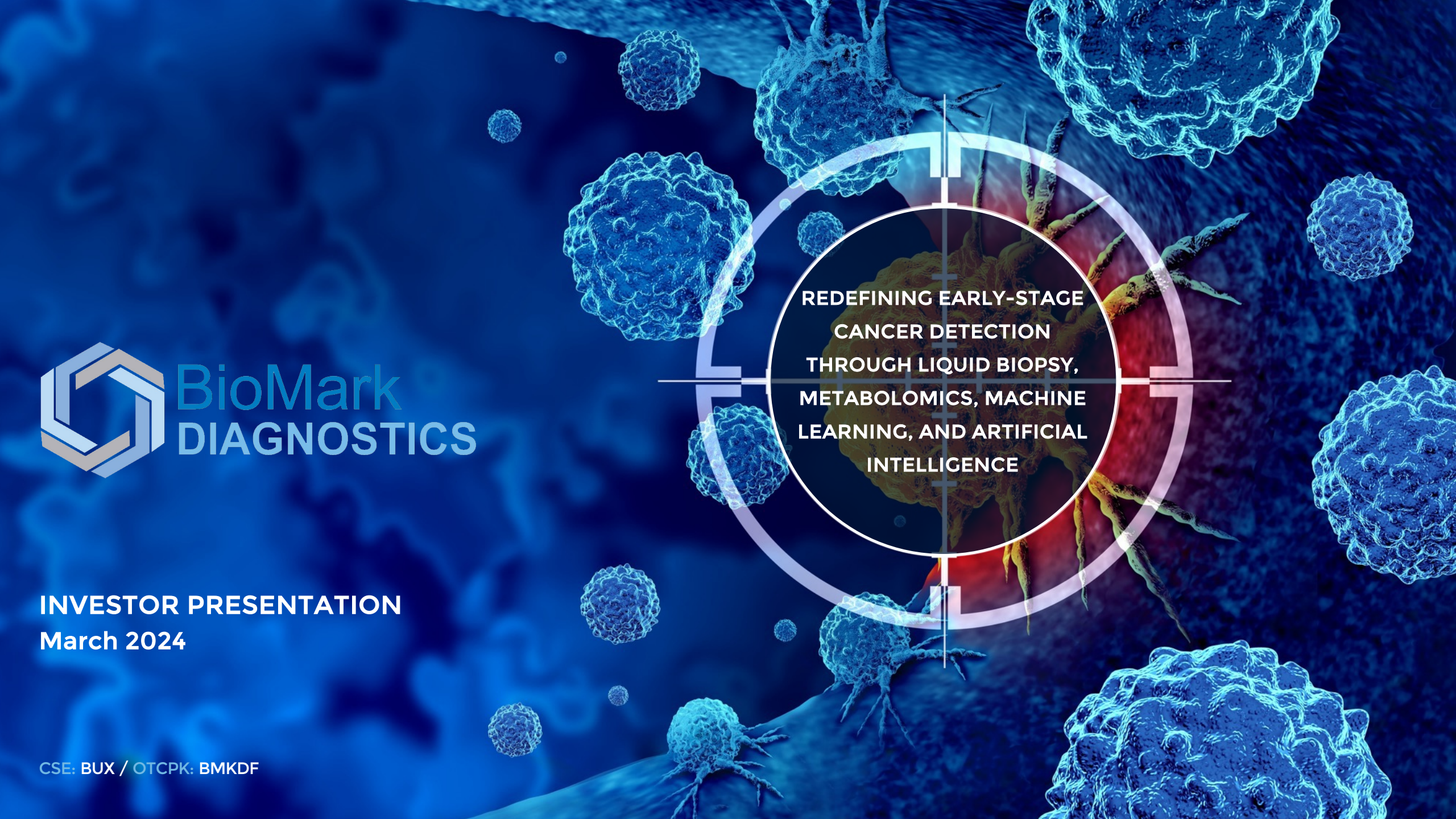

BioMark DIAGNOSTICS

INVESTOR PRESENTATION

March 2024

CSE: BUX / OTCPK: BMKDF

FORWARD LOOKING STATEMENTS

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This presentation contains forward-looking statements about us and our industry that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this presentation, including statements regarding our future financial condition, results of operations, business strategy and plans, and objectives of management for future operations, as well as statements regarding industry trends, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potentially,” “predict,” “should,” “will” or the negative of these terms or other similar expressions. We have based these forward-looking statements largely on our current expectations and projections about future events and trends that we believe may affect our financial condition, results of operations, business strategy and financial needs.

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You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance or achievements. Except as required by law, we undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation or to conform these statements to actual results or to changes in our expectations.

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WHO WE ARE

- Founded in 2014
- Developer of a liquid biopsy-based platform using metabolomics while leveraging machine learning and AI to develop robust panel of biomarkers
- We have over 25 patents across 9 distinct “families” – addresses cancer diagnosis and quantification of metabolites (utility, algorithms, process)
- Raised CDN$9.2M in capital and secured CDN$6.8M in grants/non-dilutive financing to date

Our purpose is to help conquer cancer with innovative liquid biopsy diagnostic tests that can:

- Accurately detect early stage cancer
- Shorten time from diagnosis to appropriate treatment
- Guide appropriate cancer treatment
- Monitor for response to treatment and cancer recurrence
- Be implemented easily and affordably in existing healthcare landscape

BioMark Diagnostics (CSE: BUX / OTC: BMKDF) (Note: All $ = CDN)	
Stock Price (as of 3/15/24)	$0.31
Shares Outstanding	90.9M
Market Capitalization	$28M
Warrants (@$0.45)	13.8M
Options (@$0.30-$0.40)	6.4M
Insider Ownership	56.8%

INVESTMENT HIGHLIGHTS

Big Market

- Primary focus is on development, refinement, and commercialization of blood-based liquid biopsy diagnostic assay (laboratory developed test, or LDT) that can be reliably used to screen for early stage lung cancer, as low-dose computed tomography (LDCT) “standard of care” has many shortfalls
- Large addressable market - 16M high-risk patients in U.S. and nearly 2M in Canada alone
- $4B lung cancer screening market in N. America and currently only 5% penetrated by LDCT “standard of care” imaging

Data

- To date, an abundance of clinical evidence confirms that competing NGS liquid biopsy detection platforms are simply not sensitive enough to reliably detect early-stage lung cancer and not well-suited for screening large populations
- “Data is King” - we have extensive data already that suggests we can detect Stage 1 and 2 lung cancer with sensitivity >90% using our metabolic platform (and powered by ML and AI)
- Expected to release data from large, multimodal, early detection lung cancer clinical trial (>5,000 patients) involving Astra Zeneca and Pfizer Canada and seven Canadian hospitals in 2Q24

