Multi-Modal BioInformatics Solution for Ovarian Cancer

NASDAQ: AWH  |  November 2020
SAFE HARBOR

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PRESENTATION OVERVIEW

1. Our Mission
2. Where We Are Today
3. Large Market Opportunity
Enable Early Ovarian Cancer Detection for All Ages and Ethnicities
INVESTMENT HIGHLIGHTS

COMMERCIAL STAGE COMPANY
FDA-cleared multi-modal disease management approach to women's health, with core focus on ovarian cancer

FDA-CLEARED TECHNOLOGY
2nd-generation technology; included in clinical treatment guidelines

PIPELINE
Compelling pipeline of diagnostic bioinformatic product candidates

INTELLECTUAL PROPERTY
Strong intellectual property protecting methods and use

MANAGED CARE COVERAGE
Broad managed care coverage: 2018 CLFS’ reimbursement rate of $897

EXPERIENCED MANAGEMENT
Experienced management team focused on success

*Clinical Lab Fee Schedule

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Leadership team with significant industry and execution expertise

Valerie Palmieri
President & CEO
- 30+ years of senior and executive leadership experience in the diagnostics and laboratory industry
- Served in numerous sales, operations and executive leadership positions, including as CEO and President of MOMENTUM Consulting

Elena Ratner, MD
Global Chief Medical Advisor, Clinical and Translational Medicine
- Gynecologic oncopathologist specializing in ovarian malignancies
- She is the current co-director of Discovery To Cure; director of Discovery to Cure Early Ovarian Cancer Detection program
- Co-founder of the MAT Organization, a non-profit established to drive early detection for Ovarian Cancer

Kaile Zagger
Chief Operating Officer
- 20+ years in healthcare leadership experience
- Co-founder of the MAT Organization, a non-profit established to drive early detection for Ovarian Cancer

Robert Beechey
Chief Financial Officer
- 18+ years serving in numerous life science and financial leadership roles
- B.S. in Economics from the Wharton School of the University of Pennsylvania, and his M.B.A. from INSEAD

Lesley Northrop, Ph.D.
Chief Scientific Officer
- 14+ years of experience in developing new technology as it translates from research to a clinical diagnostic test
- Serves as a Laboratory Director of Aspira’s Molecular Genetics Laboratory, holds a NYS CQ in molecular genetics and CA-CPCH and NJ Bioanalysis Director license
- Diplomate of the American Board of Medical Genetics and a Fellow of the American College of Medical Genetics, specializing in Molecular Genetics
OVA1 Plus foundation in place to become NEW Standard of Care

Payer Coverage: 5 out of 10 lives covered in the U.S.
Introduction to Patient Lifecycle and Market

ASPIRA WOMEN'S HEALTH

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LARGE MARKET OPPORTUNITY WITH THE FOLLOWING PATIENT PROFILES

PELVIC MASS
Planned for Surgery

HIGH RISK HEREDITARY OVARIAN CANCER MONITORING

ENDOMETRIOSIS

OVARIAN CANCER
Recurrence Monitoring

Large market opportunity with 20M women in the U.S.

1 in 5 women will develop a Pelvic Mass
PATIENT LIFECYCLE WITH OVA TECHNOLOGY – SOLVING DIAGNOSTIC DILEMMAS FROM PUBERTY TO CURE

ENDOMETRIOSIS ONLY
- DX + Aid in Detection

ENdO CHeCk

LARGEST CLINICAL PROBLEM AND OPPORTUNITY
6.7M

OVaNex

BENIGN PELVIC MASS MANAGEMENT
No Surgery Planned
Replace CA125 2X/year

LATe breaking publication*

IMMEDIATE OPPORTUNITY
1.2 to 1.5M

OVaInherit

HIGH RISK HEREDITARY OVARIAN CANCER MONITORING
Replace CA125 2X/year

NEAR TERM OPPORTUNITY
0.3 to 0.5M

OVa

SURGICAL TRIAGE RISK ASSESSMENT
With Pelvic Mass
OVA1 Plus Current Label

IMMEDIATE OPPORTUNITY
0.3 to 0.4M

Future Opportunity

RECURRENT MONITORING
Post-OV Ca DX
OVA1 Plus Companion DX or Replace CA125

OPPORTUNITY/CLINICAL DX NEEDS TO CORRESPOND TO IMAGING 0.2M

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1. Based on management estimates and analysis

Puberty
(14 yo.)

