DOGWOOD THERAPEUTICS

Developing a Non-opioid, $Na_v1.7$ Specific Sodium Channel Inhibitor to Treat Pain

INVESTOR PRESENTATION

April 2025

NASDAQ: DWTX

Forward-Looking Statements and Disclaimers

Forward-Looking Statements
Statements in this presentation contain "forward-looking statements," within the meaning of the U.S. Private Securities Litigation Reform Act of 1995, that are subject to substantial risks and uncertainties. All statements, other than statements of historical fact, contained in this presentation are forward-looking statements. Forward-looking statements contained in this presentation may be identified by the use of words such as "anticipate," "believe," "contemplate," "could," "estimate," "expect," "intend," "seek," "may," "might," "plan," "potential," "predict," "project," "suggest," "target," "aim," "should," "will," "would," or the negative of these words or other similar expressions, although not all forward-looking statements contain these words. Forward-looking statements are based on the current expectations of Dogwood Therapeutics, Inc. ("Dogwood") and are subject to inherent uncertainties, risks and assumptions that are difficult to predict, including risks related to the completion, timing and results of current and future clinical studies relating to Dogwood's product candidates. Further, certain forward-looking statements are based on assumptions as to future events that may not prove to be accurate. These and other risks and uncertainties are described more fully in the section titled "Risk Factors" in the Annual Report on Form 10-K for the year ended December 31, 2024, filed with the Securities and Exchange Commission. Forward-looking statements contained in this presentation are made as of this date, and Dogwood undertakes no duty to update such information except as required under applicable law.

Important Additional Information and Where to Find It
Dogwood, its directors and certain of its executive officers are deemed to be participants in the solicitation of proxies from Dogwood stockholders in connection with Dogwood's expected special meeting seeking stockholder approval of conversion of Dogwood's preferred stock ("Preferred Stock") and other matters related to the business combination with Wex Pharmaceuticals, Inc. (the "Combination".) Information regarding the names of Dogwood's directors and executive officers and their respective interests in Dogwood by security holdings or otherwise can be found in Virios Therapeutics, Inc.'s proxy statement for its 2024 Annual Meeting of Stockholders, filed with the SEC on April 25, 2024. To the extent holdings of Dogwood's securities have changed since the amounts set forth in Virios Therapeutics Inc.'s proxy statement for the 2024 Annual Meeting of Stockholders, such changes have been or will be reflected on Initial Statements of Beneficial Ownership on Form 3 or Statements of Change in Ownership on Form 4 filed with the SEC. These documents are available free of charge at the SEC's website at www.sec.gov. Dogwood intends to file a proxy statement and accompanying proxy card with the SEC in connection with the solicitation of proxies from Dogwood stockholders in connection with Dogwood's expected special meeting seeking stockholder approval of conversion of the Preferred Stock and other matters related to the Combination. Additional information regarding the identity of participants, and their direct or indirect interests, by security holdings or otherwise, will be set forth in Dogwood's proxy statement for such special meeting, including the schedules and appendices thereto. INVESTORS AND STOCKHOLDERS ARE STRONGLY ENCOURAGED TO READ ANY SUCH PROXY STATEMENT AND THE ACCOMPANYING PROXY CARD AND ANY AMENDMENTS AND SUPPLEMENTS THERETO AS WELL AS ANY OTHER DOCUMENTS FILED BY DOGWOOD WITH THE SEC CAREFULLY AND IN THEIR ENTIRETY WHEN THEY BECOME AVAILABLE AS THEY WILL CONTAIN IMPORTANT INFORMATION. Stockholders will be able to obtain copies of the proxy statement, any amendments or supplements to the proxy statement, the accompanying proxy card, and other documents filed by Dogwood with the SEC for no charge at the SEC's website at www.sec.gov. Copies will also be available at no charge at the Investor Relations section of Dogwood's corporate website at https://ir.DWTX.com/ or by contacting Dogwood's Investor Relations at Dogwood Therapeutics, Inc., 44 Milton Avenue, Alpharetta, GA 30009 or by emailing

Dogwood's Investor Relations at IR@dwtx.com or (866) 620-8655.

Dogwood is Led by an Executive Team with Extensive Drug Development and Commercialization Experience

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DWTX Executive Team

Greg Duncan
Chairman & CEO

Pfizer · UCB · Celtaxsys

R. Michael Gendreau
MD, PhD CMO

Cypress · INTEC PHARMA

Angela Walsh
CFO

ALTEA THERAPEUTICS · Celtaxsys

Ralph Grosswald
SVP of Operations

EMORY HEALTHCARE · Celtaxsys

Meng Zhou
VP Manufacturing

Johnson & Johnson · ThermoFisher SCIENTIFIC

Management's Brand Development & Commercialization Experience Includes:

- Zoloft (sertraline HCl)
- VIAGRA (sildenafil citrate) tablets
- LIPITOR atorvastatin calcium tablets
- CELEBREX
- Aricept
- LYRICA PREGABALIN
- cimzia (certolizumab pegol)
- Savella milnacipran HCl

Pipeline Summary

- Completed business combination with Wex Pharmaceuticals in October 2024, including $20M strategic financing
- Strategic finance partner CK Life Sciences International, (Holdings) Inc., a publicly listed company in Hong Kong, owns ~90% of DWTX if/when the preferred shares it holds are converted to common stock

Target Indication	Candidate/Target	Preclinical	Phase 1	Phase 2	Phase 3
Chemotherapy-Induced Neuropathic Pain (CINP)	Halneuron® $Na_v1.7$	→	→	→	
Cancer Pain (CRP)	Halneuron® $Na_v1.7$	→	→		
Acute pain	Halneuron® $Na_v1.7$	→			

