



TARGETED SCIENCE.
BIGGER POSSIBILITIES.

TURNING
COLD TUMORS
INTO HOT
OPPORTUNITIES

Making Immunotherapy Cancer Drugs Work For More Patients.

The Clinical Promise of 'THT'

SEPTEMBER 2026

OTCQB: [SNANF](#) | CSE: [SONA](#)

Forward Looking Statement

This presentation contains forward-looking information under applicable securities law. All information that addresses activities or developments that we expect to occur in the future is forward-looking information. Forward-looking statements are based on the estimates and opinions of management on the date the statements are made.

Such forward-looking statements include, but are not limited to, statements regarding the benefits to accrue to Sona from the future development of Targeted Hyperthermia Therapy and the development of diagnostic devices.

Forward-looking statements are necessarily based upon a number of assumptions or estimates that, while considered reasonable, are subject to known and unknown risks, uncertainties, and other factors which may cause the actual results and future events to differ materially from those expressed or implied by such forward-looking statements, including the risk that Sona may not be able to secure the required regulatory approvals, enroll study participants in a timely manner, successfully obtain sufficient clinical and other data to support successful regulatory submissions, raise sufficient additional capital, secure patents or develop the envisioned therapy, and the risk that THT may not prove to have the benefits currently reported and anticipated.

Actual results may differ materially from those set forth in this presentation due to risks and uncertainties affecting Sona and its products, including the demand for Sona's therapies and tests which may be adversely affected by introduction or success of competing products, the ability for Sona to successfully develop longer-term applications for its technology and other risks detailed from time to time in Sona's ongoing filings and in its most recent annual information form filed with the Canadian regulatory authorities on SEDAR+ at www.sedarplus.ca.

Readers are cautioned not to place undue reliance on these forward-looking statements and are encouraged to read Sona's continuous disclosure documents which are available on SEDAR+. Such statements should not be regarded as a representation that any of the plans, expectations or intentions will be achieved. Sona takes no responsibility to update forward-looking statements in this presentation except as required by law.



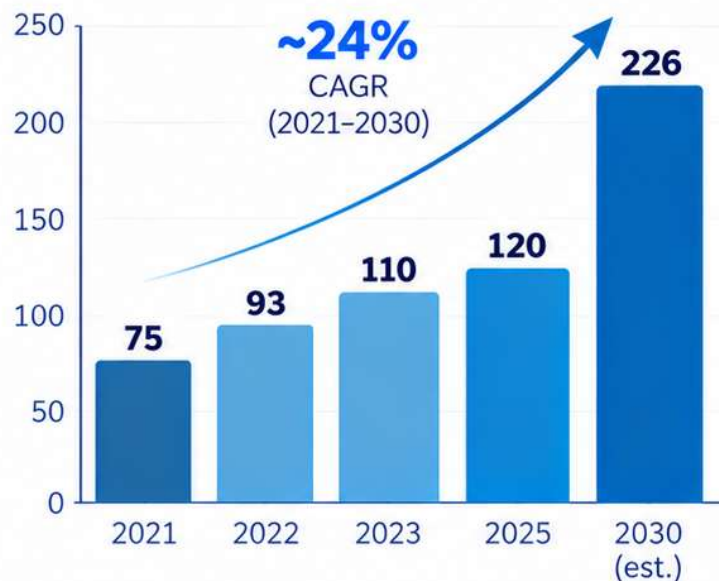
Executive Summary



- 60-99% of patients fail today's best cancer drugs, depending on the solid cancer type
 - Patients fail due to a lack of prior immune system engagement in fighting the cancer
- Sona's THT therapy effectively primed 8/10 biopsied tumors in patients who had failed on standard immunotherapy
 - 6 of those 10 showed no evidence of cancer on biopsy within two weeks
 - No re-growth unexpectedly observed in several patients at six-month follow-up
- Combination therapy of THT with immunotherapy *in mice* demonstrated complete cancer suppression
 - No cancer re-growth seen in 38% of the combination-therapy cohort in a 48 day preclinical study
- Next human study assessing Sona's THT + immunotherapy due to start this fall
 - Late-stage melanoma patients who failed immunotherapy to have tumors primed with THT and immunotherapy re-introduced
- Multiple valuation catalysts expected
 - Sona's landmark, first-in-human results expected to be published in peer-reviewed journal this fall
 - Results from next human study in combination with immunotherapy expected next year
 - Working with Health Canada for an approval for an 80 patient clinical trial

