IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	TERWEY; Theis	Confirmation No.:
Serial No.:	17/431,626	Group No.:
Filing or 371(c) Date:	February 24, 2020	Examiner:

Entitled: 5-methoxy-n,n-dimethyltryptamine (5-meo-dmt) for treating depression

THIRD-PARTY PRE-ISSUANCE SUBMISSION

Examiner:

The following documents, which are also identified in the Form PTO/SB/429 filed herewith, are submitted for your consideration as being of potential relevance to the examination of the present application:

1. DAVIS (2018) “The epidemiology of 5-methoxy-N, N-dimethyltryptamine (5-MeO-DMT) use: Benefits, consequences, patterns of use, subjective effects, and reasons for consumption” Journal of Pharmacology. 32(7)779-792.
2. Int’l Pat. App. Pub. No. WO/2018/195455 “ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS” (Published October 25, 2018)
3. Int’l Pat. App. Pub. No. WO/2019/064031 “USE OF CANNABIDIOL IN COMBINATION WITH 5-HT2B RECEPTOR AGONISTS OR AMPHETAMINS IN THE TREATMENT OF EPILEPSY” (Published April 4, 2019)
4. HERMANN (2005) “Psychiatric Comorbidity in Chronic Epilepsy: Identification, Consequences, and Treatment of Major Depression” Epilepsia. 41(2):31-41.
5. OTT (2001) “Pharmepéna-Psychonautics: Human Intranasal, Sublingual and Oral Pharmacology of 5-Methoxy-N, N-Dimethyl-Tryptamine" Journal of Psychoactive Drugs. 33(4):403-407.
6. U.S. Pat. App. Pub. No. US/2010/0166889 “METHOD OF TREATING DEPRESSIVE DISORDERS” (Published July 1, 2010)
7. SHULGIN (1997) Tihkal: Tryptamines I Have Known And Loved: The Chemistry Continues. Transform Press ISBN:0-9630096-9-9.
8. MAJIC (2015) “Peak experiences and the afterglow phenomenon: When and how do therapeutic effects of hallucinogens depend on psychedelic experiences?” Journal of Psychopharmacology. 29(3):241-253.
9. EROWID (1999) “5-MeO-DMT Dosage” Retrieved April 7, 2000. https://web.archive.org/web/20000407105145/https://erowid.org/chemicals/5meo_dmt/5meo_dmt_dose.shtml
10. HERRMANN (1998) “The Sunnybrook Stroke Study: a prospective study of depressive symptoms and functional outcome” Stroke. 29(3):618-624.
11. MOHEBBI (2018) “Patient centric measures for a patient centric era: Agreement and convergent between ratings on The Patient Global Impression of Improvement (PGI-I) scale and the Clinical

Global Impressions – Improvement (CGI-S) scale in bipolar and major depressive disorder" European Psychiatry. 53:17-22.
12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24.
13. RIGA (2014) "The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs" International Journal of Neuropsychopharmacology. 17(8):1269–1282.
14. MULLER (2003) "Differentiating moderate and severe depression using the Montgomery–Asberg depression rating scale (MADRS)" Journal of Affective Disorders. 77:255-260.
15. CARHART-HARRIS (2018) "Psilocybin with psychological support for treatment-resistant depression: six-month follow-up" Psychopharmacology (Berl). 235(2):399-408.
16. WEIL (1994) "*Bufo alvarius*: a potent hallucinogen of animal origin" Journal of Ethnopharmacology. 41(1-2):1–8.
17. BARRETT (2015) "Validation of the revised Mystical Experience Questionnaire in experimental sessions with psilocybin" Journal of Psychopharmacology. 29(11):1182–1190.
18. STUDERUS (2010) "Psychometric Evaluation of the Altered States of Consciousness Rating Scale (OAV)" PLOS ONE. 25(8):1-19.
19. INGEBRETHSEN (2012) "Electronic cigarette aerosol particle size distribution measurements" Inhalation Toxicology. 24(14):976-984.
20. Int'l Pat. App. Pub. No. WO/2015/006652 "Nicotine salt with m eta-salicylic acid" (Published January 15, 2015)
21. SCHENBERG (2017) "Translation and cultural adaptation of the States of Consciousness Questionnaire (SOCQ) and statistical validation of the Mystical Experience Questionnaire (MEQ30) in Brazilian Portuguese" Archives of Clinical Psychiatry. 44(1):1–5.
22. BARRETT (2017) "The Challenging Experience Questionnaire: Characterization of challenging experiences with psilocybin mushrooms" Journal of Psychopharmacology. 30(12):1279–1295.
23. U.S. App. Pub. No. US/2007/0178052 "Delivery of opioids through an inhalation route" (Published August 2, 2007)

Attached hereto is a claim chart providing a concise description of the relevance of each reference in the document list to the elements of the presently pending claims.

U.S.S.N. 17/431,626 Pending Claims	References
1. 5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT) or a pharmaceutically acceptable salt thereof for use in treating a patient who is diagnosed with major depressive disorder by a licensed professional in accordance with accepted medical practice.	1. DAVIS (2018) "The epidemiology of 5-methoxy-N, N-dimethyltryptamine (5-MeO-DMT) use: Benefits, consequences, patterns of use, subjective effects, and reasons for consumption" Journal of Pharmacology. 32(7)779-792. From **page 779** "Furthermore, of those who reported being diagnosed with psychiatric disorders, the majority reported improvements in symptoms **following 5-MeO-DMT use, including improvements related to** post-traumatic stress disorder (79%), **depression (77%)**, anxiety (69%), and alcoholism (66%) or drug use disorder (60%). From **page 780** "There is also anecdotal and empirical evidence that some people use **5-MeO-DMT for the purpose of treating psychiatric conditions, including symptoms related to depression**, anxiety, post-traumatic stress disorder, and problematic substance use, either by self-administration (Psychedelic Times, 2016) or through **visiting treatment facilities that provides 5-MeO-DMT** in locations where the substance is unregulated (Lancelotta, 2017; Thoricatha, 2015)." 2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018) From **claim 90** "The method of claim 89, wherein the 5-HT2A receptor agonist is selected from lysergic acid diethylamide (LSD), psilocybin, DOI (±)-1 -(2,5-dimethoxyphenyl)-2-aminopropane hydrochloride; (R)-DOI ((R)-1 -(2,5-dimethoxy-4-iodophenyl)-2-aminopropane); LA-SS-Az (2'S,4'S)-(+)-9,1 0-Didehydro-6-methylergoline-8p-(trans-2,4-dimethylazetidide); 2C-BCB (4-Bromo-3,6-dimethoxybenzocyclobuten-1 -yl) methylamine) ayahuasca; 3,4,5-trimethoxyphenethylamine (mescaline); **5-methoxy-N,N-dimethyltryptamine (5-meo-DMT);** ibogaine; a compound of formula (I) formula (II) formula (III) **or a pharmaceutically acceptable salt thereof**." From **claim 120** "The method of any one of claims 54-1 19, wherein the subject is being screened for **treatment to improve the mental well-being** of a subject." From **claim 121** "The method of claim 120, wherein the subject is being screened for treatment of stress, treatment of anxiety, treatment of addiction, **treatment of depression**, or treating of a compulsive behavior."

	From **claim 127** "The method of claim 126, wherein the depressive disorder is **major depression**, melancholic depression, atypical depression, or dysthymia."
2. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the disorder is diagnosed in accordance with the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) published by the American Psychiatric Association.	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018) From **page 13 paragraph 30** "**Diagnostic guidance for psychological disorders** can be found, for example, in the ICD-10 (The ICD-10 Classification of Mental and Behavioral Disorders: Diagnostic Criteria for Research, Geneva: World Health Organization, 1993) and the DSM-V (American Psychiatric Association. **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)** Arlington, VA.; American Psychiatric Association, 2013)."
3. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the patient suffers from moderate or severe major depressive disorder as indicated by a Montgomery-Åsberg Depression Rating Scale (MADRS) score of 20 or more or by a 17-item Hamilton Depression Rating Scale (HAM-D) score of 17 or more.	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018) From **claim 90** "The method of claim 89, wherein the 5-HT2A receptor agonist is selected from lysergic acid diethylamide (LSD), psilocybin, DOI (±)-1 -(2,5-dimethoxyphenyl)-2-aminopropane hydrochloride; (R)-DOI ((R)-1 -(2,5-dimethoxy-4-iodophenyl)-2-aminopropane); LA-SS-Az (2'S,4'S)-(+)-9,1 0-Didehydro-6-methylergoline-8p-(trans-2,4-dimethylazetidide); 2C-BCB (4-Bromo-3,6-dimethoxybenzocyclobuten-1 -yl) methylamine) ayahuasca; 3,4,5-trimethoxyphenethylamine (mescaline); **5-methoxy-N,N-dimethyltryptamine (5-meo-DMT);** ibogaine;" From **claim 120** "The method of any one of claims 54-1 19, wherein the subject is being screened for **treatment to improve the mental well-being** of a subject." From **claim 121** "The method of claim 120, wherein the subject is being screened for treatment of stress, treatment of anxiety, treatment of addiction, **treatment of depression**, or treating of a compulsive behavior." From **claim 127** "The method of claim 126, wherein the depressive disorder is **major depression**, melancholic depression, atypical depression, or dysthymia." 10. HERRMANN (1998) "The Sunnybrook Stroke Study: a prospective study of depressive symptoms and functional outcome" Stroke. 29(3):618-624.

	From **page 620** "The objective, observer-rated MADRS[18] is a 20-item scale that measures the severity of depressive symptoms. While **the scale has been shown to correlate well with the Hamilton Depression Rating Scale**,[19] its lack of emphasis on physical symptoms has led some investigators to suggest that it is a more valid measure of depression in depressed, elderly patients compared with the Hamilton Depression Rating Scale.[20] Cutoff **scores for the MADRS** were as follows: 0 to 6 (normal), 7 to 19 (mild), **20 to 34 (moderate), and >34 (severe)**.[21]"
4. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 3, wherein the patient suffers from severe major depressive disorder as indicated by a MADRS score of 35 or more or by a HAM-D score of 25 or more.	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018) From **claim 90** "The method of claim 89, wherein the 5-HT2A receptor agonist is selected from lysergic acid diethylamide (LSD), psilocybin, DOI (±)-1 -(2,5-dimethoxyphenyl)-2-aminopropane hydrochloride; (R)-DOI ((R)-1 -(2,5-dimethoxy-4-iodophenyl)-2-aminopropane); LA-SS-Az (2'S,4'S)-(+)-9,1 0-Didehydro-6-methylergoline-8p-(trans-2,4-dimethylazetidide); 2C-BCB (4-Bromo-3,6-dimethoxybenzocyclobuten-1 -yl) methylamine) ayahuasca; 3,4,5-trimethoxyphenethylamine (mescaline); **5-methoxy-N,N-dimethyltryptamine (5-meo-DMT);** ibogaine;" From **claim 120** "The method of any one of claims 54-1 19, wherein the subject is being screened for **treatment to improve the mental well-being** of a subject." From **claim 121** "The method of claim 120, wherein the subject is being screened for treatment of stress, treatment of anxiety, treatment of addiction, **treatment of depression**, or treating of a compulsive behavior." From **claim 127** "The method of claim 126, wherein the depressive disorder is **major depression**, melancholic depression, atypical depression, or dysthymia." 10. HERRMANN (1998) "The Sunnybrook Stroke Study: a prospective study of depressive symptoms and functional outcome" Stroke. 29(3):618-624. From **page 620** "The objective, observer-rated MADRS[18] is a 20-item scale that measures the severity of depressive symptoms. While **the scale has been shown to correlate well with the Hamilton Depression Rating Scale**,[19] its lack of emphasis on physical symptoms has led some investigators to suggest that it is a more valid measure of depression in depressed, elderly patients compared with the Hamilton Depression Rating

