CORPORATE PRESENTATION

CardiolTherapeutics

APRIL 2025

NASDAQ: CRDL | TSX: CRDL

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This presentation contains forward-looking information, within the meaning of applicable securities laws, that relate to Cardiol's current expectations and views of future events ("forward-looking information" or "forward-looking statements"). In some cases, these forward-looking statements can be identified by words or phrases such as "market opportunity", "revenue opportunity" "may", "might", "will", "expect", "anticipate", "estimate", "intend", "plan", "indicate", "seek", "believe", "predict", or "likely", or the negative of these terms, or other similar expressions intended to identify forward-looking information. Statements containing forward-looking information are not historical facts. Cardiol has based these forward-looking statements on its current expectations and projections about future events and financial trends that it believes might affect its financial condition, results of operations, business strategy, and financial needs. These forward-looking statements include, among other things, statements relating to: Cardiol's business strategy; Cardiol's plans and objectives; the ability for Cardiol's oral and subcutaneous formulation to deliver cannabinoids and other anti-inflammatory drugs to inflamed tissue in the heart; the expected medical benefits, viability, safety, efficacy, and dosing of cannabidiol; Cardiol's milestones; Cardiol's Phase III trial of CardiolRx in recurrent pericarditis; Cardiol's Phase II international trial of CardiolRx in acute myocarditis and expectation of topline date in Q2 2025 and presentation of full data set at a scientific meeting in H2 2025; Cardiol's plans to initiate a Phase III international trial of CardiolRx on pericarditis recurrence following cessation of interleukin-1 blocker therapy in H1 2025, with the expectation of 50% enrollment in H2 2025 and 100% enrollment in H1 2026; Cardiol's intention to seek Orphan Drug Designation and orphan medicine designations for CardiolRx for acute myocarditis and recurrent pericarditis; Cardiol's capitalization and its ability to achieve corporate milestones; Cardiol's development of CRD-38 for use in heart failure; and the molecular targets and mechanism of action of our product candidates. Forward-looking information contained herein reflects the current expectations or beliefs of Cardiol based on information currently available to it and is subject to a variety of known and unknown risks and uncertainties and other factors that could cause the actual events or results to differ materially from any future results, performance or achievements expressed or implied by the forward-looking information. These risks and uncertainties and other factors include the risks and uncertainties referred to in Cardiol's Annual Information Form and Annual Report on Form 40-F dated March 31, 2025, for the fiscal year ended December 31, 2024, available on SEDAR+ at sedarplus.com and EDGAR at sec.gov, including the risks and uncertainties associated with product development and commercialization, regulatory approvals and clinical studies, and uncertainties in predicting treatment outcomes. These risks, uncertainties and other factors should be considered carefully, and investors should not place undue reliance on the forward-looking information. Any forward-looking information speaks only as of the date on which it is made and, except as may be required by applicable securities laws, Cardiol disclaims any intent or obligation to update or revise such forward-looking information, whether as a result of new information, future events or results or otherwise. Although Cardiol believes that the expectations reflected in the forward-looking information are reasonable, they do involve certain assumptions, risks, and uncertainties and are not (and should not be considered to be) guarantees of future performance. It is important that each person reviewing this presentation understands the significant risks attendant to the operations of Cardiol.

Developing life-changing medicines for people living with heart disease

Focused on Advancing Therapies that Target Inflammation in the Heart

LATE-STAGE PIPELINE

Lead oral drug candidate, CardiolRx™, in Phase III MAVERIC trial for recurrent pericarditis (RP).

INITIAL MARKET OPPORTUNITY

Current revenue for 3rd line RP therapy in the U.S. is approximately $500M and forecast to grow to $1B by 2028.*

VALIDATED TARGET

Targeting inflammasome activation – central to the development and progression of several cardiac diseases.

WORLD-CLASS COLLABORATIONS

Established long-standing working relationships with leading researchers and clinicians at renowned international centers of excellence.

NEAR-TERM VALUE DRIVERS

Commence patient enrollment in MAVERIC trial; report top-line results from ARCHER Phase II trial; advance CRD-38 for heart failure into clinical development.

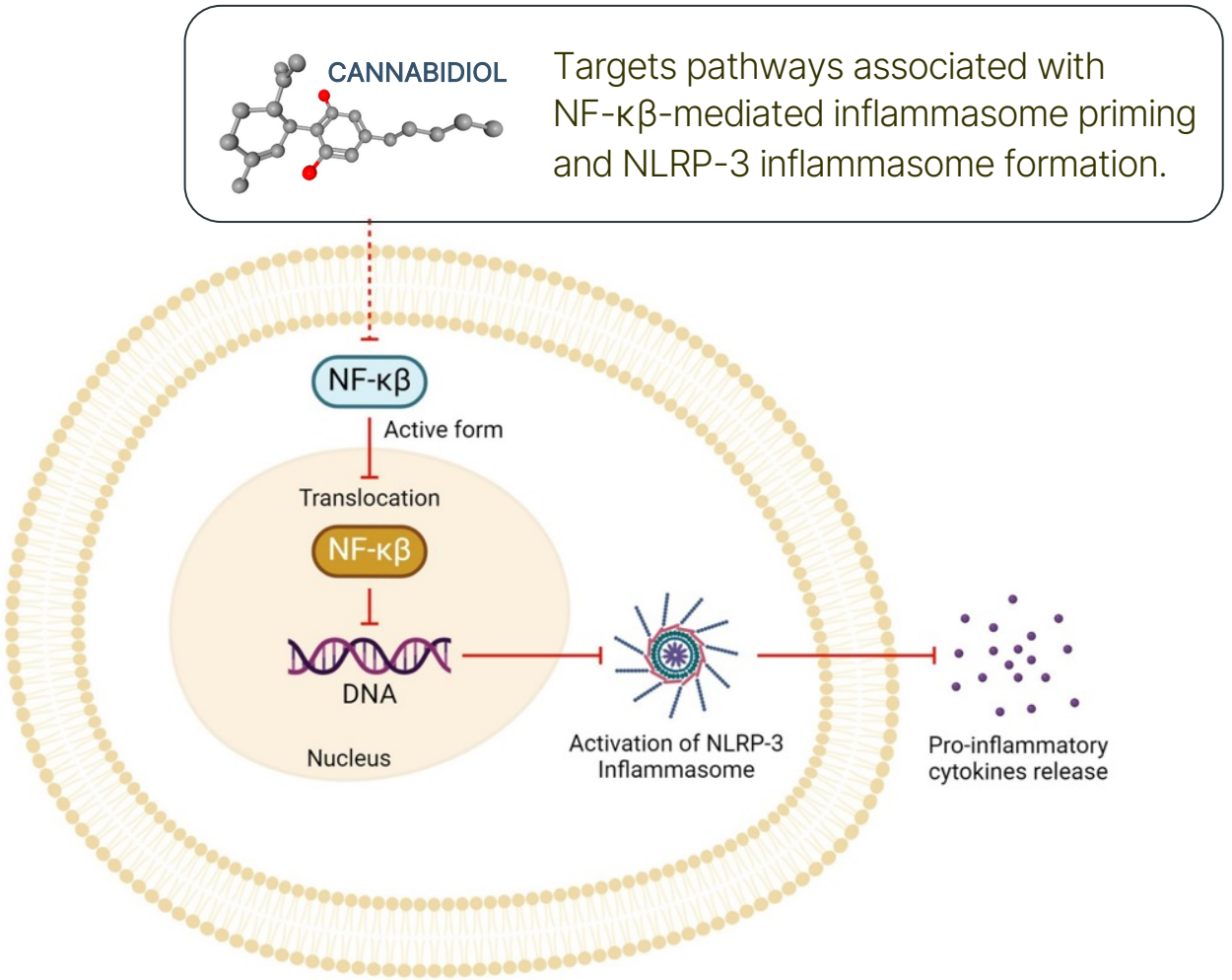
*Based on current revenue guidance for IL-1 blocker in the U.S; analysts' forecast >$1Bn by 2028.