Business Model

- Our centralized lab is fully equipped and automated and is expected to be CLIA and ISO certified in 2024 to begin commercial operations for lung cancer detection LDT with high-throughput capacity (>1,000 samples/day)
- Our diagnostic platform can be extended beyond simply cancer screening and also to other cancer types beyond lung, e.g. breast, GBM, head and neck
- Initial launch in Canada with Go-to-Market strategy for U.S. to closely follow

BIOMARK LEADERSHIP

Rashid A. Bux | Founder, CEO, and Chairman

- Co-founder and COO of Optima Health and KKT Spinecentres
- Founder and President of Homeworks
- MBA from University of Western Ontario
- B.S. in Business Administration from Miami University, OH

Guoyu (Gina) Huang | CFO

- Founded financial consulting firm
- MBA – Vancouver Island University
- M.S. – University of Hertfordshire

Dr. Jean-Francois Haince | CSO

- Over 15 years of experience in cancer research
- Authored over 20 peer-reviewed scientific publications
- Responsible for development of new molecular diagnostic tests at DiagnoCure
- Ph.D. in Cellular and Molecular Biology – Faculty of Medicine at Université Laval

Dr. Bramhanand Ramjiawan | Director

- Director of Research Innovation and Regulatory Affairs and Director of Research, Asper Clinical Research Institute at St. Boniface Hospital in Winnipeg, Canada
- Adjunct Professor of Pharmacology and Therapeutics for Faculty of Medicine at University of Manitoba
- Reviewer for U.S. NIH and for EU Commission on Health Science and Ethics

Brian Kai-Ming Cheng | Director

- Over 31 years in technology development and commercialization at Monsanto, Covidien, and Sensient Pharmaceutical Group
- Has over 35 patents in drug development, manufacturing processes, and formulation and helped develop novel processes and drug candidates for Monsanto

STRATEGIC AND SCIENTIFIC ADVISORS

Strategic

Mr. Alfred R. Berkeley
Strategic and Financial Advisor

Vice Admiral Kevin Cosgriff
Innovation and Investment Strategy

Dr. Randolph Ford
AI and ML Strategic Advisor

Theresa Peterson
Government Liaison and Community Engagement

Scientific

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 Service Professor, Professor of Medicine, The Johns Hopkins Hospital

Dr. Donald Miller
Professor, Department of Pharmacology and Therapeutics University of Manitoba

YOU MAY NOT HAVE HEARD OF US… BUT MANY OTHERS HAVE

BioMark DIAGNOSTICS

Disclosed Pharma & Equipment Collaborators

AstraZeneca · Pfizer · Phytronix · RUBIX life sciences

Disclosed Hospital Collaborators

Mount Sinai · Hôpital St-Boniface Hospital RECHERCHE • RESEARCH Division of Neurodegenerative Disorders · INSTITUT UNIVERSITAIRE DE CARDIOLOGIE ET DE PNEUMOLOGIE DE QUÉBEC affilié à Université Laval · CancerCare Manitoba ActionCancerManitoba

Disclosed Academic Collaborators

HCL Hospices Civils de Lyon · University of Alberta · UBC The University of British Columbia · University of Brescia · Harrisburg University of Science and Technology

Canadian Collaborators (Healthcare & Government Agencies)

Le Camp Incubateur · Accélérateur · cqdm SynergiQc · TMIC The Metabolomics Innovation Centre · MEDTEQ+ L'innovation pour la santé / Innovation for health · BIOTECanada · CNETS Canadian Neuroendocrine Tumour Society · CIHR IRSC Institute of Cancer Research / Institut du cancer · RSRQ Réseau de recherche en Santé Respiratoire du Québec · Fondation Brain Canada Foundation · Canadian Cancer Society · MCF My Charity Fund · Research Manitoba

KEY MILESTONES AHEAD

BioMark DIAGNOSTICS

Seminal data expected by mid-'24 from early detection lung screening trial in 5,000+ patients across Canada

Strong data (i.e. sensitivity >90%) in Stage 1 and 2 patients could be pivotal for potential partnership discussions

Our Quebec lab will be CLIA and ISO certified prior to accepting commercial patient samples – both certifications expected to be completed by 2H24

First commercial revenue from early detection lung cancer assays expected in 2024 following lab certification

Numerous publications of clinical trial data expected in 2024 - lung cancer data primarily, but also breast cancer and GBM data

Data readouts of additional cancers beyond lung – Head and Neck and NET

Build U.S. Go-to-Market strategy that addresses reimbursement

Global Partnerships to expand internationally – cancer is a GLOBAL DISEASE

BioMark DIAGNOSTICS

LUNG CANCER OVERVIEW

CURRENT LANDSCAPE FOR CANCER SCREENING

- Well-defined guidelines in U.S. for cancer screening of many common cancers
  - Colorectal cancer – Colonoscopy / FIT (fecal immunochemical test) / Cologuard
  - Cervical cancer – Pap smear / HPV
  - Breast cancer – Mammograms
  - Lung – Low-dose computed tomography (LDCT) scans

Current shift in cancer screening from simple imaging to molecular biomarkers – already happened in colorectal and cervical, why not for all screenings??

- Breast, Cervical, and Colorectal cancer screening programs are accepted and routine and have proven quite effective at increasing survival in patients diagnosed with these cancers
- Lung cancer, however, has proven much more difficult to screen for, leading to late diagnosis and dismal survival outlook for lung cancer patients
- ~16M people in U.S. are deemed to be high-risk for lung cancer…yet only 5% are screened via LDCT scans as recommended by U.S. health guidelines (lack of access to centers with CT scanning equipment by many in rural communities is a big factor)
- Canada is even worse off, as there are no national guidelines for lung cancer screening - and worldwide, less than 1% of people generally considered at high-risk for lung cancer undergo screening

Given the opportunity to address a large "unmet need" in lung cancer screening, BioMark's initial focus is on early detection of lung cancer

LUNG CANCER – THE BIG PICTURE

Most common

- **Lung cancer is the most common cancer** in the world and accounts for 1 in 5 of all cancer deaths
- In U.S., 240,000 new cases/yr with 134,000 deaths

Deadly

- **5-year survival rate of 19%** is lower than many other leading cancers that also have official recommended "standard of care" screening protocols – such as colorectal (65%), breast (90%), and prostate (98%)