	Scale.[20] Cutoff **scores for the MADRS** were as follows: 0 to 6 (normal), 7 to 19 (mild), **20 to 34 (moderate), and >34 (severe)**.[21]"
5. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the patient is diagnosed with a treatment-resistant form of major depressive disorder.	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018) From **claim 90** "The method of claim 89, wherein the 5-HT2A receptor agonist is selected from lysergic acid diethylamide (LSD), **psilocybin**, DOI (±)-1 -(2,5-dimethoxyphenyl)-2-aminopropane hydrochloride; (R)-DOI ((R)-1 -(2,5-dimethoxy-4-iodophenyl)-2-aminopropane); LA-SS-Az (2'S,4'S)-(+)-9,1 0-Didehydro-6-methylergoline-8p-(trans-2,4-dimethylazetidide); 2C-BCB (4-Bromo-3,6-dimethoxybenzocyclobuten-1 -yl) methylamine) ayahuasca; 3,4,5-trimethoxyphenethylamine (mescaline); **5-methoxy-N,N-dimethyltryptamine (5-meo-DMT);** ibogaine;" From **claim 120** "The method of any one of claims 54-1 19, wherein the subject is being screened for **treatment to improve the mental well-being** of a subject." From **claim 121** "The method of claim 120, wherein the subject is being screened for treatment of stress, treatment of anxiety, treatment of addiction, **treatment of depression**, or treating of a compulsive behavior." From **claim 127** "The method of claim 126, wherein the depressive disorder is **major depression**, melancholic depression, atypical depression, or dysthymia." 12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** "We recently reported that administration of a single oral dose of **ayahuasca** (dose: 2.2 mL/kg; alkaloid content in the sample: 0.8 mg/mL DMT, 0.21 mg/mL harmine, no harmaline was detected, and THH was not analyzed due to a lack of analytical requirements) in an open-label trial to 17 patients with **treatment-resistant major depressive disorder (MDD)** was associated with significant decreases in depression symptoms assessed with the Hamilton Rating Scale for Depression (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) from 80 minutes to day 21." 13. RIGA (2014) "The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic

	drugs" International Journal of Neuropsychopharmacology. 17(8):1269–1282. From **page 1269** "**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe." 15. CARHART-HARRIS (2018) "Psilocybin with psychological support for treatment-resistant depression: six-month follow-up" Psychopharmacology (Berl). 235(2):399-408. From **p. 399** "Objectives Here, we report on safety and efficacy outcomes for up to 6 months in an open-label trial of **psilocybin for treatment resistant depression**…**Psilocybin represents a promising paradigm for unresponsive depression** that warrants further research in double-blind randomised control trials."
6. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the patient suffers in addition from suicidal ideation.	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018) From **claim 41** "The method of claim 39 or 40, wherein the depressive disorder is associated with one or more prodromal symptoms selected from the group consisting of depressed mood, decreased appetite, weight loss, increased appetite, weight gain, initial insomnia, middle insomnia, early waking, hypersomnia, decreased energy, decreased interest or pleasure, self-blame, decreased concentration, indecision, **suicidality**, psychomotor agitation, psychomotor retardation, crying more frequently, inability to cry, hopelessness, worrying/brooding, decreased self-esteem, irritability, dependency, self-pity, somatic complaints, decreased effectiveness, helplessness, and decreased initiation of voluntary responses." From **claim 90** "The method of claim 89, wherein the 5-HT2A receptor agonist is selected from lysergic acid diethylamide (LSD), psilocybin, DOI (±)-1 -(2,5-dimethoxyphenyl)-2-aminopropane hydrochloride; (R)-DOI ((R)-1 -(2,5-dimethoxy-4-iodophenyl)-2-aminopropane); LA-SS-Az (2'S,4'S)-(+)-9,1 0-Didehydro-6-methylergoline-8p-(trans-2,4-dimethylazetidide); 2C-BCB (4-Bromo-3,6-dimethoxybenzocyclobuten-1 -yl) methylamine) ayahuasca; 3,4,5-trimethoxyphenethylamine (mescaline); **5-methoxy-N,N-dimethyltryptamine (5-meo-DMT);** ibogaine;" From **claim 120** "The method of any one of claims 54-1 19, wherein the subject is being screened for **treatment to improve the mental well-being** of a subject."

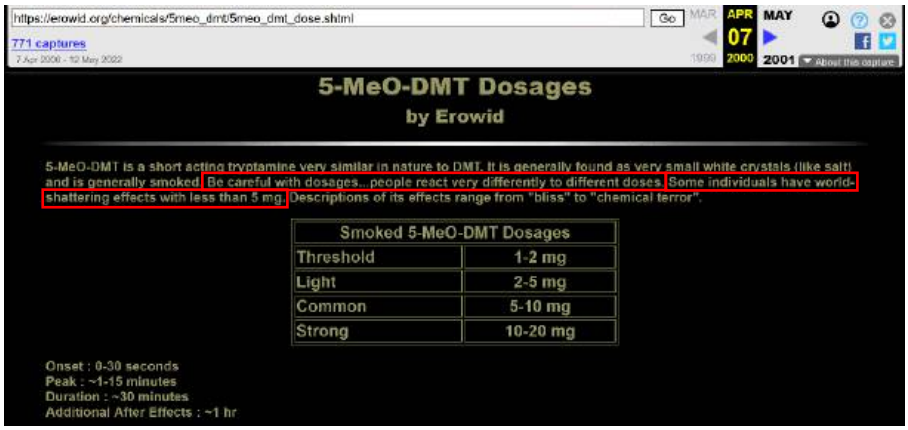
	From **claim 121** "The method of claim 120, wherein the subject is being screened for treatment of stress, treatment of anxiety, treatment of addiction, **treatment of depression**, or treating of a compulsive behavior." From **claim 127** "The method of claim 126, wherein the depressive disorder is **major depression**, melancholic depression, atypical depression, or dysthymia."
7. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 6, wherein the patient suffers from suicidal ideation with intent to act.	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018) From **claim 41** "The method of claim 39 or 40, wherein the depressive disorder is associated with one or more prodromal symptoms selected from the group consisting of depressed mood, decreased appetite, weight loss, increased appetite, weight gain, initial insomnia, middle insomnia, early waking, hypersomnia, decreased energy, decreased interest or pleasure, self-blame, decreased concentration, indecision, **suicidality**, psychomotor agitation, psychomotor retardation, crying more frequently, inability to cry, hopelessness, worrying/brooding, decreased self-esteem, irritability, dependency, self-pity, somatic complaints, decreased effectiveness, helplessness, and decreased initiation of voluntary responses." From **claim 90** "The method of claim 89, wherein the 5-HT2A receptor agonist is selected from lysergic acid diethylamide (LSD), psilocybin, DOI (±)-1 -(2,5-dimethoxyphenyl)-2-aminopropane hydrochloride; (R)-DOI ((R)-1 -(2,5-dimethoxy-4-iodophenyl)-2-aminopropane); LA-SS-Az (2'S,4'S)-(+)-9,1 0-Didehydro-6-methylergoline-8p-(trans-2,4-dimethylazetidide); 2C-BCB (4-Bromo-3,6-dimethoxybenzocyclobuten-1 -yl) methylamine) ayahuasca; 3,4,5-trimethoxyphenethylamine (mescaline); **5-methoxy-N,N-dimethyltryptamine (5-meo-DMT);** ibogaine;" From **claim 120** "The method of any one of claims 54-1 19, wherein the subject is being screened for **treatment to improve the mental well-being** of a subject." From **claim 121** "The method of claim 120, wherein the subject is being screened for treatment of stress, treatment of anxiety, treatment of addiction, **treatment of depression**, or treating of a compulsive behavior." From **claim 127** "The method of claim 126, wherein the depressive disorder is **major depression**, melancholic depression, atypical depression, or dysthymia."
8. 5-MeO-DMT or a pharmaceutically acceptable salt thereof	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018)

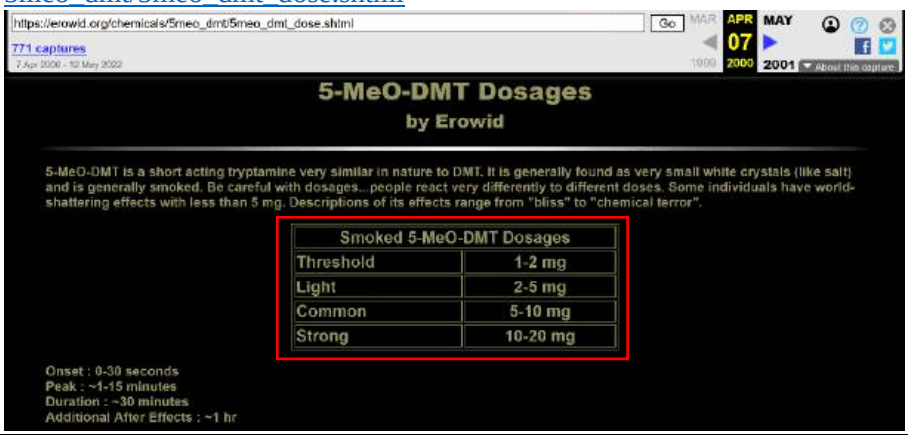
for use as in claim 1, wherein the patient is at imminent risk for suicide.	From **claim 41** "The method of claim 39 or 40, wherein the depressive disorder is associated with one or more prodromal symptoms selected from the group consisting of depressed mood, decreased appetite, weight loss, increased appetite, weight gain, initial insomnia, middle insomnia, early waking, hypersomnia, decreased energy, decreased interest or pleasure, self-blame, decreased concentration, indecision, **suicidality**, psychomotor agitation, psychomotor retardation, crying more frequently, inability to cry, hopelessness, worrying/brooding, decreased self-esteem, irritability, dependency, self-pity, somatic complaints, decreased effectiveness, helplessness, and decreased initiation of voluntary responses." From **claim 90** "The method of claim 89, wherein the 5-HT2A receptor agonist is selected from lysergic acid diethylamide (LSD), psilocybin, DOI (±)-1 -(2,5-dimethoxyphenyl)-2-aminopropane hydrochloride; (R)-DOI ((R)-1 -(2,5-dimethoxy-4-iodophenyl)-2-aminopropane); LA-SS-Az (2'S,4'S)-(+)-9,1 0-Didehydro-6-methylergoline-8p-(trans-2,4-dimethylazetidide); 2C-BCB (4-Bromo-3,6-dimethoxybenzocyclobuten-1 -yl) methylamine) ayahuasca; 3,4,5-trimethoxyphenethylamine (mescaline); **5-methoxy-N,N-dimethyltryptamine (5-meo-DMT);** ibogaine;" From **claim 120** "The method of any one of claims 54-1 19, wherein the subject is being screened for **treatment to improve the mental well-being** of a subject." From **claim 121** "The method of claim 120, wherein the subject is being screened for treatment of stress, treatment of anxiety, treatment of addiction, **treatment of depression**, or treating of a compulsive behavior." From **claim 127** "The method of claim 126, wherein the depressive disorder is **major depression**, melancholic depression, atypical depression, or dysthymia."
9. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the 5-MeO-DMT or salt thereof is administered at a dose or in a dosage regimen that causes the patient to experience a peak psychedelic experience.	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018) From **claim 90** "The method of claim 89, wherein the 5-HT2A receptor agonist is selected from lysergic acid diethylamide (LSD), psilocybin, DOI (±)-1 -(2,5-dimethoxyphenyl)-2-aminopropane hydrochloride; (R)-DOI ((R)-1 -(2,5-dimethoxy-4-iodophenyl)-2-aminopropane); LA-SS-Az (2'S,4'S)-(+)-9,1 0-Didehydro-6-methylergoline-8p-(trans-2,4-dimethylazetidide); 2C-BCB (4-Bromo-3,6-dimethoxybenzocyclobuten-1 -yl) methylamine) ayahuasca; 3,4,5-trimethoxyphenethylamine (mescaline); **5-methoxy-N,N-dimethyltryptamine (5-meo-DMT);** ibogaine;"

	From **claim 120** "The method of any one of claims 54-1 19, wherein the subject is being screened for **treatment to improve the mental well-being** of a subject." From **claim 121** "The method of claim 120, wherein the subject is being screened for treatment of stress, treatment of anxiety, treatment of addiction, **treatment of depression**, or treating of a compulsive behavior." From **page 15** "As used herein, **"mystical experience"** or "ME" refers to an **altered state of consciousness** in an individual characterized by at least one of the following key dimensions set forth by Stace (Mysticism and Philosophy, Lippincott, Philadelphia, PA, 2006): **(1) unity, or the sense that all is one; (2) transcendence of time and space; (3) deeply felt positive mood; (4) sense of sacredness, including awe, humility, and reverence; (5) noetic quality, or a feeling of insight with tremendous force of certainty; and (6) alleged ineffability, or an experience that is non-verbal or impossible to describe."** 8. MAJIC (2015) "Peak experiences and the afterglow phenomenon: When and how do therapeutic effects of hallucinogens depend on psychedelic experiences?" Journal of Psychopharmacology. 29(3)241-253. From **page 243** "Pahnke referred to this as the psychedelic peak experience. He described nine characteristics that **psychedelic peak experiences** share with non-drug-related **mystical experiences** (Pahnke, 1966, 1969a): **(1) a sense of unity; (2) the transcendence of time and space; (3) a deeply felt positive mood; (4) a sense of sacredness; (5) the noetic quality; (6) paradoxicality; (7) alleged ineffability; (8) transiency; and (9) persisting positive changes in different domains, including attitudes and behavior towards the self, others, life and the experience itself.**"
10. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein a dosage of about 4 mg to about 20 mg 5-MeO-DMT is administered, or wherein equimolar amounts of the pharmaceutically acceptable salt are administered instead of 5-MeO-DMT.	3. Int'l Pat. App. Pub. No. WO/2019/064031 "USE OF CANNABIDIOL IN COMBINATION WITH 5-HT2B RECEPTOR AGONISTS OR AMPHETAMINS IN THE TREATMENT OF EPILEPSY" (Published April 4, 2019) From **claim 3** "CBD in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to claim 1 or claim 2, wherein the 5-HT2B receptor agonist, amphetamine or amphetamine derivative is one or more of: guanfacine; 3,4-Methylenedioxymethamphetamine (MDMA); Methylenedioxyamphetamine (MDA); 2,5-Dimethoxy-4-ethoxyamphetamine (MEM); pergolide; cabergoline; norfenfluramine; fenfluramine; chlorphentermine; aminorex; meta-chlorophenylpiperazine (mCPP); bromo-dragonfly; N,N-Dimethyltryptamine (DMT); **5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT)**; lysergic acid diethylamide (LSD-25); psilocin; amphetamine;

