



# 2023 Annual Shareholder Meeting

Wednesday, June 21<sup>st</sup>



# Forward-Looking Statements

The information in this presentation may include “forward-looking statements,” within the meaning of U.S. securities legislation, relating to the business of Provectus Biopharmaceuticals, Inc. and its affiliates (Provectus or the Company), which are based on the opinions and estimates of Provectus management and are subject to a variety of risks and uncertainties and other factors that could cause actual events or results to differ materially from those projected in the forward-looking statements. Forward-looking statements are often, but not always, identified by the use of words such as “seek,” “anticipate,” “budget,” “plan,” “continue,” “estimate,” “expect,” “forecast,” “goal,” “may,” “will,” “project,” “predict,” “potential,” “targeting,” “intend,” “could,” “might,” “should,” “believe,” and similar words suggesting future outcomes or statements regarding an outlook.

The safety and efficacy of the agents and/or uses under investigation have not been established. There is no guarantee that the agents will receive health authority approval or become commercially available in any country for the uses being investigated or that such agents as products will achieve any particular revenue levels.

Due to the risks, uncertainties, and assumptions inherent in forward-looking statements, readers and listeners should not place undue reliance on these forward-looking statements. The forward-looking statements contained in this presentation are made as of the date hereof or as of the date specifically specified herein, and the Company undertakes no obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except in accordance with applicable securities laws. The forward-looking statements are expressly qualified by this cautionary statement.

Forward-looking statements are subject to risks, uncertainties, and assumptions, many of which relate to factors beyond Provectus’s control. Risk, uncertainties, and assumptions include those discussed in the Company’s filings with the U.S. Securities and Exchange Commission (SEC), including those described in Item 1A of Provectus’s:

- Report on [Form 10-K for the year ended December 31, 2022](#), and
- Report on [Form 10-Q for the quarter ended March 31, 2023](#).



## 2023 Annual Shareholder Meeting Agenda

### Part 1: Shareholder Meeting Activities

1. Welcome
2. Introductions
3. Preliminary Matters
4. Order of Business
5. Other Business
6. Report of the Inspector of the Election
7. Conclusion of the Meeting

### Part 2: Company Update

- A. Opening Remarks
- B. Presentation: Provectus's Next Chapter
- C. Q&A Session
- D. Closing Comments

# Part I: Shareholder Meeting Activities





# Shareholder Meeting Activities

## 1. Welcome

## 2. Introductions

## 3. Preliminary Matters

- Inspector of the Election
- Record Date
- Shares Entitled to Notice and Vote
- Quorum
- Reading of the Notice of the Meeting, Affidavit of Mailing, and Minutes
- Stockholders' Proxies
- Stockholders' Ballots

## 4. Order of Business

**Proposal #1:** To elect five directors to serve on our Board of Directors

**Proposal #2:** To conduct an advisory vote to approve the compensation of our named executive officers

**Proposal #3:** To approve, on an advisory basis, the frequency of the advisory vote on the compensation of our named executive officers

**Proposal #4:** To ratify the selection of Marcum LLP as our independent registered public accounting firm for 2023

**Proposal #5:** To authorize our Board of Directors to amend our Certificate of Incorporation, as amended by the Certificate of Designation of Series D Convertible Preferred Stock and Certificate of Designation of Series D-1 Convertible Preferred Stock, to effect a reverse stock split of our common stock, Series D Convertible Preferred Stock, and Series D-1 Convertible Preferred Stock at a ratio between 1-for-10 and 1-for-50, where the ratio would be determined by our Board of Directors at its discretion, and to make corresponding amendments to the Certificates of Designation to provide for the proportional adjustment of certain terms upon a reverse stock split

**Proposal #6:** To authorize our Board of Directors, if and only if Proposal #5 is approved, to amend our Certificate of Incorporation, as amended by the Certificates of Designation, to decrease the number of authorized shares of our common stock and preferred stock by the same reverse stock split ratio determined by our Board of Directors

## 5. Other Business

## 6. Report of the Inspector of the Election

## 7. Conclusion of the Meeting

## Part 2: Company Update





# Opening Remarks

Ed Pershing, CPA, Chair, Board of Directors



# Provectus's Next Chapter

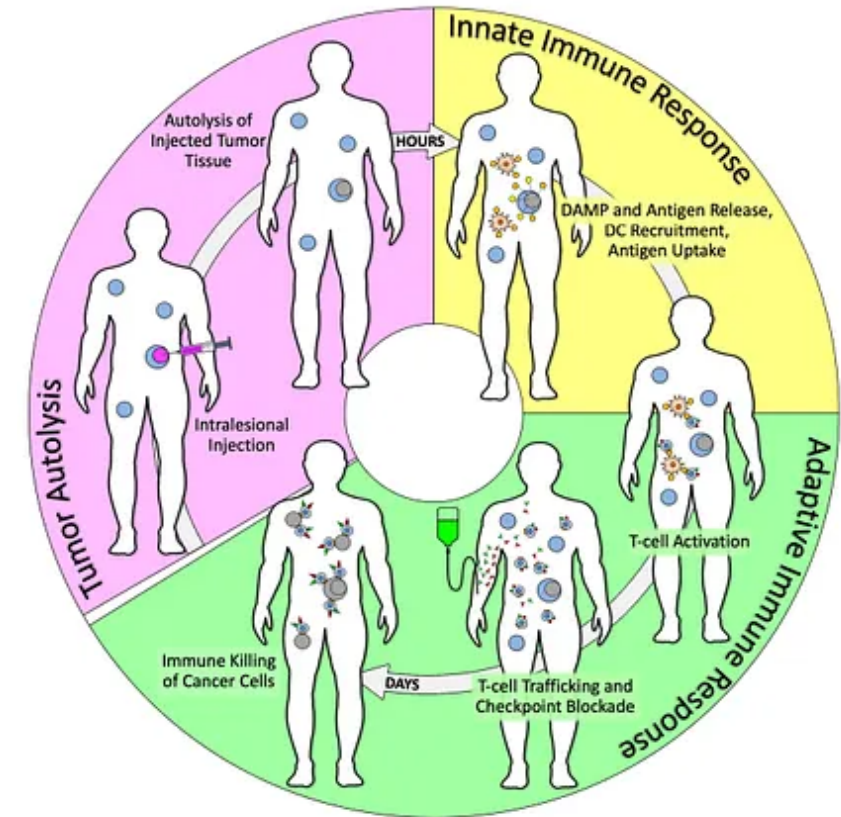
Dominic Rodrigues, Vice Chair, Board of Directors



# PV-10 (rose bengal sodium; RBS): Cancer Immunotherapy for Injectable Solid Tumors

- Cancer immunotherapy agnostic to tumor type
- Small molecule drug product candidate injected into tumors on/inside the body
- 3-step, multi-variate, interconnected & interrelated systemic mechanism
  - **Within hours of PV-10-injection:** Tumor tissue cell death
  - Innate immune signaling from the release of DAMPs, tumor antigens, cytokines, etc. from PV-10-injected tumors
  - **Within days of PV-10 injection:** Tumor-specific functional T cell response
- 450+ patients treated: 15+ multi-country, early-to-late-stage trials, distinct cohorts, expanded access programs, and QoL studies: melanoma, NMSCs, HCC, liver metastases (colorectal, uveal, pancreatic, others), and breast cancer
  - [25+ journal publications; 50+ medical conference presentations](#)<sup>1</sup>
- Skin, liver, and breast cancers represent ~20% of 2023 estimated U.S. incidences of solid tumor disease

