Multi-Modal BioInformatics Solution for Ovarian Cancer

NASDAQ: AWH  |  February 2021
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The forward-looking statements reflect the views of the Company as of the date of this presentation and are subject to certain risks, uncertainties and assumptions, including the risks and uncertainties inherent in the Company’s business and including those described in the section entitled “Risk Factors” in the Company’s Annual Report on Form 10-K for the year ended December 31, 2019, as supplemented by the section entitled “Risk Factors” in the Company’s Quarterly Report on Form 10-Q for the quarters ended March 31, June 30, and September 30, 2020.

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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 Race / 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

INTELLECTUAL PROPERTY
Strong intellectual property protecting methods and use

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

PIPELINE
Compelling pipeline of diagnostic bioinformatic product candidates

EXPERIENCED MANAGEMENT
Experienced management team focused on success

"Clinical Lab Fee Schedule"
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 MMENTUM Consulting

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

Elena Ratner, MD  
Global Chief Medical Advisor, Clinical and Translational Medicine  
- Gynecologic oncologist 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

Lesley Northrop, Ph.D., DABMG, FACMG  
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-CPDH 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
LARGE MARKET OPPORTUNITY WITH THE FOLLOWING PATIENT PROFILES

- **OVARIAN CANCER**
  - Recurrence Monitoring

- **PELVIC MASS**
  - Non Surgical

- **PELVIC MASS**
  - Planned for Surgery

- **HIGH RISK HEREDITARY OVARIAN CANCER MONITORING**

- **ENDOMETRIOSIS**

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

1 in 5 women will develop a Pelvic Mass

1 in 5 women will develop a Pelvic Mass
**Key Focus Area**

**ENDOMETRIOSIS ONLY**
- DX + Aid in Detection

**LARGEST CLINICAL PROBLEM AND OPPORTUNITY**
- 6.0 to 7.0M

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

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

**SURGICAL TRIAGE RISK ASSESSMENT**
- With Pelvic Mass
- OVA1 Plus Current Label

**RECURRENT MONITORING**
- Post-OV Ca DX
- Companion DX or Replace CA125

**RECURRENCE MONITORING**
- OPPORTUNITY/CLINICAL DX NEEDS TO CORRESPOND TO IMAGING
- 0.2M

**IMMEDIATE OPPORTUNITY**
- 0.3 to 0.5M

**NEAR TERM OPPORTUNITY**
- 1.2 to 1.5M

**Future Opportunity**
- 1.2 to 1.5M

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**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
  - DEMONSTRATES CLINICAL NEED FOR OVANex

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1. Based on management estimates and analysis

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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

Our Solutions

✓ CA125 / 2-4x per year
(Off Label Use)

✓ CA125 / 2x per year
(Off Label Use)

✓ CA125 Recurrence Monitoring
(FDA Cleared)

EndoCHECK
(2023 Target Date)

OvaNex
(1H2022 Target Date)

OvaInherit
(Target Date TBD)

Ova
plus
(OVA1, OVERA, FDA Cleared)

Portfolio Expansion

Costs

$26B

$5.2B

TOTAL: $32B

TOTAL: ~20M Women

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INNOvATION PIPELINE TIMELINE

Q4 2018

Q3 2019

Q4 2018

Q3 2019

2021

1H2022 E

1H2023 E

Ovarian Asymptomatic Risk Screening

OvaNex

A watch and wait test for women with adnexal masses

A technology transfer platform for Aspira Women’s Health products

EndoCHECK

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

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

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OvaInherit

Hereditary Cancer Carrier Screening

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$26/69B/yr

**Total U.S. costs** from direct costs, lost workdays and complications

6–7 million

**Women affected** in the U.S. by Endometriosis

7–9 years

**On average to diagnose Endometriosis**

Quality of life

**Premenopausal women** may experience heavy menstrual bleeding, anemia, bloating, infertility, pain and swelling

Health burden costs

For Endometriosis in the U.S. were approximated at **$4,000 per affected woman** in 2008 - similar to the costs for other chronic conditions such as type 2 diabetes, Crohn’s disease, and rheumatoid arthritis

