CytoSorbents Corporation

Nasdaq: CTSO

Q2 2026 Earnings Conference Call

August 6, 2026

CytoSorbents™

Safe Harbor Statement

Statements in this presentation include forward-looking statements intended to qualify for the safe harbor from liability established by the Private Securities Litigation Reform Act of 1995. These forward-looking statements include, but are not limited to, statements about our plans, objectives, future targets and outlooks for our business, representations and contentions, and the outcome of our regulatory submissions, and are not historical facts and typically are identified by use of terms such as “may,” “should,” “could,” “expect,” “plan,” “anticipate,” “believe,” “estimate,” “predict,” “potential,” “continue” and similar words, although some forward-looking statements are expressed differently. You should be aware that the forward-looking statements in this presentation represent management’s current judgment and expectations, but our actual results, events and performance could differ materially from those in the forward-looking statements. Factors which could cause or contribute to such differences include, but are not limited to, our restructuring of our direct sales team and strategy in Germany, the impact of geopolitical events including the recent war in Iran, our ability to successfully obtain U.S. FDA and Health Canada regulatory approval and marketing authorization, our ability to complete our strategic workforce and cost reduction plan to reduce costs, optimize operations, and achieve operating cash-flow break-even in the second half of 2026, our ability to appropriately finance the Company, including our ability to meet our financial obligations and comply with the covenants under our existing debt agreement, our ability to fund and develop new and existing research and development programs, and the risks discussed in our Annual Report on Form 10-K, filed with the SEC on March 30, 2026, as updated by the risks reported in our Quarterly Reports on Form 10-Q, and in the press releases and other communications to shareholders issued by us from time to time which attempt to advise interested parties of the risks and factors which may affect our business. We caution you not to place undue reliance upon any such forward-looking statements. We undertake no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise, other than as required under the Federal securities laws.

About Non-GAAP Financial Measures

To supplement our condensed consolidated financial statements, we use the non-GAAP financial measures of EBITDA, which measures earnings before interest, income taxes, depreciation and amortization, and Adjusted EBITDA which further excludes non-cash stock compensation expense, the gain or loss of foreign exchange translation, and restructuring charges. We also use the non-GAAP financial measures of Adjusted Net Income or Loss and Adjusted Net Income or Loss Per Share which excludes non-cash stock compensation expense, the gain or loss of foreign exchange translation, and restructuring charges from Net Loss and Net Loss Per Share, respectively. Additionally, we use the non-GAAP financial measure of Negative Free Cash Flow which consists of net cash used in operating activities plus net cash used in investing activities. These non-GAAP measures are not based on any comprehensive set of accounting rules or principles and should not be considered a substitute for, or superior to, financial measures calculated in accordance with GAAP and may be different from non-GAAP measures used by other companies. In addition, these non-GAAP measures should be read in conjunction with our financial statements prepared in accordance with GAAP. The reconciliations of the non-GAAP measures to the most directly comparable financial measures calculated and presented in accordance with GAAP should be carefully evaluated. We use these non-GAAP financial measures for financial and operational decision-making and as a means to evaluate period-to-period comparisons. We believe that these non-GAAP financial measures provide meaningful supplemental information regarding our performance and that both management and investors benefit from referring to these non-GAAP financial measures in assessing our performance and when planning, forecasting, and analyzing future periods. We believe these non-GAAP financial measures are useful to investors because (1) they allow for greater transparency with respect to key metrics used by management in its financial and operational decision-making and (2) they are used by investors and the analyst community to help them analyze the performance of our business, the Company’s cash available for operations, and the Company’s ability to meet future capital expenditure and working capital requirements. For a reconciliation of non-GAAP financial measures to the most comparable GAAP measure, see the reconciliation included in the financial tables. All non-GAAP adjustments are presented pre-tax.

Conference Call Participants

Phillip Chan, MD, PhD
Chief Executive Officer

Peter J. Mariani, CPA
Chief Financial Officer

Efthymios Deliargyris, MD
Chief Medical Officer

Regulatory Disclaimer

CytoSorb

- **CE Marked in Europe for the following APPROVED Indications for Use:**
  - Cytokine Removal
  - Bilirubin and Myoglobin Removal
  - Ticagrelor and Rivaroxaban removal during cardiothoracic surgery

- **CytoSorb is NOT yet cleared/approved by the FDA or Health Canada**

DrugSorb-ATR

- **INVESTIGATIONAL DEVICE:** Limited by U.S. Federal Law to Investigational Use Only

- **This Investigational Device is NOT yet cleared/approved by FDA, Health Canada, or by any other Global Regulatory Agency, and it is NOT commercially available for sale**

- *Proposed* Indication for Use: ***To reduce the severity of perioperative bleeding in patients undergoing coronary artery bypass rafting (CABG) within 2 days of ticagrelor discontinuation***

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Operational Update

Dr. Phillip Chan, MD, PhD
Chief Executive Officer

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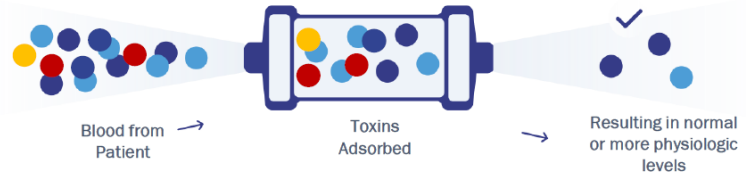
CytoSorbents at a Glance



- **Platform** blood purification technology for removing toxins and harmful substances from the blood
- **High margin** "razorblade" that is "plug and play" into existing hospital blood pumps
- **Two main products** leveraging the underlying polymer technology

CytoSorb

Treatment of life-threatening conditions in the ICU and cardiac surgery

Record core product sales of **$37.3 million** (TTM 6/30/26)

E.U. Approved with **more than 300,000** CytoSorb devices utilized cumulatively to date in 70+ countries

DrugSorb ATR

Investigational device to reduce the severity of perioperative bleeding during CABG surgery due to blood thinners

Two FDA Breakthrough Device Designations

Actively pursuing **regulatory approval in the US** with new De Novo submission planned

* CytoSorb and DrugSorb-ATR are not yet cleared or approved in the U.S. or Canada

A Quarter of Meaningful Progress

$9.6M
Q2 2026 Revenue

↑73%
Gross Margins

~$200K
Operating Cash Burn*

We believe CytoSorbents today is better positioned for success than a year ago

- Strengthened financial metrics nearing operating cash flow breakeven
- Continued manufacturing excellence with improving gross margins
- Stronger commercial execution
- Advancing regulatory programs
- Well-positioned for long-term value creation around four independent value drivers

* Excluding restructuring costs of ~$200K

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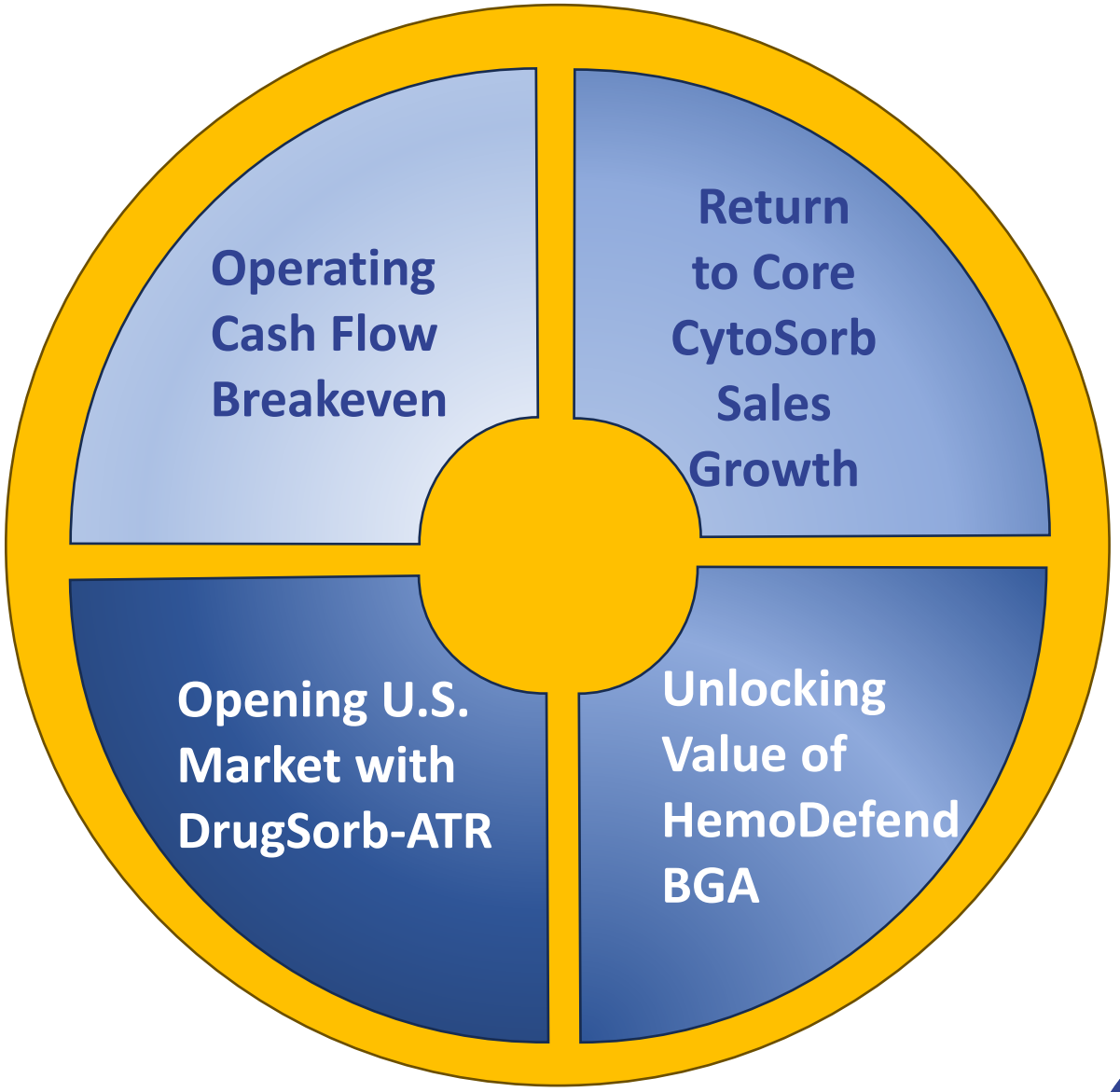
Four Independent Key Drivers of Value Creation



