Edesa Biotech™

Corporate Presentation

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January 2024

Edesa Highlights

Advancing First-in-Class Therapeutics for Immuno-Inflammatory Diseases

First-in-Class Targets

Toll-like Receptor 4 (TLR4)

C-X-C motif chemokine ligand 10 (CXCL10)

Secretory phospholipase A2 (sPLA2)

Clinical Stage Pipeline and Data

EB05: Ph2 data in critically ill ARDS suggest potential to be standard of care

EB06: Phase 2 CTA in vitiligo approved, and IND being prepared

EB01: Phase 2b data in chronic ACD with potential to be first labelled treatment

Demonstrated Track Record

Successfully executing clinical programs

Entrepreneurial team with strong record of partnering and exits

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First-in-Class Development Pipeline

Advancing First-in-Class Therapeutics for Immuno-Inflammatory Conditions

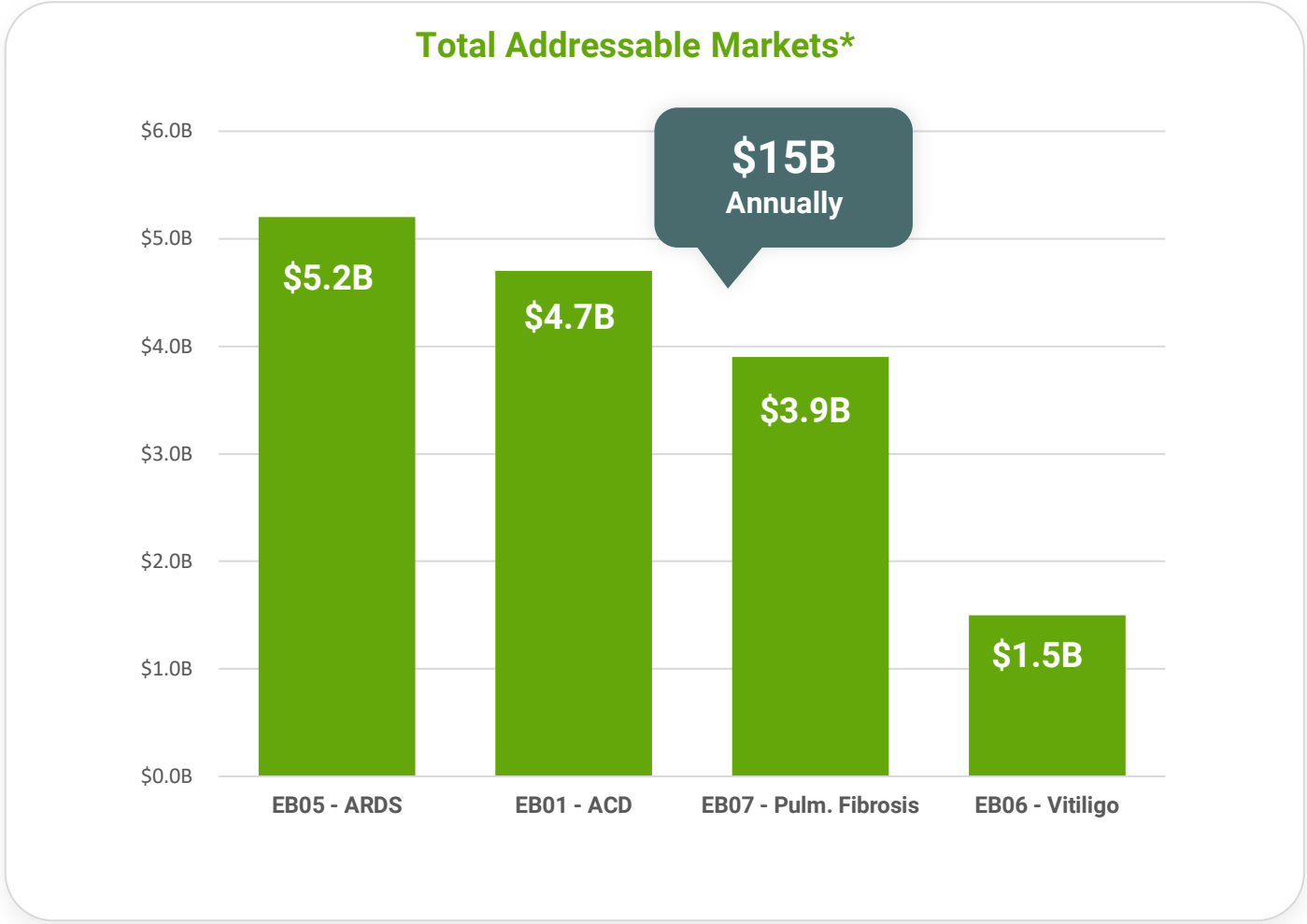
Asset	Program	Indication (Organ System)	Pre-Clinical / Phase 1 / Phase 2 / Phase 3	Status	Comments/Milestones
Anti-TLR4 (Monoclonal Antibody)	**EB05** Paridiprubart	ARDS - Covid-19	Lead Asset	Enrolling	Ph3 funding from the Canadian Government; Fast Track by the FDA
	EB05 Paridiprubart	ARDS - General		To be initiated	Planning in progress
	EB07 Paridiprubart	Fibrosis-SSc-ILD/ IPF		IND in progress	Ph2 study preparation in progress for SSc-ILD and IPF
sPLA2 Inhibitor (Small Molecule)	**EB01** Daniluromer	Allergic Contact Dermatitis (ACD)	Lead Asset	Ph3-ready	Final results released; Ph3 planning & partnering discussions in progress
Anti-CXCL10 (Monoclonal Antibody)	**EB06**	Vitiligo		CTA granted; IND in progress	Ph2 PoC and drug manufacturing plans in progress

ARDS: Acute Respiratory Distress Syndrome. SSC-ILD: Systemic Sclerosis-Associated Interstitial Lung Disease.
IPF: Idiopathic Pulmonary Fibrosis. CTA: Clinical Trial Application (Canada). IND: Investigational New Drug Application (US)

Large Addressable Market Opportunities

Across Chronic and Acute, High-Cost Critical Care

- Few FDA approved therapies and significant share of voice
- Attractive health economics proposition
- Accessible with focused commercial organization (North America)
- Synergies with pipelines/interests of potential strategic partners



* Seven major markets (US, France, Germany, Italy, Spain, UK Japan) and Canada; Pulmonary fibrosis represents global market; estimates based on Edesa analysis and sponsored/paid research reports

Milestone-Rich Clinical Calendar

2020

Acquired 1st-in-class mAbs

EB05 (paridiprubart) IND and study launch

EB01 (daniluromer) Study launch (Q4-2019)

2021

SIF Grant C$14m

EB05 (paridiprubart) Positive Phase 2 results

EB01 (daniluromer) Positive blinded interim results

2022 - 2023

EB05 (paridiprubart) C$23m govt. funding

EB05 (paridiprubart) Phase 3 approved

Vitiligo Phase 2 CTA approved for EB06

EB01 (daniluromer) Positive results

Next 6 months

EB05 (paridiprubart) Ph 2 IND for SSc-ILD and IPF

Vitiligo Phase 2 IND in US

General ARDS Initiate clinical & regulatory activities

12 to 24 months

EB01 (daniluromer) Partnering for Phase 3 & regulatory meetings

EB05 (paridiprubart) Enrollment and data[1]

Subject to Timing of Launch

Vitiligo Phase 2 data[2]

SSc-ILD and IPF Phase 2 data[2]

1 Enrollment in acute care studies inherently involves a high degree of uncertainly and estimated enrollment timelines are subject to change. While past recruitment in this study has followed Covid-19-related ICU admissions and seasonality, there can be no guarantee that this pattern will continue.
2 Subject to timing of funding, regulatory approval and initiation of recruitment.

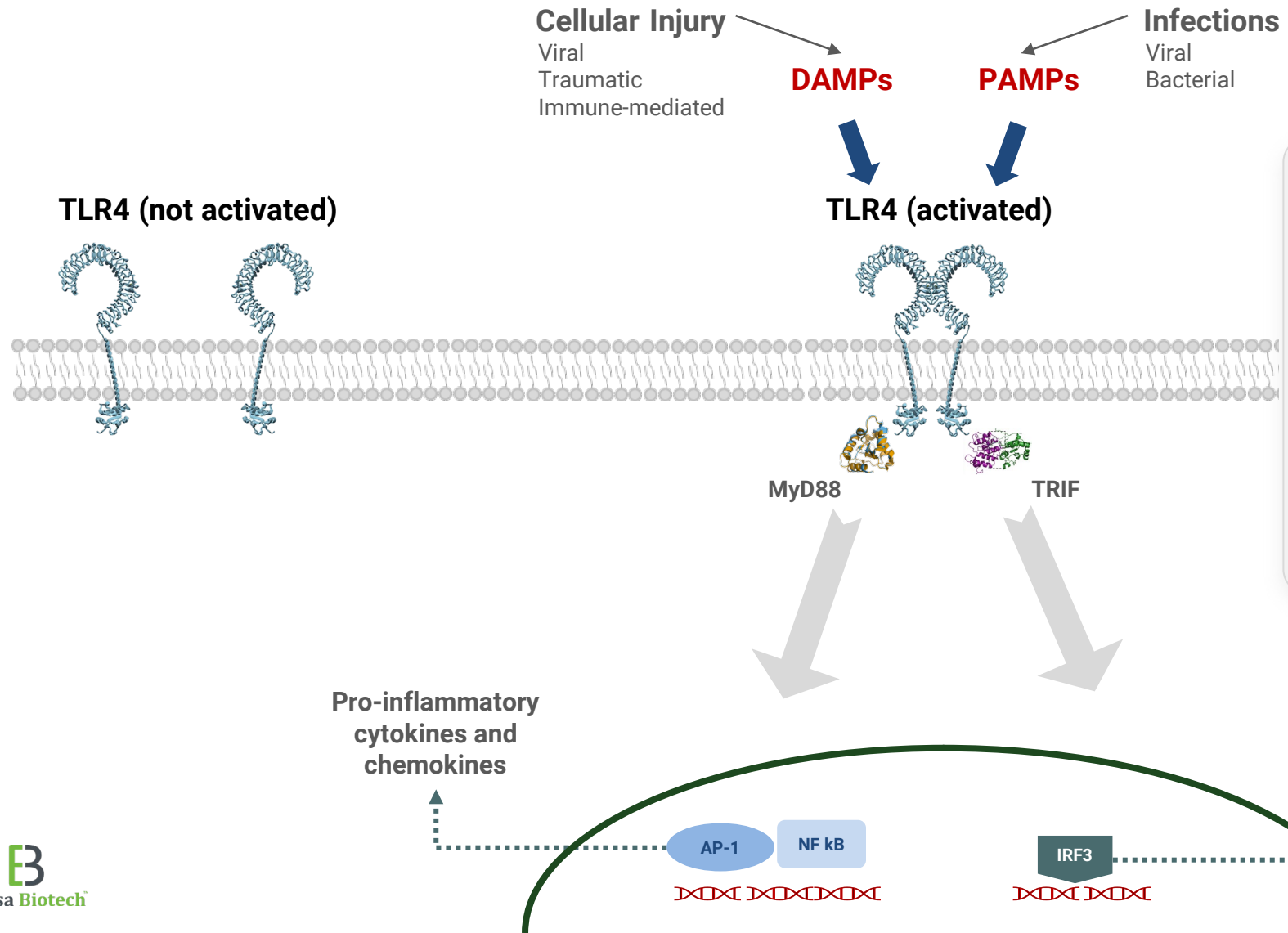
Paridiprubart

First-in-Class Anti-TLR4 mAb

Edesa Biotech™

The Role of Toll-like Receptor 4 (TLR4)