Loss of $Na_v1.7$ Function Leads to Congenital Insensitivity to Pain Syndrome

Halneuron® inhibits sodium channels, including $Na_v1.7$, reducing pain signal transmission

Erythromelalgia: Sodium channels remain open increasing pain signals

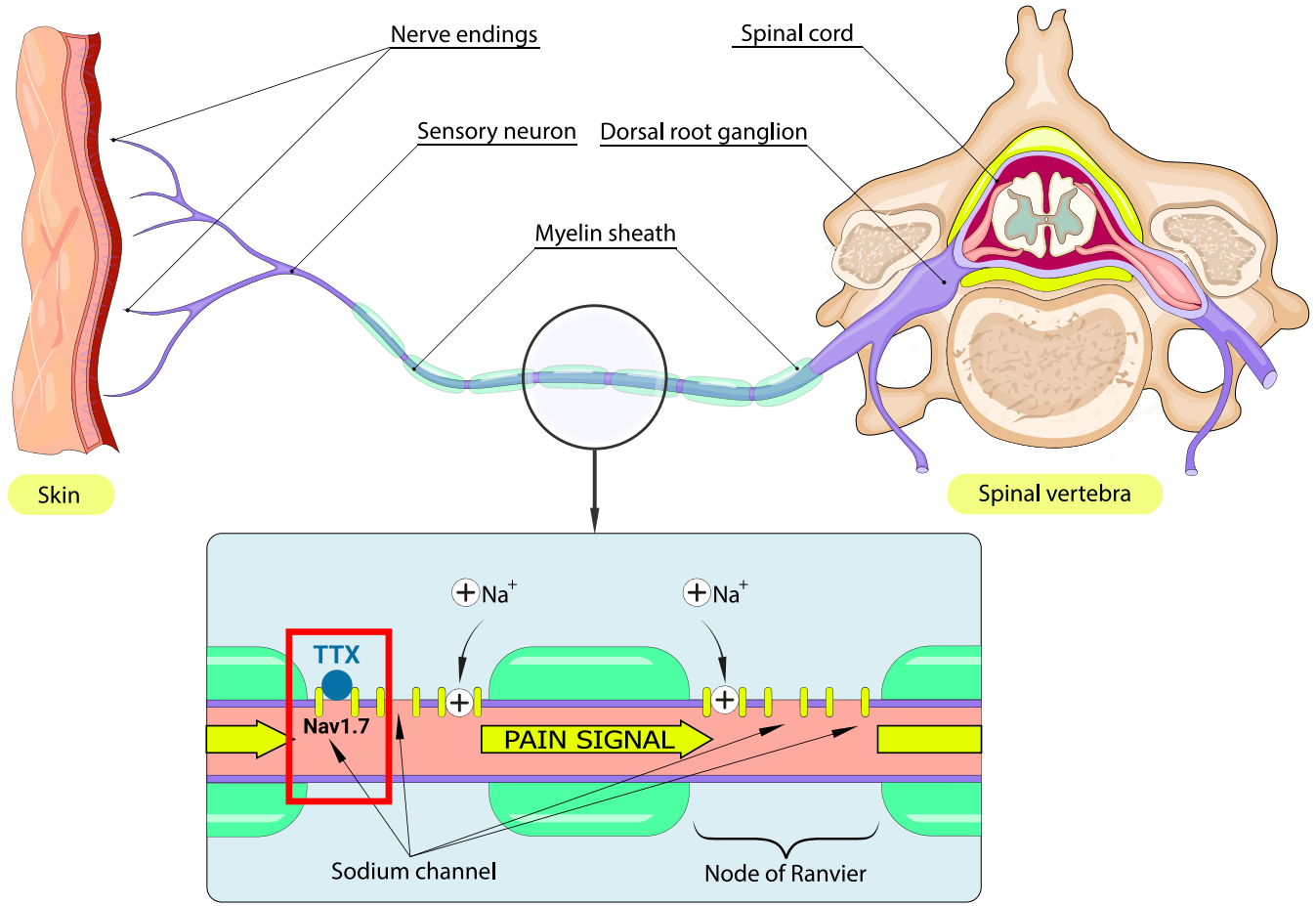
Our Approach – What is Halneuron®?

- Halneuron® is Tetrodotoxin (TTX), a sodium channel blocker and potent small molecule found in puffer fish and several other marine animals (not a peptide or protein)
- Halneuron® works as a painkiller by blocking $Na_v1.7$, a sodium channel responsible for pain signal transmission and associated with certain neuropathies

How Does Halneuron® Work?

Pain signals are nerve impulses that travel along a nerve as electrical signals generated by the movement of sodium ions through ion channels on the surface of nerve cells.

TTX binds to and blocks sodium ion channels on the nerve cell surface, reducing the movement of sodium ions, thereby reducing the conduction of pain signals.