**Figure 1.** PV-10 Immuno-Oncology Cycle<sup>2</sup>

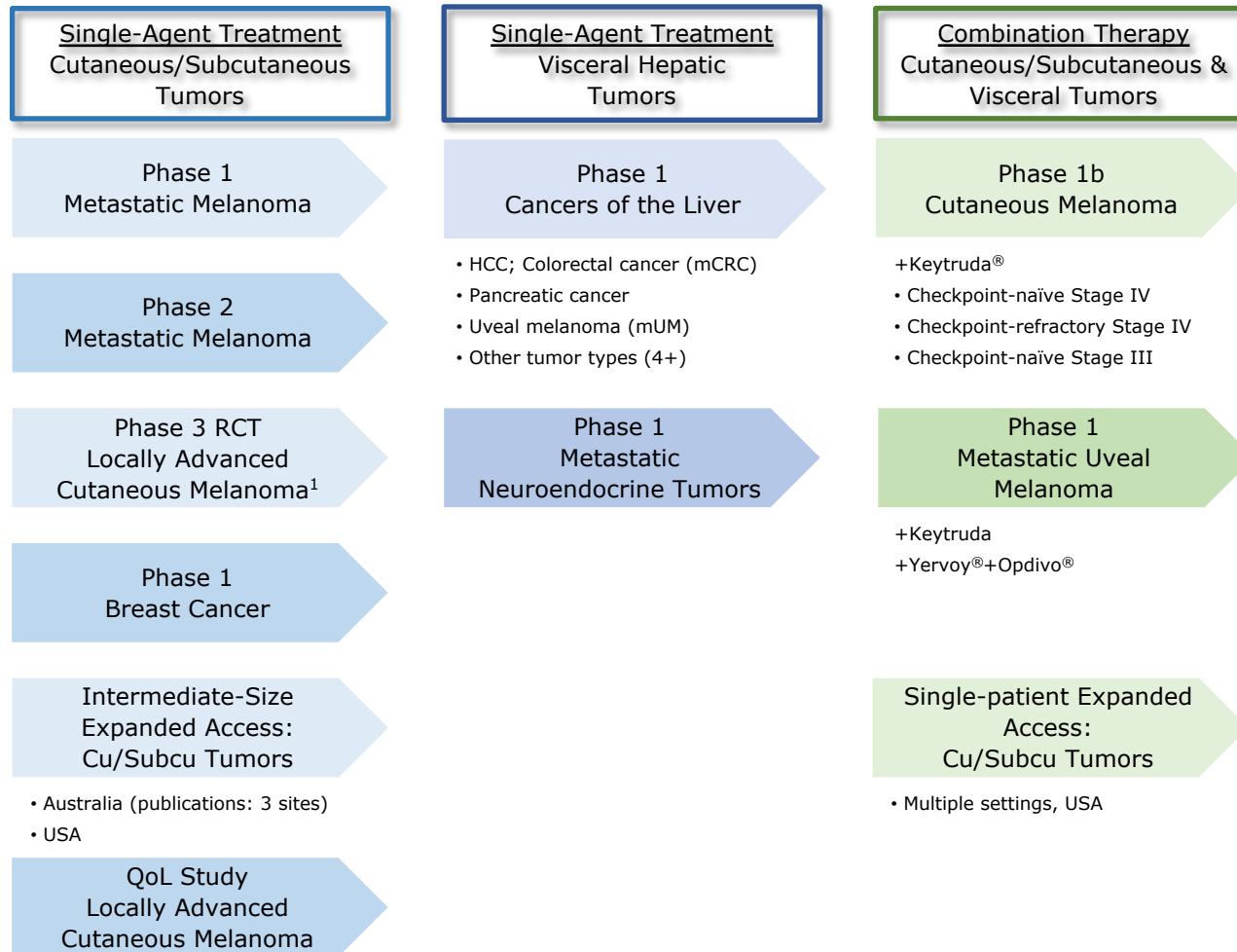


\* DAMP = damage-associated molecular pattern. QoL = quality of life. NMSC = non-melanoma skin cancer. HCC = hepatocellular carcinoma. <sup>1</sup> AACR, ASCO, CIO, ECC, ENETS, ESMO, ESMO GI, ESMO IO, ISOO, Melanoma Bridge, SIR, SITC, SMR, SSO, etc. <sup>2</sup> Maintains the involvement of immune checkpoint blockade (i.e., green-colored intravenous bag) for medical combination and business rationales.



# Part One of Provectus's Clinical Development Program for PV-10

**Figure 2.**



Historical process/data gaps highlighted the need for:

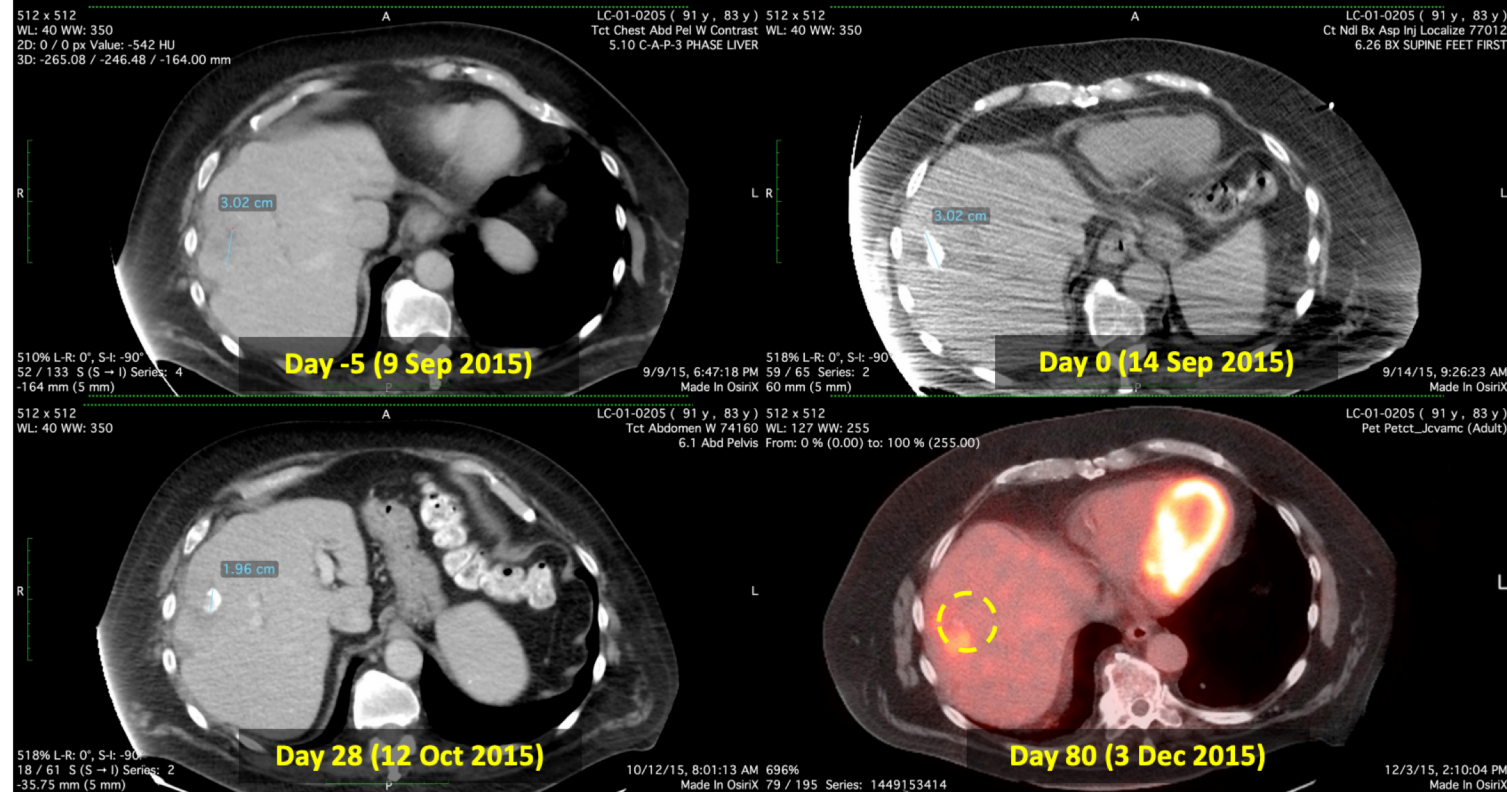
1. Optimized PV-10 pharmacokinetics (PK)
2. Well understood, clearly defined, target patient populations
3. Study EPs unequivocally supportive of clearly-defined trajectories along potential regulatory pathways
4. Well-established, well-reasoned, functional EP measurement
5. Comprehensive immune correlative assessment undeniably demonstrating immunotherapeutic outcomes largely due to PV-10 treatment
6. Compelling clinical-business rationales sufficiently addressing SOC, potential regulatory pathways, and/or commercial development

