COMPASSION
Navigating Mental Health Pathways

Transforming mental health through psychoactive care pathways

Introductory overview

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Executive Summary

OPPORTUNITY

We address society's largest unmet medical need: depression

- Annual cost of depression of £300bn in EU and US alone
- Initial focus: treatment-resistant depression (TRD), representing 100m patients out of 320m globally
- Our vision is to accelerate patient access to evidenced-based innovation in mental health

A SOLUTION

We are developing psilocybin therapy as safe, superior TRD therapy

- Psilocybin therapy (with minimal supportive therapy) likely more efficacious, shorter in time, and at more affordable cost than alternatives for treatment-resistant depression
- Pivotal studies following current PhIIb trial could grant data exclusivity for 10-11 years in EU, an additional US-based trial could grant 5-7.5 years of data exclusivity in US

REASON TO BELIEVE

We work closely with top scientists, regulators, and technology players

- Actively engaged, highly respected advisors and partners from leading institutions
- European Medicines Agency (EMA) provides legal, regulatory, and scientific advice on clinical development plan

UNIT ECONOMICS

We will sell psilocybin therapy to healthcare delivery points, get reimbursed for outcomes

- Tech-supported psilocybin therapy sold with training and quality management
- Initial business model allows >50% contribution margin for COMPASS & clinics partners
- Additional upside based on outcome (value-based) reimbursement models

FINANCING

We raised £25m Series A in September 2018 for milestones to H2 2020 related to current Phase IIb

- Next 18 months: initial results of largest psilocybin clinical trial in history, preparation for Phase III pivotal trials, technology platform development
- Beyond: additional studies with psilocybin and other substances (early stage)

Source: Analysis Group; EMA; Eurostat; FDA; OECD; WHO

Patient Benefit: Patients who suffered from debilitating depression for 18 years finally found relief

“

With psilocybin, like Google Earth, you can zoom out.
You’re so used to being immersed in your day-to-day fog. It enables you to step back.
On psilocybin, it was as if that concrete coat that you’re constantly
wearing day-to-day has been put to one side.
You can see and feel things a lot more clearly. You’re not immersed.

”

“

I had such instant relief I could make up my mind about things, what I want in terms of career, I had a clear mind, it lifted the fog of depression …
The way I felt after, I have not felt with any medicine or therapy or combination.
I forgot what depression was – and I would even say to myself,
‘how could I be depressed or have this irrational thinking?’

”

Source: Patient testimonials from Carhart-Harris et al (2016)

Rethinking Psychiatric Care: COMPASS is addressing massive unmet medical need in mental health with psilocybin therapy

Note: https://vimeo.com/232484518

COMPASS IS DEDICATED TO ACCELERATING PATIENT ACCESS TO EVIDENCE-BASED INNOVATION IN MENTAL HEALTH CARE

We will improve **mental health** through the development of new patient care pathways, based on advances in neuroscience, psychotherapy, psychopharmacology, and technology

Our first major initiative is developing **psilocybin therapy for patients with treatment-resistant depression** through late-stage clinical trials in the EU, US and Canada

Objective: COMPASS addresses depression, the largest and one of the fastest-growing health issues worldwide

Depression: leading cause of disability worldwide

- **320m people** suffering with depression, including 100m patients with treatment-resistant depression
- Single **most burdensome** illness (6%[1] global burden)
- Affected population **rose 18%** in 2005-2015

18%
INCREASE

Disease burden weighs on healthcare systems

- **Euro-28** annual cost of depression: **£140bn**
  - Direct costs[2]: £50bn (outpatient £27bn, inpatient £13bn, prescriptions[3] £10bn)
- **US** annual cost of depression: **£160bn**
  - Direct costs: £75bn (outpatient £31bn, inpatient £14bn, prescriptions £30bn)