	methamphetamine; ephedrine; cathinone; phentermine; mephentermine; bupropion; methoxyphenamine; selegiline; amfepramone; n-fenfluramine; pyrovalerone; MDMA (ecstasy) and DOM (STP)." From **claim 18** "Cannabidiol (CBD) in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to any of the preceding claims, wherein the **dose of a 5-HT2B receptor agonist**, amphetamine or amphetamine derivative is below **0.01 and 1 mg/kg/day**." 4. HERMANN (2005) "Psychiatric Comorbidity in Chronic Epilepsy: Identification, Consequences, and Treatment of Major Depression" Epilepsia. 41(2)31-41. From **page 31** "The issue of **psychiatric comorbidity in epilepsy** is reviewed with the aim of identifying a clinical and research agenda that will advance understanding of at least one important psychiatric condition associated with epilepsy—**namely, major depression**." 7. SHULGIN (1997) Tihkal: Tryptamines I Have Known And Loved: The Chemistry Continues. Transform Press ISBN:0-9630096-9-9. From **page 163** "**DOSAGE: 6 - 20 mg, smoked**"
11. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein a dosage of about 6 mg; or of about 12 mg; or of about 18 mg is administered, or wherein equimolar amounts of the pharmaceutically acceptable salt are administered instead of 5-MeO-DMT.	3. Int'l Pat. App. Pub. No. WO/2019/064031 "USE OF CANNABIDIOL IN COMBINATION WITH 5-HT2B RECEPTOR AGONISTS OR AMPHETAMINS IN THE TREATMENT OF EPILEPSY" (Published April 4, 2019) From **claim 3** "CBD in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to claim 1 or claim 2, wherein the 5-HT2B receptor agonist, amphetamine or amphetamine derivative is one or more of: guanfacine; 3,4-Methylenedioxymethamphetamine (MDMA); Methylenedioxyamphetamine (MDA); 2,5-Dimethoxy-4-ethoxyamphetamine (MEM); pergolide; cabergoline; norfenfluramine; fenfluramine; chlorphentermine; aminorex; meta-chlorophenylpiperazine (mCPP); bromo-dragonfly; N,N-Dimethyltryptamine (DMT); **5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT)**; lysergic acid diethylamide (LSD-25); psilocin; amphetamine; methamphetamine; ephedrine; cathinone; phentermine; mephentermine; bupropion; methoxyphenamine; selegiline; amfepramone; n-fenfluramine; pyrovalerone; MDMA (ecstasy) and DOM (STP)." From **claim 18** "Cannabidiol (CBD) in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to

	any of the preceding claims, wherein the **dose of a 5-HT2B receptor agonist**, amphetamine or amphetamine derivative is below **0.01 and 1 mg/kg/day**." 4. HERMANN (2005) "Psychiatric Comorbidity in Chronic Epilepsy: Identification, Consequences, and Treatment of Major Depression" Epilepsia. 41(2)31-41. From **page 31** "The issue of **psychiatric comorbidity in epilepsy** is reviewed with the aim of identifying a clinical and research agenda that will advance understanding of at least one important psychiatric condition associated with epilepsy—**namely, major depression**." 7. SHULGIN (1997) Tihkal: Tryptamines I Have Known And Loved: The Chemistry Continues. Transform Press ISBN:0-9630096-9-9. From **page 163** "**DOSAGE: 6 - 20 mg, smoked**"
12. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the 5-MeO-DMT or salt thereof is administered in a first dosage amount for a first administration; and the 5-MeO-DMT or salt thereof is administered in zero to six subsequent administrations; wherein each subsequent administration uses a dosage amount higher than the previous administration unless the patient experiences a peak psychedelic experience.	3. Int'l Pat. App. Pub. No. WO/2019/064031 "USE OF CANNABIDIOL IN COMBINATION WITH 5-HT2B RECEPTOR AGONISTS OR AMPHETAMINS IN THE TREATMENT OF EPILEPSY" (Published April 4, 2019) From **claim 3** "CBD in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to claim 1 or claim 2, wherein the 5-HT2B receptor agonist, amphetamine or amphetamine derivative is one or more of: guanfacine; 3,4-Methylenedioxymethamphetamine (MDMA); Methylenedioxyamphetamine (MDA); 2,5-Dimethoxy-4-ethoxyamphetamine (MEM); pergolide; cabergoline; norfenfluramine; fenfluramine; chlorphentermine; aminorex; meta-chlorophenylpiperazine (mCPP); bromo-dragonfly; N,N-Dimethyltryptamine (DMT); **5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT)**; lysergic acid diethylamide (LSD-25); psilocin; amphetamine; methamphetamine; ephedrine; cathinone; phentermine; mephentermine; bupropion; methoxyphenamine; selegiline; amfepramone; n-fenfluramine; pyrovalerone; MDMA (ecstasy) and DOM (STP)." From **claim 18** "Cannabidiol (CBD) in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to any of the preceding claims, wherein the **dose of a 5-HT2B receptor agonist**, amphetamine or amphetamine derivative is below **0.01 and 1 mg/kg/day**."

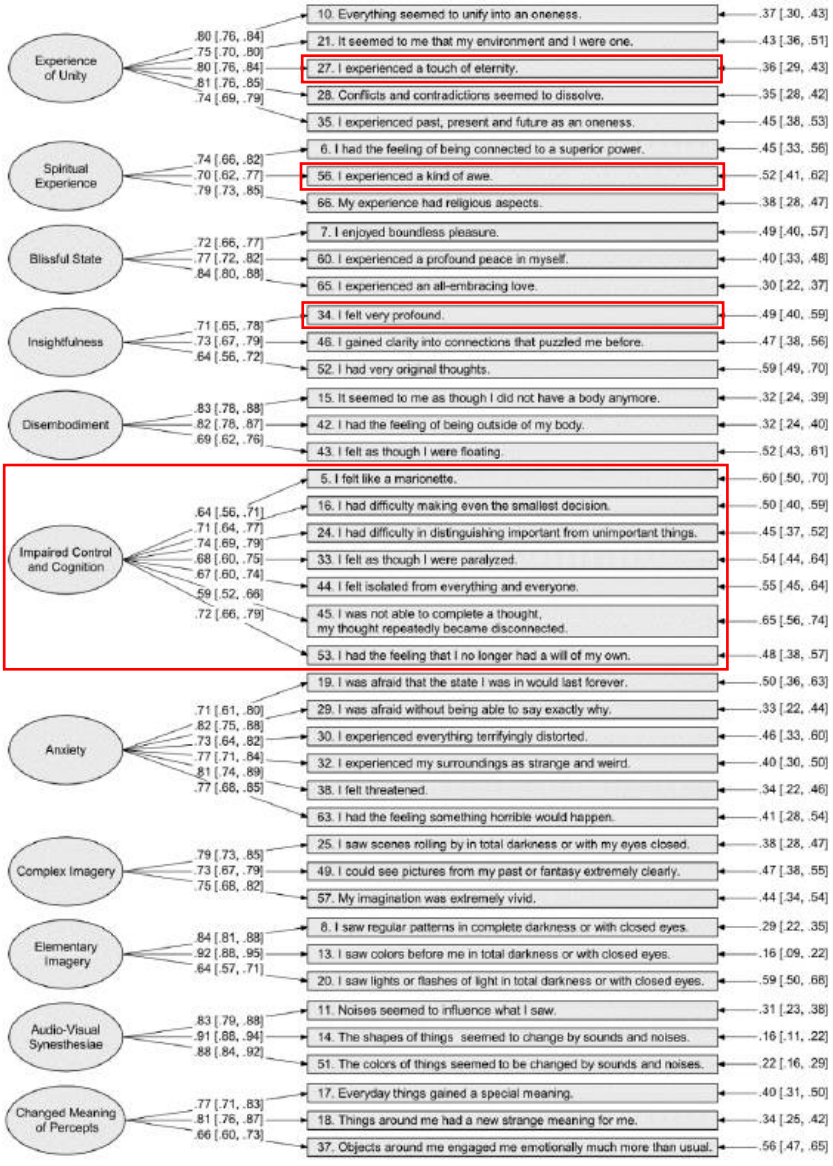
	4. HERMANN (2005) "Psychiatric Comorbidity in Chronic Epilepsy: Identification, Consequences, and Treatment of Major Depression" Epilepsia. 41(2)31-41. From **page 31** "The issue of **psychiatric comorbidity in epilepsy** is reviewed with the aim of identifying a clinical and research agenda that will advance understanding of at least one important psychiatric condition associated with epilepsy—**namely, major depression**." 7. SHULGIN (1997) Tihkal: Tryptamines I Have Known And Loved: The Chemistry Continues. Transform Press ISBN:0-9630096-9-9. From **page 163** "**DOSAGE : 6 - 20 mg, smoked**" 9. EROWID (1999) "5-MeO-DMT Dosage" Retrieved April 7, 2000. https://web.archive.org/web/20000407105145/https://erowid.org/chemicals/5meo_dmt/5meo_dmt_dose.shtml 
13. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the 5-MeO-DMT is administered in a dosage from about 2 mg to about 8 mg for a first administration, and then increased, unless the patient has already experienced a peak psychedelic experience, to a dosage from about	3. Int'l Pat. App. Pub. No. WO/2019/064031 "USE OF CANNABIDIOL IN COMBINATION WITH 5-HT2B RECEPTOR AGONISTS OR AMPHETAMINS IN THE TREATMENT OF EPILEPSY" (Published April 4, 2019) From **claim 3** "CBD in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to claim 1 or claim 2, wherein the 5-HT2B receptor agonist, amphetamine or amphetamine derivative is one or more of: guanfacine; 3,4-Methylenedioxymethamphetamine (MDMA); Methylenedioxyamphetamine (MDA); 2,5-Dimethoxy-4-ethoxyamphetamine (MEM); pergolide; cabergoline; norfenfluramine; fenfluramine; chlorphentermine; aminorex; meta-chlorophenylpiperazine (mCPP); bromo-dragonfly; N,N-Dimethyltryptamine (DMT); **5-methoxy-N,N-dimethyltryptamine (5-**

8 mg to about 14 mg for a second administration, and then increased, unless the patient has already experienced a peak psychedelic experience, to a dosage from about 14 mg to about 20 mg for a third administration, or wherein equimolar amounts of the pharmaceutically acceptable salt are administered instead of 5-MeO-DMT.	**MeO-DMT)**; lysergic acid diethylamide (LSD-25); psilocin; amphetamine; methamphetamine; ephedrine; cathinone; phentermine; mephentermine; bupropion; methoxyphenamine; selegiline; amfepramone; n-fenfluramine; pyrovalerone; MDMA (ecstasy) and DOM (STP).” From **claim 18** “Cannabidiol (CBD) in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to any of the preceding claims, wherein the **dose of a 5-HT2B receptor agonist**, amphetamine or amphetamine derivative is below **0.01 and 1 mg/kg/day**.” 4. HERMANN (2005) “Psychiatric Comorbidity in Chronic Epilepsy: Identification, Consequences, and Treatment of Major Depression” Epilepsia. 41(2)31-41. From **page 31** “The issue of **psychiatric comorbidity in epilepsy** is reviewed with the aim of identifying a clinical and research agenda that will advance understanding of at least one important psychiatric condition associated with epilepsy—**namely, major depression**.” 7. SHULGIN (1997) Tihkal: Tryptamines I Have Known And Loved: The Chemistry Continues. Transform Press ISBN:0-9630096-9-9. From **page 163** “**DOSAGE : 6 - 20 mg, smoked**” 9. EROWID (1999) “5-MeO-DMT Dosage” Retrieved April 7, 2000. https://web.archive.org/web/20000407105145/https://erowid.org/chemicals/5meo_dmt/5meo_dmt_dose.shtml 
14. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 13,	2. Int’l Pat. App. Pub. No. WO/2018/195455 “ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS” (Published October 25, 2018)

wherein the first dosage of 5-MeO-DMT is about 6 mg, the second dosage of 5-MeO-DMT is about 12 mg, and the third dosage of 5-MeO-DMT is about 18 mg; or wherein equimolar amounts of the pharmaceutically acceptable salt are administered instead of 5-MeO-DMT.	From **claim 90** "The method of claim 89, wherein the 5-HT2A receptor agonist is selected from lysergic acid diethylamide (LSD), psilocybin, DOI (±)-1 -(2,5-dimethoxyphenyl)-2-aminopropane hydrochloride; (R)-DOI ((R)-1 -(2,5-dimethoxy-4-iodophenyl)-2-aminopropane); LA-SS-Az (2'S,4'S)-(+)-9,1 0-Didehydro-6-methylergoline-8p-(trans-2,4-dimethylazetidide); 2C-BCB (4-Bromo-3,6-dimethoxybenzocyclobuten-1 -yl) methylamine) ayahuasca; 3,4,5-trimethoxyphenethylamine (mescaline); **5-methoxy-N,N-dimethyltryptamine (5-meo-DMT);** ibogaine; a compound of formula (I) formula (II) formula (III) **or a pharmaceutically acceptable salt thereof**." From **claim 120** "The method of any one of claims 54-1 19, wherein the subject is being screened for **treatment to improve the mental well-being** of a subject." From **claim 121** "The method of claim 120, wherein the subject is being screened for treatment of stress, treatment of anxiety, treatment of addiction, **treatment of depression**, or treating of a compulsive behavior." From **claim 127** "The method of claim 126, wherein the depressive disorder is **major depression**, melancholic depression, atypical depression, or dysthymia." 3. Int'l Pat. App. Pub. No. WO/2019/064031 "USE OF CANNABIDIOL IN COMBINATION WITH 5-HT2B RECEPTOR AGONISTS OR AMPHETAMINS IN THE TREATMENT OF EPILEPSY" (Published April 4, 2019) From **claim 3** "CBD in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to claim 1 or claim 2, wherein the 5-HT2B receptor agonist, amphetamine or amphetamine derivative is one or more of: guanfacine; 3,4-Methylenedioxymethamphetamine (MDMA); Methylenedioxyamphetamine (MDA); 2,5-Dimethoxy-4-ethoxyamphetamine (MEM); pergolide; cabergoline; norfenfluramine; fenfluramine; chlorphentermine; aminorex; meta-chlorophenylpiperazine (mCPP); bromo-dragonfly; N,N-Dimethyltryptamine (DMT); **5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT)**; lysergic acid diethylamide (LSD-25); psilocin; amphetamine; methamphetamine; ephedrine; cathinone; phentermine; mephentermine; bupropion; methoxyphenamine; selegiline; amfepramone; n-fenfluramine; pyrovalerone; MDMA (ecstasy) and DOM (STP)." From **claim 18** "Cannabidiol (CBD) in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to any of the preceding claims, wherein the **dose of a 5-HT2B receptor**