This knowledge organizes the settings for comparing PV-10-led treatments to actual or historical SOC to assess clinical benefit (Part Two of Provectus's clinical development program for PV-10)

\* Cu/Subcu = cutaneous/subcutaneous. RCT = randomized controlled trial. HCC = hepatocellular carcinoma. mCRC = metastatic colorectal cancer. mUM = metastatic uveal melanoma. EP = endpoint. SOC = standard of care. <sup>1</sup> [Terminated](#).



## “Poster #1.” Internal 2015: Single-Agent PV-10 for Visceral Hepatic Tumors (Pancreatic Cancer)

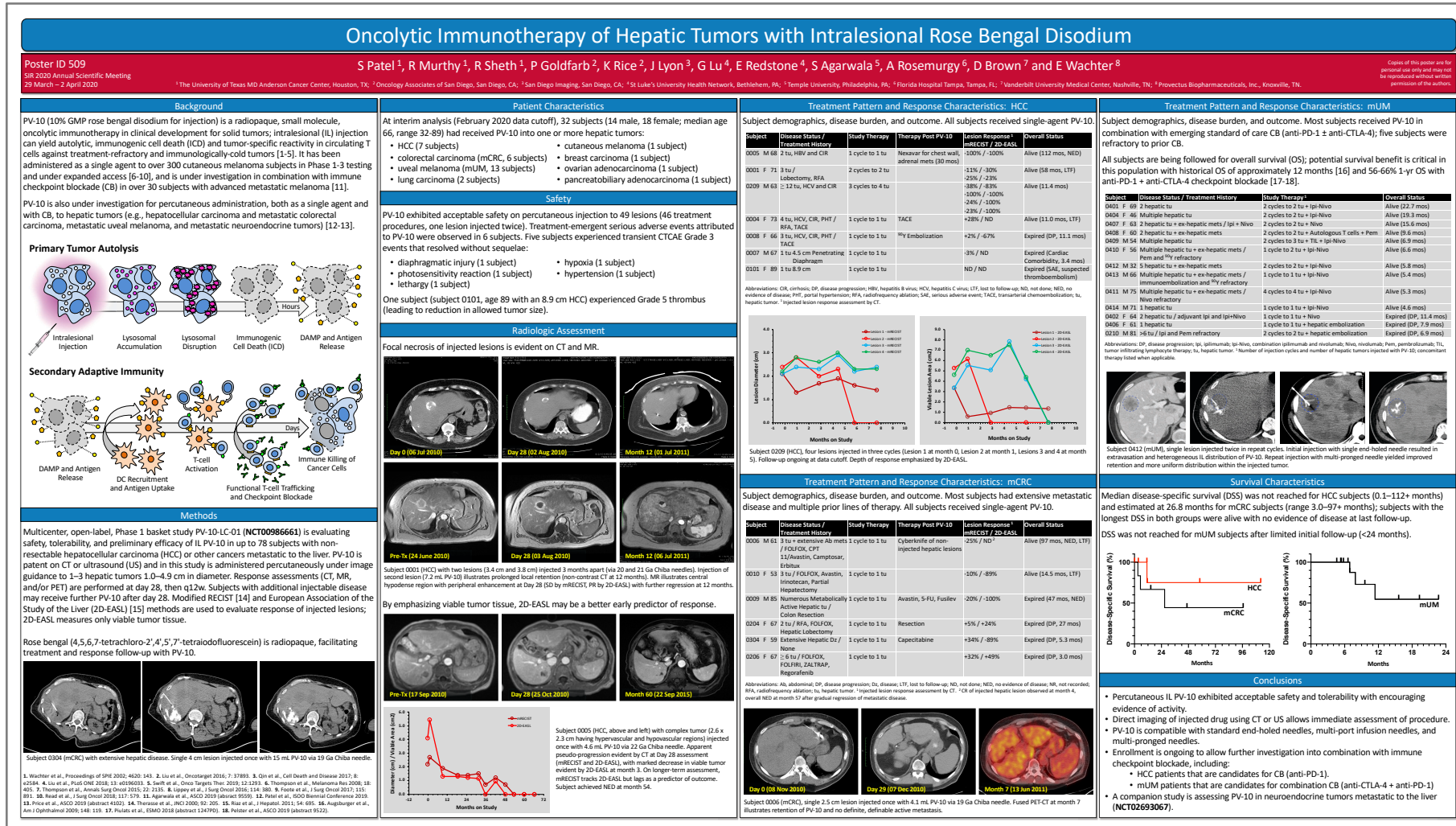


- Male, age 83, BMI 34.4, with moderately to poorly differentiated adenocarcinoma of pancreatobiliary origin (occult primary)
- Presented with two hepatic metastases, 3.3 and 4.7 cm (17 Jun 2015)
- 3.3 cm lesion injected once with 9.0 mL PV-10 (14 Sep 2015) as first-line monotherapy
- Retention of PV-10 evident at Day 28 and Day 80 (minimal PET avidity of injected lesion at Day 80 – Final study radiology)
- Gradual progression of existing disease evident throughout 2016 without new lesions
- Declined starting systemic chemotherapy at Month 17 and lost to follow-up
- Overall survival 29 months from PV-10 administration (expired from disease progression)

- **Optimized PV-10 PK**
- Well understood, clearly defined, target patient populations
- Study EPs unequivocally supportive of clearly-defined trajectories along potential regulatory pathways
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# Poster #2. SIR 2020: Single-Agent PV-10 for Visceral Hepatic Tumors (HCC, mCRC)

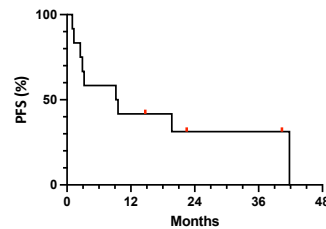


- Optimized PV-10 PK
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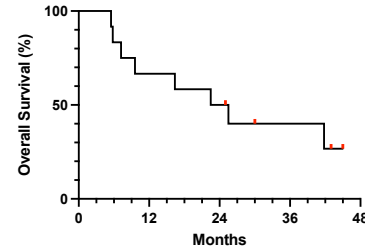