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Value Driver #1:

Achieving Operating Cash Flow Breakeven

Peter J. Mariani, CPA
Chief Financial Officer

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Progress Towards Operating Cash Flow Breakeven

$9.6M
Q2 2026 Revenue

↑73%
Gross Margins

27%
Operating Loss Improvement

38%
Adjusted EBITDA Improvement

~$200K
Operating Cash Burn*

* Excluding restructuring costs of ~$200K

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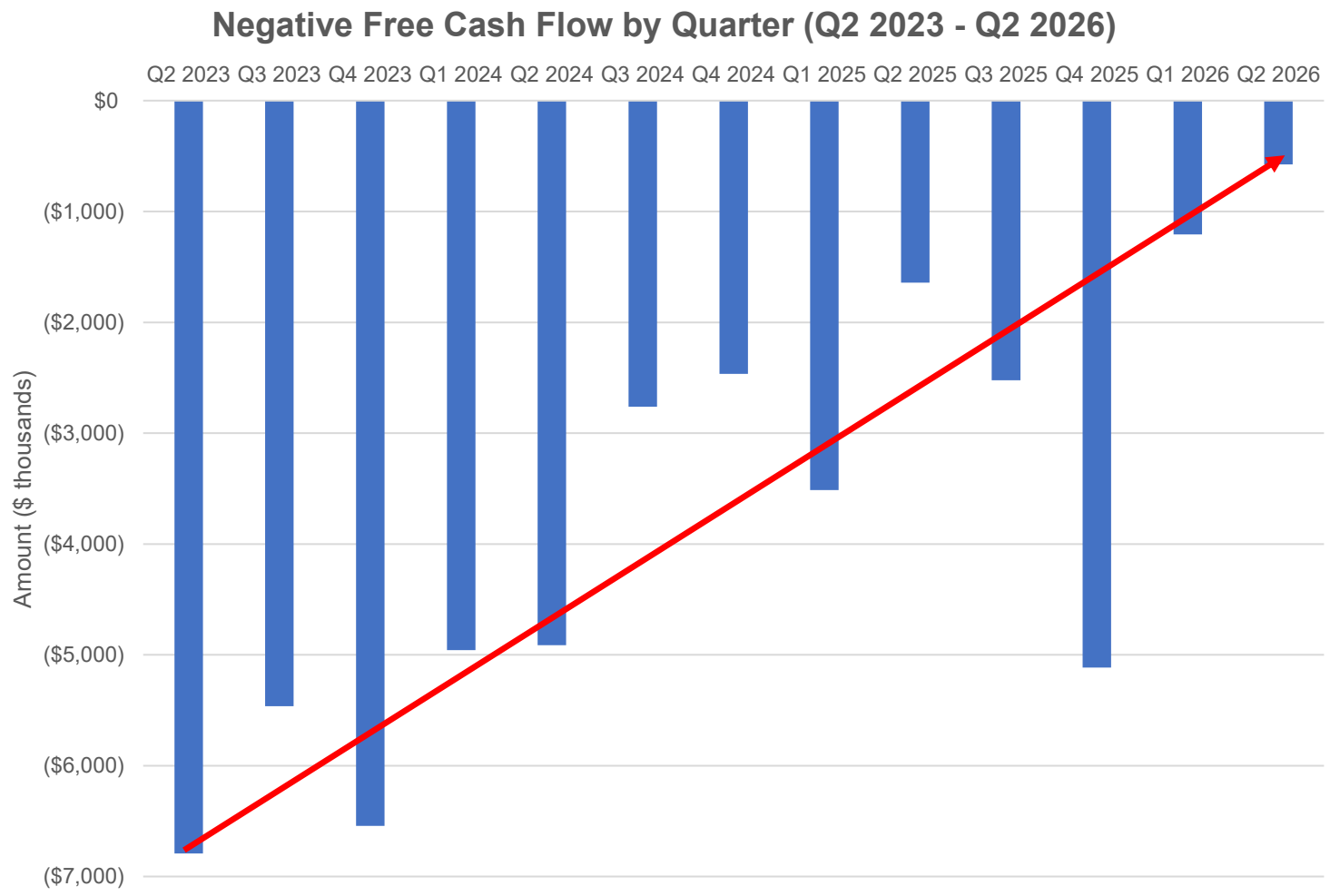
Driving to Operating Cash Flow Breakeven in 2H 2026



* *Negative Free Cash Flow = Net cash used in operating activities plus net cash used in investing activities*

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Value Driver #2:

Returning the CytoSorb Business Back to Growth

Dr. Phillip Chan, MD, PhD
Chief Executive Officer

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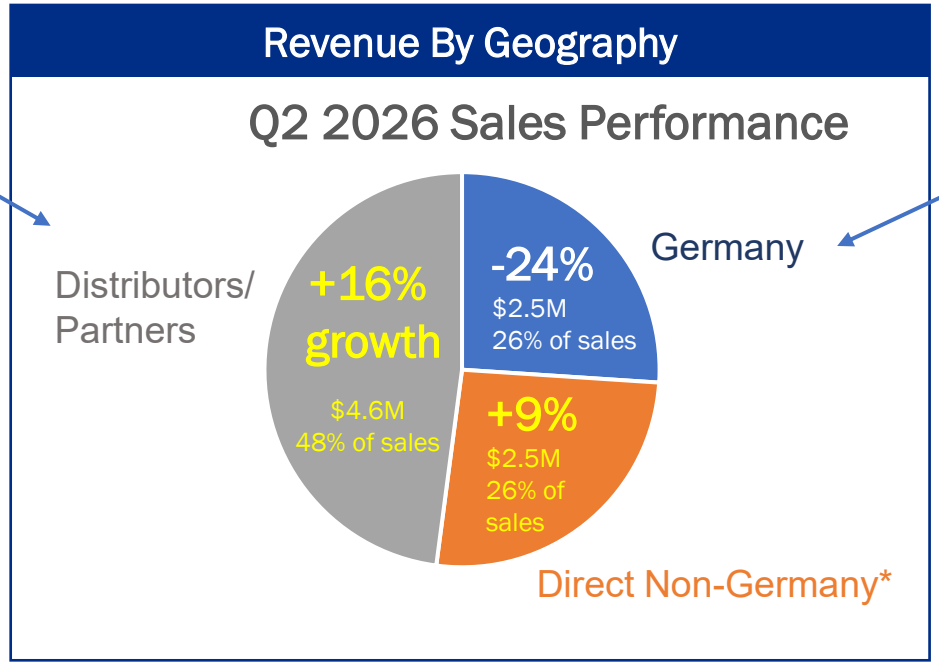
CytoSorb Commercialization Focus

- We sell CytoSorb in more than 70 countries worldwide with more than 300,000 treatments to date
- Sell Direct in Germany and 9 other countries & through Distributors and Partners in the remainder
- Business: 65% critical care and 35% cardiac surgery

Opened Dubai UAE subsidiary in 2025 due to potential in region but U.S. Iran war has disrupted sales. But physicians are excited about CytoSorb, representing strong future upside

Key Opportunities for Growth



* Austria, Switzerland, Poland, Netherlands, England, Wales, North Ireland, Scotland, Ireland, U.S.

Germany restructuring resulted in a significantly smaller sales force but with improved productivity and sales execution. Filling big gaps in country coverage with 3-5 new sales rep hires now into early 2027. Fix Germany, fix sales.