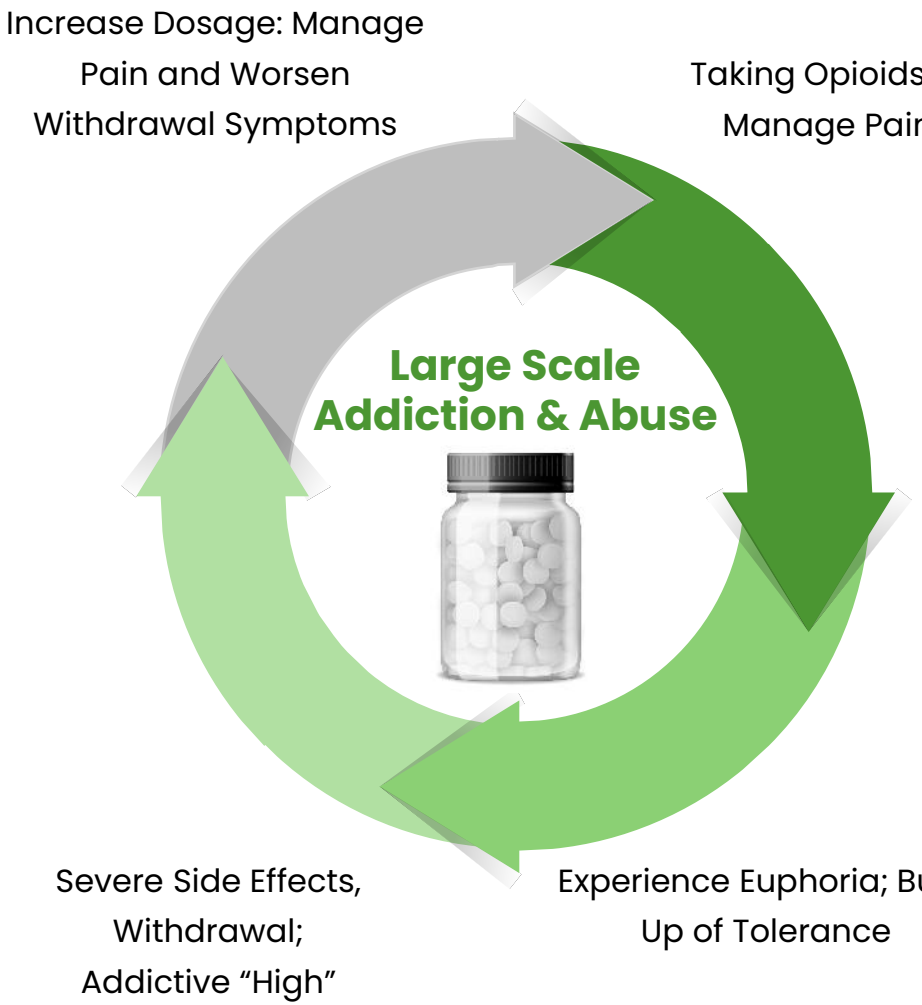


CINP Represents a Major Unmet Medical Need

- Approximately 20M new patients were diagnosed with cancer worldwide in 2022
  - There were 2M new cancer cases in the US in 2024
- Almost 50% (9.8M) of cancer patients are treated annually with chemotherapy
- CIPN is nerve damage caused by certain chemotherapy drugs, leading to a range of symptoms, including pain, numbness, and tingling, often in the hands and feet
  - CINP severity characterized as mild (25%), moderate (50%), or severe (25%)
- Estimates suggest almost 70% of patients treated with chemotherapy experience CINP
  - 40% of cancer patients live with chronic pain
  - 30% of chemotherapy treated patients continue to experience CINP six months post treatment
- Chemotherapy utilization is expected to increase by 54% by 2040
  - Platinum/taxane chemotherapy responsible for 70% of CINP
- More than one-in-three (38%) CINP patients are likely to be treated with opioids in 2027

Notes: *American Cancer Society;* 2024, *WHO*, 2024; *Lancet Oncology*, 2019; *DelveInsight,* 2018

Vicious Cycle With Opioid Pain Therapies



Current Problem:

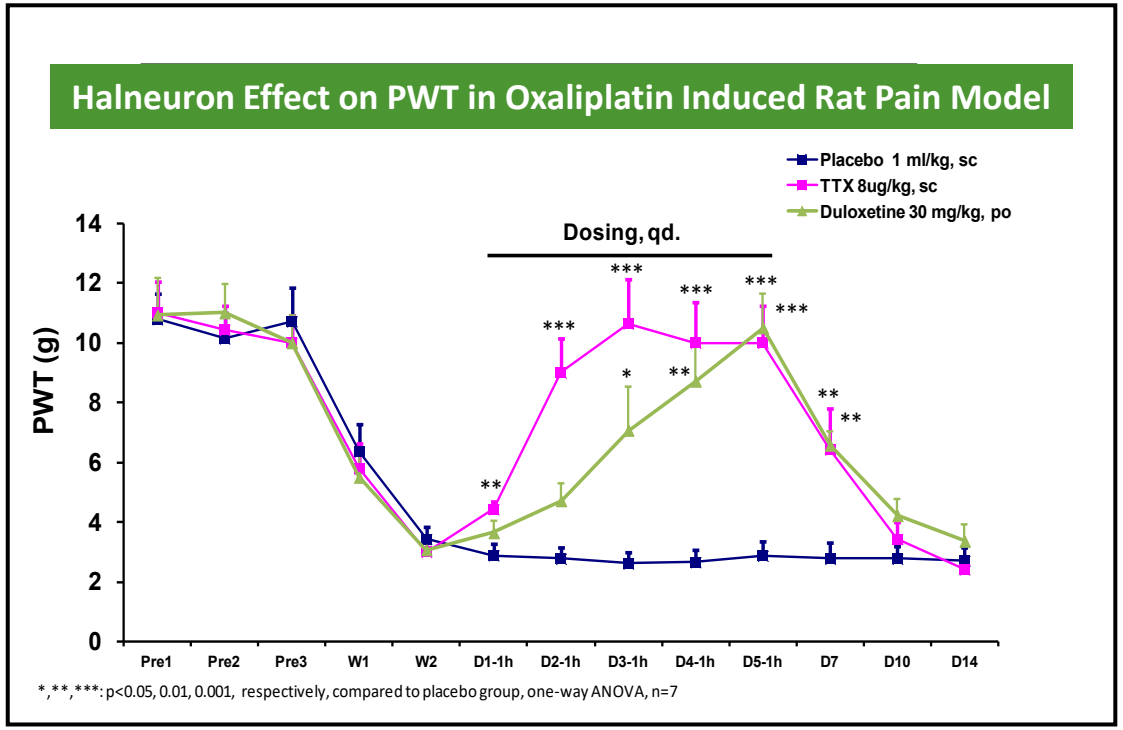
While effective at managing pain, opioids have numerous concerning issues:

- Highly addictive, a recognized public health crisis
- Severe side effects
- Withdrawal symptoms prevent reducing dosage
- Addiction, withdrawal symptoms, and side effects worsens as potency increases to manage long-term and chronic pain conditions
- Over 53,000 opioid deaths in the past 12 months in the US alone[1]
- ~35.6 million people suffered from drug use disorders worldwide in 2018[2]

Notes:
1. CDC - https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
2. WHO - https://www.who.int/news-room/fact-sheets/detail/opioid-overdose

Preclinical Efficacy of Halneuron® in Rat Oxaliplatin-Induced Neuropathic Pain Study

- Adult male Sprague-Dawley rats.
- Oxaliplatin 4 mg/kg, injected intravenously, twice a week, repeated up to 9 times to induce mechanical allodynia.
- Paw withdrawal threshold (PWT) used as an indicator of neuropathy
- The rats showing significant mechanical allodynia
  - PWT ≤ 4g were used as an indicator.
- TTX 8ug/kg or vehicle injected subcutaneously, q.d.
- Duloxetine given orally, at 30 mg/kg, q.d.as active control (3,750 X the TTX dose)



Halneuron® is a Voltage-Gated Sodium Channel Modulator that is Selective to $Na_v1.7$

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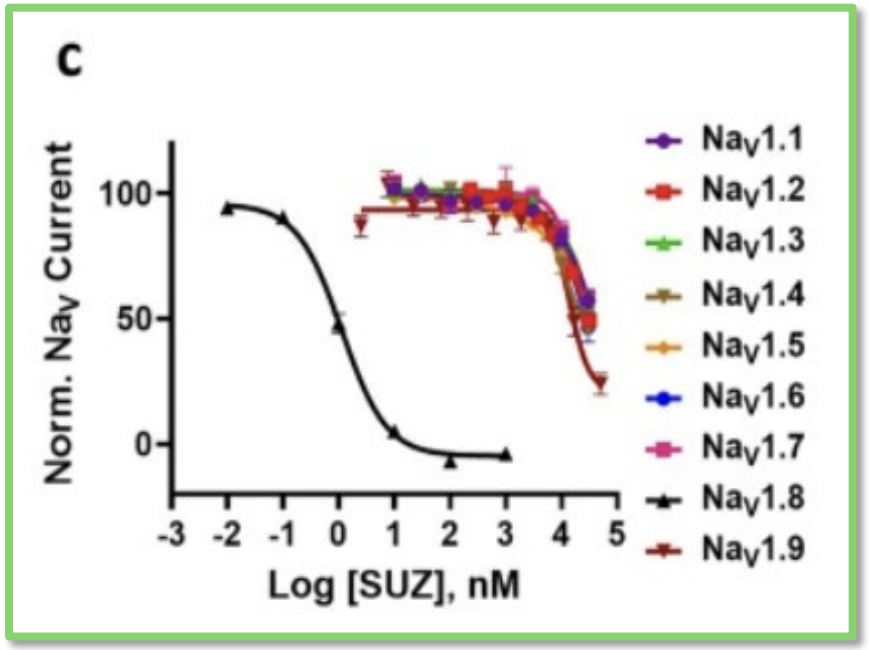
Halneuron® $Na_v1.7$ Selectivity

Channel	TTX Sensitivity	Predominant Distribution
$Na_v1.7$	**EC_{50} = 24.5 nM**	**PNS (DRG)**
$Na_v1.8$	EC_{50} = 60,000 nM	PNS (DRG)
$Na_v1.9$	EC_{50} = 40,000 nM	PNS (DRG)
$Na_v1.4$	EC_{50} = 25 nM	Skeletal Muscle
$Na_v1.5$	EC_{50} = 5,700 nM	Heart
$Na_v1.1$	EC_{50} = 6 nM	CNS
$Na_v1.2$	EC_{50} = 18 nM	CNS
$Na_v1.3$	EC_{50} = 4 nM	CNS
$Na_v1.6$	EC_{50} = 6 nM	CNS

