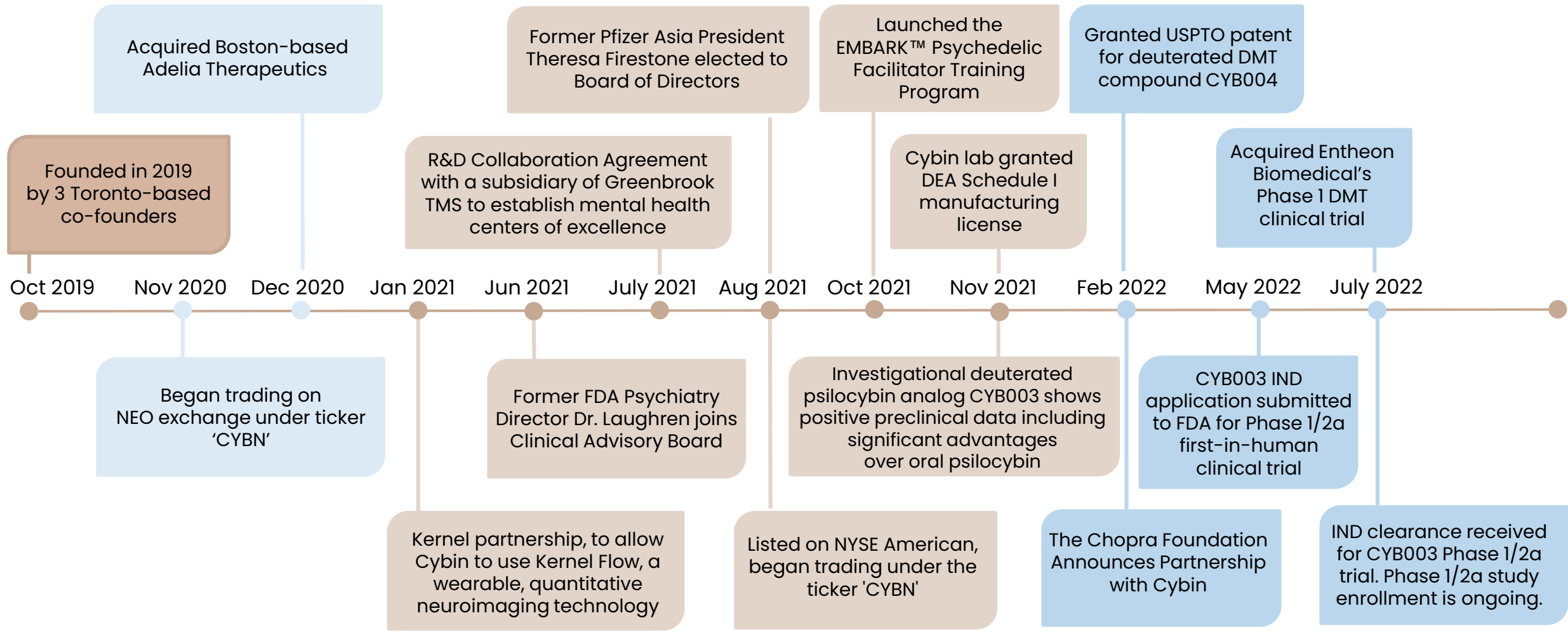
- Experienced team that has previously brought **multiple drugs** to market
- Grown from 5 up to 50 employees across 4 countries (Canada, USA, UK, Ireland)
- Developed >50 novel compounds with 19 patents pending and one issued U.S. patent across 6 patent families
- Completed more than 200 preclinical studies supporting R&D advancement of proprietary psychedelic-based molecules



## Intellectual Property:

- Proprietary psychedelic compounds (new chemical entities)
- Integration with delivery platforms
- Methods of use in psychiatric indications
- Drug discovery pipeline of modified and novel tryptamines, phenethylamines and other compounds of interest

# Cybin History and Key Milestones



# Timeline for Developing Psychedelics to Therapeutics

Q1 2022

Q2 2022

Q3 2022

Q4 2022

- ✓ Completed **CYB003** preclinical studies
- ✓ **CYB003** Scientific Advice meeting with UK MHRA
- ✓ Initiated **EMBARK** Phase 2 IIT study
- ✓ Initiated **Kernel Flow**<sup>®</sup> feasibility study

- ✓ **CYB003** IND clearance & IRB approval for Phase 1/2a MDD trial
- ✓ Preclinical data announced for **CYB004** vs DMT
- ✓ Accelerated **CYB004** into Phase 1 development through acquisition

- Initiate **CYB003** Phase 1/2a MDD patient study<sup>(1)</sup>
- Continue to progress **CYB004-E** Phase 1 clinical trial<sup>(1)</sup>

- Preclinical data expected for **CYB005**<sup>(1)</sup>
- Potential **CYB003** interim safety and PK data readout<sup>(1)</sup>
- Expect data from Phase 1 **Kernel Flow**<sup>®</sup> feasibility study<sup>(1)</sup>
- Plan to nominate **CYB005** partnering candidate<sup>(1)</sup>

*(1) Forward-looking statements are subject to risks and assumptions. See "Cautionary Statement" on pages 2 and 3 of this presentation.*



