Edesa Biotech's **Paridiprubart:** A Novel TLR4 Inhibitor for ARDS

Edesa Biotech, Inc. (Nasdaq: EDSA) is a clinical-stage biopharmaceutical company developing innovative ways to treat inflammatory and immune-related diseases. Its clinical pipeline is focused on two therapeutic areas: Respiratory and Medical Dermatology.

The company's most advanced Respiratory drug candidate is paridiprubart. The paridiprubart program has been the recipient of two funding awards from the Government of Canada and is currently being evaluated in a U.S. government-funded platform study of host directed therapeutics.

In Medical Dermatology, Edesa is developing EB06, an anti-CXCL10 monoclonal antibody candidate, as a therapy for vitiligo. Its medical dermatology assets also include danilurome cream, a Phase 3-ready asset developed for use as a potential therapy for moderate-to-severe chronic Allergic Contact Dermatitis.

Management Team:

Par Nijhawan, CEO*
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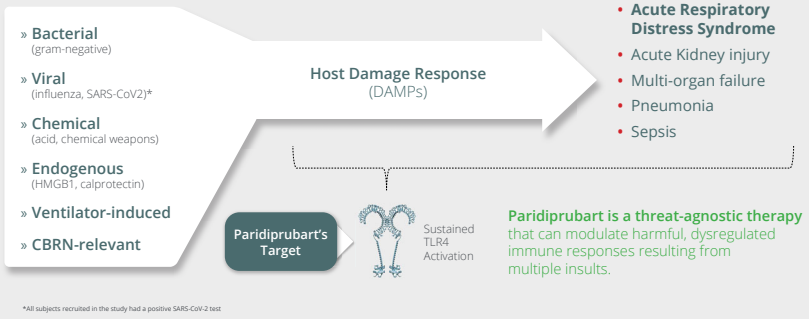
ARDS: a high-mortality syndrome with no approved disease-modifying therapies

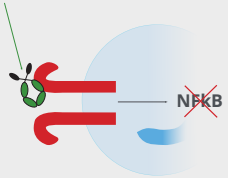
~600,000	>40%	$5.2B	Zero
ARDS patients annually (US, EU, JP)	ICU mortality (moderate to severe ARDS)	Estimated Total Addressable Market	Approved Disease-modifying Therapies

Inducing Agent/Insult



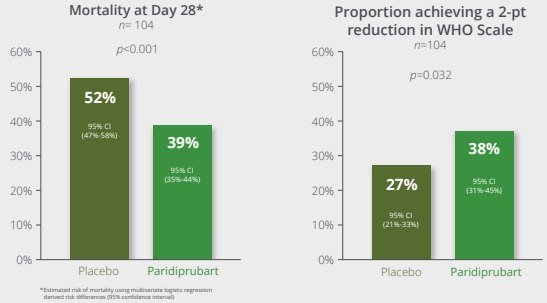
*All subjects recruited in the study had a positive SARS-CoV-2 test

Paridiprubart: A highly selective TLR4 inhibition designed for acute critical-care

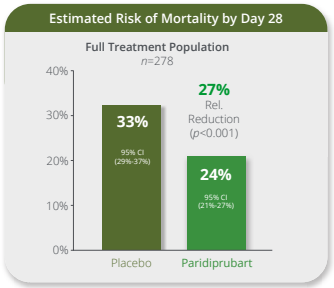


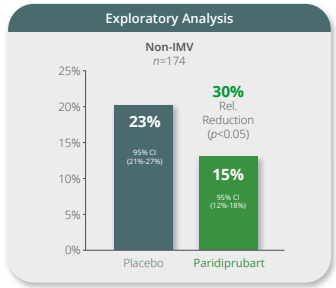
- Toll-like receptor 4 (TLR4) antagonist with high specificity and high affinity; it binds TLR4 in a ligand-independent manner
- Helps alleviate the dysregulated damage/immune response that leads to ARDS, irrespective of the initial stimulus
- Administered as a single IV infusion on top of the existing standard of care

Phase 3 Clinical trial in ARDS Patients in the ICU



- Statistically significant relative **reduction of 25% in the risk of death** compared to placebo at day 28. **Positive effect sustained at day 60**
- **41% higher relative rate of clinical improvement**, effectively measuring the proportion of patients no longer requiring IMV





- Statistically significant mortality reduction across all severity groups: IMV with or without ECMO, Non-IMV (n=174) and Full Treatment Population
- Clinical improvement also demonstrated across populations
- Consistent mortality benefits at 28 days across subgroups (comorbidities such as sepsis, acute kidney injury, and pneumonia)

RIS Respiratory Innovation Summit

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