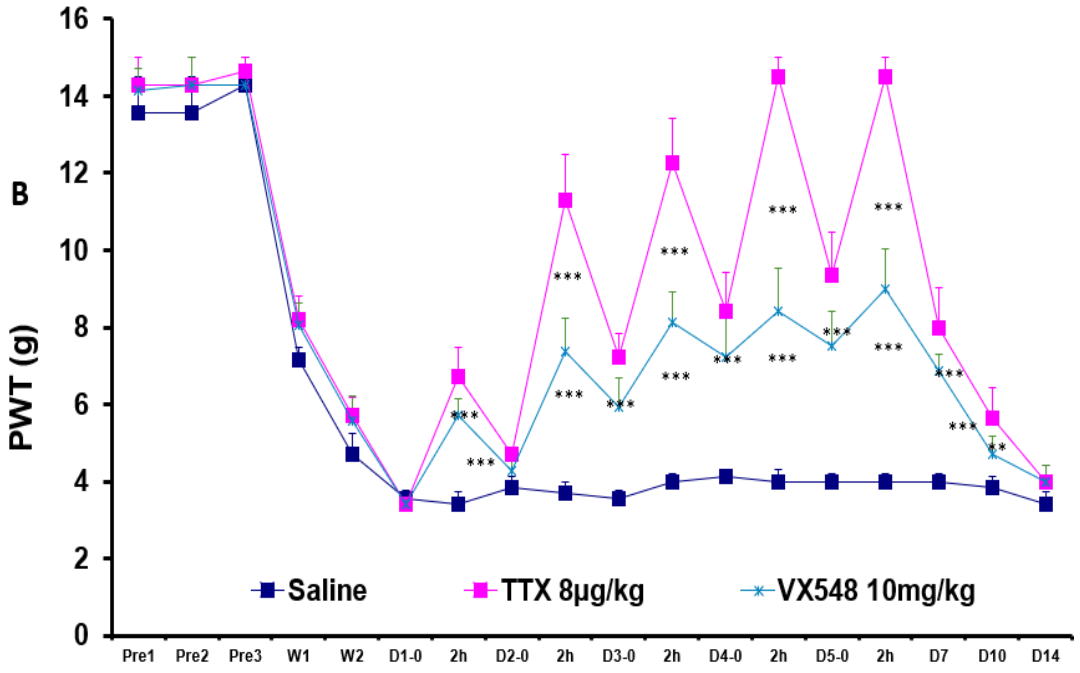
Suzetrigine is selective for $Na_v1.8$



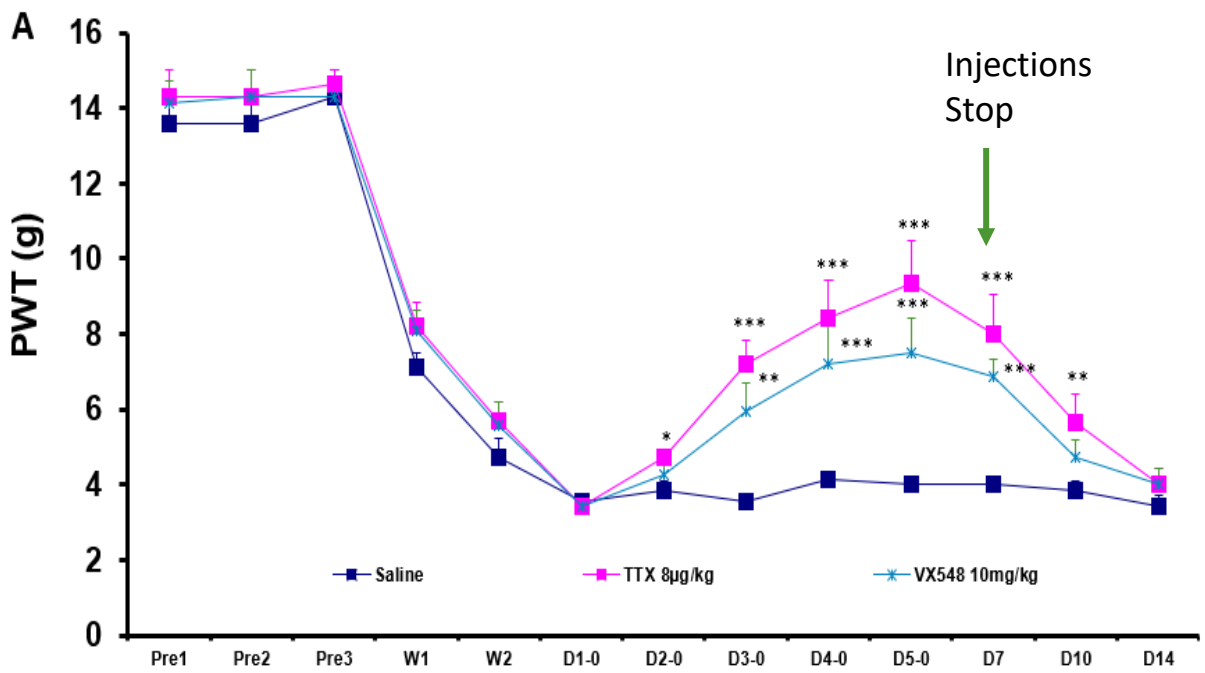
- Six isoforms are deemed Halneuron® sensitive
- Only $Na_v1.7$ is found in the PNS (peripheral nervous system) regulating pain signaling
- Halneuron® does not cross the blood-brain barrier, providing relief without CNS (central nervous system) side effects

Source: Catterall WA, Goldin AL, Waxman SG. International Union of Pharmacology. XLVII. Nomenclature and structure-function relationships of voltage-gated sodium channels. Pharmacol Rev. 2005 Dec;57(4):397-409J; Channels 2(6): 407-412, 2008. Lee et al.; Osteen et al, Pain Ther, 2025

Halneuron® Pain Reduction in Preclinical Paw Withdrawal Model Compared to VX548 (TTX 1000 X lower dose)



*,**,***: p<0.05, 0.01, 0.001, respectively, compared to Saline group, one-way ANOVA, n=7.



*,**,***: p<0.05, 0.01, 0.001, respectively, compared to Saline group, one-way ANOVA, n=7.

Halneuron® Efficacy Compares Favorably with Recently Approved Suzetrigine at all Tested Doses

Halneuron® Efficacy Builds as Evidenced by Higher Pre-Dose Threshold Prior to Future Doses

Previous Phase 2 Human Studies- Cancer Related Pain (CRP)

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Cancer Related Pain Phase 2 Study (n=165)

- Tested for efficacy and safety of Halneuron® for moderate to severe inadequately controlled pain post cancer therapy
  - Included neuropathic and non-neuropathic pain patients
- Randomized, double-blind, placebo-controlled, parallel-design, multicenter trial
- Statistically significant efficacy achieved based on a pain reduction endpoint
- Some patients demonstrated pain relief for more than 50 days post injection
- Halneuron® showed an acceptable safety profile in cancer patients

Phase 2 CRP Study – Halneuron® Demonstrated Statistically Significant Pain Reduction

Cancer Related Pain – 8 Injections over 4 days – long term follow-up every 15 days after primary endpoint

51% of patients on Halneuron® experienced a ≥30% reduction in pain vs. 35% on Placebo

	TTX [1]		Placebo [2]		Difference
Responder [3]	33	*51%*	29	*35%*	16%
Non-Responder	32	*49%*	55	*65%*	
Total	**65**		**84**		
95% C. I.	0.4 - 32.1				
p-value	**0.046**				

