
UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 6-K
REPORT OF FOREIGN PRIVATE ISSUER

Pursuant to Rule 13a-16 or 15d-16
under the Securities Exchange Act of 1934
For the month of November 2021
Commission File Number: 001-39522

COMPASS PATHWAYS PLC

(Translation of registrant's name into English)

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(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover Form 20-F or Form 40-F.

Form 20-F ☒ Form 40-F ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): ☐

INFORMATION CONTAINED IN THIS FORM 6-K REPORT

On November 9, 2021, COMPASS Pathways Plc (the "Company") issued a press release announcing positive topline results from its phase IIb trial of COMP360 psilocybin therapy for treatment-resistant depression and provided an investor presentation, which will be made available on the Company's website.

Exhibit 99.1 shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section. It may only be incorporated by reference in another filing under the Exchange Act or the Securities Act of 1933, as amended, if such subsequent filing specifically references the information furnished pursuant to this report. Exhibit 99.2 shall be deemed to be incorporated by reference into (i) the registration statement on Form S-8 (File No. 333-249403) and (ii) the registration statement on Form F-3 (File No. 333-260145) of the Company and to be a part thereof from the date on which this report is filed, to the extent not superseded by documents or reports subsequently filed or furnished. The Company undertakes no obligation to update, supplement or amend the materials attached hereto.

EXHIBITS

Exhibit	Description
99.1	Press Release dated November 9, 2021
99.2	Presentation dated November 9, 2021

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

COMPASS PATHWAYS PLC

Date: November 9, 2021

By: /s/ Piers Morgan
Piers Morgan
Chief Financial Officer



COMPASS Pathways announces positive topline results from groundbreaking phase IIb trial of investigational COMP360 psilocybin therapy for treatment-resistant depression

Largest randomised, controlled, double-blind psilocybin therapy study ever completed shows rapid and sustained response for patients receiving a single dose of COMP360 psilocybin with psychological support

COMPASS management team to host an investor conference call today at 1.00pm UK (8.00am ET)

London, UK – 9 November 2021

COMPASS Pathways plc (Nasdaq: CMPS) ("COMPASS"), a mental health care company dedicated to accelerating patient access to evidence-based innovation in mental health, today announced that its groundbreaking phase IIb clinical trial of COMP360 psilocybin therapy for treatment-resistant depression has achieved its primary endpoint for the highest dose, with a 25mg dose of COMP360 demonstrating a highly statistically significant and clinically relevant reduction in depressive symptom severity after three weeks, with a rapid and durable treatment response*.

In the randomised, controlled, double-blind trial, a single dose of investigational COMP360 psilocybin was given to 233 patients in conjunction with psychological support from specially trained therapists. All patients discontinued antidepressants prior to participation. The trial was powered to compare two active doses of COMP360, 25mg and 10mg, against a comparator 1mg dose. The 25mg group vs the 1mg group showed a -6.6 difference on the MADRS* depression scale at week 3 ($p < 0.001$). The 25mg group demonstrated statistical significance on the MADRS efficacy endpoint on the day after the COMP360 psilocybin administration ($p = 0.002$). The 10mg vs 1mg dose did not show a statistically significant difference at week 3. The MADRS was assessed by independent raters who were remote from the trial site, and blind to intervention and study design, effectively creating a triple blind.

At least twice the number of patients in the 25mg group showed response and remission* at week 3 and week 12, compared with the 1mg group. The protocol-defined sustained response* up to week 12 was double, with 20.3% of patients in the 25mg group vs 10.1% in the 1mg group. Using a definition of sustained response* that is consistent with other TRD studies, the difference was more than double, with 24.1% of patients in the 25mg group vs 10.1% in the 1mg group.

COMP360 was generally well tolerated, with more than 90% of treatment-emergent adverse events (TEAEs) being mild or moderate in severity. 179 patients reported at least one TEAE; the most common TEAEs across treatment groups (>10% overall incidence) were headache, nausea, fatigue and insomnia. There were 12 patients who reported treatment-emergent serious adverse events (TESAEs). These TESAEs included suicidal behaviour, intentional self-injury, and suicidal ideation, which are regularly observed in a treatment-resistant depression patient population, and which occurred more frequently in the 25mg group than in the 10mg or 1 mg groups. Overall, 209 patients completed the study; there were five withdrawals from the 25mg group, nine from the 10mg, and 10 from the 1mg.

*Notes: MADRS = Montgomery-Åsberg Depression Rating Scale; response = $\geq 50\%$ decrease in MADRS total score from baseline; remission = MADRS total score ≤ 10 ; protocol-defined sustained response = patients meeting the MADRS response criteria from week 3 until week 12; sustained response = patients meeting the MADRS response criteria at week 3 and at week 12, and at least at one visit out of week 6 and week 9

This randomised, controlled, multicentre, double-blind phase IIb trial is the largest psilocybin therapy clinical trial ever conducted, with 233 patients from 10 countries in North America and Europe. 94% of the patients had no

prior experience with psilocybin. The objective of the trial was to find the appropriate dose for a larger, pivotal phase III programme, which COMPASS expects to begin in 2022.