	agonist, amphetamine or amphetamine derivative is below **0.01 and 1 mg/kg/day**." 4. HERMANN (2005) "Psychiatric Comorbidity in Chronic Epilepsy: Identification, Consequences, and Treatment of Major Depression" Epilepsia. 41(2)31-41. From **page 31** "The issue of **psychiatric comorbidity in epilepsy** is reviewed with the aim of identifying a clinical and research agenda that will advance understanding of at least one important psychiatric condition associated with epilepsy—**namely, major depression**." 7. SHULGIN (1997) Tihkal: Tryptamines I Have Known And Loved: The Chemistry Continues. Transform Press ISBN:0-9630096-9-9. From **page 163** "**DOSAGE : 6 - 20 mg, smoked**"
15. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 12, wherein the interval between two administrations is not less than 1 hour and not more than 24 hours, such as about 2 to 4 hours.	3. Int'l Pat. App. Pub. No. WO/2019/064031 "USE OF CANNABIDIOL IN COMBINATION WITH 5-HT2B RECEPTOR AGONISTS OR AMPHETAMINS IN THE TREATMENT OF EPILEPSY" (Published April 4, 2019) From **claim 3** "CBD in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to claim 1 or claim 2, wherein the 5-HT2B receptor agonist, amphetamine or amphetamine derivative is one or more of: guanfacine; 3,4-Methylenedioxymethamphetamine (MDMA); Methylenedioxyamphetamine (MDA); 2,5-Dimethoxy-4-ethoxyamphetamine (MEM); pergolide; cabergoline; norfenfluramine; fenfluramine; chlorphentermine; aminorex; meta-chlorophenylpiperazine (mCPP); bromo-dragonfly; N,N-Dimethyltryptamine (DMT); **5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT)**; lysergic acid diethylamide (LSD-25); psilocin; amphetamine; methamphetamine; ephedrine; cathinone; phentermine; mephentermine; bupropion; methoxyphenamine; selegiline; amfepramone; n-fenfluramine; pyrovalerone; MDMA (ecstasy) and DOM (STP)." From **claim 18** "Cannabidiol (CBD) in combination with a 5-HT2B receptor agonist, an amphetamine or an amphetamine derivative for use according to any of the preceding claims, wherein the **dose of a 5-HT2B receptor agonist**, amphetamine or amphetamine derivative is below **0.01 and 1 mg/kg/day**."

	4. HERMANN (2005) “Psychiatric Comorbidity in Chronic Epilepsy: Identification, Consequences, and Treatment of Major Depression” Epilepsia. 41(2)31-41. From **page 31** “The issue of **psychiatric comorbidity in epilepsy** is reviewed with the aim of identifying a clinical and research agenda that will advance understanding of at least one important psychiatric condition associated with epilepsy—**namely, major depression**.” 7. SHULGIN (1997) Tihkal: Tryptamines I Have Known And Loved: The Chemistry Continues. Transform Press ISBN:0-9630096-9-9. From **page 163** “(with perhaps 10 mg, smoked) "Onset was gentle, perhaps over 15 minutes. I felt like all of my blood had turned to concrete. There were no noticeable visual effects, but my hearing was slightly diminished. **The whole experience was over after 1 hour**."”
16. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 9, wherein the occurrence of a peak psychedelic experience is identified through achievement of at least 60% of the maximum possible score in each of the four subscales (mystical, positive mood, transcendence of time and space, and ineffability) of the 30-item revised Mystical Experience Questionnaire (MEQ30) or is identified through achievement of at least 60% of the maximum possible score of the Oceanic Boundlessness (OBN) dimension of the Altered States of Consciousness (ASC) questionnaire or is	2. Int’l Pat. App. Pub. No. WO/2018/195455 “ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS” (Published October 25, 2018) From **page 38** “Although this model predicted strength of ME as measured on a continuum, ME is often measured as complete or less than complete using threshold scores. Barrett et al. (Journal of Psychopharmacology 20^, 29:1 182-1 190), for example, used **60% on all of the subscales as the threshold for a complete ME** in their work. Because the 4-point scale used in our study allowed for far less variability in scores when compared with the 1 0-point scale in the **MEQ30**, ME was dichotomized at the 50% point such that those individuals reaching >2.5 (of the maximum possible mean of 4) on all four subscales were identified as having had a complete ME.” 17. BARRETT (2015) “Validation of the revised Mystical Experience Questionnaire in experimental sessions with psilocybin” Journal of Psychopharmacology. 29(11):1182–1190. From **page 1189** “Observations on the **MEQ30 that had a score ≥60% of the maximum possible score on each of the four subscales of the MEQ30 were considered a “complete mystical experience.”**”

identified through achievement of a Peak Psychedelic Experience Questionnaire (PPEQ) Total Score of at least 75.	
17. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 16, wherein the occurrence of a peak psychedelic experience is identified through achievement of a Peak Psychedelic Experience Questionnaire (PPEQ) Total Score of at least 75. *As defined in paragraphs [0768] through [0771]: the PPEQ "has been developed by the inventor as an improved alternative to the oceanic boundlessness dimension of the ASC and the MEQ30 to allow a simpler and quicker assessment of the intensity of a psychedelic experience. The PPEQ is comprised of three questions, all to be scored from 0 to 100 by marking a Visual Analogue Scale between 0 and 100 mm:* *1. How intense was the experience?* *2. To what extent did you lose control?*	18. STUDERUS (2010) "Psychometric Evaluation of the Altered States of Consciousness Rating Scale (OAV)" PLOS ONE. 25(8):1-19. From **page 1** "The OAV questionnaire has been developed to integrate research on **altered states of consciousness (ASC)**." From **page 9** 

3. How profound (i.e., deep and significant) was the experience?"	21. SCHENBERG (2017) "Translation and cultural adaptation of the States of Consciousness Questionnaire (SOCQ) and statistical validation of the Mystical Experience Questionnaire (MEQ30) in Brazilian Portuguese" Archives of Clinical Psychiatry. 44(1):1–5. From **page 4** **Table 3.** Factors and items and respective factor loads of the confirmatory factor analysis of the Brazilian Portuguese version of the 30-item Mystical Experience Questionnaire in 1504 subjects, Jan-Feb 2015 Factor/Item — Load Factor 1: Mystical *Internal Unity* 35. Freedom from the limitations of your personal self and feeling a unity or bond with what was felt to be greater than your personal self. — 0.85 41. Experience of pure being and pure awareness (beyond the world of sense impressions). — 0.83 54. Experience of oneness in relation to an "inner world" within. — 0.86 77. Experience of the fusion of your personal self into a larger whole. — 0.81 83. Experience of unity with ultimate reality. — 0.87 12. Feeling that you experienced eternity or infinity. — 0.81 *External Unity* 14. Experience of oneness or unity with objects and/or persons perceived in your surroundings. — 0.79 47. Experience of the insight that "all is One". — 0.86 74. Awareness of the life or living presence in all things. — 0.85 *Noetic Quality* 9. Gain of insightful knowledge experienced at an intuitive level. — 0.72 22. Certainty of encounter with ultimate reality. — 0.85 69. You are convinced now, as you look back on your experience, that in it you encountered ultimate reality. — 0.81 *Sacredness* 36. Sense of being at a spiritual height. — 0.85 55. Sense of reverence. — 0.80 73. Feeling that you experienced something profoundly sacred and holy. — 0.87 Factor 2: Positive Mood 5. Experience of amazement. — 0.88 18. Feelings of tenderness and gentleness — 0.66 30. Feelings of peace and tranquility. — 0.73 43. Experience of ecstasy — 0.85 80. Sense of awe or awesomeness. — 0.88 87. Feelings of joy. — 0.90 Factor 3: Transcendence of Time and Space 2. Loss of your usual sense of time. — 0.71 15. Loss of your usual sense of space. — 0.73 29. Loss of usual awareness of where you were. — 0.46 34. Sense of being "outside of" time, beyond past and future. — 0.74 48. Being in a realm with no space boundaries. — 0.80 65. Experience of timelessness. — 0.83 Factor 4: Ineffability 6. Sense that the experience cannot be described adequately in words. — 0.87 23. Feeling that you could not do justice to your experience by describing it in words. — 0.95 86. Feeling that it would be difficult to communicate your own experience to others who have not had similar experiences. — 0.79 22. BARRETT (2017) "The Challenging Experience Questionnaire: Characterization of challenging experiences with psilocybin mushrooms" Journal of Psychopharmacology. 30(12):1279–1295. From **page 20**

Appendix 1: The Challenging Experience Questionnaire

Instructions: Looking back on the entirety of your session, please rate the degree to which at any time during that session you experienced the following phenomena. Answer each question according to your feelings, thoughts, and experiences at the time of the session. In making each of your ratings, use the following scale:

0 – none; not at all

1 – so slight cannot decide

2 – slight

3 – moderate

4 – strong

5 – extreme (more than ever before in my life)

_____ 1. Isolation and loneliness

_____ 2. Sadness

_____ 3. Feeling my heart beating

_____ 4. I had the feeling something horrible would happen

_____ 5. Feeling my body shake/tremble

_____ 6. Feelings of grief

_____ 7. Experience of fear

_____ 8. Fear that I might lose my mind or go insane

_____ 9. I felt like crying

_____ 10. Feeling of isolation from people and things

_____ 11. Feelings of despair

_____ 12. I had the feeling that people were plotting against me

_____ 13. I was afraid that the state I was in would last forever

_____ 14. Anxiousness

_____ 15. I felt shaky inside

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From **page 21**

_____ 16. I had the profound experience of my own death

_____ 17. I felt my heart beating irregularly or skipping beats

_____ 18. Pressure or weight in my chest or abdomen

_____ 19. I experienced a decreased sense of sanity

_____ 20. I felt as if I was dead or dying

_____ 21. Panic

_____ 22. Experience of antagonism toward people around me

_____ 23. Despair

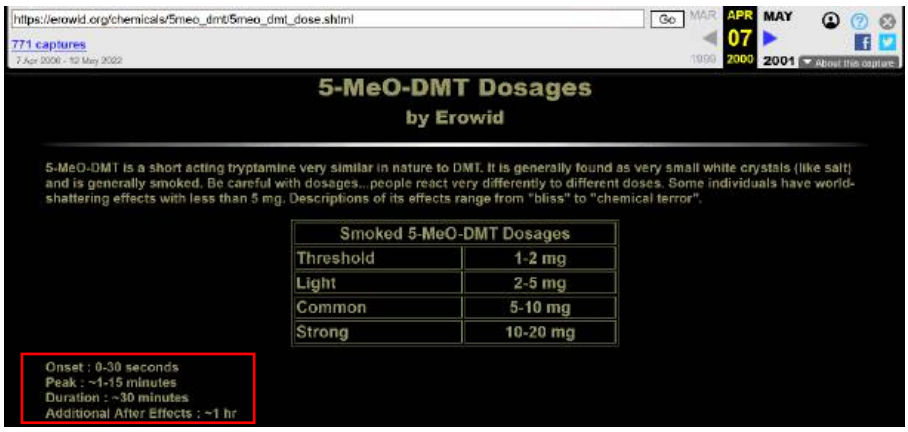
_____ 24. I felt isolated from everything and everyone

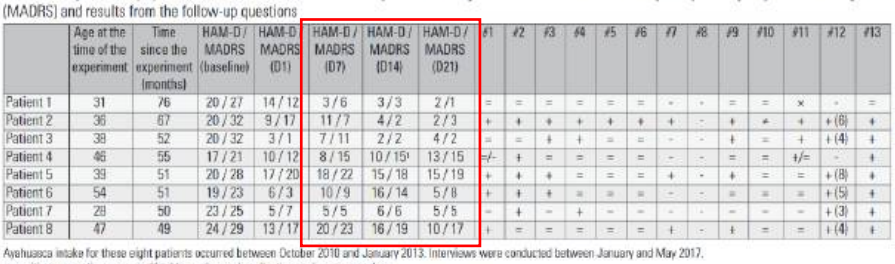
_____ 25. Emotional and/or physical suffering

