ASPIRA WOMEN'S HEALTH™

Multi-Modal BioInformatics Solution for Ovarian Cancer

NASDAQ: AWH | January 2022

Safe Harbor

This presentation contains forward-looking statements, as defined in the Private Securities Litigation Reform Act of 1995. All statements, other than statements of historical facts, included in this presentation are forward-looking statements. These forward-looking statements include, among others, statements about Aspira Women's Health Inc.'s (the "Company") products, pricing, addressable market, potential product expansion and anticipated timing of product launches. The Company's actual results may differ materially from the views expressed in these forward-looking statements. Words such as "may," "expects," "intends," "anticipates," "believes," "estimates," "plans," "seeks," "could," "should," "continue," "will," "potential," "projects" and similar expressions are intended to identify such forward-looking statements.

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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, 2020, as supplemented by the section entitled "Risk Factors" in the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2021.

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Table of Contents

1. Our Mission
2. Introduction to Patient Life Cycle and Market
3. Starting with Ovarian Cancer
4. A Growing Total Addressable Market
5. Financials and Market Access
6. Wrap Up and Conclusion
7. Appendix Slide

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Presentation Overview

1

Our Mission

2

Where We Are Today

3

Large Market Opportunity

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Our Mission

Enable Early Gynecologic Disease Detection for All Ages and Race / Ethnicities

...starting with Ovarian Cancer

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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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Management Team

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

Charles Dunton, MD

Interim Chief Medical Officer

Former Chief, Division of Gynecologic Oncology Department of Obstetrics and Gynecology, Main Line Health and Professor, Department of Obstetrics and Gynecology, Jefferson Medical College, and has been named one of Americas Top Doctors for Cancer by U.S. News & World Report

Research areas include cervical cancer screening, treatment of ovarian and cervical cancers, as well as innovations in surgical care

Author of over 90 peer reviewed publications and has spoken nationally and internationally on 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., DABMGG, 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

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

Greg Richard

Head of Corporate Strategy, Reimbursement and Managed Care

20+ years in healthcare leadership experience

Track record of successfully developing and executing strategies that led to securing coverage and reimbursement for disruptive novel technologies in the diagnostics industry.

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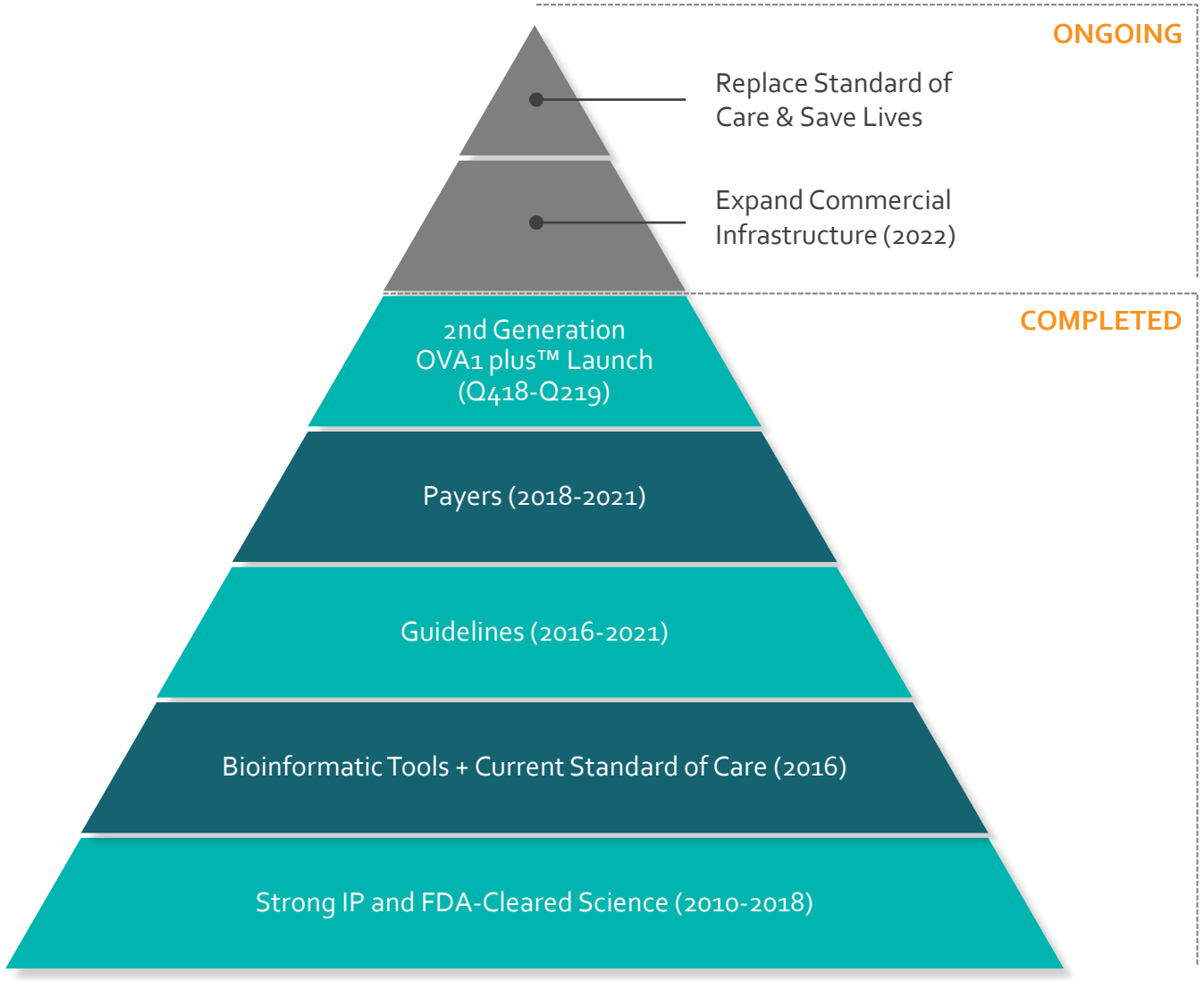
Aspira Women's Health's Evolution

OVA1plus™ foundation in place to become NEW Standard of Care

Payer Coverage:
5.8 out of 10 lives covered in the U.S.



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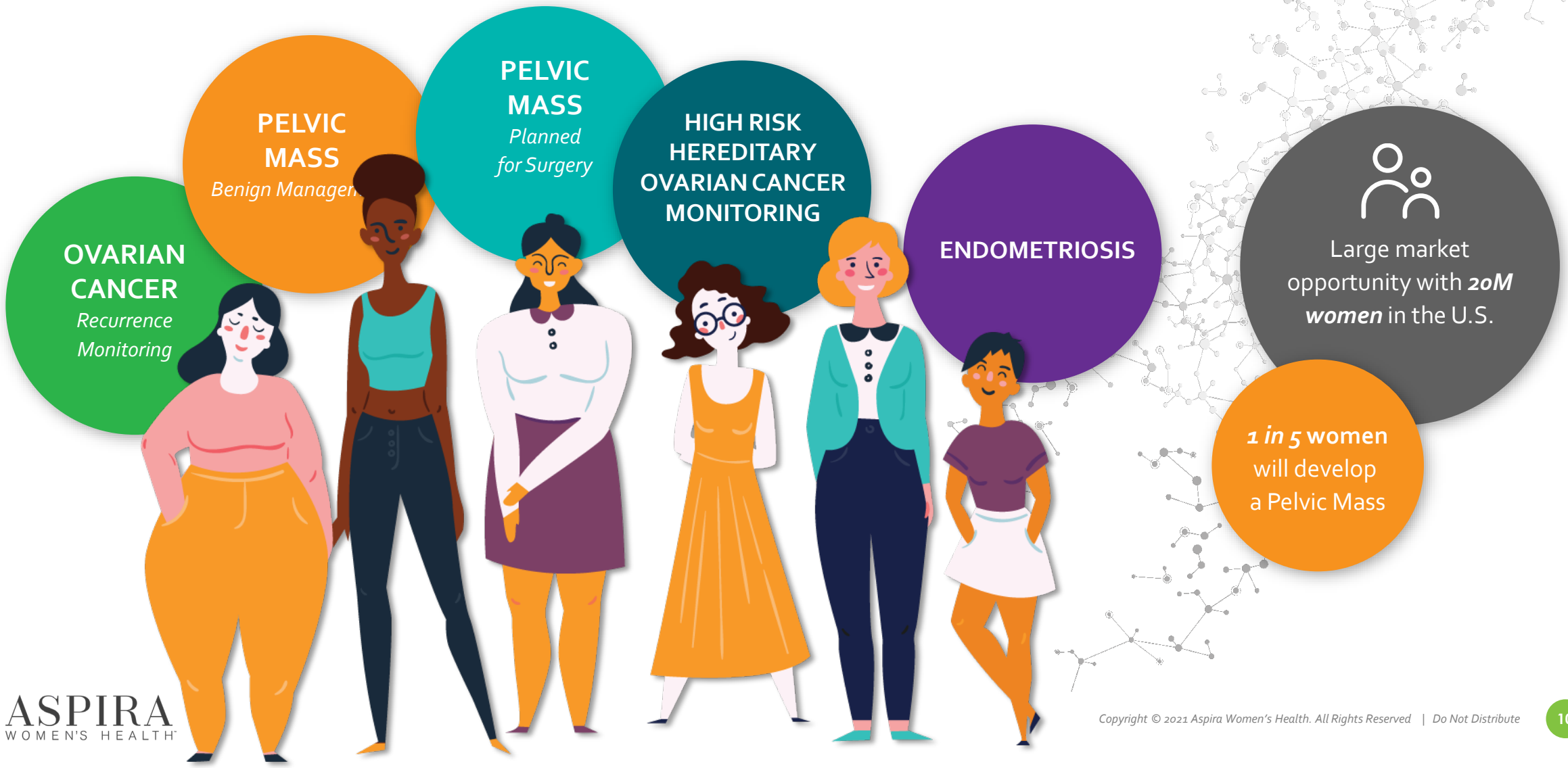
Introduction to

Patient Lifecycle *and* Market

Large Market Opportunity

with the following patient profiles



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Patient Lifecycle

With ova technology – solving diagnostic dilemmas from puberty to cure

EndoCHECK

ENDOMETRIOSIS ONLY

DX + Aid in Detection

LARGEST CLINICAL PROBLEM AND OPPORTUNITY — 6.5M

OvaWATCH

BENIGN PELVIC MASS MANAGEMENT

Replace CA 125
2-4 X/year

IMMEDIATE OPPORTUNITY — 1.2M to 1.5M

OvaInherit

HIGH RISK HEREDITARY OVARIAN CANCER MONITORING

Replace CA 125
2X/year

NEAR TERM OPPORTUNITY — 0.3M to 0.5M

Ova1 plus

SURGICAL TRIAGE RISK ASSESSMENT
With Pelvic Mass

OVA1 plus™
Current Label

IMMEDIATE OPPORTUNITY — 0.3M to 0.4M[1]

Future Opportunity

RECURRENCE MONITORING
Post-OV Ca DX

Companion DX
or Replace CA 125

OPPORTUNITY/ CLINICAL DX NEEDS TO CORRESPOND TO IMAGING — 0.2M

Puberty (~14 yo.) ——— **Cure** (70-80 yo.)

