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Introduction to Paridiprubart

An anti-TLR4 mAb for ARDS

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May 2026

Paridiprubart Development Program

A Multiple-Threat Medical Countermeasure

Host Directed and Threat Agnostic Approach

- Paridiprubart (“pari”) is a first-in-class humanized mAb
- Interferes with TLR4 dimerization in a ligand-independent manner
- Helps alleviate the dysregulated innate immune response that leads to cytokine storm and ARDS, irrespective of the initial stimulus

Consistent Safety Profile

- 400+ subjects and healthy volunteers have been dosed over the course of paridiprubart’s development history

Phase 3 Study Analysis

- Met primary and secondary endpoints in ITT population
- Primary Endpoint: Mortality rate at Day 28
- Secondary endpoints: 60-Day Mortality, clinical improvement, safety

TLR4 Activation and Critical Illnesses

Multiple insults can lead to ARDS through TLR4 activation—Most critically ill patients are managed similarly

Inducing Agent/Insult

Bacterial
(e.g. gram-negative)

Viral
(e.g. Influenza, SARS-CoV2)

Chemical
(e.g. Acid, chemical weapons)

Endogenous
(e.g. HMGB1, calprotectin)

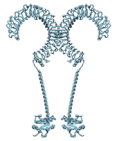
Ventilator-induced

CBRN-relevant

Host Damage Response (DAMPs)

- **Acute Respiratory Distress Syndrome**
- Acute Kidney injury
- Multi-organ failure
- Pneumonia
- Sepsis

Death



Sustained TLR4 Activation

Paridiprubart's Target

Paridiprubart is a threat-agnostic therapy that can modulate harmful, dysregulated immune responses resulting from multiple insults.

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Phase 3 Baseline Characteristics

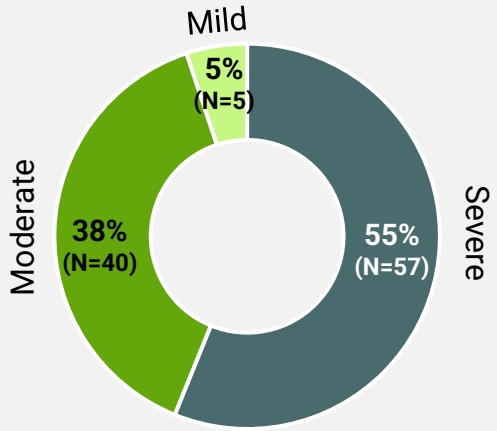
Intent to treat population comprised of 104 patients on IMV

ITT Population (IMV with or without ECMO/Organ Support)

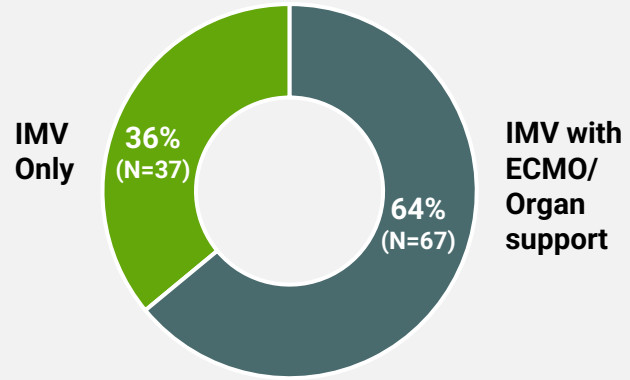
Paridiprubart + SOC (N=56)	Placebo + SOC (N=48)

