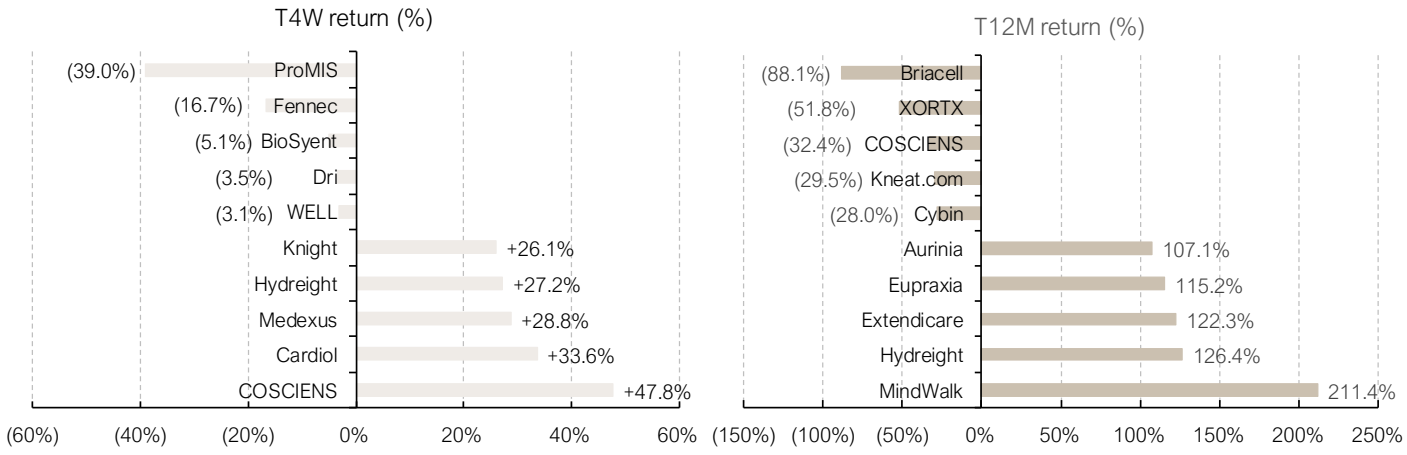
Core Highlights of the Week

Top Movers

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



Source: Leede Financial, Refinitiv

Updates From Our Healthcare Universe

- **Extendicare closes on new debt offering, replacing existing maturing debt on favorable terms while adding discretionary cash to fund working capital & perhaps some ongoing growth capex obligations.** ON-based eldercare services provider Extendicare (EXE-T, Buy, PT C$31.50) concluded its recapitalization of its maturing term credit facility this week, raising C$450M in new unsecured notes at a lower effective interest rate of 4.345% than previously ascribed to its credit facility (Extendicare's average interest rate during F2025 was 5.9%-to-6.3%). At the end of FQ425, Extendicare had total debt of C$330.2M, so our model will assume that pro forma debt will remain at FQ425 level while we allocate residual debt capital into our pro forma cash calculation (FQ425 cash was C$349.2M).

  - We would not normally comment on a debt recapitalization for one of our coverage stocks, especially one with stable free cash flow-generating capabilities & tangible real estate assets on the balance sheet to make accessibility to debt financing a virtual certainty. But we are taking this opportunity to feature just how well Extendicare is performing both operationally & from a share price augmentation perspective, all of which is driven in our view by restoration of profitability within its home healthcare operations, operations that are poised to be substantially augmented by the recent acquisitions of peer firms Closing The Gap (acquired in Jul/25 for C$75.5M) & CBI Home Health (acquired in Nov/25 for C$570M).

  - We have long advocated for Extendicare (& any other eldercare-focused firms) to focus on home healthcare as a cost-effective way to provide assistance with daily living & supplementary healthcare services to seniors, preceding & in some cases replacing more costly long-term care or hospital-based services in the process. The pandemic era during which home healthcare profitability dipped to historic lows during our EXE coverage history made acquisitions such as

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those consummated last year a challenge to justify, but the home healthcare macro-environment has clearly improved as exhibited by Extendicare's own profitability metrics & growth in service hours during the FQ223-to-F425 period.

- But shifting back to Extendicare's debt refinancing, the transaction does provide some discretionary capital for undefined purposes, but one clear objective would be to accelerate growth capex projects focused on refurbishment or replacement of its ON-based C-suite ward-style bed capacity, for which a series or construction projects are ongoing with JV partner Axium Infrastructure (private).

Exhibit 2. Income Statement & Financial Forecast Data For Extendicare, F2017A-to-F2028E

Year-end December 31 (C$M, exc share-based data)	2017A	2018A	2019A	2020A	2021A	2022A	2023A	2024A	2025A	2026E	2027E	2028E
Revenue, SNFs	$616.9	$632.5	$643.8	$715.6	$771.2	$767.1	$788.1	$827.4	$892.1	$1,038.1	$1,075.2	$1,113.9
Revenue, ParaMed (home health) [1]	$220.7	$222.3	$214.0	$188.2	$217.7	$228.9	$276.3	$552.4	$653.5	$700.7	$729.2	$758.8
Revenue, Revera (home health) [1]	$215.0	$209.0	$209.0	$180.0	$192.9	$192.8	$192.8	NA	NA	NA	NA	NA
Revenue, CBI (home health)	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$298.7	$490.0	$509.9
Revenue, Closing The Gap (home)	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$47.7	$85.5	$88.9	$92.6
Revenue, Assist liv	$20.7	$33.4	$41.3	$47.8	$49.8	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
Revenue, other Cdn ops	$18.8	$22.3	$23.9	$26.8	$27.8	$32.8	$47.8	$72.7	$67.2	$62.6	$65.2	$67.8
Revenue, US ops	$5.3	$0.4	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0
Consolidated revenue	$1,097.3	$1,120.0	$1,132.0	$1,158.3	$1,259.3	$1,221.6	$1,305.0	$1,452.6	$1,660.4	$2,185.6	$2,448.5	$2,542.9
Rev growth (%)	*2.7%*	*2.1%*	*1.1%*	*2.3%*	*8.7%*	*(3.0%)*	*6.8%*	*11.3%*	*14.3%*	*31.6%*	*12.0%*	*3.9%*
EBITDA	**$97.6**	**$94.2**	**$91.1**	**$41.7**	**$77.7**	**$55.8**	**$95.2**	**$142.7**	**$175.6**	**$235.9**	**$267.4**	**$283.1**
EBITDA margin (%)	*8.9%*	*8.4%*	*8.0%*	*3.6%*	*6.2%*	*4.6%*	*7.3%*	*9.8%*	*10.6%*	*10.8%*	*10.9%*	*11.1%*
EBITDA growth (%)	*5.0%*	*(3.4%)*	*(3.3%)*	*(54.2%)*	*86.3%*	*(28.1%)*	*70.5%*	*50.0%*	*23.0%*	*34.3%*	*13.4%*	*5.9%*
Non-oper exp (inc D&A)	*$27.0*	*$34.1*	*$35.7*	*$39.7*	*$36.2*	*$27.4*	*$38.9*	*$28.1*	*$20.1*	*$37.7*	*$43.0*	*$44.9*
Interest expense	*$28.1*	*$27.6*	*$28.7*	*$28.5*	*$27.3*	*$20.6*	*$20.6*	*$20.1*	*$18.7*	*$19.9*	*$18.7*	*$18.2*
Tax expense	*$10.9*	*$4.2*	*$7.2*	*$16.3*	*$6.5*	*$0.0*	*$10.8*	*$24.7*	*$33.4*	*$44.1*	*$51.0*	*$54.6*
Adjusted EPS (basic)	**$0.36**	**$0.09**	**$0.19**	**$0.48**	**$0.08**	**($0.05)**	**$0.40**	**$0.88**	**$1.12**	**$1.40**	**$1.62**	**$1.73**
Adjusted AFFO	**$0.66**	**$0.65**	**$0.59**	**$0.88**	**$0.60**	**$0.28**	**$0.73**	**$1.09**	**$1.20**	**$1.88**	**$2.16**	**$2.18**
Dividend per share	$0.48	$0.48	$0.48	$0.48	$0.48	$0.48	$0.48	$0.48	$0.50	$0.50	$0.50	$1.50
Implied payout ratio (%)	*73%*	*73%*	*81%*	*54%*	*80%*	*169%*	*66%*	*44%*	*42%*	*27%*	*23%*	*69%*
P/E ratio	*82.9x*	*323.6x*	*154.7x*	*61.3x*	*348.3x*	*(577.4x)*	*73.2x*	*33.8x*	*26.4x*	*21.1x*	*18.3x*	*17.1x*
EV-to-EBITDA	*25.1x*	*26.0x*	*26.9x*	*58.7x*	*31.5x*	*43.9x*	*25.7x*	*17.2x*	*14.0x*	*10.4x*	*9.2x*	*8.7x*
Price/AFFO	*44.9x*	*45.3x*	*50.1x*	*33.5x*	*49.4x*	*104.4x*	*40.6x*	*27.3x*	*24.7x*	*15.8x*	*13.7x*	*13.6x*

[1] *Stratification of home healthcare revenue in F2017-to-F2023 is as estimated by Leede Financial & is not as reported by Extendicare in those periods*

Source: Extendicare financial filings, Leede Financial

- Debt recapitalization at an effective interest rate of 4.345% does modestly impact our AFFO projections just by being below trailing interest rate ascribed to the legacy term credit facility as described above, and this in combination with new pro forma balance sheet data leads us to moderately revise our PT from C$30.50 previously to C$31.50, a level that when combined with Extendicare's annual dividend payout of C$0.48/shr (1.7% yield at current EXE share price level) corresponds to a total one-year return of 8.2% (see below & Exhibit 3).

- A return at that level is certainly creeping into Hold territory as defined by our rating hierarchy, but we believe that EXE can still generate supplemental share value by sustaining growth in home healthcare operating margin (FQ425 margin was historically strong at 16.3%, a level that could be sustainable but which for now our model will assume will only be achieved during seasonally-strong FQ4 periods going forward). Some organic growth could also be achievable by newly-acquired Closing The Gap & CBI that extends beyond the modest low-single-digit annual revenue/operating income growth that our model currently projects. And then shifting to long-term care, we expect six ongoing capital projects (for which Extendicare has a 15% ownership stake in each case) that should be operational during FQ226-to-FQ227, at the end of which Extendicare will have replaced 1,375 C-suite beds with 1,728 private/semi-private beds to which superior funding metrics will apply (another 320-bed capital project in Sudbury is on pace to be operational in FQ129, beyond our current forecast period).

- Summary & valuation. As shown in Exhibit 3, we still base our valuation on multiples of our F2027 EBITDA/AFFO forecast (C$270.3M & C$2.24/shr, respectively), with our EV calculation now incorporating pro forma cash/debt as influenced by the unsecured notes offering just described. By taking the average of these two methods, we derive a

revised PT of C$31.39, which we round to C$31.50. We continue to reflect positively on eldercare services as a seminal niche within our healthcare services coverage universe & equally positively on Extendicare's aggressive focus on home healthcare as a core component of its eldercare services franchise.

Exhibit 3. Valuation Scenarios For Extendicare

AFFO multiple, F2027	6x	8x	10x	12x	14x	16x
Implied unit price [1]	$13.43	$17.91	$22.38	**$26.86**	$31.34	$35.82
EV-to-EBITDA multiple, F2027	**6x**	**8x**	**10x**	**12x**	**14x**	**16x**
Implied unit price [1,2]	$18.74	$24.46	$30.19	**$35.91**	$41.63	$47.35
One-year EXE target price [1,2]				***$31.39***		
Implied dividend yield (%)				***1.6%***		
Current dividend yield (%)				*1.7%*		

[1] *Based on F2027 EBITDA forecast of $270.3M & F2027 AFFO forecast of $2.24/shr; basic S/O of 94.5M incorporates new equity issued in FQ425*

[2] *EV includes pro forma cash of $473.8M (FQ425 cash of $349.2M plus estimated residual capital from recent senior notes offering); total FQ425 debt of $330.2M assumed to be stable at prior level*

Source: Extendicare financial filings, Leede Financial

- Absent a systemic shock such as was endured during the coronavirus pandemic era that compressed Extendicare's operating margins during FQ220-to-FQ223, we see no reason why Extendicare's EBITDA/AFFO cannot be augmented by sustained growth in home healthcare service hours & augmenting long-term care bed count during our forecast period.
- Accordingly, we believe our Buy rating is still justified, notwithstanding the firm's strong share price performance during the trailing periods during which our sustained Buy rating was applied. Since initiating coverage under the Leede banner, EXE has generated total return since Dec/20 of 331%. We have other examples of strong performance in our coverage universe, including but not limited to Medexus Pharmaceuticals (MDP-T, Buy, PT C$10.00) that we describe below & its peer Cipher Pharmaceuticals (CPH-T, Buy, PT C$19.00) that during our coverage history has generated total returns of 56.2% & 1,531%, respectively.
- Perceptions that Canadian healthcare equity returns have been soft in recent periods are just that, perceptions, & highly inaccurate ones at that. Other examples of strong returns abound in our official coverage universe even before considering other healthcare equities that we describe routinely in the appendices of our Healthcare Weeklies, specifically in Exhibits 15-to-17 of this document.

