



CanVeer
Biopharma

*Innovative Science to Safeguard Every
Newborn's First Breath*

Corporate Overview
non-confidential

March 2026

Forward Looking Statement



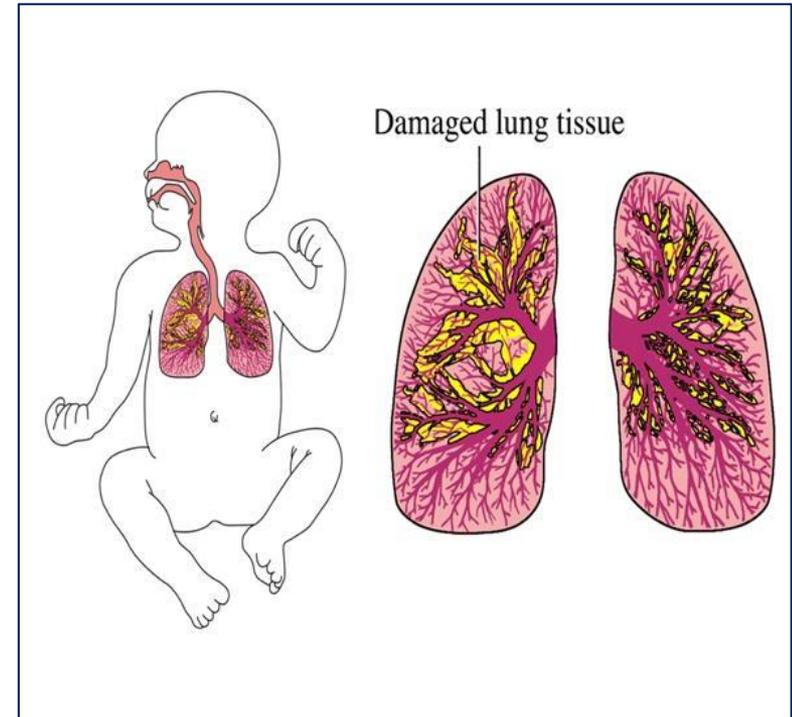
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The Clinical Need: Bronchopulmonary Dysplasia (BPD)

- A Newborn Crisis



- ❑ **500,000+** infants annually in North America (US & Canada) are born preterm
- ❑ **Approximately 150,000 (40% of preterm newborns)** require oxygen therapy at birth, and are at risk to develop BPD,
- ❑ **\$600K+** of hospitalization cost **in year one** for each newborn who develop BPD plus higher rate of morbidity & **lifelong** respiratory complications
- ❑ **Current clinical care:** Supportive oxygen & surfactants, **no preventative or disease-modifying treatment**

