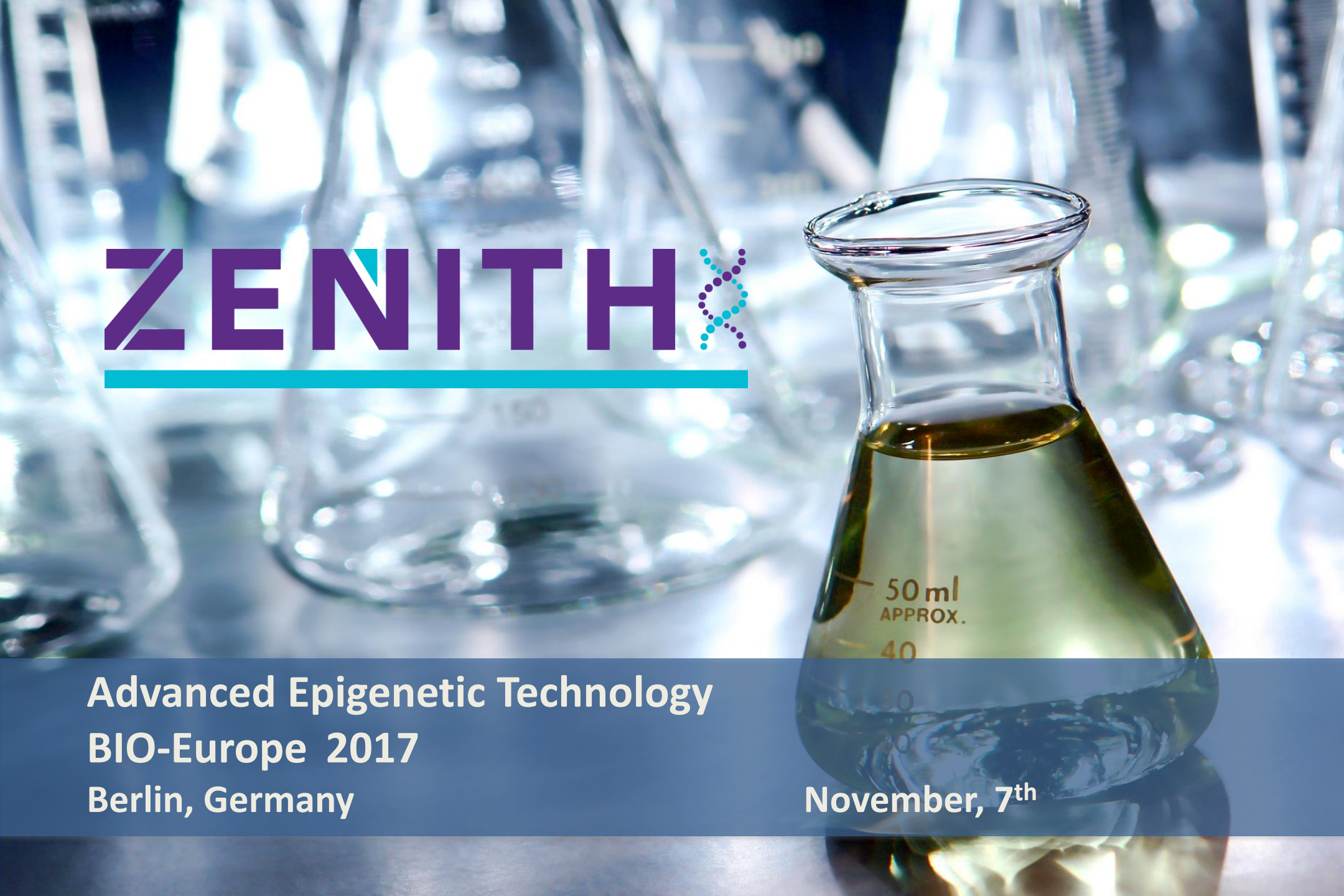


Advanced Epigenetic Technology

BIO-Europe 2017

Berlin, Germany

November, 7th

Today's Agenda for Zenith Capital Corp.

1. Corporate Profile & Structure
2. Epigenetic Mechanism
3. Prostate Cancer Rationale
4. Phase 1 Findings
5. Phase 1b Details and Early Results
6. Next Steps

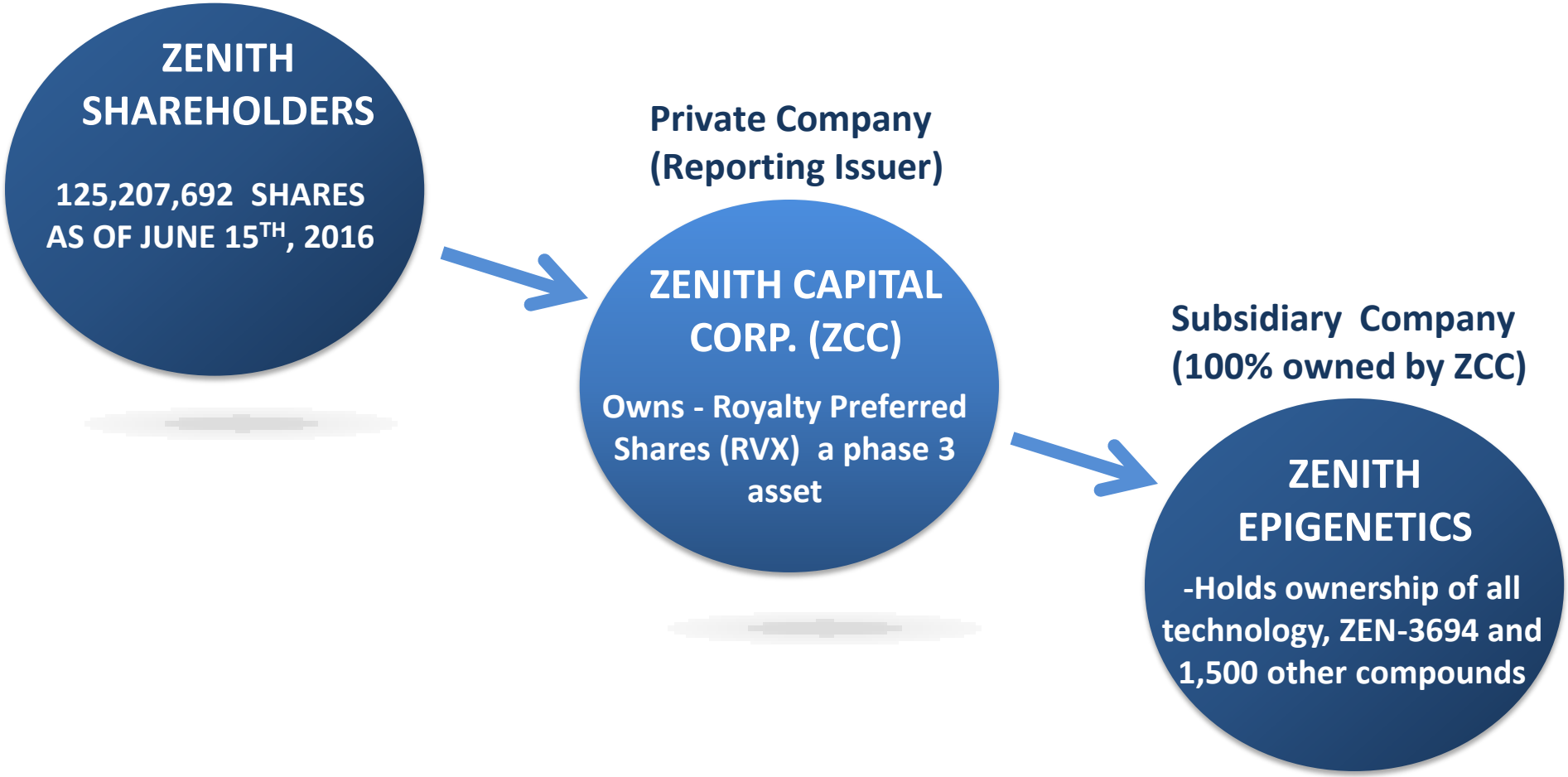
CONTACT: Donald J. McCaffrey, Chairman, President & CEO
Suite 300, 4820 Richard Road S.W. Calgary, AB, Canada T3E 6L1
Tel: (403) 254-9252, Fax:(403) 256-8495, http://www.zenithepigenetics.com