Late-Stage Diagnosis

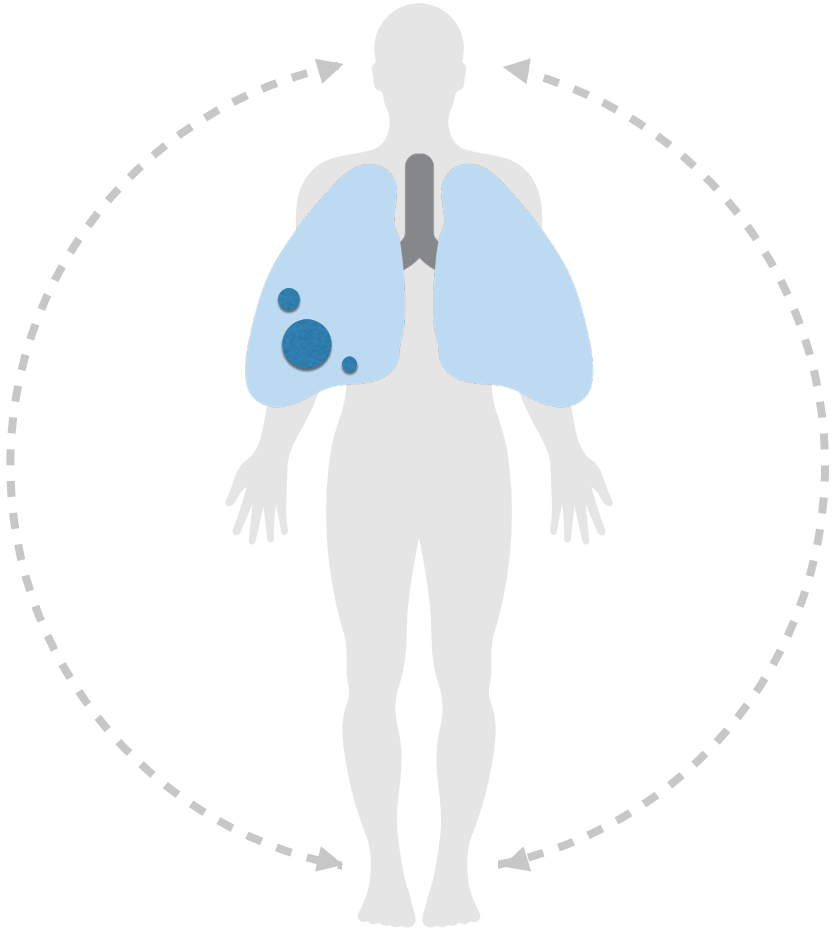
- This dismal outlook is driven by only 16% of lung cancer cases being diagnosed at an early stage
- **When diagnosed while lung cancer is still localized (Stage 1), the 5-year survival rate is 56%**
- **When diagnosed in Stage 2, 35% 5-year survival rate**

High False Positive Rates From LDCT

- Currently, because of the **lower specificity** (lots of false positives) of Low-Dose CT (LDCT), **96% of all nodules discovered** via LDCT scans **are false-positives*, leading to unnecessary procedures, radiation, patient stress, and medical expense**

U.S. Screening Guidelines

- Ages 50-80 with 20 pack-year smoking history and who currently smoke cigarettes or quit within past 15 years

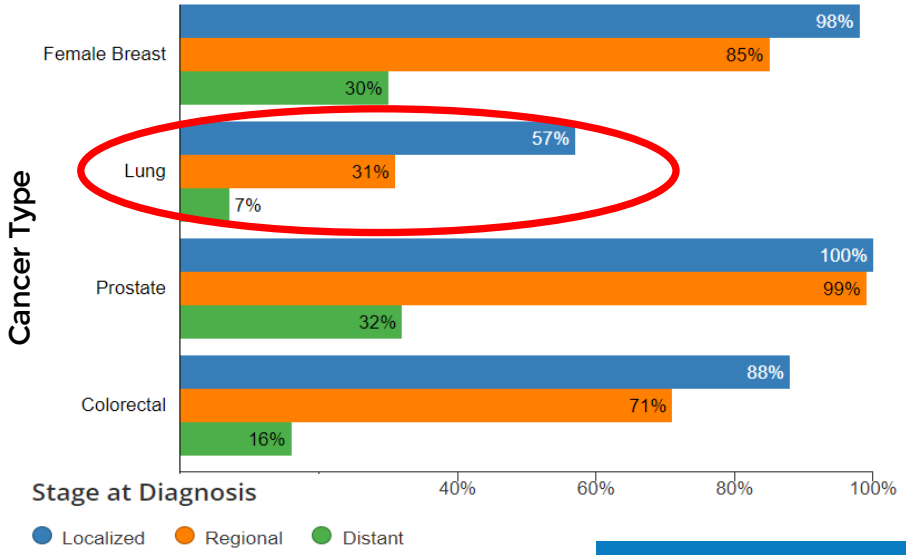


*From study published in 2018 - https://pubmed.ncbi.nlm.nih.gov/29313653/

TO MAKE AN IMPACT, WE MUST STAGE-SHIFT LUNG CANCER DETECTION

5-Year Relative Survival for Common Cancers by Stage at Diagnosis*

Based on cancers diagnosed during 2011 to 2017 and follow-up of patients through December 31, 2017



Cost of Cancer Management by Stage at Diagnosis among Medicare Patients**

Based on ~500,000 Medicare patients diagnosed with cancer from 2012-2016 as documented from Surveillance, Epidemiology, and End Results (SEER) registry-Medicare claims database

	Stage I		Stage II		Stage III		Stage IV	
	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
Lung and bronchus								
Year 1	$54,606	(116,903)	$85,118	(125,923)	$110,815	(144,585)	$148,426	(162,632)
Year 2	$19,759	(60,444)	$33,188	(71,159)	$53,520	(93,565)	$81,584	(112,886)
Year 3	$16,039	(50,659)	$28,785	(74,887)	$41,553	(104,707)	$68,446	(104,565)
Year 4	$14,120	(53,306)	$21,241	(55,876)	$34,052	(68,844)	$57,445	(103,267)
Year 5	$12,027	(43,897)	$20,497	(61,217)	$27,585	(79,764)	$46,219	(83,845)

Incentives are aligned for early diagnosis!!

