BioMark™

we believe

CANCER

IS CURABLE

A NEXT GENERATION COMPANY
POWERED BY METABOLOMICS
AND ARTIFICIAL INTELLIGENCE

INVESTMENT HIGHLIGHTS

INTEGRATED TECHNOLOGY PLATFORM:	***UNIQUE INTEGRATION OF METABOLOMICS AND MACHINE LEARNING USING VERSATILE HIGH THROUGHPUT/SENSITIVE AND SCALABLE INSTRUMENTS DESIGNED TO DELIVER SUPERIOR CLINICAL OUTCOME***
BROAD APPLICATION:	***EARLY DETECTION*** ***MEASURING RESPONSE TO TREATMENT*** ***MONITOR FOR RECURRENCE***
SUPERIOR CLINICAL OUTCOME:	***DISCOVERED / VERIFIED / VALIDATED ROBUST BIOMARKERS FOR EARLY LUNG CANCER DETECTION*** ***SCIENTIFICALLY SIGNIFICANT DATA COLLECTED AND ANALYZED*** ***STRONG SENSITIVITY AND SPECIFICITY***
VERSATILE DIAGNOSTIC PLATFORM:	***DESIGNED FOR HARD TO DETECT AND TREAT CANCERS*** ***EARLY LUNG CANCER INCLUDING NEUROENDOCRINE TUMOURS*** ***GBM*** ***HEAD AND NECK*** ***BREAST***
EXPERIENCED MANAGEMENT TEAM AND ADVISORS:	***GOOD TRACK RECORD OF SUCCESS***
IP PROTECTION:	***ROBUST IP ESTATE WITH OVER 25 PATENTS ISSUED OR PENDING***
COMMERCIALIZATION:	***Q4 2023***

Our Mission – seek positive change in cancer care

To improve cancer care management by providing robust diagnostic tools to guide treatment for hard to detect and treat cancers – e.g. lung, gbm, pancreatic, head and neck

Bio-Mark

- A developer of a metabolomics liquid biopsy-based platform leveraging machine learning with advanced near-to-market diagnostic technologies.
- Multiple IP’s in cancer screening and quantification of metabolites.
- Collectively over 8 family of patents in progress (different stages and jurisdictions)

BioMark's Tools Designed To Improve Cancer Care Management

- **Accelerate early detection** – Stage shifting can improve survival rates through early effective intervention

- Dynamically **monitor response to treatment** – select treatments that are more effective faster

- **Monitor for recurrence** – most of these cancers have very high recurrence/relapse rates – GBM - 95%; Stage 3 Ovarian - >70-90%; Stage 3b/4 lung cancer >70%; Pancreatic very high rates after 2 years following surgery.

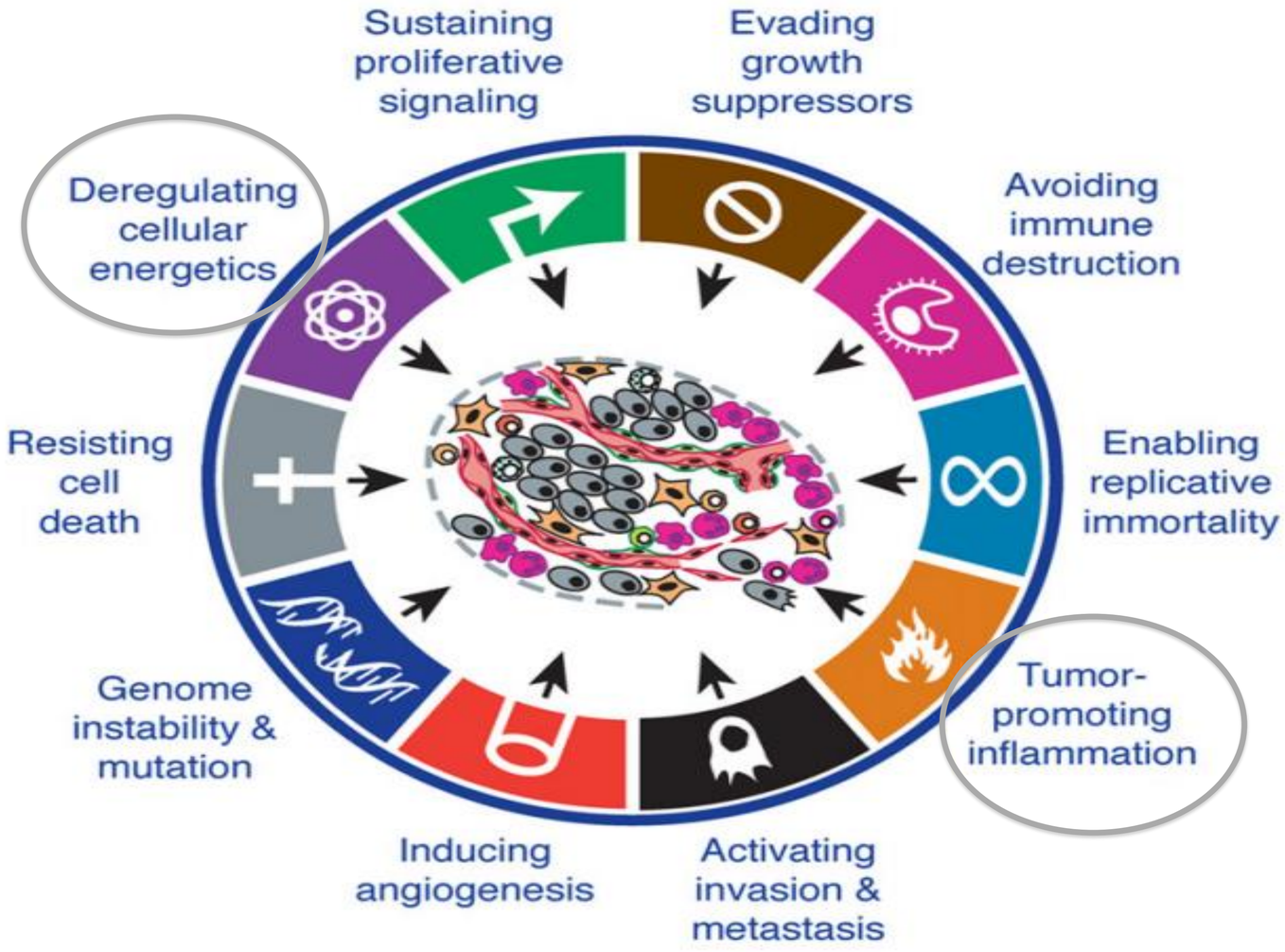
- **Improve diagnosis to treatment time** – current time for lung cancer(NSCLC) from diagnosis to treatment averages 86 days. We aim to help reduce this delay.

BIOMARK USES METABOLOMICS

me·tab·o·lo·mics | \ mə-ˈta-bə-ˌlō-miks : a form of clinical chemistry that uses advanced analytical techniques to measure the complete collection of “***small molecules***” found in a given biological sample . It offers rapid, inexpensive, comprehensive, quantitative characterization of…

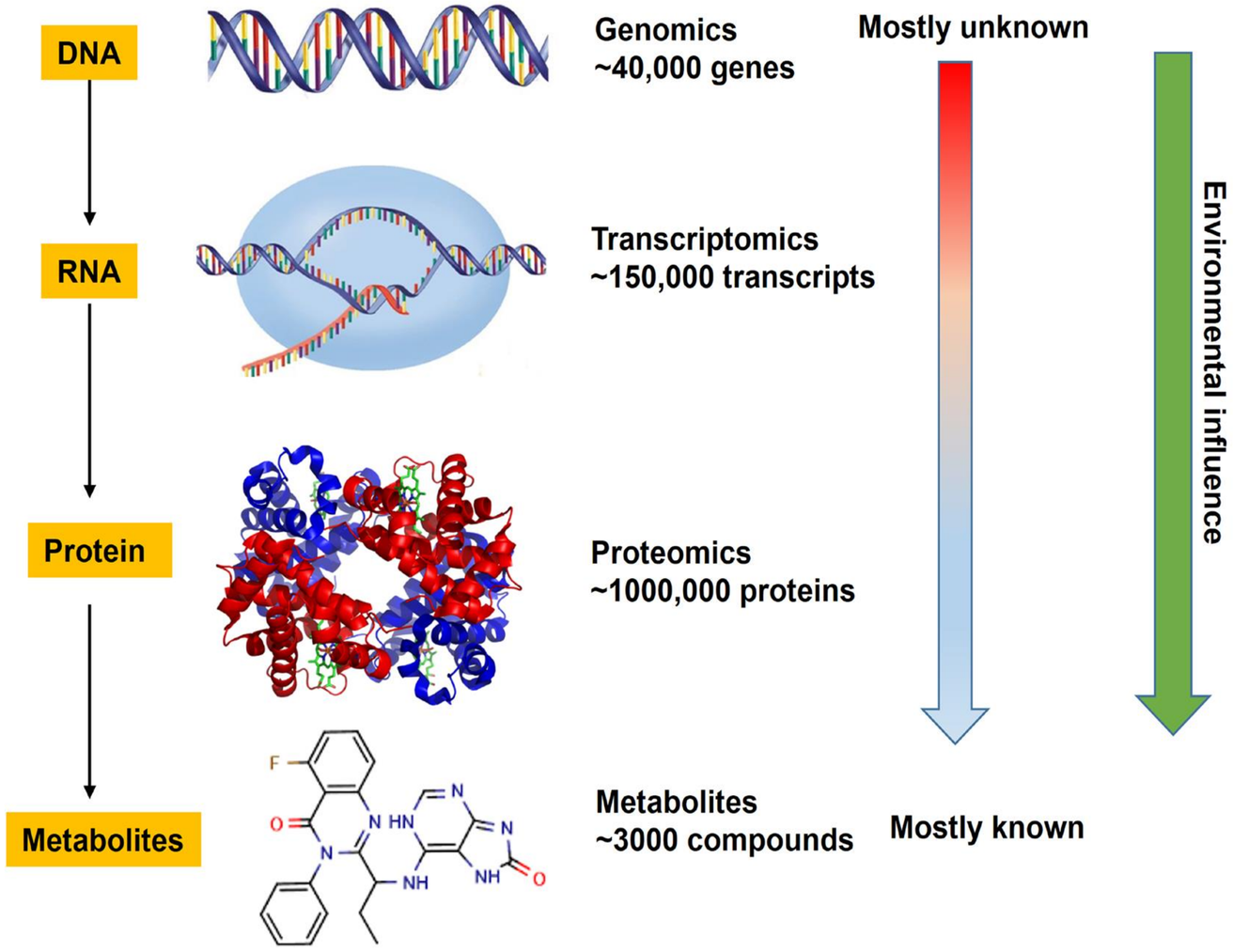
- Primary Metabolites
- Secondary Metabolites
- Microbial Metabolites
- Food Products
- Supplements
- Contaminants
- Drugs

CANCER IS A METABOLIC DISEASE



Source: Hallmarks of Cancer - Hanahan D, Wienberg RA (2011) Cell, 144:646-674.

