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SPRING CONFERENCE 2015

June 10 - Convene - Times Square NYC

Critical Outcome
Technologies Inc.

The Future of Drug Discovery has Arrived:
Redefining Drug Development

June 2015

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Critical Outcome Technologies Inc.

A biopharmaceutical company rapidly developing targeted therapies to better meet the needs of patients

- TSX-V: COT
- OTCQB: COTQF

Investment Highlights

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1. COTI-2 – lead program in oncology entering Phase 1 in second half of calendar 2015

2. CHEMSAS® – proprietary drug discovery engine using machine learning algorithms

3. Strong pipeline of follow-on opportunities in oncology and other therapeutic areas

Building a robust pipeline with CHEMSAS®

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- Proprietary, machine learning (AI) based drug discovery platform technology
- Big Data analysis solutions

CHEMSAS® technology overview

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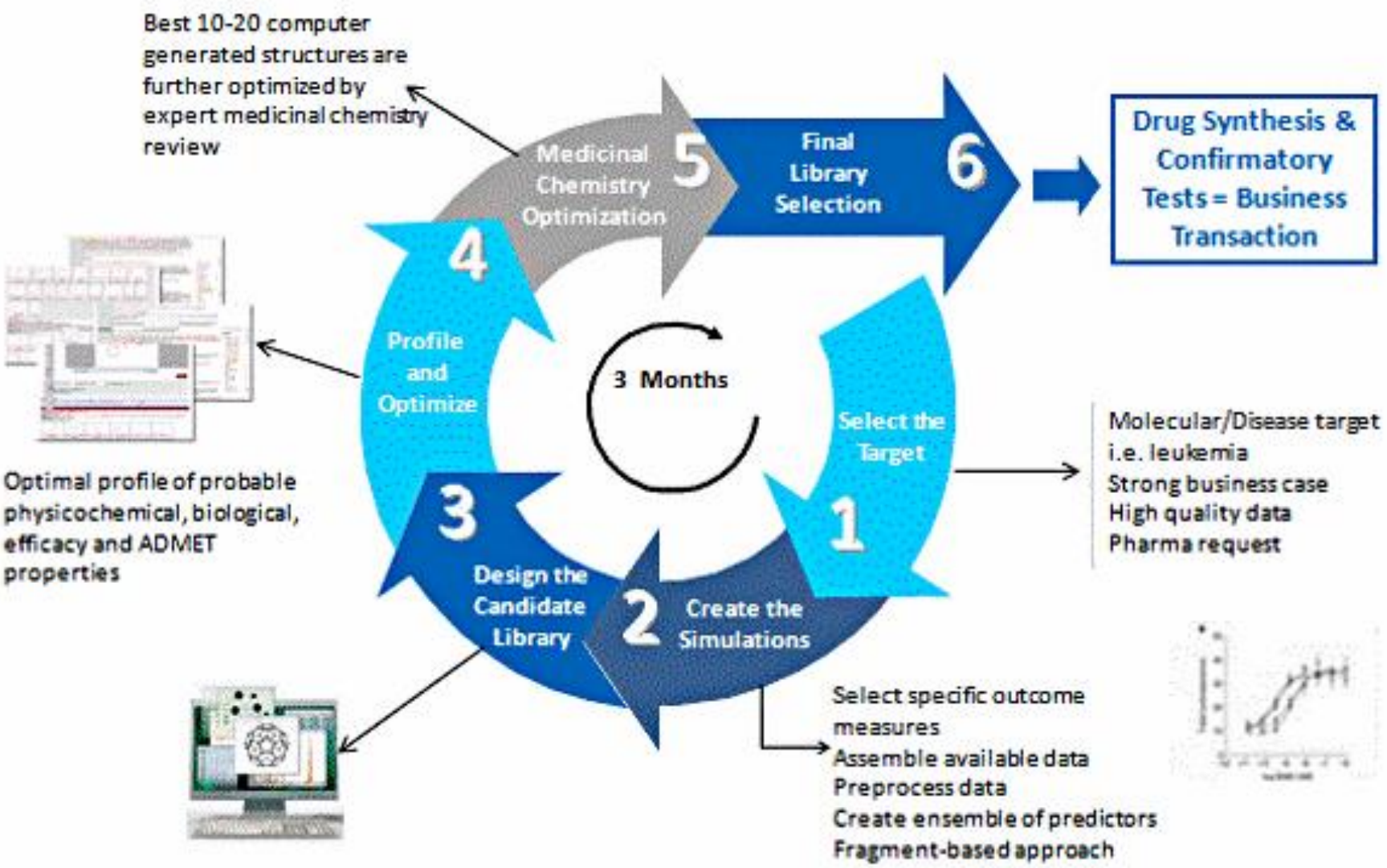