Late-stage Clinical Pipeline in Pericarditis and Myocarditis, with IND-Enabling Program in Heart Failure

PRODUCT	INDICATION	STATUS	PRE-CLINICAL / PHASE I / PHASE II / PHASE III	EXCLUSIVITY
CardiolRx™ (cannabidiol) Oral formulation	Recurrent Pericarditis	MAVERIC Phase III ongoing		FDA Orphan Drug Designation (ODD) granted for the treatment of pericarditis, which includes recurrent pericarditis. CardiolRx™ eligible for FDA ODD in acute myocarditis and EMA orphan medicine designations for pericarditis and acute myocarditis.
	Acute Myocarditis	ARCHER Phase II recruitment completed		
CRD-38 (cannabidiol) Subcutaneous formulation	Heart Failure	IND-enabling		

CardiolRx™ and CRD-38: Small Molecule Drugs that Modulate Inflammasome Pathway Activation

- Stressors or injurious stimuli (e.g., viral infection; tissue damage) trigger activation of the inflammasome pathway.
- In response, pro-inflammatory cytokines are released (e.g., IL-1; IL-6).
- These cytokines contribute to the development and progression of pericarditis, myocarditis, & heart failure.
- By targeting and down-regulating activation of these pathways, cannabidiol provides a novel approach to the treatment of heart disease.



Naya NM, Kelly J, Hogwood A, Abbate A, Toldo S. Therapeutic potential of cannabidiol (CBD) in the treatment of cardiovascular diseases. *Expert Opin Investig Drugs.* 2024;33(7):699-712. doi:10.1080/13543784.2024.2351513
Martinez Naya N, Kelly J, Corna G, *et al*. An Overview of Cannabidiol as a Multifunctional Drug: Pharmacokinetics and Cellular Effects. *Molecules.* 2024;29(2):473. Published 2024 Jan 18. doi:10.3390/molecules29020473
Martinez Naya N, Kelly J, Corna G, Golino M, Abbate A, Toldo S. Molecular and Cellular Mechanisms of Action of Cannabidiol. *Molecules*. 2023;28(16):5980. Published 2023 Aug 9. doi:10.3390/molecules28165980

MAVERIC Program

Late-stage Clinical Development of CardiolRx™ for the Treatment of Recurrent Pericarditis

Recurrent Pericarditis

Striking healthy adults in the prime of their lives

Inflammation of the membrane surrounding the heart characterized by severe chest pain, shortness of breath, and depression

Recurrent episodes, returning after a 4-to-6-week symptom-free period, significantly impact quality of life and may require emergency care or hospitalization

38,000

Recurrent pericarditis patients in the United States

18,000

Pericarditis hospitalizations per year in the United States

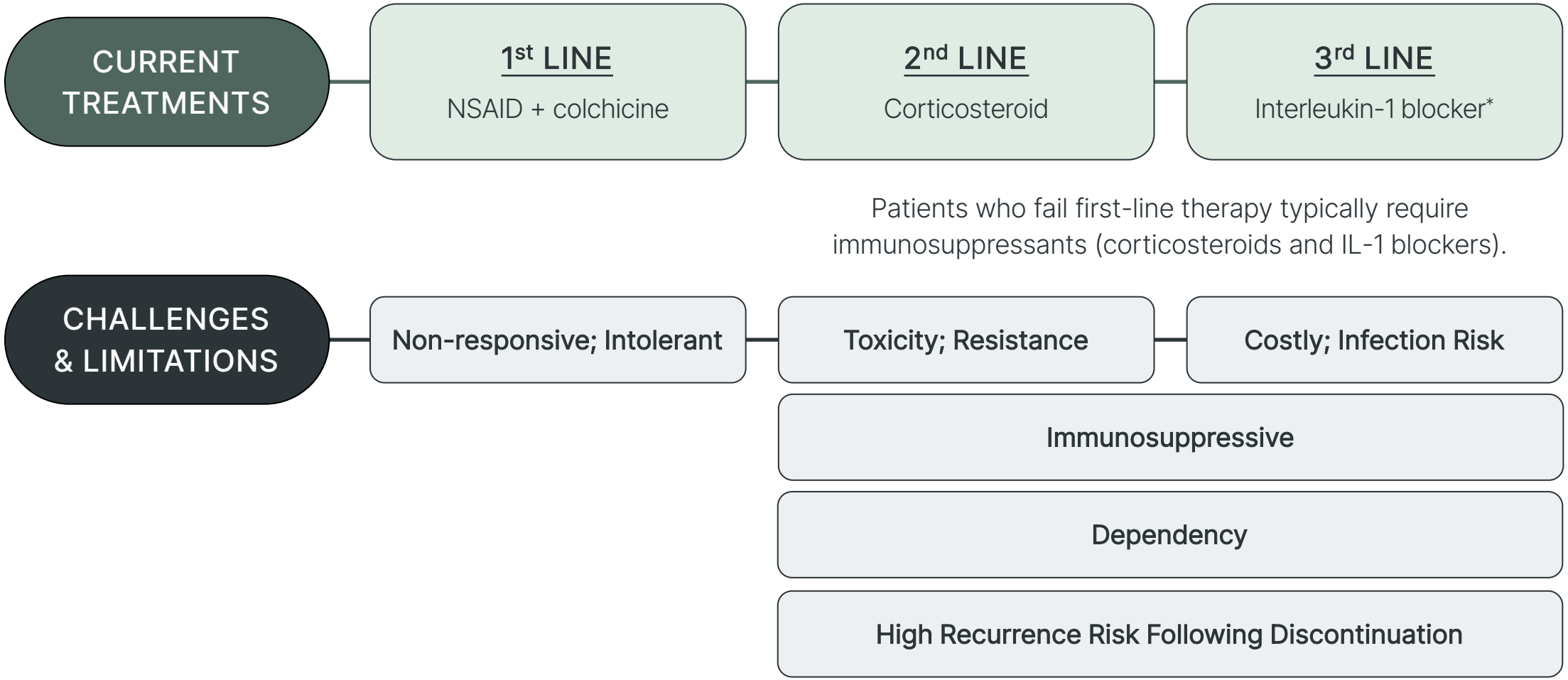
4.7 – 6.2 years

Duration of recurrent pericarditis in difficult to treat patients

$286,000/year

One FDA-approved therapy primarily used for ≥3 recurrences

Recurrent Pericarditis Treatment Challenges



*Only FDA-approved therapy for recurrent pericarditis. List price $286,000/year, primarily used for ≥3 recurrences.

MAvERIC-Pilot Phase II Study

Results presented at the American Heart Association Scientific Sessions 2024

27 Patients Enrolled at 8 U.S Sites

PRIMARY ENDPOINT

- Change in pericarditis pain score (NRS*) at 8 weeks

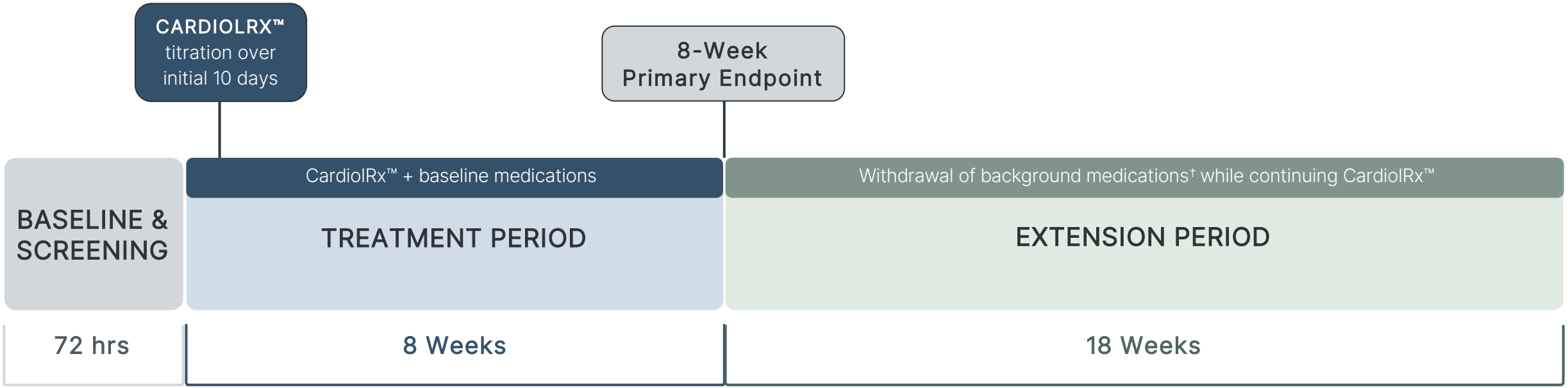
SECONDARY ENDPOINTS

- Pain score at 26 weeks
- Freedom from pericarditis recurrence
- Change in C-reactive protein (CRP) and CRP normalization

