



Welcome – Bienvenue

**Annual General Meeting of Shareholders
Quebec City, March 17 2023**

**TSVx : GSD
OTCQB : DVHGF**



Cautionary Statements

Certain statements contained in this document constitute forward-looking information and forward-looking statements (collectively, “forward-looking statements”) pursuant to the Applicable Securities Regulations. All statements, other than statements of historical fact, contained in this document are forward-looking statements, including, without limitation, statements regarding the future financial position, business strategy, budgets, projected costs and plans and objectives of Devonian. The use of any of the words “anticipate”, “intend”, “continue”, “estimate”, “expect”, “may”, “will”, “plan”, “project”, “should”, “believe” and similar expressions are intended to identify forward-looking statements. These forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause actual results or events to differ materially from those anticipated in such forward-looking statements. Devonian believes the expectations reflected in those forward-looking statements are reasonable but no assurance can be given that these expectations will prove to be correct and such forwarding-looking statements speak only as of the date of this document and the Prospectus.

Some of the risks which could affect future results and could cause results to differ materially from those expected in the forward-looking statements contained herein include, but are not limited to: the development and the revenues generated, the regulatory approvals, the capacity for Devonian to develop alternative product candidates, the commercialization process, the success of third-party strategic collaborators, the breakthrough designation by the FDA and market approval, the fast track designation by the FDA, the intense competition from other companies, the competition from product for which no prescription is required, the ongoing obligations and continued regulatory review, the compliance with recently enacted and future legislation, the third-party coverage and reimbursement and health care cost, the termination or suspension of, or delays in the commencement or completion of, any necessary future studies, the development process of clinical drug, the reliance on third parties to conduct its clinical trials, the availability and supply of raw material, the protection of intellectual property right, the potential infringement on others’ intellectual property rights, the possibility to never become profitable, the need and ability to access sufficient capital, the management of growth, the ability to retain highly qualified personnel, the impact of a liability lawsuit brought, the potential future acquisition, the achievement of publicly announced milestones, the price of the securities that may fluctuate, the intention not to pay any dividend, there can be no assurance that an active market for the Subordinate Voting Shares of Devonian and opportunities or transactions that may adversely affect its business and financial condition.

With respect to forward-looking statements contained in this document, Devonian has made assumptions regarding, among other things the ability to attract and retain qualified individuals and equipment in a timely manner, the level of future capital expenditure required to exploit and develop botanical pharmaceutical and derma-cosmeceuticals products, the ability to obtain future financing on acceptable terms, and the state of the debt and equity markets in the current economic environment.



Company Overview

March 2023



The Life Science Opportunity : Did you know ?

A. US \$2.07 TRILLION¹

- The projected revenue of Global Pharmaceutical market by 2028.

B. USA and Canada Market Share^{2,3}

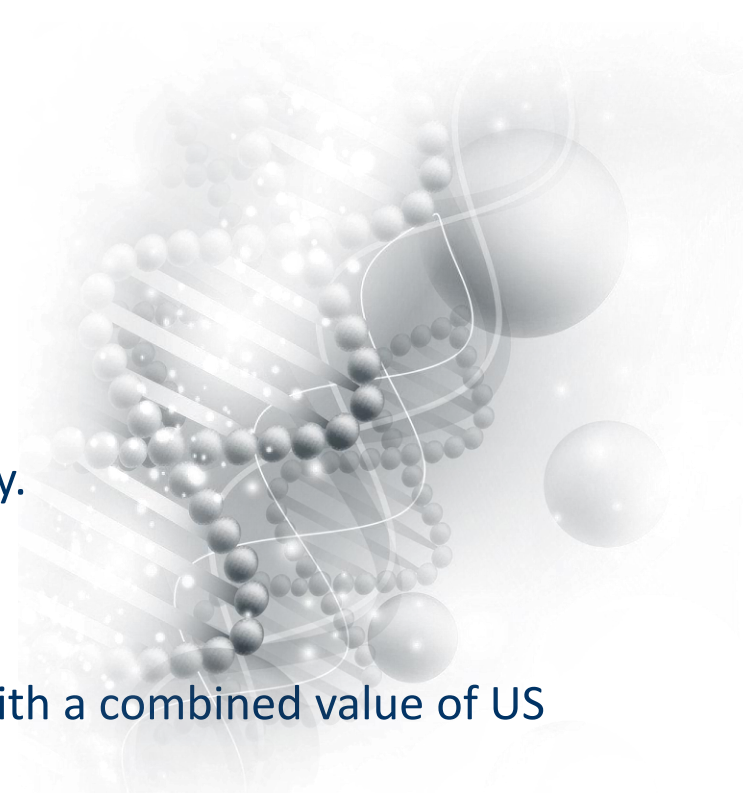
- Nearly half of it comes from U.S. (45%) and Canada (2%).

C. 21.6 %⁴

- Represents the net profit margin for the healthcare technology industry.
- The most profitable industry of all.