Cure
(70-80 yo.)

"JUST ACCEPTED"
- Current Medical Research & Opinion Publication
  - Title: Low-risk Multivariate Index Assay scores, physician referral and surgical choices in women with adnexal masses
  - 282 patients
  - 146 low risk
  - 44% of the low-risk OVA1 patients, no surgical intervention was performed

D E M O N S T R A T E S C L I N I C A L NEED FOR OVA N e x
LARGE BENIGN AND MALIGNANT PELVIC MASS MARKET U.S. ONLY

Suboptimal diagnostics and high cost burden

Large Opportunity

- Pelvic Masses + (Endo + PCOS+ Func. Cysts)
  TAM: 17.0M

- Pelvic Masses (Benign, cancer, non-gyn)
  TAM: 1.2-1.5M

- High Risk Hereditary Ovarian Cancer Monitoring
  TAM: 300K - 500K

- Masses to Surgery
  TAM: 300-400K

- Ovarian Cancer
  TAM: 230K

OC Deaths
TAM: 15K

TOTAL: ~20M Women

Solutions Today

- NONE

Costs

- EndoCHECK
  (2023 Target Date)
  $22B

- CA125 / 2-4x per year
  (Off Label Use)
  $0.8B

- CA125 / 2x per year
  (Off Label Use)
  $5.2B

- CA125 Recurrence Monitoring
  (FDA Cleared)

- OvaNex
  (Late 2021/ 1H2022)

- OvaInherit
  (Target Date TBD)

- Ova
  (OVA1, OVERA, FDA Cleared)

- Ova
  (OVA1, OVERA, FDA Cleared)

Portfolio Expansion

TOTAL: $28B
INNOvATION PIPELINE TIMELINE

2018

Q3 2019

2020 E

Late 2021 / 1H2022 E

1H2023 E

Ovarian Asymptomatic Risk Screening

OvaInherit

A multifactorial assessment of gynecological cancer risk
(Research Trial to begin: 2H 2020 E)

EndoCHECK

A companion diagnostic to identify women with Endometriosis, PCOS etc.

OvaNex

A watch and wait test for women with adnexal masses

AGTT ASPIRA GENETIX TECHNOLOGY TRANSFER

A technology transfer for genetic testing products

GENETIX BY ASPIRA LABS

Hereditary Cancer Carrier Screening

Ova

plus

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Cutting Edge Research

OVA360: Multimodal assessment of ovarian cancer risk

- Family History
- Genetic Predisposition
- Early Symptom Awareness - Indexed
- Clinical Assessment - TVUS
- Systematic Assessment - Proteins, Genetics
Starting with
Ovarian Cancer
# PRESENTATION STAGE AND 5-YEAR SURVIVAL RATE

<table>
<thead>
<tr>
<th>Presentation Stage</th>
<th>Incidence</th>
<th>Five Year Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Stage I) Localized</td>
<td>15%</td>
<td>92%</td>
</tr>
<tr>
<td>(Stage II) Regional</td>
<td>21%</td>
<td>75%</td>
</tr>
<tr>
<td>(Stage III) Distant</td>
<td>59%</td>
<td>29%</td>
</tr>
<tr>
<td>(Stage IV) Unstaged</td>
<td>6%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Clinical Need for a Diagnostic Solution with Adequate Predictive Value to:

- Ensure earlier cancer detection
- Accurately identify patients needing timely treatments from gynecologic oncologists

Ovarian Cancer

- >65% Late Stage
- @ Late Stage >70% Mortality Rate

1. www.SEER.Cancer.gov

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# Root Cause: Inadequate Tools