Cancer Immunotherapy Drugs Sell **\$120B+ Per Year**

Global immuno-oncology drug sales (USD Billions)



\$120B

GLOBAL IMMUNO-ONCOLOGY
DRUG MARKET IN 2025

Keytruda®
(pembrolizumab)

\$31.7B

2025 global sales

Opdivo®
(nivolumab)

\$10.0B

2025 global sales

IMMUNOTHERAPY HAS TRANSFORMED LIVES



MILLIONS OF
PATIENTS TREATED
WORLDWIDE



DURABLE,
LONG-TERM
RESPONSES



NEW STANDARD
OF CARE IN
MANY CANCERS

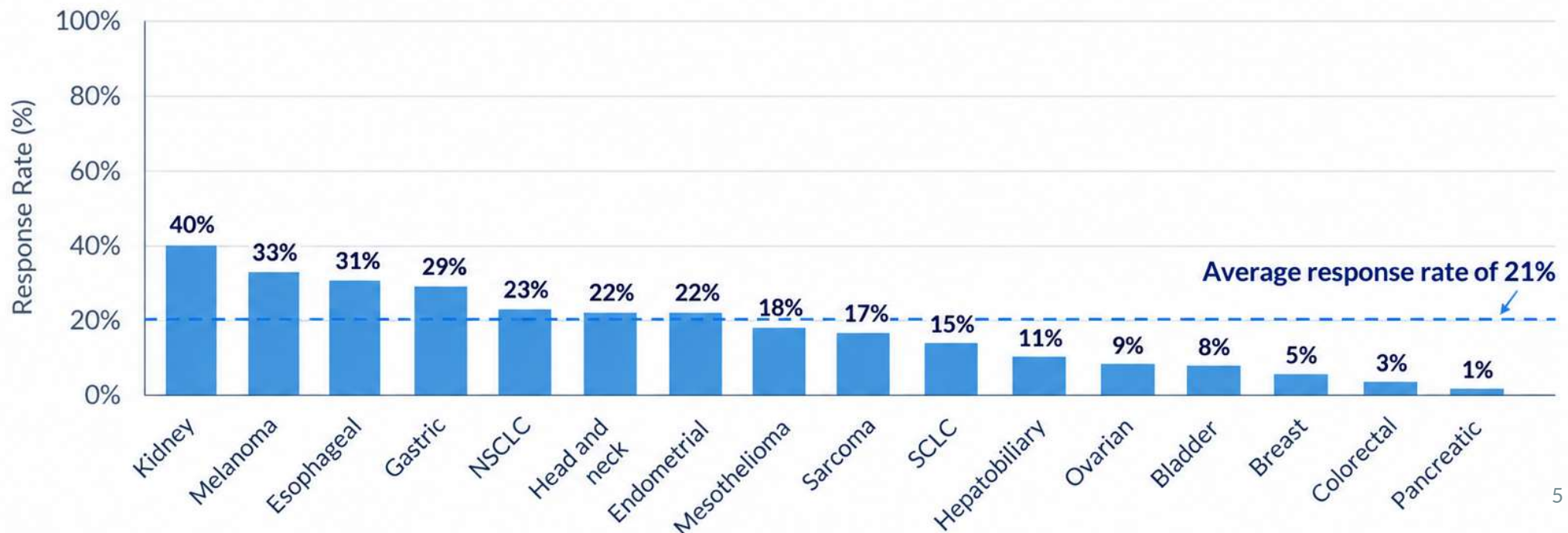


MEANINGFUL
IMPROVEMENTS
IN SURVIVAL

These drugs have transformed cancer treatment.

...But They Only Work On A Minority Of The **Cancer Patients Who Need It**

Immunotherapy Response Rates to Keytruda
(Objective Response Rate by Cancer Type)



Source: JAMA Oncol. 2021 May 1;7(5):739-743.

Why do the best immunotherapy drugs so seldom work?

The Immune System Can't Attack What It **Can't See**

COLD TUMOR

Invisible to the immune system

Cancer cell hiding from
the immune system

T cell
(immune cell)

The immune system
does not recognize
the cancer.

When the immune system can't see the cancer, there is little or no attack —
and immunotherapy drugs have limited effect.