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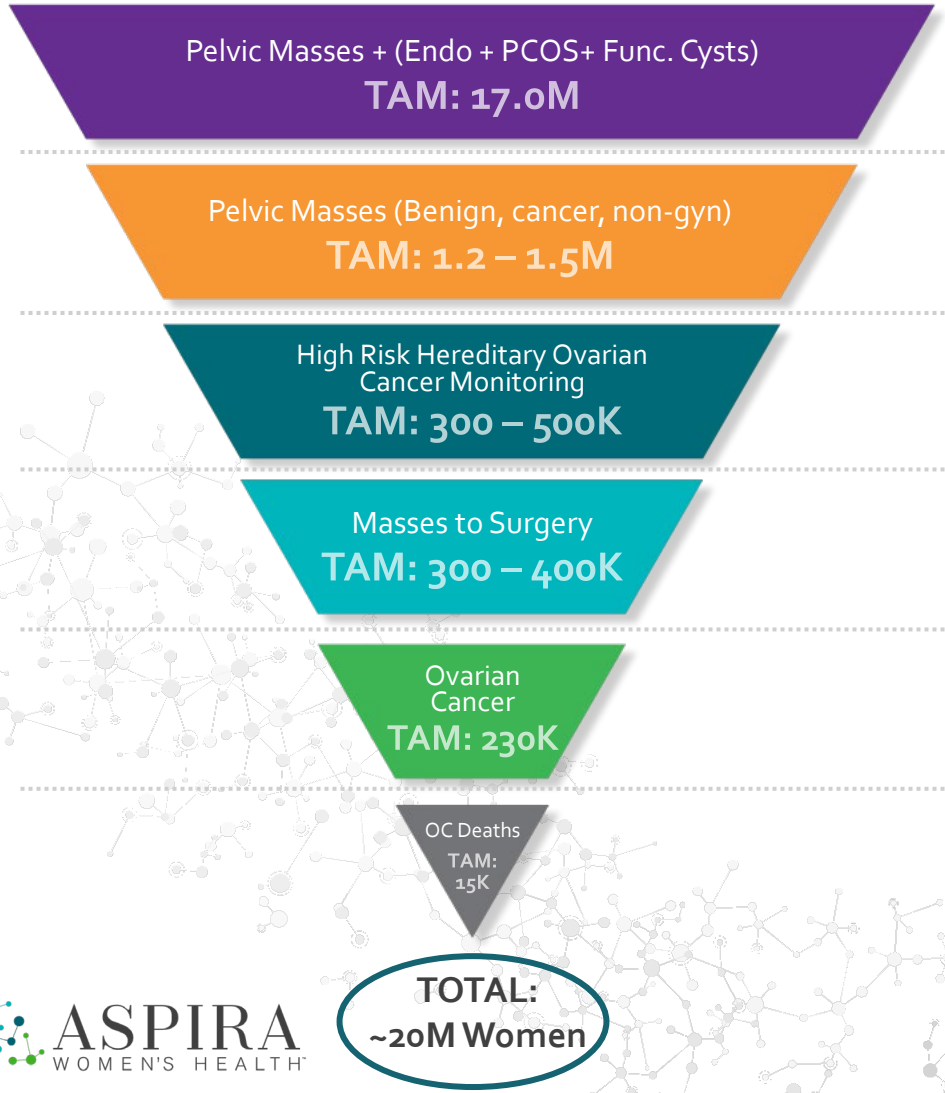
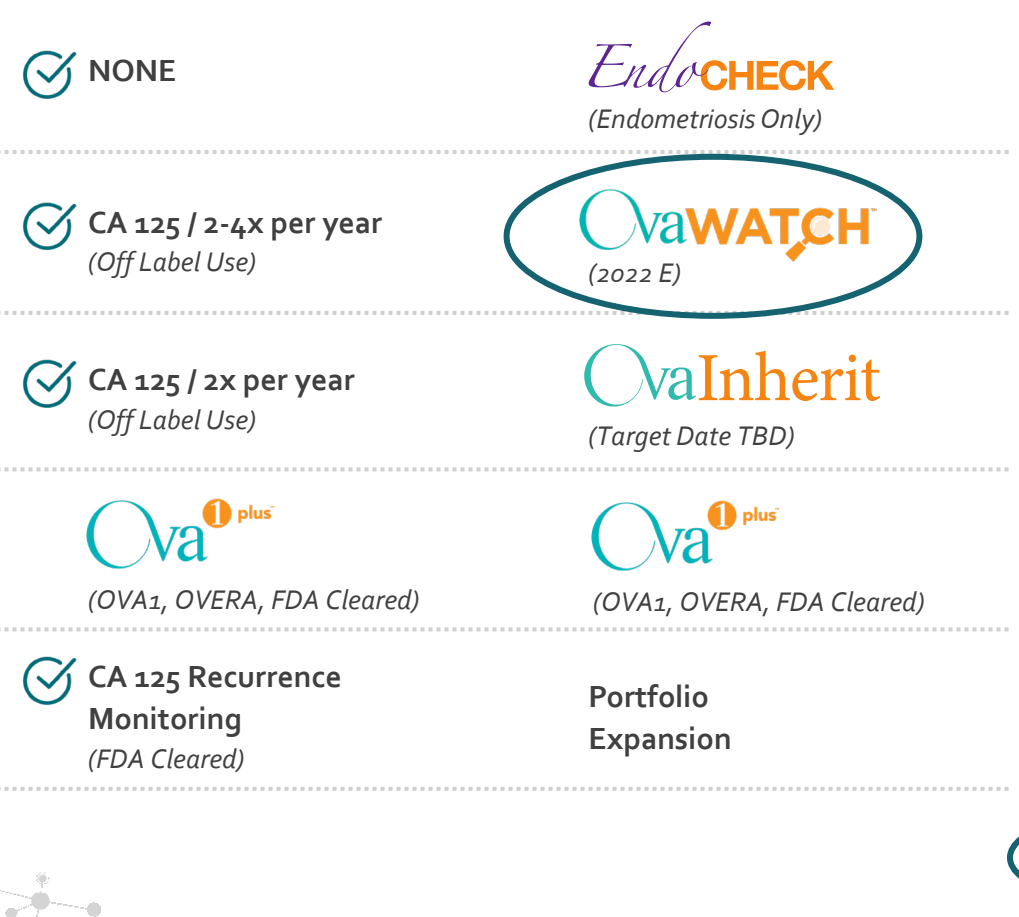
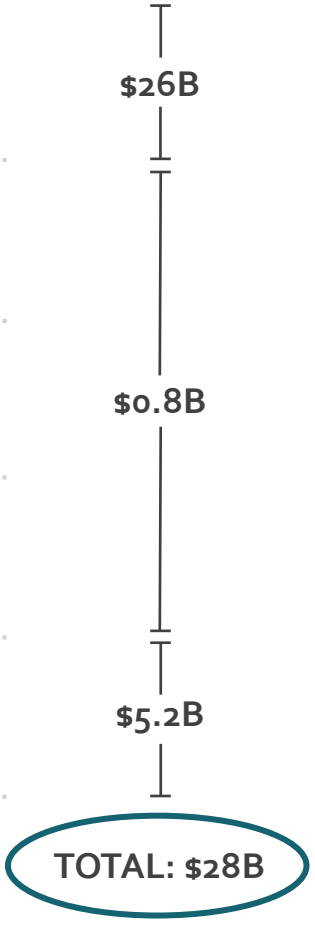
Large Benign and Malignant Pelvic Mass Market *U.S. Only*

Suboptimal diagnostics and high-cost burden







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InnOvation Pipeline Timeline

Q4 2018

Ova1 plus

Q3 2019

ASPIRA GENETIX BY ASPIRA LABS

Hereditary Cancer Carrier Screening

2021

ASPIRA SYNERGY TECHNOLOGY TRANSFER

A technology transfer platform for Aspira Women's Health products

2022 E

OvaWATCH

A watch and wait test for women with adnexal masses

1H2023 E

EndoCHECK

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

OvaInherit

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

Ovarian Asymptomatic Risk Screening

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OVASight (OVAWatch™) Abstract – ASCO 2021

Abstract #551

Serum-based assay for adnexal mass risk of ovarian malignancy.

Daniel Ure, Rowan Bullock, Gary Altwerger, Elena Ratner, Lesley Northrop; Aspira Women's Health, Trumbull, CT; Aspira Women's Health, Austin, TX; Department of Obstetrics, Gynecology and Reproductive Sciences, Yale New Haven Hospital, New Haven, CT; Smilow Comprehensive Cancer Center, Yale School of Medicine, New Haven, CT

BACKGROUND: A Deep learning neural network was developed to assess ovarian cancer risk in women presenting with adnexal mass into risk categories. The algorithm shows potential to improve on the performance of CA 125 as the standard biomarker to monitor women as a clinical management metric to trace increased risk of malignancy.

RESULTS: Algorithm performance metrics are also shown comparing predicted results from the algorithm to the known malignancy diagnoses. The performance metrics are also compared below to the standard of care biomarker test, cancer antigen 125 (CA 125), reporting increased sensitivity by 26.1%, and failure to reject the null hypothesis of equivalent specificity.

CONCLUSIONS: The algorithm detected 91% of malignancies in the independent validation data. This high sensitivity in malignancy detection paired with the failure to reject the null hypothesis of equivalent specificity (Pearson's chi-squared test p-value of 0.281) and negative predictive value (NPV) suggest the algorithm could be used two-fold. First, surgical referral to gynecological oncologists for women classified in the high-risk cohort. The second as a goal with future clinical validation, is that women with a low risk of malignancy might be able to delay surgery and enter a serial monitoring clinical management care pathway.

	Neural Network	CA 125
Malignancy detection rate	21/23 (91.3%)	15/23 (65.2%)
Count of malignancies not detected	2	4
Count of false positives	64	52
Positive predictive value	21/84 (25.0%)	15/67 (22.4%)
Specificity	509/573 (89.0%)	521/573 (90.9%)
Negative predictive value	509/511 (99.6%)	521/529 (98.5%)

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Endometriosis

A significant unmet need translating into a multibillion-dollar market

$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[1-2]

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 cost
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[3]

Biomarker-based blood test
to help identify women with Endometriosis could help by **shortening the time for treatment** and guiding more effective treatment plans

1. *Fuldeore MJ, Soliman AM. Prevalence and Symptomatic Burden of Diagnosed Endometriosis in the United States: National Estimates from a Cross-Sectional Survey of 59,411 Women. Gynecol Obstet Invest. 2017;82(5):453-461. doi: 10.1159/000452660. Epub 2016 Nov 8. PMID: 27820938.*
2. *Buck Louis GM, Hediger ML, Peterson CM, Croughan M, Sundaram R, Stanford J, Chen Z, Fujimoto VY, Varner MW, Trumble A, Giudice LC; ENDO Study Working Group. Incidence of endometriosis by study population and diagnostic method: the ENDO study. Fertil Steril. 2011 Aug;96(2):360-5. doi: 10.1016/j.fertnstert.2011.05.087. Epub 2011 Jun 29. PMID: 21719000; PMCID: PMC3143230.*
3. *Sarawat L, Ayansina D, Cooper KG, et al. Impact of endometriosis on risk of further gynecological surgery and cancer: a national cohort study. BJOG 2018; 125(1): 64-72. doi: 10.1111/1471-0528.14793.*

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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

BAYLOR GENETICS

Research collaboration announced November 19, 2020

Announced March 25, 2021

Dana-Farber Cancer Institute

BRIGHAM HEALTH
BWH BRIGHAM AND WOMEN'S HOSPITAL

MEDICAL UNIVERSITY OF LODZ

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Starting with

Ovarian Cancer

Presentation Stage and 5-Year Survival Rate

Presentation Stage[1]	Incidence	Five Year Survival Rate[1]
(Stage I) Localized	15%	92%
(Stage II) Regional	21%	75%
(Stage III) Distant	59%	29%
(Stage IV) Unstaged	6%	24%

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.

