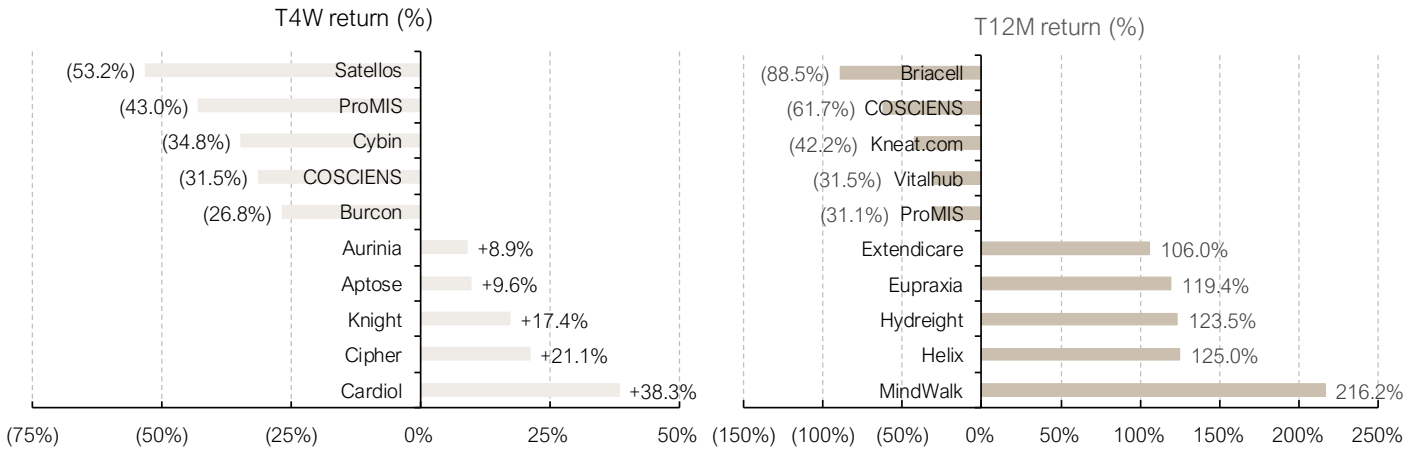
Core Highlights of the Week

Top Movers

Exhibit 1. Top Healthcare/Biotechnology Movers for the Trailing Four-Week & YTD Periods



Source: Leede Financial, Refinitiv

Updates From Our Healthcare Universe

- **Perimeter reported FQ425 financial results.** ON/TX-based oncology-focused medical imaging firm Perimeter Medical Imaging AI (PINK-V, Spec Buy, PT C$3.00) reported FQ425 financial data for the December-end period that were in line with our expectations in what was a transitional period for the firm while awaiting FDA regulatory review for its AI-enabled optical coherence tomography (OCT)-based breast tumor margin-assessing platform B-Series/Claire, a review that concluded favorably last quarter & thus positioning the firm for its formal B-Series/Claire launch during FQ226 & throughout our forecast period.

  - The AI-enabled B-Series/Claire will in all likelihood displace future sales traction for the firm's S-Series OCT tumor margin imaging platform, for which twenty-three systems had been placed in the US market & which served the purpose of establishing a medical need for some sort of real-time tumor margin-assessing platform that could displace more time-consuming histopathology of tumor biopsy samples & thus mitigate re-operation rate in women undergoing partial or radical lumpectomy procedures for treating localized disease.

  - For the record, FQ425 revenue was actually quite strong when considering that B-Series was undergoing regulatory review & thus availability was clearly on the horizon, yet S-Series clearly experienced measurable adoption in the period. FQ425 consolidated revenue was $0.71M, up sequentially from the prior three quarters that were relatively flat at least on top-line performance with US$0.54M in FQ325, US$0.51M in FQ225 & US$0.55M in FQ125. We would be surprised if FQ126 data when reported were materially different from this trajectory, but some upside is possible from deploying S-Series systems that could be retrofitted with AI functionality that is now FDA-approved, albeit in B-Series form.

  - FQ425 net loss was (US$2.0M) & if we assume that this value is a reasonable surrogate measure of operating cash loss in the period (full-year operating cash loss was [US$9.3M]), the firm's quarter-end cash of US$2.5M clearly

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indicates that the firm needs to identify new sources of capital to drive working capital requirements ostensibly to build out B-Series/Claire finished goods inventory even before considering simultaneous build-out of marketing infrastructure to more aggressively drive B-Series/Claire capital sales beyond historic pace of S-Series adoption. Several revenue models for the firm are still in play in our view, but for now our model assumes a blended model of generating revenue both from capital sales (placing devices at no cost does not in our view provide sufficient incentive for surgical oncology centers to incorporate B-Series/Claire imaging into standard-of-care, regardless of the device's unambiguous clinical utility) & consumables as driven by breast tumor margin imaging activities as tied to lumpectomy procedure volumes.

Exhibit 2. Valuation Scenarios For Perimeter Medical Imaging AI

NPV, discount rate		10%	15%	20%	25%	30%	40%
Implied value per share		$10.35	$6.54	$4.21	**$2.41**	$1.83	$0.81
Price/earnings multiple, F2030	**P/E**	**10%**	**15%**	**20%**	**25%**	**30%**	**40%**
Implied share price[1]	10	$2.06	$1.72	$1.45	$1.23	$1.05	$0.78
	20	$4.12	$3.44	$2.90	**$2.41**	$2.10	$1.56
	30	$6.18	$5.16	$4.35	$3.69	$3.15	$2.34
EV/EBITDA multiple, F2030		**5x**	**7.5x**	**10x**	**12.5x**	**15x**	**17.5x**
Implied share price[1,2]		$0.64	$0.96	$1.27	**$1.59**	$1.91	$2.23
One-year Perimeter Medical target price [1,2]					**$2.14**		
One-year Perimeter Medical target price [1,2,3]					**$2.97**		

[1] *F2030 fully-taxed EPS (fd) forecast US$0.24, EBITDA US$53.8M; NPV discounted at 25%; basic S/O 131.1M, fd S/O 193.7M incorporate new shares from Dec/25 equity offering*

[2] *Balance sheet data includes FQ425 cash of US$2.5M/C$3.5M, no LT debt*

[3] *Price target converted to USD using exchange rate of 1.39x*

Source: Perimeter Medical Imaging financial filings, Leede Financial

- Maintenance/service of devices is supplemental revenue that we believe can grow in future periods in lockstep with installed base growth. Another option that Perimeter could consider that it has not formally discussed in any of its MD&As but which would not be mutually exclusive of any other revenue model that the firm employs constitutively is to solicit interest from distribution partners, preferably though not necessarily with existing bandwidth in women's health markets or oncology markets or both. Obvious candidates include now-private MA-based Hologic but also includes any of the existing medical imaging giants for which CT/mammography is a core target market (for example, US imaging giant GE Healthcare [GEHC-NY, NR], German imaging giant Siemens [SIE-DE, NR], Netherlands-based imaging giant Koninklijke Philips [PHIA-F, NR] or Japan-based imaging giant Toshiba [6588-JP, NR]) But that said, in our experience, the struggle to capture mindshare from large global enterprises is frequently not worth the effort & we have the receipts from our medical technology coverage history to justify our caution on this theme.

- A revenue model based on independent focused marketing by the innovator itself, as Profound Medical (PRN-T, Buy, PT US$11.50) is currently employing & as QC-based CryoCath Technologies was employing before its acquisition by Medtronic (MDT-NY, NR) in 2008, is the most prudent path forward in our view, at least initially. Interestingly, Profound does in fact have strategic agreements in place with Siemens (since Feb/16), Philips (since May/16) & with GE (since Dec/20) but there is minimal evidence that these relationships are substantially driving TULSA-PRO adoption any faster than Profound is on its own, thus supporting our thesis on medtech revenue models in general.

- **Summary & valuation.** We are maintaining our Spec Buy rating & one-year PT of C$3.00 on PINK, with our valuation still based on NPV (25% discount rate in recognition of B-Series/Claire FDA approval that mitigates clinical/regulatory risk ascribed to our forecasts) & multiples of our F2030 adjusted EBITDA/fd Eps forecasts of US$53.8M & US$0.24/shr, respectively. Our EV is for now based on unaudited FQ425 cash of US$2.5M & no LT debt, with our fd S/O calculation of 193.7M embedded into our F2026-to-F2036 forecasts & valuation. There is no denying that Perimeter is capital-constrained at present but we are optimistic that the firm can be properly capitalized through a combination of partnership & investor interest in B-Series/Claire's commercial prospects, prospects that are well-supported by FDA-endorsed clinical data & by broader competitive interest in real-time tumor margin assessment as a way to minimize re-operation rates in standard-of-care for treating localized solid tumors.

- The opportunity before Perimeter is not limited to breast cancer/lumpectomy procedures either. As we observed in our most recent Profound Medical commentary, localized prostate cancer is a sizable medical market for Perimeter to pursue with its OCT platform, though obviously with a distinct suite of foundational AI required in each oncology market that Perimeter may choose to target going forward. For now, our PINK valuation & forecasts are exclusively focused on breast cancer surgery/lumpectomy as a flagship application.

Exhibit 3. Historic Revenue Data & Projected Revenue Forecasts for Perimeter Medical Imaging, F2024A-to-F2033E