TLR4 is a Key Upstream Mediator of Inflammatory and Fibrotic Processes



Toll-like Receptor 4

Nobel Prize in 2011 for its discovery

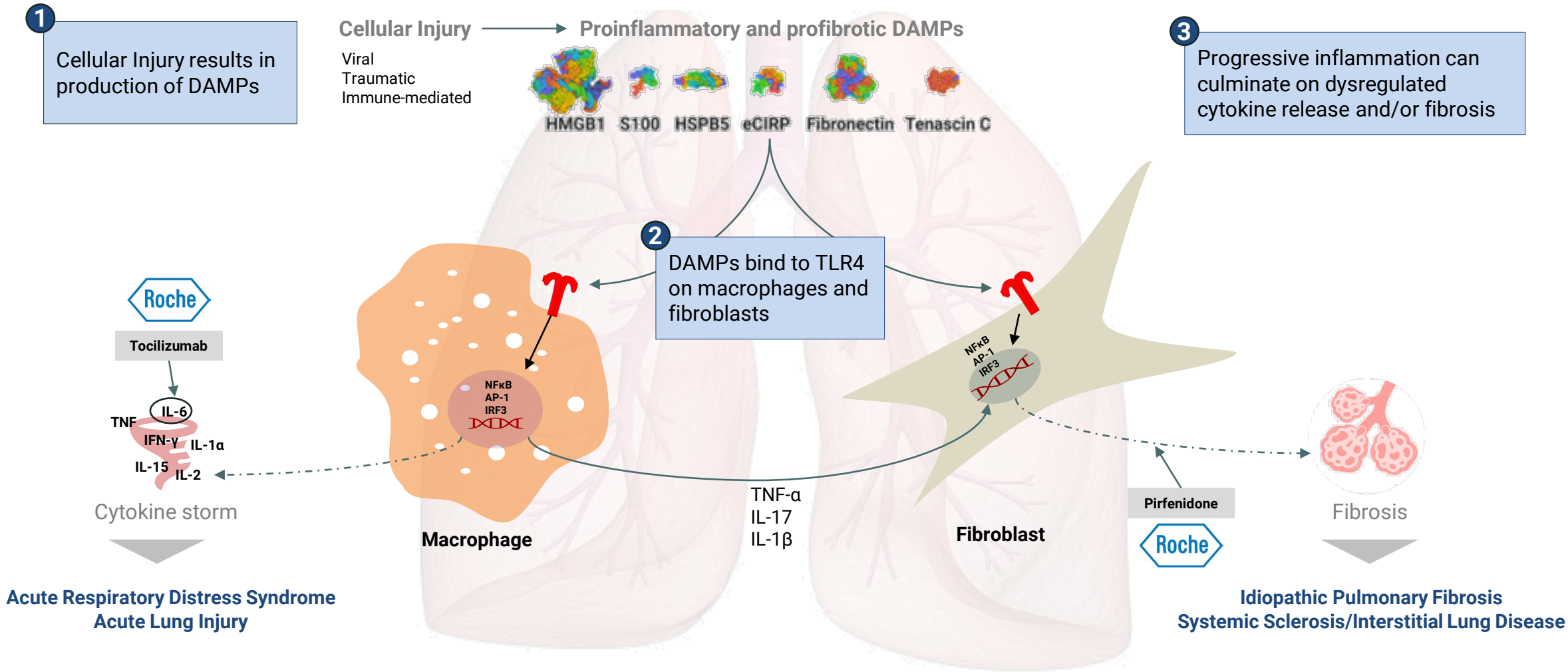
Activated by wide variety of pathogen-associated and damage associated molecular patterns (PAMPs & DAMPs)

Dimerization is essential for signal transduction

Key upstream mediator of inflammation/fibrosis

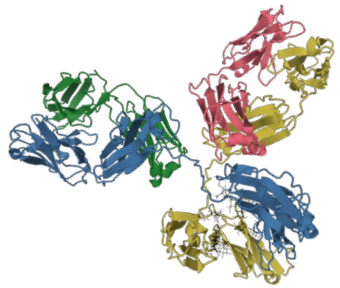
TLR4 plays a Crucial Role in Inflammation and Fibrosis

Important Mediator of a Cascade of Processes that Culminate in ARDS and Lung Fibrosis



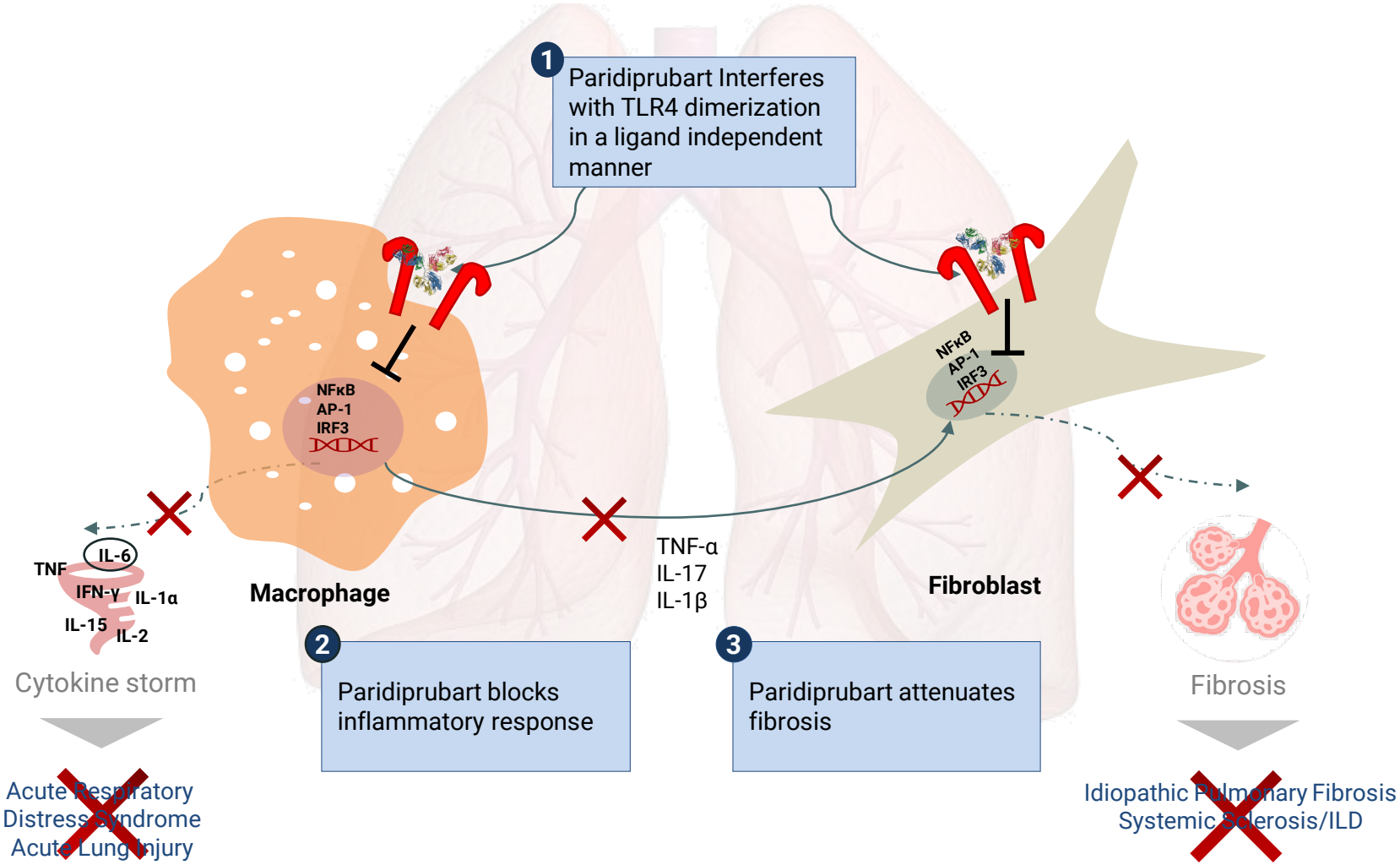
Paridiprubart – Anti-Toll-like Receptor 4 (TLR4) Antibody

First-in-Class mAb that Specifically Blocks TLR4 Signalling



Drug Profile

- A humanized IgG1k monoclonal antibody
- Binds to TLR4 with high affinity
- Extensive preclinical and clinical development work: 600+ patients dosed
- Multiple manuf. runs by a leading CDMO