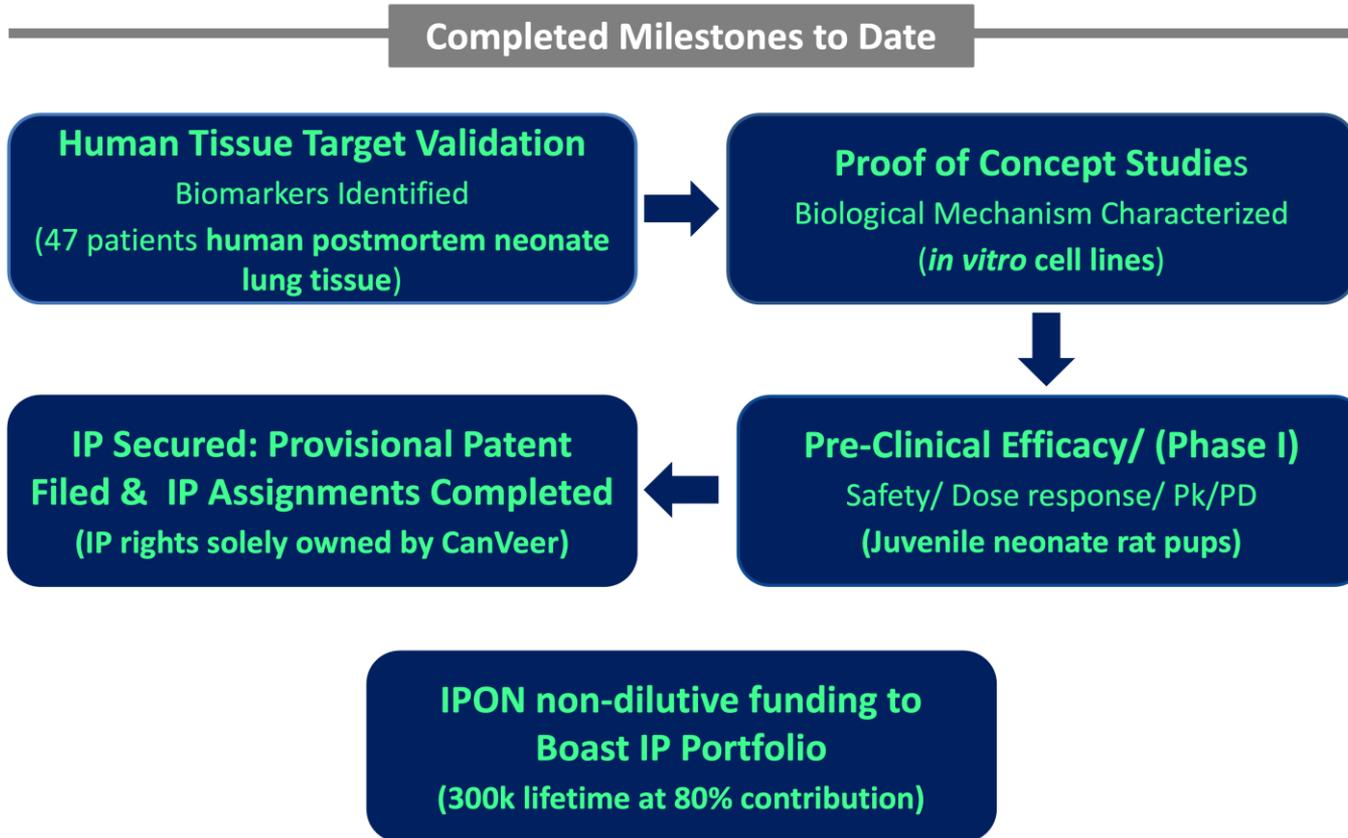


The Solution: AlveoShield™, a Disease-modifying Therapeutic for BPD



- ❑ **Novel approach** for BPD prevention for preterm newborns receiving oxygen therapy
- ❑ **Mechanism:** Targets the underlying disease pathology causing the formation of dysplasia (**proprietary - patent pending**)
- ❑ **Differentiated Clinical Utility:** Prevents lung damage rather than managing symptoms
- ❑ **Characterized small molecule** with established human safety profile & robust pre-clinical scientific evidence
- ❑ **Use Case:** Intended for use in preterm newborns receiving **invasive or non-invasive** oxygen therapy