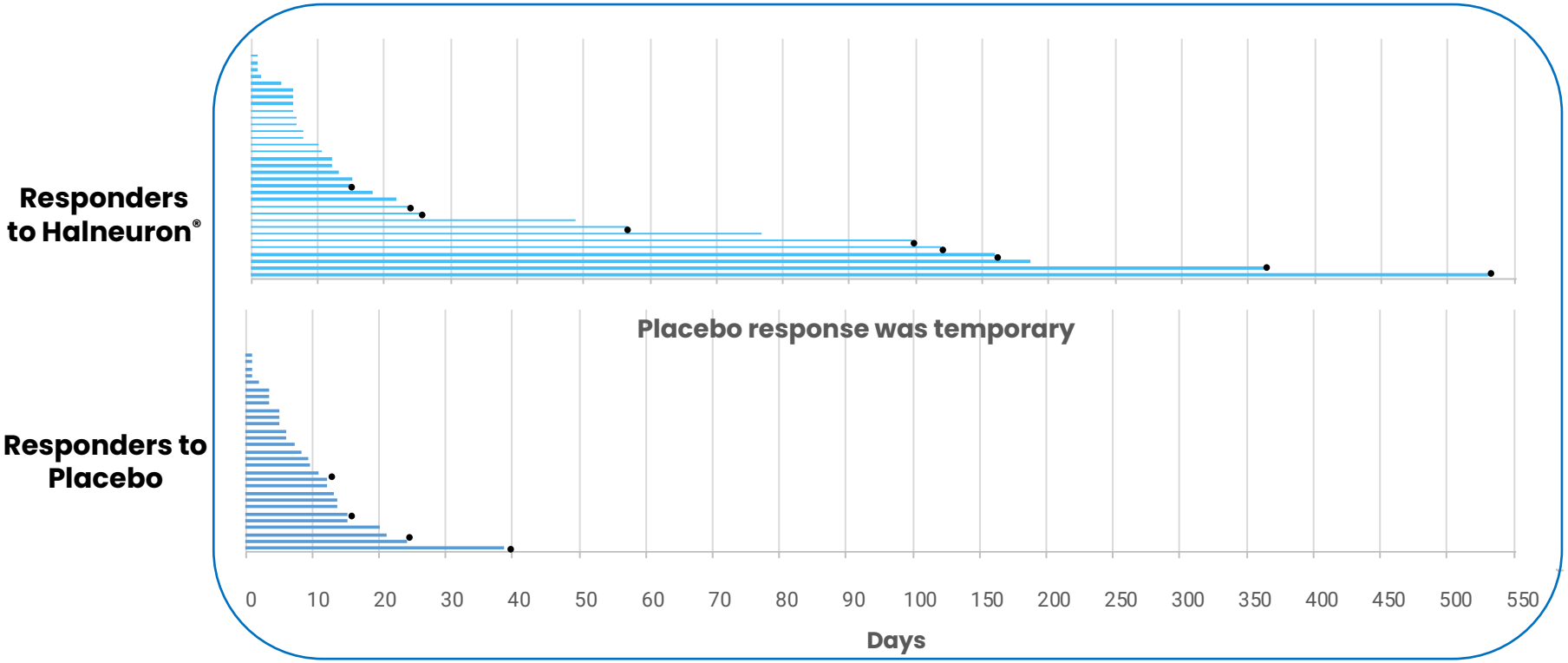
A "Responder" was defined as a patient who had a mean reduction in pain intensity of ≥ 30%; or ≥ 50% reduction in opioid use

Phase 2 CRP Study: Long Duration of Pain Relief for Initial Responders

Duration of response assessed for those initial patient responders agreeing to participate in follow-up assessment

- A "Responder" is defined as a mean reduction in pain intensity of ≥30% or 50%+ decrease of opioid use at endpoint

Mean pain response for Halneuron® responders was 57.7 days vs 10.5 days for placebo responders



Previous Phase 2a Signal-Seeking Study in Chemotherapy Induced Neuropathic Pain (CINP)

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CINP Phase 2a Signal-Seeking Study (n=125)

- A dose-finding trial evaluating efficacy and safety of Halneuron® in CINP patients
- Evaluated three dose levels and two dosing regimes (BID vs QD)
- Randomized, double-blind, dose-finding, placebo-controlled, multicenter study
- Identified the dose/regimen to be used in subsequent Phase 2b study (current study)
- Halneuron® showed an acceptable safety profile in CINP patients, similar to that seen in CRP

Halneuron® Exhibits an Acceptable Safety Profile

Phase 2 CRP Study Clinical Safety (n=165)

- Majority of AEs were mild-to-moderate in severity
- Most common AEs were expected and resolved naturally
- AEs were observed less frequently in studies with healthier populations with fewer concomitant medications
- AEs were short in duration and confined to the injection period
- No clinically significant impact on lab tests, vital signs, ECG
- Overall, SAE rate is low

Phase 2a CINP Study Clinical Safety (n=125)

Adverse Event	TTX 30 µg QD x 4 days N=25 N (%)	TTX 30 µg BID x 4 days N=26 N (%)	Placebo x 4 days N=25 N (%)
Paraesthesia oral (tingling or prickling sensation in oral region)	10 (40.0%)	11 (42.3%)	3 (12.0%)
Hypoaesthesia oral (numbness or decreased sensation in oral region)	6 (24.0%)	10 (38.5%)	3 (12.0%)
Headache	1 (4.0%)	9 (34.6%)	5 (20.0%)
Dizziness	3 (12.0%)	8 (30.8%)	5 (20.0%)
Paraesthesia (tingling or prickling sensation in extremities)	5 (20.0%)	7 (26.9%)	6 (24.0%)
Nausea	1 (4.0%)	6 (23.1%)	6 (24.0%)
Fatigue	5 (20.0%)	3 (11.5%)	4 (16.0%)
Pain in extremity	4 (16.0%)	3 (11.5%)	2 (8.0%)
Dysgeusia (taste distortion)	2 (8.0%)	3 (11.5%)	0
Back pain	1 (4.0%)	3 (11.5%)	3 (12.0%)
Burning sensation	1 (4.0%)	2 (7.7%)	2 (8.0%)