## Poster #3. ENETS 2022: Single-Agent PV-10 for Visceral Hepatic Tumors (mNET)

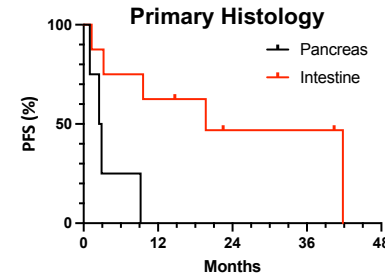
### Secondary endpoints: PFS , overall survival and OOL



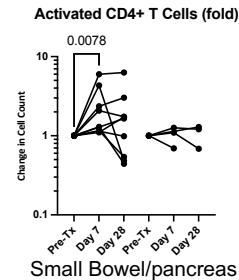
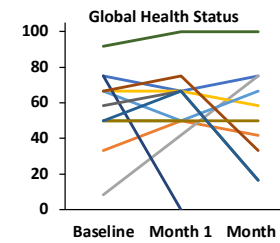
Median PFS 9.4 months  
• Range 1.0 to 41.8 months



Median OS 22.5 months  
• Range 5.5 to 42.3 months (4 subjects alive)



• Median PFS 2.7 mon vs 19.7 mon  
• Median OS 11.8 mon vs 25.5 mon



### Conclusion

- ✓ PV-10 elicited no safety concerns and multiple doses were safely delivered.
- ✓ Encouraging evidence of both local and systemic disease and symptom control was seen in a heavily pre-treated population.
- ✓ PV-10 may be an option for patients who have failed standard therapy.
- ✓ Combining PV-10 with systemic checkpoint inhibitors may enhance the proposed immune mechanism.
- ✓ Non-clinical data in other poorly immunogenic tumour types suggests PV-10 may enhance activity of cytotoxic therapies, such as PRRT.

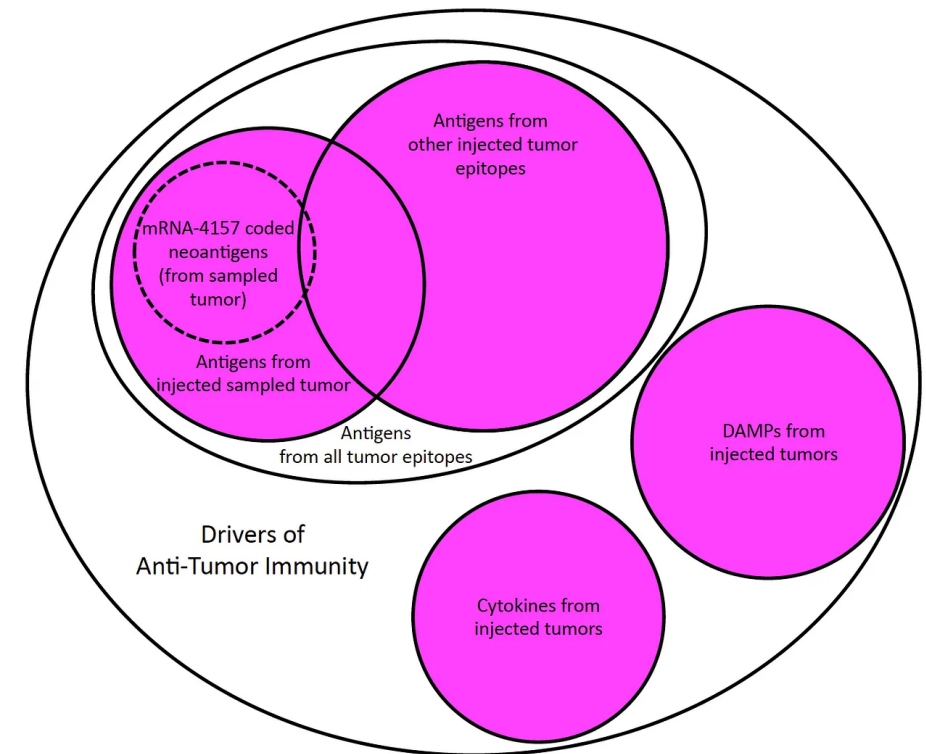
- Optimized PV-10 PK
- Well understood, clearly defined, target patient populations
- Study EPs unequivocally supportive of clearly-defined trajectories along potential regulatory pathways
- Well-established, well-reasoned, functional EP measurement
- Comprehensive immune correlative assessment undeniably demonstrating immunotherapeutic outcomes largely due to PV-10 treatment
- Compelling clinical-business rationales sufficiently addressing SOC, potential regulatory pathways, and/or commercial development



## Part One Knowledge (*illustrative*)

- RBS is an immuno-catalyst small molecule
- PV-10 is a cancer immunotherapy agnostic to tumor type
  - Tumor-specific
  - Stimulatory + Inhibitory
  - Multiple, independent, temporally-activated signaling pathways ([2011](#)); e.g.:
    - Lysosomal targeting ([2002](#), [2019](#)) [stimulatory]
    - STING ([2020](#)) [stimulatory]
    - WNK-1/ $\beta$ -Catenin ([2022](#)) [inhibitory]
    - LAMP-2 (2023) [inhibitory]
    - Proprietary (ongoing)
- 3-step, multi-variate, interconnected & interrelated systemic mechanism
  - Tumor autolysis
  - Innate immune response
  - Adaptive immune response
- Each PV-10-injected tumor is a library of germane information for the immune system, producing antigens:
  - Present in each injected tumor of the patient (i.e., the patient's libraries of their cancer data)
  - Specific to each injected tumor
  - And multiple co-stimulatory factors, such as DAMPs
  - From within the TME, because PV-10 is injected directly into the TME itself
- Synergy and orthogonality (mechanism; activity; safety) with SOC medicines

**Figure 3.** PV-10 Induces Adaptive Immunity via Synchronous Release of Tumor Antigens from All Injected Tumor Epitopes and Up-Regulatory Signaling Molecules



**Outcome:** Medical science-driven confidence of Phase Two clinical development program design and patient outcomes

\* TME = tumor microenvironment. Right image contrasts and compares PV-10 and investigational cancer vaccine mRNA-4157. See May 15<sup>th</sup> Provectus Substack post [Cancer immunotherapy PV-10's evolution into a cancer immunotherapy](#).



# Provectus's Clinical Study Design Principles for PV-10

## **A) Optimized PV-10 pharmacokinetics**

- PV-10 PRN
- Treat and retreat baseline disease and new lesions over time

## **B) Well understood, clearly defined, target patient population**

- Single-agent PV-10 may have a distinct, influential impact on untreated metastatic disease
- Target solid tumor cancers where mOS is low and, for now, where checkpoint does not work in 1<sup>st</sup>-line but could in 2<sup>nd</sup>-line with PV-1

## **C) Study EPs unequivocally supportive of a clearly-defined trajectories along potential regulatory pathways**

- Overall patient CR or mCR may be prognostic of OS, and thus could be prognostic of PFS (i.e., a faster time-to-event EP)

## **D) Well-established, well-reasoned, functional EP measurement**

- Treat and retreat baseline disease and new lesions prior to first RECIST measurement
- Maximize first observation-of-progression period (i.e., first RECIST measurement) that is also acceptable to RECIST
- Visceral disease: measure response using PERCIST to determine if mCR has been achieved; correlate RECIST ORR and PFS outcomes with potential PERCIST mCR outcomes

## **E) Comprehensive immune correlative assessment undeniably demonstrating an immunotherapeutic outcome largely due to PV-10 treatment**

- PV-10 facilitates a specific innate immune response via DAMP release
- PV-10 activates a specific adaptive response via a functional T cell response