_____ 26. I felt frightened

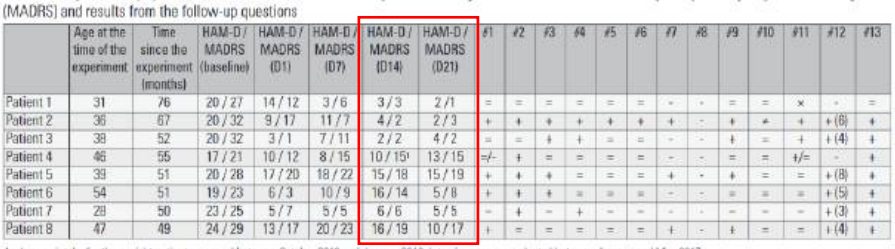
18. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the 5-MeO-DMT or a pharmaceutically acceptable salt thereof is administered via inhalation.	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018) From **page 18** "The term "administration" or "administering" refers to a method of giving a dosage of a pharmaceutical composition to a subject, where the method is, e.g., oral, topical, transdermal, by **inhalation**, intravenous, intraperitoneal, intracerebroventricular, intrathecal, or intramuscular." 5. OTT (2001) "Pharmepéna-Psychonautics: Human Intranasal, Sublingual and Oral Pharmacology of 5-Methoxy-N, N-Dimethyl-Tryptamine" Journal of Psychoactive Drugs. 33(4):403-407. From **page 406** "**5-MeO-DMT** is of well-known psychoactivity, having been reported active by **inhalation of free-base vapor in doses of six to 10 mg**"
19. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 18, wherein 5-MeO-DMT or a pharmaceutically acceptable salt thereof is administered in the form of an aerosol comprising (a) a pharmaceutically acceptable gas; (b) aerosol particles of 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT) or a pharmaceutically acceptable salt thereof, wherein the aerosol has an aerosol particle mass density of about 0.5 mg/l to about 12.5 mg/l. *As defined in paragraph [0066] "The term "aerosol particle mass density" refers to*	5. OTT (2001) "Pharmepéna-Psychonautics: Human Intranasal, Sublingual and Oral Pharmacology of 5-Methoxy-N, N-Dimethyl-Tryptamine" Journal of Psychoactive Drugs. 33(4):403-407. From **page 406** "**5-MeO-DMT** is of well-known psychoactivity, having been reported active by **inhalation of free-base vapor in doses of six to 10 mg**" 19. INGEBRETHSEN (2012) "Electronic cigarette aerosol particle size distribution measurements" Inhalation Toxicology. 24(14):976-984. "The particle size distribution of aerosols produced by electronic cigarettes was measured in an undiluted state by a spectral transmission procedure and after high dilution with an electrical mobility analyzer. The undiluted **e-cigarette aerosols** were found to have particle **diameters of average mass in the 250-450 nm range** and particle number concentrations in the **10^9 particles/cm^3 range.**"

the mass of aerosol particles per unit volume of aerosol."	
20. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 19 wherein the aerosol is generated by a) exposing a thin layer of 5-MeO-DMT or a pharmaceutically acceptable salt thereof, configured on a solid support, to thermal energy, and b) passing air over the thin layer to produce aerosol particles.	5. OTT (2001) "Pharmepéna-Psychonautics: Human Intranasal, Sublingual and Oral Pharmacology of 5-Methoxy-N, N-Dimethyl-Tryptamine" Journal of Psychoactive Drugs. 33(4):403-407. From **page 406** "**5-MeO-DMT** is of well-known psychoactivity, having been reported active by **inhalation of free-base vapor** in doses of six to 10 mg" 20. Int'l Pat. App. Pub. No. WO/2015/006652 "Nicotine salt with m eta-salicylic acid" (Published January 15, 2015) From **paragraph [0026]** "The condensation aerosols of the various embodiments are typically formed by preparing a film containing a nicotine meta-salicylate **composition of a desired thickness on a heat-conductive and impermeable substrate and heating said substrate to vaporize said film, and cooling said vapor thereby producing aerosol particles containing said composition**." From **paragraph [0114]** "Typically, the drug supply article is heated to a temperature sufficient to **vaporize all or a portion of the film**, so that **the composition forms a vapor that becomes entrained in a stream of air** during inhalation." 23. U.S. App. Pub. No. US/2007/0178052 "Delivery of opioids through an inhalation route" (Published August 2, 2007) From **Abstract** "The method comprises: **a) heating a thin layer of an opioid, on a solid support, to form a vapor; and, b) passing air through the heated vapor to produce aerosol particles**"
21. 5-MeO-DMT for use as in claim 18, wherein the 5-MeO-DMT is used in the form of the free base.	5. OTT (2001) "Pharmepéna-Psychonautics: Human Intranasal, Sublingual and Oral Pharmacology of 5-Methoxy-N, N-Dimethyl-Tryptamine" Journal of Psychoactive Drugs. 33(4):403-407. From **page 406** "**5-MeO-DMT** is of well-known psychoactivity, having been reported active by **inhalation of free-base vapor** in doses of six to 10 mg"
22. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 18,	2. Int'l Pat. App. Pub. No. WO/2018/195455 "ASSESSING AND TREATING PSYCHEDELIC-RESPONSIVE SUBJECTS" (Published October 25, 2018)

wherein the dosage amount of 5-MeO-DMT or a pharmaceutically acceptable salt to be administered to the patient is inhaled with a single breath.	From **page 18** "The term "administration" or "administering" refers to a method of giving a dosage of a pharmaceutical composition to a subject, where the method is, e.g., oral, topical, transdermal, by **inhalation**, intravenous, intraperitoneal, intracerebroventricular, intrathecal, or intramuscular." 16. WEIL (1994) "*Bufo alvarius*: a potent hallucinogen of animal origin" Journal of Ethnopharmacology. 41(1-2):1–8. From **page 6** "**Single deep inhalations of vaporized venom proved powerfully psychoactive** within 15s. Consistent with the known effects of **5-MeO-DMT**, the intoxication was intense and short-lived, marked by auditory and visual hallucinations."
23. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein a clinical response, as assessed by at least a score of "much improved" in the Clinical Global Impression-Improvement (CGI-I) score or the Patient Global Impression-Improvement (PGI-I) score, occurs not later than about 2 hours after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	1. DAVIS (2018) "The epidemiology of 5-methoxy-N, N-dimethyltryptamine (5-MeO-DMT) use: Benefits, consequences, patterns of use, subjective effects, and reasons for consumption" Journal of Pharmacology. 32(7)779-792. From **page 779** "Furthermore, of those who reported being diagnosed with psychiatric disorders, **the majority reported improvements in symptoms following 5-MeO-DMT use, including improvements related to** post-traumatic stress disorder (79%), **depression (77%)**, anxiety (69%), and alcoholism (66%) or drug use disorder (60%)." 9. EROWID (1999) "5-MeO-DMT Dosage" Retrieved April 7, 2000. https://web.archive.org/web/20000407105145/https://erowid.org/chemicals/5meo_dmt/5meo_dmt_dose.shtml  11. MOHEBBI (2018) "Patient centric measures for a patient centric era: Agreement and convergent between ratings on The Patient Global Impression of Improvement (PGI-I) scale and the Clinical Global

	Impressions – Improvement (CGI-S) scale in bipolar and major depressive disorder" European Psychiatry. 53:17-22 From **page 17** "Concordant with an increased emphasis on consumer engagement, the **Patient Global Impression Scale of Improvement (PGI-I) is commonly used** as an outcome measure in studies evaluating the efficacy of treatments in medical and psychiatric conditions **with subjective symptom domains**." From **page 17** "**Participants were asked to assess their symptom improvement with the PGI-I.**"
24. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the clinical response, as assessed by at least a score of "much improved" in the CGI-I score or the PGI-I score, persists until at least 6 days after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** "We recently replicated these results in a parallel arm, double-blind, randomised, placebo-controlled trial with 35 patients with treatment-resistant MDD15. Compared to placebo, **HAM-D scores at day 7 were significantly lower in patients treated with ayahuasca** (Cohen's d = 0.98), and **MADRS scores were significantly reduced in the ayahuasca group at days 1, 2 and 7**." From **page 23** **Table 1.** Depressive symptoms assessed with the Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) and results from the follow-up questions  Ayahuasca intake for these eight patients occurred between October 2010 and January 2013. Interviews were conducted between January and May 2017. +: positive, -: negative, =: neutral/stable; ×: changed medication; ×: do not remember. The numbers in parenthesis on question #12 are the position from 1 to 10 reported by those volunteers that had a positive answer to that question. [a]Missing data: mean of D7 and D21. 13. RIGA (2014) "The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs" International Journal of Neuropsychopharmacology. 17(8):1269–1282. From **page 1269** "**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe."

	Age at the time of the experiment	Time since the experiment (months)	HAM-D / MADRS (baseline)	HAM-D MADRS (D1)	HAM-D / MADRS (D7)	HAM-D / MADRS (D14)	HAM-D / MADRS (D21)	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13
Patient 1	31	76	20 / 27	14 / 12	3 / 6	3 / 3	2 / 1	=	=	=	=	=	=	-	-	=	=	×	-	=
Patient 2	36	67	20 / 32	9 / 17	11 / 7	4 / 2	2 / 3	+	+	+	+	+	+	+	-	+	+	+	+ (6)	+
Patient 3	38	52	20 / 32	3 / 1	7 / 11	2 / 2	4 / 2	=	=	+	+	=	=	-	-	+	=	+	+ (4)	+
Patient 4	46	55	17 / 21	10 / 12	8 / 15	10 / 15[a]	13 / 15	+/-	+	=	=	=	=	-	-	=	=	+/=	-	+
Patient 5	39	51	20 / 28	17 / 20	18 / 22	15 / 18	15 / 19	+	+	+	=	=	=	+	-	+	=	=	+ (8)	+
Patient 6	54	51	19 / 23	6 / 3	10 / 9	16 / 14	5 / 8	+	+	+	=	=	=	-	-	=	=	=	+ (5)	+
Patient 7	28	50	23 / 25	5 / 7	5 / 5	6 / 6	5 / 5	-	+	-	+	-	-	-	-	-	-	-	+ (3)	+
Patient 8	47	49	24 / 29	13 / 17	20 / 23	16 / 19	10 / 17	+	=	=	=	=	=	+	-	+	=	=	+ (4)	+

	14. MULLER (2003) “Differentiating moderate and severe depression using the Montgomery–Asberg depression rating scale (MADRS)” Journal of Affective Disorders. 77:255-260. From **page 255** “HAMD17, **MADRS, and CGI scores were highly correlated** (r > 0:85; P < 0.0001)”
25. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the clinical response, as assessed by at least a score of “much improved” in the CGI-I score or the PGI-I score, persists until at least 14 days after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	12. SANTOS (2018) “Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** “Objectives: To investigate if the experiment had any long-lasting effects on patients Methods: Eight patients were interviewed 4 to 7 years after ayahuasca intake. Results: Our results suggest that **ayahuasca was well tolerated and that symptom reductions were limited to a few weeks.** Importantly, most patients believed that the experience was among the most important of their lives, even 4-7 years later.” From **page 22** “We recently replicated these results in a parallel arm, double-blind, randomised, placebo-controlled trial with 35 patients with treatment-resistant MDD15. Compared to placebo, **HAM-D scores at day 7 were significantly lower in patients treated with ayahuasca** (Cohen’s d = 0.98), and **MADRS scores were significantly reduced in the ayahuasca group at days 1, 2 and 7**.” From **page 23** **Table 1.** Depressive symptoms assessed with the Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) and results from the follow-up questions  |	Age at the time of the experiment	Time since the experiment (months)	HAM-D / MADRS (baseline)	HAM-D / MADRS (D1)	HAM-D / MADRS (D7)	HAM-D / MADRS (D14)	HAM-D / MADRS (D21)	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13
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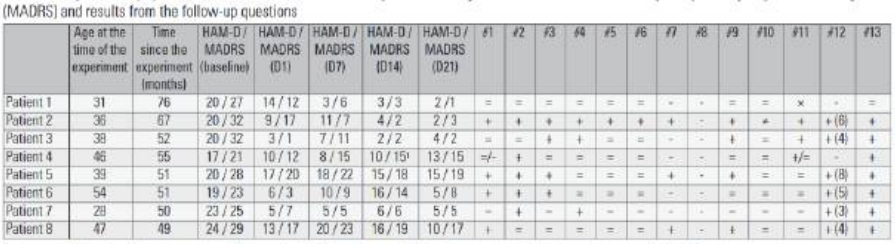
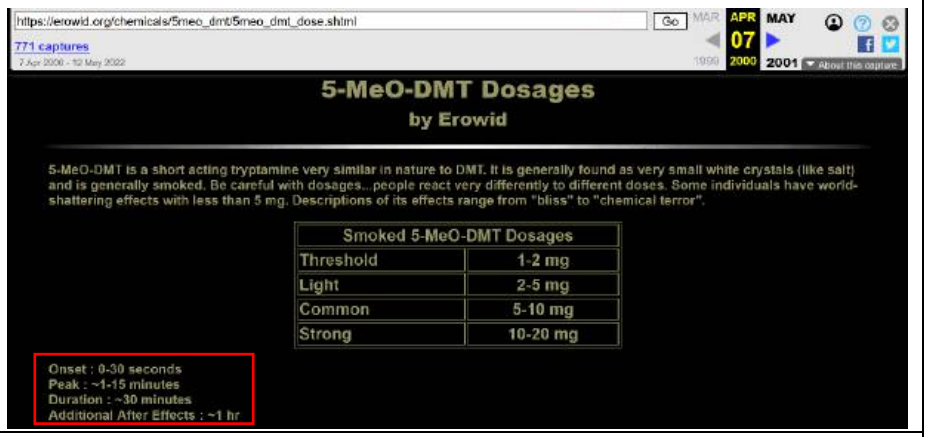
Patient 1	31	76	20 / 27	14 / 12	3 / 6	3 / 3	2 / 1	=	=	=	=	=	=	-	-	=	=	×	-	=
Patient 2	36	67	20 / 32	9 / 17	11 / 7	4 / 2	2 / 3	+	+	+	+	+	+	+	-	+	+	+	+ (6)	+
Patient 3	38	52	20 / 32	3 / 1	7 / 11	2 / 2	4 / 2	=	=	+	+	=	=	-	-	+	=	+	+ (4)	+
Patient 4	46	55	17 / 21	10 / 12	8 / 15	10 / 15[1]	13 / 15	+/-	+	=	=	=	=	-	-	=	=	+/=	-	+
Patient 5	39	51	20 / 28	17 / 20	18 / 22	15 / 18	15 / 19	+	+	+	=	=	=	+	-	+	=	=	+ (8)	+
Patient 6	54	51	19 / 23	6 / 3	10 / 9	16 / 14	5 / 8	+	+	+	=	=	=	-	-	=	=	=	+ (5)	+
Patient 7	28	50	23 / 25	5 / 7	5 / 5	6 / 6	5 / 5	-	+	-	+	-	-	-	-	-	-	-	+ (3)	+
Patient 8	47	49	24 / 29	13 / 17	20 / 23	16 / 19	10 / 17	+	=	=	=	=	=	+	-	+	=	=	+ (4)	+