- **Profound expands its audience for its CAPTAIN data at a major radiology conference.** ON-based prostate disease-targeted ultrasound ablation technology developer Profound Medical (PRN-T, Buy, PT US$11.50), along with its (mostly US-based) clinical collaborators, described updated data from the firm's 212-patient localized prostate tumor intervention study that compared patient outcomes following either radical prostatectomy (we assume that in all cases, Intuitive Surgical's [ISRG-Q, NR] da Vinci surgical robot was the modality used to remove prostate tissue) or Profound's FDA-approved MR-guided ultrasound ablation platform TULSA PRO.
  - Data analysis that we describe below was originally reported earlier this week at the Society of Interventional Radiology (SIR) meeting held regionally in Toronto but was also described in multiple other forums before that, most recently in mid-Mar/26 in both press-release & webinar formats. The abstract describing Profound's CAPTAIN update was separately published this month in the *Journal of Vascular & Interventional Radiology*, which investors can separately review at their discretion; however the abstract is not by itself overly quantitative. Accordingly, we will not dwell on newly-described CAPTAIN data here just because the relevance of this trial is already baked into our TULSA-PRO unit sales & procedure volume-driven consumables revenue forecasts, but key elements that were shared on how TULSA-PRO-based prostate gland ablation compared to da Vinci-enabled radical prostatectomy as an intervention in localized prostate cancer include the following:

Exhibit 4. Income Statement & Financial Forecast Data For Profound Medical, F2024A-to-F2036E

Year-end December 31 *(US$000, exc share data)*	2024A	2025A	2026E	2027E	2028E	2029E	2030E	2031E	2032E	2033E	2034E	2035E	2036E
TULSA-PRO, capital equipment	2,440	6,368	14,800	22,400	27,200	32,000	34,000	36,000	36,000	36,000	36,000	36,000	36,000
TULSA-PRO, consumables/ procedure-based revenue	7,300	8,990	13,701	24,585	44,402	72,842	114,521	144,837	178,673	197,588	214,088	230,588	247,088
Service, maintenance	940	740	600	772	1,103	1,497	1,685	1,873	2,061	2,248	2,436	2,624	2,812
Total prod revenue	**10,680**	**16,098**	**29,101**	**47,757**	**72,705**	**106,339**	**150,206**	**182,710**	**216,734**	**235,836**	**252,524**	**269,211**	**285,899**
Revenue growth, y/y (%)	*78%*	*51%*	*81%*	*64%*	*52%*	*46%*	*41%*	*22%*	*19%*	*9%*	*7%*	*7%*	*6%*
Gross margin	**7,037**	**11,393**	**19,320**	**32,634**	**50,818**	**74,438**	**105,144**	**127,897**	**151,714**	**165,085**	**176,767**	**188,448**	**200,129**
Gross margin (%)	*65.9%*	*70.8%*	*66.4%*	*68.3%*	*69.9%*	*70.0%*	*70.0%*	*70.0%*	*70.0%*	*70.0%*	*70.0%*	*70.0%*	*70.0%*
Sales & marketing expense	19,617	16,001	16,565	17,697	15,792	18,078	19,527	21,925	23,841	23,584	22,727	22,883	22,872
Gen & administrative expense	0	10,000	9,290	6,536	7,270	10,634	16,973	20,098	21,673	21,225	21,465	22,075	22,872
Research & develop expense	16,965	20,596	15,426	8,898	5,274	6,380	6,008	6,395	6,502	5,896	5,050	5,115	5,146
EBITDA	**(29,545)**	**(35,204)**	**(21,960)**	**(496)**	**22,482**	**39,346**	**62,636**	**79,479**	**99,697**	**114,380**	**127,524**	**138,375**	**149,239**
EBITDA margin (%)	*NA*	*NA*	*NA*	*NA*	*31%*	*37%*	*42%*	*44%*	*46%*	*49%*	*51%*	*51%*	*52%*
EBITDA growth, y/y (%)	*NA*	*NA*	*NA*	*NA*	*(4,628%)*	*75%*	*59%*	*27%*	*25%*	*15%*	*11%*	*9%*	*8%*
Cumul non-operating exp (amort exp, stock option, interest, F/X)	(1,727)	7,114	9,926	9,926	9,926	9,926	9,926	9,926	9,926	9,926	9,926	9,926	9,926
Tax expense	(2)	252	0	0	3,139	7,355	13,178	17,388	22,443	26,114	29,400	32,112	34,828
Net Income, fully-taxed	**(27,816)**	**(42,570)**	**(31,886)**	**(10,422)**	**9,417**	**22,065**	**39,533**	**52,165**	**67,329**	**78,341**	**88,199**	**96,337**	**104,485**
EPS (basic)	($1.07)	($1.33)	($0.88)	($0.29)	$0.26	$0.61	$1.09	$1.44	$1.86	$2.16	$2.43	$2.65	$2.88
EPS (fd)	**($1.00)**	**($1.23)**	**($0.81)**	**($0.26)**	**$0.24**	**$0.56**	**$1.00**	**$1.32**	**$1.71**	**$1.99**	**$2.24**	**$2.44**	**$2.65**
P/E	*NA*	*NA*	*NA*	*NA*	*26.9x*	*11.5x*	*6.4x*	*4.9x*	*3.8x*	*3.2x*	*2.9x*	*2.6x*	*2.4x*
EV/EBITDA (basic S/O)	*NA*	*NA*	*NA*	*NA*	*0.9x*	*0.5x*	*0.3x*	*0.3x*	*0.2x*	*0.2x*	*0.2x*	*0.2x*	*0.1x*

Source: Profound Medical financial filings, Leede Financial

- Urological side effect profile favored TULSA-PRO & by a wider margin than we would have originally predicted – at last analysis, 50% of TULSA-PRO patients preserved urinary continence & erectile function at six-month follow-up as compared to only 24% of da Vinci/radical prostatectomy patients. To be candid, both of these values are lower than desirable & when reflecting on other published studies for both technologies, but relative TULSA-PRO performance on overall patient outcomes, including but not limited to urological side effects as compared to a seminal standard-of-care in da Vinci/radical prostatectomy, is the key insight provided by CAPTAIN in our view & not absolute quality-of-life outcomes as such.

- Moving on & with a specific focus on urinary continence, TULSA-PRO-ablated prostate cancer patients experienced so-called pad-free continence in most cases (84%) as compared to only 49% of da Vinci/radical prostatectomy patients at six-month follow-up while preservation of erectile function was less frequent but still favoring TULSA-PRO at 56% vs 47% in da Vinci/radical prostatectomy patients.

- Profound indicated that da Vinci-based procedures that removed the entire prostate gland (or close to removing the entire prostate gland – we are discovering through our augmented diligence on breast cancer-focused Perimeter Medical Imaging [PINK-V, Spec Buy, PT C$3.00] that prostate tumor margins are often imprecisely defined in clinical practice & residual tumor can thus be left behind even when the intention is to remove the entire prostate gland [both tumor masses & healthy tissue; see below] & thus to remove all tumor masses localized to the gland) were conducted in most cases by surgical oncologists with documented experience deploying da Vinci surgical robots into their surgical practice, thus mitigating the likelihood that inexperience with the device contributed to da Vinci's comparative underperformance. Inexperience with TULSA-PRO would be a more common manifestation in our view.

- We already knew through prior CAPTAIN updates that TULSA-PRO performed well on other secondary post-procedure outcomes but that was further supported by the update at SIR, nicely showing that the amount of procedure-associated blood loss (we would have been surprised if TULSA-PRO did not outperform surgery – robot-enabled or otherwise – by this measure but it was still positive to see tangible data on this metric), post-procedure pain & duration of hospital stay post-procedure all favoring TULSA-PRO. Longer-term three-month complication rate for which re-hospitalization was required also favored TULSA-PRO (0.7% of TULSA-PRO patients [probably just one out of >140 patients] vs 6.3% of da Vinci patients).

- And then on efficiency of tumor removal via radical prostatectomy, we were surprised to see that fully one-third of da Vinci patients still had positive surgical margins that will require monitoring going forward for disease recurrence, recurrence that hopefully does not manifest as more advanced metastatic or castrate-resistant disease. We assume that residual tumor margins result more from procedural nuances designed to preserve nerve bundles surrounding the prostate gland (which if damaged lead directly to urological side effects as described above) & not any intrinsic limitations in da Vinci itself, a device for which 20M procedures (not specifically for prostate cancer) have cumulatively been conducted worldwide according to Intuitive Surgical's update in Jan/26.

- At the end of Dec/25, Intuitive has a global installed base of 11,106 da Vinci systems, so this is a device that will not be imminently displaced from surgical suites already equipped with the device. That said, our TULSA-PRO-based revenue projections do not now nor ever assume that TULSA-PRO revenue growth depended on capturing procedure volume market share in localized prostate cancer therapy from radical prostastecomy (or from localized radiation therapy for that matter; radiation was of course not one of the comparator arms in CAPTAIN).

Exhibit 5. Valuation Scenarios For Profound Medical

NPV, discount rate		5%	10%	15%	20%	25%	30%
Implied value per share		$38.93	$26.39	$18.42	**$13.04**	$9.70	$7.29
Price/earnings multiple, F2030	**P/E**	**5%**	**10%**	**15%**	**20%**	**25%**	**30%**
Implied share price[1]	10	$8.65	$7.52	$6.58	$5.79	$5.13	$4.56
	20	$17.30	$15.04	$13.16	**$11.60**	$10.26	$9.12
	30	$25.95	$22.56	$19.74	$17.37	$15.39	$13.68
EV/EBITDA multiple, F2030		**4x**	**6x**	**8x**	**10x**	**12x**	**14x**
Implied share price[1,2]		$4.49	$6.33	$8.16	**$10.00**	$11.84	$13.68
One-year Profound Medical target price (US$) [1,2]				**$11.55**			

[1] *F2030 fully-diluted fully-taxed EPS forecast $1.00/shr; EBITDA $62.6M; NPV discounted at 20%; fd S/O 39.4M incorporates new equity offering consummated in Dec/25*

[2] *Balance sheet includes FQ425 cash of US$59.7M (includes net proceeds from Dec/25 equity offering; FQ425 LT debt of US$4.5M)*

Source: Profound Medical financial filings, Leede Financial

- Summary & valuation. We are maintaining our Buy rating & one-year PT of US$11.75 on PRN/PROF, with our valuation still based on the average of NPV (20% discount rate, for which we have a downward bias once TULSA-PRO unit sales ramp more appreciably during our forecast period than in prior quarters) & multiples of our F2030 EBITDA/fd EPS forecasts of US$62.6M & US$1.00/shr respectively, as shown in Exhibit 5.

  - Our foundational model projections are for Profound's (mostly) US-directed TULSA-PRO installed base to grow to 115 by end-of-F2026, thereafter growing to 171 by end-of-F2027, to 239 by end-of-F2028 & to 319 by end-of-F2029. Though Profound also manufactures & markets a distinct MR-guided ultrasound ablation platform in Sonalleve MR-HIFU, we believe that the device's approved medical markets (uterine fibroids in China, osteoma ablation in the US) limits its economic prospects for now & our forecasts ascribe minimal value to this platform

  - TULSA-PRO is not approved for treating the diversity of surgical indications that da Vinci surgical robot is & so its prostate-focused application does limit its addressable market to MR-equipped surgical oncology or urology suites where localized prostate cancer (or benign prostatic hyperplasia, a seminal secondary indication for the device) is already treated. But still, our peak TULSA-PRO installed base projection of close to 600 units by F2026 is modest when compared to Intuitive Surgical's da Vinci installed base as described above. Our installed base expectations for TULSA-PRO in comparison are at least reasonable in comparison.

  - Our EV calculation as before is based on FQ425 balance sheet data (cash of US$59.7M, US$4.5M in total debt) & fd S/O of 39.4M that incorporates new shares & capital from the firm's Dec/25 equity offering. As of this writing, our PT corresponds to a one-year return of 79.1%, a return that is imminently achievable in our view if Profound can sustain sequential TULSA-PRO unit sales ramp throughout the next 4-to-6 quarters. Performance in CAPTAIN,

even before retrospectively surveying all of the published TULSA-PRO prostate ablation studies we previously reviewed & separately reflecting on all of the US reimbursement drivers that TULSA-PRO now has in place, gives us confidence in our medium-term economic expectations for the firm.

