DISRUPTING BIOFILMS. TRANSFORMING WOUND CARE.

Disrupting Biofilms to Save Limbs and Transform Wound Care

Investor Deck | November 2026

PRESENTED BY

Dr. Robert Huizinga · Interim Chief Executive Officer

rhuizinga@kanebiotech.com · www.kanebiotech.com

FDA 510(k)-CLEARED & HEALTH CANADA-APPROVED · TSX-V: KNE · OTC: KNBIF

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Forward-looking statements in this presentation include statements about Kane Biotech Inc.’s plans for the commercialization of its revyve® products and related distribution and sales-agent relationships; planned regulatory activities, including the intended CE Mark filing and the Canadian filing for the revyve® Skin & Wound Cleanser; clinical research and evidence-generation plans; the development of the revyve® Surgical Gel; and the Company’s review of strategic alternatives.

These statements involve known and unknown risks and uncertainties that could cause actual results to differ materially from those expressed or implied. Such risks and uncertainties include, but are not limited to, the availability of funds and resources to pursue commercialization and R&D activities; the successful and timely completion of clinical studies; uncertainties related to the regulatory process; market adoption of the Company’s products; reliance on third-party manufacturers, distributors and partners; the ability to take advantage of business opportunities in its industry; the possibility that the strategic review may not result in any transaction; and general changes in economic conditions.

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WHAT'S NEW

This Is Kane 2.0

New board, new leadership, clinical evidence, commercial leadership and signed distribution and sales-agent agreements.

01

A new Board and new leadership

Board renewed. New Chair. New CEO. New commercial leadership.

02

A new vision

Focused wholly on human wound care since the 2024 divestment.

03

Three cleared products, CE Mark next

Gel, spray and cleanser all FDA 510(k) cleared. CE Mark filing planned for 2027.

04

A clinical evidence programme

Multi-centre case series complete. Scientific Advisory Board forming.

05

Distribution infrastructure in place

Agreements signed across the US and Canada.



PROBLEM

The Problem & The Science

THE PROBLEM

A Preventable Healthcare Crisis

The human and economic burden of chronic wounds is escalating on both sides of the border.

UNITED STATES · US$

130,000

Amputations a year among diabetic patients

One every 4 minutes

10.5M

Medicare beneficiaries with chronic wounds

Non-healing wound population

700,000

Burn-related insurance claims a year

Includes 29,000 admissions

>$100K

Average cost per burn treatment

Massive economic burden

CANADA · C$

$47,000

Average cost per hospitalization for diabetic amputation

$750M

Annual hospitalization cost for diabetes-related limb complications

>$12B

Estimated annual direct spending on wound care in Canada

3–5×

Higher rate of diabetes-related amputation among First Nations

Up to 18× in parts of Manitoba

Sources: CMS data; CDC; Canadian Institute for Health Information (2024); Queen D, Botros M (2024), Wound Care Canada 22(1):16-20; Shah BR et al., CMAJ Open 2019;7(4):E700-E705; Malone M et al. (2017) J Wound Care 26(1):20-25.

THE SCIENCE

Biofilms: The 1,000X Problem

Why standard treatments fail to heal chronic wounds.

70%

of burn wounds contain biofilm layers

80%

of chronic wounds have established biofilms

1,000×

more resistant to antibiotics than regular bacteria

WHAT IS A BIOFILM?

A protective microscopic matrix created by bacteria to defend themselves. It reduces metabolic activity — making bacteria “invisible” to the immune system — and shields bacteria from antibiotics, disinfectants, and host defenses.

THE TREATMENT GAP

Whether from diabetes, burns, or surgery, effective wound care MUST treat both bacteria AND biofilms. Current products often don’t.

Physical or chemical disruption of biofilm before bacterial killing is needed.

Source: Malone, M., et al. (2017). The prevalence of biofilms in chronic wounds. Journal of Wound Care, 26(1):20-25.

THE SOLUTION

revyve®: Three Mechanisms in One

The first technology to disrupt biofilms, kill bacteria and support healing.

