



STREAM ***BIOMEDICAL***

rhPDV_{LG3}: Targeted Human Therapeutic
Novel First-in-Class Recombinant Biologic
Rapid Neurovascular Repair & Regeneration

APRIL 2025

Non-confidential disclosure

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Summary Highlights - Investigational Agent rhPDV_{LG3}



Novel biological agent, first-in-class, novel clinical therapeutic category

Potentially transformative therapeutic agent for neurology



Platform therapeutic: Multiple potential CNS indications

Both acute and chronic neurodegenerative diseases



Recombinant biologic: Repairs neurovascular injury to protect the CNS

Repairs BBB, neurogenic, vasculogenic, neuroprotective, anti-inflammatory



Clinical study: Initiate phase 1b in Q3 2025

Safety and confirm initial efficacy in humans



Near-term value inflection point: Clinical study readout Q1 '26

Pursue clinical development across a range of acute and chronic neurodegenerative diseases

MANAGEMENT TEAM



**Bill Schwieterman, M.D. CEO and
& Board Member**

10 years as former senior supervisor within Center for Biologics of Food and Drug Administration (FDA)



**Nazia Kazmi, M.S.
AD, Clinical Trial Operations**

>18 years of experience in Clinical Operations and Trial Management



**Huston Davis Adkisson, Ph.D.
Chief Scientific Officer**

27 years of academic and industrial experience. Co-founder and former Chief Scientific Officer at ISTO Technologies, Inc.



**Bryan Clossen, Ph.D.
Director of Translation Programs**

15 years of academic and industry experience in translational modeling of neurotrauma for drug discovery.

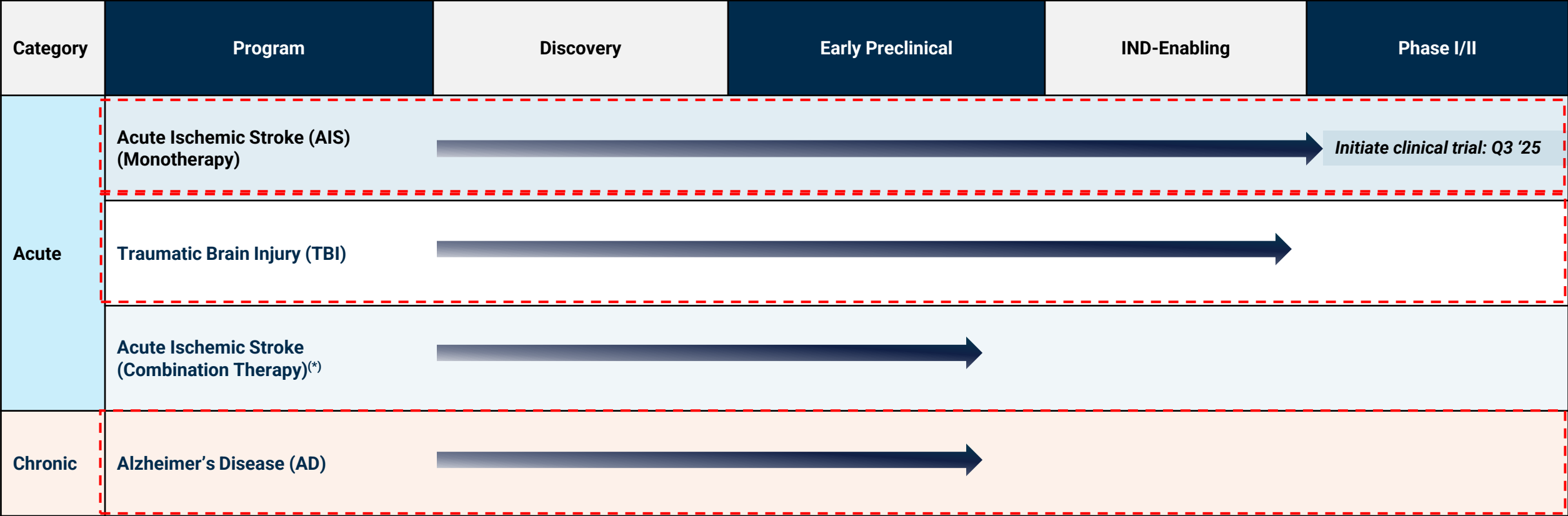


**Seth Fisher
CMC Process Engineer**

20+ years of experience in development of biologics from discovery through clinical manufacturing



Addressing Unmet Needs in Multiple CNS Diseases



Lead indications

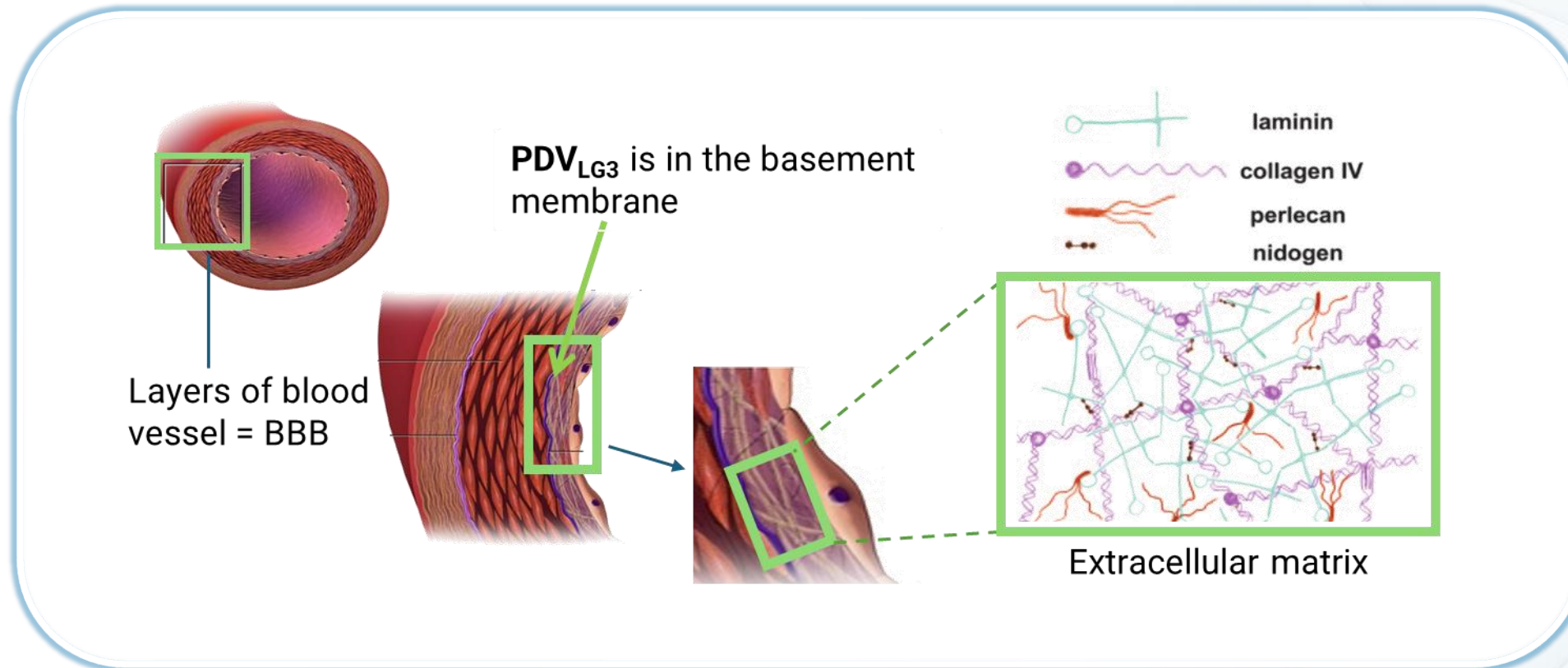
GMP manufacturing completed

(*) Combination therapy with Tissue Plasminogen Activator (tPA)

Perlecan, the Parent Molecule of PDV_{LG3} Is Located Within the BBB

RECOMBINANT BIOLOGIC REPAIRS NEUROVASCULAR INJURY TO PROTECT THE CNS

Perlecan Domain V LG3 (PDV_{LG3}) is released from the basement membrane following injury



Bardin, Matthieu. (2022). Lipid mediators of the resolution of inflammation in vascular ageing. *Physiol Rev.* 2005 Jul;85(3):979-1000. doi: 10.1152/physrev.00014.2004.

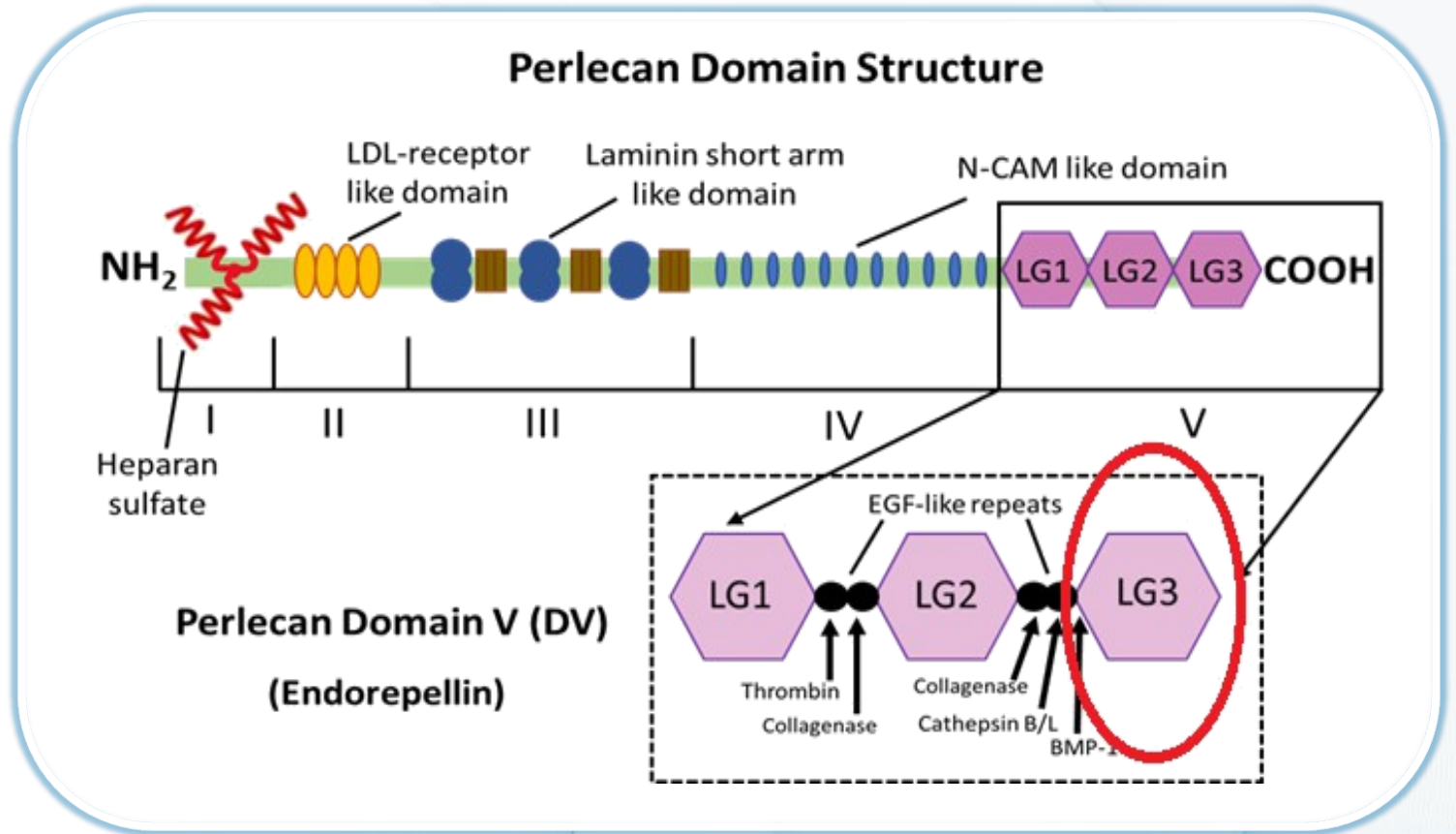
PDV_{LG3} Is a Fragment of Perlecan Released Upon Hypoxia/Injury to BBB