Share Structure Profile

Founded	Corporate spin out from Resverlogix in June 2013
Status	Private company, full reporting issuer
Cash Raised 2014-2016	Approx. US$44MM @ $1.00 USD per share (all pre-clinical results based)
Enterprise Value est.	$350 to $375MM USD ($3.00 USD/Share) est.
Shares Outstanding	125.2 MM 134.0 MM fully diluted 10MM additional shares will be sold shortly
Cash Burn	$2 MM per quarter - Current

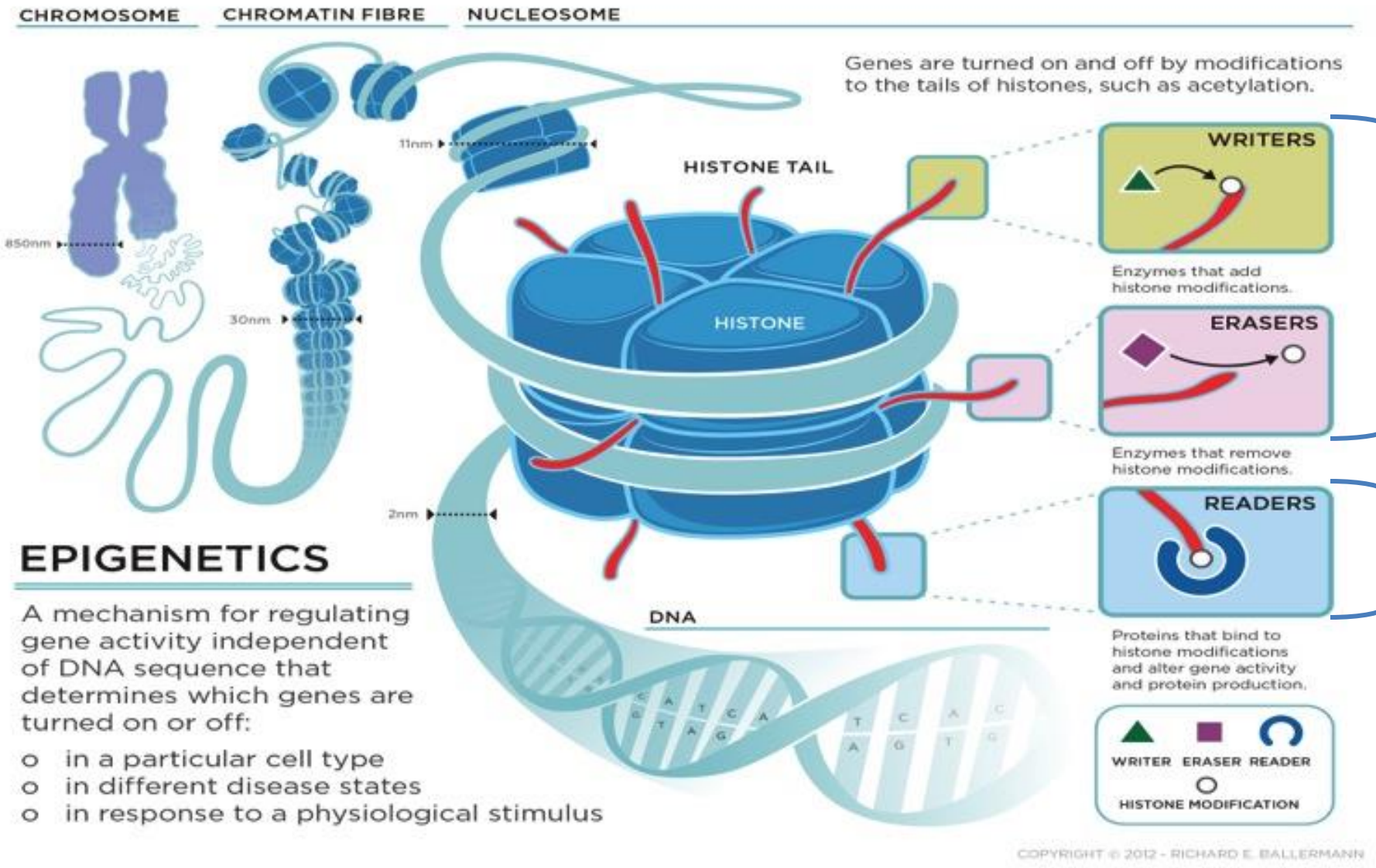
July 31, 2016 Corporate Re-Structure

POST-REORGANIZATION JULY 31, 2016 STRUCTURE



Epigenetic Mechanism

Epigenetics, the Mechanism Behind Our Approach



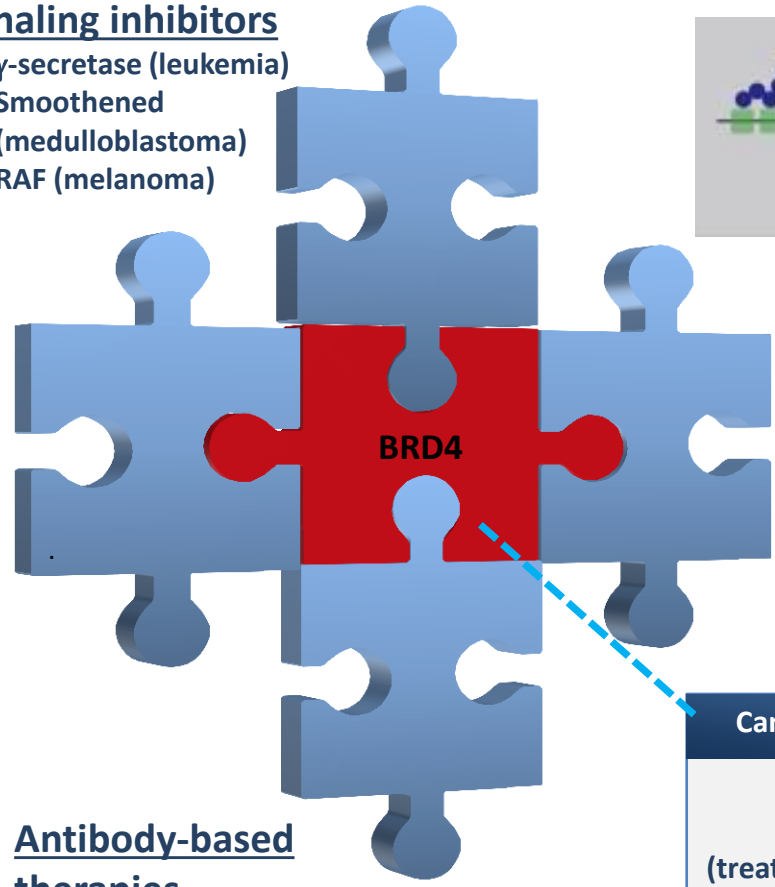
Early Epigenetic Approach

Advanced Epigenetic Approach

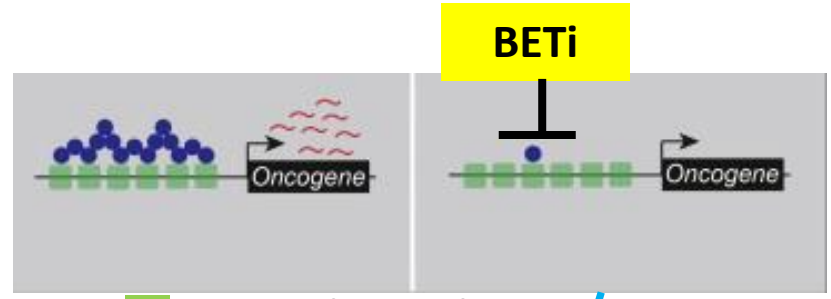
Zenith's ZEN-3694, Targets Resistance Mechanisms

Signaling inhibitors
- γ-secretase (leukemia)
- Smoothened (medulloblastoma)
- RAF (melanoma)