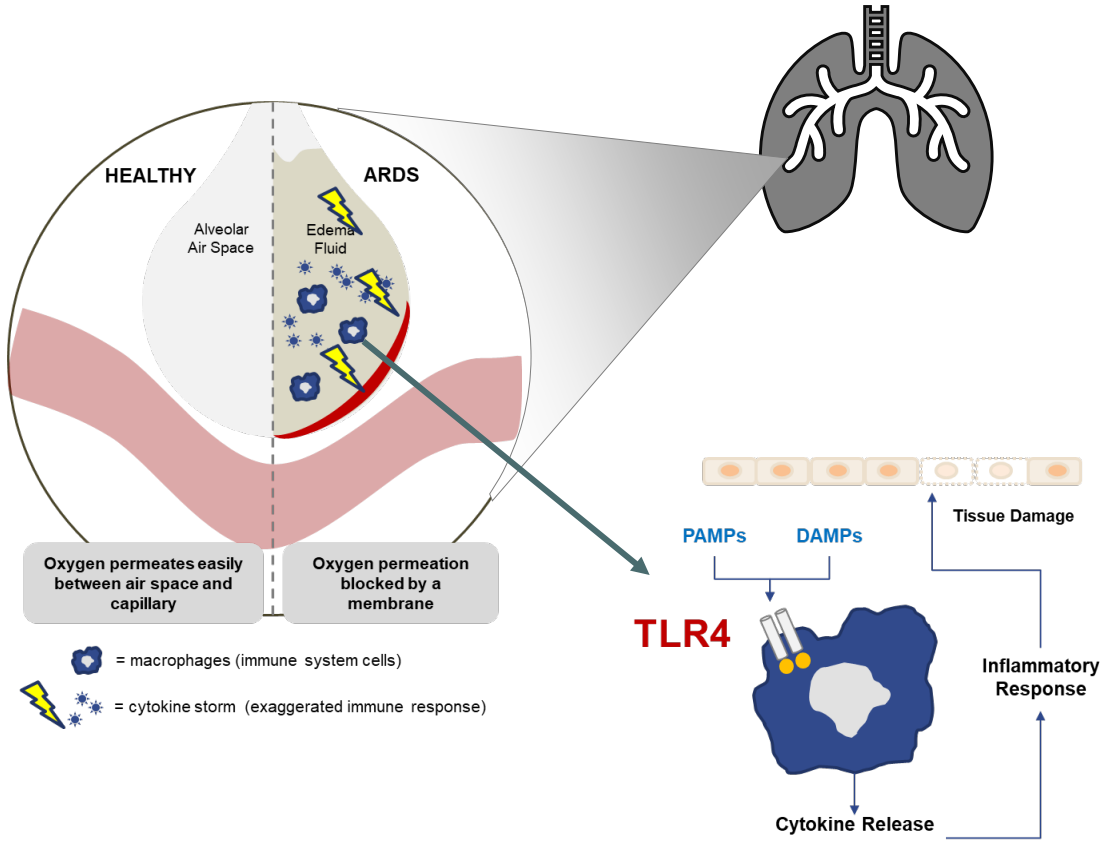
EB05

Paridiprubart for ARDS

Edesa Biotech™

Acute Respiratory Distress Syndrome (ARDS)

A Leading Cause of ICU Admissions Globally



A life-threatening form of respiratory failure

- Exaggerated immune response
- Inflammation and injury to the lungs
- Edema that deprives the body of oxygen

Multiple triggers

- Infections by virus or bacteria as well as smoke/chemical inhalation and chest injury

Standard of care

- Few meaningful treatments, other than supplemental oxygen and mechanical ventilation

Substantial evidence that multiple causes of ARDS are mediated by the TLR4 pathway

ARDS Treatment Paradigm

Current Options Available Rely Primarily on Supportive Care and a Small Number of Drugs

DIAGNOSIS

The Berlin definition is the gold standard

Based on chest imaging and oxygenation levels

Oxygenation is used to classify patients as mild, moderate or severe

TREATMENT

Supportive

High-flow oxygen

Invasive mechanical ventilation

Extracorporeal membrane oxygenation

Pharmacologic*

Remdesivir

Corticosteroids

Tocilizumab

Baricitinib

Anakinra

Vilobelimab

40%

Mortality Rate

The existing treatment paradigm is ineffective in addressing the burden of ARDS

* Current therapies are approved for COVID-19 positive patients only

A Significant Burden and Market Opportunity

Total Addressable Market

600,000
Estimated ARDS-Related ICU Admissions/Year

$5.2B

ARDS across the 7 major markets (US, UK, Germany, France, Spain, Italy, Japan) and Canada.[4]

Does not include incremental revenue due to Covid-19 cases and additional regions (Asia/Pacific, LATAM, Oceania, Eastern Europe, Africa)

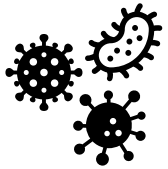
Disease Burden

7 to 21 days
of ICU stay for surviving ARDS patients[1]

$100K+
average cost per patient in the US[2]

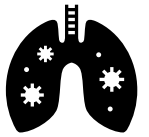
ARDS was underdiagnosed prior to COVID-19 with 2/3 cases with missed or delayed diagnosis[3]

Growth Drivers


Endemic Covid-19 + other pathogens


Increasing awareness and better diagnosis


Ageing population


Increasing incidence of co-morbidities/risk factors[3]

1. Bellani et at (2016), JAMA;
2. FAIR Health, Total Treatment Cost, Sept 2021; average allowed and charged cost per complex COVID-19 patient in the US.
3. Pfortmueller et al (2021), Best Pract Res Clin Anaesthesiol
4. Company estimate

EB05 – Phase 2 Clinical Efficacy

Signal-Finding Component; Wide Population and Variety of Endpoints

Phase 2 population
315 Hospitalized Covid-19 patients

WHO Severity scale from level 4 to level 7

Primary endpoints
Proportion of patients alive and free of supplemental oxygen at 28 days of follow-up

Key secondary endpoints
28-day mortality

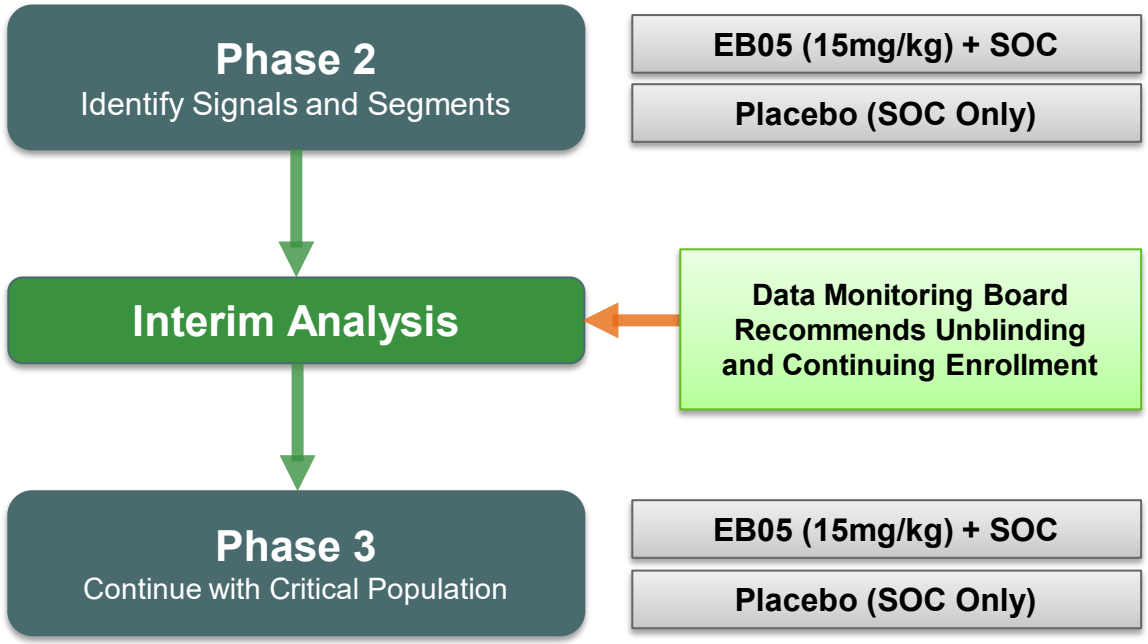
Ventilator free days

Improvement in WHO scale

Safety

44 sites in US, Canada and Colombia

Efficacy of EB05 in Subjects Hospitalized with Covid-19 Infection



SOC = Standard of care

Canada

The Phase 2 trial was supported by the Government of Canada's Strategic Innovation Fund

*Level 7 critically severe patients, receiving extracorporeal membrane oxygenation (ECMO), invasive mechanical ventilation (IMV) plus organ support, or both; Level 6 critically severe patients, receiving intubation and mechanical ventilation.

Phase 2 Clinical Efficacy Demonstrated

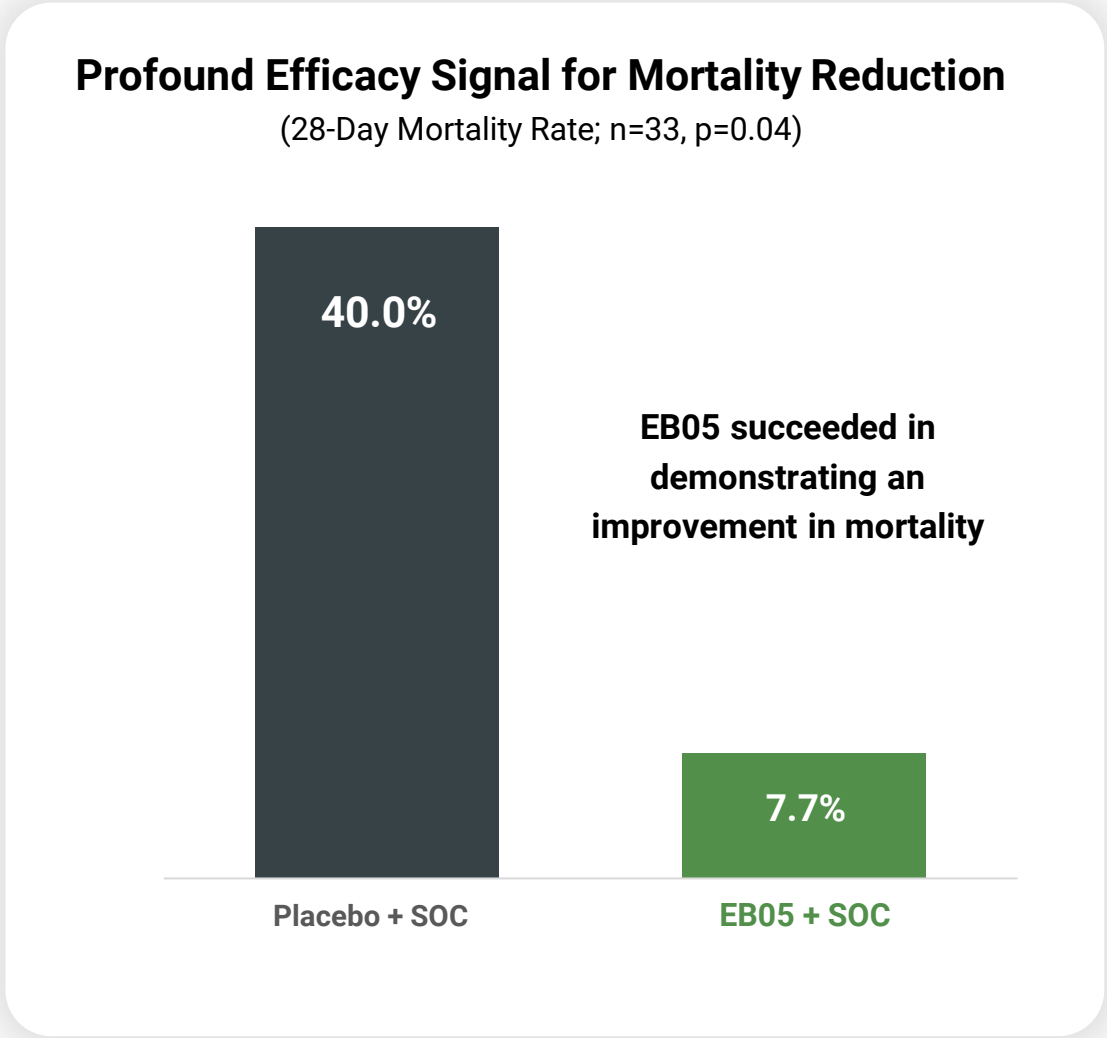
Statistically Significant Mortality Trend in Critical Patients

Phase 2 – Preemptively unblinded by independent data safety monitoring board (DSMB)

- Strong efficacy signal for 28-day mortality
- Favorable safety analysis of ~360 subjects

Critically ill patient population*

- 28-day death rate of 7.7% (1/13) in the EB05 arm vs. 40.0% (8/20) in the placebo arm
- 84% reduction in the risk of dying (HR: 6.124 placebo vs. EB05; 95% CI: 0.765-49.062; p=0.088).
- All patients received Standard of Care (SOC): ~85% received dexamethasone (or other steroids); >40% received both tocilizumab and a steroid; well balanced



*WHO Level 7 critically severe patients, receiving extracorporeal membrane oxygenation (ECMO), invasive mechanical ventilation plus organ support, or both. ITT= Intend to Treat (i.e., no randomized subjects were excluded). Source: Edesa Press Release

U.S./Canada Phase 3 Clinical Study

ARDS Patients Hospitalized with Covid-19 Infection

Status	Recruiting
Primary Endpoint	28-Day Mortality
Key Secondary Endpoints	Ventilation Free Days 60-Day Mortality
Target Population	Adult subjects on invasive mechanical ventilation, both with and without additional organ support (such as ECMO)
Enrollment Target	~600 evaluable subjects

IMV = invasive mechanical ventilation (IMV); ECMO = Extracorporeal membrane oxygenation .