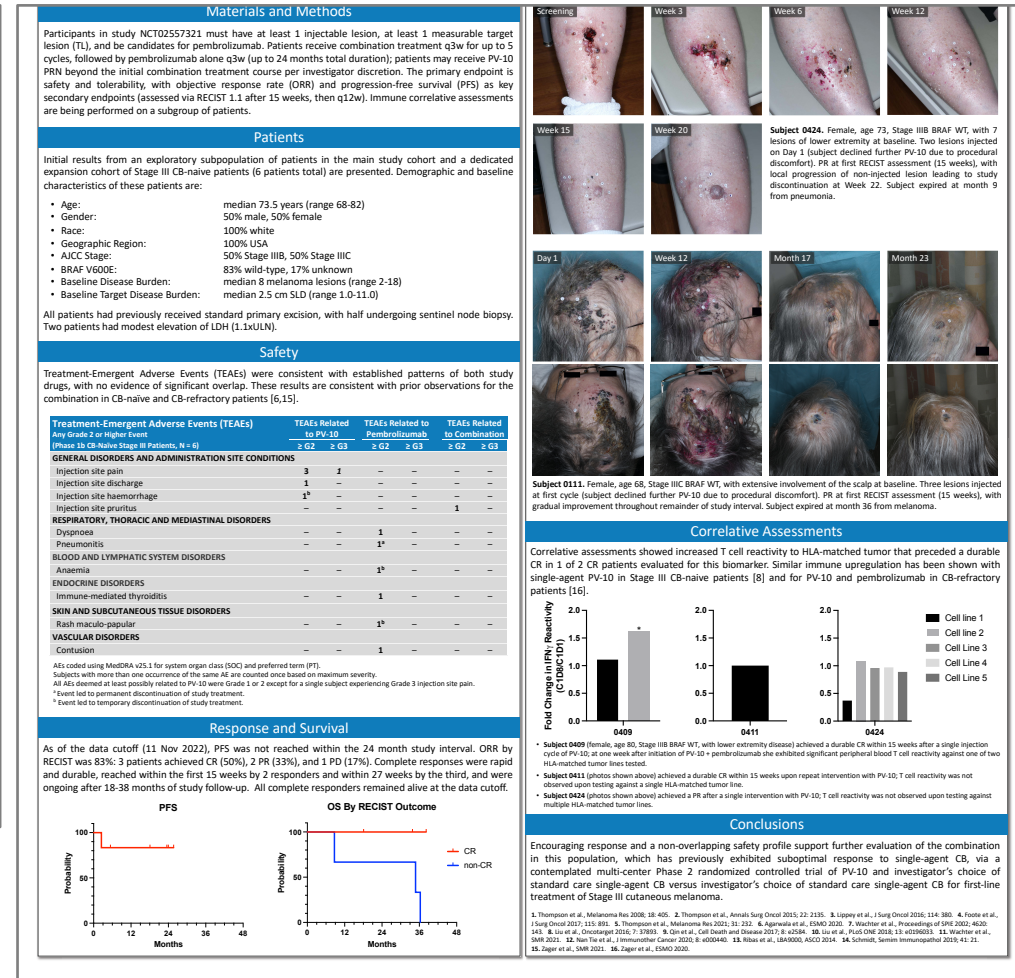
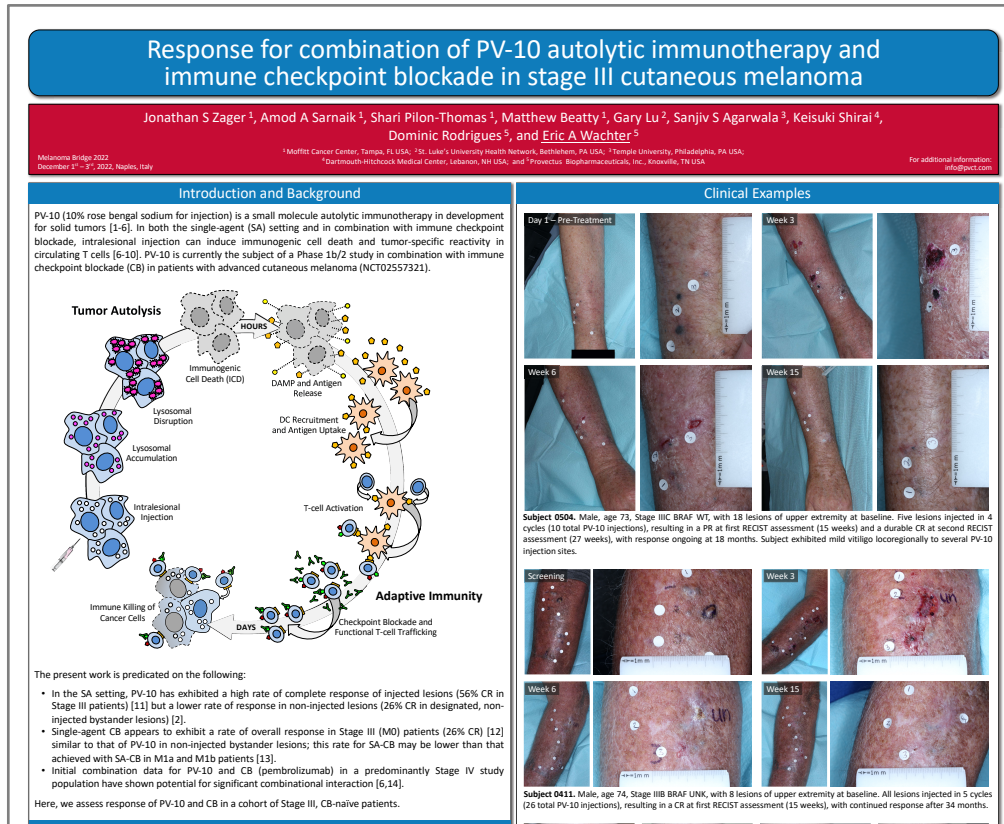
## **F) Compelling clinical-business rationale sufficiently addressing SOC, potential regulatory pathways, and/or commercial development**

- See Slide #19

\* PRN = *pro re nata* or as needed. mOS = median overall survival (OS). CR = complete response. mCR = metabolic CR. RECIST = Response Evaluation Criteria in Solid Tumors. PERCIST = Positron Emission Tomography Response Criteria in Solid Tumors. ORR = objective response rate. PFS = progression-free survival. See May 15<sup>th</sup> Provectus Substack post [Cancer immunotherapy PV-10's evolution into a cancer immunotherapy](#).