# Unmet Need for Treatment of Mental Health Disorders

World Health Organization States That Mental Health Disorders Affect More Than 900M People Globally <sup>(1)</sup>

## Depression

CYB003



**800,000**

Depression-related deaths due to suicide globally every year <sup>(1)</sup>

**Up to 85%**

Between 76% and 85% of people in low- and middle-income countries receive no treatment for their disorder <sup>(1)</sup>

## Alcohol Use Disorder

CYB003



**95,000**

Estimated alcohol related deaths in the U.S. <sup>(3)</sup>

**3M**

Global deaths attributed to alcohol consumption <sup>(3)</sup>

## Anxiety Disorders

CYB004



**5.1% to 11.9%**

General anxiety disorder lifetime prevalence in the United States <sup>(4)</sup>

**3% to 7%**

Social anxiety disorder lifetime prevalence in the United States <sup>(4)</sup>

The global direct and indirect economic costs from mental disorders is estimated to be US\$2.5 Trillion <sup>(2)</sup>

(1) <https://www.who.int/news-room/fact-sheets/detail/depression>

(3) <https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-use-disorder> & <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>

(2) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007565/>

(4) Ruscio et al. Psychol Med. 2008;38(1):15.

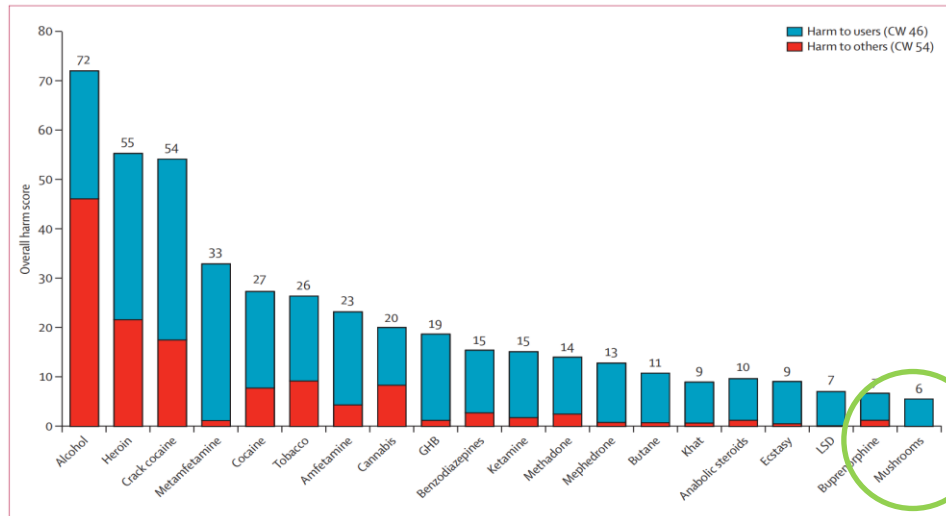
# Psychedelics: Relatively Lower Risk of Abuse Seen in a Clinical Setting <sup>(1)(2)</sup>

**Study:** Drug harms in the UK: a Multicriteria Decision Analysis  
David J Nutt (2010)

The Abuse Potential of Medical Psilocybin According to the 8 Factors of the Controlled Substances Act

Matthew W. Johnson, Roland R Griffiths, Peter S. Hendricks, Jack E. Henningfield

**Data:**



**Primary Substance of Abuse Among Persons 12 Years and Older, 2005–2015**

Primary Substance	2010	2011	2012	2013	2014	2015
Total (n)	1,932,524	1,936,278	1,834,591	1,762,015	1,639,125	1,537,025
Hallucinogens (n)	1,791	1,998	2,155	2,177	1,899	1,917
	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Opiates (n)	443,405	486,729	488,038	507,989	501,680	526,686
	22.9%	25.1%	26.6%	28.8%	30.6%	34.3%
Cocaine (n)	158,780	152,349	126,371	106,594	88,623	74,710
	8.2%	7.9%	6.9%	6.0%	5.4%	4.9%
Alcohol* (n)	782,764	759,017	709,891	654,808	591,404	521,089
	40.5%	39.2%	38.7%	37.2%	36.1%	33.9%

\* Alcohol only or with a secondary drug

- Results:**
- Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others
  - **Multicriteria decision analysis (MCDA) modelling showed that heroin, crack cocaine, and metamfetamine were the most harmful drugs to individuals whereas alcohol, heroin, and crack cocaine were the most harmful to others**
  - The legality of a drug does not consistently predict severity of consequences.

- Psilocybin has an abuse potential appropriate for CSA scheduling if approved as medicine
- **Adverse effects of medical psilocybin are manageable when administered according to risk management approaches**
- Although further study is required, this review suggests that placement in Schedule IV may be appropriate if a psilocybin-containing medicine is approved.

