



Q3 2022 INVESTOR CALL



# Forward looking statement

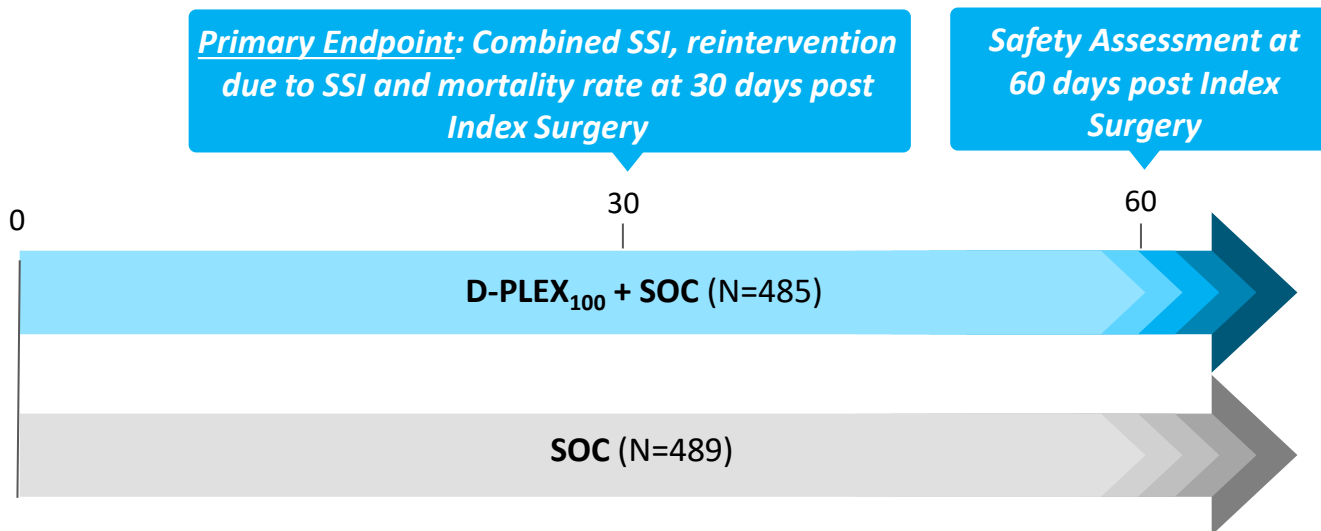


This presentation of PolyPid Ltd. (the “Company”) contains “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act and other securities laws. Words such as “expects,” “anticipates,” “intends,” “plans,” “believes,” “seeks,” “estimates” and similar expressions or variations of such words are intended to identify forward-looking statements. For example, the Company is using forward-looking statements when it discusses statements relating to our objectives, plans, and strategies, the expected timing of trials, the research, development, and use of our platform technologies, technologies, products and product candidates, and all statements (other than statements of historical facts) that address activities, events, or developments that the Company intends, expects, projects, believes, or anticipates will or may occur in the future, Company’s intention to meet with U.S. and EU regulatory authorities to discuss data of SHIELD I Phase 3 study and regulatory pathway for D-PLEX<sub>100</sub> in first quarter of 2023. Forward-looking statements are not historical facts, and are based upon management’s current expectations, beliefs and projections, many of which, by their nature, are inherently uncertain. Such expectations, beliefs and projections are expressed in good faith. However, there can be no assurance that management’s expectations, beliefs and projections will be achieved and actual results may differ materially from what is expressed in or indicated by the forward-looking statements. Forward-looking statements are subject to risks and uncertainties that could cause actual performance or results to differ materially from those expressed in the forward-looking statements. For a more detailed description of the risks and uncertainties affecting the Company, reference is made to the Company’s reports filed from time to time with the Securities and Exchange Commission (“SEC”), including, but not limited to, the risks detailed in the Company’s Annual Report on Form 20-F, filed with the SEC on February 28, 2022. Forward-looking statements speak only as of the date the statements are made. The Company assumes no obligation to update forward-looking statements to reflect actual results, subsequent events or circumstances, changes in assumptions or changes in other factors affecting forward-looking information except to the extent required by applicable securities laws. If the Company does update one or more forward-looking statements, no inference should be drawn that the Company will make additional updates with respect thereto or with respect to other forward-looking statements