Depression that isn't helped after two or more adequate antidepressive treatments is referred to as treatment-resistant depression (TRD)^{1,2}. More than 100 million people worldwide are affected by TRD^{1,2}, and as many as 30% of these attempt suicide at least once during their lifetime^{3,4}. The TRD population is by definition more difficult to treat and more likely to relapse than patients with major depressive disorder. In 2018, COMPASS received FDA Breakthrough Therapy designation for its COMP360 psilocybin therapy for TRD.

George Goldsmith, CEO and Co-founder, COMPASS Pathways, said: "No one is untouched by the mental health crisis – everyone has a story. We urgently need options for people who are not helped by existing therapies. We set out to explore the safety and efficacy of COMP360 psilocybin therapy in treatment-resistant depression, through a rigorous and large-scale trial, and to find an appropriate dose to take to the next stage. I am delighted that we have succeeded in doing this. We have demonstrated our ability to execute an innovative, multicentre, multinational clinical trial programme – and in the midst of a global pandemic. Our work follows the efforts and achievements of so many researchers before us, and we are grateful to all of them and for the opportunity to work with the mental health care community to transform patient experience and patient outcomes. With our world-leading psychedelic research over the last few years, we have now created a unique and extensive data lake; this provides an unprecedented opportunity to further evaluate and optimise psilocybin therapy for patients suffering with serious mental health illness. With these compelling data, we will urgently progress our clinical development programme and move closer to making this therapy accessible to patients in need, if approved."

Key findings:

COMP360 25mg vs 1mg: a difference of -6.6 points in change from baseline in MADRS total scores at week 3 (p<0.001), with a statistically significant difference seen from day 2 up to week 6

COMP360 10mg vs 1mg: a non-statistically significant numerical treatment difference of -2.5 points at week 3 (p=0.184)

At least double the number of MADRS responders, remitters, and sustained responders with 25mg vs 1mg; rapid response and remission from day 2 to week 3

- 36.7% (29 patients) in 25mg group showed response at week 3, compared with 17.7% (14 patients) in 1mg group
- 29.1% (23 patients) in 25mg group were in remission at week 3, compared with 7.6% (6 patients) in 1mg group
- 24.1% (19 patients) in 25mg group were sustained responders at week 12, compared with 10.1% (8 patients) in 1mg group

COMP360 was generally well tolerated, with more than 90% of treatment-emergent adverse events (TEAEs) mild or moderate in severity

¹ WHO (2017). Depression and Other Common Mental Disorders Global Health Estimates [Online]. Available at: <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf>
² Al-Harbi KS. Treatment-resistant depression: therapeutic trends, challenges, and future directions. Patient Preference and Adherence. 2012; 6: 369–388
³ Bergfeld JO, Mantione M, Figue M, Schuurman PR, Lok A, Denys D. Treatment-resistant depression and suicidality. Journal of Affective Disorders. 2018;235:362-367
⁴ Dong M, Lu L, Zhang L, et al. Prevalence of suicide attempts in bipolar disorder: a systematic review and meta-analysis of observational studies. Epidemiology and Psychiatric Sciences. 2020;29:e63

Treatment-emergent adverse event (TEAE) incidence

- 83.5% (66 patients) in 25mg group
- 74.7% (56 patients) in 10 mg group
- 72.2% (57 patients) in 1 mg group

Treatment-emergency serious adverse event (TESAE) incidence

- 6.3% (5 patients) in 25mg group
- 8.0% (6 patients) in 10 mg group
- 1.3% (1 patient) in 1mg group

David J Hellerstein MD, a Principal Investigator on the trial and Professor of Clinical Psychiatry at the Columbia University Irving Medical Center, said: "Treatment-resistant depression is a common and devastating condition, affecting tens of millions of people, with few effective treatments. This is the largest modern study of a psychedelic drug, combined with psychological support, enrolling over 200 people with TRD. In this groundbreaking study, a single dose of psilocybin, given in conjunction with psychological support, generated a rapid response that lasted up to 12 weeks. Remission rates appear to be higher than seen in traditional medication studies. We now have evidence from a large well-designed trial that psilocybin may be effective for people with treatment-resistant major depressive disorder. These findings suggest that COMP360 psilocybin therapy could play a major role in psychiatric care, if approved."

Michael Pollock, CEO at the Depression and Bipolar Support Alliance (DBSA), said: "Many people suffering with severe forms of depression find that existing treatments don't work for them. We support any attempt to investigate alternative therapies. The approach of cycling through drugs that aren't working is inadequate for anyone who is living with a mental health condition and disheartening for the family members and healthcare professionals who care for them. The results seen from this study are an early indicator of hope for those who are desperately in need of help."

Robin Carhart-Harris PhD, Director of the Psychedelics Division at the Weill Institute for Neurosciences at the University of California San Francisco, and Ralph Metzner Distinguished Professor of Neurology, Psychiatry and Behavioral Sciences, said: "This is an important and exciting moment for the mental health care community. It builds upon more than two decades of research into the viability of psychedelic compounds to treat mental health conditions and demonstrates the potential it has in helping people living with treatment-resistant depression. It's encouraging to see how far this field has progressed in the last 20 years and I look forward to further research."