Advantages of CHEMSAS®

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Database driven computational replication of traditional 'wet lab' drug discovery process

Costly failed attempts occur **quickly & cheaply** in computer simulations, not the 'wet lab'

Increased probability of clinical & commercial success

COTI-2 background

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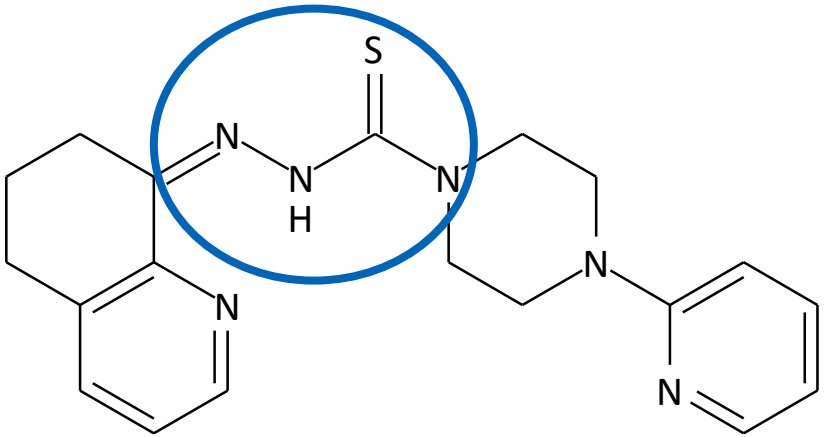
- 3rd generation Thiosemicarbazone



- A small molecule discovered by our CHEMSAS® process
- Engineered for low toxicity and easily synthesized in 3 steps
- Demonstrates strong *in vitro* and *in vivo* activity

COTI-2: Potential breakthrough for many cancers

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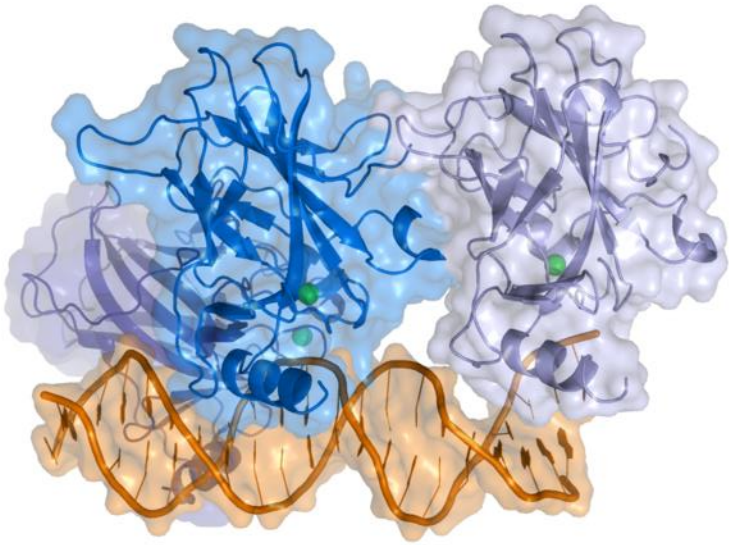
- Novel Mechanism of Action reactivates p53 function
- Effective against many common cancers with a p53 gene mutation
- > 50% of all human cancers have at least one p53 gene mutation

"a promising advance" for many cancers with p53 mutations." – Dr. G.B. Mills, MDACC



What is p53?