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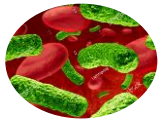
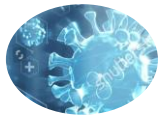
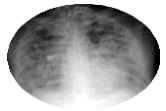
Continue to Teach Core Messaging



Sepsis, Septic Shock, Other Shock



Infectious diseases (flu, COVID-19, other)

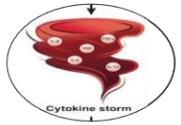


Acute Respiratory Distress Syndrome (ARDS)

Trauma, Rhabdomyolysis

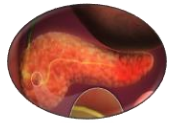
Liver failure

Burn Injury

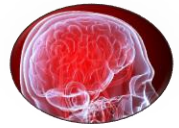


Cytokine storm/ Cytokine release syndrome

Post-surgical complications Organ transplant

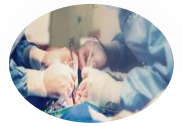


Pancreatitis

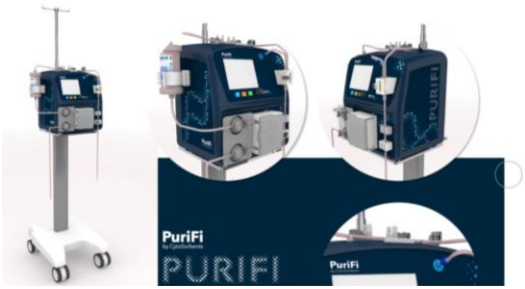


Neuroinflammation

Drug overdose Blood thinner toxicity



High risk surgical procedures, aortic surgery, Infective endocarditis



HotSwap® by CytoSorbents
The **new** adsorber exchange system

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Value Driver #3:

Opening the U.S. Market Through DrugSorb-ATR

Dr. Efthymios “Makis” Deliargyris, MD, FACC, FESC, FSCAI
Chief Medical Officer

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Blood Thinners and Cardiac Surgery

- Tens of millions of patients globally take Direct Oral Anticoagulants (e.g, DOACs like Eliquis® and Xarelto®) and antiplatelet agents (e.g, Brilinta®) either chronically or acutely to reduce risk of heart attack, stroke, and other serious thrombotic complications

- Each year, an estimated 10% will require emergent or urgent surgery, including cardiac surgery
  - ~5-10% of emergency cardiac surgeries involve patients on chronic DOAC therapy
  - ~5-10% of heart attack patients on antiplatelet agents are not eligible for a stent and require CABG surgery

- Blood thinners significantly increase the risk of perioperative bleeding in cardiac surgery. Delay of surgery for multiple days for drug clearance is typically recommended to reduce this risk

- There is a major unmet need in patients awaiting urgent cardiothoracic surgery
  - Many patients cannot wait due to the need for emergency surgery
  - Waiting for drug washout may increase the risk of poor patient outcomes (e.g. thrombotic events, clinical instability, and sudden death) and wastes valuable hospital resources

- DrugSorb-ATR has received two FDA Breakthrough Designations, highlighting the lack of available effective therapies for this problem. We believe DrugSorb-ATR has the potential to address this pervasive and serious unmet medical need

DrugSorb-ATR is an investigational medical device in the U.S. and Canada and is not yet cleared or approved.
Brilinta® , Eliquis®, and Xarelto® are trademarks of AstraZeneca, Bristol-Myers Squibb, and Bayer, respectively

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The Pivotal STAR-T RCT Paper Is Now Published

Randomized, sham-controlled trial of intraoperative ticagrelor removal to reduce perioperative bleeding

Michael J. Mack, MD,[a] Richard Whitlock, MD,[b] Michael W. A. Chu, MD,[c] Bradley Taylor, MD,[d] Elias A. Zias, MD,[e] David Liu, MD,[f] Adam N. Protos, MD,[g] Chris Rokkas, MD,[h] Marc Pelletier, MD,[i] Chun W. Choi, MD,[j] Tarit Saha, MD,[k] Frank W. Sellke, MD,[l] David J. Schneider, MD,[m] Vinod H. Thourani, MD,[n] James Douketis, MD,[o] Cyril David Mazer, MD,[p] Weihong Fan, MS,[q] Efthymios N. Deliargyris, MD,[q] and Charles Michael Gibson, MD,[r,s] on behalf of the Safe and Timely Antithrombotic Removal-Ticagrelor (STAR-T) Investigators

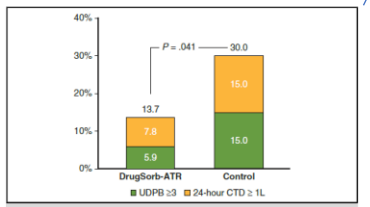
ABSTRACT

Objective: Patients on ticagrelor who are undergoing cardiac surgery before completing guideline-recommended washout are at high risk for severe bleeding. This study evaluated whether a novel drug removal device reduces bleeding in patients operated within 2 days from ticagrelor discontinuation.

Methods: Eligible patients were randomized 1:1 to intraoperative DrugSorb-ATR or sham control. Primary safety end point was adverse events at 30 days. Efficacy was assessed by composite end points comprising bleeding events using Universal Definition of Perioperative Bleeding (UDPB) and 24-hour chest tube drainage (CTD) in the overall and isolated coronary artery bypass grafting (CABG) populations with a hierarchical win ratio (WR) method.

Results: In total, 140 patients were randomized; 132 had surgery and received a study device; and 92% were isolated CABG. Mean age was 65 ± 5 years, and 15% were female. The primary safety end point was met, with similar adverse events reported between groups. The primary efficacy end point was not met in the overall or CABG populations (Win ratio [WR], 1.07; 95% CI, 0.72-1.58; $P = .748$ and WR, 1.33; 95% CI, 0.86-2.04; $P = .202$ respectively). The supplementary efficacy end point was met in the CABG population (WR, 1.59; 95% CI, 1.02-2.46, $P = .041$) with significant reductions also shown in large CTD bleeding events ($P = .016$) and major bleeding, a composite of severe bleeding events or 24-hour CTD ≥1 L ($P = .041$). The number needed to treat to prevent a major bleed was 6.

Conclusions: Intraoperative use of DrugSorb-ATR is safe in patients operated within 2 days of ticagrelor discontinuation. Although the primary end point was not met in the overall population, there were significant reductions in severe bleeding events in the prespecified CABG population. (J Thorac Cardiovasc Surg 2026;■:1-10)



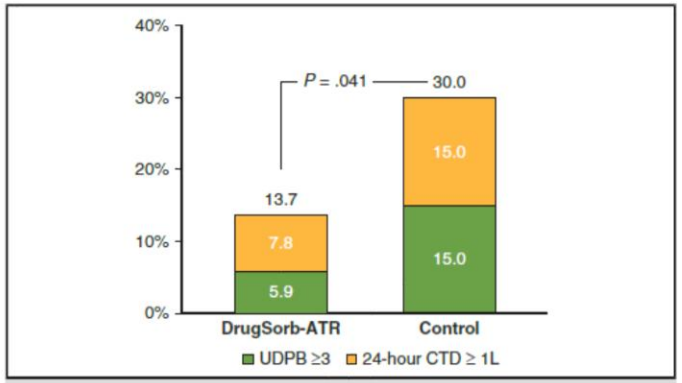
Major bleeding, a composite of severe bleeding events (UDPB ≥3) or 24-hour CTD ≥ 1 L.

CENTRAL MESSAGE

Intraoperative DrugSorb-ATR use for ticagrelor removal is safe and can reduce the severity of bleeding after isolated CABG in patients operated within 2 days of drug discontinuation.

PERSPECTIVE

Antithrombotic drug–related perioperative bleeding risk is a major clinical issue frequently resulting in surgical delays. The present study showed that the intraoperative use of a device that can remove ticagrelor from blood was safe and reduced severe bleeding events among patients undergoing CABG within 2 days of ticagrelor discontinuation.



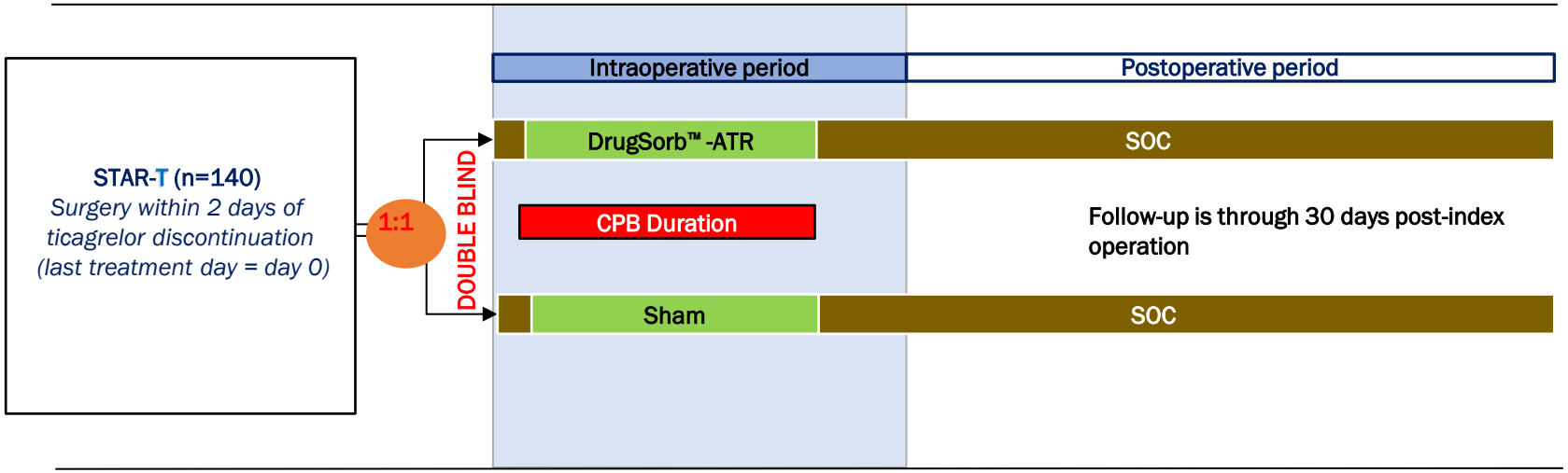
Major bleeding, a composite of severe bleeding events (UDPB ≥3) or 24-hour CTD ≥ 1 L.

CENTRAL MESSAGE

Intraoperative DrugSorb-ATR use for ticagrelor removal is safe and can reduce the severity of bleeding after isolated CABG in patients operated within 2 days of drug discontinuation.