↑ Chance of survival

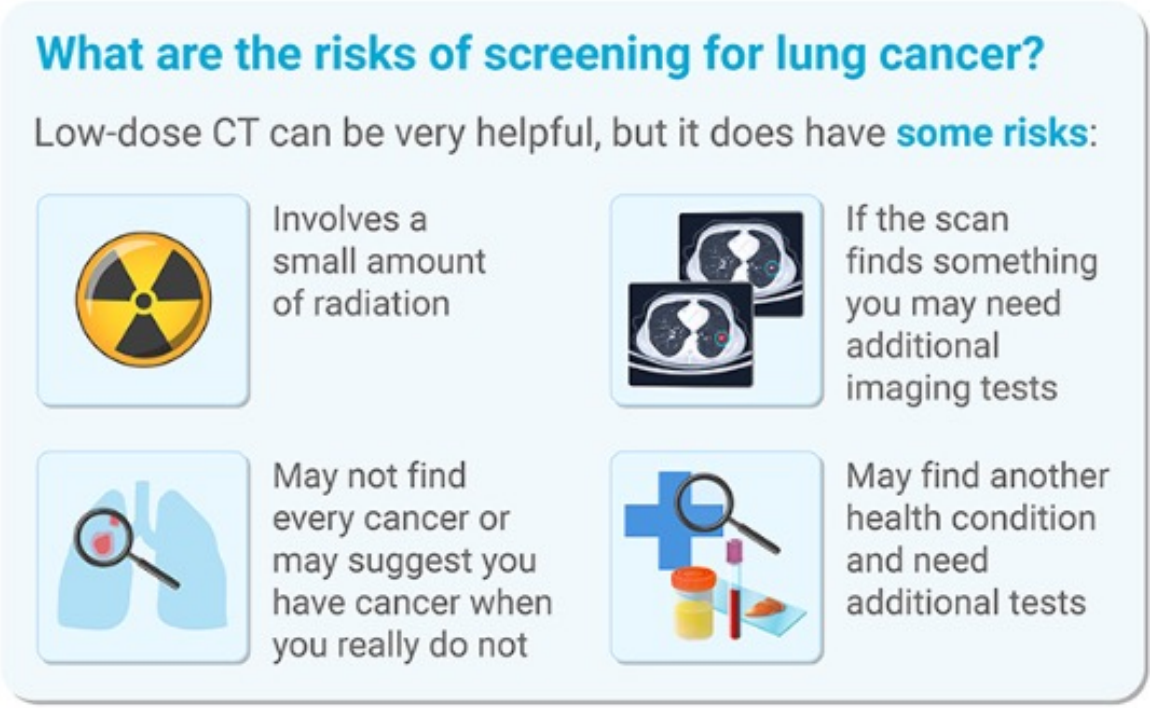
↓ Treatment expense

Incidence and Relative Survival by Stage at Diagnosis for Common Cancers Centers for Disease Control and Prevention. Published 10 November 2021. [(accessed on 15 March 2023)]; Available online: https://www.cdc.gov/cancer/uscs/about/data-briefs/no25-incidence-relative-survival-stage-diagnosis.htm

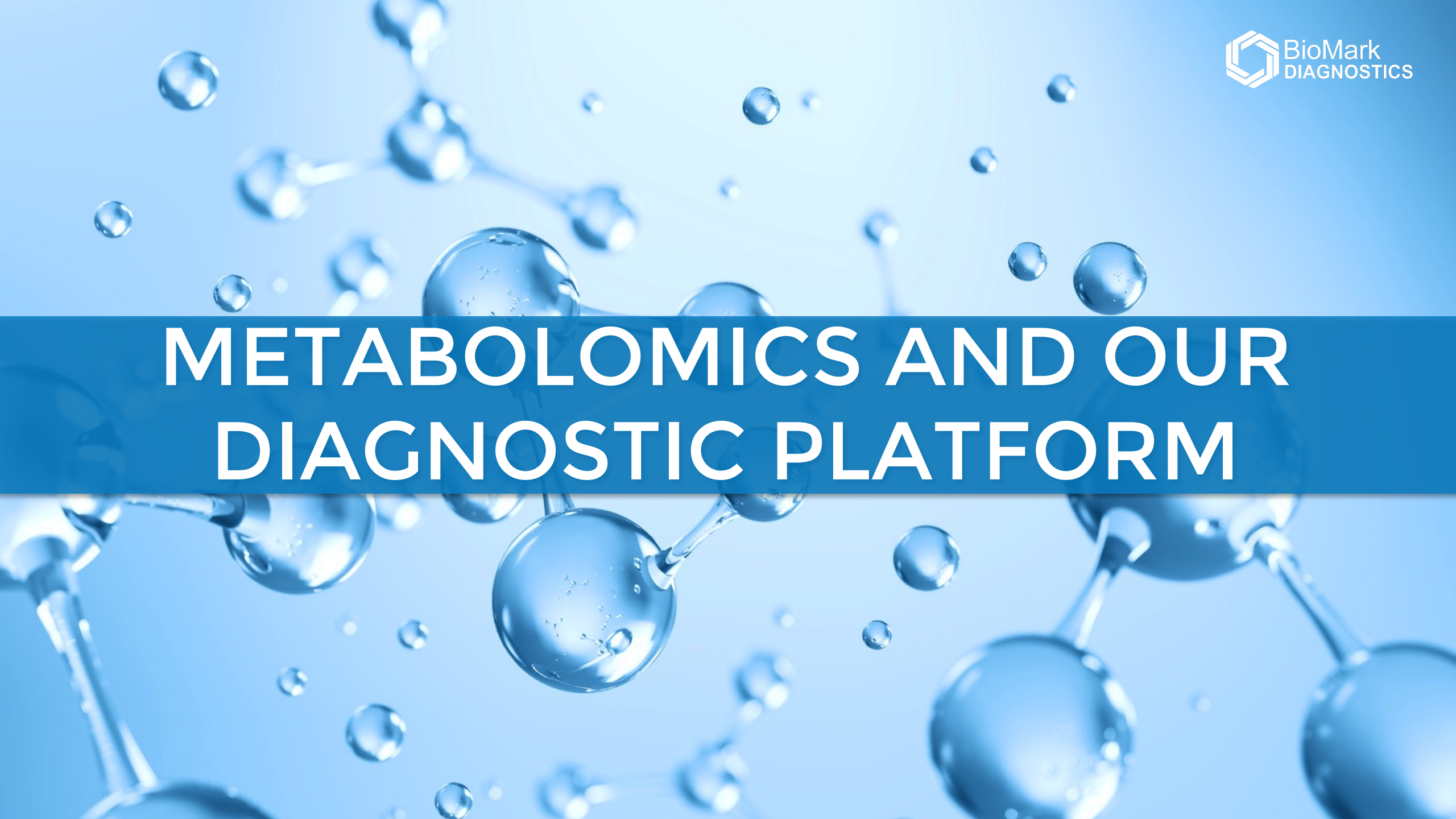
** Reddy S.R., Broder M.S., Chang E., Paydar C., Chung K.C., Kansal A.R. Cost of cancer management by stage at diagnosis among Medicare beneficiaries. Curr. Med. Res. Opin. 2022;38:1285-1294. https://www.tandfonline.com/doi/full/10.1080/03007995.2022.2047536