When Cancer is Visible, the Immune System Can Attack

VISIBLE TUMOR

Recognized and attacked
by the immune system

Tumor antigens
visible to the
immune system

T cell
(immune cell)

T cells recognize
the cancer and
launch an attack

When cancer is visible, the immune system can recognize and attack it —
and **immunotherapy drugs can work.**

How Can Tumor **Antigens Be Elicited** To Activate And Engage The Innate Immune System?



1. **Radiation**

Radiation can cause immunogenic cell death, releasing tumor antigens and inflammatory signals.



2. **Oncolytic virus**

Engineered viruses infect and destroy tumor cells, releasing neo-antigens and stimulating an immune response.



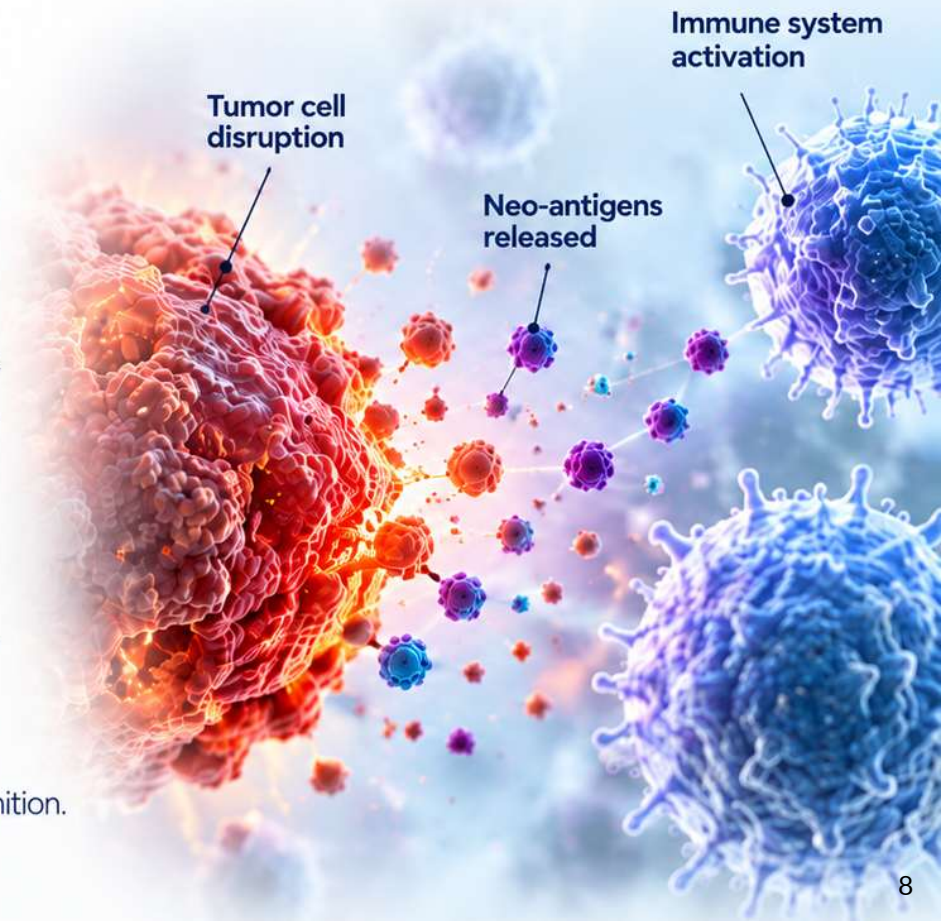
3. **Personalized vaccines**

Patient-specific vaccines train the immune system to recognize tumor neo-antigens.