Milestones Achieved to Date

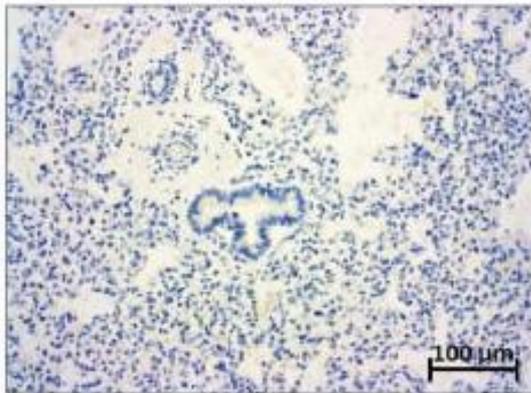


Proof-of-Concept Study - post-mortem neonate lung tissue sections

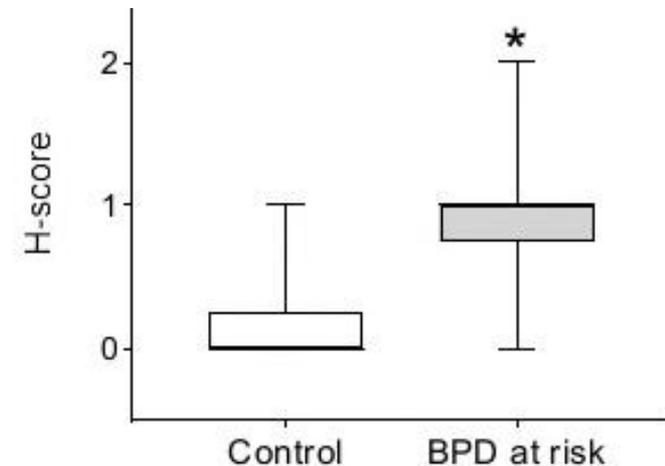
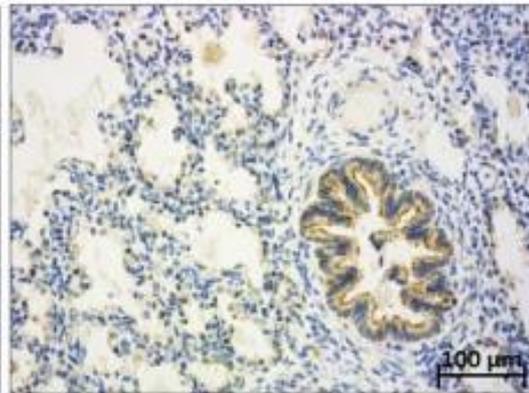
Increased Target Expression in BPD Patients - Characterized biological pathway

- ❑ Lung tissues from 47 preterm infants analyzed
- ❑ **3.2x higher expression** of key therapeutic targets in BPD newborns vs control ($p < 0.01$)
- ❑ AlveoShield's targets are localized specifically at the site of BPD pathology formation

Control



BPD at risk

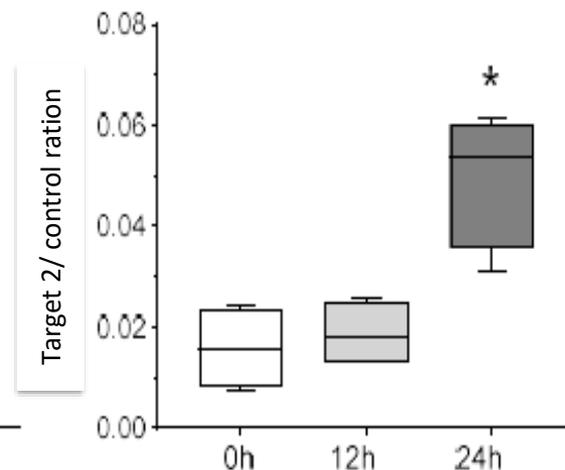
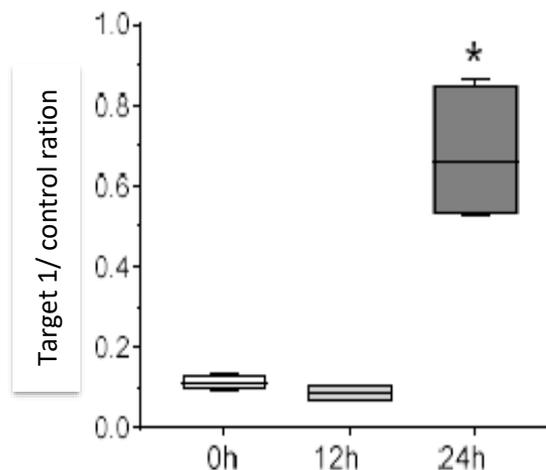
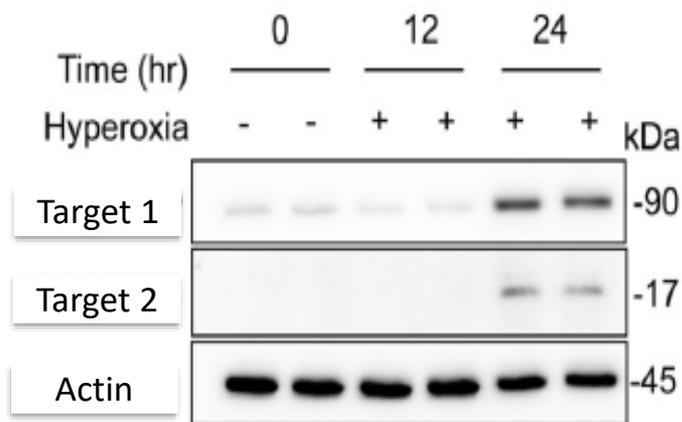