D. US \$200 BILLION⁵

- From 2023 through 2030, Big Pharma companies faced a patent cliff with a combined value of US \$200 billion
 - ✓ The Hunt for New Products in on
 - ✓ Big drugmakers have \$500 billion in cash to spend on acquisition and other pipeline-building transactions



1) Facts and Factors, Pharmaceutical Market Size, Share, Growth Analysis Report - Global and Regional Industry Insights, Overview, Comprehensive Analysis, Trends, Statistical Research, Market Intelligence, Historical Data and Forecast 2022 – 2028, August 2022
2) ACS Chem. Neurosci. 2017, (8) 1635-1636
3) L. Chen, The Most Profitable Industries In 2016, www.forbes.com, Dec 21, 2015
4) Canada Pharmaceutical Sector, https://www.ic.gc.ca/eic/site/lsg-pdsv.nsf/eng/h_hn01703.html, 2018
5) J. Gardner Big pharma's looming threat: a patent cliff of 'tectonic magnitude'. Biopharmadive, Feb 21, 2023



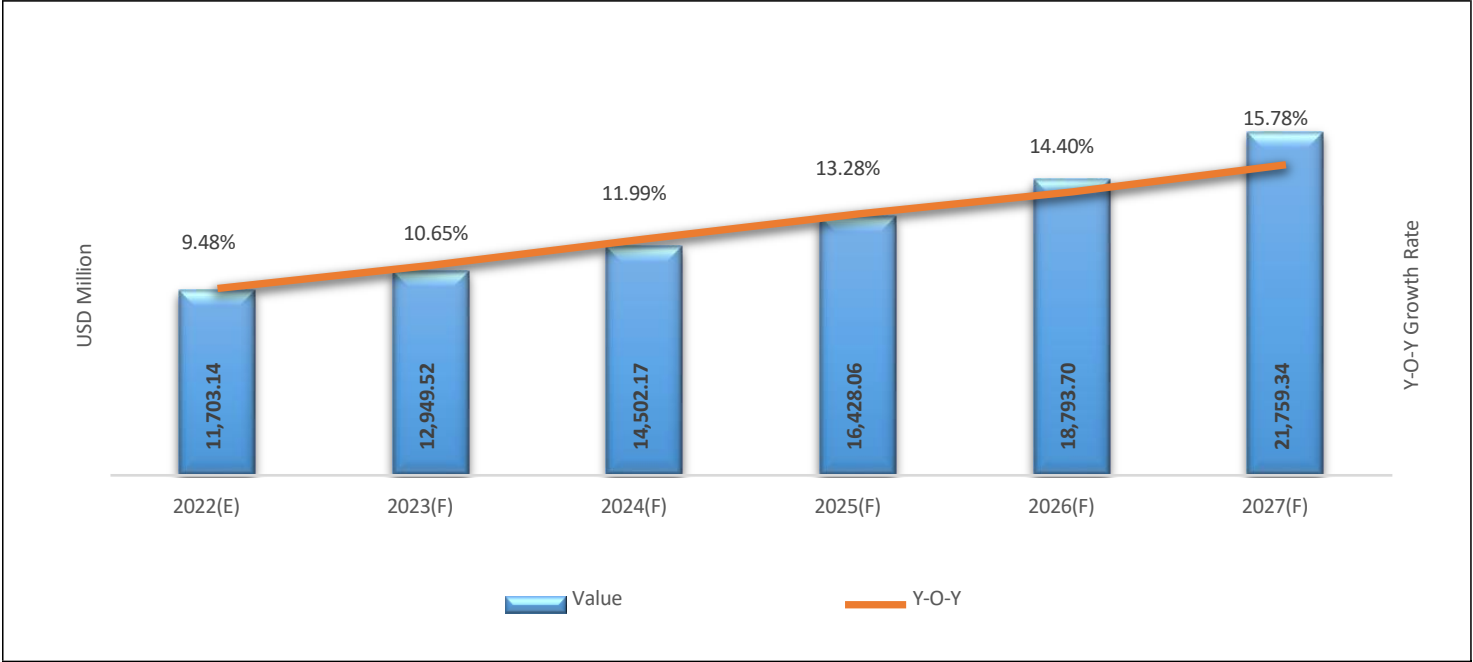
THYKAMINE™ : FOCUS ON ATOPIC DERMATITIS



Global Atopic Dermatitis Market



Global Atopic Dermatitis Treatment Market Value, in USD Million, Y-O-Y Growth Rate (2022-2027)