Canada

The Ongoing Phase 3 Trial is Supported by the Government of Canada's Strategic Innovation Fund

EB07

Paridiprubart for
Pulmonary Fibrosis

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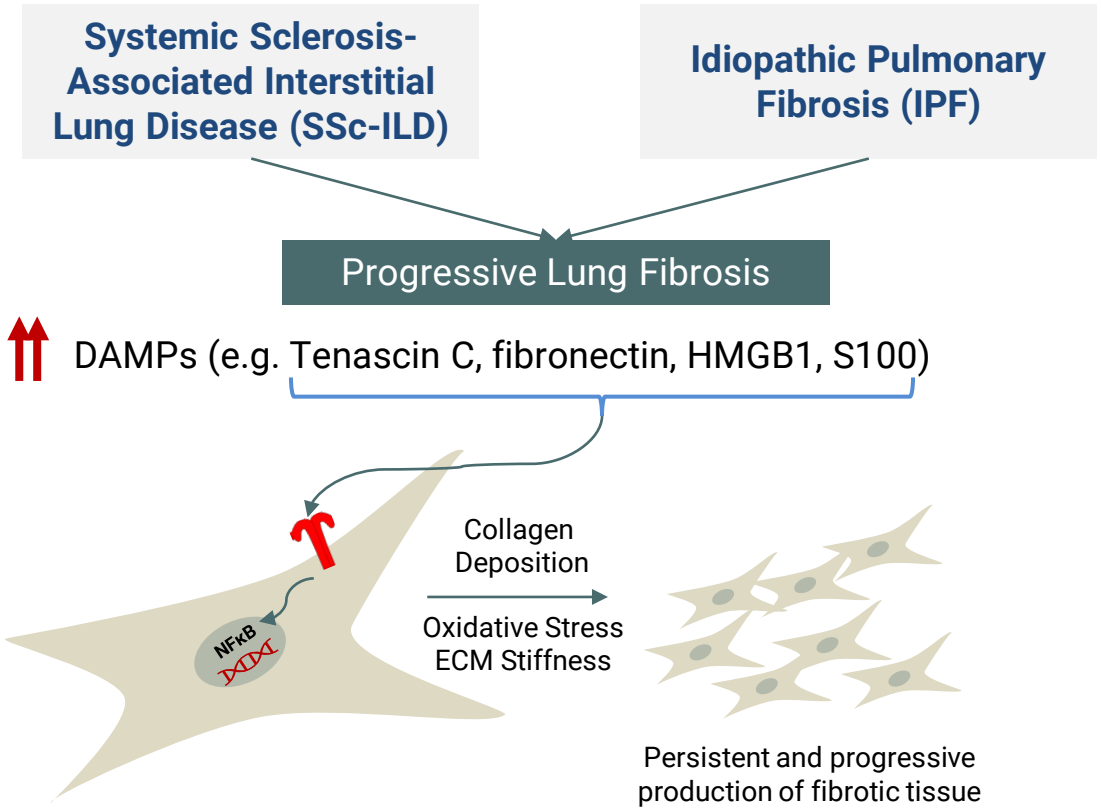
Interstitial Lung Disease (ILD) and Fibrosis

ILD and Lung Fibrosis from Various Causes Culminate in a Pathway that is Meditated by TLR4 Activation



Activation of TLR4 and Fibrogenesis

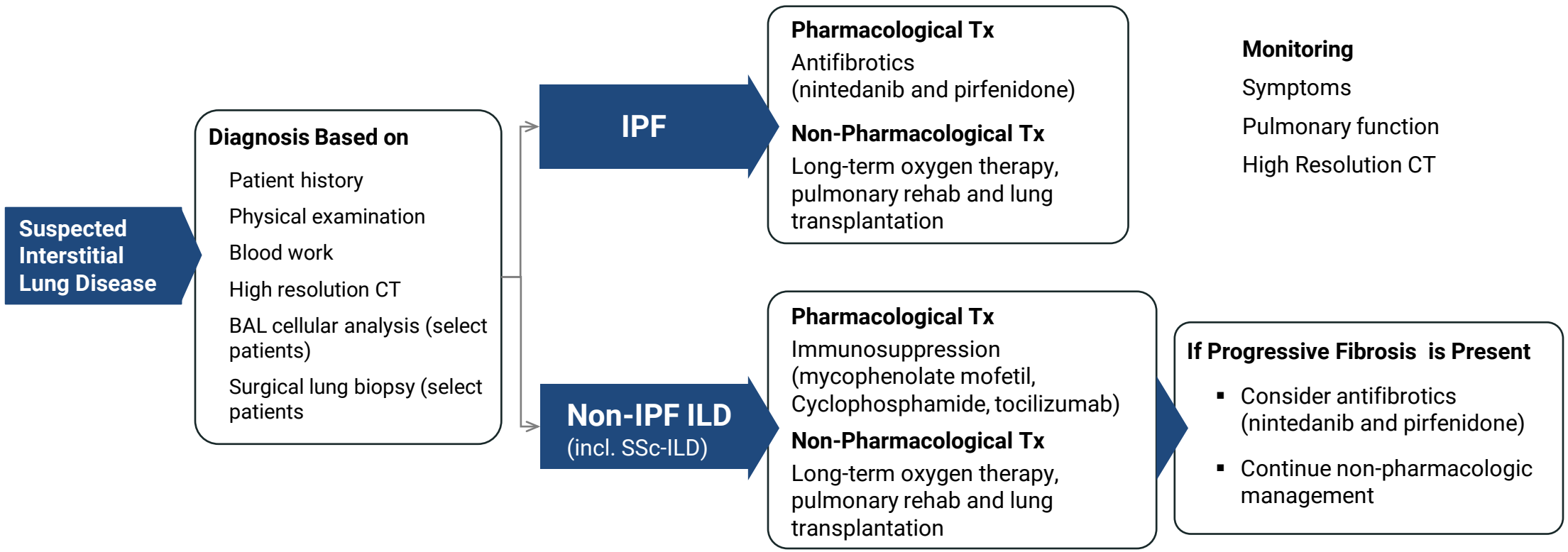
Interstitial lung disease of various types share a common nexus along the pathogenesis: **Progressive and dysregulated fibrosis**.

The process involves recruitment and **differentiation of fibroblasts and activation of the resulting myofibroblasts**.

Activation of myofibroblasts via TLR4 by various DAMPs is a critical step to proliferation of the self-sustaining fibrogenesis that leads to disease progression.

ILD and IPF – Treatment Paradigm

Current Management Relies on Treatments that Slow Progression But Do Not Resolve/Reverse Fibrosis



UNMET NEED

Immunosuppressants tested to date have not showed benefit in progressive fibrosis
Tocilizumab is the only one approved for SSc-ILD

Antifibrotic agents Nintedanib and pirfenidone slow progression of disease but **a significant level of morbidity and mortality remains**

IPF and Systemic Sclerosis Burden and Market Size

A Significant Healthcare Burden and a Growing Market Opportunity

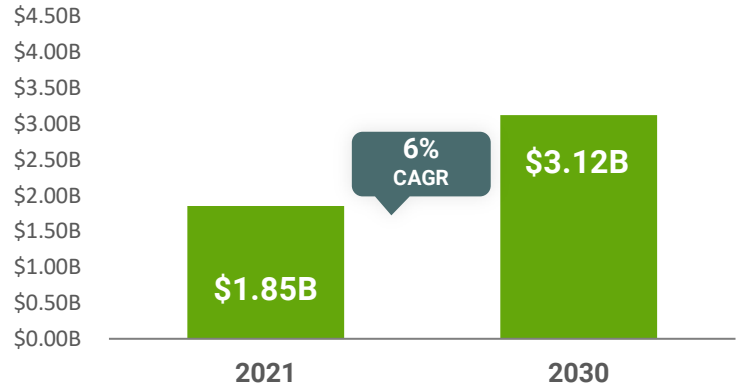
7.6 | IPF prevalence per 100,000 (USA & EU)

44.3 | Systemic Sclerosis prevalence of 7.2 - 44.3 per 100,000 (USA & EU)

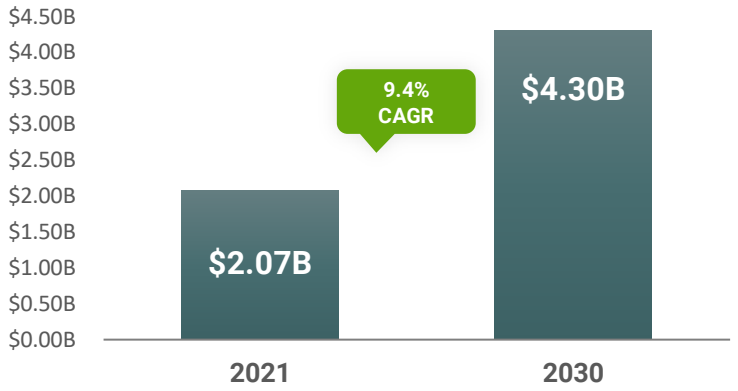
90% | Systemic Sclerosis patients at risk of developing Interstitial Lung Disease

$20K | Annual medical costs per patient (USA)