Average Age

ARDS Severity



Clinical Severity



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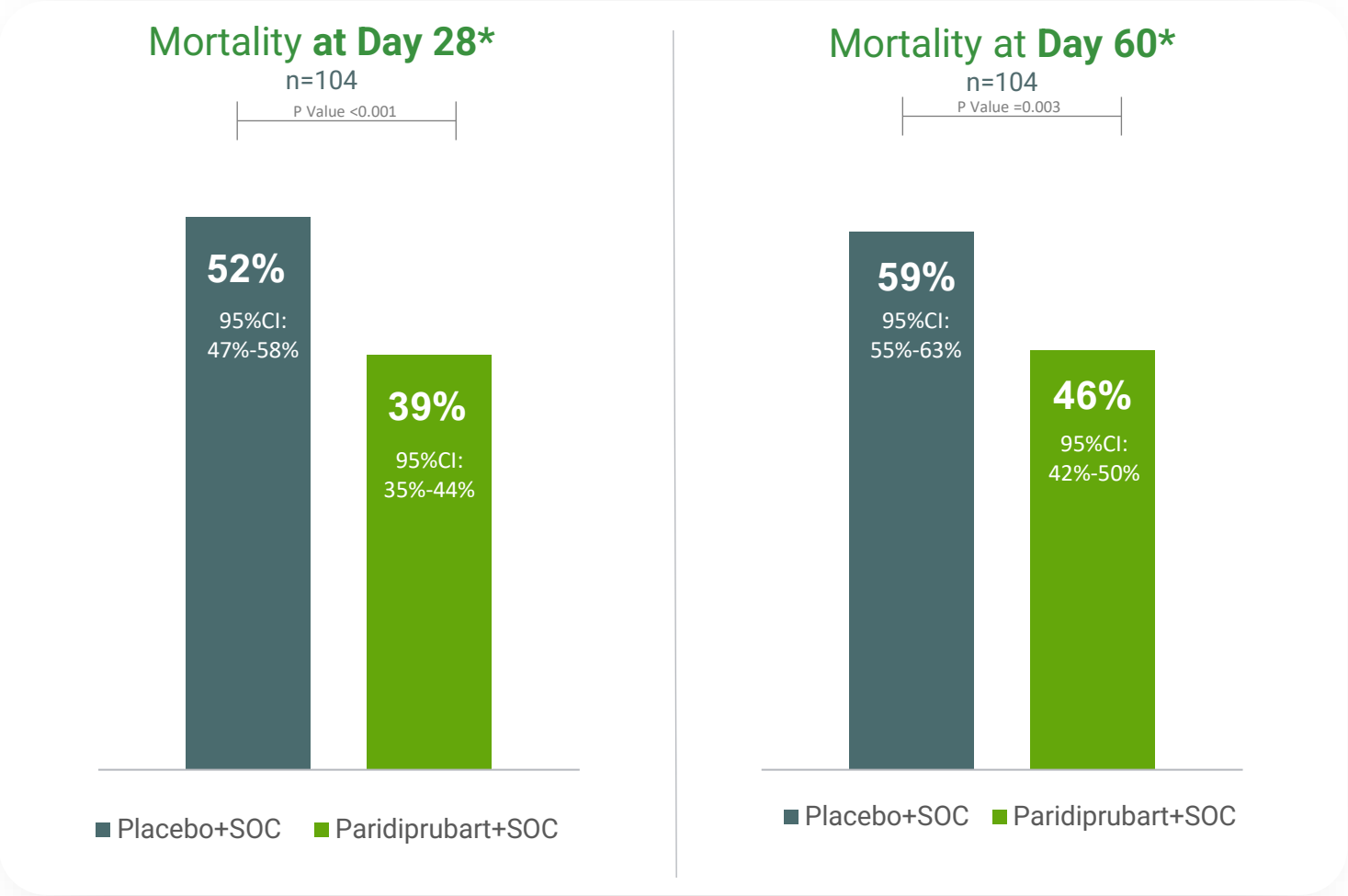
Phase 3 Results – Primary Endpoint 28-Day Mortality

Paridiprubart Met Primary and Secondary Endpoints with Statistical Significance



* Estimated risk of mortality using multivariate logistic regression derived risk differences (95% confidence interval). S

Summary of Phase 3 Results

28-Day Mortality Rate: Paridiprubart had a relative reduction in the risk of death of 25% compared to placebo

60-Day Mortality Rate: A durable survival benefit was also demonstrated. Paridiprubart had a relative reduction in the risk of death of 22% vs. placebo

Clinical Improvement at Day 28: Paridiprubart showed a 41% higher relative rate of clinical improvement, meaning patients no longer required IMV and/or organ support

Other Signals: Paridiprubart reduced mortality in a population that included patients not on IMV

Consistent Safety Profile: 400+ subjects and healthy volunteers have been dosed over the course of paridiprubart's development history