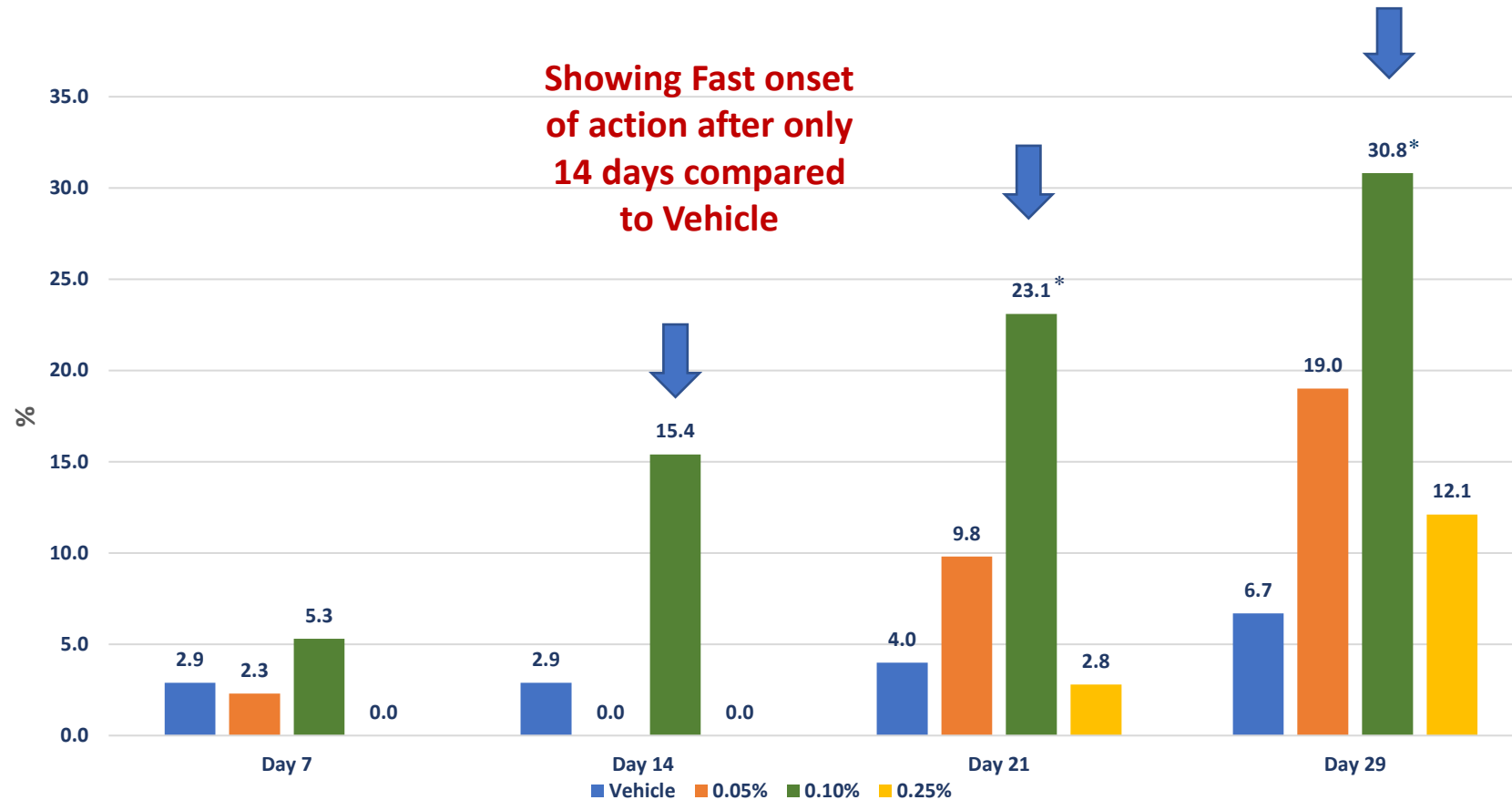
Global Atopic Dermatitis Treatment Market is anticipated to reach anticipated to reach USD 25,325.70 million by 2027 from USD 12,949.52 million in 2022 with a growth rate of 10.65% to 15.78% and projected to show CAGR of 14.4% during forecast period 2022-2027.

Source : Global Atopic Dermatitis Market, Market Data Forecast, June 2022

Atopic Dermatitis (AD) Phase 2 Trial¹ - Adult Patient Population

Setting Stage for Phase 3: Strong clinical results reflecting safety and efficacy forming the basis of future development efforts in dermatology

Proportion of patients achieving Primary Endpoint : IGA 0 or 1 **AND** 2-point Reduction from Baseline



4-week efficacy ratio of **30.8% vs 6.7%** in placebo compares favorably vs that reported in similar studies conducted with:

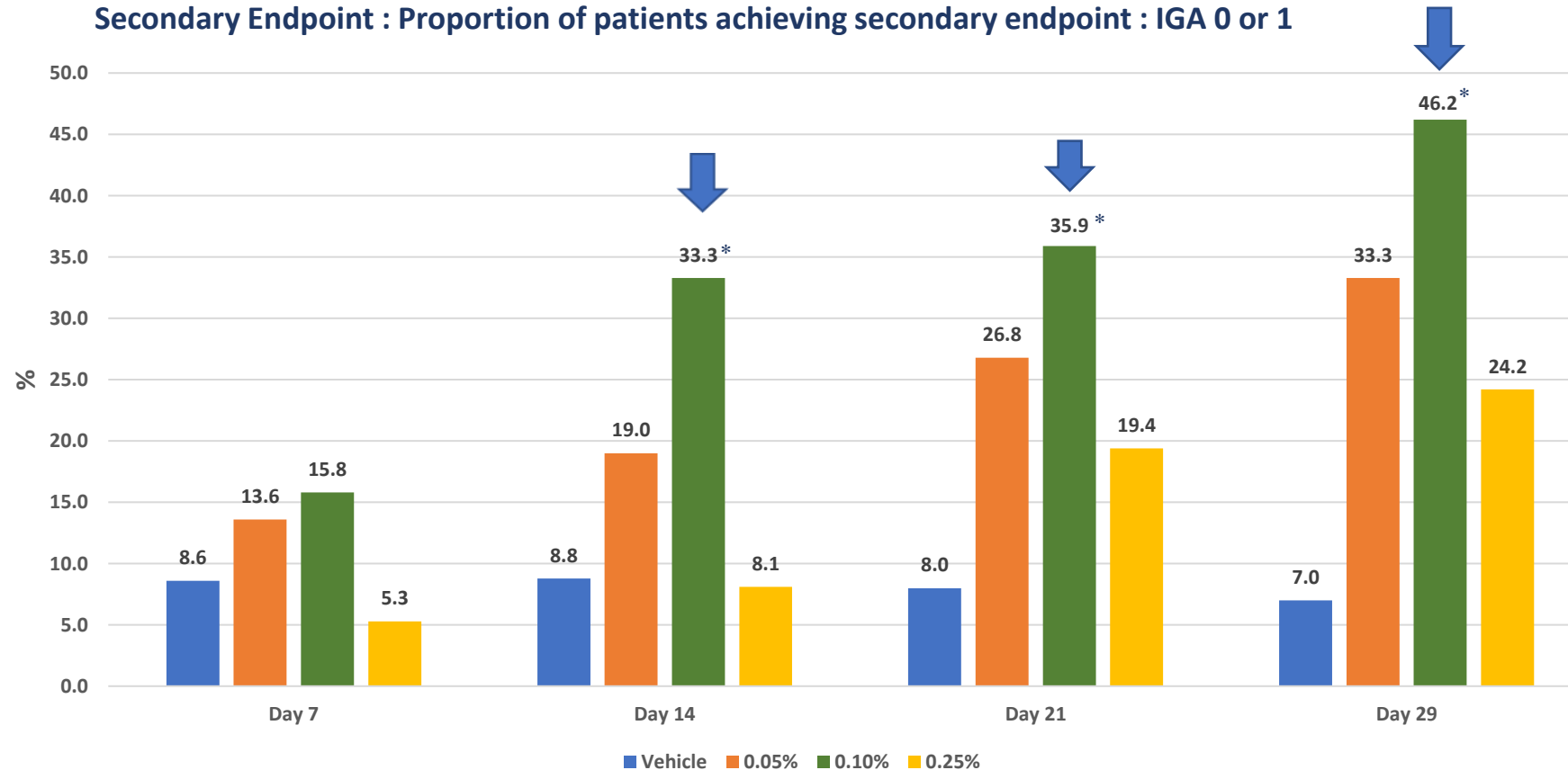
- Eucrisa™ at the time of its NDA approval (**31.4% vs 18%**)
- Locoid™ (corticosteroid) at the time of its NDA approval (**49% vs 24%**)
- Verdeso™ (corticosteroid) at the time of its NDA approval (**39% vs 9%**)
- Desonate™ (corticosteroid) at the time of its NDA approval (**44% vs 14%**)

1) A 4-Week Multicenter, Randomized, Double-Blind, Parallel-Group, Vehicle-Controlled Safety and Efficacy Study of three concentrations (0.05%, 0.1% and 0.25%) of PUR 0110 (Thykamine™) cream applied twice daily in Mild-to-Moderate Atopic Dermatitis, Data in-house, Devonian Health Group Inc., Feb. 2021

Atopic Dermatitis (AD) Phase 2 Trial¹ - Adult Patient Population

Setting Stage for Phase 3: Strong clinical results reflecting safety and efficacy form the basis of future development efforts in dermatology

Secondary Endpoint : Proportion of patients achieving secondary endpoint : IGA 0 or 1



- 4-week efficacy** ratio of **46.2% vs 7.0%** in placebo compares favorably vs that reported in similar studies conducted on:
- Elidel™ at the time of its NDA (**35% vs 18%**) after 6 weeks;
 - Opzelura at the time of its NDA (**51.3% vs 7.6%**) after 8 weeks;

Thyamine also met other significant Secondary Endpoints:

- ✓ BSA
- ✓ Pruritus
- ✓ DLQI
- ✓ POEM

¹) A 4-Week Multicenter, Randomized, Double-Blind, Parallel-Group, Vehicle-Controlled Safety and Efficacy Study of three concentrations (0.05%, 0.1% and 0.25%) of PUR 0110 (Thyamine™) cream applied twice daily in Mild-to-Moderate Atopic Dermatitis, Data in-house, Devonian Health Group Inc., Feb. 2021

Atopic Dermatitis (AD) Phase 2 Trial¹ - Adult Patient Population

Safety Data

Incidence of AEs, n (%) that were probably, possibly, or definitely related to study medication (safety population).

