

## PRESS RELEASE

### Cardior Appoints Dr. Rahul Agrawal as Chief Medical Officer

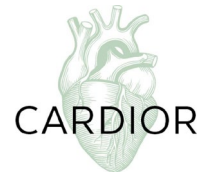
Hanover, Germany, July 1, 2021 – [Cardior](#) Pharmaceuticals GmbH, a clinical-stage biotech company focused on the development of non-coding RNA (ncRNA) based therapeutics for patients with cardiac diseases, today announced the appointment of Rahul Agrawal, MD, as Chief Medical Officer. Dr. Agrawal brings more than 20 years of industry experience from global and senior medical positions focused on cardiac indications, most recently with AstraZeneca and Bayer. At Cardior, he will be responsible for the further clinical development of CDR132L, a clinical-staged compound designed to selectively block aberrant miR-132 levels in heart failure patients. He will also oversee and direct the clinical development strategy for Cardior's earlier-staged pipeline. He succeeds Dr. Wilfried Hauke who successfully led the early clinical development of CDR132L.

*“Rahul brings extensive cardiovascular experience from his positions at large pharmaceutical companies, including AstraZeneca and Bayer, which will be invaluable as we move our lead candidate through clinical evaluation as well as ramp-up our medical and clinical functions,” said Dr. Claudia Ulbrich, Chief Executive Officer and Co-Founder of Cardior. “I would like to thank Wilfried Hauke for his significant contributions over the years, including successfully developing our lead candidate, CDR132L, to the stage that it has demonstrated a favorable safety profile and early signs of efficacy. As Wilfried transitions toward his retirement, I am excited to welcome Rahul to the Cardior team.”*

*“Cardior has developed a promising pipeline of highly-specific candidates that target signaling pathways involved in a broad range of cardiomyopathies and heart failure, with the potential to halt the progression of cardiac diseases,” added Dr. Rahul Agrawal, Chief Medical Officer at Cardior. “I am looking forward to joining the Company as we prepare for the initiation of the Phase II study with lead candidate CDR132L and explore further opportunities with Cardior’s unique non-coding RNA approach.”*

Dr. Rahul Agrawal joins Cardior from AstraZeneca, where he most recently held the position of VP and Global Medicines Leader, Cardiovascular. During his tenure, Dr. Agrawal developed global strategies to achieve the business goals for AstraZeneca's cardiovascular franchise and led global programs across all phases with successful worldwide product approvals (FDA/EMA/PMDA/CFDA) and launches in cardiovascular, renal, metabolic, respiratory, and rare/orphan diseases. Rahul has experience in creating value across the entire value chain in R&D from Phase I up to commercialization, in addition to leading the successful completion of multiple global Phase III trials. Before AstraZeneca, Dr. Agrawal was Global Director of Medical Affairs and Clinical, Global Launch Team, and Pulmonary Hypertension at Bayer HealthCare. In this role, he led the marketing and branding efforts for the Company's Pulmonary Hypertension portfolio. Prior to Bayer, Dr. Agrawal was Deputy Chief Medical Officer and head of the cardiovascular group in Germany at Menarini, after starting his career as physician and scientist at the Department of Cardiology and Pulmonology at Charité University Medicine Berlin, where he received his MD degree. Dr. Agrawal is a board-certified cardiologist as well as emergency medicine physician and he holds an MBA from Buckinghamshire New University in the United Kingdom.

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**About Cardior**

Cardior Pharmaceuticals is a leading clinical-stage biopharmaceutical company pioneering the discovery and development of RNA-based therapeutics designed to prevent, repair and reverse diseases of the heart. Cardior's therapeutic approach uses distinctive non-coding RNAs as an innovative platform for addressing the root causes of cardiac dysfunctions. The company aspires to bring transformative therapeutics and diagnostics to patients and thereby make a lasting impact on the treatment of cardiac diseases worldwide.

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