In addition to this topline data, COMPASS is conducting comprehensive secondary analyses which are expected to further inform the clinical development programme for COMP360 psilocybin therapy. In the meantime, this promising topline data will be shared in an expeditious manner with regulators as part of an ongoing dialogue.

-Ends-

Notes to editors:

[Conference call](#)

The COMPASS management team will host a conference call at 1:00pm UK (8.00am ET) on 9 November. The call can be accessed by dialing (833) 665-0659 from the United States, +1 (914) 987-7313 internationally, and 0800 028 8438 from the UK, followed by the conference ID: 34908054.

The call will also be webcast on the [Investors section](#) of the COMPASS Pathways website. The webcast will be archived for 30 days.

About treatment-resistant depression (TRD)

More than 320 million people globally suffer with major depressive disorder (MDD)⁵, the leading cause of disability worldwide and one of the fastest growing mental health illnesses⁶. About a third of these patients - 100 million people - aren't helped by existing therapies and suffer with treatment-resistant depression (TRD)⁷. TRD carries two to three times the medical costs of a non-TRD MDD patient, and patients with TRD have a higher all-cause mortality compared with non-TRD MDD patients⁸.

About the COMP360 psilocybin therapy phase IIb study

The phase IIb study was a dose-finding study, assessing the safety and efficacy of COMP360 psilocybin therapy at three doses: 1mg, 10mg, 25mg. A total of 233 patients enrolled in the study and were randomised and blinded into three arms comprising 79 patients for each of the 25mg and 10mg doses, and 75 patients for the 10mg dose. Patients were followed up for 12 weeks. The trial used the Montgomery-Åsberg depression rating scale (MADRS), a widely used and accepted scale for assessing depression; assessments were made by an independent, blinded rater. The primary endpoint is the change in the MADRS total score from baseline to week 3.

About COMPASS Pathways

COMPASS Pathways plc (Nasdaq: CMPS) is a mental health care company dedicated to accelerating patient access to evidence-based innovation in mental health. Our focus is on improving the lives of those who are suffering with mental health challenges and who are not helped by current treatments. We are pioneering the development of a new model of psilocybin therapy, in which our proprietary formulation of synthetic psilocybin, COMP360, is administered in conjunction with psychological support. COMP360 has been designated a Breakthrough Therapy by the US Food and Drug Administration (FDA), for treatment-resistant depression (TRD), and we have completed a phase IIb clinical trial of psilocybin therapy for TRD, in 22 sites across Europe and North America. We are headquartered in London, UK, with offices in New York and San Francisco in the US. Our vision is a world of mental wellbeing. www.compasspathways.com

Availability of other information about COMPASS Pathways

Investors and others should note that we communicate with our investors and the public using our website (www.compasspathways.com), our investor relations website (ir.compasspathways.com), and on social media (LinkedIn), including but not limited to investor presentations and investor fact sheets, US Securities and Exchange Commission filings, press releases, public conference calls and webcasts. The information that we post on these channels and websites could be deemed to be material information. As a result, we encourage investors, the media, and others interested in us to review the information that is posted on these channels, including the investor relations website, on a regular basis. This list of channels may be updated from time to time on our investor relations website and may include additional social media channels. The contents of our website or these channels, or any other website that may be accessed from our website or these channels, shall not be deemed incorporated by reference in any filing under the Securities Act of 1933.

Forward-looking statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended. In some cases, forward-looking statements can be identified by terminology such as “may”, “might”, “will”, “could”, “would”, “should”, “expect”, “intend”, “plan”, “objective”, “anticipate”, “believe”, “contemplate”, “estimate”, “predict”, “potential”, “continue” and “ongoing,” or the negative of these

⁵ WHO (2017). Depression and Other Common Mental Disorders Global Health Estimates [Online]. Available at: <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf> [Accessed 21 October 2021]

⁶ WHO (2012). Depression: A Global Crisis [Online]. Available at: https://www.who.int/mental_health/management/depression/wfmh_paper_depression_wmhd_2012.pdf [Accessed 21 October 2021]

⁷ Al-Harbi KS. Treatment-resistant depression: therapeutic trends, challenges, and future directions. *Patient Preference and Adherence*. 2012; 6: 369–388.

⁸ Gang L, Fife D, Wong G, Sheehan JJ, et al. All-cause mortality in patients with treatment-resistant depression: a cohort study in the US population. *Annals of General Psychiatry*. 2019; 18:23.

terms or other comparable terminology, although not all forward-looking statements contain these words. Forward-looking statements include express or implied statements relating to, among other things, the safety or efficacy of COMP360 psilocybin therapy as a treatment for depression, COMPASS's expectations for the timing of its pivotal phase III programme and the potential for that or other trials to support regulatory filings and approvals, COMPASS's business strategy and goals, the future accessibility of COMP360 psilocybin therapy, COMPASS's ability to continue to advance its research, including COMP360, COMPASS's expectations regarding the benefits of its psilocybin therapy, including COMP360 and COMPASS's ability to advance new psychedelic compounds in other areas of unmet mental health need. The forward-looking statements in this press release are neither promises nor guarantees, and you should not place undue reliance on these forward-looking statements because they involve known and unknown risks, uncertainties, and other factors, many of which are beyond COMPASS's control and which could cause actual results, levels of activity, performance or achievements to differ materially from those expressed or implied by these forward-looking statements.