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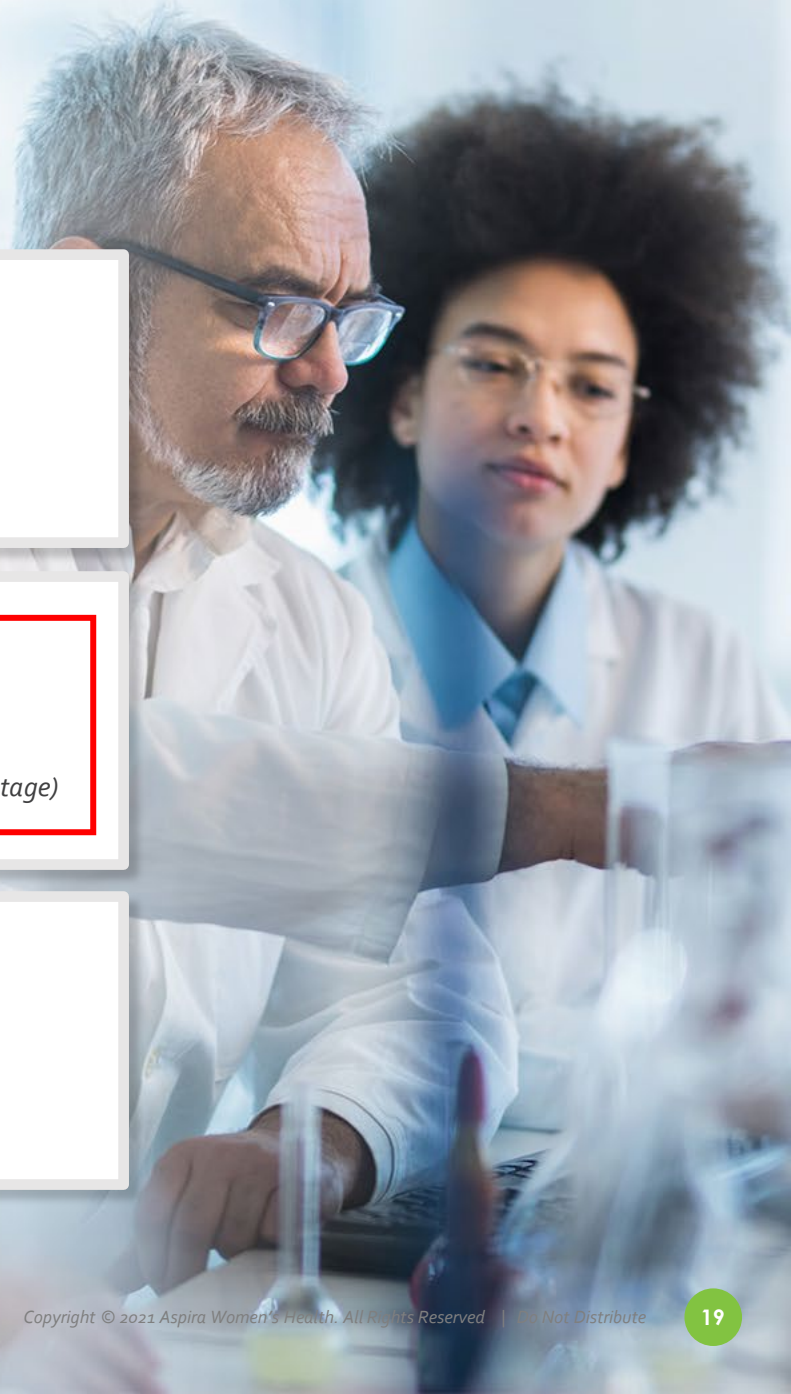
Root Cause: Inadequate Tools

	Category	Tools	Limitations
	Clinical Assessment	Physical exam & ultrasound	**Subjective results** due to specialists' interpretation
	Blood Tumor Marker	CA 125 *(off-label)* ROMA™*(alternative)*	Low sensitivity High false negatives, *(pre-menopausal / early-stage)*
	Tissue Analysis	Pre-operative biopsy not recommended	Biopsy rupture risks *(potential tumor spread)*



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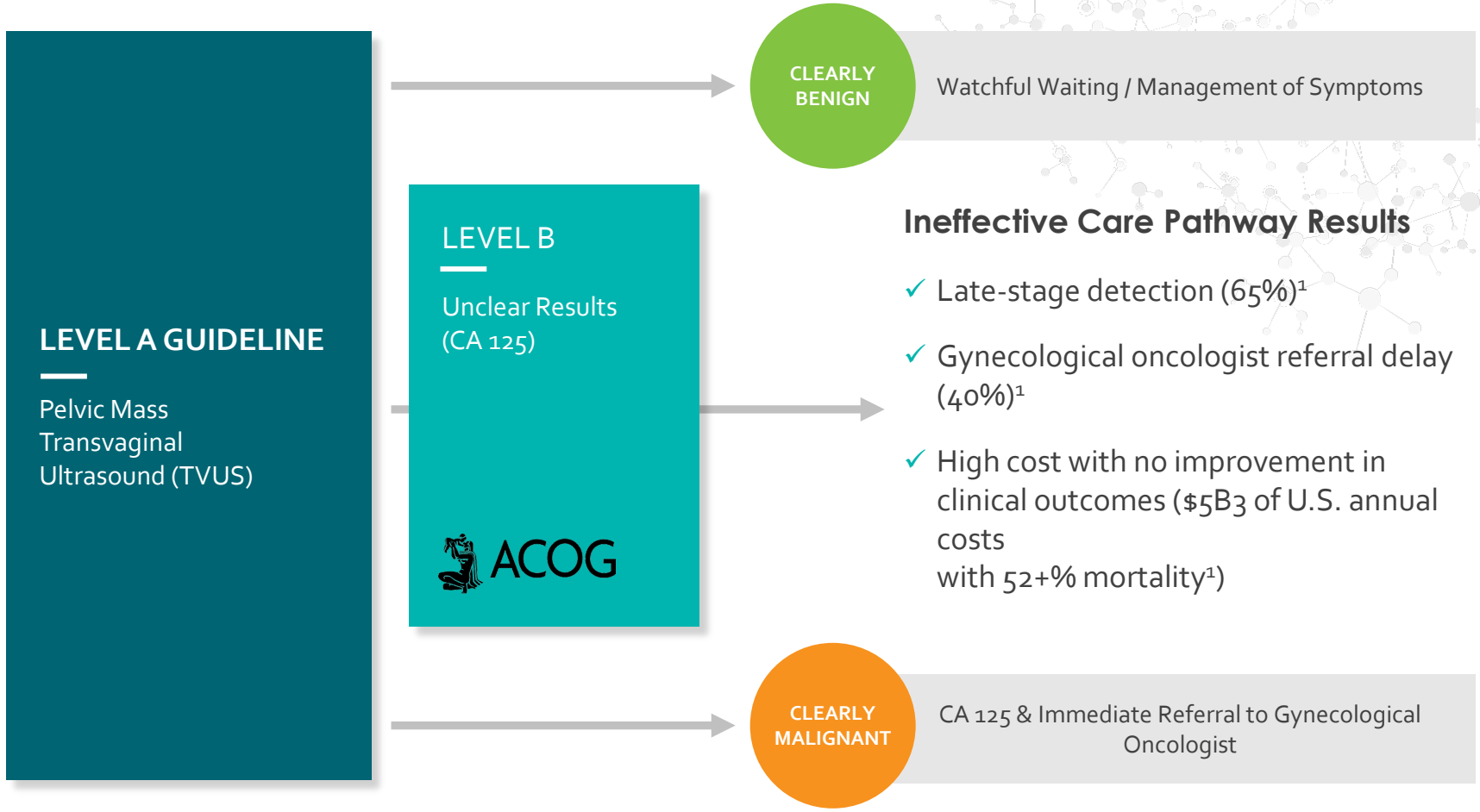
Current Care Pathway – Majority Of Cases Uncertain

Level A guideline for pelvic mass assessment results in 25%[1] unclear results and leads to ineffective care pathway



1. Sara E. Vázquez-Manjarrez and O. Cristina Rico-Rodriguez and Nancy Guzman-Martinez and Verónica Espinoza-Cruz and Denny Lara-Nuñez, Imaging and diagnostic approach of the adnexal mass: what the oncologist should know, Chinese Clinical Oncology},Vol 9;issue 5,2020,2304-3873.

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Current State: Early-Stage False Negative Rate 31-59%

A low false negative rate is critical for patient care

Standalone Risk Stratification

	Early Stage Sensitivity (%)	Early Stage False Negativity Rate (%)
Clinical assessment (CA)[1]	68.6	31.4
Ultrasound alone[2]	41.2	58.8
CA 125 alone[1]	62.8	37.2
ROMA (CA 125 & HE4)[3-4]	63.6	36.4
OVA1® alone[5]	91.4	8.6

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

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1. Longoria, TC et al. AJOG Jan 2014, 210(1,): 78.e1-78.e9. 2. Pavlik EJ, van Nagell JR Jr. Womens Health (Lond). 2013 Jan;9(1):39-55.
3. Partheen K, Kristjansdottir B, Sundfeldt K. J Gynecol Oncol. 2011;22(4):244-52. 4. Chudecka-Glaz, A et al. J Mol Biomark Diagn. 2013, S4:003.
5. Bristow, RE et al. Gynecol Cncol. 2013, 128:252-259.

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Improved Specificity: OVA1plus™ OVA1®/Overa® Reflex Offering (Q4 2018)

	OVA1[1] (95% CL)	Overa[1] (95% CL)	OVA1 + (95% CL)	% Diff OVA1 vs OVA1+
Sensitivity	92%	91%	88%	-4%
Specificity	54%	69%	72%	33%

>30% improvement in specificity

Pre-Menopausal Risk[2] 5.0–7.0

Low < 5.0	Intermediate 5.0–7.0	Elevated > 7.0

Prost-Menopausal Risk[2] 4.4–6.0

Low < 4.4	Intermediate 4.4–6.0	Elevated >6.0

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1. Coleman RL, Herzog TJ, Chan DW, et al. Validation of a second-generation multivariate index assay for malignancy risk of adnexal masses. Am J Obstet Gynecol 2016;215:82.e1-11.
2. Reference Ranges established by ASPiRA Labs, Austin Tx.