Robust Preclinical Evidence: 2- *in vitro* lung cell line

Proof-of-Concept Study - lung model - cell line

Human Lung Epithelial Cells (A549)

- ❑ Hyperoxia (85% O₂) → **rapid target accumulation** within 6 hours
- ❑ **Dose-dependent reduction** of target with **AlveoShield** treatment
- ❑ **Mechanistic validation:** Treatment prevents specifically the events causing the dysplasia formation



Robust Preclinical Evidence: 3- *in vivo* Efficacy (Neonate Rat Model)

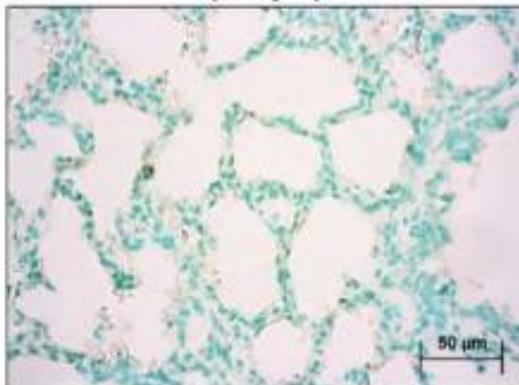


Pre-Clinical Efficacy - Translational Proof-of-concept

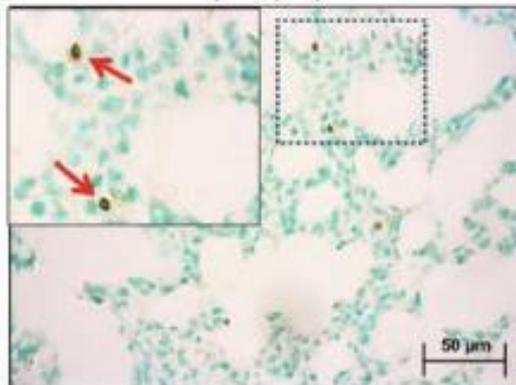
Hyperoxia-Induced Lung Injury Model

- ❑ 24-hour exposure: **47% reduction in targets** with AlveoShield treatment
- ❑ 7-day exposure: **68% reduction in dysplasia formation** ($p < 0.05$)
- ❑ **Structural protection:** Preserved alveolar architecture

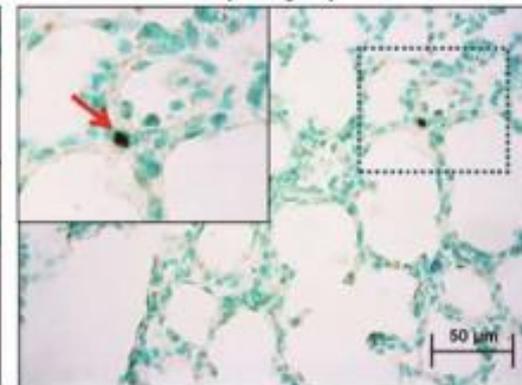
Air Vehicle
(Day7)