These risks, uncertainties, and other factors include, among others: preclinical research and clinical development is lengthy and uncertain, and therefore our preclinical studies and clinical trials may be delayed or terminated, or may never advance to or in the clinic; and those risks and uncertainties described under the heading "Risk Factors" in COMPASS's annual report on Form 20-F filed with the US Securities and Exchange Commission (SEC) on 9 March 2021 and in subsequent filings made by COMPASS with the SEC, which are available on the SEC's website at www.sec.gov. Except as required by law, COMPASS disclaims any intention or responsibility for updating or revising any forward-looking statements contained in this press release in the event of new information, future developments or otherwise. These forward-looking statements are based on COMPASS's current expectations and speak only as of the date hereof.

[Enquiries](#)

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COMP360 psilocybin therapy for treatment-resistant depression

Phase IIb topline data

09 November 2021



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Disclaimer

This presentation has been prepared by COMPASS Pathways plc ("we," "us," "our," "Compass" or the "Company") and is made for informational purposes only and does not constitute an offer to sell or a solicitation of an offer to buy securities, nor shall there be any sale of any securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction. The information set forth herein does not purport to be complete or to contain all of the information you may desire. Statements contained herein are made as of the date of this presentation unless stated otherwise, and neither this presentation, nor any sale of securities, shall under any circumstances create an implication that the information contained herein is correct as of any time after such date or that information will be updated or revised to reflect information that subsequently becomes available or changes occurring after the date hereof. This presentation may contain "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to our business, operations, and financial conditions, including but not limited to current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, our development plans, our preclinical and clinical results, including results of our phase IIb trial of COMP360 psilocybin therapy, and other future conditions. Words such as, but not limited to, "look forward to," "believe," "expect," "anticipate," "estimate," "intend," "plan," "would," "should" and "could," and similar expressions or words, identify forward-looking statements. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements.

Our COMP360 psilocybin therapy



COMP360

- Investigational synthetic, high-purity, polymorphic crystalline formulation of psilocybin
- Oral capsules
- Designated Breakthrough Therapy for TRD (in 2018)



Psychological support

- COMP360 is combined with psychological support from specially trained therapists
- COMP360 psilocybin administration is preceded by preparation and followed up with integration

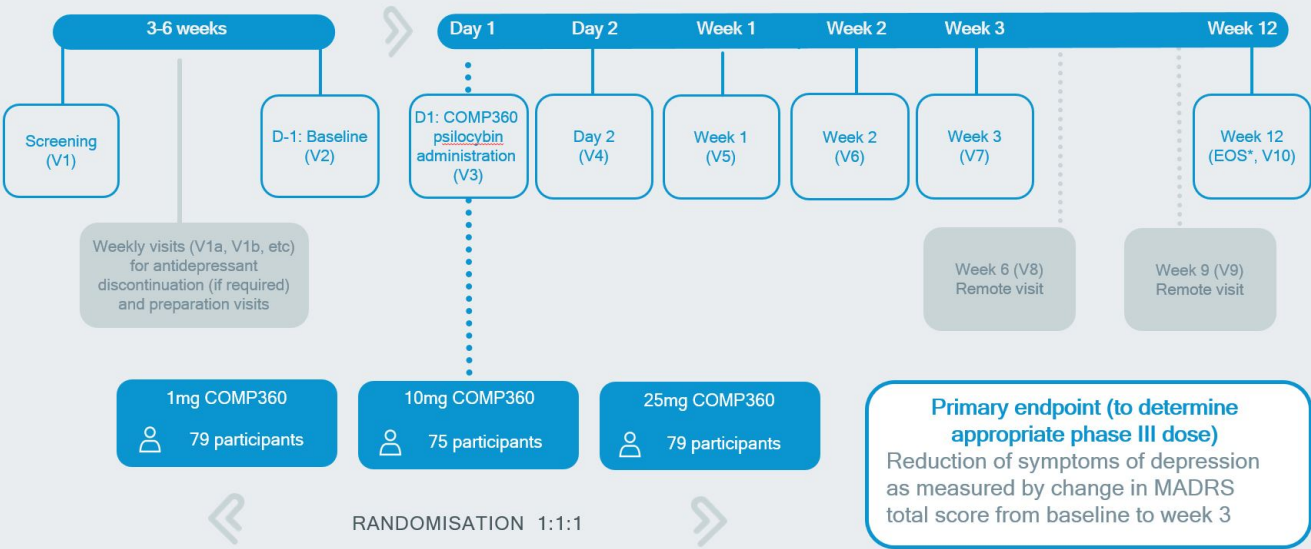


COMP360 psilocybin therapy: clinical status

- Preclinical genotoxicity and cardiotoxicity studies completed or underway
- Phase I trial completed: COMP360 generally well-tolerated in healthy participants (n=89)
- Phase IIb trial in TRD: recruitment completed (n=233). Topline results
- Phase II exploratory, open-label trial in TRD: adjunct to SSRI (n=20). Results expected late 2021
- Long-term follow up of phase II TRD patients ongoing
- Phase II trial in PTSD launched