Notes:
1. Adverse Events ranked by Preferred Term in TTX-CINP-201 for BID Dosing Arm
2. Also reported in separate clinical trial using a single dose in healthy volunteers, 99.4% of AEs reported were mild or moderate

Current Halneuron® 4-Week Phase 2b CINP Study

Baseline	Week 1	Week 2	Week 3	Week 4
Run-in Period Avg. of Days -7 to -1	**8 Halneuron® treatment injections spaced over 2 weeks**			**Primary Endpoint End of Study**

- **Primary Objective of the 4-Week Phase 2b study**
  - To explore the safety and efficacy of Halneuron® in the treatment of patients with moderate-to-severe CINP
- **Primary Efficacy Endpoint**
  - Change from baseline at Week 4 in the weekly average of daily 24-hour recall pain intensity scores, comparing Halneuron® to placebo
  - Based on entries in e-diary implemented on personal smartphone
- **Secondary Efficacy Endpoints**
  - Patient Global Impression of Change (PGIC), PROMIS Fatigue, PROMIS Sleep, PROMIS-29, Pain Interference, Hospital Anxiety and Depression Scale (HADS), Neuropathic Pain Symptom Inventory (NPSI)
- Target enrollment of 200 patients, subject to modification post Phase 2b interim analysis (projected in Q4 2025)

Halneuron® - Fulfills Many Requirements Of An Ideal Analgesic

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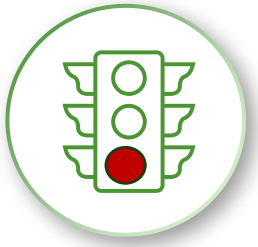
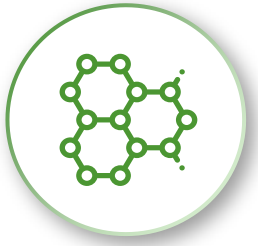
Novel, non-opioid $Na_v1.7$ mechanism of action to treat pain



Reduced pain in both Cancer Related Pain and CINP clinical trial

Long-lasting relief, with responders exhibiting almost of two months of pain relief



No evidence of addiction, euphoria or tolerance

Demonstrated acceptable safety profile from tests in over 700 patients

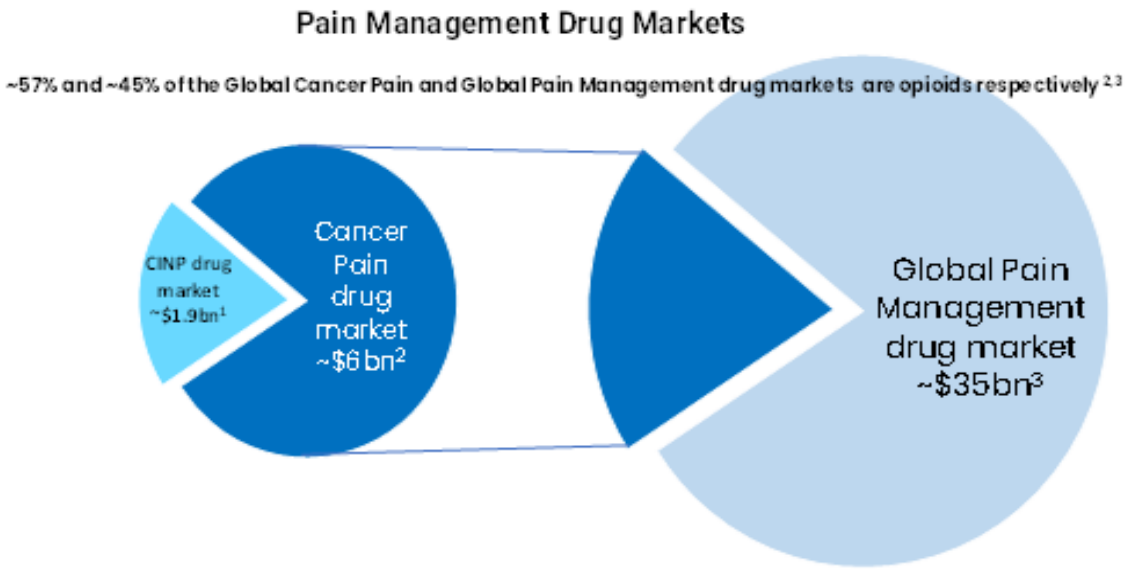
IP and exclusivity protected via manufacturing know-how and trade secrets

There are no FDA approved CINP medicines, highlighting a large market opportunity

Based on promising research and results to-date, Halneuron® is well-positioned to be a credible alternative to manage pain