Fiscal year-end Dec 31 (US$000, unless otherwise stated)	2024A	2025A [6]	2026E	2027E	2028E	2029E	2030E	2031E	2032E	2033E	2034E	2035E	2036E
B-Series AI OTC - US, localized breast cancer, capital equipment sales													
B-Series AI OCT (or S-Series) units sold	0	7	21	27	34	42	53	66	69	72	76	80	84
B-Series AI OCT units placed (no revenue)	8	10	20	27	36	49	66	89	93	98	103	108	113
B-Series AI OCT, price per system (US$)	$150,000	$150,000	$151,800	$153,622	$155,465	$157,331	$159,219	$161,129	$163,063	$165,020	$167,000	$169,004	$171,032
B-Series AI OCT, capital rev on sold systems, US (US$000) [5]	**$0**	**$1,050**	**$3,188**	**$4,148**	**$5,286**	**$6,608**	**$8,439**	**$10,635**	**$11,251**	**$11,881**	**$12,692**	**$13,520**	**$14,367**
B-Series AI OCT, cap rev, US (C$000)	$0	$1,461	$4,436	$5,771	$7,355	$9,194	$11,741	$14,797	$15,655	$16,532	$17,660	$18,812	$19,990
B-Series AI OTC - US, localized breast cancer, recurring revenue													
Proportion, estimated individuals diagnosed with breast cancer, US [1]	331,559	333,217	334,883	336,557	338,240	339,931	341,631	343,339	345,056	346,781	348,515	350,258	352,009
Proportion, early stage breast cancer [2]	205,567	206,594	207,627	208,666	209,709	210,757	211,811	212,870	213,935	215,004	216,079	217,160	218,246
Total annual procedures, amenable for breast conserving surgery (BCS) [3]	125,396	126,023	126,653	127,286	127,922	128,562	129,205	129,851	130,500	131,153	131,808	132,467	133,130
B-Series AI OCT market penetration (%)	*0.5%*	*0.7%*	*2.3%*	*5.9%*	*13.6%*	*27.2%*	*56.1%*	*79.1%*	*101.5%*	*125.5%*	*150.0%*	*175.5%*	*163.8%*
B-Series AI OCT, annual procedures per	59	32	43	61	90	123	180	184	184	185	185	185	150
Cumul installed base, US (see above)	11	28	69	123	193	284	403	558	720	890	1,069	1,257	1,454
Total B-Series AI OCT breast surgery procedures, annual, US	650	896	2,967	7,503	17,370	34,932	72,540	102,672	132,480	164,650	197,765	232,545	218,100
Assumed price per consumable per procedure (US$)	$750	$750	$765	$780	$796	$812	$828	$845	$862	$879	$896	$914	$933
B-Series AI OCT, procedure-based revenue on accessories, US (US$000)	**$487**	**$672**	**$2,270**	**$5,855**	**$13,825**	**$28,359**	**$60,068**	**$86,719**	**$114,133**	**$144,685**	**$177,261**	**$212,603**	**$203,385**
B-Series AI OCT, proc rev, US (C$000)	$678	$935	$3,158	$8,146	$19,236	$39,458	$83,578	$120,661	$158,805	$201,315	$246,640	$295,816	$282,990
B-Series AI OTC - EU-UK-Scandinavia, localized breast cancer, capital equipment sales													
B-Series AI OCT (or S-Series) units sold	0	0	0	7	14	18	23	29	30	29	26	23	25
B-Series AI OCT units placed (no revenue)	0	0	5	10	14	19	26	35	37	35	30	26	30
B-Series AI OCT, price per system (€)	€ 173,330	€ 173,330	€ 175,410	€ 177,515	€ 179,645	€ 181,801	€ 183,983	€ 186,190	€ 188,425	€ 190,686	€ 192,974	€ 195,290	€ 197,633
B-Series AI OCT, cap rev, US (€000)	€ 0	€ 0	€ 0	€ 1,243	€ 2,515	€ 3,272	€ 4,232	€ 5,400	€ 5,653	€ 5,530	€ 5,017	€ 4,492	€ 4,941
B-Series AI OCT, cap rev, EU (C$000)	$0	$0	$0	$1,997	$4,042	$5,259	$6,800	$8,677	$9,084	$8,887	$8,063	$7,218	$7,940
B-Series AI OCT, capital rev on sold systems, US (US$000) [5]	**$0**	**$0**	**$0**	**$1,436**	**$2,906**	**$3,781**	**$4,890**	**$6,239**	**$6,532**	**$6,390**	**$5,798**	**$5,190**	**$5,709**
B-Series AI OTC - EU-UK-Scandinavia, localized breast cancer, recurring revenue													
Proportion, estimated individuals diagnosed with breast cancer, EU [4]	451,858	454,118	456,388	458,670	460,963	463,268	465,585	467,913	470,252	472,603	474,966	477,341	479,728
Proportion, early stage breast cancer [2]	280,152	281,553	282,961	284,375	285,797	287,226	288,662	290,106	291,556	293,014	294,479	295,952	297,431
Total annual procedures, amenable for breast conserving surgery (BCS) [3]	170,893	171,747	172,606	173,469	174,336	175,208	176,084	176,965	177,849	178,739	179,632	180,530	181,433
B-Series AI OCT market penetration (%)	*0.0%*	*0.0%*	*0.0%*	*0.4%*	*1.7%*	*4.0%*	*7.7%*	*11.3%*	*15.8%*	*21.3%*	*28.0%*	*32.6%*	*37.9%*
B-Series AI OCT, annual procedures per	0	0	10	33	60	80	100	100	105	115	130	135	140
Cumul installed base, EU (see above)	0	0	5	22	50	87	136	200	267	331	387	436	491
Total B-Series AI OCT breast surgery procedures, annual, EU	0	0	50	726	3,000	6,960	13,600	20,000	28,035	38,065	50,310	58,860	68,740
Assumed price per consumable per procedure (€)	€ 867	€ 867	€ 884	€ 901	€ 919	€ 938	€ 956	€ 975	€ 995	€ 1,015	€ 1,035	€ 1,056	€ 1,077
B-Series AI OCT, proc rev, EU (€000)	€ 0	€ 0	€ 44	€ 654	€ 2,758	€ 6,526	€ 13,007	€ 19,510	€ 27,895	€ 38,632	€ 52,081	€ 62,151	€ 74,035
B-Series AI OCT, proc rev, EU (C$000)	$0	$0	$71	$1,051	$4,432	$10,487	$20,902	$31,352	$44,827	$62,082	$83,694	$99,876	$118,974
B-Series AI OCT, procedure-based revenue on accessories, US (US$000)	**$0**	**$0**	**$51**	**$756**	**$3,187**	**$7,541**	**$15,030**	**$22,544**	**$32,234**	**$44,641**	**$60,182**	**$71,817**	**$85,550**
Total S-Series/B-Series AI OCT gross revenue, EU (US$000)	**$0**	**$0**	**$51**	**$2,192**	**$6,093**	**$11,322**	**$19,919**	**$28,784**	**$38,766**	**$51,031**	**$65,979**	**$77,008**	**$91,259**
Consolidated Revenue													
Capital sales, S-Series/B-Series AI OCT	$0	$1,050	$3,188	$5,584	$8,192	$10,389	$13,328	$16,874	$17,783	$18,271	$18,490	$18,711	$20,076
Consumables, S-Series/B-Series AI OCT	$487	$672	$2,321	$6,611	$17,012	$35,899	$75,097	$109,263	$146,367	$189,326	$237,442	$284,421	$288,935
Maint/service (10% of capital cost per yr)	$0	$420	$1,149	$2,341	$4,038	$6,296	$9,308	$13,294	$17,554	$21,980	$26,482	$31,083	$36,081
Operating lease revenue	$359	$158	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500
Total consolidated revenue (US$000)	**$846**	**$2,300**	**$7,157**	**$15,035**	**$29,742**	**$53,085**	**$98,233**	**$139,931**	**$182,204**	**$230,078**	**$282,914**	**$334,714**	**$345,592**

[1,2] American Cancer Society (https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html)
[3] CA: A Cancer Journal For Clinicians (2019). Vol. 69, pp. 438-451.
[4] ECIS - European Cancer Information System (https://ecis.jrc.ec.europa.eu/)
[5] Historic unit sales & procedure volumes to end-of-F2025 are for FDA-approved S-Series platform
[6] Audited F2025 financial data are not yet reported, so revenue stratification is as projected by Leede Financial; consolidated revenue is as reported by Perimeter Medical Imaging

Source: Perimeter Medical Imaging financial filings, Leede Financial

- **Cardiol reported FQ425 financial data.** ON-based cardiovascular disease-focused small-molecule developer Cardiol Therapeutics (CRDL-T, Spec Buy, PT C$7.00) reported financial data for the December-end quarter that were in line with our expectations, though with minimal impact on our investment thesis for the firm that is entirely focused on pending clinical milestones for the firm's two distinct formulations of highly-pure semi-synthetic cannabidiol formulations CardiolRx (orally active) & CRD-38 (formulated with PEGylated elastin-like peptide that makes it amenable to subcutaneous injection).

  - We have commented more extensively on orally-administered CardiolRx in recent reports, mainly because the orally-active cannabidiol form is already well-advanced in a pivotal placebo-controlled Phase III recurrent pericarditis trial (the MAvERIC trial) for which patient enrollment commenced in Apr/25 & half of targeted enrollment of 110-patients was achieved earlier in Jan/26, keeping the trial on pace to conclude enrollment by end-of-FQ226, which our model already assumes. Final efficacy data could notionally be available by end-of-FQ426 though likely to be reported some time during FH127.

Exhibit 4. Valuation Scenarios for Cardiol Therapeutics

NPV, discount rate		10%	20%	25%	30%	40%	50%
Implied value per share		$22.22	$9.99	**$6.54**	$4.78	$2.67	$1.20
Price/earnings multiple, 2031E		**10%**	**20%**	**25%**	**30%**	**40%**	**50%**
Implied share price[1]	10	$7.02	$4.95	$4.21	$3.60	$2.39	$2.03
	20	$14.04	$9.90	**$7.13**	$7.20	$4.78	$4.06
	30	$21.06	$14.85	$12.63	$10.80	$7.17	$6.09
EV/EBITDA multiple, 2031E		**5x**	**10x**	**12.5x**	**15x**	**17.5x**	**20x**
Implied share price[1,2]		$3.12	$6.32	**$7.92**	$9.52	$11.13	$12.73
One-year Cardiol target price (C$) [1]				**$7.20**			

[1] *Based on F2031 fully-taxed EPS of $0.97; EBITDA of $158.0M, discounted at 25%, FD S/O of 112.9M, including Oct/25 equity offering*

[2] *Includes FQ425 cash of $21.4M, no LT debt*

Source: Cardiol Therapeutics financial filings, Leede Financial

- Six-month efficacy data from MAvERIC will be based on similar endpoints, just over a longer time period, than officially assessed in Cardiol's initial open-label 27-patient Phase II MAvERIC-Pilot trial, with efficacy measures including impact on rate of disease recurrence over six-month follow-up & on time to disease recurrence in any patients experiencing such recurrence, as well as impact on any changes from baseline in pericarditis-associated pain as measured by the eleven-point Numeric Rating Scale (NRS).

- Changes from baseline in plasma levels of circulating C-reactive protein, a broad measure of inflammation that is not overly specific to pericarditis, will also be assessed but in our view will not be integral to our assessment of Cardiol's impact on disease symptoms – since it is well-documented by Cardiol & clinical collaborators that cannabidiol exerts impact on inflammatory diseases (of which recurrent pericarditis is one) at least in biochemical/preclinical assays through its impact on the NLRP3 inflammasome pathway, it would be highly surprising if impact on NRS at follow-up was not highly correlated with reduction in circulating C-reactive protein levels.

- Recall that NLRP3 inflammasome pathway inhibition was shown by innovators Regeneron (REGN-Q, NR) & Kiniksa (KNSA-Q, NR) to be relevant to the mechanism by which the interleukin-1-blocking biologic rilonacept/Arcalyst is proposed to mitigate recurrent pericarditis symptoms. MAvERIC patients will all have a history of some duration of rilonacept/Arcalyst therapy prior to discontinuing that therapy for one reason or another, so we believe that CardiolRx's medical prospects could be greatly enhanced if treated patients exhibit some magnitude of benefit over and above that which could be achieved after interleukin-1 blockade is concluded.

- We described CardiolRx's performance in the aforementioned open-label Phase II MAvERIC-Pilot trial before & will not exhaustively re-summarize that analysis here other than to say that, notwithstanding the interpretive capacity of a small open-label trial, CardiolRx-treated patients exhibited substantial improvements from baseline on the NRS scale at two-month follow-up of 3.7 units on average on the eleven-point scale. Median time to pain resolution in patients

experiencing at least a 2.0-unit improvement on NRS was only five days & virtually all patients (well, twenty-five of twenty-seven) experienced some NRS-quantified pain reduction at the same two-month endpoint. Just as important to us was the observation that NRS-quantified pain reduction actually improved from two-to-six months during CardiolRx dosing, with circulating plasma levels of C-reactive protein predictably declining substantially from baseline as expected, with supplemental reduction over the two-to-six-month follow-up period.