- **Medexus provides updated growth drivers for its US Treosulfan/Grafapex launch.** ON-based specialty pharmaceutical firm Medexus Pharmaceuticals (MDP-T, Buy, PT C$8.00) provided an update on launch dynamics for its newly-FDA-approved bone marrow-conditioning small-molecule alkylating drug Treosulfan, branded in the US as Grafapex. Our confidence in the approvability of this drug based on medical evidence that we reviewed, even while the drug experienced regulatory setbacks that in retrospect must have been based on non-clinical efficacy metrics, was the justification for our Medexus launch back in Sept/24. Since our launch, MDP shares generated cumulative return of 52% & an even more dramatic 86% to end-of-Jan/25, the relevant period during which Treosulfan regulatory risk was mitigated as our investment thesis predicted (see below).

Exhibit 6. Income Statement & Financial Forecast Data For Medexus Pharmaceuticals, F2023A-to-F2033E

Year-end March 31 (US$000, except EPS)	*F2023A*	*F2024A*	*F2025A*	*F2026E*	*F2027E*	*F2028E*	*F2029E*	*F2030E*	*F2031E*	*F2032E*	*F2033E*
Product rev, US (exc Treo)	78,940	77,182	68,013	60,524	60,565	63,593	63,635	63,678	63,721	63,764	63,807
Treosulfan, US	0	0	601	12,518	29,744	52,902	81,152	109,217	117,589	126,604	136,309
Product rev, Canada	29,156	35,872	39,718	27,511	28,886	30,331	31,847	33,440	35,112	36,867	38,710
Total revenue	**$108,096**	**$113,054**	**$108,332**	**$100,553**	**$119,195**	**$146,825**	**$176,635**	**$206,334**	**$216,422**	**$227,234**	**$238,826**
Revenue growth (%)	*40.9%*	*4.6%*	*(4.2%)*	*(7.2%)*	*18.5%*	*23.2%*	*20.3%*	*16.8%*	*4.9%*	*5.0%*	*5.1%*
Direct costs	42,330	47,985	44,823	36,592	43,728	51,546	61,822	70,154	71,419	72,715	74,036
Gross margin	**65,766**	**65,069**	**63,509**	**63,961**	**75,467**	**95,279**	**114,813**	**136,181**	**145,003**	**154,519**	**164,790**
Gross margin (%)	*60.8%*	*57.6%*	*58.6%*	*63.6%*	*63.3%*	*64.9%*	*65.0%*	*66.0%*	*67.0%*	*68.0%*	*69.0%*
SG&A/R&D/other expense	49,980	46,007	43,999	48,243	49,631	59,330	71,492	82,380	85,296	88,391	91,675
EBITDA	**$15,786**	**$19,062**	**$19,510**	**$15,718**	**$25,837**	**$35,949**	**$43,321**	**$53,801**	**$59,707**	**$66,128**	**$73,115**
EBITDA growth (%)	*(463.1%)*	*20.8%*	*2.4%*	*(19.4%)*	*64.4%*	*39.1%*	*20.5%*	*24.2%*	*11.0%*	*10.8%*	*10.6%*
EBITDA margin (%)	*14.6%*	*16.9%*	*18.0%*	*15.6%*	*21.7%*	*24.5%*	*24.5%*	*26.1%*	*27.6%*	*29.1%*	*30.6%*
Non-operating expenses	$8,172	$8,268	$11,287	$10,367	$7,263	$7,107	$8,005	$8,781	$8,731	$8,666	$8,582
Interest expense (income)	$13,606	$13,364	$8,195	$5,533	$5,436	$5,436	$5,436	$5,436	$5,436	$5,436	$5,436
Other non-oper expenses	($3,135)	($2,691)	($1,412)	($1,250)	($1,400)	($1,400)	($1,400)	($1,400)	($1,400)	($1,400)	($1,400)
Tax expense (recovery)	($6,262)	$320	($807)	$563	$3,634	$6,202	$6,338	$6,338	$6,338	$6,338	$6,338
Net income, fully-taxed	**$3,405**	**($199)**	**$2,247**	**$505**	**$10,903**	**$18,605**	**$24,942**	**$34,647**	**$40,602**	**$47,089**	**$54,159**
Fully-taxed EPS (basic)	$0.17	($0.01)	$0.08	$0.02	$0.34	$0.58	$0.77	$1.07	$1.26	$1.46	$1.68
Fully-taxed EPS (fd)	**$0.14**	**($0.01)**	**$0.08**	**$0.01**	**$0.30**	**$0.52**	**$0.69**	**$0.96**	**$1.13**	**$1.31**	**$1.50**
P/E (basic)	*17.3x*	*NA*	*34.6x*	*187.8x*	*8.7x*	*5.1x*	*3.8x*	*2.7x*	*2.3x*	*2.0x*	*1.7x*
EV/EBITDA	*7.1x*	*5.9x*	*5.8x*	*7.2x*	*4.4x*	*3.1x*	*2.6x*	*2.1x*	*1.9x*	*1.7x*	*1.5x*

Source: Medexus Pharmaceuticals financial filings, Leede Financial

- As to the substance of Medexus' Treosulfan update this week, the firm indicated that ten new transplantation centers have made positive economic decisions to either purchase Treosulfan for their own inventory or to do so imminently based on inclusion onto their respective formularies, bringing the total number of surgical centers where allogeneic hematopoetic stem cell transplantation procedures are conducted (for patients with advanced acute myeloid leukemia or myelodysplastic syndrome, Treosulfan's two FDA-approved target markets for which supportive Phase III data compared to an alternative alkylating agent busulfan was favorably reviewed by the US agency) to fifty-six, 31% of the transplantation centers that Medexus is targeting at present. We expect Treosulfan's market penetration to improve even further during FQ127, for which supplemental Treosulfan adoption statistics should be available when Medexus reports FQ426 financial data later in Jun/26.

- Our model projects sequential Treosulfan revenue growth in FQ426, for which we forecast sales of US$4.3M, up from US$2.0M in FQ326 that was a surprisingly soft quarter for a newly-launched drug that is so clearly superior to standard-of-care (busulfan), but also up from more positive quarterly Treosulfan sales data in FQ126 & FQ226 of US$3.0M & US$3.1M, respectively.

- As history has shown, our prediction for timeline FDA approval thereafter was correct & we have long been of the view that Medexus' own prediction for achieving US$100M in annualized run-rate US revenue within five years of launch is

conservative both on magnitude & on timeline to achieving peak sales. Accordingly, Medexus' Treosulfan/Grafapex update following conclusion of its F2026 fiscal year in Mar/26 is frankly not really for our edification (we were on Team Treosulfan long ago!) but we are nonetheless encouraged by all of the marketing metrics shared by Medexus earlier this week that are consistent with our MDP investment thesis as driven substantively by Treosulfan/Grafapex revenue ramp.

Exhibit 7. Valuation Scenarios For Medexus Pharmaceuticals

Price/earnings multiple, F2028	5x	7.5x	10x	12.5x	15x	20x
Implied share price [1]	$2.58	$3.88	**$5.17**	$6.46	$7.75	$10.34
EV/EBITDA multiple, F2028	**4x**	**5x**	**6x**	**7x**	**8x**	**10x**
Implied share price [1]	$4.49	$5.49	**$6.49**	$7.49	$8.49	$10.48
One-year MDP target price (US$) [1]			**$5.83**			
One-year MDP target price (C$) [2]			**$8.01**			

[1] *Based on adjusted F2028 EBITDA of US$35.9M, F2028 EPS of US$0.52; EV incorporates FQ326 LT debt of US$25.4M, pro forma cash (FQ326 cash adjusted downward by milestone payment to medac GmbH in Jan/26) of US$7.5M & S/O of 36.0M*

[2] *PT converted to USD using current exchange rate of 1.37x*

Source: Medexus Pharmaceuticals financial filings, Leede Financial

- Any of our readers that have reviewed our Medexus commentary this far will be aware that MDP shares are up 29% just in Apr/26 alone, for which we have two clear explanations, both of which are consistent with our MDP investment thesis as previously described. First of all, we believe that capital markets are increasingly positive about Treosulfan's revenue prospects after several quarters of regulatory challenges & then after a few quarters post-launch in FQ425 of generally positive - but not overwhelmingly positive - early quarterly sales data (cumulative T12M US Treosulfan sales were US$8.8M) that will need to ramp Q/Q more substantially than previously reported.

- But as importantly, we believe that conclusion of milestone payments to innovator medac GmbH (private), while not exactly contemporary news since cash obligations to medac concluded in early Jan/26 (but sometimes awareness trails action in such circumstances), is making MDP investors realize that the firm's operating cash flow will no longer be encumbered by cash obligations to its partner.

- Recall that Treosulfan's FDA approval in FQ425 triggered cumulative milestone payments to medac of US$15.0M (US$2.5M in FQ126, US$5.0M in FQ326 & then US$7.5M in FQ426 that Medexus indicated in its most recent MD&A was paid in Jan/26 as indicated above), a cash outlay that limited Medexus' balance sheet strength during F2026 even while it generated T12M pure operating cash flow (excluding working capital imbalances) of US$12.6M (US Treosulfan marketing expense expansion separately compressed operating cash flow as expected). But going forward, Treosulfan-derived cash flow will exclusively benefit Medexus' balance sheet strength and not that of its partner, as was the case in FQ126-FQ326-FQ426.

- Summary & valuation. Notwithstanding Medexus' Treosulfan/Grafapex update that was on balance positive if not outlandishly more favorably than our pre-existing expectations on the drug's pace of adoption in US stem cell transplantation markets, we continue to reflect favorably on the drug's clinically-verified medical prospects as a bone marrow-conditioning agent in AML/MDS-based allogeneic hematopoietic stem cell transplantation surgery. The drug has potential in other allogeneic or autologous procedures, but the aforementioned blood disorders are the two for which Treosulfan exhibited unambiguously positive two-year outcomes in the published (in 2020 in *Lancet Haematology*) 461-patient Phase III MC-FludT.14/L trial, exhibiting superior event-free survival as compared to patients conditioned with busulfan.

- We are maintaining our BUY rating & one-year PT of C$8.00 on MDP, with our valuation still based on multiples of our F2028 adjusted EBITDA & fd EPS forecasts of US$35.9M & US$0.52/shr, respectively. As before, we base our EV calculation on FQ326 balance sheet data (FQ326 cash of US$15.0M that we adjust downward by the magnitude of the

final Treosulfan-based milestone payment owed to medac GmbH that we know was paid during the quarter, giving us pro forma cash of US$7.5M, excluding FQ426 operating cash flow that we project to be positive; LT debt of US$25.4M) & fd S/O of 36.0M. Notwithstanding recent MDP price strength that we suspect is driven by realization that cash-compressing payments to medac are now concluded & thus that balance sheet cash can now rise in proportion to Treosulfan economics, unburdened by partnership obligations. Even after recent MDP price performance, our PT still corresponds to a one-year return of 98.5%.

- **CareRx confirms that capitation rates in ON will hold firm at current levels, counter to previous policy.** ON-based long-term care pharmacy services (LTC Rx) provider CareRx (CRRX-T, Buy, PT C$5.25) announced this week that the ON Ministry of Health made the decision to hold annual capitation rates per long-term care patient at its current level of $1,500, thus declining to implement its previously-disclosed program to gradually reduce annual capitation fee to $1,200 per patient over a three-year time horizon.