THE ADVANTAGES OF METABOLOMICS



Metabolic biochemical reaction is an ancient and conservative process, similar across different species, that is strictly regulated by the organism.

Therefore, the metabolic difference between individuals is much smaller than that of genes and proteins.

Metabolomics is a more predictable diagnostic marker.

TECHNOLOGY PLATFORM & PRODUCT PIPELINE

Early Lung Cancer Metabolic Panel Assay (9 biomarkers)

Assay customization- P**rospective** clinical trial underway involving 4000 patients. Assay will be to a Lab Developed Test (LDT) for early lung cancer detection and screening

SSAT-Amantadine Assay using LC-MS/MS tech Study response to treatment for Advanced Lung Cancer treatment and Glioblastoma Multiforme(GBM)

Study expanded to include immunotherapy treatment regime apart from chemo/radio therapies. Studies at 2 sites – IUCP Quebec and CancerCare Manitoba. (Health Canada approved)

Expand markers to other hard to detect and treat cancers –**Head and Neck*, Breast, NETs** Pancreatic and Ovarian Cancers

Head & Neck: To commence sample analysis on first batch in Q2, 2023 (60 samples). Total n=200)
Breast: Case (n=188) vs control (n=72) study completed. Targeted metabolomics performed on a total of 260 blood samples with focus on early stage and TNBC
NETs – Case (n=120) vs control (n=229) – largest reported trial

**Liquid biopsy circulating markers to customize the follow up of head and neck cancer patients for early identification of recurrence/second tumours . Measure of metabolic, methylation markers, viral markers, clinical parameters and radiomic-combinatorial approach .*

CLINICAL STUDIES AND VALIDATION PROJECTS IN PROGRESS

Metabolomic Fingerprint Assay Development:

Early Lung Cancer KOL in Canada, US and Europe

- Completed >800 in an independent retrospective sample studies following 260 trial at IUCP Quebec. Expanded the sample size to include more subtypes, other lung diseases, other morbidities and different cancers. Results were scientifically significant. Presented data at ESMO Paris Sept 2022 and published abstract in Annals of Oncology titled “Metabolomic Profiling for the Early Detection of Lung Cancer”. The results generated interest across Europe, India and Brazil. (Medteq and Sparks sponsored research)
- Submitted abstract to ASCO for June 2023. Revalidated previous discovered 9 biomarkers

- IUCPQ Study 4000 prospective and retrospective studies – Metabolomics, Polygenic risk scores, Radiomics and EGFR . IUCPQ; AZ; Pfizer; BioMark. Meeting kicked off – Feb 2022. 8 hospitals are targeted to participate in the trial. 3000 samples collected from patients to date. New European Partners – France (3 leading institutions) , India and in discussions with 2 institutions in Brazil.(CqDM SynerQic funded research)
- USA Proof of Principle Studies – 200 retrospective studies with Mount Sinai. To commence in May 2023.
- Neuroendocrine Tumours NETs – largest trial conducted on this subtype of lung cancer. Abstract and poster titled abstract titled “Metabolomic Profiling for Pulmonary Neuroendocrine Tumors (NETs)” was presented at USCAP in New Orleans March 2023 (Multi institutional sponsored research).
- Secure lab certification and accreditation status - Target Q3-Q4 2023 to commence launch of the lung cancer lab developed test assay

Breast Cancer

- Retrospective study of 260 samples including major subtypes - Triple Negatives and Receptor status . Results revalidated at 2 sites and involved machine learning. Readout imminent – April/May 2023

Head and Neck Cancer

- Liquid biopsy circulating markers to follow up on head and neck cancer patients for early identification of recurrence/second tumors . Sample size 200 (Already enrolled 100 patients and first sample to be shipped for analysis). Measure of metabolic, methylation markers, viral markers, clinical parameters and radiomic-combinatorial approach . University of Brescia; BioMark; TMIC; CancerCare Manitoba

CLINICAL STUDIES AND VALIDATION PROJECTS IN PROGRESS

Response to Treatment Studies using SSAT1 Assay:

Advanced Stage Lung Cancer (radio and chemo therapies)

- Proof of concept studies. Expanded study scope and site to include immunotherapy. Sites – IUCP Quebec and CancerCare Manitoba. IUCP Quebec funded by Foundation grant while CancerCare Manitoba is supported by Maunders McNeil Foundation

Glioblastoma Multiforme (GBM) – response to treatment and tumour velocity

- CancerCare Manitoba – 11 patients completed trials . Expect to complete Proof of principle by end of May/June 2023. Funded by CHRP.
- In discussions to expand trials at Johns Hopkins and University of Maryland under Dr. G. Woodworth in fall of 2023.

PATENT FAMILY IN USE IN DIFFERENT JURISDICTIONS

SSAT1 Assay Response to treatment in lung and brain cancers

A METHOD FOR ASSAYING THE ACTIVITY OF SPERMIDINE/SPERMINE N1-ACETYLTRANSFERASE

DETECTION AND QUANTIFICATION OF ACETYLAMANTADINE IN URINE SAMPLES

Patent Family 1 & 2

Granted in CA, CN, DE, FR, GB, USA

Lung Cancer Metabolic Panel

METHOD OF DETECTING LUNG CANCER

METHOD OF DETECTING CANCER BASED ON SSAT GENE EXPRESSION

METHOD OF DISCRIMINATING LUNG CANCER PATIENTS

METHOD OF DIAGNOSING EARLY-STAGE NON-SMALL CELL LUNG CANCER

Patent Family 3 - 7

Pending in BR, CA, CN, EU, JP, USA

Patent for family 3 and 4 issued in Japan

GBM Therapeutic Target

GLIOBLASTOMA TUMOR GROWTH INHIBITON BY SAT1 KNOCKDOWN

Patent Family 8

USA Earliest priority date 2021-10-14

Lung Cancer Metabolic Fingerprint Assay

LUNG CANCER – THE BIG PICTURE

Lung cancer - most common cancer in the world for several decades and accounts for 1 in 5 of all cancer deaths.

Worldwide, **three people die from lung cancer every minute**

Currently, **96 % of all nodules discovered** via Low-Dose CT (LDCT) scans **are benign**

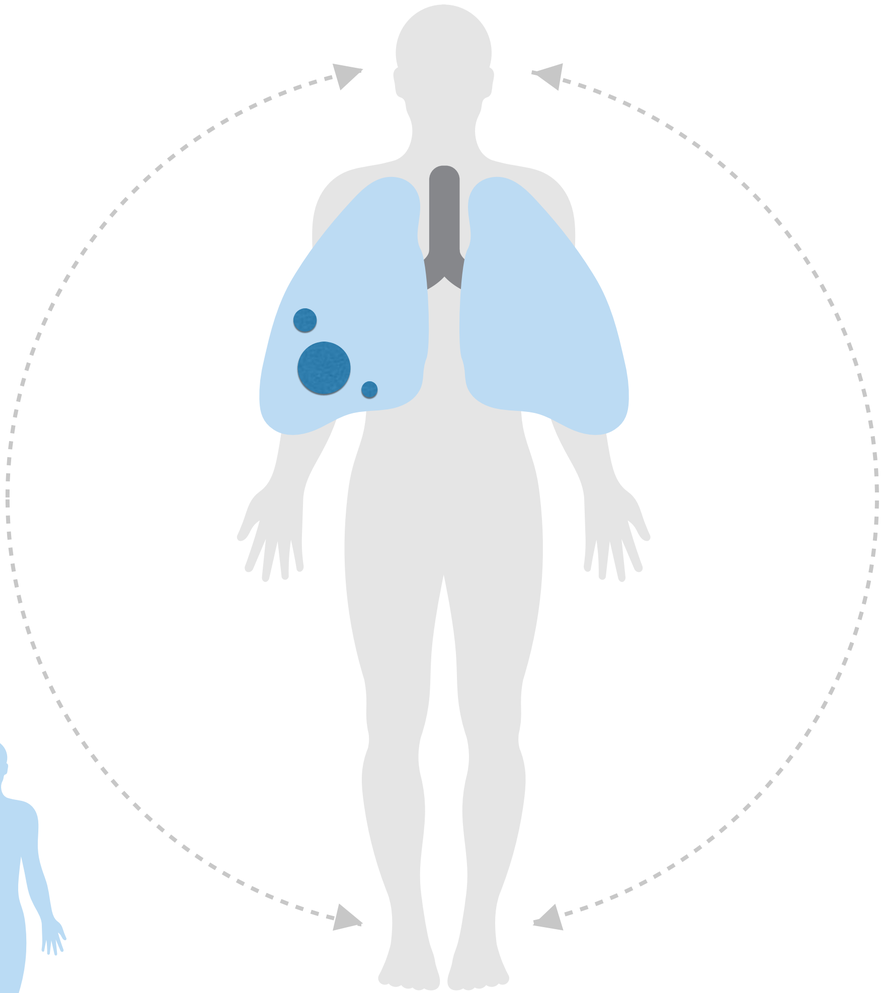
Only 16 % of lung cancer cases are diagnosed at an early stage. As a result, more than half die within one year of diagnosis.