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- p53 is a tumor suppressor gene
  - meaning that it normally helps control the growth and division of cells
- Mutations in this gene can allow cells to divide in an uncontrolled way and form tumors
- p53 mutations are also associated with permitting other genetic and environmental factors to affect the risk of cancer

COTI-2: the pathway to the clinic

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- Granted orphan drug status for ovarian cancer by FDA in June 2014
- Completed final pre-clinical studies required by the FDA
- Signed LOI with MD Anderson for Phase 1 clinical development
- IND approved by FDA on May 22, 2015
- Initiating Phase 1 clinical trial in second half of 2015
- Phase 1 completed early 2017

COTI-2: strong & broad market opportunity

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- ~ 95% of ovarian cancer patients have a p53 gene mutation
- Many other cancers with p53 mutations
- Exploring clinical studies for other indications:
  - Head and neck (orphan)
  - AML (orphan)
  - NSCLC
  - Li-Fraumeni syndrome (orphan)
- Combination treatment: COTI-2 effective when combined with many first line therapies:
  - Chemotherapy
  - Immunotherapy

Expanding the Market Potential for COTI-2

COTI-2: first- and best-in-class potential

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- Novel p53-dependent mechanism of action confirmed by Dr. Gordon Mills at MD Anderson Cancer Center
- Orally bio-available and effective at low dose
- Low toxicity in preclinical development
- Opportunity for single agent and combination therapy
- Strong IP protection in place
  - 6 U.S. patents issued
  - 1 Japanese, 1 Canadian and 1 EU patent issued
  - Additional patents pending

COTI-2 and tumor volumes

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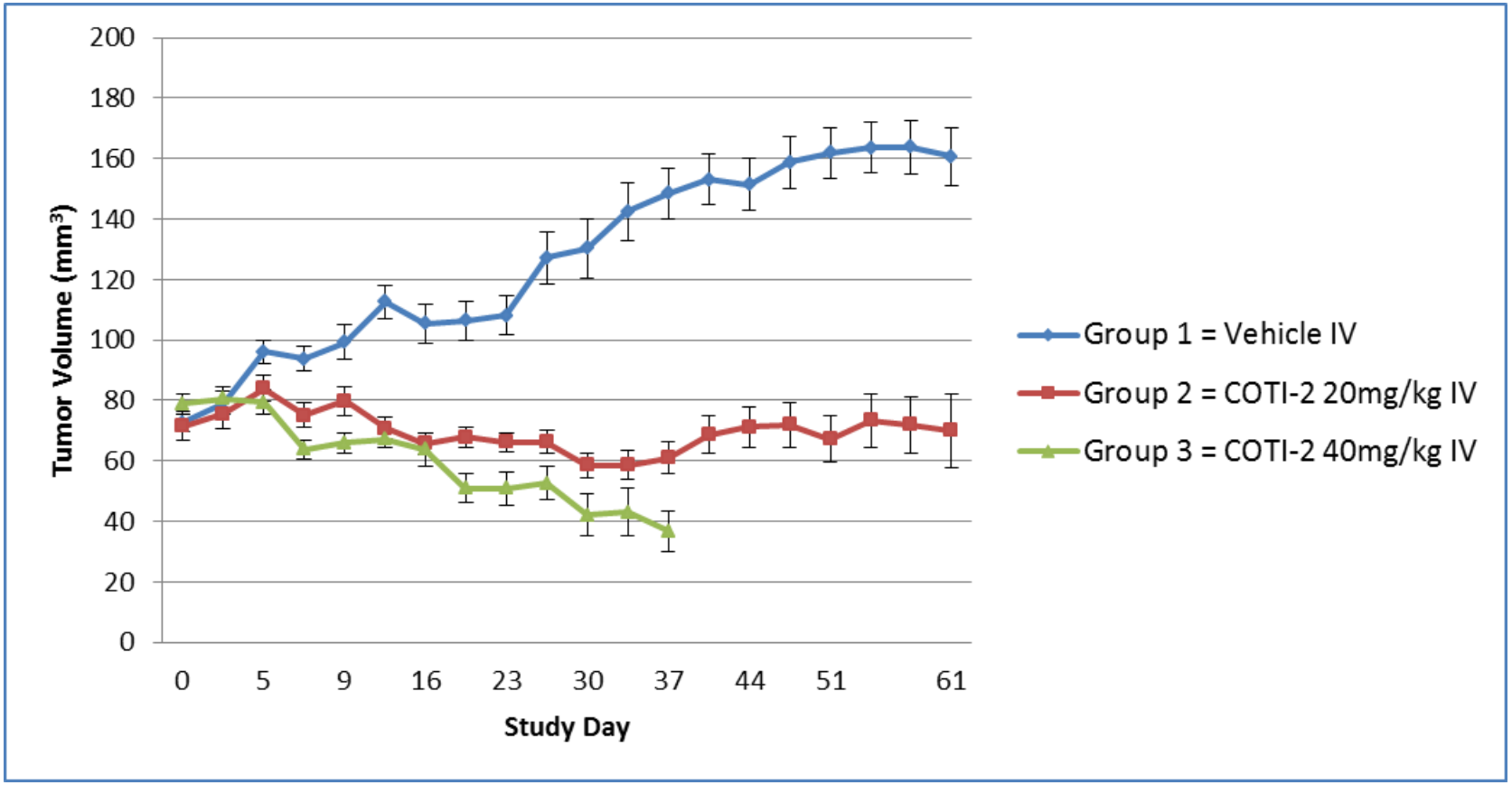