Global Systemic Sclerosis Market



Global IPF Market

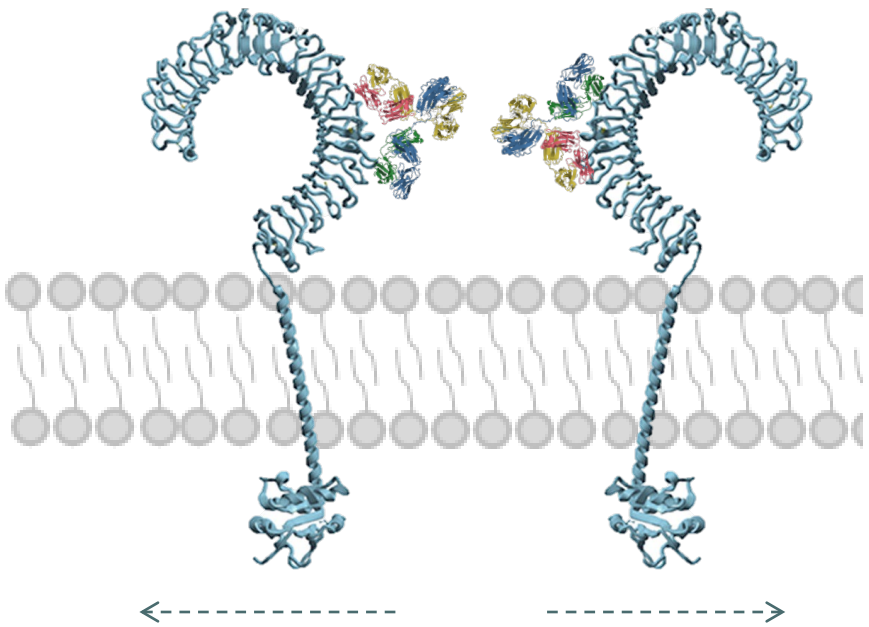


Sources: Verified Market Research and Research and Markets

Bergamasco A *et al*. Clin Epidemiol. 2019 Apr 18;11:257-273. Liu GY *et al. BMJ 2022; 377.* Fan Y *et al.* J Manag Care Spec Pharm. 2020;26(12):1539-1547.

TLR4's Therapeutic Potential in Fibrotic Diseases

Summary of Preclinical Evidence



1. **TLR4 knock-out animal models display attenuated fibrosis**
2. **TLR4 antagonists lead to reduced fibrosis in animal models**
3. **TLR4 antagonists can reverse fibrosis in animal models**
4. **TLR4 agonists are predictors of disease progression and severity**

Leveraging Existing Work from the ARDS Program (EB05)

Same Antibody as EB05 with a Significant Amount of Previous Preclinical, Clinical and Manufacturing Work

Biological Activity in Humans Established

Inhibition of cytokines and physiological response

Favorable Safety Profile

236 patients and healthy volunteers administered with a single does (20mg/kg)

56 patients with multi-dose (5mg/kg) every 4 weeks for 16 weeks

Efficacy and Safety Experience

10+ years of preclinical and clinical work

Manufacturing by Leading Global CDMO

Multiple Successful GMP Runs

High concentration suitable for subcutaneous already formulated (150mg/ml)

Proposed U.S. Phase 2 Clinical Study

Patients with Idiopathic Pulmonary Fibrosis and in Participants With S.Sc. Interstitial Lung Disease

Status	IND being prepared – 15mg/kg/4 weeks
Anticipated Duration	24 Months - Enrollment & Data
Primary Endpoint	Absolute Change From Baseline in Forced Vital Capacity (FVC) at 52 weeks
Key Secondary Endpoints	Absolute Change From Baseline in 6-Minute Walk Test (6MWT) Distance Absolute Change From Baseline in Percentage of Predicted FVC
Target Population	FVC ≥45% predicted during screening Cohort1: Documented diagnosis of IPF Cohort 2: Diagnosis of SSc as defined using the ACR/(EULAR) criteria with HRCT demonstrating ≥10% extent of fibrosis
Enrollment Target	~300 evaluable subjects

EB06 - Vitiligo

First-in-Class Anti-CXCL10 mAb

Edesa Biotech™

Vitiligo

A Life-Altering Autoimmune Disease

- **High Prevalence – 1% Global Population**
  50% Onset Before Age 20; Must be Managed for Decades
  Macules of Depigmentation Grow & Coalesce into Patches
  Associated with Type 1 Diabetes and Lupus, among others

- **Severe Quality of Life Impacts**
  Same or Worse than Atopic Dermatitis/Psoriasis
  Widespread and Highly Visible

- **Therapies for Atopic Derm (Th2) or Psoriasis (Th17) are Largely Ineffective or Can Make Symptoms Worse**
  No Systematic Drugs Approved by FDA to Repigment Skin
  Topical and Phototherapies Limited Effectiveness
  Targeted Immunotherapies are Needed

CXCL10/CXCR3 Play a Key Role in the Pathogenesis of Vitiligo

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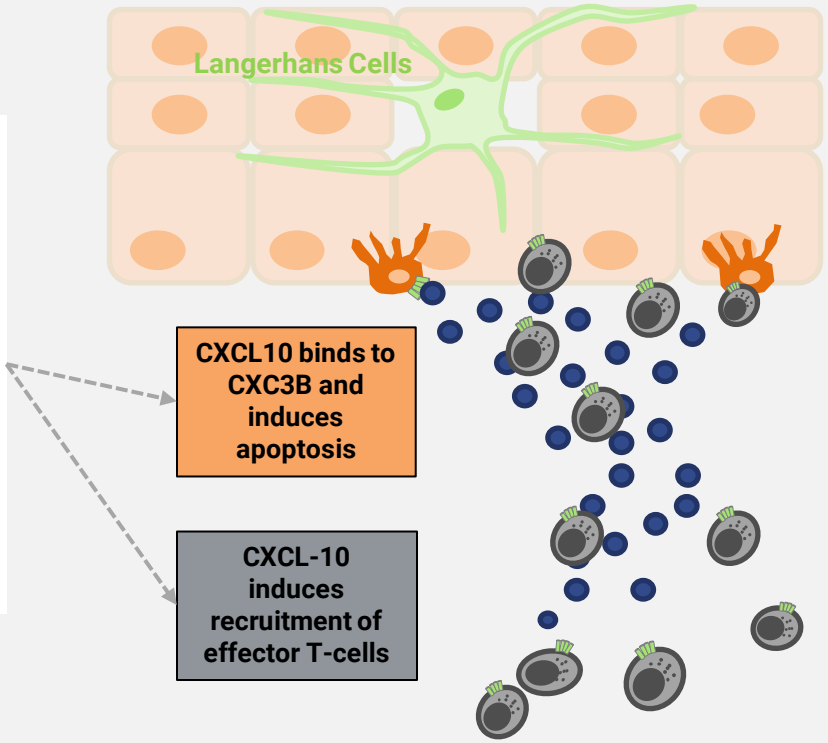
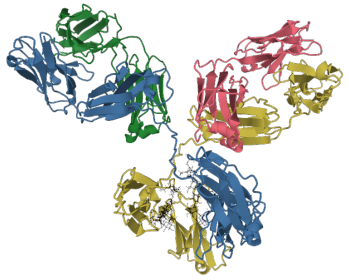
EB06 is a **Phase 2 asset mAb** that blocks CXCL10, preventing apoptosis and recruitment of effector T-cells.



Melanocyte CD8+ T Cells CXCL10 CXCR3

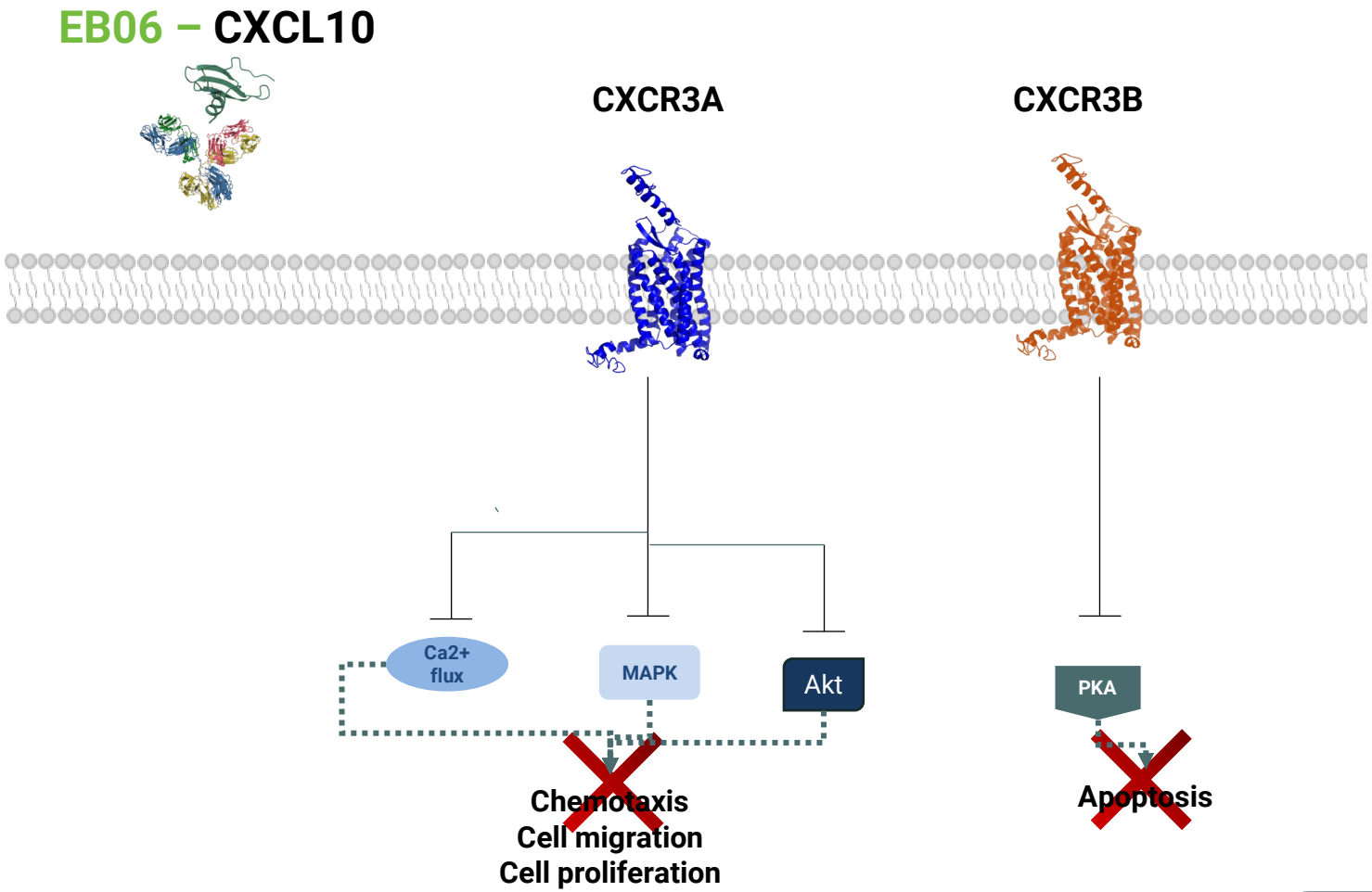
EB06 – Targeting the Chemokine CXCL10

Monoclonal Antibody that Directly Binds CXCL10 with High Affinity and Blocks it from Binding to CXCR3