Exhibit 5. Sustaining Our CardiolRx & CRD-38 Royalty Revenue Forecasts For Cardiol, F2025A-to-F2035E

Year-end December 31 (C$000, exc per share data)	*2025A*	*2026E*	*2027E*	*2028E*	*2029E*	*2030E*	*2031E*	*2032E*	*2033E*	*2034E*	*2035E*
Acute Myocarditis, US											
Current Population, United States	340,089,627	342,130,165	344,182,946	346,248,043	348,325,532	350,415,485	352,517,978	354,633,086	356,760,884	358,901,449	361,054,858
Proportion, Acute myocarditis	74,820	75,269	75,720	76,175	76,632	77,091	77,554	78,019	78,487	78,958	79,432
Target Medical Population, adj for recovery cases	55,367	55,699	56,033	56,369	56,707	57,048	57,390	57,734	58,081	58,429	58,780
Price per treated patient (US$)	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000
Est. value of target medical market (US$000)	$1,107,332	$1,113,976	$1,120,660	$1,127,384	$1,134,148	$1,140,953	$1,147,799	$1,154,685	$1,161,613	$1,168,583	$1,175,595
% Market Share	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*10.0%*	*25.0%*	*30.0%*	*40.0%*	*50.0%*
Gross rev, CardiolRx (US$000)	$0	$0	$0	$0	$0	$0	$114,780	$288,671	$348,484	$467,433	$587,797
Gross rev, CardiolRx (C$000)	$0	$0	$0	$0	$0	$0	$149,214	$375,273	$453,029	$607,663	$764,137
Less: Proportion of gross rev to Dalton/Purisys (%)	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*
Gross rev, CardiolRx (C$000)	$0	$0	$0	$0	$0	$0	$111,910	$281,455	$339,772	$455,747	$573,102
Royalty rate on net sales (%)	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*
CardiolRx (Myocarditis), royalty revenue (C$000)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$33,573**	**$84,436**	**$101,932**	**$136,724**	**$171,931**
Recurrent Pericarditis, US											
Current Population, United States	340,089,627	342,130,165	344,182,946	346,248,043	348,325,532	350,415,485	352,517,978	354,633,086	356,760,884	358,901,449	361,054,858
Ann incidence, acute pericarditis	94,205	94,770	95,339	95,911	96,486	97,065	97,647	98,233	98,823	99,416	100,012
Proportion, recurrent pericarditis	31,088	31,274	31,462	31,651	31,840	32,031	32,224	32,417	32,612	32,807	33,004
Proportion, recurrence	10,881	10,946	11,012	11,078	11,144	11,211	11,278	11,346	11,414	11,483	11,551
Price per treated patient (US$)	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000
Est. value of target medical market (US$000)	$544,033	$547,297	$550,581	$553,884	$557,208	$560,551	$563,914	$567,298	$570,701	$574,126	$577,570
% Market Share	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*20.0%*	*50.0%*	*65.0%*	*70.0%*	*75.0%*	*75.0%*	*75.0%*
Gross rev, CardiolRx (US$000)	$0	$0	$0	$0	$111,442	$280,275	$366,544	$397,108	$428,026	$430,594	$433,178
Gross rev, CardiolRx (C$000)	$0	$0	$0	$0	$144,874	$364,358	$476,507	$516,241	$556,434	$559,773	$563,131
Less: Proportion of gross rev to Dalton/Purisys (%)	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*
Gross rev, CardiolRx (C$000)	$0	$0	$0	$0	$108,655	$273,269	$357,381	$387,181	$417,325	$419,829	$422,348
Royalty rate on net sales (%)	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*
CardiolRx (Pericarditis), royalty revenue (C$000)	**$0**	**$0**	**$0**	**$0**	**$32,597**	**$81,981**	**$107,214**	**$116,154**	**$125,198**	**$125,949**	**$126,705**
Diastolic Heart Failure, US											
Current Population, United States	340,089,627	342,130,165	344,182,946	346,248,043	348,325,532	350,415,485	352,517,978	354,633,086	356,760,884	358,901,449	361,054,858
Heart fail prev, all categores	6,697,354	6,737,538	6,777,963	6,818,631	6,859,543	6,900,700	6,942,104	6,983,757	7,025,660	7,067,814	7,110,220
Prevalence, diastolic HF (HFpEF)	3,348,677	3,368,769	3,388,982	3,409,316	3,429,772	3,450,350	3,471,052	3,491,879	3,512,830	3,533,907	3,555,110
Ann incid, diastolic HF (HFpEF)	283,350	285,050	286,760	288,481	290,211	291,953	293,704	295,467	297,239	299,023	300,817
Price per annual course of therapy (US$)	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Est. value of target medical market (US$000)	$1,416,748	$1,425,248	$1,433,800	$1,442,403	$1,451,057	$1,459,764	$1,468,522	$1,477,333	$1,486,197	$1,495,114	$1,504,085
% Market Share	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*10.0%*	*20.0%*	*25.0%*	*30.0%*	*35.0%*
Gross rev, CRD-38 (US$000)	$0	$0	$0	$0	$0	$0	$146,852	$295,467	$371,549	$448,534	$526,430
Gross rev, CRD-38 (C$000)	$0	$0	$0	$0	$0	$0	$190,908	$384,107	$483,014	$583,095	$684,359
Less: Proportion of gross rev to Dalton/Purisys (%)	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*	*25%*
Gross rev, CRD-38 (C$000)	$0	$0	$0	$0	$0	$0	$143,181	$288,080	$362,261	$437,321	$513,269
Royalty rate on net sales (%)	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*	*30%*
CRD-38 (HFpEF), royalty revenue (C$000)	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$42,954**	**$86,424**	**$108,678**	**$131,196**	**$153,981**
Total CardiolRx/CRD-38 royalty revenue (C$000)	**$0**	**$0**	**$0**	**$0**	**$32,597**	**$81,981**	**$183,742**	**$287,015**	**$335,807**	**$393,869**	**$452,616**

Source: Cardiol Therapeutics financial filings, Leede Financial

- Other MAvERIC-Pilot endpoints that will serve as reference points for CardiolRx performance in the larger placebo-controlled MAvERIC trial include the proportion of patients who experienced no pericarditis recurrence at all during six-month CardiolRx dosing (seventeen of twenty-four evaluable subjects were recurrence-free) & for the seven patients that did experience recurrence, the median time-to-recurrence was almost two-months (7.7 weeks to be exact). Overall, the number of pericarditis episodes per year per patient declined from a trailing average of 5.8/year to less than one per year on a data-normalized basis. Clearly it will be key for CardiolRx not just to perform well in comparison to baseline but also to placebo in MAvERIC, but we believe that approximating MAvERIC-Pilot's improvement-from-baseline data if replicated in MAvERIC would be highly positive for the drug's clinical/regulatory prospects, especially when considering that MAvERIC patients are not naïve to alternative NLRP3 inflammasome pathway-relevant therapies.

- Cardiol states in its FQ425 MD&A that it thinks it can complete MAvERIC with $8M in supplemental capital, well below the firm's end-of-quarter cash of $21.4M. Reflecting on Cardiol's FQ425 & end-of-year financial results, the firm endured a sizable stock option expense last year of $10.7M, so its reported G&A expense is substantially distorted on that basis alone. Full-year operating cash loss was ($23.9M), of which about ($0.7M) was a prepaid expenses-driven working capital deficit, & with the Phase II acute myocarditis (ARCHER) trial now completed & with much of the upfront costs to initiating the Phase III MAvERIC trial incurred last year, we believe that Cardiol is on solid ground in assuming that it has sufficient cash resources to fund MAvERIC to data while sustaining IND-enabling preclinical activities for injectable cannabidiol formulation CRD-38. Importantly, despite CRD-38's comparatively early stage-of-development in comparison to CardiolRx, diastolic heart failure (also called heart failure with preserved ejection fraction; HFpEF) constitutes a sizable cardiovascular target market for Cardiol & for our valuation, with our model assuming that formal Phase I clinical testing in HFpEF can commence during F2026.

- The dominant heart failure drug in recent years, Novartis' (NVS-NY, NR) combination therapy Entresto (neprilysin inhibitor sacubitril & the angiotensin II receptor blocker valsartan) which targets HFpEF as one of its approved indications still generated substantial FQ425 revenue of US$1.25B, but sales were well below FQ325 level of US$1.88B & FQ424 level of US$2.18B based on impact from new generic launches last year. We believe that the heart failure market is thus well-positioned for Cardiol to augment the existing pharmacopeia with a novel anti-inflammatory therapy with distinct pharmacology to Entresto-like formulations.

- Summary & valuation. We are maintaining our Speculative Buy rating & one-year PT of C$7.00 on CRDL, with our valuation still based on NPV (25% discount rate that we believe is appropriate for a Phase III-stage drug developer) & multiples of our F2031 adjusted EBITDA/fd EPS forecasts of C$158.0M & C$0.97/shr, as shown in Exhibit 4. While our model still ascribes value to acute myocarditis as a seminal CardiolRx indication, which we believe is justified based on ARCHER data that documented clinical benefit to our satisfaction, if not quite to statistically significant level on a few endpoints, we believe that as a practical assumption, acute myocarditis is now a tertiary priority for Cardiol in deference to recurrent pericarditis & HFpEF based on market attractiveness alone. We asserted at the time of ARCHER data disclosure by Cardiol that the firm's own commentary on the trial was unusually focused on how CardiolRx's clinical risk in recurrent pericarditis was reduced, not on a clinical path forward in acute myocarditis; we adapted our model not just on ARCHER data itself but also on the tenor of Cardiol's commentary on same.

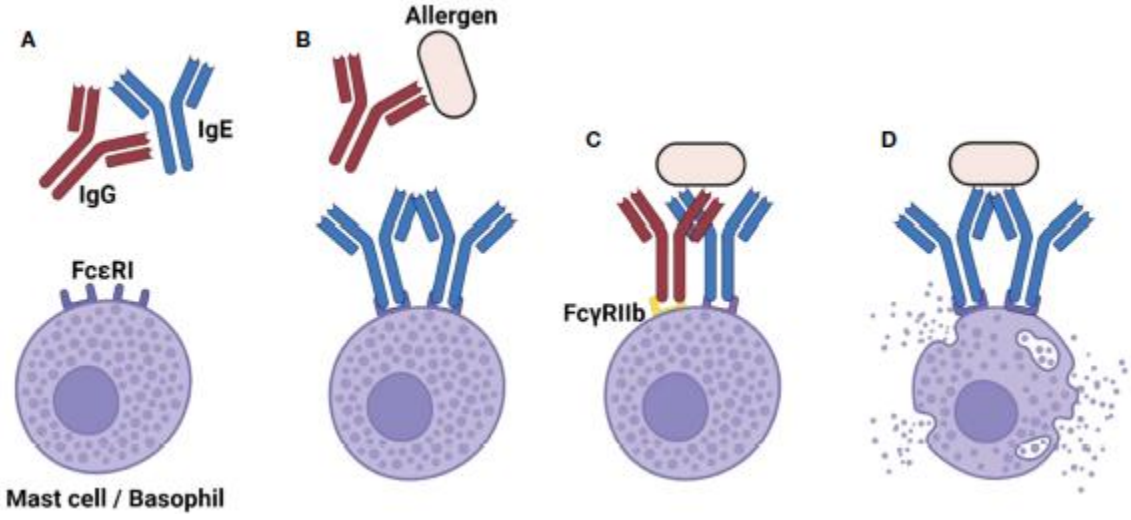
- Our EV calculation is based on FQ425 cash of C$21.4M & no debt, as well as on fully-diluted S/O of 112.9M that incorporates new shares & derivative securities issued during the firm's FQ425 equity offering. On the milestone watch, we expect Cardiol to announce full patient enrollment in MAvERIC later this quarter & for that announcement once achieved to set expectations for six-month CardiolRx/recurrent pericarditis efficacy data to be available by end-of-year & reported to capital markets some time during FH127, probably at a suitable cardiovascular medical conference within that timeframe (perhaps the 2027 American College of Cardiology annual meeting in Apr/27 or the Technology & Heart Failure Therapeutics meeting in Feb/27 as two plausible venues).

Other Significant Clinical Trial Updates With Relevance To Our Coverage Universe

- Novartis sustains momentum on growth-by-acquisition, this time in defense of its Xolair/allergy franchise. Just weeks after deploying US$2B upfront to acquire mutated PI3Kα inhibitor (SNNV4818) developer & Synnovation (private) spin-out Pikavation Therapeutics, the Swiss pharma giant Novartis (NVS-NY, NR) deployed another coincidentally identical US$2B to acquire anti-IgE-targeted mAb developer CA-based Excellergy (private).