PDV_{LG3} Key Properties

- Rapidly released in response to hypoxia/anoxia
- Homes to site of injury
- Anti-inflammatory effects
- Plays important role in cell signaling and interaction with other proteins
- Supports new blood vessel formation

PDV_{LG3} Biological Effects

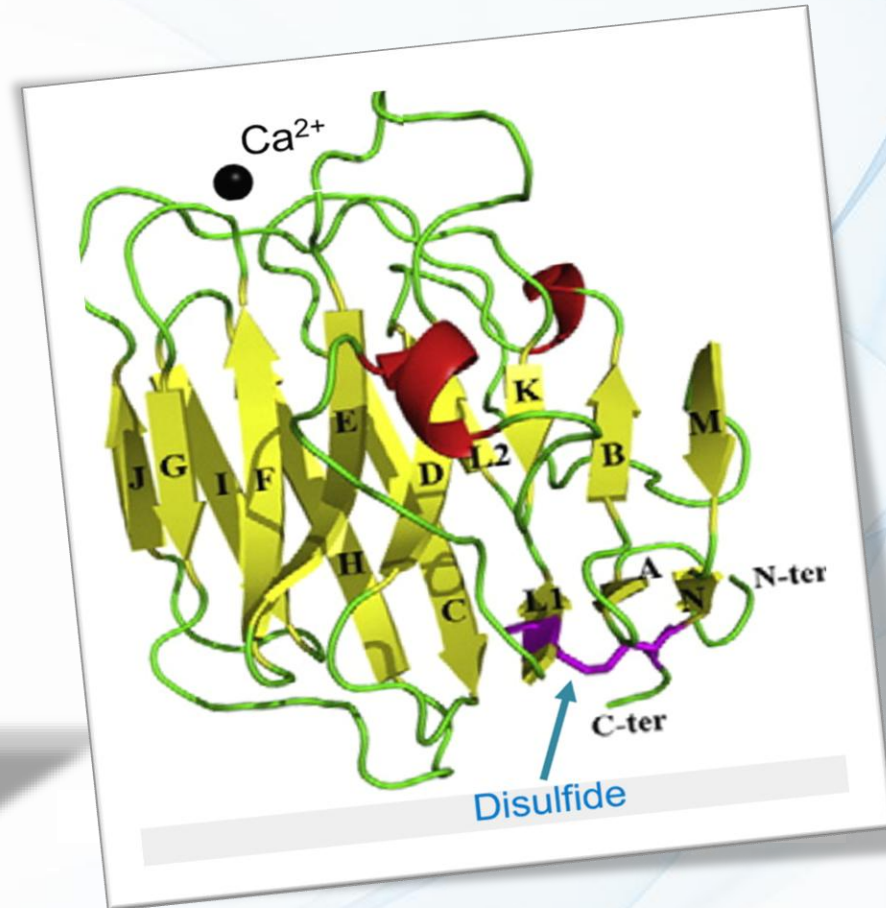
- Repairs BBB and CNS
- Neuroprotective
- Neuroregenerative
- Vasculogenic
- Anti-inflammatory



Stream's Product: rhPDV_{LG3}

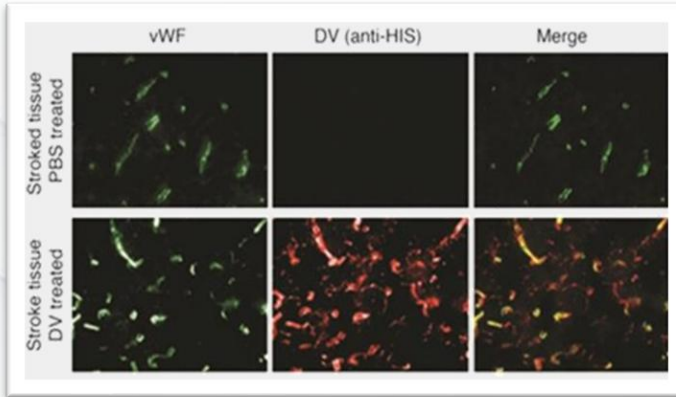
Properties

- Produced in *E. coli*
- 21kD non-glycosylated protein
- Administered intravenously
- Readily crosses BBB through active transport
- Homes to site of injury through upregulated integrin receptors
- Durable tissue binding (>48 hours)



Summary of Pharmacokinetics/dynamics

A. Crosses the BBB



B. By active transport



rhPDV_{L63} w/out caveolin inhibition



rhPDV_{L63} w/ caveolin inhibition

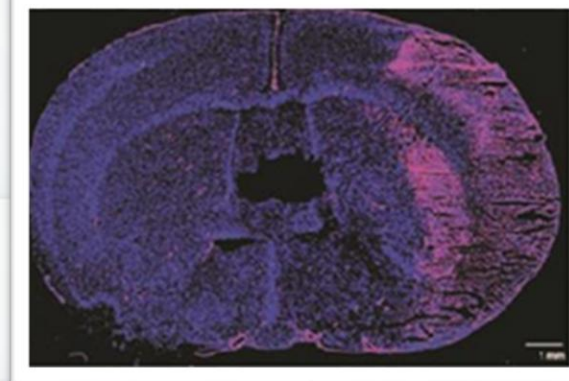
A

B

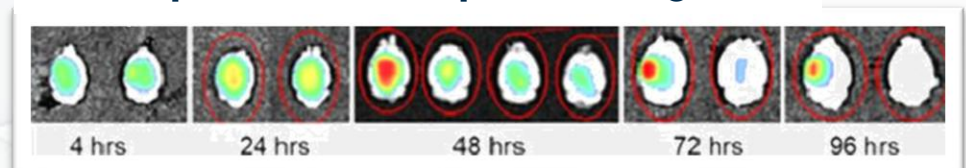
C

D

C. Homes to the site of injury



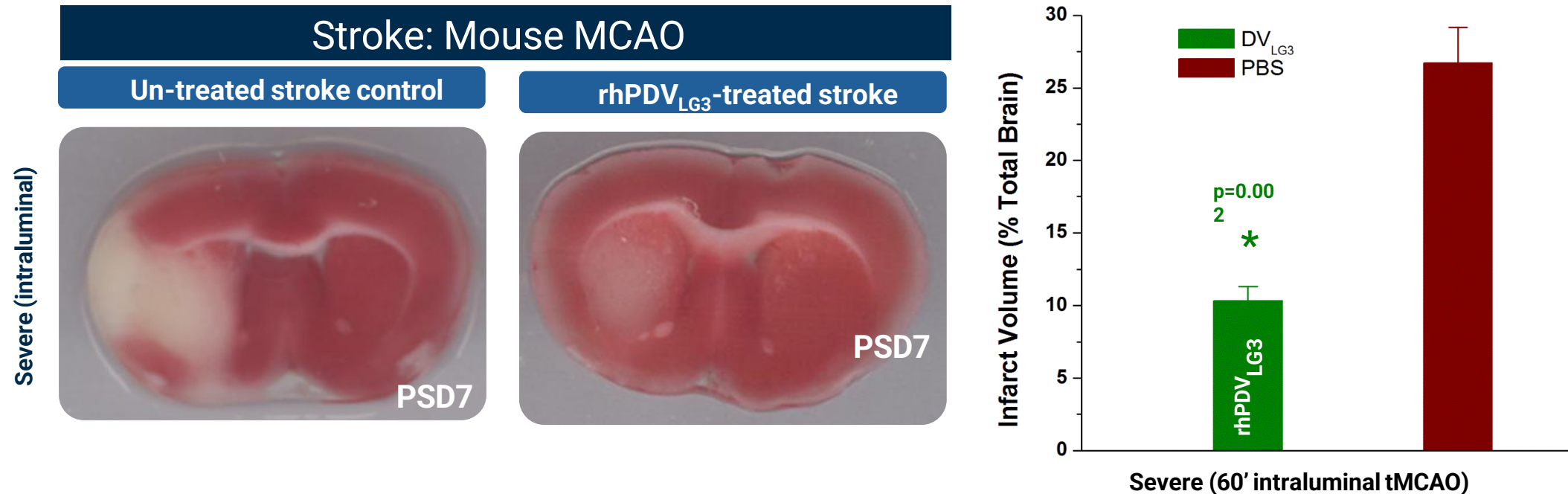
D. Has persistent receptor binding >48h



Brain persistence CCA-MCA stroke – mice (6 mg/kg, intraperitoneal)

rhPDV_{LG3} Is Significantly Neuroprotective

rhPDV_{LG3} (6 mg/kg) reduces infarct volume by >60% following severe stroke in mice