DrugSorb-ATR is an investigational device in the U.S. and Canada and not yet cleared/approved

STAR-T: Study Design



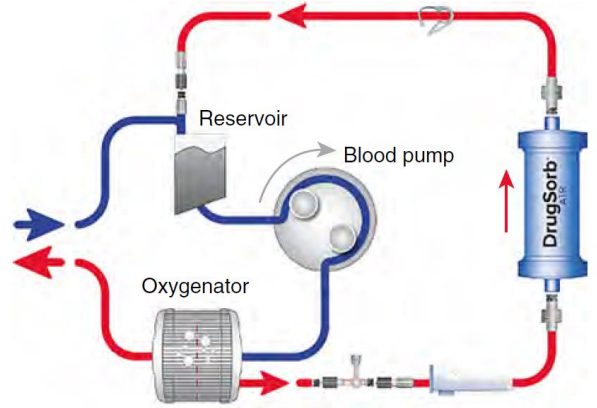


FIGURE 1. Device integration in the cardiopulmonary bypass circuit.

Prespecified Study Endpoints

Safety:
GCP level adverse event rates assessed by independent DSMB

Efficacy:
Composite of fatal bleeding, clinical bleeding by UDPB and 24-hr CTD

- Primary composite: fatal, moderate/severe (UDPB ≥ 2) bleeding and 24-hr CTD
- Supplementary composite: fatal, severe (UDPB ≥ 3) bleeding and 24-hr CTD

29 Investigative Sites

 = 22

 = 7

Co-Principal Investigators:

- Michael J. Mack, MD; Baylor Scott & White
- C. Michael Gibson, MD; Harvard University
- Richard Whitlock, MD; McMaster University

Definitions: UDPB: Universal Definition of Perioperative Bleeding; CTD: Chest Tube Drainage

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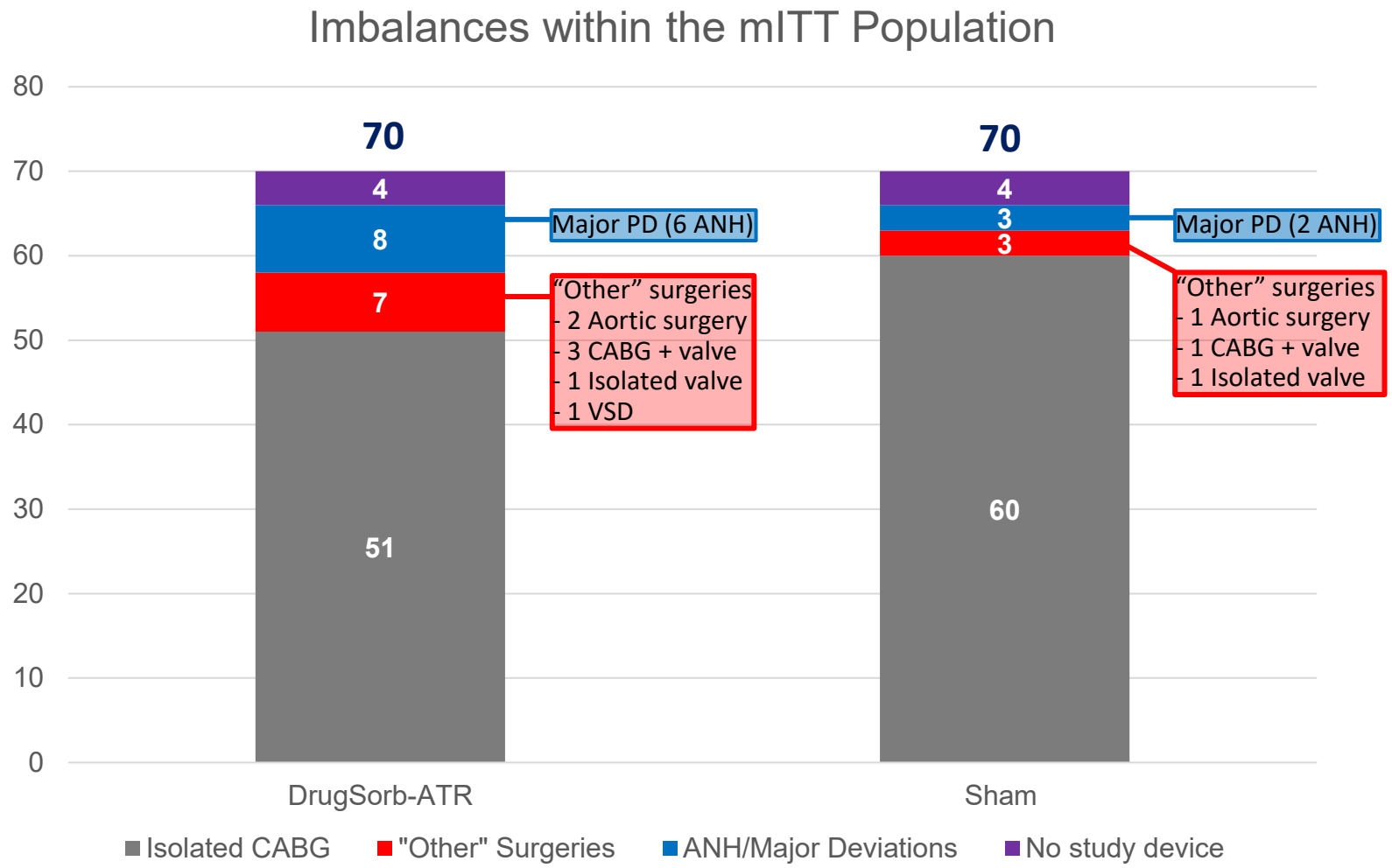
STAR-T: Prespecified Study Populations



Surgeries included:
CABG 92%
Other 8%

- 8/140 patients did not receive study device; Primary analysis population (mITT = 132)
- mITT imbalanced in: a) type of surgery, and b) major protocol deviations (total 15 vs. 6)
- Imbalances accounted for in the CABG per protocol population (CABG PP = 111)

Definitions: mITT: Modified Intent to Treat; PP: Per Protocol

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STAR-T: Study Meets Primary Safety Endpoint

- Independent DSMB: No safety concerns

Adverse Events, Safety Population N=132	DrugSorb N=66	Control N=66
Any treatment-emergent AEs (TEAEs)	58 (87.9%)	57 (86.4%)
Any procedure related*	42 (63.6%)	45 (68.2%)
Any device related*	1 (1.5%)	0 (0%)
Any serious TEAEs	25 (37.9%)	19 (28.8%)
Any procedure related*	12 (18.2%)	12 (18.2%)
Any device related*	0 (0%)	0 (0%)
Any unanticipated adverse device effects (UADE)	0 (0%)	0 (0%)
Any TEAEs leading to discontinuation of study	0 (0%)	0 (0%)
Any TEAEs leading to death	1 (1.5%)	1 (1.5%)

STAR-T: Efficacy Analyses

Efficacy assessed with the hierarchical **WIN Ratio** on 2 composite endpoints of:
A) Fatal Bleeding, B) UDPB Bleeding, and C) 24-hour chest tube drainage (CTD)

Overall population (n=132)	WIN Ratio	95% CI	p value
Composite #1 Mod/Severe Bleeding (UDPB≥2)	1.07	0.72, 1.58	0.748
Composite #2 Severe Bleeding (UDPB≥3)	1.17	0.79, 1.73	0.451

Prespecified analysis after accounting for imbalances (type of surgery & ANH)

CABG population (n=111)	WIN Ratio	95% CI	p value
Composite #1 Mod/Severe Bleeding (UDPB≥2)	1.33	0.86, 2.04	0.202
Composite #2 Severe Bleeding (UDPB≥3)	**1.59**	**1.02, 2.46**	**0.041**