Hormone-deprivation therapies
- Androgen (prostate cancer)
- Estrogen (breast cancer)



Antibody-based therapies
- Rituximab (lymphoma)



Super-enhancer cluster

BRD4

Chemotherapies
- Tamoxifen (breast cancer)
- Everolimus (breast cancer)

Cancers Escape Mechanism

Resistance mechanism involving BRD4 (treatment with BETi resensitizes cancers to these therapies)

Resistance to several standard of care treatments does not impede sensitivity to BETi

Prostate Cancer Rationale

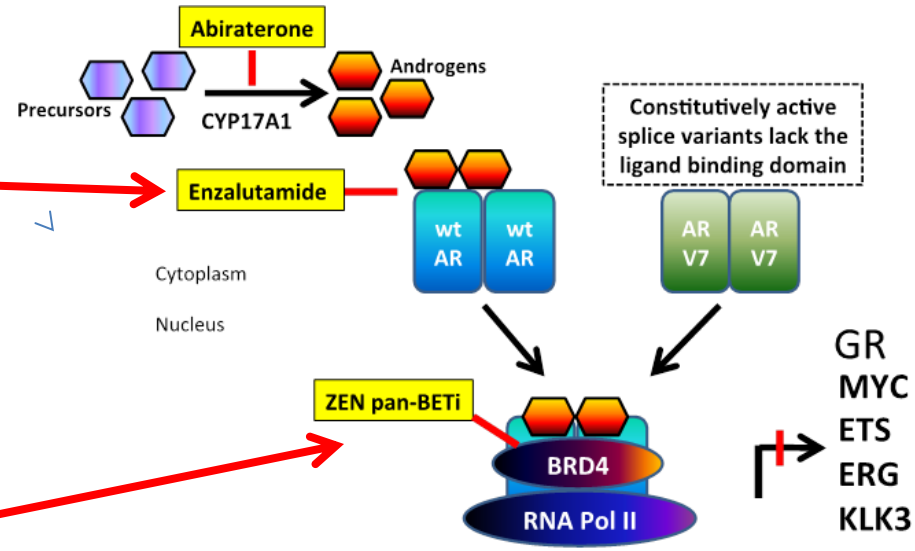
ZEN-3694 Potential in mCRPC Patients Developing Resistance to Enzalutamide

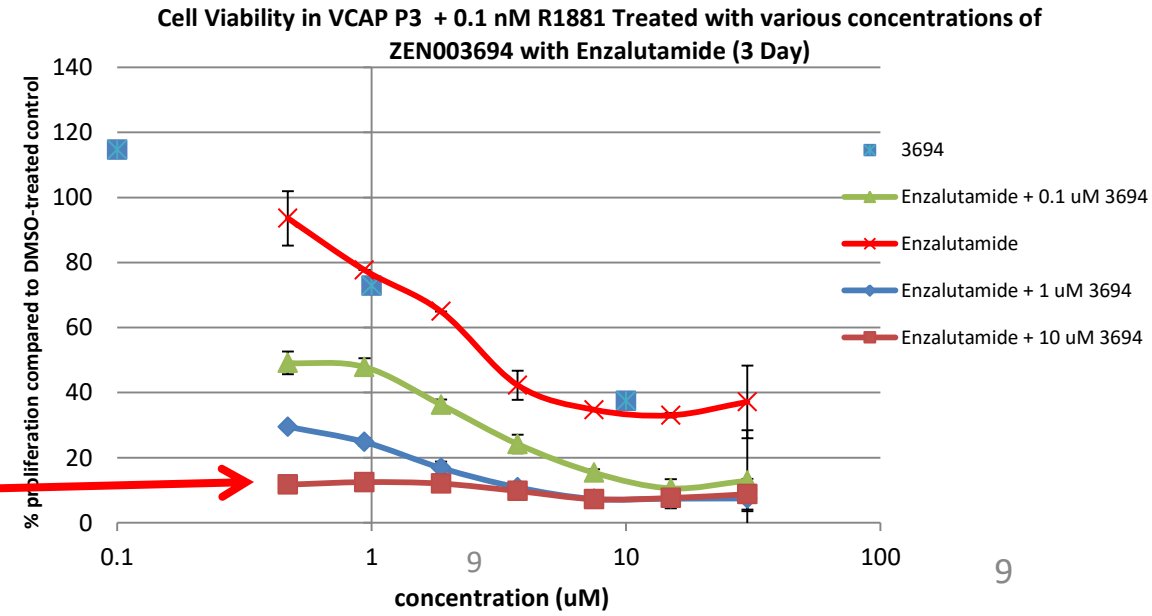
ZENITH

ZEN-3694 works down stream of current therapies

ZEN-3694 works where resistance to existing lead drugs, like enzalutamide, has evolved

The combination of ZEN-3694 and enzalutamide shows strong synergy and is expected to reduce the development of resistance