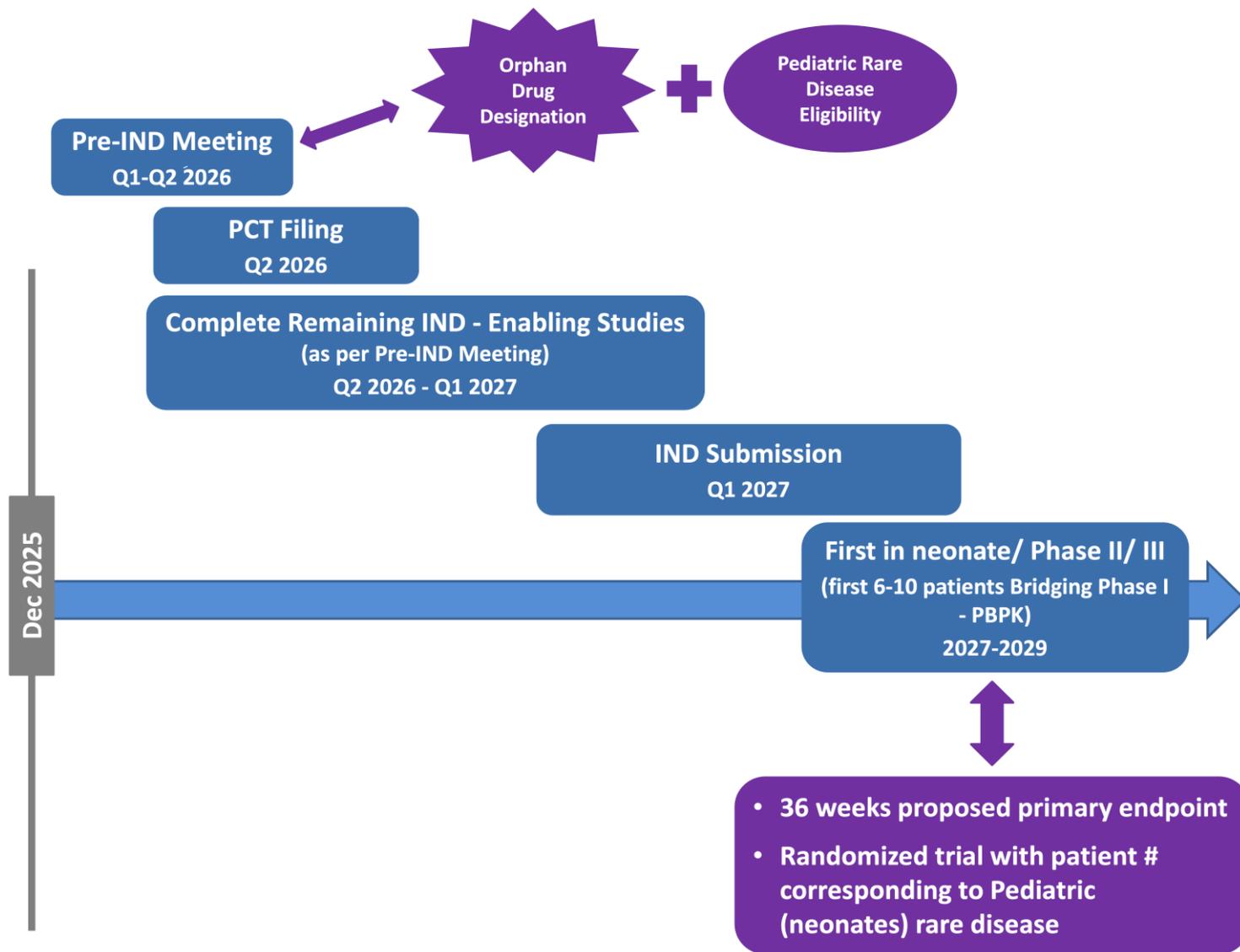
Hyperoxia vehicle
(Day7)