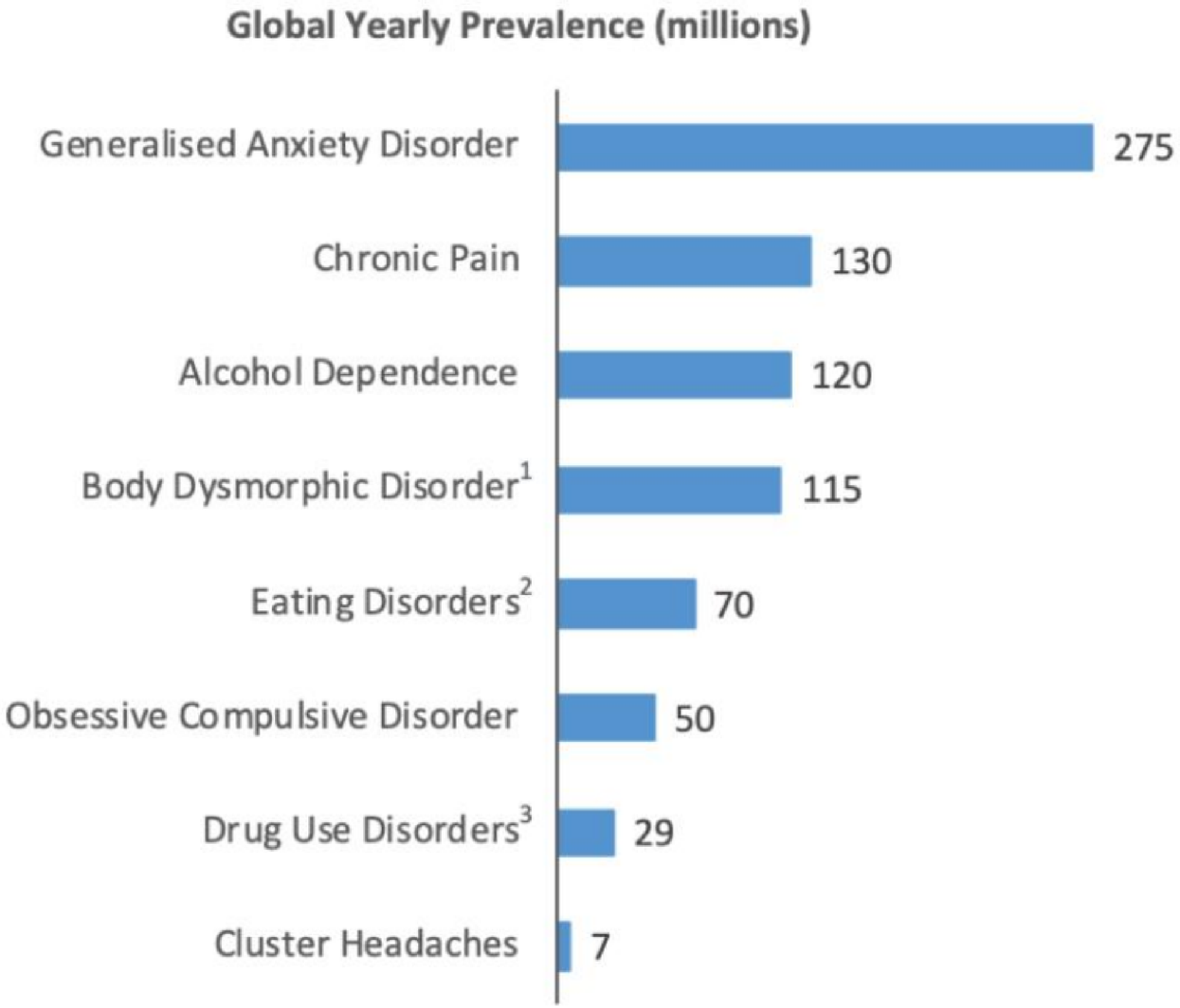
ANNUAL COSTS
EU+US

1. Disease burden measured in Disability-Adjusted Life Years (DALY) 2. Indirect costs include comorbidities, mortality, workplace productivity losses
3. SSRI/ SNRIs account for significant portion of drug costs

Source: WHO (2017); OECD, Eurostat (2006); Analysis Group (2015)

Objective: COMPASS aims to improve mental health across other disorders, which contribute to the suffering of hundreds of millions of people worldwide

Large number of people impacted by mental health problems …



… Resulting in significant suffering and costs globally

"There is a collective failure to respond to this global health crisis, which results in monumental loss of human capabilities and avoidable suffering.

Estimates the rising cost will hit **$16 trillion by 2030** (loss to the global economy of people of working age with mental health problems)."

The Lancet Commission on Global Mental Health (2018)

1. Includes sub-types Muscle Dysmorphia, Body Dysmorphic Disorder by Proxy 2. Includes Anorexia Nervosa, Bulimia, Binge Eating Disorder 3. Includes dependence to Opiates, Cocaine, Cannabis, Amphetamine-Type Stimulants, New Psychoactive Substances

Source: WHO; UN; Int OCD Foundation; PMC; The Lancet Commission on Global Mental Health (2018); J Neurol Stroke (2015); EU J Psychiatry (2013)

Breakthrough Therapy: Psilocybin presents significant scientific and commercial opportunity

- **Value Proposition:** Attractive therapeutic, patient, and economic benefit profile, with over 70% of patients rank psilocybin therapy among top 5 most meaningful experiences of their lives[1]
- **FDA 'Breakthrough Therapy Designation' received in Oct2018:** "Preliminary clinical evidence indicates the drug may demonstrate substantial improvement over existing therapies to treat a serious or life threatening disease or condition"
- **Promising clinical evidence:** Strong signals from Phase I/IIa studies by top research institutions in EU and US
- **Safe substance:** Low harm and dependence potential and no significant adverse events in studies
- **Strong IP position:** Never registered as new chemical entity (NCE) and strong protection from four independent sets of patent claims filed in UK/PCT*/US in Oct2018; market protection from generics for 8-11 years in EU, 5-7.5 years in US

* PCT = Patent Cooperation Treaty

Source: 1. Griffiths et al (2016)

Psilocybin Therapy: Attractive Value Proposition in terms of therapeutic, patient, and economic benefit

Value proposition: In patients with treatment resistant major depressive disorder (MDD), who have not responded to at least 2 courses of appropriately administered oral antidepressants, a short course of Psilocybin Therapy provides **greater and durable efficacy** on depressive symptoms, significant **improvement of functioning**, as well as **patient (and caregiver) health-related quality of life** and **reduced healthcare resource utilisation**.

Value claims: Compared to commonly prescribed oral antidepressant treatment regimens[1]

PATIENT BENEFIT

- ✓ Faster and longer lasting relief from depressive symptoms
- ✓ Significant improvement in social, family, & occupational functioning and health-related quality of life (also for caregivers)
- ✓ Convenient experience, with no adherence concerns

THERAPEUTIC BENEFIT

- ✓ Superior efficacy
- ✓ More sustained/durable efficacy, ie longer remission/ maintenance of response
- ✓ Safe and well tolerated, with no significant adverse event associated with commonly prescribed antidepressants or augmentation therapies

ECONOMIC BENEFIT

- ✓ More cost-effective, with reduced healthcare resource utilisation (HRU)
  - ✓ Lower hospitalisation rates
  - ✓ Fewer outpatient visits to GPs and psychiatrists
  - ✓ Delay/prevention of progression to more costly and invasive interventions)

1. Based on early-stage clinical studies and high level economic analysis

FDA 'Breakthrough Therapy' Designation: Award for psilocybin in TRD in October 2018 could mean faster access to patients

COMPASS received 'Breakthrough Therapy' designation (BTD) from US Food and Drug Administration (FDA) in Oct-2018 for its psilocybin therapy for treatment-resistant depression (TRD). This is a significant milestone for psilocybin therapy and psilocybin research, and a testament to the work done over many years by research teams in the US, the UK, and Switzerland.