UDPB = Universal Definition of Perioperative Bleeding; CTD = Chest Tube Drainage

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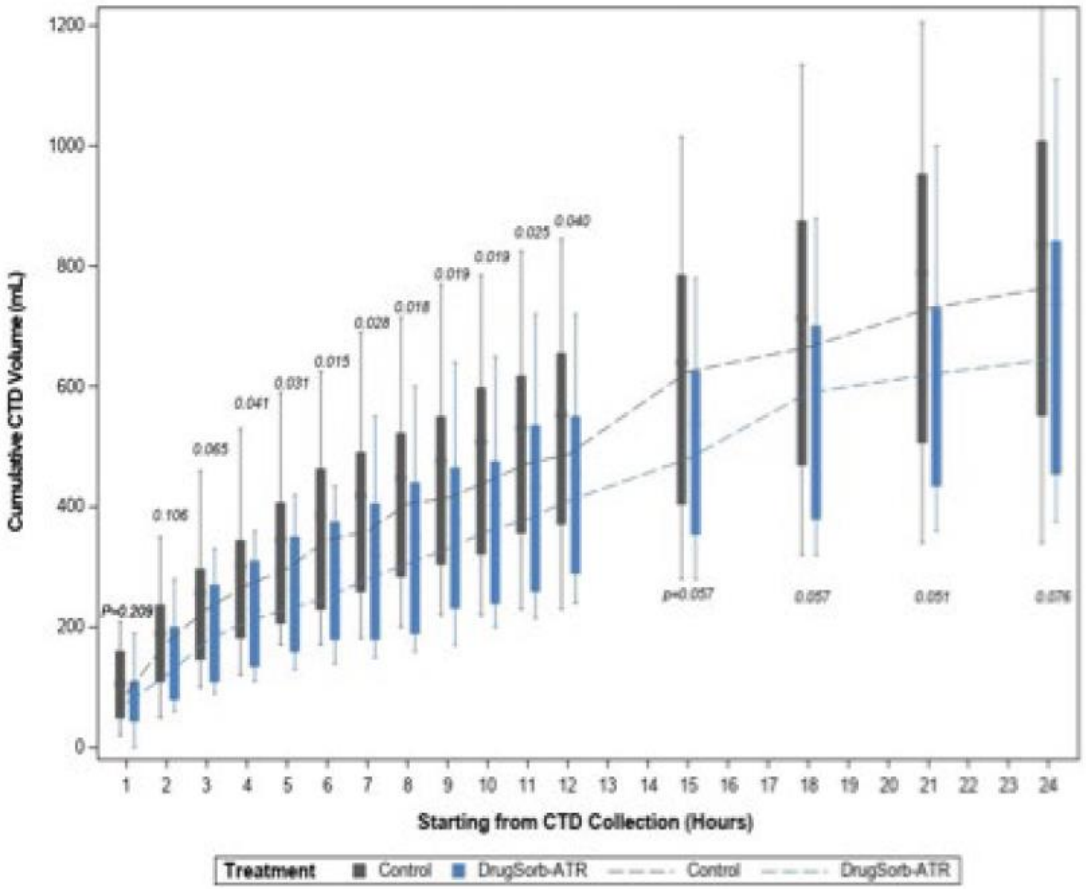
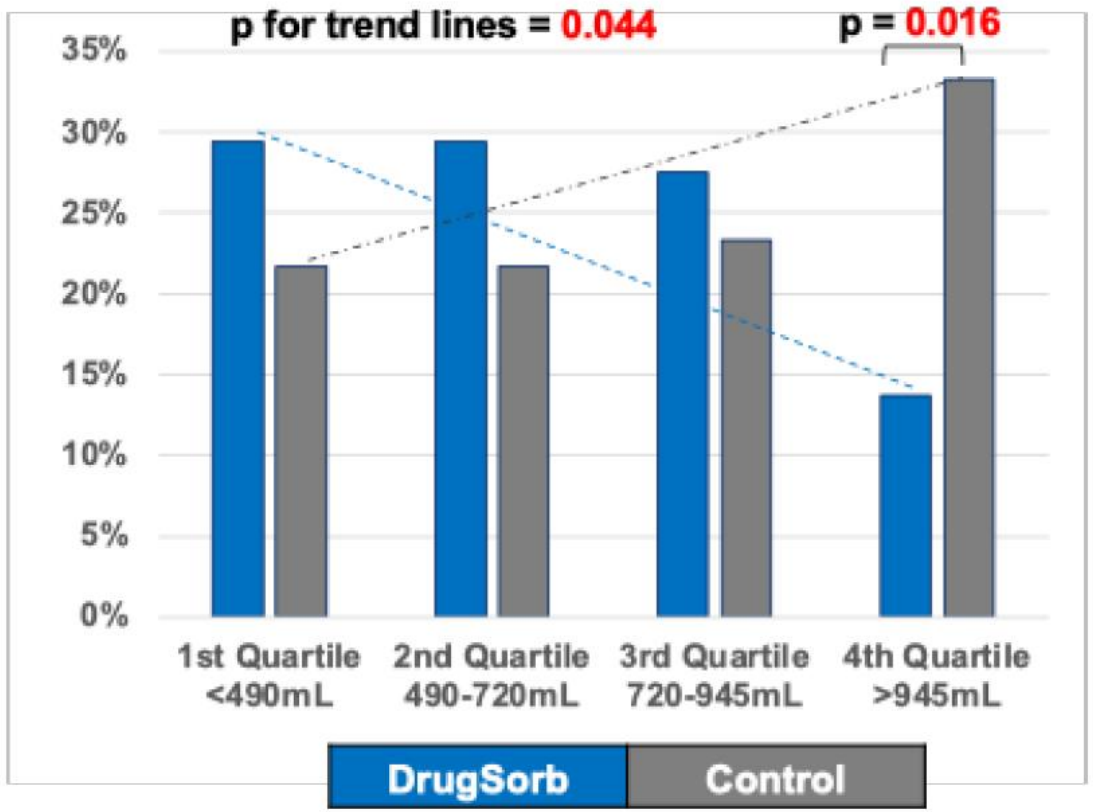
24-hr Chest Tube Drainage after CABG: Cumulative & Quartile Analysis





For context, the average total blood volume of a 165 pound person is approximately 4,000-5,000 mL of blood. So, >945 mL is equivalent to approximately 20-25% of a patient's total blood volume

CTD = Chest Tube Drainage

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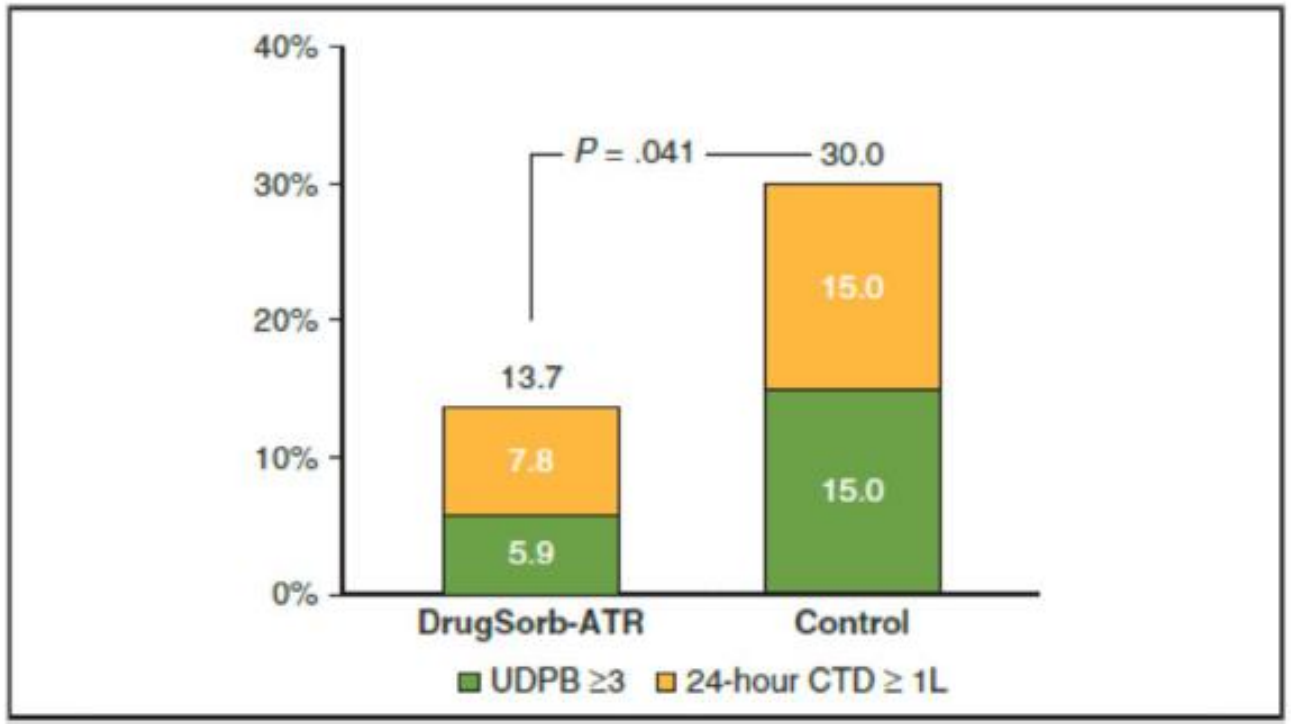
DrugSorb-ATR is an investigational device in the U.S. and Canada and not yet cleared/approved

Significant Reduction in Major Bleeding Equates to NNT = 6



Major bleeding, a composite of severe bleeding events (UDPB ≥3) or 24-hour CTD ≥ 1 L.

- 58% risk reduction for major bleeding
- 16.3% absolute reduction (13.7% treatment vs 30.0% control, p= 0.041) translates to NNT of 6
- Means that 1 major bleed is prevented for every 6 patients treated

UDPB = Universal Definition of Perioperative Bleeding;
CTD = Chest Tube Drainage; NNT = Number Needed to Treat