Exhibit 8. Income Statement & Financial Forecast Data For CareRx, F2017A-to-F2028E

Year-end December 31 (C$000, except EPS)	2017A	2018A	2019A	2020A	2021A	2022A	2023A	2024A	2025A	2026E	2027E	2028E
Physio/Rehab/Assessment	0	0	0	0	0	0	0	0	0	0	0	0
LTC Pharmacy Services	124,453	125,352	125,795	162,196	262,630	381,727	370,746	366,714	370,241	389,532	397,864	406,196
Surgical & Medical Centers	44,514	43,679	0	0	0	0	0	0	0	0	0	0
Total revenue	**$168,967**	**$169,031**	**$125,795**	**$162,196**	**$262,630**	**$381,727**	**$370,746**	**$366,714**	**$370,241**	**$389,532**	**$397,864**	**$406,196**
Revenue growth (%)	*0.3%*	*0.0%*	*(25.6%)*	*28.9%*	*61.9%*	*45.3%*	*(2.9%)*	*(1.1%)*	*1.0%*	*5.2%*	*2.1%*	*2.1%*
EBITDA, pharmacy	$17,014	$9,844	$15,137	$17,398	$32,705	$36,072	$34,673	$38,297	$40,930	$42,608	$43,917	$45,243
EBITDA margin, pharmacy (%)	*13.7%*	*7.9%*	*12.0%*	*10.7%*	*12.5%*	*9.4%*	*9.4%*	*10.4%*	*11.1%*	*10.9%*	*11.0%*	*11.1%*
EBITDA, surgery	$6,180	$6,596	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EBITDA margin, surgery (%)	*13.9%*	*15.1%*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*
EBITDA, other divisions less corporate costs	($5,681)	($5,570)	($5,658)	($4,622)	($9,375)	($3,805)	($6,000)	($8,000)	($8,000)	($8,180)	($8,355)	($8,530)
EBITDA	**$17,513**	**$10,870**	**$9,479**	**$12,776**	**$23,331**	**$32,267**	**$28,673**	**$30,297**	**$32,930**	**$34,427**	**$35,562**	**$36,713**
EBITDA growth (%)	*13.2%*	*(37.9%)*	*(12.8%)*	*34.8%*	*82.6%*	*38.3%*	*(11.1%)*	*5.7%*	*8.7%*	*4.5%*	*3.3%*	*3.2%*
EBITDA margin (%)	*10.4%*	*6.4%*	*7.5%*	*7.9%*	*8.9%*	*8.5%*	*7.7%*	*8.3%*	*8.9%*	*8.8%*	*8.9%*	*9.0%*
Net income	$520	($34,388)	($45,677)	($18,262)	($22,730)	($34,353)	($5,405)	($4,502)	$26,127	$5,258	$6,250	$6,983
Adj. net inc	($782)	($6,167)	($35,642)	($7,242)	($11,008)	($5,378)	($1,597)	($1,696)	$27,974	$6,246	$7,238	$7,971
EPS (basic)	**($0.08)**	**($0.59)**	**($3.11)**	**($0.33)**	**($0.27)**	**($0.11)**	**($0.03)**	**($0.03)**	**$0.44**	**$0.10**	**$0.12**	**$0.13**
EPS (fd)	($0.07)	($0.58)	($2.92)	($0.32)	($0.20)	($0.09)	($0.02)	($0.02)	$0.43	$0.10	$0.11	$0.12
S/O, basic	*10,256*	*10,436*	*11,475*	*21,918*	*40,921*	*48,191*	*58,168*	*60,562*	*62,899*	*62,781*	*62,781*	*62,781*
S/O, fd (inc convert debt)	*10,528*	*10,654*	*12,200*	*22,723*	*56,047*	*61,819*	*71,517*	*72,110*	*65,257*	*65,443*	*65,443*	*65,443*
P/E (basic)	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*8.6x*	*NA*	*NA*	*NA*
EV/EBITDA	*15.3x*	*24.6x*	*28.2x*	*21.0x*	*11.5x*	*8.3x*	*9.3x*	*8.8x*	*8.1x*	*7.8x*	*7.5x*	*7.3x*

Source: CareRx financial filings, Leede Financial

- Our model already assumed that more rational minds at the Ministry would see that LTC Rx profitability, at least as we understand this through our CareRx coverage, is not overly aggressive & certainly not to any degree for which funding compression would not introduce unnecessary financial risk to this essential healthcare services niche. Indeed, our model already assumed that the Ministry's decision this week would eventually transpire, either overtly or tacitly (the original proposal to reduce capitation fees was published years ago, only to be annually deferred for many years thereafter until formally shelved this week).

- **Summary & valuation.** We are clearly positive about any funding policies in provinces where CareRx has material operations (mainly ON-AB-BC, with modest operations in SK & NB) that stabilize the firm's operating risk, but the announcement has no impact on our CRRX financial forecasts that already assumed capitation rates during our forecast period that matched historic levels. Accordingly, we are maintaining our PT/rating on CRRX, with our valuation still based on 10x F2027 EBITDA forecast of $35.6M, a highly conservative expectation in our view just based on the fact that FQ425 EBITDA run-rate is essentially at this EBITDA level ($8.8M in the quarter, run-rate of $35.2M) & so any evidence of sequential EBITDA growth trajectory during F2026/27 should favor parallel share price augmentation. Our EV calculation still incorporates FQ425 balance sheet data (cash of $14.4M, total debt of $41.1M) & fd S/O of 64.8M

- CareRx in the fullness of time has admittedly generated mixed returns, & pandemic-induced economics during the F2020-to-2023 period did not help, even before considering industry funding risk that until this week was an overhang on the firm's growth trajectory. Cash flow is trending upward in proportion to EBITDA as well, with no major cash obligations that do not feed into EBITDA as well, other than interest expense that CareRx categorizes as financing activity.

Exhibit 9. Valuation Scenarios For CareRx

EV/EBITDA multiple, F2027	4x	6x	8x	10x	12x	14x
Implied share price[1]	$1.84	$2.97	$4.11	$5.24	$6.37	$7.51
One-year CRRX target price [1,2]				**$5.24**		

[1] *Based on F2027 EBITDA of $35.6M; 62.8M basic S/O, 64.8M fd S/O*

[2] *FQ425 cash of $14.4M, total debt of $41.1M*

Source: CareRx financial filings, Leede Financial

- But going forward, we believe that CareRx's national footprint in LTC Rx operations when considered with its scale of operations (we believe it is the largest LTC Rx operator in Canada both on annual revenue & total beds served) should allow the firm to grow revenue/EBITDA organically through new contract wins, thus transiently shifting away from acquisitive growth that has been the firm's raison d'etre for much of its corporate history. Recent share price history has been more favorable, presumably as driven by CareRx's quarterly EBITDA growth trajectory that has been linearly upward for the last five quarters; as we show in our appendix graphs near the end of this document (Exhibit 17, left-side panel), CRRX's T12M/T24M returns are 46.5% & 91.5%, respectively.

Other Significant Clinical Trial Updates With Relevance To Our Coverage Universe

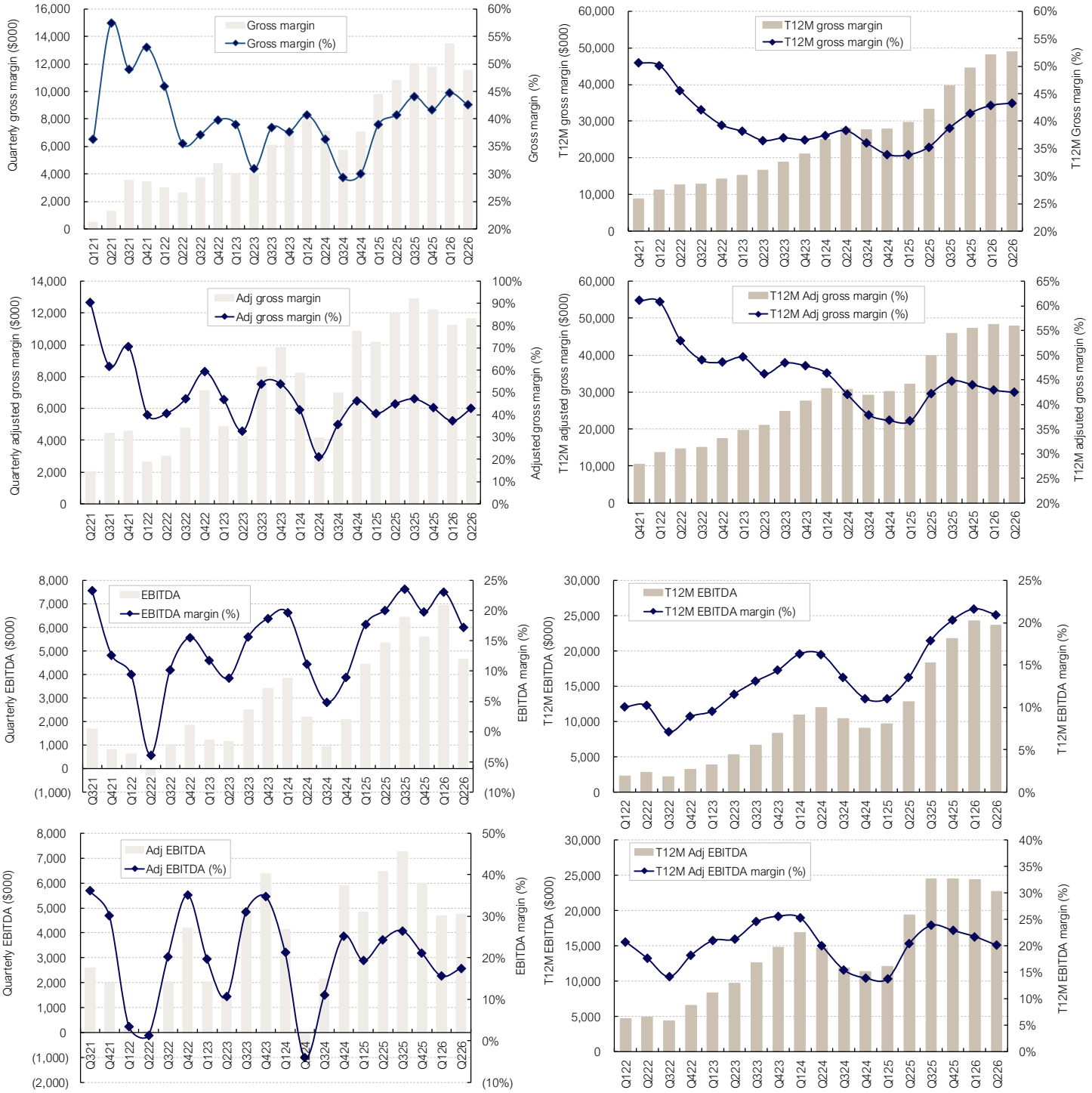
- **Cannara Biotech reports FQ226 financial data.** QC-based specialty cannabis manufacturer/marketer Cannara Biotech (LOVE-V, NR) reported FQ226 financial results for the Feb-end quarter that were not quite as strong on EBITDA & cash flow as the preceding quarter was (see below) but results were still strong in our view both in absolute terms & in comparison to the firm's historic performance dating back to when it acquired its existing cannabis-focused specialty greenhouse operations in Valleyfield QC from The Green Organic Dutchman (was rebranded as BZAM, then delisted in Sept/24) back in Jun/21 (FQ421).

  - As we always emphasize when reviewing Cannara's quarterly financial data, the firm has a few nuances in its income statement that bear commentary, including a non-trivial 30%-to-31% excise tax on gross cannabis revenue that reduces total revenue by that magnitude ($11.7M specifically in FQ226) & so without that tax, Cannara's gross margin on core operations (excluding lease revenue that contributes minimally to consolidated revenue data) that was 59.1% in FQ226 would approach 90% & would do so in most trailing periods as well. But that tax clearly impacts operating cash flow to a substantial degree & so any cash-based valuation methodology is obligated to consider tax impact on share value.

  - But also & unlike any other firm in our universe, Cannara has two distinct income statement items that we assimilate into our own model below the EBITDA line but which do impact both gross margin & EBITDA as reported by Cannara itself. Both items relate to changes in value of the cannabis assets it generates at its Valleyfield facility, one of which is change in value of cannabis inventory sold & the other is change in biological asset value, both of which are usually of comparable absolute value (just with one being a loss & the other a gain). But for our own purposes, we find it informative to graphically depict both as-reported & adjusted gross margin/EBITDA, as shown in Exhibit 10.

  - With those qualifiers aside, Cannara's FQ226 net revenue/gross margin/EBITDA were $27.2M/$11.6M/$4.7M as compared sequentially to FQ126 data of $30.1M/$13.5M/$6.9M & y/y to FQ225 data of $26.6M/$10.8M/$5.3M, with relative gross margin/EBITDA margin in FQ226 of 42.6%/17.2% down sequentially from FQ126 margins of 44.7%/23.1% but comparing more favorably y/y to FQ225 margins of 40.7%/20.1%. Capital markets responded cautiously to Cannara's quarterly financial data & it is not difficult to see why when reflecting specifically on EBITDA that was down from the previous four quarters, though comparable to FQ125 EBITDA/margin data of $4.4M/17.7%.