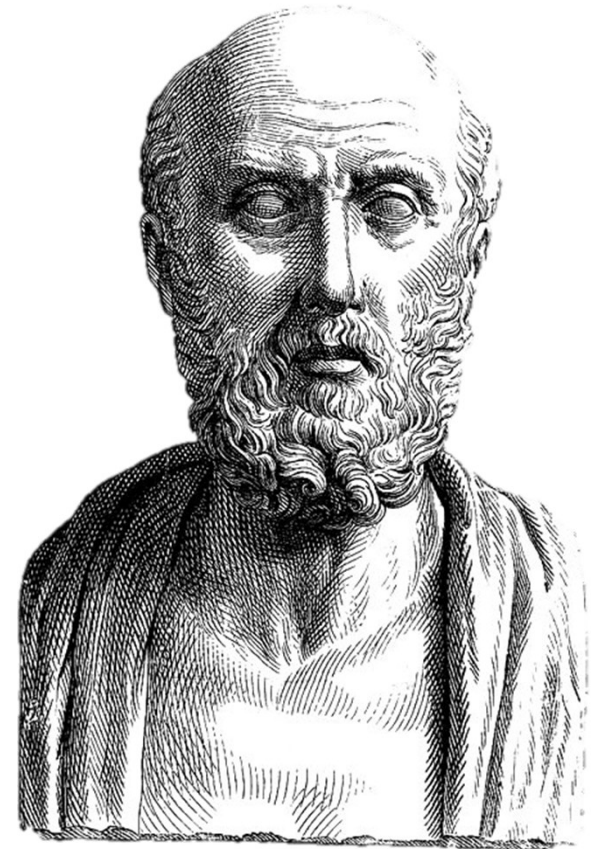


4. **Heat**

Local hyperthermia can induce immunogenic cell death and increase neo-antigen release, enhancing immune recognition.

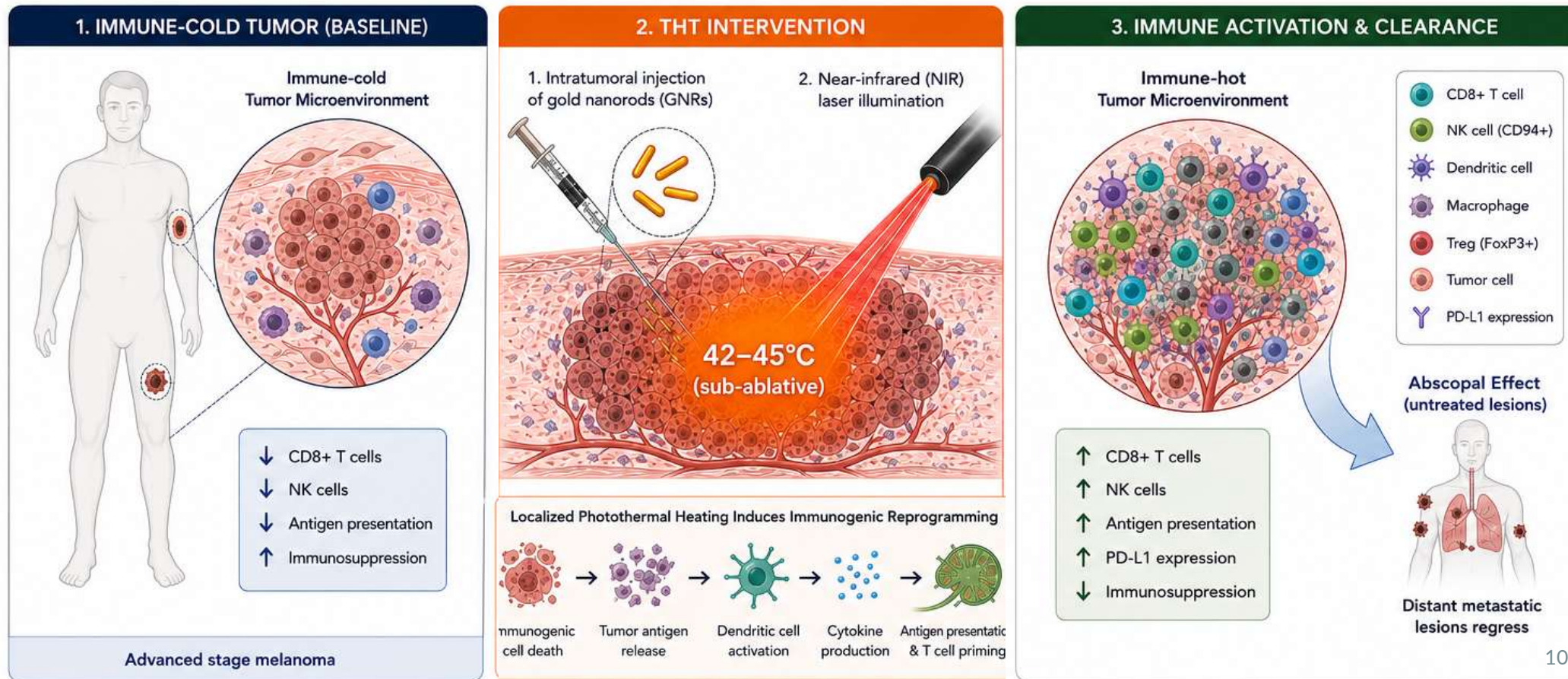


“Give me the
power to **produce
fever**, and I shall
cure any disease.”