'Breakthrough Designation' is awarded to investigative therapies with evidence demonstrating substantial improvement in serious or life-threatening condition

- Most are related to cancer (54%), followed by infectious disease (17%)
- In psychiatry, few therapies have recently received BTD, eg Esketamine (2013, 2016), Sage-217 (2018)

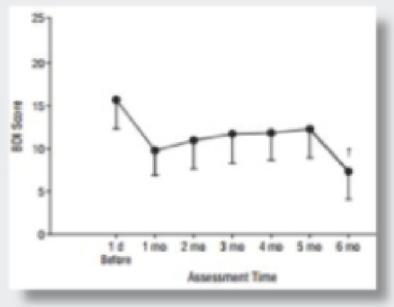
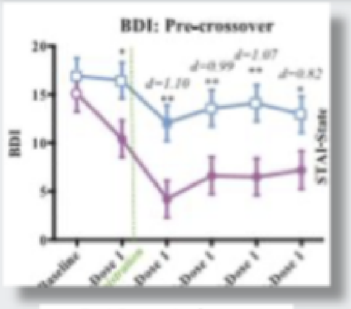
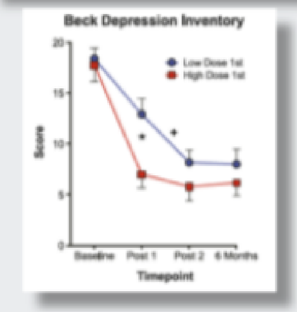
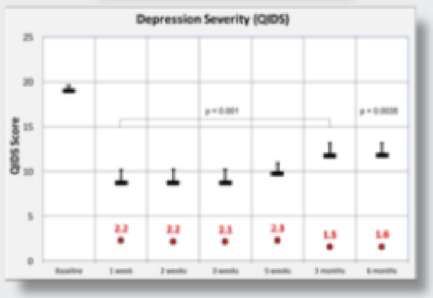
BTD is intended to accelerate approval of therapies and availability to patients

Clinical Programme Aspect		BTD	Non-BTD
Trial Programme	No. Pivotal Trials	1	2
Subjects	Total No. Subjects	222	446
	Double Blinding	46%	80%
	Randomisation	59%	89%
Comparators	Placebo/Active/Indirect	65%	87%
	None	35%	13%
Timelines	IND-to-Approval	4.9 years	12 years
	Submission-to-Approval	7 months	2 years
Fast Track[1]	Likelihood of Award	39%	12%

1. Fast Track award from FDA leads to more meetings and written communications with FDA for trial design and eligibility for Accelerated Approval award

Source: COMPASS, FDA, PMC

Clinical Signals: Psilocybin therapy with immediate, significant, and sustained reduction in treatment-resistant depression & other illnesses

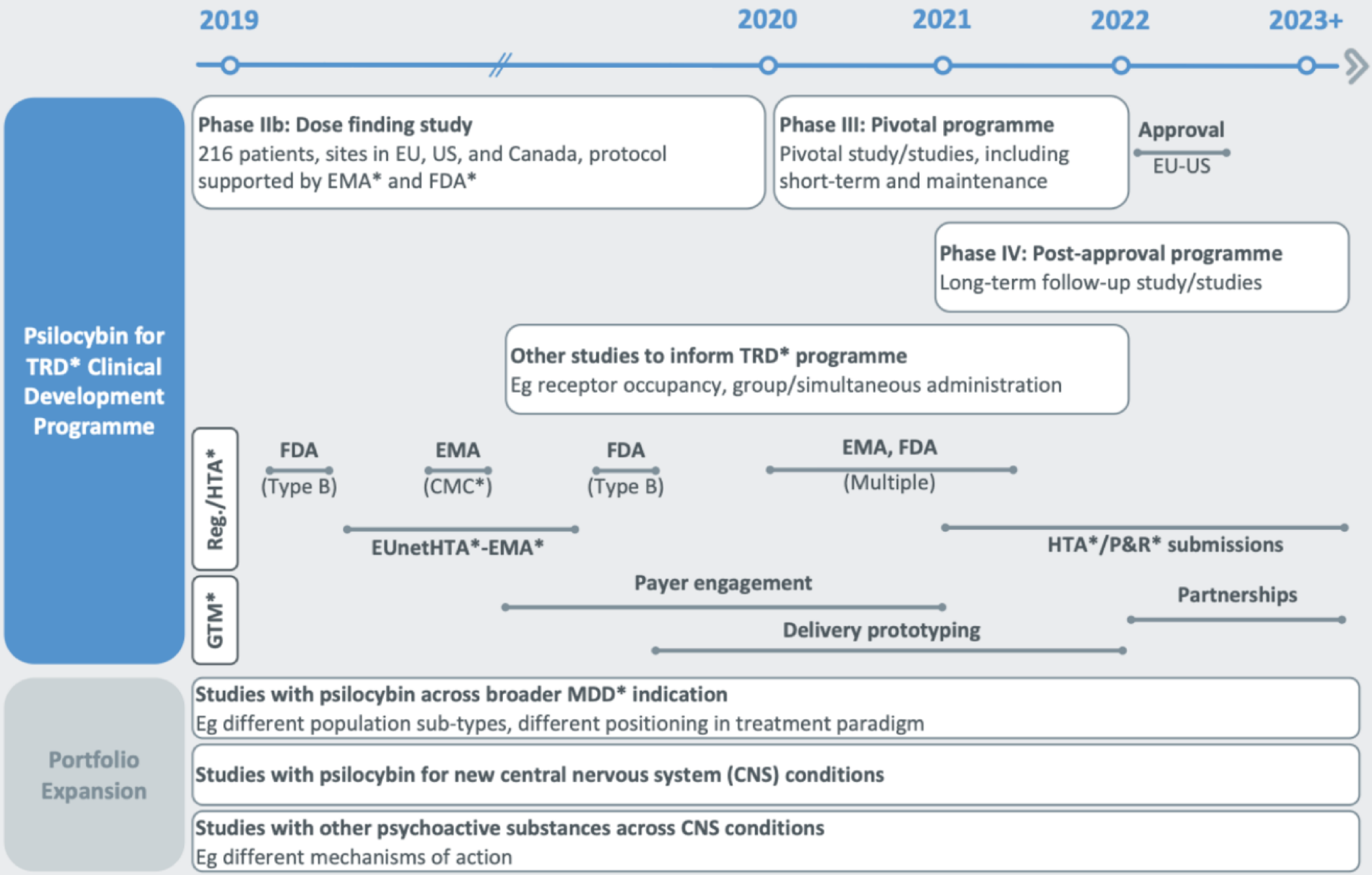
	Trial	Key outcomes[1]	
'11	**U. California Los Angeles** Grob et al	Existential distress: Feasibility & safety for cancer patients ✧ 12 patients, published in *Archives of General Psychiatry* ✧ BDI* showed significant improvement in mood (30%) at 6 months ✧ STAI* showed significant reduction in anxiety at 1, 3, and 6 months	
'16	**New York University** Ross et al	Existential distress: Immediate, substantial & sustained response ✧ 29 patients, published in *Journal of Psychopharmacology* ✧ BDI* showed significant improvement at 2 and 8 months ✧ Anti-depressant response rates: between 60-80% at 6 months	
'16	**John Hopkins** Griffiths et al	Existential distress: Substantial & sustained response ✧ 51 patients, published in *Journal of Psychopharmacology* ✧ BDI* showed significant improvement at 1, 3, 6 months ✧ Anti-depressant response rates: 92% at 5 weeks, 79% at 6 months	
'16	**Imperial College London** Carhart-Harris et al	TRD: Preliminary support for safety & efficacy ✧ 12 patients, published in *The Lancet* (additional 7 patients in press) ✧ Median of 4 failed treatments, mean duration of illness of 18 years ✧ BDI/QIDS* significant improvement ($p<0.001$) at 1, 3^2, 5, 12^2 weeks ✧ 63% of patients with response at 1 week, 47% at 5 weeks, 32% no further medication or therapy at 1 year	