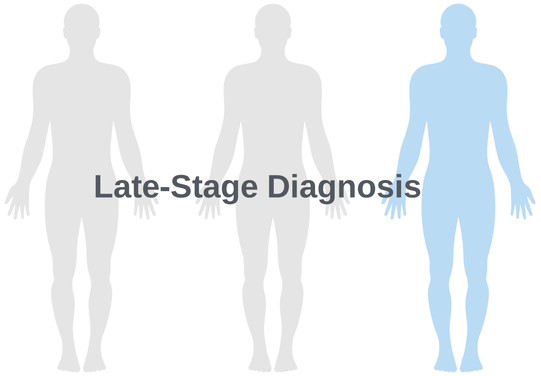
Most common

Deadly

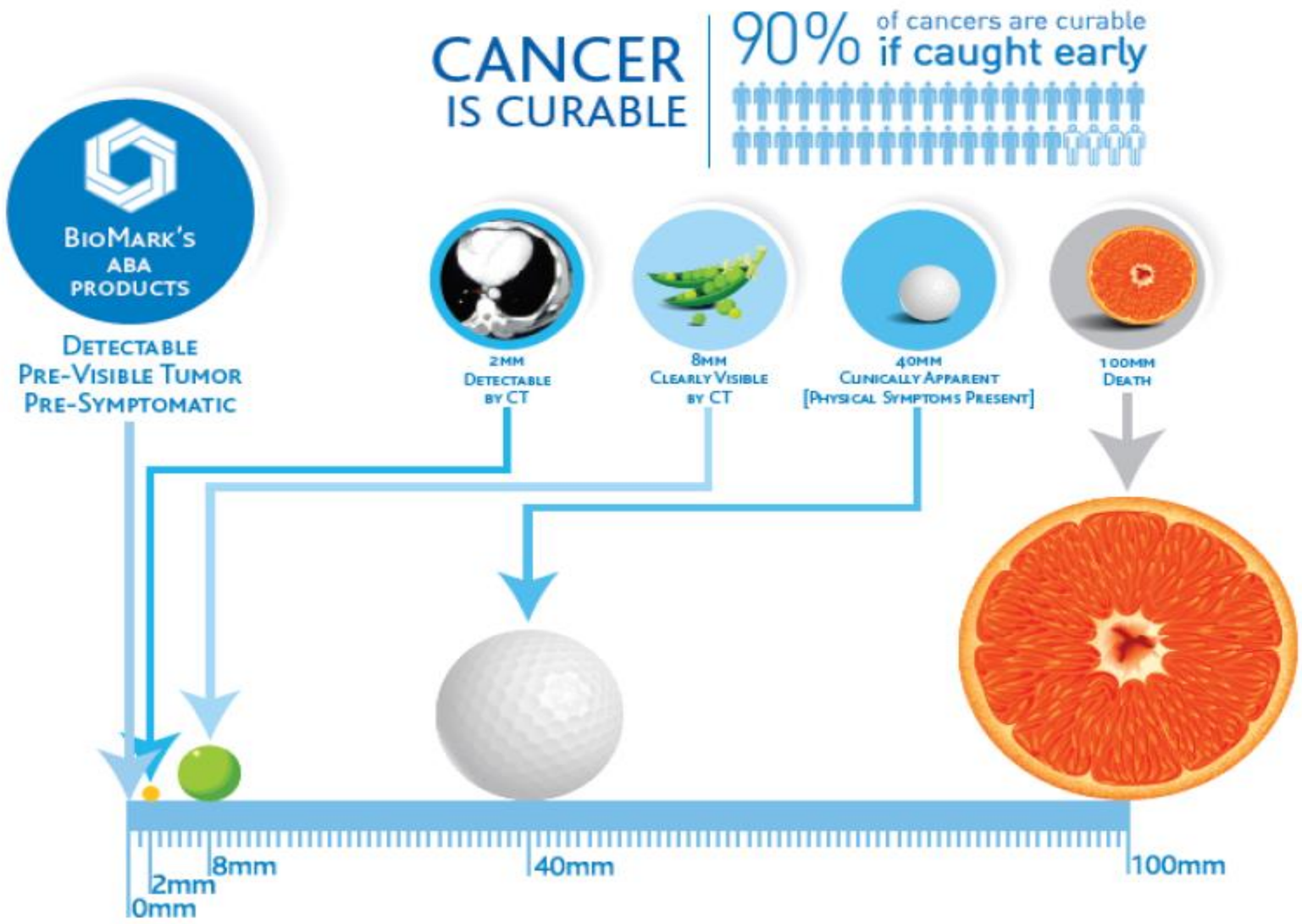
High false positive rates

Late-Stage Diagnosis

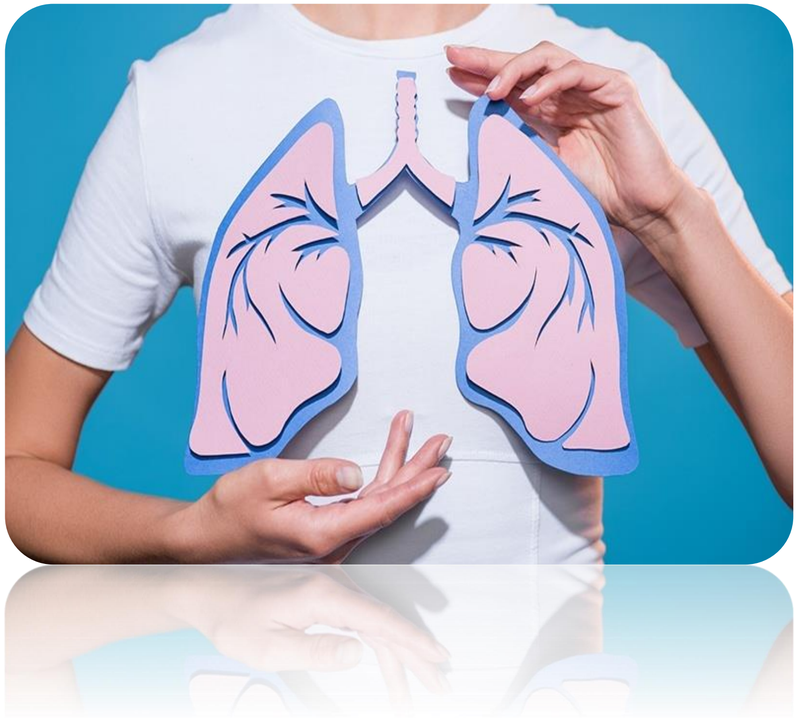




EARLY DETECTION IS CRITICAL TO SAVING LIVES



EARLY LUNG CANCER METABOLIC ASSAY DESIGNED FOR EASY DEPLOYMENT



- Use quantitative mass spectrometry (MS) methods with standard instruments common in diagnostic clinical laboratories across Canada and USA.
- Lung cancer metabolites are easily measured: <20 µL of blood required
- Time to perform the test is under 5 minutes on an MS instrument and LDTD proprietary platform
- Expected cost per test ($100)
- Expected retail price per test ($350)
- Much faster, cheaper and less invasive than any other known or proposed lung cancer test (biopsies, X-rays, LDCT and other molecular based assays).

LUNG CANCER

Lung cancer is the most common cancer in the world for several decades and accounts for 1 in 5 of all cancer deaths

	PROBLEM		OUR SOLUTION
X	DETECTED LATE ONLY 16 % OF LUNG CANCER CASES ARE DIAGNOSED AT AN EARLY STAGE. AS A RESULT, MORE THAN HALF DIE WITHIN ONE YEAR OF DIAGNOSIS	√	STAGE SHIFT FOCUS ON EARLY DETECTION – STAGES I AND II WHERE TREATMENT OUTCOME LEADS TO HIGHER SURVIVAL
X	DIAGNOSTIC DILEMMA CURRENTLY, 96 % OF ALL NODULES DISCOVERED VIA LOW-DOSE CT (LDCT) SCANS ARE BENIGN	√	BETTER CLINICAL CONFIRMATION – BETTER TOOL FOR CLINICIANS HIGH SENSITIVITY AND DIAGNOSTIC PERFORMANCE
X	ACCESSIBILITY UNDERSERVED REGIONS DON'T HAVE THE RESOURCES NEEDED TO PROVIDE IMAGING SOLUTIONS	√	ROUTINE BLOOD TEST EASILY INTEGRATED TO CURRENT SYSTEMS REDUCING INFRASTRUCTURE BURDEN
X	AFFORDABILITY COSTS OF SCAN AND RADIOLOGICAL ASSESSMENTS ARE HIGH	√	$350

Retrospective study discovered metabolomics biomarkers for the early detection of lung cancer