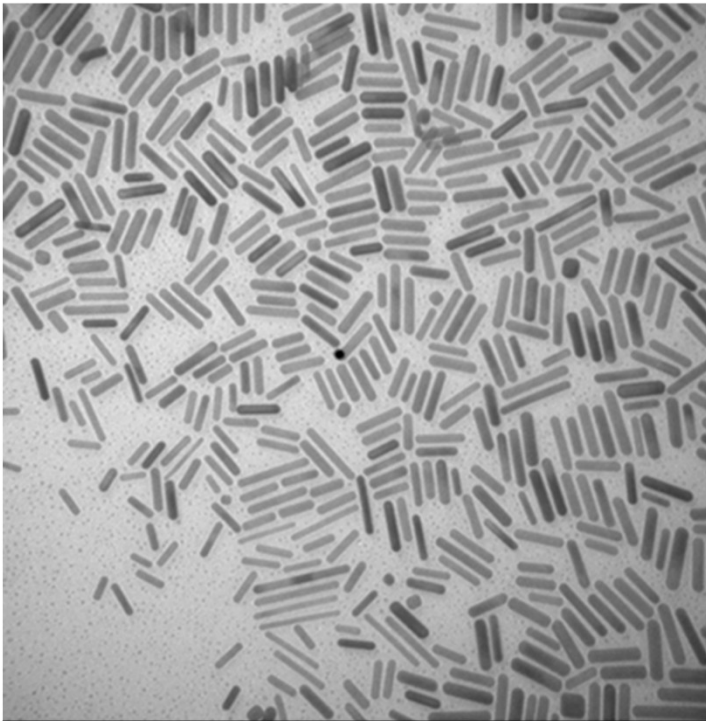
The Father of Medicine
Hippocrates 460-370 BCE

Targeted Hyperthermia Therapy ("THT") Converts 'Cold' Melanoma Tumors Into Immune Responsive Ones



Engaging the immune system converts 'cold' tumors into 'hot' ones better enabling immunotherapies

Sona's Patented Gold Nanorods Heat Quickly And Are CTAB-free So Ideal For *In Vivo* Nanomedical Applications



A nanometer is a billionth of a metre, so a human hair is ~80,000 nanometers thick

Sona's Gold Nanorod's ("GNR") Advantages

- ✓ **Highly functional:**
 - Optimal nanoparticle for thermal conversion
 - Can be 'tuned' to react to set wavelengths
 - Can be conjugated to molecules
- ✓ **Uniquely Biocompatible:**
GNRs made with inert gold and no toxic "CTAB"

✓ Validated by⁽¹⁾:

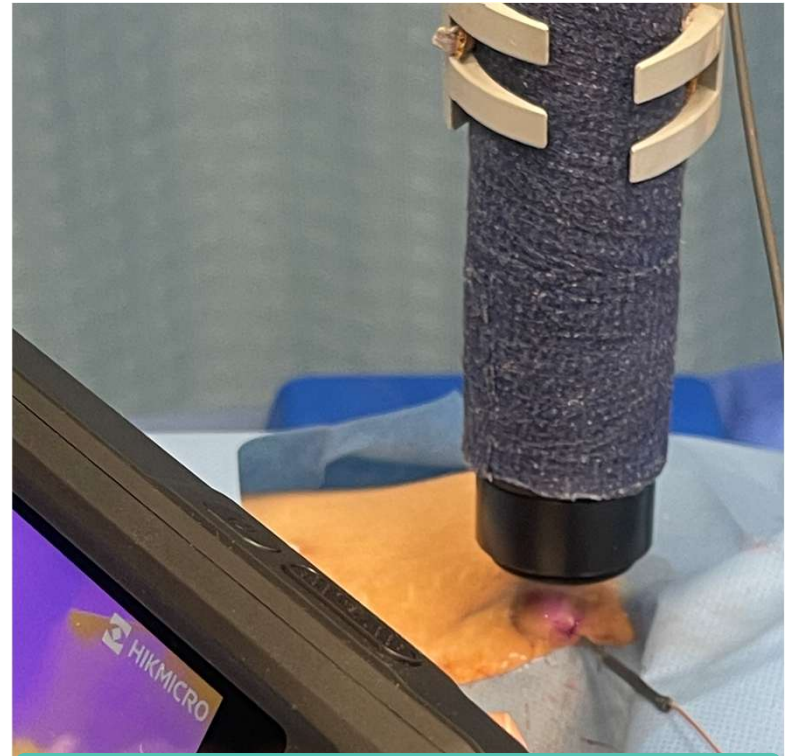


Notes: 1) NCL was founded in 2004 as a formal partnership between National Cancer Institute (NCI), the U.S. Food and Drug Administration (FDA) and the National Institute of Standards and Technology (NIST). The lab is located at the Frederick National Laboratory for Cancer Research and functions as a public-private partnership to bridge the gap between basic nanotechnology research and clinical use

