

For any questions, or to arrange an interview, please contact media@compasspathways.com or call Amy Lawrence +44 7813 777 919 Please visit www.compasspathways.com for more information.

COMP360 COMPASS's investigational,

proprietary formulation of synthetic psilocybin is administered in conjunction with psychological support from specially trained therapists

a Breakthrough Therapy by the US FDA and has received Innovative Licensing and Access Pathway designation in the UK for treatment-resistant depression

COMP360 has been designated

depression (TRD): significant unmet medical need

Treatment-resistant

100 million people

suffer with depression which is not

helped by existing treatments¹ Associated with longer depressive

episodes, higher risk of suicide, lower productivity at work, greater economic burden²⁻⁴

Phase 2b

Clinical development programme



2019

89 healthy participants

Dose-finding study

administration completed **July 2021**

COMP360 psilocybin therapy

World's largest

Topline data presented at American Psychiatric Association

Annual Meeting in

psilocybin therapy study

May 2022

Published in The New England Journal of Medicine⁵

November 2022

22 sites

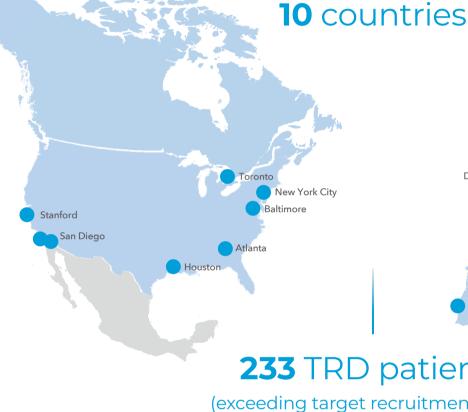
Design of the two

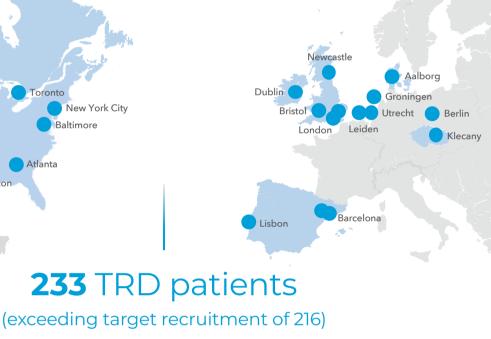
Phase 3

pivotal trials in phase 3 clinical programme announced in October 2022

Large-scale pivotal trials, prior to

application for marketing approval





Rapid reduction in symptoms after single dose: Approximately 30% of patients in the 25mg group were in remission at

week three (29.1%). Patients who received a single 25mg dose of COMP360 psilocybin, in combination

Key results:



Sustained response: Double the number of patients who received a 25mg dose had a sustained response at week 12, compared to those who received 1mg (20.3% of patients in the 25mg group vs 10.1% in the 1mg group).



Safety monitoring: Suicidal ideation and intentional self-injury were seen in all groups, as is regularly

observed in a TRD population. All patients who experienced these events during the trial had said during screening that they had had suicidal thoughts prior to the trial. Case-by-case analysis of safety data found no evidence to suggest a causal relationship between these events and administration of COMP360 psilocybin. The majority

occurred more than a week after the psilocybin session. *MADRS = Montgomery-Åsberg Depression Rating Scale, a diagnostic questionnaire used to measure the severity of depression. Administered by blinded raters. A higher score indicates more severe depression. Response = ≥50% decrease in MADRS total score from baseline; remission = MADRS total score ≤10; sustained response = patients meeting the MADRS response criteria from week 3 and at all subsequent visits until week 12

administered with psychological support

Patients followed up for 12 weeks

Randomised, controlled, double-blinded study

Dose-finding study comparing 25mg and

10mg with 1mg of COMP360,

Our goal is to make COMP360 psilocybin therapy accessible to patients with serious mental health illnesses

We saw positive results in a particularly difficult to treat group of patients. We look forward to starting our phase 3 programme later this year, moving us closer

Large-scale

phase 2b trial -

data generated

Pivotal

phase 3 trials

Regulatory

approval

Reimbursement

and integration

into health

systems

Widespread

access for

patients

with TRD

Additional indications for COMP360 psilocybin therapy, as well as new compounds developed

to providing COMP360 psilocybin with psychological support for patients who desperately need it." Dr Guy Goodwin, Chief Medical Officer, COMPASS Pathways

> COMPASSION Navigating Mental Health Pathways

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- BMC psychiatry. 2019;19(247). Goodwin G, Aaronson S, Alvarez O, et al. Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression. New England Journal of Medicine. 2022; 387:1637-1648. https://doi.org/10.1056/nejmoa2206443.

1. World Health Organization. Depression and other common mental disorders: global health estimates. 2017. https://apps.who.int/iris/handle/10665/254610. License: CC BY-NC-SA 3.0 IGO