- Based on IgE structural binding characterization originally discerned by researchers at Stanford University & the University of Bern, Excellergy's lead mAb Exl-111 is described as targeting pathways relevant to allergy symptoms by impeding allergic effector cells via removing receptor-bound IgE on the surface of a subclass of white blood cell called basophils & in so doing reducing levels of expression of the IgE surface receptor (FcεRI) by at least 95%. FcεRI is apparently naturally & rapidly degraded if IgE is not bound to it, thus supporting the pharmacologic rationale for impeding IgE receptor binding in some way, in this case by Exl-111 binding to IgE itself.
- Exl-111's mechanism of action is somewhat distinct from Novartis' legacy anti-IgE mAb omalizumab/Xolair in that it enables dissociation of receptor-bound IgE more avidly than it binds to free IgE before it can trigger receptor signalling. F2025 Xolair sales recorded by Novartis in Europe & RoW markets were US$1.72B (up from US$1.64B last year); Novartis' peer firm & partner Roche (ROG-SW, NR) holds US marketing rights & was the original developer of Xolair leading to its original FDA approval in 2003. Roche independently recorded F2025 Xolair US sales of CHF3.08B/ US$3.7B, up 32% y/y but Xolair's core US patents expire this year & biosimilar formulations are undoubtedly on the horizon, specifically from Korea-based Celltrion (068270-KRX, NR) that already received FDA approval in Dec/25 for its own omalizumab brand Omlyico & other biosimilar mAbs are already in its commercial portfolio, including infliximab/ Remicade, adalimumab/Humira, trastuzumab/Herceptin & bevacizumab/Avastin under a few generic brands.
- Novartis specifically cited in its F2025 annual report that most of its European/RoW Xolair's sales growth was driven not in allergy/asthma medical markets but rather for targeting chronic spontaneous urticaria [hives]. Biosimilar Xolair formulations are now widely available, including in the EU since FQ325. Roche independently cited urticaria as a growth driver but also cited the drug's new FDA-approval in targeting food allergies (granted in Feb/24) along with sustained market share in treating asthma.
- The mAb is already well-advanced in a foundational a 70-patient Phase I trial (the DISARM trial) in Australia, for which final dose-determining & safety/PK data are expected later this year. Interim data that undoubtedly drove Novartis' interest in the mAb independent of its interests in preserving legacy market share in allergy/asthma therapeutics were presented in Q126 at the 2026 American Academy of Allergy, Asthma & Immunology (AAAAI) meeting.

Exhibit 6. Schematic Representation Of How IgE Impacts An Allergic Response Through The FcεRI Receptor & Thus How Impeding IgE-FcεRI Binding Can Mitigate Allergy Symptoms, Similar To How Novartos' Xolair Functions In This Realm



Source: Adapted from *Frontiers In Immunology (2024). Vol. 14, pp. 1339171-1339176*

- We do not at present have any allergy/asthma-focused firms in our official coverage universe though we do have two firms developing small-molecule drug formulations with anti-inflammatory activity in ON-based Cardiol Therapeutics (CRDL-T, Spec Buy, PT C$7.00; orally-active pericarditis-targeted cannabidiol formulation CardiolRx & subcutaneously-injectable diastolic heart failure-targeted cannabidiol formulation CRD-38) & BC-based Eupraxia Pharmaceuticals (EPRX-T, Buy, PT US$12.75; injectable DiffuSphere-based gastro-esophageal disease & knee osteoarthritis pain-targeted fluticasone formulations EP-104GI & EP-104IAR).

- But the new Novartis acquisition is of interest to us for at least two reasons, independent of the underlying pharmacology in support of Exl-111's medical prospects. First of all, the cheques that global pharma firms are writing for acquired firms or drug assets have frequently had the words 'two billion' written across the top, leading us to assume that specific value has a layer of psychology attached to it that is independent of the foundational value of the relevant assets. But more importantly, we are increasingly struck by just how early into the drug development cycle that well-capitalized acquirers are willing to place bets through outright acquisition. For all of its documented Phase I prospects, Exl-111 is still a Phase I Rx asset with measurable clinical risk on the horizon. We assume that Novartis' comfort with targeting IgE as an anti-allergy/asthma modality through its Xolair clinical/commercial experience mitigated its own perceptions of clinical risk in this realm, a level of comfort that a different acquirer may not have incurred.

- Other high-profile biologics that are on pace to lose patent exclusivity this year. Inspired by our Xolair commentary above, we thought it might be instructive to summarize other equally high-profile biologics/mAbs for which biosimilar competition could be on the horizon based on timelines to expiration of core patents germane to originally-approved branded mAbs. Our summary refers frequently to a report published by FierceBiotech's team in mid-Mar/26, which itself relies substantively on a report published by the RxOutlook Report published by the pharmaceutical research group OptumRx. With specific emphasis on drugs/biologics that have some relevance to our coverage universe, pending patent expirations & thus pending generic drug/biosimilar launches of interest to us (excluding Xolair itself, which inspired the commentary below) include:

  - Pomalidomide (Pomalyst/Imnovid). Bristol Myers Squibb/Celgene's (BMY-NY, NR) multiple myeloma-targeted immunologically-active anti-angiogenic thalidomide formulation Pomalyst generated US$2.73B in F2025 sales (US sales were most of this at US$2.34B, down from US$3.55B [US$2.70B] last year), but in the notes incorporated into its F2025 annual report, Bristol projected generic pomalidomide launch in the US by end-of-FQ126 (the drug is already genericized in Europe).

    - Bristol of course was as aware of timelines to patent expiration as we are & already augmented its multiple myeloma drug portfolio with the mAb drug elotuzumab/Empliciti, which targets the multiple myeloma cell surface marker SLAMF7 (short for signaling lymphocytic activation molecule family member 7). Staying with elotuzumab for a moment, the mAb when added to pomalidomide/dexamethasone (an FDA-approved combination therapy for multiple myeloma) augmented median progression-free survival (PFS) substantially, to 10.3 months from 4.7 months in the 117-patient Phase III Eloquent III trial.

    - Independent of imminent generic threat to pomalidomide itself, the multiple myeloma pharmacopeia has evolved tremendously in recent years. Excluding proteasome inhibitor drugs like Takeda/Millennium's bortezomib/Velcade that preceded Pomalyst to market [FDA-approved in 2003 vs 2013 for Pomalyst]), more recent innovations that target this cancer indication include J&J's (JNJ-NY, NR) anti-CD38 mAb daratumumab/Darzalex that was FDA-approved in its original form in 2015 (its subcutaneously-injectable hyaluronidase-co-formulated Darzalex Faspro was approved more recently in Nov/25); last year the mAb generated F2025 sales of US$14.4B according to innovator Genmab A/S (GMAB-Q, NR) which receives royalty revenue on Darzalex net sales. Multiple pomalidomide generic formulations are already FDA-approved, including by the usual suspects like Teva Pharmaceuticals (TEVA-NY, NR), Viatris/Mylan (VTRS-Q, NR) & Canadian drug marketing giant Apotex (private).

    - Our reason for emphasizing pomalidomide in this analysis is less because of our interests in the drug itself but more for our focus on the overall multiple myeloma universe in regard to a molecular diagnostics firm that we have been following in our Healthcare Weekly narratives, MB-based Telo Genomics (TELO-V, NR). The firm's core capability is in how to accurately visualize telomere architecture (the platform is called TeloView) & to use computational methods to correlate telomere characteristics with various diseases, including determining disease staging & responsiveness to therapy. The firm's most advanced clinical testing had been in multiple myeloma, specifically in its ability to determine whether disease is smoldering or more advanced, or if patients still exhibit minimal residual disease after therapy. Telo has an ongoing collaboration with the US Mayo Clinic on using TeloView for multiple myeloma diagnostic purposes, publishing most recently in late 2024 in the *American Journal of Hematology* & late last year in the journal *Cells*.

  - Masitentan (Opsumit). J&J's pulmonary arterial hypertension-targeted endothelin receptor antagonist drug generated global sales last yar of US$2.32B, of which US$1.63B were in the US & with both sales values experiencing low single-digit growth from F2024 global/US sales of US$2.23B & $1.56B, respectively. J&J has two high-profile small-molecule

drugs that target PAH, Opsumit along with its prostacyclin receptor agonist drug selexipag/Uptravi (F2025 sales were comparable to Opsumit if a bit lower at US$1.90B globally & US$1.54B in the US). The drug was originally developed by Swiss pharma firm Actelion (ticker was ATLN-SW, NR) which J&J acquired for US$30B in Jan/17.

- But shifting back to Opsumit specifically, unlike pomalidomide for which multiple generic forms are already FDA-approved & thus poised for launch both on a regulatory & operational basis, we do not see any masitentan generic forms listed in the FDA Orange Book, at least not yet. Whenever the drug is tested clinically, it is frequently compared to the anti-C5 complement protein—binding mAb eculizumab/Soliris, which was developed by another Switzerland-based firm Alexion (acquired by AstraZeneca [AZN-LN, NR] for US$39B in Jul/21). Though Soliris sales were still robust by any objective measure last year at US$1.84B, they were down 29% y/y & were substantially below sales for Astra's next-generation anti-C5 mAb ravulizumab/Ultomiris for which sales last year were US$4.7B.

- **Sitagliptin (Januvia/Janumet).** Merck's long-time dipeptidase IV (DPP-4) inhibiting small-molecule drug Januvia & its metformin-based combination therapy Janumet captured a part of the overall GLP-1 universe through inhibiting the enzyme that digests GLP-1 in circulation, rather than being a GLP-1 formulation itself. The drugs collectively generated US$501M in global FQ425 sales for Merck, but the firm itself stated explicitly that both brands are poised to go generic during the present quarter.

  - We reflect with some nostalgia on Januvia/Janumet because of their relevance to our legacy coverage universe – they were both formulated by contract manufacturing organization Patheon (ticker was PTI-T) back when we were covering the stock, until it was taken private & then eventually acquired by ThermoFisher (TMO-NY, NR). Actually, the drug was manufactured/formulated by Puerto Rico-based Mova Pharmaceuticals which Patheon acquired in Q105, continuing on with all of the Rx manufacturing operations it already had in place, including Januvia/Janumet. At present though, Januvia/Janumet's prescribing information identifies Merck Sharp & Dohme LLC itself as the sole manufacturer/distributor.

- **Golimumab (Simponi).** J&J's (JNJ-NY, NR) TNF-blocking mAb that targets a multiplicity of inflammatory conditions including rheumatoid/psoriatic arthritis, ulcerative colitis & ankylosing spondylitis is poised to endure biosimilar competition later this year. The drug generated US$2.7B in global sales last year, up from US$2.2B last year but with most of this growth arising from Merck returning EU rights to the drug & not through organic growth in domestic markets (international sales last year jumped from US$1.1B to US$1.48B in F2025, while US sales did grow but not to that degree).

  - As with most of the drug innovators we describe above, J&J is fairly resigned to the eventual availability of biosimilar golimumab formulations this year & to the eventual decline in US sales. Golumumab formulations are already developed by Teva Pharmaceuticals (TEVA-NY, NR) with ATV05 & by China-based Bio-Thera (688177-SHA, NR) with BAT2506/Gotenfia. Interestingly, the firm's more recognizable TNF-targeted mAb Remicade generated lower sales in both F2024 & F2025 at US$1.6B & US$1.77B, respectively.