<table>
<thead>
<tr>
<th>Category</th>
<th>Tools</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Assessment</td>
<td>Physical exam &amp; ultrasound</td>
<td>Subjective results due to specialists’ interpretation</td>
</tr>
<tr>
<td>Blood Tumor Marker</td>
<td>• CA-125 (off-label)</td>
<td>• Low sensitivity</td>
</tr>
<tr>
<td></td>
<td>• ROMA™ (alternative)</td>
<td>• High false negatives, pre-menopausal / early-stage</td>
</tr>
<tr>
<td>Tissue Analysis</td>
<td>Pre-operative biopsy not recommended</td>
<td>Biopsy rupture risks (potential tumor spread)</td>
</tr>
</tbody>
</table>
Level A guideline for pelvic mass assessment results in ~70% unclear results and leads to ineffective care pathway.
CURRENT STATE: EARLY STAGE FALSE NEGATIVE RATE 31-59%

A low false negative rate is critical for patient care

<table>
<thead>
<tr>
<th>Standalone Risk Stratification</th>
<th>Early Stage Sensitivity (%)</th>
<th>Early Stage False Negativity Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical assessment (CA)(^1)</td>
<td>68.6</td>
<td>31.4</td>
</tr>
<tr>
<td>Ultrasound alone(^2)</td>
<td>41.2</td>
<td>58.8</td>
</tr>
<tr>
<td>CA125 alone(^3)</td>
<td>62.8</td>
<td>37.2</td>
</tr>
<tr>
<td>ROMA (Ca125 &amp; HE4)(^3,4)</td>
<td>63.6</td>
<td>36.4</td>
</tr>
<tr>
<td>OVA1(^5) alone(^5)</td>
<td>91.4</td>
<td>8.6</td>
</tr>
</tbody>
</table>

Demonstration of Improvement Reducing False Negatives by Over 72% vs. Clinical Assessment (CA-125 & ultrasound)


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IMPROVED SPECIFICITY: OVA1 PLUS - OVA1/OVERA REFLEX OFFERING (Q4 2018)

If Results Are...
- Low Risk
- Intermediate Risk
- Markedly Elevated Risk

Perform OVA1®

Perform OVERA®

Reported Results are...

<table>
<thead>
<tr>
<th>Test Type</th>
<th>OVA1 (95% CI)</th>
<th>Overa (95% CI)</th>
<th>OVA1plus (95% CI)</th>
<th>% Diff OVA1 vs OVA1plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity</td>
<td>92%</td>
<td>91%</td>
<td>88%</td>
<td>-4%</td>
</tr>
<tr>
<td>Specificity</td>
<td>54%</td>
<td>69%</td>
<td>72%</td>
<td>33%</td>
</tr>
</tbody>
</table>

> 30% improvement in specificity

3. Reference Danges, established by ASPIRA Labs, Austin, Tx.

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AIDS IN IMPROVED EARLY STAGE DETECTION: OVA1 PLUS VS. STANDARD OF CARE (STAGE I + II)

94% Improvement in reducing the rate of cancer missed

Rate of Cancer MISSED
Rate of Cancer DETECTED

100%
37%
31%
23%
13%
2%

63%
69%
77%
87%
98%

CA-125II*, Clinical Assessment, Modified ACOG**, OVA1Plus, OVA1Plus and Clinical Assessment

(n = 1016 surgeries, with 86 early stage cases, 61 Stage I, 25 Stage II)

* Significant difference in sensitivity as compared to OVA1+ Clinical Assessment (from McNemar's test p<0.05)

** CA-125II and Clinical Assessment
Clinical Assessment + Physical exam and imaging

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NON-WHITE WOMEN, AND AFRICAN-AMERICAN WOMEN IN PARTICULAR, DISPLAY SIGNIFICANTLY LOWER CA125 VALUES COMPARED TO CAUCASIAN WOMEN

This disparity is found in healthy women, women at high risk for ovarian cancer, and women with ovarian cancer(1-4)
**OVA1® SUPERIORITY OVER CA125 IN BLACK WOMEN**

- CA125 has an unacceptable sensitivity for cancer detection in Black women
- Aug and Sept 2019 - 2 peer reviewed publications published
- OVA1® shows acceptable sensitivity for cancer detection in Black women, cutoff adjustment is in process for pre- and post-menopausal women, to achieve 90% sensitivity obtained for White women
- Large prospective study in process with Einstein Medical Center