Exhibit 10. Quarterly & T12M Gross Margin-EBITDA Data For Cannara Biotech, FQ121-to-FQ226



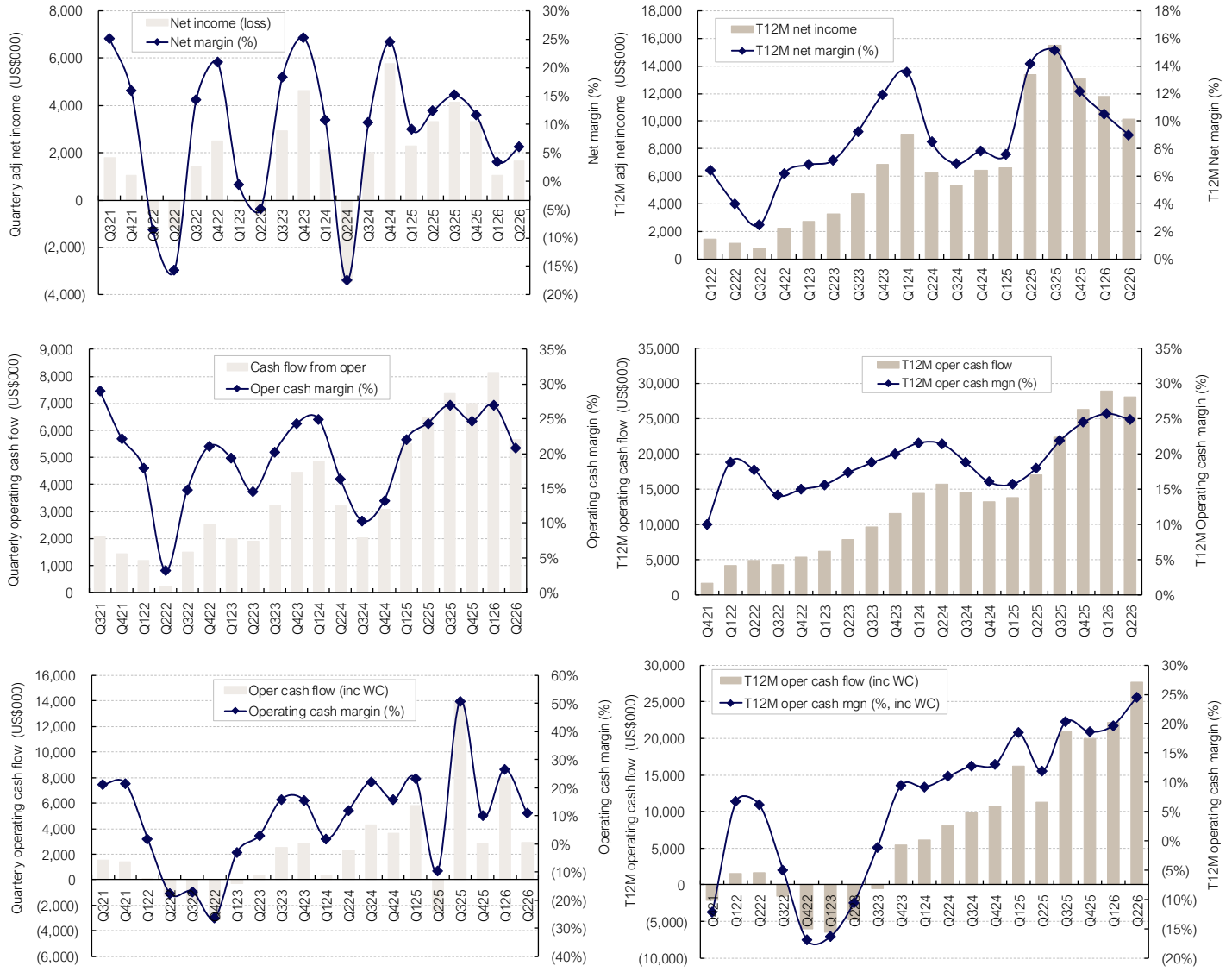
Adjusted data eliminates impact from shifts in cannabis inventory/biological asset value during the period that Cannara factors into consolidated gross margin/EBITDA data

Source: Cannara Biotech financial filings, Leede Financial

- Operating cash flow was also down sequentially in FQ226 at $5.5M as compared to $7.6M in FQ126 & to the preceding two quarters that contributed quarterly cash flow of $6.3M-to-$6.6M, but was comparable to FQ225 cash flow of $5.6M. Quarterly working capital oscillates between deficit & surplus almost on a quarterly cycle though has been negative on balance over the trailing five quarter period. Deficit in FQ226 was ($2.7M) & thus brought consolidated FQ226 working

capital to $2.9M, down from $8.0M in FQ126 but well above FQ225 consolidated cash flow that was ($2.6M) on sizable receivables/inventory deficits in that period. There were no major concerns on debt-based financial ratios despite sequential EBITDA softness, with EBITDA-to-interest coverage ratio of 11.0x & debt-to-FQ425 EBITDA run-rate ratio of 1.8x well into safe territory on both metrics.

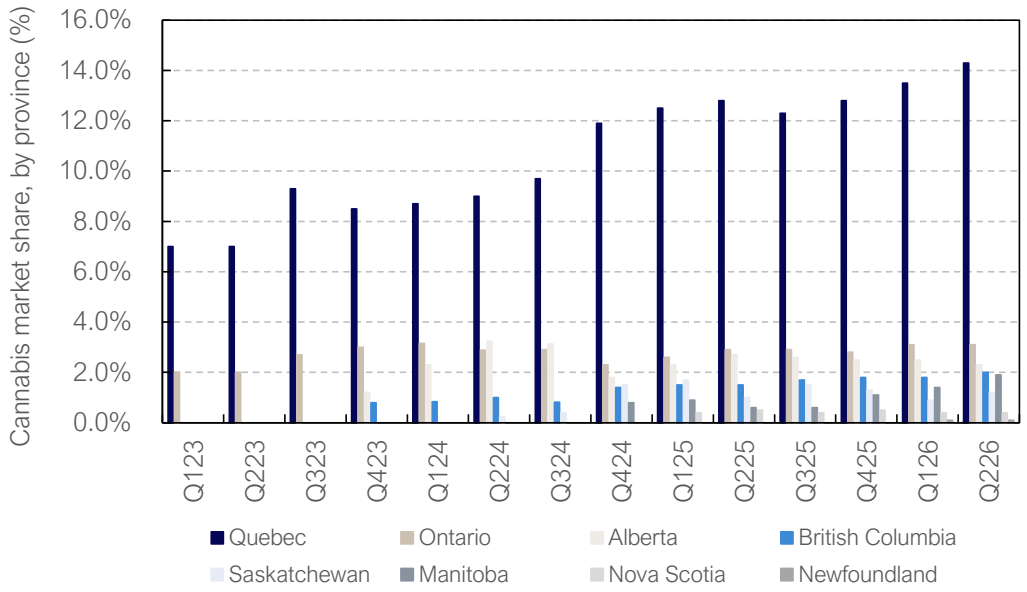
Exhibit 11. Quarterly & T12M Net Income-Cash Flow Data For Cannara Biotech, FQ121-to-FQ226



Source: Cannara Biotech financial filings, Leede Financial

- The share price pullback in response to FQ226 financial data that while positive in absolute terms & by the firm's own historic standards did not sustain uninterrupted growth trajectory is at least psychologically predictable, but we observe in Cannara's most recent investor presentation that it is confidently predicting that expansion into as-yet-untapped cannabis greenhouse capacity at Valleyfield can drive revenue in lockstep with production during F2027-to-F2030, predicting that production can double (from cumulative production of 50,000 kg last year to 100,000 kg in F2030) by end-of-F2030 by expanding the number of grow rooms (and we have toured Cannara's Valleyfield facility recently – 'rooms' these are not & growing capacity is vast) from twelve at present to twenty-four over a four-year time horizon. Revenue/EBITDA could certainly expand proportionately even before considering any price increases that could be ascribed to commercial cannabis sales in future periods.

Exhibit 12. Cannara Continues To Grow Cannabis Market Share In QC While Generating Stable Sales in ON/AB & Other Newer Geographies



Source: Cannara Biotech financial filings, Leede Financial

- Though we do not cover LOVE as we stated above, an investment thesis based on revenue/EBITDA growth that can be driven by expanding cannabis production with minimal supplemental growth capex, when layered on existing operations that have held EBITDA margin at or above 17% since FQ125 (with admittedly FQ226 being at the low end of this range) gives us optimism that Cannara's foundational specialty cannabis production/marketing franchise has abundant growth prospect without requiring any material reconfiguration of capital structure.

Exhibit 13. Comparable Publicly-Traded Firms For Which Recreational Cannabis Economics Contribute Materially To Valuation

Company	Filing Curr.	Sym.	Shrs Out. (M)	Share Price 15-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
Mature Publicly-Traded Medical Marijuana Firms Or Cannabis Producers														
Aurora Cannabis Inc	CAD	ACB	56.7	$4.89	277	277	301	301	NA	5.4x	4.9x	NA	NA	NA
Auxly Cannabis Group Inc	CAD	XLY	1,405.0	$0.14	197	197	222	222	5.8x	4.8x	4.4x	4.4x	14.0x	14.0x
Canopy Growth Corp	CAD	WEED	455.9	$1.49	679	679	563	563	NA	NA	NA	NA	NA	NA
Charlotte's Web Holdings	CAD	CWEB	159.7	$0.83	133	182	191	263	NA	NA	NA	NA	NA	NA
Cronos Group Inc	CAD	CRON	376.3	$3.55	1,336	1,336	257	257	NA	15.2x	4.6x	NA	54.6x	47.3x
Curaleaf Holdings Inc	CAD	CURA	775.0	$3.32	2,573	2,573	3,803	3,803	14.0x	9.5x	8.2x	NA	NA	NA
Decibel Cannabis	CAD	DB	577.0	$0.12	69	69	109	109	NA	3.8x	3.3x	4.5x	6.0x	4.0x
High Tide Inc	CAD	HITI	87.9	$3.18	280	280	368	368	8.0x	6.8x	5.0x	NA	NA	15.1x
Organigram Global Inc	CAD	OGI	136.3	$1.98	270	270	325	325	NA	10.1x	7.6x	13.6x	9.9x	29.3x
Terrascend Corp	CAD	TSND	371.9	$0.89	331	331	592	592	7.3x	6.5x	6.1x	NA	NA	NA
Tilray Brands Inc	USD	TLRY	116.5	$6.91	805	1,109	1,167	1,607	34.5x	18.5x	14.1x	NA	NA	NA
Village Farms International	USD	VFF	115.1	$2.67	307	423	372	512	9.2x	7.4x	5.8x	18.5x	15.4x	7.6x
ZYUS Life Sciences Corp	CAD	ZYUS	78.0	$0.50	39	39	54	54	NA	NA	NA	NA	NA	NA
Average									**13.2x**	**8.8x**	**6.4x**	**10.3x**	**20.0x**	**19.6x**
Cannara Biotech Inc		**LOVE**	**98.8**	**$1.92**	**190**	**190**	**202**	**202**	**8.5x**	**6.2x**	**5.3x**	**13.3x**	**15.1x**	**9.6x**

Source: Refinitiv

- **Telo Genomics sustains its focus on multiple myeloma as a flagship diagnostic market with a new academic collaboration in Europe.** Earlier this week, MB-based telomere visualization technology developer Telo Genomics (TELO-V, NR) announced a new clinical collaboration with researchers at the University of Athems, focusing on how Telo's high-resolution microscope/interpretive visualization platform TeloView can be used to assess correlations between telomere architecture & responsiveness to therapy in multiple myeloma.

  - The objective of the two-year trial is to determine if any specific characteristics of telomeres (the protein/DNA-based caps at the ends of chromosomes during mitosis) are predictive of patient responsiveness to standard-of-care therapies, presumably some combination of thalidomide analogs like lenalidomide/Revlimid or pomalidomide Pomalyst or proteasome inhibitors like bortezomib/Velcade or carfilzomib/Kyprolis or ixazomib/Ninlaro. The multiple myeloma pharmacopeia is ever expanding however & it is plausible that patients who have been treated with other agents, clinical-stage or otherwise, could be part of this study before it concludes.

  - Recall that Telo already has ongoing collaborations in telomere-based multiple myeloma diagnosis with the University of Athens as announced back in Dec/25. In that trial, the firm was focused on determining how well TeloView could identify multiple myeloma patients with so-called minimal residual disease (MRD). MRD as we described before is a disease manifestation whereby some small number of cancerous cells are still left behind after treatment. While such cells are not indicative of active disease, they are predictive of future recurrence & it is thus key to standard-of-care to know if patients have MRD & thus should be more closely monitored for the possibility of renewing therapy or exploring other treatment options if patients are no longer responsive to first-line therapy after which MRD transpired.

  - Distinct clinical collaborations in multiple myeloma diagnosis with the Cleveland Clinic & the Mayo Clinic are ongoing & have generated interim clinical data before, as presented at several scientific meetings during F2025 & as published most recently last month in the journal *BioTechniques,* as well as last year in the journal *Cells &* in late 2024 in the *American Journal of Hematology,* to name three of many relevant studies to emanate either from Telo itself or from academic studies at the University of Manitoba by leading biomedical researcher Sabine Mai.

