

Bypassing the Blood-Brain Barrier



Turning the tide on cognitive aging and neurodegenerative disorders





Kurve Therapeutics

We are on a mission to develop a new era of CNS disorder treatments.

Our groundbreaking work aims to modify multiple cognition issues related to Alzheimer's disease, Parkinson's disease, diabetic cognitive decline, and a number of other CNS disease states.

In clinical studies, our technology has been shown to bypass the blood-brain barrier, and was able to deliver up to 30x more medication directly to the brain than infusions, thereby adding significant dose flexibility and reducing toxicity risks.



A Global Need for Disease-Modifying Treatments

1 in 6 people — over one billion people — suffer from neurological disorders

Every 3 seconds, someone in the world develops dementia

Alzheimer's Disease is the only disease in the top-10 causes of death in the US without a cure or approved disease-modifying treatments

58 million people live with Alzheimer's and related dementias worldwide; 6.5 million in the US

9.4 million suffer from Parkinson's disease worldwide

2 million multiple sclerosis patients globally

463 million people have diabetes worldwide; 34 million in the US





Cognitive Decline:

Economic Impact

The estimated global economic cost of dementia alone: US \$1.3 trillion

If dementia was a country, it would be the 14th largest economy in the world



Family and friends provided nearly **\$272 billion in unpaid care** to people living with Alzheimer's and other dementias in 2021. This was the result of over 17 billion hours of unpaid care by over 16 million people across the nation.



Not counting family care, the total national cost of caring for people living with Alzheimer's and other dementias was \$355 billion in 2021.





1 in 9 adults over the age of 45 report memory loss issues, which is one of the earliest signs of Alzheimer's or dementia.



1 in 3 seniors die with Alzheimer's or another dementia.



In 2022, 6.5 million
Americans are living with
Alzheimer's disease —
58 million worldwide.



350,000 new cases of early-onset dementia occur globally every year.



The number of Americans with the disease will increase to a projected 7.1 million people by 2025, an increase of nearly 22%.



Alzheimer's Impact on Society



People age 65 and older survive an average of 4 to 8 years after a diagnosis of Alzheimer's.



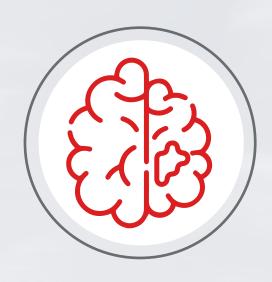
At age 80, approximately
75% of people with
Alzheimer's dementia live
in a nursing home
compared to only 4% of
the general
80-year-old population



A person who lives from age 70 to age 80 with Alzheimer's will spend an average of 40% of that time in the severe dementia stage.



An estimated two-thirds of those who die of dementia do so in nursing homes, compared to 20% of people with cancer and 28% of people dying from other conditions.



Alzheimer's disease kills more seniors than breast and prostate cancer combined.

Current Landscape in Treatment Research for Alzheimer's Disease

The AChEIs donepezil, galantamine, rivastigmine, and the NMDA antagonist memantine are the only FDA-approved AD medications.

There are no proven, Disease Modifying Treatments (DMTs) for AD, despite many long and expensive trials.

The most popular and broadly accepted explanation for the multiple failures of clinical trials of DMT agents for AD include late starts of therapies in disease development, **inappropriate drug doses, toxicity, inefficient targeting,** and an inadequate understanding of the pathophysiology of AD.

For the last 30 years, AD research has focused on the amyloid cascade. This approach has repeatedly failed since the 1990s.





Current Approved

Treatment Options Do Not Modify the Disease

Current treatments for Alzheimer's Disease are oral medications and IV, which are deeply flawed:

They only address the symptoms and are only effective short-term; 3–6 months, after which, the patient continues to decline and eventually passes from the disease

They require dosage increases that have deteriorative, toxic effects on the body

Infusion is very costly (\$5,000-\$10,000 in the US)

IV takes about 1–3 hours to administer and only **one-tenth of 1%** of that treatment gets to the brain.





A New Approach:

Modifying Disease States
By Bypassing the
Blood-Brain Barrier







Nose-to-Brain Delivery

The greatest barrier to treating Alzheimer's disease and other CNS disorders has been the inability to bypass the blood-brain barrier.

Kurve's patented Controlled Particle Dispersion® device creates a precisely-controlled turbulent flow which allows medications to pass through the curved surfaces inside the nose and up to the olfactory mucosa at the top of the nasal cavity.

This nose-to-brain region is where nerves penetrate to convey smell signals to the brain, but has historically been nearly impossible to deliver complex molecules to without the use of surgical methods.

Kurve Therapeutics has issued 17 patents for Controlled Particle Dispersion®.

Kurve's patented Controlled Particle Dispersion® (CPD) technology

Technology designed to bypass the blood-brain barrier (BBB) using the nose-to-brain route.