Hyperoxia + AlveoShield
(Day7)



AlveoShield Development Strategy (Path to the Clinic)



- ✓ **140,000-170,000 eligible infants annually** in well-developed markets across North America (USA & Canada)
- ✓ **Market standard for pediatric orphan drug: \$50,000-\$150,000 per course**
- ✓ **\$12-18B+ North American market**, with no approved therapy
- ✓ **NICU-focused distribution** through hospital internal pharmacies
- ✓ **High potential early exit opportunity** with established neonatal pharma companies (AbbVie, Merck, Roche)





Value Added Opportunity

- ✓ **>\$2M-value pre-clinical scientific evidence, de-risking clinical development investment**
- ✓ **Validated targets in human tissue**
- ✓ **Defined mechanism of action**
- ✓ **Pre-clinical efficacy in animal model**
- ✓ **Secured IP with clean ownership rights**
- ✓ **Experienced leadership**
- ✓ **Dedicated Founders with skin-in-the-game**

Near-term Inflection Points

- ✓ **Proprietary formulation validation study (Q2-3 2026)**
- ✓ **Full stage Patent filing (Q2 2026)**
- ✓ **Pre-IND meeting (Q2-3 2026)**
- ✓ **IND-enabling studies (Q4 2026)**
- ✓ **IND (Q4 2027)**
- ✓ **First in Neonates (Q1-2 2028)**



SIGNIFICANT OPPORTUNITY

- In North America approximately **150,000** preterm neonates every year require assisted ventilation at birth and are at risk to develop BPD, leading to **TAM of approximately \$12-18B**

COMPETITIVE ADVANTAGE

- First-in-class disease-modifying approach. AlveoShield, supported by robust scientific evidence, is designed to target the biological drivers of lung injuries.
- Despite decades of research, there is **ZERO approved therapy** to prevent or treat Bronchopulmonary dysplasia (BPD)

ACCELERATED DEVELOPMENT POTENTIAL

- **AlveoShield™** is potentially eligible for **3 regulatory designations** including: **ORPHAN DRUG; PEDIATRIC RARE DISEASE; BREAKTHROUGH THERAPY**
- Pediatric disease clinical trials require reduced number of patients
- Phas2/3 clinical trial primary endpoints are designed at **36 weeks** (compared to several years for adult clinical trials)

SECURED IP & EXPERIENCED LEADERSHIP

- Provisional Patent filed in 2025 (**IP protected till 2045**). All IP rights are solely owned by CanVeer Biopharma Inc. (**no royalty provisions**)
- The Leadership team brings 35+ years of combined experience leading Healthcare Innovation & commercialization

Seasoned Leadership Team & Advisory Board



Sherif Louis, PhD, MBA(c)
CEO

- ✓ 15+ years biotech Executive leadership
- ✓ Successfully commercialized academic healthcare IP
- ✓ Multiple rounds of multimillion dollars capital raises
- ✓ Deep regulatory experience (ISO, CAP, CLIA certifications)



Dr. Behzad Yeganeh, PhD
CSO & Inventor

- ✓ 20+ years of cutting-edge health research
- ✓ Leading neonatal lung injury researcher
- ✓ 45+ publications in high-impact journals
- ✓ Strong KOL network in neonatology
- ✓ Inventor on several patents

Advisory Board

Dr. Robert Jankov, MD, PhD

Distinguished Physician & Scientist specialized in neonatal pulmonary vascular disease.

Dr. Martin Post, PhD

A veteran R&D with proven long-term expertise in lung development injury and repair.

Ali Hamraghani, PharmD, MSc

Therapeutics formulation expert with extensive experience in pharmaceuticals R&D.

Dr. Azadeh Yeganeh, PhD

Regulatory expert specialized in regulatory review of preclinical and clinical data, including regulatory risk assessments.



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