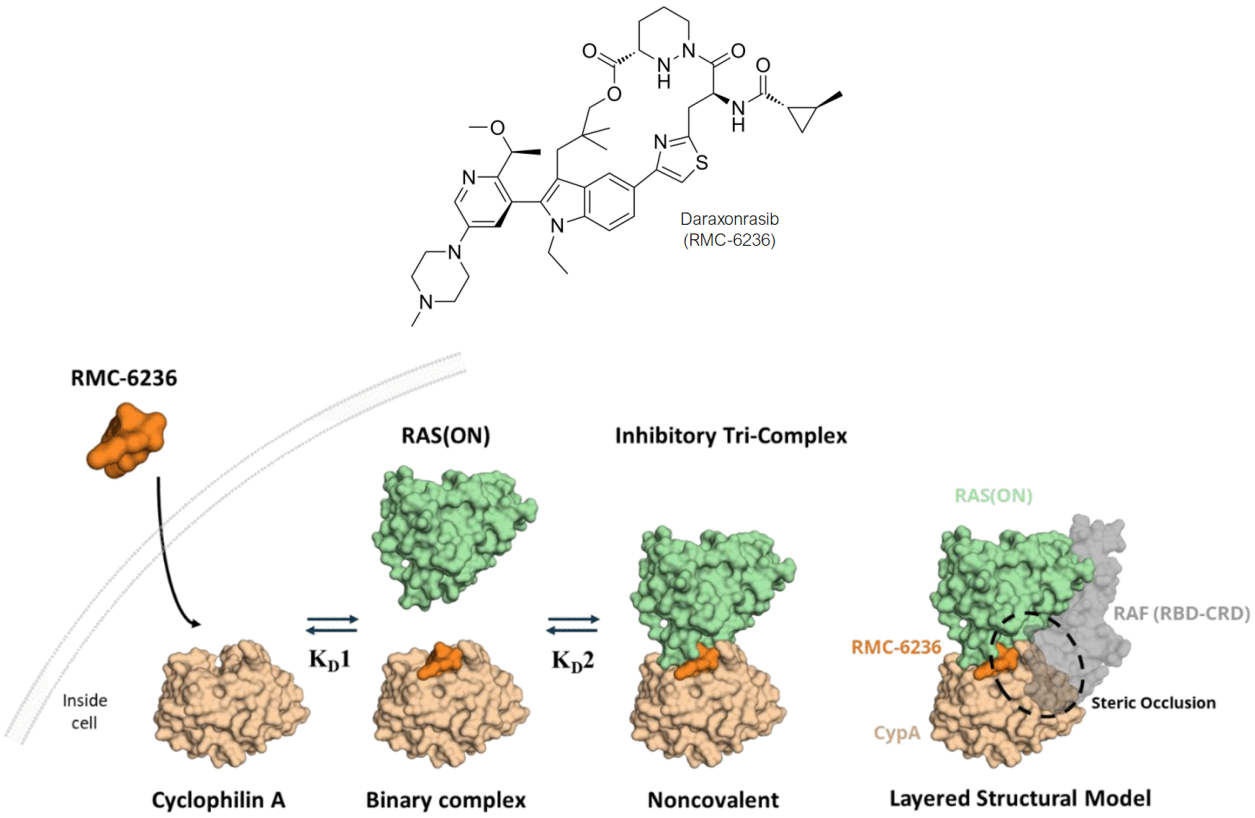
  - Investors who were not aware of MRD or its relevance to multiple myeloma outcomes are certainly not alone, but WA-based cancer diagnostics firm Adaptive Biotechnologies (ADPT-Q, NR) is not part of that group, with its well-characterized clonoSEQ platform (which has the ability to identify CDR3 sequences in the B- & T-cell receptors that are relevant to disease/therapy responsiveness in various indications) generates much of its quarterly revenue specifically from MRD-based laboratory services. Indeed, 86% of the firm's FQ425 revenue of US$71.7M was derived from MD-based clonoSEQ test volumes alone & Adaptive's full-year F2026 revenue guidance just for MRD-based volumes is US$255M-to-US$265M. We have reviewed many of the MRD-relevant TeloView clinical studies that Telo & its University of Manitoba founders/collaborators have published in recent years, with published data giving us confidence that TeloView can be relevant in this market once formal TeloView FDA approval for the indication, or its broader adoption in US-based CLIA-certified laboratories, takes hold.

  - Our interests in Telo are mostly but not exclusively focused on multiple myeloma, even though that market was clearly made attractive through advances in new therapies for the disease for which monitoring or even predicting responsiveness was desirable if achievable – to Adaptive's credit, it was the first firm to seize on this cancer diagnostics opportunity & show its CDR3-directed sequencing platform was useful in that realm. But more importantly for Telo, multiple studies have shown that TeloView's prospects are not limited to multiple myeloma & it has already published studies showing that the platform has potential in prostate cancer (most recently in a 2020 paper in the journal *Cells*) & even Alzheimer's disease diagnosis (most recently described in 2017 in the *Journal of Alzheimer's Disease,* clearly not a recent publication by Telo's own standards but one that has increasing relevance as the Alzheimer's disease pharmacopeia expands). Other indications have been explored for their relevance to telomere architecture assessment, with encouraging findings but with Telo likely aware that focus on at most a few target indications is more practical for an emerging firm with limited capital resources.

- **Revolution Medicines reported positive topline Phase III data for daraxonrasib in second-line metastatic PDAC – relevance to Oncolytics Biotech is described below.** Revolution Medicines (RVMD-Q, NR) reported topline results from its pivotal Phase III RASolute 302 trial evaluating daraxonrasib/RMC-6236 as oral monotherapy versus investigator's choice chemotherapy in approximately 460 previously treated metastatic PDAC patients. In the intent-to-treat population, daraxonrasib demonstrated median overall survival of 13.2 months versus 6.7 months for chemotherapy (HR 0.40, p<0.0001), with all

primary and key secondary endpoints met at what the company considers a final analysis for PFS and OS. RASolute 302 data were coincidentally published within days of our analysis of competitive landscape in the pancreatic cancer clinical pipeline with regard to our coverage of Oncolytics, which itself indicated an intention to target pancreatic cancer as one of its flagship indications for its reovirus-based biologic therapy pelareorep. We expand on this theme below.

Exhibit 14. Daraxonrasib/RMC-6236 Stops Downstream MAPK-Based Cancer Cell Growth By Interacting With Both Mutated Kras & Cyclophilin A



Source: Revolution Medicines investor presentation; MedChemExpress

- The control arm OS of 6.7 months is consistent with the well-established six-to-seven month historical range for second-line PDAC, suggesting a well-performing comparator. The primary endpoints were assessed in patients harboring Kras G12X mutations (approximately 85% of PDAC cases), with secondary endpoints covering the broader ITT population; detailed stratified data have not yet been disclosed and are expected at the 2026 ASCO Annual Meeting. Revolution Medicines intends to file a New Drug Application under the FDA's Commissioner's National Priority Voucher for an expedited review. RVMD shares were up approximately 41% on the day & more than that since, corresponding to a pre-equity offering (see below) market value accretion of about US$7.9B just for this Phase III-stage drug alone. Following the data readout, Revolution priced a US$2.0B capital raise on April 15, comprising approximately US$1.5B in common equity (10.6M shares at US$142.00) and US$500M in 0.50% convertible notes at a roughly 40% conversion premium. Notably, both tranches were doubled from their initial targets, reflecting strong institutional demand off the Phase III re-rating.

- Kras is among the most frequently mutated oncogenes in human cancers, functioning as a molecular switch that cycles between an active GTP-bound ("on") state and an inactive GDP-bound ("off") state to regulate cell growth signaling through the MAPK pathway. Oncogenic Kras mutations lock the protein in its active conformation, driving uncontrolled proliferation. PDAC is the most Ras-dependent of all major solid tumors, with over 90% of cases harboring Kras mutations (*Lee et al., NPJ Precision Oncology, 2022*), making it a natural lead indication for Ras-targeted therapy. Historically, Ras was considered "undruggable" due to the protein's lack of a conventional drug-binding pocket; the approval of covalent Kras G12C(OFF) inhibitors (sotorasib, adagrasib) changed this but only for a single rare variant in its inactive state, limiting relevance in PDAC where G12C mutations are uncommon.

- Daraxonrasib takes a fundamentally different approach as a multi-selective Ras(ON) inhibitor, working through a stepwise tri-complex mechanism (Exhibit 14): (1) the drug first binds to cyclophilin A (CypA), an abundantly expressed intracellular chaperone, forming a binary complex; (2) this binary complex then engages GTP-bound active Ras to form a noncovalent three-component "inhibitory tri-complex"; and (3) the resulting tri-complex sterically occludes the binding site where downstream effector proteins (RAF, PI3K) would normally dock onto Ras, shutting off downstream MAPK signaling. Because the drug targets a composite binding pocket at the CypA-Ras interface rather than a mutation-specific site on Ras alone, it retains activity across G12, G13, and Q61 variants (*Jiang et al., Cancer Discovery*, 2024), which is what makes it viable across the whole mutational landscape.

- Revolution's data represents the first of several near-term catalysts across RVMD's Ras(ON) platform. In PDAC alone, three Phase III trials are now running concurrently: RASolute 302 (2L, reported today), RASolute 303 (1L, began dosing early April), and RASolute 304 (adjuvant post-resection, initiated Dec 2025), with a fourth Phase III (RASolve 301) in Ras-mutant NSCLC. The pipeline also includes mutation-selective Ras(ON) inhibitors for G12C (elironrasib), G12D (zoldonrasib), and G12V (RMC-5127, recently dosed). NJ-based pharma giant Merck (MRK-NY, NR) had been in discussions to acquire RVMD in a deal reportedly valued at US$28B-to-US$32B but talks ended in January 2026 over valuation disagreements.

- The timing of Revolution's Phase III pancreatic cancer data read-out & the seismic equity offering it consummated thereafter is highly coincident to our recent commentary on AB-based Oncolytics Biotech (ONCY-Q, Spec Buy, PT US$3.00), which itself is developing a Kras-relevant cancer therapy in reovirus formulation pelareorep. In our Oncolytics-specific content last week, we revisited Oncolytics' pipeline priorities that are trending away from metastatic breast cancer (for what we assume are competitive & not clinical reasons since pelareorep in combination with paxlitaxel conferred substantial survival benefit in comparison to paclitaxel monotherapy in legacy Phase II testing) & toward more gastrointestinal-based cancer forms.

- Advanced pancreatic cancer probably has a tertiary position in Oncolytics pipeline priorities, behind second-line colorectal cancer & second-line squamous cell anal carcinoma, but our model still ascribes value to Oncolytics' pancreatic cancer program & as importantly, we reflect favorably on pelareorep's documented pharmacology that overlaps with Kras mutation biology, a reality that bears significantly on the relevance of this oncogene to efficacy of pancreatic cancer-targeted therapies like daraxonrasib.

- We thus endorse funding future Phase III clinical testing by Oncolytics in cancer indications for which mutated Kras is relevant to tumor progression. Oncolytics' current pipeline priorities in colorectal cancer-anal cancer-pancreatic cancer exploit this activity & we would not be so quick to dismiss pancreatic cancer as a plausible target indication for Oncolytics to pursue, as the firm itself emphasized in recent investor presentations, only recently moving colorectal cancer/anal cancer to the front of the line. We are maintaining our PT/rating on ONCY.

- **Regeneron Pharmaceuticals (REGN-Q, NR) & Telix Pharmaceuticals (TLX-ASX, NR) Announce Radiopharmaceutical Collaboration Worth Up to US$2.1B.** Regeneron and Melbourne-based Telix announced a strategic collaboration on April 13 to co-develop and co-commercialize next-generation radiopharmaceutical therapies targeting solid tumors. Under the terms of the deal, Telix receives a US$40M upfront cash payment from Regeneron for access to its radiopharmaceutical manufacturing platform across four initial therapeutic programs, with Regeneron holding an option to expand to four additional programs with further upfront payments. The economic structure is a 50/50 cost and profit-sharing model, with Telix retaining the option on a per-program basis to either co-fund commercialization under the 50/50 model or opt out in favor of milestone and royalty economics.

  - The partners will also jointly develop diagnostic (imaging) assets alongside the therapeutic candidates, with Telix leading commercialization of those diagnostics and Regeneron receiving a percentage of profits from that segment. Notably, the collaboration will draw on antibodies generated from Regeneron's VelocImmune mice, a proprietary platform that produces fully human antibodies, with an emphasis on bispecific antibody formats, suggesting the parties are looking beyond conventional small-molecule or peptide-based radioligand architectures. Shortly after, Telix launched a US$600M convertible bond offering on April 14/15 (upsized from US$550M on strong demand, 1.50% coupon, 37.5% conversion premium, due 2031), with proceeds primarily directed toward refinancing approximately A$637M of existing 2029 convertible debt.

- Radiopharmaceuticals, or radio-conjugates, are a therapeutic modality that links a tumor-targeting molecule (an antibody, peptide, or small molecule) to a radioisotope, delivering radiation directly to cancer cells while limiting off-target damage to healthy tissue. The modality has two broad generations currently under development: beta-emitting agents using lutetium-177 (which is the isotope powering Novartis' [NVS-NY, NR] Pluvicto and Telix's own TLX591-Tx in the ProstACT Global Phase III trial) and alpha-emitting agents using actinium-225, which deposits more energy over a shorter path length owing to the larger mass of the helium nucleus and is the basis for several next-generation programs across the industry (*Herrmann et al.*, published in 2020 in the *Journal of Nuclear Medicine*, provided an early review of the therapeutic potential of alpha-emitters in oncology).