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*ACOG 2016* = Premenopausal cutoff = very elevated

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3. ASPIRA Labs Data on File, Combined OVA1 and OVA500 studies.
EARLY DETECTION LOWERS TOTAL HEALTHCARE COSTS

Cost Comparison of Early vs. Late Stage Detection\(^1,2\)

- **Pre-Menopausal**
  - Early Stage Detection: $35,754
  - Late Stage Detection: $224,922
  - 84\% Decrease in Cost Burden

- **Post-Menopausal**
  - Early Stage Detection: $37,195
  - Late Stage Detection: $197,757
  - 81\% Decrease in Cost Burden

93K medical claims study demonstrated that the use of OVA1 Plus compared to CA-125 II can lower total costs while improving care.

---

1. 24-Month Average Reimbursement for Early and Late Stage Cancer
A Growing Total Addressable Market
Large and Growing Total Addressable Market

Currently Addressable Opportunity

Pelvic Mass Detection
- Surgical triage or guided referral: ~300-400K U.S. patients\(^1\) and low risk
- ~5% AWH market share
- Current/AWH: OVA1plus

Hereditary Gynecologic Cancer Risk
- Determining risk for gynecologic cancers with genetic testing
- AWH: Aspira GenetiX

(TAM = 0.3-0.4M)

Near-Term Addressable Opportunity

Benign Masses, Non-Ovarian Cancer
- 1.2-1.5M U.S. patients
- Current: CA-125 2-4x/yr monitoring (off-label)
- AWH: Ovanex (late 2021/ 1H2022)

(TAM = 1.5-2.0M)

Endo + PCOS+ Func. Cysts Detection
- 17M (6.7M = Endo) U.S. patients
- No current solution available / CA-125 used on case by case basis (off label)
- AWH: EndoCHECK (expected 2023)

(TAM = 17.2M)

High Risk Hereditary Ovarian Cancer Monitoring
- ~300-500K U.S. patients
- Current: CA-125 2-4x/yr monitoring (off-label)
- AWH: OVA1Inherit TBD

(TAM = 17.2M)

Ovarian Cancer Recurrence Monitoring
- ~230K U.S. patients monitored
- Current: CA-125 2-4x/yr monitoring (on-label)
- AWH: TBD

(TAM = 17.2M)

Total Potential Revenue Range: $90M - 120M\(^2\)

Potential Revenue Range: $300M - 480M

Potential Revenue Range: $800M - 4.0B

Total TAM ~20M

Total Potential Revenue Range: $1.2 - 4.6B

\(^1\) Includes surgical. Based on management estimates and analysis
\(^2\) Aspira GenetiX not included in the potential revenue range

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GROWING SALESFORCE - DRIVING ADOPTION

20 full-time ("FTE") territory sales reps

Marketed directly to gynecologists, gynecology supergroups and healthcare systems

Top performers in companies with disruptive technology

Full-Time Sales Representative Pedigree

Ambry Genetics®

bostonheart diagnostics®

careDx®

Counsyl

Genomind®

Harmony

Integrated Genetics

Invitae

Myriad Genetics

Natera

Sequenom

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• Testing Performed in Hospital Systems/Large Gyn Super Group

• Increase distribution @ POC (Point of Care)

• Test performed locally with access to Aspira Women's Health risk assessment software via web service

• OVA1 or Aspira GenetiX performed on existing Platform
INTERNATIONAL - COMMERCIAL STRATEGY

PHILIPPINES
Large prospective study in process

ISRAEL
Q4 2018 – Coverage received in Israel by CLALIT
- 2nd largest integrated delivery network in the world
- CLALIT (#1 Payer, 50% pop)

Study in process to validate OVA1Plus on local population
ASPIRA WOMEN’S HEALTH IS AT A COMMERCIAL INFLECTION POINT

Total Physicians (Distinct Physicians)