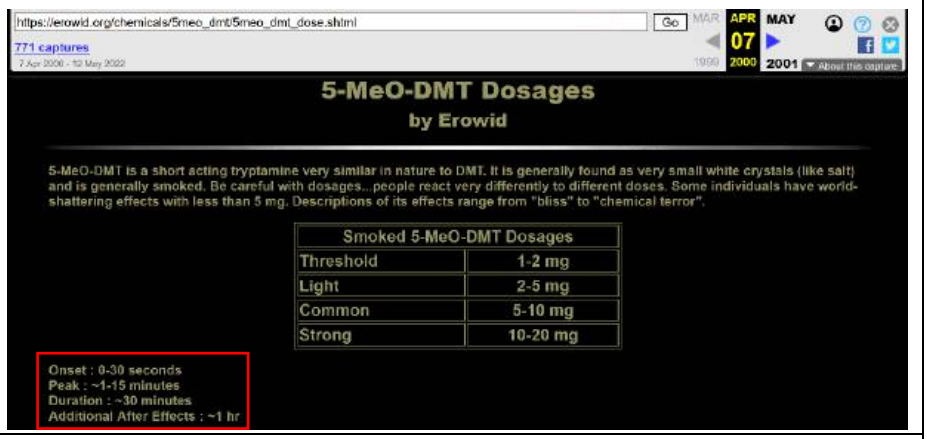
Ayahuasca intake for these eight patients occurred between October 2010 and January 2013. Interviews were conducted between January and May 2017.
+: positive, -: negative, =: neutral/stable; ×: changed medication; ×: do not remember.
The numbers in parenthesis on question #12 are the position from 1 to 10 reported by those volunteers that had a positive answer to that question.
[1]Missing data: mean of D7 and D21.

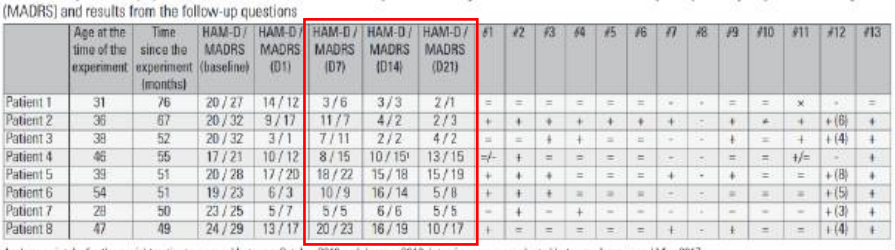
13. RIGA (2014) “The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs” International Journal of Neuropsychopharmacology. 17(8):1269–1282.

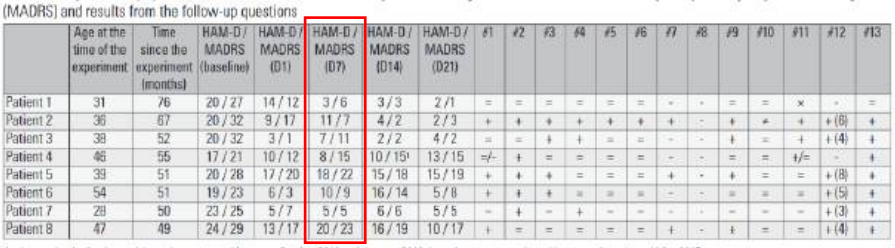
From **page 1269** “**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe.” |

	14. MULLER (2003) “Differentiating moderate and severe depression using the Montgomery–Asberg depression rating scale (MADRS)” Journal of Affective Disorders. 77:255-260. From **page 255** “HAMD17, **MADRS, and CGI scores were highly correlated** ($r > 0:85$; $P < 0.0001$)”
26. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the clinical response, as assessed by at least a score of “much improved” in the CGI-I score or the PGI-I score, persists until at least 28 days after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	12. SANTOS (2018) “Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** “Objectives: To investigate if the experiment had any long-lasting effects on patients Methods: Eight patients were interviewed 4 to 7 years after ayahuasca intake. Results: Our results suggest that **ayahuasca was well tolerated and that symptom reductions were limited to a few weeks.** Importantly, most patients believed that the experience was among the most important of their lives, even 4-7 years later.” From **page 22** “We recently replicated these results in a parallel arm, double-blind, randomised, placebo-controlled trial with 35 patients with treatment-resistant MDD15. Compared to placebo, **HAM-D scores at day 7 were significantly lower in patients treated with ayahuasca** (Cohen’s d = 0.98), and **MADRS scores were significantly reduced in the ayahuasca group at days 1, 2 and 7**.” From **page 23** **Table 1.** Depressive symptoms assessed with the Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) and results from the follow-up questions Ayahuasca intake for these eight patients occurred between October 2010 and January 2013. Interviews were conducted between January and May 2017. +: positive, -: negative, =: neutral/stable; ×: changed medication; ×: do not remember. The numbers in parenthesis on question #12 are the position from 1 to 10 reported by those volunteers that had a positive answer to that question. [a]Missing data: mean of D7 and D21.  13. RIGA (2014) “The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs” International Journal of Neuropsychopharmacology. 17(8):1269–1282. From **page 1269** “**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe.”

	14. MULLER (2003) "Differentiating moderate and severe depression using the Montgomery–Asberg depression rating scale (MADRS)" Journal of Affective Disorders. 77:255-260. From **page 255** "HAMD17, **MADRS, and CGI scores were highly correlated** (r > 0:85; P < 0.0001)"
27. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein a clinical response, as assessed by at least 50% improvement of the MADRS or HAM-D score, compared to the respective score prior to treatment, occurs not later than about 2 hours after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	6. U.S. Pat. App. Pub. No. US/2010/0166889 "METHOD OF TREATING DEPRESSIVE DISORDERS" (Published July 1, 2010) From **claim 10** "The method of claim 9, wherein the decrease in depressive symptoms is a **50% or greater reduction of symptoms** identified on a **depression symptom rating scale** or achieving a score less than or equal to 7 on the HRSD 17; or less than or equal to 5 on the QIDS-SR 16; or less than or equal to 10 on the MADRS. From **claim 11** "The method of claim 5, wherein the one or more other active agent is an antidepressant, a selective serotonin reuptake inhibitor, a **serotonin 5HT receptor partial agonist or antagonist**, a norepinephrine dopamine reuptake inhibitor, a serotonin norepinephrine dopamine reuptake inhibitor, a selective serotonin norepinephrine reuptake inhibitor, **a serotonin 5-HT1a partial agonist, a serotonin 5-HT1b agonist, a serotonin 5-HT2 antagonist**" 9. EROWID (1999) "5-MeO-DMT Dosage" Retrieved April 7, 2000. https://web.archive.org/web/20000407105145/https://erowid.org/chemicals/5meo_dmt/5meo_dmt_dose.shtml 
28. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein a remission of depressive symptoms,	6. U.S. Pat. App. Pub. No. US/2010/0166889 "METHOD OF TREATING DEPRESSIVE DISORDERS" (Published July 1, 2010) From **claim 10** "The method of claim 9, wherein the decrease in depressive symptoms is a **50% or greater reduction of symptoms** identified on a **depression symptom rating scale** or achieving a score less than or equal to

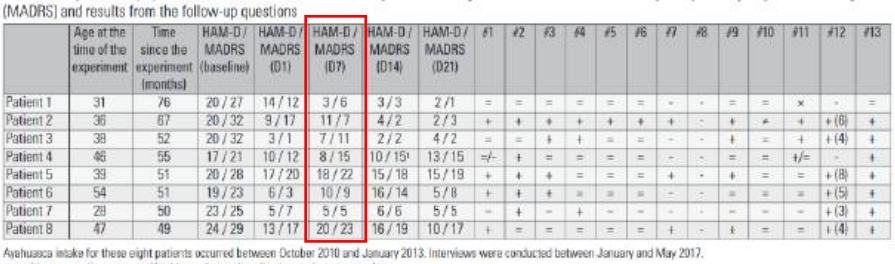
as assessed by a MADRS score equal to or less than 10, or a HAM-D score equal to or less than 7, occurs not later than about 2 hours after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	7 on the HRSD 17; or less than or equal to 5 on the QIDS-SR 16; or **less than or equal to 10 on the MADRS**. From **claim 11** "The method of claim 5, wherein the one or more other active agent is an antidepressant, a selective serotonin reuptake inhibitor, a **serotonin 5HT receptor partial agonist or antagonist**, a norepinephrine dopamine reuptake inhibitor, a serotonin norepinephrine dopamine reuptake inhibitor, a selective serotonin norepinephrine reuptake inhibitor, **a serotonin 5-HT1a partial agonist, a serotonin 5-HT1b agonist, a serotonin 5-HT2 antagonist**" 9. EROWID (1999) "5-MeO-DMT Dosage" Retrieved April 7, 2000. https://web.archive.org/web/20000407105145/https://erowid.org/chemicals/5meo_dmt/5meo_dmt_dose.shtml 
29. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the clinical response, as assessed by at least 50% improvement of the MADRS or HAM-D score, compared to the respective score prior to treatment, persists until at least 6 days after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	6. U.S. Pat. App. Pub. No. US/2010/0166889 "METHOD OF TREATING DEPRESSIVE DISORDERS" (Published July 1, 2010) From **claim 10** "The method of claim 9, wherein the decrease in depressive symptoms is a **50% or greater reduction of symptoms i**dentified on a **depression symptom rating scale** or achieving a score less than or equal to 7 on the HRSD 17; or less than or equal to 5 on the QIDS-SR 16; or **less than or equal to 10 on the MADRS**. From **claim 11** "The method of claim 5, wherein the one or more other active agent is an antidepressant, a selective serotonin reuptake inhibitor, a **serotonin 5HT receptor partial agonist or antagonist**, a norepinephrine dopamine reuptake inhibitor, a serotonin norepinephrine dopamine reuptake inhibitor, a selective serotonin norepinephrine reuptake inhibitor, **a serotonin 5-HT1a partial agonist, a serotonin 5-HT1b agonist, a serotonin 5-HT2 antagonist**"

	12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** "Objectives: To investigate if the experiment had any long-lasting effects on patients Methods: Eight patients were interviewed 4 to 7 years after ayahuasca intake. Results: Our results suggest that **ayahuasca was well tolerated and that symptom reductions were limited to a few weeks.** Importantly, most patients believed that the experience was among the most important of their lives, even 4-7 years later." From **page 22** "We recently replicated these results in a parallel arm, double-blind, randomised, placebo-controlled trial with 35 patients with treatment-resistant MDD15. Compared to placebo, **HAM-D scores at day 7 were significantly lower in patients treated with ayahuasca** (Cohen's d = 0.98), and **MADRS scores were significantly reduced in the ayahuasca group at days 1, 2 and 7**." From **page 23** **Table 1.** Depressive symptoms assessed with the Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) and results from the follow-up questions  Ayahuasca intake for these eight patients occurred between October 2010 and January 2013. Interviews were conducted between January and May 2017. +: positive, -: negative, =: neutral/stable; ×: changed medication; ×: do not remember. The numbers in parenthesis on question #12 are the position from 1 to 10 reported by those volunteers that had a positive answer to that question. [1]Missing data: mean of D7 and D21. 13. RIGA (2014) "The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs" International Journal of Neuropsychopharmacology. 17(8):1269–1282. From **page 1269** "**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe."
30. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein there is a clinical response, as assessed by at least 75% improvement of	6. U.S. Pat. App. Pub. No. US/2010/0166889 "METHOD OF TREATING DEPRESSIVE DISORDERS" (Published July 1, 2010) From **claim 10** "The method of claim 9, wherein the decrease in depressive symptoms is a **50% or greater reduction of symptoms i**dentified on a **depression symptom rating scale** or achieving a score less than or equal to 7 on the HRSD 17; or less than or equal to 5 on the QIDS-SR 16; or **less than or equal to 10 on the MADRS**.

the MADRS or HAM-D score, compared to the respective score prior to treatment, on day 7 after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	From **claim 11** "The method of claim 5, wherein the one or more other active agent is an antidepressant, a selective serotonin reuptake inhibitor, a **serotonin 5HT receptor partial agonist or antagonist**, a norepinephrine dopamine reuptake inhibitor, a serotonin norepinephrine dopamine reuptake inhibitor, a selective serotonin norepinephrine reuptake inhibitor, **a serotonin 5-HT1a partial agonist, a serotonin 5-HT1b agonist, a serotonin 5-HT2 antagonist**" 12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** "Objectives: To investigate if the experiment had any long-lasting effects on patients Methods: Eight patients were interviewed 4 to 7 years after ayahuasca intake. Results: Our results suggest that **ayahuasca was well tolerated and that symptom reductions were limited to a few weeks.** Importantly, most patients believed that the experience was among the most important of their lives, even 4-7 years later." From **page 22** "We recently replicated these results in a parallel arm, double-blind, randomised, placebo-controlled trial with 35 patients with treatment-resistant MDD15. Compared to placebo, **HAM-D scores at day 7 were significantly lower in patients treated with ayahuasca** (Cohen's d = 0.98), and **MADRS scores were significantly reduced in the ayahuasca group at days 1, 2 and 7**." From **page 23** **Table 1.** Depressive symptoms assessed with the Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) and results from the follow-up questions  Ayahuasca intake for these eight patients occurred between October 2010 and January 2013. Interviews were conducted between January and May 2017. +: positive, -: negative, =: neutral/stable; ×: changed medication; ×: do not remember. The numbers in parenthesis on question #12 are the position from 1 to 10 reported by those volunteers that had a positive answer to that question. [1]Missing data: mean of D7 and D21. 13. RIGA (2014) "The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs" International Journal of Neuropsychopharmacology. 17(8):1269–1282. From **page 1269** "**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian

	Age at the time of the experiment	Time since the experiment (months)	HAM-D / MADRS (baseline)	HAM-D / MADRS (D1)	HAM-D / MADRS (D7)	HAM-D / MADRS (D14)	HAM-D / MADRS (D21)	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13
Patient 1	31	76	20 / 27	14 / 12	3 / 6	3 / 3	2 / 1	=	=	=	=	=	=	-	-	=	=	×	-	=
Patient 2	36	67	20 / 32	9 / 17	11 / 7	4 / 2	2 / 3	+	+	+	+	+	+	+	-	+	+	+	+ (6)	+
Patient 3	38	52	20 / 32	3 / 1	7 / 11	2 / 2	4 / 2	=	=	+	+	=	=	-	-	+	=	+	+ (4)	+
Patient 4	46	55	17 / 21	10 / 12	8 / 15	10 / 15[1]	13 / 15	+/-	+	=	=	=	=	-	-	=	=	+/=	-	+
Patient 5	39	51	20 / 28	17 / 20	18 / 22	15 / 18	15 / 19	+	+	+	=	=	=	+	-	+	=	=	+ (8)	+
Patient 6	54	51	19 / 23	6 / 3	10 / 9	16 / 14	5 / 8	+	+	+	=	=	=	-	-	=	=	=	+ (5)	+
Patient 7	28	50	23 / 25	5 / 7	5 / 5	6 / 6	5 / 5	-	+	-	+	-	-	-	-	-	-	-	+ (3)	+
Patient 8	47	49	24 / 29	13 / 17	20 / 23	16 / 19	10 / 17	+	=	=	=	=	=	+	-	+	=	=	+ (4)	+

	beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe."
31. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the patient is in remission of depressive symptoms, as assessed by a MADRS score equal to or less than 10, or a HAM-D score equal to or less than 7, on day 7 after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	6. U.S. Pat. App. Pub. No. US/2010/0166889 "METHOD OF TREATING DEPRESSIVE DISORDERS" (Published July 1, 2010) From **claim 10** "The method of claim 9, wherein the decrease in depressive symptoms is a **50% or greater reduction of symptoms i**dentified on a **depression symptom rating scale** or achieving a score less than or equal to 7 on the HRSD 17; or less than or equal to 5 on the QIDS-SR 16; or **less than or equal to 10 on the MADRS**. From **claim 11** "The method of claim 5, wherein the one or more other active agent is an antidepressant, a selective serotonin reuptake inhibitor, a **serotonin 5HT receptor partial agonist or antagonist**, a norepinephrine dopamine reuptake inhibitor, a serotonin norepinephrine dopamine reuptake inhibitor, a selective serotonin norepinephrine reuptake inhibitor, **a serotonin 5-HT1a partial agonist, a serotonin 5-HT1b agonist, a serotonin 5-HT2 antagonist**" 12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** "Objectives: To investigate if the experiment had any long-lasting effects on patients Methods: Eight patients were interviewed 4 to 7 years after ayahuasca intake. Results: Our results suggest that **ayahuasca was well tolerated and that symptom reductions were limited to a few weeks.** Importantly, most patients believed that the experience was among the most important of their lives, even 4-7 years later." From **page 22** "We recently replicated these results in a parallel arm, double-blind, randomised, placebo-controlled trial with 35 patients with treatment-resistant MDD15. Compared to placebo, **HAM-D scores at day 7 were significantly lower in patients treated with ayahuasca** (Cohen's d = 0.98), and **MADRS scores were significantly reduced in the ayahuasca group at days 1, 2 and 7**." From **page 23**

	Table 1. Depressive symptoms assessed with the Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) and results from the follow-up questions  Ayahuasca intake for these eight patients occurred between October 2010 and January 2013. Interviews were conducted between January and May 2017. +: positive, -: negative, =: neutral/stable; ×: changed medication; ×: do not remember. The numbers in parenthesis on question #12 are the position from 1 to 10 reported by those volunteers that had a positive answer to that question. [a]Missing data: mean of D7 and D21. 13. RIGA (2014) "The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs" International Journal of Neuropsychopharmacology. 17(8):1269–1282. From **page 1269** "**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe."
32. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the clinical response, as assessed by at least 50% improvement of the MADRS or HAM-D score, compared to the respective score prior to treatment, persists until at least 14 days after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	6. U.S. Pat. App. Pub. No. US/2010/0166889 "METHOD OF TREATING DEPRESSIVE DISORDERS" (Published July 1, 2010) From **claim 10** "The method of claim 9, wherein the decrease in depressive symptoms is a **50% or greater reduction of symptoms i**dentified on a **depression symptom rating scale** or achieving a score less than or equal to 7 on the HRSD 17; or less than or equal to 5 on the QIDS-SR 16; or **less than or equal to 10 on the MADRS**. From **claim 11** "The method of claim 5, wherein the one or more other active agent is an antidepressant, a selective serotonin reuptake inhibitor, a **serotonin 5HT receptor partial agonist or antagonist**, a norepinephrine dopamine reuptake inhibitor, a serotonin norepinephrine dopamine reuptake inhibitor, a selective serotonin norepinephrine reuptake inhibitor, **a serotonin 5-HT1a partial agonist, a serotonin 5-HT1b agonist, a serotonin 5-HT2 antagonist**" 12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** "Objectives: To investigate if the experiment had any long-lasting effects on patients Methods: Eight patients were interviewed 4 to 7 years after ayahuasca intake. Results: Our results suggest that **ayahuasca was well tolerated and that symptom reductions were limited to a few**

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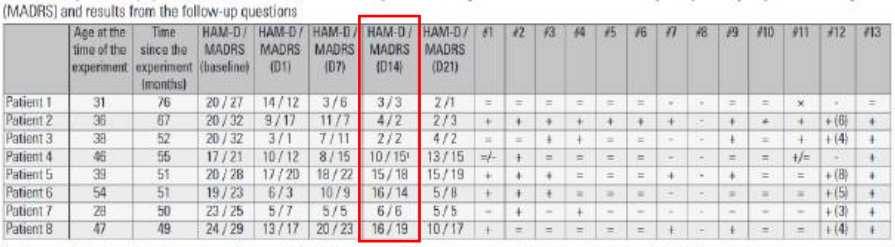
33. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein there is a clinical response, as assessed by at least 75% improvement of the MADRS or HAM-D score, compared to the respective score prior to treatment, on day 14 after the last administration of 5-MeO-DMT or a	6. U.S. Pat. App. Pub. No. US/2010/0166889 "METHOD OF TREATING DEPRESSIVE DISORDERS" (Published July 1, 2010) From **claim 10** "The method of claim 9, wherein the decrease in depressive symptoms is a **50% or greater reduction of symptoms i**dentified on a **depression symptom rating scale** or achieving a score less than or equal to 7 on the HRSD 17; or less than or equal to 5 on the QIDS-SR 16; or **less than or equal to 10 on the MADRS**. From **claim 11** "The method of claim 5, wherein the one or more other active agent is an antidepressant, a selective serotonin reuptake inhibitor, a **serotonin 5HT receptor partial agonist or antagonist**, a norepinephrine dopamine reuptake inhibitor, a serotonin norepinephrine dopamine reuptake inhibitor, a selective serotonin norepinephrine reuptake inhibitor, **a serotonin 5-HT1a partial agonist, a serotonin 5-HT1b agonist, a serotonin 5-HT2 antagonist**"

pharmaceutically acceptable salt thereof.	12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** "Objectives: To investigate if the experiment had any long-lasting effects on patients Methods: Eight patients were interviewed 4 to 7 years after ayahuasca intake. Results: Our results suggest that **ayahuasca was well tolerated and that symptom reductions were limited to a few weeks.** Importantly, most patients believed that the experience was among the most important of their lives, even 4-7 years later." From **page 22** "We recently replicated these results in a parallel arm, double-blind, randomised, placebo-controlled trial with 35 patients with treatment-resistant MDD15. Compared to placebo, **HAM-D scores at day 7 were significantly lower in patients treated with ayahuasca** (Cohen's d = 0.98), and **MADRS scores were significantly reduced in the ayahuasca group at days 1, 2 and 7**." From **page 23** **Table 1.** Depressive symptoms assessed with the Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) and results from the follow-up questions  Ayahuasca intake for these eight patients occurred between October 2010 and January 2013. Interviews were conducted between January and May 2017. +: positive, -: negative, =: neutral/stable; ×: changed medication; ×: do not remember. The numbers in parenthesis on question #12 are the position from 1 to 10 reported by those volunteers that had a positive answer to that question. [a]Missing data: mean of D7 and D21. 13. RIGA (2014) "The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs" International Journal of Neuropsychopharmacology. 17(8):1269–1282. From **page 1269** "**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe."
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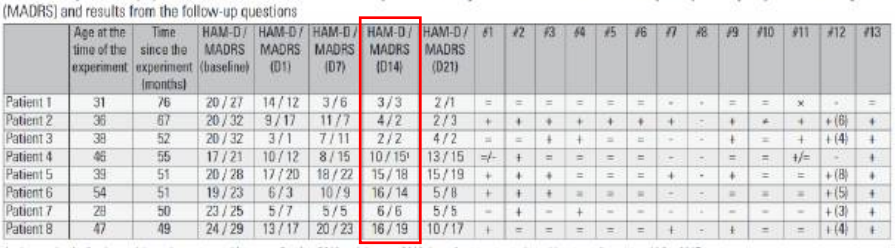
symptoms, as assessed by a MADRS score equal to or less than 10, or a HAM-D score equal to or less than 7, on day 14 after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	7 on the HRSD 17; or less than or equal to 5 on the QIDS-SR 16; or **less than or equal to 10 on the MADRS**. From **claim 11** "The method of claim 5, wherein the one or more other active agent is an antidepressant, a selective serotonin reuptake inhibitor, a **serotonin 5HT receptor partial agonist or antagonist**, a norepinephrine dopamine reuptake inhibitor, a serotonin norepinephrine dopamine reuptake inhibitor, a selective serotonin norepinephrine reuptake inhibitor, **a serotonin 5-HT1a partial agonist, a serotonin 5-HT1b agonist, a serotonin 5-HT2 antagonist**" 12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** "Objectives: To investigate if the experiment had any long-lasting effects on patients Methods: Eight patients were interviewed 4 to 7 years after ayahuasca intake. Results: Our results suggest that **ayahuasca was well tolerated and that symptom reductions were limited to a few weeks.** Importantly, most patients believed that the experience was among the most important of their lives, even 4-7 years later." From **page 22** "We recently replicated these results in a parallel arm, double-blind, randomised, placebo-controlled trial with 35 patients with treatment-resistant MDD15. Compared to placebo, **HAM-D scores at day 7 were significantly lower in patients treated with ayahuasca** (Cohen's d = 0.98), and **MADRS scores were significantly reduced in the ayahuasca group at days 1, 2 and 7**." From **page 23** **Table 1.** Depressive symptoms assessed with the Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) and results from the follow-up questions  Ayahuasca intake for these eight patients occurred between October 2010 and January 2013. Interviews were conducted between January and May 2017. +: positive, -: negative, =: neutral/stable; ×: changed medication; ×: do not remember. The numbers in parenthesis on question #12 are the position from 1 to 10 reported by those volunteers that had a positive answer to that question. [a]Missing data: mean of D7 and D21. 13. RIGA (2014) "The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs" International Journal of Neuropsychopharmacology. 17(8):1269–1282.