Tumors significantly reduced by COTI-2 in all treatment groups relative to vehicle control

MD Anderson relationship

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- “Key Opinion Leader” independently confirmed COTI-2’s novel p53-dependent MOA
- Confirmed COTI-2’s selective & potent anti-cancer activity
- Identified effective dosage 60% lower than in prior animal experiments

COTI-2 Scientific Advisory Board

Critical Outcome Technologies Inc.

Dr. Gordon Mills from the University of Texas MD Anderson Cancer Center, Houston, TX, Chairman

Dr. Douglas Levine from the Memorial Sloan-Kettering Cancer Center in New York City, NY

Dr. David Parkinson from New Enterprise Associates in Menlo Park, CA

Dr. Marshall Strome from the Center for Head and Neck Oncology at Roosevelt St. Luke's Hospital in New York City, NY

Dr Wayne R Danter, Chief Scientific Officer, Critical Outcome Technologies, London, Canada

COTI-2: next steps

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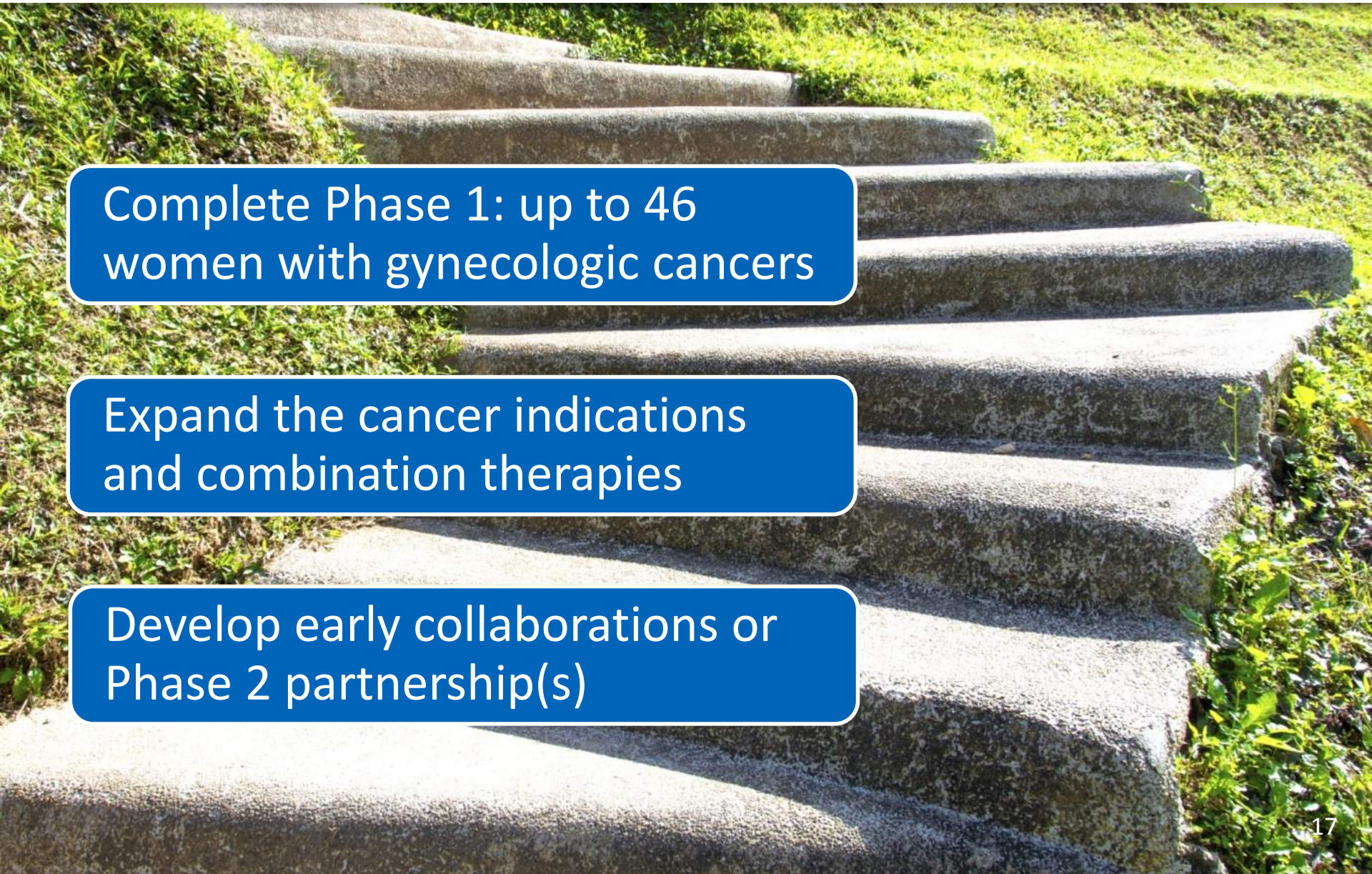

- Complete Phase 1: up to 46 women with gynecologic cancers
- Expand the cancer indications and combination therapies
- Develop early collaborations or Phase 2 partnership(s)

Next Clinical Candidate(s)

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Options are:

- 1 - COTI-219, a unique oncology drug candidate for CRC and melanoma
- 2 - COTI-AML -01, a multi-kinase inhibitor for Acute Myelogenous Leukemia (AML)
- 3 - COTI - HIV-II, second generation dual HIV Integrase inhibitor
- 4 - COTI - MRSA1 - highly novel antibiotic

All potential candidates discovered by our CHEMSAS platform

Strategic milestones for 2015

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1. Advance COTI-2 into the clinic – Q2 – **IND granted**
2. Appoint SAB with key oncology experts – Q2 **√**
3. Develop additional collaborations and partnerships with COTI-2 and CHEMSAS® **- In progress**
4. Increase value of COTI-2 by identifying new indications and combination therapies – **HNSCC √**
5. Build pipeline by leveraging opportunities through CHEMSAS®
6. Select next pre-clinical candidate for development

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