  - This TNF-targeted mAb targets indications in gastro-esophageal disorders, including inflammatory bowel diseases of which Crohn's disease is one, that we believe Eupraxia Pharmaceuticals (EPRX-Q, Buy, PT US$12.75) could target with its DiffuSphere-based fluticacone propionate formulation EP-104GI, on which we commented separately in this Healthcare Weekly.

- **Cladribine (Mavenclad).** Merck KGaA's (private) long-ago FDA-approved small-molecule relapsing remitting multiple sclerosis-targeted purine analog drug still generated sales in the US last year of US$716M even though many alternative MS drugs are currently available (Biogen's dimethyl fumarate formulation Tecfidera & Novartis' fingolimod/Gilenya, to name two), even before considering legacy drugs like Teva's glatiramer acetate polymer drug Copaxone & Biogen's interferon beta-1a formulation Avonex. In an investor presentation earlier in FQ126, Merck KGaA explicitly assumed that no US Mavenclad sales were embedded into its F2026 EBITDA guidance.

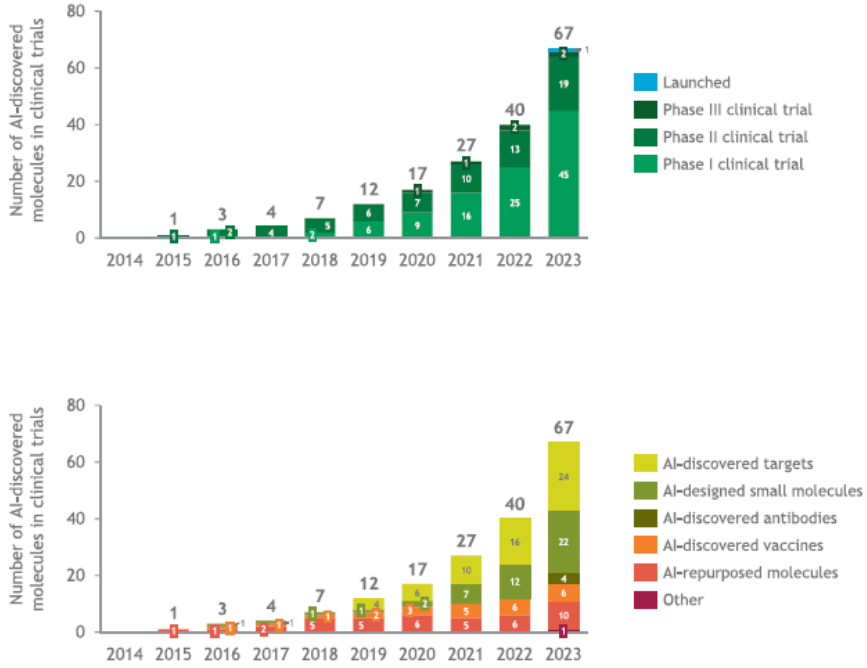
  - It has been some years since we had MS-targeted therapies under development in our coverage universe. Though we do not formally cover ON-based Quantum Biopharma (QNTM-Q, NR), we observe that the firm announced earlier this week that it intends to drive forward with Phase II MS testing for Lucid-MS, a small-molecule for which mechanism of action is described as preventing demyelination of neurons, which at its core is relevant to the

pathophysiology of multiple sclerosis in all of its relapsing remitting & progressive forms. The trial is expected to commence patient enrollment later this quarter & we expect to track progress on this program in coming quarters.

- In its descriptions of Lucid-MS's underlying pharmacology, the firm cites a 2018 paper published in the journal *PNAS*, showing therein that neuron demyelination in an animal model of disease (neuron demyelination is triggered by the chemical cuprizone) can be impeded by inhibitors of the enzyme peptidyl arginine deiminase, which presumably Lucid-MS is. Indeed, the firm frequently cites a paper published in Oct/17 in the *Journal of Medicinal Chemistry* by LP Kotra's team at the University of Toronto specifically describing its drug discover efforts in MS that focus on non-covalent inhibitors of that enzyme. Plausible structural motifs for Lucid-MS are derived from a hydantoin core to which various heterocycle side chains are attached & a core US patent was issued to LP Kotra & E Wasilewski at University Health Networks in Jul/20 on this theme.

- **The latest AI-based drug development alliance has blockbuster economics ascribed to it, this time by Eli Lilly.** IN-based global pharma firm (& the first to achieve a thirteen-digit market value in the history of pharmaceutical capital markets, though giving back 17.6% of those returns YTD) Eli Lilly (LLY-NY, NR) just entered into a new AI-based drug discovery alliance with MA- & Hong Kong-based a Insilico Medicine (3696-HK, NR). The new US$2.75B alliance supplements a prior alliance that the two firms signed back in mid-FQ425 & a third alliance that was mostly a software licensing deal consummated in 2023, both of which formed the basis for prior commentary in our Healthcare Weekly.

Exhibit 7. Pace of AI's Influence On Drug Discovery Was Already Gathering Momentum During 2014-to-2023 & Undoubtedly Has Scaled Exponentially Ever Since – Data Stratified By Stage Of Development At Indicated Date Or Mode Of Discovery



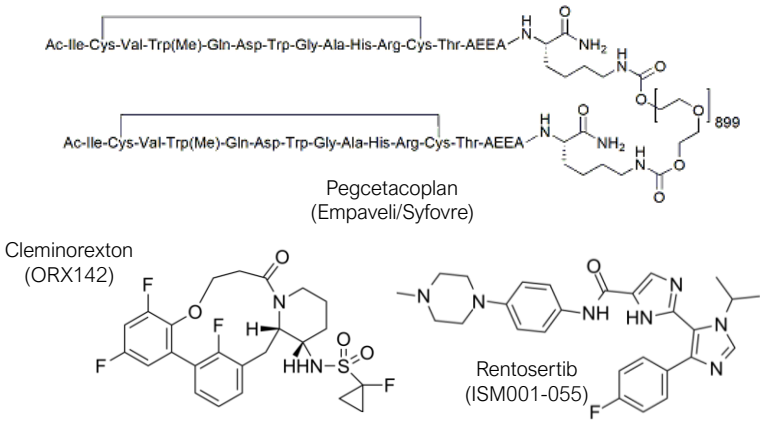
Source: *Drug Discovery Today (June, 2024)*

- Earlier in Mar/26, Insilico raised US$110M to fund its own AI drug discovery initiatives, with some of that capital specifically destined to fund at least two ongoing clinical programs that Insilico is driving in China, a Phase II placebo-controlled idiopathic pulmonary fibrosis trial testing its small-molecule drug ISM001-055/rentosertib that already generated positive top-line data on three-month impact on forced expiratory volume at all dosages tested. Data from this trial for the small-molecule TNIK inhibitor (short for Traf2 & Nck-interacting kinase, a novel enzyme that attaches phosphate groups to serine or threonine residues & in so doing impedes pro-fibrotic & pro-inflammatory pathways in cells & tissues) were published by Insilico & its China-based collaborators in Jun/25 in the journal *Nature Medicine*. Preclinical & Phase I data for the drug were separately published in Mar/24 in the journal *Nature Biotechnology*.

- Independent of its Eli Lilly alliance, for which neither biological targets nor their relevant indications were disclosed, Insilico is also advancing an inflammatory bowel disease-focused gut-restricted PHD1/2-targeted drug called

ISM5411/garutadustat for which the Phase II BETHESDA trial is ongoing, & two solid tumor-targeted drugs in transcriptional enhanced associate domain (TEAD) inhibitor ISM6331 & methionine adenosyl transferase 2 (MAT2) inhibitor ISM3412 are both is independently enrolling patients in initial Phase I trials. Insilico has multiple other lead candidates as identified by its multiple AI platforms that clearly justified the firm legacy capital raises bringing year-end cash to US$393.3M. The firm generated total partnership revenue last year of US$56.2M, independent of the Eli Lilly alliance just announced.

Exhibit 8. Molecular Structures For Apellis/Biogen's Pegcetacoplan, Centessa's Cleminorexton & Insilico's Rentosertib



Source: MedChemExpress

- **The cheques keep getting bigger on acquisitive growth, in the AI realm or otherwise – Biogen & Eli Lilly ascribe substantial value to new transactions.** Earlier this week, two major US-based drug developers in MA-based Biogen (BIIB-Q, NR) & IN-based Eli Lilly (LLY-NY, NR, which of course consummated the Insilico Medicine AI drug discovery alliance that we described above) made two sizable acquisitions not in terms of scale of operations acquired but in the magnitude of capital ascribed to the respective transactions.

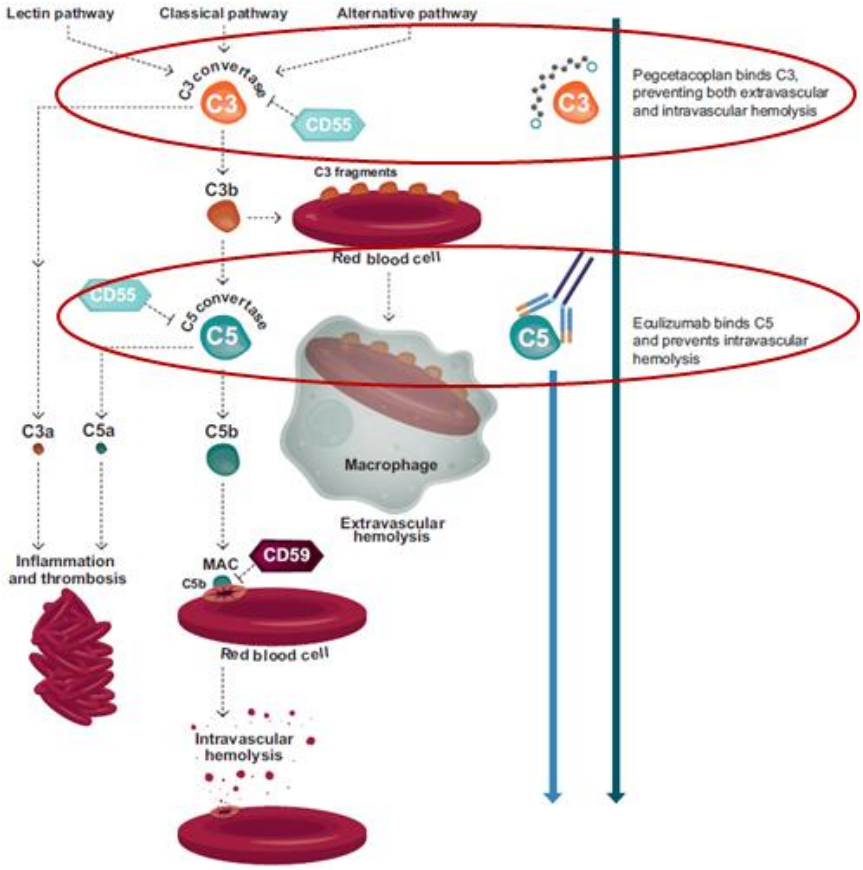
  - We will get into the details below, but in no particular order, Biogen bid US$5.6B to acquire its regional MA-based peer firm Apellis Pharmaceuticals (APLS-Q, NR), ostensibly to acquire marketing rights to Apellis' suite of rare disease-targeted therapies that includes complement C3-targeted paroxysmal nocturnal hemoglobulinuria- (PNH) & primary immune complex-mediated membranoproliferative glomerulonephritis (kidney disease)-targeted pegcetacoplan/ Empaveli & also-complement C3-targeted age-related macular degeneration-associated geographic atrophy-targeted pegcetacoplan/Syfovre.