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Patient 1	31	76	20 / 27	14 / 12	3 / 6	3 / 3	2 / 1	=	=	=	=	=	=	-	-	=	=	×	-	=
Patient 2	36	67	20 / 32	9 / 17	11 / 7	4 / 2	2 / 3	+	+	+	+	+	+	+	-	+	+	+	+ (6)	+
Patient 3	38	52	20 / 32	3 / 1	7 / 11	2 / 2	4 / 2	=	=	+	+	=	=	-	-	+	=	+	+ (4)	+
Patient 4	46	55	17 / 21	10 / 12	8 / 15	10 / 15[a]	13 / 15	+/-	+	=	=	=	=	-	-	=	=	+/=	-	+
Patient 5	39	51	20 / 28	17 / 20	18 / 22	15 / 18	15 / 19	+	+	+	=	=	=	+	-	+	=	=	+ (8)	+
Patient 6	54	51	19 / 23	6 / 3	10 / 9	16 / 14	5 / 8	+	+	+	=	=	=	-	-	=	=	=	+ (5)	+
Patient 7	28	50	23 / 25	5 / 7	5 / 5	6 / 6	5 / 5	-	+	-	+	-	-	-	-	-	-	-	+ (3)	+
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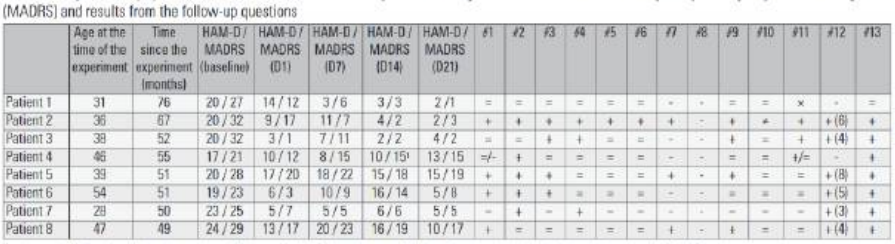
35. 5-MeO-DMT or a pharmaceutically acceptable salt thereof for use as in claim 1, wherein the clinical response, as assessed by at least 50% improvement of the MADRS or HAM-D score, compared to the respective score prior to treatment, persists until at least 28 days after the last administration of 5-MeO-DMT or a pharmaceutically acceptable salt thereof.	6. U.S. Pat. App. Pub. No. US/2010/0166889 "METHOD OF TREATING DEPRESSIVE DISORDERS" (Published July 1, 2010) From **claim 10** "The method of claim 9, wherein the decrease in depressive symptoms is a **50% or greater reduction of symptoms i**dentified on a **depression symptom rating scale** or achieving a score less than or equal to 7 on the HRSD 17; or less than or equal to 5 on the QIDS-SR 16; or **less than or equal to 10 on the MADRS**. From **claim 11** "The method of claim 5, wherein the one or more other active agent is an antidepressant, a selective serotonin reuptake inhibitor, a **serotonin 5HT receptor partial agonist or antagonist**, a norepinephrine dopamine reuptake inhibitor, a serotonin norepinephrine dopamine reuptake inhibitor, a selective serotonin norepinephrine reuptake inhibitor, **a serotonin 5-HT1a partial agonist, a serotonin 5-HT1b agonist, a serotonin 5-HT2 antagonist**" 12. SANTOS (2018) "Long-term effects of ayahuasca in patients with recurrent depression: a 5-year qualitative follow-up" Archives of Clinical Psychiatry. 45(1):22-24. From **page 22** "Objectives: To investigate if the experiment had any long-lasting effects on patients Methods: Eight patients were interviewed 4 to 7 years after ayahuasca intake. Results: Our results suggest that **ayahuasca was well tolerated and that symptom reductions were limited to a few weeks.** Importantly, most patients believed that the experience was among the most important of their lives, even 4-7 years later." From **page 22** "We recently replicated these results in a parallel arm, double-blind, randomised, placebo-controlled trial with 35 patients with treatment-resistant MDD15. Compared to placebo, **HAM-D scores at day 7 were significantly lower in patients treated with ayahuasca** (Cohen's d = 0.98), and **MADRS scores were significantly reduced in the ayahuasca group at days 1, 2 and 7**." From **page 23**

	Table 1. Depressive symptoms assessed with the Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Åsberg Depression Rating Scale (MADRS) and results from the follow-up questions  Ayahuasca intake for these eight patients occurred between October 2010 and January 2013. Interviews were conducted between January and May 2017. +: positive, -: negative, =: neutral/stable; ×: changed medication; ×: do not remember. The numbers in parenthesis on question #12 are the position from 1 to 10 reported by those volunteers that had a positive answer to that question. [a]Missing data: mean of D7 and D21. 13. RIGA (2014) "The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs" International Journal of Neuropsychopharmacology. 17(8):1269–1282. From **page 1269** "**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe."
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Patient 4	46	55	17 / 21	10 / 12	8 / 15	10 / 15[a]	13 / 15	+/-	+	=	=	=	=	-	-	=	=	+/=	-	+
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[1]Missing data: mean of D7 and D21.

13. RIGA (2014) “The natural hallucinogen 5-MeO-DMT, component of Ayahuasca, disrupts cortical function in rats: reversal by antipsychotic drugs” International Journal of Neuropsychopharmacology. 17(8):1269–1282.

From **page 1269** “**5-Methoxy-N,N-dimethyltryptamine (5-MeO-DMT)** is **a natural hallucinogen component of Ayahuasca**, an Amazonian beverage traditionally used for ritual, religious and healing purposes that is being increasingly used for recreational purposes in US and Europe.”

Electronic Acknowledgement Receipt

EFS ID:	45980577
Application Number:	17431626
International Application Number:	
Confirmation Number:	8130
Title of Invention:	5-METHOXY-N,N-DIMETHYLTRYPTAMINE (5-MEO-DMT) FOR TREATING DEPRESSION
First Named Inventor/Applicant Name:	Theis TERWEY
Customer Number:	7055
Filer:	Shahin Shams
Filer Authorized By:	
Attorney Docket Number:	P63474
Receipt Date:	16-JUN-2022
Filing Date:	17-AUG-2021
Time Stamp:	20:38:58
Application Type:	

Payment information:

Submitted with Payment	no

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Concise Description of Relevance	Concise-description-generated.pdf	47746 5a1ccb9279ce82385e0e4c6d354b428645da0c33	no	9

Warnings:

Information:					
2	Third-Party Submission Under 37 CFR 1.290	Third-party-preissuance-submission.pdf	71661 04cc3141b889bebd553aba5a29d723583975f023	no	4
Warnings:					
Information:					
3	Request for Notification of Non-compliant Third-Party Submission	Third-party-notification-request.pdf	23722 8342391c9a617465ee78b39395f4f63606a9ecfd	no	1
Warnings:					
Information:					
4	Concise Description of Relevance	ClaimChartUS20220071958Comp.pdf	534898 1a270d0e1460d79b04fe3d19b40bd5f768dbbdd9	no	39
Warnings:					
Information:					
5	Evidence of Publication	1-DAVIS.pdf	146338 e43a773d72f308e2f85e081dc9d2357f773cf3c9	no	14
Warnings:					
Information:					
6	Evidence of Publication	2-WO2018195455A1.pdf	4482794 aa466cf766e8a71c54d156e4913f5b3cfca872da	no	77
Warnings:					
Information:					
7	Evidence of Publication	3-WO2019064031A1.pdf	1354028 02646a7ce7e35443ac579f78d9d8b8f41745c913	no	31
Warnings:					
Information:					
8	Evidence of Publication	4-HERMANN2.pdf	451925 31439d59eca3570cf2903b3afcd6f1fd42551f92	no	11
Warnings:					
Information:					

9	Evidence of Publication	5-OTT2.pdf	311620 02f7ca3a20a30e3ee916023d3fdd0d0673076408	no	6
Warnings:					
Information:					
10	Evidence of Publication	6-US20100166889A1.pdf	2339937 a366c5411b47b48f8ee1fa07b64a12e0970b1f0e	no	15
Warnings:					
Information:					
11	Evidence of Publication	7-SHULGIN.pdf	444392 81102848fb7faf4fcedf424f19e4ffa607c01e7f	no	2
Warnings:					
Information:					
12	Evidence of Publication	8-MAJIC.pdf	186151 ebd0239e5d29470e60b6c55409303437c0d79245	no	13
Warnings:					
Information:					
13	Evidence of Publication	9-EROWID.pdf	184062 96dbf9bdae67f626f45fdb404c6a509405e408c5	no	1
Warnings:					
Information:					
14	Evidence of Publication	10-HERRMANN.pdf	911555 9ee4e8c64c095c9b4d4dc13a582c64753e5abd65	no	14
Warnings:					
Information:					
			Total Files Size (in bytes):	11490829	

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New Applications Under 35 U.S.C. 111

If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.

National Stage of an International Application under 35 U.S.C. 371

If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.

New International Application Filed with the USPTO as a Receiving Office

If a new international application is being filed and the international application includes the necessary components for an international filing date (see PCT Article 11 and MPEP 1810), a Notification of the International Application Number and of the International Filing Date (Form PCT/RO/105) will be issued in due course, subject to prescriptions concerning national security, and the date shown on this Acknowledgement Receipt will establish the international filing date of the application.

Electronic Acknowledgement Receipt

EFS ID:	45980632
Application Number:	17431626
International Application Number:	
Confirmation Number:	8130
Title of Invention:	5-METHOXY-N,N-DIMETHYLTRYPTAMINE (5-MEO-DMT) FOR TREATING DEPRESSION
First Named Inventor/Applicant Name:	Theis TERWEY
Customer Number:	7055
Filer:	Shahin Shams
Filer Authorized By:	
Attorney Docket Number:	P63474
Receipt Date:	16-JUN-2022
Filing Date:	17-AUG-2021
Time Stamp:	20:53:27
Application Type:	

Payment information:

Submitted with Payment	no

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Concise Description of Relevance	Concise-description-generated.pdf	49730 4458510d06333fafd9c3e61e4660e0ac953961cd	no	10

Warnings:

Information:					
2	Third-Party Submission Under 37 CFR 1.290	Third-party-preissuance-submission.pdf	74675 11874ce3bc2ed471a122d20e11c6a51d17ed90ed	no	5
Warnings:					
Information:					
3	Request for Notification of Non-compliant Third-Party Submission	Third-party-notification-request.pdf	23720 d20c8bffe64ca6181af5d581c25e31bf46950055	no	1
Warnings:					
Information:					
4	Concise Description of Relevance	ClaimChartUS20220071958Comp.pdf	534898 1a270d0e1460d79b04fe3d19b40bd5f768dbbdd9	no	39
Warnings:					
Information:					
5	Evidence of Publication	11-MOHEBBI.pdf	679346 26f6c75c58fb1de3d1b1a871e36d5f86735d7546	no	6
Warnings:					
Information:					
6	Evidence of Publication	12-SANTOS.pdf	119706 aa075cdbccc21c0e7e406cfd693233a477958365	no	3
Warnings:					
Information:					
7	Evidence of Publication	13-RIGA.pdf	968797 14f98d98e6ac0335890fde35fbee9423915a01d3	no	14
Warnings:					
Information:					
8	Evidence of Publication	14-MULLER.pdf	231272 9319155fa740cc2d4b7fcdd974a89a43732e688c	no	6
Warnings:					
Information:					

9	Evidence of Publication	15-CARHART.pdf	618406 d49e4716577dc6abb72dbf1caada6b08be7b08bc	no	10
Warnings:					
Information:					
10	Evidence of Publication	16-WEIL3.pdf	8980006 99daa608b486ea01205b6808ddd35b9feda22e22	no	8
Warnings:					
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11	Evidence of Publication	17-BARRETT3.pdf	1099822 7175be63f210b7239ccffb5b03f799539e92d6ff	no	9
Warnings:					
Information:					
12	Evidence of Publication	18-STUDERUS.pdf	1044592 57f57e36db5b153128309e9f98b14417f4b77959	no	19
Warnings:					
Information:					
13	Evidence of Publication	19-INGEBRETHSEN.pdf	1029050 2e01e102239651c3b3dc8033e909a6dd0bfda03f	no	10
Warnings:					
Information:					
14	Evidence of Publication	20-WO2015006652A1.pdf	3537748 823c280e7708edb98438245d592920ec1c8c41e3	no	74
Warnings:					
Information:					
			Total Files Size (in bytes):	18991768	

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New Applications Under 35 U.S.C. 111

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New International Application Filed with the USPTO as a Receiving Office

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Electronic Acknowledgement Receipt

EFS ID:	45980668
Application Number:	17431626
International Application Number:	
Confirmation Number:	8130
Title of Invention:	5-METHOXY-N,N-DIMETHYLTRYPTAMINE (5-MEO-DMT) FOR TREATING DEPRESSION
First Named Inventor/Applicant Name:	Theis TERWEY
Customer Number:	7055
Filer:	Shahin Shams
Filer Authorized By:	
Attorney Docket Number:	P63474
Receipt Date:	16-JUN-2022
Filing Date:	17-AUG-2021
Time Stamp:	20:58:25
Application Type:	

Payment information:

Submitted with Payment	no

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)/ Message Digest	Multi Part /.zip	Pages (if appl.)
1	Concise Description of Relevance	Concise-description-generated.pdf	35684 a1f68ae0908751ca33b0cd9603cdf3cac6595bb4	no	3

Warnings:

Information:					
2	Third-Party Submission Under 37 CFR 1.290	Third-party-preissuance-submission.pdf	57305 177ef633fe155c7b4e4fc34affa31afab68cb0cd	no	3
Warnings:					
Information:					
3	Request for Notification of Non-compliant Third-Party Submission	Third-party-notification-request.pdf	23720 fac5d51ba598000aa19f8be0404a3a3639e5bc8b	no	1
Warnings:					
Information:					
4	Concise Description of Relevance	ClaimChartUS20220071958Comp.pdf	534898 1a270d0e1460d79b04fe3d19b40bd5f768dbbdd9	no	39
Warnings:					
Information:					
5	Evidence of Publication	21-SCHENBERG.pdf	123420 b75cbdd6e7d41983a5f95aceba001ee41b1e4bb6	no	5
Warnings:					
Information:					
6	Evidence of Publication	22-BARRETT2.pdf	140322 10281490cb2b9acc34da1ef7ba2c39d41d5cb189	no	17
Warnings:					
Information:					
7	Evidence of Publication	22-BARRETT-Appendix2.pdf	951310 0e11b6b32368f4d1dd9255927e0bdb34e8fc58e6	no	7
Warnings:					
Information:					
8	Evidence of Publication	23-US20070178052A1.pdf	2051261 0acdb7ef90cba243edcf3e85f2975e0a80d2b8e2	no	16
Warnings:					
Information:					
		Total Files Size (in bytes):	3917920		

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New Applications Under 35 U.S.C. 111

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