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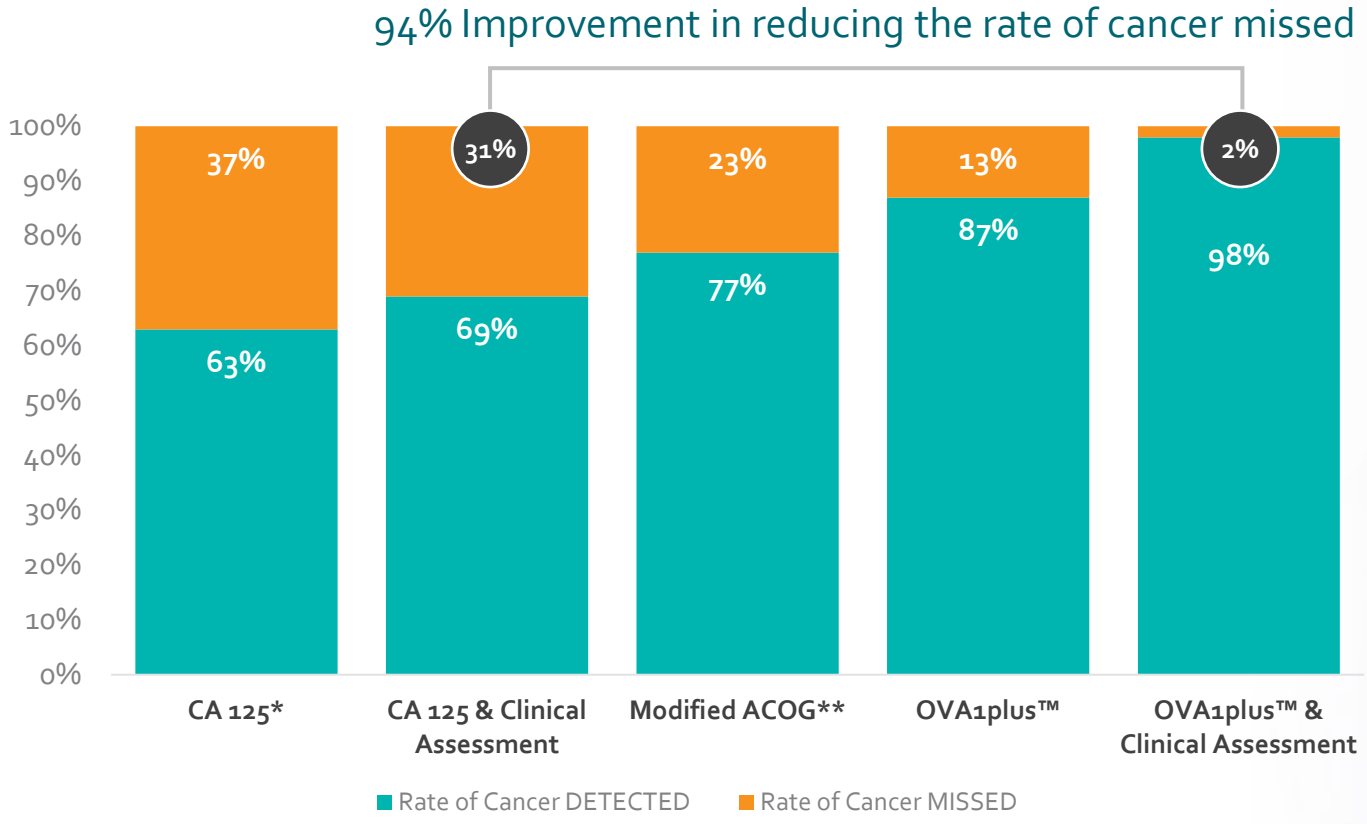
Aids in Improved Early-Stage Detection: OVA1plus™ vs. Standard of Care (Stage I + II)



(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 125 and Clinical Assessment*
Clinical Assessment = Physical exam and imaging

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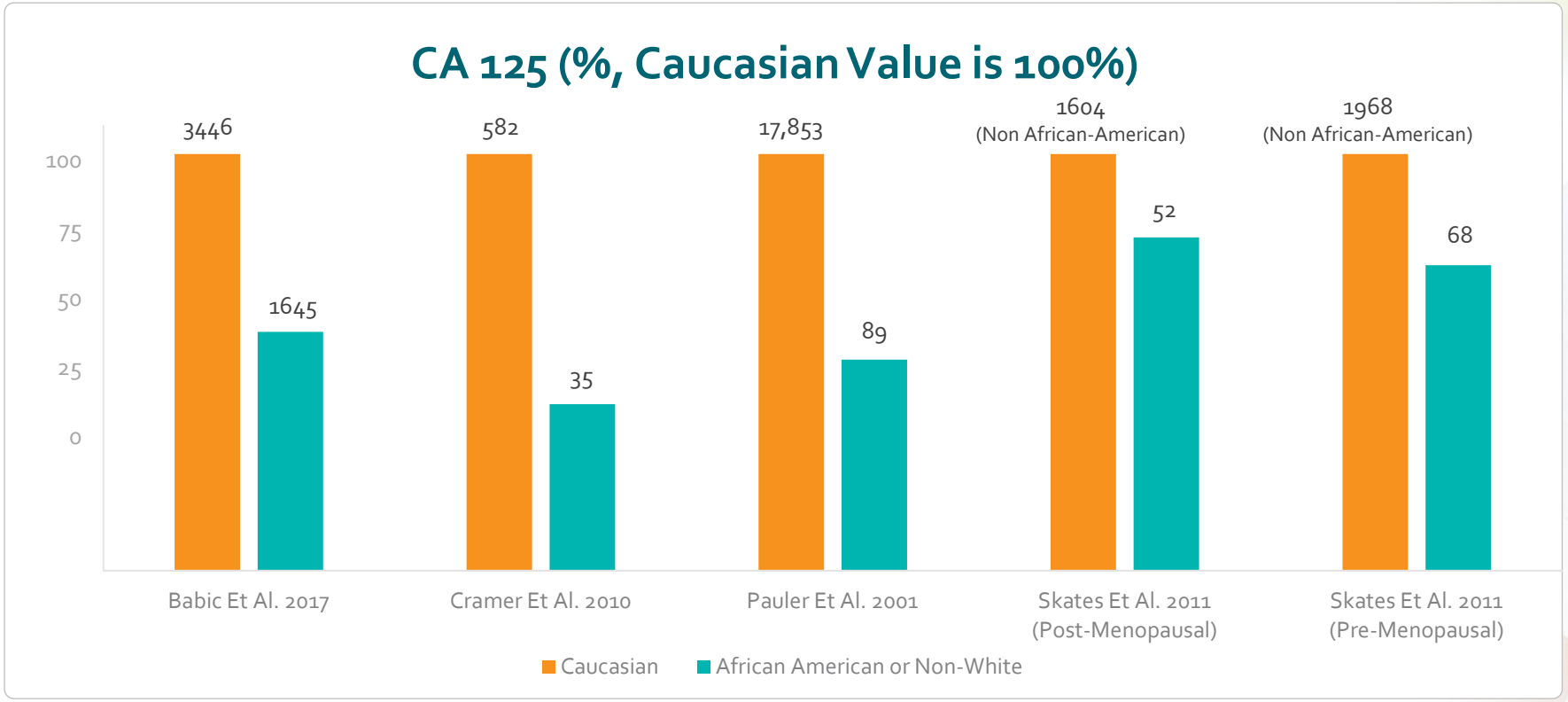
Racial Gap Review

Non-white women, and Black women, display significantly lower CA 125 values compared to Caucasian women

This racial gap in CA 125 is found in healthy women, women at high risk for ovarian cancer, and women with ovarian cancer[1-4]



1. Pauler, D., et al. Factors Influencing Serum CA125II Levels in Healthy Postmenopausal Women. Cancer Epidemiology, Biomarkers & Prevention, 10: 489-493, 2001.
2. Skates, S., at al. Large Prospective Study of Ovarian Cancer Screening in High-risk Women: CA125 Cut-point Defined by Menopausal Status. Cancer Prevention Research, 4(9), 1401–1408, 2011.
3. Cramer, D., et al. Correlates of the pre-operative level of CA125 at presentation of ovarian cancer. Gynecologic Oncology, 119(3), 462–468, 2010.
4. Babic, A., at al. Predictors of pretreatment CA125 at ovarian cancer diagnosis: a pooled analysis in the Ovarian Cancer Association Consortium. Cancer Causes & Control : CCC, 28(5), 459–468, 2017.

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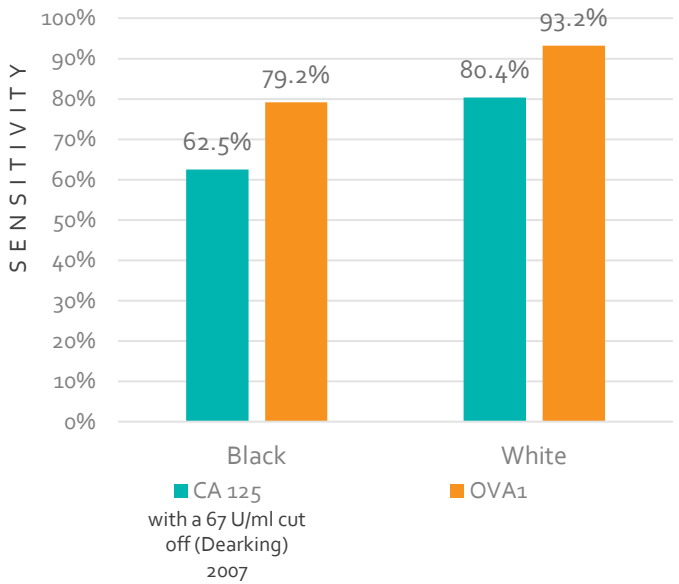
Racial Gap Review

OVA1® Superiority over CA 125 in Black Women

OVA1® has a 16.7% higher rate of detection (sensitivity) for ovarian malignancy vs. CA 125 in Black Women[1]

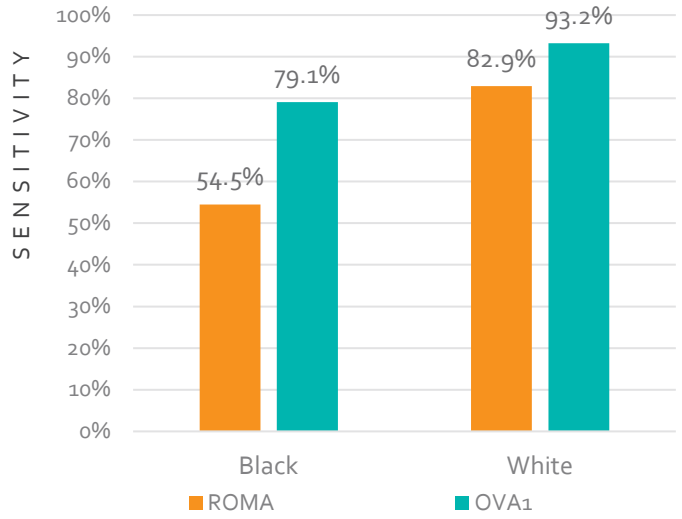
OVA1® vs CA 125



*ACOG 2016= Premenopausal cutoff= very elevated

OVA1® has a 25% higher rate of detection (sensitivity) for ovarian malignancy vs. ROMA (CA 125 & HE4) in White Women[2]

OVA1® vs ROMA (CA125&HE4)



- CA 125 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 postmenopausal women, to achieve 90% sensitivity obtained for White women[3]
- Large prospective study in process with Einstein Medical Center

Conclusion: OVA1® outperforms CA 125 and ROMA in Black Women

1. Dunton, C., Bullock, R., Fritsche, H.A., (2019). Ethnic disparity in clinical performance between multivariate index assay and CA125 in detection of ovarian malignancy. Future Oncology, https://doi.org/10.2217/fon-2019-0310
2. Dunton, C., Bullock, R., Fritsche, H.A., (2019). Multivariate Index Assay Is Superior to CA125 and HE4 Testing in Detection of Ovarian Malignancy in African-American Women. Biomarkers in Cancer, 11 (1-4), https://doi.org/10.1177/1179299X19853785
3. ASPiRA Labs Data on File, Combined OVA1 and OVA500 studies.