# SHIELD-I study is the largest study of infection prevention in colorectal surgery in over a decade

## Assess efficacy and safety of D-PLEX<sub>100</sub> for prevention of deep and superficial incisional SSI after elective abdominal colon surgery

(prospective, multicenter, randomized, controlled, two arm, double-blind study)

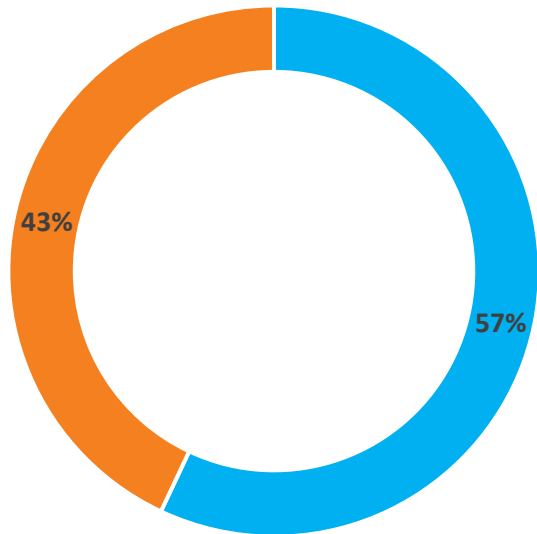


- Open colorectal resection
- 60 centers in US, EU and Israel
- N=977 1:1 Randomization

# Study population

43% of the patients were in the complex surgeries with large incisions (>20 cm) pre-specified subgroup

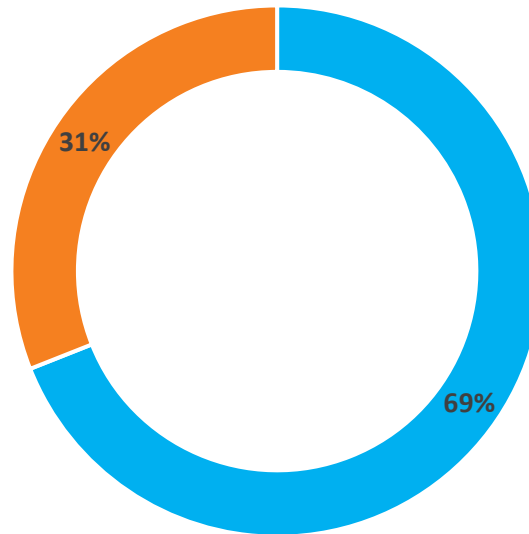
Prespecified subgroup analysis by incision length (%)



■ 10 -20 cm ■ >20 cm

Close to 70% of patients had at least 1 patient-related risk factors\* for SSI

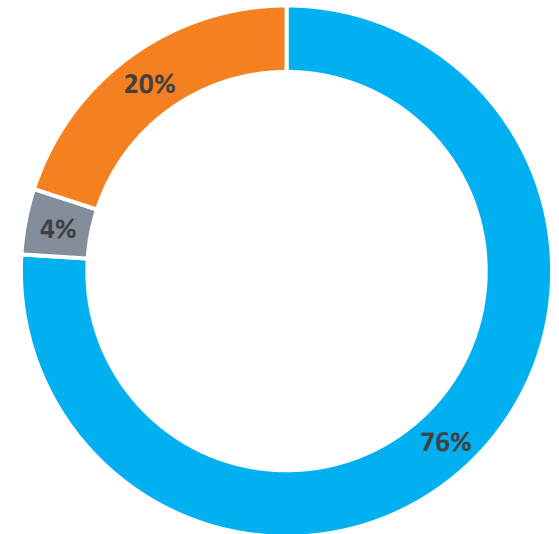
Post-hoc analysis by number of risk factors (%)