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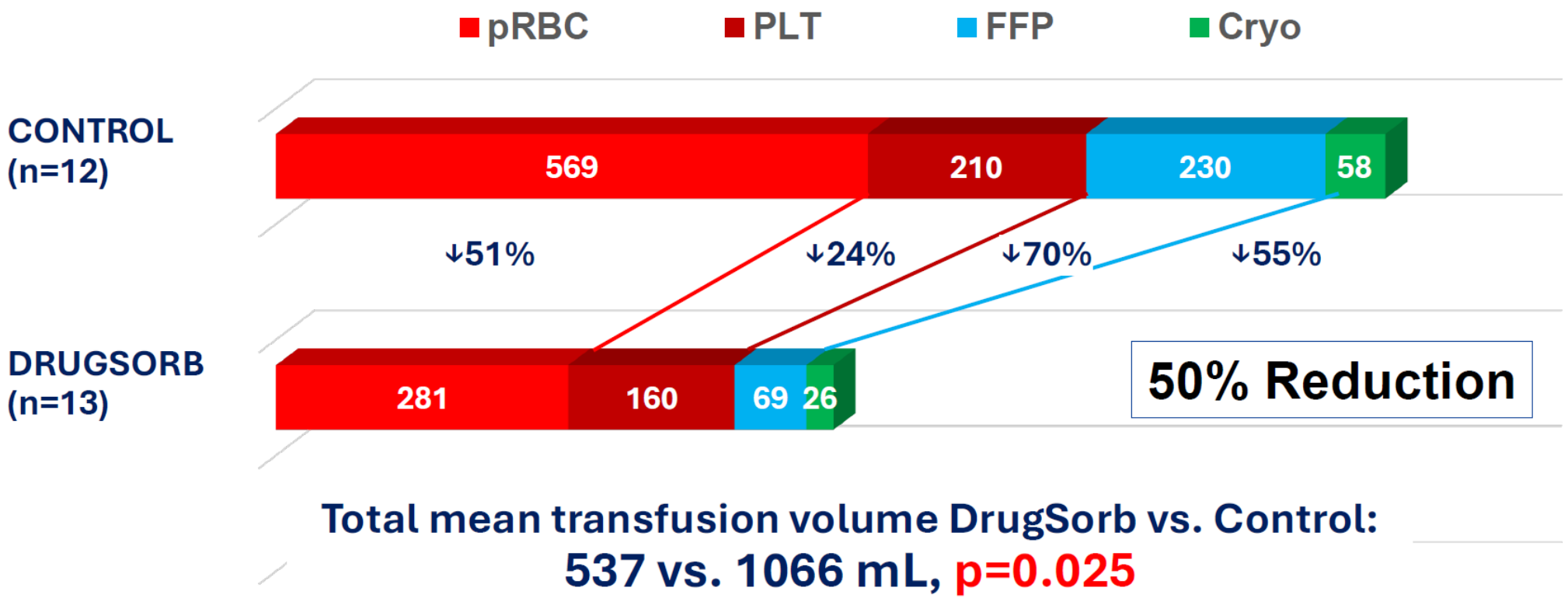
Even Transfusion in Moderate Bleeding Is Different



pRBC = packed red blood cells; PLT = platelets;
FFP = fresh frozen plasma; Cryo = Cryoprecipitate

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FDA Regulatory Path for DrugSorb-ATR and Brilinta®

- Because the primary endpoint of STAR-T was missed, FDA denied our De Novo 510(k) application (approval standard requires that "probable benefit" outweighs "probable risk") and subsequently upheld that denial in appeal

- However, there were three important positive outcomes of the appeal decision:

  - FDA stated no major issues with safety – key to the benefit-to-risk evaluation for De Novo devices
  - FDA stated new clinical trial in NOT needed - additional information may support Company's desired label claim
  - FDA indicated that a focused review of a new De Novo submission on the remaining open items was possible

- During follow-up discussions with FDA, we obtained clarity on the additional information to support "probable benefit:
  - Additional mechanistic data that will likely be generated from a small experimental study, and
  - RWE from existing data from the increasing use of the device in the everyday practice in Europe

- We will discuss options for the additional mechanistic data with FDA during a pre-sub meeting later this month
- We have identified appropriate data sources for the RWE analyses – preliminary results at ESC
- Once the additional information is available, we will file the new De Novo application

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Potential Second Shot on Goal: DOAC Removal

- Tens of millions of patients are on Direct Oral Anticoagulants (DOAC) for atrial fibrillation, VTE, etc. Eliquis® is the #7 pharmaceutical in the world ($14B global 2025 sales); Xarelto® ($5B global 2025 sales) are the market leaders
- DrugSorb-ATR has received a second FDA Breakthrough Device Designation for the removal of Eliquis® and Xarelto® during cardiac surgery
- We have previously discussed our intention to pursue an expanded label for DrugSorb-ATR to include removal of DOACs in cardiac surgery following an initial marketing approval
- Given delays in the ticagrelor submission, we have now scheduled a separate pre-submission meeting with FDA also later this month to review data currently available for the DOAC indication and determine what, if any, additional information may be required to support a parallel De Novo submission for DOAC removal

 Eliquis® and Xarelto® are trademarks of Bristol-Myers Squibb and Bayer, respectively

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DrugSorb-ATR is an investigational device in the U.S. and Canada and not yet cleared/approved

Meanwhile, Evidence Base for ATR Continues to Grow

- At **EuroPCR 2026 (Paris; May 19-22)**, the world-leading course in interventional cardiovascular medicine, two key presentations were made on antithrombotic removal:
  - *Urgent CABG in ACS: Impact of P2Y12 Choice and Intraoperative Hemoadsorption on Perioperative Bleeding - PSM Analysis of Real-World Data*
  - *Intraoperative DOAC Removal During CABG: An Interim Report From the STAR registry*

- Later this month in Munich at **ESC 2026 (Aug 28-31)**, the world's largest CV conference, two additional analyses on antithrombotic removal in cardiac surgery will be presented:
  - *Intraoperative ticagrelor removal to reduce bleeding after urgent CABG: Matched comparison of patient level observational data*
  - *Intraoperative antithrombotic removal during urgent CABG: Early German experience with a novel hemoadsorption device*

- *These rigorous RWE analyses highlight the increasing adoption of our technology as part of the operative protocols.at leading European heart centers and the bleeding reductions with the use of our device*

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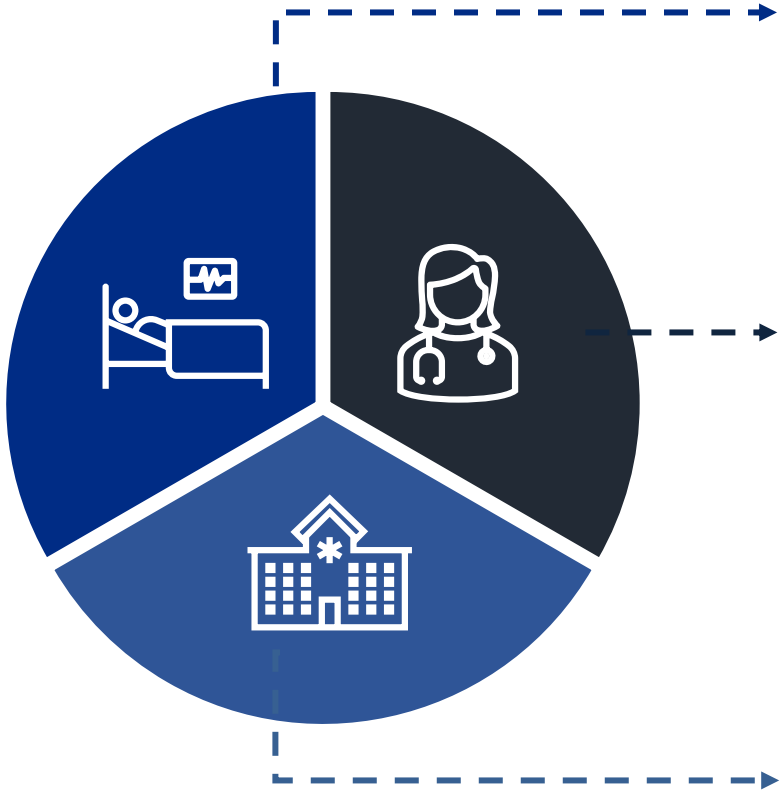
DrugSorb-ATR is a Win for All Stakeholders



Patients

- ✓ Minimize delays to definitive surgery
- ✓ Reduce serious bleeding risk, which is associated with longer hospital stays and increased morbidity and mortality

Surgeons

- ✓ No change in workflow, seamless integration into CPB machine
- ✓ Reduce serious perioperative bleeding
- ✓ Protect surgeon's reputation and quality rating
- ✓ Faster disposition of patients, increased throughput of new patients, reduces expensive and time-consuming re-exploratory surgery

Hospital Administrators

- ✓ Reduces hospital resource utilization
- ✓ Avoiding costs of 3 - 5 day washout: ~$18-30K in the ICU, ~$6-10K in a cardiac bed
- ✓ Reduced adverse events protects hospital's CMS STAR rating

(1) Cleveland Clinic 2023 Patient Price Information List

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Value Driver #4:

Unlocking the Strategic Value of HemoDefend-BGA

Dr. Phillip Chan, MD, PhD
Chief Executive Officer

CytoSorbents™

The Importance of Universal Plasma

- Plasma is the life-saving acellular portion of blood that contains coagulation factors, antibodies, etc. that are vital for blood clotting, immunity, and other functions - used widely in trauma and critical care, but is blood-type specific due to the present of anti-A and anti-B blood group antibodies (BGA)
- Universal Plasma can be given to anyone regardless of blood type and is generated artificially by removing the anti-A and anti-B antibodies, making it readily available, but the technology is expensive and difficult to scale
- The wide availability of Universal Plasma would:
  - Significantly simplify the logistics of plasma collection and usage at the hospital level
  - Dramatically lower complexity of plasma administration in mass casualty and emergency situations ***without blood-typing*** the patient (e.g., first responders, medics, paramedics, emergency room, mass trauma, rad nuc)
  - When coupled with freeze-dried plasma technology, it would enable the "**Holy Grail**" of lightweight, portable, non-refrigerated (no cold chain) freeze-dried universal plasma which enables the product to be stockpiled and have broad availability on ambulances, first responder vehicles, medic packs, etc.
- In addition, the ability to remove anti-A and anti-B antibodies is important in the multi-billion dollar plasma processing industry (e.g., Grifols, CSL Plasma, Takeda, Baxter, others) who make IVIG, albumin, clotting factors, etc
- HemoDefend-BGA can remove anti-A and anti-B antibodies to easily and cost-effectively create Universal Plasma and other blood products

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HemoDefend-BGA: Enabling Universal Plasma and Blood Products