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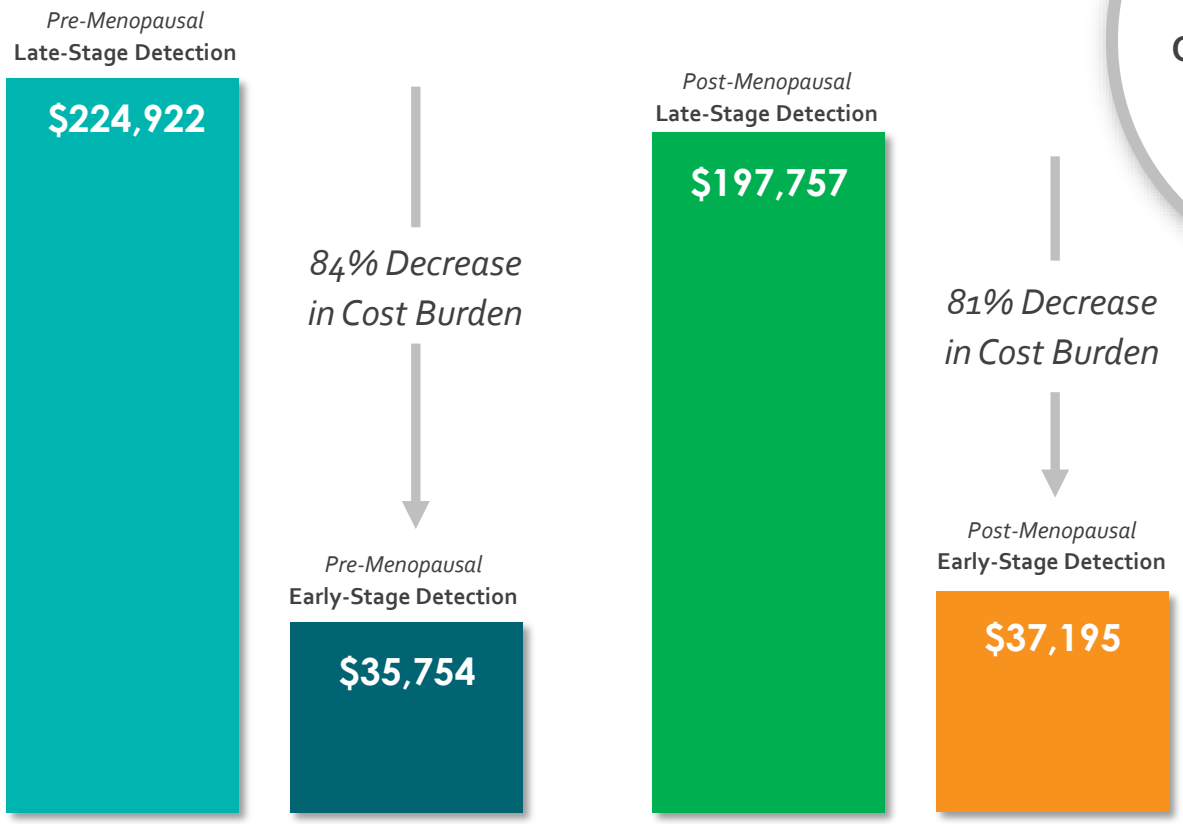
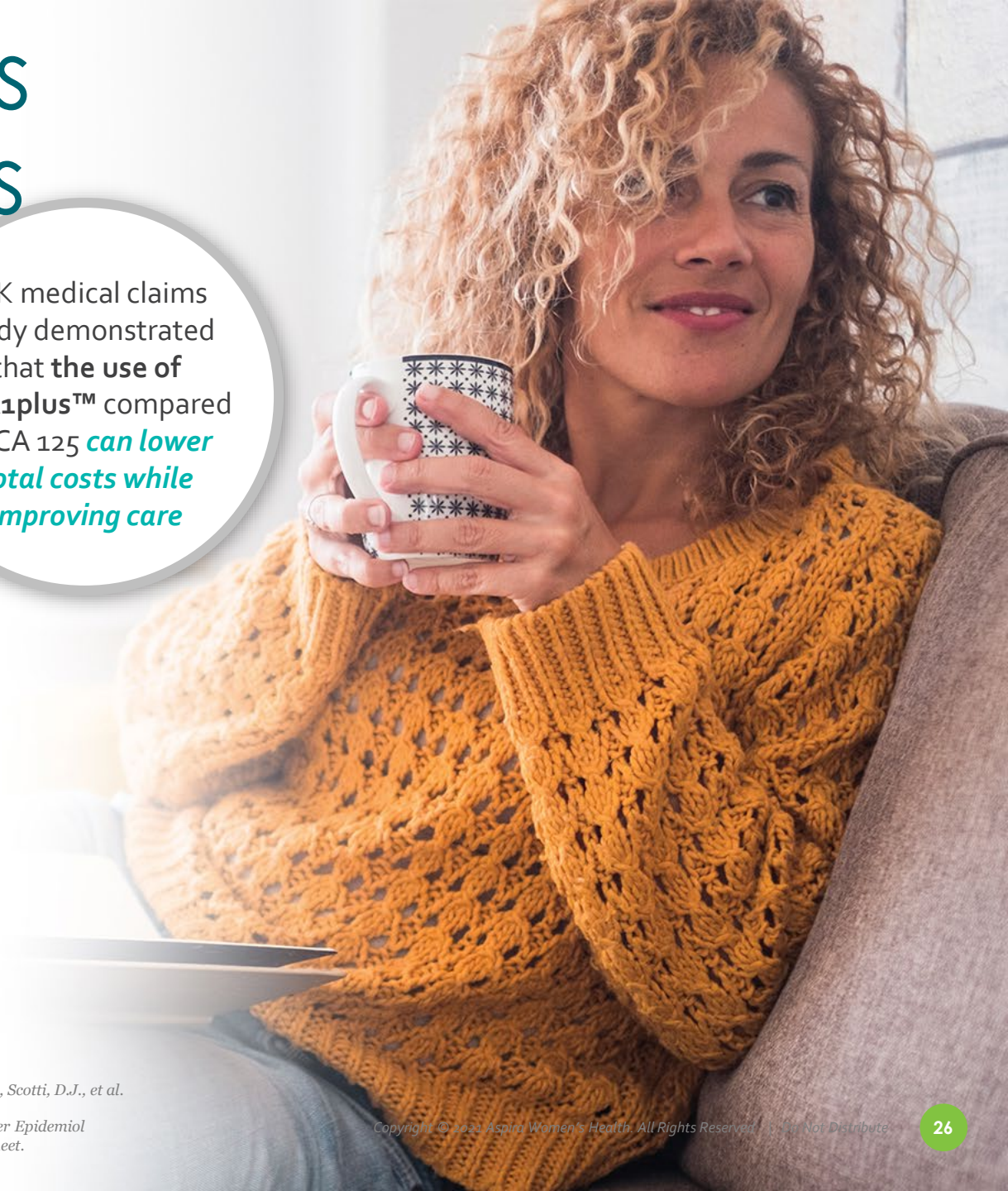
Early Detection Lowers Total Healthcare Costs

Cost Comparison of Early vs. Late Stage Detection[1,2,3]



93K medical claims study demonstrated that **the use of OVA1plus™** compared to CA 125 ***can lower total costs while improving care***



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1. 24-Month Average Reimbursement for Early and Late-Stage Cancer. 2. Brodsky B.S., Owens G.M., Scotti, D.J., et al. AHDB. 2017:10(7):351-359
3. Lindsey A. Torre, Farhad Islami, Rebecca L. Siegel, Elizabeth M. Ward and Ahmedin Jemal. Cancer Epidemiol Biomarkers Prev April 1, 2017 (26) (4) 444-457; DOI: 10.1158/1055-9965.EPI-16-0858; WHO fact sheet.

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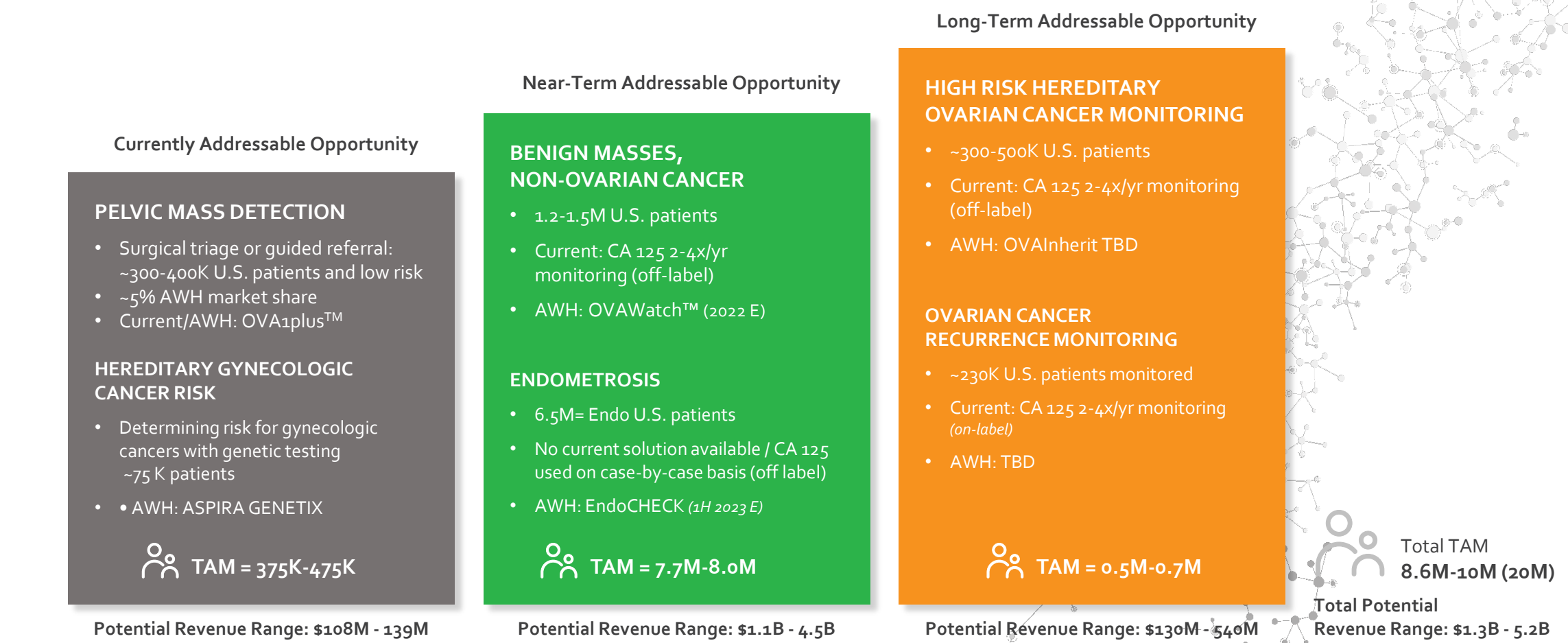
A Growing

Total Addressable Market

Large And Growing Total Addressable Market



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Note: assumes 50% market share