**Source** Lancet 2010; 376: 1558–65

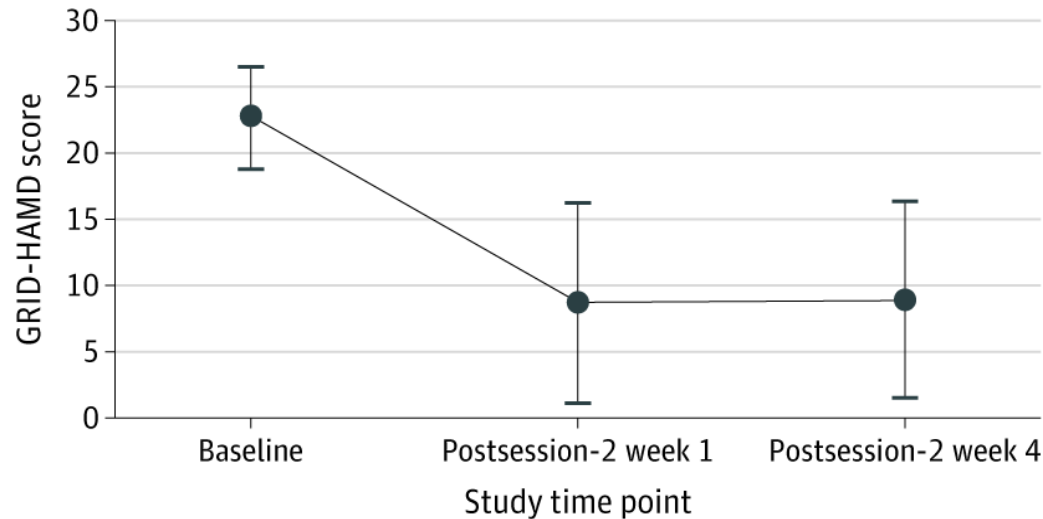
Neuropharmacology. 2018 November ; 142: 143–166.

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 (2) Meta-data analysis of the studies shown indicate that psychedelics pose a relatively low risk of abuse and, therefore, in a clinical setting they would likely have a lower risk of abuse compared to other used drugs, such as opioids and others on the list reflected above.

# Research Demonstrates Benefits from Psychedelic-Based Therapy <sup>(1)</sup>

## Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder A Randomized Clinical Trial

Alan K. Davis, PhD; Frederick S. Barrett, PhD; Darrick G. May, MD; Mary P. Cosimano, MSW; Nathan D. Sepeda, BS; Matthew W. Johnson, PhD; Patrick H. Finan, PhD; Roland R. Griffiths, PhD



JAMA Psychiatry | [Original Investigation](#) | November 4, 2020

## Rapid and Sustained Clinical Responses

### Durability of Effect:

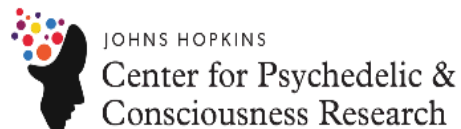
- **71%** of participants continued to show clinically significant response ( $\geq 50\%$  reduction in GRID-HAMD score) at Week 4 follow-up
- Minimal dosing provide **long-term benefit** with **fewer side effects**
- 12-month follow-up study shows **large and stable** antidepressant effects after initial dosing

### High Response Rate:

- **~2.5 times greater** than effect sizes found in psychotherapy
- **~4 times greater** than effect sizes found in psychopharmacological depression treatment studies

### Faster Onset & Smaller Number of Doses:

- Psychedelic treatment involves one or two doses over a few weeks, has a **quick onset** of effect and **long-lasting benefit**



Other Studies:



December 01, 2021



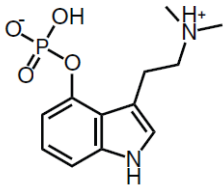
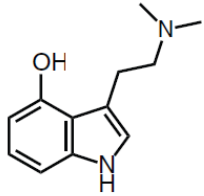
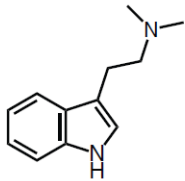
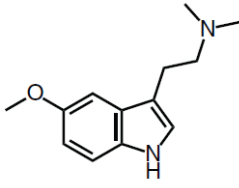
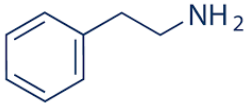
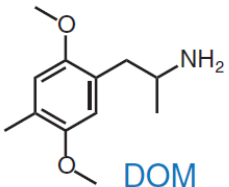
Epub 2015 Jan 13.



Epub 2016 May 17.