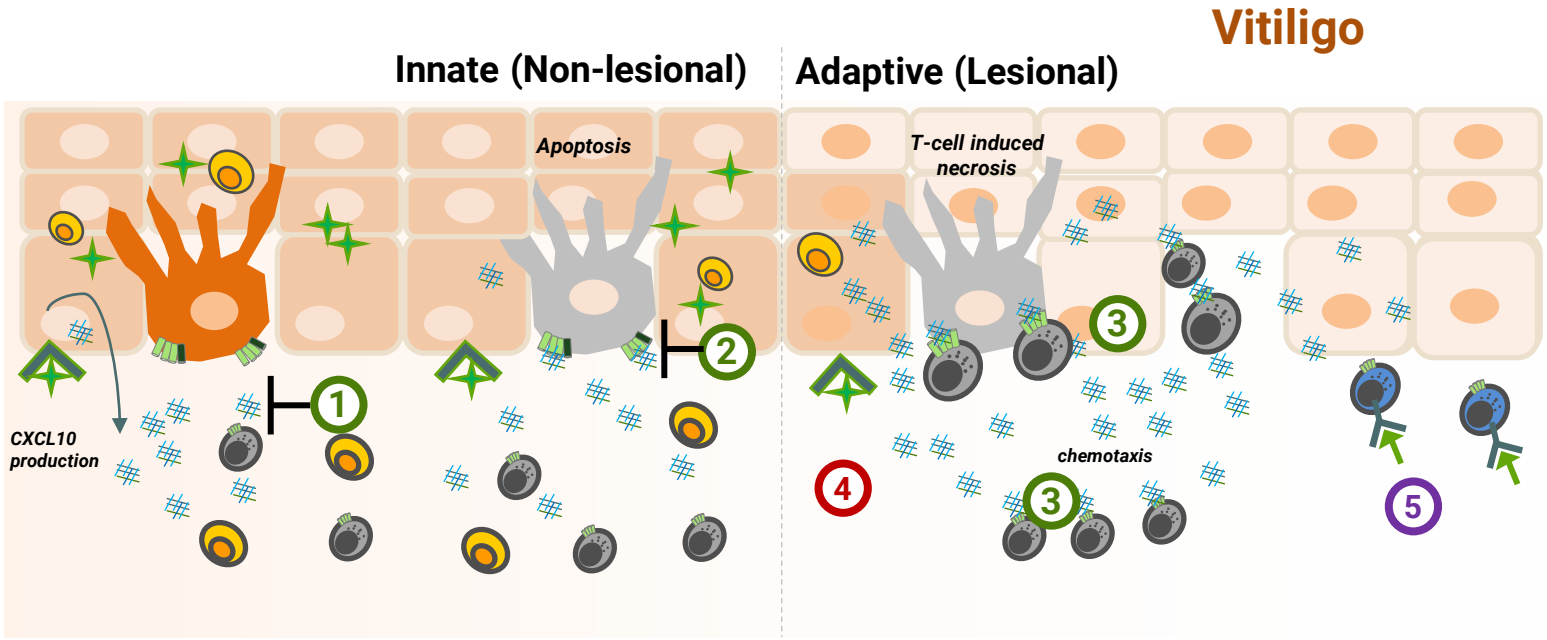
Drug Profile

- A humanized IgG1k monoclonal antibody
- Binds specifically to CXCL10 with high affinity
- Sequesters and renders CXCL10 inactive
- Multiple manuf. runs by a leading CDMO



Targeting the IFNγ-CXCL10-CXCR3 Chemokine Axis

EB06 is an anti-CXCL10 Monoclonal Antibody that Can Act on Different Stages of Vitiligo



EB06 Inhibits:

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1. **Epidermal positioning of immune cells**
2. **CXCL10/CXC3B-mediated melanocyte apoptosis and antigen presentation**
3. **Activation of melanocyte specific CD8+ T-cells via CXCR3A that kill melanocytes**

Incyte

Opzelura™ (ruxolitinib) interferes:

4. With the JAK-STAT signaling that leads to production of CXCL9/10.

Villaris / Incyte

Auremolimab is a preclinical asset that blocks:

5. IL15R leading to depletion of local effector T-cells.

Villaris was acquired by Incyte in late 2022 for up to $1.36 billion, including $70 million upfront.

Melanocyte · Apoptotic Melanocyte · IFNy IFNyR · NK/ILC1 cells · CD8+ T Cells · CXCL10 · CXCR3 · IL15/IL15R · CD8+ T^{RM} Cells

Vitiligo Treatment Paradigm

Limited Options with Topical Ruxolitinib as the Only Approved Product

TREATMENT

Topicals

Corticosteroids

Calcineurin inhibitors

Ruxolitinib

Phototherapy

Systemic Steroids

Surgery

Skin grafting

Hair follicle transplant

Significant Unmet Need

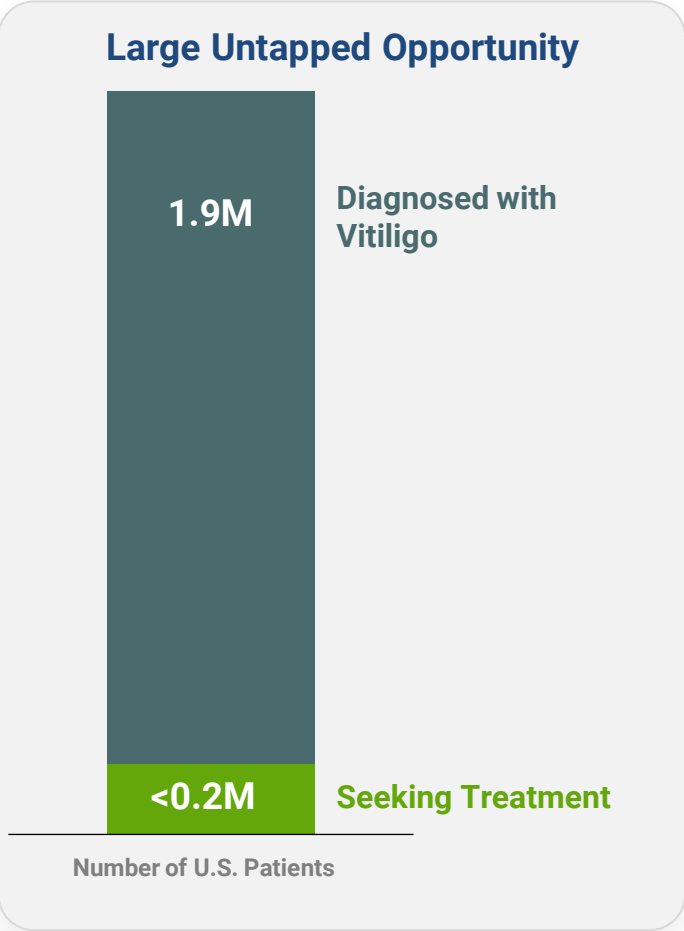
Large unaddressed market due to lack of approved and effective options

Only one approved drug with safety concerns (black box warnings)

Need for safe and effective systemic options, especially for high body surface area

A Significant Unaddressed Market

Latent Market Comprised of Patients Waiting for Better Treatment Options



Large population but low proportion of patients seeking treatment due to **lack of effective and safe treatments**

New therapies likely to drive market growth

Opzelura is the only approved product and is poised to realize net sales of >$100M within 3 quarters of launch despite safety concerns

Need for new options underscored by recent M&A activity

Villaris was acquired by Incyte in late 2022 for up to $1.36B, including $70M upfront

Villaris is developing auremolimab, a preclinical mAb that blocks IL15R

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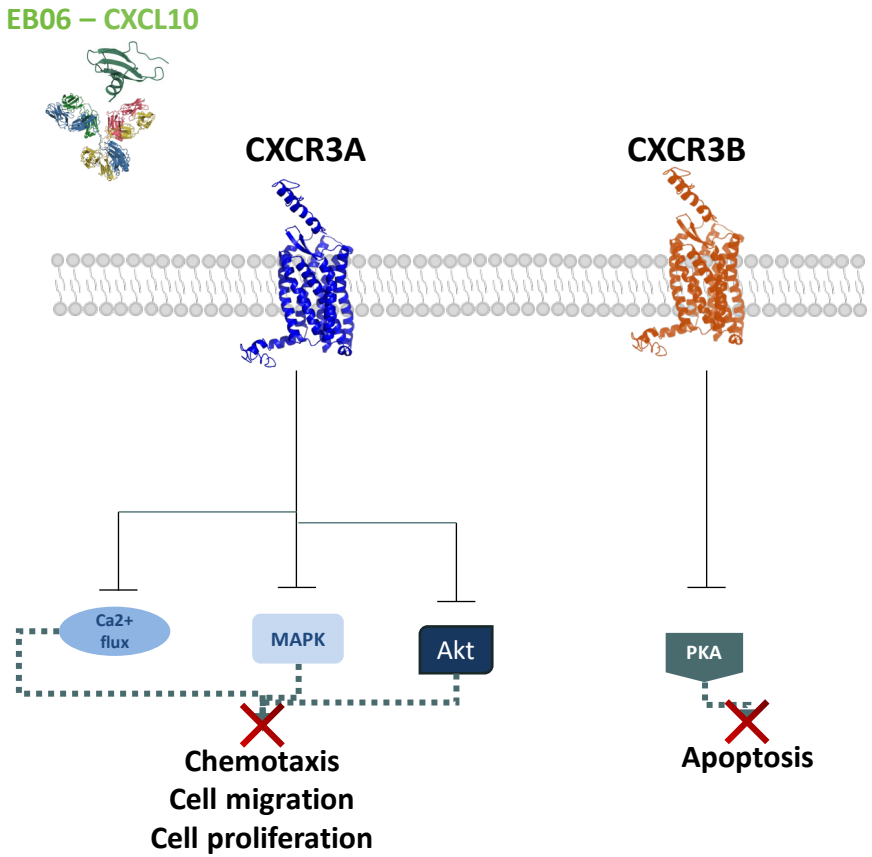
Sources: National Institute of Health and public reports

Summary - CXCL10 Therapeutic Potential

Therapeutically Targeting Substantiated in Preclinical Studies



1

Melanocyte Apoptosis

CXCL10/CXC3B mediates melanocyte apoptosis and activates anti-melanocytic CD8+ T-cells via CXCR3A