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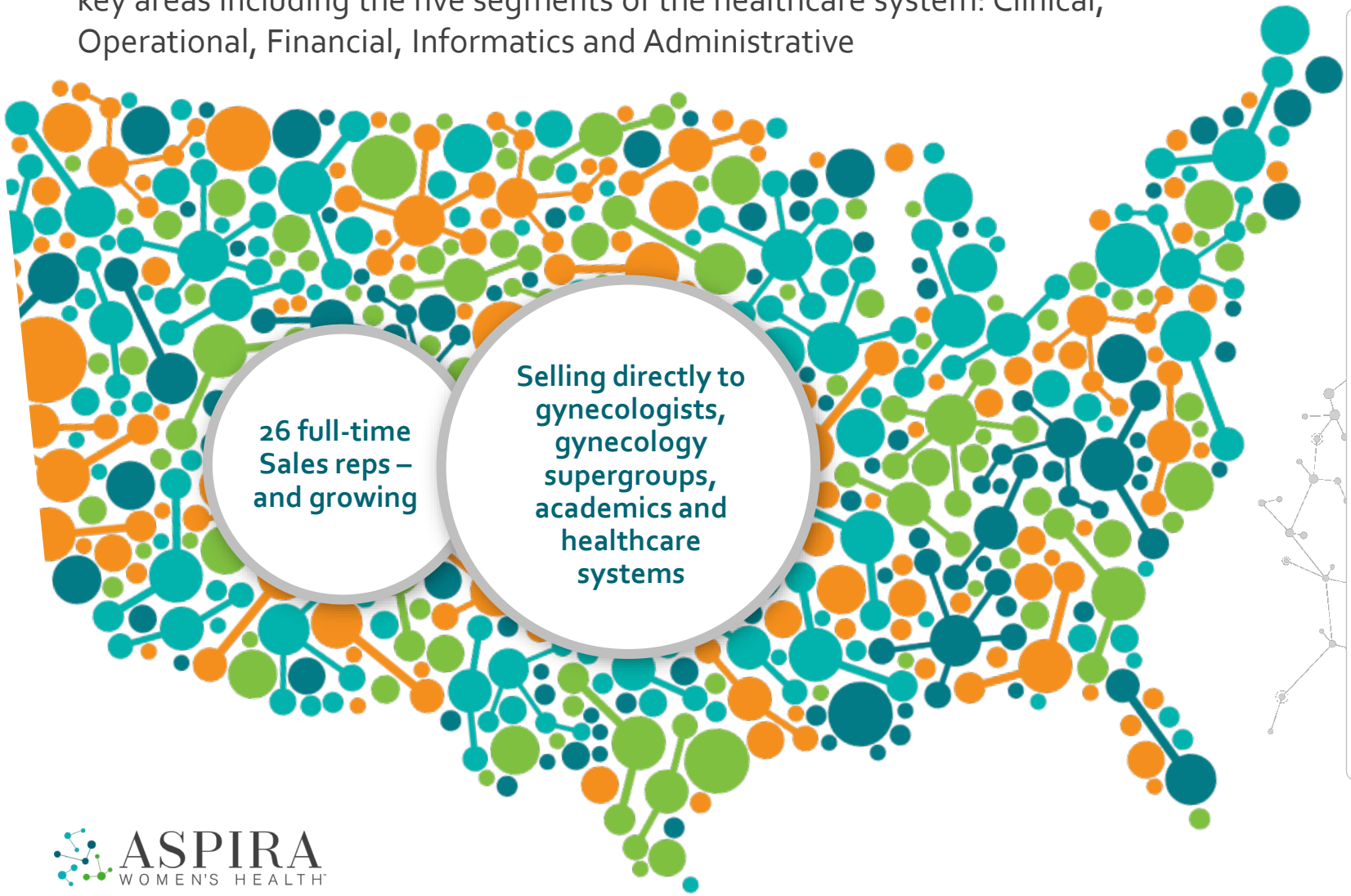
Growing Salesforce - Driving Adoption

National Coverage from a specialized and cohesive sales team focused across key areas including the five segments of the healthcare system: Clinical, Operational, Financial, Informatics and Administrative



Focused Across Key Areas

- Core Sales
- Health Systems
- Integration Specialists
- Specialty Sales

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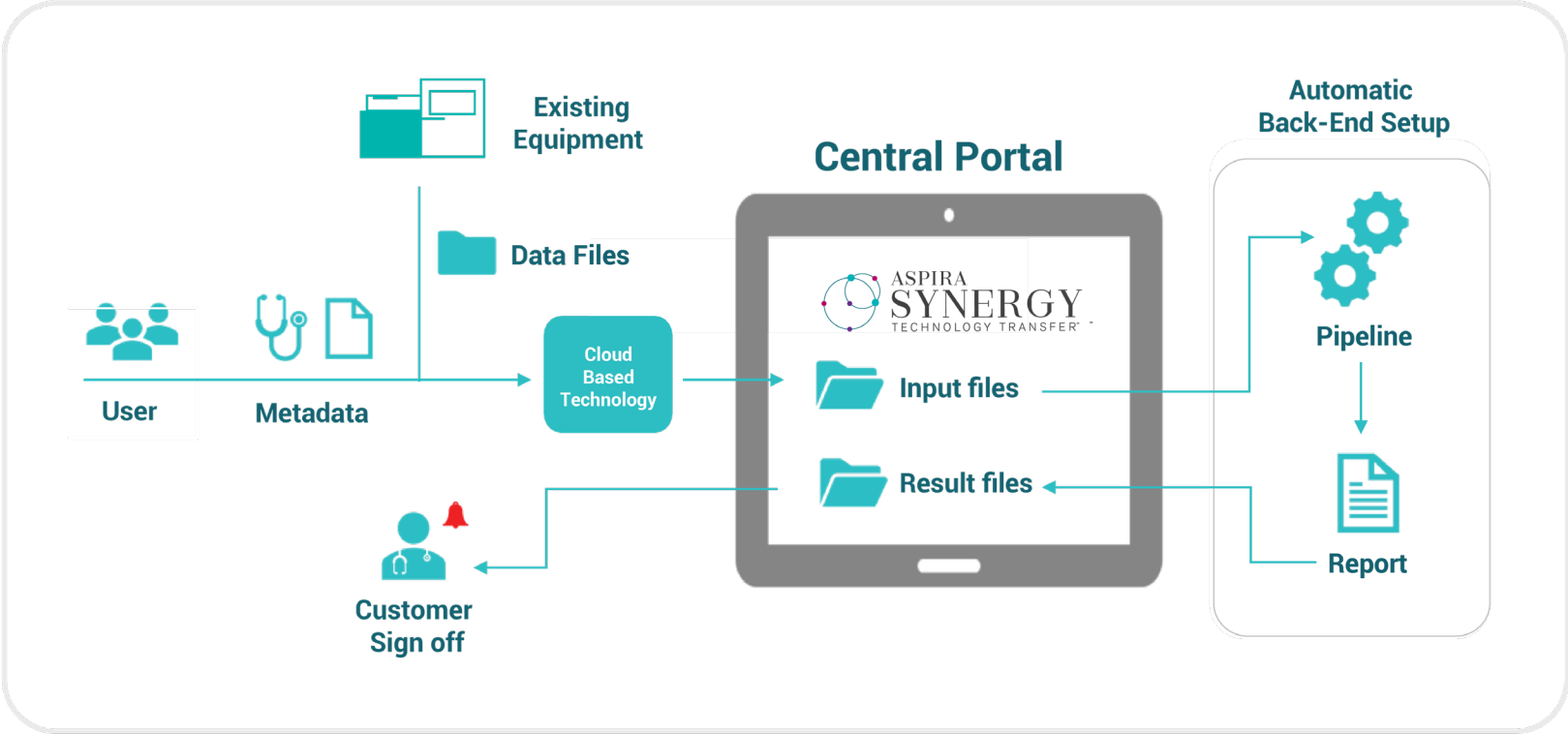
Commercialization Strategy – Aspira Synergy Decentralized Testing

- **Testing Performed in Hospital Systems/Large Gyn Super Groups**
- Increase distribution @ POC (Point of Care)

ASPIRA SYNERGY TECHNOLOGY TRANSFER™

ASPIRA SYNERGY™ GENETICS TECHNOLOGY TRANSFER

ASPIRA SYNERGY™ Ova1 plus TECHNOLOGY TRANSFER



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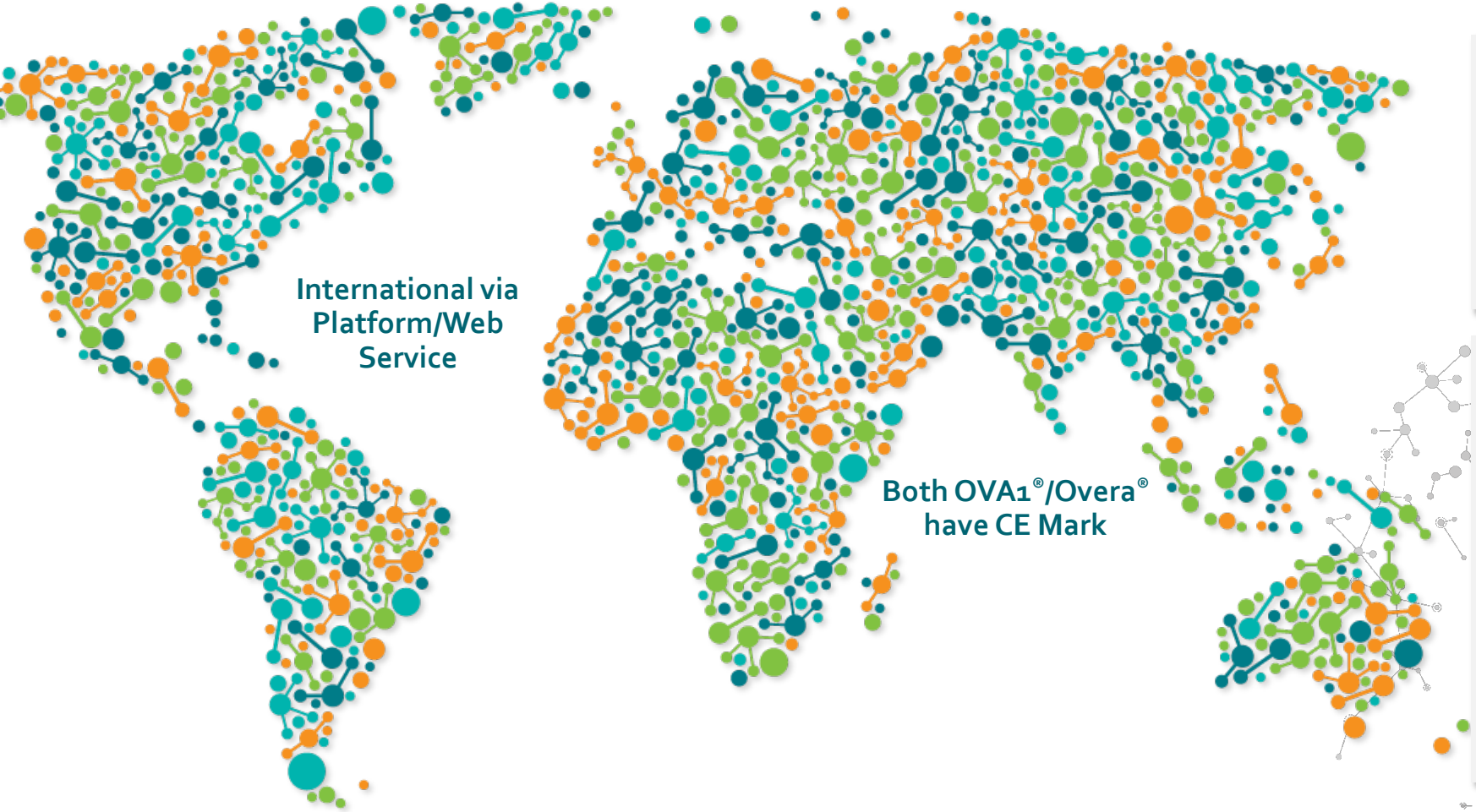
International - Commercial Strategy