Positive signals from early-stage trials present commercial opportunity for treatment-resistant depression, according to health care regulators

* BDI = Beck Depression Inventory; QIDS = Quick Inventory of Depressive Symptoms; STAI = State-Trait Anxiety Inventory

1. Detailed outcomes in scientific package 2. Based on data from 12 patients (different end points measured)

Approach: High level timeline for psilocybin in TRD Regulatory approval, Market Access and HTA appraisals, and related development activities



* CMC = Chemistry, Manufacturing, and Controls; EMA = European Medicines Agency; EUnetHTA = European network of HTA agencies; FDA = Food & Drug Administration; GTM = Go-To-Market; HTA = Health Technology Assessment; MDD = Major Depressive Disorder; P&R = Pricing & Reimbursement; TRD = Treatment-Resistant Depression

Source: COMPASS

Psilocybin TRD Development Programme: Psilocybin therapy for treatment-resistant depression could be launched in 2022

Europe-28, US, Canada

2016	2017	2018-2019	2020-2021	2022
EUROPEAN MEDICINES AGENCY (EMA) SCIENTIFIC ADVICE	PRE-CLINICAL STUDIES & MANUFACTURING	**PHASE IIB: DOSE FINDING**	PHASE III: CONFIRMATORY/ PIVOTAL	MARKETING AUTHORISATION
Qualified for EMA* small and medium enterprise (SME) programme EMA provided legal & regulatory guidance, scientific advice on trial design & indication	Successfully completed good laboratory practices (GLP) pre-clinical work and good manufacturing practices (GMP) production batch for psilocybin	Dose finding study (216 patients), EU, US, Canada sites, with trial protocol supported by EMA* and FDA*	Confirmatory/pivotal study/studies (EU including active comparator, US vs placebo), including short-term and maintenance/relapse prevention	Submit dossiers in EU (Marketing Authorisation Application), US (New Drug Application) and Canada for psilocybin in TRD*

New Substances R&D and Approval Process

Market Access, Pricing & Reimbursement Discussions

Asia	2019	2020+
	✧ First mtg. PMDA* &/or other agencies	✧ To be determined

* EMA = European Medicines Agency; FDA = Food & Drug Administration; IND = Investigational New Drug; PMDA = Pharmaceuticals and Medical Devices Agency (Japan); TRD = Treatment-Resistant Depression

Source: NICE-HTA Parallel Advice

Clinical Trial Sites: Engaged with 13 research sites in EU and 9 in US and Canada, based on research reputation and capability to recruit patients

Site

Country with engaged site

Clinical Trial Patient Experience: Phase IIb designed to ensure safety, encourage patients to continue the study and optimise outcomes

Screening and Preparation
3+ visits

Treatment
5-6h treatment

Integration and Follow-Up
5 visits

Screening Period

- Assessment by study psychiatrist
- 3-6 Weekly preparation sessions with dedicated therapist
- Start of washout (if participant takes SSRIs)

Patient digital preparation platform

- Info about psilocybin safety demonstrated in prior studies
- Animations about psilocybin Mechanism of Action and What to Expect During Psilocybin session
- Videos of patients from Imperial College London psilocybin-TRD trial sharing their experiences
- Information and support for medication washout
- Emergency contact information

Baseline Assessment

- Baseline assessment day before treatment session
- 90 min preparatory session with therapist