LIMITATIONS OF LDCT FOR LUNG CANCER SCREENING

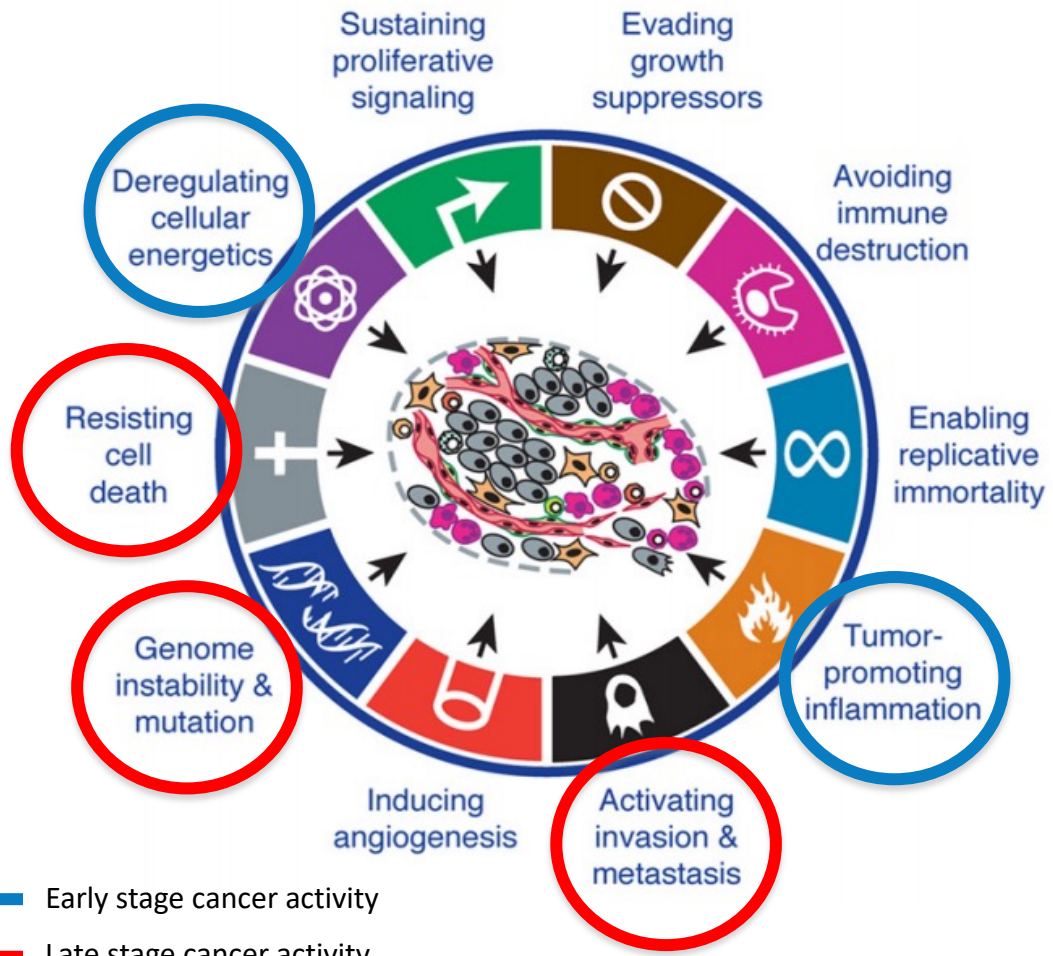
- LDCT requires expensive scanning instruments more commonly found in urban medical/academic centers and clinics and not typically found in rural and/or underprivileged settings, where incident of smoking is higher, so accessibility is a limitation for some who need screening the greatest
- LDCT analysis CAN depend on skill of radiologist, and results CAN vary by clinic or region
- While LDCT is pretty accurate in identifying cancer if it is present (sensitivity = 97%), it also over-diagnoses lung cancer (selectivity = 86%), which leads to additional diagnostic tests that carry inherent risks (e.g. biopsy) and expenses that are unnecessary for all involved



Reproduced from: https://www.youandlungcancer.com/en-lc/infographics/m1501-i11-screening-for-lung-cancer-infographics