Severity	Adverse event	Vehicle (n=40)	Thykamine™ (PUR 0110) 0.05% (n=44)	Thykamine™ (PUR 0110) 0.10% (n=39)	Thykamine™ (PUR 0110) 0.25% (n=39)
Mild	Eye disorders	0	0	0	1 (2.6)
	General disorders and administration site conditions	2 (5.0)	0	0	0
Moderate	Skin and subcutaneous tissue disorders	2 (5.0)	2 (4.5)	1 (2.6)	0
	General disorders and administration site conditions	1 (2.5)	0	0	0
Severe	Musculoskeletal and connective tissue disorders	0	1 (2.3)	0	0
	Skin and subcutaneous tissue disorders	2 (5.0)	1 (2.3)	1 (2.6)	1 (2.6)

Well-tolerated
Similar rate of adverse events reported for placebo and Thykamine™

* P < .05 vs vehicle

Thykamine™ – Best-In-Class Potential – Targeted Pediatric Patients

Favorable safety profile could uniquely position Thykamine™ within competitive landscape in Mild-to-Moderate Atopic Dermatitis in Pediatric population...

Drug	Mech of Action	Patient Restrictions	Adverse Events	Use Limitations	Age Limitations
Thykamine™	Immunomodulator	NA	NA / Similar to placebo	Potential for continuous longer term use	Potentially ideal for Pediatrics
Eucrisa™ (Crisaborole)	Phosphodiesterase Inhibitor (PDE4)	NA	Site Pain (Burning/Stinging)	Discontinue upon signs of Hypersensitivity to Crisaborole	≥ 3 months
Elidel® (Pimecrolimus)	Calcineurin Inhibitor	Not Approved for Immunocompromised patients Not recommended for patients with (pre)malignant skin conditions, Netherton's Syndrome or at risk for increased systemic absorption	Black Box: Malignancy (skin/lymphoma) Common AEs: Burning, headache, nasopharyngitis, cough, influenza, pyrexia and viral infection	2nd line short term; USFDA suggests avoiding long term use; CAN FDA permits Intermittent long term	≥ 2 years
Opzelura™ (Ruxolitinib)	JAK Inhibitor	Avoid using on patients with serious infections. Monitor for infections, non melanoma skin cancers, thrombocytopenia, anemia & neutropenia	Black Box: Infection, malignancy, CV/MACE, mortality & thrombosis Common AEs: nasopharyngitis, diarrhea, bronchitis, ear infection, eosinophil count increased, urticaria, folliculitis, tonsillitis, and rhinorrheas	Short-term and Non-continuous chronic treatment	≥ 12 years

Thykamine™ – Best-In-Class Potential – Targeted Pediatric Patients

... including a highly favorable profile vs corticosteroids – the oldest and most widely prescribed drug class for the pediatric patient population

Drug	Mech of Action	Patient Restrictions	Adverse Events	Use Limitations	Age Limitations
Thykamine™	Immunomodulator	NA	NA / Similar to placebo	Potential for continuous longer term use	Potentially ideal for Pediatrics
Topical Corticosteroids	<p>Corticosteroids play a role in cellular signaling, immune function, inflammation, and protein regulation;</p> <p>Precise mechanism of action in the treatment of atopic dermatitis is unknown.</p>	<p>Careful monitoring of signs/risks of systemic effects such as HPA axis suppression and potentially modifying or discontinuing use if symptoms develop</p>	<p>Systemic effects of topical corticosteroids include reversible HPA axis suppression, Cushing's syndrome, latent diabetes, hyperglycemia, facial swelling, glycosuria, withdrawal syndrome, and growth retardation in children</p> <p>Common AE's include, applicate site burning/irritation/erythema, headache, Viral Infection and increased Blood Pressure If used over long periods of time, topical steroids can thin the skin</p>	<p>Short term (4-week) preferably restricted to minimum time needed to achieve results</p> <p>Long term treatment not recommended as safety and efficacy beyond 4 weeks not established at time of approval</p>	<p>≥ 3 months</p> <p>Least potent dosage strength recommended for pediatrics due to higher risk of systemic toxicity</p>

Excerpts taken/interpreted from FDA labels for Veredesco Foam (Desonide), Desonate Gel (desonide) & Locid Lotion (Hydrocortisone)