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td></td>
<td>1250</td>
<td>1300</td>
<td>1500</td>
<td></td>
<td>1400</td>
<td></td>
<td>1700</td>
</tr>
<tr>
<td>2019</td>
<td>1500</td>
<td></td>
<td>2000</td>
<td></td>
<td></td>
<td>2500</td>
<td></td>
<td>3000</td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2000</td>
<td></td>
<td>2500</td>
<td></td>
</tr>
</tbody>
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ASPIRA WOMEN’S HEALTH IS AT A COMMERCIAL INFLECTION POINT

PHASE 1
HIRING

Launch of Decentralized Platform & 2nd Generation/OVA1 Plus

PHASE 2
HIRING

COMMERCIAL GROWTH PHASE
2.5x commercial investment Y-o-Y & demonstrated positive Ob-Gyn reception

Merch Decrease Due to COVID-19 Closures

1,818
Q1 2018

1,884
Q2 2018

1,981
Q3 2018

1,996
Q4 2018

2,313
Q1 2019

3,129
Q2 2019

3,602
Q3 2019

3,854
Q4 2019

3,654
Q1 2020

2,458
Q2 2020

3,596
Q3 2020

6 FTEs
 Territory Sales Rep

20 FTEs
 Territory Sales Rep, Total 30 FTEs

PAMA Rate

Evicore Live

Q1 2018

Q2 2018

Q3 2018

Q4 2018

Q1 2019

Q2 2019

Q3 2019

Q4 2019

Q1 2020

Q2 2020

Q3 2020
A Review of
Financials and Market Access
FINANCIAL AND OPERATING PERFORMANCE

Grow Base Revenue and Unit Growth

Margin Expansion and Leverage Fixed Costs

Profitability

Reimbursement and Revenue Cycle Management

Sales Adoption

Market Share Capture

FY19 VS. FY18

Product volume INCREASED 69%
12,898 units in FY19 vs. 7,679 units in FY18

Product Revenue INCREASED 58%
$4.4M in FY19 vs. $2.7M in FY18

Total Customers INCREASED 56%
New Customers INCREASED 56%

3Q2020 vs 2Q2020

Product volume INCREASED 46%
3,596 units in third quarter 2020 vs. 2,458 units in second quarter 2020

Product Revenue INCREASED 68%
$1.2M in third quarter 2020 vs. $0.726M in second quarter 2020

Total Customers INCREASED 37%

CASH POSITION

Cash September 30, 2020
$19M
Includes funds received for:
Capital Raise
$11M
Future Proceeds:
Potential State of CT Loan
$2M
Cigna added OVA1 to its national preferred coverage list in January 2019.

51% of the population now under positive coverage.

Wrap Up and Conclusion
**Focus Area and Timing**

**Commercial Expansion 2018-2019**

- **PAMA RATE ESTABLISHED**
- **EVICORE GUIDELINES**
- **PAYER COVERAGE (128M)**
- **EXPANDED SALES TEAM**
  - Phase I hiring completed Q3 2018 (9 FTE)
  - Phase II hiring completed Q1 2019 (11 FTE)
- **CA-125II DISPARITY VALIDATION**
  - Q4 2018 presented CA125 disparity data at the Mid-Atlantic Gynecologic Oncology Society

**Portfolio Expansion 2019**

- **EXPANDED MARKET ACCESS VIA CIGNA**
  - Q1 2019: Cigna added OVA1 to its national preferred coverage list
  - 15 M lives added (167 M)
- **HEREDITARY BREAST AND OVARIAN CANCER (HBOC) GENETICS PROGRAM LAUNCH (JUNE 2019)**
- **CLINICAL ASSESSMENT & IMAGING SYMPTOM INDEX (Q3 2019)**
- **LAUNCHED NATIONAL CLINICAL STUDY OF OC RISK DETECTION METHODS IN AFRICAN AMERICAN WOMEN**