Treatment Session

- Oral administration in capsules
- Patient is encouraged to lie down on bed in quiet room with eye shades, earphones, while listening to specially designed music soundtrack
- Patient is supported by therapist and assistant therapist during session

- Onset of action in ~30 min
- Peak experience in ~60-90 min; lasts for ~2 hours, then subsides gradually
- Patients may experience anxiety or unusual sensations during acute onset. If uncomfortable, will be supported/reassured by therapist
- Once acute effects subsided, patients are assessed for safety and released home with family member or friend

Follow-up Efficacy and Safety Assessments

- Day after session patient returns to centre for safety assessment and discussion of experience
- Patients are asked to stay off antidepressants for at least three weeks after treatment session. If need to restart antidepressants, the reason will be documented
- Patients are assessed in centre weekly during three weeks after session until primary outcome measure at Week 3
- Two remote assessments at Week 6 and Week 9
- End-of-study visit at Week 12

Competition: Psilocybin likely more efficacious, more affordable, and with shorter therapy regime than alternatives for TRD

	Stage in Treatment Pathway	Efficacy level[1]	Episode Therapy Regime[2]	Reimbursement level[3]	Total Cost (avg., GBP)
SSRI/SNRI* MONOTHERAPY OR COMBINATION	early	low	1 oral dose/day, >6-8 wks	yes	200-600 (UK) 300-600 (US)
ATYPICAL ANTIPSYCHOTIC AUGMENTATION[4]	mid - late	medium	1 oral dose/day, >6 wks	yes	1,785 (UK) 1,985 (US)[4]
COGNITIVE BEHAVIOURAL THERAPY (CBT)	early - late	medium	>20 hours (10-30 sessions, >8-20 wks)	yes	2,000 (UK) 2,200 (US)
PSILOCYBIN THERAPY ***(in development)***	mid - late	high (typically for 5-12+ weeks)	10-12 hours (1-3 sessions, 1-3 days)	n/a	To be determined
ESKETAMINE *(in development)*	mid - late	high (typically for >4 weeks)	>16 hours (8 sessions, 4 wks)	n/a	2,200 (UK) 2,600 (US)
KETAMINE	mid - late	high (typically for 2-3 weeks)	>12 hours (6+ sessions, 12 days)	no	4,200 (UK) 6,300 (US)
TRANSCRANIAL MAGNETIC STIMULATION (TMS)	late	medium - low	>20 hours (multi-session, 4+ wks)	no	9,000 (UK) 11,000 (US)
ELECTRO-CONVULSIVE THERAPY (ECT)	late	high (ST), medium – low (LT)	>20 hours (multi-session, 4+ wks)	yes	20,000 (UK) 24,000 (US)

Mission: Ubiquitous access for as many patients as possible

1. For TRD patient population (ie 2 or more failures of antidepressant treatments) 2. Defined as total recommended scope of intervention, including preparatory, in-patient treatment, and follow-on 3. Either government reimbursement or private insurance coverage (n/a indicates alternative still in development) 4. Atypical Antipsychotic (based on 1 year of treatment, 150mg/day, augmentation with Fluoxetine for US or Citalopram for UK)

Source: Medical Journals; Company websites; Expert interviews; BTIG Analyst Report (2017); Oanda.com

Addressable Market: The unmet medical need in treatment-resistant depression offers massive revenue potential for psilocybin therapy

DEPRESSED PATIENTS	78m	✧ MDD* yearly prevalence ✧ US + EU28 + Japan
X		
ADDRESSABLE TREATMENT-RESISTANT DEPRESSION	18-26%	✧ 50% diagnosed[2] ✧ 50-75% response rates[3] for two treatment lines
X		
DIRECT MEDICAL COST PER PATIENT PER YEAR[1]	£10-15k	✧ US claims databases; rises by treatment line
=		
TOTAL ADDRESSABLE MARKET, YEARLY	£140-200b	✧ Assumes ubiquitous access in addressable patient population

Revenues from relevant treatments
(global peak sales, yearly)

Esketamine (Janssen)	**£1.5b** (est.[4])
Zoloft (Pfizer)	**£1.8b** (2005)
Cymbalta (Eli Lilly)	**£3.3b** (2013)
Abilify (BMS*)	**£5.2b** (2017)
CBT* (various)	**>£5.3b** (2017, US only)

* BMS = Bristol-Myers Squibb; CBT = Cognitive Behavioural Therapy; MDD = Major Depressive Disorder

1. Including pharmacological and healthcare resource utilisation costs (1/3 to 1/2 of which is mental health-related) 2. All diagnosed MDD patients assumed to receive first line treatment 3. Range includes lower bound from NICE relapse rates (July 2018) and higher bound derived from STAR*D QID-SR16 remission rates
4. Yearly sales in 2026 include treatment-resistant depression indication, exclude immediate risk of suicide (IRS) indication

Source: NIMH STAR*D study (2006); WHO; Medical journals; EvaluatePharma; BTIG Analyst Report (2017); Oanda.com; COMPASS

Sage Therapeutics: Significant valuation uplift post successful Phase II (+£1.7b) and Phase III (+£1.6b) results

KEY ASSETS

Relevant assets in same indication (MDD, PPD, Bipolar Depression)

- SAGE-547 (registration phase): IV formulation being investigated for Post-Partum Depression (PPD), as well as epilepsy
- SAGE-217 (Phase III): oral drug being investigated for among others Major Depressive Disorder (MDD), PPD, and Bipolar Depression

CLINICAL DEVELOP-MENT

SAGE-217 positive Phase III results in PPD (Jan 2019)

- PPD Phase III met primary and secondary endpoints (Jan-2019)
- MDD Phase II met primary endpoint (Dec 2017)
- PPD Phase II met primary endpoint (Jun 2017)