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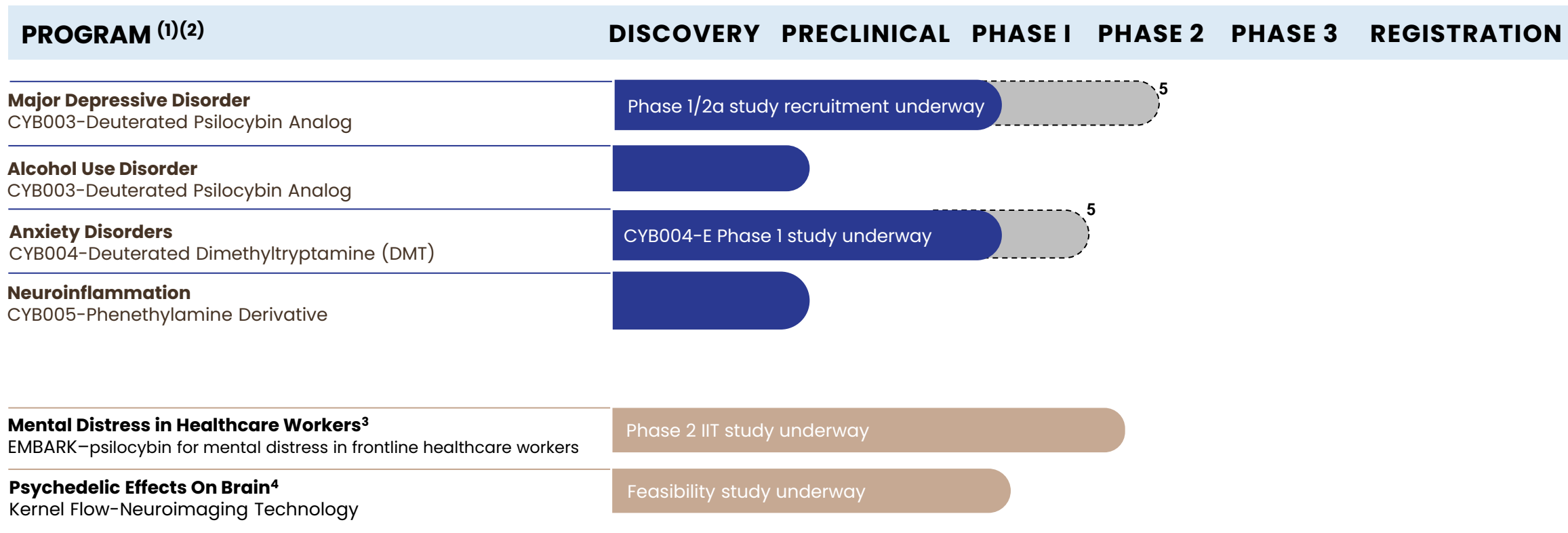
# Psychedelic Molecules of Interest

Psychedelic Class	Chemical Structure & Molecule	Primary Target	Predominant Route of Administration
Tryptamine	 <p>Psilocybin</p>	Serotonin Receptor 5-HT <sub>2A</sub>	<p><b>Properties:</b> Psilocybin is typically taken orally and dephosphorylated to psilocin in the intestinal lining and liver before entering blood circulation.</p> <p><b>Pharmacokinetics:</b> Onset of psychoactive effects typically begin within 20–40 minutes after ingestion and last between 2–4 hours depending on dose, species and individual metabolism. Within 6–8 hours, the subjective drug effects will typically have mostly disappeared.</p>
	 <p>Psilocin</p>		
Tryptamine	 <p>DMT</p>	Serotonin Receptor 5-HT <sub>2A</sub>	<p><b>Properties:</b> DMT is not bioavailable when orally ingested due to rapid elimination by monoamine oxidase A (MAO-A) in the body. IV or inhalation are the traditional routes of administration.</p> <p><b>Pharmacokinetics:</b> The time course of DMT delivered via IV is brief. The onset is very rapid, with full effects usually noted within 2 minutes and subjective effects usually fully resolved within 20–30 minutes.</p>
	 <p>5-MeO-DMT</p>		
Phenethylamines	 <p>Phenethylamine</p>	Serotonin Receptors & Transport Sites	<p><b>Phenethylamine class:</b> A very large class of molecules derived from a base benzene ring with an amino group attached through two-carbon.</p> <p><b>Derivatives:</b> Includes 2C-B, MDMA, mescaline, amphetamine analogues such as DOI and DOM, and 25I-NBOMe.</p>
	 <p>DOM</p>		

In addition to the molecules themselves, there are two important factors in the psychedelic treatment regimen:

- 1) Psychological support before, during and after the treatment session
- 2) Dosing regimen

# Research and Development Pipeline



**NOTES:**

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- 2) Subject to receipt of all necessary regulatory approvals from all applicable governmental authorities, including, as applicable, the academic and scientific organizations with which Cybin is working. There are multiple risk factors regarding the ability to successfully commercially scale a chemically synthesized process to obtain psilocybin and other analogues.
- 3) Phase 2 investigator-initiated study being conducted by Dr. Anthony Back, professor of medicine (oncology) at the UW School of Medicine and co-funded by Cybin.
- 4) Cybin-sponsored Phase 1 feasibility study conducted by Kernel evaluating Kernel's Flow Technology to measure ketamine's psychedelic effect on cerebral cortex hemodynamics.
- 5) Gray bars represent that clearance has been received for the Phase 1/2a CYB003 study and Phase 1 CYB004-E study.

# CYB003: Deuterated Psilocybin Analog <sup>(1)</sup>



**Indication:** Targeting major depressive disorder (MDD) and alcohol use disorder (AUD) with potential for reduced side effects associated with classical psilocybin

**MoA:** 5-HT<sub>2A</sub>-R agonist

**Current status:** FDA IND clearance received; Phase 1/2a patient recruitment underway

**Completed IND-enabling development:**

- Preclinical package demonstrating psychedelic activity to support clinical development (efficacy and safety) according to FDA guidelines
- Optimized pharmacokinetic profile
- Used to predict efficacious and safe human doses

## CYB003 Features

- ✓ Replaced one or more hydrogen atoms with deuterium, a heavier stable isotope
- ✓ Reduced pharmacokinetic variability
- ✓ Improved bioavailability
- ✓ Development of new chemical entity