BioMark
DIAGNOSTICS
METABOLOMICS AND OUR
DIAGNOSTIC PLATFORM

LUNG CANCER, LIKE ALL CANCER, IS A METABOLIC DISEASE…



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

…WHICH IS WHY WE USE METABOLOMICS AS OUR FOUNDATION

BioMark DIAGNOSTICS

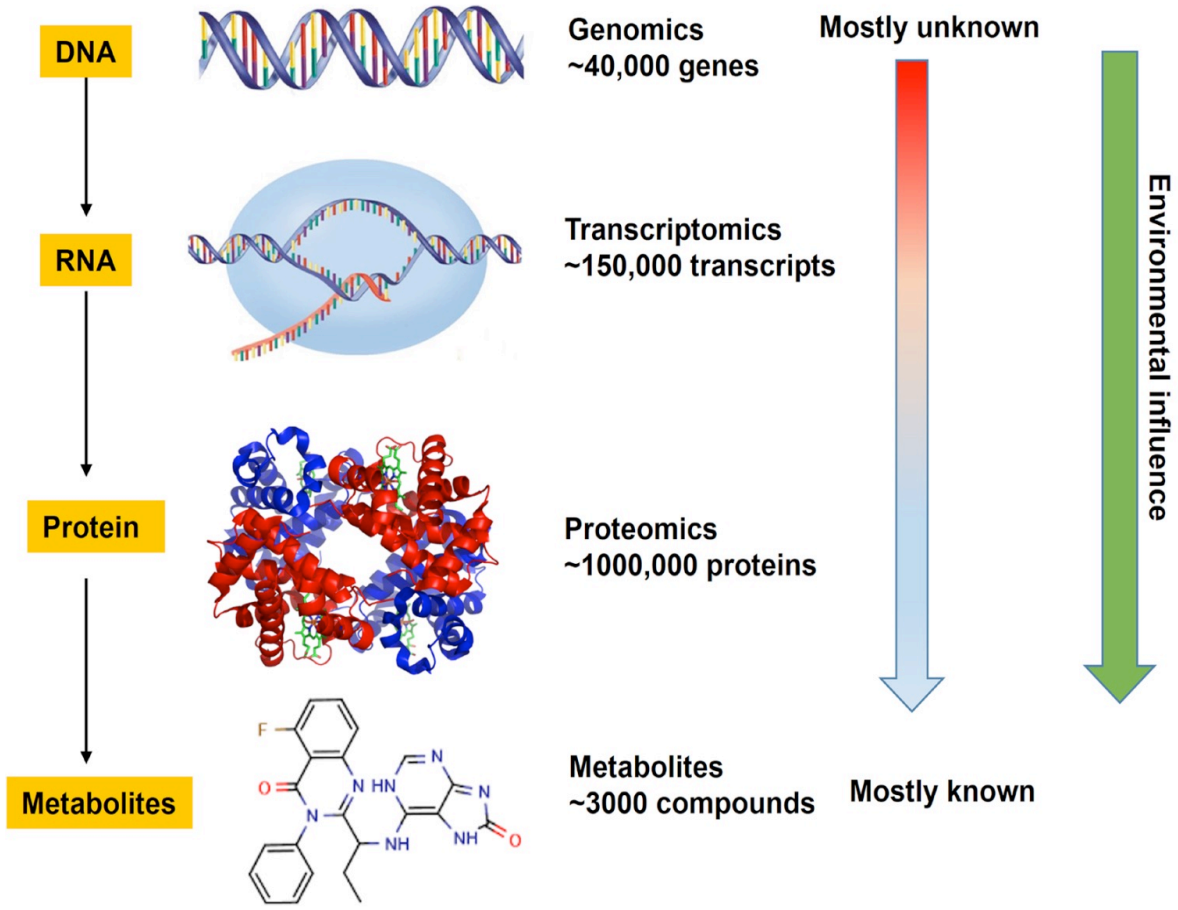
me· tab· o· lo· mics | \ m - ta-b - l -miks

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

METABOLOMICS IS THE "NEW KID ON THE BLOCK"

- There are differences in the genomes of cancer cells and tissues in different cancer patients
- This heterogeneity of cancer cells impacts the accuracy and applicability of many diagnostic markers for genes and proteins
- The many genomic-based approaches to cancer diagnostic are not accurate enough to be relied upon when screening for early detection, as these biomarkers may not be abundant enough yet in the early stages
- However, the metabolic biochemical reaction is a well understood 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
- Thus, metabolomics is a more predictable diagnostic marker than genomics and proteomics and involves much less unknowns, especially for early detection



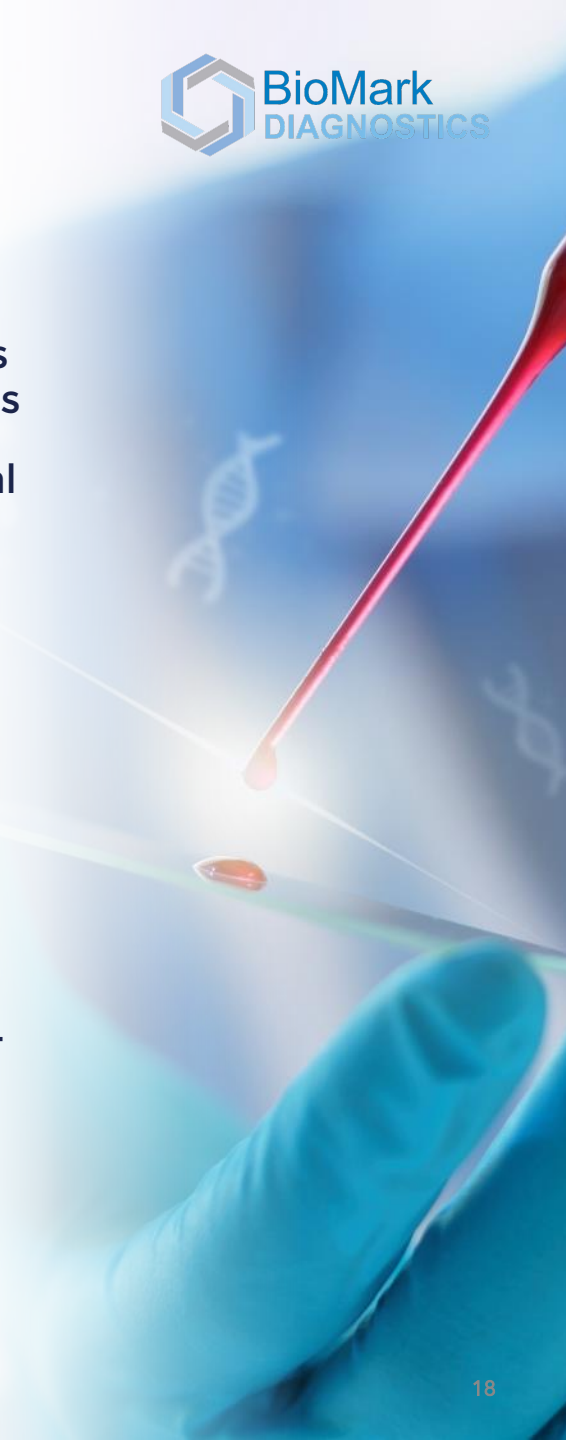
SOME LIFE SCIENCES LEADERS ARE ALREADY LOOKING BEYOND NGS

> The last 20 years were dominated by genomics because the technology was there, and that's a good thing, and genomics, of course, is very important in an overall multiomics and systems biology approach. But proteomics and related fields - glycobiology, glycomics, lipidomics, metabolomics, epi-proteomics - looking at all the post-translational trend, it's not just nerdy by-talk. It's really what drives biology and disease. And without that, you don't fully understand cell biology and disease biology, importantly.
>
> And so this is going to be at least as important -- at least equally important to genomic medicine. And in many areas can go far beyond what genomic medicine was able to deliver, which was a lot, but also in some areas, disappointing.