- Reduces systemic side-effects by ensuring less medication reaches non-targeted areas
- Enhances the opportunity for bioavailability: delivers droplets that rest below the zone of ciliated action (the clearance mechanism of the nasal mucosa), allowing for longer residence time, which improves transferability and accelerates onset of action
- Greater dosage precision through programmable electronic circuitry and advanced mechanics, which deliver the intended, precise amount of medication while enhancing concentration in the desired area within the nasal cavity





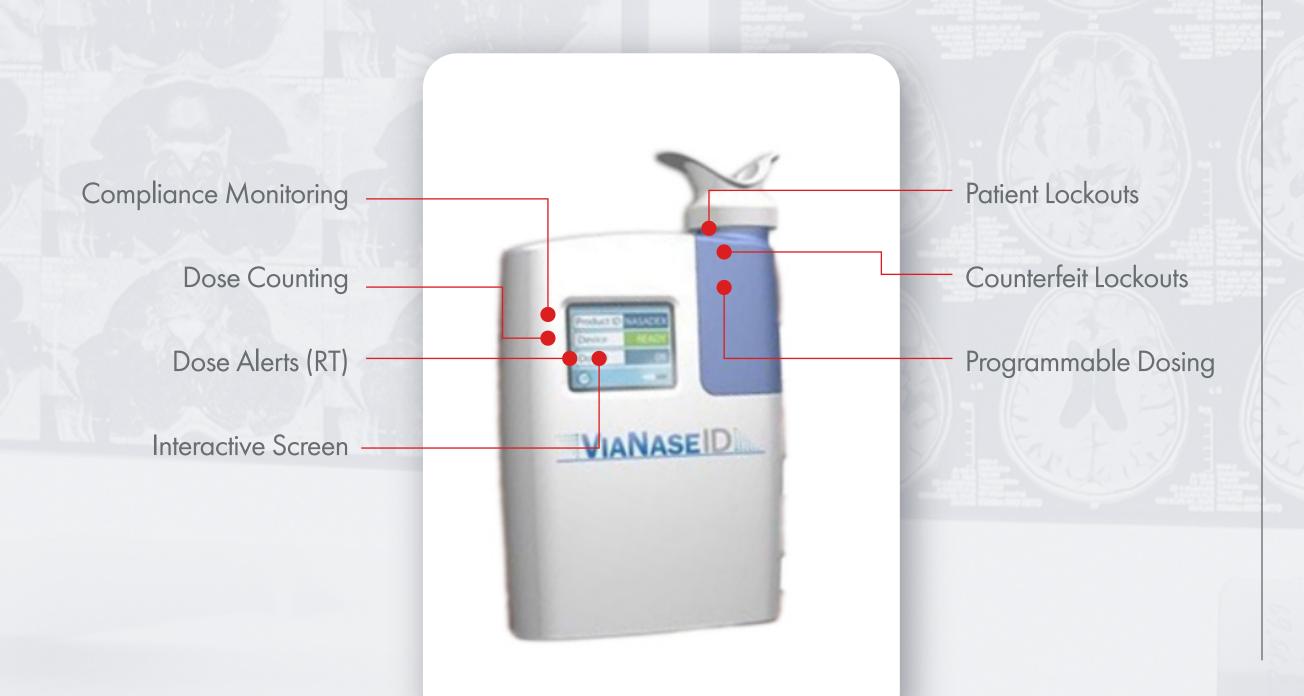
- Cartridge
- Base Unit Purchased Once
- Rx Refilled with Cartridges

- **Exceptional patient compliance:** Kurve's CPD® device is non-invasive, simplified, and features user-friendly modes of administration, all of which encourage patient compliance and use while minimizing application errors
- Odorless, tasteless, and painless delivery of medication
- Device is pocket-size, lightweight, portable, and battery-powered
- Medication administration made easy: a typical dosage is taken twice daily for about 15 seconds each time

Intelligent Delivery

Scientists have been working on improving nasal spray valve technology for about 100 years.

We are the next generation of intranasal drug delivery.





Traditional nasal sprays are ineffective at delivering medication to the brain.

They cannot penetrate the blood-brain barrier, lose most of the medication to the nasal cavities and GI tract, and can deteriorate the nasal cavity.







The Science

Behind the

Breakthrough

Clinical Success

Using Kurve's Controlled Particle Dispersion® technology, paired with Kurve's IntrulinTM, we have successfully and significantly met our primary endpoint — cognitive performance — in **five** double-blind, placebo-controlled Phase II studies.

Kurve Therapeutics has 18 peer-reviewed publications of clinical trials using Kurve's breakthrough technology, with further publications pending. We have recent and ongoing collaborations with leading research centers, academic institutions, and pharmaceutical companies including Harvard, Johns Hopkins, and the Karolinska Institute.