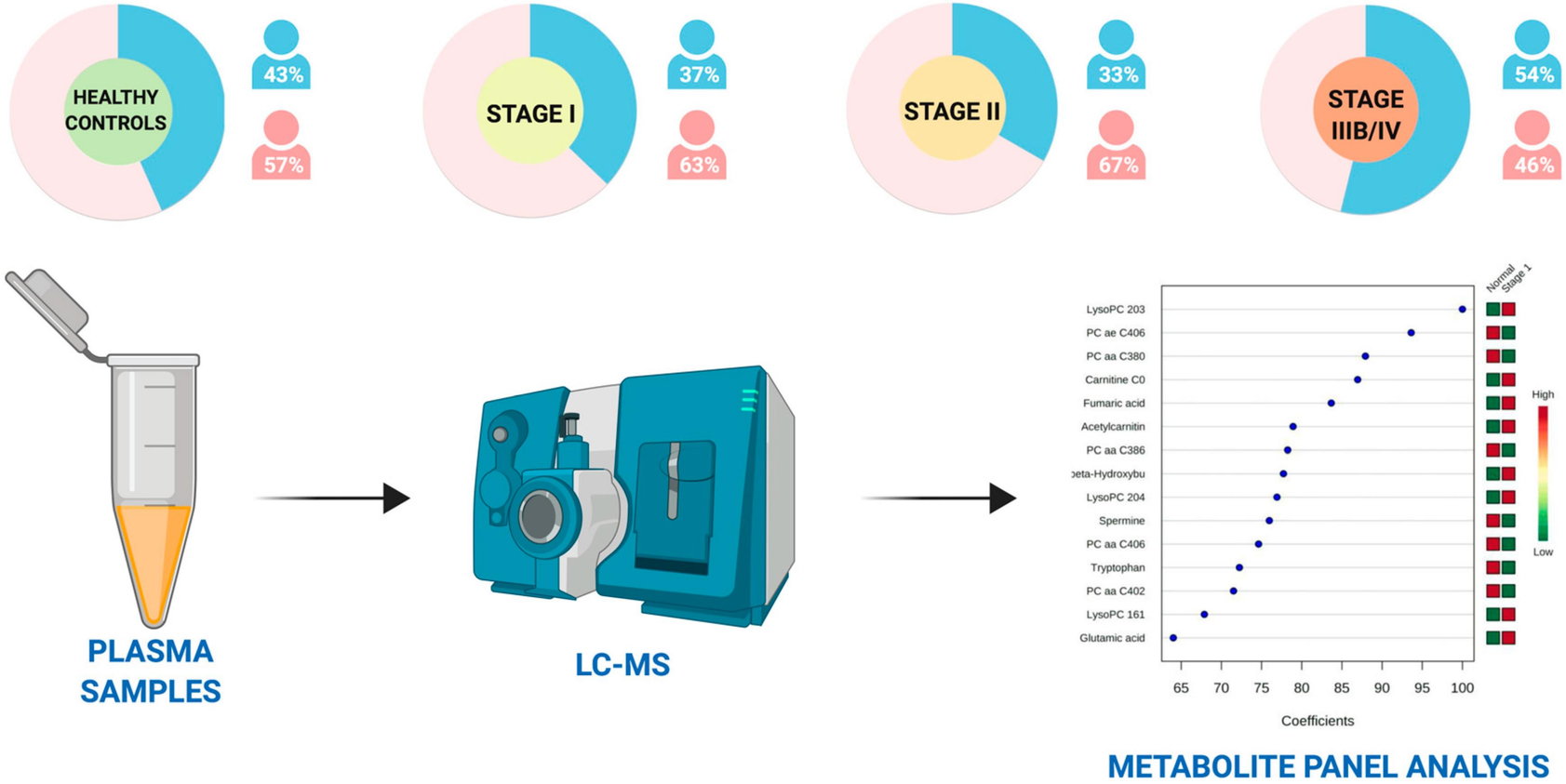
Data Summary

Total Subjects: 257

Healthy : 60

Lung Cancer: 197
(emphasis on Stages 1 and 2)

Metabolomics Analysis:
Human plasma samples* were analyzed using targeted panel of several putative lung cancer biomarkers.



*Samples and data obtained from IUCPQ bio bank

LUNG CANCER METABOLIC PANEL-STRONG PERFORMANCE FOR EARLY-STAGE DETECTION

PERFORMANCE OF LOGISTIC REGRESSION MODEL A			
	AUC	SENSITIVITY	SPECIFICITY
TRAINING/ DISCOVERY	0.974 (0.965 ~ 0.982)	0.937 (0.920 ~ 0.954)	0.922 (0.895 ~ 0.950)
10-FOLD CROSS-VALIDATION	0.959 (0.923 ~ 0.995)	0.919 (0.919 ~ 0.976)	0.900 (0.807 ~ 0.993)

Logistic regression based optimal model for stages I + II NSCLC detection: **metabolites only**

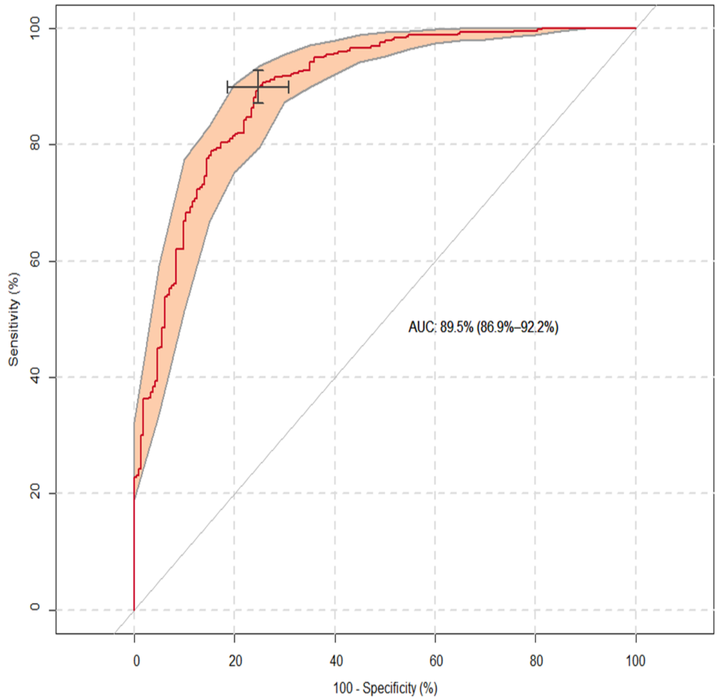
PERFORMANCE OF LOGISTIC REGRESSION MODEL B			
	AUC	SENSITIVITY	SPECIFICITY
TRAINING/ DISCOVERY	0.982 (0.975 ~ 0.990)	0.960 (0.946 ~ 0.974)	0.944 (0.921 ~ 0.968)
10-FOLD CROSS-VALIDATION	0.965 (0.930 ~ 1.000)	0.930 (0.930 ~ 0.984)	0.925 (0.843 ~ 1.000)

Logistic regression based on optimal model for stages I + II NSCLC detection: **metabolites plus smoking history**

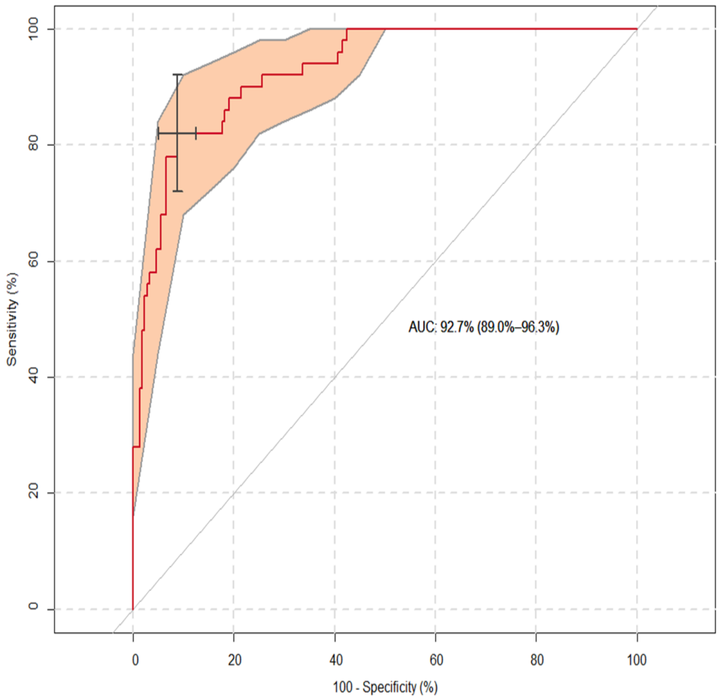
Large-scale retrospective validation study confirmed biomarkers for the early detection of lung cancer

		Case	Control
Age (Median)		65	60
Sex	Male	284 (47%)	116 (54%)
	Female	315 (53%)	98 (46%)
Smoking Status	Current	137 (23%)	28 (13%)
	Former	416 (69%)	97 (45%)
	Never	46 (8%)	89 (42%)
Cancer Stages	Stage I Adenocarcinoma	200 (33%)	
	Stage I Squamous	75 (13%)	
	Stage II Adenocarcinoma	98 (16%)	
	Stage II Squamous	43 (7%)	
	Advanced NSCLC	50 (8%)	
	NETs	120 (20%)	
	Mesothelioma	13 (2%)	
Total		**599**	**214**