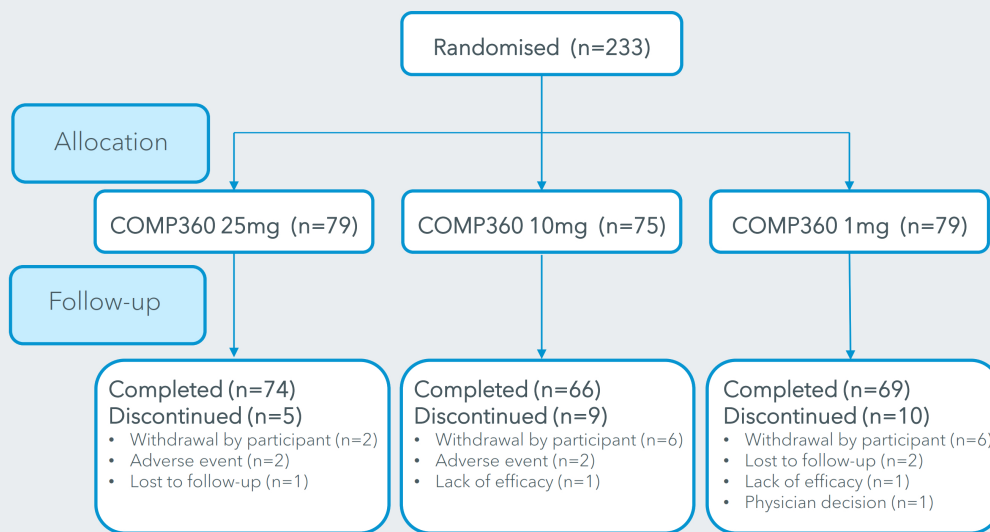
Note: TRD = treatment-resistant depression; SSRI = selective serotonin reuptake inhibitor; PTSD = post-traumatic stress disorder

COMP 001 study design and endpoints



Note: MADRS = Montgomery-Åsberg Depression Rating Scale; EOS = end of study; TRD = treatment-resistant depression; D = day; V = visit

Participant disposition and demographics



131 (56%) patients were from Europe, 102 (44%) from North America

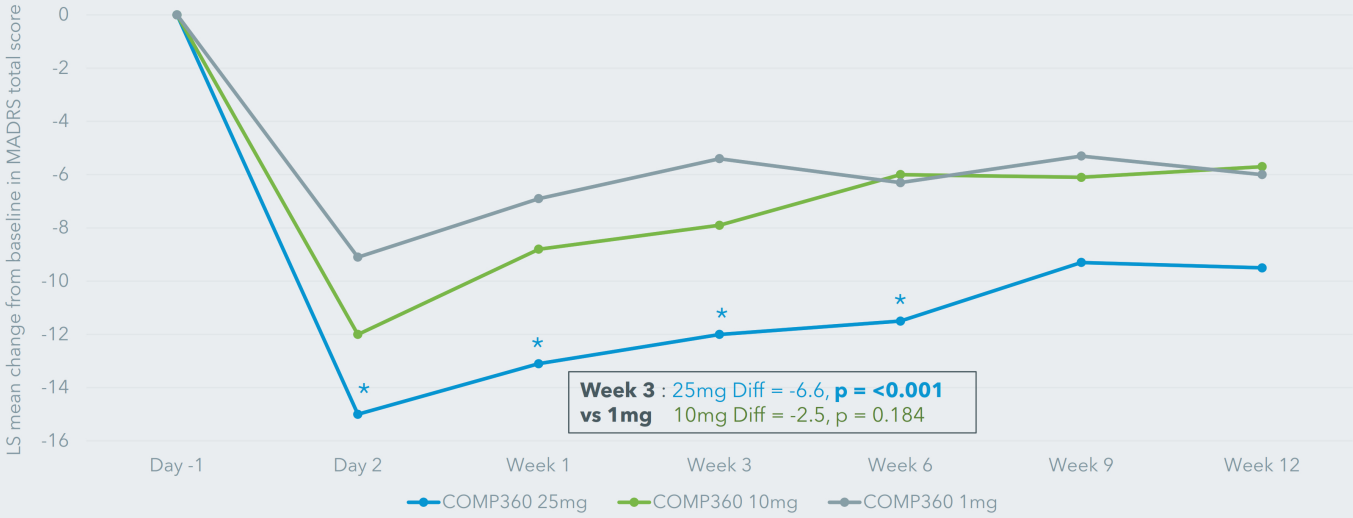
219 (94%) patients had no prior psilocybin experience

Participant demographics (age, gender, race, BMI, baseline depression symptom severity) were well balanced across the three groups

Note: BMI = body mass index; n = number of participants; follow-up = post-COMP360 administration to week 12

Primary endpoint – change from baseline in MADRS total score

Statistically significant primary endpoint ($p < 0.001$) at week 3 (25mg vs 1mg). There was a rapid onset of action and durable effects with treatment differences between the 25mg vs 1mg group apparent from the day after COMP360 psilocybin administration