FINANCING & VALUATION

Market cap of $5.5bn (09-Jan-2018) driven by positive Phase II and III results

- Significant share price and valuation uplift post successful results Phase II (+£1.7b) and Phase III (+£1.6b)

CON-STRAINTS

Despite positive vote FDA advisory committee on risk/benefit profile SAGE-547 (Nov-2018), potential strict requirements may limit future uptake

- 72-hour infusion process to be done under 24/7 medical care
- FDA panel vague on additional data required for home infusion

Source: ClinicalTrials.gov; Comparables Analysis; SAGE website; Bloomberg Biomedtracker (2016); Endpoints News (2018); Oanda.com

Janssen: Despite efficacy uncertainty & co-morbidities of Esketamine, company is confident about regulatory approval

KEY ASSETS

Same indication (TRD), significant but uncertain efficacy

- Populations: 1-5 treatment failures for MDD* (TRD), MDD* with imminent risk of suicide (IRS)
- Intranasal formulation cited as differentiator; dosing regimen with acute phase (twice weekly) and maintenance phase (once weekly)
- Significant and rapid onset, duration of effect uncertain and restrictive co-morbidities[1]

CLINICAL DEVELOP-MENT

Mixed Phase III results submitted in approval package in 2018

- Breakthrough Therapy Designation obtained for TRD (2013) and IRS (2016)
- Mixed results in TRD Phase III data from 3 short-term and 2 long-term studies (2018):
  - Short-term studies
    - 1 **failed** to meet primary endpoint (adults, fixed doses)
    - 1 **succeeded** in meeting primary endpoint (adults, variable doses)
    - 1 **failed** to meet primary endpoint though with clinically meaningful results (elderly, flexible doses)
  - Long-term studies
    - 1 relapse prevention study **succeeded** in meeting primary endpoint
    - 1 safety follow-up study **succeeded** in finding no major change in cognition & general health of the patient after 1 year, as well as sustained improvement in MDD* symptoms

CON-STRAINTS

Uncertain efficacy and side effects limit potential future uptake

- Despite mixed results, Janssen filed treatment with EMA and FDA (Q3-2018) and noted it is "confident" about regulatory approval
- Common adverse events include among others: metallic taste, nausea, vertigo, dizziness, headache, dissociation

* MDD = Major Depressive Disorder, SSRI = Selective Serotonin Reuptake Inhibitor

1. TRD co-morbidities include: muscle & joint pain (61%), anxiety & panic disorder (50%), fatigue (43%), headache/migraine (35%), sleep disorder (34%)

Source: ClinicalTrials.gov; Daly et al (2016); Kubitz et al (2013); Comparables analysis; PR newswire; Janssen Press Releases; COMPASS

Team (1/2): We want to transform mental health care at scale

George Goldsmith
Executive Chairman and Co-Founder

- Chairman and Founder, Tapestry Networks
- CEO and Founder, TomorrowLab@McKinsey
- Co-Founder, Lotus Institute/Lotus Development Corporation
- CEO and Founder, The Human Interface Group

Ekaterina Malievskaia, MD MScPH
Chief Scientific Officer and Co-Founder

- Trained in internal medicine and served as private hospitalist
- Integrative and Holistic Medicine board certified
- Academic medicine and public health researcher, Mount Sinai School of Medicine

Lars Wilde
Chief Operating Officer and Co-Founder

- CEO & founder, SpringLane
- Investment professional, Waterland Private Equity
- Advisor, Vivaneo (global IVF clinics group)
- Associate consultant, Boston Consulting Group

Hans Eriksson, MD PhD MBA
Chief Medical Officer

- Senior Director & Head of Clinical Development for Depression and Pediatrics, Lundbeck
- Global Medical Lead for Seroquel XR, AstraZeneca
- Assisting Head of Psychiatric Centre, Lund University Hospital

Marco Mohwinckel
Chief Commercial Officer (p/t)

- VP of Strategy, WebMD Health Group
- Global Head, Janssen Solutions & Healthcare Innovation

Sue Stansfield, PhD
Director, Clinical Trials Programme

- 30 years experience in global clinical trials, including inVentiv, PRA Health Sciences, PPD, Quintiles, Pfizer, Janssen, GSK
- Neuroscientist focusing on serotonin system

Joe Heinen
Chief Financial Officer (p/t)

- CFO, Tapestry Networks
- Fixed income and structured product sales, Goldman Sachs

John Boghossian
Director, Operations

- Co-founder of technology start-up
- Consultant, Boston Consulting Group health care practice

Tracy Cheung
Director, Communications (p/t)

- Head of Communications, GE Healthcare Medical Diagnostics
- 20+ years experience in investor/media relations, corporate comm.

* p/t = part-time involvement

Team (2/2): We want to transform mental health care at scale

Manon Veraart

Manager of Business Development

- Consultant, Boston Consulting Group
- Associate Natural Resources M&A team, Goldman Sachs
- INSEAD MBA (with distinction)

Samuel Williams

Associate Project Manager, Clinical Trials Programme

- Research Manager, Guy' and St Thomas' NHS Foundation Trust
- Experience in project management at several large CROs
- MSc in entrepreneurship & biopharmaceutical biotechnology

Anais Soula , PhD

Research Analyst

- 4 years experience in Life Sciences research (PhD)
- MSc in Innovation Management and Valorisation of Research
- MSc in Cellular Biology, Physiology and Pathology

Molly Lennard-Jones

Team Coordinator

- MA in English Literature focused on PTSD in Holocaust Literature
- Coordinating therapist recruitment and therapist training, developing and coordinating training materials

Sarah Drummond

Executive Assistant

- Personal Assistant to Chairman Emeritus, OC&C Strategy Consultants
- Personal Assistant to Director of Group Strategy and Corporate Development, Old Mutual plc

Rachel Winzer

Therapist Training Programme Coordinator (North America)