  - Empaveli & Syfovre were both initially characterized in the medical literature in a 2019 paper published by Europe-based researchers in the journal *Therapeutic Advances in Hematology* & originally FDA-approved in 2021. Pegcetacoplan as its prefix implies is a polyethylene glycol (PEG)-derivatized drug, comprised of two identical fifteen-amino acid pentadecapeptides that bind to complement C3 & inhibit its role in the complement cascade. The pentadecapeptide components have a few distinctive structural elements, one of which is that each has two sulfur-containing cysteine residues that link together through a so-called disulfide bond within each independent peptide (so not to each other) to lock the peptides into a defined geometric shape.

  - Each peptide also contains a methylated tryptophan residue (this amino acid is not normally methylated in nature) & is linked to the PEG bridge through a non-naturally occurring amino acid called amino(ethoxyethoxy) acetic acid (AEEA, as designated in Exhibit 8). Combined sales for these two drugs, which are of course the same drug just by marketed under different brands for the two non-overlapping medical markets, were US$689M so the transaction corresponds to a price-to-sales multiple of 8.1x, clearly an aggressive multiple if Biogen's aspirations for pegcetacoplan are limited solely to its existing FDA-approved indications. On that theme, Apellis was already funding a 320-patient Phase III trial (data expected in H228) that is testing the drug's utility in kidney allograft transplantation; NY-based Roswell Park Cancer Institute is separately testing the drug in combination with various anti-cancer agents in two Phase I/II cancer trials, one a 60-patient gynecologic cancer study (data in H128) and another a 35-patient pancreatic cancer study (data in H128) that could be relevant to the drug's prospects in solid tumor standard-of-care.

- Biogen explicitly stated in its Apellis acquisition announcement that the transaction was strategically motivated by its interests in augmenting its nephrology portfolio, a portfolio that it expects to expand with its Phase III-stage anti-CD38 mAb drug felzartamab.currently undergoing Phase III testing for mitigating antibody-mediated kidney transplant rejection in the 120-patient TRANSCEND trial (data by mid-F2027) & in the120-patient TRANSCEND-LTE trial (data expected by mid-F2031).

Exhibit 9. Pegcetacoplan Works By Impeding The Complement Cascade Through Binding To The Protein C3, Distinct From C5 That Is The Target Of Long-Time Standards-Of-Care, Astra's Eculizumab/Soliris & Ravulizumab/Ultomiris



Source: Adapted from *American Journal of Hematology (2020). Vol. 95, pp. 1334-1343.*

- And independent of Eli Lilly's new alliance with Insilico, the firm acquired MA- & UK-based drug developer Centessa Pharmaceuticals plc (CNTA-Q, NR) in a deal valuing the orexin receptor 2 (OX2R) agonist developer at US$6.3B, independent of another potential payout of US$1.5B based on future regulatory review of Centessa's lead sleep disorder clinical assets in cleminorexton/ORX142 in narcolepsy types I & II or in idiopathic hypersomnia.
- The transaction is of interest not just because of the scale of economics ascribed to the transaction (there are no conventional economic metrics on which valuation was based, unlike the Biogen-Apellis transaction described above for which a T12M revenue multiple was at least partially foundational) but because it expands Eli Lilly's clinical pipeline back into central nervous system disorders where it traditionally had/has a solid franchise (fluoxetine/Prozac, olanzapine/Zyprexa & duloxetine/Cymbalta, to name three high-profile brands) while partially diversifying away from the endocrinology/ metabolism universe where its GLP-1 formulation tirzepatide (Mounjaro/Zebound) are generating multi-blockbuster quarterly sales.
- Centessa is currently testing cleminorexton/ORX142 in a 208-patient Phase I/II placebo-controlled single- & multiple-ascenting dose PK study for which one study arm will directly test acutely sleep-deprived patients for impact on various measures of sleep quality (the Karolinaks Sleepiness Scale & the Maintenance of Wakefulness Test, to name two). Data are expected later this year & perhaps as soon as end-of-FQ226.

- **Blackstone Life Sciences closes record US$6.3B fund at hard cap, signalling sustained institutional conviction in late-stage biopharma.** Blackstone (BX-NYSE) announced the final close of Blackstone Life Sciences VI (BXLS VI) earlier this week, an oversubscribed vehicle that closed at its US$6.3B hard cap, roughly 40% larger than its US$4.6B predecessor life sciences vehicle (BXLS V, closed in 2020, now largely deployed). The BXLS platform, launched in 2018 via its acquisition of Clarus Ventures, now manages approximately US$15B in assets.
  - Blackstone states the platform has committed roughly US$2B in new investments over the past twelve months; from what we can validate, the verifiable recent deployments include a US$700M R&D co-funding agreement with Merck (MRK-NY, NR) for TROP2-targeting ADC sac-TMT (Nov/25), a co-funding agreement with Johnson & Johnson (JNJ-NY, NR) for menin inhibitor bleximenib in AML (Feb/26), and a $400M strategic growth capital agreement with Teva (TEVA-NY, NR) to advance TL1A-targeting antibody duvakitug in irritable bowel syndrome (IBD; Mar/26). Separately, BXLS completed the sale of portfolio company Anthos Therapeutics to Novartis (NVS-NYSE, NR) for up to $3.1B ($925M upfront) in Apr/25, a company BXLS co-founded with Novartis in 2019 to develop abelacimab, a novel Factor XI inhibitor for stroke prevention in atrial fibrillation. We note that the press release also lists the $2B Alnylam (ALNY-NYSE, NR) RNAi financing collaboration among its representative transactions, though that deal dates back to Apr/20 and is not a recent deployment.
  - Blackstone reports an 86% Phase III-to-approval success rate for funded assets versus a roughly 48% industry average (per Evaluate Pharma), though it is worth noting that the comparison periods differ substantially (BXLS tracks from 2010; the industry benchmark spans from 2000), and the strategy inherently selects for lower-risk, late-stage assets at well-capitalized partners (average collaborator market cap >$90B per Blackstone's own materials).
  - The fundraise speaks to a broader theme of institutional capital continuing to flow into dedicated life sciences strategies. Life sciences VC activity was modestly higher in 2025 on a global basis, with pharma M&A accelerating as large companies moved to fill pipeline gaps ahead of patent cliffs. Several other large healthcare-focused vehicles also had strong raises over the past 18 months, including ARCH Venture Partners (>US$3.0B, Sept/24), Bain Capital Life Sciences (US$3.0B; Sept/24), and OrbiMed's Royalty & Credit Opportunities Fund V ($1.86B, Aug/25).
  - While venture capital dollars have increasingly concentrated in a handful of mega-cap AI deals, the oversubscription of dedicated life sciences vehicles like BXLS VI suggests that healthcare continues to attract committed institutional allocators on the strength of its own fundamentals, particularly for later-stage assets where clinical derisking provides a differentiated return profile. In Canada, BDC Capital is preparing to launch a new dedicated Life Sciences Fund (approximately C$100M, expected to launch this month) for direct early-stage investments, a smaller-scale but notable signal given CEO Isabelle Hudon's acknowledgment that the bank pulled back from the sector 'too early' following the 2019 spinout of its healthcare fund into Amplitude Ventures.
- **Connect Biopharma (CNTB-Q, NR) reports Phase III atopic dermatitis data at the AAD 2026 conference for mechistically-novel rademikibart**. Connect Biopharma's China-based partner Simcere (2096-HK, NR) presented 52-week Phase 3 data from RADIANT-AD for rademikibart, an anti-interleukin-4 receptor α (IL-4 α) monoclonal antibody, in 259 adolescent/adult patients with moderate-to-severe atopic dermatitis at the American Academy of Dermatology annual meeting in CO this week. The trial used a 16-week placebo-controlled induction phase (300 mg biweekly), followed by a 36-week maintenance phase where placebo patients crossed over to receive rademikibart at the aforementioned dosing regimen. 52-week maintenance data were strong in our view - 96.6% of patients achieved at least a 75% reduction from baseline presentation in a measure of disease symptom severity called the Eczema Area & Severity Index (EASI-75), with 87.1% of patients experiencing improvement on another disease measure (IGA 0/1) & 85.3% experienced even more dramatic improvement on the EASI scale (the so-called EASI-90 scale where >90% reduction from baseline in disease presentation is observed).
  - RADIANT-AD was conducted entirely in a Chinese population, which warrants caution in our view for any cross-trial comparisons with Dupixent-based global pivotal data (SOLO 1/2, CHRONOS) that was generated from a more heterogeneous population. It is always possible that pharmacogenomic distinctions in different populations could impact efficacy, not just for atopic dermatitis & not just for these two mAb drugs. Connect's own earlier global Phase 2b (WW001) showed the China subgroup experienced greater EASI reductions and lower placebo responses than the overall population, so the "best-in-class" framing should be held until confirmed in a global RCT.

- On mechanism, by targeting IL-4Rα, rademikibart resembles Sanofi's (SNY-NY, NR) multi-blockbuster mAb drug dupilumab/Dupixent, though it does bind to a different IL-4Rα & with different affinity & binding kinetics. Zhang & coworkers (*Scientific Reports, 2023*) reported dissociation constant (K_D) values of 20.7 pM for rademikibart as compared to 45.8 pM for dupilumab, though both constants are well into the picomolar range, implying tight binding by biological receptor-ligand standards. Structural characterization data published by Shi & coworkers in 2024 in the journal *SKIN: Journal of Cutaneous Medicine* used X-ray crystallography to show that rademikibart binding to IL-4R overlapped with a conserved epitope on a different interleukin called IL-13 that is itself targeted by other dermatology-relevant mAbs such as Eli Lilly's (LLY-NY, NR) lebrikizumab/Ebglyss & LEO Pharma's (private) tralokinumab/Adtralza, both of which have been tested in atopic dermatitis.

- Our read-through on relevance to our coverage universe begins with Cipher Pharmaceuticals (CPH-T, Buy, PT C$19.00) that through its Absorica/Epuris/Natroba franchise continues to be as focused on dermatology as on any other indication in its Rx portfolio. At present, the firm does not have any atopic dermatitis-targeted therapies that contribute to our financial forecasts, But also, new rademikibart Phase III data are relevant at least notionally to BC-based Eupraxia Pharmaceuticals (ERPX-Q, Buy, PT US$12.75) & its focus on a core Dupixent target market in eosinophilic esophagitis (EoE), which Eupraxia is also targeting with its DiffuSphere-based fluticasone propionate formulation EP-104GI.

- Fluticasone propionate does not confer ant-inflammatory activity uniquely through any specific interleukin-mediated pathways as such, but it is clear that EP-104GI is targeting at least one major gastro-esophageal market where interleukin-targeted therapies like Dupixent have documented efficacy & we will closely monitor any advances in this realm of any clinical-stage therapies exhibiting mechanistic overlap with rademikibart or Dupixent or fluticasone propionate. As we discussed in our EPRX initiation report, corticosteroids like fluticasone propionate, if locally delivered & thus not as vulnerable to the systemic side effects that corticosteroids confer, do not suffer from the single-receptor limitations that epitope-targeted mAbs confer (a IL-4Rα-specific mAb can only intercede in pathways for which that receptor alone is relevant).

- **Apropos of our Cardiol Therapeutics FQ425 commentary above, there were a few clinical updates at an American College of Cardiology scientific meeting that caught our eye this week.** NJ-based pharma giant Merck (MRK-NY, NR) presented Phase 2 CADENCE results at the 2026 American College of Cardiology (ACC) Annual Scientific Session & Expo meeting in LA this week, with data evaluating the pulmonary arterial hypertension-focused activin signalling-targeted drug sotatercept/Winrevair in a 164-patients with combined post- and precapillary pulmonary hypertension (CpcPH) and heart failure with preserved ejection fraction (HFpEF).