Stage I & II NSCLC 9-Biomarker Panel



Stage III & IV NSCLC 9-Biomarker Panel

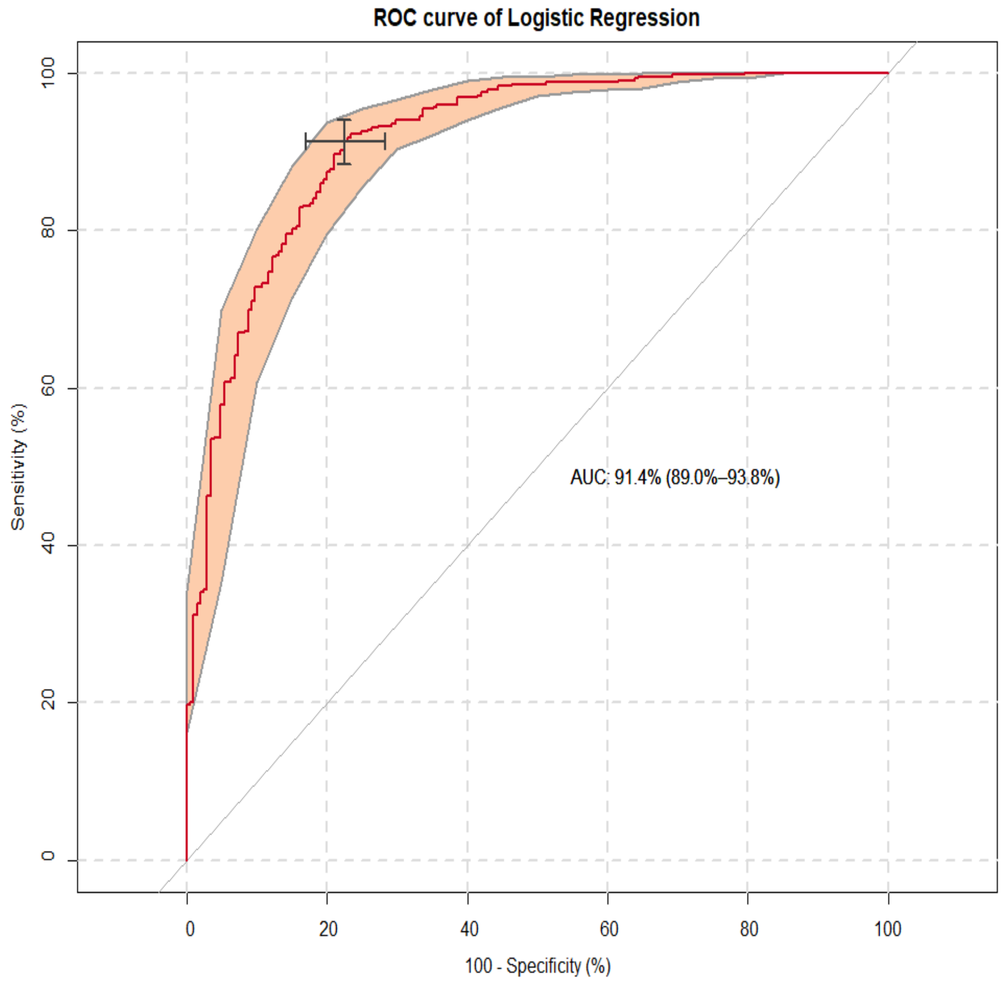


- **The metabolites discovered were robust and continue to demonstrate reproducibility for early-stage NSCLC cancer detection.**
- **Confounding lung diseases did not impact the sensitivity of the assay.**

BioMark DIAGNOSTICS INC

STRONG PERFORMANCE FOR EARLY-STAGE LUNG DETECTION ASSAY

Stage I & II NSCLC 9-Biomarker Panel



SENSITIVITY	91.3%
SPECIFICITY	78%

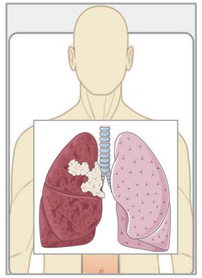
- **The markers discovered can differentiate lung cancer from lung diseases quite reliably.**

- **This validation of previously identified biomarkers in a larger cohort illustrate how metabolomics fingerprinting has the potential to map out early biochemical changes in cancer cells and hence provides an opportunity for faster and more sensitive early diagnosis where treatment can be more effective.**

- **The 9-biomarker panel could enable the establishment of a blood-based routine screening test for smokers at high risk of lung cancer in a cost-effective, accurate and reliable manner.**

LUNG CANCER SCREENING DEMONSTRATION PROJECT

DISCOVERY COHORT



IUCPQ Biobank

4,000 lung lesion patients

- ✓ Clinical data
- ✓ Chest-CT
- ✓ Plasma/buffy coat
- ✓ Tumor tissue

1,000 normal patients

- ✓ Chest-CT

CARTaGENE cohort

12,000 normal patients

- ✓ Genotype

Genetic profile
Polygenic score
EGFR Status

Clinical data

Radiomics

Liquid biopsy
LC-MS profile

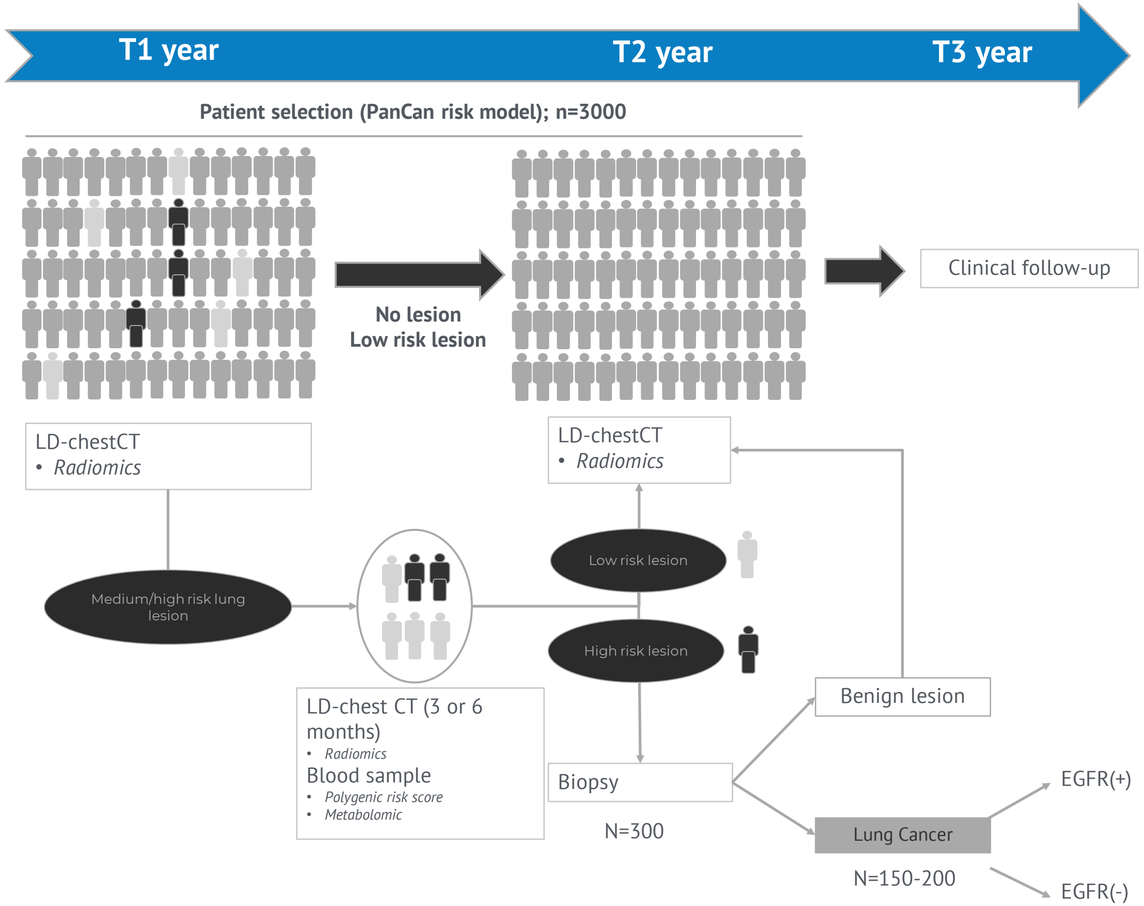
To identify the best predictors of lung cancer risk and EGFR status using data-driven modalities, genetics, blood-based metabolomic and radiomics

AIM 1.1: To build an AI-based lung cancer risk prediction model along with a predictive model for EGFR status using low dose chest CT-scans.

AIM 1.2: To develop a polygenic risk score capturing the genetic component of lung cancer susceptibility and its potential to improve lung cancer risk prediction.

AIM 1.3: To select the optimal panel of blood-based metabolites that predicts the risk of presenting a lung cancer.

Québec VALIDATION COHORT



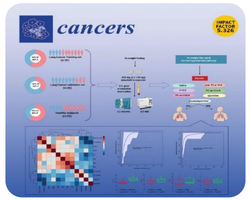
To assess risk prediction models and radiomics-based EGFR status to improve the management of indeterminate pulmonary nodules and streamline treatment for lung cancer patients.

AIM 2.1 Assess risk prediction models to improve the management of indeterminate pulmonary nodules.

AIM 2.2 Assess radiomic-based EGFR status to streamline treatment and guide adjuvant therapy.