Thykamine™ Pediatric Development Program



Global Atopic Dermatitis Market Summary

	Market value (US \$ Bn)
Global AD Market	\$ 25.3 Bn
AD Drug Treatment Market	\$ 19.7 Bn
AD Topical Drug Market	\$ 13.3 Bn
AD Mild-to-Moderate Market (80.8% of Topical)	\$ 10.8 Bn
AD Pediatric Market (62,4%)	\$ 6.7 Bn

Global Atopic Dermatitis Market by Intensity

GLOBAL ATOPIC DERMATITIS MARKET SHARE RESEARCH AND ANALYSIS BY INTENSITY, 2023-2028 (%)



Intensity	2023	2024	2025	2026	2027	2028
Mild	37.09%	37.06%	37.03%	36.99%	36.96%	36.93%
Moderate	43.46%	43.53%	43.61%	43.68%	43.76%	43.83%
Severe	19.45%	19.41%	19.37%	19.32%	19.28%	19.24%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

> 80%

Source : Global Atopic Dermatitis Market, ProspectResearch Reports, 2021

Pediatric Mild-to-Moderate Atopic Dermatitis Treatment Landscape



■ Topical Corticosteroids.

- Fear and anxiety regarding treatment with topical corticosteroids
- Topical steroid withdrawal reactions
- Pediatric patients may demonstrate greater susceptibility to topical corticosteroid- induced hypothalamic-pituitary-adrenal (HPA) axis
- Skin thinning effect
- Etc..

■ Crisaborole topical ointment 2% (Eucrisa).

- Use in pediatric patients aged ≥ 3 months.
- Irritation, burning, or stinging site of application

■ Ruxolitinib topical cream 1.5% (Opzelura).

- First topical JAK inhibitor,
- Use in pediatric ≥ 12 years.
- Limitation due to safety concern.

■ Tacrolimus 0.03%

- Calcineurin inhibitor.
- Use in pediatric ≥ 2 years.
- concerns regarding its immunosuppressive potential.
- **Black Box Warning : Malignancies and serious infection.**

■ Pimecrolimus 0.1% (Elidel),

- Calcineurin inhibitor
- Use in pediatric ≥ 2 years.
- Second line treatment.
- **Black Box Warning : Malignancy.**

Pediatric Mild-to-Moderate Atopic Dermatitis Treatment Landscape

■ Patients with atopic dermatitis are at higher risk of multiple autoimmune diseases ⁽¹⁾:

- Alopecia areata,
- Celiac disease,
- Crohn's disease,
- Rheumatoid arthritis,
- Systemic lupus erythematosus,
- Ulcerative colitis



■ FDA : Atopic Dermatitis is associated with ⁽²⁾:

- Substantial morbidity, including sleep disruption, decreased neurocognitive function, and impaired quality of life for patients and their families,
- Numerous comorbidities, including cutaneous infections, extracutaneous infections, asthma, rhinitis, food allergies, obesity, and hypertension.



■ **Atopic eczema is more common in children, often developing before their first birthday.**

- **Need for new safe and effective therapies for kids.**

(1) Atopic dermatitis and risk of autoimmune diseases: a systematic review and meta-analysis, Allergy Asthma Clin Immunol (2021) 17:96

(2) Atopic Dermatitis: Timing of Pediatric Studies During Development of Systemic Drugs Guidance for Industry. Oct. 2018

Why should we focus on Pediatric Segment?

- Not a crowded market
- Most treatments available can only be used on alternate basis – none can be used on a continuous basis
- Younger patients (<12 years): underserved within this market
- Leadership possibility as new therapeutic approach (Botanical Drug)

Focus on Pediatric Market Opportunity



- **Target approval in pediatric population with mild-to-moderate AD**
- **Planned protocol for the clinical study**
 - ✓ Drug concentration: 0.05%, 0.1%, placebo
 - ✓ Treatment duration 12 weeks: Competition has only 4 / 6 weeks data
 - ✓ Monitoring by a Safety Committee (access to data after 4-8 and 12 weeks)



Radiotherapy supportive Care

Radiodermatitis:

An unmet Medical Need^(1,2,3)



- **In North America, Europe and Australia** : 50% of patients diagnosed with cancer will receive radiation therapy during their illness
 - Sarcoma, head & neck, breast, vulvar, anal cancers, prostate etc...
- **90% of these patients will develop some degree of radiodermatitis (radiation-induced skin reaction)**
 - Most common side effect:
Erythema (redness)/Dry desquamation (Dry flaky skin; pruritus)/Moist desquamation (serous drainage)
- **Pathogenesis: direct radiation injury + subsequent inflammatory response**
 - Production of reactive oxygen species (ROS): Oxidative molecules
 - Attack cellular structure (cell membranes + DNA)
 - Inflammatory response
- **Impacts :**
 - Pain/discomfort
 - Patient's quality of life and well-being
 - May cause interruption/termination of radiation therapy

1) M Singh, Alavi A, Wong R, Akita S. Radiodermatitis: A Review of Our Current Understanding. A. J Clin Dermatol, 2016 ; 17:277-292

2) Ryan JL. Ionizing Radiation : The Good, the Bad, and the Ugly. Journal of Investigative Dermatology, 2012 ; 132 : 985-993.