Bruker Corporation CEO Frank Laukien –
J.P. Morgan Healthcare Conference / January 8, 2024

TRENDS IN LIQUID BIOPSY RESEARCH

- Considerable industry research over last 15 years on liquid biopsies to identify and quantify cancer biomarkers from standard blood samples
- Most of this research is based on next-generation sequencing (NGS) technology that detects the presence of DNA or RNA in the blood that are biomarkers for the presence of cancer cells
- These NGS techniques and platforms have attracted a lot of attention and investment capital over the last decade, and a few diagnostic manufacturers have been acquired at rich valuations (GRAIL, Thrive)
- Another current trend is the growing interest in multi-cancer early detection (MCED) assays one blood test that can detect numerous cancer types throughout the body, e.g. GRAIL'S Galleri, Thrive's cancerSEEK, etc. *[Note: We have not pursued MCED approaches, as we plan to build assays one at a time, with each focused on a specific cancer type]*
- These liquid biopsy tests using NGS have shown promise in confirming cancer in referred patients, monitoring for cancer treatment efficacy and cancer recurrence, and assisting in cancer therapy selection
- However, clinical research across tens of thousands of patients has shown that current NGS-based liquid biopsy platforms are simply not accurate enough today – **their sensitivities are too low** (i.e. too many false negatives) - to be used as reliable screening tests across a large population base, especially since they aren't reliable at detecting early stages of cancer
- Results thus far from our metabolomics-based diagnostic platform show promise to **BE IDEALLY SUITED FOR CANCER SCREENING & EARLY DETECTION**



COMPARISON OF LIQUID BIOPSY ANALYTES FOR EARLY DETECTION OF LUNG CANCER

BioMark DIAGNOSTICS

Analyte	Advantages	Challenges	References
ctDNA, cfDNA mutation analysis	Elevated in cancer patients; genetic alterations represent tumor tissue	ctDNA has low concentration compared to germline cfDNA; low minor allele frequency	Bettegowda et al[25], Duffy[117]
DNA methylation	Representative of tumor tissue; distinct tumor-specific methylation patterns	Low ctDNA concentration; lack of standard detection methods	Farooq and Herman[118], Li et al[46]
DNA fragmentomes	Scalable, cost-effective	Variability; low sensitivity in early-stage disease	Mathios et al[69]
Circulating tumor cells (CTCs)	Reflects molecular characteristics of tumors	Very rare in bloodstream; difficult to isolate	Kapeleris et al[119,120]
MicroRNA	Stable in blood; distinct RNA profiles in early-stage cancers	High variability in different studies; low specificity for a cancer type	Frydrychowicz et al[121]
Exosomes	Increased in cancer patients; contain nucleic acid and protein biomarkers	Lack of standard detection methods; high costs	Cui et al[122]
Tumor-educated platelets	Easy to isolate; distinct RNA profiles; RNA represents tumor transcriptome	High variability; lack of standard detection methods	Best et al[97]
Protein biomarkers	Established analysis methods	Poor sensitivity; low specificity for a cancer type	Casillas et al[103], Baran and Brzeziańska-Lasota[106]
Metabolomics	**Cost and sensitivity in early Stages**	**High Throughput (until now)**	**New platform**

Adapted from https://www.sciencedirect.com/science/article/pii/S2772558823000452#:~:text=Liquid%20biopsy%2C%20a%20test%20that,early%20detection%20of%20lung%20cancer.

EARLY DETECTION LUNG CANCER SCREENING DATA: BIOMARK TRIAL DATA VS. GRAIL AND THRIVE (BOTH MCED)

Company & Type of Study	BioMark (Retrospective)	BioMark (Retrospective)	BioMark (Retrospective / Prospective)	GRAIL Galleri 2021* - (Prospective)	GRAIL SIMPLIFY MCED (Prospective)	Thrive cancerSEEK (8 cancer types) (Prospective)
Years Trial Conducted	2019/2020	2022/23	2022/23		2019-2021	2018
Sample Subject Size	256	813 (also includes other lung disease)	5,000 Multimodal – Metabolomics, Genomics, Radiomics and Polygenic risk score	404 lung cancer cases (out of 4,077 total patients)	299 lung cases (of 5,461 total patients) with 89 lung cancer cases	104 lung cancer cases (out of 1,005 total patients
Patients in Stage 1	70	275	TBD	96	22	46
Patients in Stage 2	60	141	TBD	41	10	27
Patients in Stage 1 and 2	130	416	TBD	137	33	73
Sensitivity/Specificity (Stage 1)	**85% / 95%**	**94% / 76%**	TBD	**21%**	**24%**	**Median 58% / >90%**
Sensitivity/Specificity (Stage 2)	**93% / 85%**	**92% / 82%**	TBD	**78%**	**57%**	
Sensitivity/Specificity (Stage 1 and 2)	**93% / 93%**	**92% / 79%**	TBD			
Published and Presented	Yes	Yes	*Data readout in May 2024*	Yes	Yes	Yes
Biomarkers with smoking	6	9	9			Protein biomarkers and Imaging
ML /AI	Yes – Linear regression	Yes – Better data	Yes (should be better data)			

LUNG CANCER SCREENING COMPETITORS

Competitor	Offering	Trials/Focus	Market Cap & Capital Raise
DELFI Diagnostics	Blood-based lung cancer screening test using "fragmentomics" (DNA fragment patterns, or cell-free DNA), clinical risk factors, and CEA levels, followed by CT imaging.	Initiated 15,000 patient prospective CASCADE-LUNG screening trial in May 2022. Launched FirstLook Lung blood test in October 2023 – trial results indicate it was able to identify ~90% of lung cancer cases, including 80% of Stage 1 cases.	Private company – founded in 2019 $100M Series A – January 2021 $225M Series B – July 2022
Biodesix	Lung cancer diagnosis, treatment, and monitoring blood tests.	Nodule management and lung disease treatment & monitoring (using 5 Medicare-covered tests) + Biopharma services. Nodify Lung® Risk Assessment consists of dual tests run in sequence that assesses risk of cancer in patients with lung nodules.	Public - $173M market cap $27.5M private placement – August 2023 $50M term loan facility in place with Perceptive Advisors
Nucleix	Bladder EpiCheck is 510(k) cleared/CE-marked for bladder cancer recurrence detection. Lung EpiCheck for early lung screening is in development.	Uses ctDNA/DNA methylation platform. Initial Lung EpiCheck Sightline Study reported October 2023 - 813 subjects (188 lung cancer cases and 625 control) with 60% Stage 1 and 2 NSCLC (currently >4,000 subjects enrolled). Stage 1 sensitivity: 87% Overall specificity: 55%	Private – Israel-based – founded in 2008 $3M Series B – May 2016 $55M Series C (RA Capital led) – April 2021 $22M Series C – December 2021
Guardant Health	Core business is in therapy selection and precision medicine with Guardant360 and Guardant Reveal tests and biopharma services.	Just announced interest in lung cancer screening using Guardant Shield assay and just started subject recruitment. Lead indication for Guardant Shield test is colorectal cancer (approval expected 2024).	Public - $2.3B market cap
Freenome	Colorectal, MCED, and Lung cancer screening tests. Lung cancer – acquired EarlyCDT from Oncimmune Ltd in May 2023 to complement multiomics approach.	Colorectal cancer (lead indication) – completed enrollment in 40,000 subject PREEMPT CRC prospective registrational trial (and completed 574 patient AI-EMERGE® trial). Lung cancer – PROACT LUNG prospective registrational trial using multiomics was initiated December 2023 and will enroll up to 20,000 subjects.	Private company – founded in 2014 $72M Series A - August 2017 $160M Series B - July 2019 $270M Series C - August 2020 $399M Series D - December 2021 $290M Roche - January 2022 $254M round (Roche-led) – February 2024