COMMERCIALIZATION ROADMAP OF LUNG ASSAY IN QUEBEC

Lung Cancer Metabolic Panel Development Timeline



Stage I/II Discovery Study Publication

Open R&D Facilities in Qc

Internal Assay V&V

cqdm SynergiQc

INSTITUT UNIVERSITAIRE DE CARDIOLOGIE ET DE PNEUMOLOGIE DE QUÉBEC

AFFILIÉ À UNIVERSITÉ LAVAL

AstraZeneca

Commence Lung Cancer Screening Validation CQDM (4000 samples)

Revenue

Present data to regulatory agencies

2020 ***2021*** ***2022*** ***2023***

Partnership with Phytronix's LDTD technology

Phytronix

Clinical Lab Equipment purchase

SCIEX

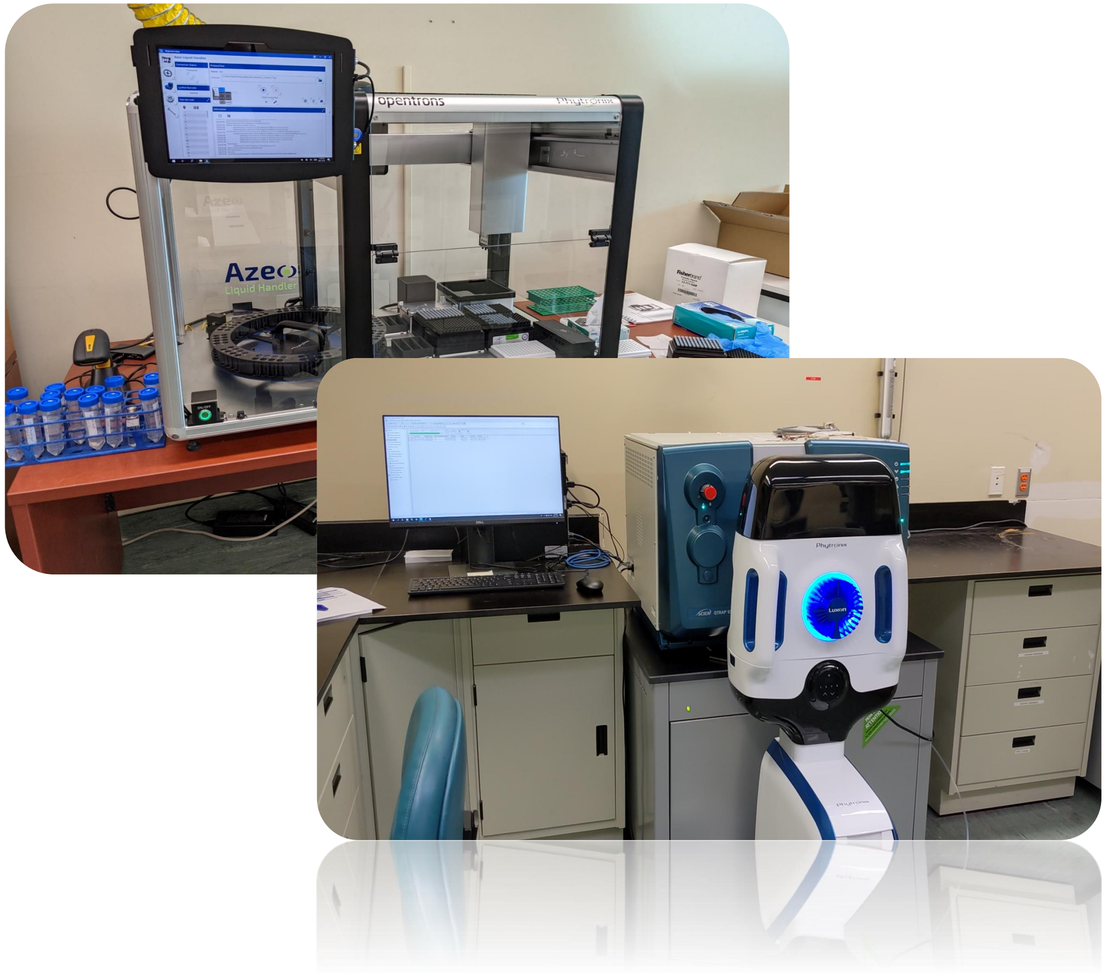
Complete Retrospective Validation Medteq+ (1200 samples)

MEDTEQ IMPACT

ISO 15-189 compliant QMS audit

Commercial Launch initially in Quebec, Canada

FULLY INTEGRATED SYSTEM



- Robotics and Automated Sample handling
- Faster and Cleaner Extraction
- High throughput: up to 1500 tests per day
- Sample extraction to analysis < 45 min
- Highly sensitive – low limit of detection levels
- Multiple analysis on same sample
- Sample required < 100uL

ACTIVITIES TO INTRODUCE AND GROW EARLY LUNG CANCER LAB DEVELOPED TEST (LDT) ASSAY

- Achievement of ISO -15189 accredited lab services certification in Quebec to accommodate client sample analysis
- Establish beachhead in Quebec at IUCPQ and expand screening services across Canada, US, S. America and Europe
- Discuss research and validation collaboration with NIH and other entities
- Discuss reimbursement with private insurers – UnitedHealth Group, BlueShield and Kaiser Permanate etc.
- Build / acquire or partner in US to offer screening services
- Leverage partners with regulatory, lab infrastructure, distribution and reimbursement support capabilities to move into international markets using licensing agreements (e.g. France, Germany and Brazil)
- Collaborate for impact – seek partners to increase services through MultiOmic offerings that improve outcomes and facilitate research.

REGULATORY PATHWAY

Proposed Assay – Lab Developed Test (LTD) is a type of in vitro diagnostic test that is designed, manufactured and used within a single laboratory. The labs need to have ISO 15-189 (Canada) and CLIA (US) certification for high complexity test

Rationale:

- Easier route to introduce the test
- Many tests offered using this designation. - LabCorp/ Quest/ Mayo Clinic
- Own knowhow
- Defined expansion channels
- Have internal expertise in developing, commercializing and marketing LDT
- Have internal processes and validated data to reduce regulatory scrutiny

REIMBURSEMENT

Drivers

- Cost vs other molecular and imaging modalities
- Existing CPT code* and AMA approval – MDM (Medical Decision Making) for high complexity test aided by algorithms
- Data – lower false +ve rates – lower waste – Good Positive Predictive Value - PPV
- CLIA certification and quality of lab

Key Steps

- Understand the existing barriers to screening process.
- Work with payors at onset to understand what evidence is needed
- Demonstrate value of the test
- Educate the payor community on the utility and value to patient health
- Involve health care providers and patients

*The Centers for Medicare & Medicaid Services (CMS) has authorized a screening benefit for lung cancer using low dose computed tomography (LDCT) scanning. There are two CPT/HCPCS codes associated with this benefit: G0296 for the initial visit and 71271 for the scan and subsequent intervention. The descriptions for these codes are:

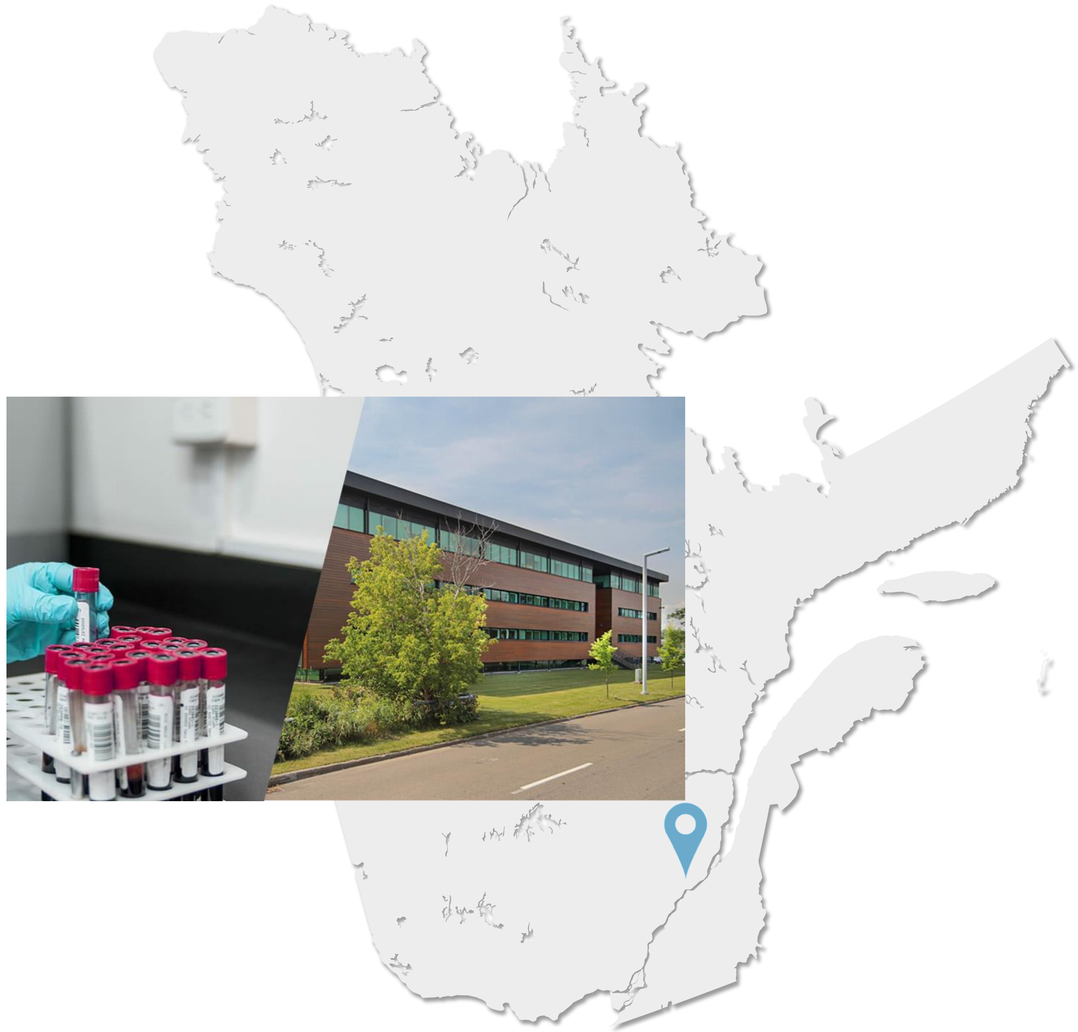
•G0296 - Counseling visit to discuss need for lung cancer screening using LDCT (service is for eligibility determination and shared decision making)

•71271 - Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)

Independent Diagnostic Testing Facilities (IDTFs)