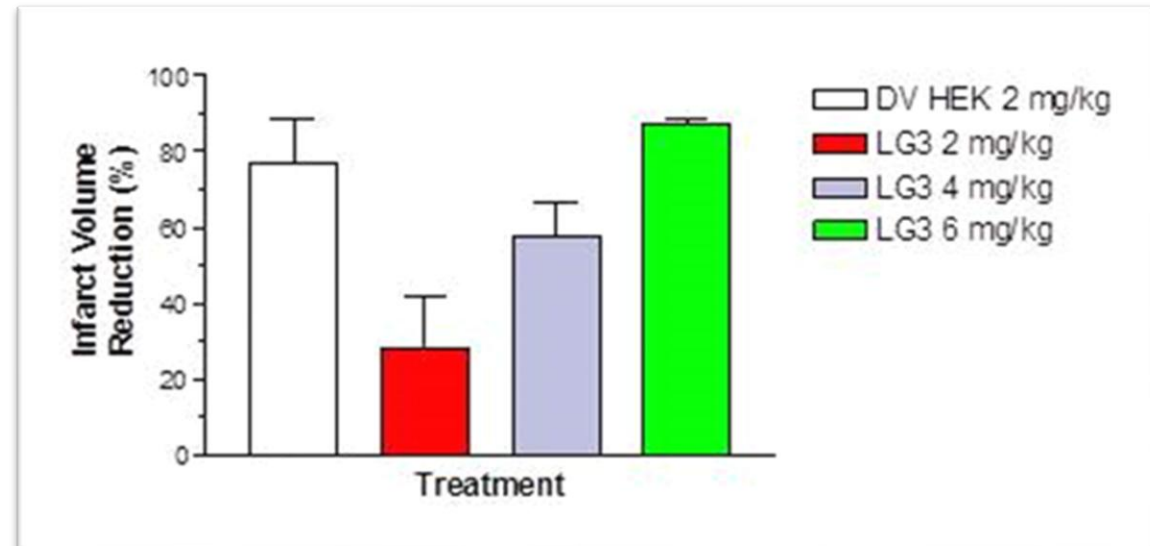
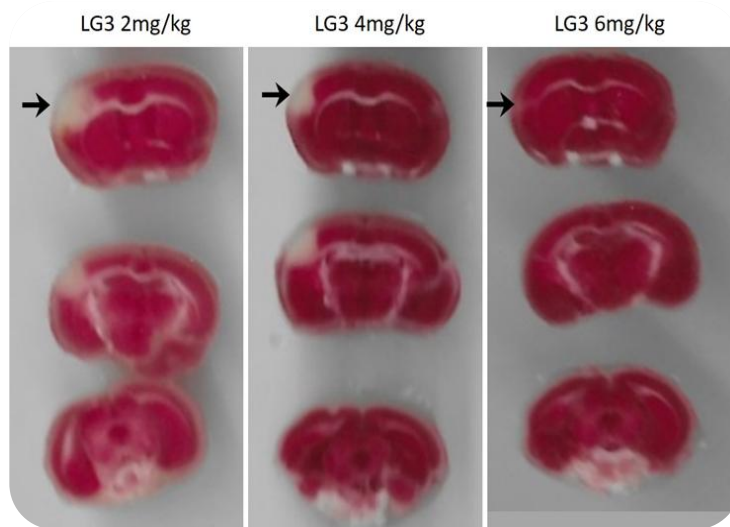


Drug Selection Study: rhPDV_{LG3} only shown 7 days after 60 min transient MCAO filament stroke in mice.

rhPDV_{LG3} Provides Dose-Dependent Increase in Neuroprotection

rhPDV_{LG3} dose-dependently reduces infarct volume (stroke injury)
following cortical stroke in mice

Stroke: Mouse CCA-MCA

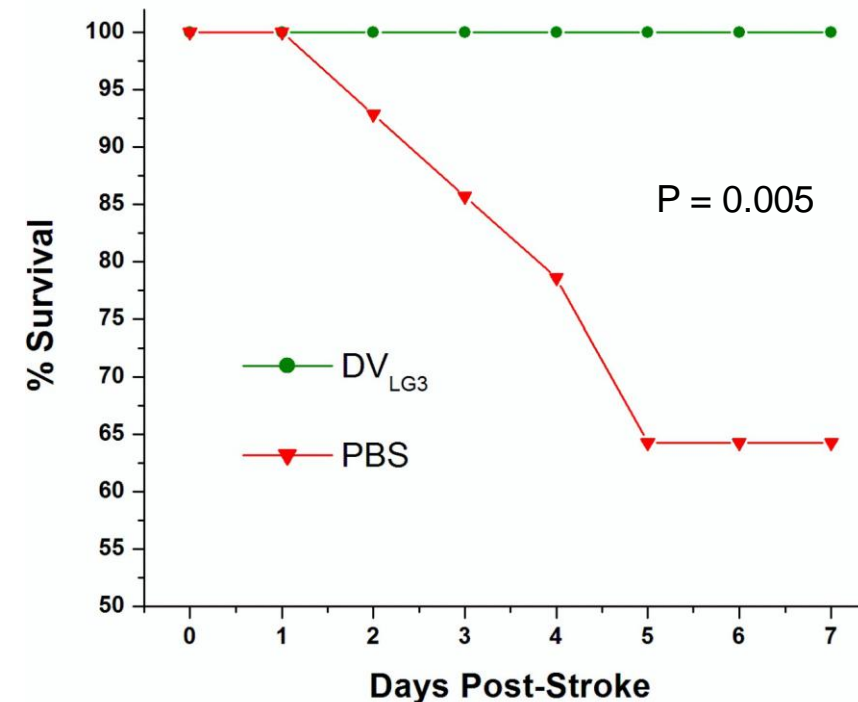


rhPDV_{LG3} Reduces Mortality Following Severe Stroke in Mice

rhPDV_{LG3} reduces 7-day mortality

Stroke: Mouse MCAO

- Control mortality rate: **36%**
- rhPDV_{LG3} mortality rate: **0%**
- Reduction in mortality rate correlated with reduced infarct volume and improved health and functional outcomes (*see next page*)

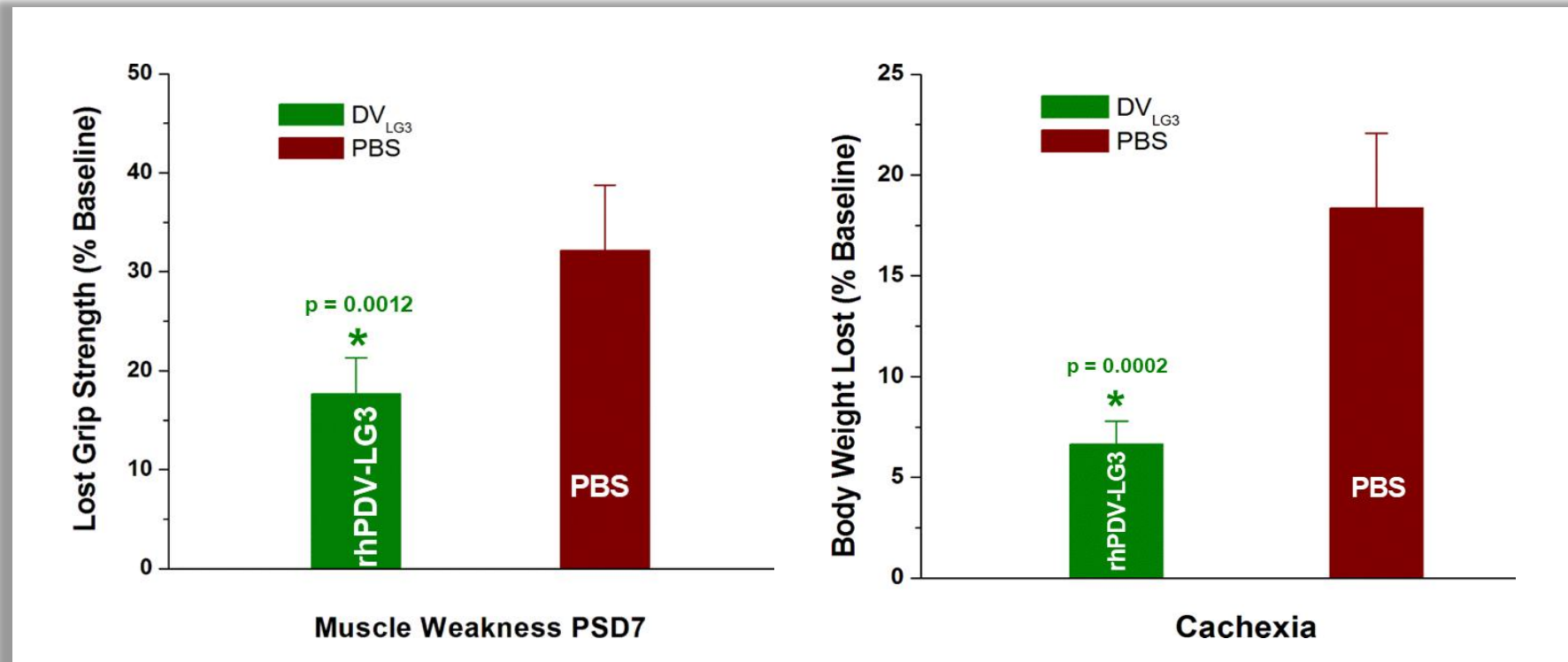


Drug Selection Study: rhPDV_{LG3} only shown 7 days after 60 minute transient MCAO filament stroke in mice.

rhPDV_{LG3} Significantly Improves Function and Weight Retention Following Severe Stroke