1

Biofilm disruption

Patented coactiv+® chemistry breaks down the biofilm matrix, exposing bacteria and reducing elevated protease activity.

Physical and chemical disruption

+

2

Antimicrobial killing

Sustained killing of bacteria for up to seven days without antibiotics. Effective against multi-species and resistant strains.

No resistance development

+

3

Healing support

Thermo-reversible gel supports autolytic debridement and maintains an optimal moist wound environment.

Easy application and removal

THE REVYVE® ADVANTAGE: COMPLETE CARE

- Disrupts biofilm and kills bacteria in one step
- Works with existing dressing protocols
- Fewer dressing changes – up to seven-day duration
- Non-contact spray option reduces application pain

PRODUCT PORTFOLIO

Three Cleared Products — and a Fourth Vertical (1/2)

Two commercial products: Wound Gel and Wound Gel Spray.



COMMERCIAL

3 oz tube

revyve® Antimicrobial Wound Gel

Chronic and acute wounds: DFUs, VLUs, pressure ulcers, surgical and post-procedural wounds.

FDA 510(k) cleared · Health Canada approved · Reimbursed under Medicare/Medicaid



COMMERCIAL

5 oz spray

revyve® Antimicrobial Wound Gel Spray

Burns, large-area and irregular wounds where non-contact application matters.

FDA 510(k) cleared · Health Canada approved

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PRODUCT PORTFOLIO

Three Cleared Products — and a Fourth Vertical (2/2)

Cleanser pre-launch, plus the fourth vertical entering surgical and post-operative use.

revyve®

Skin & Wound Cleanser

CLEARED – PRE-LAUNCH

4 oz bottle

revyve® Skin & Wound Cleanser

Cleansing, moistening and wound-bed preparation across hospitals, ASCs and clinics.

FDA 510(k) cleared · Canada filing to follow



FOURTH VERTICAL · PIPELINE

Development programme

revyve® Surgical Gel

Extends the platform into surgical and post-operative use — a new addressable setting.

Regulatory pathway being defined

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EVIDENCE

Clinical Evidence

REAL-WORLD VALIDATION

Clinical Research

North American research centre locations · Q4 2025 – Q1 2026



12Centers · 2Countries

PATIENTS

Mixed etiologies

PROTOCOL

Real-world practice, various dressings

FREQUENCY

Dressing changes per standard of care

CLINICAL FINDINGS

A high rate of conversion from non-healing to healing, meaningful pain reduction and improved wound-bed preparation.

EVIDENCE PROGRAMME

11

Peer-reviewed publications

20

Conference presentations

Scientific Advisory Board created

PARTICIPATING CENTRE

Mount Sinai · ST. LOUIS FOOT AND ANKLE INSTITUTE · FOOT & ANKLE INSTITUTE of the Carolinas · BURN AND RECONSTRUCTIVE CENTERS OF AMERICA · wish · Quinte Health · THE VILLA Care Centre

REAL-WORLD VALIDATION

From Non-Healing to Healed

Consistent outcomes across the clinical research centres in the US and Canada.

CASE 1

52-year-old male, diabetic foot ulcer

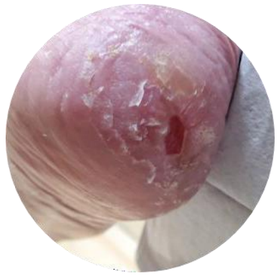
Multiple unsuccessful treatments prior to revyve® · Quinte Health Care



DAY 1
Baseline



DAY 97
Near closure



STUDY END
Fully healed

Non-healing to healing trajectory, then full closure.

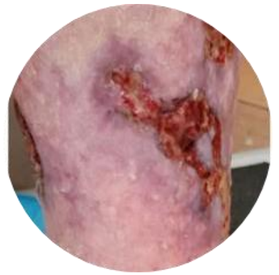
CASE 2

62-year-old female, chronic venous leg ulcer

Recurrent since 2013 · diabetes, obesity, chronic phlebolymphedema



WEEK 1
Pain 10/10



WEEK 8
Pain 0/10



WEEK 33
Sustained healing

Pain eliminated by week six; healing sustained at 33 weeks.