Biomarker-based blood test

To help identify women with Endometriosis could help by **shortening the time for treatment** and guiding more effective treatment plans

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FOUNDATION: MULTI-MODALITY VS SINGLE MODALITY APPROACH TO CARE

(Technology Evaluation Process / OVAInherit Trial Name)

Cutting Edge Research with leading academic institutions

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

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1. www.SEER.Cancer.gov
## ROOT CAUSE: INADEQUATE TOOLS

<table>
<thead>
<tr>
<th>Category</th>
<th>Tools</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL ASSESSMENT</strong></td>
<td>Physical exam &amp; ultrasound</td>
<td><strong>Subjective results</strong> due to specialists’ interpretation</td>
</tr>
<tr>
<td><strong>BLOOD TUMOR MARKER</strong></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><strong>TISSUE ANALYSIS</strong></td>
<td>Pre-operative biopsy not recommended</td>
<td>Biopsy rupture risks (potential tumor spread)</td>
</tr>
</tbody>
</table>
CURRENT CARE PATHWAY – MAJORITY OF CASES UNCERTAIN

Level A guideline for pelvic mass assessment results in ~70% unclear results and leads to ineffective care pathway

LEVEL A GUIDELINE
Pelvic Mass Transvaginal Ultrasound (TVUS)
(0.5M – 1M Patients)¹

LEVEL B
Unclear Results (CA-125)
(~70% of Cases¹
~400K Patients)¹

CLEARLY BENIGN
(27%)
Watchful Waiting / Management of Symptoms

CLEARLY MALIGNANT
(3%)
CA-125 & Immediate Referral to Gynecological Oncologist

INEFFECTIVE CARE PATHWAY RESULTS
✓ Late-stage detection (65%)²
✓ Gynecological oncologist referral delay (40%)⁴
✓ High cost with no improvement in clinical outcomes ($5B³ of U.S. annual costs with 52+% mortality²)

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(^6) alone(^5)</td>
<td>91.4</td>
<td><strong>8.6</strong></td>
</tr>
</tbody>
</table>

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

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...**

- OVA1®
- OVA1plus®
- OVERA®

### Sensitivity

<table>
<thead>
<tr>
<th></th>
<th>OVA1¹ (95% CI)</th>
<th>Overa² (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>
</tbody>
</table>

### Specificity

<table>
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<tr>
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<th>Overa² (95% CI)</th>
<th>OVA1plus (95% CI)</th>
<th>% Diff OVA1 vs OVA1plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specificity</td>
<td>54%</td>
<td>69%</td>
<td>72%</td>
<td>33%</td>
</tr>
</tbody>
</table>

> 30% improvement in specificity

---

¹ Bristow RE, et al., Gynecol Oncol. 2013;128:252-259
³ Reference Ranges established by ASPiRA Labs, Austin Tx.
AIDS IN IMPROVED EARLY STAGE DETECTION: OVA1 PLUS VS. STANDARD OF CARE (STAGE I + II)

94% Improvement in reducing the rate of cancer missed

<table>
<thead>
<tr>
<th>Test</th>
<th>Rate of Cancer MISSED</th>
<th>Rate of Cancer DETECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA-125II</td>
<td>37%</td>
<td>63%</td>
</tr>
<tr>
<td>CA-125 &amp; Clinical Assessment</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>Modified ACOG</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>OVA1Plus</td>
<td>13%</td>
<td>87%</td>
</tr>
<tr>
<td>OVA1Plus &amp; Clinical Assessment</td>
<td>2%</td>
<td>98%</td>
</tr>
</tbody>
</table>

(N = 1016 surgeries, with 86 early stage cases, 61 Stage 1, 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
NON-WHITE WOMEN, AND BLACK 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

- OVA1 has a **up to a 46% higher rate** of detection (sensitivity) for ovarian malignancy vs. CA-125 in Black women¹

- OVA1 has a **25% higher rate** of detection (sensitivity) for ovarian malignancy vs. ROMA (CA-125 & HE4) in Black women²