Improves sensory-motor function and body weight retention

Stroke: Mouse MCAO

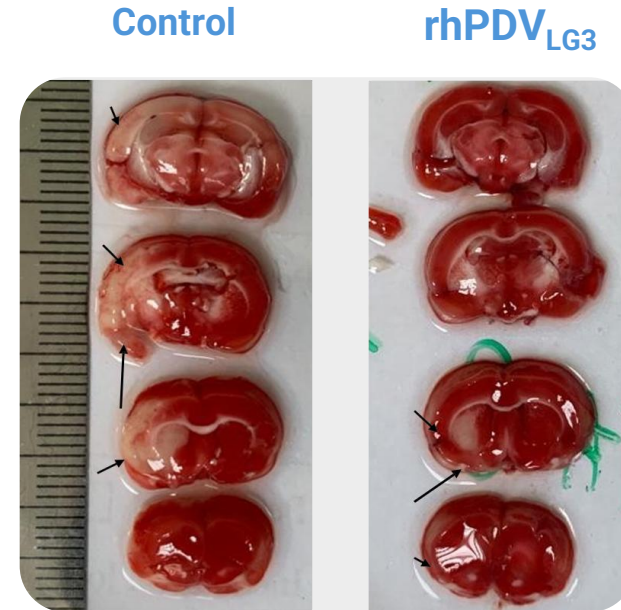
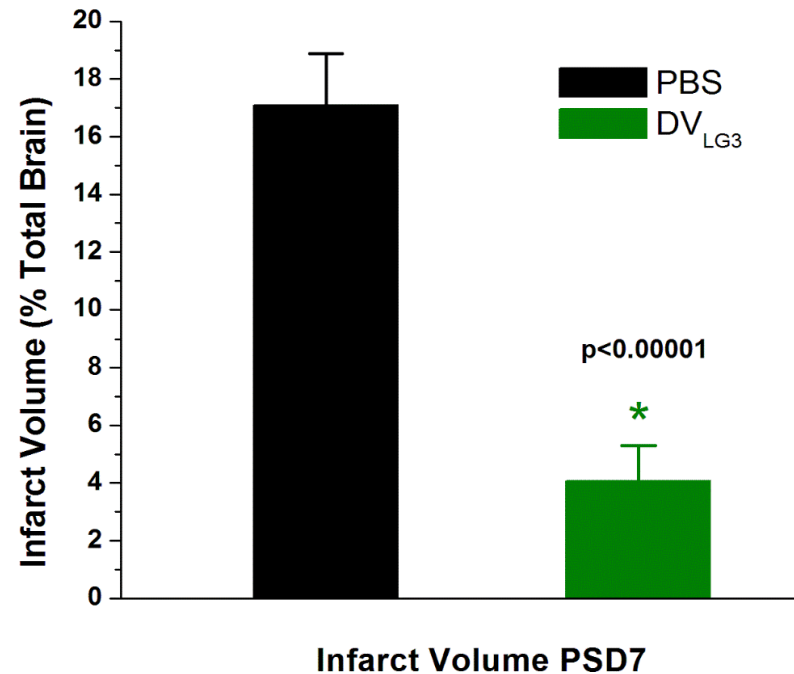


Drug Selection Study: rhPDV_{LG3} only shown 7 days after 60 minute transient MCAO filament stroke in mice.

rhPDV_{LG3} Is Neuroprotective Across Species, Stroke Models, and Multiple Routes of Administration

IV administration of rhPDV_{LG3} (3 mg/kg) is significantly neuroprotective in rats following severe stroke

Stroke: RAT MCAO

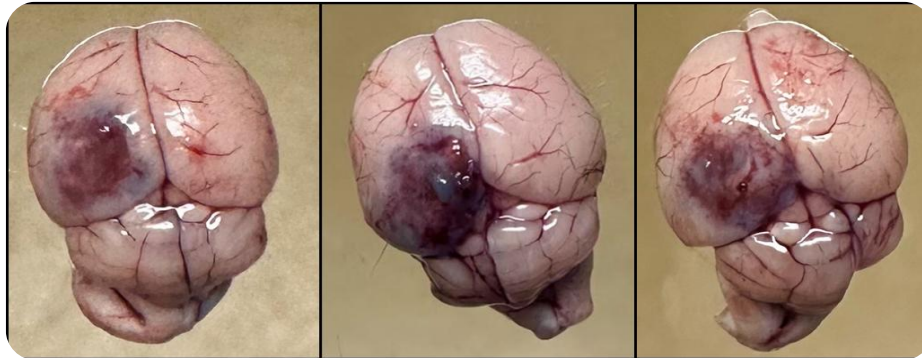


rhPDV_{LG3} Restores BBB Integrity at 24 Hours Following Severe TBI

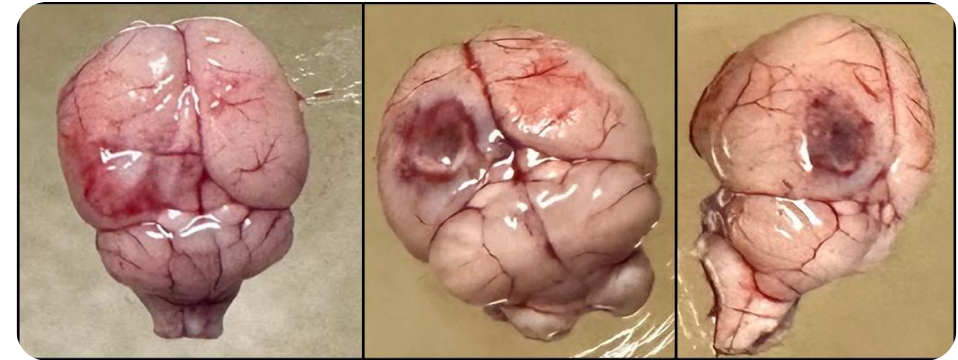
rhPDV_{LG3} (6 mg/kg) significantly reduces Evan's blue permeation following severe impact TBI (2mm) in mice