  - **HFpEF is similar to but still distinct from HFrEF/congestive heart failure** – a summary of how these two heart failure indications are different. CpcPH-HFpEF is a distinct, likely underdiagnosed subset of HFpEF in which patients develop secondary pulmonary vascular remodeling on top of left-sided cardiac disease. We have explained the difference between heart failure with preserved ejection fraction (also called diastolic heart failure; HFpEF) & heart failure with reduced ejection fraction (usually called congestive heart failure, but occasionally called systolic heart failure; HFrEF) in prior Cardiol commentary but it bears repetition since, despite the fact that there is pathophysiological overlap between the two diseases & in the drugs used to great them (Novartis' Entresto is FDA-approved for both indications, for example), they are distinct indications for which distinct clinical data is necessary to garner favorable FDA review.

  - At their core, they are both diseases of the left-side of the heart & thus with the efficiency or lack thereof by which the heart distributes oxygenated blood to other tissues in the body. HFpEF is a malfunctioning of how well the left ventricle fills with oxygenated blood from the left atrium, HFrEF is a malfunctioning of how well the left ventricle pumps out oxygenated blood once filled – the underlying pathology is the same (inefficient distribution of oxygenated blood to the rest of the body) but they do have distinct underlying causes even though the left ventricle is involved in both indications.

  - **There are no approved treatments for this indication.** Sotatercept/Winrevair is already FDA-approved for Group 1 pulmonary arterial hypertension (PAH) and acts as an activin signaling inhibitor that rebalances pro- and anti-proliferative pathways in the pulmonary vasculature; the rationale for extension is that the precapillary PH component in these patients involves analogous vascular remodeling. The study met its primary endpoint, with the 0.3 mg/kg dose achieving a 1.02 Wood unit reduction in pulmonary vascular resistance (PVR) versus placebo (p=0.004) and the 0.7 mg/kg dose showing a 0.75 Wood unit reduction (p=0.024) at week 24. Improvements in 6-minute walk distance fell

short of statistical significance. Merck reported numerical improvements in time to first clinical worsening and N-terminal pro-B-type natriuretic peptide (NT-proBNP). Lack of dose response across primary outcome, PAWP, and time to first clinical worsening leaves some small concerns. Winrevair generated US$1.4B in F2025 sales.

- **The broader read-through certainly regards HFpEF as a therapeutic space.** HFpEF accounts for approximately half of all heart failure cases and carries a five-year mortality rate around 76%, yet remains poorly served pharmacologically (Omote & coworkers, Annu Rev Med. 2022). Merck's commitment to advancing a biologic into pivotal testing for even a defined subset of this population certainly reinforces both the unmet need and the commercial rationale. As per the theme of this analysis that we flagged at the beginning of this cardiology-relevant commentary, HFpEF clinical data by peers is directly relevant to Cardiol Therapeutics (CRDL-Q, Spec Buy, PT: $7.00), which is developing CRD-38, a subcutaneous cannabidiol formulation targeting HFpEF through anti-inflammatory and anti-fibrotic mechanisms, principally NLRP3 inflammasome inhibition and, per more recent preclinical work, peroxisomal proliferator-activated receptor gamma (PPAR-gamma) signaling.

- CRD-38 preclinical data (published last year in the *Journal of the American College of Cardiology: Basic to Translational Science*) demonstrated preservation of mitochondrial function, reduced fibrosis, and improved ejection fraction in an HFpEF model. CRD-38 remains in IND-enabling work with Phase I planned, so the programs are at very different stages, and CRD-38 addresses the cardiac inflammation/fibrosis component of HFpEF rather than the pulmonary vascular remodeling Winrevair targets. Nonetheless, Merck's investment here validates the broader commercial opportunity that underpins Cardiol's HFpEF thesis.

- **Braveheart Bio (private) & Hengrui (600276-SHA, NR) presented Phase II dose-ranging data for HRS-1893 (BHB-1893),** a next-generation selective cardiac myosin inhibitor, in 42 patients with obstructive hypertrophic cardiomyopathy (oHCM). In oHCM, abnormal thickening of the heart muscle obstructs the left ventricular outflow tract (LVOT), impeding blood flow. Disease severity is quantified by the LVOT pressure gradient, with gradients below 30 mmHg considered a complete response (Ommen & coworkers, *JACC, 2020*). Cardiac myosin inhibitors reduce the force of contraction to relieve this obstruction, but the trade-off is that excessive reduction can impair overall cardiac function as measured by left ventricular ejection fraction (LVEF).

- In the CADENCE study, complete Valsalva LVOT gradient response (below 30 mmHg) ranged from 50% to 86% across dose groups, with average gradients falling below 30 mmHg as early as day 5 of treatment. LVEF decreases were minimal, between 1.8% and 2.7%. 89% of patients were well-served at 40 mg or 60 mg twice-daily, with minimal titration required. Secondary measures in the selected dose group included a 1.0 mL/kg/min increase in peak oxygen consumption (pVO2), a 10.5-point improvement on the Kansas City Cardiomyopathy Questionnaire Clinical Summary Score (KCCQ-CSS), and an 88% reduction in NT-proBNP. All 42 patients enrolled in the open-label extension.

- The drug sits in an increasingly crowded cardiac myosin inhibitor space. Bristol Myers Squibb's (BMY-NY, NR) Camzyos (mavacamten) was the first-in-class approval in 2022 for oHCM, reaching $602 million in 2024 sales and generating $714 million through the first nine months of 2025; BMS reported Camzyos exceeded $1 billion in full-year 2025 revenue. Cytokinetics' aficamten is the lead next-in-class competitor. In the Phase 2 REDWOOD-HCM trial (Maron & coworkers, *JACC, 2023*), aficamten showed resting LVOT gradient reductions of 40-43 mmHg but LVEF reductions of 6-12%, meaningfully larger than the 1.8-2.7% reported for HRS-1893. The LVEF preservation is potentially differentiating; Camzyos carries a Risk Evaluation and Mitigation Strategy (REMS) program in part because of concerns about systolic dysfunction, and reducing the need for intensive echocardiographic monitoring and titration is certainly a goal for next-generation therapies in the class.

- Braveheart licensed HRS-1893 from Hengrui in Sept/25 in a deal worth US$65M upfront (US$32.5M cash plus US$32.5M in equity) with up to US$1.0B in development and commercial milestones plus royalties The company plans to initiate a global pivotal study in 2026, with a Phase III trial already running in China and a Phase II in non-obstructive HCM ongoing. Our model does not assume that Cardiol's cannabidiol formulations will be effective at targeting structural heart diseases (its well-documented mechanism of action is pretty clearly relevant mostly to inflammatory heart diseases) but we reflect favorably on just how focused global drug developers are on partnering with or outright acquiring firms that have novel cardiovascular disease-focused assets, a category that clearly includes Cardiol.

Capital Markets Summary

Exhibit xxx. EBITDA Or EPS-Positive Canadian Healthcare Stocks

Company	Filing Curr.	Sym.	Shrs Out. (M)	Share Price 1-Apr	Mkt Cap (M)	Mkt Cap (C$M)	Ent. Value (M)	Ent. Value (C$M)	EV/EBITDA (T12M)	EV/EBITDA FY1	EV/EBITDA FY2	Price/Earnings (T12M)	Price/Earnings FY1	Price/Earnings FY2
Profitable Canadian healthcare firms - specialty services [2,4]														
DRI Healthcare Trust	CAD	DHT.UN	55.0	$16.66	917	917	1,525	1,525	7.3x	6.9x	6.6x	NA	7.2x	7.0x
Jamieson Wellness	CAD	JWEL	41.2	$34.41	1,419	1,419	1,868	1,868	11.8x	10.5x	9.4x	23.0x	16.2x	13.9x
K-Bro Linen	CAD	KBL	13.0	$35.00	455	455	752	752	7.3x	6.9x	6.5x	23.6x	16.9x	12.7x
Medical Facilities [1]	CAD	DR	17.7	$12.11	214	297	408	567	6.6x	7.2x	7.1x	21.3x	5.9x	18.1x
Microbix Biosystems	CAD	MBX	138.3	$0.24	32	32	30	30	NA	NA	10.4x	NA	NA	NA
Savaria	CAD	SIS	71.7	$26.89	1,929	1,929	2,116	2,116	11.6x	10.4x	9.6x	27.9x	19.4x	17.3x
Profitable Canadian healthcare firms - specialty pharmaceuticals development/sales [2]														
Aurinia Pharma	USD	AUPH	133.0	$15.47	2,057	2,854	1,723	2,397	10.0x	7.8x	6.5x	7.1x	19.5x	14.8x
Bausch Health	USD	BHC	370.6	$5.58	2,068	2,869	31,280	43,523	6.7x	6.0x	6.1x	13.2x	1.3x	1.4x
BioSyent	CAD	RX	11.7	$14.80	173	173	145	145	12.0x	11.5x	10.2x	18.5x	17.0x	15.6x
Cipher Pharma [1]	CAD	CPH	25.3	$13.17	333	462	468	651	NA	16.7x	13.4x	NA	17.7x	13.9x
HLS Therapeutics [1]	CAD	HLS	31.3	$3.15	98	137	189	263	11.7x	9.5x	8.0x	NA	NA	NA
Knight Therapeutics	CAD	GUD	98.0	$7.44	729	729	693	693	10.2x	9.2x	8.6x	NA	43.8x	30.4x
Medexus Pharma [1]	CAD	MDP	32.3	$2.36	76	106	120	167	8.9x	7.7x	5.6x	NA	NA	7.4x
Profitable Canadian healthcare firms - eldercare services or infrastructure developers														
CareRx	CAD	CRRX	62.9	$3.62	228	228	292	292	9.7x	7.9x	7.0x	8.7x	20.9x	12.1x
Chartwell Retirement	CAD	CSH.UN	316.9	$21.07	6,677	6,677	9,555	9,555	23.8x	19.0x	17.2x	NA	NA	55.4x
Extendicare	CAD	EXE	94.5	$26.78	2,530	2,530	2,512	2,512	14.3x	11.4x	9.4x	23.7x	22.7x	18.7x
Vital Infrastructure	CAD	VITL.UN	250.0	$5.40	1,350	1,350	2,626	2,626	10.1x	12.2x	12.4x	NA	NA	NA
Nova Leap Health	CAD	NLH	87.3	$0.35	31	31	32	32	12.2x	NA	NA	NA	NA	NA
Sienna Senior Living	CAD	SIA	102.9	$22.06	2,271	2,271	3,576	3,576	23.9x	17.9x	16.2x	45.1x	36.8x	32.0x
Profitable Canadian healthcare firms - medical equipment distribution/sales [3]														
Covalon Technologies	CAD	COV	27.6	$1.80	50	50	34	34	23.5x	9.8x	6.3x	50.5x	25.7x	12.9x
Viemed Healthcare	USD	VMD	38.6	$9.59	370	370	515	716	7.6x	5.6x	4.9x	24.9x	20.0x	15.5x
Profitable Canadian healthcare firms - healthcare IT or digital IT services firms														
Healwell AI	CAD	AIDX	294.1	$0.77	226	226	294	294	NA	34.2x	18.3x	NA	NA	NA
Hydreight	CAD	NURS	53.4	$2.57	137	137	127	127	NA	5.5x	3.6x	NA	8.6x	5.2x
Kneat.com	CAD	KSI	95.8	$3.57	342	475	322	322	58.0x	18.5x	12.5x	NA	NA	NA
Vitalhub	CAD	VHI	63.2	$6.90	436	605	320	320	14.0x	9.4x	8.0x	NA	27.4x	21.9x
Well Health	CAD	WELL	255.5	$3.89	994	994	1,747	1,747	8.7x	9.6x	8.7x	NA	13.3x	10.0x
Average									**14.1x**	**11.3x**	**9.3x**	**24.0x**	**18.9x**	**16.8x**
Recently-acquired Canadian healthcare firms														
Andlauer	***CAD***	***AND***	***39.2***	***$54.97***	***2,152***	***2,152***	***2,165***	***2,165***	***13.4x***	***NA***	***NA***	***32.0x***	***NA***	***NA***
Dentalcorp Holdings	***CAD***	***DNTL***	***192.0***	***$11.00***	***2,112***	***2,112***	***3,112***	***3,112***	***10.9x***	***NA***	***NA***	***NA***	***NA***	***NA***
Quipt Home Medical	***USD***	***QIPT***	***44.5***	***$3.65***	***162***	***223***	***235***	***323***	***5.4x***	***NA***	***NA***	***2.1x***	***NA***	***NA***
Theratechnologies	***CAD***	***TH***	***46.0***	***$4.47***	***206***	***206***	***238***	***238***	***12.3x***	***NA***	***NA***	***NA***	***NA***	***NA***