### Sensitivity Comparison

**OVA1 vs CA-125**

<table>
<thead>
<tr>
<th></th>
<th>BLACK</th>
<th>WHITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA-125</td>
<td>33.3%</td>
<td>62.5%</td>
</tr>
<tr>
<td>CA-125</td>
<td>79.2%</td>
<td></td>
</tr>
<tr>
<td>OVA1</td>
<td>74.4%</td>
<td>93.2%</td>
</tr>
</tbody>
</table>

**OVA1 vs ROMA**

<table>
<thead>
<tr>
<th></th>
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<th>WHITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROMA</td>
<td>54.5%</td>
<td></td>
</tr>
<tr>
<td>OVA1</td>
<td>79.1%</td>
<td></td>
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**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 women³**

**Large prospective study in process with Einstein Medical Center**

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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

- 24-Month Average Reimbursement for Early and Late Stage Cancer. Brodsky B.S., Owens G.M., Scotti, D.J., et al. AHDB. 2017:10(7):351-359

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

<table>
<thead>
<tr>
<th></th>
<th>Pre-Menopausal</th>
<th>Post-Menopausal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Stage Detection</td>
<td>$224,922</td>
<td>$197,757</td>
</tr>
<tr>
<td>Early Stage Detection</td>
<td>$35,754</td>
<td>$37,195</td>
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84% Decrease in Cost Burden
81% Decrease in Cost Burden

84% Decrease in Cost Burden
81% Decrease in Cost Burden
A Growing

Total Addressable Market
PELVIC MASS DETECTION
- Surgical triage or guided referral: ~300-400K U.S. patients and low risk
- ~5% AWH market share
- Current/AWH: OVA1plus

HEREDITARY GYNECOLOGIC CANCER RISK
- Determining risk for gynecologic cancers with genetic testing ~75K patients
- AWH: Aspira GenetiX

**TAM = 375K-475K**

Potential Revenue Range: $108M - 139M

---

CURRENTLY 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 (1H2022)

**TAM = 7.7M-8.0M**

Potential Revenue Range: $1.1B - 4.5B

---

**HIGH RISK HEREDITARY OVARIAN CANCER MONITORING**
- ~300-500K U.S. patients
- Current: CA-125 2-4x/yr monitoring (off-label)
- AWH: OVAInherit TBD

**TAM = 0.5M-0.7M**

Potential Revenue Range: $130M - 540M

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**OVARIAN CANCER RECURRENCE MONITORING**
- ~230K U.S. patients monitored
- Current: CA-125 2-4x/yr monitoring (on-label)
- AWH: TBD

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**TOTAL TAM 8.6M-10M (20M)**

Total Potential Revenue Range: $1.3B - 5.2B

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**TOTAL TAM 8.6M-10M (20M)**

Total Potential Revenue Range: $1.3B - 5.2B
GROWING SALESFORCE - DRIVING ADOPTION

Marketed directly to gynecologists, gynecology supergroups, academics and healthcare systems

Top performers in companies with disruptive technology

20 full-time (“FTE”) territory sales reps

Full-Time Sales Representative Pedigree

Ambry Genetics®
Counsyl
CareDx®
Genomind®
Integrated Genetics
myriad
natera
sequenom

bostonheart diagnostics

Harmony

ASPIRA WOMEN'S HEALTH
• 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

Both OVA1/Overa have CE Mark

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)

- Q1 2018
- Q2 2018
- Q3 2018
- Q4 2018
- Q1 2019
- Q2 2019
- Q3 2019
- Q4 2019
- Q1 2020
- Q2 2020
- Q3 2020
- Q4 2020

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ASPIRA WOMEN’S HEALTH IS AT A COMMERCIAL INFLECTION POINT

PHASE 1
HIRING

PHASE 2
HIRING

Launch of Decentralized Platform & 2nd Generation/OVA1 Plus

6 FTEs Territory Sales Rep

20 FTEs Territory Sales Rep, Total 30 FTEs

PAMA Rate
Evicore Live

March Decrease Due to COVID-19 Closures

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

Total OVA1plus Tests


1,818 1,884 1,981 1,996 3,129 3,602 3,654 3,596 3,849

1,500 1,700 1,900 2,100 2,300 2,500 2,700 2,900 3,100 3,300 3,500 3,700 3,900 4,000


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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. $0.743M in second quarter 2020

Total Customers
INCREASED 37%

CASH POSITION
Cash September 30, 2020
$19M

Includes funds received for:
Capital Raise
$11M
State of CT Loan
$2M¹

³ Received in Q4
Cigna added OVA1 to its national preferred coverage list in January 2019.