CATALYSTS IN Q1-Q3 2023

- Completed 1200 retrospective early lung cancer analysis and data readout –Presented interim data at ESMO 2022. Abstract published in Annals of Oncology Journal.
- Recruited over 2000 patients for the multimodal early lung cancer 4000 patient trial involving AZ; Pfizer; IUCPQ; Other international centres and 8 hospitals across Quebec.
- Sign MOUs and new collaborations in N. America, Europe , Brazil and India with leading medical institutions
- Commence clinical trails at IUCPQ on immunotherapy treatment for advanced stage lung cancer sponsored study
- Secure Quebec lab ISO accreditation status by Q2/Q3 2023
- Initiate business development activities in USA
- Present data at major conferences – USCAP/ASCO/ AACR

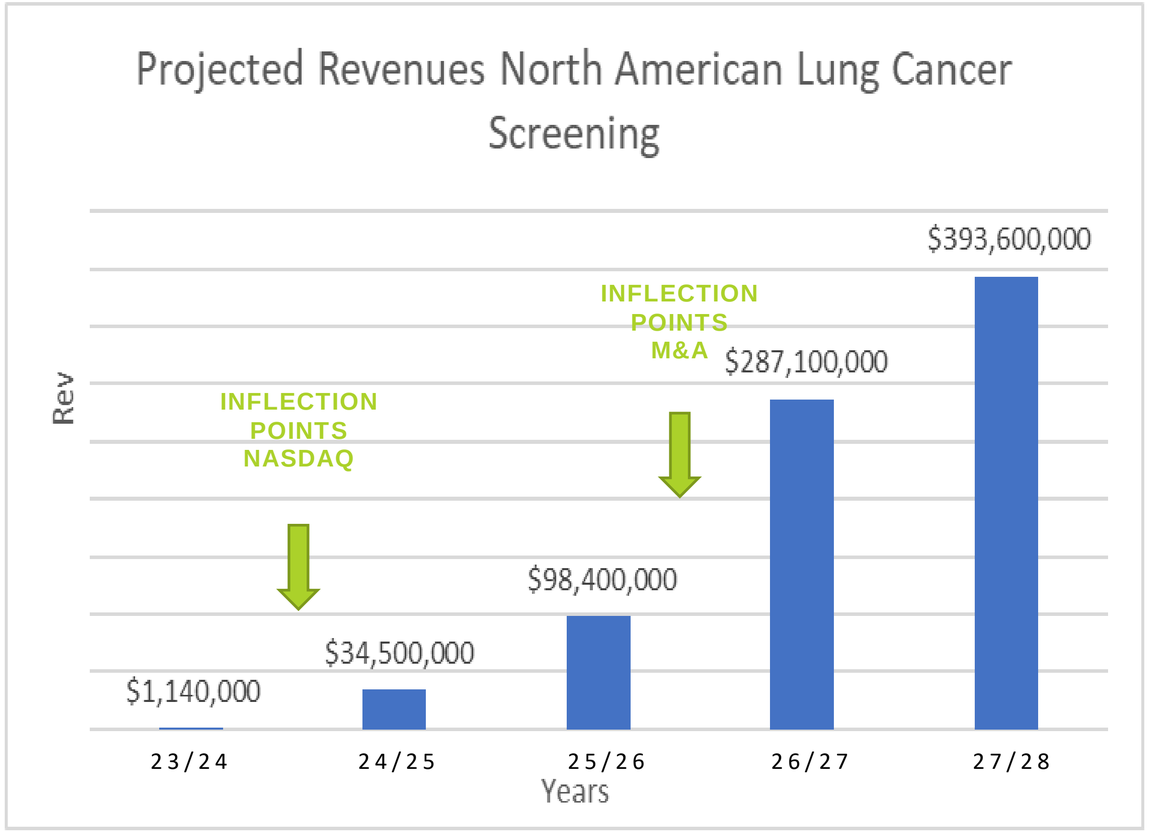


Business Model for Early Lung Cancer Detection

ACTIVITY	MARKET	REVENUE SOURCE	TIMING
PROVIDE TEST SERVICE FROM CERTIFIED CLINICAL LAB OPERATION IN QUEBEC. USE CAPACITY TO SERVICE N.EASTERN CORRIDOR OF USA	QUEBEC – CANADA; NORTHEAST USA LUNG CANCER SCREENING	• DIRECT SALES OF LDT TEST	2023/24
DIRECT SALES ASSAYS FOR LUNG CANCER TO CLIA LABS IN US- MID-ATLANTIC, SOUTHWEST – LEVEARGING STATE FUNDING TO ESTABLISH CLIA LABS	USA LUNG CANCER SCREENING	• DIRECT SALES OF LDT TEST	2024/25
LICENSE AND TECHNOLOGY TRANSFER	EUROPE SOUTH AMERICA CHINA & INDIA	• TECHNOLOGY TRANSFER • JURISDICTION RIGHTS • ROYALTY	2024/25

Potential Revenue

Total North American Market Valued at $4.4B



AT RISK POPULATION	23/24	24/25	25/26	26/27	27/28
QUEBEC - 380K	1%	5%	10%	15%	20%
ONTARIO- 600K		2%	5%	10%	12%
ALBERTA- 200K		2%	5%	10%	12%
OTHER- 200K			5%	10%	10%
US- 16M	0.0%	0.5%	2%	5%	7%

Addressable Market – 16 million at risk in US and 1.8 million in Canada

Current lung cancer screening rate in US – 5%; Canada has no national lung cancer screening program

Net revenue per test - $300

USE OF FUNDS TO SET STAGE FOR REVENUE GENERATION

Private Placement up to $5M CAD in common shares + warrants

- High-complexity Molecular Lab Operation and Certification
- Human resource and infrastructure
- General Operating costs and Market IR
- US and International Clinical Trial in Lung and GBM
- Regulatory, Reimbursement and Market Access
- R&D for other applications and Intellectual property

COLLABORATORS

STRONG TAILWINDS

- Current lung cancer screening rates in US is estimated at 5%
- Limited access to LDCT especially in rural communities
- Active VA screening programs seeking better screening technology for at risk veterans across the country. Program under being funded by NCI
- Cancer Moonshot has been reignited and aims to address inequities within the US by improving access to cancer screening and support in early detection initiatives
- Missed screening due to Covid - 19. Over 9.5 million screenings missed
- Era for faster adoption and smoother regulatory acceptance

IDEAL CHARACTERISTIC MARKET –HOSPITALS AND MEDICAL INSTITUTIONS

- Rural Communities*
- Inner-City Communities
- Low-to-Moderate Income Areas
- Underserved Populations (Minority, Female, Veteran)
- Medically Underserved Areas (MUAs)
- Health Professional Shortage Areas (HPSAs)

*Rural populations tend to have lower cancer screening rates, higher incidence rates of potentially preventable cancers, more advanced stage cancer at diagnosis, treatment that is less concordant with guidelines, and higher mortality rates.[7]

WHAT DRIVES THE MANAGEMENT CULTURE ?

- Collaborate For Impact – Seek and value different perspectives and experiences to shape better outcomes.

- Stay Curious – Seek to understand and continuously innovate for positive impact.

- Perform and deliver

MANAGEMENT TEAM

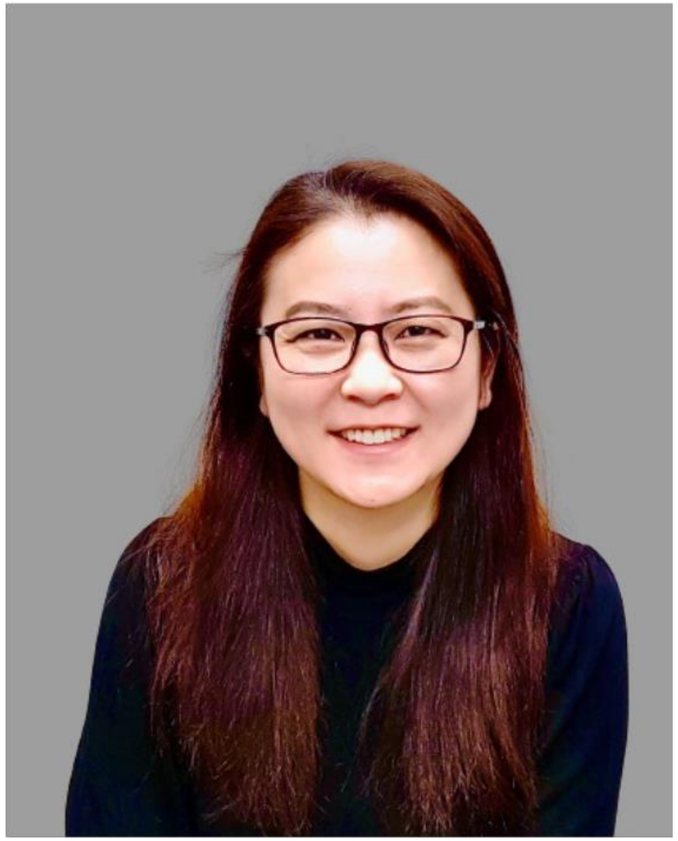
Rashid A. Bux - Founder & CEO

Rashid Ahmed - Founder and CEO of BioMark Diagnostics Inc, started his journey into the medical sector as a science student at Nairobi University. He holds a Master of Business Administration from the University of Western Ontario and a Bachelor of Science in Business Administration with a concentration in 3 majors from the Miami University in Ohio. Rashid is the co-founder and COO of *Optima Health Solutions*, a non-invasive orthopedic spine treatment centre, and has helped establish 25 treatment centres in twelve countries. The technology was developed to offer the most advanced treatments of pain from back, neck and joint conditions. The treatment uses precise sound-generated waves to treat pain conditions of the back, neck, joints and nervous system.

BioMark on the other hand is an oncology-focused company, based in Vancouver, BC. Started after a family member was diagnosed with late-stage cancer; a tragic incident that revealed to Rashid the deep need for predictive accuracy in early-stage cancer diagnosis.

