Cadrenal Therapeutics Solidifies Multi-Indication Strategy for CAD-1005 in Cardiac Acute Critical Care Following Competitor's Phase 3 Discontinuation

- **Urgent Need for Novel Targets** – Recent clinical failure of a competing mechanism highlights urgent need for novel upstream targets, such as 12-LOX, that are being studied to address the root causes of cardio-renal injury
- **Dual-Indication Development and Commercialization Strategy** Expands the Clinical Advancement of CAD-1005 to target both Heparin-Induced Thrombocytopenia (HIT) and Cardiac Surgery-Associated Acute Kidney Injury (CSA-AKI)
- **Addresses High-Value Gap in the Acute Care Market** -First-in-class positioning in the $1 billion+ U.S. CSA-AKI market following the recent discontinuation of a competitor's late-stage Phase 3 clinical trial for lack of efficacy
- **Global Partnering Potential** – Leverages shared in-hospital ICU infrastructure and intravenous (IV) presentation to deliver a critical care asset package

PONTE VEDRA, Fla., Aug. 03, 2026 (GLOBE NEWSWIRE) — Cadrenal Therapeutics, Inc. (Nasdaq: CVKD), a late-stage biopharmaceutical company advancing specialized therapies for critical care cardiology and orphan cardiovascular conditions, announced a consolidation of its multi-indication strategy for its Cardiac Acute Critical Care (CACC) Franchise, with a focus on CAD-1005 for both HIT and CSA-AKI.

Following a competitor's recent Phase 3 failure in CSA-AKI, Cadrenal is highlighting the potential of its 12-LOX inhibitor to address a $1 billion+ market opportunity in this critical care space. CAD-1005 is being studied as a "Post-Operative Shield" that uses 12-lipoxygenase (12-LOX) inhibition intended to target platelet hyperactivation in HIT while simultaneously reducing inflammation-driven injury in patients with CSA-AKI. This dual-mechanism approach is supported by CAD-1005 clinical data presented last month at the International Society on Thrombosis and Haemostasis (ISTH) 2026 Congress in Paris. The late-breaking Phase 2 data for CAD-1005 demonstrated a compelling medical profile, with an absolute reduction in thrombotic events greater than 25% and a favorable safety and renal-protective baseline.

"The recent clinical failure of a competing late-stage mechanism highlights the urgent need for novel upstream targets, such as 12-LOX, that address the root causes of cardio-renal injury," said Quang X. Pham, Chief Executive Officer of Cadrenal Therapeutics. "This trial termination underscores the ongoing clinical challenge of identifying targeted pharmacologic strategies for the treatment of CSA-AKI, as no single drug class has yet demonstrated clear preventive efficacy for the condition. The company is actively pursuing strategic partnerships, including out-licensing or co-development, to leverage its transaction-ready, Phase 3-ready asset.

About CAD-1005

CAD-1005 is a novel investigational therapeutic in development for the treatment of heparin-induced thrombocytopenia (HIT) and Cardiac Surgery-Associated Acute Kidney Injury (CSA-AKI). CAD-1005 is designed to selectively inhibit 12-lipoxygenase (12-LOX), an enzyme central to platelet immune activation and thrombo-inflammatory signaling in HIT. CAD-1005 is intended to be used alongside existing standards of care and is being developed to address the underlying biological mechanisms that drive disease progression. CAD-1005 has received Orphan Drug and Fast Track designations from the U.S. Food and Drug Administration (FDA) and orphan drug status from the European Medicines Agency. Second-generation 12-LOX oral therapeutics are also being evaluated for chronic indications. To view how CAD-1005 is intended to work in patients with HIT, visit https://vimeo.com/1209382706/7dde06dc08?share=copy&fl=sv&fe=ci

About Cadrenal Therapeutics, Inc.

Cadrenal Therapeutics, Inc. is a late-stage biopharmaceutical company advancing specialized therapies for critical care cardiology and orphan cardiovascular conditions. Its lead program, CAD-1005, is being investigated as a first-in-class 12-LOX inhibitor for the treatment of heparin-induced thrombocytopenia (HIT), a deadly immune-mediated thrombotic disorder, and Cardiac Surgery-Associated Acute Kidney Injury (CSA-AKI). The Company's Cardiac Acute Critical Care (CACC) portfolio also includes frunexian, an investigational intravenous Factor XIa inhibitor intended to provide anticoagulation for patients undergoing major cardiac surgery.