TBI: Mouse CCI Severe

PBS Treated – 24hr Post-Impact

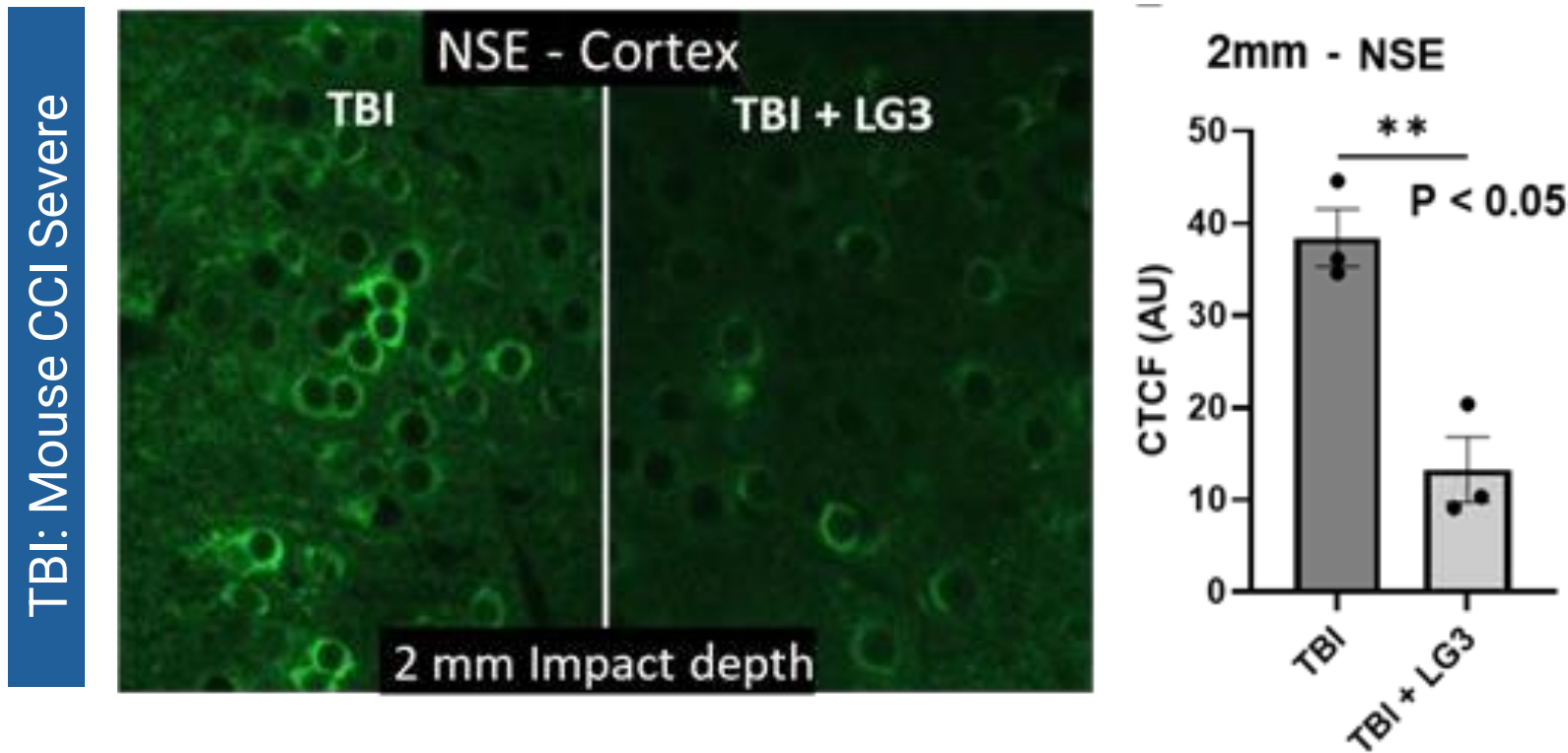


rhPDV_{LG3} Treated – 24hr Post-Impact



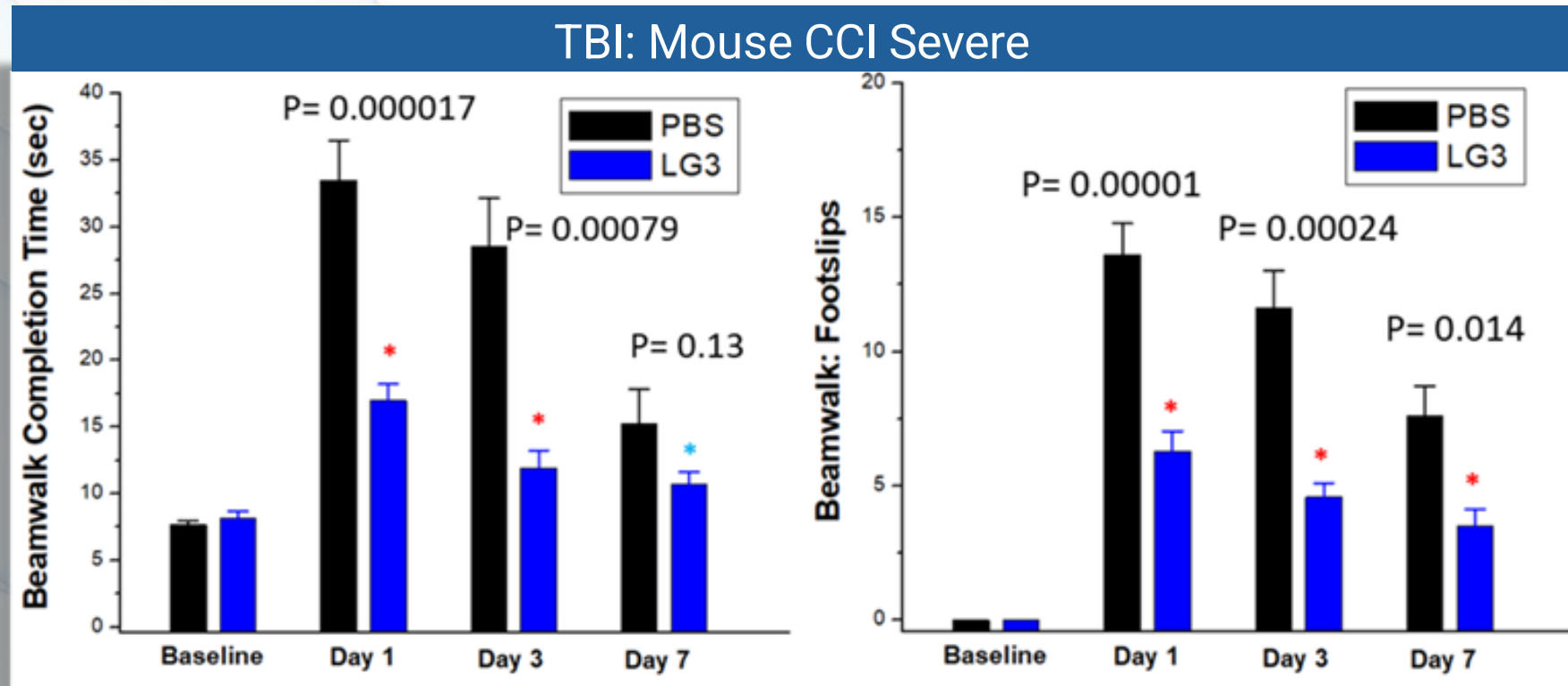
rhPDV_{LG3} Is Neuroprotective After Severe TBI

rhPDV_{LG3} reduces neuron-specific enolase (NSE), a biomarker of neuron injury, > 72% following single dose administration in young male mice subjected to CCI-TBI (2mm); Day 7



rhPDV_{LG3} Restores Motor Function After Severe TBI

rhPDV_{LG3} (6 mg/kg) significantly improves acute beam-walk performance following CCI (2mm) in mice



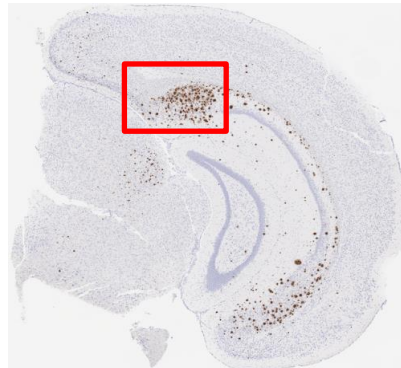
- rhPDV_{LG3} results in profound improvements 24 hours after CCI-TBI
- Functional improvements persist through Day 7
- Footslip performance exhibits high resolution for detection of motor deficits

rhPDV_{LG3} Reduces Amyloid Burden in the Hippocampus

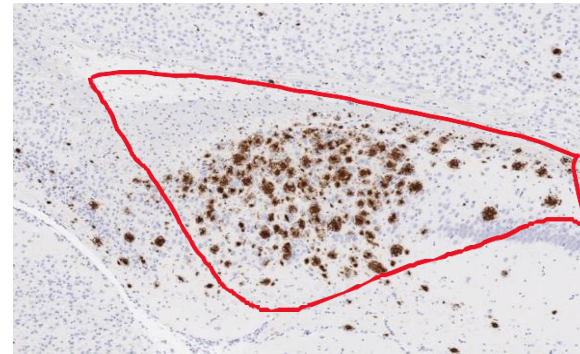
Dorsal subiculum = hippocampal tissue most sensitive and prognostic for AD in animals/humans

- ✓ rhPDV_{LG3} treated (30 days) 3-month-old female 5xFAD mice displayed significantly less amyloid deposition in the hippocampus (dorsal subiculum)
- ✓ Reduction in volume of dorsal subiculum is prognostic of AD in humans

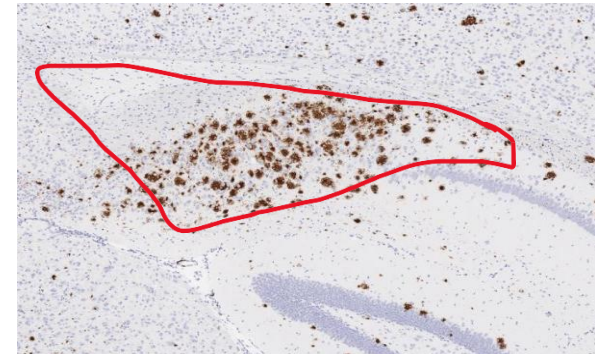
PBS



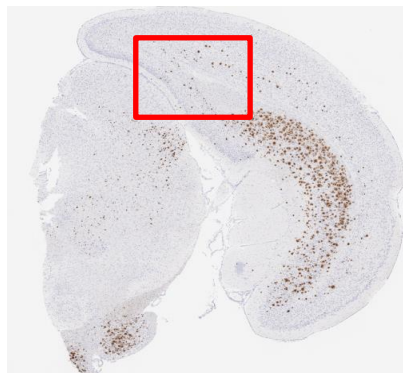
Hippocampus



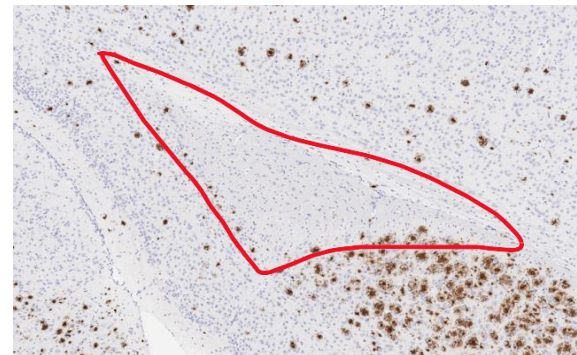
Dorsal subiculum



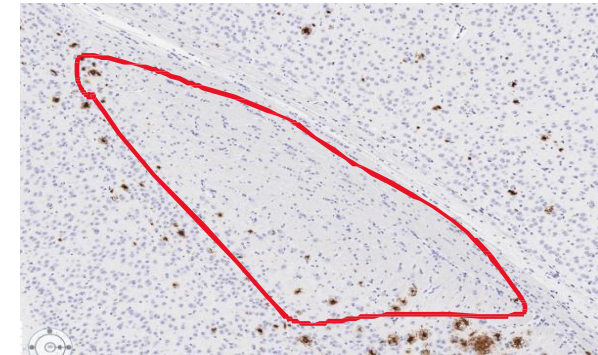
rhPDV_{LG3}



Hippocampus

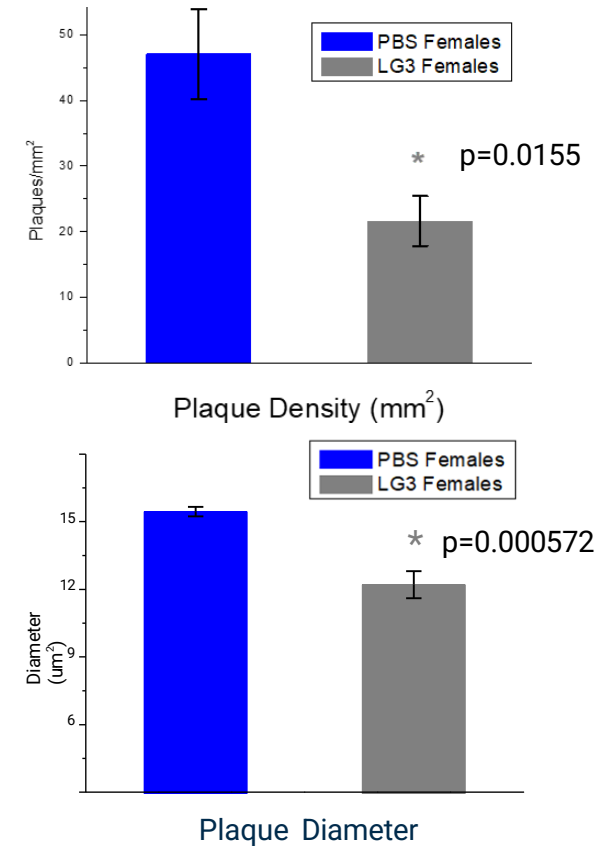
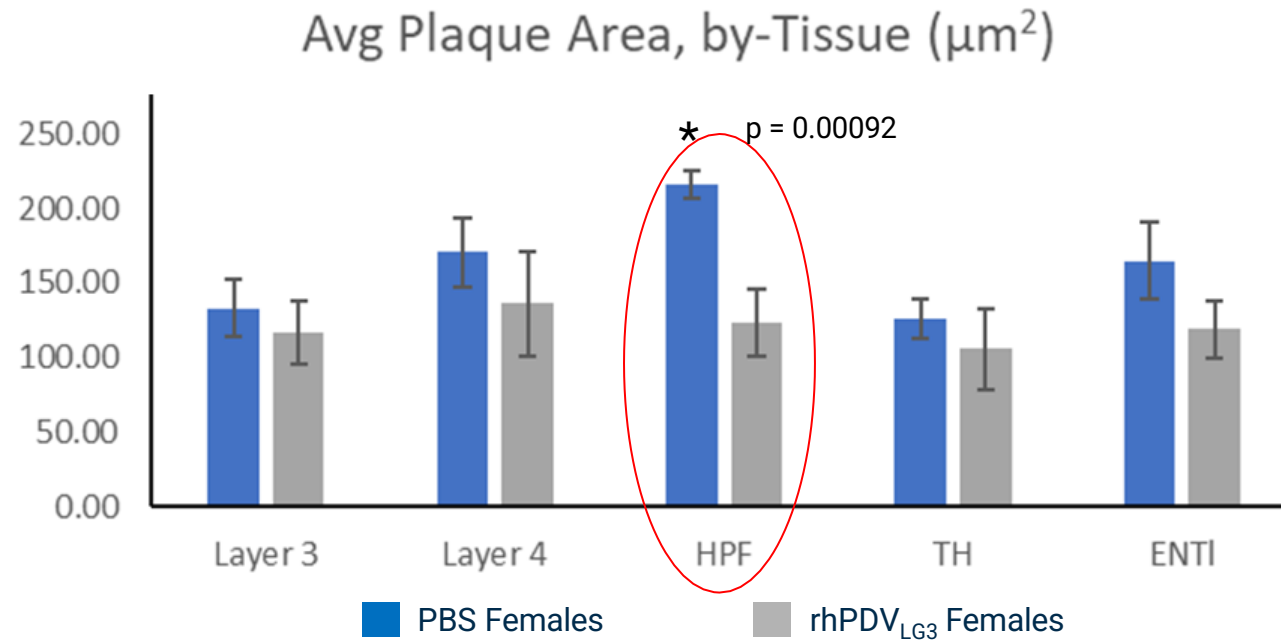