*The NRS pain score is a validated clinical tool used across multiple conditions with acute and chronic pain, including previous studies of recurrent pericarditis.

MAvERIC-Pilot Phase II Study Design

27 patients enrolled (met ESC criteria) → 24 progressed to Extension Period on CardiolRx™.



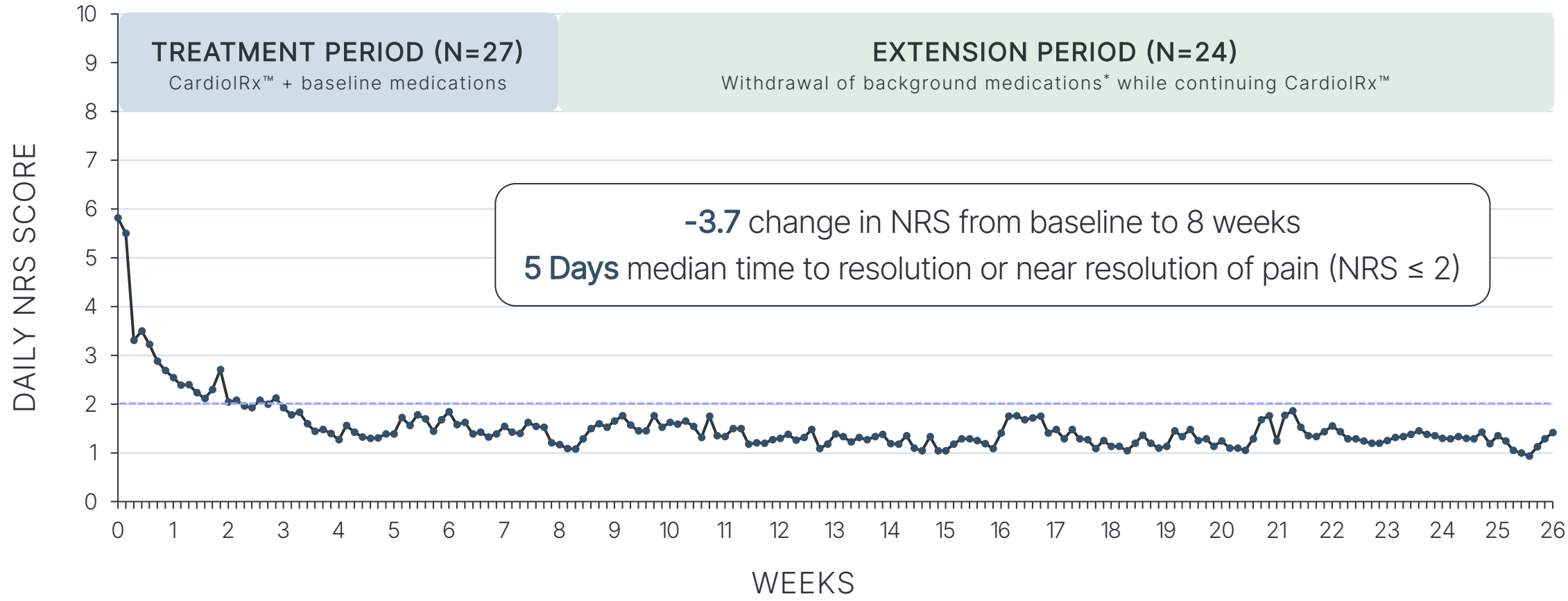
STUDY PARTICIPANTS

- Male /female ≥18 yrs
- ≥2 previous episodes of recurrent pericarditis
- ≥4 NRS pain score in the last 7 days
- Elevated CRP or MRI evidence of pericardial inflammation
- Receiving NSAIDs, colchicine, and/or corticosteroids
- Not receiving immunosuppressant therapy

*10-day dose titration: Days 1 - 3: 5 mg/kg b.i.d.; Days 3 – 5: 7.5 mg/kg b.i.d; Day 10 – end of study: 10 mg/kg b.i.d. If the next higher dose was not tolerated, it was reduced to the previous tolerated dose.
†Within the first 10 weeks of Extension Period, background therapies for pericarditis were weaned and patients continued on CardiolRx™.

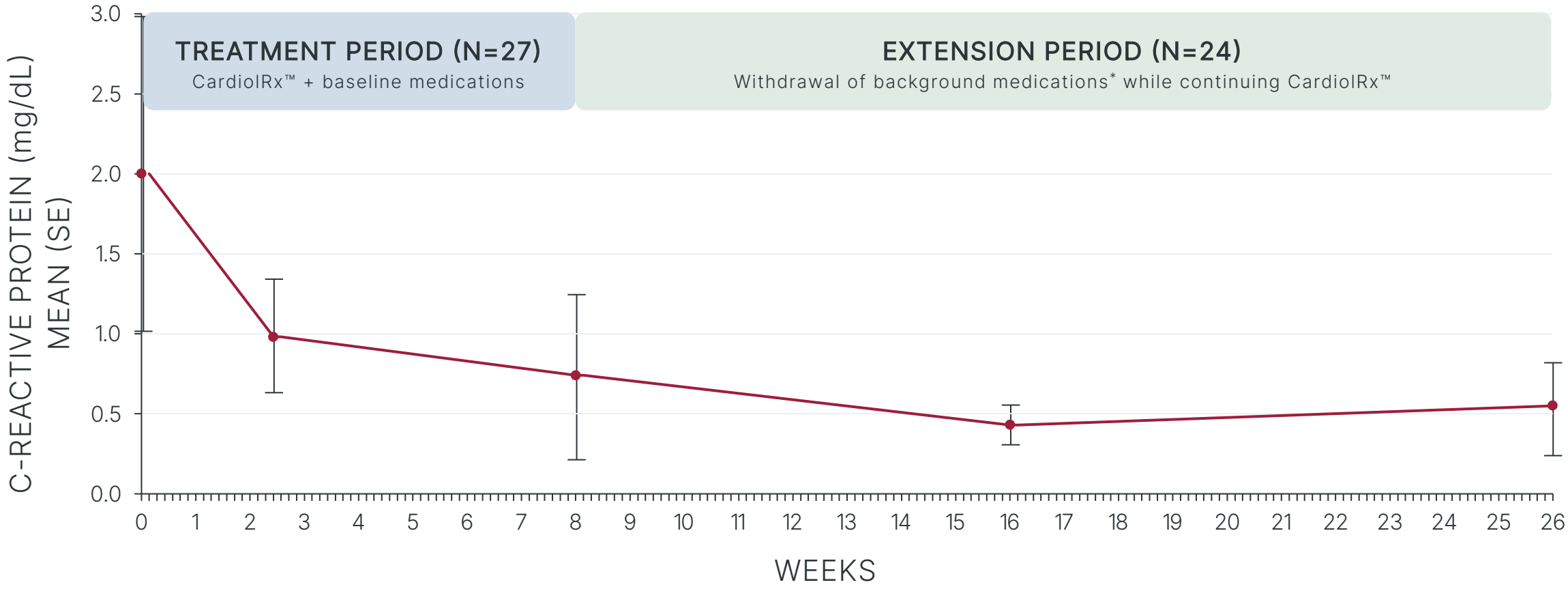
CardiolRx™ Resulted in a Marked Relevant, Rapid, and Durable Reduction in Pericarditis Pain