Kane Biotech Inc., data on file. R. Pointer et al. (2025) NSWOCC 2025; Bridge M, Ramirez G, Lantis II JC (2025) Innovations in Wound Healing Symposium, Key West, USA. Patient images used with consent. Case series is single-arm, observational and unblinded; no comparator.



PATIENT OUTCOME

From pain 10/10 to 0/10 — and healing sustained at 33 weeks.

Case 2 · 62-year-old female, chronic venous leg ulcer

Recurrent since 2013

Pain eliminated by week six; healing sustained at 33 weeks.

Case series is single-arm, observational and unblinded; no comparator. Patient images used with consent.



SCALE

Commercial & Financial Outlook

COMMERCIAL INFRASTRUCTURE

Building the Distribution Infrastructure

Distributors, sales agents and group purchasing organisations across both countries.

7

US distributors and sales agents

7

Commissioned US sales representatives

4

Canadian distributors and GPO partners

Additional agreements in discussion

UNITED STATES

New GPO recently signed

GR Strategic Advisors
Marathon Medical · federal
Life Biologics
Sunbelt Medical
Patient Care Medical
Medstream
…and seven others

CANADA

Mohawk Medbuy · national GPO
Ontario Medical Supply
Best Buy Medical
Stevens

FEDERAL AND MILITARY

Veterans Affairs distribution agreement signed. revyve® spray presented at the Military Health System Research Symposium in August 2026, with researchers now engaged on a clinical research plan across patient populations. Ongoing conversations with CFHS.

OMS is one of only two authorised distributors for Ontario Health atHome, which serves 680,000+ patients a year. New US GPO reaches 55+ hospitals and 5,000+ physicians.

THE OPPORTUNITY (1 of 2)

Generating Genuine Military Attention

Battlefield wound care is a natural fit for revyve®.

MILITARY CHALLENGE	REVYVE® RESPONSE
01 **Delayed access** Longer evacuation timelines	Immediate point-of-injury application intended to stabilize the wound during evacuation.
02 **Complex traumatic** Untreated dead space	Spray delivery and *in situ* gel formation provide three-dimensional wound coverage.
03 **Early bacterial attachment and biofilm development** Biofilm interferes with wound-bed preparation	Broad-spectrum antimicrobial activity combined with biofilm-disruption functionality.

Presented at the Military Health System Research Symposium, August 2026. Continued ›

THE OPPORTUNITY (2 of 2)

Generating Genuine Military Attention

Battlefield wound care is a natural fit for revyve®.

MILITARY CHALLENGE	REVYVE® RESPONSE
04 **Frequent dressing changes and re-entry** Logistical burden, pain and tissue disturbance	Sustained antibiofilm activity and chilled, atraumatic removal supports inspection and reassessment.
05 **Battlefield treatments must function in austere environments** Limited power, refrigeration and personnel	Shelf-stable, low-SWaP, power-independent technology designed for use by Role 1 and Role 2 personnel.

Presented at the Military Health System Research Symposium, August 2026.

PROCESS UPDATE

Strategic Alternatives Under Review

Announced September 5, 2026.

01

Strategic partnerships

02

Commercial collaborations

03

Financing initiatives

04

Other strategic opportunities

> *The Board believes this is an appropriate time to undertake a disciplined review of strategic opportunities.*

Philip Renaud
Chair of the Board

There can be no assurance that the review will result in any transaction. No timetable has been set.

LET'S CONNECT

Partner With Us to Transform Wound Care

Join us in preventing amputations and creating shareholder value.

"Turning clinical evidence into commercial adoption."

CONTACT

Dr. Robert Huizinga, PhD, RN
Interim Chief Executive Officer
rhuizinga@kanebiotech.com

HEADQUARTERS

263-196 Innovation Drive
Winnipeg, Manitoba, Canada R3T 6C5
info@kanebiotech.com · (204) 453-1301

LISTED

TSX-V: KNE · OTC: KNBIF
kanebiotech.com