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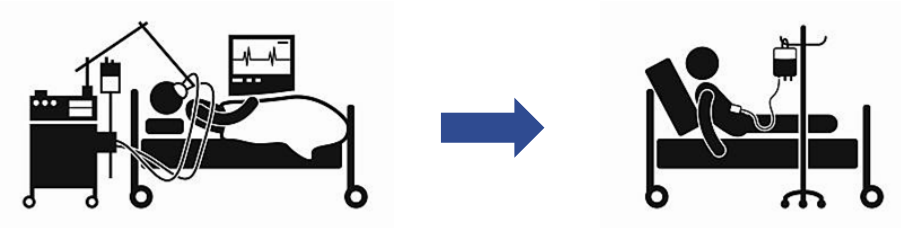
Paridiprubart Treatment Had Significant Impact on Clinical Improvement

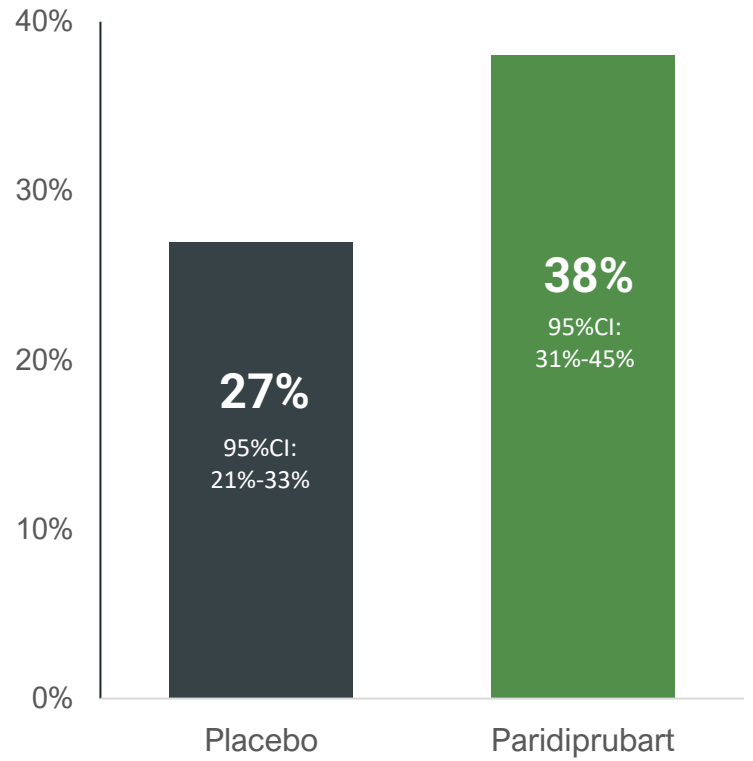
Treatment Nearly Doubled the Chance of Recovery by Day 28 - ITT

Secondary Endpoint
Proportion of Patients Who Achieved at Least a 2-Point Reduction in the WHO scale.



Implies that patients are no longer in the ICU requiring invasive mechanical ventilation and organ support at Day 28

Estimated Proportion Achieving a 2-pt Reduction in WHO Scale (p<0.05)



Patients Treated with Paridiprubart had a Significantly Higher Likelihood of Being Free from Mechanical Ventilation and Organ Support by Day 28 Compared to Placebo