CHANGE IN NRS PAIN SCORE OVER 26 WEEKS

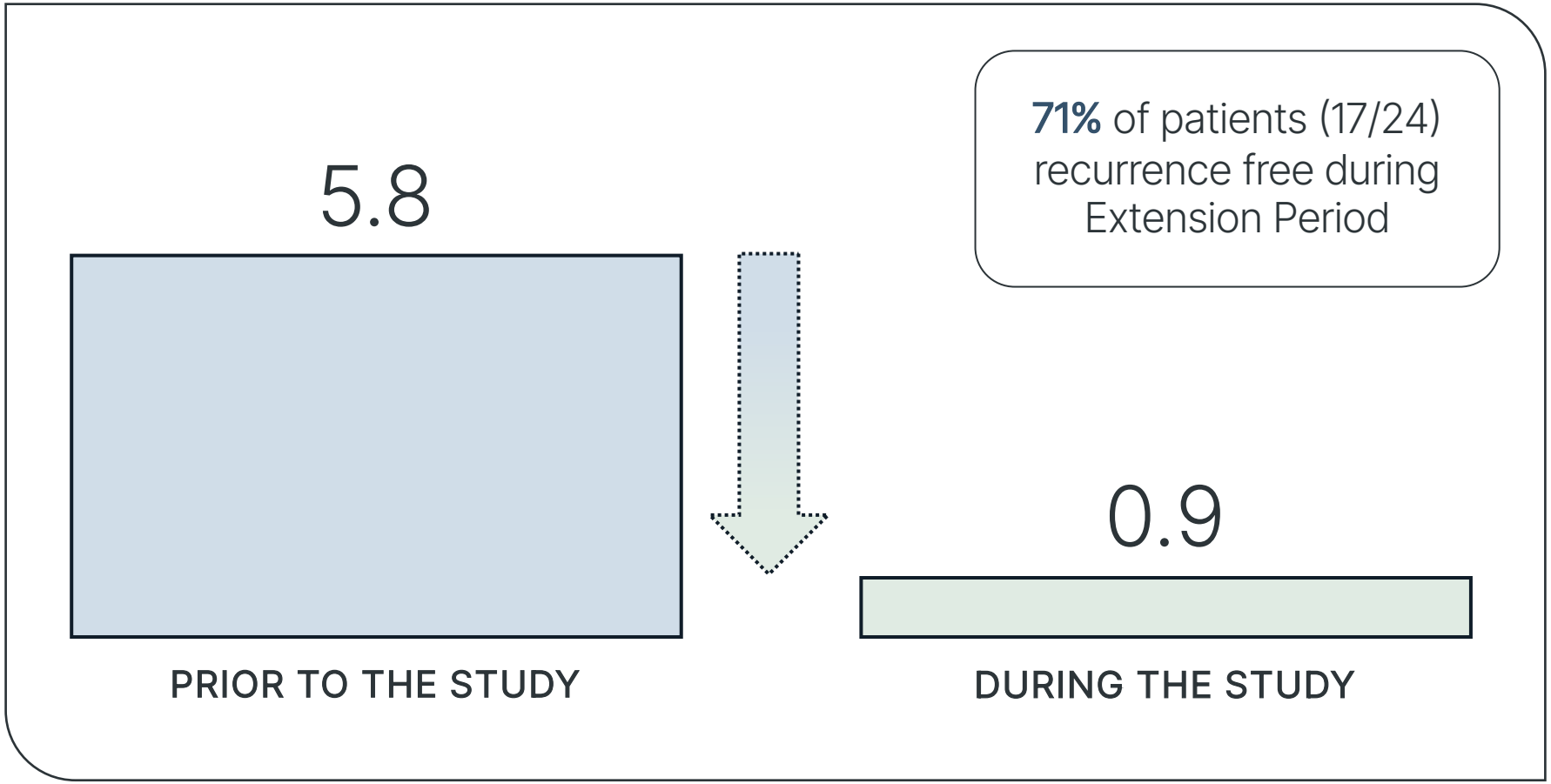


CardiolRx™ Resulted in a Clinically Meaningful and Rapid Reduction in Inflammation (CRP)

CHANGE IN CRP LEVEL OVER 26 WEEKS



CardiolRx™ Substantially Reduced Pericarditis Events Per Year



MAVERIC Phase III Trial

Multi-national, double-blind, randomized, placebo-controlled

Trial designed to demonstrate the impact of CardiolRx™ on pericarditis recurrence in a high-risk patient population.

110 Patients at ~20 Clinical Sites

United States, Europe

- Enrollment of first-patient anticipated in H1 2025.

PRIMARY EFFICACY ENDPOINT

- Number of patients (percentage) free from a new episode of recurrent pericarditis at 24 weeks

SECONDARY ENDPOINT

- Median time to new recurrence episode

EXPLORATORY ENDPOINTS

- Change in NRS* and CRP

*The NRS pain score is a validated clinical tool used across multiple conditions with acute and chronic pain, including previous studies of recurrent pericarditis.

MAVERIC Program and Phase III Leadership

ALLAN KLEIN, MD, CM

MAVERIC PROGRAM CHAIR

Director, Center for the Diagnosis and Treatment of Pericardial Diseases, and Professor of Medicine, Heart, Vascular and Thoracic Institute, Cleveland Clinic.

PAUL CREMER, MD

MAVERIC TRIAL PRINCIPLE INVESTIGATOR

Departments of Medicine and Radiology, Northwestern University, and Multimodality Cardiac Imaging and Clinical Trials Unit, Bluhm Cardiovascular Institute.

ANTONIO ABBATE, MD, PhD

STEERING COMMITTEE MEMBER

Ruth C. Heede Professor of Cardiology, School of Medicine, and Department of Medicine, Division of Cardiovascular Medicine – Heart and Vascular Center, University of Virginia.

MASSIMO IMAZIO, MD, FESC

MAVERIC PROGRAM CO-CHAIR

Department of Medicine (DMED), University of Udine and Cardiothoracic Department, University Hospital Santa Maria della Misericordia, Udine, Italy.

ALLEN LUIS, MBBS, PhD

MAvERIC PILOT PRINCIPLE INVESTIGATOR

Co-Director of the Pericardial Diseases Clinic, Associate Professor of Medicine, Department of Cardiovascular Medicine, at Mayo Clinic, Rochester, Minnesota.