- Simple, gravity-driven filter that removes anti-A and anti-B blood group antibodies (BGA) to enable universal blood products
  - Same filter for plasma, platelets, and whole blood
- Addresses critical needs in trauma, emergency, military, and civilian transfusion as well as in the plasma processing industry
- Developed with $16M+ in non-dilutive DoD/government funding and supported by leading experts and partners
- De-risked product concept with path to U.S. FDA and EU clearance and potential additional non-dilutive funding from DoD or government agencies
- Scalable platform technology, targeting a multi-billion dollar market opportunity
- Exit via acquisition by plasma, trauma, or blood tech leaders
- Pre-commercial and non-revenue generating today; Not part of CytoSorbents' core operating or cash-producing business

While strategically important, HemoDefend is not generating revenue, non-core to the business, and not reflected in CytoSorbents' current valuation

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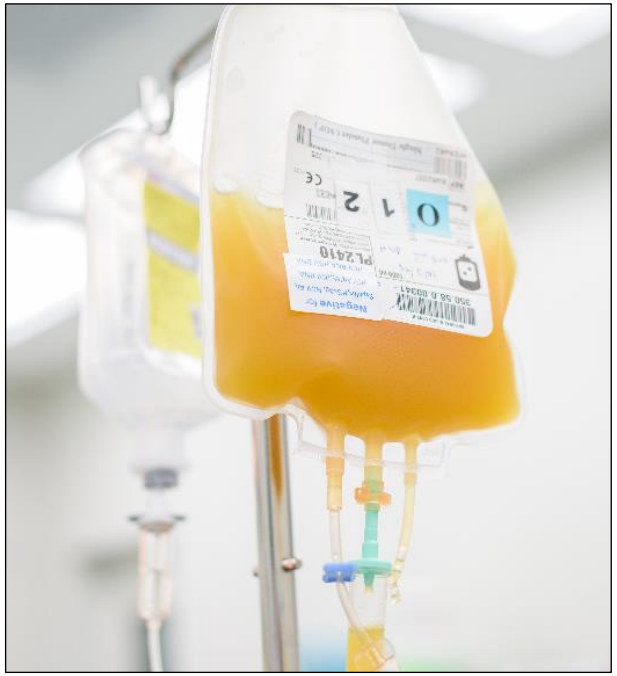
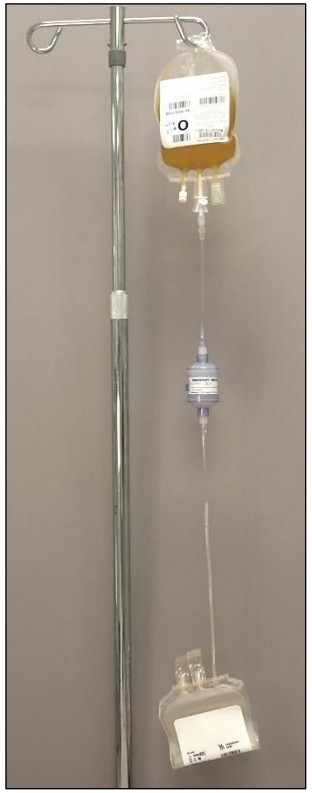
Universal Plasma in 15 Minutes — No Equipment Needed

Collect Plasma

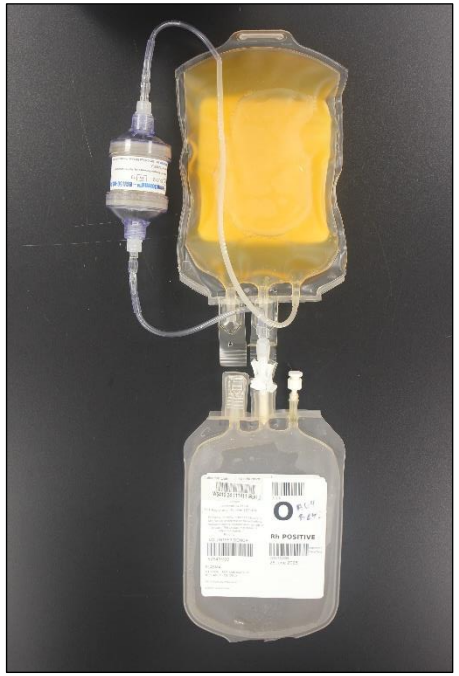


Filter with HemoDefend-BGA



- Plasma flows by gravity through a small filter
- Beads inside remove antibodies
- Safe, universal plasma collected in a new bag

Universal Plasma Ready



- **Fast** — Universal plasma under 15 minutes
- **Safe** — Preserves clotting factors, biocompatible
- **Simple** — No power, no training, closed sterile system
- **Ready** — Shelf life >1 year, scalable manufacturing

HemoDefend-BGA: Unlocking Value

Current Status:

- HemoDefend-BGA development is completed and has been tested and validated by multiple blood centers and government and industry players. Currently undergoing device validation for human clinical studies
- In July 2026, received constructive FDA feedback regarding an anticipated clinical pathway following a pre-IDE submission to FDA, with plans to begin clinical trial testing
- In continued discussions with U.S. government agencies regarding potential non-dilutive funding of clinical trials through approval
- Universal Fresh Frozen Plasma could greatly simplify blood logistics in hospitals – a multi-billion dollar market
- First freeze-dried plasma BLA has been granted, paving the way to the holy grail of “Freeze-dried Universal Plasma” – plasma that can be on any emergency room shelf or first responder vehicle or military vehicle to treat trauma and severe hemorrhage.

HemoDefend-BGA is a valuable asset with multiple potential pathways to create shareholder value, including commercial partnerships, licensing opportunities, government funding, and other strategic alternatives

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Financial Highlights

Peter J. Mariani
Chief Financial Officer

CytoSorbents™

Q2 2026 Revenue

	Q2 2026	YoY Change
Revenue:	**$9.6m**	**0%**
Distributors and Strategic Partners	**$4.6m**	**+16%**
Direct Intl	**$2.5m**	**+9%**
Germany	**$2.5m**	**-24%**

- Revenue performance was led by increases in our distributor and strategic partner territories and direct sales outside Germany
- Sales decline in Germany attributed to a smaller but more focused sales force.
  - *We are encouraged by improved leadership and sales process of our smaller more focused team and plan to selectively add 3 – 5 sales reps through early 2027*
- Changes in foreign currency rates positively impact revenue by approximately 4% compared to the prior year.

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Q2 2026 Performance

Strategic workforce and cost reduction program drives improved operating margins

	2026	2025	YoY Change
Product revenue	**$9.6m**	$9.6m	**+0%**
Gross margin	**73%**	71%	**Improvement due to manufacturing optimization, improved sourcing, and production efficiencies**
Total operating expenses	**$9.7m**	$10.4m	**7% improvement** *13% improvement net of $270k Restr Charge*
Operating loss	**($2.6m)**	($3.6m)	**27% improvement**
Net income (loss)	**($4.4m) / ($0.07/sh)**	$1.9m / $0.03/sh	
Adjusted net loss	**($2.9m) / ($0.05/sh)**	($3.7m) / ($0.06/sh)	**22% improvement**
Adjusted EBITDA loss	**($1.6m)**	($2.6m)	**38% improvement**

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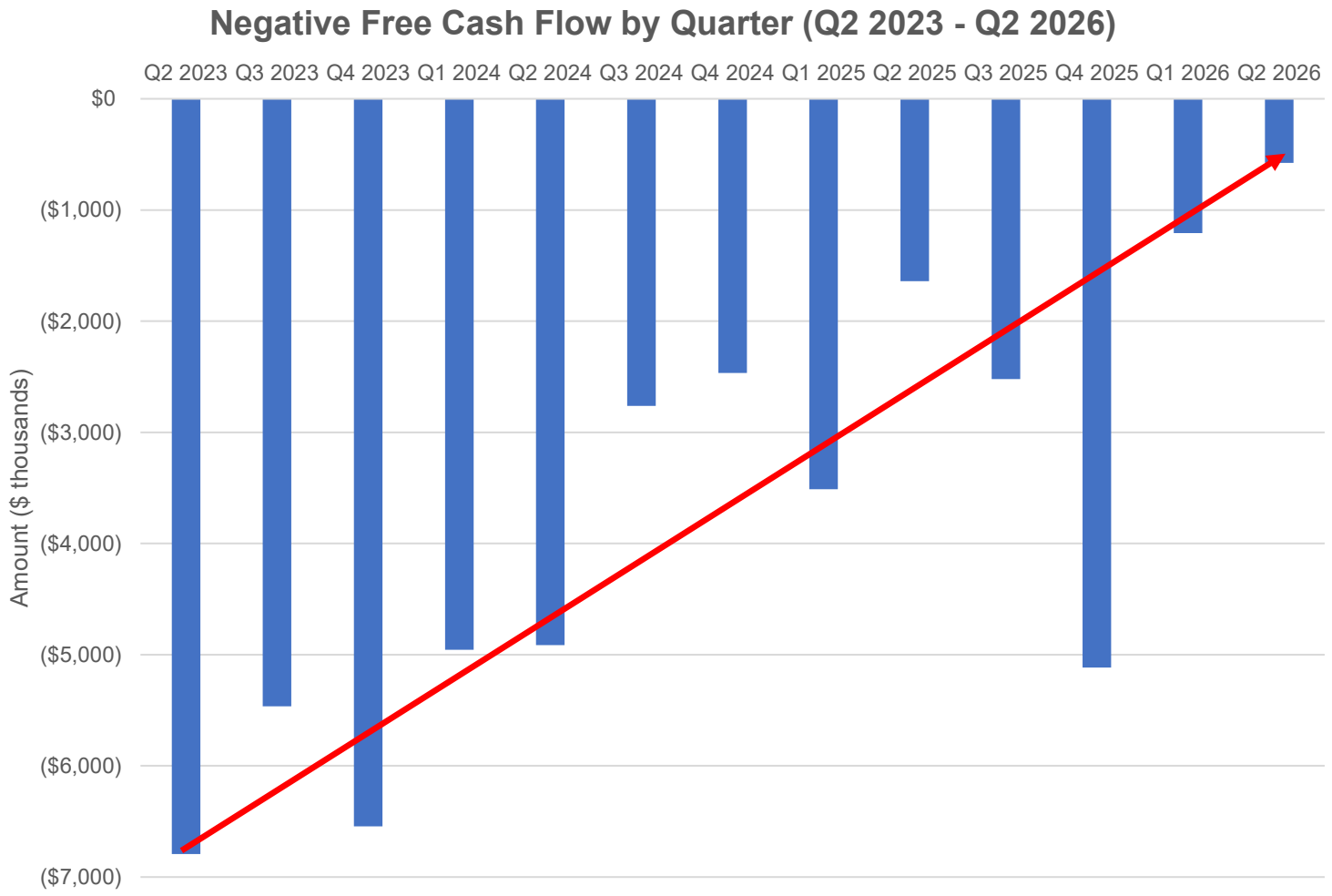
Driving to Operating Cash Flow Breakeven in 2H 2026