He decided to license the first platform from the University of Manitoba in 2006 and managed to translate the discovery into a clinical application. The 14-year journey has been inspirational and transformative in the development of BioMark’s scientific and technical knowledge. The scientific mantra at BioMark is to invest in great science to yield trusted clinical outcomes.

MANAGEMENT TEAM



Guoyu Huang – CFO

Guoyu (Gina) Huang, been a management team member of BioMark Diagnostics Inc. since 2013 where she has been instrumental in establishing a robust and transparent corporate structure. Her exceptional ability and diverse experience allow her to examine and understand business needs and to deliver comprehensive solutions. Her international orientation allows her to engage effectively with individuals from diverse backgrounds.

Prior to joining BioMark, Ms. Huang managed her own consulting firm, which offered financial and market-related services that are directly invested in various high-tech start-ups. She obtained her Master of Business Administration from Vancouver Island University and a Master of Science from the University of Hertfordshire. She received training in Good Clinical Trial Practices in Saint Boniface Research Hospital and attended additional courses in Financing, Governance and Compliance at Simon Fraser University, topping off her education with a certifying program in the Real Estate Trading Service Licensing at the University of British Columbia.

MANAGEMENT TEAM

Dr. Jean-Francois Haince - CSO and GM

Dr. Haince, holds a PhD in Cellular and Molecular Biology from the Faculty of Medicine at Université Laval. He cumulates over 15 years of experience in cancer research and has authored over 20 peer-reviewed scientific publications. Dr. Haince also managed a multidisciplinary team of experts at the Université Laval, technology transfer office. His role was to provide advice and project management support for the development and deployment of cutting-edge research innovations.

During his term at DiagnoCure (2007 - 2015), he was responsible for the development of new molecular diagnostic tests, from product design to clinical validation.

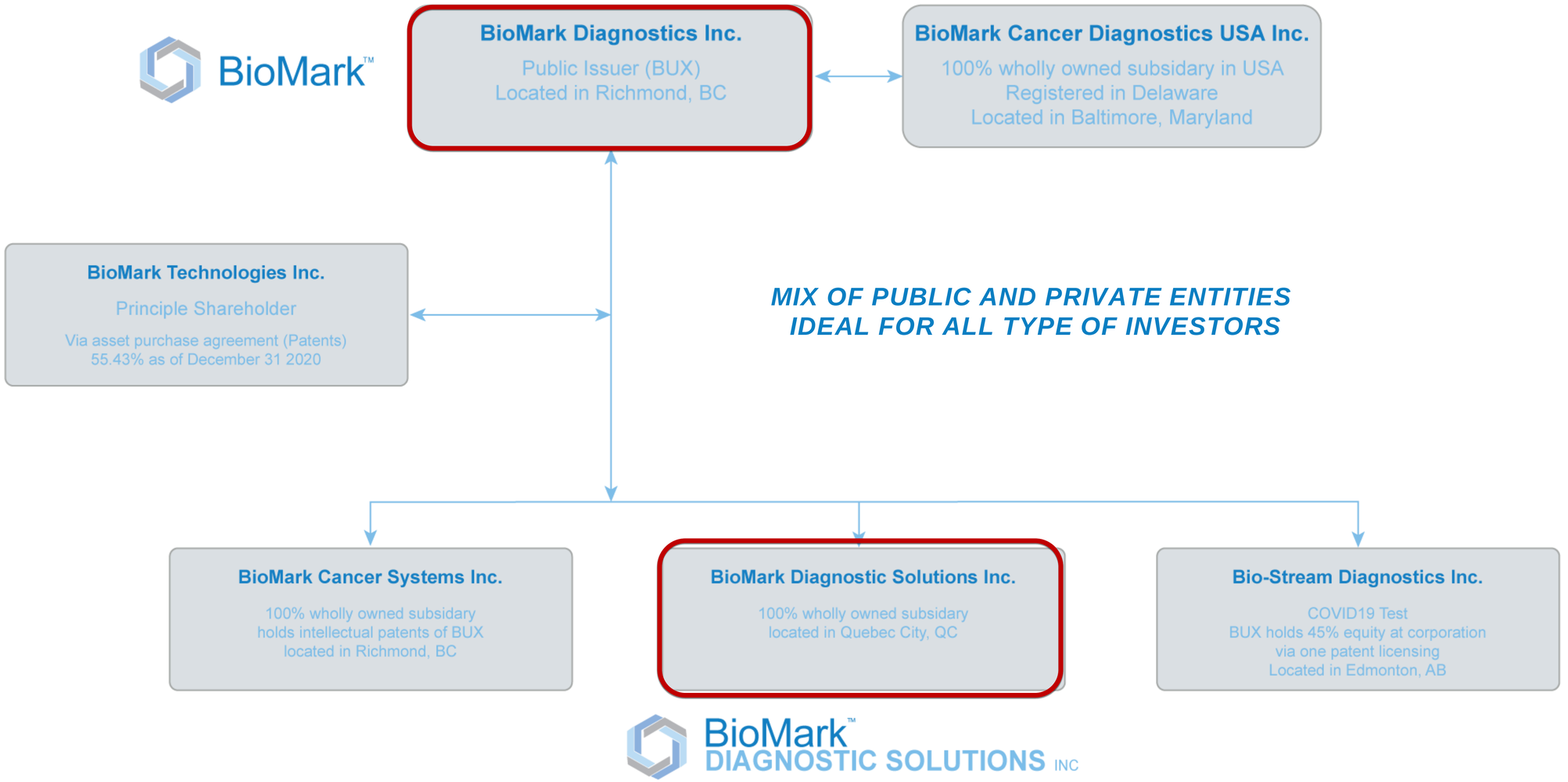
He sits on the Research and Innovation Committee at the l'Institut National du Sport du Québec, advising the scientific director on all issues related to its scientific and technical activities.

ADVISORS

Strategic and Scientific Advisors

Mr. Alfred R. Berkeley – Strategic and financial advisor
Dr. David Wishart – Professor, Depts. of Computer Science and Biological Sciences, University of Alberta
Dr. Philippe Joubert – M.D. Anatomopathologist at the Quebec Heart and Lung Institute (IUCPQ-UL)
Dr. Christian Rolfo - Professor and Assoc. Director for Clinical Research, Icahn School of Medicine at Mount Sinai
Dr. Myron L. Weisfeldt – M.D., University Distinguished Service Professor, Professor of Medicine, The Johns Hopkins Hospital
Dr. Donald Miller – Professor, Department of Pharmacology and Therapeutics University of Manitoba

BIOMARK CORPORATE STRUCTURE



BIOMARK CAP TABLE SUMMARY

- Trading Symbols: **CSE: BUX / OTCMKTS: BMKDF / FSE: 20B**
- Common Shares Issued and Outstanding: **83,036,229**
- Warrants (@ $0.45): **6,177,579**
- Options (@ $0.15 - $0.30): **4,135,000**
- Insiders ownership: **68%**
- Capital Raised (to-date): **CAD $ 19 M**

KEY TAKEAWAYS

- Strong diagnostic platform for hard to detect and treat cancer
- Lung cancer assay near commercialization.
- Initiating business development and partnering activities as global lung cancer cases expanding
- Significant near-term data readout on early lung cancer
- Large addressable global market.
- Defined route to revenue.
- Robust IP portfolio on quantification and algorithms. Strategy and approach is defensible
- Execution focused and disciplined team with value creating mindset

Contact Details

Rashid Bux

Founder and CEO

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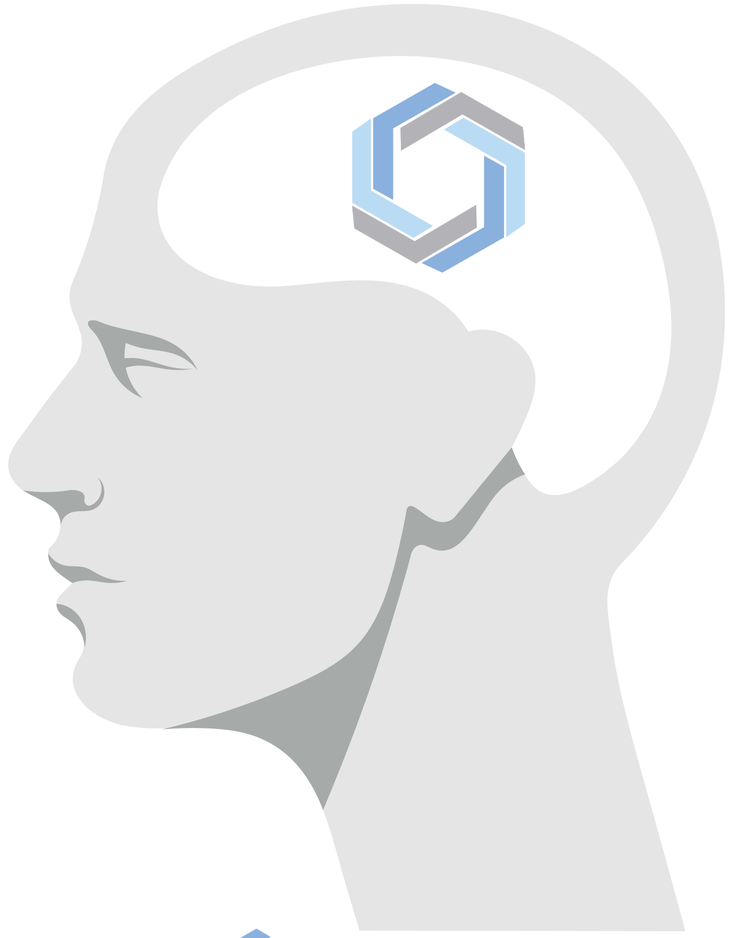
www.biomarkdiagnostics.com



BioMark™

A NEXT GENERATION COMPANY
POWERED BY METABOLOMICS AND
ARTIFICIAL INTELLIGENCE