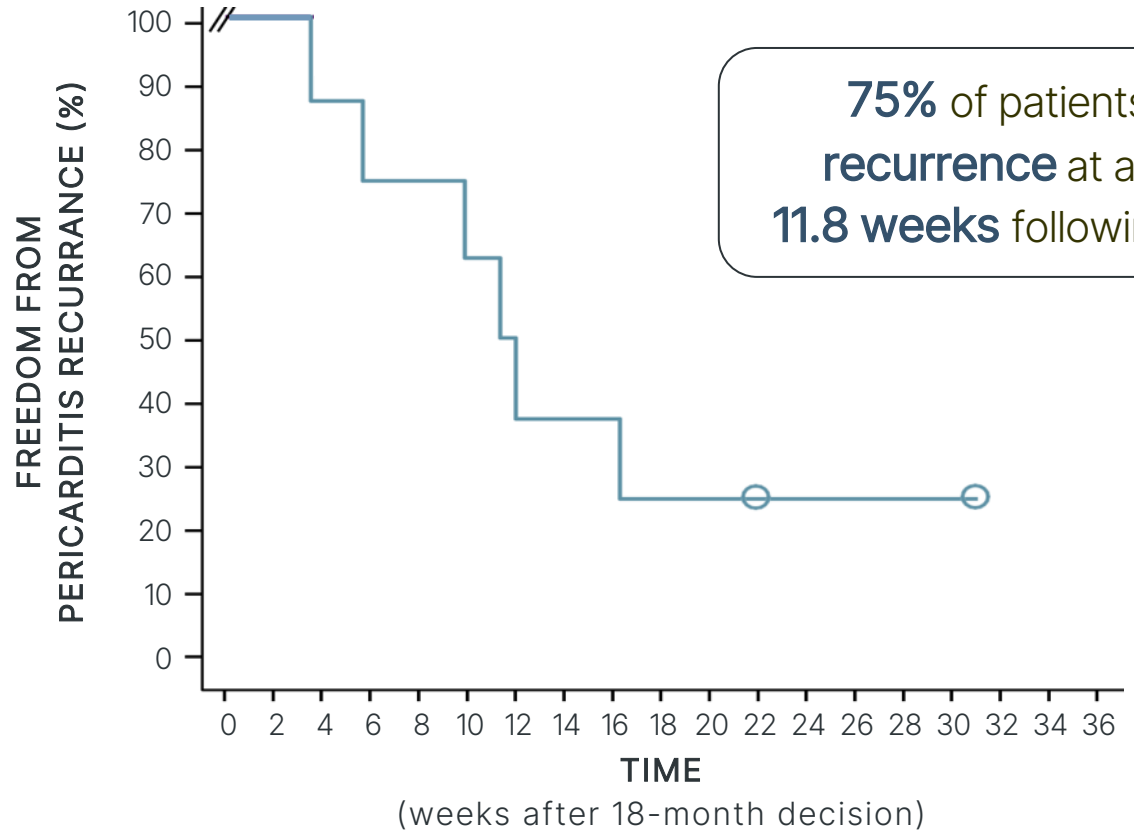
STEPHEN NICHOLLS, MBBS, PhD

STEERING COMMITTEE MEMBER

Program Director, Victorian Heart Hospital, Director, Monash Victorian Heart Institute, and Professor of Cardiology, Monash University, Melbourne.

MAVERIC Phase III Recruiting Patients at High Risk for Recurrence

PERICARDITIS RECURRENCE RISK FOLLOWING WITHDRAWAL OF IL-1 BLOCKER

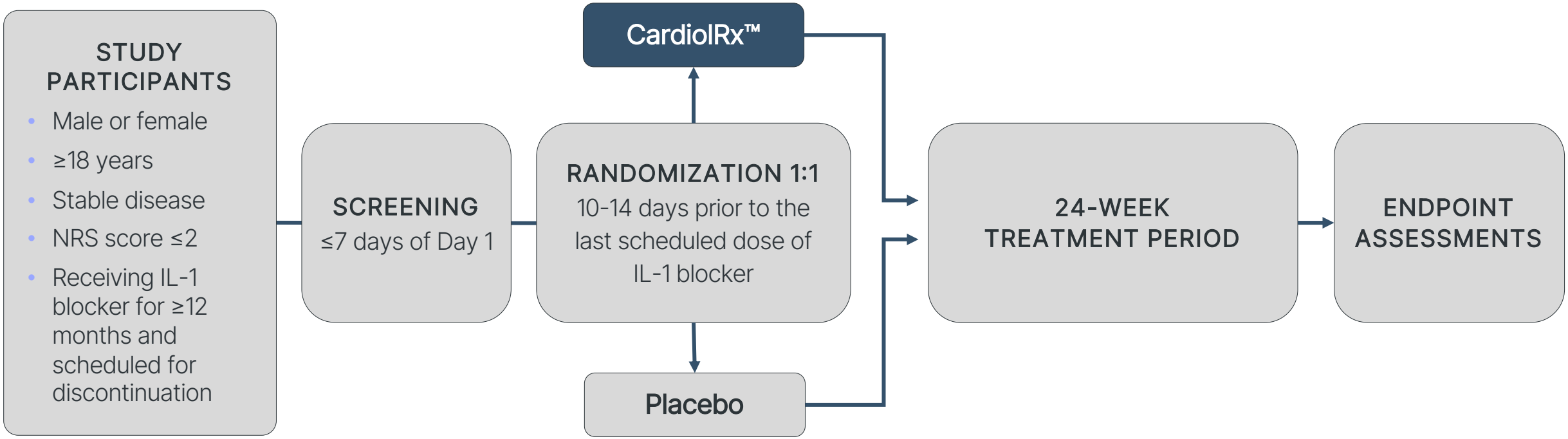


75% of patients experience a **recurrence** at a median time of **11.8 weeks** following discontinuation

Imazio M, Klein AL, Brucato A, *et al.* Sustained Pericarditis Recurrence Risk Reduction With Long-Term Rilonacept. *J Am Heart Assoc.* 2024;13(6):e032516. doi:10.1161/JAHA.123.032516. Placebo arm shown.

MAVERIC Phase III Trial Design

Multi-national, double-blind, randomized, placebo-controlled trial to assess the impact of CardiolRx™ on pericarditis recurrence in a high-risk patient population



CardiolRx™ Market Opportunity in Recurrent Pericarditis

FDA Orphan Drug Designation granted to CardiolRx™ for treatment of pericarditis (includes recurrent pericarditis)

Patient population = **38,000***

1ST LINE	2ND LINE	3RD LINE
NSAID + colchicine	Corticosteroid	Interleukin-1 blocker

CARDIOLRX™

Colchicine resistant / intolerant	Prior to corticosteroid or IL-1 blocker therapy	Corticosteroid or IL-1 blocker-dependent

CardiolRx™ offers the potential for a disease-modifying and non-immunosuppressive approach.

*Affected patient population in the United States.

Acute Myocarditis

A leading cause of sudden cardiac death in people <35 years of age

Inflammatory condition of the heart muscle characterized by chest pain, impaired heart function, and arrythmias

Complications include heart failure, cardiogenic shock, unstable heart rhythm, cardiac arrest, and/or organ failure

No FDA- or EMA-approved drug

46,000

Patients in the United States

32,400

Deaths worldwide due to myocarditis in 2019

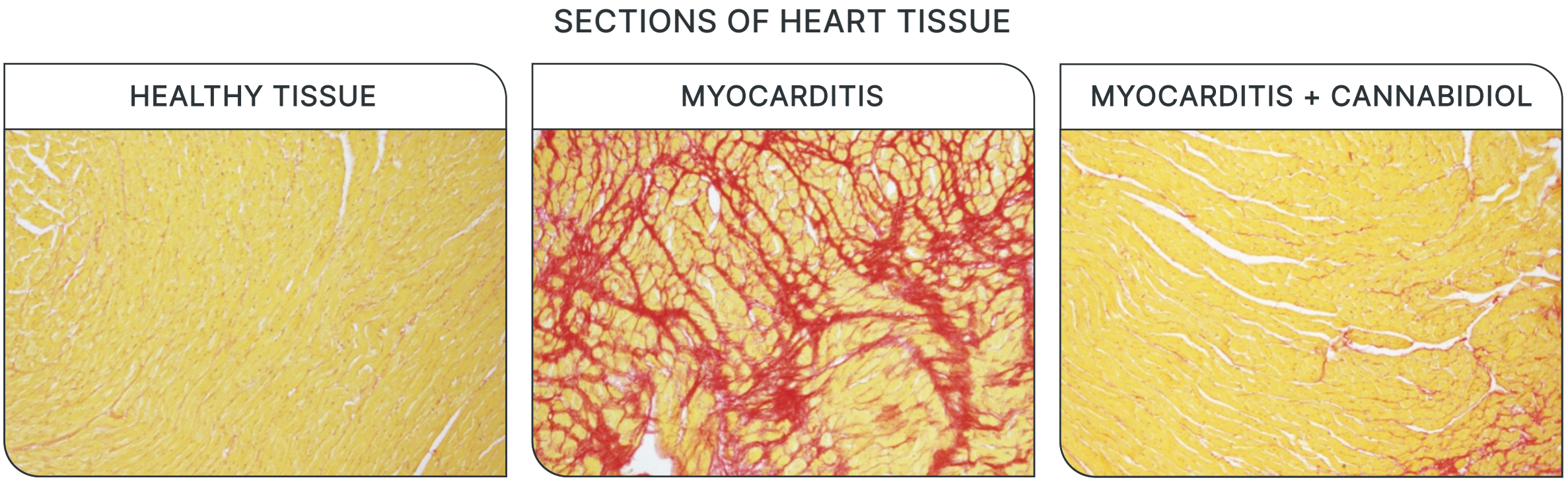
4 – 6%

In-hospital mortality

37 years

Median age of diagnosis

Cannabidiol Attenuates Myocarditis-induced Fibrosis



Representative images of Sirius red-stained LV myocardium sections. Magnification: 100x.