- Regeneron explicitly referenced the potential for combining radiopharmaceuticals with its immunotherapy platform, specifically its PD-1 inhibitor cemiplimab/Libtayo, which is itself a meaningful revenue generator and which Regeneron positioned as a standard-of-care backbone in lung cancer and other settings. The combination of targeted radionuclide delivery with checkpoint inhibition is an area of growing preclinical and early clinical interest, with the hypothesis that radiation-induced immunogenic cell death may enhance the neoantigen presentation that makes tumors more responsive to immune checkpoint blockade (*Formenti & Demaria*, published in 2009 in the *Journal of the National Cancer Institute*, were among the earlier proponents of the abscopal/radiation-immunotherapy synergy concept, and more recent reviews such as *Morris et al*., published in 2021 in *Lancet Oncology*, have outlined the clinical rationale for radioligand-immunotherapy combinations). This combination thesis has direct relevance to last week's discussion of Sona Nanotech's (SONA-CSE, NR) Targeted Hyperthermia Therapy (THT).

- Regeneron's entry also extends a now well-established pattern of Big Pharma capital deployment into radiopharmaceuticals, several of which have had direct Canadian relevance. Eli Lilly (LLY-NY, NR) acquired Indianapolis/Toronto-based Point Biopharma for approximately US$1.4B in late 2023 to gain a lutetium-177 PSMA-targeted pipeline and manufacturing infrastructure. AstraZeneca (AZN-LN, NR) followed in early 2024 with its acquisition of ON-based Fusion Pharmaceuticals for approximately US$2.4B, gaining an actinium-225-based alpha-emitter platform, the PSMA-targeted FPI-2265 in Phase II for mCRPC, and importantly, Fusion's proprietary actinium-225 supply chain and manufacturing capabilities.

- Bristol Myers Squibb (BMY-NY, NR) completed its US$4.1B acquisition of RayzeBio around the same time, also gaining an actinium-based platform with RYZ101 in Phase III for GEP-NETs. All of this has been undergirded by the commercial validation provided by Novartis' Pluvicto, which generated approximately US$1.4B in sales in 2024, received its pre-chemotherapy mCRPC label expansion from the FDA in March 2025 (tripling its eligible patient population), and is now tracking toward Novartis' stated peak sales target of US$5B+.

- Reflecting on all of the partnership & acquisition activity in radiopharmaceutical/radio-diagnostic development in recent years, the sector has certainly been relevant to value creation in Canadian healthcare markets & we see no reason why domestic nuclear medicine firms cannot continue to leverage infrastructure that Canada has long had in place, including of course at Chalk River ON where the nation's first CANDU reactor was constructed, but also in BC where the nation's major mostly-research-focused cyclotron is based (TRIUMF) & at the University of Alberta, even before considering the expertise that could spin out from Fusion/Point now that both of these firms are operated by global pharma firms that are headquartered externally.

- **Spyre Therapeutics reports positive Phase 2 UC data for extended half-life anti-α4β7 antibody SPY001.** Massachusetts-based clinical-stage IBD-focused drug developer Spyre Therapeutics (SYRE-Q, NR) reported positive 12-week induction data from Part A of its Phase 2 SKYLINE trial earlier this week, testing its long-acting anti-α4β7 integrin antibody SPY001 in 43 patients with moderate-to-severe ulcerative colitis (UC).

  - SPY001 met its primary endpoint with a statistically significant 9.2-point reduction in the Robarts Histopathology Index from baseline, a composite measure of UC histologic disease activity. Secondary endpoints were likewise encouraging, with a 40% clinical remission rate by modified Mayo Score and 51% endoscopic improvement rate at 12-week follow-up. SPY001 targets the same epitope as Takeda's (4502-JP, NR) vedolizumab/Entyvio, the leading prescribed biologic for IBD in the US with global annualized sales approaching US$6.5B but is engineered for an extended half-life roughly three times that of vedolizumab, enabling quarterly sub-cutaneous dosing rather than the every-two-week regimen required for Entyvio.

- Our interest in this data set extends beyond UC mucosal inflammation per se and toward what it implies about the broader inflammation-to-fibrosis continuum in IBD. Eupraxia Pharmaceuticals (EPRX-Q, Buy, PT US$12.75) has explicitly identified fibrostenotic Crohn's disease as a planned secondary indication for EP-104GI, and while the firm has not disclosed any UC-specific clinical plans, the underlying fibrosis literature across both forms of IBD is informative when considering the scale of unmet need that EP-104GI could eventually address in Crohn's. While UC has historically been characterized as a mucosal disease with less fibrotic burden than Crohn's, that characterization deserves some qualification.

- A comprehensive cross-sectional study of 89 UC colectomy specimens published by *Gordon et al.* in *Alimentary Pharmacology & Therapeutics* (2018) examined over 700 tissue sections longitudinally along the colon and found that submucosal fibrosis was present in 100% of involved colonic segments, with fibrosis severity directly correlated to the chronicity and magnitude of mucosal inflammation. Critically, fibrosis was linked to features of chronic mucosal injury rather than to active inflammation alone, suggesting that persistent inflammatory signaling drives a progressive fibrotic response even in UC that is more pervasive than clinical stricture rates of 1-11% would imply on their own. If fibrosis is this prevalent in the supposedly less fibrotic form of IBD, it reinforces in our view how substantial the fibrotic burden is in Crohn's, where stricture disease affects roughly one-third of patients over the course of their disease and where no FDA-approved anti-fibrotic therapy currently exists.

- Looking at the broader landscape, we would also observe that a systemic anti-inflammatory approach like Spyre's and a localized anti-fibrotic intervention like EP-104GI would in principle be complementary rather than competitive if applied within the same disease context. SPY001 and its combination partners target upstream systemic inflammatory pathways (α4β7, TL1A, IL-23) to reduce mucosal inflammation broadly, while EP-104GI is an endoscopically-delivered intervention targeting fibrotic scarring at specific stricture sites following balloon dilation or similar procedures. As we discussed in our March EPRX report, standards of care for intestinal strictures remain limited to endoscopic dilation for short strictures or surgical resection for longer lesions. Our model does not yet ascribe market value to EP-104GI indications beyond EoE, but we continue to view the expanding clinical rationale for DiffuSphere-based formulations in GI fibrotic disease as a source of unmodeled upside for the firm.

- Allogene Therapeutics (ALLO-Q, NR) Reports Positive Interim Data for Off-the-Shelf CAR-T Cema-Cel in First-Line Large B-Cell Lymphoma. Allogene reported interim analysis from their pivotal Phase II ALPHA3 trial on April 13, testing its allogeneic (donor-derived, off-the-shelf) CD19-targeting CAR-T therapy cemacabtagene ansegedleucel (cema-cel) as a consolidation treatment in patients with large B-cell lymphoma (LBCL) who remain measurable residual disease (MRD)-positive after standard first-line R-CHOP chemotherapy. The analysis, conducted across 24 patients (12 per arm), demonstrated a 58.3% MRD-clearance rate at day 45 in the cema-cel arm versus 16.7% in the observation arm, comfortably clearing a pre-specified threshold. The trial's primary endpoint is event-free survival, which will require substantially longer follow-up and has not yet read out. Allogene's stock spiked roughly 60% intraday on the data release before returning to pre-data levels following the company's announcement of a US$175M common stock offering. The raise was dilutive relative to a roughly US$660M market cap.

  - CAR-T (chimeric antigen receptor T-cell) therapy involves genetically engineering T cells to express a synthetic receptor that directs them to recognize and kill cells expressing a specific tumor-associated antigen, in this case CD19, a surface protein found on virtually all B cells. Currently approved autologous CAR-T products (Yescarta [Gilead/Kite], Breyanzi [Bristol Myers Squibb], Kymriah [Novartis]) require collecting the individual patient's own T cells via leukapheresis, shipping them to a centralized facility for viral vector-mediated CAR engineering and ex vivo expansion over 2-4 weeks, and then re-infusing the finished product after lymphodepleting chemotherapy.

  - This patient-specific manufacturing chain is logistically arduous, expensive (US list prices in the range of US$370-410K per infusion), and confines treatment to specialized academic centers. Allogene's allogeneic approach bypasses this bottleneck entirely by using T cells harvested from healthy donors, engineering them in bulk, and storing them as a frozen, ready-to-use product. The principal tradeoff has been that donor-derived T cells risk premature rejection by the host immune system before they complete their therapeutic work, a limitation that has historically constrained the allogeneic CAR-T field. ALPHA3's trial design is conceptually interesting in that it targets a clinical context where this limitation may matter less: at the MRD consolidation stage, disease burden is minimal and rapid clearance within hours

to days may be sufficient, even if the donor cells are subsequently rejected. That said, with only 12 patients per arm and no durability data, this remains proof-of-concept at this stage.

- With regard to our local healthcare/pharmaceutical universe, we observe that QC-based Knight Therapeutics (GUD-TSX, NR) holds exclusive Latin American distribution rights for the CD19-targeting mAb tafasitamab/Minjuvi (licensed from CA-based Incyte Pharmaceuticals [INCY-Q, NR]) for transplant-ineligible relapsed/refractory DLBCL (short for diffuse large B-cell lymphoma), has indirect but distant exposure to the evolving first-line LBCL landscape. Minjuvi's current market positioning is defined by medical frailty and transplant ineligibility in the r/r setting, which is a meaningfully different patient population than the MRD-positive first-line consolidation cohort targeted by ALPHA3.

- **Roche (ROG-SW, NR) announced a new global Phase III study for Elevidys in an effort to revive the gene therapy's European prospects following the EMA's refusal of marketing authorization**. Yesterday, Roche disclosed plans to initiate a placebo-controlled Phase III trial evaluating delandistrogene moxeparvovec in approximately 100 early ambulatory boys with DMD over 72 weeks, with change in Time to Rise (TTR) from the floor velocity identified as the primary endpoint. A notable departure from the North Star Ambulatory Assessment (NSAA) used in the pivotal EMBARK trial. Patients randomized to placebo will be eligible for crossover following the primary analysis. Roche framed the study as responsive to EMA and Duchenne community feedback, with the explicit goal of generating the placebo-controlled data required for regulatory resubmission in Europe and other ex-US markets.

  - As a reminder, the EMA's CHMP issued a negative opinion in July 2025 (independently of the two fatal acute liver failure cases reported in non-ambulatory patients) with the European Commission formalizing the refusal in September 2025. The rejection centered on EMBARK's failure to meet its primary NSAA endpoint at 52 weeks (LSM difference of 0.65 points vs. placebo, p~0.24); the EMA concluded that observed micro-dystrophin expression could not be linked to a demonstrated functional benefit. Roche and Sarepta (SRPT-Q, NR) pointed to statistically significant improvements on secondary endpoints including TTR and 10-meter walk/run, but the agency was not persuaded by the totality of evidence. The selection of TTR velocity as the new primary endpoint appears strategic, building on an endpoint where EMBARK did show significance, though it remains to be seen whether the EMA will view this as sufficiently differentiated from the prior submission. Given that Roche holds ex-US commercialization rights under a deal that included $750M upfront, $400M in equity, and up to $1.7B in milestones, the willingness to fund another Phase III is rational.

  - This development reinforces several themes we have been tracking in the DMD space. First, the ongoing regulatory and safety challenges facing AAV-based gene therapy in DMD continue to validate the case for mechanistically differentiated approaches taken by covered name Satellos (MSCL-T/MSLE-Q, Spec Buy, PT US$16.00). Elevidys delivers a truncated micro-dystrophin construct that cannot fully replicate native dystrophin function (the micro-dystrophin gene deletes 46-75% of the native protein), does not efficiently transduce muscle stem cells (quiescent satellite cells are essentially refractory to AAV transduction per published literature), and persists as episomal DNA that is likely diluted over time in the high-turnover dystrophic muscle environment. The liver toxicity signal further underscores the systemic immune burden of high-dose AAV delivery.

  - Satellos' orally-active AAK1 inhibitor SAT-3247 sidesteps these limitations: it targets endogenous muscle stem cell polarity and progenitor generation through a small-molecule mechanism, requires no viral vector, carries no immunogenicity risk from the delivery vehicle, and is administered consistently rather than as a one-time infusion. The choice of TTR as Roche's new primary endpoint is relevant to Satellos, as TTR and grip strength are among the functional measures Satellos is evaluating in its ongoing Phase II programs (the LT-001 adult trial and the BASECAMP pediatric trial). Third, the broader pattern of DMD gene therapies struggling to translate micro-dystrophin expression into consistent functional improvement on NSAA continues to support the thesis that partial dystrophin restoration alone may be insufficient to alter disease trajectory, and that approaches addressing the underlying regenerative deficit (as SAT-3247 aims to do through restoring muscle stem cell asymmetric division) may ultimately prove complementary or even necessary alongside dystrophin-replacement strategies.