WHERE WE STAND TODAY AND OUR PATH FORWARD

OUR INITIAL FOCUS – EARLY DETECTION LUNG CANCER DIAGNOSTICS

Specifically, our lung cancer diagnostic assay:

- Addresses the shortcomings of the current lung cancer screening process
  - LDCT scanning equipment is often available in just urban environments, but blood test can be done anywhere
  - LDCT scans have low specificity (many false positives), leading to unnecessary additional diagnostic time and expense and increased radiation to patient
- Is highly accurate at detecting early stage lung cancer
  - Data to date in lung cancer screening is EXTREMELY encouraging – validated a 9-biomarker panel
  - **Accuracy is MUCH higher than competing liquid biopsy tests in Stage 1 and 2 detection** – sensitivity and specificity of BioMark's assay are >90% each vs. generally 20 – ~75% for peers… ramifications for all stakeholders are REAL and cannot be understated
  - Pivotal results in 5,000 patient lung cancer screening trial to be announced 1H24 – **POSITIVE RESULTS VERY LIKLEY TRANSFORMATIONAL**
- Is easy to administer and test
  - No need for special equipment or personnel to obtain standard blood sample (vs. LDCT scanning equipment and personnel)
  - Sample analysis performed using standard mass spectrometry methods and instruments common in clinical labs across North America
  - Time to perform the analysis is ~15 minutes
- Is affordable for the healthcare system
  - BioMark expects to use standard medical reimbursement code ($400-500/test) that is in-line with LDCT reimbursement
  - Doesn't require hospitals, clinics, or labs to buy specialized equipment – just a routine blood sample collection
  - High accuracy of our diagnostic test can reduce delays and expense from LDCT scans and high false positive rates
  - Offers ability to scale and easier handling of samples

COMMERCIALIZATION STRATEGY

- Our Quebec lab will be CLIA and ISO certified prior to accepting commercial patient samples – both accreditations expected to completed by 2H24
- Add technical, bioinformatics, and business development personnel staff to support lab and corporate infrastructure in preparation of growth
- First revenue from biopharma diagnostic testing services expected in 1H24, commercial revenue expected in 2H24 following accreditation
- First commercial revenue expected from Canada (and eventually U.S.), with plans to license our assays in ROW
  - Expected revenue/test = ~$400-$500
  - Expected COGS/test = ~$150
- Following release of 5,000 patient trial results in 2Q24, potential partnership discussions may enable us to generate significant network effects across the healthcare landscape
- Engage with KOLs to increase awareness and adoption
- Partner with institutions who have established lung cancer screening programs
- Develop U.S. Go-to-Market Strategy that seeks and leverages capable partners, addresses reimbursement, and secures lab capacity, especially along the northeast corridor of the U.S.

OUR PLATFORM PIPELINE

Our metabolomics-based platform isn't just for lung cancer detection

- We have expanded it to include other hard-to-detect and treat cancers like breast cancer, head and neck, and glioblastoma
- Presented strong early-stage data on breast cancer data and sub-types at recent annual San Antonio Breast Cancer Symposium; overall accuracy using our biomarkers was 97%
- Presented NET (neuroendocrine tumor) lung cancer data in March 2023 – one of largest trials ever conducted in this subtype of lung cancer; sensitivity = 92%
- Clinical data has been collected already in other cancers and additional trials are planned

CORPORATE STRATEGY

- Post additional funding, we seek to up-list to Nasdaq market to improve our corporate profile, attract wider investor base, and improve the liquidity of our stock
- Strategic exits are somewhat common in the diagnostic space
  - For instance, Illumina's $7B acquisition of Grail in 2021 and Exact Sciences's $2B acquisition of Thrive in 2020
  - Lab companies like Quest Diagnostics, LabCorp, and NeoGenomics acquire niche diagnostic companies to grow and fill gaps in their lab-testing offerings
- Let's also not ignore an upside scenario similar to that of Exact Sciences:
  - Developed Cologuard fecal matter screening diagnostic test to compete against well-entrenched (albeit unpleasant) use of colonoscopies for colorectal cancer screening
  - Cologuard has "only" a 13% market share currently, but even this has enabled Exact Sciences to grow to ~$2.5B in annual revenues over the last decade along with a $11B market cap
  - Our lung cancer screening diagnostic test involves a routine blood draw vs. incumbent LDCT screening that itself penetrates only 5% of the available high-risk market in the U.S. due to patient inaccessibility, "overdiagnoses" lung cancer from many false positives, and is not great for early detection
- Thus, if strong – **or even superior** - science/data, compelling risk/reward, and reasonable economics to all stakeholders (patients, physicians, payors) are meaningful, we should have many options for growth

BioMark DIAGNOSTICS

SUMMARY

KEY TAKEAWAYS

- Strong diagnostic platform for hard to detect and treat cancer
- Trial data thus far is superior to other liquid biopsy platforms in both sensitivity and specificity for lung cancer screening
- Significant near-term data readout from early lung cancer detection trial in 5,000 patients expected in May 2024
- Lung cancer assay near commercialization and addresses significant unmet need
- Initiating business development and partnering activities as global lung cancer cases expanding
- Defined route to revenue
- Robust IP portfolio on quantification, utility, process and algorithms
- Execution focused and disciplined team with value creating mindset
- Significant valuation gap between BioMark and peer group, especially given differences in early detection and screening capabilities
- Potential to expand early detection screening to other cancer types beyond lung cancer

BioMark DIAGNOSTICS

REDEFINING EARLY-STAGE CANCER DETECTION THROUGH LIQUID BIOPSY, METABOLOMICS, MACHINE LEARNING, AND ARTIFICIAL INTELLIGENCE

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