**Partnership Expansion 2020+**

- **INCREASED ADOPTION OF OVA1PLUS & ASPIRA GENETIX (H1 2020)**
- **INCREASED PAYER COVERAGE TO 170M LIVES (H1 2020)**
- **OVA1PLUS ABSTRACT PUBLISHED APRIL 2020**
- **CLINICAL STUDIES LAUNCHED:**
  - OvaNex (Watch and Wait)
  - OvaInherit / OVA360 (DISPARITY)
- **ACADEMIC RESEARCH PARTNERSHIP**
- **CLINICAL PRODUCT PUBLICATION PORTFOLIO**
- **INNOVATION CLINICAL AI DATA REPOSITORY**
  - Biomarkers (proteins)
  - molecular genomic targets
  - hereditary cancer risks (germline)
  - family & personal history
  - clinical disease characteristics
  - medical outcome data
COMPELLING GROWTH STRATEGIES

Leverage the Largest Specimen and Data Repository of gynecologic pelvic mass patients worldwide

Become the Standard of Care for Global Pelvic Mass Risk Assessment

Expand Product Pipeline; Expand TAM
Offer pelvic disease diagnostic and prognostic solutions from puberty to cure from endometriosis and ovarian cancer

Expand Distribution Platform
Beyond the U.S. by launching OVA1Plus while building the clinical utility and health economics foundation
IN SUMMARY

1. Our Mission
   Solving a Huge Global Healthcare Problem

2. Where We Are Today
   Commercial Stage Company with FDA-cleared, guideline, and payer endorsed technology

3. Large Market Opportunity
   Strong pipeline with a 20M Market Opportunity
Appendix
OUR SOLUTION = OVA1® + OVERA® (OVA1 PLUS)

Ova

- OVA1 evaluates the levels of five ovarian cancer-associated markers in the blood
- Levels combined into single cancer risk score.

Overa

- Overa incorporates 2 new markers
- Global Platform
- Increased Specificity

Multi-variate Index Assay (MIA) in ACOG Guidelines
Positive NCCN and SGO position statements
# OVA1 PLUS IMPROVES EARLY STAGE DETECTION

## Comparison of CA-125II vs. OVA1Plus

<table>
<thead>
<tr>
<th></th>
<th>CA-125II</th>
<th>OVA1Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity Across All Ovarian Cancer Stages¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage I</td>
<td>×</td>
<td>✓</td>
</tr>
<tr>
<td>Stage II</td>
<td>×</td>
<td>✓</td>
</tr>
<tr>
<td>Stage III</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Stage IV</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sensitivity Across Menopausal Status¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-menopausal</td>
<td>×</td>
<td>✓</td>
</tr>
<tr>
<td>Post-menopausal</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sensitivity Across Histological Subtypes¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epithelial ovarian cancer</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Non-Epithelial ovarian cancer</td>
<td>×</td>
<td>✓</td>
</tr>
<tr>
<td>Low malignant potential</td>
<td>×</td>
<td>✓</td>
</tr>
<tr>
<td>Metastatic</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Other gyn cancer</td>
<td>×</td>
<td>✓</td>
</tr>
<tr>
<td>Sensitivity Across All Ethnicities²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian and African American</td>
<td>×</td>
<td>✓</td>
</tr>
</tbody>
</table>

2. From company’s 2019 AAOH Abstract 1244, “Ethnic disparity in ovarian malignancy tumor markers: MIA and ROMA”
TRUSTED SOLUTION: CARE PATHWAY GUIDELINES

Published Evidence

Shulman, et al. Advances in Therapy, 2019
Fredericks, et al. Journal of Surgical Oncol, 2019
Dunton, et al. Biomarkers in Cancer, 2019, Future Oncology, 2019
Zhang, et al. Future Oncology, 2019
Dunton, et al. Current Medical Research and Opinion, 2020

OVA1 (MIA) Guidelines / Position Statements¹

ACOG Practice Bulletin
Number 174, November 2016, page

National Comprehensive Cancer Network
Guidelines, Version 5, 2017
Updated Feb 2, 2018

Society of Gynecologic Oncology
Position Statements Issued 201
Updated 2013

American Cancer Society
What’s new in Ovarian Cancer Research? (Diagnosis)
Revised April 11, 2018

¹ In 100% of all Key Guidelines
PROTECTED SOLUTIONS: STRONG IP

Issued patents covering various ovarian cancer biomarkers

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Pending patent applications including OVA1 and Overa products

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Algorithm: kept as trade secret

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