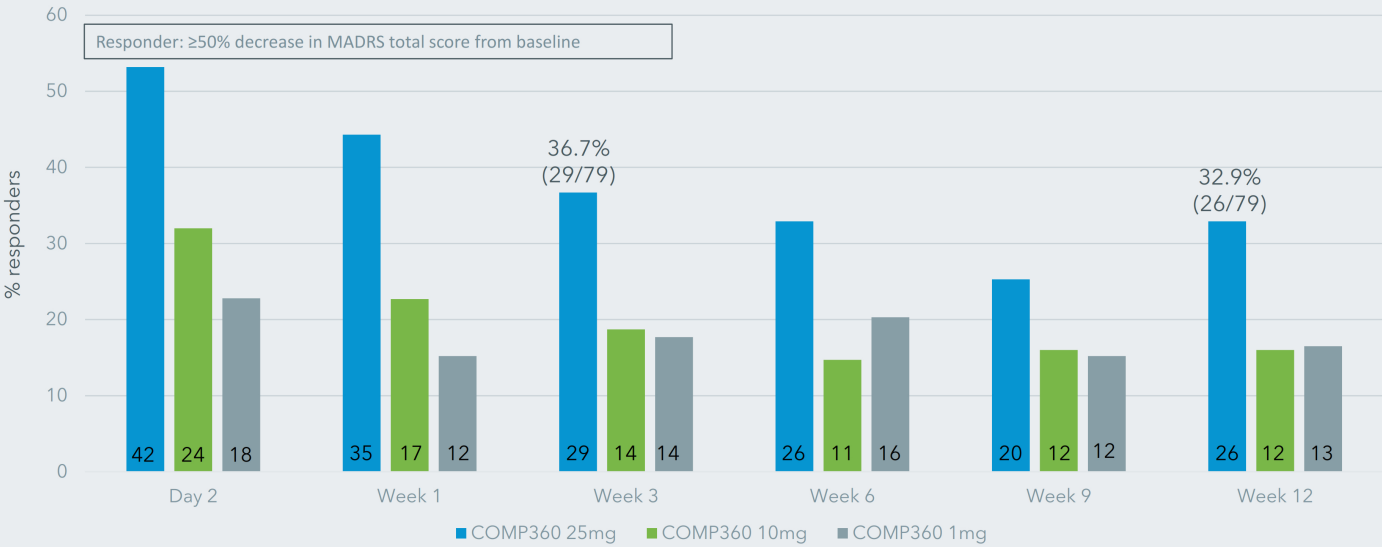


Baseline mean (SD): 25mg (n=79) = 31.9 (5.41); 10mg (n=75) = 33.0 (6.31); 1mg (n=79) = 32.7 (6.24)

Note: MADRS = Montgomery-Åsberg Depression Rating Scale; n = number observed; SD = standard deviation; LS = least squares; * = statistically significant treatment difference vs 1mg at visit; p = p-value

Key secondary endpoint - MADRS responders

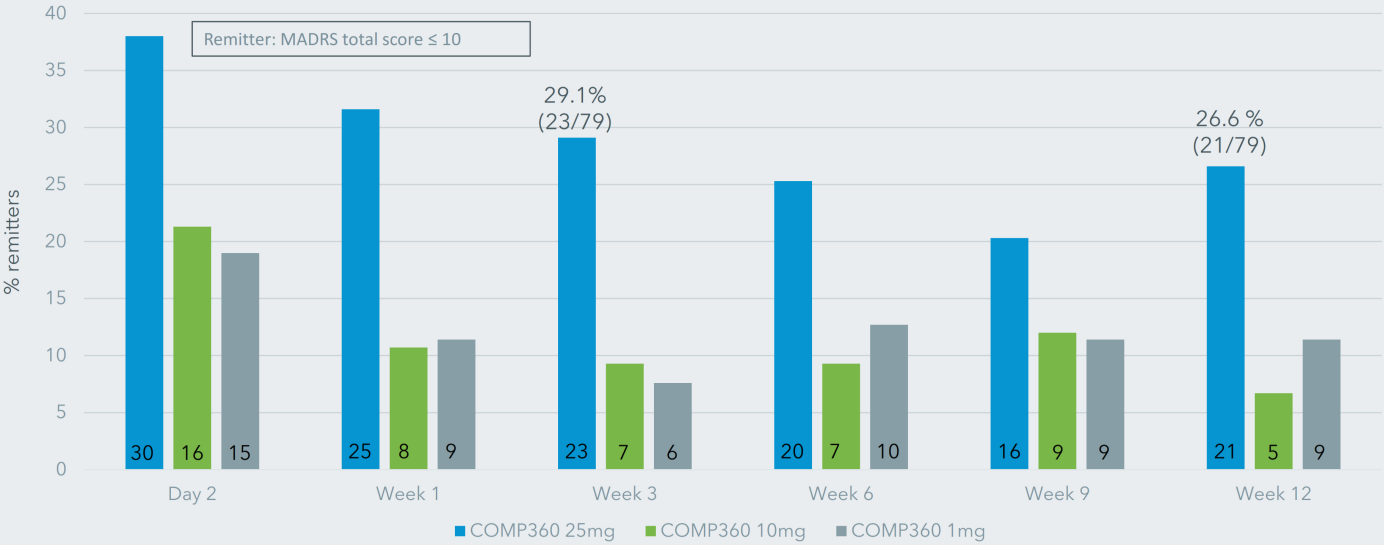
25mg group demonstrated rapid response, with treatment differences from day 2 to week 3 compared with the 1mg group