Dorsal subiculum



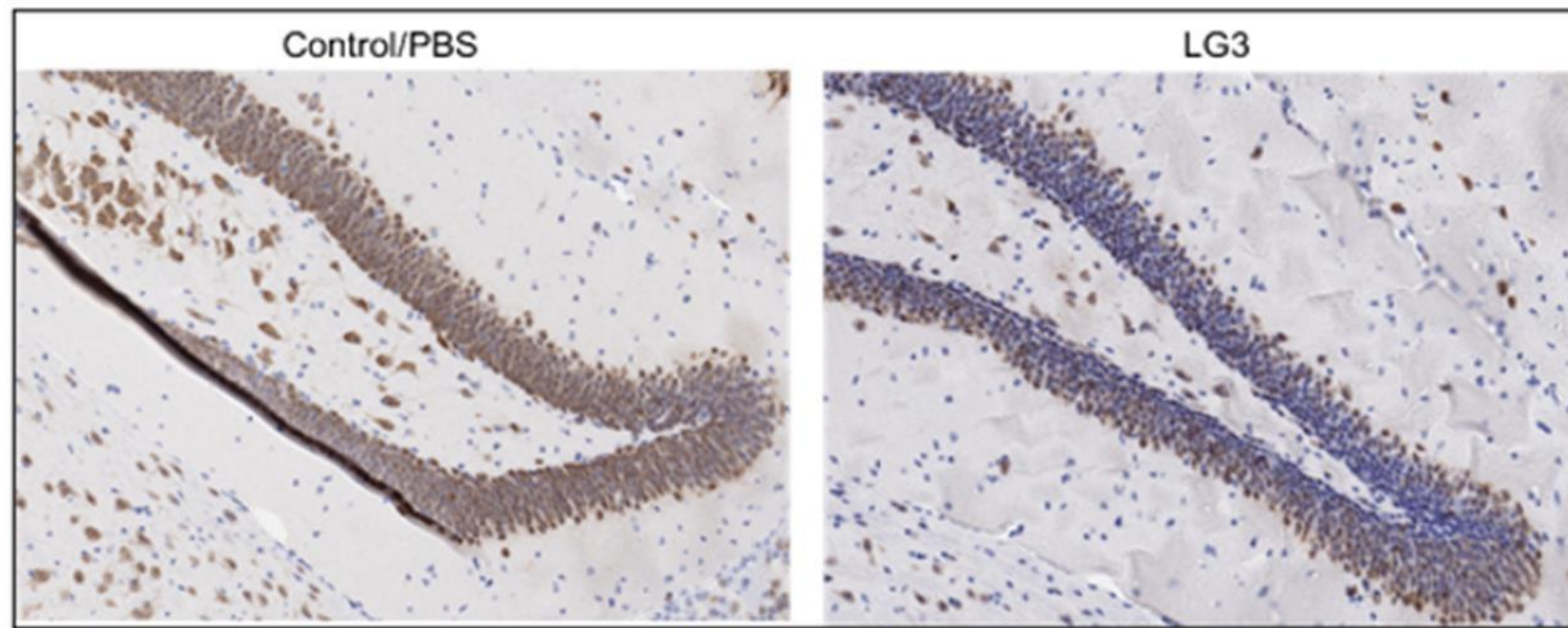
rhPDV_{LG3} Reduces Amyloid in Brain Tissues, Most Prominently in the Hippocampus

rhPDV_{LG3} reduces hippocampal amyloid plaque area, density, and average diameter in 3-month-old female 5xFAD mice



rhPDV_{LG3} Induces Neurogenesis

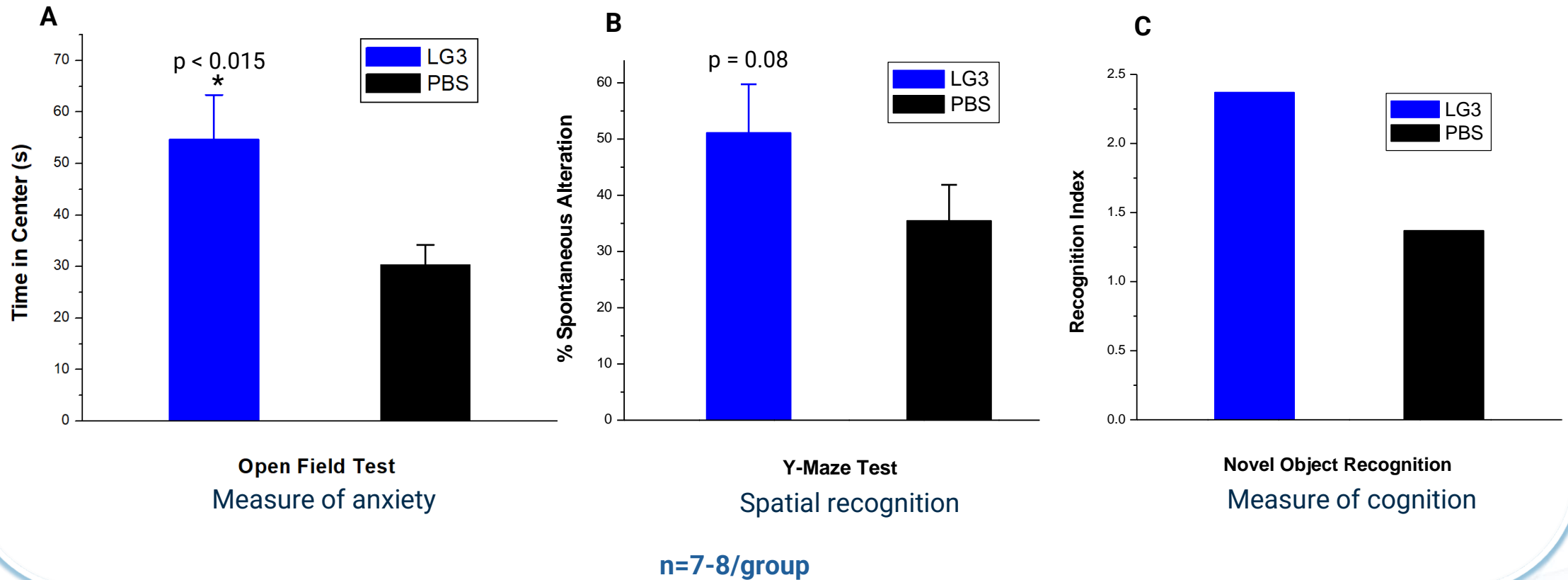
rhPDV_{LG3} exerts profound effect in the dentate hilus, the center of adult neurogenesis with the potential for restoration of cognitive function



NeuN (mature neurons) x cresyl violet (cell body) in aged male 5xFAD mice reveals significant population of immature neurons in the dentate hilus

rhPDV_{LG3} Improves Cognitive Functional Measures in a Murine Model of Human AD

Functional improvements in memory and anxiety in aged male 5xFAD mice

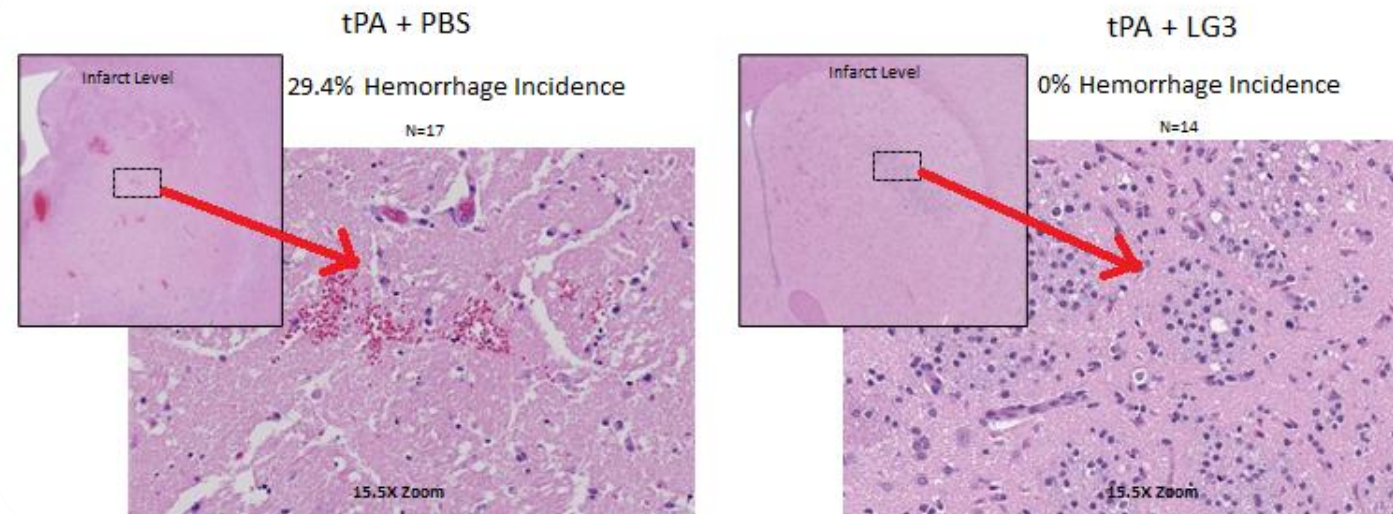


rhPDV_{LG3} Stops Hemorrhage Induced by tPA and Neuronal Cell Death

Tissue Plasminogen Activator (tPA) is currently utilized as a first-line option prior to mechanical thrombectomy (MT) for treatment of large vessel occlusion (LVO)