■ +1 risk factors ■ No risk factors

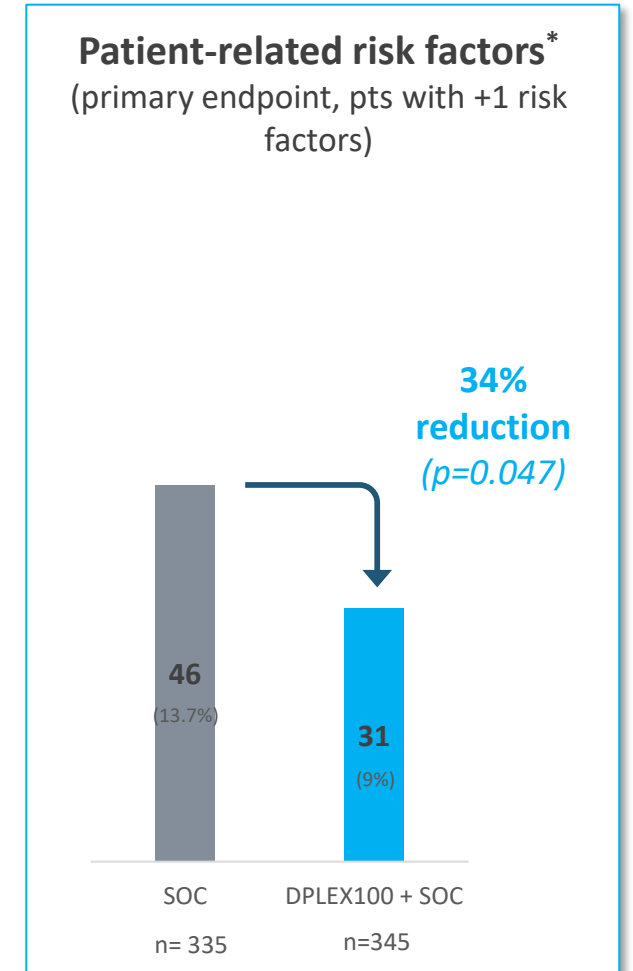
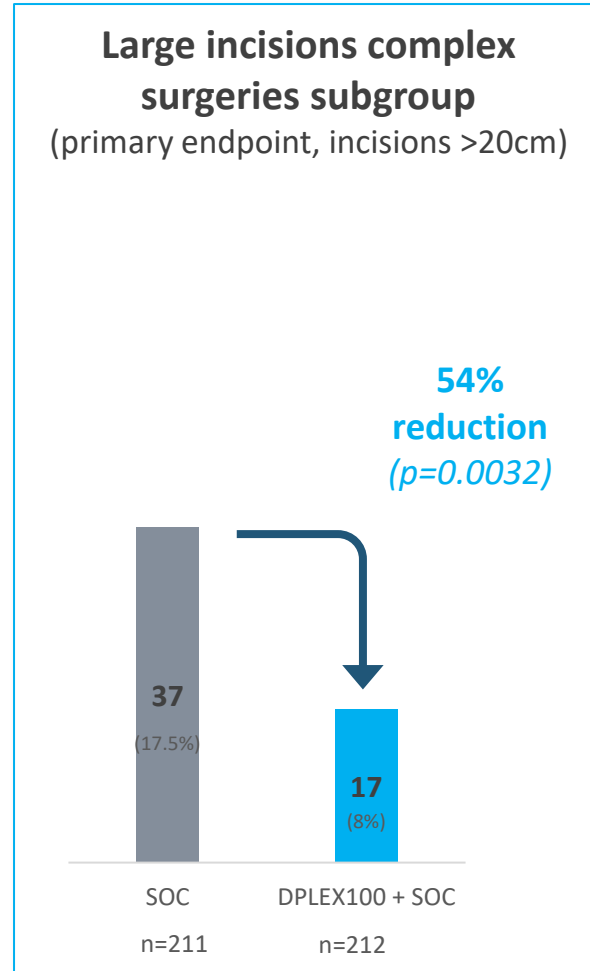
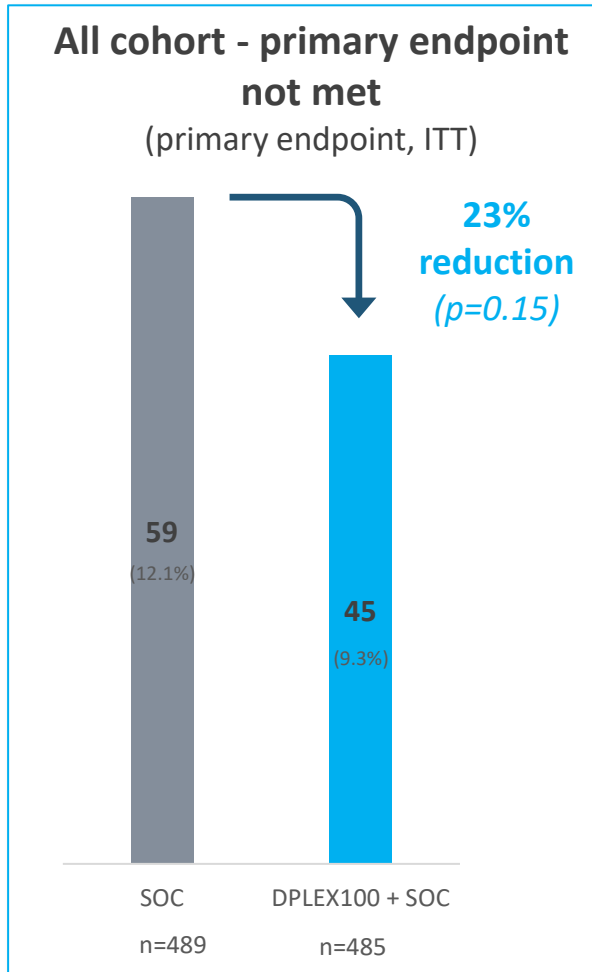
Over 75% of patients enrolled in the trial were cancer patients