Lee W-S *et al.* (2016). *Mol. Med.* 22, 136-146

Steering Committee for the ARCHER Trial

DENNIS M. MCNAMARA, MD

CHAIR

Professor of Medicine at the University of Pittsburgh. He is also the Director of the Heart Failure/Transplantation Program at the University of Pittsburgh Medical Center.

ARVIND BHIMARAJ, MD

Specialist in Heart Failure and Transplantation Cardiology and Associate Professor of Cardiology, Institute for Academic Medicine at Houston Methodist and at Weill Cornell Medical College, NYC.

PETER LIU, MD

Chief Scientific Officer and Vice President, Research, of the University of Ottawa Heart Institute, and Professor of Medicine and Physiology at the University of Toronto and University of Ottawa.

MATTHIAS FRIEDRICH, MD

Full Professor within the Departments of Medicine and Diagnostic Radiology at McGill University in Montreal, and Chief, Cardiovascular Imaging at the McGill University Health Centre.

YARON ARBEL, MD

Cardiologist and Director of the CardioVascular Research Center (CVRC) at the Tel Aviv "Sourasky" Medical Center.

LESLIE T. COOPER, JR., MD

CO-CHAIR

General cardiologist and the Chair of the Mayo Clinic Enterprise Department of Cardiovascular Medicine, as well as chair of the Department of Cardiovascular Medicine at the Mayo Clinic in Florida.

WAI HONG WILSON TANG, MD

Advanced Heart Failure & Transplant Cardiology specialist at the Cleveland Clinic. Director of the Cleveland Clinic's Center for Clinical Genomics; Research Director, and staff cardiologist in the Section of Heart Failure and Cardiac Transplantation Medicine in the Sydell and Arnold Miller Family Heart & Vascular Institute.

CARSTEN TSCHÖPE, MD

Professor of Medicine and Cardiology and Vice Director of the Department of Internal Medicine and Cardiology, University Medicine Berlin.

EDIMAR BOCCHI, MD

Serves as the Head of Heart Failure Clinics and Heart Failure Team at Heart Institute (Incor) of Hospital das Clinicas of São Paulo University Medical School, Associate Professor of São University Medical School, São Paulo, Brazil.

MATHIEU KERNEIS, MD, PhD

Interventional cardiologist at Pitié Salpêtrière Hospital (Sorbonne University).

ARCHER Phase II Trial

Multi-national, double-blind, randomized, placebo-controlled

Trial designed to study the impact of CardiolRx™ on myocardial recovery in patients with acute myocarditis.

100 Patients at 34 Clinical Sites

United States, Canada, France, Brazil, and Israel

- Enrollment completed in Q4 2024.
- Topline data anticipated in Q2 2025.

PRIMARY EFFICACY ENDPOINTS*

- Extracellular volume (ECV)
- Global longitudinal strain (GLS)

SECONDARY EFFICACY ENDPOINT*

- Left ventricular ejection fraction

KEY ELIGIBILITY CRITERIA

- Male or female ≥18 years
- Diagnosed with acute myocarditis including:
  - Clinical criteria (symptoms of chest pain, arrhythmia or shortness of breath, or history of viral-like illness) *PLUS*
  - CMR diagnosis (Lake Louise Criteria) *OR*
  - Endomyocardial biopsy: cellular inflammation and/or immunohistochemistry consistent with inflammation.

*Measured by cardiac magnetic resonance imaging at 12 weeks post randomization

Heart Failure

Chronic, progressive syndrome in which the heart is unable to pump enough blood to meet the body's needs

Patients experience shortness of breath, rapid heart rate, and edema, resulting in reduced exercise capacity, limitations undertaking simple daily activities, and frequent hospitalizations