Philippines

Large prospective study in progress

HI-PRECISION diagnostics

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

CLALIT

ProGenetics ADVANCED TUMOR PROFILING

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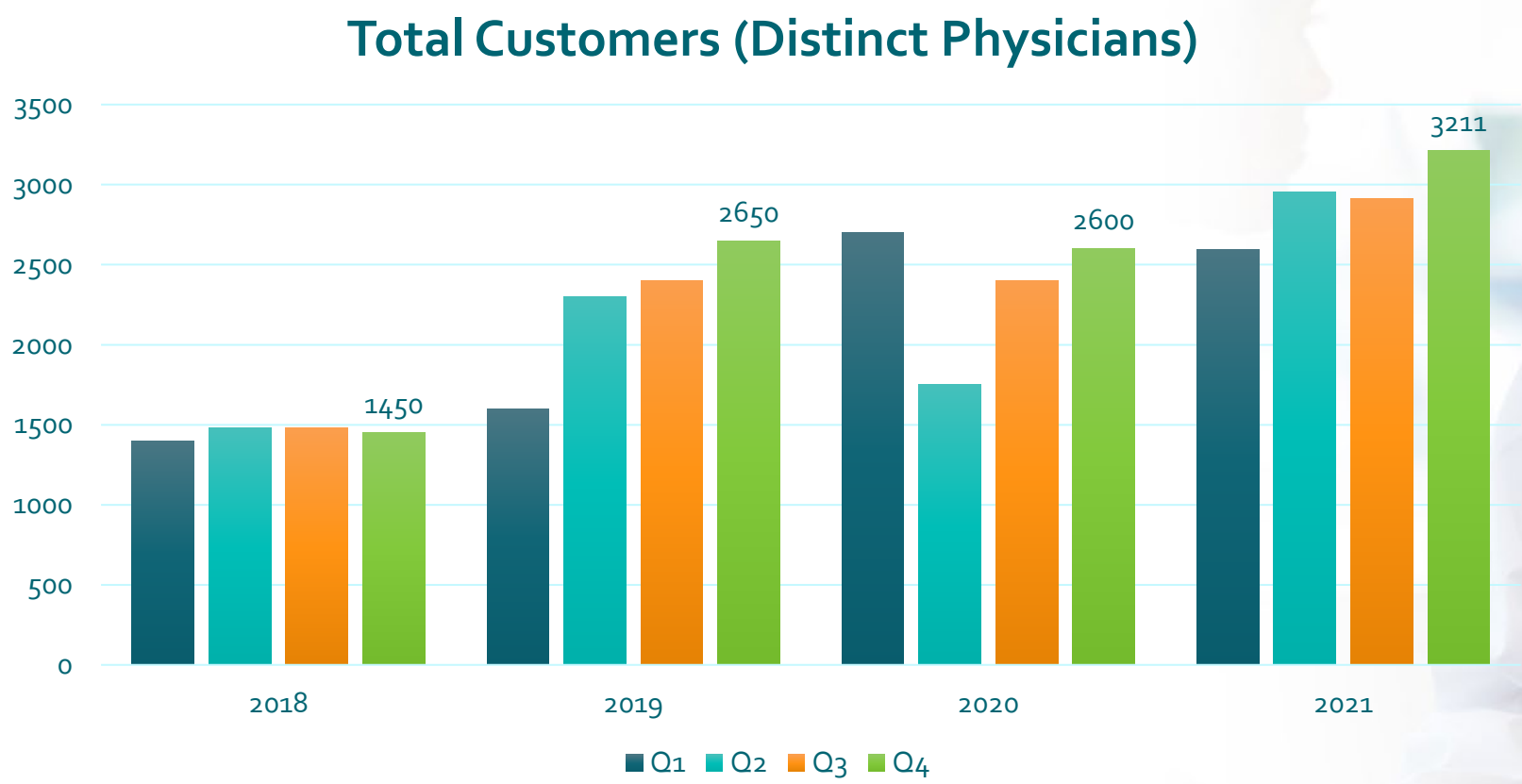
Aspira Women's Health is at a Commercial Inflection Point



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Note: assumes 50% market share

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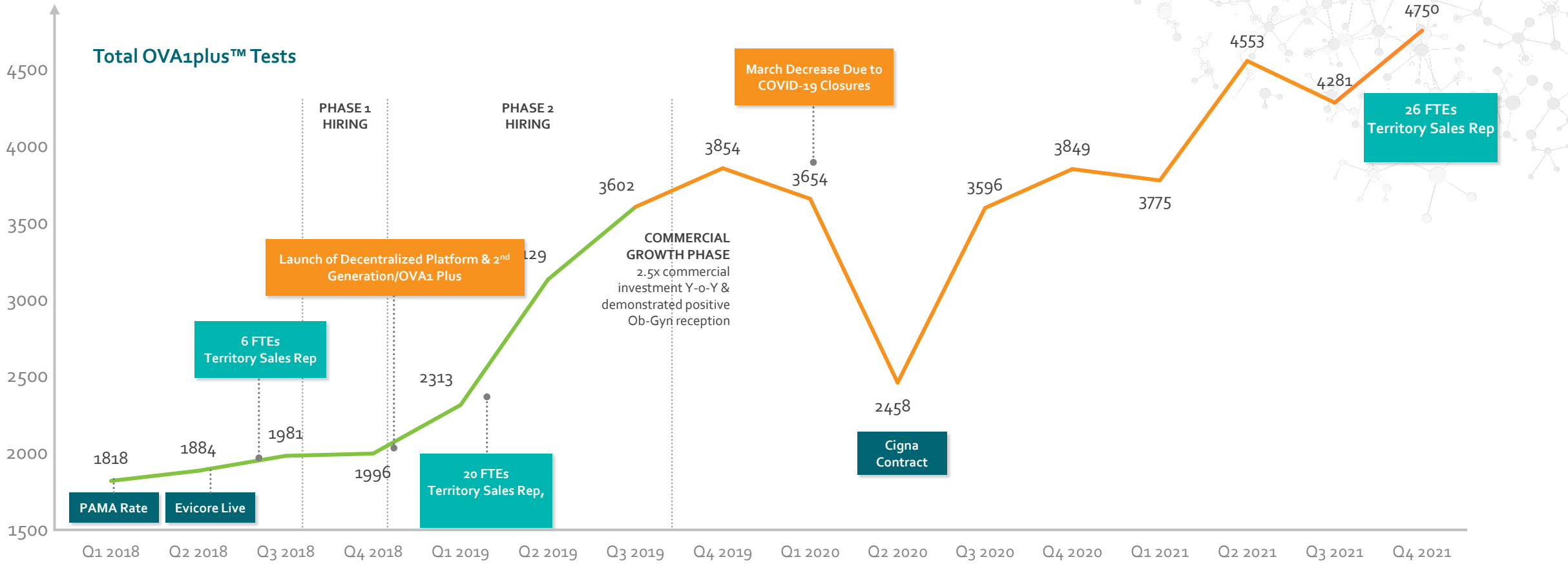
Aspira Women's Health is at a Commercial Inflection Point



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A Review of

Financials and Market Access

Financial And Operating Performance

1 Grow Base Revenue and Unit Growth
2 Margin Expansion and Leverage Fixed Costs
3 Profitability
4 Reimbursement and Revenue Cycle Management
5 Sales Adoption
6 Market Share Capture

Q3FY21 vs Q3FY20

OVA1® Product Volume
INCREASED 19%
4,281 units in Q3FY21 vs.
3,596 units in Q3FY20

OVA1® Product Revenue
INCREASED 33%
$1.6M in Q3FY21 vs. $1.2M in Q3FY20

Total Customers
INCREASED 19%
2,914 physicians in Q3FY21 vs.
2,450 physicians in Q3FY20

Q3FY21 vs Q2FY21

OVA1® Product Volume
DECREASED 6%
4,281 units in Q3FY21 vs.
4,553 units in Q2FY21

OVA1® Product Revenue
DECREASED 6%
$1.6M in Q3FY21 vs. $1.7M in Q2FY21

Total Customers
DECREASED 1%
2,914 physicians in Q3FY21 vs.
2,951 physicians in Q2FY21

CASH POSITION

Cash September 30, 2021
$45.1M

Cash Used in Operations
$7.9M in Q3FY21
vs. $6.5M in Q2FY21
vs. $3.1M in Q3FY20

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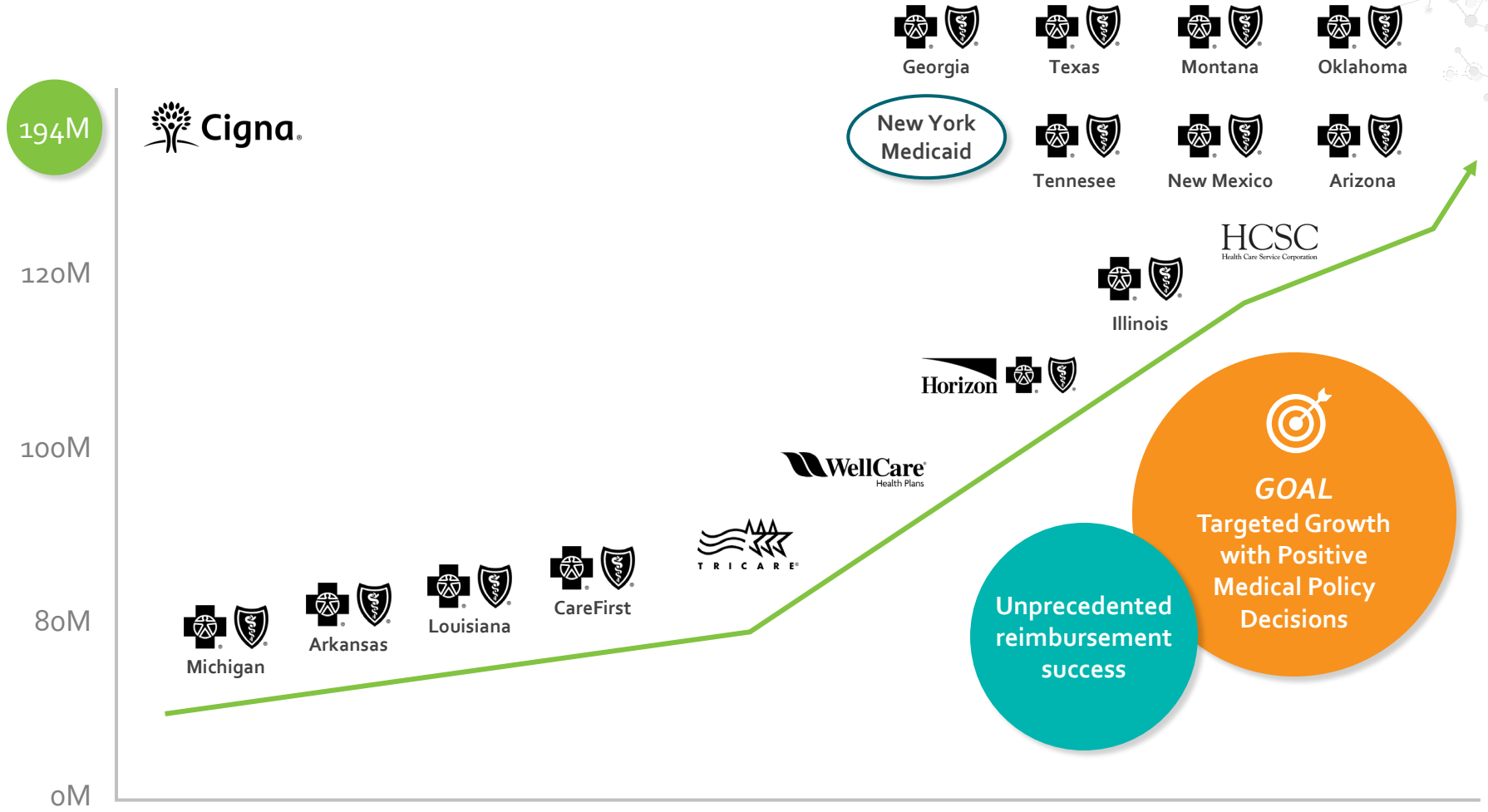
Reimbursement and Market Access