THT Involves In-clinic Injection Of Biocompatible Sona Gold Nanorods Into A Tumor Followed By A 5-10 Minute Application Of Near Infrared Light



Step 1 - Intertumoral injection of 0.5ml GNR solution



Step 2 - Initiate and monitor hyperthermia for 5-10 minutes

THT Cleared Select Cancer Tumors In **Two Weeks**, With Secondary, '**Abscopal Effect**' Seen In Two Patients

Day 1 - Pre-THT



Tumors
treated
with THT

Day 16 - After THT x2



Abscopal effect seen as
untreated tumors improved



8/10

RESPONDERS

Demonstrated pathological
response 15 days after first THT

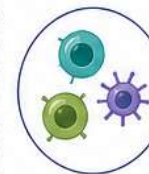


CHILE TRIAL (FIRST-IN-HUMAN) RESULTS

6/10

BIOPSIED TUMORS

Were pathologically cleared
of tumor 15 days after first THT

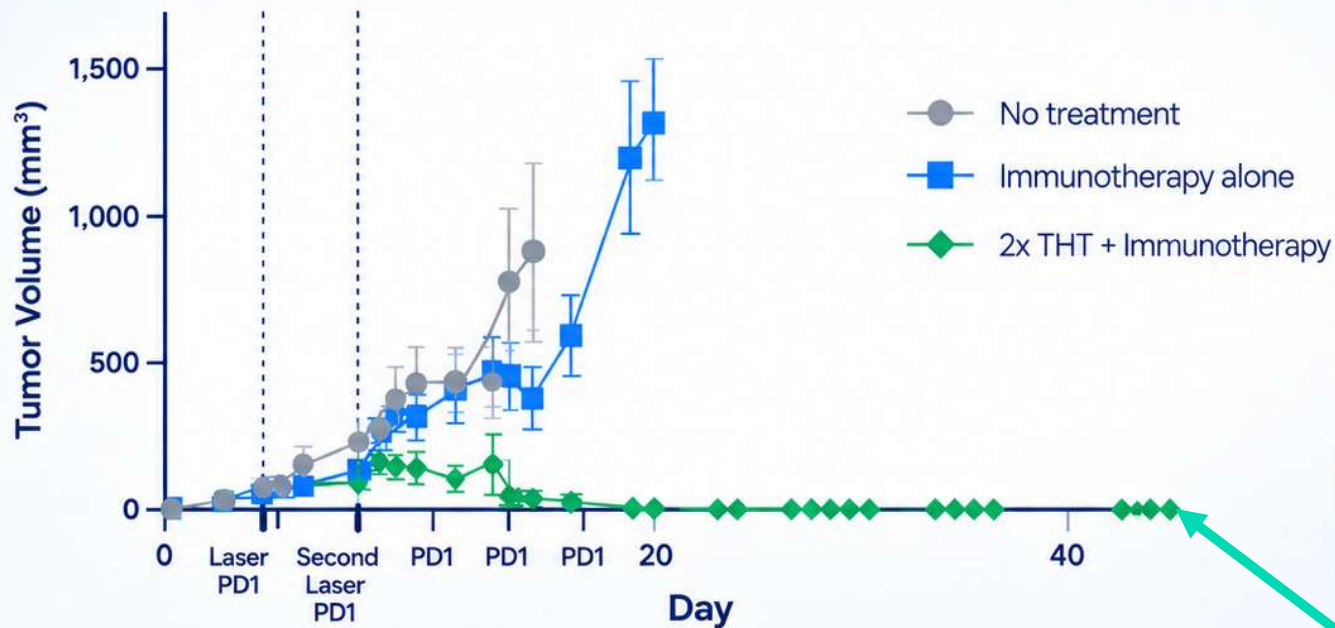


MULTIPLEX IMMUNOFLUORESCENCE

Reveals responders had increased
infiltration of CD8+ T cells and
NK cells, and elevated PD-L1
expression.