Driving improved cash burn through efficiencies and cost reductions

- $5.9 million in cash, cash equivalents and restricted cash at Q2 compared to $6.3 million at Q1
- Net operating cash burn of $0.4 million in Q2 inclusive of $0.2 million of restructuring-related payments in the quarter
- 23% reduction in headcount since September of 2025
- Continue to expect cash flow break even in the 2H of 2026

* *Negative Free Cash Flow = Net cash used in operating activities plus net cash used in investing activities*

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Closing Remarks

Phillip Chan, MD, PhD
Chief Executive Officer

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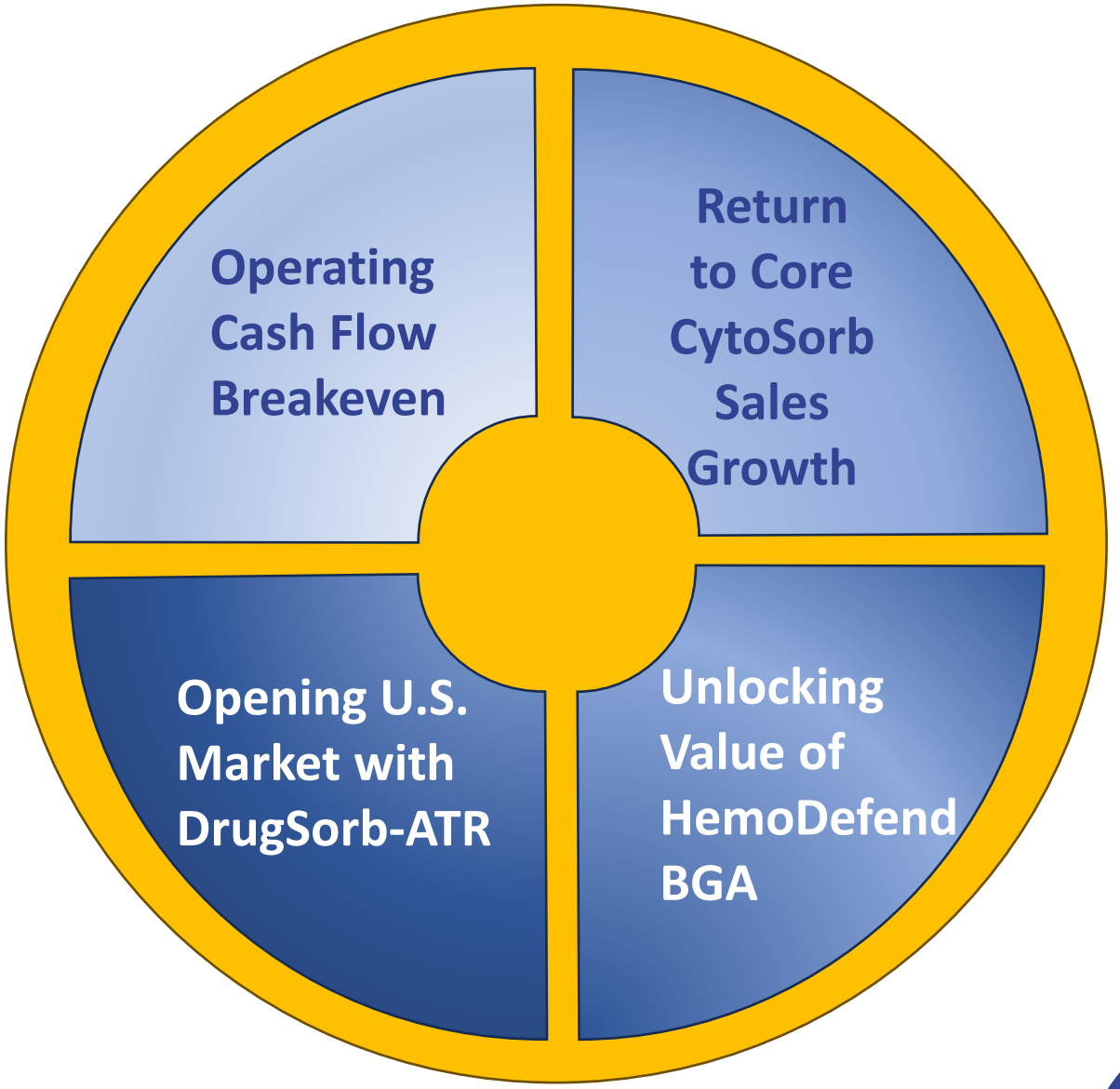
Four Independent Value Drivers. One Uncommon Value



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Q&A Session

NASDAQ: CTSO

Company Contacts:

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Peter Mariani – CFO
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CytoSorbents™

Mission

At CytoSorbents we are passionate about **saving and protecting lives** by advancing blood purification and **transforming the treatment of complex clinical conditions.**

Driven by relentless research, innovation, and strong global partnerships with healthcare providers, we provide solutions that safely **remove harmful substances** from the body, **restoring balance, and setting new standards** in patient care.

CytoSorbents™

Vision

To be the global leader in advanced blood purification, redefining how **the most complex and life-threatening conditions** are treated.

Our cutting-edge innovations are designed to save lives, restore health, and **deliver renewed hope to patients worldwide.**

CytoSorbents™

Values

Patient Centric: The Patient is our first priority in every innovation and decision

Innovation: Relentlessly advancing science and technology to redefine the standard of care

Excellence: Working with a sense of urgency to deliver the highest standards of performance, service, reliability and quality

Integrity: Operating with respect, honesty, transparency, and accountability to build trust across our community, patients, and partners.

Collaboration: Working hand-in-hand with each other, healthcare providers, and researchers to create real-world, life-saving solutions.

Appendix

Reconciliation of non-GAAP Financial Measures

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Reconciliation of Non-GAAP Financial Measures

	Three Months Ended June 30,		Six Months Ended June 30,	
	2026	2025	2026	2025
	(amounts, in thousands)			
Net income (loss)	$ (4,417)	$ 1,947	$ (9,547)	$ 469
Depreciation and amortization expense	$ 351	$ 404	$ 699	$ 773
Income tax expense (benefit)	$ -	$ -	$ -	$ -
Interest expense (income)	$ 868	$ 616	$ 1,726	$ 1,221
EBITDA – non-GAAP measure	$ (3,198)	$ 2,967	$ (7,122)	$ 2,463
Non-cash stock-based compensation expense	$ 368	$ 571	$ 912	$ 1,391
(Gain)/Loss on foreign currency transactions	911	(6,178)	2,139	(9,192)
Restructuring	270	-	310	-
Adjusted EBITDA – non-GAAP measure	$ (1,649)	(2,640)	$ (3,761)	$ (5,338)
Net income (loss)	$ (4,417)	$ 1,947	$ (9,547)	$ 469
Non-cash stock-based compensation expense	368	571	912	1,391
(Gain)/Loss on foreign currency transactions	$ 911	$ (6,178)	$ 2,139	$ (9,192)
Restructuring	270	-	310	-
Adjusted net loss – non-GAAP measure	$ (2,868)	$ (3,660)	$ (6,186)	$ (7,332)
Weighted average common shares outstanding				
Basic	62,806,694	62,608,598	62,772,761	61,675,447
Diluted	62,806,694	67,166,377	62,772,761	66,255,298
Basic net income (loss) per common share	$ (0.07)	$ 0.03	$ (0.15)	$ 0.01
Diluted net income (loss) per common share	$ (0.07)	$ 0.03	$ (0.15)	$ 0.01
Non-cash stock-based compensation expense - basic	$ 0.01	$ 0.01	$ 0.01	$ 0.02
Non-cash stock-based compensation expense - diluted	$ 0.01	$ 0.01	$ 0.01	$ 0.02
(Gain)/Loss on foreign currency transactions - basic	$ 0.01	$ (0.10)	$ 0.03	$ (0.15)
(Gain)/Loss on foreign currency transactions - diluted	$ 0.01	$ (0.09)	$ 0.03	$ (0.14)
Adjusted net income (loss) per common share – basic – non-GAAP measure	$ (0.05)	$ (0.06)	$ (0.10)	$ (0.12)
Adjusted net income (loss) per common share – diluted – non-GAAP measure	$ (0.05)	$ (0.05)	$ (0.10)	$ (0.11)