No drugs approved targeting inflammatory/ fibrotic mechanisms

$108 billion

Estimated global economic cost in 2012

8 million

Patients in the United States by 2030

1.2 million

Hospitalizations annually in the United States

53%

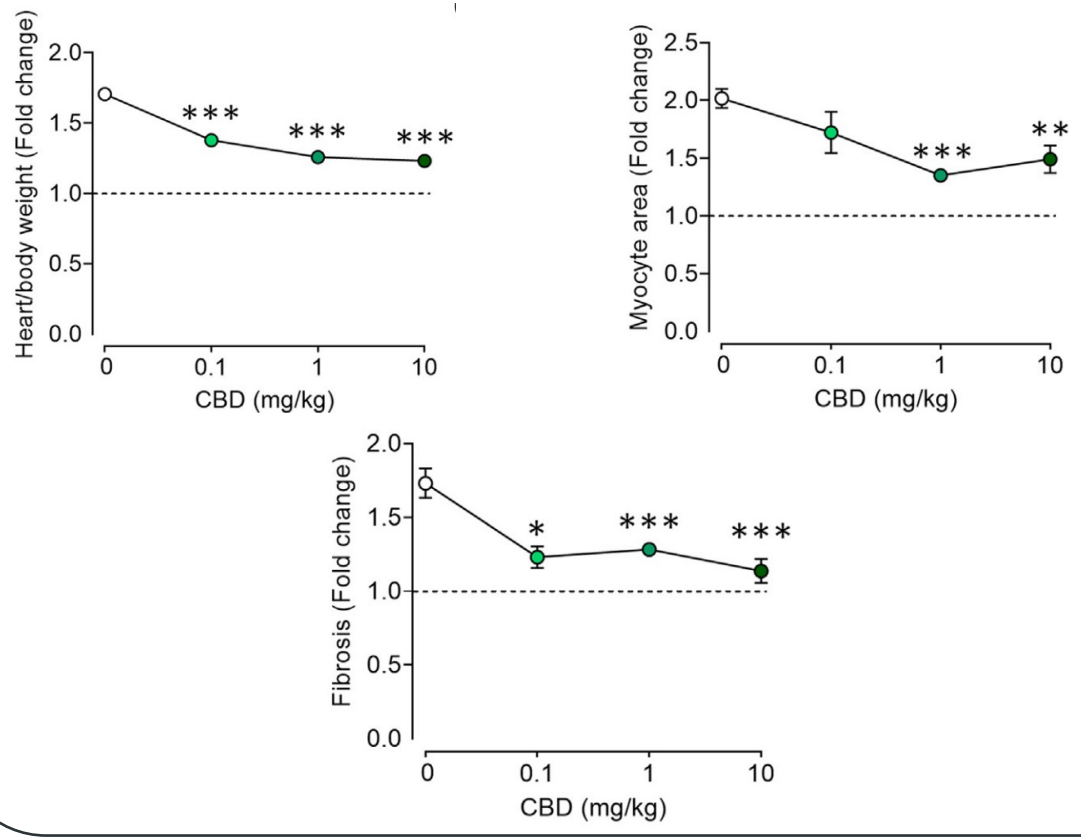
5-year overall mortality rate

CRD-38

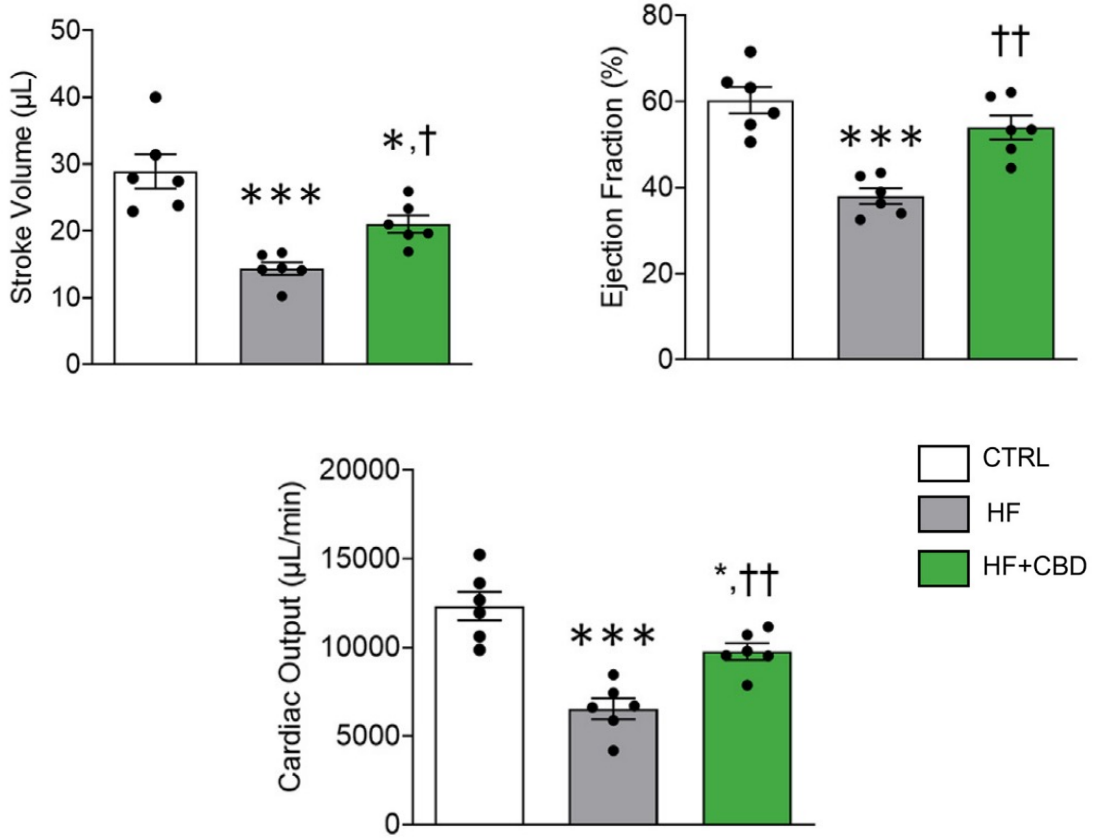
Small Molecule Subcutaneous Drug Being Developed For Heart Failure

CRD-38: Potential Treatment to Prevent Heart Failure Dysfunction & Remodeling

DOSE-DEPENDENT EFFECT IN PREVENTING CARDIAC REMODELLING AND INFLAMMATION



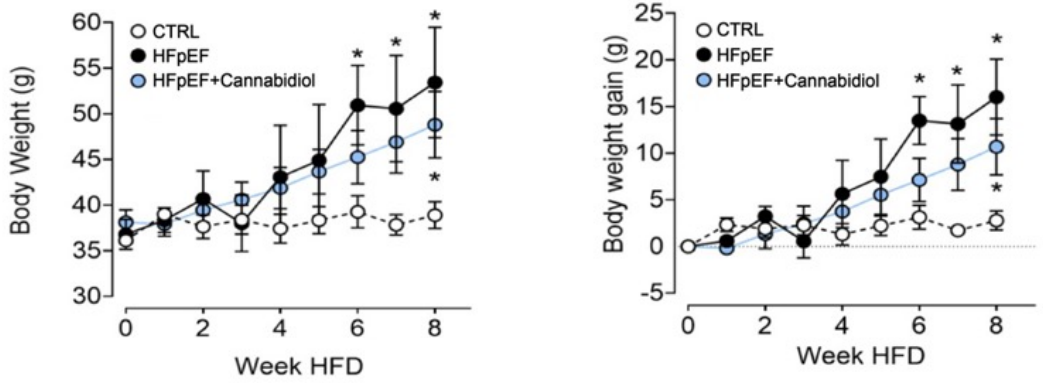
PROTECTS AGAINST CARDIAC DYSFUNCTION



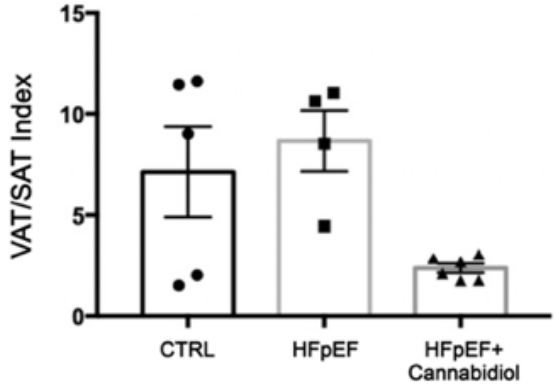
García-Rivas, G, Lozano, O, Bernal-Ramírez, J. *et al. J Am Coll Cardiol Basic Trans Science*. Published online February 20, 2025.

CRD-38: Potential Treatment For Heart Failure With Preserved Ejection Fraction

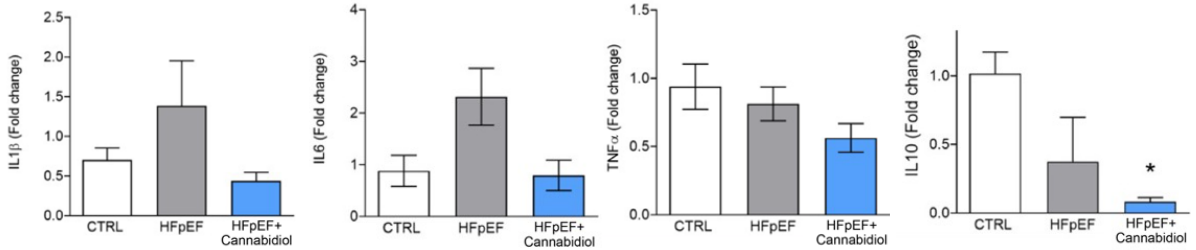
REDUCES BODY WEIGHT GAIN



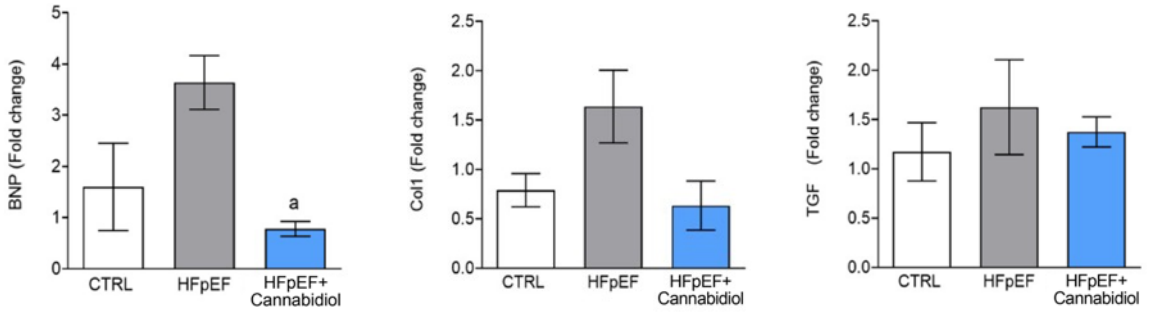
REDUCED VISCERAL TO SUBCUTANEOUS FAT RATIO



PREVENTS INFLAMMATION



PREVENTS CARDIAC REMODELING



Lozano O *et al.* Heart Failure Society of America Annual Scientific Meeting 2023: ePoster Viewing Session III. October 7, 2023.