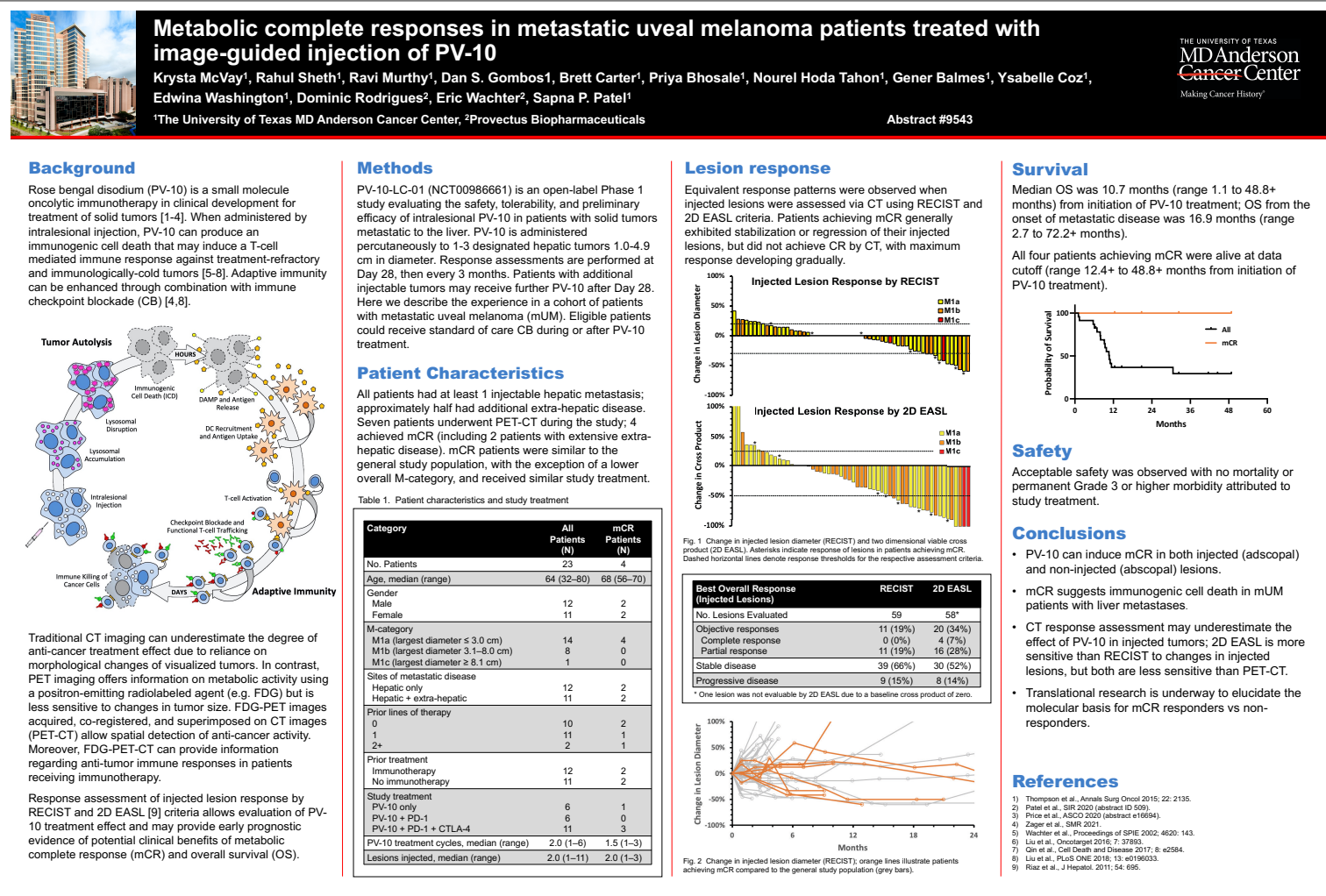
# Poster #4. Melanoma Bridge 2022: PV-10 Combination Therapy for Cutaneous Tumors (Cutaneous Melanoma)



- Optimized PV-10 PK
- Well understood, clearly defined, target patient populations
- Study EPs unequivocally supportive of clearly-defined trajectories along potential regulatory pathways
- Well-established, well-reasoned, functional EP measurement
- Comprehensive immune correlative assessment undeniably demonstrating immunotherapeutic outcomes largely due to PV-10 treatment
- Compelling clinical-business rationales sufficiently addressing SOC, potential regulatory pathways, and/or commercial development



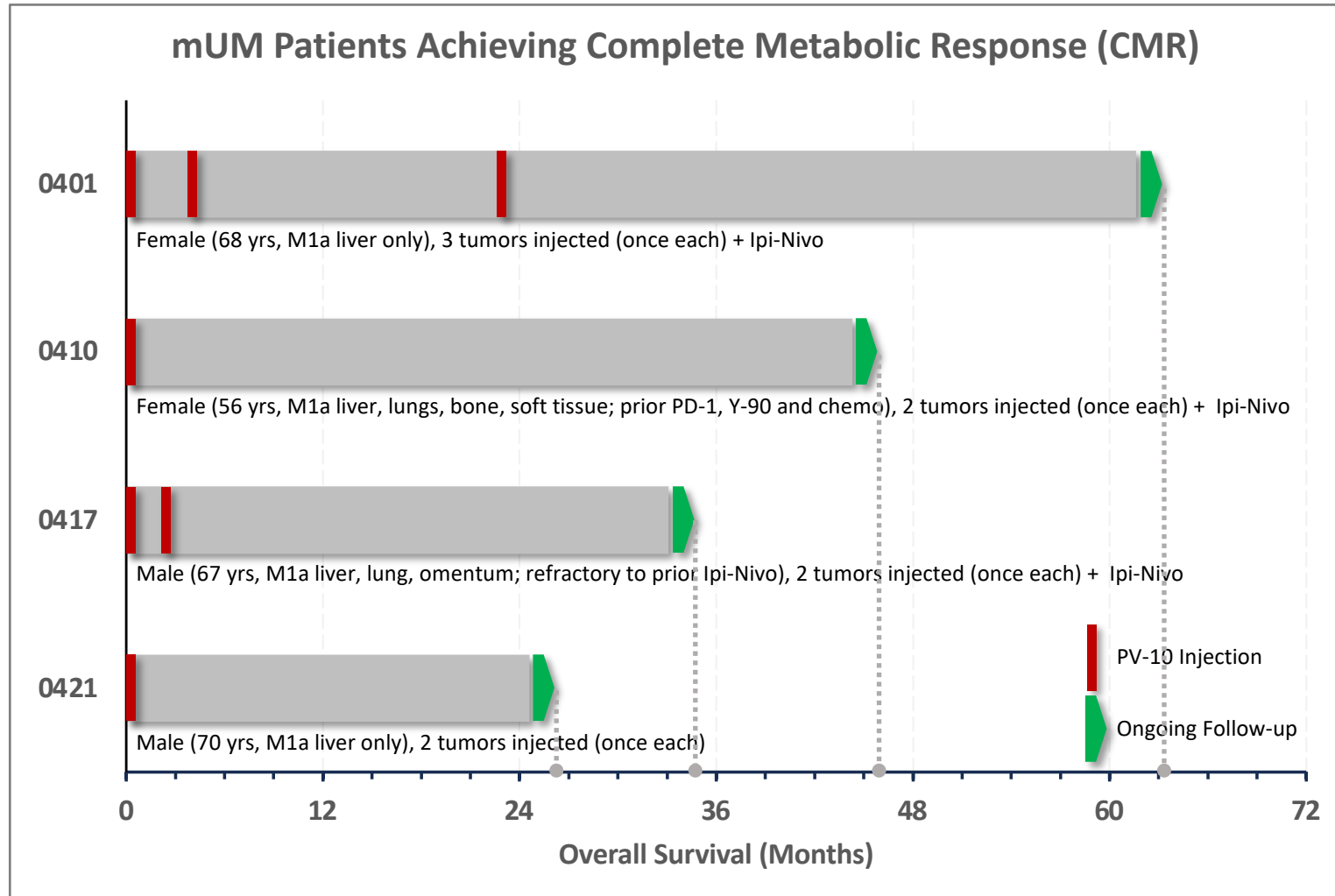
# Poster #5. ASCO 2022: PV-10 Combination Therapy for Visceral Hepatic Tumors (mUM)



- Optimized PV-10 PK
- Well understood, clearly defined, target patient populations
- Study EPs unequivocally supportive of clearly-defined trajectories along potential regulatory pathways
- Well-established, well-reasoned, functional EP measurement
- Comprehensive immune correlative assessment undeniably demonstrating immunotherapeutic outcomes largely due to PV-10 treatment
- Compelling clinical-business rationales sufficiently addressing SOC, potential regulatory pathways, and/or commercial development