Capital Markets Summary

Exhibit 15. EBITDA Or EPS-Positive Canadian Healthcare Stocks

Company	Filing Curr.	Sym.	Shrs Out. (M)	Share Price 15-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	$16.28	896	896	1,499	1,499	7.2x	6.8x	6.5x	NA	7.2x	6.8x
Jamieson Wellness	CAD	JWEL	41.5	$34.41	1,427	1,427	1,873	1,873	11.9x	10.5x	9.4x	23.0x	16.2x	13.9x
K-Bro Linen	CAD	KBL	13.0	$37.19	483	483	779	779	7.5x	7.2x	6.8x	25.1x	18.2x	14.7x
Medical Facilities [1]	CAD	DR	17.6	$12.48	219	302	411	566	6.6x	7.2x	7.1x	21.9x	6.1x	18.6x
Microbix Biosystems	CAD	MBX	138.0	$0.25	34	34	32	32	NA	NA	10.9x	NA	NA	NA
Savaria	CAD	SIS	71.7	$28.78	2,064	2,064	2,248	2,248	12.3x	11.1x	10.0x	29.9x	20.7x	18.3x
Profitable Canadian healthcare firms - specialty pharmaceuticals development/sales [2]														
Aurinia Pharma	USD	AUPH	133.0	$16.05	2,134	2,938	1,802	2,480	10.4x	8.2x	6.8x	7.4x	20.3x	15.3x
Bausch Health	USD	BHC	373.5	$5.74	2,144	2,951	31,079	42,780	6.7x	6.0x	6.0x	13.6x	1.3x	1.4x
BioSyent	CAD	RX	11.6	$14.90	173	173	145	145	11.9x	9.4x	8.0x	18.6x	15.9x	13.3x
Cipher Pharma [1]	CAD	CPH	25.3	$13.98	353	487	483	665	20.1x	17.1x	13.7x	13.0x	18.8x	14.7x
HLS Therapeutics [1]	CAD	HLS	31.3	$4.50	141	194	193	265	11.8x	9.6x	8.1x	NA	NA	NA
Knight Therapeutics	CAD	GUD	98.0	$7.74	759	759	721	721	10.7x	9.5x	8.9x	NA	45.5x	31.6x
Medexus Pharma [1]	CAD	MDP	32.3	$2.93	95	130	144	198	10.6x	9.2x	6.6x	NA	NA	9.1x
Profitable Canadian healthcare firms - eldercare services or infrastructure developers														
CareRx	CAD	CRRX	62.9	$3.81	240	240	303	303	10.0x	8.2x	7.3x	9.2x	22.0x	12.7x
Chartwell Retirement	CAD	CSH.UN	324.0	$21.23	6,879	6,879	9,744	9,744	24.2x	19.3x	17.6x	NA	NA	55.9x
Extendicare	CAD	EXE	94.5	$29.59	2,795	2,795	2,772	2,772	15.8x	11.8x	10.4x	26.2x	24.4x	20.9x
Vital Infrastructure	CAD	VITL.UN	250.0	$5.70	1,425	1,425	2,699	2,699	10.4x	12.6x	12.8x	NA	NA	NA
Nova Leap Health	CAD	NLH	87.3	$0.39	34	34	36	36	13.5x	NA	NA	NA	NA	NA
Sienna Senior Living	CAD	SIA	106.0	$23.08	2,447	2,447	3,749	3,749	25.0x	18.7x	17.0x	47.1x	38.5x	33.4x
Profitable Canadian healthcare firms - medical equipment distribution/sales [3]														
Covalon Technologies	CAD	COV	27.6	$1.98	55	55	39	39	26.9x	11.2x	7.2x	55.6x	28.3x	14.1x
Viemed Healthcare	USD	VMD	38.6	$9.61	371	371	511	703	7.5x	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	295.6	$0.88	260	260	327	327	NA	39.5x	20.0x	NA	NA	NA
Hydreight	CAD	NURS	53.4	$3.69	197	197	186	186	NA	8.1x	5.3x	NA	12.3x	7.5x
Kneat.com	CAD	KSI	96.1	$4.23	407	560	386	386	NA	22.1x	15.0x	NA	NA	NA
Vitalhub	CAD	VHI	63.3	$8.04	509	700	391	391	17.2x	11.5x	9.8x	NA	31.9x	25.5x
Well Health	CAD	WELL	255.5	$4.04	1,032	1,032	1,783	1,783	8.8x	9.9x	9.0x	NA	14.7x	10.7x
Average									**13.1x**	**12.1x**	**9.8x**	**24.3x**	**20.1x**	**17.7x**
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

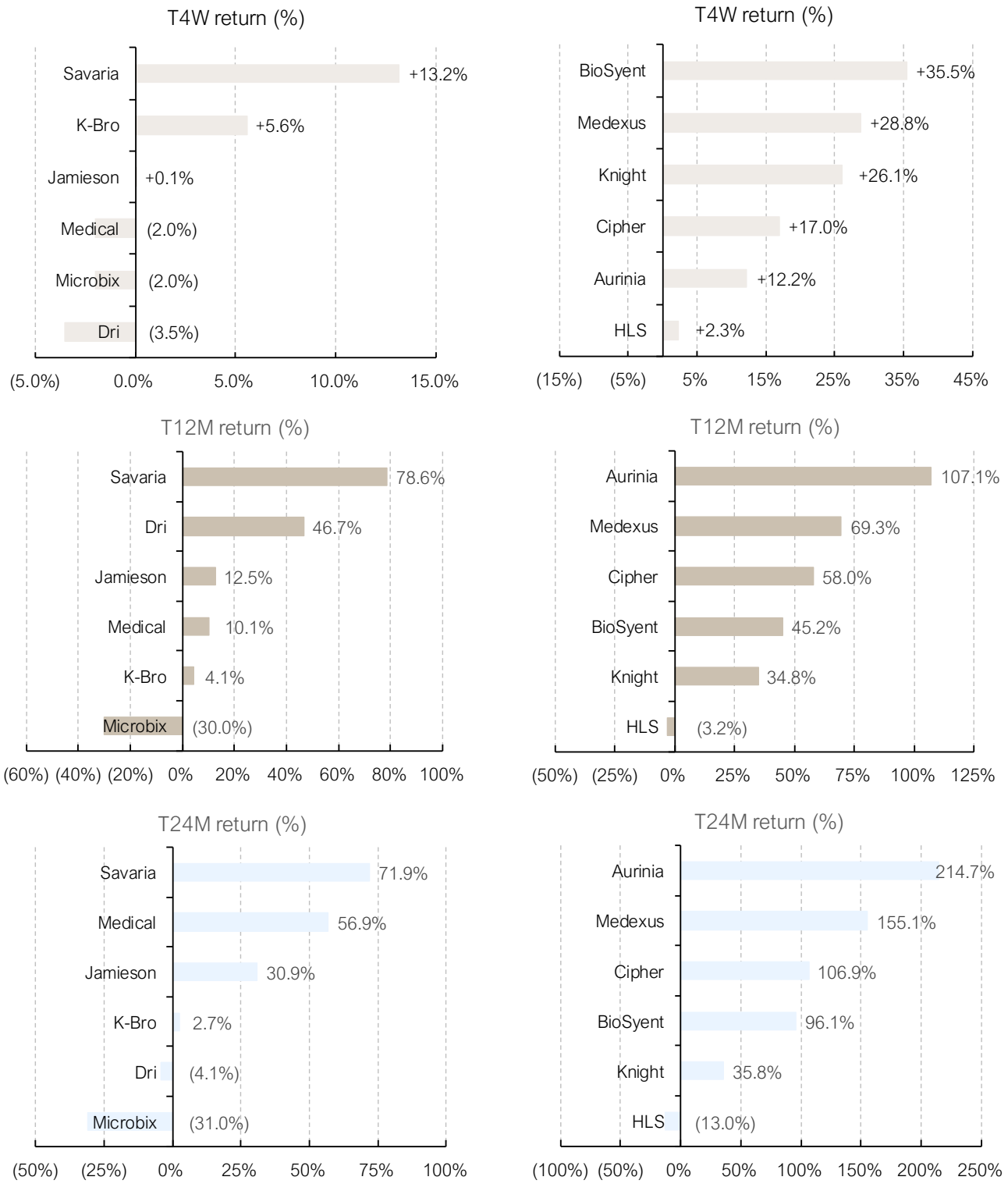
[2] Legacy specialty pharmaceutical firm & coverage stock Theratechnologies (TH-T, THTX-Q) was acquired in Sept/25 by CB Biotechnology/Future Pak for cumulative consideration of US$4.20/shr; Andlauer's acquisition by UPS (UPS-NY, NR) is closed as of Nov/25

[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

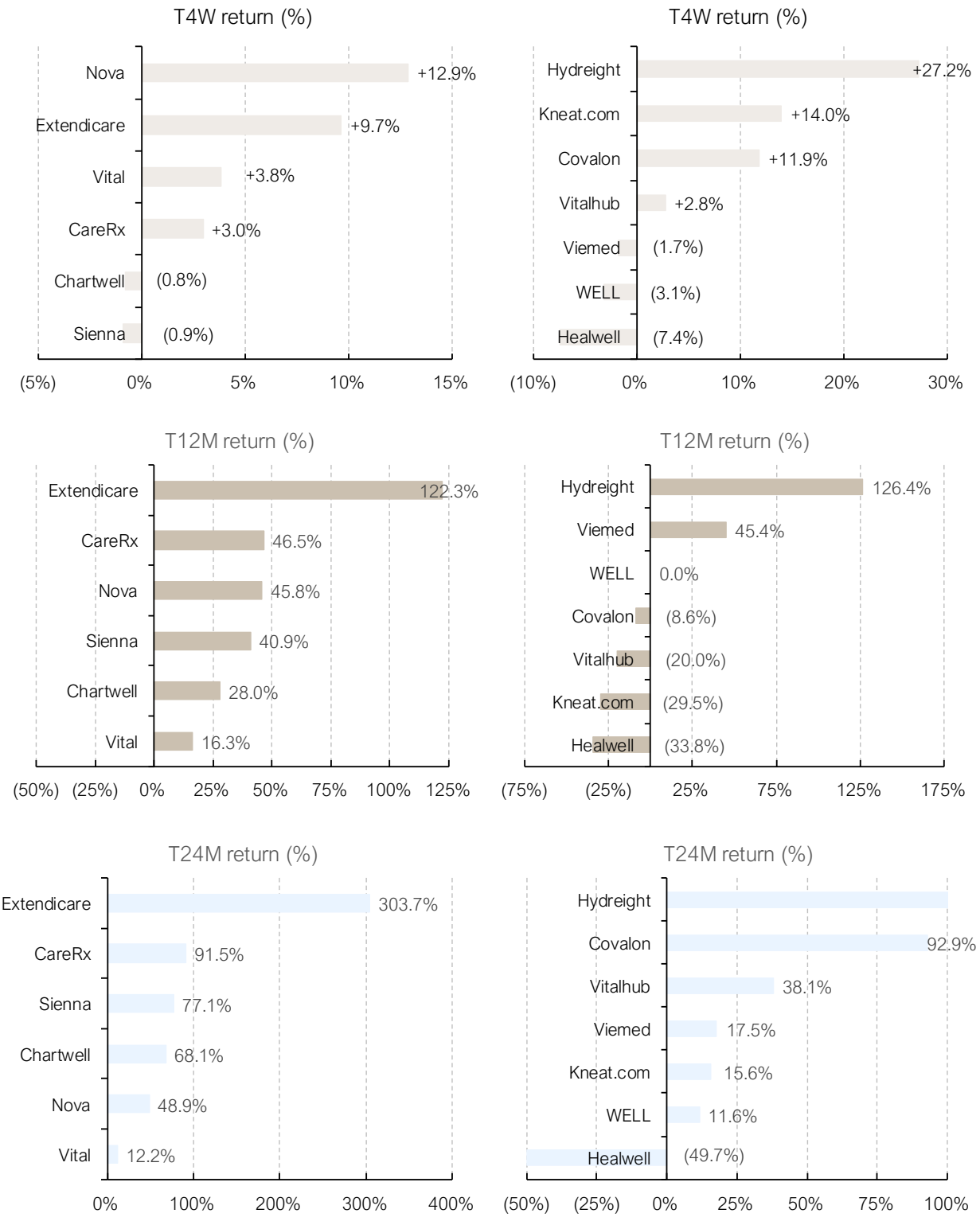
Source: Refinitiv, company reports, Leede Financial

Exhibit 16. 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 17. 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 1,267%)*

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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