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# CYB003 provides therapeutic advantages over oral psilocybin <sup>(1)</sup>

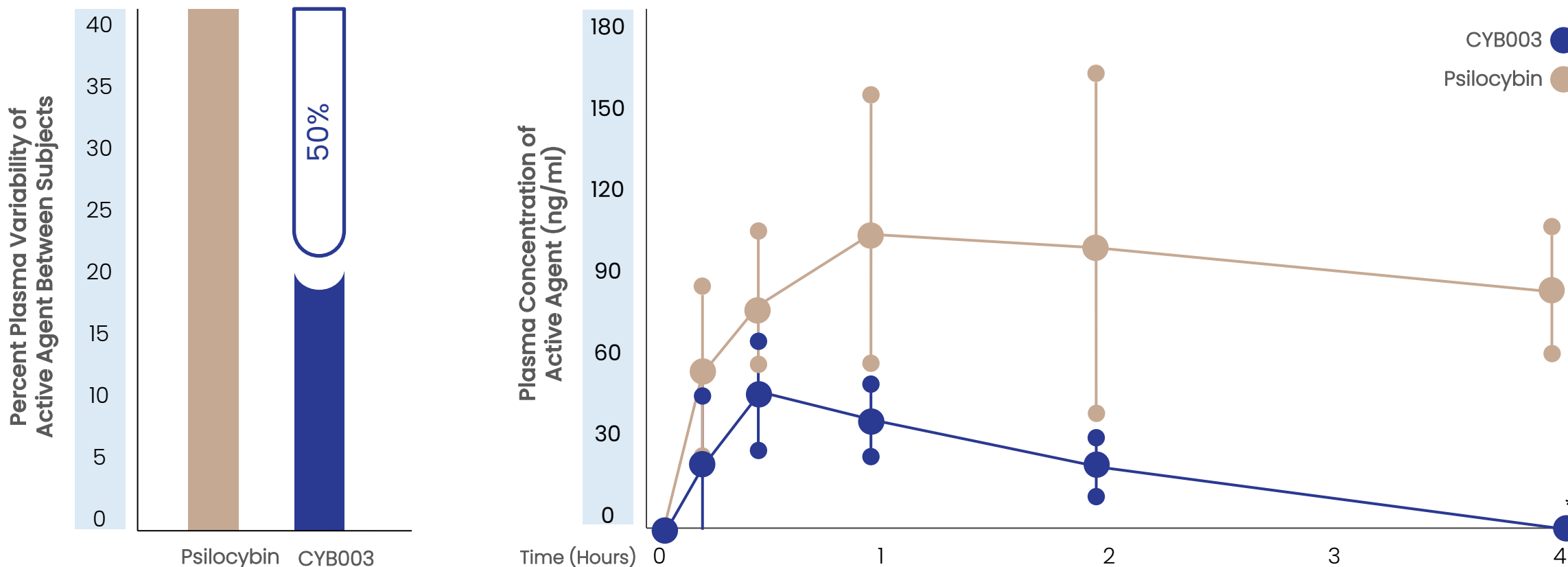
Proprietary molecules, like CYB003, provide improved therapeutic properties over their natural counterparts

Properties	Psilocybin	CYB003	Potential benefits for patients
Psychedelic effect	✓	✓	Therapeutic potential
Low variability in plasma levels	X	✓	Safer dosing and more predictable patient outcomes
Fast onset of action	X	✓	Less down time in clinic and faster onset of effects
Short total duration of action	X	✓	Shorter clinic days and costs
Rapid brain distribution	X	✓	Therapeutic effects at lower doses, potentially better tolerability
	Natural	Proprietary	

Source: Company data based on preclinical studies

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# CYB003 has potential for less variability vs. classic psilocybin <sup>(1)</sup>



Less variability with CYB003 could translate to safer dosing and more predictable patient outcomes