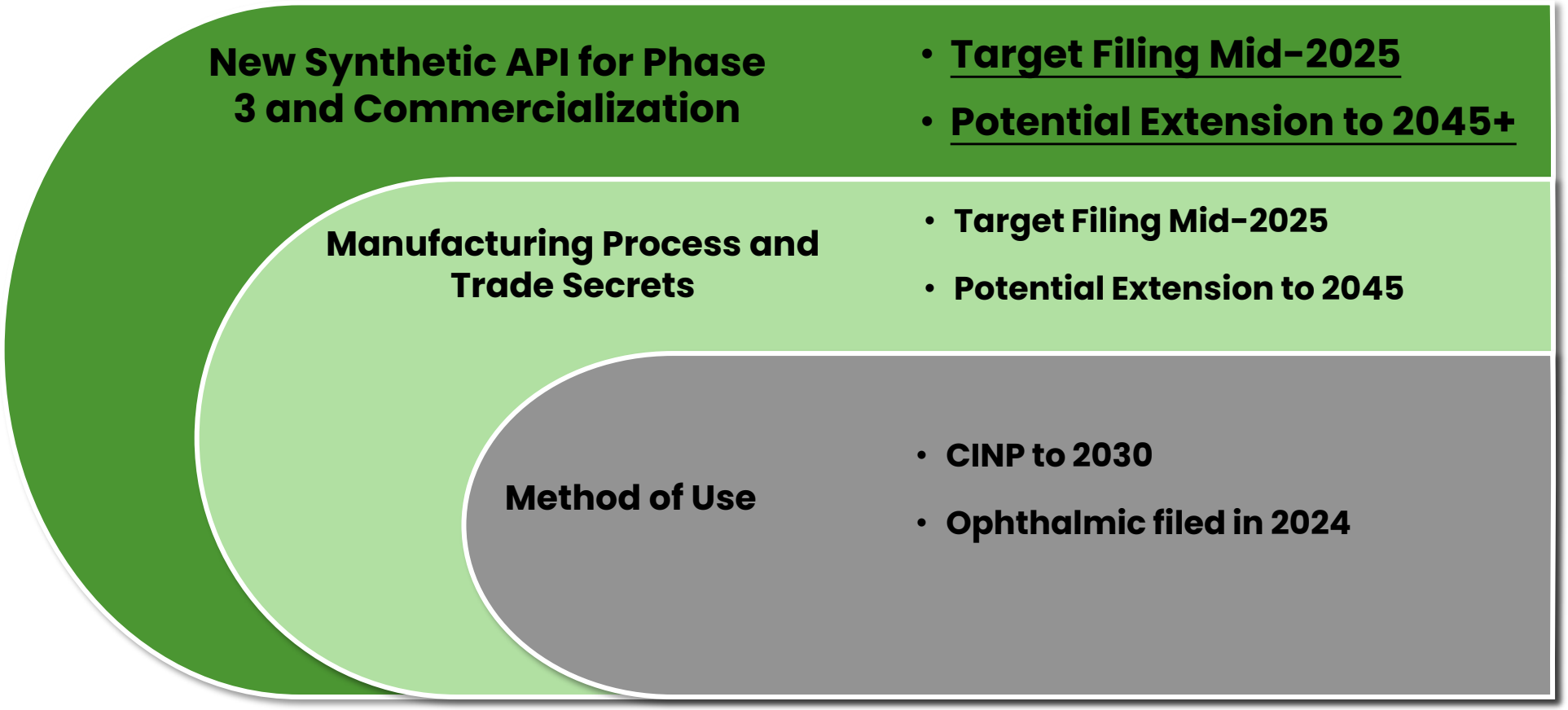
Ability to Effectively Treat CINP Opens a Large Market Opportunity

- No FDA-approved treatments for CINP
- Medications like duloxetine, gabapentin, pregabalin, or tricyclic antidepressants and opioids are used to help manage neuropathic pain
    - Opioids account for 38% of the global CINP treatment market
- There are ~1.7 million CINP patients in the 7 major markets alone (US, Japan, EU5)
- Halneuron® CRP life-cycle plan target represents a global target patient pool 7.5X larger than CINP population



Notes:
1. Delveinsight December 2018, Chemotherapy-Induced Peripheral Neuropathy, Market insights, Epidemiology and Market Forecast 2018-2027
2. Allied Market Research December 2018, Global Cancer Pain Market, Opportunity Analysis and Industry Forecast 2018-2025
3. LP Information December 2019, Global Pain Management Drugs Market growth 2019 -2024
4. Windbank, Annals pf Neurol, Naurol, 2017
5. Cancer facts & Figures 2021, CA: A Cancer Journal for Clinicians

Intellectual Property & Drug Manufacturing



As a new chemical entity, Halneuron® would enjoy at least five years of regulatory exclusivity following FDA approval

Combination Antiviral Programs

Novel Combination Antiviral Program Targets Two Areas of Unmet Medical Need

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Two novel, late-stage clinical stage development assets:

- **IMC-1 (famciclovir + celecoxib) ready for Phase 3 development as treatment for fibromyalgia:**
  - FDA agreement to enter Phase 3 post End-of-Phase 2 meeting;
    - Pharmacokinetic/Food Effect Study
    - Study 1: Head-to-Head 12-Week Study of IMC-1 vs Placebo
    - Study 2: Multifactorial, 12-Week Study of IMC-1 vs Placebo vs Famciclovir vs Celecoxib
    - Study 3: Long-term safety extension study
  - Exploring Phase 3 partnership and extended-release dosage formulation to extend IP
- **IMC-2 (valacyclovir + celecoxib) Phase 2 Long-COVID study ongoing:**
  - Proof-of-concept study completed in 2023, new IP filed with protection potential to 2044
  - We have clarity from FDA on the development requirements associated with advancing IMC-2 into Phase 2 development as a treatment for Long-COVID symptoms
  - Exploring Phase 2b funding/partnership options with new IMC-2 formulation

2025 Milestones and Catalysts

Candidate/Target	Target Indication	Next Key Milestone
Halneuron® $Na_v1.7$	CINP	Q1: First Patient Dosed in Phase 2b trial Q2/Q3: New Synthetic IP Filed Q3: Phase 2b Trial 50% Enrolled Q4: Phase 2b Interim Data Redout
IMC-1 Antiviral	Fibromyalgia	Phase 3 Partnership Update 1H
IMC-2 Antiviral	Long-COVID/ PASC	Q2 Phase 2b Funding Update

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