## “Poster #6.” Internal 2023: PV-10-Led Therapy for Visceral Hepatic Tumors (mUM)



- Optimized PV-10 PK
- Well understood, clearly defined, target patient populations
- Study EPs unequivocally supportive of clearly-defined trajectories along potential regulatory pathways
- Well-established, well-reasoned, functional EP measurement
- Comprehensive immune correlative assessment undeniably demonstrating immunotherapeutic outcomes largely due to PV-10 treatment
- Compelling clinical-business rationales sufficiently addressing SOC, potential regulatory pathways, and/or commercial development

- ⇒ Patient 0401 had 3 tumors injected, once each, in 3 sequential PV-10 treatment cycles
- ⇒ 0410 had 2 tumors injected in a single PV-10 treatment cycle
- ⇒ 0417 had 2 tumors injected, once each, in 2 sequential PV-10 treatment cycles
- ⇒ 0421 had 2 tumors injected in a single PV-10 treatment cycle

\* CMR is the same as mCR. Patient demographics: Single-agent PV-10, PV-10 combination therapy (+Yervoy [ipi]+ Opdivo [nivo]); checkpoint-naïve, checkpoint-refractory; hepatic disease only, hepatic & extrahepatic disease.



## Part Two of Provectus's Clinical Development Program for PV-10

### 1) The combination of PV-10 and poly-chemotherapy for FOLFIRINOX-refractory pancreatic cancer metastatic to the liver (NEW)

- Phase 1; 2<sup>nd</sup>-line setting; PV-10+gemcitabine (gem)+nab-paclitaxel (nab)
- Primary EPs: Safety and tolerability, OS; Secondary EPs: Overall patient CR & ORR and PFS (RECIST), mCR (PERCIST)
- Historical control arms: 1<sup>st</sup>-line setting—gem+nab = mOS of 8.5 months (Von Hoff et al. 2013), FOLFIRINOX = mOS of 11.1 months (Conroy et al. 2011); 2<sup>nd</sup>-line gem+nab refractory to FOLFIRINOX = mOS of 6.6 months (Huffman et al. 2023)
- *Will the data support the contention that PV-10 is a cancer immunotherapy? Can 2<sup>nd</sup>-line PV-10 combination therapy beat 1<sup>st</sup>- and 2<sup>nd</sup>-line SOC mOS?*

### 2) The combination of PV-10 and SOC checkpoint for checkpoint-naïve Stage III cutaneous melanoma (CONTINUATION)

- Phase 2 RCT; 1<sup>st</sup>-line setting; PV-10+SOC checkpoint vs. SOC checkpoint (actual control arm)
- Primary EP: Overall patient CR (RECIST); Secondary EPs: Overall patient ORR and PFS (RECIST), OS
- *Will the data support, among other things, that PV-10 combination therapy CR > single-agent SOC checkpoint ORR?*

### 3) The combination of PV-10 and immunotherapy or dual checkpoints for treatment-naïve, M1a-staged mUM (CONTINUATION)

- Phase 1+; Prospective 1<sup>st</sup>-line setting; PV-10+ipilimumab (ipi)+nivolumab (nivo)
- EPs: OS, Overall patient CR & ORR (RECIST), mCR (PERCIST), PFS (RECIST)
- Historical M1a-staged control arms: 1<sup>st</sup>-line setting—Kimmtrak® (tebentafusp; HLA-A\*02:01-positive) = mOS of TBD months (Nathan et al. 2021), ipi+nivo = mOS of 13.9 months (Pelster et al. 2021)
- *Will the data support that PV-10 combination therapy mOS for M1a patients > SOC mOS? What is the rate of PV-10 combination therapy mCR?*

**Clinical strategy:** Leverage PV-10's immunotherapeutic traits and effect size to assess clinical benefit (e.g., response, durability, survival, etc.) by comparing PV-10-led treatments and actual/historical SOC in all Part Two studies

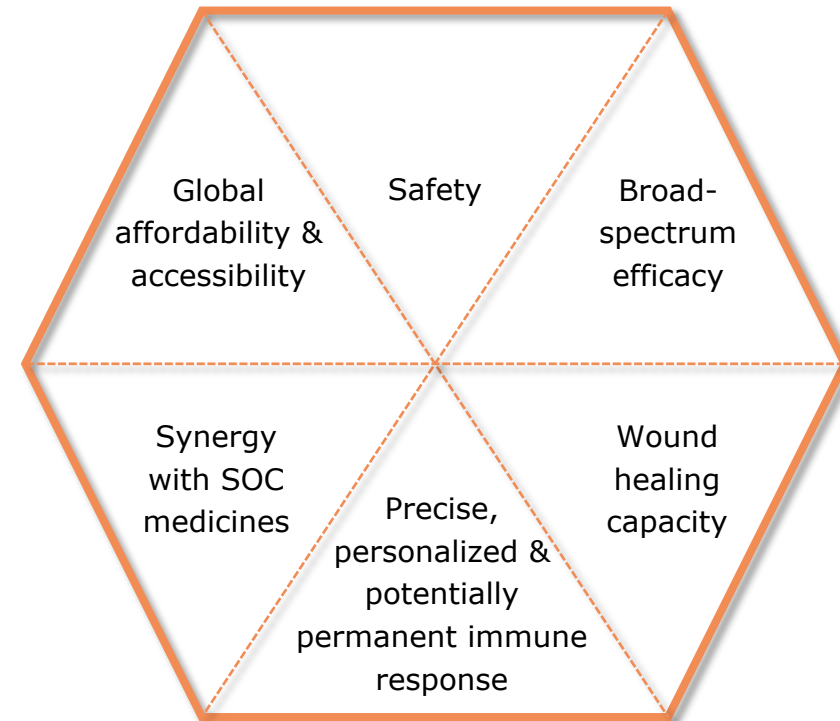
\* FOLFIRINOX = Leucovorin Calcium (Folinic Acid) (FOL)+Fluorouracil (F)+Irinotecan Hydrochloride (IRN)+Oxaliplatin (OX). See May 15<sup>th</sup> Provectus Substack post [Cancer immunotherapy PV-10's evolution into a cancer immunotherapy](#).



# Provectus's Rose Bengal Sodium (Halogenated Xanthene) Medical Science Platform

- Clinical development programs
  - Oncology (intratumoral)
  - Dermatology (topical)
  - Ophthalmology (topical)<sup>1</sup>
- *In vivo* proof-of-concept programs
  - Oncology (oral)
  - Hematology (oral)
  - Wound healing (topical)
  - Animal health (intratumoral; canine solid tumor cutaneous cancers)
- *In vitro* preclinical discovery programs
  - Infectious diseases
  - Tissue regeneration and repair

**Figure 5.** RBS Medical Science-Driven Value Proposition



**Business goal:** Demonstrate the potential of pharmaceutical-grade RBS-formulated drug product candidates for different diseases

<sup>1</sup> In collaboration with Bascom Palmer Eye Institute.