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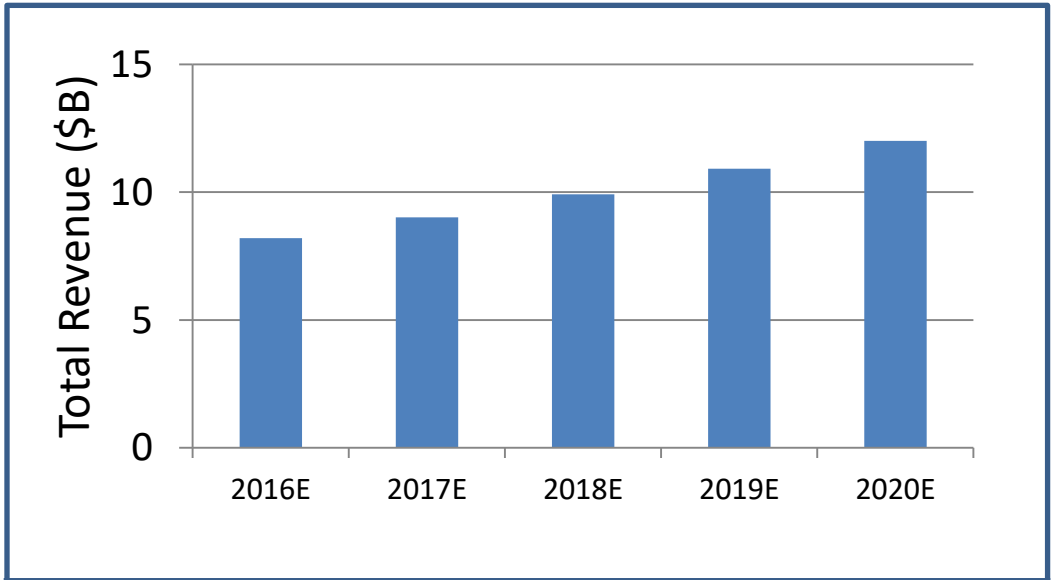
Global Prostate Cancer Market and Unmet Need

Current market and unmet need

- Over $5B in sales in 2016 for enzalutamide / abiraterone
- Almost all patients become resistant, no effective second-line therapy yet
- Median progression in 4 months
- Continuing high mortality rate in resistant mCRPC (50% 1 year survival, 28% in 5 years)



The global prostate cancer market forecast to reach $ 13B by 2024 in US/Eu/Japan, driven by Zytiga (abiraterone) and Xtandi (enzalutamide)

Opportunity for ZEN-3694

Excellent pre-clinical profile for Zenith's BETi ZEN-3694

ZEN-3694 Pre-clinical profile	
MW	<500, small molecule
FRET BRD4 (1) IC_{50}	<25 nM
C-Myc IC_{50}	<200 nM
MV4-11 proliferation IC_{50}	<100 nM
CYP450	Not an inhibitor or inducer, Combinable with other drugs
PK profile	Good oral bioavailability Optimal efficacy vs. safety profile ZEN-3791 active metabolite, very similar profile as ZEN-3694
Bromodomain panel	> 20X selectivity for BET proteins
Protein kinase panel	Limited cross-reactivity at 10 µM
hERG Ion channels (Ca, Na)	>100uM
Pharmacodynamics, efficacy, tolerability	Target modulation and robust efficacy at well-tolerated doses On target toxicity profile

Phase 1 Findings

Zenith's Principal Investigators

Name	Institution	Comments
Eric Small, MD *Chief, Dept. of Medicine* **Rahul Aggarwal, MD** *Developmental Therapeutics Specialist, Genitourinary Oncologist*	University of California, San Francisco (UCSF)	Developed abiraterone - #2 CRPC drug, owned by J&J.
Howard Scher, MD *Chief, Genitourinary Oncology* **Wassim Abida, MD, PhD** *Medical Oncologist*	Memorial Sloane Kettering Cancer Center (MSKCC)	Developed enzalutamide - #1 CRPC drug, now owned by Pfizer. Developing ARN-509 for J&J
Joshi Alumkal, MD *Associate Professor*	Oregon Health Sciences University (OHSU)	Expert in epigenetics in prostate cancer research
Allan Pantuck, MD *Professor, Dept. of Urology*	University of California Los Angeles (UCLA)	Involved in enzalutamide and provenge development
Elizabeth Heath, MD *Professor, Dept. Hematology/Oncology*	Karmanos (Wayne State)	Genitourinary oncology specialist
Mark Fleming, MD *Oncologist*	Virginia Oncology Associates	Community site for high enrollment

ZEN-3694 Development in mCRPC
- Phase 1 Single Agent Study

2016		2017	
1H	2H	1H	2H

Single agent dose escalation; enzalutamide and/or abiraterone failures N~12

Single agent expansion at RP2D; same population as dose escalation N=12

Key Learnings

- Maximum tolerated dose (MTD) defined ✓
- Dose proportional PK ✓
- Good safety profile, prolonged dosing without dose interruption/reduction is feasible ✓
- Target modulation shown at doses below MTD ✓
- Some single agent anti-tumor activity/disease stabilization observed in multiple patients

Ongoing activities

- Fully enrolled and dosed,
- Study closeout ongoing

Single agent study key to understanding drug characteristics and supporting combination study

Patient X: Prolonged Disease Stabilization

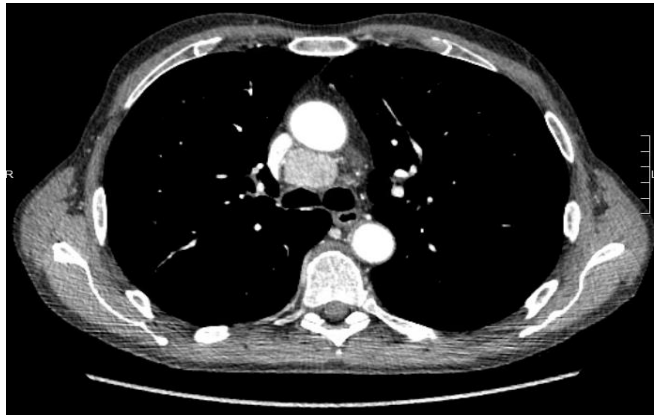
Prior Therapy for mCRPC

- Provenge
- Enzalutamide: 6/5/2014 – 5/5/2016 – acquired resistance
- Abiraterone: 5/22/2016 – 8/12/2016 – primary resistance

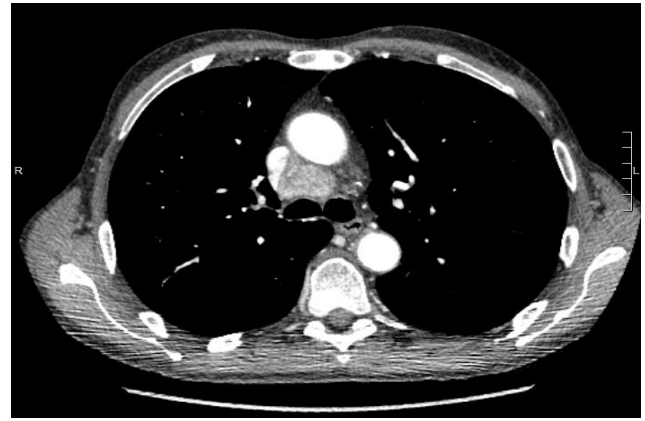
- ZEN-3694: 8/24/2016 – 7/16/2016, 45 weeks