Indication for Index Surgery (%)



■ Cancer ■ IBD ■ Other

# Topline and subgroup analysis



# Deep dive into the large-incision subgroup

Parameter	D-PLEX (N=212)	Control (N=211)	Effect
<b>Primary endpoint</b>	17 (8%)	37 (17.5%)	54%
<b>Key Secondary Efficacy Endpoints</b>			
Infection rate during 30 days post abdominal surgery	9 (4.4%)	19 (9.7%)	55%
Number of subjects with at least 1 score of ASEPSIS >20	2 (1.0%)	5 (2.6%)	62%
<b>Additional Efficacy Endpoints</b>			
Incidence of SSSI rate during 30 days post surgery	9 (4.4%)	17 (8.7%)	49%
Incidence of DSSI rate during 30 days post surgery	0	2 (1.0%)	100%
Mortality rate within 30 days post abdominal surgery	6 (2.8%)	10 (4.7%)	40%
Time to adjudicated SSI during 30 days post index surgery (days)	8.0 (4, 28)	5.0 (1, 13)	NA
Number of subjects treated with IV Antibiotic as treatment for adjudicated SSI	1 (11.1%)	9 (47.4%)	77%
Number of subject with any surgical re-interventions	9 (4.4%)	19 (9.7%)	55%

# SHIELD I study demonstrated good safety profile for D-PLEX<sub>100</sub>

	D-PLEX + SOC n=478 (%)	SOC n=498 (%)
Death	16 (3.3%)	17 (3.4%)
Subjects with at least 1 TEAE	381 (79.7%)	398 (79.9%)
Subjects with at least 1 severe TEAE	58 (12.1%)	81 (16.3%)
Subjects with at least 1 serious TEAE	69 (14.4%)	98 (19.7%)
Subject with any TEAE where action taken is surgical re-intervention	26 (5.4%)	45 (9%)