- MSc in Social Cognition & Neuroscience (with distinction)
- Mental Health Specialist at McLean's inpatient psychiatric unit
- Behavioral Treatment Counselor specializing in PTSD

Jessica Stuart

Team Coordinator

- BA in English and American Literature
- Practice Manager at The House Partnership (partnership of psychologists and therapists in London)

Extended Team: COMPASS joining forces with industry experts as contractors in critical business functions

Prof David Elder
Chemistry, Manufacturing, & Controls

- 40+ years of experience in developing pharma drug products
- Key expertise in solid-state chemistry, formulation, mutagenics
- Former Director of NCE* Product Development, GSK

Mike Emanuel
Chemistry, Manufacturing, & Controls

- Former VP of Global Clinical Ops for EMEA, Janssen Pharma
- Former Associate Director, UK National Institute for Health Research Clinical Research Network (NIHR CRN)

Prof Guy Goodwin
Coordinating Principal Investigator

- Former Chair, University of Oxford Department of Psychiatry
- Former President, European College of Neuro-psycho-pharmacology

Prof Peter Kinderman
Clinical Methods and Training

- Head of the Institute of Psychology, University of Liverpool
- Former president, British Psychology Society
- Consultant, UK National Institute of Health (NHS)

Prof Martin Knapp
Health Economics

- Pr of Health Economics, London School of Economics (LSE)
- Pr of Health Economics, Kings College London
- Advisor, UK National Institute of Care Excellence and NHS

Finn Børlum Kristensen
Market Access

- Chairman of the EUnetHTA Executive Committee until 2016
- Professor in Health Services Research and HTA at University of Southern Denmark

Ron Lawrence
API* Manufacturing

- Managing Director, RML Pharma Consulting
- 20+ years experience in chemical and biological development
- Key expertise in synthetic route selection and scalable manufacturing process development

Ruth Roberts
Regulatory Toxicology

- Co-director and co-founder, ApconiX
- 20+ years in drug discovery and development, AstraZeneca
- Key expertise in integrated toxicology and ion channel

Dr Jörg Schickert
Pharmaceutical Regulatory, Commercial, & Compliance

- Partner, Hogan Lovells, Munich
- 15+ years experience with EU pharmaceutical and devices law
- Key expertise in pricing and reimbursement

Dominic Schiller
Intellectual Property

- CEO, Equipped 4 Limited
- Director, Four Seven Four Eight Limited
- Led IP for GW Pharma (over 80 patents on scheduled substances)

Dr Sara Tai
Clinical Methods and Training

- Senior Lecturer in Clinical Psychology, University of Manchester
- Consultant Clinical Psychologist, NHS Foundation Trust
- Specialist in transdiagnostic psychological interventions

* API = Active Pharmaceutical Ingredient
Source: Company websites, LinkedIn

Scientific Advisory Board: Focussed on clinical development programme, therapeutic targets, and target indications

Prof David Nutt, Chair
MD, PhD

- Edmond J Safra Chair in Neuropsychopharmacology, Imperial College London
- President, The European Brain Council
- Former President of the European College of Neuropsychopharmacology

Prof Sir Alasdair Breckenridge
CBE FRSE

- Former Chairman, UK Medicines & Healthcare products Regulatory Agency
- Chairman, Centre of Regulatory Excellence Advisory Board

Prof Zach Mainen
PhD

- Director of Neuroscience Programme, Champalimaud Centre for the Unknown
- Leader of Systems Neuroscience Lab and founding director of International Doctoral Neuroscience Programme (INDP)

Luca Pani
MD

- Executive Director of Global Medical Innovation, NeuroCog
- Former Director General, Italian Medicines Agency (AIFA)

Prof Diego Pizzagalli
PhD

- Director, Center for Depression, Anxiety and Stress Research; McLean Imaging Center; Laboratory for Affective and Translational Neuroscience
- Professor in Department of Psychiatry, Harvard Medical School

Prof Augustus John Rush
MD

- Pr. Emeritus, U. of Texas Southwestern MC & Duke-NUS Graduate Med School
- Recipient of Thomson Reuters: World's Most Influential Scientific Minds (2014)
- American Psychiatric Association (APA): Award for Research in Psychiatry (2007)

Prof Alan Schatzberg
MD

- Director at Stanford Mood Disorders Center
- Professor of Psychiatry at Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine

Paul Summergrad
MD

- Chairman of Psychiatry Department, Tufts University School of Medicine
- Former President, American Psychiatric Association

Board of Directors: Accomplished and interdisciplinary team of Directors supports COMPASS' ambitions strategically

Christian Angermayer

Serial entrepreneur & investor

- Founder, Apeiron Investment Group, his family office
- Former Vice Chairman of Supervisory Board, FinLab
- Main investor, Heliad Equity Partners

Florian Brand

Biotech Executive

- CEO, ATAI Life Sciences AG
- Former Managing Director and Chief Marketing Officer, Springlane GmbH

George Goldsmith

Executive Chairman & Co-Founder

- Chairman and Founder, Tapestry Networks
- CEO & Founder, TomorrowLab@ McKinsey
- Co-Founder, Lotus Institute / Lotus Development Corporation
- CEO & Founder, The Human Interface Group

Annalisa Jenkins

Senior Biotech Executive

- Executive Chairman, Vium
- Non-Executive Director at 8 biotech companies
- Former Head of R&D, Merck Serono
- Former Global Medical Senior Vice-President, BMS

Thomas Lönngren

Senior Regulation Executive

- Director, Pharma Executive Consulting
- Strategic Advisor, NDA Group
- Former Executive Director, European Medicines Agency (EMA)

Ekaterina Malievskaia

Chief Scientific Officer & Co-Founder

- Trained in internal medicine, served as private hospitalist
- Integrative and Holistic Medicine board certified
- Academic medicine and public health researcher, Mount Sinai School of Medicine