Stable mediastinal nodes over 8 months

Study Entry



44 Weeks



Phase 1b Details & Early Results

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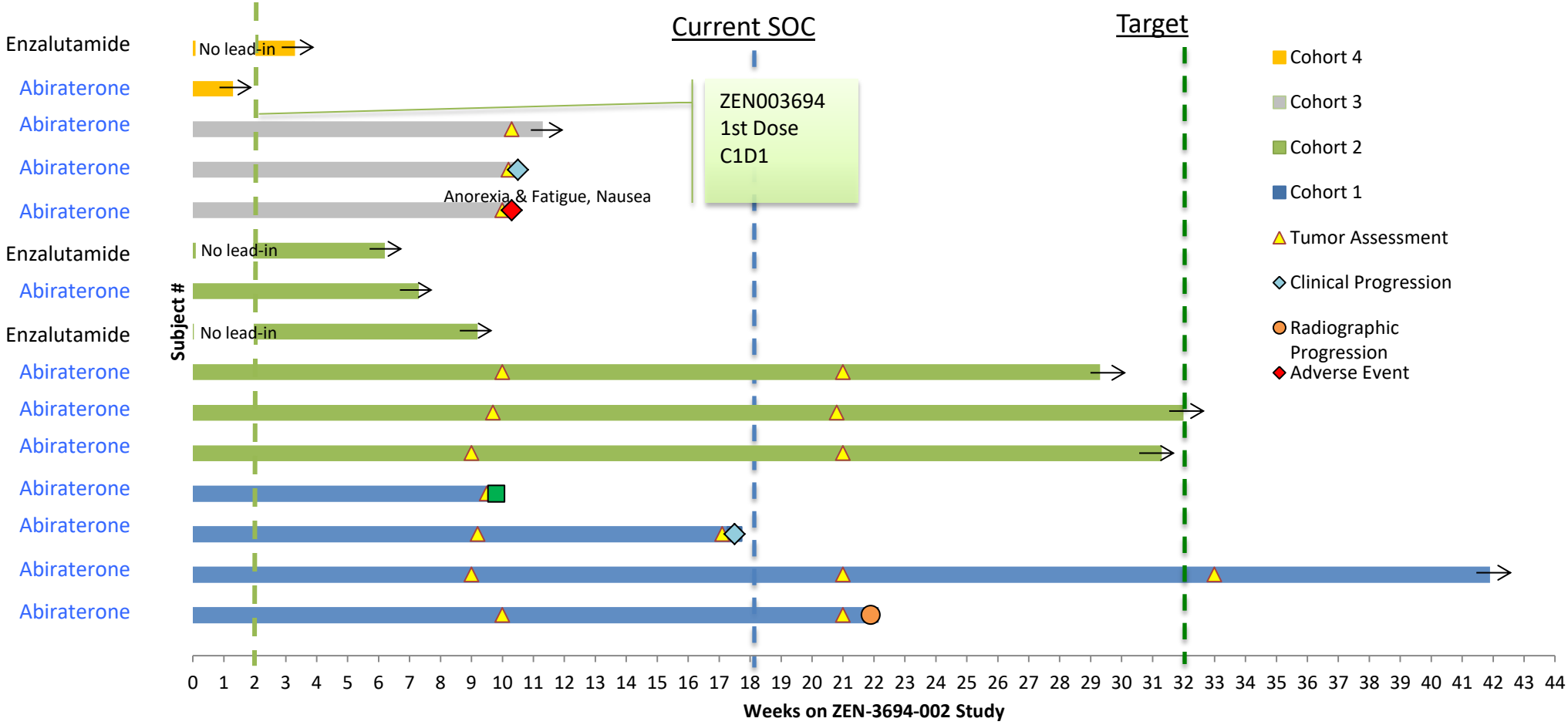
ZEN-3694-002 Combination treatment duration

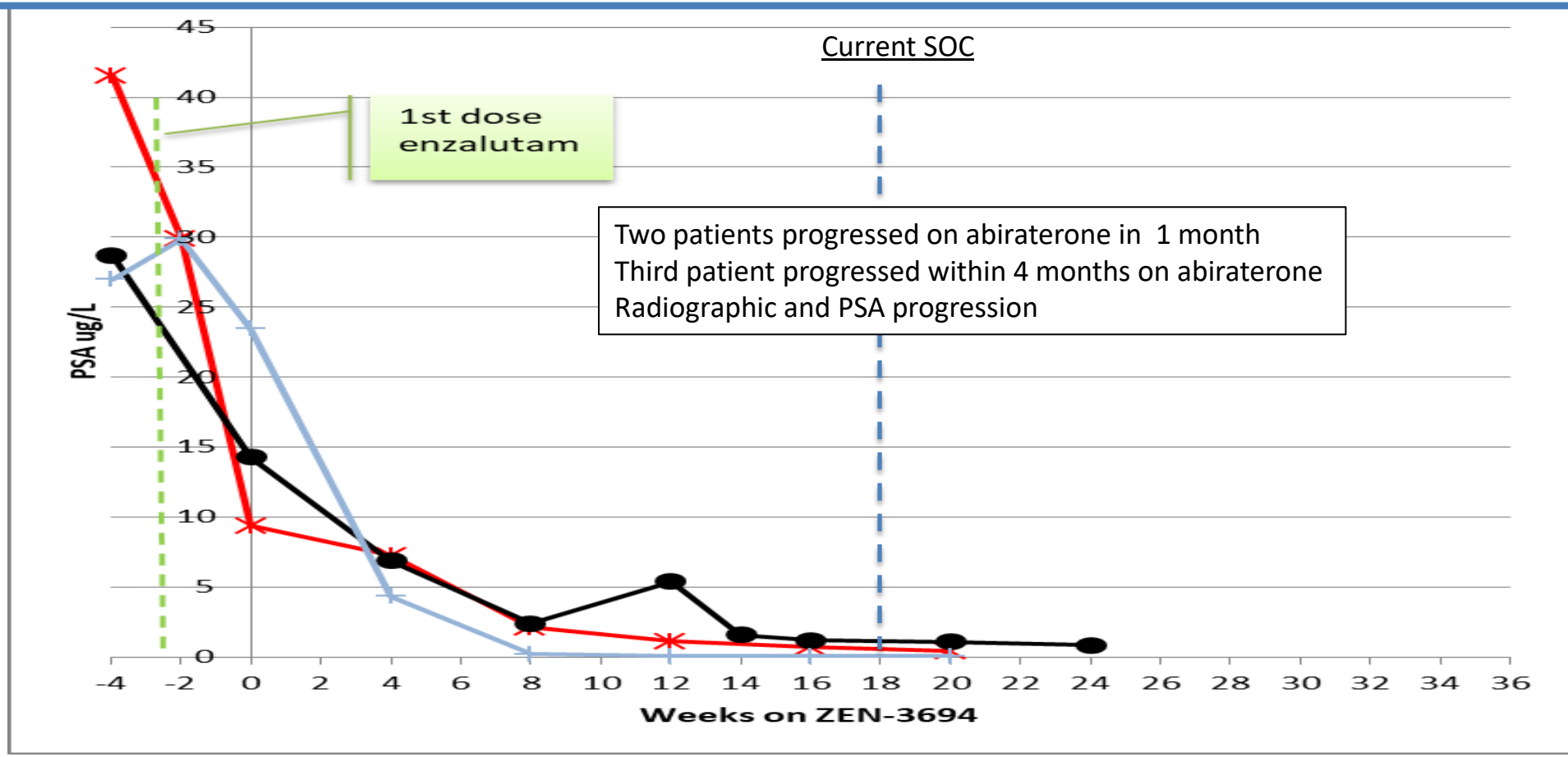
Updated October, 2017



	Treatment days	rPFS
SOC (2nd line enza/abi)	4-5 months	4-6 months
ZEN-3694 target	> 8 months	> 8 months