51% of the population now under positive coverage.

Unprecedented reimbursement success.

Wrap Up and Conclusion
CATALYST DRIVEN MOMENTUM THROUGH 2020

Focus Area and Timing

|--------------------------------|--------------------------|-----------------------------|

- **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**

- **INCREASED ADOPTION OF OVA1PLUS & ASPIRA GENETIX**
  - **(H1 2020)**

- **INCREASED PAYER COVERAGE TO 173M LIVES (H1 2020)**
  - 114M in contracts to 155M in contracts in 2020

- **OVA1PLUS ABSTRACT PUBLISHED APRIL 2020**

- **ACADEMIC RESEARCH PARTNERSHIP(S) BAYLOR GENETICS**

  - **EndoCHECK** - Clinical Validation
  - **OVA360**

- **TOP 3 PLANNED 2021 PUBLICATION LIST**
  - OVA1nex analytical validation
  - AGTT analytical validation
  - Endocheck analytical and retrospective clinical validation

**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

- **PAMA RATE ESTABLISHED**
- **EVICORE GUIDELINES**
- **PAYER COVERAGE (128M)**

- **EXPANDED MARKET ACCESS VIA CIGNA**
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- **TOP 3 PLANNED 2021 PUBLICATION LIST**
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Leverage the Largest Specimen and Data Repository of gynecologic pelvic mass patients worldwide

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

Become the Standard of Care for Global Pelvic Mass Risk Assessment

COMPELLING GROWTH STRATEGIES
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)

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

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

Ova

Protein
Function
Apolipoprotein A1
Cholesterol Transport
DOWN

Beta 2 microgloblin
Host immune response
UP

CA-12SII
Released by tumor cells
UP

Prealbumin
Hormone and vitamin transport
DOWN

Transferrin
Iron transport
DOWN

Multi-variate Index Assay (MIA) in ACOG Guidelines
Positive NCCN and SGO position statements

Overa

Protein
Function
Apolipoprotein A1
Cholesterol Transport
DOWN

HE4 (Human Epididymis protein 4)
Released by tumor cells
UP

CA-12SII
Released by tumor cells
UP

FSH (Follicle Stimulating Hormone)
Hormone regulation
DOWN

Transferrin
Iron transport
DOWN
### OVA1 PLUS IMPROVES EARLY STAGE DETECTION

#### Comparison of CA-125II vs. OVA1Plus

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

² From company’s 2019 AACR Abstract 1244. "Ethnic disparity in ovarian malignancy tumor markers: MIA and ROMA.”
### Published Evidence

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Journal(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shulman, et al.</td>
<td>Advances in Therapy, 2019</td>
</tr>
<tr>
<td>Fredericks, et al.</td>
<td>Journal of Surgical Oncol, 2019</td>
</tr>
<tr>
<td>Dunton, et al.</td>
<td>Biomarkers in Cancer, 2019</td>
</tr>
<tr>
<td>Dunton, et al.</td>
<td>Future Oncology, 2019</td>
</tr>
<tr>
<td>Zhang, et al.</td>
<td>Future Oncology, 2019</td>
</tr>
<tr>
<td>Dunton, et al.</td>
<td>Current Medical Research and Opinion, 2020</td>
</tr>
</tbody>
</table>

1. #100% of all Key Guidelines

### OVA1 (MIA) Guidelines / Position Statements

- **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
PROTECTED SOLUTIONS: STRONG IP

Issued patents covering various ovarian cancer biomarkers

Pending patent applications including OVA1 and Overa products

Algorithm: kept as trade secret

<table>
<thead>
<tr>
<th>Issued Patents</th>
<th>Pending (Approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>Ex US</td>
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<td>20</td>
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FAMILY 24