Source: Company data based on preclinical studies

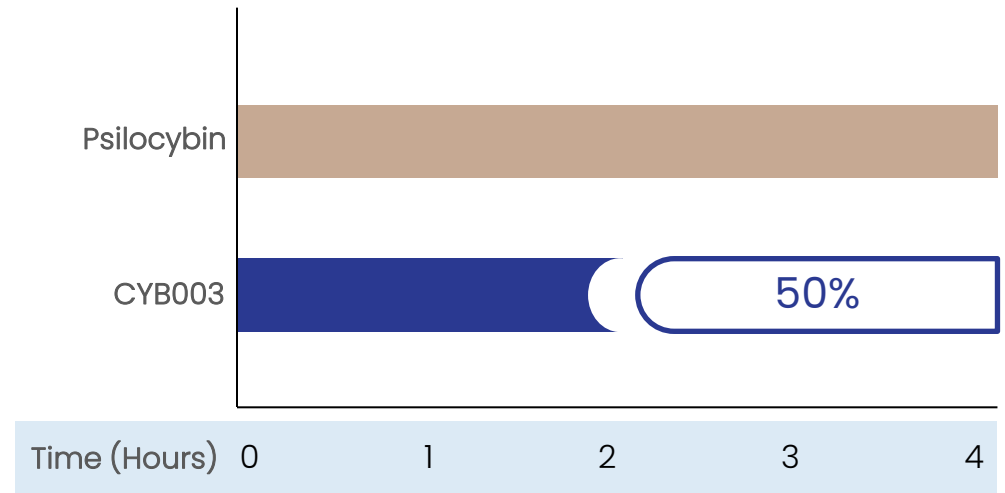
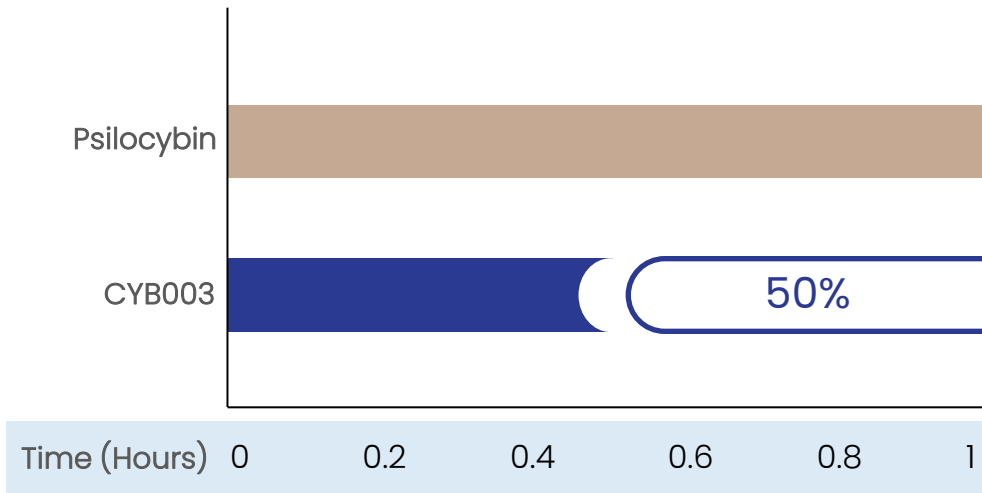
\*Indicates that the plasma concentration fell below the level of detection of the analytical method

Data is based on plasma concentration profiles following administration of psilocybin or CYB003 to animals

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# CYB003 may potentially reduce clinic time for patients by 50% vs. classic psilocybin <sup>(1)</sup>



CYB003 onset of action is 2X as fast as oral psilocybin

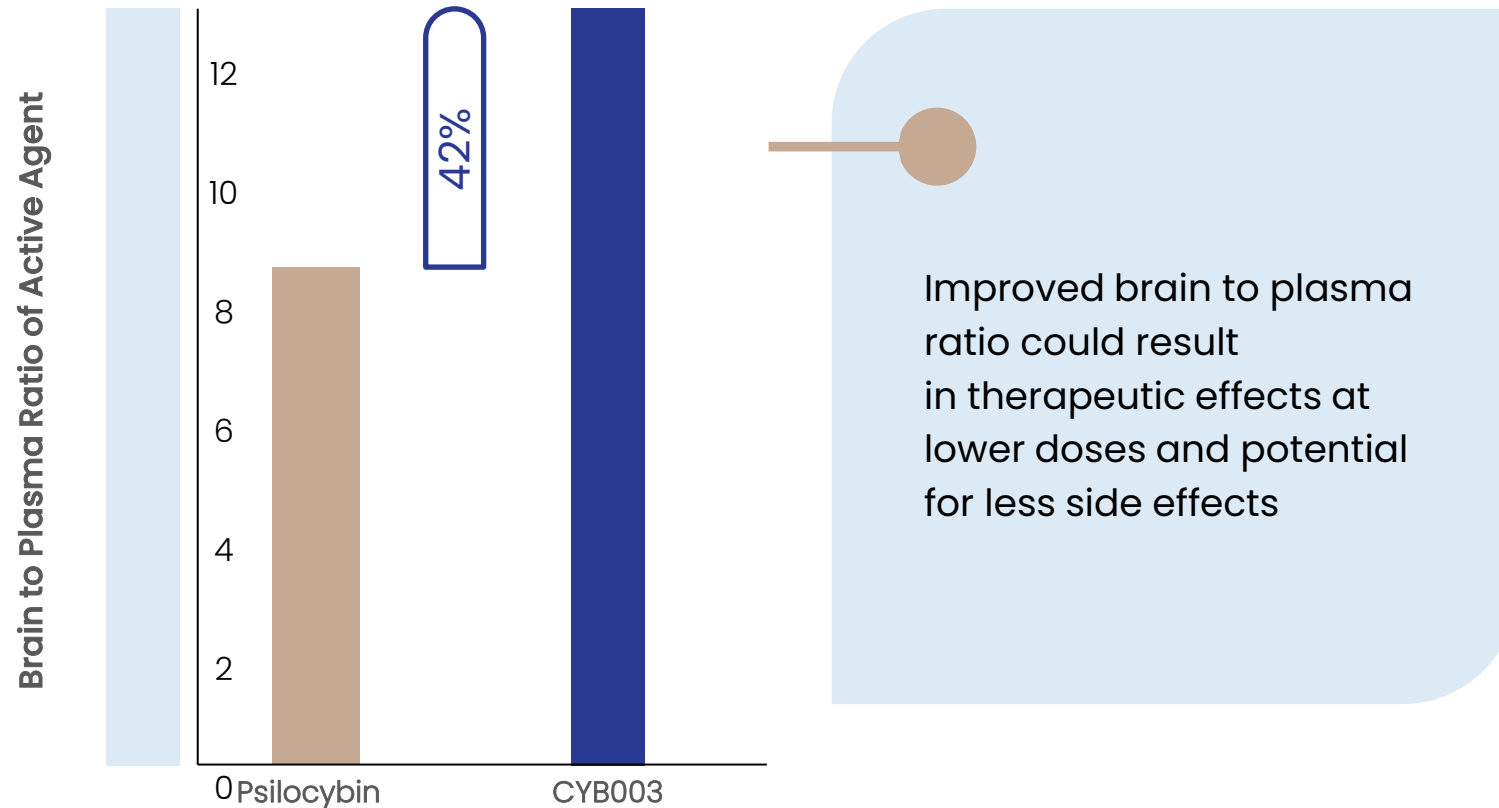
CYB003 duration effects are cut in half compared to oral psilocybin