2

Knockout Mice

CXCL10 -/- mice do not develop Vitiligo

3

Reverse Depigmentation

Anti-CXCL10 Ig in mice results in re-pigmentation of mice with vitiligo

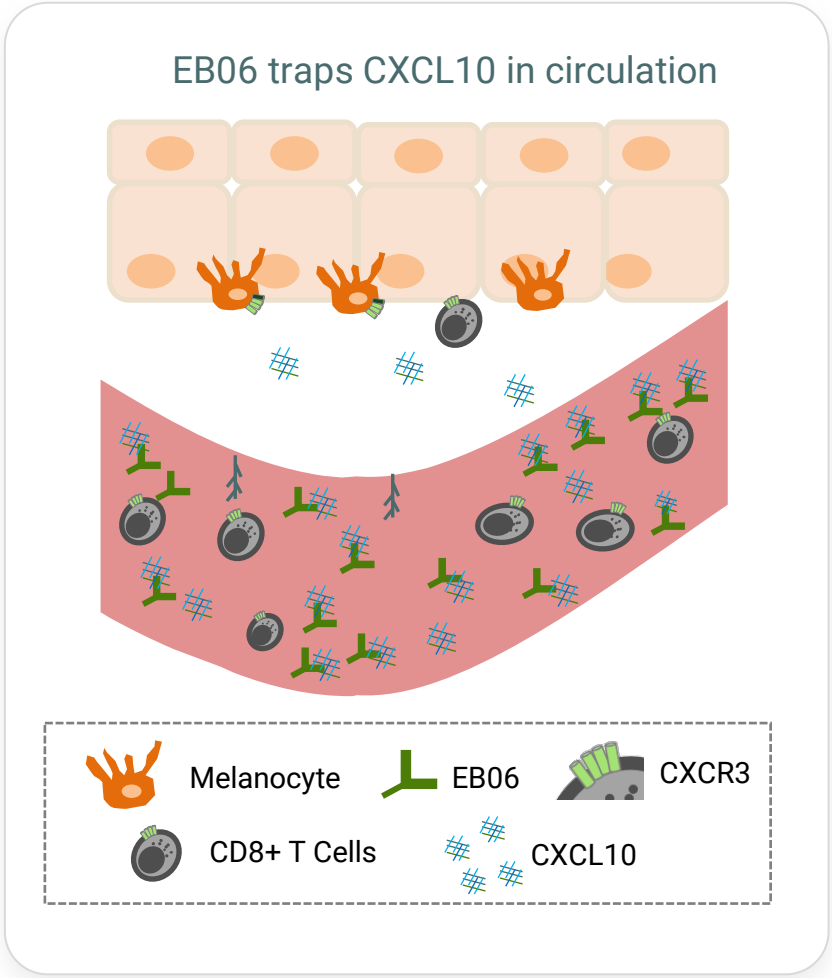
4

Patient Samples

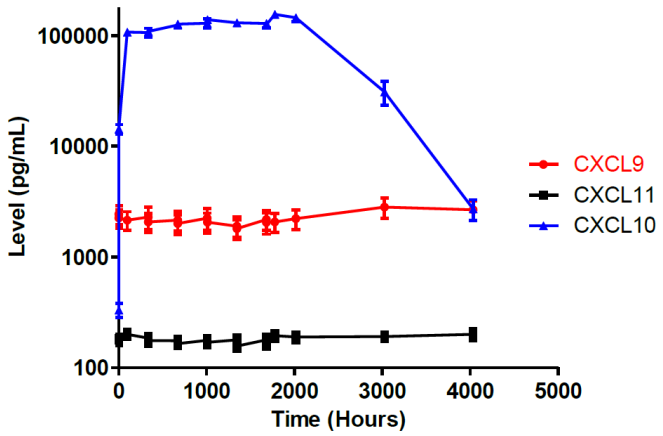
CXCL10 is predictive of disease progression and severity

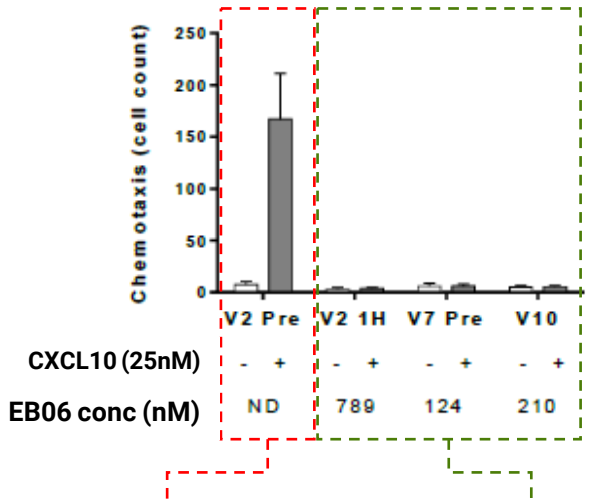
Evidence Supporting EB06's Biological Activity in Humans

Treatment with EB06 Traps CXCL10 in the Circulatory System and Renders it Biologically Inactive



EB06 induces an increase in serum CXCL10 levels while rendering them biologically inactive





Chemotaxis induced by CXC10

No chemotaxis in the presence of EB06

Phase 2 Proof of Concept

Moderate to Severe Non-Segmental (Generalized) Vitiligo

Status	CTA approved & IND being prepared
Subjects	Total of 102 evaluable patients randomized 1:1 (EB06 and Placebo) across up to 25 study centers in Canada
Treatment Period	EB06 (20 mg/kg) or placebo will be administered via IV every two weeks for up to 24 weeks, followed by a 12 week follow up period.
Primary Endpoint	Proportion of patients achieving F-VASI50 at week 24
Secondary Endpoints	Endpoints based on F-VASI50 and F-VASI75, mean % change in F-VASI, same for T-VASI and others Number of treatment-emergent adverse events and serious adverse events.

F-VASI = Facial Vitiligo Area Scoring Index; T-VASI = Total Vitiligo Area Scoring Index

EB06: Anti-CXCL10 Monoclonal Antibody

Summary and Next Steps

Targeted Mechanism of Action
Binds free and bound CXCL10

65 Subjects dosed
No Significant AEs

Biological Activity
Demonstrated

Phase 2 Ready
CTA Approved

Manufacturing
Leading CDMO

NEXT STEPS

Readying IND for submission to FDA

CRO identified and ready to be initiated

Finalizing manufacturing campaign plans with a leading global manufacturer

Recent Transactions in Vitiligo Space

Incyte Announces Agreement To Acquire Medicxi-Backed Villaris Therapeutics And Auremolimab (VM6), An Anti-IL-15Rβ Monoclonal Antibody

- Stage of Development: Pre-clinical Asset - Monoclonal Antibody

$70 million, with potential for up to $1.36 billion in additional milestone payments

VYNE Therapeutics Announces Private Placement of $88 Million

Transaction provides $88 million to fund VYNE's clinical development programs for VYN201 and VYN202

- Stage of Development: Phase 2 ready – Topical NCE (small molecule)

Source: Public reports

Daniluromer

First-in-Class sPLA2 Inhibitor

Lead Indication: ACD

Status: Topline Results Available

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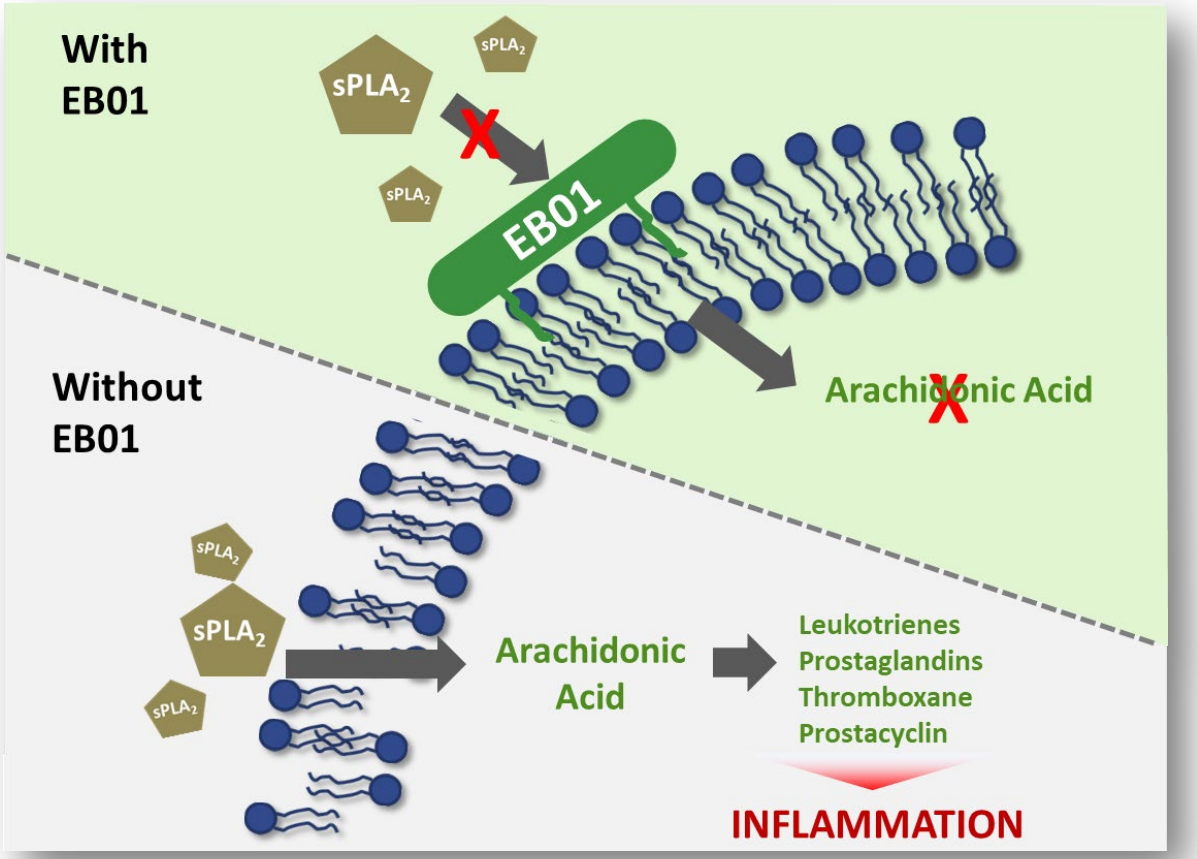
Daniluromer (EB01): Treating Chronic Inflammation

Without the Safety Concerns of Current Therapies



Inhibiting the Inflammation Cascade

- sPLA2 inhibitors are designed to inhibit the inflammatory process at its inception
- Exerts its anti-inflammatory activity upstream of currently approved NSAIDs
- Positive efficacy and safety data from two clinical studies

Target Product Profile of EB01

- Non-Steroidal Rx for the treatment of ACD
- Alternative to corticosteroids for chronic patients