[1] Share price converted to USD for stocks reporting financial data in USD but for which share value is reported in CAD; price refers to prior day close, EV calculations based on cash/LT debt reported in most recent quarter

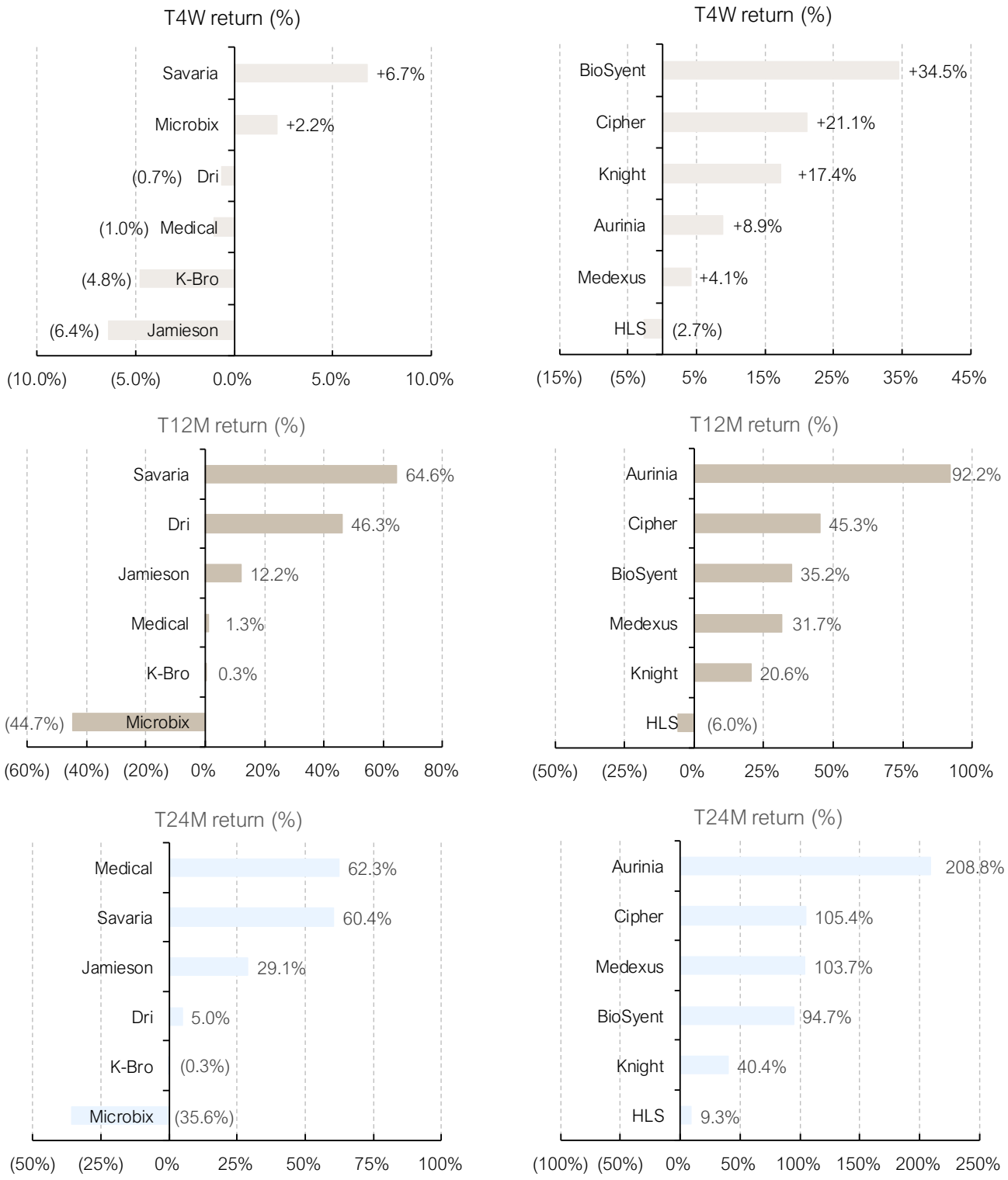
[2] Legacy specialty pharmaceutical firm & coverage stock Theratechnologies (TH-T, THTX-Q) was acquired in Sept/25 by CB Biotechnology/Future Pak for cumulative consideration of US$4.20/shr; Andlauer's acquisition by UPS (UPS-NY, NR) is closed as of Nov/25

[3] Quipt Home Medical was bid to be acquired by Kingswood Capital & Forager Capital for US$3.65/shr in Dec/25, transaction closed in Mar/26

[4] Dentalcorp Holdings was acquired by US private equity firm GRCR LLC in Sept/25 for an EV of C$3.3B (market value C$2.1B); transaction closed in Jan/26

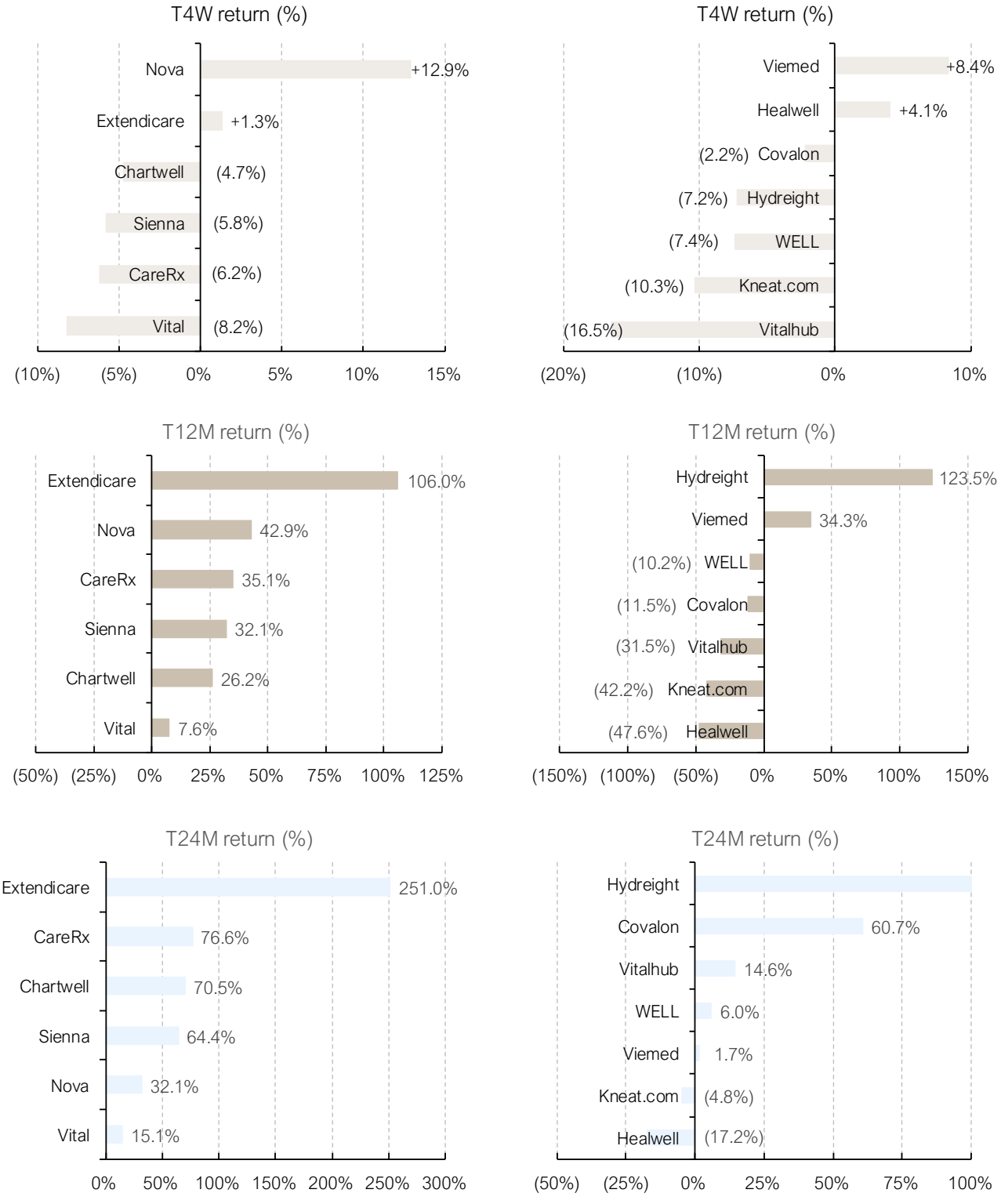
Source: Refinitiv, company reports, Leede Financial

Exhibit xxx. Trailing Four-Week, One-Year & Two-Year Relative Share Price Performance For EBITDA/EPS-Positive Canadian Healthcare Equities – Specialty Services & Specialty Pharmaceutical Firms



Source: Refinitiv, company reports, Leede Financial

Exhibit xxx. Trailing Four-Week, One-Year & Two-Year Relative Share Price Performance For EBITDA/EPS-Positive Canadian Healthcare Equities – Eldercare Services & Medical Technology Distribution/Healthcare IT Services



Source: Refinitiv, company reports, Leede Financial *(Hydreight [NURS-V, NR] T24M return 771%)*

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Buy	The security represents attractive relative value and is expected to appreciate significantly from the current price over the next 12-month time horizon.
Speculative Buy	The security is considered a BUY but carries an above-average level of risk.
Hold	The security represents fair value and no material appreciation is expected over the next 12-month time horizon.
Sell	The security represents poor value and is expected to depreciate over the next 12-month time horizon.
Under Review	The rating is temporarily placed under review until further information is disclosed.
Tender	Leede Financial Inc. recommends that investors tender to an existing public offer for the securities in the absence of a superior competing offer.
Not Rated	Leede Financial Inc. does not provide research coverage of the relevant issuer.

Rating Distribution

RECOMMENDATION	NO. OF COMPANIES	%
Buy	9	60%
Speculative Buy	4	26%
Hold	1	7%
Sell	-	-
Tender	-	-
Under Review	1	7%

Historical Target Price

Appili Therapeutics | APLI-TSXV	None
Cardiol Therapeutics | CRDL-TSX, NASDAQ	None
CareRx | CRRX-TSX	None
Cipher Pharmaceuticals | CPH-TSX	None
Eupraxia Pharmaceuticals | EPRX-TSX, NASDAQ	None
Extendicare | EXE-TSX	None
K-Bro Linen | KBL-TSX	4
Medexus Pharmaceuticals | MDP-TSX	4
Medical Facilities | DR-TSX	None
Nanalysis Scientific | NSCI-TSXV	None
Oncolytics Biotech | ONCY-NASDAQ	None
Perimeter Medical Imaging | PINK-TSXV	None
Profound Medical | PRN-TSX, PROF-NASDAQ	None
ProMIS Neurosciences | PMN-NASDAQ	2
Satellos Biosciences | MSCL-TSX	2