3) Adis Medical Writers, Drugs Ther Perspect., 2016; 32:521-525



Radiodermatitis :

An Unmet Medical Need

▪ **Current Therapies (1,2)**

- Many currently used interventions often based upon anecdotal evidence
- No gold standard for prevention/management
- No conclusive evidence to endorse any specific intervention

▪ **Concept for New Product**

- Thykamine™ anti-inflammatory/anti-oxidative properties
 - To stop ROS production
 - To decrease inflammatory response
 - To protect cells
- Leadership opportunity

Radiodermatitis associated to Radiotherapy



✓ Protocol Completed

- Target : Head and Neck Cancer
- Sample size : 80 patients
- Study completion : 8 -12 Months

✓ Once completed: File under Medical Device Regulation



Chemotherapy Supportive Care

Hand & Foot Syndrome Associated To Chemotherapy :

An Unmet Medical Need ^(1,2,3,4,5,6)

- **Hand & Foot syndrome (HFS)**, also known as palmoplantar erythrodysesthesia or acral erythema, is a well-documented adverse effect of numerous chemotherapeutic agents.
- The most common causes are pegylated liposomal doxorubicin (PLD), capecitabine and 5-fluorouracil (FU), cytarabine, and docetaxel. Newer targeted multikinase inhibitors (MKIs) such as sorafenib, sunitinib, axitinib, pazopanib, regorafenib, and vemurafenib also cause a reaction involving the hands and feet.
- HFS incidence varies with causative agent. PLD and capecitabine have the highest reported HFS incidence at 40% to 50% and at 50% to 60%, respectively. The MKIs sorafenib and sunitinib cause HFS in 10% to 28% and in 10% to 62% of patients, respectively.
- **Pathogenesis : HFS may be a result of an accumulation of drug in the eccrine ducts**
 - Production of reactive oxygen species (ROS): Oxidative molecules
 - Apoptosis
 - Inflammatory response
- **Impacts :**
 - Pain/discomfort
 - Patient's quality of life and well-being
 - May cause diminution of chemotherapeutic dose/termination of therapy

1) Kwakman JM, Elshot YS, Punt CJA, and Koopman M. Management of cytotoxic chemotherapy-induced hand-foot syndrome. *Oncology Reviews*; volume 14:442, 57-73, 2020.

2) Nikolaou V, Syrigos K and Saif MW. Incidence and implications of chemotherapy related hand-foot syndrome. *Expert Opinion on Drug Safety*, Vol. 15, No. 12, 1625–1633, 2016

3) Nagore E, Insa A and Sanmartin O. Antineoplastic Therapy–Induced Palmar Plantar Erythrodysesthesia ('Hand-Foot') Syndrome : Incidence, Recognition and Management. *Am J Clin Dermatol* 2000 Jul-Aug; 1 (4): 225-234.

4) Son H-S, Lee WY, Lee W-S, Yun SH, and Chun H-K. Compliance and Effective Management of the Hand-Foot Syndrome in Colon Cancer Patients Receiving Capecitabine as Adjuvant Chemotherapy. *Yonsei Med J* 50(6): 796-802, 2009.

5) Miller KK, Gorczy L, and McLellan BN. Chemotherapy-induced hand-foot syndrome and nail changes: A review of clinical presentation, etiology, pathogenesis, and management. *J Am Acad Dermatol*, Vol 71, Number 4, 787-794, 2014.

6) Komatsu H, Yagasaki K, Hirata K., and Hamamoto Y. Unmet needs in cancer patients with chemotherapy-related hand-foot syndrome and targeted therapy-related hand-foot skin reaction: A qualitative study. *Eur. J. Oncol. Nursing*, 38, 65-69, 2019.

Hand & Foot Syndrome Associated to Chemotherapy:

An Unmet Medical Need

Current Therapies ⁽¹⁾

- Supportive treatments such as topical wound care, elevation, and cold compresses may help to relieve the pain.
- Use of systemic corticosteroids, pyridoxine (vitamin B6), blood flow reduction, and, recently, topical 99% dimethyl-sulfoxide have been used with variable outcomes

Botanical Drug as a new Therapy

- Thykamine™ anti-inflammatory/anti-oxidative properties
 - To stop ROS production
 - To decrease inflammatory response
 - To restore the dermis
- Leadership opportunity

1) Kwakman JM, Elshot YS, Punt CJA, and Koopman M. Management of cytotoxic chemotherapy-induced hand-foot syndrome. *Oncology Reviews*; volume 14:442, 57-73, 2020.