The Company's broader pipeline includes tecarfarin, a late-stage oral vitamin K antagonist designed to prevent heart attacks, strokes, and deaths from blood clots in patients requiring chronic anticoagulation, including those with end-stage kidney disease and atrial fibrillation, those with left ventricular assist devices, and potentially those with Kawasaki disease (KD), an acute, self-limited, febrile illness that primarily affects children under 5 years old and is the leading cause of acquired heart disease in developed countries. The Company recently submitted a request for Rare Pediatric Disease Designation (RPDD) to the FDA for tecarfarin for "Prevention of the Formation of Life-Threatening Blood Clots Inside Coronary Artery Aneurysms in Children with Kawasaki Disease". Tecarfarin has also received Orphan Drug and Fast Track designations from the FDA.

Safe Harbor

Any statements in this press release about future expectations, plans, and prospects, as well as any other statements regarding matters that are not historical facts, may constitute "forward-looking statements." The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potentially," "predict," "project," "should," "target," "will," "would" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

These statements include, without limitation, statements such as the ability of the Company's Cardiac Acute Critical Care Franchise to address a crucial unmet need; the Company leveraging shared in-hospital ICU infrastructure and identical intravenous (IV) formulations to deliver a critical care asset package; the Company advancing specialized therapies for critical care cardiology and orphan cardiovascular conditions; the potential of CAD-1005 to address a $1B+ market gap; CAD-1005 potentially using 12-LOX inhibition to target platelet hyperactivation in HIT while simultaneously reducing inflammation-driven injury in patients with CSA-AKI; 12-LOX addressing the root causes of cardio-renal injury; identifying targeted pharmacologic strategies for the treatment of CSA-AKI; the company's pursuit of strategic partnerships, including out-licensing or co-development, to leverage its Phase 3-ready asset; CAD-1005 addressing the underlying biological mechanisms that drive disease progression; the development of second-generation 12-LOX oral therapeutics for the treatment of chronic indications; frunexian potentially providing anticoagulation for patients undergoing major cardiac surgery; tecarfarin potentially treating patients requiring chronic anticoagulation, including those with end-stage kidney disease and atrial fibrillation, those with left ventricular assist devices, and potentially those with Kawasaki disease; and the FDA's determination with respect to the Company's request for RPDD for tecarfarin. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including the ability to advance specialized therapies for critical care cardiology and orphan cardiovascular conditions; the ability to enter into strategic partnerships, including out-licensing or co-development, to leverage its Phase 3-ready asset; the ability of CAD-1005 to address a $1B+ market gap; the ability of 12-LOX inhibition to target platelet hyperactivation in HIT while simultaneously reducing inflammation-driven injury in patients with CSA-AKI; the ability of 12-LOX to address the root causes of cardio-renal injury; the ability to develop second-generation 12-LOX oral therapeutics for the treatment of chronic indications; the ability of frunexian to provide anticoagulation for patients undergoing major cardiac surgery; the ability of tecarfarin to treat patients requiring chronic anticoagulation, including those with end-stage kidney disease and atrial fibrillation, those with left ventricular assist; the ability of the Company to raise sufficient capital to continue the clinical development of its product candidates; and the other risk factors described in the Company's Annual Report on Form 10-K for the year ended December 31, 2025, and the Company's subsequent filings with the Securities and Exchange Commission, including subsequent periodic reports on Quarterly Reports on Form 10-Q and Current Reports on Form 8-K. Any forward-looking statements contained in this press release speak only as of the date hereof and, except as required by federal securities laws, the Company specifically disclaims any obligation to update any forward-looking statement, whether as a result of new information, future events, or otherwise.

For more information, visit https://www.cadrenal.com/ and connect with the Company on LinkedIn.

For more information, please contact:

Lytham Partners, LLC, Robert Blum, Managing Partner, 602-889-9700,
CVKD@lythampartners.com