Kurve is a proud participant of the compassionate use program.

In 22 nose-to-brain clinical trials, our technology has been studied in hundreds of cognitively impaired patients. Kurve's innovative technology and formulations have been used in human clinical trials around the world through Phase I, II, and IIB clinical studies. It has also accepted a single Phase III for 300 patients prior to an approval request and launch. Kurve is ready for Phase III on three separate studies.

Studies in phases II and III are:

Cognition in Diabetics by Harvard Medical School Alzheimer's by Wake Forest (Phase I, II and IIB)
Cognition in MS by John Hopkins





Marc Giroux CEO and Founder

- Serial entrepreneur and founder of 5 companies
- Has introduced Kurve devices into over 30 clinical trials
- Prior to founding Kurve in 2002, President of EES, Inc.
- Raised \$8M in Series A financing Holder of 17 patents
- Winner: Frost and Sullivan Award

Executive Team



Glenn Cornett M.D., Ph.D., CSO

- Biotech entrepreneur and advisor
 Holds an M.D. with Distinction in Research
 from the University of Michigan and a Ph.D.
 in neuroscience from UCLA
- McKinsey; Eli Lilly (strategy, marketing),
 Razorfish (VP, strategy practice), Los
 Alamos National Lab
- Founded Navitas Pharma (drug repurposing) in 2004; successful exit 3.5 years later



Thomas McDowell COO

- Forty years of experience in accounting, financial reporting, investment banking, mergers & acquisitions
- Expertise in creating functional accounting structures
- Licensed CPA (inactive) in Washington State and California
- Has consulted with over 17 startups and 9 early-stage companies in the software, telecommunications, financial management, retail, manufacturing, consulting and distribution industries
- Windswept Capital LLC Executive Vice President & CFO,
 built the company into a leading middle-market M&A firm





Go-to Market Strategy

Phase III-ready in three separate disease states, Kurve is only one Phase III trial away from being ready to hit the mass market.

Primary markets include US patients that require:

- · Alzheimer's Treatment
- · Parkinson's Treatment
- · Diabetic Cognitive Decline Treatment
- · Mild Cognitive Impairment Treatment

Secondary market:

Would involve almost all neurodegenerative diseases, and diseases that require treatment of the central nervous system (brain and spinal cord). Production systems for high volume manufacturing for global supply can be implemented as US market is developed.