Note: MADRS = Montgomery-Åsberg Depression Rating Scale; number of responders stated in bar
Participants who started new treatment for depression were assumed to be non-responders, hence decreasing numbers reflecting antidepressant use over time

Key secondary endpoint - MADRS remitters

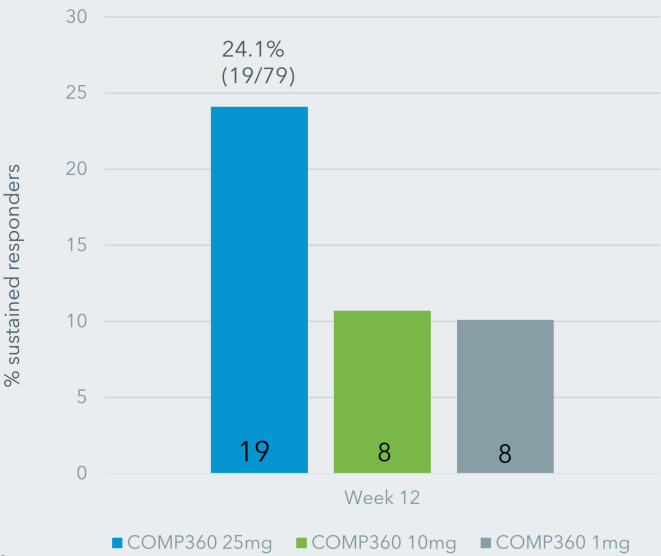
25mg group demonstrated rapid remission, with treatment differences from day 2 to week 3 compared with the 1mg group



Note: MADRS = Montgomery-Åsberg Depression Rating Scale; number of remitters stated in bar
Participants who started new treatment for depression were assumed to be non-remitters, hence decreasing numbers reflecting antidepressant use over time

MADRS sustained responders at week 12

Higher proportion of sustained responders found in the 25mg vs 1mg arm



Sustained responder* – patients meeting the MADRS response criteria at week 3 and at week 12, and at least at one visit out of week 6 and week 9, and who did not start any new treatments for depression

Note: MADRS = Montgomery-Åsberg Depression Rating Scale; number of sustained responders stated in bar
Statistical significance cannot be claimed on secondary endpoints due to hierarchical testing being broken for the 10mg vs 1mg dose on the primary endpoint
Participants who started new treatment for depression were assumed to be non-responders, hence decreasing numbers reflecting antidepressant use over time
*The protocol-defined sustained response up to week 12 was 20.3% of patients in the 25mg group vs 10.1% in the 1mg group

Safety – treatment emergent adverse events (TEAEs) overview

- The vast majority of TEAEs (over 90%) were of mild or moderate severity
- The proportion of patients reporting a serious TEAE was comparable between the 25mg and 10mg groups:
 - 5 (6.3%) patients in the 25mg COMP360 arm
 - 6 (8.0%) patients in the 10mg COMP360 arm
 - 1 (1.3%) patient in the 1mg COMP360 arm
- TEAE incidence was slightly higher in the 25mg group than in the 10mg and 1mg groups
- Further analysis on the onset and duration of TEAEs is underway
- TEAE incidence includes all events, including those thought to be related to the psychedelic experience on the day of COMP360 psilocybin administration in the therapeutic setting

Note: TEAE = treatment emergent adverse event

Most frequent TEAEs ordered by the 25mg arm (at least 5% in any treatment group)

MedDRA TEAE preferred term	COMP360 25mg	COMP360 10mg	COMP360 1mg	Overall
	N=79	N=75	N=79	N=233
	n (%)			
Headache	27 (34.2)	16 (21.3)	20 (25.3)	63 (27.0)
Nausea	18 (22.8)	7 (9.3)	4 (5.1)	29 (12.4)
Fatigue	12 (15.2)	5 (6.7)	7 (8.9)	24 (10.3)
Insomnia	8 (10.1)	11 (14.7)	14 (17.7)	33 (14.2)
Anxiety	7 (8.9)	13 (17.3)	3 (3.8)	23 (9.9)
Mood altered	7 (8.9)	3 (4.0)	1 (1.3)	11 (4.7)
Back pain	6 (7.6)	0	3 (3.8)	9 (3.9)
Dizziness	6 (7.6)	1 (1.3)	1 (1.3)	8 (3.4)
Suicidal ideation	5 (6.3)	5 (6.7)	4 (5.1)	14 (6.0)
Myalgia	5 (6.3)	2 (2.7)	1 (1.3)	8 (3.4)
Euphoric mood	4 (5.1)	5 (6.7)	4 (5.1)	13 (5.6)
Depression	4 (5.1)	6 (8.0)	5 (6.3)	15 (6.4)
Abdominal pain upper	4 (5.1)	2 (2.7)	1 (1.3)	7 (3.0)
Irritability	4 (5.1)	2 (2.7)	1 (1.3)	7 (3.0)
Panic reaction	4 (5.1)	1 (1.3)	1 (1.3)	6 (2.6)
Depressed mood	3 (3.8)	5 (6.7)	4 (5.1)	12 (5.2)
Paraesthesia	3 (3.8)	4 (5.3)	1 (1.3)	8 (3.4)
Thinking abnormal	0	4 (5.3)	0	4 (1.7)