Coverage: Patient Lives in Millions



Cigna added OVA1® to its national preferred coverage list in January 2019/ Contract – April 2020

OVA1® added to AIM guidelines in 2021

58% of the population now under positive coverage

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NYS Medicaid Considers OVA1® Medically Necessary April 1, 2021

New York State's Medicaid program will begin to cover Aspira's OVA1® test for an estimated additional 6.5 million Medicaid lives.

EXPANDING COVERAGE

Aspira Labs is now credentialed in the top 9 states by Medicaid population size, including California, Florida, Illinois, Pennsylvania, Texas, and now New York.

The addition of New York brings our credentialed Medicaid population to almost 60M Medicaid lives, which is **over 78% of the U.S. Medicaid population.**

Targeting Accounts with **strategic deployment of commercial focus on NYS Providers** with Medicaid Populations

GOAL
Provide Greater access and Targeted Growth in areas with coverage

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Wrap Up and Conclusion

Catalyst Driven Momentum Through 2022

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 125 DISPARITY VALIDATION**
  - Q4 2018 presented CA125 disparity data at the
  - Mid-Atlantic Gynecologic Oncology Society

Portfolio Expansion 2019-2020

- **EXPANDED MARKET ACCESS VIA CIGNA**
  - Q1 2019: Cigna added OVA1 to its national preferred coverage list
  - 15M lives added (167M)
- **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**
- **OVA1plus™ ABSTRACT PUBLISHED APRIL 2020**
- **CLINICAL STUDIES LAUNCHED:**
  - OvaSIGHT (Watch and Wait)
  - OvaInherit / OVA360 DIVERSITY GAP TRIAL
- **ACADEMIC RESEARCH PARTNERSHIP(S)**
  - BAYLOR GENETICS

Partnership Expansion 2021-22

- **INCREASED PAYER COVERAGE TO 194M LIVES**
  - 114M in contracts in 2019 to 155M in contracts in 2020
- **ACADEMIC RESEARCH PARTNERSHIP(S)**
  - MEDICAL UNIVERSITY OF LODZ
  - BRIGHAM HEALTH – BRIGHAM AND WOMEN'S HOSPITAL
  - Dana-Farber Cancer Institute
- ASPIRA SYNERGY TECHNOLOGY TRANSFER — 2 Large women's health networks announced May and Sept 2021 (ASPIRA SYNERGY Technology Transfer)
- EndoCHECK - Clinical Validation
- **TOP PLANNED 2021 PUBLICATION LIST**
  - ✓ OVAWatch analytical and clinical validation (ASCO 2021)
  - OVAWatch clinical performance
  - Endocheck analytical and retrospective clinical validation
  - Aspira Synergy analytical validation
  - Philippines Study
  - Disparity Gap follow-up publication

Focus Area and Timing

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Compelling Growth Strategies

Enterprise Value

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 for endometriosis and ovarian cancer

Expand Distribution Platform
Beyond the U.S. by launching OVA1plus™ while building the clinical utility and health economics foundation

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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

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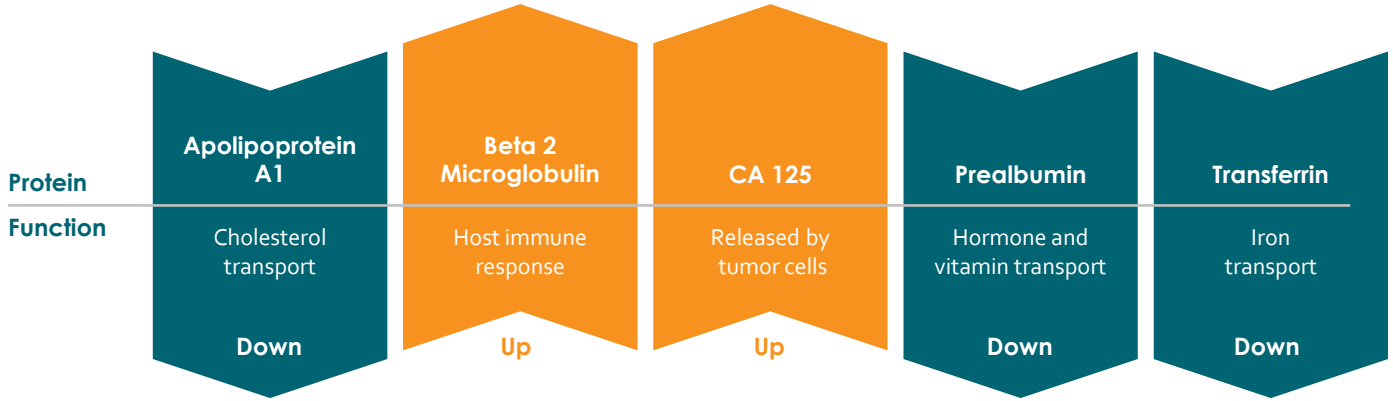
Appendix

Our Solution = OVA1® + OVERA® (OVA1plus™)

Ova1

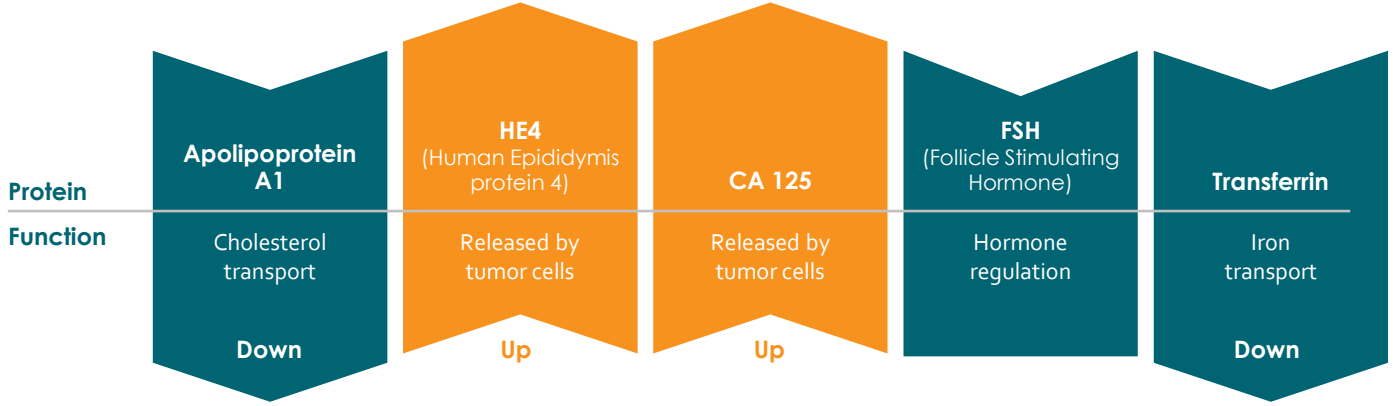
- OVA1® evaluates the levels of five ovarian cancer-associated markers in the blood
- Levels combined into single cancer risk score



Multi-variate Index Assay (MIA) in ACOG Guidelines
Positive SGO position statement

Overa

- Overa® incorporates 2 new markers
- Increased Specificity



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Improved Ovarian Cancer Risk Detection vs. CA 125

	CA 125	Ova1
Sensitivity Across All Ovarian Cancer Stages[1]		
Stage I	✗	✓
Stage II	✗	✓
Stage III	✓	✓
Stage IV	✓	✓
Sensitivity Across Menopausal Status[1]		
Pre-Menopausal	✗	✓
Post-Menopausal Status	✓	✓
Sensitivity Across Histological Subtypes[1]		
Epithelial Ovarian Cancer	✓	✓
Non-Epithelial Ovarian Cancer	✗	✓
Low Malignant Potential	✗	✓
Sensitivity Across Race / Ethnicity[2]		
Caucasian	✓	✓
African American	✗	✓
On Going Studies for Other Races?		✓

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1. Longoria T.C. et al. Am J Obstet Gynecol 2014;210:78 e1-9.
2. From company's 2019 AACR Abstract 1244, "Ethnic disparity in ovarian malignancy tumor markers: MIA and ROMA."

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Trusted Solution: Care Pathway Guidelines

Published Evidence

Ueland, et al	Obstetrics and Gynecology, 2011
Bristow, et al.	Gynecologic Oncology, 2013 Am J Gynecol, 2013
Longoria, et al.	Am J Obstet Gynecol, 2014
Goodrich, et al.	Am J Obstet Gynecol, 2014
Forde, et al.	Curr Med Res Opin, 2015
Coleman, et al.	Am J Obstet Gynecol, 2016
Eskander, et al.	Am J Obstet Gynecol, 2016
Urban, et al.	Int. J Gynecol Cancer, 2017, Gynecologic Oncology, 2018
Brodsky, et al.	Am Health & Drug Benefits, 2017
Shulman, et al.	Advances in Therapy, 2019
Fredericks, et al.	Journal of Surgical Oncol, 2019
Dunton, et al.	Biomarkers in Cancer, 2019
Dunton, et al.	Future Oncology, 2019
Zhang, et al.	Future Oncology, 2019
Dunton, et al.	Current Medical Research and Opinion, 2020
Dunton, et al.	Diagnostics, 2021

OVA1 (MIA) Guidelines / Position Statements[1]

ACOG The American College of Obstetricians and Gynecologists

ACOG Practice Bulletin
Number 174, November 2016, page 128

NCCN National Comprehensive Cancer Network®

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

SGO Society of Gynecologic Oncology

Society of Gynecologic Oncology
Position Statements Issued 2011
Updated 2013

AMERICAN CANCER SOCIETY

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

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1. In 100% of all Key Guidelines

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Protected Solutions: Strong IP

Issued patents covering various ovarian cancer biomarkers

GRANTED

USA	Ex US	Total
20	65	85

Pending patent applications including OVA1® and OVERA® products

PENDING (Approx.)

USA	Ex US	Total
9	31	40

Algorithm: kept as trade secret

FAMILY

24

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