ZEN-3694-002 combination study PSA response

Cohort #2 - Updated September 20, 2017

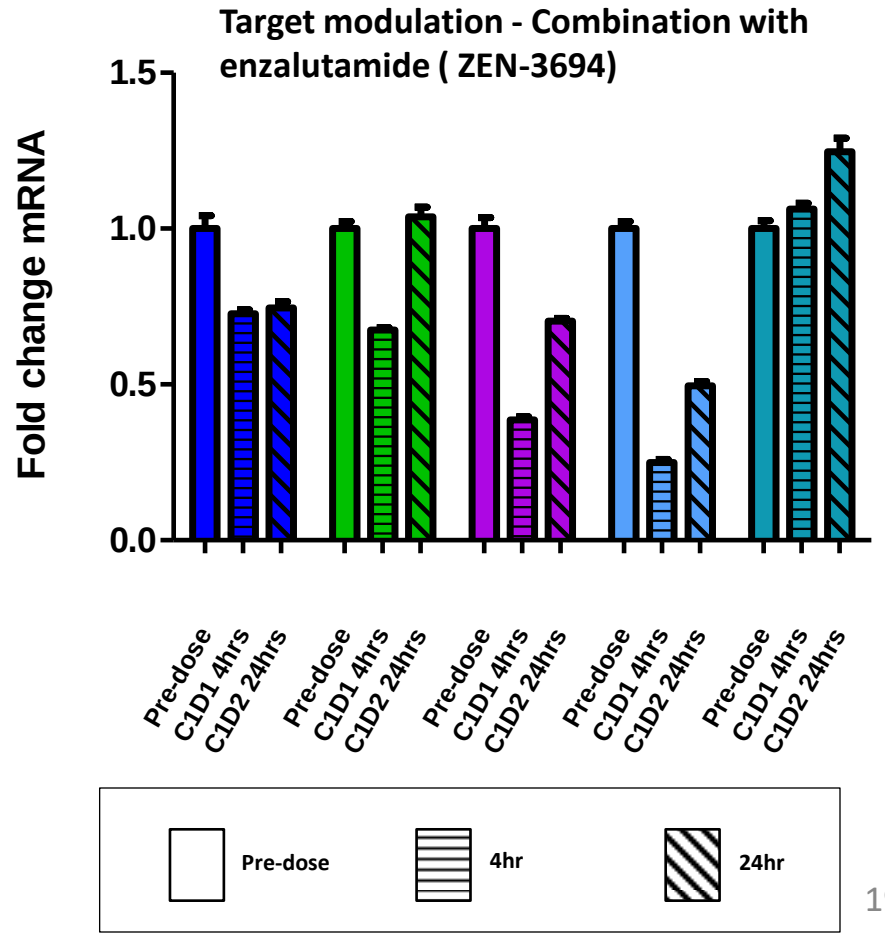


	PSA50 response	PSA90 response	PSA Response duration
SOC (2nd line enza/abi)	15-25%	< 5%	3-4 months
ZEN-3694 target	>50%	>20 %	>6 months
Data to Date	100%	100%	ongoing

Phase 1: Combination with Enzalutamide

ZEN-3694 combination study with enzalutamide

- Dose escalation progressing
- Dose proportional exposure
- Target modulation shown at well tolerated doses
- Combination well tolerated