Hand & Foot Syndrome associated to chemotherapy



✓ Phase 2 Protocol Completed

- Target : Breast Cancer
- Sample size : 180patients
- Study completion : 12 – 18 Months

2022/23

Year in Details



2022/23 – Supply Chain Disruptions

L'actualité

Medicines: why so many stock-outs?

Shortages of children's **Tylenol, Ventolin, EpiPen, antibiotics or cancer drugs** are not due to the pandemic, but to gaps in the supply chain. What can be done to protect the population? Health and science
by Valérie Borde — March 1, 2023

"Like others, the pharmaceutical industry suffers from logistical problems, compounded by the fact that its supply chains are particularly complex. In a drug, there is an active pharmaceutical ingredient — an API, in industry jargon, such as acetaminophen in Tylenol. But the production of a remedy also requires **excipients**, which make it possible to put it in tablets or liquid; other substances, such as preservatives or flavorings to mask the taste; An acon, a cap, a packaging...

All of this comes from multiple suppliers around the globe, sourcing from other suppliers for their own raw materials — chemical reagents are needed to synthesize acetaminophen and pharmaceutical-grade glass to make the acons..."



Devonian - Supply-chain disruptions

I. Supply chain disruptions surfaced in early 2022.

- Manufacture of pharmaceutical creams for clinical studies
- Contract manufacturers are overwhelmed
- It took over 9 months to find and conclude an agreement with a manufacturer (Cambrex)
- The selected manufacturer highlighted supply chain disruptions
- Lead times of more than 6 months for the Transfer of the production methodology
- Availability of some excipients took anywhere from 10 to 12 months
- Waiting time for plastic packaging (tubes) - 12 months



2022/23 Corporate Milestones



- **March 10 - Devonian listed on US Stock Exchange OTCQB under “DVHGF”**
- **August 29 : Executive changes**
 - Sybil Dahan : Chairman of the board of Directors
 - Pierre Montanaro : President & CEO
 - Dr Andre Boulet : Chief Scientific Officer
- **October 6 - Publication of Phase 2 Atopic Dermatitis- Adult Clinical Study**
 - Article published in special issue on Atopic dermatitis
 - Journal of Drugs in Dermatology
 - Article was published without any changes by editor
- **Nov. 1-3, 2022: Presentation at the 6th Dermatology Drug Development Summit**
- **Jan. 26, 2023 : Corporate Presentation at the BIO CEO Investor Conference**
- **Renmark VNDR with in USA and Canada (Boston, San Francisco, New York, Toronto)**

Image courtesy of Master isolated images at FreeDigitalPhotos.net



2022/23 R&D Milestones



- **New article published in International journal of non-communicable diseases:**
 - Thykamine™ potential application for Covid-19 associated inflammation
- **Finalize protocol for Atopic Dermatitis clinical study**
 - Start Phase 2/3 pediatric study in fall of 2023
- **Finalize protocol for Radiodermatitis clinical study**
 - Planned to conduct pivotal study pending proper financing in fall of 2023
- **Develop two new formulations for radiodermatitis and Hand & Foot syndrome currently in stability**
- **Completed first step in the development of a new cell-based for Thykamine QA/QP processes**
 - A key step in improving quality control



2022/23 R&D Milestones



- **Developed new serum formulation with R-Spinasome[®] currently in stability testing for the anti-ageing Purgenesis[™] brand**
- **Developed two new regenerating creams with two different concentrations aimed at Professionals and Consumers:**
 - Lower concentration for Consumers
 - Higher concentration for Professionals



2022/23 Altius Healthcare Inc.



- **2022: Executive changes:**
 - P. Montanaro joined as New CEO
 - S. Dahan retired from her position of President
- **Jan 2023: Signed a new distribution Agreement:**
 - Authorized generic version of a major GI tract remedy





2023-24 Growth Phase



2023/24 Corporate Milestones



- **Currently in discussion with several financing groups to secure required funding.**
 - Due diligence completed with three groups
- **Finalize selection process to find the ideal BD/M&A Partner:**
 - Initiate BD/M&A initiative to secure a strategic partnership with a Pharma Company.
- **Increase Corporate visibility in Public Markets**
- **Altius Healthcare Inc.**
 - Expand Cleo-35 sales in Rest of Canada
 - Start distribution of new GI Tract product in fall 2023



2023/24 R&D Milestones



- **Initiate Phase 2/3 clinical trial in Atopic Dermatitis pediatric population planned for Fall 2023**
- **Initiate pivotal study in radiodermatitis late fall 2023.**
- **Initiate Phase 2 clinical study in Hand & Foot Syndrome in Q1/2024**
- **Finalize Cell-Base Assay for Thykamine QA/QP process in Q1/2024**





Thank you !

Merci !

360 Des Entrepreneurs,
Montmagny, Quebec, Canada
G5V 4T1

TSXv : GSD
OTCQB: DVHGF