David Norton

Senior Biopharma Executive

- Director at 2 life sciences companies (5 more, formerly)
- Former Company Group Chairman Global Pharmaceuticals, Johnson & Johnson

Paolo Siviero

Senior Regulation Executive

- Senior Advisor and Fund Manager, Principia SGR (life sciences fund)
- Former Director of Medicines Utilisation Monitoring Centre (OsMed) and Health Technology Assessment Office, AIFA Agenzia Italiana del farmaco

Investors (1/3): Accomplished team of investors supports COMPASS' ambitions financially and strategically

Adam J Levinson
Series A

- Managing Partner & CIO, Graticule Asset Management Asia (GAMA)
- Former CEO, Fortress Asia Macrofund
- Former CIO, Fortress Investment Group
- Former Proprietary Trader, Goldman Sachs

ATAI Life Sciences AG
Christian Angermayer
Seed, Series A

- Founder, Apeiron Investment Group & ATAI Life Sciences AG
- Former Vice Chairman of Supervisory Board, FinLab
- Main investor, Heliad Equity Partners

Bailey Venture Partners
James Bailey
Series A

- Managing Partner, Bailey Venture Partners
- Founder and Managing Partner, Velos Partners
- Former Managing Director, Wilderness Point Ventures
- Relevant & notable investments: Eaze, Juul

Bilton Investments Limited
Anton Bilton
Series A

- Managing Partner, Bilton Investments
- Executive Deputy Chairman, Raven Russia
- Former Executive Chairman, Raven Mount Group
- Founder, The Raven Group

Bobby Charles Sager
Series A

- Founder, Sager Family Foundation
- Former President, Gordon Brothers Group

Crimson Capital
Linda & Magid Abraham
Series A

- Linda: Managing Director, Crimson Capital; Vice Chair of Board of Directors, Upskill (formerly APX Labs)
- Magid: Executive Chairman, APX Labs; Former Executive Chairman and co-Founder, comScore

David B Seligman Revocable Trust
David B Seligman
Series A

- Senior healthcare Executive (development, M&A, turnarounds)
- Chief Executive Officer, Best Doctors Inc.
- Former Director, Fresenius Medical Care

Source: Company websites, LinkedIn

Investors (2/3): Accomplished team of investors supports COMPASS' ambitions financially and strategically

Galaxy Inv. Partners
Mike Novogratz
Seed

- CEO, Galaxy Investment Partners
- Former CIO, Fortress Investment Group
- Former Partner, Goldman Sachs

Gordon M Sumner CBE
Series A

- Musician, singer, songwriter, actor, and human rights activist
- Former principal songwriter, lead singer, and bassist for 'The Police'
- Winner of 16 Grammy Awards, 1 Golden Globe; member of Songwriters Hall of Fame

Ethan Devine*
Series A

- International alternative investment management firm
- $6.5 billion assets under management
- Investment focus: long-short equity in European & Asian markets

Indus Capital Partners
Ethan Devine*
Series A

- General Partner, Subversive Capital
- Senior Vice President, Albright Stonebridge Group
- Board member, Privateer Holdings
- Former CEO and co-founder, Panopticon
- Managing Principal, Hutchin Hill Capital
- Member of Board of Trustees, Institute for Advanced Study
- Former Managing Director, SAC Capital
- Former Vice President Asset Management, Goldman Sachs

Neil Chriss
Series A

Principia SGR SpA
Paolo Siviero
Series A

- Senior Advisor and Fund Manager, Principia SGR (life sciences fund)
- Former Director of Medicines Utilisation Monitoring Centre (OsMed) and Health Technology Assessment Office, AIFA Agenzia Italiana del farmaco

RSI
Dick Rimon
Series A

- CEO, RSI Inc.
- Co-founder and Chairman, YPO Peace Action Network
- Board member at Tufts University's Institute of Global Leadership and the Hoffman Institute Foundation

* Ethan Devine (GP at Indus Capital Partners) also invested personally
Source: Company websites, LinkedIn

Investors (3/3): Accomplished team of investors supports COMPASS' ambitions financially and strategically

Shujaat Nadeem, MD
Series A

- Chairman, Samba Bank
- Former Group Treasurer, Samba Bank
- Former Managing Director Sales & Trading MENA, Citigroup

Sir Michael Hintze
Series A

- Chief Executive and Senior Investment Officer, CQS
- Former Managing Director and EU Head of Convertibles, CSFB
- Former Head of UK Equity Trading and Head of European Emerging Markets Trading, Goldman Sachs

Subversive Capital
Michael Auerbach
Series A

- General Partner, Subversive Capital
- Senior Vice President, Albright Stonebridge Group
- Board member, Privateer Holdings
- Former CEO and co-founder, Panopticon

Supersystemic.ly
Greg Kieser
Series A

- CEO, Supersystemic.ly
- Technology Strategy Consultant, Robin Hood Foundation

Thiel Capital
Peter Thiel
Seed, Series A

- Founder, Thiel Capital
- Co-founder & Chairman, Palantir
- Co-founder, PayPal
- Partner, Y Combinator
- First outside investor, Facebook

Thomas Insel, MD
Series A

- President & Co-Founder, Mindstrong Health
- Former Lead, Verily Mental Health team
- Former Director, US National Institute of Mental Health (NIMH)

Yasin Sebastian Qureshi
Series A

- CEO, Executive Director & Founder, The NAGA Group
- Executive Managing Director & Founder, Switex
- Founder, SwipeStox
- Former CEO & Founder, Varengold Bank

Source: Company websites, LinkedIn

COMPASS
Navigating Mental Health Pathways

Transforming mental health through psychoactive care pathways

Contact:

lwilde@COMPASSpathways.com

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