Next Steps

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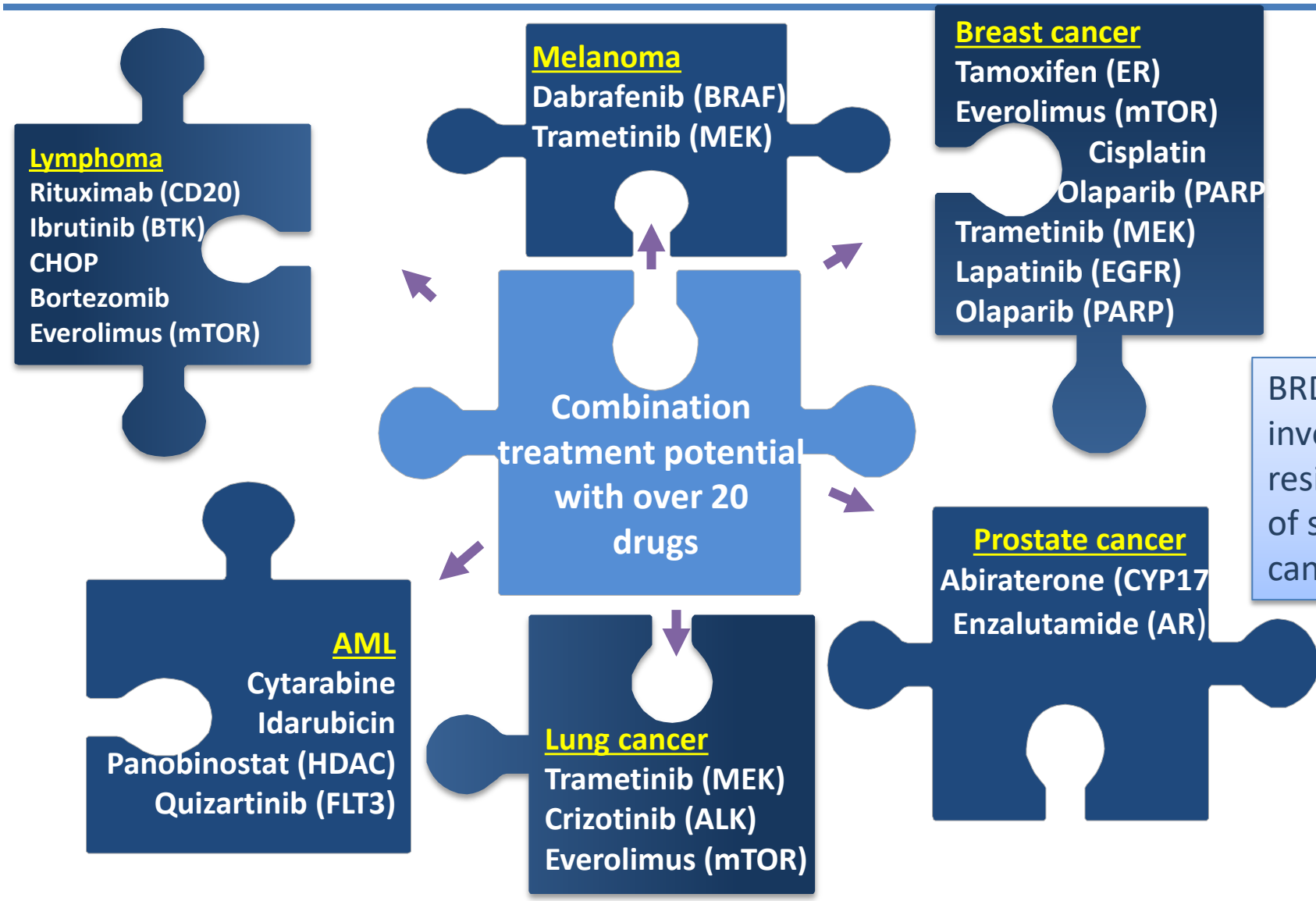
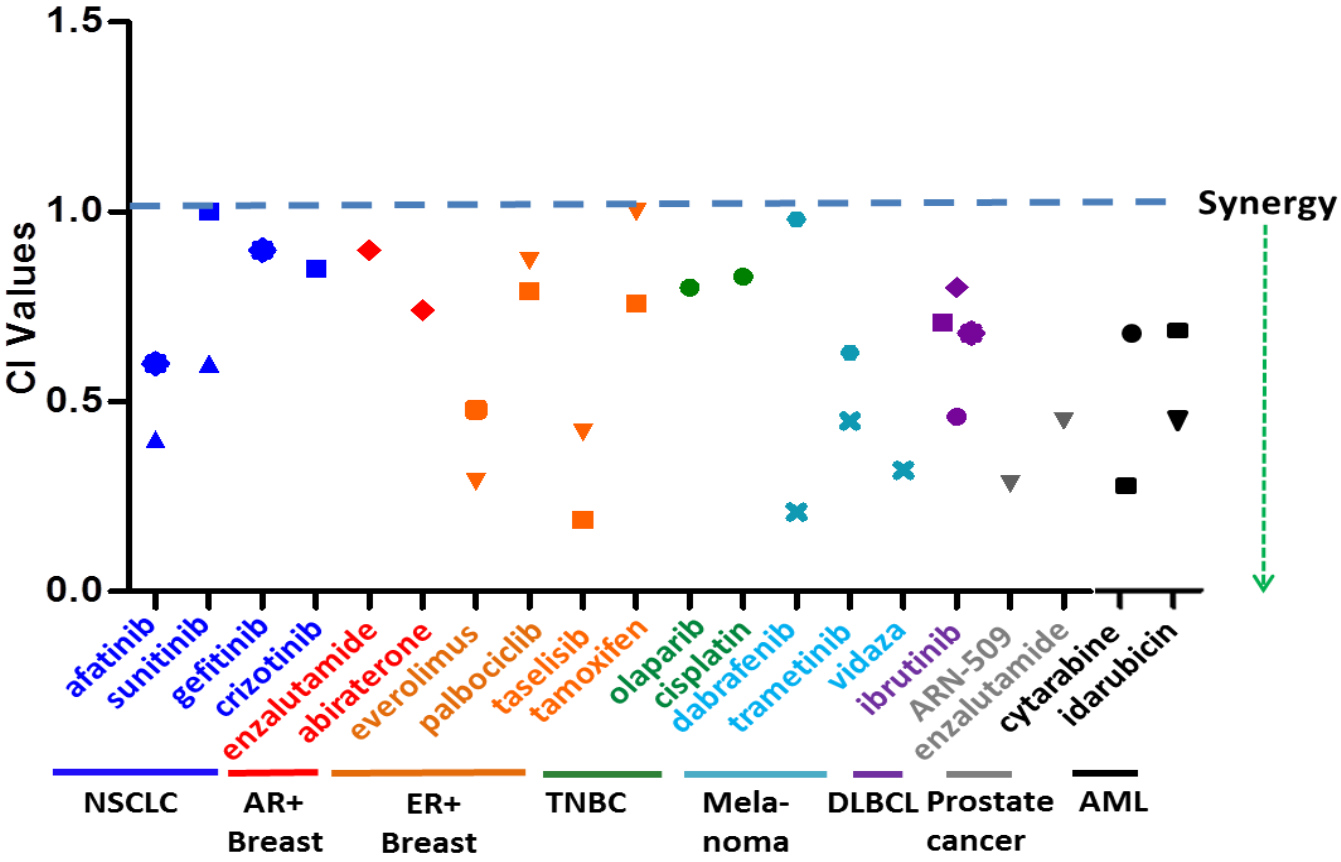
BET Inhibitors Potential as Combination Agents



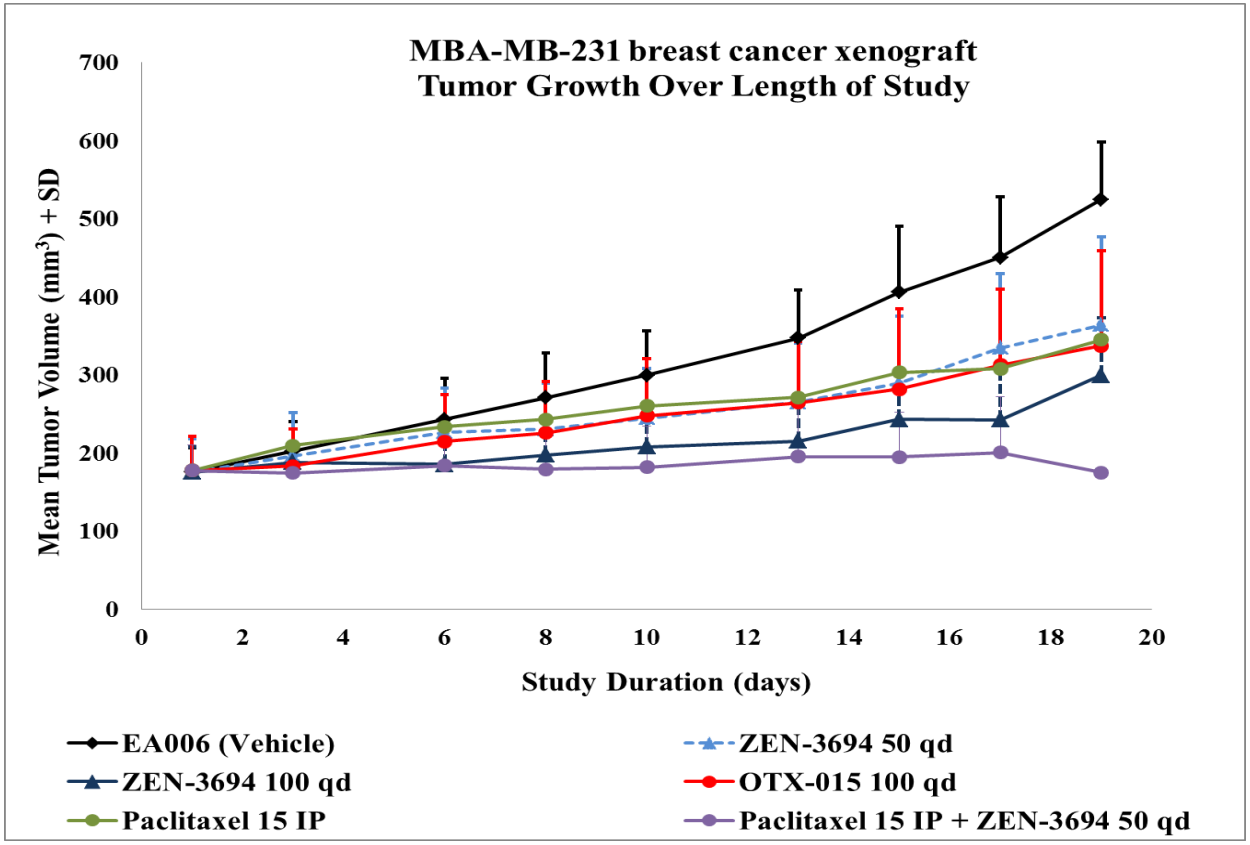
BRD4 target, is directly involved in the resistance mechanisms of several types of anti-cancer therapies