THT Improved Immunotherapy Performance In Mice

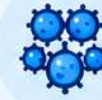
Colorectal Cancer Tumor Volume



Source: The Journal of Nanobiotechnology



THT + immunotherapy led to **sustained tumor regression**



Immunotherapy alone and no treatment resulted in **continued tumor growth**

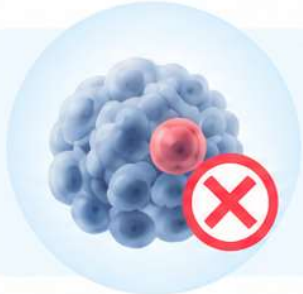


Supports THT's ability to **prime tumors for immunotherapy**

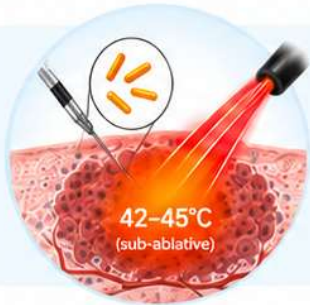
38% of combination therapy cohort showed treatment durability to day 48

THT enabled immunotherapy to work.

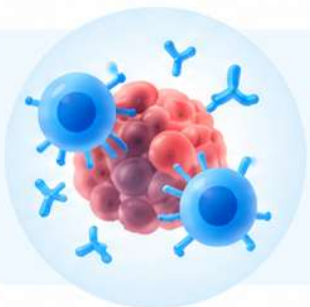
Next Clinical Study To Combine THT With Immunotherapy



Patient fails immunotherapy



THT treatment to 'prime' the tumor



Immunotherapy reintroduced

In Summary, Sona's THT Approach:

- 1 Make the cancer **visible**.
- ↓
- 2 Let the immune system **attack** it.
- ↓
- 3 Enable immunotherapy **to amplify** the attack.

STRATEGIC POSITIONING

Different Routes. Same Destination.

Moderna and Merck validated the principle. THT takes a different route to the same destination.



PERSONALIZED NEOANTIGEN VACCINES

Patient-specific immune
priming.



ONCOLYTIC VIRUSES & BIOLOGICS

Stimulate immune
recognition.



SONA'S TARGETED HYPERTHERMIA (THT)

Fever-range heat.
Tumor as its own antigen source.



SIMPLER

Easier to administer.



FASTER

Potentially shorter time to effect.



LESS EXPENSIVE

Could reduce manufacturing costs.

ACTIVATE THE IMMUNE SYSTEM

MORE PATIENTS
CAN BENEFIT

Melanoma Is The Proving Ground, But More Could Follow



Sona's Product Pipeline – By Stage Of Development

PROGRAM	TARGET OR DESCRIPTION	INDICATION	DISCOVERY & CONCEPT DESIGN	PRE-CLINICAL STUDIES	EARLY FEASIBILITY	PILOT	PIVOTAL	APPROVED
THT Solid Tumor Therapy	Melanoma	Stage II/III/IV						
	Breast Cancer							
	Colorectal							
	Oral Cancer							
	Squamous							
	Lung Cancer							
	Glioblastoma							
	Bladder Cancer							
	Cervical Cancer							
	Rectal Cancer							
THT Tri-Conjugate	First conjugate ready for scale-up							
THT Theragnostic Concept	<i>Future development potential</i>							

A Platform Technology With Multiple Emerging Applications

Sona's THT Therapy Is Proprietary And Benefits From IP Protection



Patents

- Method for manufacture of biocompatible gold nanorods
 - Issued: USA, Canada and South Korea
 - Pending: PCT, EU
- Photothermal Near-Infrared LED light device
 - Issued Dec. 11, 2014, as US Patent #10,064,940
- Gold nanoparticle conjugates and uses thereof
 - US Patent #9,175,015 filed Aug. 22, 2008
- Additional provisional filings
 - Photothermal near-infrared laser light device
 - Combination therapies for treating cancer
 - A gold nanorod conjugation concept for targeted drug delivery



Time Advantage

- Moving quickly to maintain Sona's lead to be the first to be approved by regulators.



Trade Secrets

- Techniques for delivery of GNRs in vivo and application of laser
- Protocols for immunotherapy agent combinations.



THT Theragnostic Concept

Leveraging both the biocompatibility and functionality of Sona's GNRs to develop an antibody-GNR conjugate to identify and treat specific cancers by applying THT with NIR light.