Data is based on plasma concentration profiles following administration of psilocybin or CYB003 to animals

Source: Company data based on preclinical studies

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# CYB003 has potential for less side effects vs. classic psilocybin <sup>(1)</sup>



Data is based on plasma concentration profiles following administration of psilocybin or CYB003 to animals

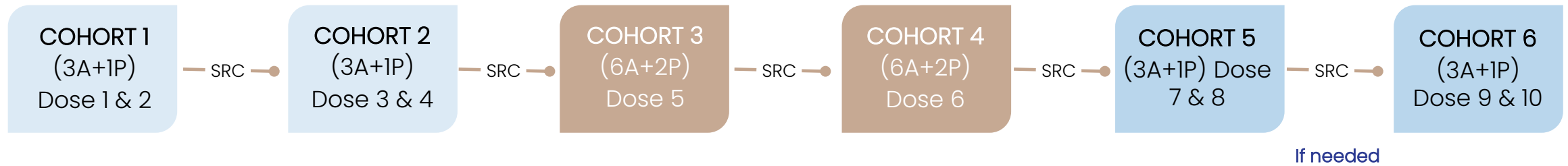
Source: Company data based on preclinical studies

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# CYBoo3 Clinical Path to Proof-of-Concept (1)

**Up to 40 MDD participants are planned to be enrolled into 6 cohorts**

- Each cohort will consist of 4-8 participants with sentinel dosing in each cohort
- Each participant will receive either 2 doses of CYB003 or 1 dose of each CYB003 and placebo
- Dose will be escalated following satisfactory review of available safety, tolerability and PK and PD data
- Participants will continue on their respective SSRI for the duration of the trial
- ClinicalTrials.gov Identifier: [NCT05385783](https://clinicaltrials.gov/ct2/show/study/NCT05385783)



Phase 1/2a study patient recruitment underway

# CYB004: Deuterated Dimethyltryptamine (DMT) <sup>(1)</sup>



**Indication:** Targeting anxiety disorders with improved control via inhalation

**MoA:** 5-HT<sub>2A</sub>-R agonist

**Scientific Rationale:**

- ✓ DMT has agonistic actions on a range of 5-HT receptors
- ✓ Efficacy demonstrated in a range of observational and real-world studies in depression, anxiety and substance use disorders
- ✓ Inhalation provides a similar dose profile as IV DMT and is less invasive

**IP:** U.S. patent granted by USPTO that covers new chemical entity claims for CYB004 until 2041

**Current status:** CYB004-E Phase 1 clinical trial underway

## CYB004 Features

- ✓ Potential to enhance durability
- ✓ Potential to reduce dose for better safety
- ✓ Potential to increase duration of effect
- ✓ Potential to alleviate negative experiences vs. DMT

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# CYBoo4 Demonstrated Positive Preclinical Data <sup>(1)</sup>

**2000%**

Improved bioavailability compared with oral DMT, which is known to have limited to no oral bioavailability

**41%**

Improved bioavailability compared with inhaled DMT, which may support lower dosing

**300%**

Longer duration of effect compared with IV DMT, indicating potential to extend therapeutic window

Source: Company data based on preclinical studies. Data generated comparing CYB004 to DMT. Data is based on preclinical studies of CYB004 in animal model

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# Accelerating Clinical Development of CYB004

## Acquisition of CYB004-E Phase 1 Study from Entheon Biomedical: (1)(2)

- Largest Phase 1 DMT clinical trial conducted to date by Cybin – 50 healthy volunteers
- Expected to accelerate CYB004 clinical development timeline by approximately nine months
- Allows access to world-class research foundation and team of industry experts
- Expected to provide essential safety and dosing optimization data to inform clinical path forward for CYB004