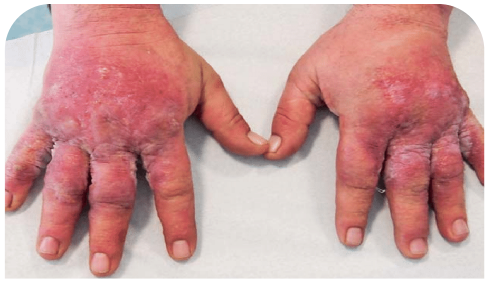
Physicians strongly desire additional treatment options, especially for hands and face*

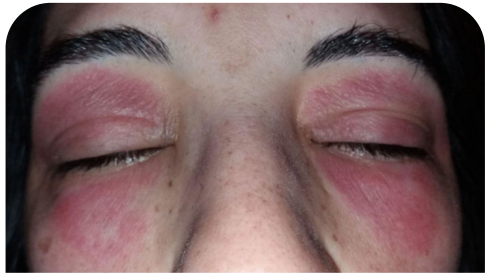
- Non-steroidal approach would positively impact their practices

* Edesa sponsored research

Allergic Contact Dermatitis (ACD)

The Leading Occupational Health Issue Related to Dermatology





ACD is a Type IV Hypersensitivity Reaction

- Immune system sensitized following initial contact with allergen
- Subsequent contact results in cell-mediated allergic response at the point of contact
- Often highly visible on face & hands

ACD Represents a Significant Unmet Need

3,000+
Contact Allergens

70%
Unable to fully avoid allergen

0
No Known Labelled Drugs

Adversely impacts both employees and employers

- Loss of productivity
- Complexity of mitigation
- Lost income & disability claims

Corticosteroids and immunomodulators have safety concerns and side effects

Significant Number of Patients with Chronic ACD

$4.7B **Total Addressable Market Opportunity**
7 major markets (US, UK, Germany, France, Spain, Italy, Japan) and Canada[1]

30M | Patients with ACD across 7 major markets (US, 5EU, Japan) and Canada

40% | Patients with chronic exposure or frequent recurring exposure to allergen[1]

5M | Addressable patient population

Physicians strongly desire additional treatment options, especially for hands and face[2]

"ACD…can make you quit your job."

"Maybe topical steroids help a little but I almost never use them"

"The burden of dermatitis is greater than that of psoriasis"

"Topicals are easier to use and they are a safer option than oral medications."

Edesa Biotech™

1. Edesa estimate; addressable patient population assumes continuous and frequent allergen exposure and a body surface area <10%;
2. Company sponsored research, including KOL interviews

EB01 Market Positioning

Edesa's Cream Addresses a Significant Unmet Need that Exists for Chronic ACD Patients

	Corticosteroids	TCIs	EB01
Viable for acute ACD patients	✓	✓	✓
Viable for chronic ACD patients	✗	✗	✓
Safe for long term use	✗	✗	✓
No boxed warnings	✓	✗	✓
Clinical data specific to indication	✗	✗	✓

Topical EB01 Cream

Positioned to be a **leading therapy option** for chronic, moderate to severe ACD patients.

Edesa Biotech

TCI: Topical calcineurin inhibitors

Confirmatory Phase 2B Design

Protocol	210 total subjects Moderate-to-severe chronic ACD Double blind, placebo-controlled protocol 28-day treatment with topical EB01 cream
Dose-Ranging Determine the Lowest Efficacious Dose	EB01 Cream 0.2% EB01 Cream 1.0% EB01 Cream 2.0%
Multiple endpoints designed for flexibility with Phase 3 design and regulatory review	Mean % change from baseline in CDSI* Safety ISGA* (secondary endpoint)

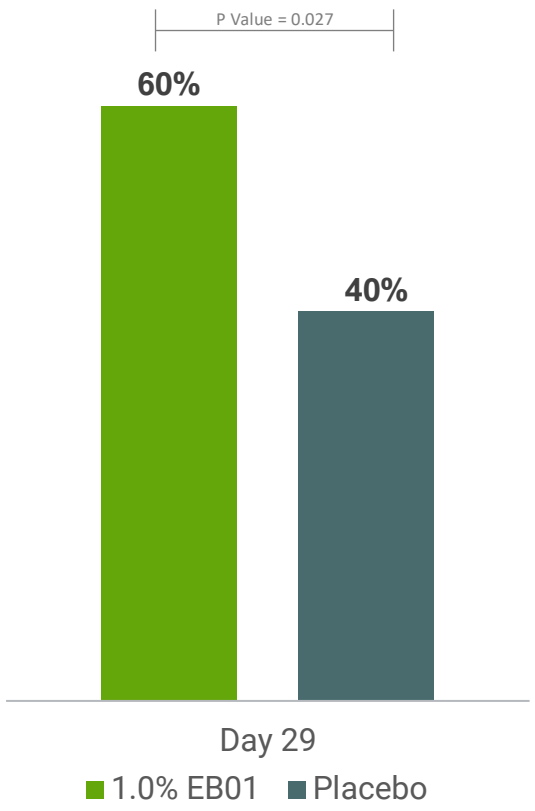
Contact Dermatitis Severity Index (CDSI)
Success on the Investigator's Static Global Assessment (ISGA) is defined as a 2-pt reduction and score indicating clear/almost-clear skin

Phase 2B Results - – Composite CDSI and ISGA Scores

1.0% EB01 Met Primary Endpoint and a Key Secondary Endpoint with Statistical Significance

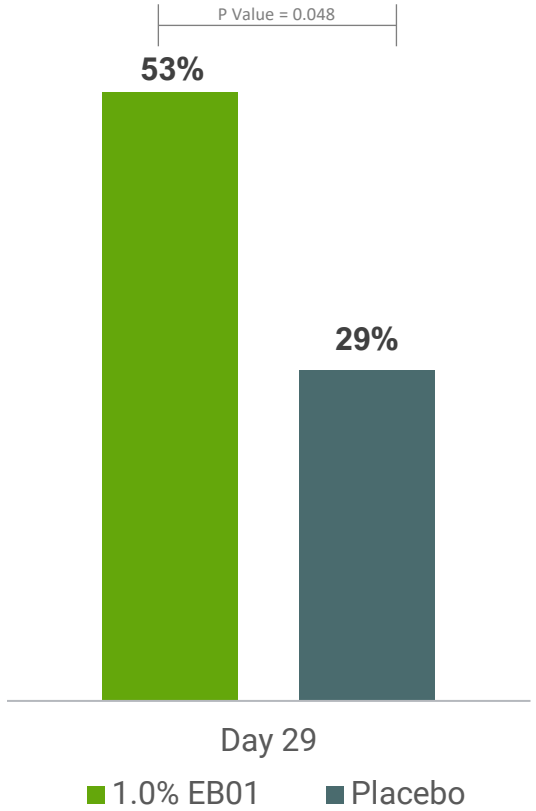
Total CDSI Score*

Mean % Improvement from Baseline



Total ISGA Score*

% Patients with a ≥2 Point Improvement from Baseline



Summary of Results

Efficacy: 1.0% EB01-treated patients demonstrated a relative improvement of >50% (CDSI) and >80% (ISGA) over placebo/vehicle.

Additional Signals:
Body Surface Area of 1.0% EB01-treated lesions was reduced by 42.1% compared to 8.8% for placebo/vehicle (p=0.054).

Reduction for each component symptom of the CDSI:

- Redness (50% EB01 vs. 35.4% placebo; p=0.17)
- Pruritis (60.5% EB01 vs. 41.3% placebo; p=0.06)
- Fissures (63.1% EB01 vs. 44.3% placebo; p=0.02)
- Scaling (58.3% EB01 vs. 42.9% placebo; p=0.36)
- Dryness (62.9% EB01 vs. 35.9% placebo; p=0.02)

1.0% EB01 was Identified as Lowest Efficacious Dose:

Safety: No serious treatment-related adverse events were reported across all concentrations.

* Intention to Treat (ITT) population; statistical analysis based on last observation carried forward (LOCF). Placebo (n=84); 1.0% EB01 Cream (n=19). Contact Dermatitis Severity Index (CDSI) at Day 29. Success on the Investigator's Static Global Assessment (ISGA) is defined as a 2-pt reduction and score indicating clear/almost-clear skin. Topline study data are preliminary and subject to change.

Proposed Global Phase 3 Moderate to Severe Chronic ACD

Two Replicate Pivotal Phase Studies Will Likely Be Required*

Protocol	~500 total subjects Moderate-to-severe chronic ACD Double blind, placebo-controlled protocol 28-day treatment with topical EB01 cream
Dose	EB01 Cream 1.0%
Primary Endpoint	ISGA Composite*
Secondary Endpoint	Mean % change from baseline in CDSI* Safety

Contact Dermatitis Severity Index (CDSI)
Success on the Investigator's Static Global Assessment (ISGA) is defined as a 2-pt reduction and score indicating clear/almost-clear skin
* Based on comparable dermatological Phase 3 programs. End of Phase 2 meeting to determine requirements

Experienced Leadership Team

Pharmaceutical Pipelines, Corporate Development & Strategic Transactions

Executive Management Team

Par Nijhawan, MD, FRCPC, AGAF
CEO and Board Director

Michael Brooks, PhD
President

Stephen Lemieux, CPA
Chief Financial Officer

Gary Koppenjan
VP, Corporate Affairs

Blair Gordon, PhD
VP, Research & Development

Select Strategic Transaction Experience of Leadership Team

EXZELL PHARMA	Stellar BIOTECHNOLOGIES	MFI Medical Futures Inc.	LIGHTCHAIN BIOSCIENCE	Yissum	pharma science	MATRIVAX	ceres	PENNSAID
Acquisition by Biolab Pharma 2022	Reverse Acquisition by Edesa 2019	Acquisition by Tribute Pharma 2015	In-License 2020	In-License 2016	Development/ Out-license 2017	Out-License 2017	Tender Offer by Land O'Lakes 2016	Sold U.S. Rights 2014

Independent Directors

Joan Chypyha	Patrick Marshall	Sean MacDonald	Frank Oakes	Charles Olson	Carlo Sistilli, CPA, CMA
Alto Pharma	Adrem Brands ESTABLISHED 1951	FINCHLEY HEALTHCARE VENTURES	Stellar BIOTECHNOLOGIES	Dendreon	ARISTA HOMES

Clinical Summary

First-in-Class Therapeutics for Immuno-Inflammatory Diseases

EB05 (paridiprubart)

Validated Phase 3 Program with Govt Funding

EB01 (daniluromer)

Phase 3 Ready w/ Partnering in Process

EB06 – Vitiligo – Phase 2 Ready

Significant Transactions in this Therapeutic Area and Pathway

EB07 – Fibrosis

Phase 2 Ready Asset

Follow these links for additional background on Edesa's technology platforms

Paridiprubart (anti-TLR4 mAb) | EB06 (anti-CXCL10 mAb) | Daniluromer (sPLA2 Inhibitor)

Edesa Biotech

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