Regulation A+ Offering

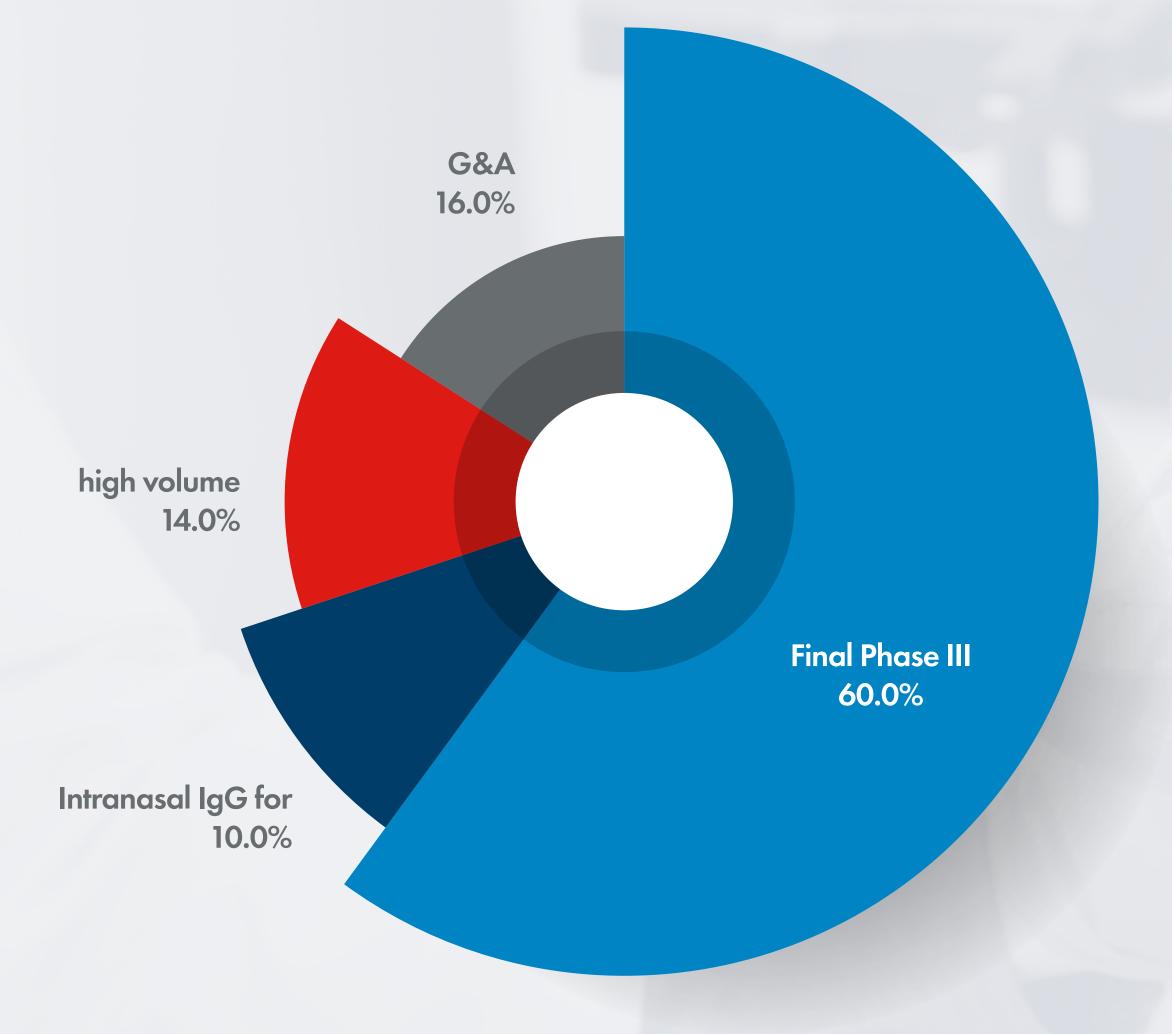
\$50 M

Total filing raise

\$5.80 per Share \$580 Minimum Investment

Offering Circular





Use of Proceeds

Total Filing Raise: \$50M

- \$ 23M Final Phase III clinical trial for intranasal insulin cognition
- \$ 5M for intranasal IgG for Parkinson's
- \$ 7M for high volume manufacturing
- \$ 8M G&A



Bonus Program

First 30 days of Offering

15% Bonus Shares for investments less than \$100,000

We will offer a 15% bonus in the form of Bonus Shares for Investors that invest less than \$100,000 within the first thirty (30) days following Qualification of the Offering (not including the date on which the Offering is qualified).

First 30 days of Offering

30% Bonus Shares for investments over \$100,000

We will offer a 30% bonus in the form of Bonus Shares for Investors that invest more than \$100,000 within the first thirty (30) days following Qualification of the Offering (not including the date on which the Offering is qualified).

After first 30 days of offering

20% Bonus Shares for investments over \$100,000

We will offer a 20% bonus in the form of Bonus Shares for Investors that invest more than \$100,000 after the first thirty (30) days following Qualification of the Offering (not including the date on which the Offering is qualified).

Kurve Therapeutics will absorb the cost of the issuance of the Bonus Shares; to the extent any are issued, it will reduce the Proceeds that the Company receives. The issuance of these Bonus Shares will have a maximum potential dilutive effect of 28,735,632 Shares.

Investor Portal

Invest now



Disclaimer

The offering will be made only by means of an offering circular. An offering statement regarding this offering has been filed with the SEC. The SEC has qualified that offering statement which only means that the company may make sales of the securities described by that offering statement. It does not mean that the SEC has approved, passed upon the merits or passed upon the accuracy or completeness of the information in the offering statement. The securities offered by the company are highly speculative. Investing in shares of common stock of the company involves significant risks. The investment is suitable only for persons who can afford to lose their entire investment. Furthermore, investors must understand that such investment could be illiquid for an indefinite period of time. No public market currently exists for the securities, and if a public market develops following the offering, it may not continue. You may obtain a copy of the Form 1-A offering circular that is part of said offering statement here. You should read the offering circular before making any investment. The offering materials and this letter may contain forward-looking statements and information relating to, among other things, the company, its business plan and strategy, and its industry. These forward-looking statements are based on the beliefs of, assumptions made by, and information currently available to the company's management. When used in the offering materials, the words "estimate," "project," "believe," "anticipate," "intend," "expect" and similar expressions are intended to identify forward-looking statements, which constitute forward-looking statements. These statements reflect management's current views with respect to future events and are subject to risks and uncertainties that could cause the company's actual results to differ materially from those contained in the forward-looking statements. Investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date on which they are made. The company does not undertake any obligation to revise or update these forward-looking statements to reflect events or circumstances after such date or to reflect the occurrence of unanticipated events.

This investment involves a high degree of risk. This investment is suitable only for persons who can bear the economic risk for an indefinite period of time and who can afford to lose their entire investment. Furthermore, investors must understand that such investment is illiquid and is expected to continue to be illiquid for an indefinite period of time. No public market exists for the securities.



Resources

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1123445/

Estimated prevalence of age-associated memory impairment derived from standardized tests of memory function.

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Int Psychogeriatr. 1994 Spring; 6(1):95-104.

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