Considerations with tPA:

- Narrow therapeutic window; time of symptom onset < 4.5 hrs
- Rates of clot migration complicating successful retrieval and hemorrhagic transformation may be higher

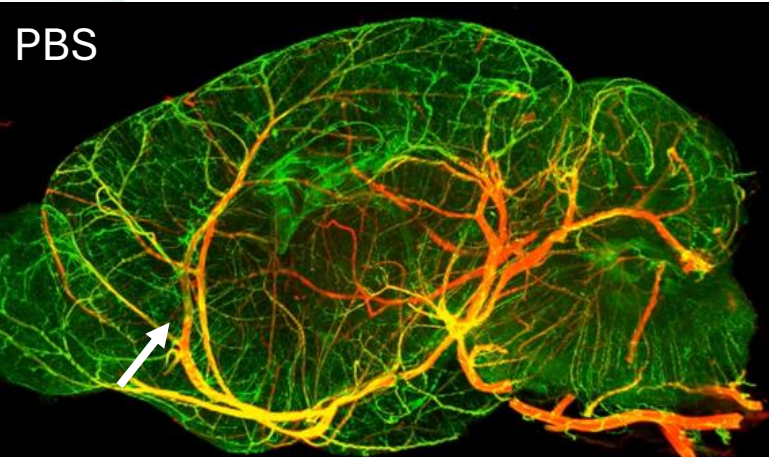


- Control hemorrhage incidence: **29.4%**
- rhPDV_{LG3} treated hemorrhage incidence: **0%**

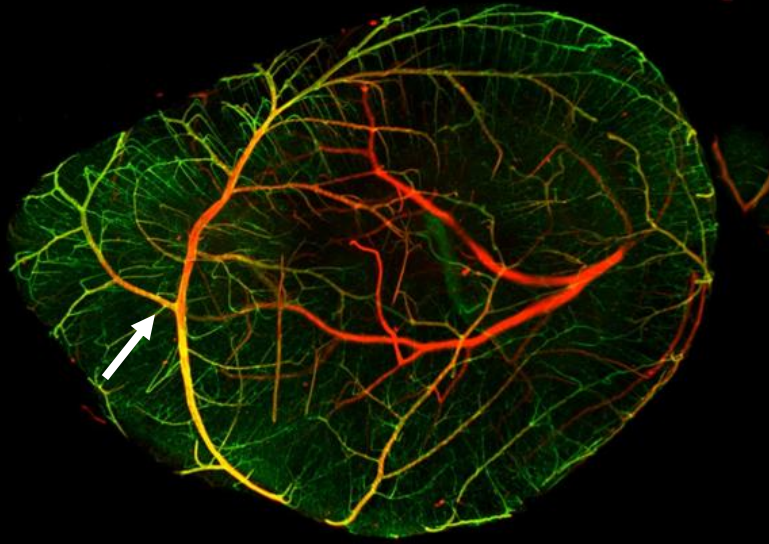
rhPDV_{LG3} Repairs Neurovascular Injury to Protect the CNS

3D vascular imaging: 72 hours post-stroke in adult mice*

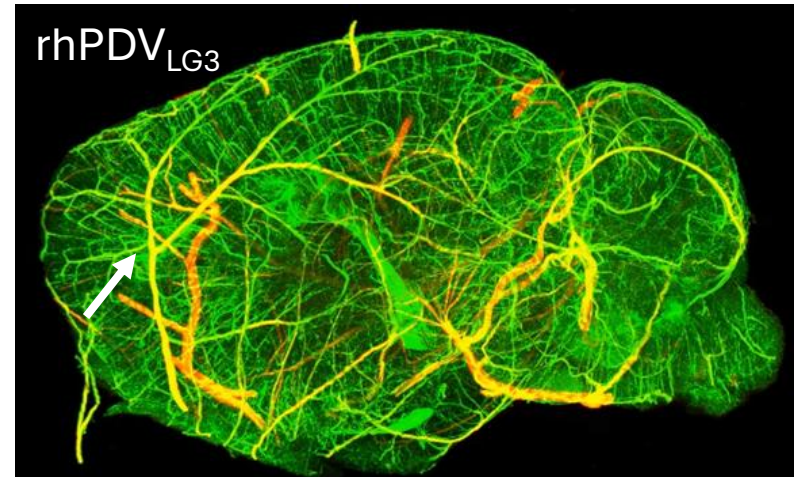
Whole brain



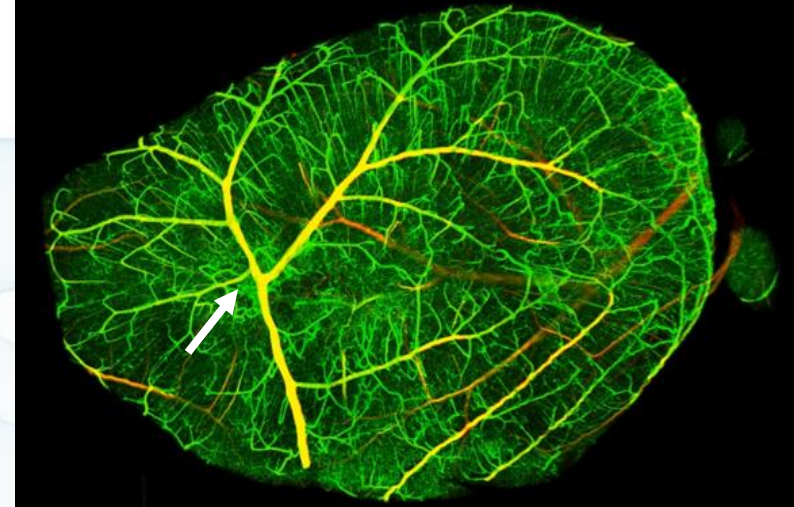
Stroke Area



Whole brain



Stroke Area



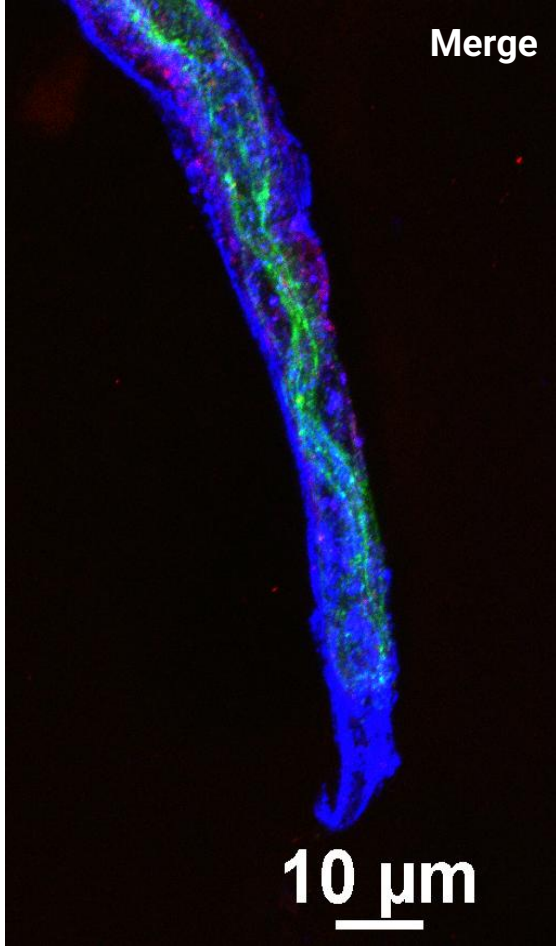
*Initial pilot imaging, full data pending. Arrows show point of occlusion (stroke origin)

rhPDV_{LG3} Repairs Neurovascular Injury to Protect the CNS

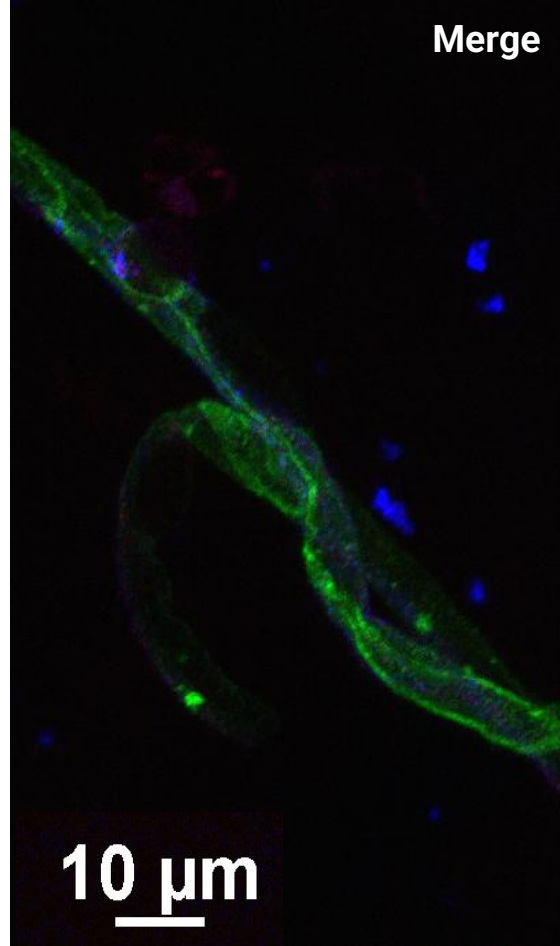
Isolated capillaries 24h post-stroke*

Controls

No Stroke + PBS

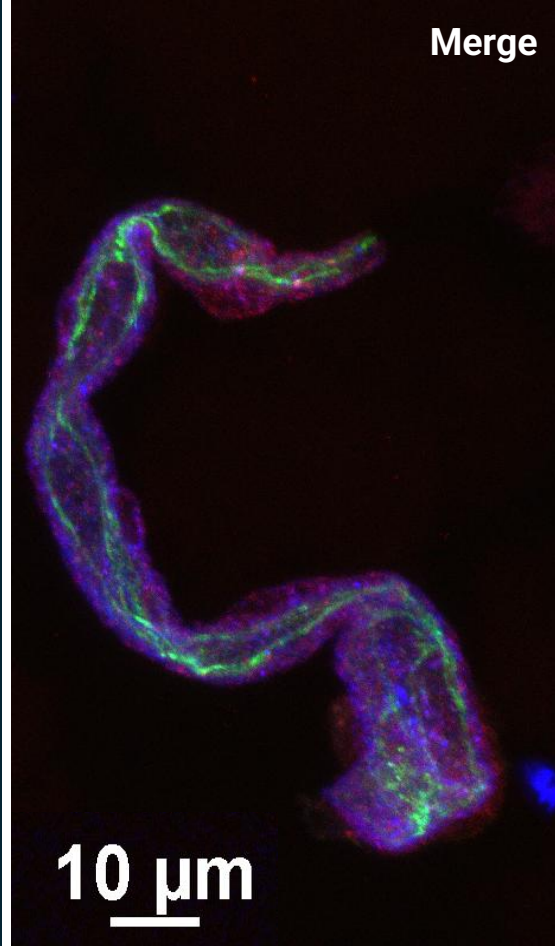


Stroke + PBS



Test

Stroke + rLG3



Evidence of Neuro-vascular Protection and Repair with rLG3

- Increased pericyte coverage
- Upregulated TJ expression
- Preserved vessel integrity