ZEN-3694 Synergizes With Several Standard of Care Cancer Drugs

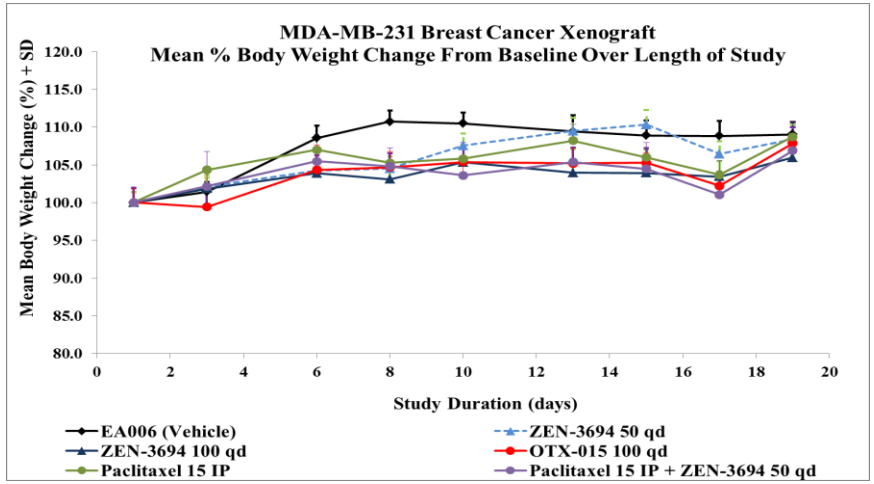


Indication		Cell line (mutation)
NSCLC	▲	H1975 (EGFR L858R T790M)
	⬢	H820 (EGFR T790M)
	■	H2228 (ALK)
AR+ Breast	◆	MDA-MB-453
ER+ Breast	■	MCF-7 (ER+)
	▼	ZR-75-1 (ER+)
TNBC	●	HCC1937 (BRCA1)
Melanoma	✖	C32 (BRAF V600E)
	⬢	A375 (BRAF)
DLBCL	⬢	CARNAVAL (MYC/BCL2)
	●	OCI-LY18 (MYC/BCL2)
	◆	NU-DUL-1
	■	OCI-LY3 (A20)
Prostate	▼	VCAP (AR AMP/AR-V7)
AML	■	MV4-11 (MLL-AF4/FLT3-ITD)
	●	OCI-AML2 (DNMT3A/MLL)
	▼	OCI-AML3 (DNMT3A/NPM1)

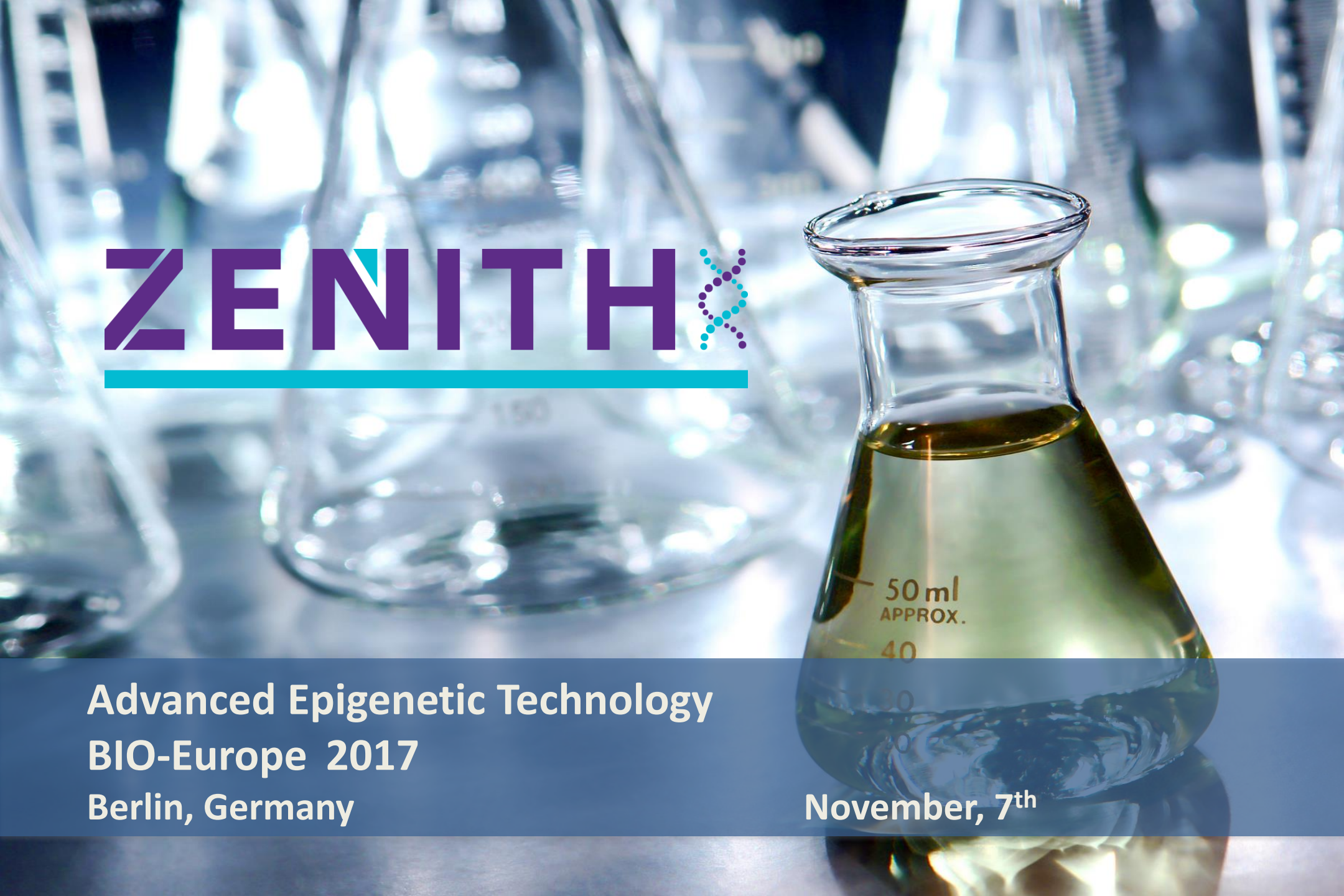
ZEN-3694 is Synergistic With Paclitaxel in Triple-negative Breast Cancer Models



Treatment Groups	TGI
EA006 (Vehicle)	0%
ZEN-3694 50 mg/kg qd	46%
ZEN-3694 100 mg/kg qd	64%
OTX-015 100 mg/kg qd	54%
Paclitaxel 15 mg/kg IP	52%
Paclitaxel 15 mg/kg IP + ZEN-3694 50 mg/kg qd	101%



- Combination regimen is well tolerated
- ZEN-3694 is more potent than OTX at equivalent dose
- ZEN-3694 is synergistic in combo with Paclitaxel (5/12 regressed tumors)



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