THT Tri-conjugate Concept

Leveraging both the biocompatibility and functionality of Sona's GNRs to develop an antibody-drug-GNR conjugate to direct drugs directly to a specific cancer and treat by applying THT with NIR light.

Sona's Team Hits Above The Company's Weight



Board



Mark Lievonen, C.M.
Chairman

- Led vaccine maker Sanofi-Pasteur to a billion-dollar value



Walter Strapps, PhD
Director

- CSO of Khosla Ventures CRISPR/Cas13 biotech



Neil Fraser, P.Eng., MBA
Director

- Led Medtronic Canada for ~20 years



Jim Megann
Director

- 25 years of experience in capital markets



Wayne Myles, KC
Director

- Entrepreneur & lawyer closing transactions at \$B's in value



Len Pagliaro, PhD
Director

- Developer of Targeted Hyperthermia Therapy



Michael Fleming, MBA
Director

- Ex-GSK, Elan, Genentech, Coherus
- Oncology commercialization experience

Management



David Regan, MBA
Chief Executive Officer

- Capital markets professional
- Former strategy consultant



Dr. Carman Giacomantonio
Chief Medical Officer

- Surgical oncologist & researcher



Kulbir Singh, PhD
Head of R&D

- Co-Developer of CTAB-free gold nanorods



Robert Randall, CPA
Chief Financial Officer

- Extensive public company experience

Advisors



Dr. Catherine J. Murphy

- Inventor of gold nanorods



Dr. Gerry Marangoni

- Co-developer of CTAB-free gold nanorods



Dr. Michael Smylie

- Landmark CheckMate067 melanoma clinical trial co-author



Dr. Jonathan Trites

- Associate Professor and Head and Neck oncology surgeon

Path Forward



1. **Publish first-in-human results showing THT alone priming tumors**
 - Peer review pending
2. **Combination clinical study expected to start this fall**
 - THT *plus* immunotherapy for late-stage melanoma to assess durability
3. **Full clinical trial in Canada expected to start in 2027**
 - Health Canada dialogue ongoing
4. **Continued research and IP development**
 - Focus on optimization of THT delivery and tri-conjugate 'ADC' program
5. **Strategic partnering**
 - Dialogue with big pharma/medtech companies

Capitalization Table

As of September 16, 2026



Market Capitalization

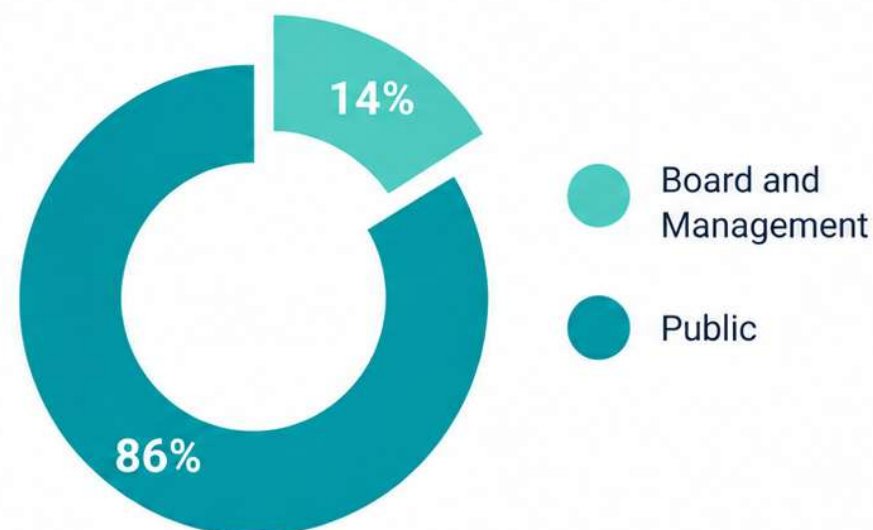
Share Price	C\$0.37
Market Cap.	C\$42M (US \$30M)



Capital Structure

Issued & Outstanding	122.8M
Options	8.0M
Warrants	367k

Ownership





Sona's Mission: No Immunotherapy Patient Left Behind



POTENTIALLY
FASTER



POTENTIALLY
SIMPLER



POTENTIALLY
LESS EXPENSIVE

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BIOCOMPATIBLE
GNR
GOLD NANOROD
TECHNOLOGY