# Provectus's Pharmaceutical-Grade Rose Bengal Sodium Drug Substance Manufacturing

- Pharmaceutical-grade RBS results from, among other things:
  - Proprietary, patented, commercial-scale processes to synthesize and utilize the RBS molecule into a viable API for commercial pharmaceutical use
  - Development of unique chemistry, manufacturing, and control (CMC) specifications for drug substance (DS) and drug product (DP) candidate manufacturing processes
  - Production and multi-year stability testing of multiple RBS DS and PV-10 DP candidate lots
  - Comprehensive documentation of lot composition and reproducibility
  - Review and acceptance of CMC data from these lots by 7 different national drug regulatory agencies for use in Provectus's prior Phase 3 RCT<sup>1</sup>
- RBS DS and PV-10 DP candidate manufacturing processes employ Quality-by-Design (QbD) principles, current Good Manufacturing Practice (cGMP) regulations, and The International Council for Harmonization (ICH) of Technical Requirements for Pharmaceuticals for Human Use guidelines
  - These processes utilize controls that eliminate the formation of historical impurities and avoid the introduction of hazardous impurities present in uncontrolled and unreported amounts in non-pharmaceutical-grades of rose bengal
- Non-pharmaceutical-grades of rose bengal suffer from the uncontrolled presence of substance-related impurities and/or gross contaminants, substantial lot-to-lot manufacturing variability, inaccurately reported purity and contents, and the lack of reproducible, consistent, and fulsome CMC specifications and documentation (see bullet #10 on Slide #24)

**Figure 4.** Trademark for Provectus's Process to Synthesize the RBS Molecule into an API for Pharmaceutical Use

✓  
**VERÍPURE**

**Business goal:** Establish the commercial differentiation, viability, and scale of pharmaceutical-grade RBS DS and RBS DS-based DP candidates

\* API = active pharmaceutical ingredient. <sup>1</sup> Provectus's processes of synthesizing the RBS molecule into pharmaceutical-grade RBS and manufacturing RBS DS and PV-10 DP candidate, the processes' CMC specifications, and the CMC data from the production of stability lots of DS and DP were reviewed by the U.S. Food and Drug Administration (FDA), Germany's Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM), Australia's Therapeutic Goods Administration (TGA) under a clinical trial notification, France's Agence Nationale de Sécurité du Médicament et des Produits de Santé (ANSM), Italy's Agenzia Italiana del Farmaco (AIFA), Mexico's Comisión Federal para la Protección contra Riesgos Sanitarios (COFEPRIS), and Argentina's Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (ANMAT).



## 2022-2023 Presentations, Publications, Patents, and Other Company Achievements\*

- ▲ **1. July 2022.** Initiated a new sponsored research program with Kelly Tseng, PhD, Associate Professor of Pathology and Lab Medicine, School of Life Sciences at the University of Nevada, Las Vegas to characterize the effects of pharmaceutical-grade RBS on vertebrate tissue regeneration and repair.
- ◆ **2. August.** Patent application *Halogenated Xanthenes as Immune Adjuvants* (17/488,430) published on the U.S. Patent and Trademark Office's (USPTO's) website.
- ◆ **3. August.** Patent application *Combination of Local and Systemic Therapies for Enhanced Treatment of Dermatologic Conditions* (17/466,600) published on the USPTO's website.
- ▲ **4. August.** Expanded the sponsored research program with Aru Narendran, MD, PhD, Professor, Departments of Pediatrics, Oncology, Biochemistry & Molecular Biology, and Physiology & Pharmacology at the Cumming School of Medicine of the University of Calgary to investigate systemic administration of pharmaceutical-grade RBS for the treatment of pediatric leukemia.
- ▲ **3. August.** Expanded the sponsored research program with Michio Kurosu, PhD, Professor, Department of Pharmaceutical Sciences, College of Pharmacy of the University of Tennessee Health Science Center to investigate pharmaceutical-grade RBS for the treatment of anti-fungal and anti-oral bacterial infections.
- ▲ ● ◆ **4. September.** Entered into an option agreement with the University of Miami (UM) for an exclusive worldwide license of intellectual property developed by the Ophthalmic Biophysics Center (OBC) of Bascom Palmer Eye Institute, which is part of the UM Health System, for the use of OBC's photodynamic antimicrobial therapy (PDAT) medical device in combination with pharmaceutical-grade rose bengal for the treatment of bacterial, fungal, and viral infections of the eye.
- ▲ **5. September.** Initiated a sponsored research program with OBC (UM) to investigate pharmaceutical-grade RBS for the treatment of infectious keratitis.

\* Since the 2022 Annual Stockholder Meeting.



## 2022-2023 Presentations, Publications, Patents, and Other Company Achievements

- ▲ **6. September 2022.** Initiated a new sponsored research program with Amina El Ayadi, PhD, Assistant Professor, Surgical Sciences Division and Jayson Jay, PhD, Postdoctoral Research Fellow and Jeane B. Kempner Scholar of the Burn, Trauma, and Critical Care Research Laboratory in the Department of Surgery at the University of Texas Medical Branch at Galveston to characterize the effects of pharmaceutical-grade RBS on full-thickness cutaneous wounds and during the subsequent phases of wound healing.
- ▲ **7. October.** Expanded the sponsored research program with James G. Krueger, MD, PhD, Co-director, Center for Clinical and Translational Science, D. Martin Carter Professor in Clinical Investigation, Senior Attending Physician, and head of the Laboratory of Investigative Dermatology at The Rockefeller University to investigate the potential for PH-10 to directly alter the growth and differentiation of human keratinocytes, and to block cytokine-mediated signaling that creates different inflammatory skin diseases and may also be important in skin neoplasms.
- ◆ **8. November.** The International Nonproprietary Names (INN) Expert Committee of the World Health Organization (WHO) selected RBS for the nonproprietary name of Provectus's API. The RBS name was selected by the WHO Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations, reached the status of recommended INN after a period of public consultation, and was included in INN Recommended List 88 published with the No. 3 issue of the WHO Drug Information, Volume 36.
- **9. December.** New data from the Company's ongoing, multi-cohort, Phase 1b/2 study of the combination of PV-10 and anti-PD-1 therapy Keytruda (pembrolizumab) for the treatment of immune checkpoint blockade-naïve Stage III cutaneous melanoma were presented as a poster presentation and an oral video communication at Melanoma Bridge 2022: *Response for combination of PV-10 autolytic immunotherapy and immune checkpoint blockade in stage III cutaneous melanoma*



## 2022-2023 Presentations, Publications, Patents, and Other Company Achievements

- ◆ 10. **3Q22.** Completed work with a U.S. contract development and manufacturing organization to rigorously and methodically assess lots of commercial-grade rose bengal from different specialty chemical suppliers, and compare and contrast these non-pharmaceutical grade materials with pharmaceutical-grade RBS. The preliminary results of these analyses indicate that lots of commercial-grade rose bengal had rose bengal purity that was drastically different from what was represented on their respective certificates of analysis (CofAs), and that certain lots contained gross contaminants not represented on their CofAs.
- ▲ 11. **January 2023.** Preclinical research on pharmaceutical-grade RBS against colistin-resistant gram-negative bacteria was published in The Journal of Antibiotics, a medical periodical by Nature Portfolio for the Japan Antibiotics Research Association.
- 12. **June.** Initiated a new sponsored research program with Nora Springer, DVM, PhD, Assistant Professor of Clinical Pathology, College of Veterinary Medicine at the University of Tennessee to evaluate the safety and preliminary efficacy of pharmaceutical-grade RBS for the ablation of canine soft tissue sarcomas.

Category	Amount	
◆ Intellectual property	5	
● Clinical development	3	
▲ Preclinical research	7	
▲ Corporate development	1	
■ Drug discovery	1	Total
◆ Manufacturing	2	19



## Q&A Session

**Board of Directors:** Webster Bailey • Bruce Horowitz • Dr. Jack Lacey • Ed Pershing • Dominic Rodrigues



## Closing Comments

Bruce Horowitz, Chief Operating Officer and Member, Board of Directors