Near-term Value Drivers

RECURRENT PERICARDITIS

- Enroll first patient in MAVERIC Phase III study during H1 2025
- 50% enrollment H2 2025
- 100% enrollment H1 2026

ACUTE MYOCARDITIS

- Report ARCHER Phase II topline data Q2 2025
- Presentation of full data set at a scientific meeting in H2 2025

HEART FAILURE

- Complete IND-enabling studies
- File IND for Phase I and initiate clinical development program

Management Team

DAVID ELSLEY, MBA

PRESIDENT AND CHIEF EXECUTIVE OFFICER

Founder and former President and CEO of Vasogen Inc. More than 30 years' experience developing, financing, and managing corporate development of life sciences companies.

CHRIS WADDICK, CPA, CMA, MBA

CHIEF FINANCIAL OFFICER

Thirty years of experience in financial and executive roles in the biotechnology and energy industries, former Chief Financial Officer and Chief Operating Officer of Vasogen Inc.

ANDREA B. PARKER, MSc, PhD

SENIOR DIRECTOR OF CLINICAL OPERATIONS

Clinical Epidemiologist with more than 30 years' experience in clinical trials design, management, and execution in industry and academic settings. Former Chief Scientific Officer at Peter Munk Cardiac Centre, University Health Network.

ANNE TOMALIN, BA, BSc, RAC

DIRECTOR OF REGULATORY AND QUALITY

Founder of CanReg Inc. and TPIreg, regulatory firms previously sold to Optum Insight and Innomar Strategies, respectively. An expert in regulatory affairs in Canada, the United States, and Europe.

ANDREW HAMER, MBChB

CHIEF MEDICAL OFFICER AND HEAD OF R&D

Thirty years of global life sciences industry, medical affairs, and cardiology practice experience. Served as Executive Director, Global Development Cardiometabolic at Amgen Inc. Principal or co-investigator for 40 multi-centre clinical trials.

BERNARD LIM, MIET, CEng (UK)

CHIEF OPERATING OFFICER

Thirty years in the life sciences industry spanning biotechnology, diagnostics, medical devices, and high-technology. Founder and CEO of a highly successful drug delivery company that he led from R&D through to commercialization and its eventual acquisition by Eli Lily.

JOHN A. GEDDES, MBA

VICE PRESIDENT, CORPORATE DEVELOPMENT

Over 25 years' experience in the healthcare industry, comprising roles within pharmaceutical, biotechnology, clinical diagnostics, and life science research technology companies. Former Corporate Senior Director, Business Development at Luminex Corporation, a DiaSorin Company.

Board of Directors

GUILLERMO TORRE-AMIONE, MD, PhD

CHAIRMAN

Professor of Cardiology at the Methodist Hospital Research Institute, Professor of Medicine at the Weill Cornell Medical College of Cornell University, and President of TecSalud. Former Chief of the Heart Failure Division and former medical director of Cardiac Transplantation at the Houston Methodist DeBakey Heart & Vascular Center.

JENNIFER CHAO, BA

MANAGING PARTNER OF CORESTRATEGIES MANAGEMENT

Over twenty-five years of experience in the biotech and life sciences industries focused primarily on finance and corporate strategy. Founded CoreStrategies Management in 2008 to provide transformational corporate and financial strategies to biotech/life science companies for maximizing core valuation.

COLIN G. STOTT, BSc (Hons)

CHIEF OPERATING OFFICER OF ALTEROLA BIOTECH INC.

Thirty years' experience in pre-clinical and clinical development, with specific expertise in the development of cannabinoid-based medicines. Former Scientific Affairs Director, International and R&D Operations Director for GW Pharmaceuticals plc, a world leader in the development of cannabinoid therapeutics.

TERI LOXAM, MBA

CHIEF FINANCIAL OFFICER OF COMPASS PATHWAYS

Over twenty-five years of experience in the pharmaceutical, life sciences, and TMT industries with diverse roles spanning strategy, investor relations, finance, and communications. Former Chief Financial Officer of Gameto, and Chief Operating Officer and Chief Financial Officer at Kira Pharmaceuticals.

DAVID ELSLEY, MBA

PRESIDENT AND CHIEF EXECUTIVE OFFICER

Founder and former President and CEO of Vasogen Inc. More than 30 years' experience developing, financing, and managing corporate development of life sciences companies.

PETER PEKOS, BSc, MSc

FOUNDER OF DALTON PHARMA SERVICES

Broad experience in the research, development, and commercialization of pharmaceuticals, products, and services.

CHRIS WADDICK, CPA, CMA, MBA

CHIEF FINANCIAL OFFICER

Thirty years of experience in financial and executive roles in the biotechnology and energy industries, former Chief Financial Officer and Chief Operating Officer of Vasogen Inc.

MICHAEL J. WILLNER, Esq.

FOUNDER OF WILLNER CAPITAL, INC.

Active and successful investor for +40 years, with a focus on the life sciences and pharmaceutical cannabinoid sectors. As both former Attorney and a Certified Public Accountant, he practiced real estate and corporate law at a prominent NYC-based international law firm following his initial tenure as a tax accountant with an international accounting firm.

Scientific Advisory Board

DR. PAUL M. RIDKER, MD, MPH

Director of the Center for Cardiovascular Disease Prevention, a translational research unit at Brigham and Women's Hospital (BWH), he is also the Eugene Braunwald Professor of Medicine at Harvard School of Medicine (HMS). Dr. Ridker's clinical interests include coronary artery disease and the underlying causes and prevention of atherosclerotic disease. He has authored of over 900 peer-reviewed publications and reviews, 64 book chapters, and six textbooks related to cardiovascular medicine. Notably, Dr. Ridker has been the Principal Investigator or Study Chairman of several large international trials that have demonstrated the role of inflammation in the genesis and management of coronary artery disease. He was awarded the Gotto Prize for Atherosclerosis Research from the International Atherosclerosis Society in 2021 and is an elected Member of the National Academy of Medicine (USA).

DR. BRUCE MCMANUS, PhD, MD

Professor Emeritus, Department of Pathology and Laboratory Medicine, the University of British Columbia. He has served as CEO, Centre of Excellence for Prevention of Organ Failure (PROOF Centre), Director, UBC Centre for Heart Lung Innovation, and Scientific Director, Institute of Circulatory and Respiratory Health, CIHR. Dr. McManus' investigative passion relates to mechanisms, consequences, detection and prevention of injury and aberrant repair in inflammatory diseases of the heart and blood vessels. His life's scholarship is reflected in more than 400 original peer-reviewed publications, over 60 chapters, and several books. Dr. McManus received the prestigious Max Planck Research Award in 1991, was elected a Fellow of the Royal Society of Canada in 2002, was appointed a Member of the Order of Canada in 2018, and to the Order of British Columbia the following year.

DR. JOSEPH A. HILL, MD, PhD

Professor of Internal Medicine and Molecular Biology, Chief of Cardiology at UT Southwestern Medical Center, Dallas, TX, and Director of the Harry S. Moss Heart Center. Dr. Hill holds both the James T. Willerson, M.D., Distinguished Chair in Cardiovascular Diseases, and the Frank M. Ryburn Jr. Chair in Heart Research. His research examines molecular mechanisms of structural, functional, metabolic, and electrophysiological remodeling in cardiac hypertrophy and heart failure. Dr. Hill was elected to the Association of American Professors and given the 2018 Research Achievement Award from the International Society for Heart Research. For the past seven years, Dr. Hill has been the Editor-in-Chief of the prestigious American Heart Association journal Circulation.

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