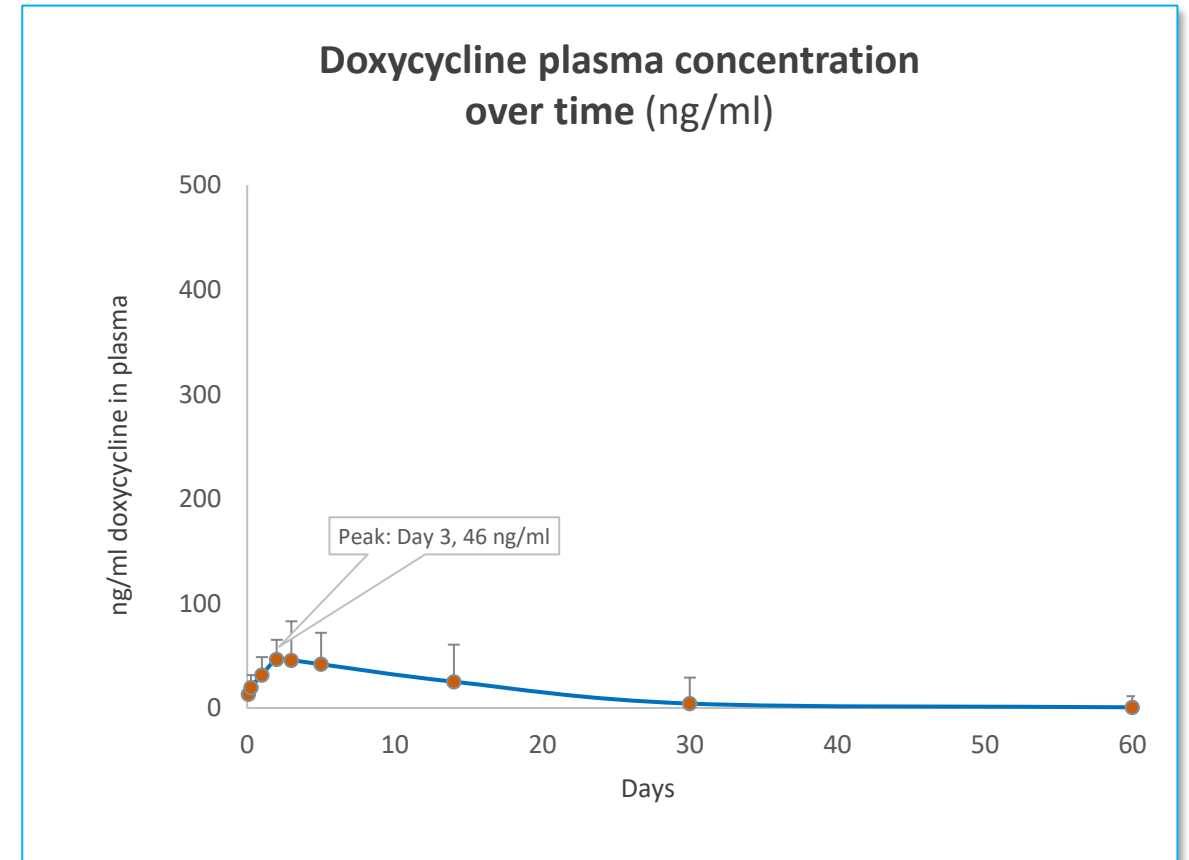
- TEAEs in the D-PLEX<sub>100</sub> arm are similar or better than SOC
- No impact on mortality in the D-PLEX<sub>100</sub> arm compared to SOC
- 40% reduction in surgical re-intervention



# Large scale validation of the PLEX platform

PLEX platform performed as expected:

- Customized release rate - 30-day release of doxycycline
- High local concentration
- Minimal systemic exposure





## Key takeaways and next steps

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- **Significant reduction in SSIs in large incisions complex surgeries** and in high-risk patients
- **Good safety profile**
- Preparing D-PLEX<sub>100</sub> **data package for the FDA**
- Regulatory preparations with our European partner, **Advanz Pharma**, ongoing
- Remain **engaged in partnering discussions** in multiple additional geographies
- Intend to **meet with U.S. and EU regulatory authorities** to discuss data from SHIELD I Phase 3 study and regulatory pathway for D-PLEX<sub>100</sub> in **first quarter of 2023**