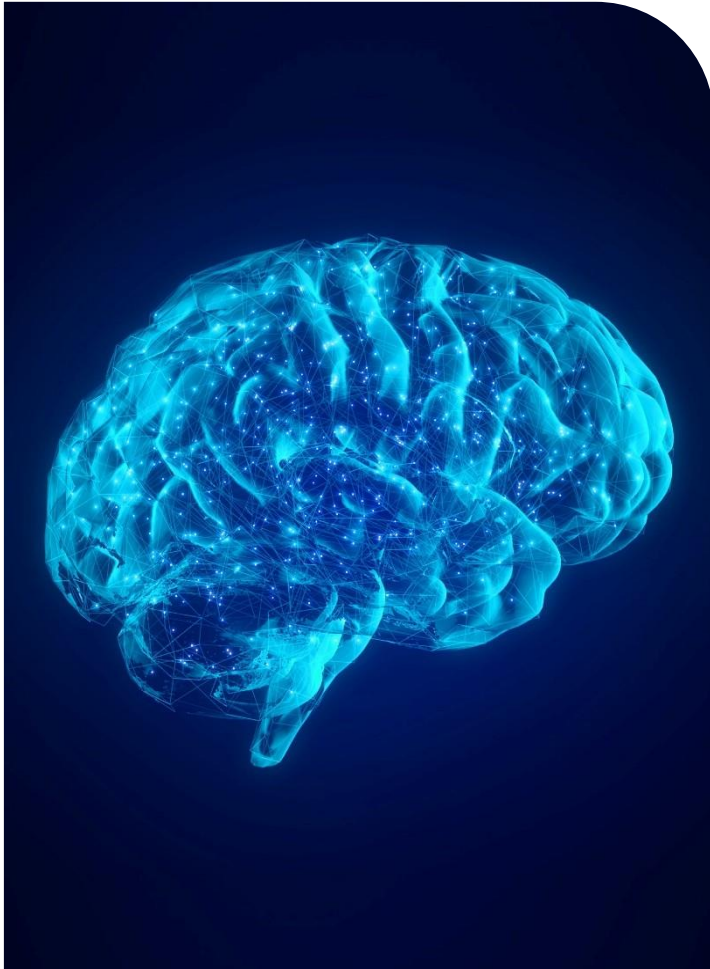
**Protocol:** Adaptive, randomized, double-blind, placebo-controlled, single ascending dose study to evaluate safety, pharmacokinetics and pharmacodynamics of target-controlled intravenous infusion of DMT in healthy tobacco smokers

**Primary Objectives:** Evaluate safety of increasing doses of a single dose continuous DMT infusion  
Characterize PK of a single dose DMT administered continuously  
Characterize PD of a single dose DMT administered continuously  
Establish minimum DMT dose required to produce a psychedelic effect

(1) Forward-looking statements are subject to risks and assumptions. See "Cautionary Statement" on pages 2 and 3 of this presentation.

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# CYB005: Phenethylamine Derivative<sup>(1)</sup>



**Indication:** Potential to target neuroinflammation in neurological and psychiatric conditions

**MoA:** 5-HT<sub>2A</sub>-R agonist lead candidate

**Scientific rationale:**

- Potent 5-HT<sub>2A</sub> agonist
- Brain penetration and limited peripheral exposure
- Induces strong head twitch response *in vivo*
- Extended duration to allow for infrequent dosing
- Evidence in literature for anti-neuroinflammatory benefit

**Development strategy:** Partnership

## CYB005 Potential Features

- ✓ Psychoactive compound that activates CNS
- ✓ Long duration of action
- ✓ Favorable *in vitro* toxicity data
- ✓ Oral bioavailability

<sup>(1)</sup> Certain statements regarding CYB005 have not been evaluated by the Food and Drug Administration, Health Canada or other similar regulatory authorities, nor has the efficacy of phenethylamine derivatives been confirmed by approved research. There is no assurance that any of the Company's compounds will be used to diagnose, treat, cure or prevent any disease or condition and robust scientific research and clinical trials are needed. All such statements are subject to receipt of all necessary regulatory approvals from which all applicable governmental authorities, including, as applicable, the academic and scientific organizations with which Cybin is working. There are multiple risk factors regarding the ability to successfully commercially scale a chemically synthesized process to obtain phenethylamine derivatives or other analogues.

# Why Cybin?

## Our Company:

- ✓ **Experienced management** team across pharmaceuticals, psychedelics, regulatory, and capital markets with proven track record bringing multiple drugs to market
- ✓ **Multiple active drug programs** targeting mental illness, addiction, neuroinflammation and psychiatric disorders
- ✓ **Capitalized** to move drug development programs forward

## Our Approach:

- ✓ **Growing IP portfolio** across 6 patent families to support clinical trials, M&A, and IP strategies
- ✓ **Preclinical pipeline** of >50 novel psychedelic-based molecules
- ✓ **Approximately 50 partnerships** with world-class scientists and CROs support R&D programs

## Our Future <sup>(1)</sup><sup>(2)</sup><sup>(3)</sup>:

- ✓ Multiple upcoming data catalysts to further potentially validate R&D initiatives and strategy
- ✓ Sufficient funding and potential access to capital to support near-term R&D catalysts

### Notes:

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3) Certain statements regarding psilocybin have not been evaluated by the Food and Drug Administration, Health Canada, or other similar regulatory authorities, nor has the efficacy of psilocybin been confirmed by approved research. There is no assurance that any of the Company's compounds will be used to diagnose, treat, cure or prevent any disease or condition and robust scientific research and clinical trials are needed.



# THANK YOU

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