Overlay:

Red = PDGFR β (Pericytes)
Green = Claudin5 (Tight junction [TJ])
Blue = Lectin (BM, reduced in stroke)
Purple = **Red** + **Blue** (overlap)

rLG3 = rhPDV_{LG3}

PBS = Phosphate Buffered Saline

*Initial pilot imaging, full data pending

Clinical Development



Study 1: Normal Healthy Volunteer (NHV)

rhPDV_{LG3} administered IV to NHV

1.2 mg/kg - 2 placebo/6 rhPDV_{LG3}

0.6 mg/kg - 2 placebo/6 rhPDV_{LG3}

0.3 mg/kg - 2 placebo/6 rhPDV_{LG3}

0.15 mg/kg - 2 placebo/6 rhPDV_{LG3}

Synopsis

- SAD study, four cohorts
- N = 32 participants
- Treatment arms: rhPDV_{LG3} or placebo administered intravenously
- Sentinel dosing for first 2 patients of each cohort (1 placebo, 1 rhPDV_{LG3})

Study 2: Patients with Acute Ischemic Stroke Protocol Design (PAINTS*)



Jeffrey Saver, M.D.

Co-Principal Investigator

Professor and SA Vice-Chair of Neurology at UCLA, and Director of the UCLA Comprehensive Stroke and Vascular Neurology Program



Raul G. Nogueira, M.D.

Co-Principal Investigator

Director of the UPMC Stroke Institute & Professor at the University of Pittsburgh Department of Neurology

Objectives

SAFETY & PRELIMINARY EFFICACY

Synopsis

- A randomized, placebo-controlled, double-blinded, dose escalation, phase 1b
- N = 48 participants, four cohorts
- Inclusion criteria: patients with AIS from large vessel occlusion (LVO) of the anterior cerebral vasculature with successful reperfusion following mechanical thrombectomy
- Treatment arms: rhPDV_{LG3} or placebo administered intravenously following thrombectomy/reperfusion
- Preliminary evidence of efficacy:
 - Clinical outcome measures: mRS, NIHSS, MoCA
 - Neuroimaging: BBB permeability, capillary flow, infarct volume, HARM-sign
 - Serum biomarkers: inflammatory biomarkers, BBB repair biomarkers

*rhPDV_{LG3} Administered Intravenously for Neuroprotection following Thrombectomy in Stroke

1. Phase 3 ESCAPE-NA1 Study of the Peptide, Nerinetide in Acute Ischemic Stroke (enrollment completed in Apr 2023) being advanced by NoNO, Inc., a clinical-stage company focused on stroke, based in Ontario, Canada

Phase 1 Clinical Trial: Initiate Q2 '26

Proof-of-Concept in Humans

Acute ischemic stroke: optimal patient population for initial study

**Neuroimaging to
assess CNS repair**

**Homogeneous
patient population**

**Viable CNS tissue to
salvage**

**High sensitivity to
detect treatment
effects**

**Biomarker panel to
corroborate clinical
efficacy**

Phase I Protocol Design (PAINTS*): rhPDV_{LG3} Administered IV Post-Thrombectomy

Randomized placebo-controlled four cohort ascending dose trial

5 mg/kg - 4 placebo/8 rhPDV_{LG3}

1.5 mg/kg - 4 placebo/8 rhPDV_{LG3}

0.5 mg/kg - 4 placebo/8 rhPDV_{LG3}

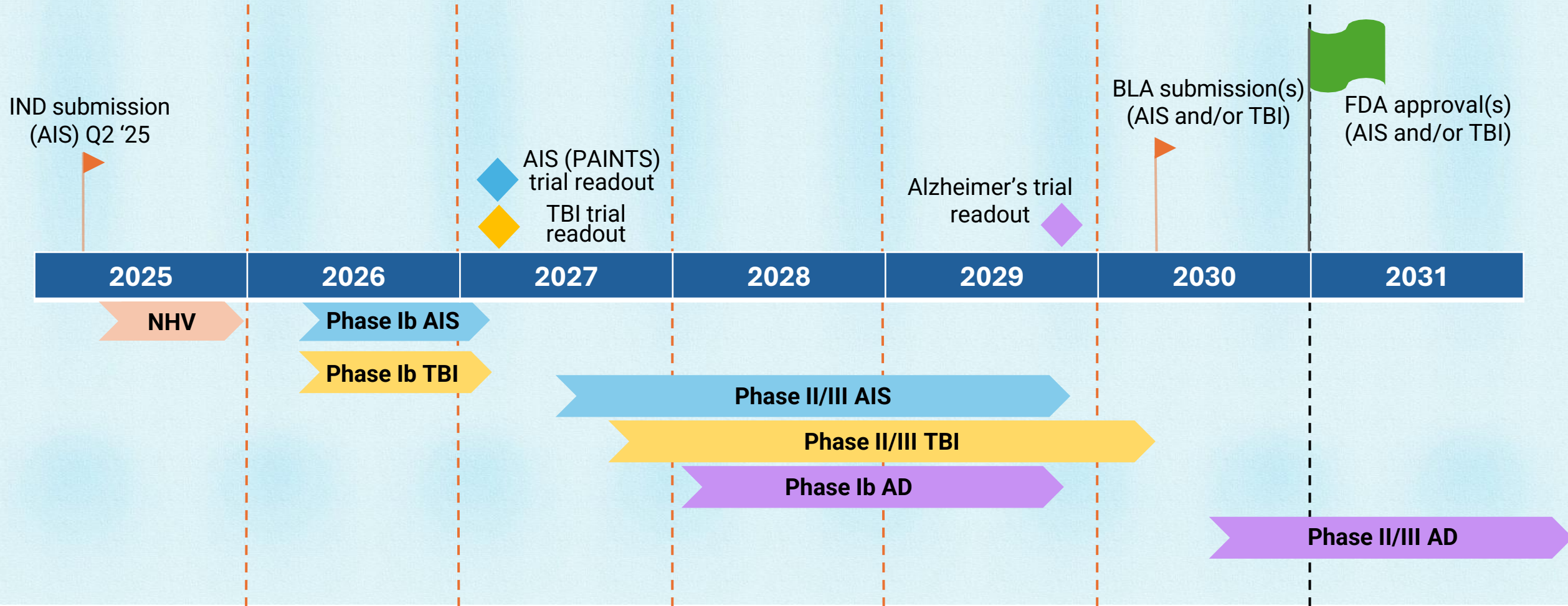
0.15 mg/kg - 4 placebo/8 rhPDV_{LG3}

Goal = to assess the safety and initial efficacy of rhPDV_{LG3} as a neuroprotective agent

- **Safety:** Starting dose = 30x below NOAEL, sentinel dosing, safety reviews
- **Homogeneity:** All have successful clot removal + successful reperfusion
- **Viable brain tissue** to salvage (meet standard criteria for thrombectomy)
- **High unmet need:** to ensure relatively poor placebo outcomes following reperfusion ($\leq 35\%$ near full function); age > 60 years; existing baseline infarction (20 mL); broad time to Rx (0-16 hrs). Maximize effect by administering rhPDV_{LG3} acutely following reperfusion
- **Enhance likelihood of detecting efficacy:** multiple data sources including clinical, radiographic, and serum biomarkers

*rhPDV_{LG3} Administered Intravenously for Neuroprotection following Thrombectomy in Stroke

Clinical Milestones for Acute Ischemic Stroke, Traumatic Brain Injury, and Alzheimer's Disease



Key:

Acute Ischemic Stroke (AIS)

Traumatic Brain Injury (TBI)

Alzheimer's Disease (AD)

Normal Healthy Volunteer

12-Year Data Exclusivity Upon Approval of rhPDV_{LG3} for AIS and/or TBI

Ongoing Data Collection for Generation of New IP Across Indications

Current Patents						
Patent Number	Title	Claims	Patent Expiration	Patent Term Extension	Assumed Patent Life (PTA+PTE)	# of WW Jurisdictions
8,466,105	Treatment of stroke using domain V of perlecan	Stroke/angiogenesis	4/9/2031	5 years	4/7/2036	16
9,072,713	Perlecan domain V protects, repairs, and restores ischemic brain stroke injury and motor function	Stroke, TBI, SCI	4/9/2031	5 years	4/7/2036	6
9,358,273	Use of perlecan domain V in treating amyloidogenic disease	Amyloidogenic disease: AD, PD, MCI, Down's, diabetes type 2, prion infection, amyloidosis	12/18/2032	5 years	12/17/2037	1
PCT/US2021/070948	Use of perlecan and fragments thereof to reduce the risk of death in stroke patients	Stroke mortality, thrombolytic hemorrhage reduction	7/26/2041	5 years	7/26/2046	11+
PCT/US2023/82138	Use of perlecan and fragments thereof to treat blood-brain barrier disruption	BBB integrity	12/1/2043	5 years	12/1/2048	TBD

Summary Highlights - Investigational Agent rhPDV_{LG3}



Novel biological agent, first-in-class, novel clinical therapeutic category

Potentially transformative therapeutic agent for neurology



Platform therapeutic: Multiple potential CNS indications

Both acute and chronic neurodegenerative diseases



Recombinant biologic: Repairs neurovascular injury to protect the CNS

Repairs BBB, neurogenic, vasculogenic, neuroprotective, anti-inflammatory



Clinical study: Initiate phase 1b in Q3 2025

Safety and confirm initial efficacy in humans



Near-term value inflection point: Clinical study readout Q1 '26

Pursue clinical development across a range of acute and chronic neurodegenerative diseases