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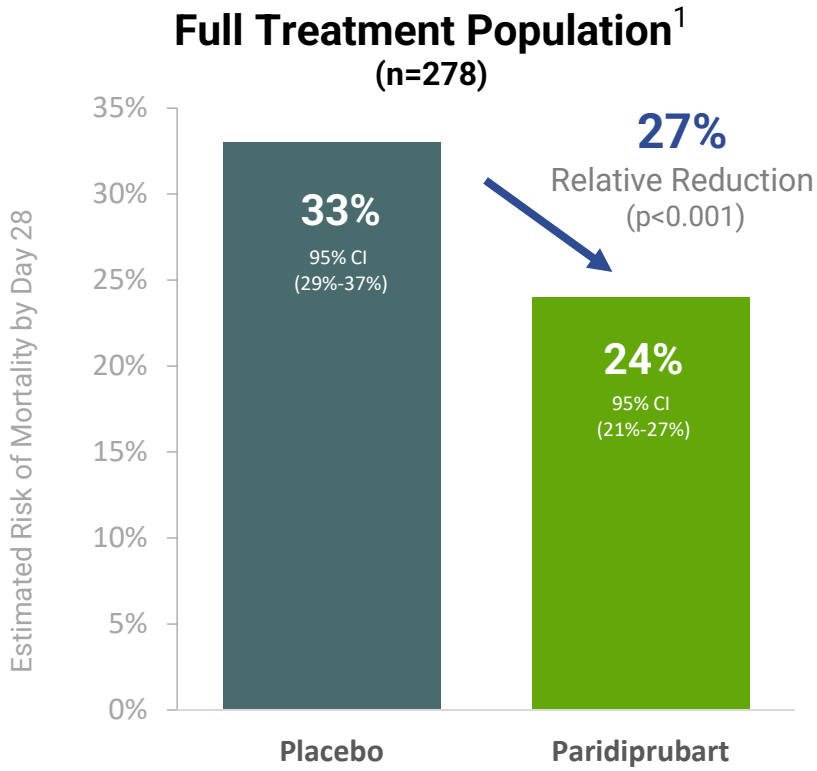
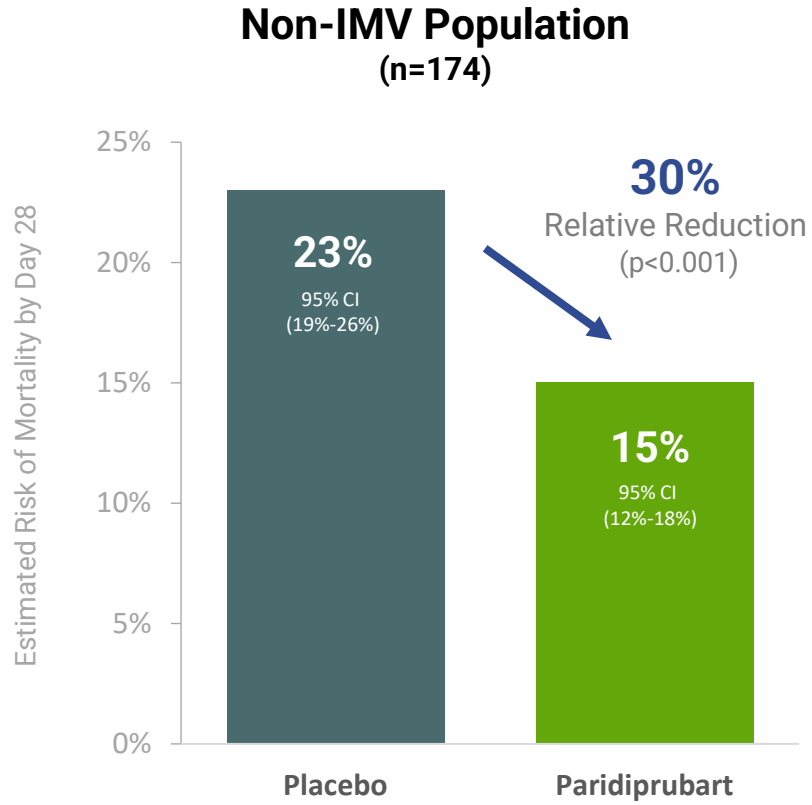
Phase 3 Study – Additional Analysis

Survival Benefit Observed in Broader Population, Across Severity Groups and in Subjects with Serious Comorbidities





1) All subjects received placebo or paridiprubart plus standards of care. Estimated risk of mortality using multivariate logistic regression derived risk differences (95% confidence interval). 2) Nominal p-value, not adjusted for multiplicity. Source: Edesa Press Release

To Learn More About These Phase 3 Results, Join Us…

RIS Respiratory Innovation Summit

Poster - Tonight

Par Nijhawan, MD, FRCPC, AGAF

"A Phase 3, Multicenter, Double-blind, Placebo Controlled Study of an Anti-TLR4 Antibody, Paridiprubart, in Adult Patients with Respiratory Distress on Invasive Mechanical Ventilation"

ATS 2026

Oral Presentation

ATS 2026 International Conference

Ted Steiner, MD, Principal Investigator
Vancouver Coastal Health Research Institute

Wednesday, May 20, 2026 at 8:30 am ET

Mini Symposium on
Immune-Endothelial Biology and Targeted Therapeutics in ARDS

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