TEAE incidence is higher in the 25mg group overall

Key mood-related TEAEs (euphoric mood, depression, depressed mood, suicidal ideation) do not have a higher incidence in the 25mg arm

Note: MedDRA = Medical Dictionary for Regulatory Activities; TEAE = treatment emergent adverse event; N = number of participants in the population; n = number observed

Treatment emergent serious adverse events (TESAEs) ordered by 25mg arm

MedDRA preferred term	COMP360 25mg	COMP360 10mg	COMP360 1mg	Overall
	N=79	N=75	N=79	N=233
	Number of patients per category (%)			
Patients with a TESAE	5 (6.3)	6 (8.0)	1 (1.3)	12 (5.2)
	Any TESAE			
Suicidal behaviour	3 (3.8)	0	0	3 (1.3)
Intentional self-injury ¹	2 (2.5)	2 (2.7)	1 (1.3)	5 (2.1)
Suicidal ideation	2 (2.5)	2 (2.7)	0	4 (1.7)
Drug withdrawal syndrome ²	1 (1.3)	0	0	1 (0.4)
Adjustment disorder with anxiety	1 (1.3)	0	0	1 (0.4)
Adjustment disorder with mixed anxiety and depressed mood	1 (1.3)	0	0	1 (0.4)
Depression	0	1 (1.3)	0	1 (0.4)
Hospitalisation	0	1 (1.3)	0	1 (0.4)

19 TESAEs were reported in total, experienced by 12 patients

(note: two patients had the same TESAE twice)

All suicidal behaviours were experienced at least one month after COMP360 administration

Note: MedDRA = Medical Dictionary for Regulatory Activities; TESAE = treatment emergent serious adverse event; N = number of participants in the population

¹= These were cases of non-suicidal self-injury (including) superficial cutting, scratching and punching which, although not meeting criteria for a TESAE, were classed as TESAEs in this study due to the protocol specifying that any behaviours on the Columbia-Suicide Severity Rating Scale, completed by participants at every study visit, be reported as a TESAE

² = Codeine withdrawal

Largest, randomised, controlled double-blind psilocybin therapy trial shows rapid and sustained response for COMP360 psilocybin therapy

Key conclusions

- Largest, randomised, controlled, double-blind psilocybin therapy study ever completed shows rapid and sustained response for patients receiving a single 25mg dose of COMP360 psilocybin with psychological support
 - Multicentre, robust study of well characterised patients with treatment-resistant depression; 94% of patients had no prior psilocybin experience
 - Topline data, along with comprehensive secondary analyses to follow, provides the springboard for phase III development

Primary endpoint

- Study achieved its primary endpoint with 25mg demonstrating a statistically significant treatment difference of **-6.6** points on change from baseline in MADRS total scores vs the 1mg dose at week 3 (**p<0.001**)
 - The 10mg vs 1mg dose did not show a statistically significant difference at week 3 (numerical difference of -2.5 points)
 - The 25mg group demonstrated statistically significant efficacy from the day after the COMP360 psilocybin administration
 - At week 3, the 25mg group showed a 12 point reduction from baseline in MADRS total score

Secondary endpoints

- At least double the number of MADRS responders¹, remitters², and sustained responders³ with 25mg vs 1mg; rapid response and remission from day 2 to week 3
 - 36.7% (29 patients) in 25mg group showed response at week 3
 - 29.1% (23 patients) in 25mg group were in remission at week 3
 - 24.1% (19 patients) in 25mg group were sustained responders at week 12

Safety

- COMP360 was generally well-tolerated
 - Vast majority of TEAEs were mild or moderate in severity
 - The most frequent TEAEs were headache, nausea, fatigue and insomnia
 - There were 12 patients who reported serious TEAEs, including suicidal behaviour, intentional self-injury, and suicidal ideation, which are often observed in a treatment-resistant depression population

Note: MADRS = Montgomery-Åsberg Depression Rating Scale; TEAE = treatment emergent adverse events

1. Response: ≥50% decrease in MADRS total score from baseline; 2. Remission: MADRS total score ≤10; 3. Sustained response: patients meeting the MADRS response criteria at week 3 and at week 12, and at least at one visit out of week 6 and week 9; the protocol-defined sustained response up to week 12 was 20.3% of patients in the 25mg group vs 10.1% in the 1mg group

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COMP360 psilocybin therapy development moving forward

- Complete final analysis of all data and endpoints to further inform path forward
- Hold an end-of-phase II meeting with FDA to discuss topline data and continue discussions around development path and phase III design
 - Meeting anticipated Q1 2022
- Pending FDA meeting outcome, we anticipate advancing to phase III by Q3 2022
- Continue expanding our pipeline of indications beyond treatment-resistant depression and post-traumatic stress disorder
- Additional indications are currently being researched via investigator initiated studies which may provide signal generation for future COMP360 psilocybin therapy studies

Thank you
for your time

Any questions?



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